Hospital Infections Disclosure Act (HIDA)

2019 Annual Report to the General Assembly

December 2020

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FOREWORD

The South Carolina Department of Health and Environmental Control (DHEC) submits the 2019 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 only because of the combined efforts of hospital infection preventionists across the state, the HIDA Advisory Committee, and DHEC staff members.

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ABBREVIATIONS

ACH	Acute Care Hospital
ASA	American Society of Anesthesiologists
AR	Admission/re-admission
BSI	Blood stream infection
CAH	Critical Access Hospital
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
CO	Community-onset
COLO	Colon surgery
CRE	Carbapenem-resistant Enterobacteriaceae
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)
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
SSI	Surgical site infection
SIR	Standardized infection ratio

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EXECUTIVE SUMMARY

Healthcare-associated infections (HAIs) are infections that are acquired in healthcare settings or as a result of medical procedures. In an effort to address HAIs and promote transparency in healthcare across South Carolina (SC), 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 (LTAC), and inpatient rehabilitation facilities (IRF) to the public. HAI monitoring promotes infection prevention activities within healthcare facilities to improve patient safety.

The 2019 HIDA Annual Report contains data from January 1, 2019 through December 31, 2019 for the following infections:

1. Central line-associated blood stream infections (CLABSI) for the following inpatient locations:
    - Adult and Pediatric Critical Care Locations
    - Adult and Pediatric Ward Locations
    - Adult and Pediatric Specialty Care Areas (i.e. hematology/oncology, bone marrow transplant, leukemia/lymphoma units)
    - Neonatal Critical Care Locations-Levels II/III, III
    - Long Term Acute Care Critical Care Locations
    - Long Term Acute Care Ward Locations
    - Rehabilitation Ward Locations
2. Laboratory-identified (LabID) Events in facility-wide locations 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 (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-one (81) South Carolina hospitals for infections that occurred from January 1, 2019 through December 31, 2019. Data was summarized using the standardized infection ratio (SIR), a metric derived by dividing the total number of observed HAIs for a specific category by the total number of predicted HAIs based on national benchmark data published by the CDC. The SIR adjusts for various facility and/or patient level factors that contribute to HAI risk within each facility. 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) national prevention targets for 2020 for acute care hospitals (ACH). For CLABSIs, the national prevention target is a 50% reduction compared to the national baseline, which equates to an SIR of 0.50. For SSIs, the national prevention target for 2020 is a 30% reduction compared to the national baseline, or a target SIR of 0.70. In reference to LabID Events, the DHHS national target SIR for MRSA is 0.50, which is a 50% reduction from the national baseline. The DHHS national prevention target of the CDI SIR for 2020 is a 30% reduction compared to the national baseline, which equates to an SIR of 0.70.

South Carolina has made strides to reach the 2020 DHHS targets for all reportable CLABSI, SSI, MRSA, and CDI events; however, more work needs to be done to ensure each target is met. With SIRs being below one (1.0), South Carolina performed better than predicted in regard to CLABSI, SSI, and CDI events in 2019, indicating that there were less observed events than predicted events. However, South

Carolina's MRSA SIR for 2019 remained above one, indicating that there were more observed MRSA events than predicted MRSA events.

In 2019, the CLABSI SIR for critical access hospitals (CAH) could not be determine for South Carolina because there were less than one predicted events. The CLABSI SIRs for acute care (ACH), inpatient rehabilitation hospital (IRF), and long-term acute care (LTAC) hospitals performed above the 2020 target in 2019. South Carolina's ACHs had a CLASBI SIR of 0.67; IRFs had a CLABSI SIR of 0.70; and the LTAC facilities had a CLASBI SIR of 0.72. In other words, ACHs, IRFs, and LTACs need to reduce their CLABSI events by 25%, 29%, and 31%, respectively, to reach the 2020 target of 0.50.

In 2019, South Carolina's overall SSI SIR for ACHs and CAHs, was 0.971. To achieve the 2020 target SSI SIR of 0.70, South Carolina hospitals need to reduce their SSIs by an additional 82 infections. The MRSA SIR for CAHs could not be determine for 2019 because there were less than one predicted MRSA events. The MRSA SIR for IRFs and LTAC hospitals were below the national target SIR metric of 0.50 with 0.00 and 0.12, respectively. Acute Care Hospitals preformed above the 2020 national target, with a SIR of 1.10. To reach the 2020 national target of 0.05 for MRSA SIRs, ACHs need to reduce their MRSA events by 54%.

In 2019, the CDI SIRs for ACHs, CAHs, IRFs, and LTAC hospitals in South Carolina performed better than predicted and were below the 2020 DHHS target of 0.70, with SIRs of 0.63, 0.35, 0.62, and 0.28, respectively. South Carolina facilities need to maintain this improvement moving into 2020.

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 (Centers for Disease Control and Prevention [CDC], 2020). HAIs are also a financial burden, costing healthcare facilities between 25 and 31.5 billion dollars in additional costs each year (Office of Disease Prevention and Health Promotion [ODPHP], 2020).

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 a multidisciplinary advisory panel focused on evaluating and providing recommendations for the reporting and surveillance activities of HAIs within the state. The panel is composed of healthcare consumer advocates, infection preventionists, hospital leaders, infectious disease physicians, healthcare 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, as applicable to the facility type and as presented in Table 1 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 penalizes facilities for changing the antibiotic of a patient on a ventilator which 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 complete HIDA statute is available on the DHEC HAI webpage at https://www.scdhec.gov/hospital-infections-disclosure-act-hida-statute.

Table 1. Required Data Elements for HIDA, by Facility Type

HAI Type	ACH	LTAC	IRF
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
CRE 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. Acronyms used in table include ACH: Acute care hospital; CDI: *Clostridioides difficile* infection; CLABSI: Central line-associated blood stream infection; CRE: Carbapenem-resistant Enterobacteriaceae; 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 previous calendar year, including facility-specific HAI reports. All reports are made available to the public on DHEC's HIDA Public Reports website. The public availability of reports assists consumers in making informed choices about their own healthcare and incentivizes 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 (CDC, 2020b). This is a decrease from the 2011 data, which approximated 722,000 HAIs and 75,000 deaths (Magill et al., 2014). 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 (Magill et al, 2018). This demonstrated improvement and commitment to patient safety, and forecasts additional improvements to come with HAIs, which supports and aligns with DHEC's vision for "Healthy People Living in Health Communities" in South Carolina.

METHODS

This report contains data entered from 81 South Carolina hospitals. The Annual HIDA Report includes information regarding infections that occurred from January 1, 2019 through December 31, 2019.

REPORTING FACILITY INFORMATION

Eighty-one hospitals of varying types were required to report HAI data to DHEC via NHSN in 2019. Reporting facilities were comprised of 57 general hospitals, 10 inpatient rehabilitation hospitals (IRFs), 6 long-term acute care (LTAC) hospitals, 4 critical access hospitals (CAHs), 1 women's hospital, 1 children's hospital, 1 women's and children's hospital, and 1 surgical hospital (see Table 2).

Table 2. Summary of HIDA Reporting Hospital Types - 2019

Facility Type	Number	Percent of HIDA Reporting Facilities
Acute Care Hospital (General)	57	70.37%
Acute Care Hospital (Critical Access)	4	4.94%
Acute Care Hospital (Surgical)	1	1.23%
Acute Care Hospital (Women's and Children's)	1	1.23%
Acute Care Hospital (Children's)	1	1.23%
Acute Care Hospital (Women's)	1	1.23%
Inpatient Rehabilitation Hospital	10	12.35%
Long Term Acute Care Hospital	6	7.41%
Total Hospitals	**81**	**100%**

NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

All data is 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 2019 reporting period, the 81 South Carolina (SC) healthcare 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, SC healthcare facilities also report their data to NHSN to fulfill the requirements of the CMS Hospital Inpatient Quality Reporting Program. This data is posted for public

reporting on the U. S. Department of Health and Human Services' (DHHS) Hospital Compare website. It is important to note that the data presented on the CMS Hospital Compare website may differ from SC 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 is consistently and accurately reported in accordance with NHSN protocol. To ensure data is reported correctly, DHEC has implemented regular data checks to identify any data quality and completeness issues. Once data checks are completed, DHEC alerts facilities to 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's web interface contains options to complete internal data checks that help reduce manual data entry errors and improve the quality of data that is entered into the system. NHSN users can propagate lists and reports to see records that are flagged as having missing or incomplete data, which require correction. The NHSN flagging capability allows users to resolve their data issues before data is submitted for HIDA and CMS reporting requirements. It is recommended that these discrepancies be addressed as soon as possible. Please note that the CMS timeline and reporting deadlines are more stringent and are required on a quarterly schedule.

