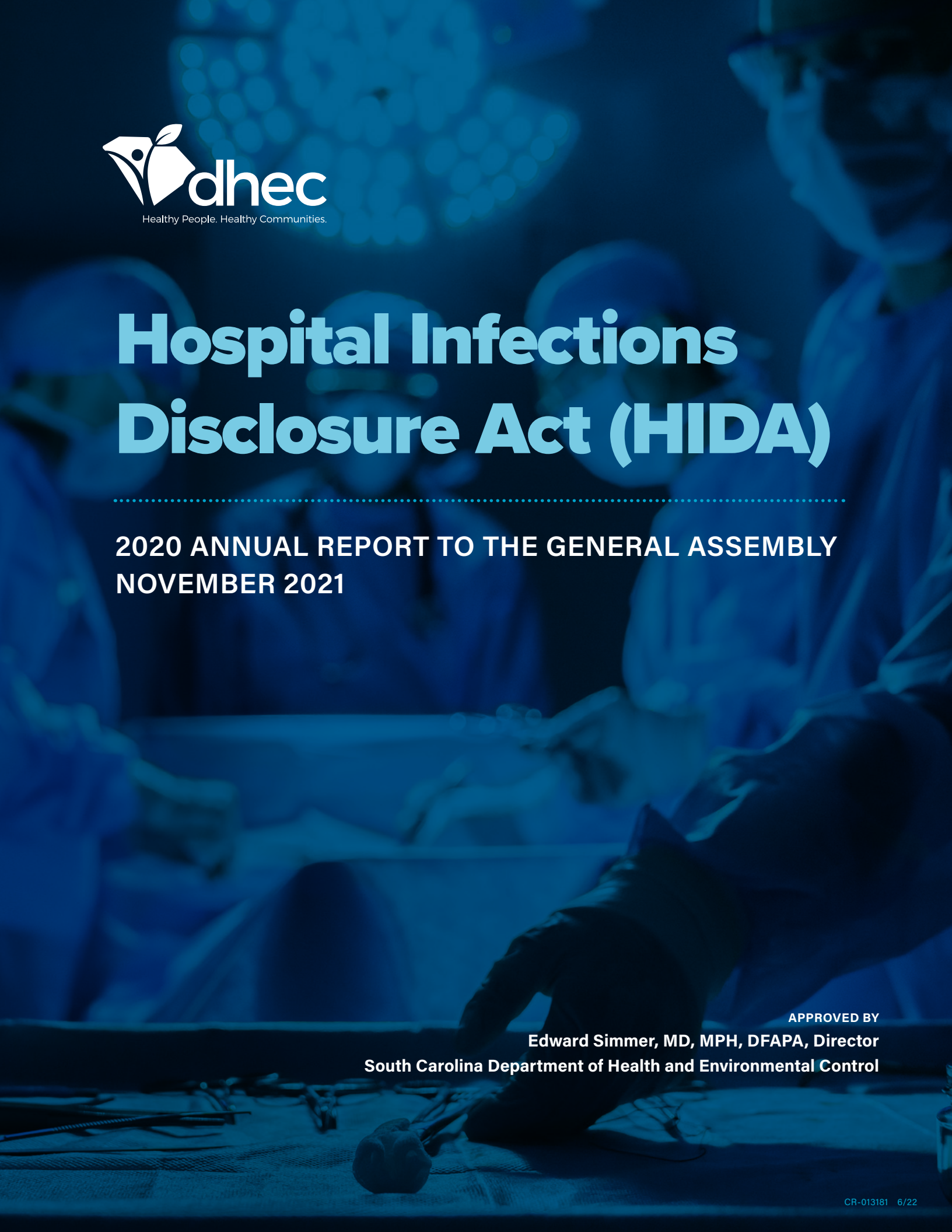

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Hospital Infections Disclosure Act (HIDA)

2020 ANNUAL REPORT TO THE GENERAL ASSEMBLY
NOVEMBER 2021

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

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Foreword

The South Carolina Department of Health and Environmental Control (DHEC) submits the 2020 Annual Report, which reflects the progress of implementing the South Carolina Hospital Infections Disclosure Act (HIDA). This document is submitted in compliance with S.C. Code Section 44-7-2440.

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

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

Hannah Ruegner, MPH, CIC
Epidemiologist II
Healthcare-Associated Infections
Division of Acute Disease Epidemiology
(803) 622-7820
ruegnehv@dhec.sc.gov

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

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

Contents

Abbreviations

ABHS—Alcohol Based Hand Sanitizer

ACH—Acute Care Hospital

ADN—Associated Degree Nursing

ASA—American Society of Anesthesiologists

AR—Admission/re-admission

BSI—Blood stream infection

BSN—Bachelor of Science in Nursing

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

CNAs—Certified Nursing Assistants

CO—Community-onset

COLO—Colon surgery

COVID-19—Coronavirus Disease 2019

CRE—Carbapenem-resistant Enterobacteriaceae

CRNA—Certified Registered Nurse Anesthetists

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

HAI—Healthcare-associated infection

HIDA—Hospital Infections Disclosure Act

HO—Hospital-onset

HPRO—Hip arthroplasty (hip replacement)

HYST—Abdominal hysterectomy

IP—Infection preventionist

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

IRF—Inpatient Rehabilitation Facility

IVAC—Infection-related ventilator-associated complication

KPRO—Knee arthroplasty (knee replacement)

LPN—Licensed Practical Nurses

LTAC—Long-term acute care hospital

MRSA—Methicillin-resistant Staphylococcus aureus

MSSA—Methicillin-susceptible Staphylococcus aureus

NHSN—National Healthcare Safety Network

NICU—Neonatal intensive care unit

PPE—Personal Protective Equipment

SSI—Surgical site infection

SIR—Standardized infection ratio

List of Tables and Figures

List of Tables

List of Figures

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 2020 HIDA Annual Report contains data from January 1, 2020, through December 31, 2020, for the following infections:

1. Central line-associated blood stream infections (CLABSI) for the following inpatient locations:
   - ACH Adult and Pediatric Critical Care Locations
   - ACH Adult and Pediatric Ward Locations
   - ACH Adult and Pediatric Specialty Care Areas (i.e., hematology/oncology, bone marrow transplant, leukemia/lymphoma units)
   - ACH Neonatal Critical Care Unit (NICU) Levels II/III, III, and IV Locations
   - LTAC Care Locations
   - LTAC Ward Locations
   - IRF Adult and Pediatric Ward Locations
2. Laboratory-identified (LabID) Events in facility-wide locations in ACHs, LTACs, and IRFs for:
   - Methicillin-resistant *Staphylococcus aureus* (MRSA) blood stream infections (BSI)
   - Carbapenem-resident *Enterobacteriaceae* (CRE) for *E. coli, Klebsiella aerogenes,* and Enterobacter species
   - *Clostridioides di cile* infections (CDI)
3. Procedure-level and Surgical Site infections (SSI) for the following procedure types:
   - Abdominal hysterectomy (HYST)
   - Colon surgeries (COLO)
   - Coronary artery bypass grafts, chest and donor incisions (CBGB)
   - Coronary artery bypass grafts, chest incision only (CBGC)
   - Hip replacements (HPRO)
   - Knee replacements (KPRO)

This report compiles data entered from eighty-two (82) South Carolina hospitals for infections that occurred from January 1, 2020, through December 31, 2020. 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 ACHs. 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 since 2015 to reach the 2020 DHHS targets for all reportable CLABSI, SSI, MRSA, and CDI events; however, the challenges due to the COVID-19 pandemic disrupted facilities' progression in meeting the DDHS targets by the end of 2020. With SIRs being below one (1.0), South Carolina performed better than predicted regarding CLABSI and CDI events in 2020, indicating that there were less observed events than predicted events. South Carolina's MRSA and SSI SIRs for 2020 remained above one, indicating that there were more observed events than predicted events.

In 2020, the CLABSI SIRs for CAHs could not be determined for South Carolina because there was less than one predicted event. The CLABSI SIRs for ACHs (0.77) and IRFs (0.31) performed better than predicted with SIRs below one; however, unlike the IRFs, ACHs did not meet the 2020 DHHS target of having the CLABSI SIR below 0.50. LTAC facilities had an SIR of 1.18 for 2020, which means the facilities performed worse than expected and failed to meet the 2020 DHHS target of 0.50.

South Carolina's overall SSI SIR in 2020 was 1.02, which is greater than the DDHS goal of an SIR below 0.70, meaning the goal was not achieved. The MRSA SIR for CAHs could not be determined for 2020 because there was less than one predicted MRSA event. The MRSA SIR for IRFs was below the national target SIR metric of 0.50 with 0.00. Both ACHs (1.15) and LTACs (1.31) performed worse than expected with SIRs above one and did not reach the national target of SIRs below 0.05.

In 2020, the CDI SIRs for ACHs, CAHs, IRFs, and LTAC hospitals in South Carolina performed better than expected (SIR <1) and were below the 2020 DHHS target of 0.70, with SIRs of 0.49, 0.00, 0.22, and 0.22, respectively.

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.[1] HAIs pose a great financial burden, costing healthcare facilities between 25 and 31.5 billion dollars in additional costs each year.[2]

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, Hospital Infection 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. Abbreviations used in table include ACH: Acute care hospital; CDI: *Clostridioides di cile* 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.[1] This is a decrease from the 2011 data, which approximated 722,000 HAIs and 75,000 deaths.[3] 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.[4] This demonstrated improvement and commitment to patient safety, and forecasted additional improvements to come with HAIs, which supports and aligns with DHEC's vision for "Healthy People Living in Healthy Communities" in South Carolina.

These strides to reduce HAIs and improve patient safety, however, were disrupted in 2020 due to the Coronavirus Disease 2019 (COVID-19) pandemic. As COVID-19 spread across the United States, many healthcare facilities were impacted by increased patient caseloads, higher acuity cases, staffing challenges, operational changes, inability to implement standard infection control practices and HAI surveillance to improve outcomes, which led to an increase in HAIs nationwide.[5] Nationally, increases were observed in CLABSI, CAUTI, VAE, and MRSA bacteremia in 2020 compared to 2019. The most significant increase occurred from October to December 2020 with a 47% increase in CLABSIs, 19% increase in CAUTIs, and a 45% increase in VAE; however, decreases in CDI LabID Events were still observed, as shown in Figure 1.[5,6]

Figure 1. Changes in the National Healthcare-Associated Infection (HAI) standardized infection ratios (SIRs) for acute care hospitals, compared to retrospective 2019 quarters.[5]

	2020 Q1	2020 Q2	2020 Q3	2020 Q4
CLABSI	↓ -11.8%	↑ 27.9%	↑ 46.4%	↑ 47.0%
CAUTI	↓ -21.3%	No Change[1]	↑ 12.7%	↑ 18.8%
VAE	↑ 11.3%	↑ 33.7%	↑ 29.0%	↑ 44.8%
SSI: Colon surgery	↓ -9.1%	No Change[1]	↓ -6.9%	↓ -8.3%
SSI: Abdominal hysterectomy	↓ -16.0%	No Change[1]	No Change[1]	↓ -13.1%
Laboratory-identified MRSA bacteremia	↓ -7.2%	↑ 12.2%	↑ 22.5%	↑ 33.8%
Laboratory-identified CDI	↓ -17.5%	↓ -10.3%	↓ -8.8%	↓ -5.5%

Note: CLABSI, central-line–associated bloodstream infection; CAUTI, catheter-associated urinary tract infection; VAE, ventilator-associated event; SSI, surgical site infection; MRSA, methicillin-resistant *Staphylococcus aureus*; CDI, *Clostridioides difficile* infection.[5]; 2020 Q1, January-March 2020; 2020 Q2, April- June 2020; 2020 Q3, July-September 2020; 2020 Q4, October-December 2020.

