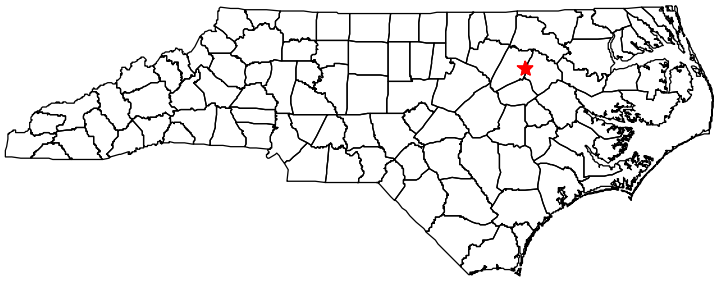
Data from January 1 - December 31, 2015

Nash Health Care Systems, Rocky Mount, Nash County

2015 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	10,569
Patient Days in 2015:	48,766
Total Number of Beds:	212
Number of ICU Beds:	25
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.94

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

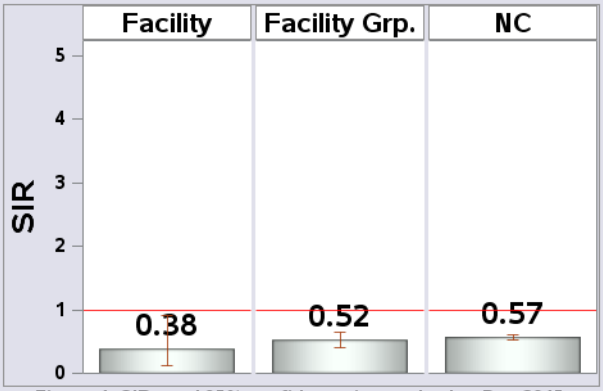


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2015.

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	4	11	Better
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	**4**	**11**	**Better**

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	**6**	**2.2**	**Worse**

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?

✕ Worse: More infections than predicted by the national baseline experience

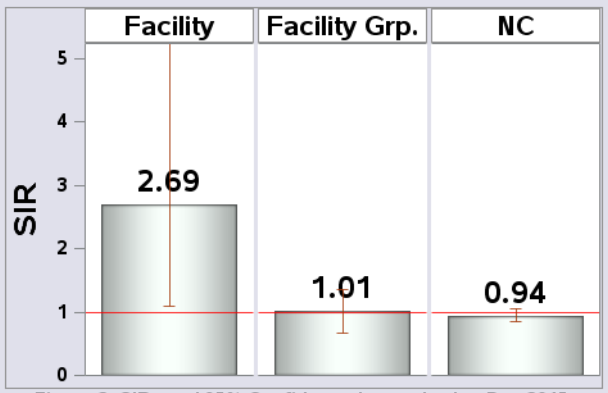


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

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.

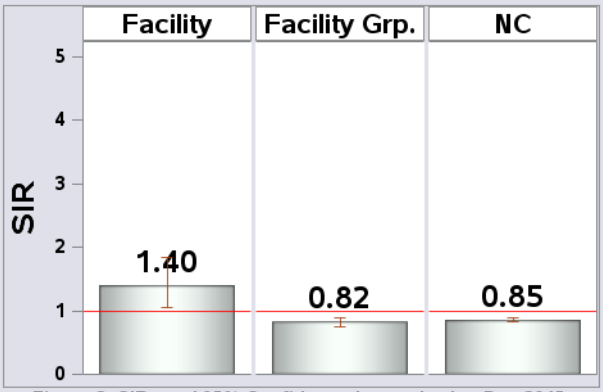


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

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	**48**	**34**	**Worse**

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?

✕ Worse: More infections than predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2015
Nash Health Care Systems, Rocky Mount, Nash County

Catheter-Associated Urinary Tract Infections (CAUTI)

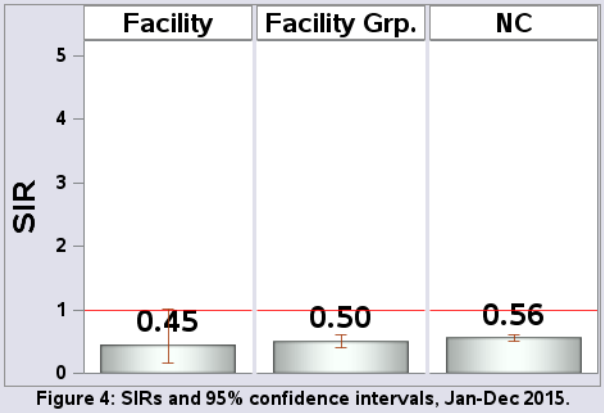


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2015.

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	5	11	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

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	2	Less than 1.0	No Conclusion

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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

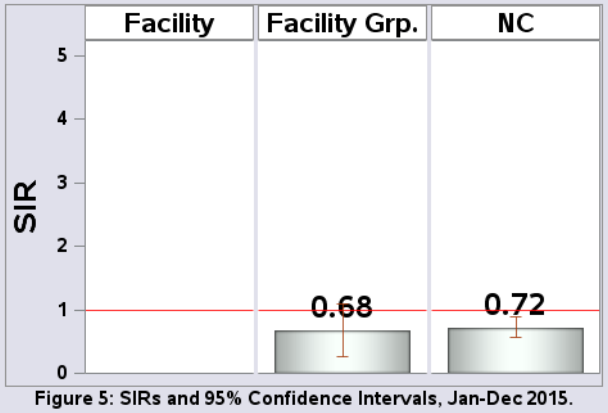


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

Surgical Site Infections (SSI) after Colon Surgeries

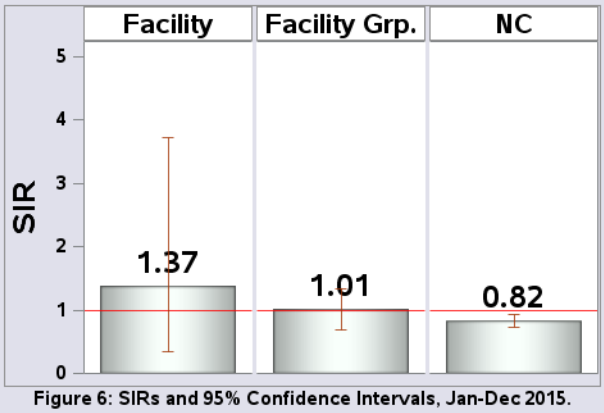


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

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	3	2.2	Same

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

Commentary From Facility: NHCS is actively implementing plans to review and improve processes in the prevention of MRSA bacteremia. NHCS has a Lean project and action plan to further develop on-going strategies to reduce the risks of C. diff transmission