South Carolina Department of Health
and Environmental Control

Hospital Infection Disclosure Act
2015 Annual Report to the General Assembly
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2015 Hospital Infections Disclosure Act Annual Report to the General Assembly

This 2015 Report on the progress of implementing the South Carolina Hospital Infection Disclosure Act (HIDA) is being submitted in compliance with the S.C. Code Section 44-7-2440 requirement of submitting an annual progress report.

Acknowledgements: The South Carolina Department of Health and Environmental Control (DHEC) gratefully acknowledges that the HIDA achievements are made possible by the combined efforts of hospital infection prevention staff, DHEC staff, and the active participation of the HIDA Advisory Committee and subcommittees.

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Executive Summary

Healthcare-associated infections (HAIs) are infections that patients acquire as a result of receiving healthcare for other conditions. In an effort to address HAIs and promote healthcare transparency in South Carolina, the South Carolina Department of Health and Environmental Control (DHEC), with the advice of an advisory committee, began work in September 2006 to mandate the HAI reporting law known as the Hospital Infections Disclosure Act (HIDA). This law requires reporting of HAI data from acute care, long term acute care and inpatient rehabilitation facilities to the public. Monitoring of HAIs promotes infection prevention activities within healthcare facilities to improve patient safety.

The 2015 HIDA Annual Report is the 8th annual report on South Carolina HAI data. This report contains data from January 2015 through December 2015 for the following infections:

- **Central Line-Associated Bloodstream Infections (CLABSI) data for the following inpatient locations:**
  - Adult and Pediatric Critical Care Locations
  - Adult and Pediatric Ward Locations
  - Adult and Pediatric Specialty Care Area Locations (e.g., hematology/oncology, bone marrow transplant, leukemia/lymphoma units)
  - Adult and Pediatric Step Down Locations
  - Neonatal Critical Care Locations- Levels II/III, III
  - Rehabilitation Ward Locations

- **Surgical Site Infections (SSIs) for the following surgical procedure types:**
  - Colon surgeries (COLO)
  - Hip arthroplasties (HPRO)
  - Knee arthroplasties (KPRO)
  - Abdominal hysterectomies (HYST)
  - Coronary artery bypass grafts, chest incision only (CBGC)
  - Coronary artery bypass grafts, chest and donor incisions (CBGB)

- **Ventilator-Associated Events (VAE) within the following location types:**
  - Adult Critical Care Locations
  - Adult Critical Long Term Acute Care Locations
  - Adult Critical Care Inpatient Rehabilitation Locations

- **Laboratory identified (LabID) events for:**
  - Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSI)
  - *Clostridium difficile* infections (CDI)

In 2015, all 78 South Carolina healthcare facilities reported data on the above healthcare-associated infections to the National Healthcare Safety Network (NHSN) and conferred rights to this data to the South Carolina Department of Health and Environmental Control.

- The overall CLABSI standardized infection ratio (SIR) for reportable locations in South Carolina was 0.60. The overall South Carolina CLABSI SIR was statistically significantly lower compared to national baseline data (National baseline for CLABSI was established based on 2008 data).

- The overall SSI complex admission readmission (AR) SIR for reportable procedures in South Carolina was 0.84. The overall South Carolina SSI complex AR SIR was statistically significantly lower compared to national baseline data (National baseline for SSI was established based on 2008 data).

- The overall hospital-onset (HO) MRSA BSI LabID event SIR for acute care facilities in South Carolina was 1.09. The overall South Carolina HO MRSA BSI LabID event SIR for acute care facilities was not statistically different compared to national baseline data (National baseline for MRSA was established based on 2011 data).

- The overall hospital-onset (HO) CDI LabID event SIR for acute care facilities in South Carolina was 0.89. The overall South Carolina HO CDI LabID event SIR for acute care facilities was not statistically different compared to national baseline data (National baseline for CDI was established based on 2011 data).

Introduction

Healthcare-associated infections (HAIs) are a major public health problem. A point prevalence survey conducted by the Centers for Disease Control and Prevention (CDC) using 2011 HAI data estimated that 722,000 HAIs occurred each year in U.S. acute care hospitals, contributing to about 75,000 patient deaths during hospitalization. Roughly 1 in every 25 patients develops at least one HAI, and more than half of all HAIs occur outside of intensive care units (Magill SS, 2014). Healthcare-associated infections are also a financial burden, causing healthcare facilities in the United States to absorb between $28 to $48 billion dollars in additional costs each year (US Department of Health and Human Services, 2010).

Increased public awareness and understanding that healthcare-associated infections are preventable has prompted consumers and policy makers to take action. In 2006, South Carolina lawmakers passed the Hospital Infections Disclosure Act (HIDA) with the goal to provide fair, accurate, and comparable information about hospital infection rates to consumers. HIDA was an important step toward promoting HAI prevention and measuring the progress toward the ultimate goal of eliminating HAIs in South Carolina.

With the passing of the HIDA, the South Carolina Department of Health and Environmental Control (DHEC) established a multidisciplinary advisory committee to study and make recommendations for the surveillance and reporting of HAIs. The panel is comprised of healthcare consumer advocates, infection preventionists, hospital leaders, infectious disease physicians, healthcare quality improvement organization, and DHEC representatives. A current list of HIDA advisory committee members is available in appendix A.

HIDA Advisory Committee Recommendations for Reporting Requirements and Public Reports

Using the Centers for Disease Control and Prevention's (CDC)/National Healthcare Safety Network (NHSN) HAI surveillance definitions, the advisory panel recommends that all acute care, long term acute care, and inpatient rehabilitation hospitals licensed by DHEC report central-line associated blood stream infections (CLABSI), surgical site infections (SSI) associated with specific high-volume and high-risk surgical procedures and specific multidrug resistant organisms. The HIDA allows for flexibility in reporting requirements, for requirements to be phased in and out as needed , at the recommendation of the HIDA advisory committee. The complete HIDA statute can be found on the DHEC HAI webpage at: http://www.scdhec.gov/Health/FindingQualityHealthcare/CompareHospitalInfectionRates/LawsRegulations/.

The HIDA Annual Report is published every April 15 and contains the previous calendar year's data, including facility specific HAI reports. Facility specific HIDA interim reports are also published each October 15, containing data from the first six months of the year. All reports are made available to the public on the DHEC HAI website, to assist consumers in making informed choices about their own healthcare, as well as incentivize facilities to reduce their infection rates by improving patient safety and reducing the costs associated with HAIs.

- **Central Line-Associated Bloodstream Infections (CLABSI) data for the following inpatient locations:**
  - Adult and Pediatric Critical Care Locations
  - Adult and Pediatric Ward Locations
  - Adult and Pediatric Specialty Care Area Locations (i.e., hematology/oncology, bone marrow transplant, leukemia/lymphoma units)
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- **Ventilator-Associated Events (VAE) within the following location types:**
  - Adult Critical Care Locations
  - Adult Critical Long Term Acute Care Locations
  - Adult Critical Care Inpatient Rehabilitation Locations

- **Laboratory identified (LabID) events for:**
  - Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSI)
  - *Clostridium difficile* infections (CDI)
  - Carbapenem-resistant *Enterobacteriaceae* (CRE) infections, specifically *Escherichia coli* and *Klebsiella* species[1]

- **Healthcare worker influenza vaccination summary data[2]**

[1]Carbapenem-resistant *Enterobacteriaceae* (CRE) infection surveillance is in implementation and reported data are currently undergoing validation. Therefore, CRE infection data is not published in this report.

[2]Healthcare worker influenza vaccination summary data for the 2015/2016 influenza season will be published on October 15, 2016.

Methods

This report contains self-reported data from all 78 South Carolina healthcare facilities and contains information about infections that occurred from January 1, 2015 through December 31, 2015. The data were downloaded from NHSN on March 15, 2016. Any changes or updates to the data after this date will not be reflected in this report.

National Healthcare Safety Network (NHSN)

All data were reported through the NHSN database, a secure, internet-based surveillance system that is maintained by the Division of Healthcare Quality Promotion (DHQP) at CDC. To fulfill HIDA reporting requirements for the 2015 reporting period, 78 South Carolina healthcare facilities conferred access rights to DHEC through NHSN. To fulfill HIDA reporting requirements, hospitals must follow NHSN reporting definitions and procedures for all reportable HAIs.

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

Data Quality Assurance

Reporting hospitals are responsible for ensuring that the data they submit has been consistently and accurately reported in accordance with NHSN protocols. In addition, NHSN and DHEC have implemented regular data checks to identify data quality and completeness issues that require reconciliation by the reporting hospital. Prior to publication, hospitals have several opportunities to review and correct reporting lapses and/or discrepancies in their data.

NHSN examples of data quality assurance:

- The NHSN system has internal data logic checks built into the web interface that helps reduce data entry error. These checks are designed to reduce manual data entry errors and improve the validity of data entered into the system.

- The NHSN Action List is another tool that is built into the NHSN system that improves data completeness and accuracy. The list shows hospital users whether they have any missing or incomplete records entered into the system and requires user action in order to resolve the issues.

DHEC examples of data quality assurance:

- Biannually, prior to the publication of the HIDA annual and interim facility specific reports, all reporting facilities are provided with preliminary reports showing the number of CLABSI, SSI, VAE, CDI LabID Event, and MRSA LabID Event data records that were downloaded from NHSN for the given reporting period. Facilities are asked to compare their preliminary reports

provided by DHEC to their internal HAI record numbers to determine if all records were entered into NHSN.

- Hospitals are given approximately two weeks to review their facility specific preliminary reports and to make necessary changes in their reported data within NHSN. All hospitals are expected to sign a standard attestation letter of data completeness and accuracy and submit the document to DHEC prior to the publication of the HIDA annual and interim reports. An example of submitted attestation of data completeness and accuracy letter can be found in appendix B.

- Additionally, DHEC performs on-site validation audits at a sample of facilities annually. In 2016, DHEC will perform on-site validation audits at a sample of facilities that reported data during the January 1, 2015 – December 31, 2015 reporting period. CDC NHSN validation guidelines for facility selection and medical record abstraction will be utilized and adapted to meet the needs of HIDA.

2015 HIDA Reporting Schedule and Data Deadlines

DHEC downloads data from NHSN for public reporting biannually – once for the HIDA interim report and once for the HIDA annual report. The facility specific HIDA interim reports were published on October 15, 2015 and contain facility specific data from the first six months of the year. The HIDA annual report will be published April 15, 2016 and contains statewide and facility specific data for the 2015 calendar year.

In 2015-2016, DHEC notified HIDA reporting facilities through email of strict data submission deadlines and reconciliation deadlines. Facility specific HIDA interim and annual reports are published on October 15 and April 15, respectively, on the DHEC HAI website: http://www.scdhec.gov/Health/FHPF/InfectionControlHIDA/HospitalInfectionControl/#current

Standardized Infection Ratio (SIR) and 95% Confidence Interval Calculations

The standardized infection ratio (SIR) is an indirect standardization method of summarizing the HAI experience across any number of stratified groups of data (e.g., healthcare facilities or unit types). The SIR metric can be used to assess HAIs at the national, state, or facility level and adjusts for patients of varying risk within each facility. The SIR is used to compare South Carolina hospitals' HAI incidence to national baseline HAI data, adjusting for several risk factors shown to be significantly associated with difference in infection incidence (Edwards J, 2009). In this annual report, the SIR metric will be presented for CLABSI, SSI, CDI LabID Event, and MRSA LabID Event data.

The SIR is derived by dividing the total number of observed HAI by the total number of expected HAI based on national benchmark data.

$$SIR = \frac{Observed\ number\ of\ HAI\ events}{Expected\ number\ of\ HAI\ events}$$

Interpreting the SIR:

- A SIR of 1.0 means the observed number of HAIs is equal to the number of expected infections.
- A SIR that is greater than 1.0 means more infections were observed than expected.
- A SIR that is less than 1.0 means that fewer infections were observed than expected.

Calculating SIRs for Central Line Associated Blood Stream Infections (CLABSI):

The CLABSI SIR is derived by dividing the total number of observed CLABSI events by the total number of expected CLABSI events based on national benchmark data. To calculate the number of "expected" CLABSI for a particular unit type, one must multiply the national CLABSI rate associated with the unit type by the number of central line days observed in the unit for a given time period. The CLABSI SIR for the particular unit is then calculated by dividing the number of observed CLABSI by the number of expected CLABSI.

To demonstrate how a CLABSI SIR is calculated for a particular unit type, an example is provided below:

	Observed		**National Benchmark Data**
Location Type	**# CLABSI**	**# Central Line (CL) Days**	**CLABSI Rate**
Medical Cardiac Unit	2	578	2 per 1,000 central line days

The formula for calculating the "expected" number of CLABSI for the Medical Cardiac Unit is:

Expected CLABSI = (Observed CL Days) x (National CLABSI Rate) = (578 CL days) x (2.0 CLABSI / 1,000 CL days) = 1.156

The formula for calculating the SIR for Medical Cardiac Unit is:

SIR = (Observed CLABSI) / (Expected CLABSI) = (2) / (1.156) = 1.7

CLABSI data from multiple locations can be "rolled up" into a single risk-adjusted SIR by summing the total number of CLABSIs observed across the locations and then dividing that number by the total number of CLABSIs expected for the locations.

Calculating SIRs for Surgical Site Infections (SSIs):

The SSI SIR is derived by dividing the total number of observed SSI events by the total number of expected SSI events. Logistic regression models are used to determine how one or more independent variables (such as the American Society of Anesthesiologists (ASA) classification score and surgery duration) are related to the risk or probability of developing an infection. The logistic regression models are procedure specific, allowing for risk adjustment to occur based on the risk factors of both the patient and the procedure type. To determine the total number of expected infections for a procedure type, the risks of infection for each procedure performed at the facility, during a specific time period, are summed.

Calculating SIRs for Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus Blood Stream Infection (HO MRSA BSI) and Clostridium difficile (HO CDI) LabID Events:

The facility-wide inpatient HO MRSA BSI LabID event SIR is derived by dividing the total number of observed HO MRSA BSI LabID events at a hospital by the total number of expected HO MRSA BSI LabID events for the hospital. Logistic regression models are used to calculate the number of expected HO MRSA BSI LabID events for a hospital by adjusting for one or more independent variables (such as a hospital's total number of patient days, community-onset MRSA prevalence rate and medical school affiliation) that are related to the risk or probability of HO MRSA BSI LabID events. The same method is applied for calculating the facility-wide inpatient HO CDI LabID event SIR.

For each SIR, a 95% confidence interval was calculated. A confidence interval is a range of values that quantifies the random variation of a ratio. The wider the confidence interval, the greater the uncertainty associated with the ratio. The width of the confidence interval is in part related to the size of expected HAI occurrence. Smaller facilities with fewer predicted HAIs have the least precision associated with their SIRs and thus the widest confidence intervals. For the summary tables the 95% confidence interval was calculated by NHSN. However, NHSN does not calculate a SIR and confidence interval when the number of expected infections is less than one. Thus, for the facility specific comparison tables the SIR and 95% confidence interval was calculated using the Poisson distribution.

Statistical Interpretation of SIR 95% Confidence Intervals:

- A confidence interval range that is less than 1 (e.g., 0.5 – 0.75) indicates a statistically significant SIR that is lower compared to the standard population.
- A confidence interval range that is greater than 1 (e.g., 1.25 – 1.50) indicates a statistically significant SIR that is higher compared to the standard population.
- A confidence interval range that includes 1 (e.g., 0.75 – 1.25) indicates a SIR that is not statistically significant and is not different compared to a standard population.

Calculating the Rates for Ventilator Associated Events

For this report, infection-related ventilator associated complication (IVAC) -plus rate per 1,000 ventilator days has been calculated. IVAC plus event is defined as all ventilator-associated events meeting at least the infection-related ventilator associated complication definition. IVAC-plus rate can be calculated by dividing the number of events meeting at least the IVAC condition by the number of ventilator days and multiplying the result by 1,000.

Eligible Data

The 2015 HIDA Annual Report contains data for calendar year 2015 that was reported to DHEC through NHSN by HIDA reporting hospitals.

Facility specific rate reports are available for all reporting facilities and include CLABSI rates by all reportable location types, SSI rates by reportable procedure types and risk indexes, incidence

density rates for HO MRSA BSI LabID events, incidence rates for HO CDI LabId events, and facility-wide IVAC-Plus rates. Facility specific rate reports are located in appendix C.

Facility specific comparison CLABSI SIR reports are available for the following inpatient location types: adult critical care locations, adult ward locations, pediatric critical care locations, pediatric ward locations, adult hematology/oncology locations, pediatric hematology/oncology locations, bone marrow transplant locations. Some locations are excluded from the location type CLABSI SIR reports due to lack of national benchmark data. A complete list of CLABSI reporting locations and available benchmark data status is located in appendix D.

Facility specific comparison SSI SIR reports are available for the following procedure types: coronary artery bypass graft (chest incision only), coronary artery bypass graft (chest and donor incisions), hip prosthesis, knee prosthesis, abdominal hysterectomy, and colon surgery. The SSI SIR presented in comparison reports and statewide SSI SIR data is the complex admission readmission (AR) SIR. The complex AR SIR includes only inpatient procedures and Deep Incision Primary and Organ/Space SSIs identified during admission or readmission to the facility where the procedure was performed.

Facility specific comparison hospital onset MRSA BSI LabID event SIR reports are available for acute care facilities. National MRSA BSI LabID event benchmark data used to calculate SIRs for long term acute care and inpatient rehabilitation hospitals are currently unavailable.

Facility specific comparison hospital onset CDI LabID event SIR reports are available for acute care facilities. National CDI LabID event benchmark data used to calculate SIRs for long term acute care and inpatient rehabilitation hospitals are currently unavailable.

Facility specific comparison reports for CLABSI, SSI, HO MRSA BSI LabID, and HO CDI LabID events are located in appendices E1 through E4.

Results

The data presented in this report were self-reported from healthcare facilities in South Carolina, from January 1, 2015 – December 31, 2015, in compliance with HIDA.

Reporting Facility Information

Seventy-eight facilities of varying types were required to report HAI data to DHEC via NHSN in 2015. The majority of HIDA reporting hospitals were acute care hospitals, comprised of 57 general hospitals, five critical access hospitals, one children's hospital, one women's and children's hospital and one surgical hospital. Six long term acute care hospitals and seven inpatient rehabilitation hospitals also reported data. A summary of HIDA reporting facility types is shown in Table 1.

Table 1. Summary of HIDA Reporting Hospital Types

Facility Type	N	Percent (%) of HIDA Reporting Facilities
Acute Care Hospital (General)	57	74%
Acute Care Hospital (Critical Access)	5	6%
Acute Care Hospital (Surgical)	1	1%
Acute Care Hospital (Women's and Children's)	1	1%
Acute Care Hospital (Children's)	1	1%
Inpatient Rehabilitation Hospital	7	9%
Long Term Acute Care Hospital	6	8%
Total Hospitals	**78**	**100%**

Table 2 displays the frequency of acute care hospitals with affiliation to a medical school. The majority (50%) of reporting hospitals reported no affiliation with a medical school.

