

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2016**  
**Women's Hospital, Greensboro, Guilford County**

**2015 Hospital Survey Information**

Hospital Type:	Acute Care Hospital - Women's
Medical Affiliation:	No
Admissions in 2015:	5,556
Patient Days in 2015:	11,883
Total Number of Beds:	134
Number of ICU Beds:	40
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.37

\*FTE = Full-time equivalent



**Commentary From Facility:**

Cone Health is committed to preventing harm from Healthcare Associated Infections across our community. We have dedicated multi-disciplinary teams focused on process improvements to ensure improved outcomes for our patients. If you would like further information, please contact Cone Health Infection Prevention Department. Thank you.

**Catheter-Associated Urinary Tract Infections (CAUTI)**

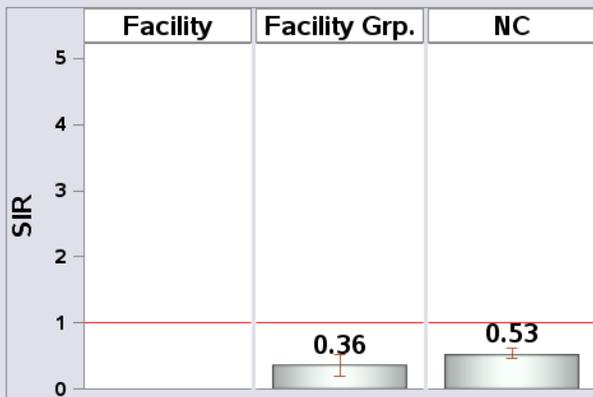


Figure 1: SIRs and 95% confidence intervals, Jan-Mar 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	Less than 1.0	No Conclusion

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?**

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

**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-Mar 2016

Unit Type	Observed Events	Predicted Events	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: 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

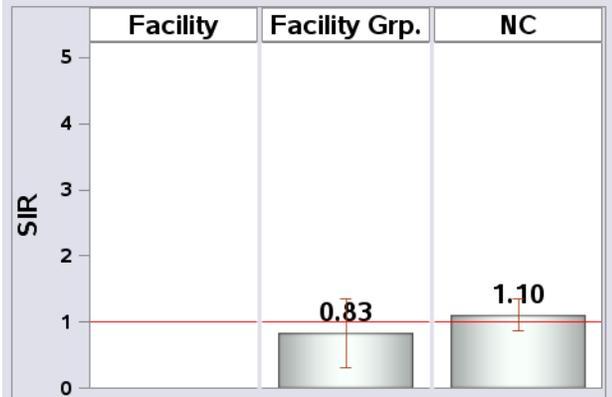


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2016.

**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.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	4.7	Better

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?**

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

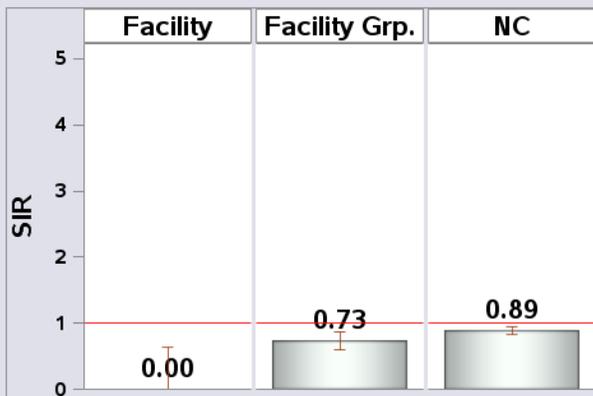


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2016.

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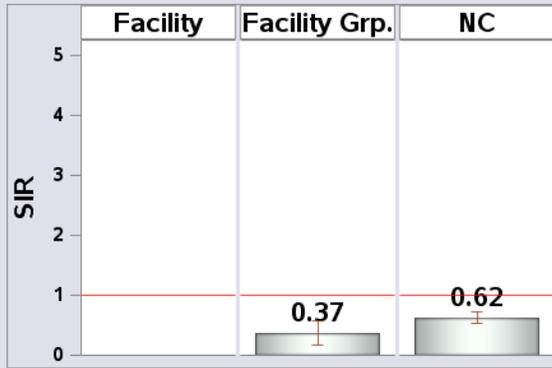
**Central Line-Associated Bloodstream Infections (CLABSI)**

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

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

**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 4: SIRs and 95% confidence intervals, Jan-Mar 2016.**

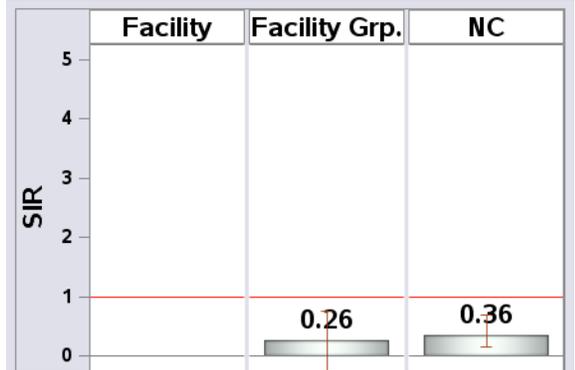
**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

**Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Mar 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-Mar 2016.**

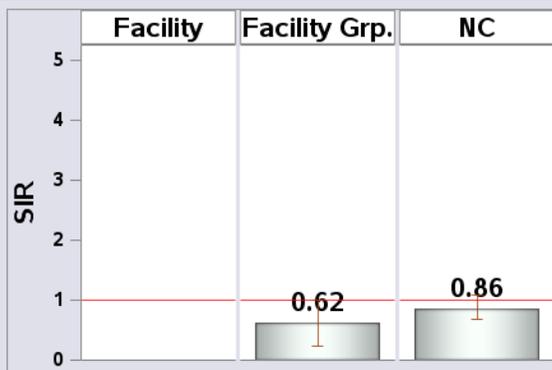
**Surgical Site Infections (SSI) after Colon Surgeries**

**Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 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 6: SIRs and 95% Confidence Intervals, Jan-Mar 2016.**

**Ventilator-Associated Events (VAE)**

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