



Tennessee's Report on Healthcare-Associated Infections:

January 1, 2011 — December 31, 2013

Report Date:

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EXECUTIVE SUMMARY

Background

Healthcare-associated infections (HAIs) are a major public health problem. According to the Centers for Disease Control and Prevention (CDC), there were an estimated 722,000 HAIs and 75,000 HAI-related deaths in the United States in 2011¹, making HAIs one of the top ten leading causes of death². A 2009 CDC report estimated that the annual medical costs (adjusted to 2007 dollars) of HAIs to U.S. hospitals to be between \$35.7 billion and \$45 billion³, though the emotional, physical, and personal costs associated with HAIs are not quantifiable.

In December 2006, the Tennessee Legislature passed Senate Bill 2978 and the Governor signed the Public Acts, Public Chapter 904 (PC904) requiring hospitals to report selected HAIs to the Tennessee Department of Health (TDH). The legislation required use of CDC's National Healthcare Safety Network (NHSN) for reporting, a secure internet-based surveillance system maintained by the Centers for Disease Control and Prevention (CDC).

Currently, acute care hospitals are required to report:

- Central line-associated bloodstream infections (CLABSI) from adult and pediatric intensive care units (ICUs) and neonatal ICUs (NICUs)
- Catheter-associated urinary tract infections (CAUTI) from adult and pediatric ICUs
- Surgical site infections (SSI) following coronary artery bypass graft procedures (CABG), colon procedures (COLO), and abdominal hysterectomies (HYST)
- Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia and *Clostridium difficile* Infection (CDI) laboratory-identified events from all inpatient locations and emergency departments
- Healthcare personnel influenza vaccination summary data

Long-term acute care hospitals are required to report:

- CLABSI from all inpatient locations
- CAUTI from all inpatient locations
- Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia and *Clostridium difficile* Infection (CDI) laboratory-identified events from all inpatient locations

Inpatient rehabilitation facilities are required to report:

- CAUTI from all inpatient locations

Additional reporting requirements not included in this report are detailed in [Figure 1](#).

¹ Magill SS, Edwards JR, Bamberg W, et al. Multistate Point-Prevalence Survey of Health Care–Associated Infections. *New England Journal of Medicine* 2014;370:1198-208.

² Klevens RM, Edwards JR, Richards CL, Jr., et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. *Public health reports* 2007;122:160-6.

³ Scott, RD. The direct medical costs of healthcare-associated infections in US hospitals and the benefits of prevention. 2009; 1-16.

Standardized Infection Ratio (SIR)

The Centers for Disease Control and Prevention reports the Standardized Infection Ratio (SIR) for healthcare-associated infections. This report uses the SIR as its primary metric where available.

The SIR is an indirect standardization method for summarizing the HAI experience across stratified groups of data. The SIR is calculated by dividing the number of observed infections by the number of statistically predicted infections based on the NHSN standard population and appropriate patient and facility-level risk adjustment:

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

- A SIR of 1.0 means the observed number of infections is equal to the number of predicted infections
- A SIR greater than 1.0 means there were more infections than predicted. For example, if a facility has a CLABSI SIR=1.5, it experienced 50% more CLABSIs than predicted.
- A SIR less than 1.0 means there were fewer infections than predicted. For example, if a facility has a CLABSI SIR=0.8, it experienced 20% fewer CLABSIs than predicted.

Central Line-Associated Bloodstream Infections (CLABSIs), January – December 2013

Adult and Pediatric ICUs

Tennessee's overall standardized infection ratio (SIR) for central line-associated bloodstream infections (CLABSI) in adult and pediatric ICUs in January through December 2013 was 50% lower than the national 2006-08 SIR of 1 (SIR=0.50; 95% CI: 0.44, 0.56, [Table 1](#)). The 2013 SIR meets the U.S. Department of Health and Human Services' (HHS) [National Action Plan to Prevent Healthcare-Associated Infections](#)⁴ 2013 prevention target SIR of 0.50. The 2013 SIR is also lower than the SIRs for 2011 and 2012 (0.73 and 0.56, respectively) demonstrating improvement towards preventing CLABSIs in adult and pediatric ICUs ([Table 4](#)).

Neonatal ICUs

The overall CLABSI SIR for neonatal ICUs in January through December 2013 was 49% lower than the national baseline (SIR=0.51; 95% CI: 0.38, 0.66, [Table 1](#)), nearly reaching the HHS 2013 prevention target SIR of 0.50. The 2013 SIR is lower than the SIRs for 2011 and 2013 (0.62 and 0.55, respectively) demonstrating improvement towards preventing CLABSIs in neonatal ICUs ([Table 8](#)).

Long-term Acute Care (LTAC) Facilities

The overall January through December 2013 SIR for CLABSIs in long-term acute care hospitals was 26% lower than the national baseline (SIR=0.74; 95% CI: 0.59, 0.90, [Table 1](#)). However, the 2013 SIR is higher than the 2012 SIR (0.61, [Table 11](#)).

Catheter-Associated Urinary Tract Infections (CAUTIs) January – December 2013

Adult and Pediatric ICUs

The overall SIR for catheter-associated urinary tract infections (CAUTI) in Tennessee adult and pediatric ICUs in January through December 2013 was 37% higher than the national 2009 SIR of 1 (SIR=1.37; 95% CI: 1.29, 1.46, [Table 1](#)). Tennessee's overall 2013 CAUTI SIR does not meet the HHS 2013 prevention target SIR of 0.75, and the 2013 SIR is only slightly lower than the 2012 SIR (1.43), demonstrating limited progress towards preventing CAUTIs in adult and pediatric ICUs ([Table 13](#)). In addition, 18 facilities (26% of those with at least 1 predicted infection) had a 2013 SIR significantly greater than 1 ([Table 1](#)).

⁴ <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

Long-term Acute Care (LTAC) Facilities

The standardized infection ratio is not yet available for CAUTIs in long-term acute care hospitals. The crude (unadjusted) pooled mean CAUTI rate for January through December 2013 was 3.01 CAUTIs per 1,000 urinary catheter days, lower than the 2012 CAUTI rate of 3.70 CAUTIs per 1,000 urinary catheter days ([Table 16](#)).

Inpatient Rehabilitation Facilities (IRF)

The standardized infection ratio is not yet available for CAUTIs events in inpatient rehabilitation facilities. The crude (unadjusted) pooled mean CAUTI rate for January through December 2013 was 2.83 CAUTIs per 1,000 urinary catheter days, lower than the 2012 CAUTI rate of 3.22 CAUTIs per 1,000 urinary catheter days ([Table 17](#)).

Surgical Site Infections (SSIs), January – December 2013:

SSIs Related to Coronary Artery Bypass Graft (CABG/C) Procedures

The complex admission/readmission (complex A/R) SIR for SSIs following coronary artery bypass graft (CABG) procedures was 44% lower than the national 2006-08 SIR of 1 (SIR=0.56; 95% CI: 0.41, 0.74, [Table 1](#)). The 2013 SIR meets the U.S. Department of Health and Human Services' (HHS) [National Action Plan to Prevent Healthcare-Associated Infections](#)⁵ 2013 prevention target SIR of 0.75. The 2013 SIR is also lower than the SIRs for 2011 and 2012 (0.91 and 0.75, respectively) demonstrating improvement towards preventing SSIs following CABG procedures. ([Table 18](#))

SSIs Related to Colon (COLO) Procedures

For SSIs following colon (COLO) procedures, the complex A/R SIR was less than, but not statistically significantly different from, the baseline SIR of 1 (SIR=0.93; 95% CI: 0.81, 1.06, [Table 1](#)). The 2013 SIR does not meet the HHS 2013 prevention target SIR of 0.75, and is slightly higher than the 2012 SIR (0.91, [Table 20](#)). Two facilities (4% of those with at least 1 predicted infection) had a 2013 COLO SIR significantly greater than 1 ([Table 1](#)).

SSIs Related to Abdominal Hysterectomy (HYST) Procedures

The complex A/R SIR for SSIs following abdominal hysterectomy (HYST) procedures was also less than, but not statistically significantly different from, the baseline SIR of 1 (SIR=0.89; 95% CI: 0.68, 1.14, [Table 1](#)). The 2013 SIR does not meet the HHS 2013 prevention target SIR of 0.75, and is the same as the 2012 SIR (0.89, [Table 23](#)).

Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Events, January – December 2013

Acute Care Hospitals

The January through December 2013 overall Tennessee SIR for healthcare-onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) bacteremia laboratory-identified (LabID) events in acute care hospitals was 13% higher than the 2010-2011 national baseline SIR of 1 (SIR=1.13; 95% CI: 1.01, 1.25, [Table 1](#)). Tennessee's 2013 SIR does not meet the HHS 2013 prevention target SIR of 0.75, however, the 2013 SIR is less than the 2012 SIR (1.42), demonstrating some progress towards preventing these infections ([Table 24](#)). Four facilities (8% of those with at least 1 predicted infection) had a 2013 SIR significantly greater than 1 ([Table 1](#)).

Long-term Acute Care (LTAC) Facilities

The standardized infection ratio is not yet available for LabID events in long-term acute care hospitals. The MRSA bacteremia healthcare-facility onset incidence rate for January through December 2013 was 2.20 events per 10,000 patient days, compared to 3.50 events per 10,000 patient days in 2012. ([Table 26](#))

⁵ <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

Clostridium difficile Infection (CDI) Laboratory-Identified (LabID) Events, January – December 2013

Acute Care Hospitals

The SIR for healthcare-onset *Clostridium difficile* Infection (CDI) LabID events was 23% lower than the national baseline (SIR=0.77; 95% CI: 0.74, 0.80, [Table 1](#)). The 2013 SIR does not meet the HHS 2013 prevention target SIR of 0.70, and the 2013 SIR is slightly higher than the 2012 SIR (0.73, [Table 27](#)). Six facilities (6% of those with at least 1 predicted infection) had a 2013 SIR significantly greater than 1, while 34 facilities (33% of those with at least 1 predicted infection) had a SIR significantly less than 1. ([Table 1](#))

Long-term Acute Care (LTAC) Facilities

The standardized infection ratio is not yet available for LabID events in long-term acute care hospitals. The CDI healthcare-facility onset incidence rate for January through December 2013 was 8.42 events per 10,000 patient days, a reduction from 2012 (13.09 events per 10,000 patient days, [Table 29](#)).

Healthcare Personnel Influenza Vaccination, 2013/2014 Influenza Season (October 2013 – March 2014)

The mean healthcare personnel influenza vaccination rate in Tennessee acute care hospitals for the 2013/2014 flu season (October 2013-March 2014) was 79.8% for all healthcare personnel combined, meeting the [HHS Healthy People](#)⁶ 2015 Goal of 75% and making progress towards the [Healthy People](#) 2020 Goal of 90% vaccination ([Table 30](#)).

⁶ <http://www.healthypeople.gov/>

Table 1: Tennessee Standardized Infection Ratios (SIRs) and Distribution of Facility-specific SIRs for Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI) and Laboratory-Identified (LabID) Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia and *C. difficile* Infection (CDI) Events, 01/01/2013 - 12/31/2013

				Distribution of Facility-specific SIRs															
				No. of Infections		Standardized Infection Ratio (SIR) and 95% CI				No. of Facs with SIR Sig. <1.0		No. of Facs with SIR Sig. >1.0		Key Percentiles					
HAI	Unit/Type	No. of Facilities	Device Days/ Procedures Performed/ Patient Days	Obs.	Pred.	SIR	Lower	Upper	No. of Facs with ≥1 Pred. Infection	N	%	N	%	10%	25%	50%	75%	90%	
CLABSI	Adult/Pediatric ICUs	92	240,641	245	492	0.50	0.44	0.56	52	14	27%	0	0%	0.00	0.13	0.49	0.83	1.12	
	Long-term Acute Care	9	66,977	85	116	0.74	0.59	0.90	9	3	33%	0	0%	0.17	0.47	0.76	1.12	1.70	
	Neonatal ICUs	24	43,316	51	101	0.51	0.38	0.66	13	5	38%	0	0%	0.00	0.17	0.40	0.84	1.05	
CAUTI	Adult/Pediatric ICUs	92	325,892	935	681	1.37	1.29	1.46	68	5	7%	18	26%	0.00	0.40	0.85	1.57	2.61	
SSI	Coronary Artery Bypass Graft	27	6,804	46	82	0.56	0.41	0.74	22	2	9%	0	0%	0.20	0.33	0.55	0.91	1.22	
	Colon Surgery	92	7,306	212	228	0.93	0.81	1.06	50	2	4%	2	4%	0.00	0.00	0.61	1.36	1.80	
	Abdominal Hysterectomy	83	8,519	57	64	0.89	0.68	1.14	20	1	5%	0	0%	0.00	0.40	0.85	1.49	1.87	
MRSA	Acute Care Hospitals	112	3,966,145	343	305	1.13	1.01	1.25	51	0	0%	4	8%	0.00	0.53	0.94	1.53	1.91	
CDI	Acute Care Hospitals	112	3,661,094	2,086	2,710	0.77	0.74	0.80	103	34	33%	6	6%	0.00	0.32	0.58	1.00	1.45	

Data reported as of September 4, 2014

Adult/Pediatric ICUs include burn and trauma units

Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; MRSA, CDI - 2010-2011)

Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; MRSA, CDI - 2010-2011)

BACKGROUND

Healthcare-associated infections (HAIs) are a major public health problem. According to the Centers for Disease Control and Prevention (CDC), there were an estimated 722,000 HAIs and 75,000 HAI-related deaths in the United States in 2011⁷, making HAIs one of the top ten leading causes of death⁸. A 2009 CDC report estimated that the annual medical costs (adjusted to 2007 dollars) of HAIs to U.S. hospitals to be between \$35.7 billion and \$45 billion⁹, though the emotional, physical, and personal costs associated with HAIs are not quantifiable.

In December 2006, the Tennessee Legislature passed Senate Bill 2978 and the Governor signed the Public Acts, Public Chapter 904 (PC904) requiring hospitals to report selected HAIs to the Tennessee Department of Health (TDH). The legislation required use of CDC's National Healthcare Safety Network (NHSN) for reporting, making Tennessee the fifth state to use this system. Currently, 30 states and the District of Columbia require HAI reporting via NHSN, which has become the standard system for HAI reporting. Additionally, the Centers for Medicare and Medicaid Services (CMS) have required hospitals in the Hospital Inpatient Quality Reporting (IQR) program to report CLABSIs in adult, pediatric, and neonatal intensive care units (ICUs) to NHSN since January 2011, CAUTIs in ICUs and surgical site infections (SSIs) related to inpatient colon surgery (COLO) and inpatient abdominal hysterectomy (HYST) procedures since January 2012, methicillin-resistant *Staphylococcus aureus* (MRSA) blood specimen (bacteremia) and *Clostridium difficile* infection (CDI) laboratory-identified events for all inpatients since January 2013, and healthcare personnel influenza vaccination summary data since October 2013.

The following report summarizes the TDH Healthcare-Associated Infection reporting activities from January 2011 through December 2013.

⁷ Magill SS, Edwards JR, Bamberg W, et al. Multistate Point-Prevalence Survey of Health Care–Associated Infections. *New England Journal of Medicine* 2014;370:1198-208.

⁸ Klevens RM, Edwards JR, Richards CL, Jr., et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. *Public health reports* 2007;122:160-6.

⁹ Scott, RD. The direct medical costs of healthcare-associated infections in US hospitals and the benefits of prevention. 2009; 1-16.

METHODS

Healthcare-Associated Infections Reporting Requirements in Tennessee

Tennessee healthcare-associated infections reporting requirements are summarized in [Figure 1](#).

Since January 2008, hospitals in Tennessee have been required to report central line-associated bloodstream infection (CLABSI) data from adult and pediatric intensive care units (ICUs, also called “critical care units”) to TDH via NHSN. Hospitals with an average daily census (ADC) less than 25 were exempt from this requirement until January 2012. Neonatal ICUs in Tennessee have been reporting CLABSI data since July 2008. Burn and trauma ICUs and long-term acute care (LTAC) facilities began reporting CLABSI data in July 2010.

Surgical site infections (SSI) following coronary artery bypass graft (CABG/C) procedures have been reportable by Tennessee hospitals since January 2008. SSIs following colon (COLO) procedures and those following abdominal hysterectomy (HYST) procedures have been reportable by Tennessee hospitals since January 2012.

Methicillin-Resistant *Staphylococcus aureus* (MRSA) Laboratory-Identified (LabID) Events and *Clostridium difficile* Infection (CDI) LabID Events have been reportable to TDH since July 2010 from acute care hospitals (facility-wide inpatient locations and emergency departments) and long-term acute care facilities. Hospitals with an ADC less than 25 were exempt from this requirement until July 2012.

Tennessee acute care hospitals have been required to report catheter-associated urinary tract infection (CAUTI) data in adult and pediatric ICUs to TDH since January 2012. Long-term acute care (LTAC) facilities and inpatient rehabilitation facilities (IRF) began reporting CAUTI data in October 2012.

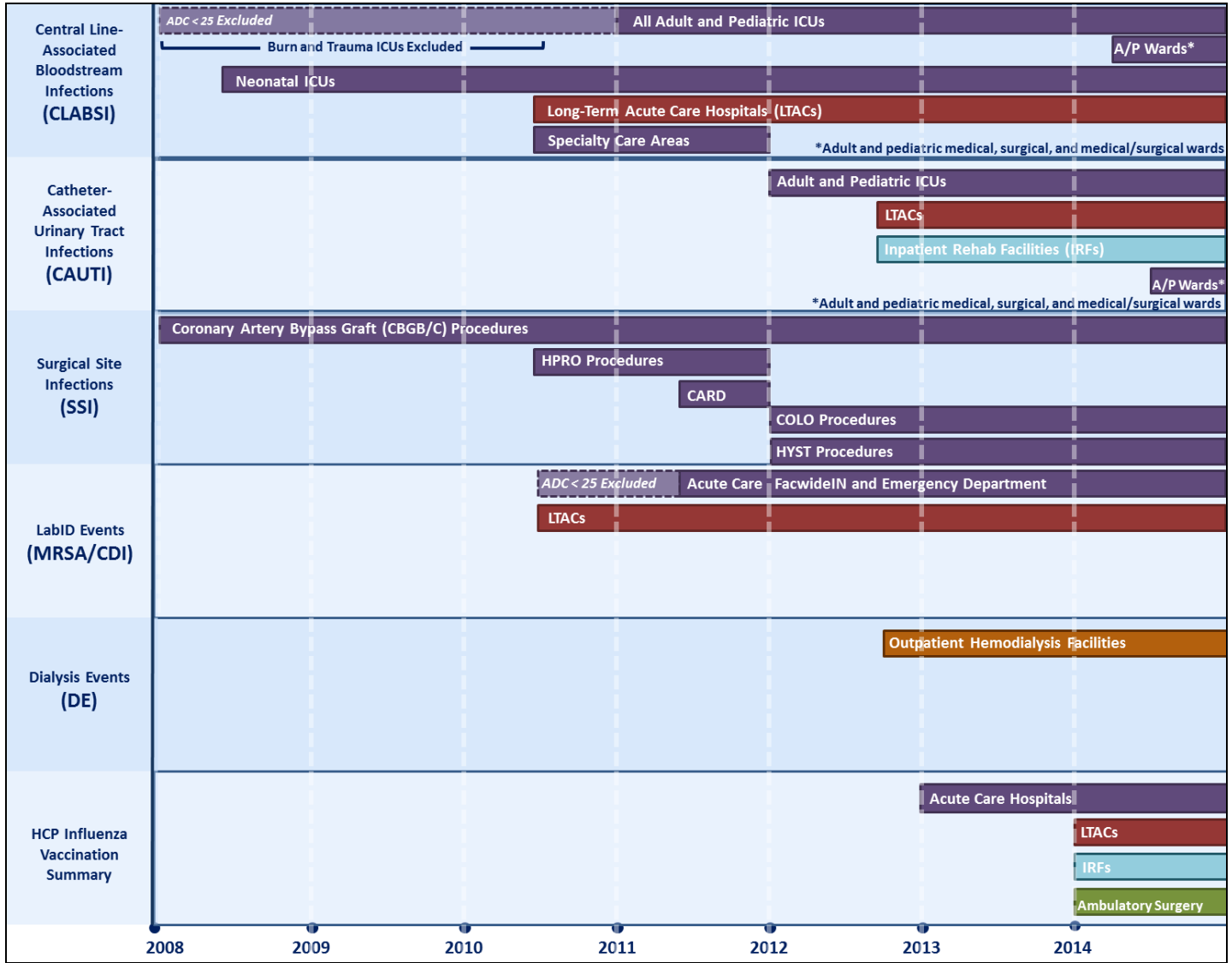
Tennessee acute care hospitals have been required to healthcare personnel influenza vaccination data to TDH through NHSN since the 2012-2013 influenza season.

Additional Tennessee Healthcare-Associated Infections Reporting Requirements

In addition to the Tennessee healthcare-associated infections reporting requirements described above, there are several past and/or current reporting requirements that are not included in this report, including:

- CLABSI from specialty care areas (July 2010-December 2011)
- SSI following hip prosthesis procedures (July 2010-December 2011)
- SSI following cardiac procedures (July 2011-December 2011)
- Dialysis events from outpatient hemodialysis facilities (July 2012-present)
- CLABSI from medical, surgical, and medical-surgical ward locations (April 2014-present)
- CAUTI from medical, surgical, and medical-surgical ward locations (July 2014-present)

Figure 1: Tennessee Healthcare-Associated Infections Reporting Requirements, 2008-2014



Tennessee Reporting Facilities

Characteristics of acute care hospitals reporting HAI data to TDH from January-December 2013 are displayed below. Facilities are stratified by medical school affiliation (as defined by NHSN) and bed size, and data were gathered from the 2013 NHSN Annual Facility Survey.

Table 2. Characteristics of Tennessee Acute Care Hospitals, January-December 2013

	Number of facilities	Percent
Medical School Affiliation		
Major teaching	15	13.4%
Graduate teaching	11	9.8%
Undergraduate teaching	7	6.3%
None	79	70.5%
Number of Beds		
<50 beds	23	20.5%
50-99 beds	31	27.7%
100-399 beds	45	40.2%
≥400 beds	13	11.6%

Timeliness, Completeness and Accuracy of Reporting

TDH staff monitored the timeliness, completeness, and accuracy of hospital reports. In each Tennessee state HAI report, facilities with missing data during the reporting period are displayed in [Table 3](#). No facilities were missing data during the current reporting period.

Table 3: Facilities Noncompliant with Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI), Laboratory-Identified (LabID) Events, or Healthcare Personnel Influenza Vaccination Data Requirements for the Reporting Period January-December 2013

Facility	Missing Data		Reason for Missing Data
	From	To	
None	N/A	N/A	N/A

Data Validation

Data reported to NHSN are validated using several methods:

Point-of-entry checks: NHSN is a web-based data reporting and submission program that includes validation routines for many data elements, thus reducing common data entry errors. Hospitals can enter, view, edit, and analyze their data at any time.

Monthly checks for internal consistency: Each month, TDH staff download CLABSI, CAUTI, SSI, and LabID (MRSA/CDI) data from NHSN and verify completeness with a computerized data validation program. Data that are missing, unusual, inconsistent, or duplicative are identified and investigated through email and/or telephone communication with hospital staff. Hospitals are given the opportunity to verify and/or correct the data.

On-site CLABSI audits: Audits of a sample of medical records were conducted by TDH to assess compliance with reporting requirements. Onsite visits were conducted by HAI program staff in 14 reporting hospitals in 2009 and in 30 hospitals in 2010-11. These visits consist of reviewing medical charts from adult, pediatric, and neonatal ICUs. The purposes of the audits were to:

- Enhance reliability and consistency in applying NHSN surveillance definitions
- Evaluate the adequacy of surveillance methods to detect infections
- Evaluate intervention strategies designed to reduce or eliminate specific infections
- Discuss identified inconsistencies and allow hospitals to modify records as needed

Ongoing monitoring, education, and trainings are provided to ensure integrity of the data. Some facilities also conduct their own validation studies.

Risk Adjustment

Risk adjustment is a statistical technique that allows hospitals to be compared fairly by accounting for differences in patient populations in terms of illness severity and other factors that may affect the risk of developing a HAI. For example, a hospital that performs a large number of complex procedures on very sick patients would be expected to have a higher infection rate than a hospital that performs more routine procedures on healthier patients. Therefore, before comparing the infection rates of hospitals, it is important to adjust for the number and proportion of high- and low-risk patients by calculating a statistically ‘expected’ or predicted number of infections. Different risk adjustment methods are used for different types of HAIs.

Standardized Infection Ratio - Overview

The SIR is identical in concept to a standardized mortality ratio and is an indirect standardization method for summarizing the HAI experience across any number of stratified groups of data. The SIR is calculated by dividing the number of observed infections by the number of statistically predicted infections based on the NHSN standard population and appropriate patient and facility-level risk adjustment:

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

- A SIR of 1.0 means the observed number of infections is equal to the number of predicted infections
- A SIR greater than 1.0 means there were more infections than predicted. For example, if a facility has a CLABSI SIR=1.5, they experienced 50% more CLABSIs than predicted.
- A SIR less than 1.0 means there were fewer infections than predicted. For example, if a facility has a CLABSI SIR=0.8, they experienced 20% fewer CLABSIs than predicted.

Calculation of Confidence Interval of the SIR¹⁰:

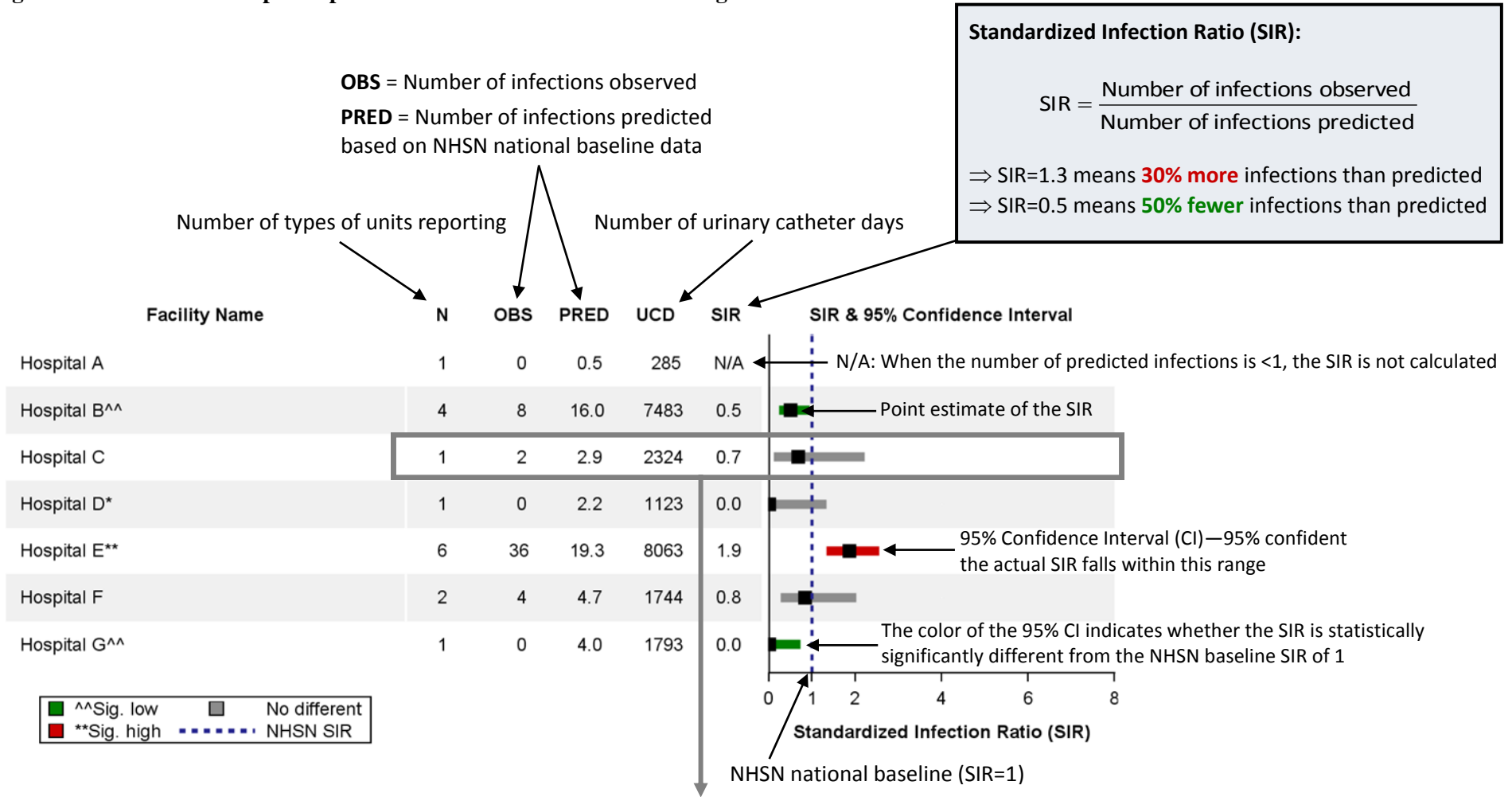
This report uses the 95% confidence interval to describe statistical significance when reporting the SIR. Consistent with CDC/NHSN methodology, exact mid-p confidence intervals are used when observed and expected numbers of events are less than or equal to 100; otherwise, the Byar approximation method is used.¹¹

In this report, statistical analyses were performed and tables and figures were created using SAS version 9.3.

¹⁰ Rothman KJ, Boice JD Jr: Epidemiologic analysis with a programmable calculator. NIH Pub No. 79-1649. Bethesda, MD: National Institutes of Health, 1979;31-32.

¹¹ <http://www.cdc.gov/nhsn/sas/SIRcomp.sas>

Figure 2: How to Read Hospital-Specific Standardized Infection Ratio Figures



Example: Hospital C

N	OBS	PRED	UCD	SIR	SIR & 95% Confidence Interval
1	2	2.9	2324	0.7	

Standardized Infection Ratio (SIR)

During the reporting period, Hospital C:

- Reported 2,324 urinary catheter days (**UCD**) from one type of ICU (**N**)
- Observed 2 infections (**OBS**)

Based on NHSN national baseline data, 2.9 infections were predicted (**PRED**)

Hospital C's Standardized Infection Ratio (SIR)

- Not statistically significantly different from the NHSN SIR of 1
- SIR=0.7 (2 observed infections/2.9 predicted infections)
- 30% fewer infections than predicted

Figure 3: Example Facility-Specific Summary Pages

Hospital A, City, X County

Medical School Affiliation: Graduate teaching
Bed Size Category: 100-399 beds

Section 1:
Facility information from the NHSN 2013 Annual Survey

Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Hospital A:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	4	17.4	9009	0.23	(0.07, 0.55)	0.48
	Neonatal ICU	7	6.6	2976	1.10	(0.51, 2.12)	0.52
CAUTI	Adult/Pediatric ICU	8	16.0	7483	0.51	(0.24, 0.89)	1.37
SSI	Colon surgery	11	7.5	276	1.53	(0.85, 2.61)	0.92
	Abdominal hysterectomy	0	0.4	60	N/A	N/A	0.89
LabID	MRSA	1	1.6	23705	0.61	(0.00, 2.92)	1.13
	CDI	17	17.0	19365	1.04	(0.71, 1.64)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Hospital A

Section 2:
HAI reporting requirements for the facility in 2013

Facility-Specific Standardized Infection Ratios (SIRs) by HAI from January – December 2013

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)

Category (Total)	Vaccination Rate (%)
Employees (1,000)	94%
Licensed Independent Practitioners (1,000)	76%
Students/Trainees/Volunteers (500)	92%
Overall (2,500)	91%

■ Below 75%
 ■ 75-90% (HHS Healthy People 2015 Goal)
 ■ >90% (HHS Healthy People 2020 Goal)

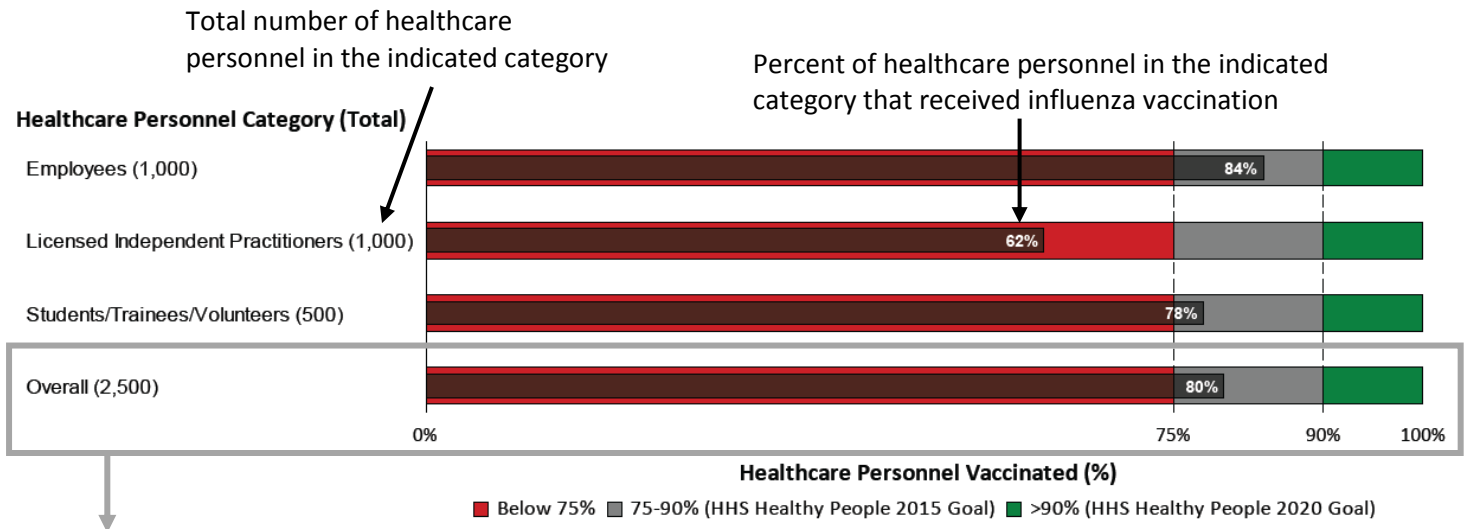
Hospital A - Page 1 of 2

Section 3:
Healthcare personnel influenza vaccination rates for the 2013/2014 influenza season

Page two of the facility-specific summary pages includes graphical representations of the standardized infection ratio (SIR) by year for each HAI the facility has reported in the previous three calendar years.

How to Read Facility-Specific Figures on Facility-Specific Summary Pages

Figure 4: How to Read Facility-Specific Healthcare Personnel Influenza Vaccination Figures



Example:

- 2,500 total healthcare personnel at this facility
- 80% received influenza vaccination during this flu season
- Met Healthy People 2015 Goal (75%) but did not reach Healthy People 2020 Goal (90%)

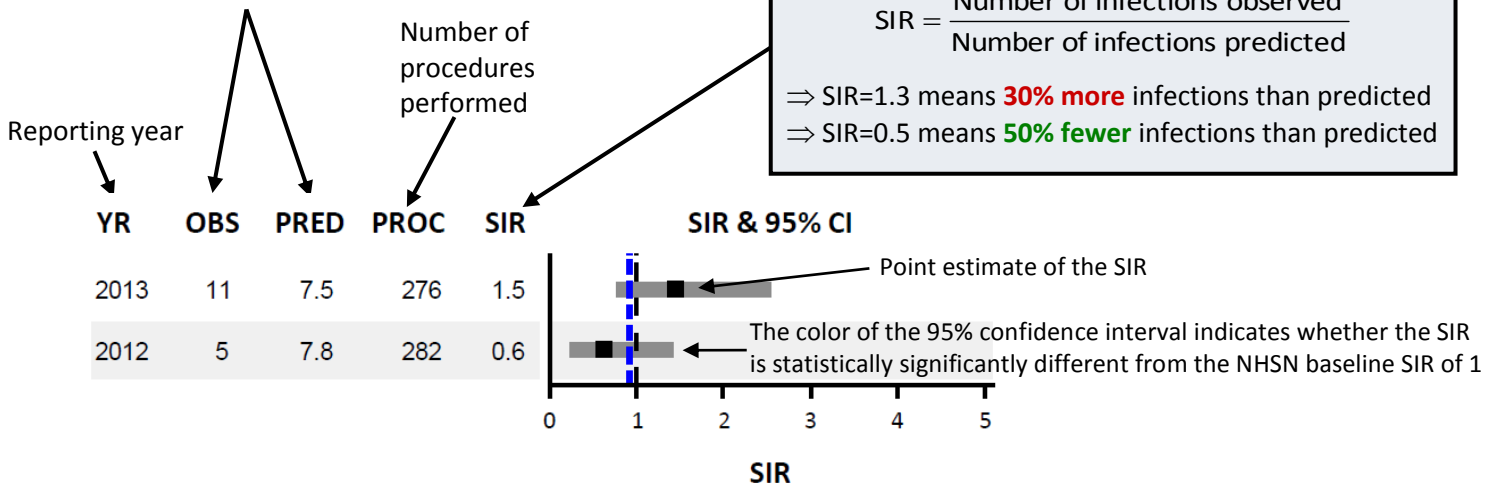
Figure 5: How to Read Facility-Specific Standardized Infection Ratio Figures

OBS = Number of infections observed
PRED = Number of infections predicted based on NHSN national baseline data

Standardized Infection Ratio (SIR):

$$SIR = \frac{\text{Number of infections observed}}{\text{Number of infections predicted}}$$

- ⇒ SIR=1.3 means **30% more** infections than predicted
- ⇒ SIR=0.5 means **50% fewer** infections than predicted



Example:

In 2013, this facility:

- Performed 276 procedures (**PROC**)
 - Observed 11 infections (**OBS**)
- Based on NHSN national baseline data, 7.5 infections were predicted (**PRED**)

This Facility's Standardized Infection Ratio (SIR)

- Not statistically significantly different from the NHSN SIR of 1
- SIR=1.5 (11 observed infections/7.5 predicted infections)
- 50% more infections than predicted

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI)

Central Line-Associated Bloodstream Infections (CLABSI)

A central line or central venous catheter is a flexible tube that is inserted in a patient's blood vessel and terminates at or close to the heart or in one of the large vessels near the heart. A central line (or an umbilical line for newborns) can be used to give fluids, antibiotics, medical treatments such as chemotherapy, and/or liquid food. If a central line is inserted incorrectly or not cared for properly, it can lead to dangerous bloodstream infections, known as central line-associated bloodstream infections. Healthcare facilities can prevent CLABSIs by following appropriate infection prevention recommendations when placing and maintaining a central line, and by removing a central line as soon as it is no longer medically necessary (see [Patient Guide to CLABSI](#)¹²).

Reporting Requirements

Since January 2008, acute care hospitals in Tennessee have been required to report CLABSI data from adult and pediatric intensive care units (ICUs, also called "critical care units") to TDH. Hospitals with an average daily census (ADC) less than 25 were exempt from this requirement until January 2012. Neonatal ICUs in Tennessee have been reporting CLABSI data since July 2008. Burn and trauma ICUs, and long-term acute care (LTAC) facilities began reporting CLABSI data in July 2010.

To comply with these reporting requirements, facilities are required to follow the [NHSN CLABSI Surveillance protocol](#)¹³, which is updated each year with CLABSI surveillance definitions and reporting instructions. Facilities must report the number of central line and patient days for each applicable location each month to NHSN. They are also required to report any bloodstream infections which meet the NHSN surveillance definition of a CLABSI in required locations.

Changes to Surveillance Definitions

In January 2011, the NHSN CLABSI definition was changed to no longer include antibiotic resistance profiles to determine whether two common commensal isolates are considered the same organism. In January 2013, 3 new CLABSI criteria were added, which pertain to patients who are post-allogeneic hematopoietic stem cell transplant or severely neutropenic. Additionally in January 2013, a new rule was added, indicating that in order to meet the CLABSI definition, a central line (CL) must: 1) have been in place for > 2 days before all elements of the CLABSI criterion were first present together, and 2) the CL must be in place the day of the event or the day before.

Facility-Specific Data Thresholds

When the number of central line days is small, even a few infections will yield a numerically high infection rate. To ensure fair and accurate reporting of facility-specific CLABSI rates and standardized infection ratios (SIR), TDH has adopted the NHSN minimum thresholds for reporting. To report a facility-specific CLABSI rate or SIR, there must be a minimum of 50 central line-days for the reporting period. To report a facility-specific SIR, the statistically predicted number of infections must be at least 1.0.

CLABSI Risk Adjustment

Tennessee CLABSI rates are compared to national rates using the same statistical methods implemented in NHSN for comparing hospital rates to national rates within risk categories. For adult and pediatric ICU and long-term acute care (LTAC) patients with central lines, risk adjustment is limited to the type of hospital location; hospital type and unit bed size are used to categorize ICUs in some instances. Additional information is used for risk adjustment in other locations, including birth weight category (≤ 750 g, 751-1000 g, 1001-1500 g, 1501-2500 g, >2500 g) in neonatal ICUs (NICUs).

We use the SIR as a summary measure to compare CLABSI data in adult, pediatric, and neonatal ICUs in acute care facilities and adult and pediatric locations in LTAC facilities in Tennessee to published national [\(NHSN\) data for 2006-2008](#)¹⁴ for each location type. Because CDC discontinued the use of clinical sepsis (CSEP) CLABSI criteria for NICUs in

¹² http://www.cdc.gov/hai/pdfs/bsi/BSI_tagged.pdf

¹³ http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf

¹⁴ <http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf>

January 2010, national baseline NICU data for this report were adjusted by subtracting any CLABSIs meeting the CSEP criteria (see Tables 17-18 of the [2006-2008 NHSN report](#)¹⁵). The CLABSI SIR is calculated by dividing the total number of observed CLABSI events by the predicted* number of CLABSIs, using the CLABSI rates from the standard population (in this case, national NHSN 2006-8 data). This predicted number, which can also be understood as a projection, is calculated by multiplying the national CLABSI rate from the standard population by the observed number of central line-days (CLD) for each stratum.

The following table illustrates the method of calculating a SIR across two risk strata (two ICU types: medical cardiac and medical-surgical) for which national data exist from NHSN. If the observed data represented a follow-up period such as January–December 2012, one would state that a SIR of 0.77 implies that there were 23% fewer CLABSIs than predicted for the facility during that time period.

Risk Group Stratifier	Observed CLABSI Rates			NHSN CLABSI Rates for 2006-2008 (Standard Population)		
Location Type	#CLABSI	#Central line-days	CLABSI rate*	#CLABSI	#Central line-days	CLABSI rate*
Medical cardiac ICU	170	100,000	1.7	1260	600,000	2.1
Med-Surg ICU	58	58,000	1.0	600	400,000	1.5
$\text{SIR} = \frac{\text{observed}}{\text{expected}} = \frac{170 + 58}{100,000 \times \left(\frac{2.1}{1,000}\right) + 58,000 \times \left(\frac{1.5}{1,000}\right)} = \frac{228}{210 + 87} = \frac{228}{297} = 0.77$						

In summary, to calculate the CLABSI Standardized Infection Ratio (SIR) for a facility:

1. For each reporting unit, multiply the number of central line-days (CLD) by the published national infection rate for that unit type to estimate the number of infections predicted (expected) for that unit if it were to produce CLABSIs at the same frequency as the national rate (CLD x national rate / 1000).
2. Within each hospital, calculate the sum of predicted (expected) infections and the sum of reported infections across all reporting units.
3. Calculate the SIR by dividing the total reported infections by the total predicted (expected) infections.

¹⁵ <http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf>

* “Predicted” is used throughout the report as a synonym for the standard statistical term “expected”.

CLABSI

Adult and Pediatric Critical Care Units

CLABSIs in Adult/Pediatric ICUs:

Total number of hospitals reporting from January-December 2013: 92

SIRs by Quarter ([Figure 6](#))

- From January–March 2008 to October–December 2013, the overall CLABSI SIR in Tennessee decreased from 1.06 to 0.46, with most of the reduction in the SIR occurring after the third quarter of 2009. The U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)¹⁶ gives a five-year (2013) prevention target of SIR = 0.50.

Key Percentiles for Tennessee SIRs ([Figure 7](#), [Tables 4-6](#))

- Including burn and trauma ICUs, the overall SIR across all reporting adult and pediatric ICUs in Tennessee from January-December 2013 was statistically significantly lower than the national SIR of 1 (SIR=0.50; 95% CI: 0.44, 0.56). This SIR indicates that the number of CLABSIs in ICUs was 50% lower than predicted, compared to national 2006-8 NHSN data. The overall Tennessee SIR for 2013 was lower than the overall SIRs for 2011–2012.
- Excluding burn and trauma ICUs, the overall SIR across all reporting adult and pediatric ICUs in Tennessee from January-December 2013 was statistically significantly lower than the national SIR of 1 (SIR=0.48; 95% CI: 0.42, 0.55). This SIR indicates that the number of CLABSIs in ICUs was 52% lower than predicted, compared to national 2006-8 NHSN data. The overall Tennessee SIR for 2013 was lower than the overall SIRs for 2011–2012.
- In 2013, the median (50th percentile) facility-specific SIR was 0.49, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.49.
- In 2013, Tennessee CLABSI SIRs were significantly lower than the 2006-8 baseline SIR in all critical care locations that reported, except neurologic critical care units, which were not significantly different than the 2006-8 baseline SIR (SIR=1.06, 95% CI: 0.18, 3.51).

Rates by Unit Type ([Figure 8](#), [Table 7](#))

- In 2013, CLABSI rates were highest among trauma critical care units (2.5 CLABSI per 1,000 central line days) and lowest among pediatric surgical cardiothoracic critical care and pediatric neurosurgical critical care units (0.0 CLABSI per 1,000 central line days).
- CLABSI rates among burn critical care units decreased dramatically from 6.6 CLABSI per 1,000 central line days in 2012 to 2.7 CLABSI per 1,000 central line days in 2013.

Device Utilization by Unit Type ([Figure 9](#))

- Device utilization ratios in Tennessee in 2013 were higher than national 2006-8 device utilization ratios among medical cardiac ICUs, pediatric surgical cardiothoracic ICUs, medical-surgical ICUs in non-major teaching hospitals with more than 15 beds, and neurologic ICUs.

Microorganisms Associated with CLABSIs in Adult and Pediatric ICUs ([Figure 10](#))

- Among the 260 pathogens isolated from 245 CLABSIs in 2013, the most common pathogens were *Candida* species and other yeasts (25%), coagulase-negative *Staphylococcus* species (18%), and *Enterococcus* species (14%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 4% and vancomycin-resistant *Enterococcus* (VRE) for 5% of total positive isolates.

¹⁶ <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

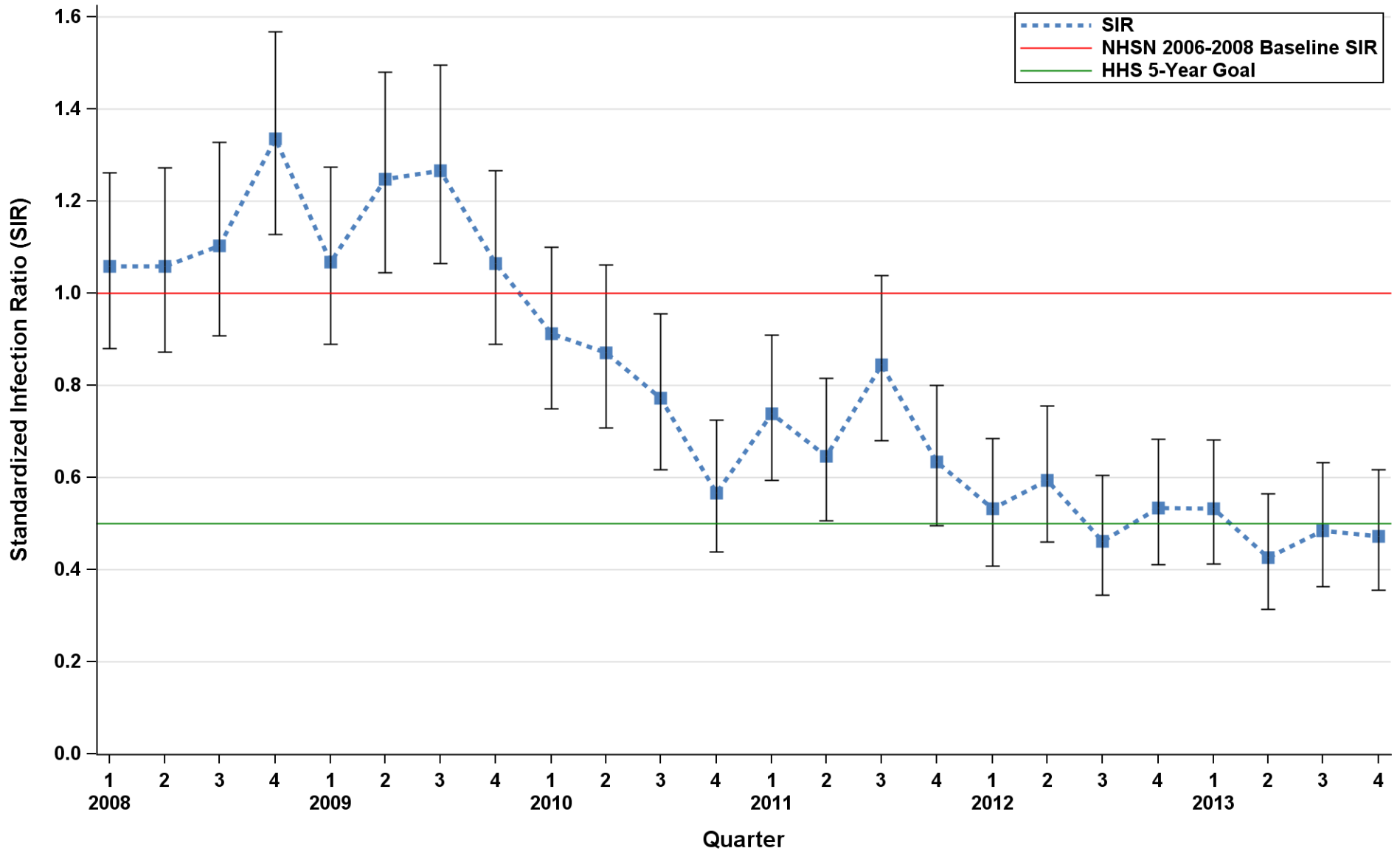
Facility-Specific CLABSI SIRs ([Figure 11](#))

- One CLABSI SIR that accounts for all reporting adult/pediatric ICUs in each facility is displayed in [Figure 11](#). The bar representing the confidence interval is green if the CLABSI SIR was significantly lower than the national SIR of 1 for 2006-8, and red if the CLABSI SIR was significantly higher than 1. Some hospitals reported zero CLABSIs (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of central line-days.
- In 2013, 14 facilities had a CLABSI SIR that was significantly lower than the 2006-8 national baseline SIR of 1. No facilities had a CLABSI SIR that was significantly higher than the baseline.

Facility-Specific CLABSI Rates in Adult and Pediatric ICUs ([Figures 12-23](#))

- Facility-specific CLABSI rates are displayed by type of ICU. The bar representing the confidence interval is green if the CLABSI rate was significantly lower than the national NHSN pooled mean rate for 2006-8 and red if the CLABSI rate was significantly higher than the national pooled mean rate. Some hospitals reported zero CLABSIs in specific ICUs, although the rate may not be statistically significant due to small numbers of central line-days.

Figure 6: Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSIs) for Adult and Pediatric Intensive Care Units (ICUs) by Quarter, Excluding Burn and Trauma ICUs, Tennessee, 01/01/2008–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 4, 2014

Table 4: Key Percentiles for Facility-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) in Adult and Pediatric Intensive Care Units (ICUs) by Reporting Year, Including Burn and Trauma Units, Tennessee, 01/01/2011 - 12/31/2013

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	CL DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2013	92	240,641	245	491.87	0.50	0.44	0.56	52	14	27%	0	0%	0.00	0.13	0.49	0.83	1.12	
	2012	93	245,083	278	499.69	0.56	0.49	0.63	51	12	24%	0	0%	0.00	0.17	0.45	0.84	1.39	
	2011	81	246,058	371	506.22	0.73	0.66	0.81	53	11	21%	1	2%	0.00	0.36	0.63	1.08	1.77	

Data reported as of September 4, 2014

No. = number of facilities; CL Days = central line days; OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI; SIR = standardized infection ratio (observed/predicted number of CLABSI)

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Table 5: Key Percentiles for Facility-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) in Adult and Pediatric Intensive Care Units (ICUs) by Reporting Year, Excluding Burn and Trauma Units, Tennessee, 01/01/2011 - 12/31/2013

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	CL DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2013	92	225,415	207	431.11	0.48	0.42	0.55	52	13	25%	0	0%	0.00	0.13	0.49	0.85	1.12	
	2012	93	228,153	230	433.57	0.53	0.47	0.60	51	12	24%	0	0%	0.00	0.19	0.45	0.82	1.39	
	2011	81	226,292	306	427.78	0.72	0.64	0.80	53	10	19%	1	2%	0.00	0.35	0.63	1.08	1.84	

Data reported as of September 4, 2014

No. = number of facilities; CL Days = central line days; OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI; SIR = standardized infection ratio (observed/predicted number of CLABSI)

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Table 6: Key Percentiles for Unit-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) by Type of Intensive Care Unit (ICU) and Reporting Year, Tennessee, 01/01/2011 - 12/31/2013

ICU TYPE	YEAR	No.	CL DAYS	No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			DISTRIBUTION OF FACILITY-SPECIFIC SIRs					
				OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	10%	25%	50%	75%	90%
Burn Critical Care	2013	2	3,001	8	16.50	0.49	0.23	0.92	2	N/A	N/A	N/A	N/A	N/A
	2012	2	2,574	17	14.15	1.20	0.72	1.88	2	N/A	N/A	N/A	N/A	N/A
	2011	2	3,670	22	20.18	1.09	0.70	1.62	2	N/A	N/A	N/A	N/A	N/A
Medical Cardiac Critical Care	2013	6	8,766	9	17.60	0.51	0.25	0.94	4	N/A	N/A	N/A	N/A	N/A
	2012	8	13,510	11	27.12	0.41	0.21	0.71	8	0.00	0.31	0.39	0.60	1.54
	2011	8	13,504	23	27.11	0.85	0.55	1.25	8	0.00	0.30	0.73	1.14	1.71
Medical Critical Care Major Teaching	2013	6	15,110	14	38.80	0.36	0.21	0.59	6	0.00	0.00	0.08	0.81	1.02
	2012	6	14,891	16	38.24	0.42	0.25	0.67	6	0.00	0.00	0.21	0.63	1.01
	2011	4	14,201	15	36.47	0.41	0.24	0.66	4	N/A	N/A	N/A	N/A	N/A
Medical Critical Care Non-Major Teaching	2013	24	27,584	38	52.29	0.73	0.52	0.99	13	0.16	0.25	0.69	0.97	1.10
	2012	22	23,387	38	44.34	0.86	0.62	1.16	11	0.00	0.26	0.57	1.11	1.38
	2011	17	23,187	35	43.96	0.80	0.56	1.10	11	0.00	0.34	0.53	1.52	1.71
Medical-Surgical Critical Care Major Teaching	2013	7	24,360	28	51.35	0.55	0.37	0.78	7	0.13	0.14	0.74	1.14	1.46
	2012	7	21,698	22	45.74	0.48	0.31	0.72	7	0.13	0.25	0.52	0.77	1.53
	2011	7	22,064	27	46.51	0.58	0.39	0.83	7	0.00	0.13	0.48	0.82	1.84
Medical-Surgical Critical Care Non-Major Teaching & >15 beds	2013	17	50,682	45	74.41	0.61	0.45	0.80	17	0.00	0.22	0.73	0.86	1.62
	2012	18	52,475	57	77.04	0.74	0.57	0.95	18	0.00	0.21	0.53	1.07	1.87
	2011	18	53,559	69	78.63	0.88	0.69	1.10	18	0.00	0.51	0.87	1.23	1.84

Data reported as of September 4, 2014

No. = number of facilities; CL Days = central line days; OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI; SIR = standardized infection ratio (observed/predicted number of CLABSI)

N/A = not reported if the number of facilities is <5

Key percentiles include units with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Table 6 (cont'd)

ICU TYPE	YEAR	No.	CL DAYS	No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			DISTRIBUTION OF FACILITY-SPECIFIC SIRs					
				OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	10%	25%	50%	75%	90%
Medical-Surgical Critical Care Non-Major Teaching & ≤15 beds	2013	39	18,643	15	27.89	0.54	0.31	0.87	9	0.00	0.00	0.00	0.40	1.91
	2012	39	15,114	13	22.61	0.58	0.32	0.96	5	0.00	0.00	0.45	0.73	3.09
	2011	32	15,168	24	22.69	1.06	0.69	1.55	10	0.00	0.00	0.92	2.57	3.41
Neurologic Critical Care	2013	1	1,395	2	1.88	1.06	0.18	3.51	1	N/A	N/A	N/A	N/A	N/A
	2012	1	1,623	3	2.19	1.37	0.35	3.72	1	N/A	N/A	N/A	N/A	N/A
	2011	1	1,418	1	1.92	0.52	0.03	2.58	1	N/A	N/A	N/A	N/A	N/A
Neurosurgical Critical Care	2013	10	12,550	12	30.89	0.39	0.21	0.66	9	0.00	0.00	0.14	0.44	0.98
	2012	9	12,494	12	30.75	0.39	0.21	0.66	8	0.00	0.00	0.50	1.20	1.44
	2011	7	11,403	11	28.07	0.39	0.21	0.68	7	0.00	0.00	0.23	0.67	1.85
Pediatric Medical Critical Care	2012	2	1,556	4	2.07	1.94	0.62	4.67	1	N/A	N/A	N/A	N/A	N/A
	2011	2	1,590	5	2.11	2.37	0.87	5.25	1	N/A	N/A	N/A	N/A	N/A
Pediatric Medical-Surgical Critical Care	2013	8	8,676	7	25.48	0.28	0.12	0.54	5	0.00	0.00	0.22	0.41	0.48
	2012	8	10,114	5	29.70	0.17	0.06	0.37	5	0.00	0.11	0.17	0.25	0.40
	2011	7	11,724	16	34.43	0.47	0.28	0.74	5	0.00	0.21	0.84	0.99	0.99
Pediatric Surgical Cardiothoracic Critical Care	2013	2	6,735	0	22.40	0.00	.	0.13	2	N/A	N/A	N/A	N/A	N/A
	2012	2	4,311	2	14.34	0.14	0.02	0.46	2	N/A	N/A	N/A	N/A	N/A
	2011	1	1,539	12	5.12	2.34	1.27	3.99	1	N/A	N/A	N/A	N/A	N/A

Data reported as of September 4, 2014

No. = number of facilities; CL Days = central line days; OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI; SIR = standardized infection ratio (observed/predicted number of CLABSI)

N/A = not reported if the number of facilities is <5

Key percentiles include units with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Table 6 (cont'd)

ICU TYPE	YEAR	No.	CL DAYS	No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			DISTRIBUTION OF FACILITY-SPECIFIC SIRs					
				OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	10%	25%	50%	75%	90%
Surgical Cardiothoracic Critical Care	2013	14	31,204	20	43.35	0.46	0.29	0.70	13	0.00	0.00	0.00	0.63	1.12
	2012	15	34,844	30	48.40	0.62	0.43	0.87	14	0.00	0.00	0.51	0.84	0.91
	2011	15	33,268	37	46.21	0.80	0.57	1.09	14	0.00	0.49	0.77	1.17	1.45
Surgical Critical Care	2013	10	19,424	17	44.78	0.38	0.23	0.60	10	0.00	0.19	0.35	0.54	0.82
	2012	11	22,136	17	51.03	0.33	0.20	0.52	11	0.00	0.00	0.36	0.50	0.85
	2011	11	23,667	31	54.56	0.57	0.39	0.80	11	0.23	0.30	0.36	0.92	1.44
Trauma Critical Care	2013	6	12,225	30	44.25	0.68	0.47	0.96	6	0.00	0.46	0.66	0.99	1.08
	2012	6	14,356	31	51.97	0.60	0.41	0.84	6	0.00	0.18	0.49	0.75	0.95
	2011	6	16,096	43	58.27	0.74	0.54	0.99	6	0.22	0.43	0.47	0.72	1.31

Data reported as of September 4, 2014

No. = number of facilities; CL Days = central line days; OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI; SIR = standardized infection ratio (observed/predicted number of CLABSI)

N/A = not reported if the number of facilities is <5

Key percentiles include units with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Table 7: Comparison of Tennessee and National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Rates and Standardized Infection Ratios (SIRs) by Type of Intensive Care Unit (ICU), 01/01/2013 - 12/31/2013

ICU TYPE	TENNESSEE 01/01/2013 - 12/31/2013					NHSN 2006-2008				SIR AND 95% CONFIDENCE INTERVAL		
	No.	CLABSI	CL DAYS	POOLED MEAN*	MEDIAN RATE*	CLABSI	CL DAYS	POOLED MEAN*	MEDIAN RATE*	SIR	LOWER LIMIT	UPPER LIMIT
Burn Critical Care	2	8	3,001	2.7	3.6	390	70,932	5.5	3.1	0.49	0.23	0.92
Medical Cardiac Critical Care	6	9	8,766	1.0	0.8	876	436,409	2.0	1.3	0.51	0.25	0.94
Medical Critical Care Major Teaching	6	14	15,110	0.9	0.2	1410	549,088	2.6	2.3	0.36	0.21	0.59
Medical Critical Care Non-Major Teaching	24	38	27,584	1.4	0.5	687	362,388	1.9	1.0	0.73	0.52	0.99
Medical-Surgical Critical Care Major Teaching	7	28	24,360	1.1	1.6	1474	699,300	2.1	1.7	0.55	0.37	0.78
Medical-Surgical Critical Care Non-Major Teaching & ≤15 beds	39	15	18,643	0.8	0.0	1130	755,437	1.5	0.0	0.54	0.31	0.87
Medical-Surgical Critical Care Non-Major Teaching & >15 beds	17	45	50,682	0.9	1.1	1449	986,982	1.5	1.1	0.61	0.45	0.80
Neurologic Critical Care	1	2	1,395	1.4	1.4	61	45,153	1.4	1.0	1.06	0.18	3.51
Neurosurgical Critical Care	10	12	12,550	1.0	0.2	396	160,879	2.5	1.9	0.39	0.21	0.66
Pediatric Medical-Surgical Critical Care	8	7	8,676	0.8	0.0	923	314,306	3.0	2.5	0.28	0.12	0.54
Pediatric Neurosurgical Critical Care [†]	1	0	286	0.0	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pediatric Surgical Cardiothoracic Critical Care	2	0	6,735	0.0	0.0	195	58,626	3.3	N/A	0.00	N/A	0.13
Surgical Cardiothoracic Critical Care	14	20	31,204	0.6	0.2	879	632,769	1.4	0.8	0.46	0.29	0.70
Surgical Critical Care	10	17	19,424	0.9	0.8	1683	729,989	2.3	1.7	0.38	0.23	0.60
Trauma Critical Care	6	30	12,225	2.5	2.4	814	224,864	3.6	3.0	0.68	0.47	0.96
TOTAL										0.50	0.44	0.56

Data reported as of September 4, 2014

No. = number of facilities

CL Days = central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

N/A = not available

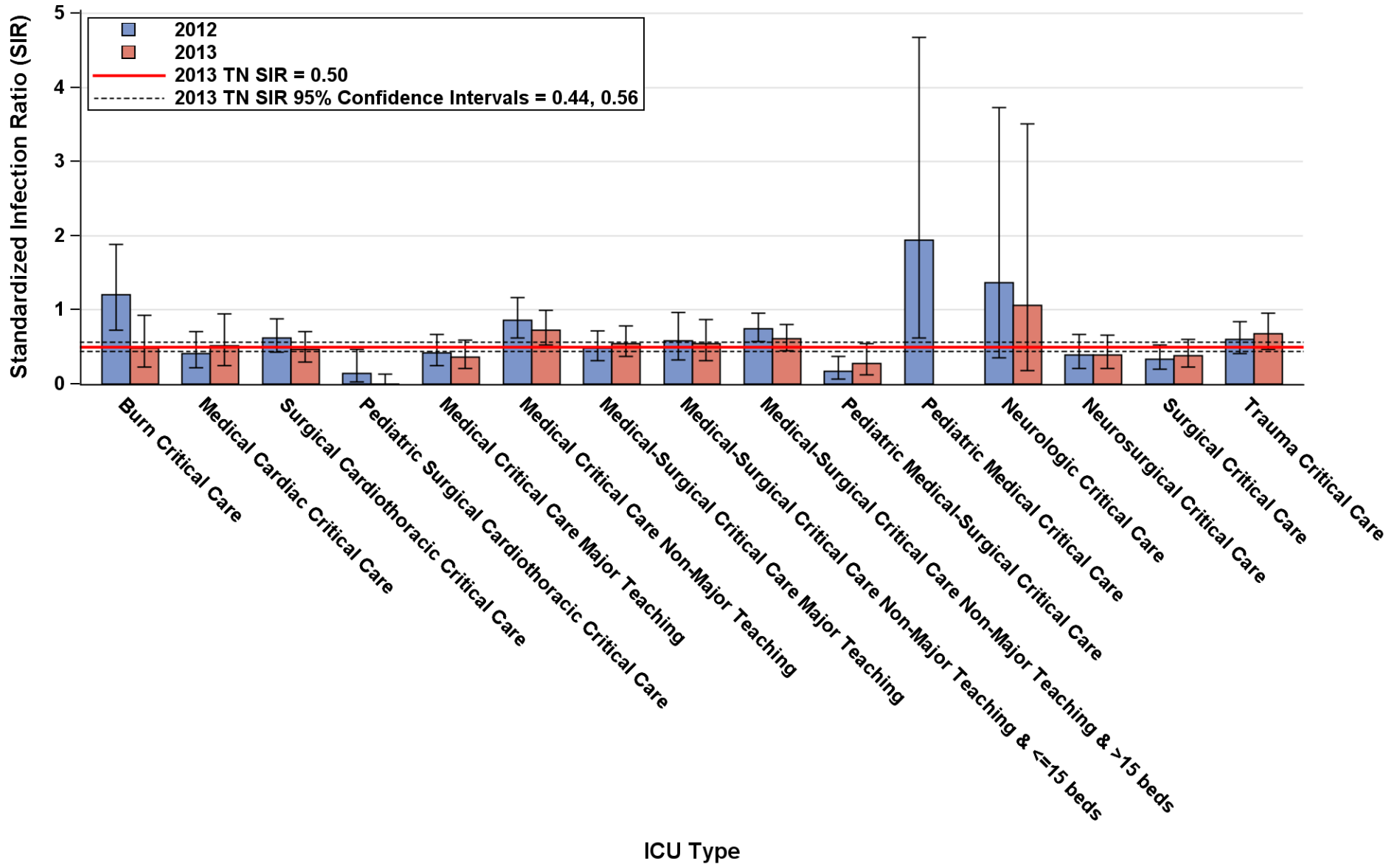
*per 1000 central line days

[†]SIRs are not available for pediatric neurosurgical critical care locations

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

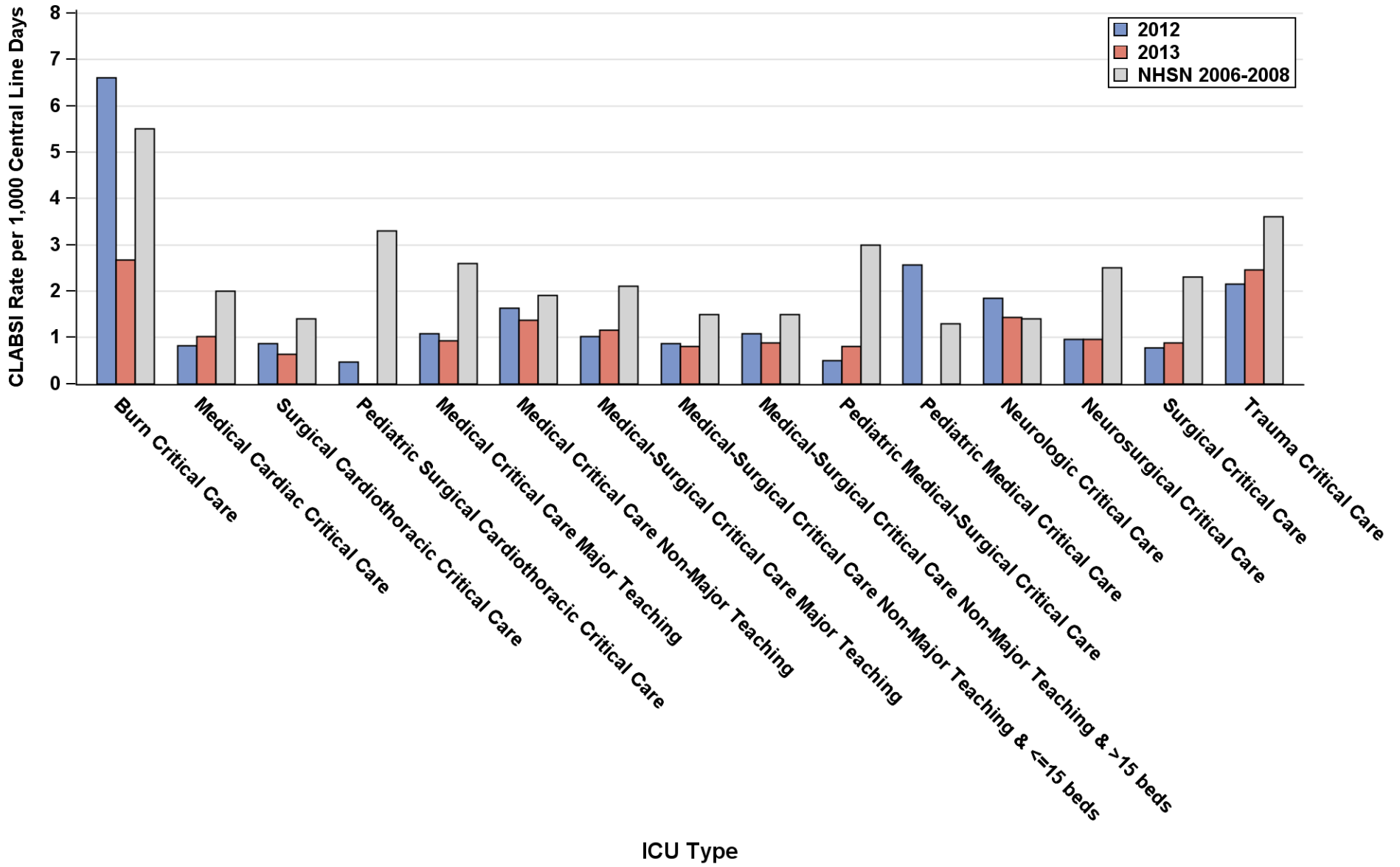
Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Figure 7: Standardized Infection Ratios (SIRs) for Central Line-Associated Bloodstream Infections (CLABSIs) by Intensive Care Unit (ICU) Type, Tennessee, 2012 and 2013 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



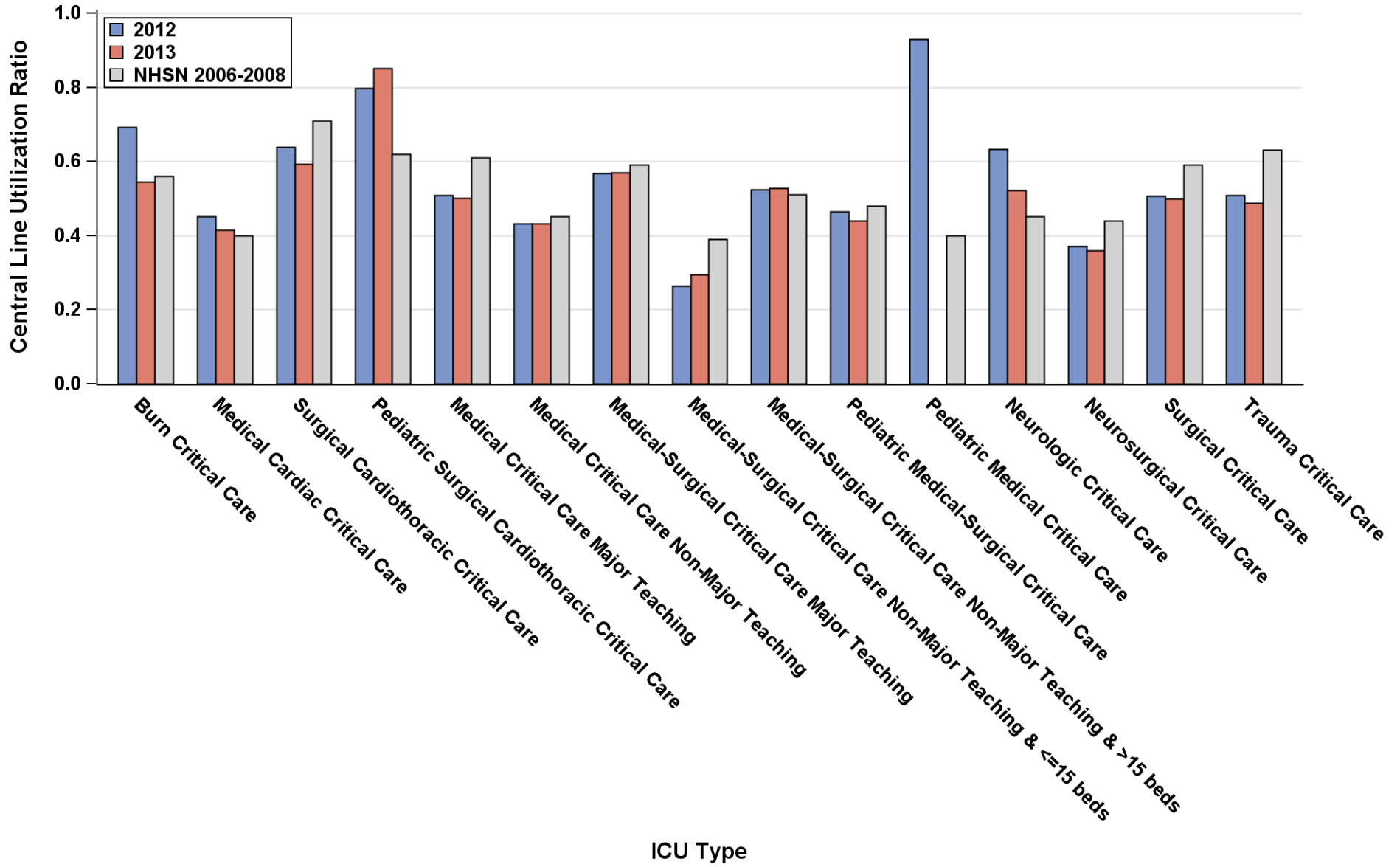
Data Reported as of September 4, 2014

Figure 8: Central Line-Associated Bloodstream Infection (CLABSI) Pooled Mean Rates per 1,000 Central Line Days by Intensive Care Unit (ICU) Type, Tennessee, 2012 and 2013, vs. National Healthcare Safety Network (NHSN), 2006-8



Data Reported as of September 4, 2014

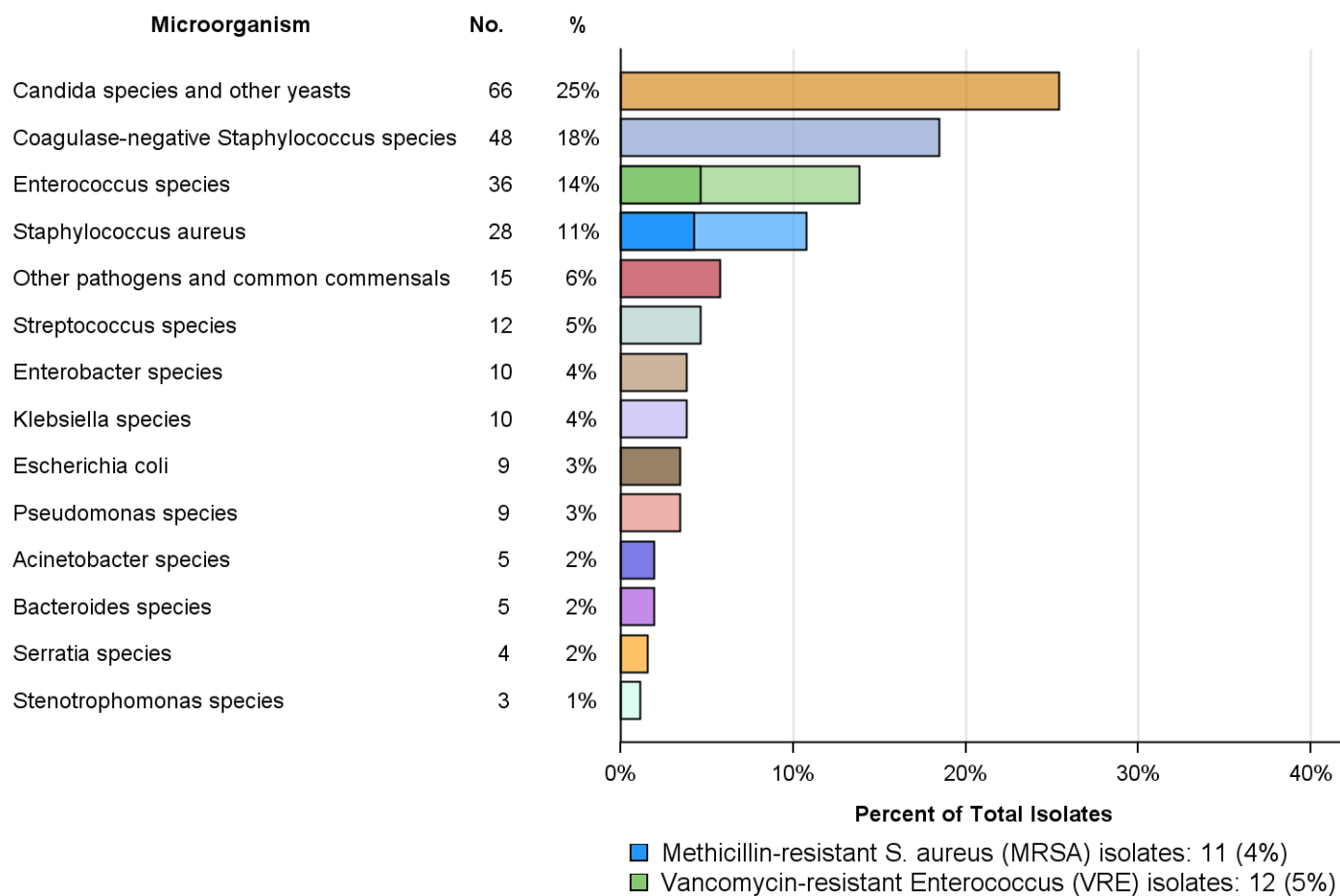
Figure 9: Central Line Utilization Ratio by Intensive Care Unit (ICU) Type, Tennessee, 2012 and 2013, vs. National Healthcare Safety Network (NHSN), 2006-8



Data Reported as of September 4, 2014

Figure 10: Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSI) in Adult and Pediatric Intensive Care Units, Tennessee, 01/01/2013 - 12/31/2013

Number of isolates=260; Number of events=245

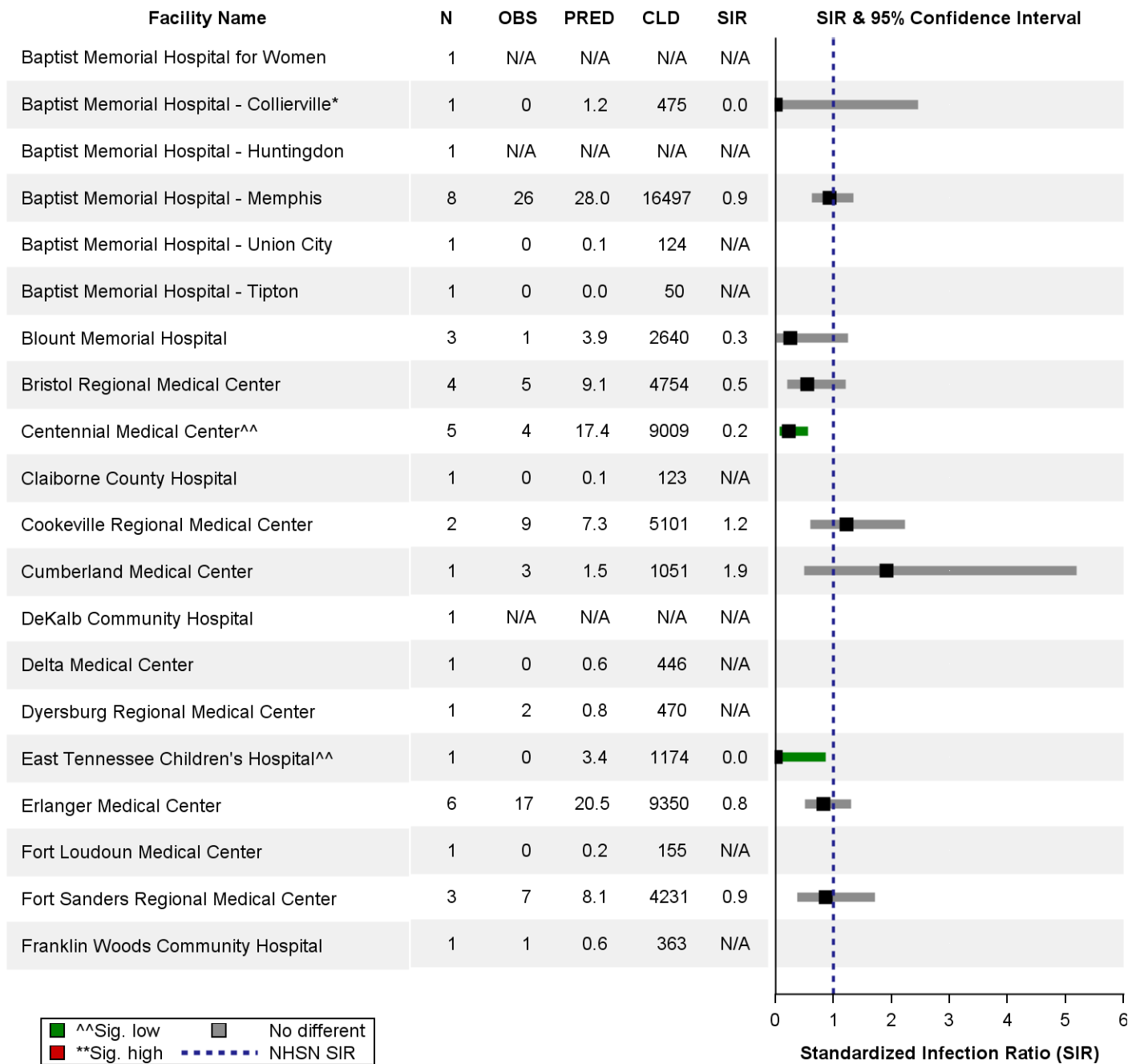


Data reported as of September 4, 2014

Other common commensals = Bacillus spp., and Corynebacterium spp.

Other pathogens = Bacillus spp., Citrobacter spp., Clostridium spp., Corynebacterium spp., Enteropathogenic spp., Gram-positive spp., Other Staphylococcus spp., Peptostreptococcus spp., Proteus spp., Providencia spp., Raoultella spp., and Sphingomonas spp.

Figure 11: Central Line-Associated Blood Stream Infection (CLABSI) Standardized Infection Ratio (SIR) for Adult and Pediatric Intensive Care Units in Acute Care Facilities, Tennessee, 01/01/2013 – 12/31/2013



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of CLABSI)

CLD = number of central line days

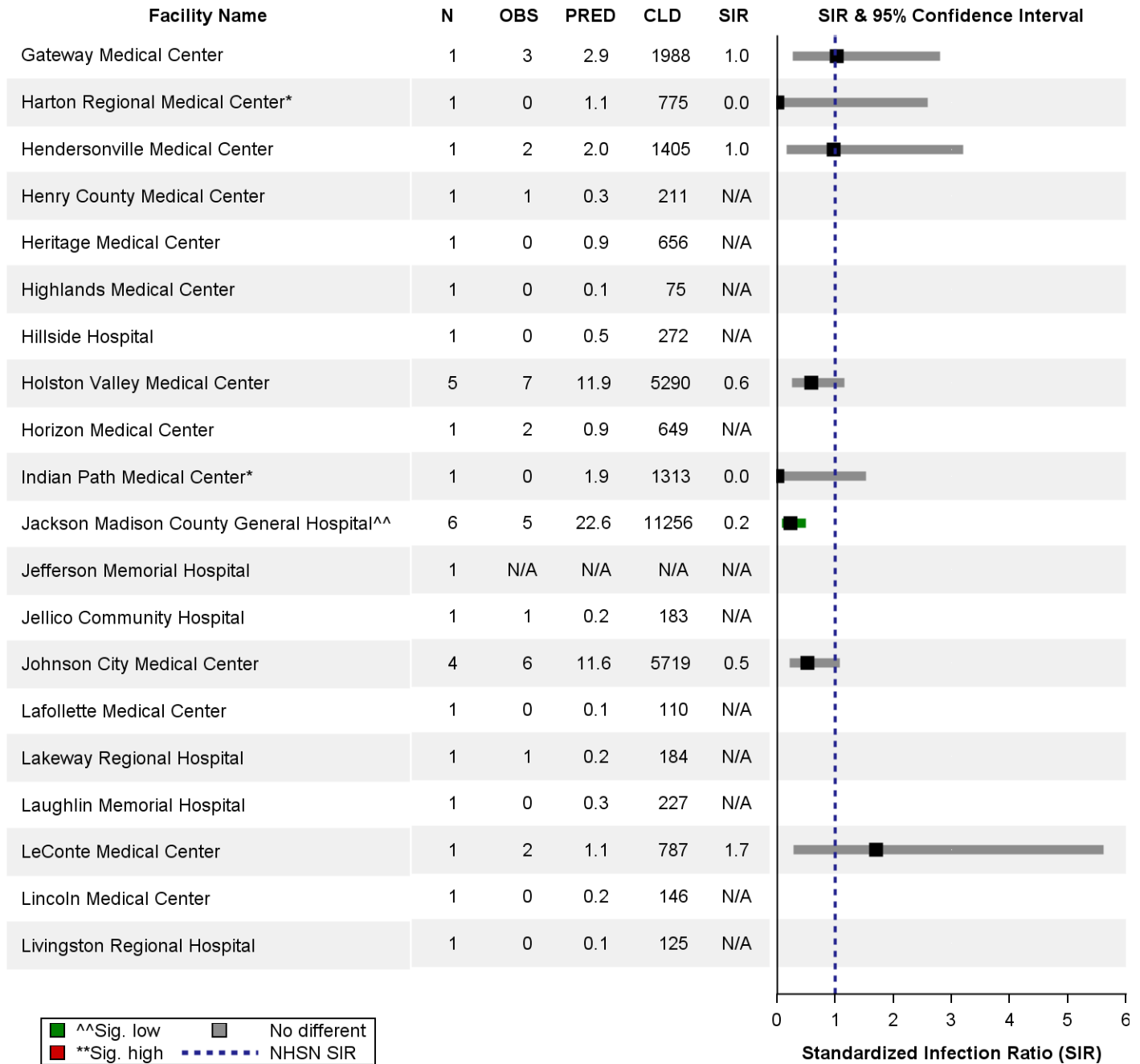
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 11 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of CLABSI)

CLD = number of central line days

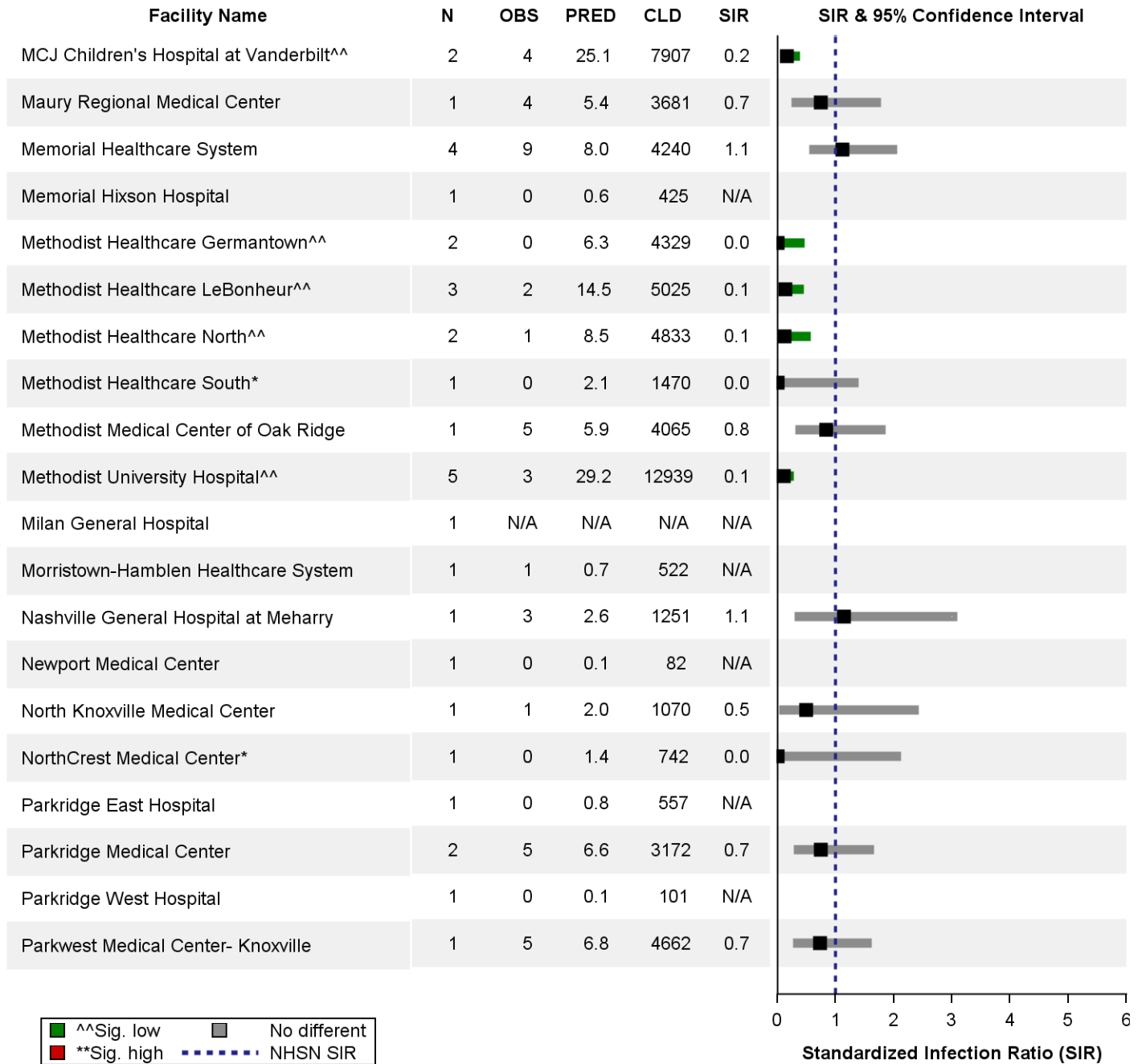
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 11 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of CLABSI)

CLD = number of central line days

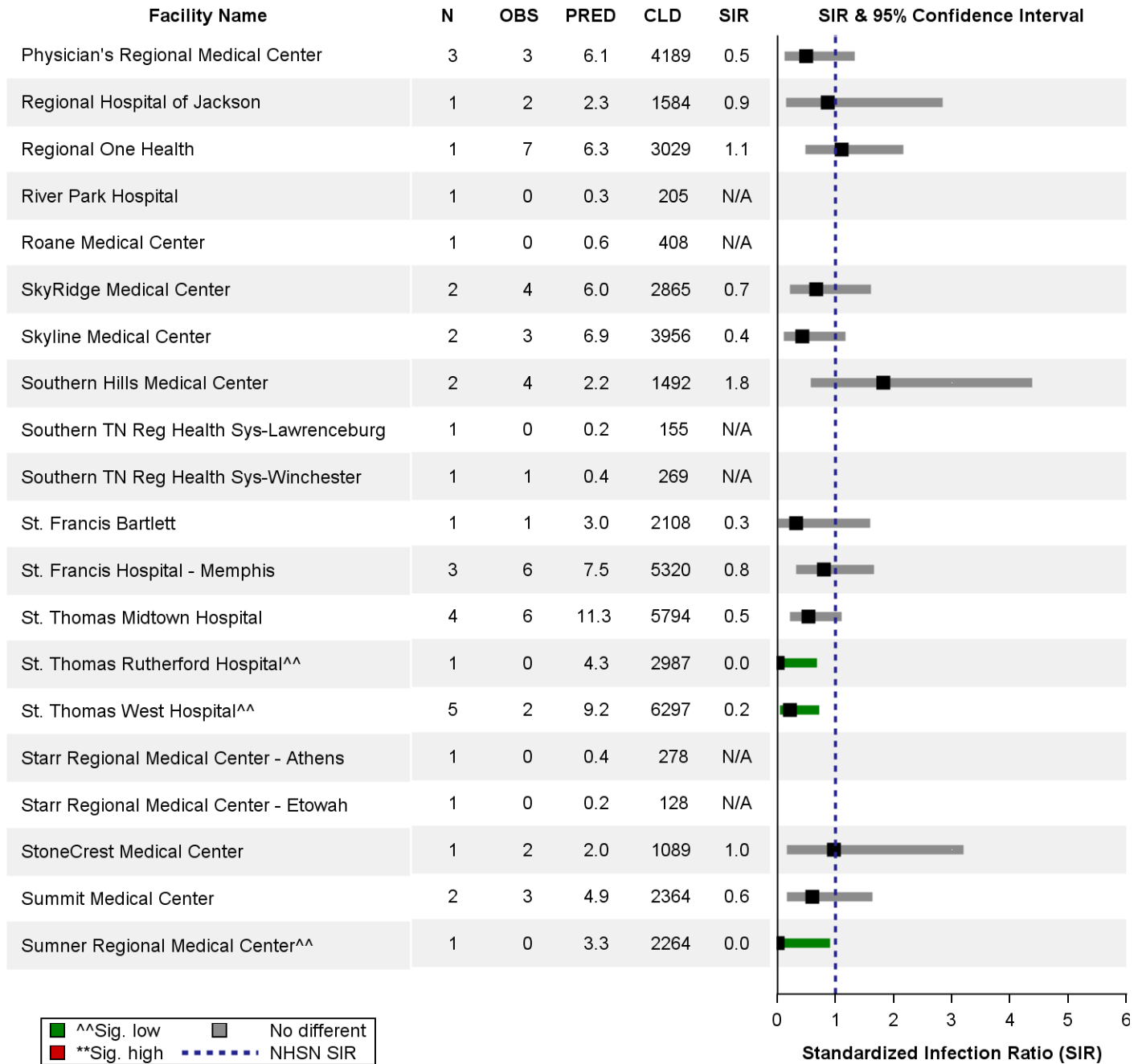
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 11 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of CLABSI)

CLD = number of central line days

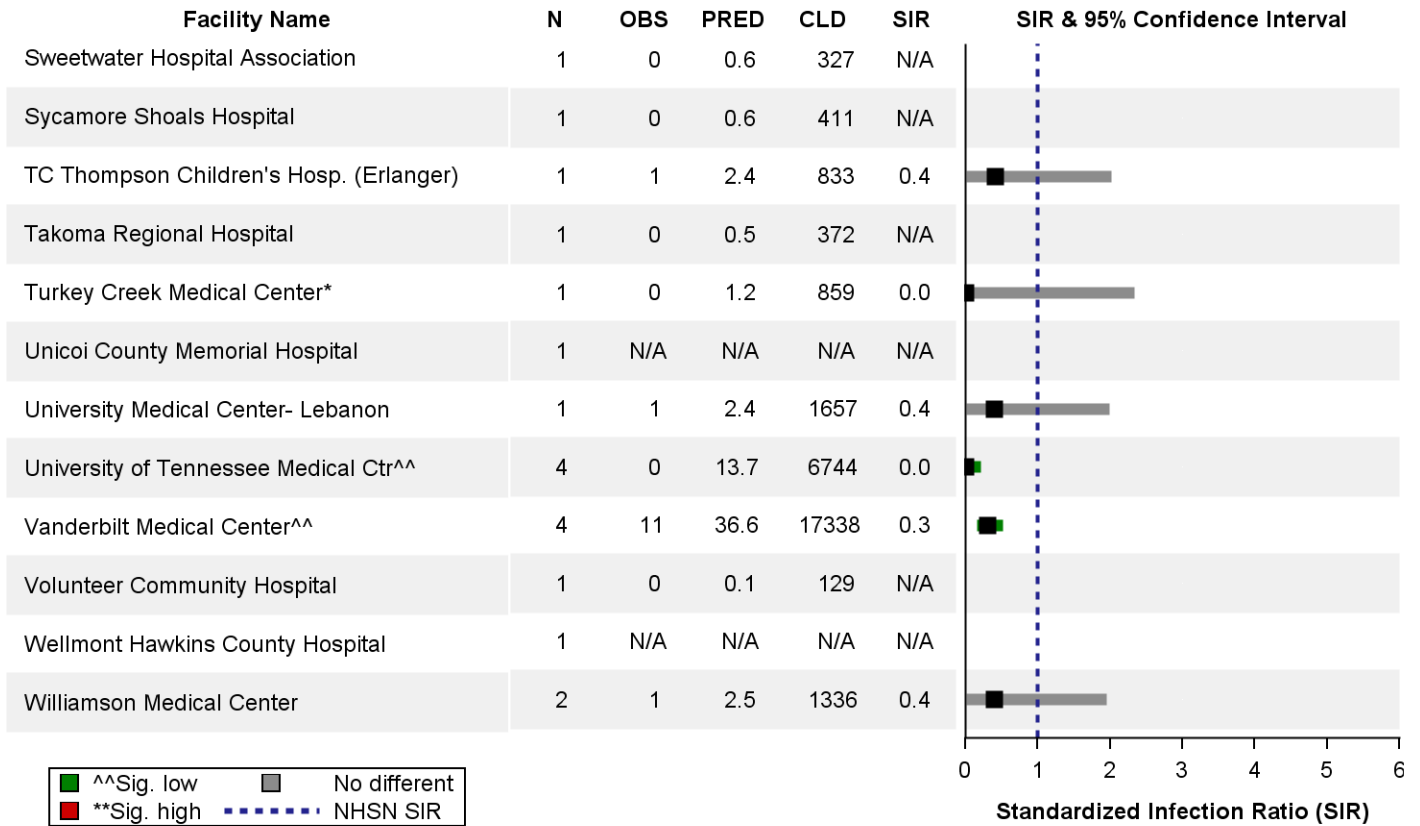
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 11 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of CLABSI)

CLD = number of central line days

N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

**** Significantly higher than national baseline**

^^ Significantly lower than national baseline

*** Zero infections, but not statistically significant**

Figure 12: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2013 - 12/31/2013, Medical Cardiac Critical Care



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

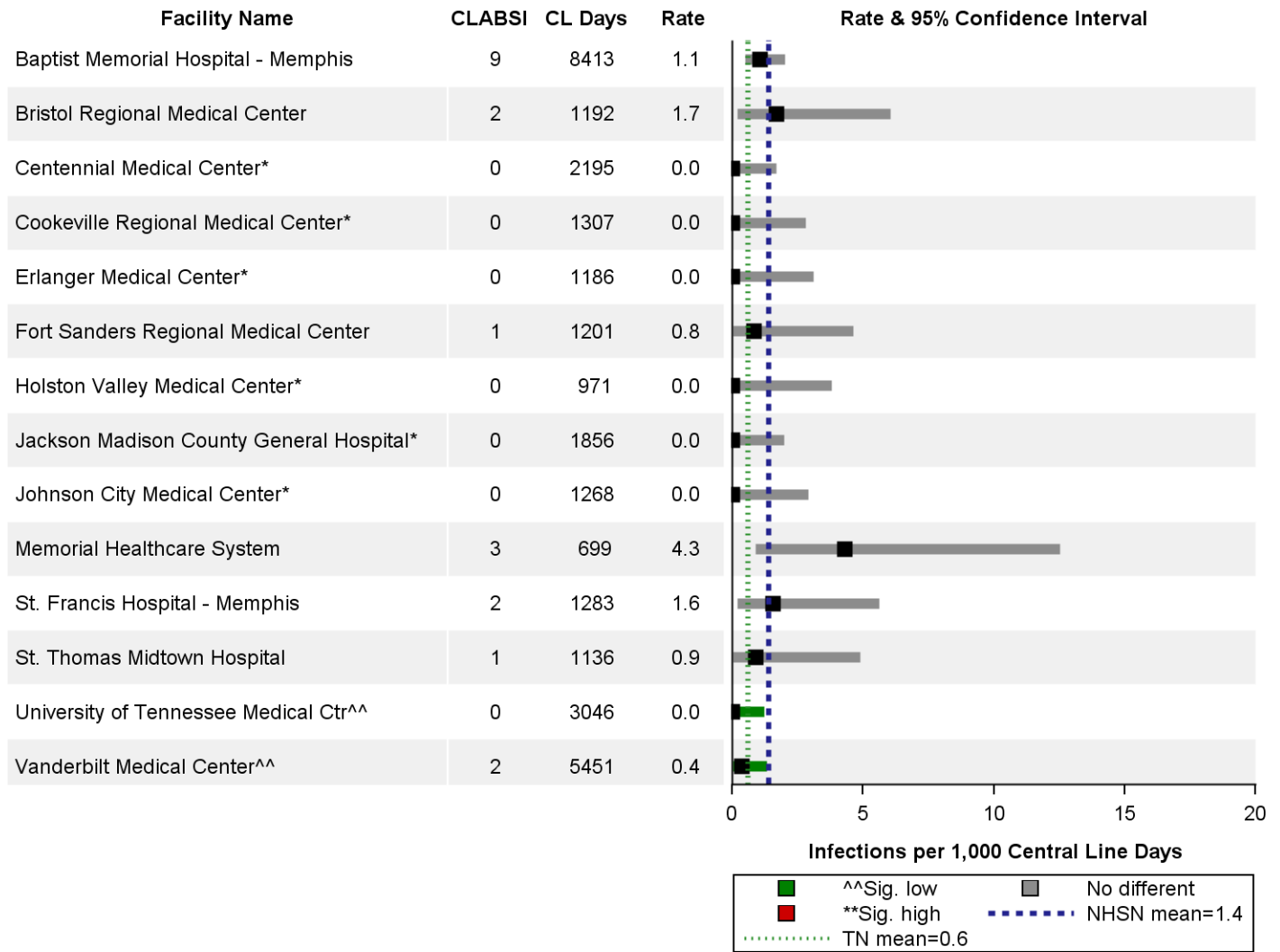
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=2.0; TN pooled mean (01/01/2013 - 12/31/2013)=1.0

Figure 13: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2013 - 12/31/2013, Surgical Cardiothoracic Critical Care



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

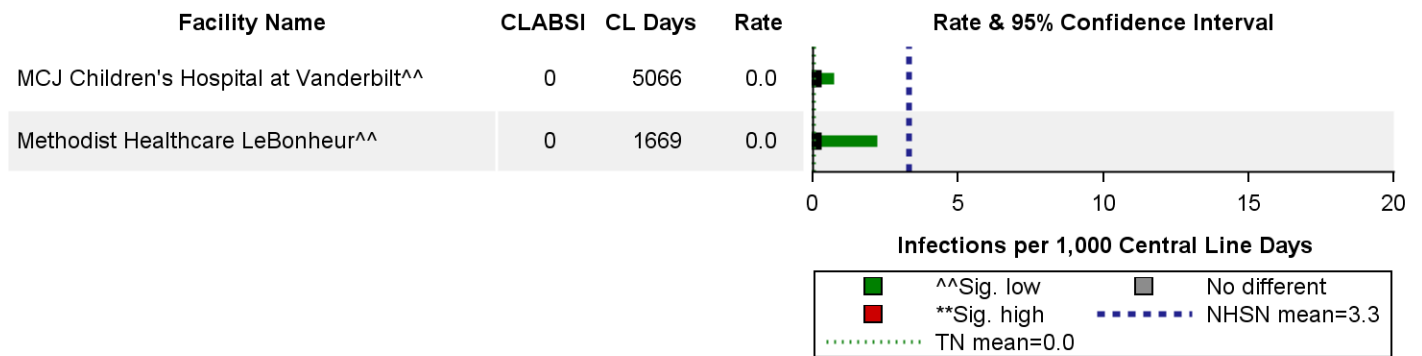
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=1.4; TN pooled mean (01/01/2013 - 12/31/2013)=0.6

Figure 14: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2013 - 12/31/2013, Pediatric Surgical Cardiothoracic Critical Care



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

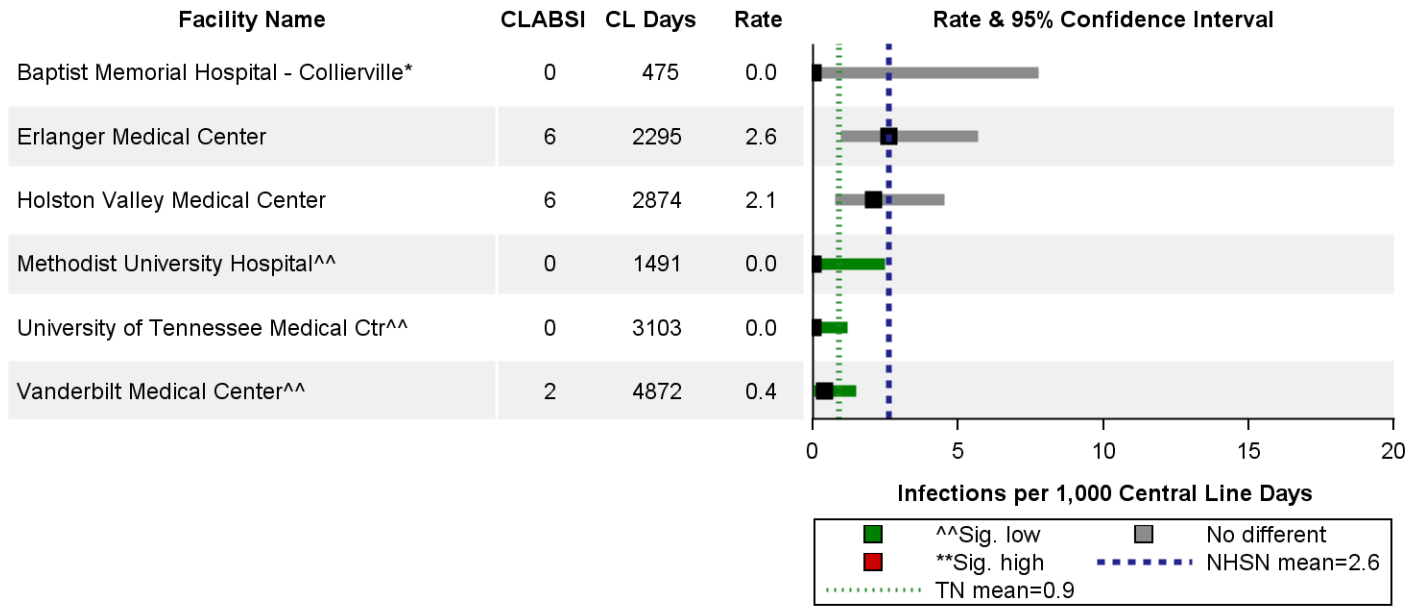
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=3.3; TN pooled mean (01/01/2013 - 12/31/2013)=0.0

Figure 15: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2013 - 12/31/2013, Medical Critical Care Major Teaching



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

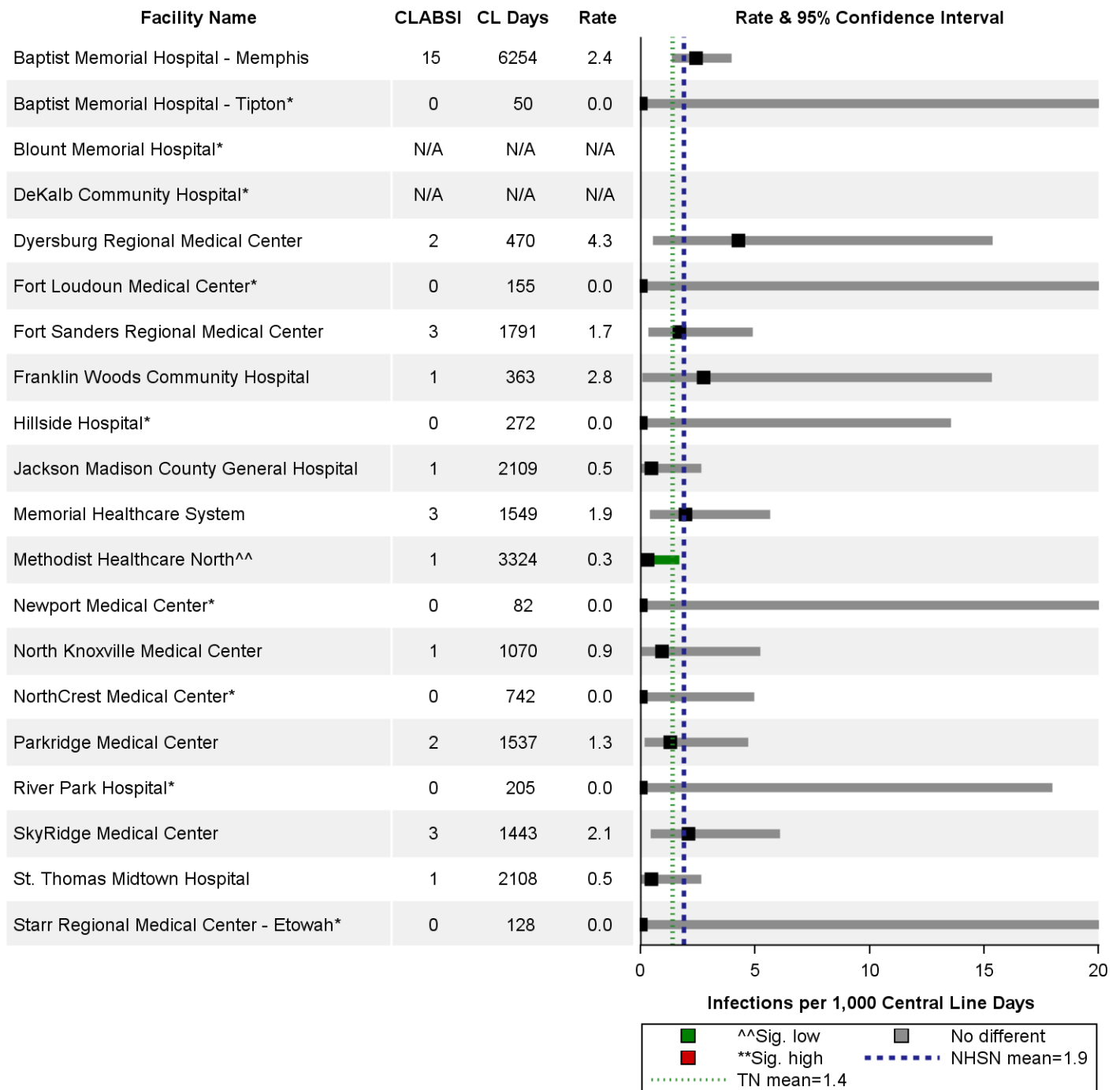
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=2.6; TN pooled mean (01/01/2013 - 12/31/2013)=0.9

Figure 16: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2013 - 12/31/2013, Medical Critical Care Non-Major Teaching



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

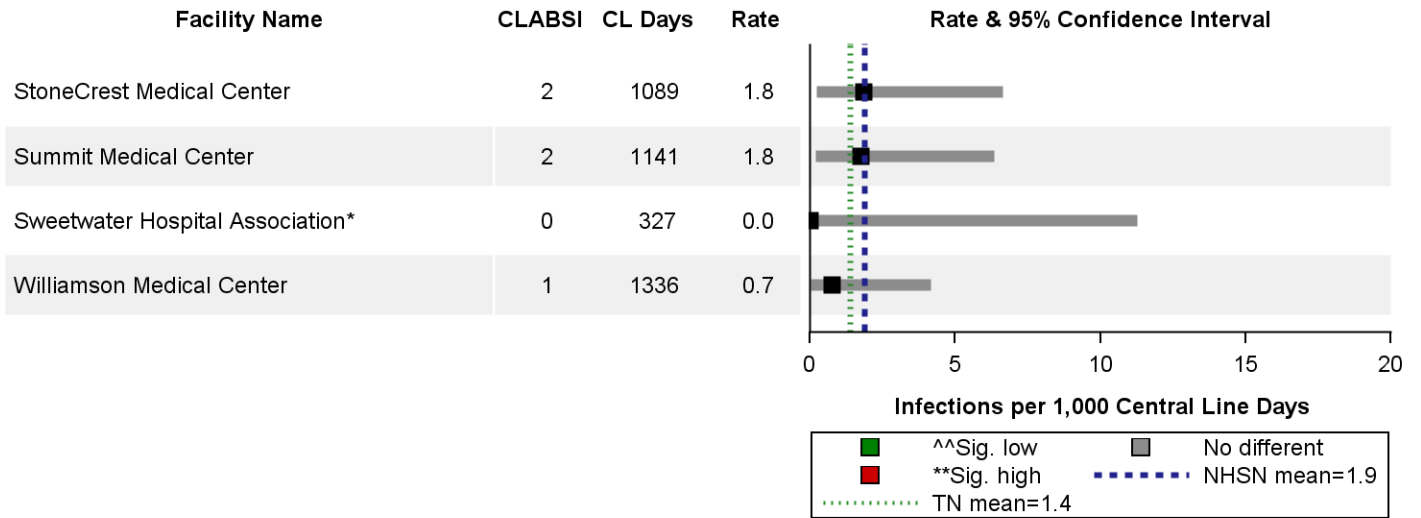
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=1.9; TN pooled mean (01/01/2013 - 12/31/2013)=1.4

Figure 16 (cont'd)



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

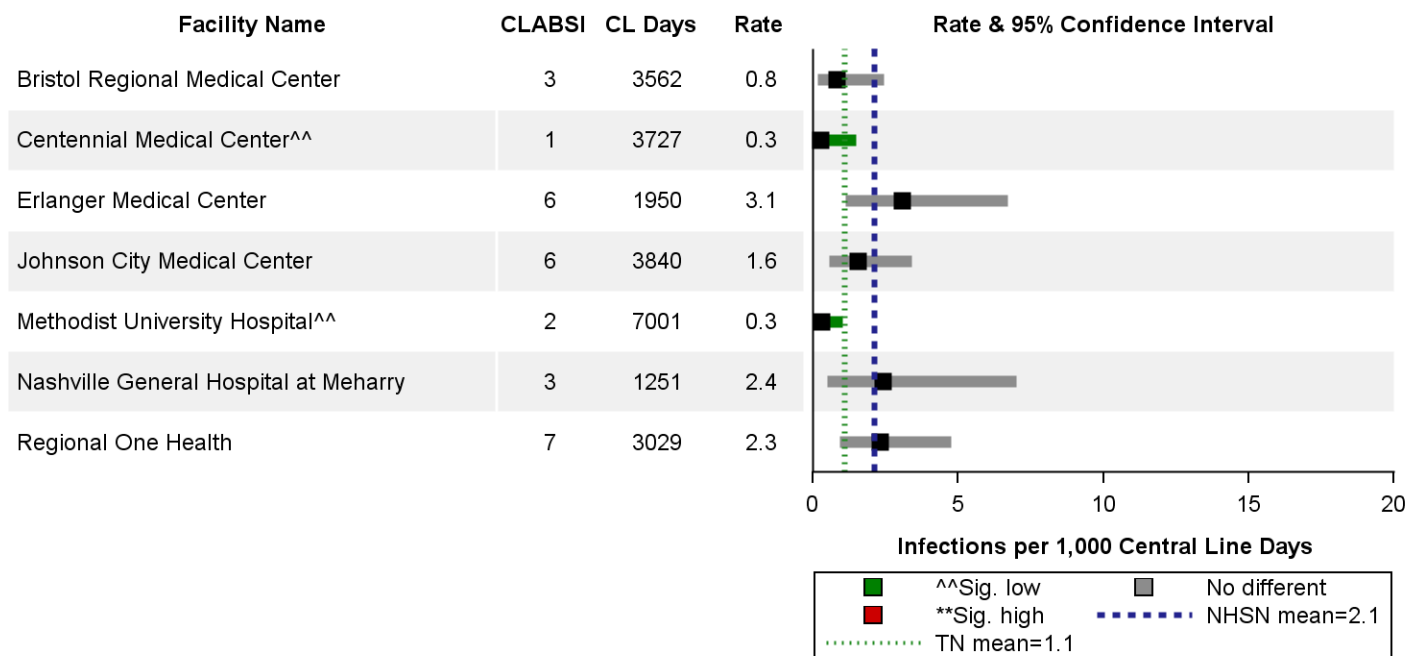
**** Significantly higher than NHSN pooled mean**

^^ Significantly lower than NHSN pooled mean

*** Zero infections, but not statistically significant**

NHSN pooled mean (2006-2008)=1.9; TN pooled mean (01/01/2013 - 12/31/2013)=1.4

Figure 17: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2013 - 12/31/2013, Medical-Surgical Critical Care Major Teaching



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

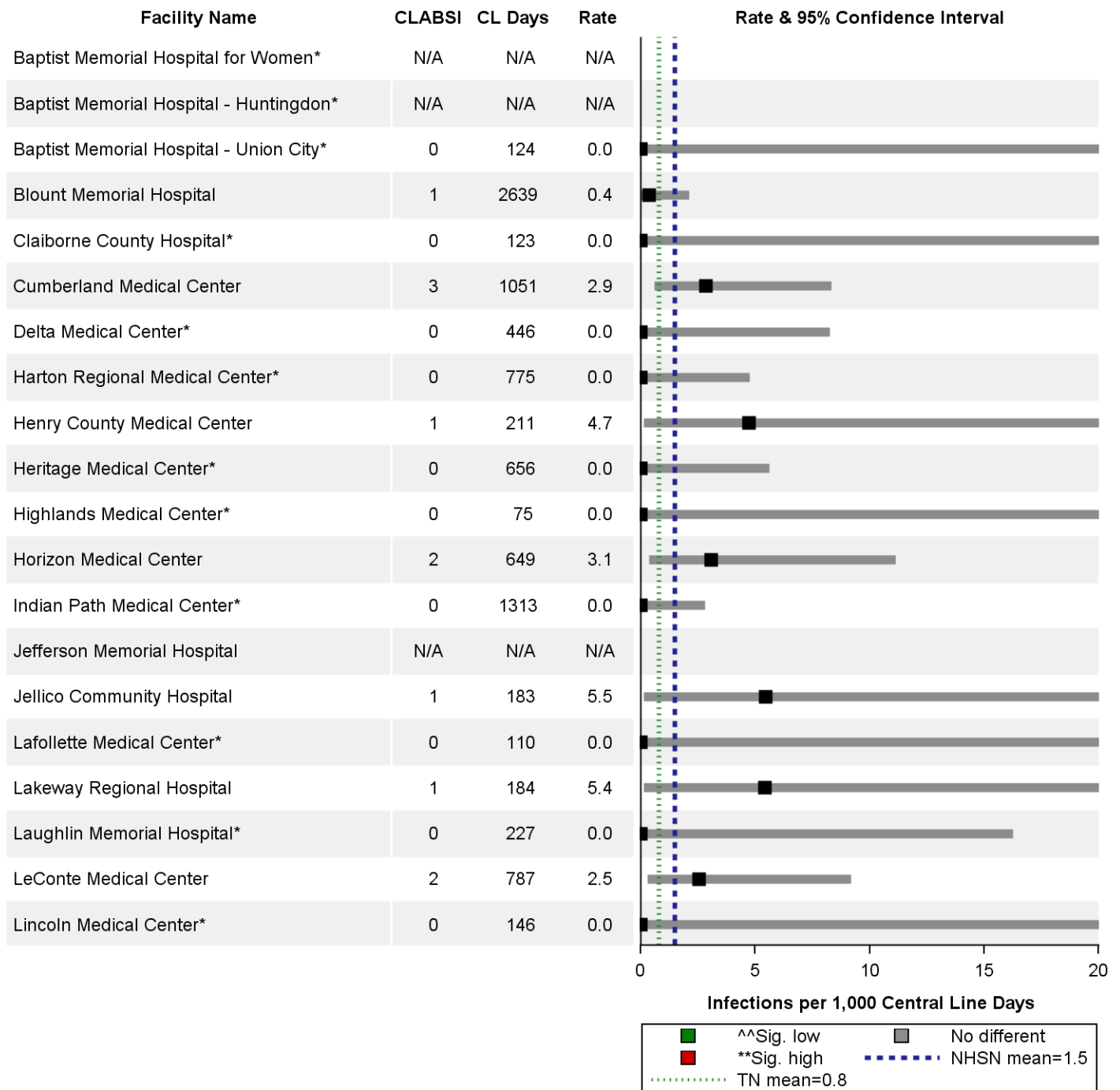
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=2.1; TN pooled mean (01/01/2013 - 12/31/2013)=1.1

Figure 18: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2013 - 12/31/2013, Medical-Surgical Critical Care Non-Major Teaching & ≤15 beds



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

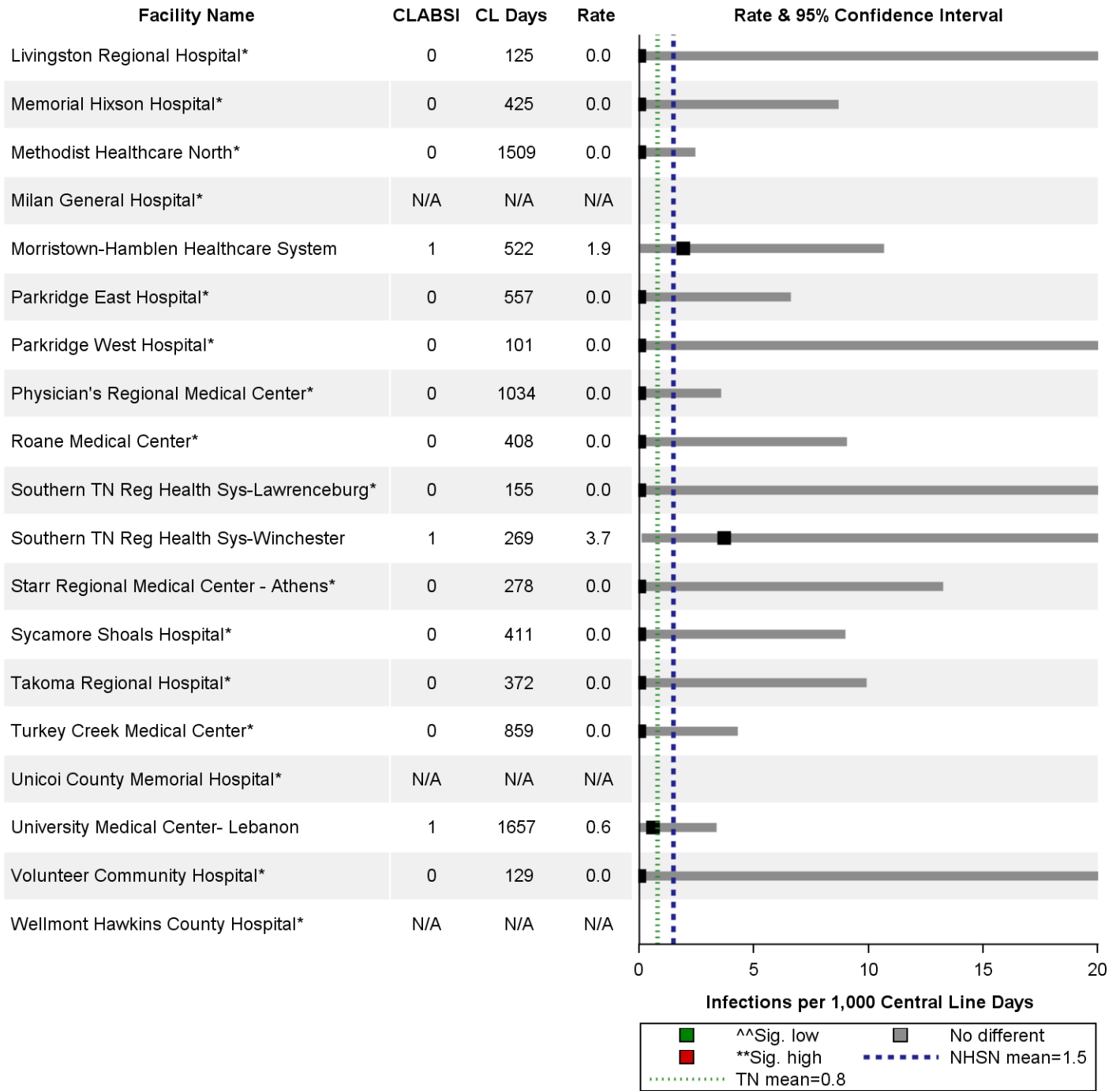
** Significantly higher than NMSN pooled mean

^^ Significantly lower than NMSN pooled mean

* Zero infections, but not statistically significant

NMSN pooled mean (2006-2008)=1.5; TN pooled mean (01/01/2013 - 12/31/2013)=0.8

Figure 18 (cont'd)



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

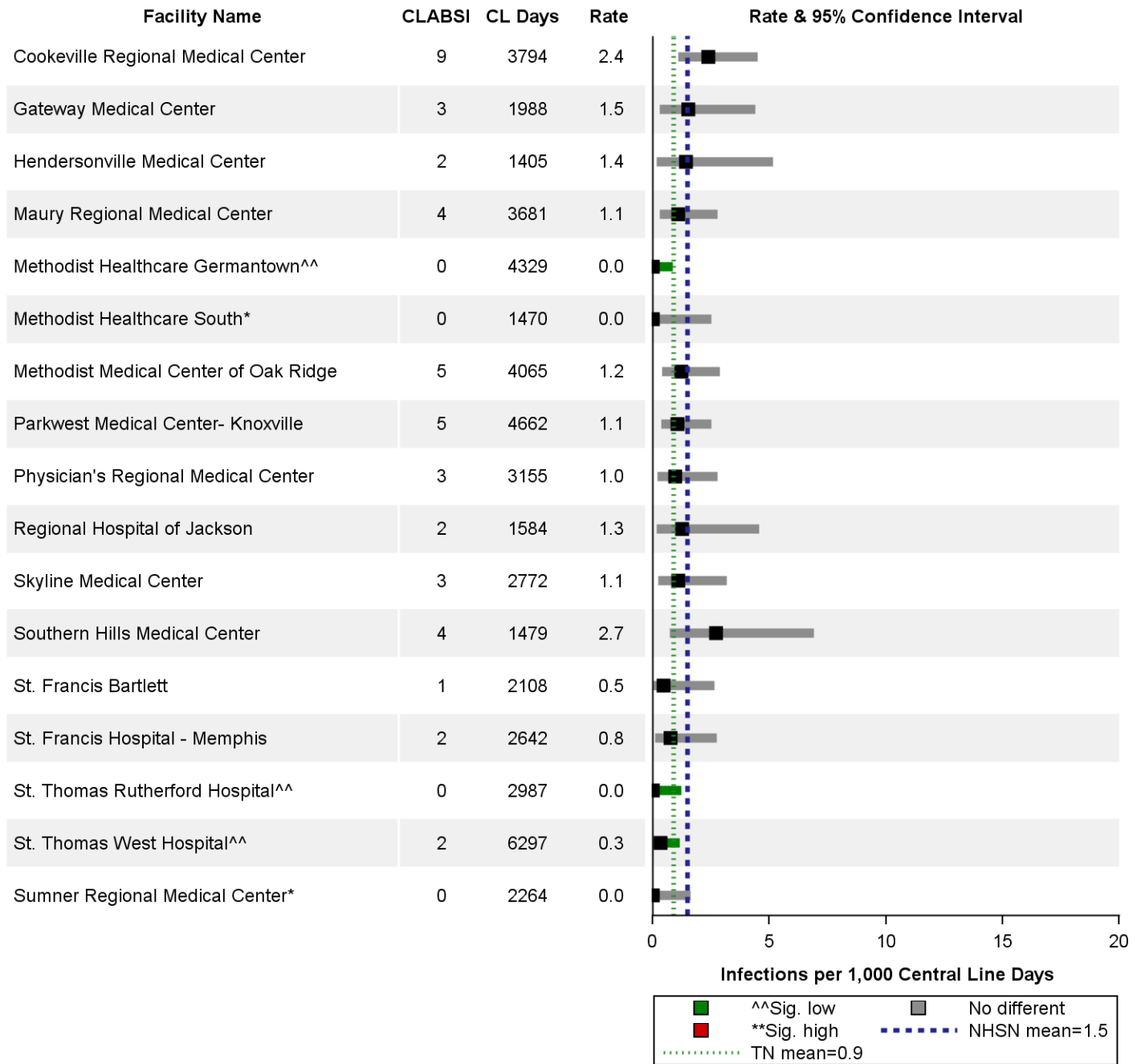
**** Significantly higher than NHSN pooled mean**

^^ Significantly lower than NHSN pooled mean

*** Zero infections, but not statistically significant**

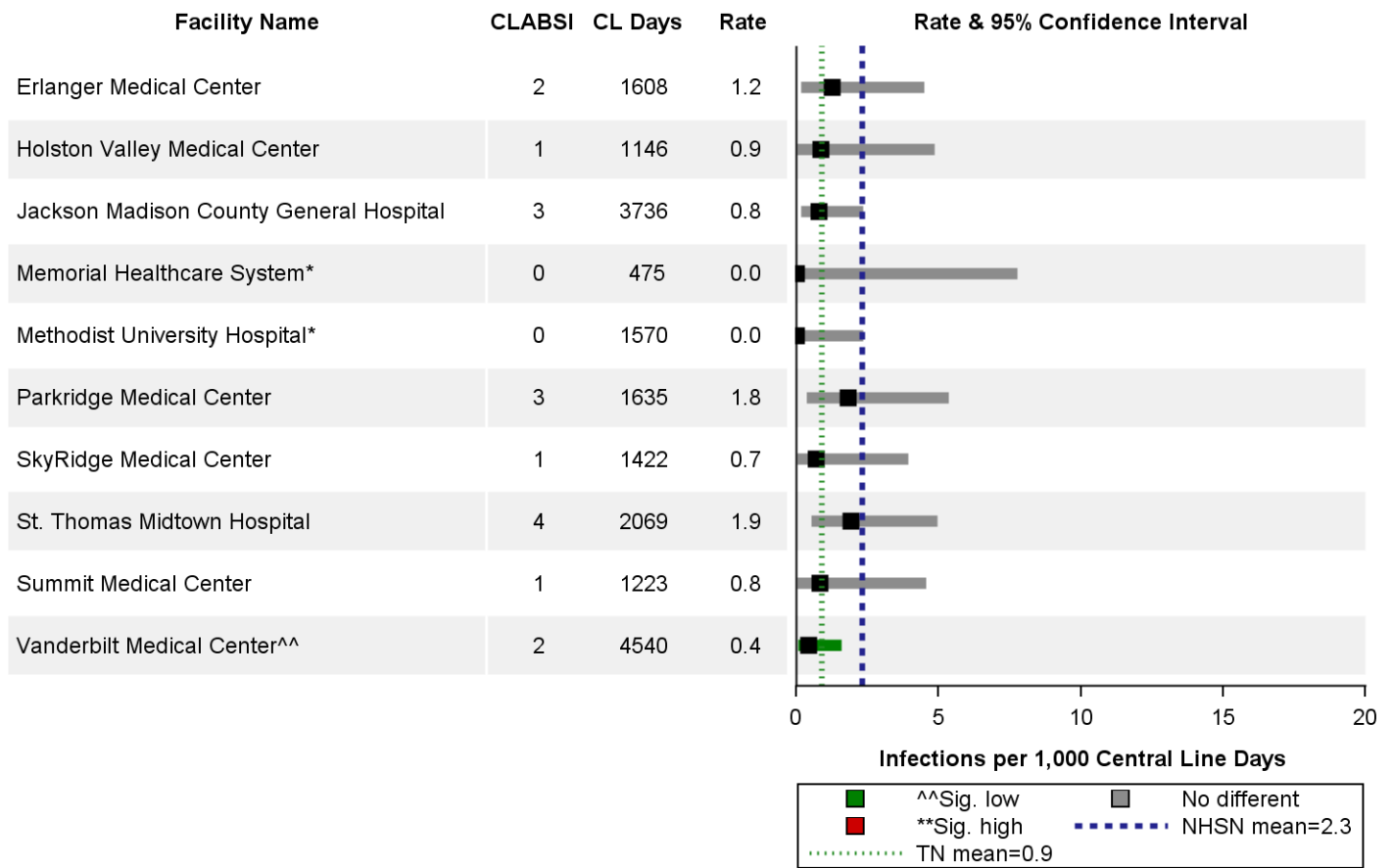
NHSN pooled mean (2006-2008)=1.5; TN pooled mean (01/01/2013 - 12/31/2013)=0.8

Figure 19: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2013 - 12/31/2013, Medical-Surgical Critical Care Non-Major Teaching & >15 beds



Data Reported as of September 4, 2014
CLD = central line days
N/A = rates are not shown for units with <50 central line days
**** Significantly higher than NHSN pooled mean**
^^ Significantly lower than NHSN pooled mean
*** Zero infections, but not statistically significant**
NHSN pooled mean (2006-2008)=1.5; TN pooled mean (01/01/2013 - 12/31/2013)=0.9

Figure 20: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2013 - 12/31/2013, Surgical Critical Care



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

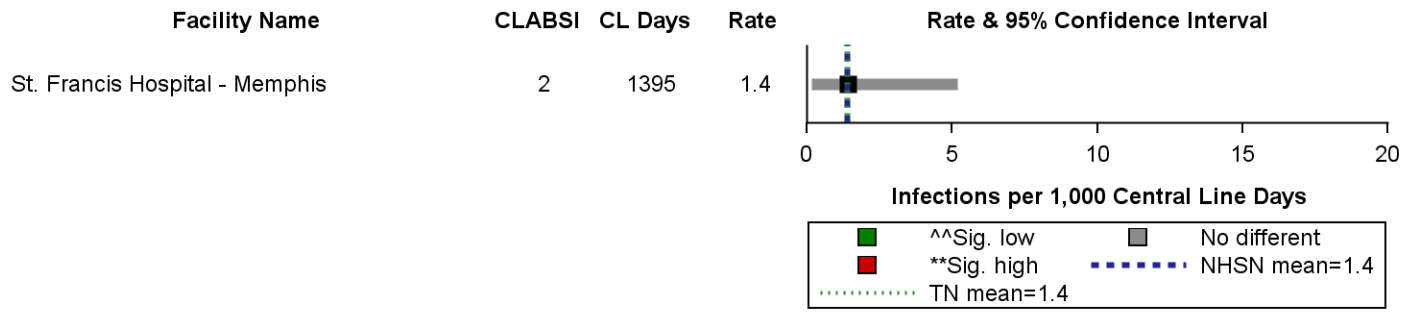
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=2.3; TN pooled mean (01/01/2013 - 12/31/2013)=0.9

Figure 21: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2013 - 12/31/2013, Neurologic Critical Care



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

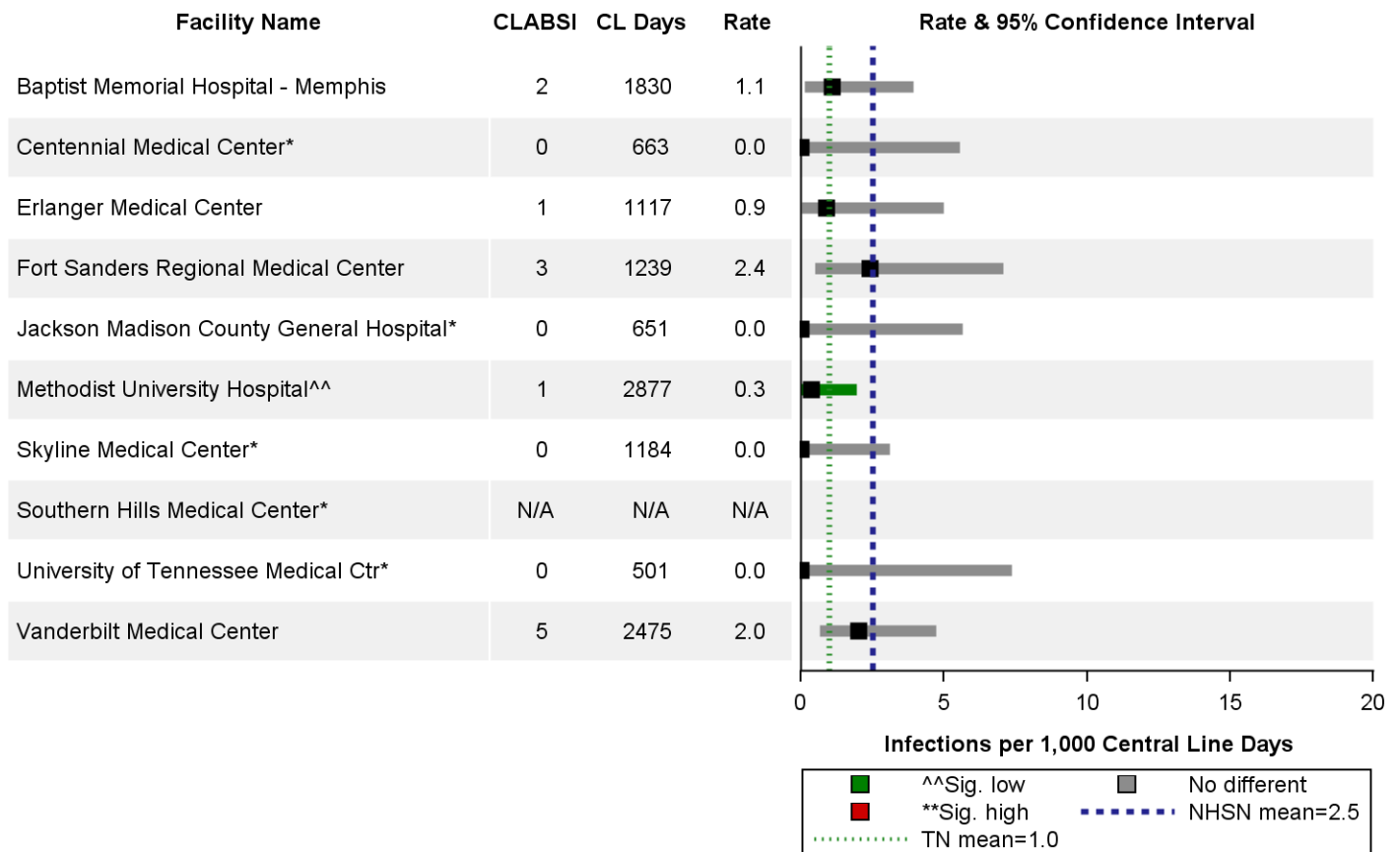
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=1.4; TN pooled mean (01/01/2013 - 12/31/2013)=1.4

Figure 22: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2013 - 12/31/2013, Neurosurgical Critical Care



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

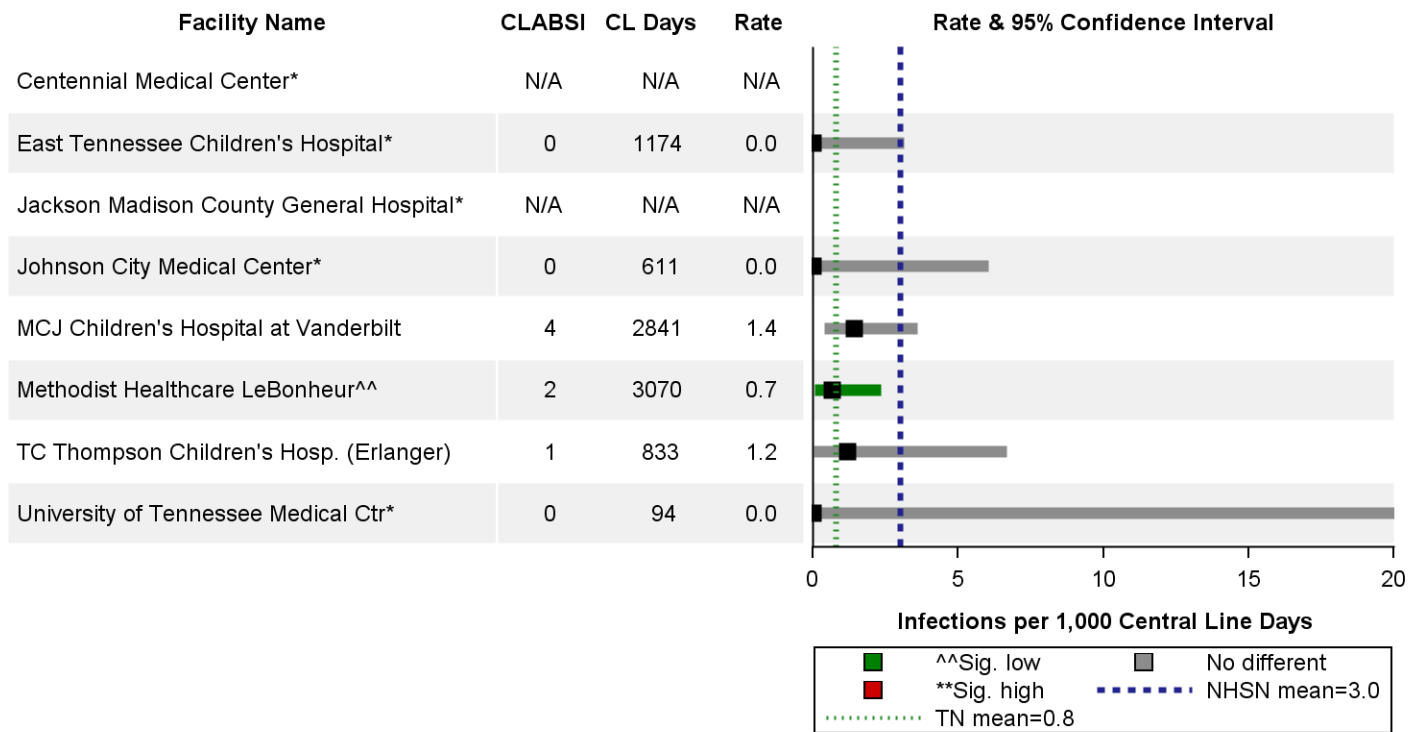
**** Significantly higher than NHSN pooled mean**

^^ Significantly lower than NHSN pooled mean

*** Zero infections, but not statistically significant**

NHSN pooled mean (2006-2008)=2.5; TN pooled mean (01/01/2013 - 12/31/2013)=1.0

Figure 23: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2013 - 12/31/2013, Pediatric Medical-Surgical Critical Care



Data Reported as of September 4, 2014

CLD = central line days

N/A = rates are not shown for units with <50 central line days

** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=3.0; TN pooled mean (01/01/2013 - 12/31/2013)=0.8

CLABSI

Neonatal Critical Care Units

CLABSIs in Neonatal ICUs:

Total number of neonatal ICUs (NICUs) reporting from January-December 2013: 24

CLABSI SIRs by Quarter ([Figure 24](#))

- From July-September 2008 to October-December 2013, the overall CLABSI SIR in Tennessee NICUs fluctuated between a high of 1.32 and a low of 0.34. In the last two quarters of 2013, Tennessee NICUs reached the U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)¹⁷ five-year (2013) prevention target of SIR = 0.50.

