South Carolina Department of Health
and Environmental Control

Hospital Infection Disclosure Act
2013 Annual Report to the General Assembly
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2013 Hospital Infections Disclosure Act Annual Report to the General Assembly

This 2013 Report on the progress of implementing the South Carolina Hospital Infection Disclosure Act (HIDA) is being submitted in compliance with the S.C. Code Section 44-7-2440 requirement of submitting an annual progress report.

Acknowledgements: The South Carolina Department of Health and Environmental Control (DHEC) gratefully acknowledges that the HIDA achievements were made possible by the combined efforts of DHEC staff and hospital infection prevention staff, the active participation of the HIDA Advisory Committee and subcommittees, and the effective partnership established with the Association for Professionals in Infection Control (APIC-Palmetto), the South Carolina Hospital Association (SCHA), and the South Carolina Office of Research and Statistics (ORS).

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Executive Summary

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

The 2013 HIDA Annual Report is the 6th annual report on South Carolina HAI data. This report contains data from January 2013 to December 2013 for the following infections:

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

- **Surgical Site Infections (SSIs) and related data for the following surgical procedure categories in acute care hospitals licensed by DHEC:**
  - Colon surgeries (COLO)
  - Hip arthroplasties (HPRO)
  - Knee arthroplasties (KPRO)
  - Abdominal hysterectomies (HYST)
  - Coronary artery bypass grafts, chest incision only (CBGC)
  - Coronary artery bypass grafts, chest and donor incisions (CBGB)

- **Laboratory identified (labID) events for:**
  - Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodsteam infections (BSI)

In 2013, 78 South Carolina Hospitals reported 509 CLABSIs, 534 SSIs, and 186 hospital onset (HO) MRSA BSI LabID events to the South Carolina Department of Health and Environmental Control.

- The overall CLABSI standardized infection ratio (SIR) for reportable locations in South Carolina was .574. The overall South Carolina CLABSI SIR was statistically significantly lower compared to national baseline data.
- The overall SSI complex AR SIR for reportable procedures in South Carolina was 0.873. The overall South Carolina SSI complex AR SIR was statistically significantly lower compared to national baseline data.
- The overall HO MRSA BSI labID event SIR for acute care facilities in South Carolina was 0.953. The overall South Carolina HO MRSA BSI labID event SIR for acute care facilities was not statistically different compared to national baseline data.

Introduction

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

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

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

HIDA Advisory Committee Recommendations for Reporting Requirements and Public Reports

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

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

2013 HIDA Reporting Requirements

A. Central Line-associated Blood Stream Infections (CLABSI) within the following inpatient unit types:

- Adult Critical Care Units
- Pediatric Critical Care Units
- Neonatal Critical Care Units – levels II/III, III
- Adult Wards
- Pediatric Wards
- Adult Hematology/Oncology Units
- Pediatric Hematology/Oncology Units
- Long Term Acute Care Units
- Inpatient Rehabilitation Units

B. Surgical Site Infections (SSI) for the following procedure types:

- Colon surgeries
- Hip arthroplasties
- Knee arthroplasties
- Abdominal hysterectomies
- Coronary artery bypass grafts (with and without donor site incision)

C. Laboratory Identified Multi Drug-resistant Organism infections including:

- Methicillin-resistant *Staphylococcus aureus* (MRSA) blood stream infections (BSI)
- Carbapenem-resistant *Enterobacteriacea* (CRE) infections, specifically *Escherichia coli* and *Klebsiella* species[1]

D. Healthcare worker influenza vaccination summary data[2]

[1]Carbapenem-resistant *Enterobacteriacea* (CRE) infection surveillance is in implementation and reported data are currently undergoing validation. Therefore, CRE infection data is not published in this report.
[2]Healthcare worker influenza vaccination summary data for the 2013/2014 Influenza season will be published on October 15th, 2014.

Methods

This report contains self-reported data from 78 South Carolina hospitals and contains information about infections that occurred from January 2013 through December 2013. The data were downloaded from NHSN on March 14th, 2014. Any changes or updates to the data after this date will not be reflected in this report.

National Healthcare Safety Network (NHSN)

All data were reported through the NHSN database, a secure, internet-based surveillance system that is maintained by the Division of Healthcare Quality Promotion (DHQP) at CDC. To fulfill HIDA reporting requirements for the 2013 reporting period, all 78 South Carolina Hospitals conferred access rights to DHEC through NHSN. To fulfill HIDA reporting requirements, hospitals must follow NHSN reporting definitions and procedures for all reportable HAIs.

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

Data Quality Assurance

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

NHSN examples of data quality assurance:

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

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

DHEC examples of data quality assurance:

- Biannually prior to the publication of the HIDA annual and interim facility specific reports, all hospitals are provided with preliminary reports showing the number of CLABSI, SSI and procedure records that were downloaded from NHSN for the given reporting period. Facilities are asked to compare their preliminary reports to their internal HAI record numbers to determine if all records were entered into NHSN.

- In addition to the facility specific preliminary reports, DHEC also creates potential surgical error reports to identify facilities with data quality issues in reported surgical procedure data. An example of a potential surgical error report is in appendix B.

  The potential surgical error reports are sent to hospitals at the same time as the facility specific preliminary reports. The following are examples of the error checks performed on reported surgical procedure data:

    - COLO procedures with clean surgical wound class
    - CBGB/CBCG procedures with an American Society of Anesthesiologists' (ASA) classification score of 1 or 2
    - Outlier Surgical Duration Times <5 minutes or >Inner Quartile Range x 5
    - Outpatient HPRO, KPRO and HYST procedures

  It is possible that some hospitals perform these types of outpatient procedures; however we expect the number to be low. We ask all hospitals who have reported outpatient HPRO, KPRO and HYST procedures to confirm each procedure's outpatient status.

- Hospitals are given approximately one month to review their facility specific preliminary reports and their potential surgical procedure error report and to make necessary changes in their reported data within NHSN. All hospitals are expected to sign a standard attestation of data completeness and accuracy on their hospital's official letterhead and submit the document to DHEC prior to the publication of the HIDA annual and interim reports. An example of submitted attestation of data completeness and accuracy letter can be found in appendix C.

- Additionally, DHEC performs on-site validation audits at a sample of facilities annually. In 2014, DHEC will perform on-site validation audits at a sample of facilities that reported data during the January 1, 2013 – December 31, 2013 reporting period. CDC NHSN validation guidelines for facility selection and medical record abstraction will be utilized and adapted to meet the needs of HIDA.

2013 HIDA Reporting Schedule and Data Deadlines

DHEC downloads data from NHSN for public reporting biannually – once for the HIDA interim report and once for the HIDA annual report. The facility specific HIDA interim reports were published on October 15th, 2013 and contain facility specific data from the first six months of the year. This HIDA annual report will be published April 15th, 2014 and contain statewide and facility specific data for the 2013 calendar year.

In 2013-2014, DHEC notified HIDA reporting facilities through email of strict data submission deadlines and reconciliation deadlines. Facility specific HIDA interim reports and annual reports are published on the DHEC HAI website (http://www.scdhec.gov/health/disease/hai/index.htm) on October 15th and April 15th, respectively.

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

The standardized infection ratio (SIR) is an indirect standardization method of summarizing the HAI experience across any number of stratified groups of data (e.g., healthcare facilities or unit types). The

SIR metric can be used to assess HAIs at the national, state, or facility level and adjusts for patients of varying risk within each facility. The SIR is used to compare South Carolina hospitals' HAI incidence to national baseline HAI data, obtained from January 2006 – December 2008, adjusting for several risk factors shown to be significantly associated with difference in infection incidence (Edwards J, 2009). In this annual report, the SIR metric will be presented for CLABSI, SSI, and MRSA LabID Event data.

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

$$\mathbf{SIR}=\frac{\mathbf{Observed\ HAI}}{\mathbf{Expected\ HAI}}$$

Interpreting the SIR:

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

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

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

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

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

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

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

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

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

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

Calculating SIRs for Surgical Site Infections (SSIs):

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

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

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

For each SIR, an exact 95% confidence interval was calculated using the Poisson distribution. A confidence interval is a range of values that quantifies the random variation of a ratio. The wider the confidence interval, the greater the uncertainty associated with the ratio. The width of the confidence interval is in part related to the size of expected HAI occurrence. Smaller facilities with fewer predicated HAIs have the least precision associated with their SIRs and the widest confidence intervals.

Statistical Interpretation of SIR 95% Confidence Intervals:

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

Eligible Data

The 2013 HIDA Annual Report contains data for calendar year 2013 that was reported to DHEC through NHSN by HIDA reporting hospitals.

Facility specific rate reports are available for all reporting facilities and include CLABSI rates by all reportable location types, SSI rates by reportable procedure types and risk indexes, and incidence density rates for HO MRSA BSI labID events. Facility specific rate reports are located in appendix D.

Facility specific comparison CLABSI SIR reports are available for the following inpatient location types: adult critical care locations, adult ward locations, pediatric critical care locations, pediatric ward locations, adult hematology/oncology locations, pediatric hematology/oncology locations, bone marrow transplant locations. Some locations are excluded from the location type CLABSI SIR reports due to

lack of national benchmark data. A complete list of CLABSI reporting locations and available benchmark data status is location in appendix E.

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

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

Facility specific comparison reports for CLABSI, SSI and hospital onset MRSA BSI labID events are located in appendices F1 through F3.

Results

The data presented in this report were self reported from healthcare facilities in South Carolina, from January 1, 2013 – December 31, 2013, in compliance with HIDA.

Reporting Facility Information

Seventy eight hospitals of varying types were required to report HAI data to DHEC via NHSN in 2013. The majority of HIDA reporting hospitals were acute care hospitals, comprised of 58 general hospitals, 5 critical access hospitals, 1 children's hospital, 1 women's and children's hospital and 1 surgical hospital. Six long term acute care hospitals and 6 inpatient rehabilitation hospitals also reported data. A summary of HIDA reporting facility types is shown in table 1.

Table 1. Summary of HIDA Reporting Hospital Types

Facility Type	N	Percent (%) of HIDA Reporting Facilities
Acute Care Hospital (General)	58	74%
Acute Care Hospital (Critical Access)	5	6%
Acute Care Hospital (Surgical)	1	1%
Acute Care Hospital (Women's and Children's)	1	1%
Acute Care Hospital (Children's)	1	1%
Inpatient Rehabilitation Hospital	6	8%
Long Term Acute Care Hospital	6	8%
Total Hospitals	**78**	**100%**

The following data was collected via 2013 NHSN annual facility surveys for acute care hospitals, long term acute care (LTAC) hospitals and inpatient rehabilitation hospitals. Annual surveys were available for 64 (96%) of acute care hospitals, 6 (100%) LTAC hospitals and 6 (100%) inpatient rehabilitation hospitals. Table 2 shows the minimum, maximum and average number of staffed bed sizes of HIDA reporting hospitals by facility type. The overall number of bed sizes for all South Carolina hospital types ranged from 18 beds to 733 beds with an average of 151.0 beds.

Table 2. Summary of HIDA Reporting Hospital Bed Sizes[1]

Hospital Type	Minimum No. Beds	Maximum No. Beds	Average No. Beds
Acute Care Hospital – All Types[2]	18	733	169.6
Inpatient Rehabilitation Hospital	42	96	63.6
Long Term Acute Care Hospital	31	59	40.7
Total Hospitals	**18**	**733**	**151.0**

[1]Data reporting in NHSN annual facility surveys for acute care Hospitals, inpatient rehabilitation hospitals, and long term acute care hospitals [2]Data presented was self reported by 64 acute care hospitals (hospital types include general, critical access, surgical, women's and children's and children's hospitals). Data from 2 acute care hospitals were excluded from analysis because a 2013 annual facility survey was not completed by the facilities at the time of data download.

Table 3 displays the frequency of acute care hospitals and LTAC hospitals with affiliation to a medical school. Medical school affiliation data was unavailable for inpatient rehabilitation hospitals. The majority (76%) of reporting hospitals reported no affiliation with a medical school.

Table 3. Frequency of HIDA Reporting Hospital Medical School Affiliation		
Medical School Affiliation	**No. Hospitals**	**Percentage (%) of Reporting Acute Care and LTAC Hospitals**
Medical School Affiliation	**17**	**24%**
Major	*7*	--
Graduate	*7*	--
Undergraduate	*3*	--
No affiliation	**53**	**76%**
Missing[1]	2	--

[1]Data from 2 acute care hospitals were not included in analysis because the facilities had not completed their 2013 NHSN annual survey at the time of data download.

Table 4 displays the number of hospitals that report CLABSI data by all critical care locations and hospital type. Acute care general hospitals report CLABSI data in 91 out of the 94 CCU reporting locations. Of the 91 CCU locations that reported CLABSI data, exactly half were medical/surgical critical care locations.

Hospital Type	Table 4. Number of Hospitals Reporting CLABSI by All Critical Care Unit (CCU) Locations												
	Cardiothoracic	Coronary	Long Term Acute Care	Medical	Medical/Surgical	Neurosurgical	Pediatric Cardiothoracic	Pediatric Medical	Pediatric Medical/Surgical	Prenatal	Surgical	Trauma	ALL CCU Locations
	N	N	N	N	N	N	N	N	N	N	N	N	N
Acute Care (Critical Access)	.	.	.	.	1	.	.	.	.	.	.	.	1
Acute Care (General)	11	7	.	12	45	2	1	1	4	1	4	3	91
Long Term Acute Care	.	.	1	.	.	.	.	.	.	.	.	.	1
Acute Care (Surgical)	.	.	.	.	1	.	.	.	.	.	.	.	1
All Hospitals	**11**	**7**	**1**	**12**	**47**	**2**	**1**	**1**	**4**	**1**	**4**	**3**	**94**

Table 5 displays the number of hospitals that report CLABSI data by all ward locations and hospital type. The majority of ward locations reporting CLABSI were from acute care general hospitals, as this type of hospital makes up 74% of the reporting hospitals in South Carolina. Medical/surgical wards account for 22% of the 249 reporting ward locations.

Hospital Type	Table 5. Number of Hospitals Reporting CLABSI by All Inpatient Ward Type																						
	Antenatal	**Gastrointestinal**	**Gynecology**	**Labor and Delivery**	**Labor and Delivery Post Partum**	**Long Term Acute Care**	**Medical**	**Medical/Surgical**	**Neurological**	**Neurosurgical**	**Orthopedic**	**Pediatric Medical**	**Pediatric Medical/Surgical**	**Pediatric Orthopedic**	**Pediatric Step Down**	**Pediatric Surgical**	**Post Partum**	**Pulmonary**	**Rehabilitation**	**Step Down**	**Stroke (Acute)**	**Surgical**	**Telemetry**	**Vascular Surgical**	**All Ward Locations**
Acute Care (Critical Access)	.	.	.	.	.	.	.	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	5
Acute Care (Children's)	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	1
Acute Care (General)	1	1	13	13	12	.	23	48	3	3	19	2	14	.	1	1	14	2	12	22	1	15	3	4	227
Long Term Acute Care	.	.	.	.	.	6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	6
Inpatient Rehabiliation	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	6	.	.	.	.	.	6
Acute Care (Surgical)	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1
Acute Care (Women's & Children's)	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	1	.	.	.	.	1	.	.	3
All Hospitals	**1**	**1**	**13**	**13**	**12**	**6**	**23**	**54**	**3**	**3**	**19**	**3**	**14**	**1**	**1**	**1**	**15**	**2**	**18**	**22**	**1**	**16**	**3**	**4**	**249**

Table 6 displays the number of hospitals that report CLABSI data in neonatal intensive care unit (NICU) locations by NICU location and hospital type. Four general hospitals reported CLABSI data in level II/III NICU locations and five general hospitals reported CLABSI data in level III NICU locations.

Hospital Type	Table 6. Number of Hospitals Reporting CLABSI by NICU Type		
	NICU Level II/III	NICU Level III	All NICU Locations
	N	N	N
Acute Care (General)	4	5	9
Total (All Facilities)	4	5	9

Table 7 displays the number of hospitals that report CLABSI data in specialty care area (SCA) locations by SCA location and hospital type. Two general hospitals reported CLABSI data in bone marrow transplant units, 9 general hospitals reported CLABSI data in hematology/oncology units, 1 general hospital reported CLABSI in a leukemia/lymphoma unit and 3 general hospitals reported CLABSI data in pediatric hematology/oncology units.

