



Tennessee's Report on Healthcare-Associated Infections

January 1, 2012 - December 31, 2014

Tennessee Department of Health | Report | October 2015



Table of Contents

| | |
|--|------------|
| Executive Summary | <u>2</u> |
| Background | <u>5</u> |
| Methods | <u>6</u> |
| Central Line-Associated Bloodstream Infections (CLABSI) | <u>14</u> |
| <i>Adult and Pediatric Critical Care Units</i> | <u>18</u> |
| <i>Neonatal Critical Care Units</i> | <u>51</u> |
| <i>Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards</i> | <u>65</u> |
| <i>Long-term Acute Care Hospitals</i> | <u>73</u> |
| Catheter-Associated Urinary Tract Infections (CAUTI) | <u>80</u> |
| <i>Adult and Pediatric Critical Care Units</i> | <u>84</u> |
| <i>Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards</i> | <u>118</u> |
| <i>Long-term Acute Care Hospitals</i> | <u>126</u> |
| <i>Inpatient Rehabilitation Facilities</i> | <u>132</u> |
| Surgical Site Infections (SSI) | <u>138</u> |
| <i>Coronary Artery Bypass Graft Procedures</i> | <u>143</u> |
| <i>Colon Procedures</i> | <u>149</u> |
| <i>Abdominal Hysterectomy Procedures</i> | <u>161</u> |
| MRSA Bacteremia Laboratory-Identified (LabID) Events | <u>172</u> |
| <i>Acute Care Hospitals</i> | <u>176</u> |
| <i>Long-term Acute Care Hospitals</i> | <u>188</u> |
| C. difficile Infection (CDI) Laboratory-Identified (LabID) Events | <u>192</u> |
| <i>Acute Care Hospitals</i> | <u>197</u> |
| <i>Long-term Acute Care Hospitals</i> | <u>208</u> |
| Healthcare Personnel Influenza Vaccination | <u>212</u> |
| <i>Acute Care Hospitals</i> | <u>215</u> |
| <i>Long-term Acute Care Hospitals</i> | <u>223</u> |
| <i>Inpatient Rehabilitation Facilities</i> | <u>226</u> |
| Facility Specific Summary Pages | <u>229</u> |
| Appendices | <u>458</u> |
| <i>Appendix A. Definitions</i> | <u>459</u> |
| <i>Appendix B. Acronyms</i> | <u>466</u> |

Cover image: Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria, U.S. Centers for Disease Control and Prevention - Medical Illustrator, James Archer 2013

Executive Summary

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. 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).

Key Findings

- In 2014, there were 54% fewer central line-associated bloodstream infections (CLABSI) in Tennessee's adult and pediatric intensive care units (ICUs) and 66% fewer CLABSI in neonatal ICUs than predicted based on national 2006-2008 data.
- In 2014, there were 22% more catheter-associated urinary tract infections (CAUTI) in Tennessee's adult and pediatric ICUs than predicted based on national 2009 data.
- In 2014, there were 45% fewer surgical site infections (SSI) following coronary artery bypass graft procedures and about the same number of SSI following colon surgeries and abdominal hysterectomies in Tennessee acute care hospitals as predicted based on national 2006-2008 data.
- In 2014, there were about the same number of methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections in Tennessee acute care hospitals as predicted based on national 2010-2011 data.
- In 2014, there were 22% fewer *Clostridium difficile* Infections (CDI) than predicted in Tennessee acute care hospitals compared to national 2010-2011 data.

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 Kleven 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.

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, 01/01/2014 - 12/31/2014

| | | | | | | | | | 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 | 91 | 231,050 | 206 | 449 | 0.46 | 0.40 | 0.53 | 51 | 17 | 33% | 2 | 4% | 0.00 | 0.00 | 0.41 | 0.75 | 0.91 |
| | Adult/Pediatric Wards | 107 | 212,326 | 135 | 299 | 0.45 | 0.38 | 0.53 | 53 | 11 | 21% | 0 | 0% | 0.00 | 0.00 | 0.46 | 0.85 | 1.24 |
| | Long-term Acute Care* | 10 | 66,518 | 79 | 63 | 1.25 | 0.99 | 1.55 | 10 | 1 | 10% | 4 | 40% | 0.29 | 0.56 | 1.39 | 2.05 | 2.56 |
| | Neonatal ICUs | 24 | 42,035 | 32 | 94 | 0.34 | 0.24 | 0.47 | 13 | 5 | 38% | 0 | 0% | 0.00 | 0.10 | 0.44 | 0.57 | 0.81 |
| CAUTI | Adult/Pediatric ICUs | 91 | 313,612 | 803 | 658 | 1.22 | 1.14 | 1.31 | 71 | 2 | 3% | 9 | 13% | 0.00 | 0.22 | 0.78 | 1.24 | 2.03 |
| | Adult/Pediatric Wards | 105 | 151,457 | 158 | 260 | 0.61 | 0.52 | 0.71 | 64 | 5 | 8% | 1 | 2% | 0.00 | 0.00 | 0.46 | 0.83 | 1.35 |
| | Long-term Acute Care* | 10 | 42,590 | 122 | 84 | 1.46 | 1.22 | 1.74 | 10 | 2 | 20% | 6 | 60% | 0.20 | 0.60 | 1.92 | 2.85 | 3.23 |
| | Inpatient Rehabilitation* | 31 | 15,648 | 49 | 42 | 1.16 | 0.87 | 1.52 | 13 | 0 | 0% | 1 | 8% | 0.00 | 0.41 | 0.83 | 1.74 | 2.61 |
| SSI | Coronary Artery Bypass Graft | 25 | 6,696 | 44 | 80 | 0.55 | 0.41 | 0.73 | 22 | 4 | 18% | 0 | 0% | 0.00 | 0.00 | 0.39 | 0.73 | 1.39 |
| | Colon Surgery | 89 | 7,491 | 211 | 232 | 0.91 | 0.79 | 1.04 | 51 | 6 | 12% | 2 | 4% | 0.00 | 0.00 | 0.68 | 1.35 | 1.85 |
| | Abdominal Hysterectomy | 82 | 9,005 | 52 | 67 | 0.78 | 0.59 | 1.01 | 17 | 2 | 12% | 1 | 6% | 0.00 | 0.00 | 0.50 | 1.16 | 1.93 |
| MRSA | Acute Care Hospitals | 111 | 4,019,191 | 313 | 308 | 1.02 | 0.91 | 1.13 | 55 | 1 | 2% | 4 | 7% | 0.00 | 0.50 | 0.87 | 1.35 | 2.17 |
| CDI | Acute Care Hospitals | 111 | 3,683,496 | 2,161 | 2,767 | 0.78 | 0.75 | 0.82 | 105 | 33 | 31% | 5 | 5% | 0.00 | 0.30 | 0.61 | 0.98 | 1.26 |

Data reported as of September 9, 2015

Adult/Pediatric ICUs exclude burn and trauma units for CLABSI

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)

* SIR comparison based on 2013 NHSN national baseline data

Tennessee's Report on Healthcare-Associated Infections

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 2011³, making HAIs one of the top ten leading causes of death⁴. 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 billion⁵, though the emotional, physical, and personal costs associated with HAIs are not quantifiable.



In 2011, there were an estimated 75,000 HAI-related deaths in the United States

The following report summarizes the TDH Healthcare-Associated Infection reporting activities from January 2012 through December 2014.

3 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.

4 Kleven 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.

5 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) hospitals began reporting CLABSI data in July 2010. Acute care hospitals have been reporting CLABSI data from adult and pediatric medical, surgical, and medical/surgical wards since April 2014.

Surgical site infections (SSI) following coronary artery bypass graft (CBGB/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 hospitals. 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) hospitals and inpatient rehabilitation facilities (IRF) began reporting CAUTI data in October 2012. Acute care hospitals have been reporting CAUTI data from adult and pediatric medical, surgical, and medical/surgical wards since July 2014.

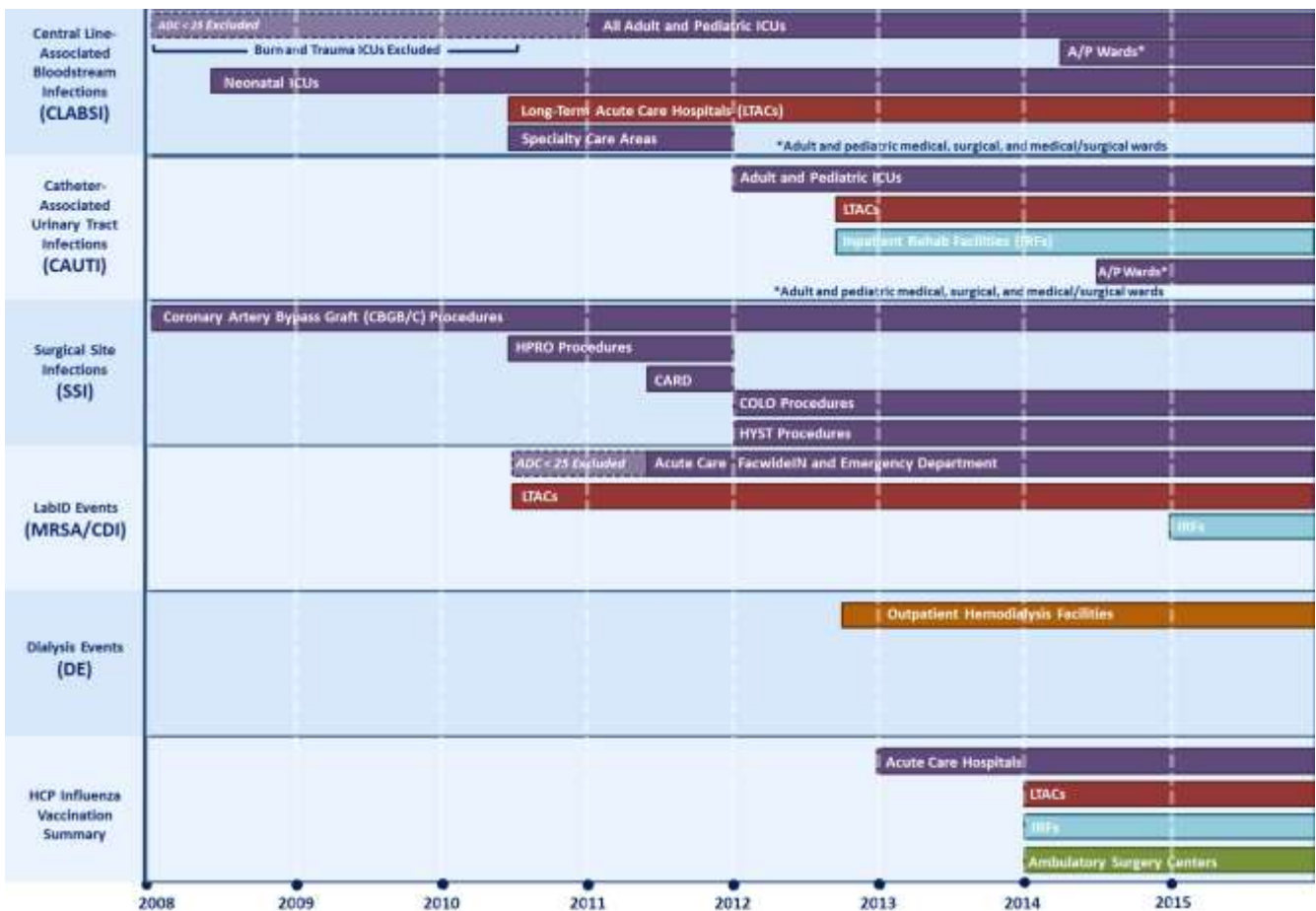
Tennessee acute care hospitals have been required to healthcare personnel influenza vaccination data to TDH through NHSN since the 2012-2013 influenza season. Long-term acute care (LTAC) hospitals and inpatient rehabilitation facilities (IRF) began reporting healthcare personnel influenza vaccination data to TDH in the 2014-2015 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)
- Healthcare personnel influenza vaccination data from Ambulatory Surgery Centers (2014-2015 influenza season)

Figure 1: Tennessee Healthcare-Associated Infections Reporting Requirements, 2008-2015



Tennessee Reporting Facilities

Characteristics of acute care hospitals reporting HAI data to TDH from January-December 2014 are displayed below. Facilities are stratified by medical school affiliation (as defined by NHSN) and bed size, and data were gathered from the 2014 NHSN Annual Facility Survey.

Table 2. Characteristics of Tennessee Acute Care Hospitals, January-December 2014

| | Number of facilities | Percent |
|-----------------------------------|----------------------|---------|
| Medical School Affiliation | | |
| Major teaching | 20 | 17.7% |
| Graduate teaching | 9 | 8.0% |
| Undergraduate teaching | 6 | 5.3% |
| None | 78 | 69.0% |
| Number of Beds | | |
| <50 beds | 21 | 18.6% |
| 50-99 beds | 33 | 29.2% |
| 100-399 beds | 47 | 41.6% |
| ≥400 beds | 12 | 10.6% |

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 2014

| 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 SIR⁶:

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.⁷

In this report, statistical analyses were performed and tables and figures were created using SAS version 9.4.

⁶ 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.

⁷ <http://www.cdc.gov/nhsn/sas/SIRcomp.sas>

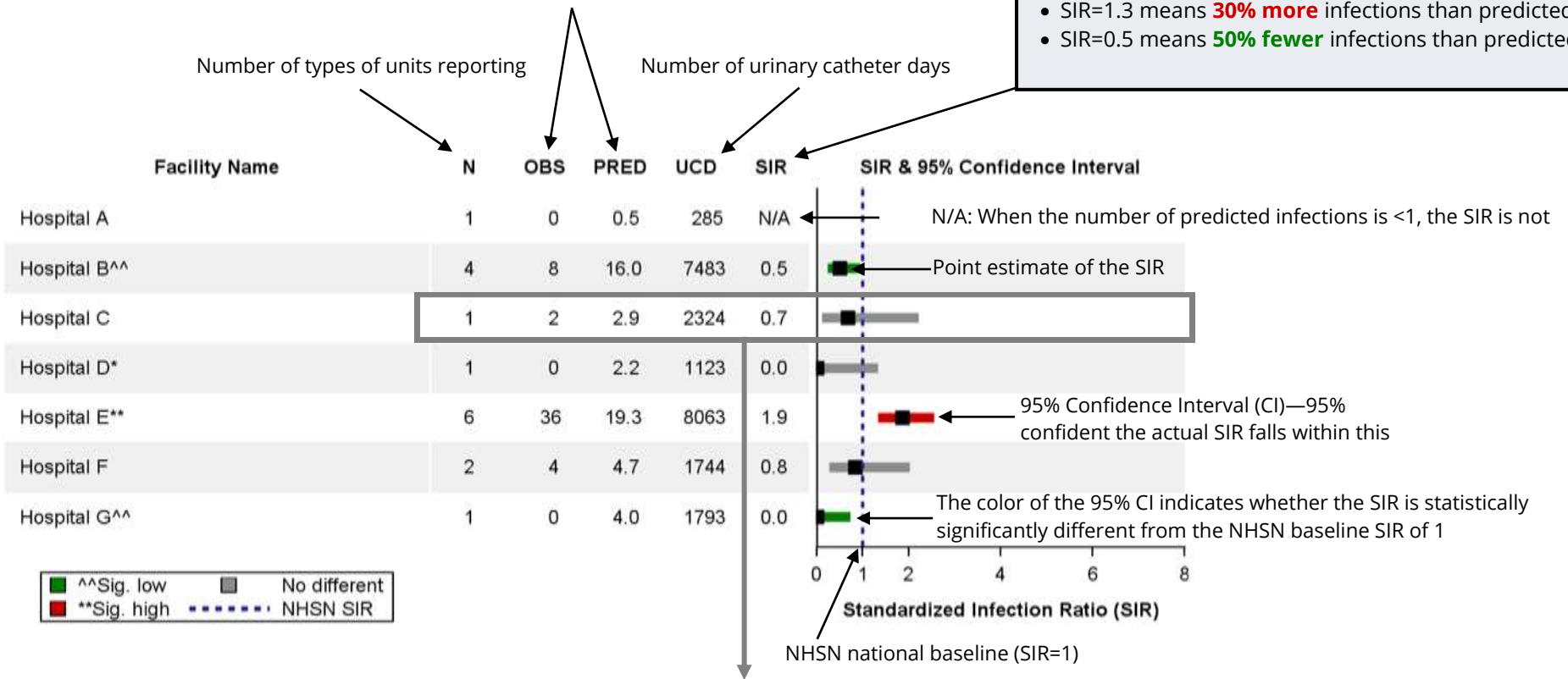
Figure 2: How to Read Hospital-Specific Standardized Infection Ratio Figures

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

Standardized Infection Ratio (SIR):

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

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



Example: Hospital C

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

During the reporting period, Hospital C:

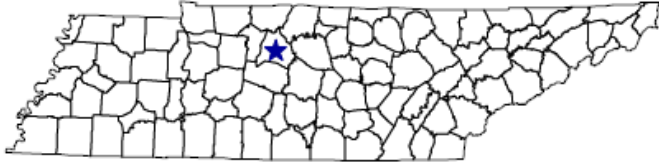
- Reported 2,324 urinary catheter days (UCD) from one type of ICU (N)
- Observed 2 infections (OBS)
- Based on NHSN national baseline data, 2.9 infections were predicted (PRED)

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

TDH Central, Nashville, Davidson County
 Medical School Affiliation: Graduate teaching
 Bed Size Category: 400+ beds



Section 1:

Facility information from the NHSN 2014 Annual Survey

Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for TDH Central:

- 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, 01/01/2014-12/31/2014

| 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 | 6 | 7.0 | 5007 | 0.85 | (0.34, 1.76) | 0.46 |
| | Neonatal ICU | 1 | 10.3 | 4471 | 0.10 | (0.01, 0.48) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 10 | 4.8 | 2139 | 2.05 | (1.04, 3.66) | 1.22 |
| SSI | Colon surgery | 3 | 9.5 | 272 | 0.31 | (0.08, 0.86) | 0.91 |
| | Abdominal hysterectomy | 5 | 2.5 | 404 | 1.93 | (0.71, 4.28) | 0.80 |
| LabID | MRSA bacteremia | 11 | 18.6 | 191987 | 0.59 | (0.31, 1.03) | 1.02 |
| | <i>C. difficile</i> infection | 113 | 154.1 | 165536 | 0.73 | (0.61, 0.88) | 0.78 |

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)

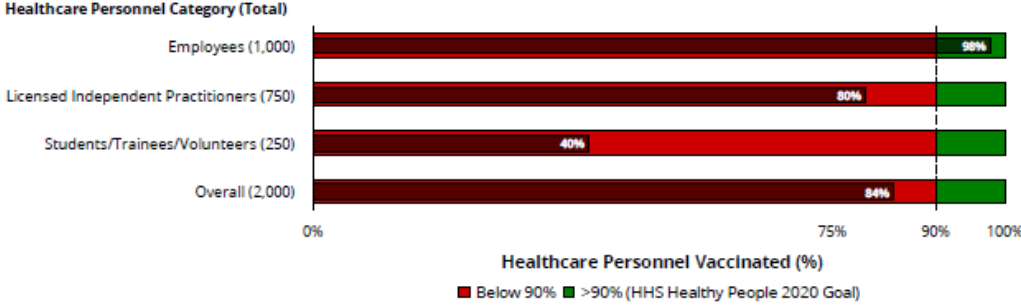
See page 2 for more detailed information about HAIs at TDH Central

Section 2:

HAI reporting requirements for the facility in 2014

Facility-Specific Standardized Infection Ratios (SIRs) by HAI from January - December 2014

Healthcare Personnel Influenza Vaccination - 2014/2015 Influenza Season



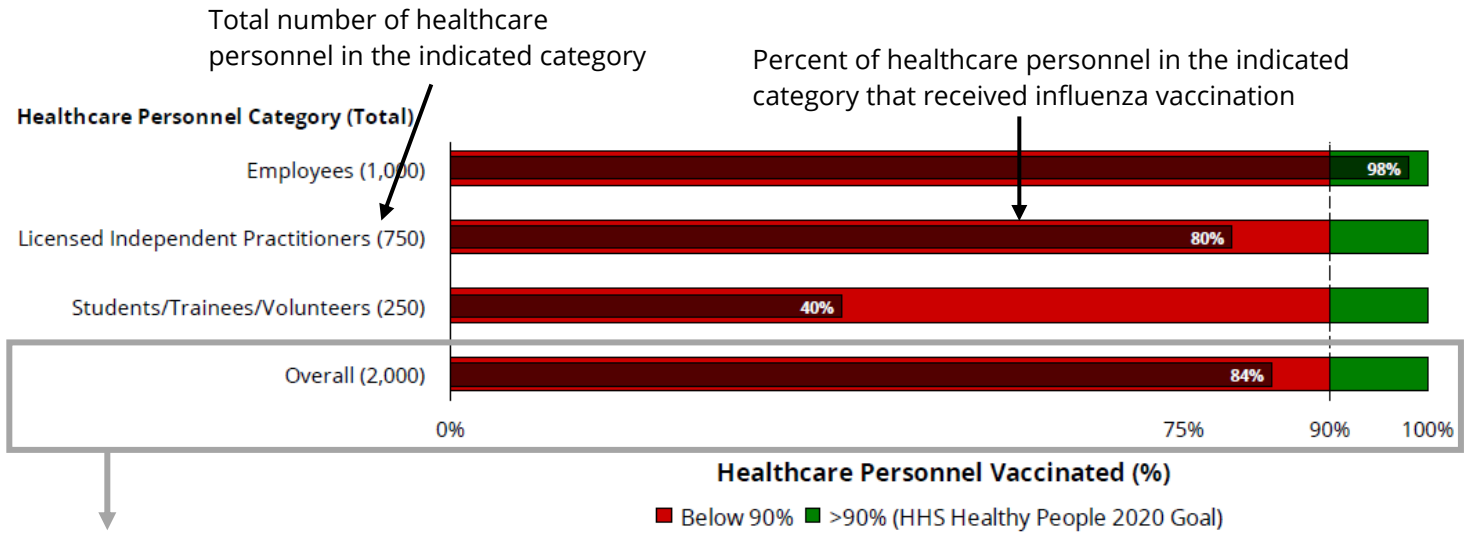
TDH Central - Page 1 of 2

Section 3:

Healthcare personnel influenza vaccination rates for the 2014/2015 influenza season

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

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



Example:

- 2,000 total healthcare personnel at this facility
- 84% received influenza vaccination during this flu season
- Did not reach Healthy People 2020 Goal (90%)

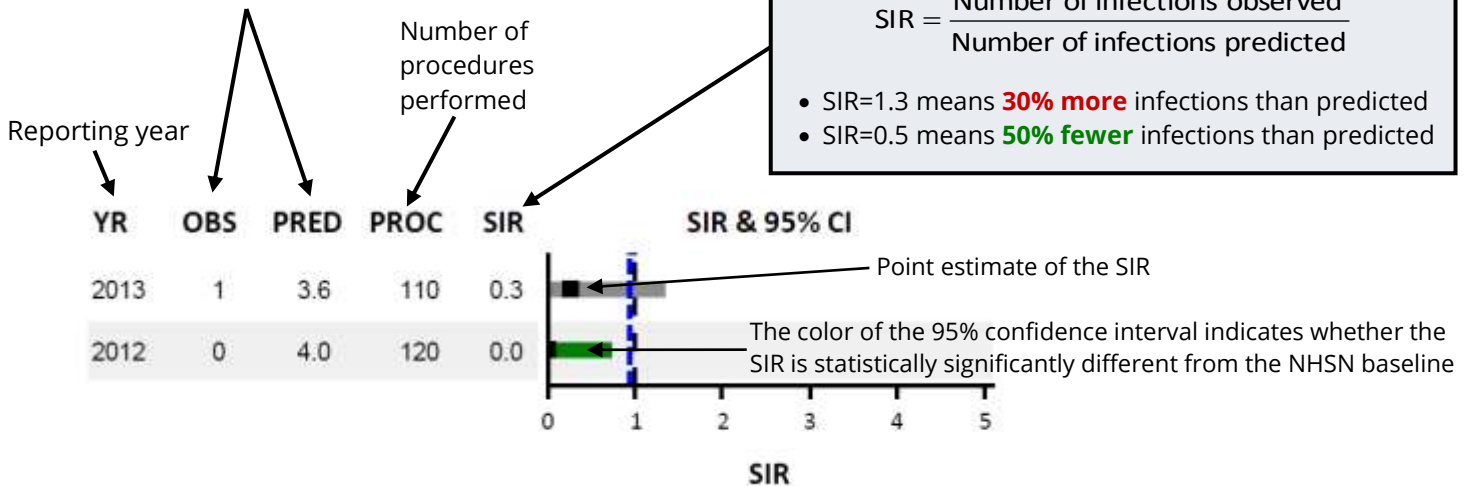
Figure 5: How to Read Facility-Specific Standardized Infection Ratio Figures

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 110 procedures (**PROC**)
- Observed 1 infections (**OBS**)
- Based on NHSN national baseline data, 3.6 infections were predicted (**PRED**)

This Facility's Standardized Infection Ratio (SIR)

- Not statistically significantly different from the NHSN SIR of 1
- SIR=0.3 (1 observed infections/3.6 predicted infections)
- 70% fewer 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](#)⁸).