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 letter attesting to the data completeness and accuracy of their respective report. The attestation letter must be submitted to DHEC prior to the publication of the HIDA annual reports. An example of the attestation letter can be found in Appendix B.

2019 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. This metric serves as an indirect standardization method of summarizing the HAI experience across many stratified groups of data (e.g., healthcare 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 (Edwards et al., 2009). In this annual report, the SIR metric will be presented for CLABSI, SSI, MRSA LabID Event, and CDI LabID Event data. The SIR is derived 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 = Observed Infections / Predicted Infections

In order 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.

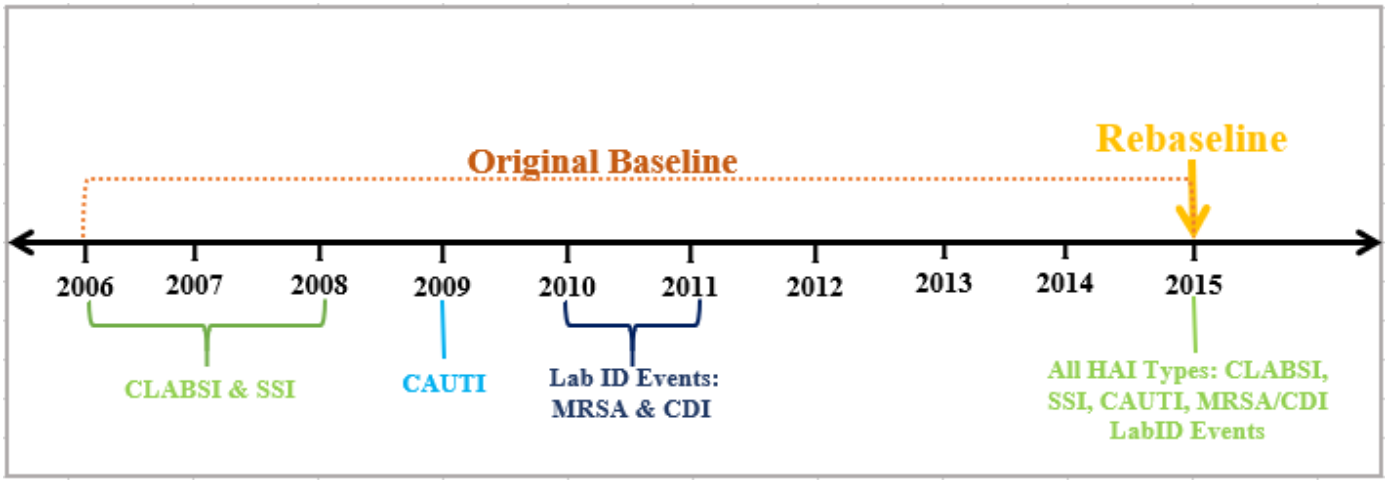
The 95% CI allows for comparison of the state's HAI SIRs over time for internal benchmarking as well as for benchmarking against other state's SIRs and nationally. When the 95% confidence intervals overlap, it means no significant difference in the SIRs. However, there is a significant difference (higher 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 1. However, this report will not include 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 the immune system of patients undergoing cancer treatment is often weaker than the one of patients with no chronic conditions. When the data is risk-adjusted, comparisons between different hospitals can be done. 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 (CDC, 2017). For the purpose of this report, South Carolina hospital data will be compared to the 2015 National Baseline, as a means for monitoring progress over time.

Figure 1. Data Collected for 2015 Re-baseline.



CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (CLABSI)

CALCULATING CLABSI SIRs

The CLABSI SIR is derived 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 by the number of predicted CLABSI.

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 = (Observed CLABSI) / (Predicted CLABSI)

  = 2 / 1.156

  = 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 2019. 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, stepdown units, and adult and pediatric specialty care areas, to include, adult and pediatric specialty care areas, and oncology units. An asterisk (*) indicates that a SIR or 95% Confidence Interval could not be calculated due to a very low number of infections. The overall CLABSI SIR in South Carolina is less than one (1.0). This indicates that South Carolina experienced significantly lower CLABSI compared to the number of CLABSI infections predicted for 2019. However, South Carolina, is still above the SIR national target of a 0.5.

The CLASBI SIRs for acute care hospitals (ACHs) are significantly better than the national rate for critical care units, neonatal intensive care units, and inpatient wards. South Carolina's ACHs performed similar to the national rate for specialty care units, step down units, oncology wards, and rehabilitation wards. The SIR for oncology step down units could not be calculated because no CLABSI infections were observed.

Table 3. Central Line-Associated Bloodstream Infections (CLABSI) Standardized Infection Ratios (SIR) in Acute Care Hospitals by Location - 2019

Location	Central Line Days	Observed CLABSI	Expected CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Care Units	122,450	85	130.59	0.65	0.523, 0.801	★ Better
Neonatal Intensive Care Units	17,223	14	24.87	0.56	0.320, 0.922	★ Better
Specialty Care Units	3,929	3	4.17	0.72	0.183, 1.960	Not Different
Step Down Units	32,597	22	29.12	0.76	0.485, 1.125	Not Different
Oncology Step Down Units	814	0	< 1.0	*	*	No Conclusion
Inpatient Wards	156,382	84	133.55	0.63	0.505, 0.775	★ Better
Oncology Wards	41,212	39	47.47	0.82	0.592, 1.112	Not Different
Rehabilitation Wards*	4,181	4	2.27	1.76	0.559, 4.244	Not Different
All Location Types	375,403	247	370.80	0.67	0.587, 0.753	★ Better

**Rehabilitation Wards 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 inpatient wards at long-term acute care (LTACs) hospitals performed better than the national CLABSI SIR baseline. The CLABSI SIRs for critical care units at long-term acute care hospitals (LTACs) was similar to the national 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 - 2019

Facility Type	Location	Central Line Days	Observed CLABSI	Expected CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Access	Critical Care Units	111	0	< 1.0	*	*	**No Conclusion**
	Inpatient Wards	766	0	< 1.0	*	*	**No Conclusion**
	All Location Types	877	0	< 1.0	*	*	**No Conclusion**
Inpatient Rehabilitation	All Location Types	6,265	0	3.43	0.00	No Lower Bound, 0.875	★ **Better**
Long-term Acute Care	Critical Care Units	2,719	9	6.20	1.45	0.707, 2.662	**Not Different**
	Inpatient Wards	27,790	16	28.35	0.56	0.334, 0.897	★ **Better**
	All Location Types	30,509	25	34.56	0.72	0.490, 1.052	**Not Different**

CLABSI MICROORGANISM DATA

Table 5 presents the microorganisms that were identified for all reported CLABSIs in all adult and pediatric inpatient locations, excluding neonatal intensive care units. *Candida* species and other yeasts represent approximately 16.55% of the total isolates reported for CLABSI, making up the largest percent of identified microorganisms that caused CLABSIs in 2019. *Enterococcus* species (vancomycin-susceptible) and *Klebsiella* species were the second and third most common organisms detected, comprising 13.45% and 12.41% of total isolates, respectively.

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

Microorganism Grouping	Microorganism	Number of Isolates	Percentage of Isolates
Yeast	*Candida* species and other yeasts	48	16.55%
Staphylococci	Methicillin-susceptible *Staphylococcus aureus* (MSSA)	20	6.90%
	Methicillin-resistant *Staphylococcus aureus* (MRSA)	12	4.14%
	Coagulase negative *Staphylococcus species*	14	4.83%
	Staphylococcus species (other than *aureus*)	23	7.93%
Streptococci	*Streptococcus* species	20	6.90%
Enterococci	*Enterococcus* species (Vancomycin-susceptible)	39	13.45%
	Vancomycin-resistant *Enterococcus* (VRE)	5	1.72%
Enterobacteriaceae	*Escherichia coli*	12	4.14%
	Klebsiella species	36	12.41%
	Serratia species	10	3.45%
	Enterobacter species	9	3.10%
Other Gram-positive Organisms	*Rothia* species	3	1.03%
	Other species	5	1.72%
Other Gram-negative Organisms	*Pseudomonas* species	12	4.14%
	Other	8	2.76%
Anaerobes	*Bacteroides* species	3	1.03%
	Other Anaerobes	9	3.10%
Other	Other	2	0.69%

Table 6 presents microorganisms that were identified for all reported CLABSIs in neonatal intensive care units (NICUs). In 2019, Methicillin-susceptible *Staphylococcus aureus* (MSSA) and S*taphylococcus* species other than *aureus* were the most common isolates identified in NICU CLABSIs. These organisms accounted for 37.50% and 25.00%, comprising over 62% of the total isolates identified in CLABSI isolates from NICUs. *Escherichia coli* and *Klebsiella* species of

Enterobacteriaceae comprised 18.75% and 12.50% of isolates, respectively. Coagulase negative *Staphylococcus* species comprised the last 6.25% of the isolates identified in CLABSIs in neonatal intensive care units. There were no *Enterococci* identified in 2019.

