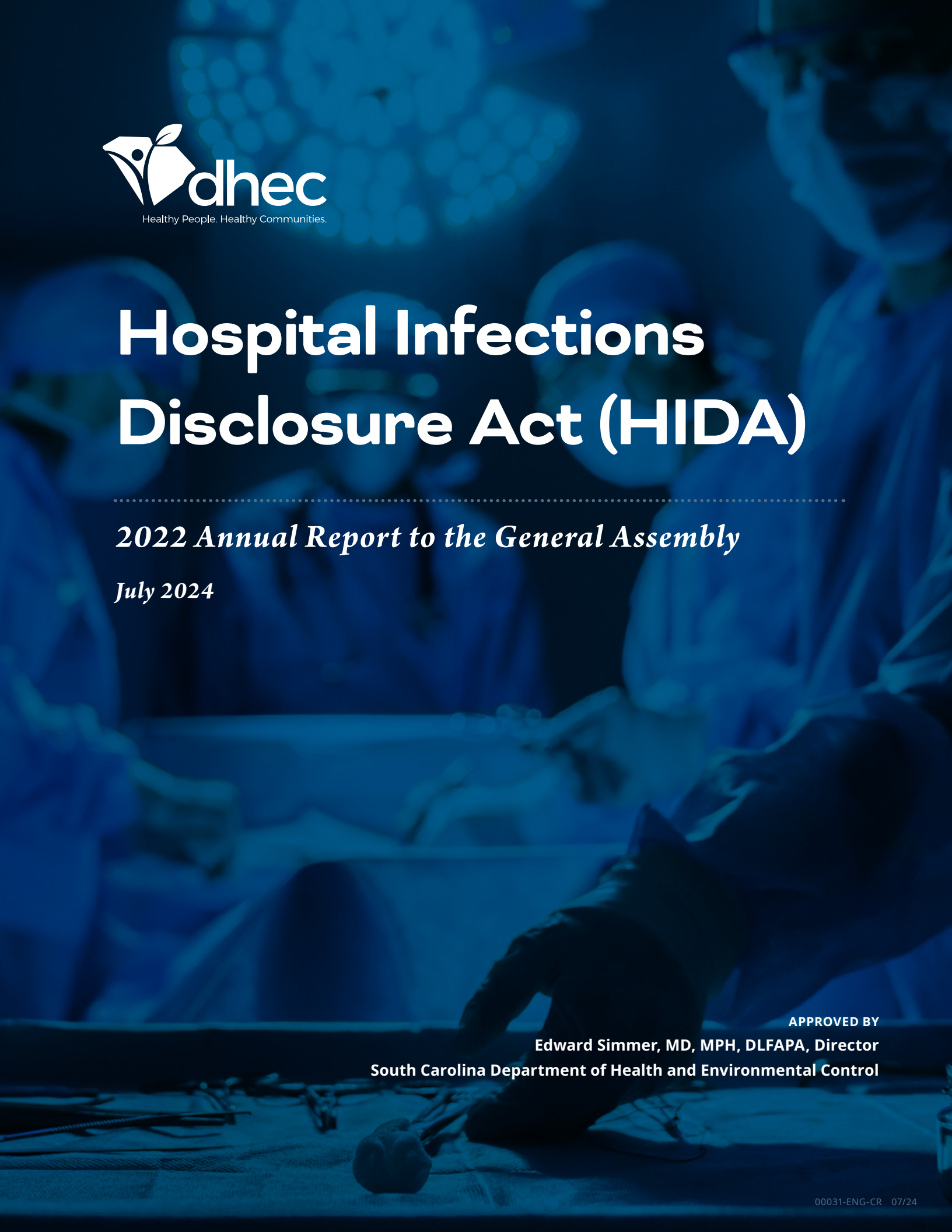


dhec
Healthy People. Healthy Communities.

Hospital Infections Disclosure Act (HIDA)

2022 Annual Report to the General Assembly

July 2024

APPROVED BY
Edward Simmer, MD, MPH, DLFAPA, Director
South Carolina Department of Health and Environmental Control

00031-ENG-CR 07/24

Foreword

The South Carolina Department of Health and Environmental Control (DHEC) submits the 2022 Annual Report, which reflects the progress of implementing the South Carolina Hospital Infections Disclosure Act (HIDA). This document is submitted in compliance with S.C. Code Section 44-7-2440.

DHEC gratefully acknowledges that the progress achieved through HIDA is possible because of the combined efforts of hospital infection preventionists across the state, health care facilities, the HIDA Advisory Committee, and DHEC staff members.

For more information, please contact the DHEC Division of Acute Disease Epidemiology:

Autumn Avila, MPH
Epidemiologist I
Healthcare-Associated Infections
Division of Acute Disease Epidemiology
(839) 223-1198
avilaam@dhec.sc.gov

Abdoulaye Diedhiou, MD, PhD
Director
Division of Acute Disease Epidemiology
(803) 898-0933
diedhia@dhec.sc.gov

Contents

Abbreviations

ACH ..... Acute care hospital

AR..... Admission/re-admission

BSI..... Blood stream infection

CAH..... Critical access hospital

CAUTI ..... Catheter-associated urinary tract infection

CBGB..... Coronary artery bypass graft (chest and donor site incisions)

CBGC..... Coronary artery bypass graft (chest incision only)

CCU ..... Critical care unit (used interchangeably with intensive care unit)

CDC ..... Centers for Disease Control and Prevention

CDI ..... Clostridioides dificile infection

CLABSI..... Central line-associated bloodstream infection

CMS..... Centers for Medicare and Medicaid Services

CO ..... Community-onset

COLO ..... Colon surgery

COVID-19 .... Coronavirus Disease 2019

DHHS ..... U. S. Department of Health and Human Services

HAI..... Healthcare-associated infection

HIDA ..... Hospital Infections Disclosure Act

HO..... Hospital-onset

HPRO ..... Hip arthroplasty (hip replacement)

HYST ..... Abdominal hysterectomy

IP ..... Infection Preventionist

ICU ..... Intensive care unit (used interchangeably with critical care unit)

IRF..... Inpatient rehabilitation facility

IVAC ..... Infection-related ventilator-associated complication

KPRO..... Knee arthroplasty (knee replacement)

LTACH ..... Long-term acute care hospital

MRSA ..... Methicillin-resistant Staphylococcus aureus

MSSA ..... Methicillin-susceptible Staphylococcus aureus

NHSN..... National Healthcare Safety Network

NICU ..... Neonatal intensive care unit

PPE..... Personal protective equipment

SSI..... Surgical site infection

SIR..... Standardized infection ratio

VAE..... Ventilator-associated events

List of Tables and Figures

List of Tables

List of Figures

Executive Summary

Healthcare-associated infections (HAIs) are infections that are acquired in health care settings or as a result of medical procedures. In an effort to reduce HAIs, to protect the health of patients, and to promote transparency in health care across South Carolina, DHEC, with the support of an advisory committee, has enforced HAI reporting as mandated by the Hospital Infections Disclosure Act (HIDA) since 2006. This law requires the reporting of HAI data from acute care hospitals (ACH), critical access hospitals (CAH), long-term acute care hospitals (LTACH) and inpatient rehabilitation facilities (IRF) to the public.

HAI monitoring plays a critical role in promoting steps health care facilities can take to prevent infections and improve patient safety.

The 2022 HIDA Annual Report contains data from Jan. 1, 2022, through Dec. 31, 2022, for the following infections:

1. Central line-associated blood stream infections (CLABSI) for the following inpatient locations:
    - ACH Adult and Pediatric Critical Care Locations
    - ACH Adult and Pediatric Ward Locations
    - ACH Adult and Pediatric Specialty Care Areas
    - ACH Neonatal Critical Care Unit (NICU) Levels II/III, III and IV Locations
    - LTACH Care Locations
    - LTACH Ward Locations
    - IRF Adult and Pediatric Ward Locations
2. Laboratory-identified (LabID) Events in facility-wide locations in ACHs, LTACHs and IRFs for:
    - Methicillin-resistant *Staphylococcus aureus* (MRSA) blood stream infections (BSI)
    - *Clostridioides difficile* infections (CDI)
3. Procedure-level and Surgical Site infections (SSI) for the following procedure types:
    - Abdominal hysterectomy (HYST)
    - Colon surgeries (COLO)
    - Coronary artery bypass grafts, chest, and donor incisions (CBGB)
    - Coronary artery bypass grafts, chest incision only (CBGC)
    - Hip replacements (HPRO)
    - Knee replacements (KPRO)

This report compiles data entered from 82 South Carolina hospitals for infections that occurred from Jan. 1, 2022, through Dec. 31, 2022. Data were summarized using the standardized infection ratio (SIR), a measure calculated by dividing the total number of observed HAIs for a specific category by the total number of predicted HAIs, based on benchmarks developed by the Centers for Disease Control and Prevention (CDC). The SIR adjusts for various facility and/or patient level factors that contribute to the risk for HAIs.

In this report, South Carolina's SIR is presented for CLABSI, SSI, MRSA LabID, and CDI LabID Events, and is compared to the U.S. Department of Health and Human Services (DHHS) Healthy People national prevention targets for ACHs, seen in Table 1. While the Healthy People 2020 initiative targeted CLABSI,

SSI, CDI, and MRSA, the recently published Healthy People 2030 targets have a refined focus on prevention of CDI and MRSA.[1] The new objectives prioritize addressing emerging health concerns, promoting equity in health care, and achieving national health goals.

The Healthy People 2020 target for CLABSIs is a 50% reduction compared to the national baseline, which equates to an SIR of 0.50 and for SSIs, the target is a 30% reduction compared to the national baseline, or a target SIR of 0.70. MRSA LabID and CDI LabID Events are compared to newly published Healthy People 2030 targets for ACHs. In reference to LabID Events, the 2030 target SIR for MRSA is 0.50, which is a 50% reduction from the national baseline and the target for the CDI SIR is a 30% reduction compared to the national baseline, which equates to an SIR of 0.70.

South Carolina has made strides since 2015 to reach the Healthy People targets for all reportable CLABSI, SSI, MRSA and CDI events, but more work needs to be done to prevent HAIs. With SIRs being below one (1.0), South Carolina performed better than predicted regarding CLABSI, SSI, and CDI events in 2022, indicating that there were fewer observed events than predicted events. However, the MRSA SIR for 2022 remained above one, indicating that there were more observed events than predicted events. South Carolina's overall SSI SIR in 2022 was 0.87, which failed to achieve the Healthy People 2020 target of an SSI SIR below 0.70.

The CLABSI SIRs for ACHs (0.81), IRFs (0.19), and LTACHs (0.81) performed better than predicted with SIRs below one (1.0); however, unlike IRFs, ACHs and LTACHs did not meet the 2020 target of a CLABSI SIR less than 0.50. The CLABSI SIR for CAHs could not be calculated due to the number of predicted events being less than one (1.0). For MRSA SIRs, LTACHs and IRFs achieved the 2030 target of 0.50, with a SIR of 0.25 and 0.32, respectively. In contrast, ACHs failed to meet the target with MRSA SIRs of 1.08. The MRSA SIR for CAHs could not be determined because there was less than one predicted event. For CDI SIRs, ACHs (0.38), CAHs (0.71), IRFs (0.47), and LTACHs (0.27) in South Carolina performed better than expected (SIRs <1) and only CAHs failed to achieve the 2030 target of 0.70.

Table 1. National SIR Reduction Targets for 2020 and 2030

Measure	2020 Target Reduction / Target SIR	2030 Target Reduction / Target SIR
CLABSI	50% /.50	Removed
SSI	30% /.70	Removed
Hospital-onset CDI	30% /.70	30% /.70
Hospital-onset MRSA	50% /.50	50% /.50

Introduction

Healthcare-associated infections (HAIs) are a serious public health concern. Daily, infections acquired in hospitals affect 1 in 31 patients, with some of these patients being infected with multiple pathogens.[3] HAIs pose a great financial burden, costing health care facilities at least $28.4 billion each year and $12.4 billion to society from early deaths and lost productivity.[4]

Increased public awareness and understanding that HAIs are preventable has prompted consumers and policy makers to act. In 2006, South Carolina lawmakers passed the Hospital Infections Disclosure Act (HIDA) with the goal of providing fair, accurate, and comparable information about hospital infections to consumers. HIDA has contributed to HAI prevention in South Carolina by allowing progress to be measured over time.

