



**Hospital Infections Disclosure Act
2012 Annual Report to the General Assembly
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HOSPITAL INFECTIONS DISCLOSURE ACT (HIDA) ANNAL REPORT

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2012 HIDA Annual Report to the General Assembly Hospital Acquired Infections

This 2012 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.

Acknowledgements: The South Carolina Department of Health and Environmental Control (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).

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Hospital Infections Disclosure Act Executive Summary

The South Carolina Department of Health and Environmental Control (DHEC), with the advice of the Hospital Infections Disclosure Act (HIDA) Advisory Committee, 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 Centers for Disease Control (CDC) and a 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.

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.

The Standardized Infection Ratio (SIR) is used to compare hospitals with a standard measure and has been recommended as the appropriate method by the CDC. The 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. 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.

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 SSI SIRs after 2010 to those before 2010.

In addition to NHSN, other data systems may be used for HIDA reporting. Beginning in January 2008, clinical laboratories began reporting methicillin-resistant *staphylococcus aureus* (MRSA) positive blood culture results, as required under 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. Similarly, in 2011 laboratories began reporting on a type of resistant bacteria called carbapenem-resistant *enterobacteriaceae* (CRE). Both MRSA and CRE were reported through the Carolinas Healthcare Surveillance System (CHESS). However, through validation studies, it was determined that these reports could be improved by changing to the NHSN system. Therefore, beginning in 2013, these infections will also be reported through NHSN, as are the other HAIs.

Currently, facilities are required to report on central line associated bloodstream infections (CLABSIs), certain surgical site infections (SSIs), MRSA bloodstream infections, CRE infections, and healthcare worker influenza vaccination rates. This report begins with a summary of findings for CLABSI and SSI and compares this data to previous years' data. This is followed by an explanation of MRSA and CRE infections and a summary of data. The final section of the written report is a summary of validation findings. The written section is followed by appendices with additional data, as well as the individual hospital reports.

I. 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/ohps/>.

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

II. 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 to support the planning process, to facilitate the creation of the Advisory Committee and to coordinate 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 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. At this time, the program is supported with federal funding only.

A. 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.

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.

Since the NHSN database has been used in SC since 2007, facilities are now accustomed to reporting this way. The HAI section has transitioned to receive all HAI reports this way. Therefore, surgical site infections, central-line associated bloodstream infections, methicillin-resistant bloodstream infections, carbapenem resistant enterobacteriaceae infections, and healthcare worker vaccination rates are now all reported through NHSN starting January 2013.

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 members provide guidance and consultation to the hospitals in the use of NHSN and monitors compliance with reporting requirements.

B. The Standardized Infection Ratio (SIR)

The SIR is the CDC recommended standard measure used to compare facilities, as well as track data over time. 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 calculated using the previous method.

C. HIDA Advisory Committee (Appendix A)

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.

III. 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. Starting in 2013, DHEC requires MRSA BSIs to be reported through NHSN. (**Appendix B**)
- DHEC selected the Standardized Infection Ration (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 available at: 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 members 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.
- 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.

- In a CDC report in 2011, South Carolina was the only state with continuously reported data to show a statistically significant reduction in CLABSIs
- In a CDC report comparing CLABSIs in critical care locations, South Carolina demonstrated a 22.4% decrease in CLABSIs.
- The state CLABSI SIR from 2012 compared to 2011 demonstrated another 12% decrease in overall CLABSIs.

IV. Challenges

- 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
- 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.
- Until other states have the same validation processes, comparison between states may be misleading.
- Continued budget cuts have put a strain on the program. Opportunities to expand the program have been missed, due to lack of funding and staffing. Furthermore, the validation process may have to be minimized by eliminating site visits.

V. 2012 HIDA Reporting Requirements:

A. **Surgical Site Infections (SSI)** for the following procedures, in all hospitals where these procedures are performed.

- 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)
- Colectomy- (COLO)

B. **Central Line Associated Bloodstream Infections (CLABSI)** -In 2012, “whole house” reporting was required of all facilities. Data was broken down into the following units:

- Adult Medical and/or Surgical Critical Care Units
- Pediatric Medical and/or Surgical Critical Care Units
- Adult Inpatient Units
- Pediatric Inpatient Units
- Inpatient Rehabilitation
- Long Term Acute Care (LTAC)
- Hematology/Oncology
- Pediatric Hematology/Oncology
- Bone Marrow Transplant
- Neonatal Intensive Care Units levels II/III and III

C. **Specific Pathogens:** DHEC continues to monitor methicillin resistant *staphylococcus aureus* (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.

D. Healthcare worker influenza vaccination rates were added to the list of reportable conditions in 2012; however, data will not be available until the influenza season is complete.

VI. SUMMARY OF FINDINGS 2012

In the **2012 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**.

A. Surgical Procedures:

- Coronary Artery Bypass Graft (chest and donor incision)
- Coronary Artery Bypass Graft (chest incision only)
- Hip prosthesis
- Knee prosthesis
- Abdominal hysterectomy
- Colectomy

1. Coronary Artery Bypass Graft – chest and donor incision (CBGB)

- 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. 3,395 of these procedures were performed and 26 infections were reported.
- Sixteen facilities had SSI SIRs that fell within the “expected” range. No facilities had a higher or lower than expected SIR. One hospital had too few procedures to calculate a statistically significant rate.
- Five hospitals (29% of those reporting) reported zero infections for this reporting period.
- These numbers are similar to the two previous years.

CBGB	2012	2011	2010
Facilities	17	17	16
Number of Procedures	3395	3306	3930
Number of Infections	26	20	29
SIR in “Expected” Range	16	14	15
SIR Lower	0	1	0
SIR Higher	0	0	1
Too few Procedures	1	2	0
# facilities reporting “0”	5 (29%)	9 (53%)	6 (38%)

2. Coronary Artery Bypass Graft – chest incision only (CBGC)

- Twelve facilities performed 253 chest only CABG procedures. Only one infection was reported.
- Five hospitals had SSI SIRs that were in the “expected” range. No facilities had SIRs that were higher or lower than expected. Seven hospitals performed too few of these procedures to calculate a statistically significant SIR.
- These numbers are similar to the previous two years.

CBGC	2012	2011	2010
Facilities	12	15	12
Number of Procedures	253	305	293
Number of Infections	1	0	1
SIR in “Expected” Range	5	2	4
SIR Lower	0	0	0
SIR Higher	0	0	0
Too few Procedures	7	13	8
# facilities reporting “0”	11 (92%)	15 (100%)	11 (92%)

3. Hip Prosthesis (HPRO)

- Fifty-seven hospitals performed 6,675 hip replacement or revision surgeries in 2012. Eighty-two infections were reported.
- Thirty-six hospitals had hip SSI SIRs that were in the “expected” range for the number of procedures performed. Seventeen facilities did too few procedures to calculate a statistically significant rate. Four facilities had an SIR higher than expected. None had an SIR lower than expected.
- Twenty-four facilities (42% of those performing hip procedures) reported zero infections for the time period.
- Looking closer at the data, four facilities reported 33 infections (or 40% of total infections reported). This is a clear area for improvement and will be a program focus for 2013.

HPRO	2012	2011	2010
Facilities	57	59	53
Number of Procedures	6675	6386	6684
Number of Infections	82	61	81
SIR in “Expected” Range	36	43	39
SIR Lower	0	0	0
SIR Higher	4	0	3
Too few Procedures	17	16	11
# facilities reporting “0”	24 (42%)	37 (63%)	24 (45%)

4. Knee Prosthesis (KPRO)

- Fifty-four hospitals performed 9,830 knee replacement surgeries in 2012. Fifty-four infections were reported.
- Forty-four hospitals had knee SSI SIRs that fell within the “expected” range. Ten facilities performed too few procedures to calculate a statistically significant rate. No facilities had knee SSI SIRs lower or higher than expected.
- Twenty-seven facilities (50% of those performing knee replacement procedures) reported zero knee infections during this time period.

KPRO	2012	2011	2010
Facilities	54	56	50
Number of Procedures	9830	9556	10,394
Number of Infections	54	61	69
SIR in “Expected” Range	44	42	41
SIR Lower	0	0	0
SIR Higher	0	2	3
Too few Procedures	10	12	6
# facilities reporting “0”	27 (50%)	26 (46%)	29 (58%)

5. Abdominal Hysterectomies (HYST)

- Fifty-two facilities performed 5,973 abdominal hysterectomies in 2012. Fifty-one infections were reported.
- Thirty-four hospitals had abdominal hysterectomy SSI SIRs that fell within the “expected” range. Sixteen facilities performed too few procedures to calculate a statistically significant rate. Two facilities had a higher SIR than expected. No facilities had an SIR lower than expected.
- Twenty-seven facilities (52% of those performing abdominal hysterectomies) reported zero infections during this reporting time period.

HYST	2012	2011	2010
Facilities	52	55	49
Number of Procedures	5973	5167	5337
Number of Infections	51	27	44
SIR in “Expected” Range	34	37	37
SIR Lower	0	0	0
SIR Higher	2	1	1
Too few Procedures	16	17	11
# facilities reporting “0”	27 (52%)	38 (69%)	26 (53%)

6. Colon Surgeries (COLO)

- Fifty-five facilities reported 4,356 procedures. One hundred thirty-five infections were reported.
- Previously, we only collected this data from facilities with less than 200 beds, which accounts for the discrepancy in the numbers from 2011 to 2012.
- Thirty-three facilities had SSI SIRs that fell within the “expected” range. Four facilities had higher than expected SIRs. One facility had a lower than expected SIR. Seventeen facilities performed too few procedures to calculate a statistically significant rate.
- Twenty-five facilities (45% of those reporting) had zero SSI for colectomies during this time period.

COLO	2012	2011	2010
Facilities	55	37	34
Number of Procedures	4356	1226	1246
Number of Infections	135	42	36
SIR in “Expected” Range	33	20	20
SIR Lower	1	0	0
SIR Higher	4	2	2
Too few Procedures	17	15	12
# facilities reporting “0”	25 (45%)	20 (54%)	18 (53%)

B. 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 (non-critical care) units
- Adult critical care units
- Inpatient rehabilitations units
- Pediatric inpatient (non-critical care) units
- Pediatric intensive care units
- Neonatal intensive care units (Level III)
- Neonatal intensive care units (Level II/III)
- Hematology/Oncology units
- Pediatric Hematology/Oncology units
- Bone marrow transplant units
- Long-term acute care units

1. Adult Inpatient (Non-critical Care) Units

- Sixty-four facilities reported 223,931 central line days. 188 infections were reported.
- Fifty-five facilities had CLABSI SIRs that were within the “expected” range. No facilities had a higher than expected SIR. Five had lower than expected SIRs. Four facilities had too few line days to calculate a statistically relevant SIR.
- Thirty-one facilities (48% of those reporting) had zero CLABSIs in this type of unit for the entire reporting period.

Adult Inpatient (Non-critical Care) Units	2012	2011	2010
Facilities	64	65	62
# of Central Line Days	223,931	236,129	247,489
Number of Infections	188	242	329
SIR in “Expected” Range	55	53	51
SIR Lower	5	5	3
SIR Higher	0	1	1
Too few Procedures	4	6	7
# facilities reporting “0”	31 (48%)	28 (43%)	30 (48%)

2. Adult Critical Care Units

- Fifty-six facilities reported 129,523 central line days. One hundred sixty seven central line associated bloodstream infections were reported.
- Forty-five facilities had CLABSI SIRs within the “expected” range for this type of unit. One facility had a higher than expected SIR. Six facilities had lower SIRs. Four facilities had too few line days to calculate a statistically significant SIR.
- Twenty-seven facilities (48% of those reporting) had zero line infections in this type of hospital ward for the reporting period.

Adult Critical Care Units	2012	2011	2010
Facilities	56	55	52
# of Central Line Days	129,523	128,756	134,929
Number of Infections	167	173	228
SIR in “Expected” Range	45	41	44
SIR Lower	6	7	4
SIR Higher	1	3	3
Too few Procedures	4	3	1
# facilities reporting “0”	27 (48%)	27 (49%)	21 (40%)

3. Inpatient Rehabilitation Units

- Twelve facilities reported 4,418 line days. Three infections were 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.
- Ten facilities (83% of those reporting) had zero CLABSIs in this type of unit during the reporting period.

Inpatient Rehab Units	2012	2011	2010
Facilities	12	16	16
# of Central Line Days	4418	9301	12,804
Number of Infections	3	2	14
SIR in “Expected” Range	9	13	14
SIR Lower	0	0	0
SIR Higher	0	0	1
Too few Procedures	3	3	1
# facilities reporting “0”	10 (83%)	14 (88%)	10 (63%)

4. Pediatric Inpatient (Non-critical Care) Units

- Sixteen facilities reported 7,679 central line days in their pediatric inpatient wards. Five infections occurred during the reporting period.
- Five facilities had CLABSI SIRs that were in the “expected” range for this time period. Nine 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 (81% of those reporting) had zero CLABSIs in this unit type for the time period.

Pediatric Inpatient (Non-critical Care) Units	2012	2011	2010
Facilities	16	18	16
# of Central Line Days	7679	10,030	9833
Number of Infections	5	9	10
SIR in “Expected” Range	5	8	9
SIR Lower	2	2	1
SIR Higher	0	0	0
Too few Procedures	9	8	6
# facilities reporting “0”	13 (81%)	13 (72%)	11 (69%)

5. Pediatric Critical Care Units

- Five hospitals reported 7,431 central line days and two 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.
- Three hospitals reported zero CLABSI in their pediatric critical care unit for this time period.

Pediatric Critical Care Units	2012	2011	2010
Facilities	5	5	5
# of Central Line Days	7431	6922	7371
Number of Infections	2	5	11
SIR in “Expected” Range	4	4	4
SIR Lower	1	1	1
SIR Higher	0	0	0
Too few Procedures	0	0	0
# facilities reporting “0”	3 (60%)	2 (40%)	2 (40%)

6. Neonatal Intensive Care Units - Level III

- Five facilities in SC have this type of unit. They reported 18,262 central line days and 43 infections.
- All five had SIRs that fell in the “expected” range. None reported “zero” infections for this time period.
- NICU reporting began in 2011.