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) hospitals began reporting CLABSI data in July 2010. Acute care hospitals began reporting CLABSI from adult and pediatric medical, surgical, and medical/surgical wards in April 2014.

To comply with these reporting requirements, facilities are required to follow the [NHSN CLABSI Surveillance protocol](#)⁹, 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

⁸ http://www.cdc.gov/hai/pdfs/bsi/BSI_tagged.pdf

⁹ http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf

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 in Tennessee to published national ([NHSN data for 2006-2008](#)¹⁰ for each location type, with the exception of adult and pediatric locations in long-term acute care (LTAC) hospitals which are compared to national [NHSN data for 2013](#)¹¹. Because CDC discontinued the use of clinical sepsis (CSEP) CLABSI criteria for NICUs in 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](#)¹⁰). The CLABSI SIR is calculated by

¹⁰ <http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf>

¹¹ <http://www.sciencedirect.com/science/article/pii/S0196655314013546>

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 2014, 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.

* "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 2014: 91

SIRs by Quarter (Figure 6)

- From January–March 2008 to October–December 2014, the overall CLABSI SIR in Tennessee decreased from 1.04 to 0.38, 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](#)¹² 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 2014 was statistically significantly lower than the national SIR of 1 (SIR=0.46; 95% CI: 0.40, 0.52). This SIR indicates that the number of CLABSIs in ICUs was 54% lower than predicted, compared to national 2006-8 NHSN data. The overall Tennessee SIR for 2014 was lower than the overall SIRs for 2012–2013.
- Excluding burn and trauma ICUs, the overall SIR across all reporting adult and pediatric ICUs in Tennessee from January-December 2014 was statistically significantly lower than the national SIR of 1 (SIR=0.46; 95% CI: 0.40, 0.53). This SIR indicates that the number of CLABSIs in ICUs was 54% lower than predicted, compared to national 2006-8 NHSN data. The overall Tennessee SIR for 2014 was lower than the overall SIRs for 2012–2013.
- In 2014, the median (50th percentile) facility-specific SIR was 0.41, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.41.
- In 2014, Tennessee CLABSI SIRs were significantly lower than the 2006-8 baseline SIR in all critical care locations that reported, except medical cardiac critical care, medical-surgical critical care non-major teaching & ≤15 beds, neurologic critical care, and surgical cardiothoracic critical care units which were not significantly different than the 2006-8 baseline SIR.

Rates by Unit Type (Table 7, Figure 8)

- In 2014, CLABSI rates were highest among burn critical care units (2.6 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 trauma critical care units decreased dramatically from 2.5 CLABSI per 1,000 central line days in 2013 to 1.7 CLABSI per 1,000 central line days in 2014.

¹² <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

Device Utilization by Unit Type (Figure 9)

- Device utilization ratios in Tennessee in 2014 were higher than national 2006-8 device utilization ratios among burn critical care ICUs, 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 236 CLABSIs in 2014, the most common pathogens were coagulase-negative *Staphylococcus* species (23%), *Candida* species and other yeasts (21%) and *Enterococcus* species (17%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 3% and vancomycin-resistant *Enterococcus* (VRE) for 7% of total positive isolates.

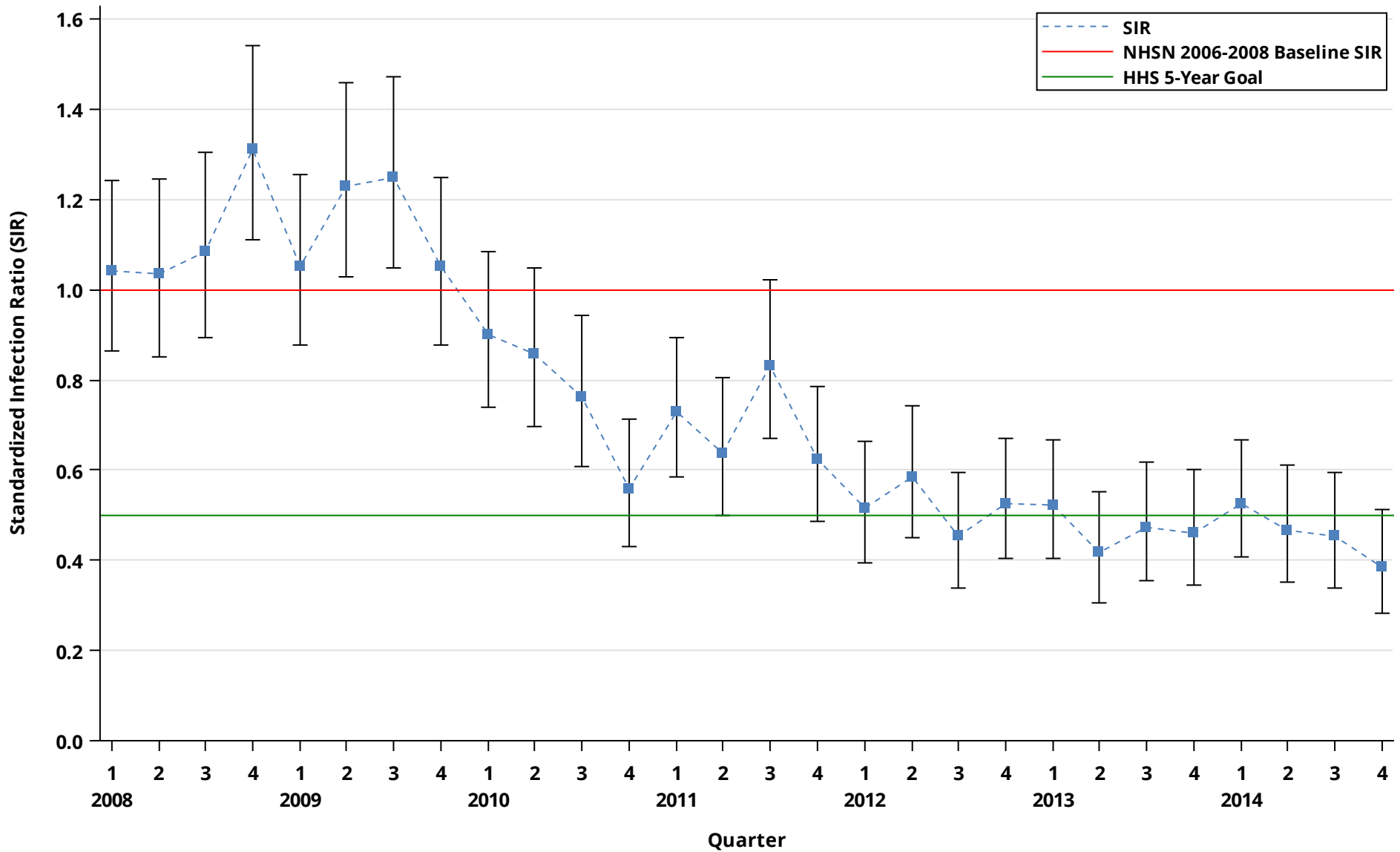
Facility-Specific CLABSI SIRs (Figure 11)

- 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 2014, 17 facilities had a CLABSI SIR that was significantly lower than the 2006-8 national baseline SIR of 1. Two 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 (CLABSI) for Adult and Pediatric Intensive Care Units (ICUs) by Quarter, Excluding Burn and Trauma ICUs, Tennessee, 01/01/2008–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 9, 2015

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, 01/01/2012 - 12/31/2014

| | | | | | | | | | 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 <1.0 | | No. of FACS WITH SIR >1.0 | | | | | | |
| STATE | YEAR | No. | CL DAYS | OBS | PRED | SIR | LOWER LIMIT | UPPER LIMIT | | N | % | N | % | 10% | 25% | 50% | 75% | 90% | |
| Tennessee | 2014 | 91 | 247,171 | 236 | 513.92 | 0.46 | 0.40 | 0.52 | 51 | 18 | 35% | 2 | 4% | 0.00 | 0.00 | 0.37 | 0.75 | 0.91 | |
| | 2013 | 92 | 240,160 | 245 | 501.98 | 0.49 | 0.43 | 0.55 | 52 | 15 | 29% | 0 | 0% | 0.00 | 0.12 | 0.49 | 0.81 | 1.12 | |
| | 2012 | 93 | 244,400 | 277 | 506.86 | 0.55 | 0.49 | 0.61 | 51 | 13 | 25% | 0 | 0% | 0.00 | 0.17 | 0.45 | 0.84 | 1.39 | |

Data reported as of September 9, 2015

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, 01/01/2012 - 12/31/2014

| | | | | | | | | | 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 | 2014 | 91 | 231,050 | 206 | 449.02 | 0.46 | 0.40 | 0.53 | 51 | 17 | 33% | 2 | 4% | 0.00 | 0.00 | 0.41 | 0.75 | 0.91 | |
| | 2013 | 92 | 224,934 | 207 | 441.22 | 0.47 | 0.41 | 0.54 | 52 | 14 | 27% | 0 | 0% | 0.00 | 0.12 | 0.49 | 0.83 | 1.12 | |
| | 2012 | 93 | 227,470 | 229 | 440.74 | 0.52 | 0.46 | 0.59 | 51 | 13 | 25% | 0 | 0% | 0.00 | 0.19 | 0.44 | 0.78 | 1.39 | |

Data reported as of September 9, 2015

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, 01/01/2012 - 12/31/2014

| 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 | 2014 | 2 | 3,482 | 9 | 19.14 | 0.47 | 0.23 | 0.86 | 2 | N/A | N/A | N/A | N/A | N/A |
| | 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 |
| Medical Cardiac Critical Care | 2014 | 5 | 8,115 | 9 | 16.29 | 0.55 | 0.27 | 1.01 | 4 | N/A | N/A | N/A | N/A | N/A |
| | 2013 | 5 | 8,285 | 9 | 16.63 | 0.54 | 0.26 | 0.99 | 4 | N/A | N/A | N/A | N/A | N/A |
| | 2012 | 7 | 12,827 | 10 | 25.75 | 0.39 | 0.20 | 0.69 | 7 | 0.00 | 0.29 | 0.38 | 0.46 | 1.54 |
| Medical Critical Care Major Teaching | 2014 | 8 | 24,403 | 15 | 62.66 | 0.24 | 0.14 | 0.39 | 7 | 0.00 | 0.00 | 0.00 | 0.41 | 0.64 |
| | 2013 | 8 | 24,688 | 30 | 63.40 | 0.47 | 0.33 | 0.67 | 8 | 0.00 | 0.00 | 0.14 | 0.87 | 1.02 |
| | 2012 | 7 | 21,603 | 29 | 55.47 | 0.52 | 0.36 | 0.74 | 7 | 0.00 | 0.00 | 0.42 | 0.75 | 1.01 |
| Medical Critical Care Non-Major Teaching | 2014 | 23 | 19,008 | 16 | 36.03 | 0.44 | 0.26 | 0.71 | 10 | 0.00 | 0.00 | 0.65 | 0.84 | 0.87 |
| | 2013 | 22 | 18,006 | 22 | 34.14 | 0.64 | 0.41 | 0.96 | 11 | 0.25 | 0.25 | 0.69 | 0.97 | 1.02 |
| | 2012 | 21 | 16,675 | 25 | 31.61 | 0.79 | 0.52 | 1.15 | 10 | 0.00 | 0.26 | 0.57 | 1.11 | 2.26 |
| Medical-Surgical Critical Care Major Teaching | 2014 | 11 | 33,103 | 28 | 69.78 | 0.40 | 0.27 | 0.57 | 10 | 0.00 | 0.00 | 0.21 | 0.90 | 1.59 |
| | 2013 | 11 | 31,670 | 28 | 66.75 | 0.42 | 0.28 | 0.60 | 10 | 0.00 | 0.00 | 0.27 | 1.10 | 1.30 |
| | 2012 | 11 | 28,001 | 23 | 59.02 | 0.39 | 0.25 | 0.58 | 10 | 0.00 | 0.13 | 0.25 | 0.55 | 1.15 |
| Medical-Surgical Critical Care Non-Major Teaching & >15 beds | 2014 | 15 | 46,875 | 33 | 68.82 | 0.48 | 0.34 | 0.67 | 15 | 0.00 | 0.17 | 0.47 | 0.75 | 0.80 |
| | 2013 | 15 | 44,883 | 45 | 65.89 | 0.68 | 0.50 | 0.91 | 15 | 0.00 | 0.32 | 0.74 | 0.97 | 1.62 |
| | 2012 | 15 | 46,179 | 56 | 67.80 | 0.83 | 0.63 | 1.07 | 15 | 0.00 | 0.42 | 0.97 | 1.09 | 1.87 |

Data reported as of September 9, 2015

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 | 2014 | 37 | 18,549 | 19 | 27.75 | 0.69 | 0.43 | 1.05 | 9 | 0.00 | 0.00 | 0.25 | 0.59 | 3.14 |
| | 2013 | 37 | 17,132 | 15 | 25.63 | 0.59 | 0.34 | 0.94 | 8 | 0.00 | 0.00 | 0.13 | 1.05 | 1.91 |
| | 2012 | 38 | 15,107 | 13 | 22.60 | 0.58 | 0.32 | 0.96 | 5 | 0.00 | 0.00 | 0.45 | 0.73 | 3.09 |
| Neurologic Critical Care | 2014 | 2 | 4,254 | 3 | 5.75 | 0.52 | 0.13 | 1.42 | 2 | N/A | N/A | N/A | N/A | N/A |
| | 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 |
| Neurosurgical Critical Care | 2014 | 9 | 10,561 | 11 | 26.00 | 0.42 | 0.22 | 0.74 | 8 | 0.00 | 0.00 | 0.00 | 0.43 | 1.61 |
| | 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 |
| 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 |
| Pediatric Medical-Surgical Critical Care | 2014 | 8 | 7,910 | 6 | 23.23 | 0.26 | 0.11 | 0.54 | 5 | 0.00 | 0.24 | 0.29 | 0.34 | 0.37 |
| | 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 |
| Pediatric Neurosurgical Critical Care | 2014 | 1 | 285 | 0 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 2013 | 1 | 286 | 0 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Pediatric Surgical Cardiothoracic Critical Care | 2014 | 2 | 7,068 | 8 | 23.51 | 0.34 | 0.16 | 0.65 | 2 | N/A | N/A | N/A | N/A | N/A |
| | 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 |

Data reported as of September 9, 2015

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 | | | | No. of INFECTIONS | | SIR AND 95% CONFIDENCE INTERVAL | | | DISTRIBUTION OF FACILITY-SPECIFIC SIRs | | | | | |
|---------------------------------------|------|-----|---------|-------------------|-------|---------------------------------|-------------|-------------|--|------|------|------|------|------|
| | YEAR | No. | CL DAYS | OBS | PRED | SIR | LOWER LIMIT | UPPER LIMIT | No. of FACS WITH ≥1 PRED INFECTION | 10% | 25% | 50% | 75% | 90% |
| Surgical Cardiothoracic Critical Care | 2014 | 14 | 30,753 | 42 | 42.72 | 0.98 | 0.72 | 1.32 | 14 | 0.00 | 0.00 | 0.63 | 0.78 | 2.05 |
| | 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 |
| Surgical Critical Care | 2014 | 9 | 20,166 | 16 | 46.49 | 0.34 | 0.20 | 0.55 | 9 | 0.00 | 0.00 | 0.22 | 0.43 | 0.96 |
| | 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 |
| Trauma Critical Care | 2014 | 5 | 12,639 | 21 | 45.75 | 0.46 | 0.29 | 0.69 | 5 | 0.10 | 0.25 | 0.38 | 0.54 | 1.34 |
| | 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 |

Data reported as of September 9, 2015

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), 01/01/2014 - 12/31/2014

| ICU TYPE | TENNESSEE 01/01/2014 - 12/31/2014 | | | | | 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 | 9 | 3,482 | 2.6 | 4.1 | 390 | 70,932 | 5.5 | 3.1 | 0.47 | 0.23 | 0.86 |
| Medical Cardiac Critical Care | 5 | 9 | 8,115 | 1.1 | 0.6 | 876 | 436,409 | 2.0 | 1.3 | 0.55 | 0.27 | 1.01 |
| Medical Critical Care Major Teaching | 8 | 15 | 24,403 | 0.6 | 0.0 | 1410 | 549,088 | 2.6 | 2.3 | 0.24 | 0.14 | 0.39 |
| Medical Critical Care Non-Major Teaching | 23 | 16 | 19,008 | 0.8 | 0.0 | 687 | 362,388 | 1.9 | 1.0 | 0.44 | 0.26 | 0.71 |
| Medical-Surgical Critical Care Major Teaching | 11 | 28 | 33,103 | 0.8 | 0.0 | 1474 | 699,300 | 2.1 | 1.7 | 0.40 | 0.27 | 0.57 |
| Medical-Surgical Critical Care Non-Major Teaching & ≤15 beds | 37 | 19 | 18,549 | 1.0 | 0.0 | 1130 | 755,437 | 1.5 | 0.0 | 0.69 | 0.43 | 1.05 |
| Medical-Surgical Critical Care Non-Major Teaching & >15 beds | 15 | 33 | 46,875 | 0.7 | 0.7 | 1449 | 986,982 | 1.5 | 1.1 | 0.48 | 0.34 | 0.67 |
| Neurologic Critical Care | 2 | 3 | 4,254 | 0.7 | 1.2 | 61 | 45,153 | 1.4 | 1.0 | 0.52 | 0.13 | 1.42 |
| Neurosurgical Critical Care | 9 | 11 | 10,561 | 1.0 | 0.0 | 396 | 160,879 | 2.5 | 1.9 | 0.42 | 0.22 | 0.74 |
| Pediatric Medical-Surgical Critical Care | 8 | 6 | 7,910 | 0.8 | 0.4 | 923 | 314,306 | 3.0 | 2.5 | 0.26 | 0.11 | 0.54 |
| Pediatric Neurosurgical Critical Care | 1 | 0 | 285 | 0.0 | 0.0 | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Pediatric Surgical Cardiothoracic Critical Care | 2 | 8 | 7,068 | 1.1 | 0.9 | 195 | 58,626 | 3.3 | N/A | 0.34 | 0.16 | 0.65 |
| Surgical Cardiothoracic Critical Care | 14 | 42 | 30,753 | 1.4 | 0.9 | 879 | 632,769 | 1.4 | 0.8 | 0.98 | 0.72 | 1.32 |
| Surgical Critical Care | 9 | 16 | 20,166 | 0.8 | 0.5 | 1683 | 729,989 | 2.3 | 1.7 | 0.34 | 0.20 | 0.55 |
| Trauma Critical Care | 5 | 21 | 12,639 | 1.7 | 1.4 | 814 | 224,864 | 3.6 | 3.0 | 0.46 | 0.29 | 0.69 |
| TOTAL | | | | | | | | | | 0.46 | 0.40 | 0.52 |