With the passing of HIDA, DHEC established an advisory panel that focuses on evaluating and providing recommendations for the reporting and surveillance activities of HAIs within the state. The panel is composed of health care consumer advocates, infection preventionists, hospital leaders, infectious disease physicians, health care quality improvement organizations, and DHEC representatives. A current list of HIDA Advisory Committee members is available in **Appendix A.**

Using the CDC's National Healthcare Safety Network (NHSN) HAI surveillance definitions, the advisory panel recommends that all acute care, critical access, long-term acute care, and inpatient rehabilitation hospitals licensed by DHEC report HAI data based on facility type and as presented in Table 2, below. HIDA allows for some flexibility in reporting requirements on the recommendation of the HIDA Advisory Committee. Catheter-Associated Urinary Tract events (CAUTI) and Ventilator-associated events (VAE), including pediatric VAE (PedVAE), are reportable to DHEC; however, the HIDA Advisory Committee decided not to include these events in the annual HIDA report. This decision was based on three principal factors:

1) NHSN's definition for Infection-related Ventilator-Associated Complications (IVAC) Plus events penalize facilities for changing the antibiotic of a patient on a ventilator that has negative implications for antimicrobial stewardship;

2) there is not a sufficient tool available for the external validation of VAE; and

3) Centers for Medicare and Medicaid Services (CMS) has not released plans to require VAE reporting as previously expected. Nonetheless, having facilities report VAE and PedVAE provides DHEC with the means to assist facilities in internal performance improvement efforts when requested. The **HIDA Statute** is available on the DHEC website.

Table 2. Required Data Elements for HIDA, by Facility Type

HAI Type	ACH	LTAC	IRF
CAUTI	Adult and pediatric intensive care units (ICUs), general wards and specialty care areas	Adult and pediatric ICUs and general wards	Adult and pediatric rehabilitation wards
CLABSI	Neonatal intensive care units (NICUs); adult and pediatric intensive care units (ICUs), general wards and specialty care areas	Adult and pediatric ICUs and general wards	Adult and pediatric rehabilitation wards
MRSA Bacteremia LabID Events	Facility-wide inpatient locations, including emergency departments and 24-hr observation locations	Facility-wide inpatient locations	Facility-wide inpatient locations
CDI LabID Events	Facility-wide inpatient locations, including emergency departments and 24-hr observation locations	Facility-wide inpatient locations	Facility-wide inpatient locations
SSI	Procedure-level and SSI data for abdominal hysterectomy, colon, coronary artery bypass grafts (chest/donor sites and chest only), hip prosthesis and knee prosthesis procedures	N/A	N/A
PedVAE	Pediatric ICUs and wards	Pediatric ICUs and wards	Pediatric rehabilitation wards with ventilators
VAE	Adult ICUs and wards	Adult ICUs and wards	Adult rehabilitation wards with ventilators

Note. Abbreviations used in table include ACH: Acute care hospital; CAUTI: Catheter-Associated Urinary Tract Infection; CDI: *Clostridioides difficile infection*; CLABSI: Central line-associated blood stream infection; HAI: Healthcare-associated infection; ICU: Intensive care unit (used interchangeably with critical care unit); IRF: Inpatient rehabilitation facility; LabID: Laboratory-identified; LTAC: Long-term acute care hospital; MRSA: Methicillin-resistant *Staphylococcus aureus*; PedVAE: Pediatric ventilator-associated events; SSI: Surgical site infection; VAE: Ventilator-associated events.

The HIDA Annual Report contains data from the most recent calendar year for which facilities have validated their data, including facility-specific HAI reports. All reports are made available to the public on DHEC's HIDA Public Reports webpage. The public availability of reports assists consumers in making informed choices about their own health care and motivates facilities to reduce their infection rates.

Nationally, it has been estimated that roughly 687,000 HAIs occurred in 2015, resulting in 72,000 patient deaths.[3] This is a decrease from the 2011 data, which approximated 722,000 HAIs and 75,000 deaths.[5] Additionally, from 2011 to 2015, the HAI prevalence in hospitalized patients dropped approximately 16%, with 3.2% of patients having more than one HAI compared to 4.0% in 2011.[6] This demonstrated improvement and commitment to patient safety and forecasted more improvements to come with HAIs.

Despite the COVID-19 pandemic limiting HAI improvement efforts nationally, the calendar year 2022 showed national progress in HAI improvement throughout ACHs. Compared to 2021 data, CLABSI (9%), CAUTI (12%), VAE (19%), MRSA BSI (16%) and CDI (3%) all experienced decreases, while SSIs, specifically HYST and COLO, had no significant changes. Only CDI experienced a decrease within IRFs, while the other listed event types had no significant change. LTACHs reported no significant change for all listed event types.[7]

Figure 1. Quarterly SIR Changes in South Carolina Acute Care Hospitals, 2019 Q1 through 2022 Q4

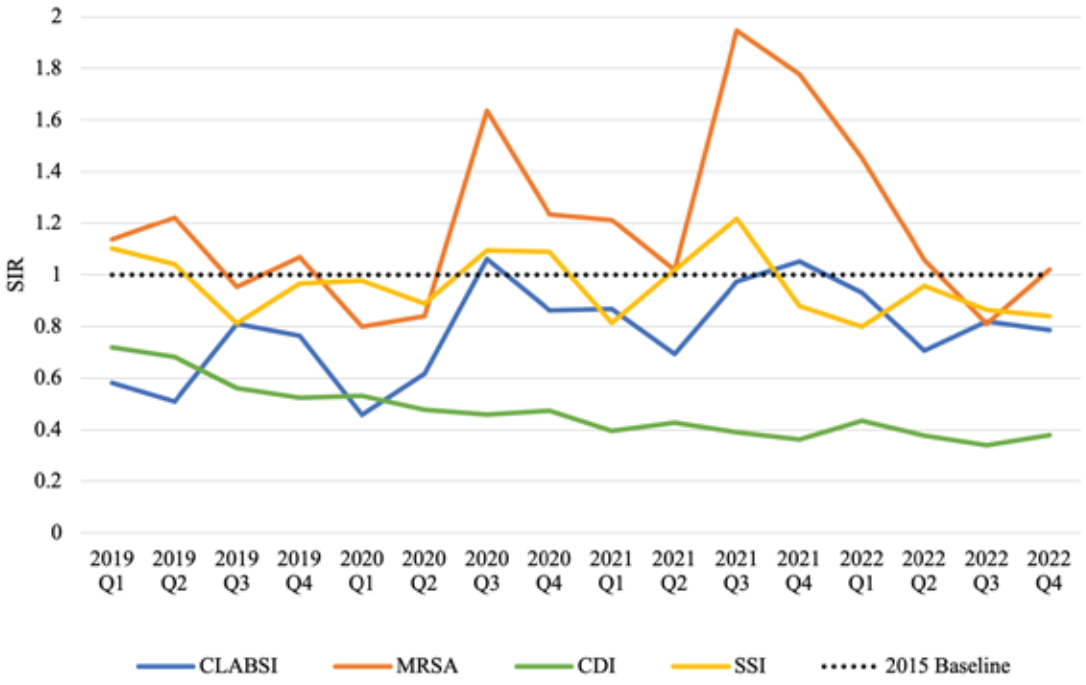


Figure 1 depicts SC ACHs quarterly SIR changes for select HAI types, 2019 Q1 through 2022 Q4. South Carolina experienced spikes in MRSA and CLABSI SIRs in 2020 Q3 and 2021 Q3, likely attributed to the COVID-19 pandemic. These trends were observed in national SIR data over the same period.[8] Fluctuations are seen among the quarterly HAI SIRs, with notable decreases beginning in 2021 Q4. In 2022 Q3, CLABSI, MRSA, CDI, and SSI were all below the 2015 national baseline.

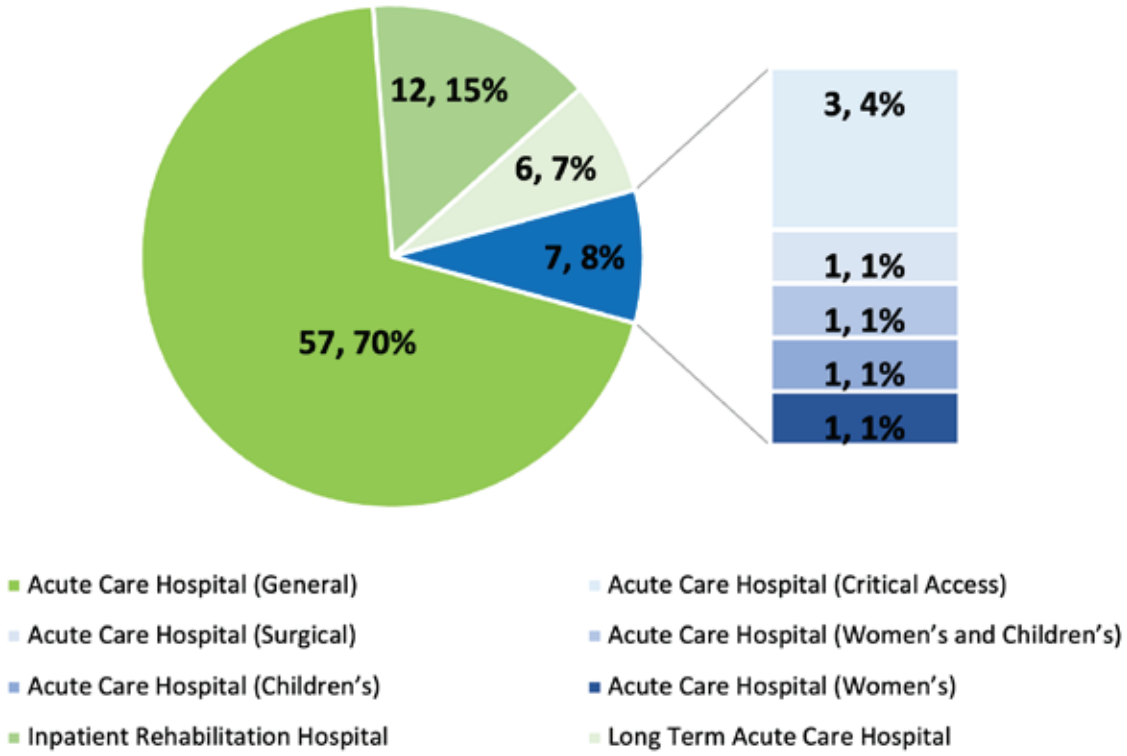
Methods

This report contains data entered from 82 South Carolina hospitals. It includes information regarding infections that occurred from Jan. 1, 2022, through Dec. 31, 2022.

Reporting Facility Information

Eighty-two hospitals of varying types were required to report HAI data to DHEC via NHSN in 2022. Reporting facilities were comprised of 57 general hospitals, 12 inpatient rehabilitation hospitals (IRFs), six long-term acute care hospitals (LTACHs), three critical access hospitals (CAHs), one women's hospital, one children's hospital, one women and children's hospital and one surgical hospital (see Figure 2).

Figure 2. Summary of HIDA Reporting Hospital Types - 2022



National Healthcare Safety Network (NHSN)

All data are reported through the NHSN database, which is a secure, internet-based surveillance system that is maintained by the Division of Healthcare Quality Promotion (DHQP) at the CDC. To fulfill HIDA reporting requirements for the 2022 reporting period, the 82 South Carolina health care facilities granted DHEC access to their data through NHSN. Hospitals must follow NHSN reporting definitions and procedures for all reportable HAIs. In addition to HIDA reporting, South

Carolina health care facilities also report their data to NHSN to fulfill the requirements of the CMS Hospital Inpatient Quality Reporting Program. The data are posted for public reporting on the DHHS Care Compare. It is important to note that the data presented on the CMS Hospital Compare webpage may differ from South Carolina HIDA data reports as the reporting requirements and data submission deadlines are different for CMS as compared to HIDA.

Data Quality Assurance

Reporting hospitals must ensure that their data are consistently and accurately reported as required by NHSN. To ensure data are reported correctly, DHEC has implemented regular data checks to identify any data quality and completeness issues. Once data checks are completed, DHEC alerts facilities of possible incomplete or incorrect data entries. Prior to publication of the HIDA data, facilities are provided with the opportunity to review and correct reporting lapses and/or discrepancies in the data they have submitted to NHSN for the report time period. NHSN users can create reports of "missing" or "incomplete" data that require correction. This NHSN flagging capability allows users to resolve their data issues before data are submitted per HIDA and CMS reporting requirements.

Annually, prior to the publication of the HIDA annual report, DHEC provides each facility with preliminary reports showing the number of data records that were downloaded from NHSN for the given reporting period. Facilities are given a month to review their facility-specific preliminary reports and to make changes within NHSN as needed. All reporting facilities are expected to sign a standard attestation letter stating the data they submitted are complete and accurate. The letter must be submitted to DHEC prior to the publication of the HIDA annual reports. An example of the letter can be found in Appendix B.

2022 HIDA Reporting Schedule And Data Deadlines

DHEC publishes data from NHSN twice annually, once for the HIDA Healthcare Personnel Influenza Vaccination Report (providing facility-specific data on health care personnel vaccination for the previous influenza season) and once for the HIDA annual report (providing HAI data for the full calendar year). Reports are published on the DHEC HAI webpage and can be viewed at HIDA Public Reports.