Hospital Type	Table 7. Number of Hospitals Reporting CLABSI by SCA Type				
	Bone Marrow Transplant	Hematology/ Oncology	Leukemia/ Lymphoma	Pediatric Hematology/ Oncology	All SCA Locations
	N	N	N	N	N
Acute Care (General)	2	9	1	3	15
All Hospitals	2	9	1	3	15

Table 8 shows the number of hospitals who reported SSI data by reportable procedure type and hospital type. The majority of hospitals reporting SSI data for all reportable procedure types are acute care general hospitals. One acute care critical access hospital reported SSI data for both HYST and COLO procedures and two acute care critical access hospitals reported SSI data for HPRO and KPRO procedures. One surgical hospital and one women's and children's hospital in South Carolina both reported SSI data for all reportable procedures with the exception of GBGC and CBGB.

Hospital Type	**Table 8. Number of Hospitals Reporting SSI by Procedure Type**					
	HYST	**COLO**	**CBGC**	**CBGB**	**HPRO**	**KPRO**
	N	**N**	**N**	**N**	**N**	**N**
Acute Care (Critical Access)	1	1	.	.	2	2
Acute Care (General)	49	54	15	17	53	50
Acute Care (Surgical)	1	1	.	.	1	1
Acute Care (Women's and Children's)	1	1	.	.	1	1
Total (All Hospitals)	52	57	15	17	57	54

CLABSI SIR Summary Data

Table 9 shows overall South Carolina CLABSI SIRs by the following location types: adult critical care unit (CCU), pediatric CCU, adult ward, pediatric ward, adult specialty care area (SCA), pediatric SCA, adult rehabilitation ward, neonatal intensive care units (NICU). The overall South Carolina CLABSI SIR is less than 1 and is statistically significant, indicating the CLABSI experience among South Carolina hospitals was better than the overall national baseline experience for the same location types.

Table 9. Overall South Carolina CLABSI SIR by Location Type

Location Type	No. Central Line Days	No. Observed CLABSI	No. Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
Adult CCU	131806	138	252.52	0.55	0.46, 0.65	Lower
Pediatric CCU	7292	9	21.87	0.41	0.19, 0.78	Lower
Adult Ward	217882	203	304.61	0.67	0.58, 0.76	Lower
Pediatric Ward	3719	5	10.33	0.48	0.16, 1.13	Not Different
Rehabilitation[1]	3942	3	3.1536	0.95	0.19, 2.78	Not Different
Adult SCA	39492	42	79.91	0.53	0.38, 0.71	Lower
Pediatric SCA	6352	7	16.37	0.43	0.17, 0.88	Lower
NICU	19080	24	47.95	0.50	0.32, 0.75	Lower
All Location Types	**432896**	**431**	**749.34**	**0.58**	**0.52, 0.63**	**Lower**

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

Table 10 displays overall South Carolina CLABSI SIRs by individual adult critical care unit (CCU) locations. All overall adult CCU locations, with the exception of neurosurgical CCUs, have statistically significant SIRs that are less than 1, indicating CLABSI experiences in these CCU locations were lower than the national baseline experiences in similar CCU locations. The SIR calculated for neurosurgical CCU locations is less than 1 but is not statistically significant, indicating that CLABSI experience in South Carolina neurosurgical CCU locations was statistically not different than the national baseline experience in neurosurgical CCU locations.

Table 10. Overall South Carolina CLABSI SIR by Adult CCU Locations[1]

Adult CCU Location	No. Central Line Days	No. Observed CLABSI	No. Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
Cardiothoracic	18135	14	25.389	0.55	0.30, 0.93	Lower
Coronary	11153	9	22.306	0.40	0.18, 0.77	Lower
Medical	22486	24	49.7654	0.48	0.31, 0.72	Lower
Medical/Surgical	59142	66	93.7914	0.70	0.54, 0.89	Lower
Neurosurgical	2505	3	6.2625	0.48	0.09, 1.40	Not Different
Surgical	8597	8	19.7731	0.41	0.18, 0.79	Lower
Trauma	9788	14	35.2368	0.39	0.22, 0.67	Lower

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

Table 11 shows overall South Carolina CLABSI SIRs by individual pediatric CCU locations. South Carolina pediatric cardiothoracic CCU locations show a statistically significant SIR that is less than 1, indicating that CLABSI experience in these locations is better than the national baseline experience in similar locations. Although South Carolina pediatric medical CCU locations show an SIR that is greater than 1, the SIR is not statistically significant, indicating that CLABSI experience in these locations was not statistically different than the national baseline experience in pediatric medical CCU locations. CLABSI experience in pediatric medical/surgical CCU locations is statistically not different than the national baseline experience in similar pediatric medical/surgical CCU locations.

Table 11. Overall South Carolina CLABSI SIR by All Pediatric CCU Locations

Pediatric CCU Location	No. Central Line Days	No. Observed CLABSI	No. Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
Pediatric Cardiothoracic	3625	1	11.96	0.08	0.00, 0.47	Lower
Pediatric Medical	640	3	0.832	3.61	0.74, 10.54	Not Different
Pediatric Medical/Surgical	3027	5	9.081	0.55	0.18, 01.29	Not Different

Table 12 shows overall South Carolina CLABSI SIRs by individual adult ward locations. South Carolina CLABSI SIR for adult neurosurgical ward locations is greater than 1 and is statistically significant, indicating a worse CLABSI experience than the national baseline experience in neurosurgical ward locations. Adult medical/surgical, step down, and vascular ward SIRs are less than 1 and are significantly significant, indicating a better CLABSI experience than the national baseline experience in

Table 12. Overall South Carolina CLABSI SIRs by All Adult Ward Locations[1]

Adult Ward Location	No. Central Line Days	No. Observed CLABSI	No. Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
Gynecology	847	0	0.9317	0	0.00,3.96	Not Different
Labor and Delivery	11	0	0	0	.	--
Labor and Delivery Post Partum	46	0	0	0	.	--
Medical	61852	78	92.778	0.84	0.67, 1.04	Not Different
Medical/Surgical	75536	56	90.6432	0.62	0.47, 0.79	Lower
Neurological	1816	2	1.2712	1.57	0.26, 5.19	Not Different
Neurosurgical	4300	10	3.87	2.58	1.31, 4.61	Higher
Orthopedic	11352	6	9.0816	0.66	0.67, 1.37	Not Different
Post Partum	657	0	0	0	0	--
Step Down	31273	20	65.6733	0.3	0.19, 0.47	Lower
Surgical	24156	30	33.8184	0.89	0.59, 1.26	Not Different
Vascular	5088	1	5.5968	0.18	0.00, 0.96	Lower

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

Table 13 shows overall South Carolina CLABSI SIRs by individual pediatric ward locations. The SIR shown for South Carolina pediatric medical ward locations was less than 1, however the SIR was not statistically significant indicating that CLABSI experience in these locations was statistically not different than the national baseline experience for pediatric medical ward locations. The SIR shown for South Carolina pediatric medical/surgical ward locations is less than 1 and is statistically significant, indicating that the CLABSI experience in these locations was statistically better than the national baseline experience for pediatric medical/surgical ward locations.

Table 13. Overall South Carolina CLABSI SIRs by All Pediatric Ward Locations

Ward Location	No. Central Line Days	No. Observed CLABSI	No. Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
Pediatric Medical	692	0	1.24	0	0.00, 2.96	Not Different
Pediatric Medical/Surgical	7306	5	22.65	0.22	0.07, 0.52	Lower

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

Table 14 displays overall South Carolina CLABSI SIRs by adult SCA locations. South Carolina bone marrow transplant and hematology/oncology show SIRs that are less than 1 and are statistically significant, indicating the CLABSI experience in these locations was better than the national baseline experience in bone marrow and hematology/oncology locations.

Table 14. Overall South Carolina CLABSI SIRs by All Adult SCA Locations[1]

Ward Location	No. Central Line Days	No. Observed CLABSI	No. Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
Bone Marrow Transplant	2267	2	8.26	0.24	0.03, 0.88	Lower
Hematology/ Oncology	37225	40	71.65	0.56	0.39, 0.76	Lower

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

Table 15 shows overall South Carolina CLABSI SIRs by NICU locations. The SIR shown for South Carolina level II/III NICU locations was less than 1, however the SIR was not statistically significant indicating that CLABSI experience in these locations was statistically not different than the national baseline experience for level II/III NICU locations. The SIR shown for South Carolina pediatric level III NICU locations is less than 1 and is statistically significant, indicating that the CLABSI experience in these locations was statistically better than the national baseline experience for level III NICU locations.

Table 15. Overall South Carolina CLABSI by NICU Locations

Ward Location Type	No. Central Line Days	No. Observed CLABSI	No. Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
NICU Level II/III	2130	3	5.29	0.57	0.11, 1.66	Not Different
NICU Level III	16950	21	42.68	0.49	0.31, 0.75	Lower

CLABSI Mircoorganism Data

Table 16 shows identified microorganisms for all reported CLABSI in all adult and pediatric inpatient locations. *Candida species* and other yeasts represent 18.8 % of the total isolates reported for CLABSI in all adult and pediatric inpatient locations and make up the largest percentage of identified mircroorganisms.

Table 16. Identified Microorganisms for All Reported CLABSI in All Adult and Pediatric Inpatient Locations

Microorganisms	Number of Isolates	Percentage (%) of Total Isolates
***Candida species* and other yeasts**	**89**	**18.8%**
Coagulase negative *Staphylococcus species*	**74**	**15.6%**
Enterococcus species (includes* Vancomycin resistant *Enterococcus)	**73**	**15.4%**
VRE only	30	(6.3%)
Staphylococcus aureus* (includes Methicillin-resistant *Staphylococcus aureus* (MRSA) isolates*)	**71**	**15.0%**
MRSA only	40	(8.4%)
Klebsiella species	**43**	**9.1%**
Escherichia coli	**25**	**5.3%**
Enterobacter species	**16**	**3.4%**
Pseudomonas species	**14**	**3.0%**
Streptococcus species	**13**	**2.7%**
Serratia species	**8**	**1.7%**
Acinetobacter species	**7**	**1.5%**
Bacteroides species and other anaerobes	**6**	**1.3%**
Proteus species	**3**	**0.6%**
Mycobacterium species	**3**	**0.6%**
Rothia species	**3**	**0.6%**
Citrobacter species	**2**	**0.4%**
Haemophilus species	**2**	**0.4%**
Other pathogens	**22**	**4.6%**
Total Pathogens	**544**	**100%**

Table 17 shows identified microorganisms for all reported CLABSI in NICU locations. *Staphylococcus aureus* (includes Methicillin-resistant *Staphylococcus aureus* (MRSA)) represent 37.0% % of the total isolates reported for NICU CLABSIs and make up the largest percentage of identified mircroorganisms.

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

Microorganisms	Number of Isolates	Percentage (%) of Total Isolates
Staphylococcus aureus **(includes Methicillin-resistant *Staphylococcus aureus* (MRSA) isolates*)***	**10**	**37.0%**
MRSA only	2	(7.4%)
Enterococcus species (includes **Vancomycin resistant *Enterococcus)***	**5**	**18.5%**
VRE only	0	(0.0%)
Klebsiella species	**4**	**14.8%**
Coagulase negative *Staphylococcus species*	**2**	**7.4%**
Escherichia coli	**2**	**7.4%**
Streptococcus species	**2**	**7.4%**
Candida species	**1**	**3.7%**
Total Pathogens	**544**	**100%**

Table 18 shows identified microorganisms for all reported CLABSI in LTAC locations. *Enterococcus species (includes* Vancomycin-resistant *Enterococcus (VRE))* represent 22.8% of the total isolates reported for CLABSIs in LTAC locations and make up the largest percentage of identified mircroorganisms.

Table 18. Identified Microorganisms for All Reported CLABSI in LTAC Locations

Microorganisms	Number of Isolates	Percentage (%) of Total Isolates
Enterococcus species (includes **Vancomycin-resistant** ***Enterococcus)***	**13**	**22.8%**
VRE only	3	(5.3%)
Klebsiella species	**12**	**21.1%**
Coagulase negative ***Staphylococcus species***	**11**	**19.3%**
Staphylococcus aureus **(includes Methicillin-resistant** ***Staphylococcus aureus*** **(MRSA) isolates)**	**5**	**8.8%**
MRSA only	4	(7.0%)
Enterobacter species	**3**	**5.3%**
Candida species **and other yeasts**	**3**	**5.3%**
Escherichia coli	**2**	**3.5%**
Pseudomonas species	**1**	**1.8%**
Streptococcus species	**1**	**1.8%**
Bacteroides species	**1**	**1.8%**
Citrobacter species	**1**	**1.8%**
Acinetobacter species	**1**	**1.8%**
Bacillus species	**1**	**1.8%**
Other pathogens	**2**	**3.5%**
TOTAL Pathogens	**64**	**100%**

SSI SIR Summary Data

Table 19 shows overall South Carolina SSI complex AR SIRs by reportable procedure type. GBGB and KPRO procedures show statistically significant SIRs that are less than 1, indicating the SSI experience for these procedure types was statistically better than the national baseline SSI experience. The overall SSI SIR for all procedure types is statistically significant, indicating SSI experience in South Carolina is lower than the SSI experience in the national baseline population.

Table 19. Overall South Carolina SSI Complex AR SIR[1] by Surgical Procedure Type

Procedure Type	No. Performed Procedures	No. Observed SSI	No. Expected SSI	SIR	95% Confidence Interval	Statistical Interpretation
CBGB	3135	25	37.25	0.67	0.43, 0.99	Lower
CBGC	475	5	6.19	0.81	0.26, 1.89	Not Different
COLO	4479	129	134.61	0.96	0.80, 1.4	Not Different
HPRO	6933	59	59.54	0.99	0.75, 1.28	Not Different
HYST	5878	36	44.19	0.81	0.57, 1.13	Not Different
KPRO	10808	48	64.16	0.75	0.55, 0.99	Lower
All Procedures	**31708**	**302**	**345.94**	**0.87**	**0.78, 0.97**	**Lower**

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

SSI Positive Culture and Positive MRSA Culture Data SSI

Table 20 shows positive culture and positive MRSA culture results for SSIs by procedure type. The percentage of MRSA positive culture results for all reportable procedure types ranged from 5.6% to 25%.

Table 20. SSI Positive Culture and SSI Positive MRSA Culture Counts by Procedure Type

Procedure Type	No. Observed SSI[1]	No. Observed SSI with Positive Culture Results	No. Observed SSI with Positive MRSA Culture Results	% MRSA of Positive Culture Results
CBGB	40	35	4	11.4%
CBGC	6	4	1	25.0%
COLO	236	144	8	5.6%
HPRO	102	101	19	18.8%
HYST	81	44	9	20.4%
KPRO	69	77	19	24.7%
All Procedures	**534**	**405**	**60**	**14.8%**

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

Hospital Onset MRSA BSI LabID Event Summary Data

Table 21 shows the overall South Carolina hospital onset (HO) MRSA BSI labID event SIR for acute care hospitals. A total of 170 hospital HO MRSA BSI labID events were reported from acute care hospitals in 2013. The overall South Carolina HO MRSA BSI labID event SIR for acute care hospitals was not statistically significant, indicating the HO MRSA BSI experience in South Carolina was not different than the HO MRSA BSI experience in the national baseline population.

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

No. of Observed HO MRSA LabID Events	No. Patient Days	No. Expected HO MRSA BSI LabID Events	SIR	95% Confidence Interval	Statistical Interpretation
170	2518551	178.36	0.953	0.82, 1.11	Not Different

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

Conclusions

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

South Carolina has made great progress toward meeting the 2013 national HAI CLABSI prevention targets. The DHHS National Action Plan's prevention target for CLABSI was a 50% reduction (compared to 2008 national baseline data), or an SIR = 0.50 in CCU locations by the end of 2013. In 2013, South Carolina's CLABSI SIR for adult CCU and pediatric CCU locations were 0.55 (CI = 0.46 - 0.65) and 0.41 (CI = 0.19 - 0.57), respectively. South Carolina has taken great strides in CLABSI prevention not only in CCUs but also in adult and pediatric wards, adult and pediatric SCAs, NICUs, and LTAC and rehabilitation locations. In 2013, South Carolina's overall CLABSI SIR for all reporting locations was 0.58 (CI = 0.52 – 0.63).

South Carolina has made some progress in SSI prevention but did not meet the national prevention target. The DHHS National Action Plan's prevention target for SSI was a 25% reduction (compared to 2008 national baseline data) in admission and readmission SSI or an SIR= 0.75 by the end of 2013. In 2013, South Carolina's SSI SIR (for HIDA reportable procedures) was SIR = 0.87.

Continued HAI surveillance, data publication and partnership with HAI prevention stakeholders is needed to ensure ongoing HAI data transparency and improved patient safety in South Carolina.