Table 6. Identified Microorganisms for All Reported Central Line-Associated Bloodstream Infections (CLABSI) in Neonatal Intensive Care Units

Microorganism Grouping	Microorganism	Number of Isolates	Percentage of Isolates
Staphylococci	Methicillin-susceptible *Staphylococcus aureus* (MSSA)	4	25.00%
	Coagulase negative *Staphylococcus* species	1	6.25%
	Staphylococcus species (other than aureus)	6	37.50%
Enterobacteriaceae	*Escherichia coli*	3	18.75%
	Klebsiella species	2	12.50%

Table 7 presents the identified microorganisms for all reported CLABSIs in long term acute care (LTAC) hospitals. *Candida* species and other species of yeasts, *Enterococcus* species (vancomycin-susceptible), and *Klebsiella* species each comprised 16.67% of the total isolates reported, comprising over 50% of total isolates identified in LTAC CLABSIs. The next most common isolate identified from LTAC CLABSIs was *Pseudomonas* species with 12.50%, followed by Methicillin-susceptible *Staphylococcus aureus* (MSSA), *Staphylococcus* species other than *aureus,* and *Escherichia coli* with each representing 8.33% of isolates. *Enterobacter* species, *Burkholderia cepacia*, and *Bacteroides* species each comprised 4.17% of the total isolates identified. There were no Vancomycin-resistant *Enterococci* identified in isolates from LTACs in 2019.

Table 7. Identified Microorganisms for All Reported Central Line-Associated Bloodstream Infections (CLABSI) in Long-term Acute Care Hospitals

Microorganism Grouping	Microorganism	Number of Isolates	Percentage of Isolates
Yeast	*Candida* species and other yeasts	4	16.67%
Staphylococci	Methicillin-susceptible *Staphylococcus aureus* (MSSA)	2	8.33%
	Staphylococcus species (other than aureus)	2	8.33%
Enterococci	*Enterococcus* species (Vancomycin-susceptible)	4	16.67%
Enterobacteriaceae	*Escherichia coli*	2	8.33%
	Klebsiella species	4	16.67%
	Enterobacter species	1	4.17%
Burkholderia species	*Burkholderia cepacia*	1	4.17%
Other Gram-negative Organisms	*Pseudomonas* species	3	12.50%
Anaerobes	*Bacteroides* species	1	4.17%

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 derived by dividing the total number of observed healthcare 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 8, there were 197 HO-MRSA BSI LabID Events in total reported in 2019 from ACHs, CAHs, IRFs, and LTACF hospitals across South Carolina. In ACHs and IRFs the number of HO-MRSA BSIs identified in 2019 was similar to the national HO-MRSA BSI LabID Event rate. LTAC facilities in South Carolina performed better than the national HO-MRSA BSI LabID Event rate. No 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 8. Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bloodstream Infection Laboratory-identified (BSI LabID) Events for South Carolina Hospitals - 2019

Facility Type	Patient Days	Observed MRSA BSI LabID Events	Predicted MRSA BSI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,611,566	196	178.92	1.10	0.950, 1.257	Not Different
Critical Access	10,604	0	< 1.0	*	*	**No Conclusion**
Inpatient Rehabilitation	136,500	0	2.60	0.00	No Lower Bound, 1.154	Not Different
Long-term Acute Care	63,137	1	8.51	0.12	0.006, 0.580	★ 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 healthcare facility-onset (HO). Table 9 shows that there was a total of 1,012 CDI-HO LabID Events reported from South Carolina hospitals in 2019. This is a decrease from the 1,246 CDI-HO LabID Events that were reported in 2018. The SIRs for ACHs, IRFs, and LTAC hospitals were significantly better than the national baseline for 2019; however, CAH had CDI SIRs similar to the national baseline.

Table 9. *Clostridium difficile* (CDI) Laboratory-identified (LabID) Events for South Carolina Hospitals - 2019

Facility Type	Patient Days	Observed CDI LabID Events	Predicted CDI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,409,604	962	1536.69	0.63	0.587, 0.667	★ Better
Critical Access	10,604	1	2.82	0.35	0.018, 1.747	Not Different
Inpatient Rehabilitation	136,500	31	50.03	0.62	0.428, 0.869	★ Better
Long-term Acute Care	64,329	18	63.82	0.28	0.172, 0.437	★ Better

SURGICAL SITE INFECTIONS (SSI)

CALCULATING SSI SIRs

The SSI SIR is derived 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 10 presents the overall South Carolina surgical site infection (SSI) complex admission/readmission standardized infection ratio (AR SIR) for each reportable procedure type. For the six SSIs, the number of infections in South Carolina was not significantly different from the number of infections across the country. The percent of MRSA positive cultures from each SSI procedure type is reflected below. Of all SSIs reported, MRSA was detected in 14.04% of positive cultures.

Table 10. Overall South Carolina Surgical Site Infection Complex Admission Readmission Standardized Infection Ratio (AR SIR) by Surgical Procedure

Procedure Type	Number of Procedures	Observed AR SSI	Expected AR SSI	Complex AR SIR	95% Confidence Interval	Statistical Interpretation	% MRSA Positive Culture
Coronary Bypass Graft (Chest & Donor Incision)	3,502	31	27.62	1.12	0.776, 1.574	Not Different	12.90%
Coronary Bypass Graft (Chest Only Incision)	204	1	1.75	0.57	0.029, 2.820	Not Different	100.0%
Abdominal Hysterectomy	6,792	42	41.58	1.01	0.737, 1.352	Not Different	2.38%
Hip Prosthesis (Replacement)	9,406	59	59.08	1.00	0.767, 1.279	Not Different	30.51%
Knee Prosthesis (Replacement)	13,865	46	47.59	0.97	0.716, 1.278	Not Different	23.91%
Colon Surgery	5,150	113	123.04	0.92	0.760, 1.100	Not Different	5.31%
All Procedures	38,919	292	300.64	0.97	0.865, 1.088	Not Different	14.04%

CONCLUSION

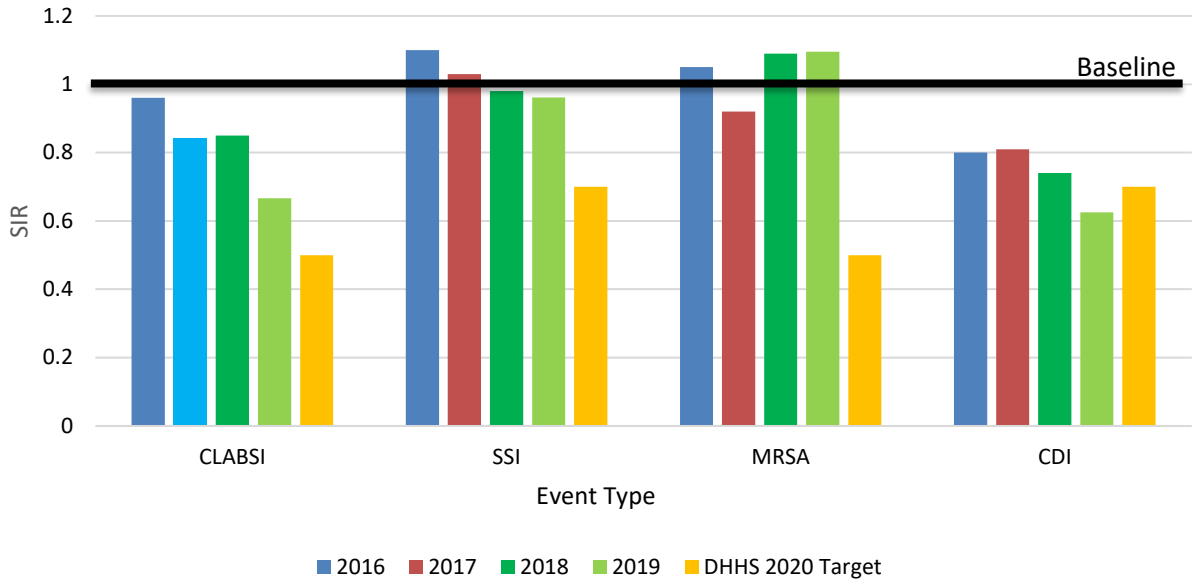
The U.S. Department of Health and Human Services (DHHS) updated the National HAI Prevention Goals to reflect the new 2015 re-baseline. These national goals, see Table 11, were launched by the Federal government, as part of Healthy People 2020, with the expectation to be achieved by the year 2020.