Data reported as of September 9, 2015

No. = number of facilities

CL Days = central line days

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

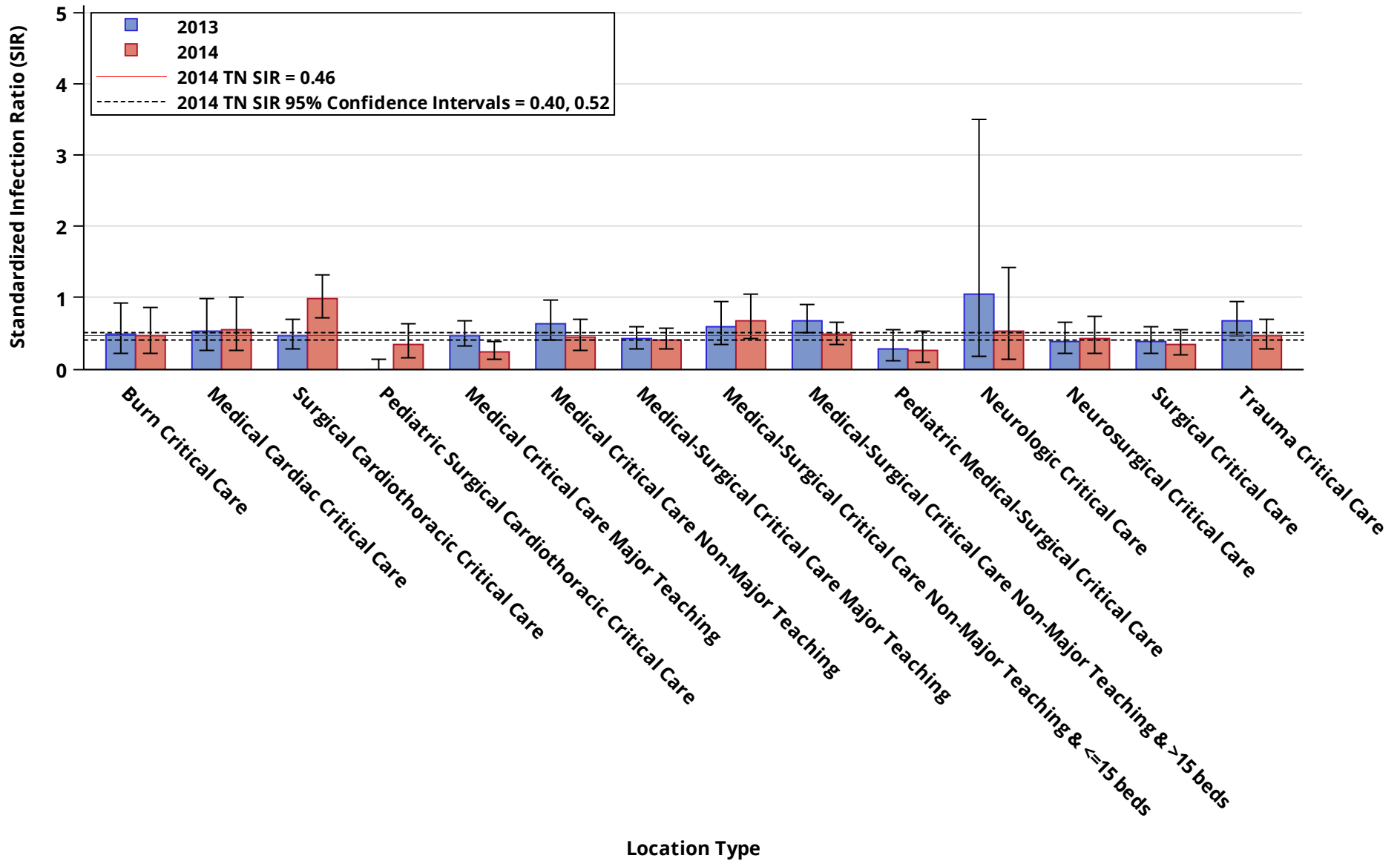
N/A = not available

*per 1000 central line days

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

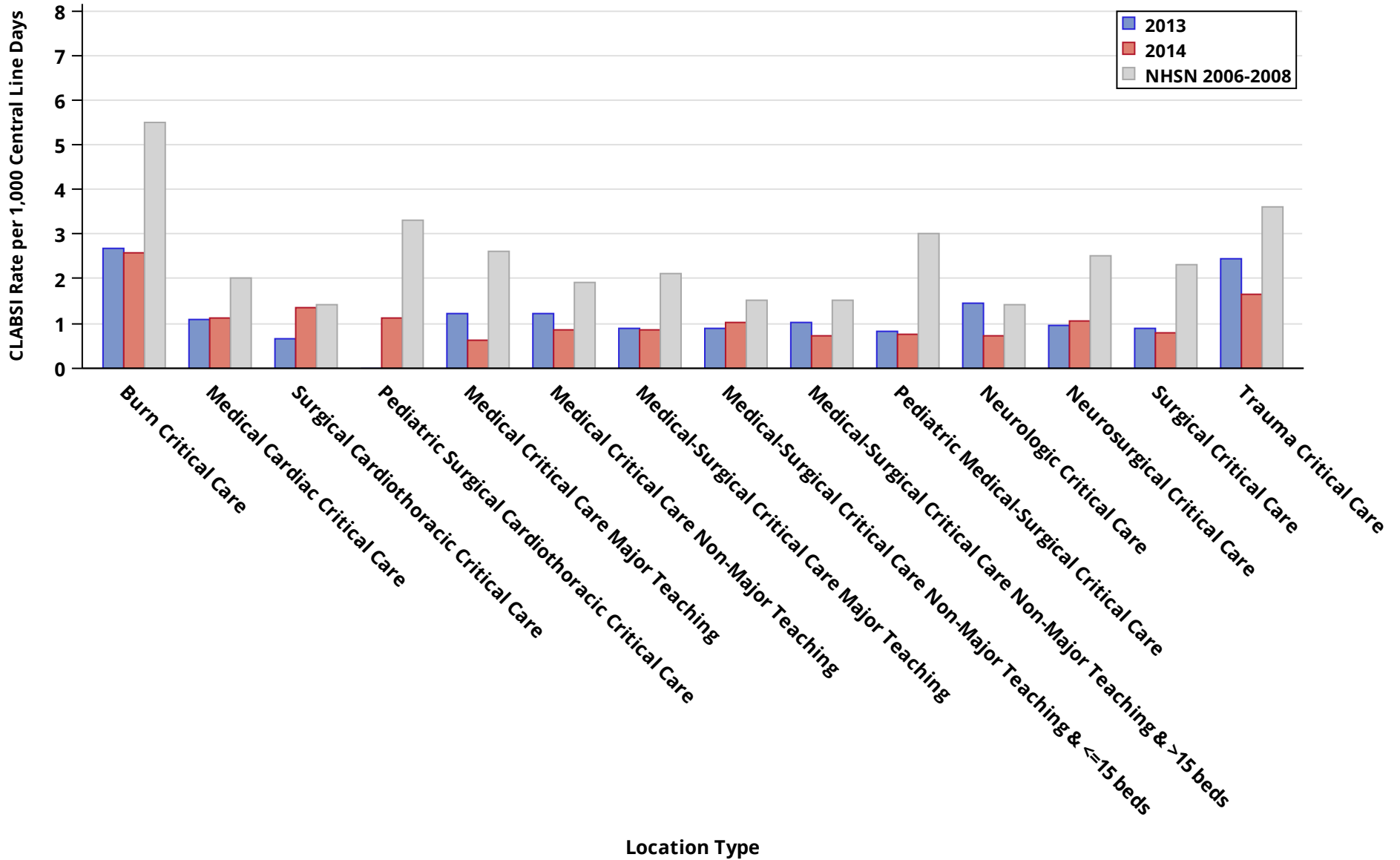
Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

Figure 7: Standardized Infection Ratios (SIRs) for Central Line-Associated Bloodstream Infections (CLABSIs) by Intensive Care Unit (ICU) Type, Tennessee, 2013 and 2014 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



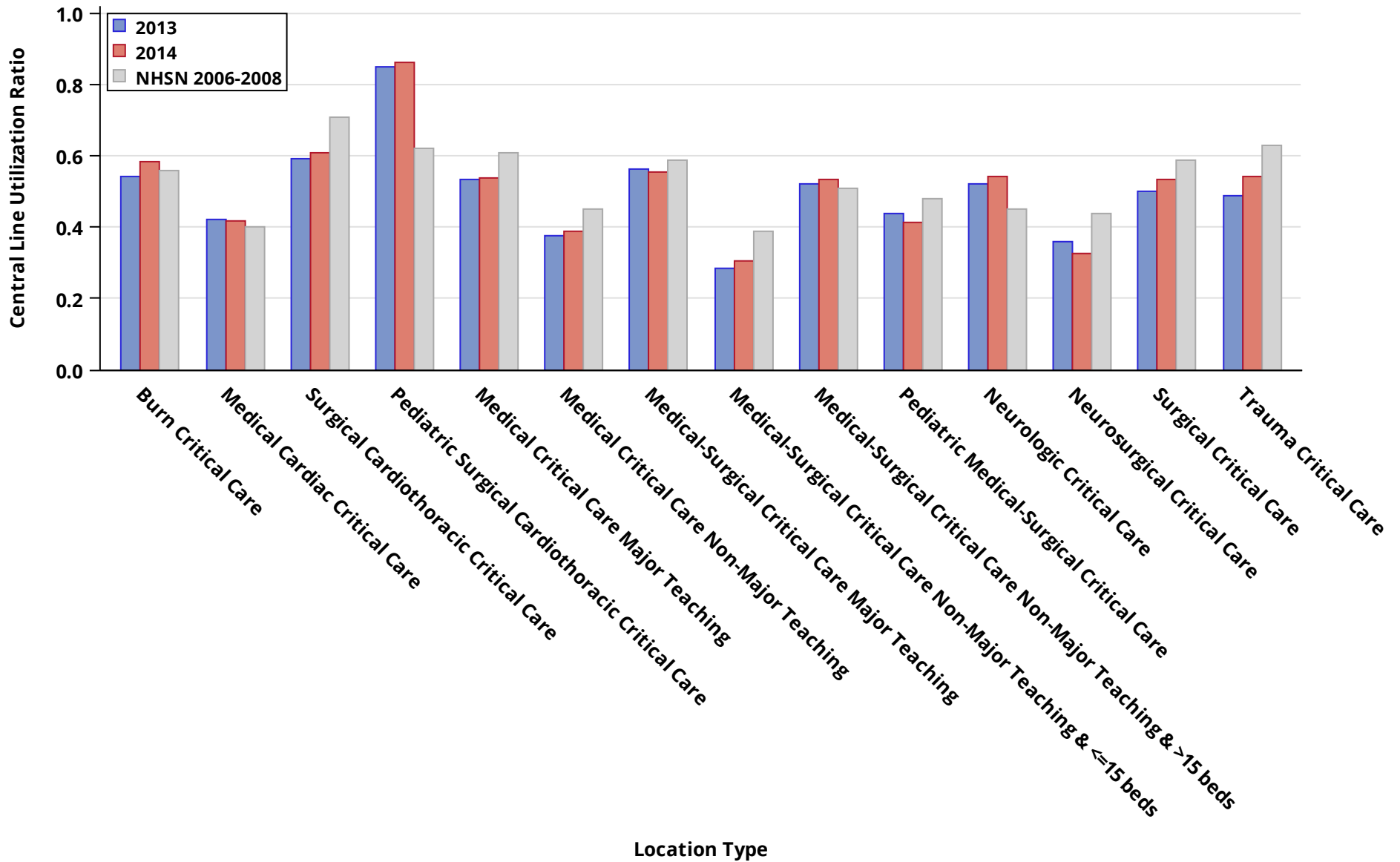
Data Reported as of September 9, 2015

Figure 8: Central Line-Associated Bloodstream Infection (CLABSI) Pooled Mean Rates per 1,000 Central Line Days by Intensive Care Unit (ICU) Type, Tennessee, 2013 and 2014, vs. National Healthcare Safety Network (NHSN), 2006-8



Data Reported as of September 9, 2015

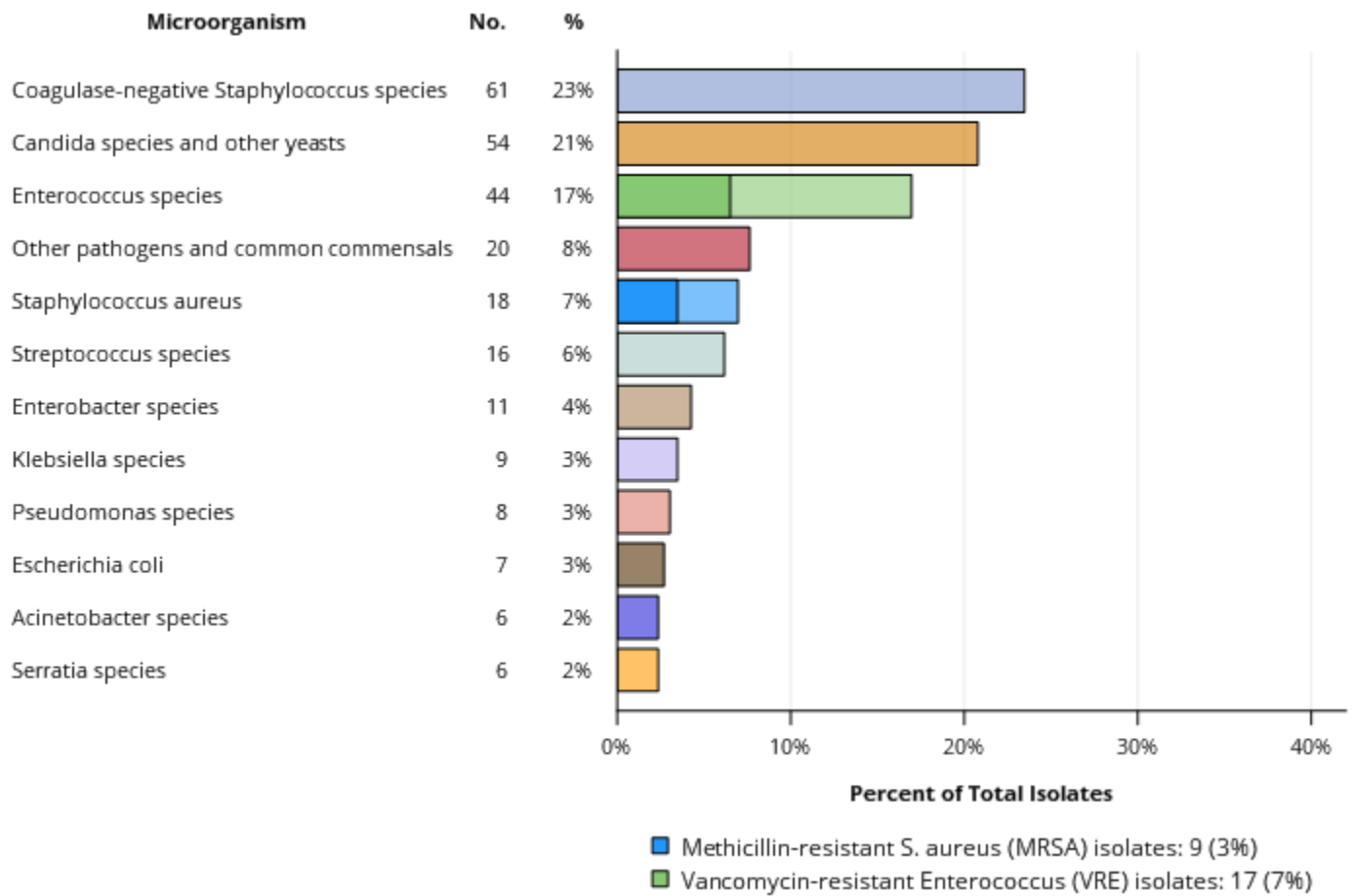
Figure 9: Central Line Utilization Ratio by Intensive Care Unit (ICU) Type, Tennessee, 2013 and 2014, vs. National Healthcare Safety Network (NHSN), 2006-8



Data Reported as of September 9, 2015

Figure 10: Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSIs) in Adult and Pediatric Intensive Care Units, Tennessee, 01/01/2014 - 12/31/2014

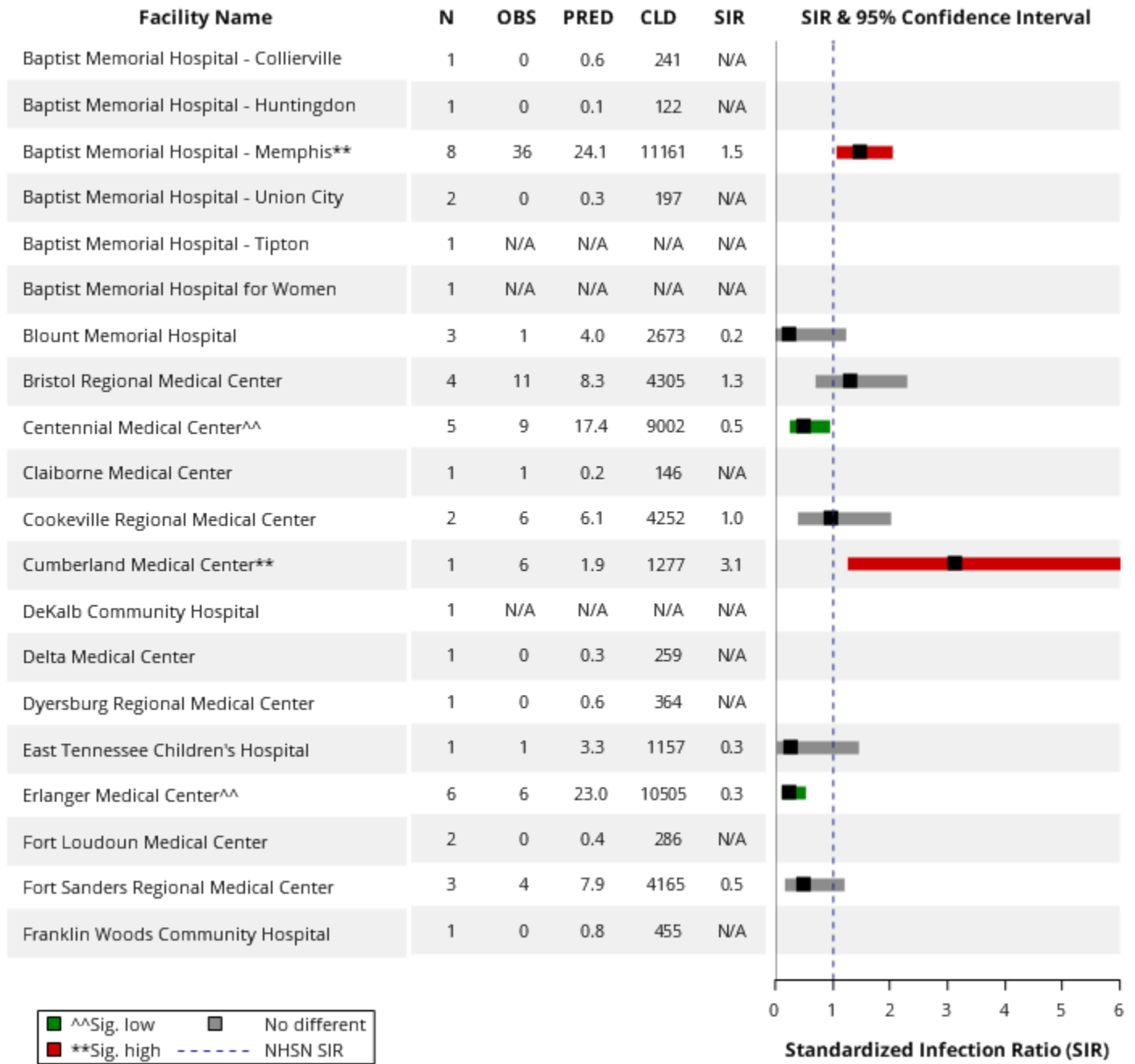
Number of isolates=260; Number of events=236



Data reported as of September 9, 2015

Other pathogens = *Achromobacter* spp., *Aeromonas* spp., *Alcaligenes* spp., *Bacteroides* spp., *Brevundimonas* spp., *Burkholderia* spp., *Citrobacter* spp., *Fusobacterium* spp., Gram-positive spp., *Lactobacillus* spp., *Leuconostoc* spp., *Moraxella* spp., *Proteus* spp., *Ralstonia* spp., *Rothia* spp., and *Stenotrophomonas* spp.

Figure 11: CLABSI Standardized Infection Ratio (SIR) for Adult and Pediatric Intensive Care Units in Acute Care Facilities, Tennessee, 01/01/2014 - 12/31/2014



Data Reported as of September 9, 2015

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

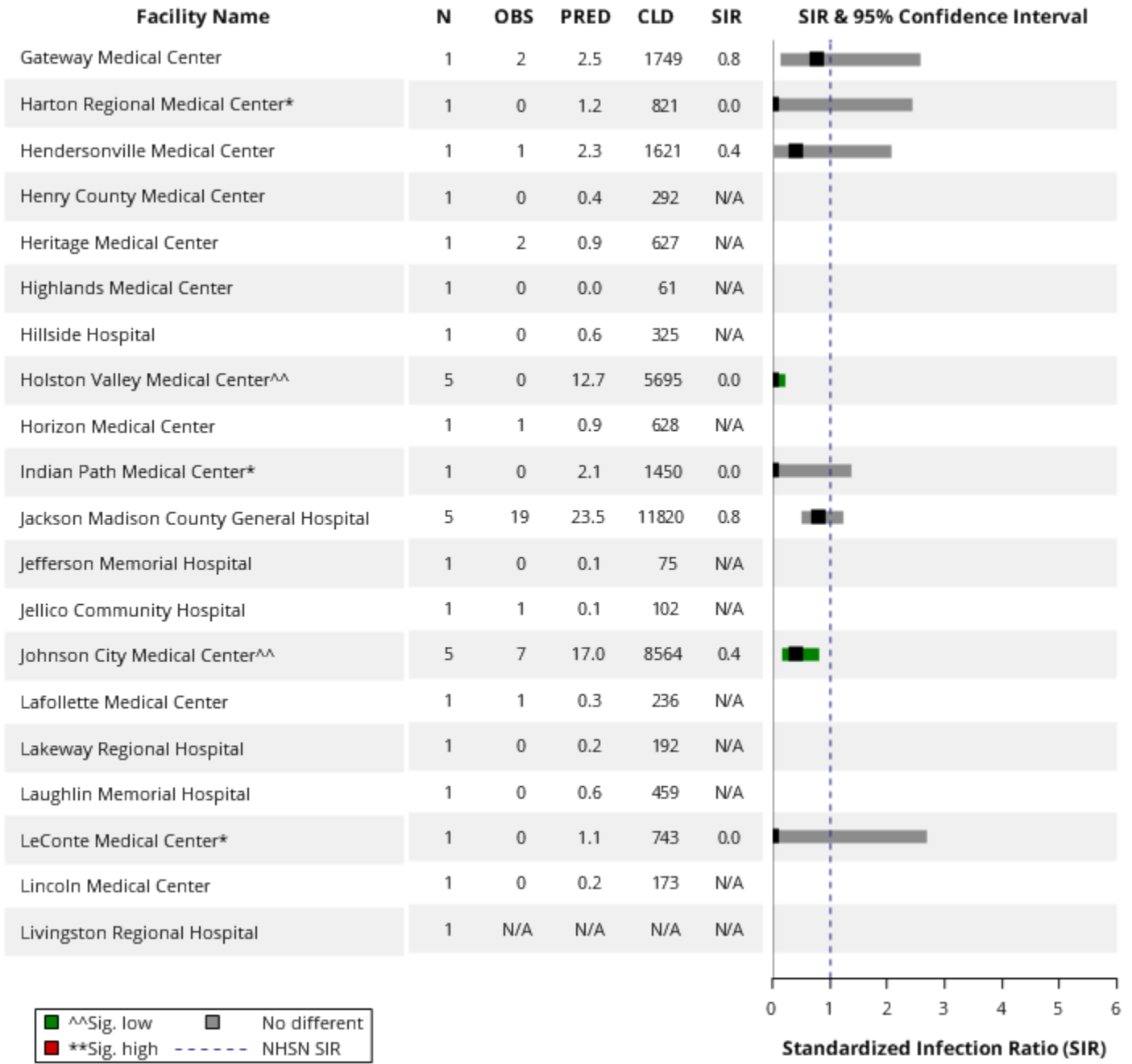
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