Standardized Infection Ratio And 95% Confidence Interval Calculations

The standardized infection ratio (SIR) is a summary measure to track HAIs at a national, state, or local level over time. The SIR adjusts for various facility and/or patient level factors that contribute to HAI risk within each facility.[9] This metric serves as an indirect standardization method of summarizing the HAI experience across many stratified groups of data (e.g., health care facilities or unit types). The SIR is used to compare the incidence of HAIs in South Carolina hospitals to national HAI data, adjusting for several risk factors with a significant association to the incidence

of infections.[10] In this annual report, the SIR metric will be presented for CLABSI, SSI, MRSA LabID Event and CDI LabID Event data. The SIR is calculated by dividing the total number of observed HAIs for a specific category by the total number of predicted HAIs based on national benchmark data.

$$SIR = \frac{\text{Observed Infections}}{\text{Predicted Infections}}$$

To maintain statistical precision, SIRs are not calculated when the number of predicted infections is less than 1.0.

Interpreting the SIR:

- SIR is equal to 1: the observed number of infections is equal to the predicted number of infections.
- SIR is greater than 1: more infections were observed than predicted.
- SIR is less than 1: fewer infections were observed than predicted.

Each SIR has a calculated 95% confidence interval (CI), which is a statistical range to judge the significance of the SIR. If an SIR falls within the range of the CI, then it signifies the "true" SIR with 95% confidence. The 95% CI is not calculated if the predicted number of infections is ≥1 and the observed infections is 0. If the SIR's 95% CI includes the value of 1, then the observed number of infections is not significantly different from the number of predicted infections. However, the opposite is true if the SIR's 95% CI does not include the value of 1, meaning the observed number of infections is significantly different from the predicted number of infections.

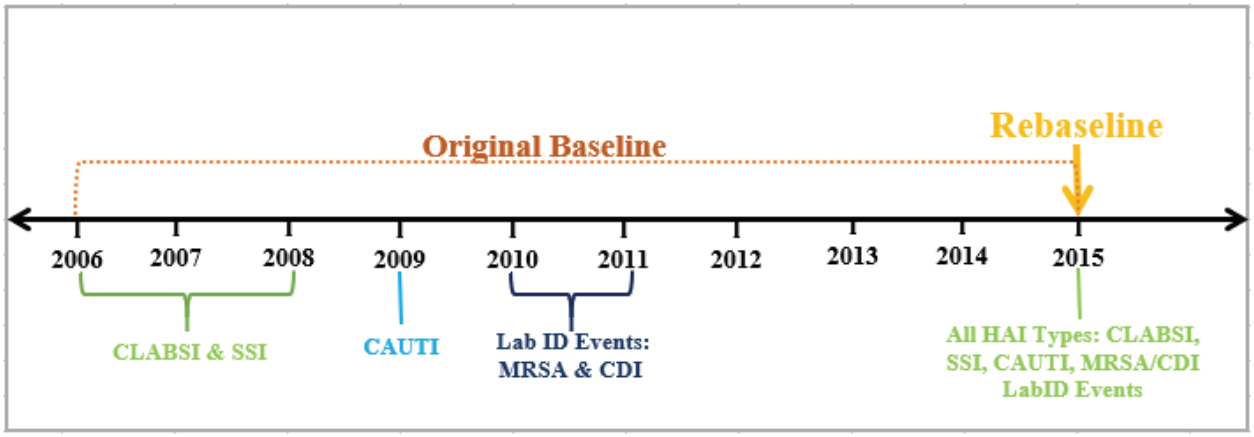
The 95% CI allows for comparison of the state's HAI SIRs over time for internal benchmarking, as well as for benchmarking against other state's SIRs and the national SIR. When the 95% confidence intervals overlap, it means no statistically significant difference in the SIRs. However, there is a statically significant difference (higher or lower) when the 95% conference intervals do not overlap.

Re-Baseline of SIR (2015)

"Re-baseline" is a term that the CDC's National Healthcare Safety Network (NHSN) uses to describe updates to the original HAI baseline calculations. The 2015 re-baseline updated the source of collective data from across the country, as well as the risk adjustment methodology used to create the original baselines. Data for all HAI types were simultaneously re-baselined in 2015, as presented in Figure 3. However, this report will not include catheter-associated urinary tract infection (CAUTI) data.

Risk adjustment refers to the process used to account for differences in characteristics that may impact the number of infections reported by a hospital. For example, a hospital that treats a large number of cancer patients may have a higher number of infections than a hospital without an oncology unit because patients undergoing cancer treatment are at higher risk for certain infections. When the data are risk-adjusted, comparisons between different hospitals can be made. In this report, the SIRs are adjusted for risk factors such as the type of patient care location, bed size of the hospital, patient age, and several other factors.[11] For this report, South Carolina hospital data will be compared to the 2015 National Baseline as a means for monitoring progress over time.

Figure 3. Data Collected for 2015 Re-baseline.



Central Line Associated Blood Stream Infections (CLABSI)

Calculating CLABSI SIRs

The CLABSI SIR is calculated by dividing the total number of observed CLABSI occurrences by the total number of predicted CLABSI occurrences based on 2015 collective data from across the country. To calculate the number of predicted CLABSI, a negative binomial regression model is used. This negative binomial regression model uses the 2015 national HAI aggregate data and is adjusted for each facility using variables found to be significant predictors of HAI incidence. The National Healthcare Safety Network (NHSN) calculates the predicted events for facilities. More information on calculating predicted events can be found in The NHSN Standardized Infection Ratio (SIR) Guide.

How to calculate a CLABSI SIR for a particular unit type:

Location Type	Number of CLABSIs (Observed)	Number of CLABSIs (Predicted)	Number of Central Line Days (Observed)	CLABSI Rate (National Baseline Data)
Medical Cardiac Unit	2	1.156	578	2 per 1,000 central line days

Calculating the SIR for the Medical Cardiac Unit:

$$\text{SIR} = \frac{\text{(Observed CLABSI)}}{\text{(Predicted CLABSI)}}$$

$$\text{SIR} = \frac{2}{1.156}$$

$$\text{SIR} = 1.7$$

CLABSI data from multiple locations can be combined into a single SIR by summing the total number of observed CLABSI, and then dividing that number by the total number of predicted CLABSI for those locations.

CLABSI Results

Table 3 presents CLABSI SIRs reported in South Carolina during 2022. Per the HIDA law, CLABSI SIRs are reported for the following location types: adult and pediatric critical care, neonatal critical care, adult and pediatric wards, step down units, and adult and pediatric specialty care areas. An asterisk (*) indicates that a SIR or 95% Confidence Interval could not be calculated due to a

very low number of infections. The overall CLABSI SIR in South Carolina is less than one (1.0). This indicates that South Carolina experienced significantly lower CLABSI compared to the number of CLABSI infections predicted for 2022. However, South Carolina is still above the SIR national target of 0.5.

The CLASBI SIRs for South Carolina's acute care hospitals (ACHs) are significantly better than the national rate for neonatal intensive care units, inpatient wards, oncology wards, and all combined location types. ACHs performed similarly to the national rate for critical care units, specialty care units, step down units, and rehabilitation wards. The SIR for oncology step down units could not be calculated because of the low number of CLABSI infections observed.

Table 3. Central Line-Associated Bloodstream Infections (CLABSI) Standardized Infection Ratios (SIR) in Acute Care Hospitals by Location – 2022

Location	Central Line Days	Observed CLABSI	Expected CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Care Units	130,684	138	140.54	0.98	0.828, 1.156	*Not Different*
Neonatal Intensive Care Unit	15,525	8	22.83	0.35	0.163, 0.665	★ Better
Specialty Care Units	4,130	2	4.38	0.46	0.077, 1.509	*Not Different*
Step Down Units	34,831	25	31.82	0.79	0.520, 1.143	*Not Different*
Oncology Step Down Unit	632	2	< 1.0	*	*	**No Conclusion**
Inpatient Wards	158,523	107	138.19	0.77	0.638, 0.932	★ Better
Oncology Ward	33,958	16	40.09	0.40	0.236, 0.634	★ Better
Rehabilitation Ward*	4,686	1	2.70	0.37	0.019, 1.829	*Not Different*
All Location Types	386,796	313	384.58	0.81	0.727, 0.908	★ Better

*Rehabilitation Ward not included in 'All Location Types'.

CLASBI SIRs for critical access, long-term acute care, and inpatient rehabilitation hospitals are presented in Table 4, below. The CLABSI SIRs for critical access hospital locations could not be calculated due to the low number of observed infections. All locations for inpatient rehabilitation hospitals (IRFs) performed better than the national CLABSI SIR baseline, reflecting an SIR of 0.25. Critical care units and inpatient wards at long-term acute care hospitals (LTACHs) performed no different than the national CLABSI SIR baseline.

Table 4. Central Line-Associated Bloodstream Infections (CLABSI) Standardized Infection Ratios (SIR) in Critical Access, Long-term Acute Care and Inpatient Rehabilitation Hospitals by Location - 2022

Facility Type	Location	Central Line Days	Observed CLABSI	Expected CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Access	Critical Care Units	114	0	< 1.0	*	*	**No Conclusion**
	Inpatient Wards	797	0	< 1.0	*	*	**No Conclusion**
	All Location Types	911	0	< 1.0	*	*	**No Conclusion**
Inpatient Rehabilitation	All Location Types	14,754	2	7.99	0.25	0.042, 0.827	★ **Better**
Long-term Acute Care	Critical Care Unit	2,615	3	6.15	0.49	0.124, 1.328	*Not Different*
	Inpatient Ward	22,358	21	23.61	0.89	0.565, 1.336	*Not Different*

CLABSI Microorganism Data

Figure 4 presents the microorganisms that were identified for all reported CLABSIs in ACHs, excluding neonatal intensive care units (NICUs), via their microorganism grouping. In 2022, Enterobacterales represented approximately 24.32% of the total isolates reported for CLABSI in acute care hospitals, excluding neonatal intensive care units. Staphylococci, Yeasts, and Enterococci were the second, third, and fourth most common organisms detected, comprising 23.22%, 22.68%, and 17.49%, respectively. Other isolates reported for CLABSIs in ACHs, excluding neonatal intensive care units, included, Streptococci (3.55%), Other Gram-Negative Organisms (4.64%), Other Gram-Positive Organisms (3.28%), and Other Anaerobic Organisms (0.82%).

Figure 4. Identified Microorganisms for All Reporting Central-Line Associated Bloodstream Infections (CLABSI) in Acute Care Hospitals

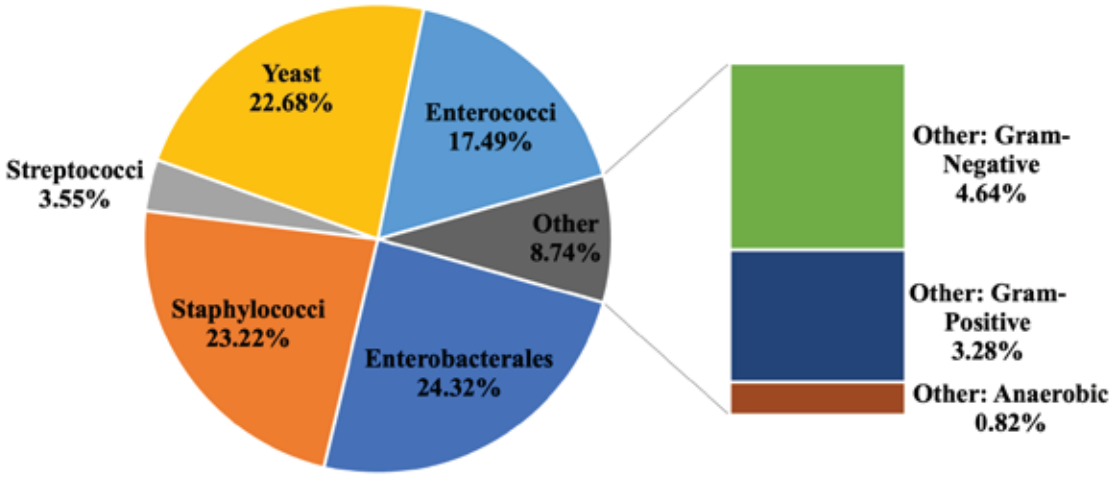


Figure 5 presents microorganisms that were identified for all reported CLABSIs in NICUs. In 2022, Staphylococci, specifically coagulase-negative *Staphylococcus* and *Staphylococcus haemolyticus*, were the most common isolates identified in NICU CLABSIs. These organisms accounted for 66.6% and 33.3% of Staphylococcus isolates, respectively, comprising 37.5% of the total isolates identified in CLABSIs in NICUs. Other isolates reported for NICU CLABSIs included Enterococci: *Enterococcus faecalis* (25%), Enterobacterales: *Serratia marcescens* (12.5%),Yeast (12.5%), and Other Gram-Negative Organism: *Acinetobacter baumannii* (12.5%) totaling over 62.5% of total isolates identified in NICU CLABSIs.

