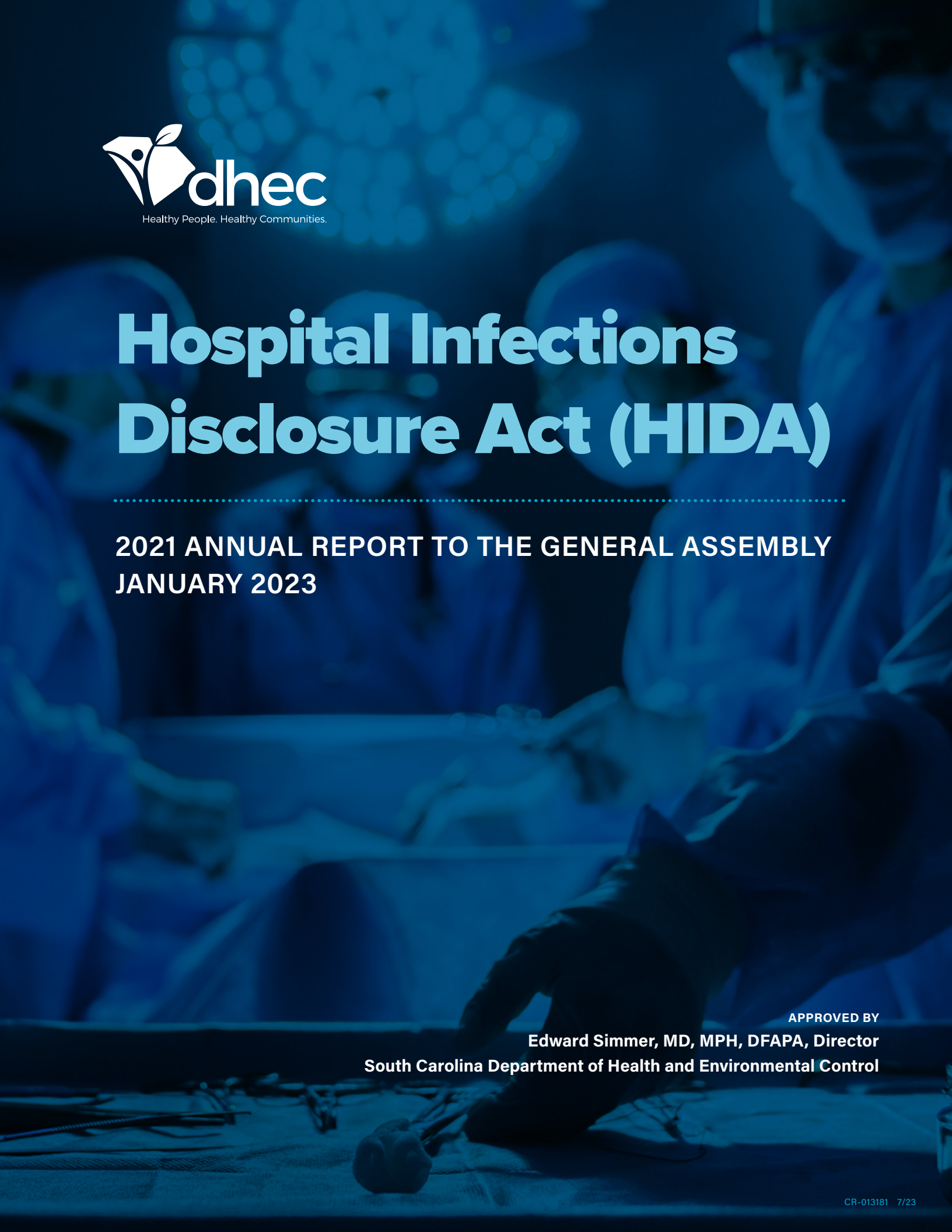


dhec
Healthy People. Healthy Communities.

Hospital Infections Disclosure Act (HIDA)

2021 ANNUAL REPORT TO THE GENERAL ASSEMBLY
JANUARY 2023

APPROVED BY

Edward Simmer, MD, MPH, DFAPA, Director

South Carolina Department of Health and Environmental Control

CR-013181 7/23

Foreword

The South Carolina Department of Health and Environmental Control (DHEC) submits the 2021 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:

Max Habicht, MPH
Epidemiologist
Healthcare-Associated Infections
Division of Acute Disease Epidemiology
(803) 331-1426
habichmr@dhec.sc.gov

Autumn Avila, MPH
Epidemiologist
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

Foreword 2
Abbreviations 4
List of Tables and Figures 5
Executive Summary 6
Introduction 8
Methods 11
Reporting Facility Information 11
National Healthcare Safety Network (NHSN) 11
Data Quality Assurance 12
2021 HIDA Reporting Schedule and Data Deadlines 13
Standardized Infection Ratio and 95% Confidence Interval Calculations 13
Re-Baseline of SIR (2015) 14
Central Line Associated Blood Stream Infections (CLABSI) 15
Calculating CLABSI SIRs 15
CLABSI Results 16
CLABSI Microorganism Data 17
Laboratory-Identified (LabID) Events 20
Healthcare Facility-Onset MRSA BSI SIR Calculations And Results 20
Healthcare Facility-Onset CDI SIR Calculations And Results 21
Surgical Site Infections (SSI) 22
Calculating SSI SIRs 22
SSI Results 22
Conclusion 24
References 26
Appendix A: List of HIDA Advisory Committee Members 28
Appendix B: Standard Attestation Letter 29
Appendix C: Facility-Level Data 30

Abbreviations

ABHS—Alcohol-based hand sanitizer

ACH—Acute care hospital

ADN—Associate Degree in Nursing

ASA—American Society of Anesthesiologists

AR—Admission/re-admission

BSI—Blood stream infection

BSN—Bachelor of Science in Nursing

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 difficile* infection

CLABSI—Central line-associated bloodstream infection

CMS—Centers for Medicare and Medicaid Services

CNAs—Certified Nursing Assistants

CO—Community-onset

COLO—Colon surgery

COVID-19—Coronavirus Disease 2019

CRNA—Certified Registered Nurse Anesthetists

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)

LPN—Licensed Practical Nurses

LTAC—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

Table 1. National SIR Reduction Targets for 2020 and 2030

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

Table 3. Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIR) in Acute Care Hospitals by Location – 2021

Table 4. Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIR) in Critical Access, Long-term Acute Care, and Inpatient Rehabilitation Hospitals by Location - 2021

Table 5. Methicillin-Resistant Staphylococcus aureus (MRSA) Bloodstream Infection Laboratory-identified (BSI LabID) Events for South Carolina Hospitals – 2021

Table 6. Clostridioides difficile (CDI) Laboratory-identified (LabID) Events for South Carolina Hospitals – 2021

Table 7. Overall South Carolina Surgical Site Infection Complex Admission/ Readmission Standardized Infection Ratio (AR SIR) by Surgical Procedure - 2021

List of Figures

Figure 1. Quarterly National SIR Changes in National Healthcare-Associated Infection (HAI) Standardized Infection Ratios (SIRs) for Acute Care Hospitals 2019-Q1 through 2021-Q3

Figure 2. Summary of HIDA Reporting Hospital Types - 2021

Figure 3. Data Collected for 2015 Re-baseline

Figure 4. Identified Microorganisms for All Reported Central Line-Associated Bloodstream Infection (CLABSI) in Acute Care Hospitals - excluding Neonatal Intensive Care Units - 2021

Figure 5. Identified Microorganisms for All Reported Central Line-Associated Bloodstream Infection (CLABSI) in Neonatal Intensive Care Units – 2021

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

Figure 7. South Carolina Performance in Acute Care Hospitals, 2016-2021, Compared to DHHS 2030 Target – 2021

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 the Department of Health and Environmental Control (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 2021 HIDA Annual Report contains data from January 1, 2021, through December 31, 2021, 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 (i.e., hematology/oncology, bone marrow transplant, leukemia/lymphoma units)
   - ACH Neonatal Critical Care Unit (NICU) Levels II/III, III, and IV Locations
   - LTAC Care Locations
   - LTAC Ward Locations
   - IRF Adult and Pediatric Ward Locations
2. Laboratory-identified (LabID) Events in facility-wide locations in ACHs, LTACs, 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 eighty-three (83) South Carolina hospitals for infections

that occurred from January 1, 2021, through December 31, 2021. 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 healthcare, 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 2021, indicating that there were fewer observed events than predicted events. However, the MRSA SIR for 2021 remained above one, indicating that there were more observed events than predicted events. South Carolina's overall SSI SIR in 2021 was 0.97, which failed to achieve the Healthy People 2020 target of an SSI SIR below 0.70.

The CLABSI SIRs for ACHs (0.90), IRFs (0.25), and LTACHs (0.78) performed better than predicted with SIRs below one; 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. For MRSA SIRs, LTACHs achieved the 2030 target of 0.50, with an SIR of 0.48. In contrast, ACHs and IRFs failed to meet the target with MRSA SIRs of 1.46 and 0.78, respectively. ACHs performed worse than predicted (SIR >1). The MRSA SIR for CAHs could not be determined because there was less than one predicted event. For CDI SIRs, ACHs (0.40), CAHs (0.00), IRFs (0.37), and LTACHs (0.46) in South Carolina performed better than expected (SIRs <1) and were below 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 one 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 at the recommendation of the HIDA Advisory Committee. 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, Hospital Infection Disclosure Act (HIDA) Statute.

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 area	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 area	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.

