



South Carolina Hospital Infections Disclosure Act

2011 Annual Report

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2011 HIDA Annual Report to the General Assembly Hospital Acquired Infections

Executive Summary

A) BACKGROUND:

This 2011 Annual HIDA Report on the progress in implementing the Hospital Infections Disclosure Act (HIDA) is being submitted in compliance with the S.C. Code Section 44-7-2440 of the “Hospital Infections Disclosure Act” (HIDA) requiring an annual progress report. Additionally, Act 119 of 2005 mandates that agencies provide all reports to the General Assembly in an electronic format.

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

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

B) METHODS:

1. NHSN Data System:

Surgical Site Infections and Central Line Associated Bloodstream Infections:

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

funded CDC NHSN system. The CDC develops data standards, and provides data security, maintenance, and future upgrades.

NHSN is a key reason that South Carolina has made significant and rapid progress. However, the complexity of the system also presented the primary challenges that the hospitals and DHEC have had in implementing the law. Many of these challenges continue and are listed here and discussed further in this report.

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

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

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

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

In 2010, the CDC changed the way SSI SIRs are calculated. Previously, SSI SIRs were based on the basic risk index and published risk-stratified SSI rates. The new SSI SIRs will use improved risk adjustment calculated through logistic regression modeling. Not only does this allow for all available risk factors to be considered, but it also allows for the risk factors to be procedure specific. However, since the method of calculating SSI SIRs has changed, it will be impossible to compare current SIRs to those from previous time periods other than last year.

Furthermore, this year, CDC created a separate reporting type for long-term acute care (LTAC) units. However, since baseline data was not available nationally for this type of unit, the SIR could not be calculated. DHEC is unable to report this data as an SIR for this reason, but will report this data as a rate instead.

C) SUMMARY OF FINDINGS 2011:

In the **2011 Summary Data for the HAI Comparison Report**, the majority of South Carolina hospitals are statistically “not different” from the standard population for most surgical procedures and hospital central line locations. The data are presented in the Tables in **Appendix E** and summarized here. Individual hospital reports can be found in **Appendix G**.

- 1. Surgical Procedures:** Currently, SC DHEC requires facilities to report surgical site infections from: coronary artery bypass graft (CBGB) and (CBGC), hip replacement (HPRO), knee replacement (KPRO), abdominal hysterectomy (HYST), and colon removal surgery (COLO) in hospitals with less than 200 beds.

Coronary Artery Bypass Graft (CBGB- chest and donor)

- Seventeen facilities performed chest and donor site CABGs, meaning that the surgeons harvested a vein from the patient’s leg to use as a bypass vessel. 3,306 of these procedures were performed and 20 infections were reported.
- Fourteen facilities had SSI SIRs that fell within the “expected” range. One facility had a lower than expected SIR. No facilities had a higher than expected SIR. Two hospitals had too few procedures to calculate a statistically significant rate.
- Nine hospitals (53% of those reporting) reported zero infections for this reporting period.
- This is an improvement from last year, with one facility reporting a lower than expected SIR and a much higher percentage of facilities reporting no infections.

CBGB	2010	2011
Facilities	16	17
Number of Procedures	3930	3306
Number of Infections	29	20
SIR in “Expected” Range	15	14
SIR Lower	0	1
SIR Higher	1	0
Too few Procedures	0	2
# facilities reporting “0”	6 (38%)	

Coronary Artery Bypass Graft (CBGC- chest incision only)

- Fifteen facilities performed 305 chest only CABG procedures. No infections were reported. (100% of facilities)
- Two hospitals had SSI SIRs that were in the “expected” range. No facilities had SIRs that were higher or lower than expected. Thirteen hospitals performed too few of these procedures to calculate a statistically significant SIR.
- This is an improvement over last year, with a higher percentage of facilities reporting no infections.

CBGC	2010	2011
Facilities	12	15
Number of Procedures	293	305
Number of Infections	1	0
SIR in “Expected” Range	4	2
SIR Lower	0	0
SIR Higher	0	0
Too few Procedures	8	13
# facilities reporting “0”	11 (92%)	15 (100%)

Hip Prosthesis (HPRO):

- Fifty-nine hospitals performed 6,386 hip replacement or revision surgeries in 2011. Sixty-one infections were reported. This was 298 less procedures than the previous year; however, 20 less infections were reported
- Forty-three hospitals had hip SSI SIRs that were in the “expected” range for the number of procedures performed. Sixteen facilities did too few procedures to calculate a statistically significant rate. No facilities had an SIR higher or lower than expected. This is an improvement over last year, when three hospitals had SIRs higher than expected. (No facilities had a lower than expected SIR for hip replacements in 2010 either.)
- Thirty-seven facilities (63% of those performing hip procedures) reported zero infections for the time period. This is an improvement over the last year as only 43% of facilities reported zero infections.

HPRO	2010	2011
Facilities	53	59
Number of Procedures	6684	6386
Number of Infections	81	61
SIR in “Expected” Range	39	43
SIR Lower	0	0
SIR Higher	3	0
Too few Procedures	11	16
# facilities reporting “0”	24 (45%)	37 (63%)

Knee Prosthesis:

- Fifty-six hospitals performed 9,556 knee replacement surgeries in 2011. Sixty-one infections were reported.
- Forty-two hospitals had knee SSI SIRs that fell within the “expected” range. Twelve facilities performed too few procedures to calculate a statistically significant rate. Two hospitals had SSIs higher than expected. One of these facilities also had a higher than expected SIR last reporting period. No facilities had knee SSI SIRs lower than expected.
- Twenty-six facilities (46% of those performing knee replacement procedures) reported zero knee infections during this time period. This has gone down from last year when 58% of reporting facilities had zero infections.

KPRO	2010	2011
Facilities	50	56
Number of Procedures	10,394	9556
Number of Infections	69	61
SIR in “Expected” Range	41	42
SIR Lower	0	0
SIR Higher	3	2
Too few Procedures	6	12
# facilities reporting “0”	29 (58%)	26 (46%)

Abdominal Hysterectomies:

- Fifty-five facilities performed 5,167 abdominal hysterectomies in 2011. Twenty-seven infections were reported, which is 17 less infections than the previous year.
- Thirty-seven hospitals had abdominal hysterectomy SSI SIRs that fell within the “expected” range. Seventeen facilities performed too few procedures to calculate a statistically significant rate. One hospital had a higher SIR than expected. This facility did not have a higher than expected SIR last reporting period. No facilities had an SIR lower than expected.
- Thirty-eight facilities (69% of those performing abdominal hysterectomies) reported zero infections during this reporting time period, which is an improvement from last year when 53% of facilities reported zero infections.

HYST	2010	2011
Facilities	49	55
Number of Procedures	5337	5167
Number of Infections	44	27
SIR in “Expected” Range	37	37
SIR Lower	0	0
SIR Higher	1	1
Too few Procedures	11	17
# facilities reporting “0”	26 (53%)	38 (69%)

Colon Surgeries:

- Only hospitals with less than 200 beds reported colectomies in 2011. Thirty-seven facilities reported 1,226 procedures. Forty-two infections were reported.
- Of reporting facilities, 20 had SSI SIRs that fell within the “expected” range. Two facilities had higher than expected SIRs, neither had a higher than expected SIR last period. Fifteen facilities (41% of those reporting) performed too few procedures to calculate a statistically significant rate. No facilities had a lower SIR than expected.
- Twenty facilities (54% of those reporting) had zero SSI for colectomies during this time period. 53% reported zero infection the previous year.

COLO	2010	2011
Facilities	34	37
Number of Procedures	1246	1226
Number of Infections	36	42
SIR in “Expected” Range	20	20
SIR Lower	0	0
SIR Higher	2	2
Too few Procedures	12	15
# facilities reporting “0”	18 (53%)	20 (54%)

Comments:

- Detection of SSIs in outpatient settings is extremely variable and labor intensive. It is very difficult to standardize across hospitals, and may unfairly attach a higher SSI SIR to a facility merely performing superior surveillance.
- For all types of surgeries, the vast majority of facilities well within the “expected” range. We can only compare SSI SIRs directly to 2010 data, as the methodology the CDC used to calculate the SIR changed at that time.
- Until other states have the same validation processes, comparison between states may be misleading.
- Many of the hospitals reporting colon resection surgery do not have enough procedures to make any statistical inference, but for 2012, all hospitals performing colon resection surgery will be required to report.
- A problem with the hysterectomy data is that the CDC changed the definition of an abdominal hysterectomy several times during the year, due to questions about robot assisted procedures. This may have led to inaccuracy of the data.
- Questions have arisen concerning the possibility that some patients may not be re-admitted to the same hospital if they have a complication, which may unfairly skew the data to the benefit of smaller hospitals.

Recommendations:

- The HAI Section of DHEC will continue to monitor hospitals for data reporting completeness, timeliness, and accuracy. Technical assistance will be provided as necessary.
- The HAI Section will evaluate facilities with the highest and lowest infection rates, especially those with these rates over more than one time period. Consider targeting for site visits.
- Evaluate the prevention practices survey to identify “best practices” in infection prevention and disseminate this information to all SC hospitals.
- The HAI section will be implementing a reporting process for re-admission to other hospitals. This is a way to ensure these infections are entered into NHSN.
- This year, SSIs after colectomies will be reported in all facilities that perform this type of procedure.

2. Central Line Associated Bloodstream Infections:

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

Adult Inpatient:

- Sixty-five facilities reported 236,129 central line days. 242 infections were reported.
- Fifty-three facilities had CLABSI SIRs that were within the “expected” range. One facility had a higher than expected SIR. This facility had a higher than expected SIR last year as well. Five had lower than expected SIRs, which is more than last year. Six facilities had too few line days to calculate a statistically relevant SIR.
- Twenty-eight facilities (43% of those reporting) had zero CLABSIs in this type of unit for the entire reporting period, which is lower than the 48% last year.

Adult Inpatient	2010	2011
Facilities	62	65
# of Central Line Days	247,489	236,129
Number of Infections	329	242
SIR in “Expected” Range	51	53
SIR Lower	3	5
SIR Higher	1	1
Too few Procedures	7	6
# facilities reporting “0”	30 (48%)	28 (43%)

Adult Critical Care:

- Fifty-five facilities reported 128,756 central line days. One hundred seventy-three central line associated bloodstream infections were reported.
- Forty-one facilities had CLABSI SIRs within the “expected” range for this type of unit. Three facilities had higher than expected SIRs. Seven facilities had lower SIRs. Three facilities had too few line days to calculate a statistically significant SIR. This is an improvement over last year when only four hospitals had lower than expected SIRs for this type of ward.
- Twenty-seven facilities (49% of those reporting) had zero line infections in this type of hospital ward for the reporting period. This is an improvement over 40% of reporting facilities last year.

Adult Critical Care	2010	2011
Facilities	52	55
# of Central Line Days	134,929	128,756
Number of Infections	228	173
SIR in “Expected” Range	44	41
SIR Lower	4	7
SIR Higher	3	3
Too few Procedures	1	3
# facilities reporting “0”	21 (40%)	27 (49%)

Inpatient Rehabilitation:

- Twelve facilities reported 9,301 line days. Only one infection was reported.
- Nine facilities had CLABSI SIRs that were in the “expected” range for this type of ward. None had a higher than expected SIR. Three facilities had too few line days to calculate a statistically significant SIR. No facilities had fewer CLABSIs than expected.
- Fourteen facilities (88% of those reporting) had zero CLABSIs in this type of unit during the reporting period, while 63% reported zero infections last year.

Inpatient Rehab	2010	2011*
Facilities	16	12
# of Central Line Days	12,804	6093
Number of Infections	14	1
SIR in “Expected” Range	14	9
SIR Lower	0	0
SIR Higher	1	0
Too few Procedures	1	3
# facilities reporting “0”	10 (63%)	11 (92%)

*2011 CLABSI SIR data are not available for hospitals enrolled as inpatient rehabilitation facilities in the National Healthcare Safety Network (NHSN). In the 2010 HIDA Annual Report, SIR data for inpatient rehabilitation units located within acute care facilities and inpatient rehabilitation facilities were presented aggregately. CLABSI SIR data are not available for freestanding inpatient rehabilitation facilities as the CDC has yet to release updated national benchmark data for this type of facility.

Pediatric Inpatient:

- Eighteen facilities reported 10,030 central line days in their pediatric inpatient wards. Nine infections occurred during the reporting period.
- Eight facilities had CLABSI SIRs that were in the “expected” range for this time period. Eight facilities had too few central line days in their pediatric inpatient wards to calculate a statistically significant SIR. No facilities had higher than expected SIRs. Two hospitals had lower than expected CLABSI SIR for their pediatric inpatient ward for this reporting period.
- Thirteen facilities (72% of those reporting) had zero CLABSIs in this unit type for the time period. This is a slight improvement from last year.

Pediatric Inpatient	2010	2011
Facilities	16	18
# of Central Line Days	9833	10,030
Number of Infections	10	9
SIR in “Expected” Range	9	8
SIR Lower	1	2
SIR Higher	0	0
Too few Procedures	6	8
# facilities reporting “0”	11 (69%)	13 (72%)

Pediatric Critical Care:

- Five hospitals reported 6922 central line days and five infections.
- Four facilities had CLABSI SIRs within the “expected” range for this type of unit.
- One had a lower than expected SIR for this time period.
- Two hospitals reported zero CLABSI in their pediatric critical care unit for this time period.

Pediatric Critical Care	2010	2011
Facilities	5	5
# of Central Line Days	7371	6922
Number of Infections	11	5
SIR in “Expected” Range	4	4
SIR Lower	1	1
SIR Higher	0	0
Too few Procedures	0	0
# facilities reporting “0”	2 (40%)	2 (40%)

Hematology/Oncology:

- Nine hospitals with heme/onc wards reported 42,092 line days. 50 infections were reported.
- Seven of these facilities had CLABSI SIRs in the “expected” range for this type of hospital unit. Two had lower than expected CLABSI SIRs.
- No hospitals reported zero CLABSIs in their heme/onc ward during the reporting time period.