Figure 5. Identified Microorganisms for All Reported Central Line-Associated Bloodstream Infections (CLABSI) in Neonatal Intensive Care Units

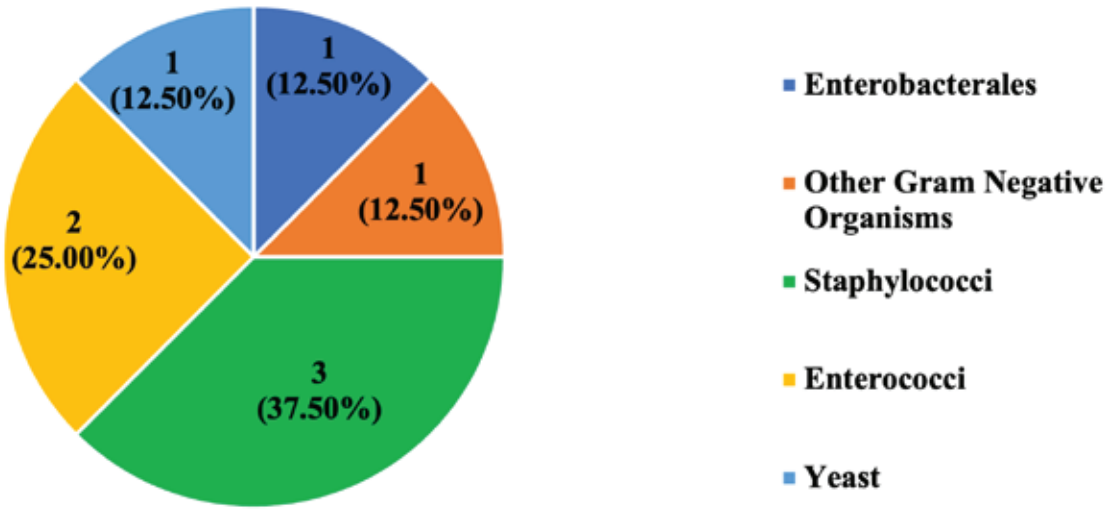
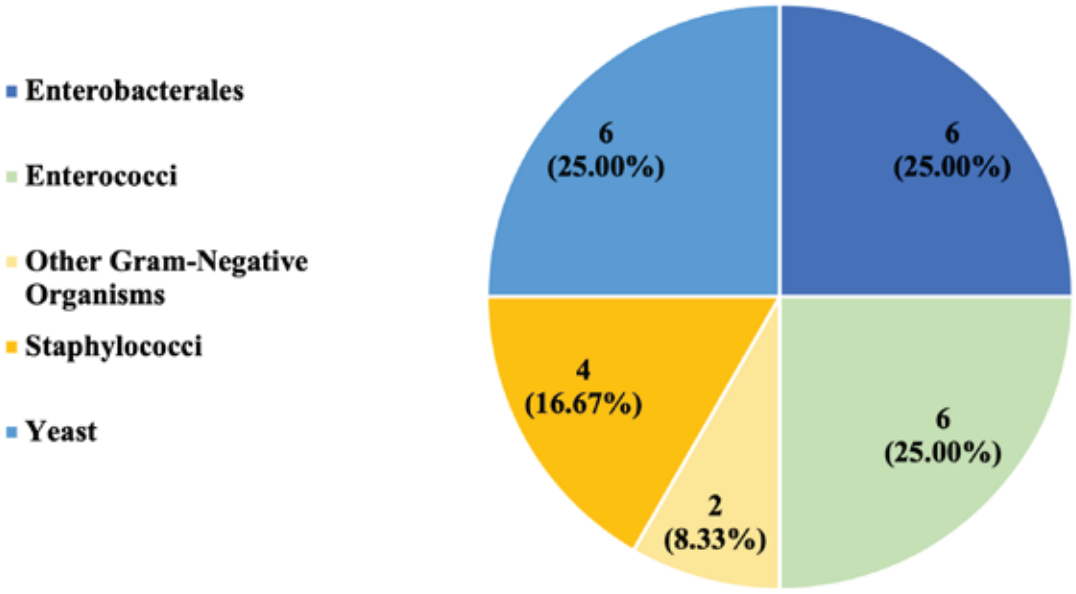


Figure 6 presents the identified microorganisms for all reported CLABSIs in LTACHs. In 2022, Enterobacterales (25.0%), including *Klebsiella pneumoniae* (28.58%), *Enterobacter cloacae* complex, *Enterobacter cloacae*, *Escherichia coli*, and *Klebsiella aerogenes* all accounted for 14.23%, respectively. Enterococci, including *Enterococcus faecalis* (50%), *Enterococcus faecium* (33.33%), and *Enterococcus gallinarum* (16.67%) totaled 25.0% of total isolates. Yeast totaled 25.0% of total isolates, while Staphylococci and Other Gram-Negative Organisms comprised 16.67% and 8.33% of total LTACH CLABSI isolates, respectively.

Figure 6. Identified Microorganisms for All Reported Central Line-Associated Bloodstream Infections (CLABSI) in Long-term Acute Care Hospitals



Laboratory-Identified (LabID) Events

Unlike other statistical measures associated with inpatient facilities, LabID Events are not reported and stratified by location. LabID Events are reported facility-wide to include all inpatient locations. Outpatient emergency departments, adult and pediatric, and 24-hour observation locations are included in the facility-wide reporting of LabID Events for ACHs.

Health Care Facility-Onset MRSA BSI SIR Calculations and Results

The Methicillin-resistant *Staphylococcus aureus* (MRSA) Bloodstream Infection (BSI) LabID Event SIR is calculated by dividing the total number of observed health care facility-onset (HO) MRSA BSIs by the number of predicted HO-MRSA BSIs. The total number of observed HO-MRSA BSIs includes all unique blood source, MRSA-positive events for individual patients, occurring in a given month, which were identified in an inpatient location greater than three days after admission to the facility without being duplicated in the previous 14 days.

As presented in Table 5, there were 228 HO-MRSA BSI LabID Events in total reported in 2022 from ACHs, CAHs, IRFs and LTACHs across South Carolina. In 2022, ACHs and IRFs performed similarly than the national HO-MRSA BSI LabID Event rate. LTACHs performed better than the national HO-MRSA BSI LabID Event rate. Zero HO-MRSA BSIs were detected in CAHs, and the predicted infections were less than one; therefore, no SIR or 95% confidence interval could be calculated.

Table 5. Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bloodstream Infection Laboratory-identified (BSI LabID) Events for South Carolina Hospitals - 2022

Hospital Type	Patient Days	Observed MRSA BSI LabID Events	Predicted MRSA BSI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,720,823	224	207.40	1.08	0.945, 1.229	**Not Different**
Critical Access	9,705	0	< 1.0	*	*	*No Conclusion*
Inpatient Rehabilitation	162,399	1	3.09	0.32	0.016, 1.597	**Not Different**
Long-term Acute Care	68,420	3	11.88	0.25	0.064, 0.687	★ **Better**

Health Care Facility-Onset CDI SIR Calculations And Results

In South Carolina, all laboratory-identified *Clostridioides difficile* infections (CDIs) are mandated to be reported; however, CDI SIR calculations only reflect those that were health care facility-onset (HO). Table 6 displays a total of 558 CDI-HO LabID Events reported from South Carolina hospitals in 2022. This is a decrease from the 592 CDI-HO LabID Events that were reported in 2021. The SIRs for ACHs, IRFs and LTACHs were significantly better than the national baseline for 2022. Critical Access Hospitals performed similarly to the national baseline SIR.

Table 6. *Clostridium difficile* (CDI) Laboratory-identified (LabID) Events for South Carolina Hospitals - 2022

Facility Type	Patient Days	Observed CDI LabID Events	Predicted CDI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,512,605	506	1326.76	0.38	0.349, 0.416	★ Better
Critical Access	9,429	2	2.83	0.71	0.119, 2.336	**Not Different**
Inpatient Rehabilitation	165,979	33	70.51	0.47	0.328, 0.650	★ Better
Long-term Acute Care	68,420	17	63.90	0.27	0.160, 0.417	★ Better

Surgical Site Infections (SSI)

Calculating SSI SIRs

The SSI SIR is calculated by dividing the total number of observed SSI occurrences by the total number of predicted occurrences. Logistic regression models are used to determine how one or more independent variables (such as the American Society of Anesthesiologists classification of the patient's physical status, patient's body mass index and procedure duration) are related to the risk or probability of developing an infection. The logistic regression models are procedure-specific, allowing for risk adjustment of the patient and the procedure type. To determine the total number of predicted infections for a procedure type, the risks of infection for each procedure performed at the facility are added together for the specified time period.

Facility-specific comparison of SSI reports are available for the following procedure types: coronary artery bypass graft (chest incision only), coronary artery bypass graft (chest and donor incisions), hip prosthesis, knee prosthesis, abdominal hysterectomy, and colon surgery. The SSI SIR presented in this report is the complex admission/readmission (AR) SIR. The complex AR SIR includes only inpatient procedures with deep incision primary and organ/space SSIs identified during admission or readmission to the facility where the procedures were performed. Superficial infections are not included in this category.

SSI Results

Table 7 presents the overall South Carolina surgical site infection (SSI) complex admission/readmission standardized infection ratio (AR SIR) for each reportable procedure type. For five of the six procedure types, the number of infections in South Carolina was not significantly different from the number of infections across the country. Colon surgery procedures reflected a lower statistically significant SIR (0.65) than national data. The percentage of MRSA positive cultures from each SSI procedure type is reflected below. Of all SSIs reported, MRSA was detected in 18.26% of positive cultures, which is a slight decrease from 2021 SSI data, where MRSA was found in 20.69% of cultures.

Table 7. Overall South Carolina Surgical Site Infection Complex Admission Readmission Standardized Infection Ratio (AR SIR) by Surgical Procedure

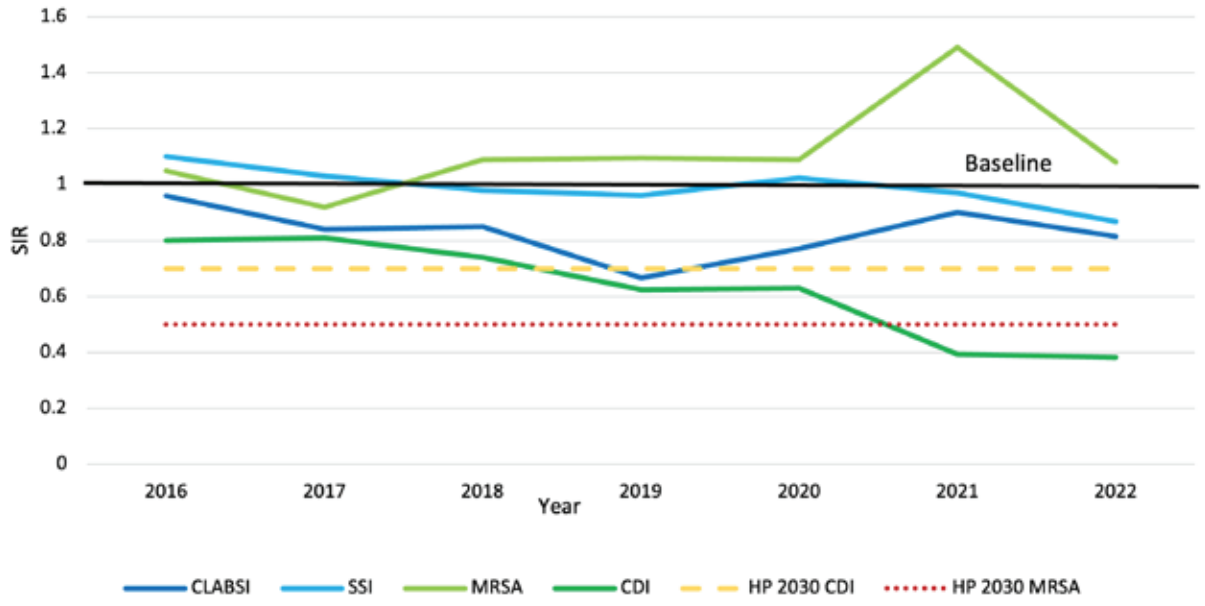
Procedure Type	Number of Procedures	Observed AR SSI	Expected AR SSI	Complex AR SIR	95% Confidence Interval	Statistical Interpretation	% MRSA Positive Culture
Coronary Bypass Graft (Chest & Donor Incision)	3,176	27	26.78	1.01	0.678, 1.447	**Not Different**	33.33%
Coronary Bypass Graft (Chest Only Incision)	302	0	2.18	0.00	0, 1.373	**Not Different**	0.00%
Abdominal Hysterectomy	4,976	24	32.86	0.73	0.479, 1.070	**Not Different**	8.33%
Hip Prosthesis (Replacement)	8,581	47	60.26	0.78	0.580, 1.028	**Not Different**	27.66%
Knee Prosthesis (Replacement)	10,945	51	39.84	1.28	0.963, 1.670	**Not Different**	54.90%
Colon Surgery	5,474	91	139.15	0.65	0.530, 0.799	★ **Better**	2.20%
All Procedures	33,454	240	301.06	0.80	0.701, 0.903	★ **Better**	22.50%

Conclusion

Key Findings:

South Carolina's ACH statewide performance is compared to the DHHS Healthy People 2030 national targets for MRSA and CDI events in Figure 7. South Carolina has made strides to reach the Healthy People targets for all reportable events; however, 2021 data reflected challenges likely attributed to the COVID-19 pandemic, resulting in increases in most SIRs. Figure 7 shows a decrease in ACH's SIRs for all event types. CLABSI, SSI and CDI SIRs continued to be less than one (1.0), indicating that there were less observed events than predicted events. South Carolina's ACH's MRSA SIR began trending downward in 2022, however the SIR was still above one (1.0), indicating that there were more observed events than predicted events.

