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## **HOSPITAL INFECTIONS DISCLOSURE ACT (HIDA)**

### **2017 REPORT TO THE GENERAL ASSEMBLY**

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## **2017 Hospital Infections Disclosure Act Annual Report to the General Assembly**

DHEC submits the 2017 Hospital Infections Disclosure Act (HIDA) Annual Report, which reflects the progress of implementing the South Carolina HIDA Act. This document is submitted in compliance with S.C. Code Section 44-7-2440.

### **Acknowledgements**

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

## ABBREVIATIONS

**ASA-** American Society of Anesthesiologists  
**AR-** Admission/re-admission  
**BSI-** Blood stream infection  
**CBGB-** Coronary artery bypass graft (chest and donor site incisions)  
**CBGC-** Coronary artery bypass graft (chest incision only)  
**CCU-** Critical care unit (used interchangeably with intensive care unit)  
**CDC-** Centers for Disease Control and Prevention  
**CDI-** *Clostridium difficile* infection  
**CLABSI-** Central line-associated bloodstream infection  
**CMS-** Centers for Medicare and Medicaid Services  
**CO-** Community-onset  
**COLO-** Colon surgery  
**DHHS-** Department of Health and Human Services  
**HAI-** Healthcare-associated infection  
**HIDA-** Hospital Infections Disclosure Act  
**HO-** Hospital onset  
**HPRO-** Hip arthroplasty (hip replacement)  
**HYST-** Abdominal hysterectomy  
**IP-** Infection preventionist  
**ICU-** Intensive care unit (used interchangeably with critical care unit)  
**IRF-** Inpatient Rehabilitation Facility  
**IVAC-** Infection-related ventilator-associated complication  
**KPRO-** Knee arthroplasty (knee replacement)  
**LTAC-** Long-term acute care hospital  
**MRSA-** Methicilin-resistant *Staphylococcus aureus*  
**NHSN-** National Healthcare Safety Network  
**NICU-** Neonatal intensive care unit  
**SSI-** Surgical site infection  
**SIR-** Standardized infection ratio  
**VAE-** Ventilator-associated event

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## EXECUTIVE SUMMARY

Healthcare-associated infections (HAIs) are infections that are acquired in healthcare settings or as a result of medical procedures. In an effort to address HAIs and promote transparency in healthcare across South Carolina, DHEC with the support of an advisory committee, has enforced HAI reporting through a law known as the Hospital Infections Disclosure Act (HIDA) since 2006. This law requires the reporting of HAI data from acute care hospitals, critical access hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities to the public. HAI monitoring promotes infection prevention activities within healthcare facilities to improve patient safety.

The 2017 HIDA Annual Report contains statistics in South Carolina data from January 1, 2017 through December 31, 2017 for the following infections:

### **Central line-associated blood stream infection (CLABSI) data for the following inpatient locations:**

- Adult and Pediatric Critical Care Locations
- Adult and Pediatric Ward Locations
- Adult and Pediatric Specialty Care Areas (i.e. hematology/oncology, bone marrow transplant, leukemia/lymphoma units)
- Neonatal Critical Care Locations-Levels II/III, III
- Long Term Acute Care Critical Care Locations
- Long Term Acute Care Ward Locations
- Rehabilitation Ward Location

### **Surgical Site Infections and related procedure data for the following procedure types:**

- Colon (COLO)
- Hip replacements (HPRO)
- Knee replacements (KPRO)
- Abdominal hysterectomy (HYST)
- Coronary artery bypass grafts, chest incision only (CBGC)
- Coronary artery bypass grafts, chest and donor incisions (CBGB)

### **Laboratory-identified (LabID) events for:**

- Methicillin-resistant *Staphylococcus aureus* (MRSA) blood stream infections (BSI)
- *Clostridium difficile* infections (CDI)

## INTRODUCTION

Healthcare-associated infections (HAIs) are a serious and costly public health concern. With the use of data from 2011, the Centers for Disease Control and Prevention (CDC) estimates that 722,000 HAIs occur in U.S. hospitals each year, contributing to roughly 75,000 patient deaths. Approximately one of every twenty-five patients develops at least one HAI, and more than half of all HAIs occur outside of intensive care units (Magill SS, 2014). HAIs are also a financial burden costing healthcare facilities between twenty-eight and forty-eight billion dollars in additional costs each year (US Department of Health and Human Services, 2010).

Increased public awareness and understanding that HAIs are preventable has prompted consumers and policy makers to take action. In 2006, South Carolina lawmakers passed the Hospital Infections Disclosure Act (HIDA) with the goal to provide 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 to study and make recommendations for the surveillance and reporting of HAIs. The panel is comprised 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 CDC's National Healthcare Safety Network (NHSN) HAI surveillance definitions, the advisory panel recommends that all acute care, long-term acute care, and inpatient rehabilitation hospitals licensed by DHEC report central line-associated blood stream infections (CLABSI), surgical site infections (SSI) associated with specific high-volume and high-risk surgical procedures and specific multi-drug resistant organisms. HIDA allows for some flexibility in reporting requirements at the recommendation of the HIDA Advisory Committee. The complete HIDA statute is available on the DHEC HAI webpage at <https://www.scdhec.gov/hospital-infections-disclosure-act-hida-statute>

The HIDA Annual Report contains data from the previous calendar year, including facility-specific HAI reports. Facility-specific HIDA interim reports are also published once each year and contain the first six months of data of that calendar year. All reports are made available to the public on DHEC's website. The public availability of reports assists consumers in making informed choices about their own healthcare and incentivizes facilities to reduce their infection rates.

## METHODS

This report contains data entered from seventy-eight South Carolina hospitals. The Annual HIDA Report includes information regarding infections that occurred from January 1, 2017 through December 31, 2017.

### REPORTING FACILITY INFORMATION

Seventy-eight hospitals of varying types were required to report HAI data to DHEC via NHSN in 2017. The majority of HIDA reporting hospitals were acute care hospitals, comprised of fifty-seven general hospitals, five critical access hospitals, one children's hospital, one women's and children's hospital, and one surgical hospital. Six long term acute care hospitals and seven inpatient rehabilitation hospitals also reported data (see Table 1).

Table 1. Summary of HIDA Reporting Hospital Types

Facility Type	N	Percent (%) of HIDA Reporting Facilities
Acute Care Hospital (General)	57	73.1%
Acute Care Hospital (Critical Access)	5	6.4%
Acute Care Hospital (Surgical)	1	1.3%
Acute Care Hospital (Women’s and Children’s)	1	1.3%
Acute Care Hospital (Children’s)	1	1.3%
Inpatient Rehabilitation Hospital	7	9.0%
Long Term Acute Care Hospital	6	7.7%
<b>Total Hospitals</b>	<b>78</b>	<b>100%</b>

#### 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 CDC. To fulfill HIDA reporting requirements for the 2017 reporting period, seventy-eight South Carolina healthcare facilities granted access to DHEC through NHSN. Hospitals must follow NHSN reporting definitions and procedures for all reportable HAIs.

In addition to HIDA reporting, SC healthcare facilities also report into NHSN to fulfill the requirements of the Centers for Medicare and Medicaid Services (CMS) Hospital Inpatient Quality Reporting Program. The data is posted for public reporting on the Department of Health and Human Services (DHHS) Hospital Compare Website available at <https://www.medicare.gov/hospitalcompare/search.html?> 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. In addition, NHSN and DHEC have implemented regular data checks to identify data quality and completeness checks. Prior to publication, hospitals have several opportunities to review and correct reporting lapses and/or discrepancies in the data they have submitted.

- NHSN’s web interface contains internal data checks built into the web interface that help reduce data entry errors. These checks are designed to reduce manual data entry errors and improve the validity of data entered into the system.
- The NHSN Alerts provide lists where hospital users see whether there are any missing or incomplete records entered into the system and requires user action in order to resolve the issues.
- Biannually, prior to the publication of the HIDA annual and interim facility-specific reports, all reporting facilities are provided with preliminary reports showing the number of data records that were downloaded from NHSN for the given reporting period. Facilities are given two weeks to review their facility-specific preliminary reports and to make changes within NHSN as needed. All hospitals 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 and interim reports. An example of the attestation letter can be found in Appendix B.

## 2017 HIDA REPORTING SCHEDULE AND DATA DEADLINES

DHEC publishes data from NHSN biannually, once for the HIDA interim report and once for the HIDA annual report. During 2017, an interim report was not published, primarily due to technical problems incurred from the re-baseline of NHSN. Reports are published on the DHEC HAI website and can be viewed at <https://www.scdhec.gov/health-professionals/healthcare-associated-infections-hai/hida-public-reports>

## STANDARDIZED INFECTION RATIO (SIR) AND 95% CONFIDENCE INTERVAL CALCULATIONS

The standardized infection ratio (SIR) is a summary measure to track HAIs at a national, state, or local level over time. The SIR adjusts for various facility and/or patient level factors that contribute to HAI risk within each facility. This metric serves as an indirect standardization method of summarizing the HAI experience across many stratified groups of data (e.g., healthcare facilities or unit types). The SIR is used to compare the incidence of HAIs in South Carolina hospitals to national HAI data, adjusting for several risk factors with a significant association to the incidence of infections (Edwards J, 2009). In this annual report, the SIR metric will be presented for CLABSI, SSI, MRSA LabID, CDI LabID Event data, and VAE.

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.

$$\begin{array}{r}
 \text{oooooooooooooooooooo} \quad \text{mmmmn000000} \quad \text{oooo iinnoo00iiiiioonn00} \\
 \hline
 \text{SSSSSS} = \frac{\text{oooooooooooooooooooo} \quad \text{mmmmn000000} \quad \text{oooo iinnoo00iiiiioonn00}}{\text{PPO000000iiiiii0000} \quad \text{mmmmn000000} \quad \text{oooo iinnoo00iiiiioonn00}}
 \end{array}$$

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

### Interpreting the SIR:

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

## RE-BASELINE OF SIR (2015)

“Re-baseline” is a term that CDC’s National Healthcare Safety Network (NHSN) staff is using to describe updates to the original HAI baselines. The 2015 re-baseline updates the source of collective data from across the country as well as the risk adjustment methodology used to create the original baseline. 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 a patient undergoing cancer treatment is often weaker than a patient with no chronic conditions. When the data is risk-adjusted, comparisons between different hospitals can be assessed. 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 (2017



CDC). For the purpose of this report, South Carolina hospital data will be compared to the 2015 National Baseline as a means to monitor progress over time.

## CLABSI

### CALCULATING SIRS FOR CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (CLABSI):

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 for a particular unit type, the national CLABSI rate is multiplied by the number of central line days observed for a given time period in that particular location. The CLABSI SIR is then calculated by dividing the number of observed CLABSI by the number of predicted CLABSI.

