Lexington Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

Surgical Site Infection (SSI) Standardized Infection Ratio by Procedure

Data Collected: 01/01/2016 - 06/30/2016

Procedure	No. of Specific Procedures Performed [a]	No. of Infections	No. of Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval
Coronary Bypass Graft (Chest and Donor Incision)	128	2	1.32	1.52	0.254, 5.013
Coronary Bypass Graft (Chest Only Incision)	20	0	0.24	*	*
Abdominal Hysterectomy	283	2	1.96	1.02	0.171, 3.371
Hip Prosthesis (Replacement)	61	2	0.71	*	*
Knee Prosthesis (Replacement)	239	1	1.16	0.86	0.043, 4.260
Colon Surgery	165	5	5.67	0.88	0.323, 1.956

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.

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Central Line Associated Blood Stream Infection (CLABSI) Standardized Infection Ratio (SIR)

Data Collected: 01/01/2016 - 06/30/2016

Location [a]	No. of Central Line Days[b,c]	No. of Infections	No. of Predicted Infections	Standardized Infection Ratio	95% Confidence Interval
All Adult Critical Care Units	3030	4	6.33	0.6	0.172,1.618
All Adult Inpatient Wards	6556	11	9.79	1.1	0.561,2.01
Adult Speciality Care	2609	7	4.95	1.4	0.568,2.911

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 are combined into one SIR; all adult and pediatric inpatient wards are combined into one SIR for this report.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.

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

Facility Wide Inpatient Data Collected: 01/01/2016 - 06/30/2016

Hospital Onset MRSA BSI Standardized Infection Ratio (SIR)				
No. Patient Days	No. LabID Events [a]	Predicted No. of LabID Events	SIR	95% Confidence Interval
66570	2	6.0192202	0.332	0.056, 1.098

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)

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Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2016 - 06/30/2016

Hospital Onset CDI LabID Event Data				
No. Patient Days	**No. of LabID Events [a]**	**Predicted No. of LabID Events**	**SIR**	**95% Confidence Interval**
61907	56	50.467172	1.110	0.846, 1.430

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)

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Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2016 - 06/30/2016

No. of IVAC-plus Events [a]	No. Ventilator Days	IVAC-plus Rate per 1000 Ventilator Days[b]
10	1848	5.411

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