

*McLeod Regional 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**

| <b>Procedure</b>                                 | <b>No. of Specific Procedures Performed <sup>a</sup></b> | <b>No. of Infections</b> | <b>No. of Predicted Infections</b> | <b>Standardized Infection Ratio (SIR)</b> | <b>95% Confidence Interval</b> |
|--|--|--------------------------|------------------------------------|---|--------------------------------|
| Coronary Bypass Graft (Chest and Donor Incision) | 130  | 1                        | 1.53                               | 0.65                                      | 0.033, 3.219                   |
| Coronary Bypass Graft (Chest Only Incision)      | 20   | 0                        | 0.23                               | *   | *                              |
| Abdominal Hysterectomy                           | 77   | 2                        | 0.71                               | *   | *                              |
| Hip Prosthesis (Replacement)                     | 155  | 0                        | 1.81                               | 0.00                                      | , 1.652                        |
| Knee Prosthesis (Replacement)                    | 272  | 2                        | 1.79                               | 1.12                                      | 0.187, 3.687                   |
| Colon Surgery                                    | 159  | 2                        | 4.38                               | 0.46                                      | 0.077, 1.508                   |

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**

| <b>Location<sup>a</sup></b>       | <b>No. of Central Line Days<sup>b,c</sup></b> | <b>No. of Infections</b> | <b>No. of Predicted Infections</b> | <b>Standardized Infection Ratio</b> | <b>95% Confidence Interval</b> |
|-----------------------------------|---|--------------------------|------------------------------------|-------------------------------------|--------------------------------|
| All Adult Critical Care Units     | 7141  | 10                       | 16.67                              | 0.6                                 | 0.288,1.103                    |
| All Adult Inpatient Wards         | 8749  | 6                        | 12.16                              | 0.5                                 | 0.181,1.074                    |
| All Pediatric Critical Care Units | 153   | 0                        | 0.46                               | *                                   | *                              |
| All Pediatric Inpatient Wards     | 32  | *                        | *                                  | *                                   | *                              |
| Adult Speciality Care             | 2028  | 1                        | 4.10                               | 0.2                                 | 0.006,1.36                     |
| Neonatal Intensive Care Unit      | 402   | 2                        | 1.04                               | 1.9                                 | 0.234,6.976                    |

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 <sup>a</sup> | Predicted No. of LabID Events | SIR   | 95% Confidence Interval |
| 73582  | 7                             | 5.8317785                     | 1.200 | 0.525, 2.374            |

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**

| <b>Hospital Onset CDI LabID Event Data</b> |   |                                      |            |                                |
|--|---|--------------------------------------|------------|--------------------------------|
| <b>No. Patient Days</b>                    | <b>No. of LabID Events <sup>a</sup></b> | <b>Predicted No. of LabID Events</b> | <b>SIR</b> | <b>95% Confidence Interval</b> |
| 66558                                      | 43                                      | 55.187293                            | 0.779      | 0.571, 1.040                   |

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**

| <b>No. of IVAC-plus Events <sup>a</sup></b> | <b>No. Ventilator Days</b> | <b>IVAC-plus Rate per 1000 Ventilator Days<sup>b</sup></b> |
|---|----------------------------|--|
|   |                            |  |
| 16  | 4470                       | 3.579  |

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