Hem/Onc	2010	2011
Facilities	8	9
# of Central Line Days	35,566	42,092
Number of Infections	53	50
SIR in “Expected” Range	6	7
SIR Lower	2	2
SIR Higher	0	0
Too few Procedures	0	0
# facilities reporting “0”	1 (13%)	0

Pediatric Hematology/Oncology:

- Three hospitals have pediatric heme/onc wards. They reported 5752 central line days and 8 infections.
- All three facilities had CLABSI SIRs within the “expected” range for this type of unit.
- No hospitals reported zero infections in their pediatric heme/onc units for this time period.

Pediatric Hem/Onc	2010	2011
Facilities	3	3
# of Central Line Days	6378	5752
Number of Infections	15	8
SIR in “Expected” Range	3	3
SIR Lower	0	0
SIR Higher	0	0
Too few Procedures	0	0
# facilities reporting “0”	0	0

Bone Marrow Transplant:

There is one bone marrow transplant unit in South Carolina. They reported 989 central line days and zero infections. Their SIR falls in the “expected” category for this type of unit.

Long Term Acute Care:

2011 CLABSI SIR data are not available for hospitals enrolled as long term acute care facilities in the National Healthcare Safety Network (NHSN). In the 2010 HIDA Annual Report, SIR data for freestanding long term acute care facilities and long term acute care units located within acute care facilities were presented aggregately. CLABSI SIR data are currently only available for freestanding long term acute care facilities as the CDC has yet to release updated national benchmark data for this type of facility.

There is one long term acute care unit located within an acute care facility. They reported 904 central line days and zero infections. Their SIR falls in the “expected” category for this type of unit.

Comments:

- Until other states have the same validation process, comparisons between states may be misleading.
- No one facility had high infection rates in every unit
- Many facilities had units with lower than expected infection rates.
- Timeliness and completeness of data submission is often affected by hospital infection control staffing turnover, vacant positions, and the need for training to comply with the reporting mandates
- In general, South Carolina has made tremendous progress in reducing the number of CLABSIs in the state. In many categories, facilities are reporting fewer line days. More facilities have lower than expected SIRs and more facilities are reporting no CLABSIs in the entire reporting period.

Recommendations:

- The HAI Section will continue to monitor all hospitals for data reporting completeness, timeliness, and accuracy. Technical assistance will be provided as needed.
- The HAI Section will evaluate hospitals with the highest and lowest infection rates to ensure complete and accurate reporting.
- Consider validation site visits for those facilities with the highest and lowest infection rates.
- Create a more comprehensive education and training program for hospital infection prevention staff.

Data: The 2011 HIDA Annual HAI Public Reports are posted on the DHEC website www.scdhec.gov/health/disease/hai/report.htm. The reports contain the **Individual Hospital HAI Reports** with infection rates for all procedures performed at each hospital. When looking at infection rates, it is important to be cautious about interpreting or comparing data. For example, infection rates may vary widely by simply adding one to a small number.

Comparison Summary and Comparison Tables can be found on the web site and attached **Appendix D**. These comparisons use a Standardized Infection Ratio method to compare hospitals as described below.

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

This report includes data from the 12 month time period from 01/01/2011 to 12/31/2011.

2011 HIDA Annual Report to the General Assembly

Background

Infections that patients acquire while receiving medical treatment in hospitals, nursing homes, outpatient surgery centers and dialysis clinics are a major public health problem in the United States. These infections are called healthcare-associated infections. Patients can get these infections from routine care, surgery, as a complication from medical devices such as ventilators, catheters, and lines, or as a side effect of the overuse of antibiotics.

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

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

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

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

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

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

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

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

Comparing Hospitals:

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

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

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

Planning and Implementing HIDA

The first step in implementing HIDA was to establish an internal DHEC HIDA Workgroup to identify existing resources to plan and implement the law. A coordinator was named for the planning process and to facilitate the creation of the Advisory Committee and the meetings. State funding to hire DHEC staff to implement the law was identified in the Bureau of Disease Control budget in July 2007. These staff included the HIDA coordinator who became the program manager and an epidemiologist, who began fulltime in December, 2007 and the infection preventionist (IP) began in February 2008. In 2010, the HAI Section was restructured to include a Section Director, Program Coordinator, Infection Preventionist, and an Epidemiologist. Currently, the section includes the Section Director, Epidemiologist, and one Infection Preventionist.

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

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

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

- Created the HIDA Advisory Committee with meetings almost every month since September 2006. In the first five months, the meetings were held about every two weeks. Currently, meetings are held quarterly.
- Selected the CDC National Healthcare Safety Network (NHSN) data system for HIDA Reporting.
- HIDA Advisory Committee Training Subcommittee – planned and coordinated NHSN training for hospitals in the fall of 2010.
- Defined surgical site infections and central line associated bloodstream infections reporting requirements and phased in additional requirements over time. Ventilator associated pneumonia (VAP) reporting has been deferred until a standardized case definition can be determined.
- Added MRSA bloodstream infections to the DHEC List of Reportable Conditions requiring clinical laboratories to report positive MRSA blood cultures.
- Developed methodology for MRSA bloodstream infections to be linked with the Office of Research and Statistics (ORS) hospital and emergency room discharge data so that community acquired infections could be separated from hospital acquired infections. In 2013, DHEC will required MRSA BSIs to be reported through NHSN. **(Appendix B)**
- Added VISA/VRSA infection and CRE infections to the List of Reportable Conditions.
- Eighty acute care and rehabilitation hospitals are now reporting their data to DHEC.
- DHEC HIDA staff provides hospitals with compliance assistance.

- With the HIDA Advisory Committee, identified options for public reporting of comparable data to the public
- DHEC selected the Standardized Infection Ratio (SIR) as the method to compare hospitals with the standard population using NHSN for this report.
- 2011 HIDA Annual Report (**HAI Comparison Tables –Appendix D**) - attached to this report to the General Assembly and posted on the HIDA public website.
- 2011 Annual **Individual Hospital’s HAI Summary Reports** are posted on the DHEC HAI website. www.scdhec.gov/hai.
- DHEC has implemented the HIDA Validation Plan with summary results and recommendations described in this report.
- Hospitals submitted responses to a DHEC survey of selected infection prevention practices.
- The HIDA Regulations document was completed by the SCHAIP committee.
- DHEC staff are participating in an SCHA prevention initiative named the South Carolina Healthcare Alliance for Infection Prevention (SCHAIP), to work collaboratively on specific HAI prevention programs and activities, and also on the Health Sciences South Carolina HAI planning committee.

HIDA Data Reporting System

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

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

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

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

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

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

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

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

HIDA Reporting Requirements:

1. **Surgical Site Infections (SSI)** for the following procedures, in all hospitals where these procedures are performed (except where designated only for hospitals ≤ 200 beds).
 - Coronary Artery Bypass Graft (CBGB) (both chest and donor site incisions)
 - Coronary Artery Bypass Graft (CBGC) (with chest incision only)
 - Hysterectomy (abdominal - HYST)
 - Hip – prosthesis- (HPRO)
 - Knee – prosthesis – (KPRO)
 - * Colon (COLO) - (only report from hospitals of 200 beds or less)
2. **Central Line Associated Bloodstream Infections (CLABSI)** -In 2011, “whole house” reporting was required of all facilities. Data was broken down into the following units:

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

Specialty Care Areas

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

3. **Specific Pathogens:** DHEC continues to monitor MRSA blood stream infections and all infections associated with vancomycin-intermediate and vancomycin-resistant staphylococcus aureus. Carbapenem-resistant enterobacteriaceae (CRE), a newly recognized pathogen, was added to the list in 2011.

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

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

hospital associated versus community associated. A preliminary MRSA report is included in this report (**Appendix B**) and posted on the website.

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

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

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

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

South Carolina Hospital Association Summary Report

Collaborative Healthcare Associated Infection (HAI) Prevention Activities

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

HIDA Validation Visits: 2011

HIDA requires that DHEC assure the quality of the HAI data. DHEC personnel performed on-site validation visits from May 2011 through December 2011.

A) RESULTS

Surgical Site Infections (SSIs): DHEC HAI section staff performed validation site visits at 44 acute care hospitals, three long-term acute care and two rehabilitation facilities. Medical records for 1480 patients who had reportable surgical procedures performed were reviewed to determine if there were any undetected SSIs.

- Two additional SSIs were found
- One SSI was removed because it did not meet NHSN surveillance criteria
- Ten SSI classification changed

Also, information from the 1480 medical records was compared with the data entered into the NHSN database. IPs were taught how to validate their own data, and how to detect system errors. System errors involved problems with data transmission from surgical or lab data systems. Overall, 404 errors were detected. Errors in surgery duration time, type of anesthesia used, the use of an endoscope, the presence of an implant, trauma and American Society of Anesthesiologists (ASA) score accounted for 80% of the data input errors.

Central Line Associated Bloodstream Infections (CLABSIs): Records for 203 charts and/or IP documentation were reviewed to determine if the reported bloodstream infection met the NHSN criteria for a central line associated bloodstream infection.

- Two CLABSIs were removed
- Seven CLABSIs organism was changed
- Eight CLABSIs had a second organism that was not reported

Five hundred twenty medical records of patients with positive blood cultures were also reviewed to determine whether a CLABSI occurred. No additional CLABSIs were detected.

B) BURDEN OF REPORTING

NHSN Participation:

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

1. Enroll in NHSN.
 - Sign an agreement with the CDC.
 - Designate a system administrator.
2. Obtain a digital certificate for each person with access to NHSN

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

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

NHSN Data collection burden

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

Diversion of scarce resources away from Infection Prevention activities

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

RECOMMENDATIONS FOR 2011 VALIDATION PLAN

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

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

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

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

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

Appendix A

Hospital Infections Disclosure ACT (HIDA)

Members of Advisory Committee

02/12

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

Past Members:

Valerie Aiken- Purchasers of Health Care Services
Pete Bailey – Purchasers
Dr. Mary Jo Cagle – Hospitals
Dr. Lydia Chang – Physicians
Leigh Faircloth – Businesses
Dr. Nelson Gunter- Purchasers
Bobby Horton - Businesses
Cindy Moon – Infection Control
Phil Morris - Consumers
Phyllis Perkins - Businesses
Karl Pfaehler - Hospitals
Zenovia Vaughn – Purchasers

Dr. John Sanders- Hospitals
Connie Steed- Infection Control
Beth Rhoton- MUSC
Dr. J.B. Sobel- BC/BS Columbia
Dr. John Weems – Physicians

Appendix B

Methicillin Resistant *Staphylococcus aureus* (MRSA) Bloodstream Infections (BSI)

Reporting Requirements and Data Methodology

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

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

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

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

Once the data has been matched, ORS determines whether or not the MRSA BSI is a possible hospital onset or a community onset infection based upon the category definitions described above.

For this report, MRSA BSIs are based upon positive MRSA lab reports from blood cultures and date of specimen collection and matched to hospital administrative claims data for date of admission.

⌚ **Community onset** = specimen collected within 72 hours (3 days) of admission and likely to have been present on admission.

⌚ **Hospital onset** = specimen collected greater than 72 hours (3 days) from admission and potentially a hospital acquired infection (HAIs).

2011 Annual MRSA BSI Summary Report: January – December

- Bloodstream infections = 949 total MRSA bloodstream infections
- *Inpatient admissions or emergency department visits: **809** specimens collected
- ⌚ **131 of 809 (16.2%) hospital onset that are potential HAIs**
- ⌚ 678 of 809 (83.8%) community onset and likely present on admission

* The routine process for hospitals to submit complete administrative claims data to ORS may take several months. Therefore, the matched data for the last six months of 2011 is provisional.

2010 Annual MRSA BSI Summary Report: January - December

- Bloodstream infections = **971 total** MRSA bloodstream infections
- Inpatient admissions or emergency department visits: **875** specimens collected
- ⌚ **127 of 875 collected (14.5%) hospital onset that are potential HAIs**
- ⌚ 748 of 875 collected (85.5%) community onset likely to have been present on admission

Appendix C

***CABG, colon surgery with clips or internal staples, hip and knee replacement SSI and MRSA data is preliminary.** These surgeries must be followed for one year and final data will not be available until early in 2013. Procedures performed from 1/1/2011 to 12/31/2011. Data reported as of 3/27/2012.