Table 2. Frequency of HIDA Reporting Hospital Medical School Affiliation

Medical School Affiliation	No. Hospitals	Percentage (%) of Reporting Acute Care Hospitals
Medical School Affiliation	**16**	**25%**
Major	*9*	--
Graduate	*5*	--
Undergraduate	*2*	--
No affiliation	**32**	**50%**
Missing[1]	**17**	--

[1]Data from 17 acute care hospitals were not included in analysis because the facilities had not completed their 2015 NHSN annual surveys at the time of data download.

Table 3 displays the number of hospitals that report CLABSI data by all critical care locations and hospital type. Acute care general hospitals report CLABSI data for 108 out of the 113 CCU reporting locations. Of the 113 CCU locations that reported CLABSI data, 58 (51%) were medical/surgical critical care locations.

Hospital Type	Table 3. Number of Hospitals Reporting CLABSI by All Critical Care Unit (CCU) Locations												
	Cardiothoracic	Cardiac	Long Term Acute Care	Medical	Medical/Surgical	Neurosurgical	Pediatric Cardiothoracic	Pediatric Medical	Pediatric Medical/Surgical	Prenatal	Surgical	Trauma	ALL CCU Locations
	N	N	N	N	N	N	N	N	N	N	N	N	N
Acute Care (Critical Access)	.	.	.	1	1	.	.	.	.	.	.	.	2
Acute Care (General)	11	6	.	15	56	4	1	2	4	1	4	4	108
Long Term Acute Care	.	.	2	.	.	.	.	.	.	.	.	.	2
Acute Care (Surgical)	.	.	.	.	1	.	.	.	.	.	.	.	1
All Hospitals	**11**	**6**	**2**	**16**	**58**	**4**	**1**	**2**	**4**	**1**	**4**	**4**	**113**

Table 4 displays the number of hospitals that report CLABSI data by all ward locations and hospital type. Acute care general hospitals report CLABSI data for 342 (93%) out of the 367 reporting ward locations. Medical/surgical wards account for 99 (27%) of the 367 reporting ward locations.

Hospital Type	Table 4. Number of Hospitals Reporting CLABSI by All Inpatient Ward Type																							
	Antenatal	**Gastrointestinal**	**Gynecology**	**Labor and Delivery**	**Labor and Delivery Post Partum**	**Long Term Acute Care**	**Medical**	**Medical/Surgical**	**Neurological**	**Neurosurgical**	**Orthopedic**	**Pediatric Medical**	**Pediatric Medical/Surgical**	**Pediatric Orthopedic**	**Pediatric Step Down**	**Pediatric Surgical**	**Post Partum**	**Pulmonary**	**Rehabilitation**	**Step Down**	**Stroke (Acute)**	**Surgical**	**Telemetry**	**Vascular Surgical**	**All Ward Locations**
	N	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**
Acute Care (Critical Access)	.	.	.	.	.	.	.	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	5
Acute Care (Children's)	.	.	.	.	.	.	.	.	.	.	.	.	.	2	.	.	.	.	.	.	.	.	.	.	2
Acute Care (General)	3	2	13	11	14	.	57	92	4	3	17	2	15	.	1	1	17	2	13	33	1	25	12	4	342
Long Term Acute Care	.	.	.	.	.	6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	6
Inpatient Rehabilitation	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	7	.	.	.	.	.	7
Acute Care (Surgical)	.	.	.	.	.	.	.	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2
Acute Care (Women's & Children's)	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	1	.	.	.	.	1	.	.	3
All Hospitals	**3**	**2**	**13**	**11**	**14**	**6**	**57**	**99**	**4**	**3**	**17**	**3**	**15**	**2**	**1**	**1**	**18**	**2**	**20**	**33**	**1**	**26**	**12**	**4**	**367**

Table 5 displays the number of hospitals that report CLABSI data in neonatal intensive care unit (NICU) locations by NICU location and hospital type. Four general hospitals reported CLABSI data in level II/III NICU locations and five general hospitals reported CLABSI data in level III NICU locations.

Hospital Type	Table 5. Number of Hospitals Reporting CLABSI by NICU Type		
	NICU Level II/III	NICU Level III	All NICU Locations
	N	N	N
Acute Care (General)	4	5	9
Total (All Facilities)	**4**	**5**	**9**

Table 6 displays the number of hospitals that report CLABSI data in specialty care area (SCA) locations by SCA location and hospital type. One general hospital reported CLABSI data in bone marrow transplant units, 10 general hospitals reported CLABSI data in hematology/oncology units, two general hospitals reported CLABSI in a leukemia/lymphoma unit and three general hospitals reported CLABSI data in pediatric hematology/oncology units.

Hospital Type	Table 6. Number of Hospitals Reporting CLABSI by SCA Type				
	Bone Marrow Transplant	Hematology/ Oncology	Leukemia/ Lymphoma	Pediatric Hematology/ Oncology	All SCA Locations
	N	N	N	N	N
Acute Care (General)	1	10	2	3	16
All Hospitals	**1**	**10**	**2**	**3**	**16**

Table 7 shows the number of hospitals that reported SSI data by reportable procedure type and hospital type. The majority of hospitals reporting SSI data for all reportable procedure types are acute care general hospitals. One acute care critical access hospital reported SSI data for HYST, KPRO and COLO procedures and two acute care critical access hospitals reported SSI data for HPRO procedures. One surgical hospital and one women's and children's hospital in South Carolina both reported SSI data for all reportable procedures with the exception of CBGC and CBGB.

Hospital Type	Table 7. Number of Hospitals Reporting SSI by Procedure Type					
	HYST	**COLO**	**CBGC**	**CBGB**	**HPRO**	**KPRO**
	N	**N**	**N**	**N**	**N**	**N**
Acute Care (Critical Access)	1	1	.	.	2	1
Acute Care (General)	50	53	14	17	50	52
Acute Care (Surgical)	1	1	.	.	1	1
Acute Care (Women's and Children's)	1	1	.	.	1	1
Total (All Hospitals)	**53**	**56**	**14**	**17**	**54**	**55**

CLABSI SIR Summary Data

Table 8 shows overall South Carolina CLABSI SIRs by the following location types: adult critical care unit (CCU), pediatric CCU, adult ward, pediatric ward, adult specialty care area (SCA), pediatric SCA, adult rehabilitation ward, and neonatal intensive care units (NICU). The overall South Carolina CLABSI SIR is less than 1 and is statistically significant, indicating the CLABSI experience among South Carolina hospitals was better than the overall national baseline experience for the same location types.

Table 8. Overall South Carolina CLABSI SIR by Location Type

Location Type	No. Central Line Days	No. Observed CLABSI	No. Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
Adult CCU	131720	157	254.90	0.62	0.52, 0.72	Lower
Pediatric CCU	7605	6	22	0.27	0.11, 0.57	Lower
Adult Ward	208846	165	301.37	0.55	0.47, 0.64	Lower
Pediatric Ward	6305	4	18.67	0.21	0.07, 0.52	Lower
Rehabilitation[1]	7248	3	5.79	0.52	0.13, 1.41	Not Different
Adult SCA	34758	58	68.08	0.85	0.65, 1.09	Not Different
Pediatric SCA	7015	14	17.76	0.78	0.45, 1.29	Not Different
NICU	20180	37	50.35	0.73	0.53, 1.00	Not Different
All Location Types	**423677**	**444**	**738.92**	**0.60**	**0.55, 0.66**	**Lower**

[1]National benchmark data used to calculate the SIR for rehabilitation ward locations within rehabilitation hospitals are currently unavailable. Therefore, SIR data for these ward locations are excluded from the data presented in the above table. The rehabilitation ward data shown in the table was reported from rehabilitation wards within acute care hospitals in South Carolina.

Table 9 displays overall South Carolina CLABSI SIRs by individual adult critical care unit (CCU) locations. Medical, medical/surgical, surgical, and trauma CCU locations have statistically significant SIRs that are less than 1, indicating the CLABSI experiences in these CCU locations were lower than the national baseline experiences in similar CCU locations. The SIR calculated for cardiothoracic, cardiac, and neurosurgical CCU locations is less than 1 but is not statistically significant, indicating that CLABSI experiences in South Carolina in these CCU locations were not statistically different than the national baseline experience in these locations.

Table 9. Overall South Carolina CLABSI SIR by Adult CCU Locations[1]

Adult CCU Location	No. Central Line Days	No. Observed CLABSI	No. Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
Cardiothoracic	19319	21	27.05	0.78	0.49, 1.18	Not Different
Cardiac	8992	14	17.98	0.78	0.21,1.27	Not Different
Medical	23242	17	50.68	0.33	0.20,0.53	Lower
Medical/Surgical	58263	70	97.67	0.72	0.56,0.90	Lower
Neurosurgical	3335	6	8.34	0.72	0.29,1.50	Not Different
Surgical	9242	8	21.26	0.38	0.17,0.71	Lower
Trauma	9327	21	33.58	0.62	0.40,0.94	Lower

[1]National benchmark data used to calculate SIR data for prenatal and long term acute care CCU locations are currently unavailable. Therefore, SIR data for these CCU location types are not included in the above table.

Table 10 shows overall South Carolina CLABSI SIRs by individual pediatric CCU locations. South Carolina pediatric cardiothoracic, medical and medical/surgical CCU locations show a SIR that is less than 1, though the SIR is not statistically significant, indicating that the CLABSI experiences in these locations were not statistically different than the national baseline experience in pediatric cardiothoracic CCU locations.

Table 10. Overall South Carolina CLABSI SIR by All Pediatric CCU Locations

Pediatric CCU Location	No. Central Line Days	No. Observed CLABSI	No. Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
Pediatric Cardiothoracic	3486	3	11.50	0.52	0.21, 1.08	Not Different
Pediatric Medical	1038	0	1.35	0	* , 2.22	Not Different
Pediatric Medical/Surgical	3081	0	9.24	0	* , 0.32	Not Different

*Lower bound of 95% confidence interval only calculated when number of observed infections is greater than zero.

Table 11 shows overall South Carolina CLABSI SIRs by individual adult ward locations. Adult medical, medical/surgical, step down, and surgical ward SIRs are less than 1 and are statistically significant, indicating a better CLABSI experience than the national baseline experience in these adult ward locations.

Table 11. Overall South Carolina CLABSI SIRs by All Adult Ward Locations[1]						
Adult Ward Location	**No. Central Line Days**	**No. Observed CLABSI**	**No. Expected CLABSI**	**SIR**	**95% Confidence Interval**	**Statistical Interpretation**
Gynecology	768	1	0.84	.	.	--
Labor and Delivery	43	0	0	.	.	--
Labor and Delivery Post Partum	96	0	0	.	.	--
Medical	58605	61	87.91	0.69	0.53, 0.88	Lower
Medical/Surgical	65999	40	79.20	0.50	0.37,0.68	Lower
Neurological	2021	4	1.41	2.83	0.90,6.82	Not Different
Neurosurgical	2596	9	2.34	3.85	1.88,7.07	Higher
Orthopedic	9712	5	7.77	0.64	0.24,1.43	Not Different
Post Partum	235	0	0	.	.	--
Step Down	36929	25	77.55	0.32	0.21,0.47	Lower
Surgical	29365	26	41.11	0.63	0.42,0.91	Lower
Vascular	5063	3	5.57	0.54	0.14,1.47	Not Different

[1]National benchmark data used to calculate SIR data for antenatal, gastrointestinal, inpatient rehabilitation, long term acute care locations are currently unavailable. Therefore, SIR data for these ward locations are not included in the above table.

Table 12 shows overall South Carolina CLABSI SIRs by individual pediatric ward locations. The SIR shown for South Carolina pediatric medical ward locations was less than 1, however the SIR was not statistically significant indicating that the CLABSI experience in these locations was not statistically different than the national baseline experience for pediatric medical ward locations. The SIR shown for South Carolina pediatric medical/surgical ward locations is less than 1 and is statistically significant, indicating that the CLABSI experience in these locations was statistically better than the national baseline experience for pediatric medical/surgical ward locations

Table 12. Overall South Carolina CLABSI SIRs by All Pediatric Ward Locations						
Ward Location	**No. Central Line Days**	**No. Observed CLABSI**	**No. Expected CLABSI**	**SIR**	**95% Confidence Interval**	**Statistical Interpretation**
Pediatric Medical	674	0	1.21	0	*, 2.47	Not Different
Pediatric Medical/Surgical	5631	4	17.46	0.23	0.07,0.55	Lower

[1]National benchmark data used to calculate SIR data for pediatric orthopedic, pediatric step down ward locations are currently unavailable

*Lower bound of 95% confidence interval only calculated when number of observed infection is greater than zero

Table 13 displays overall South Carolina CLABSI SIRs by adult SCA locations. South Carolina bone marrow transplant locations have a SIR greater than 1, but statistically it is not different from the national baseline CLABSI experience in bone marrow transplant locations. Hematology/oncology locations show a SIR that is less than 1 and statistically significant, indicating the CLABSI experience was better than the national baseline experience in hematology/oncology locations.

Table 13. Overall South Carolina CLABSI SIRs by All Adult SCA Locations[1]

Ward Location	No. Central Line Days	No. Observed CLABSI	No. Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
Bone Marrow Transplant	466	0	1.67	0	*, 1.79	Not Different
Hematology/ Oncology	34292	58	66.41	0.87	0.67, 1.12	Not Different

[1]National benchmark data used to calculate SIR data for leukemia/lymphoma specialty care area locations are not currently available. Therefore, SIR data for these location types are not included in the above table.

*Lower bound of 95% confidence interval only calculated when number of observed infection is greater than zero

Table 14 shows overall South Carolina CLABSI SIRs by NICU locations. The SIR shown for South Carolina level II/III NICU and level III locations was less than 1, however, the SIR was not statistically significant indicating that the CLABSI experience in these locations was not statistically different than the national baseline experience for level II/III and level III NICU locations.

Table 14. Overall South Carolina CLABSI by NICU Locations

Ward Location Type	No. Central Line Days	No. Observed CLABSI	No. Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
NICU Level II/III	2060	3	4.88	0.61	0.16,1.67	Not Different
NICU Level III	18120	34	45.47	0.75	0.53,1.03	Not Different

CLABSI Microorganism Data

Table 15 shows identified microorganisms for all reported CLABSI in all adult and pediatric inpatient locations. *Candida species* and other yeasts represent 16.6 % of the total isolates reported for CLABSI in all adult and pediatric inpatient locations and make up the largest percentage of identified microorganisms.

Table 15. Identified Microorganisms for All Reported CLABSI in All Adult and Pediatric Inpatient Locations

Microorganisms	Number of Isolates	Percentage (%) of Total Isolates
***Candida species* and other yeasts**	**77**	**16.6%**
***Enterococcus species includes* Vancomycin resistant *Enterococcus* (VRE) isolates**	**73**	**15.7%**
VRE only	21	(4.5%)
Coagulase negative *Staphylococcus species*	**67**	**14.4%**
***Staphylococcus aureus* (includes Methicillin-resistant *Staphylococcus aureus* (MRSA) isolates)**	**63**	**13.5%**
MRSA only	23	(4.9%)
Escherichia coli	**34**	**7.3%**
Klebsiella species	**29**	**6.2%**
Enterobacter species	**23**	**4.9%**
Bacteroides species and other anaerobes	**18**	**3.9%**
Pseudomonas species	**18**	**3.9%**
Streptococcus species	**16**	**3.4%**
Acinetobacter species	**9**	**1.9%**
Serratia species	**9**	**1.9%**
Stenotrophomonas species	**8**	**1.7%**
Proteus species	**4**	**0.9%**
Rothia species	**2**	**0.4%**
Citrobacter species	**2**	**0.4%**
Other pathogens	**13**	**2.8%**
Total Isolates	**465**	**100%**

Table 16 shows identified microorganisms for all reported CLABSI in NICU locations. *Staphylococcus aureus* (includes Methicillin-resistant *Staphylococcus aureus* (MRSA)) represent 29.7% of the total isolates reported for NICU CLABSIs and make up the largest percentage of identified microorganisms.

Table 16. Identified Microorganisms for All Reported CLABSI in NICU Locations

Microorganisms	Number of Isolates	Percentage (%) of Total Isolates
Staphylococcus aureus **(includes Methicillin-resistant *Staphylococcus aureus* (MRSA) isolates*)***	**11**	**29.7%**
MRSA only	1	(2.7%)
Coagulase negative *Staphylococcus species*	**7**	**18.9%**
Enterococcus species includes **Vancomycin resistant Enterococcus (VRE) isolates**	**6**	**16.2%**
VRE only	0	(0.0%)
Klebsiella species	**4**	**10.8%**
Escherichia coli	**2**	**5.4%**
Candida species	**2**	**5.4%**
Serratia species	**2**	**5.4%**
Enterobacter species	**2**	**5.4%**
Streptococcus species	**1**	**2.7%**
Total Isolates	**37**	**100%**

Table 17 shows identified microorganisms for all reported CLABSI in Long-Term Acute Care (LTAC) locations. *Enterococcus species (includes* Vancomycin-resistant *Enterococcus (VRE))* represent 15.9% of the total isolates reported for CLABSIs in LTAC locations and make up the largest percentage of identified microorganisms.

Table 17. Identified Microorganisms for All Reported CLABSI in LTAC Locations

Microorganisms	Number of Isolates	Percentage (%) of Total Isolates
Enterococcus species (includes **Vancomycin-resistant *Enterococcus*(VRE) isolates*)***	**10**	**15.9%**
VRE only	3	(4.8%)
Candida species **and other yeasts**	**9**	**14.3%**
Klebsiella species	**8**	**12.7%**
Staphylococcus aureus **(includes Methicillin-resistant *Staphylococcus aureus* (MRSA) isolates*)***	**5**	**7.9%**
MRSA only	3	(4.8%)
Enterobacter species	**5**	**7.9%**
Serratia species	**5**	**7.9%**
Coagulase negative *Staphylococcus species*	**4**	**6.3%**
Acinetobacter species	**4**	**6.3%**
Streptococcus species	**3**	**4.8%**
Escherichia coli	**3**	**4.8%**
Pseudomonas species	**3**	**4.8%**
Proteus species	**2**	**3.2%**
Bacteroides species	**2**	**3.2%**
TOTAL Isolates	**63**	**100%**

SSI SIR Summary Data

Table 18 shows overall South Carolina SSI complex AR SIRs by reportable procedure type. CBGB, HYST, and KPRO procedures show statistically significant SIRs that are less than 1, indicating the SSI experience for these procedure types was statistically better than the national baseline SSI experience. The overall SSI SIR for all procedure types is statistically significant, indicating the SSI experience in South Carolina is better from the SSI experience in the national baseline population.