Table 11. National SIR Reduction Targets for 2020

Measure	2020 Target Reduction	2020 Target SIR
CLABSI	50%	0.50
SSI	30%	0.70
Hospital-onset CDI	30%	0.70
Hospital-onset MRSA	50%	0.50

The South Carolina's acute care hospital statewide performance is compared to the DHHS national goals for 2020 for CLABSIs, SSIs, MRSAs, and CDIs events in Figure 2. South Carolina has made strides to reach the Healthy People 2020 targets for all reportable events; however, more work needs to be done to ensure each target is met. Figure 2 shows that South Carolina is performing better than predicted regarding CLABSI, SSI, and CDI events. This is shown by the respective SIRs being below one (1.0) in 2019, indicating that there were less observed events than predicted events. South Carolina's MRSA SIR for 2019 remains above one (1.0), indicating that there were more observed MRSA events than predicted MRSA events.

Figure 2. South Carolina Performance in Acute Care Hospitals, 2016-2019, Compared to DHHS 2020 Target



The 2020 DHHS national prevention target for CLABI SIR is a 50% reduction compared to the national baseline, which equates to an SIR of 0.50. In 2019, the CLABSI SIR for critical access hospitals (CAH) could not be determine for South Carolina because there were less than one predicted events. The CLABSI SIRs for acute care (ACH), inpatient rehabilitation facilities (IRF) and long-term acute care (LTAC) hospitals performed above the 2020 target in 2019. South Carolina's ACHs, IFRs, and LTAC hospitals had a CLASBI SIRs of 0.67, 0.70, and 0.72 respectively. To meet the national target, ACHs need to reduce their CLABSI events by 25% or 62 infections, IRFs by 29% or 2 infections, and LTACs by 31% or 8 infections.

For SSIs, the DHHS national prevention target for 2020 is a 30% reduction compared to the national baseline, or a target SIR of 0.70. In 2019, South Carolina's overall SSI SIR for ACHs, CAHs, IRFs, and LTACs was 0.97. To achieve the 2020 target SSI SIR of 0.70, hospitals within the state need to reduce their SSIs by an additional 82 infections.

In reference to LabID Events, the DHHS national 2020 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. South Carolina's MRSA SIR for CAHs could not be determine for 2019 because there were less than one predicted MRSA events. The MRSA SIR for IRFs and LTAC hospitals preformed below the 2020 national target, with SIRs of 0.00 and 0.12, respectively. The ACHs performed above the 2020 national target with an SIR of 1.10. To reach the 2020 national target of 0.05 MRSA SIRs, ACHs need to reduce their MRSA events by 54%. To reach the 54% reduction of MRSA events, ACHs would need to prevent 107 MRSA infections.

The DHHS national prevention target of the CDI SIR for 2020 is a 30% reduction compared to the national baseline, which equates to an SIR of 0.70. In 2019, the CDI SIRs for ACHs, CAHs, IRFs and LTAC hospitals in South Carolina performed better than predicted and were below the 2020 DHHS target. South Carolina CAHs, IRFs, and LTACs need to maintain this improvement moving into 2020.

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APPENDIX A: LIST OF HIDA ADVISORY COMMITTEE MEMBERS

Hospital Infection Disclosure Act Advisory Committee Member List

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
- Hannah Ruegner, 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
- Gwen Usry, Infection Preventionist, Patewood Memorial Hospital
- Jan Lienau, Infection Preventionist, North Greenville Long Term Acute Care Hospital
- Kathy Ward, Infection Preventionist, Roper St. Francis Hospital
- 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

Pharmacy Representatives:

- Hana Winders, PharmD, BCIDP, 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 SC Code of Laws Section 44-7-2410 et seq., infection preventionists must sign below, affirming they have reviewed and made corrections, if needed, to their facility's 2019 HIDA Annual Report.

Please note that if a facility does not submit a signed version of this letter or notify us of any discrepancy in the report by Friday, September, 25th, 2020 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, 2019 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 Hannah Ruegner by Friday, September 25th, 2020.

Email: ruegnehv@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, 2019 - December 31, 2019