Type of Surgery	Number of infections with positive culture results	Number of MRSA Positive Cultures	% MRSA Positive
CABG- chest incision	44	6	20.4
-donor incision	14	4	28.6
Colon Surgery	68	6	8.8
Hip Replacement	98	26	26.5
Knee Replacement	82	15	18.3
Abdominal Hysterectomy	50	6	12.0

Appendix D

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

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

Appendix E
2011 Summary Data for HAI Comparison Report
Standardized Infection Ratio (SIR) for all Hospitals Reporting

SIR Interpretation:

Statistically Lower than the Standard Population

Statistically Not Different from the Standard Population

Statistically Higher than the Standard Population

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

Surgical Procedures	# Hospitals Performing Procedure	Total # Procedures	Total # Infections	% Lower SIR	% "Expected" SIR	% Higher SIR	Comments*
Coronary Artery Bypass Graft (Chest and Donor Incision)	17	3306	20	6%	82%	0%	Two had too few procedures to calculate (12%)
Coronary Artery Bypass Graft (Chest Incision)	15	305	0	0%	13%	0%	Thirteen Hospitals (87%) had too few procedures to calculate statistical percentage
Hysterectomy (Abdominal)	55	5167	27	0%	67%	2%	Seventeen hospitals (31%) had too few procedures
Hip Prosthesis - -Replacement	59	6386	61	0%	73%	0%	Sixteen hospitals (27%) had too few procedures
Knee Prosthesis --Replacement	56	9556	61	0%	75%	4%	Twelve hospitals (21%) had too few procedures
Colon Surgery	37	1226	42	0%	54%	5%	Fifteen hospitals (41%) had too few procedures

Central Line Locations	# Hospitals monitoring Locations	Total # Central Line Days	Total # Infections	% Lower SIR	% “Expected” SIR	% Higher SIR	Comments
Adult Inpatient Units	65	236,129	242	8%	81%	2%	Six hospitals (9%) had too few central line days to calculate a statistical percentage
Adult Critical Care Units	55	128,756	173	13%	75%	5%	Three hospitals (5%) had too few central line days
Pediatric Inpatient	18	10,030	9	12%	44%	0%	Eight hospitals (44%) had too few central line days
Pediatric Critical Care Unit	5	6922	5	20%	80%	0%	N/A
Inpatient Rehab Unit	16	9301	2	0%	81%	6%	One hospital (6%) had too few central line days
LTAC	7	50,279	77	0%	100%	0%	N/A
Heme/Onc Unit	9	42,092	50	22%	78%	0%	N/A
Pediatric Heme/Onc Unit	3	5752	8	0%	100%	0%	N/A
Bone Marrow Transplant Unit	1	989	0	0%	100%	0%	N/A

**Appendix F:
Hospital Comparison Reports**

**Table 1: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
Procedure: Coronary Artery Bypass Graft (Chest and Donor Incision)
STATEWIDE**

Hospital	Observed (O) No. of SSI	No. of Procedures	Statistically 'Expected' (E) No. of SSI ^a	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation ^a
Aiken Regional Medical Center	0	12	0.16	*	*	*	*
AnMed Health Medical Center	0	135	1.47	0.00	0.00	2.50	Not Different
AnMed Health Womens And Children	0	14	0.16	*	*	*	*
Carolinas Hospital System	0	129	1.33	0.00	0.00	2.77	Not Different
Grand Strand Regional Medical Center	0	330	3.64	0.00	0.00	1.01	Not Different
Greenville Memorial Hospital	6	364	5.77	1.04	0.38	2.27	Not Different
Hilton Head Regional Medical Center	0	68	0.71	0.00	0.00	5.17	Not Different
MUSC Medical Center	2	175	1.94	1.03	0.13	3.72	Not Different
McLeod Medical Center - Florence	1	180	1.96	0.51	0.01	2.85	Not Different
Palmetto Health Richland	2	267	3.72	0.54	0.07	1.94	Not Different
Piedmont Medical Center	1	108	1.33	0.75	0.02	4.20	Not Different
Providence Hospital	1	486	4.62	0.22	0.01	1.21	Not Different
Roper Hospital Inc.	6	347	3.85	1.56	0.57	3.39	Not Different
Self Regional Healthcare	1	75	0.98	1.02	0.03	5.67	Not Different
Spartanburg Regional Medical Center	0	142	1.92	0.00	0.00	1.92	Not Different
St. Francis - Downtown	0	296	3.77	0.00	0.00	0.98	Lower
Trident Medical Center	0	178	2.71	0.00	0.00	1.36	Not Different

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

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

Table 2: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
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 ^b
Aiken Regional Medical Center	0	4	0.04	*	*	*	*
AnMed Health Medical Center	0	2	0.01	*	*	*	*
AnMed Health Womens And Children	0	2	0.01	*	*	*	*
Carolinas Hospital System	0	5	0.05	*	*	*	*
Greenville Memorial Hospital	0	4	0.07	*	*	*	*
MUSC Medical Center	0	16	0.18	*	*	*	*
McLeod Medical Center - Florence	0	15	0.15	*	*	*	*
Palmetto Health Richland	0	16	0.25	*	*	*	*
Piedmont Medical Center	0	12	0.13	*	*	*	*
Providence Hospital	0	31	0.28	0.00	0.00	13.22	Not Different
Roper Hospital Inc.	0	5	0.05	*	*	*	*
Self Regional Healthcare	0	4	0.05	*	*	*	*
Spartanburg Regional Medical Center	0	175	2.26	0.00	0.00	1.63	Not Different
St. Francis - Downtown	0	12	0.15	*	*	*	*
Trident Medical Center	0	1	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 rate and number of infections will be suppressed until more procedures are performed.

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

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

Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
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^b
Abbeville Area Medical Center	0	5	0.03	*	*	*	*
AnMed Health Medical Center	2	210	2.08	0.96	0.12	3.48	Not Different
AnMed Health Womens And Children	0	22	0.16	0.00	0.00	22.63	Not Different
Baptist Easley Hospital	2	69	0.65	3.08	0.37	11.12	Not Different
Cannon Memorial Hospital	0	3	0.03	*	*	*	*
Edgefield County Hospital	0	2	0.01	*	*	*	*
Greenville Memorial Hospital	2	143	2.20	0.91	0.11	3.29	Not Different
Greer Memorial Hospital	5	212	1.74	2.87	0.93	6.69	Not Different
Hillcrest Memorial Hospital	2	56	0.35	5.76	0.70	20.82	Not Different
Laurens County Healthcare System	0	55	0.41	0.00	0.00	8.98	Not Different
Mary Black Healthcare	0	82	0.55	0.00	0.00	6.73	Not Different
Oconee Memorial Hospital	1	137	0.86	1.16	0.03	6.46	Not Different
Patewood Memorial Hospital	0	175	0.95	0.00	0.00	3.89	Not Different
Self Regional Healthcare	3	141	1.41	2.14	0.44	6.24	Not Different
Spartanburg Regional Medical Center	5	322	4.85	1.03	0.33	2.40	Not Different
St. Francis - Downtown	0	109	1.32	0.00	0.00	2.80	Not Different
St. Francis - Eastside	0	401	2.23	0.00	0.00	1.66	Not Different
Upstate Carolina Medical Center	1	17	0.10	*	*	*	*
Village Hospital	0	51	0.32	0.00	0.00	11.71	Not Different
Wallace Thomson Hospital	0	11	0.07	*	*	*	*

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

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

in the [Definition of Terms](#).

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

Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
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^b
Aiken Regional Medical Center	0	100	0.90	0.00	0.00	4.10	Not Different
Carolina Pines Regional Medical Center	0	16	0.12	*	*	*	*
Carolinas Hospital System	4	110	1.22	3.27	0.89	8.38	Not Different
Chester Regional Medical Center	0	4	0.05	*	*	*	*
Chesterfield General Hospital	0	5	0.04	*	*	*	*
Clarendon Memorial Hospital	0	14	0.09	*	*	*	*
KershawHealth	0	63	0.49	0.00	0.00	7.50	Not Different
Lake City Community Hospital	0	5	0.02	*	*	*	*
Lexington Medical Center	5	205	2.68	1.86	0.61	4.35	Not Different
Marion County Medical Center	0	3	0.03	*	*	*	*
Marlboro Park Hospital	0	1	0.01	*	*	*	*
McLeod Medical Center - Dillon	0	11	0.06	*	*	*	*
McLeod Medical Center - Florence	3	282	3.00	1.00	0.21	2.92	Not Different
Newberry County Memorial Hospital	0	56	0.30	0.00	0.00	12.30	Not Different
Palmetto Health Baptist	3	207	1.90	1.58	0.33	4.61	Not Different
Palmetto Health Richland	6	352	4.72	1.27	0.47	2.77	Not Different
Piedmont Medical Center	1	177	1.51	0.66	0.02	3.69	Not Different
Providence Hospital	0	57	0.50	0.00	0.00	7.45	Not Different
Providence Hospital Northeast	2	488	1.93	1.04	0.13	3.74	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	0	23	0.20	0.00	0.00	18.08	Not Different

Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)

Reportable Period: January 1, 2011 - December 31, 2011

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^b
Springs Memorial Hospital	0	23	0.30	0.00	0.00	12.18	Not Different
Tuomey	1	54	0.45	2.24	0.06	12.47	Not Different

See the Upstate chart for footnote explanations.

Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
Procedure: Hip Prosthesis (Replacement)
COASTAL

Beaufort, 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	146	0.93	1.07	0.03	5.99	Not Different
Bon Secours - St. Francis Xavier Hospital	0	23	0.21	0.00	0.00	17.48	Not Different
Coastal Carolina Medical Center	0	12	0.12	*	*	*	*
Colleton Medical Center	0	28	0.23	0.00	0.00	15.83	Not Different
Conway Medical Center	0	130	1.21	0.00	0.00	3.06	Not Different
East Cooper Regional Medical Center	0	21	0.17	0.00	0.00	21.57	Not Different
Georgetown Memorial Hospital	1	46	0.34	2.97	0.07	16.53	Not Different
Grand Strand Regional Medical Center	0	219	1.80	0.00	0.00	2.05	Not Different
Hampton Regional Medical Center	0	10	0.08	*	*	*	*
Hilton Head Regional Medical Center	0	65	0.48	0.00	0.00	7.72	Not Different
Loris Healthcare System	0	37	0.27	0.00	0.00	13.46	Not Different
MUSC Medical Center	4	263	3.38	1.18	0.32	3.03	Not Different
Mount Pleasant Hospital	0	7	0.05	*	*	*	*
Roper Hospital Inc.	6	506	3.88	1.55	0.57	3.37	Not Different
Summerville Medical Center	1	75	0.60	1.66	0.04	9.27	Not Different
Trident Medical Center	0	155	1.97	0.00	0.00	1.87	Not Different
Waccamaw Community Hospital	0	164	1.08	0.00	0.00	3.42	Not Different

See Upstate chart for footnote explanations

Table 4: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
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^b
Abbeville Area Medical Center	0	15	0.06	*	*	*	*
AnMed Health Medical Center	1	247	1.56	0.64	0.02	3.58	Not Different
AnMed Health Womens And Children	0	15	0.08	*	*	*	*
Baptist Easley Hospital	0	94	0.63	0.00	0.00	5.86	Not Different
Cannon Memorial Hospital	0	17	0.10	*	*	*	*
Edgefield County Hospital	0	9	0.06	*	*	*	*
Greenville Memorial Hospital	1	23	0.37	2.70	0.07	15.06	Not Different
Greer Memorial Hospital	3	281	2.10	1.43	0.30	4.18	Not Different
Hillcrest Memorial Hospital	1	87	0.43	2.33	0.06	12.96	Not Different
Laurens County Healthcare System	0	108	0.58	0.00	0.00	6.41	Not Different
Mary Black Healthcare	0	228	1.03	0.00	0.00	3.60	Not Different
Oconee Memorial Hospital	2	256	1.38	1.45	0.18	5.25	Not Different
Patewood Memorial Hospital	1	381	1.97	0.51	0.01	2.83	Not Different
Self Regional Healthcare	1	262	1.79	0.56	0.01	3.11	Not Different
Spartanburg Regional Medical Center	2	480	5.29	0.38	0.05	1.37	Not Different
St. Francis - Downtown	1	49	0.35	2.87	0.07	15.97	Not Different
St. Francis - Eastside	5	1002	5.20	0.96	0.31	2.24	Not Different
Upstate Carolina Medical Center	0	24	0.13	0.00	0.00	28.82	Not Different
Village Hospital	1	73	0.50	2.00	0.05	11.17	Not Different
Wallace Thomson Hospital	0	1	0.01	*	*	*	*

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

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

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

Table 4: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)

Reportable Period: January 1, 2011 - December 31, 2011

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 ^b
Aiken Regional Medical Center	1	106	0.66	1.51	0.04	8.42	Not Different
Carolina Pines Regional Medical Center	1	28	0.16	6.41	0.16	35.72	Not Different
Carolinas Hospital System	2	145	0.85	2.35	0.29	8.50	Not Different
Chester Regional Medical Center	0	4	0.04	*	*	*	*
Chesterfield General Hospital	0	2	0.01	*	*	*	*
Clarendon Memorial Hospital	0	44	0.20	0.00	0.00	18.54	Not Different
KershawHealth	0	49	0.31	0.00	0.00	12.02	Not Different
Lake City Community Hospital	0	7	0.03	*	*	*	*
Lexington Medical Center	1	266	1.68	0.60	0.02	3.32	Not Different
McLeod Medical Center - Dillon	1	33	0.17	5.95	0.15	33.17	Not Different
McLeod Medical Center - Florence	2	438	2.77	0.72	0.09	2.61	Not Different
Newberry County Memorial Hospital	0	94	0.40	0.00	0.00	9.13	Not Different
Palmetto Health Baptist	9	390	2.14	4.22	1.93	8.00	Higher
Palmetto Health Richland	2	657	5.40	0.37	0.05	1.34	Not Different
Piedmont Medical Center	1	178	1.00	1.00	0.03	5.56	Not Different
Providence Hospital	0	56	0.29	0.00	0.00	12.90	Not Different
Providence Hospital Northeast	4	234	0.91	4.38	1.19	11.21	Higher
Regional Medical Center Of Orangeburg/Calhoun Counties	1	91	0.53	1.89	0.05	10.51	Not Different
Springs Memorial Hospital	1	19	0.16	*	*	*	*
Tuomey	2	148	0.92	2.18	0.26	7.86	Not Different

See the Upstate chart for footnote explanations.