Neonatal Intensive Care Units - Level III	2012	2011
Facilities	5	5
Number of Procedures	18,262	20,132
Number of Infections	43	50
SIR in “Expected” Range	5	5
SIR Lower	0	0
SIR Higher	0	0
Too few Procedures	0	0
# facilities reporting “0”	0	0

7. Neonatal Intensive Care Units – Level II/III

- There are three level II/III NICUs in SC. They reported 2148 line days and five infections.
- Two were in the “expected” range and one had too few line days to calculate a statistically significant SIR.

Neonatal Intensive Care Units – Level II/ III	2012	2011
Facilities	3	5
Number of Procedures	2148	2214
Number of Infections	5	7
SIR in “Expected” Range	2	3
SIR Lower	0	0
SIR Higher	0	0
Too few Procedures	1	2
# facilities reporting “0”	1 (33%)	3 (60%)

8. Hematology/Oncology Units

- Nine hospitals with hematology/oncology units reported 39,655 line days. Fifty-three infections were reported.
- Six of these facilities had CLABSI SIRs in the “expected” range for this type of hospital unit. Three had lower than expected CLABSI SIRs. None had a higher than expected SIR.
- One hospital reported zero CLABSIs in their hematology/oncology unit during the reporting time period.

Hematology/Oncology Units	2012	2011	2010
Facilities	9	9	8
# of Central Line Days	39,655	42,092	35,566
Number of Infections	53	50	53
SIR in “Expected” Range	6	7	6
SIR Lower	3	2	2
SIR Higher	0	0	0
Too few Procedures	0	0	0
# facilities reporting “0”	1 (11%)	0	1 (13%)

9. Pediatric Hematology/Oncology Units

- Three hospitals have pediatric hematology/oncology units. They reported 6414 central line days and 7 infections.
- All three facilities had CLABSI SIRs within the “expected” range for this type of unit.
- No hospitals reported zero infections in their pediatric hematology/oncology units for this time period.

Pediatric Hematology/Oncology Units	2012	2011	2010
Facilities	3	3	3
# of Central Line Days	6414	5752	6378
Number of Infections	7	8	15
SIR in “Expected” Range	3	3	3
SIR Lower	0	0	0
SIR Higher	0	0	0
Too few Procedures	0	0	0
# facilities reporting “0”	0	0	0

10. Bone Marrow Transplant

- There is one bone marrow transplant unit in South Carolina. They reported 938 central line days and three infections. Their SIR falls in the “expected” category for this type of unit.

11. Long Term Acute Care

- One facility has a long-term acute care ward. They reported 681 line days and no infections. This falls in the “expected” range for this type of unit.

Data: The 2012 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 in **Appendix D**. These comparisons use a Standardized Infection Ratio method to compare hospitals as described below.

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

This report includes data from the 12 month time period from 01/01/2012 to 12/31/2012.

VII. Validation

HIDA requires that DHEC assure the quality of the HAI data. DHEC personnel performed on-site validation visits from February 2012 through November 2012.

A. Validation Site Visit Results

1. Surgical Site Infections (SSIs): DHEC HAI section staff performed validation site visits at thirty three acute care hospitals, three long-term acute care and four rehabilitation facilities. Medical records for 867 patients who had reportable surgical procedures performed were reviewed to determine if there were any undetected or incorrectly reported SSIs.

- Three additional SSIs were found
- Four SSIs were removed because they did not meet NHSN surveillance criteria or were determined to be attributable to a different surgical procedure.

In addition, there were other inconsistencies found in the data entered into the NHSN database for the 103 SSIs that were reviewed.

- Seven SSI classifications (Superficial, Deep, Organ/Space) were changed
- Seven SSIs had an additional unreported organism isolated
- Four SSIs had a different “when detected” (e.g. admission).
- Three SSIs had a different date of occurrence according to NHSN reporting criteria.

Also, information from the 867 medical records was compared with the data entered into the NHSN database. Infection preventionists 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, 258 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 81% of the data input errors. This is consistent with the 2011 validation visit findings.

2. Central Line Associated Bloodstream Infections (CLABSI): Records for 104 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.

- One CLABSI was removed

Three hundred eleven medical records of patients with positive blood cultures were also reviewed to determine whether a CLABSI occurred.

- Seven additional unreported CLABSI were found.

B. Challenges of the Reporting Process

1. NHSN Participation:

To participate in NHSN, hospitals had to take the following 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. Another challenge is to keep up with the NHSN definition changes. There are major NHSN changes effective January 1, 2013. Reporting requirements are reducing their time for prevention efforts.

2. 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

3. 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 2013 VALIDATION PLAN

- Continue validation site visits, but decrease the number of visits to reduce costs. Another option is to have selected medical records sent to DHEC. However, this option has not been fully explored, and could potentially increase 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, 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.

VIII. Special Pathogens

A. Carbapenem Resistant Enterobacteriaceae

Carbapenem resistant Enterobacteriaceae (CRE) are a group of bacteria resistant to many, and sometimes all, currently available antibiotics. This type of bacteria is normally found in the human intestine, but can develop drug resistance due to multiple and prolonged antibiotic use. The bacteria causes many different types of infections: pneumonia, urinary tract infections, wound infections, blood stream infections, and others. CRE typically affects those with weakened immune systems and repeated exposures to the health care system, especially patients with a previous history of antibiotic use. The infections can be very serious and in some studies have up to a 40% mortality rate.

Infections with CRE were uncommon in the United States before 2001. Initially, the infections were associated with patients who had travelled to areas of the world known to harbor these infections, such as India, Greece, and Japan. Now, however, they are becoming increasingly common in the United States in persons with no such travel history.

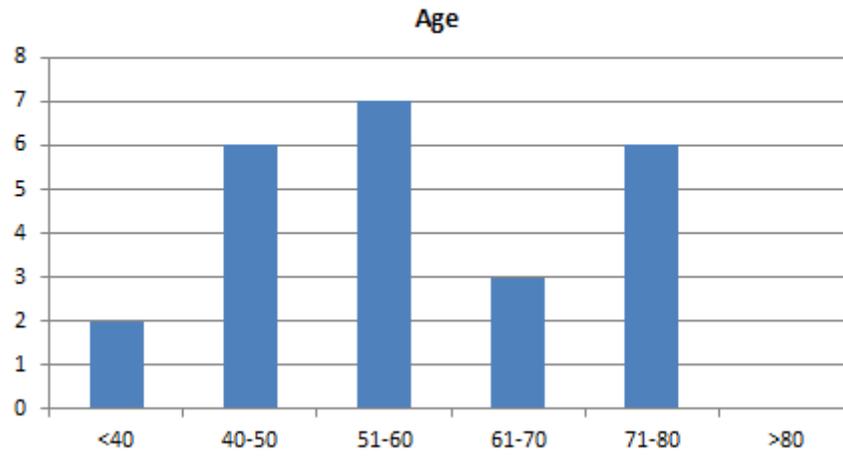
It is important to become aware of infections caused by these resistant bacteria. In this way, information is shared with hospitals and the community, and the best practices known to prevent further spread are promoted. Prior to 2011, the prevalence of CRE in South Carolina was unknown. In 2011, CRE was added to the South Carolina List of Reportable Conditions. In 2011 and 2012, DHEC received 26 and 28 reports of CRE, respectively.

Consistent with other report of CRE across the United States, CRE infections identified in South Carolina appear to be associated with older patients. Older patients, compared to younger patients, often have complex medical history and increased antibiotic use. Due to small numbers of CRE infection reports in South Carolina, one cannot make many statistical inferences about the data reported thus far. However, through the reporting of CRE in South Carolina, we recognize the presence of the pathogen in our state, as well as the need for continued surveillance and attention.

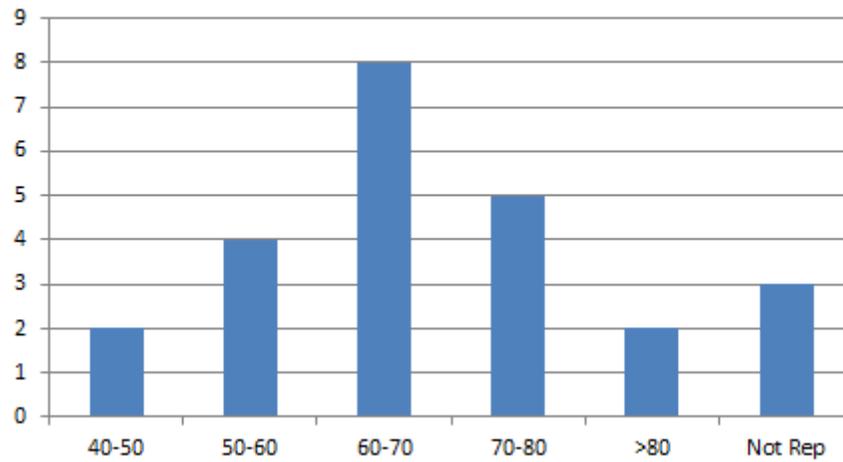
CRE reports by age, facility and source are located on pages 32 – 35.

Note: CRE are lab reportable in South Carolina. Some larger labs have electronic reporting capability, which others enter manually into the Carolina Health Electronic Surveillance System. This may explain why certain facilities such as the Palmetto Health Alliance (PHA), which includes Palmetto Health Richland and Baptist, have higher rates. It is unclear at this time if the higher numbers are due to greater rates of CRE in these hospitals, or merely increased reporting.

