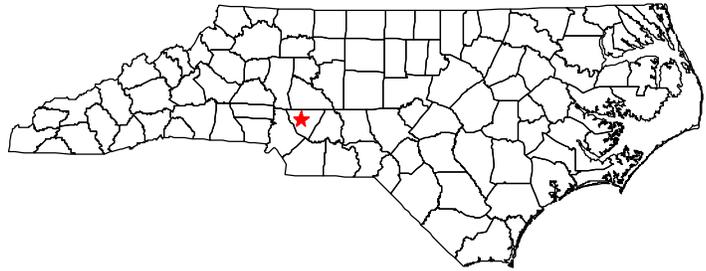


**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 - December 31, 2015**  
**Carolinas Medical Center-Northeast, Concord, Cabarrus County**

**2015 Hospital Survey Information**

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Admissions in 2015: 32,182  
 Patient Days in 2015: 110,704  
 Total Number of Beds: 457  
 Number of ICU Beds: 72  
 FTE\* Infection Preventionists: 3.00  
 Number of FTEs\* per 100 beds: 0.66



\*FTE = Full-time equivalent

**Central Line-Associated Bloodstream Infections (CLABSI)**

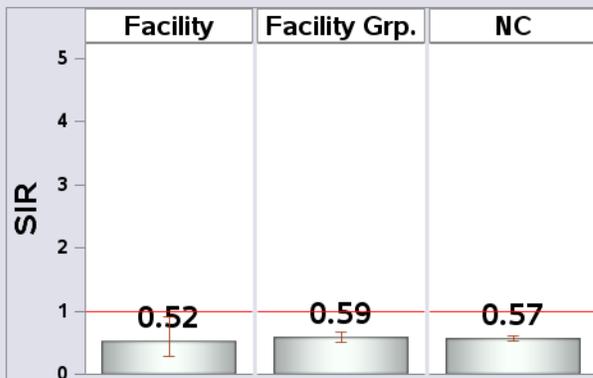


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2015.

Table 1. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2015

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	11	20	Better
Neonatal Units	0	1.5	Same
<b>All reporting units</b>	<b>11</b>	<b>21</b>	<b>Better</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2006-2008.

Note: In 2015, surveillance was expanded to include the reporting of observed infections in adult and pediatric medical, surgical, and medical/surgical wards locations in addition to ongoing ICU reporting

**How Does This Facility Compare to the National Experience?**

★ Better: Fewer infections than predicted by the national baseline experience

**Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)**

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2015

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	6.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2010-2011.

**How Does This Facility Compare to the National Experience?**

= Same: About the same number of infections as predicted by the national baseline experience

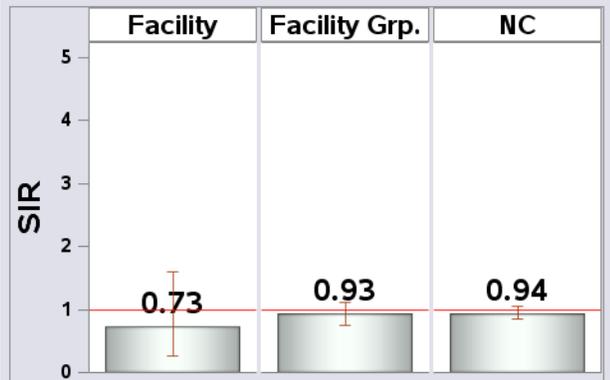


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

**Clostridium difficile Laboratory-Identified Infections (CDI LabID)**

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2015

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	65	75	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2010-2011.