**Table 4: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
Procedure: Knee Prosthesis (Replacement)
COASTAL**

Beaufort, 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	271	1.57	0.00	0.00	2.35	Not Different
Coastal Carolina Medical Center	0	2	0.01	*	*	*	*
Colleton Medical Center	0	48	0.28	0.00	0.00	13.08	Not Different
Conway Medical Center	2	205	1.35	1.48	0.18	5.35	Not Different
East Cooper Regional Medical Center	0	29	0.13	0.00	0.00	28.60	Not Different
Georgetown Memorial Hospital	1	95	0.47	2.11	0.05	11.76	Not Different
Grand Strand Regional Medical Center	3	321	2.13	1.41	0.29	4.12	Not Different
Hampton Regional Medical Center	0	7	0.03	*	*	*	*
Hilton Head Regional Medical Center	0	47	0.24	0.00	0.00	15.57	Not Different
Loris Healthcare System	0	32	0.16	0.00	0.00	23.80	Not Different
MUSC Medical Center	4	308	2.51	1.59	0.43	4.08	Not Different
Mount Pleasant Hospital	0	7	0.05	*	*	*	*
Roper Hospital Inc.	2	841	4.22	0.47	0.06	1.71	Not Different
Summerville Medical Center	0	145	0.80	0.00	0.00	4.61	Not Different
Trident Medical Center	2	261	1.91	1.05	0.13	3.78	Not Different
Waccamaw Community Hospital	0	296	1.50	0.00	0.00	2.47	Not Different

See Upstate chart for footnote explanations

Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
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^b
Abbeville Area Medical Center	0	1	0.01	*	*	*	*
AnMed Health Medical Center	0	1	0.01	*	*	*	*
AnMed Health Womens And Children	1	136	0.94	1.06	0.03	5.93	Not Different
Baptist Easley Hospital	0	20	0.16	0.00	0.00	23.50	Not Different
Cannon Memorial Hospital	0	1	0.01	*	*	*	*
Greenville Memorial Hospital	3	656	4.13	0.73	0.15	2.12	Not Different
Greer Memorial Hospital	0	17	0.14	*	*	*	*
Laurens County Healthcare System	0	7	0.07	*	*	*	*
Mary Black Healthcare	0	49	0.32	0.00	0.00	11.71	Not Different
Oconee Memorial Hospital	0	29	0.19	0.00	0.00	19.62	Not Different
Patewood Memorial Hospital	0	7	0.04	*	*	*	*
Self Regional Healthcare	1	206	1.22	0.82	0.02	4.58	Not Different
Spartanburg Regional Medical Center	3	239	1.59	1.89	0.39	5.52	Not Different
St. Francis - Downtown	0	85	0.73	0.00	0.00	5.05	Not Different
St. Francis - Eastside	1	313	2.50	0.40	0.01	2.23	Not Different
Upstate Carolina Medical Center	0	13	0.10	*	*	*	*
Village Hospital	0	4	0.03	*	*	*	*
Wallace Thomson Hospital	0	7	0.06	*	*	*	*

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

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

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

**Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
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^b
Aiken Regional Medical Center	1	133	1.02	0.98	0.03	5.48	Not Different
Carolina Pines Regional Medical Center	0	65	0.54	0.00	0.00	6.87	Not Different
Carolinas Hospital System	0	57	0.51	0.00	0.00	7.23	Not Different
Chester Regional Medical Center	0	2	0.01	*	*	*	*
Chesterfield General Hospital	1	8	0.05	*	*	*	*
Clarendon Memorial Hospital	1	59	0.33	3.07	0.08	17.09	Not Different
KershawHealth	0	48	0.42	0.00	0.00	8.70	Not Different
Lexington Medical Center	2	319	2.21	0.91	0.11	3.28	Not Different
Marion County Medical Center	0	48	0.37	0.00	0.00	10.08	Not Different
Marlboro Park Hospital	0	13	0.10	*	*	*	*
McLeod Medical Center - Dillon	0	13	0.13	*	*	*	*
McLeod Medical Center - Florence	0	196	1.56	0.00	0.00	2.37	Not Different
Newberry County Memorial Hospital	0	7	0.05	*	*	*	*
Palmetto Health Baptist	3	255	2.28	1.32	0.27	3.85	Not Different
Palmetto Health Richland	0	269	1.88	0.00	0.00	1.96	Not Different
Piedmont Medical Center	0	172	1.31	0.00	0.00	2.81	Not Different
Providence Hospital Northeast	0	77	0.43	0.00	0.00	8.68	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	0	101	0.67	0.00	0.00	5.51	Not Different
Springs Memorial Hospital	1	75	0.62	1.61	0.04	8.97	Not Different
Tuomey	0	139	0.92	0.00	0.00	4.00	Not Different

See the Upstate chart for footnote explanations.

**Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
Procedure: Hysterectomy (Abdominal)
COASTAL**

Beaufort, 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	67	0.65	1.55	0.04	8.64	Not Different
Bon Secours - St. Francis Xavier Hospital	0	189	1.46	0.00	0.00	2.52	Not Different
Coastal Carolina Medical Center	0	2	0.01	*	*	*	*
Colleton Medical Center	0	30	0.26	0.00	0.00	14.30	Not Different
Conway Medical Center	4	134	1.03	3.90	1.06	9.98	Higher
East Cooper Regional Medical Center	0	47	0.32	0.00	0.00	11.49	Not Different
Georgetown Memorial Hospital	0	13	0.14	*	*	*	*
Grand Strand Regional Medical Center	0	21	0.20	0.00	0.00	18.73	Not Different
Hampton Regional Medical Center	0	2	0.03	*	*	*	*
Hilton Head Regional Medical Center	0	28	0.16	0.00	0.00	23.06	Not Different
Loris Healthcare System	1	49	0.42	2.41	0.06	13.43	Not Different
MUSC Medical Center	0	168	1.74	0.00	0.00	2.12	Not Different
Mount Pleasant Hospital	1	62	0.34	2.97	0.07	16.53	Not Different
Roper Hospital Inc.	1	184	1.44	0.69	0.02	3.87	Not Different
Summerville Medical Center	0	67	0.45	0.00	0.00	8.29	Not Different
Trident Medical Center	1	235	2.00	0.50	0.01	2.78	Not Different
Waccamaw Community Hospital	0	22	0.16	0.00	0.00	23.50	Not Different

See Upstate chart for footnote explanations

Table 6: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
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 ^b
Abbeville Area Medical Center	0	7	0.18	*	*	*	*
AnMed Health Womens And Children	0	1	0.02	*	*	*	*
Baptist Easley Hospital	1	55	1.47	0.68	0.02	3.80	Not Different
Cannon Memorial Hospital	0	13	0.33	*	*	*	*
Greenville Memorial Hospital	3	180	4.72	0.64	0.13	1.86	Not Different
Greer Memorial Hospital	0	21	0.60	0.00	0.00	6.11	Not Different
Hillcrest Memorial Hospital	0	27	0.89	0.00	0.00	4.15	Not Different
Laurens County Healthcare System	2	20	0.60	3.33	0.40	12.04	Not Different
Mary Black Healthcare	4	113	3.01	1.33	0.36	3.41	Not Different
Oconee Memorial Hospital	0	72	1.99	0.00	0.00	1.86	Not Different
St. Francis - Downtown	0	1	0.03	*	*	*	*
St. Francis - Eastside	1	16	0.42	*	*	*	*
Upstate Carolina Medical Center	0	9	0.27	*	*	*	*
Village Hospital	0	3	0.09	*	*	*	*
Wallace Thomson Hospital	3	9	0.27	*	*	*	*

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

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

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

Table 6: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
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^b
Aiken Regional Medical Center	1	78	2.42	0.41	0.01	2.31	Not Different
Carolina Pines Regional Medical Center	2	38	1.09	1.83	0.22	6.62	Not Different
Carolinas Hospital System	1	22	0.69	1.45	0.04	8.05	Not Different
Chester Regional Medical Center	0	13	0.34	*	*	*	*
Chesterfield General Hospital	0	7	0.20	*	*	*	*
Clarendon Memorial Hospital	4	18	0.55	*	*	*	*
KershawHealth	2	29	0.72	2.77	0.34	10.01	Not Different
Marion County Medical Center	0	23	0.55	0.00	0.00	6.68	Not Different
Marlboro Park Hospital	0	4	0.10	*	*	*	*
McLeod Medical Center - Dillon	1	19	0.61	*	*	*	*
Newberry County Memorial Hospital	1	26	0.67	1.50	0.04	8.38	Not Different
Providence Hospital Northeast	0	9	0.20	*	*	*	*

See the Upstate chart for footnote explanations.

Table 6: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
Procedure: Colon Surgery
COASTAL

Beaufort, 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	50	1.45	0.00	0.00	2.54	Not Different
Coastal Carolina Medical Center	0	15	0.40	*	*	*	*
Colleton Medical Center	0	29	0.74	0.00	0.00	4.97	Not Different
East Cooper Regional Medical Center	7	46	1.23	5.69	2.29	11.73	Higher
Georgetown Memorial Hospital	1	26	0.68	1.47	0.04	8.19	Not Different
Hilton Head Regional Medical Center	3	61	1.45	2.07	0.43	6.06	Not Different
Loris Healthcare System	0	31	0.79	0.00	0.00	4.68	Not Different
Mount Pleasant Hospital	0	21	0.53	0.00	0.00	6.96	Not Different
Summerville Medical Center	5	60	1.47	3.40	1.10	7.93	Higher
Waccamaw Community Hospital	0	54	1.58	0.00	0.00	2.34	Not Different

See Upstate chart for footnote explanations

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

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

Table 1: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2011 - December 31, 2011 STATEWIDE - All Adult Critical Care Units							
Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI ^a	Hospital SIR = $O \div E$	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
Abbeville Area Medical Center	0	39	0.06	*	*	*	*
Aiken Regional Medical Center	5	3370	5.06	0.99	0.32	2.31	Not Different
AnMed Health Medical Center	8	5187	9.00	0.89	0.38	1.75	Not Different
Baptist Easley Hospital	0	614	0.92	0.00	0.00	3.99	Not Different
Barnwell County Hospital	0	34	0.05	*	*	*	*
Beaufort Memorial Hospital	0	892	1.70	0.00	0.00	2.18	Not Different
Bon Secours - St. Francis Xavier Hospital	0	1719	2.58	0.00	0.00	1.43	Not Different
Cannon Memorial Hospital	1	147	0.22	4.48	0.11	24.99	Not Different
Carolina Pines Regional Medical Center	2	745	1.12	1.79	0.22	6.45	Not Different
Carolinas Hospital System	14	4427	8.26	1.69	0.93	2.84	Not Different
Chester Regional Medical Center	0	160	0.24	0.00	0.00	15.18	Not Different
Chesterfield General Hospital	0	156	0.24	0.00	0.00	15.57	Not Different
Clarendon Memorial Hospital	0	204	0.39	0.00	0.00	9.48	Not Different
Coastal Carolina Medical Center	0	237	0.36	0.00	0.00	10.25	Not Different
Colleton Medical Center	4	435	0.66	6.11	1.66	15.64	Higher
Conway Medical Center	2	981	1.47	1.36	0.16	4.90	Not Different
East Cooper Regional Medical Center	0	526	0.79	0.00	0.00	4.65	Not Different
Georgetown Memorial Hospital	1	709	1.35	0.74	0.02	4.14	Not Different
Grand Strand Regional Medical Center	0	4307	8.09	0.00	0.00	0.46	Lower

Table 1: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
STATEWIDE - All Adult Critical Care Units

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI ^a	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
Greenville Memorial Hospital	18	14056	29.16	0.62	0.37	0.98	Lower
Greer Memorial Hospital	0	256	0.54	0.00	0.00	6.82	Not Different
Hampton Regional Medical Center	0	13	0.02	*	*	*	*
Hillcrest Memorial Hospital	0	139	0.21	0.00	0.00	17.32	Not Different
Hilton Head Regional Medical Center	0	953	1.43	0.00	0.00	2.58	Not Different
KershawHealth	4	880	1.32	3.02	0.82	7.74	Not Different
Laurens County Healthcare System	1	440	0.66	1.51	0.04	8.40	Not Different
Lexington Medical Center	2	2070	4.27	0.47	0.06	1.69	Not Different
Loris Healthcare System	0	618	0.93	0.00	0.00	3.98	Not Different
MUSC Medical Center	14	14469	35.80	0.39	0.21	0.66	Lower
Marion County Medical Center	2	106	0.16	12.27	1.49	44.33	Higher
Marlboro Park Hospital	0	30	0.05	*	*	*	*
Mary Black Healthcare	1	646	0.97	1.03	0.03	5.74	Not Different
McLeod Medical Center - Dillon	1	211	0.32	3.13	0.08	17.41	Not Different
McLeod Medical Center - Florence	12	9735	22.10	0.54	0.28	0.95	Lower
Mount Pleasant Hospital	0	224	0.34	0.00	0.00	10.91	Not Different
Newberry County Memorial Hospital	0	243	0.37	0.00	0.00	10.05	Not Different
Oconee Memorial Hospital	0	626	0.94	0.00	0.00	3.92	Not Different
Palmetto Health Baptist	3	2309	3.47	0.87	0.18	2.53	Not Different
Palmetto Health Richland	23	14116	38.33	0.60	0.38	0.90	Lower
Piedmont Medical Center	3	2378	3.58	0.84	0.17	2.45	Not Different
Providence Hospital	16	5321	8.26	1.94	1.11	3.15	Higher

Providence Hospital Northeast	0	130	0.20	0.00	0.00	18.54	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	7	3615	5.43	1.29	0.52	2.66	Not Different
Roper Hospital Inc.	3	5990	8.74	0.34	0.07	1.00	Not Different
Self Regional Healthcare	0	2883	5.58	0.00	0.00	0.66	Lower
Spartanburg Regional Medical Center	11	6770	10.39	1.06	0.53	1.89	Not Different
Springs Memorial Hospital	0	1504	2.26	0.00	0.00	1.63	Not Different
St. Francis - Downtown	0	3474	5.15	0.00	0.00	0.72	Lower
Summerville Medical Center	0	907	1.36	0.00	0.00	2.71	Not Different
Trident Medical Center	11	5437	8.16	1.35	0.67	2.41	Not Different
Tuomey	3	1848	2.78	1.08	0.22	3.16	Not Different
Upstate Carolina Medical Center	2	239	0.36	5.54	0.67	20.01	Not Different
Village Hospital	0	267	0.40	0.00	0.00	9.15	Not Different
Waccamaw Community Hospital	0	829	1.58	0.00	0.00	2.34	Not Different
Wallace Thomson Hospital	0	135	0.21	0.00	0.00	18.00	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

