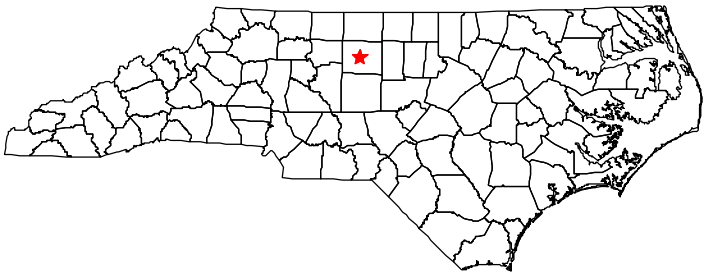
North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2015
Kindred Hospital-Greensboro, Greensboro, Guilford County

2015 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Admissions in 2015:	557
Patient Days in 2015:	19,262
Total Number of Beds:	101
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.99

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

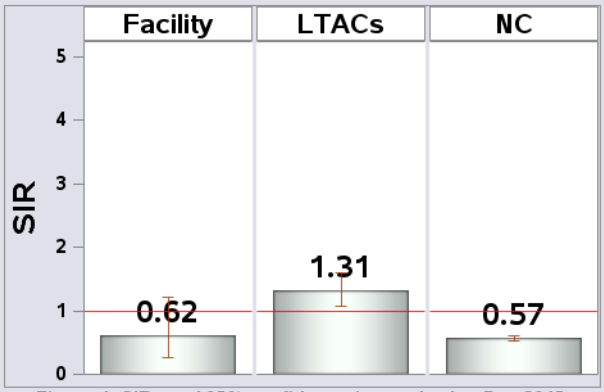


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2015.

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?
All reporting units	7	11	Same

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?

= Same: About the same number of infections as 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.

Long-term Acute Care Facilities began reporting Laboratory identified MRSA in January 2015 but these data are not presented in this report.
This does not mean that these facilities failed to report data, or that the facilities did not report all necessary data;
it only means that the data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Long-term Acute Care Facilities began reporting Laboratory identified CDI in January 2015 but these data are not presented in this report.
This does not mean that these facilities failed to report data, or that the facilities did not report all necessary data;
it only means that the data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

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Catheter-Associated Urinary Tract Infections (CAUTI)

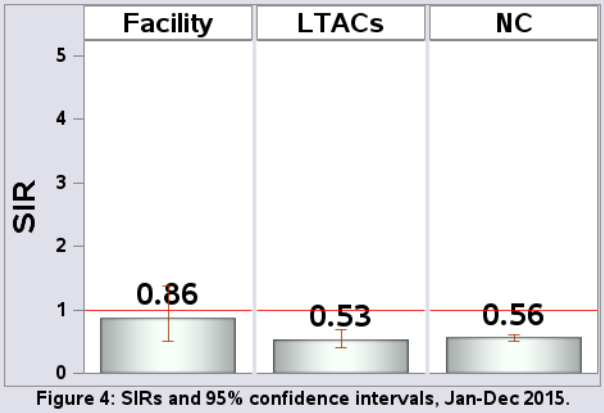

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2015.

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	16	19	Same

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 >= 100000 CFUIML 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?

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Long-Term Acute Care facilities do not report SSIs to the N.C. Division of Public Health.

Commentary From Facility:

No comments provided.