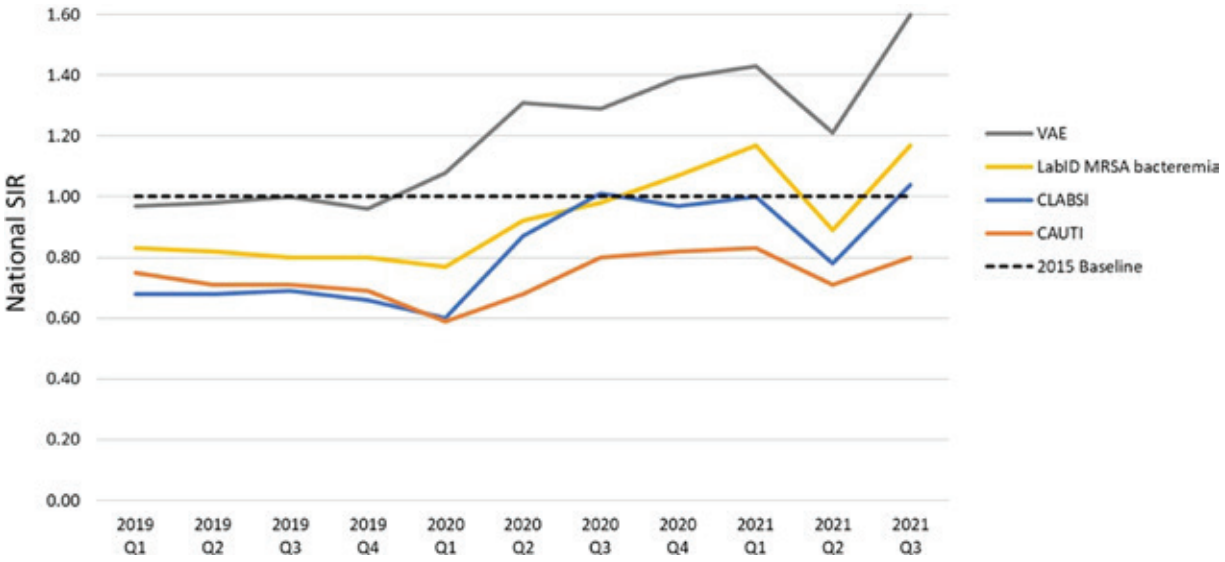
The HIDA Annual Report contains data from the most recent calendar year for which facilities have validated their data, including facility-specific HAI reports. All reports are made available to the public on DHEC's HIDA Public Reports webpage. The public availability of reports assists consumers in 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.

These strides to reduce HAIs and improve patient safety were impeded during the second year of the COVID-19 pandemic. There were ongoing challenges in hospital settings requiring changes to practices and policies. Longer patient length of stay, additional comorbidities,

and higher patient acuity levels, as well as a longer, more frequent use of devices in 2021 likely contributed to an overall increased potential for device-associated infections during that period.[7]

Figure 1. Quarterly National SIR Changes in National Healthcare-Associated Infection (HAI) Standardized Infection Ratios (SIRs) for Acute Care Hospitals 2019-Q1 through 2021-Q3.[8]



Quarterly national SIRs for select HAI types, 2019-Q1 through 2021-Q3. The HAIs shown on this graph have been most affected by the COVID-19 pandemic, as demonstrated by CDC data.[9,10] SIRs for other types of infections are available in prior reports.[9,10] This graph displays the quarterly SIR point estimates from 2019-Q1 through 2021-Q3 and does not constitute a statistical trend analysis.

Note: SIR, standardized infection ratio; HAI, healthcare-associated infection; VAE, ventilator-associated event; LabID, laboratory–identified; MRSA, methicillin-resistant *Staphylococcus aureus*; CLABSI, central-line–associated bloodstream infection; CAUTI, catheter-associated urinary tract infection.

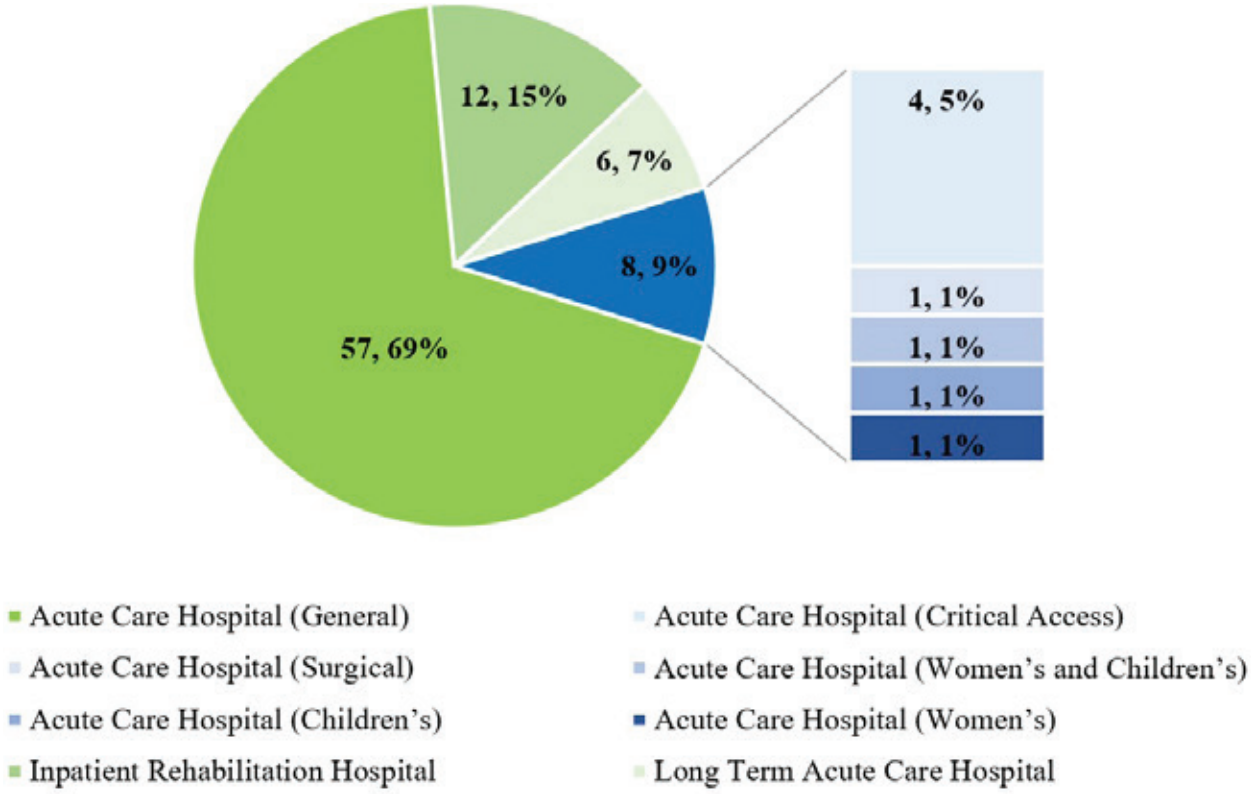
Methods

This report contains data entered from 83 South Carolina hospitals. It includes information regarding infections that occurred from Jan. 1, 2021, through Dec. 31, 2021.

Reporting Facility Information

Eighty-three hospitals of varying types were required to report HAI data to DHEC via NHSN in 2021. Reporting facilities were comprised of 57 general hospitals, 12 inpatient rehabilitation hospitals (IRFs), six long-term acute care (LTAC) hospitals, four 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 - 2021



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 2021 reporting period, the 83 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 have 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 for 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 provide 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.

2021 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 healthcare personnel vaccination for the previous influenza season) and once for the HIDA annual report (providing data for the full calendar year). Reports are published on the DHEC HAI website 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.[11] 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.[12] 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.

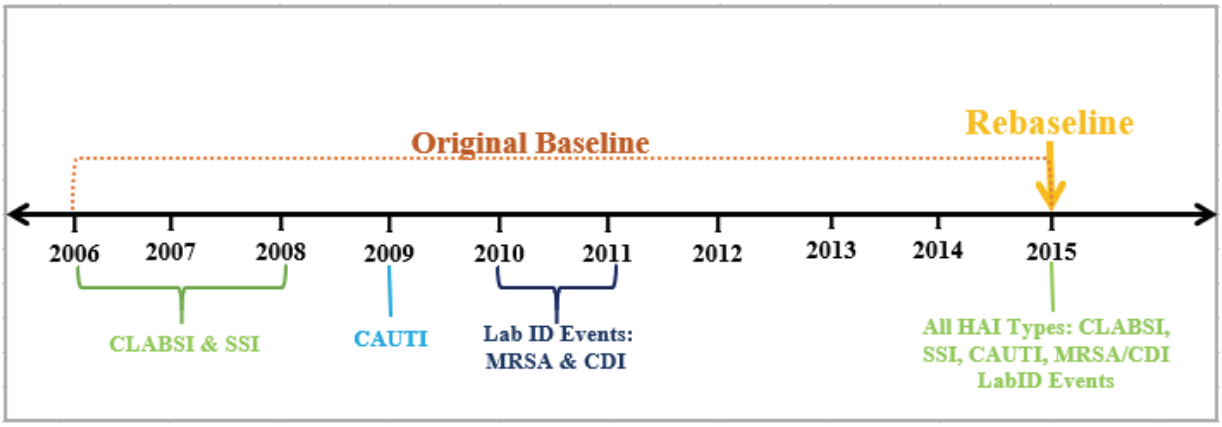
The 95% CI allows for comparison of the state's HAI SIRs over time for internal benchmarking, as well as for benchmarking against other state's SIRs and the national SIR. When the 95% confidence intervals overlap, it means no statistically significant difference in the SIRs. However, there is a statically 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.[12] 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. The CLABSI SIR is calculated by dividing the number of observed CLABSI events by the number of predicted CLABSI events.

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:

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

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

$$SIR = 1.7$$

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. For example, a hospital may want to look at the SIR for certain pediatric locations, the information from the neonatal intensive care unit (NICU) could be combined with the information from the pediatric intensive care unit (PICU) to attain one SIR.