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

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

Table 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2011 - December 31, 2011 STATEWIDE - All Adult Inpatient Wards							
Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI ^a	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
Abbeville Area Medical Center	0	53	0.06	0.00	0.00	58.56	Not Different
Aiken Regional Medical Center	2	3463	5.04	0.40	0.05	1.43	Not Different
Allendale County Hospital	0	121	0.15	0.00	0.00	25.27	Not Different
AnMed Health Medical Center	3	9028	8.27	0.36	0.08	1.06	Not Different
AnMed Health Womens And Children	0	12	0.02	*	*	*	*
Baptist Easley Hospital	0	1600	1.92	0.00	0.00	1.92	Not Different
Barnwell County Hospital	0	35	0.04	*	*	*	*
Beaufort Memorial Hospital	2	4977	6.34	0.32	0.04	1.14	Not Different
Bon Secours - St. Francis Xavier Hospital	5	6012	9.63	0.52	0.17	1.21	Not Different
Cannon Memorial Hospital	1	363	0.44	2.29	0.06	12.75	Not Different
Carolina Pines Regional Medical Center	3	912	1.45	2.07	0.43	6.06	Not Different
Carolinas Hospital System	21	8760	11.46	1.83	1.13	2.80	Higher
Chester Regional Medical Center	0	129	0.16	0.00	0.00	23.35	Not Different
Chesterfield General Hospital	0	214	0.26	0.00	0.00	14.35	Not Different
Clarendon Memorial Hospital	1	925	1.11	0.90	0.02	5.02	Not Different
Coastal Carolina Medical Center	0	321	0.39	0.00	0.00	9.56	Not Different
Colleton Medical Center	0	1706	2.31	0.00	0.00	1.60	Not Different
Conway Medical Center	1	2797	3.52	0.28	0.01	1.58	Not Different
East Cooper Regional Medical Center	2	1535	2.37	0.84	0.10	3.05	Not Different

Table 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2011 - December 31, 2011
STATEWIDE - All Adult Inpatient Wards

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI ^a	Hospital SIR = $O \div E$	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
Edgefield County Hospital	0	88	0.11	0.00	0.00	35.13	Not Different
Fairfield Memorial Hospital	0	162	0.19	0.00	0.00	19.02	Not Different
Georgetown Memorial Hospital	0	1157	1.39	0.00	0.00	2.66	Not Different
Grand Strand Regional Medical Center	5	8434	12.91	0.39	0.13	0.90	Lower
Greenville Memorial Hospital	19	13220	13.96	1.36	0.82	2.13	Not Different
Greer Memorial Hospital	0	446	0.54	0.00	0.00	6.90	Not Different
Hampton Regional Medical Center	0	224	0.27	0.00	0.00	13.77	Not Different
Hillcrest Memorial Hospital	2	370	0.44	4.50	0.55	16.27	Not Different
Hilton Head Regional Medical Center	1	1183	1.42	0.70	0.02	3.92	Not Different
KershawHealth	2	3110	4.55	0.44	0.05	1.59	Not Different
Lake City Community Hospital	0	23	0.04	*	*	*	*
Laurens County Healthcare System	1	720	1.08	0.92	0.02	5.15	Not Different
Lexington Medical Center	13	10688	14.08	0.92	0.49	1.58	Not Different
Loris Healthcare System	1	1267	1.52	0.66	0.02	3.66	Not Different
MUSC Medical Center	9	18280	27.49	0.33	0.15	0.62	Lower
Marion County Medical Center	0	243	0.35	0.00	0.00	10.69	Not Different
Marlboro Park Hospital	0	13	0.02	*	*	*	*
Mary Black Healthcare	4	1045	1.65	2.42	0.66	6.19	Not Different
McLeod Medical Center - Darlington	0	1003	1.32	0.00	0.00	2.80	Not Different
McLeod Medical Center - Dillon	0	212	0.24	0.00	0.00	15.31	Not Different
McLeod Medical Center - Florence	22	13791	15.80	1.39	0.87	2.11	Not Different
Mount Pleasant Hospital	0	300	0.36	0.00	0.00	10.28	Not Different

Newberry County Memorial Hospital	0	537	0.64	0.00	0.00	5.73	Not Different
Oconee Memorial Hospital	1	2114	2.85	0.35	0.01	1.96	Not Different
Palmetto Health Baptist	2	10368	14.77	0.14	0.02	0.49	Lower
Palmetto Health Richland	40	26066	35.29	1.13	0.81	1.54	Not Different
Patewood Memorial Hospital	0	27	0.04	*	*	*	*
Piedmont Medical Center	6	6486	7.73	0.78	0.29	1.69	Not Different
Providence Hospital	12	5681	6.55	1.83	0.95	3.20	Not Different
Providence Hospital Northeast	1	562	0.68	1.48	0.04	8.26	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	6	6530	9.22	0.65	0.24	1.42	Not Different
Roper Hospital Inc.	10	11289	13.38	0.75	0.36	1.37	Not Different
Self Regional Healthcare	4	5494	8.20	0.49	0.13	1.25	Not Different
Spartanburg Regional Medical Center	19	10465	15.26	1.25	0.75	1.95	Not Different
Springs Memorial Hospital	3	2022	2.41	1.25	0.26	3.64	Not Different
St. Francis - Downtown	2	7748	9.30	0.22	0.03	0.78	Lower
St. Francis - Eastside	0	497	0.67	0.00	0.00	5.49	Not Different
Summerville Medical Center	5	2031	2.44	2.05	0.67	4.79	Not Different
Trident Medical Center	5	8682	12.96	0.39	0.13	0.90	Lower
Tuomey	5	7087	10.36	0.48	0.16	1.13	Not Different
Upstate Carolina Medical Center	0	667	1.16	0.00	0.00	3.18	Not Different
Village Hospital	0	217	0.26	0.00	0.00	14.30	Not Different
Waccamaw Community Hospital	1	1931	2.32	0.43	0.01	2.41	Not Different
Wallace Thomson Hospital	0	487	0.59	0.00	0.00	6.31	Not Different
Williamsburg Regional Hospital	0	180	0.22	0.00	0.00	17.16	Not Different
Women's Center of Carolinas Hospital System, The	0	19	0.00	*	*	*	*

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

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

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

Table 3: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2011 - December 31, 2011 STATEWIDE - All Pediatric Critical Care Units							
Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI ^a	Hospital SIR = $O \div E$	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
Greenville Memorial Hospital	1	776	2.33	0.43	0.01	2.39	Not Different
MUSC Medical Center	3	5108	16.37	0.18	0.04	0.54	Lower
McLeod Medical Center - Florence	1	316	0.95	1.05	0.03	5.88	Not Different
Palmetto Health Richland	0	644	0.84	0.00	0.00	4.41	Not Different
Spartanburg Regional Medical Center	0	78	0.23	0.00	0.00	15.77	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
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Table 4: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2011 - December 31, 2011 STATEWIDE - All Pediatric Inpatient Wards							
Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI ^a	Hospital SIR = $O \div E$	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
AnMed Health Womens And Children	0	15	0.05	*	*	*	*
Beaufort Memorial Hospital	0	97	0.17	0.00	0.00	21.20	Not Different
Conway Medical Center	0	45	0.14	*	*	*	*
Greenville Memorial Hospital	3	1585	3.74	0.80	0.17	2.34	Not Different
KershawHealth	0	0	0.00	*	*	*	*
Lexington Medical Center	0	0	0.00	*	*	*	*
MUSC Medical Center	1	2153	6.68	0.15	0.00	0.84	Lower
Mary Black Healthcare	0	138	0.43	0.00	0.00	8.62	Not Different
McLeod Medical Center - Dillon	0	36	0.11	*	*	*	*
McLeod Medical Center - Florence	0	175	0.54	0.00	0.00	6.79	Not Different
Palmetto Health Richland	3	1730	5.37	0.56	0.12	1.63	Not Different
Piedmont Medical Center	0	50	0.16	0.00	0.00	23.80	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	1	2303	7.14	0.14	0.00	0.78	Lower
Self Regional Healthcare	0	14	0.04	*	*	*	*
Spartanburg Regional Medical Center	0	48	0.15	*	*	*	*
Springs Memorial Hospital	0	86	0.27	0.00	0.00	13.82	Not Different
Trident Medical Center	0	0	0.00	*	*	*	*
Tuomey	1	1555	4.82	0.21	0.01	1.16	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

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

Table 5: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2011 - December 31, 2011 STATEWIDE - Inpatient Rehabilitation Ward							
Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI ^a	Hospital SIR = $O \div E$	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
Beaufort Memorial Hospital	0	301	0.24	0.00	0.00	15.31	Not Different
Coastal Carolina Medical Center	0	0	0.00	*	*	*	*
Colleton Medical Center	0	0	0.00	*	*	*	*
Greenville Memorial Hospital	1	1224	0.98	1.02	0.03	5.69	Not Different
Laurens County Healthcare System	0	222	0.18	0.00	0.00	20.84	Not Different
Mary Black Healthcare	0	12	0.01	*	*	*	*
Palmetto Health Baptist	0	78	0.06	0.00	0.00	58.56	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	0	1071	0.86	0.00	0.00	4.30	Not Different
Roper Hospital Inc.	0	2004	1.60	0.00	0.00	2.30	Not Different
Springs Memorial Hospital	0	356	0.29	0.00	0.00	12.90	Not Different
Tuomey	0	536	0.43	0.00	0.00	8.58	Not Different
Waccamaw Community Hospital	0	289	0.23	0.00	0.00	15.90	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

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

Table 6: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2011 - December 31, 2011 STATEWIDE - Hematology Oncology Ward							
Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI ^a	Hospital SIR = $O \div E$	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
Greenville Memorial Hospital	6	4531	8.75	0.69	0.25	1.49	Not Different
Lexington Medical Center	6	6727	13.41	0.45	0.16	0.97	Lower
MUSC Medical Center	16	6841	12.63	1.27	0.72	2.06	Not Different
McLeod Medical Center - Florence	3	3107	6.00	0.50	0.10	1.46	Not Different
Palmetto Health Baptist	5	6421	13.03	0.38	0.13	0.90	Lower
Roper Hospital Inc.	5	3361	6.36	0.79	0.26	1.83	Not Different
Spartanburg Regional Medical Center	2	3036	6.04	0.33	0.04	1.20	Not Different
Trident Medical Center	4	3567	7.49	0.53	0.15	1.37	Not Different
Tuomey	3	4501	8.34	0.36	0.07	1.05	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

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

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

Table 7: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2011 - December 31, 2011 STATEWIDE - Pediatric Hematology Oncology Ward							
Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI ^a	Hospital SIR = $O \div E$	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
Greenville Memorial Hospital	3	1675	3.98	0.75	0.16	2.20	Not Different
MUSC Medical Center	3	2944	8.20	0.37	0.08	1.07	Not Different
Palmetto Health Richland	2	1133	2.73	0.73	0.09	2.65	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

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

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

Table 8: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2011 - December 31, 2011 STATEWIDE - Bone Marrow Transplant Ward							
Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI ^a	Hospital SIR = $O \div E$	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
Roper Hospital Inc.	0	989	3.58	0.00	0.00	1.03	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

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

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

Table 9: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2011 - December 31, 2011 STATEWIDE - Long Term Acute Care							
Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI ^a	Hospital SIR = $O \div E$	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
Tuomey	0	904	1.45	0.00	0.00	2.55	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

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

Abbeville Area Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	1	*
Hip Prosthesis (Replacement)	0	*	3	*
	1	*	2	*
Knee Prosthesis (Replacement)	0	*	9	*
	1	*	4	*
	2,3	*	2	*
Colon Surgery	0	*	3	*
	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. For further explanation see [Definition of Terms](#).

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

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

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

Abbeville Area Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	39	*
All Adult Inpatient Wards	0	53	0.0

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

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

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

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

Abbeville Area Medical Center

Hospital Profile

Average Daily Census:

8

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

6

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

7

Aiken Regional Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*
	2	*	9	*
Coronary Bypass Graft (Chest Only Incision)				
	0,1	*	3	*
	2,3	*	1	*
Abdominal Hysterectomy				
	0	1	90	1.11
	1	0	34	0.00
	2,3	*	9	*
Hip Prosthesis (Replacement)				
	0	*	16	*
	1	0	65	0.00
	2,3	*	19	*
Knee Prosthesis (Replacement)				
	0	*	16	*
	1	1	58	1.72
	2,3	0	32	0.00
Colon Surgery				
	0	*	12	*
	1	3	41	7.32
	2	0	20	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. For further explanation see [Definition of Terms](#).

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

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

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

Aiken Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	5	3370	1.5
All Adult Inpatient Wards	2	3463	0.6

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

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

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

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

Aiken Regional Medical Center

Hospital Profile

Average Daily Census:

155

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

50

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

30

Allendale County Hospital

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

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: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	121	0.0

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

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

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

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

Hospital Profile

Average Daily Census:

3

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

No

Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

15

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

15

AnMed Health Womens And Children

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	13	*
	2	*	1	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	2	*
Abdominal Hysterectomy	0	1	94	1.06
	1	0	41	0.00
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	7	*
	1	*	12	*
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	*	4	*
	1	*	9	*
	2,3	*	2	*
Colon Surgery	0	*	1	*

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

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

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

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

AnMed Health Womens And Children

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	12	*
All Pediatric Inpatient Wards	*	15	*

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

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

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

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

AnMed Health Womens And Children

Hospital Profile

Average Daily Census:

21

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

12

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

28

AnMed Health Rehabilitation Hospital

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

This type of facility does not perform surgical procedures.

