



Hospital Infections Disclosure Act (HIDA)

2024 Annual Report to the General Assembly

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Foreword

The South Carolina Department of Public Health (DPH) submits the 2024 Annual Report, which reflects the progress of implementing the South Carolina Hospital Infections Disclosure Act (HIDA). This document is submitted in compliance with S.C. Code Section 44-7-2440.

DPH gratefully acknowledges that the progress achieved through HIDA is possible because of the combined efforts of hospital infection preventionists across the state, health care facilities, the HIDA Advisory Committee, and DPH staff members.

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Abbreviations

ACH	Acute care hospital	HIDA	Hospital Infections Disclosure Act
AR	Admission/Readmission	HO	Health care facility-onset
BSI	Bloodstream infection	HPRO	Hip arthroplasty (hip replacement)
CAH	Critical access hospital	HYST	Abdominal hysterectomy
CAUTI	Catheter-associated urinary tract infection	IP	Infection Preventionist
CBGB	Coronary artery bypass graft (chest and donor site incisions)	ICU	Intensive care unit (used interchangeably with critical care unit)
CBGC.....	Coronary artery bypass graft (chest incision only)	IRF	Inpatient rehabilitation facility
CDC	Centers for Disease Control and Prevention	IVAC	Infection-related ventilator-associated complication
CDI	Clostridioides difficile infection	KPRO	Knee arthroplasty (knee replacement)
CI.....	Confidence Interval	LTACH	Long-term acute care hospital
CLABSI	Central line-associated bloodstream infection	MRSA	Methicillin-resistant Staphylococcus aureus
CMS	Centers for Medicare and Medicaid Services	NHSN	National Healthcare Safety Network
COLO	Colon surgery	NICU	Neonatal intensive care unit
COVID-19	Coronavirus Disease 2019 (also known as SARS-CoV-2)	SSI	Surgical site infection
DHHS	U. S. Department of Health and Human Services	SIR	Standardized infection ratio
DPH.....	Department of Public Health	SUR	Standardized utilization ratio
HAI	Health care-associated infection	VAE.....	Ventilator-associated events

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Executive Summary

Health care-associated infections (HAIs) are infections that are acquired in health care settings or as a result of medical procedures. In an effort to reduce HAIs, protect patient health, and promote transparency in health care across South Carolina, the Department of Public Health, with the support of an advisory committee, has enforced HAI reporting mandated by the Hospital Infections Disclosure Act (HIDA) since 2006. This law requires the reporting of HAI data from acute care hospitals (ACHs), long-term acute care hospitals (LTACHs), and inpatient rehabilitation facilities (IRFs), as well as critical access hospitals (CAHs), a subset of ACHs, to the public.

HAI monitoring plays a critical role in identifying opportunities to prevent infections and enhance patient safety within health care settings.

The 2024 HIDA Annual Report contains data from Jan. 1, 2024, through Dec. 31, 2024, for the following infections:

1. Central line-associated bloodstream infections (CLABSI) for the following inpatient locations:
 - ACH Adult and Pediatric Critical Care Locations
 - ACH Adult and Pediatric Ward Locations
 - ACH Adult and Pediatric Specialty Care Areas
 - ACH Neonatal Critical Care Unit (NICU) Levels II/III, III and IV Locations
 - LTACH Adult and Pediatric Critical Care Locations
 - LTACH Adult and Pediatric Ward Locations
 - IRF Adult and Pediatric Ward Locations
2. Catheter-associated urinary tract infections (CAUTI) for the following inpatient locations:
 - ACH Adult and Pediatric Critical Care Locations
 - ACH Adult and Pediatric Ward Locations
 - ACH Adult and Pediatric Specialty Care Areas
 - LTACH Adult and Pediatric Critical Care Locations
 - LTACH Adult and Pediatric Ward Locations
 - IRF Adult and Pediatric Ward Locations
3. Laboratory-identified (LabID) Events in facility-wide inpatient locations in ACHs, LTACHs and IRFs for:
 - Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSI)
 - *Clostridioides difficile* infections (CDI)

4. Procedure-level and surgical site infections (SSI) for the following procedure types:

- Abdominal hysterectomy (HYST)
- Colon surgeries (COLO)
- Coronary artery bypass grafts, chest, and donor incisions (CBGB)
- Coronary artery bypass grafts, chest incision only (CBGC)
- Hip replacements (HPRO)
- Knee replacements (KPRO)

This report compiles data entered from 82 South Carolina hospitals for infections that occurred from Jan. 1, 2024, through Dec. 31, 2024. Data were summarized using the standardized infection ratio (SIR), a measure calculated by dividing the total number of observed HAIs for a specific category by the total number of predicted HAIs, based on benchmarks developed by the Centers for Disease Control and Prevention (CDC). The SIR adjusts for various facility and/or patient level factors that contribute to the risk of HAIs.

Table 1. National SIR Reduction Targets for 2020 and 2030

Measure	2020 Target Reduction / Target SIR	2030 Target Reduction / Target SIR
CLABSI	50% / .50	Removed
SSI	30% / .70	Removed
HO-CDI	30% / .70	30% / .70
HO-MRSA BSI	50% / .50	50% / .50

In this report, South Carolina's SIR is presented for CLABSI, CAUTI, SSI, MRSA BSI LabID Events, and CDI LabID Events, and is compared to the U.S. Department of Health and Human Services (DHHS) Healthy People national prevention targets for select HAIs in ACHs, seen in Table 1. While the Healthy People 2020 initiative targeted CLABSI, SSI, CDI, and MRSA BSI, the recently published Healthy People 2030 targets have a refined focus on prevention of health care facility-onset (HO) CDI and MRSA BSI.¹ The new objectives prioritize addressing emerging health concerns, promoting equity in health care, and achieving national health goals. South Carolina's CAUTI SIRs are compared against the DHHS National Acute Care Hospital 2020 HAI targets.

The Healthy People 2020 target for CLABSI is a 50% reduction compared to the national baseline, which equates to an SIR of 0.50 and for SSIs, the target is a 30% reduction compared to the national baseline, or a target SIR of 0.70. MRSA BSI and CDI LabID Events are compared with newly published Healthy People 2030 targets for ACHs. In reference to LabID Events, the 2030 target SIR for MRSA is 0.50, which is a 50% reduction from the national baseline, and the target for the CDI SIR is a 30% reduction compared to the national baseline, which equates to an SIR of 0.70. The National Acute Care Hospital 2020 target for CAUTI is a 25% reduction, or a target SIR of 0.75.

South Carolina has made strides toward achieving the Healthy People targets for all reportable events. With SIRs below one (1.0), South Carolina ACHs performed better than predicted regarding CLABSI, CAUTI, SSI, MRSA BSI, and CDI events in 2024, indicating that there were fewer observed events than predicted events. However, opportunities for further improvement remain.

The SSI SIR of 0.99 failed to achieve the Healthy People 2020 target of an SSI SIR at or below 0.70. The CLABSI SIRs for ACHs (0.58), IRFs (0.13), and LTACHs (0.78) performed better than predicted with SIRs below one; however, unlike IRFs, ACHs and LTACHs did not meet the 2020 target of a CLABSI SIR at or less than 0.50. The CAUTI SIRs for ACHs (0.59) achieved the 2020 target of an SIR at or below 0.75; however, IRFs (1.39) and LTACHs (1.07) performed worse than expected with SIRs greater than 1. The MRSA BSI LabID Event SIRs for IRFs (0.00) and LTACHs (0.47) met the 2030 target of 0.50; however, ACHs (0.71) failed to meet the 2030 target. CDI LabID Event SIRs, ACHs (0.35), CAHs (0.00), IRFs (0.23), and LTACHs (0.14) in South Carolina performed better than expected with SIRs less than one. The CLABSI and MRSA BSI LabID Events for CAHs could not be calculated due to the number of predicted events being less than one.

Introduction

Health care-associated infections (HAIs) are a serious public health concern. Daily, approximately 1 in 31 patients in the United States contracts at least one infection in association with their health care.² In addition to causing sickness and death, HAIs pose a significant financial burden, adding billions of dollars to health care costs each year.³ Increased public awareness and understanding that HAIs are preventable have prompted consumers and policymakers to act. In 2006, South Carolina lawmakers passed the Hospital Infections Disclosure Act (HIDA) to provide consumers with fair, accurate and comparable information about hospital infections. HIDA has contributed to HAI prevention in South Carolina by allowing progress to be measured over time.

With the passing of HIDA, DPH established an advisory panel that focuses on evaluating and providing recommendations for the reporting and surveillance activities of HAIs within the state. The panel, also referred to as the HIDA Advisory Committee, is composed of health care consumer advocates, infection preventionists, hospital leaders, infectious disease physicians, health care quality improvement organizations and DPH representatives. A current list of HIDA Advisory Committee members is available in [Appendix A](#). The HIDA Statute is available on the [DPH website](#).

Using the CDC's National Healthcare Safety Network (NHSN) HAI surveillance definitions, the advisory panel recommends that all acute care, critical access, long-term acute care, and inpatient rehabilitation hospitals licensed by DPH report HAI data by facility type, as presented in Table 2, below. HIDA allows for flexibility in reporting requirements, as recommended by the HIDA Advisory Committee. Following a decision made by the HIDA Advisory Committee, beginning with the 2024 HIDA Report, CAUTI data are included to enhance transparency, support facility-level performance assessments, and quality improvement efforts. CAUTI reporting to DPH via NHSN is an existing requirement. Ventilator-associated events (VAE), including pediatric VAE (PedVAE), are also reportable to DPH; however, the HIDA Advisory Committee decided not to include these events in the annual HIDA report. This decision was based on three principal factors: 1) NHSN's definition for Infection-related Ventilator-Associated Complications (IVAC) Plus events (which includes events meeting criteria for IVAC and Possible Ventilator-Associated Pneumonia (PVAP), as opposed to Total VAE, which includes Ventilator-Associated Conditions (VAC), IVAC, and PVAP) penalizes facilities for changing the antibiotic of a patient on a ventilator, which has negative implications for antimicrobial stewardship; 2) there is no sufficient tool available for the external validation of VAE; and 3) Centers for Medicare and Medicaid Services (CMS) has not released plans to require VAE reporting as previously expected. Nonetheless, having facilities report VAE and PedVAE provides DPH with the means to assist facilities in internal performance improvement efforts when requested. For additional information on VAEs, please refer to Chapter 10 of the CDC NHSN Patient Safety Component Manual.

Table 2. Required Data Elements for HIDA, by Facility Type

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

Note. Abbreviations used in the table include ACH: Acute care hospital; CAUTI: Catheter-Associated Urinary Tract Infection; CDI: *Clostridioides difficile* infection; CLABSI: Central line-associated bloodstream infection; HAI: Healthcare-associated infection; ICU: Intensive care unit (used interchangeably with critical care unit); IRF: Inpatient rehabilitation facility; LabID: Laboratory-identified; LTACH: Long-term acute care hospital; MRSA: Methicillin-resistant *Staphylococcus aureus*; PedVAE: Pediatric ventilator-associated events; SSI: Surgical site infection; VAE: Ventilator-associated events.

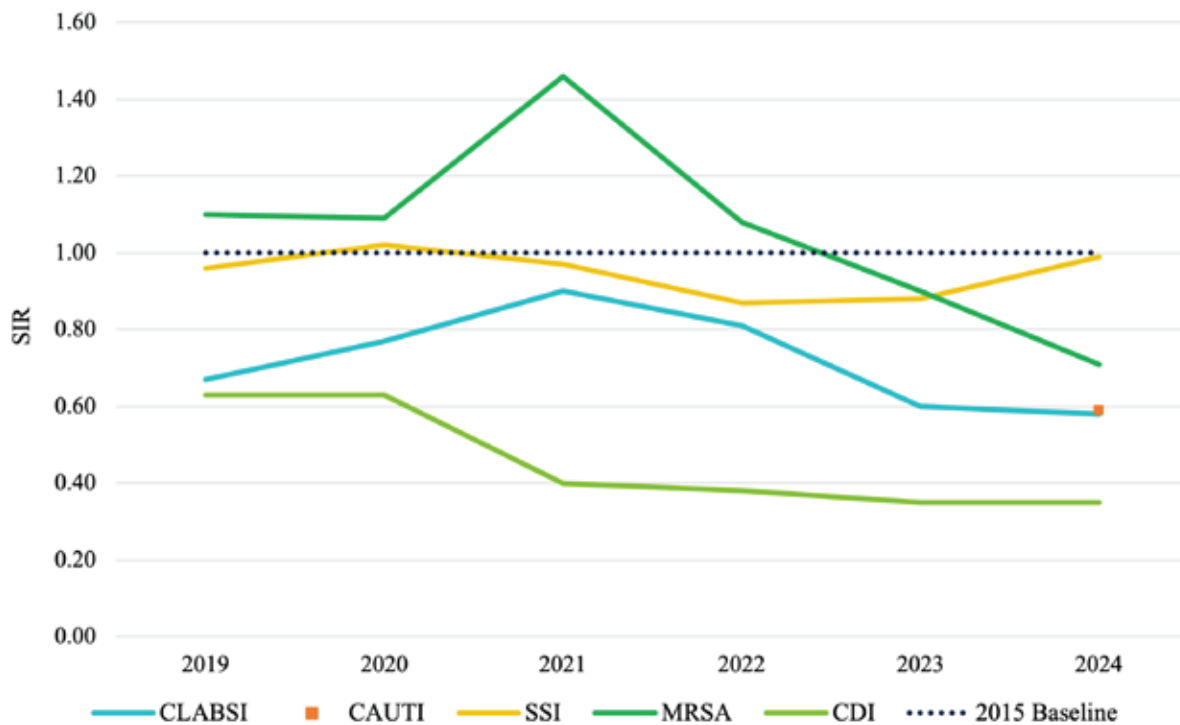
The HIDA Annual Report contains data from a full calendar year for which facilities have validated their data, including facility-specific HAI reports. All reports are made available to the public on the DPH’s [HIDA Public Reports](#) webpage. The public availability of reports helps consumers make informed choices about their health care and motivates facilities to reduce their infection rates.

Nationally, it has been estimated that roughly 687,000 HAIs occurred in 2015, resulting in 72,000 patient deaths.⁴ This is a decrease from the 2011 data, which approximated 722,000 HAIs and 75,000 deaths.⁵ Additionally, from 2011 to 2015, the HAI prevalence in hospitalized patients dropped approximately 16%, with 3.2% of patients having more than one HAI compared to 4.0% in 2011.⁶ This demonstrated improvement and commitment to patient safety and forecasted more improvements to come with HAIs. This report refers to 2015 baseline data, the most recent year the CDC HAI Prevalence Survey was updated. The 2022 re-baseline will be launched mid-2026.

Based on the CDC HAI Progress Report data, the calendar year 2024 showed national progress in HAI improvement throughout ACHs, specifically for CLABSI, CAUTI, VAE, MRSA, CDI, and COLO. Compared to 2023 data, CLABSI (9%), CAUTI (10%), VAE (2%), COLO (4%), MRSA (7%) and CDI (11%) all experienced decreases.⁷ Notably, CLABSI, CAUTI, MRSA, and CDI SIRs are all below the pre-pandemic (2019) SIRs.

Figure 1 illustrates annual changes in SIRs for select HAIs among SC ACHs from 2019 through 2024. Increases in MRSA BSI and CLABSI SIRs were observed in the state in 2020 and 2021, likely attributable to the increased use of invasive devices, higher patient acuity levels, longer patient length of stay, and continued changes to hospital practices during the COVID-19 pandemic.⁸ These trends were observed in national SIR data over the same period.⁹ Fluctuations are seen among the annual HAI SIRs, with notable decreases seen in 2022. In 2023, CLABSI, MRSA BSI, CDI, and SSI SIRs were all below the 2015 national baseline. In 2024, South Carolina’s ACH HAI SIRs remained below the national baseline; however, the SSI SIR has demonstrated an upward trend. CAUTI SIR data for years prior to 2024 have not been validated and are excluded from the SIR comparison in Figure 1.

Figure 1. Annual HAI SIRs in South Carolina ACHs, 2019 - 2024



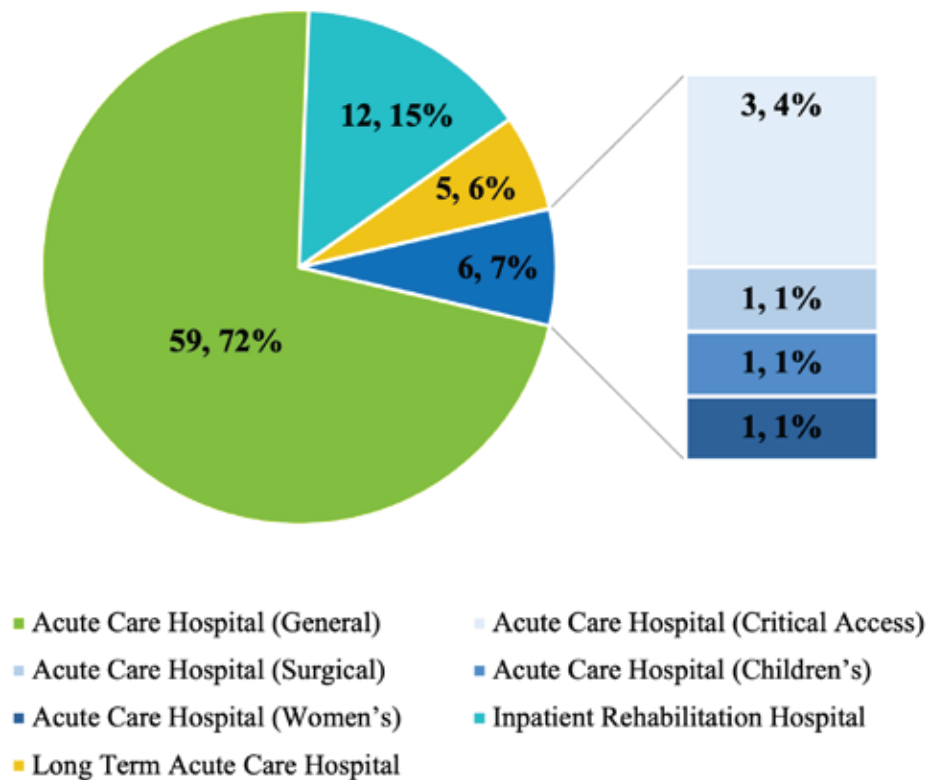
Methods

This report contains data entered from 82 South Carolina hospitals. It includes information regarding infections that occurred from Jan. 1, 2024, through Dec. 31, 2024.

Reporting Facility Information

Eighty-two hospitals of varying types were required to report HAI data to DPH via NHSN in 2024. Reporting facilities were comprised of 59 general hospitals, 12 inpatient rehabilitation hospitals (IRFs), five long-term acute care hospitals (LTACHs), three critical access hospitals (CAHs), one women’s hospital, one children’s hospital, and one surgical hospital (see Figure 2). One LTACH was excluded from the report since the data could not be validated. The facility closed in December 2024 and discharged all patients. The facility underwent ownership, license, and name changes, and reopened in January 2025.

Figure 2. Summary of HIDA Reporting Hospital Types - 2023



National Healthcare Safety Network (NHSN)

All data are reported through the NHSN database, which is a secure, internet-based surveillance system that is maintained by the Division of Healthcare Quality Promotion (DHQP) at the CDC. To fulfill HIDA reporting requirements for the 2024 reporting period, the 82 South Carolina health

care facilities granted DPH access to their data through NHSN. Hospitals must follow NHSN reporting definitions and procedures for all reportable HAIs. In addition to HIDA reporting, South Carolina health care facilities also report their data to NHSN to fulfill the requirements of the [CMS Hospital Inpatient Quality Reporting Program](#). The data are posted for public reporting on the DHHS [Care Compare](#) website. It is important to note that the data presented on the CMS Hospital Compare webpage may differ from South Carolina HIDA data reports as the reporting requirements and data submission deadlines are different for CMS as compared to HIDA.

Data Quality Assurance

Reporting hospitals must ensure that their data are consistently and accurately reported as required by NHSN. To ensure data are reported correctly, DPH has implemented regular data checks to identify any data quality and completeness issues. Once data checks are completed, DPH alerts facilities of possible incomplete or incorrect data entries. Prior to publication of the HIDA data, facilities are provided with the opportunity to review and correct reporting lapses and/or discrepancies in the data they have submitted to NHSN for the report period. NHSN users can create reports of “missing” or “incomplete” data that require correction. This NHSN flagging capability allows users to resolve their data issues before data are submitted per HIDA and CMS reporting requirements.

Prior to the publication of the HIDA annual report, DPH provides each facility with preliminary reports showing the number of data records that were downloaded from NHSN for the given reporting period. Facilities are given a month to review their facility-specific preliminary reports and to make changes within NHSN as needed. All reporting facilities are expected to sign a standard attestation letter stating the data they submitted are complete and accurate. The letter must be submitted to DPH prior to the publication of the HIDA annual reports. An example of the letter can be found in [Appendix B](#).

2024 HIDA Reporting Schedule And Data Deadlines

Historically, DPH published data from NHSN twice a year. Beginning with the 2024 HIDA Report, DPH will publish data from NHSN annually. The HIDA annual report (providing HAI data for the full calendar year) also includes the Healthcare Personnel Influenza Vaccination data (providing facility-specific data on healthcare personnel vaccination for the previous influenza season) as an appendix. The most recent reports are published on the [HIDA Public Reports](#) webpage. Previous annual reports are available on the [Past HIDA Reports](#) webpage.

Standardized Infection Ratio And 95% Confidence Interval Calculations

The standardized infection ratio (SIR) is a summary measure to track HAIs at a national, state or local level over time. The SIR adjusts for various facility and/or patient level factors that contribute to HAI risk within each facility.¹⁰ This metric serves as an indirect standardization method of

summarizing the HAI experience across many stratified groups of data (e.g., health care facilities or unit types). The SIR is used to compare the incidence of HAIs in South Carolina hospitals to national HAI data, adjusting for several risk factors with a significant association to the incidence of infections.¹¹ In this annual report, the SIR metric will be presented for CLABSI, SSI, MRSA BSI LabID Event and CDI LabID Event data. The SIR is calculated by dividing the total number of observed HAIs for a specific category by the total number of predicted HAIs based on national benchmark data.

$$\text{SIR} = \frac{\text{Observed Infections}}{\text{Predicted Infections}}$$

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

Interpreting the SIR:

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

Interpreting the 95% Confidence Interval:

Each SIR has a calculated 95% confidence interval (CI), which is a statistical range to assess the significance of the SIR. If the SIR falls within the range of the CI, then it signifies the “true” SIR with 95% confidence. If the SIR’s 95% CI includes the value of 1, then the observed number of infections is not significantly different from the number of predicted infections. If the SIR’s 95% CI does not include the value of 1, the observed number of infections is significantly different from the predicted number of infections. The 95% CI is not calculated if the predicted number of infections is ≥ 1 and the observed infections is 0.