Key Percentiles for Tennessee SIRs (Tables [8-9](#))

- The overall SIR across all reporting NICUs in Tennessee from January-December 2013 was statistically significantly lower than the national SIR of 1 (SIR=0.51; 95% CI: 0.38, 0.66). The overall Tennessee SIR from January-December 2013 was lower than the overall SIRs for 2011–2012.
- From January-December 2013, the median (50th percentile) facility-specific SIR was 0.40, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.40.
- From January-December 2013, the Tennessee CLABSI SIR in level III NICUs was significantly lower than 2006–8 national SIR of 1 (SIR=0.39; 95% CI: 0.25, 0.57). The Tennessee CLABSI SIR in level II/III NICUs was not significantly different from 1 (SIR=0.70; 95% CI: 0.47, 1.01).

CLABSI Rates and SIRs by Unit Type and Birth Weight Category (Figures [25-26](#), [Table 10](#))

- CLABSI rates per 1,000 line-days were highest among babies with birth weight 1,001-1,500 g and ≤750 g in level II/III NICUs (2.9 and 2.7 respectively). Rates were lowest among babies with birth weight >2,500 g in level II/III NICUs and 1,001-1,500 g in level III NICUs (0.0).
- CLABSI rates per 1,000 line-days in 2013 were statistically significantly lower than national 2006–2008 rates among babies with birth weight ≤750 g, 751-1,000 g, 1,001-1,500 g, and 1,501-2,500 g in level II NICUs.
- CLABSI rates increased from 2012 to 2013 among babies with birth weight 1,001-1,500 g, and 1,501-2,500 g in level II/III NICUs and 751-1,000 g, and >2,500 g in level III NICUs.

Device Utilization by Unit Type and Birth Weight Category (Figures [27-28](#))

- In 2013, device utilization ratios in level II/III NICUs were higher than national 2006-8 ratios in every birth weight category except >2,500 g. In level III NICUs, 2013 device utilization ratios were higher than national 2006-8 ratios in every birth weight category, but lower than 2012 Tennessee ratios.

Microorganisms Associated with CLABSIs in Neonatal ICUs ([Figure 29](#))

- Among the 56 pathogens isolated from 51 NICU CLABSIs in 2013, the most common pathogens were *Staphylococcus aureus* (27%), coagulase-negative *Staphylococcus* species (20%), and *Escherichia coli* (11%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 18% of total positive isolates, and no vancomycin-resistant *Enterococcus* (VRE) isolates were identified.

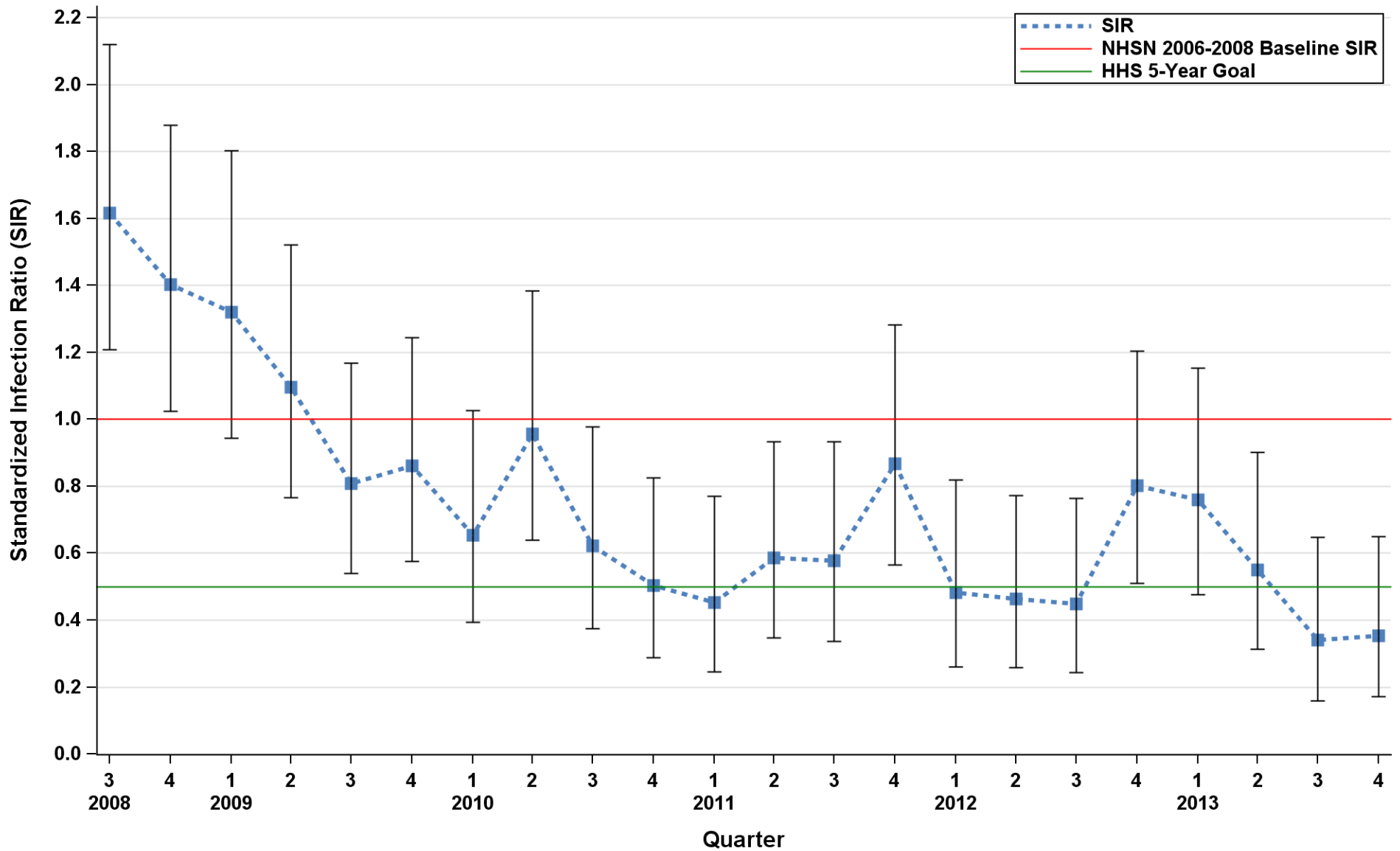
Facility-Specific SIRs ([Figure 30](#))

- One NICU CLABSI SIR per facility is displayed in [Figure 30](#). The bar representing the confidence interval is green if the CLABSI SIR was significantly lower than the national 2006-8 SIR of 1, and red if the SIR was significantly higher than 1. Some NICUs reported zero CLABSIs (indicated with an asterisk), although the SIR may not be statistically significant due to a relatively small number of central line-days.

¹⁷ <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

- In 2013, 5 facilities had a NICU CLABSI SIR that was statistically significantly lower than the 2006-8 national baseline SIR of 1. No facilities had a NICU CLABSI SIR that was statistically significantly higher than the baseline.

Figure 24: Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSI) for Neonatal Intensive Care Units (NICUs) by Quarter, Tennessee, 07/01/2008–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 4, 2014

Table 8: Key Percentiles for Facility-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) in Neonatal Intensive Care Units (NICUs) by Reporting Year, Tennessee, 01/01/2011 - 12/31/2013

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	CL DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2013	24	43,316	51	100.72	0.51	0.38	0.66	13	5	38%	0	0%	0.00	0.17	0.40	0.84	1.05	
	2012	24	46,555	58	105.89	0.55	0.42	0.70	13	3	23%	0	0%	0.00	0.19	0.46	0.71	0.95	
	2011	24	45,962	66	106.15	0.62	0.49	0.79	14	3	21%	0	0%	0.18	0.33	0.66	0.88	1.47	

Data reported as of September 4, 2014

No. = number of facilities; CL Days = central line days; OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI; SIR = standardized infection ratio (observed/predicted number of CLABSI)

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Table 9: Key Percentiles for Unit-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) by Type of Neonatal Intensive Care Unit (NICU) and Reporting Year, Tennessee, 01/01/2011 - 12/31/2013

ICU TYPE	YEAR	No.	CL DAYS	No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			DISTRIBUTION OF FACILITY-SPECIFIC SIRs					
				OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	10%	25%	50%	75%	90%
Neonatal ICU, Level II/III	2013	18	16,840	27	38.44	0.70	0.47	1.01	7	0.00	0.00	0.40	1.05	1.33
	2012	18	16,457	27	36.83	0.73	0.49	1.05	7	0.00	0.00	0.55	0.95	1.60
	2011	17	14,800	20	30.63	0.65	0.41	0.99	7	0.14	0.37	0.59	0.88	1.63
Neonatal ICU, Level III	2013	6	26,476	24	62.28	0.39	0.25	0.57	6	0.00	0.17	0.37	0.49	0.94
	2012	7	30,098	31	69.06	0.45	0.31	0.63	6	0.00	0.19	0.43	0.66	0.71
	2011	7	31,162	46	75.52	0.61	0.45	0.81	7	0.18	0.24	0.73	0.94	1.47

Data reported as of September 4, 2014

No. = number of facilities; CL Days = central line days; OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI; SIR = standardized infection ratio (observed/predicted number of CLABSI)

N/A = not reported if the number of facilities is <5

Key percentiles include units with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Table 10: Comparison of Tennessee and National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Rates and Standardized Infection Ratios (SIRs) by Type of Neonatal Intensive Care Unit (NICU), 01/01/2013 - 12/31/2013

		TENNESSEE 01/01/2013 - 12/31/2013					NHSN 2006-2008			SIR AND 95% CONFIDENCE INTERVAL		
ICU TYPE	Birth Weight Category	No.	CLABSI	CL DAYS	POOLED MEAN*	MEDIAN RATE*	CLABSI	CL DAYS	POOLED MEAN*	SIR	LOWER LIMIT	UPPER LIMIT
Neonatal ICU, Level II/III	≤750 grams	18	9	3,374	2.7	0.0	329	77,283	4.3	0.63	0.31	1.15
	751-1000 grams	18	4	2,946	1.4	0.0	199	65,801	3.0	0.45	0.14	1.08
	1001-1500 grams	18	12	4,170	2.9	0.0	145	78,352	1.9	1.56	0.84	2.64
	1501-2500 grams	18	2	3,532	0.6	0.0	82	62,268	1.3	0.43	0.07	1.42
	>2500 grams	18	0	2,818	0.0	0.0	65	65,559	1.0	0.00	0.00	1.07
	TOTAL									0.70	0.47	1.01
Neonatal ICU, Level III	≤750 grams	6	7	5,818	1.2	1.3	559	155,220	3.6	0.33	0.15	0.66
	751-1000 grams	6	7	4,903	1.4	1.8	413	140,785	2.9	0.49	0.21	0.96
	1001-1500 grams	6	0	4,941	0.0	0.0	306	147,305	2.1	0.00	0.00	0.29
	1501-2500 grams	6	2	4,798	0.4	0.0	223	122,883	1.8	0.23	0.04	0.76
	>2500 grams	6	8	6,016	1.3	0.3	170	128,245	1.3	1.00	0.47	1.91
	TOTAL									0.39	0.25	0.57
TOTAL									0.51	0.38	0.66	

Data reported as of September 4, 2014

No. = number of facilities

CL Days = central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

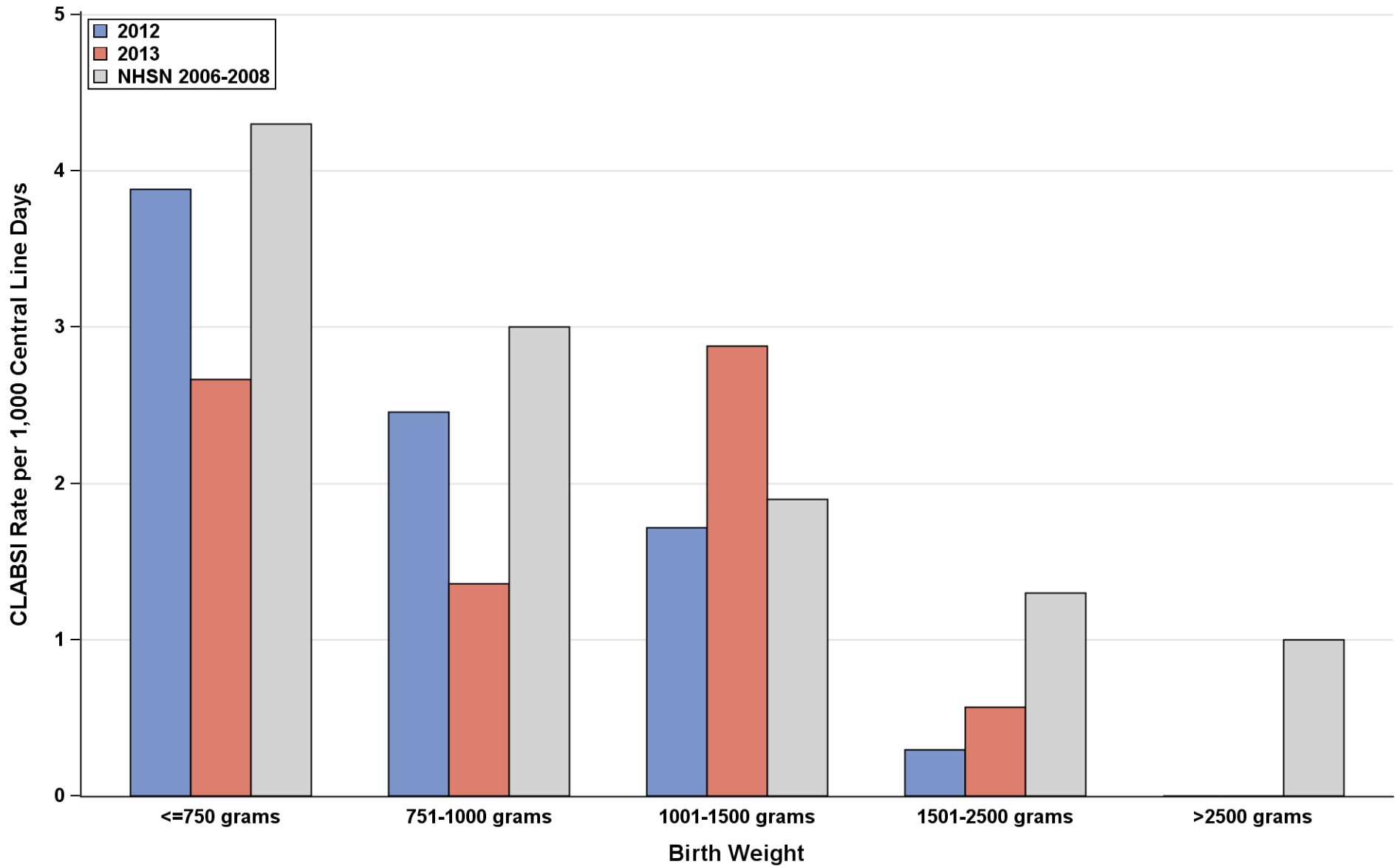
N/A = not available

*per 1000 central line days

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

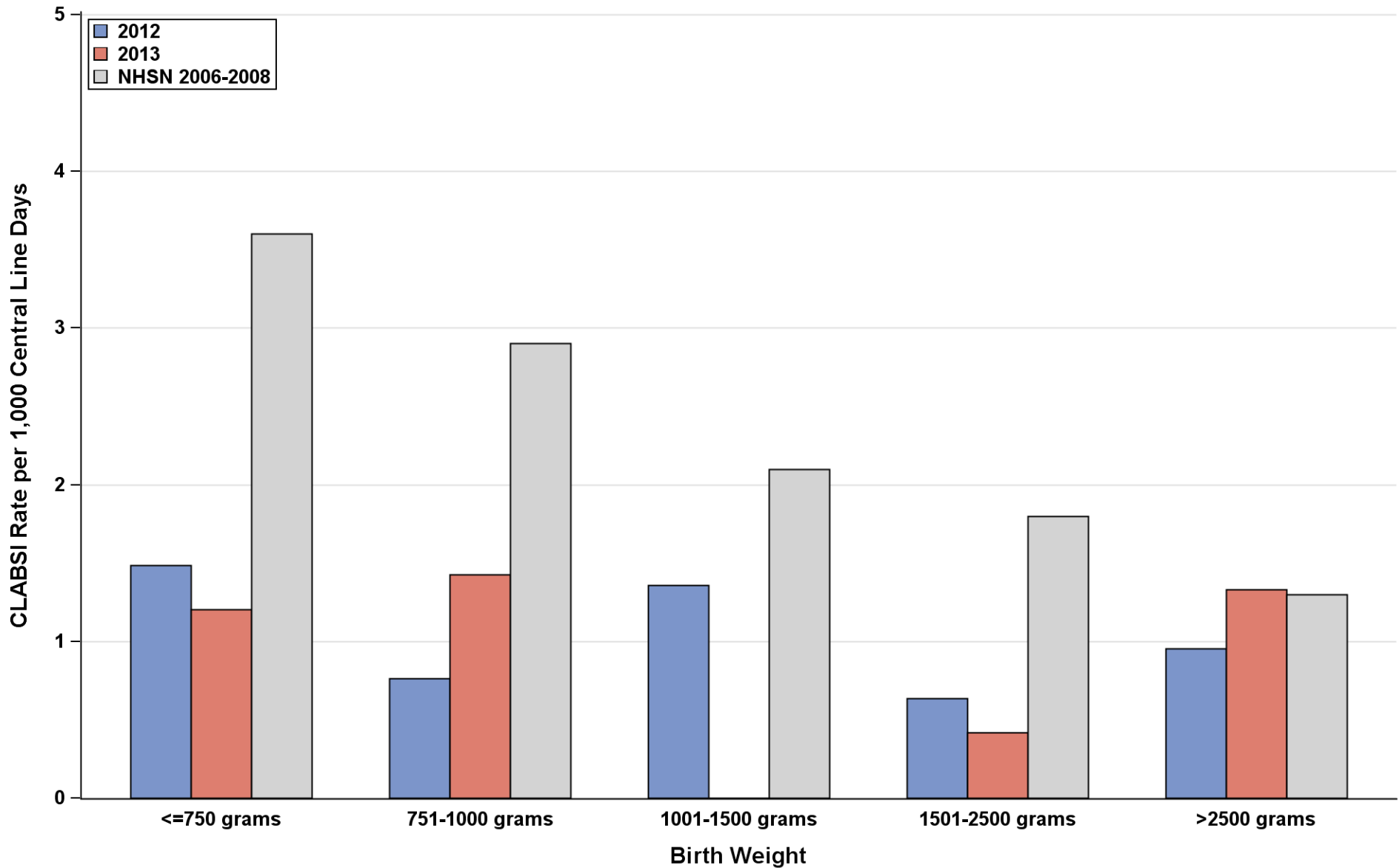
Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Figure 25: Central Line-Associated Bloodstream Infection (CLABSI) Pooled Mean Rates per 1,000 Central Line Days in Level II/III Neonatal Intensive Care Units by Birth Weight Category, Tennessee, 2012 and 2013, vs. National Healthcare Safety Network (NHSN), 2006-8



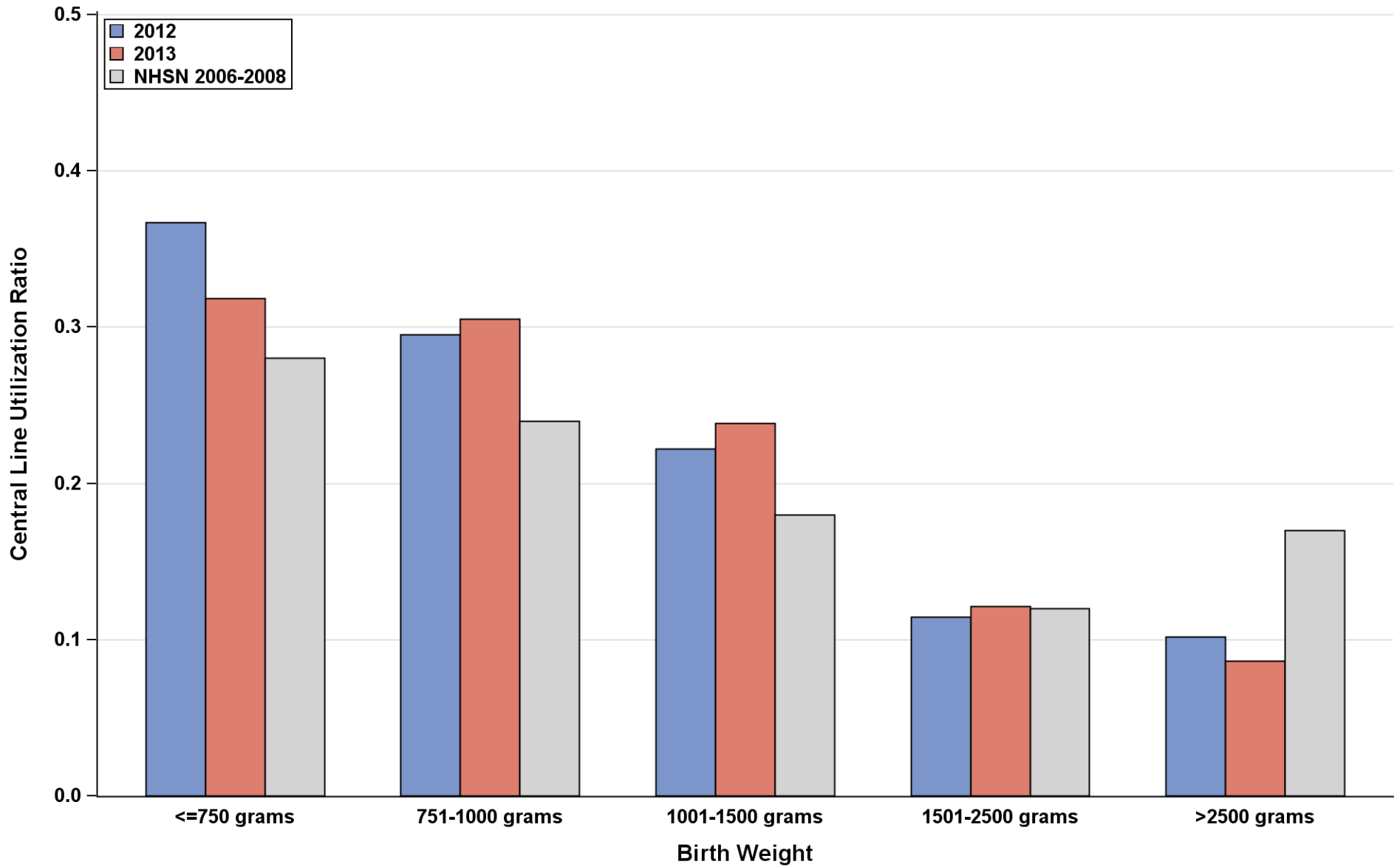
Data Reported as of September 4, 2014

Figure 26: Central Line-Associated Bloodstream Infection (CLABSI) Pooled Mean Rates per 1,000 Central Line Days in Level III Neonatal Intensive Care Units by Birth Weight Category, Tennessee, 2012 and 2013, vs. National Healthcare Safety Network (NHSN), 2006-8



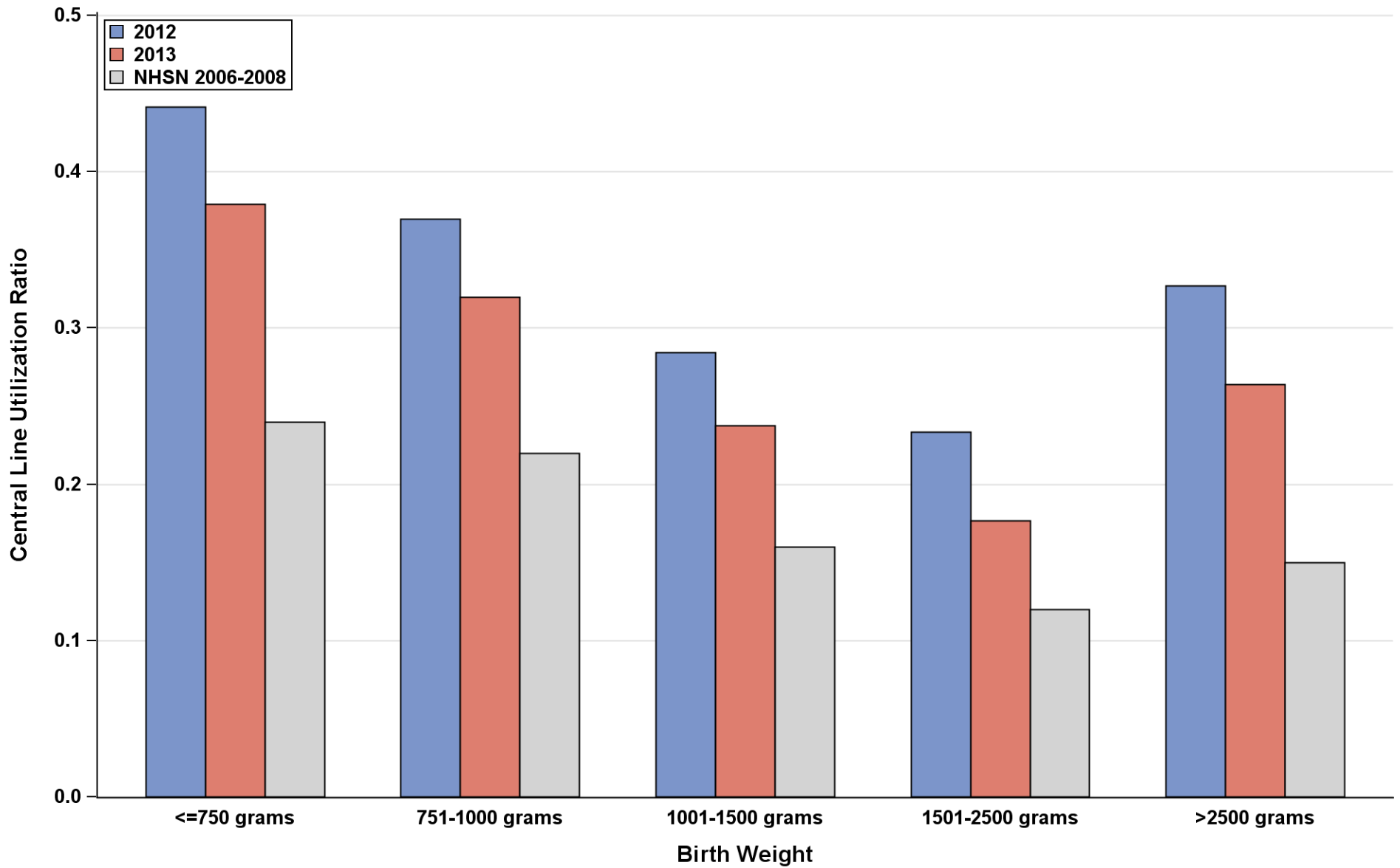
Data Reported as of September 4, 2014

Figure 27: Central Line Utilization Ratios in Level II/III Neonatal Intensive Care Units by Birth Weight Category, Tennessee, 2012 and 2013, vs. National Healthcare Safety Network (NHSN), 2006-8



Data Reported as of September 4, 2014

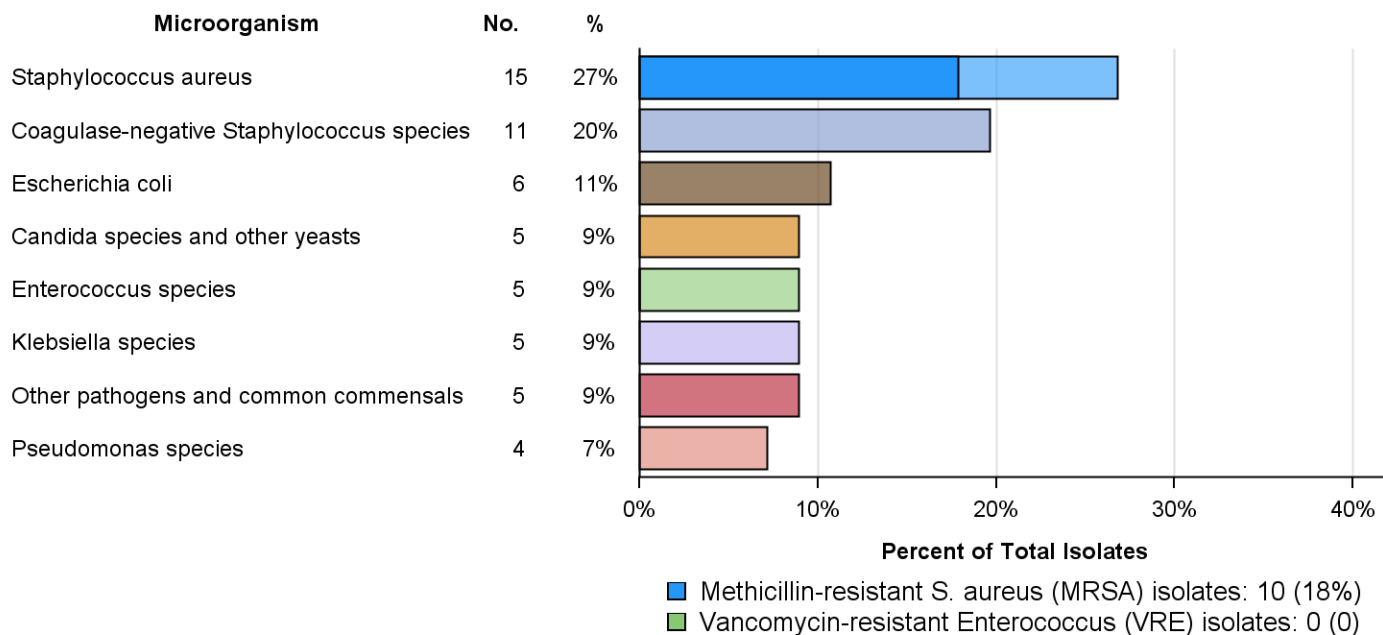
Figure 28: Central Line Utilization Ratios in Level III Neonatal Intensive Care Units by Birth Weight Category, Tennessee, 2012 and 2013, vs. National Healthcare Safety Network (NHSN), 2006-8



Data Reported as of September 4, 2014

Figure 29: Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSIs) in Neonatal Intensive Care Units, Tennessee, 01/01/2013 - 12/31/2013

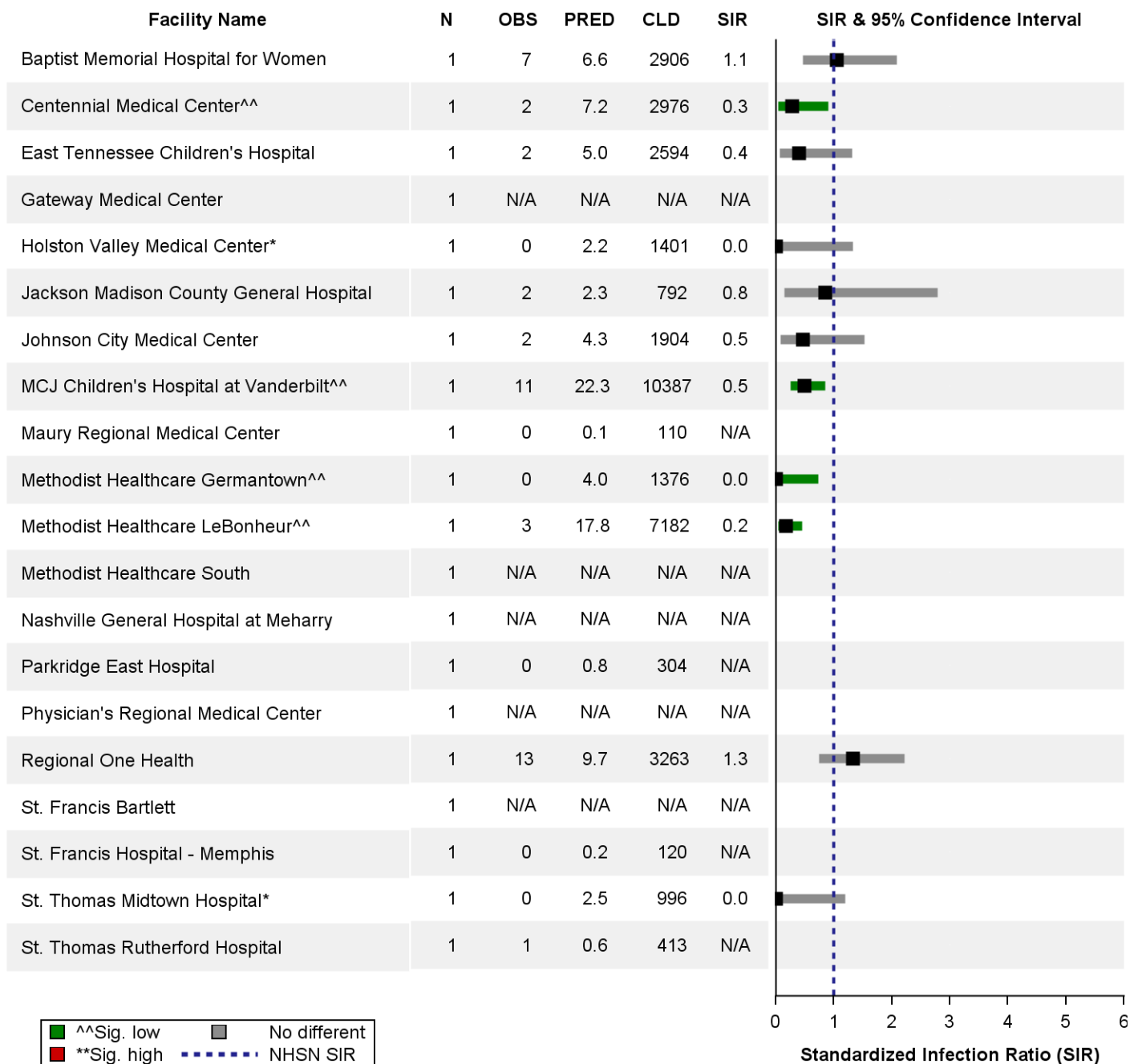
Number of isolates=56; Number of events=51



Data reported as of September 4, 2014

Other pathogens = Citrobacter spp., Enterobacter spp., Sphingomonas spp., and Streptobacillus spp.

Figure 30: Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio (SIR) for Neonatal Intensive Care Units in Acute Care Facilities, Tennessee, 01/01/2013 – 12/31/2013



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of CLABSI)

CLD = number of central line days

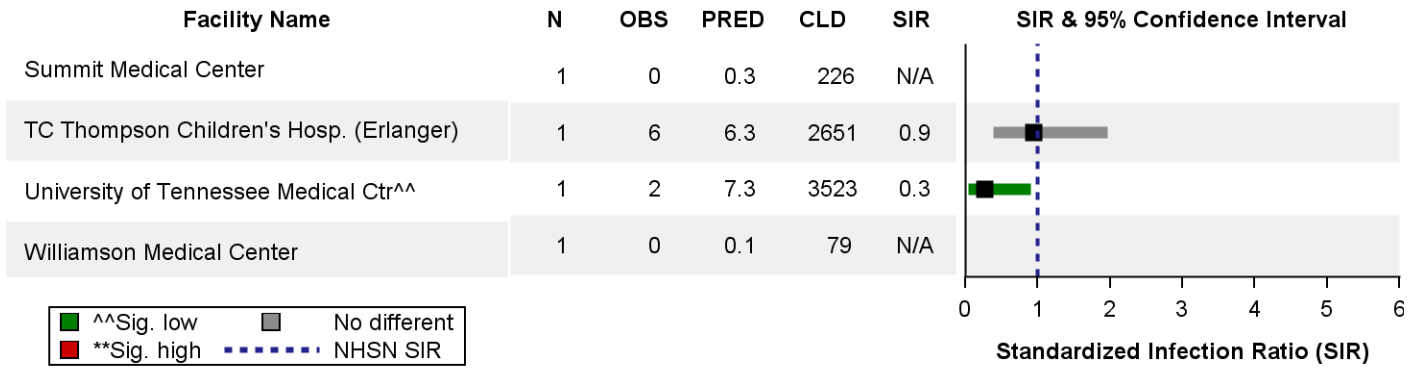
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 30 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of CLABSI)

CLD = number of central line days

N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

**** Significantly higher than national baseline**

^^ Significantly lower than national baseline

*** Zero infections, but not statistically significant**

CLABSI

Long-term Acute Care Facilities

CLABSIs in Long-Term Acute Care (LTAC) Facilities:

Total number of facilities reporting from January-December 2013: 9

SIRs by Quarter ([Figure 31](#))

- From July–September 2010 to October–December 2013, the overall CLABSI SIR for Tennessee LTACs fluctuated from a high of 1.29 and a low of 0.41. The SIR rose in the first two quarters of 2013, but decreased in the second two quarters to 0.63.

Key Percentiles for Tennessee SIRs ([Table 11](#))

- The overall CLABSI SIR across all reporting LTACs in Tennessee from January-December 2013 was statistically significantly lower than the national SIR of 1 (SIR=0.74; 95% CI: 0.59, 0.90). The overall CLABSI SIR across all reporting LTACs in Tennessee SIR from January-December 2013 was higher than the overall SIR for 2012, but lower than the 2011 SIR.
- From January-December 2013, the median facility-specific SIR was 0.76, indicating that half of all reporting Tennessee LTACs with at least 1 predicted infection had a SIR at or below 0.76.

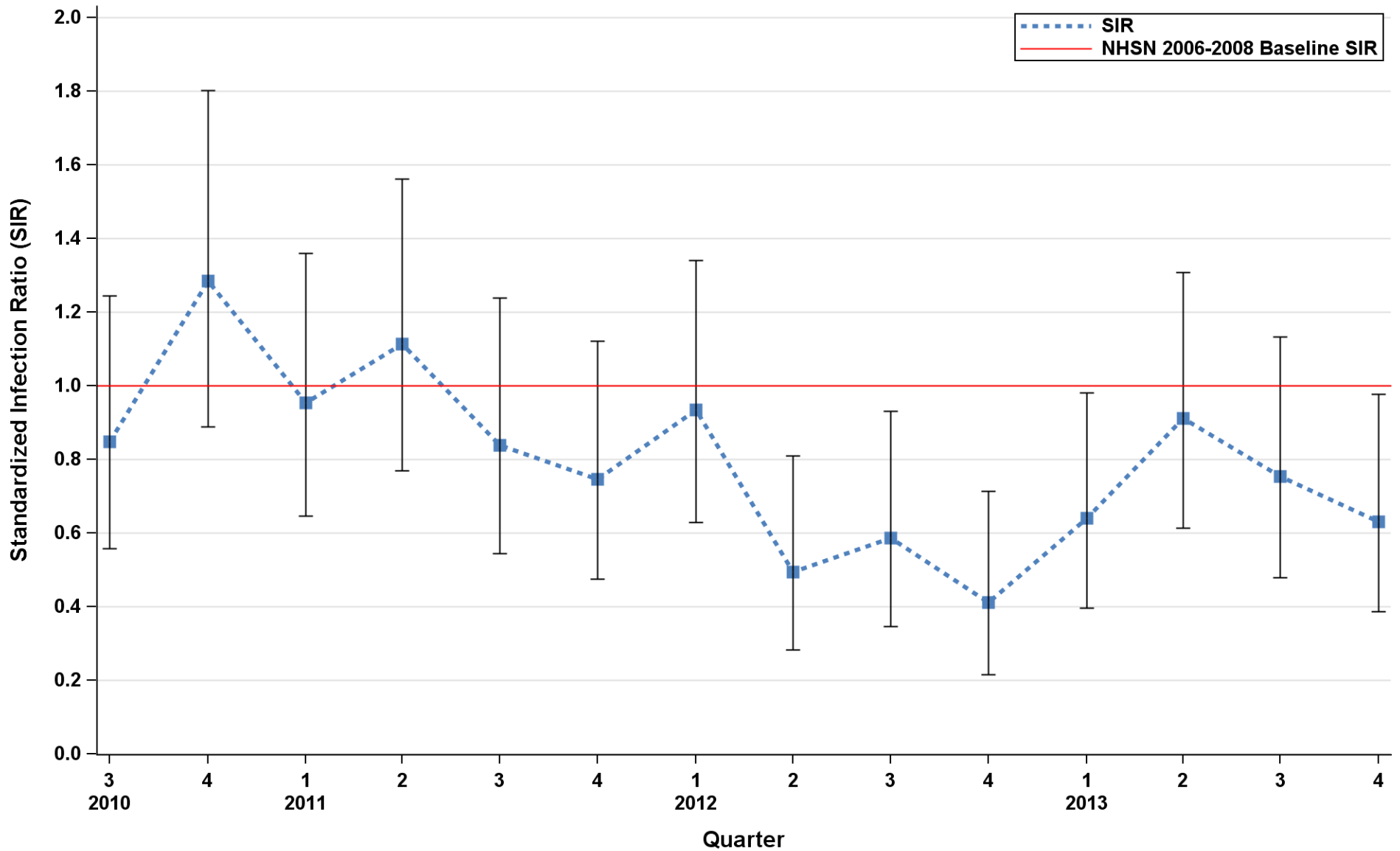
Rates by Unit Type ([Table 12](#))

- One type of LTAC location (LTAC ward) was present in Tennessee during the reporting period. The pooled mean CLABSI rate in Tennessee LTAC wards in 2013 was significantly lower than the NHSN 2006-8 pooled mean rate (1.3 vs. 1.7 CLABSIs per 1,000 line-days).

Microorganisms Associated with CLABSIs in LTACs ([Figure 32](#))

- Among the 94 pathogens isolated from 85 LTAC CLABSIs in 2013, the most common pathogens were *Enterococcus* species (22%), *Candida* species and other yeasts (15%), and coagulase-negative *Staphylococcus* species (15%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 9% and vancomycin-resistant *Enterococcus* (VRE) for 11% of total positive isolates.

Figure 31: Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSI) for Long-term Acute Care (LTAC) Facilities by Quarter, Tennessee, 07/01/2010–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 4, 2014

Table 11: Key Percentiles for Facility-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) in Long-term Acute Care (LTAC) Facilities by Reporting Year, Tennessee, 01/01/2011 - 12/31/2013

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	CL DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2013	9	66,977	85	115.65	0.74	0.59	0.90	9	3	33%	0	0%	0.17	0.47	0.76	1.12	1.70	
	2012	9	64,435	68	111.26	0.61	0.48	0.77	9	2	22%	0	0%	0.17	0.50	0.57	0.81	1.11	
	2011	9	65,311	103	112.78	0.91	0.75	1.10	9	2	22%	0	0%	0.07	0.48	1.00	1.45	1.50	

Data reported as of September 4, 2014

No. = number of facilities; CL Days = central line days; OBS = observed number of CLABSI

PRED = statistically 'predicted' number of CLABSI; SIR = standardized infection ratio (observed/predicted number of CLABSI)

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Table 12: Comparison of Tennessee and National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Rates and Standardized Infection Ratios (SIRs) by Long-term Acute Care (LTAC) Location, 01/01/2013 - 12/31/2013

ICU TYPE	TENNESSEE 01/01/2013 - 12/31/2013					NHSN 2006-2008				SIR AND 95% CONFIDENCE INTERVAL		
	No.	CLABSI	CL DAYS	POOLED MEAN*	MEDIAN RATE*	CLABSI	CL DAYS	POOLED MEAN*	MEDIAN RATE*	SIR	LOWER LIMIT	UPPER LIMIT
LTAC Ward	9	85	66,977	1.3	1.3	298	172,576	1.7	.	0.74	0.59	0.90

Data reported as of September 4, 2014

No. = number of facilities

CL Days = central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

N/A = not available

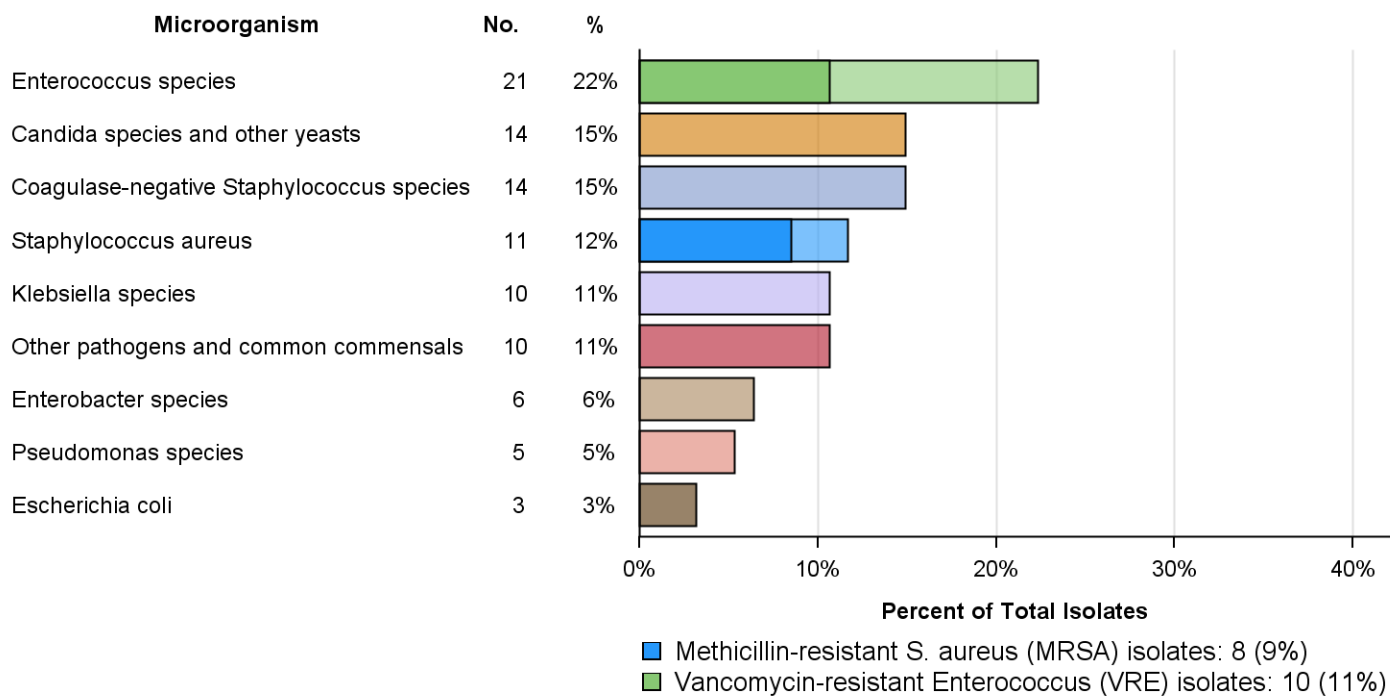
*per 1000 central line days

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Figure 32: Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSIs) in Long-term Acute Care (LTAC) Facilities, Tennessee, 01/01/2013 - 12/31/2013

Number of isolates=94; Number of events=85



Data reported as of September 4, 2014

Other pathogens = *Acinetobacter spp.*, *Citrobacter spp.*, *Morganella spp.*, *Other Staphylococcus spp.*, *Proteus spp.*, *Roseomonas spp.*, *Serratia spp.*, and *Streptococcus spp.*

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)

Catheter-Associated Urinary Tract Infections (CAUTI)

An indwelling urinary catheter is a drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system. When pathogens enter the urinary tract through the urinary catheter and lead to urinary tract infections, these infections are known as catheter-associated urinary tract infections. Healthcare facilities can prevent CAUTIs by following appropriate infection prevention recommendations when inserting and maintaining indwelling urinary catheters, and by removing a urinary catheter as soon as it is no longer medically necessary (see [Patient Guide to CAUTI](#)¹⁸).

Reporting Requirements

Tennessee acute care hospitals have been required to report CAUTI data in adult and pediatric ICUs to TDH since January 2012. Long-term acute care (LTAC) facilities and inpatient rehabilitation facilities (IRF) began reporting CAUTI data in October 2012.

To comply with these reporting requirements, facilities are required to follow the [NHSN CAUTI Surveillance protocol](#)¹⁹, which is updated each year with CAUTI surveillance definitions and reporting instructions. Facilities must report the number of urinary catheter and patient days for each applicable location each month to NHSN. They are also required to report any urinary tract infections which meet the NHSN surveillance definition of a CAUTI in required locations.

Changes to Surveillance Definitions

In January 2013, NHSN added a new rule that an indwelling urinary catheter must be both in place for > 2 days before all elements of the UTI criterion were first present together, and the urinary catheter must be in place the day of the event or the day before in order to meet the definition of a CAUTI. Criterion elements must occur within a timeframe that does not exceed a gap of 1 calendar day.

Facility-Specific Data Thresholds

When the number of urinary catheter-days (UCD) is small, even a few infections may yield a numerically high infection rate. To ensure fair and accurate reporting of facility-specific CAUTI rates and standardized infection ratios (SIR), TDH has adopted the NHSN minimum thresholds for reporting. To report a facility-specific CAUTI rate or SIR, there must be a minimum of 50 urinary catheter-days for the reporting period. To report a facility-specific SIR, the statistically predicted number of infections must be at least 1.0.

CAUTI Risk Adjustment

Tennessee CAUTI rates were compared to national rates using the same statistical methods implemented in NHSN for comparing hospital rates to national rates within risk categories. For adult and pediatric ICU patients with urinary catheters, risk adjustment is limited to the type of hospital location; hospital type and unit bed size are used to categorize ICUs in some instances. We used the SIR as a summary measure to compare CAUTI data in adult, pediatric, and neonatal ICUs in Tennessee to published [national \(NHSN\) data for 2009](#)²⁰ for each location type. The CAUTI SIR is calculated by dividing the total number of observed CAUTI events by the predicted* number of CAUTIs, using the CAUTI rates from the standard population (in this case, national NHSN 2009 data). This predicted number, which can also be understood as a projection, is calculated by multiplying the national CAUTI rate from the standard population by the observed number of urinary catheter-days for each stratum.

¹⁸ http://www.cdc.gov/hai/pdfs/uti/CA-UTI_tagged.pdf

¹⁹ <http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf>

²⁰ http://www.cdc.gov/nhsn/PDFs/NHSNReport_DataSummaryfor2009.pdf

* “Predicted” is used throughout the report as a synonym for the standard statistical term “expected”.

The following table illustrates the method of calculating a SIR across two risk strata (two ICU types: medical cardiac and surgical) for which national data exist from NHSN. If the observed data represented a follow-up period such as January–December 2012, one would state that a SIR of 0.82 implies that there were 18% fewer CAUTIs than predicted for the facility during that time period.

Risk Group Stratifier	Observed CAUTI Rates			NHSN CAUTI Rates for 2009 (Standard Population)		
Location Type	#CAUTI	#Urinary catheter-days	CAUTI rate*	#CAUTI	#Urinary catheter-days	CAUTI rate*
Medical cardiac ICU	170	100,000	1.7	348	177,455	2.0
Surgical ICU	116	58,000	2.0	611	235,104	2.6
$\text{SIR} = \frac{\text{observed}}{\text{expected}} = \frac{170 + 116}{100,000 \times \left(\frac{2.0}{1,000}\right) + 58,000 \times \left(\frac{2.6}{1,000}\right)} = \frac{286}{200 + 150.8} = \frac{286}{350.8} = 0.82$						

In summary, to calculate the CAUTI Standardized Infection Ratio (SIR) for a facility:

1. For each reporting unit, multiply the number of urinary catheter-days (UCD) by the published national infection rate for that unit type to estimate the number of infections predicted (expected) for that unit if it were to produce CAUTIs at the same frequency as the national rate (UCD*100 x national rate / 1000).
2. Within each hospital, calculate the sum of predicted (expected) infections and the sum of reported infections across all reporting units.
3. Calculate the SIR by dividing the total reported infections by the total predicted (expected) infections.

CATHETER ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)

Adult and Pediatric Critical Care Units

CAUTIs in Adult/Pediatric ICUs:

Total number of hospitals reporting from January-December 2013: 92

SIRs by Quarter ([Figure 33](#))

- From January-March 2012 to October-December 2013, the overall CAUTI SIR in Tennessee adult and pediatric ICUs stayed relatively steady between 1.34 and 1.52, statistically significantly higher than the 2009 national baseline SIR of 1.

Key Percentiles for Tennessee SIRs ([Figure 34](#), [Tables 13-14](#))

- The overall CAUTI SIR across all reporting adult and pediatric ICUs in Tennessee from January-December 2013 was statistically significantly higher than the national SIR of 1 (SIR=1.37; 95% CI: 1.29, 1.46). This SIR indicates that the number of CLABSIs in ICUs was 37% higher than predicted, compared to national NHSN 2009 data.
- From January-December 2013, the median (50th percentile) facility-specific SIR was 0.85, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.85.
- In 2013, CAUTI SIRs were statistically significantly higher than the 2009 national baseline SIR in burn ICUs, medical ICUs in major teaching hospitals, medical-surgical ICUs with more than 15 beds in non-major teaching hospitals, neurosurgical ICUs, surgical cardiothoracic ICUs, and trauma ICUs. Only neurologic ICUs had an SIR that was statistically significantly lower than the national baseline.

Rates by Unit Type ([Figure 35](#), [Table 15](#))

- In 2013, CLABSI rates were highest among burn critical care units (8.7 CAUTI per 1,000 urinary catheter days) and lowest among neurologic critical care units (0.0 CAUTI per 1,000 urinary catheter days).

Device Utilization by Unit Type ([Figure 36](#))

- In 2013, urinary catheter utilization ratios were higher than 2009 national baseline utilization ratios in burn ICUs, medical cardiac ICUs, and medical-surgical ICUs with >15 beds in non-major teaching hospitals.
- Between 2012 and 2013, device utilization ratios decreased mostly dramatically in burn ICUs and neurologic ICUs.

Microorganisms Associated with CAUTIs in Adult and Pediatric ICUs ([Figure 37](#))

- Among the 1,036 pathogens isolated from 935 CAUTIs in 2013, the most common pathogens were *Candida* species and other yeasts (33%), *Escherichia coli* (22%), and *Enterococcus* species (13%). Methicillin-Resistant *S. aureus* (MRSA) accounted for less than 1% and vancomycin-resistant *Enterococcus* (VRE) for 2% of total positive isolates.

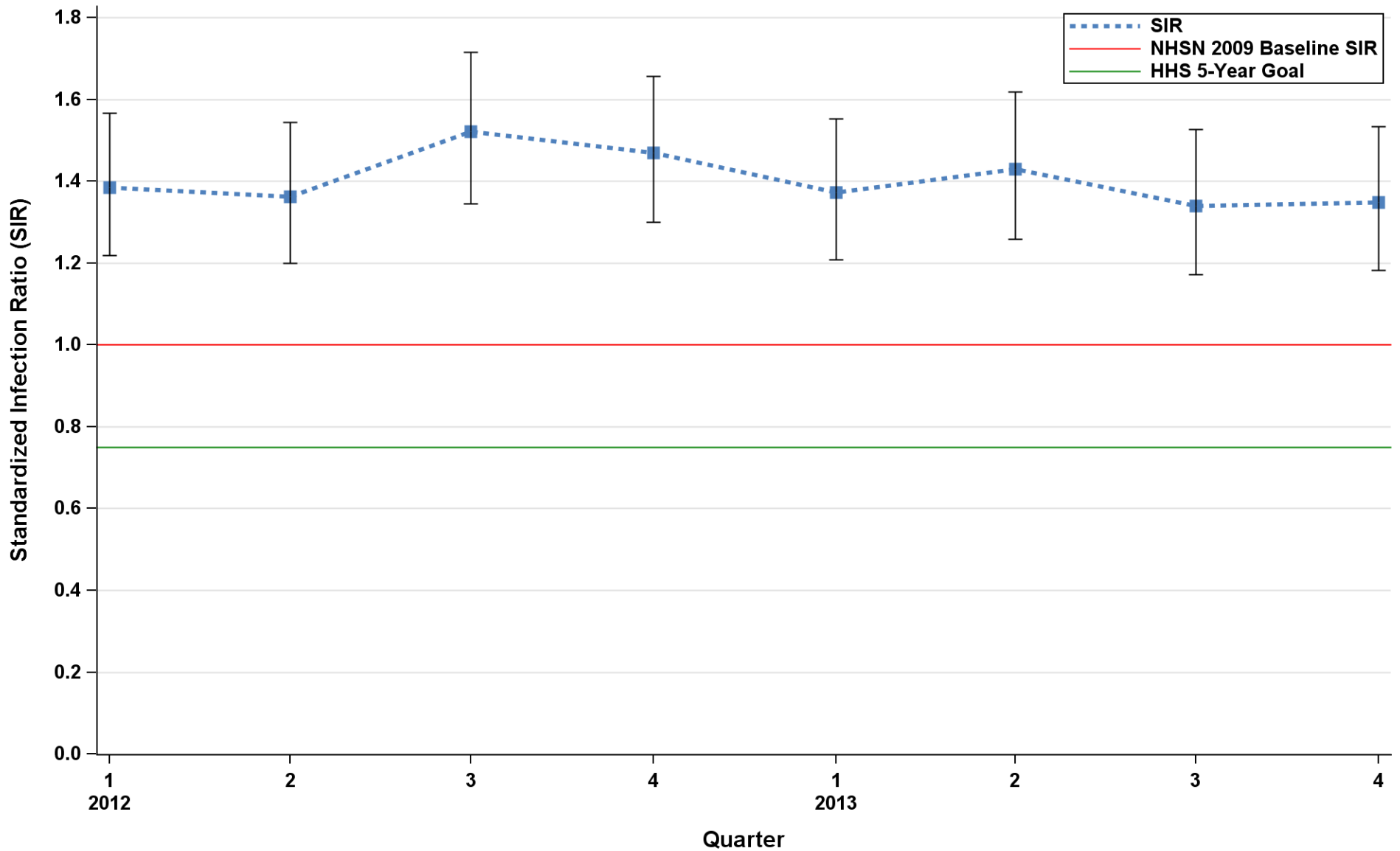
Facility-Specific SIRs ([Figure 38](#))

- One CAUTI SIR that accounts for all reporting adult/pediatric ICUs in each facility is displayed in [Figure 38](#). The bar representing the confidence interval is green if the CAUTI SIR was significantly lower than the national SIR of 1 for 2009 and red if the CAUTI SIR was significantly higher than 1. Some hospitals reported zero CAUTIs (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of urinary catheter-days.
- In 2013, 18 Tennessee facilities had a CAUTI SIR statistically significantly greater than the 2009 national baseline SIR of 1 and 5 facilities had a CAUTI SIR statistically significantly lower than the baseline SIR.

Facility-Specific CAUTI Rates in Adult and Pediatric ICUs (Figures [39-52](#))

- Facility-specific CAUTI rates are displayed by type of ICU. The bar representing the confidence interval is green if the CAUTI rate was significantly lower than the national NHSN pooled mean rate for 2009 and red if the CAUTI rate was significantly higher than the national pooled mean rate. Some hospitals reported zero CAUTIs in specific ICUs, although the rate may not be statistically significant due to small numbers of urinary catheter days.

Figure 33: Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) for Adult and Pediatric Intensive Care Units (ICUs) by Quarter, Tennessee, 01/01/2012–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2009]



Data Reported as of September 4, 2014

Table 13: Key Percentiles for Facility-Specific Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratios (SIRs) in Adult and Pediatric Intensive Care Units (ICUs) by Reporting Year, Tennessee, 01/01/2012 - 12/31/2013

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	UC Days	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2013	92	325,892	935	680.94	1.37	1.29	1.46	68	5	7%	18	26%	0.00	0.40	0.85	1.57	2.61	
	2012	93	332,810	1004	700.07	1.43	1.35	1.53	67	6	9%	14	21%	0.00	0.39	1.16	1.82	2.44	

Data reported as of September 4, 2014

No. = number of facilities; UC Days = urinary catheter days; OBS = observed number of CAUTI

PRED = statistically 'predicted' number of CAUTI; SIR = standardized infection ratio (observed/predicted number of CAUTI)

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2009 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2009 SIR of 1.0

Table 14: Key Percentiles for Unit-Specific Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratios (SIRs) by Type of Intensive Care Unit (ICU) and Reporting Year, Tennessee, 01/01/2012 - 12/31/2013

ICU TYPE	YEAR	No.	UC Days	No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			DISTRIBUTION OF FACILITY-SPECIFIC SIRs					
				OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	10%	25%	50%	75%	90%
Burn Critical Care	2013	2	3,216	28	14.58	1.92	1.30	2.74	2	N/A	N/A	N/A	N/A	N/A
	2012	2	2,868	28	13.00	2.15	1.46	3.07	2	N/A	N/A	N/A	N/A	N/A
Medical Cardiac Critical Care	2013	6	12,022	31	23.58	1.32	0.91	1.84	6	0.55	1.03	1.49	1.72	2.35
	2012	8	17,815	59	34.94	1.69	1.30	2.16	8	0.75	1.50	1.76	2.22	3.08
Medical Critical Care Major Teaching	2013	6	19,161	82	44.13	1.86	1.49	2.30	6	0.52	1.37	1.61	2.33	3.51
	2012	6	19,337	60	44.53	1.35	1.04	1.72	6	0.00	0.00	1.19	1.65	2.48
Medical Critical Care Non-Major Teaching	2013	24	42,580	103	86.03	1.20	0.98	1.45	18	0.00	0.49	1.02	1.62	2.12
	2012	22	35,919	88	72.57	1.21	0.98	1.49	17	0.00	0.00	0.53	1.59	2.38
Medical-Surgical Critical Care Major Teaching	2013	7	30,252	69	68.98	1.00	0.78	1.26	7	0.00	0.53	0.99	1.33	2.80
	2012	7	28,210	58	64.32	0.90	0.69	1.16	7	0.07	0.17	0.52	1.83	3.37
Medical-Surgical Critical Care Non-Major Teaching & ≤15 beds	2013	39	39,098	39	50.40	0.77	0.56	1.05	20	0.00	0.00	0.53	1.55	3.19
	2012	39	35,656	48	45.96	1.04	0.78	1.37	20	0.00	0.38	1.19	1.83	2.56
Medical-Surgical Critical Care Non-Major Teaching & >15 beds	2013	17	69,533	132	86.38	1.53	1.28	1.81	17	0.21	1.03	1.61	2.59	2.94
	2012	18	73,556	164	91.37	1.80	1.54	2.09	18	0.42	1.09	1.62	2.34	3.08
Neurologic Critical Care	2013	1	1,291	0	4.88	0.00	0.00	0.61	1	N/A	N/A	N/A	N/A	N/A
	2012	1	1,763	9	6.67	1.35	0.66	2.48	1	N/A	N/A	N/A	N/A	N/A
Neurosurgical Critical Care	2013	10	21,350	137	93.20	1.47	1.24	1.73	9	0.58	1.01	1.67	1.85	2.02
	2012	9	21,810	127	95.21	1.33	1.12	1.58	9	0.50	0.80	1.28	1.77	2.76

Data reported as of September 4, 2014

No. = number of facilities; UC Days = urinary catheter days; OBS = observed number of CAUTI

PRED = statistically 'predicted' number of CAUTI; SIR = standardized infection ratio (observed/predicted number of CAUTI)

N/A = not reported if the number of facilities is <5

Key percentiles include units with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2009 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2009 SIR of 1.0

Table 14 (cont'd)

ICU TYPE	YEAR	No.	UC Days	No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			DISTRIBUTION OF FACILITY-SPECIFIC SIRs					
				OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	10%	25%	50%	75%	90%
Pediatric Medical Critical Care	2012	2	950	3	0.76	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pediatric Medical-Surgical Critical Care	2013	8	4,195	11	11.68	0.94	0.50	1.64	4	N/A	N/A	N/A	N/A	N/A
	2012	8	4,620	14	12.86	1.09	0.62	1.78	3	N/A	N/A	N/A	N/A	N/A
Pediatric Surgical Cardiothoracic Critical Care	2013	2	1,774	2	4.83	0.41	0.07	1.37	2	N/A	N/A	N/A	N/A	N/A
	2012	2	1,262	4	3.43	1.17	0.37	2.81	2	N/A	N/A	N/A	N/A	N/A
Surgical Cardiothoracic Critical Care	2013	14	36,625	80	60.92	1.31	1.05	1.63	14	0.36	0.59	1.03	1.44	2.08
	2012	15	38,272	58	63.66	0.91	0.70	1.17	14	0.00	0.48	0.87	1.56	1.85
Surgical Critical Care	2013	10	25,762	79	66.95	1.18	0.94	1.46	10	0.11	0.87	1.18	1.45	2.51
	2012	11	28,469	95	73.99	1.28	1.05	1.56	11	0.21	0.74	1.43	1.71	1.93
Trauma Critical Care	2013	6	18,708	142	64.42	2.20	1.86	2.59	6	0.14	1.40	1.58	2.02	4.10
	2012	6	22,303	189	76.79	2.46	2.13	2.83	6	0.68	0.95	2.59	2.70	3.34

Data reported as of September 4, 2014

No. = number of facilities; UC Days = urinary catheter days; OBS = observed number of CAUTI

PRED = statistically 'predicted' number of CAUTI; SIR = standardized infection ratio (observed/predicted number of CAUTI)

N/A = not reported if the number of facilities is <5

Key percentiles include units with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2009 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2009 SIR of 1.0

Table 15: Comparison of Tennessee and National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Rates and Standardized Infection Ratios (SIRs) by Type of Intensive Care Unit (ICU), 01/01/2013 - 12/31/2013

ICU TYPE	TENNESSEE 01/01/2013 - 12/31/2013					NHSN 2009				SIR AND 95% CONFIDENCE INTERVAL		
	No.	CAUTI	UC Days	POOLED MEAN*	MEDIAN RATE*	CAUTI	UC Days	POOLED MEAN*	MEDIAN RATE*	SIR	LOWER LIMIT	UPPER LIMIT
Burn Critical Care	2	28	3,216	8.7	7.8	92	20,291	4.4	N/A	1.92	1.30	2.74
Medical Cardiac Critical Care	6	31	12,022	2.6	2.9	348	177,455	2.0	1.6	1.32	0.91	1.84
Medical Critical Care Major Teaching	6	82	19,161	4.3	3.7	342	148,501	2.3	1.7	1.86	1.49	2.30
Medical Critical Care Non-Major Teaching	24	103	42,580	2.4	1.3	351	173,724	2.0	1.4	1.20	0.98	1.45
Medical-Surgical Critical Care Major Teaching	7	69	30,252	2.3	2.3	593	260,079	2.3	1.9	1.00	0.78	1.26
Medical-Surgical Critical Care Non-Major Teaching & <=15 beds	39	39	39,098	1.0	0.0	449	348,334	1.3	0.0	0.77	0.56	1.05
Medical-Surgical Critical Care Non-Major Teaching & >15 beds	17	132	69,533	1.9	2.0	510	410,556	1.2	1.1	1.53	1.28	1.81
Neurologic Critical Care	1	0	1,291	0.0	0.0	124	32,777	3.8	.	0.00	.	0.61
Neurosurgical Critical Care	10	137	21,350	6.4	6.5	357	81,783	4.4	3.6	1.47	1.24	1.73
Pediatric Medical-Surgical Critical Care	8	11	4,195	2.6	2.0	139	49,935	2.8	1.4	0.94	0.50	1.64
Pediatric Neurosurgical Critical Care	1	0	325	0.0	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pediatric Surgical Cardiothoracic Critical Care	2	2	1,774	1.1	1.0	25	9,187	2.7	N/A	0.41	0.07	1.37
Surgical Cardiothoracic Critical Care	14	80	36,625	2.2	1.7	307	184,567	1.7	1.2	1.31	1.05	1.63
Surgical Critical Care	10	79	25,762	3.1	3.1	611	235,104	2.6	2.0	1.18	0.94	1.46
Trauma Critical Care	6	142	18,708	7.6	5.4	437	126,916	3.4	2.8	2.20	1.86	2.59
TOTAL										1.37	1.29	1.46

Data reported as of September 4, 2014

No. = number of facilities

UC Days = urinary catheter days

SIR = standardized infection ratio (observed/predicted number of CAUTI)

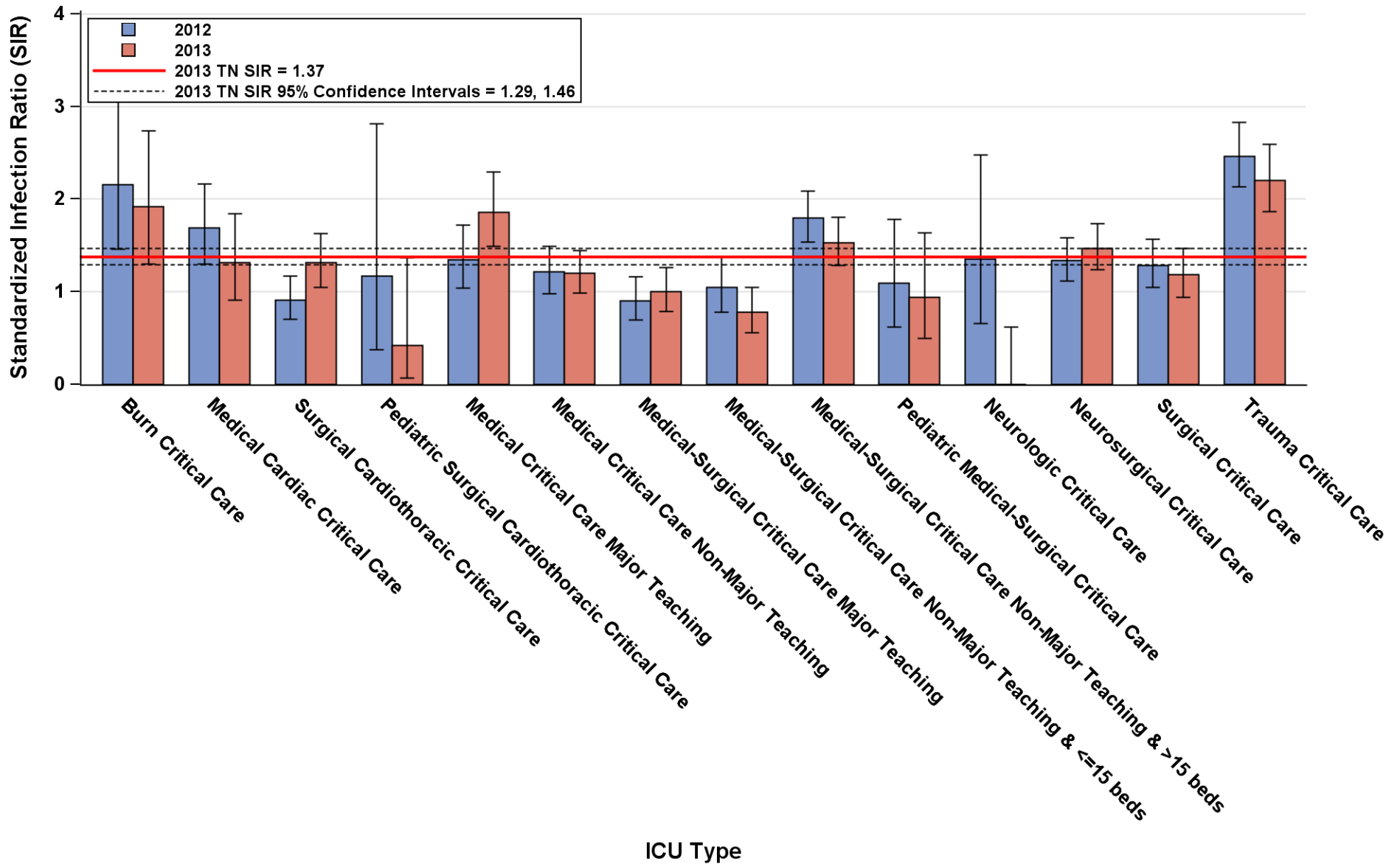
N/A = not available

*per 1000 urinary catheter days

Red highlighting indicates SIR for reporting period is significantly higher than national 2009 SIR of 1.0

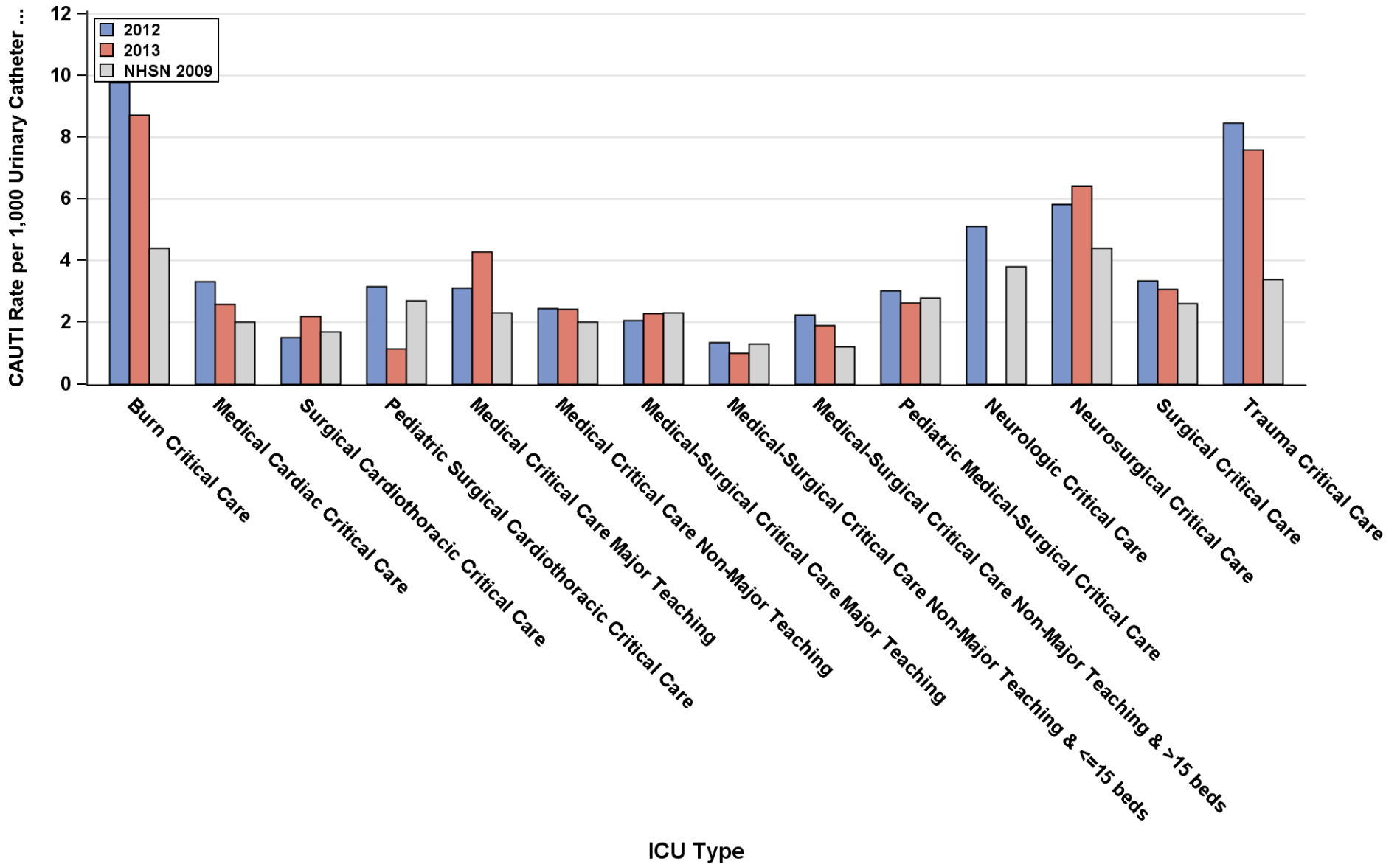
Green highlighting indicates SIR for reporting period is significantly lower than national 2009 SIR of 1.0

Figure 34: Standardized Infection Ratios (SIRs) for Catheter-Associated Urinary Tract Infections (CAUTIs) by Intensive Care Unit (ICU) Type, Tennessee, 2012 and 2013 [Reference standard: National Healthcare Safety Network (NHSN), 2009]



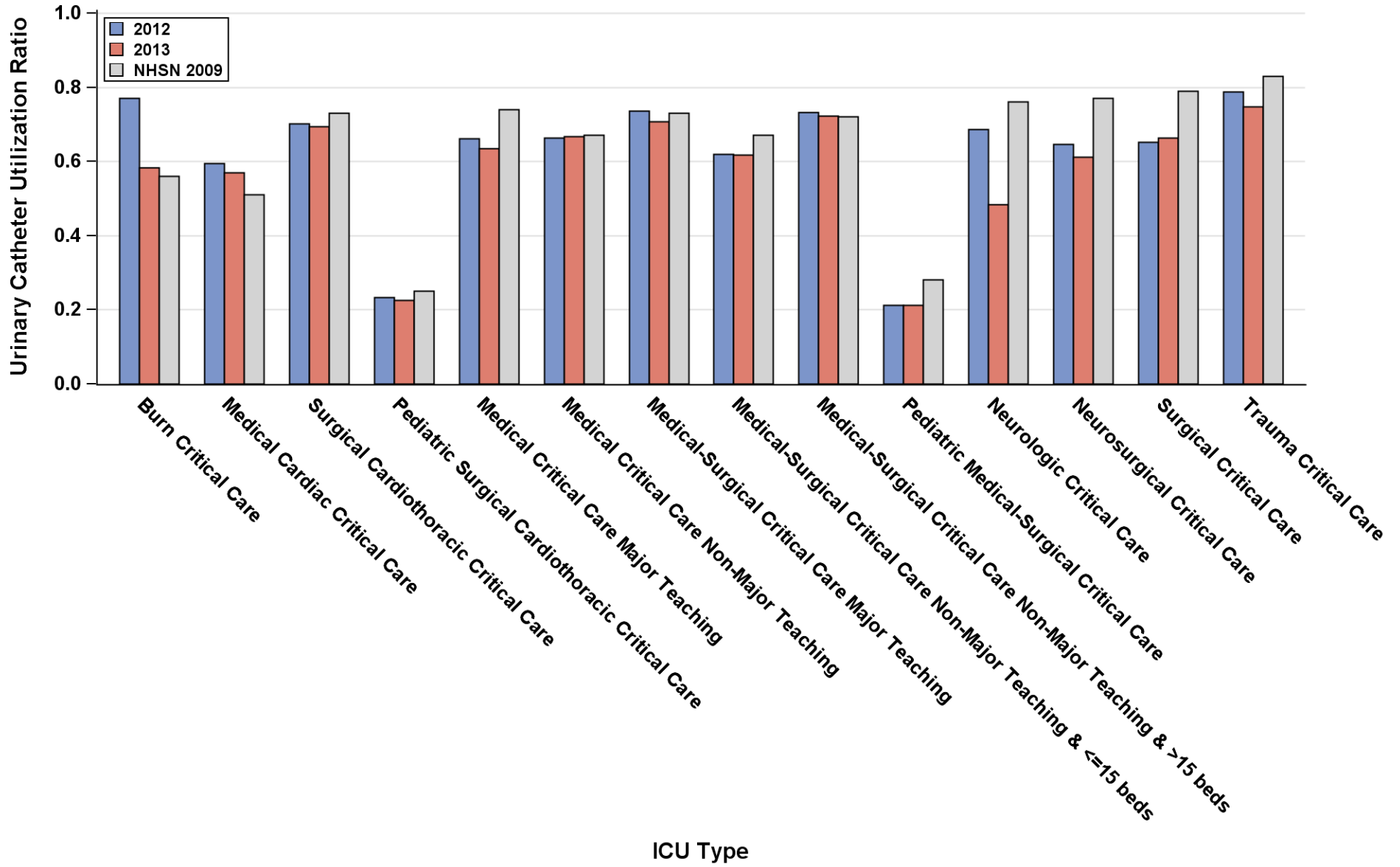
Data Reported as of September 4, 2014

Figure 35: Catheter-Associated Urinary Tract Infection (CAUTI) Pooled Mean Rates per 1,000 Urinary Catheter Days by Intensive Care Unit (ICU) Type, Tennessee, 2012 and 2013, vs. National Healthcare Safety Network (NHSN), 2009



Data Reported as of September 4, 2014

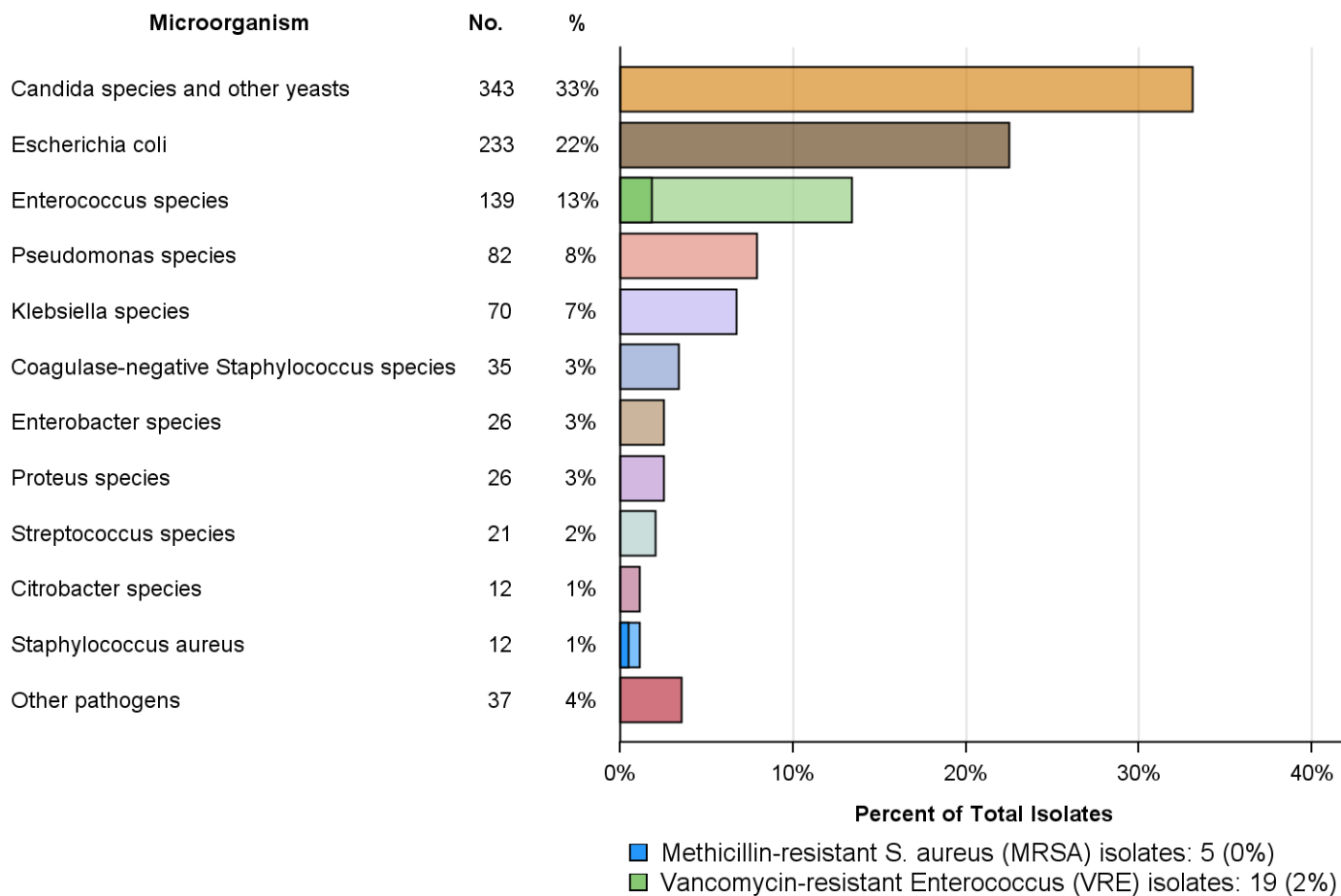
Figure 36: Urinary Catheter Utilization Ratio by Intensive Care Unit (ICU) Type, Tennessee, 2012 and 2013, vs. National Healthcare Safety Network (NHSN), 2009



Data Reported as of September 4, 2014

Figure 37: Microorganisms Identified in Catheter-Associated Urinary Tract (CAUTIs) in Adult and Pediatric Intensive Care Units, Tennessee, 01/01/2013 - 12/31/2013

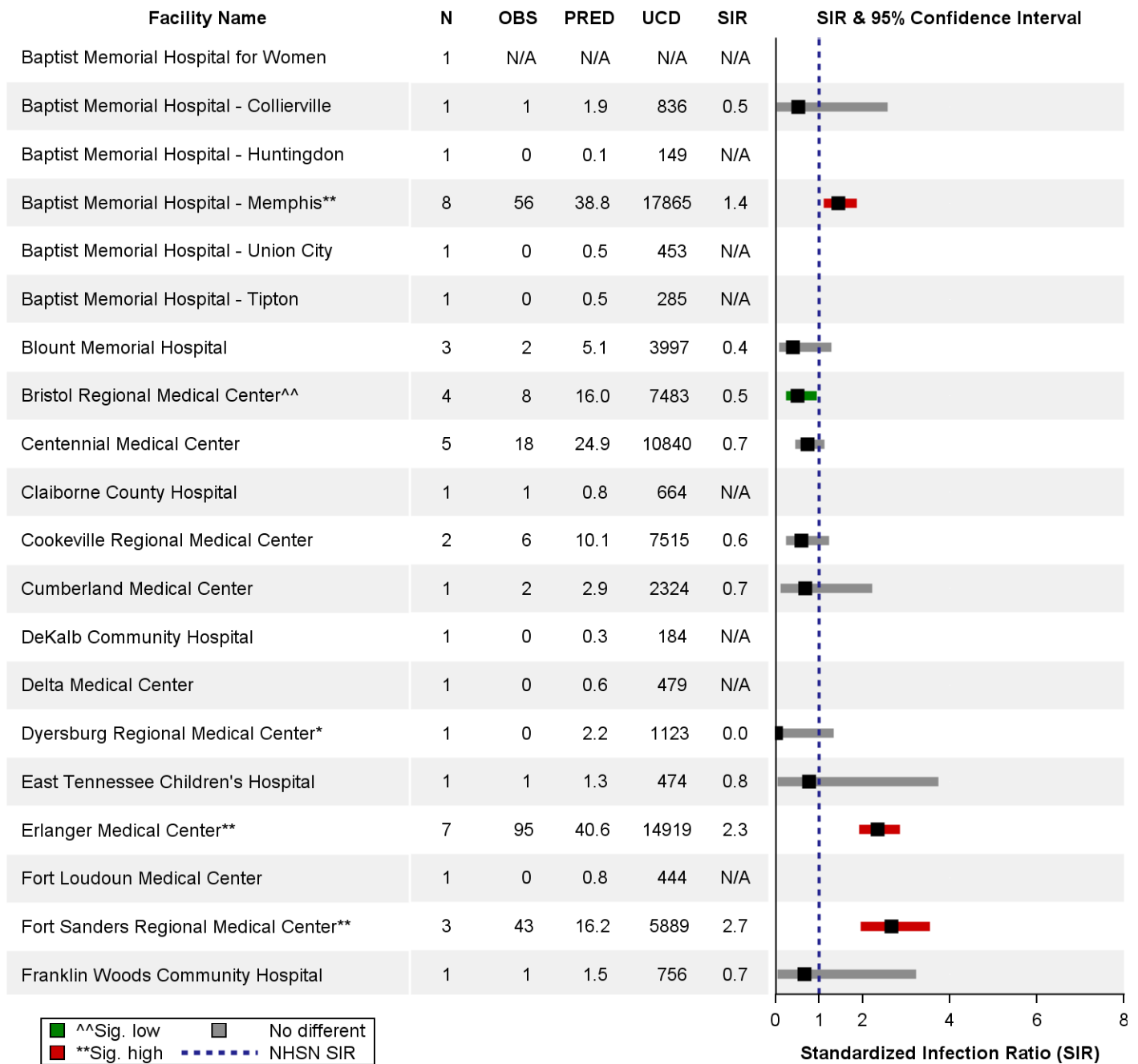
Number of isolates=1036; Number of events=935



Data reported as of September 4, 2014

Other pathogens = *Acinetobacter spp.*, *Aerococcus spp.*, *Corynebacterium spp.*, *Diphtheroids spp.*, *Gram-negative spp.*, *Hafnia spp.*, *Kocuria spp.*, *Lactobacillus spp.*, *Morganella spp.*, *Other Staphylococcus spp.*, *Providencia spp.*, *Serratia spp.*, *Stenotrophomonas spp.*, *Trichosporon spp.*

Figure 38: CAUTI Standardized Infection Ratio (SIR) for Adult and Pediatric Intensive Care Units in Acute Care Facilities, Tennessee, 01/01/2013 – 12/31/2013



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CAUTI

PRED = statistically 'predicted' number of CAUTI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of CAUTI)

UCD = number of urinary catheter days

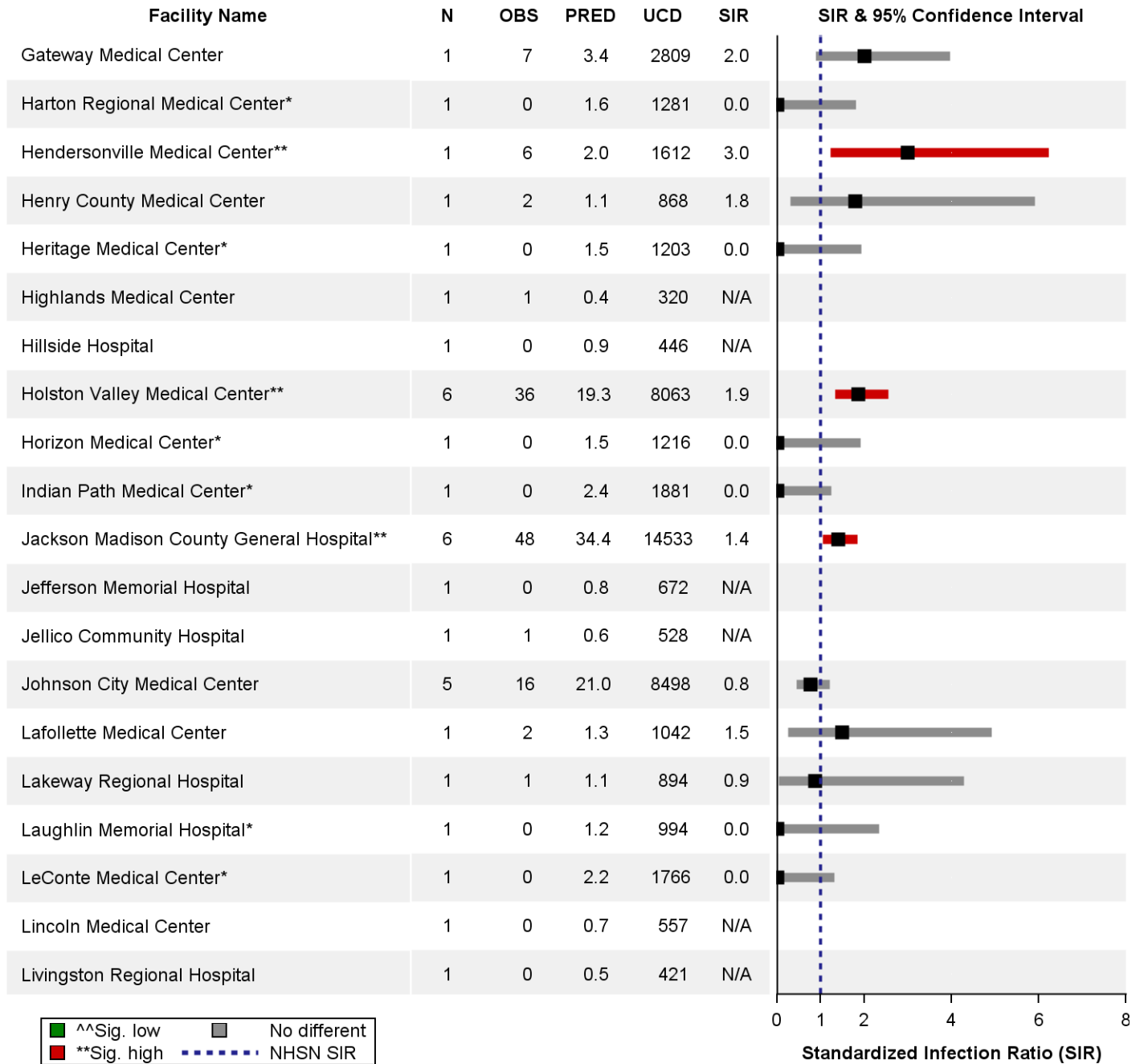
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 38 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CAUTI

PRED = statistically 'predicted' number of CAUTI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of CAUTI)

UCD = number of urinary catheter days

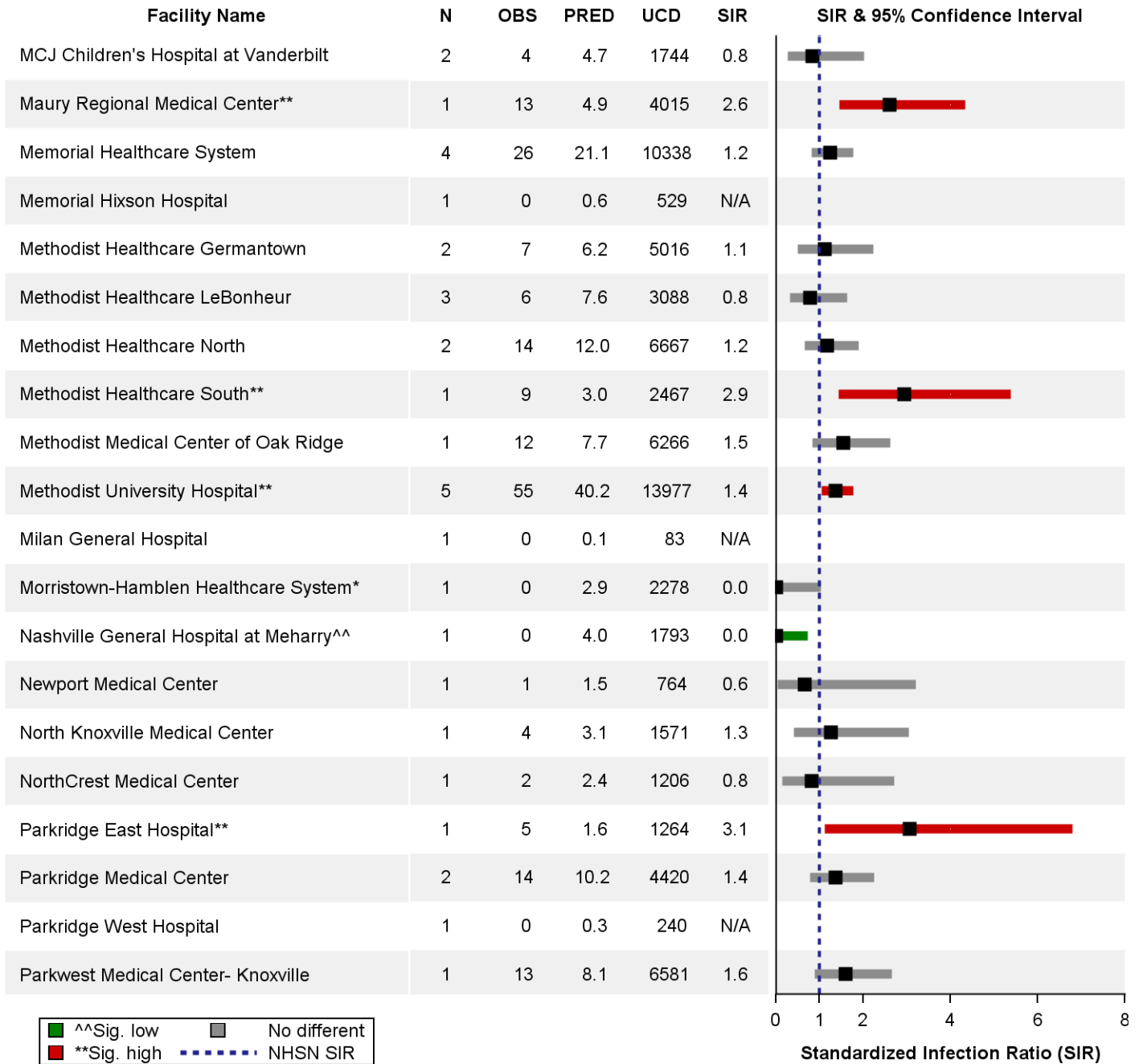
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 38 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CAUTI

PRED = statistically 'predicted' number of CAUTI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of CAUTI)

UCD = number of urinary catheter days

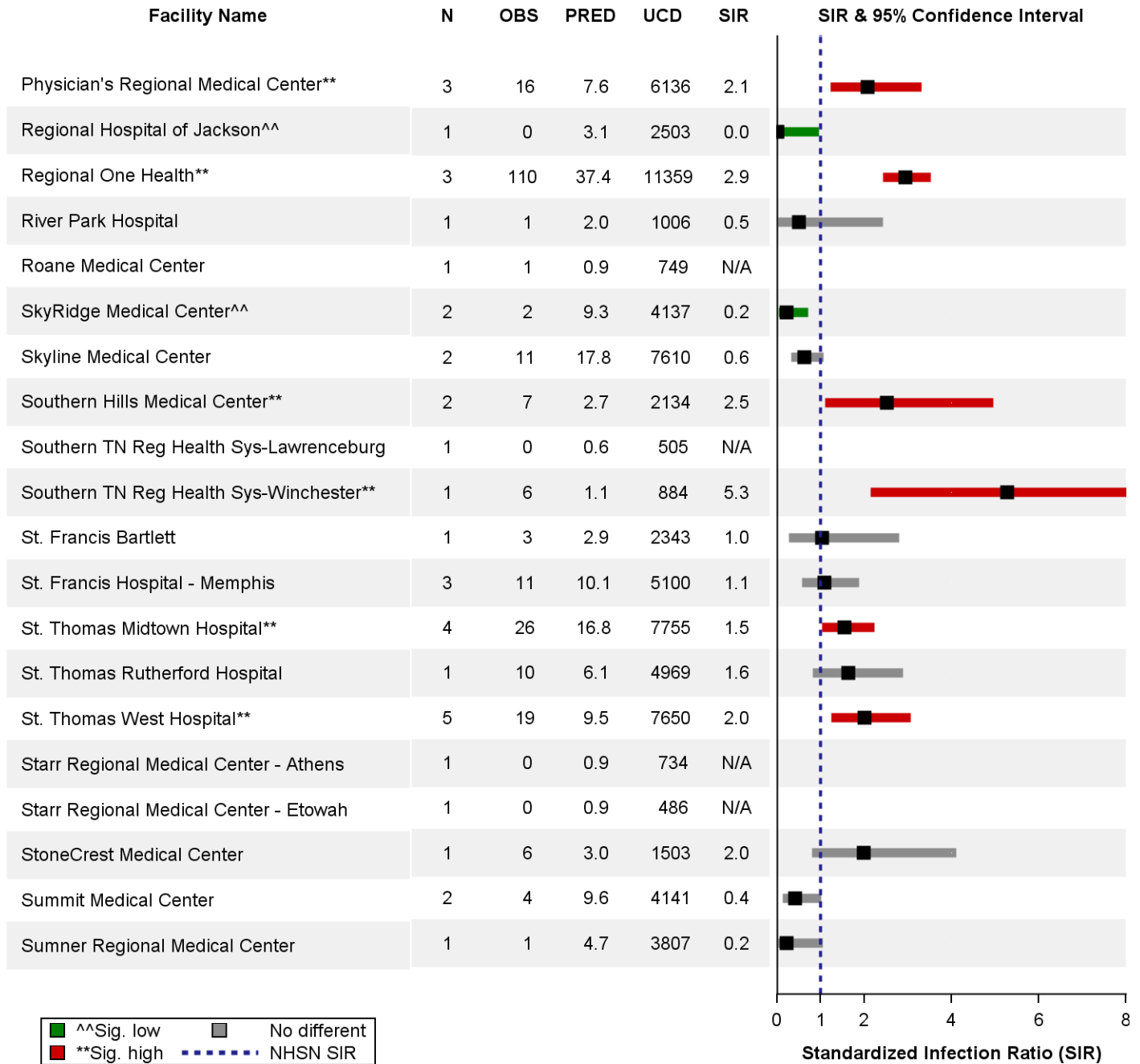
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 38 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CAUTI

PRED = statistically 'predicted' number of CAUTI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of CAUTI)

UCD = number of urinary catheter days

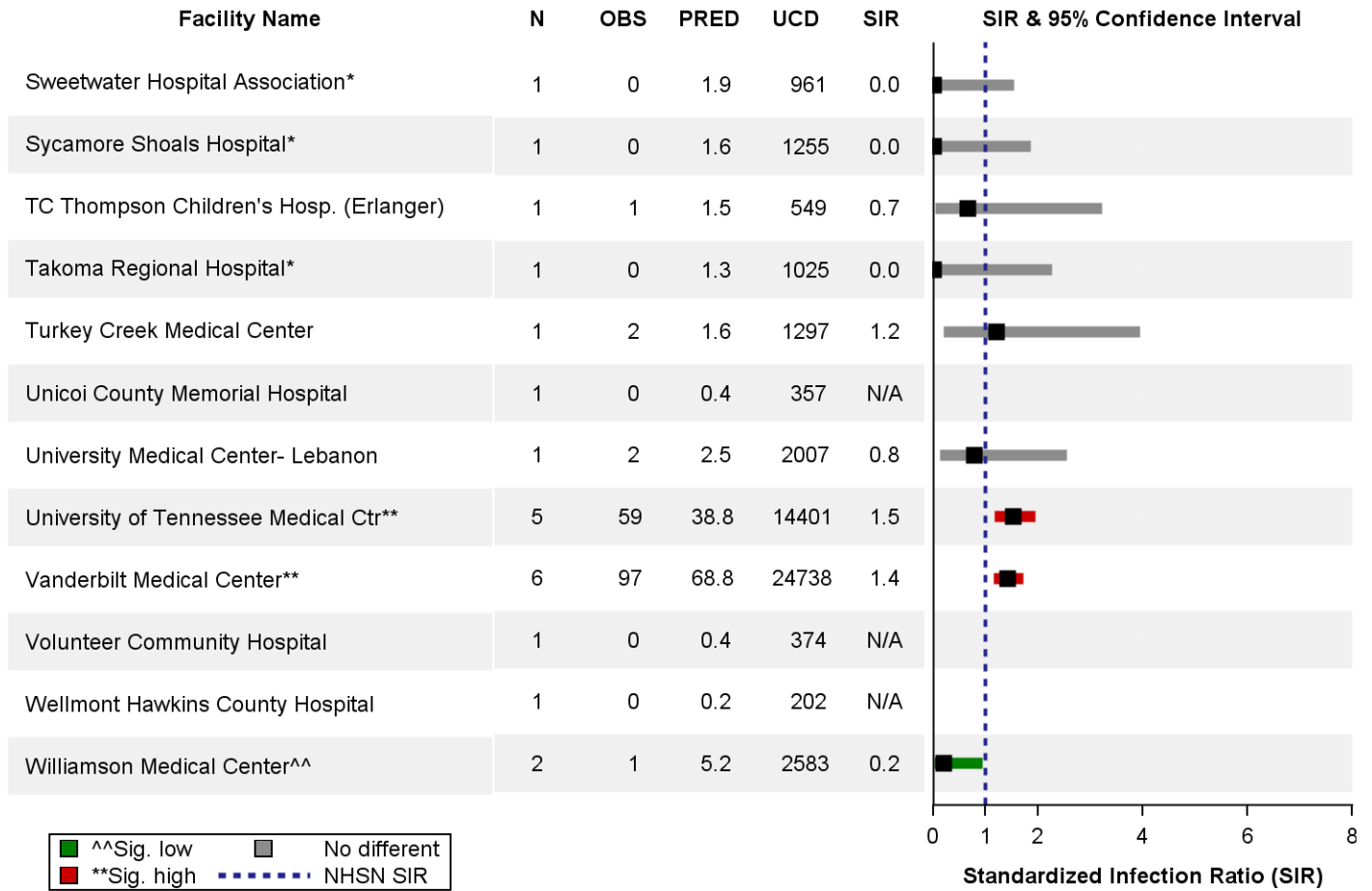
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 38 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CAUTI

PRED = statistically 'predicted' number of CAUTI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of CAUTI)

UCD = number of urinary catheter days

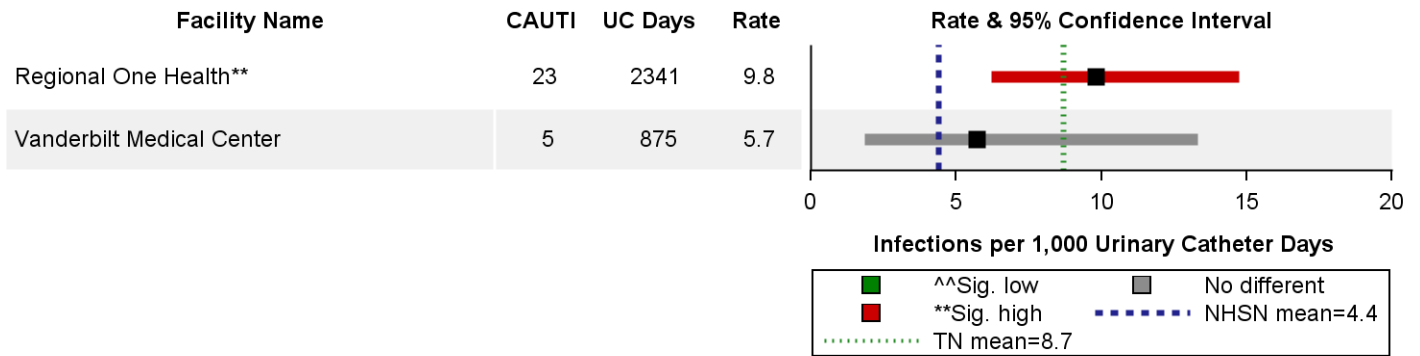
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 39: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Burn Critical Care



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

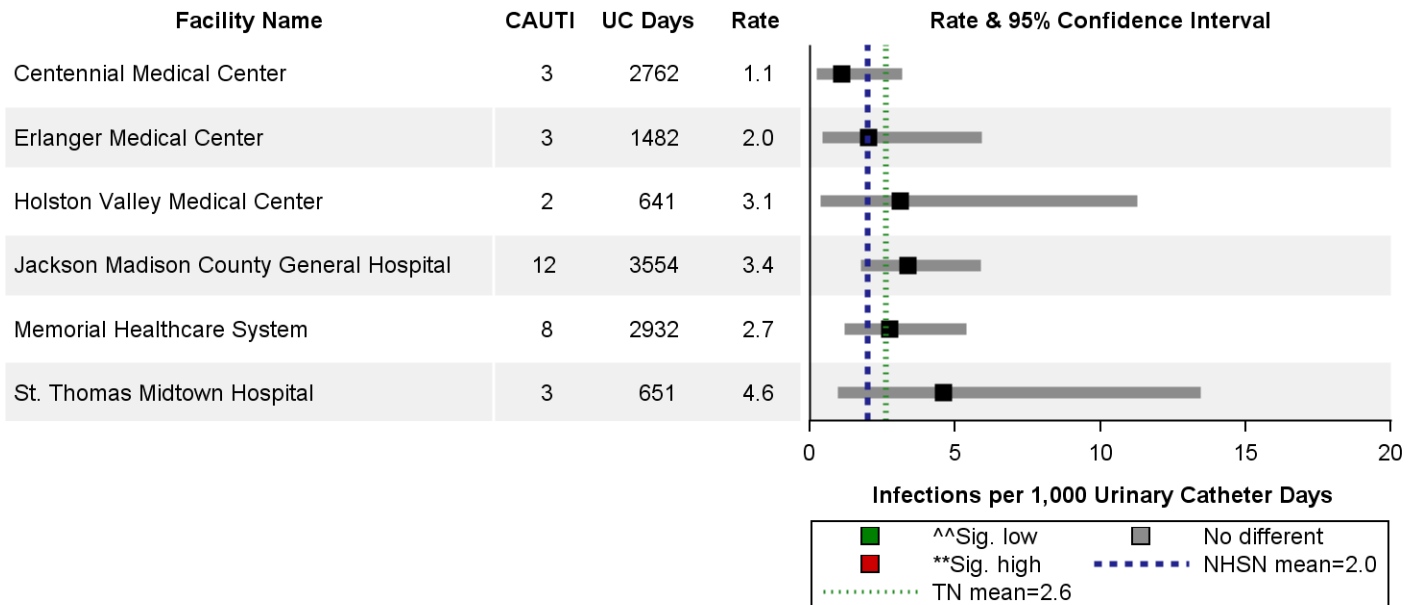
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=4.4; TN pooled mean (01/01/2013 - 12/31/2013)=8.7

Figure 40: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Medical Cardiac Critical Care



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

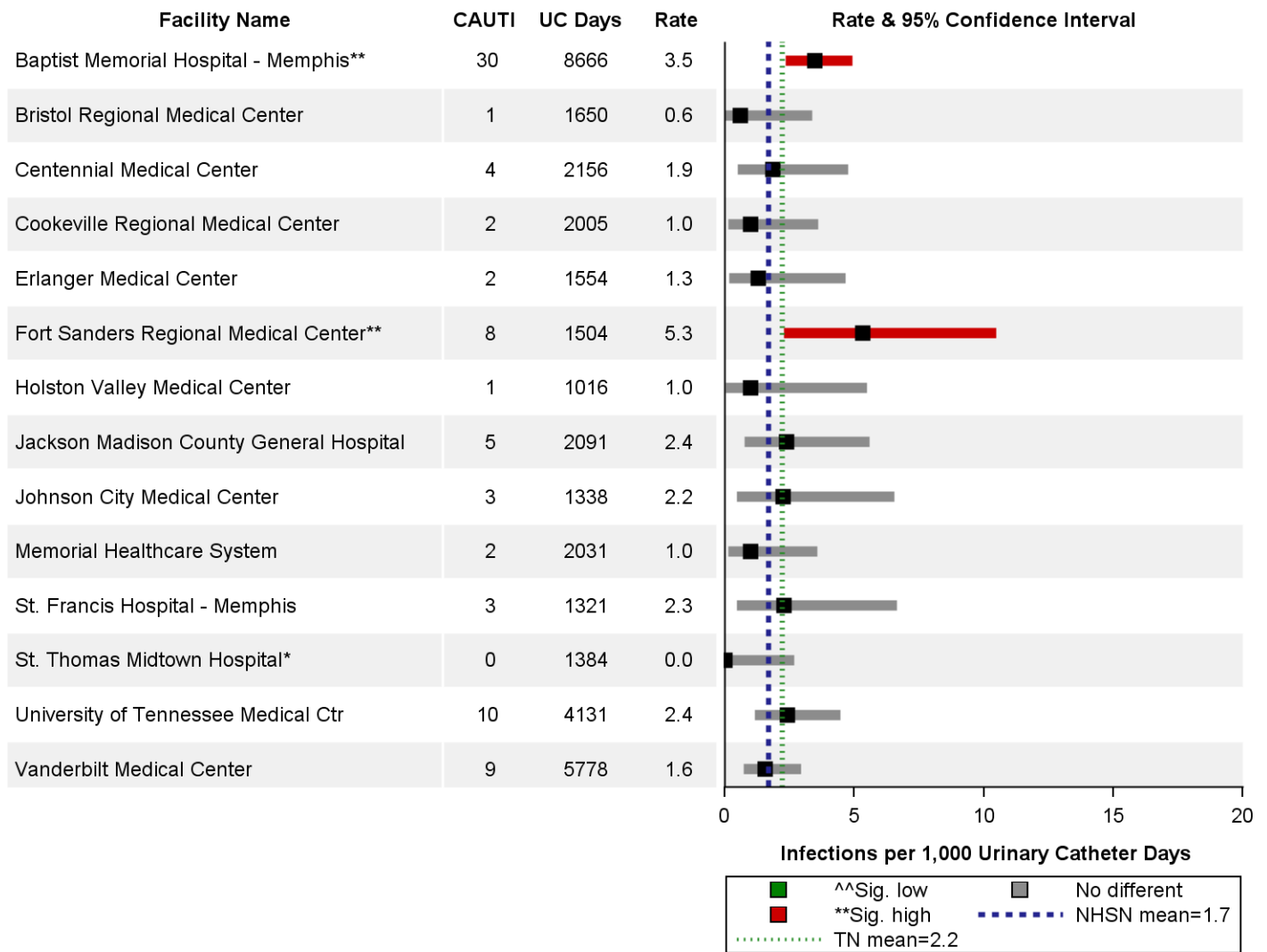
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.0; TN pooled mean (01/01/2013 - 12/31/2013)=2.6

Figure 41: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Surgical Cardiothoracic Critical Care



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

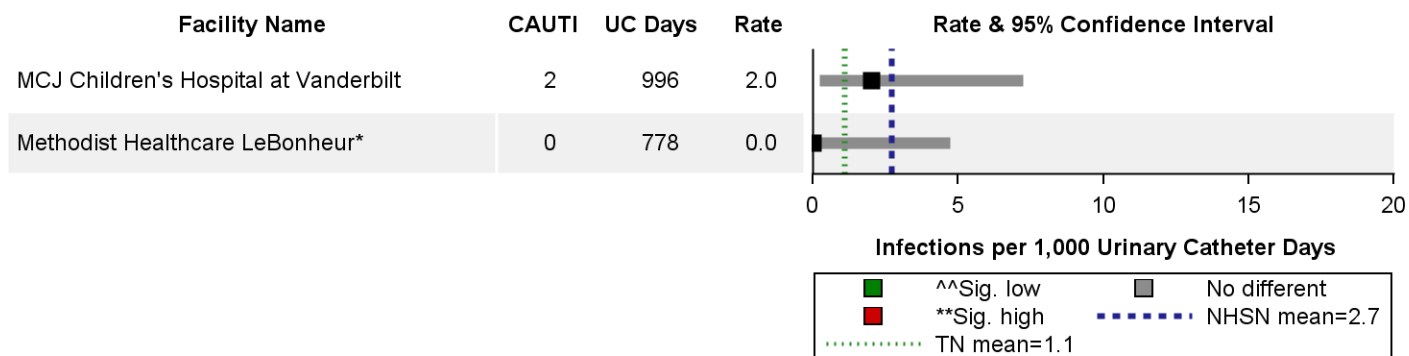
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=1.7; TN pooled mean (01/01/2013 - 12/31/2013)=2.2

Figure 42: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Pediatric Surgical Cardiothoracic Critical Care



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

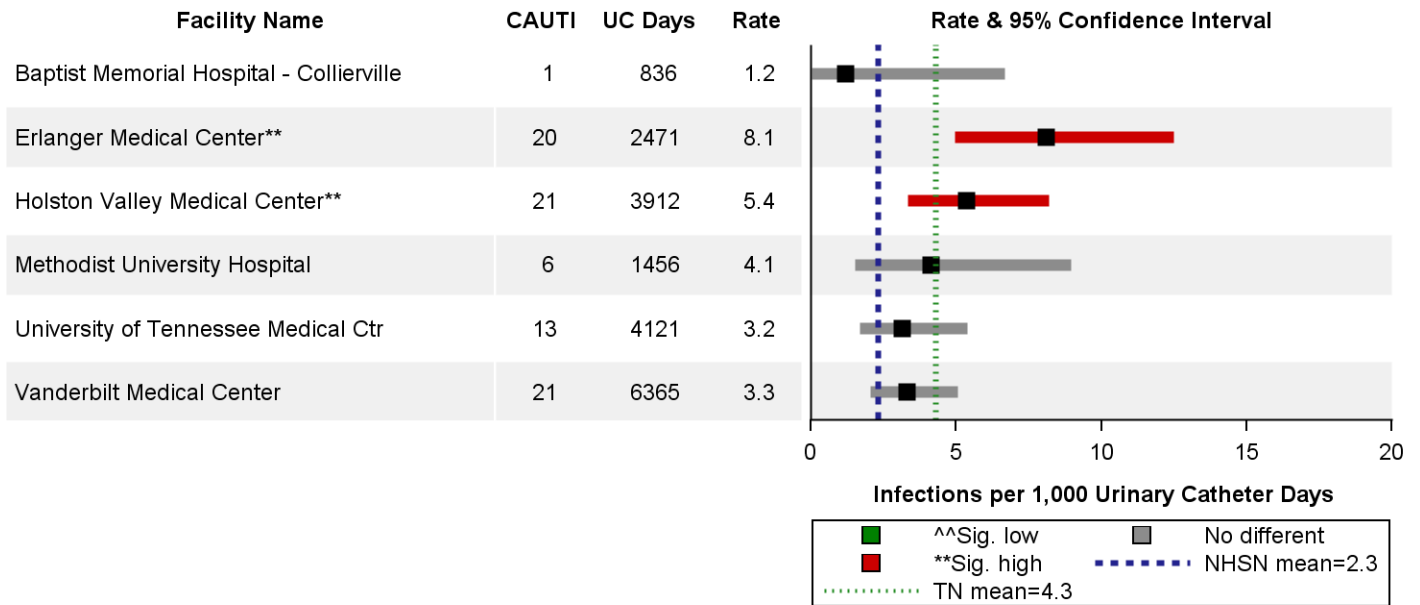
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.7; TN pooled mean (01/01/2013 - 12/31/2013)=1.1

Figure 43: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Medical Critical Care Major Teaching



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

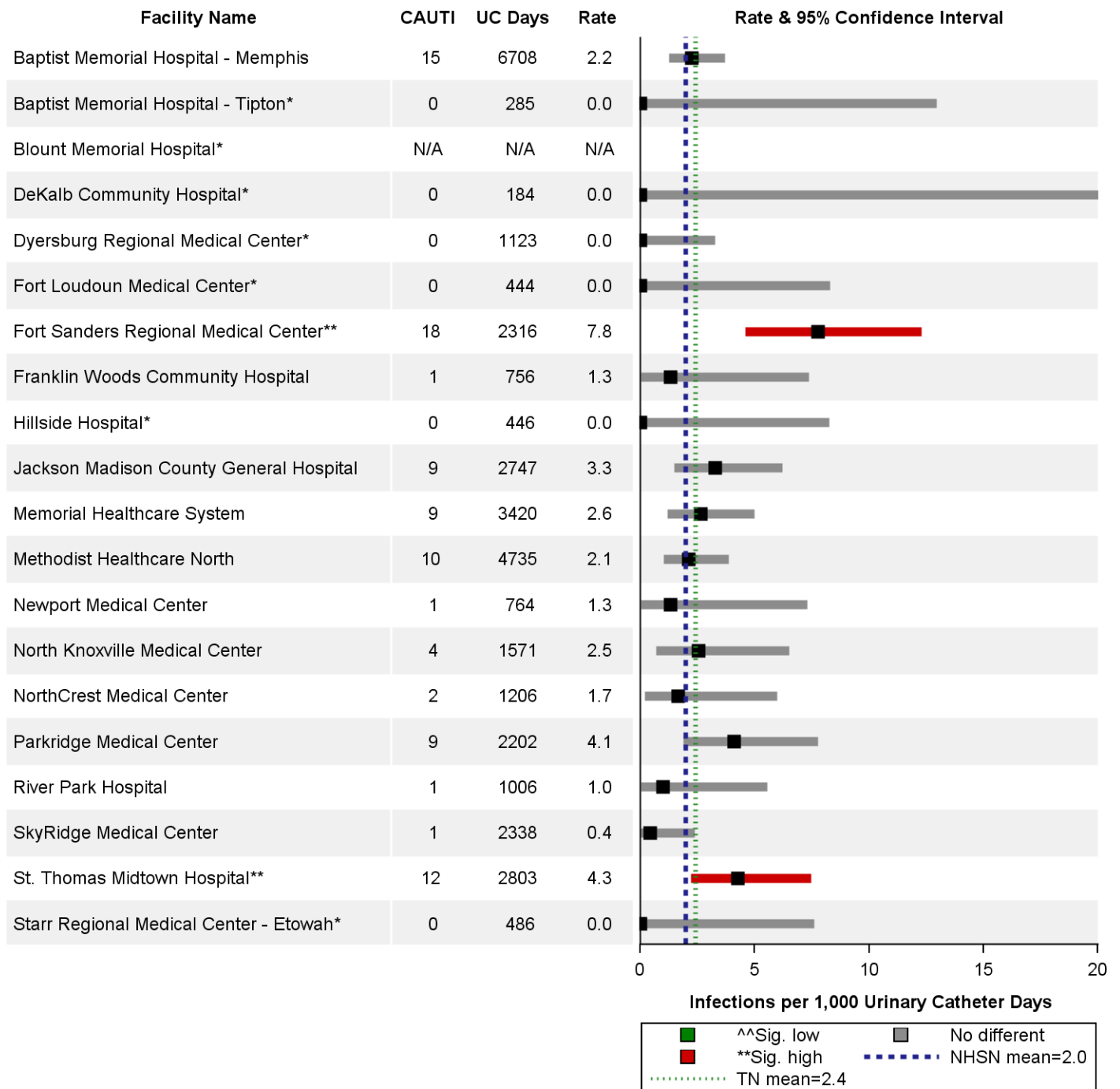
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.3; TN pooled mean (01/01/2013 - 12/31/2013)=4.3

Figure 44: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Medical Critical Care Non-Major Teaching



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

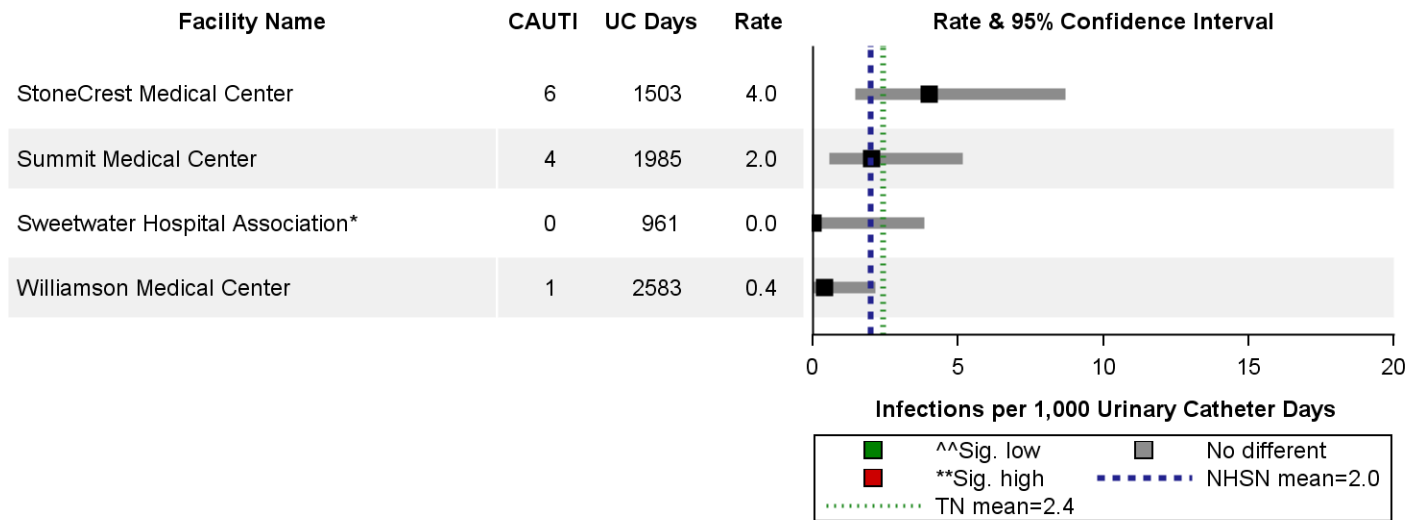
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.0; TN pooled mean (01/01/2013 - 12/31/2013)=2.4

Figure 44 (cont'd)



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

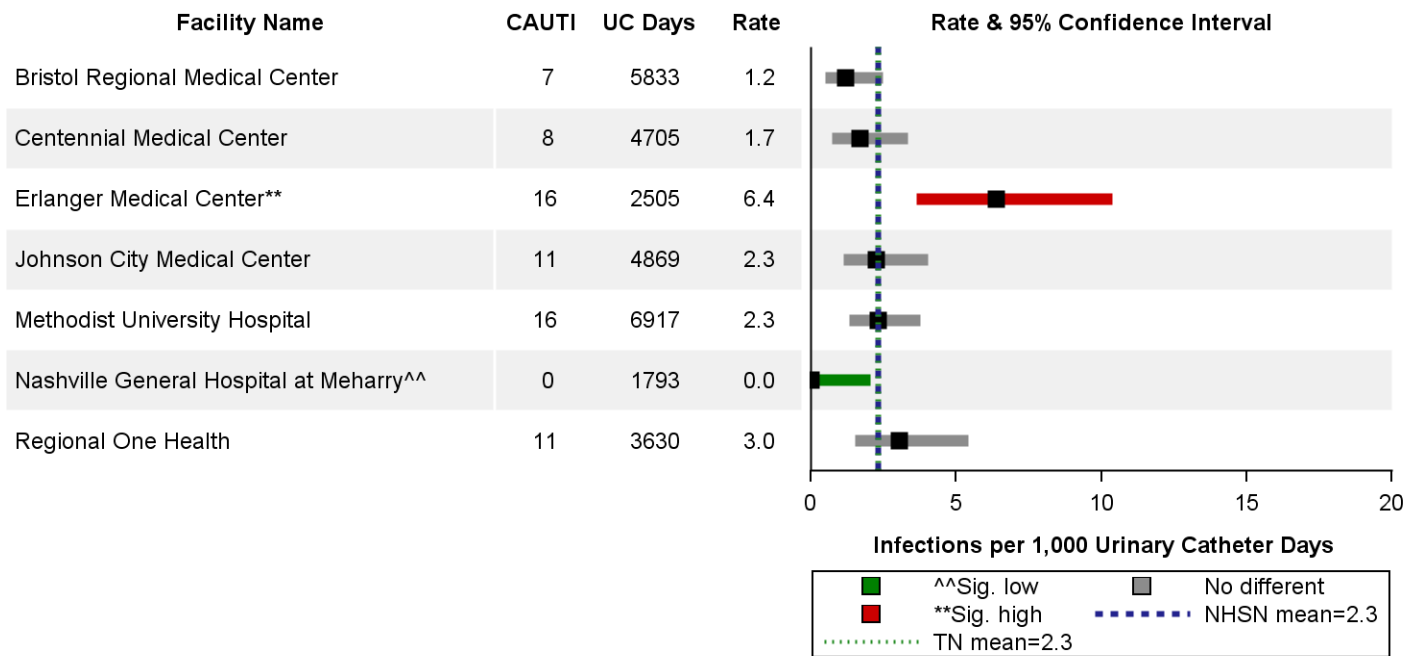
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.0; TN pooled mean (01/01/2013 - 12/31/2013)=2.4