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

Data Collected: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	787	0.0

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

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

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

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

Hospital Profile

Average Daily Census:

40

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

10

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

10

AnMed Health Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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)				
	0	*	1	*
	1	1	125	0.80
	2	*	9	*
Coronary Bypass Graft (Chest Only Incision)				
	0,1	*	2	*
Abdominal Hysterectomy				
	1	*	1	*
Hip Prosthesis (Replacement)				
	0	0	54	0.00
	1	0	136	0.00
	2,3	2	20	10.00
Knee Prosthesis (Replacement)				
	0	0	77	0.00
	1	0	113	0.00
	2,3	1	57	1.75

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

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

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

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

AnMed Health Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	5187	1.5
All Adult Inpatient Wards	3	9028	0.3

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

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

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

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

AnMed Health Medical Center

Hospital Profile

Average Daily Census:

227

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

5

Total hours per week performing surveillance:

65

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

75

Barnwell County Hospital

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

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: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	34	*
All Adult Inpatient Wards	*	35	*

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

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

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

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

Hospital Profile

Average Daily Census:

8

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

8

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

12

Beaufort Memorial Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	26	3.85
	1	0	34	0.00
	2,3	*	7	*
Hip Prosthesis (Replacement)	0	0	49	0.00
	1	0	85	0.00
	2,3	*	12	*
Knee Prosthesis (Replacement)	0	0	86	0.00
	1	0	154	0.00
	2,3	0	31	0.00
Colon Surgery	0	*	12	*
	1	1	23	4.35
	2	*	14	*
	3	*	1	*

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

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

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

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

Beaufort Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	892	0.0
All Adult Inpatient Wards	2	4977	0.4
All Pediatric Inpatient Wards	0	97	0.0
Inpatient Rehabilitation Ward	0	301	0.0

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

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

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

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

Beaufort Memorial Hospital

Hospital Profile

Average Daily Census:

117

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

40

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

40

Cannon Memorial Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	1	*
Hip Prosthesis (Replacement)	1	*	2	*
	2,3	*	1	*
Knee Prosthesis (Replacement)	0	*	1	*
	1	*	11	*
	2,3	*	5	*
Colon Surgery	0	*	6	*
	1	*	5	*
	2	*	2	*

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

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

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

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

Cannon Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	147	6.8
All Adult Inpatient Wards	1	363	2.8

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.

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

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

Cannon Memorial Hospital

Hospital Profile

Average Daily Census:

11

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

10

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

15

Carolina Pines Regional Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	46	2.17
	1	*	16	*
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	*	4	*
	1	*	12	*
Knee Prosthesis (Replacement)	0	*	4	*
	1	0	23	0.00
	2,3	*	1	*
Colon Surgery	0	*	4	*
	1	2	26	7.69
	2	*	8	*

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

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

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

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

Carolina Pines Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	745	2.7
All Adult Inpatient Wards	3	912	3.3

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

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

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

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

Carolina Pines Regional Medical Center

Hospital Profile

Average Daily Census:

83

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

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

10

Carolinas Hospital System - Cedar Tower

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

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: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	2	1338	1.5

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

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

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

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

Hospital Profile

Infection Control Process

Carolinas Hospital System

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	96	2.08
	2	1	33	3.03
Coronary Bypass Graft (Chest Only Incision)	0,1	*	5	*
Abdominal Hysterectomy	0	2	23	8.70
	1	3	29	10.34
	2,3	*	5	*
Hip Prosthesis (Replacement)	0	0	28	0.00
	1	5	75	6.67
	2,3	*	7	*
Knee Prosthesis (Replacement)	0	1	58	1.72
	1	1	73	1.37
	2,3	*	14	*
Colon Surgery	0	*	5	*
	1	*	15	*
	2	*	1	*
	3	*	1	*

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

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

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

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

Carolinas Hospital System

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	14	4427	3.2
All Adult Inpatient Wards	21	8760	2.4

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

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

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

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

Carolinas Hospital System

Hospital Profile

Average Daily Census:

187

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

38

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

37

Chester Regional Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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)	1	*	1	*
	2,3	*	3	*
Knee Prosthesis (Replacement)	1	*	1	*
	2,3	*	3	*
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. For further explanation see [Definition of Terms](#).

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

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

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

Chester Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	129	0.0

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

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

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

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

Chester Regional Medical Center

Hospital Profile

Average Daily Census:

16

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

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

10

Chesterfield General Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	2	*
Hip Prosthesis (Replacement)	0	*	1	*
	1	*	4	*
Knee Prosthesis (Replacement)	1	*	1	*
	2,3	*	1	*
Colon Surgery	0	*	1	*
	1	*	5	*
	2	*	2	*

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

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

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

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

Chesterfield General Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	156	0.0
All Adult Inpatient Wards	0	214	0.0

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

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

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

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

Chesterfield General Hospital

Hospital Profile

Average Daily Census:

25

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

10

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

10

Clarendon Memorial Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	54	1.85
	1	*	5	*
Hip Prosthesis (Replacement)	1	*	9	*
	2,3	*	5	*
Knee Prosthesis (Replacement)	0	*	11	*
	1	0	26	0.00
	2,3	*	7	*
Colon Surgery	0	*	4	*
	1	*	7	*
	2	*	7	*

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

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

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

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

Clarendon Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	1	925	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.

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

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

Clarendon Memorial Hospital

Hospital Profile

Average Daily Census:

34

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

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

10

Coastal Carolina Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	3	*
	1	*	6	*
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	*	1	*
	1	*	1	*
Colon Surgery	0	*	3	*
	1	*	7	*
	2	*	5	*

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

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

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

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

Coastal Carolina Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	237	0.0
All Adult Inpatient Wards	0	321	0.0
Inpatient Rehabilitation Ward	0	0	*

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

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

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

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

Coastal Carolina Hospital

Hospital Profile

Average Daily Census:

12

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

24

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

0

Colleton Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	12	*
Hip Prosthesis (Replacement)	0	*	2	*
	1	1	23	4.35
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	*	7	*
	1	0	37	0.00
	2,3	*	4	*
Colon Surgery	0	*	5	*
	1	*	17	*
	2	*	7	*

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

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

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

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

Colleton Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	435	9.2
All Adult Inpatient Wards	0	1706	0.0
Inpatient Rehabilitation Ward	0	0	*

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

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

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

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

Colleton Medical Center

Hospital Profile

Average Daily Census:

57

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

15

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

25

Conway Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	3	89	3.37
	1	2	37	5.41
	2,3	*	8	*
Hip Prosthesis (Replacement)	0	0	28	0.00
	1	1	82	1.22
	2,3	0	20	0.00
Knee Prosthesis (Replacement)	0	0	54	0.00
	1	2	122	1.64
	2,3	2	29	6.90

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

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

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

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

Conway Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	981	2.0
All Adult Inpatient Wards	1	2797	0.4
All Pediatric Inpatient Wards	*	45	*

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

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

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

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

Conway Medical Center

Hospital Profile

Average Daily Census:

94

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

35

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

5

East Cooper Regional Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	31	0.00
	1	*	15	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	2	*
	1	*	19	*
Knee Prosthesis (Replacement)	0	*	12	*
	1	*	16	*
	2,3	*	1	*
Colon Surgery	0	*	12	*
	1	3	21	14.29
	2	*	10	*
	3	*	3	*

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

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

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

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

East Cooper Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	526	0.0
All Adult Inpatient Wards	2	1535	1.3

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

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

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

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

East Cooper Regional Medical Center

Hospital Profile

Average Daily Census:

42

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

25

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

15

Edgefield County Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*
Knee Prosthesis (Replacement)	1	*	6	*
	2,3	*	3	*

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

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

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

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

Edgefield County Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	88	0.0

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

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

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

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

Edgefield County Hospital

Hospital Profile

Average Daily Census:

3

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

5

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

5

Fairfield Memorial Hospital

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

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: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	162	0.0

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

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

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

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

Hospital Profile

Average Daily Census:

9

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

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

24

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

15

Georgetown Memorial Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	5	*
	2,3	*	3	*
Hip Prosthesis (Replacement)				
	0	*	4	*
	1	0	39	0.00
	2,3	*	3	*
Knee Prosthesis (Replacement)				
	0	0	22	0.00
	1	0	66	0.00
	2,3	*	7	*
Colon Surgery				
	0	*	3	*
	1	2	22	9.09
	2	*	1	*

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

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

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

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

Georgetown Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	709	1.4
All Adult Inpatient Wards	0	1157	0.0

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

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

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

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

Georgetown Memorial Hospital

Hospital Profile

Average Daily Census:

71

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

35

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

25

Grand Strand Regional Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	270	1.48
	2	0	57	0.00
	3	*	3	*
Abdominal Hysterectomy				
	0	*	10	*
	1	*	8	*
	2,3	*	3	*
Hip Prosthesis (Replacement)				
	0	0	52	0.00
	1	1	143	0.70
	2,3	0	24	0.00
Knee Prosthesis (Replacement)				
	0	1	59	1.69
	1	3	239	1.26
	2,3	0	23	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. For further explanation see [Definition of Terms](#).

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

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

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

Grand Strand Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	4307	0.0
All Adult Inpatient Wards	5	8434	0.6

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

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

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

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

Grand Strand Regional Medical Center

Hospital Profile

Average Daily Census:

168

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

70

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

10

Greenville Memorial Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	5	181	2.76
	2	5	183	2.73
Coronary Bypass Graft (Chest Only Incision)				
	0,1	*	1	*
	2,3	*	3	*
Abdominal Hysterectomy				
	0	2	299	0.67
	1	3	287	1.05
	2,3	1	70	1.43
Hip Prosthesis (Replacement)				
	0	*	15	*
	1	2	105	1.90
	2,3	0	25	0.00
Knee Prosthesis (Replacement)				
	0	*	1	*
	1	*	7	*
	2,3	*	17	*
Colon Surgery				
	0	2	52	3.85
	1	6	117	5.13
	2	*	12	*

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

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

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

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

Greenville Memorial Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	18	14056	1.3
All Adult Inpatient Wards	19	13220	1.4
All Pediatric Critical Care Units	1	776	1.3
All Pediatric Inpatient Wards	3	1585	1.9
Inpatient Rehabilitation Ward	1	1224	0.8
Hematology/Oncology Ward - Temporary Central Line	3	1747	1.7
Hematology/Oncology Ward - Permanent Central Line	3	2784	1.1
Pediatric Hematology/Oncology Ward - Temporary Central Line	0	55	0.0
Pediatric Hematology/Oncology Ward - Permanent Central Line	3	1620	1.9

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

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

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

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

Greenville Memorial Medical Center

Hospital Profile

Average Daily Census:

528

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

7

Total hours per week performing surveillance:

175

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

65

Greenwood Regional Rehabilitation Hospital

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

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: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	313	0.0

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

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

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

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

Hospital Profile

Average Daily Census:

29

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

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

5

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

15

Greer Memorial Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	4	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	1	85	1.18
	1	2	103	1.94
	2,3	4	24	16.67
Knee Prosthesis (Replacement)	0	1	94	1.06
	1	2	152	1.32
	2,3	1	35	2.86
Colon Surgery	0	*	1	*
	1	*	11	*
	2	*	9	*

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

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

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

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

Greer Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	256	0.0
All Adult Inpatient Wards	0	446	0.0

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

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

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

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

Greer Memorial Hospital

Hospital Profile

Average Daily Census:

33

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

30

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

10

Hampton Regional Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	1	*	1	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	1	*	6	*
	2,3	*	4	*
Knee Prosthesis (Replacement)	1	*	4	*
	2,3	*	3	*

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

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

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

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

Hampton Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	13	*
All Adult Inpatient Wards	0	224	0.0

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

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

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

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

Hampton Regional Medical Center

Hospital Profile

Average Daily Census:

10

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

10

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

20

Healthsouth Rehabilitation Hospital of Charleston

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

This type of facility does not perform surgical procedures.

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

Data Collected: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	685	0.0

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

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

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

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

Hospital Profile

Average Daily Census:

43

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

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

10

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

10

Healthsouth Rehabilitation Hospital of Columbia

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

This type of facility does not perform surgical procedures.

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

Data Collected: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	996	0.0

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

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

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

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

Hospital Profile

Average Daily Census:

57

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

4

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

20

Healthsouth Rehabilitation Hospital of Florence

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

This type of facility does not perform surgical procedures.

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

Data Collected: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	1454	0.0

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

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

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

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

Hospital Profile

Average Daily Census:

36

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

10

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

10

Healthsouth Rehabilitation Hospital of Rock Hill

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

This type of facility does not perform surgical procedures.

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

Data Collected: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	169	0.0

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

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

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

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

Hospital Profile

Average Daily Census:

37

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

10

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

15

Hillcrest Memorial Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	25	0.00
	1	2	25	8.00
	2,3	*	6	*
Knee Prosthesis (Replacement)				
	0	0	41	0.00
	1	1	44	2.27
	2,3	*	2	*
Colon Surgery				
	0	*	2	*
	1	*	19	*
	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. For further explanation see [Definition of Terms](#).

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

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

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

Hillcrest Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	139	0.0
All Adult Inpatient Wards	2	370	5.4

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

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

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

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

Hillcrest Memorial Hospital

Hospital Profile

Average Daily Census:

19

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

10

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

10

Hilton Head Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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)	0	*	1	*
	1	2	52	3.85
	2	*	15	*
Abdominal Hysterectomy	0	0	22	0.00
	1	*	6	*
Hip Prosthesis (Replacement)	0	0	31	0.00
	1	0	29	0.00
	2,3	*	5	*
Knee Prosthesis (Replacement)	0	0	20	0.00
	1	0	22	0.00
	2,3	*	5	*
Colon Surgery	0	0	24	0.00
	1	3	23	13.04
	2	*	11	*
	3	*	3	*

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

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

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

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

Hilton Head Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	953	0.0
All Adult Inpatient Wards	1	1183	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.

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

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

Hilton Head Hospital

Hospital Profile

Average Daily Census:

50

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

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

20

InterMedical Hospital of SC

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

This type of facility does not perform surgical procedures.