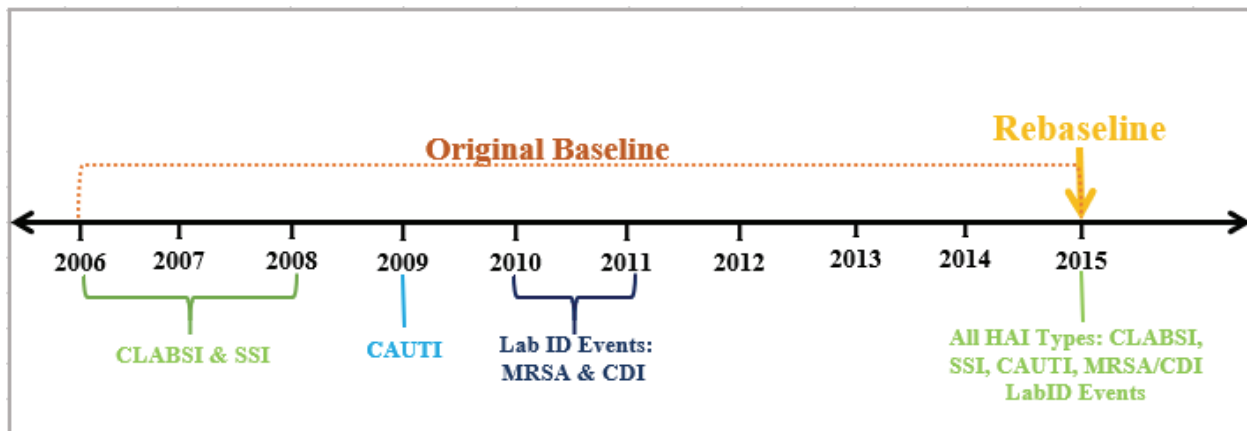
The 95% CI allows for comparison of the state’s HAI SIRs over time for internal benchmarking, as well as comparison with other states and the national SIR. When the 95% CIs overlap, there is not a statistically significant difference in the SIRs; however, when they do not overlap, there is a statistically significant difference (higher or lower).

Re-Baseline of SIR (2015)

“Re-baseline” is a term the CDC’s National Healthcare Safety Network (NHSN) utilizes to describe updates to the original HAI baseline calculations. The 2015 re-baseline updated the source of collective data from across the country, as well as the risk adjustment methodology used to create the original baselines. Data for all HAI types were simultaneously re-baselined in 2015,

as presented in Figure 3. Risk adjustment refers to the statistical process used to account for differences in facility and patient characteristics that may impact the number of infections reported by a hospital. For example, a hospital that treats a high volume of cancer patients may report a higher number of infections than a hospital without an oncology unit because patients undergoing cancer treatment are at higher risk for certain infections. When the data are risk-adjusted, comparisons between different hospitals can be made. The SIRs in this report are adjusted for risk factors such as the type of patient care location, bed size of the hospital, patient age, and several other factors.¹² For the purposes of this report, South Carolina hospital data is compared against the 2015 National Baseline as a means for monitoring progress over time.

Figure 3. Original Baseline and 2015 Rebaseline of HAI Events



Standardized Utilization Ratio and 95% Confidence Interval Calculations

The Standardized Utilization Ratio (SUR) is the primary summary measure used to track device use at a national, state, or local, or facility level over time.¹³ In device-associated HAI data analysis, the SUR compares the actual number of device days reported to what would be predicted, given the standard population (specifically, the NHSN baseline), adjusting for several factors that have been found to be significantly associated with differences in device utilization.¹³ The SUR is calculated by dividing the total number of observed device days by the total number of predicted device days. The number of predicted device days is calculated using multivariable logistic regression models generated from nationally aggregated 2015 baseline data.¹³ More information on calculating predicted events can be found in [The NHSN Standardized Utilization Ratio \(SUR\) Guide](#).

Central Line SUR Calculation:

$$\text{SUR} = \frac{\text{Observed Device Days}}{\text{Predicted Device Days}}$$

Device day data from multiple locations can be combined into a single SUR by summing the total number of observed device days and then dividing that number by the total number of predicted device days for those locations.

Interpreting the SUR:

- SUR is equal to 1: the observed number of device days is equal to the predicted number of device days.
- SUR is greater than 1: more device days were observed than predicted.
- SUR is less than 1: fewer device days were observed than predicted.

To maintain statistical precision, SURs are not calculated when the number of predicted device days is less than 1.0.

Interpreting the 95% Confidence Interval:

- CI does not include 1: the SUR is statistically different than 1. The number of observed device days is significantly different from the number predicted.
- CI includes 1: the SUR is not statistically different than 1. The number of observed device days is not significantly different from the number predicted.
- SUR is 0.000: the lower bound of the 95% CI will not be calculated. The number of device days is 0 and the number of predicted device days is ≥ 1.0 .

Central Line-Associated Blood Stream Infections (CLABSI)

Calculating CLABSI SIRs

The CLABSI SIR is calculated by dividing the total number of observed CLABSI occurrences by the total number of predicted CLABSI occurrences based on 2015 collective data from across the country. To calculate the number of predicted CLABSI, a negative binomial regression model is used. This negative binomial regression model uses the 2015 national HAI aggregate data and is adjusted for each facility using variables found to be significant predictors of HAI incidence. The National Healthcare Safety Network (NHSN) calculates the predicted events for facilities. More information on calculating predicted events can be found in [The NHSN Standardized Infection Ratio \(SIR\) Guide](#).

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

Location Type	Number of CLABSIs (Observed)	Number of CLABSIs (Predicted)	Number of Central Line Days (Observed)	CLABSI Rate (National Baseline Data)
Medical Cardiac Unit	2	1.156	578	2 per 1,000 central line days

Calculating the SIR for the Medical Cardiac Unit:

$$\text{SIR} = \frac{(\text{Observed CLABSI})}{(\text{Predicted CLABSI})}$$

$$\text{SIR} = \frac{2}{1.156}$$

$$\text{SIR} = 1.7$$

CLABSI data from multiple locations can be combined into a single SIR by summing the total number of observed CLABSI and then dividing that number by the total number of predicted CLABSI for those locations.

CLABSI Results

Table 3 presents CLABSI SIRs reported in South Carolina during 2024. Per the HIDA law, CLABSI SIRs are reported for the following location types: adult and pediatric critical care, neonatal critical care, adult and pediatric wards, step down units, and adult and pediatric specialty care areas. An asterisk (*) indicates that an SIR or 95% Confidence Interval could not be calculated due to a

very low number of infections. The overall CLABSI SIR in South Carolina is less than one (1.0). This indicates that South Carolina experienced significantly lower CLABSI compared to the number of CLABSI infections predicted for 2024. However, South Carolina is still above the SIR national target of 0.50.

The CLASBI SIRs for South Carolina’s acute care hospitals are significantly better than the national rate for critical care units, neonatal intensive care units, step down units, inpatient wards, oncology wards, and all combined location types. ACHs performed similarly to the national rate for specialty care units and rehabilitation wards.

Table 3. CLABSI SIRs in ACHs by Location - 2024

Location	Central Line Days	Observed CLABSI	Predicted CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Care Units	117,534	72	131.89	0.55	0.430, 0.683	★ Better
Neonatal Intensive Care Unit	16,954	13	23.65	0.55	0.306, 0.916	★ Better
Specialty Care Units	2,744	3	3.26	0.92	0.234, 2.506	Not Different
Step Down Units	31,869	18	29.16	0.62	0.377, 0.957	★ Better
Inpatient Wards	161,083	85	142.32	0.60	0.480, 0.735	★ Better
Oncology Ward	40,426	21	47.72	0.44	0.280, 0.661	★ Better
Rehabilitation Ward*	4,768	1	2.56	0.39	0.020, 1.925	Not Different
All Location Types	379,118	224	383.93	0.58	0.511, 0.664	★ Better

*Rehabilitation Ward not included in ‘All Location Types’.

CLASBI SIRs for critical access, inpatient rehabilitation, and long-term acute care hospitals are presented in Table 4, below. The CLABSI SIRs for critical access hospital locations could not be calculated due to the low number of predicted infections. Inpatient rehabilitation facilities performed better than the national CLABSI SIR baseline, reflecting an SIR of 0.13. Inpatient wards and critical care units within LTACHs performed no differently than the national baseline.

Table 4. CLABSI SIRs in CAHs, LTACHs, and IRFs by Location - 2024

Facility Type	Location	Central Line Days	Observed CLABSI	Predicted CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Access	Critical Care Units	26	0	< 1.0	*	*	No conclusion
	Inpatient Wards	624	0	< 1.0	*	*	No conclusion
	All Location Types	650	0	< 1.0	*	*	No conclusion
Inpatient Rehabilitation	All Location Types	13,757	1	7.50	0.13	0.007, 0.657	★ Better
Long-term Acute Care	Critical Care Unit	2,288	5	5.26	0.95	0.348, 2.107	Not Different
	Inpatient Ward	18,908	15	20.31	0.74	0.429, 1.191	Not Different
	All Location Types	21,196	20	25.57	0.78	0.491, 1.186	Not Different

CLABSI Microorganism Data

Figure 4 presents the microorganisms that were identified for all reported CLABSIs in ACHs, excluding neonatal intensive care units (NICUs), via their microorganism grouping. In 2024, Staphylococci represented approximately 22.58% of the total isolates reported for CLABSI in ACHs, excluding NICUs. Yeast, Enterobacterales, and Enterococci were the second, third and fourth most common organisms detected, comprising 21.20%, 20.28% and 18.89%, respectively. Other isolates reported for CLABSIs in ACHs, excluding NICUs, included, Other Gram-Negative Organisms (8.76%), Other Gram-Positive Organisms (3.23%), Other Anaerobic Organisms (2.76%), Streptococci (1.38%), and Other Burkholderiales (0.92%).

Figure 4. Identified Microorganisms for All Reported CLABSIs in ACHs – 2024

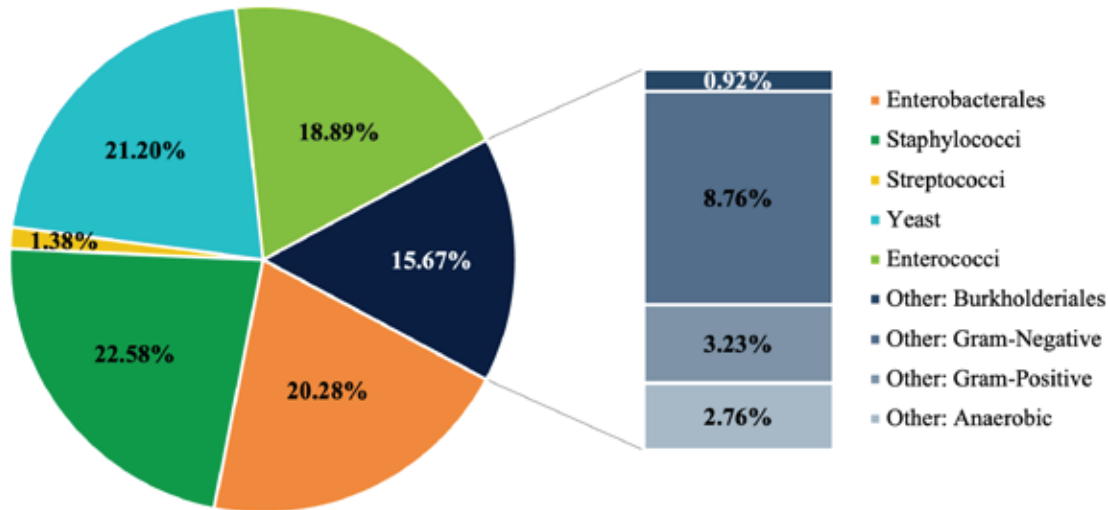


Figure 5 presents microorganisms that were identified for all reported CLABSIs in NICUs. In 2024, Enterococci, specifically *Enterococcus faecalis*, were the most common isolates identified in NICU CLABSIs, accounting for 38.46% of the total isolates. The second most identified isolates were Staphylococci: *Staphylococcus epidermidis* (7.69%), *Staphylococcus aureus* (7.69%), *Staphylococcus pasteuri* (7.69%), and *Staphylococcus coagulase negative* (7.69%). Other isolates reported for NICU CLABSIs included Enterobacterales: *Klebsiella aerogenes* (7.69%) and *Serratia marcescens* (7.69%), Streptococci: *Streptococcus agalactiae* (7.69%), and Yeast: *Candida albicans* (7.69%).

Figure 5. Identified Microorganisms for All Reported CLABSIs in NICUs – 2023

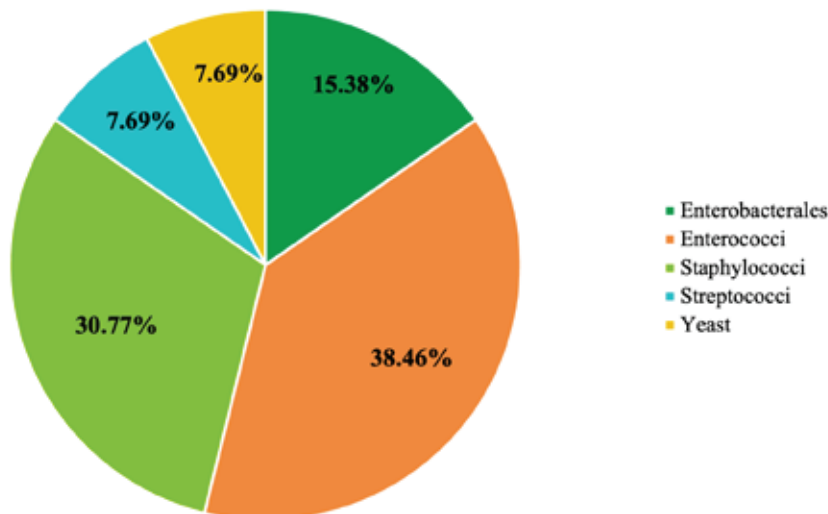
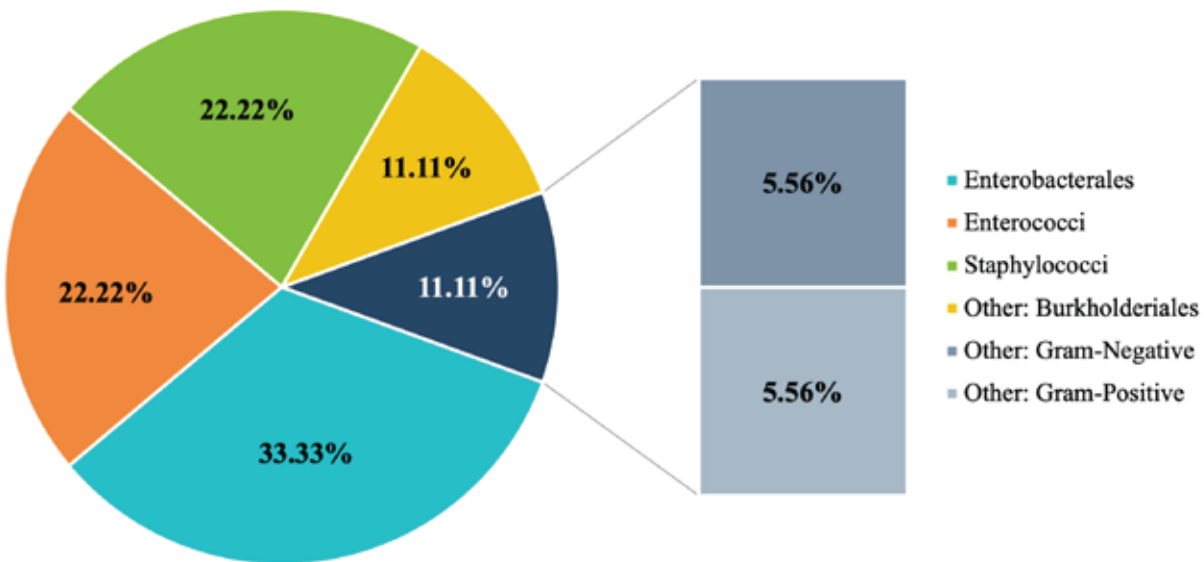


Figure 6 presents the identified microorganisms for all reported CLABSIs in LTACHs. In 2024, Enterobacterales, including *Klebsiella aerogenes*, *Serratia marcescens*, *Escherichia coli*, and *Enterobacter cloacae* complex, accounted for 33.33% of the total isolates. Enterococci, including *Enterococcus faecium*, represented 22.22% of total isolates. Staphylococci, including *Staphylococcus aureus* and *Staphylococcus epidermidis*, also represented 22.22% of total isolates. Burkholderiales, Other Gram-Negative Organisms, and Other Gram-Positive Organisms comprised 11.11%, 5.56%, and 5.56% of total isolates, respectively.

Figure 6. Identified Microorganisms for All Reported CLABSIs in LTACHs – 2024



Calculating Central Line SURs

The central line SUR is calculated by dividing the total number of observed central line device days by the total number of predicted central line device days. The number of predicted device days is calculated using multivariable logistic regression models generated from nationally aggregated 2015 baseline data.¹³ The National Healthcare Safety Network (NHSN) calculates the predicted events for facilities. More information on calculating predicted events can be found in [The NHSN Standardized Utilization Ratio \(SUR\) Guide](#).

Central Line SUR Calculation:

$$\text{SUR} = \frac{\text{(Observed Central Line Days)}}{\text{(Predicted Central Line Days)}}$$

Central line device data from multiple locations can be combined into a single SUR by summing the total number of observed central line device days and then dividing that number by the total number of predicted central line device days for those locations.

Central Line SUR Results

Table 5 presents central line SURs reported in South Carolina ACHs during 2024. Central line SURs are reported for the following location types: adult and pediatric critical care, neonatal critical care, adult and pediatric wards, step down units, and adult and pediatric specialty care areas. An asterisk (*) indicates that a SUR or 95% Confidence Interval could not be calculated due to a very low number of device days. The overall central line SUR in South Carolina ACHs is less than one (1.0). This indicates that South Carolina experienced significantly lower central line days compared to the number of central line days predicted for 2024.

The central line SURs for South Carolina’s ACHs are significantly better than the national rate for critical care units, neonatal intensive care units, specialty care units, step down units, inpatient wards, oncology wards, rehabilitation wards, and all combined location types, with SURs less than one.

Table 5. Central Line SURs in ACHs by Location - 2024

Location	Patient Days	Observed Central Line Days	Predicted Central Line Days	SUR	SUR 95% Confidence Interval	Statistical Interpretation
Critical Care Units	321,072	117,534	156,319.1	0.75	0.748, 0.756	★ Better
Neonatal Intensive Care Unit	105,740	16,954	23,867.36	0.71	0.700, 0.721	★ Better
Specialty Care Units	10,426	2,744	4,279.37	0.64	0.618, 0.666	★ Better
Step Down Units	284,118	31,869	44,377.70	0.72	0.710, 0.726	★ Better
Inpatient Wards	1,939,298	161,083	251,356.5	0.64	0.638, 0.644	★ Better
Oncology Ward	100,913	40,426	55,568.73	0.73	0.720, 0.735	★ Better
Rehabilitation Ward*	79,779	4,768	8,365.58	0.57	0.554, 0.586	★ Better
All Location Types	2,820,056	379,118	543,670.3	0.70	0.695, 0.700	★ Better

*Rehabilitation Ward not included in ‘All Location Types’.

Central line SURs for critical access, inpatient rehabilitation, and long-term acute care hospitals are presented in Table 6, below. The central line SURs for critical care units within CAHs performed

better than the national baseline, while SURs for inpatient wards within CAHs were similar to the national baseline. All location types within IRFs and LTACHs performed better than the national baseline.

Table 6. Central Line SURs in CAHs, LTACHs, and IRFs by Location - 2024

Facility Type	Location	Patient Days	Observed Central Line Days	Predicted Central Line Days	SUR	SUR 95% Confidence Interval	Statistical Interpretation
Critical Access	Critical Care Units	624	26	72.78	0.36	0.238, 0.516	★ Better
	Inpatient Wards	9,250	624	624.05	1.00	0.924, 1.081	Not Different
	All Location Types	9,874	650	696.83	0.93	0.863, 1.007	Not Different
Inpatient Rehabilitation	All Location Types	166,579	8,989	16,709.96	0.54	0.527, 0.549	★ Better
Long-term Acute Care	Critical Care Unit	4,491	2,288	2,444.97	0.94	0.898, 0.975	★ Better
	Inpatient Ward	53,364	18,908	2,9621.23	0.64	0.629, 0.647	★ Better
	All Location Types	57,855	21,196	32,066.20	0.66	0.652, 0.670	★ Better

Catheter-Associated Urinary Tract Infections (CAUTI)

Calculating CAUTI SIRs

Similarly to the CLABSI SIR calculation, the CAUTI SIR is calculated by dividing the total number of observed CAUTI occurrences by the total number of predicted CAUTI occurrences based on 2015 collective data from across the country. To calculate the number of predicted CAUTIs, a negative binomial regression model is used. This negative binomial regression model uses the 2015 national HAI aggregate data and is adjusted for each facility using variables found to be significant predictors of HAI incidence.¹⁰ The National Healthcare Safety Network (NHSN) calculates the predicted events for facilities. More information on calculating predicted events can be found in [The NHSN Standardized Infection Ratio \(SIR\) Guide](#).

Calculating the CAUTI SIR:

$$\text{SIR} = \frac{\text{(Observed CAUTI)}}{\text{(Predicted CAUTI)}}$$

CAUTI data from multiple locations can be combined into a single SIR by summing the total number of observed CAUTI and then dividing that number by the total number of predicted CAUTI for those locations.

CAUTI Results

Table 7 presents CAUTI SIRs reported in South Carolina during 2024. Per the HIDA law, CAUTI SIRs are reported for the following location types: adult and pediatric critical care, adult and pediatric wards, and adult and pediatric specialty care areas. An asterisk (*) indicates that an SIR or 95% Confidence Interval could not be calculated due to a very low number of infections. The overall CAUTI SIR in South Carolina is less than one (1.0). This indicates that South Carolina experienced significantly lower CAUTIs compared to the number of CAUTIs predicted for 2024.

The CAUTI SIRs for South Carolina's acute care hospitals (ACHs) are significantly better than the national rate for critical care units, inpatient wards, and all combined location types. ACHs performed similarly to the national rate for specialty care units and rehabilitation wards.

Table 7. CAUTI SIRs in ACHs by Location – 2024

Location	Urinary Catheter Days	Observed CAUTI	Predicted CAUTI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Care Units	126,392	71	182.13	0.39	0.307, 0.489	★ Better
Specialty Care Units	887	0	1.15	0.00	No Lower Bound, 2	Not Different
Inpatient Wards	176,767	137	168.28	0.81	0.686, 0.959	★ Better
Rehabilitation Ward*	5,009	9	9.05	0.99	0.485, 1.824	Not Different
All Location Types	304,046	208	351.56	0.59	0.515, 0.676	★ Better

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

CAUTI SIRs for critical access, long-term acute care and inpatient rehabilitation hospitals are presented in Table 8, below. The CAUTI SIRs for critical care units within CAHs could not be calculated due to the low number of predicted infections. Inpatient wards within CAHs, all location types within IRFs, and all location types within LTACHs performed no differently than the national baseline.

Table 8. CAUTI SIRs in CAHs, LTACHs, and IRFs by Location – 2024

Facility Type	Location	Urinary Catheter Days	Observed CAUTI	Predicted CAUTI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Access	Critical Care Units	77	0	< 1.0	*	*	No conclusion
	Inpatient Wards	630	1	1.00	1.00	0.050, 4.913	Not Different
	All Location Types	707	1	1.19	0.84	0.042, 4.138	Not Different
Inpatient Rehabilitation	All Location Types	15,685	30	21.65	1.39	0.952, 1.954	Not Different
Long-term Acute Care	Critical Care Unit	1,705	4	4.93	0.81	0.258, 1.955	Not Different
	Inpatient Ward	12,533	26	23.16	1.12	0.749, 1.622	Not Different
	All Location Types	14,238	30	28.09	1.07	0.734, 1.505	Not Different

*Mixed acuity and step-down unit locations are not included per HIDA reporting requirements.