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

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

- Calculating the predicted number of CLABSI for the Medical Cardiac Unit:

$$\begin{aligned}
 \text{Predicted CLABSI} &= (\text{Observed Central Line Days}) \times (\text{National CLABSI Rate}) \\
 &= 578 \times (2/1,000) \\
 &= 1.156 \text{ infections}
 \end{aligned}$$

- Calculating the SIR for the Medical Cardiac Unit:

$$\begin{aligned}
 \text{SIR} &= (\text{Observed CLABSI}) / (\text{Predicted CLABSI}) \\
 &= 2/1.156 \\
 &= 1.7
 \end{aligned}$$

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 displays CLABSI SIRs reporting in SC during 2017. In South Carolina, CLABSI SIRs are reported for the following location types: adult and pediatric critical care, neonatal critical care, adult and pediatric wards, adult and pediatric specialty care areas, step down units, step down oncology units, wards, and oncology wards. The overall CLABSI SIR in South Carolina is less than 1. This indicates that South Carolina experienced significantly lower CLABSI compared to the national baseline. An asterisk (\*) indicates that a SIR or 95% Confidence Interval could not be calculated due to a very low number of infections.

Critical care units, neonatal intensive care units specialty care, step down units, and wards performed at a level similar to the national experience. Oncology step down unit SIR could not be calculated because no CLABSI infections were observed. Oncology wards in South Carolina performed significantly better than the national baseline.

**Table 2. CLABSI SIR in Acute Care Hospitals by Location**

Location Type	Central Line Days	Observed CLABSI	Expected CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
Critical Care	128825	124	136.35	0.91	0.76, 1.08	Not Different
Neonatal ICU	21304	34	32.68	1.04	0.73, 1.44	Not Different
Specialty Care	3999	3	4.26	0.70	0.18, 1.92	Not Different
Step Down Units	35392	24	31.95	0.75	0.49, 1.10	Not Different
Step Down - Oncology	1180	0	0.92	*	*	No Conclusion
Ward	161832	114	136.43	0.84	0.69, 1.00	Not Different
Ward - Oncology	44579	33	51.84	0.64	0.45, 0.88	Significantly Better
<b>All Location Types</b>	<b>398071</b>	<b>333</b>	<b>395</b>	<b>0.84</b>	<b>0.76, 0.94</b>	<b>Significantly Better</b>

Critical access hospital SIRs could not be calculated due to the few number of observed infections. In long-term acute care hospitals, critical care units performed at a level similar to the national baseline. Ward locations performed significantly better than the national baseline. Inpatient Rehab Hospitals performed at a level similar to the national baseline for both critical care and ward locations.

Table 3: CLABSI SIR for Critical Access, Long-term Acute Care, and Inpatient Rehab Facilities

Facility Type	Location Type	Central Line Days	Observed CLABSI	Predicted CLABSI	SIR	95% Confidence Interval	Statistical Interpretation
<b>Critical Access</b>	Critical Care	65	1	0.02	*	*	No Conclusion
	Ward	894	0	0.24	*	*	No Conclusion
	All Locations	959	1	0.26	*	*	No Conclusion
<b>Long-term Acute Care</b>	Critical Care	2826	9	5.31	1.70	0.83, 3.11	Not Different
	Ward	29545	19	30.83	0.62	0.38, 0.94	<b>Significantly Better</b>
	All Locations	32371	28	36.15	0.78	0.53, 1.11	Not Different
<b>Inpatient Rehab</b>	Critical Care	5714	4	3.01	1.33	0.42, 3.21	Not Different
	Ward	4019	3	1.95	1.54	0.39, 4.18	Not Different
	All Locations	9733	7	4.96	1.41	0.62, 2.79	Not Different

## CLABSI Microorganism Data

Table 4 displays the microorganisms identified for all reported CLABSI in all adult and pediatric inpatient locations. *Candida* species and other yeasts represent approximately 17.12% of the total isolates reported for CLABSI in all adult and pediatric inpatient locations and make up the largest percentage of identified microorganisms. Vancomycin-susceptible *Enterococcus* species is the second most common organism detected, comprising 9.59% of total isolates. Methicillin-susceptible *Staphylococcus aureus* and *Escherichia coli* are the third most common organisms reported, each comprising 8.68% of total isolates. Of note, twelve Vancomycin-resistant *Enterococci* (VRE) infections were reported across the state.

Microorganism Grouping	Microorganism	Number and Percentage of Isolates
Yeast	<i>Candida</i> species and other yeasts	75 (17.12%)
<i>Staphylococci</i>	Methicillin-susceptible <i>Staphylococcus aureus</i> (MSSA)	38 (8.68%)
	Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	18 (4.11%)
	Coagulase negative <i>Staphylococcus</i> species	27 (6.16%)
	<i>Staphylococcus</i> species (other than <i>aureus</i> )	33 (7.53%)
<i>Streptococci</i>	<i>Streptococcus</i> species	20 (4.57%)
Enterococci	<i>Enterococcus</i> species (Vancomycin-susceptible)	42 (9.59%)
	Vancomycin-resistant <i>Enterococcus</i> (VRE)	12 (2.74%)
Enterobacteriaceae	<i>Escherichia coli</i>	38 (8.68%)
	<i>Klebsiella</i> species	35 (7.99%)
	<i>Serratia</i> species	10 (2.28%)
	<i>Enterobacter</i> species	26 (5.94%)
	<i>Raoultella planticola</i>	1 (0.23%)
Burkholderia species	<i>Burkholderia cepacia</i>	1 (0.23%)
	<i>Burholderia gladioli</i>	1 (0.23%)
Other Gram Positive Organisms	<i>Rothia</i> species	9 (2.05%)
	Other	10 (2.28%)
Other Gram Negative Organisms	<i>Pseudomonas</i> species	15 (3.42%)
	Other	8 (1.83%)
Anaerobes	Bacteroides	5 (1.14%)
	Other Anaerobes	7 (1.60%)
<b>Total Isolates</b>		<b>438</b>

Table 5 displays microorganisms identified for CLABSI in NICU locations. Methicillin-susceptible *Staphylococcus aureus* (MSSA) is the most common microorganism identified, representing over one third of all NICU CLABSI. Other *Staphylococcus* species represented the next largest group of identified organisms with 17.65%. No Vancomycin-resistant *Enterococci* were identified.

Table 5. Identified Microorganisms for NICU		
Microorganism Grouping	Microorganism	Number and Percentage of Isolates
<i>Staphylococci</i>	Methicillin-susceptible <i>Staphylococcus aureus</i> (MSSA)	12 (35.29%)
	Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	1 (2.94%)
	Coagulase negative <i>Staphylococcus</i> species	1 (2.94%)
	<i>Staphylococcus</i> species (other than <i>aureus</i> )	6 (17.65%)
<i>Streptococci</i>	<i>Streptococcus</i> species	2 (5.88%)
Enterococci	<i>Enterococcus</i> species (Vancomycin-susceptible)	5 (14.71%)
	Vancomycin-resistant <i>Enterococcus</i> (VRE)	0 (0.00%)
Enterobacteriaceae	<i>Escherichia coli</i>	3 (8.82%)
	<i>Klebsiella</i> species	2 (5.88%)
Pseudomonas species	<i>Pseudomonas aeruginosa</i>	1 (2.94%)
Other		1 (2.94%)
<b>Total Isolates</b>		<b>34</b>

Table 6 displays the CLABSI microorganisms identified in LTAC hospitals. *Candida* species and Vancomycin-susceptible *Staphylococcus aureus* are the most common organisms identified at 17.24% each of the total isolates. No Vancomycin-resistant *Enterococci* were identified.

**Table 6. Identified Microorganisms for LTAC**

Microorganism Grouping	Microorganism	Number and Percentage of Isolates
Yeast	<i>Candida</i> species and other yeasts	5 (17.24%)
<i>Staphylococci</i>	Methicillin-susceptible <i>Staphylococcus aureus</i> (MSSA)	2 (6.90%)
	Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	1 (3.45%)
	Coagulase negative <i>Staphylococcus</i> species	1 (3.45%)
	<i>Staphylococcus</i> species (other than <i>aureus</i> )	2 (6.90%)
<i>Enterococci</i>	<i>Enterococcus</i> species (Vancomycin-susceptible)	5 (17.24%)
	Vancomycin-resistant <i>Enterococcus</i> (VRE)	0 (0.00%)
Enterobacteriaceae	<i>Escherichia coli</i>	2 (6.90%)
	<i>Klebsiella</i> species	3 (10.34%)
	<i>Enterobacter</i> species	2 (6.90%)
	<i>Proteus</i> species	1 (3.45%)
Other Gram Positive Organisms	<i>Lactobacillus rhamnosus</i>	1 (3.45%)
Other Gram Negative Organisms	<i>Pseudomonas</i> species	1 (3.45%)
	<i>Rhizobium radiobacter</i>	1 (3.45%)
Anaerobes	<i>Prevotella buccae</i>	1 (3.45%)
<b>Total Isolates</b>		<b>29</b>

## SSI

### Calculating SIRs for SSIs

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, 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 time period of interest.

Facility-specific comparison 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 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 procedure was performed. Superficial infections are not included in this category.

## SSI Results

Table 7 shows the overall South Carolina SSI complex AR SIRs by reportable procedure type. For all 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 is reflected below. Of all SSIs reported, MRSA was detected in 11.15% of positive cultures.

Procedure Type	Number of Procedures	Observed SSI	Predicted SSI	SIR	95% Confidence Interval	Statistical Interpretation	% MRSA Positive Culture
CBGB	3313	33	24.31	1.36	0.95, 1.89	Not Different	15.15%
CBGC	242	3	1.85	1.62	0.41, 4.42	Not Different	33.33%
COLO	4806	113	111.71	1.01	0.84, 1.21	Not Different	3.54%
HPRO	8546	56	53.66	1.04	0.80, 1.35	Not Different	17.86%
HYST	5700	31	36.26	0.86	0.59, 1.20	Not Different	12.90%
KPRO	13009	42	42.79	0.98	0.72, 1.31	Not Different	14.29%
<b>All Procedures</b>	35616	278	270.57	1.03	0.91, 1.15	<b>Not Different</b>	<b>11.15%</b>

## LAB ID EVENTS

### Calculating SIRs for hospital-onset MRSA Bloodstream Infection and *Clostridium difficile* (CDI) LabID Events

Lab ID Events are reported for the entire facility inpatient population rather than stratifying by location. The MRSA LabID event SIR is derived by dividing the total number of observed MRSA bloodstream infections by the number of predicted MRSA bloodstream infections. A total of 166 MRSA LabID events were reported from hospitals across South Carolina in 2017. In acute care hospitals, long-term acute care hospitals, and inpatient rehab facilities, the number of

MRSA bloodstream infections identified is similar to the number identified in other facilities across the country. No MRSA bloodstream infections were detected in critical access hospitals; therefore, no SIR or 95% confidence interval could be calculated.