Figure 45: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Medical-Surgical Critical Care Major Teaching



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

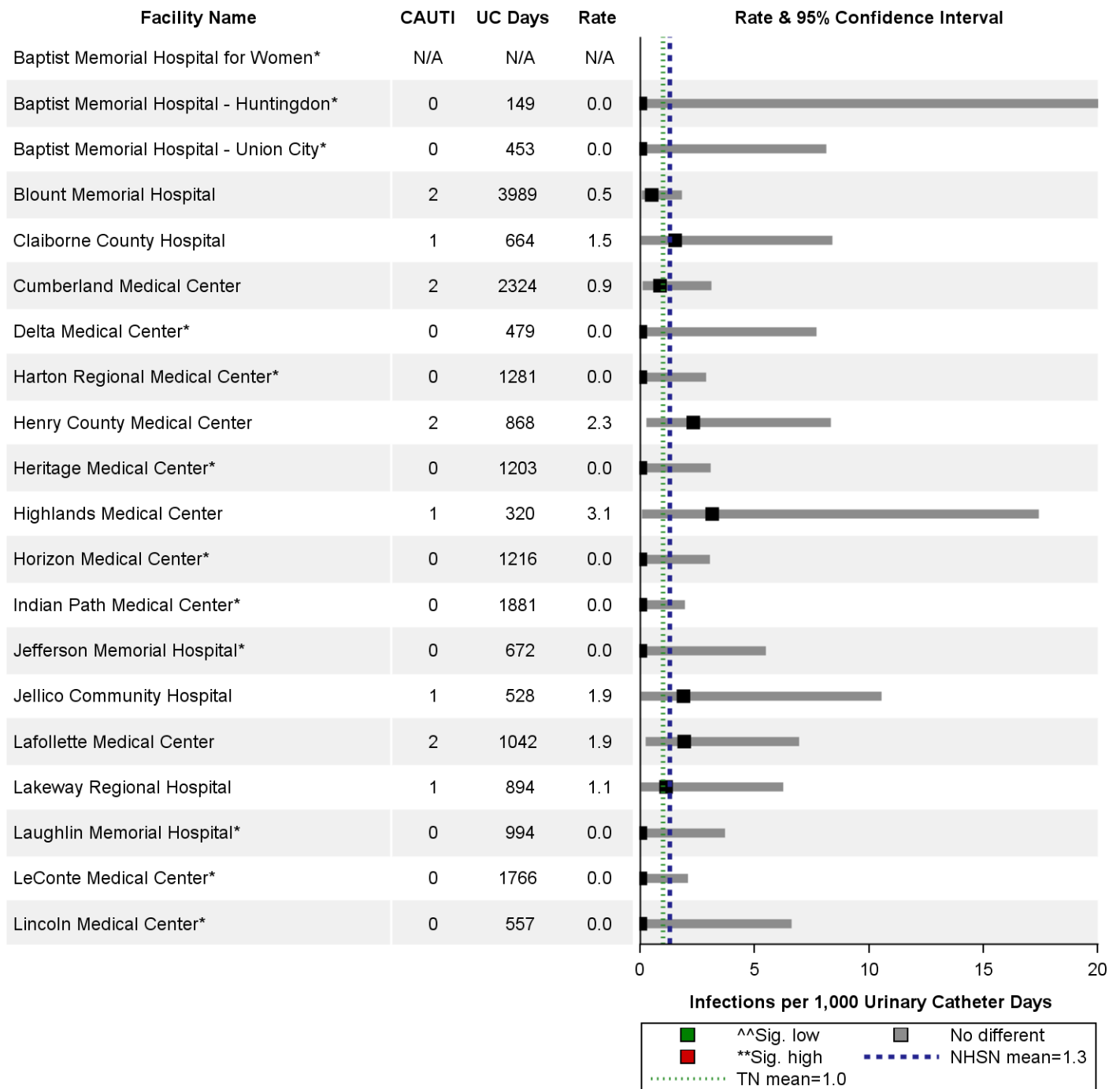
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.3; TN pooled mean (01/01/2013 - 12/31/2013)=2.3

Figure 46: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Medical-Surgical Critical Care Non-Major Teaching & ≤15 beds



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

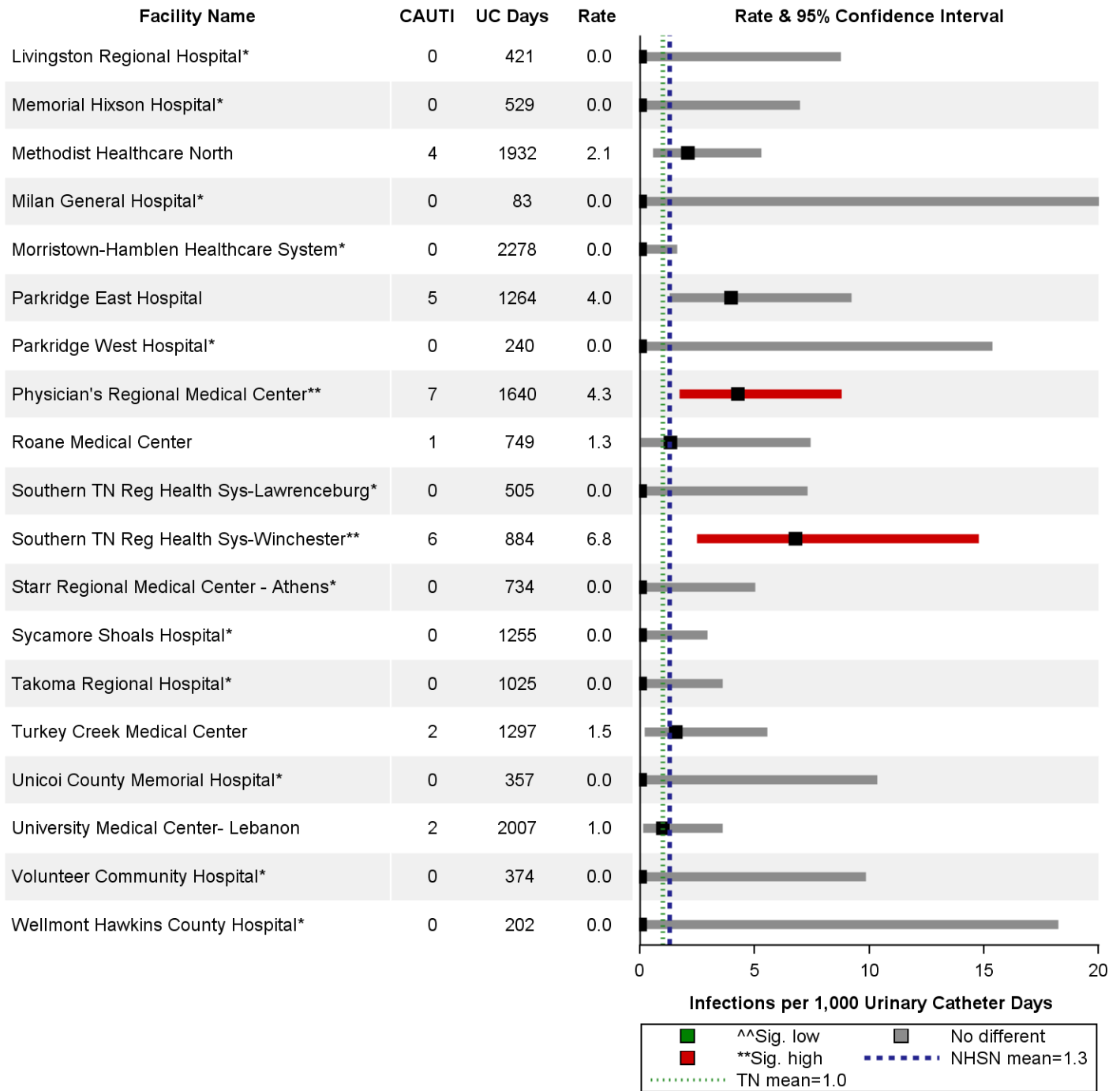
** Significantly higher than NMSN pooled mean

^^ Significantly lower than NMSN pooled mean

* Zero infections, but not statistically significant

NMSN pooled mean (2009)=1.3; TN pooled mean (01/01/2013 - 12/31/2013)=1.0

Figure 46 (cont'd)



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

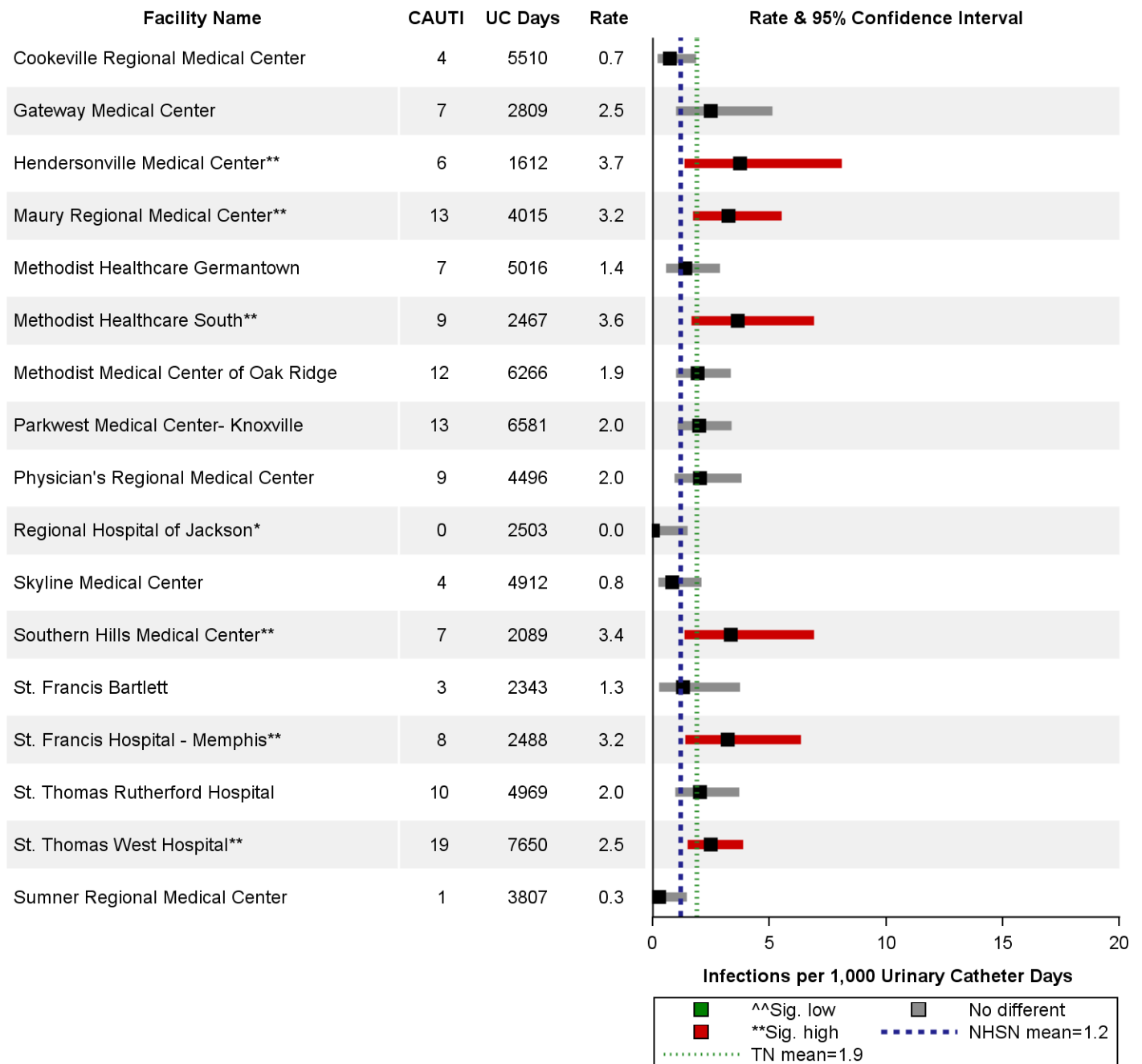
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=1.3; TN pooled mean (01/01/2013 - 12/31/2013)=1.0

Figure 47: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Medical-Surgical Critical Care Non-Major Teaching & >15 beds



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

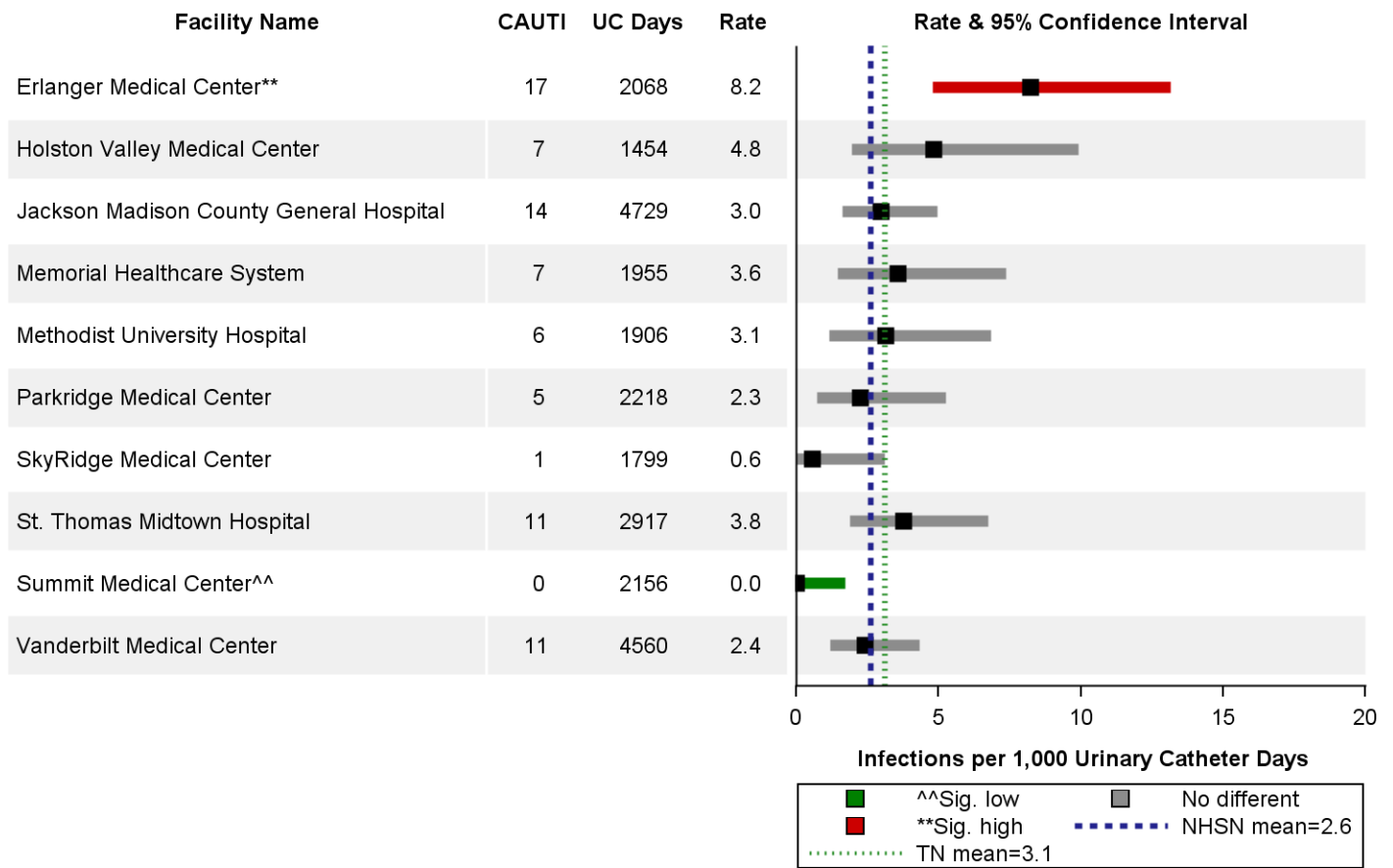
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

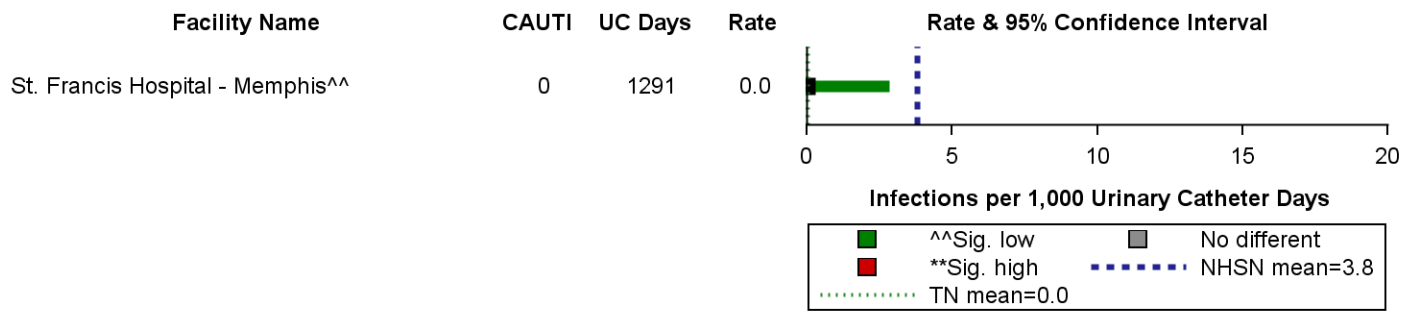
NHSN pooled mean (2009)=1.2; TN pooled mean (01/01/2013 - 12/31/2013)=1.9

Figure 48: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Surgical Critical Care



Data Reported as of September 4, 2014
UC Days = urinary catheter days
N/A = rates are not shown for units with <50 urinary catheter days
**** Significantly higher than NHSN pooled mean**
^^ Significantly lower than NHSN pooled mean
** Zero infections, but not statistically significant*
NHSN pooled mean (2009)=2.6; TN pooled mean (01/01/2013 - 12/31/2013)=3.1

Figure 49: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Neurologic Critical Care



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

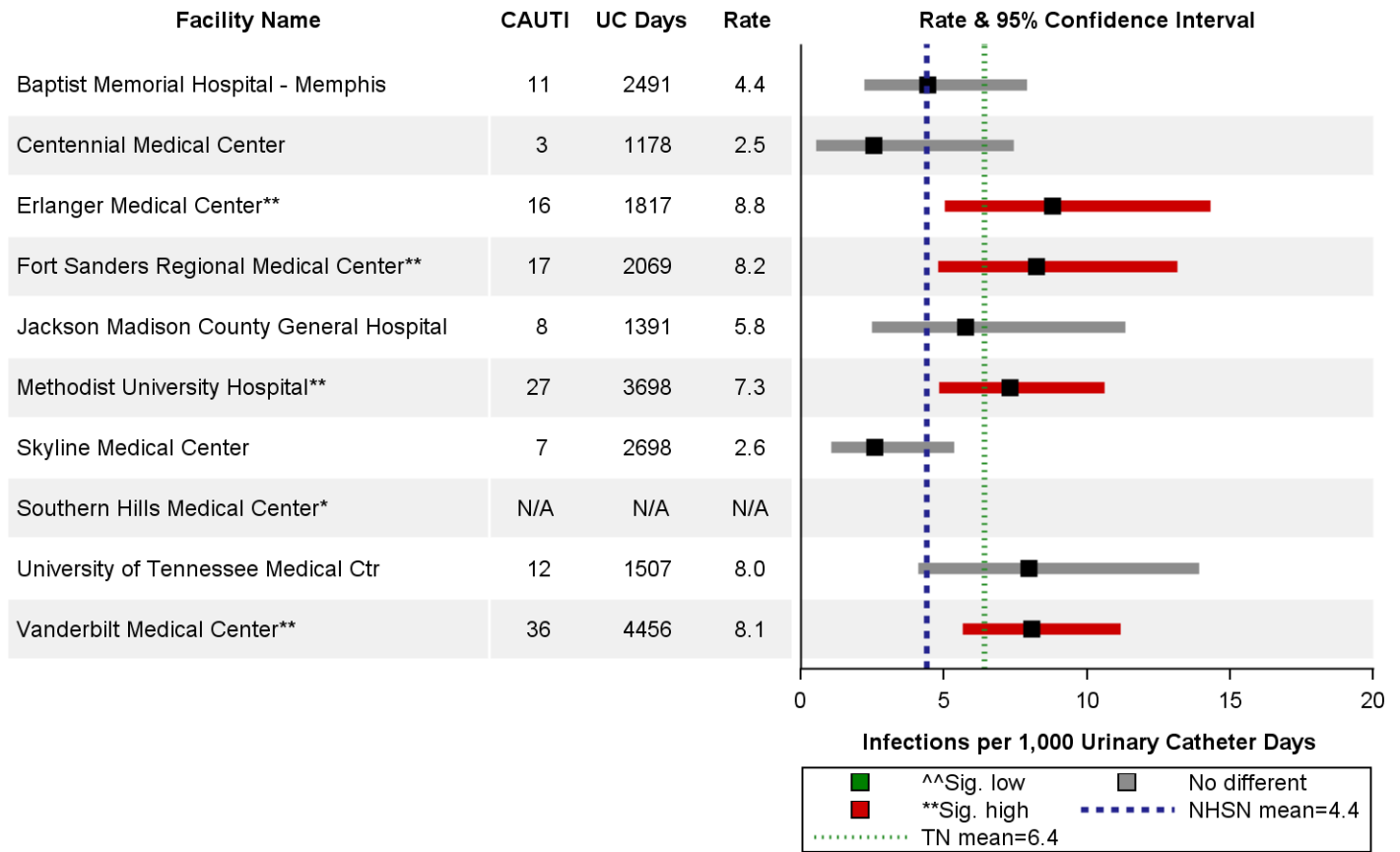
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=3.8; TN pooled mean (01/01/2013 - 12/31/2013)=0.0

Figure 50: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Neurosurgical Critical Care



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

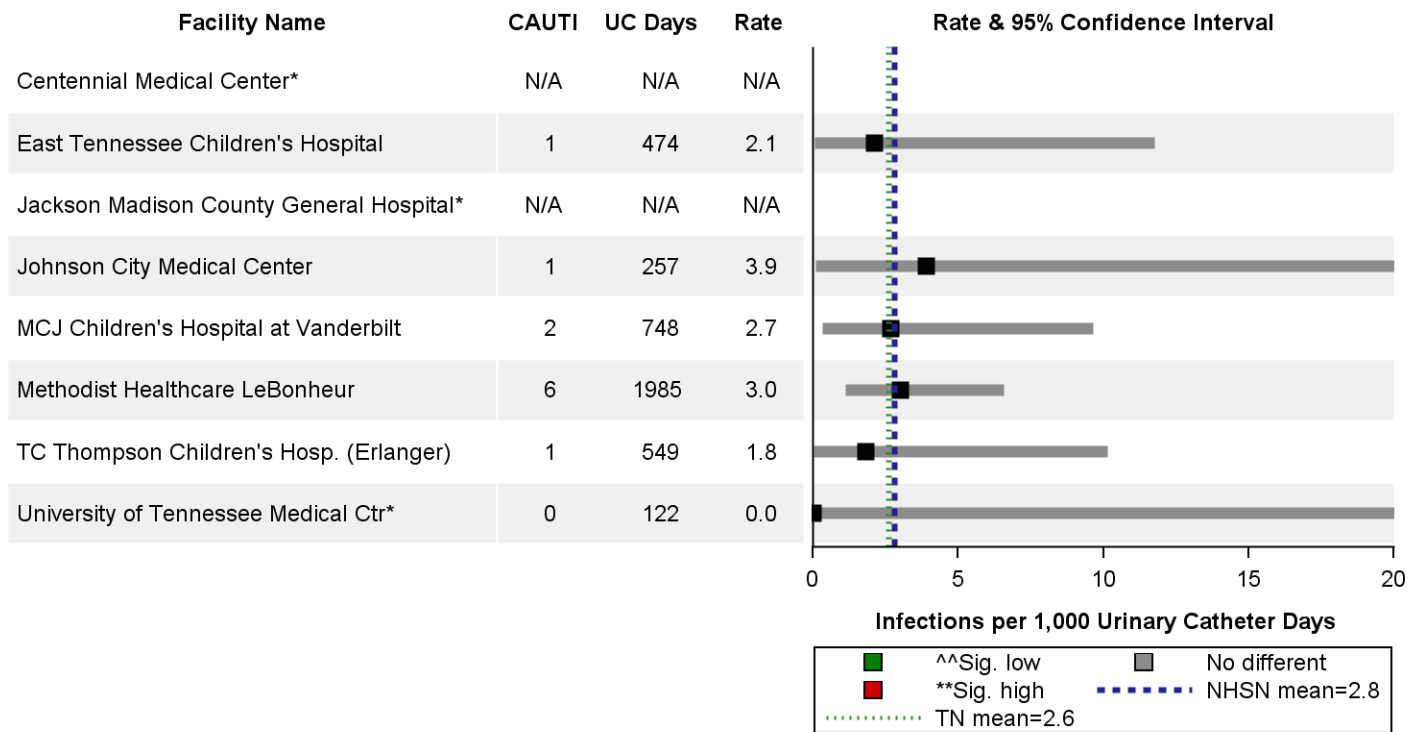
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=4.4; TN pooled mean (01/01/2013 - 12/31/2013)=6.4

Figure 51: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Pediatric Medical-Surgical Critical Care



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

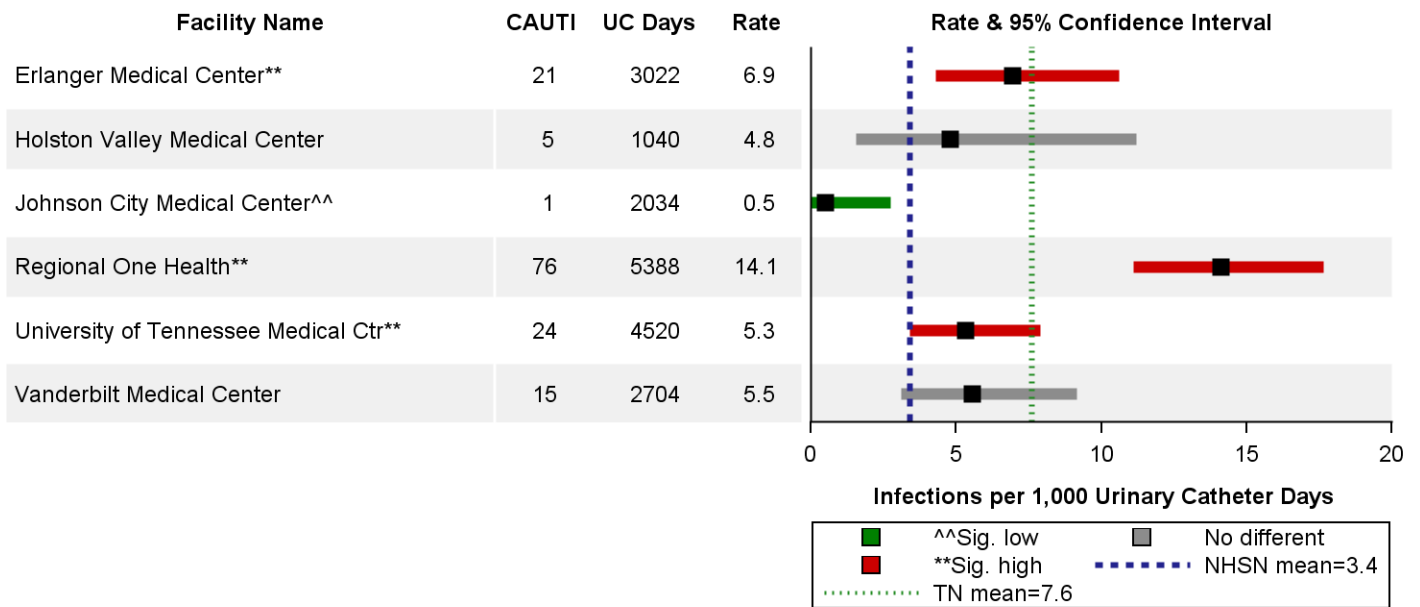
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.8; TN pooled mean (01/01/2013 - 12/31/2013)=2.6

Figure 52: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2013 - 12/31/2013, Trauma Critical Care



Data Reported as of September 4, 2014

UC Days = urinary catheter days

N/A = rates are not shown for units with <50 urinary catheter days

** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=3.4; TN pooled mean (01/01/2013 - 12/31/2013)=7.6

CATHETER ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)

Long-term Acute Care (LTAC) Facilities

CAUTIs in Long-Term Acute Care Facilities:

Total number of facilities reporting from January-December 2013: 9

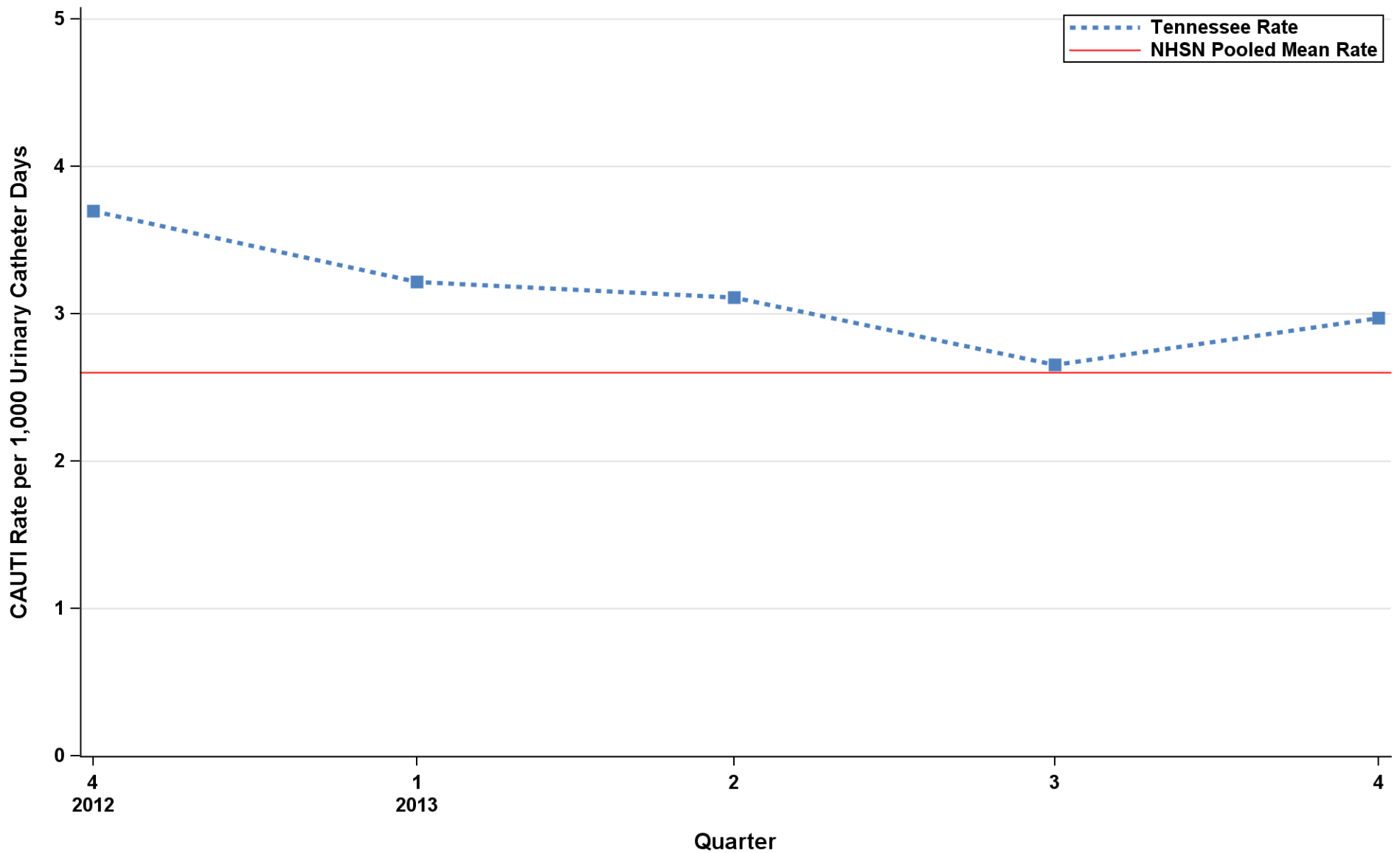
CAUTI Rates ([Figure 53](#), [Table 16](#))

- Between October-December 2012 and October-December 2013, the crude CAUTI rate in long-term acute care (LTAC) facilities in Tennessee has decreased from 3.7 to 3.0 CAUTIs per 1,000 urinary catheter days, with a low of 2.7 CAUTIs per 1,000 urinary catheter days in the 3rd quarter of 2013.
- Although LTAC CAUTI rates are only available from October 2012, the crude CAUTI rate for 2013 is lower than the 2012 rate (3.0 vs. 3.7 CAUTIs per 1,000 urinary catheter days).

Microorganisms Associated with CAUTIs in Long-Term Acute Care (LTAC) Facilities ([Figure 54](#))

- Among the 173 pathogens isolated from 154 CAUTIs in 2013, the most common pathogens were *Candida* species and other yeasts (26%), *Pseudomonas* species (24%), and *Escherichia coli* (14%). Vancomycin-resistant *Enterococcus* (VRE) accounted for 9% of total positive isolates, and no Methicillin-Resistant *S. aureus* (MRSA) isolates were identified.

Figure 53: Crude (Unadjusted) Rates of Catheter-Associated Urinary Tract Infections (CAUTIs) in Long-term Acute Care (LTAC) Facilities by Quarter, Tennessee, 10/1/2012–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2009]



Data Reported as of September 4, 2014

Table 16: Crude (Unadjusted) Rate of Catheter-Associated Urinary Tract Infection (CAUTI) and Catheter Utilization Rates in Long-term Acute Care (LTAC) Facilities by Year, Tennessee, 10/01/2012 - 12/31/2013

STATE	YEAR	No. of facilities	CAUTI	UC Days	CAUTI Rate*	PATIENT DAYS	DU Rate
Tennessee	2013	9	154	51,247	3.01	104,472	0.49
	2012	9	50	13,528	3.70	25,024	0.54

Data reported as of September 4, 2014

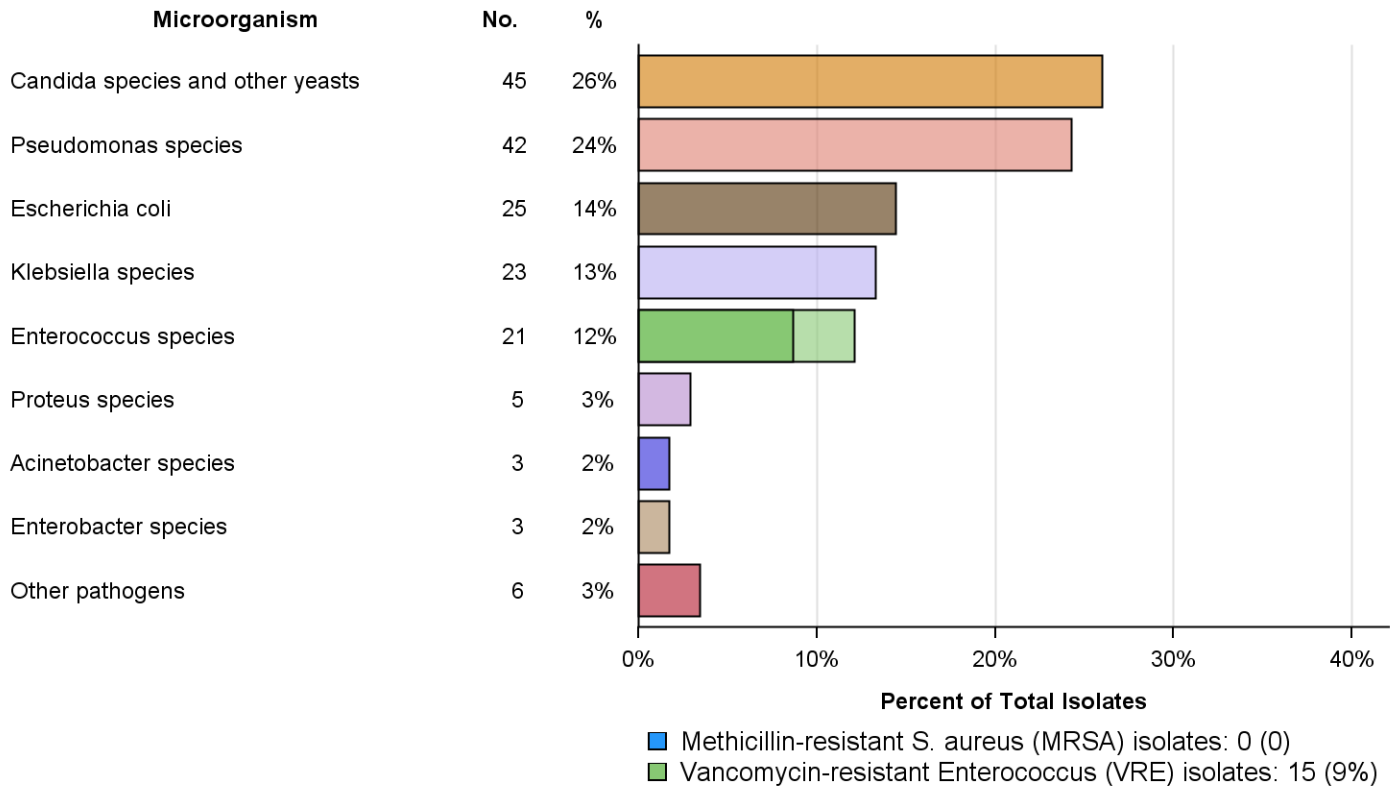
CAUTI = observed from CAUTI; UC DAYS = urinary catheter days

DU Rate = device utilization rate (urinary catheter days/patient days)

**Per 1000 catheter days*

Figure 54: Microorganisms Identified in Catheter-Associated Urinary Tract (CAUTIs) in Long-term Acute Care (LTAC) Facilities, Tennessee, 01/01/2013 - 12/31/2013

Number of isolates=173; Number of events=154



Data reported as of September 4, 2014

Other pathogens = Citrobacter spp., Morganella spp., Providencia spp., Streptococcus spp.

CATHETER ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)
Inpatient Rehabilitation Facilities (IRF)

CAUTIs in Inpatient Rehabilitation Facilities:

Total number of facilities reporting from January-December 2013: 29

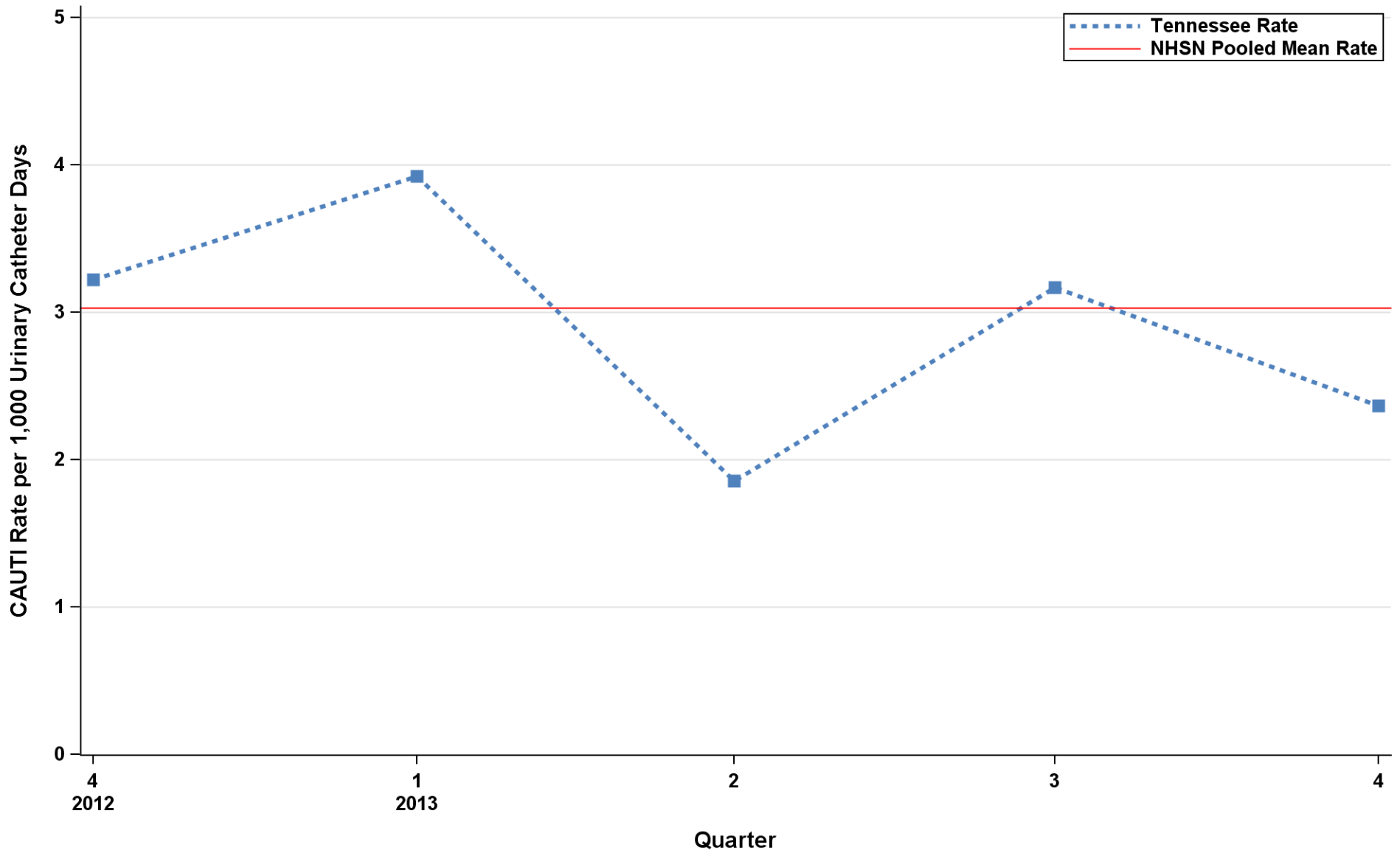
CAUTI Rates ([Figure 55](#), [Table 17](#))

- Between October-December 2012 and October-December 2013, the crude CAUTI rate in inpatient rehabilitation facilities (IRFs) in Tennessee fluctuated between 3.9 and 1.9 CAUTIs per 1,000 urinary catheter days.
- Although IRF CAUTI rates are only available from October 2012, the crude CAUTI rate for 2013 is lower than the 2012 rate (2.8 vs. 3.2 CAUTIs per 1,000 urinary catheter days).

Microorganisms Associated with CAUTIs in Inpatient Rehabilitation Facilities (IRFs) ([Figure 56](#))

- Among the 24 pathogens isolated from 23 CAUTIs in 2013, the most common pathogens were *Escherichia coli* (21%), *Klebsiella* species (21%), and *Pseudomonas* species (17%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 8% and vancomycin-resistant *Enterococcus* (VRE) for 4% of total positive isolates.

Figure 55: Crude (Unadjusted) Rates of Catheter-Associated Urinary Tract Infections (CAUTIs) in Inpatient Rehabilitation Facilities (IRF) by Quarter, Tennessee, 10/1/2012–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2011]



Data Reported as of September 4, 2014

Table 17: Crude (Unadjusted) Rate of Catheter-Associated Urinary Tract Infection (CAUTI) and Catheter Utilization Rates in Inpatient Rehabilitation Facilities (IRF) by Year, Tennessee, 10/01/2012 - 12/31/2013

STATE	YEAR	No. of facilities	CAUTI	UC Days	CAUTI Rate*	PATIENT DAYS	DU Rate
Tennessee	2013	29	45	15,880	2.83	208,327	0.08
	2012	27	11	3,416	3.22	49,808	0.07

Data reported as of September 4, 2014

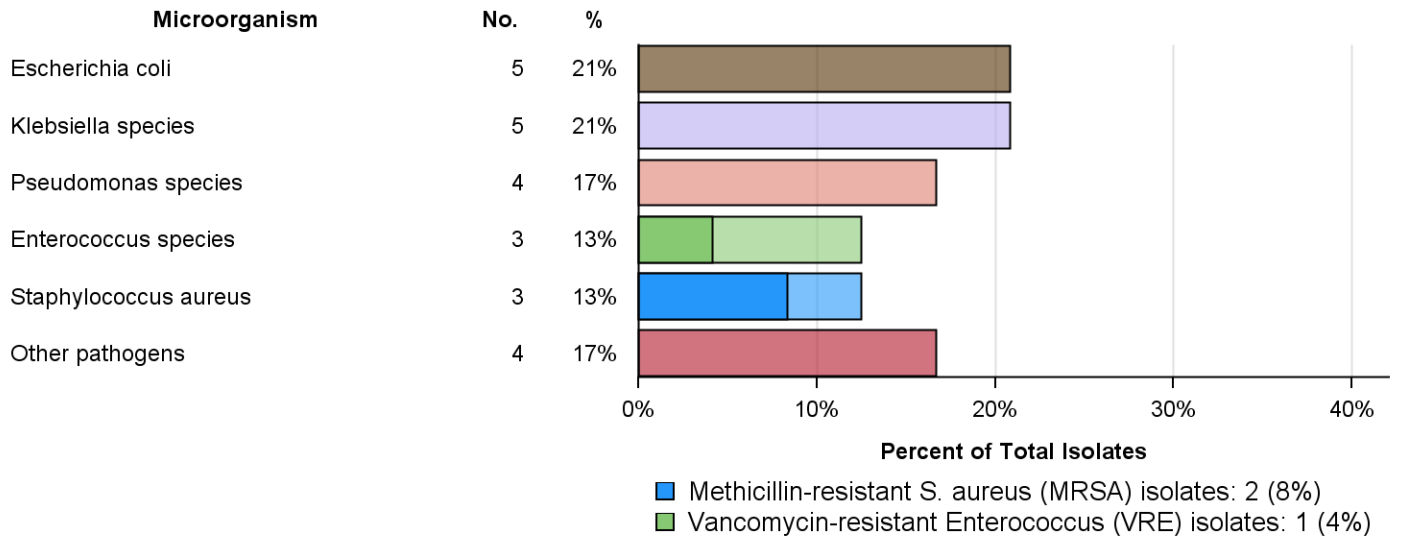
CAUTI = observed from CAUTI; UC DAYS = urinary catheter days

DU Rate = device utilization rate (urinary catheter days/patient days)

**Per 1000 catheter days*

Figure 56: Microorganisms Identified in Catheter-Associated Urinary Tract (CAUTIs) in Inpatient Rehabilitation Facilities (IRF), Tennessee, 01/01/2013 - 12/31/2013

Number of isolates=24; Number of events=23



Data reported as of September 4, 2014

Other pathogens = Candida spp., Citrobacter spp., Enterobacter spp., Morganella spp.

SURGICAL SITE INFECTIONS (SSI)

Surgical Site Infections (SSI)

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be superficial infections involving the skin only. Other surgical site infections are more serious and can involve tissues under the skin, organs, or implanted material. Healthcare facilities can prevent SSIs by following appropriate infection prevention recommendations before, during, and after surgery (see [Patient Guide to SSI²¹](#)).

Reporting Requirements

Surgical site infections (SSI) following coronary artery bypass graft (CABG/C) procedures have been reportable by Tennessee acute care hospitals since January 2008. SSIs following hip prosthesis procedures were reportable from July 2010 to December 2011, and SSIs following cardiac procedures were reportable from July 2011 to December 2011. SSIs following colon (COLO) procedures and those following abdominal hysterectomy (HYST) procedures have been reported since January 2012.

To comply with these reporting requirements, facilities are required to follow the [NHSN SSI Surveillance protocol²²](#), which is updated each year with SSI surveillance definitions and reporting instructions. Facilities must report each required surgical procedure that is performed every month to NHSN. They are also required to report any surgical site infections which meet the NHSN surveillance definition of a SSI following required procedures.

Changes to Surveillance Definitions

In January 2013, NHSN revised the definition of primary closure for NHSN operative procedures to include procedures where devices remain extruding through the incision at the end of surgery.

Facility-Specific Data Thresholds

When the number of surgical procedures performed is small, even a few infections will yield a numerically high infection rate. To ensure fair and accurate reporting of facility-specific SSI standardized infection ratios (SIR) TDH has adopted the NHSN minimum thresholds for reporting. To report a facility-specific SSI SIR, there must be a minimum of 20 procedures performed for the reporting period and the statistically predicted number of infections must be at least 1.0.

SSI Risk Adjustment

For individuals undergoing surgical procedures, risk adjustment is calculated through logistic regression models which use national [NHSN baseline data from 2006-2008²³](#) to represent a standard population²⁴. With this method, risk factors are procedure-specific and each risk factor's contribution varies according to its association with risk of SSI.

For statewide SSI data, both crude (unadjusted) rates and SIRs are presented.

Crude (unadjusted) SSI rates are calculated as follows:

$$\text{SSI Rate} = \frac{\text{Number of SSI reported}}{\text{Number of procedures reported}} \times 100$$

²¹ http://www.cdc.gov/HAI/pdfs/ssi/SSI_tagged.pdf

²² <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSICurrent.pdf>

²³ <http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf>

²⁴ Yi M, Edwards JR, et al. Improving risk-adjusted measures of surgical site information for the National Healthcare Safety Network. *Infect Control Hosp Epidemiol* 2011; 32(10):970-986.

For this report, SSI SIRs are generated by NHSN, and come in two forms: All SSI and Complex Admission/Readmission (Complex A/R) SIRs.

- The **All SSI SIR** includes:
 - All procedures performed
 - Superficial incisional primary, deep incisional primary, and organ/space SSIs (secondary SSIs are not included)
 - SSIs identified during admission, readmission, or post-discharge surveillance

- The **Complex A/R SIR** includes
 - Inpatient procedures
 - Deep incisional primary and organ/space SSIs
 - SSIs identified during admission or readmission to the reporting facility

The significant risk factors used in risk adjustment also vary between the two forms of SSI SIRs; significant risk factors for each procedure are listed below.

For coronary artery bypass graft (CBGB/C) procedures, significant risk factors include:

- Age
- ASA score
- Procedure duration
- Gender
- Age-gender interaction
- Hospital bed size (All SSI SIR)
- Medical school affiliation (Complex A/R SIR)

For colon surgery (COLO) procedures, significant risk factors include:

- Age
- ASA score
- Procedure duration
- Endoscope
- Medical school affiliation
- Hospital bed size
- Wound class
- Anesthesia (All SSI SIR)

For abdominal hysterectomy (HYST) procedures, significant risk factors include:

- Age
- ASA score
- Procedure duration
- Hospital bed size
- Anesthesia (All SSI SIR)
- Endoscope (All SSI SIR)

Below is a general logistic regression model. For each operative procedure, parameter estimates (represented by β in the model) have been calculated by CDC and represent each risk factor's contribution to a patient's overall risk. In this model, \hat{p} represents a patient's probability of SSI, and $X=1$ if a given risk factor is present or $X=0$ if the risk factor is absent.

$$\text{logit}(\hat{p}) = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4$$

For a given NHSN operative procedure, the table below illustrates the parameter estimates for the significant risk factors associated with that procedure. Note that this table is for teaching purposes only and should not be considered an actual model for predicting a patient’s risk of SSI²⁵.

Factor	Parameter Estimate	OR	p-value
Intercept	-5.448	-	-
Age (≤ 44 vs >44)	0.520	1.659	<0.0001
ASA (3/4/5 vs 1/2)	0.425	1.529	0.0415
Duration (>100 vs ≤ 100)	0.501	1.650	0.0019
Medical School affiliation (Y vs N)	1.069	2.912	<0.0001

Applying the parameter estimates to the above model gives the following formula:

$$\text{logit}(\hat{p}) = -5.448 + 0.520 (\text{Age} \leq 44) + 0.425 (\text{ASA } 3/4/5) + 0.501 (\text{Duration} >100) + 1.069 (\text{Med school affiliation})$$

The probability of SSI for a given patient can be calculated using this formula. For example:

Patient	Age	ASA	Duration	Med School Affiliation
A	35	3	105	Y

$$\text{logit}(\hat{p}) = -5.448 + 0.520(1) + 0.425(1) + 0.501(1) + 1.069(1) = -2.934$$

Solving for \hat{p} gives a probability of SSI for Patient A of 0.05, or 5%.

To calculate the predicted number of infections for a population, each patient’s risk of SSI is generated using the appropriate logistic regression model, and summed²⁶.

²⁵ Example extracted from “NHSN e-News: SIRs Special Edition,” Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, 10 December 2010 (http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf)

²⁶ Yi M, Edwards JR, et al. Improving risk-adjusted measures of surgical site information for the National Healthcare Safety Network. *Infect Control Hosp Epidemiol* 2011; 32(10):970-986.

SURGICAL SITE INFECTIONS (SSI)

CBGB/CBGC Procedures

SSIs Related to Coronary Artery Bypass Graft (CBGB/C) Procedures:

Total number of facilities reporting from January-December 2013: 27

SIRs by Quarter ([Figure 57](#))

- From January-March 2009 to October-December 2013, there was no major overall change in the combined All SSI SIR or Complex Admission/Readmission SSI SIR related to CBGB/C procedures in Tennessee.

Key Percentiles for Tennessee SIRs ([Table 18](#))

- The All SSI SIR for SSIs related to CBGB/C procedures in Tennessee from January-December 2013 was statistically significantly lower than the national SIR of 1 (SIR=0.74; 95% CI: 0.61, 0.89). The All SSI SIR for CBGB/C from January-December 2013 was lower than the SIR for 2012 and the same as the SIR for 2011.
- From January-December 2013, the median All SSI SIR for CBGB/C procedures was 0.87, indicating that half of reporting facilities with at least 1 predicted infection had an All SSI SIR at or below 0.87.
- The Complex A/R SIR for SSIs related to CBGB/C procedures in Tennessee from January-December 2013 was significantly lower than the national SIR of 1 (SIR=0.56; 95% CI: 0.41, 0.74). The Complex A/R SIR for CBGB/C from January-December 2013 was lower than the SIR for 2012 and 2011.
- From January-December 2013, the median Complex A/R SIR for CBGB/C procedures was 0.55, indicating that half of reporting facilities with at least 1 predicted infection had an All SSI SIR at or below 0.55.

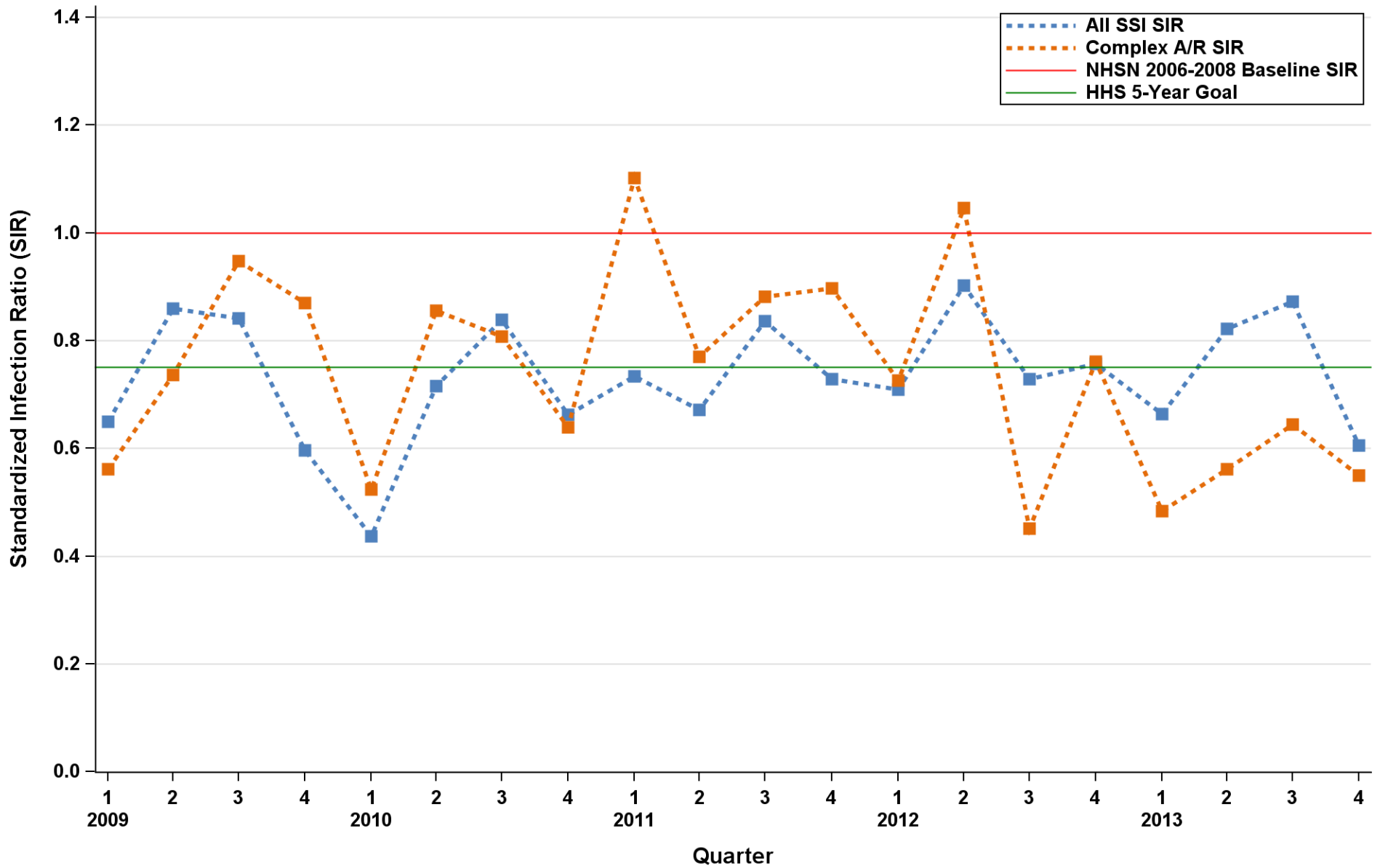
Rates, Infection Sites, and Detection ([Figures 58-59](#), [Table 19](#))

- In 2013, 136 SSIs were reported among 6,806 CBGB/C procedures in Tennessee, for a crude rate of 2.00 infections per 100 operations.
- Overall, SSIs related to CBGB/B procedures were most often superficial primary (40%), and deep primary (28%). SSIs related to CBGB/B procedures were least often deep secondary infections (3%).
- SSIs related to CBGB/C procedures were most often identified upon readmission (71%).

Microorganisms associated with SSIs following CBGB/C Procedures ([Figure 60](#))

- Among the 155 pathogens isolated from 136 SSIs following CBGB/C procedures in 2013, the most common pathogens were *Staphylococcus aureus* (29%), coagulase-negative *Staphylococcus* species (19%), and *Pseudomonas* species (7%). Methicillin-resistant *Staphylococcus aureus* (MRSA) accounted for 14% and vancomycin-resistant *Enterococcus* (VRE) for 2% of total isolates.

Figure 57: Coronary Artery Bypass Graft (CBGB/C) All and Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Quarter, Tennessee, 01/01/2009–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 4, 2014

Table 18: Coronary Artery Bypass Graft (CBGB/C) All and Complex Admission/Readmission (AR) Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Reporting Year, Tennessee, 01/01/2011 - 12/31/2013

										DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
			No. of INFECTIONS				SIR AND 95% CONFIDENCE INTERVAL			No. of FACS WITH ≥1 PRED INFECTION		No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	SIR TYPE	YEAR	No.	PROCS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT		N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	All Procedures	2013	27	6,804	111	149.63	0.74	0.61	0.89	25	5	20%	1	4%	0.34	0.45	0.87	1.13	1.74	
		2012	26	7,062	120	155.06	0.77	0.64	0.92	26	4	15%	2	8%	0.15	0.44	0.64	1.15	1.99	
		2011	27	7,450	122	164.31	0.74	0.62	0.88	25	4	16%	1	4%	0.00	0.29	0.71	1.03	1.58	
	Complex A/R	2013	27	6,804	46	82.27	0.56	0.41	0.74	22	2	9%	0	0%	0.20	0.33	0.55	0.91	1.22	
		2012	26	7,062	63	84.06	0.75	0.58	0.95	22	3	14%	1	5%	0.00	0.00	0.71	1.10	1.56	
		2011	27	7,450	81	88.80	0.91	0.73	1.13	23	4	17%	0	0%	0.00	0.00	0.70	1.36	1.80	

Data reported as of September 4, 2014

No. = number of facilities reporting; PROCS = number of procedures; OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI; SIR = Standardized Infection Ratio (observed/predicted number of SSI)

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Table 19: Crude (Unadjusted) Rate of Coronary Artery Bypass Graft (CBGB/C) Surgical Site Infection (SSI) by Year, Tennessee, 01/01/2011 - 12/31/2013

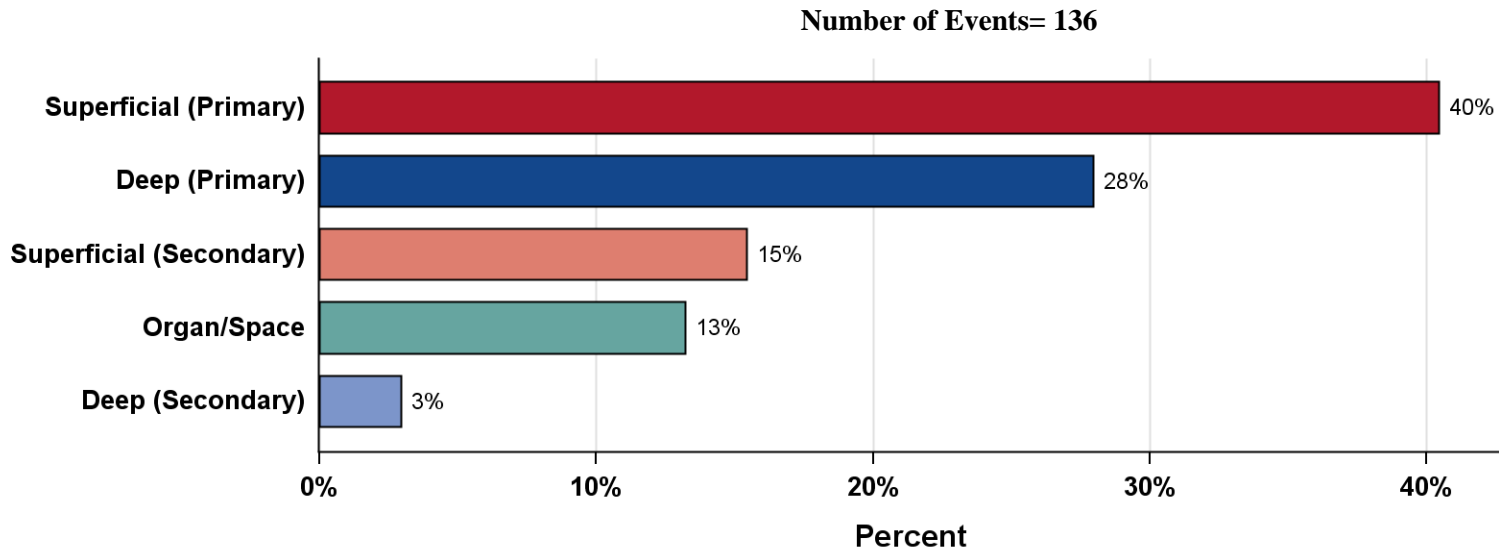
STATE	YEAR	No. of facilities	No. of procedures	No. of SSI	TN Rate*
Tennessee	2013	27	6,806	136	2.00
	2012	26	7,064	142	2.01
	2011	27	7,457	144	1.93

Data reported as of September 4, 2014

No. of facilities which performed at least one procedure during the reporting period

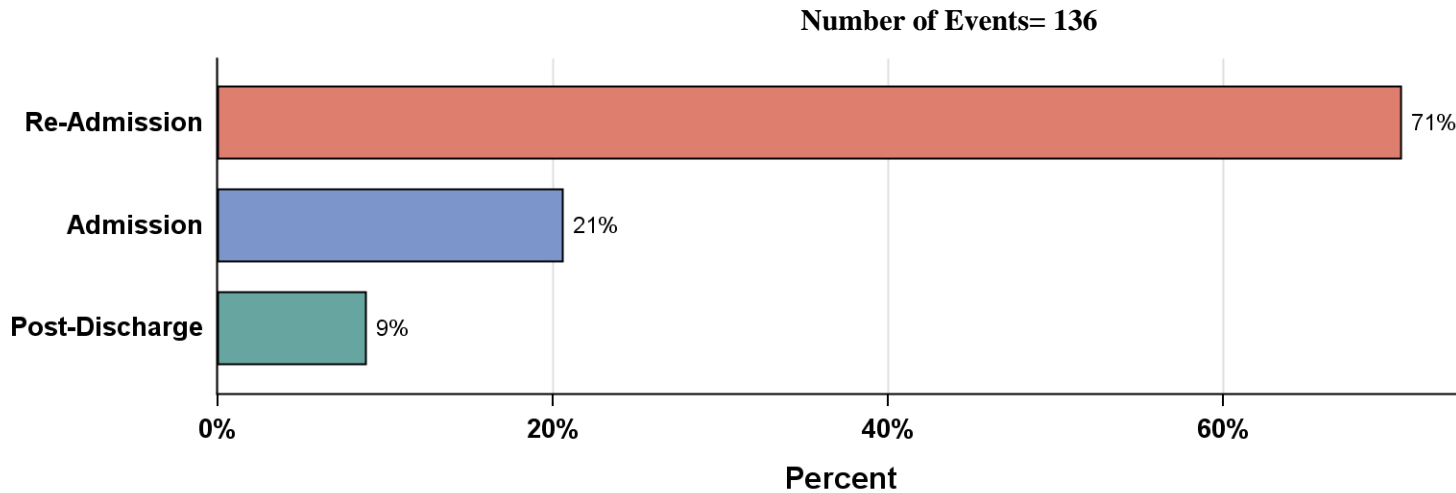
*per 100 procedures

Figure 58: Coronary Artery Bypass Graft (CBGB/C) Surgical Site Infections by Site, Tennessee, 01/01/2013–12/31/2013



Data Reported as of September 4, 2014

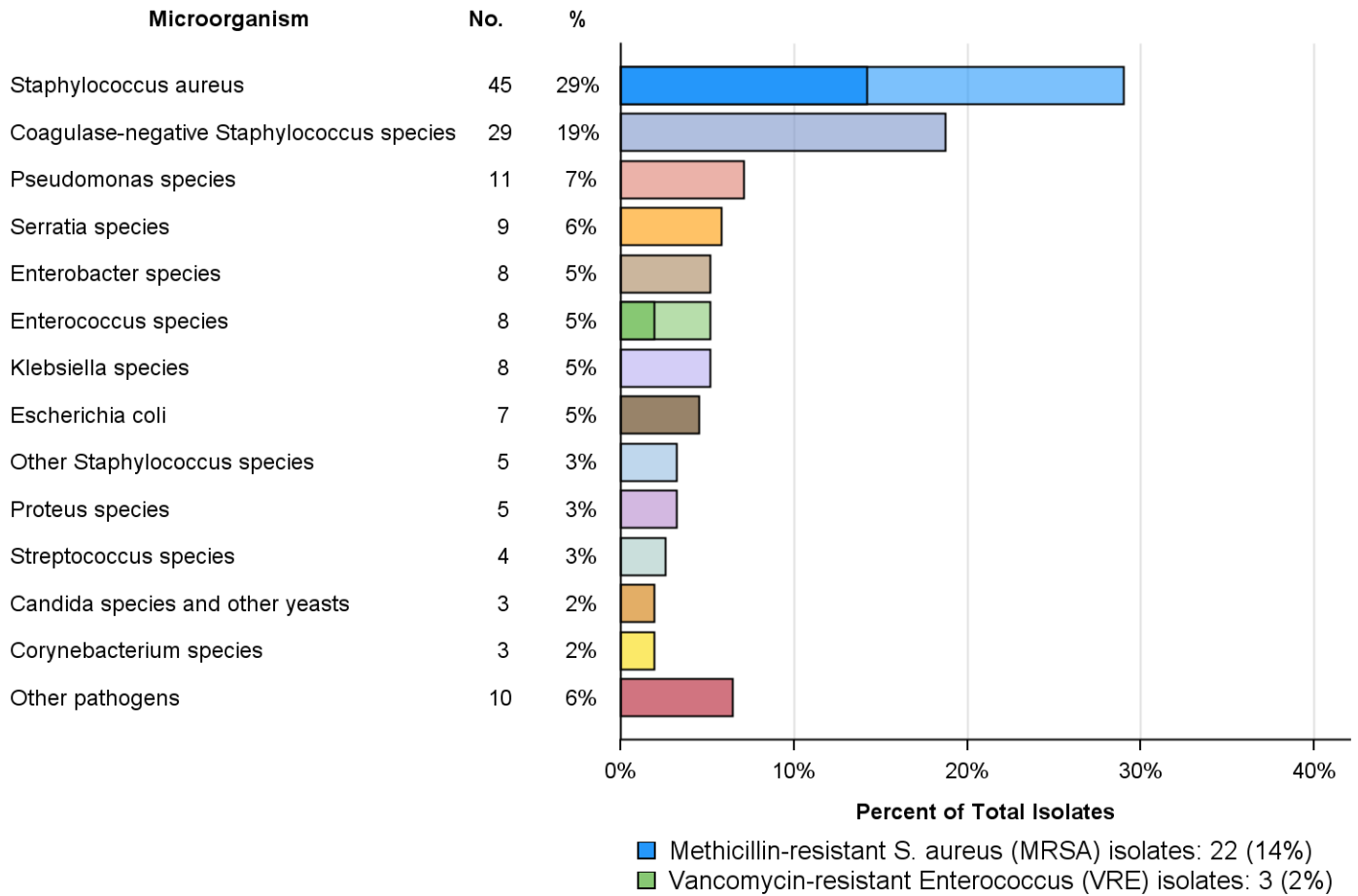
Figure 59: Coronary Artery Bypass Graft (CBGB/C) Surgical Site Infections Detection, Tennessee, 01/01/2013–12/31/2013



Data Reported as of September 4, 2014

Figure 60: Microorganisms Identified from Surgical Site Infections (SSI) following Coronary Artery Bypass Graft (CBGB/C) Procedures, Tennessee, 01/01/2013 - 12/31/2013

Number of isolates=155; Number of events=136



Data reported as of September 4, 2014

Other pathogens = Aerobic spp., Bacillus spp., Citrobacter spp., Gram-positive spp., Haemophilus spp., Morganella spp., Nocardia spp., Penicillium spp., Propionibacterium spp.

SURGICAL SITE INFECTIONS (SSI)

Colon Procedures

SSIs Related to Colon (COLO) Procedures:

Total number of facilities reporting from January-December 2013: 92

SIRs by Quarter ([Figure 61](#))

- From January-March 2012 to October-December 2013, there was no major overall change in the combined All SSI SIR or the Complex A/R SIR for SSIs related to COLO procedures in Tennessee; however there was a slight peak in both the All SSI SIR and Complex A/R SSI SIR from April-June 2013 (0.95 and 1.15 respectively).

Key percentiles for Tennessee SIRs ([Table 20](#))

- The All SSI SIR for SSIs related to COLO procedures in Tennessee from January-December 2013 was statistically significantly lower than the 2006-8 national SIR of 1 (SIR=0.88; 95% CI: 0.79, 0.96). The All SSI SIR for SSIs related to COLO procedures was higher compared to the SIR from 2012.
- From January-December 2013, the median All SSI SIR for COLO procedures was 0.73, indicating that half of reporting facilities with at least 1 predicted infection had an All SSI SIR at or below 0.73.
- The Complex A/R SIR for SSIs related to COLO procedures in Tennessee from January-December 2013 was not significantly different from the 2006-8 national SIR of 1 (SIR=0.93; 95% CI: 0.81, 1.06).
- From January-December 2013, the median Complex A/R SIR for COLO procedures was 0.61, indicating that half of reporting facilities with at least 1 predicted infection had a Complex A/R SIR at or below 0.61.

Rates, Infection Sites, and Detection ([Figures 62-63](#), [Table 21](#))

- In 2013, 402 SSIs were reported among 7,314 colon procedures in Tennessee, for a crude rate of 5.50 infections per 100 operations.
- Overall, SSIs related to colon procedures were most often superficial primary (43%), and organ/space (32%). SSIs related to colon procedures were least often deep primary infections (25%).
- SSIs related to colon procedures were most often identified during the same hospital admission as the procedure (49%).

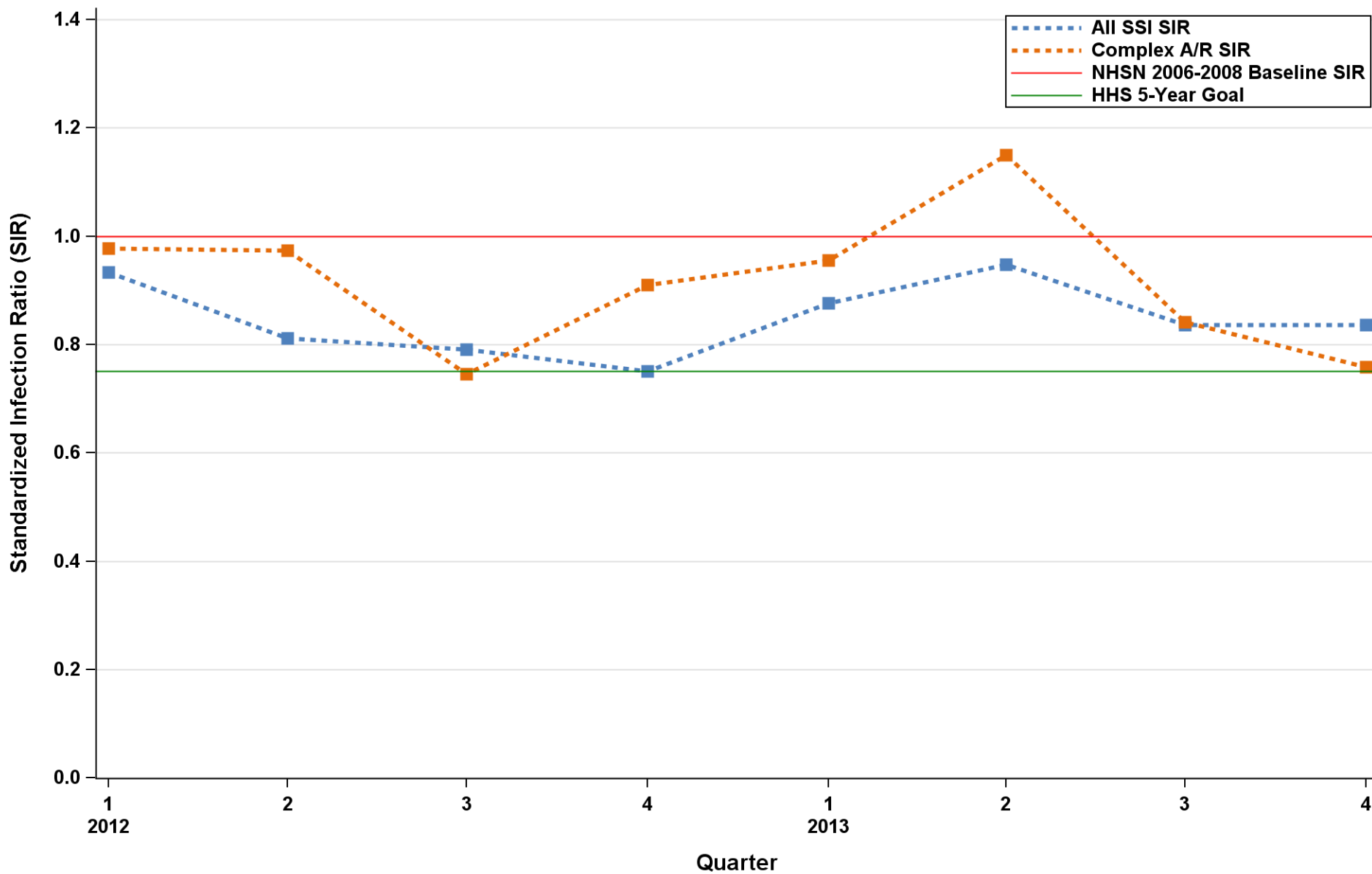
Microorganisms associated with SSIs following Colon Procedures ([Figure 64](#))

- Among the 459 pathogens isolated from 402 SSIs following colon procedures in 2013, the most common pathogens were *Escherichia coli* (22%), *Enterococcus* species (21%), and *Staphylococcus aureus* (12%). Methicillin-resistant *Staphylococcus aureus* (MRSA) accounted for 8% and vancomycin-resistant *Enterococcus* (VRE) for 3% of total isolates.

Facility-Specific SIRs ([Figure 65](#))

- The Complex A/R SIR for SSIs related to COLO procedures that accounts for all qualifying colon procedures performed at a given facility from January-December 2013 is displayed in [Figure 65](#). The bar representing the confidence interval is green if the Complex A/R SIR for SSIs related to COLO procedures was significantly lower than the national SIR of 1 for 2009 and red if the SIR was significantly higher than 1. Some hospitals reported zero SSIs (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of procedures performed.
- In 2013, 2 facilities had a Complex A/R SIR for SSIs related to colon procedures that was statistically significantly lower than the 2006-8 national baseline SIR of 1. Two facilities had a Complex A/R SIR that was statistically higher than the baseline SIR.

Figure 61: Colon Surgery (COLO) All and Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Quarter, Tennessee, 01/01/2009–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 4, 2014

Table 20: Colon Surgery (COLO) All and Complex Admission/Readmission (AR) Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Reporting Year, Tennessee, 01/01/2012 - 12/31/2013

										DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
			No. of INFECTIONS				SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	SIR TYPE	YEAR	No.	PROCS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	All Procedures	2013	92	7,306	401	458.09	0.88	0.79	0.96	64	7	11%	2	3%	0.00	0.21	0.73	1.12	1.53	
		2012	88	6,865	353	429.50	0.82	0.74	0.91	65	6	9%	4	6%	0.00	0.00	0.57	0.95	1.51	
	Complex A/R	2013	92	7,306	212	228.28	0.93	0.81	1.06	50	2	4%	2	4%	0.00	0.00	0.61	1.36	1.80	
		2012	88	6,865	192	212.21	0.91	0.78	1.04	51	5	10%	3	6%	0.00	0.00	0.68	1.20	1.71	

Data reported as of September 4, 2014

No. = number of facilities reporting; PROCS = number of procedures; OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI; SIR = Standardized Infection Ratio (observed/predicted number of SSI)

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Table 21: Crude (Unadjusted) Rate of Colon Surgery (COLO) Surgical Site Infection (SSI) by Year, Tennessee, 01/01/2012 - 12/31/2013

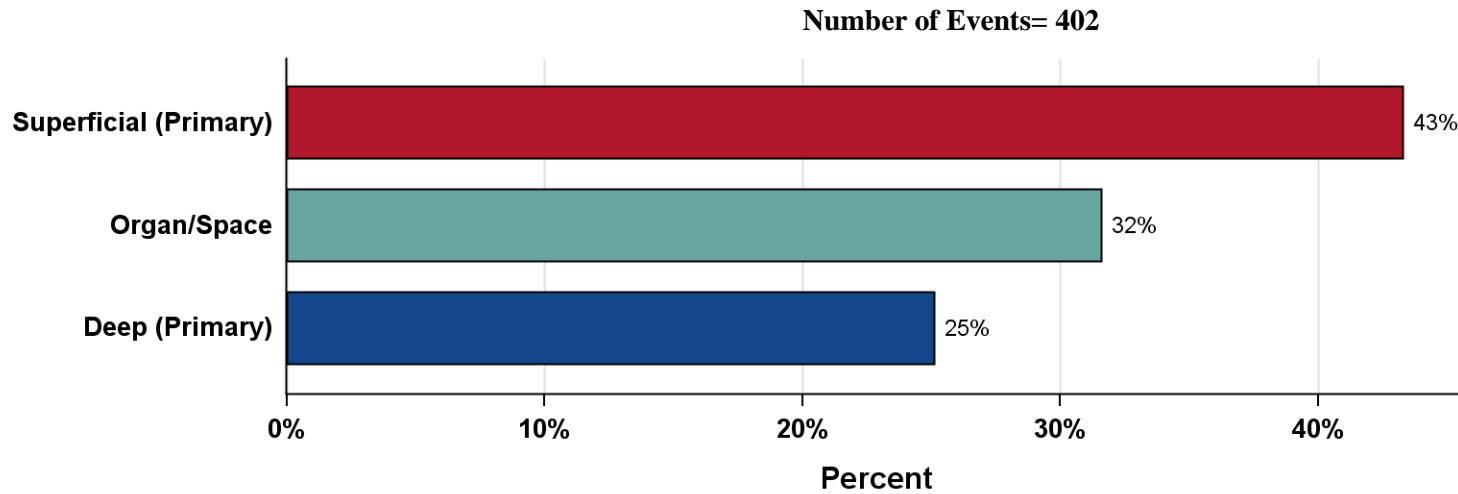
STATE	YEAR	No. of facilities	No. of procedures	No. of SSI	TN Rate*
Tennessee	2013	92	7,314	402	5.50
	2012	88	6,876	353	5.13

Data reported as of September 4, 2014

No. of facilities which performed at least one procedure during the reporting period

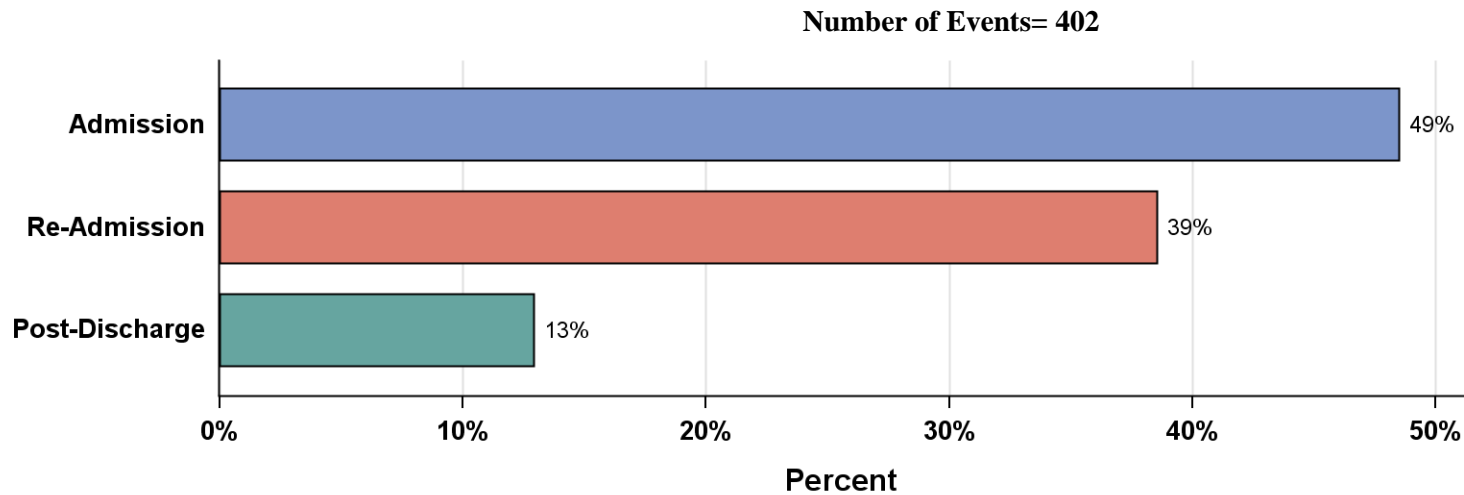
*per 100 procedures

Figure 62: Colon Surgery (COLO) Surgical Site Infections by Site, Tennessee, 01/01/2013–12/31/2013



Data Reported as of September 4, 2014

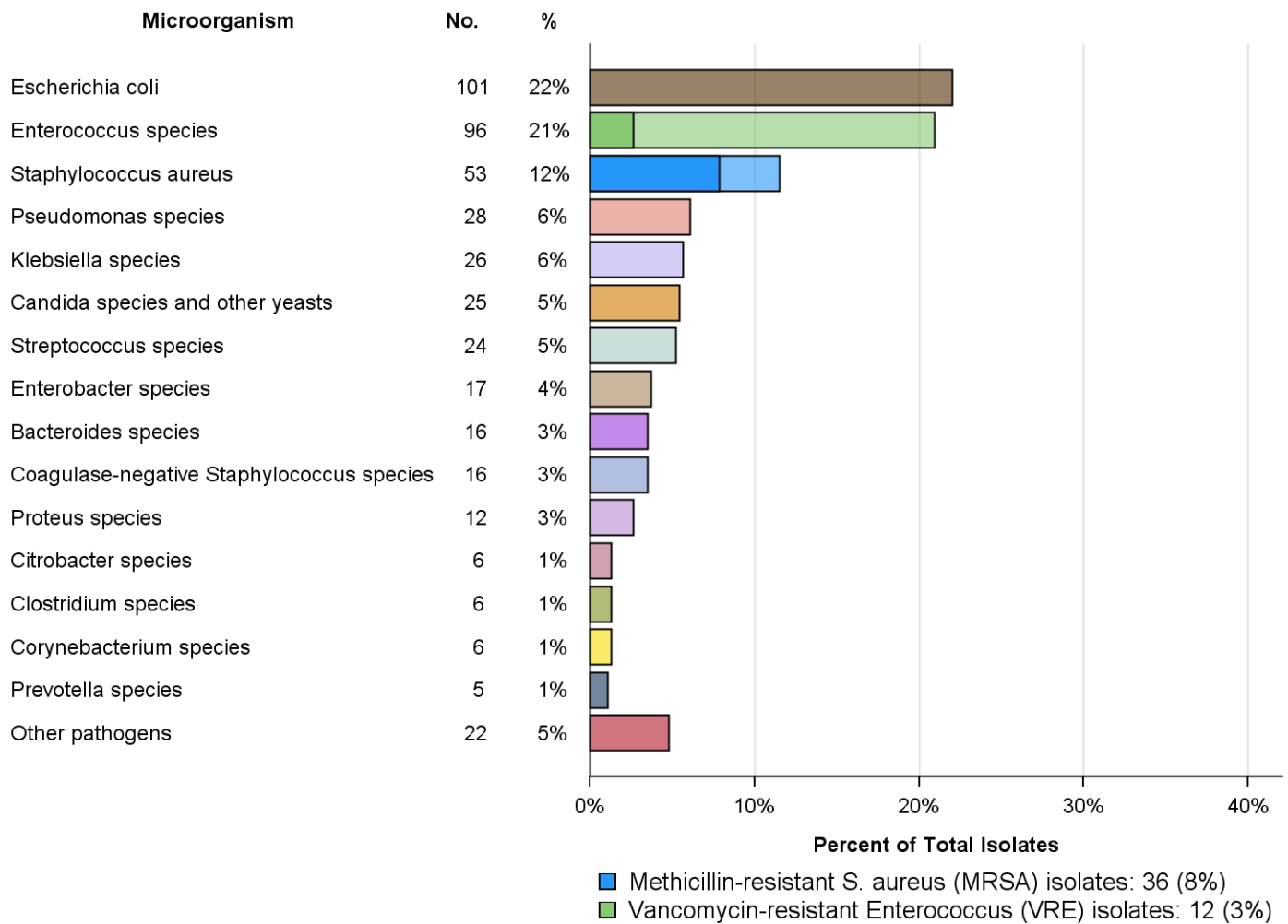
Figure 63: Colon Surgery (COLO) Surgical Site Infections Detection, Tennessee, 01/01/2013–12/31/2013



Data Reported as of September 4, 2014

Figure 64: Microorganisms Identified from Surgical Site Infections (SSI) following Colon (COLO) Procedures, Tennessee, 01/01/2013 - 12/31/2013

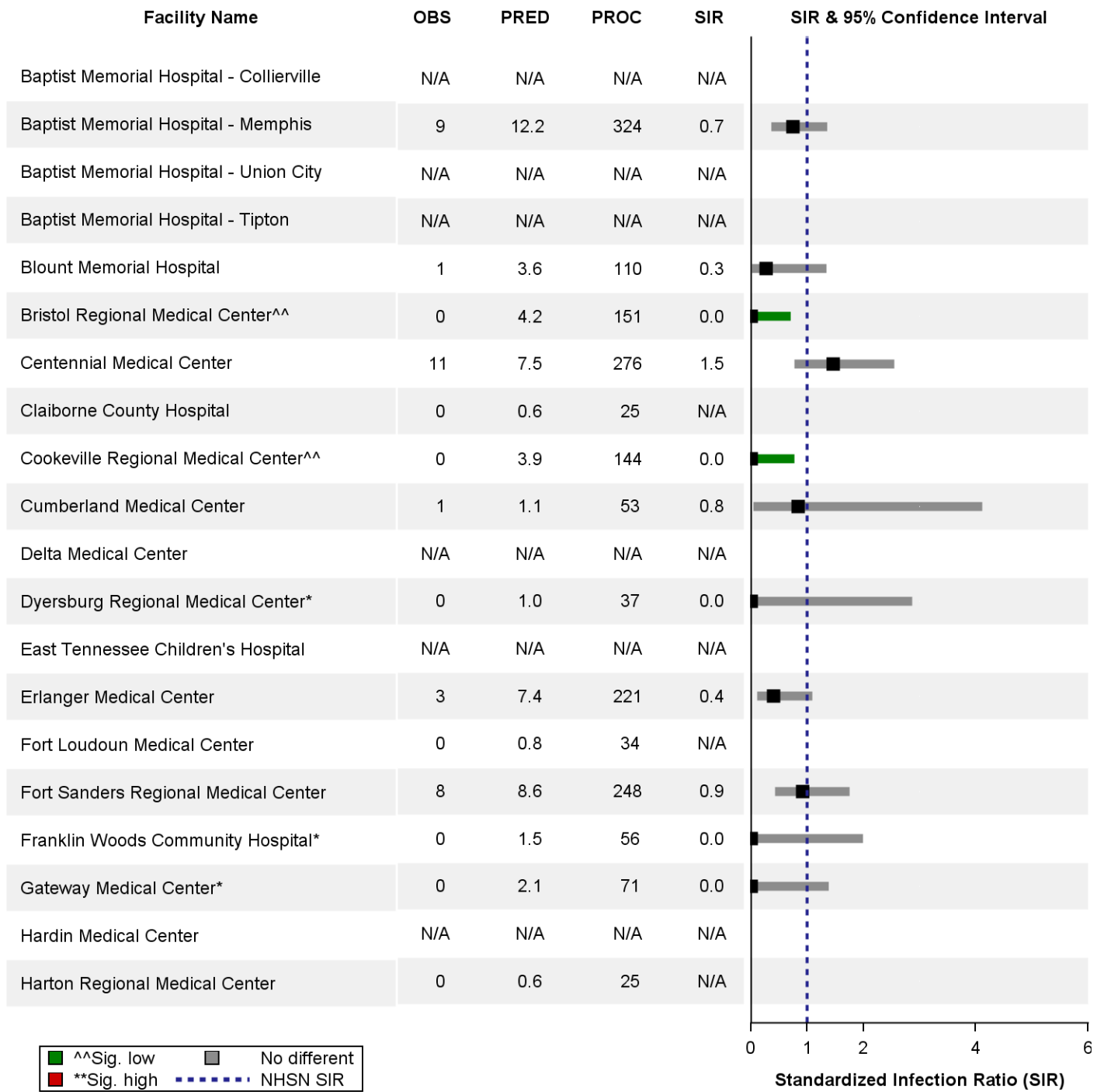
Number of isolates=459; Number of events=402



Data reported as of September 4, 2014

Other pathogens = Acinetobacter spp., Actinomyces spp., Aeromonas spp., Anaerobic spp., Beta-hemolytic spp., Eggerthella spp., Gram-negative spp., Gram-positive spp., Morganella spp., Other Staphylococcus spp., Peptostreptococcus spp., Raoultella spp., Serratia spp.

Figure 65: Colon Surgery (COLO) Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) in Acute Care Facilities, Tennessee, 01/01/2013 – 12/31/2013



Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

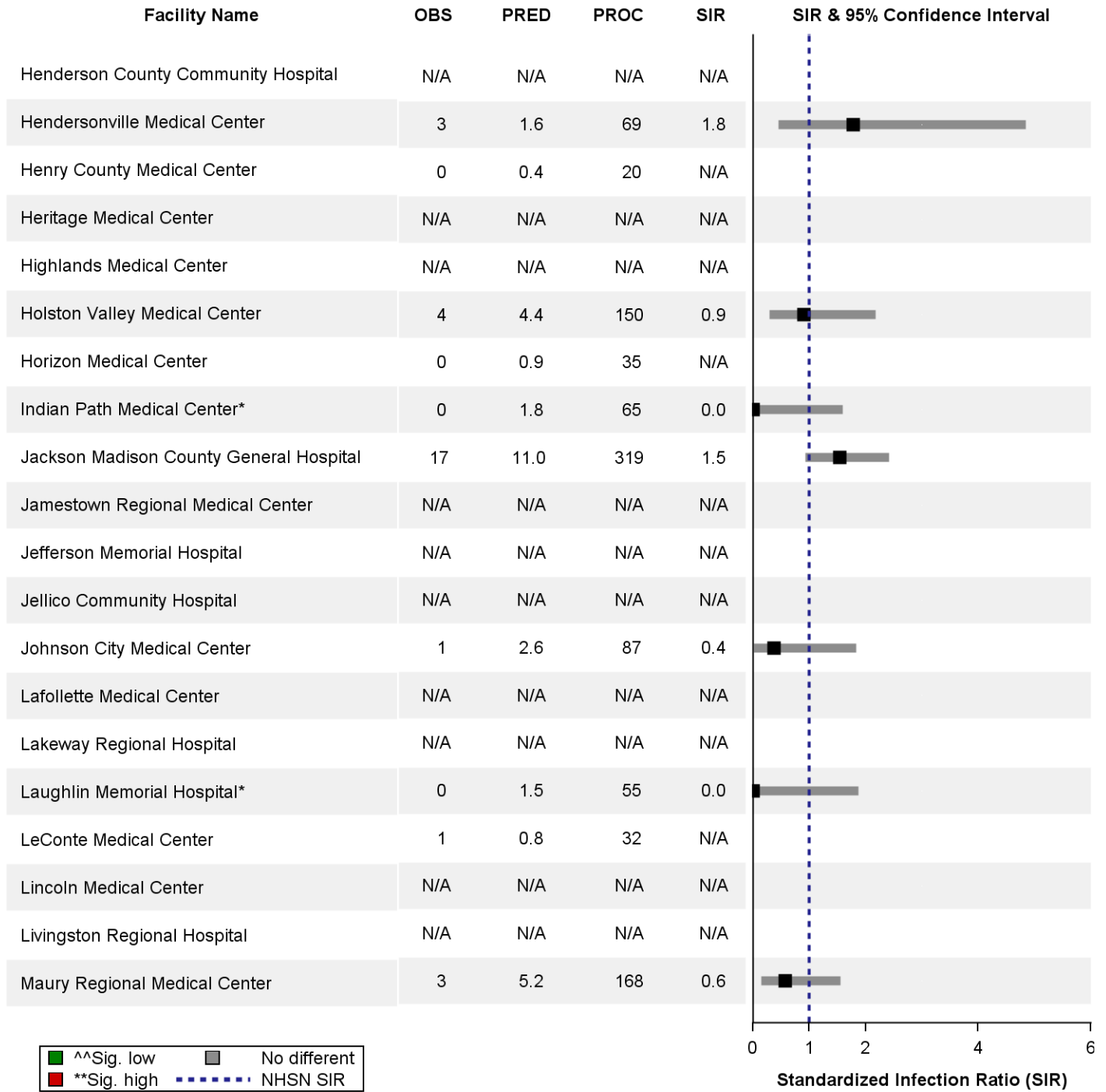
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 65 (cont'd)



Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

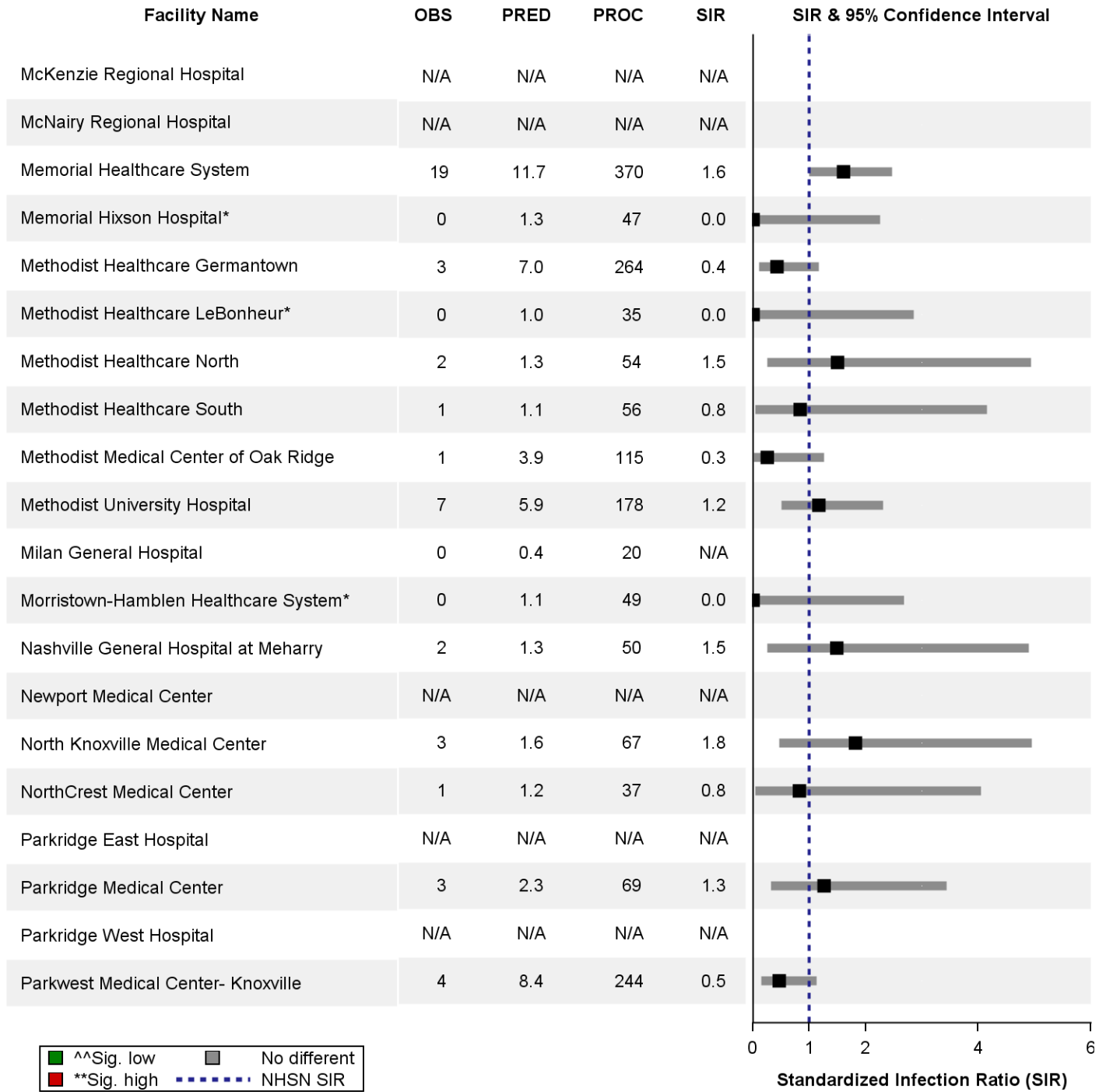
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 65 (cont'd)



Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

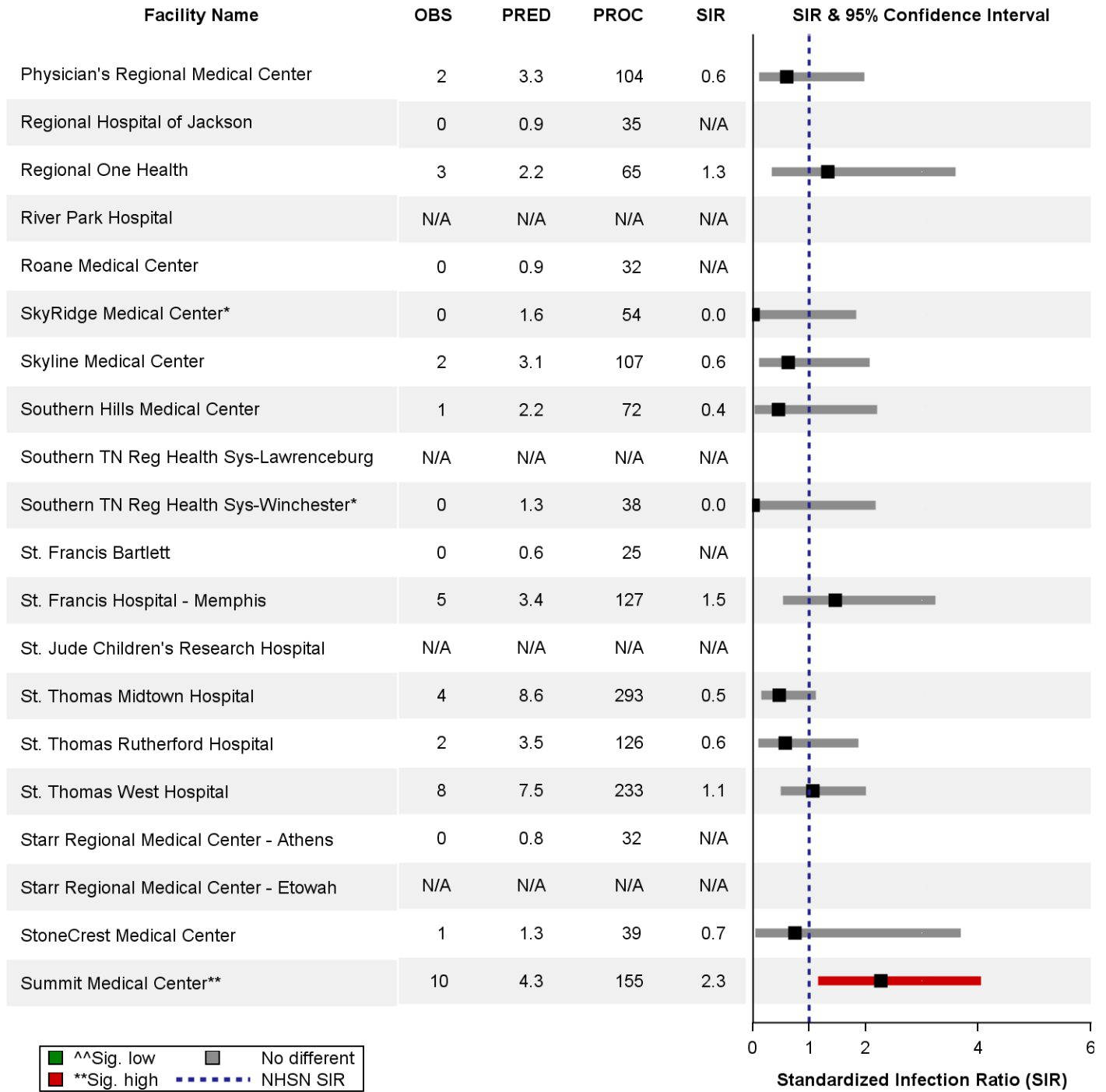
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 65 (cont'd)



Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

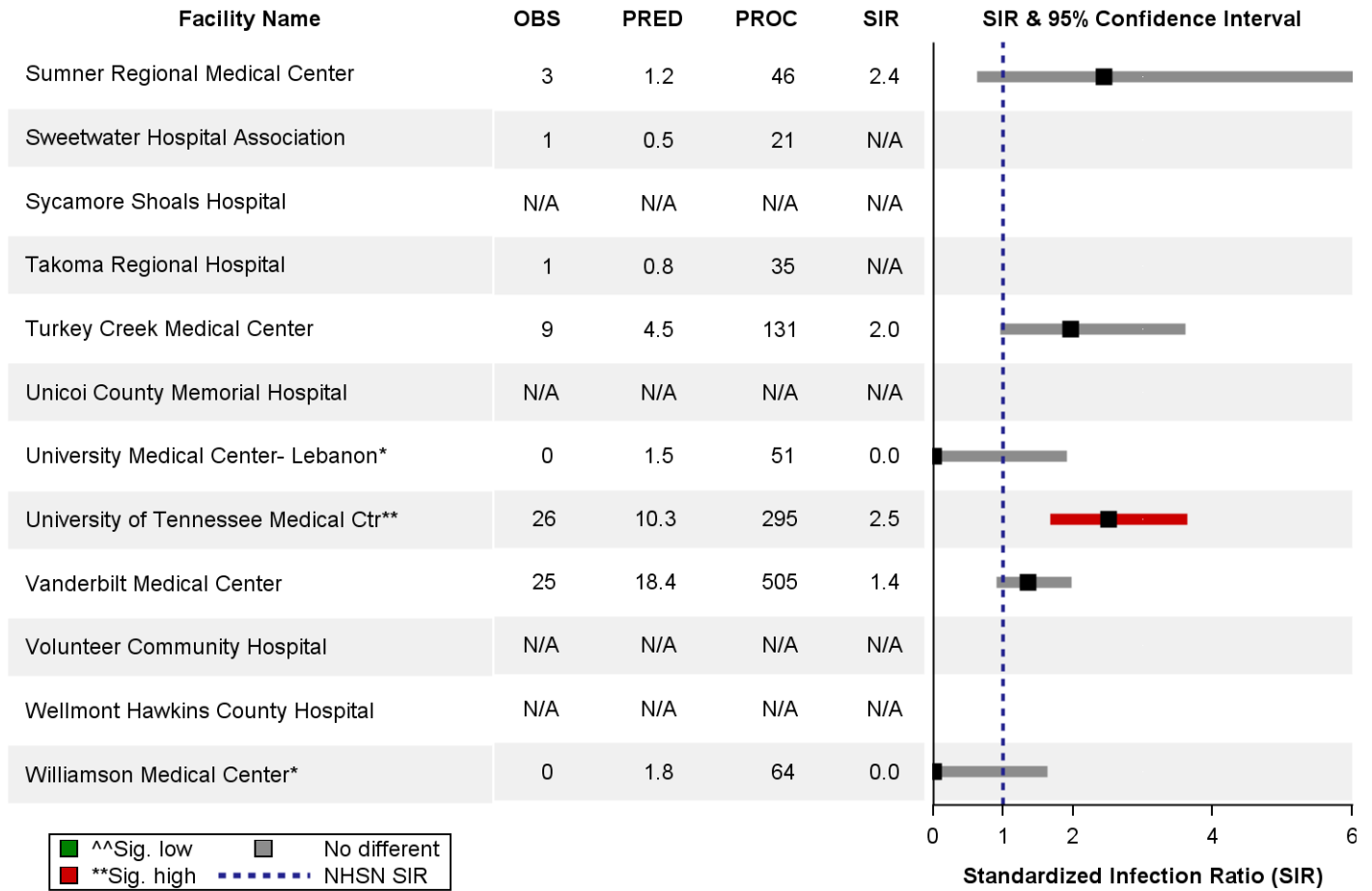
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 65 (cont'd)



Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

**** Significantly higher than national baseline**

^^ Significantly lower than national baseline

*** Zero infections, but not statistically significant**

SURGICAL SITE INFECTIONS (SSI)

Abdominal Hysterectomy Procedures

SSIs Related to Abdominal Hysterectomy (HYST) Procedures:

Total number of facilities reporting from January-December 2013: 83

SIRs by Quarter ([Figure 66](#))

- From January-March 2012 to October-December 2013, there was an overall decrease in the combined All SSI SIR (0.91 to 0.66) and Complex A/R SIR (1.20 to 0.77).

Key percentiles for Tennessee SIRs ([Table 22](#))

- The All SSI SIR for SSIs related to HYST procedures in Tennessee from January-December 2013 was statistically significantly lower than the national SIR of 1 (SIR=0.74; 95% CI: 0.61, 0.88).
- From January-December 2013, the median All SSI SIR for HYST procedures was 0.66, indicating that half of reporting facilities with at least 1 predicted infection had an All SSI SIR at or below 0.66.
- The Complex A/R SIR for SSIs related to HYST procedures in Tennessee from January-December 2013 was not significantly different from the 2006-8 national SIR of 1 (SIR=0.89; 95% CI: 0.68, 1.14).
- From January-December 2013, the median Complex A/R SIR for HYST procedures was 0.85, indicating that half of reporting facilities with at least 1 predicted infection had a Complex A/R SIR at or below 0.85.

Rates, Infection Sites, and Detection ([Figures 67-68](#), [Table 23](#))

- In 2013, 114 SSIs were reported among 8,537 abdominal hysterectomies in Tennessee, for a crude rate of 1.34 infections per 100 operations.
- Overall, SSIs related to abdominal hysterectomies were most often superficial primary (42%), and organ/space (38%). SSIs related to abdominal hysterectomies were least often deep primary infections (20%).
- SSIs related to abdominal hysterectomies were most often identified upon readmission (70%).

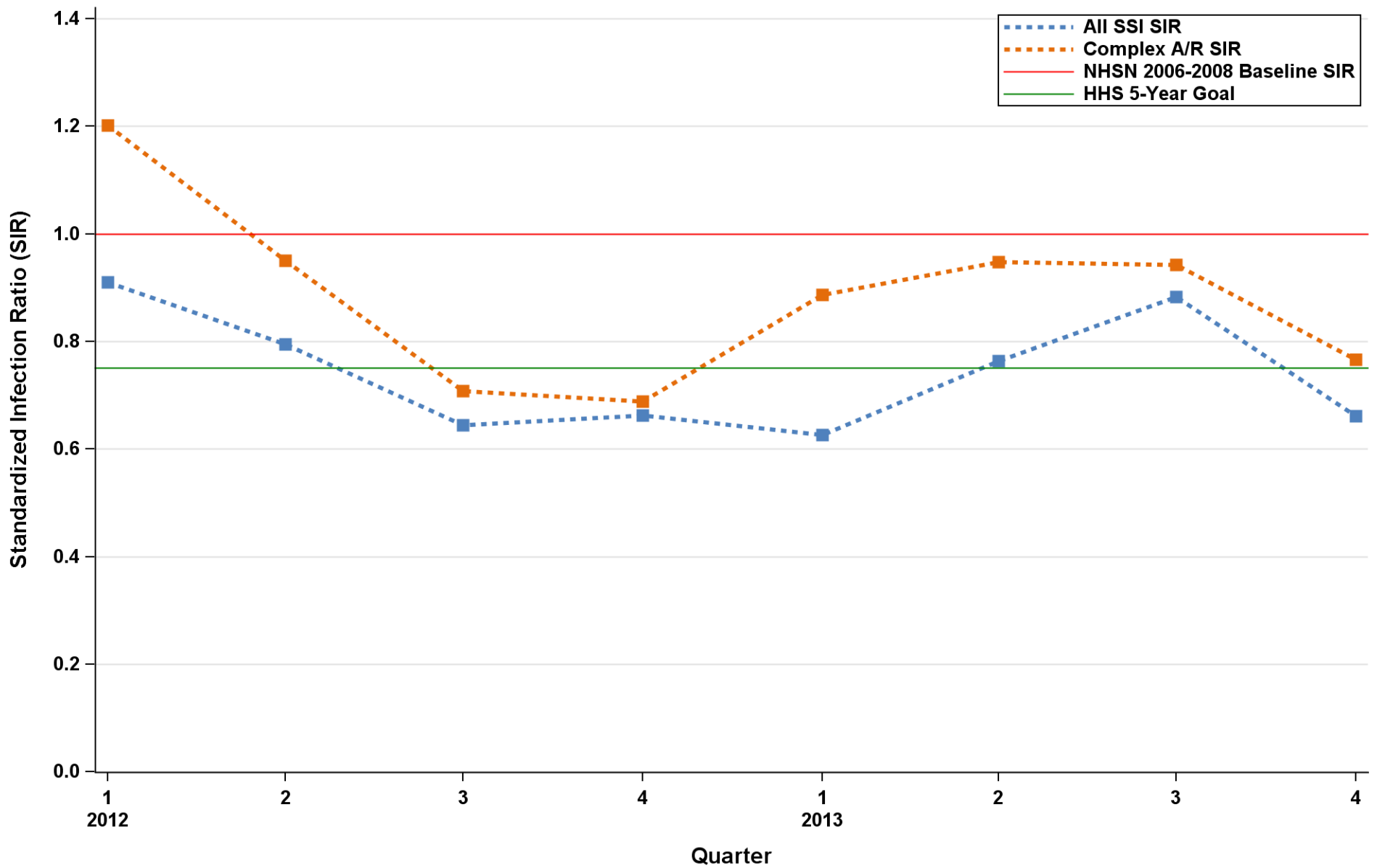
Microorganisms associated with SSIs following Abdominal Hysterectomy Procedures ([Figure 69](#))

- Among the 108 pathogens isolated from 114 SSIs following abdominal hysterectomies in 2013, the most common pathogens were *Staphylococcus aureus* (15%), *Enterococcus* species (13%), and coagulase-negative *Staphylococcus* species (9%). Methicillin-resistant *Staphylococcus aureus* (MRSA) accounted for 7% of total isolates, and no vancomycin-resistant *Enterococcus* (VRE) isolates were identified.

Facility-Specific SIRs ([Figure 70](#))

- The Complex A/R SIR for SSIs related to HYST procedures that accounts for all qualifying abdominal hysterectomies performed at a given facility in 2013 is displayed in [Figure 70](#). The bar representing the confidence interval is green if the Complex A/R SIR for SSIs related to HYST procedures was significantly lower than the national SIR of 1 for 2009 and red if the SIR was significantly higher than 1. Some hospitals reported zero SSIs (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of procedures performed.
- In 2013, one facility had a Complex A/R SIR for SSIs related to HYST procedures that was statistically significantly lower than the 2006-8 national baseline SIR of 1. No facilities had a Complex A/R SIR that was statistically significantly higher than the baseline SIR.

Figure 66: Abdominal Hysterectomy (HYST) All and Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Quarter, Tennessee, 01/01/2009–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 4, 2014

Table 22: Abdominal Hysterectomy (HYST) All and Complex Admission/Readmission (AR) Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Reporting Year, Tennessee, 01/01/2012 - 12/31/2013

										DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
		No. of INFECTIONS					SIR AND 95% CONFIDENCE INTERVAL			No. of FACS WITH ≥1 PRED INFECTION		No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	SIR TYPE	YEAR	No.	PROCS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT		N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	All Procedures	2013	83	8,519	114	155.10	0.74	0.61	0.88	36	3	8%	1	3%	0.00	0.19	0.66	0.94	1.48	
		2012	88	9,057	127	168.82	0.75	0.63	0.89	41	5	12%	1	2%	0.00	0.00	0.78	1.08	1.39	
	Complex A/R	2013	83	8,519	57	64.44	0.89	0.68	1.14	20	1	5%	0	0%	0.00	0.40	0.85	1.49	1.87	
		2012	88	9,057	61	68.93	0.89	0.68	1.13	20	0	0%	0	0%	0.00	0.16	0.85	1.44	1.60	

Data reported as of September 4, 2014

No. = number of facilities reporting; PROCS = number of procedures; OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI; SIR = Standardized Infection Ratio (observed/predicted number of SSI)

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Table 23: Crude (Unadjusted) Rate of Abdominal Hysterectomy (HYST) Surgical Site Infection (SSI) by Year, Tennessee, 01/01/2012 - 12/31/2013

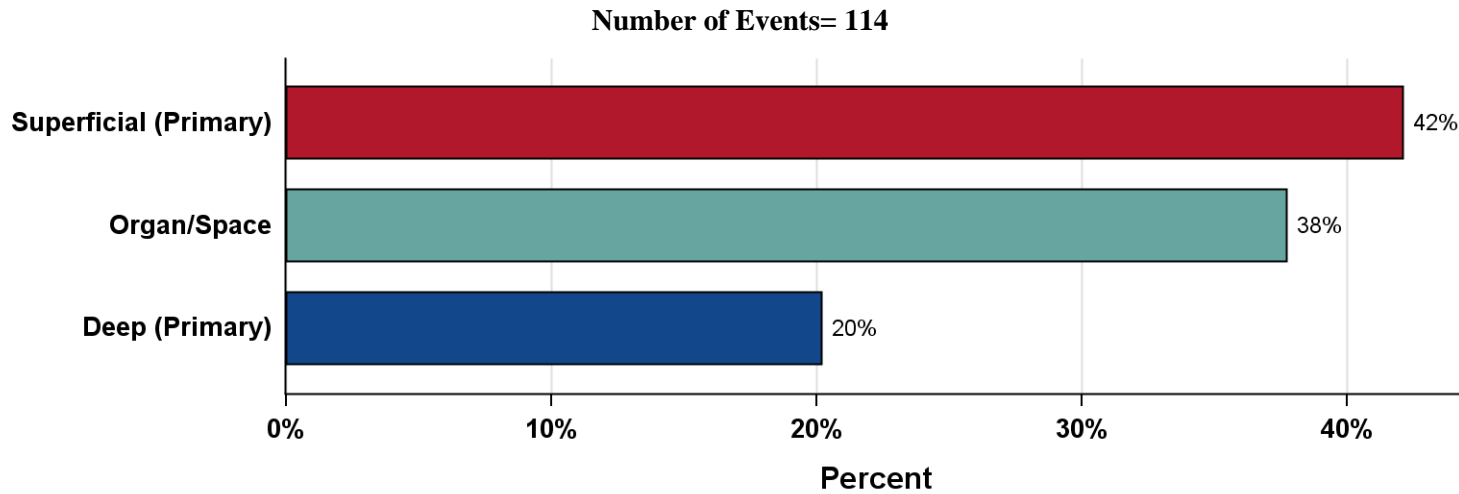
STATE	YEAR	No. of facilities	No. of procedures	No. of SSI	TN Rate*
Tennessee	2013	83	8,537	114	1.34
	2012	88	9,077	128	1.41

Data reported as of September 4, 2014

No. of facilities which performed at least one procedure during the reporting period

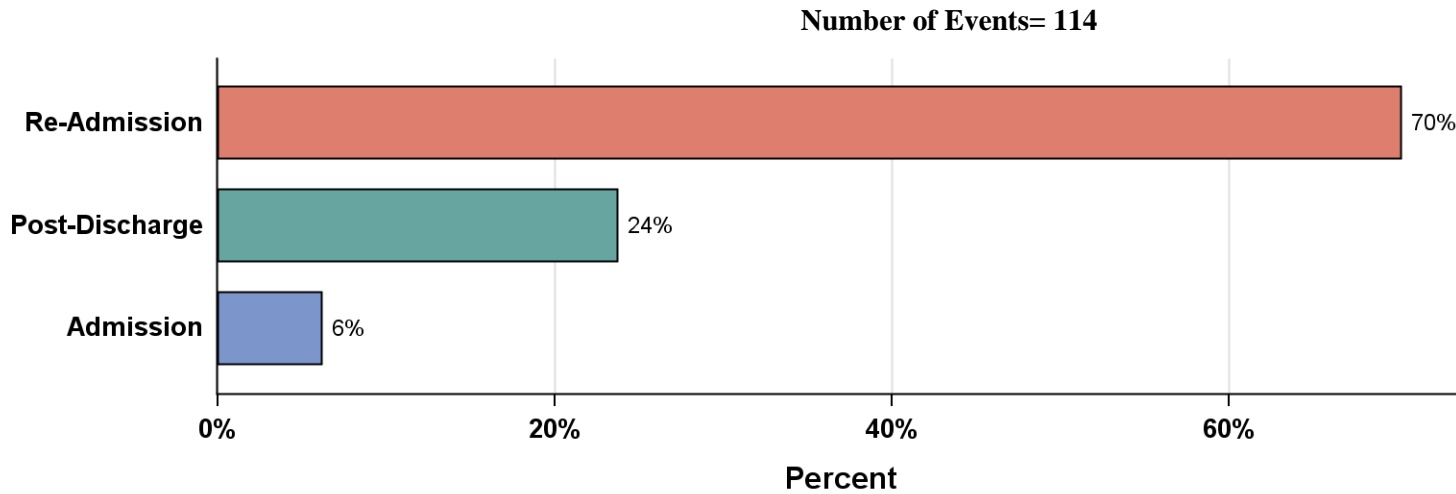
*per 100 procedures

Figure 67: Abdominal Hysterectomy (HYST) Surgical Site Infections by Site, Tennessee, 01/01/2013–12/31/2013



Data Reported as of September 4, 2014

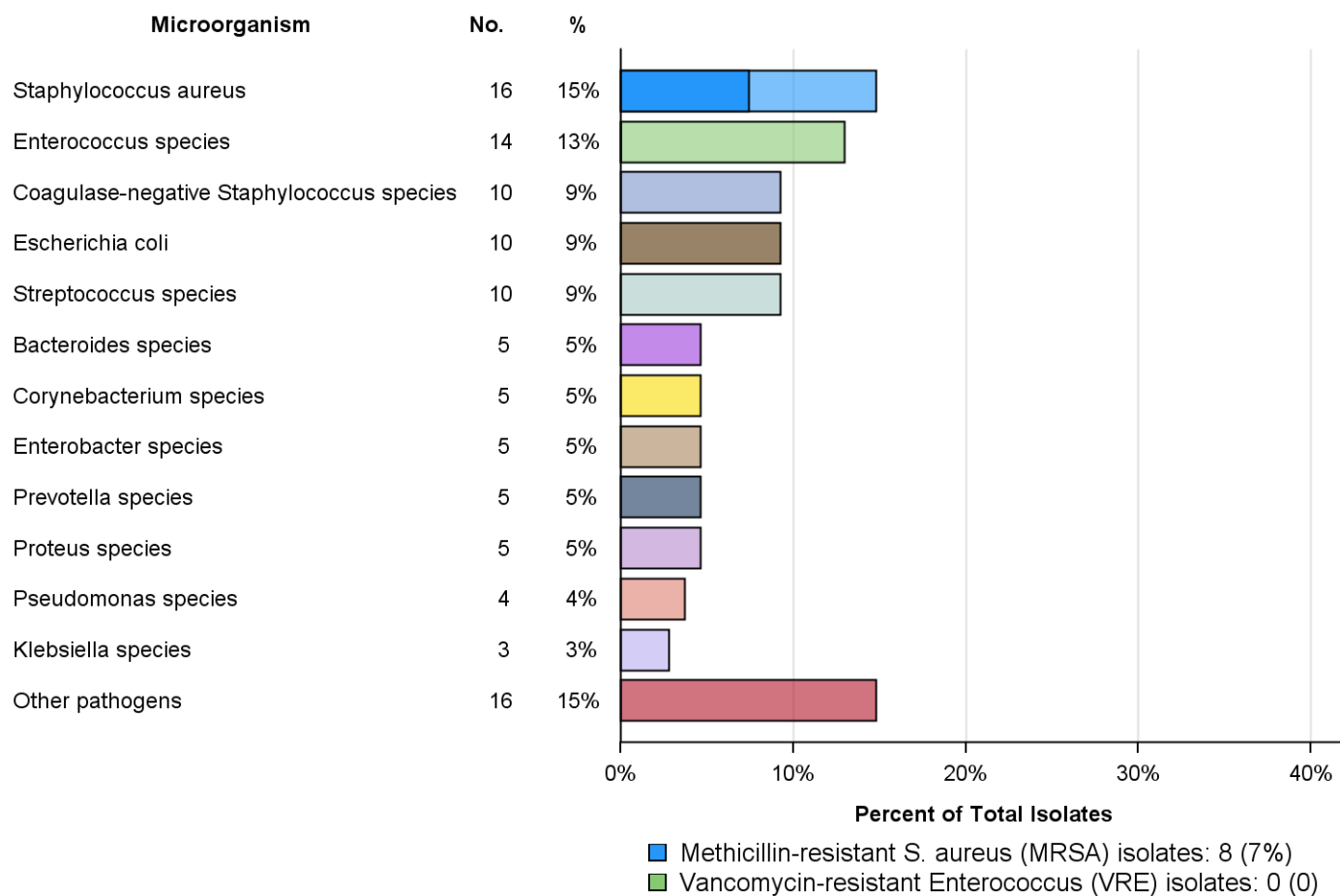
Figure 68: Abdominal Hysterectomy (HYST) Surgical Site Infections Detection, Tennessee, 01/01/2013–12/31/2013



Data Reported as of September 4, 2014

Figure 69: Microorganisms Identified from Surgical Site Infections (SSI) following Abdominal Hysterectomy (HYST) Procedures, Tennessee, 01/01/2013 - 12/31/2013

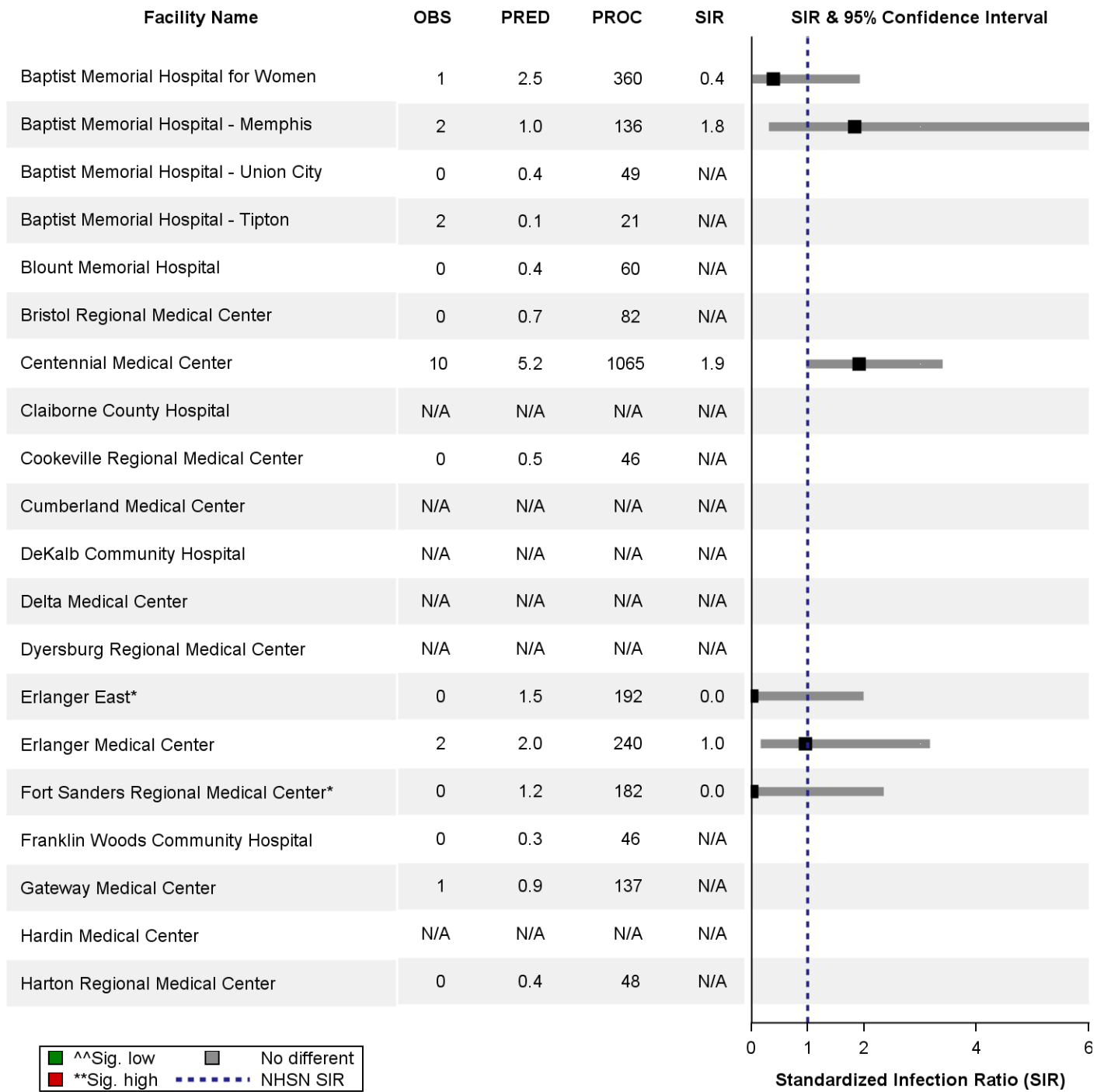
Number of isolates=108; Number of events=114



Data reported as of September 4, 2014

Other pathogens = Acinetobacter spp., Actinomyces spp., Anaerococcus spp., Candida spp., Clostridium spp., Diphtheroids spp., Gram-negative spp., Other Staphylococcus spp., Parabacteroides spp., Peptostreptococcus spp., Propionibacterium spp., Serratia spp.