**How Does This Facility Compare to the National Experience?**

= Same: About the same number of infections as predicted by the national baseline experience

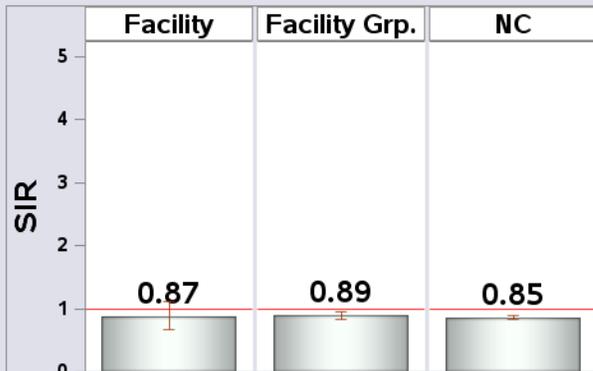


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

**North Carolina Healthcare-Associated Infections Report**  
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**Catheter-Associated Urinary Tract Infections (CAUTI)**

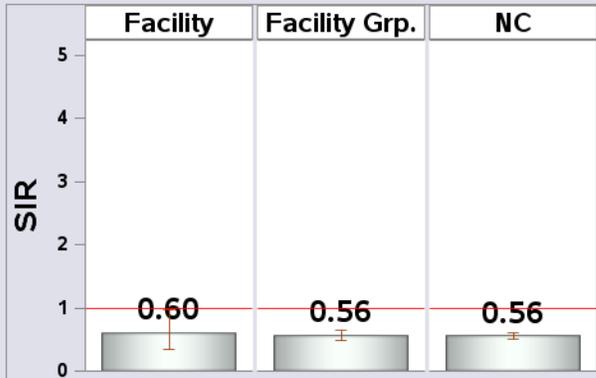


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2015.

Table 4. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2015.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	14	23	<b>Better</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2009.

Note: In 2015, surveillance was expanded to include the reporting of observed infections in adult and pediatric medical, surgical, and medical/surgical wards locations in addition to ongoing ICU reporting

Note: In 2015, CAUTI surveillance was restricted to include only urine cultures with a colony count  $\geq$  100000 CFU/ML for at least one bacteria and to exclude pathogen results with only yeast, mold, dimorphic fungi or parasites

**How Does This Facility Compare to the National Experience?**

★ **Better:** Fewer infections than predicted by the national baseline experience

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2015.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.4	<b>Same</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2006-2008.

**How Does This Facility Compare to the National Experience?**

= **Same:** About the same number of infections as predicted by the national baseline experience

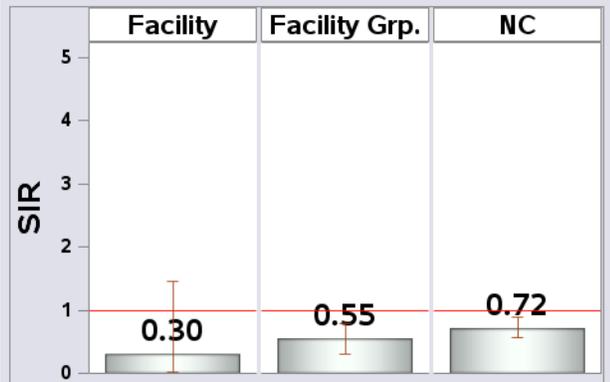


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

**Surgical Site Infections (SSI) after Colon Surgeries**

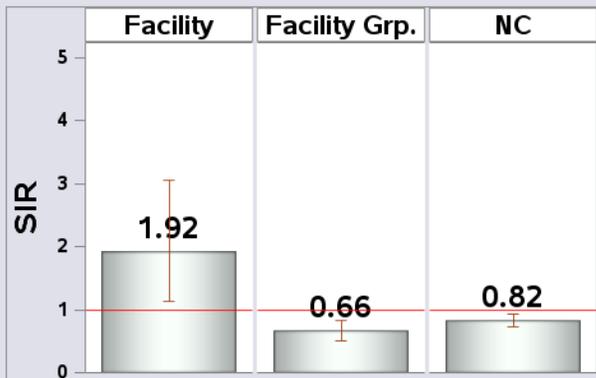


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

Table 6. Number of Observed and Predicted SSI infections (colon surgeries), Jan-Dec 2015.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	16	8.3	<b>Worse</b>

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2006-2008.

**How Does This Facility Compare to the National Experience?**

× **Worse:** More infections than predicted by the national baseline experience

**Commentary From Facility:**

No comments provided.