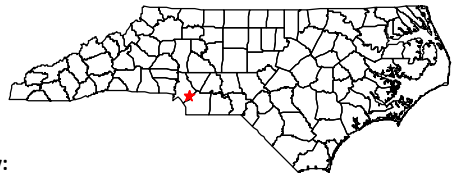
North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30 2016
Novant Health Matthews Medical Center, Matthews, Mecklenburg County

2015 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	10,275
Patient Days in 2015:	45,066
Total Number of Beds:	146
Number of ICU Beds:	18
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.68

[*FTE = Full-time equivalent]



Commentary From Facility:
At Novant Health, the safety of our patients comes first. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "Quality & safety" on NovantHealth.org.

Catheter-Associated Urinary Tract Infections (CAUTI)

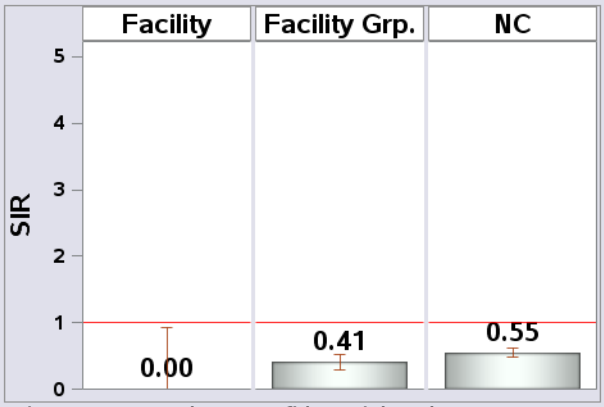


Figure 1: SIRs and 95% confidence intervals, Jan-Jun 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Jun 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	3.2	Better

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.

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-Jun 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

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

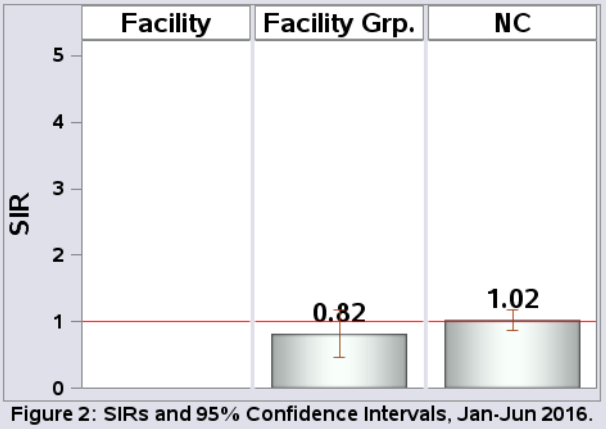


Figure 2: SIRs and 95% Confidence Intervals, Jan-Jun 2016.

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.

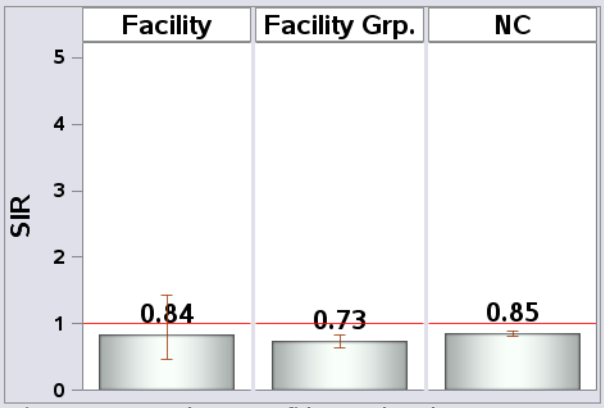


Figure 3: SIRs and 95% Confidence Intervals, Jan-Jun 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Jun 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	14	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

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_may2016_reference.pdf).
Data as of September 06, 2016. Generated: September 21, 2016
N.C. Division of Public Health, SHARPPS Program N.C. HAI 2016 Q2 Report

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Central Line-Associated Bloodstream Infections (CLABSI)

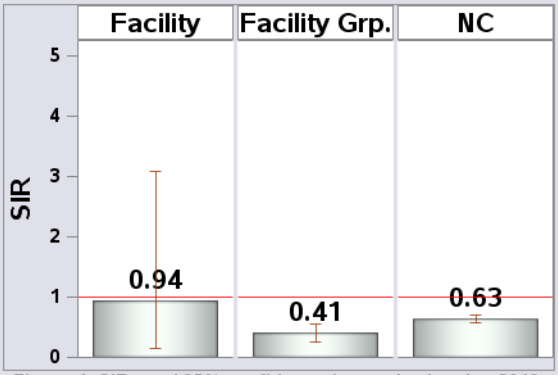

Figure 4: SIRs and 95% confidence intervals, Jan-Jun 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Jun 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	2	2.1	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	**2**	**2.1**	**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.

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-Jun 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	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

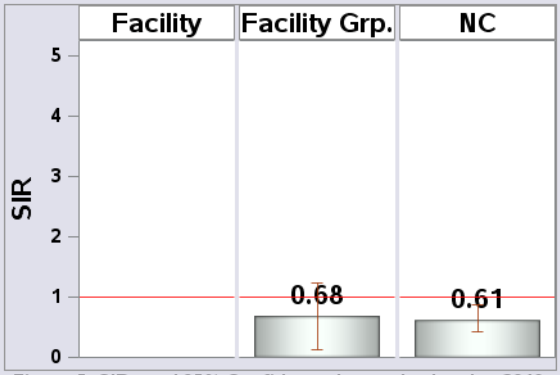

Figure 5: SIRs and 95% Confidence Intervals, Jan-Jun 2016.

Surgical Site Infections (SSI) after Colon Surgeries

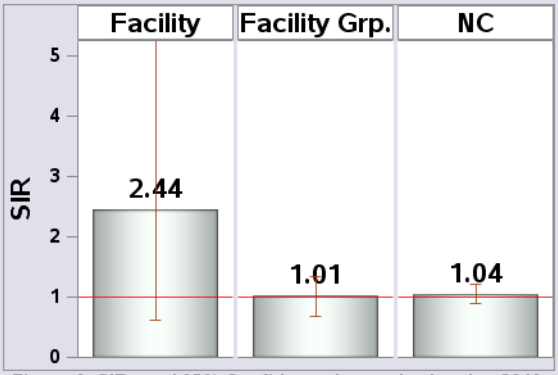

Figure 6: SIRs and 95% Confidence Intervals, Jan-Jun 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Jun 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.2	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

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAE are not reportable at this facility type