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

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

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

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Critical Care Unit	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Aiken Regional Medical Centers	Critical Care Units	1	2.99	0.34	0.252	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	1.71	0.00	0.181	= Same
Allendale County Hospital	Inpatient Ward	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
AnMed Health	Critical Care Units	5	4.79	1.04	0.871	= Same
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	7	6.38	1.10	0.765	= Same
AnMed Health Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hosptial	Step Down Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
Baptist Easley Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	Critical Care Units	2	1.08	1.86	0.387	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	4	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	5	2.19	2.28	0.096	= Same
Bon Secours St. Francis Eastside	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Critical Care Units	3	4.87	0.62	0.420	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	3	6.01	0.50	0.211	= Same
	Oncology Ward	7	6.77	1.03	0.883	= 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?
Bon-Secour St. Francis Xavier Hospital	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Oncology Step Down Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Cannon Memorial Hospital	Critical Care Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional 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**
Cherokee Medical Center	Critical Care Units	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**
Colleton Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
ContinueCARE Hospital at Palmetto Health Baptist	Inpatient Ward	4	3.68	1.09	0.809	**= Same**
Conway Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	1.78	0.56	0.636	**= Same**
East Cooper Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Edgefield County Healthcare	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Encompass Health Rehabilitation Hospital of Bluffton	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Charleston	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 Rock Hill	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Georgetown 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**
Grand Strand Regional Medical Center	Critical Care Units	2	5.15	0.39	0.148	= Same
	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	1.99	0.50	0.546	= Same
	Inpatient Wards	5	4.96	1.01	0.931	= Same
Greenville Memorial Hospital	Critical Care Units	7	16.68	0.42	0.009	★ Better
	Neonatal Intensive Care Unit	2	6.13	0.33	0.072	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	2	1.48	1.35	0.623	= Same
	Inpatient Wards	7	17.62	0.40	0.005	★ Better
	Oncology Ward	8	7.47	1.07	0.806	= 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?
Greer 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**
Hampton Regional Medical Center	Critical Care Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Hillcrest Memorial Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
KershawHealth 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**
Lake City Community Hospital	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Critical Care Units	0	4.14	0.00	0.016	★ **Better**
	Step Down Units	1	2.33	0.43	0.423	= **Same**
	Inpatient Wards	6	6.49	0.93	0.899	= **Same**
	Oncology Ward	4	3.32	1.21	0.665	= **Same**
MUSC Health Chester Medical Center	Critical Care Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Medical Center	Critical Care Units	0	2.58	0.00	0.076	= **Same**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	2.55	0.00	0.078	= **Same**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Florence Rehabilitation Center	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Women's Pavilion	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Lancaster Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Marion Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Cheraw	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 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	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	Critical Care Units	5	15.29	0.33	0.003	★ **Better**
	Neonatal Intensive Care Unit	0	1.64	0.00	0.194	= **Same**
	Specialty Care Units	3	4.17	0.72	0.617	= **Same**
	Step Down Units	1	3.31	0.30	0.193	= **Same**
	Inpatient Wards	3	11.51	0.26	0.004	★ **Better**
	Oncology Ward	3	3.80	0.79	0.743	= **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	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Medical University Hospital Authority	Critical Care Units	21	22.15	0.95	0.834	= Same
	Neonatal Intensive Care Unit	6	4.51	1.33	0.470	= Same
	Step Down Units	1	4.78	0.21	0.057	= Same
	Inpatient Wards	9	17.08	0.53	0.037	★ Better
	Oncology Ward	8	13.14	0.61	0.143	= Same
Mount Pleasant Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 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**
North Greenville Long Term Acute Care Hospital	Critical Care Unit	1	2.74	0.37	0.307	= Same
	Inpatient Ward	2	4.51	0.44	0.234	= Same
Oconee Medical Center	Critical Care Units	2	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Baptist	Critical Care Units	0	1.32	0.00	0.267	= Same
	Neonatal Intensive Care Unit	0	1.27	0.00	0.280	= Same
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	3	2.52	1.19	0.709	= Same
	Oncology Ward	2	2.76	0.73	0.719	= 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?
Palmetto Health Baptist Parkridge	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	2	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Richland	Critical Care Units	12	13.49	0.89	0.715	= Same
	Neonatal Intensive Care Unit	0	6.61	0.00	0.001	★ Better
	Inpatient Wards	7	12.40	0.57	0.110	= Same
	Oncology Ward	1	1.44	0.70	0.815	= Same
Patewood Memorial Hospital	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**
Piedmont Medical Center	Critical Care Units	0	2.56	0.00	0.078	= Same
	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	3.15	0.00	0.043	★ Better
	Oncology Ward	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health TUOMEY Hospital	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	2	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	3	1.22	2.46	0.160	= Same
	Oncology Ward	3	1.18	2.55	0.148	= Same
Prisma Health-Upstate 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**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Providence Hospitals NE	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Regency Hospital of Florence	Inpatient Ward	0	5.03	0.00	0.007	**★ Better**
Regency Hospital of Greenville	Inpatient Ward	3	2.78	1.08	0.829	**= Same**
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Critical Care Units	1	1.52	0.66	0.771	**= Same**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	4	2.45	1.63	0.335	**= Same**
Roper Hospital	Critical Care Units	4	2.68	1.49	0.415	**= Same**
	Rehabilitation Ward	2	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	3	3.62	0.83	0.811	**= Same**
	Inpatient Wards	2	1.90	1.05	0.863	**= Same**
	Oncology Ward	2	1.89	1.06	0.857	**= Same**
Roper St. Francis Hospital - Berkeley	Critical Care Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Critical Care Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
Self Regional Healthcare	Critical Care Units	2	3.46	0.58	0.468	**= Same**
	Neonatal Intensive Care Unit	2	1.12	1.78	0.415	**= Same**
	Step Down Units	0	1.27	0.00	0.281	**= Same**
	Inpatient Wards	3	2.85	1.05	0.862	**= 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?
Shriners Hospitals for Children---Greenville	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
Sisters of Charity Providence Hospitals Downtown	Critical Care Units	2	1.09	1.83	0.396	= Same
	Inpatient Wards	3	1.57	1.92	0.282	= Same
Spartanburg Hospital for Restorative Care	Critical Care Unit	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Ward	2	3.51	0.57	0.453	= Same
Spartanburg Medical Center	Critical Care Units	8	8.79	0.91	0.833	= Same
	Neonatal Intensive Care Unit	4	3.37	1.19	0.684	= Same
	Step Down Units	1	2.23	0.45	0.455	= Same
	Inpatient Wards	4	11.39	0.35	0.015	★ Better
	Oncology Ward	0	3.50	0.00	0.030	★ Better
Spartanburg Medical Center Mary Black Campus	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Neonatal Intensive Care Unit	N/A	N/A	N/A	N/A	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Rehabilitation Institute	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 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?
Trident Medical Center	Critical Care Units	2	4.91	0.41	0.177	= Same
	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	1.23	0.00	0.291	= Same
	Inpatient Wards	0	3.69	0.00	0.025	★ **Better**
	Oncology Ward	0	1.28	0.00	0.277	= Same
Union Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra Hospital of Charleston	Critical Care Unit	7	2.73	2.56	0.029	✕ **Worse**
	Inpatient Ward	5	8.84	0.57	0.186	= Same
Waccamaw Community Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
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, 2019 - December 31, 2019
Note: 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	13	N/A	N/A	N/A	N/A	**No Conclusion**
Aiken Regional Medical Centers	Colon Surgery	116	1	2.37	0.42	0.408	= Same
AnMed Health	Colon Surgery	209	4	4.27	0.94	0.959	= Same
AnMed Health Women's and Children's Hosptial	Colon Surgery	1	N/A	N/A	N/A	N/A	**No Conclusion**
Baptist Easley Hospital	Colon Surgery	19	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort Memorial Hospital	Colon Surgery	109	2	2.59	0.77	0.793	= Same
Bon Secours St. Francis Eastside	Colon Surgery	32	3	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Colon Surgery	231	6	4.73	1.27	0.537	= Same
Bon-Secour St. Francis Xavier Hospital	Colon Surgery	53	0	1.05	0.00	0.351	= Same
Cannon Memorial Hospital	Colon Surgery	6	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?
Carolina Pines Regional Medical Center	Colon Surgery	31	1	1.16	0.86	0.989	= Same
Cherokee Medical Center	Colon Surgery	2	N/A	N/A	N/A	N/A	**No Conclusion**
Coastal Carolina Hospital	Colon Surgery	23	2	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Colon Surgery	25	0	< 1.00	N/C	N/C	**No Conclusion**
Conway Medical Center	Colon Surgery	76	0	1.47	0.00	0.230	= Same
East Cooper Medical Center	Colon Surgery	42	1	< 1.00	N/C	N/C	**No Conclusion**
Georgetown Memorial hospital	Colon Surgery	30	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Colon Surgery	254	3	6.68	0.45	0.138	= Same
Greenville Memorial Hospital	Colon Surgery	320	2	7.67	0.26	0.022	★ Better
Greer Memorial Hospital	Colon Surgery	13	N/A	N/A	N/A	N/A	**No Conclusion**
Hampton Regional Medical Center	Colon Surgery	2	N/A	N/A	N/A	N/A	**No Conclusion**
Hillcrest Memorial Hospital	Colon Surgery	28	1	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Hospital	Colon Surgery	81	1	1.43	0.70	0.824	= Same
KershawHealth Medical Center	Colon Surgery	26	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Colon Surgery	383	8	10.06	0.80	0.541	= Same
MUSC Health Chester Medical Center	Colon Surgery	6	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence Medical Center	Colon Surgery	145	1	3.27	0.31	0.201	= Same
MUSC Health Lancaster Medical Center	Colon Surgery	18	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Marion Medical Center	Colon Surgery	17	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health Cheraw	Colon Surgery	5	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health Clarendon	Colon Surgery	5	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Loris	Colon Surgery	22	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Colon Surgery	7	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Colon Surgery	304	9	8.59	1.05	0.849	= Same
McLeod Seacoast	Colon Surgery	37	0	< 1.00	N/C	N/C	**No Conclusion**
Medical University Hospital Authority	Colon Surgery	428	12	14.68	0.82	0.502	= Same
Mount Pleasant Hospital	Colon Surgery	39	1	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	Colon Surgery	24	0	< 1.00	N/C	N/C	**No Conclusion**
Oconee Medical Center	Colon Surgery	30	1	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Baptist	Colon Surgery	189	7	3.66	1.91	0.111	= Same
Palmetto Health Baptist Parkridge	Colon Surgery	19	N/A	N/A	N/A	N/A	**No Conclusion**
Palmetto Health Richland	Colon Surgery	94	8	2.77	2.89	0.010	✕ **Worse**
Pelham Medical Center	Colon Surgery	25	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Colon Surgery	177	1	3.65	0.27	0.147	= Same
Prisma Health TUOMEY Hospital	Colon Surgery	89	1	1.77	0.57	0.644	= Same
Prisma Health-Upstate Laurens County Hospital	Colon Surgery	2	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?
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Colon Surgery	81	6	1.91	3.15	0.017	✕ Worse
Roper Hospital	Colon Surgery	363	7	6.79	1.03	0.887	= Same
Self Regional Healthcare	Colon Surgery	126	2	2.41	0.83	0.875	= Same
Sisters of Charity Providence Hospitals Downtown	Colon Surgery	60	2	1.45	1.38	0.606	= Same
Spartanburg Medical Center	Colon Surgery	359	12	11.17	1.07	0.771	= Same
Spartanburg Medical Center Mary Black Campus	Colon Surgery	49	0	1.04	0.00	0.353	= Same
Summerville Medical Center	Colon Surgery	50	1	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Colon Surgery	171	3	3.61	0.83	0.814	= Same
Waccamaw Community Hospital	Colon Surgery	84	1	1.68	0.60	0.686	= Same