Table 18. Overall South Carolina SSI Complex AR SIR[1] by Surgical Procedure Type

Procedure Type	No. Performed Procedures	No. Observed SSI	No. Expected SSI	SIR	95% Confidence Interval	Statistical Interpretation
CBGB	3511	27	44.37	0.61	0.41, 0.87	Lower
CBGC	255	1	3.01	0.33	0.02, 1.64	Not Different
COLO	4804	141	144.22	0.98	0.83, 1.15	Not Different
HPRO	8044	80	72.52	1.10	0.88, 1.37	Not Different
HYST	5745	28	44.31	0.63	0.43, 0.90	Lower
KPRO	12016	43	72.44	0.59	0.44, 0.79	Lower
All Procedures	**34375**	**320**	**380.87**	**0.84**	**0.72, 0.94**	**Lower**

[1]The complex AR SIR includes only inpatient procedures and deep incision primary and organ/space SSIs that were identified during admission or readmission to the procedure performing facility.

SSI Positive Culture and Positive MRSA Culture Data SSI

Table 19 shows positive culture and positive MRSA culture results for SSIs by procedure type. The percentage of MRSA positive culture results for all reportable procedure types ranged from 0.0% to 23.4%.

Table 19. SSI Positive Culture and SSI Positive MRSA Culture Counts by Procedure Type

Procedure Type	No. Observed SSI[1]	No. Observed SSI with Positive Culture Results	No. Observed SSI with Positive MRSA Culture Results	% MRSA of Positive Culture Results
CBGB	58	48	3	6.2%
CBGC	1	0	.	.
COLO	271	138	7	5.1%
HPRO	115	111	26	23.4%
HYST	63	40	5	12.5%
KPRO	73	69	14	20.3%
All Procedures	**581**	**406**	**55**	**13.5%**

[1]Includes all reported SSIs regardless of surgical wound class.

Hospital Onset MRSA BSI LabID Event Summary Data

Table 20 shows the overall South Carolina hospital onset (HO) MRSA BSI LabID event SIR for acute care hospitals. A total of 184 hospital HO MRSA BSI LabID events were reported from acute care hospitals in 2015. The overall South Carolina HO MRSA BSI LabID event SIR for acute care hospitals was not statistically significant, indicating the HO MRSA BSI experience in South Carolina was not different than the HO MRSA BSI experience in the national baseline population.

Table 20. Overall South Carolina HO MRSA BSI LabID Event SIR for Acute Care Hospitals[1]

No. of Observed HO MRSA LabID Events	No. Patient Days	No. Expected HO MRSA BSI LabID Events	SIR	95% Confidence Interval	Statistical Interpretation
184	2477580	168.30	1.09	0.94, 1.26	Not Different

[1]National benchmark data used to calculate SIR data for LTAC and IRF hospitals are not currently available. Therefore, SIR data for these types of hospitals are excluded from the overall South Carolina HO MRSA BSI LabID event SIR data presented in the above table

Hospital Onset CDI LabID Event Summary Data

Table 21 shows the overall South Carolina hospital onset (HO) CDI LabID event SIR for acute care hospitals. A total of 1591 hospital HO CDI LabID events were reported from acute care hospitals in 2015. The overall South Carolina HO CDI LabID event SIR for acute care hospitals was statistically significantly lower; indicating the HO CDI experience in South Carolina is better than the HO CDI experience in the national baseline population.

Table 21. Overall South Carolina HO CDI LabID Event SIR for Acute Care Hospitals[1]

No. of Observed HO CDI LabID Events	No. Patient Days	No. Expected HO CDI LabID Events	SIR	95% Confidence Interval	Statistical Interpretation
1591	2329920	1779.0	0.89	0.85, 0.94	Lower

[1]National benchmark data used to calculate SIR data for LTAC and IRF hospitals are not currently available. Therefore, SIR data for these types of hospitals are excluded from the overall South Carolina HO CDI LabID event SIR data presented in the above table

Conclusions

South Carolina's implementation of HIDA provides consumers and public health officials with access to statewide and facility specific HAI data, supporting the prevention of HAIs and the promotion of better infection control practices across the state.

South Carolina continues to make strides in CLABSI prevention.

- The 2013 Department of Health and Human Services (DHHS) National Action Plan's prevention target for CLABSI was a SIR of 0.50, which represents a goal to reduce by 50% compared to national baseline data. In 2015, South Carolina's CLABSI SIR was 0.60, which is 40% below national baseline data.
- The DHHS National Action Plan's prevention target for SSI was a 25% reduction compared to national baseline data, or a target SIR of 0.75. South Carolina's SSI SIR was 0.84, which represents a 16% reduction compared to baseline data. In addition, South Carolina's SSI SIR is comparable to the 2014 national SSI SIR.
- South Carolina's MRSA SIR was 1.09, which falls short of the National Action Plan's target SIR of 0.75.
- 2015 was the first year South Carolina collected CDI data and the CDI SIR was 0.89, which was below the national CDI SIR of 0.92.
- South Carolina also collected VAE data for the first time in 2015; however, there is no DHHS National Action Plan prevention target for VAE because there is currently no national baseline data for VAE.

New DHHS National Action Plan's prevention targets will be created in 2015 and will utilize 2015 data to establish new national baseline data. Thus the SIRs will be generated by comparison to the new baseline data. Continued HAI surveillance, data publication and partnership with HAI prevention stakeholders is needed to ensure ongoing HAI data to inform and improved patient safety in South Carolina.

Table 22: South Carolina SIRs compared to DHHS National Action Plan's prevention targets and national 2014[1] data

HAI Metric	Target SIR (DHHS)	South Carolina 2015 SIR	US 2014 SIR
CLABSI	0.50	0.60	0.50
SSI	0.75	0.84	0.83
MRSA HO LabID Events	0.75	1.09	0.87
CDI HO LabID Events	0.70	0.89	0.92

[1]2014 is the most recent national data available

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Appendix A.
Hospital Infections Disclosure Act (HIDA)
Advisory Committee Members

Hospital Infection Disclosure Act Advisory Committee Members (as of April 2016)	
Name	Title, Organization
Aunyika Moonan, PhD, MSPH, CPHQ	Director of Quality Measurement Services, South Carolina Hospital Association
Bob Rife, BS, RRT	Manager of Pulmonary Services, Roper St. Francis Healthcare
Cassandra Salgado, MD	Infectious Disease Physician, Medical University of South Carolina
Dana Giurgiutiu, PhD, MPH	Director, Division of Acute Disease Epidemiology, DHEC
Francee Levin, BA	Executive Council Member, AARP
Gwendolyn H. Usry	Infection Preventionist, Roper St. Francis Hospital, APIC Palmetto Representative
Helen Haskell	Founder, Mothers Against Medical Error
Helmut Albrect, MD	Infectious Disease Physician, Palmetto Richland/University of South Carolina School of Medicine
Jan Lienau, BSN, RN, CIC	Infection Preventionist, Greer Memorial Hospital, APIC Palmetto Representative
Jon Ruoff, PhD	Founder, The Ruoff Group
Julie Royer, MSPH	Statistician, The Office of Research and Statistics
Kyle Puckett	Infection Preventionist, Greenville Health System and North Greenville LTAC Hospital, APIC Palmetto Representative
Kathy Ward, RN, BSN, MPH, CIC	Infection Preventionist, Roper St. Francis Hospital, APIC Palmetto Representative
Kevin Shea, MD	Infectious Disease Physician, Carolinas Healthcare System
Lorri Gibbons, RN, BSN, CPHQ	Vice President for Quality Improvement and Patient Safety, South Carolina Hospital Association
Nijika Shrivastwa	Healthcare-associated Infections Program Coordinator, Division of Acute Disease Epidemiology, DHEC
Richard Foster, MD	Senior Vice President for Quality Improvement and Patient Safety, South Carolina Hospital Association
Stanley Ostrawski, RN, MS, MT(ASCP),CIC	Infection Preventionist, Division of Acute Disease Epidemiology, DHEC
Virginia Herring, BSN, RN, CIC	Infection Preventionist, Palmetto Richland Hospital, APIC Palmetto Representative

Appendix B.
2015 Attestation Letter Template

Date: _____

Facility: _____

Dear Infection Preventionist,

To ensure the accuracy and timeliness of individual Hospital Infections Disclosure Act (HIDA) facility reports, and to allow for a more concrete way to evaluate the quality and accuracy of hospital information reported under SC Code of Laws Section 44-7-2410 et seq., infection preventionists must sign below, affirming they have reviewed and made corrections, if needed, to their facility's 2015 HIDA Annual Report.

Please note that if a facility does not submit a signed version of this letter or notify us of any discrepancy in the report by Friday, March 4th, the facility's report will be posted on the S.C. Department of Health and Environmental Control's HIDA webpage, and marked with an asterisk to note that the facility failed to confirm the accuracy of their report prior to the publish date. The intent of this statement is to ensure facilities are accountable for their data in a timely fashion and to avoid any unnecessary delays caused by last minute change requests.

STATEMENT OF REVIEW AND CORRECTION:

To the best of my knowledge, my facility's preliminary HIDA reports, containing central line associated blood stream infection data, surgical site infection data, multi drug-resistant organism laboratory identified event, Clostridium Difficile infections laboratory identified event, and ventilator associated events data from January – December, 2015, is accurate. Errors that may have been identified during the review process have been corrected within the National Healthcare Safety Network.

Infection Preventionist Name (Printed):_____

Infection Preventionist Signature: _____

Please copy this letter on facility letterhead and email/scan a signed form to Nijika Shrivastwa, by Friday, March 4th, 2016.

Email: shrivan@dhec.sc.gov
Fax: (803) 898 - 0897

Appendix C.
Facility Specific Rate Data Reports for CLABSI, SSI, VAE, Hospital Onset MRSA BSI LabID and Hospital Onset CDI Lab ID Events

Abbeville Area Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	*	5	*
	1	*	2	*
	2,3	*	1	*
Knee Prosthesis (Replacement)	0	*	20	*
	1	*	12	*
	2,3	*	2	*
Colon Surgery	0	*	8	*
	1	*	3	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	36	*
All Adult Inpatient Wards	0	341	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.
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.

Abbeville Area Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	3807	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Abbeville Area Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
1	3807	2.627

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Abbeville Area Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	15	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Aiken Regional Medical Centers

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	*	18	*
	2	*	17	*
Abdominal Hysterectomy	0	0	55	0.00
	1	0	32	0.00
	2,3	*	6	*
Hip Prosthesis (Replacement)	0	0	21	0.00
	1	1	78	1.28
	2,3	*	19	*
Knee Prosthesis (Replacement)	0	0	28	0.00
	1	1	77	1.30
	2,3	*	14	*
Colon Surgery	0	*	10	*
	1	4	65	6.15

Aiken Regional Medical Centers

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
	2	0	28	0.00
	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.
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 Centers

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	3021	0.0
All Adult Inpatient Wards	4	3007	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.
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.

Aiken Regional Medical Centers

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	37213	0.027

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Aiken Regional Medical Centers

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
51	35012	14.566

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Aiken Regional Medical Centers

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
1	1704	0.587

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Allendale County Hospital

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	148	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.
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.

AnMed Health

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	1	100	1.00
	2	*	12	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	8	*
Abdominal Hysterectomy	0	*	1	*
Hip Prosthesis (Replacement)	0	0	21	0.00
	1	0	73	0.00
	2,3	*	14	*
Knee Prosthesis (Replacement)	1	*	2	*
	2,3	*	1	*
Colon Surgery	0	2	76	2.63
	1	2	106	1.89
	2	*	19	*

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.

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

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	12	5148	2.3
All Adult Inpatient Wards	5	8371	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.
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.

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
3	81975	0.037

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

AnMed Health

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
100	81975	12.199

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
6	2610	2.299

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

AnMed Health Women's and Children's Hosptial

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	63	0.00
	1	0	22	0.00
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	0	33	0.00
	1	0	52	0.00
	2,3	1	29	3.45
Knee Prosthesis (Replacement)	0	0	73	0.00
	1	0	128	0.00
	2,3	1	65	1.54
Colon Surgery	0	*	4	*
	1	*	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.
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 Women's and Children's Hosptial

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	77	0.0
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.
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.

AnMed Health Women's and Children's Hosptial

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	12735	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

AnMed Health Women's and Children's Hosptial

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
0	8408	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

AnMed Health Rehabilitation Hospital

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	758	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.
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.

AnMed Health Rehabilitation Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	18296	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

AnMed Health Rehabilitation Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
5	18296	2.733

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Baptist Easley Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	15	*
	1	0	33	0.00
	2,3	*	16	*
Hip Prosthesis (Replacement)	0	*	9	*
	1	1	29	3.45
	2,3	*	19	*
Knee Prosthesis (Replacement)	0	*	12	*
	1	1	29	3.45
	2,3	0	33	0.00
Colon Surgery	0	*	14	*
	1	2	20	10.00
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	652	0.0
All Adult Inpatient Wards	2	1096	1.8

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.
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.

Baptist Easley Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
3	16090	0.186

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Baptist Easley Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
9	15049	5.980

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Baptist Easley Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	475	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Beaufort Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	41	2.44
	1	0	43	0.00
	2,3	*	13	*
Hip Prosthesis (Replacement)	0	0	22	0.00
	1	4	110	3.64
	2,3	2	35	5.71
Knee Prosthesis (Replacement)	0	0	91	0.00
	1	2	199	1.01
	2,3	1	35	2.86
Colon Surgery	0	*	8	*
	1	0	22	0.00
	2	*	11	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	1646	0.0
All Adult Inpatient Wards	3	5343	0.6
All Pediatric Inpatient Wards	0	0	*
Inpatient Rehabilitation Ward	0	127	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.
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.

Beaufort Memorial Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	41222	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Beaufort Memorial Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
28	39098	7.161

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Bon Secours St. Francis Hospital - Downtown

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	0	188	0.00
	2	0	57	0.00
Coronary Bypass Graft (Chest Only Incision)	0,1	*	15	*
	2,3	*	1	*
Abdominal Hysterectomy	0	0	42	0.00
	1	0	23	0.00
	2,3	*	6	*
Hip Prosthesis (Replacement)	0	1	24	4.17
	1	1	81	1.23
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	*	15	*
	1	0	29	0.00
Colon Surgery	0	1	30	3.33

Bon Secours St. Francis Hospital - Downtown

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
	1	5	90	5.56
	2	5	48	10.42
	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.
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 Hospital - Downtown

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	3966	0.5
All Adult Inpatient Wards	8	7118	1.1
Inpatient Rehabilitation Ward	0	754	0.0
Adult Hematology/Oncology Ward - Temporary Central Line	3	1299	2.3
Adult Hematology/Oncology Ward - Permanent Central Line	1	2098	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.
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.

Bon Secours St. Francis Hospital - Downtown

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
6	54606	0.110

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Bon Secours St. Francis Hospital - Downtown

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
41	54606	7.508

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Bon Secours St. Francis Hospital - Downtown

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
4	1937	2.065

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Bon Secours St. Francis Eastside

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	243	0.41
	1	1	95	1.05
	2,3	*	14	*
Hip Prosthesis (Replacement)	0	2	223	0.90
	1	2	242	0.83
	2,3	*	11	*
Knee Prosthesis (Replacement)	0	2	483	0.41
	1	2	653	0.31
	2,3	0	37	0.00
Colon Surgery	0	*	14	*
	1	0	20	0.00
	2	*	17	*
	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.
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 Eastside

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	303	0.0
All Adult Inpatient Wards	0	621	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.
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.

Bon Secours St. Francis Eastside

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	17514	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Bon Secours St. Francis Eastside

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
7	17514	3.997

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Bon Secours St. Francis Eastside

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	132	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Bon-Secour St. Francis Xavier Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	86	0.00
	1	1	68	1.47
	2,3	0	21	0.00
Hip Prosthesis (Replacement)	1	*	18	*
	2,3	*	2	*
Knee Prosthesis (Replacement)	2,3	*	1	*
Colon Surgery	0	*	13	*
	1	1	27	3.70
	2	0	25	0.00

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.
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-Secour St. Francis Xavier Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	1453	0.7
All Adult Inpatient Wards	0	4365	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.
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.

Bon-Secour St. Francis Xavier Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	41916	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Bon-Secour St. Francis Xavier Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
21	39178	5.360

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Bon-Secour St. Francis Xavier Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
3	899	3.337

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Cannon Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	1	*	5	*
	2,3	*	1	*
Knee Prosthesis (Replacement)	0	*	1	*
	1	*	12	*
	2,3	*	3	*
Colon Surgery	0	*	9	*
	1	*	5	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	160	0.0
All Adult Inpatient Wards	0	150	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.
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.

Cannon Memorial Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	3741	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Cannon Memorial Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
3	3741	8.019

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Cannon Memorial Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	62	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Carolina Pines Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	39	0.00
	1	*	17	*
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	*	9	*
	1	0	35	0.00
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	0	38	0.00
	1	0	68	0.00
	2,3	*	2	*
Colon Surgery	0	*	2	*
	1	1	20	5.00
	2	*	5	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	1171	0.0
All Adult Inpatient Wards	1	1586	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.
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.

Carolina Pines Regional Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	15990	0.063

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Carolina Pines Regional Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
16	14511	11.026

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Carolina Pines Regional Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
1	720	1.389

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Carolinas Hospital System

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	1	41	2.44
	2	4	47	8.51
Coronary Bypass Graft (Chest Only Incision)	0,1	*	1	*
Abdominal Hysterectomy	0	1	46	2.17
	1	1	28	3.57
	2,3	*	5	*
Hip Prosthesis (Replacement)	0	0	23	0.00
	1	0	57	0.00
	2,3	*	11	*
Knee Prosthesis (Replacement)	0	0	71	0.00
	1	0	76	0.00
	2,3	*	5	*
Colon Surgery	0	*	17	*

Carolinas Hospital System

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
	1	3	47	6.38
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	3	3967	0.8
All Adult Inpatient Wards	3	7707	0.4
Inpatient Rehabilitation Ward	0	110	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.
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.

Carolinas Hospital System

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
8	52320	0.153

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Carolinas Hospital System

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
12	52320	2.294

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Carolinas Hospital System

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
1	2216	0.451

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Chester Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	1	*	2	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	1	*	2	*
	2,3	*	3	*
Knee Prosthesis (Replacement)	1	*	3	*
	2,3	*	2	*
Colon Surgery	0	*	1	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	36	*
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.
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.

Chester Regional Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	4253	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Chester Regional Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
3	4253	7.054

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Chester Regional Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	51	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Clarendon Health System

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	31	3.23
	1	*	9	*
Hip Prosthesis (Replacement)	0	*	1	*
	1	*	2	*
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	*	1	*
	1	*	1	*
	2,3	*	1	*
Colon Surgery	0	*	2	*
	1	*	7	*
	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.
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.