References

Dudeck, Maggie A., Lindsay M. Weiner, and Paul J. Mapiedi. "Risk Adjustment for Healthcare Facility-Onset C. difficile and MRSA Bacteremia Laboratory-identified Event Reporting in NHSN." The Centers for Disease Control and Prevention, 12 Mar 2013. Retrieved from <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/RiskAdjustment-MRSA-CDI.pdf>.

Edwards, Jonathan R., Kelly D. Peterson, et al. "National Healthcare Safety Network (NHSN) report: Data summary for 2006 through 2008." *American Journal of Infection Control*. 37.10 (2009): 783-805. Retrieved from <http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.PDF>.

Magill, SS, JR Edwards, et al. "Multistate Point-Prevalence Survey of Health Care-Associated Infections." *New England Journal of Medicine* . 370.13 (2014): 1198-1208. Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMoa1306801>.

Mu, Yi, Jonathan R. Edwards, Teresa Horan, et al. "Improving Risk-Adjusted Measures of Surgical Site Infection for the National Healthcare Safety Network." *Infection Control and Hospital Epidemiology*. 32.10 (2011): 970-986. Retrieved from <http://www.cdc.gov/nhsn/PDFs/pscManual/SSI_ModelPaper.pdf>.

The Centers for Disease Control and Prevention (2014 January) Protocol for Reporting Central Line-Associated Bloodstream Infections to the National Healthcare Safety Network, Retrieved from http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf

The Centers for Disease Control and Prevention (2014 January) Protocol for Reporting Multidrug-Resistant Organism & Clostridium difficile infection (MDRO/CDI) to the National Healthcare Safety Network, Retrieved from http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf

The Centers for Disease Control and Prevention (2014 January) Protocol for Reporting Surgical Site Infections to the National Healthcare Safety Network, Retrieved from http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf?agree=yes&next=Accept

The Centers for Disease Control and Prevention (2009 December) South Carolina Healthcare Associated Infections (HAI) Prevention Plan HAI Recovery Act, Retrieved from http://www.cdc.gov/HAI/pdfs/stateplans/sc.pdf

US Department of Health and Human Services. (2013 April) National Action Plan to Reduce Healthcare-associated Infections. Retrieved from http://www.health.gov/hai/pdfs/hai-action-plan-acute-care-hospitals.PDF

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

Hospital Infection Disclosure Act Advisory Committee Members (as of April 2014)	
Name	Title, Organization
Aunyika Moonan, PhD, MSPH, CPHQ	Director of Quality Measurement Services, South Carolina Hospital Association
Cassandra Salgado, MD	Infectious Disease Physician, Medical University of South Carolina
Dana Giurgiutiu, PhD, MPH	Director, Division of Acute Disease Epidemiology, DHEC
Helen Haskell	Founder, Mothers Against Medical Error
Helmut Albrect, MD	Infectious Disease Physician, Palmetto Richland/University of South Carolina School of Medicine
Jan Lienau, BSN, RN, CIC	Infection Preventionist, Greer Memorial Hospital, APIC Palmetto Representative
Jon Ruoff, PhD	Founder, The Ruoff Group
Julie Royer, MSPH	Statistician, The Office of Research and Statistics
Katherine Habicht, MPH	Healthcare-associated Infections Epidemiologist, Division of Acute Disease Epidemiology, DHEC
Kathy Bryant, RN, CIC	Infection Preventionist, Spartanburg Regional Healthcare, APIC Palmetto Representative
Kathy Ward, RN, BSN, MPH, CIC	Infection Preventionist, Roper St. Francis Hospital, APIC Palmetto Representative
Kevin Shea, MD	Infectious Disease Physician, Carolinas Healthcare System
Lorri Gibbons, RN, BSN, CPHQ	Vice President for Quality Improvement and Patient Safety, South Carolina Hospital Association
Lynn Page, BSN, RN	Care Improvement Specialist, The Carolinas Centers for Medical Excellence
Matthew Crist, MD, MPH	Medical Consultant/Healthcare-associated Infections Section Director, Division of Acute Disease Epidemiology, DHEC
Richard Foster, MD	Senior Vice President for Quality Improvement and Patient Safety, South Carolina Hospital Association
Stanley Ostrawki, RN, MS, MT(ASCP),CIC	Infection Preventionist, Division of Acute Disease Epidemiology, DHEC
Teresa Arnold, MSW	Director, American Association of Retired Persons (AARP) – South Carolina Chapter
Virginia Herring, BSN, RN, CIC	Infection Preventionist, Palmetto Richland Hospital, APIC Palmetto Representative

Appendix B.
Surgical Procedure Error Report Example

HIDA Surgical Procedure Potential Error Report

Facility Name: Example Hospital

Data Time Frame: January 1 – December 31, 2013

1) Colon Procedures Marked Clean

Facility	patID	Date of Birth	gender	procID	Procedure Date	procCode	swClass
XXXXX	99999	01JAN1985	M	99999	01JUL2013	COLO	C

2) **Procedure Date = Date of Birth***

Facility	patID	Date of Birth	gender	procID	Procedure Date	procCode	swClass
XXXXX	99999	01JUL2013	F	99999	01JUL2013	COLO	CC

3) CBGB or CBGC with ASA Score of 1 or 2

Facility	patID	Date of Birth	gender	procID	Procedure Date	procCode	ASA
XXXXX	99999	01JAN1985	F	99999	01JUL2013	CBGB	1

4) Outlier Surgical Duration Time = <5 min or >IQR

No procedures that meet this criterion were identified.

5) Outpatient Status for Hip Prosthesis, Knee Prosthesis, and Abdominal Hysterectomy Procedures*

Facility	patID	Date of Birth	gender	procID	Procedure Date	procCode	Outpatient
XXXXX	99999	01JAN1985	F	99999	01JUL2013	HPRO	Y

* It is possible to have procedures on the date of birth and outpatient HPRO, KPRO and HYST procedures, however these types of procedures are rare, or very few facilities report procedures of this type. Please confirm that DOB of patients and the outpatient/inpatient status of these types of procedures performed at your facility.

Appendix C.
2013 Attestation Letter Template

Date: _____

Facility: _____

Dear Infection Preventionist,

To ensure the accuracy and timeliness of individual 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 2013 HIDA Annual Reports.

If a facility does not submit a signed version of this letter by Friday, March 7th, 2014, the facility's report will be posted the SC DHEC's HIDA webpage, and marked with an asterisk to note that the facility failed to confirm the accuracy of their report prior to the publish date. The intent of this statement is to ensure facilities are accountable for their data in a timely fashion and to avoid any unnecessary delays caused by last minute change requests.

STATEMENT OF REVIEW AND CORRECTION:

To the best of my knowledge, my facility's preliminary HIDA reports, containing central line associated bloodstream infection data, surgical site infection data and multi drug-resistant organism labID events data, are accurate. Errors that may have been identified during the review process have been corrected within the National Healthcare Safety Network.

Infection Preventionist Name (Printed): _____

Infection Preventionist Signature: _____

Please copy this letter on facility letterhead and email/scan a signed form to Kate Habicht, by Friday, March 7th, 2014 .

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

Appendix D.
Facility Specific Rate Data Reports for CLABSI, SSI and Hospital Onset MRSA BSI LabID Events

Abbeville Area Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	*	2	*
	1	*	1	*
Knee Prosthesis (Replacement)	0	*	19	*
	1	*	6	*
Colon Surgery	0	*	2	*
	1	*	4	*
	2	*	3	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Abbeville Area Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	35	*
All Adult Inpatient Wards	1	154	6.5

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

Abbeville Area Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
2955	0	0.000

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

Aiken Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	*	7	*
	2	*	12	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	3	*
	2,3	*	1	*
Abdominal Hysterectomy	0	1	58	1.72
	1	0	37	0.00
	2,3	*	12	*
Hip Prosthesis (Replacement)	0	*	13	*
	1	2	68	2.94
	2,3	3	32	9.38
Knee Prosthesis (Replacement)	0	*	15	*
	1	0	62	0.00
	2,3	3	40	7.50
Colon Surgery	0	*	6	*
	1	2	40	5.00
	2	3	41	7.32
	3	*	13	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Aiken Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	4	2696	1.5
All Adult Inpatient Wards	6	3387	1.8

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

Aiken Regional Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
43489	2	0.020

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

Allendale County Hospital

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

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

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	164	0.0

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

Allendale County Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
2909	0	0.000

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

AnMed Health Womens And Children

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	47	2.13
	1	0	35	0.00
	2,3	*	9	*
Hip Prosthesis (Replacement)	0	*	3	*
	1	*	4	*
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	*	14	*
	1	*	13	*
	2,3	*	3	*
Colon Surgery	0	*	4	*
	1	*	3	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

AnMed Health Womens And Children

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	1	*
All Pediatric Inpatient Wards	*	1	*

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

AnMed Health Womens And Children

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
12524	0	0.000

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

AnMed Health Rehabilitation Hospital

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	852	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
A central line day calculation example can be found in the Definitions of Terms.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

AnMed Health Rehabilitation Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
17570	0	0.000

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

AnMed Health Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	0	158	0.00
	2	*	11	*
Abdominal Hysterectomy	1	*	2	*
Hip Prosthesis (Replacement)	0	0	50	0.00
	1	0	109	0.00
	2,3	*	16	*
Knee Prosthesis (Replacement)	0	0	81	0.00
	1	2	122	1.64
	2,3	0	52	0.00
Colon Surgery	0	2	59	3.39
	1	1	100	1.00
	2	*	10	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

AnMed Health Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	4	5271	0.8
All Adult Inpatient Wards	4	9158	0.4

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

AnMed Health Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
94247	7	0.028

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

Barnwell County Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Colon Surgery	1	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Barnwell County Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	56	0.0

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

Barnwell County Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
2036	1	0.128

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

Beaufort Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	71	0.00
	1	0	65	0.00
	2,3	*	13	*
Hip Prosthesis (Replacement)	0	2	34	5.88
	1	7	96	7.29
	2,3	2	27	7.41
Knee Prosthesis (Replacement)	0	0	106	0.00
	1	1	161	0.62
	2,3	0	50	0.00
Colon Surgery	0	*	12	*
	1	0	35	0.00
	2	*	17	*
	3	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Beaufort Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	1160	0.0
All Adult Inpatient Wards	2	5647	0.4
All Pediatric Inpatient Wards	0	0	*
Inpatient Rehabilitation Ward	1	189	5.3

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

Beaufort Memorial Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
44505	0	0.000

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

Cannon Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	*	2	*
	1	*	6	*
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	*	3	*
	1	*	11	*
	2,3	*	11	*
Colon Surgery	0	*	2	*
	1	*	6	*
	2	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Cannon Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	50	0.0
All Adult Inpatient Wards	0	115	0.0

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

Cannon Memorial Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
3674	0	0.000

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

Carolina Pines Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	43	0.00
	1	*	17	*
	2,3	*	4	*
Hip Prosthesis (Replacement)	0	*	6	*
	1	0	22	0.00
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	*	12	*
	1	0	55	0.00
	2,3	*	11	*
Colon Surgery	0	*	1	*
	1	*	13	*
	2	*	14	*
	3	*	9	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Carolina Pines Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	717	1.4
All Adult Inpatient Wards	1	1100	0.9

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

Carolina Pines Regional Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
17416	1	0.020

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

Carolinas Hospital System

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	0	69	0.00
	2	*	19	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	3	*
	2,3	*	1	*
Abdominal Hysterectomy	0	0	40	0.00
	1	*	15	*
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	1	41	2.44
	1	1	82	1.22
	2,3	*	10	*
Knee Prosthesis (Replacement)	0	0	62	0.00
	1	0	86	0.00
	2,3	*	4	*
Colon Surgery	0	3	30	10.00
	1	4	75	5.33
	2	*	16	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Carolinas Hospital System

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	3	3651	0.8
All Adult Inpatient Wards	4	8880	0.5
Inpatient Rehabilitation Ward	1	854	1.2

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

Carolinas Hospital System

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
68770	5	0.041

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

Chester Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	2	*
	1	*	3	*
Hip Prosthesis (Replacement)	0	*	1	*
	1	*	8	*
	2,3	*	14	*
Knee Prosthesis (Replacement)	0	*	1	*
	1	*	6	*
	2,3	*	13	*
Colon Surgery	0	*	2	*
	1	*	5	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Chester Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	57	0.0
All Adult Inpatient Wards	*	42	*

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

Chester Regional Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
5158	0	0.000

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

Chesterfield General Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

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

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Chesterfield General Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	89	0.0

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

Chesterfield General Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
6448	0	0.000

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

Clarendon Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	15	*
	1	*	5	*
Hip Prosthesis (Replacement)	0	*	4	*
	1	*	7	*
Knee Prosthesis (Replacement)	0	*	10	*
	1	0	20	0.00
	2,3	*	5	*
Colon Surgery	0	*	1	*
	1	*	12	*
	2	*	5	*
	3	*	5	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Clarendon Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	238	0.0
All Adult Inpatient Wards	0	899	0.0

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

Clarendon Memorial Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
10544	0	0.000

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

Coastal Carolina Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	1	*
Hip Prosthesis (Replacement)	0	*	7	*
	1	*	12	*
	2,3	*	3	*
Knee Prosthesis (Replacement)	1	*	1	*
	2,3	*	2	*
Colon Surgery	0	*	11	*
	1	*	18	*
	2	*	7	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Coastal Carolina Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	231	0.0
All Adult Inpatient Wards	1	508	2.0

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

Coastal Carolina Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
6821	1	0.055

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

Colleton Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	23	0.00
	1	*	10	*
Hip Prosthesis (Replacement)	0	*	3	*
	1	0	23	0.00
	2,3	*	1	*
Knee Prosthesis (Replacement)	0	*	8	*
	1	0	36	0.00
	2,3	*	5	*
Colon Surgery	0	*	2	*
	1	0	26	0.00
	2	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Colleton Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	634	1.6
All Adult Inpatient Wards	4	1596	2.5
Inpatient Rehabilitation Ward	0	0	*

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

Colleton Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
18441	1	0.025

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

Conway Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	82	0.00
	1	6	63	9.52
	2,3	*	8	*
Hip Prosthesis (Replacement)	0	0	60	0.00
	1	1	143	0.70
	2,3	*	14	*
Knee Prosthesis (Replacement)	0	1	72	1.39
	1	2	123	1.63
	2,3	0	27	0.00
Colon Surgery	0	*	15	*
	1	3	39	7.69
	2	3	32	9.38
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Conway Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	1259	1.6
All Adult Inpatient Wards	2	2740	0.7
All Pediatric Inpatient Wards	*	26	*

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

Conway Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
37083	4	0.047

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

East Cooper Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	21	4.76
	1	*	14	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	2	111	1.80
	1	0	70	0.00
	2,3	*	6	*
Knee Prosthesis (Replacement)	0	1	118	0.85
	1	2	87	2.30
	2,3	*	6	*
Colon Surgery	0	*	8	*
	1	*	10	*
	2	*	3	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

East Cooper Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	441	0.0
All Adult Inpatient Wards	0	1072	0.0

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

East Cooper Regional Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
17329	0	0.000

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

Edgefield County Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	*	1	*
	1	*	2	*
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	*	4	*
	1	*	10	*
	2,3	*	4	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Edgefield County Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	61	0.0

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

Edgefield County Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
3085	0	0.000

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

Fairfield Memorial Hospital

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

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

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	57	0.0

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

Fairfield Memorial Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
2736	0	0.000

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

Georgetown Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	4	*
	1	*	4	*
	2,3	*	4	*
Hip Prosthesis (Replacement)	0	*	7	*
	1	1	34	2.94
	2,3	*	5	*
Knee Prosthesis (Replacement)	0	*	15	*
	1	2	61	3.28
	2,3	0	23	0.00
Colon Surgery	0	*	3	*
	1	0	32	0.00
	2	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Georgetown Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	464	2.2
All Adult Inpatient Wards	2	1050	1.9

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

Georgetown Memorial Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
18334	0	0.000

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

Grand Strand Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	7	234	2.99
	2	1	129	0.78
	3	*	3	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	2	*
	2,3	*	1	*
Abdominal Hysterectomy	0	2	58	3.45
	1	0	32	0.00
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	0	51	0.00
	1	0	172	0.00
	2,3	*	7	*
Knee Prosthesis (Replacement)	0	0	84	0.00
	1	1	207	0.48
	2,3	0	31	0.00
Colon Surgery	0	0	21	0.00
	1	6	70	8.57
	2	4	45	8.89
	3	*	11	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Grand Strand Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	4	6171	0.6
All Adult Inpatient Wards	6	8366	0.7
All Pediatric Inpatient Wards	*	6	*

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

Grand Strand Regional Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
72012	3	0.018