Calculating Urinary Catheter SURs

The urinary catheter SUR is calculated by dividing the total number of observed urinary catheter device days by the total number of predicted urinary catheter device days. The number of predicted device days is calculated using multivariable logistic regression models generated from nationally aggregated 2015 baseline data.¹³ The National Healthcare Safety Network (NHSN) calculates the predicted events for facilities. More information on calculating predicted events can be found in [The NHSN Standardized Utilization Ratio \(SUR\) Guide](#).

Urinary Catheter SUR Calculation:

$$\text{SUR} = \frac{\text{(Observed Urinary Catheter Days)}}{\text{(Predicted Urinary Catheter Days)}}$$

Urinary Catheter device data from multiple locations can be combined into a single SUR by summing the total number of observed urinary catheter device days and then dividing that number by the total number of predicted urinary catheter device days for those locations.

Urinary Catheter SUR Results

Table 9 presents urinary catheter SURs reported in South Carolina during 2024. Urinary catheter SURs are reported for the following location types: adult and pediatric critical care, adult and pediatric wards, and adult and pediatric specialty care areas. An asterisk (*) indicates that a SUR or 95% Confidence Interval could not be calculated due to a very low number of device days. The overall urinary catheter SUR in South Carolina ACHs is less than one (1.0). This indicates that South Carolina experienced significantly lower urinary catheter days compared to the number of urinary catheter days predicted for 2024.

The urinary catheter SURs for South Carolina's ACHs are significantly better than the national rate for critical care units, specialty care units, inpatient wards, rehabilitation wards, and all combined location types, with SURs less than one.

Table 9. Urinary Catheter SURs in ACHs by Location – 2024

Location	Patient Days	Observed Urinary Catheter Days	Predicted Urinary Catheter Days	SUR	SUR 95% Confidence Interval	Statistical Interpretation
Critical Care Units	321,072	126,392	178,391.9	0.71	0.705, 0.712	★ Better
Specialty Care Units	10,426	887	1,614.82	0.55	0.514, 0.586	★ Better
Inpatient Wards	1939278	176,767	27,7451.9	0.64	0.634, 0.640	★ Better
Rehabilitation Ward*	79,779	5,009	6,201.20	0.81	0.786, 0.830	★ Better
All Location Types	2270776	304,046	457,458.6	0.67	0.662, 0.667	★ Better

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

Urinary catheter SURs for critical access, inpatient rehabilitation, and long-term acute care hospitals are presented in Table 10, below. CAH critical care units (0.38) and inpatient wards (0.86), IRF locations (0.83), and LTACH critical care units (0.74) and inpatient wards (0.59), all performed better than the national baseline.

Table 10. Urinary Catheter SURs in CAHs, LTACHs, and IRFs by Location – 2024

Facility Type	Location	Patient Days	Observed Urinary Catheter Days	Predicted Urinary Catheter Days	SUR	SUR 95% Confidence Interval	Statistical Interpretation
Critical Access	Critical Care Units	624	77	205.55	0.38	0.298, 0.466	★ Better
	Inpatient Wards	5,271	630	733.88	0.86	0.793, 0.927	★ Better
	All Location Types	5,895	707	939.43	0.75	0.699, 0.810	★ Better
Inpatient Rehabilitation	All Location Types	166,579	10,676	12,948.15	0.83	0.809, 0.840	★ Better
Long-term Acute Care	Critical Care Unit	4,491	1,705	2,313.36	0.74	0.703, 0.773	★ Better
	Inpatient Ward	53,364	12,533	21,319.96	0.59	0.578, 0.598	★ Better
	All Location Types	57,855	14,238	23,633.32	0.60	0.593, 0.612	★ Better

Laboratory-Identified (LabID) Events

Unlike other statistical measures associated with inpatient facilities, LabID Events are not reported and stratified by location. LabID Events are reported facility-wide to include all inpatient locations. Outpatient emergency departments, adult and pediatric, and 24-hour observation locations are included in the facility-wide reporting of LabID Events for ACHs. CMS-certified IRFs and IPFs with a unique CCN from the ACH (even units whose CCNs differ by a single character) are excluded from the facility-wide inpatient (FacWideIN) data.

HO-MRSA BSI SIR Calculations And Results

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

As presented in Table 11, there were 147 HO-MRSA BSI LabID Events reported in 2024 from ACHs, CAHs, IRFs and LTACHs across South Carolina. This is a decrease from the 190 HO-MRSA BSI LabID Events reported in 2023. The SIRs for ACHs and IRFs were significantly better than the national HO-MRSA BSI LabID Event SIR. Zero HO-MRSA BSI LabID events were detected in CAHs, and the predicted infections were less than one; therefore, no SIR or 95% confidence interval could be calculated. LTACHs performed similarly to the national baseline.

Table 11. HO-MRSA BSI LabID Events in South Carolina Hospitals - 2024

Facility Type	Patient Days	Observed MRSA BSI LabID Events	Predicted MRSA BSI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,847,839	143	202.30	0.71	0.598, 0.830	★ Better
Critical Access	6,444	0	< 1.0	*	*	No conclusion
Inpatient Rehabilitation	166,525	0	3.17	0.00	No Lower Bound, 0.946	★ Better
Long-term Acute Care	57,843	4	8.48	0.47	0.150, 1.138	Not Different

HO-CDI SIR Calculations And Results

In South Carolina, all laboratory-identified *Clostridioides difficile* infections (CDIs) are mandated to be reported; however, CDI SIR calculations only reflect those that were health care facility-onset (HO). Table 12 displays a total of 462 HO-CDI LabID Events reported from South Carolina hospitals in 2024. This is a decrease from the 481 HO-CDI LabID Events that were reported in 2023. The SIRs for ACHs, IRFs and LTACHs were significantly better than the national HO-CDI LabID Event SIR, whereas CAHs performed similarly to the national baseline, with zero observed events and 1.22 predicted HO-CDI LabID events.

Table 12. HO-CDI LabID Events in South Carolina Hospitals - 2024

Facility Type	Patient Days	Observed CDI LabID Events	Predicted CDI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,633,694	439	1,272.80	0.35	0.314, 0.378	★ Better
Critical Access	5,543	0	1.22	0.00	No Lower Bound, 2	Not Different
Inpatient Rehabilitation	166,525	16	68.71	0.23	0.138, 0.370	★ Better
Long-term Acute Care	57,843	7	51.16	0.14	0.060, 0.271	★ Better

Surgical Site Infections (SSI)

Calculating SSI SIRs

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

Facility-specific comparison of SSI reports are available for the following procedure types: coronary artery bypass graft (chest incision only), coronary artery bypass graft (chest and donor incisions), hip prosthesis, knee prosthesis, abdominal hysterectomy, and colon surgery. The SSI SIR model presented in this report is the Complex Admission/Readmission Surgical Site Infection (A/R SSI) model.

Complex A/R SSI Model Inclusion Criteria¹⁴:

- Includes only deep incisional primary SSIs and organ/space SSIs.
- Includes only SSIs identified on admission/readmission to facility where procedure was originally performed.
- Includes only inpatient procedures.
- Separate models for patient population (pediatric data is separate from adult data).

SSI Results

Table 13 presents the Complex A/R SSI SIR for each reportable procedure type for South Carolina in 2024. For five of the six procedure types, the number of infections in South Carolina was not significantly different from the number of infections across the country. Whereas hip prosthesis (HPRO) procedures reflected a higher, statistically significant SIR of 1.27. The percentage of MRSA positive cultures from each SSI procedure type is reflected below. Of all SSIs reported, MRSA was detected in 4.36% of positive cultures.

Table 13. South Carolina Complex A/R SSI SIR by Surgical Procedure – 2024

Procedure	Number of Procedures	Observed A/R SSI	Predicted A/R SSI	Complex A/R SIR	95% Confidence Interval	Statistical Interpretation	% MRSA Positive Culture*
Coronary Bypass Graft (Chest & Donor Incision)	3,347	25	29.51	0.85	0.560, 1.232	Not Different	4.0%
Coronary Bypass Graft (Chest Only Incision)	241	0	1.89	0.00	No Lower Bound, 1.583	Not Different	0.00%
Abdominal Hysterectomy	4,763	33	32.66	1.01	0.707, 1.403	Not Different	0.00%
Hip Prosthesis (Replacement)	8,779	78	61.32	1.27	1.012, 1.579	✖ Worse	11.5%
Knee Prosthesis (Replacement)	11,125	52	40.03	1.30	0.980, 1.690	Not Different	7.7%
Colon Surgery	6,027	133	156.44	0.85	0.715, 1.004	Not Different	0.00%
All Procedures	34,282	321	321.85	0.99	0.893, 1.111	Not Different	4.36%

*% MRSA Positive Culture represents the percentage of SSI events with at least one MRSA-positive culture among all SSI events for the procedure type.

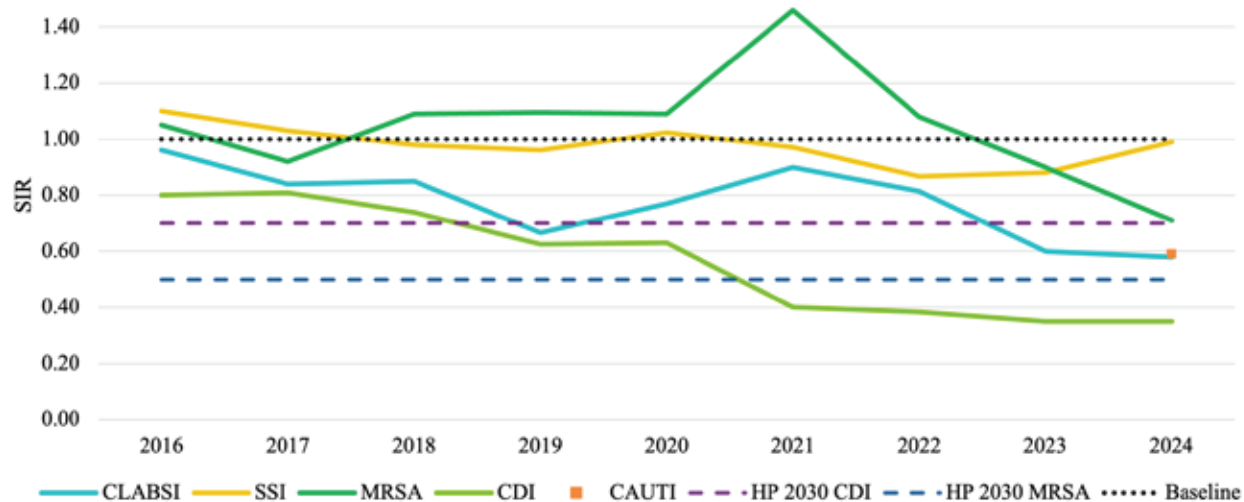
Conclusion

This report presents findings that indicate a positive trend in the reduction of HAIs among South Carolina ACHs. However, sustaining and advancing this progress requires a multifaceted approach. A robust infection prevention and control (IPC) program is essential. Core IPC practices, such as standard precautions, transmission-based precautions, hand hygiene, use of personal protective equipment, environmental cleaning, and injection safety, when consistently and effectively implemented, reduce the incidence of HAIs across health care settings.¹⁵ Effective IPC programs require not only policy development, but also adequate staffing, leadership support, data-driven decision making, and ongoing training. Hospitals are encouraged to conduct regular internal data quality checks to identify specific areas for improvement. It is important to note that fluctuations in the SIRs can result from various contributing factors, which is why data analysis and data-based, targeted interventions are critical.

Key Findings:

South Carolina's ACH performance is compared to the Healthy People 2030 national targets for MRSA and CDI LabID events in Figure 7. South Carolina has made strides to reach the Healthy People targets for all reportable events. CLABSI, CAUTI, SSI, MRSA BSI, and CDI SIRs continued to be less than one (1.0), indicating that there were less observed events than predicted events. Notably, MRSA BSI SIRs have been trending below the national baseline since 2023.

Figure 7. SC ACH Performance Compared to Healthy People Targets, 2016 - 2024



The Healthy People 2020 target for CLABSI SIR is a 50% reduction compared to the 2015 national baseline, which equates to an SIR of 0.50. The CLABSI SIR for IRFs was 0.13, which met the 2020 target, whereas ACHs and LTACHs failed to meet the target, with SIRs of 0.58, and 0.78, respectively. The 2024 CLABSI SIR for CAHs could not be calculated for South Carolina because

the number of predicted events was less than one. The National Acute Care Hospital 2020 CAUTI target is a 25% reduction compared to the 2015 national baseline, or a target SIR of 0.75. ACHs met the CAUTI target with an SIR of 0.59; however, IRFs and LTACHs did not meet the target with SIRs at 1.39 and 1.07 respectively. For SSIs, the Healthy People 2020 target is a 30% reduction compared to the national baseline, or a target SIR of 0.70. In 2024, South Carolina's overall SSI SIR for ACHs did not meet the national target with an SIR of 0.99.

In reference to LabID Events, the Healthy People 2030 MRSA BSI SIR target is 0.50 and the CDI SIR target is 0.70, which is a 50% reduction for MRSA BSI and a 30% reduction for CDI from the 2015 Re-baseline. In 2024, the MRSA BSI SIR for ACHs (0.71) failed to meet the 2030 target of 0.50, whereas the SIRs for IRFs (0.00) and LTACHs (0.47) achieved the 2030 target. South Carolina's MRSA BSI SIR for CAHs could not be calculated due to the number of predicated events being less than one. The 2024 CDI SIRs for ACHs (0.35), CAHs (0.00) IRFs (0.23), and LTACHs (0.14) in South Carolina achieved the national target.

Limitations:

There are three limitations that should be considered when interpreting the data presented in this report. First, the HIDA report does not include VAE or PedVAE data, which may influence the perception of facilities in South Carolina and their true standing in regard to HAIs. Second, the 2015 NHSN HAI Re-baseline SIRs, which serve as a comparative metric, are based on 2015 data and may not reflect more recent HAI data trends. The 2022 NHSN HAI Re-baseline, which includes updated calculations and risk adjustment models for the SIR and SUR, is still under development by the CDC and is anticipated to be launched in 2026. Third, CAUTI data for years prior to 2024 have not been validated and are excluded from the SIR comparison.

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Appendix A: List of HIDA Advisory Committee Members

DPH Representatives

- Abdoulaye Diedhiou, M.D., PhD, Communicable Disease Epidemiology Section Director
- Alison Jamison-Haggwood, Healthcare-Associated Infections Unit Manager
- Anna-Kathryn Burch, M.D., Infectious Disease Medical Consultant
- Autumn Avila, Healthcare-Associated Infections Epidemiologist II
- Linda Bell, M.D., State Epidemiologist
- Patricia Kopp, Healthcare-Associated Infections Coordinator
- Rebecca Walker, Nurse Consultant
- Carman Graham, ARLN Lab/EPI Coordinator, Clinical Microbiology
- William D. Britt, General Counsel, DPH

APIC Palmetto Infection Preventionist Representatives

- Kathy Ward, Infection Preventionist, Roper St. Francis Hospital
- Michelle Bushey, Manager Infection Prevention, Shriners Hospital for Children
- Scott Bernshausen, Infection Prevention/Director of Quality and Patient Safety, MUSC
- Beth Smith, Infection Preventionist, Greenville Memorial Hospital

Infectious Disease Physician Representatives

- Majdi N. Al-Hasan, M.D., USC School of Medicine
- Pamela Bailey, DO, MPH, Prisma Health

Pharmacy Representatives:

- Kayla Antosz, PharmD, Antimicrobial Stewardship Pharmacist, USC College of Pharmacy

South Carolina Hospital Association Representatives

- Beth Morgan, Quality Improvements Project Manager

Consumer Representatives

- Jon Ruoff, Founder, The Ruoff Group
- Jerry Alewine, Ed.D, RRT, RCP, South Carolina Society for Respiratory Care

Constellation Quality Health Representatives

- Kristine Williamson, Quality Improvement Specialist

Appendix B: Standard Attestation Letter

Date: _____

Facility: _____

Dear Infection Preventionist,

To ensure the accuracy and timeliness of individual Hospital Infections Disclosure Act (HIDA) facility reports, and to allow for a more concrete way to evaluate the quality and accuracy of hospital information reported under SC Code of Laws Section 44-7-2410 et seq., infection preventionists must sign below, affirming they have reviewed and made corrections, if needed, to their facility’s 2024 HIDA Annual Report.

Please note that if a facility does not submit a signed version of this letter or notify us of any discrepancy in the report by Friday, October 31, 2025, the facility’s report will be posted on the SC Department of Public Health’s [HIDA webpage](#), and marked with an asterisk to note that the facility failed to confirm the accuracy of their report prior to the publish date. The intent of this statement is to ensure facilities are accountable for their data in a timely fashion and to avoid any unnecessary delays caused by last minute change requests.

STATEMENT OF REVIEW AND CORRECTION:

To the best of my knowledge, my facility’s preliminary HIDA reports, including central line-associated bloodstream infection (CLABSI) data, catheter-associated urinary tract infection (CAUTI) data, surgical site infection (SSI) data, Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) laboratory-identified event data, and Clostridioides difficile infection (CDI) laboratory-identified event data reported from January through December 2024, is accurate. Any errors identified during the review process have been corrected within NHSN.

INSTRUCTIONS FOR SUBMISSION:

Please copy this letter on facility letterhead and email/scan the signed form to Autumn Avila at avilaam@dph.sc.gov no later than Friday, October 31, 2025. We appreciate your continued collaboration in ensuring the accuracy and transparency of HAI data reporting.

Date:
Facility Name:
Infection Preventionist Name:
Infection Preventionist Signature:





Appendix C: Facility-Level Data

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

Jan. 1, 2024 – Dec. 31, 2024

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

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

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

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Critical Care Unit	N/A	N/A	N/A	N/A	No conclusion
	Inpatient Ward	0	< 1.00	N/C	N/C	No conclusion
Aiken Regional Medical Center	Critical Care Units	0	2.49	0.00	0.083	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	0	< 1.00	N/C	N/C	No conclusion
Allendale County Hospital	Inpatient Wards	0	2.16	0.00	0.116	= Same
	Inpatient Ward	0	< 1.00	N/C	N/C	No conclusion
AnMed Health Cannon	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
AnMed Health Medical Center	Critical Care Units	3	5.32	0.56	0.323	= Same
	Step Down Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	6.71	0.15	0.011	★ Better
AnMed Health Rehabilitation	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	N/A	N/A	N/A	N/A	No conclusion
AnMed North Campus	Critical Care Units	2	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	1	< 1.00	N/C	N/C	No conclusion
	Step Down Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	2	1.65	1.21	0.723	= Same
	Step Down Units	N/A	N/A	N/A	N/A	No conclusion
Bon Secours St. Francis Eastside	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	2	3.20	0.63	0.551	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	3	3.73	0.81	0.769	= Same
	Oncology Ward	2	4.58	0.44	0.222	= Same
Bon Secours St. Francis Hospital - Downtown	Critical Care Units	1	< 1.00	N/C	N/C	No conclusion
	Step Down Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Carolina Pines Regional Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Cherokee Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	N/A	N/A	N/A	N/A	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Coastal Carolina Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	N/A	N/A	N/A	N/A	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Conway Medical Center	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	1.73	0.58	0.659	= Same
East Cooper Regional Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Edgefield County Hospital	Inpatient Ward	0	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
Encompass Rehabilitation Hospital of Bluffton	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
Encompass Rehabilitation Hospital of Columbia	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
Encompass Rehabilitation Hospital of Florence	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
Encompass Rehabilitation Hospital of Greenville	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
Grand Strand Regional Medical Center	Critical Care Units	3	5.17	0.58	0.353	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	1	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	2	5.19	0.39	0.144	= Same
Greenwood Regional Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Hampton Regional Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Hilton Head Regional Medical Center	Critical Care Units	1	< 1.00	N/C	N/C	No conclusion
	Step Down Units	1	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
Kershaw Health	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Lexington Medical Center	Critical Care Units	1	5.87	0.17	0.022	★ Better
	Step Down Units	3	4.53	0.66	0.509	= Same
	Inpatient Wards	1	10.34	0.10	0.000	★ Better
	Oncology Ward	3	4.82	0.62	0.431	= Same
Lexington Regional Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
McLeod Health Cheraw	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
McLeod Health Clarendon	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
McLeod Loris	Critical Care Units	1	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
McLeod Medical Center - Dillon	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	2	9.81	0.20	0.004	★ Better
McLeod Regional Medical Center	Neonatal Intensive Care Unit	2	1.16	1.72	0.436	= Same
	Specialty Care Units	3	3.26	0.92	0.958	= Same
	Step Down Units	1	2.14	0.47	0.488	= Same
	Inpatient Wards	1	4.38	0.23	0.080	= Same
	Oncology Ward	0	1.71	0.00	0.182	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
McLeod Seacoast	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	2	1.61	1.24	0.699	= Same
Medical University Hospital Authority (MUSC)	Critical Care Units	13	27.69	0.47	0.002	★ Better
	Neonatal Intensive Care Unit	3	6.56	0.46	0.149	= Same
	Step Down Units	0	4.52	0.00	0.011	★ Better
	Inpatient Wards	22	23.82	0.92	0.733	= Same
	Oncology Ward	9	16.37	0.55	0.054	= Same
Midlands Regional Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
Mount Pleasant Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
MUSC Columbia Medical Center Northeast	Critical Care Units	N/A	N/A	N/A	N/A	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Black River Medical Center	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
MUSC Health Chester Regional Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Columbia Medical Center Downtown	Critical Care Units	3	1.64	1.84	0.310	= Same
	Inpatient Wards	2	2.61	0.77	0.781	= Same
MUSC Health Florence Medical Center	Critical Care Units	1	2.56	0.39	0.352	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	1	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	4	2.05	1.95	0.210	= Same
	Critical Care Units	0	1.28	0.00	0.278	= Same
MUSC Health Lancaster Medical Center	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	1.78	0.00	0.169	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Marion Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	3	< 1.00	N/C	N/C	No conclusion
MUSC Health Orangeburg Medical Center	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	2	1.65	1.21	0.721	= Same
MUSC Health Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
Newberry County Memorial Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
Pelham Health System	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Piedmont Medical Center	Critical Care Units	1	2.75	0.36	0.305	= Same
	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	2	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Piedmont Medical Center Fort Mill	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	1	1.18	0.85	0.980	= Same
Prisma Health Baptist	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	3	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	3	2.24	1.34	0.578	= Same
Prisma Health Baptist Easley Hospital	Oncology Ward	1	1.56	0.64	0.750	= Same
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Prisma Health Baptist Easley Hospital	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Greenville Memorial Hospital	Critical Care Units	13	17.18	0.76	0.316	= Same
	Neonatal Intensive Care Unit	3	7.34	0.41	0.089	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	0	1.47	0.00	0.231	= Same
	Inpatient Wards	14	17.41	0.80	0.424	= Same
	Oncology Ward	5	7.92	0.63	0.302	= Same
Prisma Health Greer Memorial Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	N/A	N/A	N/A	N/A	No conclusion
	Inpatient Wards	0	1.01	0.00	0.363	= Same
Prisma Health Hillcrest Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	2	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Prisma Health Laurens County Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Prisma Health North Greenville Hospital	Critical Care Unit	2	2.66	0.75	0.760	= Same
	Inpatient Ward	2	4.09	0.49	0.311	= Same
	Critical Care Units	2	< 1.00	N/C	N/C	No conclusion
Prisma Health Oconee Memorial Hospital	Step Down Units	N/A	N/A	N/A	N/A	No conclusion
	Inpatient Wards	1	1.92	0.52	0.573	= Same
	Critical Care Units	3	< 1.00	N/C	N/C	No conclusion
Prisma Health Parkridge	Inpatient Wards	0	1.13	0.00	0.323	= Same
	Step Down Units	N/A	N/A	N/A	N/A	No conclusion
Prisma Health Patewood Hospital	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Richland	Critical Care Units	8	15.83	0.51	0.035	★ Better
	Neonatal Intensive Care Unit	4	5.75	0.70	0.496	= Same
	Inpatient Wards	12	13.93	0.86	0.632	= Same
	Oncology Ward	0	1.56	0.00	0.209	= Same
Prisma Health Tuomey	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	1.20	0.00	0.302	= Same
	Oncology Ward	0	1.10	0.00	0.333	= Same
Regency Hospital of Florence	Inpatient Ward	2	4.07	0.49	0.314	= Same
Regency Hospital of Greenville	Inpatient Ward	0	1.95	0.00	0.142	= Same
Roper Hospital	Critical Care Units	1	2.79	0.36	0.294	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	3	3.58	0.84	0.826	= Same
	Inpatient Wards	0	2.86	0.00	0.057	= Same
	Oncology Ward	1	3.98	0.25	0.112	= Same
Roper St. Francis Hospital Berkeley	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Self Regional Healthcare	Critical Care Units	0	3.13	0.00	0.044	★ Better
	Neonatal Intensive Care Unit	1	< 1.00	N/C	N/C	No conclusion
	Step Down Units	1	1.28	0.78	0.915	= Same
	Inpatient Wards	0	1.48	0.00	0.229	= Same
Shriners Hospital for Children	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Spartanburg Hospital for Restorative Care	Critical Care Unit	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Ward	0	3.13	0.00	0.044	★ Better
Spartanburg Medical Center Mary Black Campus	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	1.39	0.00	0.250	= Same
	Critical Care Units	2	8.86	0.23	0.008	★ Better
Spartanburg Medical Center	Neonatal Intensive Care Unit	0	1.82	0.00	0.162	= Same
	Step Down Units	1	2.14	0.47	0.489	= Same
	Inpatient Wards	2	12.84	0.16	0.000	★ Better
	Oncology Ward	0	4.12	0.00	0.016	★ Better
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
Spartanburg Rehabilitation Institute	Critical Care Units	2	< 1.00	N/C	N/C	No conclusion
	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	No conclusion
	Step Down Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	2	< 1.00	N/C	N/C	No conclusion
Summerville Medical Center	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	1.12	0.00	0.325	= Same
Tidelands Georgetown Memorial Hospital	Critical Care Units	3	4.53	0.66	0.506	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
Tidelands Waccamaw Community Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	1.02	0.98	1.000	= Same
Trident Medical Center	Step Down Units	1	1.02	0.98	1.000	= Same
	Inpatient Wards	2	3.16	0.63	0.564	= Same
Union Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion



Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Vibra Charleston	Critical Care Unit	3	2.04	1.47	0.486	= Same
	Inpatient Ward	10	5.48	1.83	0.077	= Same

Central Line Device Utilization in South Carolina's Acute Care, Critical Access, Long-term Acute Care and Inpatient Rehabilitation Hospitals








January 1, 2024 - December 31, 2024

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

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

Legend			
	=		+
Fewer device days (better) than predicted based on the national experience.*	About the same number of device days as predicted based on the national experience.*	More device days (worse) than predicted based on the national experience.*	When the number of predicted device days is less than 1, no conclusion can be made.

*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Critical Care Unit	26	N/A	N/A	N/A	No conclusion
	Inpatient Ward	458	234.78	1.95	0.000	 Worse
Aiken Regional Medical Center	Critical Care Units	2,208	2893.17	0.76	0.000	 Better
	Rehabilitation Ward	74	276.38	0.27	0.000	 Better
	Step Down Units	627	866.37	0.72	0.000	 Better
Allendale County Hospital	Inpatient Wards	2,213	5668.68	0.39	0.000	 Better
	Inpatient Ward	112	120.83	0.93	0.452	= Same
AnMed Health Cannon	Critical Care Units	50	83.08	0.60	0.000	 Better
	Inpatient Wards	85	118.62	0.72	0.001	 Better

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
AnMed Health Medical Center	Critical Care Units	4,717	7265.94	0.65	0.000	★ Better
	Step Down Units	734	1841.14	0.40	0.000	★ Better
	Inpatient Wards	7,046	12352.26	0.57	0.000	★ Better
AnMed Health Rehabilitation	Rehabilitation Ward	534	1853.68	0.29	0.000	★ Better
	Inpatient Wards	15	N/A	N/A	N/A	No conclusion
Beaufort County Memorial Hospital	Critical Care Units	801	850.26	0.94	0.092	= Same
	Rehabilitation Ward	661	362.42	1.82	0.000	✖ Worse
	Step Down Units	781	743.20	1.05	0.173	= Same
	Inpatient Wards	2,540	2759.74	0.92	0.000	★ Better
	Step Down Units	26	N/A	N/A	N/A	No conclusion
Bon Secours St. Francis Eastside	Inpatient Wards	326	1419.40	0.23	0.000	★ Better
	Critical Care Units	2,836	3523.22	0.81	0.000	★ Better
	Rehabilitation Ward	275	360.45	0.76	0.000	★ Better
	Inpatient Wards	3,824	7309.05	0.52	0.000	★ Better
Bon Secours St. Francis Hospital - Downtown	Oncology Ward	3,885	4824.50	0.81	0.000	★ Better
	Critical Care Units	840	1077.26	0.78	0.000	★ Better
	Step Down Units	1,378	1519.15	0.91	0.000	★ Better
	Inpatient Wards	1,234	2623.83	0.47	0.000	★ Better
Carolina Pines Regional Medical Center	Step Down Units	76	47.96	1.59	0.000	✖ Worse
	Inpatient Wards	564	584.67	0.97	0.405	= Same
	Critical Care Units	150	469.72	0.32	0.000	★ Better
Cherokee Medical Center	Inpatient Wards	266	379.48	0.70	0.000	★ Better
	Critical Care Units	353	258.45	1.37	0.000	✖ Worse
Coastal Carolina Medical Center	Step Down Units	11	N/A	N/A	N/A	No conclusion
	Inpatient Wards	216	270.47	0.80	0.001	★ Better

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Critical Care Units	407	566.02	0.72	0.000	★ Better
	Rehabilitation Ward	91	314.39	0.29	0.000	★ Better
	Inpatient Wards	473	802.83	0.59	0.000	★ Better
Conway Medical Center	Rehabilitation Ward	134	304.67	0.44	0.000	★ Better
	Inpatient Wards	2,295	3451.51	0.67	0.000	★ Better
East Cooper Regional Medical Center	Critical Care Units	341	1022.99	0.33	0.000	★ Better
	Rehabilitation Ward	129	262.34	0.49	0.000	★ Better
	Step Down Units	223	257.80	0.87	0.030	★ Better
	Inpatient Wards	146	385.91	0.38	0.000	★ Better
Edgefield County Hospital	Inpatient Ward	54	268.44	0.20	0.000	★ Better
Encompass Rehabilitation Hospital of Bluffton	Rehabilitation Ward	640	1028.69	0.62	0.000	★ Better
Encompass Rehabilitation Hospital of Columbia	Rehabilitation Ward	1,336	2600.41	0.51	0.000	★ Better
Encompass Rehabilitation Hospital of Florence	Rehabilitation Ward	1,118	1300.30	0.86	0.000	★ Better
Encompass Rehabilitation Hospital of Greenville	Rehabilitation Ward	728	1506.98	0.48	0.000	★ Better
Encompass Rehabilitation Hospital of Rock Hill	Rehabilitation Ward	791	1789.02	0.44	0.000	★ Better
Grand Strand Regional Medical Center	Critical Care Units	4,582	7880.80	0.58	0.000	★ Better
	Rehabilitation Ward	184	909.91	0.20	0.000	★ Better
	Step Down Units	756	1444.59	0.52	0.000	★ Better
Greenwood Regional Rehabilitation Hospital	Inpatient Wards	5,328	14220.95	0.38	0.000	★ Better
	Rehabilitation Ward	286	1064.38	0.27	0.000	★ Better

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
Hampton Regional Medical Center	Critical Care Units	78	77.79	1.00	0.966	= Same
	Inpatient Wards	367	166.73	2.20	0.000	✘ Worse
Hilton Head Regional Medical Center	Critical Care Units	1,229	756.95	1.62	0.000	✘ Worse
	Step Down Units	406	779.08	0.52	0.000	★ Better
	Inpatient Wards	202	753.17	0.27	0.000	★ Better
Kershaw Health	Critical Care Units	784	738.44	1.06	0.099	= Same
	Inpatient Wards	842	1007.84	0.84	0.000	★ Better
Lexington Medical Center	Critical Care Units	5,205	8018.83	0.65	0.000	★ Better
	Step Down Units	4,479	5949.80	0.75	0.000	★ Better
	Inpatient Wards	10,713	19694.86	0.54	0.000	★ Better
	Oncology Ward	4,089	6865.14	0.60	0.000	★ Better
Lexington Regional Rehabilitation Hospital	Rehabilitation Ward	449	1016.59	0.44	0.000	★ Better
McLeod Health Cheraw	Critical Care Units	324	377.41	0.86	0.005	★ Better
	Inpatient Wards	727	514.63	1.41	0.000	✘ Worse
McLeod Health Clarendon	Critical Care Units	213	353.96	0.60	0.000	★ Better
	Inpatient Wards	276	517.75	0.53	0.000	★ Better
McLeod Loris	Critical Care Units	260	631.51	0.41	0.000	★ Better
	Inpatient Wards	244	526.37	0.46	0.000	★ Better
McLeod Medical Center - Dillon	Critical Care Units	120	264.90	0.45	0.000	★ Better
	Inpatient Wards	181	310.52	0.58	0.000	★ Better
	Critical Care Units	8,008	10973.39	0.73	0.000	★ Better
McLeod Regional Medical Center	Neonatal Intensive Care Unit	648	2746.84	0.24	0.000	★ Better
	Specialty Care Units	2,744	4279.37	0.64	0.000	★ Better
	Step Down Units	2,114	3169.78	0.67	0.000	★ Better
	Inpatient Wards	4,565	12511.03	0.37	0.000	★ Better
	Oncology Ward	1,447	6201.74	0.23	0.000	★ Better

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
McLeod Seacoast	Critical Care Units	647	2093.70	0.31	0.000	★ Better
	Step Down Units	231	361.92	0.64	0.000	★ Better
	Inpatient Wards	2,476	4503.63	0.55	0.000	★ Better
Medical University Hospital Authority (MUSC)	Critical Care Units	22,763	23473.79	0.97	0.000	★ Better
	Neonatal Intensive Care Unit	4,801	7015.06	0.68	0.000	★ Better
	Step Down Units	4,469	3067.81	1.46	0.000	✖ Worse
	Inpatient Wards	25,018	25159.68	0.99	0.374	= Same
	Oncology Ward	13,883	11831.03	1.17	0.000	✖ Worse
Midlands Regional Rehabilitation Hospital	Rehabilitation Ward	643	792.39	0.81	0.000	★ Better
Mount Pleasant Hospital	Critical Care Units	216	580.98	0.37	0.000	★ Better
	Inpatient Wards	659	1110.16	0.59	0.000	★ Better
MUSC Columbia Medical Center Northeast	Critical Care Units	9	N/A	N/A	N/A	No conclusion
	Inpatient Wards	251	294.65	0.85	0.010	★ Better
MUSC Health Black River Medical Center	Inpatient Wards	239	303.92	0.79	0.000	★ Better
MUSC Health Chester Regional Medical Center	Inpatient Wards	246	251.86	0.98	0.743	= Same
MUSC Health Columbia Medical Center Downtown	Critical Care Units	1,869	1932.38	0.97	0.152	= Same
	Inpatient Wards	3,453	4387.76	0.79	0.000	★ Better
MUSC Health Florence Medical Center	Critical Care Units	2,927	3420.89	0.86	0.000	★ Better
	Rehabilitation Ward	439	694.71	0.63	0.000	★ Better
	Step Down Units	1,169	1882.40	0.62	0.000	★ Better
MUSC Health Lancaster Medical Center	Inpatient Wards	2,716	4699.31	0.58	0.000	★ Better
	Critical Care Units	1,306	886.06	1.47	0.000	✖ Worse
	Rehabilitation Ward	289	459.15	0.63	0.000	★ Better
Inpatient Wards	2,103	2198.61	0.96	0.041	★ Better	

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Marion Medical Center	Inpatient Wards	313	271.98	1.15	0.016	✘ Worse
	Critical Care Units	812	1202.60	0.68	0.000	★ Better
MUSC Health Orangeburg Medical Center	Rehabilitation Ward	215	440.21	0.49	0.000	★ Better
	Step Down Units	537	724.46	0.74	0.000	★ Better
	Inpatient Wards	1,952	3979.51	0.49	0.000	★ Better
MUSC Health Rehabilitation Hospital	Rehabilitation Ward	1,059	1647.18	0.64	0.000	★ Better
Newberry County Memorial Hospital	Critical Care Units	124	140.16	0.89	0.182	= Same
	Inpatient Wards	316	219.74	1.44	0.000	✘ Worse
Pelham Health System	Critical Care Units	359	222.33	1.62	0.000	✘ Worse
	Inpatient Wards	1,424	748.89	1.90	0.000	✘ Worse
	Critical Care Units	3,165	4456.34	0.71	0.000	★ Better
Piedmont Medical Center	Neonatal Intensive Care Unit	177	268.87	0.66	0.000	★ Better
	Step Down Units	497	2632.67	0.19	0.000	★ Better
	Inpatient Wards	1,356	6318.19	0.22	0.000	★ Better
Piedmont Medical Center Fort Mill	Critical Care Units	253	545.36	0.46	0.000	★ Better
	Step Down Units	83	188.53	0.44	0.000	★ Better
	Inpatient Wards	361	722.27	0.50	0.000	★ Better
Prisma Health Baptist	Critical Care Units	1,042	1984.26	0.53	0.000	★ Better
	Neonatal Intensive Care Unit	230	889.80	0.26	0.000	★ Better
	Step Down Units	903	746.30	1.21	0.000	✘ Worse
Prisma Health Baptist Easley Hospital	Inpatient Wards	2,418	2893.69	0.84	0.000	★ Better
	Oncology Ward	1,320	3972.74	0.33	0.000	★ Better
Prisma Health Baptist Easley Hospital	Critical Care Units	532	830.80	0.64	0.000	★ Better
	Inpatient Wards	1,267	2047.48	0.62	0.000	★ Better

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Greenville Memorial Hospital	Critical Care Units	13,670	15882.33	0.86	0.000	★ Better
	Neonatal Intensive Care Unit	5,278	5851.94	0.90	0.000	★ Better
	Rehabilitation Ward	936	1487.16	0.63	0.000	★ Better
	Step Down Units	1,451	1762.02	0.82	0.000	★ Better
	Inpatient Wards	18,513	23296.03	0.80	0.000	★ Better
	Oncology Ward	6,118	6825.56	0.90	0.000	★ Better
	Critical Care Units	501	1123.59	0.45	0.000	★ Better
	Step Down Units	2	N/A	N/A	N/A	No conclusion
	Inpatient Wards	1,344	2258.33	0.60	0.000	★ Better
	Critical Care Units	185	333.35	0.56	0.000	★ Better
Prisma Health Hillcrest Hospital	Inpatient Wards	474	600.24	0.79	0.000	★ Better
	Critical Care Units	135	428.93	0.32	0.000	★ Better
	Step Down Units	271	433.55	0.63	0.000	★ Better
Prisma Health Laurens County Hospital	Inpatient Wards	199	479.70	0.42	0.000	★ Better
	Critical Care Unit	1,083	1182.30	0.92	0.004	★ Better
	Inpatient Ward	3,258	3148.72	1.04	0.054	= Same
Prisma Health Oconee Memorial Hospital	Critical Care Units	698	892.97	0.78	0.000	★ Better
	Step Down Units	15	N/A	N/A	N/A	No conclusion
	Inpatient Wards	2,272	2761.24	0.82	0.000	★ Better
Prisma Health Parkridge	Critical Care Units	604	1795.91	0.34	0.000	★ Better
	Inpatient Wards	1,499	1540.18	0.97	0.300	= Same
Prisma Health Patewood Hospital	Step Down Units	18	N/A	N/A	N/A	No conclusion
	Inpatient Wards	131	434.72	0.30	0.000	★ Better

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Richland	Critical Care Units	12,935	18482.22	0.70	0.000	★ Better
	Neonatal Intensive Care Unit	4,079	4828.60	0.85	0.000	★ Better
	Inpatient Wards	14,878	19674.43	0.76	0.000	★ Better
	Oncology Ward	1,327	1645.51	0.81	0.000	★ Better
Prisma Health Tuomey	Critical Care Units	667	1127.11	0.59	0.000	★ Better
	Rehabilitation Ward	61	86.23	0.71	0.004	★ Better
	Step Down Units	695	1027.62	0.68	0.000	★ Better
	Inpatient Wards	1,415	2097.68	0.68	0.000	★ Better
	Oncology Ward	1,073	3714.02	0.29	0.000	★ Better
Regency Hospital of Florence	Inpatient Ward	3,895	9005.73	0.43	0.000	★ Better
Regency Hospital of Greenville	Inpatient Ward	1,611	3890.76	0.41	0.000	★ Better
Roper Hospital	Critical Care Units	3,219	2558.28	1.26	0.000	✖ Worse
	Rehabilitation Ward	926	1431.98	0.65	0.000	★ Better
	Step Down Units	4,605	3939.80	1.17	0.000	✖ Worse
	Inpatient Wards	3,847	3402.33	1.13	0.000	✖ Worse
	Oncology Ward	3,794	3597.51	1.06	0.001	✖ Worse
Roper St. Francis Hospital Berkeley	Critical Care Units	365	465.12	0.79	0.000	★ Better
	Inpatient Wards	642	570.67	1.13	0.004	✖ Worse
	Critical Care Units	3,111	4287.03	0.73	0.000	★ Better
Self Regional Healthcare	Neonatal Intensive Care Unit	284	294.58	0.96	0.561	= Same
	Step Down Units	1,413	3333.26	0.42	0.000	★ Better
	Inpatient Wards	1,695	5100.45	0.33	0.000	★ Better
	Inpatient Wards	54	113.22	0.48	0.000	★ Better
Spartanburg Hospital for Restorative Care	Critical Care Unit	373	571.76	0.65	0.000	★ Better
	Inpatient Ward	4,096	5568.35	0.74	0.000	★ Better

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
Spartanburg Medical Center Mary Black Campus	Critical Care Units	582	2318.24	0.25	0.000	★ Better
	Rehabilitation Ward	230	496.68	0.46	0.000	★ Better
	Step Down Units	469	1071.01	0.44	0.000	★ Better
Spartanburg Medical Center	Inpatient Wards	1,676	4026.43	0.42	0.000	★ Better
	Critical Care Units	6,907	10069.45	0.69	0.000	★ Better
	Neonatal Intensive Care Unit	1,373	1742.27	0.79	0.000	★ Better
	Step Down Units	2,113	4326.01	0.49	0.000	★ Better
	Inpatient Wards	13,492	19429.41	0.69	0.000	★ Better
Spartanburg Rehabilitation Institute	Oncology Ward	3,490	6090.98	0.57	0.000	★ Better
	Rehabilitation Ward	547	1012.34	0.54	0.000	★ Better
Summerville Medical Center	Critical Care Units	406	875.79	0.46	0.000	★ Better
	Neonatal Intensive Care Unit	84	183.44	0.46	0.000	★ Better
	Step Down Units	307	674.51	0.46	0.000	★ Better
	Inpatient Wards	1,056	2878.41	0.37	0.000	★ Better
Tidelands Georgetown Memorial Hospital	Inpatient Wards	1,460	1634.19	0.89	0.000	★ Better
Tidelands Health Rehabilitation Hospital	Rehabilitation Ward	858	1098.01	0.78	0.000	★ Better
Tidelands Waccamaw Community Hospital	Inpatient Wards	1,814	2228.04	0.81	0.000	★ Better
	Critical Care Units	4,019	5748.16	0.70	0.000	★ Better
Trident Medical Center	Rehabilitation Ward	124	478.90	0.26	0.000	★ Better
	Step Down Units	1,010	1525.60	0.66	0.000	★ Better
	Inpatient Wards	3,242	10160.06	0.32	0.000	★ Better
Union Medical Center	Inpatient Wards	124	190.12	0.65	0.000	★ Better
Vibra Charleston	Critical Care Unit	832	690.91	1.20	0.000	✖ Worse
	Inpatient Ward	4,365	4223.53	1.03	0.031	✖ Worse

Catheter-Associated Urinary Tract Infections (CAUTIs) in South Carolina's Acute Care, Critical Access, Long-term Acute Care and Inpatient Rehabilitation Hospitals


January 1, 2024 - December 31, 2024

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

Mixed-acuity and step-down units are not included in the CAUTI data.

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.

N/A = Data not shown for hospitals or units with fewer than 50 urinary catheter days. N/C = Data not calculated due to < 1.0 predicted infections.

Legend				
	=	x	=	=
Fewer infections (better) than predicted based on the national experience.*	About the same number of infections as predicted based on the national experience.*	More infections (worse) than predicted based on the national experience.*	No conclusion	When the number of predicted infections is less than 1, no conclusion can be made.