CLABSI Results

Table 3 presents CLABSI SIRs reported in South Carolina during 2021. 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 (to include adult and pediatric specialty care areas and oncology units). An asterisk (*) indicates that an 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 2021. 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, step down units and inpatient wards. ACHs performed similarly to the national rate for specialty care units, oncology wards and rehabilitation wards. Critical care units performed worse than the national rate, with an SIR of 1.23. 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 - 2021

Location	Central Line Days	Observed CLABSI	Expected CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Care Units	164,225	213	173.94	1.23	1.068, 1.398	Worse
Neonatal Intensive Care Unit	16,928	13	25.31	0.51	0.286, 0.856	Better
Specialty Care Units	4,243	7	4.50	1.56	0.681, 3.078	Not Different
Step Down Units	37,201	19	33.87	0.56	0.681, 3.078	Better
Oncology Step Down Unit	604	2	< 1.0	*	*	**No Conclusion**
Inpatient Wards	165,769	99	144.65	0.68	0.559, 0.830	Better
Oncology Ward	37,807	33	44.06	0.75	0.524, 1.040	Not Different
Rehabilitation Ward*	4,076	4	2.32	1.73	0.548, 4.163	Not Different
All Location Types	435,205	390	432.81	0.90	0.815, 0.994	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. The critical care and ward locations for inpatient rehabilitation hospitals (IRFs) and critical care units and inpatient wards at long-term acute care (LTACs) hospitals performed the same as 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 - 2021

Facility Type	Location	Central Line Days	Observed CLABSI	Expected CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Access	Critical Care Units	351	0	< 1.0	*	*	**No Conclusion**
	Inpatient Wards	774	0	< 1.0	*	*	**No Conclusion**
	All Location Types	1,125	0	< 1.0	*	*	**No Conclusion**
Inpatient Rehabilitation	All Location Types	7,835	1	3.98	0.25	0.013, 1.240	Not Different
Long-term Acute Care	Critical Care Unit	2,263	5	5.17	0.97	0.354, 2.144	Not Different
	Inpatient Ward	20,748	17	23.16	0.73	0.442, 1.151	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 2021, Gram-Negative Organisms represented approximately 35.84% of the total isolates reported for CLABSI in acute care hospitals, excluding neonatal intensive care units. Staphylococci, Yeasts and Enterobacteriaceae were the second, third and fourth most common organisms detected, comprising 19.84%, 16.96% and 13.44%, respectively. Other isolates reported for CLABSIs in ACHs, excluding neonatal intensive care units, included, Enterococci (11.20%), Streptococci (2.72%), Other Anaerobes (1.60%), Other Gram-Positive Organisms (1.60%), and Other Burkholderia (0.64%).

Figure 4. Identified Micoorganisms for All Reported Central Line-Associated Bloodstream Infections (CLABSI) in Acute Care Hospitals by Microorganism Grouping - excluding Neonatal Intensive Care Units

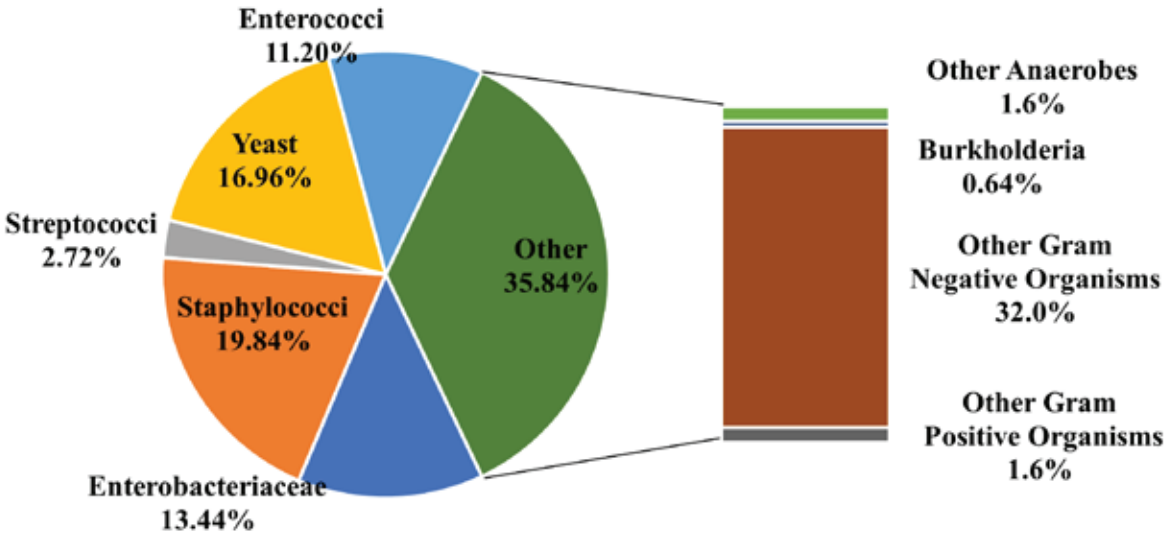
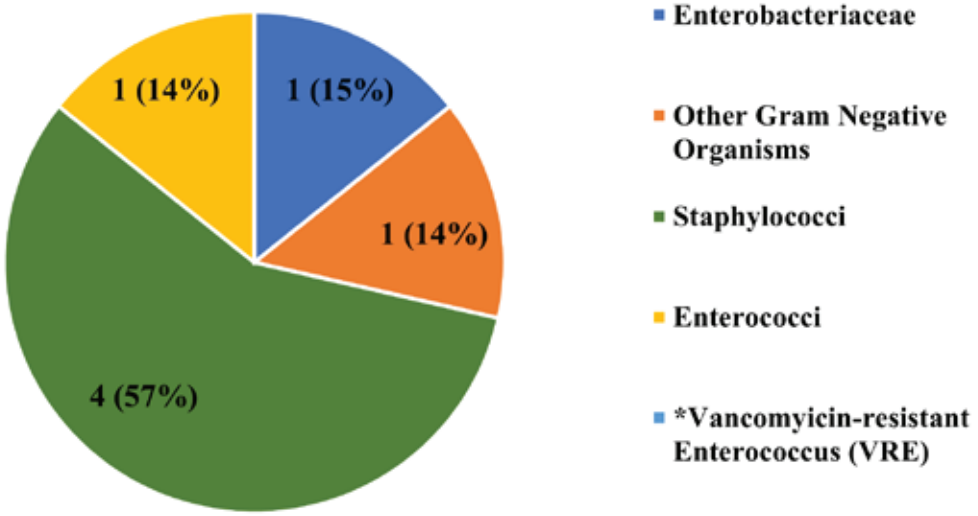


Figure 5 presents microorganisms that were identified for all reported CLABSIs in NICUs. In 2021, Staphylococci, specifically *Staphylococcus aureus* and *Staphylococcus capitis*, were the most common isolates identified in NICU CLABSIs. These organisms accounted for 42.86% and 14.29%, respectively, comprising over 57% of the total isolates identified in CLABSIs in NICUs. Other isolates reported for NICU CLABSIs included, Enterobacteriaceae: *Escherichia coli* (14.29%), Enterococci: *Enterococcus faecalis* (14.29%), and Other Gram-Negative Organism: *Pseudomonas aeruginosa* (14.29%), totaling over 42% of total isolates identified in NICU CLABSIs. There were no Vancomycin-resistant *Enterococcus* (VRE) identified in 2021.

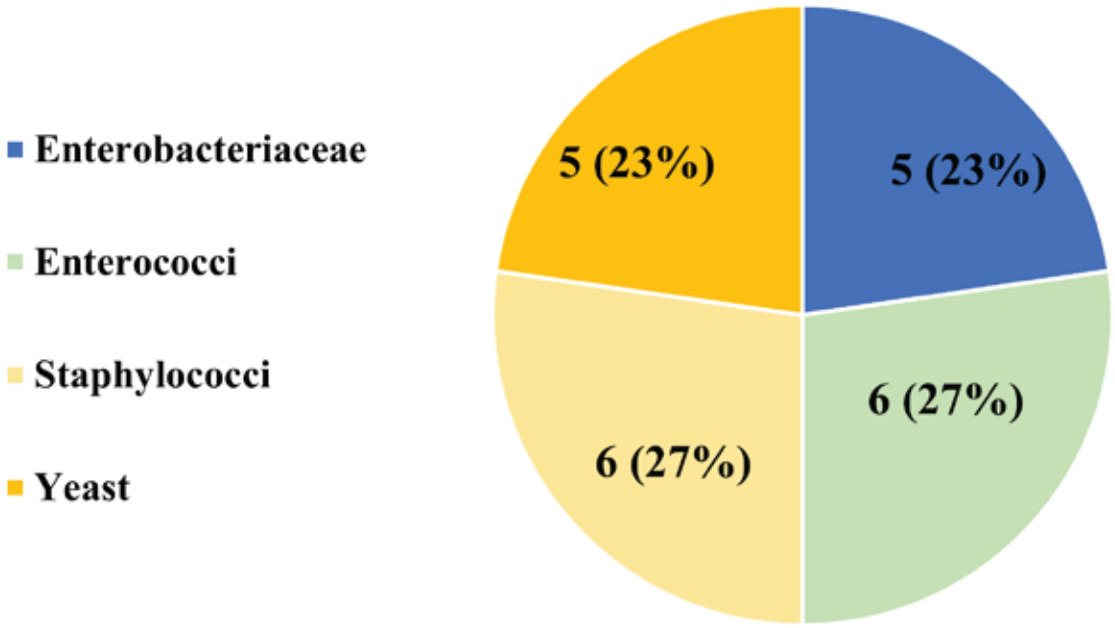
Figure 5. Identified Microorganisms for All Reported Central Line-Associated Bloodstream Infections (CLABSI) in Neonatal Intensive Care Units



*Vancomycin-resistant *Enterococcus* (VRE) accounted for zero (0) CLABSIs in Neonatal ICUs

Figure 6 presents the identified microorganisms for all reported CLABSIs in LTACs. In 2021, Staphylococci (27.28%) and Enterococci (27.28%) were the most common organisms reported, comprising more than 54% of the total isolates. Staphylococci includes *Staphylococcus aureus* (13.64%) and *Staphylococcus epidermidis* (13.64%). Enterococci includes *Enterococcus faecium* (9.09%), *Enterococcus faecalis* (13.64%) and *Enterococcus gallinarum* (4.55%). Candida species and other species of Yeast were the third most common isolates reported, including *Candida albicans* (4.55%), *Candida parapsilosis* (4.55%), *Candida tropicalis* (9.09%) and Yeast (4.55%), totaling 22.74% of isolates reported. Enterobacteriaceae was the fourth most common organism reported, including *Klebsiella pneumoniae* (13.64%) and *Serratia marcescens* (9.09%), representing 22.73% of isolates identified in LTAC CLABSIs.

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.

Healthcare 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 309 HO-MRSA BSI LabID Events in total reported in 2021 from ACHs, CAHs, IRFs and LTAC hospitals across South Carolina. In 2021, ACHs performed worse than the national HO-MRSA BSI LabID Event rate. IRFs had similar numbers of HO-MRSA BSIs identified in 2021 compared to the national HO-MRSA BSI LabID Event rate. LTACs performed better than the national HO-MRSA BSI LabID Event rate. Zero HO-MRSA bloodstream infections 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 - 2021

Facility Type	Patient Days	Observed MRSA BSI LabID Events	Predicted MRSA BSI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,736,310	301	205.94	1.46	1.303, 1.634	Worse
Critical Access	12,922	0	< 1.0	*	*	**No Conclusion**
Inpatient Rehabilitation	135,143	2	2.57	0.78	0.130, 2.571	Not Different
Long-term Acute Care	64,168	6	12.56	0.48	0.194, 0.993	Better

Healthcare 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 592 CDI-HO LabID Events reported from South Carolina hospitals in 2021. This is a decrease from the 706 CDI-HO LabID Events that were reported in 2020. The SIRs for ACHs, CAHs, IRFs and LTAC hospitals were significantly better than the national baseline for 2021.

Table 6. *Clostridium difficile* **(CDI) Laboratory-identified (LabID) Events for South Carolina Hospitals - 2021**

Facility Type	Patient Days	Observed CDI LabID Events	Predicted CDI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,544,412	540	1367.81	0.40	0.363, 0.429	★ Better
Critical Access	12,883	0	3.04	0.00	No Lower Bound, 0	Not Different
Inpatient Rehabilitation	149,639	24	64.72	0.37	0.243 0.543	★ Better
Long-term Acute Care	64,168	28	61.43	0.46	0.309, 0.650	★ 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 (0.81) than national data. The percent of MRSA positive cultures from each SSI procedure type is reflected below. Of all SSIs reported, MRSA was detected in 20.69% of positive cultures, which is a stark increase from 2020 SSI data, where MRSA was found in 9.93% of cultures.

Table 7. Overall South Carolina Surgical Site Infection Complex Admission Readmission Standardized Infection Ratio (AR SIR) by Surgical Procedure - 2021

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)	3,281	22	26.62	0.83	0.531	Not Different	18.18%

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 Only Incision)	234	4	1.73	2.32	0.736, 5.585	Not Different	25.00%
Abdominal Hysterectomy	5,516	43	36.21	1.19	0.870, 1.585	Not Different	0.00%
Hip Prosthesis (Replacement)	8,328	62	58.08	1.07	0.825, 1.359	Not Different	38.71%
Knee Prosthesis (Replacement)	10,687	39	38.11	1.02	0.738, 1.385	Not Different	64.10%
Colon Surgery	5,380	108	133.38	0.81	0.667, 0.974	★ Better	0.00%
All Procedures	40,649	319	328.15	0.97	0.870, 1.083	Not Different	20.69%

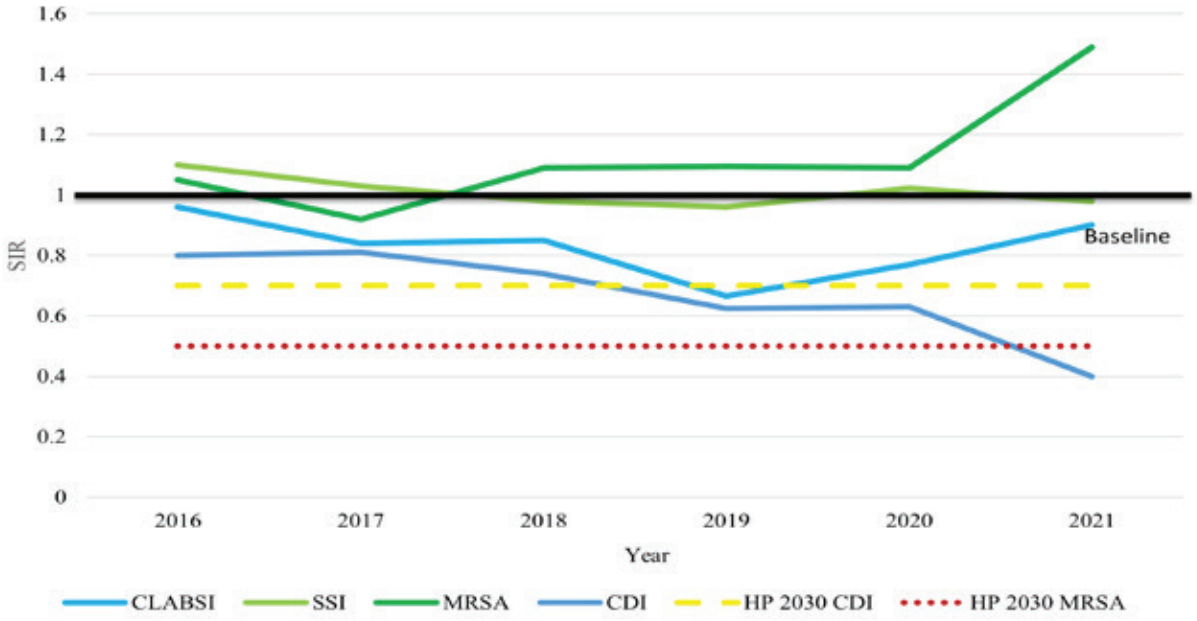
Conclusion

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, some of those strides have been slowed due to challenges faced throughout the COVID-19 pandemic, resulting in increases in most SIRs. Figure 7 shows the increase in SIRs for ACH's CLABSI, SSI and MRSA events for 2021, while the CDI SIR decreased. In 2021, the ACH's CLABSI 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 SSI and MRSA SIRs were both above one (1.0) in 2021, indicating that there were more observed events than predicted events.

An analysis by Lastinger et al. compared SIRs between 2019 Quarter 3 and 2021 Quarter 3 and saw significant increases in CLABSI and LabID MRSA events, recording percent changes in the SIR of 48.4 percent and 45.1 percent, respectively.[9] Changes in SIRs were driven by changes in the number of reported HAIs, with several other factors contributing to the changes. Device-associated HAIs were likely affected by the continued changing of hospital infection prevention practices. Additionally, different patients may have been admitted to health care settings compared to the pre-pandemic period, and the changes in SIRs could be explained by changes in the proportion of patients with different characteristics (e.g., race, ethnicity, and number of comorbidities). In contrast, this analysis identified a significant decrease in CDI SIRs across the comparison period, noting improved hand hygiene practices as the main contributor to the change. South Carolina experienced similar trends in SIRs among acute care hospitals, as shown in Figure 7.

Figure 7. South Carolina Performance in Acute Care Hospitals 2016-2021, Compared to DHHS 2030 Targets



The Healthy People 2020 target for CLABSI SIR is a 50% reduction compared to the national baseline, which equates to an SIR of 0.50. The CLABSI SIRs for ACHs, LTACHs, and IRFs failed to meet the 2020 target, resulting in SIRs of 0.90, 0.78 and 0.95, respectively. The 2021 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 2021, South Carolina's overall SSI SIR for ACHs, CAHs, IRFs, and LTACs did not meet the national target with an SSI SIR of 0.97.

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 2021, the MRSA SIR for LTACHs was 0.48, which met the national target. In contrast, the SIRs for ACHs and IRFs were 1.46 and 0.78, respectively. South Carolina's MRSA SIR for CAHs could not be determined for 2021 because there was less than one predicted MRSA event. 2021 CDI SIRs for ACHs (0.40), CAHs (0.00), IRFs (0.37), and LTACHs (0.46) in South Carolina achieved the target measurement.

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 is 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 third limitation comes as a result of the COVID-19 pandemic, which made it challenging for South Carolina hospitals to maintain staffing adequacy and, as a result, made it difficult to meet reporting requirements. 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. (2022). 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. (2022). COVID-19 Impact on HAIs. Retrieved from https://www.cdc.gov/hai/data/portal/covid-impact-hai.html
8. Lastinger, L., Alvarez, C., Kofman, A., Konnor, R., Kuhar, D., Nkwata, A., ... Dudeck, M. (2022). Continued increases in the incidence of healthcare-associated infection (HAI) during the second year of the coronavirus disease 2019 (COVID-19) pandemic. Infection Control & Hospital Epidemiology, 1-5. DOI: 10.1017/ice.2022.116

9. 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

10. Patel, P., Weiner-Lastinger, L., Dudeck, M., Fike, L., Kuhar, D., Edwards, J., . . . Benin, A. (2022). Impact of COVID-19 pandemic on central-line–associated bloodstream infections during the early months of 2020, National Healthcare Safety Network. Infection Control & Hospital Epidemiology, 43(6), 790-793. DOI: 10.1017/ice.2021.108

11. 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

12. Centers for Disease Control and Prevention. (2022). 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, Nurse Consultant
- Anna-Kathryn Burch, M.D., Infectious Disease Medical Consultant
- Max Habicht, Healthcare-Associated Infections Epidemiologist
- Linda Bell, M.D., State Epidemiologist
- Patricia Kopp, Healthcare-Associated Infections Coordinator
- Rebecca Walker, Nurse Consultant
- Sandra Bandstra, Clinical Microbiology Supervisor
- William D. Britt, Chief Counsel for Public Health, Office of General Council

APIC Palmetto Infection Preventionist Representatives

- Ann North, Infection Preventionist, MUSC Health Florence
- 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
- Sue Boeker, 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
- Robert Rife, American Lung Association & American Association for Respiratory Care

SC Revenue and Fiscal Affairs Office

- Julie Royer, Statistician

Carolinas Center for Medical Excellence Representatives

- Karen Southard, Quality 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 South Carolina 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 2021 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 Monday, October 31st, 2022, 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 2021 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

Max Habicht by Friday, October 31st, 2022.

Email: 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, 2021 - December 31, 2021

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	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Aiken Regional Medical Centers	Critical Care Units	7	4.08	1.72	0.175	= Same
	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	1.12	0.00	0.327	= Same
	Inpatient Wards	1	2.36	0.42	0.412	= Same
Allendale County Hospital	Inpatient Ward	N/A	N/A	N/A	N/A	**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**
AnMed Health Medical Center	Critical Care Units	11	9.06	1.21	0.505	= 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?
AnMed Health Medical Center	Step Down Units	0	1.30	0.00	0.274	= Same
	Inpatient Wards	3	6.59	0.46	0.146	= Same
AnMed Health Rehabilitation	Rehabilitation Ward	0	<1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort County Memorial Hospital	Critical Care Units	2	2.03	0.98	1.000	= Same
	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	1.97	0.00	0.139	= Same
Bon Secours St. Francis Eastside	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
	Oncology Ward	3	3.00	1.00	0.929	= Same
Bon Secours St. Francis Hospital - Downtown	Critical Care Units	18	8.10	2.22	0.003	⊗ Worse
	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	10	7.97	1.25	0.461	= Same
	Oncology Ward	2	1.08	1.85	0.391	= Same
Bon-Secour St. Francis Xavier 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**
	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**
Coastal Carolina Hospital	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?
Colleton Medical Center	Critical Care Units	3	< 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**
ContinueCARE Hospital at Prisma Health Baptist	Inpatient Ward	3	3.41	0.88	0.894	= Same
Conway Medical Center	Critical Care Units	4	1.64	2.44	0.110	= Same
	Rehabilitation Ward	0	<1.00	N/A	N/A	**No Conclusion**
	Inpatient Wards	1	1.86	0.54	0.600	= Same
East Cooper 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 Hosptial	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Bluffton	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Columbia	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Florence	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Greenville	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Rock Hill	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Georgetown Memorial Hospital	Critical Care Units	3	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Critical Care Units	13	6.46	2.01	0.022	Worse
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	1.13	0.89	1.000	= Same
	Inpatient Wards	6	4.61	1.30	0.499	= Same
Greenwood Regional Rehabilitation Hospital	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?
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	3	1.20	2.49	0.155	= Same
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
KershawHealth	Critical Care Units	1	1.02	0.98	1.000	= Same
	Inpatient Wards	2	1.04	1.92	0.367	= Same
Lake City Community Hospital	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Critical Care Units	2	6.38	0.31	0.060	= Same
	Step Down Units	0	4.06	0.00	0.017	★ Better
	Inpatient Wards	8	11.66	0.69	0.284	= Same
	Oncology Ward	4	5.03	0.80	0.697	= Same
McLeod Health Cheraw	Critical Care Units	1	< 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**
McLeod Medical Center - Dillon	Critical Care Units	2	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	Critical Care Units	11	17.14	0.64	0.126	= Same
	Neonatal Intensive Care Unit	0	1.48	0.00	0.228	= Same
	Specialty Care Units	7	4.50	1.56	0.255	= Same
	Step Down Units	1	3.14	0.32	0.223	= Same
	Inpatient Wards	7	9.75	0.72	0.390	= Same
	Oncology Ward	4	2.06	1.94	0.211	= 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?
McLeod Seacoast	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	2	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	1.54	0.00	0.214	= Same
Medical University Hospital Authority (MUSC)	Critical Care Units	33	24.55	1.34	0.100	= Same
	Neonatal Intensive Care Unit	6	5.38	1.12	0.745	= Same
	Step Down Units	2	5.03	0.40	0.162	= Same
	Inpatient Wards	16	19.41	0.82	0.451	= Same
	Oncology Ward	8	15.43	0.52	0.044	★ Better
Midlands Regional Rehabilitation Hospital	Rehabilitation Ward	0	<1.00	N/C	N/C	**No Conclusion**
Mount Pleasant Hospital	Critical Care Units	3	<1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Chester Medical Center	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Medical Center	Critical Care Units	3	4.48	0.67	0.523	= Same
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	2.25	0.44	0.447	= Same
MUSC Health Florence Rehabilitation Center	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Women's Pavilion	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Lancaster Medical Center	Critical Care Units	4	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Marion Medical Center	Critical Care Units	1	<1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Rehabilitation Center	Rehabilitation Ward	1	<1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham 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?
Piedmont Medical Center	Critical Care Units	1	3.41	0.29	0.178	= 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	0	2.31	0.00	0.099	= Same
Prisma Health Baptist	Critical Care Units	3	1.62	1.86	0.302	= Same
	Neonatal Intensive Care Unit	1	1.11	0.90	1.000	= Same
	Step Down Units	0	<1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	3.33	0.30	0.190	= Same
	Oncology Ward	1	2.26	0.44	0.444	= Same
Prisma Health Easley Hospital	Critical Care Unitls	1	1.21	0.83	0.957	= Same
	Inpatient Wards	0	<1.00	N/C	N/C	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Critical Care Units	14	19.49	0.72	0.208	= Same
	Neonatal Intensive Care Units	1	7.84	0.13	0.004	★ Better
	Rehabilitation Ward	0	<1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	2.69	0.37	0.319	= Same
	Inpatient Wards	5	16.72	0.30	0.001	★ Better
	Oncology Ward	5	6.97	0.72	0.481	= Same
Prisma Health Greer Memrorial Hosptial	Critical Care Units	2	1.14	1.76	0.421	= Same
	Inpatient Wards	1	<1.00	N/C	N/C	**No Conclusion**
Prisma Health Hillcrest Memorial 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	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**
Prisma Health North Greenville Hosptial	Critical Care Units	1	1.49	0.67	0.787	= Same
	Inpatient Wards	1	0	1.66	0.00	= 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 Oconee Memorial Hospital	Critical Care Units	1	1.04	0.96	1.000	= Same
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Parkridge	Critical Care Units	1	<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	11	16.27	0.68	0.183	= Same
	Neonatal Intensive Care Unit	2	6.52	0.31	0.053	= Same
	Inpatient Wards	9	12.56	0.72	0.319	= Same
	Oncology Ward	4	2.08	1.92	0.219	= Same
Prisma Health Tuomey	Critical Care Units	5	1.30	3.84	0.013	Worse
	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	3	1.79	1.68	0.372	= Same
	Oncology Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Regency Hospital of Florence	Inpatient Ward	0	5.05	0.00	0.006	Better
Regency Hospital of Greenville	Inpatient Ward	4	2.40	1.67	0.316	= Same
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Critical Care Units	1	1.36	0.74	0.862	= Same
	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	2	1.65	1.21	0.721	= Same
Roper Hospital	Critical Care Units	14	4.16	3.36	0.000	Worse
	Rehabilitation Ward	2	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	3	3.69	0.81	0.781	= Same
	Inpatient Wards	1	2.22	0.45	0.457	= Same
	Oncology Ward	2	1.66	1.20	0.729	= 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?
Roper St. Francis Hospital - Berkeley	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	3	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Critical Care Units	8	4.38	1.83	0.112	**No Conclusion**
	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	1.21	0.83	0.957	= Same
	Inpatient Wards	2	2.45	0.82	0.855	= Same
Shriners Hospitals for Children---Greenville	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
Spartanburg Hospital for Restorative Care	Critical Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Ward	0	2.61	0.00	0.074	= Same
Spartanburg Medical Center	Critical Care Units	16	12.14	1.32	0.276	= Same
	Neonatal Intensive Care Unit	3	2.39	1.26	0.646	= Same
	Step Down Units	1	2.21	0.45	0.462	= Same
	Inpatient Wards	4	10.29	0.39	0.033	★ Better
	Oncology Ward	0	3.82	0.00	0.022	★ Better
Spartanburg Medical Center Mary Black Campus	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	1	1.20	0.84	0.966	= Same
Spartanburg Rehabilitation Institute	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	Critical Care Units	2	1.31	1.52	0.524	= Same
	Step Down Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	1.14	0.00	0.319	= Same
Tidelands Georgetown Memorial Hospital	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Health Rehabilitation Hospital, an affiliate of Encompass Health	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?
Tidelands Waccamaw Community Hospital	Critical Care Units	1	1.20	0.83	0.962	= Same
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Critical Care Units	6	5.78	1.04	0.876	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	3	1.03	2.91	0.107	= Same
	Inpatient Wards	3	4.09	0.73	0.643	= Same
	Oncology Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Union Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra Hospital of Charleston	Critical Care Unit	4	3.20	1.25	0.618	= Same
	Inpatient Ward	8	8.04	1.00	1.000	= Same
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, 2021 - December 31, 2021
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	7	N/A	N/A	N/A	N/A	**No Conclusion**
Aiken Regional Medical Center	Colon Surgery	113	2	2.03	0.98	1.000	= Same
Anmed Health Medical Center	Colon Surgery	181	3	4.19	0.72	0.608	= Same
Anmed Health Womens and Children's	Colon Surgery	6	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort County Memorial Hospital	Colon Surgery	84	3	1.88	1.60	0.411	= Same
Bon Secours St. Francis Hospital - Eastside	Colon Surgery	42	1	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Colon Surgery	178	7	3.95	1.77	0.154	= Same
Bon Secours St. Francis Xavier Hospital	Colon Surgery	66	0	1.57	0.00	0.208	= Same
Carolina Pines Regional Medical Center	Colon Surgery	28	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Colon Surgery	6	N/A	N/A	N/A	N/A	**No Conclusion**
Coastal Carolina Medical Center	Colon Surgery	34	1	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Colon Surgery	23	0	< 1.00	N/C	N/C	**No Conclusion**
Conway Medical Center	Colon Surgery	86	1	1.59	0.63	0.732	= 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?
East Cooper Medical Center	Colon Surgery	47	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Colon Surgery	256	2	6.17	0.32	0.070	= Same
Hampton Regional Medical Center	Colon Surgery	2	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Hospital	Colon Surgery	87	1	1.40	0.71	0.837	= Same
KershawHealth Medical Center	Colon Surgery	13	N/A	N/A	N/A	N/A	**No Conclusion**
Lexington Medical Center	Colon Surgery	392	7	9.56	0.73	0.423	= Same
McLeod Health Cheraw	Colon Surgery	4	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health Clarendon	Colon Surgery	32	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Loris	Colon Surgery	15	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Medical Center - Dillon	Colon Surgery	19	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Colon Surgery	238	9	7.30	1.23	0.512	= Same
McLeod Seacoast	Colon Surgery	76	0	1.73	0.00	0.178	= Same
Medical University Hospital Authority	Colon Surgery	405	10	13.08	0.77	0.406	= Same
Mount Pleasant Hospital	Colon Surgery	84	1	1.32	0.76	0.890	= Same
MUSC Health Chester Medical Center	Colon Surgery	28	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Columbia Medical Center Downtown	Colon Surgery	44	1	1.04	0.96	1.000	= Same
MUSC Health Florence Medical Center	Colon Surgery	101	3	2.23	1.35	0.573	= Same
MUSC Health Lancaster Medical Center	Colon Surgery	14	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Marion Medical Center	Colon Surgery	10	1	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	Colon Surgery	22	1	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health Systerm	Colon Surgery	24	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Colon Surgery	154	1	3.33	0.30	0.190	= Same
Prisma Health Baptist	Colon Surgery	207	3	4.30	0.70	0.574	= Same
Prisma Health Baptist Easley Hospital	Colon Surgery	29	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	Colon Surgery	432	3	13.24	0.23	0.001	★ Better
Prisma Health Greer Memorial Hospital	Colon Surgery	17	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Hillcrest Hospital	Colon Surgery	30	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Laurens County Hospital	Colon Surgery	5	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Oconee Memorial Hospital	Colon Surgery	40	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Parkridge	Colon Surgery	20	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Colon Surgery	180	7	6.85	1.02	0.907	= Same
Prisma Health Tuomey Hospital	Colon Surgery	74	2	1.51	1.32	0.640	= Same
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Colon Surgery	57	3	1.29	2.33	0.183	= Same
Roper Hospital	Colon Surgery	348	6	6.99	0.86	0.753	= Same
Roper St. Francis Hospital - Berkeley	Colon Surgery	48	2	< 1.00	N/C	N/C	**No Conclusion**
	Colon Surgery	121	1	2.82	0.35	0.287	= Same
Self Regional Healthcare	Colon Surgery	31	3	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center	Colon Surgery	442	7	14.18	0.49	0.042	★ Better
Summerville Medical Center	Colon Surgery	79	5	1.68	2.97	0.036	✖ Worse
Tidelands Georgetown Memorial Hospital	Colon Surgery	35	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	Colon Surgery	93	2	1.92	1.04	0.873	= Same
Trident Medical Center	Colon Surgery	163	5	3.61	1.39	0.452	= Same
Williamsburg Regional Hospital	Colon Surgery	1	N/A	N/A	N/A	N/A	**No Conclusion**

Surgical Site Infections (SSIs) from Abdominal Hysterectomy in South Carolina's Acute Care Hospitals

January 1, 2021 - December 31, 2021

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 Centers	Abdominal Hysterectomy	133	1	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	Abdominal Hysterectomy	43	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hospital	Abdominal Hysterectomy	114	1	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	Abdominal Hysterectomy	59	1	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Eastside	Abdominal Hysterectomy	250	7	1.15	6.12	0.000	⊗ Worse
Bon Secours St. Francis Hospital - Downtown	Abdominal Hysterectomy	42	1	< 1.00	N/C	N/C	**No Conclusion**
Bon-Secour St. Francis Xavier Hospital	Abdominal Hysterectomy	178	0	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	Abdominal Hysterectomy	40	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Abdominal Hysterectomy	10	N/A	N/A	N/A	N/A	**No Conclusion**
Coastal Carolina Hospital	Abdominal Hysterectomy	100	3	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Abdominal Hysterectomy	21	0	< 1.00	N/C	N/C	**No Conclusion**
Conway Medical Center	Abdominal Hysterectomy	149	0	1.02	0.00	0.360	= 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?
East Cooper Medical Center	Abdominal Hysterectomy	41	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Abdominal Hysterectomy	79	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Hospital	Abdominal Hysterectomy	1	N/A	N/A	N/A	N/A	**No Conclusion**
KershawHealth Medical Center	Abdominal Hysterectomy	19	N/A	N/A	N/A	N/A	**No Conclusion**
Lexington Medical Center	Abdominal Hysterectomy	599	1	4.27	0.23	0.088	= Same
McLeod Health Clarendon	Abdominal Hysterectomy	12	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Loris	Abdominal Hysterectomy	17	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Medical Center - Dillon	Abdominal Hysterectomy	35	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	Abdominal Hysterectomy	51	2	< 1.00	N/C	N/C	**No Conclusion**
McLeod Seacoast	Abdominal Hysterectomy	35	0	< 1.00	N/C	N/C	**No Conclusion**
Medical University Hospital Authority (MUSC)	Abdominal Hysterectomy	449	2	4.80	0.42	0.190	= Same
Mount Pleasant Hospital	Abdominal Hysterectomy	27	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Medical Center	Abdominal Hysterectomy	65	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	Abdominal Hysterectomy	92	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	Abdominal Hysterectomy	1	N/A	N/A	N/A	N/A	**No Conclusion**
Pelham Medical Center	Abdominal Hysterectomy	4	N/A	N/A	N/A	N/A	**No Conclusion**
Piedmont Medical Center	Abdominal Hysterectomy	6	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Baptist	Abdominal Hysterectomy	278	3	1.69	1.78	0.330	= Same
Prisma Health Baptist Easley Hospital	Abdominal Hysterectomy	1	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Abdominal Hysterectomy	622	4	4.28	0.94	0.957	= Same
Prisma Health Greer Memorial Hospital	Abdominal Hysterectomy	37	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Laurens County Hospital	Abdominal Hysterectomy	19	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?
Prisma Health Oconee Memorial Hospital	Abdominal Hysterectomy	86	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Parkridge	Abdominal Hysterectomy	118	2	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Patewood Hospital	Abdominal Hysterectomy	123	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Abdominal Hysterectomy	169	2	1.25	1.60	0.488	= Same
Prisma Health Tuomey	Abdominal Hysterectomy	226	2	1.07	1.86	0.385	= Same
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Abdominal Hysterectomy	68	0	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Abdominal Hysterectomy	211	2	1.29	1.56	0.508	= Same
Roper St. Francis Hospital - Berkeley	Abdominal Hysterectomy	66	2	< 1.00	N/C	N/C	**No Conclusion**
	Abdominal Hysterectomy	150	0	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Abdominal Hysterectomy	116	1	1.19	0.84	0.972	= Same
Spartanburg Medical Center	Abdominal Hysterectomy	268	5	1.88	2.66	0.055	= Same
Summerville Medical Center	Abdominal Hysterectomy	178	4	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Georgetown Memorial Hospital	Abdominal Hysterectomy	26	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	Abdominal Hysterectomy	88	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Abdominal Hysterectomy	253	1	1.44	0.69	0.813	= Same

Surgical Site Infections (SSIs) from Hip Prosthesis (Replacement) in South Carolina's Acute Care Hospitals

January 1, 2021 - December 31, 2021

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 Centers	Hip Prosthesis (Replacement)	133	3	1.04	2.89	0.109	= Same
AnMed Health Cannon	Hip Prosthesis (Replacement)	7	N/A	N/A	N/A	N/A	**No Conclusion**
AnMed Health	Hip Prosthesis (Replacement)	135	0	1.46	0.00	0.231	= Same
AnMed Health Women's and Children's Hospital	Hip Prosthesis (Replacement)	75	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	Hip Prosthesis (Replacement)	244	0	1.19	0.00	0.304	= Same
Bon Secours St. Francis Eastside	Hip Prosthesis (Replacement)	523	4	2.47	1.62	0.342	= Same
Bon Secours St. Francis Hospital - Downtown	Hip Prosthesis (Replacement)	113	6	< 1.00	N/C	N/C	**No Conclusion**
Bon-Secour St. Francis Xavier Hospital	Hip Prosthesis (Replacement)	18	N/A	N/A	N/A	N/A	**No Conclusion**
Carolina Pines Regional Medical Center	Hip Prosthesis (Replacement)	64	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Hip Prosthesis (Replacement)	20	0	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Hospital	Hip Prosthesis (Replacement)	28	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Hip Prosthesis (Replacement)	25	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?
Columbia Medical Center Northeast	Hip Prosthesis (Replacement)	312	1	1.73	0.58	0.661	= Same
Conway Medical Center	Hip Prosthesis (Replacement)	173	1	< 1.00	N/C	N/C	**No Conclusion**
East Cooper Medical Center	Hip Prosthesis (Replacement)	181	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Hip Prosthesis (Replacement)	310	0	2.27	0.00	0.104	= Same
Hilton Head Hospital	Hip Prosthesis (Replacement)	277	3	1.13	2.65	0.135	= Same
KershawHealth Medical Center	Hip Prosthesis (Replacement)	77	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Hip Prosthesis (Replacement)	434	3	3.15	0.95	1.000	= Same
McLeod Health Cheraw	Hip Prosthesis (Replacement)	9	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health Clarendon	Hip Prosthesis (Replacement)	43	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Hip Prosthesis (Replacement)	4	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Hip Prosthesis (Replacement)	291	2	2.40	0.83	0.879	= Same
McLeod Seacoast	Hip Prosthesis (Replacement)	213	0	1.41	0.00	0.244	= Same
Medical University Hospital Authority (MUSC)	Hip Prosthesis (Replacement)	372	2	4.18	0.48	0.293	= Same
Mount Pleasant Hospital	Hip Prosthesis (Replacement)	179	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Chester Medical Center	Hip Prosthesis (Replacement)	9	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Columbia Medical Center Downtown	Hip Prosthesis (Replacement)	9	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence Medical Center	Hip Prosthesis (Replacement)	35	1	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	Hip Prosthesis (Replacement)	35	3	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Marion Medical Center	Hip Prosthesis (Replacement)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Newberry County Hospital	Hip Prosthesis (Replacement)	114	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Medical Center	Hip Prosthesis (Replacement)	100	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Hip Prosthesis (Replacement)	127	2	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Baptist	Hip Prosthesis (Replacement)	501	6	4.32	1.39	0.414	= 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 Easley Hospital	Hip Prosthesis (Replacement)	42	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Hip Prosthesis (Replacement)	234	6	3.19	1.88	0.148	= Same
Prisma Health Oconee Memorial Hospital	Hip Prosthesis (Replacement)	274	1	1.72	0.58	0.669	= Same
Prisma Health Parkridge	Hip Prosthesis (Replacement)	66	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Patewood Hospital	Hip Prosthesis (Replacement)	608	1	3.61	0.28	0.152	= Same
Prisma Health Richland	Hip Prosthesis (Replacement)	65	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Tuomey	Hip Prosthesis (Replacement)	106	1	< 1.00	N/C	N/C	**No Conclusion**
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Hip Prosthesis (Replacement)	67	0	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Hip Prosthesis (Replacement)	310	6	1.72	3.49	0.010	⊗ Worse
Roper St. Francis Hospital - Berkeley	Hip Prosthesis (Replacement)	74	0	< 1.00	N/C	N/C	**No Conclusion**
	Hip Prosthesis (Replacement)	18	N/A	N/A	N/A	N/A	**No Conclusion**
Self Regional Healthcare	Hip Prosthesis (Replacement)	249	0	1.38	0.00	0.252	= Same
Spartanburg Medical Center Mary Black Campus	Hip Prosthesis (Replacement)	342	7	2.95	2.37	0.042	⊗ Worse
Spartanburg Medical Center	Hip Prosthesis (Replacement)	136	0	1.56	0.00	0.210	= Same
Summerville Medical Center	Hip Prosthesis (Replacement)	75	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Georgetown Memorial Hospital	Hip Prosthesis (Replacement)	14	N/A	N/A	N/A	N/A	**No Conclusion**
Tidelands Waccamaw Community Hospital	Hip Prosthesis (Replacement)	202	1	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Hip Prosthesis (Replacement)	261	2	2.64	0.76	0.769	= Same
Williamsburg Regional Hospital	Hip Prosthesis (Replacement)	11	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, 2021 - December 31, 2021

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 Centers	Knee Prosthesis (Replacement)	126	1	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Cannon	Knee Prosthesis (Replacement)	15	N/A	N/A	N/A	N/A	**No Conclusion**
AnMed Health	Knee Prosthesis (Replacement)	5	N/A	N/A	N/A	N/A	**No Conclusion**
AnMed Health Women's and Children's Hospital	Knee Prosthesis (Replacement)	99	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	Knee Prosthesis (Replacement)	432	1	1.52	0.66	0.772	= Same
Bon Secours St. Francis Eastside	Knee Prosthesis (Replacement)	1,207	3	2.96	1.01	0.913	= Same
Bon Secours St. Francis Hospital - Downtown	Knee Prosthesis (Replacement)	55	0	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	Knee Prosthesis (Replacement)	91	1	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Knee Prosthesis (Replacement)	20	0	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Hospital	Knee Prosthesis (Replacement)	25	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Knee Prosthesis (Replacement)	57	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?
Columbia Medical Center Northeast	Knee Prosthesis (Replacement)	206	0	< 1.00	N/C	N/C	**No Conclusion**
Conway Medical Center	Knee Prosthesis (Replacement)	211	0	< 1.00	N/C	N/C	**No Conclusion**
East Cooper Medical Center	Knee Prosthesis (Replacement)	321	0	1.06	0.00	0.346	= Same
Grand Strand Regional Medical Center	Knee Prosthesis (Replacement)	237	0	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	Knee Prosthesis (Replacement)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Hospital	Knee Prosthesis (Replacement)	266	1	< 1.00	N/C	N/C	**No Conclusion**
KershawHealth Medical Center	Knee Prosthesis (Replacement)	42	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Knee Prosthesis (Replacement)	49	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Cheraw	Knee Prosthesis (Replacement)	565	1	1.99	0.50	0.544	= Same
McLeod Health Clarendon	Knee Prosthesis (Replacement)	67	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Knee Prosthesis (Replacement)	18	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Knee Prosthesis (Replacement)	319	3	1.29	2.32	0.183	= Same
McLeod Seacoast	Knee Prosthesis (Replacement)	315	0	1.33	0.00	0.264	= Same
Medical University Hospital Authority (MUSC)	Knee Prosthesis (Replacement)	280	1	1.72	0.58	0.665	= Same
Mount Pleasant Hospital	Knee Prosthesis (Replacement)	271	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Chester Medical Center	Knee Prosthesis (Replacement)	40	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Columbia Medical Center Downtown	Knee Prosthesis (Replacement)	50	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Medical Center	Knee Prosthesis (Replacement)	87	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	Knee Prosthesis (Replacement)	27	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Marion Medical Center	Knee Prosthesis (Replacement)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Newberry County Hospital	Knee Prosthesis (Replacement)	141	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Medical Center	Knee Prosthesis (Replacement)	129	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?
Piedmont Medical Center	Knee Prosthesis (Replacement)	42	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Baptist	Knee Prosthesis (Replacement)	660	2	3.11	0.64	0.582	= Same
Prisma Health Baptist Easley Hospital	Knee Prosthesis (Replacement)	1	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Knee Prosthesis (Replacement)	18	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Greer Memorial Hospital	Knee Prosthesis (Replacement)	72	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Oconee Memorial Hospital	Knee Prosthesis (Replacement)	481	2	1.69	1.18	0.744	= Same
Prisma Health Parkridge	Knee Prosthesis (Replacement)	78	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Patewood	Knee Prosthesis (Replacement)	1,098	1	3.19	0.31	0.214	= Same
Prisma Health Richland	Knee Prosthesis (Replacement)	33	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Tuomey	Knee Prosthesis (Replacement)	169	2	< 1.00	N/C	N/C	**No Conclusion**
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Knee Prosthesis (Replacement)	117	0	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Knee Prosthesis (Replacement)	518	3	1.38	2.17	0.213	= Same
Roper St. Francis Hospital - Berkeley	Knee Prosthesis (Replacement)	10	N/A	N/A	N/A	N/A	**No Conclusion**
	Knee Prosthesis (Replacement)	54	1	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Knee Prosthesis (Replacement)	283	0	1.01	0.00	0.365	= Same
Spartanburg Medical Center Mary Black Campus	Knee Prosthesis (Replacement)	568	10	2.68	3.73	0.001	⊗ Worse
Spartanburg Medical Center	Knee Prosthesis (Replacement)	29	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	Knee Prosthesis (Replacement)	105	1	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Georgetown Memorial Hospital	Knee Prosthesis (Replacement)	23	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	Knee Prosthesis (Replacement)	221	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Knee Prosthesis (Replacement)	331	5	1.80	2.78	0.047	⊗ Worse
Williamsburg Regional Hospital	Knee Prosthesis (Replacement)	50	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, 2021 - December 31, 2021
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	Coronary Bypass Graft (Chest Only Incision)	3	N/A	N/A	N/A	N/A	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest Only Incision)	5	N/A	N/A	N/A	N/A	**No Conclusion**
Grand Strand Regional Medical Center	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)	12	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Hospital	Coronary Bypass Graft (Chest Only Incision)	50	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Coronary Bypass Graft (Chest Only Incision)	12	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	4	N/A	N/A	N/A	N/A	**No Conclusion**
Medical University Hospital Authority (MUSC)	Coronary Bypass Graft (Chest Only Incision)	33	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Columbia Medical Center Downtown	Coronary Bypass Graft (Chest Only Incision)	30	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 Florence Medical Center	Coronary Bypass Graft (Chest Only Incision)	7	N/A	N/A	N/A	N/A	**No Conclusion**
Piedmont Medical Center	Coronary Bypass Graft (Chest Only Incision)	7	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Coronary Bypass Graft (Chest Only Incision)	18	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Richland	Coronary Bypass Graft (Chest Only Incision)	7	N/A	N/A	N/A	N/A	**No Conclusion**
Roper Hospital	Coronary Bypass Graft (Chest Only Incision)	12	N/A	N/A	N/A	N/A	**No Conclusion**
Self Regional Healthcare	Coronary Bypass Graft (Chest Only Incision)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Spartanburg Medical Center	Coronary Bypass Graft (Chest Only Incision)	38	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Coronary Bypass Graft (Chest Only Incision)	2	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, 2021 - December 31, 2021
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 Centers	Coronary Bypass Graft (Chest & Donor Incision)	19	N/A	N/A	N/A	N/A	**No Conclusion**
AnMed Health	Coronary Bypass Graft (Chest & Donor Incision)	93	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest & Donor Incision)	242	3	1.66	1.81	0.319	= Same
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	266	0	2.40	0.00	0.091	= Same
Lexington Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	298	2	2.31	0.87	0.924	= Same
McLeod Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	304	3	2.50	1.20	0.700	= Same
Medical University Hospital Authority (MUSC)	Coronary Bypass Graft (Chest & Donor Incision)	235	1	2.70	0.37	0.316	= Same
MUSC Health Columbia Medical Center Downtown	Coronary Bypass Graft (Chest & Donor Incision)	184	1	1.00	1.00	1.000	= Same
MUSC Health Florence Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	93	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?
Piedmont Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	156	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Coronary Bypass Graft (Chest & Donor Incision)	341	1	3.57	0.28	0.157	= Same
Prisma Health Richland	Coronary Bypass Graft (Chest & Donor Incision)	257	3	2.23	1.35	0.572	= Same
Roper Hospital	Coronary Bypass Graft (Chest & Donor Incision)	299	5	1.71	2.93	0.038	⊗ Worse
Self Regional Healthcare	Coronary Bypass Graft (Chest & Donor Incision)	72	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	267	1	2.36	0.42	0.411	= Same
Trident Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	155	0	1.23	0.00	0.292	= Same

Clostridium difficile (CDI) Events in South Carolina's Acute Care, Critical Access, Long-term Acute Care, and Inpatient Rehabilitation Hospitals
January 1, 2021 - December 31, 2021