Interpretation: Unless otherwise noted, the results of the significance tests comparing consecutive annual pairs of quarterly SIRs are based on a 2-tailed test $P \leq .05$; however, the directional percentage change is based on the relative change in magnitude. An arrow pointing down, and a negative percentage change value, indicate that the 2020 SIR is lower than the 2019 SIR for the same quarter. An arrow pointing up, and a positive percentage change value, indicate that the 2020 SIR is higher than the 2019 SIR for the same quarter. Note. 1. "No change" signifies that the change in SIR was not statistically significant.[5]

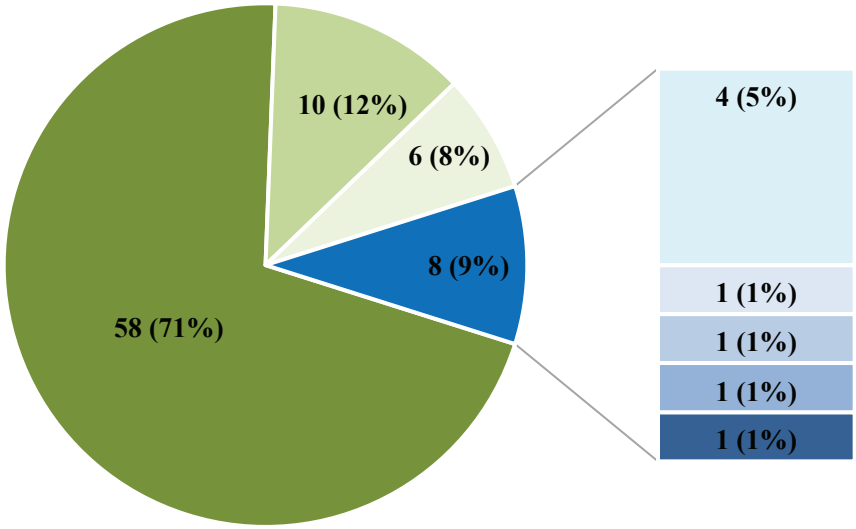
Methods

This report contains data entered from 82 South Carolina hospitals. The Annual HIDA Report includes information regarding infections that occurred from January 1, 2020, through December 31, 2020.

Reporting Facility Information

Eighty-two hospitals of varying types were required to report HAI data to DHEC via NHSN in 2020.m Reporting facilities were comprised of 58 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 Figure 2).

Figure 2. Summary of HIDA Reporting Hospital Types - 2020



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 2020 reporting period, the 82 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. Due to the COVID-19 pandemic, a reporting exemption was granted by the Centers for Medicare and Medicaid Services (CMS) to all facilities, including ACHs, CAHs, LTACs, and IRFs, for data reported from October 1 to December 31, 2019.[7] In response to this exemption, DHEC announced that CMS exempted data would need to be retro-entered into NHSN for surveillance purposes after July 31, 2020, see Appendix B. However, because of the increased workload of our state's infection preventionists, due to the ongoing pandemic, some of the data was unable to be entered, resulting in one facility not retroactively reporting their data for the CMS exemption period into NHSN. To understand the increased strain on infection preventionists in the state, the HAI section administered a survey of "Hospital Challenges" from October 6 to October 31, 2021, see Appendix C. This survey resulted in 68 individual facility responses; findings of this survey are discussed in the conclusion section of this report.

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 of possible incomplete or incorrect data entries. Prior to publication of the HIDA data, facilities have the opportunity to review and correct reporting lapses and/or discrepancies in the data they have submitted to NHSN for the report time period. All facilities attested to their data for the 2020 Annual HIDA report, including the facility who was unable to enter a full year's worth of data due to the COVID-19 pandemic. 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 D.

2020 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.[8] 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.[9] 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.

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

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

Interpreting the SIR:

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

Each SIR has a calculated 95% confidence interval (CI), which is a statistical range to judge the significance of the SIR. If an SIR falls within the range of the CI, then it signifies the "true" SIR

with 95% confidence. The 95% CI is not calculated if the predicted number of infections is ≥1 and the observed infections is 0. If the SIR's 95% CI includes the value of 1, then the observed number of infections is not significantly different from the number of predicted infections. However, the opposite is true if the SIR's 95% CI does not include the value of 1, meaning the observed number of infections is significantly different from the predicted number of infections.

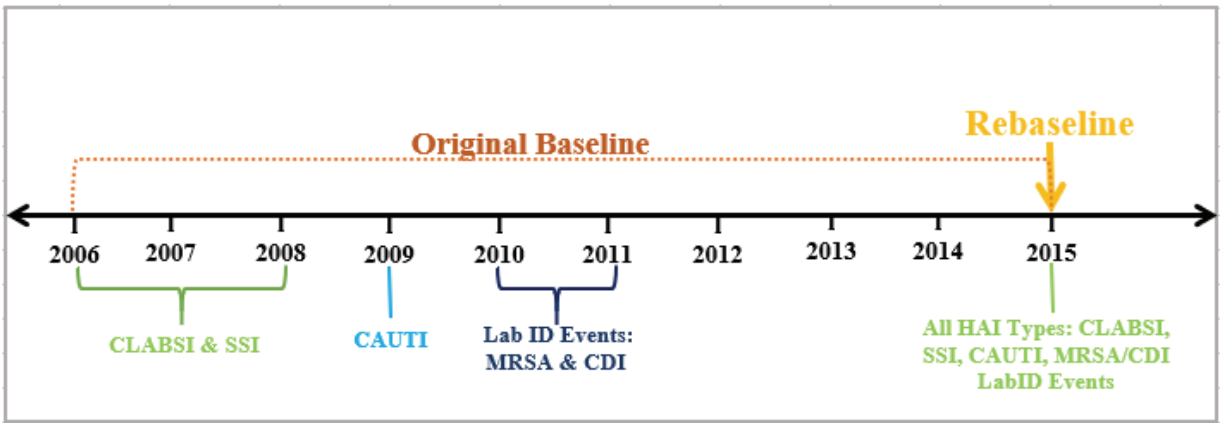
The 95% CI allows for comparison of the state's HAI SIRs over time for internal benchmarking, as well as for benchmarking against other state's SIRs and the national SIR. When the 95% confidence intervals overlap, it means no statistically significant difference in the SIRs. However, there is a statically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

Re-Baseline of SIR (2015)

"Re-baseline" is a term that the CDC's National Healthcare Safety Network (NHSN) uses to describe updates to the original HAI baseline calculations. The 2015 re-baseline updated the source of collective data from across the country, as well as the risk adjustment methodology used to create the original baselines. Data for all HAI types were simultaneously re-baselined in 2015, as presented in Figure 3. However, this report will not include 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.[9] For this report, South Carolina hospital data will be compared to the 2015 National Baseline, as a means for monitoring progress over time.

Figure 3. Data Collected for 2015 Re-baseline.



Central Line Associated Blood Stream Infections (CLABSI)

Calculating CLABSI SIRs

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

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

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

Calculating the SIR for the Medical Cardiac Unit:

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

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

$$\text{SIR} = 1.7$$

CLABSI data from multiple locations can be combined into a single SIR by summing the total number of observed CLABSI, and then dividing that number by the total number of predicted CLABSI for those locations. 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 2 presents CLABSI SIRs reported in South Carolina during 2020. Per the HIDA law, CLABSI SIRs are reported for the following location types: adult and pediatric critical care, neonatal critical care, adult and pediatric wards, step down units, and adult and pediatric specialty care areas; to include, adult and pediatric specialty care areas, and oncology units. An asterisk (*) indicates that an SIR or 95% Confidence Interval could not be calculated due to a very low number of infections. The overall CLABSI SIR in South Carolina is less than one (1.0). This indicates that South Carolina experienced significantly lower CLABSI compared to the number of CLABSI infections predicted for 2020. However, South Carolina, is still above the SIR national target of 0.5.

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

Table 2. Central Line-Associated Bloodstream Infections (CLABSI) Standardized Infection Ratios (SIR) in Acute Care Hospitals by Location - 2020

Location	Central Line Days	Observed CLABSI	Expected CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Care Units	139,454	140	146.55	0.96	0.807, 1.124	Not Different
Neonatal Intensive Care Unit	16,368	11	24.17	0.46	0.239, 0.791	★ Better
Specialty Care Units	4,648	4	4.93	0.81	0.258, 1.958	Not Different
Step Down Units	32,922	27	29.38	0.92	0.618, 1.319	Not Different
Oncology Step Down Unit	623	1	< 1.0	*	*	**No Conclusion**
Inpatient Wards	149,686	87	129.11	0.67	0.543, 0.827	★ Better
Oncology Ward	35,796	18	41.72	0.43	0.264, 0.669	★ Better
Rehabilitation Ward*	3,809	0	2.05	0.00	No Lower Bound, 1.463	Not Different
All Location Types	385,243	291	380.31	0.77	0.681, 0.857	★ Better

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

CLASBI SIRs for critical access, long-term acute care, and inpatient rehabilitation hospitals are presented in Table 3, below. The CLABSI SIRs for critical access hospital locations could not be

calculated due to the low number of observed infections. The critical care and ward locations for inpatient rehabilitation hospitals (IRFs) and critical care units and inpatient wards at long-term acute care (LTACs) hospitals performed the same as the national CLABSI SIR baseline.

Table 3. Central Line-Associated Bloodstream Infections (CLABSI) Standardized Infection Ratios (SIR) in Critical Access, Long-term Acute Care and Inpatient Rehabilitation Hospitals by Location - 2020

Facility Type	Location	Central Line Days	Observed CLABSI	Expected CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Access	Critical Care Units	108	0	< 1.0	*	*	**No Conclusion**
	Inpatient Wards	593	0	< 1.0	*	*	**No Conclusion**
	All Location Types	701	0	< 1.0	*	*	**No Conclusion**
Inpatient Rehabilitation	All Location Types	7,110	1	3.26	0.31	0.015, 1.513	Not Different
Long-term Acute Care	Critical Care Unit	3,632	6	8.51	0.71	0.286, 1.467	Not Different
	Inpatient Ward	26,485	38	28.51	1.33	0.957, 1.811	Not Different

CLABSI Microorganism Data

Figure 4 presents the microorganisms that were identified for all reported CLABSIs in all adult and pediatric inpatient locations, excluding neonatal intensive care units, via their microorganism grouping. Yeasts represented approximately 22.42%, of the total isolates reported for CLABSI, this included *Candida* species and other yeasts. Yeasts made up the largest percent of identified microorganisms that caused CLABSIs in 2020. Enterococci, specifically *Enterococcus* species (vancomycin-susceptible), Enterobacteriaceae, specifically *Klebsiella* species, and Staphylococci, specifically Methicillin-susceptible *Staphylococcus aureus* (MSSA), were the second, third, and fourth most common organisms detected, comprising 11.21%, 7.88%, and 7.88% of total isolates, respectively. Other isolates reported for CLABSI included, Staphylococci: Methicillin-resistant *Staphylococcus* aureus (MRSA) (6.06%), Coagulase negative *Staphylococcus* species (5.76%), *Staphylococcus* species (other than *aureus*) (5.45%); Streptococci: Streptococcus species (4.55%); Enterococci: Vancomycin-resistant *Enterococcus* (VRE) (4.24%); Enterobacteriaceae: Escherichia coli (7.58%), Serratia species (2.73%), Enterobacter species (2.12%), Raoultella species (0.30%); Burkholderia species: Burkholderia cepacia (0.30%), Burkholderia species other than cepacia (0.30%); Other Gram Positive Organisms: Rothia species(1.21%), Other Species (1.21%); Other Gram Negative Organisms: Pseudomonas species (3.64%), Other Species (2.42%); and Anaerobes: Bacteroides species (0.91%), Other Anaerobes (1.82%).