Figure 70: Abdominal Hysterectomy (HYST) Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) in Acute Care Facilities, Tennessee, 01/01/2013 – 12/31/2013



Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

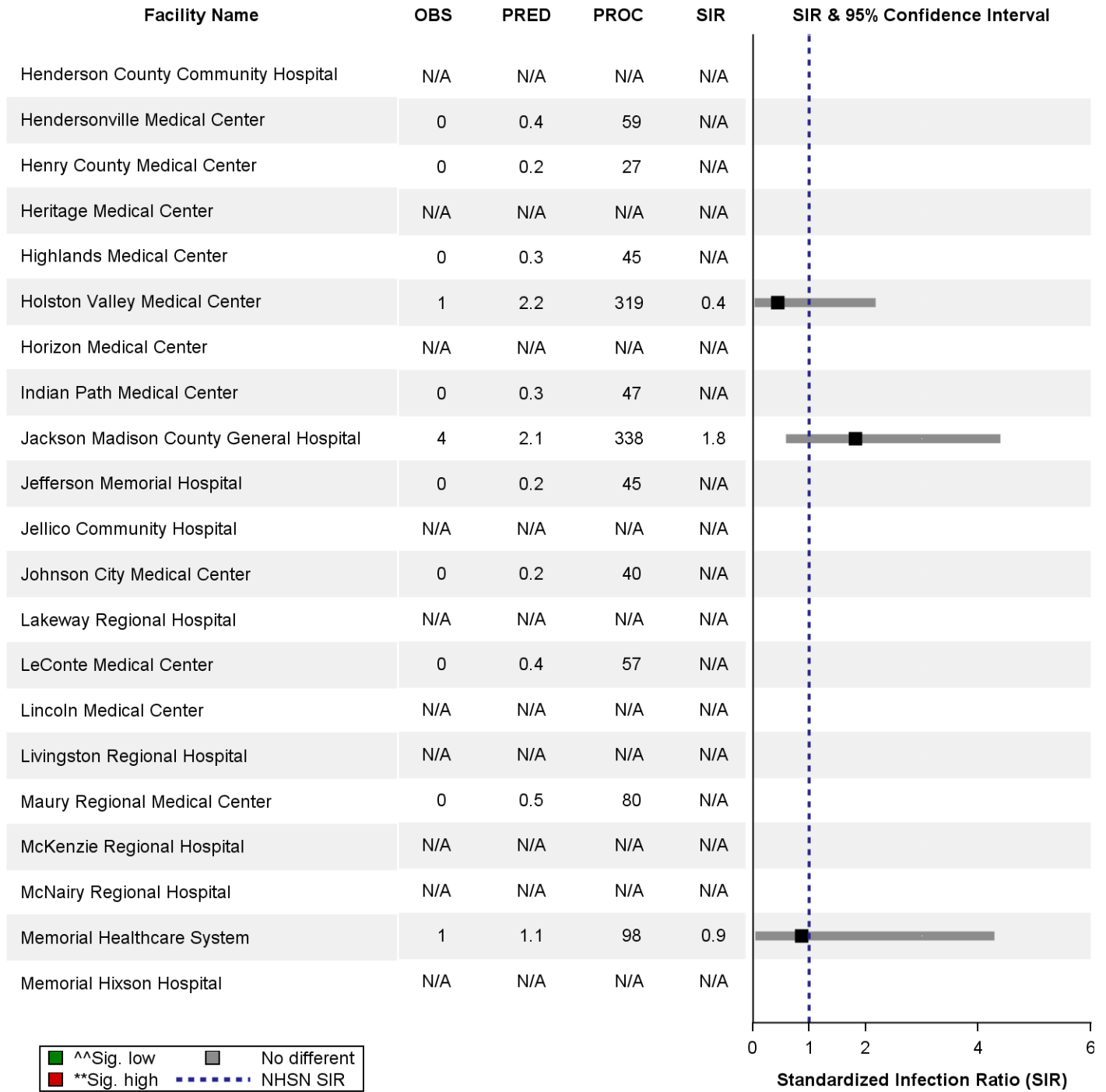
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 70 (cont'd)



Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

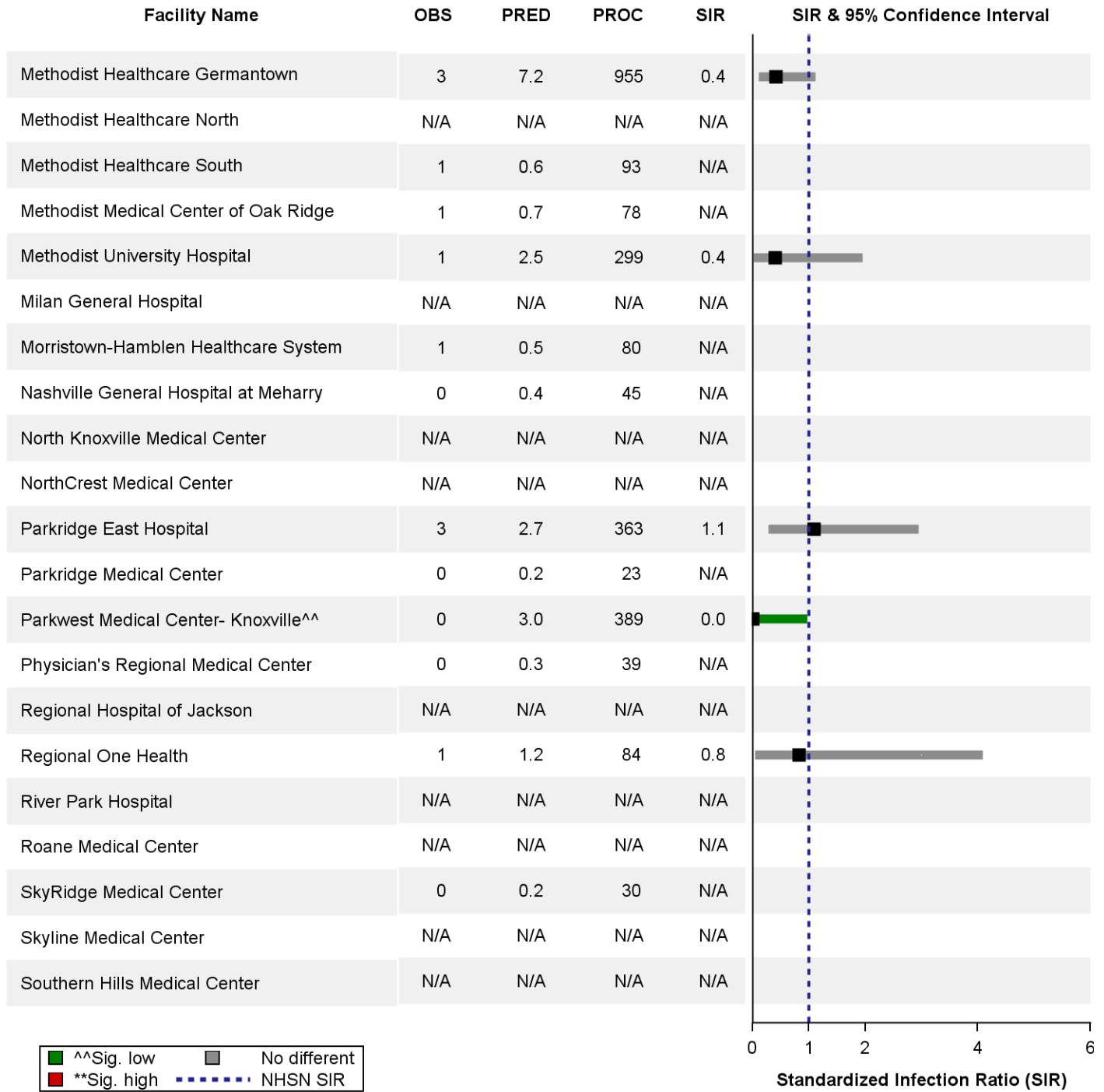
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

**** Significantly higher than national baseline**

^^ Significantly lower than national baseline

*** Zero infections, but not statistically significant**

Figure 70 (cont'd)



Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

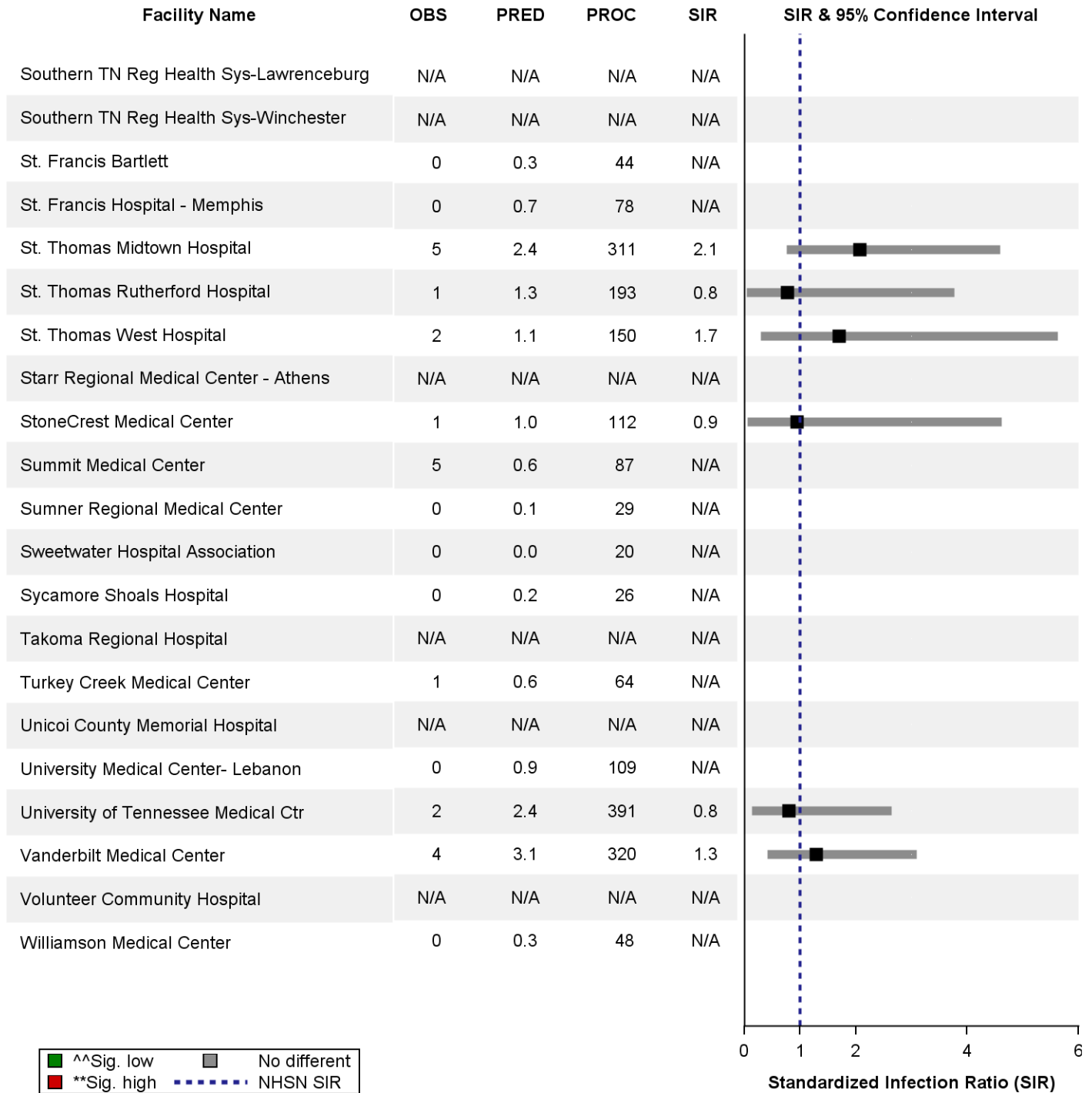
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 70 (cont'd)



Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

**** Significantly higher than national baseline**

^^ Significantly lower than national baseline

*** Zero infections, but not statistically significant**

**METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) BACTEREMIA
LABORATORY-IDENTIFIED EVENTS**

Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia

Methicillin-Resistant *Staphylococcus aureus* (MRSA) is a type of *Staphylococcus* bacteria that is resistant to certain antibiotics including methicillin. MRSA can be spread via contaminated surfaces or equipment and on the hands of healthcare personnel. When MRSA enters the bloodstream, also known as MRSA bacteremia, it can cause severe and life-threatening bloodstream infections. Healthcare facilities can prevent MRSA infections by following infection prevention recommendations, including hand hygiene, environmental cleaning, and contact precautions to prevent the spread of MRSA in the healthcare setting (see [Patient Guide on MRSA](#)²⁷).

MRSA Bacteremia LabID Events Reporting Requirements

MRSA bacteremia Laboratory-Identified (LabID) Events have been reportable to TDH since July 2010 from acute care hospitals (facility-wide inpatient locations and emergency departments) and long-term acute care facilities (facility-wide inpatient locations). Hospitals with an average daily census less than 25 were exempt from this requirement until July 2012.

To comply with these reporting requirements, facilities are required to follow the [NHSN Multidrug-Resistant Organism & *Clostridium difficile* Infection LabID Event Surveillance protocol](#)²⁸, which is updated each year with MRSA bacteremia LabID event surveillance definitions and reporting instructions. Facilities must report the total number of admissions and patient days (for all facility-wide inpatient locations), or patient encounters (for Emergency Department reporting) each month to NHSN. They are also required to report any positive MRSA blood cultures which meet the NHSN surveillance definition of a MRSA bacteremia LabID event.

Facility-Specific Data Thresholds

To ensure fair and accurate reporting of facility-specific healthcare facility-onset MRSA bacteremia LabID events standardized infection ratios (SIR) TDH has adopted the NHSN minimum thresholds for reporting. To report a facility-specific SIR, the statistically predicted number of infections must be at least 1.0.

MRSA Bacteremia LabID Events Risk Adjustment

Risk adjustment for healthcare facility-onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) bacteremia is calculated using negative binomial regression based on facility-level characteristics, including MRSA community-onset prevalence rate, facility bed size, and medical school affiliation²⁹. The negative binomial regression model is based on national NHSN data from 2010-2011.

This report displays crude (unadjusted) rates of healthcare facility-onset (HO) incidence and community-onset (CO) admission prevalence of MRSA bacteremia. Standardized infection ratios (SIRs) are displayed for LabID events in acute care hospitals beginning January 2012.

Crude (unadjusted) healthcare facility-onset (HO) incidence rates are calculated as follows:

$$\text{HO IncidenceRate} = \frac{\text{Number of HO events}}{\text{Number of patientdays}} \times 10,000$$

²⁷ http://www.cdc.gov/mrsa/pdf/SHEA-mrsa_tagged.pdf

²⁸ http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf

²⁹ Dudeck MA, Weiner LM, Malpiedi PJ, et al. Risk Adjustment for Healthcare Facility-Onset *C. difficile* and MRSA Bacteremia Laboratory-identified Event Reporting in NHSN. Published March 12, 2013. Available at: <http://www.cdc.gov/nhsn/pdfs/mrsa-cdi/RiskAdjustment-MRSA-CDI.pdf>

Community-onset (CO) prevalence rates are calculated as follows:

$$\text{CO IncidenceRate} = \frac{\text{Number of CO events}}{\text{Number of patient admissions}} \times 1,000$$

Below is a general negative binomial regression model. For each LabID event type, parameter estimates (represented by β in the model) have been calculated by CDC and represent each risk factor's contribution to the overall expected number of LabID events in a facility in a given period of time. In this model, $x=1$ if a given risk factor is present or $x=0$ if the risk factor is absent.

$$\text{Number of predicted LabID events} = e^{(\beta + \beta_1 X_1 + \beta_2 X_2 + \dots)} \times \text{patient days}$$

The table below illustrates the parameter estimates for the significant risk factors associated with the number of MRSA bacteremia LabID events³⁰.

Effect	Parameter Estimate	p-value
Intercept	-10.2368	<0.0001
Admission prevalence rate (continuous)*	2.2760	<0.0001
Facility Bed Size (>400 vs. ≤400)	0.3672	<0.0001
Medical School Affiliation (Major teaching vs. all others)	0.3248	<0.0001

$$* \frac{\text{Number of CO MRSA bacteremia LabID events}}{\text{Number of admissions to the facility}} \times 100 - \frac{\text{Number of community-onset CDI LabID events}}{\text{Number of admissions to the facility}} \times 100$$

The risk model for MRSA bacteremia is as follows (in this model, $x=1$ if a given risk factor is present or $x=0$ if the risk factor is absent):

Number of predicted (expected) Healthcare-Onset (HO) MRSA Bacteremia LabID events =

$$\exp [- 10.2368 + 2.2760(\text{CO MRSA bacteremia prevalence rate}) + 0.3672(\text{bed size} > 400) + 0.3248(\text{medical school affiliation} = \text{major})] \times \text{patient days}$$

Suppose a facility has 450 beds and a major medical school affiliation. The facility had 23,500 patients and 3 healthcare facility-onset (HO) MRSA bacteremia LabID events in the 1st quarter of 2012. The facility had a community-onset (CO) MRSA bacteremia prevalence rate of 0.20.

Number of predicted (expected) HO MRSA Bacteremia LabID events =

$$\exp [- 10.2368 + 2.2760(0.20) + 0.3672(1) + 0.3248(1)] \times 23,500 = 2.65 \text{ expected HO MRSA bacteremia LabID events}$$

To calculate the MRSA bacteremia LabID SIR, divide the number of observed HO MRSA bacteremia LabID events in the 1st quarter of 2012 by the number expected (2.65). For example, 3 observed HO MRSA bacteremia LabID events / 2.65 expected HO MRSA bacteremia LabID events = 1.13.

³⁰ Example extracted from "Risk Adjustment for Healthcare Facility-Onset C. difficile and MRSA Bacteremia Laboratory-identified Event Reporting in NHSN" Dudeck MA, Weiner LM, Malpiedi PJ, et al. Published March 12, 2013. Available at: <http://www.cdc.gov/nhsn/pdfs/mrsa-cdi/RiskAdjustment-MRSA-CDI.pdf>

LABORATORY-IDENTIFIED (LABID) EVENTS

MRSA Bacteremia LabID Events

Acute Care Hospitals

MRSA Bacteremia LabID Events in Acute Care Hospitals:

Total number of facilities reporting from January-December 2013: 112

SIRs by Quarter ([Figure 71](#))

- From January-March 2012 to October-December 2013, the overall healthcare-onset MRSA bacteremia LabID SIR in acute care hospitals decreased from 1.41 to 1.13 with a peak SIR of 1.59 from July-September 2012. From January-March 2013 onward the SIR was no longer significantly higher than the national baseline, but still higher than the U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)³¹ prevention target of SIR = 0.75.

Key percentiles for Tennessee SIRs ([Table 24](#))

- The overall healthcare-onset MRSA bacteremia LabID SIR for acute care hospitals in Tennessee from January-December 2013 was statistically significantly higher than the 2010-11 national SIR of 1 (SIR=1.13; 95% CI: 1.01, 1.25). The 2013 was lower than the 2012 SIR (1.42).
- From January-December 2013, the median healthcare-onset MRSA bacteremia LabID SIR for acute care hospitals was 0.94, indicating that half of reporting facilities with at least 1 predicted infection had a HO MRSA LabID SIR at or below 0.94.

Healthcare Facility-Onset and Community-Onset MRSA LabID Rates ([Figure 72](#), [Table 25](#))

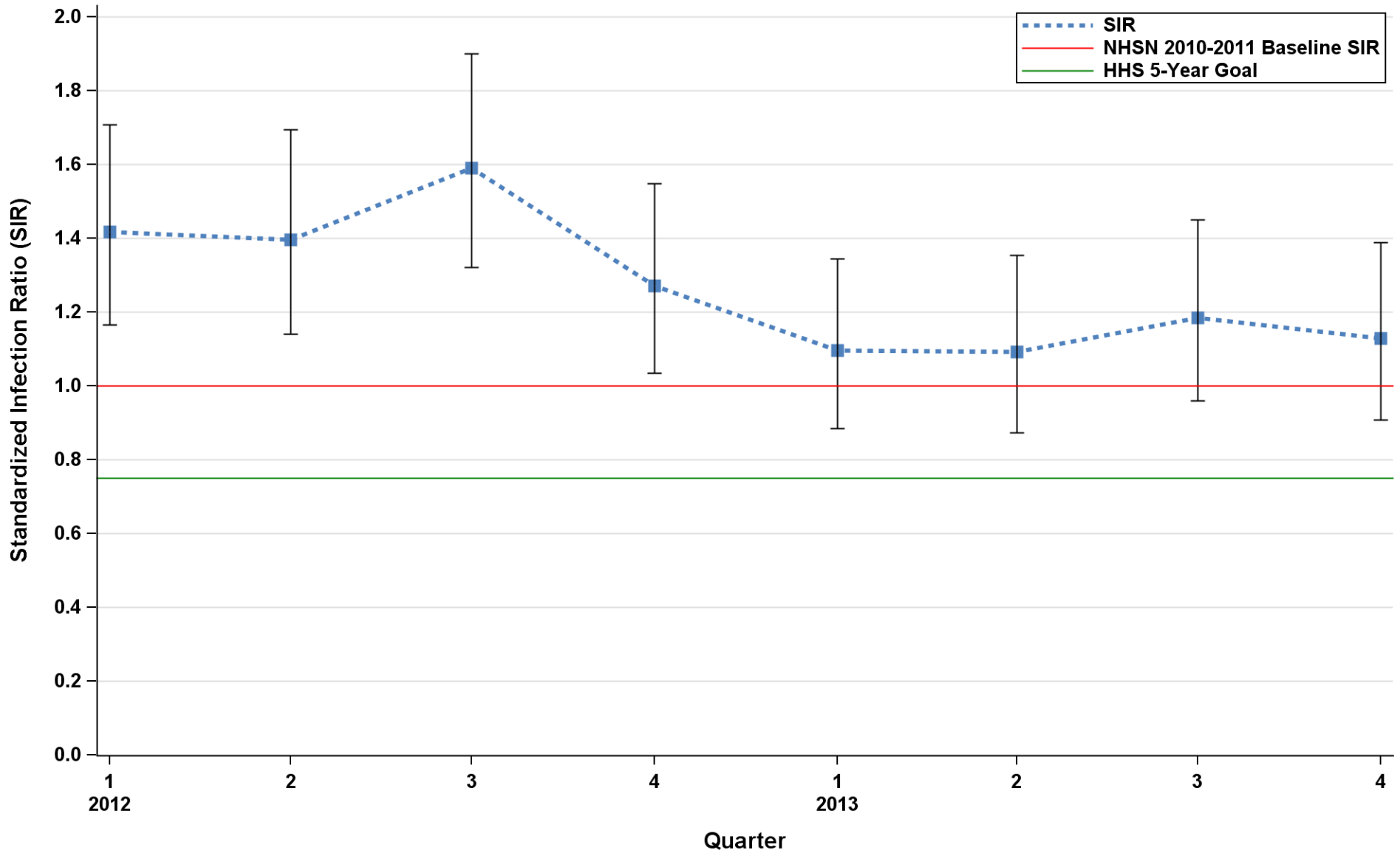
- From July-September 2010 to October-December 2013 the incidence of healthcare facility-onset MRSA bacteremia LabID events has fluctuated between 0.82 and 1.37 events per 10,000 patient-days, with a slight downward trend since January-March 2011. The prevalence of community-onset MRSA bacteremia LabID events for 2013 was 1.71 per 1,000 admissions, higher than the prevalence of community-onset MRSA bacteremia LabID events in 2012 and 2011.

Facility-Specific SIRs ([Figure 73](#))

- The healthcare facility-onset MRSA bacteremia LabID event SIR for January-December 2013 for each acute care facility is displayed in [Figure 73](#). The bar representing the confidence interval is green if the was significantly lower than the 2010-11 national SIR of 1 and red if the SIR was significantly higher than 1. Some hospitals reported zero events (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of patient days.
- In 2013, 4 facilities had a healthcare facility-onset MRSA bacteremia LabID event SIR that was statistically significantly higher than the 2010-11 national baseline SIR of 1. No Tennessee facilities had a SIR that was statistically significantly lower than the baseline SIR.

³¹ http://www.health.gov/hai/prevent_hai.asp

Figure 71: Standardized Infection Ratio (SIR) for Healthcare-Onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Laboratory-Identified (LabID) Events for Acute Care Hospitals by Quarter, Tennessee, 01/01/2012–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2010-11]



Data Reported as of September 4, 2014

Table 24: Healthcare-Onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Events Standardized Infection Ratio (SIR) in Acute Care Hospitals by Reporting Year, Tennessee, 01/01/2012 - 12/31/2013

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	PAT DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2013	112	3,966,145	343	304.63	1.13	1.01	1.25	51	0	0%	4	8%	0.00	0.53	0.94	1.53	1.91	
	2012	109	3,903,186	415	292.54	1.42	1.29	1.56	53	1	2%	8	15%	0.32	0.64	1.41	1.77	2.42	

Data reported as of September 4, 2014

No. = number of facilities reporting; PAT DAYS = number of patient days; OBS = observed number of events

PRED = statistically 'predicted' number of events; SIR = Standardized Infection Ratio (observed/predicted number of events)

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2010-2011 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2010-2011 SIR of 1.0

Table 25: Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Year, Tennessee, 01/01/2011 - 12/31/2013

			Healthcare Facility-Onset Incidence ¹	Community-Onset Prevalence ²
STATE	YEAR	No.	POOLED MEAN	POOLED MEAN
Tennessee	2013	112	0.86	1.71
	2012	109	1.06	1.65
	2011	79	1.15	1.65

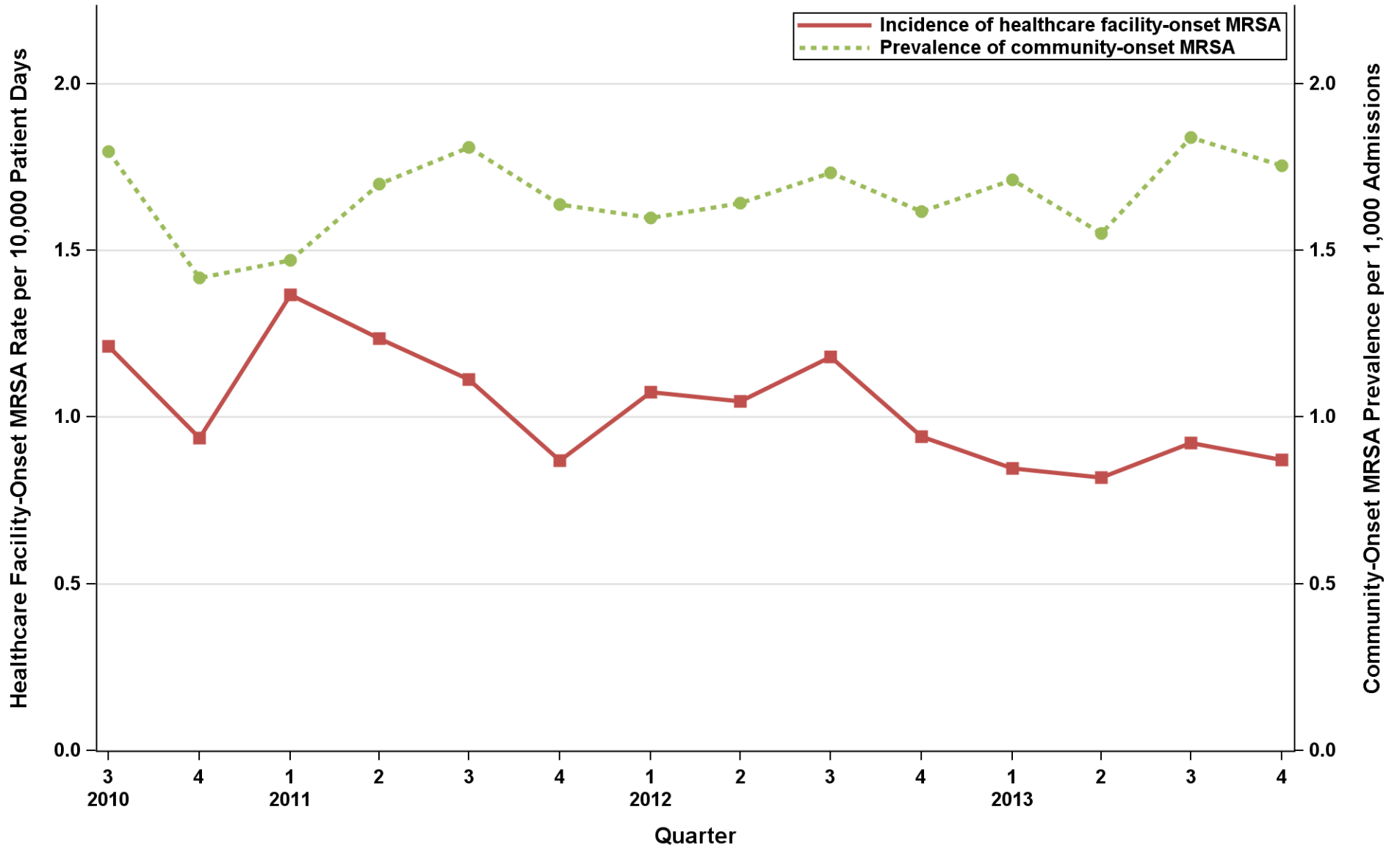
Data reported as of September 4, 2014

No. of facilities reporting

¹Events per 10,000 patient days

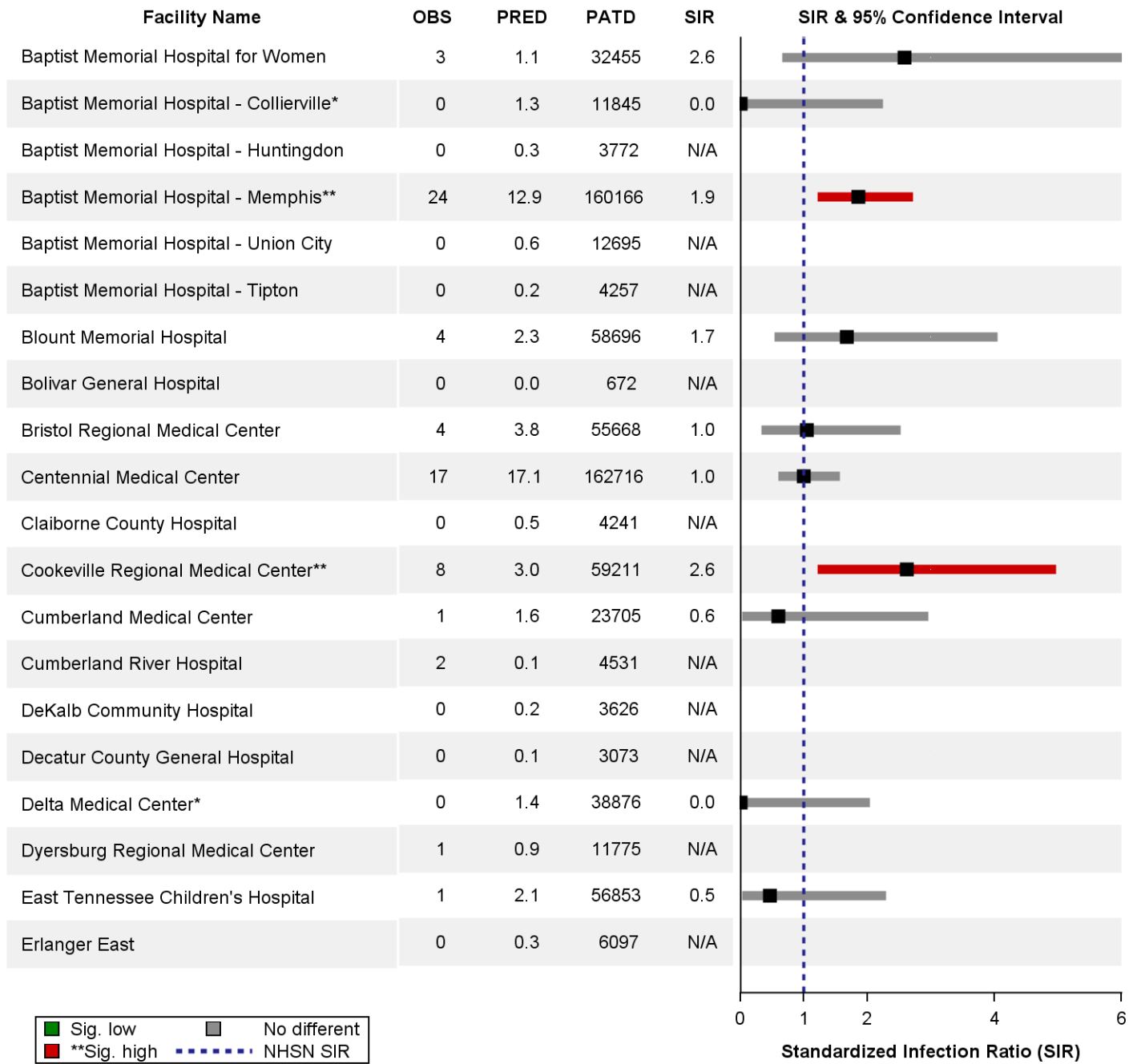
²Events per 1,000 admissions

Figure 72: Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Quarter, Tennessee, 07/01/2010-12/31/2013



Data Reported as of September 4, 2014

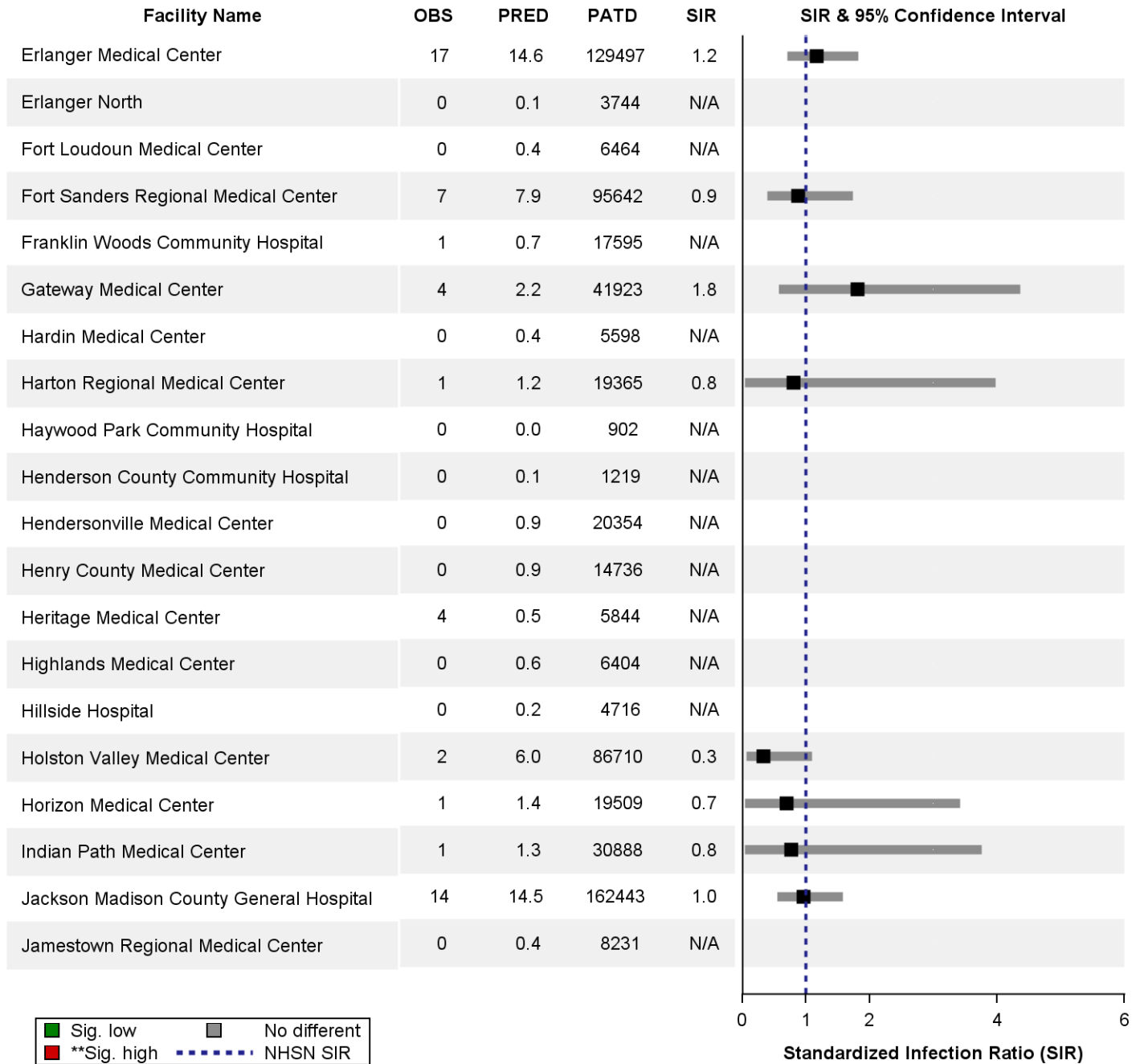
Figure 73: Healthcare Facility-Onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Acute Care Facilities, Tennessee, 01/01/2013 – 12/31/2013



Data Reported as of September 4, 2014

- N = number of types of units reporting
- OBS = observed number of Healthcare Facility-Onset MRSA LabID Events
- PRED = statistically 'predicted' number of events, based on NHSN baseline data
- SIR = standardized infection ratio (observed/predicted number of events)
- PATD = number of patient days
- N/A = SIR not calculated for facilities with <1 predicted infection
- ** Significantly higher than national baseline
- ^^ Significantly lower than national baseline
- * Zero events, but not statistically significant

Figure 73 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset MRSA LabID Events

PRED = statistically 'predicted' number of events, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of events)

PATD = number of patient days

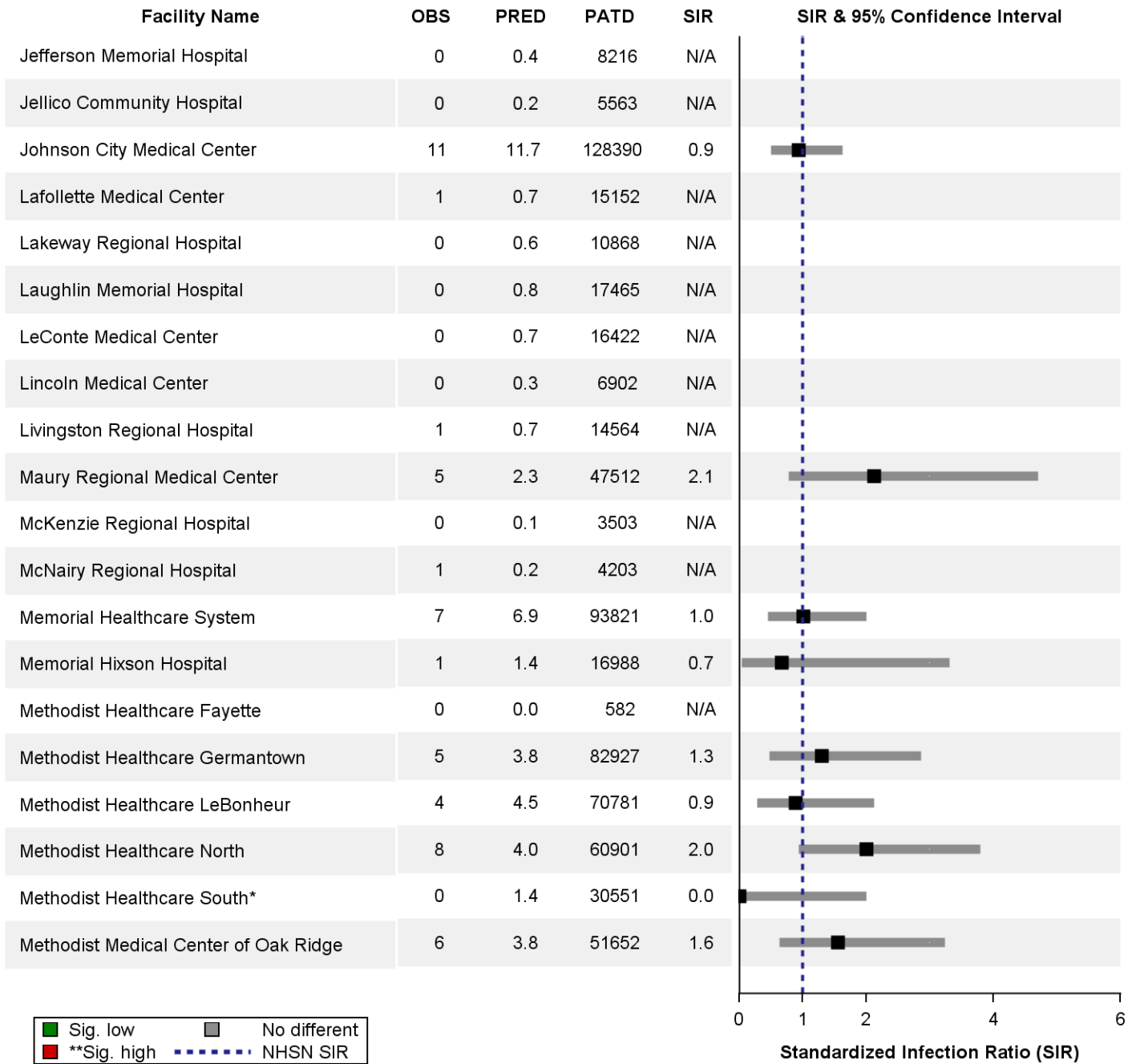
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 73 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset MRSA LabID Events

PRED = statistically 'predicted' number of events, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of events)

PATD = number of patient days

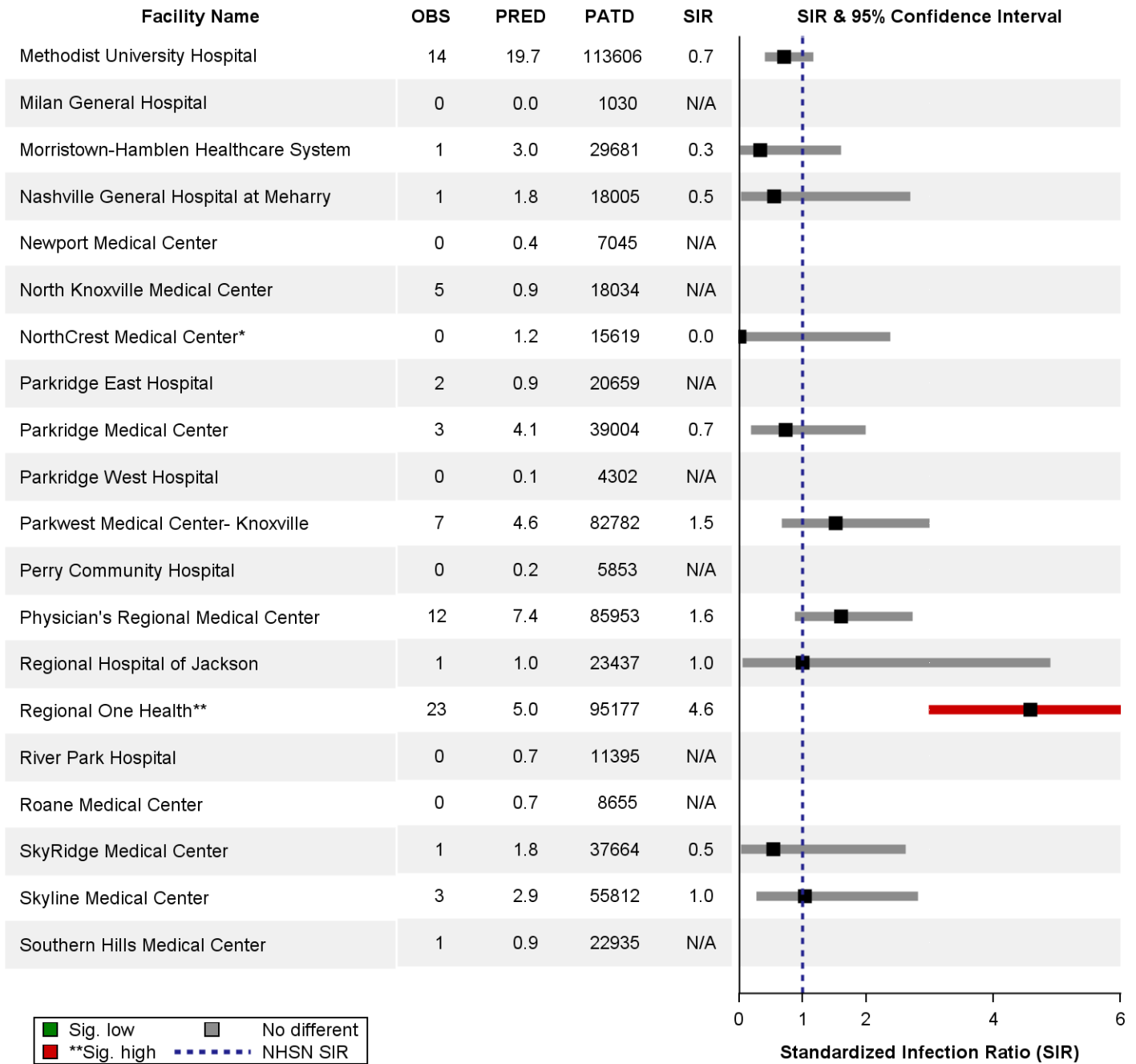
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 73 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset MRSA LabID Events

PRED = statistically 'predicted' number of events, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of events)

PATD = number of patient days

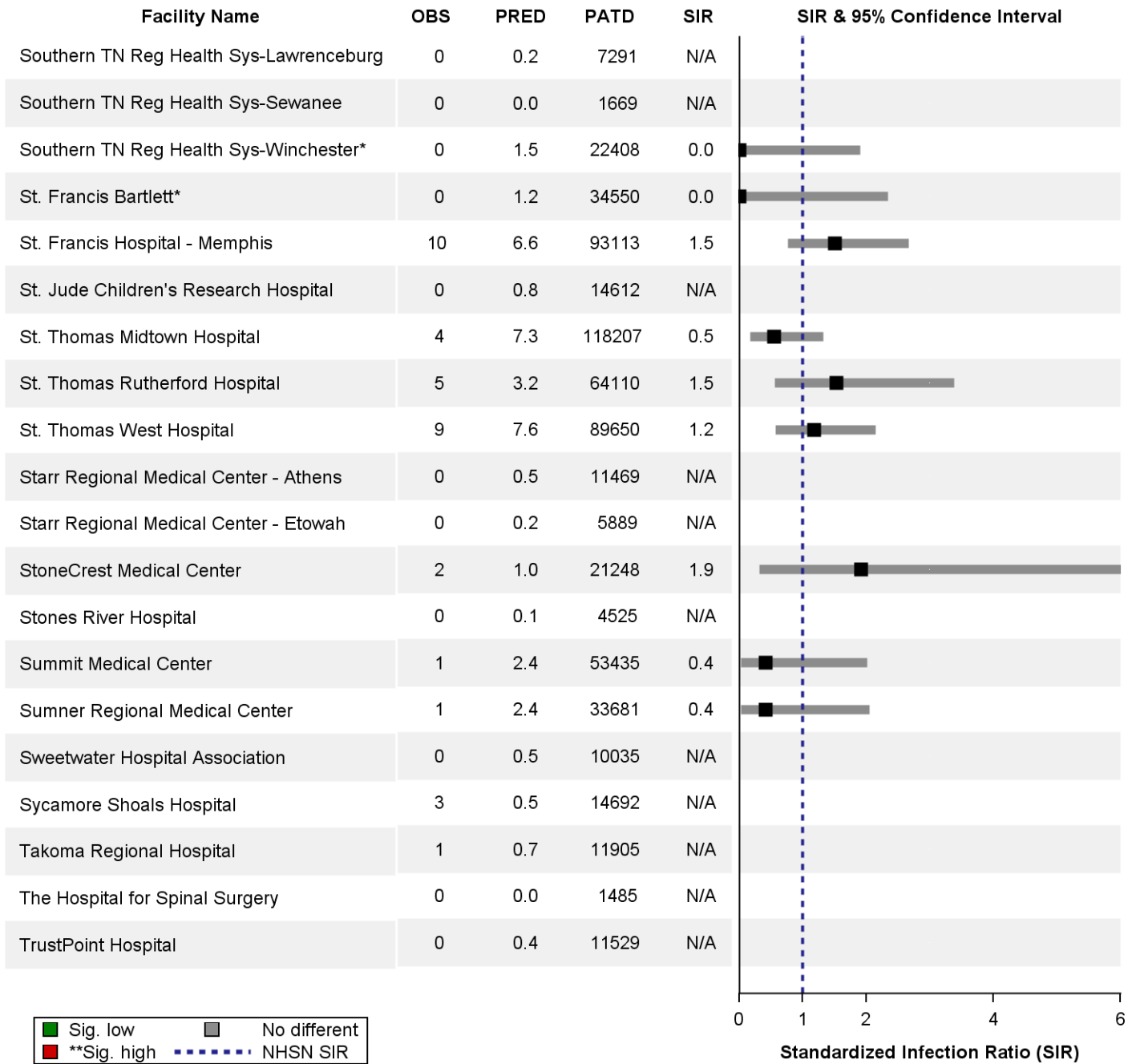
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 73 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset MRSA LabID Events

PRED = statistically 'predicted' number of events, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of events)

PATD = number of patient days

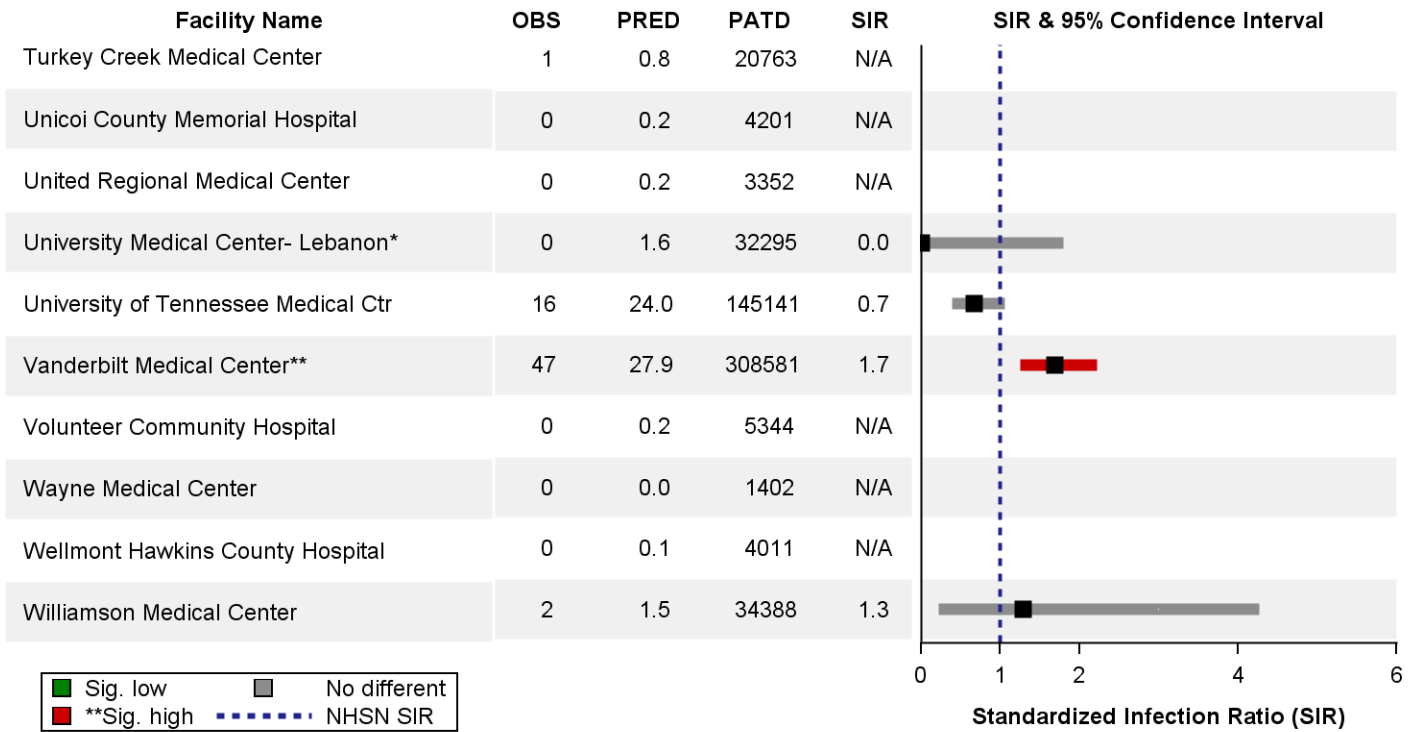
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 73 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset MRSA LabID Events

PRED = statistically 'predicted' number of events, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of events)

PATD = number of patient days

N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

LABORATORY-IDENTIFIED (LABID) EVENTS

MRSA LabID Events

Long-term Acute Care (LTAC) Facilities

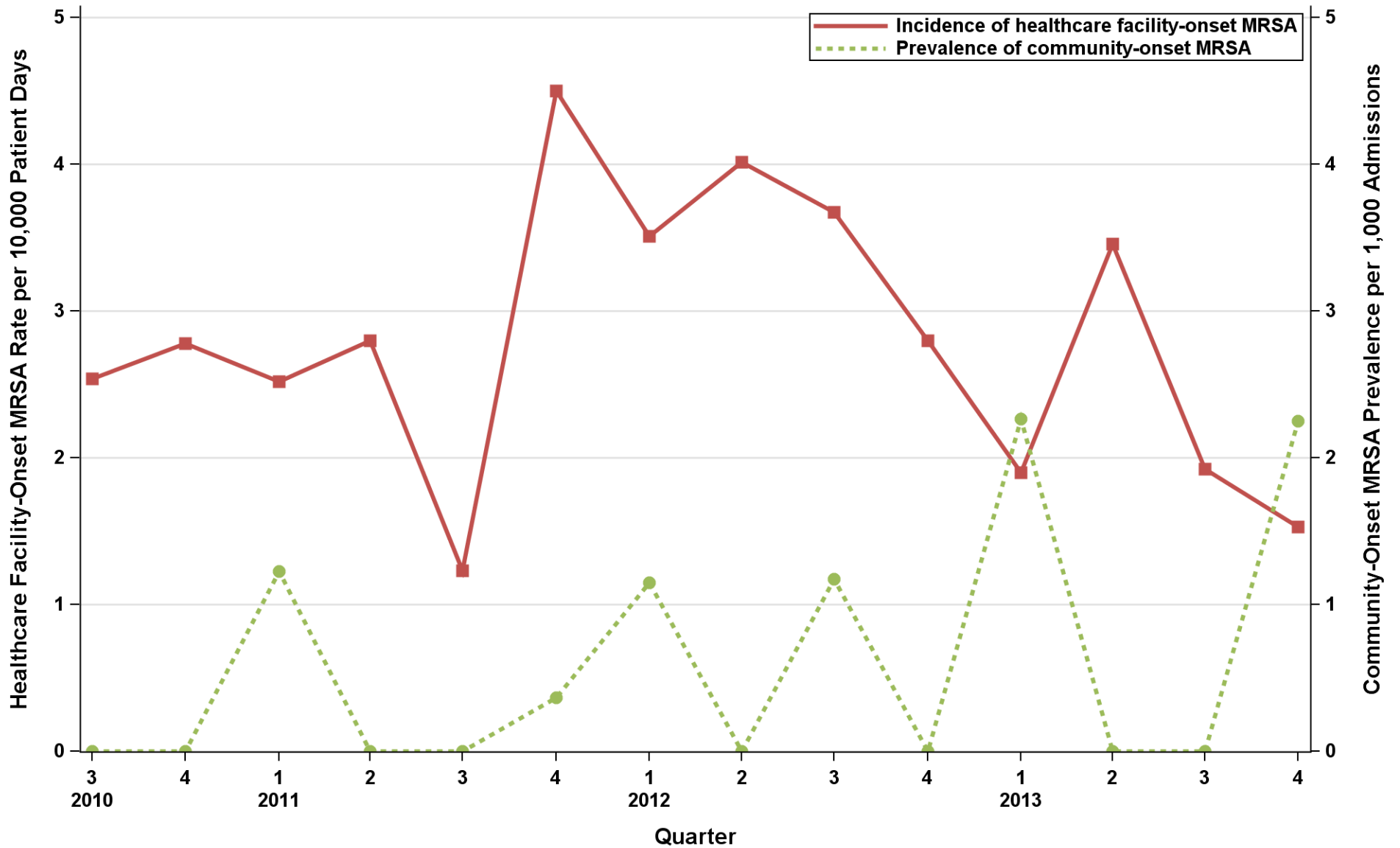
MRSA Bacteremia LabID Events in Long Term Acute Care (LTAC) Facilities:

Total number of facilities reporting in this period: 9

Healthcare Facility-Onset and Community-Onset MRSA LabID Rates ([Table 26](#), [Figure 74](#))

- From July-September 2010 to October-December 2013 the incidence of healthcare facility-onset MRSA LabID events in LTAC facilities has fluctuated between 1.23 to 4.50 events per 10,000 patient-days, with a particularly sharp increase between July-September 2011 and October-December 2011. The prevalence of community-onset MRSA LabID events in LTAC facilities was between 0 and 2.26 events per 1,000 admissions from July-September 2010 to October-December 2013.
- The incidence of healthcare facility-onset MRSA bacteremia LabID events was 2.20 events per 10,000 patient-days in 2013, lower than the incidence of healthcare facility-onset MRSA bacteremia LabID events in 2012 and 2011. The prevalence of community-onset MRSA bacteremia LabID events was higher in 2013 (1.12 events per 1,000 admissions) than in 2012 or 2011 (0.58 and 0.38 events per 1,000 admissions, respectively).

Figure 74: Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Long-term Acute Care (LTAC) Facilities by Quarter, Tennessee, 07/01/2010-12/31/2013



Data Reported as of September 4, 2014

Table 26: Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Long-term Acute Care (LTAC) Facilities by Year, Tennessee, 01/01/2011 - 12/31/2013

			Healthcare Facility-Onset Incidence ¹	Community-Onset Prevalence ²
STATE	YEAR	No.	POOLED MEAN	POOLED MEAN
Tennessee	2013	9	2.20	1.12
	2012	9	3.50	0.58
	2011	9	2.77	0.38

Data reported as of September 4, 2014

No. of facilities reporting

¹*Events per 10,000 patient days*

²*Events per 1,000 admissions*

***CLOSTRIDIUM DIFFICILE* INFECTION (CDI)
LABORATORY-IDENTIFIED EVENTS**

Clostridium difficile Infection (CDI) Laboratory-Identified (LabID) Events

Clostridium difficile (*C. difficile*) is a bacterium that naturally resides in the bowels of some people without symptoms of infection. *C. difficile* is responsible for a spectrum of *C. difficile* infections (CDI), including gastrointestinal illness which can lead to severe complications including sepsis and death. CDI can occur when *C. difficile* spores are transferred to patients via the hands of healthcare personnel or other contaminated surfaces or items. Healthcare facilities can prevent CDI by using antibiotics wisely and following infection prevention recommendations, including hand hygiene, environmental cleaning, and contact precautions to prevent the spread of *C. difficile* in the healthcare setting (see [Patient Guide on CDI](#)³²).

Reporting Requirements

C. difficile Infection (CDI) Laboratory-Identified (LabID) Events have been reportable to TDH since July 2010 from acute care hospitals (facility-wide inpatient locations and emergency departments) and long-term acute care facilities (facility-wide inpatient locations). Hospitals with an average daily census less than 25 were exempt from this requirement until July 2012.

To comply with these reporting requirements, facilities are required to follow the [NHSN Multidrug-Resistant Organism & Clostridium difficile Infection LabID Event Surveillance protocol](#)³³, which is updated each year with CDI LabID event surveillance definitions and reporting instructions. Facilities must report the total number of admissions and patient days (for all facility inpatient locations, excluding newborn locations), or patient encounters (for Emergency Department reporting) each month to NHSN. They are also required to report any positive *C. difficile* laboratory results which meet the NHSN surveillance definition of a CDI LabID event.

Facility-Specific Data Thresholds

To ensure fair and accurate reporting of facility-specific healthcare facility-onset *C. difficile* Infection (CDI) LabID events standardized infection ratios (SIR) TDH has adopted the NHSN minimum thresholds for reporting. To report a facility-specific SIR, the statistically predicted number of infections must be at least 1.0.

CDI LabID Events Risk Adjustment

Risk adjustment for healthcare facility-onset *C. difficile* Infection (CDI) is calculated using negative binomial regression based on facility-level characteristics, including CDI community-onset prevalence rate, facility bed size, and medical school affiliation³⁴. The negative binomial regression model is based on national NHSN data from 2010-2011.

This report displays crude (unadjusted) rates of healthcare facility-onset (HO) incidence, community-onset (CO) admission prevalence, and community-onset healthcare facility-associated (COHFA) admission prevalence of CDI. Standardized infection ratios (SIRs) are displayed for LabID events in acute care hospitals beginning January 2012.

Crude (unadjusted) healthcare facility-onset (HO) incidence rates are calculated as follows:

$$\text{HO IncidenceRate} = \frac{\text{Number of HO events}}{\text{Number of patientdays}} \times 10,000$$

³² http://www.cdc.gov/HAI/pdfs/cdiff/Cdiff_tagged.pdf

³³ http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf

³⁴ Dudeck MA, Weiner LM, Malpiedi PJ, et al. Risk Adjustment for Healthcare Facility-Onset *C. difficile* and MRSA Bacteremia Laboratory-identified Event Reporting in NHSN. Published March 12, 2013. Available at: <http://www.cdc.gov/nhsn/pdfs/mrsa-cdi/RiskAdjustment-MRSA-CDI.pdf>

Community-onset (CO) and community-onset healthcare facility-associated (COHFA) prevalence rates are calculated as follows:

$$\text{CO IncidenceRate} = \frac{\text{Number of CO events}}{\text{Number of patient admissions}} \times 1,000$$

Below is a general negative binomial regression model. For each LabID event type, parameter estimates (represented by β in the model) have been calculated by CDC and represent each risk factor's contribution to the overall expected number of LabID events in a facility in a given period of time. In this model, $x=1$ if a given risk factor is present or $x=0$ if the risk factor is absent.

$$\text{Number of predicted LabID events} = e^{(\beta + \beta_1 X_1 + \beta_2 X_2 + \dots)} \times \text{patient days}$$

The table below illustrates the parameter estimates for the significant risk factors associated with the number of CDI LabID events³⁵.

Effect	Parameter Estimate	p-value
Intercept	-7.8983	<0.0001
CDI Test Type		
NAAT vs. non-NAAT/EIA others	0.3850	<0.0001
EIA vs. non-NAAT/EIA others	0.1606	0.0013
CO Admission prevalence rate (continuous)*	0.3338	<0.0001
Facility Bed Size		
>245 vs. ≤100	0.2164	<0.0001
101-245 vs. ≤100	0.0935	0.0022
Medical School Affiliation		
Major teaching vs. Undergraduate/Non-Teaching	0.1870	<0.0001
Graduate vs. Undergraduate/Non-Teaching	0.0918	0.0038

$$* \frac{\text{Number of CO CDI LabID events}}{\text{Number of admissions to the facility}} \times 100 = \frac{\text{Number of community-onset CDI LabID events}}{\text{Number of admissions to the facility}} \times 100$$

The risk model for CDI is as follows (in this model, $x=1$ if a given risk factor is present or $x=0$ if the risk factor is absent):

Number of predicted (expected) HO CDI LabID events =

$$\begin{aligned} &\exp [\\ &\quad - 7.8983 \\ &\quad + 0.3850(\text{CDI test type} = \text{NAAT}) \\ &\quad + 0.1606(\text{CDI test type} = \text{EIA}) \\ &\quad + 0.3338(\text{CO CDI prevalence rate}) \\ &\quad + 0.2164(\text{bed size} > 245) \\ &\quad + 0.0935(\text{bed size} = 101-245 \text{ beds}) \\ &\quad + 0.1870(\text{medical school affiliation} = \text{major}) \\ &\quad + 0.0918(\text{medical school affiliation} = \text{graduate})] \times \text{CDI patient days} \end{aligned}$$

Suppose a facility has 90 beds and is considered to have an undergraduate (limited) medical school affiliation. The facility has a community-onset CDI prevalence rate of 0.19, had 6,500 CDI patient days for 2012 and uses NAAT to detect CDI infection. This facility observed 3 healthcare-onset CDI LabID events in 2012.

³⁵ Example extracted from "Risk Adjustment for Healthcare Facility-Onset C. difficile and MRSA Bacteremia Laboratory-identified Event Reporting in NHSN" Dudeck MA, Weiner LM, Malpiedi PJ, et al. Published March 12, 2013. Available at: <http://www.cdc.gov/nhsn/pdfs/mrsa-cdi/RiskAdjustment-MRSA-CDI.pdf>

Number of predicted (expected) HO CDI LabID events =

$$\begin{aligned} \exp [& - 7.8983 \\ & + 0.3850(1) \\ & + 0.1606(0) \\ & + 0.3338(0.19) \\ & + 0.2164(0) \\ & + 0.0935(0) \\ & + 0.1870(0) \\ & + 0.0918(0)] \times 6,500 = 3.78 \text{ expected HO CDI LabID events} \end{aligned}$$

To calculate the CDI LabID SIR, divide the number of observed HO CDI LabID events by the number expected (from above). For example, 3 observed HO CDI LabID events / 3.78 expected HO CDI LabID events = 0.79.

LABORATORY-IDENTIFIED (LABID) EVENTS

***C. difficile* Infection (CDI) LabID Events**

Acute Care Hospitals

CDI LabID Events in Acute Care Hospitals:

Total number of facilities reporting from January-December 2013: 112

SIRs by Quarter ([Figure 75](#))

- From January-March 2012 to October-December 2013, the overall healthcare facility-onset CDI LabID SIR in acute care hospitals in Tennessee increased from 0.70 to 0.77, slightly above the U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)³⁶ prevention target of SIR = 0.70.

Key percentiles for Tennessee SIRs ([Table 27](#))

- The overall healthcare facility-onset CDI LabID SIR for acute care hospitals in Tennessee from January-December 2013 was statistically significantly lower than the national SIR of 1 (SIR=0.77; 95% CI: 0.74, 0.80). The 2013 SIR was higher than the 2012 SIR.
- From January-December 2013, the median healthcare facility-onset CDI LabID SIR for acute care hospitals was 0.58, indicating that half of reporting facilities with at least 1 predicted infection had a healthcare facility-onset CDI LabID SIR at or below 0.58.

Healthcare Facility-Onset and Community-Onset CDI LabID Rates ([Figure 76](#), [Table 28](#))

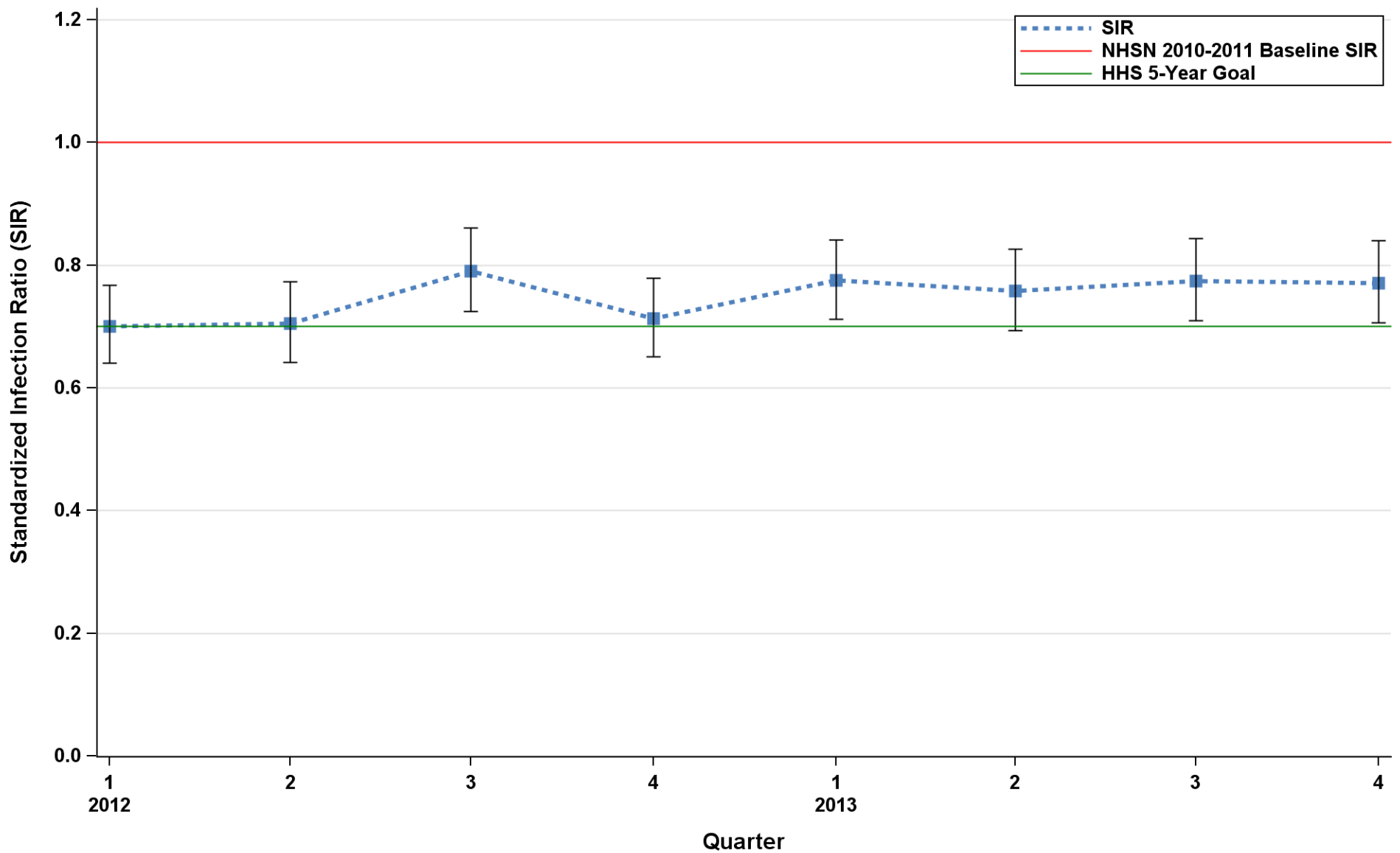
- From July-September 2010 to October-December 2013 the incidence of healthcare facility-onset CDI LabID events has increased from 4.4 to 5.7 events per 10,000 patient-days, with a peak of 5.8 events per 10,000 patient-days in July-September 2012. The prevalence of community-onset CDI LabID events increased from 1.9 to 3.2 events per 1,000 admissions from July-September 2010 to October-December 2013. There was no significant change in the prevalence of community-onset healthcare facility-associated CDI LabID events from July-September 2010 to October-December 2013.

Facility-Specific SIRs ([Figure 77](#))

- The healthcare facility-onset CDI LabID event SIR for January-December 2013 for each acute care facility is displayed in [Figure 77](#). The bar representing the confidence interval is green if the was significantly lower than the 2010-11 national SIR of 1 and red if the SIR was significantly higher than 1. Some hospitals reported zero events (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of patient days.
- In 2013, 6 facilities had a healthcare facility-onset CDI LabID event SIR that was statistically significantly higher than the 2010-11 national baseline SIR of 1 and 34 facilities had a SIR that was statistically significantly lower than the baseline SIR.

³⁶ http://www.health.gov/hai/prevent_hai.asp

Figure 75: Standardized Infection Ratio (SIR) for Healthcare-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events for Acute Care Hospitals by Quarter, Tennessee, 01/01/2012–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2010-11]



Data Reported as of September 4, 2014

Table 27: Healthcare-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Standardized Infection Ratio (SIR) in Acute Care Hospitals by Reporting Year, Tennessee, 01/01/2012 - 12/31/2013

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	PAT DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2013	112	3,661,094	2,086	2,710.29	0.77	0.74	0.80	103	34	33%	6	6%	0.00	0.32	0.58	1.00	1.45	
	2012	109	3,595,260	1,923	2,642.80	0.73	0.70	0.76	95	36	38%	5	5%	0.09	0.38	0.66	0.92	1.31	

Data reported as of September 4, 2014

No. = number of facilities reporting; PAT DAYS = number of patient days; OBS = observed number of events

PRED = statistically 'predicted' number of events; SIR = Standardized Infection Ratio (observed/predicted number of events)

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2010-2011 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2010-2011 SIR of 1.0

Table 28: *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Year, Tennessee, 01/01/2011 - 12/31/2013

			Healthcare Facility-Onset Incidence Rate ¹	Community-Onset Prevalence Rate ²	
STATE	YEAR	No.	POOLED MEAN	CO POOLED MEAN	CO-HFA POOLED MEAN
Tennessee	2013	112	5.69	3.27	1.17
	2012	109	5.35	2.80	1.16
	2011	79	5.18	2.35	1.18

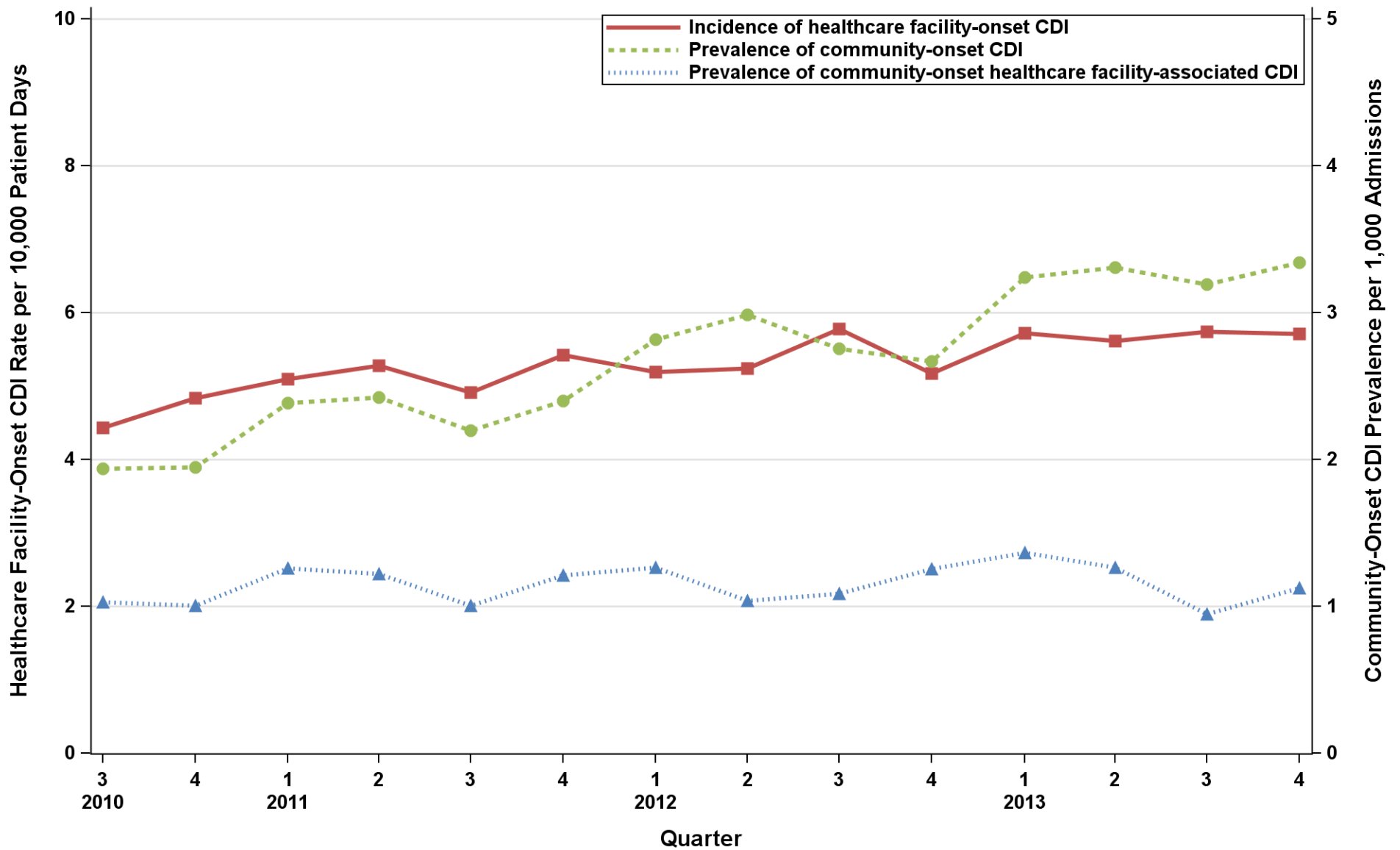
Data reported as of September 4, 2014

No. = number of facilities reporting; CO = community-onset; CO-HFA = community-onset healthcare facility-associated

¹Events per 10,000 patient days

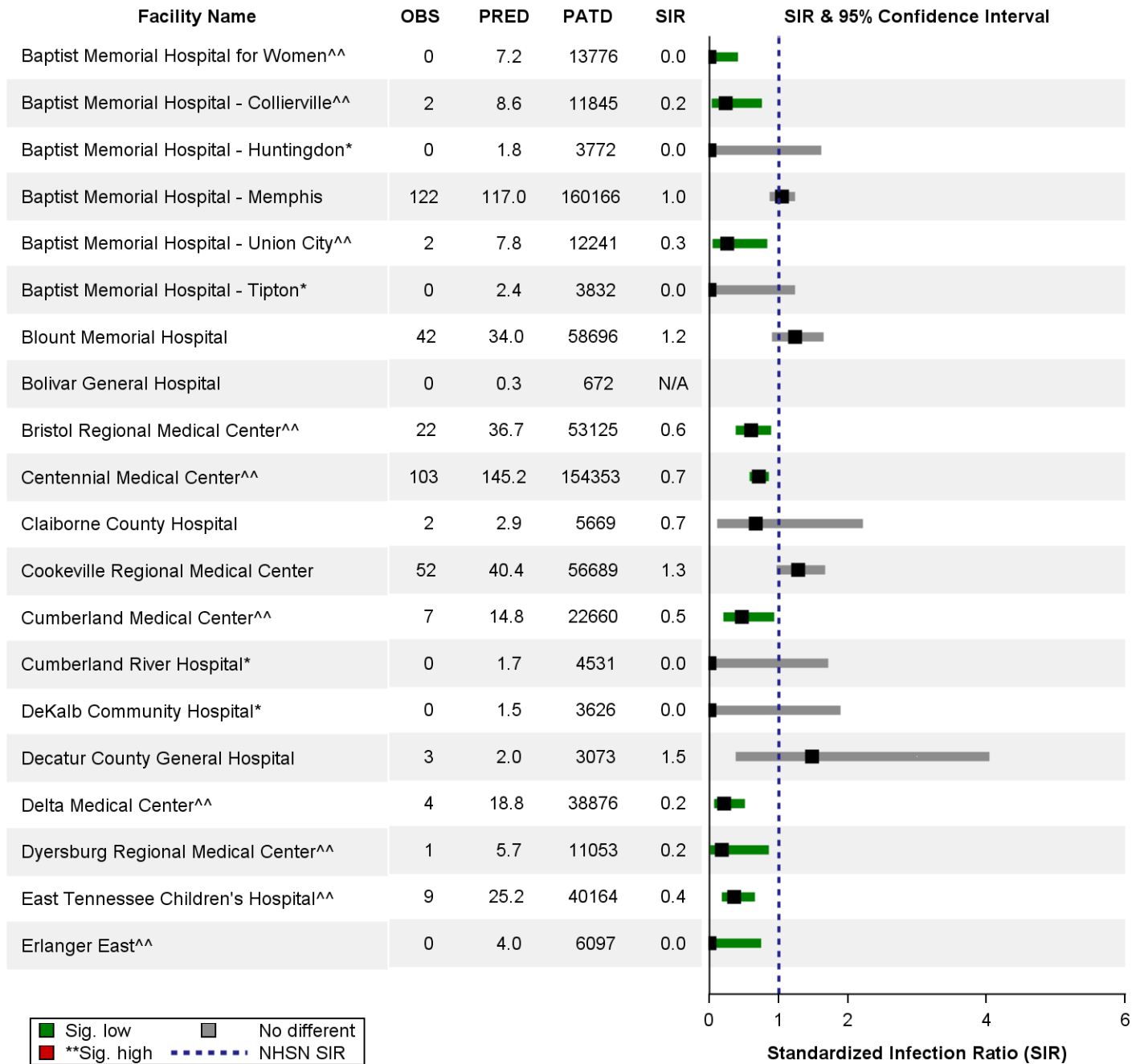
²Events per 1,000 admissions

Figure 76: *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Quarter, Tennessee, 07/01/2010-12/31/2013



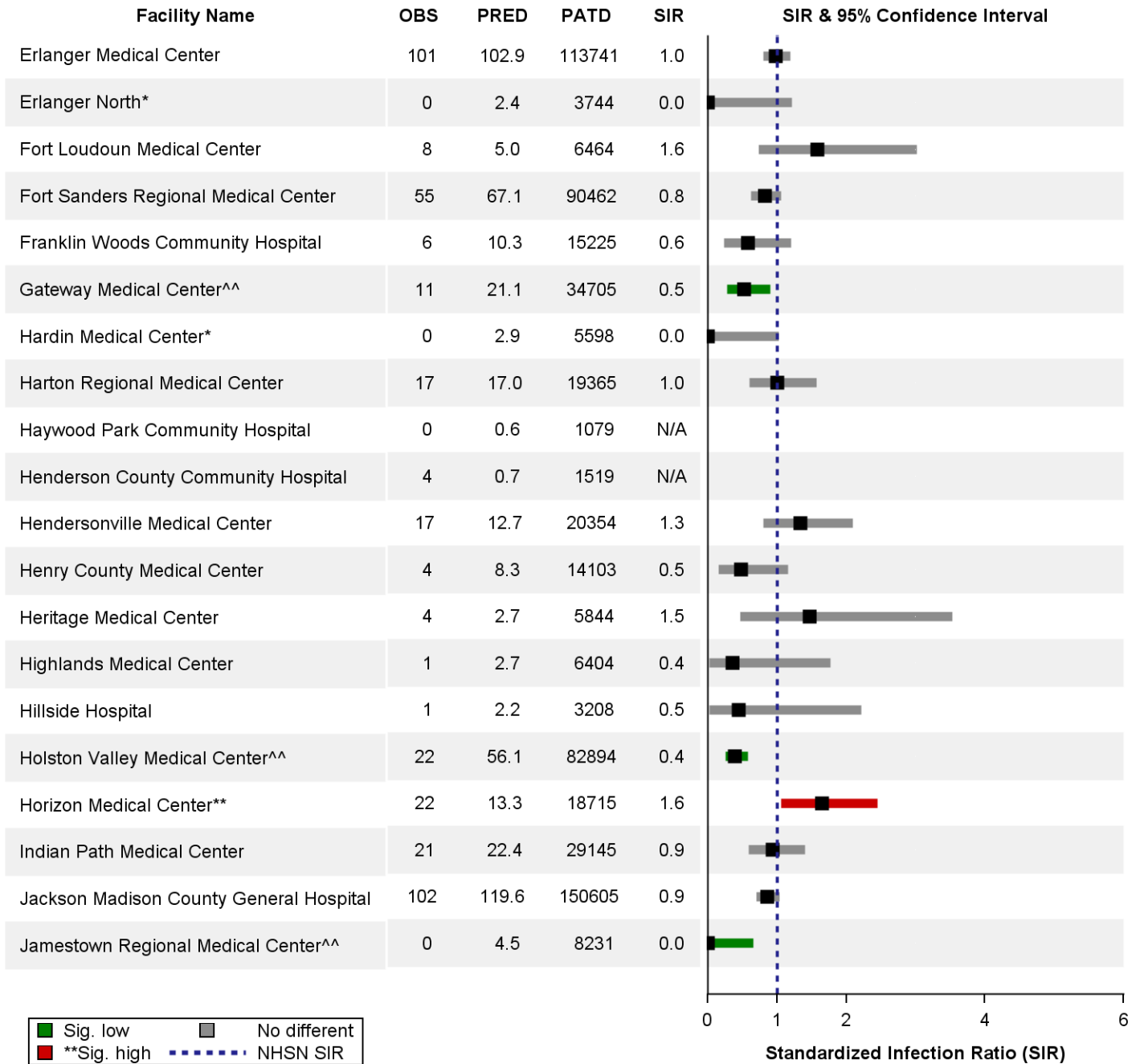
Data Reported as of September 4, 2014

Figure 77: Healthcare Facility-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Acute Care Facilities, Tennessee, 01/01/2013 – 12/31/2013



Data Reported as of September 4, 2014
N = number of types of units reporting
OBS = observed number of Healthcare Facility-Onset CDI LabID Events
PRED = statistically 'predicted' number of events, based on NHSN baseline data
SIR = standardized infection ratio (observed/predicted number of events)
PATD = number of patient days
N/A = SIR not calculated for facilities with <1 predicted infection
**** Significantly higher than national baseline**
^^ Significantly lower than national baseline
*** Zero events, but not statistically significant**

Figure 77 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset CDI LabID Events

PRED = statistically 'predicted' number of events, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of events)

PATD = number of patient days

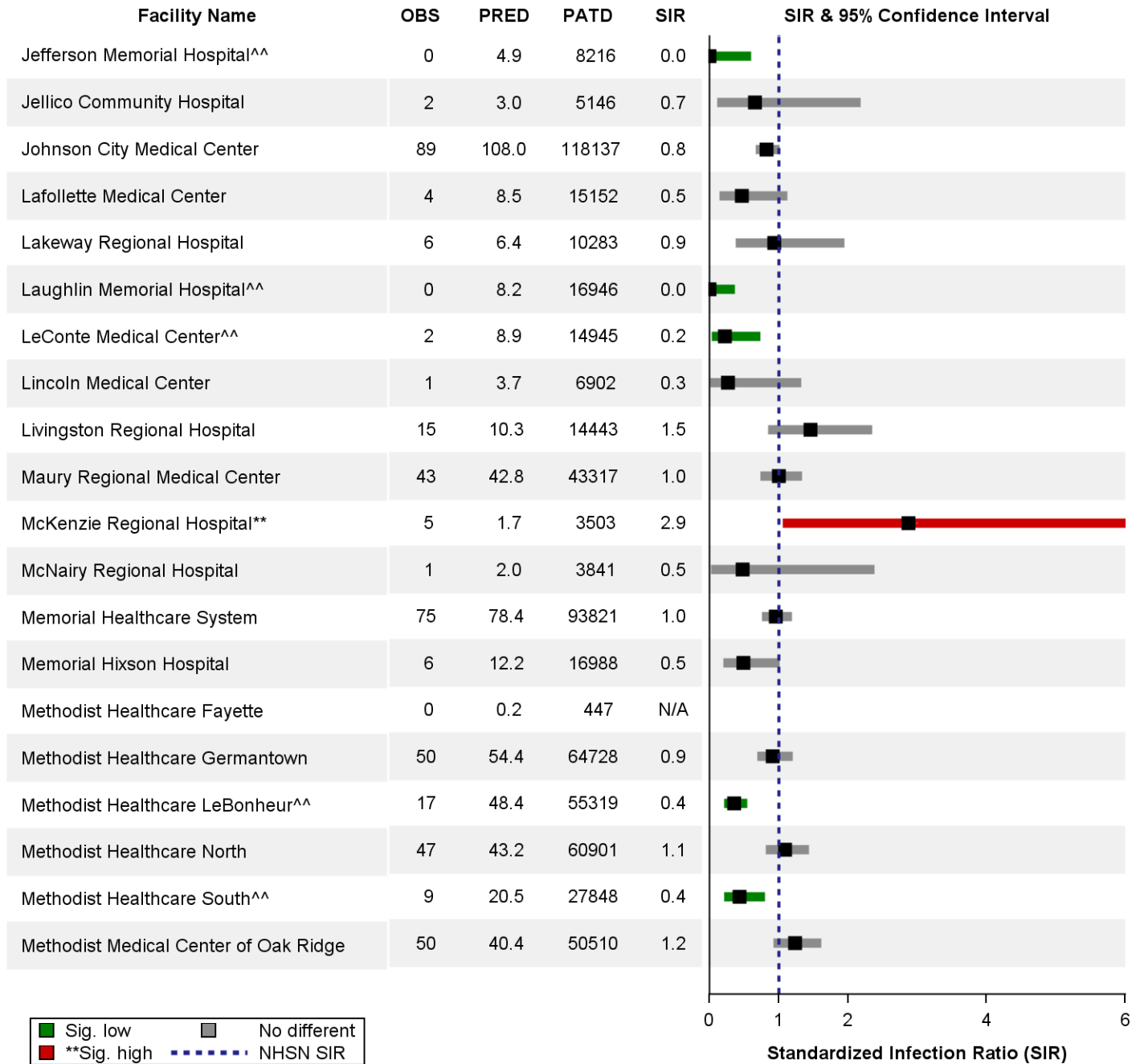
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 77 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset CDI LabID Events

PRED = statistically 'predicted' number of events, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of events)

PATD = number of patient days

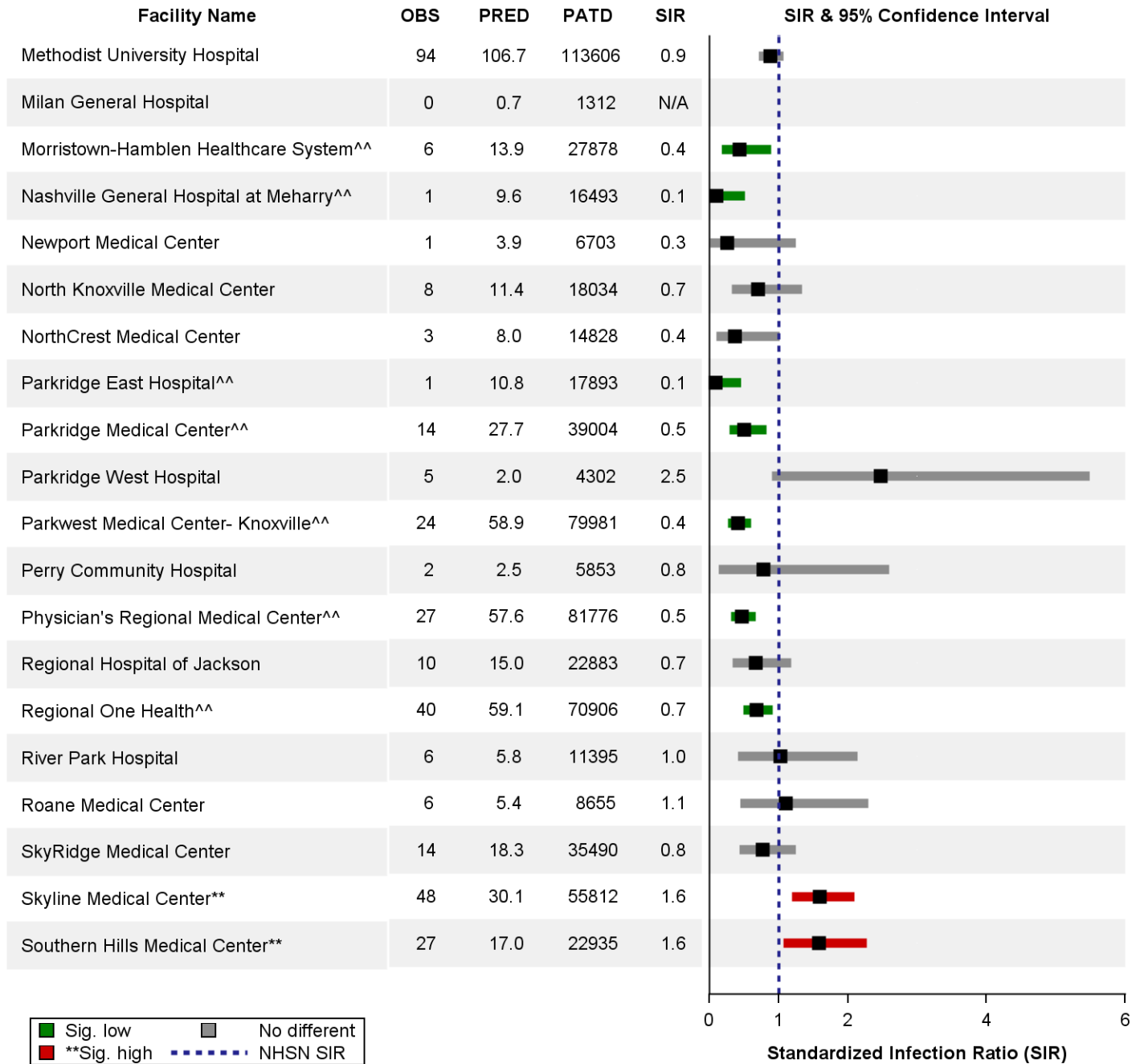
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 77 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset CDI LabID Events

PRED = statistically 'predicted' number of events, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of events)

PATD = number of patient days

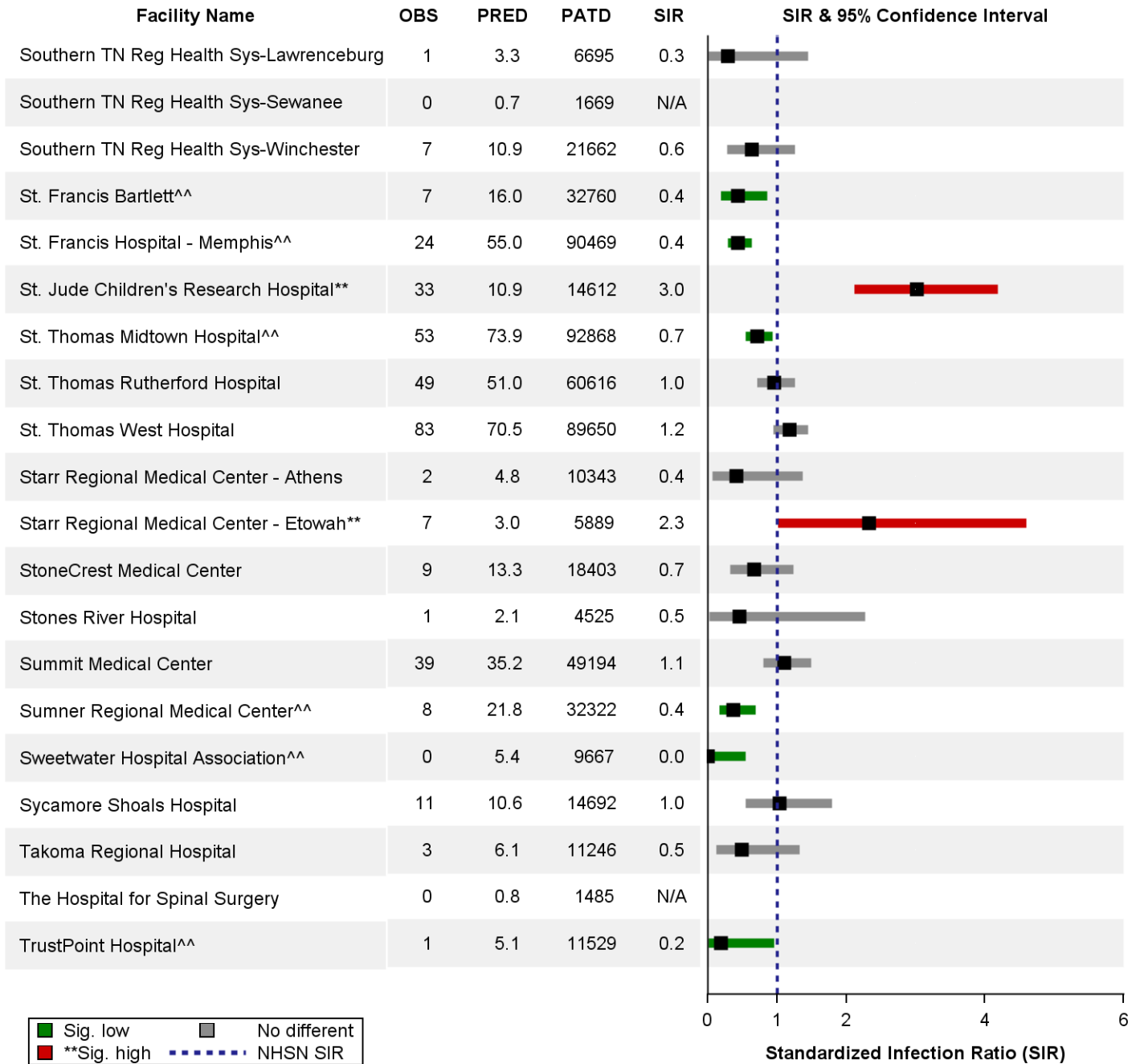
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 77 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset CDI LabID Events

PRED = statistically 'predicted' number of events, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of events)

PATD = number of patient days

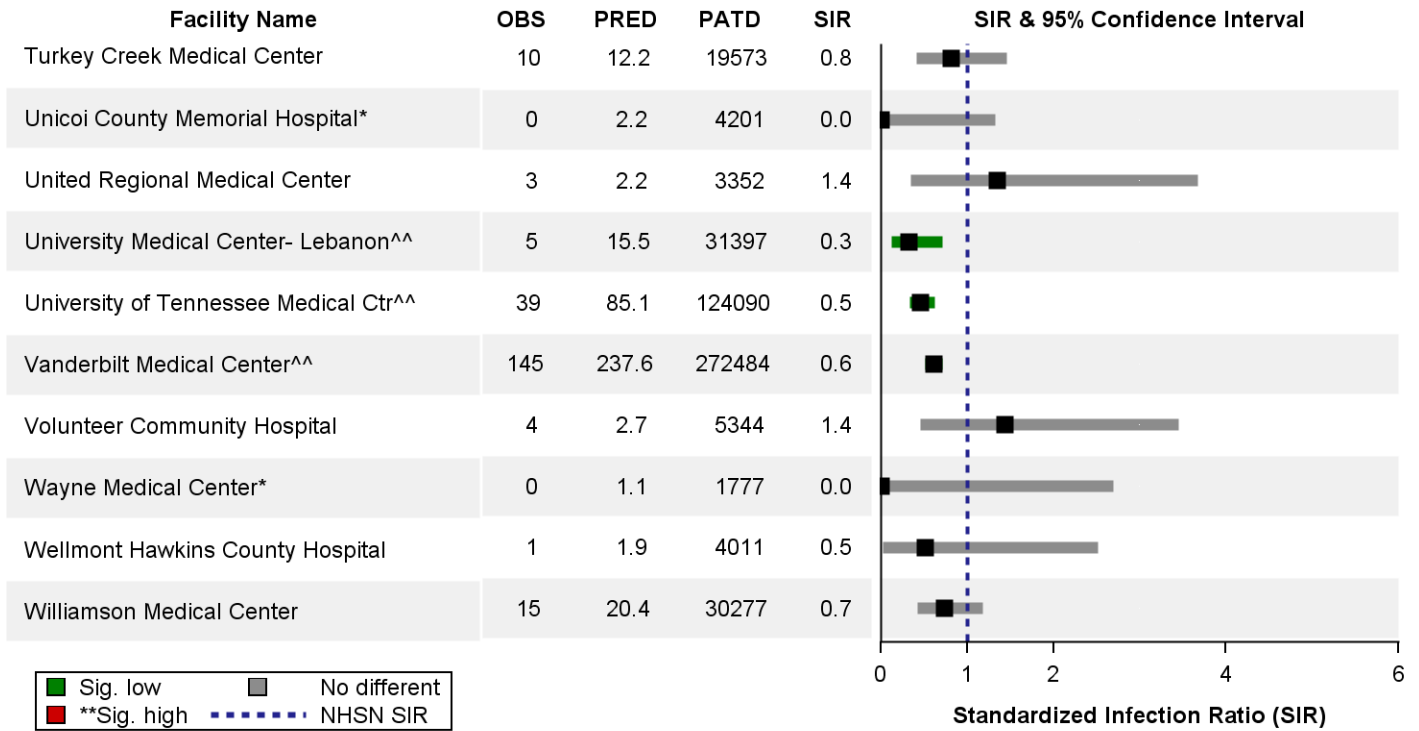
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 77 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset CDI LabID Events

PRED = statistically 'predicted' number of events, based on NHSN baseline data

SIR = standardized infection ratio (observed/predicted number of events)

PATD = number of patient days

N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

LABORATORY-IDENTIFIED (LABID) EVENTS

***C. difficile* Infection (CDI) LabID Events**

Long-term Acute Care (LTAC) Facilities

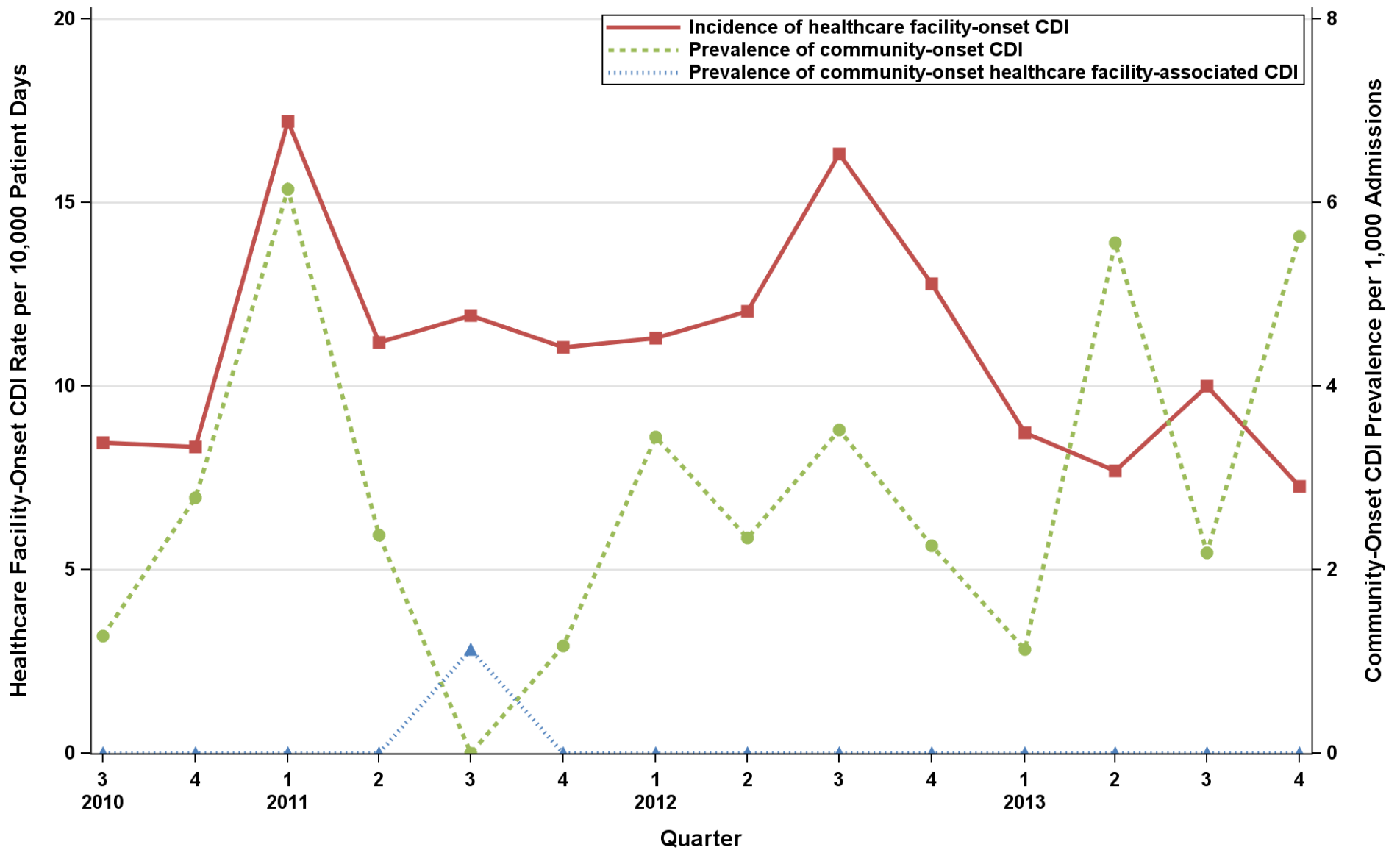
CDI LabID Events in Long Term Acute Care (LTAC) Facilities:

Total number of facilities reporting from January-December 2013: 9

Healthcare Facility-Onset and Community-Onset CDI LabID Rates ([Table 29](#), [Figure 78](#))

- From July-December 2010 to October-December 2013 the incidence of healthcare facility-onset CDI LabID events has fluctuated between 7.3 and 17.2 events per 10,000 patients. The prevalence of community-onset CDI LabID events was between 0 and 6.1 events per 1,000 admissions from July-December 2010 to October-December 2013. There was no significant change in the prevalence of community-onset healthcare facility-associated CDI LabID events in LTAC facilities from July-December 2010 to October-December 2013.
- The incidence of healthcare facility-onset CDI LabID events was 8.42 events per 10,000 patient-days in 2013, lower than the incidence of healthcare facility-onset CDI LabID events in 2012 or 2011. The prevalence of community-onset CDI LabID events in 2013 was 3.63 events per 1,000 admissions, higher than the prevalence in 2012 or 2011.

Figure 78: *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Long-term Acute Care (LTAC) Facilities by Quarter, Tennessee, 07/01/2010-12/31/2013



Data Reported as of September 4, 2014

Table 29: *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Long-term Acute Care (LTAC) Facilities by Year, Tennessee, 01/01/2011 - 12/31/2013

			Healthcare Facility-Onset Incidence Rate ¹	Community-Onset Prevalence Rate ²	
STATE	YEAR	No.	POOLED MEAN	CO POOLED MEAN	CO-HFA POOLED MEAN
Tennessee	2013	9	8.42	3.63	0.00
	2012	9	13.09	2.89	0.00
	2011	9	12.81	2.36	0.29

Data reported as of September 4, 2014

No. = number of facilities reporting; CO = community-onset; CO-HFA = community-onset healthcare facility-associated

¹*Events per 10,000 patient days*

²*Events per 1,000 admissions*

HEALTHCARE PERSONNEL INFLUENZA VACCINATION

Healthcare Personnel Influenza Vaccination

Influenza can be a serious disease that can lead to hospitalization and sometimes even death. Older adults, pregnant women, and very young children, as well as people with certain long-term medical conditions, are at high risk of serious complications from the flu. The Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. healthcare workers, including those not directly involved in patient care, are vaccinated against influenza every year. By getting vaccinated, healthcare workers can help protect themselves, their families, and their patients, especially those who cannot receive influenza vaccination (see [Influenza Vaccination Information for Health Care Workers](#))³⁷.

Reporting Requirements

Healthcare personnel influenza summary data have been reportable to TDH from acute care hospitals beginning with the 2012-2013 influenza season.

To comply with these reporting requirements, facilities are required to follow the [NHSN Healthcare Personnel Vaccination Module: Influenza Vaccination Summary Protocol](#)³⁸, which is updated each year with reporting instructions. Facilities must report the number of healthcare personnel who were physically present in their facility for one working day or more during the reporting period (October 1 through March 31), stratified by personnel category (Employees, Licensed Independent Practitioners (LIPs), Adult Students/Trainees and Volunteers, and Other Contract Personnel (optional)), in addition to the number of each who:

- Received an influenza vaccination administered at the healthcare facility
- Reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere
- Were determined to have a medical contraindication/condition of severe allergic reaction to eggs or other component(s) of the vaccination, or history of Guillain-Barré Syndrome (GBS) within 6 weeks after a previous influenza vaccination
- Were offered but declined influenza vaccination
- Had an unknown vaccination status or did not otherwise meet any of the definitions of the above-mentioned numerator categories

Healthcare Personnel Influenza Vaccination Rates

This report presents the percent of healthcare personnel in each personnel category (Employees, LIPs, and Adult Students/Trainees and Volunteers) and overall (personnel categories combined) who either received influenza vaccination at the healthcare facility or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere. The denominator for this measure includes all healthcare personnel who were physically present in the facility at least one working day during the influenza season (October 1 – March 31), including healthcare personnel whose influenza vaccination status was unknown.

³⁷ <http://www.cdc.gov/flu/healthcareworkers.htm>

³⁸ <http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf>

HEALTHCARE PERSONNEL INFLUENZA VACCINATION
ACUTE CARE HOSPITALS

Healthcare Personnel Influenza Vaccination in Acute Care Facilities:

Total number of facilities reporting from October 2013 – March 2014: 110

Healthcare Personnel Influenza Vaccination Rates ([Figure 79](#), [Table 30](#))

- The mean facility-specific overall healthcare personnel vaccination rate at Tennessee acute care hospitals was 79.8% for the 2013/2014 influenza season (October 2013-March 2014), reaching the [HHS Healthy People](#)³⁹ 2015 Goal of 75% vaccination, but not the [Healthy People](#) 2020 Goal of 90%. The median facility-specific overall healthcare personnel vaccination rate was 80.8%, indicating that half of all Tennessee acute care hospitals documented at least 80.8% of their healthcare personnel received influenza vaccination for the 2013/2014 influenza season.
- Tennessee 2013/2014 mean facility-specific influenza vaccination rates were the lowest for licensed independent practitioners (61.9%) and adult students/trainees/volunteers (79.6%), and the highest for employees (83.9%).

Facility-Specific Healthcare Personnel Influenza Vaccination Rates ([Figure 80](#))

- The overall percent of healthcare personnel with documented influenza vaccination for each facility is displayed in [Figure 80](#).

³⁹ <http://www.healthypeople.gov/>

Figure 79: Mean Facility-Specific Healthcare Personnel Influenza Vaccination Rate by Healthcare Personnel Category in Acute Care Facilities, Tennessee, 2013/2014 Influenza Season, 10/01/2013 - 03/31/2014

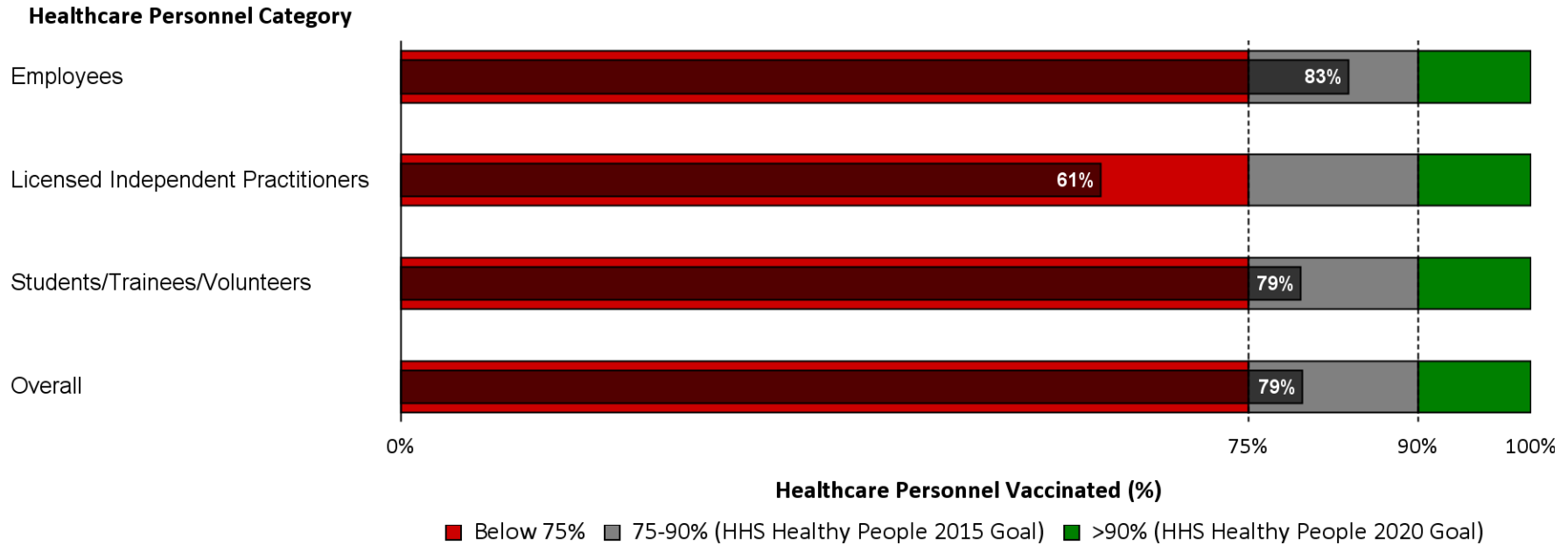


Table 30: Mean Facility-Specific Healthcare Personnel Influenza Vaccination Rate and Key Percentiles by Healthcare Personnel Category by Influenza Season in Acute Care Facilities, Tennessee, 10/01/2013 - 03/31/2014

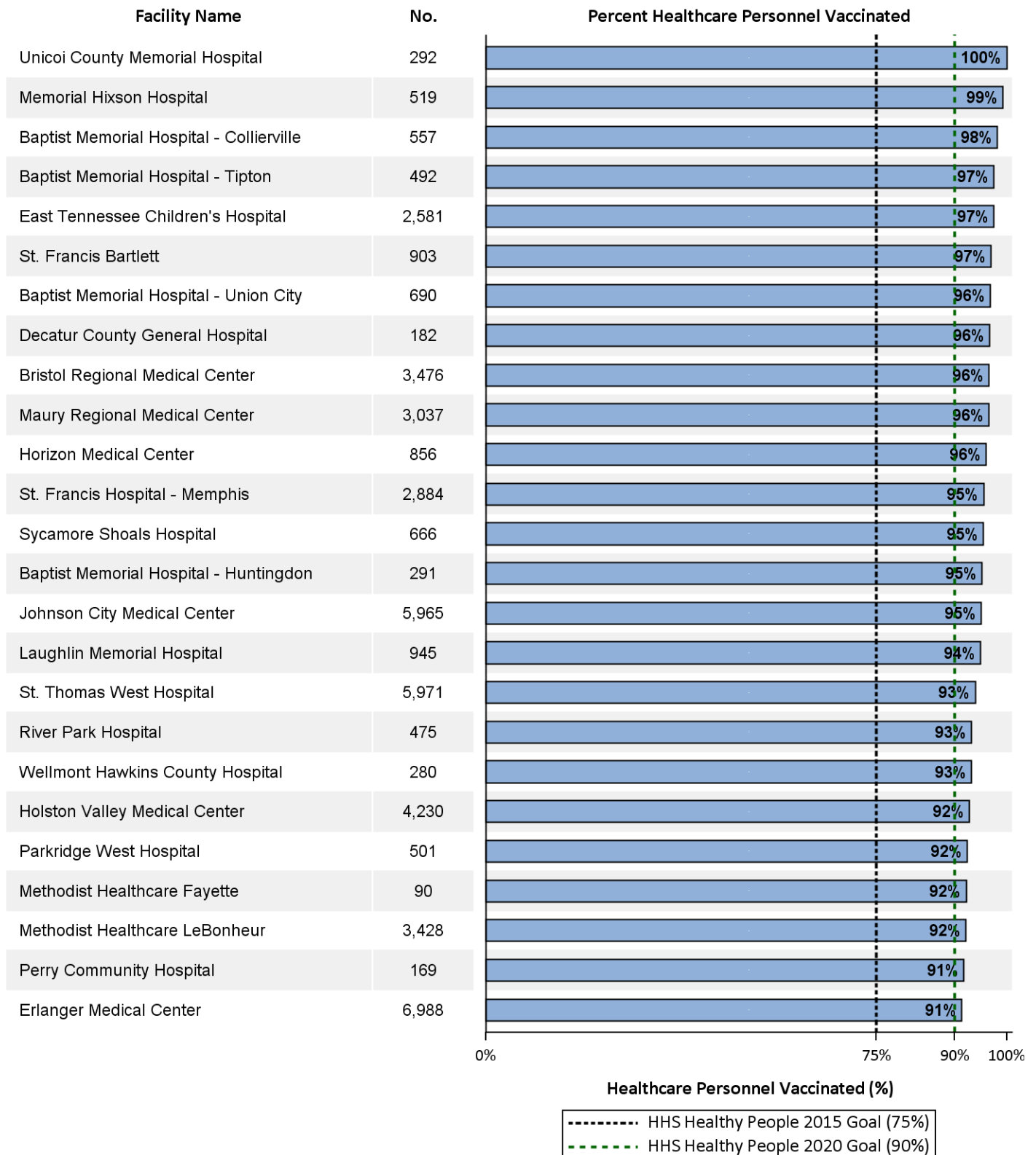
STATE	FLU SEASON	HEALTHCARE PERSONNEL CATEGORY	No.	MEAN HCP VACCINATION RATE	DISTRIBUTION OF HCP VACCINATION RATE				
					10%	25%	50%	75%	90%
Tennessee	2013/2014	Employees	110	83.9%	64.9%	74.8%	84.6%	96.4%	98.7%
		Licensed Independent Practitioners	110	61.9%	22.2%	36.0%	65.2%	89.3%	97.3%
		Students/Trainees/Volunteers	110	79.6%	42.4%	67.2%	90.3%	99.0%	100.0%
		Overall	110	79.8%	63.5%	68.0%	80.8%	90.8%	95.8%

Data reported as of September 4, 2014

No. = number of facilities reporting

HCP = Healthcare Personnel

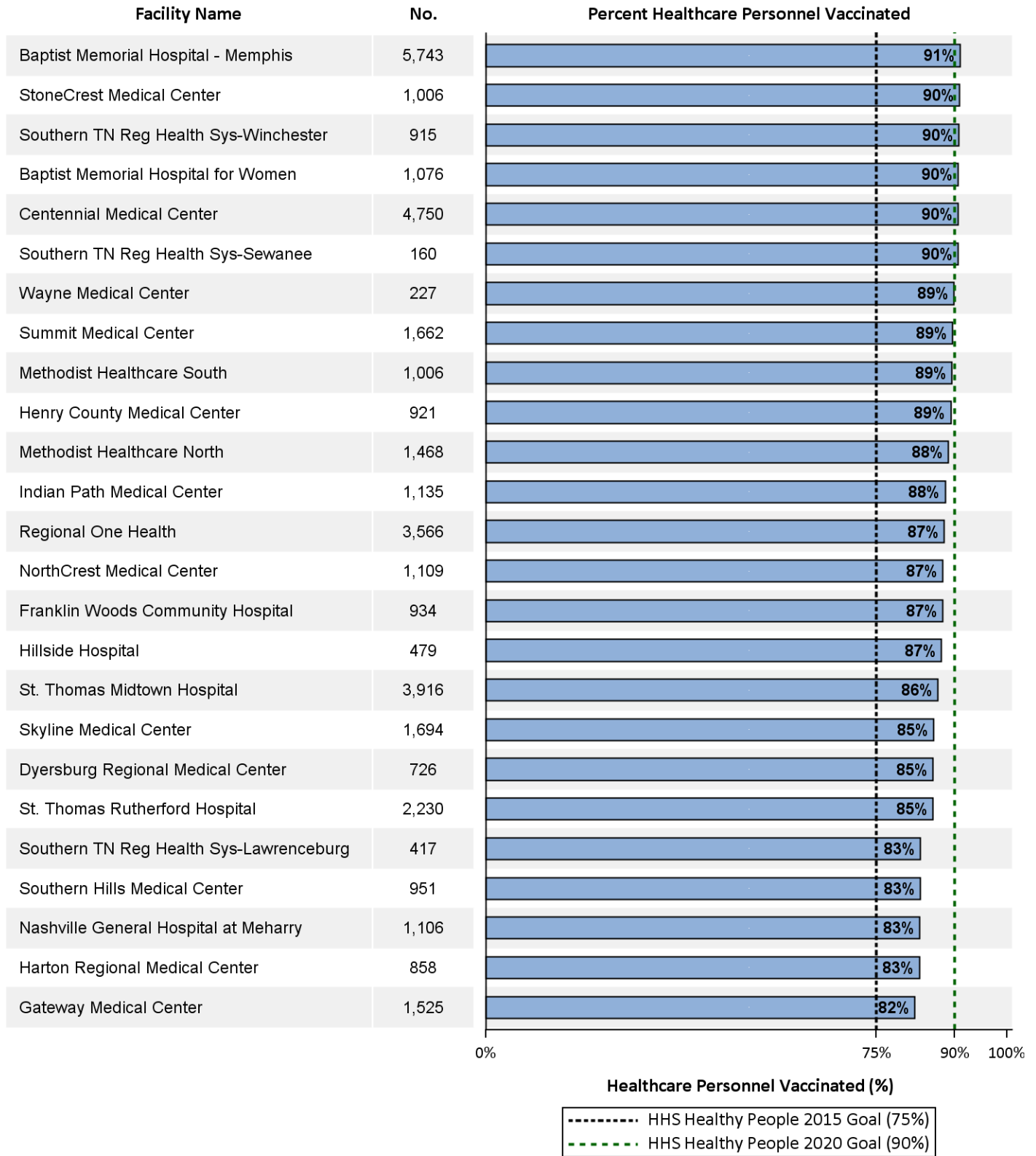
Figure 80: Healthcare Personnel Influenza Vaccination in Acute Care Facilities, Tennessee, 2013/2014 Influenza Season (10/01/2013-03/31/2014)



Data Reported as of September 4, 2014

No. = total number of healthcare personnel who worked at least one day between October 1, 2013 and March 31, 2014

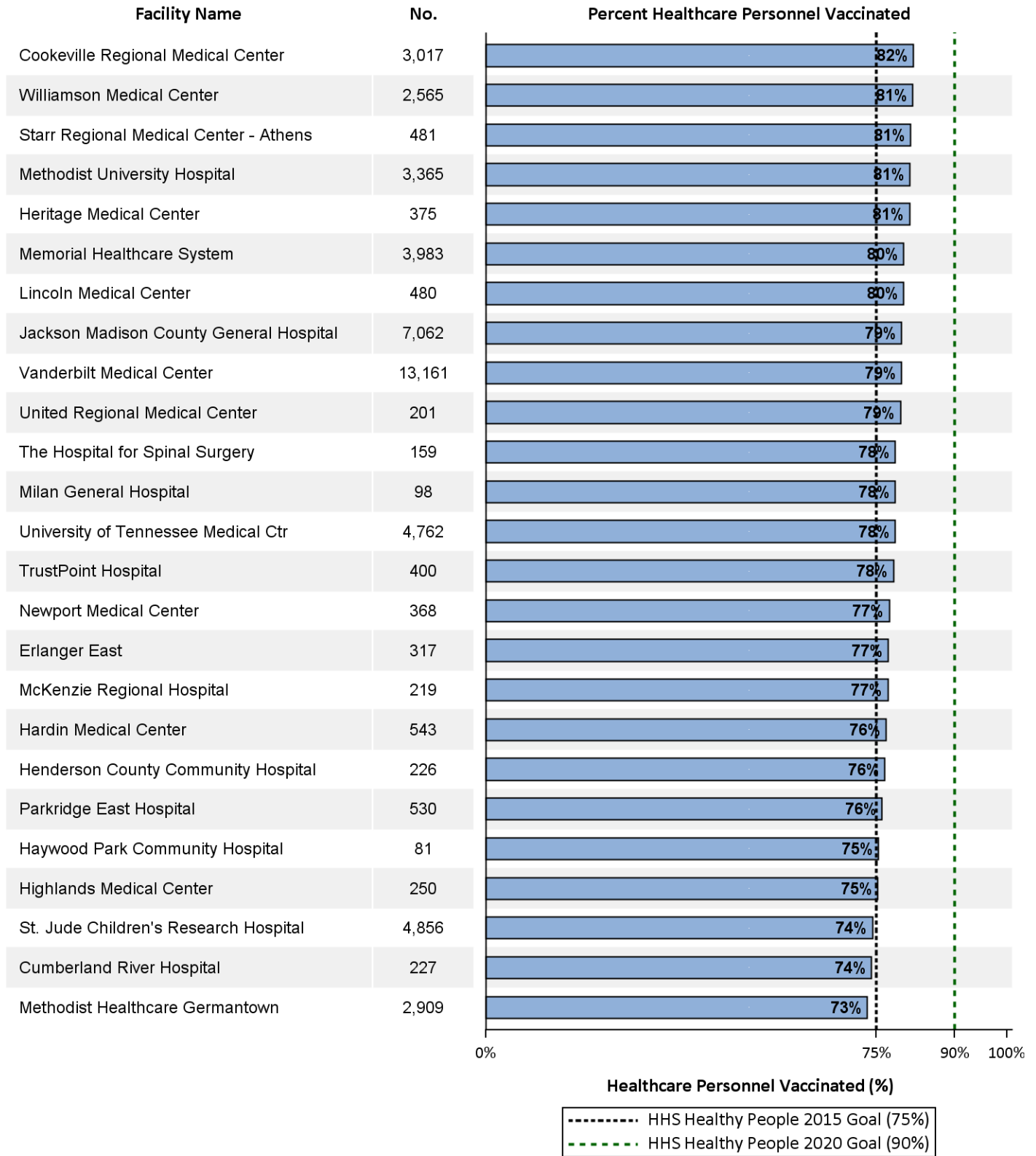
Figure 80 (cont'd)



Data Reported as of September 4, 2014

No. = total number of healthcare personnel who worked at least one day between October 1, 2013 and March 31, 2014

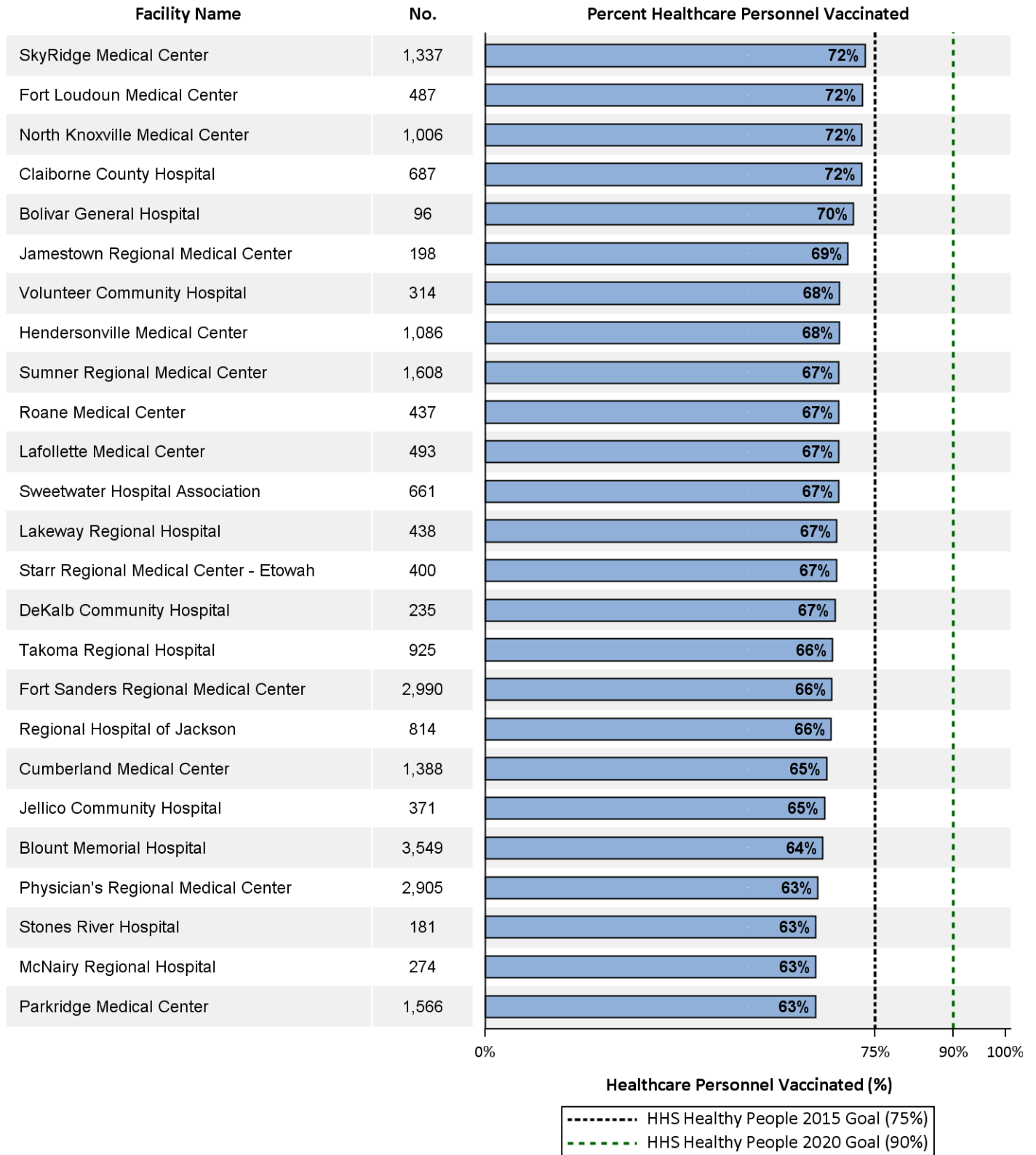
Figure 80 (cont'd)



Data Reported as of September 4, 2014

No. = total number of healthcare personnel who worked at least one day between October 1, 2013 and March 31, 2014

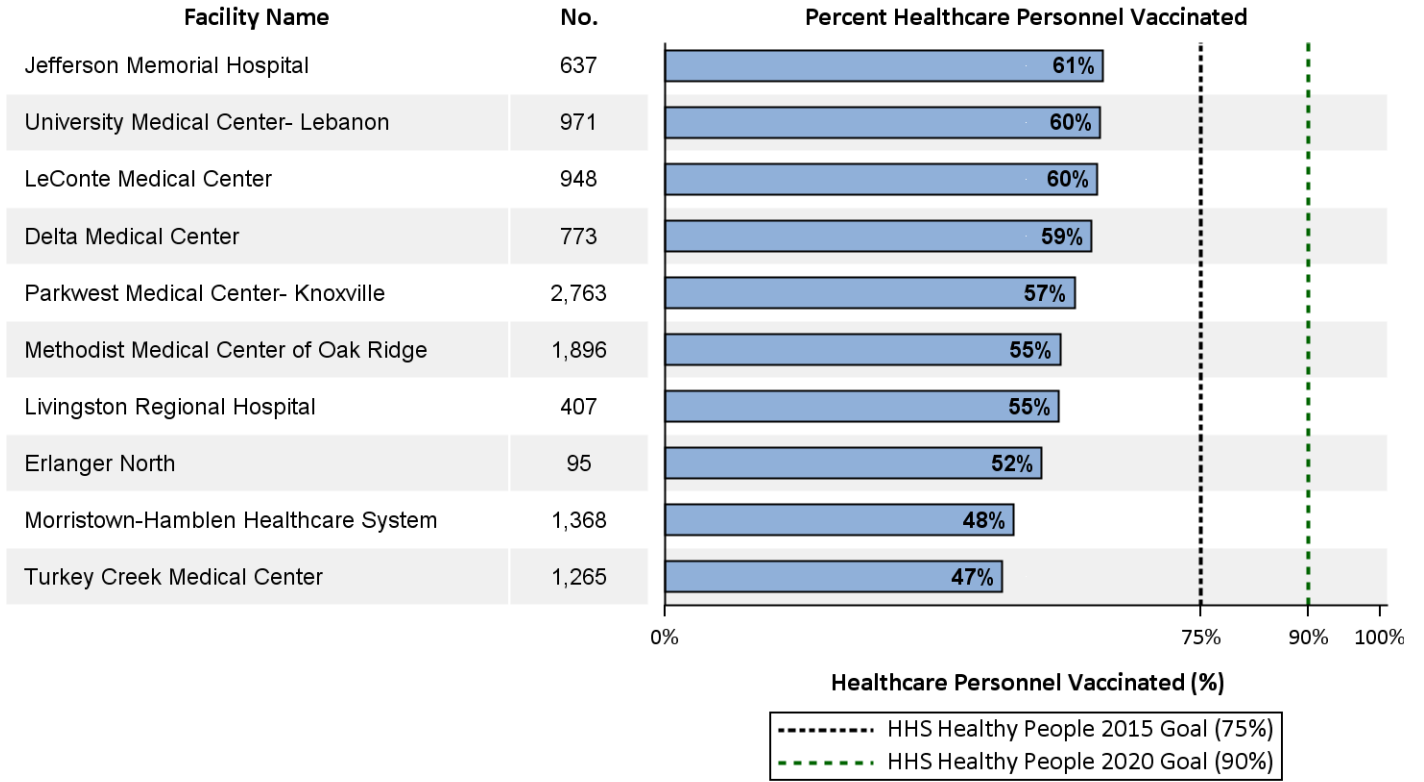
Figure 80 (cont'd)



Data Reported as of September 4, 2014

No. = total number of healthcare personnel who worked at least one day between October 1, 2013 and March 31, 2014

Figure 80 (cont'd)



Data Reported as of September 4, 2014

No. = total number of healthcare personnel who worked at least one day between October 1, 2013 and March 31, 2014

FACILITY SPECIFIC SUMMARY PAGES

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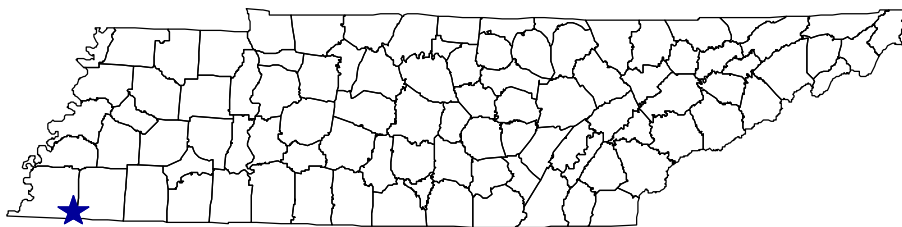
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Baptist Memorial Hospital - Collierville, Collierville, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Baptist Memorial Hospital - Collierville:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	1.2	475	0.00	(0.00, 2.46)	0.48
CAUTI	Adult/Pediatric ICU	1	1.9	836	0.52	(0.03, 2.56)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	0	1.3	11845	0.00	(0.00, 2.24)	1.13
	<i>C. difficile</i> infection	2	8.6	11845	0.23	(0.04, 0.76)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

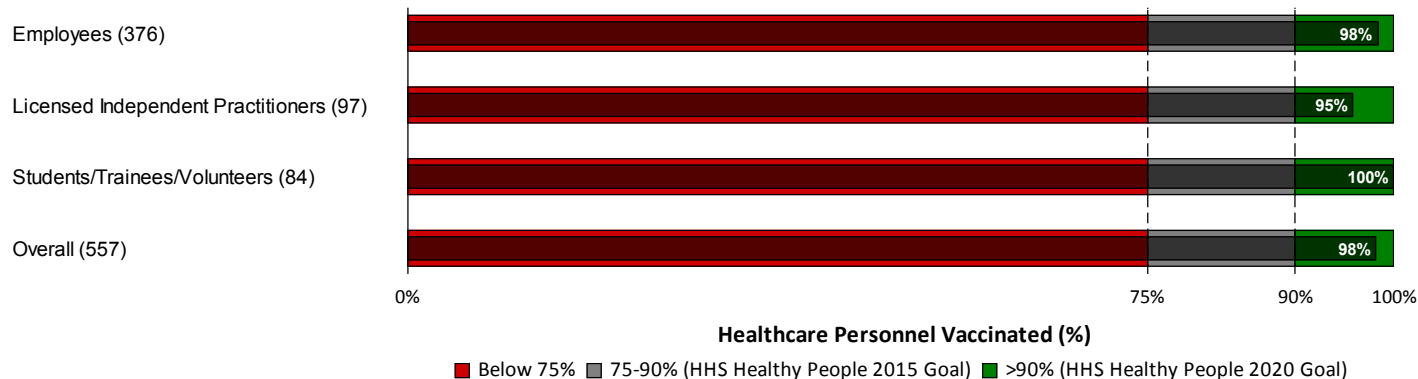
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Baptist Memorial Hospital - Collierville

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

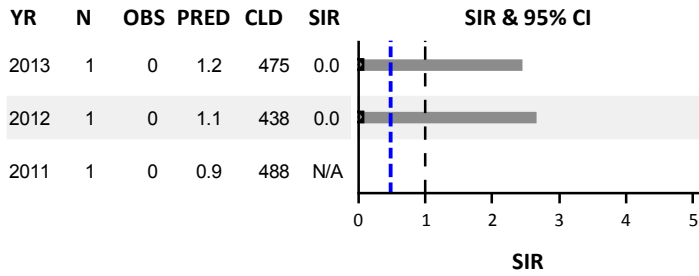
Healthcare Personnel Category (Total)



Baptist Memorial Hospital - Collierville, Collierville, Shelby County

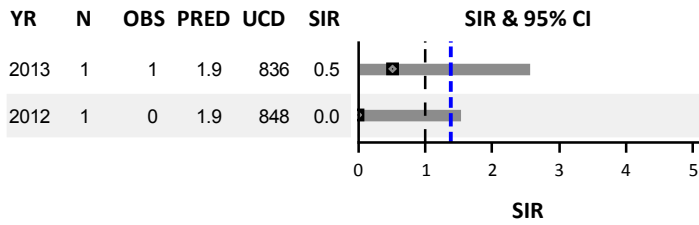
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	0	0.3	20	N/A

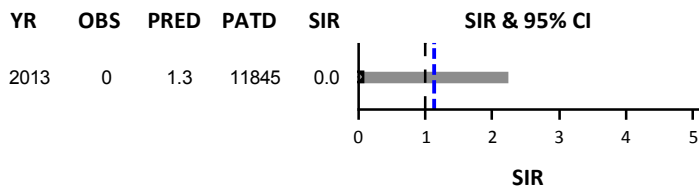
SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

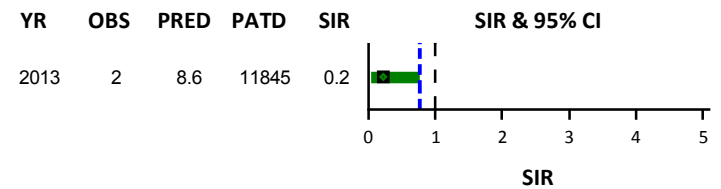
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

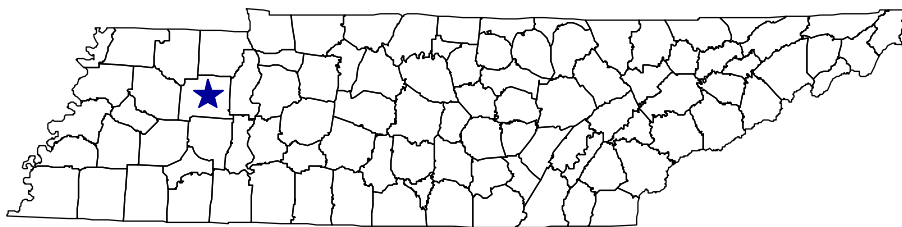
--- 2013 TN SIR

--- NHSN SIR=1

Baptist Memorial Hospital - Huntington, Huntington, Carroll County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Baptist Memorial Hospital - Huntington:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.1	149	N/A	N/A	1.37
LabID	MRSA bacteremia	0	0.3	3772	N/A	N/A	1.13
	<i>C. difficile</i> infection	0	1.8	3772	0.00	(0.00, 1.62)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