**Table 8. MRSA LabID Event SIR for South Carolina Hospitals – 2017**

Location	Patient Days	Observed MRSA BSI Lab ID Events	Predicted MRSA BSI LabID Events	SIR	95% Confidence Interval	Statistical Interpretation
Acute Care	2,525,722	156	169.99	0.918	0.78, 1.07	Not Different
Critical Access	8587	0	0.18	*	*	No Conclusion
Long-term Acute Care	59498	8	9.12	0.88	0.41, 1.67	Not Different
Inpatient Rehab	114799	2	2.18	0.98	0.15, 3.03	Not Different

For public reporting, only hospital-onset CDI LabID Events are mandated to be reported. In 2017, 1365 hospital-onset CDI LabID Events were reported. Acute care hospitals, long-term acute care hospitals, and inpatient rehab facilities all reported infection rates that are significantly better than the national baseline. Critical access hospitals experienced no hospital-onset CDI LabID Events; therefore, no SIR or 95% confidence interval could be calculated.

**Table 9. CDI LabID Event SIR for South Carolina Hospitals – 2017**

Location	Patient Days	Observed CDI LabID Events	Predicted CDI LabID Events	SIR	95% Confidence Interval	Statistical Interpretation
Acute Care	2,346,393	1296	1592.40	0.81	0.77, 0.86	Significantly Better
Critical Access	8587	0	2.31	*	*	No Conclusion
Long-term Acute Care	59498	38	64.31	0.59	0.42, 0.80	Significantly Better
Inpatient Rehab	114799	31	44.60	0.70	0.48, 0.98	Significantly Better



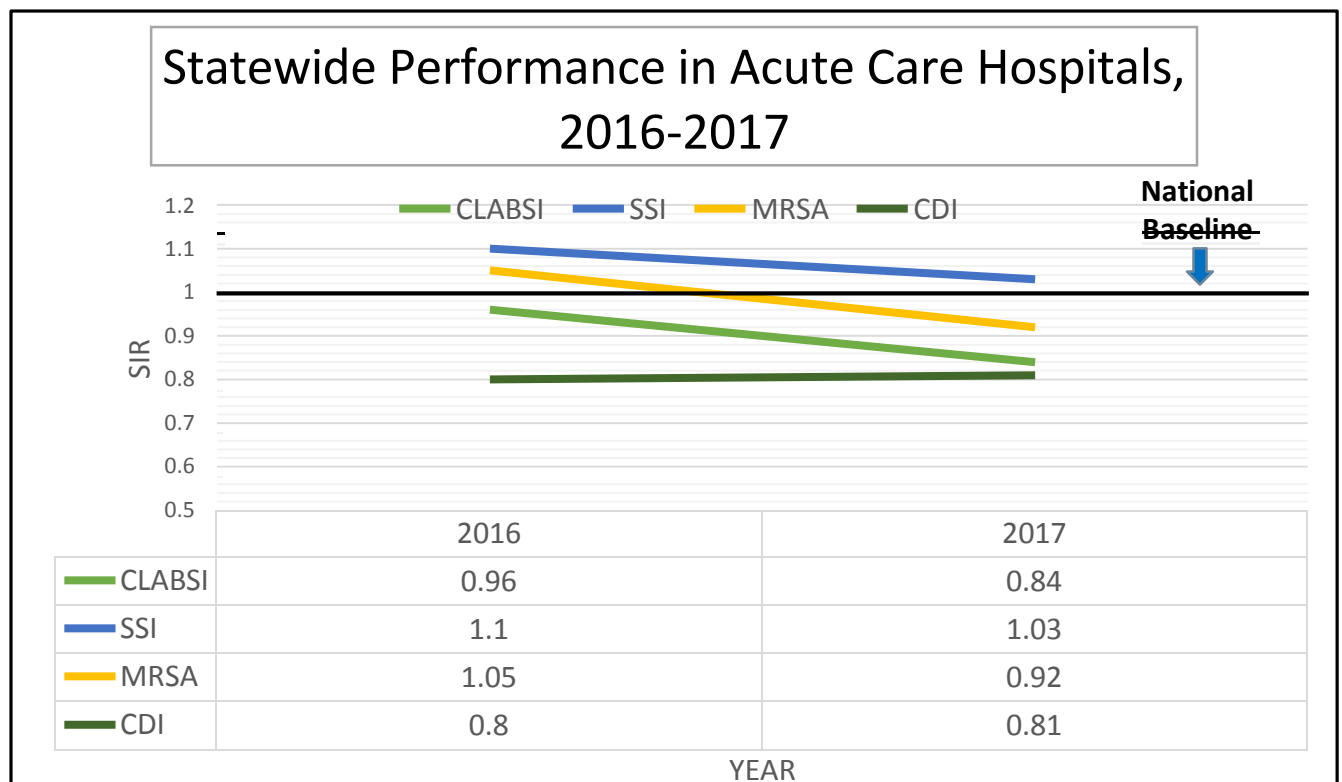
## VENTILATOR-ASSOCIATED EVENTS

The HIDA Advisory Committee has decided to remove ventilator-associated events (VAE) from this report based on three principal factors: NHSN’s definition for IVAC-Plus events penalizes facilities for changing the antibiotic of a patient on a ventilator which has negative implications for antimicrobial stewardship; there is no sufficient tool available for the external validation of VAE; and CMS has not released plans to require VAE reporting as early as expected, which was one of the initial reasons for adding this infection to the HIDA Report.

## CONCLUSION

### Overview of Statewide Performance after NHSN Re-baseline

In Figure 1, the statewide performance for acute care hospitals is displayed since NHSN’s re-baseline last year. Ratio reductions were seen in CLABSI, SSI, and MRSA bloodstream infections. CDI LabID events remained at about the same level. The national baseline is included in the chart below as a point of reference. It reflects the national experience by incorporating all reporting hospitals across the country. South Carolina has remained below the national baseline for CLABSI, MRSA, and CDI infections indicating that South Carolina hospitals are performing better than similar hospitals across the country. SSI ratios improved from 1.10 in 2016 to 1.03 in 2017. South Carolina is approaching the baseline for this measure.



The Department of Health and Human Services (DHHS) has also updated their National HAI Prevention Goals to reflect the new 2015 baseline. These national goals were launched by the Federal government with the expectation to be achieved by the year 2020.

South Carolina continues to make strides in HAI prevention. The DHHS national prevention target for 2020 for CLABSI SIR is 0.50, which represents a goal to reduce CLABSI by 50% compared to the national baseline. South Carolina’s CLABSI SIR for 2017 is 0.84, which is 16% fewer infections than predicted and a 12% improvement since 2016.

For SSIs, the DHHS national prevention target for 2020 is a 30% reduction in SSIs as compared to the national baseline, or a target SIR of 0.70. South Carolina’s SSI SIR for 2017 is 1.03, indicating that SC had 3% more infections than predicted; however, this represents a 7% improvement since 2016.

In reference to LabID Events, the DHHS national target MRSA SIR for 2020 is 0.50, a 50% reduction. South Carolina’s MRSA SIR for 2017 is 0.92, which is 8% lower than the national baseline and a 13% improvement since 2016. The DHHS national target SIR for CDI for 2020 is 1.70. South Carolina’s SIR is 0.81 which is 1% higher than 2016; however, the number of infections is still 19% below the national baseline.

Table 11 displays South Carolina’s progress toward the DHHS goals since 2016.

**Table 11. SC progress toward DHHS National Action Plan 2020 Goals, Acute Care Hospitals**

HAI Metric	Target SIR <sup>1</sup>	South Carolina SIR, 2016 95%CI	South Carolina SIR, 2017 95%CI
CLABSI	0.50	0.96 (0.88, 1.06)	0.84 (0.76, 0.94)
SSI	0.70	1.10 (0.98, 1.23)	1.03 (0.91, 1.15)
MRSA LabID Events	0.50	1.05 (0.91, 1.22)	0.92 (0.87, 1.07)
CDI LabID Events	0.70	0.80 (0.76, 0.84)	0.81 (0.77, 0.86)

South Carolina has made significant improvements in the areas of CLABSI and CDI LabID Events. MRSA bloodstream infection LabID events are greatly improved since 2016 although additional focus on these infections will allow South Carolina to approach the DHHS goal of a 30% reduction by 2020.

Improvements in SSIs are also noted although South Carolina remains slightly above the national baseline. South Carolina does require reporting of more SSIs than many other states or CMS. When only considering COLO and HYST procedures, South Carolina’s SIR is 0.97, which is 3% lower than the national baseline.

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## Appendix A

### Hospital Infection Disclosure Act Advisory Committee Member List

#### DHEC Representatives

- Katie Stilwell Waites, Healthcare-Associated Infections Epidemiologist
- Chloë Scott, Healthcare-Associated Infections Epidemiologist
- Patricia Kopp, Healthcare-Associated Infections Coordinator
- Natasha Wright Sanders, Nurse Consultant
- Linda Bell, M.D., State Epidemiologist
- William D. Britt, Chief Counsel for Public Health, Office of General Council

#### APIC Palmetto Infection Preventionist Representatives

- Kathy Ward, Infection Preventionist, Roper St. Francis Hospital
- Jan Lienau, Infection Preventionist, Greer Memorial Hospital
- Gwen Usry, Infection Preventionist, Patewood Memorial Hospital
- Sue Boeker, Infection Preventionist, Greenville Memorial Hospital
- Ann North, Infection Preventionist, Carolinas Hospital

#### Infectious Disease Physician Representatives

- Majdi N. Al-Hasan, M.D., University of South Carolina School of Medicine
- Kevin Shea, M.D., Trident Health
- Cassandra Salgado, M.D., Medical University of South Carolina

#### South Carolina Hospital Association Representatives

- Beth Morgan, Quality Improvements Project Manager
- Diana Zona, Executive Director, Quality and Patient Safety

#### Consumer Representatives

- Jon Ruoff, Founder, The Ruoff Group
- Francee Levin, American Association of Retired Persons (AARP)

#### SC Revenue and Fiscal Affairs Office

- Julie Royer, Statistician

#### Carolinas Center for Medical Excellence Representatives

- Christine Wlodarczyk, Quality Specialist

#### Patient Advocate Representatives

- Helen Haskell, Founder, Mothers Against Medical Error

## Appendix B

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 2017 HIDA Annual Report.