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

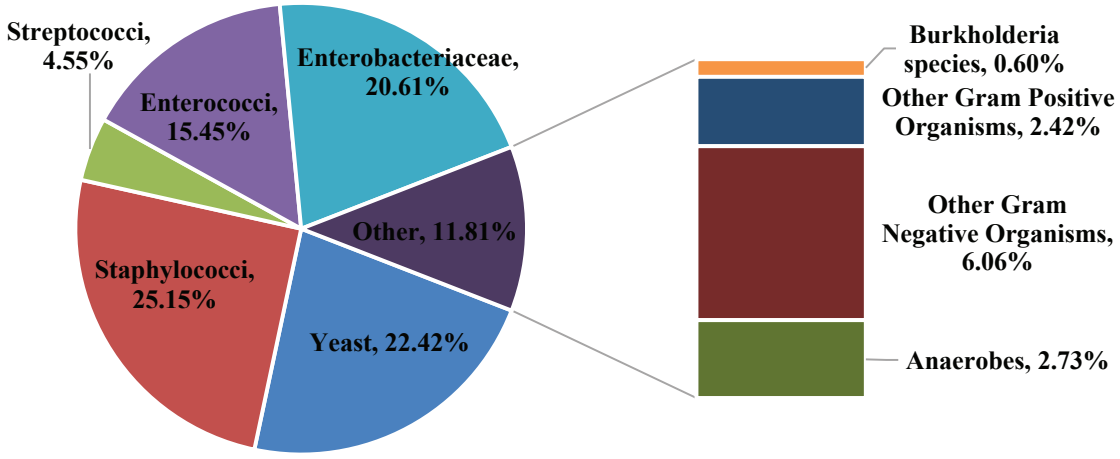
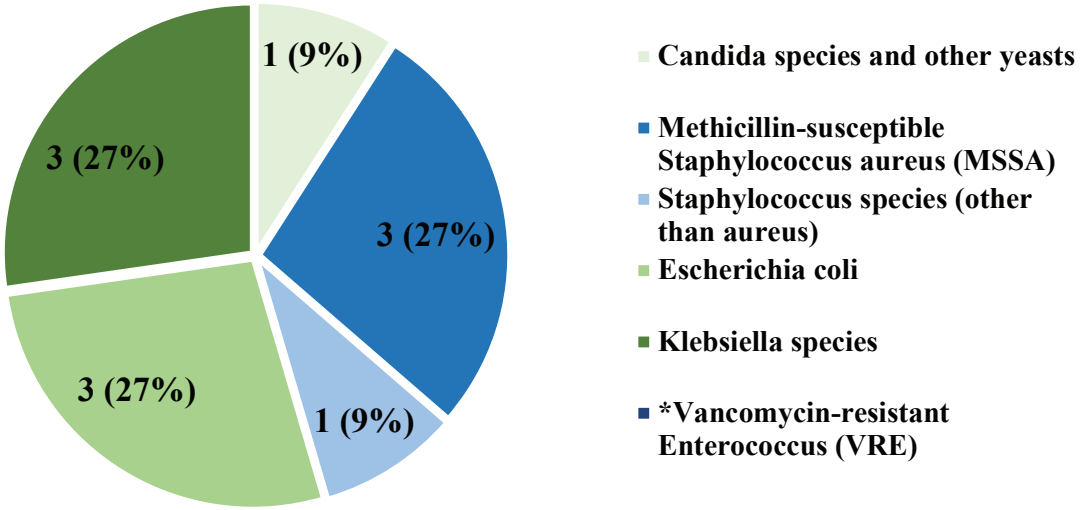


Figure 5 presents microorganisms that were identified for all reported CLABSIs in neonatal intensive care units (NICUs). In 2020, Methicillin-susceptible *Staphylococcus aureus* (MSSA), *Escherichia coli*, and *Klebsiella* species were the most common isolates identified in NICU CLABSIs. Each of these organisms accounted for 27.27%, comprising over 81% of the total isolates identified in CLABSI isolates from NICUs. *Candida* species and other yeasts, and *Staphylococcus* species other than *aureus* each accounted for 9.09%, totaling over 18% of total isolates identified in CLABSIs in neonatal intensive care units. There were no Vancomycin-resistant *Enterococcus* (VRE) identified in 2020.

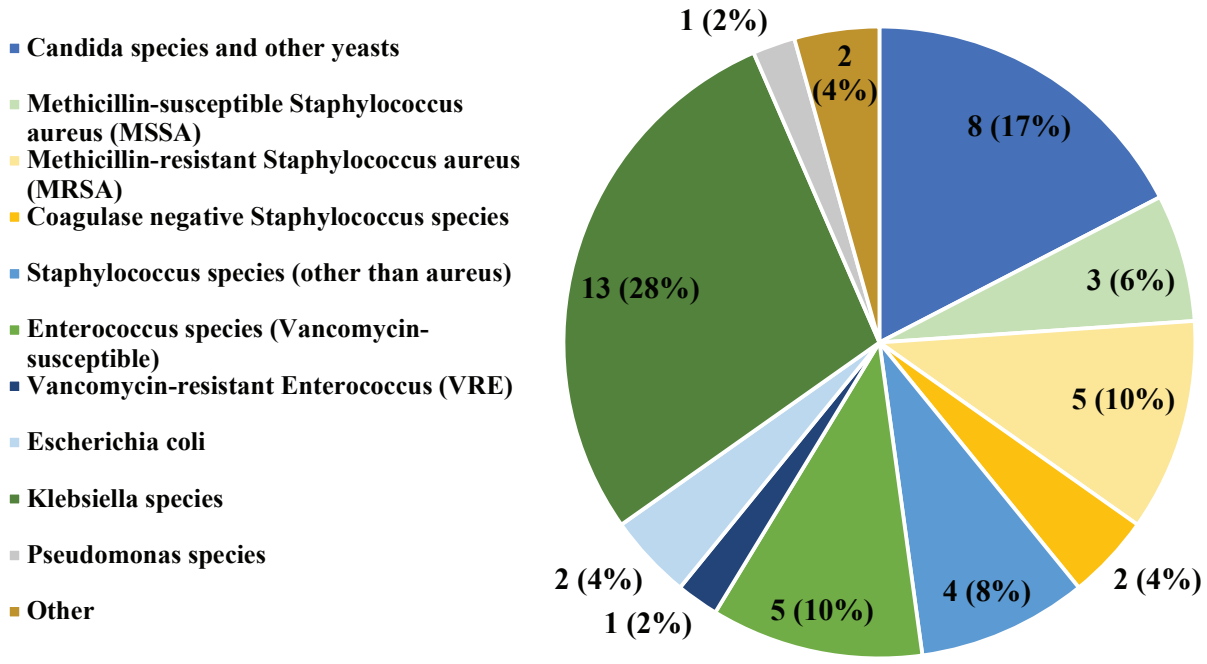
Figure 5. Identified Microorganisms for All Reported Central Line-Associated Bloodstream Infections (CLABSI) in Neonatal Intensive Care Units



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

Figure 6 presents the identified microorganisms for all reported CLABSIs in LTACs. In 2020, *Klebsiella* species was the most common isolate reported, comprising 28.26% of the total isolates. The next three more common isolates reported, includes *Candida* species and other species of yeasts (17.29%), Methicillin-resistant *Staphylococcus aureus* (MRSA) (10.87%), and vancomycin susceptible *Enterococcus* species (10.87%), together comprised more than 39% of isolates reported. The next most common isolate identified from LTAC CLABSIs was *Staphylococcus* species (other than aureus) (8.70%), followed by Methicillin-susceptible *Staphylococcus aureus* (MSSA) (6.52%). All other microorganisms found in isolates, including Coagulase negative *Staphylococcus* species (4.35%), Vancomycin-resistant *Enterococcus* (VRE) (2.17%), *Escherichia coli* (4.35%), *Pseudomonas* species (2.17%), and Other Gram-Negative organisms (4.35%), each represented less than 5% of isolates identified.

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



Laboratory-Identified (LabID) Events

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

Healthcare Facility-Onset MRSA BSI SIR Calculations And Results

The Methicillin-resistant *Staphylococcus aureus* (MRSA) Bloodstream Infection (BSI) LabID Event SIR is 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 4, there were 230 HO-MRSA BSI LabID Events in total reported in 2020 from ACHs, CAHs, IRFs, and LTAC hospitals across South Carolina. In 2020, ACHs performed worse than the national HO-MRSA BSI LabID Event rate. IRFs and LTACs had similar numbers of HO-MRSA BSIs identified in 2020 was similar to 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 4. Methicillin-Resistant Staphylococcus aureus (MRSA) Bloodstream Infection Laboratory-identified (BSI LabID) Events for South Carolina Hospitals - 2020

Facility Type	Patient Days	Observed MRSA BSI LabID Events	Predicted MRSA BSI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,537,756	217	189.07	1.15	1.002, 1.308	Worse
Critical Access	11,257	0	< 1.0	*	*	**No Conclusion**
Inpatient Rehabilitation	131,762	0	2.51	0.00	No Lower Bound, 1.196	Not Different
Long-term Acute Care	67,055	13	9.90	1.31	0.730, 2.188	Not Different

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 5 shows a total of 706 CDI-HO LabID Events reported from South Carolina hospitals in 2020. This is a decrease from the 1,012 CDI-HO LabID Events that were reported in 2019. The SIRs for ACHs, IRFs, and LTAC hospitals were significantly better than the national baseline for 2020; however, CAH had CDI SIRs similar to the national baseline.

Table 5. Clostridium difficile (CDI) Laboratory-identified (LabID) Events for South Carolina Hospitals - 2020

Facility Type	Patient Days	Observed CDI LabID Events	Predicted CDI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,318,451	664	1350.33	0.49	0.455, 0.530	★ Better
Critical Access	11,257	0	2.49	0.00	No Lower Bound, 1.205	Not Different
Inpatient Rehabilitation	135,513	12	55.46	0.22	0.117, 0.368	★ Better
Long-term Acute Care	67,055	30	64.89	0.46	0.318, 0.652	★ 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 6 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 9.93% of positive cultures.

Table 6. 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)	2,879	23	22.26	1.03	0.671, 1.526	Not Different	8.70%
Coronary Bypass Graft (Chest Only Incision)	182	2	1.54	1.30	0.217, 4.284	Not Different	50.00%

Procedure Type	Number of Procedures	Observed AR SSI	Expected AR SSI	Complex AR SIR	95% Confidence Interval	Statistical Interpretation	% MRSA Positive Culture
Abdominal Hysterectomy	5,603	35	35.53	0.99	0.697, 1.355	Not Different	2.86%
Hip Prosthesis (Replacement)	8,470	71	54.67	1.30	1.022, 1.629	Worse	22.54%
Knee Prosthesis (Replacement)	11,353	54	39.93	1.35	1.026, 1.751	Worse	9.26%
Colon Surgery	4,985	97	121.23	0.80	0.652, 0.972	Better	3.09%
All Procedures	33,472	282	275.15	1.03	0.910, 1.150	Not Different	9.93%

Conclusion

Key Findings:

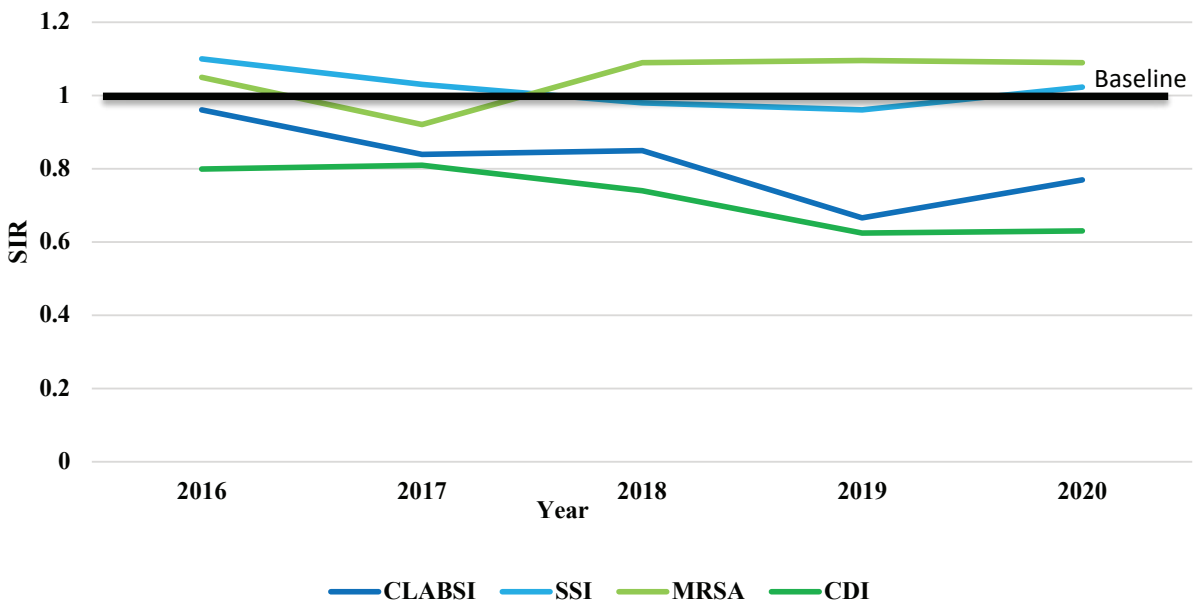
The U.S. Department of Health and Human Services (DHHS) updated the National HAI Prevention Goals to reflect the new 2015 re-baseline.[2] These national goals, see Table 7, were launched by the Federal government, as part of Healthy People 2020, with the expectation to be achieved by the year 2020.[2]

Table 7. National SIR Reduction Targets for 2020[2]

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 7. South Carolina has made strides to reach the Healthy People 2020 targets for all reportable events; however, due to the COVID-19 Pandemic, some of those strides have been slowed due to challenges faced throughout the pandemic, resulting in increases in most SIRs. Figure 7 shows the increase in SIRs for ACH's CLABSI and SSI events for 2020, while the SIRs for MRSA and CDI events remained stable during the first year of the pandemic. In 2020, the ACH's CLABSI and SSI SIRs continued to be less than one (1.0), indicating that there were less observed events than predicted events. South Carolina's ACH's SSI and MRSA SIRs were both above one (1.0) in 2020, indicating that there were more observed events than predicted events.

Figure 7. South Carolina Performance in Acute Care Hospitals 2016-2020, Compared to DHHS 2020 Target



The 2020 DHHS national prevention target for CLABSI SIR is a 50% reduction compared to the national baseline, which equates to an SIR of 0.50. In 2020, the CLABSI SIR for critical access hospitals (CAH) could not be determined for South Carolina because there was less than one predicted events. The CLABSI SIRs for acute care (ACH) and long-term acute care (LTAC) hospitals performed did not meet the 2020 target of 0.50 for SIR, or a 50% reduction. ACHs and LTACs had SIRs of 0.77 and 1.19, respectively. Inpatient Rehabilitation Facilities (IRFs) met the 2020 target of 0.50 for SIR, with an SIR of 0.31.

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 2020, South Carolina's overall SSI SIR for ACHs, CAHs, IRFs, and LTACs was 1.02.

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 determined for 2020 because there was 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 1.31, respectively. The ACHs performed above the 2020 national target with an SIR of 1.15.

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 2020, the CDI SIRs for ACHs (0.49), CAHs (0.00), IRFs (0.22), and LTAC hospitals (0.46) in South Carolina performed better than predicted and were below the 2020 DHHS target.

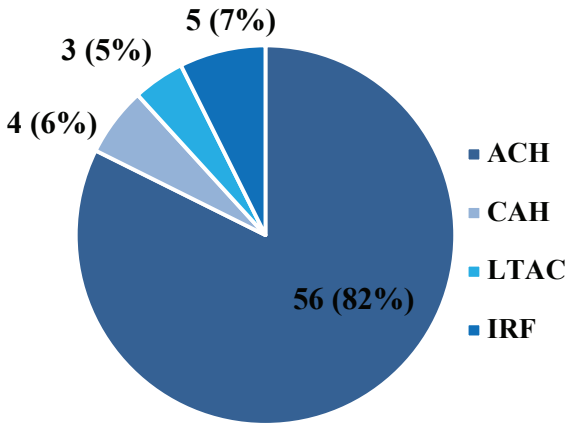
Limitations:

There are several limitations presented in this report. The first limitation is that many facilities faced a challenge of reporting their data in a timely manner, which may have affected the data quality. Another limitation is that the HIDA law does not require the reporting of data pertaining to central line associated urinary tract infections (CAUTI), which may influence the perception of facilities within South Carolina and their true standing as related to HAIs.

COVID-19 Challenges:

There are many additional limitations in the data presented in this report, attributed specifically to the COVID-19 pandemic. To capture the challenges hospitals faced during the COVID-19 pandemic in 2020, a "Hospital Challenges" survey was sent out to ACH, CAH, IRF, and LTAC infection preventionists in the state. The survey was comprised of 14 questions related to the type of facility, reporting person, transitions to a dedicated COVID-19 facility, temporary cessation of elective procedures, shortages of goods and personnel, HAI surveillance and/or reporting challenges, and other challenges as listed by the facilities (Appendix C).

Figure 8. Types of Facilities that Completed the Hospital Challenges Survey



Of the 82 facilities in the state, 68 facilities responded to the survey. Of those 68 facilities, 56 were ACHs, 5 were IRFs, 4 were CAHs, and 3 were LTACs, as shown in Figure 8. Of the 56 ACHs that responded to the survey, 3 reported transitioning to a COVID-19 only facility during 2020. Two of these ACHs transitioned in March of 2020 and are still COVID-19 only facilities (Bon Secours St. Francis Downtown and Bon Secours St. Francis Eastside), while the other ACH transitioned in July 2020 and resumed regular function in September of 2020. No other hospitals transitioned to a COVID-19 only facility in 2020.

During the pandemic, many facilities ceased elective procedures due to increased risk of bringing COVID-19 into the facility, shortages of staff, shortages of PPE/equipment, and the general unknowns due to the pandemic. The "Hospital Challenges" survey queried infection preventionists regarding the following elective procedures: Coronary bypass with chest and donor incisions (CBGB), coronary bypass with chest incisions (CBGC), colon surgery (COLO), hip replacement (HPRO), hysterectomy (HYST), and knee prosthesis (KPRO). Of the 68 facilities that answered the survey, 16 (24%) ceased four or more procedures, 17 (25%) ceased four procedures, five (7%) ceased three procedures, seven (10%) ceased two procedures, two (3%) ceased only

one procedure, and 21 (31%) did not cease elective procedures (Figure 9).

Types of shortages caused by the pandemic varied among South Carolina's hospitals; however, overall, staffing and PPE shortages were most common, see Figure 10. Staffing shortages occurred in 51 (90%) of the 68 facilities that participated in the survey. PPE shortages impacted 41 (60%) of the reporting facilities, alcohol-based hand sanitizer (ABHS) shortages effected 25 (37%) of the facilities, soap shortages affected 11 (16%) of the facilities, and 22 (32%) facilities reported other shortages impacted them. Only two (3%) facilities of the 68 reported having no shortages in 2020.

Staffing shortages were further broken down by type of staff, which were further categorized for grouping purposes, see Table 8. Most facilities, 56 (82%) of the 68 reporting, were short Nurses/ Associated Professionals, followed by 44 facilities (65%) who were short Healthcare Assistants, 30 (44%) were short Support Services, 16 (24%) were short Physicians/ Associated Professionals, 10 (15%) were short Other Allied Health Professionals, 10 (15%) were short Laboratory Services, 10 (15%) were short other staff, 4 (7%) were short Imaging Services, 2 (3%) were short Rehabilitative Professionals, and 1 (1%) was short Pharmacists/Pharmacy Technicians. Only seven of the 68 reporting facilities reported no staff shortages (Figure 11).

Figure 9. Temporary Cessation of Elective Procedures

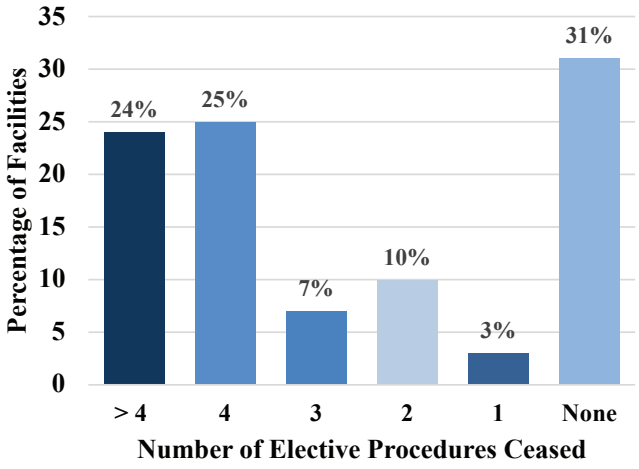


Figure 10. Experienced Shortages

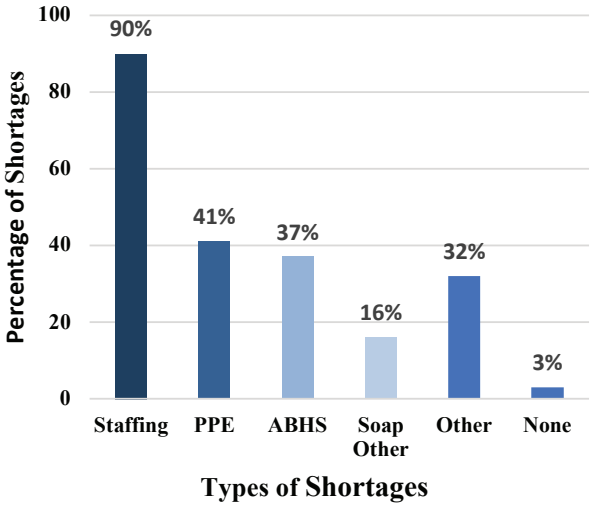


Table 8. Staff Categories.

Category	Staff Included
Physicians/Associated Professionals	General and Specialists, Fellows, Physician Assistants, & Medical Students
Nurses/Associated Professionals	Licensed Practical Nurses (LPN), Associated Degree Nursing (ADNs) Nurses, Bachelor of Science in Nursing (BSNs) Nurses, Advanced Practice Nurses (i.e., Certified registered nurse anesthetists [CRNAs]), & Nursing Students
Pharmacists/Pharmacy Technicians	Pharmacists, Pharmacy Technicians, & Pharmacy Students
Healthcare Assistants	Certified Nursing Assistants (CNAs), Medical Assistants, Orderlies, etc.
Rehabilitative Professionals	Physical, Occupational, Speech, and Audiology Therapists
Other Allied Health Professionals	Respiratory Therapists, Registered Dieticians, Infection Preventionists, etc.)
Imaging Services	Radiology, MRI, Ultrasound, PET Scan, CT Scan, etc.
Laboratory Services	Medical & Pathology Laboratory Technicians, including Phlebotomists
Support Services	Environmental Services, Dietary, Materials Management, Facilities/Maintenance, etc.
Other	Employee health, Security, Central Processing, Case Managers

Of the reporting facilities, more than half (63%) reported having challenges conducting HAI surveillance and/or reporting data per the HIDA reporting requirements and general entry into NHSN. These challenges included furlough of trained IP staff (6%), reallocation of IP staff to other departments or job duties (44%), frequent changes in operation status of mapped locations (closed vs open) in NHSN, dedication of mapped location(s) as COVID-dedicated unit (without corresponding CDC location code available for use) (32%), difficulty in managing monthly reporting plane with location mapping challenges, and other (26%). Other challenges that impacted surveillance and/or reporting included having to train new staff, high census of COVID patients, changes in FTE status of infection preventionists, dealing with non-COVID-19 outbreaks, COVID reporting requirements of cases/deaths, infection preventionists covering multiple hospital locations, internal COVID-19 contact tracing/calling exposed, and other administrative work needed to schedule/reschedule staff due to changes.