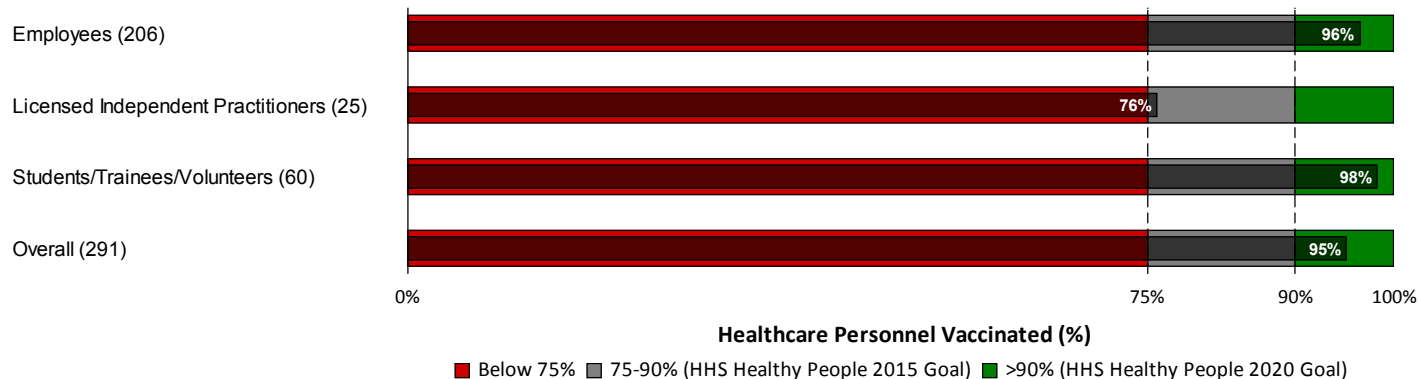
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Baptist Memorial Hospital - Huntington

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Baptist Memorial Hospital - Huntington, Huntington, Carroll County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	N/A	N/A	N/A	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.1	149	N/A
2012	1	0	0.1	126	N/A

N/A: Number of predicted infections <1; no SIR calculated

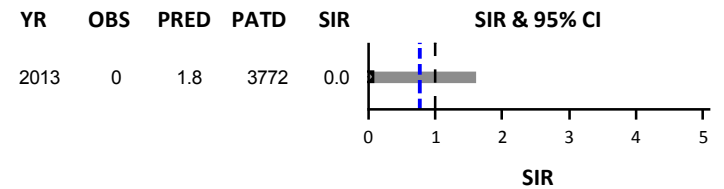
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.3	3772	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

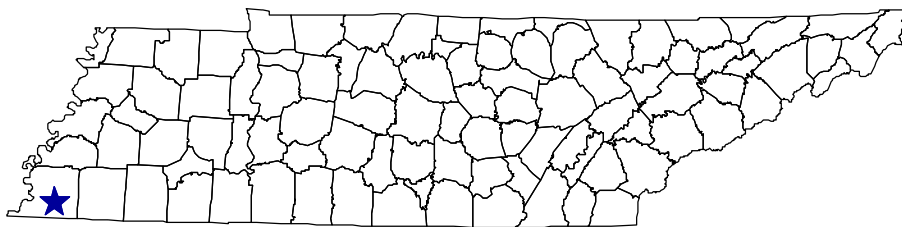
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - 2013 TN SIR
- - - NHSN SIR=1

Baptist Memorial Hospital - Memphis, Memphis, Shelby County

Medical School Affiliation: None

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Baptist Memorial Hospital - Memphis:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	26	28.0	16497	0.93	(0.62, 1.34)	0.48
CAUTI	Adult/Pediatric ICU	56	38.8	17865	1.44	(1.10, 1.86)	1.37
SSI	Colon surgery	9	12.2	324	0.74	(0.36, 1.35)	0.93
	Abdominal hysterectomy	2	1.0	136	1.83	(0.31, 6.06)	0.89
LabID	MRSA bacteremia	24	12.9	160166	1.86	(1.22, 2.72)	1.13
	C. difficile infection	122	117.0	160166	1.04	(0.87, 1.24)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

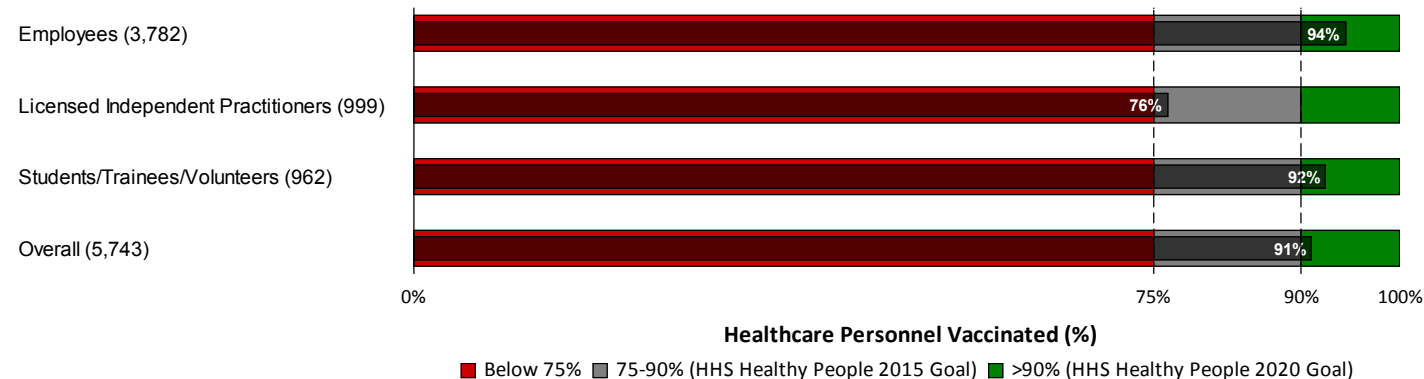
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Baptist Memorial Hospital - Memphis

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

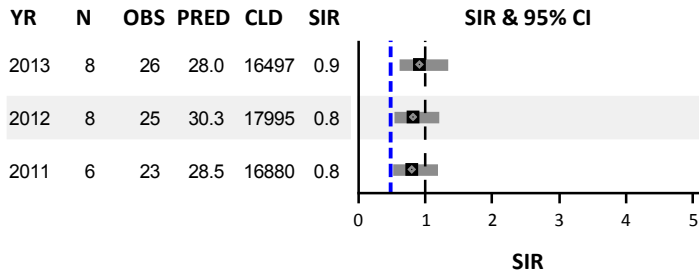
Healthcare Personnel Category (Total)



Baptist Memorial Hospital - Memphis, Memphis, Shelby County

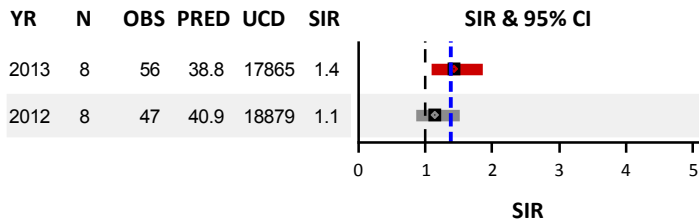
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



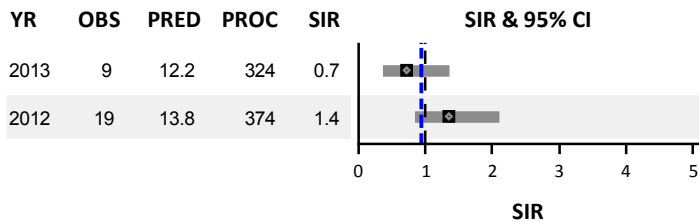
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

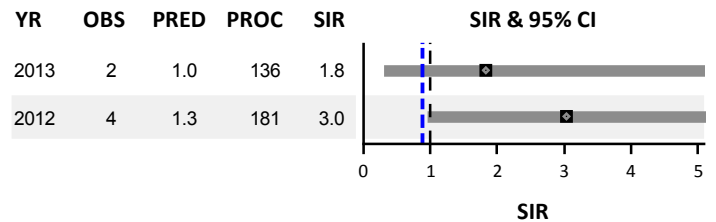


Surgical Site Infections (SSI)

SSI - Colon Surgery

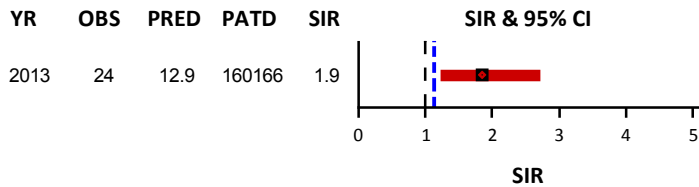


SSI - Abdominal Hysterectomy

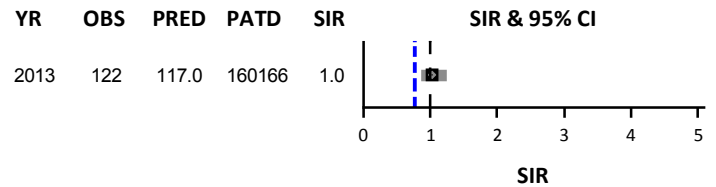


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

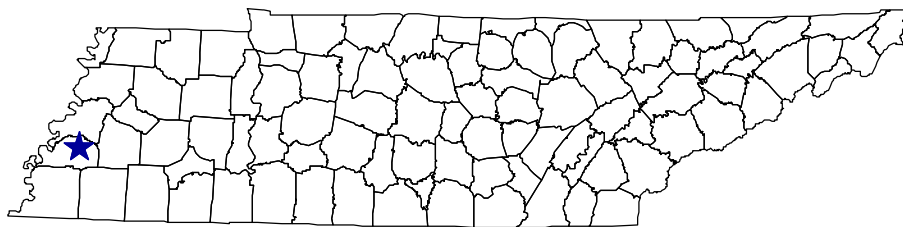
--- 2013 TN SIR

--- NHSN SIR=1

Baptist Memorial Hospital -Tipton, Covington, Tipton County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Baptist Memorial Hospital -Tipton:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.0	50	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.5	285	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	2	0.1	21	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.2	4257	N/A	N/A	1.13
	C. difficile infection	0	2.4	3832	0.00	(0.00, 1.23)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

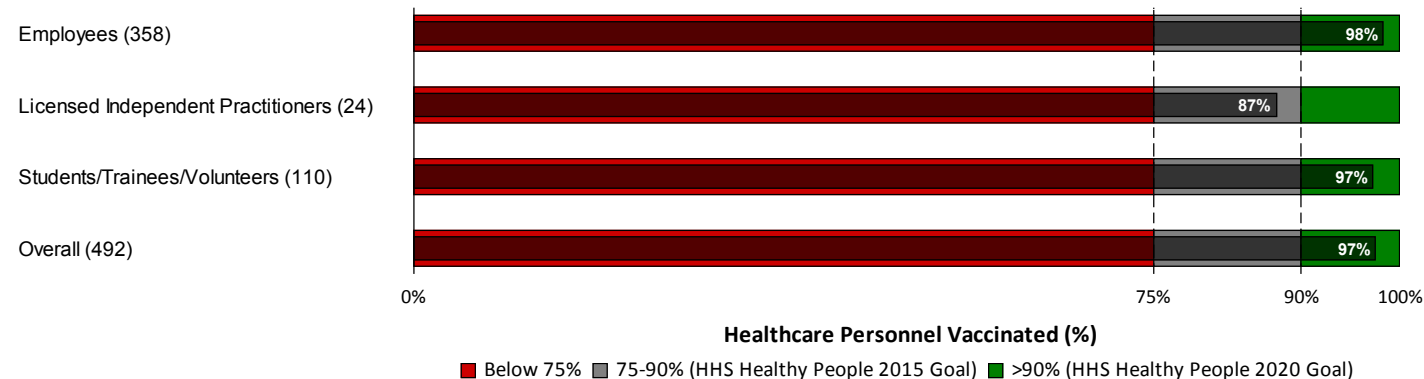
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Baptist Memorial Hospital -Tipton

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Baptist Memorial Hospital -Tipton, Covington, Tipton County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.0	50	N/A
2012	1	0	0.1	53	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.5	285	N/A
2012	1	0	0.5	293	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	2	0.1	21	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

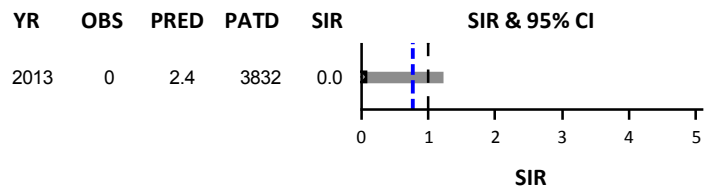
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.2	4257	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

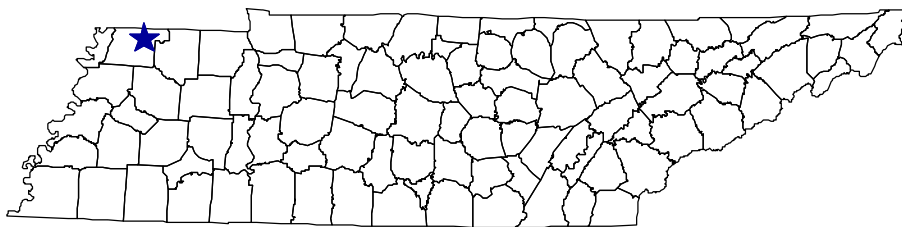
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - 2013 TN SIR

Baptist Memorial Hospital - Union City, Union City, Obion County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Baptist Memorial Hospital - Union City:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	124	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.5	453	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.4	49	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.6	12695	N/A	N/A	1.13
	C. difficile infection	2	7.8	12241	0.25	(0.04, 0.84)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

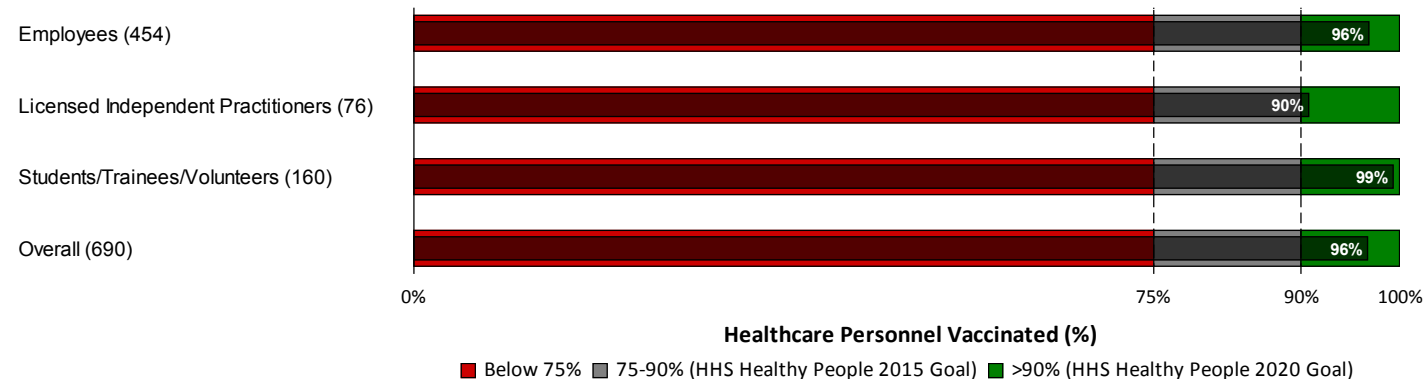
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Baptist Memorial Hospital - Union City

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Baptist Memorial Hospital - Union City, Union City, Obion County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.1	124	N/A
2012	1	0	0.2	182	N/A
2011	1	0	0.3	238	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.5	453	N/A
2012	1	0	0.6	503	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.4	49	N/A
2012	0	0.2	36	N/A

N/A: Number of predicted infections <1; no SIR calculated

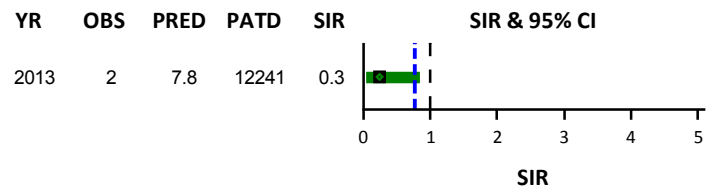
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.6	12695	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

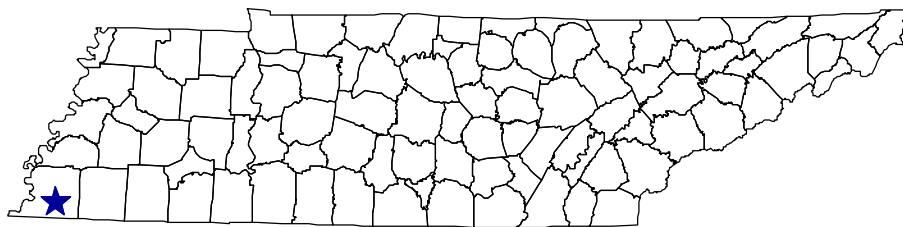
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2013 TN SIR
- - - - NHSN SIR=1

Baptist Memorial Hospital for Women, Memphis, Shelby County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Baptist Memorial Hospital for Women:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections				Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR	
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	N/A	0.48
	Neonatal ICU	7	6.6	2906	1.05	(0.46, 2.09)		0.51
CAUTI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	N/A	1.37
SSI	Abdominal hysterectomy	1	2.5	360	0.39	(0.02, 1.93)		0.89
LabID	MRSA bacteremia	3	1.1	32455	2.58	(0.66, 7.02)		1.13
	<i>C. difficile</i> infection	0	7.2	13776	0.00	(0.00, 0.41)		0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

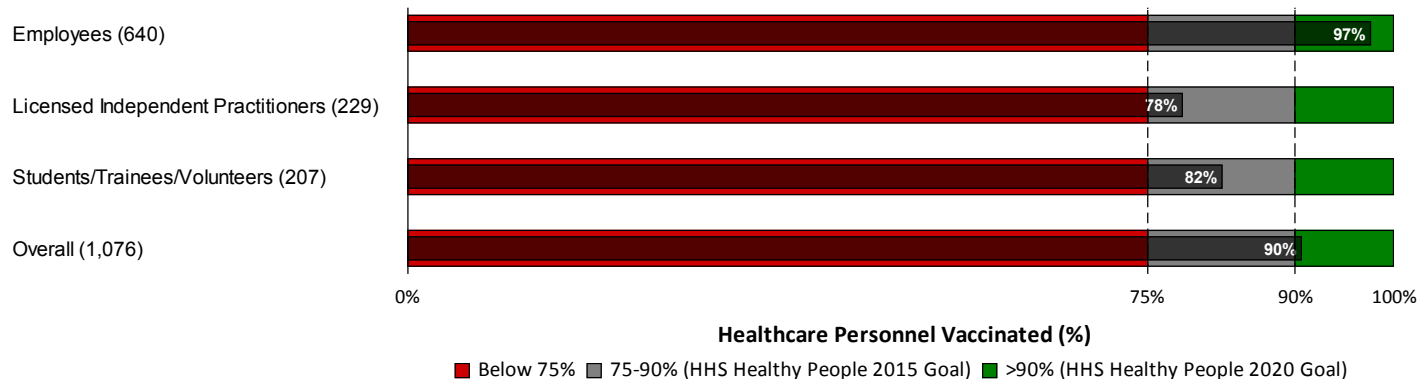
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Baptist Memorial Hospital for Women

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Baptist Memorial Hospital for Women, Memphis, Shelby County

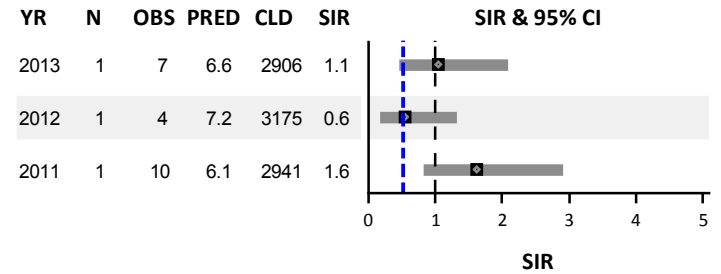
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	N/A	N/A	N/A	N/A
2011	1	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

CLABSI - Neonatal ICUs



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	N/A	N/A	N/A	N/A

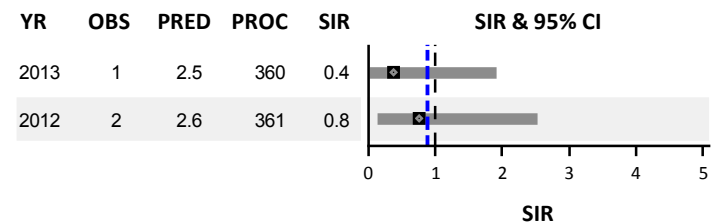
N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

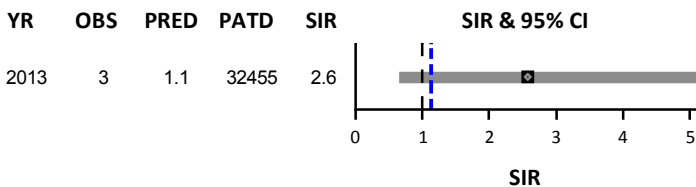
No eligible procedures were performed during this reporting period

SSI - Abdominal Hysterectomy

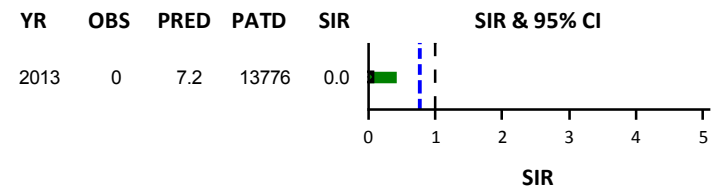


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

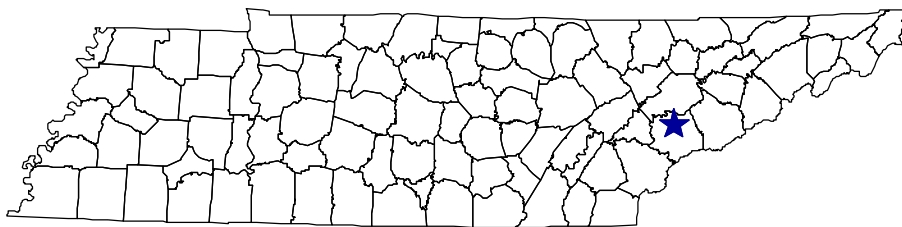
--- 2013 TN SIR

--- NHSN SIR=1

Blount Memorial Hospital, Maryville, Blount County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Blount Memorial Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	3.9	2640	0.25	(0.01, 1.25)	0.48
CAUTI	Adult/Pediatric ICU	2	5.1	3997	0.39	(0.07, 1.28)	1.37
SSI	Colon surgery	1	3.6	110	0.27	(0.01, 1.34)	0.93
	Abdominal hysterectomy	0	0.4	60	N/A	N/A	0.89
LabID	MRSA bacteremia	4	2.3	58696	1.68	(0.53, 4.04)	1.13
	<i>C. difficile</i> infection	42	34.0	58696	1.23	(0.90, 1.65)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

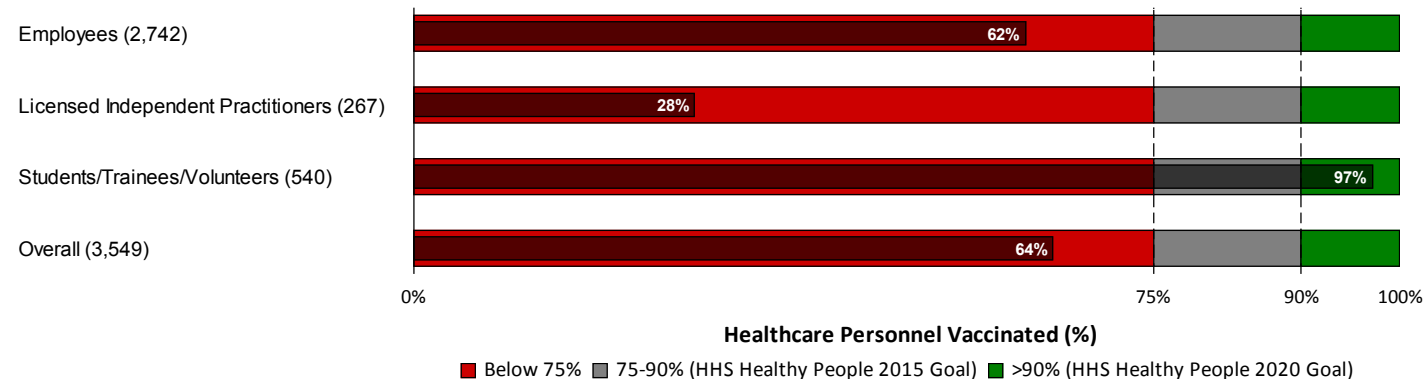
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Blount Memorial Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

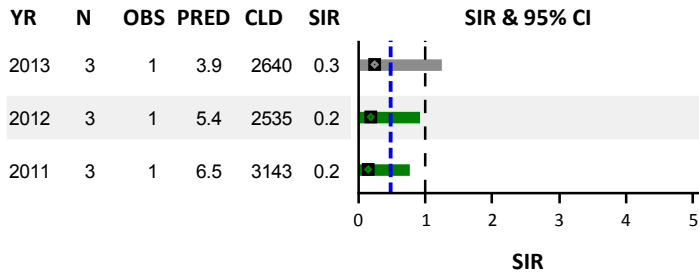
Healthcare Personnel Category (Total)



Blount Memorial Hospital, Maryville, Blount County

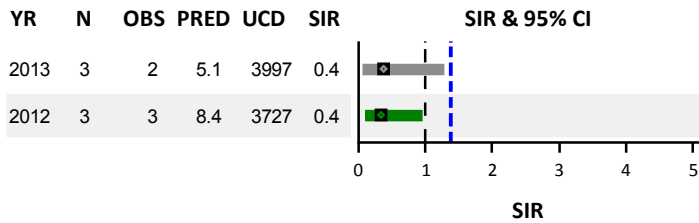
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



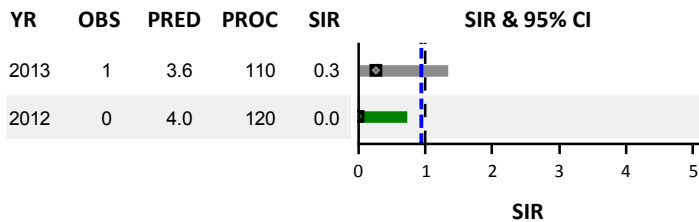
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



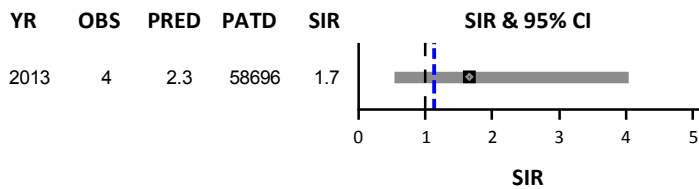
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.4	60	N/A
2012	0	0.6	71	N/A

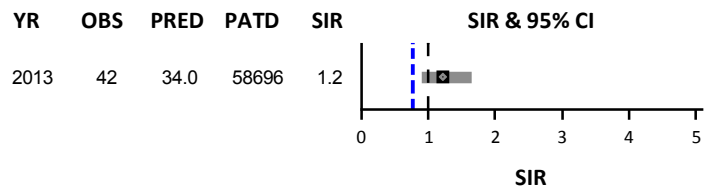
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

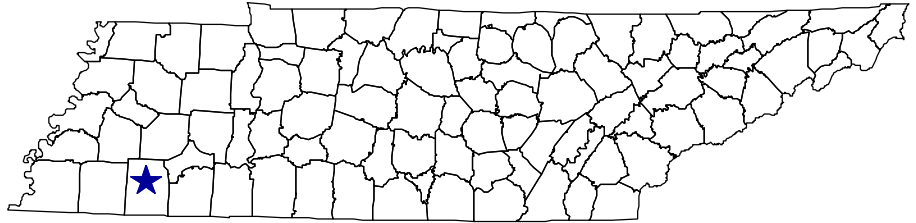
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Bolivar General Hospital, Bolivar, Hardeman County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Bolivar General Hospital:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	672	N/A	N/A	1.13
	C. difficile infection	0	0.3	672	N/A	N/A	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

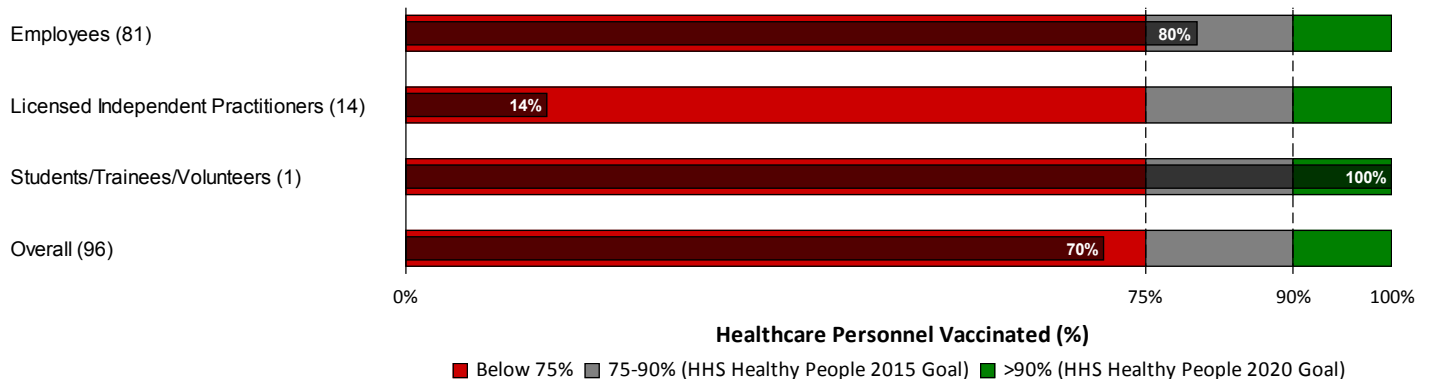
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Bolivar General Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Bolivar General Hospital, Bolivar, Hardeman County

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.0	672	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRED	PATD	SIR
2013	0	0.3	672	N/A

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

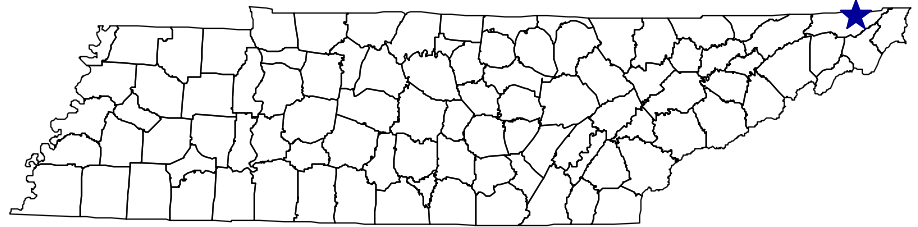
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - 2013 TN SIR
 - - - - NHSN SIR=1

Bristol Regional Medical Center, Bristol, Sullivan County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Bristol Regional Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	9.1	4754	0.55	(0.20, 1.21)	0.48
CAUTI	Adult/Pediatric ICU	8	16.0	7483	0.50	(0.23, 0.95)	1.37
SSI	Colon surgery	0	4.2	151	0.00	(0.00, 0.70)	0.93
	Abdominal hysterectomy	0	0.7	82	N/A	N/A	0.89
LabID	MRSA bacteremia	4	3.8	55668	1.04	(0.33, 2.52)	1.13
	<i>C. difficile</i> infection	22	36.7	53125	0.60	(0.38, 0.89)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

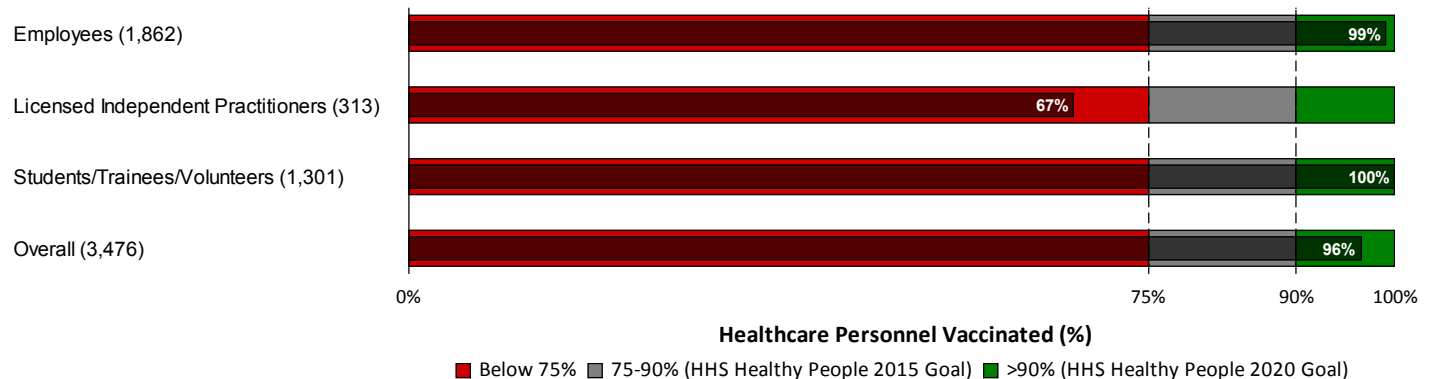
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Bristol Regional Medical Center

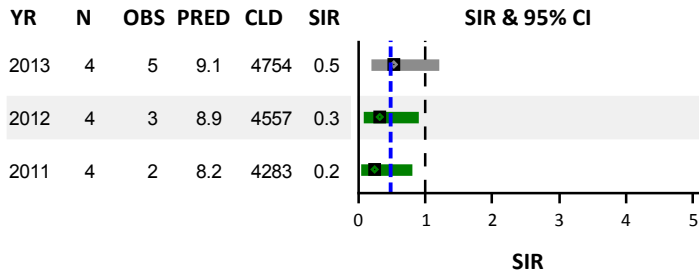
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



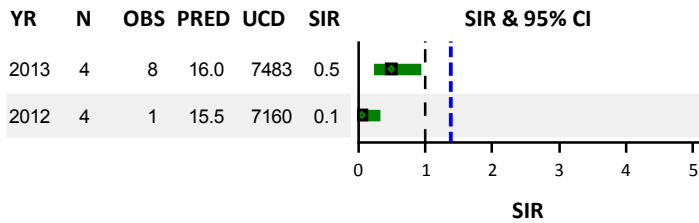
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



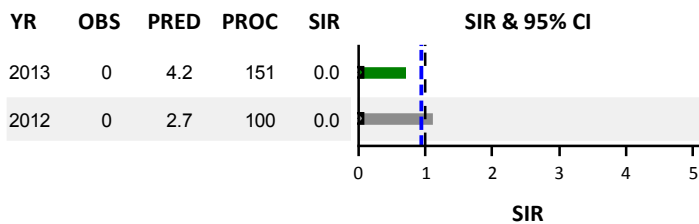
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



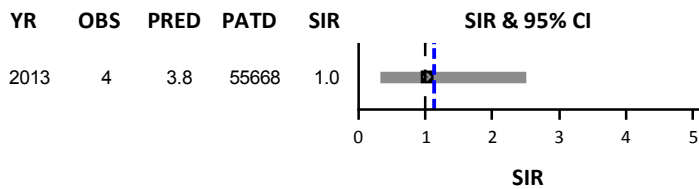
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.7	82	N/A
2012	0	0.9	112	N/A

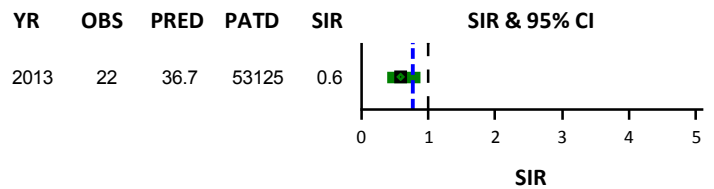
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

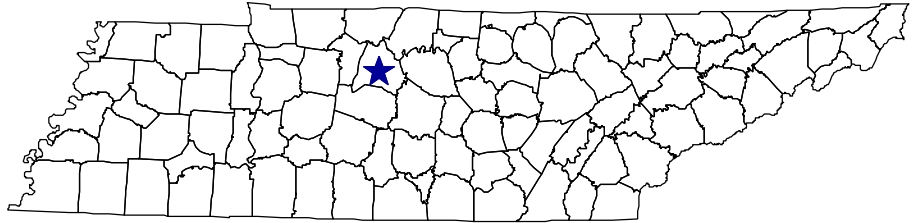
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Centennial Medical Center, Nashville, Davidson County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Centennial Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	4	17.4	9009	0.23	(0.07, 0.55)	0.48
	Neonatal ICU	2	7.2	2976	0.28	(0.05, 0.91)	0.51
CAUTI	Adult/Pediatric ICU	18	24.9	10840	0.72	(0.44, 1.12)	1.37
SSI	Colon surgery	11	7.5	276	1.47	(0.77, 2.55)	0.93
	Abdominal hysterectomy	10	5.2	1065	1.91	(0.97, 3.40)	0.89
LabID	MRSA bacteremia	17	17.1	162716	0.99	(0.60, 1.56)	1.13
	<i>C. difficile</i> infection	103	145.2	154353	0.71	(0.58, 0.86)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

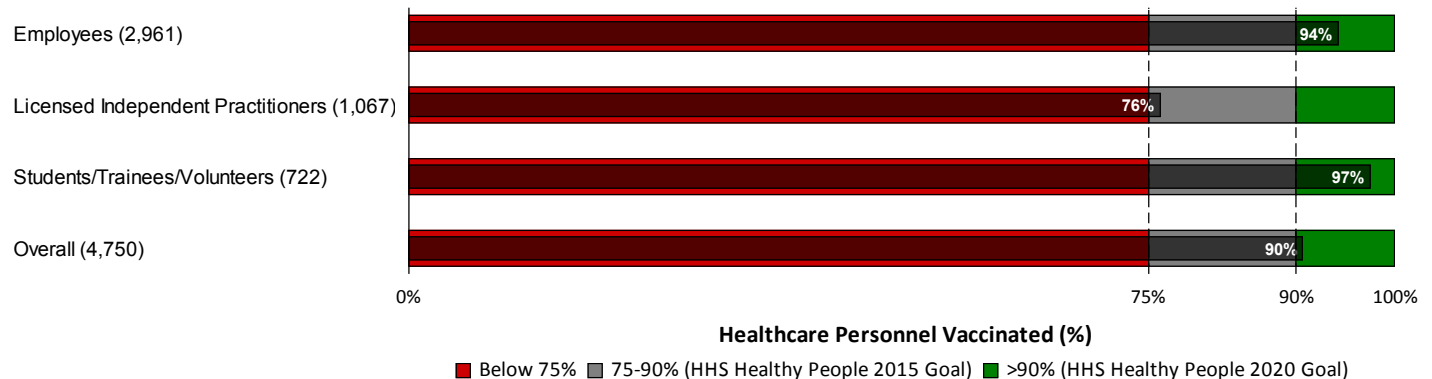
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Centennial Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

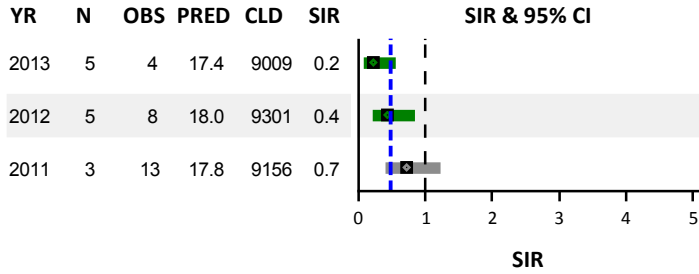
Healthcare Personnel Category (Total)



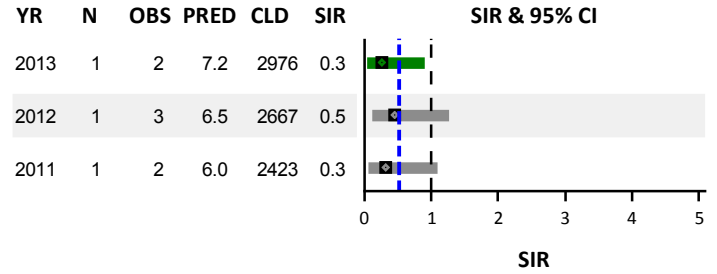
Centennial Medical Center, Nashville, Davidson County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

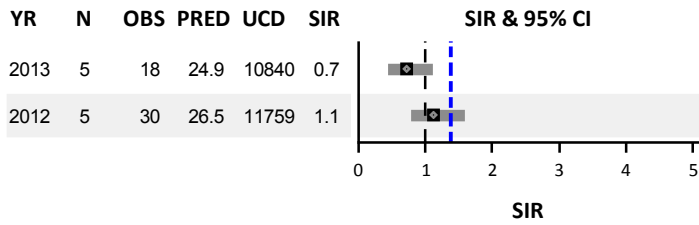


CLABSI - Neonatal ICUs



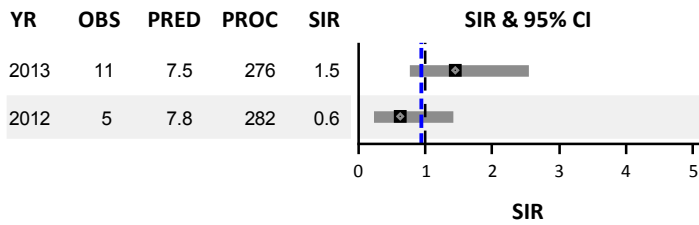
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

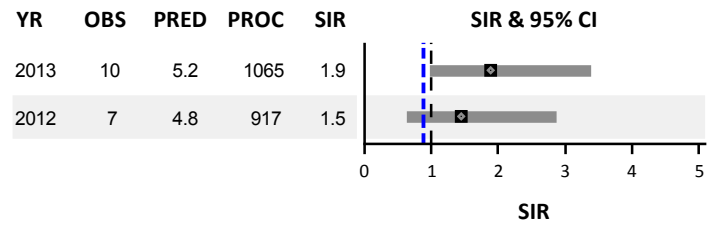


Surgical Site Infections (SSI)

SSI - Colon Surgery

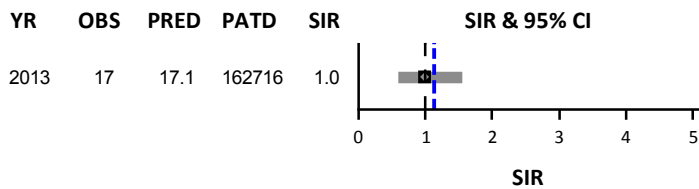


SSI - Abdominal Hysterectomy

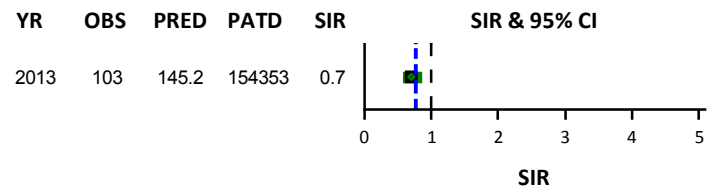


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

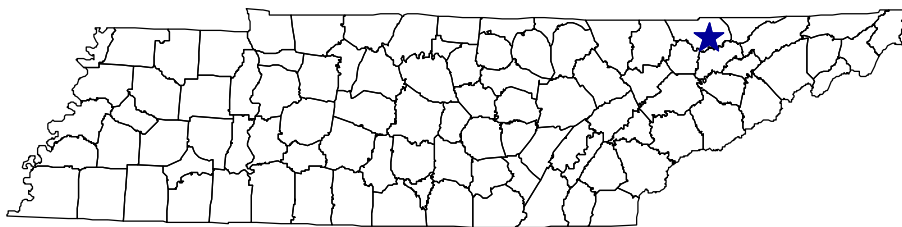
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Claiborne County Hospital, Tazewell, Claiborne County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Claiborne County Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	123	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	0.8	664	N/A	N/A	1.37
SSI	Colon surgery	0	0.6	25	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.5	4241	N/A	N/A	1.13
	<i>C. difficile</i> infection	2	2.9	5669	0.67	(0.11, 2.22)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

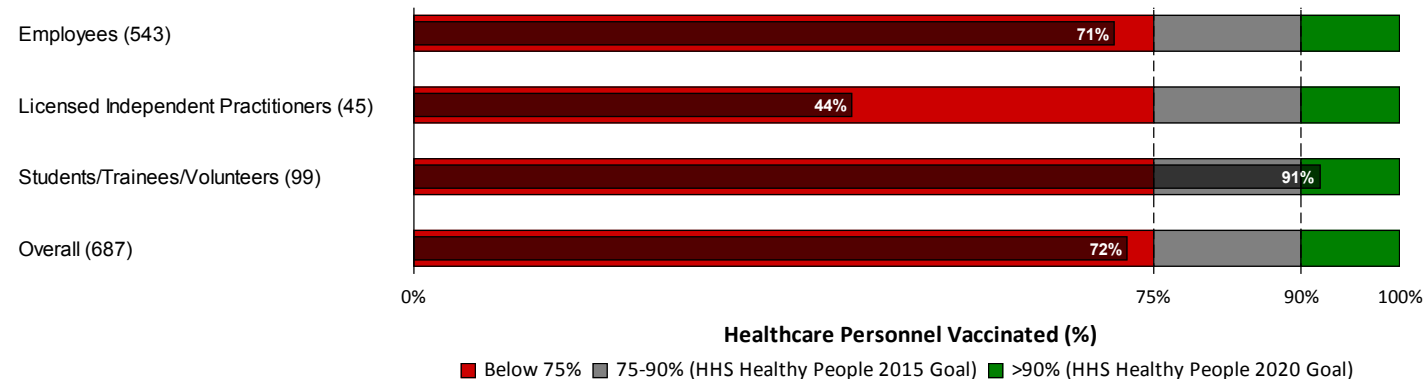
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Claiborne County Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Claiborne County Hospital, Tazewell, Claiborne County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.1	123	N/A
2012	1	0	0.2	164	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	1	0.8	664	N/A
2012	1	1	0.7	565	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	0	0.6	25	N/A
2012	0	0.4	22	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

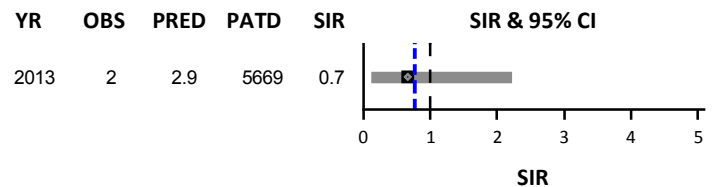
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.5	4241	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

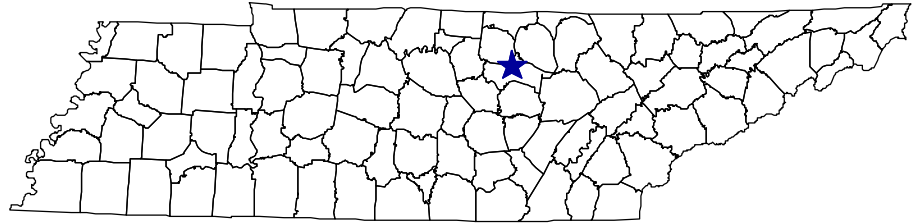
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - NHSN SIR=1
 - - - - 2013 TN SIR

Cookeville Regional Medical Center, Cookeville, Putnam County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Cookeville Regional Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	9	7.3	5101	1.22	(0.59, 2.24)	0.48
CAUTI	Adult/Pediatric ICU	6	10.1	7515	0.59	(0.24, 1.23)	1.37
SSI	Colon surgery	0	3.9	144	0.00	(0.00, 0.77)	0.93
	Abdominal hysterectomy	0	0.5	46	N/A	N/A	0.89
LabID	MRSA bacteremia	8	3.0	59211	2.62	(1.22, 4.98)	1.13
	<i>C. difficile</i> infection	52	40.4	56689	1.28	(0.97, 1.67)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

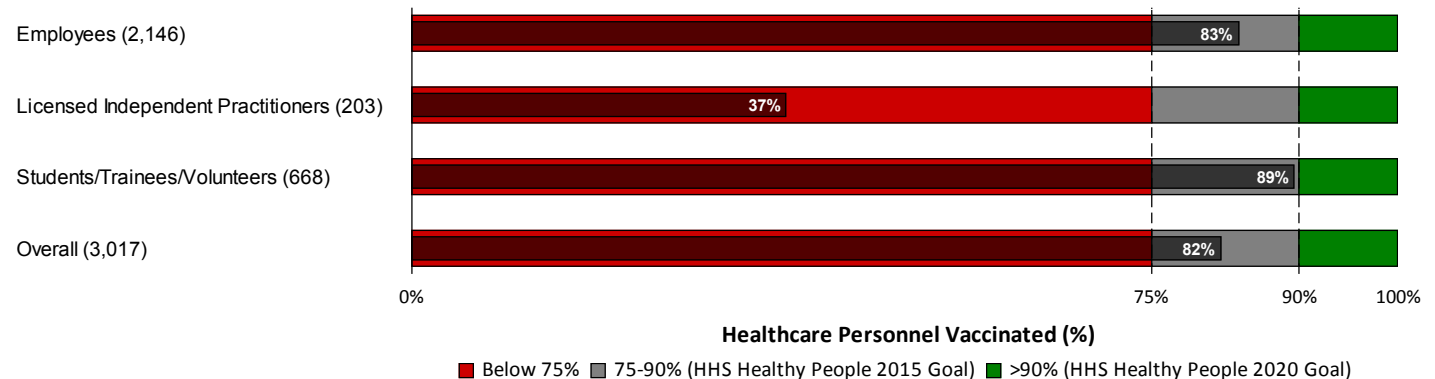
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Cookeville Regional Medical Center

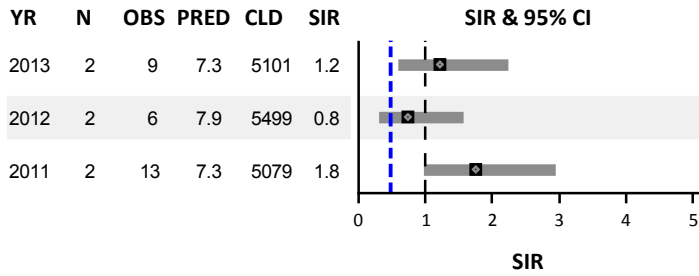
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



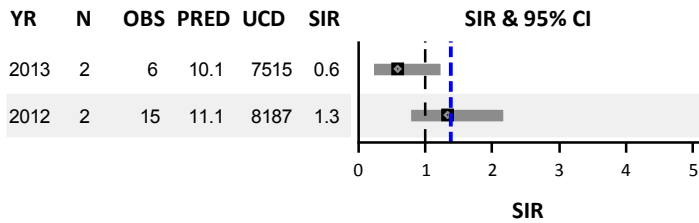
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



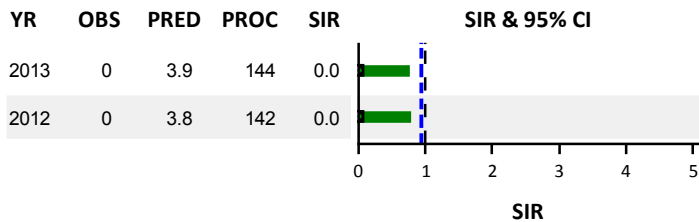
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



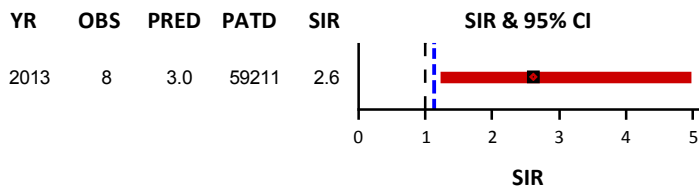
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.5	46	N/A
2012	0	0.4	45	N/A

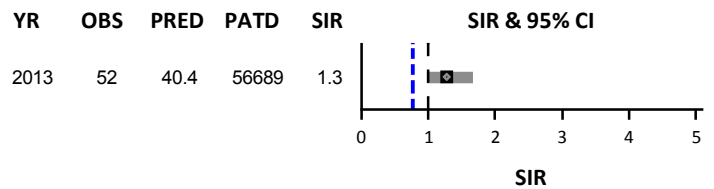
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

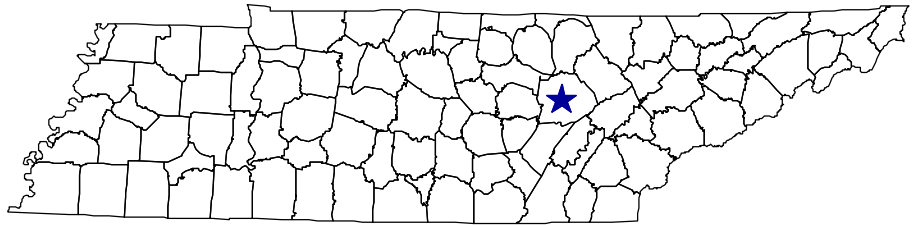
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- 2013 TN SIR
- - - NHSN SIR=1

Cumberland Medical Center, Crossville, Cumberland County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Cumberland Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	1.5	1051	1.91	(0.49, 5.19)	0.48
CAUTI	Adult/Pediatric ICU	2	2.9	2324	0.67	(0.11, 2.21)	1.37
SSI	Colon surgery	1	1.1	53	0.84	(0.04, 4.12)	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.6	23705	0.60	(0.03, 2.96)	1.13
	<i>C. difficile</i> infection	7	14.8	22660	0.47	(0.21, 0.93)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

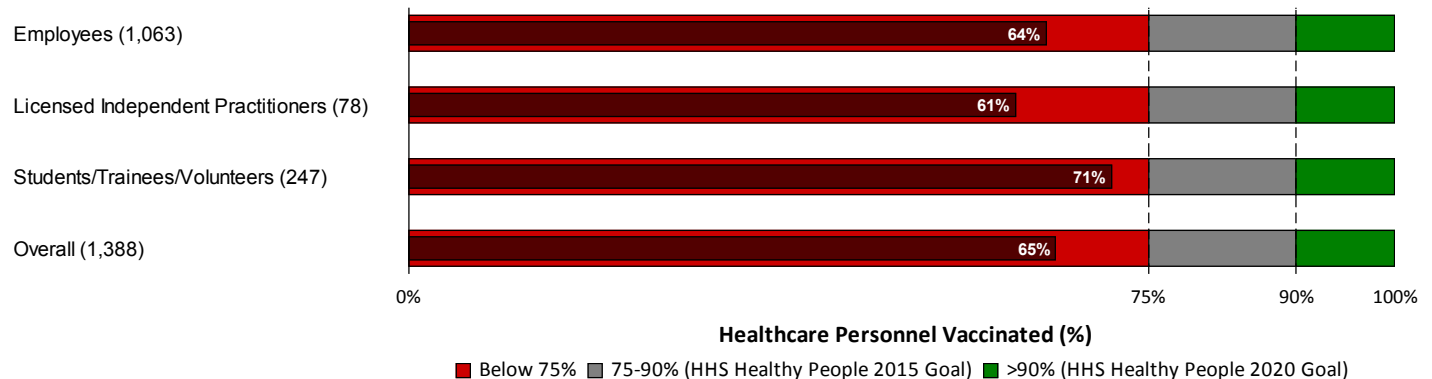
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Cumberland Medical Center

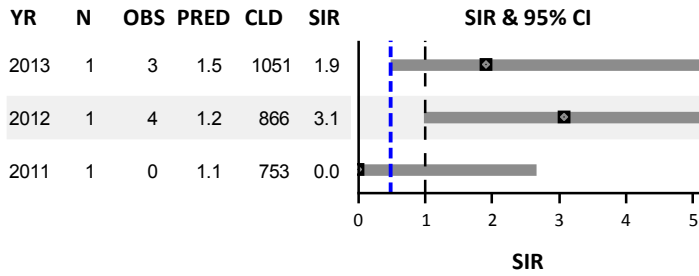
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



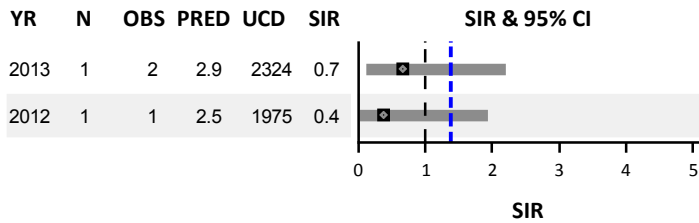
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



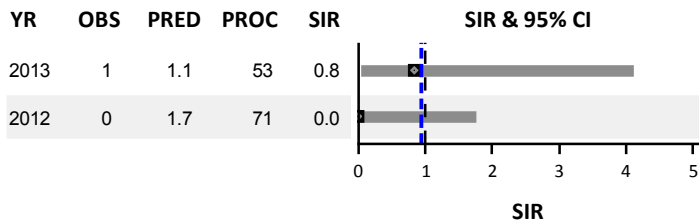
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



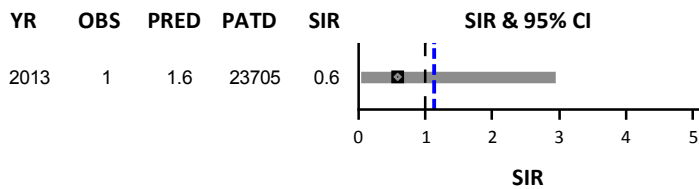
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

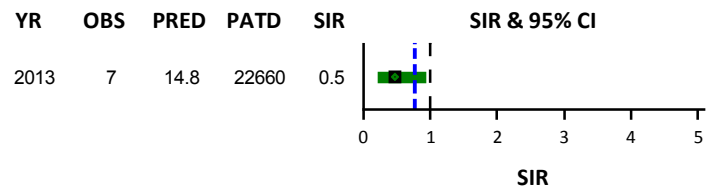
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

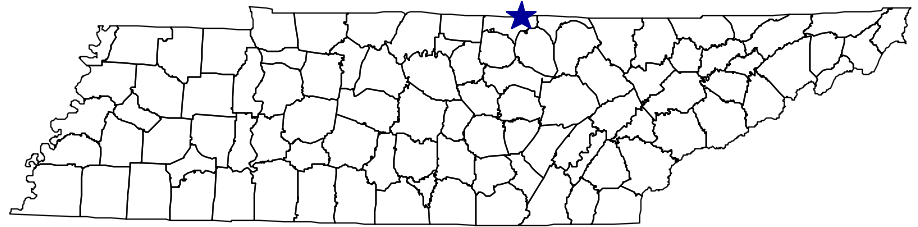
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Cumberland River Hospital, Celina, Clay County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Cumberland River Hospital:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	2	0.1	4531	N/A	N/A	1.13
	C. difficile infection	0	1.7	4531	0.00	(0.00, 1.71)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

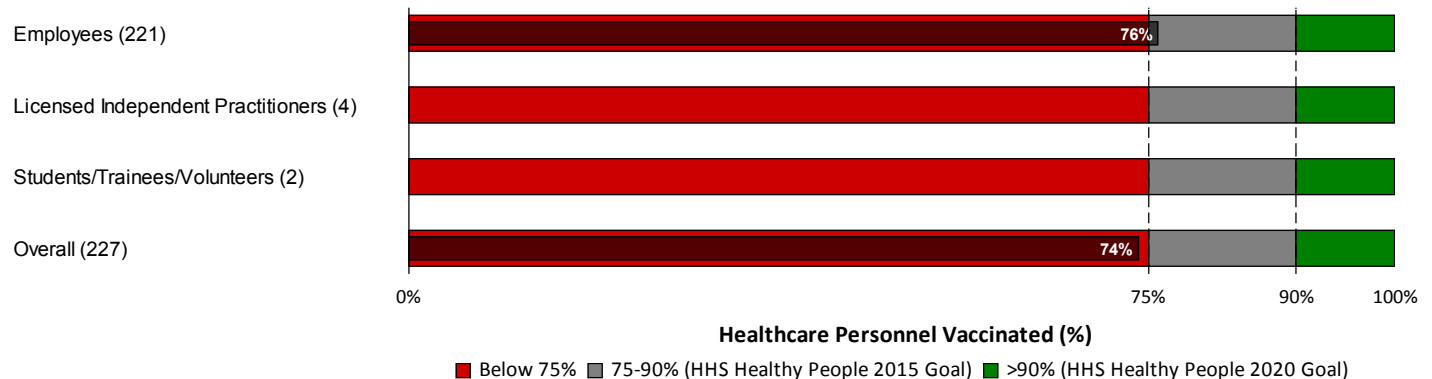
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Cumberland River Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Cumberland River Hospital, Celina, Clay County

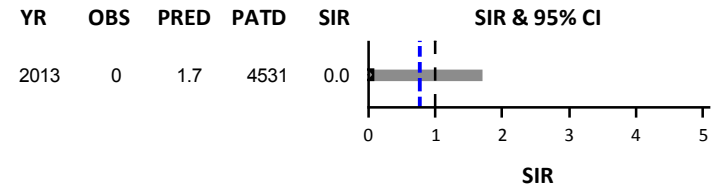
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	2	0.1	4531	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

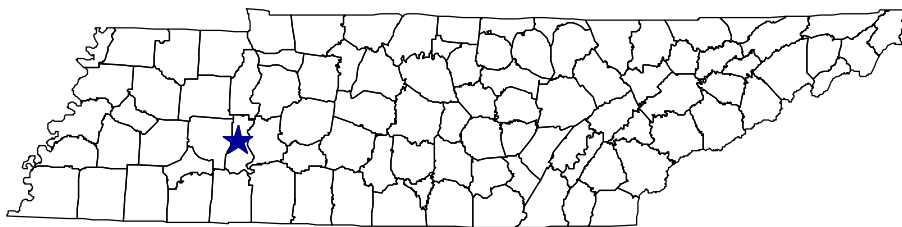
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Decatur County General Hospital, Parsons, Decatur County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Decatur County General Hospital:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.1	3073	N/A	N/A	1.13
	C. difficile infection	3	2.0	3073	1.49	(0.38, 4.04)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

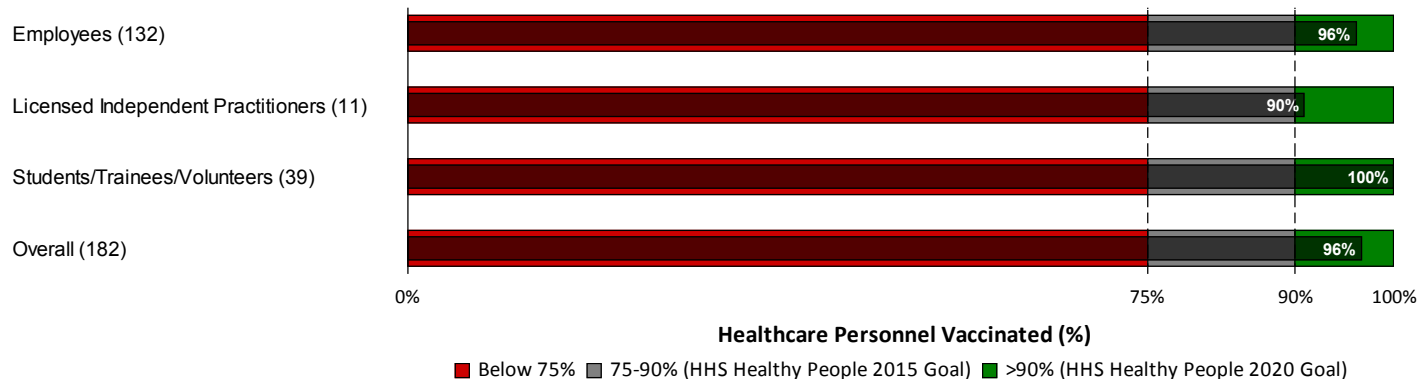
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Decatur County General Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Decatur County General Hospital, Parsons, Decatur County

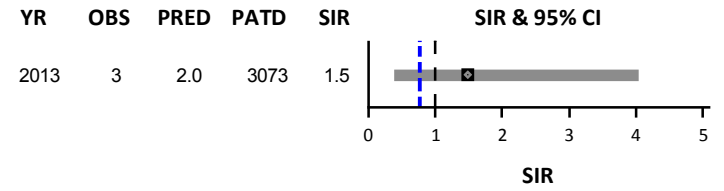
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.1	3073	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

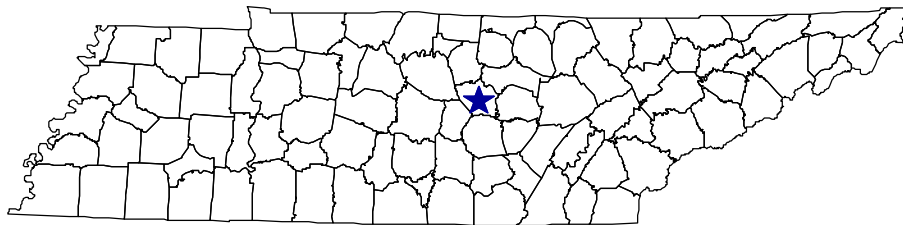
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

DeKalb Community Hospital, Smithville, DeKalb County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for DeKalb Community Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.3	184	N/A	N/A	1.37
SSI	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.2	3626	N/A	N/A	1.13
	<i>C. difficile</i> infection	0	1.5	3626	0.00	(0.00, 1.90)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

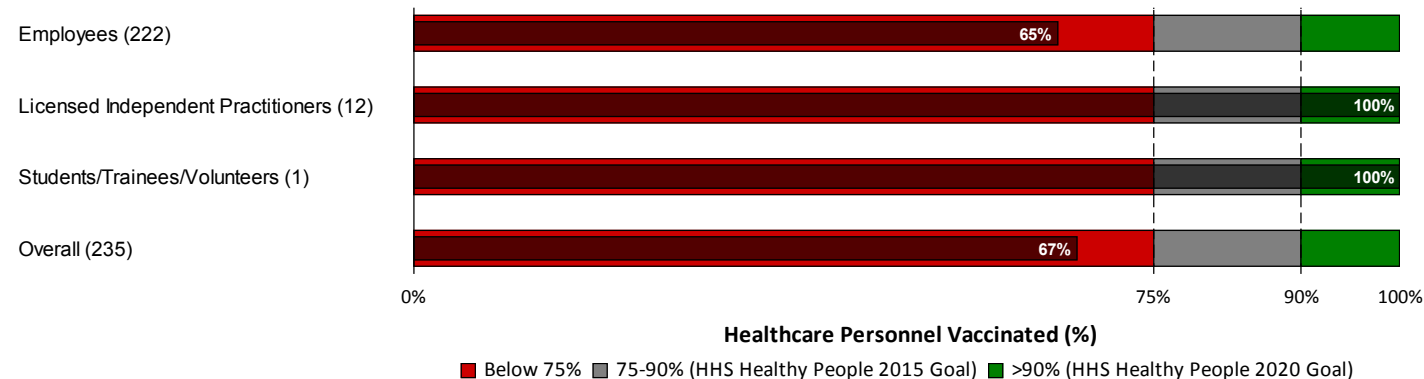
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at DeKalb Community Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



DeKalb Community Hospital, Smithville, DeKalb County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	N/A	N/A	N/A	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.3	184	N/A
2012	1	0	0.3	196	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

No eligible procedures were performed during this reporting period

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

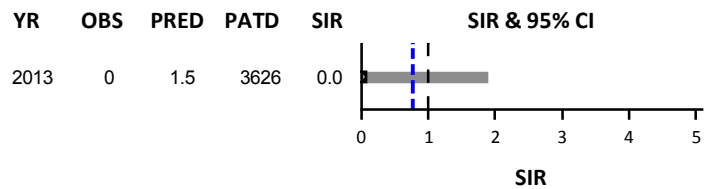
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.2	3626	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

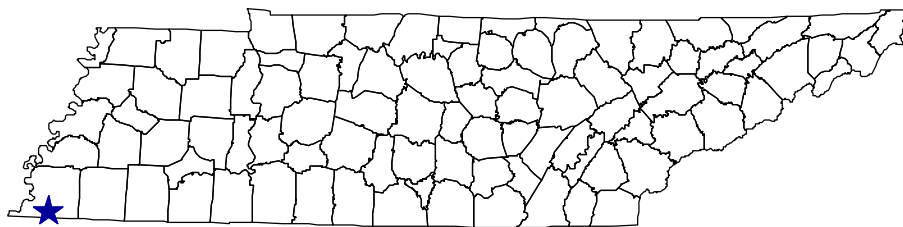
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Delta Medical Center, Memphis, Shelby County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Delta Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.6	446	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.6	479	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	1.4	38876	0.00	(0.00, 2.04)	1.13
	<i>C. difficile</i> infection	4	18.8	38876	0.21	(0.07, 0.51)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

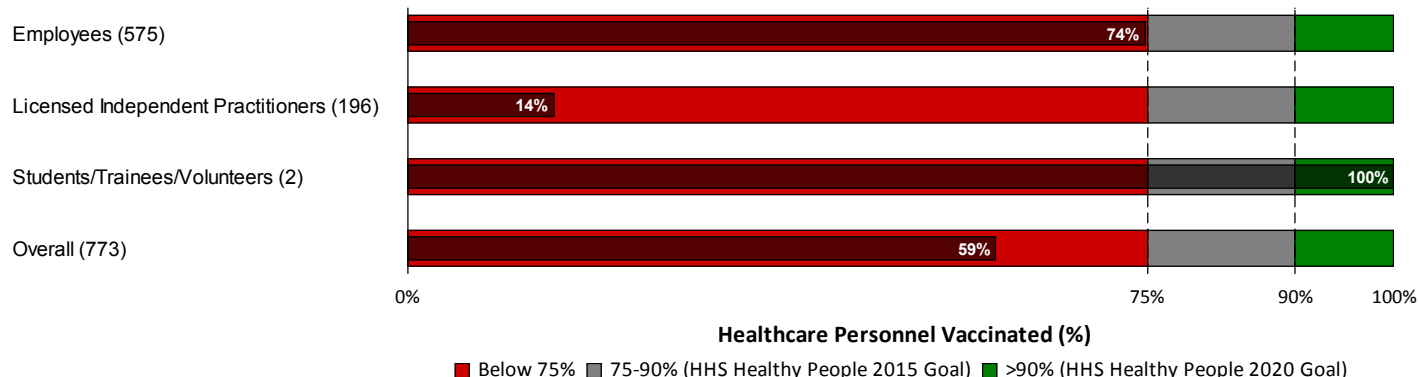
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Delta Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Delta Medical Center, Memphis, Shelby County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.6	446	N/A
2012	1	0	0.5	385	N/A
2011	1	1	1.0	686	1.0

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.6	479	N/A
2012	1	1	0.6	515	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

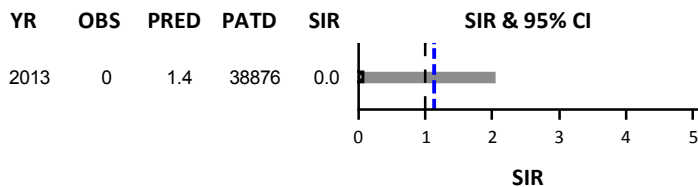
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	0	0.1	21	N/A

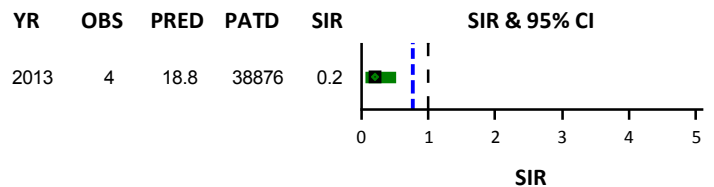
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

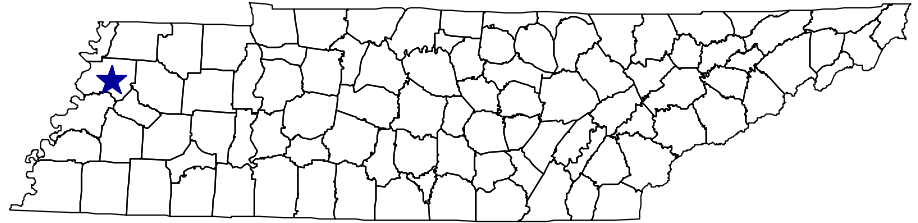
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Dyersburg Regional Medical Center, Dyersburg, Dyer County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Dyersburg Regional Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	0.8	470	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	2.2	1123	0.00	(0.00, 1.32)	1.37
SSI	Colon surgery	0	1.0	37	0.00	(0.00, 2.87)	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.9	11775	N/A	N/A	1.13
	C. difficile infection	1	5.7	11053	0.17	(0.01, 0.85)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

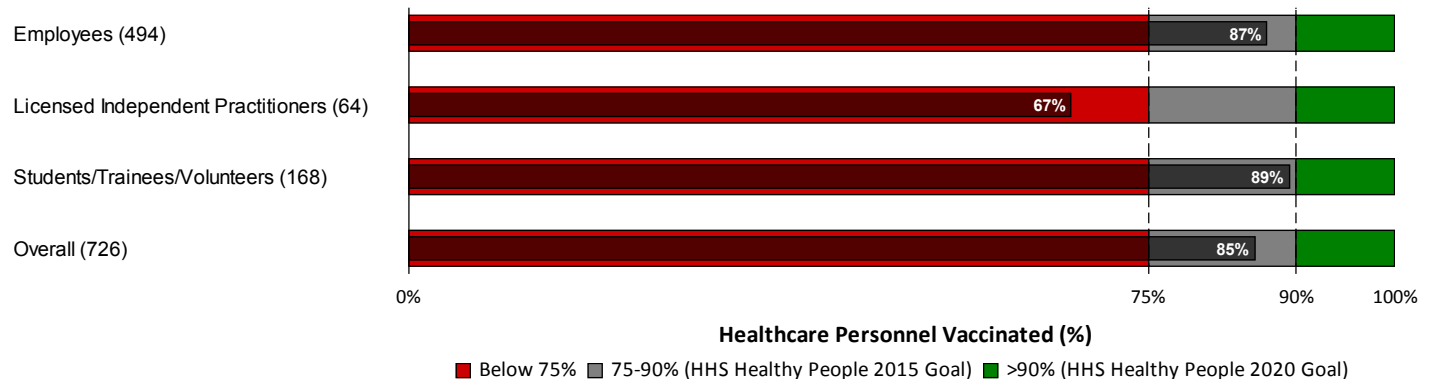
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Dyersburg Regional Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Dyersburg Regional Medical Center, Dyersburg, Dyer County

Central Line-Associated Bloodstream Infections (CLABSI)

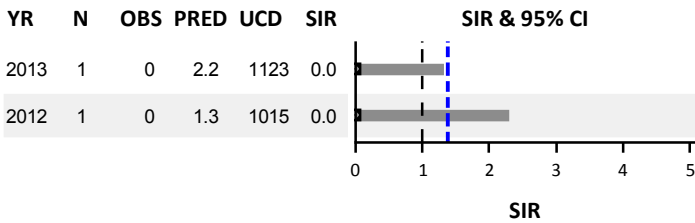
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	2	0.8	470	N/A
2012	1	0	0.6	418	N/A
2011	1	0	0.9	632	N/A

N/A: Number of predicted infections <1; no SIR calculated

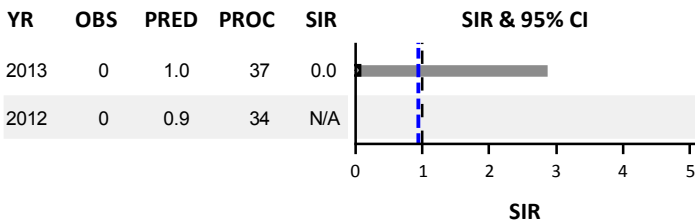
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

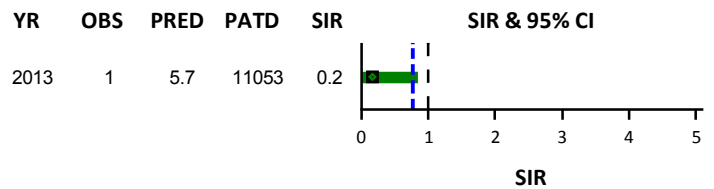
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	1	0.9	11775	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

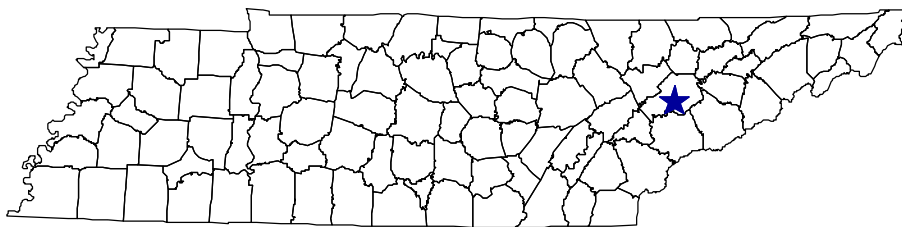
--- 2013 TN SIR

--- NHSN SIR=1

East Tennessee Children's Hospital, Knoxville, Knox County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for East Tennessee Children's Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	3.4	1174	0.00	(0.00, 0.87)	0.48
	Neonatal ICU	2	5.0	2594	0.40	(0.07, 1.31)	0.51
CAUTI	Adult/Pediatric ICU	1	1.3	474	0.76	(0.04, 3.74)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	1	2.1	56853	0.47	(0.02, 2.29)	1.13
	<i>C. difficile</i> infection	9	25.2	40164	0.36	(0.17, 0.65)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

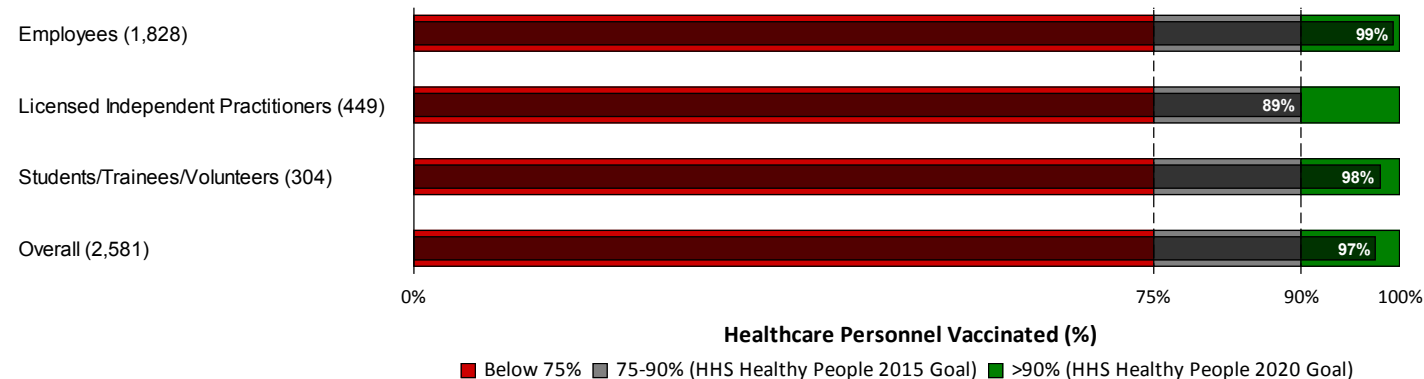
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at East Tennessee Children's Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

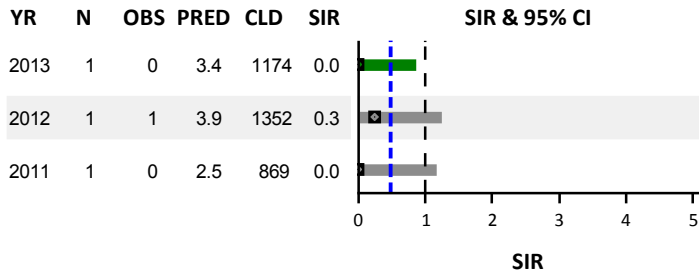
Healthcare Personnel Category (Total)



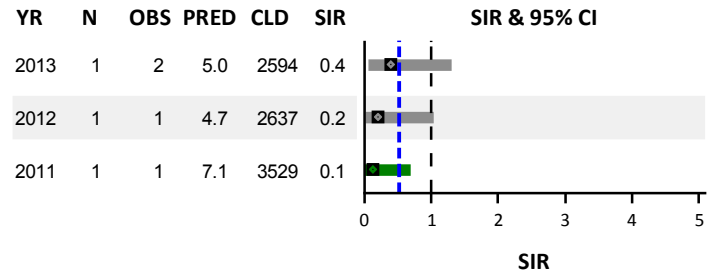
East Tennessee Children's Hospital, Knoxville, Knox County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

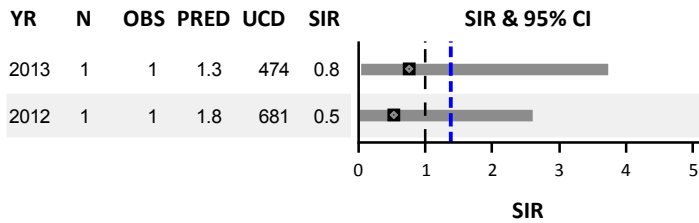


CLABSI - Neonatal ICUs



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	0	0.9	26	N/A

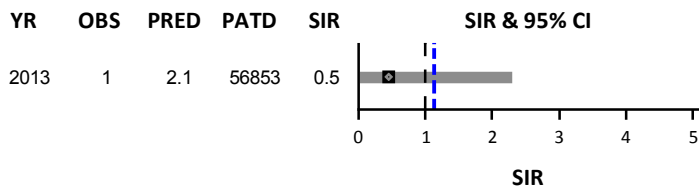
N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

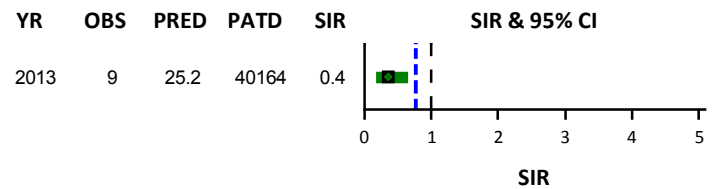
No eligible procedures were performed during this reporting period

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

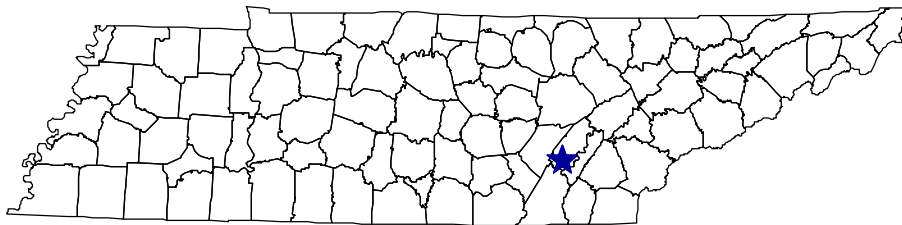
--- 2013 TN SIR

--- NHSN SIR=1

Erlanger East, Chattanooga, Hamilton County

Medical School Affiliation: Major teaching

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Erlanger East:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Abdominal hysterectomy	0	1.5	192	0.00	(0.00, 1.99)	0.89
LabID	MRSA bacteremia	0	0.3	6097	N/A	N/A	1.13
	C. difficile infection	0	4.0	6097	0.00	(0.00, 0.75)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

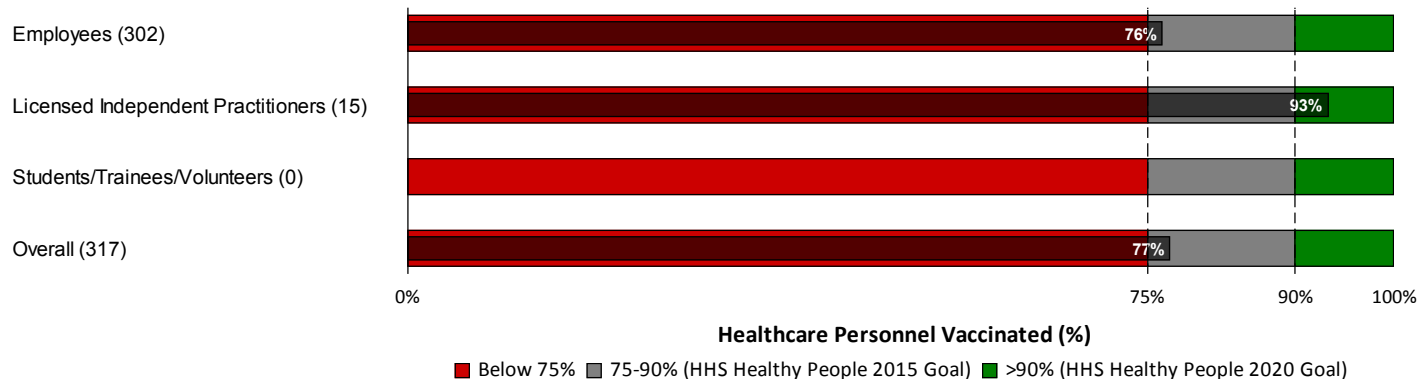
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Erlanger East

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)

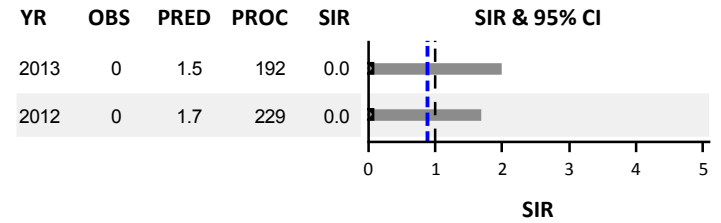


Surgical Site Infections (SSI)

SSI - Colon Surgery

No eligible procedures were performed during this reporting period

SSI - Abdominal Hysterectomy



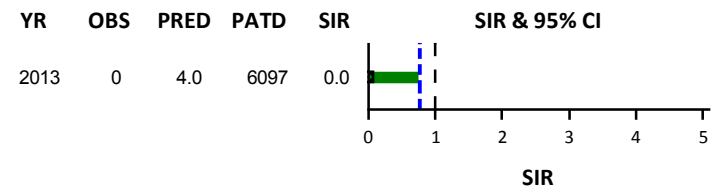
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.3	6097	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

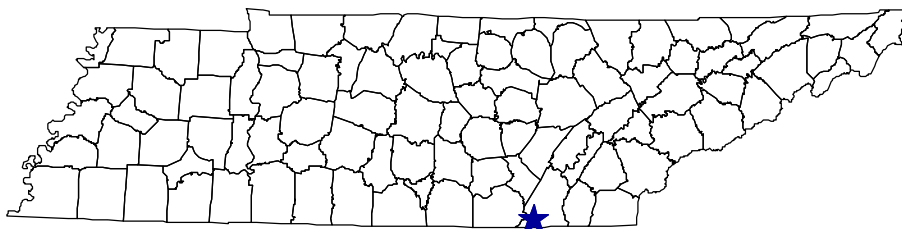
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Erlanger Medical Center, Chattanooga, Hamilton County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Erlanger Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	17	20.5	9350	0.83	(0.50, 1.30)	0.48
CAUTI	Adult/Pediatric ICU	95	40.6	14919	2.34	(1.90, 2.85)	1.37
SSI	Colon surgery	3	7.4	221	0.40	(0.10, 1.09)	0.93
	Abdominal hysterectomy	2	2.0	240	0.96	(0.16, 3.18)	0.89
LabID	MRSA bacteremia	17	14.6	129497	1.16	(0.70, 1.82)	1.13
	<i>C. difficile</i> infection	101	102.9	113741	0.98	(0.80, 1.19)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

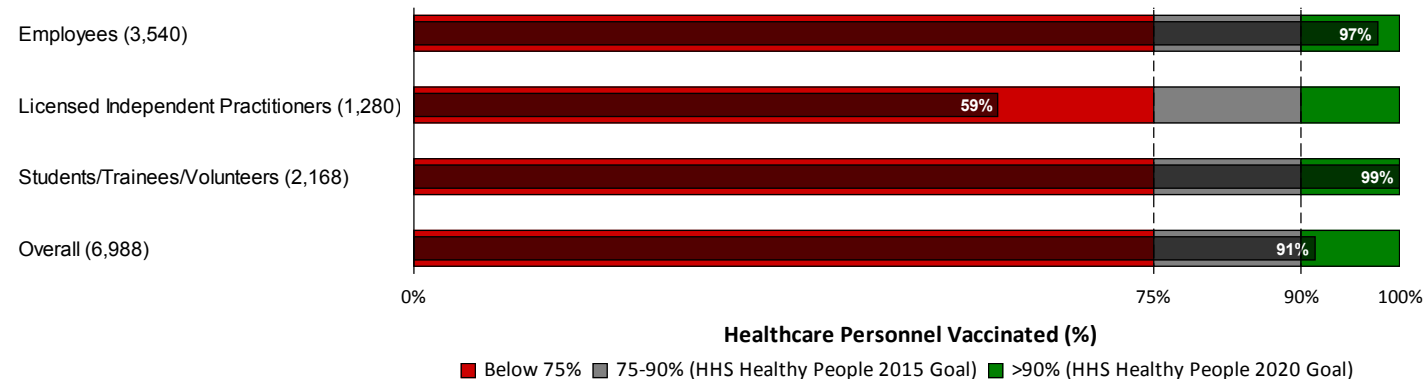
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Erlanger Medical Center

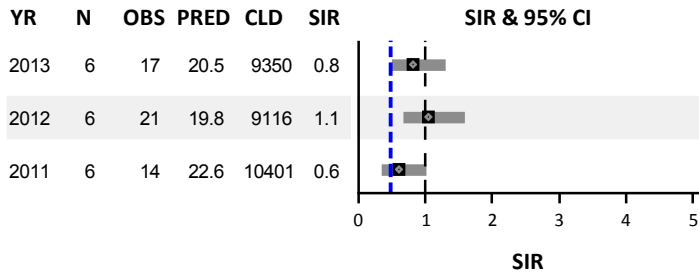
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



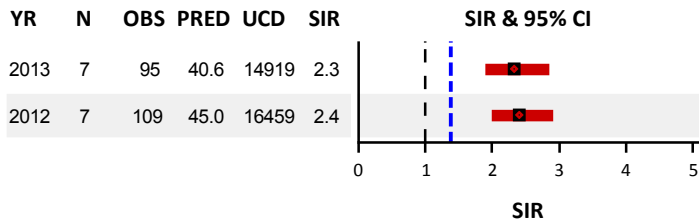
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



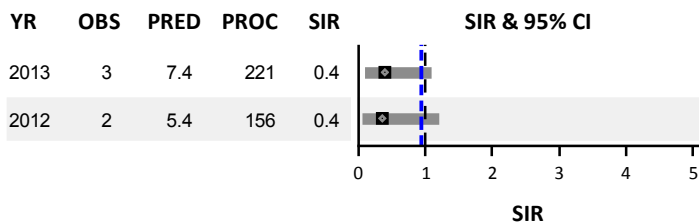
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

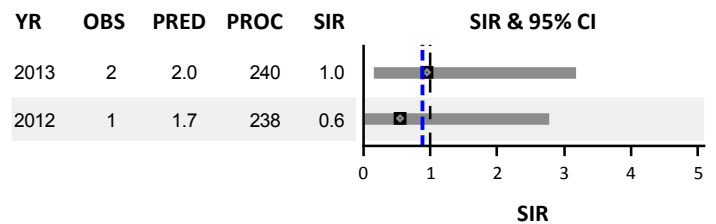


Surgical Site Infections (SSI)

SSI - Colon Surgery

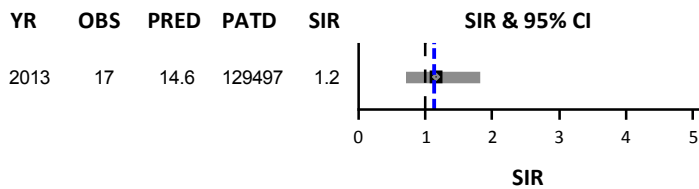


SSI - Abdominal Hysterectomy

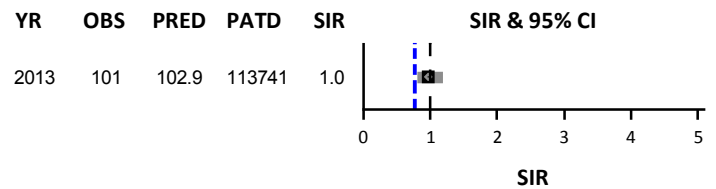


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

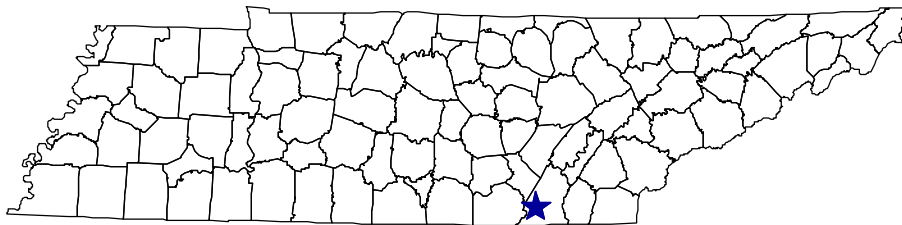
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Erlanger North, Chattanooga, Hamilton County

Medical School Affiliation: Major teaching

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Erlanger North:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.1	3744	N/A	N/A	1.13
	C. difficile infection	0	2.4	3744	0.00	(0.00, 1.22)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

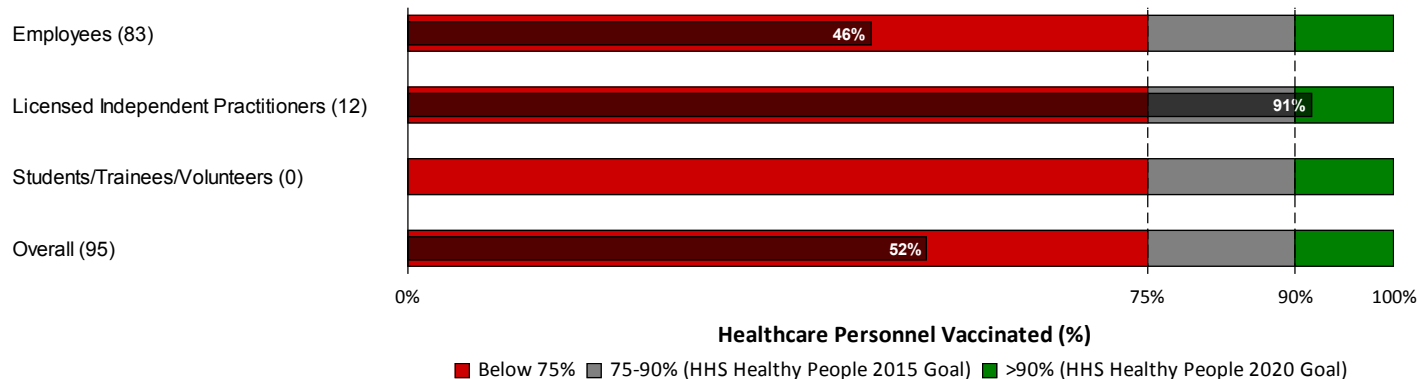
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Erlanger North

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Erlanger North, Chattanooga, Hamilton County

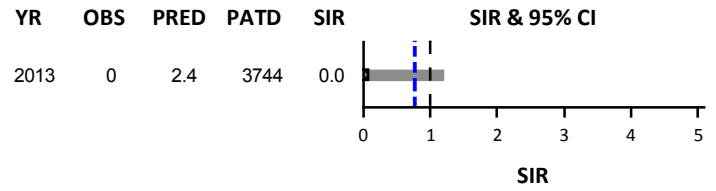
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.1	3744	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

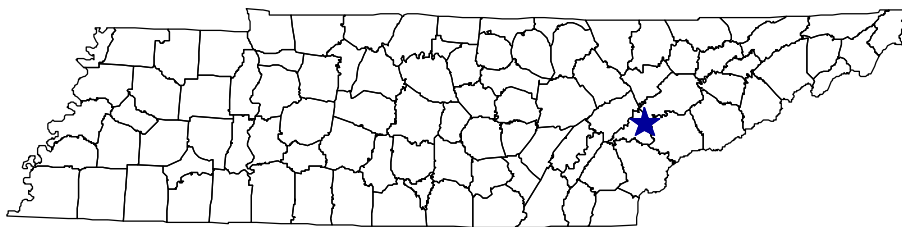
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Fort Loudoun Medical Center, Lenoir City, Loudon County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Fort Loudoun Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.2	155	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.8	444	N/A	N/A	1.37
SSI	Colon surgery	0	0.8	34	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.4	6464	N/A	N/A	1.13
	C. difficile infection	8	5.0	6464	1.59	(0.74, 3.01)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

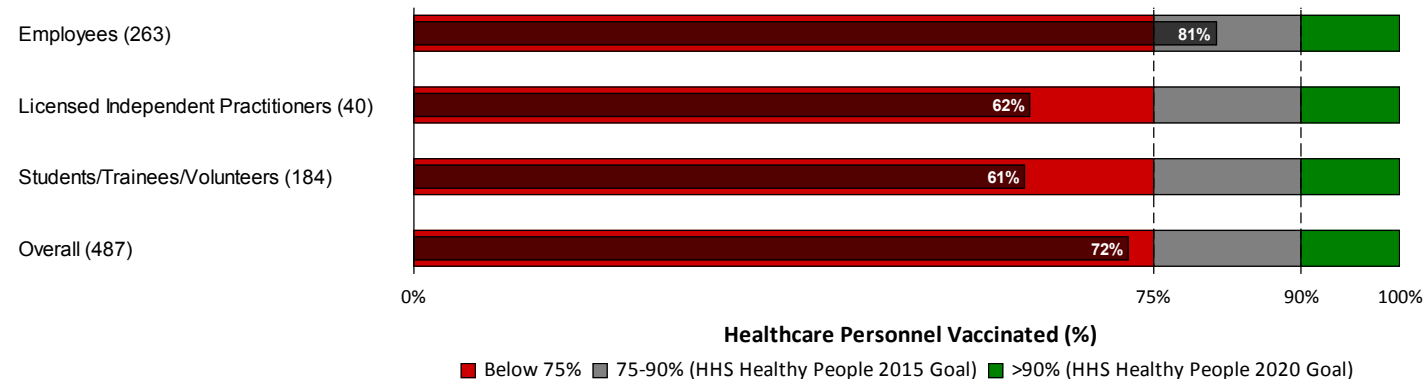
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Fort Loudoun Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Fort Loudoun Medical Center, Lenoir City, Loudon County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.2	155	N/A
2012	1	0	0.3	162	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.8	444	N/A
2012	1	0	0.8	404	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	0	0.8	34	N/A
2012	0	0.7	26	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

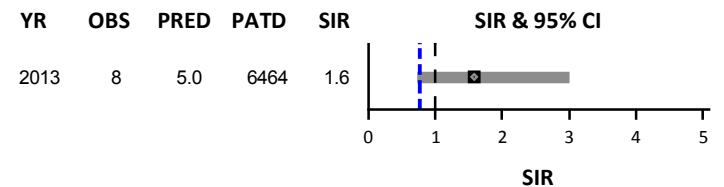
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.4	6464	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

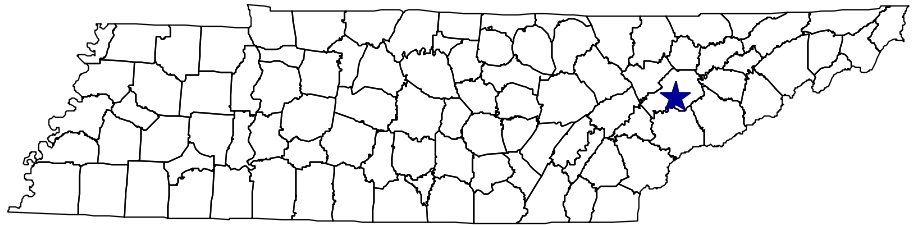
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Fort Sanders Regional Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Fort Sanders Regional Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	7	8.1	4231	0.86	(0.38, 1.71)	0.48
CAUTI	Adult/Pediatric ICU	43	16.2	5889	2.65	(1.94, 3.54)	1.37
SSI	Colon surgery	8	8.6	248	0.92	(0.43, 1.75)	0.93
	Abdominal hysterectomy	0	1.2	182	0.00	(0.00, 2.36)	0.89
LabID	MRSA bacteremia	7	7.9	95642	0.88	(0.38, 1.74)	1.13
	<i>C. difficile</i> infection	55	67.1	90462	0.82	(0.62, 1.06)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

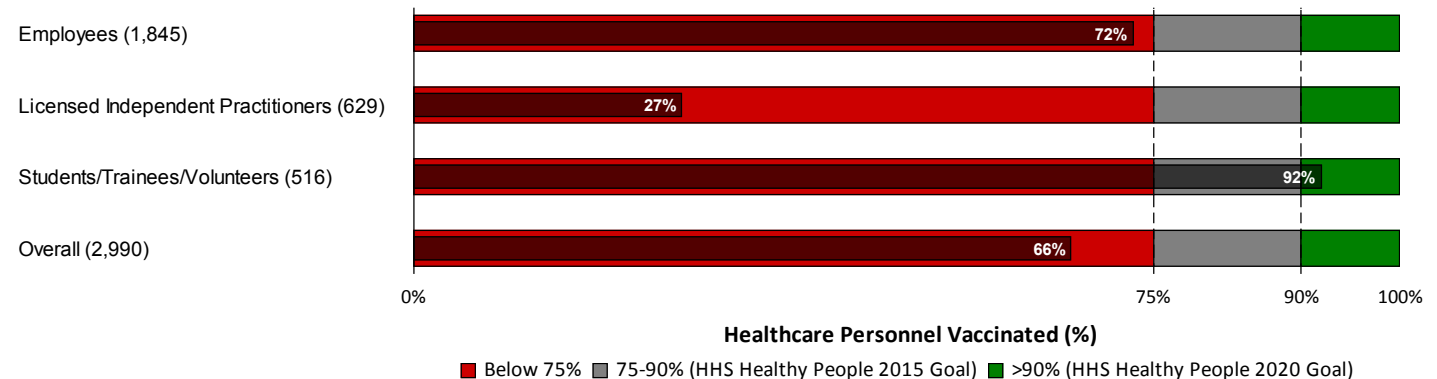
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Fort Sanders Regional Medical Center

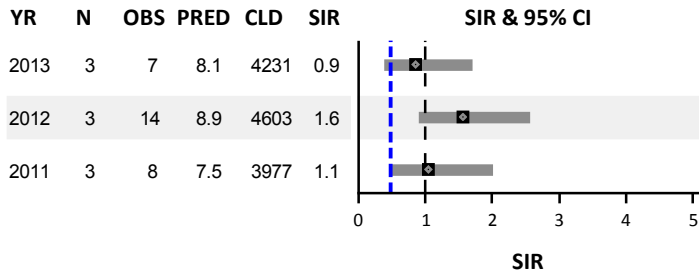
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



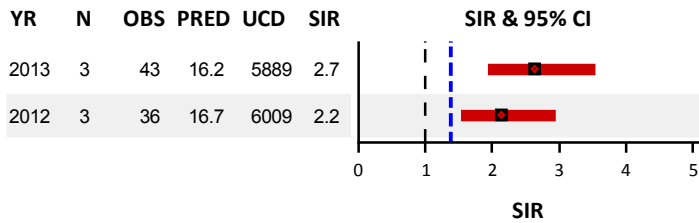
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



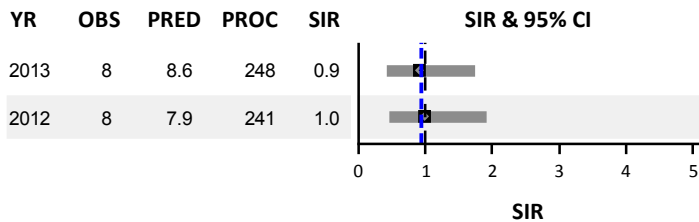
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

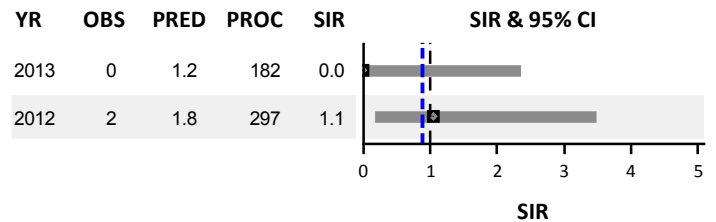


Surgical Site Infections (SSI)

SSI - Colon Surgery

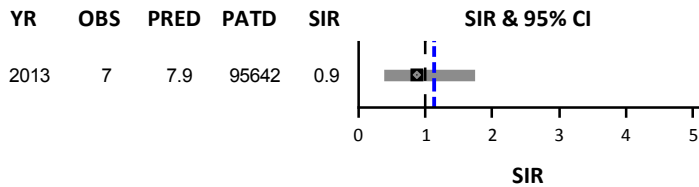


SSI - Abdominal Hysterectomy

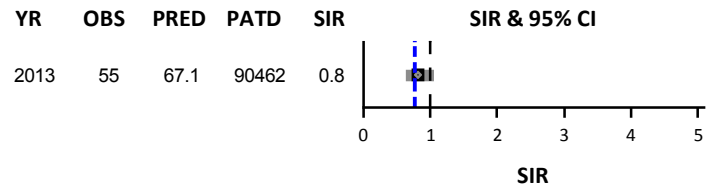


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

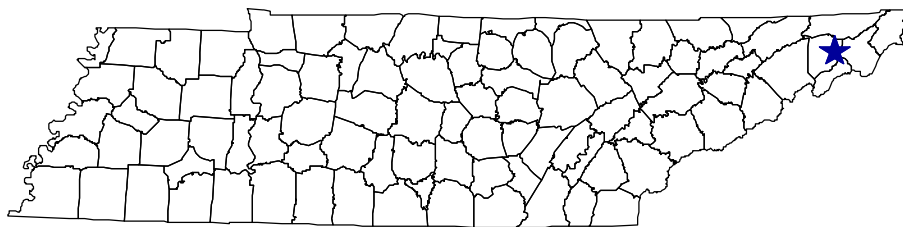
--- 2013 TN SIR

--- NHSN SIR=1

Franklin Woods Community Hospital, Johnson City, Washington County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Franklin Woods Community Hospital:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.6	363	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	1.5	756	0.66	(0.03, 3.23)	1.37
SSI	Colon surgery	0	1.5	56	0.00	(0.00, 1.99)	0.93
	Abdominal hysterectomy	0	0.3	46	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.7	17595	N/A	N/A	1.13
	C. difficile infection	6	10.3	15225	0.58	(0.24, 1.21)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

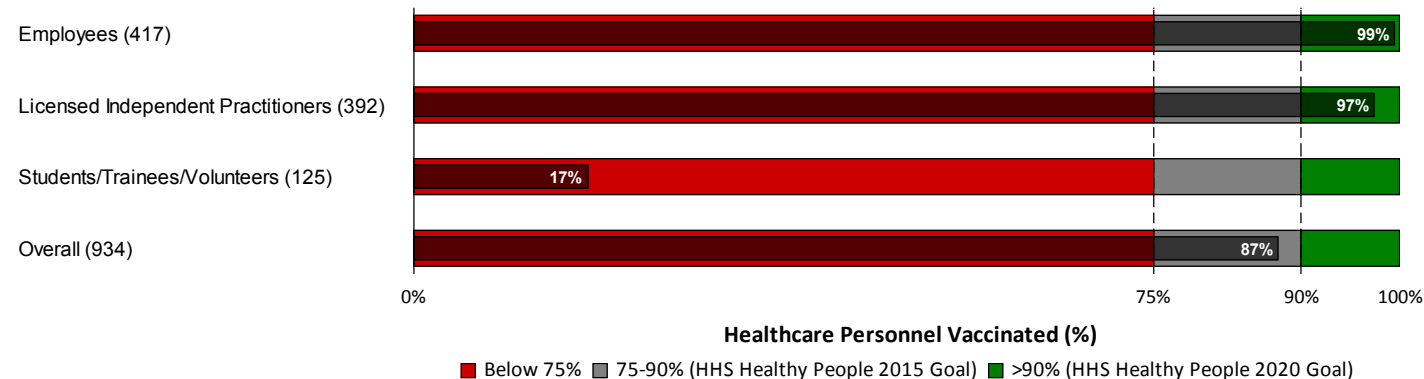
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Franklin Woods Community Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Franklin Woods Community Hospital, Johnson City, Washington County

Central Line-Associated Bloodstream Infections (CLABSI)

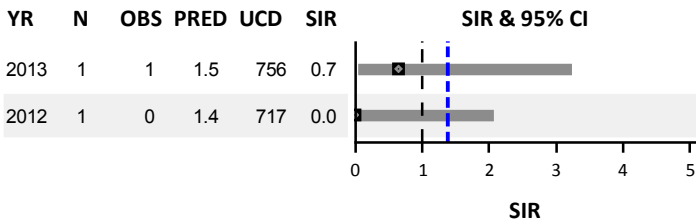
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	1	0.6	363	N/A
2012	1	0	0.9	498	N/A
2011	1	1	0.7	415	N/A

N/A: Number of predicted infections <1; no SIR calculated

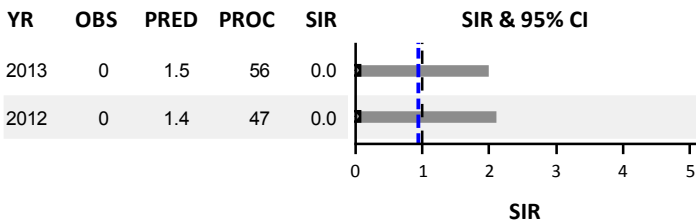
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.3	46	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

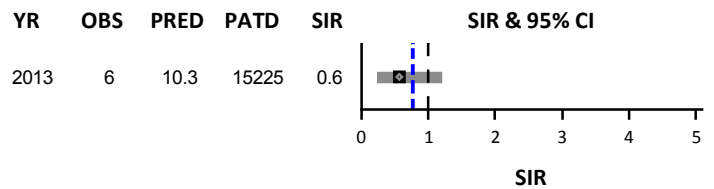
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	1	0.7	17595	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

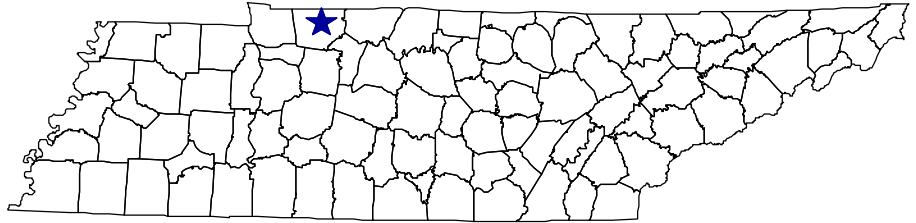
■ Significantly higher than NHSN SIR of 1

--- 2013 TN SIR

--- NHSN SIR=1

Gateway Medical Center, Clarksville, Montgomery County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Gateway Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	2.9	1988	1.03	(0.26, 2.80)	0.48
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	7	3.4	2809	2.01	(0.88, 3.97)	1.37
SSI	Colon surgery	0	2.1	71	0.00	(0.00, 1.38)	0.93
	Abdominal hysterectomy	1	0.9	137	N/A	N/A	0.89
LabID	MRSA bacteremia	4	2.2	41923	1.81	(0.57, 4.36)	1.13
	<i>C. difficile</i> infection	11	21.1	34705	0.52	(0.27, 0.90)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

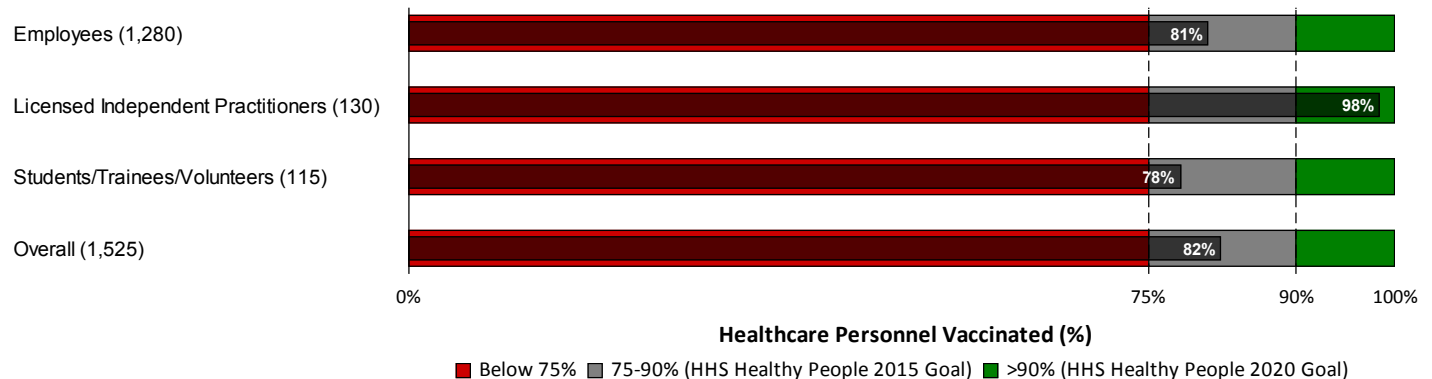
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Gateway Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

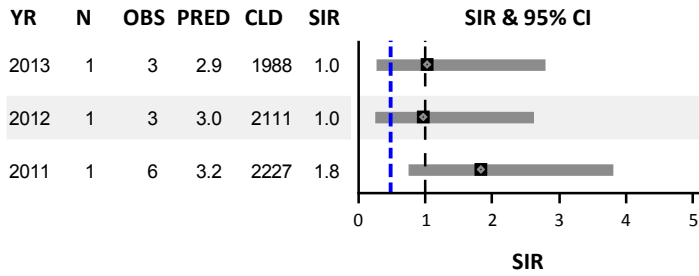
Healthcare Personnel Category (Total)



Gateway Medical Center, Clarksville, Montgomery County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



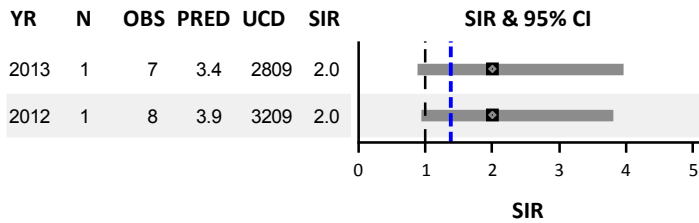
CLABSI - Neonatal ICUs

YR	N	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.0	52	N/A
2011	1	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

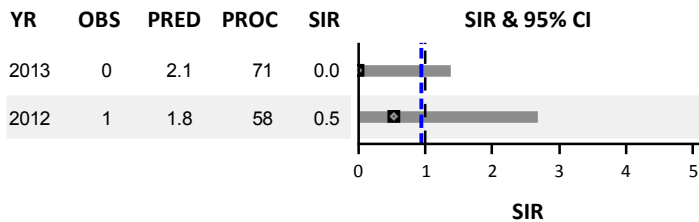
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



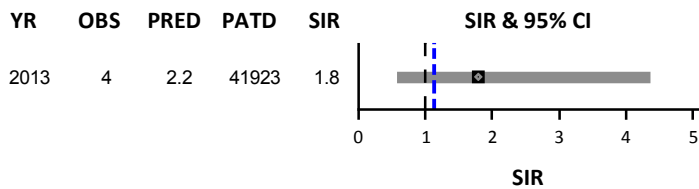
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	1	0.9	137	N/A
2012	1	1.0	157	1.0

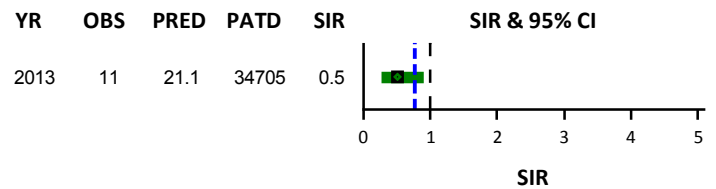
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

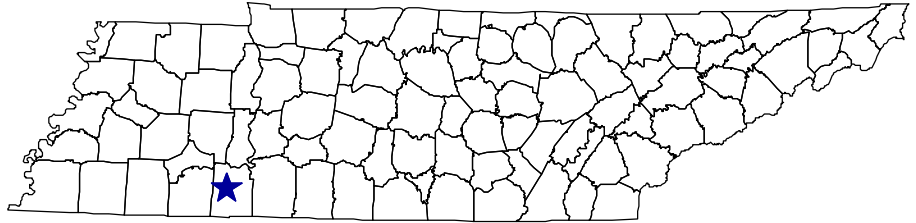
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Hardin Medical Center, Savannah, Hardin County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Hardin Medical Center:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.4	5598	N/A	N/A	1.13
	C. difficile infection	0	2.9	5598	0.00	(0.00, 1.03)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

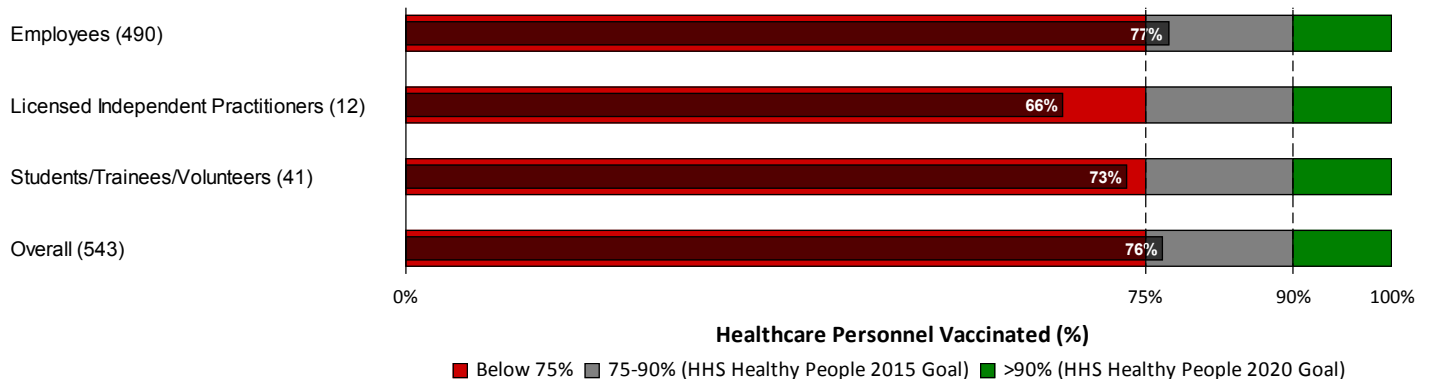
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Hardin Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Hardin Medical Center, Savannah, Hardin County

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	0	0.1	21	N/A

N/A: Number of predicted infections <1; no SIR calculated

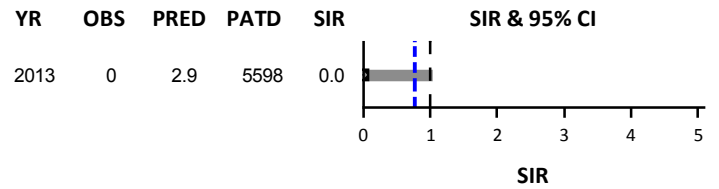
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.4	5598	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

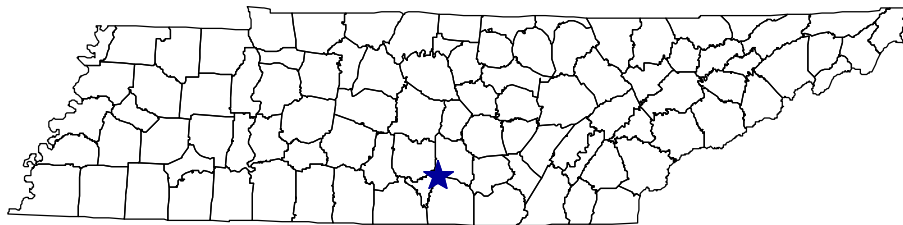
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Harton Regional Medical Center, Tullahoma, Coffee County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Harton Regional Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	1.1	775	0.00	(0.00, 2.58)	0.48
CAUTI	Adult/Pediatric ICU	0	1.6	1281	0.00	(0.00, 1.81)	1.37
SSI	Colon surgery	0	0.6	25	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.4	48	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.2	19365	0.81	(0.04, 3.98)	1.13
	C. difficile infection	17	17.0	19365	1.00	(0.60, 1.57)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

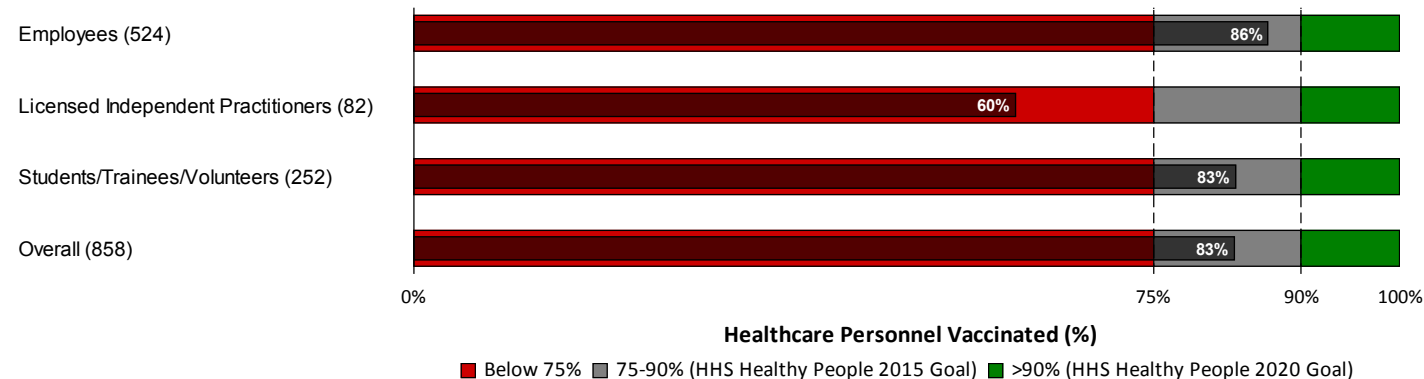
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Harton Regional Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

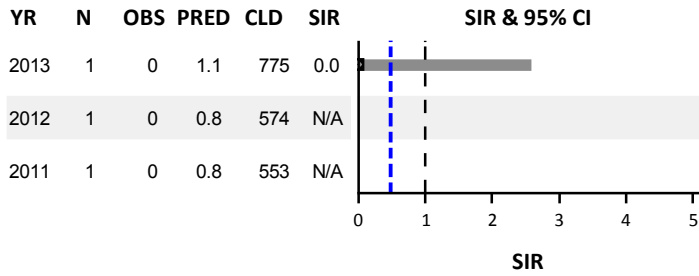
Healthcare Personnel Category (Total)



Harton Regional Medical Center, Tullahoma, Coffee County

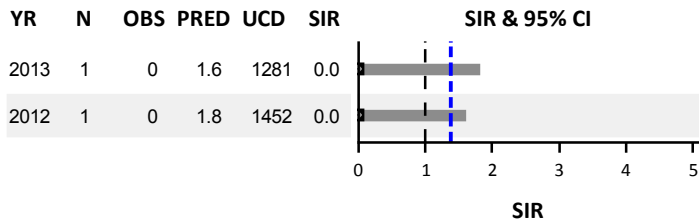
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	0	0.6	25	N/A
2012	1	1.0	42	1.0

N/A: Number of predicted infections <1; no SIR calculated

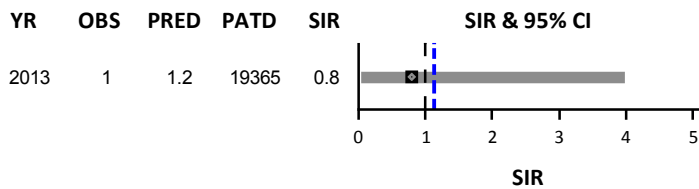
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.4	48	N/A
2012	0	0.5	64	N/A

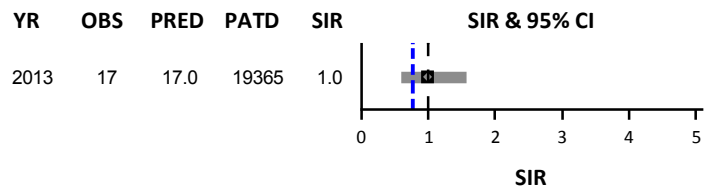
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

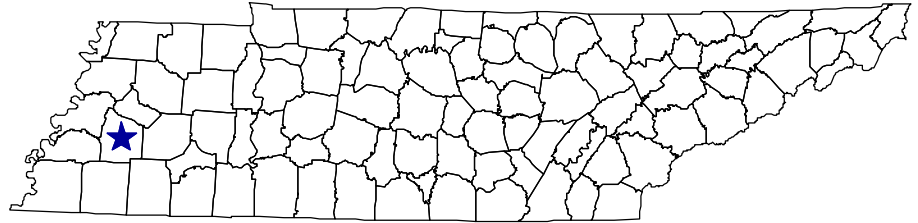
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Haywood Park Community Hospital, Brownsville, Haywood County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Haywood Park Community Hospital:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	902	N/A	N/A	1.13
	C. difficile infection	0	0.6	1079	N/A	N/A	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

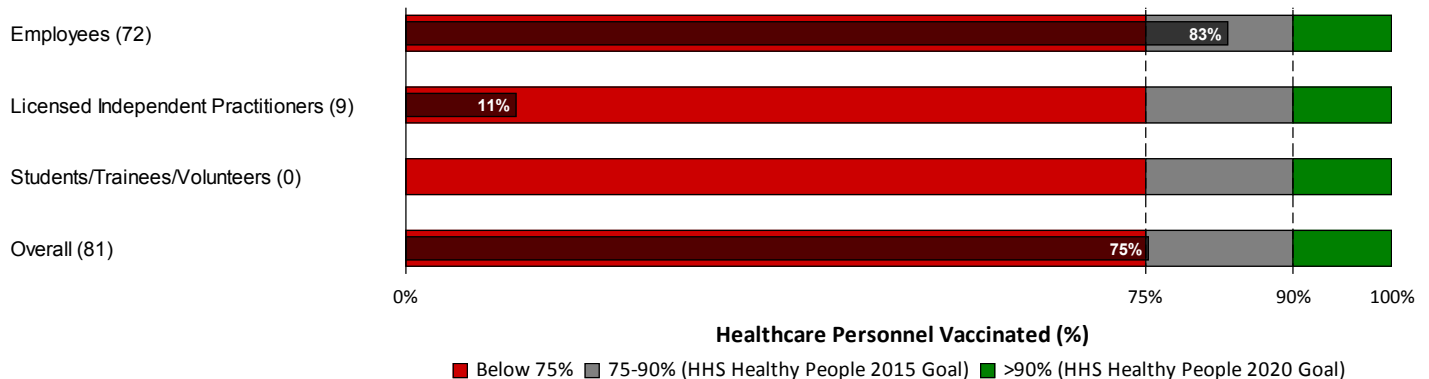
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Haywood Park Community Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Haywood Park Community Hospital, Brownsville, Haywood County

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.0	902	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRED	PATD	SIR
2013	0	0.6	1079	N/A

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

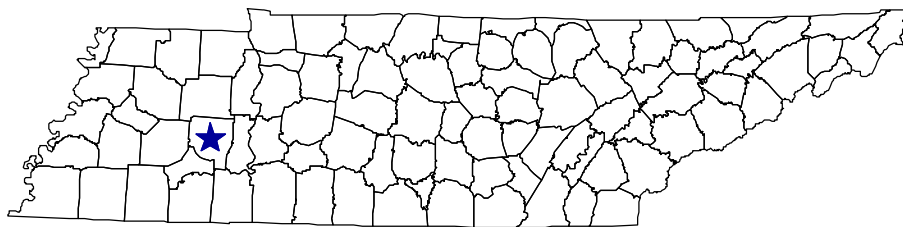
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2013 TN SIR
- - - - NHSN SIR=1

Henderson County Community Hospital, Lexington, Henderson County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Henderson County Community Hospital:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.1	1219	N/A	N/A	1.13
	C. difficile infection	4	0.7	1519	N/A	N/A	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

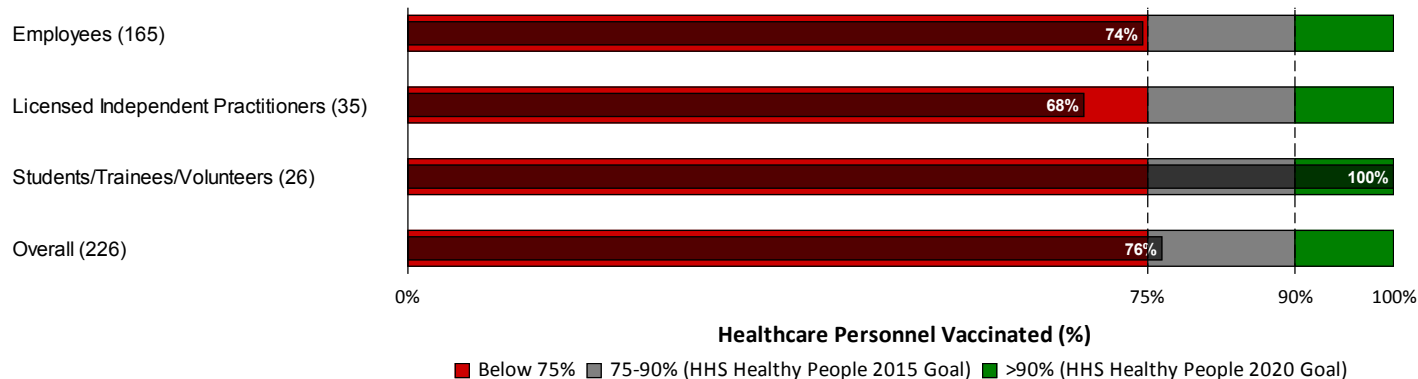
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Henderson County Community Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Henderson County Community Hospital, Lexington, Henderson County

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.1	1219	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRED	PATD	SIR
2013	4	0.7	1519	N/A

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

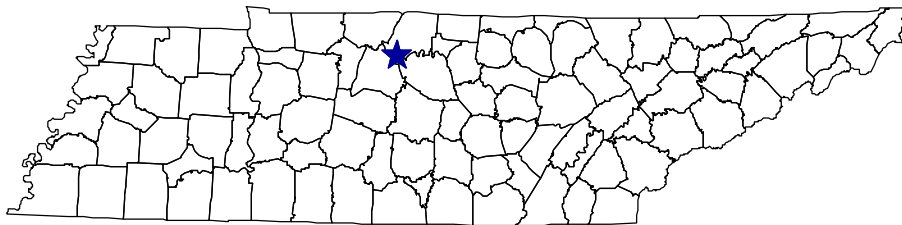
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2013 TN SIR
- - - - NHSN SIR=1

Hendersonville Medical Center, Hendersonville, Sumner County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Hendersonville Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	2.0	1405	0.97	(0.16, 3.20)	0.48
CAUTI	Adult/Pediatric ICU	6	2.0	1612	3.00	(1.21, 6.23)	1.37
SSI	Colon surgery	3	1.6	69	1.78	(0.45, 4.84)	0.93
	Abdominal hysterectomy	0	0.4	59	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.9	20354	N/A	N/A	1.13
	<i>C. difficile</i> infection	17	12.7	20354	1.33	(0.80, 2.09)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

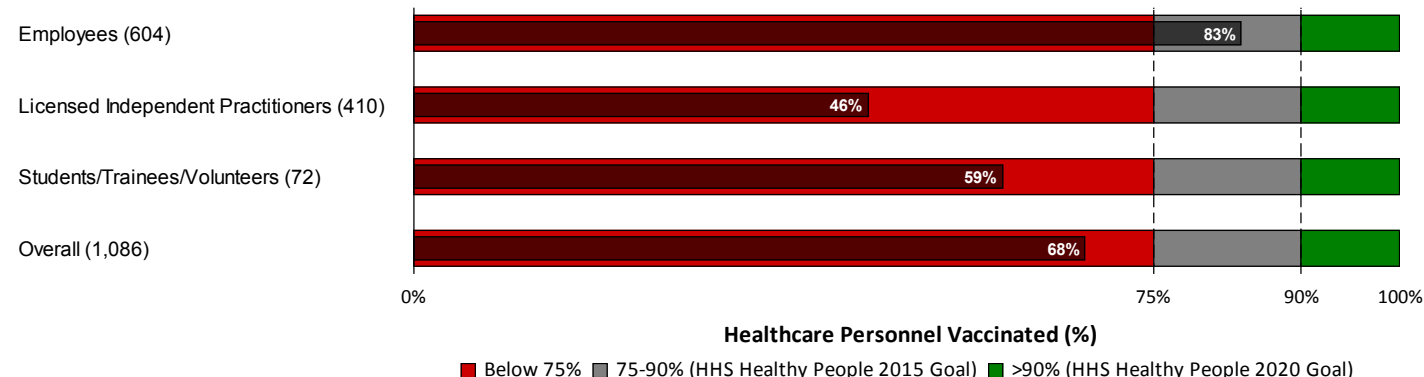
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Hendersonville Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

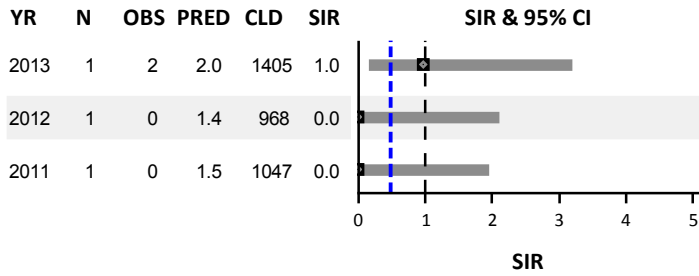
Healthcare Personnel Category (Total)



Hendersonville Medical Center, Hendersonville, Sumner County

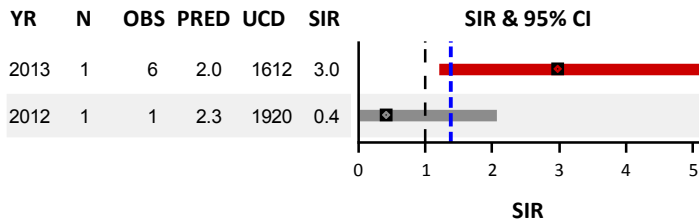
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