Please note that if a facility does not submit a signed version of this letter or notify us of any discrepancy in the report by Monday, July 30<sup>th</sup>, 2018, 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 laboratory identified event, and ventilator associated events data from January – December 2017, 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 Katie Waites or Chloë Scott by Monday, July 30<sup>th</sup>, 2018.**

**Email: [waitesks@dhec.sc.gov](mailto:waitesks@dhec.sc.gov) or [scottca@dhec.sc.gov](mailto:scottca@dhec.sc.gov)**

**Fax: (803) 898-0897**

**Central Line-Associated Bloodstream Infections (CLABSI) in South Carolina's Acute Care, Critical Access, Long-term Acute Care and Inpatient Rehabilitation Hospitals,  
January 1<sup>st</sup>-December 31<sup>st</sup>, 2017**

*\*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.*

Legend			
<p style="text-align: center;">Fewer infections <b>(better)</b> than ★ predicted based on the national experience.*</p>	<p style="text-align: center;">About the <b>same</b> number of infections = as predicted based on the national experience.*</p>	<p style="text-align: center;">More infections <b>(worse)</b> than ✗ predicted based on the national experience.*</p>	<p style="text-align: center;"><b>No Conclusion</b> When the number of predicted infections is less than 1, no conclusion can be made.</p>

Facility Name	Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	All Adult Critical Care Units	0	Less than 1.0	<b>No Conclusion</b>
	All Adult Inpatient Wards	0	Less than 1.0	<b>No Conclusion</b>
Aiken Regional Medical Centers	All Adult Critical Care Units	2	2.30	= Same
	All Adult Inpatient Wards	1	1.87	= Same
Allendale County Hospital	All Adult Inpatient Wards	0	Less than 1.0	<b>No Conclusion</b>
AnMed Health	All Adult Critical Care Units	4	4.52	= Same
	All Adult Inpatient Wards	3	5.28	= Same
AnMed Health Rehabilitation Hospital	Inpatient Rehabilitation Ward	0	Less than 1.0	<b>No Conclusion</b>
AnMed Health Women's and Children's Hospital	All Adult Inpatient Wards	0	Less than 1.0	<b>No Conclusion</b>
	All Pediatric Inpatient Wards	0	Less than 1.0	<b>No Conclusion</b>
Baptist Easley Hospital	All Adult Critical Care Units	1	Less than 1.0	<b>No Conclusion</b>
	All Adult Inpatient Wards	1	Less than 1.0	<b>No Conclusion</b>

Facility Name	Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Beaufort Memorial Hospital	All Adult Critical Care Units	0	1.1	= Same
	All Adult Inpatient Wards	0	2.51	★ Better
	All Pediatric Inpatient Wards	0	Less than 1.0	No Conclusion
Bon Secours St. Francis Eastside	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Bon Secours St. Francis Downtown	All Adult Critical Care Units	3	4.29	= Same
	All Adult Inpatient Wards	6	7.39	= Same
	Adult Specialty Care	3	5.99	= Same
Bon-Secours St. Francis Xavier	All Adult Critical Care Units	1	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	1.27	= Same
	Adult Specialty Care	0	Less than 1.0	No Conclusion
Cannon Memorial Hospital	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Carolina Pines Regional Medical Center	All Adult Critical Care Units	1	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Carolinas Hospital System	All Adult Critical Care Units	0	2.47	= Same
	All Adult Inpatient Wards	3	2.62	= Same
Carolinas Hospital System-Marion	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	1	Less than 1.0	No Conclusion
Chester Regional Medical Center	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Coastal Carolina Hospital	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion

Facility Name	Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Colleton Medical Center	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	2	Less than 1.0	No Conclusion
ContinueCARE Hospital at Palmetto Health Baptist	Long Term Acute Care Unit(s)	4	5.61	= Same
Conway Medical Center	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	1.63	= Same
	All Pediatric Inpatient Wards	0	Less than 1.0	No Conclusion
East Cooper Medical Center	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Edgefield County Hospital	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Encompass Rehabilitation Hospital of Charleston	Inpatient Rehabilitation Ward	1	Less than 1.0	No Conclusion
Encompass Rehabilitation Hospital of Columbia	Inpatient Rehabilitation Ward	0	Less than 1.0	No Conclusion
Encompass Rehabilitation Hospital of Florence	Inpatient Rehabilitation Ward	1	Less than 1.0	No Conclusion
Encompass Rehabilitation Hospital of Rock Hill	Inpatient Rehabilitation Ward	0	Less than 1.0	No Conclusion
Fairfield Memorial Hospital	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Grand Strand Regional Medical Center	All Adult Critical Care Units	6	5.57	= Same
	All Adult Inpatient Wards	2	7.27	★ Better
	All Pediatric Critical Care Units	0	Less than 1.0	No Conclusion
	All Pediatric Inpatient Wards	0	Less than 1.0	No Conclusion



Facility Name	Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Greenville Health System Laurens County Memorial Hospital	All Adult Critical Care Units	1	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	1	Less than 1.0	No Conclusion
Greenville Memorial Hospital	All Adult Critical Care Units	16	15.89	= Same
	All Adult Inpatient Wards	13	13.73	= Same
	All Pediatric Critical Care Units	1	1.09	= Same
	All Pediatric Inpatient Wards	4	1.34	= Same
	Adult Specialty Care	4	6.15	= Same
	Pediatric Specialty Care	3	1.81	= Same
Neonatal Intensive Care Unit	16	9.8	= Same	
Greenwood Regional Rehabilitation Hospital	Inpatient Rehabilitation Ward	0	Less than 1.0	No Conclusion
Greer Memorial Hospital	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Hampton Regional Medical Center	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Hillcrest Memorial Hospital	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Hilton Head Hospital	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	1	1.19	= Same
Kershaw Health Medical Center	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Lake City Community Hospital	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Lexington Medical Center	All Adult Critical Care Units	10	6.19	= Same
	All Adult Inpatient Wards	14	13	= Same
	Adult Specialty Care	5	4.32	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Mary Black Health System Gaffney	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Mary Black Health System, LLC	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	1	Less than 1.0	No Conclusion
	All Pediatric Inpatient Wards	0	Less than 1.0	No Conclusion
	Neonatal Intensive Care Unit	0	Less than 1.0	No Conclusion
McLeod Clarendon Health System	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
McLeod Health Cheraw	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
McLeod Loris	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
McLeod Medical Center - Darlington	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
McLeod Medical Center - Dillon	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
	All Pediatric Inpatient Wards	0	Less than 1.0	No Conclusion
McLeod Regional Medical Center	All Adult Critical Care Units	9	15.83	= Same
	All Adult Inpatient Wards	14	15.26	= Same
	All Pediatric Critical Care Units	0	Less than 1.0	No Conclusion
	All Pediatric Inpatient Wards	0	Less than 1.0	No Conclusion
	Adult Specialty Care	3	8.3	= Same
	Neonatal Intensive Care Unit	0	1.57	= Same
McLeod Seacoast	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion

Facility Name	Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Medical University of South Carolina Medical Center	All Adult Critical Care Units	12	14.68	= Same
	All Adult Inpatient Wards	18	18.75	= Same
	All Pediatric Critical Care Units	2	6.54	= Same
	All Pediatric Inpatient Wards	4	3.52	= Same
	Adult Specialty Care	8	10.84	= Same
	Pediatric Specialty Care	2	4.17	= Same
	Neonatal Intensive Care Unit	5	5.6	= Same
Mount Pleasant Hospital	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Newberry County Hospital	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
North Greenville Long Term Acute Care Hospital	Long Term Acute Care Unit(s)	3	4.20	= Same
Oconee Medical Center	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	1.29	= Same
Palmetto Health Baptist	All Adult Critical Care Units	3	2.18	= Same
	All Adult Inpatient Wards	4	4.58	= Same
	Inpatient Rehabilitation Ward	0	Less than 1.0	No Conclusion
	Adult Specialty Care	2	2.82	= Same
	Neonatal Intensive Care Unit	2	1.65	= Same
Palmetto Health Baptist Parkridge	All Adult Critical Care Units	2	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion

Facility Name	Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Palmetto Health Tuomey	All Adult Critical Care Units	5	1.7	✗ Worse
	All Adult Inpatient Wards	6	2.43	= Same
	All Pediatric Inpatient Wards	0	Less than 1.0	No Conclusion
	Inpatient Rehabilitation Ward	0	Less than 1.0	No Conclusion
	Adult Specialty Care	2	2.38	= Same
Palmetto Health Richland	All Adult Critical Care Units	14	12.36	= Same
	All Adult Inpatient Wards	9	11.57	= Same
	All Pediatric Critical Care Units	1	2.06	= Same
	All Pediatric Inpatient Wards	0	1.47	= Same
	Pediatric Specialty Care	0	2.04	= Same
	Neonatal Intensive Care Unit	7	8.90	= Same
Patewood Memorial Hospital	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Pelham Medical Center	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Piedmont Medical Center	All Adult Critical Care Units	1	2.2	= Same
	All Adult Inpatient Wards	4	3.8	= Same
	All Pediatric Inpatient Wards	0	Less than 1.0	No Conclusion
	Neonatal Intensive Care Unit	0	Less than 1.0	No Conclusion
	Adult Specialty Care	0	Less than 1.0	No Conclusion
Providence Hospitals Northeast	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Providence Hospitals Downtown	All Adult Critical Care Units	1	1.56	= Same
	All Adult Inpatient Wards	3	3.19	= Same
Regency Hospital of Florence	Long Term Acute Care Unit(s)	0	4.35	★ Better
Regency Hospital of Greenville	Long Term Acute Care Unit(s)	0	4.25	★ Better

Facility Name	Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Regional Medical Center of Orangeburg and Calhoun Counties	All Adult Critical Care Units	3	1.75	= Same
	All Adult Inpatient Wards	4	3.3	= Same
Roper Hospital	All Adult Critical Care Units	1	3.72	= Same
	All Adult Inpatient Wards	0	6.02	★ Better
	Adult Specialty Care	3	2.08	= Same
Self Regional Healthcare	All Adult Critical Care Units	4	3.81	= Same
	All Adult Inpatient Wards	7	3.27	= Same
	All Pediatric Inpatient Wards	0	Less than 1.0	No Conclusion
	Neonatal Intensive Care Unit	0	1.08	= Same
Shriners Hospitals for Children--- Greenville	All Pediatric Inpatient Wards	0	Less than 1.0	No Conclusion
Spartanburg Hospital for Restorative Care	Long Term Acute Care Unit(s)	6	6.76	= Same
Spartanburg Medical Center	All Adult Critical Care Units	6	8.89	= Same
	All Adult Inpatient Wards	5	12.27	★ Better
	All Pediatric Critical Care Units	0	Less than 1.0	No Conclusion
	All Pediatric Inpatient Wards	0	Less than 1.0	No Conclusion
	Adult Specialty Care	1	3.27	= Same
	Neonatal Intensive Care Unit	4	3.84	= Same
Spartanburg Rehabilitation Institute	Inpatient Rehabilitation Ward	2	Less than 1.0	No Conclusion
Springs Memorial Hospital	All Adult Critical Care Units	5	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	1	Less than 1.0	No Conclusion
Summerville Medical Center	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
	All Pediatric Inpatient Wards	0	Less than 1.0	No Conclusion

Facility Name	Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Tidelands Georgetown Memorial Hospital	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Tidelands Waccamaw Community Hospital	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	1	1.0	No Conclusion
Trident Medical Center	All Adult Critical Care Units	9	4.92	= Same
	All Adult Inpatient Wards	6	6.14	= Same
	Adult Specialty Care	0	1.55	= Same
Union Medical Center	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion
Vibra Hospital of Charleston	Long Term Acute Care Unit(s)	15	10.98	= Same
Williamsburg Regional Hospital	All Adult Critical Care Units	0	Less than 1.0	No Conclusion
	All Adult Inpatient Wards	0	Less than 1.0	No Conclusion

**Surgical Site Infections (SSI) from Colon Procedures in South Carolina's Acute Care Hospitals,  
January-December, 2017**

Legend			
★ Fewer infections ( <b>better</b> ) than predicted based on the national experience.*	=	About the <b>same</b> number of infections as predicted based on the national experience.*	✗ More infections ( <b>worse</b> ) than predicted based on the national experience.*
			No Conclusion  When the number of predicted infections is less than 1, no conclusion can be made.