Clarendon Health System

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	163	0.0
All Adult Inpatient Wards	0	633	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.
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.

Clarendon Health System

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	8792	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Clarendon Health System

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
0	8792	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Clarendon Health System

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	65	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Coastal Carolina Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	13	*
	1	*	4	*
	2,3	*	4	*
Hip Prosthesis (Replacement)	0	*	6	*
	1	*	6	*
Knee Prosthesis (Replacement)	0	*	7	*
	1	*	5	*
	2,3	*	5	*
Colon Surgery	0	*	3	*
	1	*	11	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	401	0.0
All Adult Inpatient Wards	1	432	2.3

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.
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.

Coastal Carolina Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	8745	0.114

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Coastal Carolina Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
4	8745	4.574

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Coastal Carolina Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	151	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Colleton Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	24	0.00
	1	*	6	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	11	*
	1	0	22	0.00
	2,3	*	1	*
Knee Prosthesis (Replacement)	0	*	19	*
	1	0	28	0.00
	2,3	*	2	*
Colon Surgery	0	*	7	*
	1	0	20	0.00
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	333	3.0
All Adult Inpatient Wards	2	1744	1.1
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.
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.

Colleton Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	17118	0.058

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Colleton Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
0	17246	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Colleton Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	466	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Conway Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	87	1.15
	1	0	42	0.00
	2,3	*	7	*
Hip Prosthesis (Replacement)	0	1	39	2.56
	1	1	201	0.50
	2,3	*	19	*
Knee Prosthesis (Replacement)	0	0	41	0.00
	1	0	285	0.00
	2,3	2	35	5.71
Colon Surgery	0	*	9	*
	1	0	38	0.00
	2	0	49	0.00
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	1363	0.7
All Adult Inpatient Wards	3	3178	0.9
All Pediatric Inpatient Wards	*	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.
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.

Conway Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
3	41803	0.072

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Conway Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
9	38283	2.351

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Conway Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	1174	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

East Cooper Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	26	0.00
	1	*	17	*
Hip Prosthesis (Replacement)	0	0	114	0.00
	1	1	100	1.00
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	1	202	0.50
	1	0	170	0.00
	2,3	*	16	*
Colon Surgery	0	*	18	*
	1	0	25	0.00
	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.
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 Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	496	2.0
All Adult Inpatient Wards	0	712	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.
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.

East Cooper Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	18613	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

East Cooper Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
4	14936	2.678

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

East Cooper Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	147	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Edgefield County Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip 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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	124	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.
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.

Edgefield County Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	1616	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Edgefield County Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
0	1616	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Fairfield Memorial Hospital

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	6	*

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.
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.

Fairfield Memorial Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1278	0	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Fairfield Memorial Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
0	1278	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Georgetown Memorial hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	12	*
	1	*	10	*
	2,3	*	5	*
Hip Prosthesis (Replacement)	0	*	12	*
	1	0	30	0.00
	2,3	*	5	*
Knee Prosthesis (Replacement)	0	*	9	*
	1	2	47	4.26
	2,3	*	4	*
Colon Surgery	0	*	7	*
	1	*	13	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	331	0.0
All Adult Inpatient Wards	0	684	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.
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.

Georgetown Memorial hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	17121	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Georgetown Memorial hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
15	16971	8.839

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Georgetown Memorial hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	1060	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Grand Strand Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	3	219	1.37
	2	2	148	1.35
	3	*	1	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	7	*
	2,3	*	2	*
Abdominal Hysterectomy	0	0	79	0.00
	1	0	38	0.00
	2,3	*	5	*
Hip Prosthesis (Replacement)	0	0	54	0.00
	1	2	166	1.20
	2,3	1	34	2.94
Knee Prosthesis (Replacement)	0	1	87	1.15
	1	3	215	1.40
	2,3	0	56	0.00

Grand Strand Regional Medical Center

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Colon Surgery	0	*	12	*
	1	6	72	8.33
	2	10	79	12.66
	3	4	24	16.67

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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	8	7201	1.1
All Adult Inpatient Wards	7	9670	0.7
All Pediatric Critical Care Units	*	6	*
All Pediatric Inpatient Wards	*	8	*

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.
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.

Grand Strand Regional Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
5	82521	0.061

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Grand Strand Regional Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
86	80045	10.744

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Greenville Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	7	200	3.50
	2	5	150	3.33
Abdominal Hysterectomy	0	2	268	0.75
	1	0	250	0.00
	2,3	1	33	3.03
Hip Prosthesis (Replacement)	0	*	12	*
	1	0	104	0.00
	2,3	1	53	1.89
Knee Prosthesis (Replacement)	1	*	4	*
	2,3	*	6	*
Colon Surgery	0	4	77	5.19
	1	7	241	2.90
	2	6	91	6.59

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.

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 Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	16	12145	1.3
All Adult Inpatient Wards	18	14326	1.3
All Pediatric Critical Care Units	0	1151	0.0
All Pediatric Inpatient Wards	1	1595	0.6
Inpatient Rehabilitation Ward	0	1327	0.0
Adult Hematology/Oncology Ward - Temporary Central Line	6	2190	2.7
Adult Hematology/Oncology Ward - Permanent Central Line	9	3437	2.6
Pediatric Hematology/Oncology Ward - Temporary Central Line	1	103	9.7
Pediatric Hematology/Oncology Ward - Permanent Central Line	2	1751	1.1
Level III Neonatal Intensive Care Unit	12	5138	2.3

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.

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.

Greenville Memorial Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
23	208574	0.110

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Greenville Memorial Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
215	208574	10.308

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Greenville Memorial Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
42	10838	3.875

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Greenwood Regional Rehabilitation Hospital

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	337	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.
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.

Greenwood Regional Rehabilitation Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
10630	0	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Greer Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	11	*
	1	*	9	*
Hip Prosthesis (Replacement)	0	0	98	0.00
	1	1	100	1.00
	2,3	*	16	*
Knee Prosthesis (Replacement)	0	0	128	0.00
	1	0	148	0.00
	2,3	*	14	*
Colon Surgery	0	*	8	*
	1	*	4	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	207	0.0
All Adult Inpatient Wards	0	281	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.
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.

Greer Memorial Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	12304	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Greer Memorial Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
3	10938	2.743

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Greer Memorial Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	46	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Hampton Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	*	1	*
	1	*	3	*
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	*	5	*
	1	*	19	*
	2,3	*	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	2	*
All Adult Inpatient Wards	0	469	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.
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.

Hampton Regional Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	3418	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Hampton Regional Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
0	3418	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Hampton Regional Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	4	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

HealthSouth Rehabilitation Hospital of Charleston

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	1	683	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.
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.

HealthSouth Rehabilitation Hospital of Charleston

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	14688	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

HealthSouth Rehabilitation Hospital of Charleston

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
4	14688	2.723

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

HealthSouth Rehabilitation Hospital of Columbia

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	1614	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.
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.

HealthSouth Rehabilitation Hospital of Columbia

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	23899	0.042

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

HealthSouth Rehabilitation Hospital of Columbia

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
2	23899	0.837

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

HealthSouth Rehabilitation Hospital of Florence

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	2786	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.
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.

HealthSouth Rehabilitation Hospital of Florence

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	15367	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

HealthSouth Rehabilitation Hospital of Florence

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
0	15367	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

HealthSouth Rehabilitation Hospital of Rock Hill

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	263	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.
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.

HealthSouth Rehabilitation Hospital of Rock Hill

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	15002	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

HealthSouth Rehabilitation Hospital of Rock Hill

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
6	15002	3.999

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Hillcrest Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	*	1	*
	1	*	12	*
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	0	45	0.00
	1	0	34	0.00
	2,3	*	2	*
Colon Surgery	0	*	3	*
	1	*	8	*
	2	*	6	*

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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	120	8.3
All Adult Inpatient Wards	2	502	4.0

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.
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.

Hillcrest Memorial Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	7473	0.134

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Hillcrest Memorial Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
6	7473	8.029

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Hillcrest Memorial Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	31	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Hilton Head Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	0	29	0.00
	2	0	40	0.00
Coronary Bypass Graft (Chest Only Incision)	0,1	*	6	*
	2,3	*	2	*
Abdominal Hysterectomy	0	*	6	*
	1	*	3	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	0	90	0.00
	1	1	77	1.30
	2,3	*	9	*
Knee Prosthesis (Replacement)	0	0	119	0.00
	1	0	87	0.00
	2,3	*	15	*

Hilton Head Hospital

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Colon Surgery	0	*	14	*
	1	1	26	3.85
	2	*	11	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	1043	1.9
All Adult Inpatient Wards	0	2806	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.
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.

Hilton Head Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	22478	0.044

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Hilton Head Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
18	21196	8.492

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

InterMedical Hospital of SC

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	6	5123	1.2

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.
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.

InterMedical Hospital of SC

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	6218	0.161

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

InterMedical Hospital of SC

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
6	6218	9.649

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

KershawHealth Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	6	*
	1	*	11	*
	2,3	*	8	*
Hip Prosthesis (Replacement)	0	*	11	*
	1	1	50	2.00
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	*	9	*
	1	0	66	0.00
	2,3	*	17	*
Colon Surgery	0	*	3	*
	1	1	20	5.00
	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.
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 Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	343	2.9
All Adult Inpatient Wards	4	1081	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.
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.

KershawHealth Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	19381	0.052

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

KershawHealth Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
10	18911	5.288

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

KershawHealth Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
2	365	5.479

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Lake City Community Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	*	2	*
	1	*	2	*
	2,3	*	1	*
Knee Prosthesis (Replacement)	1	*	4	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	25	*

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.
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.

Lake City Community Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	3732	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Lake City Community Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
0	3732	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Greenville Health System Laurens County Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	5	*
	1	*	1	*
Hip Prosthesis (Replacement)	0	1	22	4.55
	1	1	29	3.45
	2,3	*	6	*
Knee Prosthesis (Replacement)	0	0	29	0.00
	1	0	30	0.00
	2,3	*	2	*
Colon Surgery	0	*	2	*
	1	*	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.
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 Health System Laurens County Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	371	0.0
All Adult Inpatient Wards	0	570	0.0
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.
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.

Greenville Health System Laurens County Memorial Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	16108	0.062

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Greenville Health System Laurens County Memorial Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
7	15417	4.540

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Greenville Health System Laurens County Memorial Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
2	314	6.369

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Lexington Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	9	205	4.39
	2	1	20	5.00
Coronary Bypass Graft (Chest Only Incision)	0,1	0	24	0.00
	2,3	*	14	*
Abdominal Hysterectomy	0	3	394	0.76
	1	1	130	0.77
	2,3	*	13	*
Hip Prosthesis (Replacement)	0	0	55	0.00
	1	1	89	1.12
	2,3	*	9	*
Knee Prosthesis (Replacement)	0	1	249	0.40
	1	3	261	1.15
	2,3	0	25	0.00

Lexington Medical Center

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Colon Surgery	0	5	101	4.95
	1	10	146	6.85
	2	1	45	2.22
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	4	5923	0.7
All Adult Inpatient Wards	15	15420	1.0
Adult Hematology/Oncology Ward - Temporary Central Line	4	1884	2.1
Adult Hematology/Oncology Ward - Permanent Central Line	13	4360	3.0

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.
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.

Lexington Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
7	132024	0.053

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Lexington Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
91	120760	7.536

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Lexington Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
11	3498	3.145

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Marion Regional Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	6	*
	1	*	6	*
	2,3	*	2	*
Colon Surgery	0	*	3	*
	1	*	6	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	204	0.0
All Adult Inpatient Wards	2	327	6.1

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.
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.

Marion Regional Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	10219	0.098

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Marion Regional Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
1	9675	1.034

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Marion Regional Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
1	153	6.536

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Mary Black Health System Gaffney

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	1	*
	1	*	6	*
Hip Prosthesis (Replacement)	0	*	14	*
	1	*	11	*
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	*	10	*
	1	*	15	*
Colon Surgery	0	*	1	*
	1	*	1	*
	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.
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 Health System Gaffney

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	125	0.0
All Adult 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.
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.

Mary Black Health System Gaffney

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	9370	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Mary Black Health System Gaffney

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
7	9370	7.471

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Mary Black Health System Gaffney

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	228	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Mary Black Health System, LLC

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	20	5.00
	1	*	8	*
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	1	43	2.33
	1	0	53	0.00
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	1	101	0.99
	1	0	95	0.00
	2,3	*	13	*
Colon Surgery	0	*	18	*
	1	1	36	2.78
	2	*	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.
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 Health System, LLC

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	393	0.0
All Adult Inpatient Wards	2	782	2.6
All Pediatric Inpatient Wards	0	0	*
Inpatient Rehabilitation Ward	0	0	*
Level II/III Neonatal Intensive Care Unit	*	22	*

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.
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.

Mary Black Health System, LLC

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
2	23008	0.087

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Mary Black Health System, LLC

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
13	22576	5.758

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Mary Black Health System, LLC

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
5	900	5.556

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

McLeod Health-Cheraw

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 07/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	1	*	1	*
Colon Surgery	0	*	3	*
	1	*	3	*
	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.
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 Health-Cheraw

Central Line Associated Blood Stream Infection (CLABSI)

Data Collected: 07/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	69	0.0
All Adult Inpatient Wards	*	49	*

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.
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.

McLeod Health-Cheraw

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event

Facility Wide Inpatient Data Collected: 07/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	3189	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

McLeod Health-Cheraw

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected 07/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
1	3189	3.136

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

McLeod Health-Cheraw

Ventilator Associated Events(VAE) Rate

Data Collected: 7/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	64	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

McLeod Medical Center - Darlington

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	817	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.
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.

McLeod Medical Center - Darlington

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
7741	0	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

McLeod Medical Center - Dillon

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	34	0.00
	1	*	15	*
	2,3	*	4	*
Hip Prosthesis (Replacement)	0	*	1	*
	1	*	3	*
Knee Prosthesis (Replacement)	0	*	19	*
	1	*	9	*
Colon Surgery	0	*	3	*
	1	*	8	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	166	0.0
All Adult Inpatient Wards	0	172	0.0
All Pediatric Inpatient Wards	0	59	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.
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.

McLeod Medical Center - Dillon

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	9172	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

McLeod Medical Center - Dillon

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
6	8550	7.018

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

McLeod Medical Center - Dillon

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	186	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

McLeod Loris

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	6	*
	1	*	7	*
	2,3	*	3	*
Colon Surgery	0	*	4	*
	1	*	7	*
	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.
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 Loris

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	719	1.4
All Adult Inpatient Wards	0	701	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.
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.

McLeod Loris

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	10339	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

McLeod Loris

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
1	9477	1.055

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

McLeod Loris

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	297	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

McLeod Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	4	322	1.24
	2	*	17	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	14	*
	2,3	*	1	*
Abdominal Hysterectomy	0	1	108	0.93
	1	0	58	0.00
	2,3	*	10	*
Hip Prosthesis (Replacement)	0	1	59	1.69
	1	7	219	3.20
	2,3	0	30	0.00
Knee Prosthesis (Replacement)	0	1	116	0.86
	1	1	424	0.24
	2,3	1	37	2.70

McLeod Regional Medical Center

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Colon Surgery	0	0	49	0.00
	1	2	145	1.38
	2	4	64	6.25
	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.
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 Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	7	12670	0.6
All Adult Inpatient Wards	15	17156	0.9
All Pediatric Critical Care Units	0	267	0.0
All Pediatric Inpatient Wards	0	77	0.0
Adult Hematology/Oncology Ward - Temporary Central Line	2	2013	1.0
Adult Hematology/Oncology Ward - Permanent Central Line	1	1209	0.8
Level III Neonatal Intensive Care Unit	2	981	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.
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.

McLeod Regional Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
9	146901	0.061

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

McLeod Regional Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
94	132469	7.096

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

McLeod Regional Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
36	7383	4.876

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

McLeod Seacoast

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	17	*
	1	*	10	*
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	1	59	1.69
	1	1	76	1.32
	2,3	*	6	*
Knee Prosthesis (Replacement)	0	0	88	0.00
	1	0	131	0.00
	2,3	*	8	*
Colon Surgery	0	*	9	*
	1	0	21	0.00
	2	*	6	*

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.
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 Seacoast

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	356	0.0
All Adult Inpatient Wards	0	539	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.
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.

McLeod Seacoast

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	9932	0.101

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

McLeod Seacoast

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
1	9932	1.007

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

McLeod Seacoast

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	304	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Mount Pleasant Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	83	0.00
	1	*	11	*
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	*	2	*
	1	*	9	*
	2,3	*	2	*
Knee Prosthesis (Replacement)	1	*	1	*
Colon Surgery	0	*	7	*
	1	*	11	*
	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.
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.

Mount Pleasant Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	290	0.0
All Adult Inpatient Wards	0	258	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.
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.

Mount Pleasant Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	6553	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Mount Pleasant Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
3	6472	4.635

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Mount Pleasant Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	152	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Medical University of South Carolina Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	1	151	0.66
	2	*	15	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	18	*
	2,3	*	1	*
Abdominal Hysterectomy	0	0	37	0.00
	1	3	126	2.38
	2,3	6	126	4.76
Hip Prosthesis (Replacement)	0	0	67	0.00
	1	2	145	1.38
	2,3	1	114	0.88
Knee Prosthesis (Replacement)	0	0	42	0.00
	1	4	153	2.61
	2,3	0	92	0.00

Medical University of South Carolina Medical Center

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Colon Surgery	0	2	51	3.92
	1	11	121	9.09
	2	19	111	17.12
	3	7	29	24.14

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.
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.

Medical University of South Carolina Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	21	14346	1.5
All Adult Inpatient Wards	19	21138	0.9
All Pediatric Critical Care Units	6	5011	1.2
All Pediatric Inpatient Wards	2	3267	0.6
Adult Hematology/Oncology Ward - Temporary Central Line	0	64	0.0
Adult Hematology/Oncology Ward - Permanent Central Line	1	207	4.8
Pediatric Hematology/Oncology Ward - Temporary Central Line	2	579	3.5
Pediatric Hematology/Oncology Ward - Permanent Central Line	4	2739	1.5
Level III Neonatal Intensive Care Unit	8	4429	1.8
Oncology Leukemia/Lymphoma Ward - Temporary Central Line	7	1871	3.7
Oncology Leukemia/Lymphoma Ward - Permanent Central Line	8	4676	1.7

Medical University of South Carolina Medical Center

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.
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.

Medical University of South Carolina Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
20	205166	0.097

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Medical University of South Carolina Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
118	181539	6.500

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Medical University of South Carolina Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
63	11713	5.379

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Newberry County Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	0	43	0.00
	1	0	35	0.00
	2,3	*	5	*
Knee Prosthesis (Replacement)	0	0	66	0.00
	1	1	54	1.85
	2,3	*	17	*
Colon Surgery	0	*	4	*
	1	1	21	4.76
	2	*	13	*
	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.
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 Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	135	0.0
All Adult Inpatient Wards	1	639	1.6

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.
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.

Newberry County Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	8161	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Newberry County Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
2	7670	2.608

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Newberry County Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	100	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

North Greenville Long Term Acute Care Hospital

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	1	5593	0.2

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.
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.