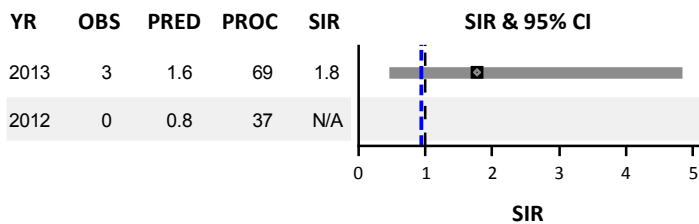
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.4	59	N/A
2012	0	0.2	44	N/A

N/A: Number of predicted infections <1; no SIR calculated

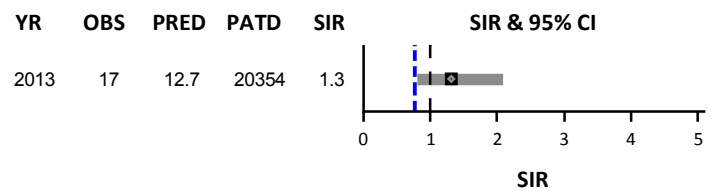
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.9	20354	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

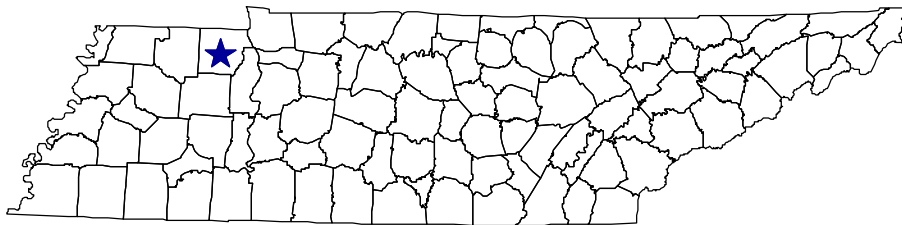
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Henry County Medical Center, Paris, Henry County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Henry County Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.3	211	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	2	1.1	868	1.79	(0.30, 5.91)	1.37
SSI	Colon surgery	0	0.4	20	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.2	27	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.9	14736	N/A	N/A	1.13
	<i>C. difficile</i> infection	4	8.3	14103	0.48	(0.15, 1.15)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

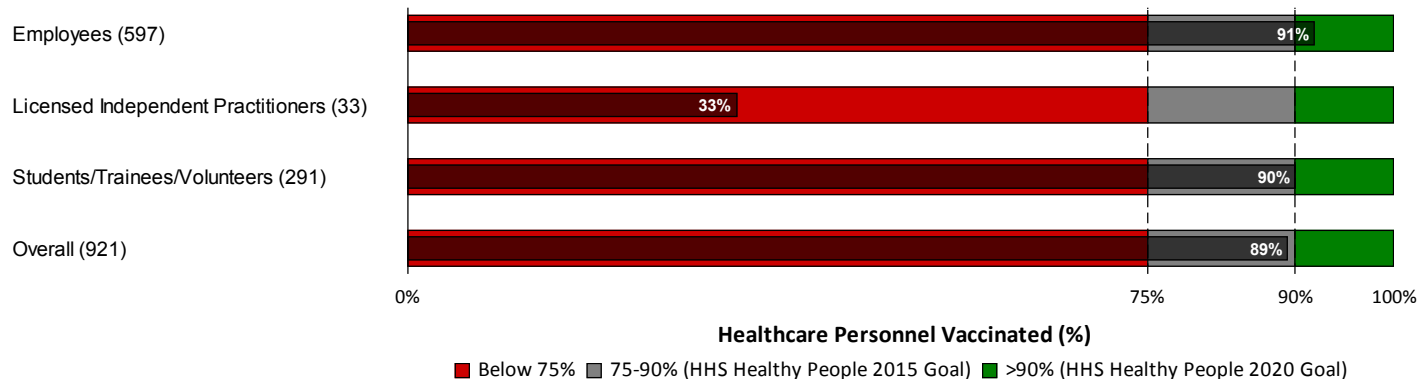
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Henry County Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Henry County Medical Center, Paris, Henry County

Central Line-Associated Bloodstream Infections (CLABSI)

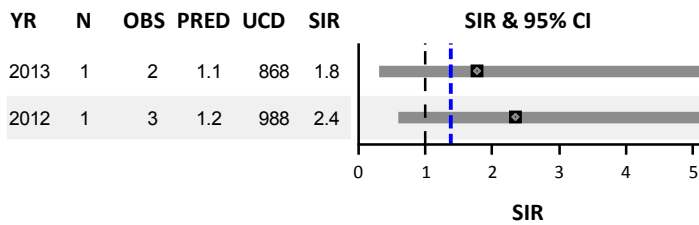
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	1	0.3	211	N/A
2012	1	1	0.4	300	N/A
2011	1	0	0.2	183	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	0	0.4	20	N/A
2012	0	0.6	29	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.2	27	N/A
2012	0	0.3	39	N/A

N/A: Number of predicted infections <1; no SIR calculated

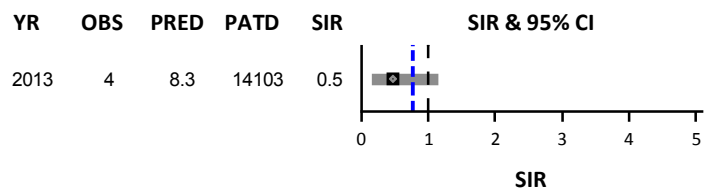
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.9	14736	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

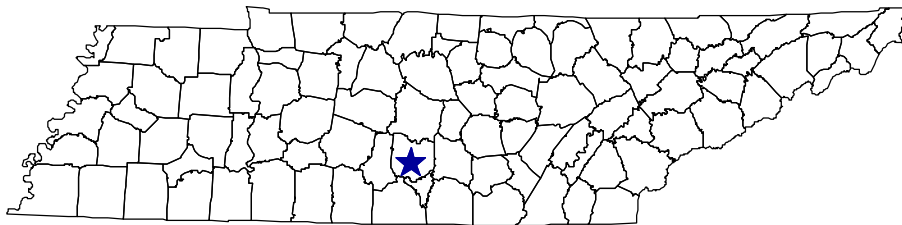
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Heritage Medical Center, Shelbyville, Bedford County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Heritage Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.9	656	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	1.5	1203	0.00	(0.00, 1.93)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	4	0.5	5844	N/A	N/A	1.13
	<i>C. difficile</i> infection	4	2.7	5844	1.47	(0.47, 3.53)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

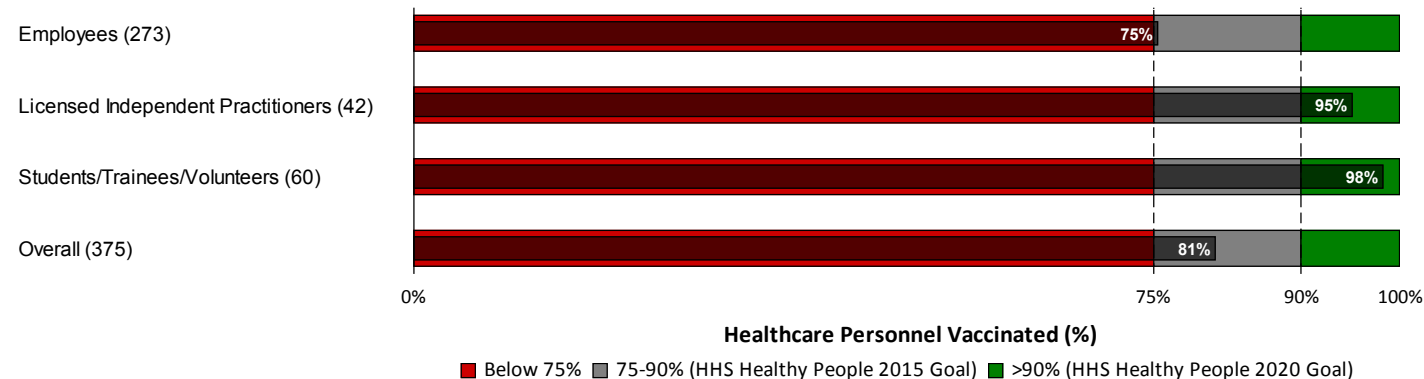
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Heritage Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

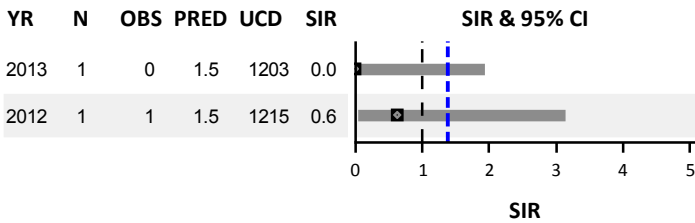
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.9	656	N/A
2012	1	1	0.8	576	N/A
2011	1	0	0.8	548	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

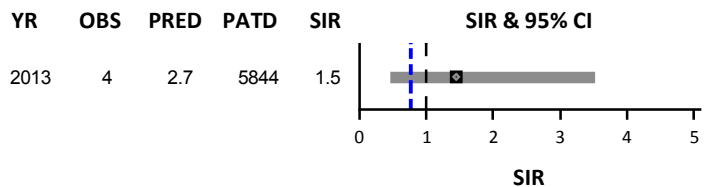
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	4	0.5	5844	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

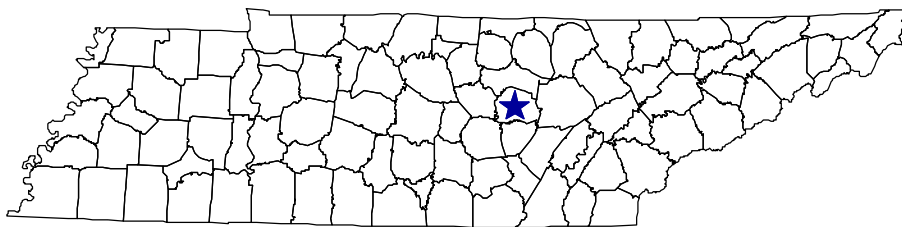
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Highlands Medical Center, Sparta, White County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Highlands Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections				Standardized Infection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	75	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	0.4	320	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.3	45	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.6	6404	N/A	N/A	1.13
	<i>C. difficile</i> infection	1	2.7	6404	0.36	(0.02, 1.77)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

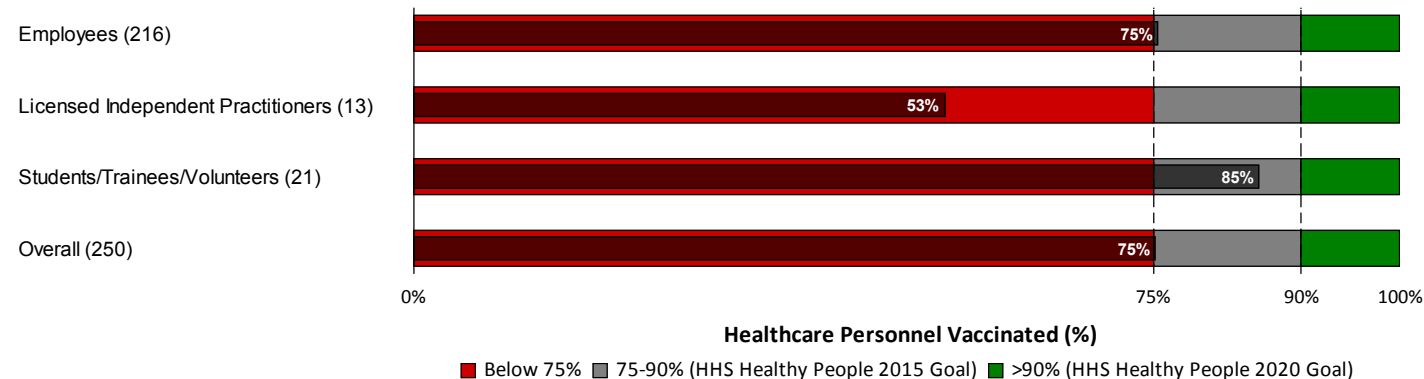
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Highlands Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Highlands Medical Center, Sparta, White County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.1	75	N/A
2012	1	0	0.1	76	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	1	0.4	320	N/A
2012	1	0	0.3	303	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.3	45	N/A
2012	2	0.5	77	N/A

N/A: Number of predicted infections <1; no SIR calculated

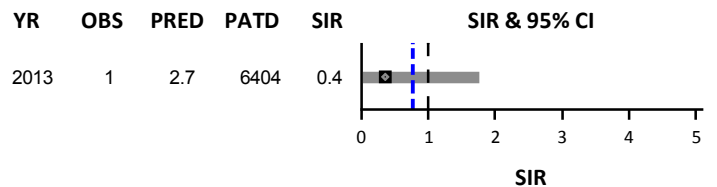
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.6	6404	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

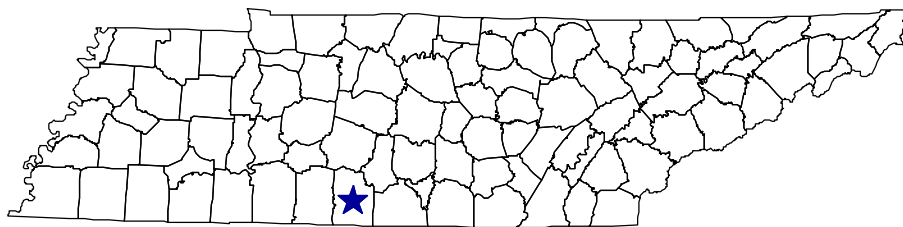
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - NHSN SIR=1
 - - - - 2013 TN SIR

Hillside Hospital, Pulaski, Giles County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Hillside Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.5	272	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.9	446	N/A	N/A	1.37
LabID	MRSA bacteremia	0	0.2	4716	N/A	N/A	1.13
	C. difficile infection	1	2.2	3208	0.45	(0.02, 2.22)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

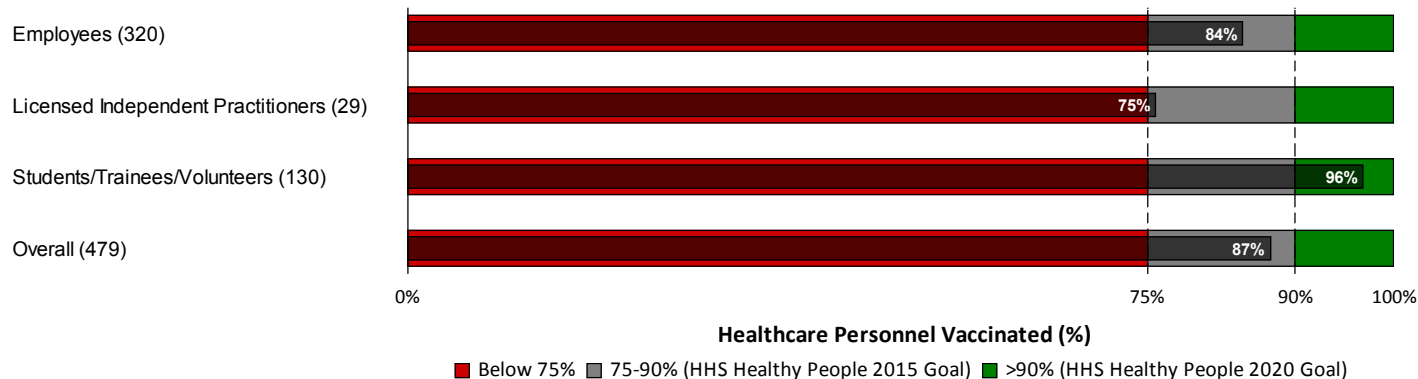
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Hillside Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Hillside Hospital, Pulaski, Giles County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.5	272	N/A
2012	1	0	0.3	175	N/A
2011	1	0	0.3	168	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.9	446	N/A
2012	1	0	0.8	398	N/A

N/A: Number of predicted infections <1; no SIR calculated

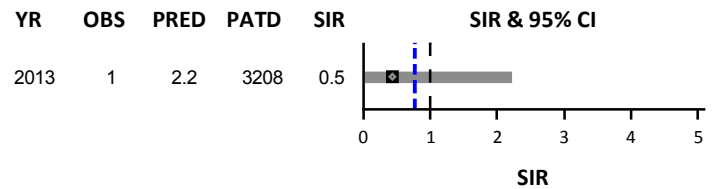
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.2	4716	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

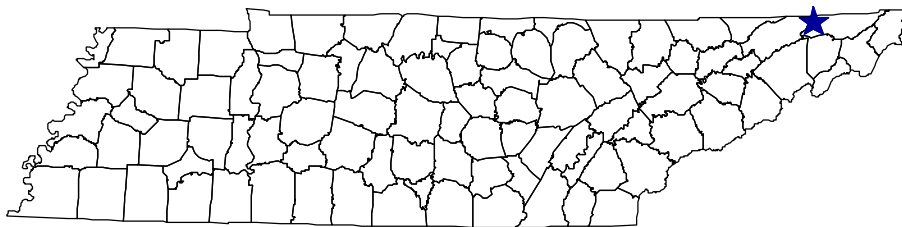
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Holston Valley Medical Center, Kingsport, Sullivan County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Holston Valley Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	7	11.9	5290	0.59	(0.26, 1.16)	0.48
	Neonatal ICU	0	2.2	1401	0.00	(0.00, 1.33)	0.51
CAUTI	Adult/Pediatric ICU	36	19.3	8063	1.86	(1.33, 2.55)	1.37
SSI	Colon surgery	4	4.4	150	0.90	(0.29, 2.17)	0.93
	Abdominal hysterectomy	1	2.2	319	0.44	(0.02, 2.18)	0.89
LabID	MRSA bacteremia	2	6.0	86710	0.33	(0.06, 1.09)	1.13
	<i>C. difficile</i> infection	22	56.1	82894	0.39	(0.25, 0.58)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

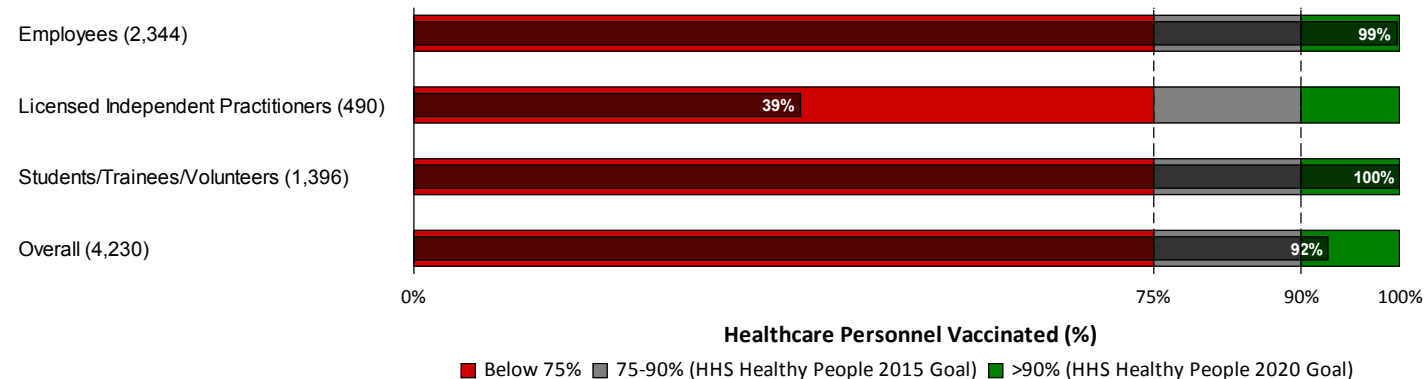
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Holston Valley Medical Center

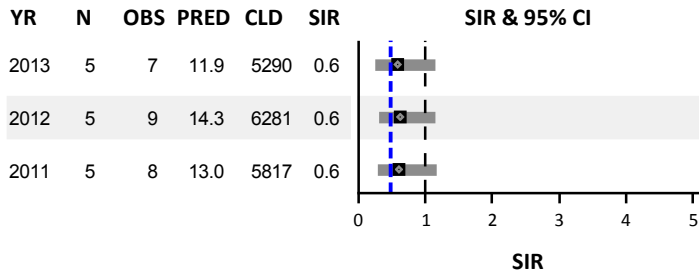
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)

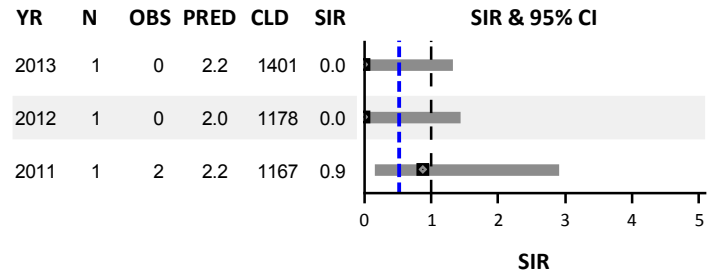


Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

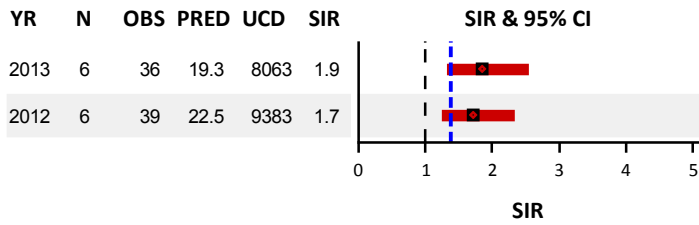


CLABSI - Neonatal ICUs



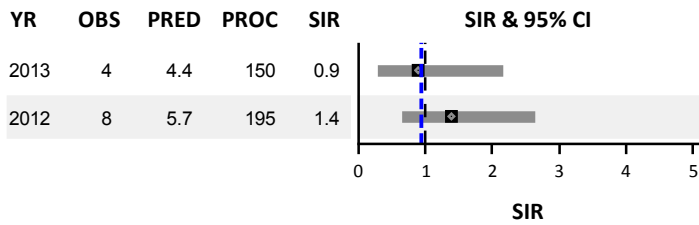
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

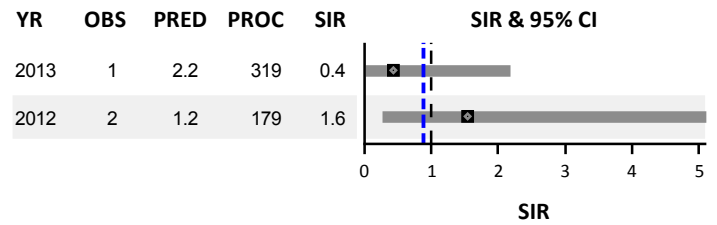


Surgical Site Infections (SSI)

SSI - Colon Surgery

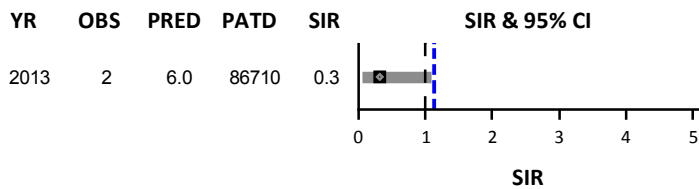


SSI - Abdominal Hysterectomy

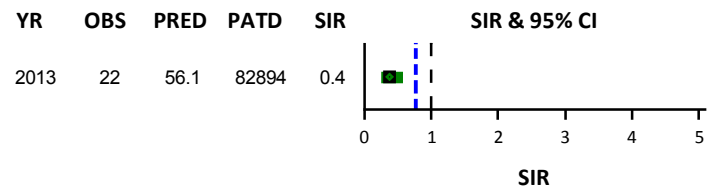


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

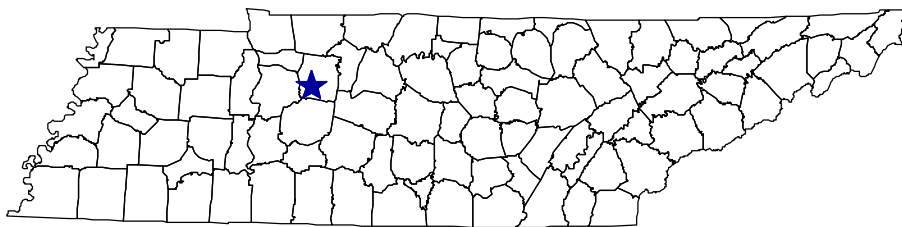
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Horizon Medical Center, Dickson, Dickson County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Horizon Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	0.9	649	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	1.5	1216	0.00	(0.00, 1.91)	1.37
SSI	Colon surgery	0	0.9	35	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.4	19509	0.69	(0.04, 3.42)	1.13
	<i>C. difficile</i> infection	22	13.3	18715	1.64	(1.06, 2.45)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

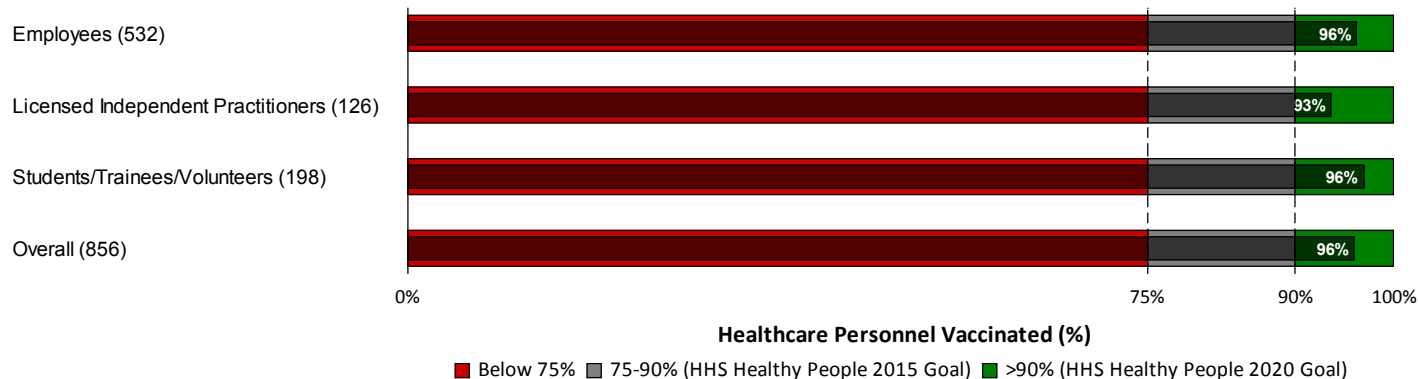
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Horizon Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

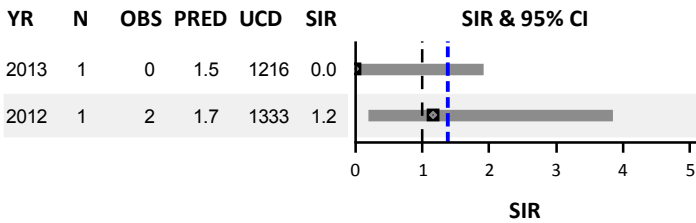
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	2	0.9	649	N/A
2012	1	0	0.8	573	N/A
2011	1	1	1.1	773	0.9

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	0	0.9	35	N/A
2012	2	1.0	35	2.0

N/A: Number of predicted infections <1; no SIR calculated

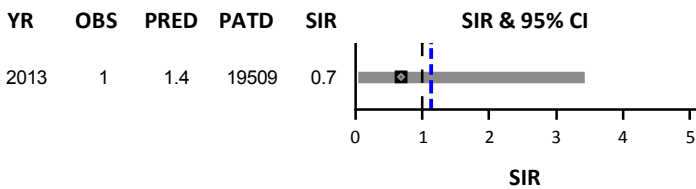
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

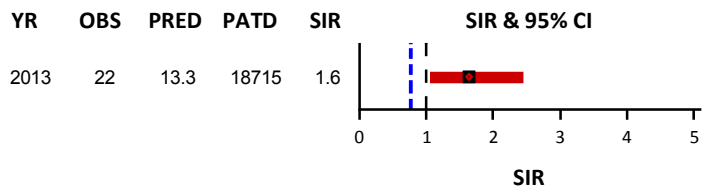
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

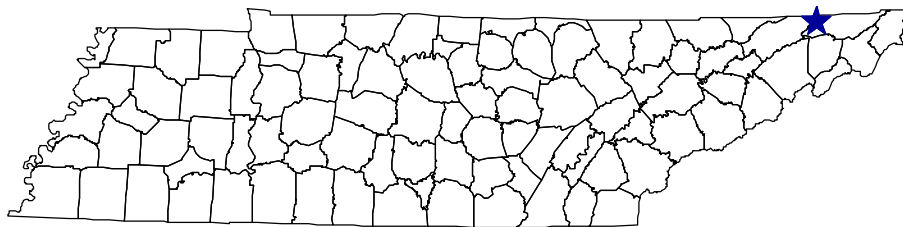
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Indian Path Medical Center, Kingsport, Sullivan County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Indian Path Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	1.9	1313	0.00	(0.00, 1.53)	0.48
CAUTI	Adult/Pediatric ICU	0	2.4	1881	0.00	(0.00, 1.24)	1.37
SSI	Colon surgery	0	1.8	65	0.00	(0.00, 1.59)	0.93
	Abdominal hysterectomy	0	0.3	47	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.3	30888	0.76	(0.04, 3.76)	1.13
	<i>C. difficile</i> infection	21	22.4	29145	0.94	(0.59, 1.40)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

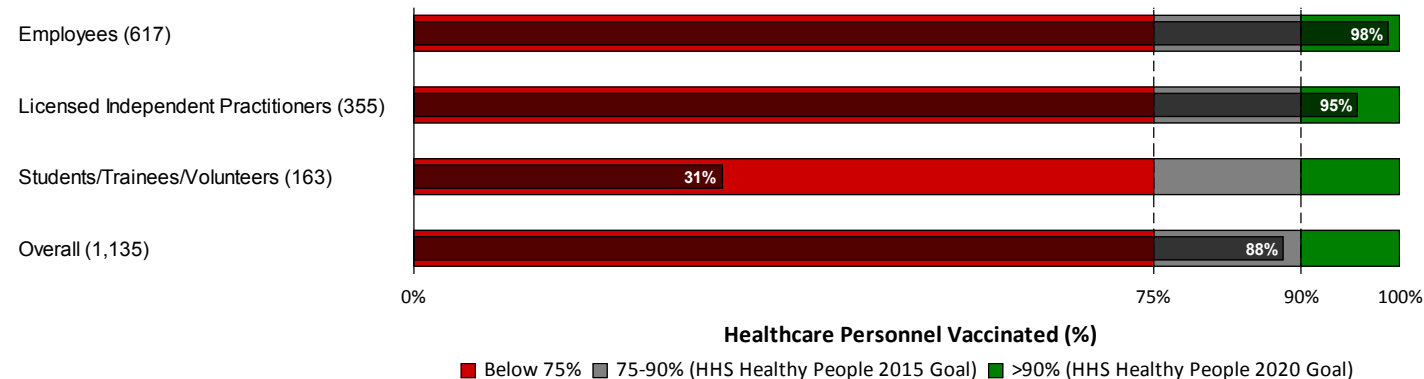
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Indian Path Medical Center

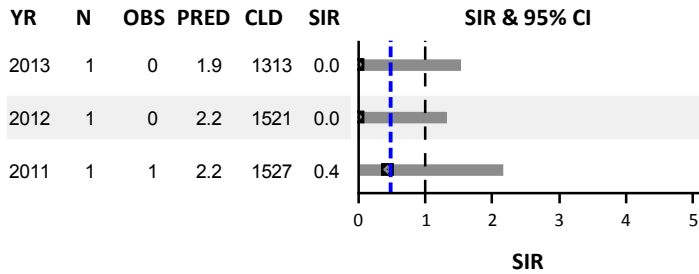
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



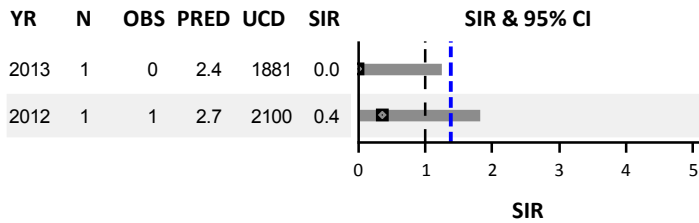
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



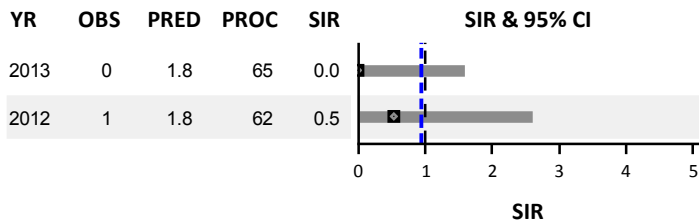
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



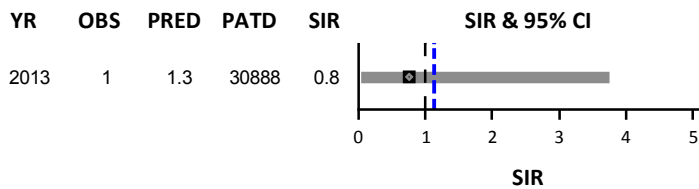
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.3	47	N/A
2012	0	0.8	102	N/A

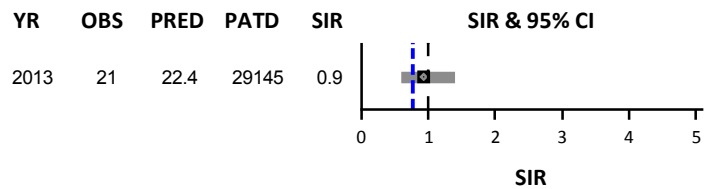
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

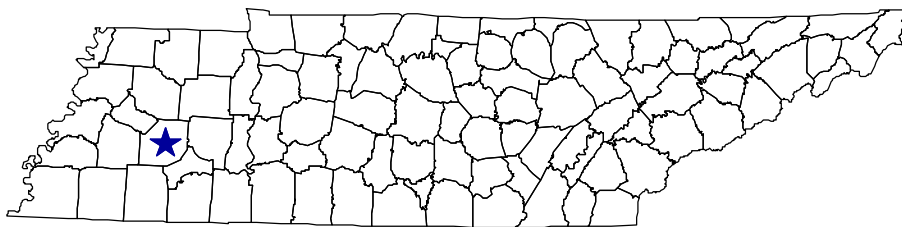
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Jackson Madison County General Hosp., Jackson, Madison County

Medical School Affiliation: None

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Jackson Madison County General Hosp.:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	22.6	11256	0.22	(0.08, 0.49)	0.48
	Neonatal ICU	2	2.3	792	0.84	(0.14, 2.79)	0.51
CAUTI	Adult/Pediatric ICU	48	34.4	14533	1.40	(1.04, 1.83)	1.37
SSI	Colon surgery	17	11.0	319	1.54	(0.93, 2.41)	0.93
	Abdominal hysterectomy	4	2.1	338	1.82	(0.58, 4.40)	0.89
LabID	MRSA bacteremia	14	14.5	162443	0.96	(0.55, 1.57)	1.13
	<i>C. difficile</i> infection	102	119.6	150605	0.85	(0.70, 1.03)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

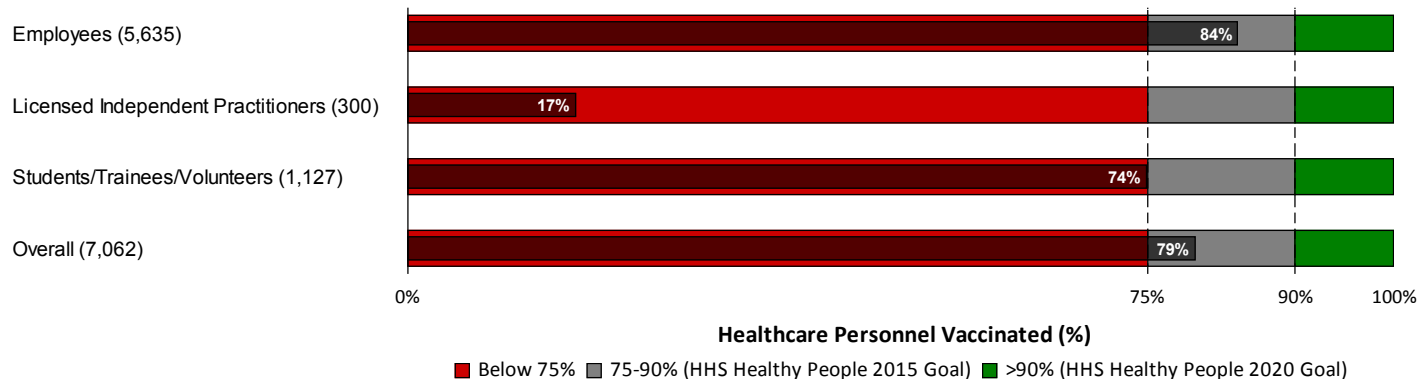
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Jackson Madison County General Hosp.

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

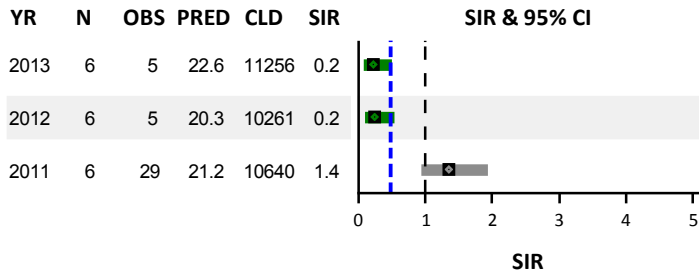
Healthcare Personnel Category (Total)



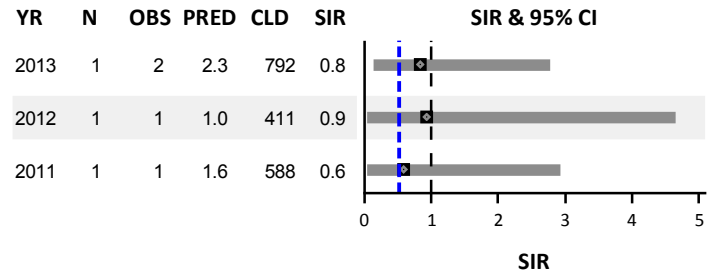
Jackson Madison County General Hosp., Jackson, Madison County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

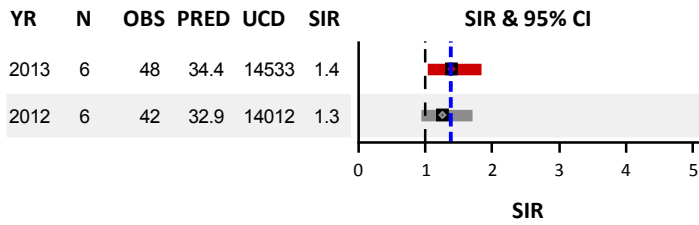


CLABSI - Neonatal ICUs



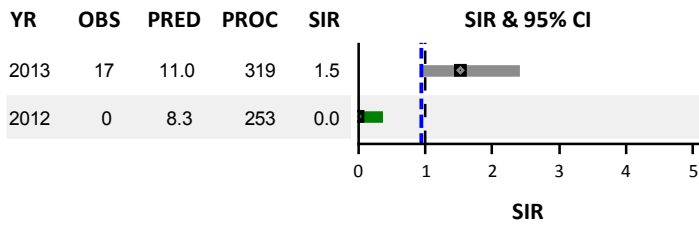
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

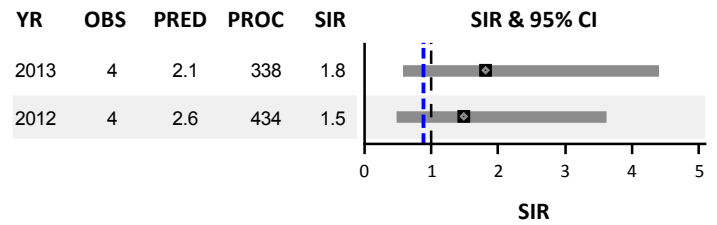


Surgical Site Infections (SSI)

SSI - Colon Surgery

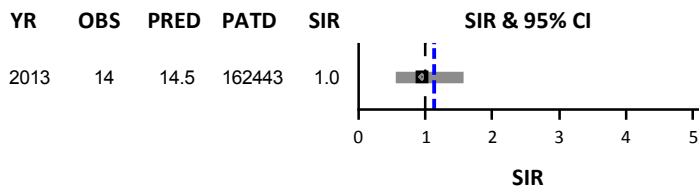


SSI - Abdominal Hysterectomy

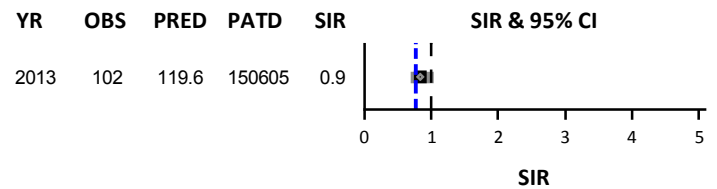


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

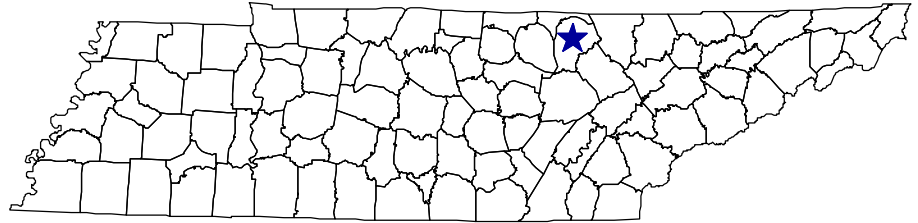
--- 2013 TN SIR

--- NHSN SIR=1

Jamestown Regional Medical Center, Jamestown, Fentress County

Medical School Affiliation: Graduate teaching

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Jamestown Regional Medical Center:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.4	8231	N/A	N/A	1.13
	C. difficile infection	0	4.5	8231	0.00	(0.00, 0.66)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

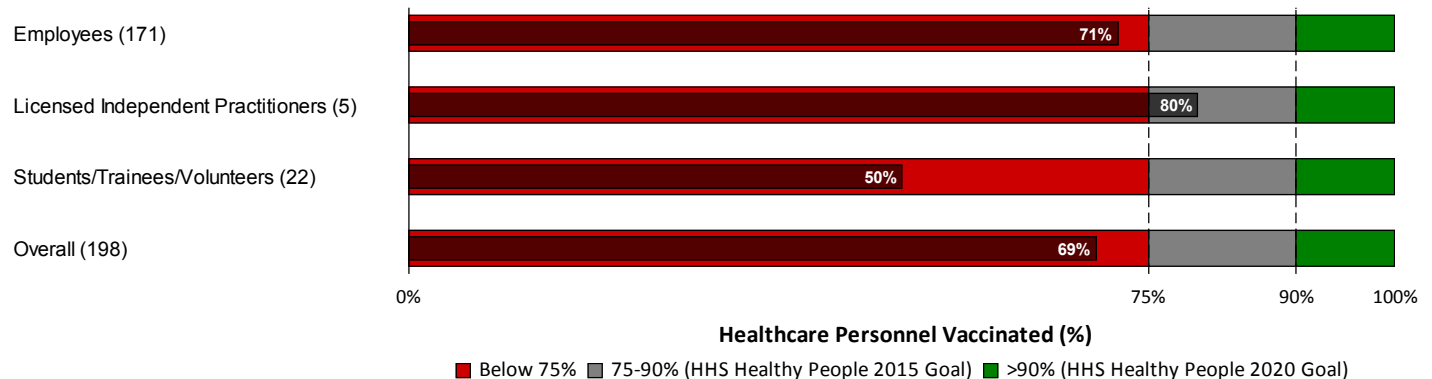
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Jamestown Regional Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Jamestown Regional Medical Center, Jamestown, Fentress County

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2013	N/A	N/A	N/A	N/A

SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

N/A: Number of predicted infections <1; no SIR calculated

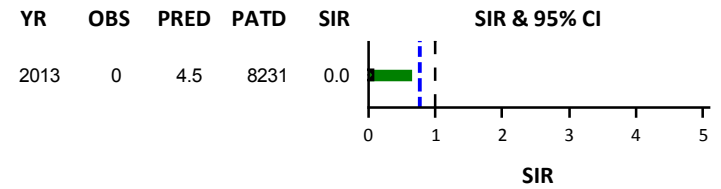
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.4	8231	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

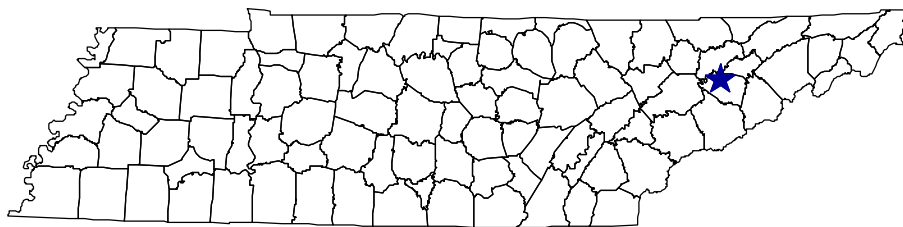
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - 2013 TN SIR
 - - - - NHSN SIR=1

Jefferson Memorial Hospital, Jefferson City, Jefferson County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Jefferson Memorial Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.8	672	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.2	45	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.4	8216	N/A	N/A	1.13
	<i>C. difficile</i> infection	0	4.9	8216	0.00	(0.00, 0.60)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

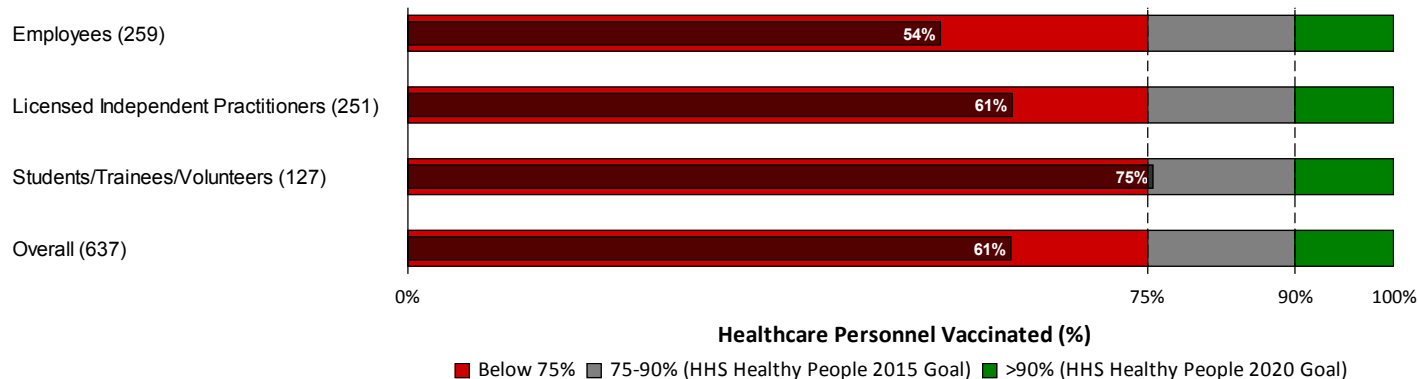
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Jefferson Memorial Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.1	89	N/A
2011	1	0	0.1	126	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.8	672	N/A
2012	1	1	0.9	743	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	2	0.5	24	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.2	45	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.4	8216	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

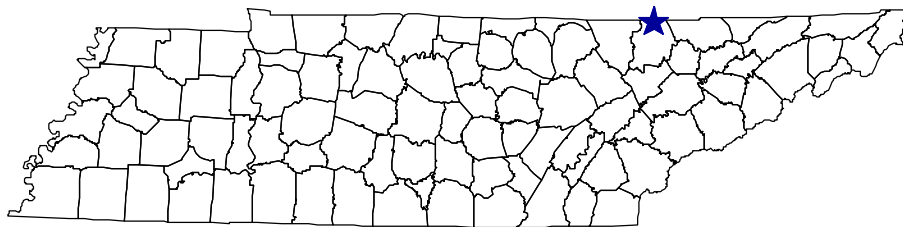
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Legend:
 ■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Jellico Community Hospital, Jellico, Campbell County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Jellico Community Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.2	183	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	0.6	528	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.2	5563	N/A	N/A	1.13
	C. difficile infection	2	3.0	5146	0.66	(0.11, 2.18)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

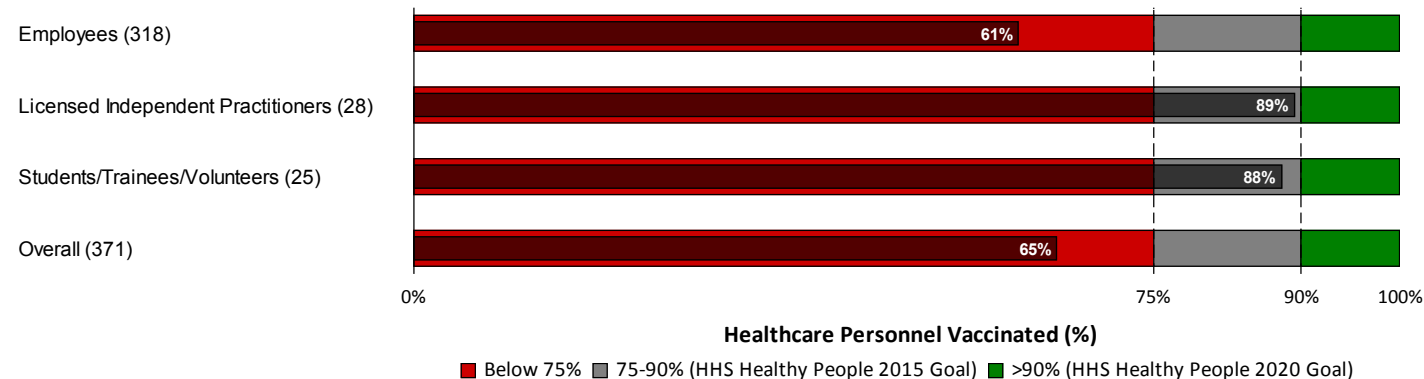
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Jellico Community Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Jellico Community Hospital, Jellico, Campbell County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	1	0.2	183	N/A
2012	1	0	0.2	139	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	1	0.6	528	N/A
2012	1	1	0.6	496	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

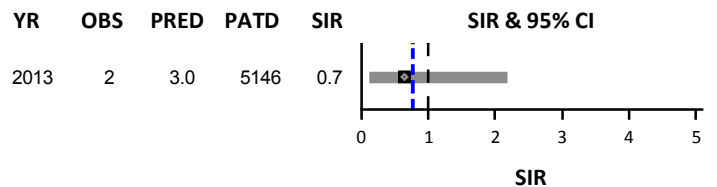
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.2	5563	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

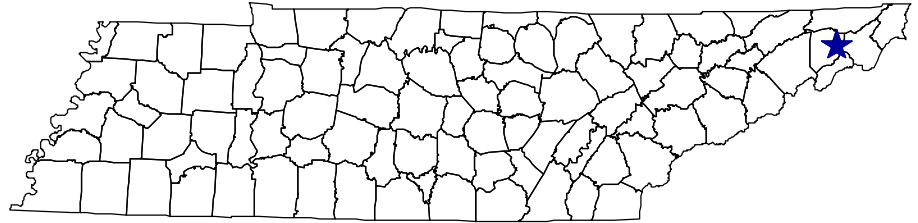
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - 2013 TN SIR
 - - - - NHSN SIR=1

Johnson City Medical Center, Johnson City, Washington County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Johnson City Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	6	11.6	5719	0.52	(0.21, 1.07)	0.48
	Neonatal ICU	2	4.3	1904	0.46	(0.08, 1.52)	0.51
CAUTI	Adult/Pediatric ICU	16	21.0	8498	0.76	(0.45, 1.21)	1.37
SSI	Colon surgery	1	2.6	87	0.37	(0.02, 1.83)	0.93
	Abdominal hysterectomy	0	0.2	40	N/A	N/A	0.89
LabID	MRSA bacteremia	11	11.7	128390	0.94	(0.49, 1.63)	1.13
	<i>C. difficile</i> infection	89	108.0	118137	0.82	(0.67, 1.01)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

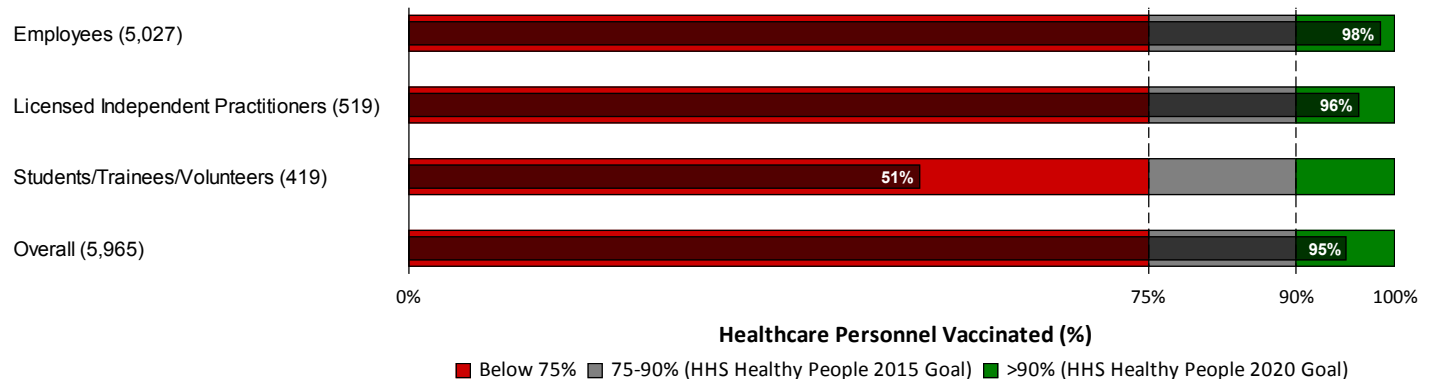
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Johnson City Medical Center

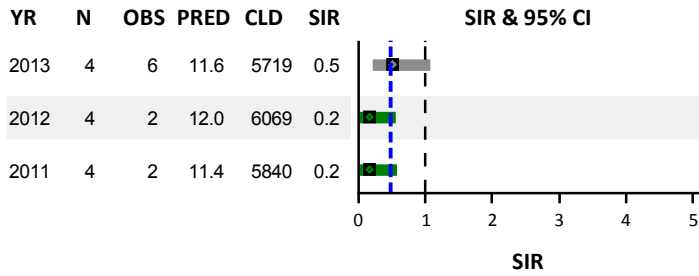
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)

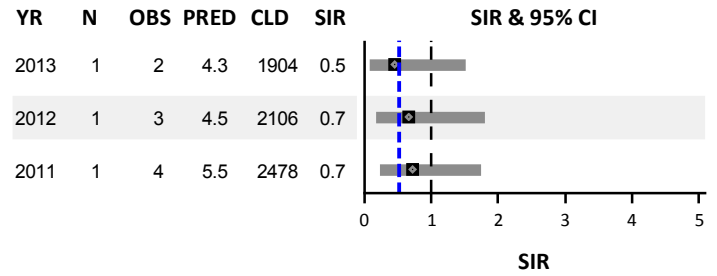


Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

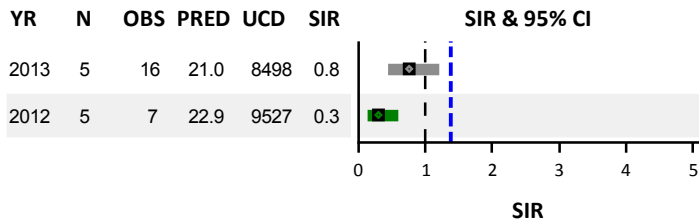


CLABSI - Neonatal ICUs



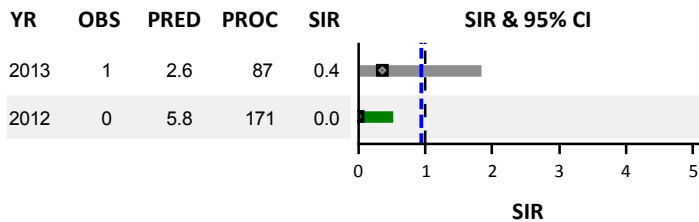
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

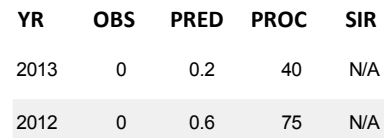


Surgical Site Infections (SSI)

SSI - Colon Surgery



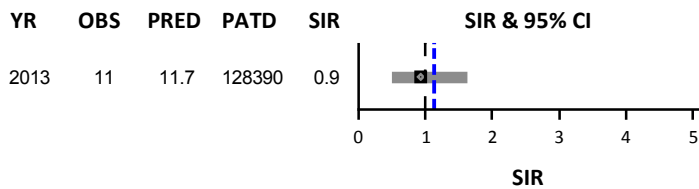
SSI - Abdominal Hysterectomy



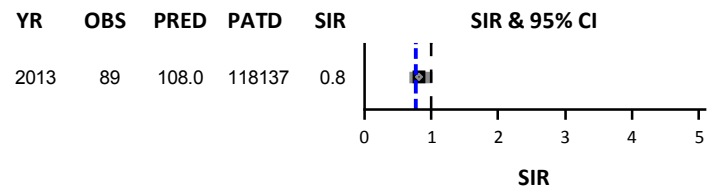
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

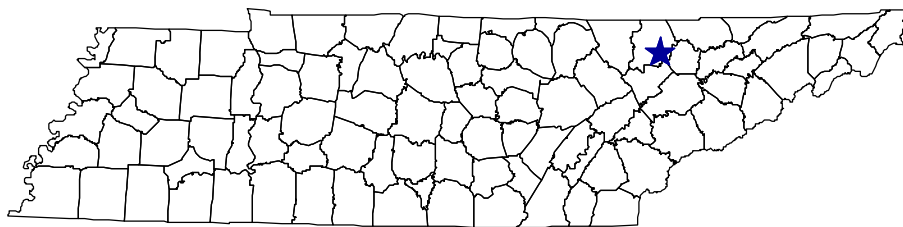
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Lafollette Medical Center, Lafollette, Campbell County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Lafollette Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	110	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	2	1.3	1042	1.49	(0.25, 4.92)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	1	0.7	15152	N/A	N/A	1.13
	<i>C. difficile</i> infection	4	8.5	15152	0.47	(0.15, 1.13)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

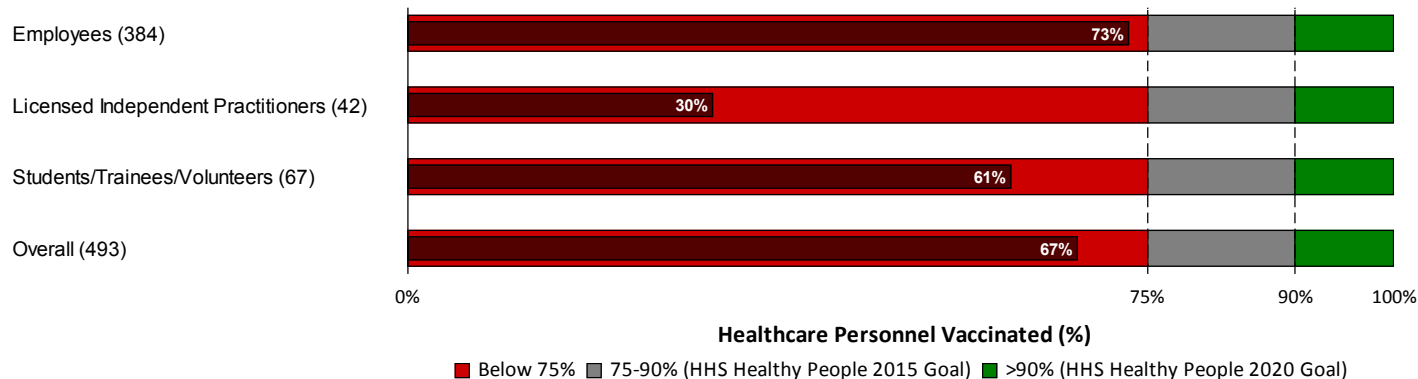
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Lafollette Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

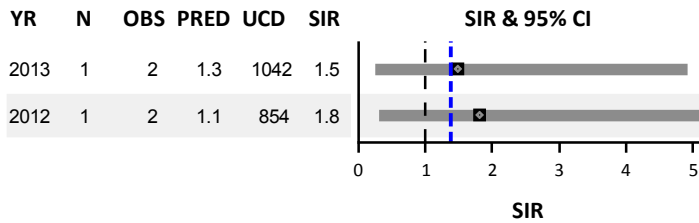
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.1	110	N/A
2012	1	0	0.2	137	N/A
2011	1	0	0.1	83	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2013	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

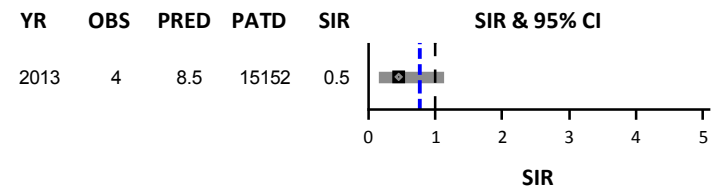
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	1	0.7	15152	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

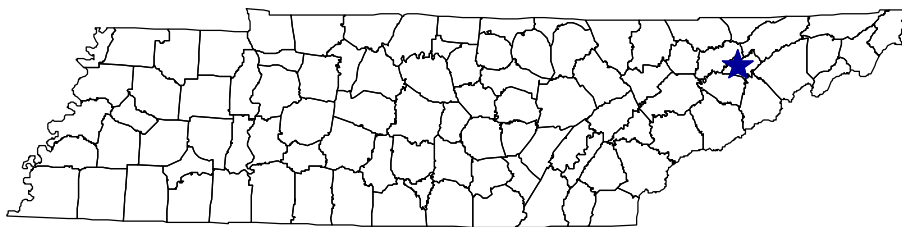
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - NHSN SIR=1
 - - - - 2013 TN SIR

Lakeway Regional Hospital, Morristown, Hamblen County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Lakeway Regional Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.2	184	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	1.1	894	0.87	(0.04, 4.28)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.6	10868	N/A	N/A	1.13
	<i>C. difficile</i> infection	6	6.4	10283	0.94	(0.38, 1.95)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

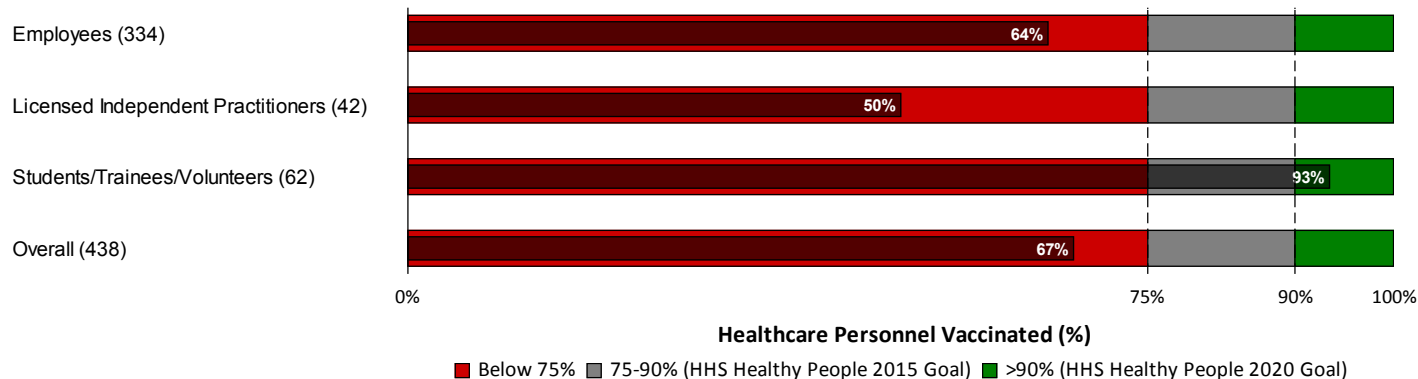
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Lakeway Regional Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

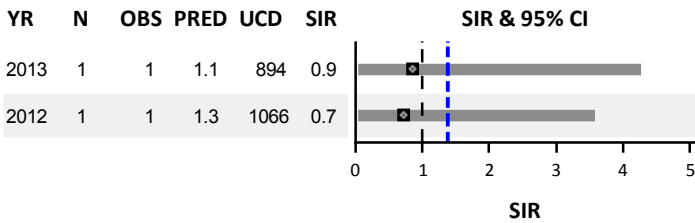
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	1	0.2	184	N/A
2012	1	1	0.3	234	N/A
2011	1	2	0.2	166	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

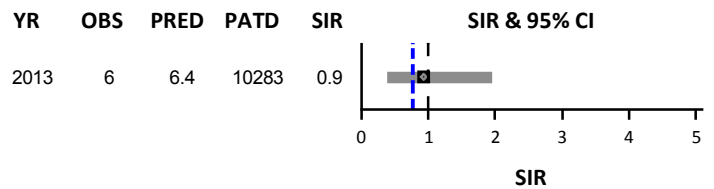
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.6	10868	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



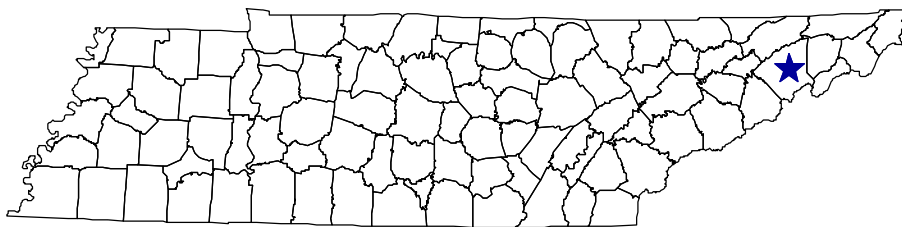
Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Laughlin Memorial Hospital, Greeneville, Greene County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Laughlin Memorial Hospital:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

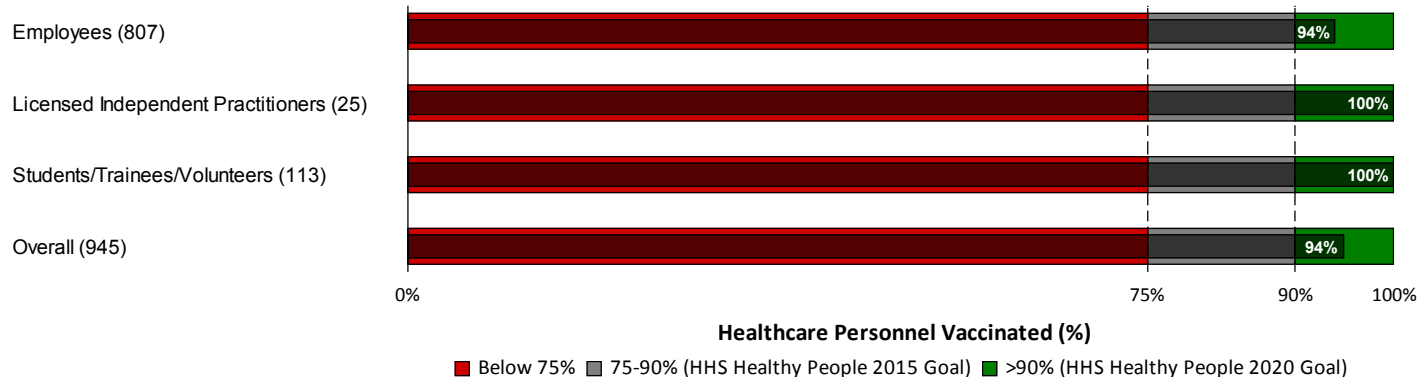
		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.3	227	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	1.2	994	0.00	(0.00, 2.34)	1.37
SSI	Colon surgery	0	1.5	55	0.00	(0.00, 1.88)	0.93
LabID	MRSA bacteremia	0	0.8	17465	N/A	N/A	1.13
	C. difficile infection	0	8.2	16946	0.00	(0.00, 0.37)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)
Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted
 *Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Laughlin Memorial Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Laughlin Memorial Hospital, Greeneville, Greene County

Central Line-Associated Bloodstream Infections (CLABSI)

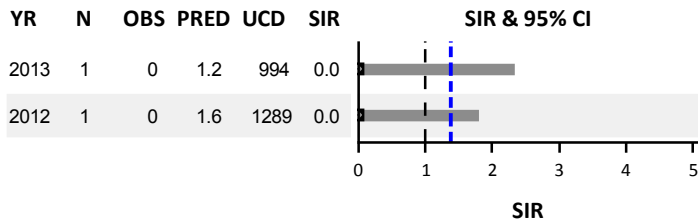
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.3	227	N/A
2012	1	0	0.5	365	N/A
2011	1	0	0.3	266	N/A

N/A: Number of predicted infections <1; no SIR calculated

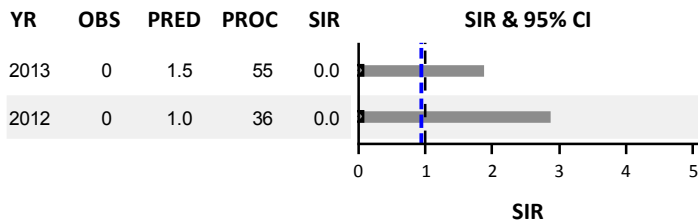
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

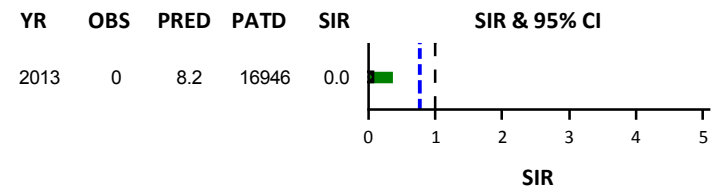
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.8	17465	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

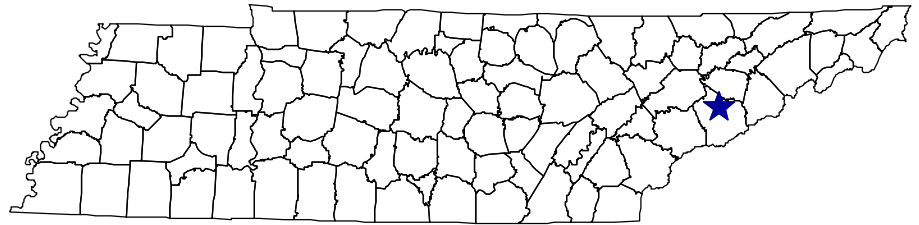
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - NHSN SIR=1
 - - - - 2013 TN SIR

LeConte Medical Center, Sevierville, Sevier County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for LeConte Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	1.1	787	1.70	(0.29, 5.61)	0.48
CAUTI	Adult/Pediatric ICU	0	2.2	1766	0.00	(0.00, 1.32)	1.37
SSI	Colon surgery	1	0.8	32	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.4	57	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.7	16422	N/A	N/A	1.13
	<i>C. difficile</i> infection	2	8.9	14945	0.22	(0.04, 0.74)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

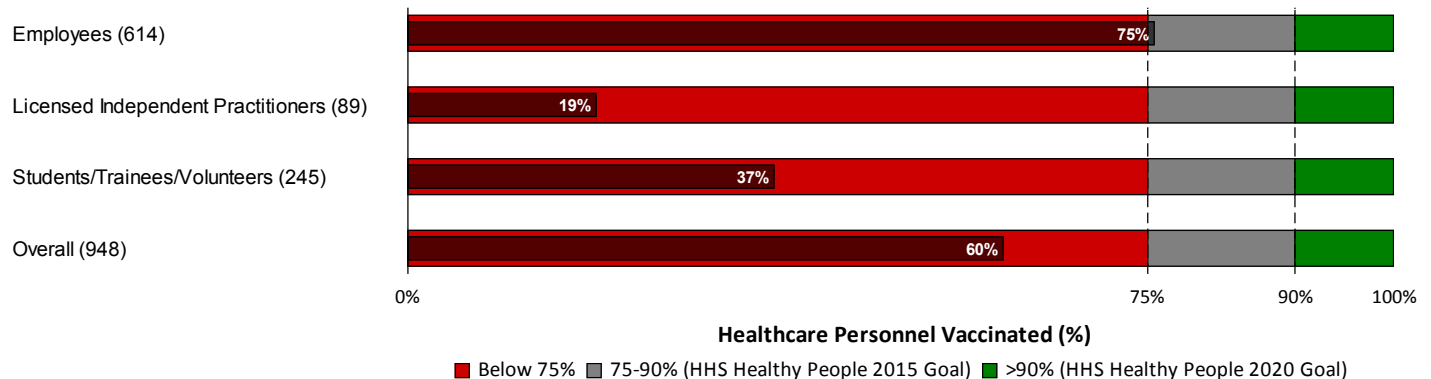
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at LeConte Medical Center

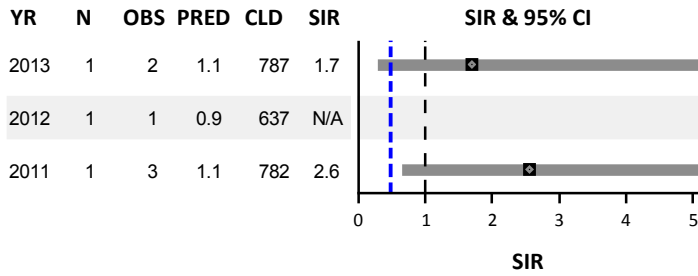
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



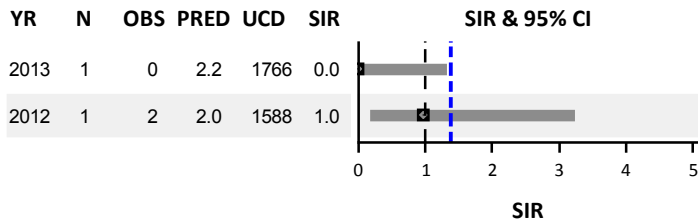
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	1	0.8	32	N/A
2012	0	0.9	38	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.4	57	N/A
2012	1	0.5	60	N/A

N/A: Number of predicted infections <1; no SIR calculated

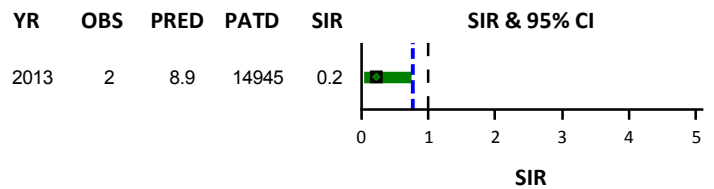
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.7	16422	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

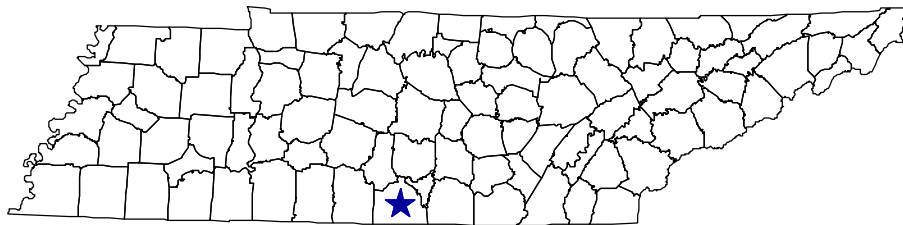
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Lincoln Medical Center, Fayetteville, Lincoln County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Lincoln Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.2	146	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.7	557	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.3	6902	N/A	N/A	1.13
	<i>C. difficile</i> infection	1	3.7	6902	0.27	(0.01, 1.32)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

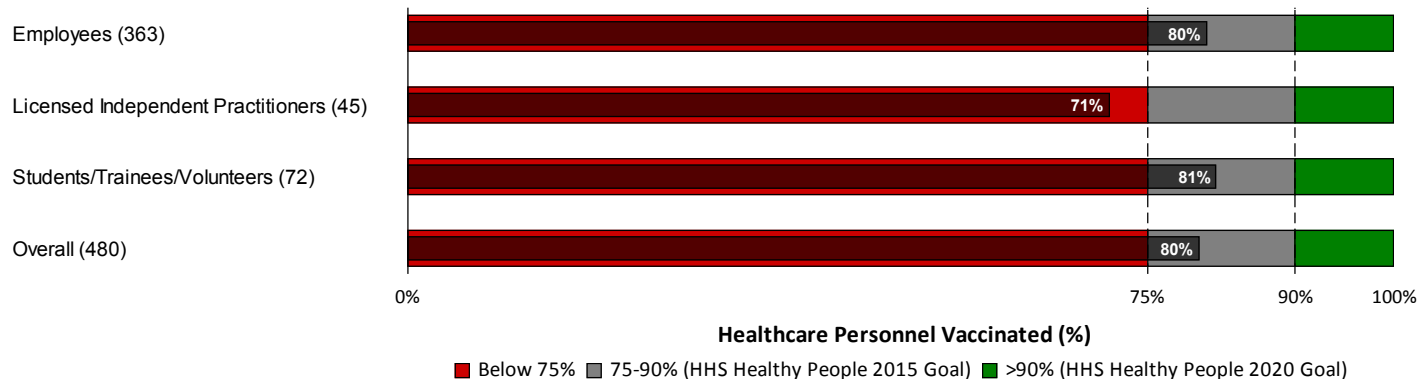
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Lincoln Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Lincoln Medical Center, Fayetteville, Lincoln County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.2	146	N/A
2012	1	0	0.2	141	N/A
2011	1	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.7	557	N/A
2012	1	1	0.8	622	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

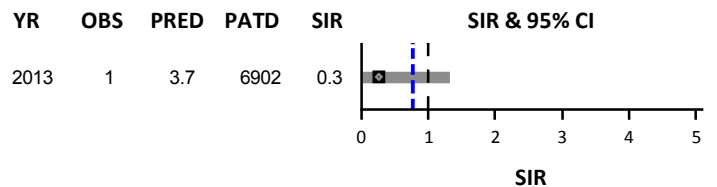
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.3	6902	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

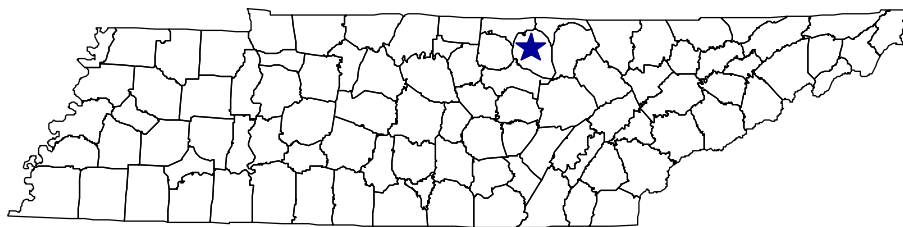
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
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 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Livingston Regional Hospital, Livingston, Overton County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Livingston Regional Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	125	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.5	421	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.7	14564	N/A	N/A	1.13
	<i>C. difficile</i> infection	15	10.3	14443	1.45	(0.85, 2.34)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

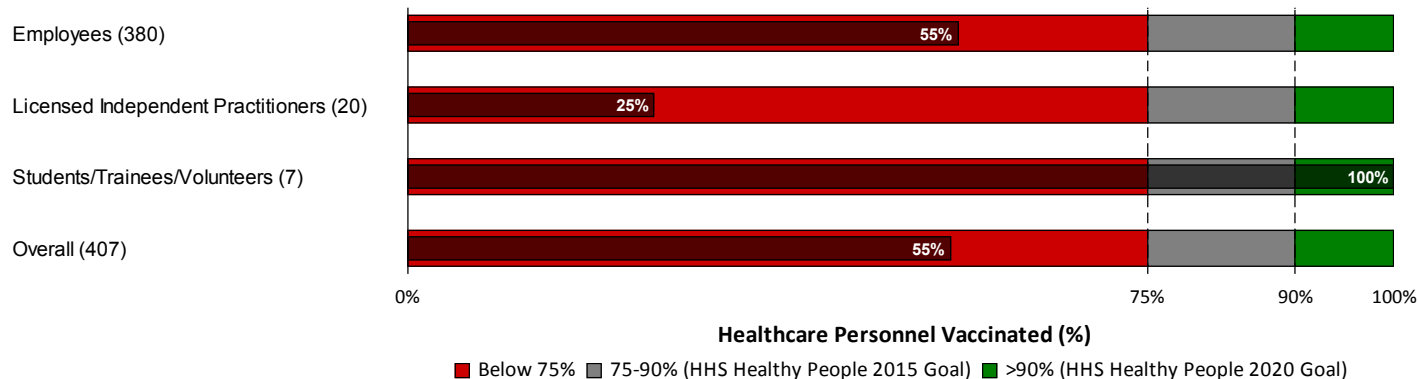
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Livingston Regional Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.1	125	N/A
2012	1	0	0.2	138	N/A
2011	1	0	0.1	120	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.5	421	N/A
2012	1	0	0.7	554	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

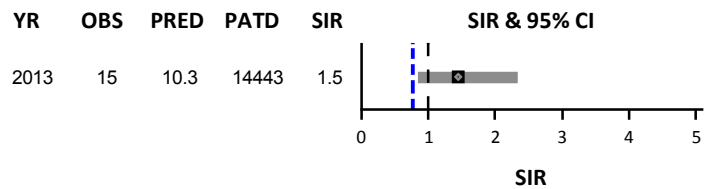
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	1	0.7	14564	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



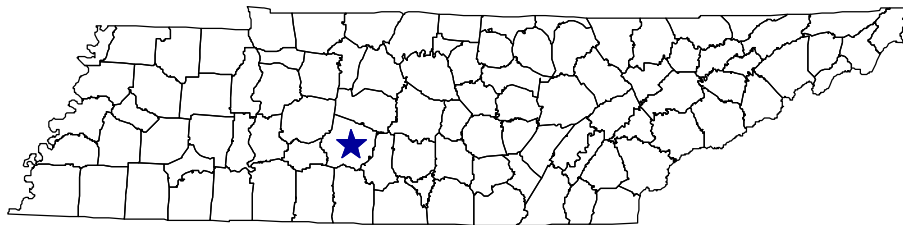
Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Maury Regional Medical Center, Columbia, Maury County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Maury Regional Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	4	5.4	3681	0.74	(0.24, 1.79)	0.48
	Neonatal ICU	0	0.1	110	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	13	4.9	4015	2.61	(1.45, 4.35)	1.37
SSI	Colon surgery	3	5.2	168	0.57	(0.15, 1.55)	0.93
	Abdominal hysterectomy	0	0.5	80	N/A	N/A	0.89
LabID	MRSA bacteremia	5	2.3	47512	2.12	(0.78, 4.70)	1.13
	<i>C. difficile</i> infection	43	42.8	43317	1.00	(0.74, 1.34)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

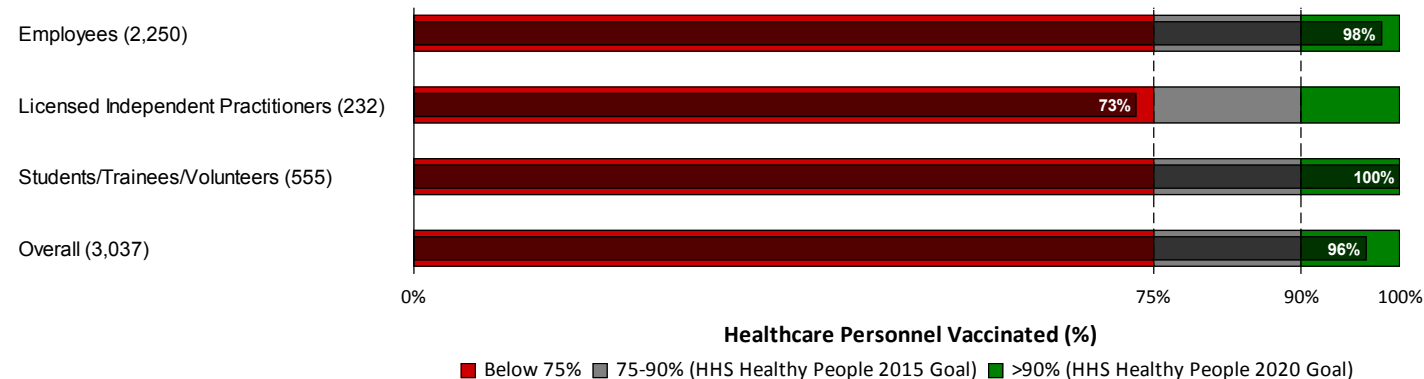
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Maury Regional Medical Center

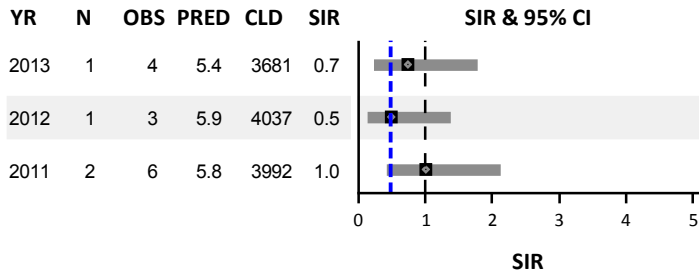
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



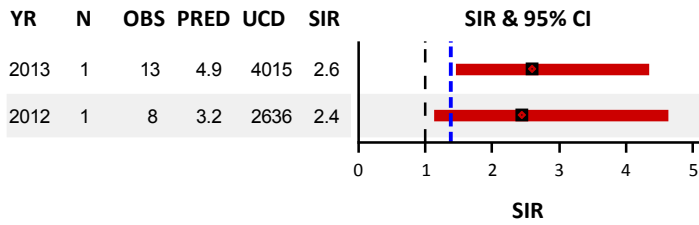
CLABSI - Neonatal ICUs

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.1	110	N/A
2012	1	0	0.1	82	N/A
2011	1	0	0.0	51	N/A

N/A: Number of predicted infections <1; no SIR calculated

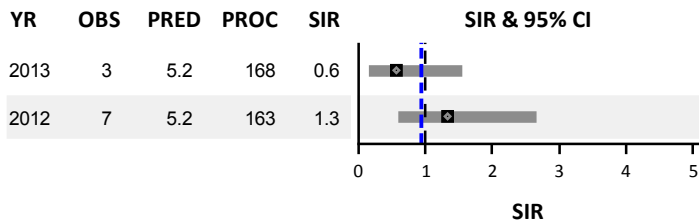
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



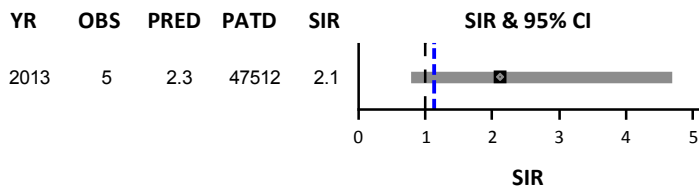
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.5	80	N/A
2012	0	1.0	130	0.0

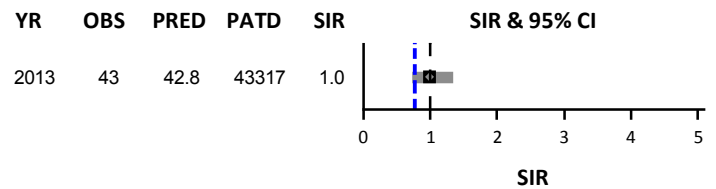
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

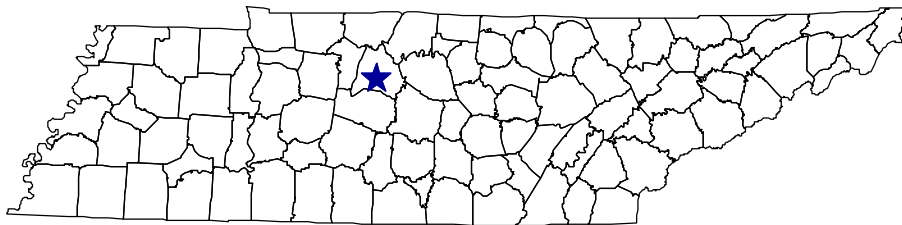
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
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 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

MCJ Children's Hospital at Vanderbilt, Nashville, Davidson County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for MCJ Children's Hospital at Vanderbilt:

- **Central line-associated bloodstream infections (CLABSI):** Pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Pediatric ICUs
- Any surgical site infections (SSI) following colon surgeries (COLO) or abdominal hysterectomies (HYST) and Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI) laboratory identified (LabID) events for this facility are reported with [Vanderbilt Medical Center](#)

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	4	25.1	7907	0.16	(0.05, 0.38)	0.48
	Neonatal ICU	11	22.3	10387	0.49	(0.26, 0.86)	0.51
CAUTI	Adult/Pediatric ICU	4	4.7	1744	0.84	(0.27, 2.01)	1.37

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

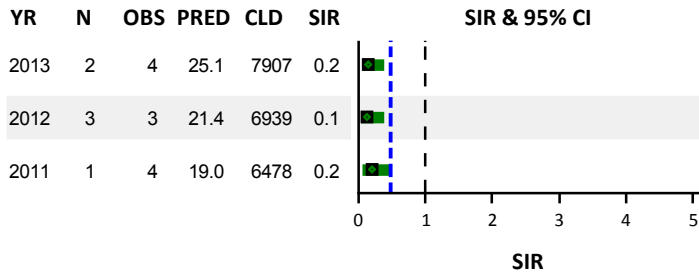
See page 2 for more detailed information about HAIs at MCJ Children's Hospital at Vanderbilt

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

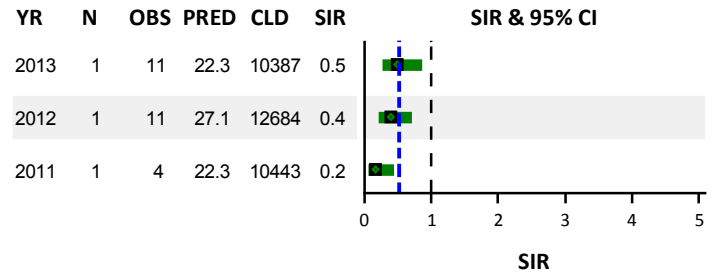
Healthcare personnel influenza vaccination data for this facility are reported with [Vanderbilt Medical Center](#)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

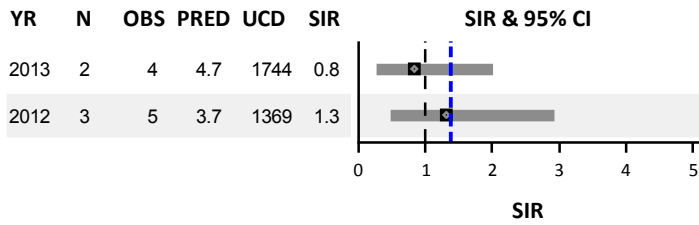


CLABSI - Neonatal ICUs



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Data reported as of September 4, 2014

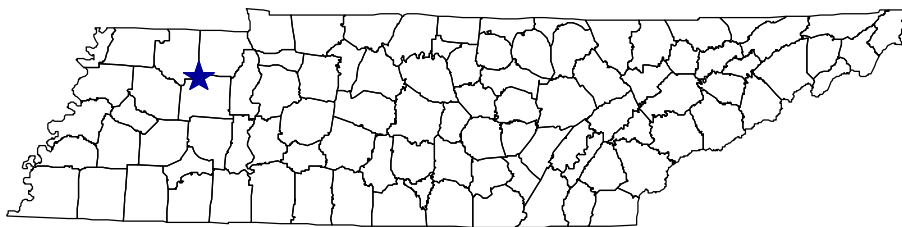
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
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■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

McKenzie Regional Hospital, McKenzie, Carroll County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for McKenzie Regional Hospital:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.1	3503	N/A	N/A	1.13
	C. difficile infection	5	1.7	3503	2.88	(1.05, 6.38)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

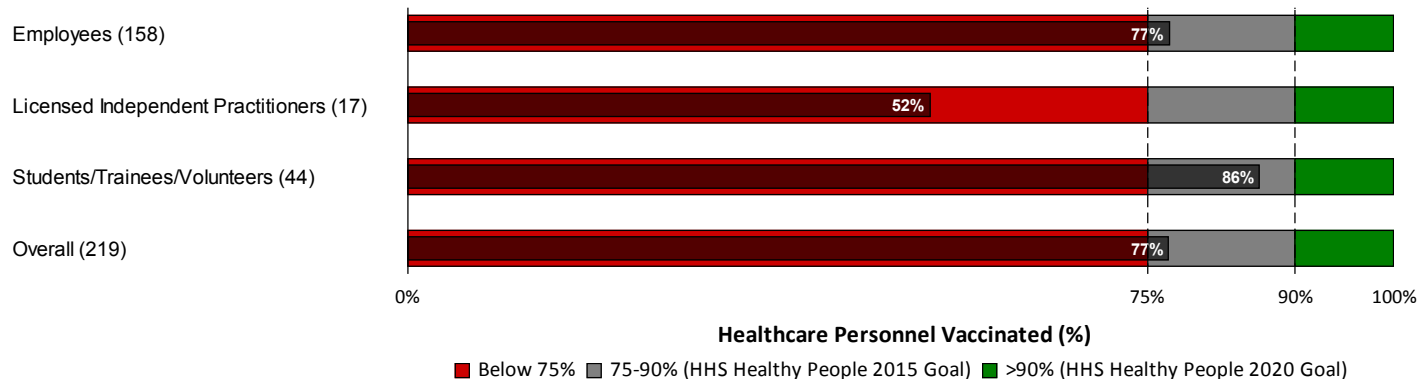
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at McKenzie Regional Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



McKenzie Regional Hospital, McKenzie, Carroll County

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	0	0.1	21	N/A

N/A: Number of predicted infections <1; no SIR calculated

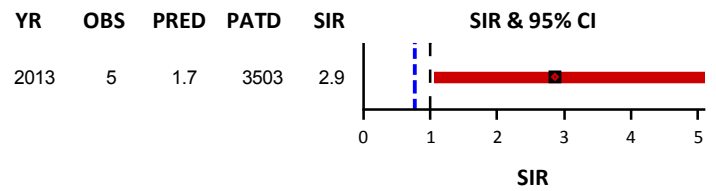
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.1	3503	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

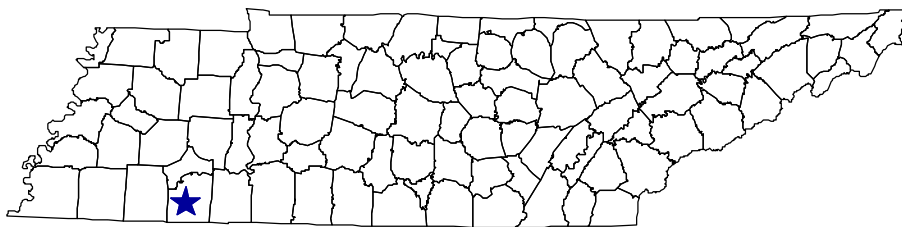
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - 2013 TN SIR
 - - - - NHSN SIR=1

McNairy Regional Hospital, Selmer, McNairy County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for McNairy Regional Hospital:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.2	4203	N/A	N/A	1.13
	C. difficile infection	1	2.0	3841	0.48	(0.02, 2.39)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

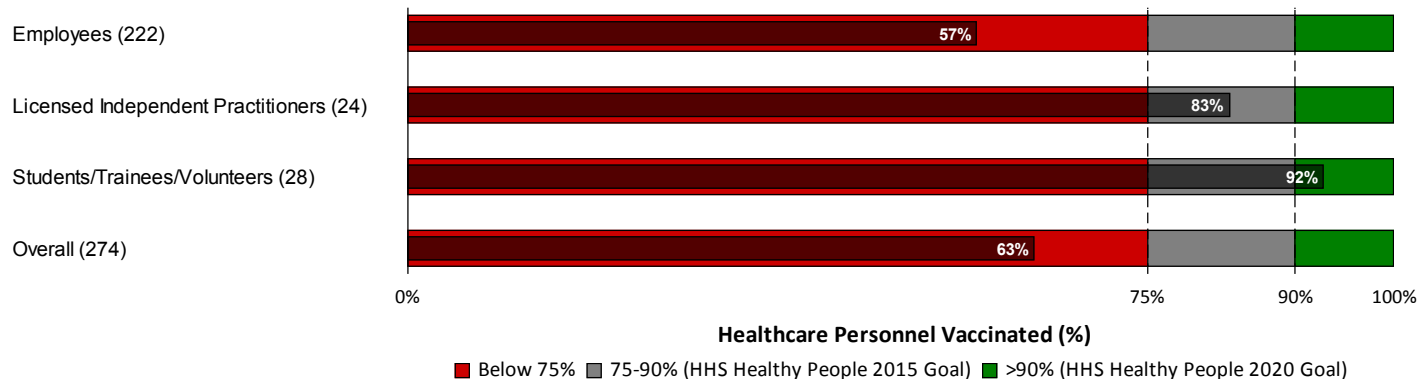
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at McNairy Regional Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



McNairy Regional Hospital, Selmer, McNairy County

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	1	0.1	23	N/A

N/A: Number of predicted infections <1; no SIR calculated

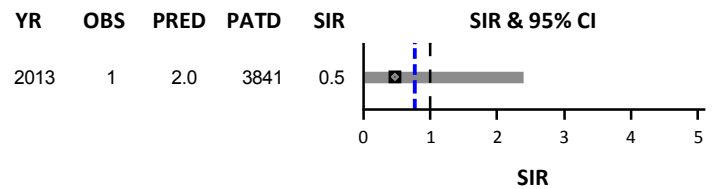
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	1	0.2	4203	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



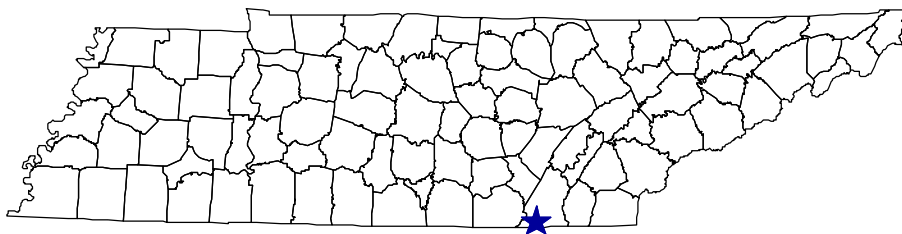
Data reported as of September 4, 2014

YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - NHSN SIR=1
 - - - - 2013 TN SIR

Memorial Healthcare System, Chattanooga, Hamilton County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Memorial Healthcare System:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	9	8.0	4240	1.12	(0.55, 2.05)	0.48
CAUTI	Adult/Pediatric ICU	26	21.1	10338	1.23	(0.82, 1.78)	1.37
SSI	Colon surgery	19	11.7	370	1.61	(1.00, 2.47)	0.93
	Abdominal hysterectomy	1	1.1	98	0.87	(0.04, 4.28)	0.89
LabID	MRSA bacteremia	7	6.9	93821	1.01	(0.44, 2.00)	1.13
	<i>C. difficile</i> infection	75	78.4	93821	0.96	(0.76, 1.19)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

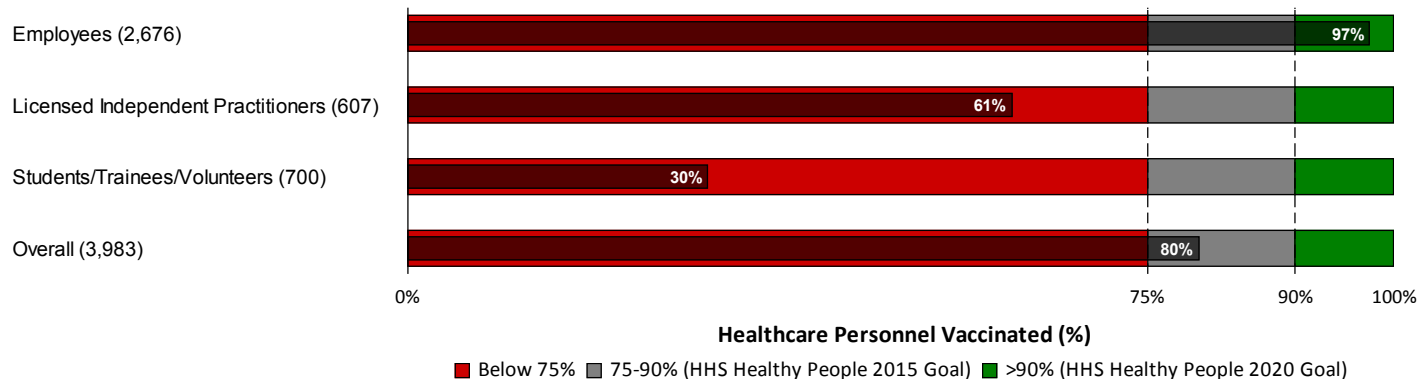
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Memorial Healthcare System

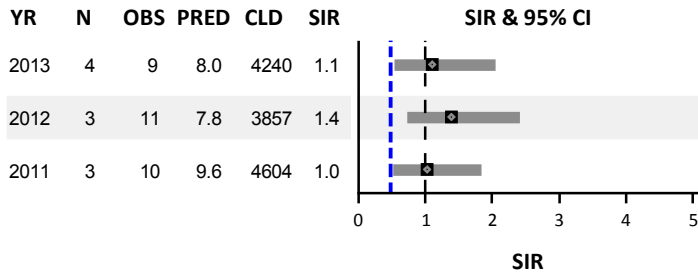
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



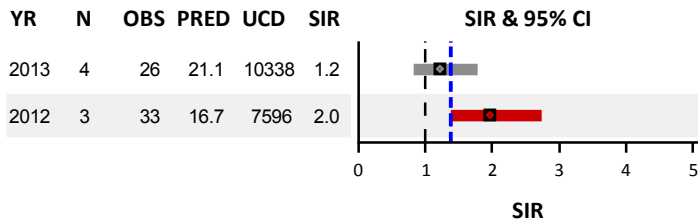
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



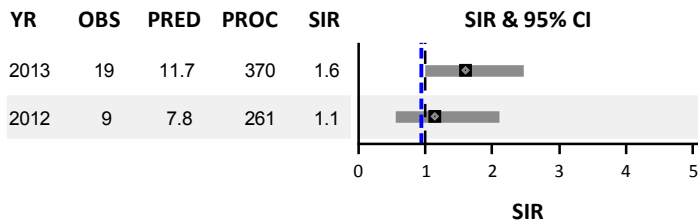
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

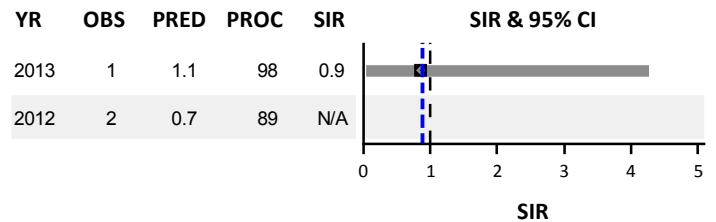


Surgical Site Infections (SSI)

SSI - Colon Surgery

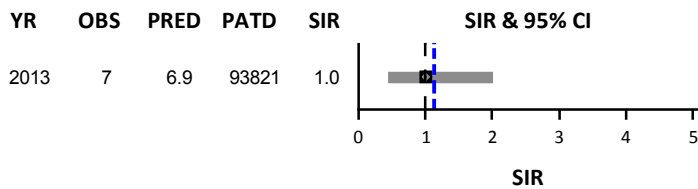


SSI - Abdominal Hysterectomy

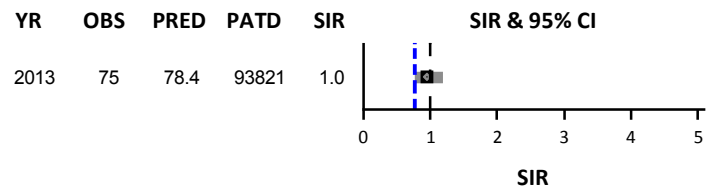


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

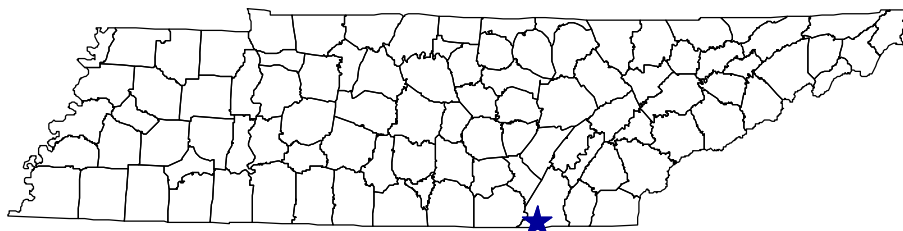
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Memorial Hixson Hospital, Chattanooga, Hamilton County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Memorial Hixson Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.6	425	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.6	529	N/A	N/A	1.37
SSI	Colon surgery	0	1.3	47	0.00	(0.00, 2.26)	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.4	16988	0.67	(0.03, 3.31)	1.13
	<i>C. difficile</i> infection	6	12.2	16988	0.49	(0.20, 1.02)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

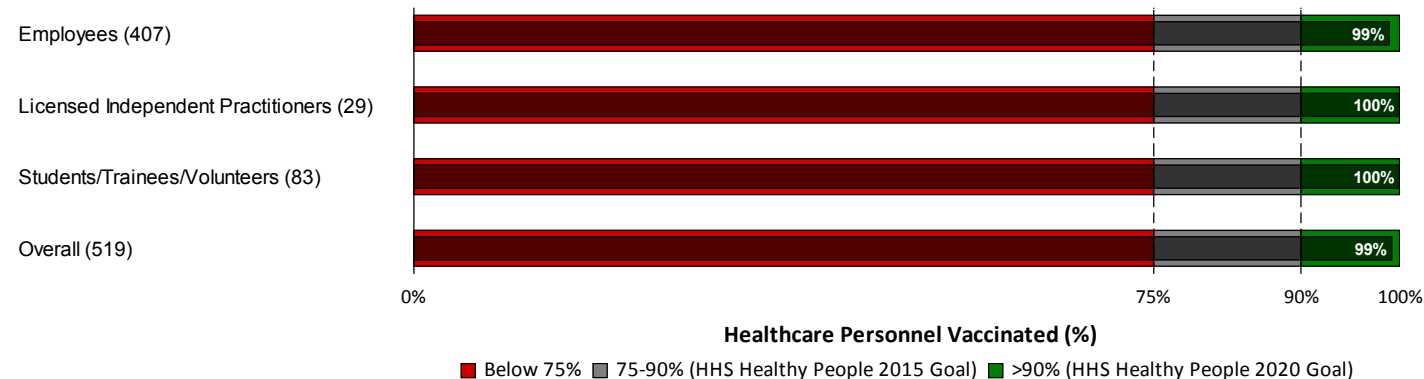
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Memorial Hixson Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Memorial Hixson Hospital, Chattanooga, Hamilton County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.6	425	N/A
2012	1	0	0.6	403	N/A
2011	1	0	0.4	281	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

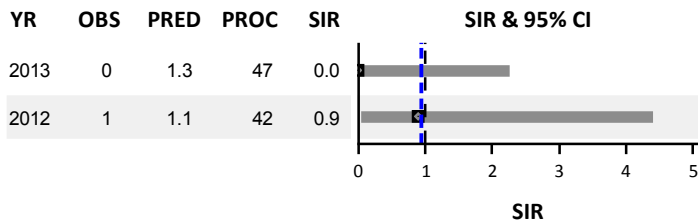
CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.6	529	N/A
2012	1	3	1.0	840	2.8

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery



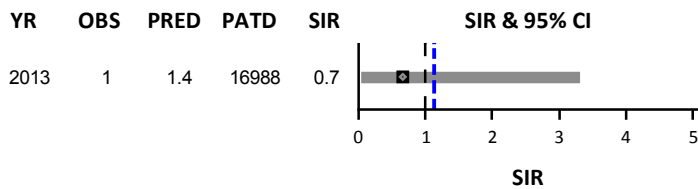
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

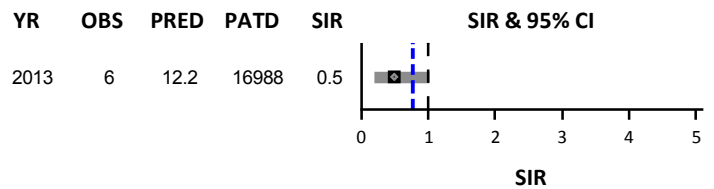
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

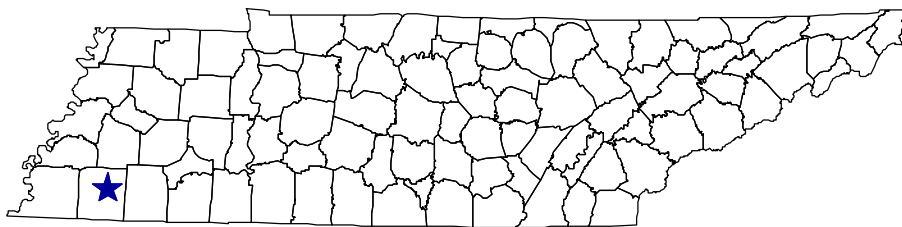
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1

Methodist Healthcare Fayette, Somerville, Fayette County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Methodist Healthcare Fayette:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
- **Surgical site infections (SSI):** This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	582	N/A	N/A	1.13
	C. difficile infection	0	0.2	447	N/A	N/A	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

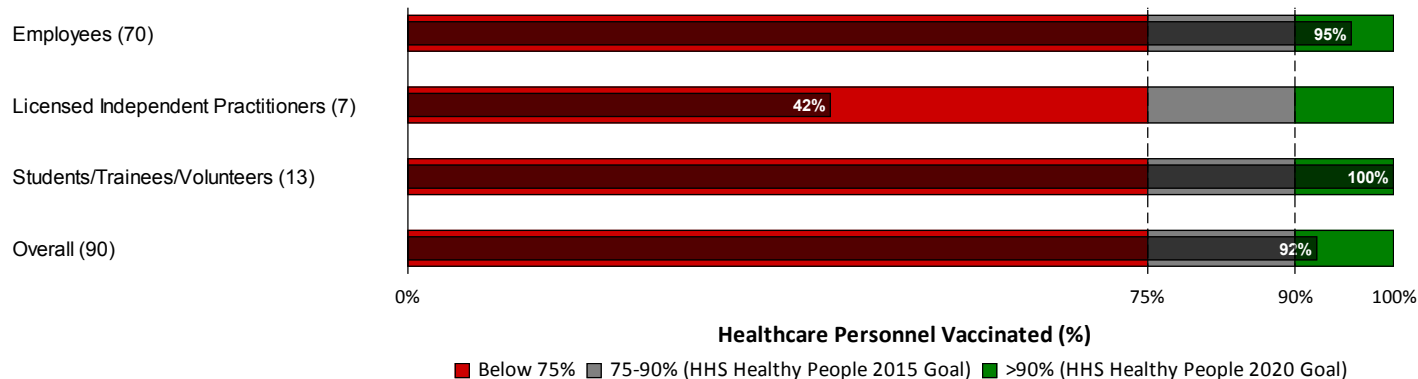
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Methodist Healthcare Fayette

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Methodist Healthcare Fayette, Somerville, Fayette County

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.0	582	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRED	PATD	SIR
2013	0	0.2	447	N/A

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

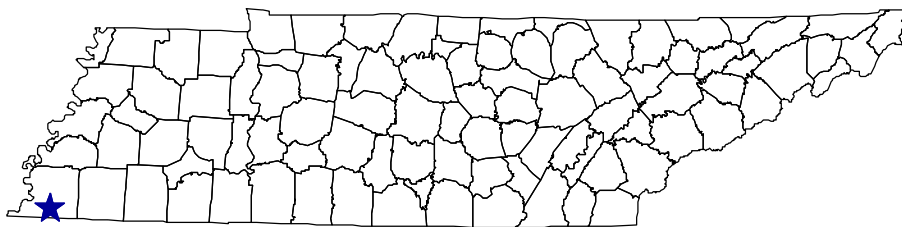
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - 2013 TN SIR
 - - - - NHSN SIR=1

Methodist Healthcare Germantown, Memphis, Shelby County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Methodist Healthcare Germantown:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	6.3	4329	0.00	(0.00, 0.47)	0.48
	Neonatal ICU	0	4.0	1376	0.00	(0.00, 0.73)	0.51
CAUTI	Adult/Pediatric ICU	7	6.2	5016	1.12	(0.49, 2.22)	1.37
SSI	Colon surgery	3	7.0	264	0.43	(0.11, 1.17)	0.93
	Abdominal hysterectomy	3	7.2	955	0.41	(0.11, 1.12)	0.89
LabID	MRSA bacteremia	5	3.8	82927	1.29	(0.47, 2.86)	1.13
	<i>C. difficile</i> infection	50	54.4	64728	0.92	(0.69, 1.20)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

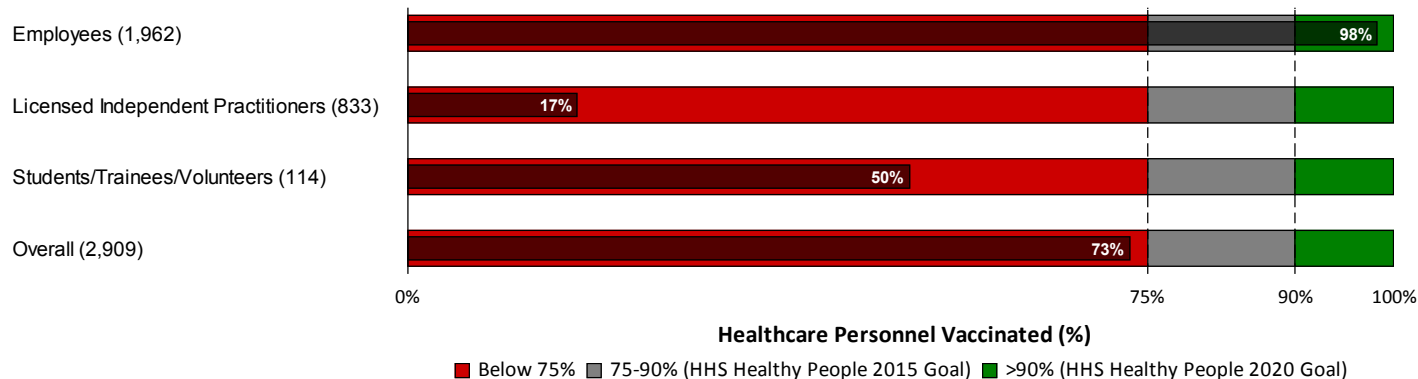
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Methodist Healthcare Germantown

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

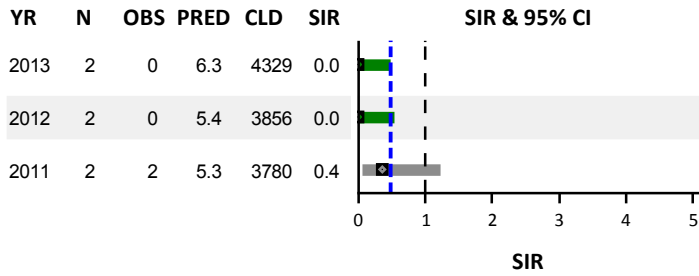
Healthcare Personnel Category (Total)



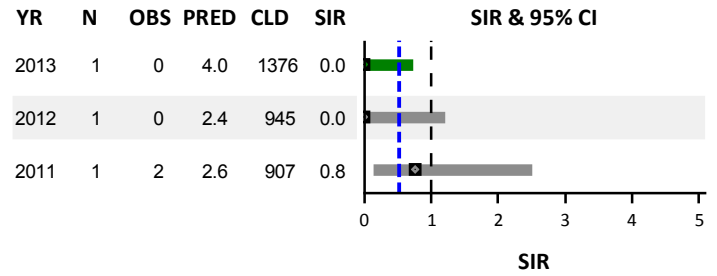
Methodist Healthcare Germantown, Memphis, Shelby County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

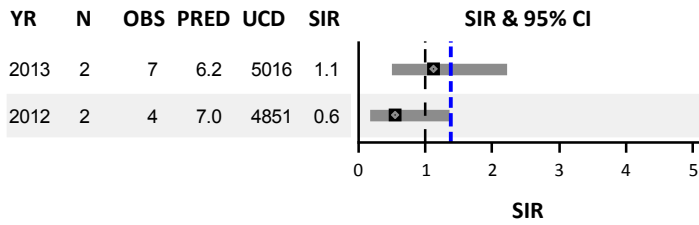


CLABSI - Neonatal ICUs



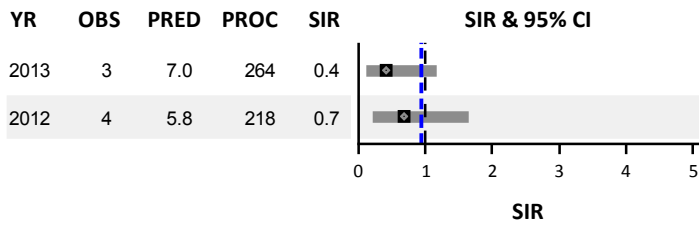
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

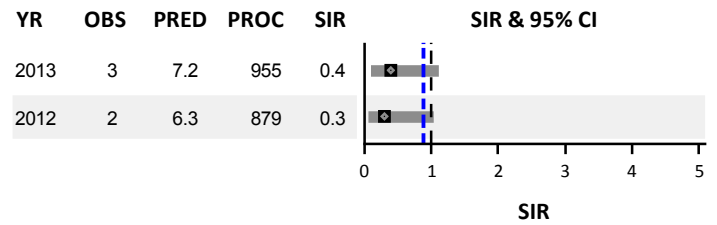


Surgical Site Infections (SSI)

SSI - Colon Surgery

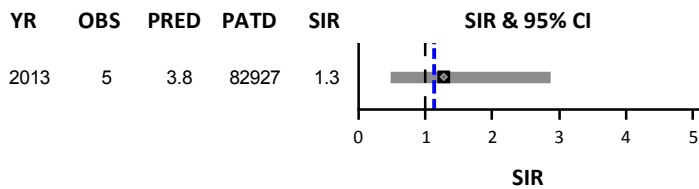


SSI - Abdominal Hysterectomy

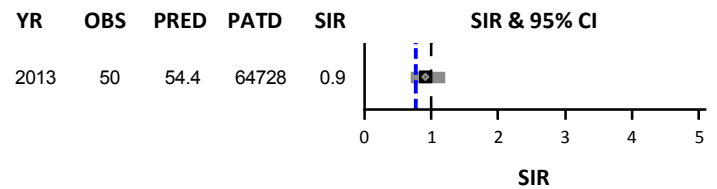


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

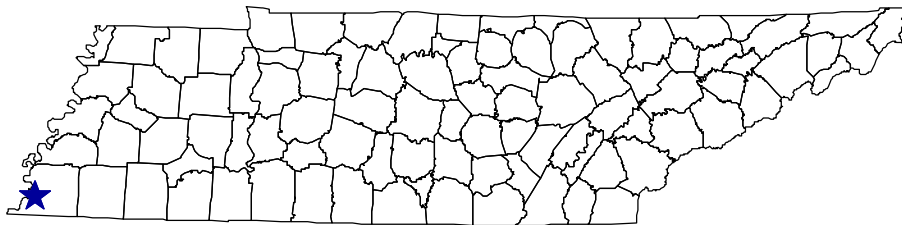
--- 2013 TN SIR

--- NHSN SIR=1

Methodist Healthcare LeBonheur, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Methodist Healthcare LeBonheur:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	14.5	5025	0.14	(0.02, 0.45)	0.48
	Neonatal ICU	3	17.8	7182	0.17	(0.04, 0.46)	0.51
CAUTI	Adult/Pediatric ICU	6	7.6	3088	0.79	(0.32, 1.63)	1.37
SSI	Colon surgery	0	1.0	35	0.00	(0.00, 2.85)	0.93
LabID	MRSA bacteremia	4	4.5	70781	0.88	(0.28, 2.13)	1.13
	<i>C. difficile</i> infection	17	48.4	55319	0.35	(0.21, 0.55)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

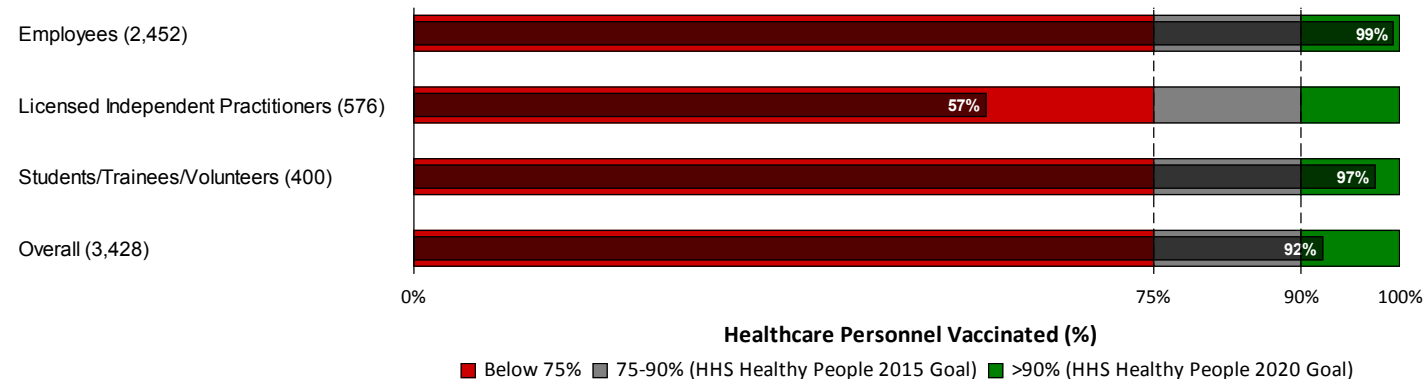
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Methodist Healthcare LeBonheur

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

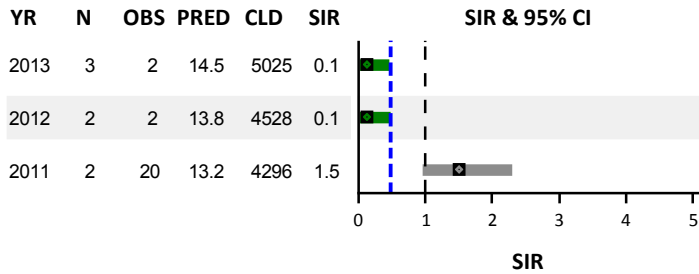
Healthcare Personnel Category (Total)



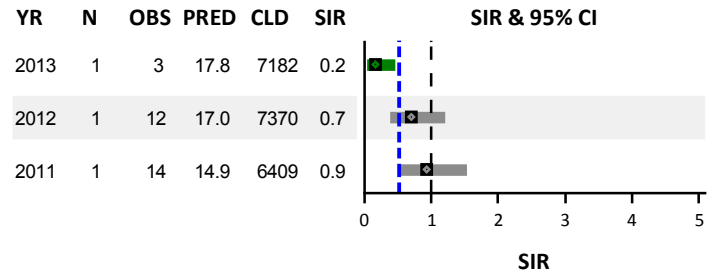
Methodist Healthcare LeBonheur, Memphis, Shelby County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

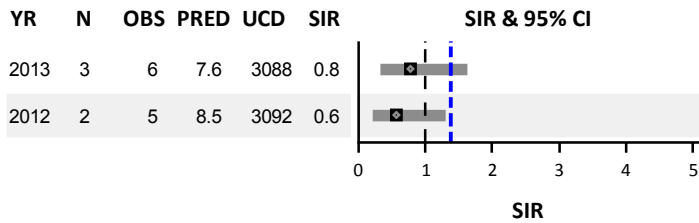


CLABSI - Neonatal ICUs



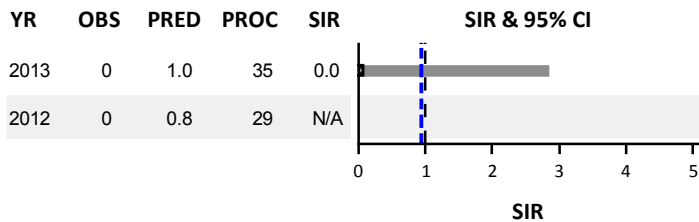
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

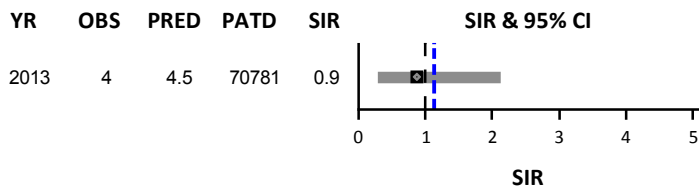


SSI - Abdominal Hysterectomy

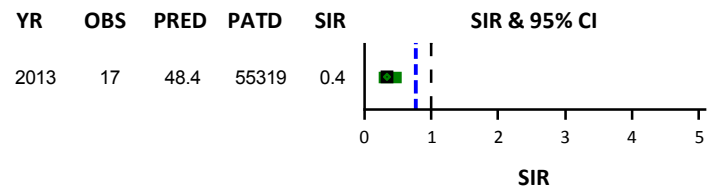
No eligible procedures were performed during this reporting period

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

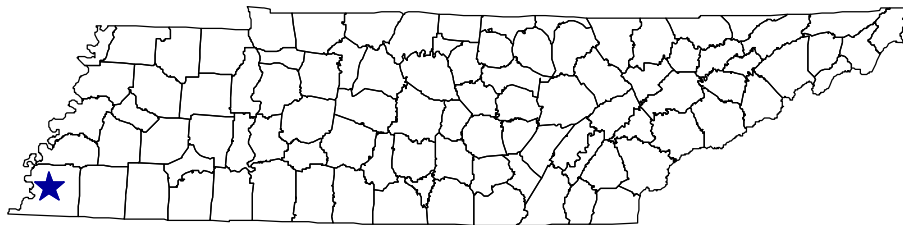
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Methodist Healthcare North, Memphis, Shelby County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Methodist Healthcare North:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	8.5	4833	0.12	(0.01, 0.58)	0.48
CAUTI	Adult/Pediatric ICU	14	12.0	6667	1.16	(0.66, 1.90)	1.37
SSI	Colon surgery	2	1.3	54	1.50	(0.25, 4.94)	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	8	4.0	60901	2.00	(0.93, 3.80)	1.13
	<i>C. difficile</i> infection	47	43.2	60901	1.09	(0.81, 1.43)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

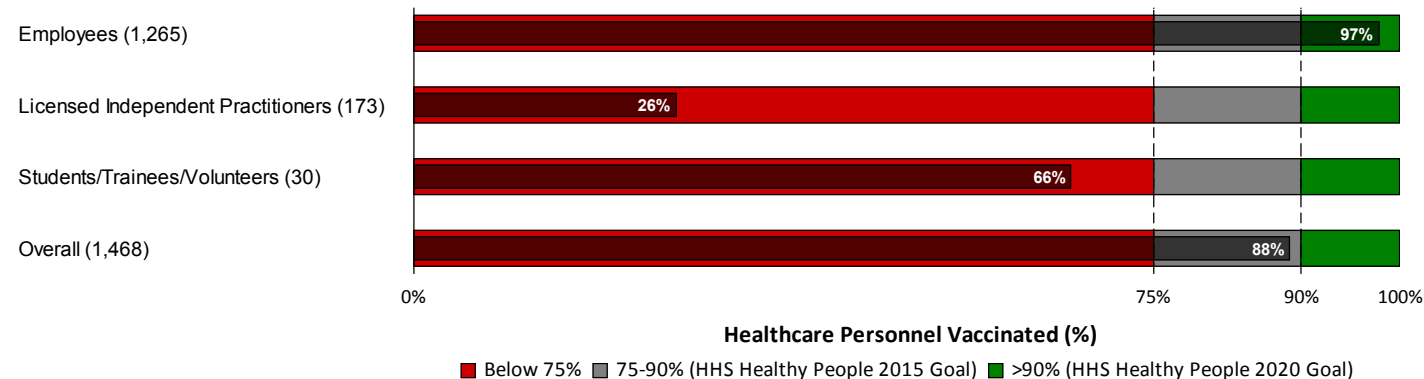
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Methodist Healthcare North

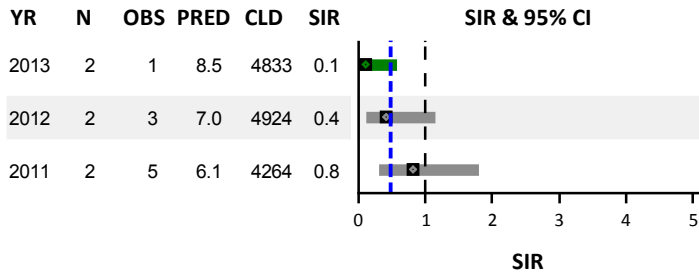
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



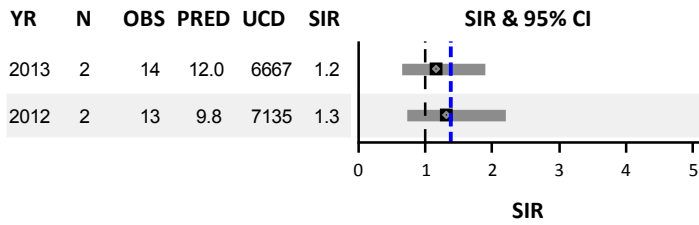
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



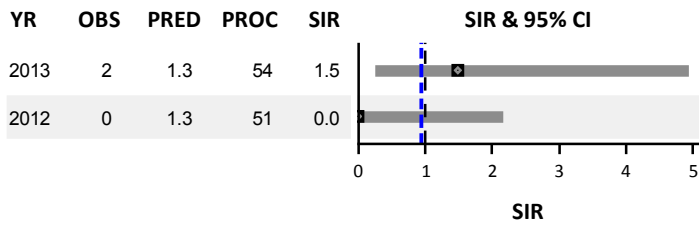
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



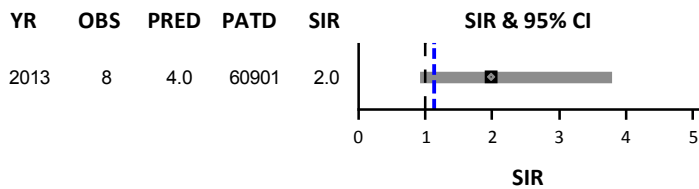
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2013	N/A	N/A	N/A	N/A

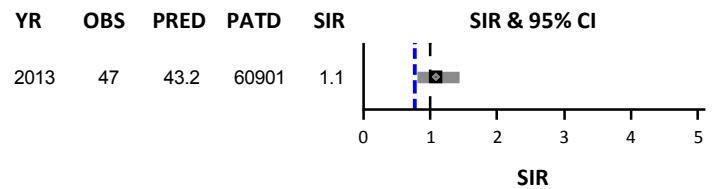
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

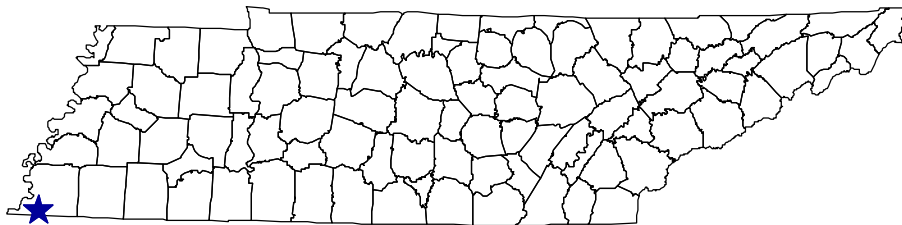
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Methodist Healthcare South, Memphis, Shelby County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Methodist Healthcare South:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	2.1	1470	0.00	(0.00, 1.39)	0.48
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	9	3.0	2467	2.94	(1.43, 5.39)	1.37
SSI	Colon surgery	1	1.1	56	0.84	(0.04, 4.16)	0.93
	Abdominal hysterectomy	1	0.6	93	N/A	N/A	0.89
LabID	MRSA bacteremia	0	1.4	30551	0.00	(0.00, 2.01)	1.13
	C. difficile infection	9	20.5	27848	0.44	(0.21, 0.80)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

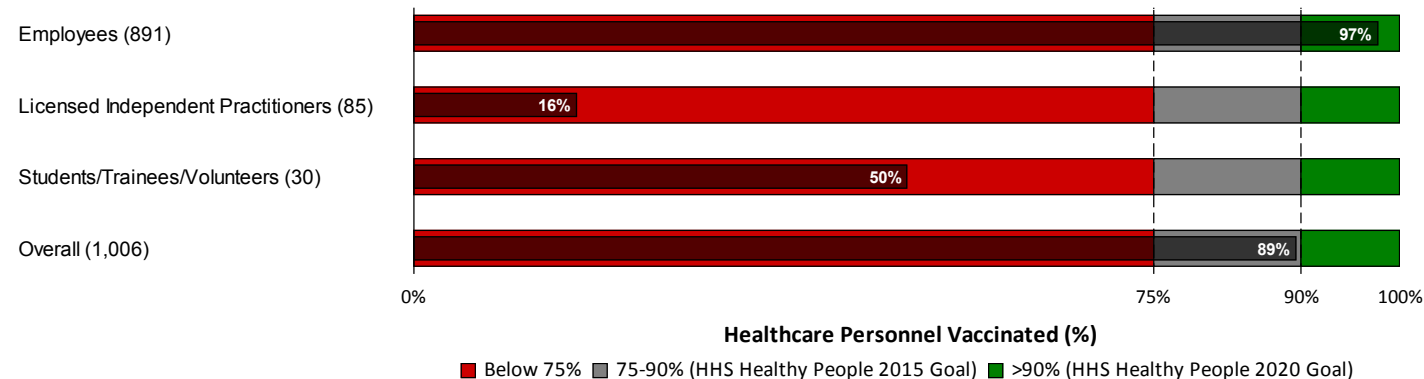
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Methodist Healthcare South

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

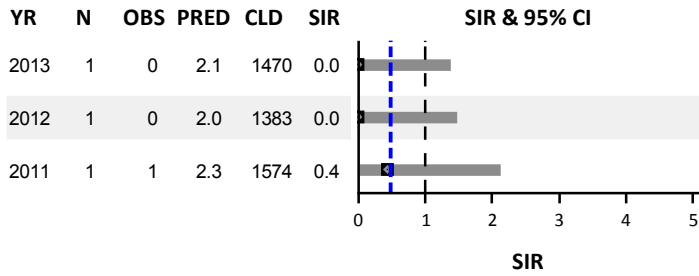
Healthcare Personnel Category (Total)



Methodist Healthcare South, Memphis, Shelby County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



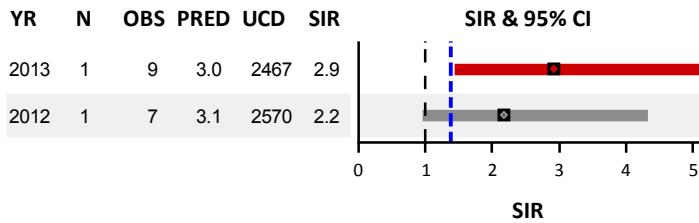
CLABSI - Neonatal ICUs

YR	N	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	N/A	N/A	N/A	N/A
2011	1	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