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Colon Surgery	14	0	Less than 1.0	<b>No Conclusion</b>
Aiken Regional Medical Centers	Colon Surgery	127	3	2.7	= Same
AnMed Health	Colon Surgery	172	0	3.62	= Same
AnMed Health Women's and Children's Hospital	Colon Surgery	3	0	Less than 1.0	<b>No Conclusion</b>
Baptist Easley Hospital	Colon Surgery	21	0	Less than 1.0	<b>No Conclusion</b>
Beaufort Memorial Hospital	Colon Surgery	72	0	1.57	= Same
Bon Secours St. Francis Eastside	Colon Surgery	43	1	Less than 1.0	<b>No Conclusion</b>
Bon Secours St. Francis Hospital - Downtown	Colon Surgery	207	6	4.40	= Same
Bon-Secours St. Francis Xavier Hospital	Colon Surgery	66	0	1.29	= Same
Cannon Memorial Hospital	Colon Surgery	5	0	Less than 1.0	<b>No Conclusion</b>
Carolina Pines Regional Medical Center	Colon Surgery	20	1	Less than 1.0	<b>No Conclusion</b>
Carolinas Hospital System	Colon Surgery	114	2	2.64	= Same
Carolinas Hospital System-Marion	Colon Surgery	30	0	Less than 1.0	<b>No Conclusion</b>
Chester Regional Medical Center	Colon Surgery	3	0	Less than 1.0	<b>No Conclusion</b>
Coastal Carolina Hospital	Colon Surgery	24	0	Less than 1.0	<b>No Conclusion</b>

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Colon Surgery	22	0	Less than 1.0	No Conclusion
Conway Medical Center	Colon Surgery	68	0	1.56	= Same
East Cooper Medical Center	Colon Surgery	47	1	1.12	= Same
Grand Strand Regional Medical Center	Colon Surgery	239	8	5.8	= Same
Greenville Health System Laurens County Memorial Hospital	Colon Surgery	2	0	Less than 1.0	No Conclusion
Greenville Memorial Hospital	Colon Surgery	374	4	10.1	★ Better
Greer Memorial Hospital	Colon Surgery	7	0	Less than 1.0	No Conclusion
Hillcrest Memorial Hospital	Colon Surgery	18	0	Less than 1.0	No Conclusion
Hilton Head Hospital	Colon Surgery	67	1	Less than 1.0	No Conclusion
Kershaw Health Medical Center	Colon Surgery	32	0	Less than 1.0	No Conclusion
Lexington Medical Center	Colon Surgery	278	6	6.25	= Same
Mary Black Health System Gaffney	Colon Surgery	12	0	Less than 1.0	No Conclusion
Mary Black Health System, LLC	Colon Surgery	64	2	1.48	= Same
McLeod Clarendon Health System	Colon Surgery	17	0	Less than 1.0	No Conclusion
McLeod Health Cheraw	Colon Surgery	23	0	Less than 1.0	No Conclusion
McLeod Loris	Colon Surgery	23	0	Less than 1.0	No Conclusion
McLeod Medical Center - Dillon	Colon Surgery	19	0	Less than 1.0	No Conclusion
McLeod Regional Medical Center	Colon Surgery	289	3	8.02	= Same
McLeod Seacoast	Colon Surgery	56	0	Less than 1.0	No Conclusion
Medical University of South Carolina Medical Center	Colon Surgery	301	13	9.55	= Same
Mount Pleasant Hospital	Colon Surgery	35	1	Less than 1.0	No Conclusion
Newberry County Hospital	Colon Surgery	20	0	Less than 1.0	No Conclusion
Oconee Medical Center	Colon Surgery	37	1	Less than 1.0	No Conclusion



Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Palmetto Health Baptist	Colon Surgery	249	8	4.95	= Same
Palmetto Health Baptist Parkridge	Colon Surgery	35	1	Less than 1.0	No Conclusion
Palmetto Health Richland	Colon Surgery	87	4	2.73	= Same
Palmetto Health Tuomey	Colon Surgery	72	0	1.36	= Same
Pelham Medical Center	Colon Surgery	43	0	Less than 1.0	No Conclusion
Piedmont Medical Center	Colon Surgery	154	0	3.00	= Same
Providence Hospitals Downtown	Colon Surgery	49	2	1.24	= Same
Regional Medical Center of Orangeburg and Calhoun Counties	Colon Surgery	85	7	1.79	✗ Worse
Roper Hospital	Colon Surgery	369	9	6.424	= Same
Self Regional Healthcare	Colon Surgery	113	2	2.21	= Same
Spartanburg Medical Center	Colon Surgery	302	12	9.61	= Same
Springs Memorial Hospital	Colon Surgery	30	1	Less than 1.0	No Conclusion
Summerville Medical Center	Colon Surgery	42	1	Less than 1.0	No Conclusion
Tidelands Georgetown Memorial Hospital	Colon Surgery	14	0	Less than 1.0	No Conclusion
Tidelands Waccamaw Community Hospital	Colon Surgery	32	0	Less than 1.0	No Conclusion
Trident Medical Center	Colon Surgery	159	12	3.38	✗ Worse

**Surgical Site Infections (SSI) from Abdominal Hysterectomy Procedures in South Carolina's  
Acute Care Hospitals, January-December, 2017**

Legend			
★ Fewer infections ( <b>better</b> ) than predicted based on the national experience.*	= About the <b>same</b> number of infections as predicted based on the national experience.*	✗ More infections ( <b>worse</b> ) than predicted based on the national experience.*	<b>No Conclusion</b> When the number of predicted infections is less than 1, no conclusion can be made.

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Centers	Abdominal Hysterectomy	99	0	Less than 1.0	<b>No Conclusion</b>
AnMed Health	Abdominal Hysterectomy	2	0	Less than 1.0	<b>No Conclusion</b>
AnMed Health Women's and Children's Hospital	Abdominal Hysterectomy	68	0	Less than 1.0	<b>No Conclusion</b>
Baptist Easley Hospital	Abdominal Hysterectomy	49	0	Less than 1.0	<b>No Conclusion</b>
Beaufort Memorial Hospital	Abdominal Hysterectomy	66	0	Less than 1.0	<b>No Conclusion</b>
Bon Secours St. Francis Eastside	Abdominal Hysterectomy	370	3	1.68	= Same
Bon Secours St. Francis Downtown	Abdominal Hysterectomy	84	1	Less than 1.0	<b>No Conclusion</b>
Bon-Secours St. Francis Xavier Hospital	Abdominal Hysterectomy	184	1	1.09	= Same
Carolina Pines Regional Medical Center	Abdominal Hysterectomy	45	0	Less than 1.0	<b>No Conclusion</b>
Carolinas Hospital System	Abdominal Hysterectomy	89	1	Less than 1.0	<b>No Conclusion</b>
Carolinas Hospital System-Marion	Abdominal Hysterectomy	9	0	Less than 1.0	<b>No Conclusion</b>
Coastal Carolina Hospital	Abdominal Hysterectomy	22	0	Less than 1.0	<b>No Conclusion</b>
Colleton Medical Center	Abdominal Hysterectomy	18	0	Less than 1.0	<b>No Conclusion</b>
Conway Medical Center	Abdominal Hysterectomy	129	0	Less than 1.0	<b>No Conclusion</b>

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
East Cooper Medical Center	Abdominal Hysterectomy	37	0	Less than 1.0	No Conclusion
Grand Strand Regional Medical Center	Abdominal Hysterectomy	105	0	Less than 1.0	No Conclusion
Greenville Health System Laurens County Memorial Hospital	Abdominal Hysterectomy	7	0	Less than 1.0	No Conclusion
Greenville Memorial Hospital	Abdominal Hysterectomy	266	2	2.21	= Same
Greer Memorial Hospital	Abdominal Hysterectomy	15	0	Less than 1.0	No Conclusion
Hilton Head Hospital	Abdominal Hysterectomy	27	0	Less than 1.0	No Conclusion
Kershaw Health Medical Center	Abdominal Hysterectomy	20	0	Less than 1.0	No Conclusion
Lake City Community Hospital	Abdominal Hysterectomy	8	0	Less than 1.0	No Conclusion
Lexington Medical Center	Abdominal Hysterectomy	541	2	3.71	= Same
Mary Black Health System Gaffney	Abdominal Hysterectomy	12	0	Less than 1.0	No Conclusion
Mary Black Health System, LLC	Abdominal Hysterectomy	43	0	Less than 1.0	No Conclusion
McLeod Clarendon Health System	Abdominal Hysterectomy	25	0	Less than 1.0	No Conclusion
McLeod Health Cheraw	Abdominal Hysterectomy	27	0	Less than 1.0	No Conclusion
McLeod Loris	Abdominal Hysterectomy	42	1	Less than 1.0	No Conclusion
McLeod Medical Center - Dillon	Abdominal Hysterectomy	10	0	Less than 1.0	No Conclusion
McLeod Regional Medical Center	Abdominal Hysterectomy	154	2	Less than 1.0	No Conclusion
McLeod Seacoast	Abdominal Hysterectomy	31	0	Less than 1.0	No Conclusion
Medical University of South Carolina Medical Center	Abdominal Hysterectomy	288	1	2.94	= Same
Mount Pleasant Hospital	Abdominal Hysterectomy	86	0	Less than 1.0	No Conclusion
Oconee Medical Center	Abdominal Hysterectomy	10	0	Less than 1.0	No Conclusion
Palmetto Health Baptist	Abdominal Hysterectomy	447	5	2.33	= Same
Palmetto Health Baptist Parkridge	Abdominal Hysterectomy	99	0	Less than 1.0	No Conclusion
Palmetto Health Richland	Abdominal Hysterectomy	291	0	1.96	= Same