Other challenges that were reported from the 68 facilities who completed the survey included excess death among patients, communication challenges, procurement challenges, bed space/capacity, mental health challenges among staff, closures/service suspensions, patients with high acuity/critically ill, DHEC expectations of reporting cases/contacts/deaths, increased overall workload, frequent guidance/policy changes, and staffing challenges (sick staff or staff out caring for ill family).

Despite the challenges South Carolina facilities faced in 2020, this report provides an invaluable view into HAI data during the COVID-19 pandemic. This data, as well as challenges that were reported during the pandemic, can be used by healthcare facilities to strengthen their overall patient safety, improve emergency preparedness, and their capacity to provide exceptional healthcare during a crisis.

References

1. Centers for Disease Control and Prevention. (2020). Healthcare-associated Infections- Data Portal. Retrieved from https://www.cdc.gov/hai/data/portal/index.html

2. Office of Disease Prevention and Health Promotion (ODPHP). (2020). Healthcare-associated Infections. Retrieved form https://www.healthypeople.gov/2020/topics-objectives/topic/healthcare-associated-infections

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

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

5. Weiner-Lastinger LM, Pattabriman V, Konnor RY, et al. The impact of coronavirus disease 2019 (COVID-19) on healthcare-associated infections 2020: A Summary of data reported to the National Healthcare Safety Network. *Infection Control & Hospital Epidemiology.* 2021:1-14. Doi:10.1017/ice.2022.362

6. Centers for Disease Control and Prevention. (2021). Healthcare-associated Infections-COVID-19 Impacts on HAIs. Retrieved from https://www.cdc.gov/hai/data/portal/covid-impact-hai.html

7. Centers for Medicare and Medicaid Services [CMS]. Exceptions and Extensions for Quality Reporting Requirements for Acute Care Hospitals, PPS-Exempt Cancer Hospitals, Inpatient Psychiatric Facilities, Skilled Nursing Facilities, Home Health Agencies, Hospices, Inpatient Rehabilitation Facilities, Long-Term Care Hospitals, Ambulatory Surgical Centers, Renal Dialysis Facilities, and MIPS Eligible Clinicians Affected by COVID-19. https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf. Published March 27, 2020. Accessed June 6, 2021.

8. Edwards, J.R., Peterson, K.D., Banerjee, S., Allen-Bridson, K., Morrell, G., Dudeck, M.A., ... Horan, T.C. (2009). National Healthcare Safety Network (NHSN) report: Data Summary for 2006 through 2008, issued December 2009. *American Journal of Infection Control*, 37, 783-805. Retrieved from http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf

9. Centers for Disease Control and Prevention. (2017). Paving the Path Forward: 2015 Rebaseline. Retrieved from https://www.cdc.gov/nhsn/2015rebaseline/index.html

Appendix A: List of HIDA Advisory Committee Members

DHEC Representatives

- Abdoulaye Diedhiou, M.D., PhD, Acute Disease Division Director
- Alison Jamison-Haggwood, Nurse Consultant
- Anna-Kathryn Burch, M.D., Infectious Disease Medical Consultant
- 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
- Kathy Ward, Infection Preventionist, Roper St. Francis Hospital
- Michelle Bushey, Manager Infection Prevention, Bon Secours St Francis Hospitals
- Scott Bernshausen, Infection Prevention/Director of Quality and Patient Safety, MUSC
- Sue Boeker, Infection Preventionist, Greenville Memorial Hospital

Infectious Disease Physician Representatives

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

Pharmacy Representatives:

- Kayla Antosz, PharmD, Antimicrobial Stewardship Pharmacist, USC College of Pharmacy
- Hana Winders, PharmD, BCIDP, Ambulatory Antimicrobial Stewardship Pharmacist, Prisma Health

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: HIDA Reporting Delay

Healthy People. Healthy Communities.

June 9, 2020

Due to the COVID-19 pandemic, infection preventionists are tasked with increased demands: reporting, infection control training/education, surveillance, data abstraction, auditing/feedback, and leadership. The Centers of Medicare and Medicaid (CMS) has waived hospital infection required reporting requirements for Jan 2020 through June 2020 in response to the COVID-19 pandemic.

The South Carolina Department of Health and Environmental Control supports a delay of reporting required South Carolina infections and healthcare worker influenza vaccination data mandated by the South Carolina Hospital Infection Disclosure Act (HIDA) from January 1, 2020, to August 1, 2020. A delay of South Carolina HIDA required reporting will enable South Carolina infection preventionists to focus on COVID related activities at their healthcare facilities. Infections that are required reporting per SC HIDA are: MRSA blood stream infections, *Clostridiodes difficile* infections, central line associated bloodstream infections, carbapenem resistant *Enterobacteriaceae*, and surgical site infections (hysterectomies, colon surgeries, coronary artery bypass surgeries, hip and knee surgeries).

Dr. Abdoulaye Diedhiou
Director, Division of Acute Diseases Epidemiology

Dr. Linda Bell
State Epidemiologist
Director, Bureau of Communicable Disease Prevention and Control
Public Health

Appendix C: Hospital Challenges Survey

Hi SC IPs! Thank you for coming to take this survey. The HAI Section at SC DHEC is hoping to capture some of the challenges you all faced during 2020 with NHSN reporting, staff shortages, etc. Please fill out this survey so we can capture data in the 2020 Annual HIDA Report for each facility you are in charge of (And thank you for sending those attestation letters in!). Please email Hannah Ruegner (ruegnehv@dhec.sc.gov) if you have questions. Thanks!

Hospital Challenges 2020

1. Facility Name _____

2. Type of Facility

   ○ ACH
   ○ CAH
   ○ IRF
   ○ LTAC

3. Name of Person Completing Survey _____

4. Did your facility transition into a COIVD-19 only facility during 2020?

   ○ Yes
   ○ No

5. Date transition initiated (put N/A if did not transition):

   _____

6. Date transition ended (put N/A if did not transition OR put still in transition if your facility has not transitioned back to pre-COVID normal):

   _____

7. Which of the following procedures were impacted by the temporary cessation of elective procedures? (Select all that apply)

   ☐ COLO
   ☐ HPRO
   ☐ HYST
   ☐ KPRO
   ☐ CBGC
   ☐ CBCB
   ☐ None of the above

8. What were some of your challenges in 2020 during the COVID-19 Pandemic which may have impacted the prevention of healthcare associate infections (HAIs)? (Select all that apply)

   ☐ Staff Shortage (see question 9)
   ☐ Personal Protective Equipment (PPE) Shortage
   ☐ Alcohol-based Hand Sanitizer (ABHS) Shortage
   ☐ Soap Shortage
   ☐ Other (see question 10)
   ☐ No Shortages

9. If selected "staff shortage" in question 8, please list the type of staff shortage (i.e., IPs, Employee Health Staff, RNs, CNAs, Clinicians, Dietary, EVS Staff, etc.) OR type N/A if not applicable. _____

If selected "Other" for question 8, please enter here OR type N/A if not applicable.

_____

_____

10. Did you experience challenges in conducting HAI surveillance and/or reporting data into NHSN for the HIDA Reporting requirements?

- ○ Yes
- ○ No

11. What were some of your challenges in 2020 during the COVID-19 Pandemic related to conduction of HAI surveillance and/or reporting data into NHSN? (Select all that apply)

- ☐ Furlough of trained IP staff
- ☐ Reallocation of IP staff to other departments or job duties
- ☐ Frequent change in operational status of mapped locations (opened vs closed)
- ☐ Dedication of mapped location(s) as COVID-dedicated unit (without corresponding CDC location code available for use)
- ☐ Difficulty in managing monthly reporting plans with location mapping changes
- ☐ Other (See question 13)

If selected "Other" in question 12, please answer OR type N/A if not applicable here.

_____

_____

_____

_____

Please list any other challenges that your facility faced during 2020.

_____

_____

_____

_____

Appendix D: 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 2020 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 30th, 2021, 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 2020 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 or Max Habicht by Friday, September 30th, 2021.
Email: ruegnehv@dhec.sc.gov OR **habichmr@dhec.sc.gov**
Fax: (803) 898-0897

Appendix E: 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, 2020 - December 31, 2020