** 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 9, 2015

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

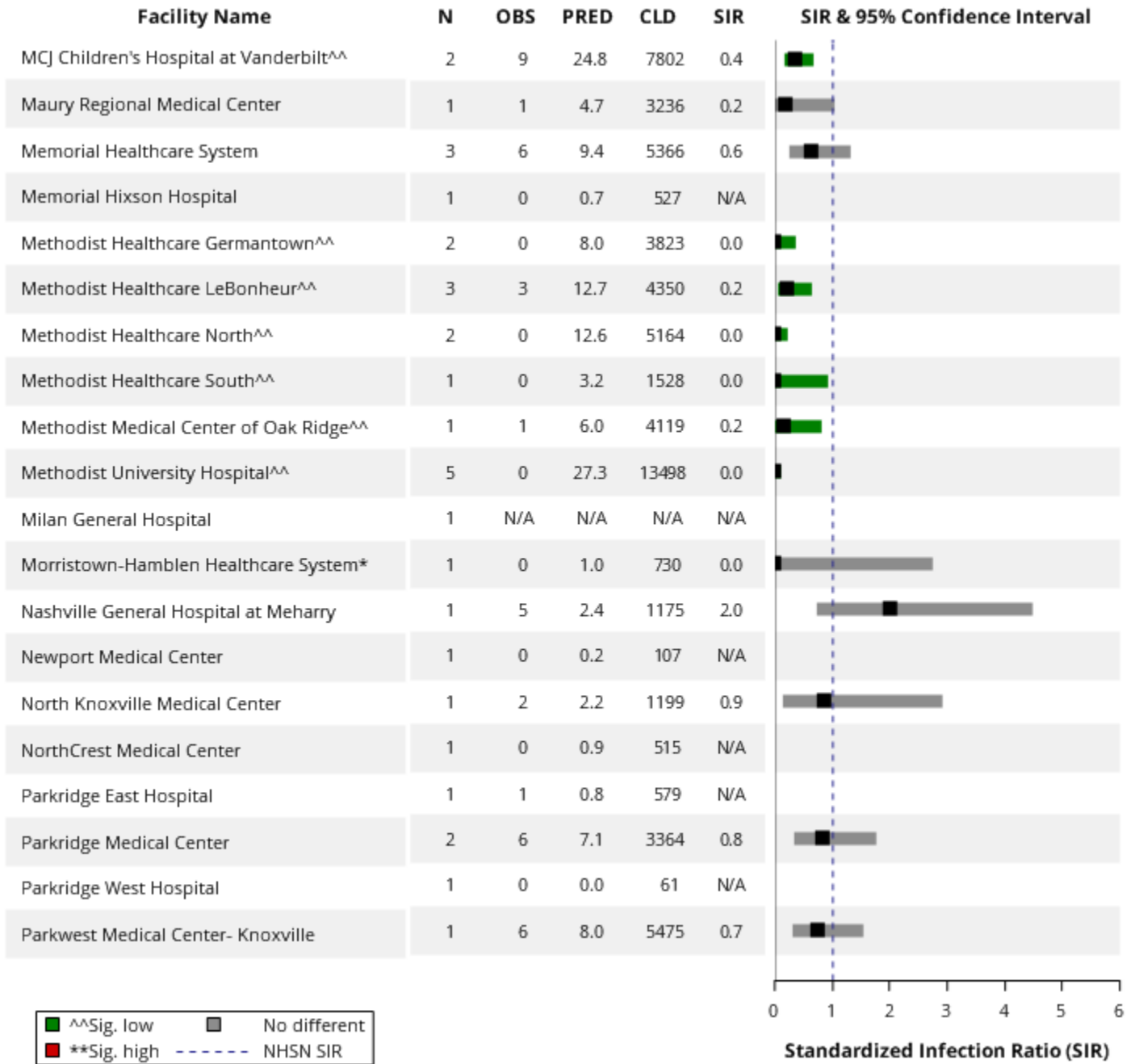
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

** 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 9, 2015

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

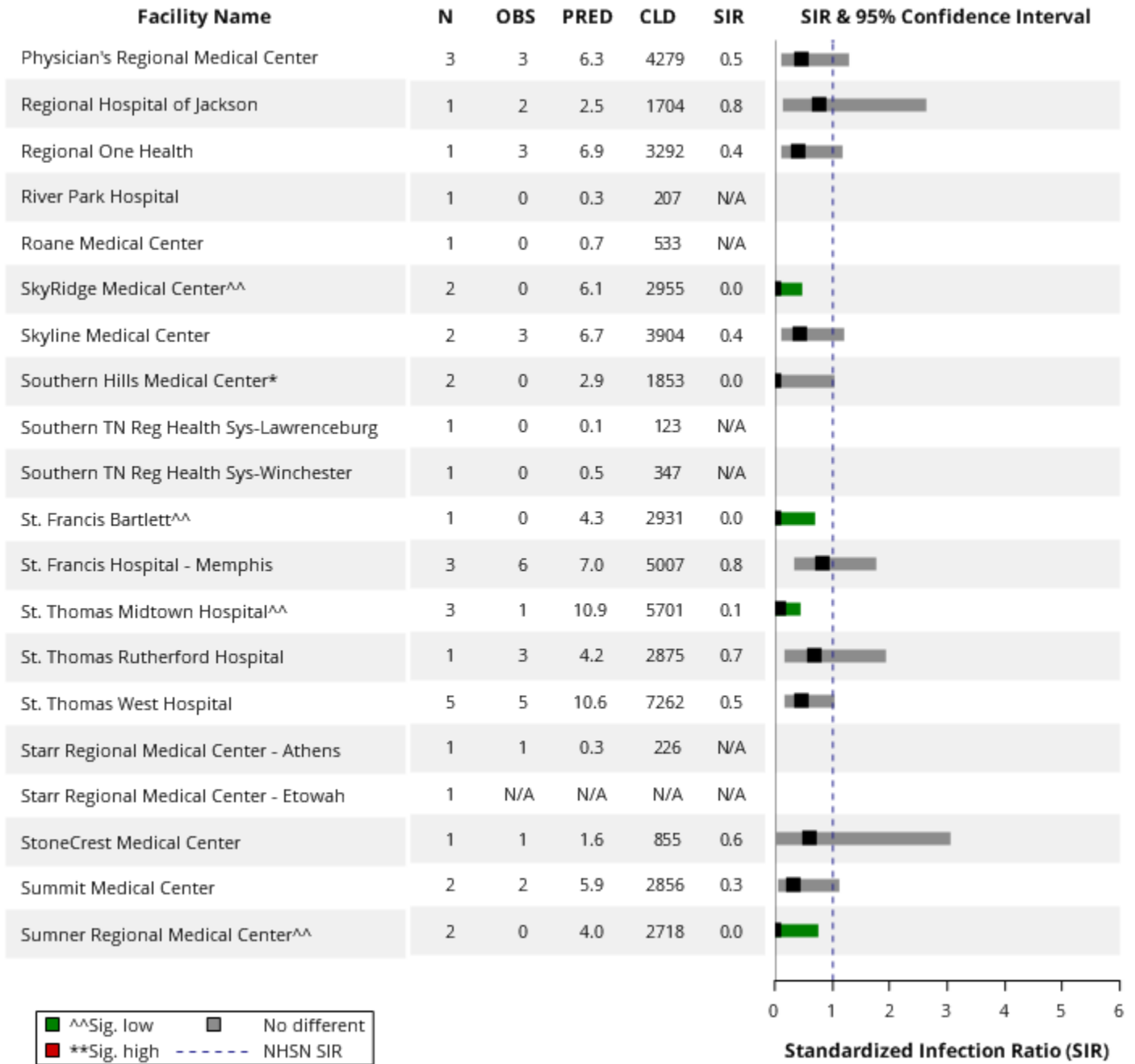
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

** 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 9, 2015

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

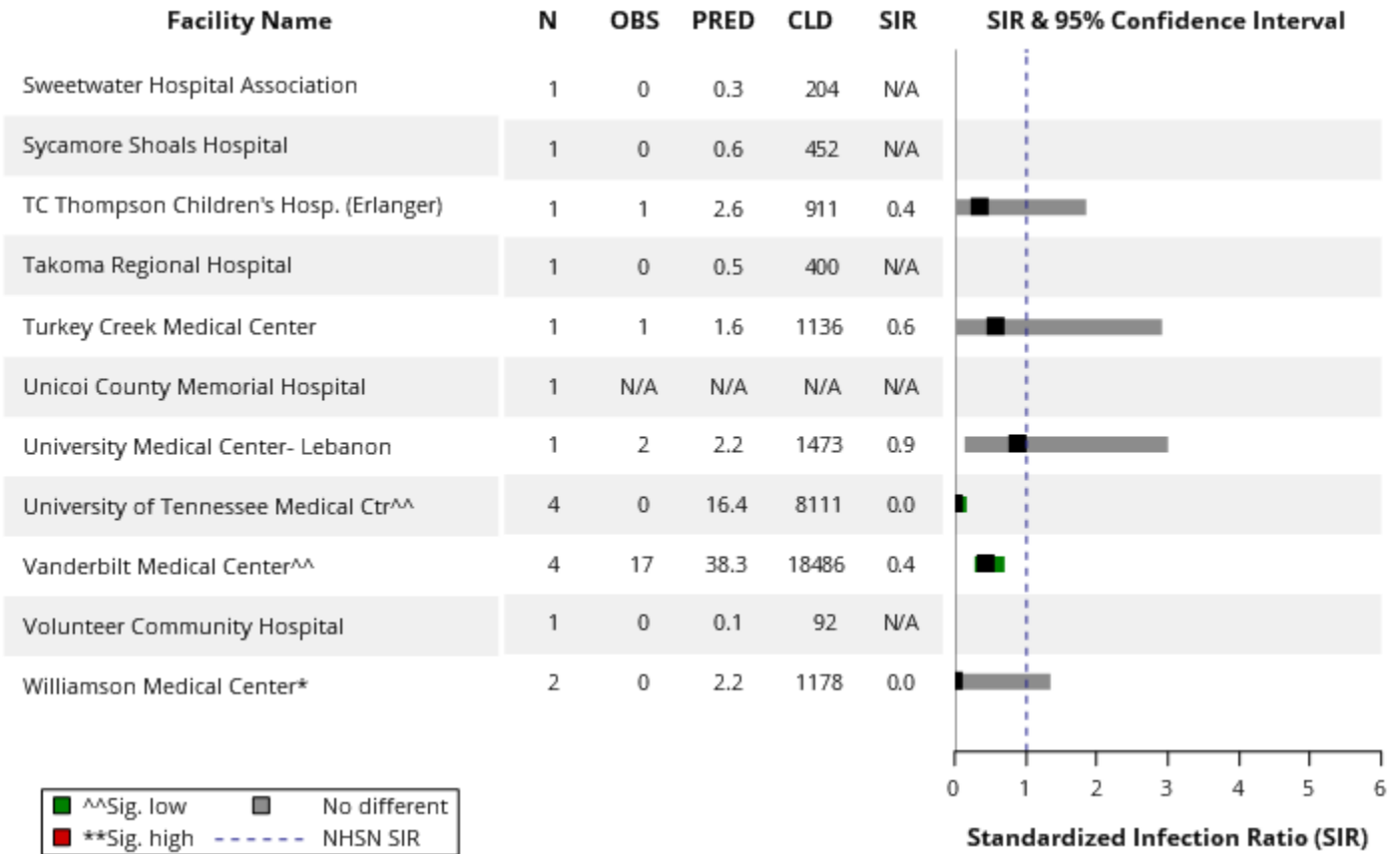
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

** 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 9, 2015

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

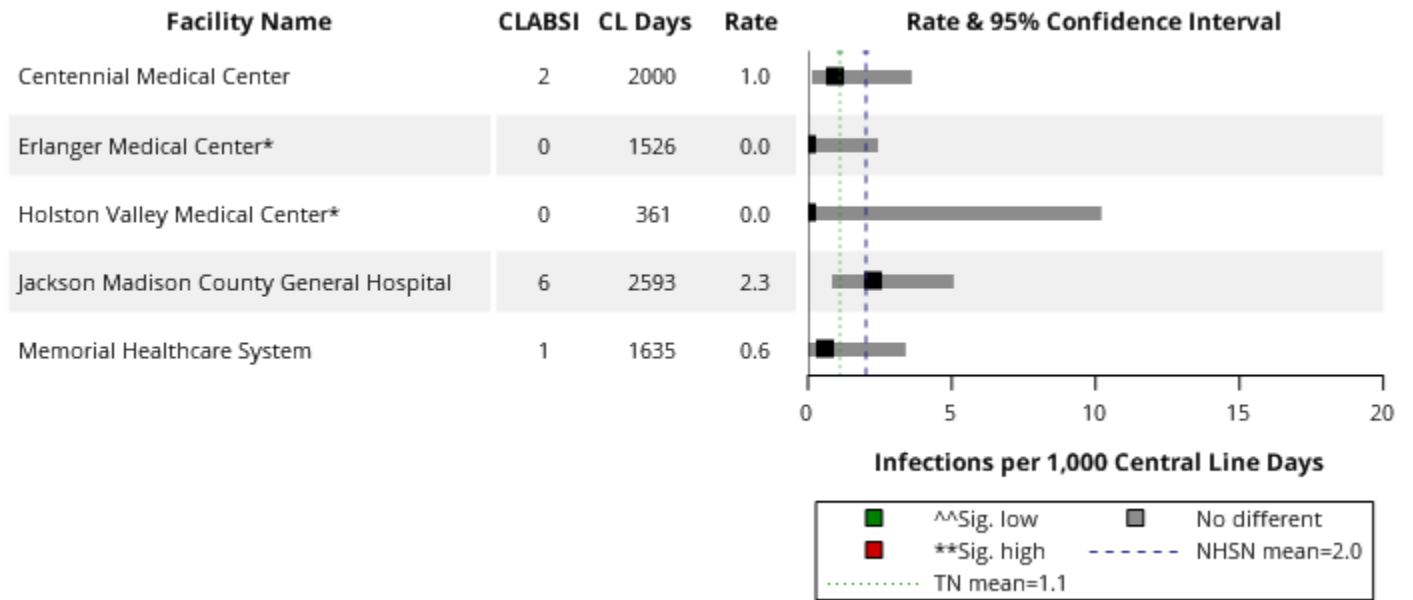
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

** 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, 01/01/2014 - 12/31/2014, Medical Cardiac Critical Care



Data Reported as of September 9, 2015

CLD = central line days

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

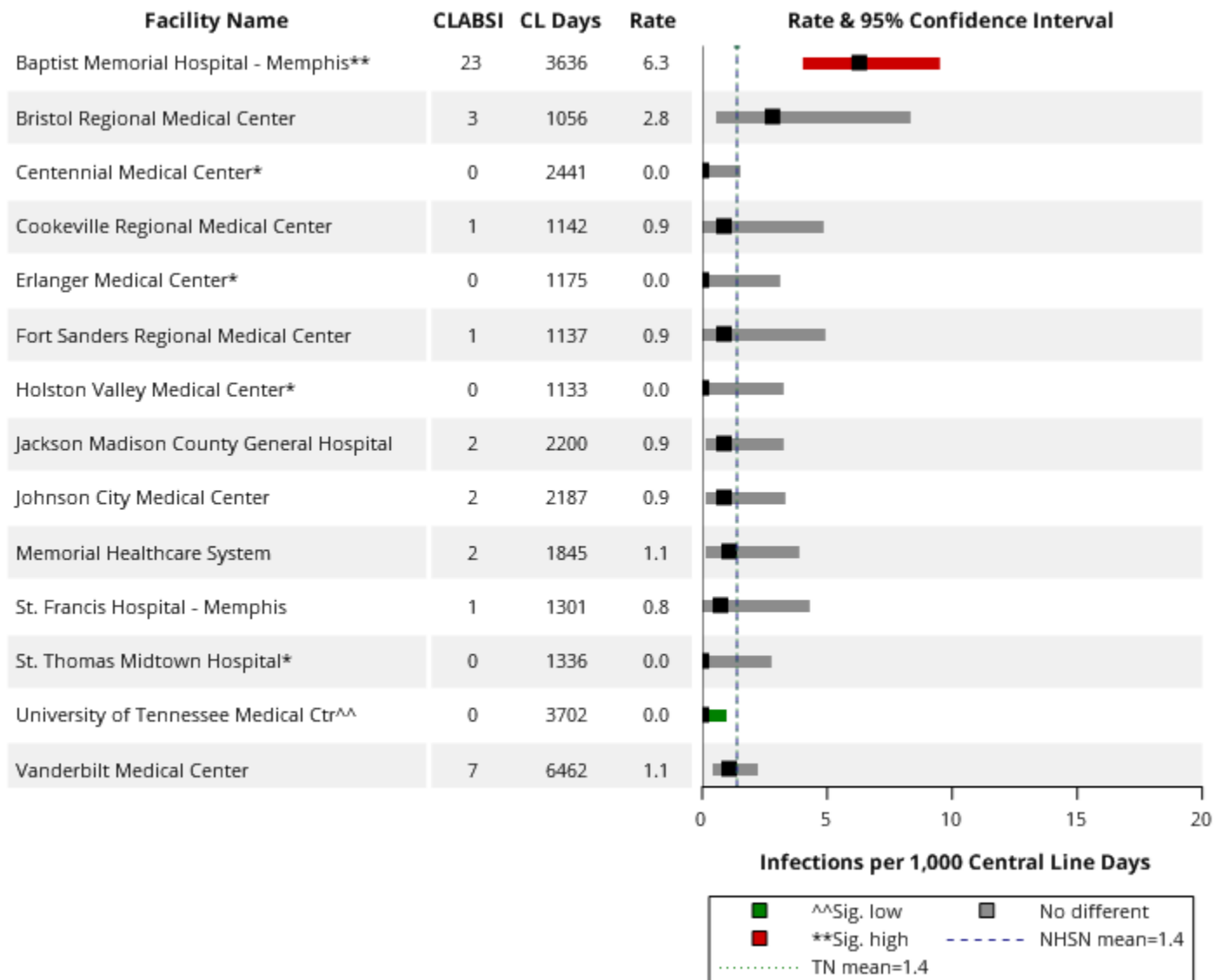
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=2.0; TN pooled mean (01/01/2014 - 12/31/2014)=1.1

Figure 13: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2014 - 12/31/2014, Surgical Cardiothoracic Critical Care



Data Reported as of September 9, 2015

CLD = central line days

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

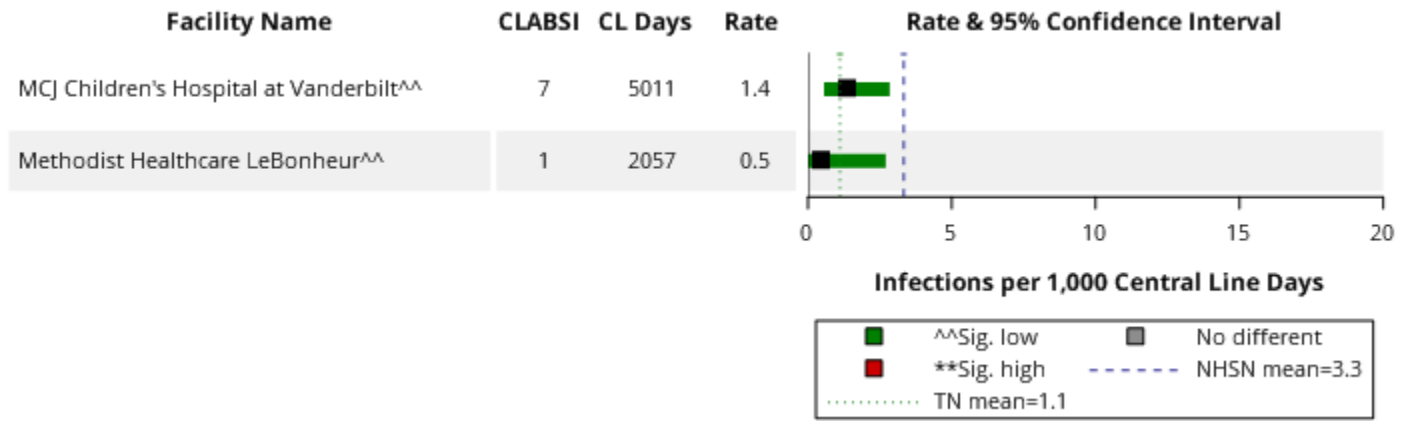
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=1.4; TN pooled mean (01/01/2014 - 12/31/2014)=1.4

Figure 14: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2014 - 12/31/2014, Pediatric Surgical Cardiothoracic Critical Care