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

Data Collected: 01/01/2011 - 12/31/2011

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	6751	1.0

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

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

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

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

Hospital Profile

Average Daily Census:

22

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

12

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

5

KershawHealth

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	0	20	0.00
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	*	6	*
	1	0	57	0.00
Knee Prosthesis (Replacement)	0	*	1	*
	1	0	43	0.00
	2,3	*	5	*
Colon Surgery	0	*	6	*
	1	2	22	9.09
	2	*	1	*

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

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

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

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

KershawHealth

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	880	4.5
All Adult Inpatient Wards	2	3110	0.6
All Pediatric Inpatient Wards	0	0	*

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

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

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

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

KershawHealth

Hospital Profile

Average Daily Census:

66

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

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

20

Kindred Hospital - Charleston

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

This type of facility does not perform surgical procedures.

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

Data Collected: 01/01/2011 - 12/31/2011

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	7529	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.

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

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

Hospital Profile

Average Daily Census:

28

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

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

20

Lake City Community Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	3	*
Knee Prosthesis (Replacement)	0	*	2	*
	1	*	1	*
	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. For further explanation see [Definition of Terms](#).

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

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

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

Lake City Community Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	23	*

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

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

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

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

Lake City Community Hospital

Hospital Profile

Average Daily Census:

9

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

8

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

8

Laurens County Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	4	*
	1	*	2	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	9	*
	1	1	44	2.27
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	0	27	0.00
	1	0	70	0.00
	2,3	*	11	*
Colon Surgery	0	*	1	*
	1	*	8	*
	2	*	11	*

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

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

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

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

Laurens County Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	440	2.3
All Adult Inpatient Wards	1	720	1.4
Inpatient Rehabilitation Ward	0	222	0.0

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

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

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

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

Laurens County Hospital

Hospital Profile

Average Daily Census:

33

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

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

20

Lexington Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	2	200	1.00
	1	1	108	0.93
	2,3	*	14	*
Hip Prosthesis (Replacement)	0	0	41	0.00
	1	1	112	0.89
	2,3	4	53	7.55
Knee Prosthesis (Replacement)	0	1	89	1.12
	1	1	151	0.66
	2,3	0	27	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. For further explanation see [Definition of Terms](#).

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

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

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

Lexington Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	2070	1.0
All Adult Inpatient Wards	13	10688	1.2
All Pediatric Inpatient Wards	0	0	*
Hematology/Oncology Ward - Temporary Central Line	2	3284	0.6
Hematology/Oncology Ward - Permanent Central Line	4	3443	1.2

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

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

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

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

Lexington Medical Center

Hospital Profile

Average Daily Census:

247

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

3

Total hours per week performing surveillance:

60

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

60

Loris Community Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	30	3.33
	1	*	13	*
	2,3	*	6	*
Hip Prosthesis (Replacement)	0	*	10	*
	1	1	25	4.00
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	*	11	*
	1	1	20	5.00
	2,3	*	1	*
Colon Surgery	0	*	6	*
	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. For further explanation see [Definition of Terms](#).

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

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

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

Loris Community Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	618	0.0
All Adult Inpatient Wards	1	1267	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.

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

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

Loris Community Hospital

Hospital Profile

Average Daily Census:

41

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

25

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

11

Marion Regional Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	31	0.00
	1	*	17	*
Hip Prosthesis (Replacement)	1	*	3	*
Colon Surgery	0	*	6	*
	1	*	16	*
	2	*	1	*

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

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

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

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

Marion Regional Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	106	18.9
All Adult Inpatient Wards	0	243	0.0

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

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

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

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

Marion Regional Hospital

Hospital Profile

Average Daily Census:

48

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

10

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

30

Marlboro Park Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	3	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	1	*	1	*
Colon Surgery	0	*	2	*
	1	*	2	*

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

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

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

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

Marlboro Park Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	30	*
All Adult Inpatient Wards	*	13	*

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

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

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

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

Marlboro Park Hospital

Hospital Profile

Average Daily Census:

14

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

10

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

10

Mary Black Memorial Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	38	0.00
	1	*	10	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	0	37	0.00
	1	0	36	0.00
	2,3	*	9	*
Knee Prosthesis (Replacement)	0	0	107	0.00
	1	0	114	0.00
	2,3	*	7	*
Colon Surgery	0	1	32	3.13
	1	4	56	7.14
	2	0	21	0.00
	3	*	4	*

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

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

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

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

Mary Black Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	646	1.5
All Adult Inpatient Wards	4	1045	3.8
All Pediatric Inpatient Wards	0	138	0.0
Inpatient Rehabilitation Ward	*	12	*

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

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

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

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

Mary Black Memorial Hospital

Hospital Profile

Average Daily Census:

95

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

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

20

McLeod Medical Center - Darlington

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

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: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	1003	0.0

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

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

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

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

Hospital Profile

Average Daily Census:

22

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

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

8

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

5

McLeod Medical Center - Dillon

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	8	*
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	*	6	*
	1	*	5	*
Knee Prosthesis (Replacement)	0	*	13	*
	1	2	20	10.00
Colon Surgery	0	*	4	*
	1	*	8	*
	2	*	4	*
	3	*	3	*

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

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

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

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

McLeod Medical Center - Dillon

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	211	4.7
All Adult Inpatient Wards	0	212	0.0
All Pediatric Inpatient Wards	*	36	*

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

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

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

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

McLeod Medical Center - Dillon

Hospital Profile

Average Daily Census:

33

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

8

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

20

McLeod Medical Center of the Pee Dee

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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)	0	*	1	*
	1	3	140	2.14
	2	1	39	2.56
Coronary Bypass Graft (Chest Only Incision)	0,1	*	15	*
Abdominal Hysterectomy	0	2	125	1.60
	1	0	61	0.00
	2,3	*	10	*
Hip Prosthesis (Replacement)	0	1	69	1.45
	1	3	174	1.72
	2,3	2	39	5.13
Knee Prosthesis (Replacement)	0	0	113	0.00
	1	2	271	0.74
	2,3	2	54	3.70

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

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

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

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

McLeod Medical Center of the Pee Dee

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	9735	1.2
All Adult Inpatient Wards	22	13791	1.6
All Pediatric Critical Care Units	1	316	3.2
All Pediatric Inpatient Wards	0	175	0.0
Hematology/Oncology Ward - Temporary Central Line	1	1201	0.8
Hematology/Oncology Ward - Permanent Central Line	2	1906	1.0

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

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

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

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

McLeod Medical Center of the Pee Dee

Hospital Profile

Average Daily Census:

319

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

Infection Control Process

Number of Infection Control Practitioners:

3

Total hours per week performing surveillance:

65

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

55

Mount Pleasant Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	52	1.92
	1	*	9	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	3	*
	1	*	2	*
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	*	2	*
	1	*	4	*
	2,3	*	1	*
Colon Surgery	0	*	8	*
	1	*	8	*
	2	*	5	*

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

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

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

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

Mount Pleasant Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	224	0.0
All Adult Inpatient Wards	0	300	0.0

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

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

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

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

Mount Pleasant Hospital

Hospital Profile

Average Daily Census:

15

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

10

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

10

MUSC Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	143	0.70
	2	1	32	3.13
Coronary Bypass Graft (Chest Only Incision)				
	0,1	*	14	*
	2,3	*	2	*
Abdominal Hysterectomy				
	0	1	31	3.23
	1	2	63	3.17
	2,3	0	74	0.00
Hip Prosthesis (Replacement)				
	0	3	100	3.00
	1	2	128	1.56
	2,3	0	35	0.00
Knee Prosthesis (Replacement)				
	0	1	104	0.96
	1	2	166	1.20
	2,3	2	39	5.13

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

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

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

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

MUSC Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	14	14469	1.0
All Adult Inpatient Wards	12	23308	0.5
All Pediatric Critical Care Units	3	5108	0.6
All Pediatric Inpatient Wards	1	2153	0.5
Hematology/Oncology Ward - Temporary Central Line	9	1668	5.4
Hematology/Oncology Ward - Permanent Central Line	7	5173	1.4
Pediatric Hematology/Oncology Ward - Temporary Central Line	0	620	0.0
Pediatric Hematology/Oncology Ward - Permanent Central Line	3	2324	1.3

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

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

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

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

MUSC Medical Center

Hospital Profile

Average Daily Census:

490

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

6

Total hours per week performing surveillance:

132

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

108

Newberry County Memorial Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	1	*
Hip Prosthesis (Replacement)	0	0	31	0.00
	1	0	23	0.00
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	0	53	0.00
	1	0	38	0.00
	2,3	*	6	*
Colon Surgery	0	*	12	*
	1	*	13	*
	2	*	2	*

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

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

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

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

Newberry County Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	243	0.0
All Adult Inpatient Wards	0	537	0.0

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

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

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

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

Newberry County Memorial Hospital

Hospital Profile

Average Daily Census:

22

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

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

18

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

6

North Greenville Hospital Long Term Acute Care

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

This type of facility does not perform surgical procedures.

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

Data Collected: 01/01/2011 - 12/31/2011

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	4927	1.4

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

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

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

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

Hospital Profile

Average Daily Census:

24

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

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

15

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

25

Oconee Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	4	*
	2,3	*	1	*
Hip Prosthesis (Replacement)				
	0	0	63	0.00
	1	2	70	2.86
	2,3	*	4	*
Knee Prosthesis (Replacement)				
	0	0	148	0.00
	1	2	97	2.06
	2,3	*	11	*
Colon Surgery				
	0	*	18	*
	1	1	31	3.23
	2	0	22	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. For further explanation see [Definition of Terms](#).

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

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

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

Oconee Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	626	0.0
All Adult Inpatient Wards	1	2114	0.5

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

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

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

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

Oconee Medical Center

Hospital Profile

Average Daily Census:

79

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

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

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

20

Palmetto Health Baptist

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy				
	0	1	117	0.85
	1	1	104	0.96
	2,3	3	34	8.82
Hip Prosthesis (Replacement)				
	0	1	62	1.61
	1	4	119	3.36
	2,3	2	26	7.69
Knee Prosthesis (Replacement)				
	0	3	170	1.76
	1	6	206	2.91
	2,3	*	14	*

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

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

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

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

Palmetto Health Baptist

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	2309	1.3
All Adult Inpatient Wards	2	10519	0.2
Inpatient Rehabilitation Ward	0	78	0.0
Hematology/Oncology Ward - Temporary Central Line	1	3522	0.3
Hematology/Oncology Ward - Permanent Central Line	4	2899	1.4

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

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

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

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

Palmetto Health Baptist

Hospital Profile

Average Daily Census:

248

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

3

Total hours per week performing surveillance:

60

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

60

Baptist Easley Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	4	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	6	*
	1	2	45	4.44
	2,3	*	18	*
Knee Prosthesis (Replacement)	0	0	23	0.00
	1	0	40	0.00
	2,3	1	31	3.23
Colon Surgery	0	*	18	*
	1	0	24	0.00
	2	*	13	*

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

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

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

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

Baptist Easley Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	614	0.0
All Adult Inpatient Wards	0	1600	0.0

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

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

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

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

Baptist Easley Hospital

Hospital Profile

Average Daily Census:

52

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

30

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

10

Palmetto Health Richland

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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)				
	0	*	2	*
	1	4	207	1.93
	2	1	58	1.72
Coronary Bypass Graft (Chest Only Incision)				
	0,1	*	10	*
	2,3	*	6	*
Abdominal Hysterectomy				
	0	0	98	0.00
	1	1	121	0.83
	2,3	3	50	6.00
Hip Prosthesis (Replacement)				
	0	1	97	1.03
	1	3	184	1.63
	2,3	2	72	2.78
Knee Prosthesis (Replacement)				
	0	1	178	0.56
	1	2	367	0.54
	2,3	1	112	0.89

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

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

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

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

Palmetto Health Richland

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	23	14116	1.6
All Adult Inpatient Wards	40	26066	1.5
All Pediatric Critical Care Units	0	644	0.0
All Pediatric Inpatient Wards	3	1730	1.7
Pediatric Hematology/Oncology Ward - Temporary Central Line	0	54	0.0
Pediatric Hematology/Oncology Ward - Permanent Central Line	2	1079	1.9

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

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

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

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

Palmetto Health Richland

Hospital Profile

Average Daily Census:

492

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

6

Total hours per week performing surveillance:

172

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

68

Patewood Memorial Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	*	2	*
Hip Prosthesis (Replacement)				
	0	0	102	0.00
	1	1	69	1.45
	2,3	*	4	*
Knee Prosthesis (Replacement)				
	0	1	196	0.51
	1	0	179	0.00
	2,3	*	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. For further explanation see [Definition of Terms](#).

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

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

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

Patewood Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	27	*

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

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

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

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

Patewood Memorial Hospital

Hospital Profile

Average Daily Census:

7

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

30

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

10

Piedmont Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	85	0.00
	2	1	23	4.35
Coronary Bypass Graft (Chest Only Incision)	0,1	*	9	*
	2,3	*	3	*
Abdominal Hysterectomy	0	0	110	0.00
	1	0	53	0.00
	2,3	*	9	*
Hip Prosthesis (Replacement)	0	1	50	2.00
	1	1	119	0.84
	2,3	*	8	*
Knee Prosthesis (Replacement)	0	0	68	0.00
	1	1	97	1.03
	2,3	*	13	*

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

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

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

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

Piedmont Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	2378	1.3
All Adult Inpatient Wards	6	6486	0.9
All Pediatric Inpatient Wards	0	50	0.0

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

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

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

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

Piedmont Medical Center

Hospital Profile

Average Daily Census:

168

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

30

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

10

Providence Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	467	0.64
	2	*	19	*
Coronary Bypass Graft (Chest Only Incision)				
	0,1	0	30	0.00
	2,3	*	1	*
Hip Prosthesis (Replacement)				
	0	*	12	*
	1	0	43	0.00
	2,3	*	2	*
Knee Prosthesis (Replacement)				
	0	0	20	0.00
	1	0	36	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. For further explanation see [Definition of Terms](#).