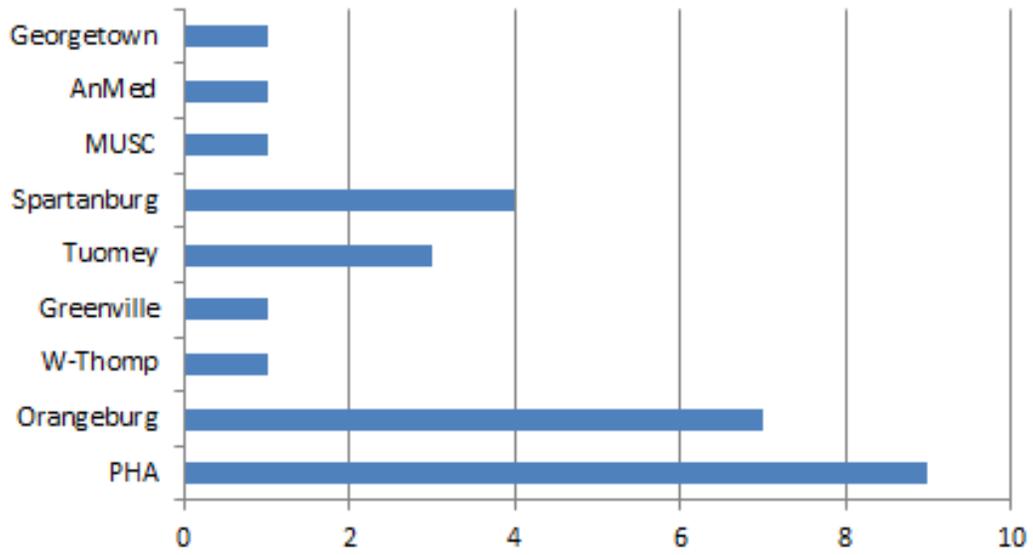
CRE by Age, 2012



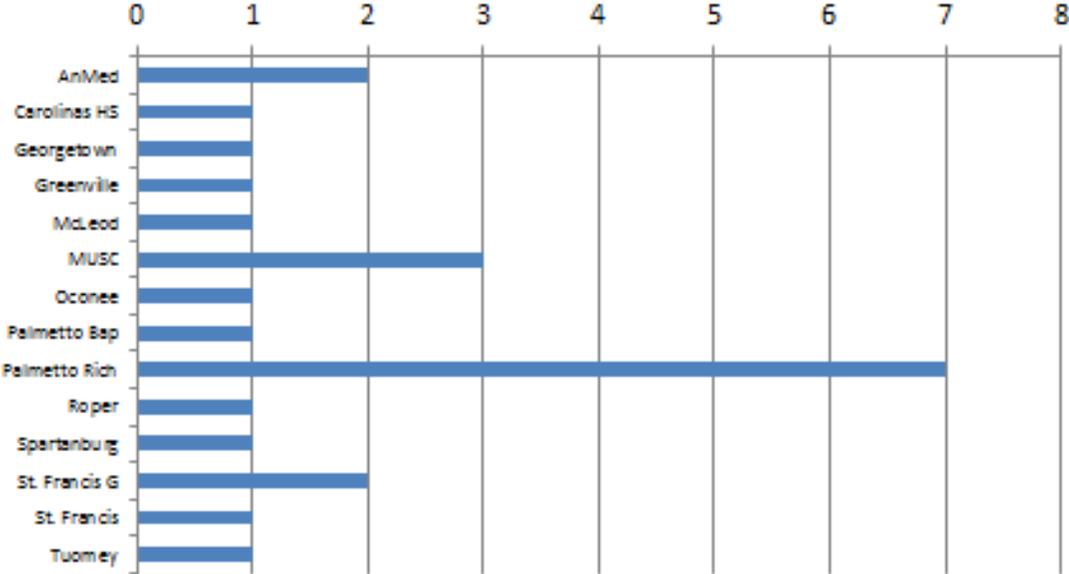
CRE by Age, 2011



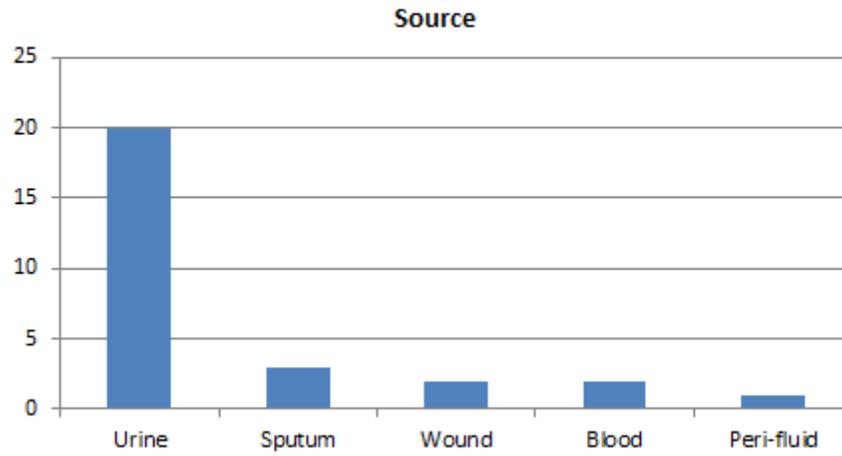
CRE by Facility, 2012



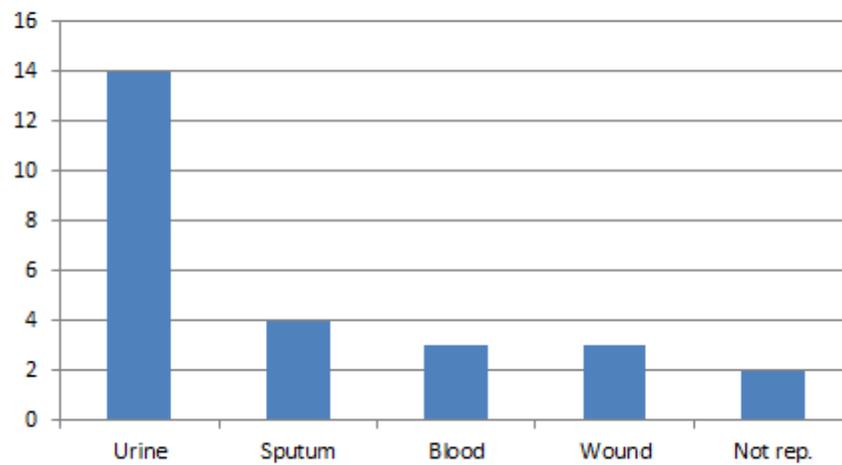
CRE Reports by Facility 2011



CRE by Source, 2012



CRE by Source, 2011



B. Methicillin Resistant *Staphylococcus aureus* (MRSA)

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

Once the data has been matched, ORS determines whether or not the MRSA BSI is a possible hospital 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.

**South Carolina Methicillin Resistant *Staphylococcus aureus*
Bloodstream Infections (MRSA BSI) Summary Data Report, 2010 – 2012**

For this report, MRSA BSIs are based upon positive MRSA lab reports from blood cultures and date of specimen collection and linked 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. Community onset specimens are likely to have been present during patient admission.

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

Hospital and Community Onset Classification of Linked MRSA BSI Data, 2010 - 2012

MRSA BSI	2010	2011	2012*
Number of Reported Infections	971	949	1054
Specimens collected during inpatient admission or ED visit (% linked to reported MRSA BSI labs)	875 (90.1%)	809 (85.2%)	903 (85.6%)
Hospital Onset Specimens N (%)	127 of 875 (14.5%)	131 of 809 (16.2%)	178 of 903 (19.7%)
Community Onset Specimens N (%)	748 of 875 (85.8%)	678 of 809 (83.8%)	725 of 903 (80.3%)

* 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 2012 is provisional.

Appendix A

HIDA Advisory Committee Groups and Members – as of February 2013

Groups	Members
Hospitals	Dr. Rick Foster – SCHA Dr. Kevin Shea- Carolinas Hospital System Dr. Brian Kendall, Regional Medical Center - Orangeburg Lorri Gibbons- SCHA
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 – The Office of Research and Statistics Vacant- South Carolina Blue Cross/Blue Shield Vacant – DHHS Lynn Martinez Page - Carolinas Center for Medical Excellence (CCME) Kimberly Oligier- CCME
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 Medical Center Jan Lienau- Greenville Hospital System Kathy Ward- Roper St. Francis Cindy Budelmann- Laurens County Healthcare System

Appendix B

***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 2014. Procedures performed from 1/1/2012 to 12/31/2012. Data reported as of 3/23/2013.

Procedure Type	Number of Infections with Positive Culture Results	Number of MRSA Positive Cultures (% Positive)
Coronary Artery Bypass Graft (Chest Incision Only)	44	6 (13.6)
Coronary Artery Bypass Graft (Chest and Donor Incision)	6	6 (33.3)
Colon	140	12 (8.6)
Hip Replacement	122	26 (21.3)
Knee Replacement	76	17 (22.4)
Abdominal Hysterectomy	55	4 (7.3)

Appendix C

Microorganisms associated with Adult and Pediatric Unit Central Line Associated Bloodstream Infections (CLABSI) data submitted to the NHSN by SC Hospitals from January 1, 2012 to December 31, 2012 Data reported as of March 26, 2013. Number of organisms = 492; Number of CLABSI = 446. Percent does not equal 100% due to rounding.

Microorganisms	Number Isolates	Percent
<i>Enterococcus</i> species (includes VRE)	84	17.1
Vancomycin resistant <i>enterococcus</i> (VRE only - % of total isolates)	31	(6.3)
<i>Candida</i> species and other yeasts	70	14.2
<i>Staphylococcus aureus</i> (includes MRSA)	68	13.8
Methicillin resistant <i>Staphylococcus aureus</i> (MRSA) only - % of total positive isolates)	34	(6.9)
Coagulase negative <i>Staphylococcus</i> species	71	14.4
<i>Klebsiella</i> species	50	10.2
<i>Escherichia coli</i>	26	5.3
<i>Enterobacter</i> species	23	4.3
<i>Streptococcus</i> species	20	4.1
<i>Pseudomonas</i> species	19	3.9
<i>Bacteroides</i> species and other anaerobes	13	2.6
<i>Serratia</i> species	12	2.4
<i>Acinetobacter</i> species	10	2.0
<i>Stenotrophomonas maltophilia</i>	7	1.4
<i>Proteus</i> species	4	0.8
<i>Citrobacter</i> species	4	0.8
Other pathogens	6	1.2
Other common commensals	5	1.0

Microorganisms associated with Neonatal Intensive Care Unit Central Line- Associated and Umbilical Catheter-Associated Bloodstream Infections (CLABSI) data submitted to the NHSN by SC Hospitals from January 1, 2012 to December 31, 2012 Data reported as of March 26, 2013. Number of organisms = 51; Number of CLABSI = 48. Percent does not equal 100% due to rounding.

Microorganisms	Number Isolates	Percent
<i>Staphylococcus aureus</i> (includes MRSA)	15	29.4
Methicillin resistant <i>Staphylococcus aureus</i> (MRSA) only - % of total positive isolates)	4	(7.8)
Coagulase negative <i>Staphylococcus</i> species	14	27.4
<i>Pseudomonas</i> species	5	9.8
<i>Candida</i> species and other yeasts	4	7.8
<i>Escherichia coli</i>	3	5.9
<i>Klebsiella</i> species	3	5.9
<i>Enterococcus</i> species (includes VRE)	3	5.9
Vancomycin resistant <i>enterococcus</i> (VRE only - % of total isolates)	0	(0)
<i>Streptococcus</i> species	1	2.0
<i>Acinetobacter</i> species	1	2.0
<i>Flavobacterium</i> species	1	2.0
<i>Serratia</i> species	1	2.0

Microorganisms associated with Long Term Acute Care Central Line-Associated Bloodstream Infections (CLABSI) data submitted to the NHSN by SC Hospitals from January 1, 2012 to December 31, 2012 Data reported as of March 26, 2013. Number of organisms = 54; Number of CLABSI = 48. Percent does not equal 100% due to rounding.

Microorganisms	Number Isolates	Percent
<i>Enterococcus</i> species (includes VRE)	17	31.5
Vancomycin resistant <i>enterococcus</i> (VRE only - % of total isolates)	6	(11.1)
Coagulase negative <i>Staphylococcus</i> species	9	16.7
<i>Staphylococcus aureus</i> (includes MRSA)	5	9.3
Methicillin resistant <i>Staphylococcus aureus</i> (MRSA) only - % of total positive isolates)	1	(1.8)
<i>Enterobacter</i> species	5	9.3
<i>Klebsiella</i> species	4	7.4
<i>Serratia</i> species	4	7.4
<i>Candida</i> species and other yeasts	3	5.6
<i>Bacteroides</i> species and other anaerobes	2	3.7
<i>Escherichia coli</i>	1	1.8
<i>Streptococcus</i> species	1	1.8
<i>Stenotrophomonas maltophilia</i>	1	1.8
<i>Citrobacter</i> species	1	1.8
<i>Bacillus</i> species	1	1.8

Appendix D

2012 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	3395	26	0%	94%	0%	One had too few procedures to calculate (6%)
Coronary Artery Bypass Graft (Chest Incision)	12	253	1	0%	42%	0%	Seven hospitals (58%) had too few procedures to calculate statistical percentage
Hysterectomy (Abdominal)	52	5973	51	0%	65%	4%	Sixteen hospitals (31%) had too few procedures
Hip Prosthesis - Replacement	57	6675	82	0%	63%	7%	Seventeen hospitals (30%) had too few procedures
Knee Prosthesis --Replacement	54	9830	54	0%	81%	0%	Ten hospitals (19%) had too few procedures
Colon Surgery	5	4356	135	2%	60%	7%	Seventeen hospitals (31%) 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	64	223,931	188	8%	86%	0%	Four hospitals (6%) had too few central line days to calculate a statistical percentage
Adult Critical Care Units	56	129,523	167	11%	80%	2%	Four hospitals (7%) had too few central line days
Pediatric Inpatient	16	7679	5	13%	31%	0%	Nine hospitals (56%) had too few central line days
Pediatric Critical Care Unit	5	7431	2	20%	80%	0%	N/A
Inpatient Rehab Unit	12	4418	3	0%	75%	0%	Three hospitals (25%) had too few central line days
LTAC	1	681	0	0%	100%	0%	N/A
Heme/Onc Unit	9	39,655	53	33%	67%	0%	N/A
Pediatric Heme/Onc Unit	3	6414	7	0%	100%	0%	N/A
Bone Marrow Transplant Unit	1	938	3	0%	100%	0%	N/A
NICU Level III	5	18,262	43	0%	100%	0%	N/A
NICU Level II/III	3	2148	5	0%	67%	0%	One hospital (33%) had too few central line days

Appendix E:
Hospital Comparison Reports

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, 2012 - December 31, 2012 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	31	0.05	*	*	*	*
Aiken Regional Medical Center	3	2947	4.42	0.68	0.14	1.98	Not Different
AnMed Health Medical Center	7	5434	9.48	0.74	0.30	1.52	Not Different
Baptist Easley Hospital	1	730	1.10	0.91	0.02	5.09	Not Different
Barnwell County Hospital	0	11	0.02	*	*	*	*
Beaufort Memorial Hospital	1	987	1.88	0.53	0.01	2.97	Not Different
Bon Secours - St. Francis Xavier Hospital	1	1517	2.28	0.44	0.01	2.45	Not Different
Cannon Memorial Hospital	0	152	0.23	0.00	0.00	16.18	Not Different
Carolina Pines Regional Medical Center	3	1024	1.54	1.95	0.40	5.71	Not Different
Carolinas Hospital System	6	3440	6.38	0.94	0.35	2.05	Not Different
Chester Regional Medical Center	1	62	0.09	10.75	0.27	59.91	Not Different
Chesterfield General Hospital	0	177	0.27	0.00	0.00	13.87	Not Different
Clarendon Memorial Hospital	0	175	0.46	0.00	0.00	8.11	Not Different
Coastal Carolina Medical Center	0	282	0.42	0.00	0.00	8.72	Not Different
Colleton Medical Center	2	441	0.66	3.02	0.37	10.91	Not Different
Conway Medical Center	0	712	1.07	0.00	0.00	3.45	Not Different
East Cooper Regional Medical Center	1	420	0.63	1.59	0.04	8.84	Not Different
Georgetown Memorial Hospital	1	220	0.41	2.47	0.06	13.76	Not Different
Grand Strand Regional Medical Center	4	6603	12.54	0.32	0.09	0.82	Lower

Table 1: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2012 - December 31, 2012
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
Greenville Memorial Hospital	9	12342	22.01	0.41	0.19	0.78	Lower
Greer Memorial Hospital	0	206	0.43	0.00	0.00	8.52	Not Different
Hampton Regional Medical Center	0	0	0.00	*	*	*	*
Hillcrest Memorial Hospital	0	99	0.15	0.00	0.00	24.76	Not Different
Hilton Head Regional Medical Center	0	985	1.48	0.00	0.00	2.50	Not Different
KershawHealth	2	768	1.15	1.74	0.21	6.27	Not Different
Laurens County Healthcare System	0	483	0.73	0.00	0.00	5.09	Not Different
Lexington Medical Center	2	3532	7.43	0.27	0.03	0.97	Lower
Loris Healthcare System	0	578	0.87	0.00	0.00	4.26	Not Different
MUSC Medical Center	19	14068	34.37	0.55	0.33	0.86	Lower
Marion County Medical Center	0	52	0.08	0.00	0.00	47.30	Not Different
Marlboro Park Hospital	0	25	0.04	*	*	*	*
Mary Black Healthcare	0	704	1.06	0.00	0.00	3.49	Not Different
McLeod Medical Center - Dillon	0	74	0.11	0.00	0.00	33.23	Not Different
McLeod Medical Center - Florence	14	10101	23.02	0.61	0.33	1.02	Not Different
Mount Pleasant Hospital	0	260	0.39	0.00	0.00	9.46	Not Different
Newberry County Memorial Hospital	0	434	0.65	0.00	0.00	5.67	Not Different
Oconee Memorial Hospital	0	396	0.59	0.00	0.00	6.21	Not Different
Palmetto Health Baptist	2	2532	3.80	0.53	0.06	1.90	Not Different
Palmetto Health Richland	39	14719	40.42	0.96	0.69	1.32	Not Different
Piedmont Medical Center	4	2220	3.33	1.20	0.33	3.08	Not Different
Providence Hospital	2	3564	5.62	0.36	0.04	1.29	Not Different

Providence Hospital Northeast	0	86	0.13	0.00	0.00	28.60	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	14	3420	5.13	2.73	1.49	4.58	Higher
Roper Hospital Inc.	6	5456	8.25	0.73	0.27	1.58	Not Different
Seacoast Hospital	0	471	0.71	0.00	0.00	5.22	Not Different
Self Regional Healthcare	3	3160	6.10	0.49	0.10	1.44	Not Different
Spartanburg Regional Medical Center	10	9615	14.84	0.67	0.32	1.24	Not Different
Springs Memorial Hospital	0	1199	1.80	0.00	0.00	2.05	Not Different
St. Francis - Downtown	0	3600	5.33	0.00	0.00	0.69	Lower
Summerville Medical Center	1	814	1.22	0.82	0.02	4.56	Not Different
Trident Medical Center	2	5065	7.60	0.26	0.03	0.95	Lower
Tuomey	6	1817	2.73	2.20	0.81	4.79	Not Different
Upstate Carolina Medical Center	0	197	0.30	0.00	0.00	12.46	Not Different
Village Hospital	0	218	0.33	0.00	0.00	11.28	Not Different
Waccamaw Community Hospital	1	440	0.84	1.20	0.03	6.67	Not Different
Wallace Thomson Hospital	0	458	0.69	0.00	0.00	5.37	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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To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

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Table 10: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2012 - December 31, 2012 STATEWIDE - Level III Neonatal Intensive 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	10	5496	13.22	0.76	0.36	1.39	Not Different
MUSC Medical Center	7	2567	6.96	1.01	0.40	2.07	Not Different
McLeod Medical Center - Florence	8	1338	4.00	2.00	0.86	3.94	Not Different
Palmetto Health Richland	16	6442	17.66	0.91	0.52	1.47	Not Different
Spartanburg Regional Medical Center	2	2419	6.12	0.33	0.04	1.18	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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Table 11: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2012 - December 31, 2012 STATEWIDE - Level II,III Neonatal Intensive 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
Mary Black Healthcare	0	1	0.00	*	*	*	*
Palmetto Health Baptist	4	1638	4.00	1.00	0.27	2.56	Not Different
Self Regional Healthcare	1	509	0.88	1.14	0.03	6.33	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 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2012 - December 31, 2012 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	73	0.09	0.00	0.00	41.92	Not Different
Aiken Regional Medical Center	3	3292	4.96	0.60	0.13	1.77	Not Different
Allendale County Hospital	0	169	0.20	0.00	0.00	18.17	Not Different
AnMed Health Medical Center	8	6549	7.50	1.07	0.46	2.10	Not Different
AnMed Health Womens And Children	0	30	0.04	*	*	*	*
Baptist Easley Hospital	0	1388	1.67	0.00	0.00	2.22	Not Different
Barnwell County Hospital	0	16	0.02	*	*	*	*
Beaufort Memorial Hospital	3	4756	6.07	0.49	0.10	1.44	Not Different
Bon Secours - St. Francis Xavier Hospital	5	5016	8.54	0.59	0.19	1.37	Not Different
Cannon Memorial Hospital	0	196	0.24	0.00	0.00	15.70	Not Different
Carolina Pines Regional Medical Center	1	689	1.15	0.87	0.02	4.87	Not Different
Carolinas Hospital System	10	8177	10.68	0.94	0.45	1.72	Not Different
Chester Regional Medical Center	0	65	0.08	0.00	0.00	47.30	Not Different
Clarendon Memorial Hospital	1	847	1.02	0.98	0.03	5.48	Not Different
Coastal Carolina Medical Center	0	395	0.47	0.00	0.00	7.78	Not Different
Colleton Medical Center	2	1784	2.45	0.82	0.10	2.95	Not Different
Conway Medical Center	2	1330	1.91	1.05	0.13	3.78	Not Different
East Cooper Regional Medical Center	1	1076	1.75	0.57	0.01	3.18	Not Different
Edgefield County Hospital	0	112	0.13	0.00	0.00	27.53	Not Different

Table 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2012 - December 31, 2012
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
Fairfield Memorial Hospital	0	183	0.22	0.00	0.00	16.77	Not Different
Georgetown Memorial Hospital	2	708	0.83	2.41	0.29	8.72	Not Different
Grand Strand Regional Medical Center	8	9107	14.36	0.56	0.24	1.10	Not Different
Greenville Memorial Hospital	6	10281	12.86	0.47	0.17	1.02	Not Different
Greer Memorial Hospital	0	403	0.48	0.00	0.00	7.62	Not Different
Hampton Regional Medical Center	0	125	0.15	0.00	0.00	24.59	Not Different
Hillcrest Memorial Hospital	0	361	0.43	0.00	0.00	8.52	Not Different
Hilton Head Regional Medical Center	1	1648	2.87	0.35	0.01	1.94	Not Different
KershawHealth	3	3033	4.46	0.67	0.14	1.97	Not Different
Lake City Community Hospital	0	24	0.04	*	*	*	*
Laurens County Healthcare System	0	701	1.09	0.00	0.00	3.38	Not Different
Lexington Medical Center	5	7907	11.29	0.44	0.14	1.03	Not Different
Loris Healthcare System	0	537	0.64	0.00	0.00	5.73	Not Different
MUSC Medical Center	3	17119	24.64	0.12	0.03	0.36	Lower
Marion County Medical Center	0	223	0.31	0.00	0.00	12.02	Not Different
Marlboro Park Hospital	0	57	0.07	0.00	0.00	54.25	Not Different
Mary Black Healthcare	2	1126	1.62	1.23	0.15	4.45	Not Different
McLeod Medical Center - Darlington	1	566	0.68	1.47	0.04	8.21	Not Different
McLeod Medical Center - Dillon	0	113	0.13	0.00	0.00	27.53	Not Different
McLeod Medical Center - Florence	17	14907	16.86	1.01	0.59	1.61	Not Different
Mount Pleasant Hospital	0	261	0.31	0.00	0.00	11.79	Not Different
Newberry County Memorial Hospital	0	791	0.95	0.00	0.00	3.89	Not Different

Oconee Memorial Hospital	1	1528	2.00	0.50	0.01	2.78	Not Different
Palmetto Health Baptist	6	11884	17.21	0.35	0.13	0.76	Lower
Palmetto Health Richland	40	26294	35.38	1.13	0.81	1.54	Not Different
Patewood Memorial Hospital	0	31	0.04	*	*	*	*
Piedmont Medical Center	7	7113	8.24	0.85	0.34	1.75	Not Different
Providence Hospital	4	6648	7.83	0.51	0.14	1.31	Not Different
Providence Hospital Northeast	0	302	0.36	0.00	0.00	10.19	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	11	7553	10.71	1.03	0.51	1.84	Not Different
Roper Hospital Inc.	2	9379	17.71	0.11	0.01	0.41	Lower
Seacoast Hospital	0	479	0.58	0.00	0.00	6.42	Not Different
Self Regional Healthcare	0	4668	7.07	0.00	0.00	0.52	Lower
Spartanburg Regional Medical Center	15	13813	19.70	0.76	0.43	1.26	Not Different
Springs Memorial Hospital	2	1387	1.66	1.20	0.15	4.34	Not Different
St. Francis - Downtown	1	8248	9.90	0.10	0.00	0.56	Lower
St. Francis - Eastside	0	722	1.05	0.00	0.00	3.53	Not Different
Summerville Medical Center	2	1790	2.14	0.93	0.11	3.38	Not Different
Trident Medical Center	6	7473	11.45	0.52	0.19	1.14	Not Different
Tuomey	7	6110	8.74	0.80	0.32	1.65	Not Different
Upstate Carolina Medical Center	0	368	0.77	0.00	0.00	4.77	Not Different
Village Hospital	0	190	0.23	0.00	0.00	16.18	Not Different
Waccamaw Community Hospital	0	897	1.06	0.00	0.00	3.47	Not Different
Wallace Thomson Hospital	0	673	0.81	0.00	0.00	4.58	Not Different
Williamsburg Regional Hospital	0	240	0.29	0.00	0.00	12.81	Not Different

a. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery.

The goal is for the hospital is to prevent all HAIs.

b. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

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Table 3: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2012 - December 31, 2012 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	661	1.98	0.50	0.01	2.81	Not Different
MUSC Medical Center	0	5072	16.22	0.00	0.00	0.23	Lower
McLeod Medical Center - Florence	0	464	1.39	0.00	0.00	2.65	Not Different
Palmetto Health Richland	1	1106	1.44	0.70	0.02	3.88	Not Different
Spartanburg Regional Medical Center	0	128	0.38	0.00	0.00	9.61	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)

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Table 4: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2012 - December 31, 2012 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	0	0.00	*	*	*	*
Beaufort Memorial Hospital	0	9	0.02	*	*	*	*
Conway Medical Center	0	23	0.07	*	*	*	*
Greenville Memorial Hospital	3	1473	3.68	0.81	0.17	2.38	Not Different
KershawHealth	0	0	0.00	*	*	*	*
Lexington Medical Center	0	0	0.00	*	*	*	*
MUSC Medical Center	0	2616	8.11	0.00	0.00	0.46	Lower
Mary Black Healthcare	0	236	0.73	0.00	0.00	5.04	Not Different
McLeod Medical Center - Dillon	0	31	0.10	*	*	*	*
McLeod Medical Center - Florence	1	305	0.95	1.06	0.03	5.90	Not Different
Palmetto Health Richland	0	1611	5.00	0.00	0.00	0.74	Lower
Piedmont Medical Center	0	32	0.10	*	*	*	*
Self Regional Healthcare	0	17	0.05	*	*	*	*
Spartanburg Regional Medical Center	0	103	0.32	0.00	0.00	11.56	Not Different
Trident Medical Center	0	0	0.00	*	*	*	*
Tuomey	1	1223	3.79	0.26	0.01	1.47	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)

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Table 5: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2012 - December 31, 2012 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	340	0.27	0.00	0.00	13.56	Not Different
Carolinas Hospital System	1	1094	0.88	1.14	0.03	6.37	Not Different
Colleton Medical Center	0	1	0.00	*	*	*	*
Greenville Memorial Hospital	2	960	0.77	2.60	0.32	9.41	Not Different
Laurens County Healthcare System	0	147	0.12	0.00	0.00	31.26	Not Different
Mary Black Healthcare	0	36	0.03	*	*	*	*
Palmetto Health Baptist	0	50	0.04	0.00	0.00	92.23	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	0	938	0.75	0.00	0.00	4.92	Not Different
Springs Memorial Hospital	0	363	0.29	0.00	0.00	12.72	Not Different
St. Francis - Downtown	0	58	0.05	0.00	0.00	80.20	Not Different
Tuomey	0	396	0.32	0.00	0.00	11.64	Not Different
Waccamaw Community Hospital	0	35	0.03	*	*	*	*

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)

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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, 2012 - December 31, 2012 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	3	4708	9.33	0.32	0.07	0.94	Lower
Lexington Medical Center	10	6486	12.51	0.80	0.38	1.47	Not Different
MUSC Medical Center	14	6075	11.37	1.23	0.67	2.07	Not Different
McLeod Medical Center - Florence	7	3173	6.15	1.14	0.46	2.35	Not Different
Palmetto Health Baptist	3	5439	11.36	0.26	0.05	0.77	Lower
Roper Hospital Inc.	0	2827	5.45	0.00	0.00	0.68	Lower
Spartanburg Regional Medical Center	3	3175	6.15	0.49	0.10	1.43	Not Different
Trident Medical Center	2	3744	6.92	0.29	0.04	1.04	Not Different
Tuomey	11	4028	7.40	1.49	0.74	2.66	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 7: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2012 - December 31, 2012 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	2	1915	4.56	0.44	0.05	1.59	Not Different
MUSC Medical Center	4	3268	8.72	0.46	0.13	1.17	Not Different
Palmetto Health Richland	1	1231	3.02	0.33	0.01	1.85	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
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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, 2012 - December 31, 2012 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.	3	938	3.32	0.90	0.19	2.64	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 9: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2012 - December 31, 2012 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	681	1.18	0.00	0.00	3.14	Not Different

a. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery.