Data Reported as of September 9, 2015

CLD = central line days

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

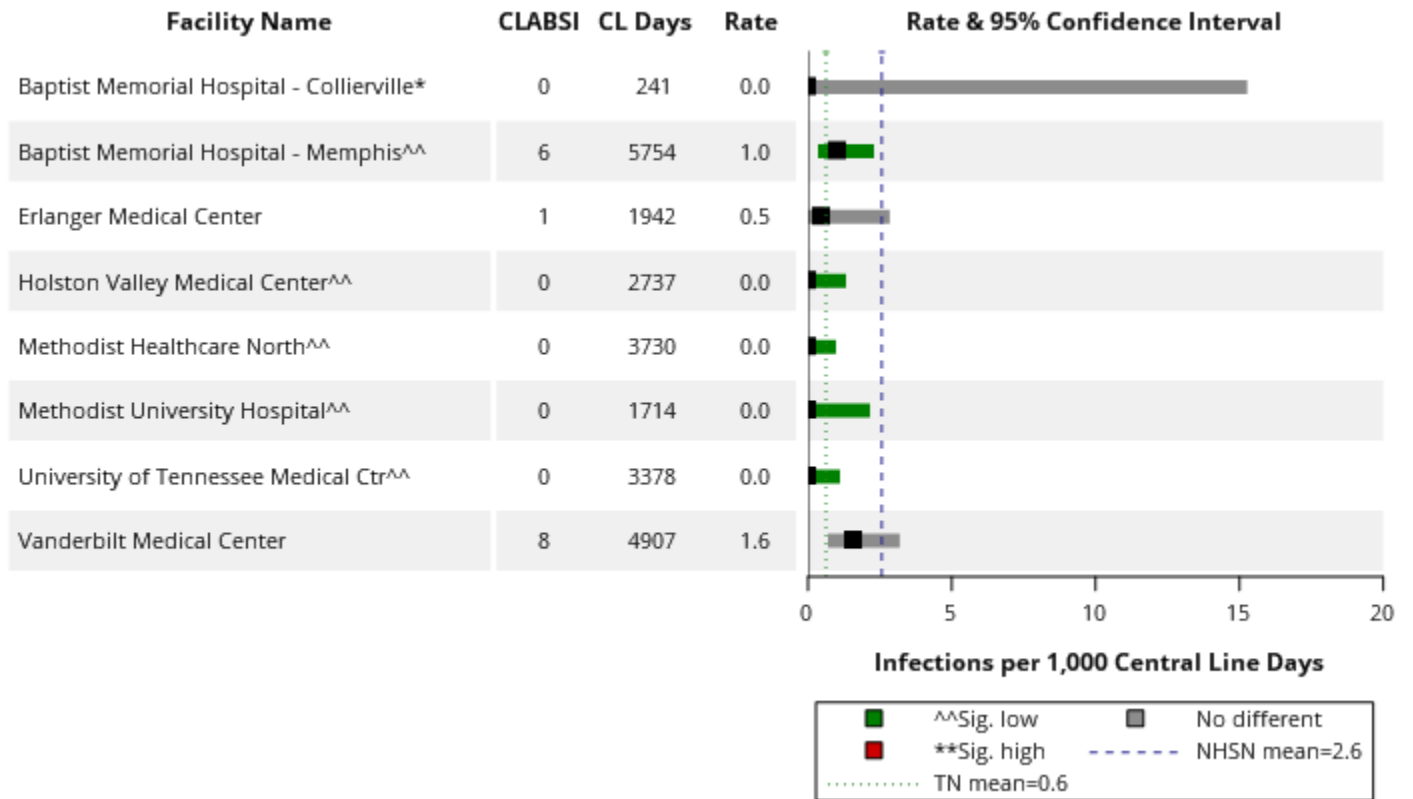
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=3.3; TN pooled mean (01/01/2014 - 12/31/2014)=1.1

Figure 15: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2014 - 12/31/2014, Medical Critical Care Major Teaching



Data Reported as of September 9, 2015

CLD = central line days

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

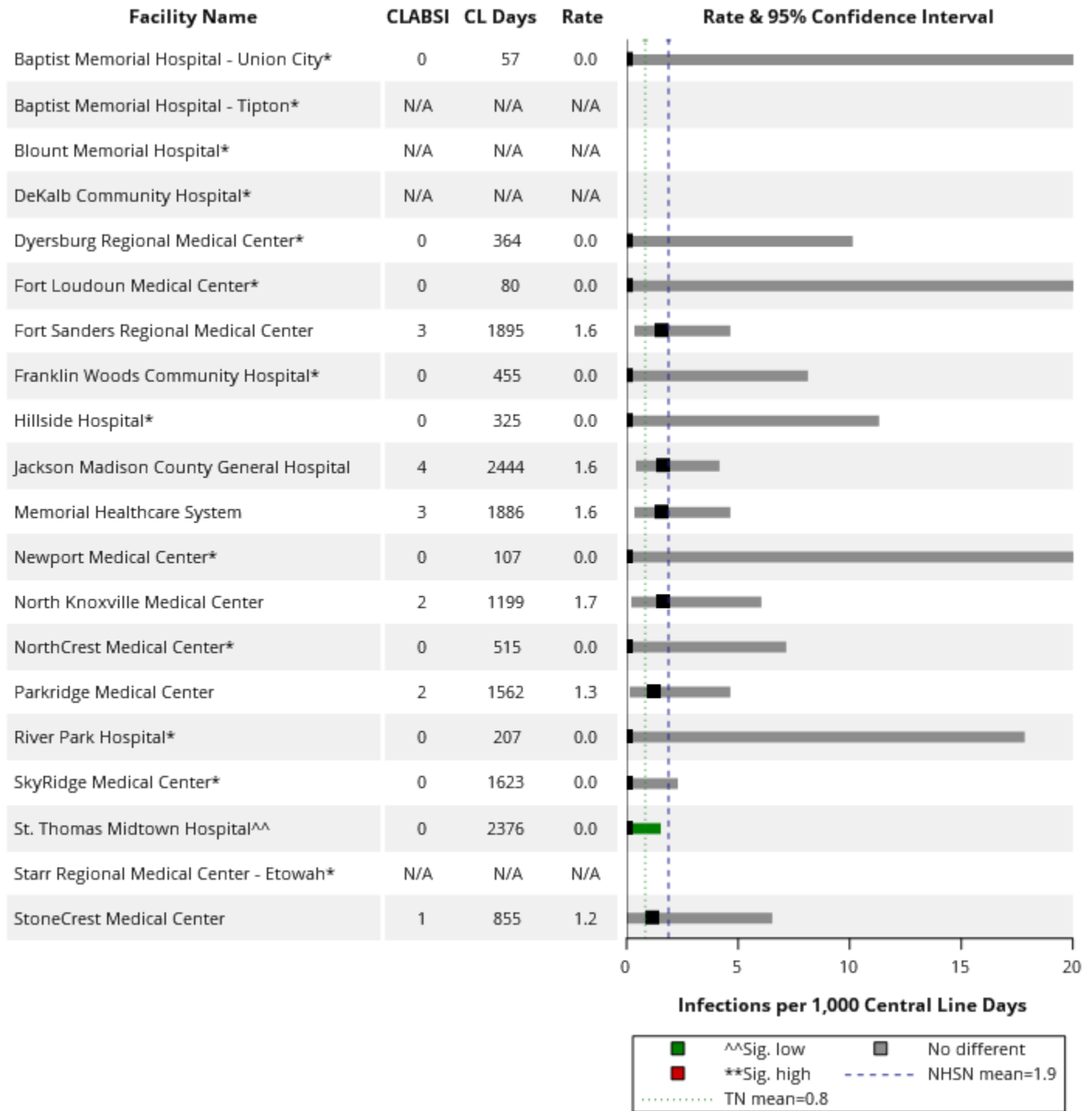
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=2.6; TN pooled mean (01/01/2014 - 12/31/2014)=0.6

Figure 16: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2014 - 12/31/2014, Medical Critical Care Non-Major Teaching



Data Reported as of September 9, 2015

CLD = central line days

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

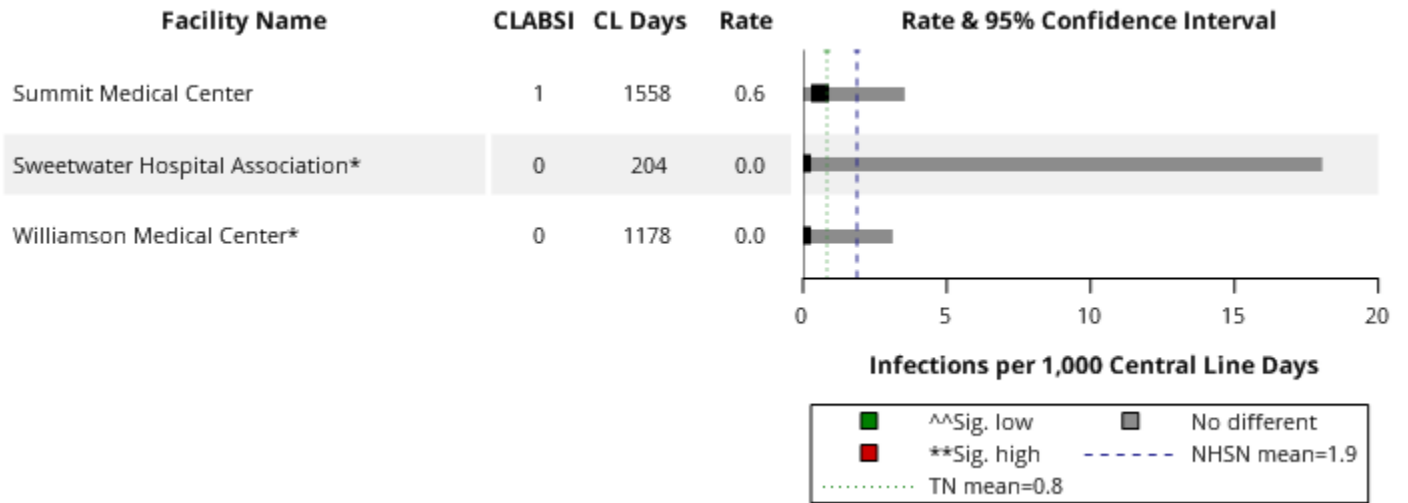
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=1.9; TN pooled mean (01/01/2014 - 12/31/2014)=0.8

Figure 16 (cont'd)



Data Reported as of September 9, 2015

CLD = central line days

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

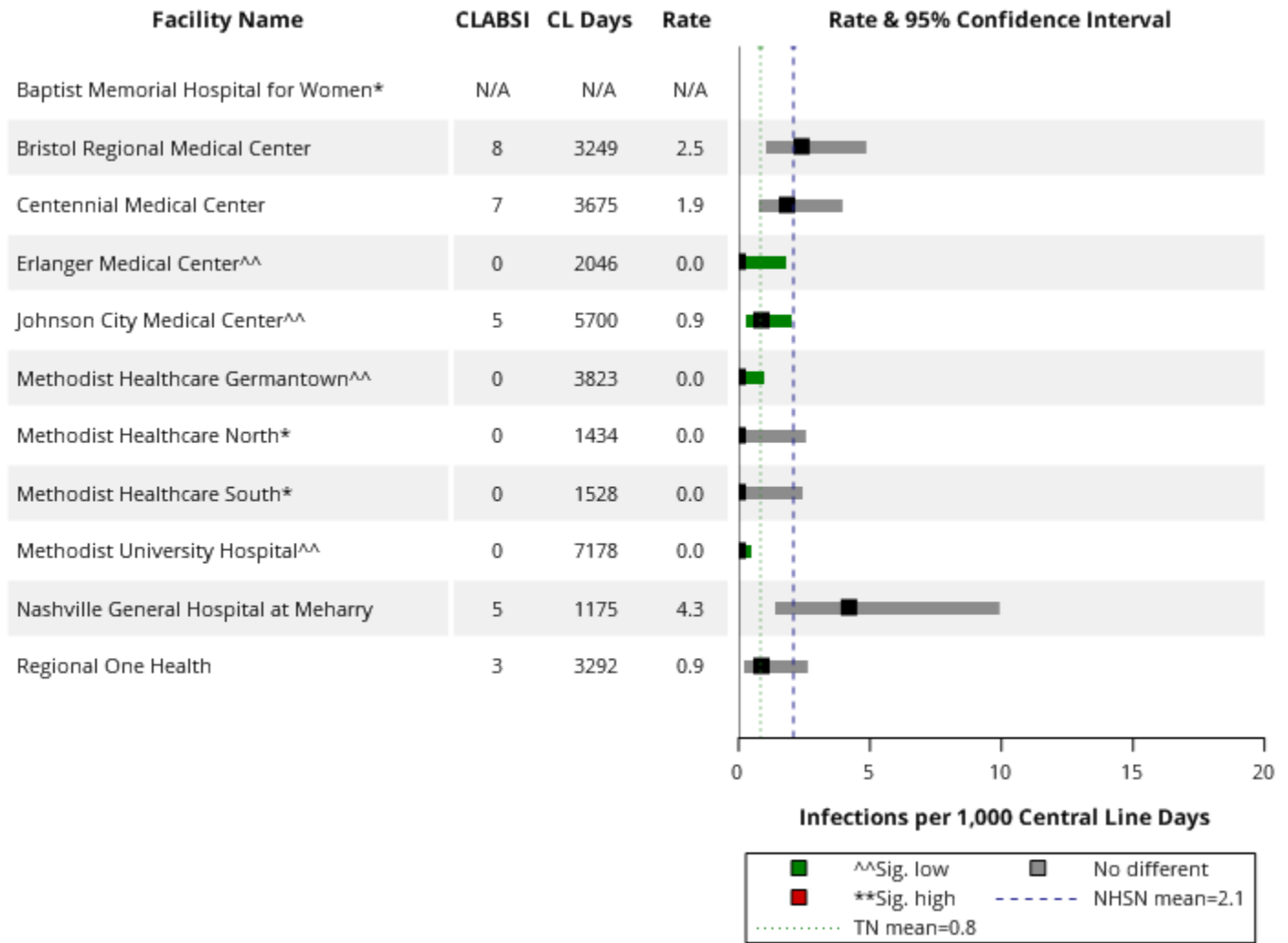
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=1.9; TN pooled mean (01/01/2014 - 12/31/2014)=0.8

Figure 17: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2014 - 12/31/2014, Medical-Surgical Critical Care Major Teaching



Data Reported as of September 9, 2015

CLD = central line days

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

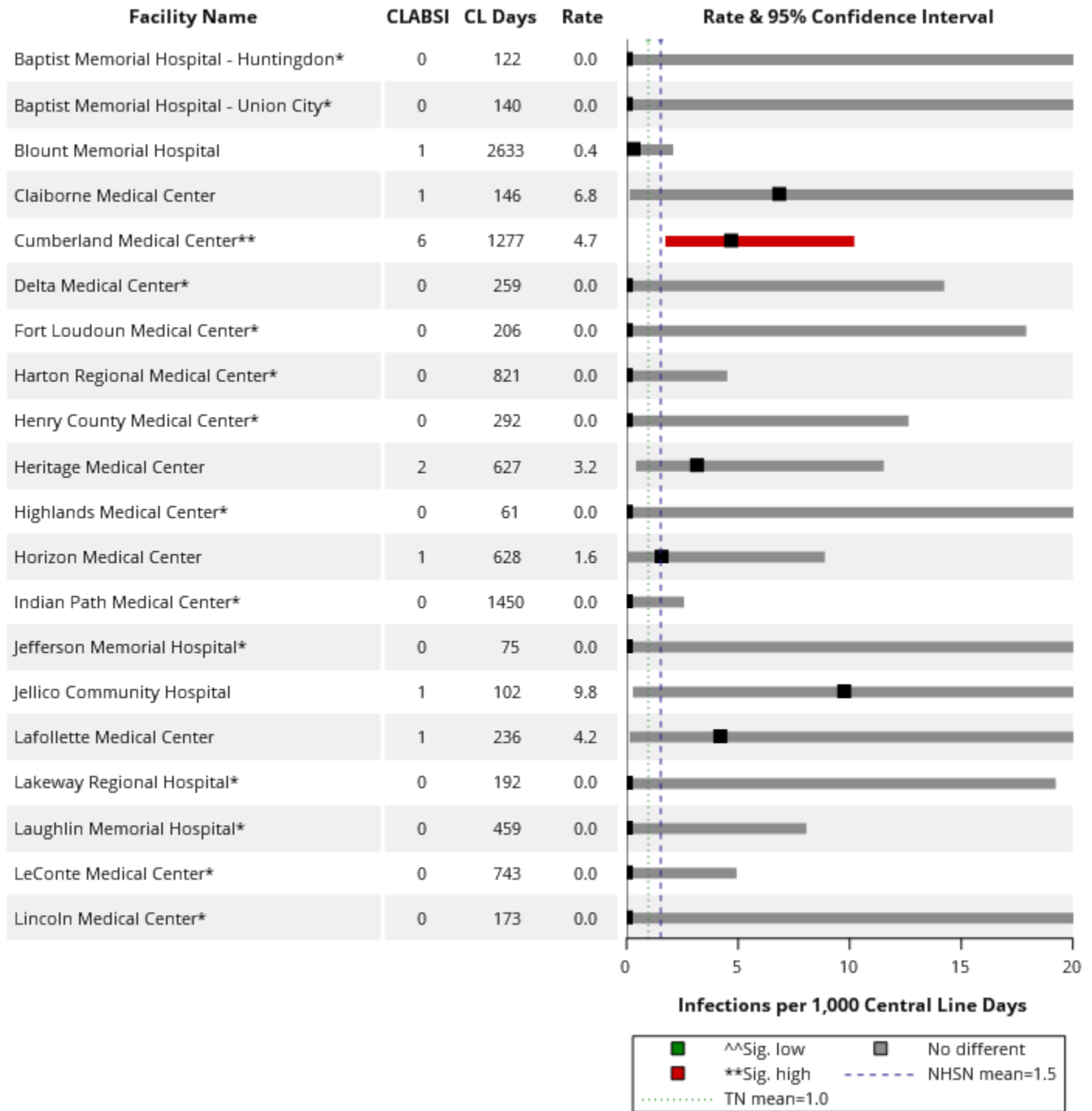
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=2.1; TN pooled mean (01/01/2014 - 12/31/2014)=0.8

Figure 18: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2014 - 12/31/2014, Medical-Surgical Critical Care Non-Major Teaching & <15 beds



Data Reported as of September 9, 2015

CLD = central line days

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

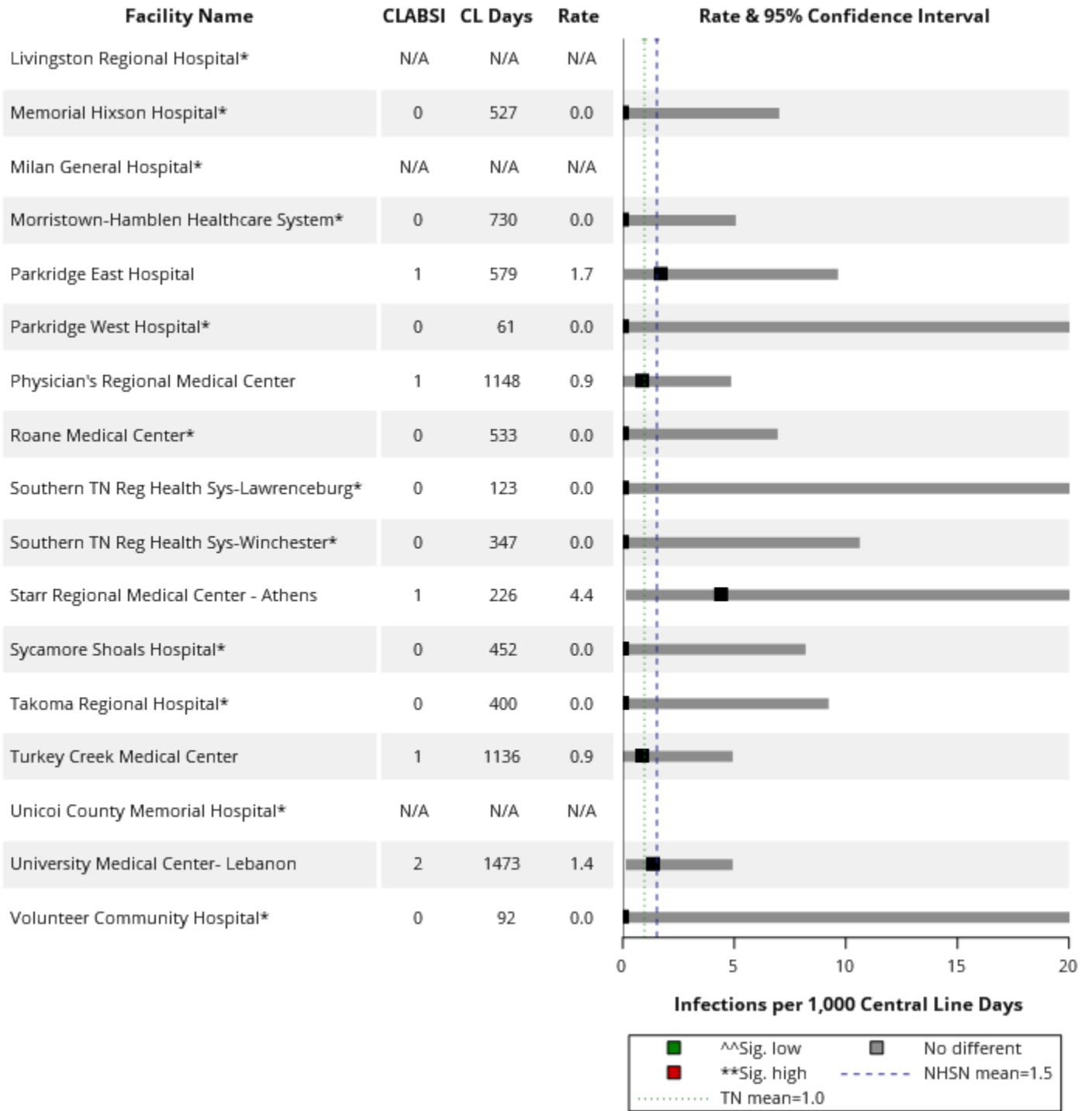
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=1.5; TN pooled mean (01/01/2014 - 12/31/2014)=1.0

Figure 18 (cont'd)



Data Reported as of September 9, 2015

CLD = central line days

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

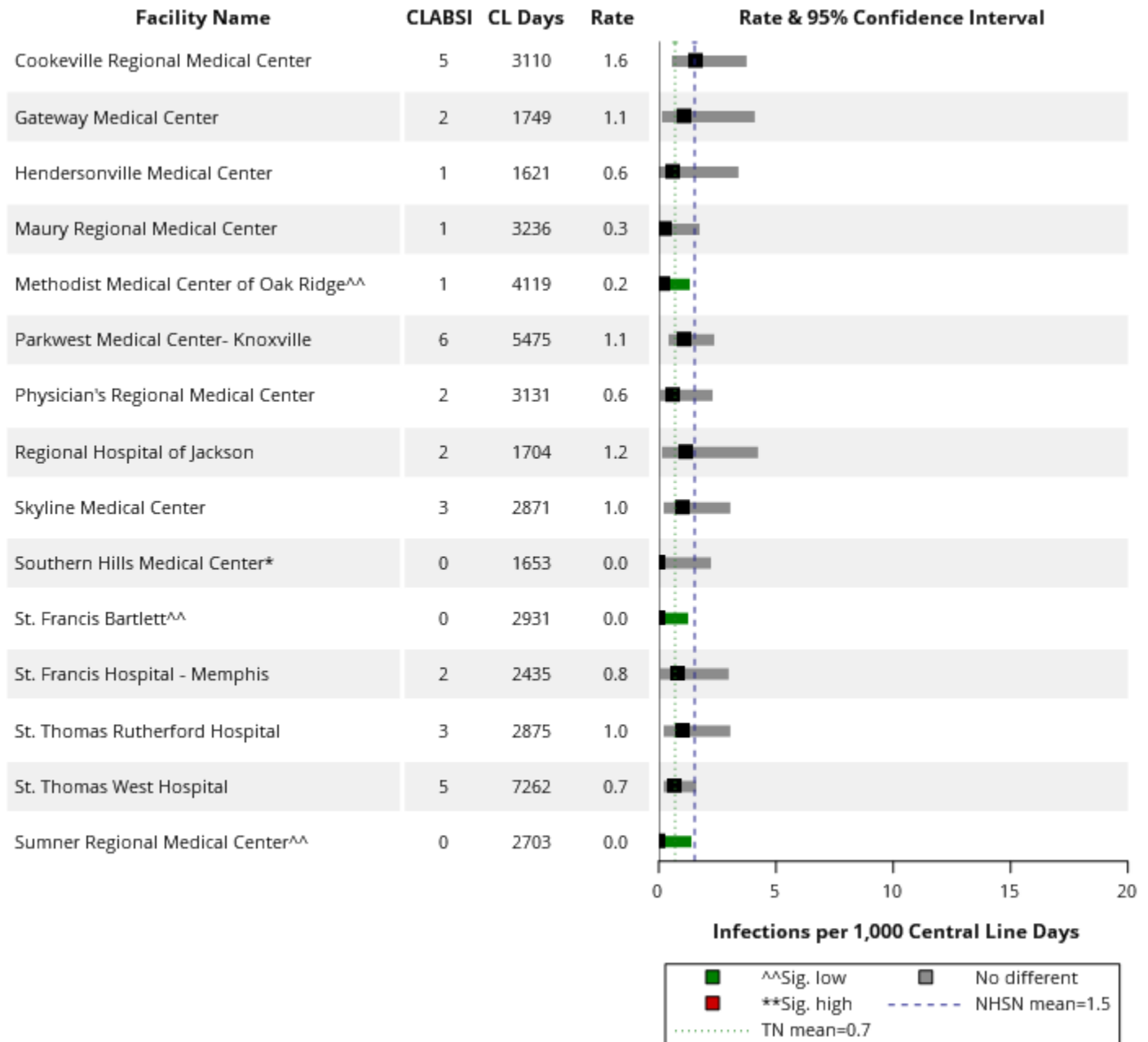
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=1.5; TN pooled mean (01/01/2014 - 12/31/2014)=1.0