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

Greenville Memorial Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	3	206	1.46
	2	4	134	2.99
Abdominal Hysterectomy	0	0	267	0.00
	1	2	250	0.80
	2,3	1	45	2.22
Hip Prosthesis (Replacement)	0	*	6	*
	1	3	82	3.66
	2,3	3	27	11.11
Knee Prosthesis (Replacement)	1	*	5	*
	2,3	*	5	*
Colon Surgery	0	4	103	3.88
	1	15	218	6.88
	2	7	44	15.91

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Greenville Memorial Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	6	12238	0.5
All Adult Inpatient Wards	16	14325	1.1
All Pediatric Critical Care Units	3	1153	2.6
All Pediatric Inpatient Wards	2	1719	1.2
Inpatient Rehabilitation Ward	0	993	0.0
Adult Hematology/Oncology Ward - Temporary Central Line	4	2566	1.6
Adult Hematology/Oncology Ward - Permanent Central Line	3	2764	1.1
Pediatric Hematology/Oncology Ward - Temporary Central Line	*	28	*
Pediatric Hematology/Oncology Ward - Permanent Central Line	3	2053	1.5
Level III Neonatal Intensive Care Unit	4	4335	0.9

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

Greenville Memorial Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
202980	19	0.050

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

Greenwood Regional Rehabilitation Hospital

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

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

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	268	0.0

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

Greenwood Regional Rehabilitation Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
11111	0	0.000

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

Greer Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	22	0.00
	1	*	6	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	0	97	0.00
	1	0	131	0.00
	2,3	*	19	*
Knee Prosthesis (Replacement)	0	0	106	0.00
	1	1	135	0.74
	2,3	0	22	0.00
Colon Surgery	0	*	2	*
	1	*	15	*
	2	*	4	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Greer Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	253	0.0
All Adult Inpatient Wards	0	307	0.0

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

Greer Memorial Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
11571	0	0.000

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

Hampton Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

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

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Hampton Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	4	*
All Adult Inpatient Wards	0	107	0.0

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

Hampton Regional Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
3238	0	0.000

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

Healthsouth Rehabilitation Hospital of Charleston

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	2	1009	2.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
A central line day calculation example can be found in the Definitions of Terms.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Healthsouth Rehabilitation Hospital of Charleston

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
11416	0	0.000

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

Healthsouth Rehabilitation Hospital of Columbia

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	1821	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
A central line day calculation example can be found in the Definitions of Terms.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Healthsouth Rehabilitation Hospital of Columbia

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
22627	0	0.000

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

Healthsouth Rehabilitation Hospital of Florence

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	1188	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
A central line day calculation example can be found in the Definitions of Terms.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Healthsouth Rehabilitation Hospital of Florence

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
16315	0	0.000

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

Healthsouth Rehabilitation Hospital of Rock Hill

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	0	262	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
A central line day calculation example can be found in the Definitions of Terms.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Healthsouth Rehabilitation Hospital of Rock Hill

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
15277	0	0.000

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

Hillcrest Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	0	31	0.00
	1	2	51	3.92
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	0	65	0.00
	1	0	71	0.00
	2,3	*	3	*
Colon Surgery	0	*	6	*
	1	*	6	*
	2	*	6	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Hillcrest Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	150	0.0
All Adult Inpatient Wards	0	365	0.0

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

Hillcrest Memorial Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
6405	0	0.000

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

Hilton Head Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	0	29	0.00
	2	0	27	0.00
Coronary Bypass Graft (Chest Only Incision)	0,1	*	2	*
Abdominal Hysterectomy	0	*	14	*
	1	*	3	*
Hip Prosthesis (Replacement)	0	0	60	0.00
	1	2	44	4.55
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	1	82	1.22
	1	0	50	0.00
	2,3	*	9	*
Colon Surgery	0	*	13	*
	1	*	18	*
	2	*	15	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Hilton Head Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	1350	0.0
All Adult Inpatient Wards	2	2147	0.9

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

Hilton Head Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
19763	0	0.000

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

InterMedical Hospital of SC

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	6	5853	1.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
A central line day calculation example can be found in the Definitions of Terms.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

InterMedical Hospital of SC

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
6724	0	0.000

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

KershawHealth

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	7	*
	1	*	17	*
	2,3	*	9	*
Hip Prosthesis (Replacement)	0	*	13	*
	1	0	56	0.00
Knee Prosthesis (Replacement)	0	*	3	*
	1	0	44	0.00
	2,3	*	1	*
Colon Surgery	0	*	5	*
	1	3	25	12.00
	2	*	2	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

KershawHealth

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	860	2.3
All Adult Inpatient Wards	4	2432	1.6
All Pediatric Inpatient Wards	0	0	*

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

KershawHealth

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
22218	0	0.000

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

Lake City Community Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

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

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Lake City Community Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	15	*

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

Lake City Community Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
4745	0	0.000

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

Laurens County Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	1	*	5	*
Hip Prosthesis (Replacement)	0	*	10	*
	1	2	37	5.41
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	0	27	0.00
	1	0	51	0.00
	2,3	*	10	*
Colon Surgery	0	*	4	*
	1	*	10	*
	2	*	5	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Laurens County Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	466	0.0
All Adult Inpatient Wards	0	397	0.0
Inpatient Rehabilitation Ward	0	67	0.0

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

Laurens County Memorial Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
14631	1	0.024

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

Lexington Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	3	153	1.96
	2	*	18	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	3	*
	2,3	*	4	*
Abdominal Hysterectomy	0	2	310	0.65
	1	1	99	1.01
	2,3	*	9	*
Hip Prosthesis (Replacement)	0	1	65	1.54
	1	3	165	1.82
	2,3	1	27	3.70
Knee Prosthesis (Replacement)	0	0	169	0.00
	1	2	213	0.94
	2,3	*	12	*
Colon Surgery	0	1	75	1.33
	1	2	109	1.83
	2	2	37	5.41
	3	*	6	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Lexington Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	4	3588	1.1
All Adult Inpatient Wards	13	10661	1.2
Adult Hematology/Oncology Ward - Temporary Central Line	2	1334	1.5
Adult Hematology/Oncology Ward - Permanent Central Line	6	5008	1.2

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

Lexington Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
116220	18	0.073

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

McLeod Loris Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	11	*
	1	*	13	*
	2,3	*	3	*
Colon Surgery	0	*	7	*
	1	*	11	*
	2	*	2	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

McLeod Loris Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	662	0.0
All Adult Inpatient Wards	0	699	0.0

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

McLeod Loris Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
10062	0	0.000

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

Marion Regional Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	5	*
	1	*	3	*
Hip Prosthesis (Replacement)	1	*	4	*
	2,3	*	10	*
Knee Prosthesis (Replacement)	1	*	18	*
	2,3	*	17	*
Colon Surgery	0	*	2	*
	1	*	3	*
	2	*	3	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Marion Regional Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	68	0.0
All Adult Inpatient Wards	0	798	0.0

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

Marion Regional Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
9614	1	0.039

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

Marlboro Park Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

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

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Marlboro Park Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	80	0.0
All Adult Inpatient Wards	0	68	0.0

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

Marlboro Park Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
4982	0	0.000

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

Mary Black Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	30	0.00
	1	*	17	*
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	0	28	0.00
	1	0	46	0.00
	2,3	*	5	*
Knee Prosthesis (Replacement)	0	1	103	0.97
	1	0	130	0.00
	2,3	*	19	*
Colon Surgery	0	2	24	8.33
	1	1	42	2.38
	2	0	21	0.00
	3	*	4	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Mary Black Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	640	0.0
All Adult Inpatient Wards	2	1233	1.6
All Pediatric Inpatient Wards	0	155	0.0
Inpatient Rehabilitation Ward	*	39	*
Level II/III Neonatal Intensive Care Unit	*	14	*

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

Mary Black Memorial Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
28866	1	0.015

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

McLeod Medical Center - Darlington

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

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

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	1	609	1.6

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

McLeod Medical Center - Darlington

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
7846	0	0.000

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

McLeod Medical Center - Dillon

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	10	*
	1	*	8	*
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	*	7	*
	1	*	5	*
Knee Prosthesis (Replacement)	0	*	15	*
	1	*	15	*
Colon Surgery	0	*	3	*
	1	*	9	*
	2	*	7	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

McLeod Medical Center - Dillon

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	92	0.0
All Adult Inpatient Wards	0	121	0.0
All Pediatric Inpatient Wards	0	83	0.0

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

McLeod Medical Center - Dillon

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
9713	0	0.000

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

McLeod Medical Center of the Pee Dee

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	2	150	1.33
	2	0	47	0.00
Coronary Bypass Graft (Chest Only Incision)	0,1	0	32	0.00
	2,3	*	5	*
Abdominal Hysterectomy	0	3	95	3.16
	1	1	46	2.17
	2,3	*	6	*
Hip Prosthesis (Replacement)	0	0	68	0.00
	1	4	170	2.35
	2,3	0	20	0.00
Knee Prosthesis (Replacement)	0	0	134	0.00
	1	0	307	0.00
	2,3	0	28	0.00
Colon Surgery	0	1	33	3.03
	1	1	91	1.10
	2	1	35	2.86
	3	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

McLeod Medical Center of the Pee Dee

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	5	10310	0.5
All Adult Inpatient Wards	12	16261	0.7
All Pediatric Critical Care Units	1	275	3.6
All Pediatric Inpatient Wards	0	186	0.0
Adult Hematology/Oncology Ward - Temporary Central Line	1	1831	0.5
Adult Hematology/Oncology Ward - Permanent Central Line	3	2098	1.4
Level III Neonatal Intensive Care Unit	1	943	1.1

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

McLeod Medical Center of the Pee Dee

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
129645	14	0.057

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

Mount Pleasant Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	72	0.00
	1	*	16	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	1	*
	1	*	5	*
	2,3	*	1	*
Colon Surgery	0	*	13	*
	1	*	12	*
	2	*	9	*
	3	*	3	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Mount Pleasant Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	159	0.0
All Adult Inpatient Wards	0	232	0.0

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

Mount Pleasant Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
5253	0	0.000

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

MUSC Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	3	120	2.50
	2	2	35	5.71
Coronary Bypass Graft (Chest Only Incision)	0,1	*	10	*
	2,3	*	4	*
Abdominal Hysterectomy	0	0	34	0.00
	1	1	105	0.95
	2,3	7	114	6.14
Hip Prosthesis (Replacement)	0	0	28	0.00
	1	1	117	0.85
	2,3	1	52	1.92
Knee Prosthesis (Replacement)	0	0	53	0.00
	1	0	99	0.00
	2,3	3	68	4.41
Colon Surgery	0	4	44	9.09
	1	12	119	10.08
	2	4	91	4.40
	3	*	18	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

MUSC Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	19	15135	1.3
All Adult Inpatient Wards	8	19564	0.4
All Pediatric Critical Care Units	2	5102	0.4
All Pediatric Inpatient Wards	3	3830	0.8
Pediatric Hematology/Oncology Ward - Temporary Central Line	0	612	0.0
Pediatric Hematology/Oncology Ward - Permanent Central Line	2	2566	0.8
Level III Neonatal Intensive Care Unit	5	3621	1.4
Oncology Leukemia/Lymphoma Ward - Temporary Central Line	10	1653	6.0
Oncology Leukemia/Lymphoma Ward - Permanent Central Line	8	4850	1.6

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

MUSC Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
225039	12	0.053

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

Newberry County Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	1	*
Hip Prosthesis (Replacement)	0	1	23	4.35
	1	*	19	*
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	0	48	0.00
	1	1	51	1.96
	2,3	*	7	*
Colon Surgery	0	*	2	*
	1	*	14	*
	2	*	4	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Newberry County Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	598	3.3
All Adult Inpatient Wards	0	645	0.0

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

Newberry County Memorial Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
8721	0	0.000

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

North Greenville Hospital Long Term Acute Care

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	0	4874	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
A central line day calculation example can be found in the Definitions of Terms.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

North Greenville Hospital Long Term Acute Care

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
7715	5	1.786

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

Novant Health Gaffney Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	1	*	2	*
Hip Prosthesis (Replacement)	0	*	4	*
	1	*	18	*
Knee Prosthesis (Replacement)	0	*	5	*
	1	*	14	*
	2,3	*	1	*
Colon Surgery	1	*	5	*
	2	*	5	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Novant Health Gaffney Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	261	0.0
All Adult Inpatient Wards	0	497	0.0

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

Novant Health Gaffney Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
10306	0	0.000

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

Oconee Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	6	*
	1	*	4	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	0	37	0.00
	1	1	64	1.56
	2,3	*	9	*
Knee Prosthesis (Replacement)	0	0	148	0.00
	1	0	118	0.00
	2,3	*	15	*
Colon Surgery	0	*	7	*
	1	*	18	*
	2	*	6	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Oconee Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	428	2.3
All Adult Inpatient Wards	1	1234	0.8

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

Oconee Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
23752	1	0.016

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

Palmetto Health Baptist

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	2	214	0.93
	1	4	113	3.54
	2,3	1	34	2.94
Hip Prosthesis (Replacement)	0	1	37	2.70
	1	0	50	0.00
	2,3	*	11	*
Knee Prosthesis (Replacement)	0	1	86	1.16
	1	2	119	1.68
	2,3	*	10	*
Colon Surgery	0	3	85	3.53
	1	13	118	11.02
	2	3	34	8.82
	3	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Palmetto Health Baptist

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	2845	0.7
All Adult Inpatient Wards	4	10889	0.4
Inpatient Rehabilitation Ward	0	166	0.0
Adult Hematology/Oncology Ward - Temporary Central Line	2	3218	0.6
Adult Hematology/Oncology Ward - Permanent Central Line	3	2567	1.2
Level II/III Neonatal Intensive Care Unit	2	1448	1.4

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

Palmetto Health Baptist

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
100102	6	0.026

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

Baptist Easley Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	9	*
	1	*	18	*
	2,3	*	15	*
Hip Prosthesis (Replacement)	0	*	6	*
	1	0	23	0.00
	2,3	*	18	*
Knee Prosthesis (Replacement)	0	*	16	*
	1	0	42	0.00
	2,3	0	37	0.00
Colon Surgery	0	*	11	*
	1	1	23	4.35
	2	*	8	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Baptist Easley Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	728	0.0
All Adult Inpatient Wards	0	1258	0.0

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

Baptist Easley Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
21014	0	0.000

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

Palmetto Health Richland

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	4	179	2.23
	2	0	38	0.00
Coronary Bypass Graft (Chest Only Incision)	0,1	*	19	*
	2,3	0	30	0.00
Abdominal Hysterectomy	0	1	169	0.59
	1	3	196	1.53
	2,3	1	66	1.52
Hip Prosthesis (Replacement)	0	0	49	0.00
	1	4	164	2.44
	2,3	1	45	2.22
Knee Prosthesis (Replacement)	0	1	68	1.47
	1	0	235	0.00
	2,3	2	110	1.82
Colon Surgery	0	1	25	4.00
	1	7	76	9.21
	2	3	20	15.00
	3	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Palmetto Health Richland

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	29	15097	1.9
All Adult Inpatient Wards	50	25301	2.0
All Pediatric Critical Care Units	3	640	4.7
All Pediatric Inpatient Wards	2	1435	1.4
Pediatric Hematology/Oncology Ward - Temporary Central Line	0	124	0.0
Pediatric Hematology/Oncology Ward - Permanent Central Line	2	969	2.1
Level III Neonatal Intensive Care Unit	5	5784	0.9

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

Palmetto Health Richland

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
209912	26	0.088

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

Patewood Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	1	149	0.67
	1	3	114	2.63
	2,3	*	10	*
Knee Prosthesis (Replacement)	0	0	279	0.00
	1	5	257	1.95
	2,3	*	15	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Patewood Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

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

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

Patewood Memorial Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
2310	0	0.000

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

Piedmont Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	0	60	0.00
	2	0	30	0.00
Coronary Bypass Graft (Chest Only Incision)	2,3	*	1	*
Abdominal Hysterectomy	0	0	20	0.00
	1	*	13	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	0	32	0.00
	1	0	96	0.00
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	0	53	0.00
	1	1	85	1.18
	2,3	*	13	*
Colon Surgery	0	1	38	2.63
	1	1	68	1.47
	2	1	30	3.33
	3	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Piedmont Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	2346	0.9
All Adult Inpatient Wards	4	5239	0.8
All Pediatric Inpatient Wards	*	30	*
Level II/III Neonatal Intensive Care Unit	*	4	*

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

Piedmont Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
65191	0	0.000

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

Providence Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	1	383	0.26
	2	1	22	4.55
Coronary Bypass Graft (Chest Only Incision)	0,1	1	22	4.55
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	*	14	*
	1	*	19	*
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	*	19	*
	1	*	16	*
	2,3	*	4	*
Colon Surgery	0	0	43	0.00
	1	1	47	2.13
	2	*	9	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Providence Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	8	4611	1.7
All Adult Inpatient Wards	6	5320	1.1