Figure 7. South Carolina Performance in Acute Care Hospitals, 2016-2022, Compared to DHHS 2030 Target



The Healthy People 2020 target for CLABSI SIR is a 50% reduction compared to the 2015 national baseline, which equates to an SIR of 0.50. The CLABSI SIR for IRFs was 0.25, which met the 2020 target, whereas ACHs and LTACHs failed to meet the target, resulting in SIRs of 0.814, and 0.806, respectively. The 2022 CLABSI SIR for CAHs could not be calculated for South Carolina because there was less than one predicted event.

For SSIs, the Healthy People 2020 target is a 30% reduction compared to the national baseline, or a target SIR of 0.70. In 2022, South Carolina's overall SSI SIR for ACHs, did not meet the national target with an SSI SIR of 0.87.

In reference to LabID Events, the Healthy People 2030 MRSA SIR target is 0.50 and the CDI target is 0.70, which are a 50% reduction for MRSA and a 30% reduction for CDI from the 2015 re-baseline. In 2022, the MRSA SIRs for LTACHs and IRFs were 0.25 and 0.32, respectively, which met the national target. In contrast, the SIR for ACHs was 1.08. South Carolina's MRSA SIR for CAHs could not be determined for 2022 because there was less than one predicted MRSA event. The 2022 CDI SIRs for ACHs (0.38), LTACHs (0.27), and IRFs (0.47) in South Carolina achieved the target measurement. However, CAHs SIR of 0.71 failed to meet the target.

Limitations:

There are several limitations presented in this report. The first limitation is that many facilities faced the challenge of reporting their data in a timely manner, which may have affected the data quality. The second limitation is that CAUTI, VAE, and PedVAE data are not shared in the HIDA report, which may influence the perception of facilities within South Carolina and their true standing as related to HAIs. The final limitation pertains to staffing inadequacy in South Carolina facilities. Facilities experienced persistent rates of turnover and changing methods of disease surveillance and reporting requirements, which ultimately affected the timely and accurate reporting of data required under HIDA law.

References

1. U.S. Department of Health & Human Services. (2022). Healthy People 2030: Health Care-Associated Infections. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-associated-infections

2. U.S. Department of Health & Human Services. (2021). National HAI Targets & Metrics. Retrieved from https://www.hhs.gov/oidp/topics/health-care-associated-infections/targets-metrics/index.html

3. Centers for Disease Control and Prevention. (2023). Healthcare-associated Infections- Data Portal. Retrieved from https://www.cdc.gov/hai/data/portal/index.html

4. Office of Disease Prevention and Health Promotion (ODPHP). (2021). Healthcare-associated Infections. Retrieved from https://www.cdc.gov/policy/polaris/healthtopics/hai/index.html

5. Magill, S.S., Edwards, J.R., Bamberg, W., Beldavs, Z., Dumyati, G., Kainer, M., ... Thompson, D.L. (2014). Multistate Point-Prevalence Survey of Health Care-Associated Infections. New England Journal of Medicine, 370(13), 1198-1208. DOI: 10.1056/NEJMoa1306801

6. Magill, S.S., O'Leary, E., Janelle, S.J., Thompson, D.L., Dumyati, G., Nadle, J., ... Beldavs, Z. (2018). Changes in Prevalence of Health Care-Associated Infections in U.S. Hospitals. New England Journal of Medicine, 379, 1732-1744. DOI: 10.1056/NEJMoa1801550

7. Centers for Disease Control and Prevention. (2023). 2022 National and State Healthcare-Associated Infections Progress Report. Retrieved from: https://arpsp.cdc.gov/profile/national-progress-2022/united-states

8. Weiner-Lastinger, L., Pattabriman, V., Konnor, R.,Patel, P., Wong, E., Xu, S., ... Dudeck, M. (2021). The impact of coronavirus disease 2019 (COVID-19) on healthcare-associated infections 2020: A Summary of data reported to the National Healthcare Safety Network. Infection Control & Hospital Epidemiology, 43(1), 12-25. DOI: 10.1017/ice.2022.362

9. Centers for Disease Control and Prevention. (2022). The NHSN Standardized Infection Ratio (SIR). Retrieved from https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf

10. Edwards, J.R., Peterson, K.D., Banerjee, S., Allen-Bridson, K., Morrell, G., Dudeck, M.A., ... Horan, T.C. (2009). National Healthcare Safety Network (NHSN) report: Data Summary for 2006 through 2008, issued December 2009. American Journal of Infection Control, 37(10), 783-805. DOI: 10.1016/j.ajic.2009.10.001

11. Centers for Disease Control and Prevention. (2023). Paving the Path Forward: 2015 Rebaseline. Retrieved from https://www.cdc.gov/nhsn/2015rebaseline/index.html

Appendix A: List of HIDA Advisory Committee Members

DHEC Representatives

- Abdoulaye Diedhiou, M.D., PhD, Acute Disease Division Director
- Alison Jamison-Haggwood, Healthcare-Associated Infections Section Director
- Anna-Kathryn Burch, M.D., Infectious Disease Medical Consultant
- Max Habicht, Healthcare-Associated Infections Epidemiologist
- Autumn Avila, Healthcare-Associated Infections Epidemiologist
- Linda Bell, M.D., State Epidemiologist
- Patricia Kopp, Healthcare-Associated Infections Coordinator
- Rebecca Walker, Nurse Consultant
- Carman Baynard, ARLN Lab/EPI Coordinator, Clinical Microbiology
- William D. Britt, Chief Counsel for Public Health, Office of General Council

APIC Palmetto Infection Preventionist Representatives

- Kathy Ward, Infection Preventionist, Roper St. Francis Hospital
- Michelle Bushey, Manager Infection Prevention, Bon Secours St Francis Hospitals
- Scott Bernshausen, Infection Prevention/Director of Quality and Patient Safety, MUSC
- Beth Smith, Infection Preventionist, Greenville Memorial Hospital

Infectious Disease Physician Representatives

- Cassandra Salgado, M.D., MUSC
- Kevin Shea, M.D., Trident Health
- Majdi N. Al-Hasan, M.D., USC School of Medicine
- Pamela Bailey, DO, MPH, Prisma Health

Pharmacy Representatives:

- Kayla Antosz, PharmD, Antimicrobial Stewardship Pharmacist, USC College of Pharmacy

South Carolina Hospital Association Representatives

- Beth Morgan, Quality Improvements Project Manager

Consumer Representatives

- Kathy Bradley, American Association of Retired Persons (AARP)
- Jon Ruoff, Founder, The Ruoff Group
- Jerry Alewine, Ed.D, RRT, RCP, South Carolina Society for Respiratory Care

SC Revenue and Fiscal Affairs Office

- Julie Royer, Statistician

Constellation Quality Health Representatives

- Kristine Williamson, Quality Improvement Specialist

Patient Advocate Representatives

- Helen Haskell, Founder, Mothers Against Medical Error

Appendix B: Standard Attestation Letter

Date: _____

Facility: _____

Dear Infection Preventionist:

To ensure the accuracy and timeliness of individual Hospital Infections Disclosure Act (HIDA) facility reports, and to allow for a more concrete way to evaluate the quality and accuracy of hospital information reported under SC Code of Laws Section 44-7-2410 et seq., infection preventionists must sign below, affirming they have reviewed and made corrections, if needed, to their facility's 2022 HIDA Annual Report.

Please note that if a facility does not submit a signed version of this letter or notify us of any discrepancy in the report by Friday, October 27th, 2023, the facility's report will be posted on the S.C. Department of Health and Environmental Control's HIDA webpage, and marked with an asterisk to note that the facility failed to confirm the accuracy of their report prior to the publish date. The intent of this statement is to ensure facilities are accountable for their data in a timely fashion and to avoid any unnecessary delays caused by last minute change requests.

STATEMENT OF REVIEW AND CORRECTION:

To the best of my knowledge, my facility's preliminary HIDA reports, containing central line associated blood stream infection data, surgical site infection data, multi drug-resistant organism laboratory identified event, Clostridium difficile infections, and laboratory identified events data from January – December, 2022 is accurate. Errors that may have been identified during the review process have been corrected within the National Healthcare Safety Network.

Infection Preventionist Name (Printed): _____

Infection Preventionist Signature: _____

Please copy this letter on facility letterhead and email/scan a signed form to Autumn Avila or Max Habicht by Friday, October 27th, 2023.

Email: avilaam@dhec.sc.gov OR habichmr@dhec.sc.gov

Fax: (803) 898 - 0897

Appendix C: Facility-Level Data

Central Line-Associated Bloodstream Infections (CLABSIs) in South Carolina's Acute Care, Critical Access, Long-term Acute Care and Inpatient Rehabilitation Hospitals
January 1, 2022 - December 31, 2022

South Carolina collects CLABSI data from adult and pediatric intensive care units (ICUs), neonatal ICUs (NICUs), adult and pediatric wards, and adult and pediatric specialty care units. Only those unit types from which data have been reported and/or that are present in the facility will be shown in the table below.