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	7	3.88	1.81	0.142	= 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	6	2.73	2.20	0.081	= Same
Allendale County Hospital	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	Critical Care Units	5	7.62	0.66	0.352	= Same
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	3	6.28	0.48	0.178	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
AnMed Health Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hospital	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
Baptist Easley Hospital	Critical Care Units	4	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	Critical Care Units	4	1.96	2.04	0.186	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	2	2.12	0.94	1.000	= Same
Bon Secours St. Francis Eastside	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
	Oncology Ward	1	2.16	0.46	0.480	= Same
Bon Secours St. Francis Hospital - Downtown	Critical Care Units	10	6.43	1.56	0.180	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	4	6.74	0.59	0.295	= Same
	Oncology Ward	0	1.65	0.00	0.192	= Same
Bon-Secour St. Francis Xavier Hospital	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	2	< 1.00	N/C	N/C	**No Conclusion**
	Oncology Step Down Unit	1	< 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	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	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?
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	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
ContinueCARE Hospital at Palmetto Health Baptist	Inpatient Ward	10	3.56	2.81	0.005	⊗ Worse
Conway Medical Center	Critical Care Units	0	1.11	0.00	0.330	= Same
	Inpatient Wards	0	1.75	0.00	0.174	= 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**
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	3	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Critical Care Units	6	5.22	1.15	0.694	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	1.12	0.00	0.327	= Same
	Inpatient Wards	2	3.90	0.51	0.353	= 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?
Greenville Memorial Hospital	Critical Care Units	7	15.95	0.44	0.015	★ Better
	Neonatal Intensive Care Unit	2	7.33	0.27	0.029	★ Better
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	2	1.45	1.38	0.604	= Same
	Inpatient Wards	7	15.96	0.44	0.014	★ Better
	Oncology Ward	1	6.91	0.15	0.009	★ Better
Greenwood Regional Rehabilitation Hospital	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
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	0	< 1.00	N/C	N/C	**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	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head 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**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
KershawHealth Medical Center	Critical Care Units	2	< 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	1	3.73	0.27	0.137	= Same
	Step Down Units	1	2.37	0.42	0.410	= Same
	Inpatient Wards	7	7.48	0.94	0.908	= Same
	Oncology Ward	1	2.44	0.41	0.386	= Same
MUSC Health Chester Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Medical Center	Critical Care Units	2	4.39	0.46	0.254	= Same
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	3	2.79	1.08	0.832	= 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	1	< 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	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Loris	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Critical Care Units	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	13	16.89	0.77	0.349	= Same
	Neonatal Intensive Care Unit	0	1.61	0.00	0.200	= Same
	Specialty Care Units	4	4.93	0.81	0.729	= Same
	Step Down Units	2	2.97	0.67	0.633	= Same
	Inpatient Wards	8	9.98	0.80	0.556	= Same
	Oncology Ward	0	3.43	0.00	0.032	★ Better
McLeod Seacoast	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**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Medical University Hospital Authority	Critical Care Units	10	20.68	0.48	0.011	★ Better
	Neonatal Intensive Care Unit	3	4.94	0.61	0.404	= Same
	Step Down Units	2	4.54	0.44	0.229	= Same
	Inpatient Wards	12	16.94	0.71	0.225	= Same
	Oncology Ward	11	14.16	0.78	0.412	= Same
Mount Pleasant Hospital	Critical Care Units	2	< 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	3.86	0.26	0.123	= Same
	Inpatient Ward	0	2.68	0.00	0.068	= Same
Oconee 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	3	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Baptist	Critical Care Units	3	1.84	1.63	0.395	= Same
	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	3	1.03	2.91	0.107	= Same
	Inpatient Wards	0	3.10	0.00	0.045	★ Better
	Oncology Ward	1	2.79	0.36	0.293	= Same
Palmetto Health Baptist Parkridge	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Richland	Critical Care Units	9	13.91	0.65	0.179	= Same
	Neonatal Intensive Care Unit	3	6.85	0.44	0.123	= Same
	Inpatient Wards	10	11.91	0.84	0.607	= Same
	Oncology Ward	0	1.96	0.00	0.140	= Same
Patewood Memorial Hospital	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?
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	4	3.35	1.19	0.679	= Same
	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	1.21	0.00	0.299	= Same
	Inpatient Wards	0	2.53	0.00	0.080	= Same
Prisma Health TUOMEY Hospital	Critical Care Units	3	1.31	2.30	0.188	= 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	1.42	2.11	0.229	= Same
	Oncology Ward	0	< 1.00	N/C	N/C	**No Conclusion**
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**
Providence Hospitals NE	Critical Care Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Regency Hospital of Florence	Inpatient Ward	1	5.75	0.17	0.025	★ Better
Regency Hospital of Greenville	Inpatient Ward	8	3.99	2.01	0.071	= Same
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Critical Care Units	3	1.78	1.69	0.368	= 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	1.89	1.59	0.415	= Same
Roper Hospital	Critical Care Units	7	3.75	1.87	0.124	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	6	3.73	1.61	0.260	= Same
	Inpatient Wards	0	1.73	0.00	0.178	= Same
	Oncology Ward	2	1.69	1.19	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?
Roper St. Francis Hospital - Berkeley	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Critical Care Units	10	5.02	1.99	0.046	⊗ Worse
	Neonatal Intensive Care Unit	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	1.58	0.63	0.737	= Same
	Inpatient Wards	0	2.39	0.00	0.092	= Same
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	5	1.72	2.91	0.039	⊗ Worse
	Inpatient Wards	1	1.22	0.82	0.948	= Same
Spartanburg Hospital for Restorative Care	Critical Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Ward	2	4.03	0.50	0.323	= Same
Spartanburg Medical Center	Critical Care Units	8	9.57	0.84	0.645	= Same
	Neonatal Intensive Care Unit	2	2.09	0.96	1.000	= Same
	Step Down Units	1	1.86	0.54	0.603	= Same
	Inpatient Wards	5	9.61	0.52	0.121	= Same
	Oncology Ward	1	3.08	0.33	0.234	= Same
Spartanburg Medical Center Mary Black Campus	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	3	< 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	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Tidelands Health Rehabilitation Hospital, an affiliate of Encompass Health	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Critical Care Units	4	4.23	0.95	0.974	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	2.09	0.48	0.508	= Same
	Oncology Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Union Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra Hospital of Charleston	Critical Care Unit	5	4.00	1.25	0.585	= Same
	Inpatient Ward	17	8.50	2.00	0.010	Worse
Waccamaw Community Hospital	Critical Care Units	3	1.01	2.98	0.101	= Same
	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, 2020 - December 31, 2020
Includes data from the Complex Admission/Readmission SSI Module

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

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

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Colon Surgery	11	N/A	N/A	N/A	N/A	**No Conclusion**
Aiken Regional Medical Centers	Colon Surgery	102	2	1.99	1.00	0.914	= Same
AnMed Health	Colon Surgery	190	3	4.66	0.65	0.474	= Same
AnMed Health Women's and Children's Hospital	Colon Surgery	1	N/A	N/A	N/A	N/A	**No Conclusion**
Baptist Easley Hospital	Colon Surgery	10	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort Memorial Hospital	Colon Surgery	83	1	1.74	0.58	0.656	= Same
Bon Secours St. Francis Eastside	Colon Surgery	27	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Colon Surgery	168	4	3.66	1.09	0.803	= Same
Bon-Secour St. Francis Xavier Hospital	Colon Surgery	44	1	< 1.00	N/C	N/C	**No Conclusion**
Cannon Memorial Hospital	Colon Surgery	6	N/A	N/A	N/A	N/A	**No Conclusion**
Carolina Pines Regional Medical Center	Colon Surgery	32	0	1.00	0.00	0.368	= Same
Cherokee Medical Center	Colon Surgery	11	N/A	N/A	N/A	N/A	**No Conclusion**
Coastal Carolina Hospital	Colon Surgery	26	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Colon Surgery	21	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Conway Medical Center	Colon Surgery	72	0	1.35	0.00	0.259	= Same
East Cooper Medical Center	Colon Surgery	46	0	< 1.00	N/C	N/C	**No Conclusion**
Georgetown Memorial hospital	Colon Surgery	35	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Colon Surgery	223	3	5.80	0.52	0.241	= Same
Greenville Memorial Hospital	Colon Surgery	483	5	11.35	0.44	0.042	★ Better
Greer Memorial Hospital	Colon Surgery	14	N/A	N/A	N/A	N/A	**No Conclusion**
Hampton Regional Medical Center	Colon Surgery	3	N/A	N/A	N/A	N/A	**No Conclusion**
Hillcrest Memorial Hospital	Colon Surgery	24	1	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Hospital	Colon Surgery	62	0	1.14	0.00	0.320	= Same
KershawHealth Medical Center	Colon Surgery	24	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Colon Surgery	347	9	9.17	0.98	0.999	= Same
MUSC Health Chester Medical Center	Colon Surgery	15	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence Medical Center	Colon Surgery	116	2	2.57	0.78	0.800	= Same
MUSC Health Lancaster Medical Center	Colon Surgery	10	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Marion Medical Center	Colon Surgery	20	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Cheraw	Colon Surgery	4	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	21	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Colon Surgery	4	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Colon Surgery	251	7	7.43	0.94	0.923	= Same
McLeod Seacoast	Colon Surgery	50	1	< 1.00	N/C	N/C	**No Conclusion**
Medical University Hospital Authority	Colon Surgery	360	9	12.83	0.70	0.285	= Same
Mount Pleasant Hospital	Colon Surgery	35	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	Colon Surgery	22	0	< 1.00	N/C	N/C	**No Conclusion**
Oconee Medical Center	Colon Surgery	16	N/A	N/A	N/A	N/A	**No Conclusion**
Palmetto Health Baptist	Colon Surgery	178	6	3.71	1.62	0.253	= 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?
Palmetto Health Baptist Parkridge	Colon Surgery	13	N/A	N/A	N/A	N/A	**No Conclusion**
Palmetto Health Richland	Colon Surgery	113	6	4.23	1.42	0.386	= Same
Pelham Medical Center	Colon Surgery	39	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Colon Surgery	154	0	2.94	0.00	0.053	= Same
Prisma Health TUOMEY Hospital	Colon Surgery	68	0	1.53	0.00	0.218	= Same
Prisma Health-Upstate Laurens County Hospital	Colon Surgery	3	N/A	N/A	N/A	N/A	**No Conclusion**
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Colon Surgery	68	2	1.64	1.22	0.716	= Same
Roper Hospital	Colon Surgery	382	3	7.44	0.40	0.083	= Same
Roper St. Francis Hospital - Berkeley	Colon Surgery	36	0	< 1.00	N/C	N/C	**No Conclusion**
	Colon Surgery	36	0	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Colon Surgery	119	0	2.60	0.00	0.074	= Same
Sisters of Charity Providence Hospitals Downtown	Colon Surgery	47	0	1.16	0.00	0.312	= Same
Spartanburg Medical Center	Colon Surgery	369	14	11.61	1.21	0.472	= Same
Spartanburg Medical Center Mary Black Campus	Colon Surgery	102	5	2.07	2.42	0.078	= Same
Summerville Medical Center	Colon Surgery	54	4	1.09	3.66	0.031	Worse
Trident Medical Center	Colon Surgery	162	4	3.62	1.11	0.786	= Same
Waccamaw Community Hospital	Colon Surgery	84	1	1.79	0.56	0.632	= Same

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

January 1, 2020 - December 31, 2020

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	122	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	Abdominal Hysterectomy	47	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hospital	Abdominal Hysterectomy	121	1	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital	Abdominal Hysterectomy	8	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort Memorial Hospital	Abdominal Hysterectomy	83	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Eastside	Abdominal Hysterectomy	279	6	1.22	4.90	0.002	⊗ Worse
Bon Secours St. Francis Hospital - Downtown	Abdominal Hysterectomy	29	1	< 1.00	N/C	N/C	**No Conclusion**
Bon-Secour St. Francis Xavier Hospital	Abdominal Hysterectomy	156	1	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	Abdominal Hysterectomy	45	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Abdominal Hysterectomy	26	1	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Hospital	Abdominal Hysterectomy	71	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Abdominal Hysterectomy	10	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?
Conway Medical Center	Abdominal Hysterectomy	131	0	< 1.00	N/C	N/C	**No Conclusion**
East Cooper Medical Center	Abdominal Hysterectomy	38	1	< 1.00	N/C	N/C	**No Conclusion**
Georgetown Memorial hospital	Abdominal Hysterectomy	57	1	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Abdominal Hysterectomy	94	0	< 1.00	N/C	N/C	**No Conclusion**
Greenville Memorial Hospital	Abdominal Hysterectomy	459	1	3.41	0.29	0.180	**= Same**
Greer Memorial Hospital	Abdominal Hysterectomy	37	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Hospital	Abdominal Hysterectomy	6	N/A	N/A	N/A	N/A	**No Conclusion**
KershawHealth Medical Center	Abdominal Hysterectomy	29	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Abdominal Hysterectomy	674	5	4.70	1.07	0.836	**= Same**
MUSC Health Florence Medical Center	Abdominal Hysterectomy	39	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	Abdominal Hysterectomy	44	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Clarendon	Abdominal Hysterectomy	20	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Loris	Abdominal Hysterectomy	22	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Abdominal Hysterectomy	47	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	Abdominal Hysterectomy	162	0	1.00	0.00	0.366	**= Same**
McLeod Seacoast	Abdominal Hysterectomy	123	0	< 1.00	N/C	N/C	**No Conclusion**
Medical University Hospital Authority	Abdominal Hysterectomy	348	4	4.23	0.95	0.975	**= Same**
Mount Pleasant Hospital	Abdominal Hysterectomy	106	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	Abdominal Hysterectomy	1	N/A	N/A	N/A	N/A	**No Conclusion**
Oconee Medical Center	Abdominal Hysterectomy	83	0	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Baptist	Abdominal Hysterectomy	286	2	1.50	1.34	0.632	**= Same**
Palmetto Health Baptist Parkridge	Abdominal Hysterectomy	147	1	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Richland	Abdominal Hysterectomy	225	0	1.48	0.00	0.227	**= Same**
Patewood Memorial Hospital	Abdominal Hysterectomy	110	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Medical Center	Abdominal Hysterectomy	12	N/A	N/A	N/A	N/A	**No Conclusion**
Piedmont Medical Center	Abdominal Hysterectomy	14	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health TUOMEY Hospital	Abdominal Hysterectomy	169	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health-Upstate Laurens County Hospital	Abdominal Hysterectomy	11	N/A	N/A	N/A	N/A	**No Conclusion**
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Abdominal Hysterectomy	77	0	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Abdominal Hysterectomy	169	1	< 1.00	N/C	N/C	**No Conclusion**
Roper St. Francis Hospital - Berkeley	Abdominal Hysterectomy	45	1	< 1.00	N/C	N/C	**No Conclusion**
	Abdominal Hysterectomy	45	1	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Abdominal Hysterectomy	115	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center	Abdominal Hysterectomy	268	5	1.88	2.66	0.055	**= Same**
Spartanburg Medical Center Mary Black Campus	Abdominal Hysterectomy	21	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	Abdominal Hysterectomy	148	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Abdominal Hysterectomy	243	1	1.36	0.74	0.862	**= Same**
Waccamaw Community Hospital	Abdominal Hysterectomy	26	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, 2020 - December 31, 2020