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

Providence Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
42758	2	0.048

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

Providence Hospital Northeast

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	2	447	0.45
	1	4	212	1.89
	2,3	3	56	5.36
Knee Prosthesis (Replacement)	0	1	313	0.32
	1	3	323	0.93
	2,3	1	53	1.89

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Providence Hospital Northeast

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	118	0.0
All Adult Inpatient Wards	0	200	0.0

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

Providence Hospital Northeast

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
7539	0	0.000

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

Regency Hospital of South Carolina

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	14	7400	1.9

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
A central line day calculation example can be found in the Definitions of Terms.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Regency Hospital of South Carolina

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
11986	4	0.950

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

Regency Hospital of Greenville

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	6	8238	0.7

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
A central line day calculation example can be found in the Definitions of Terms.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Regency Hospital of Greenville

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
10582	1	0.251

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

Regional Medical Center of Orangeburg and Calhoun Counties

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	3	67	4.48
	1	0	26	0.00
	2,3	*	6	*
Hip Prosthesis (Replacement)	0	*	10	*
	1	0	20	0.00
	2,3	*	6	*
Knee Prosthesis (Replacement)	0	1	32	3.13
	1	2	43	4.65
	2,3	*	4	*
Colon Surgery	0	*	13	*
	1	5	54	9.26
	2	*	15	*
	3	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Regional Medical Center of Orangeburg and Calhoun Counties

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	5	2705	1.8
All Adult Inpatient Wards	10	5530	1.8
Inpatient Rehabilitation Ward	0	452	0.0

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

Regional Medical Center of Orangeburg and Calhoun Counties

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
54763	4	0.037

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

Roper Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	1	223	0.45
	2	0	56	0.00
Coronary Bypass Graft (Chest Only Incision)	0,1	*	13	*
	2,3	*	6	*
Abdominal Hysterectomy	0	1	134	0.75
	1	2	102	1.96
	2,3	0	33	0.00
Hip Prosthesis (Replacement)	0	1	291	0.34
	1	3	203	1.48
	2,3	2	23	8.70
Knee Prosthesis (Replacement)	0	0	525	0.00
	1	4	322	1.24
	2,3	2	28	7.14
Colon Surgery	0	4	127	3.15
	1	8	141	5.67
	2	2	53	3.77
	3	*	9	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Roper Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	6	5770	1.0
All Adult Inpatient Wards	3	9185	0.3
Adult Hematology/Oncology Ward - Temporary Central Line	1	778	1.3
Adult Hematology/Oncology Ward - Permanent Central Line	4	1798	2.2
Adult Bone Marrow Transplant Ward - Temporary Central Line	1	890	1.1
Adult Bone Marrow Transplant Ward - Permanent Central Line	0	190	0.0

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

Roper Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
73328	4	0.065

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

McLeod Seacoast Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	16	*
	1	*	15	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	13	*
	1	0	22	0.00
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	0	27	0.00
	1	0	77	0.00
	2,3	*	4	*
Colon Surgery	0	*	9	*
	1	*	13	*
	2	*	11	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

McLeod Seacoast Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	468	0.0
All Adult Inpatient Wards	0	678	0.0

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

McLeod Seacoast Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
7108	0	0.000

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

Self Regional Healthcare

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	0	86	0.00
	2	*	1	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	1	*
Abdominal Hysterectomy	0	1	115	0.87
	1	*	17	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	0	46	0.00
	1	0	86	0.00
	2,3	*	18	*
Knee Prosthesis (Replacement)	0	2	140	1.43
	1	0	127	0.00
	2,3	0	27	0.00
Colon Surgery	0	1	42	2.38
	1	2	67	2.99
	2	*	13	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Self Regional Healthcare

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	3308	0.6
All Adult Inpatient Wards	3	4689	0.6
All Pediatric Inpatient Wards	*	16	*
Level II/III Neonatal Intensive Care Unit	1	664	1.5

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

Self Regional Healthcare

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
69200	4	0.023

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

Shriners' Hospitals For Children

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

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

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

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

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

Shriners' Hospitals For Children

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
709	0	0.000

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

Spartanburg Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	*	15	*
	2	*	15	*
Coronary Bypass Graft (Chest Only Incision)	0,1	3	217	1.38
	2,3	1	81	1.23
Abdominal Hysterectomy	0	0	202	0.00
	1	1	228	0.44
	2,3	0	61	0.00
Hip Prosthesis (Replacement)	0	0	60	0.00
	1	3	235	1.28
	2,3	3	44	6.82
Knee Prosthesis (Replacement)	0	1	91	1.10
	1	1	357	0.28
	2,3	0	59	0.00
Colon Surgery	0	0	25	0.00
	1	8	152	5.26
	2	6	75	8.00
	3	*	5	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Spartanburg Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	12	8266	1.5
All Adult Inpatient Wards	10	11934	0.8
All Pediatric Critical Care Units	0	122	0.0
All Pediatric Inpatient Wards	*	27	*
Adult Hematology/Oncology Ward - Temporary Central Line	4	1159	3.5
Adult Hematology/Oncology Ward - Permanent Central Line	2	1699	1.2
Level III Neonatal Intensive Care Unit	6	2267	2.6

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

Spartanburg Regional Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
151685	9	0.026

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

Spartanburg Hospital for Restorative Care

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	9	6018	1.5

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
A central line day calculation example can be found in the Definitions of Terms.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Spartanburg Hospital for Restorative Care

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
11346	2	0.512

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

Springs Memorial Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	35	2.86
	1	0	24	0.00
	2,3	*	13	*
Hip Prosthesis (Replacement)	1	0	21	0.00
	2,3	*	4	*
Knee Prosthesis (Replacement)	1	*	8	*
	2,3	0	23	0.00
Colon Surgery	1	*	7	*
	2	*	13	*
	3	*	6	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Springs Memorial Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	1000	2.0
All Adult Inpatient Wards	1	1225	0.8
Inpatient Rehabilitation Ward	0	139	0.0

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

Springs Memorial Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
28951	1	0.014

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

St. Francis - Downtown

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	1	243	0.41
	2	0	23	0.00
	3	*	1	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	9	*
	2,3	*	2	*
Abdominal Hysterectomy	0	1	129	0.78
	1	1	52	1.92
	2,3	*	12	*
Hip Prosthesis (Replacement)	0	*	16	*
	1	1	86	1.16
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	0	20	0.00
	1	*	19	*
	2,3	*	2	*
Colon Surgery	0	2	50	4.00
	1	3	80	3.75
	2	4	39	10.26
	3	*	4	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

St. Francis - Downtown

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	3200	0.0
All Adult Inpatient Wards	1	5488	0.2
Inpatient Rehabilitation Ward	0	192	0.0
Adult Hematology/Oncology Ward - Temporary Central Line	0	624	0.0
Adult Hematology/Oncology Ward - Permanent Central Line	0	1618	0.0
Adult Bone Marrow Transplant Ward - Temporary Central Line	1	560	1.8
Adult Bone Marrow Transplant Ward - Permanent Central Line	0	627	0.0

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

St. Francis - Downtown

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
53234	1	0.009

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

St. Francis - Eastside

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	259	0.39
	1	1	84	1.19
	2,3	*	6	*
Hip Prosthesis (Replacement)	0	0	261	0.00
	1	1	224	0.45
	2,3	*	14	*
Knee Prosthesis (Replacement)	0	1	543	0.18
	1	2	626	0.32
	2,3	1	38	2.63
Colon Surgery	0	*	13	*
	1	*	19	*
	2	*	4	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

St. Francis - Eastside

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	156	0.0
All Adult Inpatient Wards	0	467	0.0

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

St. Francis - Eastside

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
16813	1	0.018

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

Bon Secours - St. Francis Xavier Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	102	0.98
	1	0	81	0.00
	2,3	0	22	0.00
Hip Prosthesis (Replacement)	0	*	2	*
	1	*	13	*
Colon Surgery	0	2	20	10.00
	1	4	44	9.09
	2	*	12	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Bon Secours - St. Francis Xavier Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	1613	1.2
All Adult Inpatient Wards	2	5398	0.4

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

Bon Secours - St. Francis Xavier Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
38699	1	0.010

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

Summerville Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	3	107	2.80
	1	0	47	0.00
	2,3	*	7	*
Hip Prosthesis (Replacement)	0	*	14	*
	1	1	35	2.86
	2,3	*	16	*
Knee Prosthesis (Replacement)	0	0	25	0.00
	1	1	53	1.89
	2,3	*	12	*
Colon Surgery	0	*	12	*
	1	2	26	7.69
	2	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Summerville Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	838	1.2
All Adult Inpatient Wards	2	1775	1.1

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

Summerville Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
20601	4	0.070

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

Trident Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	2	184	1.09
	2	*	15	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	1	*
Abdominal Hysterectomy	0	2	173	1.16
	1	1	98	1.02
	2,3	*	18	*
Hip Prosthesis (Replacement)	0	1	51	1.96
	1	1	100	1.00
	2,3	0	24	0.00
Knee Prosthesis (Replacement)	0	0	152	0.00
	1	2	195	1.03
	2,3	0	27	0.00
Colon Surgery	0	4	50	8.00
	1	6	83	7.23
	2	*	12	*
	3	*	3	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Trident Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	3	5187	0.6
All Adult Inpatient Wards	15	7840	1.9
All Pediatric Inpatient Wards	0	0	*
Adult Hematology/Oncology Ward - Temporary Central Line	2	1089	1.8
Adult Hematology/Oncology Ward - Permanent Central Line	0	2301	0.0

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

Trident Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
65385	9	0.059

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

Tuomey

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	3	101	2.97
	1	0	56	0.00
	2,3	*	5	*
Hip Prosthesis (Replacement)	0	*	16	*
	1	0	50	0.00
	2,3	*	5	*
Knee Prosthesis (Replacement)	0	0	31	0.00
	1	0	119	0.00
	2,3	1	32	3.13
Colon Surgery	0	1	20	5.00
	1	2	53	3.77
	2	3	29	10.34

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Tuomey

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	4	2010	2.0
All Adult Inpatient Wards	6	6624	0.9
All Pediatric Inpatient Wards	0	1279	0.0
Inpatient Rehabilitation Ward	1	460	2.2
Adult Hematology/Oncology Ward - Temporary Central Line	3	1344	2.2
Adult Hematology/Oncology Ward - Permanent Central Line	0	3429	0.0

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

Tuomey

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
63401	3	0.026

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

Vibra Hospital of Charleston

Reported by: South Carolina Department of Health and Environmental Control

Hospital Infections Disclosure Act Report

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

Data Collected: 01/01/2013 - 12/31/2013

This type of facility does not perform surgical procedures.

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care Unit(s)	15	9711	1.5

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
A central line day calculation example can be found in the Definitions of Terms.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

Vibra Hospital of Charleston

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
11784	4	1.444

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

Village Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	15	*
	1	*	4	*
Hip Prosthesis (Replacement)	0	0	30	0.00
	1	1	29	3.45
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	0	59	0.00
	1	0	46	0.00
	2,3	*	15	*
Colon Surgery	0	*	8	*
	1	*	6	*
	2	*	3	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Village Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	172	5.8
All Adult Inpatient Wards	0	346	0.0

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

Village Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
7386	1	0.045

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

Waccamaw Community Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	27	3.70
	1	*	9	*
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	0	41	0.00
	1	0	143	0.00
	2,3	*	9	*
Knee Prosthesis (Replacement)	0	0	48	0.00
	1	0	199	0.00
	2,3	*	16	*
Colon Surgery	0	*	8	*
	1	0	38	0.00
	2	*	10	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Waccamaw Community Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	526	0.0
All Adult Inpatient Wards	0	1596	0.0
Inpatient Rehabilitation Ward	0	391	0.0

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

Waccamaw Community Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
40040	2	0.024

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

Wallace Thomson Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

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

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Wallace Thomson Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	336	0.0
All Adult Inpatient Wards	0	408	0.0

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

Wallace Thomson Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
9170	0	0.000

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

Williamsburg Regional Hospital

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

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

Data Collected: 01/01/2013 - 12/31/2013

Procedure	Risk Category [a,b,c]	No. of Infections	No. of Specific Procedures Performed [d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	1	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see Definition of Terms.
b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.
d. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

Williamsburg Regional Hospital

Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2013 - 12/31/2013

Location[a]	No. of Infections	No. of Central Line Days[b,c]	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	302	0.0

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

Williamsburg Regional Hospital

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

Facility Wide Inpatient Data Collected: 01/01/2013 - 12/31/2013

Hospital Onset MRSA BSI LabID Event Data		
No. Patient Days	**No. Hospital Onset MRSA BSI LabID Events[a]**	**MRSA BSI Incidence Density Rate per 1000 Patient Days[b]**
6075	0	0.000

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

Appendix E.
CLABSI Rate and Comparison (SIR) Data Eligibility by Location and Location Type

CLABSI Rate and Comparison (SIR) Data Eligibility by Location and Location Type				
Location Type	**Location**	**Rate Data Available for Location in Facility-specific Reports**	**National Benchmark Data Available for Location**	**Location Included in Location Specific and Location Type Comparison Reports**
Adult Critical Care	Coronary	Y	Y	Y
Adult Critical Care	Cardiothoracic	Y	Y	Y
Adult Critical Care	Long Term Acute Care	Y	N	N
Adult Critical Care	Medical	Y	Y	Y
Adult Critical Care	Medical/Surgical	Y	Y	Y
Adult Critical Care	Neurosurgical	Y	Y	Y
Adult Critical Care	Prenatal	Y	N	N
Adult Critical Care	Surgical	Y	Y	Y
Adult Critical Care	Trauma	Y	Y	Y
Adult Rehabilitation	Rehabilitation (Ward within Rehab Hospital)	Y	N	N
Adult Rehabilitation	Rehabilitation (Ward within Hospital)	Y	Y	Y
Adult SCA	Bone Marrow Transplant	Y	Y	Y
Adult SCA	Hematology/Oncology	Y	Y	Y
Adult SCA	Leukemia/Lymphoma	Y	N	N
Adult Ward	Antenatal	Y	N	N
Adult Ward	Step Down	Y	Y	Y
Adult Ward	Gastrointestinal	Y	N	N
Adult Ward	Gynecology	Y	Y	Y
Adult Ward	Labor and Delivery	Y	Y	Y
Adult Ward	Long Term Acute Care	Y	N	N
Adult Ward	Medical	Y	Y	Y
Adult Ward	Medical/Surgical	Y	Y	Y
Adult Ward	Neurological	Y	Y	Y
Adult Ward	Neurosurgical	Y	Y	Y
Adult Ward	Orthopedic	Y	N	N
Adult Ward	Post Partum	Y	Y	Y
Adult Ward	Pulmonary	Y	N	N
Adult Ward	Surgical	Y	Y	Y
Adult Ward	Stroke (Acute)	Y	N	N
Adult Ward	Telemetry	Y	N	N
Adult Ward	Vascular	Y	Y	Y
NICU	NICU Level III	Y	Y	Y
NICU	NICU Level II/III	Y	Y	Y
Pediatric Critical Care	Pediatric Cardiothoracic	Y	Y	Y

Pediatric Critical Care	Pediatric Medical	Y	Y	Y
Pediatric Critical Care	Pediatric Medical/Surgical	Y	Y	Y
Pediatric SCA	Pediatric Hematology/Oncology	Y	Y	Y
Pediatric Ward	Pediatric Medical	Y	Y	Y
Pediatric Ward	Pediatric Medical Surgical	Y	Y	Y
Pediatric Ward	Pediatric Orthopedic	Y	Y	Y
Pediatric Ward	Pediatric Step Down	Y	N	N
Pediatric Ward	Pediatric Surgical	Y	Y	Y

Appendix F1 CLABSI SIR Comparison Reports

Table 1: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
STATEWIDE - All Adult Critical Care Units