North Greenville Long Term Acute Care Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
2	7475	0.268

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

North Greenville Long Term Acute Care Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
12	7475	16.053

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Oconee Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	5	*
Hip Prosthesis (Replacement)	0	0	37	0.00
	1	0	74	0.00
	2,3	*	8	*
Knee Prosthesis (Replacement)	0	0	107	0.00
	1	1	126	0.80
	2,3	0	34	0.00
Colon Surgery	0	*	4	*
	1	2	21	9.52
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	495	4.04
All Adult Inpatient Wards	0	1317	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.
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.

Oconee Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
2	24926	0.080

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Oconee Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
8	23982	3.336

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Oconee Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilaor Days[b]
1	569	1.757

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Palmetto Health Baptist

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	187	0.53
	1	0	119	0.00
	2,3	2	22	9.09
Hip Prosthesis (Replacement)	0	3	126	2.38
	1	9	193	4.66
	2,3	2	32	6.25
Knee Prosthesis (Replacement)	0	1	179	0.56
	1	1	261	0.38
	2,3	0	22	0.00
Colon Surgery	0	3	75	4.00
	1	8	121	6.61
	2	3	39	7.69
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	3271	0.6
All Adult Inpatient Wards	9	8585	1.0
Inpatient Rehabilitation Ward	0	87	0.0
Adult Hematology/Oncology Ward - Temporary Central Line	0	2241	0.0
Adult Hematology/Oncology Ward - Permanent Central Line	1	1829	0.5
Level II/III Neonatal Intensive Care Unit	1	1233	0.8

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.
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.

Palmetto Health Baptist

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
2	99601	0.020

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Palmetto Health Baptist

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
35	87081	4.019

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Palmetto Health Baptist

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
8	1845	4.336

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Palmetto Health Baptist Parkridge

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	42	0.00
	1	1	23	4.35
	2,3	*	5	*
Hip Prosthesis (Replacement)	0	*	11	*
	1	1	27	3.70
	2,3	*	5	*
Knee Prosthesis (Replacement)	0	0	48	0.00
	1	0	49	0.00
	2,3	*	2	*
Colon Surgery	0	*	10	*
	1	*	14	*
	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.
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 Parkridge

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	1174	0.0
All Adult Inpatient Wards	0	1312	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.
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.

Palmetto Health Baptist Parkridge

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	18224	0.055

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Palmetto Health Baptist Parkridge

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
15	16836	8.909

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Palmetto Health Baptist Parkridge

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	286	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Palmetto Health Richland

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	4	160	2.50
	2	3	44	6.82
Coronary Bypass Graft (Chest Only Incision)	0,1	*	12	*
	2,3	*	17	*
Abdominal Hysterectomy	0	0	112	0.00
	1	1	173	0.58
	2,3	1	55	1.82
Hip Prosthesis (Replacement)	0	0	41	0.00
	1	1	159	0.63
	2,3	1	69	1.45
Knee Prosthesis (Replacement)	0	0	25	0.00
	1	0	157	0.00
	2,3	1	115	0.87

Palmetto Health Richland

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Colon Surgery	0	2	22	9.09
	1	6	51	11.76
	2	8	34	23.53
	3	*	6	*

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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	29	10082	2.9
All Adult Inpatient Wards	23	17897	1.3
All Pediatric Critical Care Units	0	1032	0.0
All Pediatric Inpatient Wards	0	1634	0.0
Pediatric Hematology/Oncology Ward - Temporary Central Line	*	26	*
Pediatric Hematology/Oncology Ward - Permanent Central Line	5	1817	2.7
Level III Neonatal Intensive Care Unit	9	5353	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.
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.

Palmetto Health Richland

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
33	208671	0.158

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Palmetto Health Richland

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
105	186208	5.639

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Palmetto Health Richland

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
18	3131	5.749

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions

b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Patewood Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	2	*
Hip Prosthesis (Replacement)	0	0	159	0.00
	1	1	148	0.68
	2,3	1	36	2.78
Knee Prosthesis (Replacement)	0	0	286	0.00
	1	2	345	0.58
	2,3	1	38	2.63

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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	48	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.
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.

Patewood Memorial Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	2340	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Patewood Memorial Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
0	2340	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Pelham Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	18	*
	1	*	3	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	0	53	0.00
	1	1	54	1.85
	2,3	*	10	*
Knee Prosthesis (Replacement)	0	0	61	0.00
	1	1	79	1.27
	2,3	0	22	0.00
Colon Surgery	0	*	2	*
	1	*	9	*
	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.
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.

Pelham Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	284	0.0
All Adult Inpatient Wards	0	744	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.
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.

Pelham Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	11953	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Pelham Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
9	11369	7.916

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Pelham Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
2	246	8.130

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Piedmont Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	1	133	0.75
	2	*	8	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	3	*
Abdominal Hysterectomy	0	*	15	*
	1	*	9	*
Hip Prosthesis (Replacement)	0	1	48	2.08
	1	1	103	0.97
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	0	56	0.00
	1	0	95	0.00
	2,3	0	25	0.00
Colon Surgery	0	2	39	5.13
	1	0	76	0.00

Piedmont Medical Center

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
	2	*	17	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	3005	0.3
All Adult Inpatient Wards	1	5635	0.2
All Pediatric Inpatient Wards	*	1	*
Level II/III Neonatal Intensive Care Unit	0	124	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.
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.

Piedmont Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	57179	0.017

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Piedmont Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
56	57179	9.794

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Piedmont Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
2	2495	0.802

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Sisters of Charity Providence Hospitals Downtown

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	1	278	0.36
	2	2	37	5.41
Coronary Bypass Graft (Chest Only Incision)	0,1	0	20	0.00
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	*	11	*
	1	0	21	0.00
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	0	33	0.00
	1	0	27	0.00
	2,3	*	2	*
Colon Surgery	0	0	27	0.00
	1	1	58	1.72
	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.

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.

Sisters of Charity Providence Hospitals Downtown

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	4	2341	1.7
All Adult Inpatient Wards	4	5310	0.8

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.
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.

Sisters of Charity Providence Hospitals Downtown

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	40216	0.025

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Sisters of Charity Providence Hospitals Downtown

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
26	40216	6.465

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Providence Hospitals NE

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	3	423	0.71
	1	4	228	1.75
	2,3	1	45	2.22
Knee Prosthesis (Replacement)	0	1	349	0.29
	1	0	316	0.00
	2,3	1	26	3.85

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.
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 Hospitals NE

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	1	*
All Adult Inpatient Wards	0	163	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.
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.

Providence Hospitals NE

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	5189	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Providence Hospitals NE

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
0	5189	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Providence Hospitals NE

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	1	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Regency Hospital of Florence

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	7	7453	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.
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.

Regency Hospital of Florence

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	12891	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Regency Hospital of Florence

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
17	12891	13.187

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Regency Hospital of Greenville

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	6	7130	0.8

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.
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.

Regency Hospital of Greenville

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	9607	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Regency Hospital of Greenville

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
3	9607	3.123

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Regional Medical Center of Orangeburg and Calhoun Counties

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	59	0.00
	1	*	17	*
	2,3	*	4	*
Hip Prosthesis (Replacement)	0	*	10	*
	1	3	33	9.09
	2,3	*	9	*
Knee Prosthesis (Replacement)	0	1	35	2.86
	1	2	56	3.57
	2,3	*	8	*
Colon Surgery	0	*	15	*
	1	7	53	13.21
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	2650	0.8
All Adult Inpatient Wards	10	5285	1.9
Inpatient Rehabilitation Ward	0	258	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.
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.

Regional Medical Center of Orangeburg and Calhoun Counties

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
6	46216	0.130

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Regional Medical Center of Orangeburg and Calhoun Counties

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
57	44447	12.824

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Roper Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	1	276	0.36
	2	1	48	2.08
	3	*	1	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	4	*
Abdominal Hysterectomy	0	1	97	1.03
	1	0	69	0.00
	2,3	0	23	0.00
Hip Prosthesis (Replacement)	0	0	313	0.00
	1	4	235	1.70
	2,3	2	41	4.88
Knee Prosthesis (Replacement)	0	1	623	0.16
	1	3	367	0.82
	2,3	0	21	0.00

Roper Hospital

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Colon Surgery	0	1	159	0.63
	1	7	186	3.76
	2	3	59	5.08
	3	*	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	9	5837	1.5
All Adult Inpatient Wards	4	9085	0.4
Inpatient Rehabilitation Ward	0	1903	0.0
Adult Hematology/Oncology Ward - Temporary Central Line	0	651	0.0
Adult Hematology/Oncology Ward - Permanent Central Line	2	1270	1.6
Adult Bone Marrow Transplant Ward - Temporary Central Line	0	356	0.0
Adult Bone Marrow Transplant Ward - Permanent Central Line	0	110	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.
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.

Roper Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
4	59818	0.067

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Roper Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
59	59818	9.863

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Roper Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
11	3257	3.377

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Self Regional Healthcare

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	2	56	3.57
	2	*	7	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	3	*
Abdominal Hysterectomy	0	0	104	0.00
	1	1	27	3.70
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	1	44	2.27
	1	0	104	0.00
	2,3	1	34	2.94
Knee Prosthesis (Replacement)	0	1	85	1.18
	1	0	118	0.00
	2,3	0	44	0.00
Colon Surgery	0	1	52	1.92

Self Regional Healthcare

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
	1	6	59	10.17
	2	*	17	*

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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	3081	0.0
All Adult Inpatient Wards	5	5703	0.9
All Pediatric Inpatient Wards	*	5	*
Level II/III Neonatal Intensive Care Unit	2	681	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.
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.

Self Regional Healthcare

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
3	60474	0.050

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Self Regional Healthcare

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
39	53548	7.283

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Self Regional Healthcare

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
6	2370	2.532

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Shriners Hospitals for Children---Greenville

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
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 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.
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.

Shriners Hospitals for Children---Greenville

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
580	0	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Spartanburg Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	2	212	0.94
	2	0	48	0.00
Coronary Bypass Graft (Chest Only Incision)	0,1	0	71	0.00
	2,3	*	9	*
Abdominal Hysterectomy	0	3	222	1.35
	1	2	231	0.87
	2,3	3	88	3.41
Hip Prosthesis (Replacement)	0	2	60	3.33
	1	10	247	4.05
	2,3	6	89	6.74
Knee Prosthesis (Replacement)	0	0	108	0.00
	1	5	326	1.53
	2,3	3	133	2.26

Spartanburg Medical Center

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Colon Surgery	0	3	31	9.68
	1	15	130	11.54
	2	16	96	16.67
	3	*	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.
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 Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	16	9812	1.6
All Adult Inpatient Wards	10	14260	0.7
All Pediatric Critical Care Units	0	138	0.0
All Pediatric Inpatient Wards	0	79	0.0
Adult Hematology/Oncology Ward - Temporary Central Line	8	1289	6.2
Adult Hematology/Oncology Ward - Permanent Central Line	1	1858	0.5
Level III Neonatal Intensive Care Unit	3	2219	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.
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.

Spartanburg Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
18	162169	0.111

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Spartanburg Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days** [b]
98	150236	6.523

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Spartanburg Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
40	8883	4.278

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Spartanburg Rehabilitation Institute

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	416	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.
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.

Spartanburg Rehabilitation Institute

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
10065	2	0.199

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Spartanburg Hospital for Restorative Care

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	3	6510	0.5

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.
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.

Spartanburg Hospital for Restorative Care

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
3	9838	0.305

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Spartanburg Hospital for Restorative Care

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
14	9838	14.231

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Springs Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	33	3.03
	1	*	13	*
	2,3	*	5	*
Hip Prosthesis (Replacement)	1	*	13	*
	2,3	*	13	*
Knee Prosthesis (Replacement)	1	*	12	*
	2,3	*	13	*
Colon Surgery	0	*	5	*
	1	*	7	*
	2	*	6	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	625	1.6
All Adult Inpatient Wards	2	946	2.1
Inpatient Rehabilitation Ward	0	152	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.
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.

Springs Memorial Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	22180	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Springs Memorial Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
5	20431	2.447

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Springs Memorial Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
2	529	3.781

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Summerville Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	3	110	2.73
	1	1	38	2.63
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	*	17	*
	1	0	36	0.00
	2,3	*	9	*
Knee Prosthesis (Replacement)	0	0	37	0.00
	1	1	57	1.75
	2,3	*	16	*
Colon Surgery	0	*	18	*
	1	0	24	0.00
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	631	1.6
All Adult Inpatient Wards	3	1468	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.
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.

Summerville Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
1	23981	0.042

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Summerville Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
7	22134	3.163

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Summerville Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	502	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Trident Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	0	192	0.00
	2	*	11	*
Abdominal Hysterectomy	0	1	160	0.63
	1	1	94	1.06
	2,3	*	12	*
Hip Prosthesis (Replacement)	0	0	61	0.00
	1	8	148	5.41
	2,3	1	35	2.86
Knee Prosthesis (Replacement)	0	0	91	0.00
	1	1	150	0.67
	2,3	0	30	0.00
Colon Surgery	0	2	42	4.76
	1	3	78	3.85

Trident Medical Center

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
	2	2	35	5.71
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	7	4326	1.6
All Adult Inpatient Wards	6	7889	0.8
Adult Hematology/Oncology Ward - Temporary Central Line	2	694	2.9
Adult Hematology/Oncology Ward - Permanent Central Line	2	1810	1.1

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.
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.

Trident Medical Center

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
4	80994	0.049

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Trident Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
20	78034	2.563

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Trident Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
14	3894	3.595

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Tuomey Healthcare System

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	98	0.00
	1	0	43	0.00
	2,3	*	5	*
Hip Prosthesis (Replacement)	0	*	19	*
	1	0	70	0.00
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	0	42	0.00
	1	2	114	1.75
	2,3	1	35	2.86
Colon Surgery	0	*	15	*
	1	1	47	2.12
	2	*	19	*
	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.
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 Healthcare System

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	1765	0.6
All Adult Inpatient Wards	4	4857	0.8
All Pediatric Inpatient Wards	1	584	1.7
Inpatient Rehabilitation Ward	3	1521	2.0
Adult Hematology/Oncology Ward - Temporary Central Line	2	1196	1.7
Adult Hematology/Oncology Ward - Permanent Central Line	0	2693	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.
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.

Tuomey Healthcare System

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
6	53841	0.111

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Tuomey Healthcare System

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
16	50225	3.186

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Tuomey Healthcare System

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
1	998	1.002

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Vibra Hospital of Charleston

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2015 - 12/31/2015

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	40	10368	3.9

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.
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.

Vibra Hospital of Charleston

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
6	14853	0.404

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Vibra Hospital of Charleston

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
27	14853	18.178

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Waccamaw Community Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	9	*
	1	*	9	*
	2,3	*	5	*
Hip Prosthesis (Replacement)	0	0	44	0.00
	1	1	124	0.81
	2,3	0	27	0.00
Knee Prosthesis (Replacement)	0	0	64	0.00
	1	1	190	0.53
	2,3	2	22	9.09
Colon Surgery	0	*	9	*
	1	1	39	2.56
	2	*	13	*
	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	545	0.0
All Adult Inpatient Wards	0	2636	0.0
Inpatient Rehabilitation Ward	0	848	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.
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.

Waccamaw Community Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
4	31308	0.128

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Waccamaw Community Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
22	33997	6.471

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Waccamaw Community Hospital

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2015 - 12/31/2015

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
0	1156	0.000

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000

Wallace Thomson Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	3	*
Colon Surgery	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.
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: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	153	0.0
All Adult Inpatient Wards	0	145	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.
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.

Wallace Thomson Hospital

Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset MRSA BSI LabID Event Data		
No. Hospital Onset MRSA BSI LabID Events[a]	**No. Patient Days**	**MRSA BSI Incidence Density Rate per 1000 Patient Days [b]**
0	4580	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

Wallace Thomson Hospital

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2015 - 12/31/2015

Hospital Onset CDI LabID Event Data		
No. Hospital Onset CDI LabID Events [a]	**No. Patient Days**	**HO CDI Incidence Rate per 10,000 patient days [b]**
0	3563	0.000

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)
b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

Williamsburg Regional Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2015 - 12/31/2015

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	2	*
	1	*	1	*
	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.
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.

Williamsburg Regional Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 12/31/2015

Location [a]	No. of Infections	No. of Central Line Days [b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	109	0.0
All Adult Inpatient Wards	0	313	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.
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.