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)	109	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	Hip Prosthesis (Replacement)	117	2	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hospital	Hip Prosthesis (Replacement)	34	0	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital	Hip Prosthesis (Replacement)	11	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort Memorial Hospital	Hip Prosthesis (Replacement)	230	1	1.21	0.83	0.957	= Same
Bon Secours St. Francis Eastside	Hip Prosthesis (Replacement)	638	5	2.99	1.67	0.266	= Same
Bon Secours St. Francis Hospital - Downtown	Hip Prosthesis (Replacement)	132	5	< 1.00	N/C	N/C	**No Conclusion**
Bon-Secour St. Francis Xavier Hospital	Hip Prosthesis (Replacement)	17	N/A	N/A	N/A	N/A	**No Conclusion**
Cannon Memorial Hospital	Hip Prosthesis (Replacement)	24	0	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	Hip Prosthesis (Replacement)	39	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Hip Prosthesis (Replacement)	26	0	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Hospital	Hip Prosthesis (Replacement)	11	N/A	N/A	N/A	N/A	**No Conclusion**
Colleton Medical Center	Hip Prosthesis (Replacement)	30	1	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Conway Medical Center	Hip Prosthesis (Replacement)	158	0	< 1.00	N/C	N/C	**No Conclusion**
East Cooper Medical Center	Hip Prosthesis (Replacement)	186	0	< 1.00	N/C	N/C	**No Conclusion**
Georgetown Memorial hospital	Hip Prosthesis (Replacement)	15	N/A	N/A	N/A	N/A	**No Conclusion**
Grand Strand Regional Medical Center	Hip Prosthesis (Replacement)	365	5	2.22	2.25	0.101	= Same
Greenville Memorial Hospital	Hip Prosthesis (Replacement)	272	3	3.02	0.99	1.000	= Same
Hampton Regional Medical Center	Hip Prosthesis (Replacement)	4	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Hospital	Hip Prosthesis (Replacement)	269	1	1.04	0.96	1.000	= Same
KershawHealth Medical Center	Hip Prosthesis (Replacement)	92	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Hip Prosthesis (Replacement)	432	4	3.39	1.18	0.691	= Same
MUSC Health Chester Medical Center	Hip Prosthesis (Replacement)	11	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence Medical Center	Hip Prosthesis (Replacement)	78	1	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	Hip Prosthesis (Replacement)	22	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Clarendon	Hip Prosthesis (Replacement)	32	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Hip Prosthesis (Replacement)	5	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Hip Prosthesis (Replacement)	276	2	2.87	0.70	0.672	= Same
McLeod Seacoast	Hip Prosthesis (Replacement)	272	1	1.29	0.78	0.906	= Same
Medical University Hospital Authority	Hip Prosthesis (Replacement)	347	1	3.19	0.31	0.214	= Same
Mount Pleasant Hospital	Hip Prosthesis (Replacement)	176	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	Hip Prosthesis (Replacement)	192	0	< 1.00	N/C	N/C	**No Conclusion**
Oconee Medical Center	Hip Prosthesis (Replacement)	235	0	1.34	0.00	0.262	= Same
Palmetto Health Baptist	Hip Prosthesis (Replacement)	412	5	3.27	1.53	0.346	= Same
Palmetto Health Baptist Parkridge	Hip Prosthesis (Replacement)	113	1	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Richland	Hip Prosthesis (Replacement)	82	1	1.06	0.94	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?
Patewood Memorial Hospital	Hip Prosthesis (Replacement)	565	2	3.18	0.63	0.557	= Same
Pelham Medical Center	Hip Prosthesis (Replacement)	134	3	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Hip Prosthesis (Replacement)	187	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health TUOMEY Hospital	Hip Prosthesis (Replacement)	93	2	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health-Upstate Laurens County Hospital	Hip Prosthesis (Replacement)	6	N/A	N/A	N/A	N/A	**No Conclusion**
Providence Hospitals NE	Hip Prosthesis (Replacement)	299	0	1.41	0.00	0.244	= Same
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Hip Prosthesis (Replacement)	65	1	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Hip Prosthesis (Replacement)	290	7	1.49	4.70	0.001	⊗ Worse
Roper St. Francis Hospital - Berkeley	Hip Prosthesis (Replacement)	18	N/A	N/A	N/A	N/A	**No Conclusion**
	Hip Prosthesis (Replacement)	18	N/A	N/A	N/A	N/A	**No Conclusion**
Self Regional Healthcare	Hip Prosthesis (Replacement)	223	0	1.09	0.00	0.337	= Same
Sisters of Charity Providence Hospitals Downtown	Hip Prosthesis (Replacement)	10	N/A	N/A	N/A	N/A	**No Conclusion**
Spartanburg Medical Center	Hip Prosthesis (Replacement)	177	3	2.09	1.44	0.505	= Same
Spartanburg Medical Center Mary Black Campus	Hip Prosthesis (Replacement)	373	7	2.50	2.80	0.019	⊗ Worse
Summerville Medical Center	Hip Prosthesis (Replacement)	55	1	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Hip Prosthesis (Replacement)	276	2	2.29	0.87	0.931	= Same
Waccamaw Community Hospital	Hip Prosthesis (Replacement)	229	3	1.08	2.77	0.121	= Same
Williamsburg Regional Hospital	Hip Prosthesis (Replacement)	6	N/A	N/A	N/A	N/A	**No Conclusion**

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

January 1, 2020 - December 31, 2020

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)	149	1	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	Knee Prosthesis (Replacement)	2	N/A	N/A	N/A	N/A	**No Conclusion**
AnMed Health Women's and Children's Hospital	Knee Prosthesis (Replacement)	45	0	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital	Knee Prosthesis (Replacement)	1	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort Memorial Hospital	Knee Prosthesis (Replacement)	396	0	1.40	0.00	0.248	= Same
Bon Secours St. Francis Eastside	Knee Prosthesis (Replacement)	1,289	1	3.93	0.25	0.117	= Same
Bon Secours St. Francis Hospital - Downtown	Knee Prosthesis (Replacement)	54	1	< 1.00	N/C	N/C	**No Conclusion**
Cannon Memorial Hospital	Knee Prosthesis (Replacement)	44	0	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	Knee Prosthesis (Replacement)	37	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)	23	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Knee Prosthesis (Replacement)	47	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Conway Medical Center	Knee Prosthesis (Replacement)	240	0	< 1.00	N/C	N/C	**No Conclusion**
East Cooper Medical Center	Knee Prosthesis (Replacement)	277	1	< 1.00	N/C	N/C	**No Conclusion**
Georgetown Memorial hospital	Knee Prosthesis (Replacement)	20	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Knee Prosthesis (Replacement)	402	2	1.36	1.48	0.549	= Same
Greenville Memorial Hospital	Knee Prosthesis (Replacement)	15	N/A	N/A	N/A	N/A	**No Conclusion**
Greer Memorial Hospital	Knee Prosthesis (Replacement)	93	0	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	Knee Prosthesis (Replacement)	7	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Hospital	Knee Prosthesis (Replacement)	281	2	< 1.00	N/C	N/C	**No Conclusion**
KershawHealth Medical Center	Knee Prosthesis (Replacement)	42	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Knee Prosthesis (Replacement)	575	2	2.30	0.87	0.929	= Same
MUSC Health Chester Medical Center	Knee Prosthesis (Replacement)	18	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence Medical Center	Knee Prosthesis (Replacement)	67	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	Knee Prosthesis (Replacement)	24	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Marion Medical Center	Knee Prosthesis (Replacement)	8	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health Cheraw	Knee Prosthesis (Replacement)	9	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health Clarendon	Knee Prosthesis (Replacement)	52	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Knee Prosthesis (Replacement)	3	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Knee Prosthesis (Replacement)	400	1	1.63	0.61	0.712	= Same
McLeod Seacoast	Knee Prosthesis (Replacement)	408	0	< 1.00	N/C	N/C	**No Conclusion**
Medical University Hospital Authority	Knee Prosthesis (Replacement)	315	4	1.88	2.12	0.165	= Same
Mount Pleasant Hospital	Knee Prosthesis (Replacement)	310	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	Knee Prosthesis (Replacement)	198	1	< 1.00	N/C	N/C	**No Conclusion**
Oconee Medical Center	Knee Prosthesis (Replacement)	405	3	1.32	2.27	0.193	= 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?
Palmetto Health Baptist	Knee Prosthesis (Replacement)	630	6	2.80	2.14	0.090	= Same
Palmetto Health Baptist Parkridge	Knee Prosthesis (Replacement)	151	0	< 1.00	N/C	N/C	**No Conclusion**
Palmetto Health Richland	Knee Prosthesis (Replacement)	80	0	< 1.00	N/C	N/C	**No Conclusion**
Patewood Memorial Hospital	Knee Prosthesis (Replacement)	943	5	2.89	1.73	0.241	= Same
Pelham Medical Center	Knee Prosthesis (Replacement)	184	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Knee Prosthesis (Replacement)	155	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health TUOMEY Hospital	Knee Prosthesis (Replacement)	181	2	< 1.00	N/C	N/C	**No Conclusion**
Providence Hospitals NE	Knee Prosthesis (Replacement)	185	0	< 1.00	N/C	N/C	**No Conclusion**
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	Knee Prosthesis (Replacement)	108	0	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Knee Prosthesis (Replacement)	542	5	1.46	3.43	0.021	Worse
Roper St. Francis Hospital - Berkeley	Knee Prosthesis (Replacement)	10	N/A	N/A	N/A	N/A	**No Conclusion**
	Knee Prosthesis (Replacement)	10	N/A	N/A	N/A	N/A	**No Conclusion**
Self Regional Healthcare	Knee Prosthesis (Replacement)	279	0	< 1.00	N/C	N/C	**No Conclusion**
Sisters of Charity Providence Hospitals Downtown	Knee Prosthesis (Replacement)	28	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center	Knee Prosthesis (Replacement)	65	2	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center Mary Black Campus	Knee Prosthesis (Replacement)	727	7	3.57	1.96	0.101	= Same
Summerville Medical Center	Knee Prosthesis (Replacement)	134	1	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Knee Prosthesis (Replacement)	349	5	1.77	2.83	0.043	Worse
Waccamaw Community Hospital	Knee Prosthesis (Replacement)	272	1	< 1.00	N/C	N/C	**No Conclusion**
Williamsburg Regional Hospital	Knee Prosthesis (Replacement)	47	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, 2020 - December 31, 2020
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)	4	N/A	N/A	N/A	N/A	**No Conclusion**
AnMed Health	Coronary Bypass Graft (Chest Only Incision)	3	N/A	N/A	N/A	N/A	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest Only Incision)	37	1	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	6	N/A	N/A	N/A	N/A	**No Conclusion**
Greenville Memorial Hospital	Coronary Bypass Graft (Chest Only Incision)	12	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Hospital	Coronary Bypass Graft (Chest Only Incision)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Lexington Medical Center	Coronary Bypass Graft (Chest Only Incision)	16	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence Medical Center	Coronary Bypass Graft (Chest Only Incision)	3	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	4	N/A	N/A	N/A	N/A	**No Conclusion**

