East Cooper 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: 01/01/2015 - 06/30/2015

Procedure	Risk Category[a,b,c]	No. of Infections	No. of Specific Procedures Performed[d]	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	14	*
	1	*	6	*
Hip Prosthesis (Replacement)	0	0	50	0.00
	1	0	55	0.00
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	1	104	0.96
	1	0	83	0.00
	2,3	*	6	*
Colon Surgery	0	*	9	*
	1	*	12	*
	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.
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.

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Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 01/01/2015 - 06/30/2015

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	275	3.6
All Adult Inpatient Wards	0	370	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.
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.

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

Facility Wide Inpatient Data Collected: 01/01/2015 - 06/30/2015

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]**
9155	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

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Hospital Profile	
Average Daily Census:	**Lab Capabilities:** **Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**
38	Yes

Infection Control Process		
Number of Infection Control Practitioners:	**Total hours per week performing surveillance:**	**Total hours per week for infection control activities other than surveillance:**
1	10	30