*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Critical Care Unit	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
Aiken Regional Medical Center	Critical Care Units	0	3.70	0.00	0.025	★ Better
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
Allendale County Hospital	Inpatient Wards	4	4.48	0.89	0.882	= Same
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
AnMed Health Cannon	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
AnMed Health Medical Center	Critical Care Units	3	13.82	0.22	0.001	★ Better
	Inpatient Wards	11	15.53	0.71	0.247	= Same
AnMed Health Rehabilitation	Inpatient Rehabilitation Ward	0	1.42	0.00	0.243	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Beaufort County Memorial Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	1.48	0.68	0.792	= Same
Bon Secours St. Francis Eastside	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	2	5.16	0.39	0.147	= Same
Bon Secours St. Francis Hospital - Downtown	Rehabilitation Ward	1	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	8.30	0.12	0.003	★ Better
Bon Secours St. Francis Xavier Hospital	Critical Care Units	3	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	4	1.24	3.21	0.047	✘ Worse
Carolina Pines Regional Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	1	< 1.00	N/C	N/C	No conclusion
Cherokee Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Coastal Carolina Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Colleton Medical Center	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Conway Medical Center	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	2.55	0.39	0.355	= Same
East Cooper Regional Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
Encompass Rehabilitation Hospital of Bluffton	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Rehabilitation Ward	1	1.14	0.88	1.000	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Encompass Rehabilitation Hospital of Columbia	Inpatient Rehabilitation Ward	2	1.35	1.48	0.544	= Same
	Inpatient Rehabilitation Ward	4	< 1.00	N/C	N/C	No conclusion
Encompass Rehabilitation Hospital of Greenville	Inpatient Rehabilitation Ward	3	< 1.00	N/C	N/C	No conclusion
	Inpatient Rehabilitation Ward	0	1.53	0.00	0.217	= Same
Grand Strand Regional Medical Center	Critical Care Units	3	10.40	0.29	0.010	★ Better
	Rehabilitation Ward	3	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	3	7.59	0.40	0.075	= Same
Greenwood Regional Rehabilitation Hospital	Inpatient Rehabilitation Ward	1	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Hampton Regional Medical Center	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Hilton Head Regional Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Kershaw Health	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Lexington Medical Center	Critical Care Units	3	10.28	0.29	0.011	★ Better
	Inpatient Wards	9	13.83	0.65	0.185	= Same
Lexington Regional Rehabilitation Hospital	Inpatient Rehabilitation Ward	1	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
McLeod Health Cheraw	Inpatient Wards	2	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
McLeod Health Clarendon	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
McLeod Loris	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	2	< 1.00	N/C	N/C	No conclusion
McLeod Medical Center - Dillon	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
McLeod Regional Medical Center	Critical Care Units	8	17.19	0.47	0.016	★ Better
	Specialty Care Units	0	1.15	0.00	0.318	= Same
	Inpatient Wards	8	7.69	1.04	0.866	= Same
McLeod Seacoast	Critical Care Units	2	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	2.06	0.00	0.128	= Same
Medical University Hospital Authority (MUSC)	Critical Care Units	15	27.47	0.55	0.011	★ Better
	Inpatient Wards	18	15.34	1.17	0.486	= Same
Midlands Regional Rehabilitation Hospital	Inpatient Rehabilitation Ward	3	1.28	2.34	0.180	= Same
	Critical Care Units	1	< 1.00	N/C	N/C	No conclusion
Mount Pleasant Hospital	Inpatient Wards	3	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	N/A	N/A	N/A	N/A	No conclusion
MUSC Columbia Medical Center Northeast	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Black River Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Chester Regional Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	1	1.89	0.53	0.589	= Same
MUSC Health Columbia Medical Center Downtown	Inpatient Wards	2	2.20	0.91	0.979	= Same
	Critical Care Units	0	2.75	0.00	0.064	= Same
MUSC Health Florence Medical Center	Rehabilitation Ward	1	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	5	1.71	2.92	0.039	✖ Worse

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Florence Women's Pavilion	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	1.24	0.00	0.290	= Same
MUSC Health Lancaster Medical Center	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	2.22	0.45	0.457	= Same
MUSC Health Marion Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	1.11	0.00	0.329	= Same
MUSC Health Orangeburg Medical Center	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	1.95	0.00	0.142	= Same
MUSC Health Rehabilitation Hospital	Inpatient Rehabilitation Ward	0	1.01	0.00	0.364	= Same
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Newberry County Memorial Hospital	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Pelham Health System	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Piedmont Medical Center	Critical Care Units	0	5.27	0.00	0.005	★ Better
	Inpatient Wards	3	3.50	0.86	0.859	= Same
Piedmont Medical Center fort Mill	Critical Care Units	1	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Prisma Health Baptist	Critical Care Units	1	1.28	0.78	0.914	= Same
	Inpatient Wards	0	2.14	0.00	0.117	= Same
Prisma Health Baptist Easley Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
Prisma Health Greenville Memorial Hospital	Critical Care Units	8	20.89	0.38	0.002	★ Better
	Rehabilitation Ward	1	2.83	0.35	0.285	= Same
	Inpatient Wards	18	18.61	0.97	0.918	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Greer Memorial Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	1.42	0.00	0.241	= Same
Prisma Health Hillcrest Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	3	< 1.00	N/C	N/C	No conclusion
Prisma Health Laurens County Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Prisma Health North Greenville Hospital	Critical Care Unit	0	2.42	0.00	0.089	= Same
	Inpatient Wards	3	4.10	0.73	0.638	= Same
Prisma Health Oconee Memorial Hospital	Critical Care Units	0	1.06	0.00	0.348	= Same
	Inpatient Wards	2	2.17	0.92	0.991	= Same
Prisma Health Parkridge	Critical Care Units	1	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
Prisma Health Patewood Hospital	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	8	17.95	0.45	0.010	★ Better
Prisma Health Richland	Inpatient Wards	10	9.77	1.02	0.902	= Same
	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
Prisma Health Tuomey	Rehabilitation Ward	N/A	N/A	N/A	N/A	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
Regency Hospital of Florence	Inpatient Wards	2	3.29	0.61	0.522	= Same
Regency Hospital of Greenville	Inpatient Wards	0	2.74	0.00	0.065	= Same
	Critical Care Units	4	3.63	1.10	0.789	= Same
Roper Hospital	Rehabilitation Ward	2	1.76	1.13	0.786	= Same
	Inpatient Wards	2	1.66	1.21	0.724	= Same
Roper St. Francis Hospital Berkeley	Critical Care Units	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion



Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Self Regional Healthcare	Critical Care Units	1	3.23	0.31	0.206	= Same
	Inpatient Wards	0	2.55	0.00	0.078	= Same
Shriners Hospital for Children	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
Spartanburg Hospital for Restorative Care	Critical Care Unit	3	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	3	5.30	0.57	0.327	= Same
Spartanburg Medical Center Mary Black Campus	Critical Care Units	1	1.25	0.80	0.929	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	0	1.40	0.00	0.246	= Same
Spartanburg Medical Center	Critical Care Units	2	15.99	0.13	0.000	★ Better
	Inpatient Wards	13	16.27	0.80	0.429	= Same
Spartanburg Rehabilitation Institute	Inpatient Rehabilitation Ward	6	< 1.00	N/C	N/C	No conclusion
	Critical Care Units	1	< 1.00	N/C	N/C	No conclusion
Summerville Medical Center	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
Tidelands Georgetown Memorial Hospital	Inpatient Wards	1	< 1.00	N/C	N/C	No conclusion
Tidelands Health Rehabilitation Hospital	Inpatient Rehabilitation Ward	0	< 1.00	N/C	N/C	No conclusion
Tidelands Waccamaw Community Hospital	Inpatient Wards	0	1.46	0.00	0.233	= Same
	Critical Care Units	1	4.67	0.21	0.063	= Same
Trident Medical Center	Rehabilitation Ward	1	< 1.00	N/C	N/C	No conclusion
	Inpatient Wards	3	4.08	0.74	0.646	= Same
Union Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	No conclusion
	Critical Care Unit	1	1.64	0.61	0.706	= Same
Vibra Charleston	Inpatient Wards	13	5.81	2.24	0.010	✖ Worse

Urinary Catheter Device Utilization in South Carolina's Acute Care, Critical Access, Long-term Acute Care and Inpatient Rehabilitation Hospitals

January 1, 2024 - December 31, 2024

South Carolina collects Urinary Catheter device utilization data from adult and pediatric intensive care units (ICUs), adult and pediatric wards, and adult and pediatric specialty care units. Only those unit types from which data have been reported and/or that are present in the facility will be shown in the table below. Mixed-acuity and step-down units are not included in the CAUTI data.

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

Legend			
	Fewer device days (better) than predicted based on the national experience.*	=	About the same number of device days as predicted based on the national experience.*
	More device days (worse) than predicted based on the national experience.*	No conclusion	When the number of predicted device days is less than 1, no conclusion can be made.

*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Critical Care Unit	77	205.55	0.38	0.000	★ Better
	Inpatient Wards	331	484.52	0.68	0.000	★ Better
Aiken Regional Medical Center	Critical Care Units	2,844	3138.04	0.91	0.000	★ Better
	Rehabilitation Ward	205	218.73	0.94	0.372	= Same
	Inpatient Wards	3,828	4398.60	0.87	0.000	★ Better
Allendale County Hospital	Inpatient Wards	299	249.36	1.20	0.003	✖ Worse
	Critical Care Units	90	200.44	0.45	0.000	★ Better
AnMed Health Cannon	Inpatient Wards	122	295.13	0.41	0.000	★ Better
	Critical Care Units	7,830	7368.55	1.06	0.000	✖ Worse
AnMed Health Medical Center	Inpatient Wards	12,889	11252.60	1.15	0.000	✖ Worse
	Inpatient Rehabilitation Ward	1,311	1323.66	0.99	0.741	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
Beaufort County Memorial Hospital	Critical Care Units	1,175	1206.34	0.97	0.375	= Same
	Rehabilitation Ward	211	286.82	0.74	0.000	★ Better
	Inpatient Wards	2,546	4147.69	0.61	0.000	★ Better
Bon Secours St. Francis Eastside	Inpatient Wards	1,387	2225.56	0.62	0.000	★ Better
	Critical Care Units	3,960	4363.56	0.91	0.000	★ Better
	Rehabilitation Ward	311	285.27	1.09	0.138	= Same
Bon Secours St. Francis Hospital - Downtown	Inpatient Wards	6,956	7157.89	0.97	0.017	★ Better
	Critical Care Units	1,101	1528.40	0.72	0.000	★ Better
	Inpatient Wards	2,727	4411.18	0.62	0.000	★ Better
Carolina Pines Regional Medical Center	Inpatient Wards	580	940.06	0.62	0.000	★ Better
	Critical Care Units	404	1133.21	0.36	0.000	★ Better
	Inpatient Wards	649	944.15	0.69	0.000	★ Better
Coastal Carolina Medical Center	Critical Care Units	613	623.52	0.98	0.693	= Same
	Inpatient Wards	1,534	1041.38	1.47	0.000	✖ Worse
	Critical Care Units	553	806.07	0.69	0.000	★ Better
Colleton Medical Center	Rehabilitation Ward	139	248.81	0.56	0.000	★ Better
	Inpatient Wards	769	814.32	0.94	0.114	= Same
	Rehabilitation Ward	257	241.12	1.07	0.322	= Same
Conway Medical Center	Inpatient Wards	3,645	4985.63	0.73	0.000	★ Better
	Critical Care Units	845	1702.91	0.50	0.000	★ Better
	Rehabilitation Ward	139	207.62	0.67	0.000	★ Better
East Cooper Regional Medical Center	Inpatient Wards	1,595	1136.04	1.40	0.000	✖ Worse
	Inpatient Rehabilitation Ward	1,055	987.40	1.07	0.034	✖ Worse

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
Encompass Rehabilitation Hospital of Columbia	Inpatient Rehabilitation Ward	1,248	1856.89	0.67	0.000	★ Better
	Inpatient Rehabilitation Ward	729	1248.11	0.58	0.000	★ Better
Encompass Rehabilitation Hospital of Florence	Inpatient Rehabilitation Ward	865	1076.09	0.80	0.000	★ Better
	Inpatient Rehabilitation Ward	987	1277.49	0.77	0.000	★ Better
Encompass Rehabilitation Hospital of Greenville	Inpatient Rehabilitation Ward	5,708	8547.81	0.67	0.000	★ Better
	Critical Care Units	417	649.74	0.64	0.000	★ Better
Grand Strand Regional Medical Center	Inpatient Wards	6,172	11120.73	0.56	0.000	★ Better
	Inpatient Rehabilitation Ward	563	760.04	0.74	0.000	★ Better
Hampton Regional Medical Center	Critical Care Units	212	187.67	1.13	0.086	= Same
	Inpatient Wards	690	414.82	1.66	0.000	✖ Worse
Hilton Head Regional Medical Center	Critical Care Units	1,632	1260.04	1.30	0.000	✖ Worse
	Inpatient Wards	568	1257.27	0.45	0.000	★ Better
Kershaw Health	Critical Care Units	983	1229.24	0.80	0.000	★ Better
	Inpatient Wards	1,574	1442.04	1.09	0.001	✖ Worse
Lexington Medical Center	Critical Care Units	6,901	8697.53	0.79	0.000	★ Better
	Inpatient Wards	12,358	18034.28	0.69	0.000	★ Better
Lexington Regional Rehabilitation Hospital	Inpatient Rehabilitation Ward	687	725.92	0.95	0.152	= Same
	Critical Care Units	630	762.00	0.83	0.000	★ Better
McLeod Health Cheraw	Inpatient Wards	1,039	983.90	1.06	0.084	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
McLeod Health Clarendon	Critical Care Units	394	714.67	0.55	0.000	★ Better
	Inpatient Wards	785	1100.89	0.71	0.000	★ Better
McLeod Loris	Critical Care Units	701	1523.53	0.46	0.000	★ Better
	Inpatient Wards	1,369	1559.95	0.88	0.000	★ Better
McLeod Medical Center - Dillon	Critical Care Units	412	639.06	0.65	0.000	★ Better
	Inpatient Wards	494	886.39	0.56	0.000	★ Better
McLeod Regional Medical Center	Critical Care Units	9,513	11036.34	0.86	0.000	★ Better
	Specialty Care Units	887	1614.82	0.55	0.000	★ Better
	Inpatient Wards	7,036	13202.63	0.53	0.000	★ Better
McLeod Seacoast	Critical Care Units	1,262	2970.50	0.43	0.000	★ Better
	Inpatient Wards	3,149	5920.43	0.53	0.000	★ Better
Medical University Hospital Authority (MUSC)	Critical Care Units	16,929	23368.95	0.72	0.000	★ Better
	Inpatient Wards	14,037	23467.96	0.60	0.000	★ Better
Midlands Regional Rehabilitation Hospital	Inpatient Rehabilitation Ward	827	760.59	1.09	0.018	✖ Worse
Mount Pleasant Hospital	Critical Care Units	352	967.12	0.36	0.000	★ Better
	Inpatient Wards	1,032	1758.91	0.59	0.000	★ Better
MUSC Columbia Medical Center Northeast	Critical Care Units	45	N/A	N/A	N/A	No conclusion
MUSC Health Black River Medical Center	Inpatient Wards	397	857.58	0.46	0.000	★ Better
	Inpatient Wards	309	756.17	0.41	0.000	★ Better
MUSC Health Chester Regional Medical Center	Inpatient Wards	270	473.57	0.57	0.000	★ Better
MUSC Health Columbia Medical Center Downtown	Critical Care Units	2,263	2741.62	0.83	0.000	★ Better
	Inpatient Wards	2,850	6375.37	0.45	0.000	★ Better

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Florence Medical Center	Critical Care Units	3,172	4853.49	0.65	0.000	★ Better
	Rehabilitation Ward	299	496.07	0.60	0.000	★ Better
	Inpatient Wards	2,297	6177.67	0.37	0.000	★ Better
MUSC Health Florence Women's Pavilion	Inpatient Wards	129	429.76	0.30	0.000	★ Better
	Critical Care Units	1,163	1261.85	0.92	0.005	★ Better
MUSC Health Lancaster Medical Center	Rehabilitation Ward	275	327.86	0.84	0.003	★ Better
	Inpatient Wards	2,284	2706.16	0.84	0.000	★ Better
	Inpatient Wards	303	676.69	0.45	0.000	★ Better
MUSC Health Marion Medical Center	Critical Care Units	1,046	1489.43	0.70	0.000	★ Better
	Rehabilitation Ward	220	314.34	0.70	0.000	★ Better
	Inpatient Wards	2,030	4684.51	0.43	0.000	★ Better
MUSC Health Rehabilitation Hospital	Inpatient Rehabilitation Ward	935	1176.21	0.80	0.000	★ Better
Newberry County Memorial Hospital	Critical Care Units	325	338.13	0.96	0.495	= Same
	Inpatient Wards	848	631.74	1.34	0.000	✖ Worse
Pelham Health System	Critical Care Units	437	673.49	0.65	0.000	★ Better
	Inpatient Wards	1,376	2448.03	0.56	0.000	★ Better
Piedmont Medical Center	Critical Care Units	5,853	5481.36	1.07	0.000	✖ Worse
	Inpatient Wards	4,584	7271.22	0.63	0.000	★ Better
Piedmont Medical Center Fort Mill	Critical Care Units	546	725.95	0.75	0.000	★ Better
	Inpatient Wards	637	1204.69	0.53	0.000	★ Better
Prisma Health Baptist	Critical Care Units	980	2146.70	0.46	0.000	★ Better
	Inpatient Wards	2,526	4383.10	0.58	0.000	★ Better
Prisma Health Baptist Easley Hospital	Critical Care Units	680	1183.15	0.58	0.000	★ Better
	Inpatient Wards	1,350	2512.78	0.54	0.000	★ Better



Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Greenville Memorial Hospital	Critical Care Units	11,474	16117.41	0.71	0.000	★ Better
	Rehabilitation Ward	1,368	1061.94	1.29	0.000	✖ Worse
	Inpatient Wards	16,129	24915.55	0.65	0.000	★ Better
Prisma Health Greer Memorial Hospital	Critical Care Units	859	1600.12	0.54	0.000	★ Better
	Inpatient Wards	2,179	3021.33	0.72	0.000	★ Better
Prisma Health Hillcrest Hospital	Critical Care Units	366	673.06	0.54	0.000	★ Better
	Inpatient Wards	525	1147.59	0.46	0.000	★ Better
Prisma Health Laurens County Hospital	Critical Care Units	351	866.03	0.41	0.000	★ Better
	Inpatient Wards	452	917.13	0.49	0.000	★ Better
Prisma Health North Greenville Hospital	Critical Care Unit	837	1263.78	0.66	0.000	★ Better
	Inpatient Wards	1,942	3075.16	0.63	0.000	★ Better
Prisma Health Oconee Memorial Hospital	Critical Care Units	980	1271.68	0.77	0.000	★ Better
	Inpatient Wards	2,365	3980.77	0.59	0.000	★ Better
Prisma Health Parkridge	Critical Care Units	459	2557.57	0.18	0.000	★ Better
	Inpatient Wards	995	2334.74	0.43	0.000	★ Better
Prisma Health Patewood Hospital	Inpatient Wards	1,209	1697.91	0.71	0.000	★ Better
	Critical Care Units	9,447	18170.91	0.52	0.000	★ Better
Prisma Health Richland	Inpatient Wards	8,748	16751.39	0.52	0.000	★ Better
	Critical Care Units	629	1395.94	0.45	0.000	★ Better
Prisma Health Tuomey	Rehabilitation Ward	1	N/A	N/A	N/A	No conclusion
	Inpatient Wards	1,149	2377.70	0.48	0.000	★ Better
Regency Hospital of Florence	Inpatient Wards	2,394	6515.71	0.37	0.000	★ Better
Regency Hospital of Greenville	Inpatient Wards	1,537	2494.76	0.62	0.000	★ Better

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
Roper Hospital	Critical Care Units	3,314	3629.64	0.91	0.000	★ Better
	Rehabilitation Ward	852	1022.54	0.83	0.000	★ Better
	Inpatient Wards	1,964	4505.49	0.44	0.000	★ Better
Roper St. Francis Hospital Berkeley	Critical Care Units	519	1122.11	0.46	0.000	★ Better
	Inpatient Wards	990	1673.72	0.59	0.000	★ Better
Self Regional Healthcare	Critical Care Units	2,926	4956.64	0.59	0.000	★ Better
	Inpatient Wards	2,869	5806.73	0.49	0.000	★ Better
	Inpatient Wards	480	400.14	1.20	0.000	✖ Worse
Shriners Hospital for Children	Inpatient Wards	301	425.50	0.71	0.000	★ Better
Spartanburg Hospital for Restorative Care	Inpatient Wards	2,511	3371.22	0.75	0.000	★ Better
	Critical Care Units	1,179	2871.17	0.41	0.000	★ Better
Spartanburg Medical Center Mary Black Campus	Rehabilitation Ward	165	393.08	0.42	0.000	★ Better
	Inpatient Wards	1,426	4484.99	0.32	0.000	★ Better
	Critical Care Units	8,804	10784.11	0.82	0.000	★ Better
Spartanburg Medical Center	Inpatient Wards	14,311	17468.94	0.82	0.000	★ Better
	Inpatient Rehabilitation Ward	892	971.70	0.92	0.010	★ Better
Summerville Medical Center	Critical Care Units	319	1084.68	0.29	0.000	★ Better
	Inpatient Wards	1,682	3946.64	0.43	0.000	★ Better
Tidelands Georgetown Memorial Hospital	Inpatient Wards	1,433	2570.50	0.56	0.000	★ Better
Tidelands Health Rehabilitation Hospital	Inpatient Rehabilitation Ward	577	784.06	0.74	0.000	★ Better
Tidelands Waccamaw Community Hospital	Inpatient Wards	2,613	4855.28	0.54	0.000	★ Better

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Utilization Ratio (SUR)	SUR p-value	How Does This Facility Compare to the National Experience?
Trident Medical Center	Critical Care Units	3,212	6234.67	0.52	0.000	★ Better
	Rehabilitation Ward	150	379.01	0.40	0.000	★ Better
	Inpatient Wards	3,269	7670.85	0.43	0.000	★ Better
Union Medical Center	Inpatient Wards	259	388.04	0.67	0.000	★ Better
	Critical Care Unit	567	624.08	0.91	0.022	★ Better
Vibra Charleston	Inpatient Wards	2,753	3305.43	0.83	0.000	★ Better

Surgical Site Infections (SSIs) from Colon Surgery Procedures in South Carolina's Acute Care Hospitals Includes data from the Complex Admission/Readmission SSI Module January 1, 2024 - December 31, 2024

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

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

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Colon Surgery	1	N/A	N/A	N/A	N/A	No conclusion
Aiken Regional Medical Center	Colon Surgery	108	4	2.13	1.88	0.233	= Same
AnMed Health Cannon	Colon Surgery	3	N/A	N/A	N/A	N/A	No conclusion
AnMed Health Medical Center	Colon Surgery	173	7	3.90	1.79	0.146	= Same
Beaufort County Memorial Hospital	Colon Surgery	80	1	1.84	0.55	0.612	= Same
Bon Secours St. Francis Eastside	Colon Surgery	24	1	< 1.00	N/C	N/C	No conclusion
Bon Secours St. Francis Hospital - Downtown	Colon Surgery	152	6	4.72	1.27	0.534	= Same
Bon Secours St. Francis Xavier Hospital	Colon Surgery	100	3	3.16	0.95	1.000	= Same
Carolina Pines Regional Medical Center	Colon Surgery	36	0	< 1.00	N/C	N/C	No conclusion
Cherokee Medical Center	Colon Surgery	19	N/A	N/A	N/A	N/A	No conclusion
Coastal Carolina Medical Center	Colon Surgery	66	1	1.03	0.97	1.000	= Same


Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Colon Surgery	21	0	< 1.00	N/C	N/C	No conclusion
Conway Medical Center	Colon Surgery	98	2	1.89	1.06	0.859	= Same
East Cooper Regional Medical Center	Colon Surgery	29	0	< 1.00	N/C	N/C	No conclusion
Grand Strand Regional Medical Center	Colon Surgery	228	7	5.84	1.20	0.602	= Same
Hampton Regional Medical Center	Colon Surgery	4	N/A	N/A	N/A	N/A	No conclusion
Hilton Head Regional Medical Center	Colon Surgery	68	1	1.05	0.95	1.000	= Same
Kershaw Health	Colon Surgery	31	1	< 1.00	N/C	N/C	No conclusion
Lexington Medical Center	Colon Surgery	488	7	11.93	0.59	0.140	= Same
McLeod Health Cheraw	Colon Surgery	6	N/A	N/A	N/A	N/A	No conclusion
McLeod Health Clarendon	Colon Surgery	17	N/A	N/A	N/A	N/A	No conclusion
McLeod Loris	Colon Surgery	5	N/A	N/A	N/A	N/A	No conclusion
McLeod Medical Center - Dillon	Colon Surgery	4	N/A	N/A	N/A	N/A	No conclusion
McLeod Regional Medical Center	Colon Surgery	319	13	9.35	1.39	0.244	= Same
McLeod Seacoast	Colon Surgery	138	1	3.86	0.26	0.123	= Same
Medical University Hospital Authority (MUSC)	Colon Surgery	527	14	19.10	0.73	0.239	= Same
Mount Pleasant Hospital	Colon Surgery	170	1	2.79	0.36	0.294	= Same
MUSC Columbia Medical Center Northeast	Colon Surgery	1	N/A	N/A	N/A	N/A	No conclusion
MUSC Health Black River Medical Center	Colon Surgery	2	N/A	N/A	N/A	N/A	No conclusion
MUSC Health Chester Regional Medical Center	Colon Surgery	33	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Columbia Medical Center Downtown	Colon Surgery	160	1	3.49	0.29	0.167	= Same