Surgical Site Infections (SSIs) from Abdominal Hysterectomy in South Carolina's Acute Care Hospitals
January 1, 2019 - December 31, 2019
Note: 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	142	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	Abdominal Hysterectomy	73	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hosptial	Abdominal Hysterectomy	164	2	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital	Abdominal Hysterectomy	13	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort Memorial Hospital	Abdominal Hysterectomy	92	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Eastside	Abdominal Hysterectomy	462	1	1.91	0.53	0.581	= Same
Bon Secours St. Francis Hospital - Downtown	Abdominal Hysterectomy	77	0	< 1.00	N/C	N/C	**No Conclusion**
Bon-Secour St. Francis Xavier Hospital	Abdominal Hysterectomy	199	1	1.11	0.90	1.000	= Same
Carolina Pines Regional Medical Center	Abdominal Hysterectomy	51	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Abdominal Hysterectomy	16	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?
Coastal Carolina Hospital	Abdominal Hysterectomy	73	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Abdominal Hysterectomy	27	0	< 1.00	N/C	N/C	**No Conclusion**
Conway Medical Center	Abdominal Hysterectomy	155	1	1.06	0.95	1.000	**= Same**
East Cooper Medical Center	Abdominal Hysterectomy	55	0	< 1.00	N/C	N/C	**No Conclusion**
Georgetown Memorial hospital	Abdominal Hysterectomy	89	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Abdominal Hysterectomy	129	0	< 1.00	N/C	N/C	**No Conclusion**
Greenville Memorial Hospital	Abdominal Hysterectomy	375	0	2.85	0.00	0.058	**= Same**
Greer Memorial Hospital	Abdominal Hysterectomy	40	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Hospital	Abdominal Hysterectomy	18	N/A	N/A	N/A	N/A	**No Conclusion**
KershawHealth Medical Center	Abdominal Hysterectomy	52	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Abdominal Hysterectomy	731	7	5.06	1.38	0.387	**= Same**
MUSC Health Chester Medical Center	Abdominal Hysterectomy	2	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence Medical Center	Abdominal Hysterectomy	44	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	Abdominal Hysterectomy	38	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Clarendon	Abdominal Hysterectomy	22	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Loris	Abdominal Hysterectomy	19	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Medical Center - Dillon	Abdominal Hysterectomy	59	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	Abdominal Hysterectomy	286	0	1.58	0.00	0.207	**= Same**
McLeod Seacoast	Abdominal Hysterectomy	59	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?
Medical University Hospital Authority	Abdominal Hysterectomy	395	9	4.40	2.05	0.051	= Same
Mount Pleasant Hospital	Abdominal Hysterectomy	107	0	< 1.00	N/C	N/C	**No Conclusion**
Oconee Medical Center	Abdominal Hysterectomy	77	0	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Baptist	Abdominal Hysterectomy	381	4	1.88	2.13	0.165	= Same
Palmetto Health Baptist Parkridge	Abdominal Hysterectomy	99	0	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Richland	Abdominal Hysterectomy	308	4	1.90	2.11	0.168	= Same
Patewood Memorial Hospital	Abdominal Hysterectomy	129	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Medical Center	Abdominal Hysterectomy	22	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Abdominal Hysterectomy	21	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health TUOMEY Hospital	Abdominal Hysterectomy	191	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health-Upstate Laurens County Hospital	Abdominal Hysterectomy	9	N/A	N/A	N/A	N/A	**No Conclusion**
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Abdominal Hysterectomy	64	0	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Abdominal Hysterectomy	185	2	1.05	1.90	0.374	= Same
Self Regional Healthcare	Abdominal Hysterectomy	172	0	1.07	0.00	0.343	= Same
Spartanburg Medical Center	Abdominal Hysterectomy	577	5	3.65	1.37	0.464	= Same
Spartanburg Medical Center Mary Black Campus	Abdominal Hysterectomy	36	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	Abdominal Hysterectomy	136	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?
Trident Medical Center	Abdominal Hysterectomy	277	2	1.61	1.24	0.697	= Same
Waccamaw Community Hospital	Abdominal Hysterectomy	44	0	< 1.00	N/C	N/C	**No Conclusion**

Surgical Site Infections (SSIs) from Hip Prosthesis (Replacement) in South Carolina's Acute Care Hospitals
January 1, 2019 - December 31, 2019
Note: 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)	123	1	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	Hip Prosthesis (Replacement)	99	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hosptial	Hip Prosthesis (Replacement)	76	0	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital	Hip Prosthesis (Replacement)	32	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	Hip Prosthesis (Replacement)	214	0	1.11	0.00	0.329	= Same
Bon Secours St. Francis Eastside	Hip Prosthesis (Replacement)	646	2	2.98	0.67	0.630	= Same
Bon Secours St. Francis Hospital - Downtown	Hip Prosthesis (Replacement)	131	4	< 1.00	N/C	N/C	**No Conclusion**
Bon-Secour St. Francis Xavier Hospital	Hip Prosthesis (Replacement)	23	0	< 1.00	N/C	N/C	**No Conclusion**
Cannon Memorial Hospital	Hip Prosthesis (Replacement)	12	N/A	N/A	N/A	N/A	**No Conclusion**
Carolina Pines Regional Medical Center	Hip Prosthesis (Replacement)	46	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?
Cherokee Medical Center	Hip Prosthesis (Replacement)	17	N/A	N/A	N/A	N/A	**No Conclusion**
Coastal Carolina Hospital	Hip Prosthesis (Replacement)	25	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Hip Prosthesis (Replacement)	32	0	< 1.00	N/C	N/C	**No Conclusion**
Conway Medical Center	Hip Prosthesis (Replacement)	310	2	1.36	1.47	0.552	= Same
East Cooper Medical Center	Hip Prosthesis (Replacement)	296	0	1.41	0.00	0.243	= Same
Georgetown Memorial hospital	Hip Prosthesis (Replacement)	21	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Hip Prosthesis (Replacement)	393	1	2.71	0.37	0.314	= Same
Greenville Memorial Hospital	Hip Prosthesis (Replacement)	102	4	1.56	2.57	0.094	= Same
Greer Memorial Hospital	Hip Prosthesis (Replacement)	1	N/A	N/A	N/A	N/A	**No Conclusion**
Hampton Regional Medical Center	Hip Prosthesis (Replacement)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Hospital	Hip Prosthesis (Replacement)	247	0	< 1.00	N/C	N/C	**No Conclusion**
KershawHealth Medical Center	Hip Prosthesis (Replacement)	55	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Hip Prosthesis (Replacement)	398	4	3.34	1.20	0.675	= Same
MUSC Health Chester Medical Center	Hip Prosthesis (Replacement)	15	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence Medical Center	Hip Prosthesis (Replacement)	95	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	Hip Prosthesis (Replacement)	23	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Cheraw	Hip Prosthesis (Replacement)	1	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health Clarendon	Hip Prosthesis (Replacement)	7	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?
McLeod Medical Center - Dillon	Hip Prosthesis (Replacement)	6	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Hip Prosthesis (Replacement)	319	0	2.98	0.00	0.051	= Same
McLeod Seacoast	Hip Prosthesis (Replacement)	259	1	1.35	0.74	0.869	= Same
Medical University Hospital Authority	Hip Prosthesis (Replacement)	457	1	3.97	0.25	0.113	= Same
Mount Pleasant Hospital	Hip Prosthesis (Replacement)	269	1	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	Hip Prosthesis (Replacement)	142	0	< 1.00	N/C	N/C	**No Conclusion**
Oconee Medical Center	Hip Prosthesis (Replacement)	175	0	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Baptist	Hip Prosthesis (Replacement)	469	11	3.03	3.63	0.000	✕ **Worse**
Palmetto Health Baptist Parkridge	Hip Prosthesis (Replacement)	109	0	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Richland	Hip Prosthesis (Replacement)	213	3	2.65	1.13	0.767	= Same
Patewood Memorial Hospital	Hip Prosthesis (Replacement)	707	6	3.88	1.55	0.294	= Same
Pelham Medical Center	Hip Prosthesis (Replacement)	153	2	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Hip Prosthesis (Replacement)	207	1	1.01	0.99	1.000	= Same
Prisma Health TUOMEY Hospital	Hip Prosthesis (Replacement)	119	2	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health-Upstate Laurens County Hospital	Hip Prosthesis (Replacement)	21	0	< 1.00	N/C	N/C	**No Conclusion**
Providence Hospitals NE	Hip Prosthesis (Replacement)	349	0	1.76	0.00	0.173	= Same
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Hip Prosthesis (Replacement)	54	1	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Hip Prosthesis (Replacement)	429	6	1.87	3.22	0.015	✕ **Worse**
Self Regional Healthcare	Hip Prosthesis (Replacement)	239	0	1.31	0.00	0.270	= 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?
Sisters of Charity Providence Hospitals Downtown	Hip Prosthesis (Replacement)	20	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center	Hip Prosthesis (Replacement)	351	1	3.81	0.26	0.129	= Same
Spartanburg Medical Center Mary Black Campus	Hip Prosthesis (Replacement)	207	0	1.13	0.00	0.323	= Same
Summerville Medical Center	Hip Prosthesis (Replacement)	61	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Hip Prosthesis (Replacement)	284	2	2.34	0.85	0.906	= Same
Waccamaw Community Hospital	Hip Prosthesis (Replacement)	345	2	1.67	1.20	0.731	= Same