Figure 19: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2014 - 12/31/2014, Medical-Surgical Critical Care Non-Major Teaching & >15 beds



Data Reported as of September 9, 2015

CLD = central line days

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

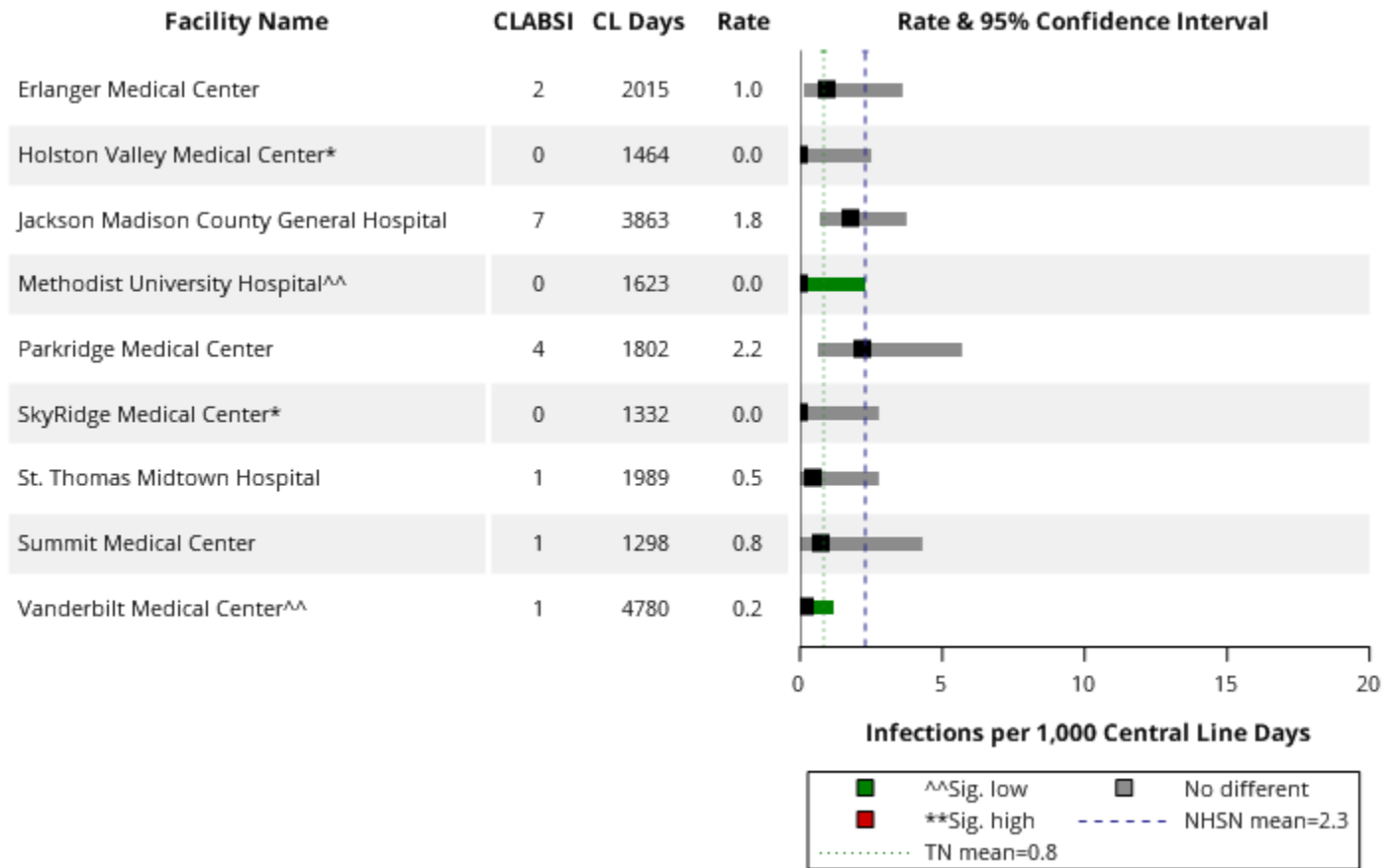
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=1.5; TN pooled mean (01/01/2014 - 12/31/2014)=0.7

Figure 20: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2014 - 12/31/2014, Surgical Critical Care



Data Reported as of September 9, 2015

CLD = central line days

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

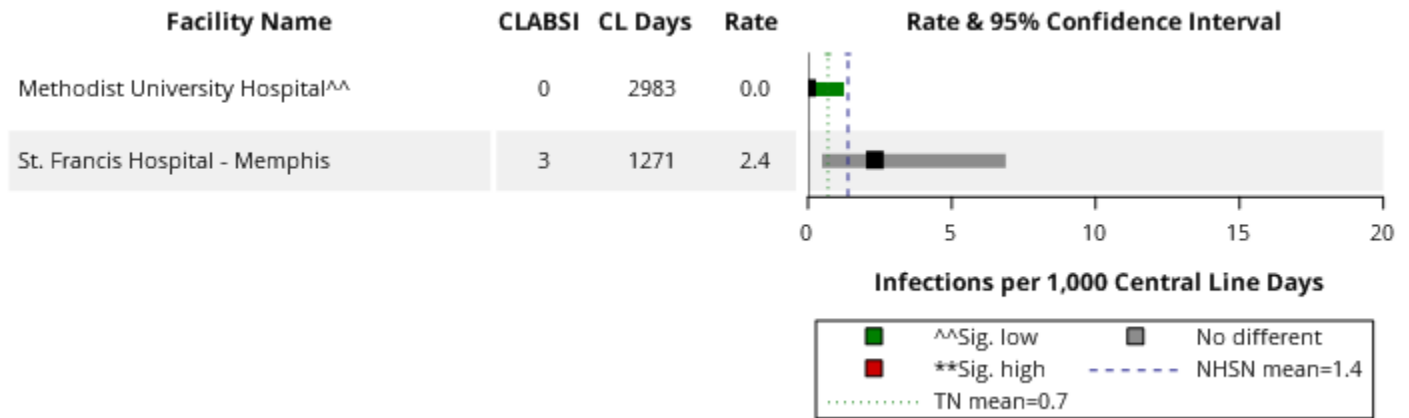
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=2.3; TN pooled mean (01/01/2014 - 12/31/2014)=0.8

Figure 21: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2014 - 12/31/2014, Neurologic Critical Care



Data Reported as of September 9, 2015

CLD = central line days

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

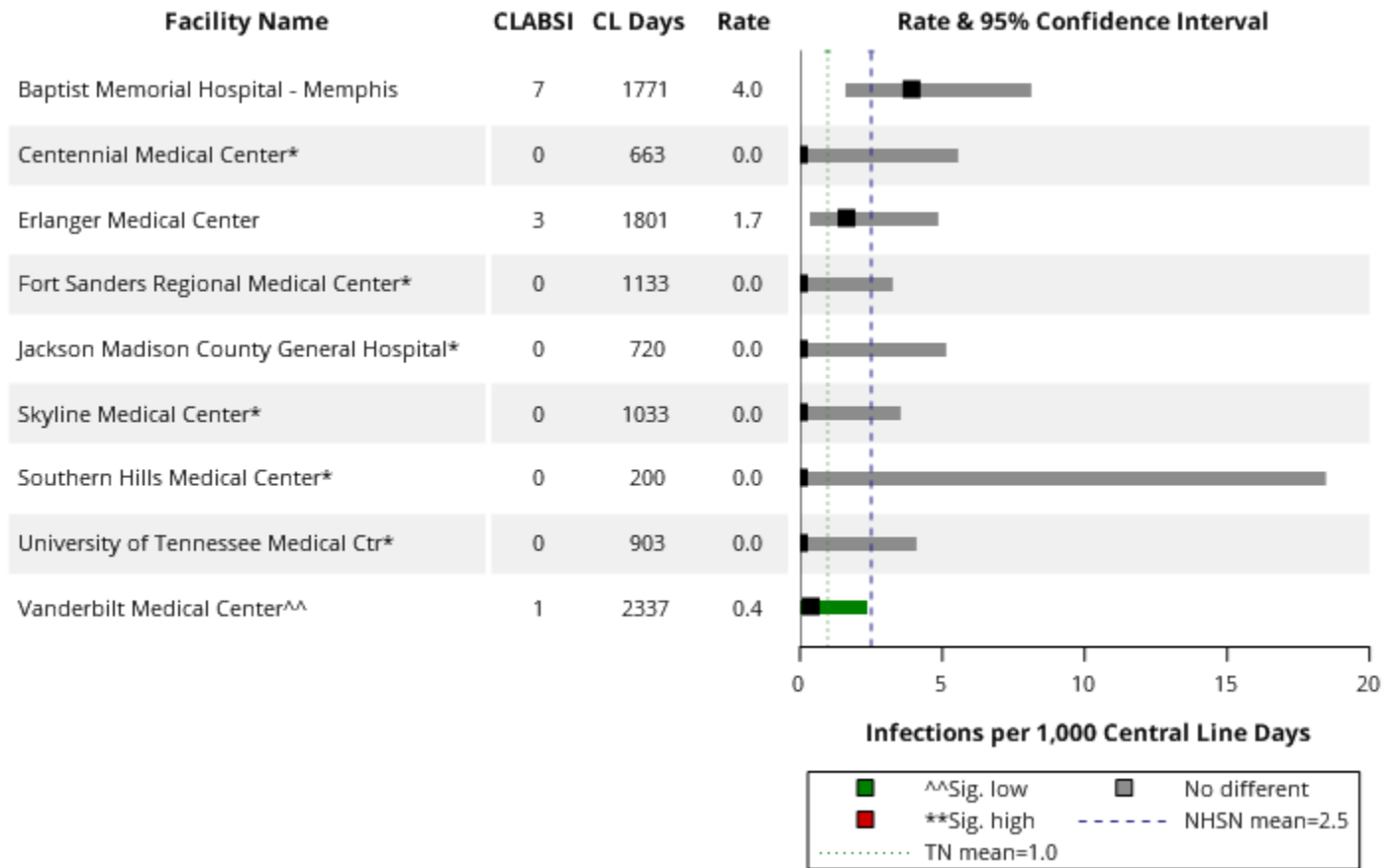
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=1.4; TN pooled mean (01/01/2014 - 12/31/2014)=0.7

Figure 22: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2014 - 12/31/2014, Neurosurgical Critical Care



Data Reported as of September 9, 2015

CLD = central line days

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

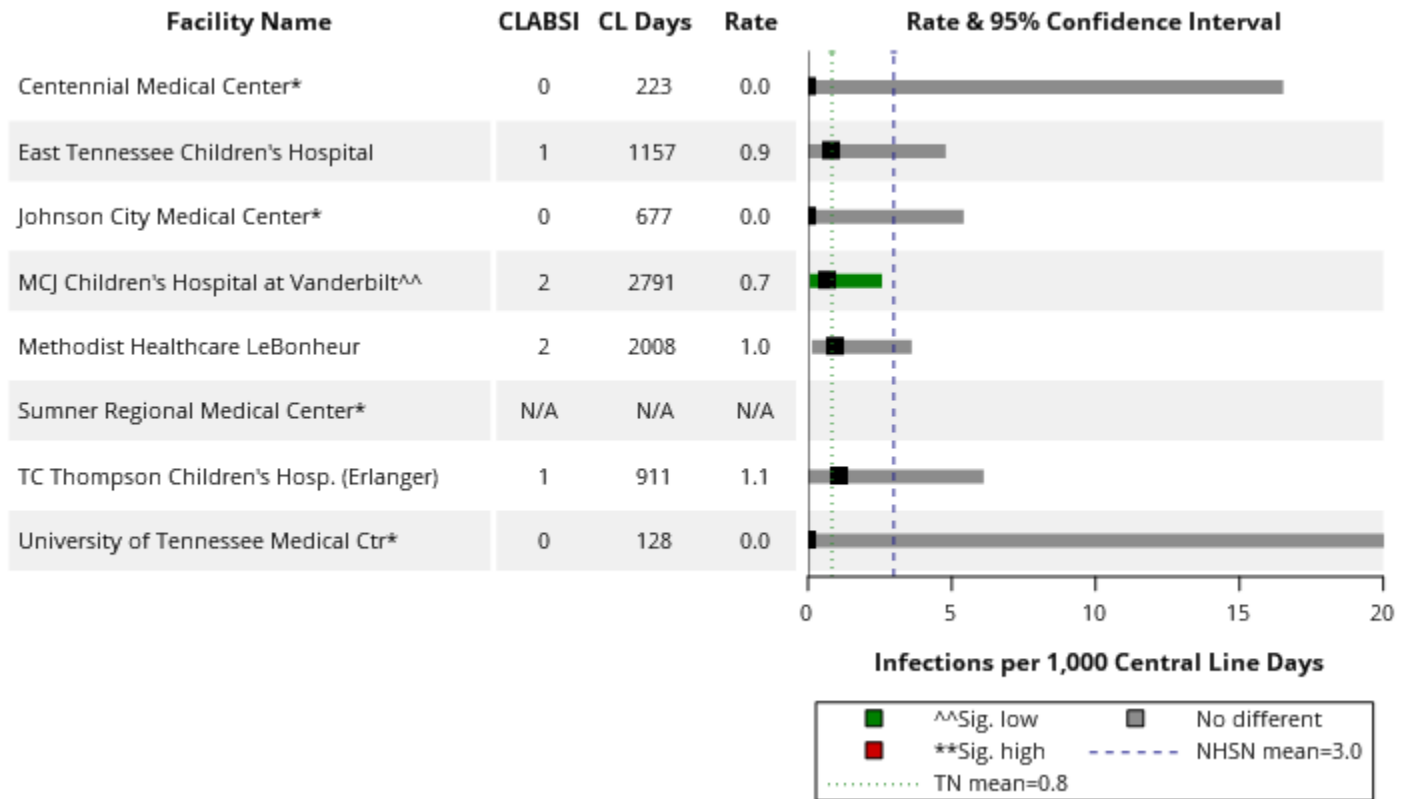
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=2.5; TN pooled mean (01/01/2014 - 12/31/2014)=1.0

Figure 23: Central Line-Associated Blood Stream Infection (CLABSI) Rates per 1,000 Central Line Days in Tennessee, 01/01/2014 - 12/31/2014, Pediatric Medical-Surgical Critical Care



Data Reported as of September 9, 2015

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 (01/01/2014 - 12/31/2014)=0.8

CLABSI

Neonatal Critical Care Units

CLABSIs in Neonatal ICUs

Total number of neonatal ICUs (NICUs) reporting from January-December 2014: 24

CLABSI SIRs by Quarter (Figure 24)

- From July-September 2008 to October-December 2014, the overall CLABSI SIR in Tennessee NICUs decreased dramatically from a high of 1.62 and a low of 0.18. In the last three quarters of 2014, Tennessee NICUs were well below the U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)¹³ 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 2014 was statistically significantly lower than the national SIR of 1 (SIR=0.34; 95% CI: 0.24, 0.47). The overall Tennessee SIR from January-December 2014 was lower than the overall SIRs for 2012–2013.
- From January-December 2014, the median (50th percentile) facility-specific SIR was 0.44, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.44.
- From January-December 2014, the Tennessee CLABSI SIR in level III NICUs was significantly lower than 2006-8 national SIR of 1 (SIR=0.23; 95% CI: 0.13, 0.38). The Tennessee CLABSI SIR in level II/III NICUs was also significantly lower than 1 (SIR=0.53; 95% CI: 0.33, 0.83).

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

- CLABSI rates per 1,000 line-days were highest among babies with birth weight ≤ 750 g in level II/III NICUs (2.5 CLABSI per 1,000 line-days). Rates were lowest among babies with birth weight $> 2,500$ g in level II/III NICUs and level III NICUs (0.0 and 0.1 respectively).
- CLABSI rates per 1,000 line-days in 2014 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 III NICUs, and birth weight $> 2,500$ g in level II/III NICUs.
- CLABSI rates increased from 2013 to 2014 among babies with birth weight 751-1,000 g in level II/III NICUs, and 1,001-1,500 g in level III NICUs.

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

- In 2014, device utilization ratios in level II/III NICUs were higher than national 2006-8 ratios in every birth weight category except 1,501-2,500 g and $> 2,500$ g. In level III NICUs, 2014 device utilization ratios were higher than national 2006-8 ratios in every birth weight category.

¹³ <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

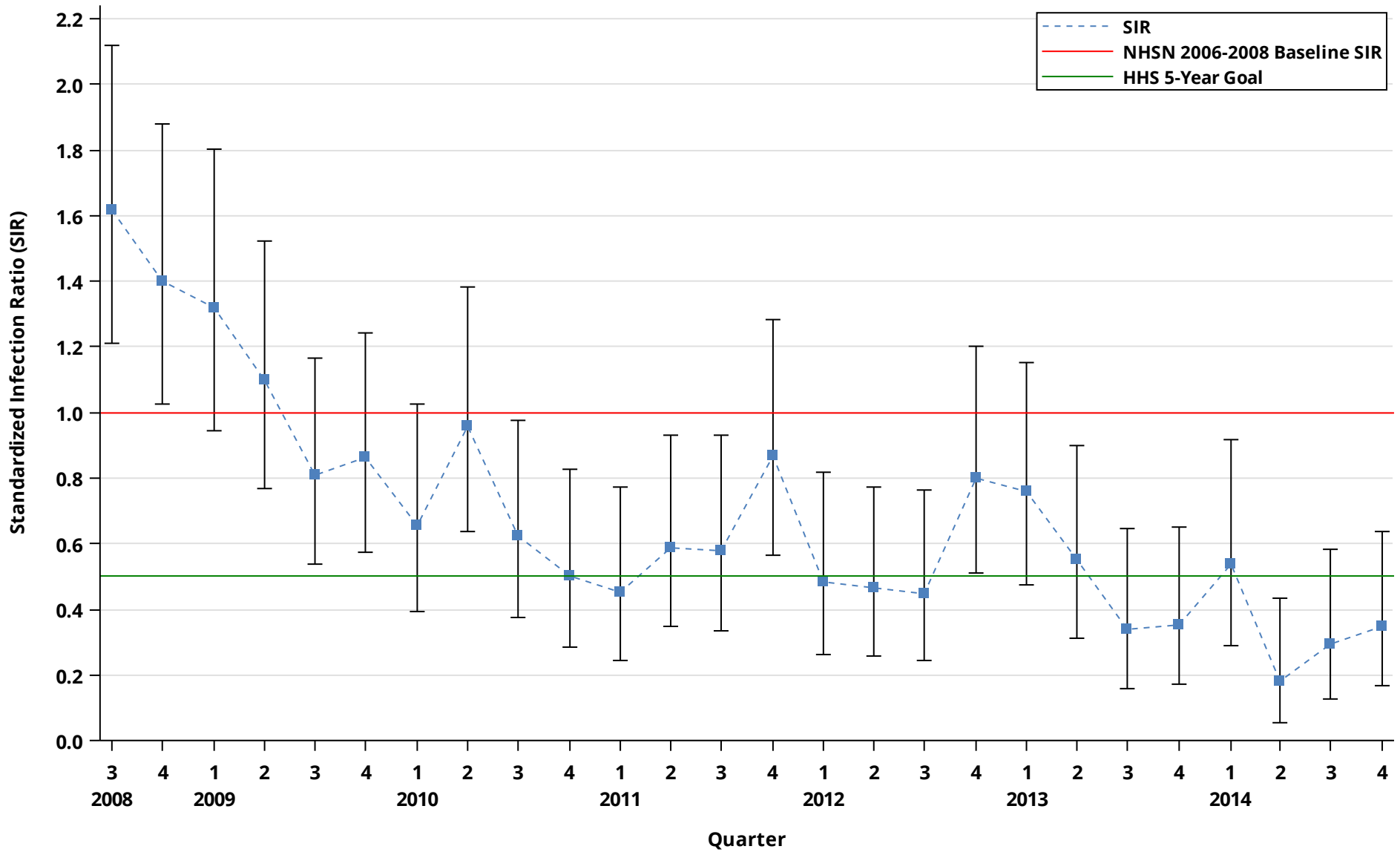
Microorganisms Associated with CLABSIs in Neonatal ICUs (Figure 29)

- Among the 34 pathogens isolated from 32 NICU CLABSIs in 2014, the most common pathogens were *Staphylococcus aureus* (32%), coagulase-negative *Staphylococcus* species (26%), and *Escherichia coli* (15%). 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.
- In 2014, 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 (CLABSIs) for Neonatal Intensive Care Units (NICUs) by Quarter, Tennessee, 07/01/2008–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 9, 2015

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, 01/01/2012 - 12/31/2014

| | | | | | | | | | 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 | 2014 | 24 | 42,035 | 32 | 94.23 | 0.34 | 0.24 | 0.47 | 13 | 5 | 38% | 0 | 0% | 0.00 | 0.10 | 0.44 | 0.57 | 0.81 | |
| | 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 | |

