McLeod Regional Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

Surgical Site Infection (SSI) Standardized Infection Ratio by Procedure

Data Collected: 01/01/2016 - 12/31/2016

Procedure	No. of Specific Procedures Performed[a]	No. of Infections	No. of Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval
Coronary Bypass Graft (Chest and Donor Incision)	278	1	1.97	0.51	0.025, 2.501
Coronary Bypass Graft (Chest Only Incision)	31	0	0.19	*	*
Abdominal Hysterectomy	154	2	1.03	1.94	0.326, 6.415
Hip Prosthesis (Replacement)	317	0	2.22	0.00	, 1.348
Knee Prosthesis (Replacement)	546	2	1.54	1.30	0.218, 4.304
Colon Surgery	288	7	7.62	0.92	0.402, 1.818

a. *= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the SIR and number of infections will be suppressed until more procedures are performed.

McLeod Regional Medical Center

Central Line Associated Blood Stream Infection (CLABSI) Standardized Infection Ratio (SIR)

Data Collected: 01/01/2016 - 12/31/2016

Location[a]	No. of Central Line Days[b,c]	No. of Infections	No. of Predicted Infections	Standardized Infection Ratio	95% Confidence Interval
All Adult Critical Care Units	14208	13	15.899	0.8	0.455,1.363
All Adult Inpatient Wards	13667	9	11.5	0.8	0.382, 1.436
All Pediatric Critical Care Units	285	0	0.37	*	*
All Pediatric Inpatient Wards	64	0	0.06	*	*
Adult Speciality Care	5066	9	5.397	1.7	0.813, 3.060
Neonatal Intensive Care Unit	709	2	1.19	1.7	0.283, 5.569

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units are combined into one SIR; all adult and pediatric inpatient wards are combined into one SIR for this report.
b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.
c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.

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Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2016 - 12/31/2016

Hospital Onset MRSA BSI Standardized Infection Ratio (SIR)				
No. Patient Days	**No. LabID Events[a]**	**Predicted No. of LabID Events**	**SIR**	**95% Confidence Interval**
145711	21	12.293066	1.708	1.086, 2.567

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)

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Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2016 - 12/31/2016

Hospital Onset CDI LabID Event Data				
No. Patient Days	**No. of LabID Events[a]**	**Predicted No. of LabID Events**	**SIR**	**95% Confidence Interval**
131585	75	99.550159	0.753	0.597, 0.939

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)

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Ventilator Associated Events(VAE) Data

Data Collected: 01/01/2016 - 12/31/2016

No. of IVAC-plus Events[a]	No. Ventilator Days	Predicted No. of IVAC-plus Events	SIR	95% Confidence Interval
37	7997	26.918830064	1.375	0.982, 1.875

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions