

Lexington Medical Center

Hospital Infections Disclosure Act Report

Reported by: South Carolina Department of Health and Environmental Control

Surgical Site Infection (SSI) Standardized Infection Ratio by Procedure

Data Collected: 01/01/2017 - 06/30/2017

Procedure	No. of Specific Procedures Performed ^a	No. of Infections	No. of Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval
Coronary Bypass Graft (Chest and Donor Incision)	129	1	0.95	*	*
Coronary Bypass Graft (Chest Only Incision)	11	*	*	*	*
Colon Surgery	149	4	3.64	1.10	0.349, 2.650
Hip Prosthesis (Replacement)	138	2	1.02	1.97	0.330, 6.510
Abdominal Hysterectomy	268	1	1.88	0.53	0.027, 2.622
Knee Prosthesis (Replacement)	268	1	0.91	*	*

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

Lexington Medical Center

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

Data Collected: 01/01/2017 - 06/30/2017

Location^a	No. of Central Line Days^{b,c}	No. of Infections	No. of Predicted Infections	Standardized Infection Ratio	95% Confidence Interval
All Adult Critical Care Units	2978	6	3.36	1.8	0.655,3.887
All Adult Inpatient Wards	7295	7	7.11	1.0	0.396,2.029
Adult Speciality Care	1882	2	2.23	0.9	0.108,3.235

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units are combined into one SIR; all adult and pediatric inpatient wards are combined into one SIR for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

c. * = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central line days, the SIR and number of infections will be suppressed until there are more central line days to report.

Lexington Medical Center

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

Facility Wide Inpatient Data Collected: 01/01/2017 - 06/30/2017

Hospital Onset MRSA BSI Standardized Infection Ratio (SIR)				
No. Patient Days	No. LabID Events ^a	Predicted No. of LabID Events	SIR	95% Confidence Interval
70878	5	5.8381582	0.856	0.314, 1.898

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

Lexington Medical Center

Clostridium Difficile Infections(CDI) LabID Event Data

Facility Wide Inpatient Data Collected: 01/01/2017 - 06/30/2017

Hospital Onset CDI LabID Event Data				
No. Patient Days	No. of LabID Events ^a	Predicted No. of LabID Events	SIR	95% Confidence Interval
66435	46	53.864	0.854	0.633, 1,129

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

Lexington Medical Center

Ventilator Associated Events(VAE) Rate

Data Collected: 01/01/2017 - 06/30/2017

Ventilator Associated Events(VAE)				
No. Ventilator Days	No. of IVAC-plus Events ^a	Predicted No. of IVAC-Plus Events	SIR	95% Confidence Interval
1794	4	5.681	0.704	0.224, 1.698

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