Data reported as of September 9, 2015

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, 01/01/2012 - 12/31/2014

| 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 | 2014 | 18 | 15,593 | 18 | 33.71 | 0.53 | 0.33 | 0.83 | 7 | 0.00 | 0.00 | 0.52 | 0.81 | 1.27 |
| | 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 |
| Neonatal ICU, Level III | 2014 | 6 | 26,442 | 14 | 60.52 | 0.23 | 0.13 | 0.38 | 6 | 0.00 | 0.10 | 0.17 | 0.51 | 0.65 |
| | 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 |

Data reported as of September 9, 2015

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), 01/01/2014 - 12/31/2014

| ICU TYPE | Birth Weight Category | TENNESSEE 01/01/2014 - 12/31/2014 | | | | | NHSN 2006-2008 | | | SIR AND 95% CONFIDENCE INTERVAL | | |
|----------------------------|-----------------------|-----------------------------------|--------|---------|--------------|--------------|----------------|---------|--------------|---------------------------------|-------------|-------------|
| | | 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 | 7 | 2,781 | 2.5 | 1.5 | 329 | 77,283 | 4.3 | 0.59 | 0.26 | 1.17 |
| | 751-1000 grams | 18 | 4 | 2,399 | 1.7 | 0.0 | 199 | 65,801 | 3.0 | 0.55 | 0.18 | 1.33 |
| | 1001-1500 grams | 18 | 5 | 3,625 | 1.4 | 0.0 | 145 | 78,352 | 1.9 | 0.75 | 0.27 | 1.65 |
| | 1501-2500 grams | 18 | 2 | 3,603 | 0.6 | 0.0 | 82 | 62,268 | 1.3 | 0.42 | 0.07 | 1.39 |
| | >2500 grams | 18 | 0 | 3,185 | 0.0 | 0.0 | 65 | 65,559 | 1.0 | 0.00 | N/A | 0.95 |
| | TOTAL | | | | | | | | | 0.53 | 0.33 | 0.83 |
| Neonatal ICU, Level III | ≤750 grams | 6 | 6 | 5,215 | 1.2 | 0.9 | 559 | 155,220 | 3.6 | 0.32 | 0.13 | 0.66 |
| | 751-1000 grams | 6 | 3 | 4,791 | 0.6 | 0.0 | 413 | 140,785 | 2.9 | 0.21 | 0.05 | 0.58 |
| | 1001-1500 grams | 6 | 3 | 4,455 | 0.7 | 0.0 | 306 | 147,305 | 2.1 | 0.32 | 0.08 | 0.88 |
| | 1501-2500 grams | 6 | 1 | 5,212 | 0.2 | 0.0 | 223 | 122,883 | 1.8 | 0.11 | 0.01 | 0.52 |
| | >2500 grams | 6 | 1 | 6,769 | 0.1 | 0.0 | 170 | 128,245 | 1.3 | 0.11 | 0.01 | 0.55 |
| | TOTAL | | | | | | | | | 0.23 | 0.13 | 0.38 |
| TOTAL | | | | | | | | | 0.34 | 0.24 | 0.47 | |

Data reported as of September 9, 2015

No. = number of facilities

CL Days = central line days

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

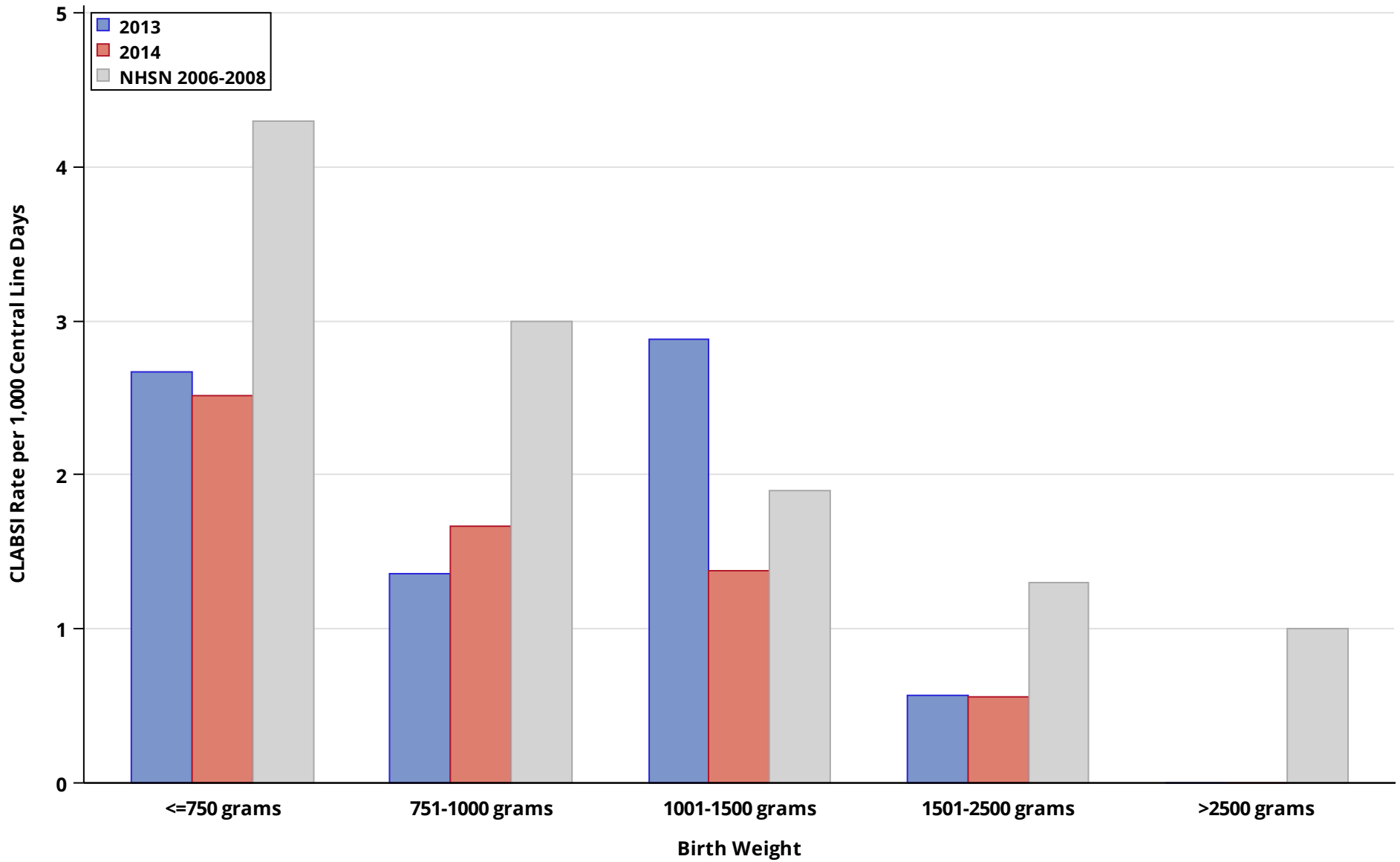
N/A = not available

*per 1000 central line days

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

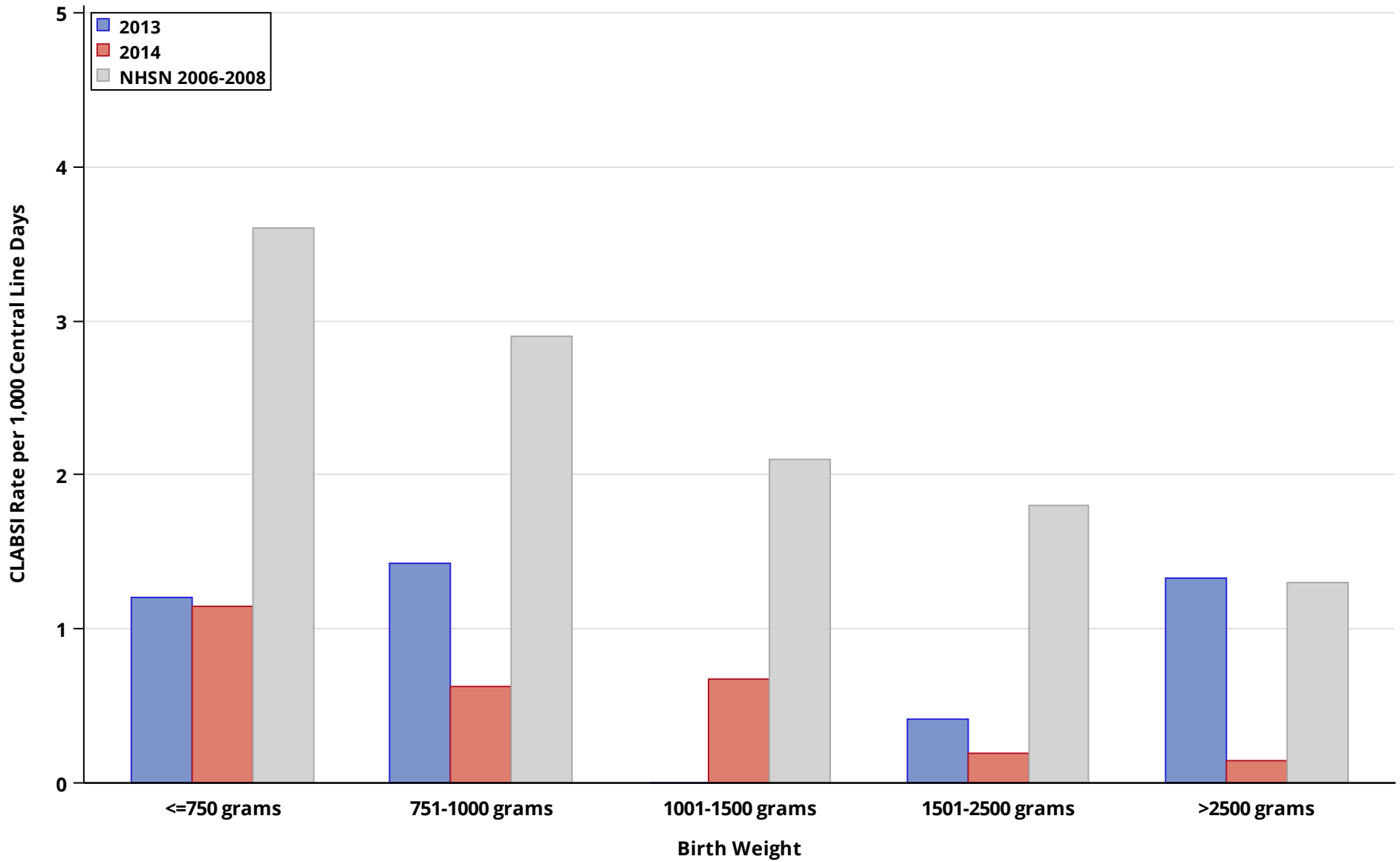
Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

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, 2013 and 2014, vs. National Healthcare Safety Network (NHSN), 2006-8



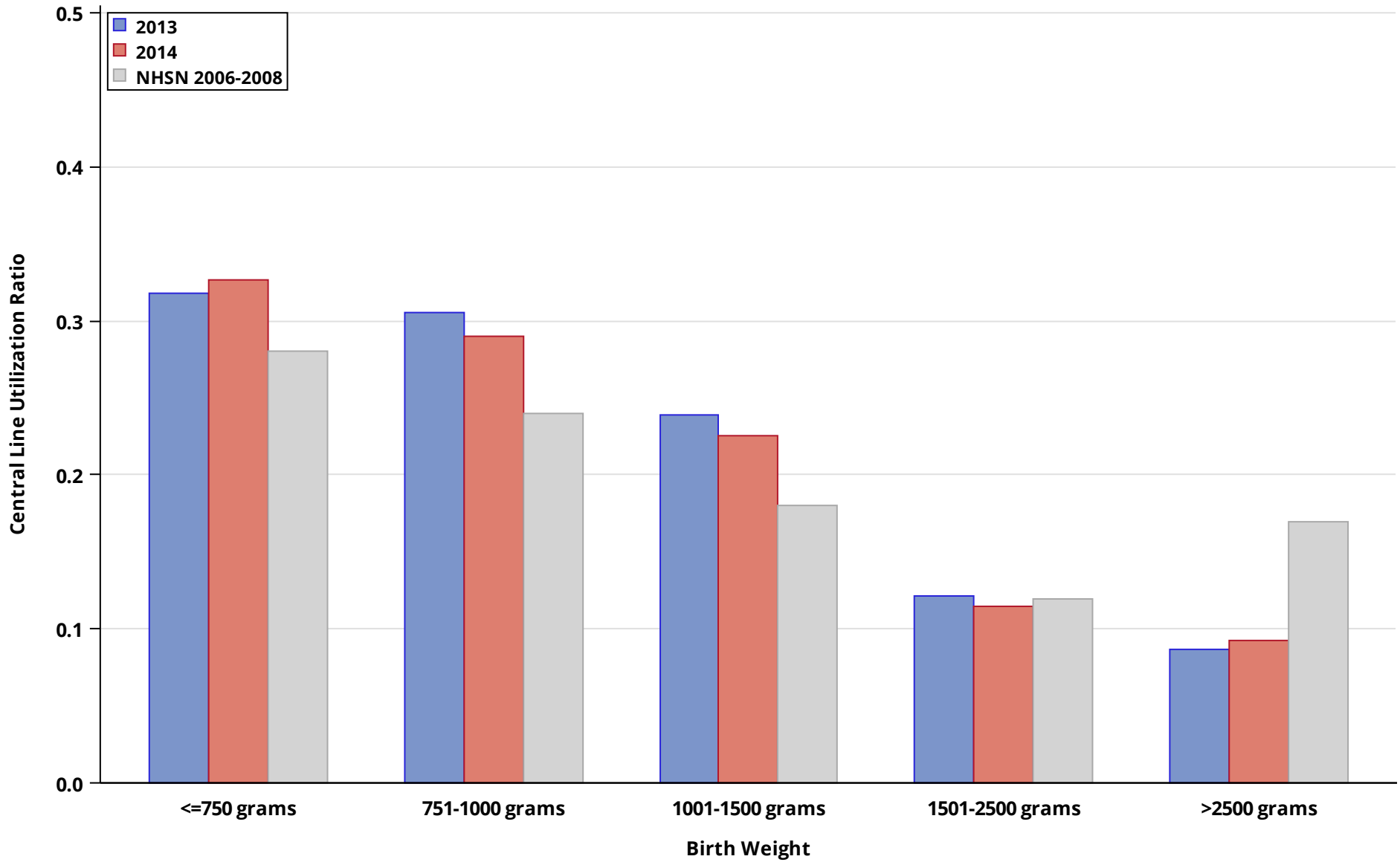
Data Reported as of September 9, 2015

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, 2013 and 2014, vs. National Healthcare Safety Network (NHSN), 2006-8



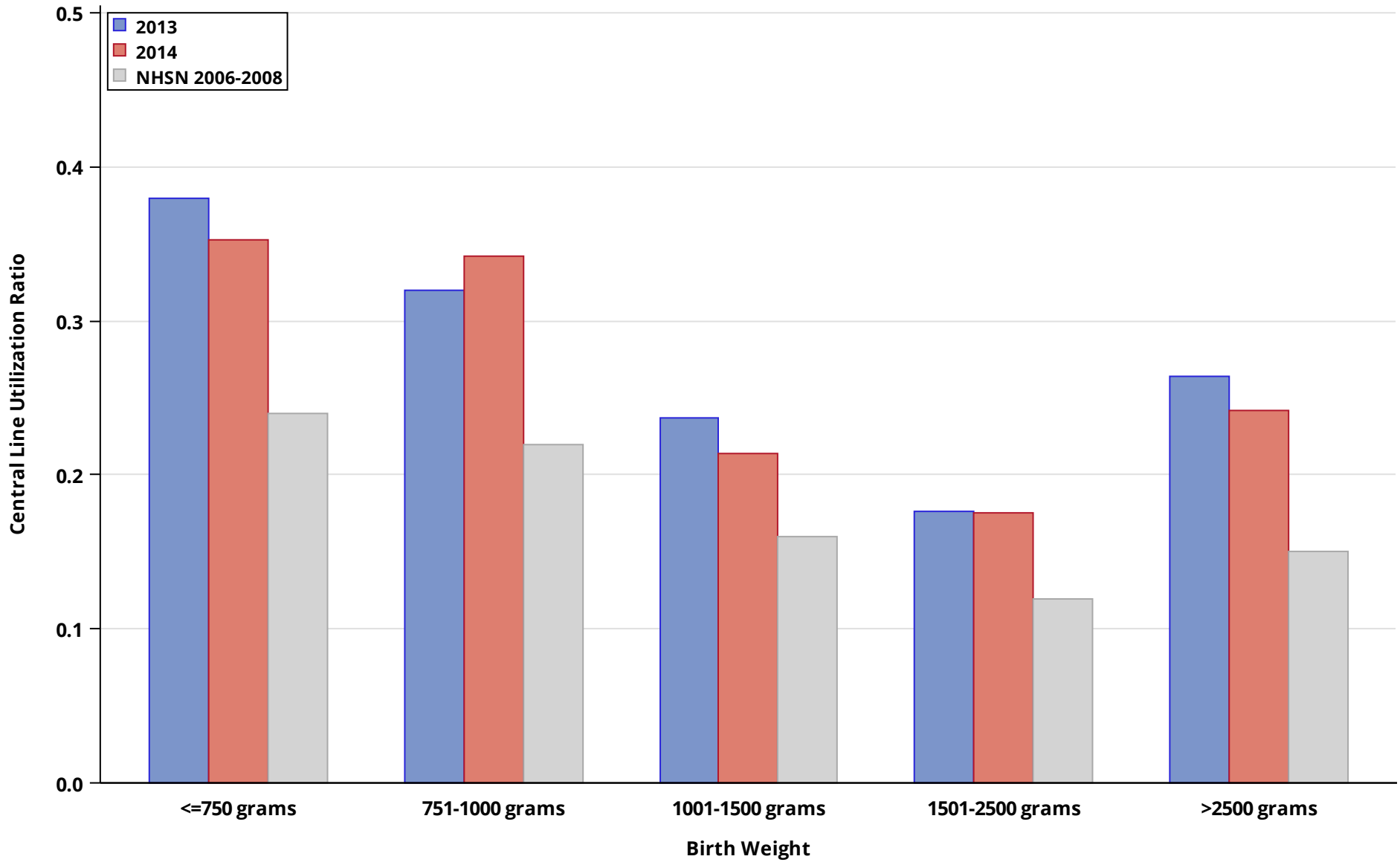
Data Reported as of September 9, 2015

Figure 27: Central Line Utilization Ratios in Level II/III Neonatal Intensive Care Units by Birth Weight Category, Tennessee, 2013 and 2014, vs. National Healthcare Safety Network (NHSN), 2006-8



Data Reported as of September 9, 2015

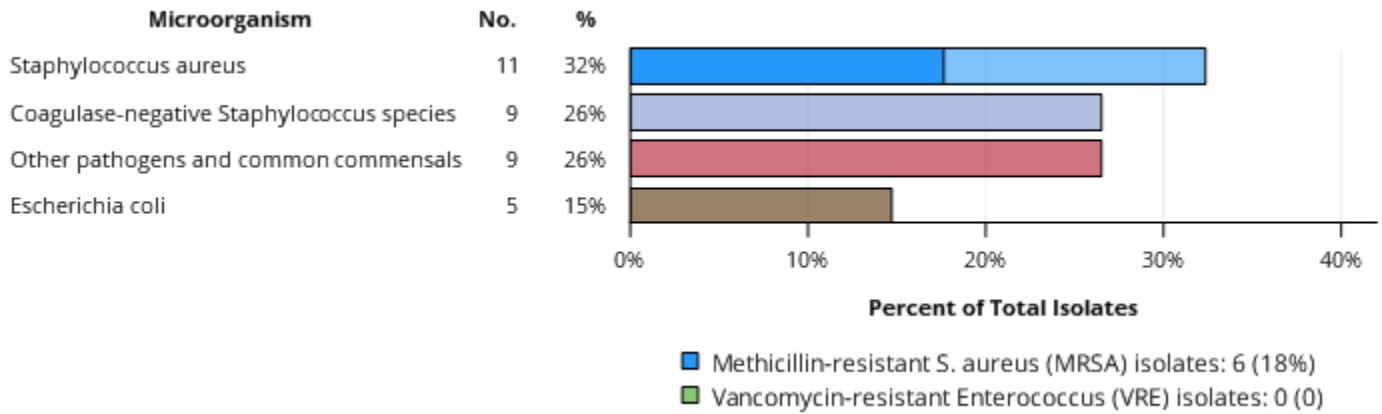
Figure 28: Central Line Utilization Ratios in Level III Neonatal Intensive Care Units by Birth Weight Category, Tennessee, 2013 and 2014, vs. National Healthcare Safety Network (NHSN), 2006-8



Data Reported as of September 9, 2015

Figure 29: Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSIs) in Neonatal Intensive Care Units, Tennessee, 01/01/2014 - 12/31/2014

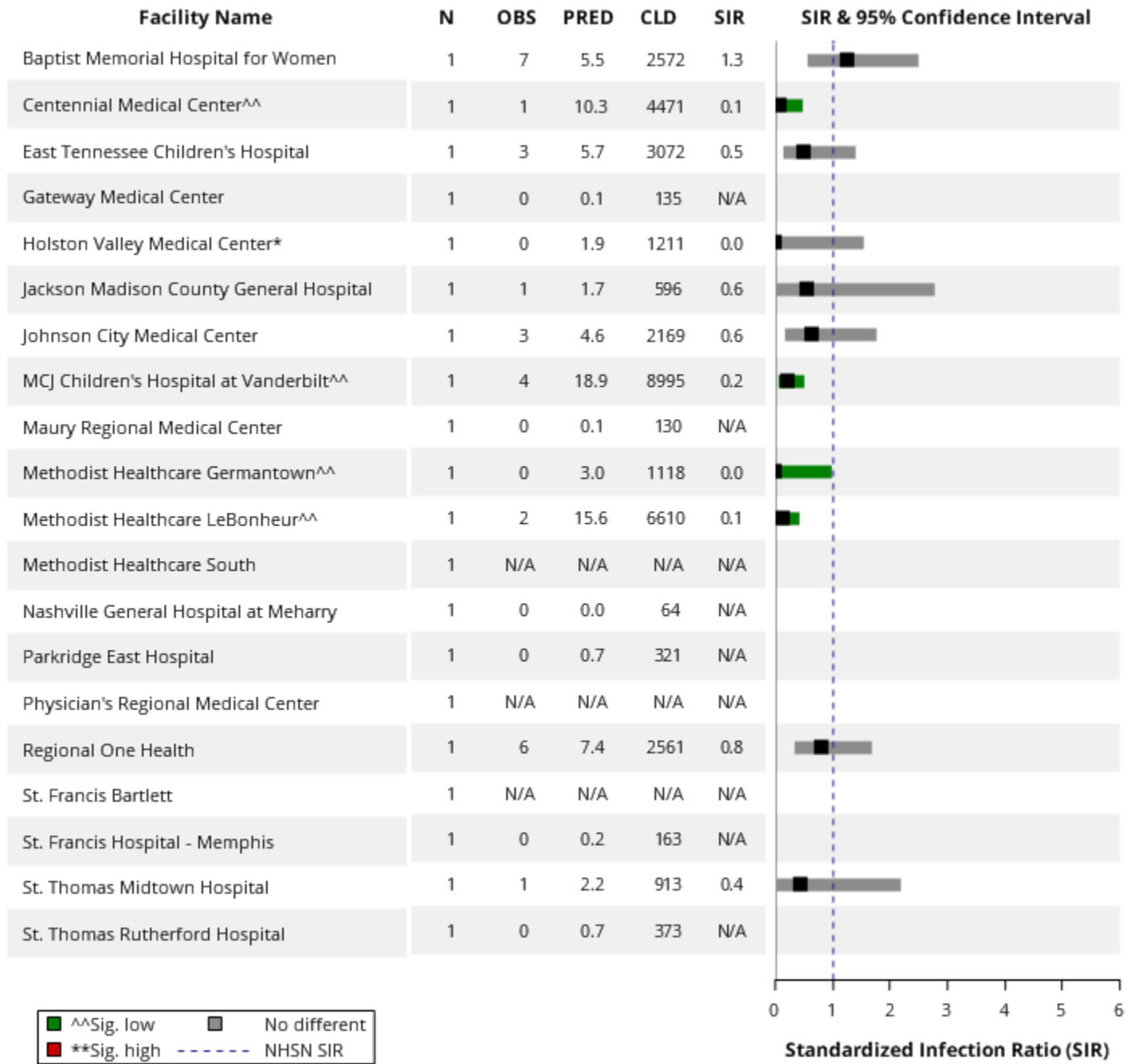
Number of isolates=34; Number of events=32



Data reported as of September 9, 2015

Other pathogens = *Candida* spp., *Enterococcus* spp., *Klebsiella* spp., *Pantoea* spp., *Stenotrophomonas* spp., and *Streptococcus* spp.