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Florence Medical Center	Colon Surgery	149	1	3.46	0.29	0.172	= Same
MUSC Health Lancaster Medical Center	Colon Surgery	56	0	1.18	0.00	0.306	= Same
MUSC Health Marion Medical Center	Colon Surgery	1	N/A	N/A	N/A	N/A	No conclusion
MUSC Health Orangeburg Medical Center	Colon Surgery	58	5	1.27	3.95	0.012	✖ Worse
Newberry County Memorial Hospital	Colon Surgery	23	1	< 1.00	N/C	N/C	No conclusion
Pelham Health System	Colon Surgery	83	1	1.43	0.70	0.819	= Same
Piedmont Medical Center	Colon Surgery	110	2	2.35	0.85	0.903	= Same
Piedmont Medical Center Fort Mill	Colon Surgery	57	0	1.11	0.00	0.330	= Same
Prisma Health Baptist	Colon Surgery	79	1	1.97	0.51	0.554	= Same
Prisma Health Baptist Easley Hospital	Colon Surgery	47	3	1.02	2.95	0.103	= Same
Prisma Health Greenville Memorial Hospital	Colon Surgery	580	15	18.39	0.82	0.441	= Same
Prisma Health Greer Memorial Hospital	Colon Surgery	33	0	< 1.00	N/C	N/C	No conclusion
Prisma Health Hillcrest Hospital	Colon Surgery	43	2	< 1.00	N/C	N/C	No conclusion
Prisma Health Laurens County Hospital	Colon Surgery	3	N/A	N/A	N/A	N/A	No conclusion
Prisma Health Oconee Memorial Hospital	Colon Surgery	70	2	1.61	1.24	0.697	= Same
Prisma Health Parkridge	Colon Surgery	20	1	< 1.00	N/C	N/C	No conclusion
Prisma Health Richland	Colon Surgery	123	8	4.53	1.77	0.131	= Same
Prisma Health Tuomey	Colon Surgery	61	1	1.27	0.79	0.918	= Same
Roper Hospital	Colon Surgery	326	2	6.83	0.29	0.042	★ Better

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Roper St. Francis Hospital Berkeley	Colon Surgery	37	1	< 1.00	N/C	N/C	No conclusion
Self Regional Healthcare	Colon Surgery	149	3	4.14	0.72	0.625	= Same
Spartanburg Medical Center Mary Black Campus	Colon Surgery	51	0	1.29	0.00	0.275	= Same
Spartanburg Medical Center	Colon Surgery	371	8	10.89	0.74	0.393	= Same
Summerville Medical Center	Colon Surgery	130	2	3.57	0.56	0.438	= Same
Tidelands Georgetown Memorial Hospital	Colon Surgery	29	0	< 1.00	N/C	N/C	No conclusion
Tidelands Waccamaw Community Hospital	Colon Surgery	88	0	1.95	0.00	0.143	= Same
Trident Medical Center	Colon Surgery	139	3	3.70	0.81	0.779	= Same

Surgical Site Infections (SSIs) from Abdominal Hysterectomy Procedures in South Carolina's Acute Care Hospitals Includes data from the Complex Admission/Readmission SSI Module January 1, 2024 - December 31, 2024

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

Legend				
	=	x	=	=
Fewer infections (better) than predicted based on the national experience.*	About the same number of infections as predicted based on the national experience.*	More infections (worse) than predicted based on the national experience.*	No conclusion	When the number of predicted infections is less than 1, no conclusion can be made.

*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Abdominal Hysterectomy	115	0	< 1.00	N/C	N/C	No conclusion
AnMed Health Medical Center	Abdominal Hysterectomy	149	1	< 1.00	N/C	N/C	No conclusion
AnMed North Campus	Abdominal Hysterectomy	10	N/A	N/A	N/A	N/A	No conclusion
Beaufort County Memorial Hospital	Abdominal Hysterectomy	60	0	< 1.00	N/C	N/C	No conclusion
Bon Secours St. Francis Eastside	Abdominal Hysterectomy	124	0	< 1.00	N/C	N/C	No conclusion
Bon Secours St. Francis Hospital - Downtown	Abdominal Hysterectomy	25	1	< 1.00	N/C	N/C	No conclusion
Bon Secours St. Francis Xavier Hospital	Abdominal Hysterectomy	163	0	< 1.00	N/C	N/C	No conclusion
Carolina Pines Regional Medical Center	Abdominal Hysterectomy	49	1	< 1.00	N/C	N/C	No conclusion
Cherokee Medical Center	Abdominal Hysterectomy	14	N/A	N/A	N/A	N/A	No conclusion
Coastal Carolina Medical Center	Abdominal Hysterectomy	95	1	< 1.00	N/C	N/C	No conclusion

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Abdominal Hysterectomy	36	1	< 1.00	N/C	N/C	No conclusion
Conway Medical Center	Abdominal Hysterectomy	126	0	< 1.00	N/C	N/C	No conclusion
East Cooper Regional Medical Center	Abdominal Hysterectomy	26	0	< 1.00	N/C	N/C	No conclusion
Grand Strand Regional Medical Center	Abdominal Hysterectomy	75	0	< 1.00	N/C	N/C	No conclusion
Kershaw Health	Abdominal Hysterectomy	21	0	< 1.00	N/C	N/C	No conclusion
Lexington Medical Center	Abdominal Hysterectomy	620	2	4.41	0.45	0.251	= Same
McLeod Health Clarendon	Abdominal Hysterectomy	58	0	< 1.00	N/C	N/C	No conclusion
McLeod Loris	Abdominal Hysterectomy	30	1	< 1.00	N/C	N/C	No conclusion
McLeod Medical Center - Dillon	Abdominal Hysterectomy	12	N/A	N/A	N/A	N/A	No conclusion
McLeod Regional Medical Center	Abdominal Hysterectomy	87	1	< 1.00	N/C	N/C	No conclusion
McLeod Seacoast	Abdominal Hysterectomy	87	0	< 1.00	N/C	N/C	No conclusion
Medical University Hospital Authority (MUSC)	Abdominal Hysterectomy	420	5	4.76	1.05	0.858	= Same
Mount Pleasant Hospital	Abdominal Hysterectomy	11	N/A	N/A	N/A	N/A	No conclusion
MUSC Health Columbia Medical Center Downtown	Abdominal Hysterectomy	3	N/A	N/A	N/A	N/A	No conclusion
MUSC Health Florence Medical Center	Abdominal Hysterectomy	19	N/A	N/A	N/A	N/A	No conclusion
MUSC Health Lancaster Medical Center	Abdominal Hysterectomy	34	2	< 1.00	N/C	N/C	No conclusion
MUSC Health Orangeburg Medical Center	Abdominal Hysterectomy	59	1	< 1.00	N/C	N/C	No conclusion

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Pelham Health System	Abdominal Hysterectomy	2	N/A	N/A	N/A	N/A	No conclusion
Piedmont Medical Center	Abdominal Hysterectomy	10	N/A	N/A	N/A	N/A	No conclusion
Piedmont Medical Center Fort Mill	Abdominal Hysterectomy	1	N/A	N/A	N/A	N/A	No conclusion
Prisma Health Baptist	Abdominal Hysterectomy	173	2	< 1.00	N/C	N/C	No conclusion
Prisma Health Baptist Easley Hospital	Abdominal Hysterectomy	6	N/A	N/A	N/A	N/A	No conclusion
Prisma Health Greenville Memorial Hospital	Abdominal Hysterectomy	652	4	4.70	0.85	0.804	= Same
Prisma Health Greer Memorial Hospital	Abdominal Hysterectomy	115	1	< 1.00	N/C	N/C	No conclusion
Prisma Health Oconee Memorial Hospital	Abdominal Hysterectomy	52	0	< 1.00	N/C	N/C	No conclusion
Prisma Health Parkridge	Abdominal Hysterectomy	67	1	< 1.00	N/C	N/C	No conclusion
Prisma Health Patewood Hospital	Abdominal Hysterectomy	92	0	< 1.00	N/C	N/C	No conclusion
Prisma Health Richland	Abdominal Hysterectomy	186	1	1.52	0.66	0.772	= Same
Prisma Health Tuomey	Abdominal Hysterectomy	63	2	< 1.00	N/C	N/C	No conclusion
Roper Hospital	Abdominal Hysterectomy	158	0	< 1.00	N/C	N/C	No conclusion
Roper St. Francis Hospital Berkeley	Abdominal Hysterectomy	32	0	< 1.00	N/C	N/C	No conclusion
Self Regional Healthcare	Abdominal Hysterectomy	86	0	< 1.00	N/C	N/C	No conclusion
Spartanburg Medical Center Mary Black Campus	Abdominal Hysterectomy	7	N/A	N/A	N/A	N/A	No conclusion
Spartanburg Medical Center	Abdominal Hysterectomy	108	0	< 1.00	N/C	N/C	No conclusion



Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Summerville Medical Center	Abdominal Hysterectomy	94	0	< 1.00	N/C	N/C	No conclusion
Tidelands Georgetown Memorial Hospital	Abdominal Hysterectomy	51	2	< 1.00	N/C	N/C	No conclusion
Tidelands Waccamaw Community Hospital	Abdominal Hysterectomy	50	1	< 1.00	N/C	N/C	No conclusion
Trident Medical Center	Abdominal Hysterectomy	230	2	1.19	1.68	0.452	= Same

Surgical Site Infections (SSIs) from Hip Prosthesis (Replacement) Procedures in South Carolina's Acute Care Hospitals

Includes data from the Complex Admission/Readmission SSI Module

January 1, 2024 - December 31, 2024

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

Legend							
	Fewer infections (better) than predicted based on the national experience.*	=	About the same number of infections as predicted based on the national experience.*		More infections (worse) than predicted based on the national experience.*	No conclusion	When the number of predicted infections is less than 1, no conclusion can be made.

*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Hip Prosthesis (Replacement)	120	1	< 1.00	N/C	N/C	No conclusion
AnMed Health Cannon	Hip Prosthesis (Replacement)	2	N/A	N/A	N/A	N/A	No conclusion
AnMed Health Medical Center	Hip Prosthesis (Replacement)	245	2	1.88	1.06	0.852	= Same
Beaufort County Memorial Hospital	Hip Prosthesis (Replacement)	293	0	1.10	0.00	0.335	= Same
Bon Secours St. Francis Eastside	Hip Prosthesis (Replacement)	374	2	2.05	0.98	1.000	= Same
Bon Secours St. Francis Hospital - Downtown	Hip Prosthesis (Replacement)	109	7	< 1.00	N/C	N/C	No conclusion
Bon Secours St. Francis Xavier Hospital	Hip Prosthesis (Replacement)	20	0	< 1.00	N/C	N/C	No conclusion
Carolina Pines Regional Medical Center	Hip Prosthesis (Replacement)	76	2	< 1.00	N/C	N/C	No conclusion
Cherokee Medical Center	Hip Prosthesis (Replacement)	18	N/A	N/A	N/A	N/A	No conclusion
Coastal Carolina Medical Center	Hip Prosthesis (Replacement)	25	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Hip Prosthesis (Replacement)	23	0	< 1.00	N/C	N/C	No conclusion
Conway Medical Center	Hip Prosthesis (Replacement)	74	0	< 1.00	N/C	N/C	No conclusion
East Cooper Regional Medical Center	Hip Prosthesis (Replacement)	109	0	< 1.00	N/C	N/C	No conclusion
Grand Strand Regional Medical Center	Hip Prosthesis (Replacement)	212	4	1.51	2.64	0.086	= Same
Hilton Head Regional Medical Center	Hip Prosthesis (Replacement)	162	2	< 1.00	N/C	N/C	No conclusion
Kershaw Health	Hip Prosthesis (Replacement)	49	1	< 1.00	N/C	N/C	No conclusion
Lexington Medical Center	Hip Prosthesis (Replacement)	606	8	4.56	1.75	0.135	= Same
McLeod Health Cheraw	Hip Prosthesis (Replacement)	7	N/A	N/A	N/A	N/A	No conclusion
McLeod Health Clarendon	Hip Prosthesis (Replacement)	53	0	< 1.00	N/C	N/C	No conclusion
McLeod Medical Center - Dillon	Hip Prosthesis (Replacement)	59	0	< 1.00	N/C	N/C	No conclusion
McLeod Regional Medical Center	Hip Prosthesis (Replacement)	321	0	3.00	0.00	0.050	★ Better
McLeod Seacoast	Hip Prosthesis (Replacement)	240	2	1.58	1.27	0.681	= Same
Medical University Hospital Authority (MUSC)	Hip Prosthesis (Replacement)	355	3	3.96	0.76	0.685	= Same
Mount Pleasant Hospital	Hip Prosthesis (Replacement)	240	1	< 1.00	N/C	N/C	No conclusion
MUSC Columbia Medical Center Northeast	Hip Prosthesis (Replacement)	316	0	1.54	0.00	0.214	= Same
MUSC Health Chester Regional Medical Center	Hip Prosthesis (Replacement)	17	N/A	N/A	N/A	N/A	No conclusion
MUSC Health Columbia Medical Center Downtown	Hip Prosthesis (Replacement)	8	N/A	N/A	N/A	N/A	No conclusion



Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Florence Medical Center	Hip Prosthesis (Replacement)	34	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Lancaster Medical Center	Hip Prosthesis (Replacement)	86	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Orangeburg Medical Center	Hip Prosthesis (Replacement)	101	3	< 1.00	N/C	N/C	No conclusion
Newberry County Memorial Hospital	Hip Prosthesis (Replacement)	148	2	< 1.00	N/C	N/C	No conclusion
Pelham Health System	Hip Prosthesis (Replacement)	167	2	1.04	1.93	0.365	= Same
Piedmont Medical Center	Hip Prosthesis (Replacement)	108	0	< 1.00	N/C	N/C	No conclusion
Piedmont Medical Center Fort Mill	Hip Prosthesis (Replacement)	19	N/A	N/A	N/A	N/A	No conclusion
Prisma Health Baptist	Hip Prosthesis (Replacement)	480	6	3.60	1.67	0.229	= Same
Prisma Health Baptist Easley Hospital	Hip Prosthesis (Replacement)	126	1	< 1.00	N/C	N/C	No conclusion
Prisma Health Greenville Memorial Hospital	Hip Prosthesis (Replacement)	317	7	4.01	1.75	0.163	= Same
Prisma Health Greer Memorial Hospital	Hip Prosthesis (Replacement)	4	N/A	N/A	N/A	N/A	No conclusion
Prisma Health Laurens County Hospital	Hip Prosthesis (Replacement)	5	N/A	N/A	N/A	N/A	No conclusion
Prisma Health Oconee Memorial Hospital	Hip Prosthesis (Replacement)	283	2	1.94	1.03	0.884	= Same
Prisma Health Parkridge	Hip Prosthesis (Replacement)	58	0	< 1.00	N/C	N/C	No conclusion
Prisma Health Patewood Hospital	Hip Prosthesis (Replacement)	672	2	3.58	0.56	0.434	= Same
Prisma Health Richland	Hip Prosthesis (Replacement)	86	4	< 1.00	N/C	N/C	No conclusion
Prisma Health Tuomey	Hip Prosthesis (Replacement)	114	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Roper Hospital	Hip Prosthesis (Replacement)	346	3	1.60	1.88	0.296	= Same
Roper St. Francis Hospital Berkeley	Hip Prosthesis (Replacement)	134	1	< 1.00	N/C	N/C	No conclusion
Self Regional Healthcare	Hip Prosthesis (Replacement)	260	1	1.90	0.53	0.584	= Same
Spartanburg Medical Center Mary Black Campus	Hip Prosthesis (Replacement)	414	3	2.96	1.02	0.909	= Same
Spartanburg Medical Center	Hip Prosthesis (Replacement)	223	0	2.77	0.00	0.063	= Same
Summerville Medical Center	Hip Prosthesis (Replacement)	65	1	< 1.00	N/C	N/C	No conclusion
Tidelands Georgetown Memorial Hospital	Hip Prosthesis (Replacement)	34	1	< 1.00	N/C	N/C	No conclusion
Tidelands Waccamaw Community Hospital	Hip Prosthesis (Replacement)	152	0	< 1.00	N/C	N/C	No conclusion
Trident Medical Center	Hip Prosthesis (Replacement)	210	4	1.62	2.48	0.106	= Same

Surgical Site Infections (SSIs) from Knee Prosthesis (Replacement) Procedures in South Carolina's Acute Care Hospitals

Includes data from the Complex Admission/Readmission SSI Module January 1, 2024 - December 31, 2024

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

Legend							
	Fewer infections (better) than predicted based on the national experience.*	=	About the same number of infections as predicted based on the national experience.*		More infections (worse) than predicted based on the national experience.*	No conclusion	When the number of predicted infections is less than 1, no conclusion can be made.

*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Knee Prosthesis (Replacement)	53	0	< 1.00	N/C	N/C	No conclusion
AnMed Health Cannon	Knee Prosthesis (Replacement)	1	N/A	N/A	N/A	N/A	No conclusion
AnMed Health Medical Center	Knee Prosthesis (Replacement)	212	0	< 1.00	N/C	N/C	No conclusion
Beaufort County Memorial Hospital	Knee Prosthesis (Replacement)	446	1	1.33	0.75	0.879	= Same
Bon Secours St. Francis Eastside	Knee Prosthesis (Replacement)	741	2	2.59	0.77	0.791	= Same
Bon Secours St. Francis Hospital - Downtown	Knee Prosthesis (Replacement)	61	0	< 1.00	N/C	N/C	No conclusion
Carolina Pines Regional Medical Center	Knee Prosthesis (Replacement)	139	0	< 1.00	N/C	N/C	No conclusion
Cherokee Medical Center	Knee Prosthesis (Replacement)	31	1	< 1.00	N/C	N/C	No conclusion
Coastal Carolina Medical Center	Knee Prosthesis (Replacement)	3	N/A	N/A	N/A	N/A	No conclusion
Colleton Medical Center	Knee Prosthesis (Replacement)	35	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Conway Medical Center	Knee Prosthesis (Replacement)	71	0	< 1.00	N/C	N/C	No conclusion
East Cooper Regional Medical Center	Knee Prosthesis (Replacement)	182	0	< 1.00	N/C	N/C	No conclusion
Grand Strand Regional Medical Center	Knee Prosthesis (Replacement)	148	2	< 1.00	N/C	N/C	No conclusion
Hampton Regional Medical Center	Knee Prosthesis (Replacement)	21	0	< 1.00	N/C	N/C	No conclusion
Hilton Head Regional Medical Center	Knee Prosthesis (Replacement)	123	0	< 1.00	N/C	N/C	No conclusion
Kershaw Health	Knee Prosthesis (Replacement)	41	0	< 1.00	N/C	N/C	No conclusion
Lexington Medical Center	Knee Prosthesis (Replacement)	876	1	3.25	0.31	0.204	= Same
McLeod Health Cheraw	Knee Prosthesis (Replacement)	2	N/A	N/A	N/A	N/A	No conclusion
McLeod Health Clarendon	Knee Prosthesis (Replacement)	97	0	< 1.00	N/C	N/C	No conclusion
McLeod Medical Center - Dillon	Knee Prosthesis (Replacement)	108	0	< 1.00	N/C	N/C	No conclusion
McLeod Regional Medical Center	Knee Prosthesis (Replacement)	267	1	1.18	0.85	0.977	= Same
McLeod Seacoast	Knee Prosthesis (Replacement)	337	1	1.36	0.74	0.866	= Same
Medical University Hospital Authority (MUSC)	Knee Prosthesis (Replacement)	258	4	1.90	2.10	0.170	= Same
Mount Pleasant Hospital	Knee Prosthesis (Replacement)	363	0	< 1.00	N/C	N/C	No conclusion
MUSC Columbia Medical Center Northeast	Knee Prosthesis (Replacement)	266	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Black River Medical Center	Knee Prosthesis (Replacement)	36	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Chester Regional Medical Center	Knee Prosthesis (Replacement)	58	0	< 1.00	N/C	N/C	No conclusion



Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Columbia Medical Center Downtown	Knee Prosthesis (Replacement)	6	N/A	N/A	N/A	N/A	No conclusion
MUSC Health Florence Medical Center	Knee Prosthesis (Replacement)	98	1	< 1.00	N/C	N/C	No conclusion
MUSC Health Lancaster Medical Center	Knee Prosthesis (Replacement)	90	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Orangeburg Medical Center	Knee Prosthesis (Replacement)	137	1	< 1.00	N/C	N/C	No conclusion
Newberry County Memorial Hospital	Knee Prosthesis (Replacement)	299	3	< 1.00	N/C	N/C	No conclusion
Pelham Health System	Knee Prosthesis (Replacement)	251	2	< 1.00	N/C	N/C	No conclusion
Piedmont Medical Center	Knee Prosthesis (Replacement)	32	0	< 1.00	N/C	N/C	No conclusion
Piedmont Medical Center Fort Mill	Knee Prosthesis (Replacement)	14	N/A	N/A	N/A	N/A	No conclusion
Prisma Health Baptist	Knee Prosthesis (Replacement)	630	4	2.90	1.38	0.498	= Same
Prisma Health Baptist Easley Hospital	Knee Prosthesis (Replacement)	86	1	< 1.00	N/C	N/C	No conclusion
Prisma Health Greenville Memorial Hospital	Knee Prosthesis (Replacement)	21	1	< 1.00	N/C	N/C	No conclusion
Prisma Health Greer Memorial Hospital	Knee Prosthesis (Replacement)	126	1	< 1.00	N/C	N/C	No conclusion
Prisma Health Laurens County Hospital	Knee Prosthesis (Replacement)	10	N/A	N/A	N/A	N/A	No conclusion
Prisma Health Oconee Memorial Hospital	Knee Prosthesis (Replacement)	500	6	2.20	2.73	0.032	✖ Worse
Prisma Health Parkridge	Knee Prosthesis (Replacement)	51	0	< 1.00	N/C	N/C	No conclusion
Prisma Health Patewood Hospital	Knee Prosthesis (Replacement)	1,228	5	3.06	1.64	0.284	= Same
Prisma Health Richland	Knee Prosthesis (Replacement)	3	N/A	N/A	N/A	N/A	No conclusion

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Tuomey	Knee Prosthesis (Replacement)	208	9	< 1.00	N/C	N/C	No conclusion
Roper Hospital	Knee Prosthesis (Replacement)	567	1	1.31	0.76	0.894	= Same
Roper St. Francis Hospital Berkeley	Knee Prosthesis (Replacement)	176	1	< 1.00	N/C	N/C	No conclusion
Self Regional Healthcare	Knee Prosthesis (Replacement)	294	0	1.45	0.00	0.236	= Same
Spartanburg Medical Center Mary Black Campus	Knee Prosthesis (Replacement)	850	1	3.65	0.27	0.147	= Same
Spartanburg Medical Center	Knee Prosthesis (Replacement)	48	0	< 1.00	N/C	N/C	No conclusion
Summerville Medical Center	Knee Prosthesis (Replacement)	90	1	< 1.00	N/C	N/C	No conclusion
Tidelands Georgetown Memorial Hospital	Knee Prosthesis (Replacement)	39	0	< 1.00	N/C	N/C	No conclusion
Tidelands Waccamaw Community Hospital	Knee Prosthesis (Replacement)	107	1	< 1.00	N/C	N/C	No conclusion
Trident Medical Center	Knee Prosthesis (Replacement)	188	0	1.06	0.00	0.348	= Same

**Surgical Site Infections (SSIs) from Coronary Artery Bypass Graft with Chest Incision
Only (CBGC) Procedures in South Carolina's Acute Care Hospitals
Includes data from the Complex Admission/Readmission SSI Module
January 1, 2024 - December 31, 2024**

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.