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Palmetto Health Tuomey	Abdominal Hysterectomy	196	1	1.18	= Same
Patewood Memorial Hospital	Abdominal Hysterectomy	11	0	Less than 1.0	<b>No Conclusion</b>
Pelham Medical Center	Abdominal Hysterectomy	17	0	Less than 1.0	<b>No Conclusion</b>
Piedmont Medical Center	Abdominal Hysterectomy	31	0	Less than 1.0	<b>No Conclusion</b>
Regional Medical Center of Orangeburg and Calhoun Counties	Abdominal Hysterectomy	64	0	Less than 1.0	<b>No Conclusion</b>
Roper Hospital	Abdominal Hysterectomy	209	1	1.22	= Same
Self Regional Healthcare	Abdominal Hysterectomy	171	0	1.14	= Same
Spartanburg Medical Center	Abdominal Hysterectomy	589	7	3.89	= Same
Springs Memorial Hospital	Abdominal Hysterectomy	31	1	Less than 1.0	<b>No Conclusion</b>
Summerville Medical Center	Abdominal Hysterectomy	171	0	Less than 1.0	<b>No Conclusion</b>
Tidelands Georgetown Memorial Hospital	Abdominal Hysterectomy	30	0	Less than 1.0	<b>No Conclusion</b>
Tidelands Waccamaw Community Hospital	Abdominal Hysterectomy	27	0	Less than 1.0	<b>No Conclusion</b>
Trident Medical Center	Abdominal Hysterectomy	328	0	1.88	= Same

**Surgical Site Infections (SSI) from HIP Procedures in South Carolina's Acute Care Hospitals, January-December, 2017**

Legend			
★ Fewer infections (better) than predicted based on the national experience.*	= About the <b>same</b> number of infections as predicted based on the national experience.*	✗ More infections (worse) than predicted based on the national experience.*	<b>No Conclusion</b> When the number of predicted infections is less than 1, no conclusion can be made.

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Hip Prosthesis (Replacement)	3	0	Less than 1.0	<b>No Conclusion</b>
Aiken Regional Medical Centers	Hip Prosthesis (Replacement)	153	1	1.04	= Same
AnMed Health	Hip Prosthesis (Replacement)	102	1	Less than 1.0	<b>No Conclusion</b>
AnMed Health Women's and Children's Hospital	Hip Prosthesis (Replacement)	138	0	Less than 1.0	<b>No Conclusion</b>
Baptist Easley Hospital	Hip Prosthesis (Replacement)	53	1	Less than 1.0	<b>No Conclusion</b>
Beaufort Memorial Hospital	Hip Prosthesis (Replacement)	156	0	Less than 1.0	<b>No Conclusion</b>
Bon Secours St. Francis Eastside	Hip Prosthesis (Replacement)	535	5	2.60	= Same
Bon Secours St. Francis Downtown	Hip Prosthesis (Replacement)	129	1	Less than 1.0	<b>No Conclusion</b>
Bon Secours St. Francis Xavier	Hip Prosthesis (Replacement)	14	0	Less than 1.0	<b>No Conclusion</b>
Cannon Memorial Hospital	Hip Prosthesis (Replacement)	10	0	Less than 1.0	<b>No Conclusion</b>
Carolina Pines Regional Medical Center	Hip Prosthesis (Replacement)	28	0	Less than 1.0	<b>No Conclusion</b>
Carolinas Hospital System	Hip Prosthesis (Replacement)	74	0	Less than 1.0	<b>No Conclusion</b>
Chester Regional Medical Center	Hip Prosthesis (Replacement)	5	0	Less than 1.0	<b>No Conclusion</b>
Coastal Carolina Hospital	Hip Prosthesis (Replacement)	15	0	Less than 1.0	<b>No Conclusion</b>
Colleton Medical Center	Hip Prosthesis (Replacement)	19	0	Less than 1.0	<b>No Conclusion</b>

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Conway Medical Center	Hip Prosthesis (Replacement)	287	1	1.36	= Same
East Cooper Medical Center	Hip Prosthesis (Replacement)	264	0	1.37	= Same
Grand Strand Regional Medical Center	Hip Prosthesis (Replacement)	299	1	1.72	= Same
Greenville Health System Laurens County Memorial Hospital	Hip Prosthesis (Replacement)	37	0	Less than 1.0	No Conclusion
Greenville Memorial Hospital	Hip Prosthesis (Replacement)	125	2	1.67	= Same
Greer Memorial Hospital	Hip Prosthesis (Replacement)	79	0	Less than 1.0	No Conclusion
Hampton Regional Medical Center	Hip Prosthesis (Replacement)	1	0	Less than 1.0	No Conclusion
Hillcrest Memorial Hospital	Hip Prosthesis (Replacement)	1	0	Less than 1.0	No Conclusion
Hilton Head Hospital	Hip Prosthesis (Replacement)	191	1	Less than 1.0	No Conclusion
Kershaw Health Medical Center	Hip Prosthesis (Replacement)	65	0	Less than 1.0	No Conclusion
Lexington Medical Center	Hip Prosthesis (Replacement)	271	2	2.27	= Same
Mary Black Health System Gaffney	Hip Prosthesis (Replacement)	34	1	Less than 1.0	No Conclusion
Mary Black Health System, LLC	Hip Prosthesis (Replacement)	121	0	Less than 1.0	No Conclusion
McLeod Clarendon Health System	Hip Prosthesis (Replacement)	21	0	Less than 1.0	No Conclusion
McLeod Medical Center - Dillon	Hip Prosthesis (Replacement)	6	0	Less than 1.0	No Conclusion
McLeod Regional Medical Center	Hip Prosthesis (Replacement)	323	2	2.56	= Same
McLeod Seacoast	Hip Prosthesis (Replacement)	170	1	Less than 1.0	No Conclusion
Medical University of South Carolina Medical Center	Hip Prosthesis (Replacement)	380	6	4.14	= Same
Mount Pleasant Hospital	Hip Prosthesis (Replacement)	110	0	Less than 1.0	No Conclusion
Newberry County Hospital	Hip Prosthesis (Replacement)	107	0	Less than 1.0	No Conclusion
Oconee Medical Center	Hip Prosthesis (Replacement)	132	0	Less than 1.0	No Conclusion
Palmetto Health Baptist	Hip Prosthesis (Replacement)	492	9	3.77	X Worse
Palmetto Health Baptist Parkridge	Hip Prosthesis (Replacement)	103	0	Less than 1.0	No Conclusion

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Palmetto Health Richland	Hip Prosthesis (Replacement)	177	0	2.16	= Same
Palmetto Health Tuomey	Hip Prosthesis (Replacement)	109	1	Less than 1.0	<b>No Conclusion</b>
Patewood Memorial Hospital	Hip Prosthesis (Replacement)	517	1	2.39	= Same
Pelham Medical Center	Hip Prosthesis (Replacement)	116	0	Less than 1.0	<b>No Conclusion</b>
Piedmont Medical Center	Hip Prosthesis (Replacement)	127	1	Less than 1.0	<b>No Conclusion</b>
Providence Hospitals Northeast	Hip Prosthesis (Replacement)	399	1	2.03	= Same
Providence Hospitals Downtown	Hip Prosthesis (Replacement)	47	0	Less than 1.0	<b>No Conclusion</b>
Regional Medical Center of Orangeburg and Calhoun Counties	Hip Prosthesis (Replacement)	50	1	Less than 1.0	<b>No Conclusion</b>
Roper Hospital	Hip Prosthesis (Replacement)	626	3	2.65	= Same
Self Regional Healthcare	Hip Prosthesis (Replacement)	218	3	1.22	= Same
Spartanburg Medical Center	Hip Prosthesis (Replacement)	412	7	3.93	= Same
Springs Memorial Hospital	Hip Prosthesis (Replacement)	30	1	Less than 1.0	<b>No Conclusion</b>
Summerville Medical Center	Hip Prosthesis (Replacement)	59	1	Less than 1.0	<b>No Conclusion</b>
Tidelands Georgetown Memorial Hospital	Hip Prosthesis (Replacement)	51	0	Less than 1.0	<b>No Conclusion</b>
Tidelands Waccamaw Community Hospital	Hip Prosthesis (Replacement)	289	0	1.25	= Same
Trident Medical Center	Hip Prosthesis (Replacement)	266	1	1.62	= Same

**Surgical Site Infections (SSI) from Knee Procedures in South Carolina's Acute Care Hospitals,  
January-December, 2017**

Legend			
★ Fewer infections ( <b>better</b> ) than predicted based on the national experience.*	= About the <b>same</b> number of infections as predicted based on the national experience.*	✗ More infections ( <b>worse</b> ) than predicted based on the national experience.*	<b>No Conclusion</b> When the number of predicted infections is less than 1, no conclusion can be made.