The goal is for the hospital is to prevent all HAIs.

b. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population

Table 1: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2012 - December 31, 2012
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	15	0.20	*	*	*	*
AnMed Health Medical Center	2	167	1.76	1.14	0.14	4.10	Not Different
Carolinas Hospital System	4	112	1.19	3.35	0.91	8.58	Not Different
Grand Strand Regional Medical Center	3	394	4.52	0.66	0.14	1.94	Not Different
Greenville Memorial Hospital	3	355	5.86	0.51	0.11	1.50	Not Different
Hilton Head Regional Medical Center	2	53	0.60	3.34	0.41	12.08	Not Different
Lexington Medical Center	1	119	1.29	0.77	0.02	4.31	Not Different
MUSC Medical Center	3	182	2.06	1.46	0.30	4.26	Not Different
McLeod Medical Center - Florence	0	183	2.43	0.00	0.00	1.52	Not Different
Palmetto Health Richland	1	223	3.17	0.32	0.01	1.76	Not Different
Piedmont Medical Center	1	107	1.29	0.78	0.02	4.32	Not Different
Providence Hospital	1	429	4.02	0.25	0.01	1.39	Not Different
Roper Hospital Inc.	4	343	3.73	1.07	0.29	2.75	Not Different
Self Regional Healthcare	0	64	0.78	0.00	0.00	4.75	Not Different
Spartanburg Regional Medical Center	1	226	2.84	0.35	0.01	1.96	Not Different
St. Francis - Downtown	0	287	3.06	0.00	0.00	1.21	Not Different
Trident Medical Center	0	136	1.52	0.00	0.00	2.42	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, 2012 - December 31, 2012
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 = $O \div E$	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
Aiken Regional Medical Center	0	7	0.08	*	*	*	*
Carolinas Hospital System	0	4	0.04	*	*	*	*
Hilton Head Regional Medical Center	0	1	0.01	*	*	*	*
MUSC Medical Center	0	23	0.25	0.00	0.00	14.76	Not Different
McLeod Medical Center - Florence	0	16	0.24	*	*	*	*
Palmetto Health Richland	0	43	0.89	0.00	0.00	4.13	Not Different
Piedmont Medical Center	0	4	0.03	*	*	*	*
Providence Hospital	0	21	0.21	0.00	0.00	17.82	Not Different
Roper Hospital Inc.	0	10	0.12	*	*	*	*
Self Regional Healthcare	0	4	0.05	*	*	*	*
Spartanburg Regional Medical Center	1	94	1.23	0.82	0.02	4.55	Not Different
St. Francis - Downtown	0	26	0.31	0.00	0.00	12.02	Not Different

a. Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the 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, 2012 - December 31, 2012

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	4	0.02	*	*	*	*
AnMed Health Medical Center	0	160	1.59	0.00	0.00	2.32	Not Different
Baptist Easley Hospital	2	52	0.51	3.96	0.48	14.31	Not Different
Cannon Memorial Hospital	0	4	0.02	*	*	*	*
Edgefield County Hospital	0	6	0.02	*	*	*	*
Greenville Memorial Hospital	8	139	2.68	2.98	1.29	5.88	Higher
Greer Memorial Hospital	2	268	2.17	0.92	0.11	3.33	Not Different
Hillcrest Memorial Hospital	0	73	0.35	0.00	0.00	10.48	Not Different
Laurens County Healthcare System	1	79	0.60	1.66	0.04	9.27	Not Different
Mary Black Healthcare	0	96	0.66	0.00	0.00	5.59	Not Different
Oconee Memorial Hospital	2	133	0.86	2.34	0.28	8.45	Not Different
Patewood Memorial Hospital	1	288	1.59	0.63	0.02	3.50	Not Different
Self Regional Healthcare	1	148	1.34	0.75	0.02	4.16	Not Different
Spartanburg Regional Medical Center	2	321	4.89	0.41	0.05	1.48	Not Different
St. Francis - Downtown	4	115	1.22	3.28	0.89	8.40	Not Different
St. Francis - Eastside	1	363	1.73	0.58	0.02	3.21	Not Different
Upstate Carolina Medical Center	3	25	0.17	18.18	3.75	53.13	Higher
Village Hospital	1	61	0.32	3.12	0.08	17.36	Not Different
Wallace Thomson Hospital	0	15	0.12	*	*	*	*

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, 2012 - December 31, 2012

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	101	0.91	0.00	0.00	4.05	Not Different
Carolina Pines Regional Medical Center	0	18	0.17	*	*	*	*
Carolinas Hospital System	1	119	1.13	0.88	0.02	4.93	Not Different
Chester Regional Medical Center	0	16	0.19	*	*	*	*
Chesterfield General Hospital	0	1	0.01	*	*	*	*
Clarendon Memorial Hospital	0	10	0.08	*	*	*	*
KershawHealth	0	50	0.40	0.00	0.00	9.32	Not Different
Lake City Community Hospital	0	6	0.05	*	*	*	*
Lexington Medical Center	1	245	2.81	0.36	0.01	1.98	Not Different
Marion County Medical Center	0	9	0.08	*	*	*	*
McLeod Medical Center - Dillon	1	9	0.05	*	*	*	*
McLeod Medical Center - Florence	5	275	3.80	1.32	0.43	3.07	Not Different
Newberry County Memorial Hospital	1	45	0.28	3.57	0.09	19.90	Not Different
Palmetto Health Baptist	1	208	1.75	0.57	0.01	3.19	Not Different
Palmetto Health Richland	4	305	4.32	0.93	0.25	2.37	Not Different
Piedmont Medical Center	1	145	1.30	0.77	0.02	4.30	Not Different
Providence Hospital	0	53	0.51	0.00	0.00	7.28	Not Different
Providence Hospital Northeast	11	657	2.93	3.75	1.87	6.71	Higher
Regional Medical Center Of Orangeburg/Calhoun Counties	0	29	0.26	0.00	0.00	14.47	Not Different

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

Reportable Period: January 1, 2012 - December 31, 2012

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	14	0.20	*	*	*	*
Tuomey	2	86	0.83	2.42	0.29	8.76	Not Different

See the Upstate chart for footnote explanations.

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

Reportable Period: January 1, 2012 - December 31, 2012

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	105	0.68	1.46	0.04	8.16	Not Different
Bon Secours - St. Francis Xavier Hospital	0	13	0.13	*	*	*	*
Coastal Carolina Medical Center	0	10	0.10	*	*	*	*
Colleton Medical Center	0	33	0.27	0.00	0.00	13.66	Not Different
Conway Medical Center	1	179	1.71	0.59	0.02	3.26	Not Different
East Cooper Regional Medical Center	1	48	0.30	3.39	0.09	18.89	Not Different
Georgetown Memorial Hospital	1	52	0.40	2.53	0.06	14.11	Not Different
Grand Strand Regional Medical Center	0	234	1.84	0.00	0.00	2.00	Not Different
Hampton Regional Medical Center	0	13	0.09	*	*	*	*
Hilton Head Regional Medical Center	2	77	0.54	3.72	0.45	13.43	Not Different
Loris Healthcare System	1	8	0.07	*	*	*	*
MUSC Medical Center	4	250	3.30	1.21	0.33	3.10	Not Different
Mount Pleasant Hospital	0	3	0.03	*	*	*	*
Roper Hospital Inc.	11	559	3.99	2.76	1.38	4.93	Higher
Seacoast Hospital	0	42	0.24	0.00	0.00	15.37	Not Different
Summerville Medical Center	1	58	0.43	2.31	0.06	12.90	Not Different
Trident Medical Center	2	174	1.58	1.27	0.15	4.58	Not Different
Waccamaw Community Hospital	1	108	0.66	1.52	0.04	8.46	Not Different

See Upstate chart for footnote explanations

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

Reportable Period: January 1, 2012 - December 31, 2012

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	5	0.03	*	*	*	*
AnMed Health Medical Center	3	285	1.75	1.71	0.35	5.01	Not Different
Baptist Easley Hospital	2	100	0.71	2.82	0.34	10.21	Not Different
Cannon Memorial Hospital	1	20	0.10	10.20	0.26	56.86	Not Different
Edgefield County Hospital	0	11	0.08	*	*	*	*
Greenville Memorial Hospital	0	5	0.07	*	*	*	*
Greer Memorial Hospital	0	266	1.72	0.00	0.00	2.14	Not Different
Hillcrest Memorial Hospital	1	105	0.60	1.67	0.04	9.29	Not Different
Laurens County Healthcare System	0	86	0.46	0.00	0.00	8.00	Not Different
Mary Black Healthcare	0	223	1.05	0.00	0.00	3.50	Not Different
Oconee Memorial Hospital	3	255	1.51	1.99	0.41	5.80	Not Different
Patewood Memorial Hospital	2	478	2.48	0.81	0.10	2.91	Not Different
Self Regional Healthcare	0	265	1.91	0.00	0.00	1.93	Not Different
Spartanburg Regional Medical Center	1	453	4.35	0.23	0.01	1.28	Not Different
St. Francis - Downtown	0	42	0.24	0.00	0.00	15.57	Not Different
St. Francis - Eastside	4	954	4.18	0.96	0.26	2.45	Not Different
Upstate Carolina Medical Center	0	24	0.11	0.00	0.00	33.54	Not Different
Village Hospital	0	96	0.64	0.00	0.00	5.78	Not Different
Wallace Thomson Hospital	0	3	0.02	*	*	*	*

a. Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the 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, 2012 - December 31, 2012

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	97	0.66	1.52	0.04	8.48	Not Different
Carolina Pines Regional Medical Center	1	30	0.16	6.25	0.16	34.83	Not Different
Carolinas Hospital System	1	144	0.77	1.30	0.03	7.26	Not Different
Chester Regional Medical Center	0	13	0.13	*	*	*	*
Chesterfield General Hospital	0	4	0.02	*	*	*	*
Clarendon Memorial Hospital	0	44	0.20	0.00	0.00	18.45	Not Different
KershawHealth	1	63	0.42	2.38	0.06	13.27	Not Different
Lake City Community Hospital	0	7	0.04	*	*	*	*
Lexington Medical Center	2	314	1.74	1.15	0.14	4.15	Not Different
Marion County Medical Center	0	7	0.05	*	*	*	*
McLeod Medical Center - Dillon	0	27	0.11	0.00	0.00	34.80	Not Different
McLeod Medical Center - Florence	3	462	3.21	0.93	0.19	2.73	Not Different
Newberry County Memorial Hospital	1	88	0.41	2.44	0.06	13.62	Not Different
Palmetto Health Baptist	6	410	2.26	2.66	0.98	5.79	Not Different
Palmetto Health Richland	1	577	5.00	0.20	0.01	1.12	Not Different
Piedmont Medical Center	0	188	1.14	0.00	0.00	3.24	Not Different
Providence Hospital	0	61	0.40	0.00	0.00	9.34	Not Different
Providence Hospital Northeast	3	464	2.26	1.33	0.27	3.88	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	0	62	0.34	0.00	0.00	10.88	Not Different

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

Reportable Period: January 1, 2012 - December 31, 2012

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 = $O \div E$	95% Lower CI	95% Upper CI	Statistical Interpretation^b
Springs Memorial Hospital	0	24	0.21	0.00	0.00	17.65	Not Different
Tuomey	2	116	0.72	2.77	0.34	10.01	Not Different

See the Upstate chart for footnote explanations.

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

Reportable Period: January 1, 2012 - December 31, 2012

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	3	308	1.72	1.74	0.36	5.09	Not Different
Coastal Carolina Medical Center	0	6	0.04	*	*	*	*
Colleton Medical Center	1	43	0.27	3.77	0.09	21.03	Not Different
Conway Medical Center	0	212	1.26	0.00	0.00	2.93	Not Different
East Cooper Regional Medical Center	0	59	0.36	0.00	0.00	10.36	Not Different
Georgetown Memorial Hospital	1	111	0.56	1.80	0.05	10.02	Not Different
Grand Strand Regional Medical Center	3	335	2.11	1.42	0.29	4.16	Not Different
Hampton Regional Medical Center	0	14	0.07	*	*	*	*
Hilton Head Regional Medical Center	0	53	0.27	0.00	0.00	13.71	Not Different
MUSC Medical Center	2	250	2.14	0.93	0.11	3.38	Not Different
Roper Hospital Inc.	2	812	4.02	0.50	0.06	1.80	Not Different
Seacoast Hospital	1	90	0.43	2.34	0.06	13.05	Not Different
Summerville Medical Center	2	115	0.59	3.38	0.41	12.23	Not Different
Trident Medical Center	1	311	1.95	0.51	0.01	2.87	Not Different
Waccamaw Community Hospital	0	323	1.59	0.00	0.00	2.33	Not Different

See Upstate chart for footnote explanations

Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)

Reportable Period: January 1, 2012 - December 31, 2012

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 = $O \div E$	95% Lower CI	95% Upper CI	Statistical Interpretation ^b
AnMed Health Medical Center	0	4	0.05	*	*	*	*
AnMed Health Womens And Children	1	71	0.60	1.67	0.04	9.32	Not Different
Baptist Easley Hospital	1	36	0.50	2.02	0.05	11.23	Not Different
Greenville Memorial Hospital	5	607	3.86	1.30	0.42	3.03	Not Different
Greer Memorial Hospital	0	11	0.07	*	*	*	*
Laurens County Healthcare System	0	4	0.05	*	*	*	*
Mary Black Healthcare	0	78	0.62	0.00	0.00	5.97	Not Different
Oconee Memorial Hospital	1	17	0.10	*	*	*	*
Patewood Memorial Hospital	0	1	0.01	*	*	*	*
Self Regional Healthcare	1	164	0.99	1.01	0.03	5.63	Not Different
Spartanburg Regional Medical Center	5	453	3.20	1.56	0.51	3.64	Not Different
St. Francis - Downtown	0	171	1.15	0.00	0.00	3.20	Not Different
St. Francis - Eastside	2	374	2.72	0.74	0.09	2.66	Not Different
Upstate Carolina Medical Center	0	10	0.07	*	*	*	*
Village Hospital	0	8	0.07	*	*	*	*
Wallace Thomson Hospital	0	6	0.04	*	*	*	*

a. Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the 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, 2012 - December 31, 2012

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	5	122	1.07	4.66	1.51	10.89	Higher
Barnwell County Hospital	0	8	0.05	*	*	*	*
Carolina Pines Regional Medical Center	1	59	0.50	2.02	0.05	11.23	Not Different
Carolinas Hospital System	0	81	0.70	0.00	0.00	5.30	Not Different
Chester Regional Medical Center	0	9	0.15	*	*	*	*
Chesterfield General Hospital	0	1	0.00	*	*	*	*
Clarendon Memorial Hospital	0	41	0.25	0.00	0.00	14.76	Not Different
KershawHealth	0	30	0.31	0.00	0.00	12.02	Not Different
Lexington Medical Center	2	521	3.28	0.61	0.07	2.20	Not Different
Marion County Medical Center	0	25	0.18	0.00	0.00	20.05	Not Different
Marlboro Park Hospital	0	7	0.05	*	*	*	*
McLeod Medical Center - Dillon	0	16	0.19	*	*	*	*
McLeod Medical Center - Florence	0	148	0.88	0.00	0.00	4.19	Not Different
Newberry County Memorial Hospital	0	1	0.01	*	*	*	*
Palmetto Health Baptist	5	395	3.23	1.55	0.50	3.61	Not Different
Palmetto Health Richland	1	390	2.78	0.36	0.01	2.01	Not Different
Piedmont Medical Center	0	61	0.42	0.00	0.00	8.70	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	1	121	0.95	1.05	0.03	5.85	Not Different
Springs Memorial Hospital	1	89	0.80	1.25	0.03	6.98	Not Different
Tuomey	2	114	0.83	2.40	0.29	8.66	Not Different

See the Upstate chart for footnote explanations.

Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2012 - December 31, 2012
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	0	180	1.69	0.00	0.00	2.19	Not Different
Bon Secours - St. Francis Xavier Hospital	1	183	1.45	0.69	0.02	3.85	Not Different
Colleton Medical Center	0	28	0.26	0.00	0.00	14.13	Not Different
Conway Medical Center	4	135	0.95	4.20	1.14	10.75	Higher
East Cooper Regional Medical Center	1	30	0.27	3.77	0.09	21.03	Not Different
Georgetown Memorial Hospital	0	14	0.17	*	*	*	*
Grand Strand Regional Medical Center	1	112	0.87	1.15	0.03	6.41	Not Different
Hampton Regional Medical Center	0	1	0.01	*	*	*	*
Hilton Head Regional Medical Center	0	21	0.12	0.00	0.00	31.80	Not Different
Loris Healthcare System	1	23	0.20	4.95	0.12	27.58	Not Different
MUSC Medical Center	1	187	1.86	0.54	0.01	2.99	Not Different
Mount Pleasant Hospital	2	57	0.32	6.21	0.75	22.44	Not Different
Roper Hospital Inc.	1	246	2.05	0.49	0.01	2.72	Not Different
Seacoast Hospital	0	32	0.23	0.00	0.00	16.11	Not Different
Summerville Medical Center	1	88	0.79	1.26	0.03	7.02	Not Different
Trident Medical Center	4	386	2.99	1.34	0.37	3.43	Not Different
Waccamaw Community Hospital	0	28	0.25	0.00	0.00	14.70	Not Different

See Upstate chart for footnote explanations

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

Reportable Period: January 1, 2012 - December 31, 2012

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	4	0.10	*	*	*	*
AnMed Health Medical Center	0	151	3.72	0.00	0.00	0.99	Lower
AnMed Health Womens And Children	0	4	0.09	*	*	*	*
Baptist Easley Hospital	4	42	0.94	4.26	1.16	10.92	Higher
Cannon Memorial Hospital	0	8	0.19	*	*	*	*
Greenville Memorial Hospital	6	390	9.24	0.65	0.24	1.41	Not Different
Greer Memorial Hospital	0	18	0.33	*	*	*	*
Hillcrest Memorial Hospital	0	14	0.39	*	*	*	*
Laurens County Healthcare System	0	18	0.42	*	*	*	*
Mary Black Healthcare	0	98	2.18	0.00	0.00	1.69	Not Different
Oconee Memorial Hospital	1	44	1.12	0.90	0.02	5.00	Not Different
Self Regional Healthcare	3	117	2.68	1.12	0.23	3.27	Not Different
Spartanburg Regional Medical Center	16	317	9.02	1.77	1.01	2.88	Higher
St. Francis - Downtown	4	127	3.74	1.07	0.29	2.74	Not Different
St. Francis - Eastside	0	29	0.76	0.00	0.00	4.86	Not Different
Upstate Carolina Medical Center	0	7	0.16	*	*	*	*
Village Hospital	0	10	0.22	*	*	*	*
Wallace Thomson Hospital	1	15	0.36	*	*	*	*

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, 2012 - December 31, 2012

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	2	58	1.50	1.34	0.16	4.83	Not Different
Carolina Pines Regional Medical Center	0	22	0.58	0.00	0.00	6.36	Not Different
Carolinas Hospital System	3	79	2.10	1.43	0.30	4.18	Not Different
Chester Regional Medical Center	1	12	0.24	*	*	*	*
Chesterfield General Hospital	0	9	0.26	*	*	*	*
Clarendon Memorial Hospital	1	24	0.56	1.80	0.05	10.00	Not Different
KershawHealth	1	26	0.51	1.96	0.05	10.95	Not Different
Lexington Medical Center	7	282	8.08	0.87	0.35	1.78	Not Different
Marion County Medical Center	0	13	0.32	*	*	*	*
Marlboro Park Hospital	0	5	0.15	*	*	*	*
McLeod Medical Center - Dillon	0	19	0.50	*	*	*	*
McLeod Medical Center - Florence	4	199	4.96	0.81	0.22	2.06	Not Different
Newberry County Memorial Hospital	5	31	0.78	6.38	2.07	14.88	Higher
Palmetto Health Baptist	21	249	7.06	2.98	1.84	4.55	Higher
Palmetto Health Richland	2	97	2.58	0.78	0.09	2.81	Not Different
Piedmont Medical Center	1	150	4.47	0.22	0.01	1.25	Not Different
Providence Hospital	0	111	2.72	0.00	0.00	1.36	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	5	79	2.13	2.35	0.76	5.49	Not Different
Springs Memorial Hospital	1	26	1.23	0.81	0.02	4.54	Not Different
Tuomey	3	71	1.94	1.55	0.32	4.52	Not Different

See the Upstate chart for footnote explanations.

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

Reportable Period: January 1, 2012 - December 31, 2012

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	42	1.01	0.00	0.00	3.66	Not Different
Bon Secours - St. Francis Xavier Hospital	6	102	2.29	2.62	0.96	5.70	Not Different
Coastal Carolina Medical Center	0	15	0.34	*	*	*	*
Colleton Medical Center	0	23	0.45	0.00	0.00	8.13	Not Different
Conway Medical Center	1	85	2.10	0.48	0.01	2.65	Not Different
East Cooper Regional Medical Center	2	26	0.55	3.62	0.44	13.07	Not Different
Georgetown Memorial Hospital	2	38	0.89	2.24	0.27	8.09	Not Different
Grand Strand Regional Medical Center	5	184	5.59	0.89	0.29	2.09	Not Different
Hampton Regional Medical Center	0	3	0.10	*	*	*	*
Hilton Head Regional Medical Center	2	50	1.10	1.81	0.22	6.56	Not Different
Loris Healthcare System	0	25	0.55	0.00	0.00	6.72	Not Different
MUSC Medical Center	12	237	7.25	1.65	0.86	2.89	Not Different
Mount Pleasant Hospital	0	10	0.23	*	*	*	*
Roper Hospital Inc.	9	295	7.70	1.17	0.53	2.22	Not Different
Seacoast Hospital	0	21	0.53	0.00	0.00	7.00	Not Different
Summerville Medical Center	0	45	0.88	0.00	0.00	4.18	Not Different
Trident Medical Center	4	143	3.56	1.13	0.31	2.88	Not Different
Waccamaw Community Hospital	0	58	1.35	0.00	0.00	2.74	Not Different

See Upstate chart for footnote explanations

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

Abbeville Area Medical Center

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	*	6	*
	1	*	5	*
Knee Prosthesis (Replacement)	0	1	22	4.55
	1	*	9	*
Colon Surgery	0	*	4	*
	1	*	9	*
	2	*	3	*

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

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

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

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

Abbeville Area Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	31	*
All Adult Inpatient Wards	0	73	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*
	2	*	10	*
Coronary Bypass Graft (Chest Only Incision)				
	0,1	*	2	*
	2,3	*	5	*
Abdominal Hysterectomy				
	0	3	79	3.80
	1	2	39	5.13
	2,3	*	18	*
Hip Prosthesis (Replacement)				
	0	*	18	*
	1	1	74	1.35
	2,3	1	23	4.35
Knee Prosthesis (Replacement)				
	0	*	17	*
	1	1	65	1.54
	2,3	0	39	0.00
Colon Surgery				
	0	*	15	*
	1	0	29	0.00
	2	*	18	*
	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.

Aiken Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	2947	1.0
All Adult Inpatient Wards	3	3292	0.9

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.

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, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

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: 01/01/2012 - 12/31/2012

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	169	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	40	2.50
	1	0	26	0.00
	2,3	*	5	*
Colon Surgery	0	*	2	*
	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.

AnMed Health Womens And Children

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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

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:

4

Total hours per week performing surveillance:

30

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

10

AnMed Health Rehabilitation Hospital

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	610	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	158	1.27
	2	*	7	*
	3	*	1	*
Abdominal Hysterectomy				
	0	*	1	*
	1	*	3	*
Hip Prosthesis (Replacement)				
	0	0	42	0.00
	1	0	96	0.00
	2,3	0	22	0.00
Knee Prosthesis (Replacement)				
	0	0	88	0.00
	1	2	151	1.32
	2,3	2	46	4.35
Colon Surgery				
	0	1	63	1.59
	1	0	77	0.00
	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.

AnMed Health Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	5434	1.3
All Adult Inpatient Wards	9	8899	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.

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:

4

Total hours per week performing surveillance:

30

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

10

Barnwell County Hospital

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	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.

Barnwell County Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	*
All Adult Inpatient Wards	*	16	*

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.

Barnwell County Hospital

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:

12

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

8

Beaufort Memorial Hospital

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	85	0.00
	1	1	65	1.54
	2,3	0	31	0.00
Hip Prosthesis (Replacement)	0	0	30	0.00
	1	2	64	3.13
	2,3	*	11	*
Knee Prosthesis (Replacement)	0	0	83	0.00
	1	2	180	1.11
	2,3	1	45	2.22
Colon Surgery	0	*	8	*
	1	0	26	0.00
	2	*	8	*

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

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

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

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

Beaufort Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	987	1.0
All Adult Inpatient Wards	3	4756	0.6
All Pediatric Inpatient Wards	*	9	*
Inpatient Rehabilitation Ward	0	340	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	1	*	3	*
	2,3	*	1	*
Knee Prosthesis (Replacement)	0	*	5	*
	1	*	9	*
	2,3	*	6	*
Colon Surgery	0	*	2	*
	1	*	3	*
	2	*	3	*

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

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

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

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

Cannon Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	152	0.0
All Adult Inpatient Wards	0	196	0.0

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

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

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

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

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy				
	0	0	41	0.00
	1	*	16	*
	2,3	*	2	*
Hip Prosthesis (Replacement)				
	0	*	2	*
	1	*	15	*
	2,3	*	1	*
Knee Prosthesis (Replacement)				
	0	*	5	*
	1	1	23	4.35
	2,3	*	3	*
Colon Surgery				
	0	*	3	*
	1	*	11	*
	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: 01/01/2012 - 12/31/2012

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	1024	2.9
All Adult Inpatient Wards	1	689	1.5

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

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

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

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

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:

1.5

Total hours per week performing surveillance:

30

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

15

Carolinas Hospital System

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	85	4.71
	2	3	27	11.11
Coronary Bypass Graft (Chest Only Incision)	0,1	*	4	*
Abdominal Hysterectomy	0	1	51	1.96
	1	0	24	0.00
	2,3	*	6	*
Hip Prosthesis (Replacement)	0	1	46	2.17
	1	0	66	0.00
	2,3	*	7	*
Knee Prosthesis (Replacement)	0	1	59	1.69
	1	0	82	0.00
	2,3	*	3	*
Colon Surgery	0	2	24	8.33
	1	6	49	12.24
	2	*	5	*
	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: 01/01/2012 - 12/31/2012

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	6	3440	1.7
All Adult Inpatient Wards	10	8177	1.2
Inpatient Rehabilitation Ward	1	1094	0.9

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.

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:

35

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

45

Chester Regional Medical Center

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	1	*	4	*
	2,3	*	5	*
Hip Prosthesis (Replacement)	0	*	1	*
	1	*	8	*
	2,3	*	7	*
Knee Prosthesis (Replacement)	1	*	2	*
	2,3	*	11	*
Colon Surgery	0	*	4	*
	1	*	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.

Chester Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	62	16.1
All Adult Inpatient Wards	0	65	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*
Knee Prosthesis (Replacement)	0	*	3	*
	1	*	2	*
Colon Surgery	0	*	1	*
	1	*	7	*
	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: 01/01/2012 - 12/31/2012

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	177	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	35	2.86
	1	*	4	*
	2,3	*	2	*
Hip Prosthesis (Replacement)	1	*	9	*
	2,3	*	1	*
Knee Prosthesis (Replacement)	0	0	20	0.00
	1	1	26	3.85
	2,3	*	2	*
Colon Surgery	0	*	4	*
	1	*	9	*
	2	*	10	*
	3	*	1	*

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

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

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

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

Clarendon Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	175	0.0
All Adult Inpatient Wards	1	847	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.

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:

1

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

2

Coastal Carolina Hospital

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*	4	*
	2,3	*	6	*
Knee Prosthesis (Replacement)	0	*	1	*
	1	*	5	*
Colon Surgery	0	*	7	*
	1	*	5	*
	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.

Coastal Carolina Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	282	0.0
All Adult Inpatient Wards	0	395	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:

16

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

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

20

Colleton Medical Center

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*	10	*
Hip Prosthesis (Replacement)	0	*	4	*
	1	1	27	3.70
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	*	7	*
	1	0	33	0.00
	2,3	*	3	*
Colon Surgery	0	*	3	*
	1	*	19	*
	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.

Colleton Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	441	4.5
All Adult Inpatient Wards	2	1784	1.1
Inpatient Rehabilitation Ward	*	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.

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy				
	0	4	98	4.08
	1	0	32	0.00
	2,3	*	5	*
Hip Prosthesis (Replacement)				
	0	1	45	2.22
	1	2	110	1.82
	2,3	0	24	0.00
Knee Prosthesis (Replacement)				
	0	1	56	1.79
	1	0	138	0.00
	2,3	*	18	*
Colon Surgery				
	0	0	23	0.00
	1	2	43	4.65
	2	*	19	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. 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: 01/01/2012 - 12/31/2012

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	712	0.0
All Adult Inpatient Wards	2	1330	1.5
All Pediatric 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.