N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

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

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
AnMed Health Medical Center	Coronary Bypass Graft (Chest Only Incision)	1	N/A	N/A	N/A	N/A	No conclusion
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest Only Incision)	6	N/A	N/A	N/A	N/A	No conclusion
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	3	N/A	N/A	N/A	N/A	No conclusion
Hilton Head Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	47	0	< 1.00	N/C	N/C	No conclusion
Lexington Medical Center	Coronary Bypass Graft (Chest Only Incision)	17	N/A	N/A	N/A	N/A	No conclusion
McLeod Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	5	N/A	N/A	N/A	N/A	No conclusion
Medical University Hospital Authority (MUSC)	Coronary Bypass Graft (Chest Only Incision)	27	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Columbia Medical Center Downtown	Coronary Bypass Graft (Chest Only Incision)	20	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Florence Medical Center	Coronary Bypass Graft (Chest Only Incision)	8	N/A	N/A	N/A	N/A	No conclusion
Piedmont Medical Center	Coronary Bypass Graft (Chest Only Incision)	10	N/A	N/A	N/A	N/A	No conclusion
Prisma Health Greenville Memorial Hospital	Coronary Bypass Graft (Chest Only Incision)	4	N/A	N/A	N/A	N/A	No conclusion
Prisma Health Richland	Coronary Bypass Graft (Chest Only Incision)	10	N/A	N/A	N/A	N/A	No conclusion
Roper Hospital	Coronary Bypass Graft (Chest Only Incision)	12	N/A	N/A	N/A	N/A	No conclusion
Self Regional Healthcare	Coronary Bypass Graft (Chest Only Incision)	9	N/A	N/A	N/A	N/A	No conclusion
Spartanburg Medical Center	Coronary Bypass Graft (Chest Only Incision)	27	0	< 1.00	N/C	N/C	No conclusion
Trident Medical Center	Coronary Bypass Graft (Chest Only Incision)	35	0	< 1.00	N/C	N/C	No conclusion

Surgical Site Infections (SSIs) from Coronary Artery Bypass Graft with Chest and Donor Incisions (CBGB)



Procedures in South Carolina's Acute Care Hospitals

Includes data from the Complex Admission/Readmission SSI Module

January 1, 2024 - December 31, 2024

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.

N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

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

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	7	N/A	N/A	N/A	N/A	No conclusion
AnMed Health Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	92	0	< 1.00	N/C	N/C	No conclusion
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest & Donor Incision)	257	2	3.29	0.61	0.522	= Same
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	315	0	2.63	0.00	0.072	= Same
Lexington Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	280	1	2.14	0.47	0.487	= Same
McLeod Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	224	1	2.27	0.44	0.442	= Same
Medical University Hospital Authority (MUSC)	Coronary Bypass Graft (Chest & Donor Incision)	249	0	2.51	0.00	0.082	= Same

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Columbia Medical Center Downtown	Coronary Bypass Graft (Chest & Donor Incision)	191	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Florence Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	80	1	< 1.00	N/C	N/C	No conclusion
Piedmont Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	180	0	< 1.00	N/C	N/C	No conclusion
Prisma Health Greenville Memorial Hospital	Coronary Bypass Graft (Chest & Donor Incision)	432	7	4.35	1.61	0.225	= Same
Prisma Health Richland	Coronary Bypass Graft (Chest & Donor Incision)	223	10	2.33	4.29	0.000	✖ Worse
Roper Hospital	Coronary Bypass Graft (Chest & Donor Incision)	315	1	2.64	0.38	0.333	= Same
Self Regional Healthcare	Coronary Bypass Graft (Chest & Donor Incision)	94	0	< 1.00	N/C	N/C	No conclusion
Spartanburg Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	298	1	2.74	0.37	0.307	= Same
Trident Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	110	1	< 1.00	N/C	N/C	No conclusion

Hospital-Onset Clostridioides difficile (CDI) Laboratory-Identified Events in South Carolina's Acute Care, Critical Access, Long-term Acute Care, and Inpatient Rehabilitation Hospitals

January 1, 2024 - December 31, 2024

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

Legend			
	=		No conclusion
Fewer infections (better) than predicted based on the national experience.*	About the same number of infections as predicted based on the national experience.*	More infections (worse) than predicted based on the national experience.*	When the number of predicted infections is less than 1, no conclusion can be made.

*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	0	< 1.00	N/C	N/C	No conclusion
Aiken Regional Medical Center	6	28.08	0.21	0.000	★ Better
Allendale County Hospital	0	< 1.00	N/C	N/C	No conclusion
AnMed Health Cannon	0	< 1.00	N/C	N/C	No conclusion
AnMed Health Medical Center	28	43.23	0.65	0.015	★ Better
AnMed Health Rehabilitation	3	6.16	0.49	0.193	= Same
Beaufort County Memorial Hospital	6	16.70	0.36	0.003	★ Better
Bon Secours St. Francis Eastside	0	9.80	0.00	0.000	★ Better
Bon Secours St. Francis Hospital - Downtown	5	41.87	0.12	0.000	★ Better
Bon Secours St. Francis Xavier Hospital	4	19.82	0.20	0.000	★ Better
Carolina Pines Regional Medical Center	2	4.43	0.45	0.246	= Same
Cherokee Medical Center	2	3.58	0.56	0.435	= Same
Coastal Carolina Medical Center	1	3.47	0.29	0.170	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	3	4.05	0.74	0.653	= Same
Conway Medical Center	4	15.48	0.26	0.001	★ Better
East Cooper Regional Medical Center	2	4.63	0.43	0.215	= Same
Edgefield County Hospital	0	< 1.00	N/C	N/C	No conclusion
Encompass Rehabilitation Hospital Of Bluffton	0	5.03	0.00	0.007	★ Better
Encompass Rehabilitation Hospital Of Columbia	1	11.49	0.09	0.000	★ Better
Encompass Rehabilitation Hospital Of Florence	0	6.87	0.00	0.001	★ Better
Encompass Rehabilitation Hospital Of Greenville	2	5.92	0.34	0.084	= Same
Encompass Rehabilitation Hospital Of Rock Hill	3	8.29	0.36	0.046	★ Better
Grand Strand Regional Medical Center	4	50.55	0.08	0.000	★ Better
Greenwood Regional Rehabilitation Hospital	0	3.10	0.00	0.045	★ Better
Hampton Regional Medical Center	2	1.12	1.78	0.413	= Same
Hilton Head Regional Medical Center	4	9.92	0.40	0.042	★ Better
Kershaw Health	6	5.01	1.20	0.625	= Same
Lexington Medical Center	29	121.86	0.24	0.000	★ Better
Lexington Regional Rehabilitation Hospital	0	2.98	0.00	0.051	= Same
McLeod Health Cheraw	0	3.14	0.00	0.043	★ Better
McLeod Health Clarendon	1	3.33	0.30	0.191	= Same
McLeod Lorris	0	5.59	0.00	0.004	★ Better
McLeod Medical Center - Dillon	0	2.27	0.00	0.103	= Same
McLeod Regional Medical Center	19	65.44	0.29	0.000	★ Better



Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
McLeod Seacoast	5	17.65	0.28	0.001	★ Better
Medical University Hospital Authority (Musc)	85	130.25	0.65	0.000	★ Better
Midlands Regional Rehabilitation Hospital	1	4.04	0.25	0.107	= Same
Mount Pleasant Hospital	3	6.51	0.46	0.154	= Same
Musc Columbia Medical Center Northeast	1	2.17	0.46	0.475	= Same
Musc Health Black River Medical Center	1	1.10	0.91	1.000	= Same
Musc Health Chester Regional Medical Center	0	1.07	0.00	0.342	= Same
Musc Health Columbia Medical Center Downtown	6	22.30	0.27	0.000	★ Better
Musc Health Florence Medical Center	12	23.48	0.51	0.011	★ Better
Musc Health Florence Women's Pavilion	0	< 1.00	N/C	N/C	No conclusion
Musc Health Lancaster Medical Center	0	11.44	0.00	0.000	★ Better
Musc Health Marion Medical Center	2	< 1.00	N/C	N/C	No conclusion
Musc Health Orangeburg Medical Center	9	18.21	0.49	0.020	★ Better
Musc Health Rehabilitation Hospital	1	7.25	0.14	0.007	★ Better
Newberry County Memorial Hospital	0	1.63	0.00	0.197	= Same
Pelham Health System	3	2.81	1.07	0.843	= Same
Piedmont Medical Center	3	43.48	0.07	0.000	★ Better
Piedmont Medical Center Fort Mill	1	6.39	0.16	0.014	★ Better
Prisma Health Baptist	4	21.92	0.18	0.000	★ Better

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Baptist Easley Hospital	4	7.27	0.55	0.219	= Same
Prisma Health Greenville Memorial Hospital	36	108.03	0.33	0.000	★ Better
Prisma Health Greer Memorial Hospital	3	9.77	0.31	0.016	★ Better
Prisma Health Hillcrest Hospital	2	4.19	0.48	0.289	= Same
Prisma Health Laurens County Hospital	1	5.53	0.18	0.030	★ Better
Prisma Health North Greenville Hospital	0	10.80	0.00	0.000	★ Better
Prisma Health Oconee Memorial Hospital	2	12.43	0.16	0.000	★ Better
Prisma Health Parkridge	5	8.20	0.61	0.262	= Same
Prisma Health Patewood Hospital	0	2.06	0.00	0.128	= Same
Prisma Health Richland	13	79.66	0.16	0.000	★ Better
Prisma Health Tuomey	1	14.77	0.07	0.000	★ Better
Regency Hospital Of Florence	1	11.21	0.09	0.000	★ Better
Regency Hospital Of Greenville	1	7.22	0.14	0.007	★ Better
Roper Hospital	23	42.29	0.54	0.001	★ Better
Roper St. Francis Hospital Berkeley	5	6.93	0.72	0.490	= Same
Self Regional Healthcare	10	28.17	0.36	0.000	★ Better
Shriners Hospital for Children	0	< 1.00	N/C	N/C	No conclusion
Spartanburg Hospital for Restorative Care	3	7.76	0.39	0.066	= Same
Spartanburg Medical Center Mary Black Campus	3	17.42	0.17	0.000	★ Better
Spartanburg Medical Center	41	83.44	0.49	0.000	★ Better
Spartanburg Rehabilitation Institute	5	3.26	1.53	0.343	= Same
Summerville Medical Center	3	13.85	0.22	0.001	★ Better

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Tidelands Georgetown Memorial Hospital	2	8.26	0.24	0.014	★ Better
Tidelands Health Rehabilitation Hospital	0	4.31	0.00	0.013	★ Better
Tidelands Waccamaw Community Hospital	8	10.75	0.74	0.414	= Same
Trident Medical Center	14	32.62	0.43	0.000	★ Better
Union Medical Center	0	< 1.00	N/C	N/C	No conclusion
Vibra Charleston	2	9.99	0.20	0.003	★ Better

***Hospital-Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia
Laboratory-Identified Events in South Carolina's Acute Care, Critical Access, Long-term Acute Care, and Inpatient
Rehabilitation Hospitals
January 1, 2024 - December 31, 2024***

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

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

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	0	< 1.00	N/C	N/C	No conclusion
Aiken Regional Medical Center	1	4.46	0.22	0.075	= Same
Allendale County Hospital	0	< 1.00	N/C	N/C	No conclusion
AnMed Health Cannon	0	< 1.00	N/C	N/C	No conclusion
AnMed Health Medical Center	2	7.35	0.27	0.028	★ Better
AnMed Health Rehabilitation	0	< 1.00	N/C	N/C	No conclusion
Beaufort County Memorial Hospital	1	1.25	0.80	0.933	= Same
Bon Secours St. Francis Eastside	1	1.17	0.85	0.982	= Same
Bon Secours St. Francis Hospital - Downtown	6	4.19	1.43	0.377	= Same
Bon Secours St. Francis Xavier Hospital	3	1.63	1.84	0.307	= Same
Carolina Pines Regional Medical Center	0	< 1.00	N/C	N/C	No conclusion
Cherokee Medical Center	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Coastal Carolina Medical Center	0	< 1.00	N/C	N/C	No conclusion
Colleton Medical Center	0	< 1.00	N/C	N/C	No conclusion
Conway Medical Center	1	2.23	0.45	0.455	= Same
East Cooper Regional Medical Center	0	< 1.00	N/C	N/C	No conclusion
Edgefield County Hospital	0	< 1.00	N/C	N/C	No conclusion
Encompass Rehabilitation Hospital of Bluffton	0	< 1.00	N/C	N/C	No conclusion
Encompass Rehabilitation Hospital of Columbia	0	< 1.00	N/C	N/C	No conclusion
Encompass Rehabilitation Hospital of Florence	0	< 1.00	N/C	N/C	No conclusion
Encompass Rehabilitation Hospital of Greenville	0	< 1.00	N/C	N/C	No conclusion
Encompass Rehabilitation Hospital of Rock Hill	0	< 1.00	N/C	N/C	No conclusion
Grand Strand Regional Medical Center	8	8.83	0.91	0.823	= Same
Greenwood Regional Rehabilitation Hospital	0	< 1.00	N/C	N/C	No conclusion
Hampton Regional Medical Center	0	< 1.00	N/C	N/C	No conclusion
Hilton Head Regional Medical Center	0	< 1.00	N/C	N/C	No conclusion
Kershaw Health	1	< 1.00	N/C	N/C	No conclusion
Lexington Medical Center	3	11.89	0.25	0.003	★ Better
Lexington Regional Rehabilitation Hospital	0	< 1.00	N/C	N/C	No conclusion
McLeod Health Cheraw	0	< 1.00	N/C	N/C	No conclusion
McLeod Health Clarendon	0	< 1.00	N/C	N/C	No conclusion
McLeod Loris	1	< 1.00	N/C	N/C	No conclusion
McLeod Medical Center - Dillon	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
McLeod Regional Medical Center	17	15.76	1.08	0.729	= Same
McLeod Seacoast	1	2.33	0.43	0.420	= Same
Medical University Hospital Authority (MUSC)	19	26.57	0.72	0.132	= Same
Midlands Regional Rehabilitation Hospital	0	< 1.00	N/C	N/C	No conclusion
Mount Pleasant Hospital	1	< 1.00	N/C	N/C	No conclusion
MUSC Columbia Medical Center Northeast	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Black River Medical Center	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Chester Regional Medical Center	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Columbia Medical Center Downtown	3	2.55	1.18	0.721	= Same
MUSC Health Florence Medical Center	3	3.35	0.90	0.918	= Same
MUSC Health Florence Women's Pavilion	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Lancaster Medical Center	1	< 1.00	N/C	N/C	No conclusion
MUSC Health Marion Medical Center	0	< 1.00	N/C	N/C	No conclusion
MUSC Health Orangeburg Medical Center	0	2.73	0.00	0.065	= Same
MUSC Health Rehabilitation Hospital	0	< 1.00	N/C	N/C	No conclusion
Newberry County Memorial Hospital	0	< 1.00	N/C	N/C	No conclusion
Pelham Health System	1	< 1.00	N/C	N/C	No conclusion
Piedmont Medical Center	2	5.20	0.39	0.143	= Same
Piedmont Medical Center Fort Mill	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Baptist	2	4.57	0.44	0.223	= Same
Prisma Health Baptist Easley Hospital	1	< 1.00	N/C	N/C	No conclusion
Prisma Health Greenville Memorial Hospital	15	27.13	0.55	0.013	★ Better
Prisma Health Greer Memorial Hospital	0	1.46	0.00	0.231	= Same
Prisma Health Hillcrest Hospital	1	< 1.00	N/C	N/C	No conclusion
Prisma Health Laurens County Hospital	0	1.04	0.00	0.355	= Same
Prisma Health North Greenville Hospital	1	1.61	0.62	0.723	= Same
Prisma Health Oconee Memorial Hospital	1	2.12	0.47	0.496	= Same
Prisma Health Parkridge	1	1.05	0.95	1.000	= Same
Prisma Health Patewood Hospital	0	< 1.00	N/C	N/C	No conclusion
Prisma Health Richland	13	16.05	0.81	0.460	= Same
Prisma Health Tuomey	0	2.31	0.00	0.099	= Same
Regency Hospital of Florence	0	2.21	0.00	0.110	= Same
Regency Hospital of Greenville	0	1.18	0.00	0.308	= Same
Roper Hospital	6	3.32	1.81	0.172	= Same
Roper St. Francis Hospital Berkeley	1	< 1.00	N/C	N/C	No conclusion
Self Regional Healthcare	0	3.44	0.00	0.032	★ Better
Shriners Hospital for Children	0	< 1.00	N/C	N/C	No conclusion
Spartanburg Hospital for Restorative Care	1	1.16	0.86	0.992	= Same
Spartanburg Medical Center Mary Black Campus	1	2.57	0.39	0.350	= Same
Spartanburg Medical Center	16	15.57	1.03	0.882	= Same
Spartanburg Rehabilitation Institute	0	< 1.00	N/C	N/C	No conclusion

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Summerville Medical Center	2	1.84	1.09	0.828	= Same
Tidelands Georgetown Memorial Hospital	2	1.02	1.96	0.356	= Same
Tidelands Health Rehabilitation Hospital	0	< 1.00	N/C	N/C	No conclusion
Tidelands Waccamaw Community Hospital	0	1.55	0.00	0.212	= Same
Trident Medical Center	5	4.57	1.09	0.790	= Same
Union Medical Center	0	< 1.00	N/C	N/C	No conclusion
Vibra Charleston	2	1.59	1.25	0.689	= Same



Appendix D: Healthcare Personnel Influenza Vaccination Report

2023–2024 Influenza Season Annual Report

March 2026



Foreword

The South Carolina Department of Public Health (DPH) provides the 2023-2024 Influenza Season Healthcare Personnel (HCP) Influenza Vaccination Report to promote awareness and improve HCP influenza vaccine uptake.

DPH gratefully acknowledges that the progress achieved through the South Carolina Hospital Infections Disclosure Act (HIDA) is possible because of the combined efforts of hospital infection preventionists, the HIDA Advisory Committee, and DPH staff.

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Abbreviations

ACH	Acute Care Hospital	IP	Infection Preventionist
ASTV	Adult Students, Trainees, and Volunteers	ICU	Intensive Care Unit (used interchangeably with Critical Care Unit)
CAH	Critical Access Hospital	IRF	Inpatient Rehabilitation Facility
CCU	Critical Care Unit (used interchangeably with Intensive Care Unit)	JC	Joint Commission
CDC	Centers for Disease Control and Prevention	LIP	Licensed Independent Practitioner
HAI	Healthcare-Associated Infection	LTACH	Long-Term Acute Care Hospital
HCP	Health care Personnel	NHSN	National Healthcare Safety Network
HIDA	Hospital Infections Disclosure Act	PPE	Personal Protective Equipment

Introduction

Influenza is a viral respiratory illness that contributes to thousands of hospitalizations and deaths each year in the United States. Influenza is highly contagious and is transmitted from person to person, primarily through respiratory droplets. In health care settings, health care personnel (HCP) may serve as the first step in the causal pathway. Those infected with influenza risk transmission to contacts (e.g., patients, coworkers, and family members). There is a correlation between patient risk and HCP influenza vaccination rates; the lower the HCP vaccination rates, the higher the risk for patients.¹ Despite the evidence that the influenza vaccine protects recipients and reduces illness-related work absences, working while sick, and disease transmission to vulnerable patients, national influenza vaccination coverage among HCPs remains low.² According to the Centers for Disease Control and Prevention (CDC), 75.4% of HCPs reported receiving influenza vaccination during the 2023-2024 influenza season, representing a similar result to the 75.9% reported in the previous influenza season.³

Nationally, efforts to increase HCP influenza vaccination coverage have included policy interventions by accrediting bodies. In July 2012, Joint Commission (JC), an independent nonprofit that accredits hospitals and promotes patient safety and quality health care, established an infection control requirement for all TJC-accredited organizations to establish an annual influenza vaccination program for all employees, including LIPs and non-clinical staff.⁴ However, a 2021 requirement, stating that hospitals needed to work towards a goal of a 90% vaccination rate, was removed to align with the Healthy People 2030 goals.⁵

In South Carolina, the Hospital Infections Disclosure Act (HIDA) mandates that hospitals report their HCP influenza vaccination data to the CDC's National Healthcare Safety Network (NHSN) annually. These hospitals comprise 64 acute care hospitals (ACHs), six long-term acute care (LTACHs) hospitals, and 12 inpatient rehabilitation facilities (IRFs). Per NHSN, critical access hospitals (CAHs) are included in the ACH data within the HCP Influenza Vaccination Module, as CAHs follow ACH reporting requirements. Twelve ACHs have a rehabilitation ward within their facility. For this report, the vaccination data reported from those rehabilitation wards are included in the vaccination totals reported for each respective ACH.

A total of 82 facilities were required to collect and report HCP influenza vaccination data from Oct. 1, 2023, through March 31, 2024, per the South Carolina Hospital Infections Disclosure Act (HIDA). This report presents HCP influenza vaccination percentages from 100% of the 82 NHSN-reporting facilities in South Carolina, arranged by facility type, HCP type, and vaccination policies for the 2023-2024 influenza season. Additionally, vaccination trends for the past 12 influenza seasons are reported to show changes over time.

Methods

The required HCP influenza vaccination data was reported by infection preventionists (IPs) from each facility through the Healthcare Personnel (HCP) Vaccination Module within the NHSN Healthcare Personnel Safety Component.⁶ IPs are health care professionals who lead the implementation of evidence-based practices to prevent the spread of infections among patients, health care personnel, and visitors. Facilities were required to follow standardized reporting definitions and methods as described in the NHSN Healthcare Personnel Safety Component Manual.⁶

The denominator data consists of the total number of working HCPs who were physically present within the health care facility for at least one working day between Oct. 1, 2023, and March 31, 2024. Denominators were collected separately for the following health care personnel types:

1. *Employees*: This includes all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).
2. *Licensed Independent Practitioners (LIPs)*: This includes physicians, advanced practice nurses, and physician assistants affiliated with the reporting facility but not directly employed by it. Post-residency fellows were also included in this category if they were not on the facility payroll.
3. *Adult students, trainees, and volunteers (ASTVs)*: This includes medical, nursing, and other health care professional students, interns, medical residents, and volunteers aged 18 years or older affiliated with the health care facility.
4. *Other contract personnel (optional)*: This includes persons providing care, treatment, or services at the facility through a contract that did not fall into one of the above categories. Data for this category is not included in this report.

The numerator data consists of HCPs (Employees, LIPs, and ASTVs) in the denominator population, who fall into one of the categories below:

1. Vaccinated, receiving an influenza vaccine given at the health care facility,
2. Vaccinated, providing proof of receiving influenza vaccination elsewhere,
3. Unvaccinated, determined to have a medical contraindication to the influenza vaccine,
4. Unvaccinated, were offered but declined influenza vaccination,
5. Unvaccinated, had an unknown vaccination status, or did not meet the above categories.

The HCPs influenza vaccination percentage, as described in the results section of this report, is calculated by dividing the total number of vaccinated HCPs by the total number of working HCP, then multiplying by 100:

$$\text{Vaccination Rate} = (\text{Total Vaccinated} / \text{Total Working}) \times 100$$

Total vaccinated includes personnel:

1. Vaccinated, receiving an influenza vaccine administered at the health care facility,
2. Vaccinated, providing proof of influenza vaccination received elsewhere.