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	0	1.07	0.00	0.345	= Same
Aiken Regional Medical Centers	15	18.10	0.83	0.481	= Same
Allendale County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Cannon	2	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Rehabilitation Hospital	16	44.79	0.36	0.000	★ Better
AnMed Health Women's and Children's Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	4	24.80	0.16	0.000	★ Better
Bon Secours St. Francis Eastside	2	11.62	0.17	0.001	★ Better
Bon Secours St. Francis Hospital - Downtown	9	44.45	0.20	0.000	★ Better
Bon-Secour St. Francis Xavier Hospital	11	22.20	0.50	0.010	★ Better
Carolina Pines Regional Medical Center	1	4.86	0.21	0.053	= Same
Cherokee Medical Center	1	1.81	0.55	0.623	= Same
Coastal Carolina Hospital	0	2.80	0.00	0.061	= 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	4.15	0.48	0.299	= Same
Columbia Medical Center Northeast	0	1.22	0.00	0.296	= Same
ContinueCARE Hospital at Palmetto Health Baptist	3	9.62	0.31	0.017	★ Better
Conway Medical Center	6	18.05	0.33	0.001	★ Better
East Cooper Medical Center	4	7.13	0.56	0.237	= Same
Edgefield County Healthcare	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Bluffton	0	4.18	0.00	0.015	★ Better
Encompass Health Rehabilitation Hospital of Columbia	2	9.32	0.22	0.006	★ Better
Encompass Health Rehabilitation Hospital of Florence	0	6.70	0.00	0.001	★ Better
Encompass Health Rehabilitation Hospital of Greenville	0	1.66	0.00	0.190	= Same
Encompass Health Rehabilitation Hospital of Rock Hill	6	8.02	0.75	0.499	= Same
Grand Strand Regional Medical Center	4	45.95	0.09	0.000	= Same
Greenwood Regional Rehabilitation Hospital	2	4.24	0.47	0.281	= Same
Hampton Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Hospital	8	12.98	0.62	0.155	= Same
KershawHealth Medical Center	8	7.65	1.05	0.856	= Same
Lake City Community Hospital	2	1.26	1.59	0.494	= Same
Lexington Medical Center	32	109.50	0.29	0.000	★ Better
McLeod Health Cheraw	2	4.52	0.44	0.231	= Same
McLeod Health Clarendon	2	3.37	0.59	0.497	= Same
McLeod Loris	5	7.51	0.67	0.372	= Same
McLeod Medical Center - Darlington	0	1.05	0.00	0.351	= Same
McLeod Medical Center - Dillon	2	3.17	0.63	0.561	= Same
McLeod Regional Medical Center	60	95.12	0.63	0.000	★ Better

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
McLeod Seacoast	16	17.30	0.93	0.783	= Same
Medical University Hospital Authority (MUSC)	62	130.28	0.48	0.000	★ Better
Midlands Regional Rehabilitation Hospital	0	2.63	0.00	0.072	= Same
Mount Pleasant Hospital	6	8.28	0.73	0.448	= Same
MUSC Health Chester Medical Center	0	< 1.00	N/C	N/C	No Conclusion
MUSC Health Columbia Medical Center Downtown	3	11.35	0.26	0.005	★ Better
MUSC Health Florence Medical Center	7	26.74	0.26	0.000	★ Better
MUSC Health Florence Rehabilitation Center	0	1.55	0.00	0.212	= Same
MUSC Health Florence Women's Pavilion	0	< 1.00	N/C	N/C	No Conclusion
MUSC Health Lancaster Medical Center	2	10.00	0.20	0.003	★ Better
MUSC Health Marion Medical Center	2	3.81	0.52	0.373	= Same
MUSC Health Rehabilitation Hospital	0	4.30	0.00	0.014	★ Better
Newberry County Hospital	2	2.72	0.74	0.734	= Same
Pelham Medical Center	3	4.16	0.72	0.618	= Same
Piedmont Medical Center	7	42.65	0.16	0.000	★ Better
Prisma Health Baptist	4	34.32	0.12	0.000	★ Better
Prisma Health Baptist Easley Hospital	1	8.30	0.12	0.003	★ Better
Prisma Health Greenville Memorial Hospital	36	113.04	0.32	0.000	★ Better
Prisma Health Greer Memorial Hospital	2	10.35	0.19	0.002	★ Better
Prisma Health Hillcrest Hospital	1	4.41	0.23	0.078	= Same
Prisma Health Laurens County Hospital	0	4.83	0.00	0.008	★ Better
Prisma Health North Greenville Hospital	0	5.17	0.00	0.006	★ Better
Prisma Health Oconee Memorial Hospital	1	14.78	0.07	0.000	★ Better
Prisma Health Parkridge	2	8.87	0.23	0.008	★ Better
Prisma Health Patewood Hospital	0	3.42	0.00	0.033	★ Better
Prisma Health Richland	19	101.05	0.19	0.000	★ Better
Prisma Health Tuomey	5	22.02	0.23	0.000	★ 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 Florence	0	13.17	0.00	0.000	★ Better
Regency Hospital of Greenville	1	9.23	0.11	0.001	★ Better
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	12	21.76	0.55	0.026	★ Better
Roper Hospital	56	40.36	1.39	0.019	⊗ Worse
Roper St. Francis Hospital - Berkeley	3	6.78	0.44	0.129	= Same
	23	41.61	0.55	0.002	★ Better
Self Regional Healthcare	16	36.35	0.44	0.000	★ Better
Shriners Hospitals for Children	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Hospital for Restorative Care	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center Mary Black Campus	8	9.36	0.85	0.692	= Same
Spartanburg Medical Center	34	79.60	0.43	0.000	★ Better
Spartanburg Rehabilitation Institute	2	3.76	0.53	0.387	= Same
Summerville Medical Center	4	15.61	0.26	0.001	★ Better
Tidelands Georgetown Memorial Hospital	6	8.88	0.68	0.342	= Same
Tidelands Health Rehabilitation Hospital	0	11.21	0.00	0.000	★ Better
Tidelands Waccamaw Community Hospital	13	13.27	0.98	0.977	= Same
Trident Medical Center	9	38.95	0.23	0.000	★ Better
Union Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra Hospital of Charleston	16	14.88	1.08	0.744	= 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, 2021 - December 31, 2021

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 Centers	5	2.64	1.90	0.180	= Same
Allendale County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Cannon	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	6	9.74	0.62	0.225	= Same
AnMed Health Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	5	1.63	3.07	0.032	⊗ Worse
Bon Secours St. Francis Eastside	14	4.83	2.90	0.001	⊗ Worse
Bon Secours St. Francis Hospital - Downtown	5	1.55	3.22	0.027	⊗ Worse
Bon-Secour St. Francis Xavier Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
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**
Coastal Carolina Hospital	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?
Colleton Medical Center	4	< 1.00	N/C	N/C	**No Conclusion**
Columbia Medical Center Northeast	0	< 1.00	N/C	N/C	**No Conclusion**
ContinueCARE Hospital at Palmetto Health Baptist	2	1.90	1.05	0.864	= Same
Conway Medical Center	2	2.86	0.70	0.677	= Same
East Cooper Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Edgefield County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Bluffton	1	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Columbia	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Florence	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Rock Hill	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	6	8.64	0.69	0.381	= 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 Hospital	3	< 1.00	N/C	N/C	**No Conclusion**
KershawHealth Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Lake City Community Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	7	12.13	0.58	0.127	= Same
McLeod Health Cheraw	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Clarendon	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Loris	2	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	2	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	17	14.10	1.21	0.433	= Same
McLeod Seacoast	3	2.14	1.40	0.531	= Same
Medical University Hospital Authority (MUSC)	28	27.22	1.03	0.858	= Same
Midlands Regional Rehabilitation Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Mount Pleasant Hospital	3	< 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?
MUSC Health Chester Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Columbia Medical Center Downtown	2	1.06	1.88	0.380	= Same
MUSC Health Florence Medical Center	9	4.72	1.91	0.074	= 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	4	1.38	2.91	0.064	= Same
MUSC Health Marion Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Rehabilation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	3	4.11	0.73	0.634	= Same
Prisma Health Baptist	9	5.13	1.76	0.114	= Same
Prisma Health Baptist Easley Hospital	2	1.20	1.66	0.459	= Same
Prisma Health Greenville Memorial Hospital	38	27.08	1.40	0.046	⊗ Worse
Prisma Health Greer Memorial Hospital	5	1.31	3.81	0.013	⊗ Worse
Prisma Health Hillcrest Hospital	1	< 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	2	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Oconee Memorial Hospital	5	2.06	2.43	0.077	= Same
Prisma Health Parkridge	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Patewood Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	25	18.79	1.33	0.164	= Same
Prisma Health Tuomey	5	3.20	1.56	0.326	= Same
Regency Hospital of Florence	4	4.72	0.85	0.798	= Same
Regency Hospital of Greenville	0	1.95	0.00	0.142	= Same
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	8	2.90	2.76	0.013	⊗ Worse
Roper Hospital	7	2.74	2.56	0.029	⊗ Worse

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Roper St. Francis Hospital - Berkeley	2	< 1.00	N/C	N/C	**No Conclusion**
	5	3.08	1.62	0.291	= Same
Self Regional Healthcare	0	< 1.00	N/C	N/C	**No Conclusion**
Shriners Hospitals for Children	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Hospital for Restorative Care	0	1.22	0.00	0.294	= Same
Spartanburg Medical Center Mary Black Campus	5	3.32	1.50	0.362	= Same
Spartanburg Medical Center	28	16.07	1.74	0.007	⊗ Worse
Spartanburg Rehabilitation Institute	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	2	1.82	1.10	0.820	= Same
Tidelands Georgetown Memorial Hospital	3	1.11	2.70	0.129	= Same
Tidelands Health Rehabilitation Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	2	1.51	1.32	0.642	= Same
Trident Medical Center	9	5.51	1.63	0.161	= Same
Union Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra Hospital of Charleston	3	1.91	1.57	0.427	= Same
Williamsburg Regional Hospital	0	< 1.00	N/C	N/C	**No Conclusion**