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy				
	0	*	17	*
	1	*	10	*
	2,3	*	4	*
Hip Prosthesis (Replacement)				
	0	0	29	0.00
	1	1	25	4.00
	2,3	*	3	*
Knee Prosthesis (Replacement)				
	0	0	45	0.00
	1	0	31	0.00
	2,3	*	3	*
Colon Surgery				
	0	*	10	*
	1	*	14	*
	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.

East Cooper Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	420	2.4
All Adult Inpatient Wards	1	1076	0.9

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.

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:

10

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

30

Edgefield County Hospital

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	*	3	*
	1	*	3	*
Knee Prosthesis (Replacement)	0	*	4	*
	1	*	6	*
	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.

Edgefield County Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	112	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, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

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: 01/01/2012 - 12/31/2012

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	183	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*	8	*
	2,3	*	2	*
Hip Prosthesis (Replacement)				
	0	*	5	*
	1	2	40	5.00
	2,3	*	7	*
Knee Prosthesis (Replacement)				
	0	0	26	0.00
	1	1	71	1.41
	2,3	*	15	*
Colon Surgery				
	0	*	7	*
	1	0	26	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.

Georgetown Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	220	4.5
All Adult Inpatient Wards	2	708	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.

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:

1

Total hours per week performing surveillance:

20

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

20

Grand Strand Regional Medical Center

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	319	0.63
	2	4	72	5.56
	3	*	3	*
Abdominal Hysterectomy				
	0	0	69	0.00
	1	1	33	3.03
	2,3	*	10	*
Hip Prosthesis (Replacement)				
	0	0	56	0.00
	1	2	161	1.24
	2,3	*	17	*
Knee Prosthesis (Replacement)				
	0	1	104	0.96
	1	2	211	0.95
	2,3	1	20	5.00
Colon Surgery				
	0	1	22	4.55
	1	7	80	8.75
	2	3	65	4.62
	3	*	17	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. 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: 01/01/2012 - 12/31/2012

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	6603	0.6
All Adult Inpatient Wards	8	9107	0.9

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.

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	161	0.62
	2	5	194	2.58
Abdominal Hysterectomy				
	0	4	259	1.54
	1	3	292	1.03
	2,3	1	56	1.79
Hip Prosthesis (Replacement)				
	0	*	7	*
	1	8	106	7.55
	2,3	2	27	7.41
Knee Prosthesis (Replacement)				
	1	*	4	*
	2,3	*	2	*
Colon Surgery				
	0	3	98	3.06
	1	4	251	1.59
	2	2	42	4.76

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: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	9	12342	0.7
All Adult Inpatient Wards	8	14266	0.6
All Pediatric Critical Care Units	1	661	1.5
All Pediatric Inpatient Wards	3	1473	2.0
Inpatient Rehabilitation Ward	2	960	2.1
Hematology/Oncology Ward - Temporary Central Line	1	2215	0.5
Hematology/Oncology Ward - Permanent Central Line	2	2493	0.8
Pediatric Hematology/Oncology Ward - Temporary Central Line	0	66	0.0
Pediatric Hematology/Oncology Ward - Permanent Central Line	2	1849	1.1
Level III Nursery	10	5496	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.

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:

8

Total hours per week performing surveillance:

200

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

90

Greenwood Regional Rehabilitation Hospital

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

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: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	57	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	11	*
Hip Prosthesis (Replacement)	0	0	110	0.00
	1	5	134	3.73
	2,3	0	24	0.00
Knee Prosthesis (Replacement)	0	0	107	0.00
	1	0	138	0.00
	2,3	0	21	0.00
Colon Surgery	0	*	7	*
	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.

Greer Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	206	0.0
All Adult Inpatient Wards	0	403	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*	2	*
	1	*	10	*
	2,3	*	1	*
Knee Prosthesis (Replacement)	0	*	4	*
	1	*	7	*
	2,3	*	4	*
Colon Surgery	1	*	2	*
	2	*	1	*

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

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

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

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

Hampton Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	0	*
All Adult Inpatient Wards	0	125	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:

10

Healthsouth Rehabilitation Hospital of Charleston

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	638	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, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	1	1505	0.7

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, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	1	1568	0.6

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, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	387	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	39	0.00
	1	1	32	3.13
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	1	47	2.13
	1	0	53	0.00
	2,3	*	5	*
Colon Surgery	0	*	4	*
	1	*	5	*
	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.

Hillcrest Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	99	0.0
All Adult Inpatient Wards	0	361	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.

Hillcrest Memorial Hospital

Hospital Profile

Average Daily Census:

18

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

12

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

20

Hilton Head Hospital

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	34	5.88
	2	*	19	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	1	*
Abdominal Hysterectomy	0	*	17	*
	1	*	4	*
Hip Prosthesis (Replacement)	0	0	37	0.00
	1	1	34	2.94
	2,3	*	6	*
Knee Prosthesis (Replacement)	0	0	29	0.00
	1	0	22	0.00
	2,3	*	2	*
Colon Surgery	0	0	22	0.00
	1	*	16	*
	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.

Hilton Head Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	985	0.0
All Adult Inpatient Wards	1	1648	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.

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, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	6346	1.1

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*	10	*
	2,3	*	5	*
Hip Prosthesis (Replacement)				
	0	*	8	*
	1	0	42	0.00
Knee Prosthesis (Replacement)				
	0	*	8	*
	1	1	44	2.27
	2,3	*	11	*
Colon Surgery				
	0	*	4	*
	1	1	20	5.00
	2	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. 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: 01/01/2012 - 12/31/2012

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	768	2.6
All Adult Inpatient Wards	3	3033	1.0
All Pediatric Inpatient Wards	0	0	*

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

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

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, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	1	6821	0.1

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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

Lake City Community Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	24	*

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

0.4

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	1	*	4	*
Hip Prosthesis (Replacement)	0	*	12	*
	1	1	60	1.67
	2,3	*	7	*
Knee Prosthesis (Replacement)	0	0	21	0.00
	1	0	58	0.00
	2,3	*	7	*
Colon Surgery	1	*	10	*
	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.

Laurens County Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	483	0.0
All Adult Inpatient Wards	0	701	0.0
Inpatient Rehabilitation Ward	0	147	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	107	0.93
	2	*	12	*
Abdominal Hysterectomy				
	0	1	370	0.27
	1	2	138	1.45
	2,3	*	13	*
Hip Prosthesis (Replacement)				
	0	1	70	1.43
	1	1	148	0.68
	2,3	1	27	3.70
Knee Prosthesis (Replacement)				
	0	0	133	0.00
	1	2	159	1.26
	2,3	0	22	0.00
Colon Surgery				
	0	1	99	1.01
	1	3	134	2.24
	2	3	45	6.67
	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.

Lexington Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	3532	0.6
All Adult Inpatient Wards	6	8735	0.7
All Pediatric Inpatient Wards	0	0	*
Hematology/Oncology Ward - Temporary Central Line	6	2466	2.4
Hematology/Oncology Ward - Permanent Central Line	4	4020	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.

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	12	*
	1	*	10	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	4	*
	1	*	4	*
Colon Surgery	0	*	8	*
	1	*	12	*
	2	*	5	*

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

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

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

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

Loris Community Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	578	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.

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:

20

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

20

Marion Regional Hospital

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	16	*
	1	*	9	*
Hip Prosthesis (Replacement)	1	*	3	*
	2,3	*	6	*
Knee Prosthesis (Replacement)	1	*	2	*
	2,3	*	5	*
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.

Marion Regional Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	52	0.0
All Adult Inpatient Wards	0	223	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*
Colon Surgery	1	*	3	*
	2	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. 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: 01/01/2012 - 12/31/2012

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	25	*
All Adult Inpatient Wards	0	57	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.

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:

4

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

6

Mary Black Memorial Hospital

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	45	0.00
	1	0	27	0.00
	2,3	*	6	*
Hip Prosthesis (Replacement)	0	0	34	0.00
	1	2	56	3.57
	2,3	*	6	*
Knee Prosthesis (Replacement)	0	0	100	0.00
	1	0	104	0.00
	2,3	*	19	*
Colon Surgery	0	0	36	0.00
	1	0	42	0.00
	2	*	19	*
	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.

Mary Black Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	704	0.0
All Adult Inpatient Wards	2	1126	1.8
All Pediatric Inpatient Wards	0	236	0.0
Inpatient Rehabilitation Ward	*	36	*
Level II/III Combined Nursery	*	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.

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, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

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: 01/01/2012 - 12/31/2012

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	1	566	1.8

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?

Yes

Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

2

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

6

McLeod Medical Center - Dillon

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*	12	*
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	*	5	*
	1	*	4	*
Knee Prosthesis (Replacement)	0	*	19	*
	1	*	8	*
Colon Surgery	0	*	5	*
	1	*	5	*
	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.

McLeod Medical Center - Dillon

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	74	0.0
All Adult Inpatient Wards	0	113	0.0
All Pediatric Inpatient Wards	*	31	*

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:

12

McLeod Medical Center of the Pee Dee

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	125	0.80
	2	0	58	0.00
Coronary Bypass Graft (Chest Only Incision)				
	0,1	*	11	*
	2,3	*	5	*
Abdominal Hysterectomy				
	0	2	92	2.17
	1	0	43	0.00
	2,3	*	13	*
Hip Prosthesis (Replacement)				
	0	1	59	1.69
	1	6	184	3.26
	2,3	1	32	3.13
Knee Prosthesis (Replacement)				
	0	0	132	0.00
	1	2	296	0.68
	2,3	1	34	2.94
Colon Surgery				
	0	0	43	0.00
	1	3	119	2.52
	2	2	33	6.06
	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.

McLeod Medical Center of the Pee Dee

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	10101	1.4
All Adult Inpatient Wards	19	15618	1.2
All Pediatric Critical Care Units	0	464	0.0
All Pediatric Inpatient Wards	1	305	3.3
Hematology/Oncology Ward - Temporary Central Line	5	1260	4.0
Hematology/Oncology Ward - Permanent Central Line	2	1913	1.0
Level III Nursery	8	1338	6.0

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?

Yes

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy				
	0	1	69	1.45
	1	*	14	*
Hip Prosthesis (Replacement)				
	0	*	1	*
	1	*	3	*
	2,3	*	2	*
Colon Surgery				
	0	*	4	*
	1	*	8	*
	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.

Mount Pleasant Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	260	0.0
All Adult Inpatient Wards	0	261	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	150	3.33
	2	1	32	3.13
Coronary Bypass Graft (Chest Only Incision)				
	0,1	*	17	*
	2,3	*	6	*
Abdominal Hysterectomy				
	0	0	25	0.00
	1	5	79	6.33
	2,3	1	84	1.19
Hip Prosthesis (Replacement)				
	0	1	81	1.23
	1	3	133	2.26
	2,3	1	37	2.70
Knee Prosthesis (Replacement)				
	0	0	92	0.00
	1	4	110	3.64
	2,3	0	50	0.00
Colon Surgery				
	0	4	47	8.51
	1	4	117	3.42
	2	6	64	9.38
	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.

MUSC Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	19	14068	1.4
All Adult Inpatient Wards	7	21840	0.3
All Pediatric Critical Care Units	0	5072	0.0
All Pediatric Inpatient Wards	1	3404	0.3
Hematology/Oncology Ward - Temporary Central Line	8	1739	4.6
Hematology/Oncology Ward - Permanent Central Line	6	4336	1.4
Pediatric Hematology/Oncology Ward - Temporary Central Line	2	524	3.8
Pediatric Hematology/Oncology Ward - Permanent Central Line	2	2744	0.7
Level III Nursery	7	2567	2.7

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.

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:

5

Total hours per week performing surveillance:

137

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

63

Newberry County Memorial Hospital

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*	19	*
	1	0	22	0.00
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	0	57	0.00
	1	0	25	0.00
	2,3	*	6	*
Colon Surgery	0	*	9	*
	1	*	17	*
	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.

Newberry County Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	434	0.0
All Adult Inpatient Wards	0	791	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?

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:

2

North Greenville Hospital Long Term Acute Care

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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)	2	4969	0.4

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*	1	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	0	61	0.00
	1	3	66	4.55
	2,3	*	6	*
Knee Prosthesis (Replacement)	0	0	138	0.00
	1	3	103	2.91
	2,3	*	14	*
Colon Surgery	0	*	8	*
	1	0	21	0.00
	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.

Oconee Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	396	0.0
All Adult Inpatient Wards	1	1528	0.7

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

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

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

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

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?

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 Baptist

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy				
	0	5	236	2.12
	1	1	175	0.57
	2,3	0	28	0.00
Hip Prosthesis (Replacement)				
	0	0	64	0.00
	1	2	121	1.65
	2,3	0	23	0.00
Knee Prosthesis (Replacement)				
	0	2	189	1.06
	1	5	211	2.37
	2,3	*	10	*
Colon Surgery				
	0	6	75	8.00
	1	9	113	7.96
	2	9	56	16.07
	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.

Palmetto Health Baptist

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	2532	0.8
All Adult Inpatient Wards	6	11993	0.5
Inpatient Rehabilitation Ward	0	50	0.0
Hematology/Oncology Ward - Temporary Central Line	1	3530	0.3
Hematology/Oncology Ward - Permanent Central Line	2	1909	1.0
Level II/III Combined Nursery	4	1638	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.