Results

Influenza Vaccination by Facility Type and HCP Type

Table 1 presents influenza vaccination coverage for all HCP types for acute care hospitals (ACHs), including critical access hospitals (CAHs), long-term acute care hospitals (LTACHs) and inpatient rehabilitation facilities (IRFs). For the 2023-2024 influenza season, coverage was 83.34% for ACHs, 69.62% for LTACHs, and 83.99% for IRFs. The statewide pooled proportion across all facility types was 83.17%.

Table 1. HCP Influenza Vaccination by Facility Type, 2023-2024 Influenza Season

Facility Type	Personnel Vaccinated	Total Personnel	Percent Vaccinated
ACH	98,100	117,712	83.34%
LTACH	1,224	1,758	69.62%
IRFS	3,598	4,284	83.99%
STATE (All Facilities)	102,922	123,754	83.17%

Note: HCP includes Employees, LIPs, ASTVs.

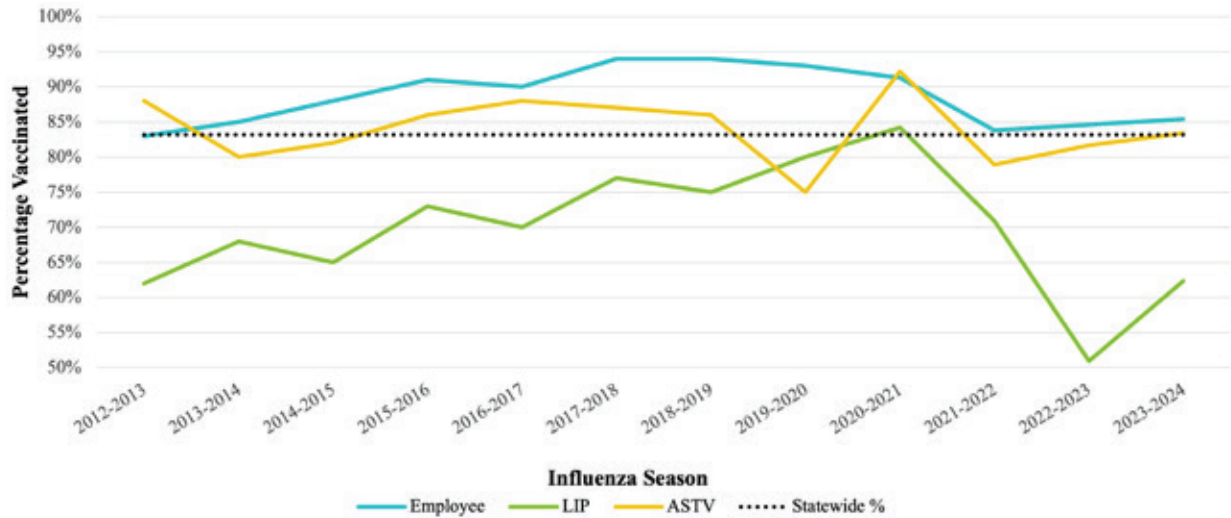
§ IRF data in the table are reported by free-standing IRFs only.

Rehab wards within ACHs are included in the data presented for ACHs.

CAHs are included in the data presented for ACHs.

Figure 1 shows statewide influenza vaccination coverage for HCP by personnel type from the 2012-2013 influenza season to the 2023-2024 influenza season. HCP type is divided into three categories as described in the methods section: (1) Employees, (2) Licensed Independent Practitioners (LIPs) and (3) Adult Students, Trainees, and Volunteers (ASTVs). The statewide influenza vaccination coverage for the 2023-2024 influenza season was 83.17 percent, represented by the horizontal, dotted black line. During the 2023-2024 influenza season, Employees had the highest influenza vaccination coverage at 85.44%, followed by ASTVs and LIPs at 83.43% and 62.33%, respectively.

Figure 1. HCP Influenza Vaccination Coverage by Influenza Season



Influenza Vaccination Policies for HCP

During the 2023-2024 influenza season, 54 of 82 facilities responded to the HCP Influenza Vaccination Seasonal Survey regarding their facility’s HCP influenza vaccine policies. Of those 54 facility surveys, 22 (40.74%) facilities required HCP influenza vaccination as a condition of both employment and credentialing, 21 (38.89%) facilities did not require influenza vaccination as a condition of either employment or credentialing, five (9.26%) facilities required influenza vaccination as a condition of employment only, and six (11.11%) facilities required influenza vaccination as a condition of credentialing only. Credentialing refers to the process that health care providers must undergo to verify their qualifications to provide medical services.

The distribution of health care facility vaccination policies for the 54 facilities that completed the HCP Influenza Vaccination Seasonal Survey are shown below, in Figure 2.

Figure 2. Facilities with Influenza Vaccination Policies

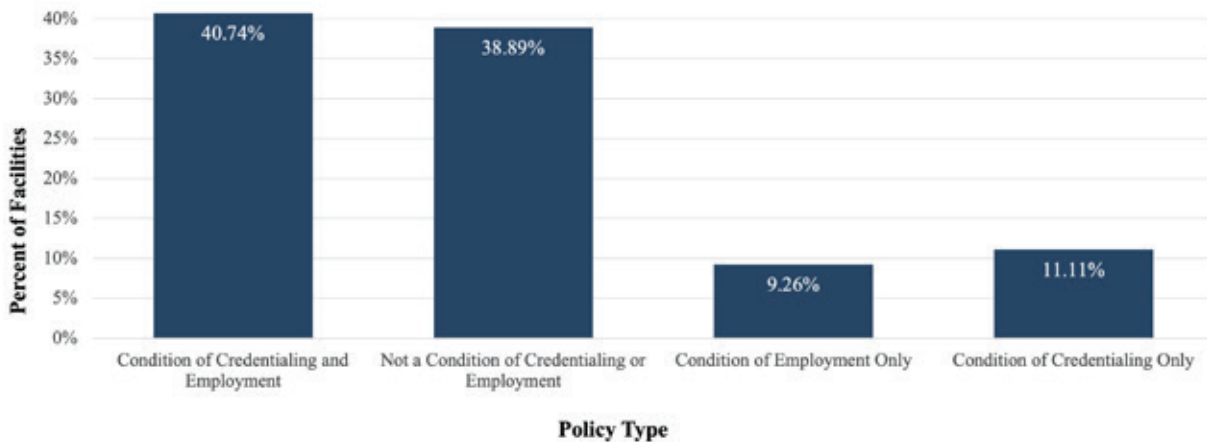


Table 2 displays influenza vaccination coverage for HCP working at facilities with and without influenza vaccination requirements. Of the four possible categories facilities could select, requiring the influenza vaccination as a “Condition of Credentialing and Employment” and as a “Condition of Employment Only” were the only selections associated with influenza vaccination coverage above the statewide percentage.

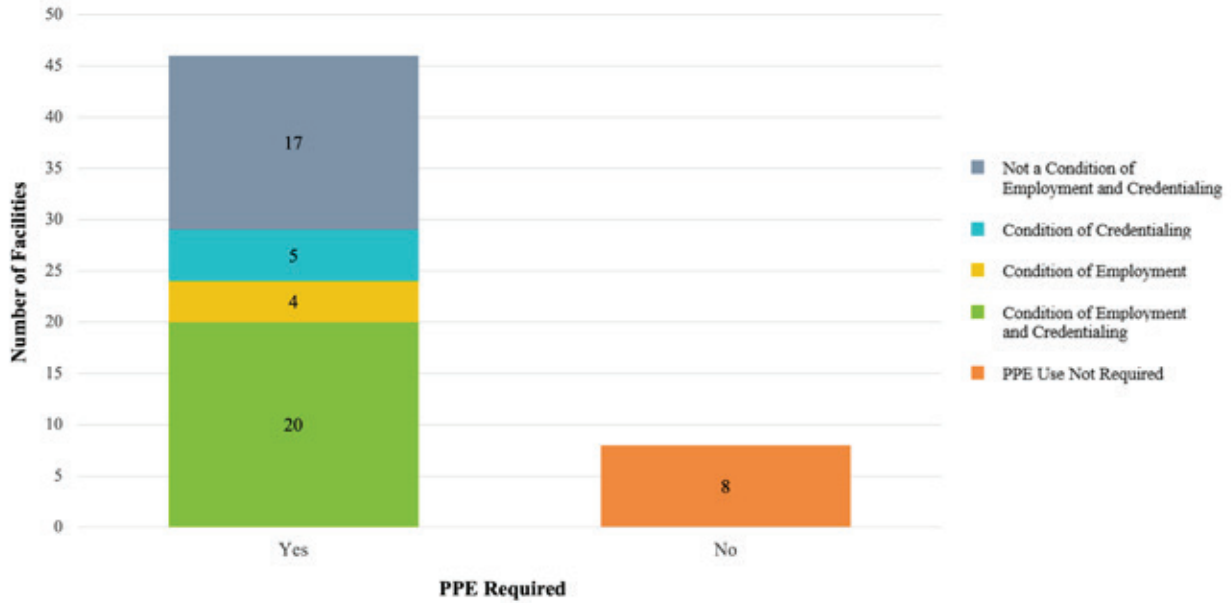
Table 2. HCP Influenza Vaccination Coverage by Policy Type

Policy Type	Vaccinated HCP	Total HCP	Percent Vaccinated
Condition of Credentialing and Employment	40,778	46,278	88.12%
Condition of Employment Only	5,729	6,133	93.41%
Condition of Credentialing Only	7,286	9,895	73.63%
Not a Condition of Credentialing or Employment	18,259	26,641	68.54%
All Policy Types	72,052	88,947	81.01%

Note: Only includes data from the 54 facilities who completed the HCP Influenza Vaccination Seasonal Survey via NHSN.

Figure 3 demonstrates that of the 54 facilities who completed the HCP Influenza Vaccination Seasonal Survey for 2023-2024, 46 (85.19%) reported requiring PPE for HCP that did not receive the influenza vaccine. Of the 46 facilities that reported requiring PPE use by unvaccinated HCP, 20 (43.48%) were facilities that had classified vaccination as a condition of employment and credentialing, four (8.70%) were facilities that classified vaccination as a condition of employment only, five (10.87%) were facilities that classified vaccination as a condition of credentialing only, and 17 (39.96%) were facilities that did not classify vaccination as a condition of employment or credentialing. The remaining eight facilities reported not requiring PPE for HCP who did not receive the influenza vaccine.

Figure 3. Facilities Requiring PPE Use for HCP Who Refused the Influenza Vaccine



Influenza Vaccination Coverage by Facility

Table 3 shows HCP influenza vaccination coverage by reporting facility for the 2023-2024 influenza season. Eighty-two facilities reported data to NHSN; facility-level vaccination coverage ranged from 26% to 98%. A total of 54 facilities reported a **Higher** HCP influenza vaccination percentage than the statewide pooled proportion of 83.17%. In comparison, 28 facilities reported lower vaccination percentages.

Table 3. HCP Influenza Vaccination Coverage by Facility

Facility Name	Total HCP Vaccinated	Total Working HCP	Vaccination Percentage	Compared to the State
Statewide Pooled Proportion	102,922	123,754	83.17%	N/A
Abbeville Area Medical Center	248	373	66%	Lower
Aiken Regional Medical Center	1,055	1,418	74%	Lower
Allendale County Hospital	46	174	26%	Lower
AnMed Health Cannon	271	284	95%	Higher
AnMed Health Medical Center	2,820	2,978	95%	Higher
AnMed Health Rehabilitation (run by Encompass)	282	315	90%	Higher
Beaufort County Memorial Hospital	1,480	1,592	93%	Higher

Facility Name	Total HCP Vaccinated	Total Working HCP	Vaccination Percentage	Compared to the State
Bon Secours St. Francis Eastside	641	778	82%	Higher
Bon Secours St. Francis Hospital - Downtown	2,385	2,751	87%	Higher
Bon Secours St. Francis Xavier Hospital	1,376	1,719	80%	Lower
Carolina Pines Regional Medical Center	859	893	96%	Higher
Charleston AMG Specialty Hospital	96	156	62%	Lower
Cherokee Medical Center	476	671	71%	Lower
Coastal Carolina Medical Center	481	642	75%	Lower
Colleton Medical Center	385	514	75%	Lower
Continue Care Hospital at Prisma Health Baptist	62	179	35%	Lower
Conway Medical Center	2,228	2,605	86%	Higher
East Cooper Regional Medical Center	818	879	93%	Higher
Edgefield County Hospital	154	169	91%	Higher
Encompass Rehabilitation Hospital of Columbia	321	362	89%	Higher
Encompass Rehabilitation Hospital of Florence	149	223	67%	Lower
Encompass Rehabilitation Hospital of Greenville	195	251	78%	Lower
Encompass Rehabilitation Hospital of Hilton Head/Bluffton	207	237	87%	Higher
Encompass Rehabilitation Hospital of Rock Hill	235	264	89%	Higher
Grand Strand Regional Medical Center	1,452	3,121	47%	Lower
Greenwood Regional Rehabilitation Hospital	183	202	91%	Higher
Hampton Regional Medical Center	129	340	38%	Lower
Hilton Head Regional Medical Center	578	808	72%	Lower
Kershaw Health	693	739	94%	Higher
Lexington Medical Center	4,151	5,714	73%	Lower
Lexington Regional Rehabilitation Hospital	107	141	76%	Lower
MUSC Columbia Medical Center Northeast/ Providence Hospital Northeast	682	773	88%	Higher
MUSC Health Black River Medical Center	346	370	94%	Higher

Facility Name	Total HCP Vaccinated	Total Working HCP	Vaccination Percentage	Compared to the State
MUSC Health Chester Regional Medical Center	494	542	91%	Higher
MUSC Health Columbia Medical Center Downtown	1,065	1,270	84%	Higher
MUSC Health Florence Medical Center	1,718	2,002	86%	Higher
MUSC Health Florence Women's Pavilion	108	130	83%	Higher
MUSC Health Lancaster Medical Center	1,341	1,443	93%	Higher
MUSC Health Marion Medical Center	465	483	96%	Higher
MUSC Health Rehabilitation Hospital, An Affiliate of Encompass Health	224	269	83%	Higher
MUSC Health of Orangeburg Medical Center	1,469	1,618	91%	Higher
McLeod Health Cheraw	454	526	86%	Higher
McLeod Health Clarendon	519	589	88%	Higher
McLeod Loris	469	532	88%	Higher
McLeod Medical Center - Dillon	414	461	90%	Higher
McLeod Regional Medical Center	9,323	10,695	87%	Higher
McLeod Seacoast	1,404	1,654	85%	Higher
Medical University Hospital Authority (MUSC)	9,376	10,466	90%	Higher
Midlands Regional Rehabilitation Hospital	109	152	72%	Lower
Mount Pleasant Hospital	639	903	71%	Lower
Newberry County Memorial Hospital	907	935	97%	Higher
Pelham Health System	716	1,095	65%	Lower
Piedmont Medical Center	2,170	2,578	84%	Higher
Piedmont Medical Center Fort Mill	948	1,079	88%	Higher
Prisma Health Baptist	2,454	2,688	91%	Higher
Prisma Health Baptist Easley Hospital	776	871	89%	Higher
Prisma Health Greenville Memorial Hospital	8,009	8,855	90%	Higher
Prisma Health Greer Memorial Hospital	1,157	1,303	89%	Higher
Prisma Health Hillcrest Hospital	682	716	95%	Higher
Prisma Health Laurens County Hospital	451	496	91%	Higher
Prisma Health North Greenville Hospital	219	246	89%	Higher

Facility Name	Total HCP Vaccinated	Total Working HCP	Vaccination Percentage	Compared to the State
Prisma Health Oconee Memorial Hospital	1,266	1,420	89%	Higher
Prisma Health Parkridge	809	910	89%	Higher
Prisma Health Patewood Hospital	730	824	89%	Higher
Prisma Health Richland	5,538	6,004	92%	Higher
Prisma Health Tuomey	1,317	1,510	87%	Higher
Regency Hospital of Florence	160	178	90%	Higher
Regency Hospital of Greenville	143	247	58%	Lower
Roper Hospital	2,370	2,738	87%	Higher
Roper St. Francis Hospital Berkeley	713	970	74%	Lower
Self Regional Healthcare	3,359	3,494	96%	Higher
Shriners Hospitals for Children	367	375	98%	Higher
Spartanburg Hospital for Restorative Care	544	752	72%	Lower
Spartanburg Medical Center	5,736	8,699	66%	Lower
Spartanburg Medical Center Mary Black Campus	816	1,222	67%	Lower
Spartanburg Rehabilitation Institute	164	224	73%	Lower
Summerville Medical Center	720	1,100	65%	Lower
Tidelands Georgetown Memorial Hospital	1,325	1,391	95%	Higher
Tidelands Health Rehabilitation Hospital, an Affiliate of Encompass Health	170	201	85%	Higher
Tidelands Waccamaw Community Hospital	1,545	1,621	95%	Higher
Trident Medical Center	1,126	2,235	50%	Lower
Union Medical Center	333	407	82%	Lower

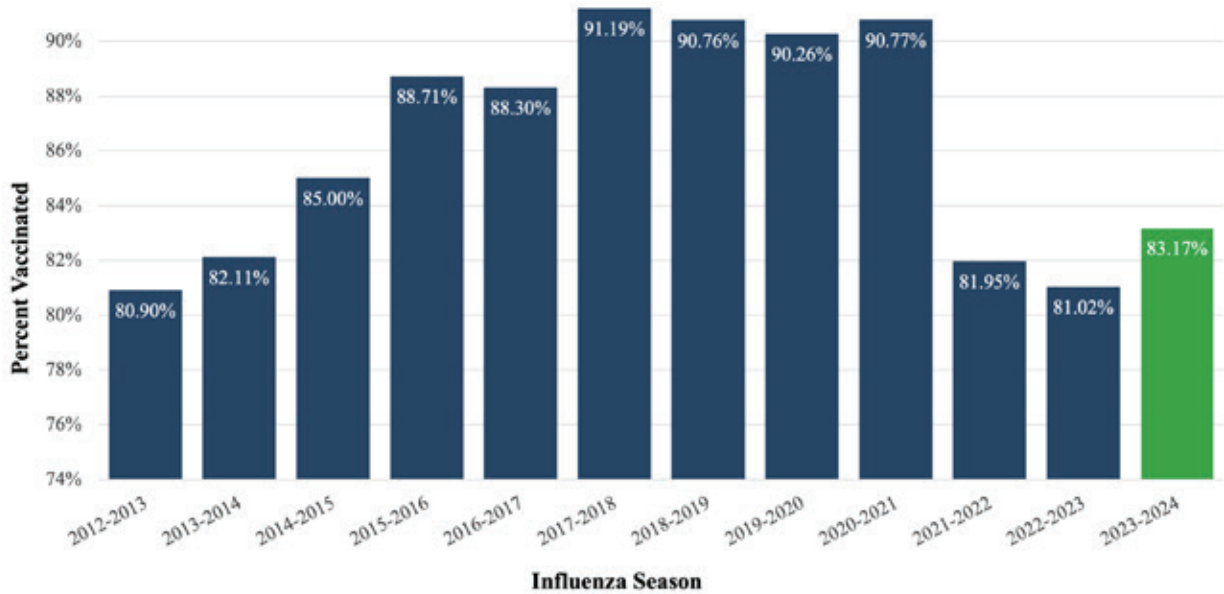
Note: Higher means that the facility had a higher HCP vaccination percent than the statewide pooled proportion, Lower means that the facility had a lower HCP vaccination percent than the statewide pooled proportion.

The pooled proportion is calculated as the number of vaccinated HCP, plus the number who provided documentation of offsite vaccination, divided by the total number of HCP reported as working for one day or more from October 2023 through March 31, 2024, and multiplied by 100. For ACHs that have a rehab ward within their hospital; vaccination data reported for individual rehab wards in ACH were included in the ACH totals.

Past Influenza Vaccination Coverage

Figure 4 provides a snapshot of the statewide HCP vaccination coverage over the past 12 influenza seasons. In the 2023-2024 influenza season, the statewide pooled proportion increased to 83.17%, reflecting a 2.65% increase from the 2022-2023 influenza season. South Carolina consistently achieved coverage above 90% between the 2017-2018 and 2020-2021 influenza seasons; however, coverage declined in subsequent years.

Figure 4. HCP Influenza Vaccination Coverage by Influenza Season



Conclusions

This report provides valuable insight into HCP influenza vaccination coverage in South Carolina, presented by facility type and HCP type for the 2023-2024 influenza season. The data presented were reported by each facility and have not been validated by DPH. The findings can support infection prevention efforts, guide decisions by health care leadership, and inform consumers when selecting health care facilities within the state.

Key Findings

- A total of 82 HIDA reporting facilities in South Carolina complied with the mandatory requirement to report their HCP influenza vaccination summary data for the 2023-2024 influenza season. All reported data were submitted to the Healthcare Personnel Vaccination Module within the NHSN Healthcare Personnel Safety Component.
- The statewide HCP influenza vaccination coverage was 83.17% for the 2023-2024 influenza season, demonstrating a slight increase from the 2022-2023 influenza season.
 - **HCP influenza vaccination coverage by facility type:**
 - ACHs: 83.34%
 - LTACHs: 69.62%
 - IRFs: 83.99%
 - **Influenza vaccination coverage by HCP type:**
 - Employees: 85.44%
 - ASTVs: 83.43%
 - LIPs: 62.33%
 - **Facility-level HCP influenza vaccination coverage:**
 - Ranged from 26% to 98%.
- 54 out of 82 facilities completed the HCP Influenza Vaccination Seasonal Survey, which collects information on conditional vaccination policies related to employment, credentialing, and PPE requirements for unvaccinated HCP. Based on the seasonal survey data, facilities requiring HCP influenza vaccination as a “Condition of Credentialing and Employment” and as a “Condition of Employment Only” had the highest vaccination coverage among the four policy types.
- Compared to the 2022-2023 influenza season, 2 fewer facilities completed the HCP Influenza Vaccination Seasonal Survey.

Limitations

Firstly, the data presented in this report were self-reported by health care facilities to the Healthcare Personnel Vaccination Module within the NHSN Healthcare Personnel Safety Component and have not been independently validated by DPH.

Secondly, participation in the HCP Influenza Vaccination Seasonal Survey is voluntary, with only 54 out of 82 reporting facilities submitting responses for the 2023-2024 influenza season survey. As a result, findings related to facility policies regarding influenza vaccination and PPE use for unvaccinated HCP may not be representative of all facilities statewide.

Thirdly, information regarding vaccination campaigns and incentives within hospitals is not captured. Although some hospitals may not require influenza vaccination as a condition of employment and/or credentialing, they may have active influenza vaccination campaigns that influence vaccine uptake. However, this report does not consider information regarding incentives or educational campaigns.

Fourthly, data collection methods vary across facilities. Hospitals may designate different staff (e.g., employee health nurses, infection preventionists, human resources, credentialing, and/or volunteer departments) to track vaccination data, and the methods may differ. Other facilities may not have the capacity to assign a designated staff member to track influenza vaccination data onsite or follow up with employees who were vaccinated offsite. These varied data collection methods, or lack thereof, are not accounted for in this report.

Finally, this report only reflects HCP influenza vaccination coverage for ACHs/CAHs, IRFs, and LTACHs. It does not reflect outpatient providers, long-term care facilities, or skilled nursing facilities. Regardless, CMS-certified skilled nursing facilities must report their annual HCP influenza vaccination summary data to NHSN.

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