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI[a]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation[b]
Abbeville Area Medical Center	*	35	0.05	*	*	*	*
Aiken Regional Medical Center	4	2696	4.04	0.99	0.27	2.53	Not Different
AnMed Health Medical Center	4	5271	9.21	0.43	0.12	1.11	Not Different
Baptist Easley Hospital	0	728	1.09	0.00	0.00	3.38	Not Different
Beaufort Memorial Hospital	0	1160	2.20	0.00	0.00	1.67	Not Different
Bon Secours - St. Francis Xavier Hospital	2	1613	2.42	0.83	0.10	2.99	Not Different
Cannon Memorial Hospital	0	50	0.08	0.00	0.00	49.19	Not Different
Carolina Pines Regional Medical Center	1	717	1.08	0.93	0.02	5.18	Not Different
Carolinas Hospital System	3	3651	6.57	0.46	0.09	1.34	Not Different
Chester Regional Medical Center	0	57	0.09	0.00	0.00	43.15	Not Different
Chesterfield General Hospital	0	89	0.13	0.00	0.00	27.63	Not Different
Clarendon Memorial Hospital	0	238	0.45	0.00	0.00	8.16	Not Different
Coastal Carolina Medical Center	0	231	0.35	0.00	0.00	10.65	Not Different
Colleton Medical Center	1	634	0.95	1.05	0.03	5.86	Not Different
Conway Medical Center	2	1259	1.89	1.06	0.13	3.83	Not Different
East Cooper Regional Medical Center	0	441	0.66	0.00	0.00	5.58	Not Different
Georgetown Memorial Hospital	1	464	0.87	1.15	0.03	6.42	Not Different
Grand Strand Regional Medical Center	4	6171	12.01	0.33	0.09	0.85	Lower
Greenville Memorial Hospital	6	12238	21.73	0.28	0.10	0.60	Lower
Greer Memorial Hospital	0	253	0.53	0.00	0.00	6.94	Not Different
Hampton Regional Medical Center	*	4	0.01	*	*	*	*
Hillcrest Memorial Hospital	0	150	0.32	0.00	0.00	11.71	Not Different

Table 1: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
STATEWIDE - All Adult Critical Care Units

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI[a]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation[b]
Hilton Head Regional Medical Center	0	1350	2.03	0.00	0.00	1.82	Not Different
KershawHealth	2	860	1.29	1.55	0.19	5.60	Not Different
Laurens County Healthcare System	0	466	0.98	0.00	0.00	3.77	Not Different
Lexington Medical Center	4	3588	7.61	0.53	0.14	1.35	Not Different
Loris Healthcare System	0	662	0.99	0.00	0.00	3.72	Not Different
MUSC Medical Center	19	15135	32.96	0.58	0.35	0.90	Lower
Marion County Medical Center	0	68	0.10	0.00	0.00	36.17	Not Different
Marlboro Park Hospital	0	80	0.12	0.00	0.00	30.74	Not Different
Mary Black Healthcare	0	640	0.96	0.00	0.00	3.84	Not Different
McLeod Loris Seacoast Medical Center	0	468	0.70	0.00	0.00	5.26	Not Different
McLeod Medical Center - Dillon	0	92	0.14	0.00	0.00	26.73	Not Different
McLeod Medical Center - Florence	5	10310	23.93	0.21	0.07	0.49	Lower
Mount Pleasant Hospital	0	159	0.24	0.00	0.00	15.47	Not Different
Newberry County Memorial Hospital	2	598	0.90	2.23	0.27	8.06	Not Different
Novant Health Gaffney Medical Center	0	261	0.39	0.00	0.00	9.42	Not Different
Oconee Memorial Hospital	1	428	0.64	1.56	0.04	8.68	Not Different
Palmetto Health Baptist	2	2845	4.27	0.47	0.06	1.69	Not Different
Palmetto Health Richland	29	15097	40.69	0.71	0.48	1.02	Not Different
Piedmont Medical Center	2	2346	3.52	0.57	0.07	2.05	Not Different
Providence Hospital	8	4611	7.29	1.10	0.47	2.16	Not Different
Providence Hospital Northeast	0	118	0.18	0.00	0.00	20.84	Not Different
Regional Medical Center Of Orangeburg	5	2705	4.06	1.23	0.40	2.88	Not Different

Table 1: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
STATEWIDE - All Adult Critical Care Units

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI[a]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation[b]
Roper Hospital Inc.	6	5770	8.95	0.67	0.25	1.46	Not Different
Self Regional Healthcare	2	3308	6.42	0.31	0.04	1.13	Not Different
Spartanburg Regional Medical Center	12	8266	16.15	0.74	0.38	1.30	Not Different
Springs Memorial Hospital	2	1000	1.50	1.33	0.16	4.82	Not Different
St. Francis - Downtown	0	3200	4.76	0.00	0.00	0.78	Lower
St. Francis - Eastside	0	156	0.23	0.00	0.00	15.77	Not Different
Summerville Medical Center	1	838	1.26	0.80	0.02	4.43	Not Different
Trident Medical Center	3	5187	7.78	0.39	0.08	1.13	Not Different
Tuomey	4	2010	3.02	1.33	0.36	3.40	Not Different
Village Hospital	1	172	0.26	3.88	0.10	21.60	Not Different
Waccamaw Community Hospital	0	526	1.00	0.00	0.00	3.69	Not Different
Wallace Thomson Hospital	0	336	0.50	0.00	0.00	7.32	Not Different

a. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
b. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

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

Table 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
STATEWIDE - All Adult Inpatient Wards

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days[a]	Statistically 'Expected' (E) No. of CLABSI[b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation[c]
Abbeville Area Medical Center	1	154	0.18	5.41	0.14	30.15	Not Different
Aiken Regional Medical Center	6	3387	4.90	1.23	0.45	2.67	Not Different
Allendale County Hospital	0	164	0.20	0.00	0.00	18.75	Not Different
AnMed Health Medical Center	4	5887	6.71	0.60	0.16	1.53	Not Different
AnMed Health Womens And Children	*	1	0.00	*	*	*	*
Baptist Easley Hospital	0	1258	1.51	0.00	0.00	2.45	Not Different
Barnwell County Hospital	0	56	0.07	0.00	0.00	54.90	Not Different
Beaufort Memorial Hospital	2	5647	7.17	0.28	0.03	1.01	Not Different
Bon Secours - St. Francis Xavier Hospital	2	5398	9.22	0.22	0.03	0.78	Lower
Cannon Memorial Hospital	0	115	0.14	0.00	0.00	26.73	Not Different
Carolina Pines Regional Medical Center	1	1100	1.84	0.54	0.01	3.03	Not Different
Carolinas Hospital System	4	8880	11.72	0.34	0.09	0.87	Lower
Chester Regional Medical Center	*	42	0.05	*	*	*	*
Clarendon Memorial Hospital	0	899	1.08	0.00	0.00	3.42	Not Different
Coastal Carolina Medical Center	1	508	0.61	1.64	0.04	9.14	Not Different
Colleton Medical Center	4	1596	2.19	1.83	0.50	4.68	Not Different
Conway Medical Center	2	2740	4.02	0.50	0.06	1.80	Not Different
East Cooper Regional Medical Center	0	1072	1.74	0.00	0.00	2.13	Not Different
Edgefield County Hospital	0	61	0.07	0.00	0.00	50.40	Not Different
Fairfield Memorial Hospital	0	57	0.07	0.00	0.00	53.93	Not Different
Georgetown Memorial Hospital	2	1050	1.23	1.63	0.20	5.87	Not Different
Grand Strand Regional Medical Center	6	8366	13.95	0.43	0.16	0.94	Lower

Table 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
STATEWIDE - All Adult Inpatient Wards

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days[a]	Statistically 'Expected' (E) No. of CLABSI[b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation[c]
Greenville Memorial Hospital	12	10140	12.95	0.93	0.48	1.62	Not Different
Greer Memorial Hospital	0	307	0.37	0.00	0.00	10.01	Not Different
Hampton Regional Medical Center	0	107	0.13	0.00	0.00	28.73	Not Different
Hillcrest Memorial Hospital	0	365	0.44	0.00	0.00	8.42	Not Different
Hilton Head Regional Medical Center	2	2147	3.87	0.52	0.06	1.87	Not Different
KershawHealth	4	2432	3.56	1.12	0.31	2.88	Not Different
Lake City Community Hospital	*	15	0.02	*	*	*	*
Laurens County Healthcare System	0	397	0.70	0.00	0.00	5.29	Not Different
Lexington Medical Center	13	10661	16.02	0.81	0.43	1.39	Not Different
Loris Healthcare System	0	699	0.84	0.00	0.00	4.40	Not Different
MUSC Medical Center	6	15648	22.17	0.27	0.10	0.59	Lower
Marion County Medical Center	0	798	1.18	0.00	0.00	3.11	Not Different
Marlboro Park Hospital	0	68	0.08	0.00	0.00	45.21	Not Different
Mary Black Healthcare	2	1233	1.83	1.09	0.13	3.95	Not Different
McLeod Loris Seacoast Medical Center	0	678	0.81	0.00	0.00	4.53	Not Different
McLeod Medical Center - Darlington	1	609	0.73	1.37	0.03	7.63	Not Different
McLeod Medical Center - Dillon	0	121	0.15	0.00	0.00	25.41	Not Different
McLeod Medical Center - Florence	12	15760	18.35	0.65	0.34	1.14	Not Different
Mount Pleasant Hospital	0	232	0.27	0.00	0.00	13.42	Not Different
Newberry County Memorial Hospital	0	645	0.77	0.00	0.00	4.77	Not Different
Novant Health Gaffney Medical Center	0	497	1.04	0.00	0.00	3.54	Not Different
Oconee Memorial Hospital	1	1234	1.64	0.61	0.02	3.40	Not Different

Table 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2013 - December 31, 2013 STATEWIDE - All Adult Inpatient Wards							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Palmetto Health Baptist	4	10857	14.62	0.27	0.08	0.70	Lower
Palmetto Health Richland	50	25301	34.09	1.47	1.09	1.93	Higher
Patewood Memorial Hospital	*	36	0.05	*	*	*	*
Piedmont Medical Center	4	5239	6.02	0.66	0.18	1.70	Not Different
Providence Hospital	6	5320	6.24	0.96	0.35	2.09	Not Different
Providence Hospital Northeast	0	200	0.16	0.00	0.00	23.06	Not Different
Regional Medical Center Of Orangeburg	10	5530	7.75	1.29	0.62	2.37	Not Different
Roper Hospital Inc.	3	9185	17.09	0.18	0.04	0.51	Lower
Self Regional Healthcare	3	4689	7.43	0.40	0.08	1.18	Not Different
Spartanburg Regional Medical Center	10	11816	17.35	0.58	0.28	1.06	Not Different
Springs Memorial Hospital	1	1225	1.47	0.68	0.02	3.79	Not Different
St. Francis - Downtown	1	4947	7.03	0.14	0.00	0.79	Lower
St. Francis - Eastside	0	467	0.55	0.00	0.00	6.69	Not Different
Summerville Medical Center	2	1775	2.13	0.94	0.11	3.39	Not Different
Trident Medical Center	15	7840	12.23	1.23	0.69	2.02	Not Different
Tuomey	6	6624	9.68	0.62	0.23	1.35	Not Different
Village Hospital	0	346	0.42	0.00	0.00	8.89	Not Different
Waccamaw Community Hospital	0	1596	1.89	0.00	0.00	1.95	Not Different
Wallace Thomson Hospital	0	408	0.49	0.00	0.00	7.54	Not Different
Williamsburg Regional Hospital	0	302	0.36	0.00	0.00	10.18	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

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

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

Table 3: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
STATEWIDE - All Pediatric Critical Care Units

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days[a]	Statistically 'Expected' (E) No. of CLABSI[b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation[c]
Greenville Memorial Hospital	3	1153	3.46	0.87	0.18	2.54	Not Different
MUSC Medical Center	2	5102	16.39	0.12	0.02	0.44	Lower
McLeod Medical Center - Florence	1	275	0.83	1.21	0.03	6.75	Not Different
Palmetto Health Richland	3	640	0.83	3.61	0.74	10.54	Not Different
Spartanburg Regional Medical Center	0	122	0.37	0.00	0.00	10.08	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

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

Table 4: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2013 - December 31, 2013 STATEWIDE - All Pediatric Inpatient Wards							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
AnMed Health Womens And Children	*	1	0.00	*	*	*	*
Beaufort Memorial Hospital	*	0	0.00	*	*	*	*
Conway Medical Center	*	26	0.08	*	*	*	*
Grand Strand Regional Medical Center	*	6	0.02	*	*	*	*
Greenville Memorial Hospital	2	1719	4.43	0.45	0.06	1.63	Not Different
KershawHealth	*	0	0.00	*	*	*	*
MUSC Medical Center	1	3035	9.41	0.11	0.00	0.59	Lower
Mary Black Healthcare	0	155	0.48	0.00	0.00	7.68	Not Different
McLeod Medical Center - Dillon	0	83	0.26	0.00	0.00	14.34	Not Different
McLeod Medical Center - Florence	0	186	0.58	0.00	0.00	6.40	Not Different
Palmetto Health Richland	2	1435	4.45	0.45	0.05	1.62	Not Different
Piedmont Medical Center	*	30	0.09	*	*	*	*
Self Regional Healthcare	*	16	0.05	*	*	*	*
Spartanburg Regional Medical Center	*	27	0.08	*	*	*	*
Trident Medical Center	*	0	0.00	*	*	*	*
Tuomey	0	1279	3.96	0.00	0.00	0.93	Lower

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

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

Table 5: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
STATEWIDE - Inpatient Rehabilitation Ward

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days[a]	Statistically 'Expected' (E) No. of CLABSI[b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation[c]
Beaufort Memorial Hospital	1	189	0.15	6.61	0.17	36.85	Not Different
Carolinas Hospital System	1	854	0.68	1.46	0.04	8.16	Not Different
Colleton Medical Center	*	0	0.00	*	*	*	*
Greenville Memorial Hospital	0	993	0.79	0.00	0.00	4.64	Not Different
Laurens County Healthcare System	0	67	0.05	0.00	0.00	68.83	Not Different
Mary Black Healthcare	*	39	0.03	*	*	*	*
Palmetto Health Baptist	0	166	0.13	0.00	0.00	27.78	Not Different
Regional Medical Center Of Orangeburg	0	452	0.36	0.00	0.00	10.20	Not Different
Springs Memorial Hospital	0	139	0.11	0.00	0.00	33.17	Not Different
St. Francis - Downtown	0	192	0.15	0.00	0.00	24.02	Not Different
Tuomey	1	460	0.37	2.72	0.07	15.14	Not Different
Waccamaw Community Hospital	0	391	0.31	0.00	0.00	11.79	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

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

Table 6: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2013 - December 31, 2013 STATEWIDE - Adult Hematology Oncology Ward							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Greenville Memorial Hospital	7	5330	10.60	0.66	0.27	1.36	Not Different
Lexington Medical Center	8	6342	11.58	0.69	0.30	1.36	Not Different
McLeod Medical Center - Florence	4	3929	7.78	0.51	0.14	1.32	Not Different
Palmetto Health Baptist	5	5785	11.77	0.42	0.14	0.99	Lower
Roper Hospital Inc.	5	2576	4.85	1.03	0.34	2.41	Not Different
Spartanburg Regional Medical Center	6	2858	5.55	1.08	0.40	2.35	Not Different
St. Francis - Downtown	0	2242	4.19	0.00	0.00	0.88	Lower
Trident Medical Center	2	3390	6.42	0.31	0.04	1.13	Not Different
Tuomey	3	4773	8.92	0.34	0.07	0.98	Lower

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

b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

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

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

Table 7: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2013 - December 31, 2013 STATEWIDE - Pediatric Hematology Oncology Ward							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Greenville Memorial Hospital	3	2081	4.85	0.62	0.13	1.81	Not Different
MUSC Medical Center	2	3178	8.72	0.23	0.03	0.83	Lower
Palmetto Health Richland	2	1093	2.80	0.71	0.09	2.58	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

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

Table 8: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2013 - December 31, 2013 STATEWIDE - Adult Bone Marrow Transplant Ward							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Roper Hospital Inc.	1	1080	3.86	0.26	0.01	1.45	Not Different
St. Francis - Downtown	1	1187	4.41	0.23	0.01	1.27	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

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

Table 9: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2013 - December 31, 2013 STATEWIDE - Level III Neonatal Intensive Care Units							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Greenville Memorial Hospital	4	4335	10.34	0.39	0.11	0.99	Lower
MUSC Medical Center	5	3621	9.02	0.55	0.18	1.29	Not Different
McLeod Medical Center - Florence	1	943	2.42	0.41	0.01	2.30	Not Different
Palmetto Health Richland	5	5784	15.04	0.33	0.11	0.78	Lower
Spartanburg Regional Medical Center	6	2267	5.85	1.03	0.38	2.23	Not Different

a. *= Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stabiliaty. If there are fewer than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

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

Table 10: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2013 - December 31, 2013 STATEWIDE - Level II,III Neonatal Intensive Care Units							
Hospital	**Observed (O) No. of CLABSI**	**No. of Central Line Days[a]**	**Statistically 'Expected' (E) No. of CLABSI[b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[c]**
Mary Black Healthcare	*	14	0.02	*	*	*	*
Palmetto Health Baptist	2	1448	3.82	0.52	0.06	1.89	Not Different
Piedmont Medical Center	*	4	0.01	*	*	*	*
Self Regional Healthcare	1	664	1.44	0.70	0.02	3.88	Not Different