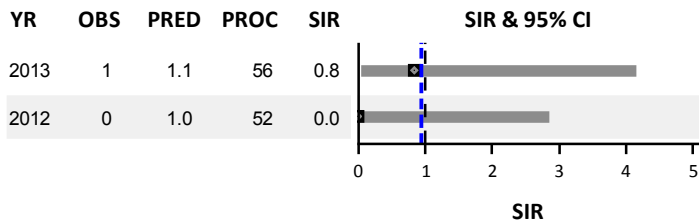
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



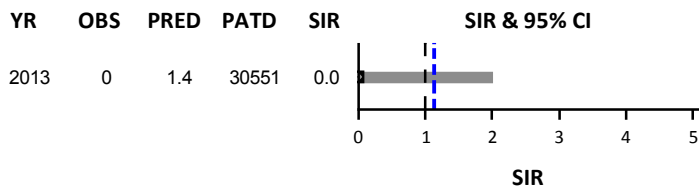
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	1	0.6	93	N/A
2012	0	0.7	95	N/A

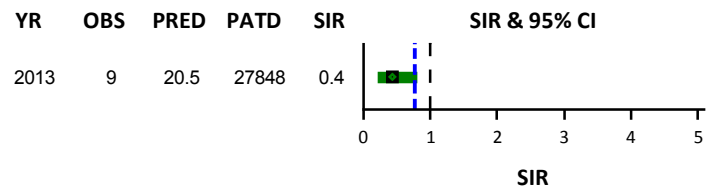
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



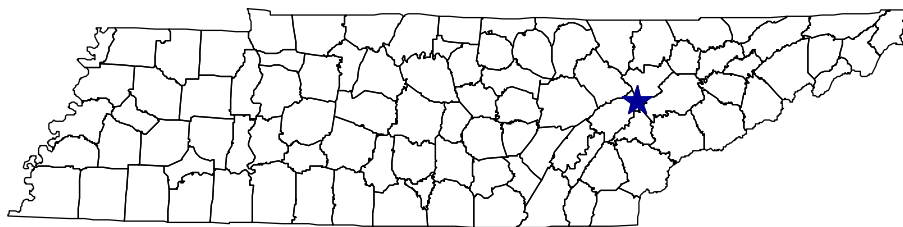
Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Methodist Medical Center of Oak Ridge, Oak Ridge, Anderson County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Methodist Medical Center of Oak Ridge:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	5.9	4065	0.84	(0.31, 1.86)	0.48
CAUTI	Adult/Pediatric ICU	12	7.7	6266	1.54	(0.84, 2.62)	1.37
SSI	Colon surgery	1	3.9	115	0.26	(0.01, 1.26)	0.93
	Abdominal hysterectomy	1	0.7	78	N/A	N/A	0.89
LabID	MRSA bacteremia	6	3.8	51652	1.55	(0.63, 3.23)	1.13
	C. difficile infection	50	40.4	50510	1.24	(0.93, 1.62)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

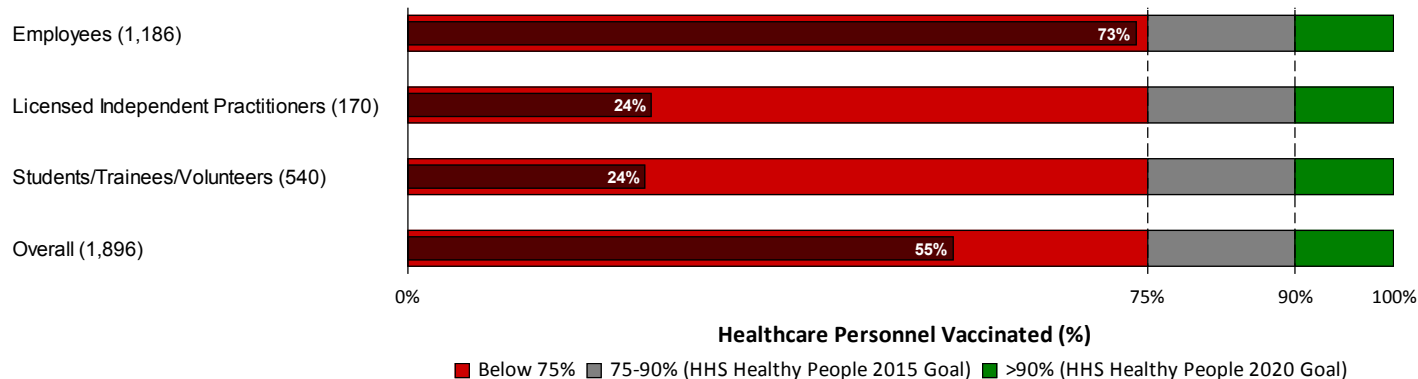
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Methodist Medical Center of Oak Ridge

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

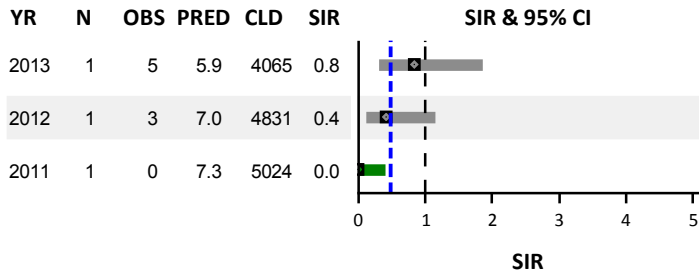
Healthcare Personnel Category (Total)



Methodist Medical Center of Oak Ridge, Oak Ridge, Anderson County

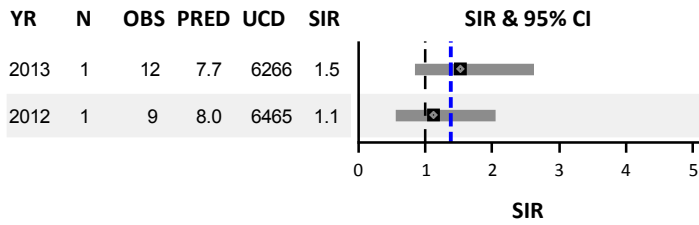
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



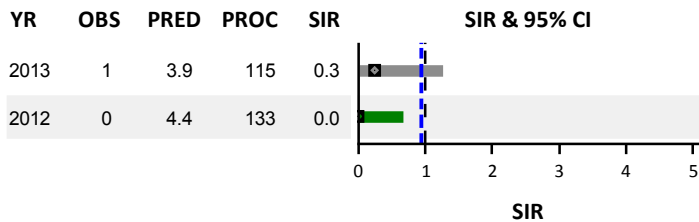
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



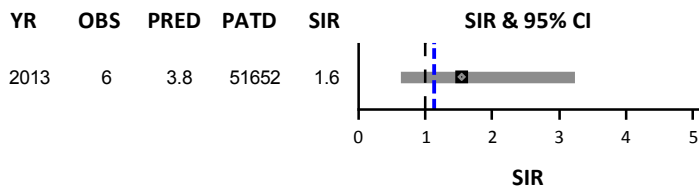
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	1	0.7	78	N/A
2012	0	0.8	86	N/A

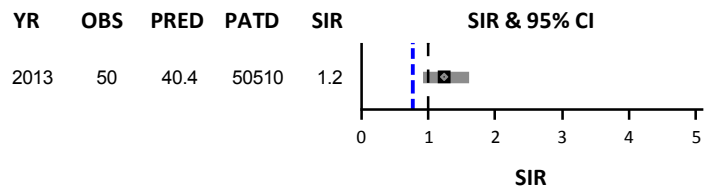
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

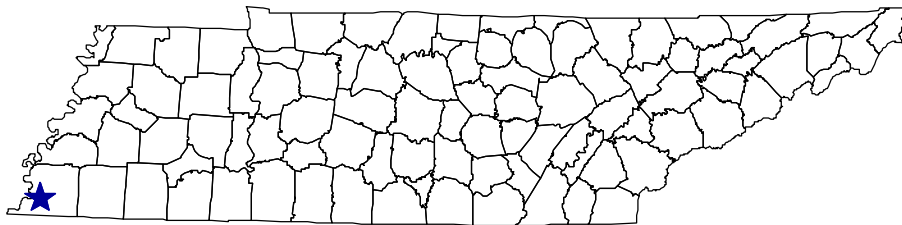
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- 2013 TN SIR
- - - NHSN SIR=1

Methodist University Hospital, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Methodist University Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	29.2	12939	0.10	(0.03, 0.28)	0.48
CAUTI	Adult/Pediatric ICU	55	40.2	13977	1.37	(1.04, 1.77)	1.37
SSI	Colon surgery	7	5.9	178	1.17	(0.51, 2.31)	0.93
	Abdominal hysterectomy	1	2.5	299	0.40	(0.02, 1.95)	0.89
LabID	MRSA bacteremia	14	19.7	113606	0.71	(0.40, 1.16)	1.13
	<i>C. difficile</i> infection	94	106.7	113606	0.88	(0.72, 1.07)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

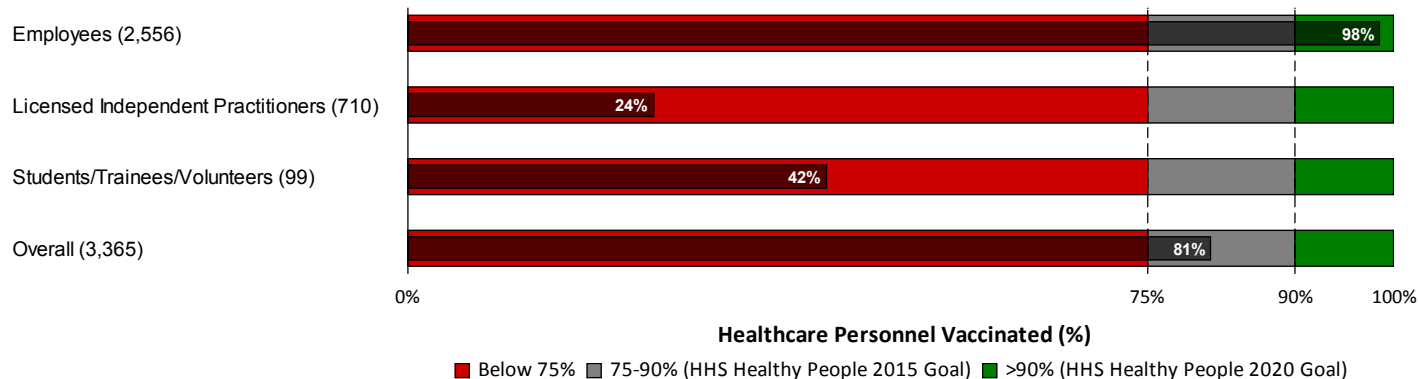
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Methodist University Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



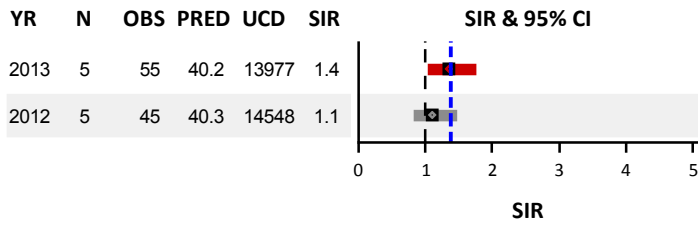
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



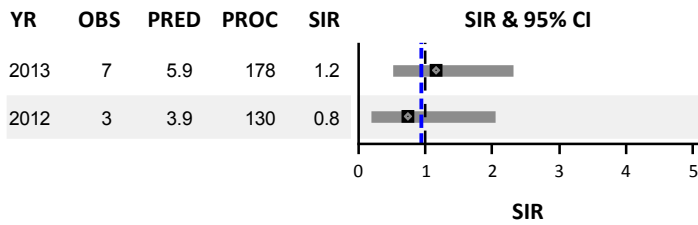
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

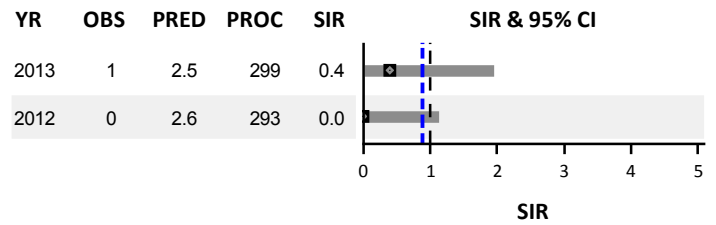


Surgical Site Infections (SSI)

SSI - Colon Surgery

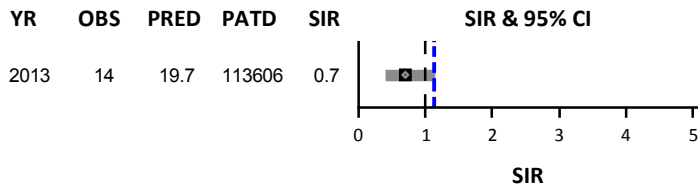


SSI - Abdominal Hysterectomy

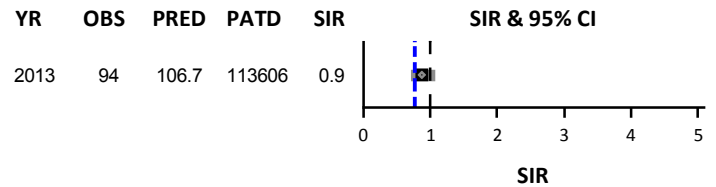


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

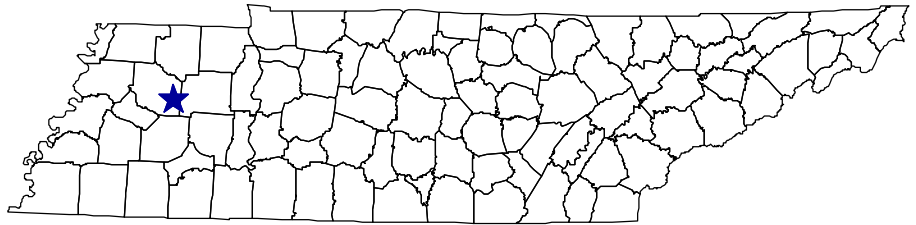
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Milan General Hospital, Milan, Gibson County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Milan General Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.1	83	N/A	N/A	1.37
SSI	Colon surgery	0	0.4	20	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.0	1030	N/A	N/A	1.13
	<i>C. difficile</i> infection	0	0.7	1312	N/A	N/A	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

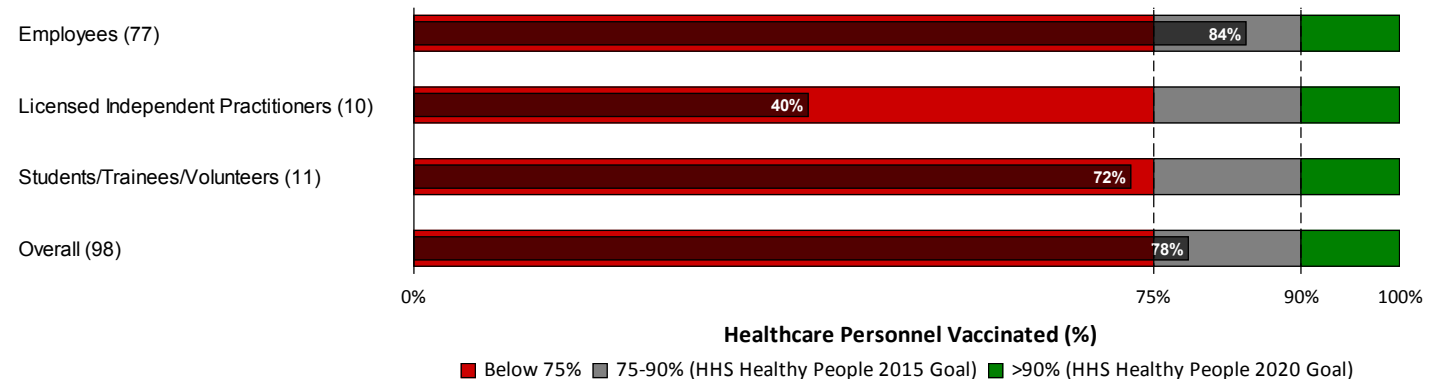
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Milan General Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Milan General Hospital, Milan, Gibson County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.0	60	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.1	83	N/A
2012	1	0	0.1	135	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	0	0.4	20	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.0	1030	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRED	PATD	SIR
2013	0	0.7	1312	N/A

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

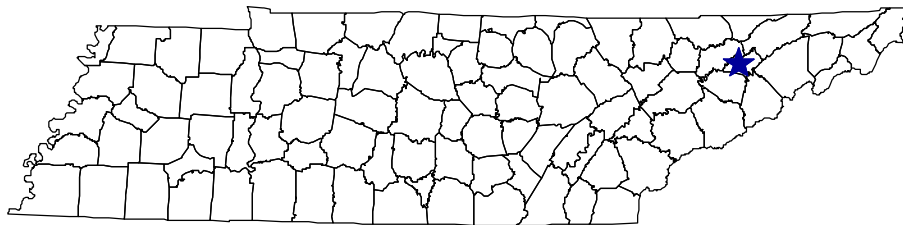
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - 2013 TN SIR
 - - - - NHSN SIR=1

Morristown-Hamblen Healthcare System, Morristown, Hamblen County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Morristown-Hamblen Healthcare System:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.7	522	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	2.9	2278	0.00	(0.00, 1.02)	1.37
SSI	Colon surgery	0	1.1	49	0.00	(0.00, 2.68)	0.93
	Abdominal hysterectomy	1	0.5	80	N/A	N/A	0.89
LabID	MRSA bacteremia	1	3.0	29681	0.33	(0.02, 1.60)	1.13
	C. difficile infection	6	13.9	27878	0.43	(0.18, 0.90)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

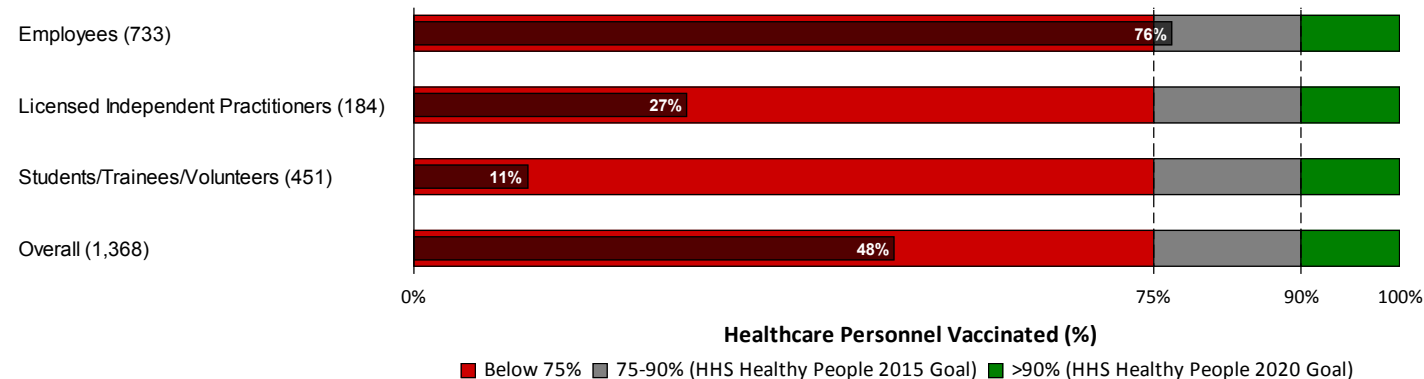
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Morristown-Hamblen Healthcare System

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Morristown-Hamblen Healthcare System, Morristown, Hamblen County

Central Line-Associated Bloodstream Infections (CLABSI)

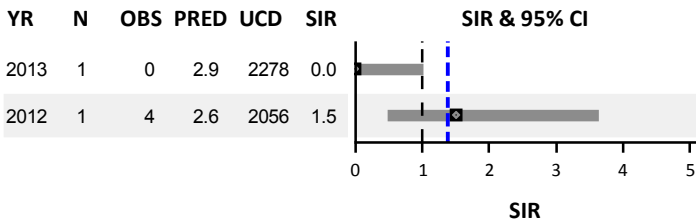
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	1	0.7	522	N/A
2012	1	0	0.8	578	N/A
2011	2	0	1.0	727	0.0

N/A: Number of predicted infections <1; no SIR calculated

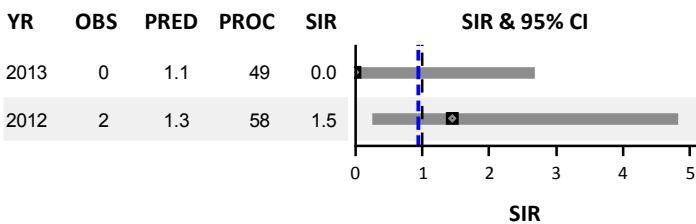
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



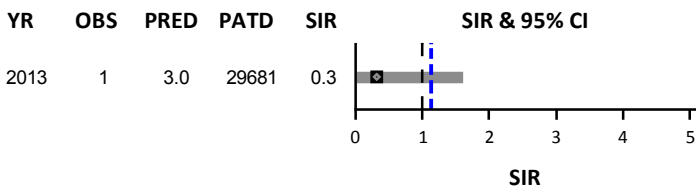
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	1	0.5	80	N/A
2012	0	0.9	121	N/A

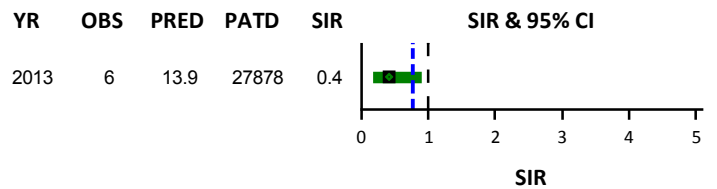
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

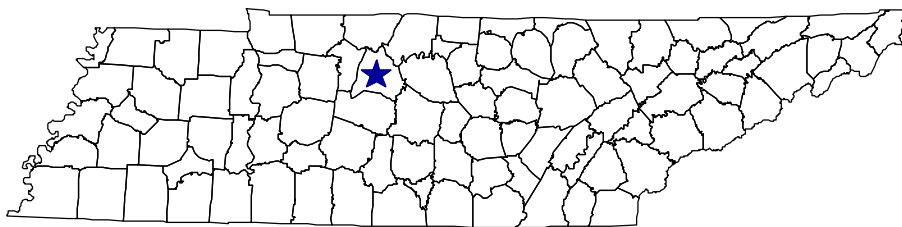
--- 2013 TN SIR

--- NHSN SIR=1

Nashville General Hospital at Meharry, Nashville, Davidson County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Nashville General Hospital at Meharry:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	2.6	1251	1.14	(0.29, 3.10)	0.48
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	0	4.0	1793	0.00	(0.00, 0.73)	1.37
SSI	Colon surgery	2	1.3	50	1.48	(0.25, 4.90)	0.93
	Abdominal hysterectomy	0	0.4	45	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.8	18005	0.55	(0.03, 2.70)	1.13
	C. difficile infection	1	9.6	16493	0.10	(0.01, 0.51)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

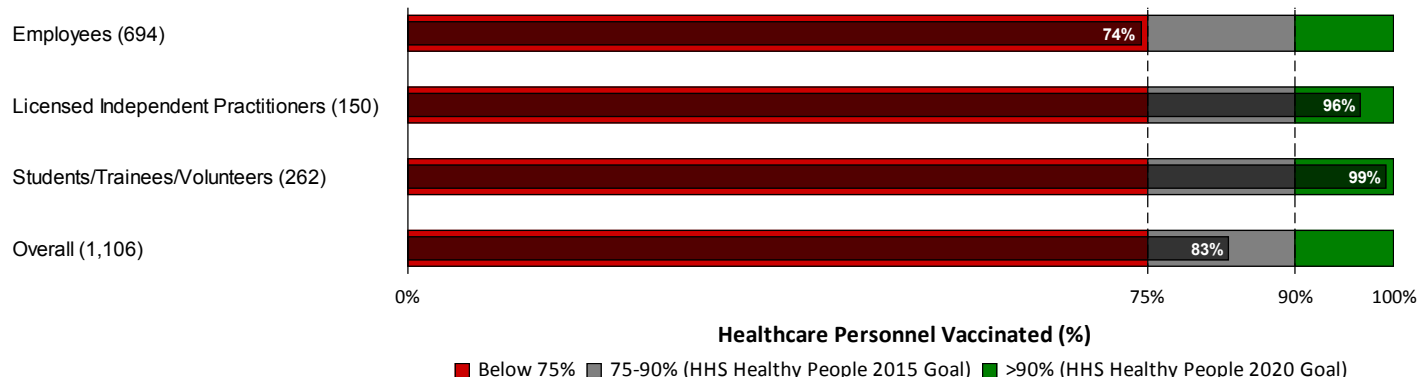
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Nashville General Hospital at Meharry

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

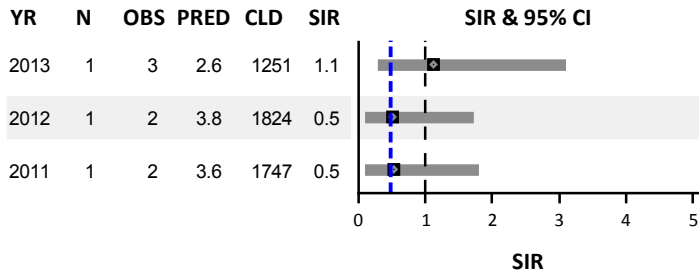
Healthcare Personnel Category (Total)



Nashville General Hospital at Meharry, Nashville, Davidson County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



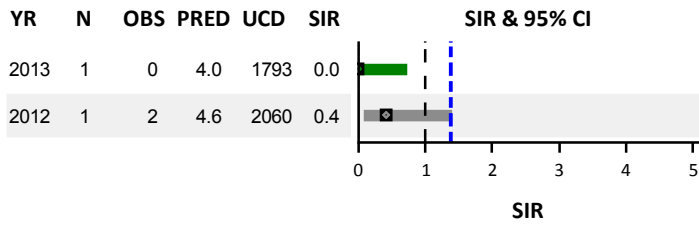
CLABSI - Neonatal ICUs

YR	N	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.1	88	N/A
2011	1	0	0.0	54	N/A

N/A: Number of predicted infections <1; no SIR calculated

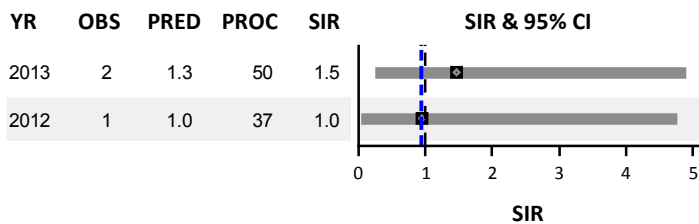
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



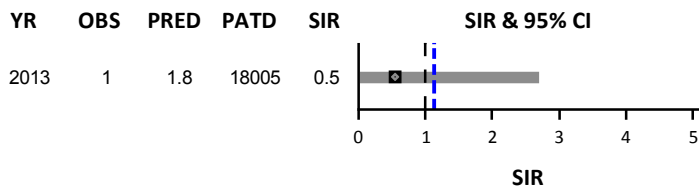
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.4	45	N/A
2012	4	0.6	50	N/A

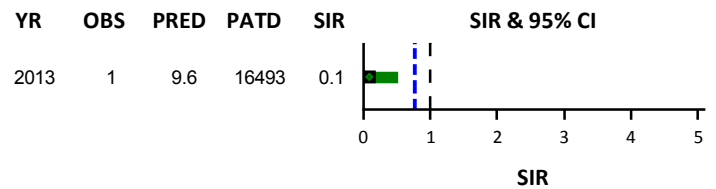
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

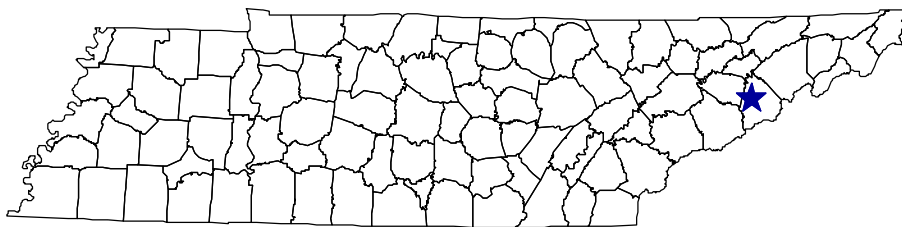
--- 2013 TN SIR

--- NHSN SIR=1

Newport Medical Center, Newport, Cocke County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Newport Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	82	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	1.5	764	0.65	(0.03, 3.20)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.4	7045	N/A	N/A	1.13
	<i>C. difficile</i> infection	1	3.9	6703	0.25	(0.01, 1.24)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

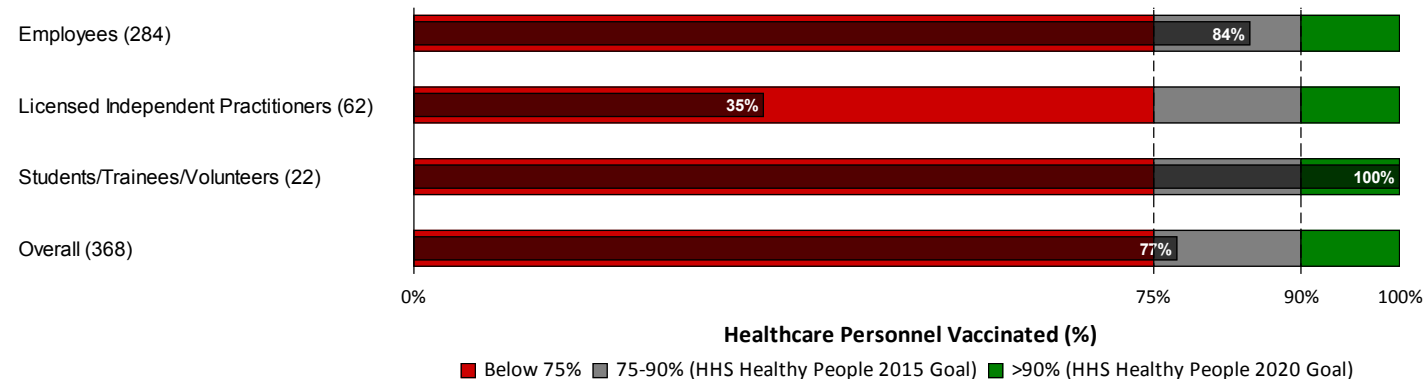
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Newport Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Newport Medical Center, Newport, Cocke County

Central Line-Associated Bloodstream Infections (CLABSI)

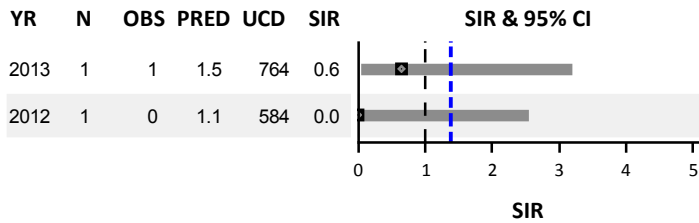
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.1	82	N/A
2012	1	1	0.1	54	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

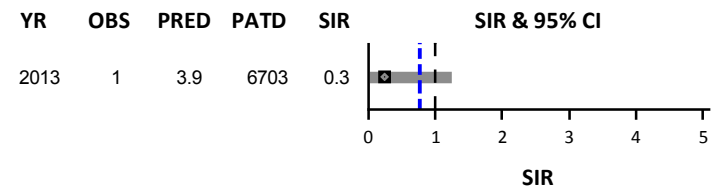
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.4	7045	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

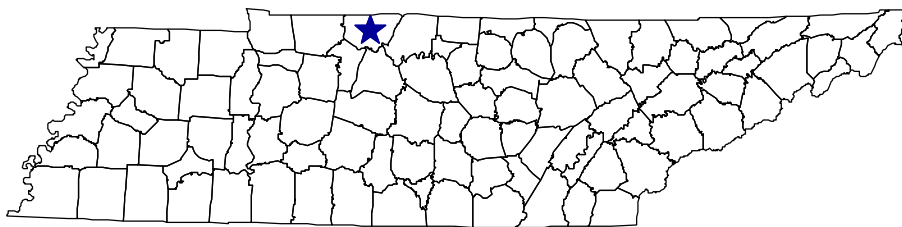
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - NHSN SIR=1
 - - - - 2013 TN SIR

NorthCrest Medical Center, Springfield, Robertson County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for NorthCrest Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	1.4	742	0.00	(0.00, 2.13)	0.48
CAUTI	Adult/Pediatric ICU	2	2.4	1206	0.82	(0.14, 2.71)	1.37
SSI	Colon surgery	1	1.2	37	0.82	(0.04, 4.05)	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	1.2	15619	0.00	(0.00, 2.38)	1.13
	<i>C. difficile</i> infection	3	8.0	14828	0.37	(0.10, 1.01)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

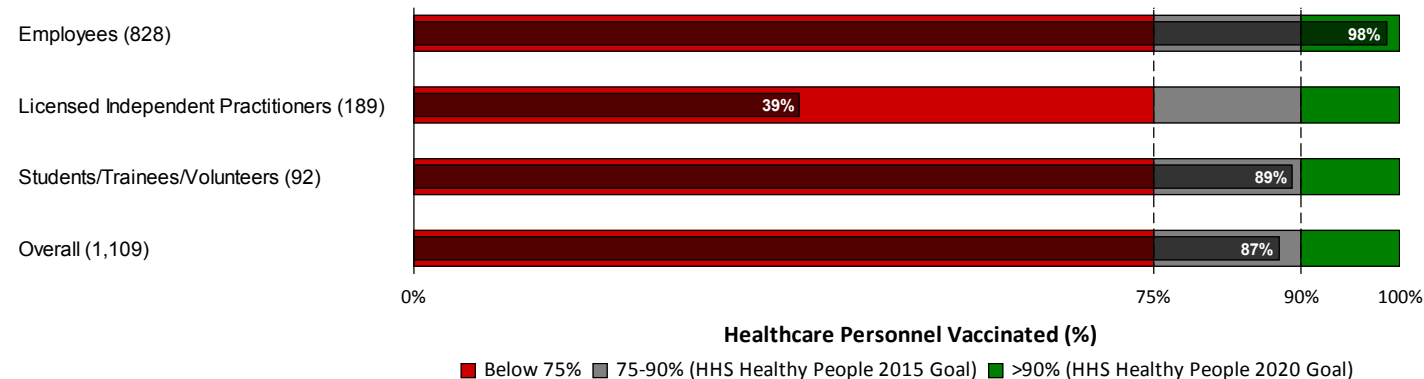
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at NorthCrest Medical Center

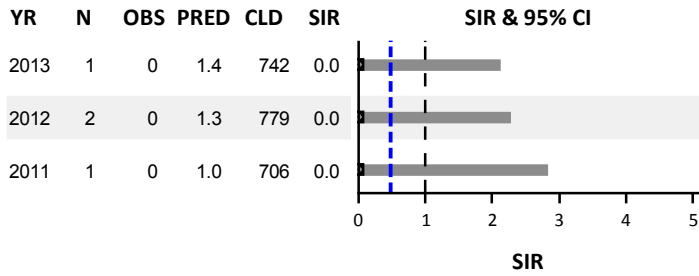
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



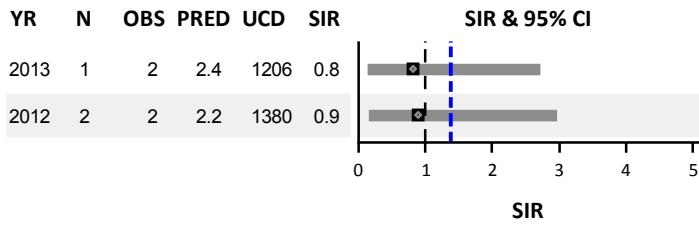
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



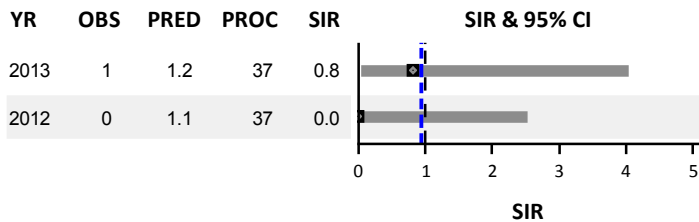
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



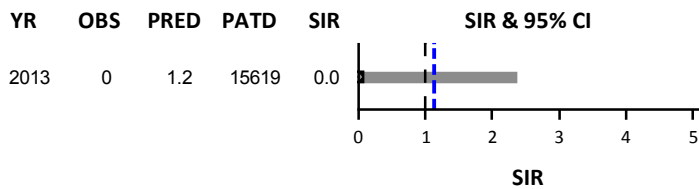
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

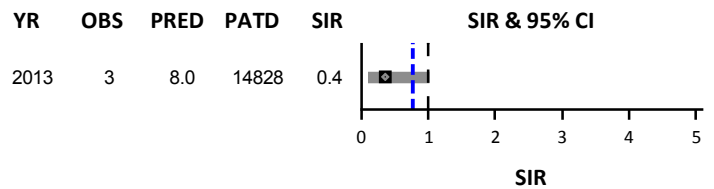
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

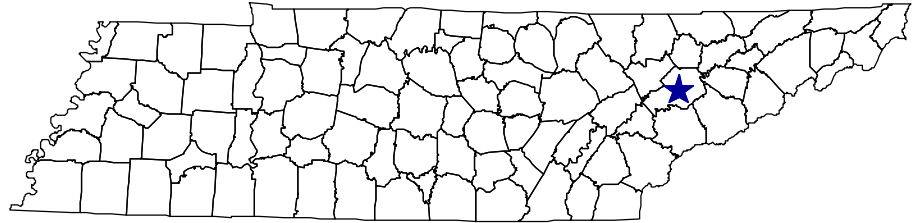
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

North Knoxville Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for North Knoxville Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	2.0	1070	0.49	(0.03, 2.43)	0.48
CAUTI	Adult/Pediatric ICU	4	3.1	1571	1.26	(0.40, 3.04)	1.37
SSI	Colon surgery	3	1.6	67	1.82	(0.46, 4.96)	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	5	0.9	18034	N/A	N/A	1.13
	C. difficile infection	8	11.4	18034	0.70	(0.33, 1.33)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

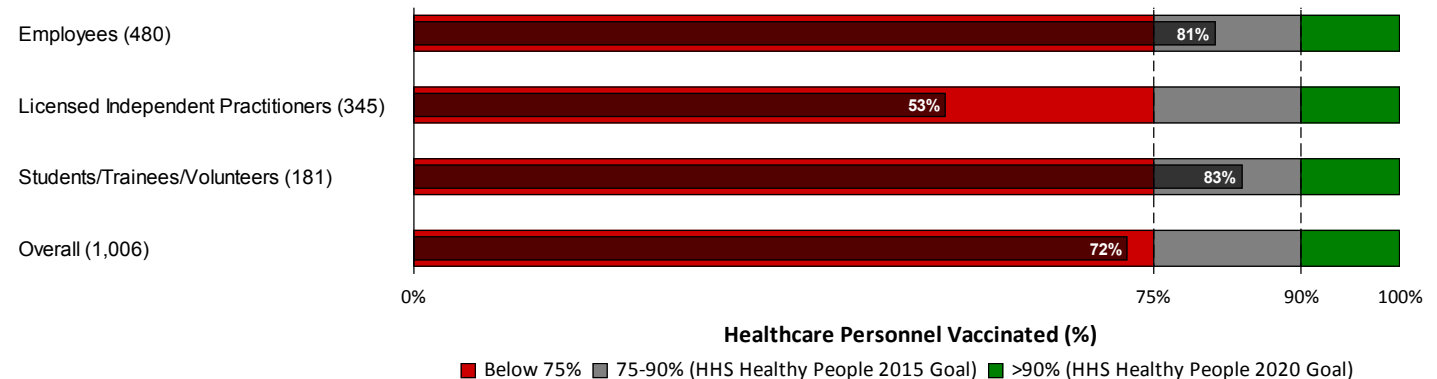
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at North Knoxville Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

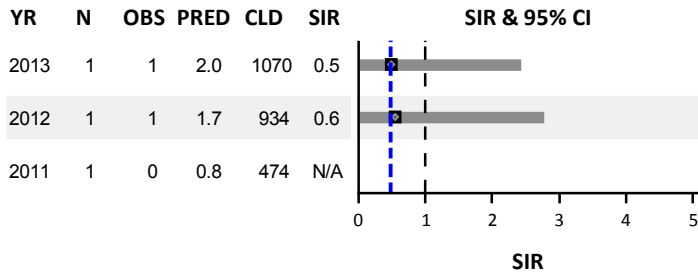
Healthcare Personnel Category (Total)



North Knoxville Medical Center, Knoxville, Knox County

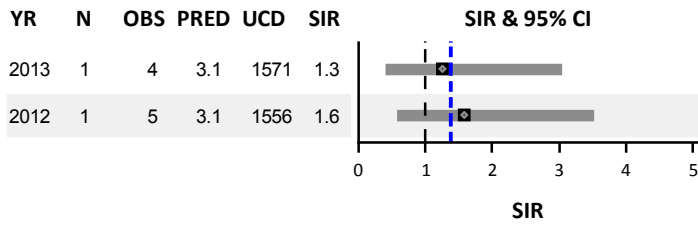
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



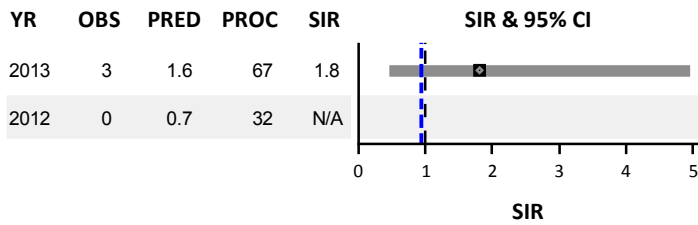
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

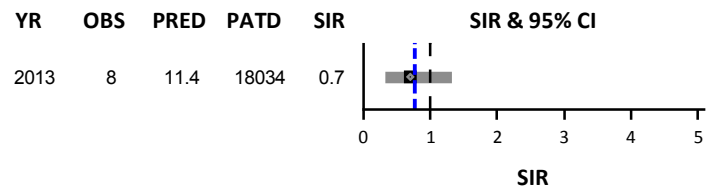
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	5	0.9	18034	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



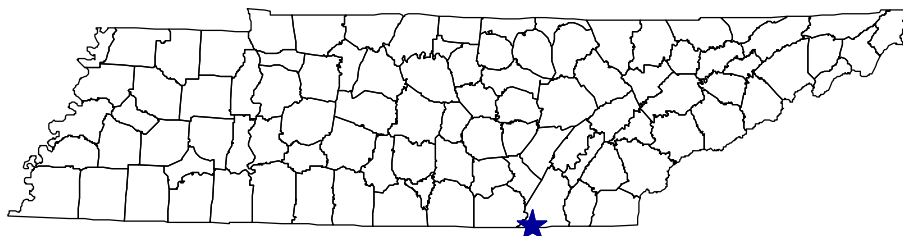
Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - 2013 TN SIR

Parkridge East Hospital, Chattanooga, Hamilton County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Parkridge East Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.8	557	N/A	N/A	0.48
	Neonatal ICU	0	0.8	304	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	5	1.6	1264	3.07	(1.12, 6.80)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	3	2.7	363	1.09	(0.28, 2.95)	0.89
LabID	MRSA bacteremia	2	0.9	20659	N/A	N/A	1.13
	<i>C. difficile</i> infection	1	10.8	17893	0.09	(0.01, 0.46)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

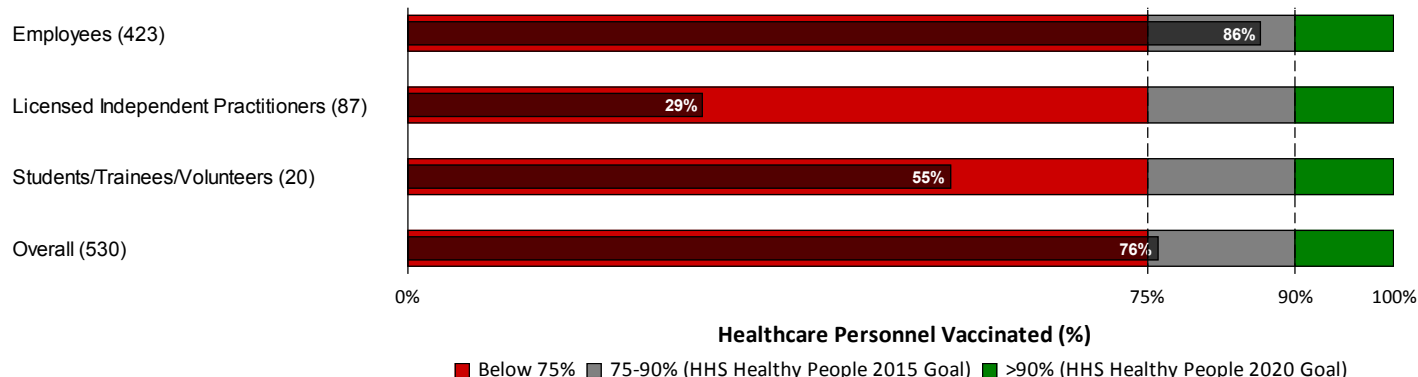
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Parkridge East Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Parkridge East Hospital, Chattanooga, Hamilton County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.8	557	N/A
2012	1	1	0.5	358	N/A
2011	1	0	0.4	312	N/A

N/A: Number of predicted infections <1; no SIR calculated

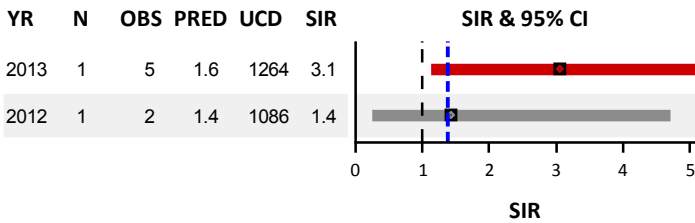
CLABSI - Neonatal ICUs

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.8	304	N/A
2012	1	2	0.5	194	N/A
2011	1	1	1.2	422	0.8

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



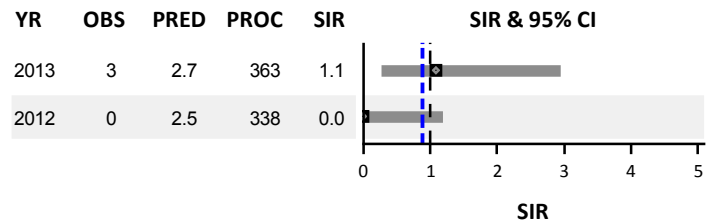
Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy



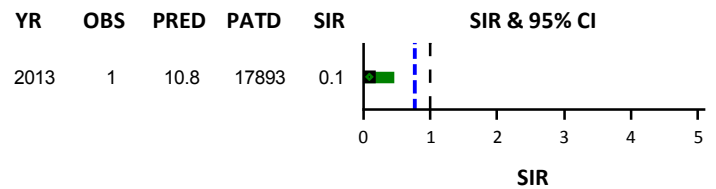
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	2	0.9	20659	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



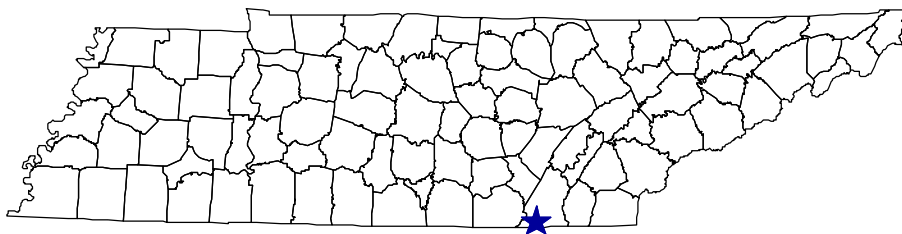
Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Parkridge Medical Center, Chattanooga, Hamilton County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Parkridge Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	6.6	3172	0.75	(0.27, 1.66)	0.48
CAUTI	Adult/Pediatric ICU	14	10.2	4420	1.37	(0.78, 2.25)	1.37
SSI	Colon surgery	3	2.3	69	1.26	(0.32, 3.44)	0.93
	Abdominal hysterectomy	0	0.2	23	N/A	N/A	0.89
LabID	MRSA bacteremia	3	4.1	39004	0.73	(0.19, 1.99)	1.13
	C. difficile infection	14	27.7	39004	0.50	(0.29, 0.83)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

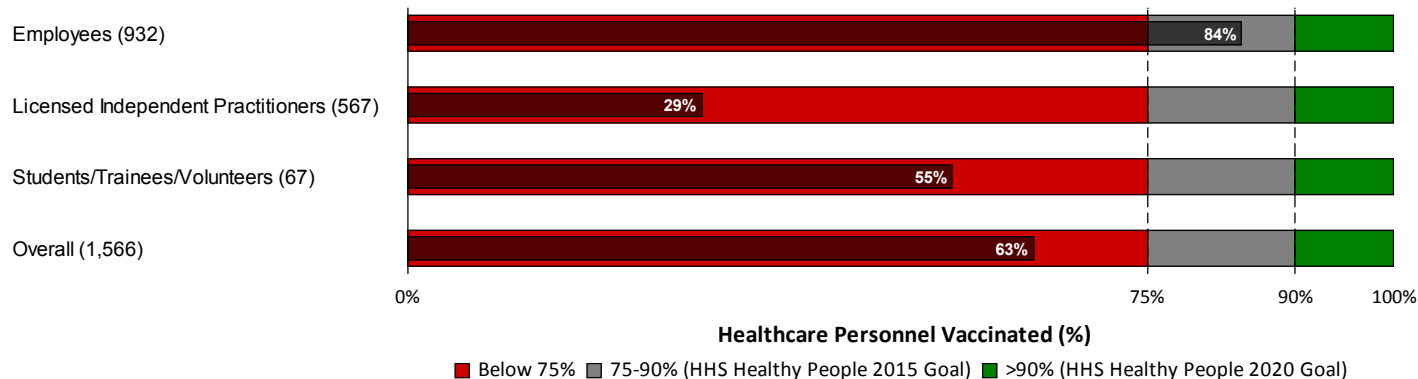
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Parkridge Medical Center

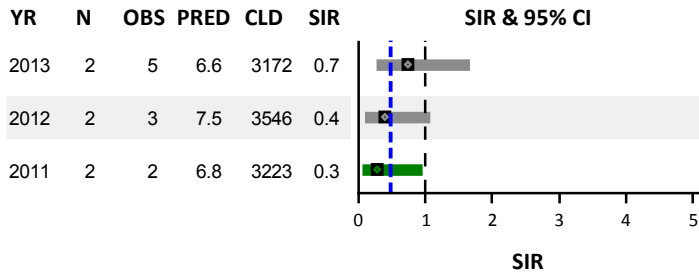
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



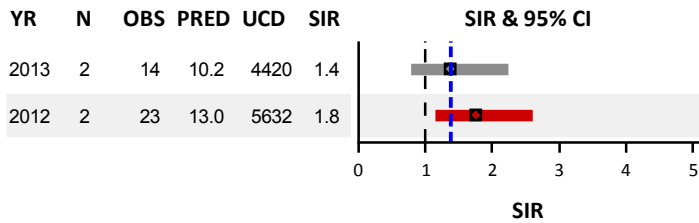
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



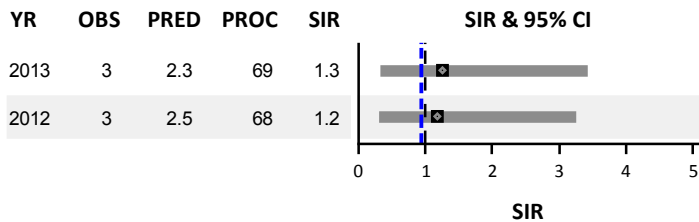
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



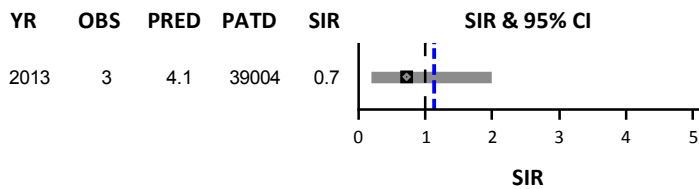
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.2	23	N/A
2012	1	1.2	150	0.8

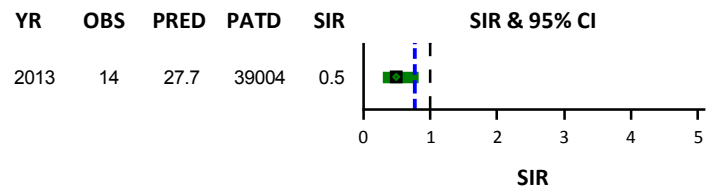
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

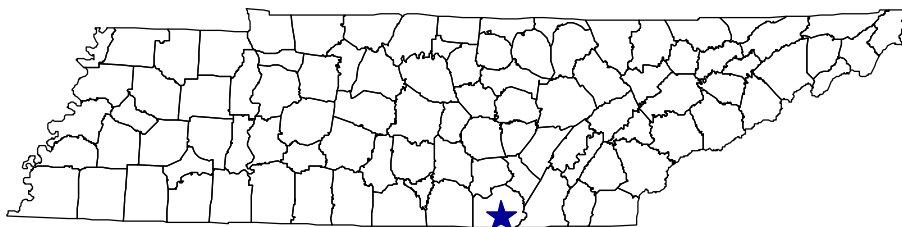
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Parkridge West Hospital (Grandview Medical Center), Jasper, Marion County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Parkridge West Hospital (Grandview Medical Center):

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	101	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.3	240	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.1	4302	N/A	N/A	1.13
	C. difficile infection	5	2.0	4302	2.48	(0.91, 5.49)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

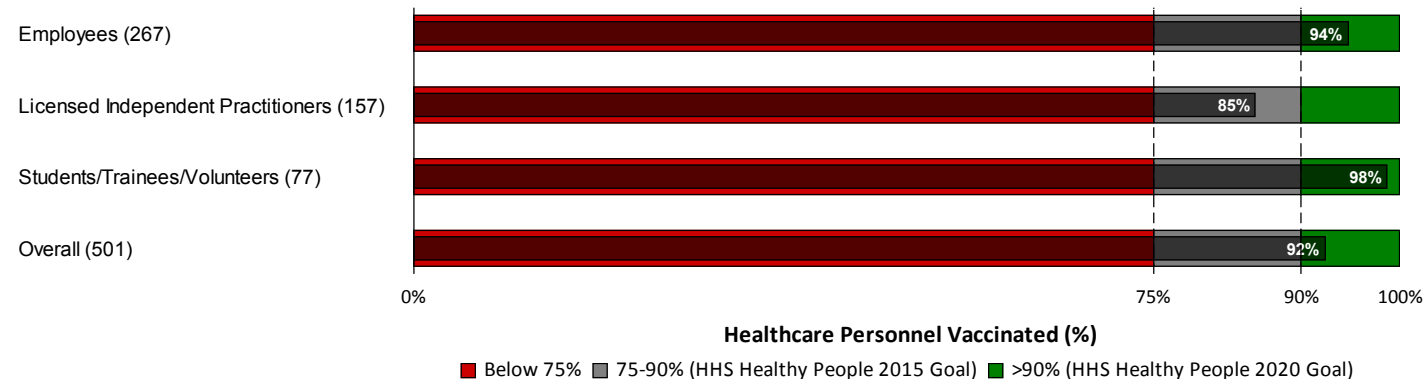
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Parkridge West Hospital (Grandview Medical Center)

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Parkridge West Hospital (Grandview Medical Center), Jasper, Marion County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.1	101	N/A
2012	1	0	0.2	153	N/A
2011	1	1	0.2	136	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.3	240	N/A
2012	1	1	0.4	319	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

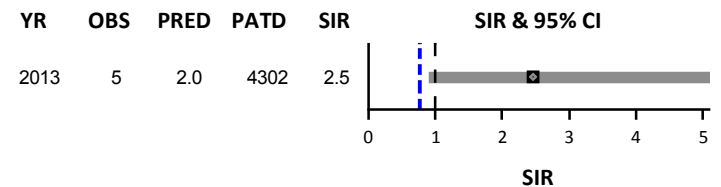
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.1	4302	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

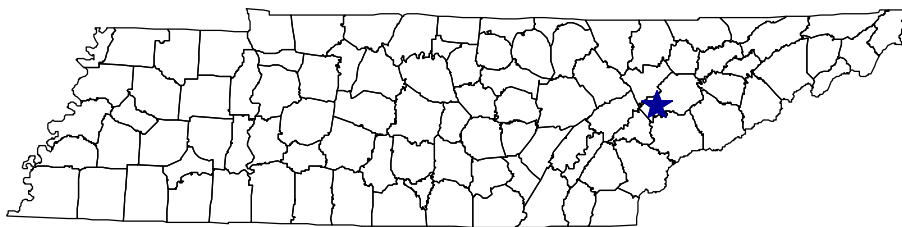
■ Significantly higher than NHSN SIR of 1

--- 2013 TN SIR

--- NHSN SIR=1

Parkwest Medical Center- Knoxville, Knoxville, Knox County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Parkwest Medical Center- Knoxville:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	6.8	4662	0.73	(0.27, 1.62)	0.48
CAUTI	Adult/Pediatric ICU	13	8.1	6581	1.59	(0.88, 2.65)	1.37
SSI	Colon surgery	4	8.4	244	0.47	(0.15, 1.14)	0.93
	Abdominal hysterectomy	0	3.0	389	0.00	(0.00, 0.97)	0.89
LabID	MRSA bacteremia	7	4.6	82782	1.51	(0.66, 2.99)	1.13
	C. difficile infection	24	58.9	79981	0.41	(0.27, 0.60)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

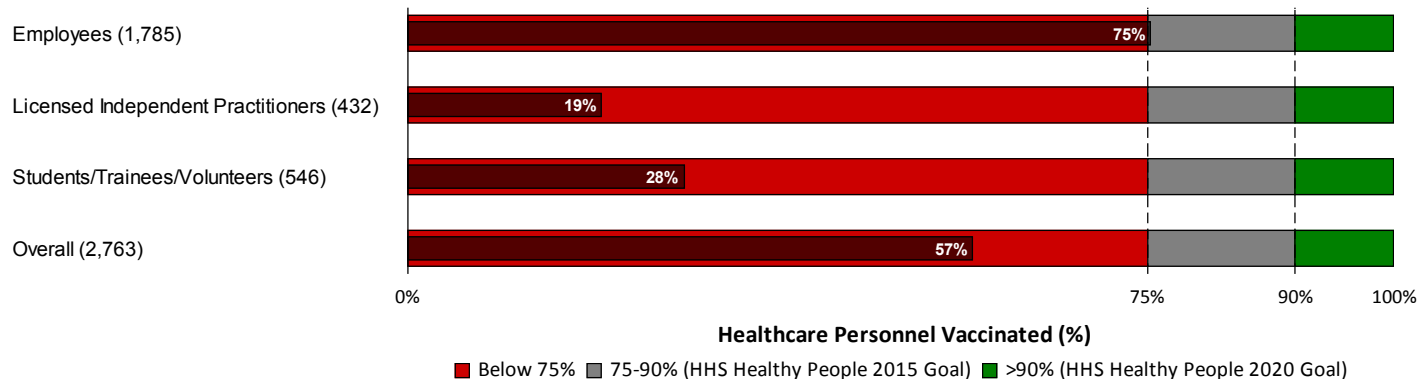
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Parkwest Medical Center- Knoxville

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

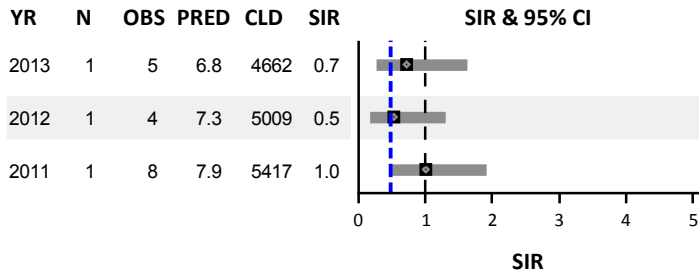
Healthcare Personnel Category (Total)



Parkwest Medical Center- Knoxville, Knoxville, Knox County

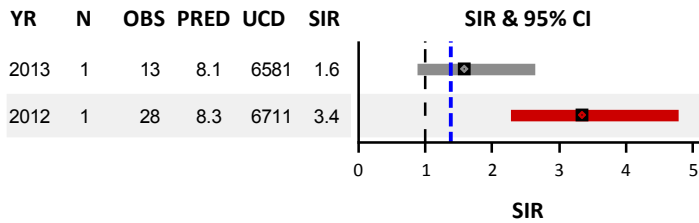
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



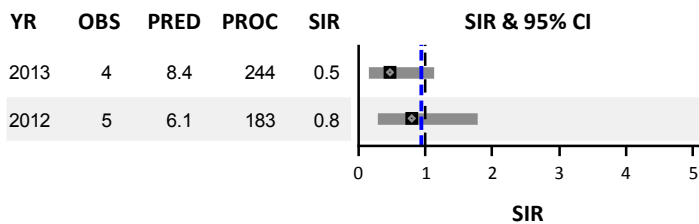
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

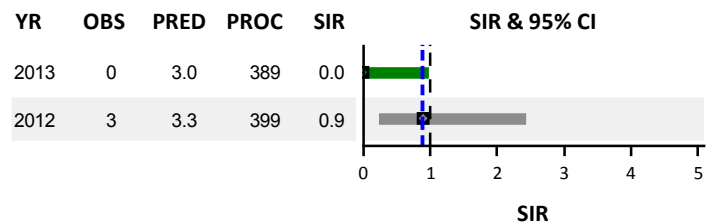


Surgical Site Infections (SSI)

SSI - Colon Surgery

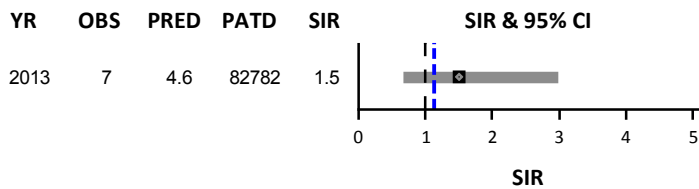


SSI - Abdominal Hysterectomy

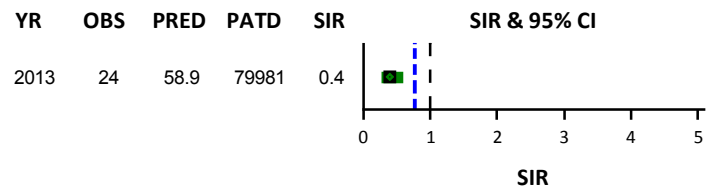


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

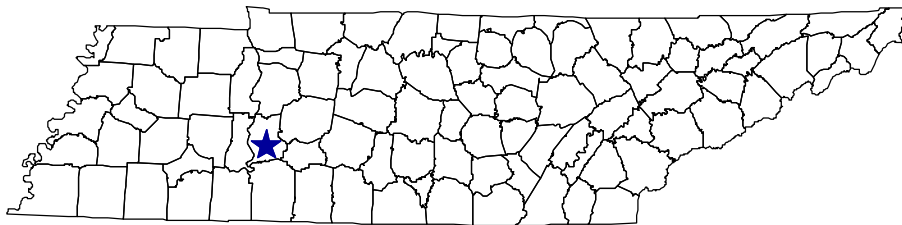
--- 2013 TN SIR

--- NHSN SIR=1

Perry Community Hospital, Linden, Perry County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Perry Community Hospital:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.2	5853	N/A	N/A	1.13
	C. difficile infection	2	2.5	5853	0.78	(0.13, 2.59)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

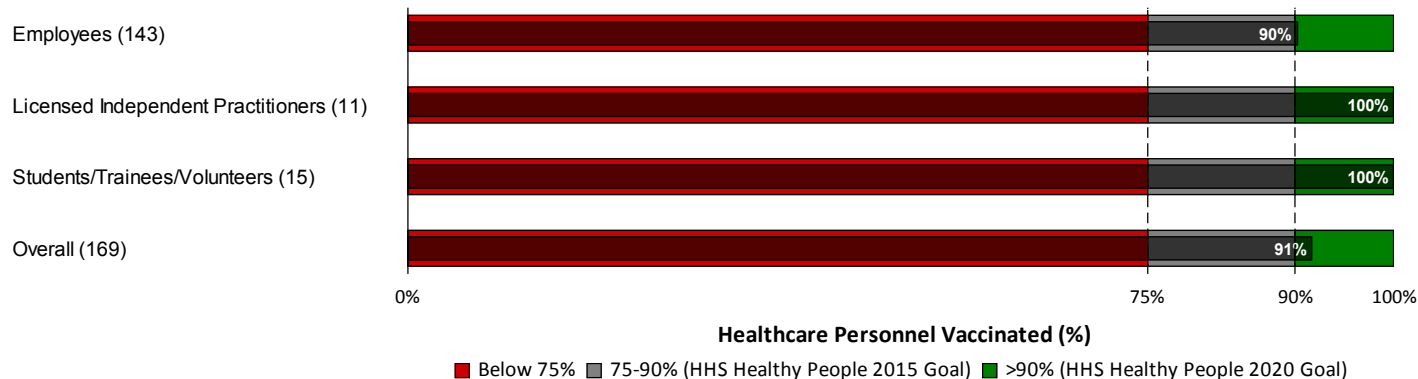
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Perry Community Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Perry Community Hospital, Linden, Perry County

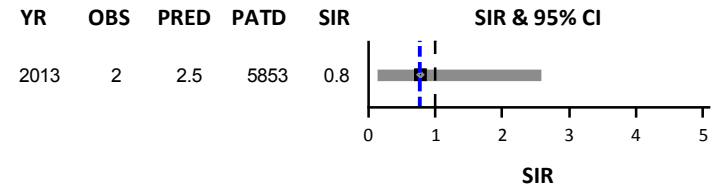
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.2	5853	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

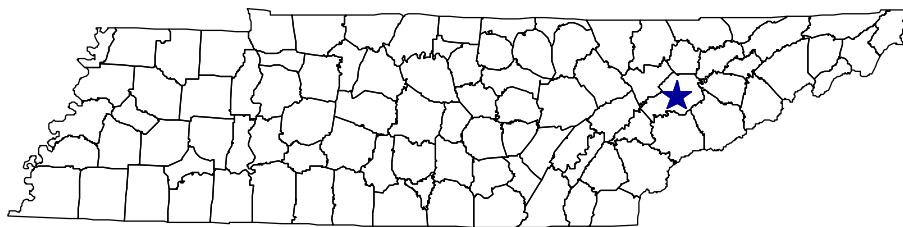
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2013 TN SIR
- - - - NHSN SIR=1

Physician's Regional Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Physician's Regional Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	6.1	4189	0.49	(0.12, 1.32)	0.48
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	16	7.6	6136	2.08	(1.23, 3.30)	1.37
SSI	Colon surgery	2	3.3	104	0.60	(0.10, 1.98)	0.93
	Abdominal hysterectomy	0	0.3	39	N/A	N/A	0.89
LabID	MRSA bacteremia	12	7.4	85953	1.60	(0.87, 2.72)	1.13
	<i>C. difficile</i> infection	27	57.6	81776	0.47	(0.32, 0.67)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

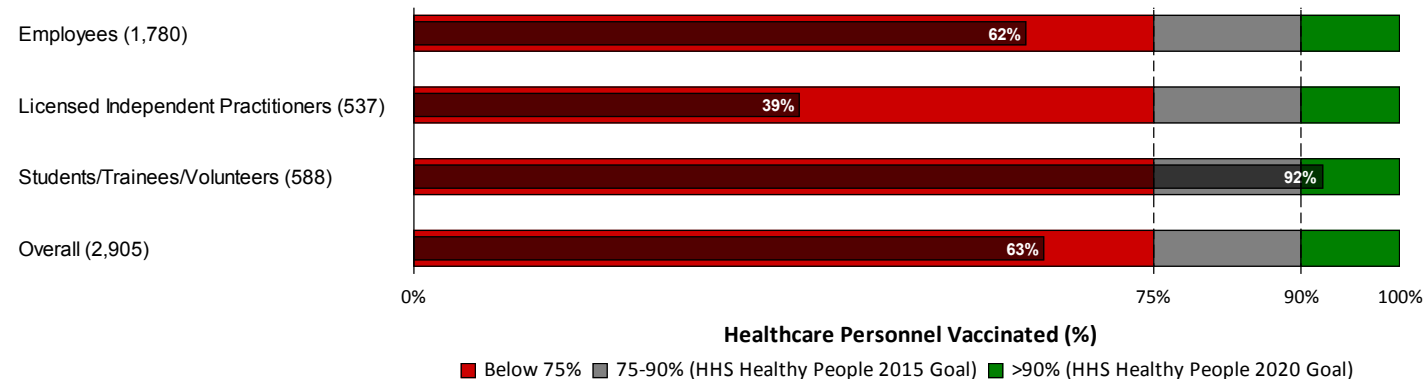
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Physician's Regional Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

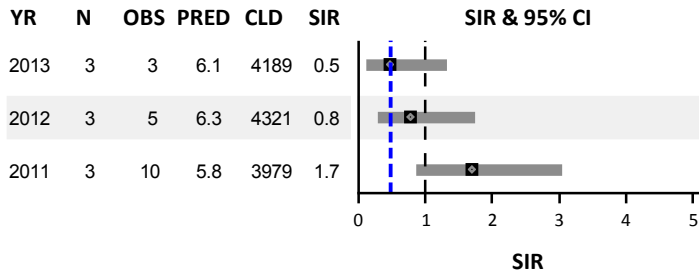
Healthcare Personnel Category (Total)



Physician's Regional Medical Center, Knoxville, Knox County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



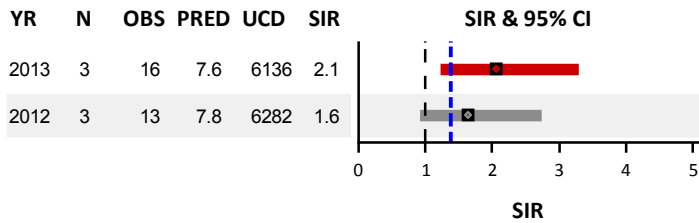
CLABSI - Neonatal ICUs

YR	N	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.1	91	N/A
2011	1	0	0.1	117	N/A

N/A: Number of predicted infections <1; no SIR calculated

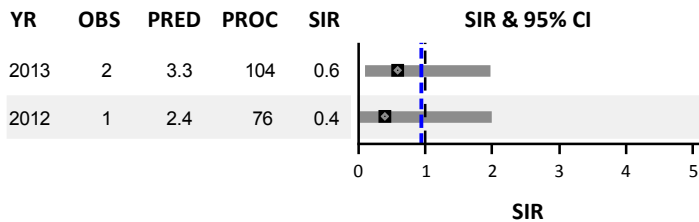
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



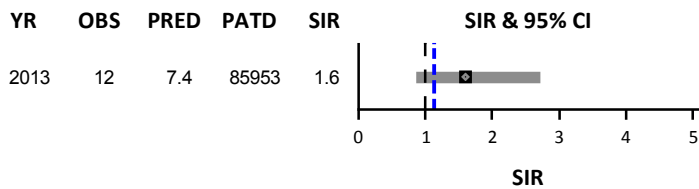
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.3	39	N/A
2012	0	0.5	57	N/A

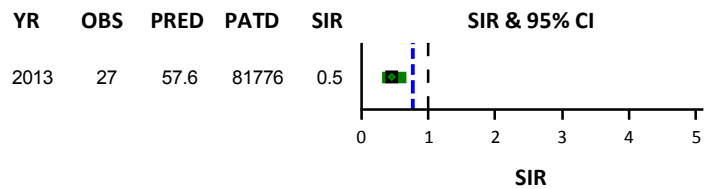
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

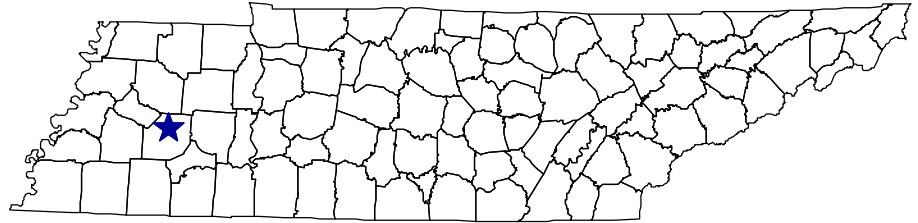
--- 2013 TN SIR

--- NHSN SIR=1

Regional Hospital of Jackson, Jackson, Madison County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Regional Hospital of Jackson:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	2.3	1584	0.86	(0.14, 2.84)	0.48
CAUTI	Adult/Pediatric ICU	0	3.1	2503	0.00	(0.00, 0.96)	1.37
SSI	Colon surgery	0	0.9	35	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.0	23437	0.99	(0.05, 4.90)	1.13
	<i>C. difficile</i> infection	10	15.0	22883	0.66	(0.34, 1.18)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

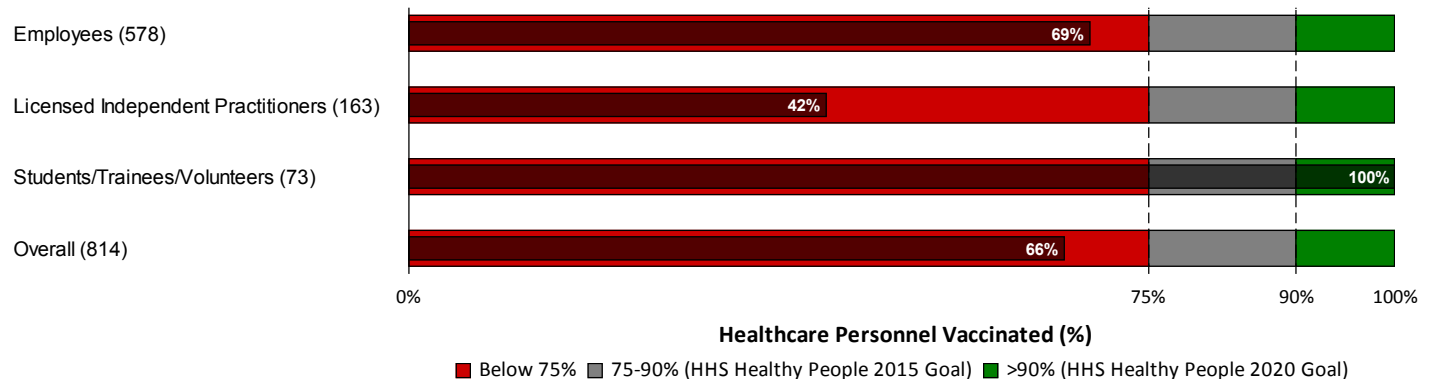
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Regional Hospital of Jackson

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

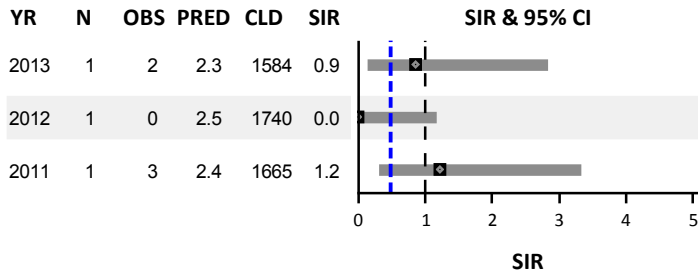
Healthcare Personnel Category (Total)



Regional Hospital of Jackson, Jackson, Madison County

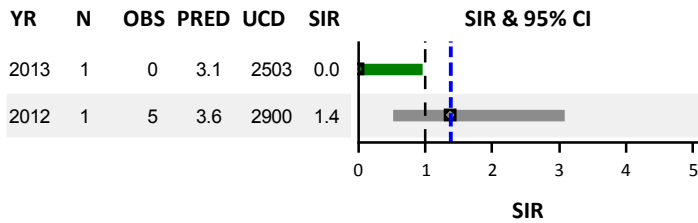
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	0	0.9	35	N/A
2012	1	1.5	56	0.6

N/A: Number of predicted infections <1; no SIR calculated

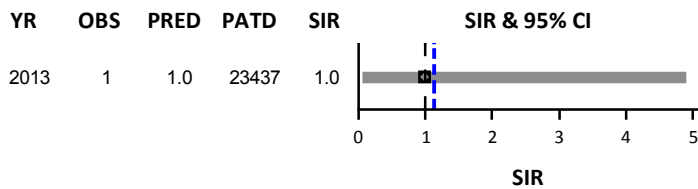
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

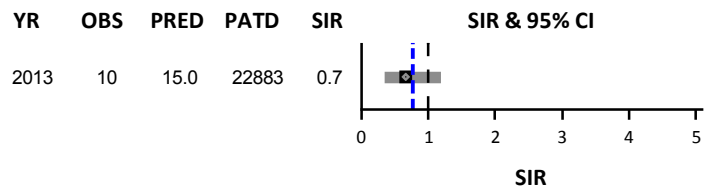
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

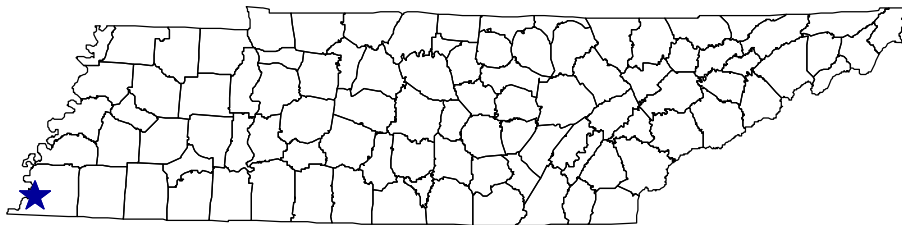
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - NHSN SIR=1
 - - - - 2013 TN SIR

Regional One Health (Reg. Med.Ctr Memphis), Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Regional One Health (Reg. Med.Ctr Memphis):

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	7	6.3	3029	1.10	(0.48, 2.17)	0.48
	Neonatal ICU	13	9.7	3263	1.33	(0.74, 2.22)	0.51
CAUTI	Adult/Pediatric ICU	110	37.4	11359	2.94	(2.43, 3.53)	1.37
SSI	Colon surgery	3	2.2	65	1.32	(0.34, 3.60)	0.93
	Abdominal hysterectomy	1	1.2	84	0.83	(0.04, 4.08)	0.89
LabID	MRSA bacteremia	23	5.0	95177	4.59	(2.98, 6.77)	1.13
	<i>C. difficile</i> infection	40	59.1	70906	0.68	(0.49, 0.91)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

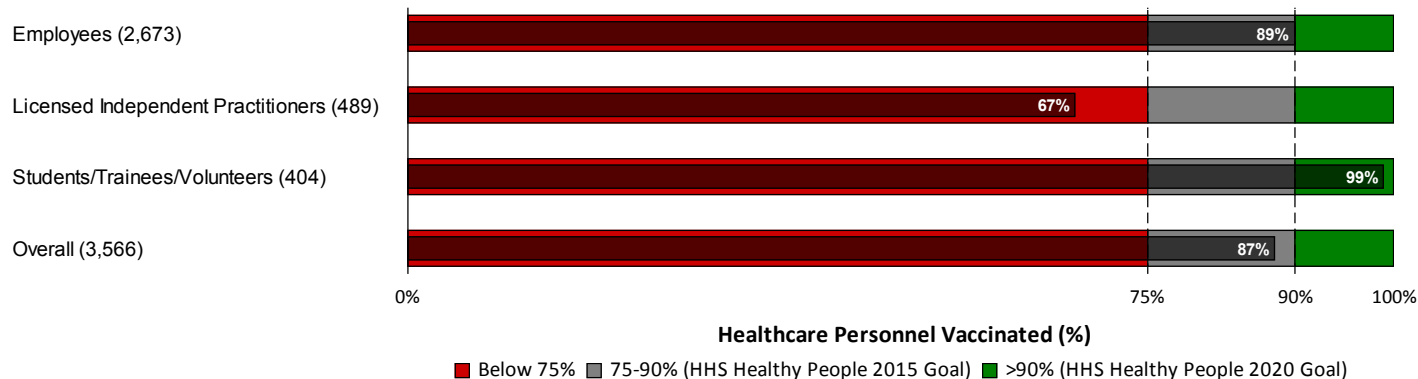
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Regional One Health (Reg. Med.Ctr Memphis)

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

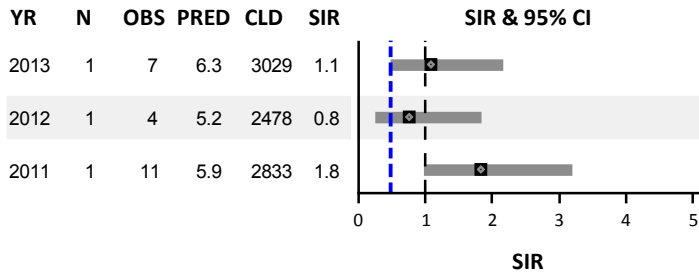
Healthcare Personnel Category (Total)



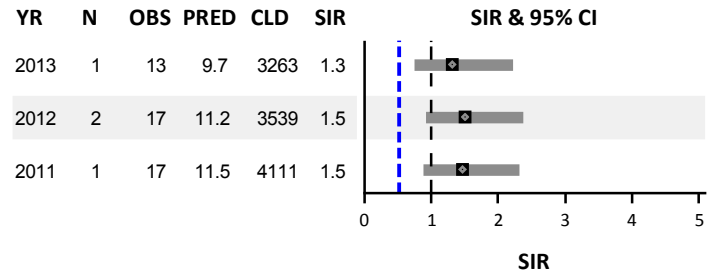
Regional One Health (Reg. Med.Ctr Memphis), Memphis, Shelby County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

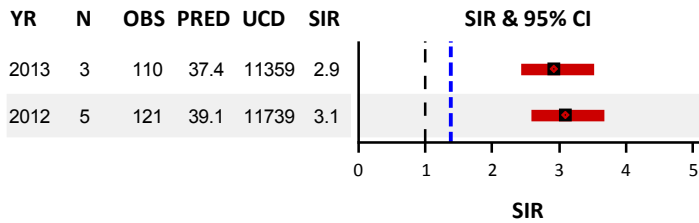


CLABSI - Neonatal ICUs



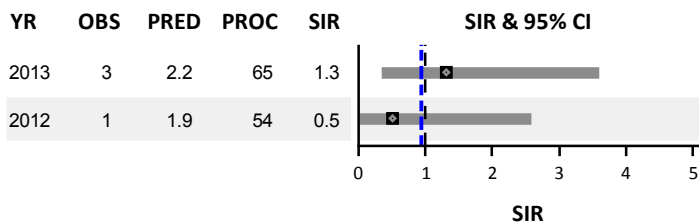
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

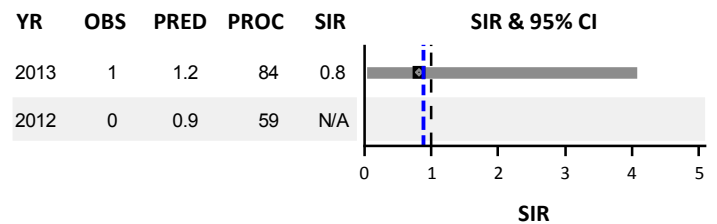


Surgical Site Infections (SSI)

SSI - Colon Surgery

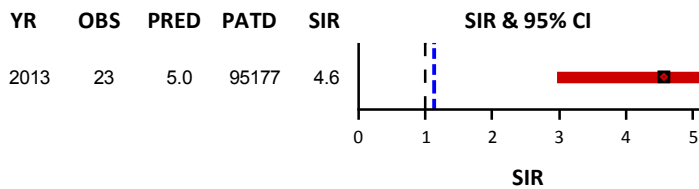


SSI - Abdominal Hysterectomy

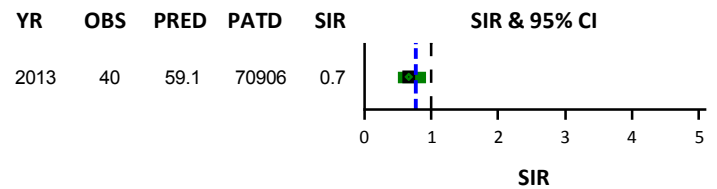


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

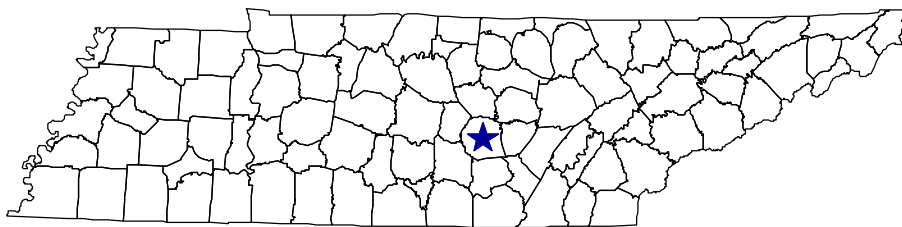
--- 2013 TN SIR

--- NHSN SIR=1

River Park Hospital, Mc Minnville, Warren County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for River Park Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.3	205	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	2.0	1006	0.49	(0.03, 2.43)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.7	11395	N/A	N/A	1.13
	<i>C. difficile</i> infection	6	5.8	11395	1.03	(0.42, 2.13)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

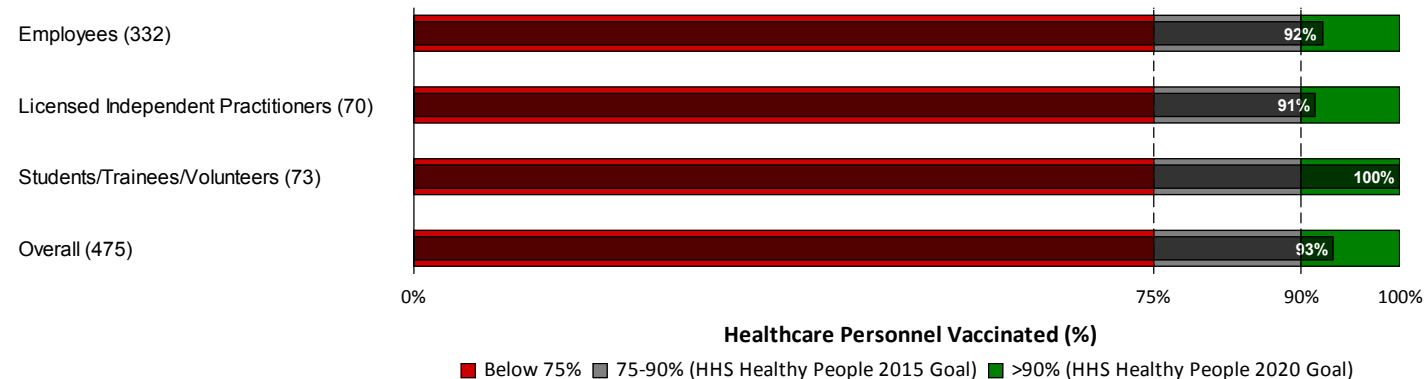
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at River Park Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



River Park Hospital, Mc Minnville, Warren County

Central Line-Associated Bloodstream Infections (CLABSI)

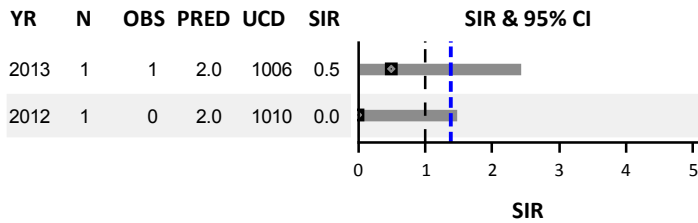
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.3	205	N/A
2012	1	0	0.4	212	N/A
2011	1	0	0.4	232	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

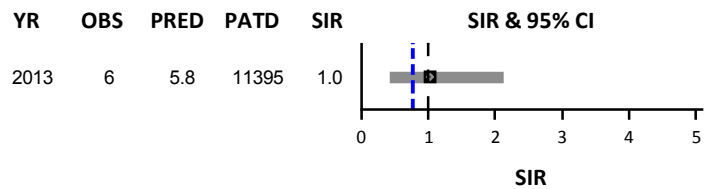
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.7	11395	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

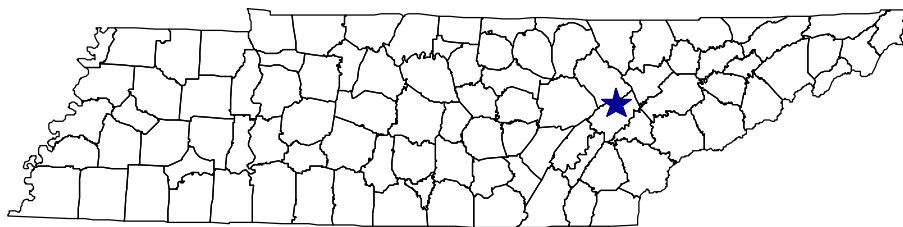
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Roane Medical Center, Harriman, Roane County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Roane Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.6	408	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	0.9	749	N/A	N/A	1.37
SSI	Colon surgery	0	0.9	32	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.7	8655	N/A	N/A	1.13
	<i>C. difficile</i> infection	6	5.4	8655	1.10	(0.45, 2.30)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

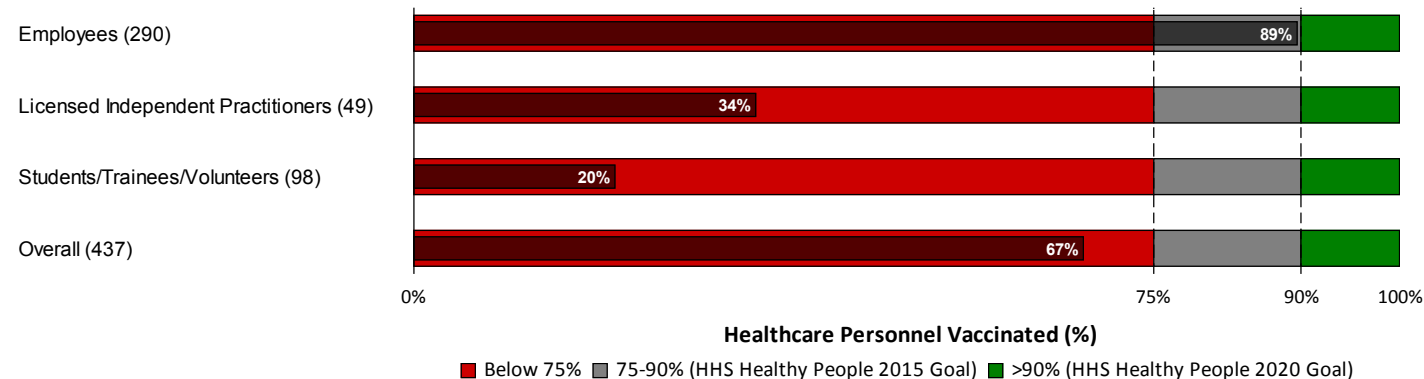
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Roane Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Roane Medical Center, Harriman, Roane County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.6	408	N/A
2012	1	1	0.3	240	N/A
2011	1	0	0.4	285	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	1	0.9	749	N/A
2012	1	0	0.6	480	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	0	0.9	32	N/A
2012	0	0.9	23	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

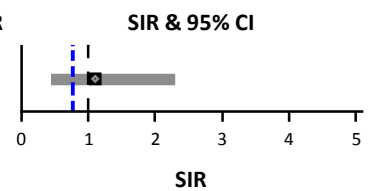
LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.7	8655	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRED	PATD	SIR
2013	6	5.4	8655	1.1



Data reported as of September 4, 2014

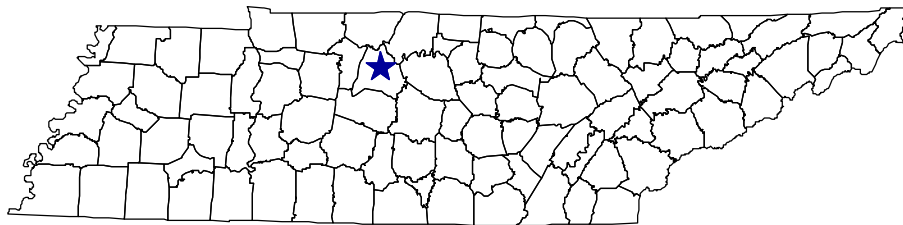
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Skyline Medical Center, Nashville, Davidson County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Skyline Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	6.9	3956	0.43	(0.11, 1.17)	0.48
CAUTI	Adult/Pediatric ICU	11	17.8	7610	0.62	(0.32, 1.07)	1.37
SSI	Colon surgery	2	3.1	107	0.63	(0.11, 2.07)	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	3	2.9	55812	1.03	(0.26, 2.81)	1.13
	<i>C. difficile</i> infection	48	30.1	55812	1.59	(1.19, 2.09)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

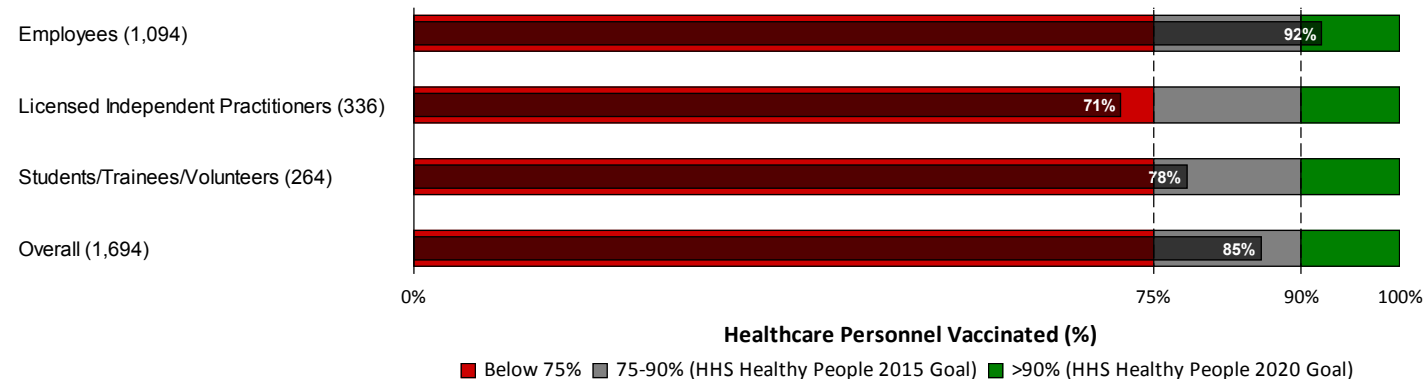
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Skyline Medical Center

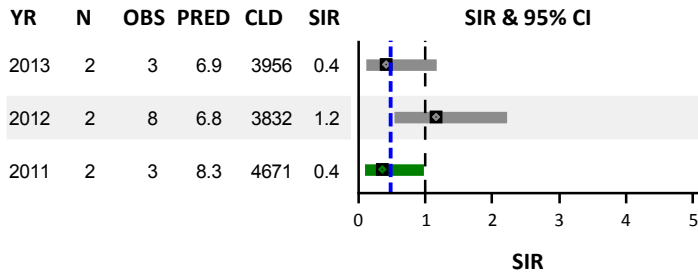
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



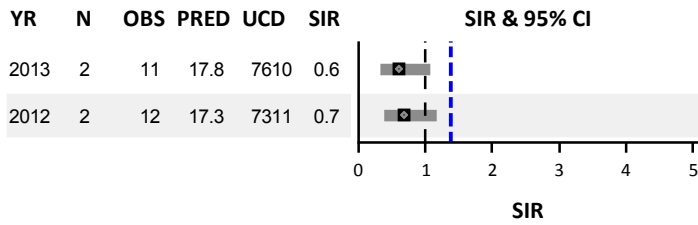
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



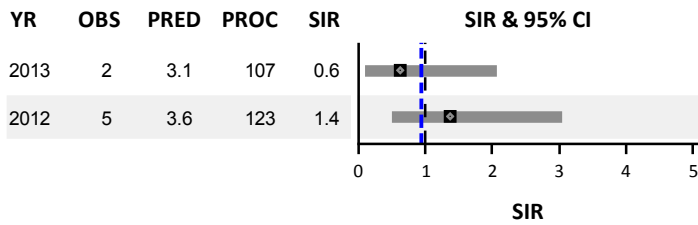
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



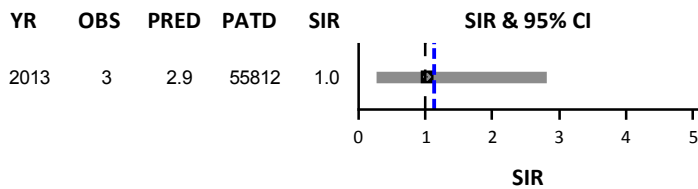
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

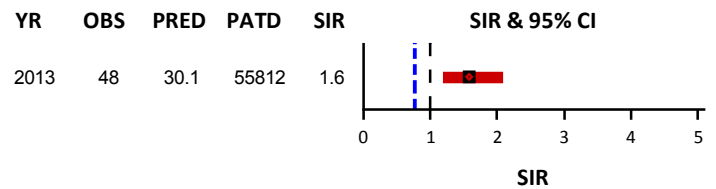
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

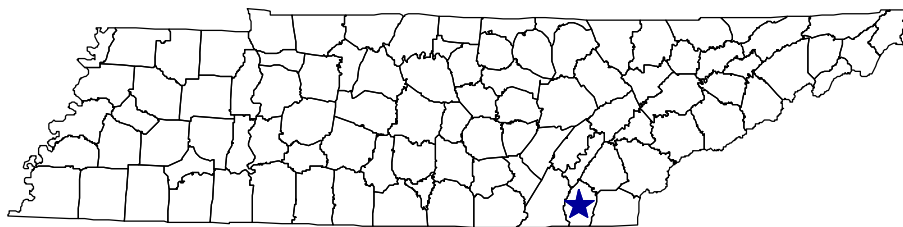
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - NHSN SIR=1
 - - - - 2013 TN SIR

SkyRidge Medical Center, Cleveland, Bradley County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for SkyRidge Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	4	6.0	2865	0.67	(0.21, 1.60)	0.48
CAUTI	Adult/Pediatric ICU	2	9.3	4137	0.21	(0.04, 0.70)	1.37
SSI	Colon surgery	0	1.6	54	0.00	(0.00, 1.83)	0.93
	Abdominal hysterectomy	0	0.2	30	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.8	37664	0.53	(0.03, 2.61)	1.13
	<i>C. difficile</i> infection	14	18.3	35490	0.76	(0.44, 1.25)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

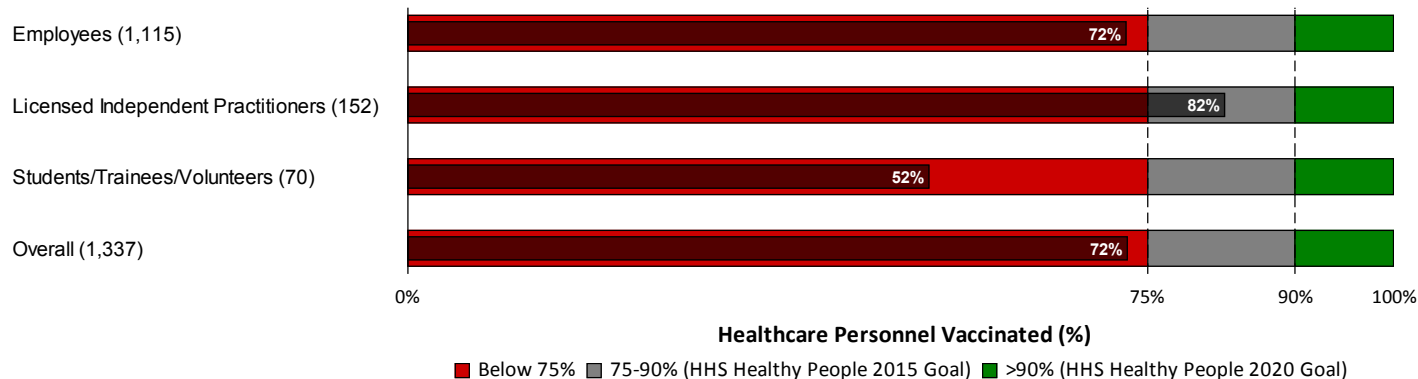
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at SkyRidge Medical Center

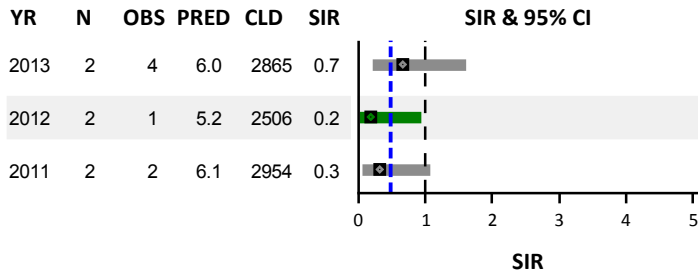
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



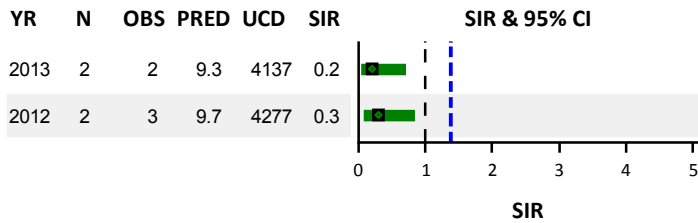
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



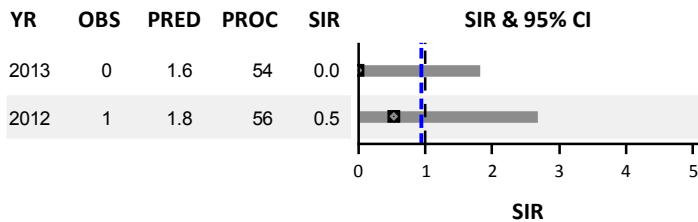
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



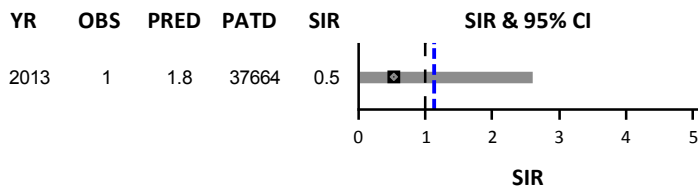
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.2	30	N/A
2012	N/A	N/A	N/A	N/A

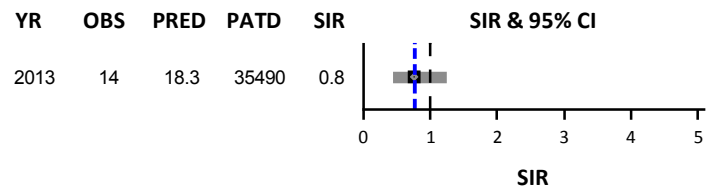
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

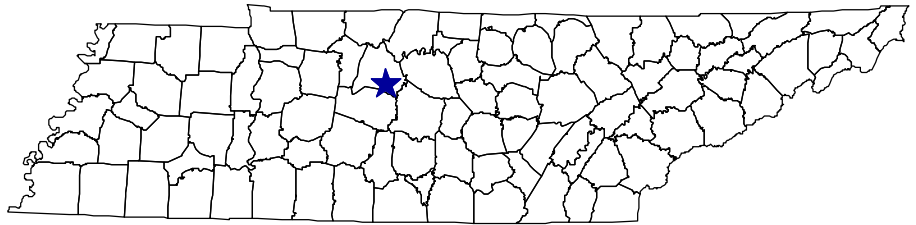
■ Significantly higher than NHSN SIR of 1

--- 2013 TN SIR

--- NHSN SIR=1

Southern Hills Medical Center, Nashville, Davidson County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Southern Hills Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	4	2.2	1492	1.82	(0.58, 4.38)	0.48
CAUTI	Adult/Pediatric ICU	7	2.7	2134	2.51	(1.10, 4.96)	1.37
SSI	Colon surgery	1	2.2	72	0.45	(0.02, 2.20)	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.9	22935	N/A	N/A	1.13
	<i>C. difficile</i> infection	27	17.0	22935	1.58	(1.07, 2.27)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

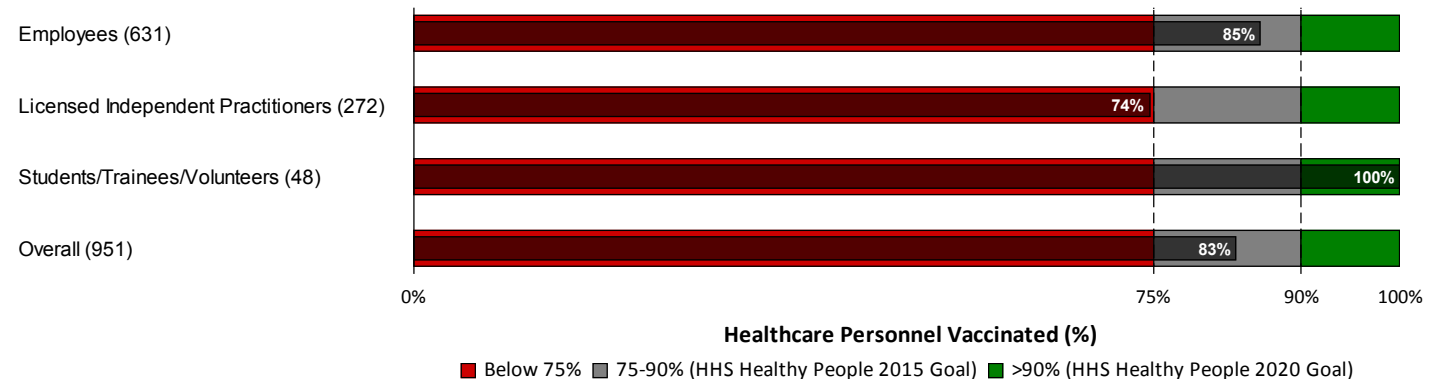
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Southern Hills Medical Center

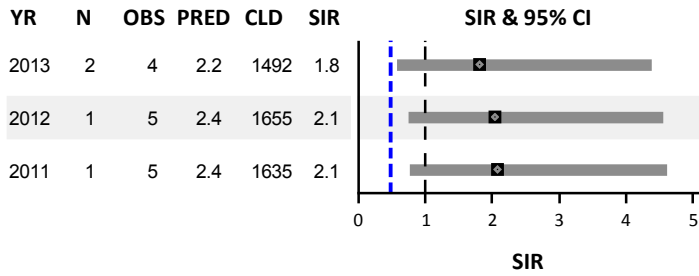
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



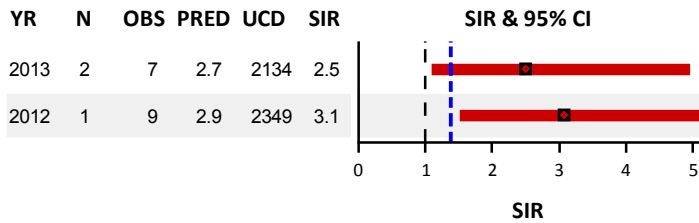
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



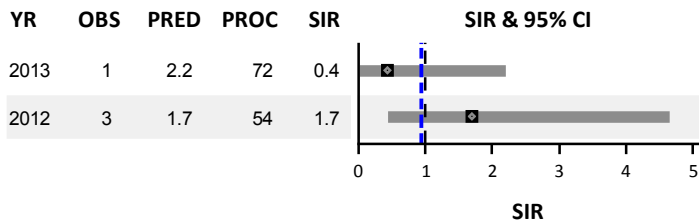
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

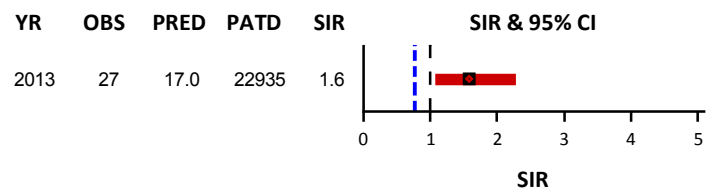
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	1	0.9	22935	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

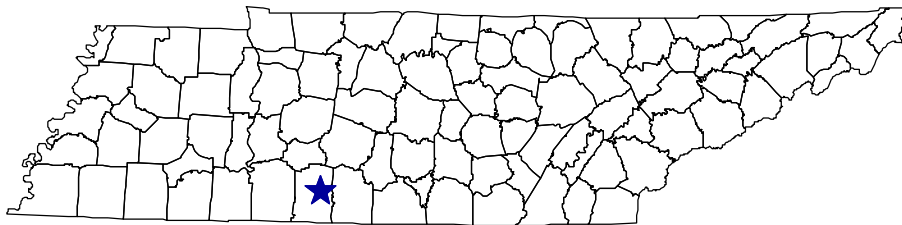
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- 2013 TN SIR
- NHSN SIR=1

Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp), Lawrenceburg, Lawrence County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp):

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.2	155	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.6	505	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.2	7291	N/A	N/A	1.13
	C. difficile infection	1	3.3	6695	0.29	(0.02, 1.45)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

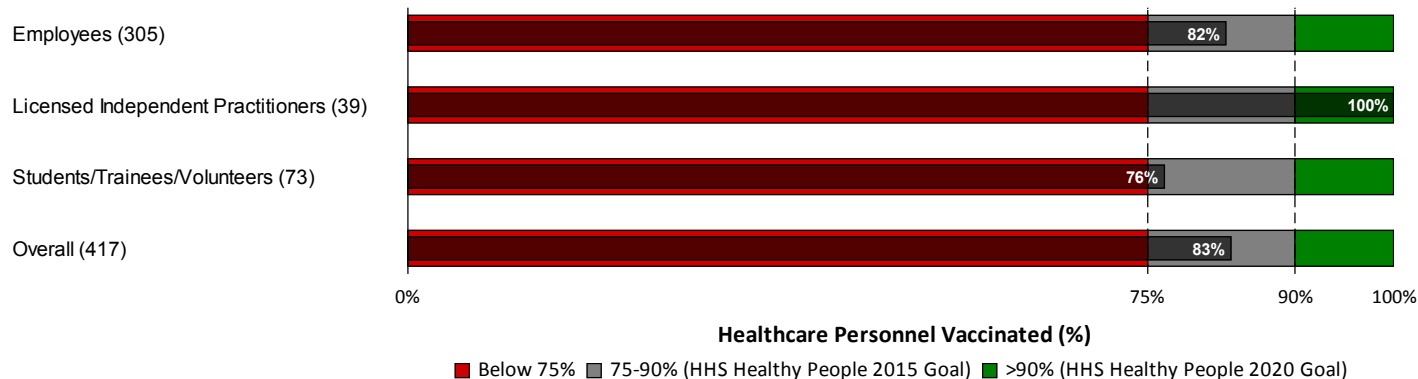
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp)

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.2	155	N/A
2012	1	0	0.2	160	N/A
2011	1	0	0.4	274	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.6	505	N/A
2012	1	0	0.7	612	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

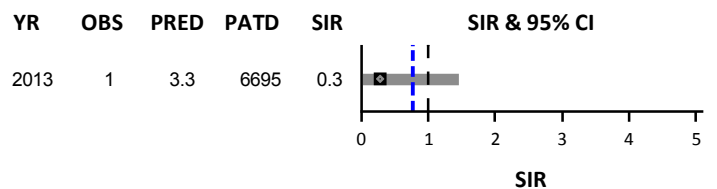
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.2	7291	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

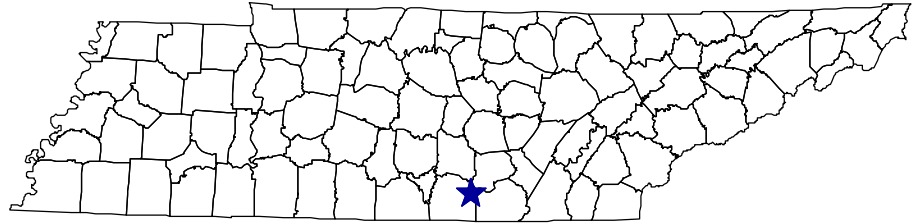
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp), Sewanee, Franklin County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp):

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
- **Surgical site infections (SSI):** This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	1669	N/A	N/A	1.13
	C. difficile infection	0	0.7	1669	N/A	N/A	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

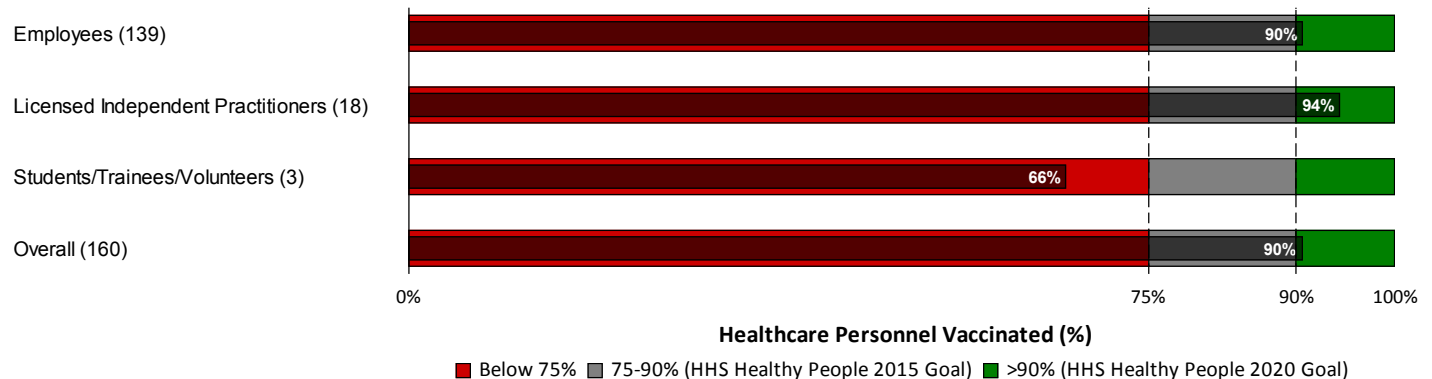
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp)

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp), Sewanee, Franklin County

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.0	1669	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRED	PATD	SIR
2013	0	0.7	1669	N/A

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1

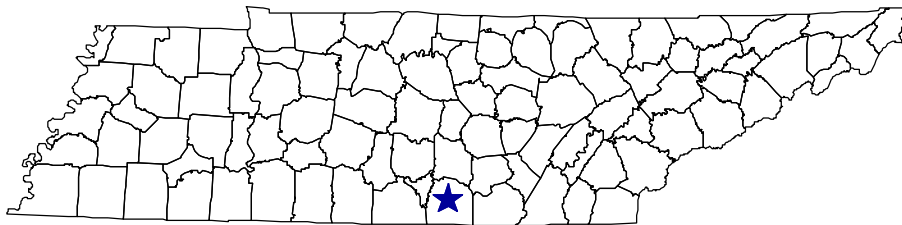
----- 2013 TN SIR

- - - - NHSN SIR=1

Southern TN Reg. Health System - Winchester (Southern TN Med Ctr), Winchester, Franklin County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Southern TN Reg. Health System - Winchester (Southern TN Med Ctr):

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.4	269	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	6	1.1	884	5.27	(2.13,10.95)	1.37
SSI	Colon surgery	0	1.3	38	0.00	(0.00, 2.18)	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	1.5	22408	0.00	(0.00, 1.91)	1.13
	C. difficile infection	7	10.9	21662	0.64	(0.28, 1.26)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

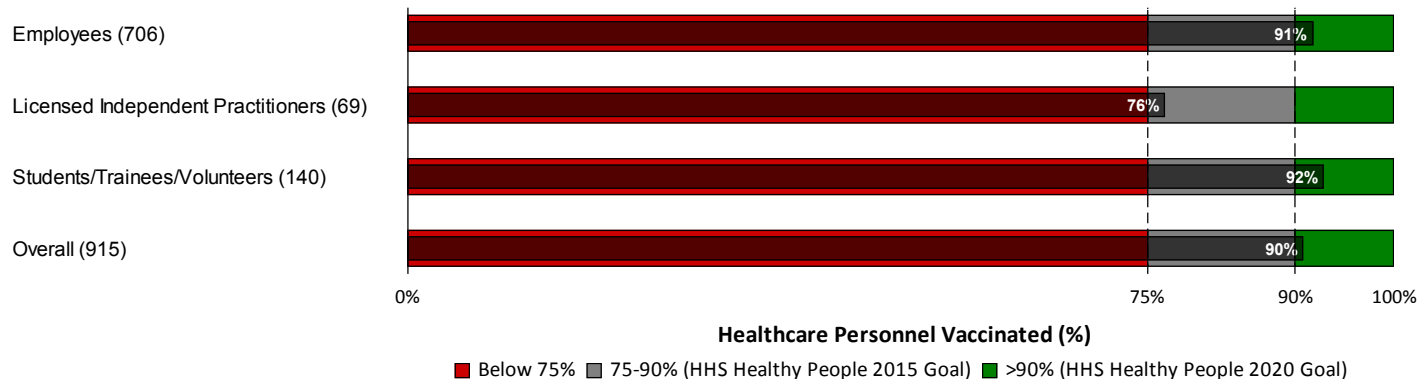
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Southern TN Reg. Health System - Winchester (Southern TN Med Ctr)

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

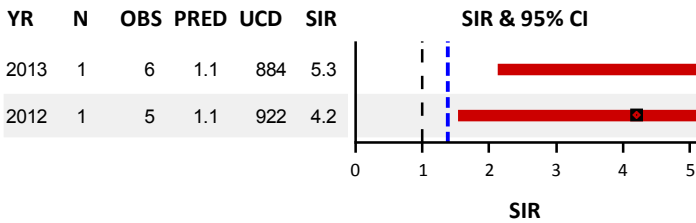
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	1	0.4	269	N/A
2012	1	1	0.6	453	N/A
2011	1	0	0.7	527	N/A

N/A: Number of predicted infections <1; no SIR calculated

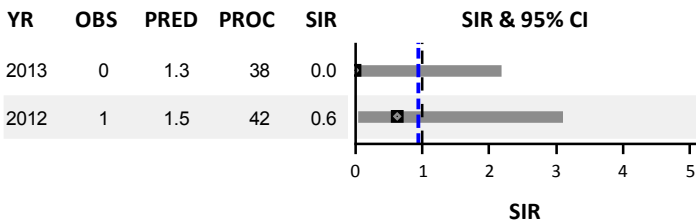
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



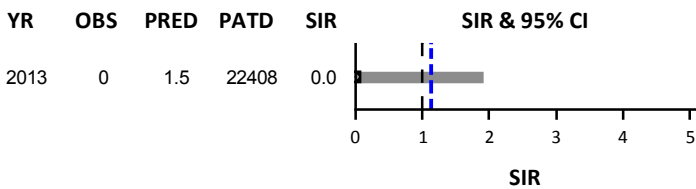
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

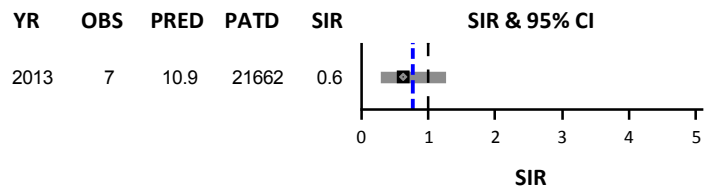
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

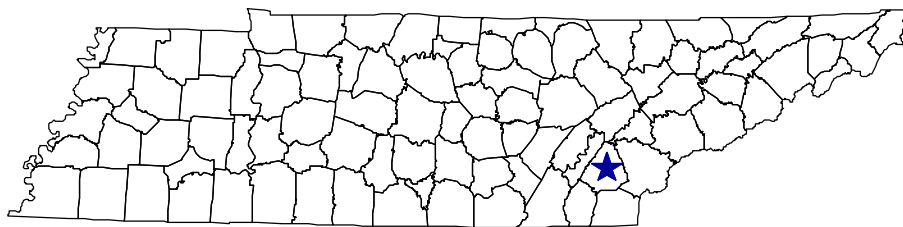
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- 2013 TN SIR
- NHSN SIR=1

Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.), Athens, McMinn County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.):

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.4	278	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.9	734	N/A	N/A	1.37
SSI	Colon surgery	0	0.8	32	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.5	11469	N/A	N/A	1.13
	<i>C. difficile</i> infection	2	4.8	10343	0.41	(0.07, 1.37)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

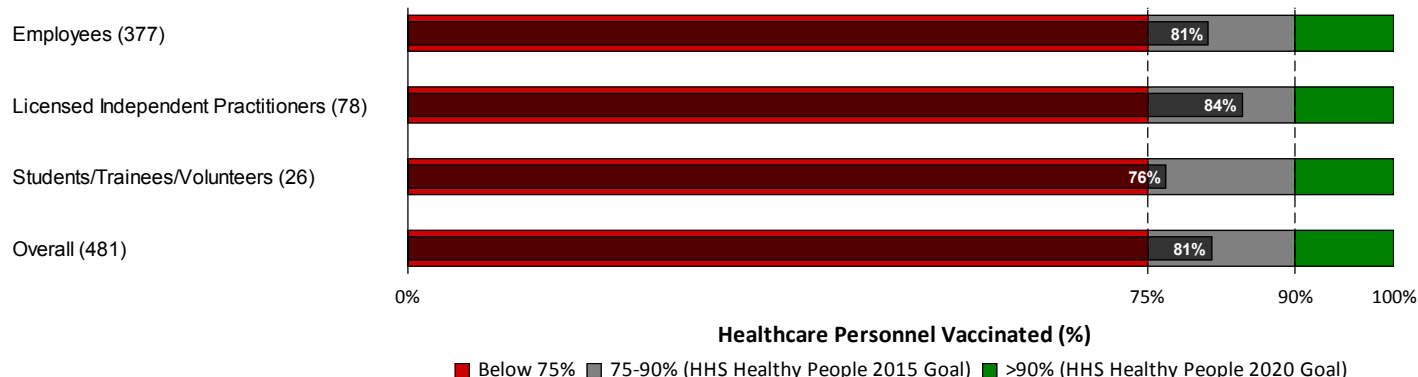
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.)

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.4	278	N/A
2012	1	0	0.3	251	N/A
2011	1	0	0.5	367	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.9	734	N/A
2012	1	1	0.9	722	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	0	0.8	32	N/A
2012	0	0.9	39	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

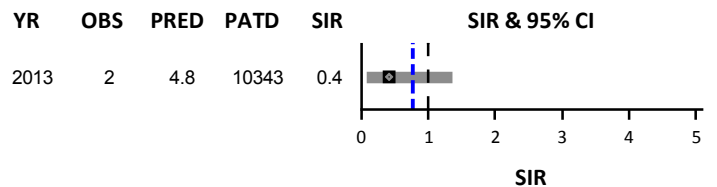
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.5	11469	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

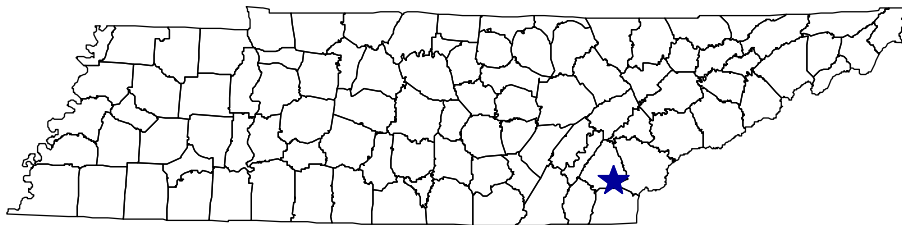
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
■ Not significantly different from NHSN SIR of 1
■ Significantly higher than NHSN SIR of 1
--- 2013 TN SIR
--- NHSN SIR=1

Starr Regional Med. Center-Etowah (Woods Memorial Hosp.), Etowah, McMinn County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Starr Regional Med. Center-Etowah (Woods Memorial Hosp.):

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.2	128	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.9	486	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.2	5889	N/A	N/A	1.13
	C. difficile infection	7	3.0	5889	2.33	(1.02, 4.60)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

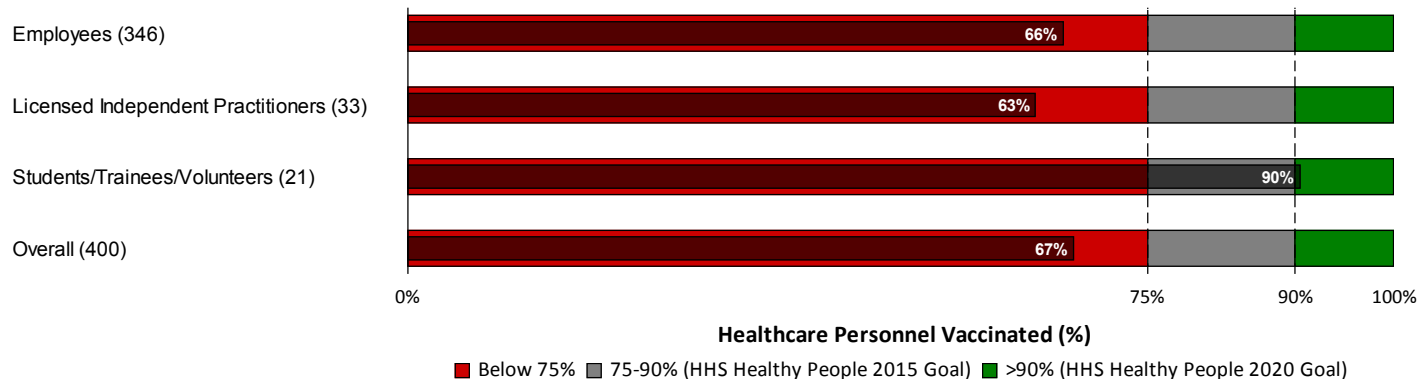
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Starr Regional Med. Center-Etowah (Woods Memorial Hosp.)