Appendix D.
CLABSI Rate and Comparison (SIR) Data Eligibility by Location and Location Type

CLABSI Rate and Comparison (SIR) Data Eligibility by Location and Location Type				
Location Type	**Location**	**Rate Data Available for Location in Facility-specific Reports**	**National Benchmark Data Available for Location**	**Location Included in Location Specific and Location Type Comparison Reports**
Adult Critical Care	Coronary	Y	Y	Y
Adult Critical Care	Cardiothoracic	Y	Y	Y
Adult Critical Care	Long Term Acute Care	Y	N	N
Adult Critical Care	Medical	Y	Y	Y
Adult Critical Care	Medical/Surgical	Y	Y	Y
Adult Critical Care	Neurosurgical	Y	Y	Y
Adult Critical Care	Prenatal	Y	N	N
Adult Critical Care	Surgical	Y	Y	Y
Adult Critical Care	Trauma	Y	Y	Y
Adult Rehabilitation	Rehabilitation (Ward within Rehab Hospital)	Y	N	N
Adult Rehabilitation	Rehabilitation (Ward within Hospital)	Y	Y	Y
Adult SCA	Bone Marrow Transplant	Y	Y	Y
Adult SCA	Hematology/Oncology	Y	Y	Y
Adult SCA	Leukemia/Lymphoma	Y	N	N
Adult Ward	Antenatal	Y	N	N
Adult Ward	Step Down	Y	Y	Y
Adult Ward	Gastrointestinal	Y	N	N
Adult Ward	Gynecology	Y	Y	Y
Adult Ward	Labor and Delivery	Y	Y	Y
Adult Ward	Long Term Acute Care	Y	N	N
Adult Ward	Medical	Y	Y	Y
Adult Ward	Medical/Surgical	Y	Y	Y
Adult Ward	Neurological	Y	Y	Y
Adult Ward	Neurosurgical	Y	Y	Y
Adult Ward	Orthopedic	Y	N	N
Adult Ward	Post Partum	Y	Y	Y
Adult Ward	Pulmonary	Y	N	N
Adult Ward	Surgical	Y	Y	Y
Adult Ward	Stroke (Acute)	Y	N	N
Adult Ward	Telemetry	Y	N	N
Adult Ward	Vascular	Y	Y	Y
NICU	NICU Level III	Y	Y	Y
NICU	NICU Level II/III	Y	Y	Y
Pediatric Critical Care	Pediatric Cardiothoracic	Y	Y	Y

Pediatric Critical Care	Pediatric Medical	Y	Y	Y
Pediatric Critical Care	Pediatric Medical/Surgical	Y	Y	Y
Pediatric SCA	Pediatric Hematology/Oncology	Y	Y	Y
Pediatric Ward	Pediatric Medical	Y	Y	Y
Pediatric Ward	Pediatric Medical Surgical	Y	Y	Y
Pediatric Ward	Pediatric Orthopedic	Y	Y	Y
Pediatric Ward	Pediatric Step Down	Y	N	N
Pediatric Ward	Pediatric Surgical	Y	Y	Y

Appendix E1 CLABSI SIR Comparison Reports

Table 1: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - All Adult Critical Care Units							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Abbeville Area Medical Center	*	36	0.05	*	*	*	*
Aiken Regional Medical Center	0	3021	4.53	0.00	0.00	0.81	Lower
AnMed Health Medical Center	12	5148	8.95	1.34	0.69	2.34	Not Different
Baptist Easley Hospital	0	652	0.98	0.00	0.00	3.77	Not Different
Beaufort Memorial Hospital	0	1646	3.13	0.00	0.00	1.18	Not Different
Bon Secours - St. Francis Xavier Hospital	1	1453	2.18	0.46	0.01	2.56	Not Different
Bon Secours St. Francis - Downtown	2	3966	5.87	0.34	0.04	1.23	Not Different
Bon SecoursSt. Francis - Eastside	0	303	0.45	0.00	0.00	8.12	Not Different
Cannon Memorial Hospital	0	160	0.24	0.00	0.00	15.37	Not Different
Carolina Pines Regional Medical Center	0	1171	1.76	0.00	0.00	2.10	Not Different
Carolinas Hospital System	3	3967	7.67	0.39	0.08	1.14	Not Different
Carolinas Hospital System Marion	0	204	0.31	0.00	0.00	12.06	Not Different
Chester Regional Medical Center	*	36	0.05	*	*	*	*
Clarendon Memorial Hospital	0	163	0.31	0.00	0.00	11.91	Not Different
Coastal Carolina Medical Center	0	401	0.60	0.00	0.00	6.13	Not Different
Colleton Medical Center	1	333	0.50	2.00	0.05	11.15	Not Different
Conway Medical Center	1	1363	2.04	0.49	0.01	2.73	Not Different
East Cooper Regional Medical Center	1	496	0.74	1.34	0.03	7.49	Not Different
Grand Strand Regional Medical Center	8	7201	15.36	0.52	0.23	1.03	Not Different
Greenville Health System Laurens County Memorial Hospital	0	371	0.78	0.00	0.00	4.74	Not Different
Greenville Memorial Hospital	16	12145	27.03	0.59	0.34	0.96	Lower
Greer Memorial Hospital	0	207	0.43	0.00	0.00	8.49	Not Different

Table 1: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - All Adult Critical Care Units							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Hampton Regional Medical Center	*	2	0.00	*	*	*	*
Hillcrest Memorial Hospital	1	120	0.25	3.97	0.10	22.11	Not Different
Hilton Head Regional Medical Center	2	1043	1.56	1.28	0.16	4.62	Not Different
KershawHealth	1	343	0.51	1.94	0.05	10.83	Not Different
Lexington Medical Center	4	5923	12.31	0.32	0.09	0.83	Lower
Mary Black Health System Gaffney	0	125	0.19	0.00	0.00	19.67	Not Different
Mary Black Healthcare	0	393	0.59	0.00	0.00	6.26	Not Different
McLeod Cheraw	0	69	0.10	0.00	0.00	35.64	Not Different
McLeod Loris	1	719	1.08	0.93	0.02	5.17	Not Different
McLeod Medical Center - Dillon	0	166	0.25	0.00	0.00	14.82	Not Different
McLeod Regional Medical Center	7	12670	29.17	0.24	0.10	0.49	Lower
McLeod Seacoast	0	356	0.53	0.00	0.00	6.91	Not Different
Medical University Hospital Authority	21	14346	31.28	0.67	0.42	1.03	Not Different
Mount Pleasant Hospital	0	290	0.44	0.00	0.00	8.48	Not Different
Newberry County Memorial Hospital	0	135	0.20	0.00	0.00	18.22	Not Different
Oconee Memorial Hospital	2	495	1.04	1.92	0.23	6.95	Not Different
Palmetto Health Baptist	2	3252	4.88	0.41	0.05	1.48	Not Different
Palmetto Health Baptist Parkridge	0	1174	1.76	0.00	0.00	2.10	Not Different
Palmetto Health Richland	29	10082	26.34	1.10	0.74	1.58	Not Different
Palmetto Health Tuomey	1	1765	2.65	0.38	0.01	2.10	Not Different
Pelham Medical Center	0	284	0.43	0.00	0.00	8.66	Not Different
Piedmont Medical Center	1	3005	4.51	0.22	0.01	1.24	Not Different
Providence Hospital Northeast	*	1	0.00	*	*	*	*

Table 1: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - All Adult Critical Care Units							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Regional Medical Center Of Orangeburg and Calhoun Counties	2	2650	3.98	0.50	0.06	1.82	Not Different
Roper Hospital Inc.	9	5837	8.93	1.01	0.46	1.91	Not Different
Self Regional Healthcare	0	3081	5.98	0.00	0.00	0.62	Lower
Sisters of Charity Providence Hospital Downtown	4	2341	3.42	1.17	0.32	2.99	Not Different
Spartanburg Regional Medical Center	16	9812	19.59	0.82	0.47	1.33	Not Different
Springs Memorial Hospital	1	625	0.94	1.07	0.03	5.94	Not Different
Summerville Medical Center	1	631	0.95	1.06	0.03	5.89	Not Different
Tidelands Georgetown Memorial Hospital	0	331	0.63	0.00	0.00	5.87	Not Different
Tidelands Waccamaw Community Hospital	0	545	1.04	0.00	0.00	3.56	Not Different
Trident Medical Center	7	4326	6.49	1.08	0.43	2.22	Not Different
Union Hospital	0	153	0.23	0.00	0.00	16.07	Not Different
Williamsburg Regional Hospital	0	109	0.21	0.00	0.00	17.81	Not Different

a. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

b. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - All Adult Inpatient Wards							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Abbeville Area Medical Center	0	341	0.41	0.00	0.00	9.02	Not Different
Aiken Regional Medical Center	4	3007	4.40	0.91	0.25	2.33	Not Different
Allendale County Hospital	0	148	0.18	0.00	0.00	20.77	Not Different
AnMed Health Medical Center	3	5121	6.53	0.46	0.10	1.34	Not Different
AnMed Health Womens And Children	0	77	0.11	0.00	0.00	34.22	Not Different
Baptist Easley Hospital	2	1096	1.31	1.52	0.18	5.50	Not Different
Beaufort Memorial Hospital	3	5343	8.02	0.37	0.08	1.09	Not Different
Bon Secours - St. Francis Xavier Hospital	0	4365	7.35	0.00	0.00	0.50	Lower
Bon Secours St. Francis - Downtown	5	6296	9.00	0.56	0.18	1.30	Not Different
Bon SecoursSt. Francis - Eastside	0	620	0.68	0.00	0.00	5.45	Not Different
Cannon Memorial Hospital	0	150	0.18	0.00	0.00	20.49	Not Different
Carolina Pines Regional Medical Center	1	1586	2.68	0.37	0.01	2.08	Not Different
Carolinas Hospital System	3	7707	10.85	0.28	0.06	0.81	Lower
Carolinas Hospital System Marion	2	327	0.39	5.10	0.62	18.41	Not Different
Chester Regional Medical Center	*	40	0.05	*	*	*	*
Clarendon Memorial Hospital	0	633	0.75	0.00	0.00	4.90	Not Different
Coastal Carolina Medical Center	1	432	0.52	1.93	0.05	10.75	Not Different
Colleton Medical Center	2	1744	2.41	0.83	0.10	3.00	Not Different
Conway Medical Center	3	3178	4.67	0.64	0.13	1.88	Not Different
East Cooper Regional Medical Center	0	712	1.09	0.00	0.00	3.40	Not Different
Edgefield County Hospital	0	124	0.15	0.00	0.00	24.79	Not Different
Fairfield Memorial Hospital	*	6	0.01	*	*	*	*

Table 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - All Adult Inpatient Wards							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Grand Strand Regional Medical Center	7	9670	15.78	0.44	0.18	0.91	Lower
Greenville Health System Laurens County Memorial Hospital	0	476	0.82	0.00	0.00	4.50	Not Different
Greenville Memorial Hospital	11	9301	11.94	0.92	0.46	1.65	Not Different
Greer Memorial Hospital	0	281	0.34	0.00	0.00	10.94	Not Different
Hampton Regional Medical Center	0	469	0.61	0.00	0.00	6.03	Not Different
Hillcrest Memorial Hospital	2	502	0.60	3.32	0.40	11.99	Not Different
Hilton Head Regional Medical Center	0	2806	4.69	0.00	0.00	0.79	Lower
KershawHealth	4	1081	1.57	2.55	0.70	6.53	Not Different
Lake City Community Hospital	*	25	0.04	*	*	*	*
Lexington Medical Center	14	14451	21.83	0.64	0.35	1.08	Not Different
Mary Black Health System Gaffney	*	1	0.00	*	*	*	*
Mary Black Healthcare	2	782	1.18	1.70	0.21	6.12	Not Different
McLeod Cheraw	*	49	0.06	*	*	*	*
McLeod Loris	0	701	0.84	0.00	0.00	4.39	Not Different
McLeod Medical Center - Darlington	0	817	0.98	0.00	0.00	3.76	Not Different
McLeod Medical Center - Dillon	0	172	0.20	0.00	0.00	18.63	Not Different
McLeod Regional Medical Center	15	16697	23.65	0.63	0.36	1.05	Not Different
McLeod Seacoast	0	539	0.65	0.00	0.00	5.70	Not Different
Medical University Hospital Authority	10	15835	22.14	0.45	0.22	0.83	Lower
Mount Pleasant Hospital	0	258	0.31	0.00	0.00	12.01	Not Different
Newberry County Memorial Hospital	1	639	0.77	1.30	0.03	7.27	Not Different
Oconee Memorial Hospital	0	1317	1.72	0.00	0.00	2.15	Not Different

Table 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - All Adult Inpatient Wards							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Palmetto Health Baptist	9	8585	12.32	0.73	0.33	1.39	Not Different
Palmetto Health Baptist Parkridge	0	1312	1.53	0.00	0.00	2.41	Not Different
Palmetto Health Richland	23	17897	24.33	0.95	0.60	1.42	Not Different
Palmetto Health Tuomey	4	4857	7.13	0.56	0.15	1.44	Not Different
Patewood Memorial Hospital	*	48	0.07	*	*	*	*
Pelham Medical Center	0	744	0.89	0.00	0.00	4.13	Not Different
Piedmont Medical Center	1	5635	6.52	0.15	0.00	0.85	Lower
Providence Hospital Northeast	0	163	0.13	0.00	0.00	28.29	Not Different
Regional Medical Center Of Orangeburg and Calhoun Counties	10	5285	7.44	1.34	0.64	2.47	Not Different
Roper Hospital Inc.	4	9085	17.00	0.24	0.06	0.60	Lower
Self Regional Healthcare	5	5703	9.02	0.55	0.18	1.29	Not Different
Sisters of Charity Providence Hospital Downtown	2	4318	5.86	0.34	0.04	1.23	Not Different
Spartanburg Regional Medical Center	10	13668	19.98	0.50	0.24	0.92	Lower
Springs Memorial Hospital	2	946	1.13	1.78	0.22	6.42	Not Different
Summerville Medical Center	3	1468	1.75	1.71	0.35	5.00	Not Different
Tidelands Georgetown Memorial Hospital	0	684	0.75	0.00	0.00	4.89	Not Different
Tidelands Waccamaw Community Hospital	0	2636	3.12	0.00	0.00	1.18	Not Different
Trident Medical Center	6	7889	11.58	0.52	0.19	1.13	Not Different
Union Hospital	0	145	0.17	0.00	0.00	21.20	Not Different
Williamsburg Regional Hospital	0	313	0.38	0.00	0.00	9.82	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 3: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - All Pediatric Critical Care Units							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Grand Strand Regional Medical Center	*	6	0.01	*	*	*	*
Greenville Memorial Hospital	0	1151	3.45	0.00	0.00	1.07	Not Different
McLeod Regional Medical Center	0	267	0.80	0.00	0.00	4.61	Not Different
Medical University Hospital Authority	6	5011	16.08	0.37	0.14	0.81	Lower
Palmetto Health Richland	0	1032	1.34	0.00	0.00	2.75	Not Different
Spartanburg Regional Medical Center	0	138	0.41	0.00	0.00	8.91	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 4: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - All Pediatric Inpatient Wards							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
AnMed Health Womens And Children	*	0	0.00	*	*	*	*
Beaufort Memorial Hospital	*	0	0.00	*	*	*	*
Conway Medical Center	*	5	0.02	*	*	*	*
Grand Strand Regional Medical Center	*	8	0.02	*	*	*	*
Greenville Memorial Hospital	1	1376	3.39	0.30	0.01	1.64	Not Different
Mary Black Healthcare	*	0	0.00	*	*	*	*
McLeod Medical Center - Dillon	0	59	0.18	0.00	0.00	20.17	Not Different
McLeod Regional Medical Center	0	77	0.24	0.00	0.00	15.45	Not Different
Medical University Hospital Authority	2	2477	7.68	0.26	0.03	0.94	Lower
Palmetto Health Richland	0	1634	5.07	0.00	0.00	0.73	Lower
Palmetto Health Tuomey	1	584	1.81	0.55	0.01	3.08	Not Different
Piedmont Medical Center	*	1	0.00	*	*	*	*
Self Regional Healthcare	*	5	0.02	*	*	*	*
Spartanburg Regional Medical Center	0	79	0.24	0.00	0.00	15.06	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 5: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - Inpatient Rehabilitation Ward							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Beaufort Memorial Hospital	0	127	0.10	0.00	0.00	36.31	Not Different
Bon Secours St. Francis - Downtown	0	754	0.60	0.00	0.00	6.12	Not Different
Carolinas Hospital System	0	110	0.09	0.00	0.00	41.92	Not Different
Colleton Medical Center	*	0	0.00	*	*	*	*
Greenville Health System Laurens County Memorial Hospital	0	161	0.13	0.00	0.00	28.64	Not Different
Greenville Memorial Hospital	0	1327	1.06	0.00	0.00	3.48	Not Different
Mary Black Healthcare	*	0	0.00	*	*	*	*
Palmetto Health Baptist	0	87	0.07	0.00	0.00	53.00	Not Different
Palmetto Health Tuomey	3	1521	1.22	2.47	0.51	7.21	Not Different
Regional Medical Center Of Orangeburg and Calhoun Counties	0	258	0.21	0.00	0.00	17.87	Not Different
Roper Hospital Inc.	0	1903	1.52	0.00	0.00	2.42	Not Different
Springs Memorial Hospital	0	152	0.12	0.00	0.00	30.34	Not Different
Tidelands Waccamaw Community Hospital	0	848	0.68	0.00	0.00	5.44	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 6: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - Adult Hematology Oncology Ward							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Bon Secours St. Francis - Downtown	4	3397	6.55	0.61	0.17	1.56	Not Different
Greenville Memorial Hospital	15	5627	10.88	1.38	0.77	2.27	Not Different
Lexington Medical Center	17	6244	11.75	1.45	0.84	2.32	Not Different
McLeod Regional Medical Center	3	3222	6.69	0.45	0.09	1.31	Not Different
Medical University Hospital Authority	1	271	0.50	2.00	0.05	11.16	Not Different
Palmetto Health Baptist	1	4070	8.26	0.12	0.00	0.67	Lower
Palmetto Health Tuomey	2	3889	7.33	0.27	0.03	0.99	Lower
Roper Hospital Inc.	2	1921	3.66	0.55	0.07	1.98	Not Different
Spartanburg Regional Medical Center	9	3147	6.12	1.47	0.67	2.79	Not Different
Trident Medical Center	4	2504	4.67	0.86	0.23	2.19	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.

b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 7: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - Pediatric Hematology Oncology Ward							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Greenville Memorial Hospital	3	1854	4.50	0.67	0.14	1.95	Not Different
Medical University Hospital Authority	6	3318	8.96	0.67	0.25	1.46	Not Different
Palmetto Health Richland	5	1843	4.30	1.16	0.38	2.71	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 8: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - Adult Bone Marrow Transplant Ward							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Roper Hospital Inc.	0	466	1.68	0.00	0.00	2.20	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.

b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 9: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - Level III Neonatal Intensive Care Units							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Greenville Memorial Hospital	12	5138	12.96	0.93	0.48	1.62	Not Different
McLeod Regional Medical Center	2	981	2.86	0.70	0.09	2.52	Not Different
Medical University Hospital Authority	8	4429	10.64	0.75	0.33	1.48	Not Different
Palmetto Health Richland	9	5353	13.72	0.66	0.30	1.25	Not Different
Spartanburg Regional Medical Center	3	2219	5.28	0.57	0.12	1.66	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.

b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 10: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 - December 31, 2015 STATEWIDE - Level II,III Neonatal Intensive Care Units							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Mary Black Healthcare	*	22	0.03	*	*	*	*
Palmetto Health Baptist	1	1233	3.12	0.32	0.01	1.78	Not Different
Piedmont Medical Center	0	124	0.18	0.00	0.00	20.79	Not Different
Self Regional Healthcare	2	681	1.55	1.29	0.16	4.66	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Appendix E2.
SSI SIR Comparison Reports

Table 1: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2015 – December 31, 2015
Procedure: Coronary Artery Bypass Graft (Chest and Donor Incision)
STATEWIDE

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Aiken Regional Medical Center	1	35	0.42	2.36	0.06	13.14	Not Different
AnMed Health Medical Center	0	115	1.55	0.00	0.00	1.94	Not Different
Bon Secours St. Francis - Downtown	0	245	2.72	0.00	0.00	1.10	Not Different
Carolinas Hospital System	1	88	1.46	0.69	0.03	3.39	Not Different
Grand Strand Regional Medical Center	3	368	5.57	0.54	0.14	1.47	Not Different
Greenville Memorial Hospital	7	350	5.89	1.19	0.52	2.35	Not Different
Hilton Head Regional Medical Center	0	69	0.90	0.00	0.00	4.09	Not Different
Lexington Medical Center	4	225	2.42	1.66	0.53	4.00	Not Different
McLeod Regional Medical Center	2	339	4.06	0.49	0.08	1.63	Not Different
Medical University Hospital Authority	0	166	1.85	0.00	0.00	1.62	Not Different
Palmetto Health Richland	4	204	2.89	1.39	0.44	3.34	Not Different
Piedmont Medical Center	1	141	1.50	0.66	0.03	3.28	Not Different
Roper Hospital Inc.	1	325	3.08	0.32	0.02	1.60	Not Different
Self Regional Healthcare	1	63	0.80	1.25	0.03	6.97	Not Different
Sisters of Charity Providence Hospital Downtown	1	315	3.47	0.29	0.01	1.42	Not Different
Spartanburg Regional Medical Center	1	260	3.55	0.28	0.01	1.39	Not Different
Trident Medical Center	0	203	2.27	0.00	0.00	1.32	Not Different