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

b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

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

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

Appendix F2.
SSI SIR Comparison Reports

Table 1: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Coronary Artery Bypass Graft (Chest and Donor Incision)
STATEWIDE

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Aiken Regional Medical Center	*	19	0.26	*	*	*	*
AnMed Health Medical Center	0	169	2.04	0.00	0.00	1.47	Not Different
Carolinas Hospital System	0	88	0.92	0.00	0.00	4.01	Not Different
Grand Strand Regional Medical Center	6	366	4.40	1.36	0.55	2.84	Not Different
Greenville Memorial Hospital	5	340	5.29	0.95	0.35	2.10	Not Different
Hilton Head Regional Medical Center	0	56	0.67	0.00	0.00	5.53	Not Different
Lexington Medical Center	4	171	1.91	2.10	0.67	5.06	Not Different
MUSC Medical Center	3	155	1.70	1.77	0.45	4.82	Not Different
McLeod Medical Center - Florence	1	197	2.68	0.37	0.02	1.84	Not Different
Palmetto Health Richland	2	217	3.07	0.65	0.11	2.15	Not Different
Piedmont Medical Center	0	90	1.13	0.00	0.00	2.64	Not Different
Providence Hospital	2	405	3.73	0.54	0.09	1.77	Not Different
Roper Hospital Inc.	0	279	2.90	0.00	0.00	1.03	Not Different
Self Regional Healthcare	0	87	1.05	0.00	0.00	2.85	Not Different
Spartanburg Regional Medical Center	0	30	0.53	0.00	0.00	6.95	Not Different
St. Francis - Downtown	1	267	2.88	0.35	0.02	1.71	Not Different
Trident Medical Center	1	199	2.08	0.48	0.02	2.37	Not Different

a.*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the SIR and number of infections will be suppressed until more procedures are performed.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

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

Table 2: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR) Reportable Period: January 1, 2013 - December 31, 2013 Procedure: Coronary Artery Bypass Graft (Chest Incision Only) STATEWIDE							
Hospital	**Observed (O) No. of SSI**	**No. of Procedures [a]**	**Statistically 'Expected' (E) No. of SSI [b]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation [c]**
Aiken Regional Medical Center	*	4	0.06	*	*	*	*
Carolinas Hospital System	*	4	0.03	*	*	*	*
Grand Strand Regional Medical Center	*	3	0.04	*	*	*	*
Hilton Head Regional Medical Center	*	2	0.02	*	*	*	*
Lexington Medical Center	*	7	0.09	*	*	*	*
MUSC Medical Center	*	14	0.15	*	*	*	*
McLeod Medical Center - Florence	0	37	0.43	0.00	0.00	8.56	Not Different
Palmetto Health Richland	0	49	0.88	0.00	0.00	4.22	Not Different
Piedmont Medical Center	*	1	0.01	*	*	*	*
Providence Hospital	1	24	0.23	4.37	0.11	24.33	Not Different
Roper Hospital Inc.	*	19	0.25	*	*	*	*
Self Regional Healthcare	*	1	0.02	*	*	*	*
Spartanburg Regional Medical Center	3	298	3.88	0.77	0.20	2.11	Not Different
St. Francis - Downtown	*	11	0.10	*	*	*	*
Trident Medical Center	*	1	0.01	*	*	*	*

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

b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

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

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

Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Hip Prosthesis (Replacement)
UPSTATE
Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg and Union

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Abbeville Area Medical Center	*	3	0.01	*	*	*	*
AnMed Health Medical Center	0	174	1.91	0.00	0.00	1.57	Not Different
AnMed Health Womens And Children	*	10	0.08	*	*	*	*
Baptist Easley Hospital	0	47	0.41	0.00	0.00	8.91	Not Different
Cannon Memorial Hospital	*	12	0.06	*	*	*	*
Edgefield County Hospital	*	5	0.03	*	*	*	*
Greenville Memorial Hospital	2	115	2.41	0.83	0.14	2.74	Not Different
Greer Memorial Hospital	1	247	1.92	0.52	0.03	2.57	Not Different
Hillcrest Memorial Hospital	0	84	0.55	0.00	0.00	6.66	Not Different
Laurens County Healthcare System	0	49	0.46	0.00	0.00	8.11	Not Different
Mary Black Healthcare	0	79	0.65	0.00	0.00	5.69	Not Different
Novant Health Gaffney Medical Center	0	22	0.17	0.00	0.00	22.22	Not Different
Oconee Memorial Hospital	2	110	0.71	2.82	0.34	10.21	Not Different
Patewood Memorial Hospital	1	273	1.64	0.61	0.03	3.02	Not Different
Self Regional Healthcare	0	149	1.62	0.00	0.00	1.85	Not Different
Spartanburg Regional Medical Center	6	339	5.04	1.19	0.48	2.48	Not Different
St. Francis - Downtown	1	106	1.16	0.86	0.04	4.26	Not Different
St. Francis - Eastside	2	499	2.31	0.87	0.15	2.87	Not Different
Village Hospital	1	63	0.31	3.18	0.08	17.75	Not Different
Wallace Thomson Hospital	*	3	0.02	*	*	*	*

a.*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the SIR and number of infections will be suppressed until more procedures are performed.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery.

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

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

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

Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Hip Prosthesis (Replacement)
MIDLANDS
Aiken, Allendale, Bamberg, Barnwell, Chester, Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Kershaw, Lancaster, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Sumter and York

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Aiken Regional Medical Center	3	113	1.41	2.13	0.54	5.81	Not Different
Carolina Pines Regional Medical Center	0	31	0.22	0.00	0.00	17.08	Not Different
Carolinas Hospital System	1	133	1.30	0.77	0.04	3.80	Not Different
Chester Regional Medical Center	0	23	0.22	0.00	0.00	17.16	Not Different
Clarendon Memorial Hospital	*	11	0.06	*	*	*	*
KershawHealth	0	69	0.51	0.00	0.00	7.22	Not Different
Lake City Community Hospital	*	2	0.01	*	*	*	*
Lexington Medical Center	4	257	2.61	1.53	0.49	3.70	Not Different
Marion County Medical Center	*	14	0.12	*	*	*	*
McLeod Medical Center - Dillon	*	12	0.07	*	*	*	*
McLeod Medical Center - Florence	4	258	3.14	1.27	0.41	3.07	Not Different
Newberry County Memorial Hospital	1	44	0.23	4.35	0.11	24.23	Not Different
Palmetto Health Baptist	0	98	0.75	0.00	0.00	4.90	Not Different
Palmetto Health Richland	4	258	3.47	1.15	0.37	2.78	Not Different
Piedmont Medical Center	0	132	1.19	0.00	0.00	2.52	Not Different
Providence Hospital	0	36	0.23	0.00	0.00	16.32	Not Different
Providence Hospital Northeast	8	715	3.43	2.33	1.08	4.43	Higher
Regional Medical Center Of Orangeburg	0	36	0.36	0.00	0.00	10.28	Not Different
Springs Memorial Hospital	0	25	0.45	0.00	0.00	8.20	Not Different
Tuomey	0	71	0.73	0.00	0.00	5.03	Not Different

See the Upstate chart for footnote explanations.

Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Hip Prosthesis (Replacement)
COASTAL
Beaufort, Beaufort, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper and Williamsburg

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Beaufort Memorial Hospital	8	157	1.21	6.62	3.07	12.57	Higher
Bon Secours - St. Francis Xavier Hospital	*	15	0.16	*	*	*	*
Coastal Carolina Medical Center	1	22	0.16	6.17	0.15	34.40	Not Different
Colleton Medical Center	0	27	0.21	0.00	0.00	17.24	Not Different
Conway Medical Center	1	217	1.97	0.51	0.03	2.51	Not Different
East Cooper Regional Medical Center	2	187	0.99	2.03	0.25	7.33	Not Different
Georgetown Memorial Hospital	0	46	0.35	0.00	0.00	10.63	Not Different
Grand Strand Regional Medical Center	0	230	1.71	0.00	0.00	1.75	Not Different
Hampton Regional Medical Center	*	7	0.04	*	*	*	*
Hilton Head Regional Medical Center	1	107	0.65	1.54	0.04	8.56	Not Different
MUSC Medical Center	1	196	3.00	0.33	0.02	1.64	Not Different
McLeod Loris Seacoast Medical Center	0	38	0.20	0.00	0.00	18.92	Not Different
Mount Pleasant Hospital	*	7	0.07	*	*	*	*
Roper Hospital Inc.	0	517	3.65	0.00	0.00	0.82	Lower
Summerville Medical Center	1	65	0.58	1.74	0.04	9.67	Not Different
Trident Medical Center	2	175	1.50	1.33	0.22	4.40	Not Different
Waccamaw Community Hospital	0	193	1.16	0.00	0.00	2.58	Not Different

See Upstate chart for footnote explanations

Table 4: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Knee Prosthesis (Replacement)
UPSTATE
Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg and Union

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Abbeville Area Medical Center	0	25	0.09	0.00	0.00	40.10	Not Different
AnMed Health Medical Center	2	255	1.94	1.03	0.17	3.41	Not Different
AnMed Health Womens And Children	0	30	0.15	0.00	0.00	24.27	Not Different
Baptist Easley Hospital	0	95	0.60	0.00	0.00	6.17	Not Different
Cannon Memorial Hospital	0	25	0.13	0.00	0.00	27.53	Not Different
Edgefield County Hospital	*	18	0.10	*	*	*	*
Greenville Memorial Hospital	*	10	0.17	*	*	*	*
Greer Memorial Hospital	1	263	1.66	0.60	0.03	2.96	Not Different
Hillcrest Memorial Hospital	0	139	0.77	0.00	0.00	4.79	Not Different
Laurens County Healthcare System	0	88	0.52	0.00	0.00	7.09	Not Different
Mary Black Healthcare	0	252	1.44	0.00	0.00	2.08	Not Different
Novant Health Gaffney Medical Center	0	20	0.10	0.00	0.00	38.03	Not Different
Oconee Memorial Hospital	0	281	1.31	0.00	0.00	2.29	Not Different
Patewood Memorial Hospital	4	551	2.87	1.39	0.44	3.36	Not Different
Self Regional Healthcare	2	292	1.85	1.08	0.18	3.57	Not Different
Spartanburg Regional Medical Center	2	507	5.00	0.40	0.07	1.32	Not Different
St. Francis - Downtown	1	41	0.22	4.48	0.11	24.99	Not Different
St. Francis - Eastside	4	1207	5.20	0.77	0.25	1.86	Not Different
Village Hospital	0	120	0.64	0.00	0.00	5.81	Not Different

a.*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the SIR and number of infections will be suppressed until more procedures are performed.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.

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

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

Table 4: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Knee Prosthesis (Replacement)
MIDLANDS
Aiken, Allendale, Bamberg, Barnwell, Chester, Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Kershaw, Lancaster, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Sumter and York

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Aiken Regional Medical Center	3	117	0.92	3.27	0.67	9.55	Not Different
Carolina Pines Regional Medical Center	0	78	0.51	0.00	0.00	7.23	Not Different
Carolinas Hospital System	0	152	0.76	0.00	0.00	4.85	Not Different
Chester Regional Medical Center	0	20	0.20	0.00	0.00	18.17	Not Different
Clarendon Memorial Hospital	0	35	0.17	0.00	0.00	22.22	Not Different
KershawHealth	0	48	0.26	0.00	0.00	14.19	Not Different
Lake City Community Hospital	*	5	0.03	*	*	*	*
Lexington Medical Center	2	394	2.36	0.85	0.14	2.80	Not Different
Marion County Medical Center	1	35	0.20	5.00	0.13	27.86	Not Different
McLeod Medical Center - Dillon	0	30	0.15	0.00	0.00	24.93	Not Different
McLeod Medical Center - Florence	0	469	3.13	0.00	0.00	0.96	Lower
Newberry County Memorial Hospital	1	106	0.49	2.06	0.05	11.47	Not Different
Palmetto Health Baptist	2	215	1.23	1.63	0.27	5.38	Not Different
Palmetto Health Richland	3	413	3.77	0.80	0.20	2.17	Not Different
Piedmont Medical Center	0	151	0.81	0.00	0.00	4.55	Not Different
Providence Hospital	0	39	0.21	0.00	0.00	17.82	Not Different
Providence Hospital Northeast	4	689	3.27	1.22	0.39	2.95	Not Different
Regional Medical Center Of Orangeburg	0	79	0.43	0.00	0.00	8.58	Not Different
Springs Memorial Hospital	0	30	0.31	0.00	0.00	12.02	Not Different
Tuomey	1	182	1.15	0.87	0.04	4.29	Not Different

See the Upstate chart for footnote explanations.

Table 4: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Knee Prosthesis (Replacement)
COASTAL
Beaufort, Beaufort, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper and Williamsburg

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Beaufort Memorial Hospital	1	317	1.70	0.59	0.03	2.91	Not Different
Coastal Carolina Medical Center	*	3	0.02	*	*	*	*
Colleton Medical Center	0	49	0.30	0.00	0.00	12.34	Not Different
Conway Medical Center	2	222	1.43	1.40	0.23	4.62	Not Different
East Cooper Regional Medical Center	2	211	1.13	1.78	0.30	5.87	Not Different
Georgetown Memorial Hospital	1	99	0.57	1.75	0.04	9.74	Not Different
Grand Strand Regional Medical Center	1	322	2.19	0.46	0.02	2.25	Not Different
Hampton Regional Medical Center	*	11	0.05	*	*	*	*
Hilton Head Regional Medical Center	0	140	0.63	0.00	0.00	5.85	Not Different
MUSC Medical Center	3	219	2.15	1.40	0.36	3.80	Not Different
McLeod Loris Seacoast Medical Center	0	108	0.52	0.00	0.00	7.12	Not Different
Roper Hospital Inc.	4	875	4.34	0.92	0.29	2.23	Not Different
Summerville Medical Center	0	89	0.50	0.00	0.00	7.33	Not Different
Trident Medical Center	1	374	2.29	0.44	0.02	2.15	Not Different
Waccamaw Community Hospital	0	263	1.25	0.00	0.00	2.39	Not Different

See Upstate chart for footnote explanations

Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Hysterectomy (Abdominal)
UPSTATE
Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg and Union

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
AnMed Health Medical Center	*	2	0.02	*	*	*	*
AnMed Health Womens And Children	0	91	0.75	0.00	0.00	4.93	Not Different
Baptist Easley Hospital	0	42	0.65	0.00	0.00	5.65	Not Different
Greenville Memorial Hospital	2	562	3.49	0.57	0.10	1.89	Not Different
Greer Memorial Hospital	0	29	0.21	0.00	0.00	17.40	Not Different
Laurens County Healthcare System	*	5	0.05	*	*	*	*
Mary Black Healthcare	0	49	0.38	0.00	0.00	9.81	Not Different
Novant Health Gaffney Medical Center	*	2	0.02	*	*	*	*
Oconee Memorial Hospital	*	11	0.09	*	*	*	*
Self Regional Healthcare	1	133	0.81	1.23	0.03	6.87	Not Different
Spartanburg Regional Medical Center	1	489	3.44	0.29	0.02	1.44	Not Different
St. Francis - Downtown	0	193	1.37	0.00	0.00	2.20	Not Different
St. Francis - Eastside	1	349	2.38	0.42	0.02	2.07	Not Different
Village Hospital	*	19	0.14	*	*	*	*
Wallace Thomson Hospital	*	6	0.05	*	*	*	*

a.*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the SIR and number of infections will be suppressed until more procedures are performed.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

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

Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Hysterectomy (Abdominal)
MIDLANDS
Aiken, Allendale, Bamberg, Barnwell, Chester, Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Kershaw, Lancaster, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Sumter and York

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Aiken Regional Medical Center	1	106	0.92	1.08	0.03	6.04	Not Different
Carolina Pines Regional Medical Center	0	64	0.54	0.00	0.00	6.88	Not Different
Carolinas Hospital System	0	58	0.43	0.00	0.00	8.66	Not Different
Chester Regional Medical Center	*	5	0.04	*	*	*	*
Chesterfield General Hospital	*	3	0.03	*	*	*	*
Clarendon Memorial Hospital	0	20	0.14	0.00	0.00	25.98	Not Different
KershawHealth	0	33	0.38	0.00	0.00	9.84	Not Different
Lexington Medical Center	2	418	2.73	0.73	0.12	2.42	Not Different
Marion County Medical Center	*	8	0.07	*	*	*	*
Marlboro Park Hospital	*	4	0.03	*	*	*	*
McLeod Medical Center - Dillon	0	20	0.20	0.00	0.00	18.63	Not Different
McLeod Medical Center - Florence	3	147	0.81	3.72	0.77	10.88	Not Different
Newberry County Memorial Hospital	*	1	0.01	*	*	*	*
Palmetto Health Baptist	5	361	2.76	1.81	0.66	4.01	Not Different
Palmetto Health Richland	0	430	2.92	0.00	0.00	1.03	Not Different
Piedmont Medical Center	0	34	0.26	0.00	0.00	14.24	Not Different
Regional Medical Center Of Orangeburg	1	99	0.76	1.32	0.03	7.33	Not Different
Springs Memorial Hospital	0	72	0.74	0.00	0.00	5.02	Not Different
Tuomey	3	162	1.30	2.31	0.59	6.29	Not Different

See the Upstate chart for footnote explanations.

Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Hysterectomy (Abdominal)
COASTAL
Beaufort, Beaufort, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper and Williamsburg

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Beaufort Memorial Hospital	0	149	1.38	0.00	0.00	2.17	Not Different
Bon Secours - St. Francis Xavier Hospital	1	205	1.91	0.52	0.03	2.59	Not Different
Coastal Carolina Medical Center	*	1	0.00	*	*	*	*
Colleton Medical Center	0	33	0.28	0.00	0.00	13.04	Not Different
Conway Medical Center	2	153	1.24	1.61	0.27	5.31	Not Different
East Cooper Regional Medical Center	0	36	0.27	0.00	0.00	13.56	Not Different
Georgetown Memorial Hospital	*	12	0.14	*	*	*	*
Grand Strand Regional Medical Center	0	93	0.68	0.00	0.00	5.40	Not Different
Hilton Head Regional Medical Center	*	17	0.11	*	*	*	*
Loris Healthcare System	0	27	0.24	0.00	0.00	15.70	Not Different
MUSC Medical Center	5	246	2.45	2.04	0.75	4.52	Not Different
McLeod Loris Seacoast Medical Center	0	32	0.24	0.00	0.00	15.12	Not Different
Mount Pleasant Hospital	0	89	0.51	0.00	0.00	7.28	Not Different
Roper Hospital Inc.	2	269	2.11	0.95	0.16	3.13	Not Different
Summerville Medical Center	3	161	1.20	2.50	0.64	6.80	Not Different
Trident Medical Center	2	289	2.25	0.89	0.15	2.94	Not Different
Waccamaw Community Hospital	0	38	0.28	0.00	0.00	12.99	Not Different
Williamsburg Regional Hospital	*	1	0.01	*	*	*	*

See Upstate chart for footnote explanations

Table 6: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Colon Surgery
UPSTATE
Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg and Union

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Abbeville Area Medical Center	*	10	0.33	*	*	*	*
AnMed Health Medical Center	2	169	4.29	0.47	0.08	1.54	Not Different
AnMed Health Womens And Children	*	7	0.14	*	*	*	*
Baptist Easley Hospital	0	43	1.11	0.00	0.00	2.71	Not Different
Cannon Memorial Hospital	*	10	0.27	*	*	*	*
Greenville Memorial Hospital	14	365	10.53	1.33	0.76	2.18	Not Different
Greer Memorial Hospital	0	21	0.52	0.00	0.00	7.09	Not Different
Hillcrest Memorial Hospital	*	18	0.54	*	*	*	*
Laurens County Healthcare System	*	19	0.44	*	*	*	*
Mary Black Healthcare	0	91	2.22	0.00	0.00	1.35	Not Different
Novant Health Gaffney Medical Center	*	11	0.39	*	*	*	*
Oconee Memorial Hospital	0	31	0.83	0.00	0.00	4.45	Not Different
Self Regional Healthcare	1	123	3.00	0.33	0.02	1.64	Not Different
Spartanburg Regional Medical Center	8	256	8.62	0.93	0.43	1.76	Not Different
St. Francis - Downtown	4	173	5.82	0.69	0.22	1.66	Not Different
St. Francis - Eastside	0	36	0.94	0.00	0.00	3.93	Not Different
Village Hospital	*	18	0.51	*	*	*	*
Wallace Thomson Hospital	*	11	0.34	*	*	*	*

a.*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the SIR and number of infections will be suppressed until more procedures are performed.
b. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
c. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)

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

Table 6: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Colon Surgery
MIDLANDS
Aiken, Allendale, Bamberg, Barnwell, Chester, Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Kershaw, Lancaster, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Sumter and York

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Aiken Regional Medical Center	5	100	4.02	1.24	0.46	2.76	Not Different
Barnwell County Hospital	*	1	0.03	*	*	*	*
Carolina Pines Regional Medical Center	2	37	1.28	1.56	0.26	5.15	Not Different
Carolinas Hospital System	1	122	4.08	0.25	0.01	1.21	Not Different
Chester Regional Medical Center	*	7	0.16	*	*	*	*
Chesterfield General Hospital	*	11	0.27	*	*	*	*
Clarendon Memorial Hospital	3	23	0.67	4.46	0.92	13.03	Not Different
KershawHealth	3	33	0.81	3.69	0.76	10.78	Not Different
Lexington Medical Center	2	227	7.31	0.27	0.05	0.91	Lower
Marion County Medical Center	*	9	0.27	*	*	*	*
Marlboro Park Hospital	*	4	0.13	*	*	*	*
McLeod Medical Center - Dillon	0	20	0.66	0.00	0.00	5.60	Not Different
McLeod Medical Center - Florence	2	161	4.63	0.43	0.07	1.43	Not Different
Newberry County Memorial Hospital	0	21	0.62	0.00	0.00	5.96	Not Different
Palmetto Health Baptist	18	239	7.19	2.50	1.53	3.88	Higher
Palmetto Health Richland	4	121	3.62	1.11	0.35	2.67	Not Different
Piedmont Medical Center	0	138	4.32	0.00	0.00	0.69	Lower
Providence Hospital	0	99	2.00	0.00	0.00	1.50	Not Different
Regional Medical Center Of Orangeburg	2	84	2.59	0.77	0.13	2.55	Not Different
Springs Memorial Hospital	0	26	1.13	0.00	0.00	2.64	Not Different
Tuomey	5	102	3.32	1.51	0.55	3.34	Not Different

See the Upstate chart for footnote explanations.

Table 6: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Procedure: Colon Surgery
COASTAL
Beaufort, Beaufort, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper and Williamsburg

Hospital	Observed (O) No. of SSI	No. of Procedures [a]	Statistically 'Expected' (E) No. of SSI [b]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation [c]
Beaufort Memorial Hospital	0	66	2.00	0.00	0.00	1.50	Not Different
Bon Secours - St. Francis Xavier Hospital	3	76	1.71	1.76	0.45	4.78	Not Different
Coastal Carolina Medical Center	0	37	0.89	0.00	0.00	4.15	Not Different
Colleton Medical Center	0	29	0.66	0.00	0.00	5.58	Not Different
Conway Medical Center	3	87	2.67	1.12	0.29	3.06	Not Different
East Cooper Regional Medical Center	0	21	0.46	0.00	0.00	8.00	Not Different
Georgetown Memorial Hospital	0	36	0.91	0.00	0.00	4.06	Not Different
Grand Strand Regional Medical Center	3	147	5.07	0.59	0.15	1.61	Not Different
Hampton Regional Medical Center	*	1	0.02	*	*	*	*
Hilton Head Regional Medical Center	0	46	1.13	0.00	0.00	2.66	Not Different
Loris Healthcare System	0	21	0.57	0.00	0.00	6.45	Not Different
MUSC Medical Center	15	271	10.37	1.45	0.84	2.33	Not Different
McLeod Loris Seacoast Medical Center	0	34	0.90	0.00	0.00	4.12	Not Different
Mount Pleasant Hospital	2	37	0.96	2.08	0.25	7.50	Not Different
Roper Hospital Inc.	13	330	9.46	1.37	0.76	2.29	Not Different
Summerville Medical Center	1	39	0.87	1.15	0.03	6.38	Not Different
Trident Medical Center	11	148	4.48	2.45	1.29	4.27	Higher
Waccamaw Community Hospital	1	56	1.53	0.65	0.03	3.22	Not Different

See Upstate chart for footnote explanations

Appendix F3.
Hospital-Onset MRSA BSI LabID Event
SIR Comparison Reports

Table 1: Methicillin-resistant Staphylococcus aureus Blood Stream Infection LabID Event Standardized Infection Ratio (SIR) Reportable Period: January 1, 2013 - December 31, 2013 Facility Wide Inpatient Reporting							
Hospital	**Observed (O) No. of MRSA BSI LabID Events**	**No. of Patient Days**	**Statistically 'Expected' (E) No. of MRSA BSI LabID Events[a]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[b]**
Abbeville Area Medical Center	0	2955	0.11	0.00	0.00	34.85	Not Different
Aiken Regional Medical Center	2	43489	2.32	0.86	0.15	2.85	Not Different
Allendale County Hospital	0	2909	0.10	0.00	0.00	35.40	Not Different
AnMed Health Medical Center	7	94247	4.52	1.55	0.68	3.06	Not Different
AnMed Health Womens And Children	0	12524	0.51	0.00	0.00	7.30	Not Different
Baptist Easley Hospital	0	21014	1.20	0.00	0.00	2.50	Not Different
Barnwell County Hospital	1	2036	0.07	13.71	0.34	76.39	Not Different
Beaufort Memorial Hospital	0	44505	2.04	0.00	0.00	1.47	Not Different
Bon Secours - St. Francis Xavier Hospital	1	38699	2.04	0.49	0.03	2.42	Not Different
Cannon Memorial Hospital	0	3674	0.49	0.00	0.00	7.54	Not Different
Carolina Pines Regional Medical Center	1	17416	1.02	0.98	0.05	4.81	Not Different
Carolinas Hospital System	5	68770	3.72	1.34	0.49	2.98	Not Different
Chester Regional Medical Center	0	5158	0.25	0.00	0.00	14.92	Not Different
Chesterfield General Hospital	0	6448	0.34	0.00	0.00	10.97	Not Different
Clarendon Memorial Hospital	0	10544	0.38	0.00	0.00	9.77	Not Different
Coastal Carolina Medical Center	1	6821	0.31	3.19	0.08	17.75	Not Different
Colleton Medical Center	1	18441	0.87	1.14	0.03	6.37	Not Different
Conway Medical Center	4	37083	2.21	1.81	0.58	4.36	Not Different
East Cooper Regional Medical Center	0	17329	0.62	0.00	0.00	5.94	Not Different
Edgefield County Hospital	0	3085	0.11	0.00	0.00	33.38	Not Different
Fairfield Memorial Hospital	0	2736	0.16	0.00	0.00	22.76	Not Different

Table 1: Methicillin-resistant Staphylococcus aureus Blood Stream Infection LabID Event Standardized Infection Ratio (SIR) Reportable Period: January 1, 2013 - December 31, 2013 Facility Wide Inpatient Reporting							
Hospital	**Observed (O) No. of MRSA BSI LabID Events**	**No. of Patient Days**	**Statistically 'Expected' (E) No. of MRSA BSI LabID Events[a]**	**Hospital SIR = O ÷ E**	**95% Lower CI**	**95% Upper CI**	**Statistical Interpretation[b]**
Georgetown Memorial Hospital	0	18334	0.85	0.00	0.00	4.36	Not Different
Grand Strand Regional Medical Center	3	72012	3.58	0.84	0.21	2.28	Not Different
Greenville Memorial Hospital	19	202980	16.00	1.19	0.74	1.82	Not Different
Greer Memorial Hospital	0	11571	0.61	0.00	0.00	6.06	Not Different
Hampton Regional Medical Center	0	3238	0.17	0.00	0.00	21.30	Not Different
Hillcrest Memorial Hospital	0	6405	0.32	0.00	0.00	11.62	Not Different
Hilton Head Regional Medical Center	0	19763	1.02	0.00	0.00	2.93	Not Different
KershawHealth	0	22218	1.03	0.00	0.00	2.90	Not Different
Lake City Community Hospital	0	4745	0.29	0.00	0.00	12.92	Not Different
Laurens County Healthcare System	1	14631	1.19	0.84	0.04	4.13	Not Different
Lexington Medical Center	18	116220	8.99	2.00	1.22	3.10	Higher
Loris Healthcare System	0	10062	0.58	0.00	0.00	6.37	Not Different
MUSC Medical Center	12	225039	26.57	0.45	0.25	0.77	Lower
Marion County Medical Center	1	9614	0.45	2.23	0.06	12.42	Not Different
Marlboro Park Hospital	0	4982	0.18	0.00	0.00	20.67	Not Different
Mary Black Healthcare	1	28866	1.42	0.70	0.04	3.48	Not Different
McLeod Loris Seacoast Medical Center	0	7108	0.47	0.00	0.00	7.87	Not Different
McLeod Medical Center - Darlington	0	7846	0.28	0.00	0.00	13.12	Not Different
McLeod Medical Center - Dillon	0	9713	0.40	0.00	0.00	9.14	Not Different
McLeod Medical Center - Florence	14	129645	11.79	1.19	0.68	1.95	Not Different
Mount Pleasant Hospital	0	5253	0.27	0.00	0.00	13.43	Not Different

Table 1: Methicillin-resistant Staphylococcus aureus Blood Stream Infection LabID Event Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Facility Wide Inpatient Reporting

Hospital	Observed (O) No. of MRSA BSI LabID Events	No. of Patient Days	Statistically 'Expected' (E) No. of MRSA BSI LabID Events[a]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation[b]
Newberry County Memorial Hospital	0	8721	0.35	0.00	0.00	10.68	Not Different
Novant Health Gaffney Medical Center	0	10306	0.55	0.00	0.00	6.74	Not Different
Oconee Memorial Hospital	1	23752	1.52	0.66	0.03	3.24	Not Different
Palmetto Health Baptist	6	100102	3.66	1.64	0.66	3.41	Not Different
Palmetto Health Richland	26	209912	19.08	1.36	0.91	1.97	Not Different
Patewood Memorial Hospital	0	2310	0.11	0.00	0.00	32.21	Not Different
Piedmont Medical Center	0	65191	3.30	0.00	0.00	0.91	Not Different
Providence Hospital	2	42758	3.46	0.58	0.10	1.91	Not Different
Providence Hospital Northeast	0	7539	0.30	0.00	0.00	12.44	Not Different
Regional Medical Center Of Orangeburg	4	54763	4.85	0.82	0.26	1.99	Not Different
Roper Hospital Inc.	4	73328	6.13	0.65	0.21	1.58	Not Different
Self Regional Healthcare	4	69200	2.87	1.39	0.44	3.36	Not Different
Shriners Hospitals For Children	0	709	0.03	0.00	0.00	145.23	Not Different
Spartanburg Regional Medical Center	9	151685	14.33	0.63	0.31	1.15	Not Different
Springs Memorial Hospital	1	28951	1.48	0.68	0.03	3.34	Not Different
St. Francis - Downtown	1	53234	3.71	0.27	0.01	1.33	Not Different
St. Francis - Eastside	1	16813	0.68	1.47	0.04	8.20	Not Different
Summerville Medical Center	4	20601	1.19	3.37	1.07	8.12	Not Different
Trident Medical Center	9	65385	4.38	2.05	1.00	3.77	Not Different
Tuomey	3	63401	3.93	0.76	0.19	2.08	Not Different
Village Hospital	1	7386	0.32	3.09	0.08	17.20	Not Different

Table 1: Methicillin-resistant Staphylococcus aureus Blood Stream Infection LabID Event Standardized Infection Ratio (SIR)
Reportable Period: January 1, 2013 - December 31, 2013
Facility Wide Inpatient Reporting

Hospital	Observed (O) No. of MRSA BSI LabID Events	No. of Patient Days	Statistically 'Expected' (E) No. of MRSA BSI LabID Events[a]	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation[b]
Waccamaw Community Hospital	2	40040	1.83	1.09	0.18	3.60	Not Different
Wallace Thomson Hospital	0	9170	0.33	0.00	0.00	11.23	Not Different
Williamsburg Regional Hospital	0	6075	0.22	0.00	0.00	16.95	Not Different

a. Please note that the 'expected' number of infections does not mean that you expect to get an infection when you go into the hospital for surgery. The goal is for the hospital is to prevent all HAIs.
b. SC Hospital SIR Statistical Interpretation Comparison to the standard population means that the SIR is compared to one (1) where the observed equals the expected (Observed = Expected)
- o Not different = Statistically not different than the standard population
- o Lower = Statistically lower than the standard population
- o Higher = Statistically higher than the standard population