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Starr Regional Med. Center-Etowah (Woods Memorial Hosp.), Etowah, McMinn County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.2	128	N/A
2012	1	1	0.2	151	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.9	486	N/A
2012	1	0	0.9	487	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

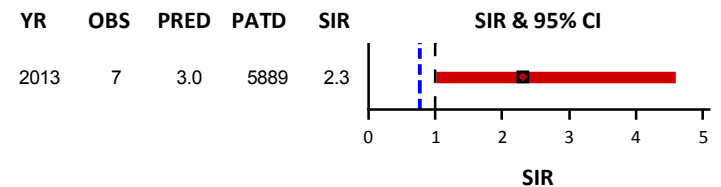
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.2	5889	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

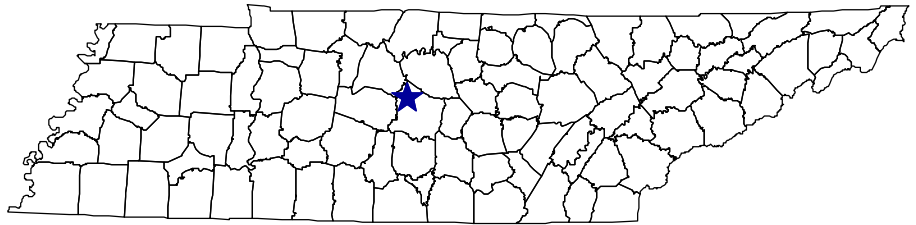
■ Significantly higher than NHSN SIR of 1

--- 2013 TN SIR

--- NHSN SIR=1

StoneCrest Medical Center, Smyrna, Rutherford County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for StoneCrest Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	2.0	1089	0.97	(0.16, 3.20)	0.48
CAUTI	Adult/Pediatric ICU	6	3.0	1503	1.98	(0.80, 4.11)	1.37
SSI	Colon surgery	1	1.3	39	0.75	(0.04, 3.69)	0.93
	Abdominal hysterectomy	1	1.0	112	0.94	(0.05, 4.62)	0.89
LabID	MRSA bacteremia	2	1.0	21248	1.91	(0.32, 6.32)	1.13
	<i>C. difficile</i> infection	9	13.3	18403	0.67	(0.33, 1.23)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

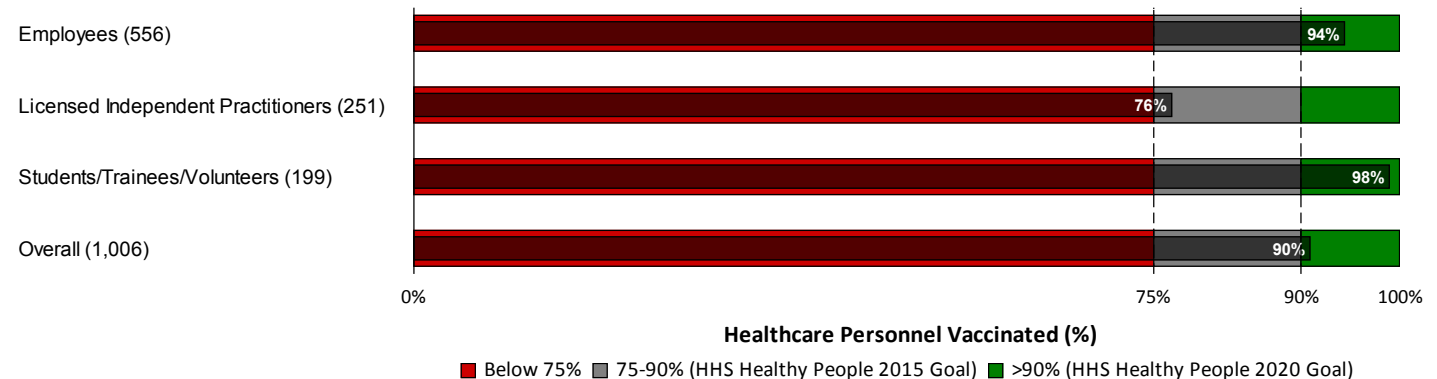
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at StoneCrest Medical Center

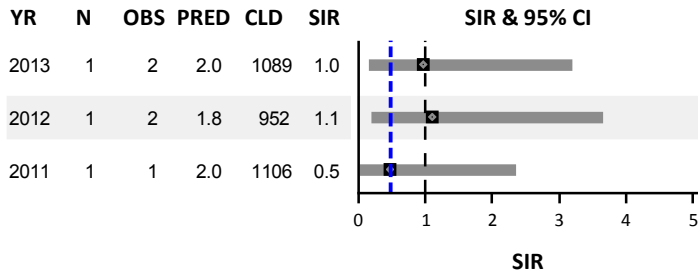
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



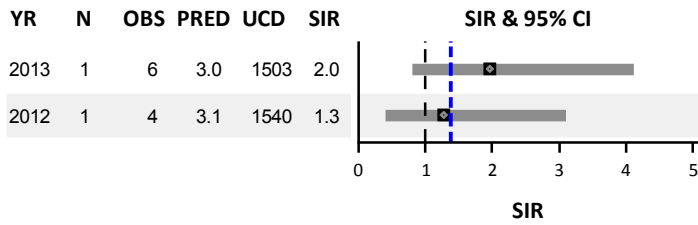
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



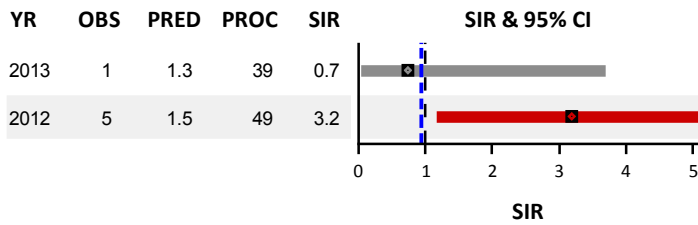
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

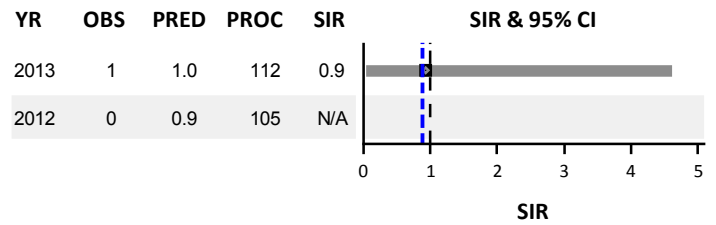


Surgical Site Infections (SSI)

SSI - Colon Surgery

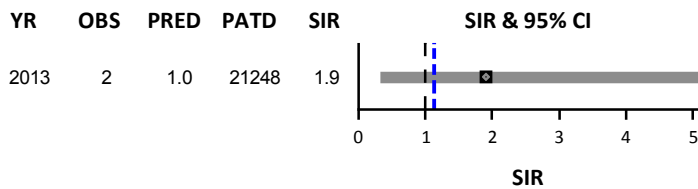


SSI - Abdominal Hysterectomy

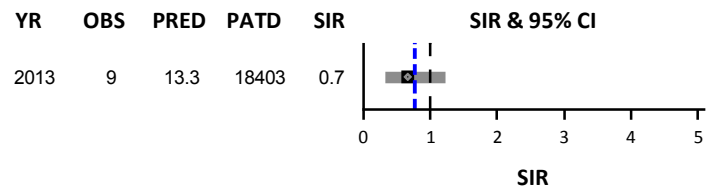


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

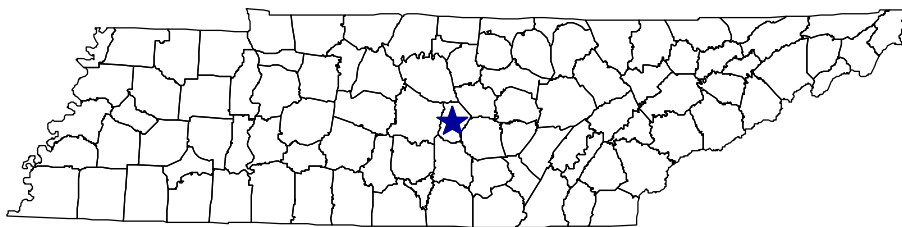
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Stones River Hospital, Woodbury, Cannon County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Stones River Hospital:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.1	4525	N/A	N/A	1.13
	C. difficile infection	1	2.1	4525	0.46	(0.02, 2.28)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

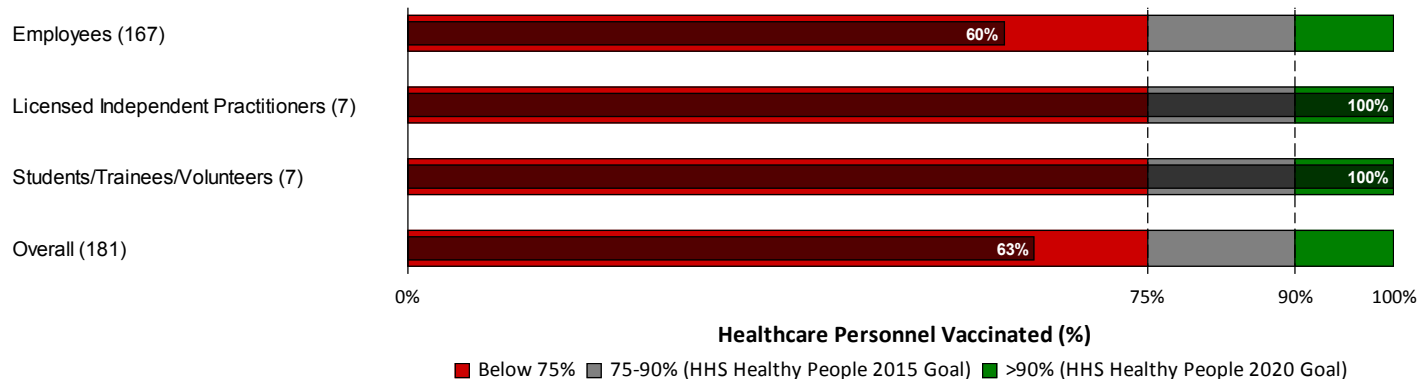
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Stones River Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Stones River Hospital, Woodbury, Cannon County

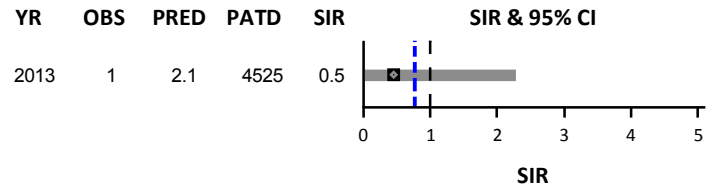
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.1	4525	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



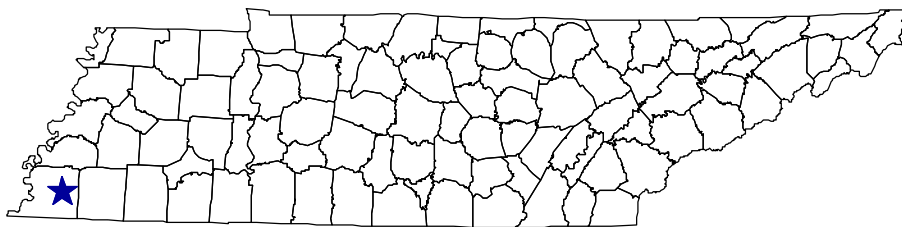
Data reported as of September 4, 2014

YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2013 TN SIR
- - - - NHSN SIR=1

St. Francis Bartlett, Bartlett, Shelby County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for St. Francis Bartlett:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	3.0	2108	0.32	(0.02, 1.59)	0.48
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	3	2.9	2343	1.03	(0.26, 2.81)	1.37
SSI	Colon surgery	0	0.6	25	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.3	44	N/A	N/A	0.89
LabID	MRSA bacteremia	0	1.2	34550	0.00	(0.00, 2.34)	1.13
	<i>C. difficile</i> infection	7	16.0	32760	0.44	(0.19, 0.86)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

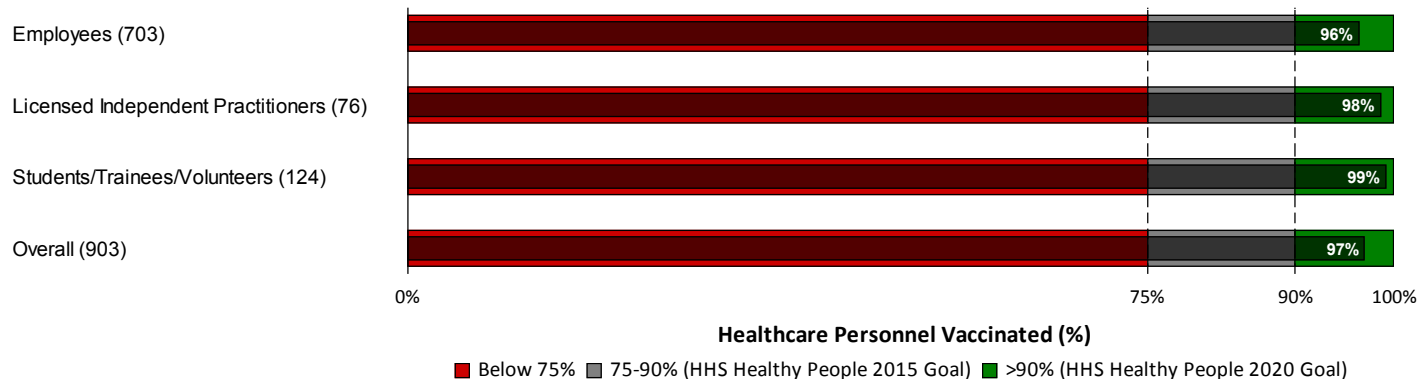
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at St. Francis Bartlett

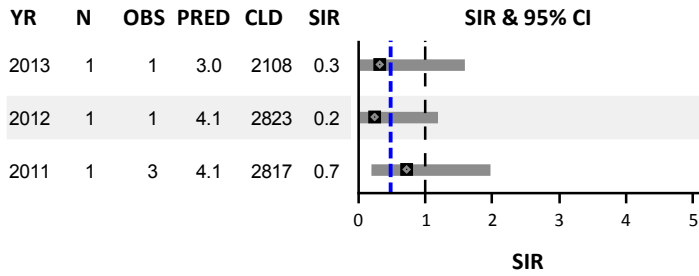
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



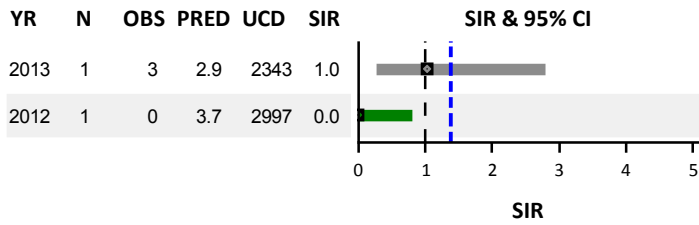
CLABSI - Neonatal ICUs

YR	N	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.1	80	N/A
2011	1	0	0.1	144	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	0	0.6	25	N/A
2012	1	1.2	48	0.8

N/A: Number of predicted infections <1; no SIR calculated

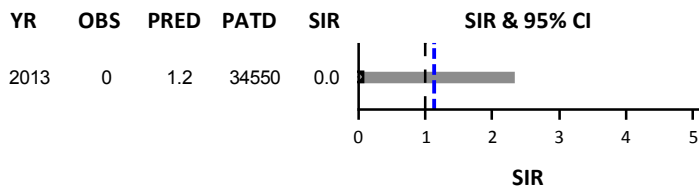
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.3	44	N/A
2012	0	0.4	69	N/A

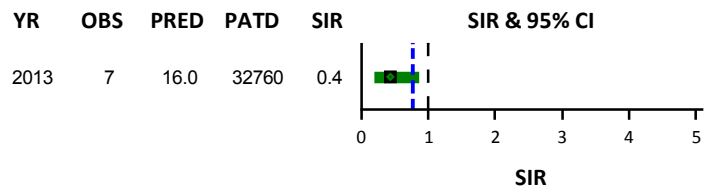
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

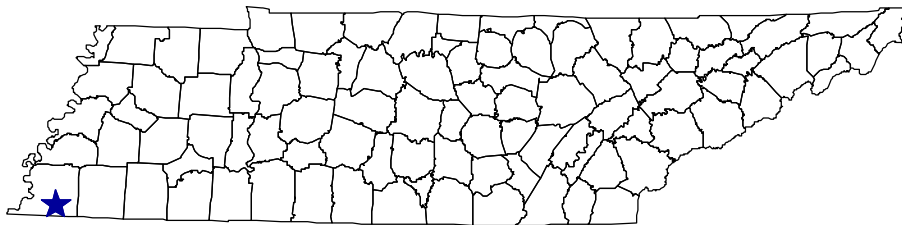
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - NHSN SIR=1
 - - - - 2013 TN SIR

St. Francis Hospital - Memphis, Memphis, Shelby County

Medical School Affiliation: Graduate teaching

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for St. Francis Hospital - Memphis:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	6	7.5	5320	0.80	(0.32, 1.65)	0.48
	Neonatal ICU	0	0.2	120	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	11	10.1	5100	1.08	(0.57, 1.88)	1.37
SSI	Colon surgery	5	3.4	127	1.46	(0.54, 3.24)	0.93
	Abdominal hysterectomy	0	0.7	78	N/A	N/A	0.89
LabID	MRSA bacteremia	10	6.6	93113	1.50	(0.76, 2.67)	1.13
	<i>C. difficile</i> infection	24	55.0	90469	0.44	(0.29, 0.64)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

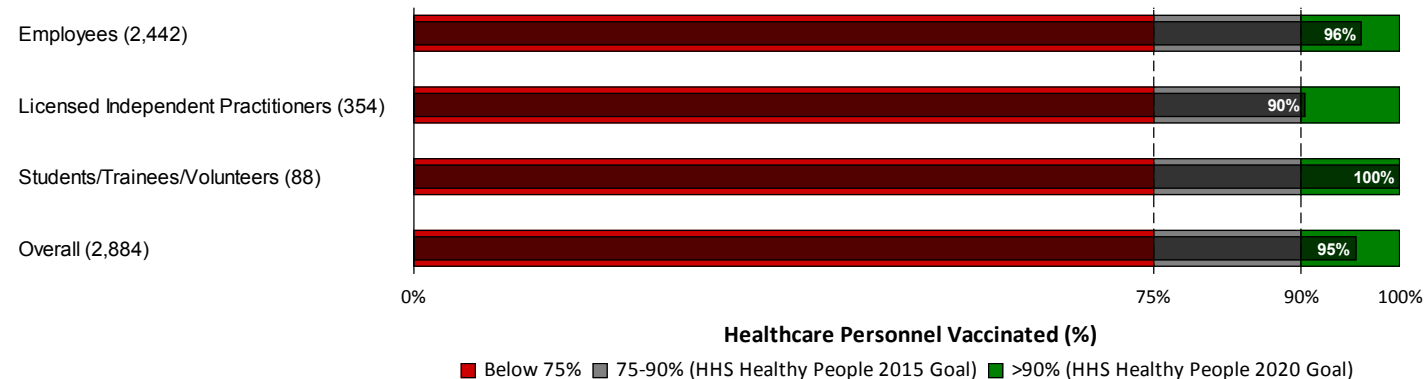
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at St. Francis Hospital - Memphis

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

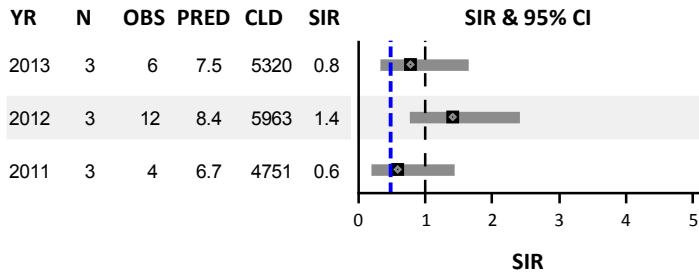
Healthcare Personnel Category (Total)



St. Francis Hospital - Memphis, Memphis, Shelby County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



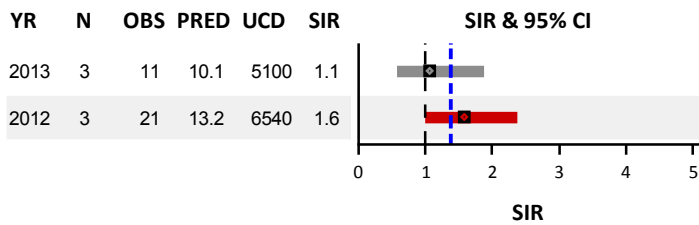
CLABSI - Neonatal ICUs

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.2	120	N/A
2012	1	0	0.4	272	N/A
2011	1	0	0.3	221	N/A

N/A: Number of predicted infections <1; no SIR calculated

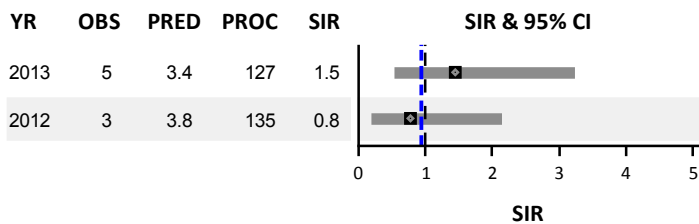
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



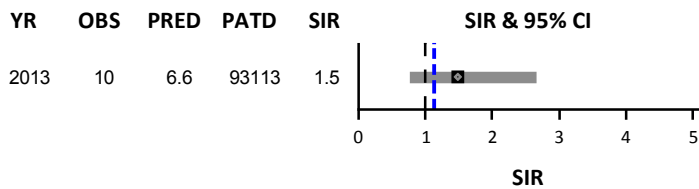
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.7	78	N/A
2012	0	0.6	70	N/A

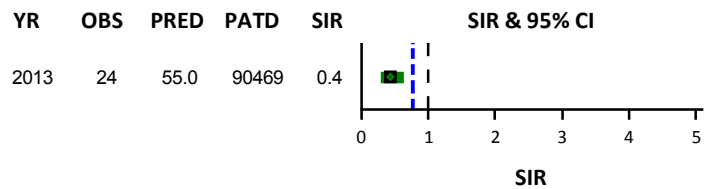
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

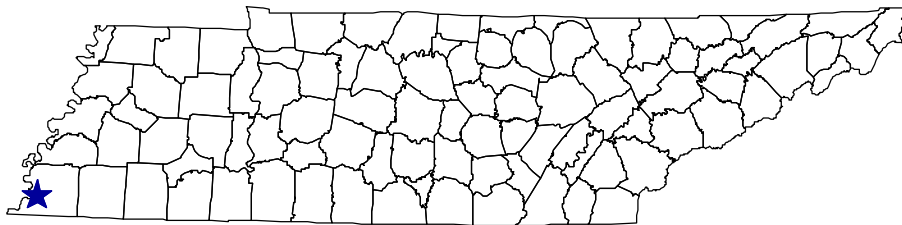
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

St. Jude Children's Research Hospital, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for St. Jude Children's Research Hospital:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.8	14612	N/A	N/A	1.13
	C. difficile infection	33	10.9	14612	3.02	(2.11, 4.19)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

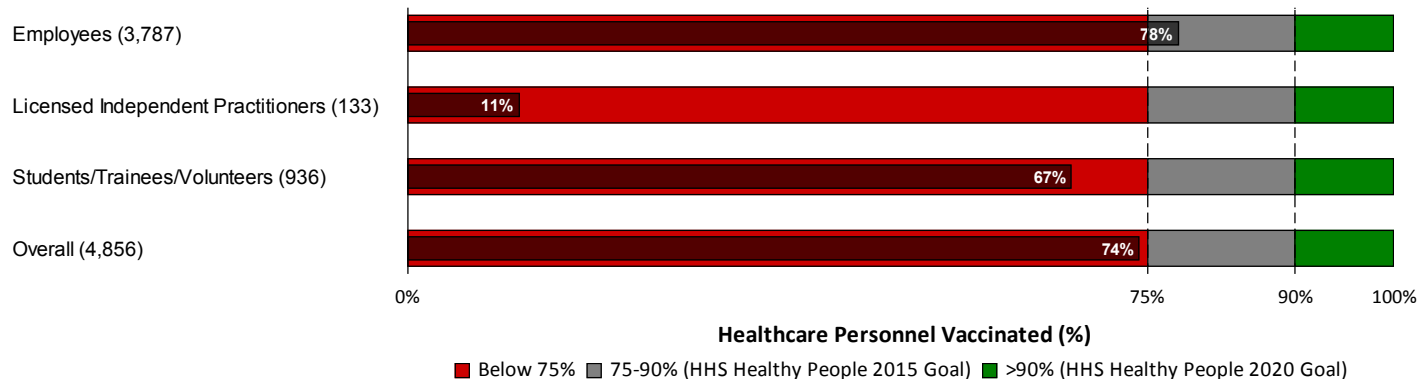
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at St. Jude Children's Research Hospital

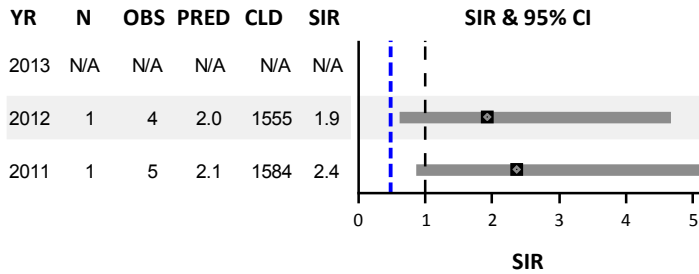
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	N	N/A	N/A	N/A	N/A
2012	1	3	0.7	949	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2013	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

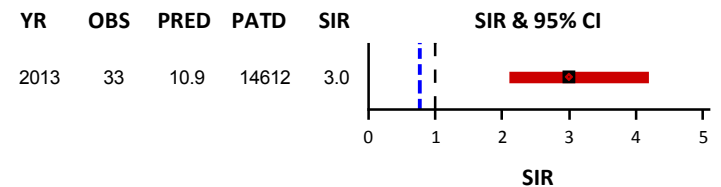
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.8	14612	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

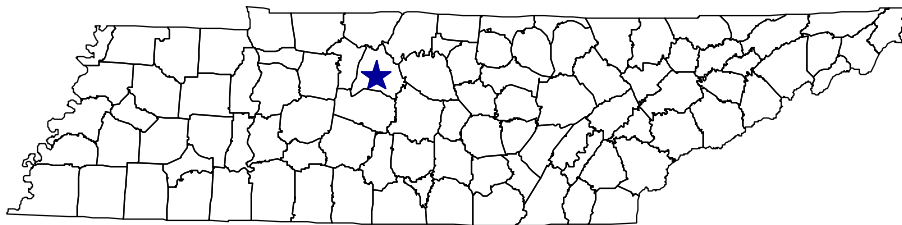
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

St. Thomas Midtown (Baptist Hospital- Nashville), Nashville, Davidson County

Medical School Affiliation: Graduate teaching

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for St. Thomas Midtown (Baptist Hospital- Nashville):

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	6	11.3	5794	0.53	(0.22, 1.10)	0.48
	Neonatal ICU	0	2.5	996	0.00	(0.00, 1.19)	0.51
CAUTI	Adult/Pediatric ICU	26	16.8	7755	1.55	(1.03, 2.23)	1.37
SSI	Colon surgery	4	8.6	293	0.46	(0.15, 1.12)	0.93
	Abdominal hysterectomy	5	2.4	311	2.07	(0.76, 4.60)	0.89
LabID	MRSA bacteremia	4	7.3	118207	0.55	(0.17, 1.32)	1.13
	<i>C. difficile</i> infection	53	73.9	92868	0.72	(0.54, 0.93)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

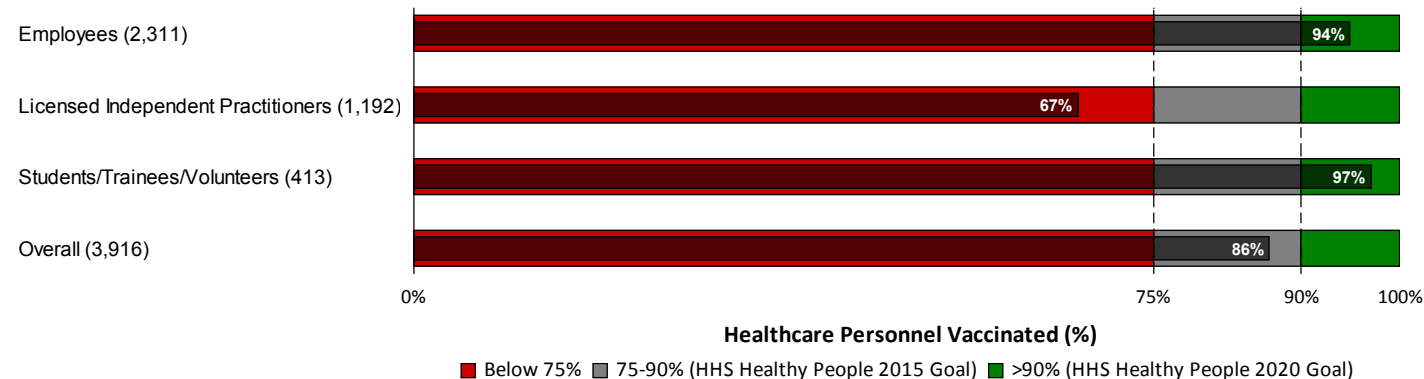
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at St. Thomas Midtown (Baptist Hospital- Nashville)

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

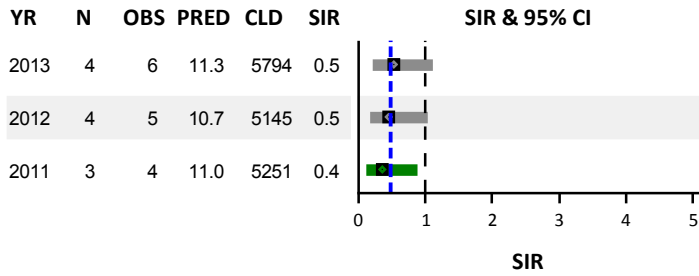
Healthcare Personnel Category (Total)



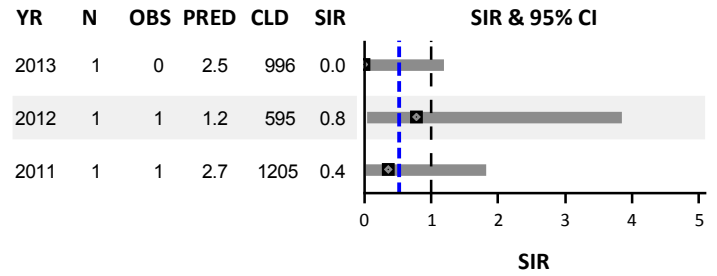
St. Thomas Midtown (Baptist Hospital- Nashville), Nashville, Davidson County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

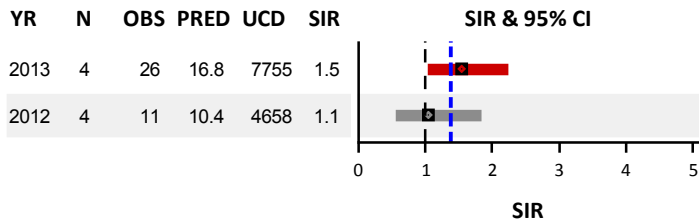


CLABSI - Neonatal ICUs



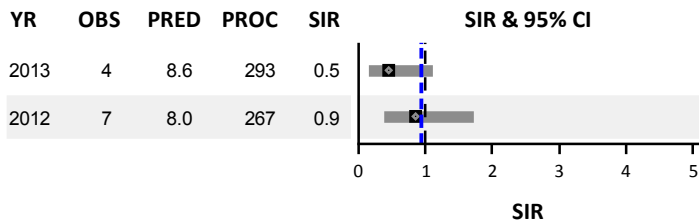
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

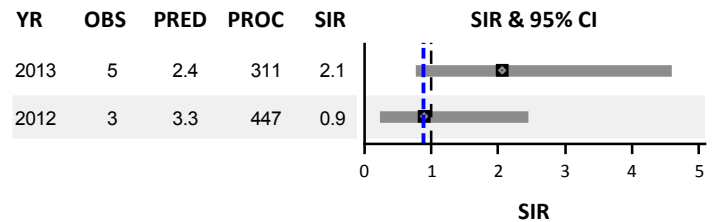


Surgical Site Infections (SSI)

SSI - Colon Surgery

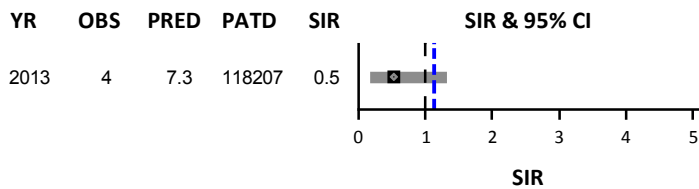


SSI - Abdominal Hysterectomy

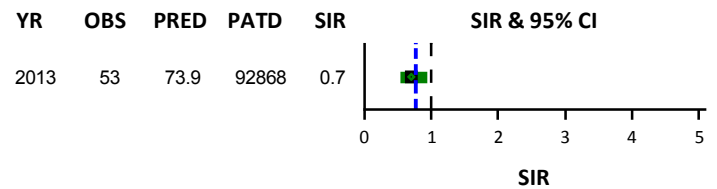


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NMSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NMSN SIR of 1

■ Not significantly different from NMSN SIR of 1

■ Significantly higher than NMSN SIR of 1

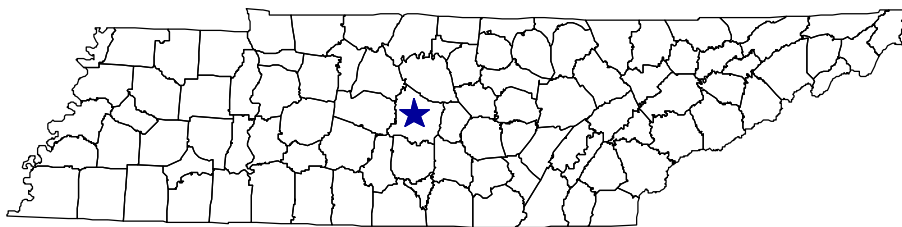
--- 2013 TN SIR

--- NMSN SIR=1

St. Thomas Rutherford Hospital (Middle TN Med. Ctr), Murfreesboro, Rutherford County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for St. Thomas Rutherford Hospital (Middle TN Med. Ctr):

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	4.3	2987	0.00	(0.00, 0.68)	0.48
	Neonatal ICU	1	0.6	413	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	10	6.1	4969	1.62	(0.82, 2.89)	1.37
SSI	Colon surgery	2	3.5	126	0.57	(0.10, 1.87)	0.93
	Abdominal hysterectomy	1	1.3	193	0.77	(0.04, 3.77)	0.89
LabID	MRSA bacteremia	5	3.2	64110	1.53	(0.56, 3.38)	1.13
	<i>C. difficile</i> infection	49	51.0	60616	0.96	(0.72, 1.26)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

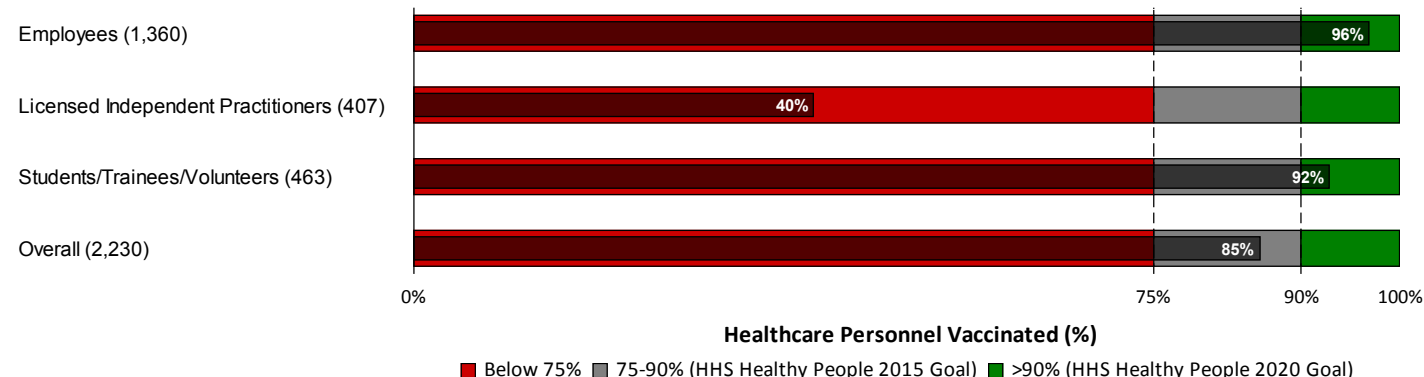
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at St. Thomas Rutherford Hospital (Middle TN Med. Ctr)

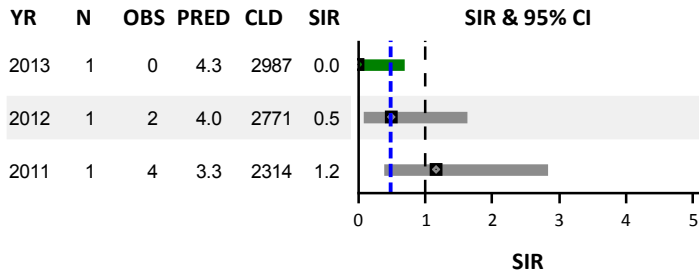
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



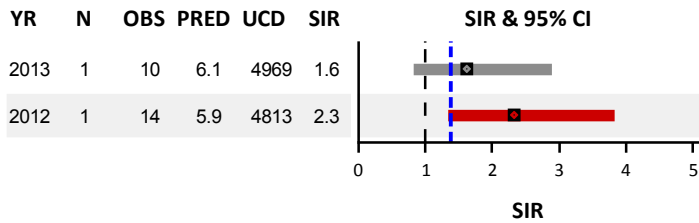
CLABSI - Neonatal ICUs

YR	N	OBS	PRED	CLD	SIR
2013	1	1	0.6	413	N/A
2012	1	0	0.7	481	N/A
2011	1	0	0.3	377	N/A

N/A: Number of predicted infections <1; no SIR calculated

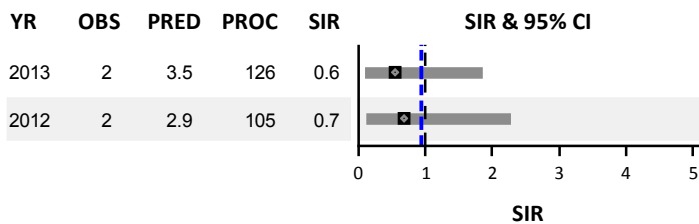
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

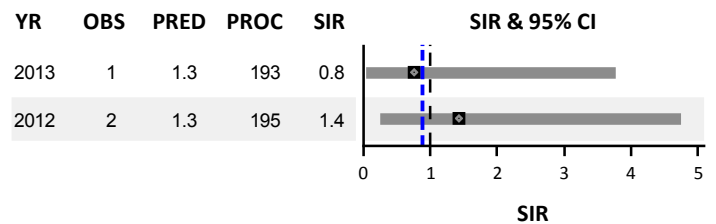


Surgical Site Infections (SSI)

SSI - Colon Surgery

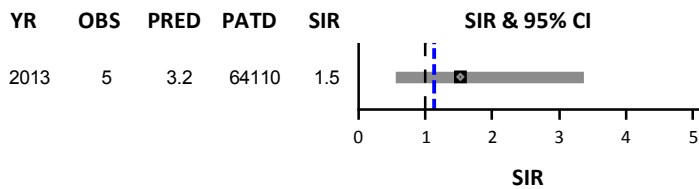


SSI - Abdominal Hysterectomy

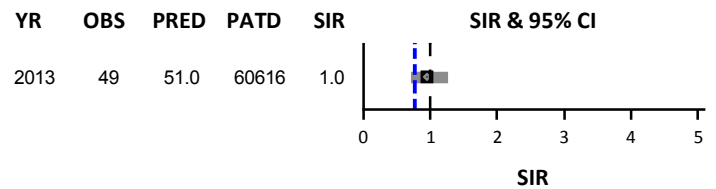


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

█ Significantly lower than NHSN SIR of 1

█ Not significantly different from NHSN SIR of 1

█ Significantly higher than NHSN SIR of 1

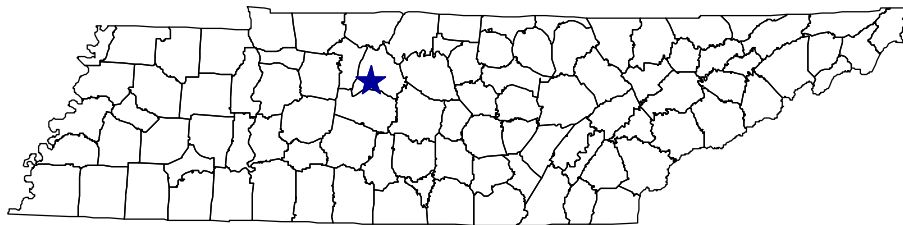
--- 2013 TN SIR

--- NHSN SIR=1

St. Thomas West Hospital, Nashville, Davidson County

Medical School Affiliation: None

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for St. Thomas West Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	9.2	6297	0.22	(0.04, 0.72)	0.48
CAUTI	Adult/Pediatric ICU	19	9.5	7650	2.00	(1.24, 3.06)	1.37
SSI	Colon surgery	8	7.5	233	1.06	(0.49, 2.01)	0.93
	Abdominal hysterectomy	2	1.1	150	1.71	(0.29, 5.63)	0.89
LabID	MRSA bacteremia	9	7.6	89650	1.17	(0.57, 2.15)	1.13
	<i>C. difficile</i> infection	83	70.5	89650	1.18	(0.94, 1.45)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

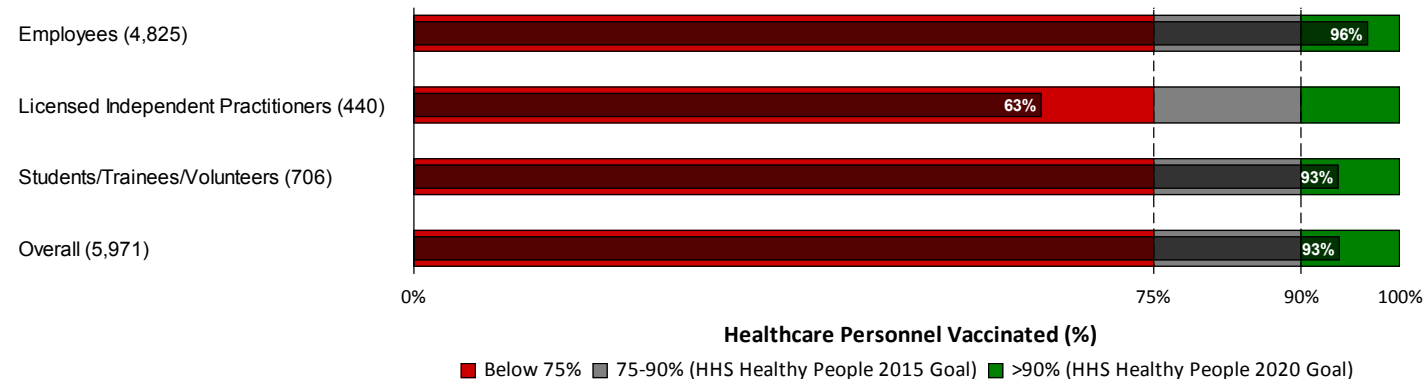
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at St. Thomas West Hospital

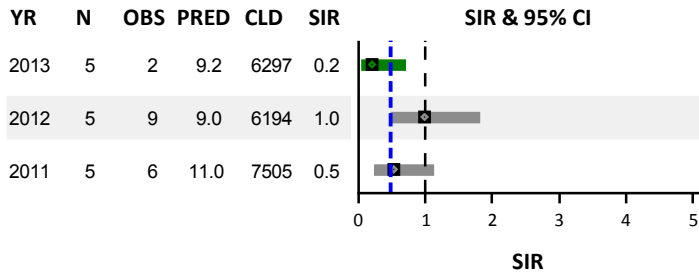
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



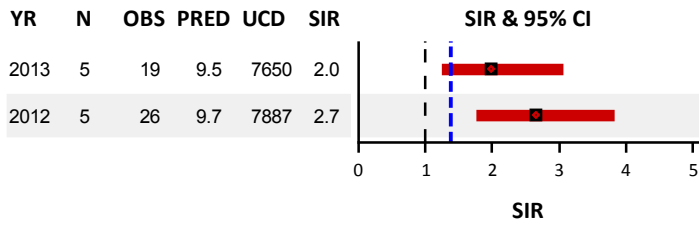
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



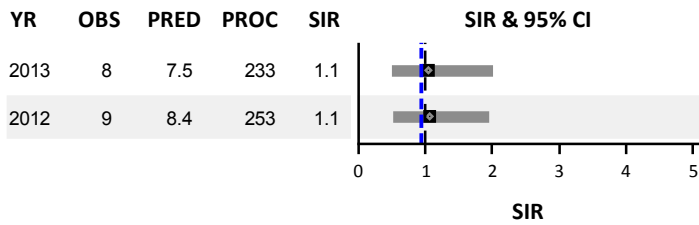
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

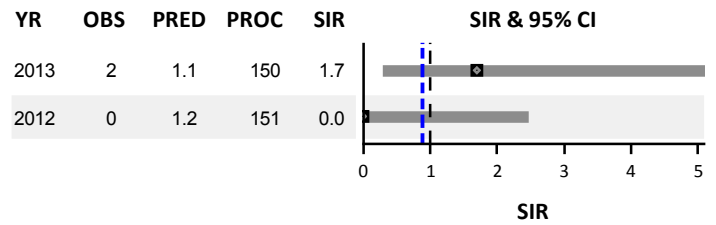


Surgical Site Infections (SSI)

SSI - Colon Surgery

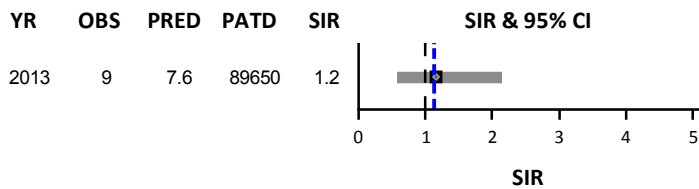


SSI - Abdominal Hysterectomy

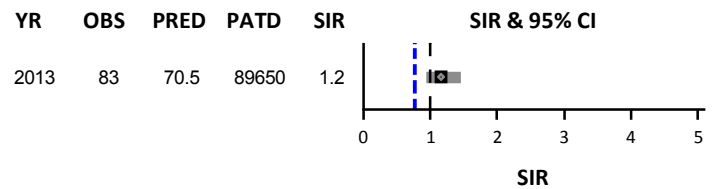


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



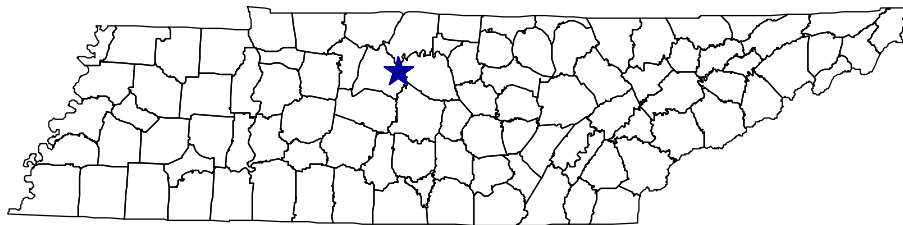
Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Summit Medical Center, Hermitage, Davidson County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Summit Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	4.9	2364	0.60	(0.15, 1.64)	0.48
	Neonatal ICU	0	0.3	226	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	4	9.6	4141	0.42	(0.13, 1.00)	1.37
SSI	Colon surgery	10	4.3	155	2.28	(1.16, 4.06)	0.93
	Abdominal hysterectomy	5	0.6	87	N/A	N/A	0.89
LabID	MRSA bacteremia	1	2.4	53435	0.41	(0.02, 2.01)	1.13
	<i>C. difficile</i> infection	39	35.2	49194	1.11	(0.80, 1.50)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

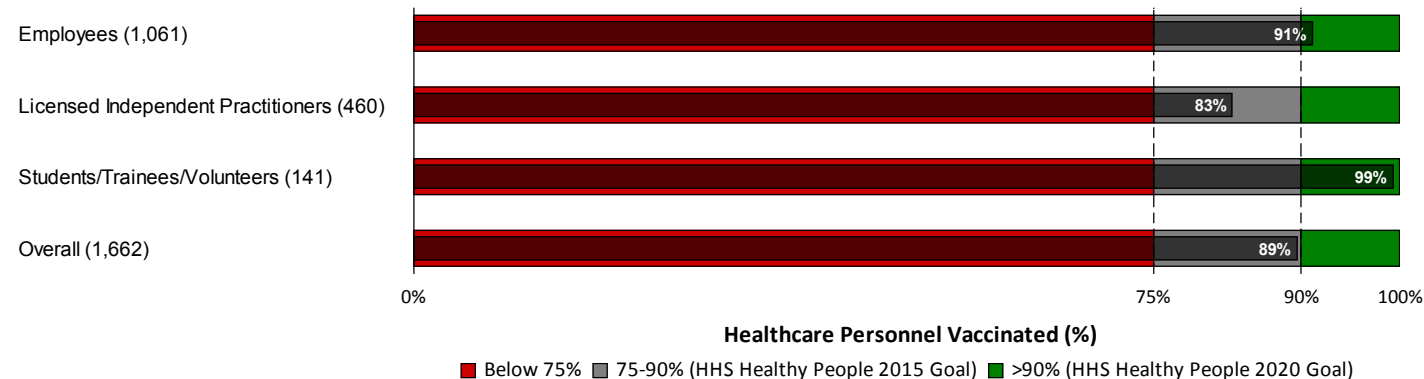
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Summit Medical Center

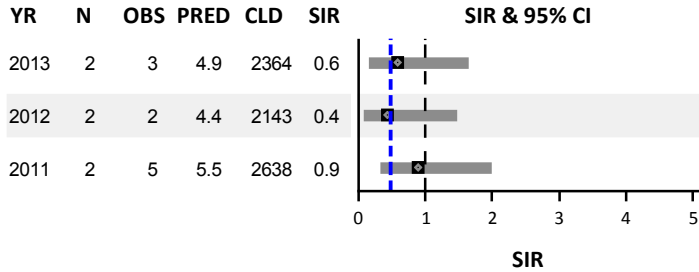
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



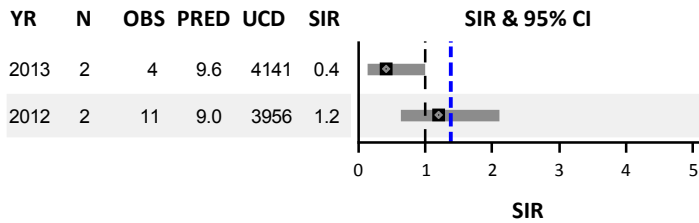
CLABSI - Neonatal ICUs

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.3	226	N/A
2012	1	0	0.2	155	N/A
2011	1	0	0.3	218	N/A

N/A: Number of predicted infections <1; no SIR calculated

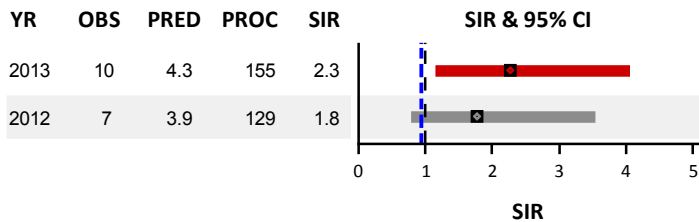
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



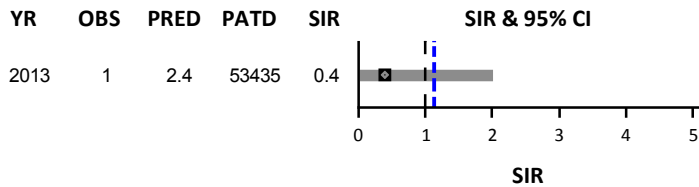
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	5	0.6	87	N/A
2012	3	0.8	104	N/A

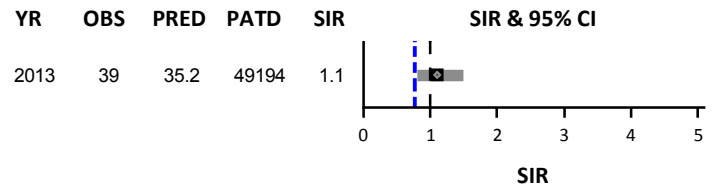
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

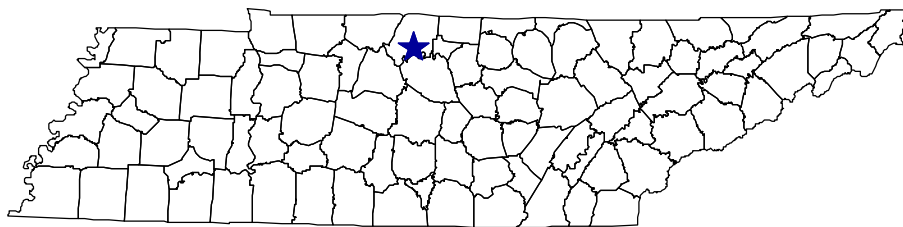
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - NHSN SIR=1
 - - - - 2013 TN SIR

Sumner Regional Medical Center, Gallatin, Sumner County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Sumner Regional Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	3.3	2264	0.00	(0.00, 0.90)	0.48
CAUTI	Adult/Pediatric ICU	1	4.7	3807	0.21	(0.01, 1.04)	1.37
SSI	Colon surgery	3	1.2	46	2.44	(0.62, 6.64)	0.93
	Abdominal hysterectomy	0	0.1	29	N/A	N/A	0.89
LabID	MRSA bacteremia	1	2.4	33681	0.42	(0.02, 2.05)	1.13
	C. difficile infection	8	21.8	32322	0.37	(0.17, 0.70)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

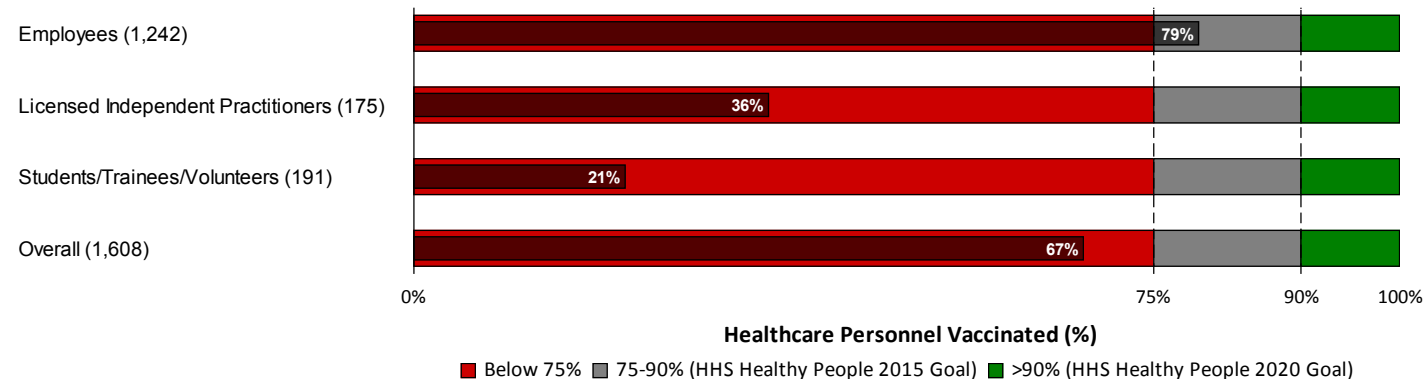
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Sumner Regional Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

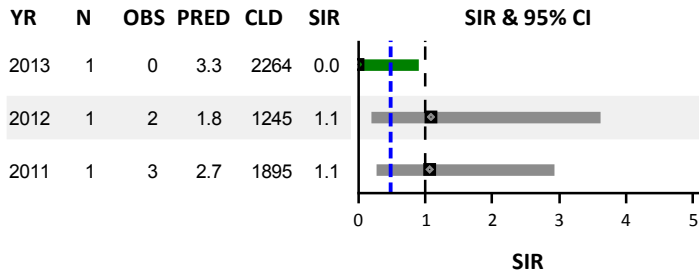
Healthcare Personnel Category (Total)



Sumner Regional Medical Center, Gallatin, Sumner County

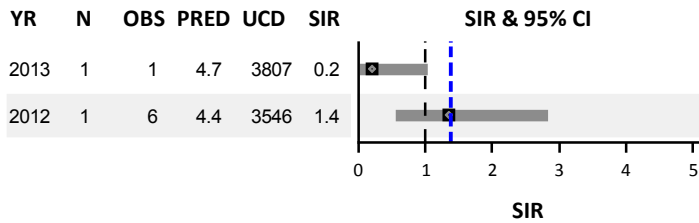
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



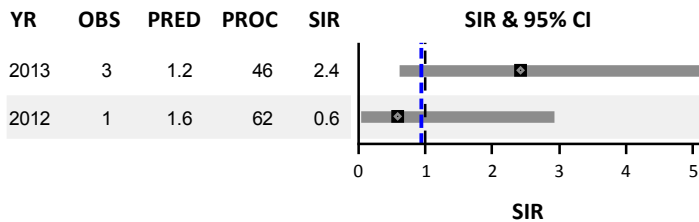
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



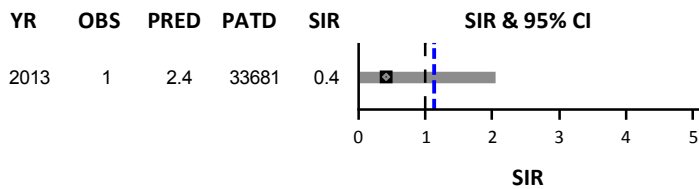
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.1	29	N/A
2012	2	0.3	48	N/A

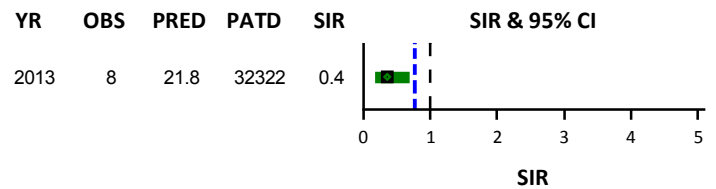
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

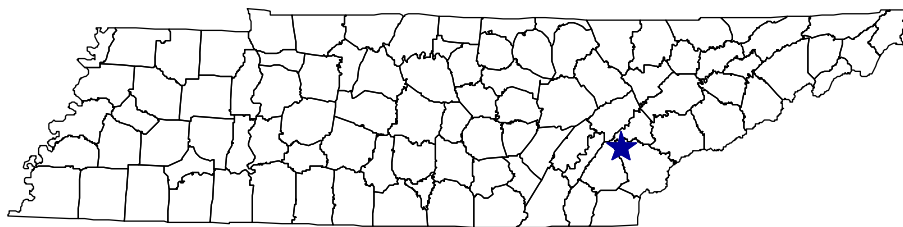
--- 2013 TN SIR

--- NHSN SIR=1

Sweetwater Hospital Association, Sweetwater, Monroe County

Medical School Affiliation: Graduate teaching

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Sweetwater Hospital Association:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.6	327	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	1.9	961	0.00	(0.00, 1.54)	1.37
SSI	Colon surgery	1	0.5	21	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.0	20	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.5	10035	N/A	N/A	1.13
	<i>C. difficile</i> infection	0	5.4	9667	0.00	(0.00, 0.55)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

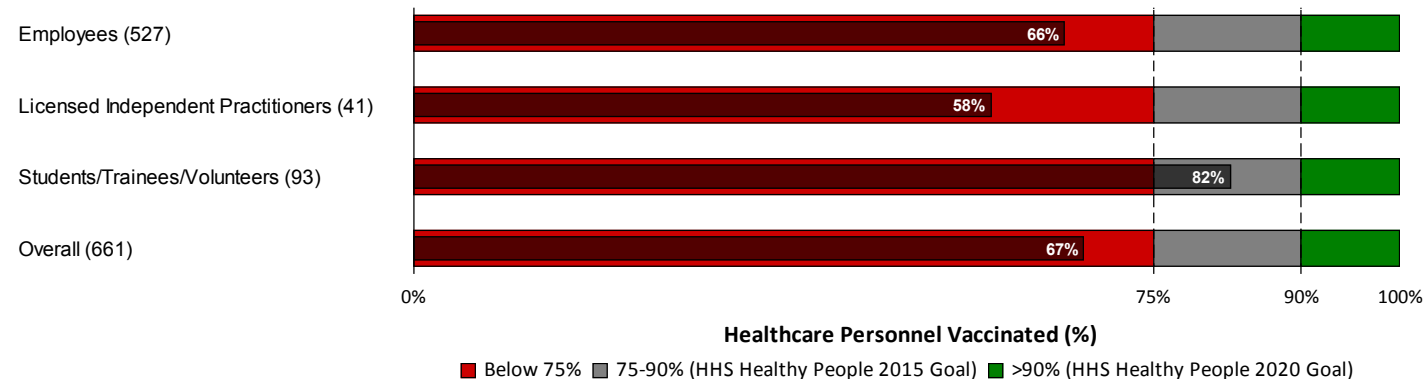
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Sweetwater Hospital Association

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

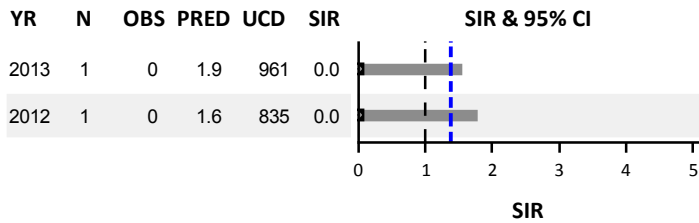
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.6	327	N/A
2012	1	0	0.6	358	N/A
2011	1	0	0.8	473	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	1	0.5	21	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.0	20	N/A
2012	0	0.0	24	N/A

N/A: Number of predicted infections <1; no SIR calculated

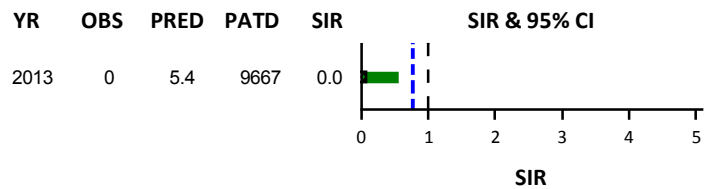
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.5	10035	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

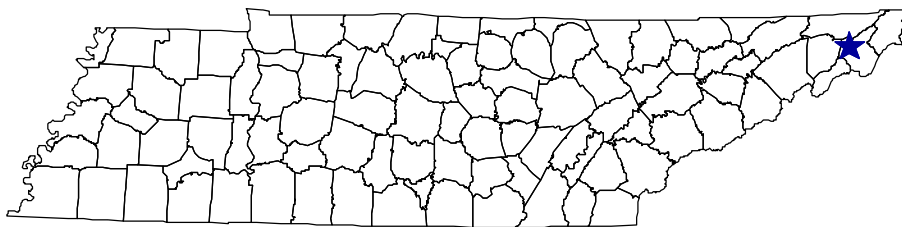
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Sycamore Shoals Hospital, Elizabethton, Carter County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Sycamore Shoals Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.6	411	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	1.6	1255	0.00	(0.00, 1.85)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.2	26	N/A	N/A	0.89
LabID	MRSA bacteremia	3	0.5	14692	N/A	N/A	1.13
	<i>C. difficile</i> infection	11	10.6	14692	1.03	(0.54, 1.79)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

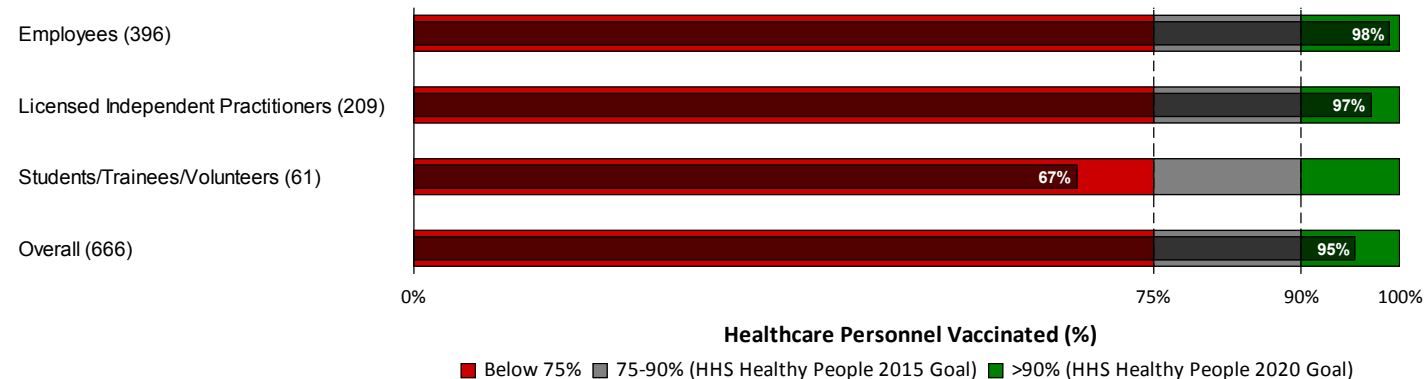
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Sycamore Shoals Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Sycamore Shoals Hospital, Elizabethton, Carter County

Central Line-Associated Bloodstream Infections (CLABSI)

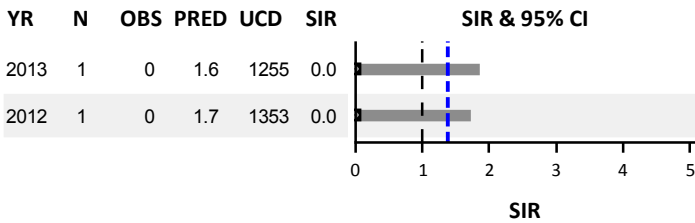
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.6	411	N/A
2012	1	0	0.7	515	N/A
2011	1	0	0.4	317	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	0	1.4	42	0.0

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.2	26	N/A
2012	0	0.4	56	N/A

N/A: Number of predicted infections <1; no SIR calculated

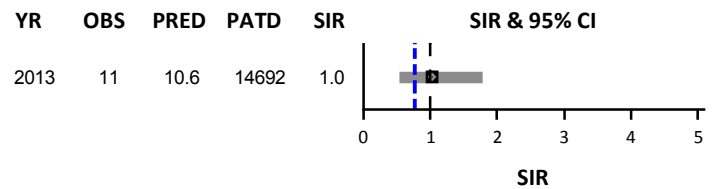
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	3	0.5	14692	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

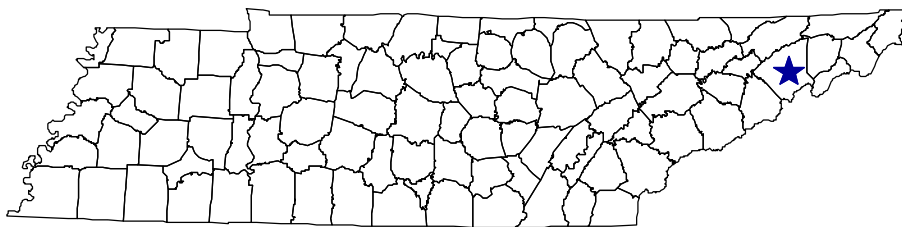
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Takoma Regional Hospital, Greeneville, Greene County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Takoma Regional Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.5	372	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	1.3	1025	0.00	(0.00, 2.27)	1.37
SSI	Colon surgery	1	0.8	35	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.7	11905	N/A	N/A	1.13
	<i>C. difficile</i> infection	3	6.1	11246	0.49	(0.12, 1.33)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

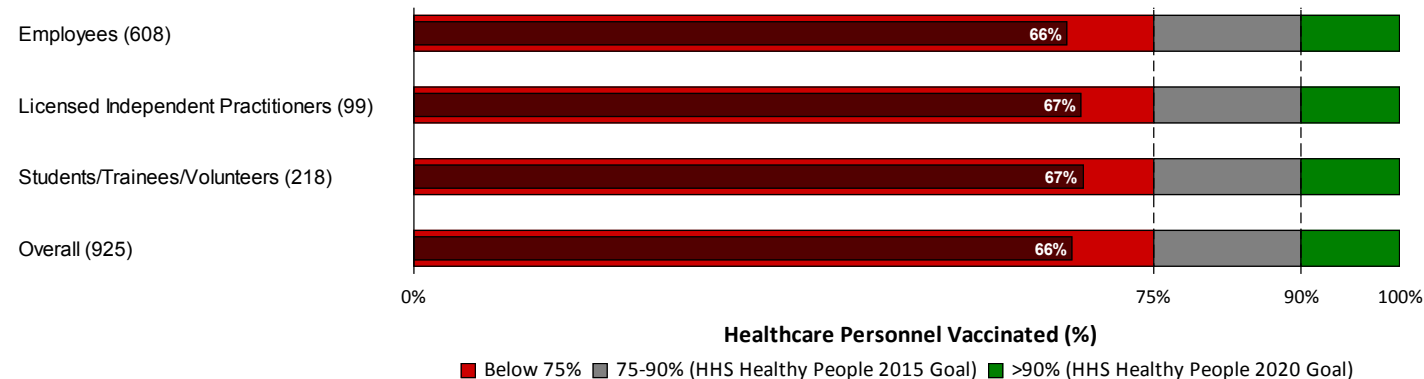
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Takoma Regional Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Takoma Regional Hospital, Greeneville, Greene County

Central Line-Associated Bloodstream Infections (CLABSI)

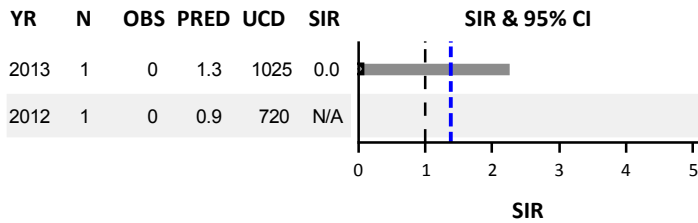
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.5	372	N/A
2012	1	0	0.2	155	N/A
2011	1	0	0.3	213	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	1	0.8	35	N/A
2012	0	0.5	26	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

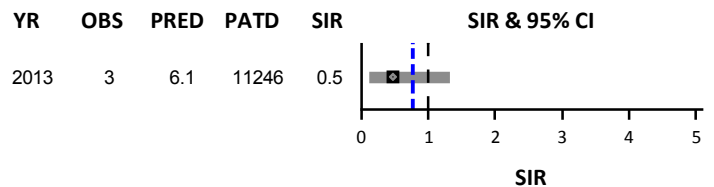
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	1	0.7	11905	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

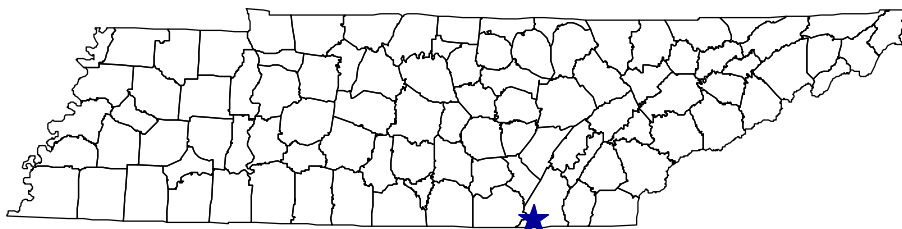
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

TC Thompson Children's Hospital (Erlanger), Chattanooga, Hamilton County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for TC Thompson Children's Hospital (Erlanger):

- **Central line-associated bloodstream infections (CLABSI):** Pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Pediatric ICUs
- Any surgical site infections (SSI) following colon surgeries (COLO) or abdominal hysterectomies (HYST) and Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI) laboratory identified (LabID) events for this facility are reported with [Erlanger Medical Center](#)

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	2.4	833	0.41	(0.02, 2.02)	0.48
	Neonatal ICU	6	6.3	2651	0.94	(0.38, 1.96)	0.51
CAUTI	Adult/Pediatric ICU	1	1.5	549	0.65	(0.03, 3.23)	1.37

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at TC Thompson Children's Hospital (Erlanger)

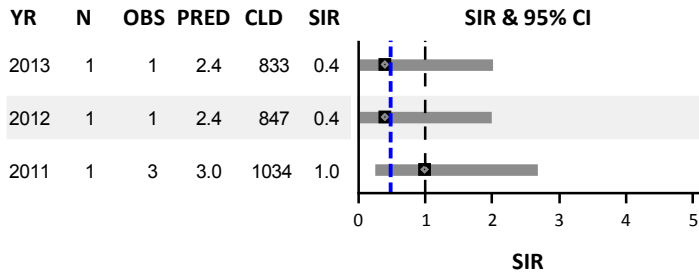
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare personnel influenza vaccination data for this facility are reported with [Erlanger Medical Center](#)

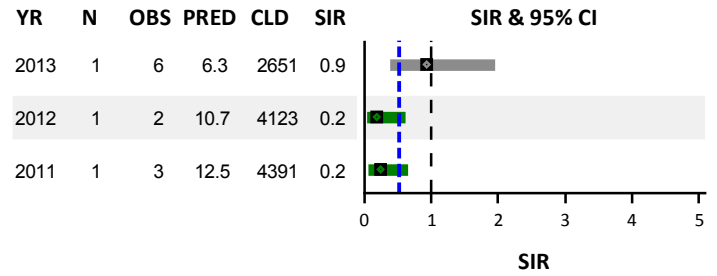
TC Thompson Children's Hospital (Erlanger), Chattanooga, Hamilton County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

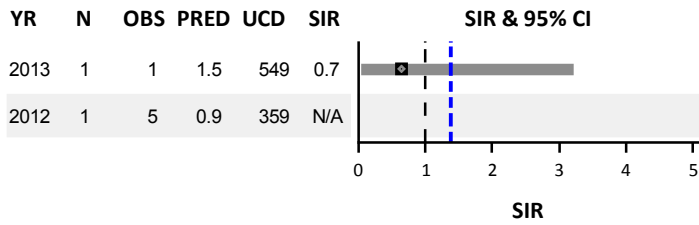


CLABSI - Neonatal ICUs



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Data reported as of September 4, 2014

YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

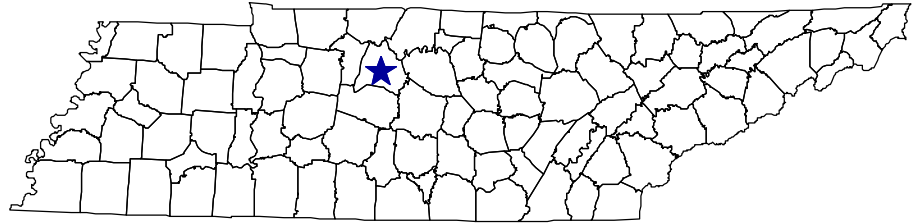
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - 2013 TN SIR
- - - NHSN SIR=1

The Hospital for Spinal Surgery, Nashville, Davidson County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for The Hospital for Spinal Surgery:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	1485	N/A	N/A	1.13
	C. difficile infection	0	0.8	1485	N/A	N/A	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

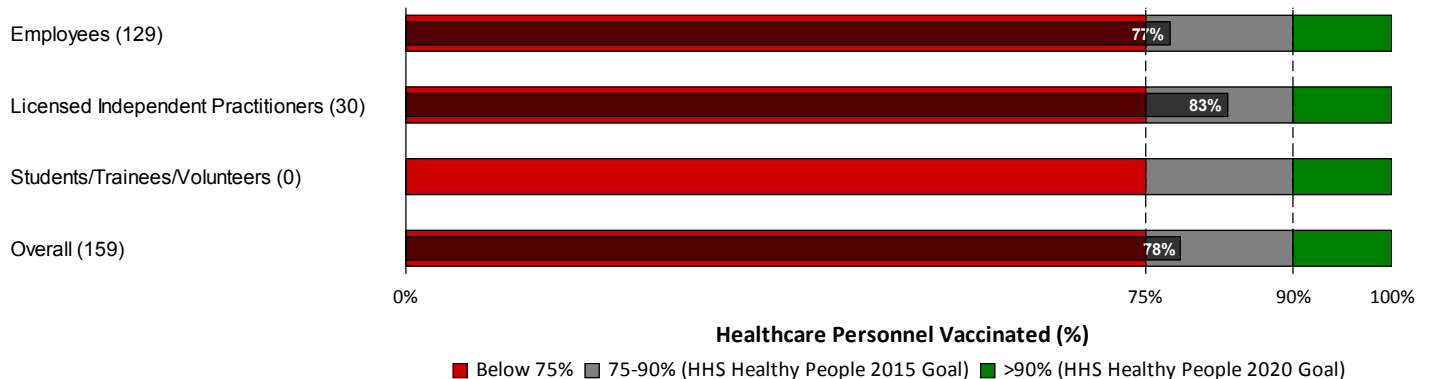
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at The Hospital for Spinal Surgery

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



The Hospital for Spinal Surgery, Nashville, Davidson County

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.0	1485	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRED	PATD	SIR
2013	0	0.8	1485	N/A

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

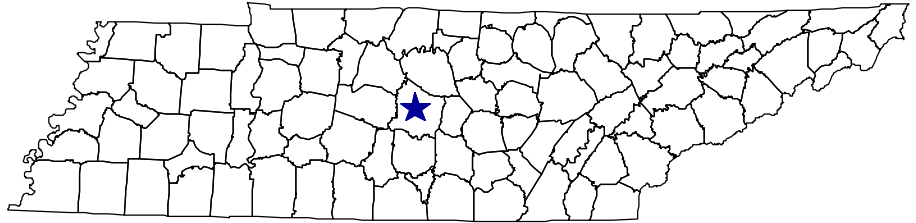
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - 2013 TN SIR
 - - - - NHSN SIR=1

TrustPoint Hospital, Murfreesboro, Rutherford County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for TrustPoint Hospital:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.4	11529	N/A	N/A	1.13
	C. difficile infection	1	5.1	11529	0.19	(0.01, 0.95)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

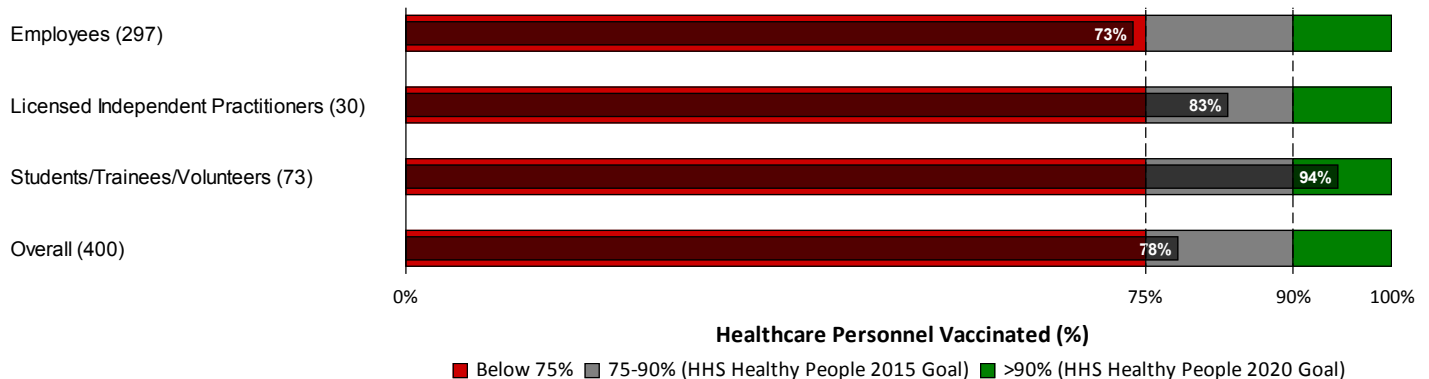
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at TrustPoint Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



TrustPoint Hospital, Murfreesboro, Rutherford County

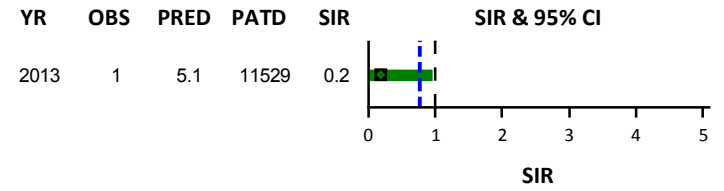
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.4	11529	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

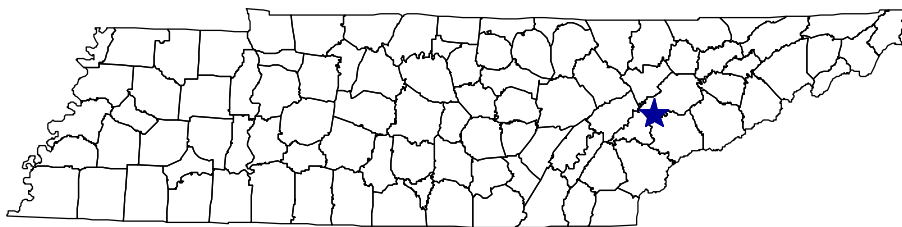
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Turkey Creek Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Turkey Creek Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	1.2	859	0.00	(0.00, 2.33)	0.48
CAUTI	Adult/Pediatric ICU	2	1.6	1297	1.20	(0.20, 3.95)	1.37
SSI	Colon surgery	9	4.5	131	1.97	(0.96, 3.61)	0.93
	Abdominal hysterectomy	1	0.6	64	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.8	20763	N/A	N/A	1.13
	<i>C. difficile</i> infection	10	12.2	19573	0.82	(0.42, 1.46)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

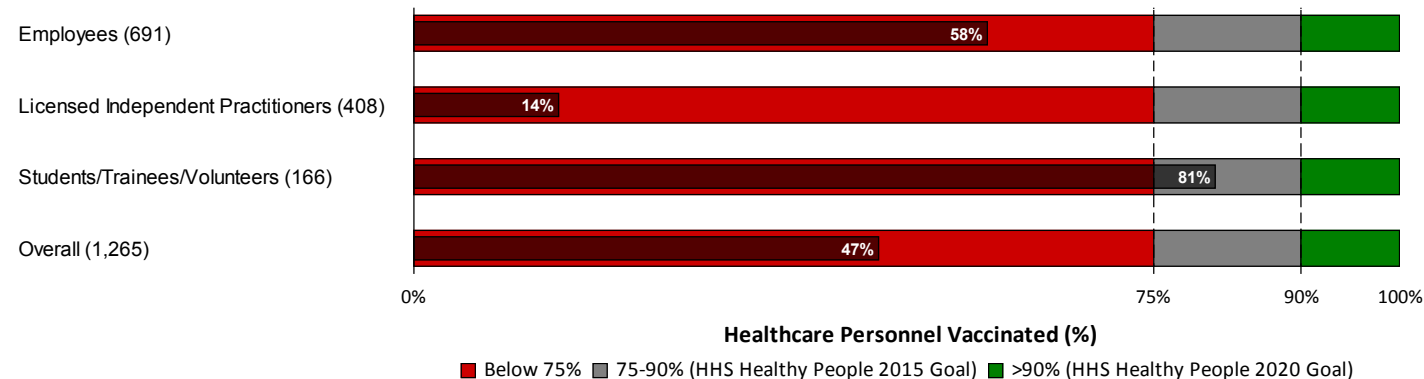
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Turkey Creek Medical Center

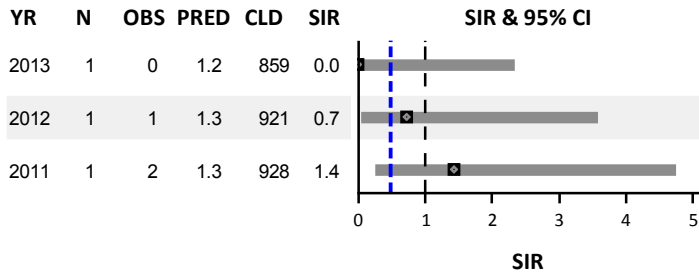
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



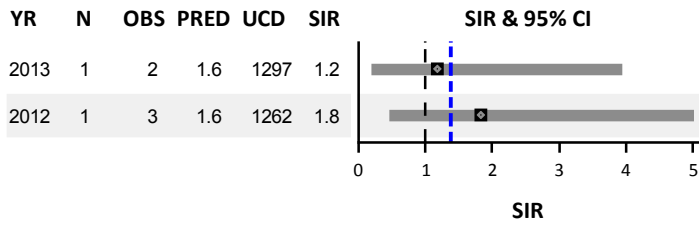
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



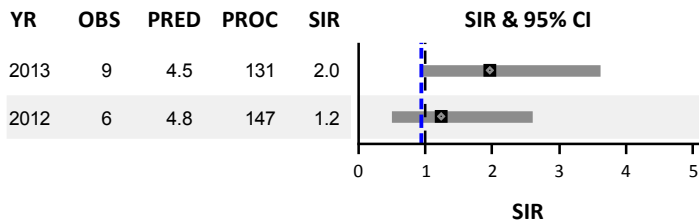
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	1	0.6	64	N/A
2012	1	0.7	99	N/A

N/A: Number of predicted infections <1; no SIR calculated

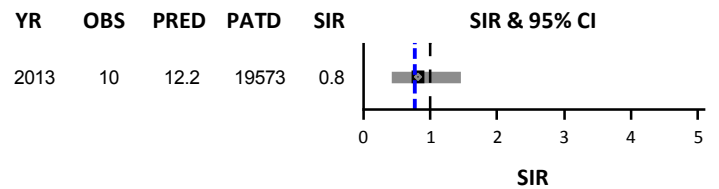
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	1	0.8	20763	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

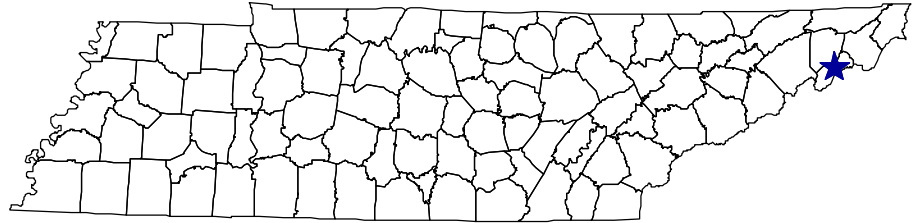
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Unicoi County Memorial Hospital, Erwin, Unicoi County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Unicoi County Memorial Hospital:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.4	357	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.2	4201	N/A	N/A	1.13
	C. difficile infection	0	2.2	4201	0.00	(0.00, 1.32)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

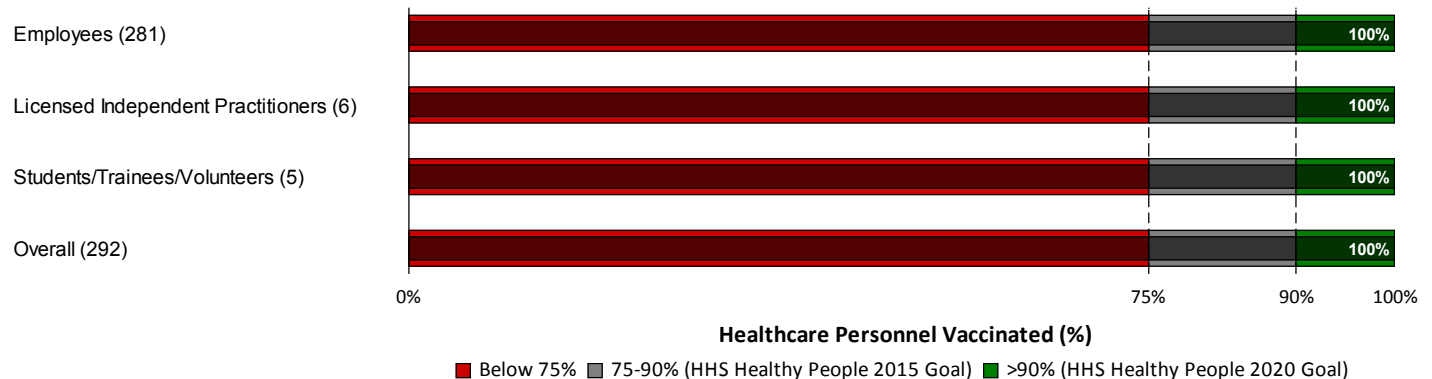
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Unicoi County Memorial Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Unicoi County Memorial Hospital, Erwin, Unicoi County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	N/A	N/A	N/A	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.4	357	N/A
2012	1	1	0.4	320	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

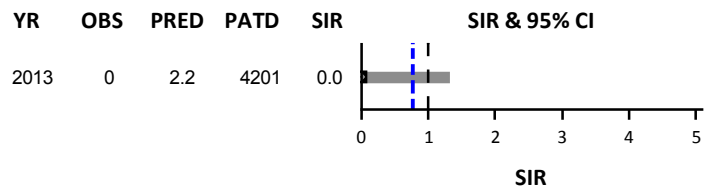
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.2	4201	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

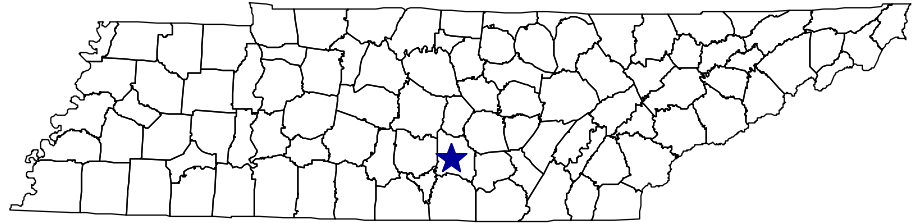
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

United Regional Medical Center, Manchester, Coffee County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for United Regional Medical Center:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.2	3352	N/A	N/A	1.13
	C. difficile infection	3	2.2	3352	1.35	(0.34, 3.68)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

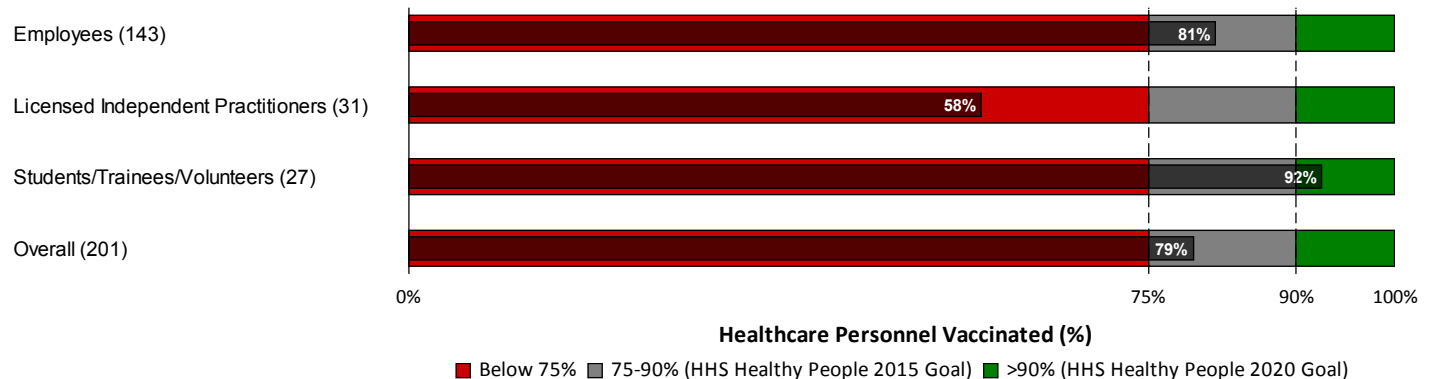
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at United Regional Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



United Regional Medical Center, Manchester, Coffee County

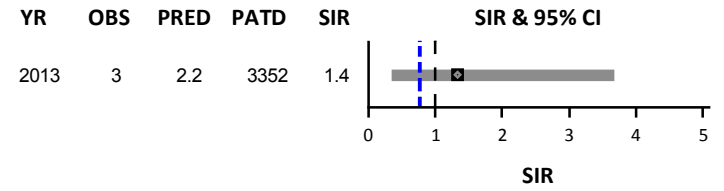
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.2	3352	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

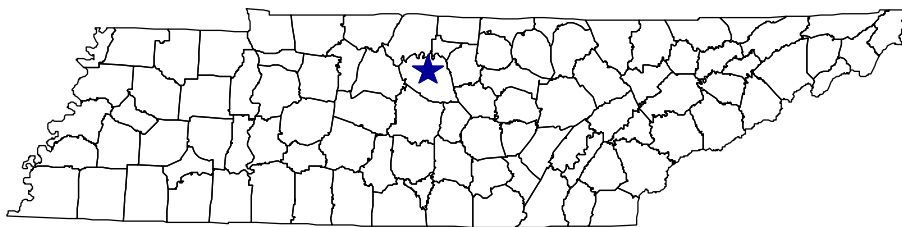
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

University Medical Center- Lebanon, Lebanon, Wilson County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for University Medical Center- Lebanon:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI): All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	2.4	1657	0.40	(0.02, 1.99)	0.48
CAUTI	Adult/Pediatric ICU	2	2.5	2007	0.77	(0.13, 2.55)	1.37
SSI	Colon surgery	0	1.5	51	0.00	(0.00, 1.91)	0.93
	Abdominal hysterectomy	0	0.9	109	N/A	N/A	0.89
LabID	MRSA bacteremia	0	1.6	32295	0.00	(0.00, 1.79)	1.13
	C. difficile infection	5	15.5	31397	0.32	(0.12, 0.71)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

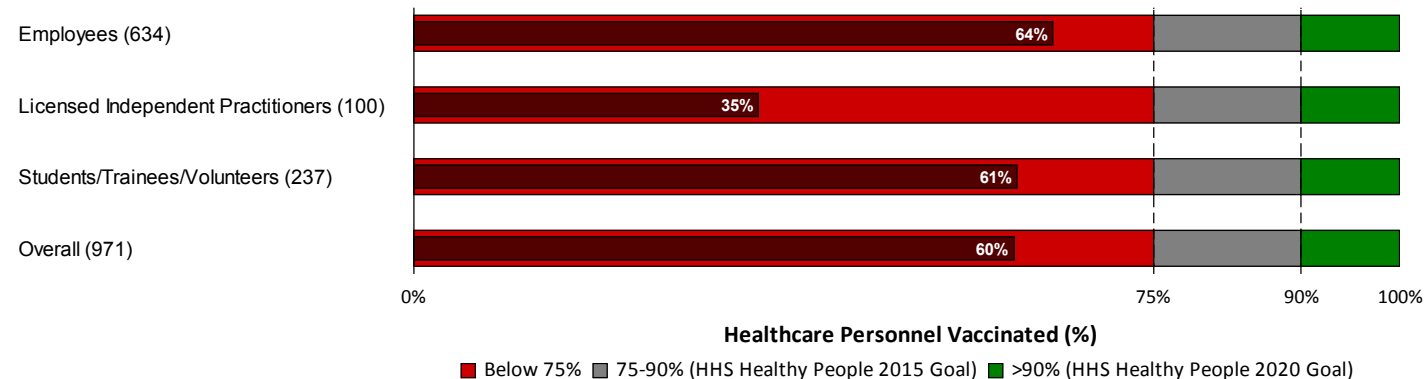
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at University Medical Center- Lebanon

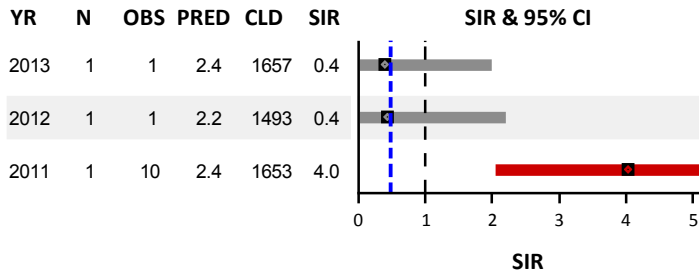
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



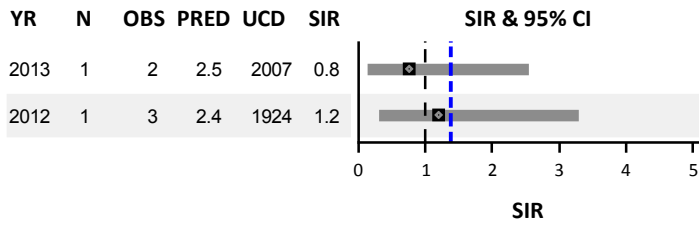
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



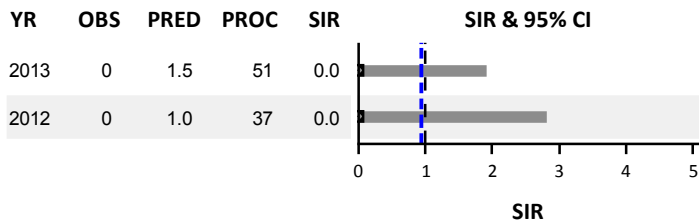
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



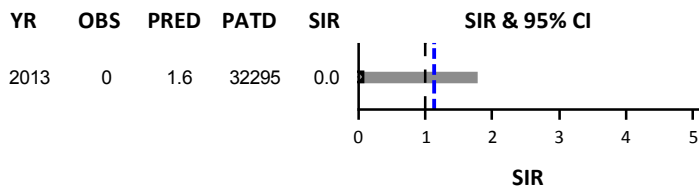
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.9	109	N/A
2012	0	0.7	95	N/A

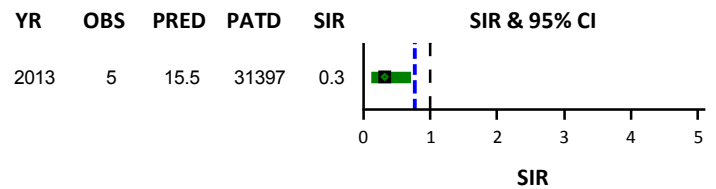
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

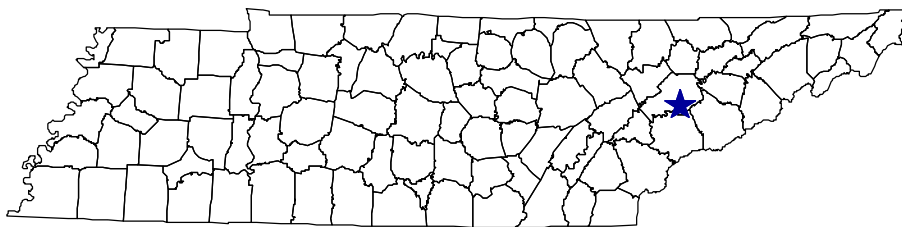
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- 2013 TN SIR
- - - NHSN SIR=1

University of Tennessee Medical Ctr, Knoxville, Knox County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for University of Tennessee Medical Ctr:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	13.7	6744	0.00	(0.00, 0.22)	0.48
	Neonatal ICU	2	7.3	3523	0.27	(0.05, 0.90)	0.51
CAUTI	Adult/Pediatric ICU	59	38.8	14401	1.52	(1.17, 1.95)	1.37
SSI	Colon surgery	26	10.3	295	2.51	(1.68, 3.63)	0.93
	Abdominal hysterectomy	2	2.4	391	0.80	(0.13, 2.65)	0.89
LabID	MRSA bacteremia	16	24.0	145141	0.67	(0.39, 1.06)	1.13
	<i>C. difficile</i> infection	39	85.1	124090	0.46	(0.33, 0.62)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

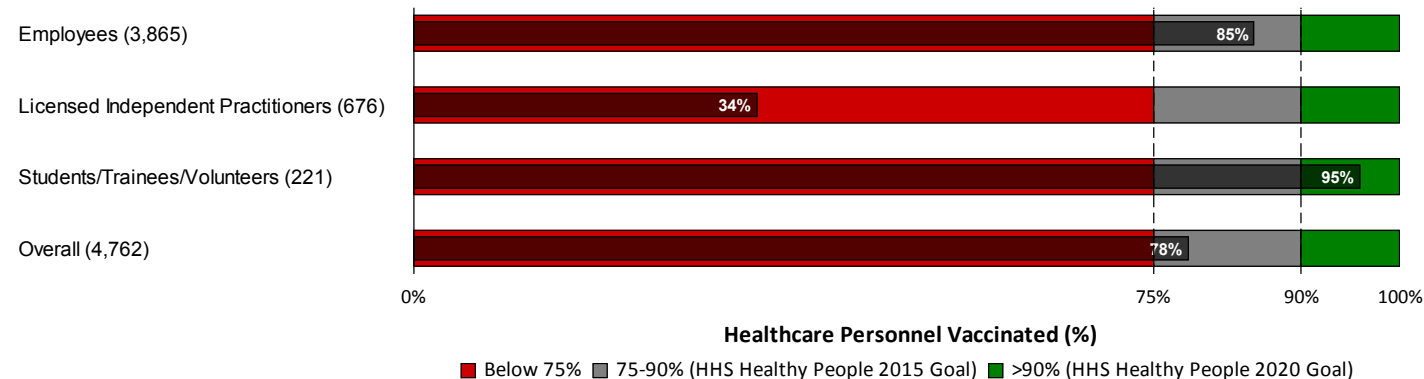
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at University of Tennessee Medical Ctr

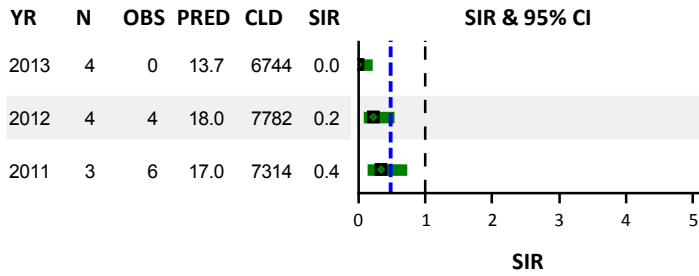
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)

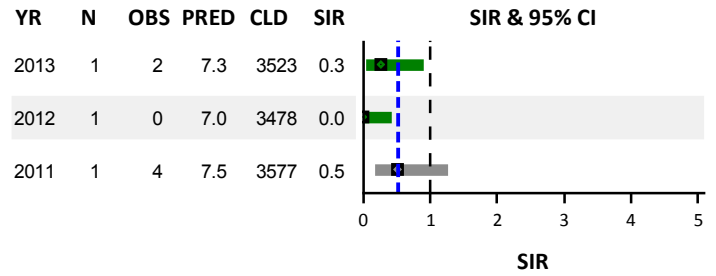


Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

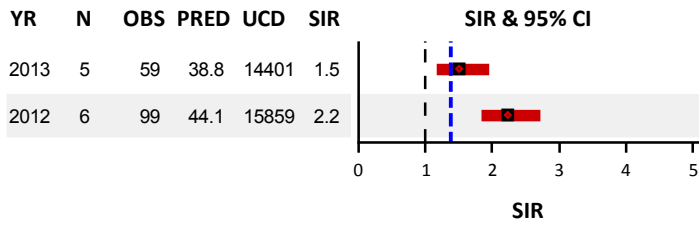


CLABSI - Neonatal ICUs



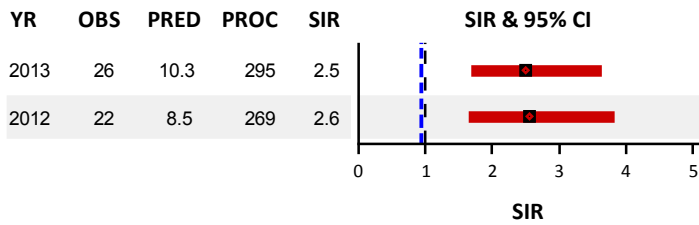
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

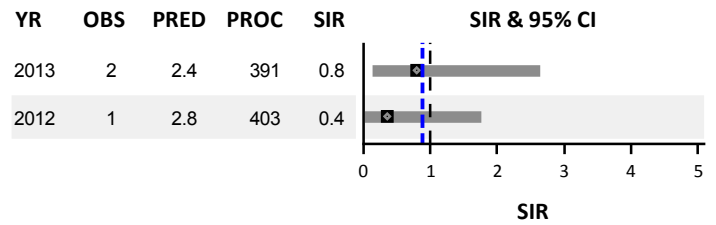


Surgical Site Infections (SSI)

SSI - Colon Surgery

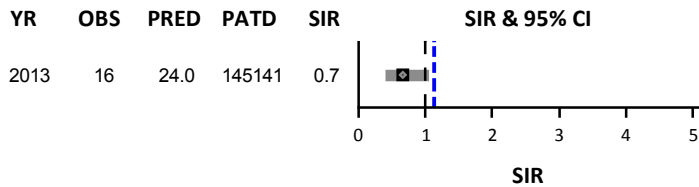


SSI - Abdominal Hysterectomy

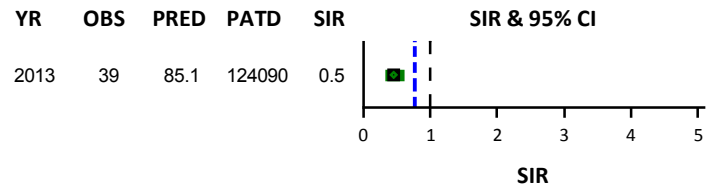


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1

■ Not significantly different from NHSN SIR of 1

■ Significantly higher than NHSN SIR of 1

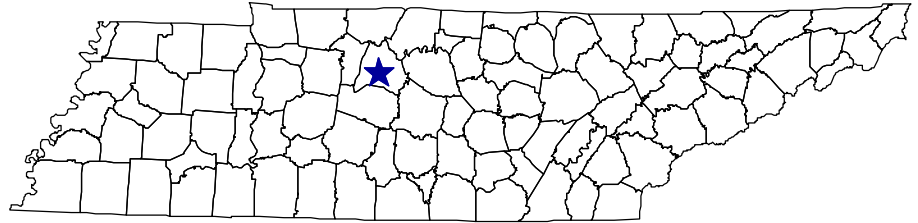
--- 2013 TN SIR

--- NHSN SIR=1

Vanderbilt Medical Center, Nashville, Davidson County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Vanderbilt Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	11	36.6	17338	0.30	(0.16, 0.52)	0.48
CAUTI	Adult/Pediatric ICU	97	68.8	24738	1.41	(1.15, 1.71)	1.37
SSI	Colon surgery	25	18.4	505	1.36	(0.90, 1.98)	0.93
	Abdominal hysterectomy	4	3.1	320	1.28	(0.41, 3.09)	0.89
LabID	MRSA bacteremia	47	27.9	308581	1.68	(1.25, 2.22)	1.13
	<i>C. difficile</i> infection	145	237.6	272484	0.61	(0.52, 0.72)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

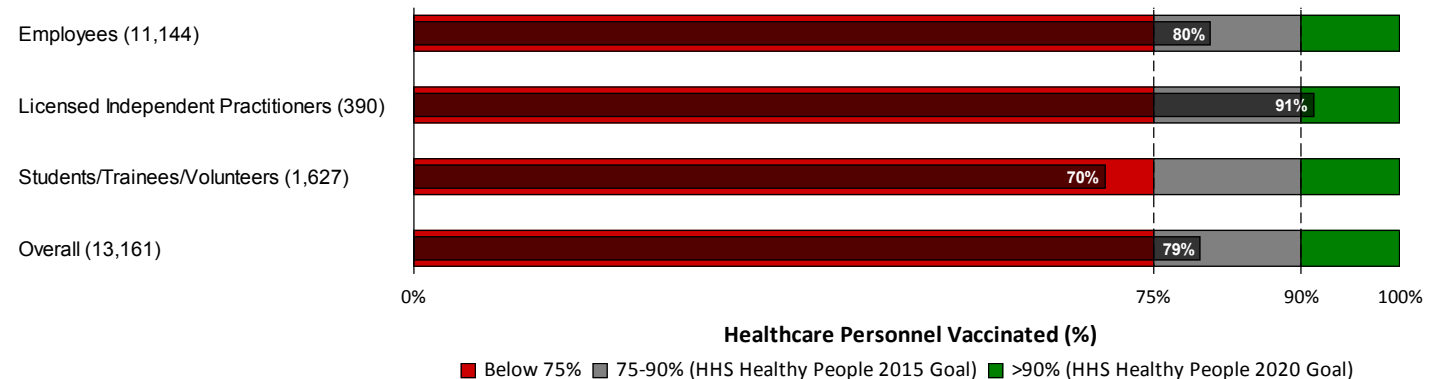
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Vanderbilt Medical Center

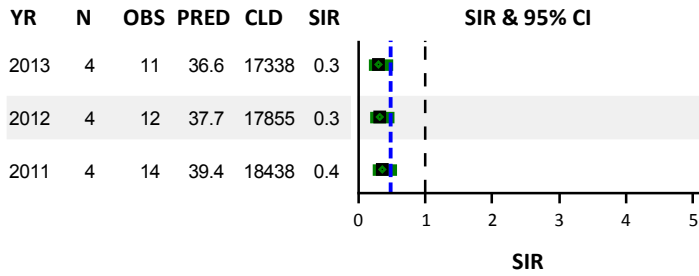
Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



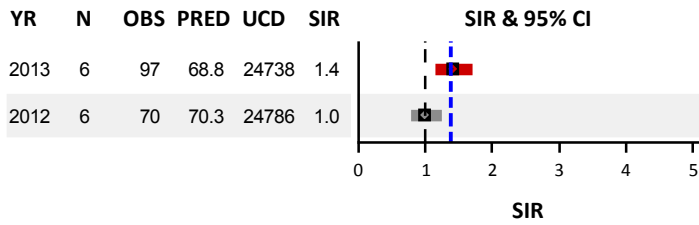
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



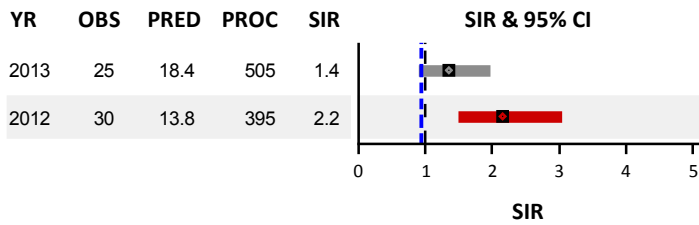
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

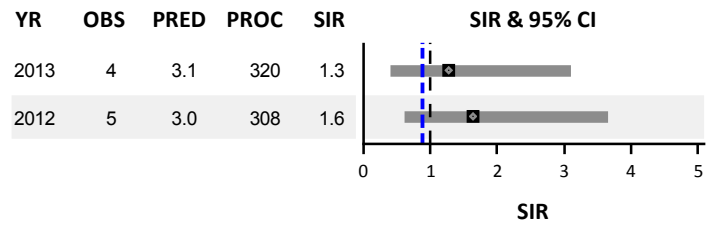


Surgical Site Infections (SSI)

SSI - Colon Surgery

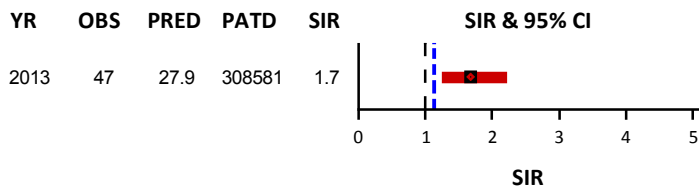


SSI - Abdominal Hysterectomy

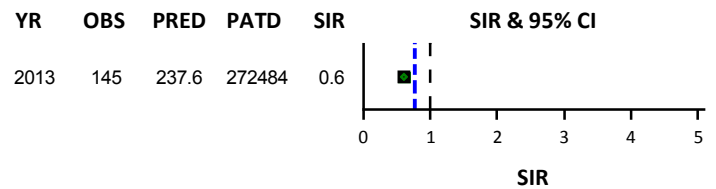


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

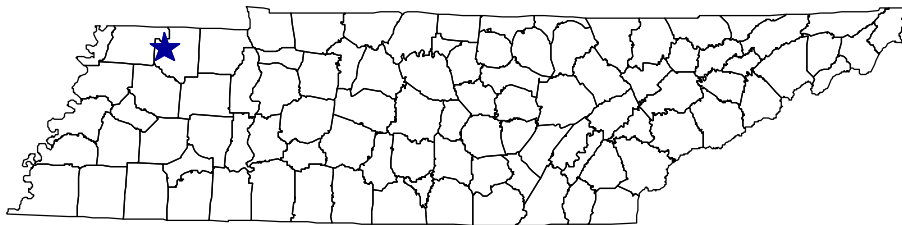
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Volunteer Community Hospital, Martin, Weakley County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Volunteer Community Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	129	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.4	374	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.2	5344	N/A	N/A	1.13
	<i>C. difficile</i> infection	4	2.7	5344	1.43	(0.46, 3.46)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

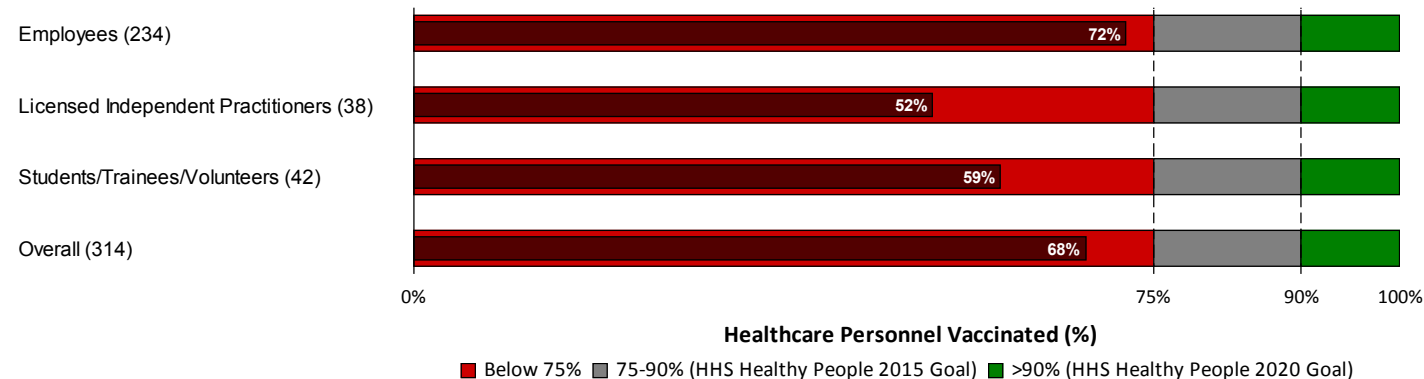
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Volunteer Community Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Volunteer Community Hospital, Martin, Weakley County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.1	129	N/A
2012	1	0	0.2	197	N/A
2011	1	0	0.3	222	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.4	374	N/A
2012	1	0	0.7	554	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

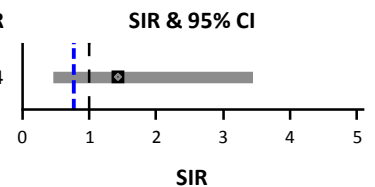
LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.2	5344	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRED	PATD	SIR
2013	4	2.7	5344	1.4



Data reported as of September 4, 2014

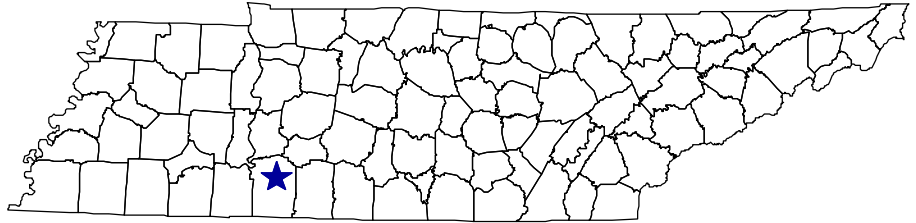
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - NHSN SIR=1
 - - - - 2013 TN SIR

Wayne Medical Center, Waynesboro, Wayne County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Wayne Medical Center:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period*
- **Surgical site infections (SSI):** *This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements*
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	1402	N/A	N/A	1.13
	C. difficile infection	0	1.1	1777	0.00	(0.00, 2.70)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

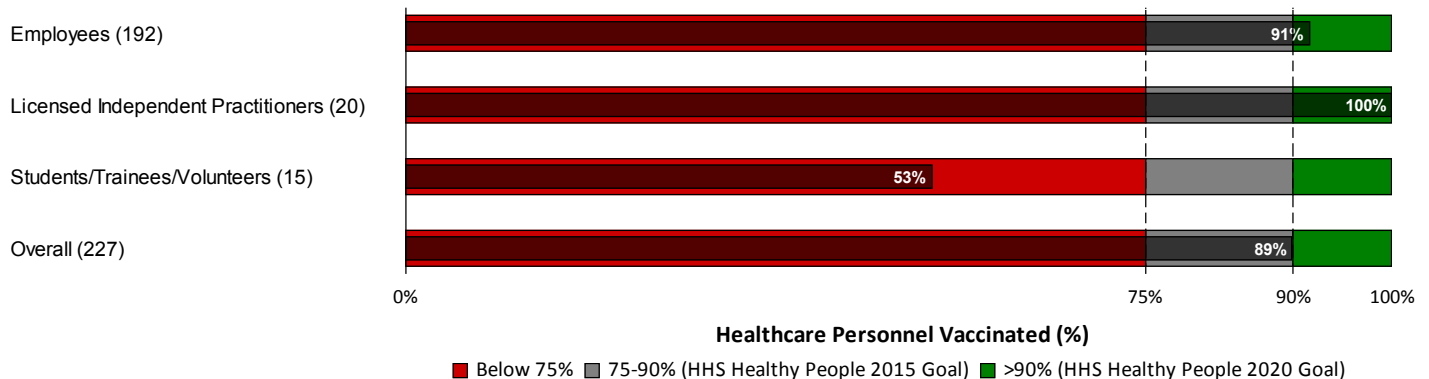
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Wayne Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Wayne Medical Center, Waynesboro, Wayne County

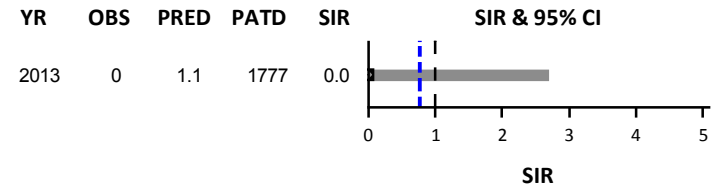
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.0	1402	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

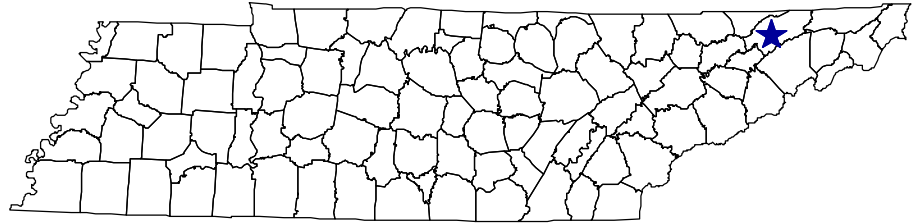
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - 2013 TN SIR
 - - - NHSN SIR=1

Wellmont Hawkins County Hospital, Rogersville, Hawkins County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Wellmont Hawkins County Hospital:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.2	202	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.1	4011	N/A	N/A	1.13
	<i>C. difficile</i> infection	1	1.9	4011	0.51	(0.03, 2.52)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

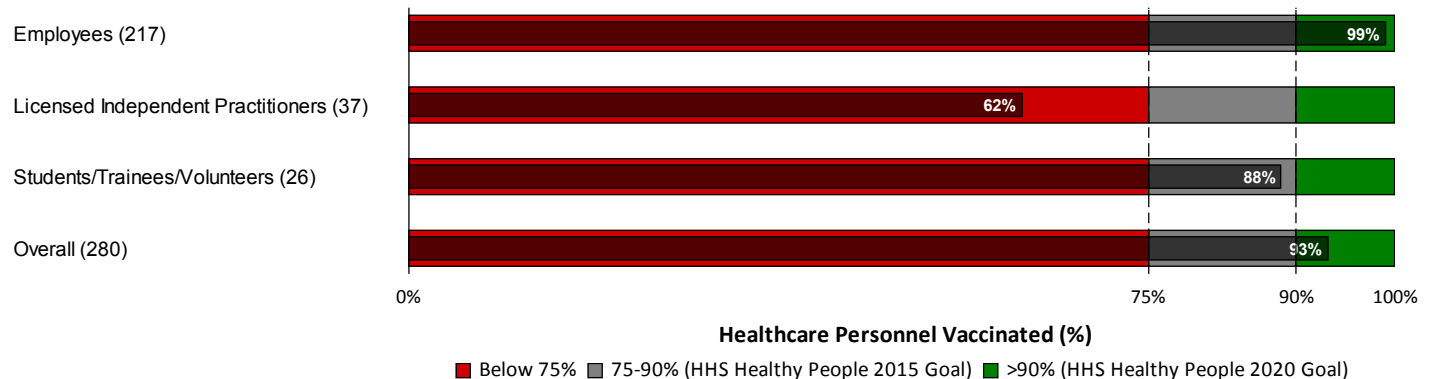
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Wellmont Hawkins County Hospital

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Healthcare Personnel Category (Total)



Wellmont Hawkins County Hospital, Rogersville, Hawkins County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	N	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.1	89	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRED	UCD	SIR
2013	1	0	0.2	202	N/A
2012	1	1	0.6	483	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

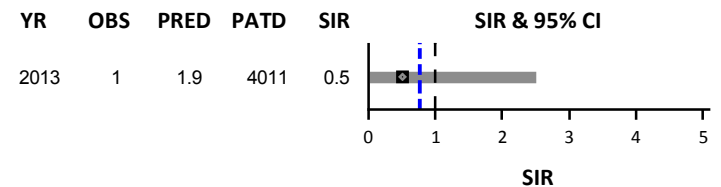
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.1	4011	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



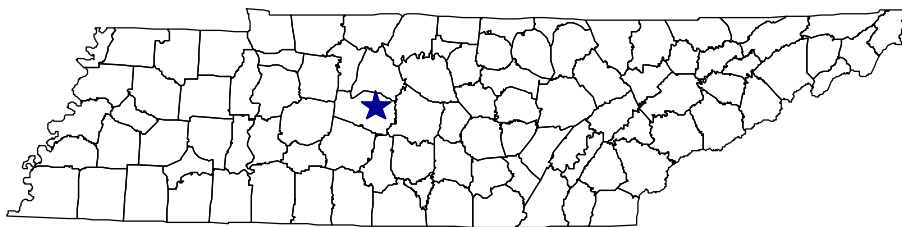
Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - NHSN SIR=1
 - - - - 2013 TN SIR

Williamson Medical Center, Franklin, Williamson County

Medical School Affiliation: None
 Bed Size Category: 100-399 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Williamson Medical Center:

- **Central line-associated bloodstream infections (CLABSI):** Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)
- **Catheter-associated urinary tract infections (CAUTI):** Adult and pediatric ICUs
- **Surgical site infections (SSI):** Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- **Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI):** All inpatients

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections		Standardized Infection Ratio (SIR)			
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	2.5	1336	0.40	(0.02, 1.95)	0.48
	Neonatal ICU	0	0.1	79	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	1	5.2	2583	0.19	(0.01, 0.95)	1.37
SSI	Colon surgery	0	1.8	64	0.00	(0.00, 1.63)	0.93
	Abdominal hysterectomy	0	0.3	48	N/A	N/A	0.89
LabID	MRSA bacteremia	2	1.5	34388	1.29	(0.22, 4.27)	1.13
	<i>C. difficile</i> infection	15	20.4	30277	0.74	(0.43, 1.18)	0.77

Green highlighting indicates an SIR significantly **LOWER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

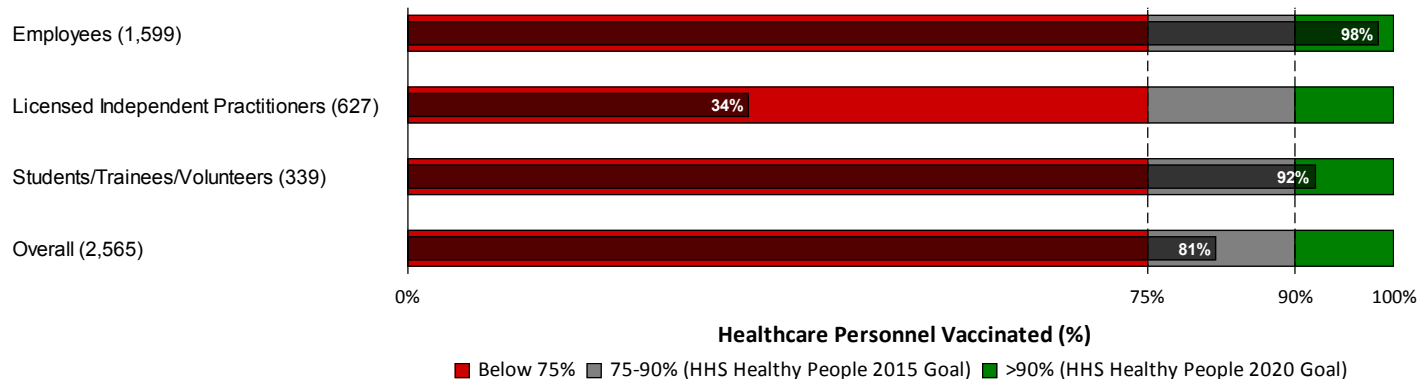
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Williamson Medical Center

Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

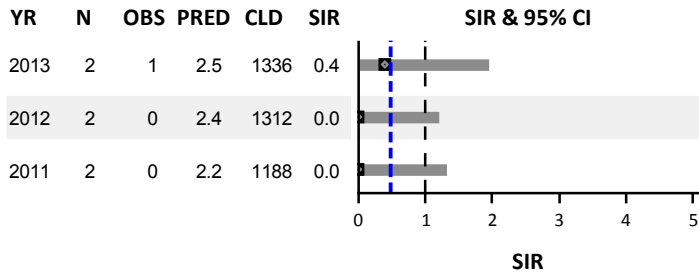
Healthcare Personnel Category (Total)



Williamson Medical Center, Franklin, Williamson County

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



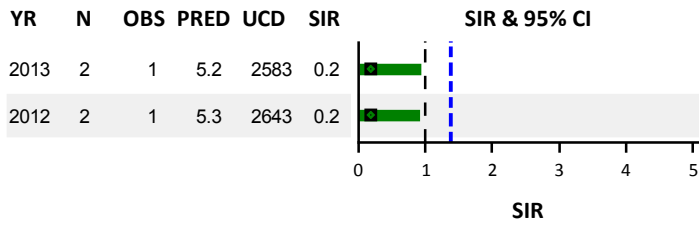
CLABSI - Neonatal ICUs

YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.1	79	N/A
2012	1	1	0.1	148	N/A
2011	1	0	0.1	148	N/A

N/A: Number of predicted infections <1; no SIR calculated

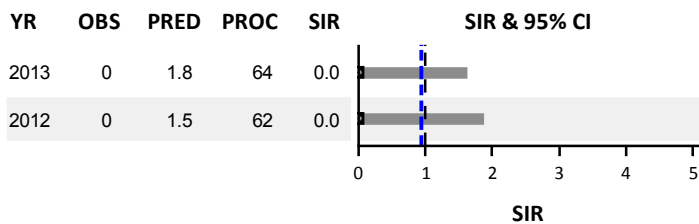
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



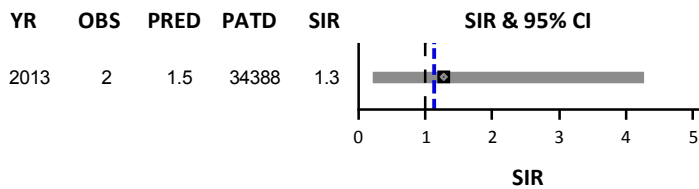
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.3	48	N/A
2012	1	0.3	51	N/A

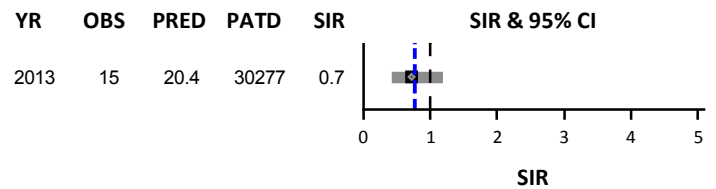
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1
 ■ Not significantly different from NHSN SIR of 1
 ■ Significantly higher than NHSN SIR of 1
 - - - - NHSN SIR=1
 - - - - 2013 TN SIR

APPENDIX A. DEFINITIONS

Abdominal hysterectomy (HYST): Hysterectomy performed through the abdomen; includes laparoscopic procedures.

All Surgical Site Infection Standardized Infection Ratio (All SSI SIR): (See Standardized Infection Ratio.) A standardized infection ratio calculated by NHSN for surgical site infections, which includes all inpatient and outpatient procedures and all primary SSIs identified during admission, readmission, or post-discharge surveillance, as defined in the NHSN Patient Safety Component Manual.

ASA Score: Assessment by the anesthesiologist of the patient's preoperative physical condition using the American Society of Anesthesiologists' (ASA) Classification of Physical Status. Patient is assigned one of the following which is used as one element of the SSI Basic Risk index:

- 1 -- Normally healthy patient
- 2 -- Patient with mild systemic disease
- 3 -- Patient with severe systemic disease that is not incapacitating
- 4 -- Patient with an incapacitating systemic disease that is a constant threat to life
- 5 -- Moribund patient who is not expected to survive for 24 hours with or without the operation

Catheter-associated urinary tract infection (CAUTI): When a patient develops a urinary tract infection while having a urinary catheter in place or within 48 hours of urinary catheter removal, the infection is considered a CAUTI (see [Patient Guide to CAUTI](#)⁴⁰).

CAUTI infection rate: The total number of catheter-associated urinary tract infections divided by the number of urinary catheter-days, multiplied by 1,000.

Central line: A flexible tube that is inserted in a patient's blood vessel and terminates at or close to the heart or in one of the large vessels near the heart. A central line (or an umbilical line for newborns) can be used to give fluids, antibiotics, medical treatments such as chemotherapy, and/or liquid food. If a central line is inserted incorrectly or not cared for properly, it can lead to dangerous bloodstream infections (see [Patient Guide to CLABSI](#)⁴¹). Central lines are also sometimes called central venous lines or central venous catheters.

Central line-associated bloodstream infection (CLABSI): When a patient develops a bloodstream infection while having a central line in place or within 48 hours of central line removal, the infection is considered a CLABSI (see [Patient Guide to CLABSI](#)⁴²).

Central line-days: The total number of days a central line is in place for patients in a particular unit. The count is performed at the same time each day. Each patient with one or more central lines at the time the count is performed is counted as one central line day. In specialty care areas, central line-days are collected separately for permanent and temporary central lines (see "Central line" definition). If a patient has both a permanent and a temporary central line, the day is recorded as a temporary central line-day.

Example: 5 patients on the first day of the month had one or more central lines in place. Similarly, 5 patients on day two, 2 patients on day three, 5 patients on day four, 3 patients on day five, 4 patients on day six, and 4 patients on day seven had central lines in place. Adding the number of patients with central lines on days one through seven, we would have $5 + 5 + 2 + 5 + 3 + 4 + 4 = 28$ central line-days for the first week. The number of central line-days for the month is the sum of the daily counts.

Central line-associated bloodstream infection (CLABSI) rate: This rate is the total number of central line-associated bloodstream infections divided by the number of central line-days, multiplied by 1,000.

⁴⁰ http://www.cdc.gov/hai/pdfs/uti/CA-UTI_tagged.pdf

⁴¹ http://www.cdc.gov/hai/pdfs/bsi/BSI_tagged.pdf

⁴² http://www.cdc.gov/hai/pdfs/bsi/BSI_tagged.pdf

Central line utilization ratio: See Device Utilization Ratio

***Clostridium difficile*:** A bacterium that naturally resides in the bowels of some people without symptoms of infection. *Clostridium difficile* (*C. difficile*) is responsible for a spectrum of *C. difficile* infections (CDI), including gastrointestinal illness which can lead to severe complications including sepsis and death. CDI can occur when *C. difficile* spores are transferred to patients via the hands of healthcare personnel or other contaminated surfaces or items (See [Patient Guide on *C. difficile* Infection](#)⁴³).

Colon surgery (COLO): Procedure performed on the large intestine; does not include rectal operations.

Community-onset (CO): LabID event specimen collected as an outpatient or an inpatient ≤ 3 days after admission to the facility (i.e., days 1, 2, or 3 of admission).

Community-onset healthcare facility-associated (CO-HFA): Community-onset (CO) LabID event specimen collected from a patient who was discharged from the facility ≤ 4 weeks prior to the current date of stool specimen collection (*Clostridium difficile* infection LabID events only).

Complex Admission/Readmission Standardized Infection Ratio (Complex A/R SIR): (See Standardized Infection Ratio) A standardized infection ratio calculated by NHSN for surgical site infections, which only includes inpatient procedures and deep incisional primary and organ/space SSIs identified during admission or readmission to the reporting facility, as defined in the NHSN Patient Safety Component Manual.

Confidence intervals: Confidence intervals describe the reliability of a point estimate, such as a standardized infection ratio or infection rate. If TDH mentions a confidence interval of 95%, it means that the TDH is 95% confident that the hospital's precise infection rate (the point estimate) falls within the range given. In this report, the confidence interval is based on the number of infections observed and the number of central line-days accumulated during the specified time period.

If two hospitals have different infection rates, but the confidence intervals for the two rates overlap, then it is reasonably possible that the true rates are the same (see [Discussion of Confidence Intervals](#)⁴⁴).

Coronary Artery Bypass Graft (CBGB/C): *Coronary artery bypass graft with both chest and donor site incisions (CBGB):* Chest procedure to perform direct revascularization of the heart; includes obtaining suitable vein from donor site for grafting.

Coronary artery bypasses graft with chest incision only (CBGC): Chest procedure to perform direct vascularization of the heart using, for example, the internal mammary (thoracic) artery.

Deep incisional SSI: A surgical site infection that involves the deep soft tissues (e.g., fascial and muscle layers) of the incision and meets the NHSN criteria for a deep incisional SSI as described in the NHSN Patient Safety Manual. A deep incisional SSI can be either 1) *primary* – identified in the primary incision in a patient that had an operation with one or more incisions (e.g., chest incision in a CBGB) or 2) *secondary* – identified in the secondary incision in a patient that had an operation with more than one incision (e.g., donor site (leg) incision in a CBGB).

Device Utilization (DU) Ratio: This ratio is the number of device (central line or urinary catheter) days divided by the number of patient-days (see also: central line utilization ratio and urinary catheter utilization ratio).

Healthcare-associated infection (HAI): For an infection to be considered healthcare-associated, there must be no evidence that the infection was present or incubating at the time of hospital admission. A HAI may be confined to one area of the body (localized) or be spread throughout (systemic). It is the body's adverse reaction to the presence of an infectious agent(s) or its toxin(s).

⁴³ http://www.cdc.gov/HAI/pdfs/cdiff/Cdiff_tagged.pdf

⁴⁴ <http://www.scdhec.gov/health/disease/hai/docs/CIs%20explained%20-final2.pdf>

Healthcare facility-onset (HO): LabID event specimen collected >3 days after admission to the facility (i.e., on or after day 4).

Hip prosthesis (HPRO): In HPRO surgery (also called a “hip arthroplasty”), all or part of a diseased hip joint is removed and replaced with an artificial joint.

Infection control/prevention processes: These are routine measures that can be used in all healthcare settings to prevent infections. These steps or principles can be expanded to meet the needs of specialized types of hospitals. Examples include:

- Diligent hand cleaning
- Use of personal protective equipment such as gloves, gowns, and/or masks when caring for patients in select situations to prevent the spread of infections
- Use of an infection prevention checklist when inserting central lines. The list reminds healthcare workers to clean their hands thoroughly; clean the patient’s skin with the appropriate type of disinfectant before insertion; wear the recommended sterile gown, gloves and mask; and place sterile barriers around the insertion site.
- Monitoring staff to ensure that they are following proper infection prevention procedures

Infection preventionists (IPs): Health professionals with special training in infection prevention and monitoring.

Intensive care unit (ICU) (also called a “critical care unit”): ICUs are hospital units that provide intensive observation and treatment for patients either dealing with, or at risk of developing, life-threatening problems. Smaller hospitals typically care for both medical and surgical patients in a combined medical-surgical ICU. Larger hospitals often have separate ICUs for medical patients and surgical patients.

Inpatient: As defined by NHSN, a patient whose date of admission to the healthcare facility and the date of discharge are different calendar days

Laboratory-identified (LabID) event: A monitoring method for multidrug-resistant organisms which relies almost exclusively on data obtained from the laboratory. Surveillance is performed using the [NHSN MDRO/CDI Module Protocol](#)⁴⁵.

Long-Term Acute Care (LTAC) Facility: LTACs provide evaluation, treatment, and management of patients suffering medically complex conditions, or who have suffered recent catastrophic illness or injury, and require an extended stay in an acute care environment.

Methicillin-Resistant *Staphylococcus aureus*: Methicillin-Resistant *Staphylococcus aureus* (MRSA) is a type of *Staphylococcus* bacteria that is resistant to certain antibiotics including methicillin. MRSA can be spread via contaminated surfaces or equipment and on the hands of healthcare personnel. MRSA infections can be severe and life threatening and treatment options are often limited and expensive (see [Patient Guide on MRSA](#)⁴⁶).

National Healthcare Safety Network (NHSN): This is the online system that Tennessee hospitals must use to report HAI data to the Tennessee Department of Health. NHSN is a secure, internet-based surveillance (monitoring and reporting) system. Among other features, the network offers integrated patient and healthcare worker safety surveillance systems. NHSN is managed by CDC’s Division of Healthcare Quality Promotion. In NHSN, hospitals submit information that is needed to calculate HAI rates and standardized infection ratios (SIRs). Hospitals must confer rights to TDH in order for TDH to collect data from NHSN and report the information to the public.

NHSN Patient Safety Component Manual: This manual contains standardized surveillance definitions and data collection methods that are essential for fair reporting of HAIs. Surveillance definitions are updated annually; [current protocols](#)⁴⁷ are available online.

⁴⁵ http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf

⁴⁶ http://www.cdc.gov/mrsa/pdf/SHEA-mrsa_tagged.pdf

⁴⁷ <http://www.cdc.gov/nhsn/acute-care-hospital/index.html>

NHSN operative procedure: A procedure that:

- 1) Is performed on a patient who is an NHSN inpatient or an NHSN outpatient
- 2) Takes place during an operation where a surgeon makes at least one incision through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the operating room, and
- 3) That is included in Table 1, Chapter 9 of the NHSN Patient Safety Manual

Operation: A single trip to the operating room (OR) where a surgeon makes at least one incision through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the OR.

Organ/space SSI: A surgical site infection that involves any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure (e.g., osteomyelitis).

Outpatient: As defined by NHSN, a patient whose date of admission to the healthcare facility and the date of discharge are the same calendar day.

Standardized infection ratio (SIR): The SIR is a summary measure used to compare infection data from one population to data from a “standard” population. For HAI reports, the standard population comes from data reported from U.S. hospitals that report to NHSN. The SIR is calculated by dividing the observed number of infections by the predicted (or statistically expected) number of infections, which is calculated using data from the standard population. See Methods section for more information.

Superficial incisional SSI: A surgical site infection that involves only skin and soft tissue layers of the incision and meets the NHSN criteria for a superficial incisional SSI as described in the NHSN Patient Safety Manual. A incisional SSI can be either 1) *primary* – identified in the primary incision in a patient that had an operation with one or more incisions (e.g., chest incision in a CBGB) or 2) *secondary* – identified in the secondary incision in a patient that had an operation with more than one incision (e.g., donor site (leg) incision in a CBGB).

Surgical Site Infection (SSI): An infection found after an operation in the part of the body where the surgery was performed (see [Patient Guide to SSI](#)⁴⁸).

Surveillance: The process of finding and documenting infections.

- Active surveillance: This includes, but is not limited to, active, patient-based, prospective surveillance by a trained infection preventionist (IP). The IP seeks out infections during a patient’s stay by screening a variety of data sources. The sources may include patient charts and laboratory, pharmacy, radiology/imaging, admission/discharge/transfer, and pathology databases. The complete definition of surveillance, including how to capture denominator data to calculate infection rates, is found in each module of the NHSN Patient Safety Component Manual (see above).
- Post-discharge surveillance: This is the process IPs use to seek out infections after patients have been discharged from the hospital. Post-discharge surveillance includes screening data sources such as re-admission and emergency department visit records.

Urinary catheter: A drainage tube that is inserted into the urinary bladder through the urethra, left in place, and connected to a closed collection system.

Urinary catheter days: The total number of days a urinary catheter is in place for patients in a particular unit. The count is performed at the same time each day. Each patient with urinary catheter in place at the time the count is performed is counted as one urinary catheter day.

Example: 5 patients on the first day of the month had a urinary catheter in place. Similarly, 5 patients on day two, 2 patients on day three, 5 patients on day four, 3 patients on day five, 4 patients on day six, and 4 patients on day seven had urinary catheters in place. Adding the number of patients with urinary catheters on days one through seven, we would

⁴⁸ http://www.cdc.gov/HAI/pdfs/ssi/SSI_tagged.pdf

have $5 + 5 + 2 + 5 + 3 + 4 + 4 = 28$ urinary catheter-days for the first week. The number of urinary catheter days for the month is the sum of the daily counts.

Urinary catheter utilization ratio: See Device Utilization Ratio

Validation: Validation is the process of making sure that HAI data reported to NHSN are complete and accurate to:

- Assess the accuracy and quality of data submitted to NHSN
- Provide hospitals with information to help them correctly use the NHSN application
- Provide education to IPs and other hospital staff to improve data accuracy and quality, if necessary
- Teach IPs how to confirm the accuracy of written or electronic data they receive from hospital departments
- Look for unreported HAIs
- Assess selected infection control processes
- Make recommendations for improvements if data accuracy and/or quality issues are discovered

APPENDIX B. ACRONYMS

A/R – admission/readmission
ASA – American Society of Anesthesiologists
CAUTI – catheter-associated urinary tract infection
CBGB – coronary artery bypass graft surgery: both chest and donor site incisions
CBGC – coronary artery bypass graft surgery: chest incision only
CCU – critical care unit (used interchangeably with intensive care unit (ICU))
CDC – Centers for Disease Control and Prevention
CDI – *C. difficile* infection
CI – confidence interval
CLD – central line-days
CLABSI – central line-associated bloodstream infection
CMS – Centers for Medicare and Medicaid Services
CO – community onset
COLO – colon surgery
DD – device days
DIP – deep incisional primary SSI
DIS – deep incisional secondary SSI
DU ratio – device utilization ratio
HAI – healthcare-associated infection
HO – healthcare facility onset
HYST – abdominal hysterectomy
IP – infection preventionist
ICU – intensive care unit (use interchangeably with critical care unit (CCU))
LTAC – long-term acute care
MRSA – methicillin-resistant *Staphylococcus aureus*
NHSN – National Healthcare Safety Network
NICU – neonatal intensive care unit
OR – operating room
PROC – surgical procedures
SIP – superficial incisional primary SSI
SIR – standardized infection ratio
SIS – superficial incisional secondary SSI
SSI – surgical site infection
TDH – Tennessee Department of Health
TN – Tennessee
UCD – Urinary catheter days
VRE – vancomycin-resistant *Enterococcus*