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Knee Prosthesis (Replacement)	7	0	Less than 1.0	<b>No Conclusion</b>
Aiken Regional Medical Centers	Knee Prosthesis (Replacement)	191	2	Less than 1.0	<b>No Conclusion</b>
AnMed Health	Knee Prosthesis (Replacement)	11	0	Less than 1.0	<b>No Conclusion</b>
AnMed Health Women's and Children's Hospital	Knee Prosthesis (Replacement)	273	0	1.17	= Same
Baptist Easley Hospital	Knee Prosthesis (Replacement)	39	1	Less than 1.0	<b>No Conclusion</b>
Beaufort Memorial Hospital	Knee Prosthesis (Replacement)	339	0	1.01	= Same
Bon Secours St. Francis Eastside	Knee Prosthesis (Replacement)	1304	5	3.87	= Same
Bon Secours St. Francis Downtown	Knee Prosthesis (Replacement)	54	0	Less than 1.0	<b>No Conclusion</b>
Cannon Memorial Hospital	Knee Prosthesis (Replacement)	21	0	Less than 1.0	<b>No Conclusion</b>
Carolina Pines Regional Medical Center	Knee Prosthesis (Replacement)	32	1	Less than 1.0	<b>No Conclusion</b>
Carolinas Hospital System	Knee Prosthesis (Replacement)	77	0	Less than 1.0	<b>No Conclusion</b>
Carolinas Hospital System-Marion	Knee Prosthesis (Replacement)	28	0	Less than 1.0	<b>No Conclusion</b>
Chester Regional Medical Center	Knee Prosthesis (Replacement)	3	0	Less than 1.0	<b>No Conclusion</b>
Coastal Carolina Hospital	Knee Prosthesis (Replacement)	25	0	Less than 1.0	<b>No Conclusion</b>
Colleton Medical Center	Knee Prosthesis (Replacement)	23	0	Less than 1.0	<b>No Conclusion</b>



Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Conway Medical Center	Knee Prosthesis (Replacement)	367	0	1.2	= Same
East Cooper Medical Center	Knee Prosthesis (Replacement)	435	3	1.62	= Same
Grand Strand Regional Medical Center	Knee Prosthesis (Replacement)	389	0	1.56	= Same
Greenville Health System Laurens County Memorial Hospital	Knee Prosthesis (Replacement)	51	0	Less than 1.0	No Conclusion
Greenville Memorial Hospital	Knee Prosthesis (Replacement)	8	0	Less than 1.0	No Conclusion
Greer Memorial Hospital	Knee Prosthesis (Replacement)	172	0	Less than 1.0	No Conclusion
Hampton Regional Medical Center	Knee Prosthesis (Replacement)	20	0	Less than 1.0	No Conclusion
Hillcrest Memorial Hospital	Knee Prosthesis (Replacement)	41	0	Less than 1.0	No Conclusion
Hilton Head Hospital	Knee Prosthesis (Replacement)	239	0	Less than 1.0	No Conclusion
Kershaw Health Medical Center	Knee Prosthesis (Replacement)	64	1	Less than 1.0	No Conclusion
Lexington Medical Center	Knee Prosthesis (Replacement)	582	1	2.25	= Same
Mary Black Health System Gaffney	Knee Prosthesis (Replacement)	27	1	Less than 1.0	No Conclusion
Mary Black Health System, LLC	Knee Prosthesis (Replacement)	275	0	Less than 1.0	No Conclusion
McLeod Clarendon Health System	Knee Prosthesis (Replacement)	22	0	Less than 1.0	No Conclusion
McLeod Medical Center - Dillon	Knee Prosthesis (Replacement)	15	0	Less than 1.0	No Conclusion
McLeod Regional Medical Center	Knee Prosthesis (Replacement)	577	4	1.91	= Same
McLeod Seacoast	Knee Prosthesis (Replacement)	354	0	Less than 1.0	No Conclusion
Medical University of South Carolina Medical Center	Knee Prosthesis (Replacement)	398	3	2.17	= Same
Mount Pleasant Hospital	Knee Prosthesis (Replacement)	199	0	Less than 1.0	No Conclusion
Newberry County Hospital	Knee Prosthesis (Replacement)	168	0	Less than 1.0	No Conclusion
Oconee Medical Center	Knee Prosthesis (Replacement)	222	0	Less than 1.0	No Conclusion
Palmetto Health Baptist	Knee Prosthesis (Replacement)	897	4	2.9	= Same
Palmetto Health Baptist Parkridge	Knee Prosthesis (Replacement)	119	0	Less than 1.0	No Conclusion
Palmetto Health Richland	Knee Prosthesis (Replacement)	200	2	1.36	= Same

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Palmetto Health Tuomey	Knee Prosthesis (Replacement)	209	0	Less than 1.0	<b>No Conclusion</b>
Patewood Memorial Hospital	Knee Prosthesis (Replacement)	908	1	2.37	= Same
Pelham Medical Center	Knee Prosthesis (Replacement)	215	3	Less than 1.0	<b>No Conclusion</b>
Piedmont Medical Center	Knee Prosthesis (Replacement)	130	0	Less than 1.0	<b>No Conclusion</b>
Providence Hospitals Northeast	Knee Prosthesis (Replacement)	265	1	Less than 1.0	<b>No Conclusion</b>
Regional Medical Center of Orangeburg and Calhoun Counties	Knee Prosthesis (Replacement)	85	0	Less than 1.0	<b>No Conclusion</b>
Roper Hospital	Knee Prosthesis (Replacement)	1043	4	2.16	= Same
Self Regional Healthcare	Knee Prosthesis (Replacement)	344	0	1.25	= Same
Providence Hospitals Downtown	Knee Prosthesis (Replacement)	41	0	Less than 1.0	<b>No Conclusion</b>
Spartanburg Medical Center	Knee Prosthesis (Replacement)	494	1	2.52	= Same
Springs Memorial Hospital	Knee Prosthesis (Replacement)	19	0	Less than 1.0	<b>No Conclusion</b>
Summerville Medical Center	Knee Prosthesis (Replacement)	138	0	Less than 1.0	<b>No Conclusion</b>
Tidelands Georgetown Memorial Hospital	Knee Prosthesis (Replacement)	111	0	Less than 1.0	<b>No Conclusion</b>
Tidelands Waccamaw Community Hospital	Knee Prosthesis (Replacement)	378	0	1.27	= Same
Trident Medical Center	Knee Prosthesis (Replacement)	360	4	1.15	<b>X Worse</b>

**Surgical Site Infections (SSI) from Coronary Artery Bypass Graft (Chest Incision Only) in South Carolina's Acute Care Hospitals, January-December, 2017**

Legend			
★ Fewer infections ( <b>better</b> ) than predicted based on the national experience.*	= About the <b>same</b> number of infections as predicted based on the national experience.*	✗ More infections ( <b>worse</b> ) than predicted based on the national experience.*	<b>No Conclusion</b> When the number of predicted infections is less than 1, no conclusion can be made.

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Centers	Coronary Bypass Graft (Chest Only Incision)	6	0	Less than 1.0	<b>No Conclusion</b>
AnMed Health	Coronary Bypass Graft (Chest Only Incision)	2	0	Less than 1.0	<b>No Conclusion</b>
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest Only Incision)	13	0	Less than 1.0	<b>No Conclusion</b>
Carolinas Hospital System	Coronary Bypass Graft (Chest Only Incision)	2	0	Less than 1.0	<b>No Conclusion</b>
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	10	0	Less than 1.0	<b>No Conclusion</b>
Greenville Memorial Hospital	Coronary Bypass Graft (Chest Only Incision)	1	0	Less than 1.0	<b>No Conclusion</b>
Hilton Head Hospital	Coronary Bypass Graft (Chest Only Incision)	2	0	Less than 1.0	<b>No Conclusion</b>
Lexington Medical Center	Coronary Bypass Graft (Chest Only Incision)	19	0	Less than 1.0	<b>No Conclusion</b>
McLeod Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	39	2	Less than 1.0	<b>No Conclusion</b>
Medical University of South Carolina Medical Center	Coronary Bypass Graft (Chest Only Incision)	20	0	Less than 1.0	<b>No Conclusion</b>

<b>Facility Name</b>	<b>Procedure Type</b>	<b>Number of Procedures</b>	<b>Observed Infections</b>	<b>Predicted Infections</b>	<b>How Does This Facility Compare to the National Experience?</b>
Palmetto Health Richland	Coronary Bypass Graft (Chest Only Incision)	40	0	Less than 1.0	<b>No Conclusion</b>
Piedmont Medical Center	Coronary Bypass Graft (Chest Only Incision)	3	0	Less than 1.0	<b>No Conclusion</b>
Providence Hospitals Downtown	Coronary Bypass Graft (Chest Only Incision)	10	0	Less than 1.0	<b>No Conclusion</b>
Roper Hospital	Coronary Bypass Graft (Chest Only Incision)	22	0	Less than 1.0	<b>No Conclusion</b>
Self Regional Healthcare	Coronary Bypass Graft (Chest Only Incision)	4	0	Less than 1.0	<b>No Conclusion</b>
Spartanburg Medical Center	Coronary Bypass Graft (Chest Only Incision)	49	0	Less than 1.0	<b>No Conclusion</b>

**Surgical Site Infections (SSI) from Coronary Artery Bypass Graft (Chest and Donor Site Incision) in South Carolina's Acute Care Hospitals, January-December, 2017**

Legend			
★ Fewer infections <b>(better)</b> than predicted based on the national experience.*	=	About the <b>same</b> number of infections as predicted based on the national experience.*	✗ More infections <b>(worse)</b> than predicted based on the national experience.*
			No <b>Conclusion</b> When the number of predicted infections is less than 1, no conclusion can be made.

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Centers	Coronary Bypass Graft (Chest and Donor Incision)	16	0	Less than 1.0	<b>No Conclusion</b>
AnMed Health	Coronary Bypass Graft (Chest and Donor Incision)	160	0	1.06	<b>No Conclusion</b>
Bon Secours St. Francis Downtown	Coronary Bypass Graft (Chest and Donor Incision)	278	1	1.86	= Same
Carolinas Hospital System	Coronary Bypass Graft (Chest and Donor Incision)	56	0	Less than 1.0	<b>No Conclusion</b>
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest and Donor Incision)	245	2	1.6	= Same
Greenville Memorial Hospital	Coronary Bypass Graft (Chest and Donor Incision)	368	8	3.94	= Same
Hilton Head Hospital	Coronary Bypass Graft (Chest and Donor Incision)	38	0	Less than 1.0	<b>No Conclusion</b>
Lexington Medical Center	Coronary Bypass Graft (Chest and Donor Incision)	242	3	1.84	= Same
McLeod Regional Medical Center	Coronary Bypass Graft (Chest and Donor Incision)	311	1	2.13	= Same
Medical University of South Carolina Medical Center	Coronary Bypass Graft (Chest and Donor Incision)	125	1	1.18	= Same

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Palmetto Health Richland	Coronary Bypass Graft (Chest and Donor Incision)	230	2	1.76	= Same
Piedmont Medical Center	Coronary Bypass Graft (Chest and Donor Incision)	60	0	Less than 1.0	No Conclusion
Providence Hospitals Downtown	Coronary Bypass Graft (Chest and Donor Incision)	325	8	1.7	✗ Worse
Roper Hospital	Coronary Bypass Graft (Chest and Donor Incision)	309	2	1.61	= Same
Self Regional Healthcare	Coronary Bypass Graft (Chest and Donor Incision)	74	1	Less than 1.0	No Conclusion
Spartanburg Medical Center	Coronary Bypass Graft (Chest and Donor Incision)	286	2	2.81	= Same
Trident Medical Center	Coronary Bypass Graft (Chest and Donor Incision)	190	2	1.2	= Same

***Clostridium difficile* Events<sup>1</sup> in South Carolina's Acute Care, Long-term Acute Care and Inpatient Rehabilitation Hospitals, January-December, 2017**

Legend			
★ Fewer events ( <b>better</b> ) than predicted based on the national experience.*	= About the <b>same</b> number of events as predicted based on the national experience.*	✗ More events ( <b>worse</b> ) than predicted based on the national experience.*	<b>No Conclusion</b> When the number of predicted events is less than 1, no conclusion can be made.