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	Coronary Bypass Graft (Chest Only Incision)	18	N/A	N/A	N/A	N/A	**No Conclusion**
Palmetto Health Richland	Coronary Bypass Graft (Chest Only Incision)	9	N/A	N/A	N/A	N/A	**No Conclusion**
Piedmont Medical Center	Coronary Bypass Graft (Chest Only Incision)	4	N/A	N/A	N/A	N/A	**No Conclusion**
Roper Hospital	Coronary Bypass Graft (Chest Only Incision)	12	N/A	N/A	N/A	N/A	**No Conclusion**
Self Regional Healthcare	Coronary Bypass Graft (Chest Only Incision)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Sisters of Charity Providence Hospitals Downtown	Coronary Bypass Graft (Chest Only Incision)	9	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)	3	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, 2020 - December 31, 2020
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)	25	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	Coronary Bypass Graft (Chest & Donor Incision)	128	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest & Donor Incision)	205	1	1.40	0.72	0.841	= Same
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	212	2	1.66	1.21	0.724	= Same
Greenville Memorial Hospital	Coronary Bypass Graft (Chest & Donor Incision)	346	7	3.85	1.82	0.138	= Same
Hilton Head Hospital	Coronary Bypass Graft (Chest & Donor Incision)	60	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	223	0	1.74	0.00	0.175	= Same
MUSC Health Florence Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	65	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	257	3	2.16	1.39	0.540	= 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?
Medical University Hospital Authority	Coronary Bypass Graft (Chest & Donor Incision)	87	0	1.16	0.00	0.314	= Same
Palmetto Health Richland	Coronary Bypass Graft (Chest & Donor Incision)	230	6	1.67	3.58	0.009	⊗ Worse
Piedmont Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	107	0	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Coronary Bypass Graft (Chest & Donor Incision)	258	1	1.39	0.72	0.842	= Same
Self Regional Healthcare	Coronary Bypass Graft (Chest & Donor Incision)	58	0	< 1.00	N/C	N/C	**No Conclusion**
Sisters of Charity Providence Hospitals Downtown	Coronary Bypass Graft (Chest & Donor Incision)	175	1	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	292	1	2.54	0.39	0.358	= Same
Trident Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	151	0	1.15	0.00	0.316	= Same

Clostridium difficile (CDI) Events in South Carolina's Acute Care, Critical Access, Long-term Acute Care, and Inpatient Rehabilitation Hospitals
January 1, 2020 - December 31, 2020

This includes hospital-onset laboratory-identified events.

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

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

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

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Aiken Regional Medical Centers	10	20.24	0.49	0.014	★ **Better**
Allendale County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	19	39.33	0.48	0.000	★ **Better**
AnMed Health Rehabilitation Hospital	0	4.85	0.00	0.008	★ **Better**
AnMed Health Women's and Children's Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital	4	5.14	0.78	0.663	= **Same**
Beaufort Memorial Hospital	12	17.23	0.70	0.201	= **Same**
Bon Secours St. Francis Eastside	4	9.38	0.43	0.060	= **Same**
Bon Secours St. Francis Hospital - Downtown	12	38.77	0.31	0.000	★ **Better**
Bon-Secour St. Francis Xavier Hospital	12	20.91	0.57	0.039	★ **Better**
Cannon Memorial Hospital	2	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	3	5.55	0.54	0.282	= **Same**
Cherokee Medical Center	2	2.68	0.75	0.749	= **Same**

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Coastal Carolina Hospital	2	2.80	0.72	0.702	= Same
Colleton Medical Center	1	4.48	0.22	0.073	= Same
ContinueCARE Hospital at Palmetto Health Baptist	1	9.81	0.10	0.001	★ Better
Conway Medical Center	3	16.25	0.19	0.000	★ Better
East Cooper Medical Center	5	6.19	0.81	0.677	= Same
Edgefield County Healthcare	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rehabilitation Hospital of Bluffton	1	4.17	0.24	0.095	= Same
Encompass Health Rehabilitation Hospital of Charleston	0	4.36	0.00	0.013	★ Better
Encompass Health Rehabilitation Hospital of Columbia	1	7.89	0.13	0.004	★ Better
Encompass Health Rehabilitation Hospital of Florence	1	6.76	0.15	0.010	★ Better
Encompass Health Rehabilitation Hospital of Rock Hill	2	7.97	0.25	0.017	★ Better
Georgetown Memorial hospital	10	9.90	1.01	0.935	= Same
Grand Strand Regional Medical Center	9	43.46	0.21	0.000	★ Better
Greenville Memorial Hospital	46	117.30	0.39	0.000	★ Better
Greenwood Regional Rehabilitation Hospital	1	4.62	0.22	0.065	= Same
Greer Memorial Hospital	6	8.25	0.73	0.453	= Same
Hampton Regional Medical Center	1	1.10	0.91	1.000	= Same
Hillcrest Memorial Hospital	0	2.94	0.00	0.053	= Same
Hilton Head Hospital	5	14.18	0.35	0.007	★ Better
KershawHealth Medical Center	3	9.80	0.31	0.015	★ Better
Lake City Community Hospital	0	1.55	0.00	0.213	= Same
Lexington Medical Center	75	98.97	0.76	0.013	★ Better
MUSC Health Chester Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Medical Center	8	24.06	0.33	0.000	★ Better

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Florence Rehabilitation Center	0	1.79	0.00	0.167	= Same
MUSC Health Florence Women's Pavilion	0	< 1.00	N/C	N/C	No Conclusion
MUSC Health Lancaster Medical Center	2	9.05	0.22	0.007	★ Better
MUSC Health Marion Medical Center	0	4.21	0.00	0.015	★ Better
McLeod Health Cheraw	2	4.94	0.41	0.173	= Same
McLeod Health Clarendon	1	4.21	0.24	0.092	= Same
McLeod Loris	8	9.40	0.85	0.684	= Same
McLeod Medical Center - Darlington	0	1.05	0.00	0.351	= Same
McLeod Medical Center - Dillon	2	3.29	0.61	0.523	= Same
McLeod Regional Medical Center	58	90.85	0.64	0.000	★ Better
McLeod Seacoast	11	2.48	4.44	0.000	⊗ Worse
Medical University Hospital Authority	37	114.56	0.32	0.000	★ Better
Mount Pleasant Hospital	5	6.50	0.77	0.592	= Same
Newberry County Hospital	1	2.33	0.43	0.420	= Same
North Greenville Long Term Acute Care Hospital	1	7.54	0.13	0.005	★ Better
Oconee Medical Center	3	16.04	0.19	0.000	★ Better
Palmetto Health Baptist	7	33.45	0.21	0.000	★ Better
Palmetto Health Baptist Parkridge	2	10.44	0.19	0.002	★ Better
Palmetto Health Richland	22	123.87	0.18	0.000	★ Better
Patewood Memorial Hospital	0	2.34	0.00	0.097	= Same
Pelham Medical Center	4	2.83	1.41	0.474	= Same
Piedmont Medical Center	10	43.15	0.23	0.000	★ Better
Prisma Health TUOMEY Hospital	8	24.24	0.33	0.000	★ Better
Prisma Health-Upstate Laurens County Hospital	1	5.57	0.18	0.029	★ Better
Providence Hospitals NE	0	< 1.00	N/C	N/C	No Conclusion
Regency Hospital of Florence	1	14.85	0.07	0.000	★ Better
Regency Hospital of Greenville	7	10.06	0.70	0.341	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	24	23.64	1.02	0.915	= Same
Roper Hospital	34	36.71	0.93	0.672	= Same
Roper St. Francis Hospital - Berkeley	5	5.03	0.99	1.000	= Same
	5	5.03	0.99	1.000	= Same
Self Regional Healthcare	16	36.35	0.44	0.000	★ Better
Shriners Hospitals for Children---Greenville	0	< 1.00	N/C	N/C	**No Conclusion**
Sisters of Charity Providence Hospitals Downtown	7	11.52	0.61	0.173	= Same
Spartanburg Hospital for Restorative Care	7	10.01	0.70	0.350	= Same
Spartanburg Medical Center	85	112.16	0.76	0.008	★ Better
Spartanburg Medical Center Mary Black Campus	11	17.28	0.64	0.118	= Same
Spartanburg Rehabilitation Institute	0	3.61	0.00	0.027	★ Better
Summerville Medical Center	1	11.97	0.08	0.000	★ Better
Tidelands Health Rehabilitation Hospital, an affiliate of Encompass Health	6	9.44	0.64	0.261	= Same
Trident Medical Center	19	40.38	0.47	0.000	★ Better
Union Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Vibra Hospital of Charleston	13	12.61	1.03	0.877	= Same
Waccamaw Community Hospital	23	15.26	1.51	0.062	= 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, 2020 - December 31, 2020

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	9	3.07	2.93	0.006	⊗ Worse
AnMed Health	6	7.69	0.78	0.574	= Same
AnMed Health Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital	2	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	1	1.06	0.94	1.000	= Same
Bon Secours St. Francis Eastside	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	10	4.74	2.11	0.033	⊗ Worse
Bon-Secour St. Francis Xavier Hospital	1	1.42	0.71	0.830	= 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**
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	1.08	0.93	1.000	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
ContinueCARE Hospital at Palmetto Health Baptist	2	1.41	1.41	0.583	= Same
Conway Medical Center	2	2.45	0.82	0.855	= Same
East Cooper Medical Center	2	< 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	1	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	3	7.55	0.40	0.077	= Same
Greenville Memorial Hospital	15	24.44	0.61	0.045	★ Better
Greenwood Regional Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Greer Memorial Hospital	3	< 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**
Hilton Head Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Kershaw Health Medical Center	2	< 1.00	N/C	N/C	**No Conclusion**
Lake City Community Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	10	10.41	0.96	0.939	= Same
MUSC Health Chester Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Medical Center	6	3.41	1.76	0.189	= 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	1.22	1.65	0.467	= Same
MUSC Health Marion Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
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	3	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	23	13.26	1.74	0.014	**Worse**
McLeod Seacoast	2	2.13	0.94	1.000	**Same**
Medical University Hospital Authority	31	23.85	1.30	0.154	**Same**
Mount Pleasant Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
North Greenville Long Term Acute Care Hospital	0	1.06	0.00	0.346	**Same**
Oconee Medical Center	1	1.61	0.62	0.724	**Same**
Palmetto Health Baptist	4	3.54	1.13	0.756	**Same**
Palmetto Health Baptist Parkridge	0	1.18	0.00	0.306	**Same**
Palmetto Health Richland	27	22.06	1.22	0.297	**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	3	4.11	0.73	0.634	**Same**
Prisma Health TUOMEY Hospital	5	3.24	1.54	0.336	**Same**
Prisma Health-Upstate Laurens County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Providence Hospitals NE	0	< 1.00	N/C	N/C	**No Conclusion**
Regency Hospital of Florence	1	2.53	0.40	0.362	**Same**
Regency Hospital of Greenville	2	1.70	1.18	0.749	**Same**
Regional Medical Center of Orangeburg and Calhoun Counties (RMC)	6	3.43	1.75	0.193	**Same**
Roper Hospital	2	3.19	0.63	0.556	**Same**
Roper St. Francis Hospital - Berkeley	0	< 1.00	N/C	N/C	**No Conclusion**
	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?
Self Regional Healthcare	3	4.12	0.73	0.631	= Same
Shriners Hospitals for Children---Greenville	0	< 1.00	N/C	N/C	**No Conclusion**
Sisters of Charity Providence Hospitals Downtown	1	1.64	0.61	0.706	= Same
Spartanburg Hospital for Restorative Care	3	1.28	2.34	0.181	= Same
Spartanburg Medical Center	18	12.88	1.40	0.169	= Same
Spartanburg Medical Center Mary Black Campus	3	1.50	2.00	0.258	= Same
Spartanburg Rehabilitation Institute	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	0	1.30	0.00	0.272	= Same
Tidelands Health Rehabilitation Hospital, an affiliate of Encompass Health	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	2	5.46	0.37	0.119	= Same
Union Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra Hospital of Charleston	5	1.92	2.61	0.059	= Same
Waccamaw Community Hospital	0	1.14	0.00	0.321	= Same