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 SIR and number of infections will be suppressed until more procedures are performed.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 2: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 – December 31, 2015 Procedure: Coronary Artery Bypass Graft (Chest Incision Only) STATEWIDE							
Hospital	**Observed (O) No. of SSI**	**No. of Procedures [a]**	**Statistically 'Expected' (E) No. of SSI [b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation [c]**
AnMed Health Medical Center	*	8	0.10	*	*	*	*
Bon Secours St. Francis - Downtown	*	16	0.18	*	*	*	*
Carolinas Hospital System	*	1	0.01	*	*	*	*
Grand Strand Regional Medical Center	*	9	0.13	*	*	*	*
Hilton Head Regional Medical Center	*	8	0.07	*	*	*	*
Lexington Medical Center	0	38	0.44	0.00	0.00	8.42	Not Different
McLeod Regional Medical Center	*	15	0.13	*	*	*	*
Medical University Hospital Authority	*	19	0.21	*	*	*	*
Palmetto Health Richland	0	29	0.48	0.00	0.00	7.69	Not Different
Piedmont Medical Center	*	3	0.03	*	*	*	*
Roper Hospital Inc.	*	4	0.04	*	*	*	*
Self Regional Healthcare	*	3	0.04	*	*	*	*
Sisters of Charity Providence Hospital Downtown	1	22	0.24	4.10	0.10	22.83	Not Different
Spartanburg Regional Medical Center	0	80	0.92	0.00	0.00	4.01	Not Different

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 SIR and number of infections will be suppressed until more procedures are performed.

b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2015 – December 31, 2015
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 [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Abbeville Area Medical Center	*	8	0.03	*	*	*	*
AnMed Health Medical Center	0	121	1.79	0.00	0.00	1.67	Not Different
AnMed Health Womens And Children	1	114	0.86	1.16	0.03	6.45	Not Different
Baptist Easley Hospital	1	57	0.62	1.62	0.04	9.00	Not Different
Bon Secours St. Francis - Downtown	1	106	1.13	0.89	0.04	4.37	Not Different
Bon SecoursSt. Francis - Eastside	3	476	2.21	1.36	0.35	3.70	Not Different
Cannon Memorial Hospital	*	6	0.03	*	*	*	*
Edgefield County Hospital	*	1	0.00	*	*	*	*
Greenville Health System Laurens County Memorial Hospital	1	57	0.53	1.88	0.05	10.47	Not Different
Greenville Memorial Hospital	0	169	3.50	0.00	0.00	0.86	Lower
Greer Memorial Hospital	0	214	1.52	0.00	0.00	1.97	Not Different
Hillcrest Memorial Hospital	*	16	0.17	*	*	*	*
Mary Black Health System Gaffney	0	28	0.17	0.00	0.00	21.45	Not Different
Mary Black Healthcare	1	98	0.77	1.30	0.03	7.26	Not Different
Oconee Memorial Hospital	0	119	1.06	0.00	0.00	2.84	Not Different
Patewood Memorial Hospital	1	343	1.97	0.51	0.03	2.51	Not Different
Pelham Medical Center	0	117	0.69	0.00	0.00	5.32	Not Different
Self Regional Healthcare	2	181	1.92	1.04	0.18	3.45	Not Different
Spartanburg Regional Medical Center	12	396	6.35	1.89	1.02	3.21	Higher

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 SIR and number of infections will be suppressed until more procedures are performed.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- Not different = Statistically not different than the standard population
- Lower = Statistically lower than the standard population
- Higher = Statistically higher than the standard population

Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)

Reportable Period: January 1, 2015 – December 31, 2015
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 [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Aiken Regional Medical Center	1	118	0.89	1.12	0.03	6.23	Not Different
Carolina Pines Regional Medical Center	0	48	0.36	0.00	0.00	10.33	Not Different
Carolinas Hospital System	0	91	1.08	0.00	0.00	2.77	Not Different
Chester Regional Medical Center	*	5	0.05	*	*	*	*
Clarendon Memorial Hospital	*	5	0.04	*	*	*	*
KershawHealth	1	63	0.51	1.96	0.05	10.93	Not Different
Lake City Community Hospital	*	5	0.03	*	*	*	*
Lexington Medical Center	1	153	1.46	0.68	0.03	3.37	Not Different
McLeod Medical Center - Dillon	*	4	0.03	*	*	*	*
McLeod Regional Medical Center	3	308	3.70	0.81	0.21	2.21	Not Different
Newberry County Memorial Hospital	1	83	0.45	2.21	0.06	12.30	Not Different
Palmetto Health Baptist	10	351	3.21	3.12	1.59	5.56	Higher
Palmetto Health Baptist Parkridge	1	43	0.39	2.55	0.07	14.21	Not Different
Palmetto Health Richland	1	269	4.48	0.22	0.01	1.10	Not Different
Palmetto Health Tuomey	0	92	1.04	0.00	0.00	2.87	Not Different
Piedmont Medical Center	2	154	1.31	1.53	0.26	5.06	Not Different
Providence Hospital Northeast	8	696	3.43	2.34	1.09	4.43	Higher
Regional Medical Center Of Orangeburg and Calhoun Counties	1	52	0.65	1.55	0.04	8.64	Not Different
Sisters of Charity Providence Hospital Downtown	0	34	0.26	0.00	0.00	14.47	Not Different
Springs Memorial Hospital	0	26	0.45	0.00	0.00	8.29	Not Different

See the Upstate chart for footnote explanations.

Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)

Reportable Period: January 1, 2015 – December 31, 2015
Procedure: Hip Prosthesis (Replacement)
COASTAL
Beaufort, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper and Williamsburg

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Beaufort Memorial Hospital	5	167	1.21	4.14	1.52	9.17	Higher
Bon Secours - St. Francis Xavier Hospital	0	20	0.21	0.00	0.00	17.24	Not Different
Coastal Carolina Medical Center	*	12	0.07	*	*	*	*
Colleton Medical Center	0	34	0.23	0.00	0.00	16.40	Not Different
Conway Medical Center	1	259	2.15	0.46	0.02	2.29	Not Different
East Cooper Regional Medical Center	1	218	1.15	0.87	0.04	4.30	Not Different
Grand Strand Regional Medical Center	2	254	2.74	0.73	0.12	2.41	Not Different
Hampton Regional Medical Center	*	7	0.05	*	*	*	*
Hilton Head Regional Medical Center	1	176	1.01	0.99	0.05	4.90	Not Different
McLeod Seacoast	2	141	0.85	2.34	0.28	8.47	Not Different
Medical University Hospital Authority	1	324	4.32	0.23	0.01	1.14	Not Different
Mount Pleasant Hospital	*	13	0.12	*	*	*	*
Roper Hospital Inc.	6	644	4.77	1.26	0.51	2.62	Not Different
Summerville Medical Center	0	62	0.46	0.00	0.00	8.07	Not Different
Tidelands Georgetown Memorial Hospital	0	47	0.31	0.00	0.00	11.86	Not Different
Tidelands Waccamaw Community Hospital	0	195	1.12	0.00	0.00	2.67	Not Different
Trident Medical Center	8	244	2.64	3.03	1.41	5.75	Higher

See Upstate chart for footnote explanations

Table 4: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2015 – December 31, 2015
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 [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Abbeville Area Medical Center	0	26	0.11	0.00	0.00	33.84	Not Different
AnMed Health Medical Center	*	3	0.06	*	*	*	*
AnMed Health Womens And Children	1	266	1.64	0.61	0.03	3.01	Not Different
Baptist Easley Hospital	0	73	0.50	0.00	0.00	7.33	Not Different
Bon Secours St. Francis - Downtown	0	44	0.23	0.00	0.00	15.83	Not Different
Bon SecoursSt. Francis - Eastside	4	1172	5.28	0.76	0.24	1.83	Not Different
Cannon Memorial Hospital	*	16	0.08	*	*	*	*
Greenville Health System Laurens County Memorial Hospital	0	61	0.32	0.00	0.00	11.53	Not Different
Greenville Memorial Hospital	*	8	0.15	*	*	*	*
Greer Memorial Hospital	0	290	1.68	0.00	0.00	1.78	Not Different
Hillcrest Memorial Hospital	0	81	0.43	0.00	0.00	8.66	Not Different
Mary Black Health System Gaffney	0	25	0.13	0.00	0.00	27.74	Not Different
Mary Black Healthcare	0	209	1.22	0.00	0.00	2.45	Not Different
Oconee Memorial Hospital	0	267	1.70	0.00	0.00	1.76	Not Different
Patewood Memorial Hospital	3	669	3.77	0.80	0.20	2.17	Not Different
Pelham Medical Center	0	162	0.84	0.00	0.00	4.42	Not Different
Self Regional Healthcare	1	247	1.85	0.54	0.03	2.66	Not Different
Spartanburg Regional Medical Center	7	567	5.96	1.18	0.51	2.33	Not Different

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 SIR and number of infections will be suppressed until more procedures are performed.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- Lower = Statistically lower than the standard population
- Higher = Statistically higher than the standard population

Table 4: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)

Reportable Period: January 1, 2015 – December 31, 2015
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

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Aiken Regional Medical Center	1	119	0.62	1.62	0.04	9.02	Not Different
Carolina Pines Regional Medical Center	0	108	0.52	0.00	0.00	7.16	Not Different
Carolinas Hospital System	0	152	0.89	0.00	0.00	4.13	Not Different
Chester Regional Medical Center	*	5	0.03	*	*	*	*
Clarendon Memorial Hospital	*	3	0.02	*	*	*	*
KershawHealth	0	92	0.58	0.00	0.00	6.34	Not Different
Lake City Community Hospital	*	6	0.03	*	*	*	*
Lexington Medical Center	4	535	2.89	1.38	0.44	3.33	Not Different
McLeod Medical Center - Dillon	0	28	0.12	0.00	0.00	31.53	Not Different
McLeod Regional Medical Center	3	577	4.04	0.74	0.19	2.02	Not Different
Newberry County Memorial Hospital	0	137	0.69	0.00	0.00	5.32	Not Different
Palmetto Health Baptist	2	462	2.79	0.72	0.12	2.37	Not Different
Palmetto Health Baptist Parkridge	0	99	0.47	0.00	0.00	7.93	Not Different
Palmetto Health Richland	0	296	3.29	0.00	0.00	0.91	Lower
Palmetto Health Tuomey	1	176	1.16	0.86	0.04	4.24	Not Different
Piedmont Medical Center	0	176	1.01	0.00	0.00	2.97	Not Different
Providence Hospital Northeast	2	691	3.22	0.62	0.10	2.05	Not Different
Regional Medical Center Of Orangeburg and Calhoun Counties	0	99	0.54	0.00	0.00	6.79	Not Different
Sisters of Charity Providence Hospital Downtown	0	62	0.32	0.00	0.00	11.56	Not Different
Springs Memorial Hospital	0	25	0.24	0.00	0.00	15.70	Not Different

See the Upstate chart for footnote explanations.

Table 4: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)

Reportable Period: January 1, 2015 – December 31, 2015
Procedure: Knee Prosthesis (Replacement)
COASTAL
Beaufort, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper and Williamsburg

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Beaufort Memorial Hospital	1	324	1.78	0.56	0.03	2.77	Not Different
Bon Secours - St. Francis Xavier Hospital	*	1	0.01	*	*	*	*
Coastal Carolina Medical Center	*	17	0.11	*	*	*	*
Colleton Medical Center	0	49	0.26	0.00	0.00	14.24	Not Different
Conway Medical Center	2	361	2.38	0.84	0.14	2.78	Not Different
East Cooper Regional Medical Center	1	387	1.98	0.50	0.03	2.49	Not Different
Grand Strand Regional Medical Center	1	358	2.75	0.36	0.02	1.79	Not Different
Hampton Regional Medical Center	0	28	0.16	0.00	0.00	22.63	Not Different
Hilton Head Regional Medical Center	0	221	0.96	0.00	0.00	3.86	Not Different
McLeod Seacoast	0	227	1.16	0.00	0.00	2.57	Not Different
Medical University Hospital Authority	4	281	2.73	1.46	0.47	3.53	Not Different
Mount Pleasant Hospital	*	1	0.00	*	*	*	*
Roper Hospital Inc.	3	1010	4.77	0.63	0.16	1.71	Not Different
Summerville Medical Center	0	110	0.66	0.00	0.00	5.59	Not Different
Tidelands Georgetown Memorial Hospital	1	60	0.34	2.99	0.08	16.63	Not Different
Tidelands Waccamaw Community Hospital	0	276	1.35	0.00	0.00	2.23	Not Different
Trident Medical Center	1	271	1.63	0.61	0.03	3.03	Not Different

See Upstate chart for footnote explanations

Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2015 – December 31, 2015
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 [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
AnMed Health Medical Center	*	1	0.01	*	*	*	*
AnMed Health Womens And Children	0	87	0.60	0.00	0.00	6.20	Not Different
Baptist Easley Hospital	0	64	0.84	0.00	0.00	4.39	Not Different
Bon Secours St. Francis - Downtown	0	71	0.53	0.00	0.00	7.03	Not Different
Bon SecoursSt. Francis - Eastside	2	352	2.60	0.77	0.13	2.54	Not Different
Greenville Health System Laurens County Memorial Hospital	*	6	0.04	*	*	*	*
Greenville Memorial Hospital	1	551	3.43	0.29	0.02	1.44	Not Different
Greer Memorial Hospital	0	20	0.16	0.00	0.00	22.49	Not Different
Mary Black Health System Gaffney	*	7	0.06	*	*	*	*
Mary Black Healthcare	1	30	0.26	3.85	0.10	21.43	Not Different
Oconee Memorial Hospital	*	5	0.03	*	*	*	*
Patewood Memorial Hospital	*	2	0.01	*	*	*	*
Pelham Medical Center	0	22	0.18	0.00	0.00	20.61	Not Different
Self Regional Healthcare	0	134	0.91	0.00	0.00	4.04	Not Different
Spartanburg Regional Medical Center	8	540	3.95	2.03	0.94	3.85	Not Different
Union Hospital	*	3	0.02	*	*	*	*

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 SIR and number of infections will be suppressed until more procedures are performed.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)

Reportable Period: January 1, 2015 – December 31, 2015
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

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Aiken Regional Medical Center	0	93	0.79	0.00	0.00	4.65	Not Different
Carolina Pines Regional Medical Center	0	59	0.48	0.00	0.00	7.65	Not Different
Carolinas Hospital System	0	79	0.67	0.00	0.00	5.48	Not Different
Carolinas Hospital System Marion	*	14	0.12	*	*	*	*
Chester Regional Medical Center	*	3	0.04	*	*	*	*
Clarendon Memorial Hospital	1	40	0.28	3.52	0.09	19.62	Not Different
KershawHealth	0	25	0.31	0.00	0.00	11.79	Not Different
Lexington Medical Center	1	537	3.56	0.28	0.01	1.38	Not Different
McLeod Cheraw	*	1	0.01	*	*	*	*
McLeod Medical Center - Dillon	0	53	0.45	0.00	0.00	8.27	Not Different
McLeod Regional Medical Center	1	176	1.40	0.71	0.04	3.53	Not Different
Palmetto Health Baptist	1	327	2.58	0.39	0.02	1.92	Not Different
Palmetto Health Baptist Parkridge	0	70	0.55	0.00	0.00	6.67	Not Different
Palmetto Health Richland	1	340	2.43	0.41	0.02	2.03	Not Different
Palmetto Health Tuomey	0	146	1.24	0.00	0.00	2.42	Not Different
Piedmont Medical Center	0	24	0.17	0.00	0.00	21.32	Not Different
Regional Medical Center Of Orangeburg and Calhoun Counties	0	80	0.57	0.00	0.00	6.50	Not Different
Springs Memorial Hospital	1	51	0.47	2.13	0.05	11.88	Not Different

See the Upstate chart for footnote explanations.

Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)

Reportable Period: January 1, 2015 – December 31, 2015
Procedure: Hysterectomy (Abdominal)
COASTAL
Beaufort, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper and Williamsburg

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Beaufort Memorial Hospital	0	97	0.93	0.00	0.00	3.97	Not Different
Bon Secours - St. Francis Xavier Hospital	0	175	1.62	0.00	0.00	1.86	Not Different
Coastal Carolina Medical Center	0	21	0.21	0.00	0.00	17.91	Not Different
Colleton Medical Center	0	31	0.25	0.00	0.00	14.82	Not Different
Conway Medical Center	1	136	1.16	0.86	0.04	4.26	Not Different
East Cooper Regional Medical Center	1	43	0.28	3.58	0.09	19.97	Not Different
Grand Strand Regional Medical Center	0	122	0.90	0.00	0.00	4.12	Not Different
Hilton Head Regional Medical Center	*	10	0.06	*	*	*	*
McLeod Loris	*	16	0.17	*	*	*	*
McLeod Seacoast	0	30	0.24	0.00	0.00	15.31	Not Different
Medical University Hospital Authority	1	289	2.95	0.34	0.02	1.68	Not Different
Mount Pleasant Hospital	0	96	0.57	0.00	0.00	6.53	Not Different
Roper Hospital Inc.	1	189	1.47	0.68	0.03	3.36	Not Different
Summerville Medical Center	3	151	1.07	2.80	0.71	7.61	Not Different
Tidelands Georgetown Memorial Hospital	0	27	0.26	0.00	0.00	14.03	Not Different
Tidelands Waccamaw Community Hospital	0	23	0.25	0.00	0.00	15.00	Not Different
Trident Medical Center	3	270	2.13	1.41	0.36	3.84	Not Different
Williamsburg Regional Hospital	*	5	0.04	*	*	*	*

See Upstate chart for footnote explanations

Table 6: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2015 – December 31, 2015
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 [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Abbeville Area Medical Center	*	13	0.31	*	*	*	*
AnMed Health Medical Center	4	219	5.90	0.68	0.22	1.64	Not Different
AnMed Health Womens And Children	*	8	0.17	*	*	*	*
Baptist Easley Hospital	3	41	1.06	2.84	0.72	7.73	Not Different
Bon Secours St. Francis - Downtown	6	176	5.97	1.00	0.41	2.09	Not Different
Bon SecoursSt. Francis - Eastside	0	53	1.43	0.00	0.00	2.09	Not Different
Cannon Memorial Hospital	*	17	0.41	*	*	*	*
Greenville Health System Laurens County Memorial Hospital	*	6	0.16	*	*	*	*
Greenville Memorial Hospital	12	408	12.47	0.96	0.52	1.64	Not Different
Greer Memorial Hospital	*	14	0.31	*	*	*	*
Hillcrest Memorial Hospital	*	17	0.51	*	*	*	*
Mary Black Health System Gaffney	*	3	0.08	*	*	*	*
Mary Black Healthcare	1	69	2.33	0.43	0.02	2.11	Not Different
Oconee Memorial Hospital	0	26	0.61	0.00	0.00	6.04	Not Different
Pelham Medical Center	*	18	0.68	*	*	*	*
Self Regional Healthcare	3	128	3.23	0.93	0.24	2.53	Not Different
Spartanburg Regional Medical Center	25	269	8.86	2.82	1.87	4.11	Higher
Union Hospital	*	1	0.04	*	*	*	*

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 SIR and number of infections will be suppressed until more procedures are performed.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- Lower = Statistically lower than the standard population
- Higher = Statistically higher than the standard population

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

Reportable Period: January 1, 2015 – December 31, 2015
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

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Aiken Regional Medical Center	3	108	3.15	0.95	0.24	2.59	Not Different
Carolina Pines Regional Medical Center	2	29	0.88	2.28	0.28	8.25	Not Different
Carolinas Hospital System	1	73	2.04	0.49	0.03	2.42	Not Different
Carolinas Hospital System Marion	*	10	0.27	*	*	*	*
Chester Regional Medical Center	*	5	0.15	*	*	*	*
Clarendon Memorial Hospital	*	13	0.33	*	*	*	*
KershawHealth	2	25	0.65	3.06	0.37	11.05	Not Different
Lexington Medical Center	5	295	9.88	0.51	0.19	1.12	Not Different
McLeod Cheraw	*	8	0.21	*	*	*	*
McLeod Medical Center - Dillon	*	14	0.40	*	*	*	*
McLeod Regional Medical Center	5	262	7.33	0.68	0.25	1.51	Not Different
Newberry County Memorial Hospital	0	39	1.29	0.00	0.00	2.32	Not Different
Palmetto Health Baptist	12	240	7.30	1.64	0.89	2.80	Not Different
Palmetto Health Baptist Parkridge	0	32	0.71	0.00	0.00	5.18	Not Different
Palmetto Health Richland	9	113	3.38	2.66	1.30	4.89	Higher
Palmetto Health Tuomey	0	82	2.56	0.00	0.00	1.17	Not Different
Piedmont Medical Center	2	132	4.39	0.46	0.08	1.51	Not Different
Regional Medical Center Of Orangeburg and Calhoun Counties	3	76	2.28	1.32	0.34	3.59	Not Different
Sisters of Charity Providence Hospital Downtown	1	94	2.68	0.37	0.02	1.84	Not Different
Springs Memorial Hospital	0	21	0.66	0.00	0.00	5.62	Not Different

See the Upstate chart for footnote explanations.

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

Reportable Period: January 1, 2015 – December 31, 2015
Procedure: Colon Surgery
COASTAL
Beaufort, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper and Williamsburg

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Beaufort Memorial Hospital	0	42	1.09	0.00	0.00	2.74	Not Different
Bon Secours - St. Francis Xavier Hospital	0	65	1.57	0.00	0.00	1.90	Not Different
Coastal Carolina Medical Center	0	21	0.53	0.00	0.00	6.92	Not Different
Colleton Medical Center	0	32	0.86	0.00	0.00	4.28	Not Different
Conway Medical Center	0	97	3.13	0.00	0.00	0.96	Lower
East Cooper Regional Medical Center	0	57	1.70	0.00	0.00	1.76	Not Different
Grand Strand Regional Medical Center	7	187	6.07	1.15	0.50	2.28	Not Different
Hilton Head Regional Medical Center	0	52	1.39	0.00	0.00	2.16	Not Different
McLeod Loris	*	19	0.51	*	*	*	*
McLeod Seacoast	0	36	0.89	0.00	0.00	4.15	Not Different
Medical University Hospital Authority	12	310	11.31	1.06	0.58	1.80	Not Different
Mount Pleasant Hospital	0	22	0.52	0.00	0.00	7.12	Not Different
Roper Hospital Inc.	10	410	11.18	0.89	0.45	1.59	Not Different
Summerville Medical Center	0	47	1.04	0.00	0.00	2.87	Not Different
Tidelands Georgetown Memorial Hospital	0	24	0.64	0.00	0.00	5.73	Not Different
Tidelands Waccamaw Community Hospital	1	64	1.86	0.54	0.03	2.66	Not Different
Trident Medical Center	6	161	4.87	1.23	0.50	2.56	Not Different

See Upstate chart for footnote explanations

Appendix E3.
Hospital-Onset MRSA BSI LabID Event
SIR Comparison Reports

Table 1: Methicillin-resistant Staphylococcus aureus Blood Stream Infection LabID Event Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 – December 31, 2015 Facility Wide Inpatient Reporting							
Hospital	**Observed (O) No. of MRSA BSI LabID Events**	**No. of Patient Days**	**Statistically 'Expected' (E) No. of MRSA BSI LabID Events [a]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation [b]**
Abbeville Area Medical Center	0	3807	0.22	0.00	0.00	17.04	Not Different
Aiken Regional Medical Center	1	41257	2.27	0.44	0.01	2.45	Not Different
Allendale County Hospital	0	0	0.00	.	.	.	Lower
AnMed Health Medical Center	3	81975	3.13	0.96	0.20	2.80	Not Different
AnMed Health Womens And Children	0	12735	0.46	0.00	0.00	8.09	Not Different
Baptist Easley Hospital	3	16090	0.70	4.30	0.89	12.56	Not Different
Beaufort Memorial Hospital	0	41222	2.04	0.00	0.00	1.81	Not Different
Bon Secours - St. Francis Xavier Hospital	0	41916	1.64	0.00	0.00	2.26	Not Different
Bon Secours St. Francis - Downtown	6	54606	3.06	1.96	0.72	4.27	Not Different
Bon SecoursSt. Francis - Eastside	0	17514	0.63	0.00	0.00	5.88	Not Different
Cannon Memorial Hospital	0	3741	0.17	0.00	0.00	21.48	Not Different
Carolina Pines Regional Medical Center	1	15990	0.67	1.49	0.04	8.29	Not Different
Carolinas Hospital System	8	52320	2.39	3.35	1.45	6.59	Higher
Carolinas Hospital System Marion	1	10219	0.45	2.24	0.06	12.51	Not Different
Chester Regional Medical Center	0	4253	0.22	0.00	0.00	16.42	Not Different
Clarendon Memorial Hospital	0	8792	0.40	0.00	0.00	9.30	Not Different
Coastal Carolina Medical Center	1	8745	0.74	1.35	0.03	7.51	Not Different
Colleton Medical Center	1	17118	0.90	1.11	0.03	6.17	Not Different
Conway Medical Center	3	41803	2.36	1.27	0.26	3.71	Not Different
East Cooper Regional Medical Center	0	18613	0.67	0.00	0.00	5.53	Not Different
Edgefield County Hospital	0	1616	0.06	0.00	0.00	63.72	Not Different
Fairfield Memorial Hospital	0	1278	0.05	0.00	0.00	80.57	Not Different

Table 1: Methicillin-resistant Staphylococcus aureus Blood Stream Infection LabID Event Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 – December 31, 2015 Facility Wide Inpatient Reporting							
Hospital	**Observed (O) No. of MRSA BSI LabID Events**	**No. of Patient Days**	**Statistically 'Expected' (E) No. of MRSA BSI LabID Events [a]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation [b]**
Grand Strand Regional Medical Center	5	82521	4.50	1.11	0.36	2.59	Not Different
Greenville Health System Laurens County Memorial Hospital	1	16108	0.99	1.01	0.03	5.64	Not Different
Greenville Memorial Hospital	23	208574	21.30	1.08	0.69	1.62	Not Different
Greer Memorial Hospital	0	12304	0.81	0.00	0.00	4.54	Not Different
Hampton Regional Medical Center	0	2658	0.10	0.00	0.00	38.74	Not Different
Hillcrest Memorial Hospital	1	7473	0.48	2.08	0.05	11.56	Not Different
Hilton Head Regional Medical Center	1	22478	1.06	0.94	0.02	5.24	Not Different
KershawHealth	1	19381	0.91	1.09	0.03	6.09	Not Different
Lake City Community Hospital	0	3732	0.24	0.00	0.00	15.10	Not Different
Lexington Medical Center	7	132024	9.49	0.74	0.30	1.52	Not Different
Mary Black Health System Gaffney	0	9370	0.62	0.00	0.00	5.91	Not Different
Mary Black Healthcare	2	23008	1.48	1.35	0.16	4.88	Not Different
McLeod Cheraw	0	3189	0.11	0.00	0.00	32.29	Not Different
McLeod Loris	0	10339	0.37	0.00	0.00	9.96	Not Different
McLeod Medical Center - Darlington	0	7741	0.28	0.00	0.00	13.30	Not Different
McLeod Medical Center - Dillon	0	9172	0.43	0.00	0.00	8.65	Not Different
McLeod Regional Medical Center	9	146901	9.20	0.98	0.45	1.86	Not Different
McLeod Seacoast	1	9932	0.39	2.55	0.07	14.22	Not Different
Medical University Hospital Authority	19	205166	17.82	1.07	0.64	1.67	Not Different
Mount Pleasant Hospital	0	6553	0.32	0.00	0.00	11.61	Not Different

Table 1: Methicillin-resistant Staphylococcus aureus Blood Stream Infection LabID Event Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 – December 31, 2015 Facility Wide Inpatient Reporting							
Hospital	**Observed (O) No. of MRSA BSI LabID Events**	**No. of Patient Days**	**Statistically 'Expected' (E) No. of MRSA BSI LabID Events [a]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation [b]**
Newberry County Memorial Hospital	0	8161	0.33	0.00	0.00	11.15	Not Different
Oconee Memorial Hospital	2	24926	1.54	1.30	0.16	4.70	Not Different
Palmetto Health Baptist	2	99601	4.50	0.44	0.05	1.61	Not Different
Palmetto Health Baptist Parkridge	1	18224	1.35	0.74	0.02	4.14	Not Different
Palmetto Health Richland	33	208671	21.31	1.55	1.07	2.18	Higher
Palmetto Health Tuomey	6	53841	2.82	2.13	0.78	4.63	Not Different
Patewood Memorial Hospital	0	2340	0.12	0.00	0.00	31.80	Not Different
Pelham Medical Center	0	11953	0.79	0.00	0.00	4.65	Not Different
Piedmont Medical Center	1	57179	2.84	0.35	0.01	1.96	Not Different
Providence Hospital Northeast	0	5189	0.19	0.00	0.00	19.84	Not Different
Regional Medical Center Of Orangeburg and Calhoun Counties	6	46216	3.08	1.95	0.71	4.24	Not Different
Roper Hospital Inc.	4	59818	3.24	1.23	0.34	3.16	Not Different
Self Regional Healthcare	3	60474	2.50	1.20	0.25	3.51	Not Different
Shriners Hospitals For Children	0	580	0.02	0.00	0.00	177.52	Not Different
Sisters of Charity Providence Hospital Downtown	1	40216	1.96	0.51	0.01	2.85	Not Different
Spartanburg Regional Medical Center	18	162169	17.28	1.04	0.62	1.65	Not Different
Springs Memorial Hospital	0	22180	1.34	0.00	0.00	2.75	Not Different
Summerville Medical Center	1	23981	0.89	1.13	0.03	6.29	Not Different
Tidelands Georgetown Memorial Hospital	0	17121	0.89	0.00	0.00	4.15	Not Different
Tidelands Waccamaw Community Hospital	4	31308	1.34	2.98	0.81	7.62	Not Different
Trident Medical Center	4	80994	5.20	0.77	0.21	1.97	Not Different

Table 1: Methicillin-resistant Staphylococcus aureus Blood Stream Infection LabID Event Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 – December 31, 2015 Facility Wide Inpatient Reporting							
Hospital	**Observed (O) No. of MRSA BSI LabID Events**	**No. of Patient Days**	**Statistically 'Expected' (E) No. of MRSA BSI LabID Events [a]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation [b]**
Union Hospital	0	4580	0.16	0.00	0.00	22.48	Not Different
Williamsburg Regional Hospital	0	0	0.00	.	.	.	Lower

a. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

b. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Appendix E4.
Hospital-Onset CDI LabID Event
SIR Comparison Reports

Table 1: Clostridium Difficile Infection LabID Event Standardized Infection Ratio (SIR) Reportable Period: January 1, 2015 – December 31, 2015 Facility Wide Inpatient Reporting							
Hospital	**Observed (O) No. of CDI LabID Events**	**No. of Patient Days**	**Statistically 'Expected' (E) No. of CDI LabID Events[a]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation [b]**
Abbeville Area Medical Center	1	3807	1.72	0.58	0.02	3.23	Not Different
Aiken Regional Medical Center	56	38837	28.47	1.97	1.49	2.56	Higher
Allendale County Hospital	0	0	0.00	.	.	.	Lower
AnMed Health Medical Center	100	81975	79.80	1.25	1.02	1.52	Higher
AnMed Health Womens And Children	0	8408	5.24	0.00	0.00	0.70	Lower
Baptist Easley Hospital	9	15049	10.04	0.90	0.41	1.70	Not Different
Beaufort Memorial Hospital	28	39098	28.84	0.97	0.65	1.40	Not Different
Bon Secours - St. Francis Xavier Hospital	21	39178	29.86	0.70	0.44	1.08	Not Different
Bon Secours St. Francis - Downtown	41	54606	44.03	0.93	0.67	1.26	Not Different
Bon SecoursSt. Francis - Eastside	7	17514	11.82	0.59	0.24	1.22	Not Different
Cannon Memorial Hospital	3	3741	2.34	1.28	0.26	3.74	Not Different
Carolina Pines Regional Medical Center	16	14511	8.70	1.84	1.05	2.99	Higher
Carolinas Hospital System	12	52320	33.99	0.35	0.18	0.62	Lower
Carolinas Hospital System Marion	1	9675	5.35	0.19	0.01	1.04	Not Different
Chester Regional Medical Center	3	4253	2.00	1.50	0.31	4.37	Not Different
Clarendon Memorial Hospital	0	8792	4.13	0.00	0.00	0.89	Lower
Coastal Carolina Medical Center	4	8745	5.20	0.77	0.21	1.97	Not Different
Colleton Medical Center	0	17246	8.43	0.00	0.00	0.44	Lower
Conway Medical Center	9	38283	20.08	0.45	0.21	0.85	Lower
East Cooper Regional Medical Center	4	14936	7.53	0.53	0.15	1.36	Not Different
Edgefield County Hospital	0	1616	0.75	0.00	0.00	4.91	Not Different
Fairfield Memorial Hospital	0	1073	0.47	0.00	0.00	7.88	Not Different

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Grand Strand Regional Medical Center	86	80045	50.61	1.70	1.36	2.10	Higher
Greenville Health System Laurens County Memorial Hospital	7	15417	9.25	0.76	0.30	1.56	Not Different
Greenville Memorial Hospital	215	208574	207.28	1.04	0.90	1.19	Not Different
Greer Memorial Hospital	3	10938	10.07	0.30	0.06	0.87	Lower
Hampton Regional Medical Center	0	3418	1.59	0.00	0.00	2.32	Not Different
Hillcrest Memorial Hospital	6	7473	6.34	0.95	0.35	2.06	Not Different
Hilton Head Regional Medical Center	18	21196	14.34	1.26	0.74	1.98	Not Different
KershawHealth	10	18911	12.11	0.83	0.40	1.52	Not Different
Lake City Community Hospital	0	3732	1.60	0.00	0.00	2.31	Not Different
Lexington Medical Center	91	120760	96.13	0.95	0.76	1.16	Not Different
Mary Black Health System Gaffney	7	9370	5.71	1.23	0.49	2.53	Not Different
Mary Black Healthcare	13	22576	14.20	0.92	0.49	1.57	Not Different
McLeod Cheraw	1	3189	1.39	0.72	0.02	4.01	Not Different
McLeod Loris	1	9477	4.00	0.25	0.01	1.39	Not Different
McLeod Medical Center - Darlington	1	7741	4.22	0.24	0.01	1.32	Not Different
McLeod Medical Center - Dillon	6	8550	5.06	1.19	0.44	2.58	Not Different
McLeod Regional Medical Center	94	132469	109.73	0.86	0.69	1.05	Not Different
McLeod Seacoast	1	9932	4.09	0.24	0.01	1.36	Not Different
Medical University Hospital Authority	118	181539	160.28	0.74	0.61	0.88	Lower
Mount Pleasant Hospital	3	6472	3.16	0.95	0.20	2.78	Not Different
Newberry County Memorial Hospital	2	7670	4.46	0.45	0.05	1.62	Not Different

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Oconee Memorial Hospital	8	23982	13.22	0.61	0.26	1.19	Not Different
Palmetto Health Baptist	35	87081	62.74	0.56	0.39	0.78	Lower
Palmetto Health Baptist Parkridge	15	16836	11.49	1.31	0.73	2.15	Not Different
Palmetto Health Richland	105	186208	165.35	0.64	0.52	0.77	Lower
Palmetto Health Tuomey	16	50225	28.42	0.56	0.32	0.91	Lower
Patewood Memorial Hospital	0	2340	1.54	0.00	0.00	2.40	Not Different
Pelham Medical Center	9	11369	8.03	1.12	0.51	2.13	Not Different
Piedmont Medical Center	56	57179	47.06	1.19	0.90	1.55	Not Different
Providence Hospital Northeast	0	5189	2.83	0.00	0.00	1.30	Not Different
Regional Medical Center Of Orangeburg and Calhoun Counties	57	44447	27.63	2.06	1.56	2.67	Higher
Roper Hospital Inc.	59	59818	43.22	1.37	1.04	1.76	Higher
Self Regional Healthcare	39	53548	44.71	0.87	0.62	1.19	Not Different
Shriners Hospitals For Children	0	580	0.24	0.00	0.00	15.62	Not Different
Sisters of Charity Providence Hospital Downtown	26	40216	27.20	0.96	0.62	1.40	Not Different
Spartanburg Regional Medical Center	98	150236	136.33	0.72	0.58	0.88	Lower
Springs Memorial Hospital	5	20431	11.47	0.44	0.14	1.02	Not Different
Summerville Medical Center	7	22134	10.06	0.70	0.28	1.43	Not Different
Tidelands Georgetown Memorial Hospital	15	16971	7.22	2.08	1.16	3.43	Higher
Tidelands Waccamaw Community Hospital	22	33997	17.54	1.25	0.79	1.90	Not Different
Trident Medical Center	20	78034	45.36	0.44	0.27	0.68	Lower
Union Hospital	0	3563	1.67	0.00	0.00	2.21	Not Different

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a. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

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