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:

105

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

15

Baptist Easley Hospital

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy				
	0	*	8	*
	1	0	21	0.00
	2,3	*	7	*
Hip Prosthesis (Replacement)				
	0	*	11	*
	1	1	29	3.45
	2,3	*	12	*
Knee Prosthesis (Replacement)				
	0	*	16	*
	1	1	48	2.08
	2,3	1	36	2.78
Colon Surgery				
	0	*	6	*
	1	2	28	7.14
	2	*	8	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. 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: 01/01/2012 - 12/31/2012

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	730	1.4
All Adult Inpatient Wards	0	1388	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:

35

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

5

Palmetto Health Richland

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	173	1.16
	2	2	50	4.00
Coronary Bypass Graft (Chest Only Incision)				
	0,1	*	17	*
	2,3	0	26	0.00
Abdominal Hysterectomy				
	0	0	142	0.00
	1	4	176	2.27
	2,3	3	72	4.17
Hip Prosthesis (Replacement)				
	0	0	73	0.00
	1	4	156	2.56
	2,3	2	76	2.63
Knee Prosthesis (Replacement)				
	0	1	138	0.72
	1	0	335	0.00
	2,3	0	104	0.00
Colon Surgery				
	0	*	13	*
	1	4	58	6.90
	2	1	26	3.85
	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.

Palmetto Health Richland

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	14719	2.6
All Adult Inpatient Wards	40	26294	1.5
All Pediatric Critical Care Units	1	1106	0.9
All Pediatric Inpatient Wards	0	1611	0.0
Pediatric Hematology/Oncology Ward - Temporary Central Line	0	81	0.0
Pediatric Hematology/Oncology Ward - Permanent Central Line	1	1150	0.9
Level III Nursery	16	6442	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.

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:

205

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

35

Patewood Memorial Hospital

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	1	169	0.59
	1	3	109	2.75
	2,3	*	10	*
Knee Prosthesis (Replacement)	0	1	250	0.40
	1	4	221	1.81
	2,3	*	7	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. 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: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	31	*

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	75	0.00
	2	1	32	3.13
Coronary Bypass Graft (Chest Only Incision)				
	0,1	*	4	*
Abdominal Hysterectomy				
	0	0	44	0.00
	1	*	12	*
	2,3	*	5	*
Hip Prosthesis (Replacement)				
	0	0	39	0.00
	1	1	100	1.00
	2,3	*	6	*
Knee Prosthesis (Replacement)				
	0	0	52	0.00
	1	1	112	0.89
	2,3	1	24	4.17
Colon Surgery				
	0	2	26	7.69
	1	0	72	0.00
	2	0	44	0.00
	3	*	8	*

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

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

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

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

Piedmont Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	2220	1.8
All Adult Inpatient Wards	7	7113	1.0
All Pediatric Inpatient Wards	*	32	*
Level II/III Combined Nursery	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	412	0.24
	2	*	17	*
Coronary Bypass Graft (Chest Only Incision)				
	0,1	0	20	0.00
	2,3	*	1	*
Hip Prosthesis (Replacement)				
	0	*	12	*
	1	0	34	0.00
	2,3	*	7	*
Knee Prosthesis (Replacement)				
	0	0	22	0.00
	1	0	34	0.00
	2,3	*	5	*
Colon Surgery				
	0	0	37	0.00
	1	1	55	1.82
	2	*	18	*
	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.

Providence Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	3564	0.6
All Adult Inpatient Wards	4	6648	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.

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:

1

Total hours per week performing surveillance:

10

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

40

Providence Hospital Northeast

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	4	451	0.89
	1	9	163	5.52
	2,3	2	43	4.65
Knee Prosthesis (Replacement)	0	1	203	0.49
	1	3	233	1.29
	2,3	0	28	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 Northeast

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	86	0.0
All Adult Inpatient Wards	0	302	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.

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:

0.5

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, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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)	14	6514	2.1

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:

30

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

Yes

Infection Control Process

Number of Infection Control Practitioners:

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, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	7152	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:

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	75	0.00
	1	1	39	2.56
	2,3	*	7	*
Hip Prosthesis (Replacement)	0	*	11	*
	1	*	15	*
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	0	20	0.00
	1	0	39	0.00
	2,3	*	3	*
Colon Surgery	0	*	12	*
	1	4	51	7.84
	2	*	15	*
	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: 01/01/2012 - 12/31/2012

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	3420	4.1
All Adult Inpatient Wards	11	7553	1.5
Inpatient Rehabilitation Ward	0	938	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	231	1.73
	2	4	110	3.64
	3	*	2	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	5	*
	2,3	*	5	*
Abdominal Hysterectomy	0	1	102	0.98
	1	0	110	0.00
	2,3	0	34	0.00
Hip Prosthesis (Replacement)	0	4	301	1.33
	1	7	241	2.90
	2,3	*	17	*
Knee Prosthesis (Replacement)	0	3	454	0.66
	1	4	337	1.19
	2,3	0	21	0.00
Colon Surgery	0	5	110	4.55
	1	8	141	5.67
	2	0	40	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.

Roper Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	6	5456	1.1
All Adult Inpatient Wards	2	9379	0.2
Hematology/Oncology Ward - Temporary Central Line	0	1074	0.0
Hematology/Oncology Ward - Permanent Central Line	0	1753	0.0
Bone Marrow Transplant Ward - Temporary Central Line	3	839	3.6
Bone Marrow Transplant Ward - Permanent Central Line	0	99	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

Seacoast Hospital

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category ^{a,b,c}	No. of Infections	No. of Specific Procedures Performed ^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	24	0.00
	1	*	6	*
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	0	21	0.00
	1	0	21	0.00
Knee Prosthesis (Replacement)	0	0	39	0.00
	1	1	49	2.04
	2,3	*	2	*
Colon Surgery	0	*	3	*
	1	*	8	*
	2	*	9	*
	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.

Seacoast Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	471	0.0
All Adult Inpatient Wards	0	479	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.

Seacoast Hospital

Hospital Profile

Infection Control Process

Self Regional Healthcare

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	58	0.00
	2	*	6	*
Coronary Bypass Graft (Chest Only Incision)				
	0,1	*	4	*
Abdominal Hysterectomy				
	0	3	145	2.07
	1	*	18	*
	2,3	*	1	*
Hip Prosthesis (Replacement)				
	0	0	64	0.00
	1	2	70	2.86
	2,3	*	14	*
Knee Prosthesis (Replacement)				
	0	0	119	0.00
	1	0	113	0.00
	2,3	0	33	0.00
Colon Surgery				
	0	0	32	0.00
	1	5	59	8.47
	2	0	25	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.

Self Regional Healthcare

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	3160	0.9
All Adult Inpatient Wards	0	4668	0.0
All Pediatric Inpatient Wards	*	17	*
Level II/III Combined Nursery	1	509	2.0

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

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

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

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

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:

40

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

40

Shriners' Hospitals For Children

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

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: 01/01/2012 - 12/31/2012

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Pediatric Inpatient Wards	*	10	*

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	2	169	1.18
	2	1	55	1.82
Coronary Bypass Graft (Chest Only Incision)				
	0,1	2	75	2.67
	2,3	*	19	*
Abdominal Hysterectomy				
	0	1	211	0.47
	1	3	172	1.74
	2,3	2	70	2.86
Hip Prosthesis (Replacement)				
	0	0	62	0.00
	1	4	227	1.76
	2,3	1	52	1.92
Knee Prosthesis (Replacement)				
	0	0	114	0.00
	1	3	315	0.95
	2,3	2	66	3.03
Colon Surgery				
	0	1	38	2.63
	1	23	175	13.14
	2	6	102	5.88
	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.

Spartanburg Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	10	9615	1.0
All Adult Inpatient Wards	15	14012	1.1
All Pediatric Critical Care Units	0	128	0.0
All Pediatric Inpatient Wards	0	103	0.0
Hematology/Oncology Ward - Temporary Central Line	0	1258	0.0
Hematology/Oncology Ward - Permanent Central Line	3	1917	1.6
Level III Nursery	2	2419	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.

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, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	7291	2.3

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

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

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

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

Hospital Profile

Average Daily Census:

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	56	0.00
	1	2	30	6.67
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	*	2	*
	1	*	12	*
Knee Prosthesis (Replacement)	0	*	3	*
	1	*	5	*
	2,3	*	16	*
Colon Surgery	1	*	12	*
	2	*	12	*
	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.

Springs Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	1199	0.0
All Adult Inpatient Wards	2	1387	1.4
Inpatient Rehabilitation Ward	0	363	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	249	0.80
	2	0	38	0.00
Coronary Bypass Graft (Chest Only Incision)				
	0,1	0	22	0.00
	2,3	*	4	*
Abdominal Hysterectomy				
	0	1	117	0.85
	1	0	46	0.00
	2,3	*	8	*
Hip Prosthesis (Replacement)				
	0	*	17	*
	1	3	94	3.19
	2,3	*	4	*
Knee Prosthesis (Replacement)				
	0	*	13	*
	1	0	27	0.00
	2,3	*	2	*
Colon Surgery				
	0	1	24	4.17
	1	2	65	3.08
	2	1	33	3.03
	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.

St. Francis - Downtown

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	3600	0.0
All Adult Inpatient Wards	1	8248	0.1
Inpatient Rehabilitation Ward	0	58	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 - 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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	3	253	1.19
	1	0	102	0.00
	2,3	*	19	*
Hip Prosthesis (Replacement)	0	0	192	0.00
	1	1	190	0.53
	2,3	*	12	*
Knee Prosthesis (Replacement)	0	0	529	0.00
	1	4	577	0.69
	2,3	0	40	0.00
Colon Surgery	0	*	9	*
	1	*	10	*
	2	*	9	*
	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.

St. Francis - Eastside

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	722	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	119	0.84
	1	2	57	3.51
	2,3	*	7	*
Hip Prosthesis (Replacement)	1	*	13	*
Colon Surgery	0	1	20	5.00
	1	4	59	6.78
	2	1	21	4.76
	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.

Bon Secours - St. Francis Xavier Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	1517	0.7
All Adult Inpatient Wards	5	5016	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.

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy				
	0	1	50	2.00
	1	1	32	3.13
	2,3	*	6	*
Hip Prosthesis (Replacement)				
	0	*	15	*
	1	1	33	3.03
	2,3	*	10	*
Knee Prosthesis (Replacement)				
	0	1	40	2.50
	1	2	67	2.99
	2,3	*	8	*
Colon Surgery				
	0	0	21	0.00
	1	1	24	4.17

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. 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: 01/01/2012 - 12/31/2012

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	814	1.2
All Adult Inpatient Wards	2	1790	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.

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	125	0.00
	2	*	11	*
Abdominal Hysterectomy	0	2	232	0.86
	1	6	127	4.72
	2,3	0	27	0.00
Hip Prosthesis (Replacement)	0	0	37	0.00
	1	0	106	0.00
	2,3	2	31	6.45
Knee Prosthesis (Replacement)	0	0	109	0.00
	1	0	174	0.00
	2,3	1	29	3.45
Colon Surgery	0	3	46	6.52
	1	2	87	2.30
	2	*	10	*

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

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

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

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

Trident Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	5065	0.4
All Adult Inpatient Wards	6	7473	0.8
All Pediatric Inpatient Wards	0	0	*
Hematology/Oncology Ward - Temporary Central Line	0	929	0.0
Hematology/Oncology Ward - Permanent Central Line	2	2815	0.7

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

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

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

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

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:

50

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

26

Tuomey

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy				
	0	1	93	1.08
	1	1	29	3.45
	2,3	*	1	*
Hip Prosthesis (Replacement)				
	0	0	24	0.00
	1	1	48	2.08
	2,3	*	14	*
Knee Prosthesis (Replacement)				
	0	0	60	0.00
	1	2	95	2.11
	2,3	1	25	4.00
Colon Surgery				
	0	*	13	*
	1	2	44	4.55
	2	*	15	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. 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: 01/01/2012 - 12/31/2012

Location^a	No. of Infections	No. of Central Line Days^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	6	1817	3.3
All Adult Inpatient Wards	7	6110	1.1
All Pediatric Inpatient Wards	1	1223	0.8
Inpatient Rehabilitation Ward	0	396	0.0
Long Term Acute Care Unit(s)	0	681	0.0
Hematology/Oncology Ward - Temporary Central Line	2	920	2.2
Hematology/Oncology Ward - Permanent Central Line	9	3108	2.9

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

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

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

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

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:

2

Total hours per week performing surveillance:

45

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

10

Upstate Carolina Medical Center

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*
Hip Prosthesis (Replacement)	0	*	9	*
	1	*	16	*
Knee Prosthesis (Replacement)	0	*	7	*
	1	*	16	*
	2,3	*	1	*
Colon Surgery	0	*	3	*
	1	*	2	*
	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.

Upstate Carolina Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	197	0.0
All Adult Inpatient Wards	0	368	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?

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

Village Hospital

Healthcare Associated Infections Report - April 15, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

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	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	0	27	0.00
	1	1	30	3.33
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	0	32	0.00
	1	1	41	2.44
	2,3	1	24	4.17
Colon Surgery	0	*	5	*
	1	*	3	*
	2	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. 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: 01/01/2012 - 12/31/2012

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	218	0.0
All Adult Inpatient Wards	0	190	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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	13	*
	1	*	13	*
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	0	27	0.00
	1	4	120	3.33
	2,3	*	5	*
Knee Prosthesis (Replacement)	0	0	36	0.00
	1	1	281	0.36
	2,3	*	6	*
Colon Surgery	0	*	12	*
	1	1	37	2.70
	2	*	15	*
	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: 01/01/2012 - 12/31/2012

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	0	897	0.0
Inpatient Rehabilitation Ward	*	35	*

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, 2013

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2012 - 12/31/2012

Procedure	Risk Category^{a,b,c}	No. of Infections	No. of Specific Procedures Performed^d	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	7	*
	1	*	1	*
Hip Prosthesis (Replacement)	0	*	2	*
	1	*	13	*
Knee Prosthesis (Replacement)	1	*	2	*
	2,3	*	1	*
Colon Surgery	0	*	2	*
	1	*	10	*
	2	*	3	*
	3	*	1	*

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

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

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

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

Wallace Thomson Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2012 - 12/31/2012

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	458	0.0
All Adult Inpatient Wards	0	673	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, 2013

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

Data Collected: 01/01/2012 - 12/31/2012

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: 01/01/2012 - 12/31/2012

Location ^a	No. of Infections	No. of Central Line Days ^{b,c}	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	240	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