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A = Data not shown for hospitals or units with fewer than 50 central line days. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Critical Care Unit	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Aiken Regional Medical Center	Critical Care Units	2	1.41	1.42	0.582	= Same
	Rehabilitation Ward	N/A	N/A	N/A	N/A	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Allendale County Hospital	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Cannon	Critical Care Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Anmed Health Medical Center	Critical Care Units	9	7.13	1.26	0.472	= Same
	Step Down Units	3	1.13	2.65	0.135	= Same
	Inpatient Wards	5	6.66	0.75	0.553	= Same
Anmed Health Rehabilitation	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Womens And Children	Step Down Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort County Memorial Hospital	Critical Care Units	3	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	2	1.73	1.16	0.768	= Same
Bon Secours St. Francis Eastside	Step Down Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
	Oncology Ward	1	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Critical Care Units	10	4.79	2.09	0.035	Worse
	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	3	1.15	2.61	0.140	= Same
	Inpatient Wards	4	5.95	0.67	0.448	= Same
Bon Secours St. Francis Xavier Hospital	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Oncology Step Down Unit	2	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Coastal Carolina Medical Center	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Columbia Medical Center Northeast	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Continue Care Hosptial At Prisma Health Baptist	Inpatient Ward	5	2.11	2.37	0.084	= Same
Conway Medical Center	Critical Care Units	2	1.35	1.48	0.545	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	2.00	0.00	0.135	= Same
East Cooper Regional Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Edgefield County Hospital	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital Of Bluffton	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital Of Columbia	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital Of Florence	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital Of Greenville	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Encompass Rehabilitation Hospital Of Rock Hill	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Critical Care Units	6	5.81	1.03	0.886	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	1.46	0.00	0.233	= Same
	Inpatient Wards	0	4.86	0.00	0.008	STar Better
Greenwood Regional Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Regional Medical Center	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Kershawhealth	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Lake City Community Hospital	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Critical Care Units	7	6.65	1.05	0.846	= Same
	Step Down Units	2	4.12	0.49	0.304	= Same
	Inpatient Wards	5	12.03	0.42	0.027	★ Better
	Oncology Ward	1	4.42	0.23	0.077	= Same
Mcleod Health Cheraw	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Health Clarendon	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Loris	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Mcleod Medical Center - Dillon	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Regional Medical Center	Critical Care Units	11	13.00	0.85	0.605	= Same
	Neonatal Intensive Care Unit	2	1.63	1.23	0.710	= Same
	Specialty Care Units	2	4.38	0.46	0.255	= Same
	Step Down Units	1	2.30	0.44	0.432	= Same
	Inpatient Wards	9	6.00	1.50	0.238	= Same
	Oncology Ward	1	1.73	0.58	0.663	= Same
Mcleod Seacoast	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Medical University Hospital Authority (Musc)	Critical Care Units	30	25.19	1.19	0.338	= Same
	Neonatal Intensive Care Unit	3	5.18	0.58	0.351	= Same
	Step Down Units	7	5.70	1.23	0.563	= Same
	Inpatient Wards	28	20.65	1.36	0.119	= Same
	Oncology Ward	5	16.94	0.30	0.001	★ Better
Midlands Regional Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Mount Pleasant Hospital	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Chester Regional Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Columbia Medical Center Downtown	Critical Care Units	1	1.61	0.62	0.719	= Same
	Inpatient Wards	0	1.82	0.00	0.163	= Same
Musc Health Florence Medical Center	Critical Care Units	1	2.53	0.40	0.362	= Same
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	3	2.12	1.42	0.520	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Musc Health Florence Rehabilitation Center	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Lancaster Medical Center	Critical Care Units	0	1.31	0.00	0.270	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	1.42	0.70	0.826	= Same
Musc Health Marion Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Rehabilitation Hospital	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Memorial Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	2	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health System	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Critical Care Units	1	2.36	0.42	0.412	= Same
	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	2.07	0.48	0.515	= Same
Prisma Health Baptist	Critical Care Units	1	1.22	0.82	0.950	= Same
	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	2	2.34	0.86	0.908	= Same
	Oncology Ward	3	1.84	1.63	0.394	= Same
Prisma Health Baptist Easley Hosptial	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Greenville Memorial Hospital	Critical Care Units	6	16.25	0.37	0.005	★ Better
	Neonatal Intensive Care Unit	1	8.48	0.12	0.002	★ Better
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	3	1.84	1.63	0.396	= Same
	Inpatient Wards	9	15.86	0.57	0.070	= Same
	Oncology Ward	2	6.89	0.29	0.040	★ Better
Prisma Health Greer Memorial Hospital	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	1.05	0.00	0.351	= Same
Prisma Health Hillcrest Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Laurens County Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health North Greenville Hospital	Critical Care Unit	1	3.37	0.30	0.184	= Same
	Inpatient Ward	0	3.08	0.00	0.046	★ Better
Prisma Health Oconee Memorial Hospital	Critical Care Units	2	1.12	1.78	0.413	= Same
	Step Down Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	2	1.84	1.09	0.828	= Same
Prisma Health Parkridge	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Patewood Hospital	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Critical Care Units	20	14.65	1.37	0.175	= Same
	Neonatal Intensive Care Unit	2	4.38	0.46	0.254	= Same
	Inpatient Wards	10	12.24	0.82	0.545	= Same
	Oncology Ward	2	2.17	0.92	0.995	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Tuomey	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	3	1.56	1.93	0.279	= Same
	Oncology Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Regency Hospital Of Florence	Inpatient Ward	0	5.42	0.00	0.004	★ Better
Regency Hospital Of Greenville	Inpatient Ward	2	2.03	0.98	1.000	= Same
Regional Medical Center Of Orangeburg And Calhoun	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	5	1.63	3.06	0.032	⊗ Worse
Roper Hospital	Critical Care Units	9	3.34	2.70	0.010	⊗ Worse
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	2	2.94	0.68	0.645	= Same
	Inpatient Wards	1	2.15	0.46	0.482	= Same
	Oncology Ward	1	1.56	0.64	0.749	= Same
Roper St. Francis Hospital Berkeley	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Critical Care Units	2	3.03	0.66	0.611	= Same
	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	4	1.79	2.23	0.144	= Same
Shriners Hospitals For Children	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Spartanburg Hospital For Restorative Care	Critical Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Ward	0	3.95	0.00	0.019	★ **Better**
Spartanburg Medial Center Mary Black Campus	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	1.36	0.00	0.257	= **Same**
Spartanburg Medical Center	Critical Care Units	0	8.39	0.00	0.000	★ **Better**
	Neonatal Intensive Care Unit	0	2.05	0.00	0.128	= **Same**
	Step Down Units	0	2.36	0.00	0.094	= **Same**
	Inpatient Wards	3	11.77	0.26	0.003	★ **Better**
	Oncology Ward	0	3.46	0.00	0.031	★ **Better**
Spartanburg Rehabiliation Institute	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Georgetown Memorial Hospital	Critical Care Units	2	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Health Rehabilitation Hospital	Rehabilitation Ward	0	1.60	0.00	0.202	= **Same**
Tidelands Waccamaw Community Hospital	Critical Care Units	2	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	2	1.05	1.91	0.370	= **Same**
Trident Medical Center	Critical Care Units	3	6.15	0.49	0.194	= **Same**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	2.77	0.36	0.298	= **Same**
Union Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Vibra Charleston	Critical Care Unit	2	2.34	0.85	0.905	= Same
	Inpatient Ward	14	7.02	1.99	0.019	Worse
Williamsburg Regional Hospital	Critical Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**

Surgical Site Infections (SSIs) from Colon Surgery in South Carolina's Acute Care Hospitals
January 1, 2022 - December 31, 2022
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience. N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Colon Surgery	11	N/A	N/A	N/A	N/A	**No Conclusion**
Aiken Regional Medical Center	Colon Surgery	93	1	1.82	0.55	0.622	= Same
Anmed Health Cannon	Colon Surgery	2	N/A	N/A	N/A	N/A	**No Conclusion**
Anmed Health Medical Center	Colon Surgery	193	4	4.30	0.93	0.950	= Same
Anmed Health Womens And Children	Colon Surgery	4	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort County Memorial Hospital	Colon Surgery	83	0	1.71	0.00	0.180	= Same
Bon Secours St. Francis Eastside	Colon Surgery	26	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Colon Surgery	172	8	4.47	1.79	0.123	= Same
Bon Secours St. Francis Xavier Hospital	Colon Surgery	63	2	1.51	1.33	0.638	= Same
Carolina Pines Regional Medical Center	Colon Surgery	21	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Colon Surgery	10	N/A	N/A	N/A	N/A	**No Conclusion**
Coastal Carolina Medical Center	Colon Surgery	39	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Colon Surgery	13	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Columbia Medical Center Northeast	Colon Surgery	13	N/A	N/A	N/A	N/A	**No Conclusion**
Conway Medical Center	Colon Surgery	81	1	1.48	0.68	0.792	= Same
East Cooper Regional Medical Center	Colon Surgery	51	0	1.05	0.00	0.348	= Same
Grand Strand Regional Medical Center	Colon Surgery	250	5	6.75	0.74	0.531	= Same
Hampton Regional Medical Center	Colon Surgery	6	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Regional Medical Center	Colon Surgery	81	1	1.18	0.85	0.978	= Same
Kershawhealth	Colon Surgery	26	1	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Colon Surgery	494	0	11.76	0.00	0.000	★ Better
Mcleod Health Cheraw	Colon Surgery	3	N/A	N/A	N/A	N/A	**No Conclusion**
Mcleod Health Clarendon	Colon Surgery	7	N/A	N/A	N/A	N/A	**No Conclusion**
Mcleod Loris	Colon Surgery	16	N/A	N/A	N/A	N/A	**No Conclusion**
Mcleod Medical Center - Dillon	Colon Surgery	13	N/A	N/A	N/A	N/A	**No Conclusion**
Mcleod Regional Medical Center	Colon Surgery	230	7	6.66	1.05	0.849	= Same
Mcleod Seacoast	Colon Surgery	93	1	2.03	0.49	0.530	= Same
Medical University Hospital Authority (Musc)	Colon Surgery	413	3	14.40	0.21	0.000	★ Better
Mount Pleasant Hospital	Colon Surgery	126	2	2.09	0.96	1.000	= Same
Musc Health Chester Regional Medical Center	Colon Surgery	34	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Columbia Medical Center Downtown	Colon Surgery	32	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Florence Medical Center	Colon Surgery	108	6	2.48	2.42	0.054	= Same
Musc Health Lancaster Medical Center	Colon Surgery	39	0	1.24	0.00	0.289	= Same
Musc Health Marion Medical Center	Colon Surgery	4	N/A	N/A	N/A	N/A	**No Conclusion**
Newberry County Memorial Hospital	Colon Surgery	24	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health System	Colon Surgery	64	3	1.23	2.44	0.164	= Same
Piedmont Medical Center	Colon Surgery	137	1	2.95	0.34	0.258	= Same

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Baptist	Colon Surgery	171	3	3.66	0.82	0.794	= Same
Prisma Health Baptist Easley Hosptial	Colon Surgery	33	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Colon Surgery	435	5	14.00	0.36	0.007	★ Better
Prisma Health Greer Memorial Hospital	Colon Surgery	31	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Hillcrest Hospital	Colon Surgery	34	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Laurens County Hospital	Colon Surgery	8	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Oconee Memorial Hospital	Colon Surgery	36	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Parkridge	Colon Surgery	28	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Colon Surgery	185	3	6.76	0.44	0.130	= Same
Prisma Health Tuomey	Colon Surgery	86	2	1.85	1.08	0.833	= Same
Regional Medical Center Of Orangeburg And Calho	Colon Surgery	68	1	1.60	0.62	0.726	= Same
Roper Hospital	Colon Surgery	311	3	6.56	0.46	0.149	= Same
Roper St. Francis Hospital Berkeley	Colon Surgery	37	0	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Colon Surgery	133	0	3.03	0.00	0.049	★ Better
Spartanburg Medial Center Mary Black Campus	Colon Surgery	19	N/A	N/A	N/A	N/A	**No Conclusion**
Spartanburg Medical Center	Colon Surgery	453	15	13.81	1.09	0.722	= Same
Summerville Medical Center	Colon Surgery	59	2	1.49	1.35	0.626	= Same
Tidelands Georgetown Memorial Hospital	Colon Surgery	23	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	Colon Surgery	103	0	2.35	0.00	0.096	= Same
Trident Medical Center	Colon Surgery	143	5	3.47	1.44	0.406	= Same

Surgical Site Infections (SSIs) from Abdominal Hysterectomy in South Carolina's Acute Care Hospitals
January 1, 2022 - December 31, 2022
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Abdominal Hysterectomy	78	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Medical Center	Abdominal Hysterectomy	68	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Womens And Children	Abdominal Hysterectomy	139	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort County Memorial Hospital	Abdominal Hysterectomy	54	2	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Eastside	Abdominal Hysterectomy	206	4	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Abdominal Hysterectomy	79	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Xavier Hospital	Abdominal Hysterectomy	140	1	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	Abdominal Hysterectomy	25	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Abdominal Hysterectomy	13	N/A	N/A	N/A	N/A	**No Conclusion**
Coastal Carolina Medical Center	Abdominal Hysterectomy	115	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Abdominal Hysterectomy	23	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Conway Medical Center	Abdominal Hysterectomy	141	0	< 1.00	N/C	N/C	**No Conclusion**
East Cooper Regional Medical Center	Abdominal Hysterectomy	50	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Abdominal Hysterectomy	73	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Regional Medical Center	Abdominal Hysterectomy	1	N/A	N/A	N/A	N/A	**No Conclusion**
Kershawhealth	Abdominal Hysterectomy	27	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Abdominal Hysterectomy	520	5	3.71	1.35	0.487	= Same
Mcleod Health Clarendon	Abdominal Hysterectomy	14	N/A	N/A	N/A	N/A	**No Conclusion**
Mcleod Loris	Abdominal Hysterectomy	14	N/A	N/A	N/A	N/A	**No Conclusion**
Mcleod Medical Center - Dillon	Abdominal Hysterectomy	29	0	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Regional Medical Center	Abdominal Hysterectomy	39	0	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Seacoast	Abdominal Hysterectomy	19	N/A	N/A	N/A	N/A	**No Conclusion**
Medical University Hospital Authority (Musc)	Abdominal Hysterectomy	408	1	4.43	0.23	0.077	= Same
Mount Pleasant Hospital	Abdominal Hysterectomy	13	N/A	N/A	N/A	N/A	**No Conclusion**
Musc Health Florence Medical Center	Abdominal Hysterectomy	71	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Lancaster Medical Center	Abdominal Hysterectomy	71	1	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health System	Abdominal Hysterectomy	7	N/A	N/A	N/A	N/A	**No Conclusion**
Piedmont Medical Center	Abdominal Hysterectomy	19	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Baptist	Abdominal Hysterectomy	196	0	1.22	0.00	0.295	= Same
Prisma Health Baptist Easley Hosptial	Abdominal Hysterectomy	4	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Abdominal Hysterectomy	594	4	4.06	0.99	1.000	= Same
Prisma Health Greer Memorial Hospital	Abdominal Hysterectomy	55	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Laurens County Hospital	Abdominal Hysterectomy	21	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Oconee Memorial Hospital	Abdominal Hysterectomy	68	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Parkridge	Abdominal Hysterectomy	79	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Patewood Hospital	Abdominal Hysterectomy	113	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Abdominal Hysterectomy	164	0	1.37	0.00	0.254	= Same
Prisma Health Tuomey	Abdominal Hysterectomy	126	0	< 1.00	N/C	N/C	**No Conclusion**
Regional Medical Center Of Orangeburg And Calho	Abdominal Hysterectomy	72	1	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Abdominal Hysterectomy	172	0	1.05	0.00	0.352	= Same
Roper St. Francis Hospital Berkeley	Abdominal Hysterectomy	74	1	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Abdominal Hysterectomy	140	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center	Abdominal Hysterectomy	96	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	Abdominal Hysterectomy	155	2	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Georgetown Memorial Hospital	Abdominal Hysterectomy	34	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	Abdominal Hysterectomy	135	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Abdominal Hysterectomy	222	0	1.25	0.00	0.286	= Same

Surgical Site Infections (SSIs) from Hip Prosthesis (Replacement) in South Carolina's Acute Care Hospitals
January 1, 2022 - December 31, 2022
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.