Surgical Site Infections (SSIs) from Knee Prosthesis (Replacement) in South Carolina's Acute Care Hospitals
January 1, 2019 - December 31, 2019
Note: 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)	174	1	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	Knee Prosthesis (Replacement)	11	N/A	N/A	N/A	N/A	**No Conclusion**
AnMed Health Women's and Children's Hosptial	Knee Prosthesis (Replacement)	176	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	Knee Prosthesis (Replacement)	409	0	1.47	0.00	0.231	= Same
Bon Secours St. Francis Eastside	Knee Prosthesis (Replacement)	1,377	1	3.98	0.25	0.112	= Same
Bon Secours St. Francis Hospital - Downtown	Knee Prosthesis (Replacement)	53	1	< 1.00	N/C	N/C	**No Conclusion**
Cannon Memorial Hospital	Knee Prosthesis (Replacement)	41	0	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	Knee Prosthesis (Replacement)	60	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Knee Prosthesis (Replacement)	27	0	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Hospital	Knee Prosthesis (Replacement)	15	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Knee Prosthesis (Replacement)	45	0	< 1.00	N/C	N/C	**No Conclusion**
Conway Medical Center	Knee Prosthesis (Replacement)	438	0	1.20	0.00	0.301	**= Same**
East Cooper Medical Center	Knee Prosthesis (Replacement)	500	1	1.36	0.74	0.863	**= Same**
Georgetown Memorial hospital	Knee Prosthesis (Replacement)	26	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Knee Prosthesis (Replacement)	521	2	2.26	0.88	0.945	**= Same**
Greenville Memorial Hospital	Knee Prosthesis (Replacement)	10	N/A	N/A	N/A	N/A	**No Conclusion**
Greer Memorial Hospital	Knee Prosthesis (Replacement)	75	1	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	Knee Prosthesis (Replacement)	33	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Hospital	Knee Prosthesis (Replacement)	310	3	< 1.00	N/C	N/C	**No Conclusion**
KershawHealth Medical Center	Knee Prosthesis (Replacement)	43	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Knee Prosthesis (Replacement)	586	4	2.41	1.66	0.321	**= Same**
MUSC Health Chester Medical Center	Knee Prosthesis (Replacement)	23	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Medical Center	Knee Prosthesis (Replacement)	107	1	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	Knee Prosthesis (Replacement)	19	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Marion Medical Center	Knee Prosthesis (Replacement)	26	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Cheraw	Knee Prosthesis (Replacement)	26	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Clarendon	Knee Prosthesis (Replacement)	14	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Medical Center - Dillon	Knee Prosthesis (Replacement)	9	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?
McLeod Regional Medical Center	Knee Prosthesis (Replacement)	569	3	2.20	1.36	0.560	= Same
McLeod Seacoast	Knee Prosthesis (Replacement)	216	0	< 1.00	N/C	N/C	**No Conclusion**
Medical University Hospital Authority	Knee Prosthesis (Replacement)	501	5	2.53	1.98	0.156	= Same
Mount Pleasant Hospital	Knee Prosthesis (Replacement)	421	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	Knee Prosthesis (Replacement)	209	0	< 1.00	N/C	N/C	**No Conclusion**
Oconee Medical Center	Knee Prosthesis (Replacement)	338	3	1.08	2.77	0.121	= Same
Palmetto Health Baptist	Knee Prosthesis (Replacement)	897	2	3.11	0.64	0.581	= Same
Palmetto Health Baptist Parkridge	Knee Prosthesis (Replacement)	142	0	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Richland	Knee Prosthesis (Replacement)	183	0	1.19	0.00	0.304	= Same
Patewood Memorial Hospital	Knee Prosthesis (Replacement)	1,150	2	3.25	0.62	0.533	= Same
Pelham Medical Center	Knee Prosthesis (Replacement)	248	3	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Knee Prosthesis (Replacement)	236	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health TUOMEY Hospital	Knee Prosthesis (Replacement)	183	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health-Upstate Laurens County Hospital	Knee Prosthesis (Replacement)	16	N/A	N/A	N/A	N/A	**No Conclusion**
Providence Hospitals NE	Knee Prosthesis (Replacement)	307	0	< 1.00	N/C	N/C	**No Conclusion**
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Knee Prosthesis (Replacement)	102	0	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Knee Prosthesis (Replacement)	666	1	1.52	0.66	0.771	= Same
Self Regional Healthcare	Knee Prosthesis (Replacement)	364	1	1.19	0.84	0.972	= 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?
Sisters of Charity Providence Hospitals Downtown	Knee Prosthesis (Replacement)	61	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center	Knee Prosthesis (Replacement)	572	6	3.04	1.97	0.124	**= Same**
Spartanburg Medical Center Mary Black Campus	Knee Prosthesis (Replacement)	310	1	1.25	0.80	0.935	**= Same**
Summerville Medical Center	Knee Prosthesis (Replacement)	131	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Knee Prosthesis (Replacement)	361	2	1.98	1.01	0.905	**= Same**
Waccamaw Community Hospital	Knee Prosthesis (Replacement)	507	0	1.64	0.00	0.194	**= Same**
Williamsburg Regional Hospital	Knee Prosthesis (Replacement)	21	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, 2019 - December 31, 2019
Note: 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 Only Incision)	2	N/A	N/A	N/A	N/A	**No Conclusion**
AnMed Health	Coronary Bypass Graft (Chest Only Incision)	9	N/A	N/A	N/A	N/A	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest Only Incision)	16	N/A	N/A	N/A	N/A	**No Conclusion**
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Greenville Memorial Hospital	Coronary Bypass Graft (Chest Only Incision)	3	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Hospital	Coronary Bypass Graft (Chest Only Incision)	3	N/A	N/A	N/A	N/A	**No Conclusion**
Lexington Medical Center	Coronary Bypass Graft (Chest Only Incision)	18	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Florence Medical Center	Coronary Bypass Graft (Chest Only Incision)	1	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	18	N/A	N/A	N/A	N/A	**No Conclusion**
Medical University Hospital Authority	Coronary Bypass Graft (Chest Only Incision)	30	0	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Richland	Coronary Bypass Graft (Chest Only Incision)	28	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Coronary Bypass Graft (Chest Only Incision)	1	N/A	N/A	N/A	N/A	**No Conclusion**
Roper Hospital	Coronary Bypass Graft (Chest Only Incision)	14	N/A	N/A	N/A	N/A	**No Conclusion**
Self Regional Healthcare	Coronary Bypass Graft (Chest Only Incision)	3	N/A	N/A	N/A	N/A	**No Conclusion**
Sisters of Charity Providence Hospitals Downtown	Coronary Bypass Graft (Chest Only Incision)	10	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)	8	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, 2019 - December 31, 2019
Note: 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)	38	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	Coronary Bypass Graft (Chest & Donor Incision)	121	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest & Donor Incision)	235	3	1.61	1.87	0.297	= Same
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	273	4	2.56	1.56	0.374	= Same
Greenville Memorial Hospital	Coronary Bypass Graft (Chest & Donor Incision)	421	4	4.52	0.89	0.868	= Same
Hilton Head Hospital	Coronary Bypass Graft (Chest & Donor Incision)	62	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	276	2	2.15	0.93	1.000	= 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?
MUSC Health Florence Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	72	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	289	2	2.40	0.83	0.877	= Same
Medical University Hospital Authority	Coronary Bypass Graft (Chest & Donor Incision)	137	0	1.41	0.00	0.244	= Same
Palmetto Health Richland	Coronary Bypass Graft (Chest & Donor Incision)	339	10	2.36	4.24	0.000	✕ Worse
Piedmont Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	155	0	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Coronary Bypass Graft (Chest & Donor Incision)	286	3	1.56	1.93	0.279	= Same
Self Regional Healthcare	Coronary Bypass Graft (Chest & Donor Incision)	60	1	< 1.00	N/C	N/C	**No Conclusion**
Sisters of Charity Providence Hospitals Downtown	Coronary Bypass Graft (Chest & Donor Incision)	219	0	1.12	0.00	0.328	= Same
Spartanburg Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	346	1	3.18	0.31	0.215	= Same
Trident Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	173	0	1.34	0.00	0.261	= Same

Clostridium difficile (CDI) Events in South Carolina's Acute Care, Critical Access, Long-term Acute Care, and Inpatient Rehabilitation Hospitals
January 1, 2019 - December 31, 2019