Facility Name	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	0	1.25	= Same
Aiken Regional Medical Centers	32	29.58	= Same
Allendale County Hospital	0	Less than 1.0	<b>No Conclusion</b>
AnMed Health	33	69.08	★ Better
AnMed Health Rehabilitation Hospital	9	9.61	= Same
AnMed Health Women's and Children's Hospital	1	1.24	= Same
Baptist Easley Hospital	12	7.52	= Same
Beaufort Memorial Hospital	5	18.25	★ Better
Bon Secours St. Francis Eastside	6	9.62	= Same
Bon Secours St. Francis Downtown	23	46.32	★ Better
Bon Secours St. Francis Xavier	29	27.66	= Same
Cannon Memorial Hospital	1	1.96	= Same
Carolina Pines Regional Medical Center	1	5.43	★ Better
Carolinas Hospital System	14	37.54	★ Better
Carolinas Hospital System - Marion	0	3.71	★ Better

Facility Name	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Chester Regional Medical Center	0	1.05	= Same
Coastal Carolina Hospital	2	3.61	= Same
Colleton Medical Center	4	6.7	= Same
ContinueCARE Hospital at Palmetto Health Baptist	2	9.40	★ Better
Conway Medical Center	7	18.1	★ Better
East Cooper Medical Center	6	7.77	= Same
Edgefield County Hospital	1	Less than 1.0	No Conclusion
Encompass Rehabilitation Hospital of Charleston	4	5.19	= Same
Encompass Rehabilitation Hospital of Columbia	0	8.36	★ Better
Encompass Rehabilitation Hospital of Florence	1	5.16	★ Better
Encompass Rehabilitation Hospital of Rock Hill	7	6.31	= Same
Grand Strand Regional Medical Center	24	40.9	★ Better
Greenville Health System Laurens County Memorial Hospital	8	4.78	= Same
Greenville Memorial Hospital	123	151.9	★ Better
Greenwood Regional Rehabilitation Hospital	4	5.39	= Same
Greer Memorial Hospital	5	8.69	= Same
Hampton Regional Medical Center	0	0.66	No Conclusion
Hillcrest Memorial Hospital	1	4.51	= Same
Hilton Head Hospital	7	12.44	= Same
Kershaw Health Medical Center	15	10.14	= Same



Facility Name	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Lake City Community Hospital	0	0.69	No Conclusion
Lexington Medical Center	90	99.77	= Same
Mary Black Health System Gaffney	3	6.65	= Same
Mary Black Health System, LLC	13	13.68	= Same
McLeod Clarendon Health System	2	2.35	= Same
McLeod Health Cheraw	2	4.0	= Same
McLeod Loris	6	7.72	= Same
McLeod Medical Center - Darlington	2	2.23	= Same
McLeod Medical Center - Dillon	1	2.9	= Same
McLeod Regional Medical Center	87	102.6	= Same
McLeod Seacoast	5	6.3	= Same
Medical University of South Carolina Medical Center	187	164.0	= Same
Mount Pleasant Hospital	5	4.53	= Same
Newberry County Hospital	1	2.8	= Same
North Greenville Long Term Acute Care Hospital	3	7.53	= Same
Oconee Medical Center	8	16.67	★ Better
Palmetto Health Baptist	54	54.3	= Same
Palmetto Health Baptist Parkridge	19	12.8	= Same
Palmetto Health Richland	107	135.4	★ Better
Palmetto Health Tuomey	12	19.6	= Same
Pelham Medical Center	5	2.76	= Same
Piedmont Medical Center	26	39.6	★ Better
Providence Hospitals Northeast	2	1.35	= Same
Providence Hospitals Downtown	26	33.5	= Same

Facility Name	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Regency Hospital of Florence	1	12.14	★ Better
Regency Hospital of Greenville	5	8.2	= Same
Regional Medical Center of Orangeburg and Calhoun Counties	43	45.5	= Same
Roper Hospital	49	41.1	= Same
Self Regional Healthcare	23	33.67	= Same
Shriners Hospitals for Children--- Greenville	0	Less than 1.0	No Conclusion
Spartanburg Hospital for Restorative Care	14	13.16	= Same
Spartanburg Medical Center	84	128.7	★ Better
Spartanburg Rehabilitation Institute	6	2.90	= Same
Springs Memorial Hospital	4	8.73	= Same
Summerville Medical Center	5	7.78	= Same
Tidelands Georgetown Memorial Hospital	6	8.3	= Same
Tidelands Waccamaw Community Hospital	29	14.05	✗ Worse
Trident Medical Center	31	36.83	= Same
Union Medical Center	0	Less than 1.0	No Conclusion
Vibra Hospital of Charleston	13	13.86	= Same

<sup>1</sup>This includes hospital-onset laboratory-identified events

**Methicillin-Resistant *Staphylococcus aureus* (MRSA) Events<sup>1</sup> in South Carolina's Acute Care, Long-term Acute Care, and Inpatient Rehabilitation Hospitals, January-December, 2017**

Legend			
★ Fewer events ( <b>better</b> ) than predicted based on the national experience.*	=	About the <b>same</b> number of events as predicted based on the national experience.*	✗ More events ( <b>worse</b> ) than predicted based on the national experience.*
			<b>No Conclusion</b> When the number of predicted events is less than 1, no conclusion can be made.

Facility Name	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	0	Less than 1.0	<b>No Conclusion</b>
Aiken Regional Medical Centers	0	2.43	= Same
Allendale County Hospital	0	Less than 1.0	<b>No Conclusion</b>
AnMed Health	4	5.78	= Same
AnMed Health Rehabilitation Hospital	0	Less than 1.0	<b>No Conclusion</b>
AnMed Health Women's and Children's Hospital	0	0.19	<b>No Conclusion</b>
Baptist Easley Hospital	0	Less than 1.0	<b>No Conclusion</b>
Beaufort Memorial Hospital	0	1.38	= Same
Bon Secours St. Francis Eastside	1	Less than 1.0	<b>No Conclusion</b>
Bon Secours St. Francis Downtown	6	5.48	= Same
Bon-Secours St. Francis Xavier	3	2.07	= Same
Cannon Memorial Hospital	0	Less than 1.0	<b>No Conclusion</b>
Carolina Pines Regional Medical Center	0	Less than 1.0	<b>No Conclusion</b>
Carolinas Hospital System	4	3.38	= Same

Facility Name	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Carolinas Hospital System-Marion	0	Less than 1.0	No Conclusion
Chester Regional Medical Center	0	Less than 1.0	No Conclusion
Coastal Carolina Hospital	0	Less than 1.0	No Conclusion
Colleton Medical Center	1	1.07	= Same
ContinueCARE Hospital at Palmetto Health Baptist	1	1.46	= Same
Conway Medical Center	0	1.85	= Same
East Cooper Medical Center	0	Less than 1.0	No Conclusion
Edgefield County Hospital	0	Less than 1.0	No Conclusion
Encompass Health Rehabilitation Hospital of Charleston	0	Less than 1.0	No Conclusion
Encompass Health Rehabilitation Hospital of Columbia	0	Less than 1.0	No Conclusion
Encompass Health Rehabilitation Hospital of Florence	0	Less than 1.0	No Conclusion
Encompass Health Rehabilitation Hospital of Rock Hill	0	Less than 1.0	No Conclusion
Grand Strand Regional Medical Center	4	6.97	= Same
Greenville Health System Laurens County Memorial Hospital	1	Less than 1.0	No Conclusion
Greenville Memorial Hospital	20	18.35	= Same
Greenwood Regional Rehabilitation Hospital	1	Less than 1.0	No Conclusion
Greer Memorial Hospital	0	Less than 1.0	No Conclusion
Hampton Regional Medical Center	0	Less than 1.0	No Conclusion
Hillcrest Memorial Hospital	0	Less than 1.0	No Conclusion
Hilton Head Hospital	0	Less than 1.0	No Conclusion

Facility Name	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Kershaw Health Medical Center	0	Less than 1.0	No Conclusion
Lake City Community Hospital	0	Less than 1.0	No Conclusion
Lexington Medical Center	9	10.96	= Same
Mary Black Health System Gaffney	0	Less than 1.0	No Conclusion
Mary Black Health System, LLC	2	Less than 1.0	No Conclusion
McLeod Clarendon Health System	0	Less than 1.0	No Conclusion
McLeod Health Cheraw	0	Less than 1.0	No Conclusion
McLeod Loris	0	Less than 1.0	No Conclusion
McLeod Medical Center - Darlington	0	Less than 1.0	No Conclusion
McLeod Medical Center - Dillon	0	Less than 1.0	No Conclusion
McLeod Regional Medical Center	14	12.86	= Same
McLeod Seacoast	0	Less than 1.0	No Conclusion
Medical University of South Carolina Medical Center	17	21.59	= Same
Mount Pleasant Hospital	0	Less than 1.0	No Conclusion
Newberry County Hospital	0	Less than 1.0	No Conclusion
North Greenville Long Term Acute Care Hospital	0	1.13	No Conclusion
Oconee Medical Center	1	1.4	= Same
Palmetto Health Baptist	5	4.3	= Same
Palmetto Health Baptist Parkridge	1	Less than 1.0	No Conclusion
Palmetto Health Richland	23	16.56	= Same
Palmetto Health Tuomey	1	2.66	= Same
Patewood Memorial Hospital	0	Less than 1.0	No Conclusion
Pelham Medical Center	0	Less than 1.0	No Conclusion
Piedmont Medical Center	0	2.82	= Same

Facility Name	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Providence Hospitals Northeast	0	Less than 1.0	No Conclusion
Providence Hospitals Downtown	3	1.98	= Same
Regency Hospital of Florence	1	2.01	= Same
Regency Hospital of Greenville	0	1.32	No Conclusion
Regional Medical Center of Orangeburg and Calhoun Counties	6	2.02	✗ Worse
Roper Hospital	4	3.84	= Same
Self Regional Healthcare	3	3.51	= Same
Shriners Hospitals for Children--- Greenville	0	Less than 1.0	No Conclusion
Spartanburg Hospital for Restorative Care	3	1.49	= Same
Spartanburg Medical Center	8	17.39	★ Better
Spartanburg Rehabilitation Institute	1	Less than 1.0	No Conclusion
Springs Memorial Hospital	0	1.08	= Same
Summerville Medical Center	1	1.15	= Same
Tidelands Georgetown Memorial Hospital	2	Less than 1.0	No Conclusion
Tidelands Waccamaw Community Hospital	1	1.12	= Same
Trident Medical Center	11	4.93	✗ Worse
Union Medical Center	0	Less than 1.0	No Conclusion
Vibra Hospital of Charleston	3	1.72	= Same

<sup>1</sup>This includes hospital-onset laboratory-identified bacteremia (blood infection) events