N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Hip Prosthesis (Replacement)	103	1	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Cannon	Hip Prosthesis (Replacement)	3	N/A	N/A	N/A	N/A	**No Conclusion**
Anmed Health Medical Center	Hip Prosthesis (Replacement)	111	1	1.22	0.82	0.951	= Same
Anmed Health Womens And Children	Hip Prosthesis (Replacement)	91	2	< 1.00	N/C	N/C	**No Conclusion**
Beaufort County Memorial Hospital	Hip Prosthesis (Replacement)	304	0	1.46	0.00	0.233	= Same
Bon Secours St. Francis Eastside	Hip Prosthesis (Replacement)	372	3	2.02	1.48	0.476	= Same
Bon Secours St. Francis Hospital - Downtown	Hip Prosthesis (Replacement)	138	5	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Xavier Hospital	Hip Prosthesis (Replacement)	22	0	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	Hip Prosthesis (Replacement)	55	2	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Hip Prosthesis (Replacement)	25	0	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Medical Center	Hip Prosthesis (Replacement)	27	1	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Hip Prosthesis (Replacement)	30	0	< 1.00	N/C	N/C	**No Conclusion**
Columbia Medical Center Northeast	Hip Prosthesis (Replacement)	309	1	1.83	0.55	0.615	= Same
Conway Medical Center	Hip Prosthesis (Replacement)	129	1	< 1.00	N/C	N/C	**No Conclusion**
East Cooper Regional Medical Center	Hip Prosthesis (Replacement)	252	0	1.21	0.00	0.300	= Same
Grand Strand Regional Medical Center	Hip Prosthesis (Replacement)	276	0	2.08	0.00	0.125	= Same
Hilton Head Regional Medical Center	Hip Prosthesis (Replacement)	194	0	< 1.00	N/C	N/C	**No Conclusion**
Kershawhealth	Hip Prosthesis (Replacement)	67	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Hip Prosthesis (Replacement)	482	0	4.09	0.00	0.017	★ Better
Mcleod Health Cheraw	Hip Prosthesis (Replacement)	11	N/A	N/A	N/A	N/A	**No Conclusion**
Mcleod Health Clarendon	Hip Prosthesis (Replacement)	32	0	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Medical Center - Dillon	Hip Prosthesis (Replacement)	37	0	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Regional Medical Center	Hip Prosthesis (Replacement)	309	3	2.62	1.15	0.754	= Same
Mcleod Seacoast	Hip Prosthesis (Replacement)	259	0	1.61	0.00	0.201	= Same
Medical University Hospital Authority (Musc)	Hip Prosthesis (Replacement)	418	3	4.53	0.66	0.508	= Same
Mount Pleasant Hospital	Hip Prosthesis (Replacement)	190	1	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Chester Regional Medical Center	Hip Prosthesis (Replacement)	36	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Columbia Medical Center Downtown	Hip Prosthesis (Replacement)	21	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Florence Medical Center	Hip Prosthesis (Replacement)	33	1	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Lancaster Medical Center	Hip Prosthesis (Replacement)	43	1	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Marion Medical Center	Hip Prosthesis (Replacement)	1	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Newberry County Memorial Hospital	Hip Prosthesis (Replacement)	126	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health System	Hip Prosthesis (Replacement)	149	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Hip Prosthesis (Replacement)	79	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Baptist	Hip Prosthesis (Replacement)	400	4	2.92	1.37	0.508	= Same
Prisma Health Baptist Easley Hosptial	Hip Prosthesis (Replacement)	71	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Hip Prosthesis (Replacement)	257	4	3.70	1.08	0.819	= Same
Prisma Health Oconee Memorial Hospital	Hip Prosthesis (Replacement)	331	3	2.17	1.38	0.543	= Same
Prisma Health Parkridge	Hip Prosthesis (Replacement)	65	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Patewood Hospital	Hip Prosthesis (Replacement)	686	0	3.48	0.00	0.031	★ Better
Prisma Health Richland	Hip Prosthesis (Replacement)	79	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Tuomey	Hip Prosthesis (Replacement)	103	0	< 1.00	N/C	N/C	**No Conclusion**
Regional Medical Center Of Orangeburg And Calho	Hip Prosthesis (Replacement)	59	2	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Hip Prosthesis (Replacement)	251	1	1.23	0.81	0.944	= Same
Roper St. Francis Hospital Berkeley	Hip Prosthesis (Replacement)	107	1	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Hip Prosthesis (Replacement)	276	0	1.66	0.00	0.191	= Same
Spartanburg Medial Center Mary Black Campus	Hip Prosthesis (Replacement)	386	4	3.06	1.31	0.562	= Same
Spartanburg Medical Center	Hip Prosthesis (Replacement)	145	0	1.87	0.00	0.154	= Same
Summerville Medical Center	Hip Prosthesis (Replacement)	70	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Georgetown Memorial Hospital	Hip Prosthesis (Replacement)	20	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	Hip Prosthesis (Replacement)	290	0	1.46	0.00	0.231	= Same

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Trident Medical Center	Hip Prosthesis (Replacement)	246	2	2.21	0.90	0.971	= Same
Williamsburg Regional Hospital	Hip Prosthesis (Replacement)	2	N/A	N/A	N/A	N/A	**No Conclusion**

Surgical Site Infections (SSIs) from Knee Prosthesis (Replacement) in South Carolina's Acute Care Hospitals
January 1, 2022 - December 31, 2022
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Knee Prosthesis (Replacement)	62	2	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Cannon	Knee Prosthesis (Replacement)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Anmed Health Medical Center	Knee Prosthesis (Replacement)	11	N/A	N/A	N/A	N/A	**No Conclusion**
Anmed Health Womens And Children	Knee Prosthesis (Replacement)	157	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort County Memorial Hospital	Knee Prosthesis (Replacement)	356	1	1.10	0.91	1.000	= Same
Bon Secours St. Francis Eastside	Knee Prosthesis (Replacement)	763	2	1.91	1.05	0.866	= Same
Bon Secours St. Francis Hospital - Downtown	Knee Prosthesis (Replacement)	74	1	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Xavier Hospital	Knee Prosthesis (Replacement)	5	N/A	N/A	N/A	N/A	**No Conclusion**
Carolina Pines Regional Medical Center	Knee Prosthesis (Replacement)	98	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Knee Prosthesis (Replacement)	19	N/A	N/A	N/A	N/A	**No Conclusion**
Coastal Carolina Medical Center	Knee Prosthesis (Replacement)	18	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Knee Prosthesis (Replacement)	34	1	< 1.00	N/C	N/C	**No Conclusion**
Columbia Medical Center Northeast	Knee Prosthesis (Replacement)	215	1	< 1.00	N/C	N/C	**No Conclusion**
Conway Medical Center	Knee Prosthesis (Replacement)	240	0	< 1.00	N/C	N/C	**No Conclusion**
East Cooper Regional Medical Center	Knee Prosthesis (Replacement)	395	0	1.05	0.00	0.351	= Same
Grand Strand Regional Medical Center	Knee Prosthesis (Replacement)	177	1	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	Knee Prosthesis (Replacement)	8	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Regional Medical Center	Knee Prosthesis (Replacement)	184	3	< 1.00	N/C	N/C	**No Conclusion**
Kershawhealth	Knee Prosthesis (Replacement)	53	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Knee Prosthesis (Replacement)	622	2	2.33	0.86	0.913	= Same
Mcleod Health Cheraw	Knee Prosthesis (Replacement)	3	N/A	N/A	N/A	N/A	**No Conclusion**
Mcleod Health Clarendon	Knee Prosthesis (Replacement)	77	0	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Medical Center - Dillon	Knee Prosthesis (Replacement)	86	0	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Regional Medical Center	Knee Prosthesis (Replacement)	325	2	1.48	1.35	0.620	= Same
Mcleod Seacoast	Knee Prosthesis (Replacement)	306	0	1.42	0.00	0.243	= Same
Medical University Hospital Authority (Musc)	Knee Prosthesis (Replacement)	342	0	2.12	0.00	0.120	= Same
Mount Pleasant Hospital	Knee Prosthesis (Replacement)	305	1	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Chester Regional Medical Center	Knee Prosthesis (Replacement)	65	1	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Columbia Medical Center Downtown	Knee Prosthesis (Replacement)	42	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Florence Medical Center	Knee Prosthesis (Replacement)	97	2	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Lancaster Medical Center	Knee Prosthesis (Replacement)	32	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Musc Health Marion Medical Center	Knee Prosthesis (Replacement)	10	N/A	N/A	N/A	N/A	**No Conclusion**
Newberry County Memorial Hospital	Knee Prosthesis (Replacement)	242	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health System	Knee Prosthesis (Replacement)	223	2	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Knee Prosthesis (Replacement)	43	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Baptist	Knee Prosthesis (Replacement)	585	3	2.89	1.04	0.881	= Same
Prisma Health Baptist Easley Hosptial	Knee Prosthesis (Replacement)	38	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Knee Prosthesis (Replacement)	13	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Greer Memorial Hospital	Knee Prosthesis (Replacement)	73	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Hillcrest Hospital	Knee Prosthesis (Replacement)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Oconee Memorial Hospital	Knee Prosthesis (Replacement)	535	6	2.13	2.82	0.028	Worse
Prisma Health Parkridge	Knee Prosthesis (Replacement)	39	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Patewood Hospital	Knee Prosthesis (Replacement)	1,121	1	3.19	0.31	0.213	= Same
Prisma Health Richland	Knee Prosthesis (Replacement)	24	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Tuomey	Knee Prosthesis (Replacement)	190	0	< 1.00	N/C	N/C	**No Conclusion**
Regional Medical Center Of Orangeburg And Calho	Knee Prosthesis (Replacement)	130	0	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Knee Prosthesis (Replacement)	513	2	1.25	1.60	0.487	= Same
Roper St. Francis Hospital Berkeley	Knee Prosthesis (Replacement)	108	1	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Knee Prosthesis (Replacement)	257	1	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medial Center Mary Black Campus	Knee Prosthesis (Replacement)	822	7	4.02	1.74	0.164	= Same
Spartanburg Medical Center	Knee Prosthesis (Replacement)	32	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Summerville Medical Center	Knee Prosthesis (Replacement)	91	1	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Georgetown Memorial Hospital	Knee Prosthesis (Replacement)	32	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	Knee Prosthesis (Replacement)	294	1	1.23	0.82	0.947	= Same
Trident Medical Center	Knee Prosthesis (Replacement)	291	3	1.38	2.17	0.215	= Same
Williamsburg Regional Hospital	Knee Prosthesis (Replacement)	60	0	< 1.00	N/C	N/C	**No Conclusion**

Surgical Site Infections (SSIs) from Coronary Bypass Graft (Chest Only Incision) in South Carolina's Acute Care Hospitals
January 1, 2022 - December 31, 2022
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.

N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Anmed Health Medical Center	Coronary Bypass Graft (Chest Only Incision)	5	N/A	N/A	N/A	N/A	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest Only Incision)	4	N/A	N/A	N/A	N/A	**No Conclusion**
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	10	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	38	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Coronary Bypass Graft (Chest Only Incision)	15	N/A	N/A	N/A	N/A	**No Conclusion**
Mcleod Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	3	N/A	N/A	N/A	N/A	**No Conclusion**
Medical University Hospital Authority (Musc)	Coronary Bypass Graft (Chest Only Incision)	46	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Columbia Medical Center Downtown	Coronary Bypass Graft (Chest Only Incision)	56	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Coronary Bypass Graft (Chest Only Incision)	73	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Greenville Memorial Hospital	Coronary Bypass Graft (Chest Only Incision)	6	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Richland	Coronary Bypass Graft (Chest Only Incision)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Roper Hospital	Coronary Bypass Graft (Chest Only Incision)	7	N/A	N/A	N/A	N/A	**No Conclusion**
Spartanburg Medical Center	Coronary Bypass Graft (Chest Only Incision)	31	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Coronary Bypass Graft (Chest Only Incision)	6	N/A	N/A	N/A	N/A	**No Conclusion**

Surgical Site Infections (SSIs) from Coronary Bypass Graft (Chest and Donor Incision) in South Carolina's Acute Care Hospitals

January 1, 2022 - December 31, 2022

Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.