Note: 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	1	1.33	0.75	0.883	= Same
Aiken Regional Medical Centers	22	30.40	0.72	0.118	= Same
AnMed Health	43	60.39	0.71	0.020	★ Better
AnMed Health Rehabilitation Hospital	3	5.60	0.54	0.274	= Same
AnMed Health Women's and Children's Hosptial	0	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital	4	8.59	0.47	0.099	= Same
Beaufort Memorial Hospital	5	16.91	0.30	0.001	★ Better
Bon Secours St. Francis Eastside	0	10.89	0.00	0.000	★ Better
Bon Secours St. Francis Hospital - Downtown	15	46.12	0.33	0.000	★ Better
Bon-Secour St. Francis Xavier Hospital	16	23.62	0.68	0.105	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Cannon Memorial Hospital	1	1.50	0.67	0.782	= Same
Carolina Pines Regional Medical Center	1	5.37	0.19	0.034	★ Better
Cherokee Medical Center	1	7.51	0.13	0.005	★ Better
Coastal Carolina Hospital	2	2.63	0.76	0.771	= Same
Colleton Medical Center	2	5.05	0.40	0.160	= Same
ContinueCARE Hospital at Palmetto Health Baptist	1	8.79	0.11	0.002	★ Better
Conway Medical Center	3	15.93	0.19	0.000	★ Better
East Cooper Medical Center	2	5.89	0.34	0.086	= Same
Edgefield County Healthcare	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Bluffton	0	2.80	0.00	0.061	= Same
Encompass Health Rehabilitation Hospital of Charleston	1	4.21	0.24	0.092	= Same
Encompass Health Rehabilitation Hospital of Columbia	4	8.25	0.49	0.122	= Same
Encompass Health Rehabilitation Hospital of Florence	7	5.24	1.34	0.433	= Same
Encompass Health Rehabilitation Hospital of Rock Hill	4	5.93	0.68	0.452	= Same
Georgetown Memorial hospital	16	10.17	1.57	0.086	= Same
Grand Strand Regional Medical Center	17	49.02	0.35	0.000	★ Better
Greenville Memorial Hospital	80	155.39	0.52	0.000	★ Better
Greenwood Regional Rehabilitation Hospital	1	4.60	0.22	0.067	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Greer Memorial Hospital	4	9.36	0.43	0.061	= Same
Hampton Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Hillcrest Memorial Hospital	1	5.26	0.19	0.038	★ **Better**
Hilton Head Hospital	1	13.55	0.07	0.000	★ **Better**
KershawHealth Medical Center	5	8.92	0.56	0.178	= Same
Lake City Community Hospital	3	1.46	2.05	0.242	= Same
Lexington Medical Center	82	111.26	0.74	0.004	★ **Better**
MUSC Health Chester Medical Center	0	1.10	0.00	0.334	= Same
MUSC Health Florence Medical Center	9	24.10	0.37	0.001	★ **Better**
MUSC Health Florence Rehabilitation Center	0	1.32	0.00	0.268	= Same
MUSC Health Florence Women's Pavilion	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	2	8.06	0.25	0.016	★ **Better**
MUSC Health Marion Medical Center	1	4.88	0.21	0.053	= Same
McLeod Health Cheraw	7	6.56	1.07	0.819	= Same
McLeod Health Clarendon	2	4.10	0.49	0.309	= Same
McLeod Loris	6	9.65	0.62	0.235	= Same
McLeod Medical Center - Darlington	0	1.68	0.00	0.187	= Same
McLeod Medical Center - Dillon	3	3.61	0.83	0.814	= Same
McLeod Regional Medical Center	99	99.41	1.00	0.981	= Same
McLeod Seacoast	16	2.30	6.95	0.000	✕ **Worse**
Medical University Hospital Authority	121	144.48	0.84	0.051	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Mount Pleasant Hospital	8	5.47	1.46	0.290	= Same
Newberry County Hospital	1	2.41	0.42	0.396	= Same
North Greenville Long Term Acute Care Hospital	1	7.66	0.13	0.005	★ Better
Oconee Medical Center	4	16.89	0.24	0.000	★ Better
Palmetto Health Baptist	23	42.19	0.55	0.001	★ Better
Palmetto Health Baptist Parkridge	7	13.21	0.53	0.071	= Same
Palmetto Health Richland	34	135.12	0.25	0.000	★ Better
Patewood Memorial Hospital	0	2.04	0.00	0.130	= Same
Pelham Medical Center	5	2.97	1.69	0.260	= Same
Piedmont Medical Center	12	43.45	0.28	0.000	★ Better
Prisma Health TUOMEY Hospital	15	21.21	0.71	0.169	= Same
Prisma Health-Upstate Laurens County Hospital	3	5.51	0.54	0.288	= Same
Providence Hospitals NE	0	1.68	0.00	0.187	= Same
Regency Hospital of Florence	0	14.49	0.00	0.000	★ Better
Regency Hospital of Greenville	1	8.69	0.12	0.002	★ Better
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	44	28.29	1.56	0.006	✕ Worse
Roper Hospital	39	36.37	1.07	0.648	= Same
Roper St. Francis Hospital - Berkeley	1	< 1.00	N/C	N/C	No Conclusion
	1	< 1.00	N/C	N/C	No Conclusion
Self Regional Healthcare	21	37.15	0.57	0.005	★ Better

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Shriners Hospitals for Children---Greenville	0	< 1.00	N/C	N/C	**No Conclusion**
Sisters of Charity Providence Hospitals Downtown	9	14.04	0.64	0.168	= Same
Spartanburg Hospital for Restorative Care	3	9.98	0.30	0.013	★ Better
Spartanburg Medical Center	87	126.95	0.69	0.000	★ Better
Spartanburg Medical Center Mary Black Campus	13	14.68	0.89	0.689	= Same
Spartanburg Rehabilitation Institute	3	4.45	0.67	0.529	= Same
Summerville Medical Center	3	12.51	0.24	0.002	★ Better
Tidelands Health Rehabilitation Hospital, an affiliate of Encompass Health	8	7.64	1.05	0.852	= Same
Trident Medical Center	22	40.26	0.55	0.002	★ Better
Union Medical Center	0	1.08	0.00	0.340	= Same
Vibra Hospital of Charleston	12	14.20	0.85	0.582	= Same
Waccamaw Community Hospital	19	14.81	1.28	0.282	= 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, 2019 - December 31, 2019

Note: 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?
Aiken Regional Medical Centers	3	2.64	1.14	0.765	= Same
AnMed Health	5	7.44	0.67	0.384	= Same
AnMed Health Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hosptial	0	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	3	1.33	2.25	0.197	= Same
Bon Secours St. Francis Eastside	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	3	6.27	0.48	0.180	= Same
Bon-Secour St. Francis Xavier Hospital	3	1.47	2.04	0.246	= Same
Cannon Memorial Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	1	< 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?
Cherokee Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
ContinueCARE Hospital at Palmetto Health Baptist	0	1.26	0.00	0.285	= Same
Conway Medical Center	3	2.06	1.46	0.492	= Same
East Cooper Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Bluffton	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Charleston	0	< 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**
Georgetown Memorial hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	6	7.32	0.82	0.664	= Same
Greenville Memorial Hospital	15	25.04	0.60	0.034	★ Better
Greenwood Regional Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Greer Memorial Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Hillcrest Memorial 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?
Hilton Head Hospital	0	1.10	0.00	0.334	= Same
KershawHealth Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Lake City Community Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	8	8.24	0.97	0.980	= Same
MUSC Health Chester Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Medical Center	4	4.54	0.88	0.861	= 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	2	1.10	1.81	0.403	= Same
MUSC Health Marion Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
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	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Darlington	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	20	13.84	1.45	0.114	= Same
McLeod Seacoast	1	< 1.00	N/C	N/C	**No Conclusion**
Medical University Hospital Authority	31	17.62	1.76	0.004	✕ **Worse**
Mount Pleasant Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
North Greenville Long Term Acute Care Hospital	0	1.06	0.00	0.346	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Oconee Medical Center	0	2.03	0.00	0.132	= Same
Palmetto Health Baptist	2	3.91	0.51	0.349	= Same
Palmetto Health Baptist Parkridge	0	1.02	0.00	0.361	= Same
Palmetto Health Richland	23	18.86	1.22	0.341	= Same
Patewood Memorial 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	4	4.06	0.99	1.000	= Same
Prisma Health TUOMEY Hospital	5	2.25	2.22	0.105	= Same
Prisma Health-Upstate Laurens County Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Providence Hospitals NE	1	< 1.00	N/C	N/C	**No Conclusion**
Regency Hospital of Florence	0	1.84	0.00	0.158	= Same
Regency Hospital of Greenville	0	1.31	0.00	0.269	= Same
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	6	1.90	3.16	0.017	✕ Worse
Roper Hospital	4	2.33	1.72	0.293	= Same
Roper St. Francis Hospital - Berkeley	0	< 1.00	N/C	N/C	**No Conclusion**
	0	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	2	3.32	0.60	0.512	= Same
Shriners Hospitals for Children---Greenville	0	< 1.00	N/C	N/C	**No Conclusion**
Sisters of Charity Providence Hospitals Downtown	5	1.85	2.70	0.052	= Same
Spartanburg Hospital for Restorative Care	0	1.05	0.00	0.351	= Same
Spartanburg Medical Center	13	16.63	0.78	0.381	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Spartanburg Medical Center Mary Black Campus	3	1.02	2.93	0.106	= Same
Spartanburg Rehabilitation Institute	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	3	1.27	2.36	0.177	= Same
Tidelands Health Rehabilitation Hospital, an affiliate of Encompass Health	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	7	6.51	1.08	0.803	= Same
Union Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra Hospital of Charleston	1	1.99	0.50	0.547	= Same
Waccamaw Community Hospital	2	1.06	1.88	0.380	= Same