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

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

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

Providence Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	5321	3.0
All Adult Inpatient Wards	12	5681	2.1

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

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

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

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

Providence Hospital

Hospital Profile

Average Daily Census:

143

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

60

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

5

Providence Hospital Northeast

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	69	0.00
	1	*	7	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	1	367	0.27
	1	2	113	1.77
	2,3	*	8	*
Knee Prosthesis (Replacement)	0	2	131	1.53
	1	3	101	2.97
	2,3	*	3	*
Colon Surgery	0	*	4	*
	1	*	4	*
	2	*	1	*

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

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

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

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

Providence Hospital Northeast

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	130	0.0
All Adult Inpatient Wards	1	562	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.

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

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

Providence Hospital Northeast

Hospital Profile

Average Daily Census:

29

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

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

20

Regency Hospital of South Carolina

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

This type of facility does not perform surgical procedures.

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

Data Collected: 01/01/2011 - 12/31/2011

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)	15	7952	1.9

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

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

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

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

Hospital Profile

Average Daily Census:

34

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

Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

20

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

10

Regency Hospital of Greenville

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

This type of facility does not perform surgical procedures.

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

Data Collected: 01/01/2011 - 12/31/2011

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	6511	0.9

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

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

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

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

Hospital Profile

Average Daily Census:

23

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

12

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

4

Regional Medical Center of Orangeburg and Calhoun Counties

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy				
	0	0	79	0.00
	1	0	21	0.00
	2,3	*	1	*
Hip Prosthesis (Replacement)				
	0	*	5	*
	1	*	18	*
Knee Prosthesis (Replacement)				
	0	*	19	*
	1	2	72	2.78
	2,3	*	1	*

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

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

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

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

Regional Medical Center of Orangeburg and Calhoun Counties

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	3615	1.9
All Adult Inpatient Wards	6	6530	0.9
All Pediatric Inpatient Wards	1	2303	0.4
Inpatient Rehabilitation Ward	0	1071	0.0

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

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

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

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

Regional Medical Center of Orangeburg and Calhoun Counties

Hospital Profile

Average Daily Census:

165

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

30

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

30

Roper Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	8	233	3.43
	2	2	114	1.75
Coronary Bypass Graft (Chest Only Incision)	0,1	*	4	*
	2,3	*	1	*
Abdominal Hysterectomy	0	1	87	1.15
	1	1	72	1.39
	2,3	1	25	4.00
Hip Prosthesis (Replacement)	0	1	251	0.40
	1	4	229	1.75
	2,3	4	26	15.38
Knee Prosthesis (Replacement)	0	0	462	0.00
	1	2	356	0.56
	2,3	0	23	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. For further explanation see [Definition of Terms](#).

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

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

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

Roper Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	5990	0.5
All Adult Inpatient Wards	10	11289	0.9
Inpatient Rehabilitation Ward	0	2004	0.0
Hematology/Oncology Ward - Temporary Central Line	3	1078	2.8
Hematology/Oncology Ward - Permanent Central Line	2	2283	0.9
Bone Marrow Transplant Ward - Temporary Central Line	0	689	0.0
Bone Marrow Transplant Ward - Permanent Central Line	0	300	0.0

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

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

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

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

Roper Hospital

Hospital Profile

Average Daily Census:

236

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

60

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

20

Self Regional Healthcare

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	66	3.03
	2	*	9	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	4	*
Abdominal Hysterectomy	0	2	181	1.10
	1	0	25	0.00
Hip Prosthesis (Replacement)	0	0	45	0.00
	1	3	77	3.90
	2,3	*	19	*
Knee Prosthesis (Replacement)	0	1	108	0.93
	1	0	133	0.00
	2,3	0	22	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. For further explanation see [Definition of Terms](#).

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

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

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

Self Regional Healthcare

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	2883	0.0
All Adult Inpatient Wards	4	5494	0.7
All Pediatric Inpatient Wards	*	14	*

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

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

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

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

Self Regional Healthcare

Hospital Profile

Average Daily Census:

155

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

30

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

50

Shriners' Hospitals For Children

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

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: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Pediatric Inpatient Wards	*	12	*

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

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

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

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

Hospital Profile

Average Daily Census:

Not Available

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

7

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

13

Spartanburg Regional Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	102	0.00
	2	1	39	2.56
	3	*	1	*
Coronary Bypass Graft (Chest Only Incision)				
	0,1	4	121	3.31
	2,3	0	54	0.00
Abdominal Hysterectomy				
	0	0	119	0.00
	1	3	93	3.23
	2,3	0	28	0.00
Hip Prosthesis (Replacement)				
	0	0	61	0.00
	1	4	214	1.87
	2,3	2	47	4.26
Knee Prosthesis (Replacement)				
	0	0	107	0.00
	1	1	296	0.34
	2,3	2	78	2.56

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

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

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

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

Spartanburg Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	11	6770	1.6
All Adult Inpatient Wards	19	10504	1.8
All Pediatric Critical Care Units	0	78	0.0
All Pediatric Inpatient Wards	*	48	*
Hematology/Oncology Ward - Temporary Central Line	1	1471	0.7
Hematology/Oncology Ward - Permanent Central Line	1	1565	0.6

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

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

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

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

Spartanburg Regional Medical Center

Hospital Profile

Average Daily Census:

373

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

3

Total hours per week performing surveillance:

60

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

60

Spartanburg Hospital for Restorative Care

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

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

Data Collected: 01/01/2011 - 12/31/2011

This type of facility does not perform surgical procedures.

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

Data Collected: 01/01/2011 - 12/31/2011

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)	17	9042	1.9

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

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

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

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

Hospital Profile

Average Daily Census:

36

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

15

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

15

Springs Memorial Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy				
Abdominal Hysterectomy	0	1	54	1.85
	1	*	17	*
	2,3	*	4	*
Hip Prosthesis (Replacement)				
Hip Prosthesis (Replacement)	0	*	3	*
	1	*	18	*
	2,3	*	2	*
Knee Prosthesis (Replacement)				
Knee Prosthesis (Replacement)	0	*	1	*
	1	*	9	*
	2,3	*	9	*

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

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

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

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

Springs Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	1504	0.0
All Adult Inpatient Wards	3	2022	1.5
All Pediatric Inpatient Wards	0	86	0.0
Inpatient Rehabilitation Ward	0	356	0.0

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

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

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

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

Springs Memorial Hospital

Hospital Profile

Average Daily Census:

87

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

15

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

25

St. Francis - Downtown

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	99	1.01
	2	1	196	0.51
	3	*	1	*
Coronary Bypass Graft (Chest Only Incision)				
	0,1	*	6	*
	2,3	*	6	*
Abdominal Hysterectomy				
	0	0	34	0.00
	1	0	43	0.00
	2,3	*	8	*
Hip Prosthesis (Replacement)				
	0	*	17	*
	1	0	78	0.00
	2,3	*	14	*
Knee Prosthesis (Replacement)				
	0	*	13	*
	1	1	27	3.70
	2,3	*	9	*
Colon Surgery				
	1	*	1	*

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

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

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

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

St. Francis - Downtown

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	3474	0.0
All Adult Inpatient Wards	2	7748	0.3

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

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

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

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

St. Francis - Downtown

Hospital Profile

Average Daily Census:

164

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

4

Total hours per week performing surveillance:

20

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

20

St. Francis - Eastside

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	170	0.59
	1	2	127	1.57
	2,3	*	16	*
Hip Prosthesis (Replacement)	0	0	162	0.00
	1	0	185	0.00
	2,3	0	54	0.00
Knee Prosthesis (Replacement)	0	1	351	0.28
	1	1	481	0.21
	2,3	3	170	1.76
Colon Surgery	0	*	3	*
	1	*	13	*

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

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

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

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

St. Francis - Eastside

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	497	0.0

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

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

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

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

St. Francis - Eastside

Hospital Profile

Average Daily Census:

47

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

0

Total hours per week performing surveillance:

20

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

20

Bon Secours - St. Francis Xavier Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	125	0.80
	1	0	58	0.00
	2,3	*	7	*
Hip Prosthesis (Replacement)	0	*	4	*
	1	*	18	*
	2,3	*	1	*

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

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

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

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

Bon Secours - St. Francis Xavier Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	1719	0.0
All Adult Inpatient Wards	5	6012	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.

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

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

Bon Secours - St. Francis Xavier Hospital

Hospital Profile

Average Daily Census:

89

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

30

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

10

Summerville Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	57	0.00
	1	*	10	*
Hip Prosthesis (Replacement)	0	*	18	*
	1	0	48	0.00
	2,3	*	9	*
Knee Prosthesis (Replacement)	0	0	46	0.00
	1	0	85	0.00
	2,3	*	15	*
Colon Surgery	0	1	23	4.35
	1	4	35	11.43
	3	*	2	*

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

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

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

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

Summerville Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	907	0.0
All Adult Inpatient Wards	5	2031	2.5

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

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

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

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

Summerville Medical Center

Hospital Profile

Average Daily Census:

61

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

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

4

Trident Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

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	128	1.56
	2	0	48	0.00
	3	*	2	*
Coronary Bypass Graft (Chest Only Incision)				
	2,3	*	1	*
Abdominal Hysterectomy				
	0	0	131	0.00
	1	0	82	0.00
	2,3	2	22	9.09
Hip Prosthesis (Replacement)				
	0	0	31	0.00
	1	0	100	0.00
	2,3	0	24	0.00
Knee Prosthesis (Replacement)				
	0	0	89	0.00
	1	2	141	1.42
	2,3	0	31	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. For further explanation see [Definition of Terms](#).

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

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

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

Trident Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	11	5437	2.0
All Adult Inpatient Wards	5	8682	0.6
All Pediatric Inpatient Wards	0	0	*
Hematology/Oncology Ward - Temporary Central Line	2	2368	0.8
Hematology/Oncology Ward - Permanent Central Line	2	1199	1.7

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

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

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

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

Trident Medical Center

Hospital Profile

Average Daily Census:

192

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

52

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

24

Tuomey

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy				
	0	0	116	0.00
	1	0	22	0.00
	2,3	*	1	*
Hip Prosthesis (Replacement)				
	0	0	20	0.00
	1	0	25	0.00
	2,3	*	9	*
Knee Prosthesis (Replacement)				
	0	0	40	0.00
	1	3	87	3.45
	2,3	0	21	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. For further explanation see [Definition of Terms](#).

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

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

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

Tuomey

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	1848	1.6
All Adult Inpatient Wards	5	7087	0.7
All Pediatric Inpatient Wards	1	1555	0.6
Inpatient Rehabilitation Ward	0	536	0.0
Long Term Acute Care Unit(s)	0	904	0.0
Hematology/Oncology Ward - Temporary Central Line	1	1149	0.9
Hematology/Oncology Ward - Permanent Central Line	2	3352	0.6

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

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

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

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

Tuomey

Hospital Profile

Average Daily Census:

179

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

15

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

15

Upstate Carolina Medical Center

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 01/01/2011 - 12/31/2011

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	*	8	*
Hip Prosthesis (Replacement)	0	*	5	*
	1	*	12	*
Knee Prosthesis (Replacement)	0	*	8	*
	1	*	14	*
	2,3	*	2	*
Colon Surgery	0	*	4	*
	1	*	2	*
	2	*	2	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Upstate Carolina Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	239	8.4
All Adult Inpatient Wards	0	667	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Upstate Carolina Medical Center

Hospital Profile

Average Daily Census:

39

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

Total hours per week for infection control activities other than surveillance:

20

Village Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 01/01/2011 - 12/31/2011

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	*	2	*
Hip Prosthesis (Replacement)	0	0	20	0.00
	1	0	24	0.00
	2,3	*	8	*
Knee Prosthesis (Replacement)	0	*	18	*
	1	1	38	2.63
	2,3	0	20	0.00
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. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Village Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	267	0.0
All Adult Inpatient Wards	0	217	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Village Hospital

Hospital Profile

Average Daily Census:

15

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

12

Total hours per week for infection control activities other than surveillance:

28

Waccamaw Community Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 01/01/2011 - 12/31/2011

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	*	17	*
	1	0	141	0.00
	2,3	*	6	*
Knee Prosthesis (Replacement)				
	0	0	37	0.00
	1	4	243	1.65
	2,3	*	18	*
Colon Surgery				
	0	*	3	*
	1	1	38	2.63
	2	*	12	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Waccamaw Community Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	829	0.0
All Adult Inpatient Wards	1	1931	0.5
Inpatient Rehabilitation Ward	0	289	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Waccamaw Community Hospital

Hospital Profile

Average Daily Census:

109

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

34

Total hours per week for infection control activities other than surveillance:

20

Wallace Thomson Hospital

Healthcare Associated Infections Report - April 15, 2012

Reported by: South Carolina Department of Health and Environmental Control

Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 01/01/2011 - 12/31/2011

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	4	*
	1	*	3	*
Hip Prosthesis (Replacement)	0	*	2	*
	1	*	9	*
Knee Prosthesis (Replacement)	1	*	1	*
Colon Surgery	0	*	3	*
	1	*	3	*
	2	*	3	*

a. Basic SSI Risk Index: NHCN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Wallace Thomson Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2011 - 12/31/2011

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	0	487	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Wallace Thomson Hospital

Hospital Profile

Average Daily Census:

25

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

6

Total hours per week for infection control activities other than surveillance:

20

Williamsburg Regional Hospital

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 01/01/2011 - 12/31/2011

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: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	180	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All critical care units (except NICUs) are combined into one rate; all adult inpatient wards and all pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Hospital Profile

Average Daily Census:

9

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

35

Total hours per week for infection control activities other than surveillance:

5

Women's Center of Carolinas Hospital System

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2012

Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 01/01/2011 - 12/31/2011

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: 01/01/2011 - 12/31/2011

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	19	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All critical care units (except NICUs) are combined into one rate; all adult inpatient wards and all pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Hospital Profile

Average Daily Census:

8

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Infection Control Process

Number of Infection Control Practitioners:

0.25

Total hours per week performing surveillance:

1.5

Total hours per week for infection control activities other than surveillance:

1.5