N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	18	N/A	N/A	N/A	N/A	**No Conclusion**
Anmed Health Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	101	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest & Donor Incision)	207	4	1.98	2.02	0.191	= Same
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	272	2	2.22	0.90	0.969	= Same
Lexington Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	246	2	2.04	0.98	1.000	= Same
Mcleod Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	309	1	2.68	0.37	0.322	= Same
Medical University Hospital Authority (Musc)	Coronary Bypass Graft (Chest & Donor Incision)	216	1	2.16	0.46	0.479	= Same
Musc Health Columbia Medical Center Downtown	Coronary Bypass Graft (Chest & Donor Incision)	183	2	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Musc Health Florence Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	12	N/A	N/A	N/A	N/A	**No Conclusion**
Piedmont Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	90	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Coronary Bypass Graft (Chest & Donor Incision)	397	3	4.09	0.73	0.641	= Same
Prisma Health Richland	Coronary Bypass Graft (Chest & Donor Incision)	273	5	2.76	1.81	0.207	= Same
Roper Hospital	Coronary Bypass Graft (Chest & Donor Incision)	281	1	1.65	0.61	0.704	= Same
Self Regional Healthcare	Coronary Bypass Graft (Chest & Donor Incision)	91	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	281	3	2.58	1.16	0.738	= Same
Trident Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	199	1	1.66	0.60	0.695	= Same

Clostridium difficile (CDI) Events in South Carolina's Acute Care, Critical Access, Long-term Acute Care, and Inpatient Rehabilitation Hospitals
January 1, 2022 - December 31, 2022

This includes hospital-onset laboratory-identified events.

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.

N/A = Data not shown for hospitals with fewer than 50 patient days. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	2	1.67	1.20	0.731	= Same
Aiken Regional Medical Center	9	19.47	0.46	0.010	★ Better
Anmed Health Cannon	2	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Medical Center	15	41.93	0.36	0.000	★ Better
Anmed Health Rehabilitation	8	7.88	1.02	0.922	= Same
Anmed Health Womens And Children	0	1.34	0.00	0.263	= Same
Beaufort County Memorial Hospital	19	17.36	1.09	0.672	= Same
Bon Secours St. Francis Eastside	1	9.36	0.11	0.001	★ Better
Bon Secours St. Francis Hospital - Downtown	12	43.55	0.28	0.000	★ Better
Bon Secours St. Francis Xavier Hospital	22	24.09	0.91	0.692	= Same
Carolina Pines Regional Medical Center	1	4.50	0.22	0.072	= Same
Cherokee Medical Center	0	2.12	0.00	0.121	= Same
Coastal Carolina Medical Center	2	2.46	0.81	0.850	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	2	3.71	0.54	0.399	= Same
Columbia Medical Center Northeast	0	1.37	0.00	0.254	= Same
Continue Care Hosptial At Prisma Health Baptist	3	7.24	0.41	0.095	= Same
Conway Medical Center	2	19.74	0.10	0.000	★ Better
East Cooper Regional Medical Center	4	5.40	0.74	0.587	= Same
Edgefield County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital Of Bluffton	2	3.60	0.56	0.428	= Same
Encompass Rehabilitation Hospital Of Columbia	2	8.10	0.25	0.016	★ Better
Encompass Rehabilitation Hospital Of Florence	0	6.40	0.00	0.002	★ Better
Encompass Rehabilitation Hospital Of Greenville	2	5.61	0.36	0.106	= Same
Encompass Rehabilitation Hospital Of Rock Hill	4	9.52	0.42	0.055	= Same
Grand Strand Regional Medical Center	4	43.01	0.09	0.000	★ Better
Greenwood Regional Rehabilitation Hospital	2	3.73	0.54	0.394	= Same
Hampton Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Regional Medical Center	2	11.53	0.17	0.001	★ Better
Kershawhealth	3	6.40	0.47	0.166	= Same
Lake City Community Hospital	1	1.10	0.91	1.000	= Same
Lexington Medical Center	30	112.41	0.27	0.000	★ Better
Mcleod Health Cheraw	2	6.50	0.31	0.054	= Same
Mcleod Health Clarendon	6	4.02	1.49	0.330	= Same
Mcleod Loris	4	7.91	0.51	0.150	= Same
Mcleod Medical Center - Dillon	3	3.83	0.78	0.731	= Same
Mcleod Regional Medical Center	62	92.20	0.67	0.001	★ Better
Mcleod Seacoast	9	23.19	0.39	0.001	★ Better
Medical University Hospital Authority (Musc)	66	127.26	0.52	0.000	★ Better
Midlands Regional Rehabilitation Hospital	1	4.31	0.23	0.085	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Mount Pleasant Hospital	0	6.96	0.00	0.001	★ Better
Musc Health Chester Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Columbia Medical Center Downtown	1	13.98	0.07	0.000	★ Better
Musc Health Florence Medical Center	11	27.50	0.40	0.000	★ Better
Musc Health Florence Rehabilitation Center	0	2.07	0.00	0.126	= Same
Musc Health Florence Women's Pavilion	0	1.09	0.00	0.335	= Same
Musc Health Lancaster Medical Center	3	9.71	0.31	0.016	★ Better
Musc Health Marion Medical Center	1	1.99	0.50	0.545	= Same
Musc Health Rehabilitation Hospital	7	5.39	1.30	0.475	= Same
Newberry County Memorial Hospital	4	2.69	1.49	0.419	= Same
Pelham Health System	4	2.64	1.52	0.401	= Same
Piedmont Medical Center	7	33.49	0.21	0.000	★ Better
Prisma Health Baptist	2	33.85	0.06	0.000	★ Better
Prisma Health Baptist Easley Hosptial	3	12.29	0.24	0.002	★ Better
Prisma Health Greenville Memorial Hospital	32	109.45	0.29	0.000	★ Better
Prisma Health Greer Memorial Hospital	4	12.01	0.33	0.010	★ Better
Prisma Health Hillcrest Hospital	3	4.01	0.75	0.669	= Same
Prisma Health Laurens County Hospital	3	4.70	0.64	0.462	= Same
Prisma Health North Greenville Hospital	2	11.57	0.17	0.001	★ Better
Prisma Health Oconee Memorial Hospital	2	18.11	0.11	0.000	★ Better
Prisma Health Parkridge	0	9.25	0.00	0.000	★ Better
Prisma Health Patewood Hospital	0	2.42	0.00	0.089	= Same
Prisma Health Richland	19	102.71	0.19	0.000	★ Better
Prisma Health Tuomey	2	19.48	0.10	0.000	★ Better
Regency Hospital Of Florence	0	15.22	0.00	0.000	★ Better
Regency Hospital Of Greenville	1	8.24	0.12	0.003	★ Better

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Regional Medical Center Of Orangeburg And Calho	8	18.02	0.44	0.010	★ Better
Roper Hospital	38	38.01	1.00	1.000	= Same
Roper St. Francis Hospital Berkeley	6	6.58	0.91	0.871	= Same
Self Regional Healthcare	13	32.20	0.40	0.000	★ Better
Shriners Hospitals For Children	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Hospital For Restorative Care	4	8.08	0.50	0.136	= Same
Spartanburg Medial Center Mary Black Campus	3	16.71	0.18	0.000	★ Better
Spartanburg Medical Center	28	80.32	0.35	0.000	★ Better
Spartanburg Rehabiliation Institute	4	3.80	1.05	0.859	= Same
Summerville Medical Center	5	14.44	0.35	0.005	★ Better
Tidelands Georgetown Memorial Hospital	3	7.42	0.40	0.084	= Same
Tidelands Health Rehabilitation Hospital	1	10.10	0.10	0.001	★ Better
Tidelands Waccamaw Community Hospital	4	9.34	0.43	0.061	= Same
Trident Medical Center	14	35.42	0.40	0.000	★ Better
Union Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra Charleston	7	13.55	0.52	0.059	= Same
Williamsburg Regional Hospital	0	< 1.00	N/C	N/C	**No Conclusion**

Methicillin-Resistant Staphylococcus aureus (MRSA) Events in South Carolina's Acute Care, Critical Access, Long-term Acute Care, and Inpatient Rehabilitation Hospitals
January 1, 2022 - December 31, 2022

This includes hospital-onset laboratory-identified bacteremia (blood infection) events.

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.

N/A = Data not shown for hospitals with fewer than 50 patient days. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	⊗	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Aiken Regional Medical Center	2	2.40	0.83	0.879	= Same
Allendale County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Cannon	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Medical Center	13	5.52	2.35	0.006	⊗ Worse
Anmed Health Rehabilitation	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Womens And Children	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort County Memorial Hospital	3	1.26	2.38	0.173	= Same
Bon Secours St. Francis Eastside	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	6	6.24	0.96	0.977	= Same
Bon Secours St. Francis Xavier Hospital	2	1.56	1.28	0.669	= Same
Carolina Pines Regional Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Coastal Carolina Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Columbia Medical Center Northeast	0	< 1.00	N/C	N/C	**No Conclusion**
Continue Care Hosptial At Prisma Health Baptist	0	1.17	0.00	0.311	= Same
Conway Medical Center	5	3.64	1.37	0.464	= Same
East Cooper Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Edgefield County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital Of Bluffton	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital Of Columbia	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital Of Florence	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital Of Greenville	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital Of Rock Hill	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	3	8.04	0.37	0.055	= Same
Greenwood Regional Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Kershawhealth	1	1.27	0.79	0.916	= Same
Lake City Community Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	4	11.26	0.36	0.017	★ Better
Mcleod Health Cheraw	1	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Health Clarendon	0	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Loris	0	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Medical Center - Dillon	1	< 1.00	N/C	N/C	**No Conclusion**
Mcleod Regional Medical Center	18	14.01	1.29	0.292	= Same
Mcleod Seacoast	6	2.96	2.03	0.111	= Same
Medical University Hospital Authority (Musc)	39	28.49	1.37	0.059	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Midlands Regional Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Mount Pleasant Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Chester Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Columbia Medical Center Downtown	4	1.75	2.29	0.133	= Same
Musc Health Florence Medical Center	5	4.71	1.06	0.842	= Same
Musc Health Florence Rehabilitation Center	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Florence Women's Pavilion	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Lancaster Medical Center	0	1.14	0.00	0.319	= Same
Musc Health Marion Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Musc Health Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Memorial Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health System	1	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	3	3.59	0.84	0.823	= Same
Prisma Health Baptist	7	5.51	1.27	0.508	= Same
Prisma Health Baptist Easley Hosptial	1	1.43	0.70	0.819	= Same
Prisma Health Greenville Memorial Hospital	28	24.96	1.12	0.531	= Same
Prisma Health Greer Memorial Hospital	1	1.21	0.83	0.958	= Same
Prisma Health Hillcrest Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Laurens County Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health North Greenville Hospital	1	1.82	0.55	0.618	= Same
Prisma Health Oconee Memorial Hospital	0	1.80	0.00	0.165	= Same
Prisma Health Parkridge	3	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Patewood Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	18	19.78	0.91	0.714	= Same
Prisma Health Tuomey	1	2.29	0.44	0.436	= Same
Regency Hospital Of Florence	0	4.49	0.00	0.011	★ Better

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Regency Hospital Of Greenville	0	1.44	0.00	0.237	= Same
Regional Medical Center Of Orangeburg And Calho	5	3.17	1.58	0.317	= Same
Roper Hospital	3	3.19	0.94	0.986	= Same
Roper St. Francis Hospital Berkeley	1	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	3	4.87	0.62	0.420	= Same
Shriners Hospitals For Children	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Hospital For Restorative Care	0	1.18	0.00	0.309	= Same
Spartanburg Medial Center Mary Black Campus	1	3.23	0.31	0.206	= Same
Spartanburg Medical Center	22	16.15	1.36	0.159	= Same
Spartanburg Rehabiliation Institute	1	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	0	2.08	0.00	0.125	= Same
Tidelands Georgetown Memorial Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Health Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	1	1.63	0.61	0.712	= Same
Trident Medical Center	8	6.61	1.21	0.565	= Same
Union Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra Charleston	2	1.78	1.12	0.797	= Same
Williamsburg Regional Hospital	0	< 1.00	N/C	N/C	**No Conclusion**