Figure 30: CLABSI Standardized Infection Ratio (SIR) for Neonatal Intensive Care Units in Acute Care Facilities, Tennessee, 01/01/2014 – 12/31/2014



Data Reported as of September 9, 2015

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

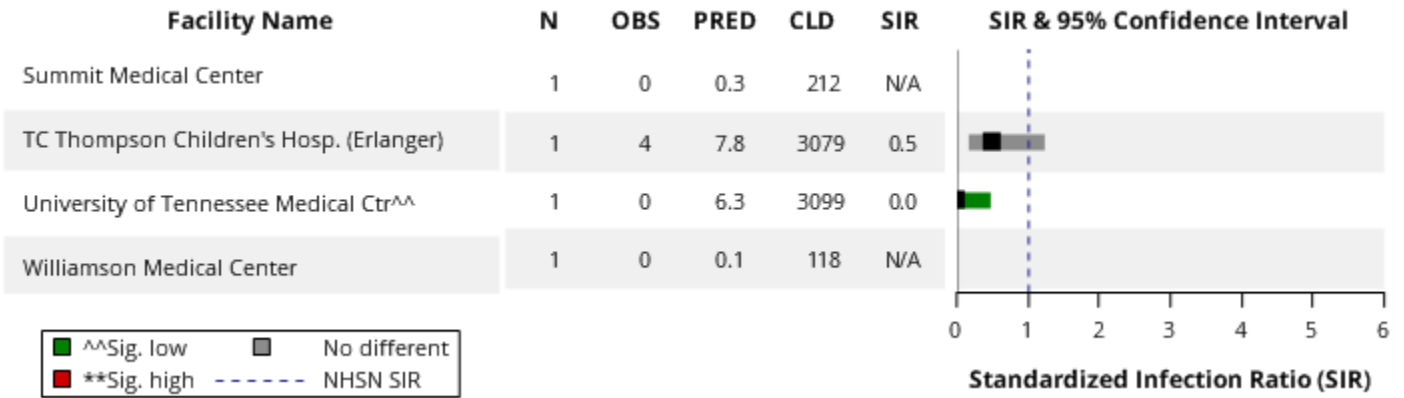
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

** 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 9, 2015

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

Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards

CLABSIs in Adult/Pediatric Medical, Surgical, and Medical/Surgical Wards

Total number of hospitals reporting from January-December 2014: 107

SIRs by Quarter (Figure 31)

- From April-June 2014 to October-December 2014, the overall CLABSI SIR in Tennessee decreased slightly from 0.52 to 0.39. The U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)¹⁴ gives a five-year (2013) prevention target of SIR = 0.50.

Key Percentiles for Tennessee SIRs (Figure 32, Tables 11-12)

- The overall CLABSI SIR across all reporting adult and pediatric medical, surgical, and medical/surgical wards in Tennessee from January-December 2014 was statistically significantly lower than the national SIR of 1 (SIR=0.45; 95% CI: 0.38, 0.53). This SIR indicates that the number of CLABSIs in ICUs was 55% lower than predicted, compared to national 2006-8 NHSN data.
- In 2014, the median (50th percentile) facility-specific SIR was 0.46, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.46.
- In 2014, Tennessee CLABSI SIRs were significantly lower than the 2006-8 baseline SIR in adult and pediatric medical, surgical, and medical/surgical wards.

Rates by Unit Type (Table 13)

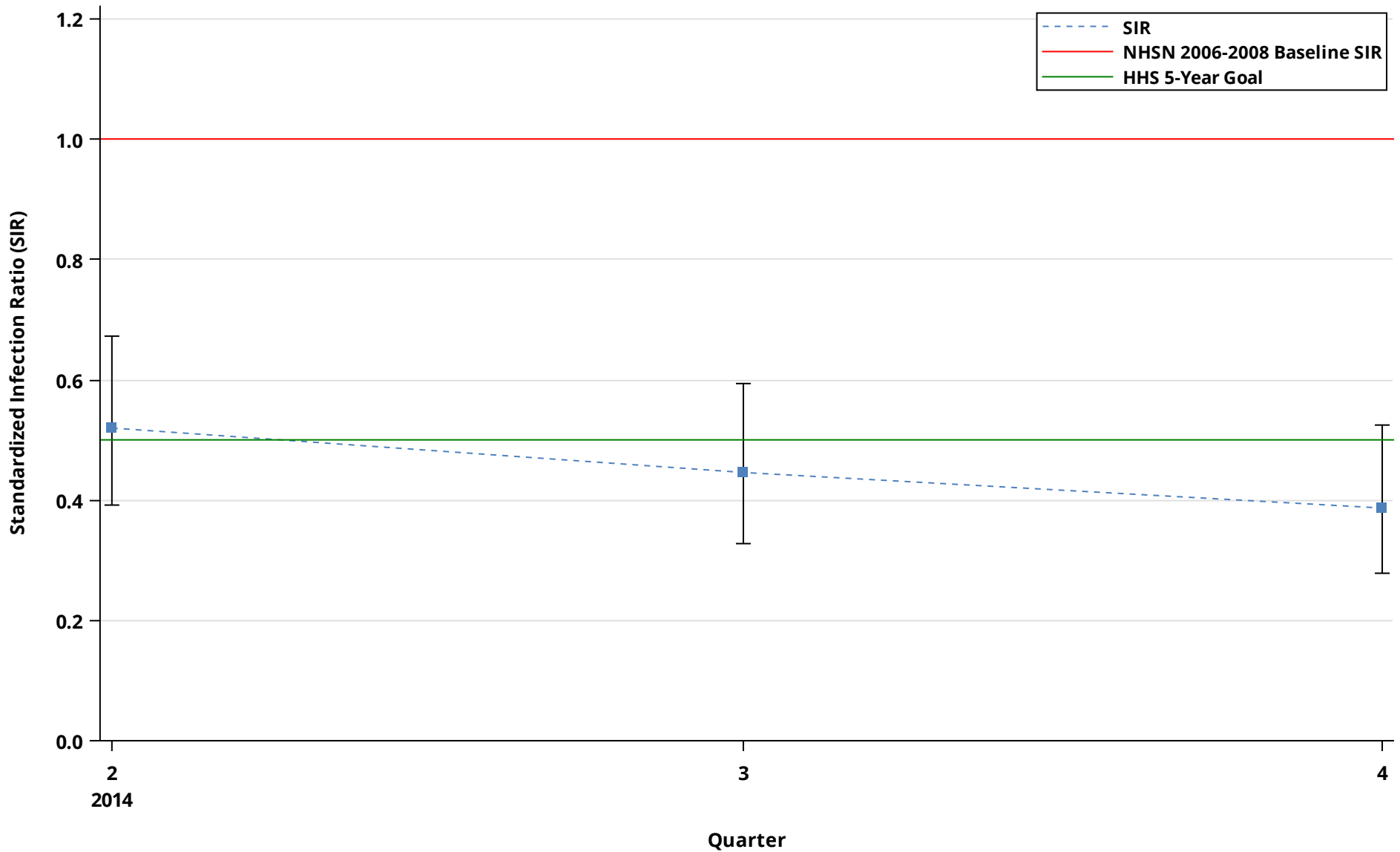
- In 2014, CLABSI rates were highest among medical and pediatric medical/surgical wards (0.7 CLABSI per 1,000 central line days) and lowest among pediatric medical wards (0.4 CLABSI per 1,000 central line days).

Microorganisms Associated with CLABSIs in Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards (Figure 33)

- Among the 151 pathogens isolated from 135 CLABSIs in 2014, the most common pathogens were coagulase-negative *Staphylococcus* species (19%), *Staphylococcus aureus* species (16%), and *Candida* species and other yeasts (15%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 11% and vancomycin-resistant *Enterococcus* (VRE) for 2% of total positive isolates.

¹⁴ <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

Figure 31: Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSIs) for Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards by Quarter, Tennessee, 04/01/2014-12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 9, 2015

Table 11: Key Percentiles for Facility-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) in Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards by Reporting Year, Tennessee, 04/01/2014 - 12/31/2014

| | | | | | | | | | 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 | 2014 | 107 | 212,326 | 135 | 298.71 | 0.45 | 0.38 | 0.53 | 53 | 11 | 21% | 0 | 0% | 0.00 | 0.00 | 0.46 | 0.85 | 1.24 |

Data reported as of September 9, 2015

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: Key Percentiles for Unit-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) by Type of Ward and Reporting Year, Tennessee, 04/01/2014 - 12/31/2014

| 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 Ward | 2014 | 46 | 61,306 | 41 | 92.99 | 0.44 | 0.32 | 0.59 | 29 | 0.00 | 0.00 | 0.21 | 0.81 | 1.51 |
| Medical/Surgical Ward | 2014 | 88 | 102,108 | 64 | 121.07 | 0.53 | 0.41 | 0.67 | 37 | 0.00 | 0.00 | 0.64 | 1.00 | 1.55 |
| Pediatric Medical Ward | 2014 | 6 | 7,360 | 3 | 12.95 | 0.23 | 0.06 | 0.63 | 3 | N/A | N/A | N/A | N/A | N/A |
| Pediatric Medical/Surgical Ward | 2014 | 9 | 7,260 | 5 | 22.73 | 0.22 | 0.08 | 0.49 | 4 | N/A | N/A | N/A | N/A | N/A |
| Surgical Ward | 2014 | 31 | 34,292 | 22 | 48.98 | 0.45 | 0.29 | 0.67 | 12 | 0.00 | 0.00 | 0.34 | 0.81 | 1.02 |

Data reported as of September 9, 2015

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 13: Comparison of Tennessee and National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Rates and Standardized Infection Ratios (SIRs) by Type of Ward, 04/01/2014 - 12/31/2014

| ICU TYPE | TENNESSEE 01/01/2014 - 12/31/2014 | | | | | 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 |
| Medical Ward | 46 | 41 | 61,306 | 0.7 | 0.0 | 422 | 278,221 | 1.5 | 0.7 | 0.44 | 0.32 | 0.59 |
| Medical/Surgical Ward | 88 | 64 | 102,108 | 0.6 | 0.0 | 733 | 618,196 | 1.2 | 0.0 | 0.53 | 0.41 | 0.67 |
| Pediatric Medical/Surgical Ward | 9 | 5 | 7,260 | 0.7 | 0.0 | 102 | 32,581 | 3.1 | 0.0 | 0.22 | 0.08 | 0.49 |
| Pediatric Medical Ward | 6 | 3 | 7,360 | 0.4 | 0.0 | 18 | 10,232 | 1.8 | N/A | 0.23 | 0.06 | 0.63 |
| Surgical Ward | 31 | 22 | 34,292 | 0.6 | 0.0 | 189 | 132,336 | 1.4 | 0.6 | 0.45 | 0.29 | 0.67 |
| TOTAL | | | | | | | | | | 0.45 | 0.38 | 0.53 |

Data reported as of September 9, 2015

No. = number of facilities

CL Days = central line days

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

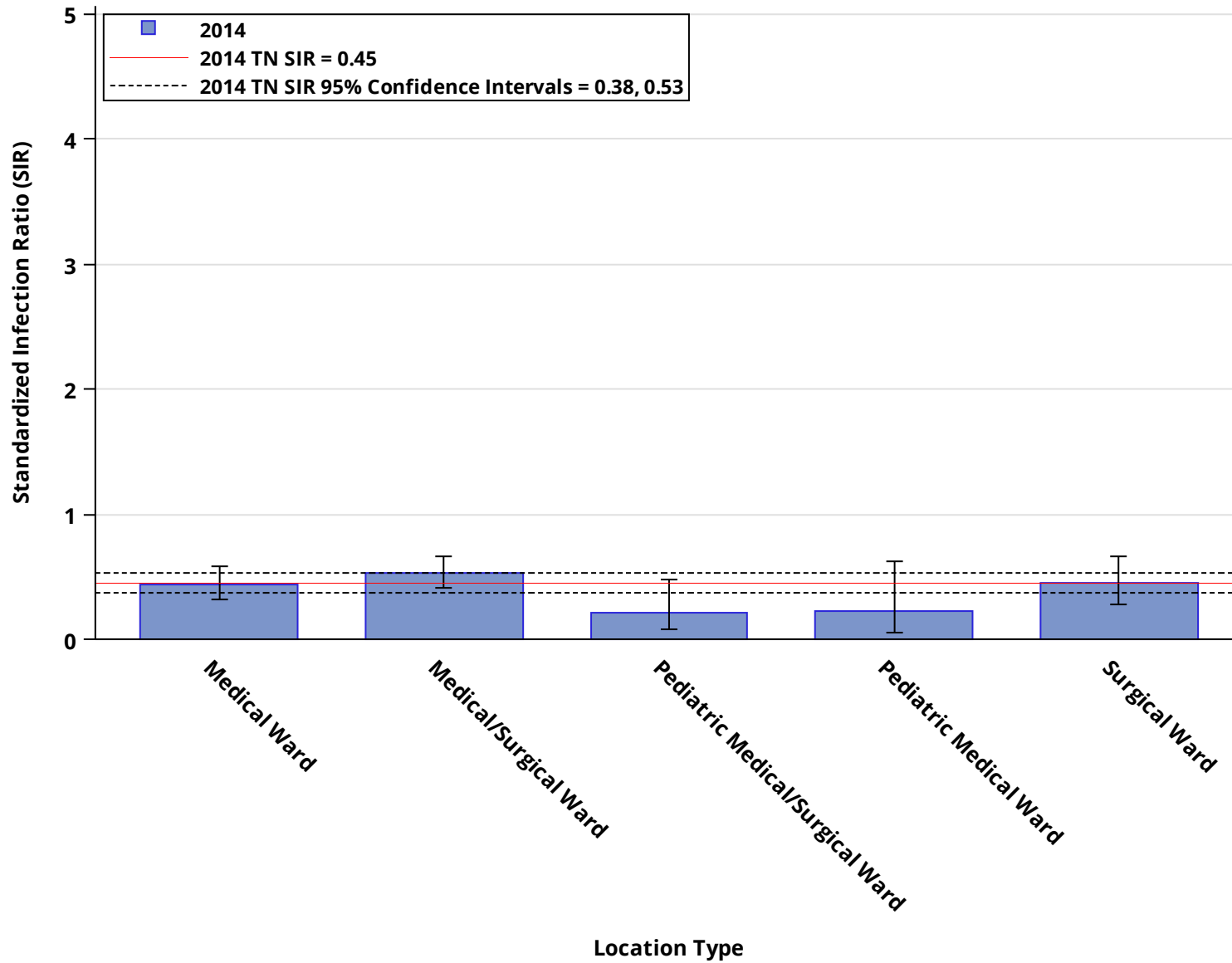
N/A = not available

*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

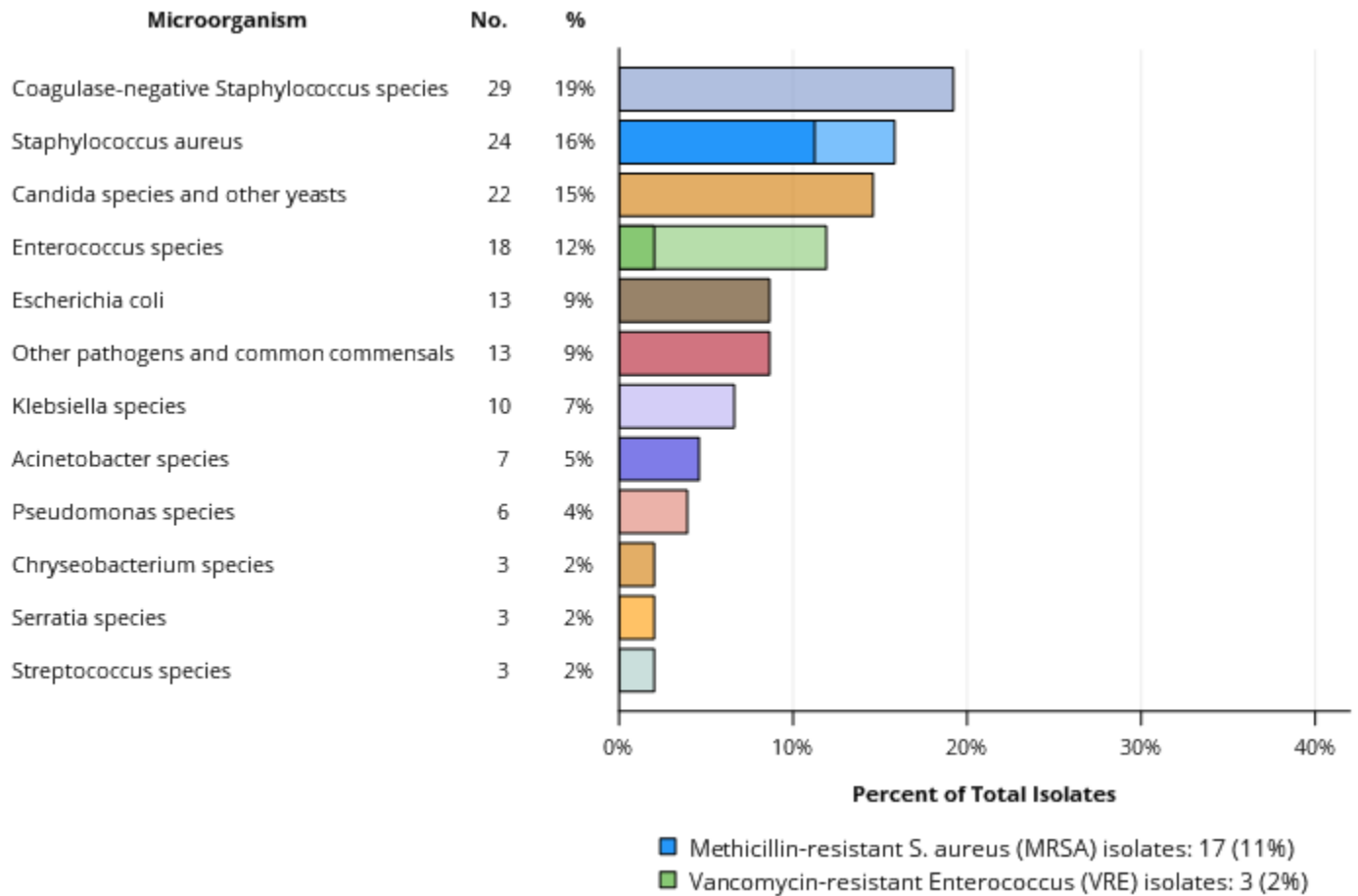
Figure 32: Standardized Infection Ratios (SIRs) for Central Line-Associated Bloodstream Infections (CLABSI) by Ward Location Type, Tennessee, 2013 and 2014 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 9, 2015

Figure 33: Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSIs) in Adult and Pediatric Wards, Tennessee, 01/01/2014 - 12/31/2014

Number of isolates=151; Number of events=135



Data reported as of September 9, 2015

Other common commensals = *Corynebacterium* spp.

Other pathogens = *Achromobacter* spp., *Bacteroides* spp., *Citrobacter* spp., *Corynebacterium* spp., *Empedobacter* spp., *Enterobacter* spp., *Eubacterium* spp., Other *Staphylococcus* spp., *Proteus* spp., *Rothia* spp., and *Stenotrophomonas* spp.

CLABSI

Long-term Acute Care Hospitals

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

Total number of facilities reporting from January-December 2014: 10

SIRs by Quarter (Figure 34)

- From January-March to October-December 2014, the overall CLABSI SIR for Tennessee LTACs fluctuated from a high of 1.75 and a low of 0.77 compared to the national NHSN baseline data from 2013.

Unadjusted Rates (Figure 35, Table 15)

- From July-September 2010 to October-December 2014, the overall unadjusted CLABSI rate per 1,000 line-days for Tennessee LTACs fluctuated from a high of 2.2 and a low of 0.71.
- The overall CLABSI rate per 1,000 line-days for Tennessee LTACs in 2014 was lower than the overall CLABSI rate for LTACs in 2013 (1.19 vs. 1.28 CLABSI per 1,000 line-days).

Key Percentiles for Tennessee SIRs (Table 14)

- The overall CLABSI SIR across all reporting LTACs in Tennessee from January-December 2014 was not statistically significantly different from the national SIR of 1 (SIR=1.25; 95% CI: 0.99, 1.55).
- From January-December 2014, the median facility-specific SIR was 1.39, indicating that half of all reporting Tennessee LTACs with at least 1 predicted infection had a SIR at or above 1.39.

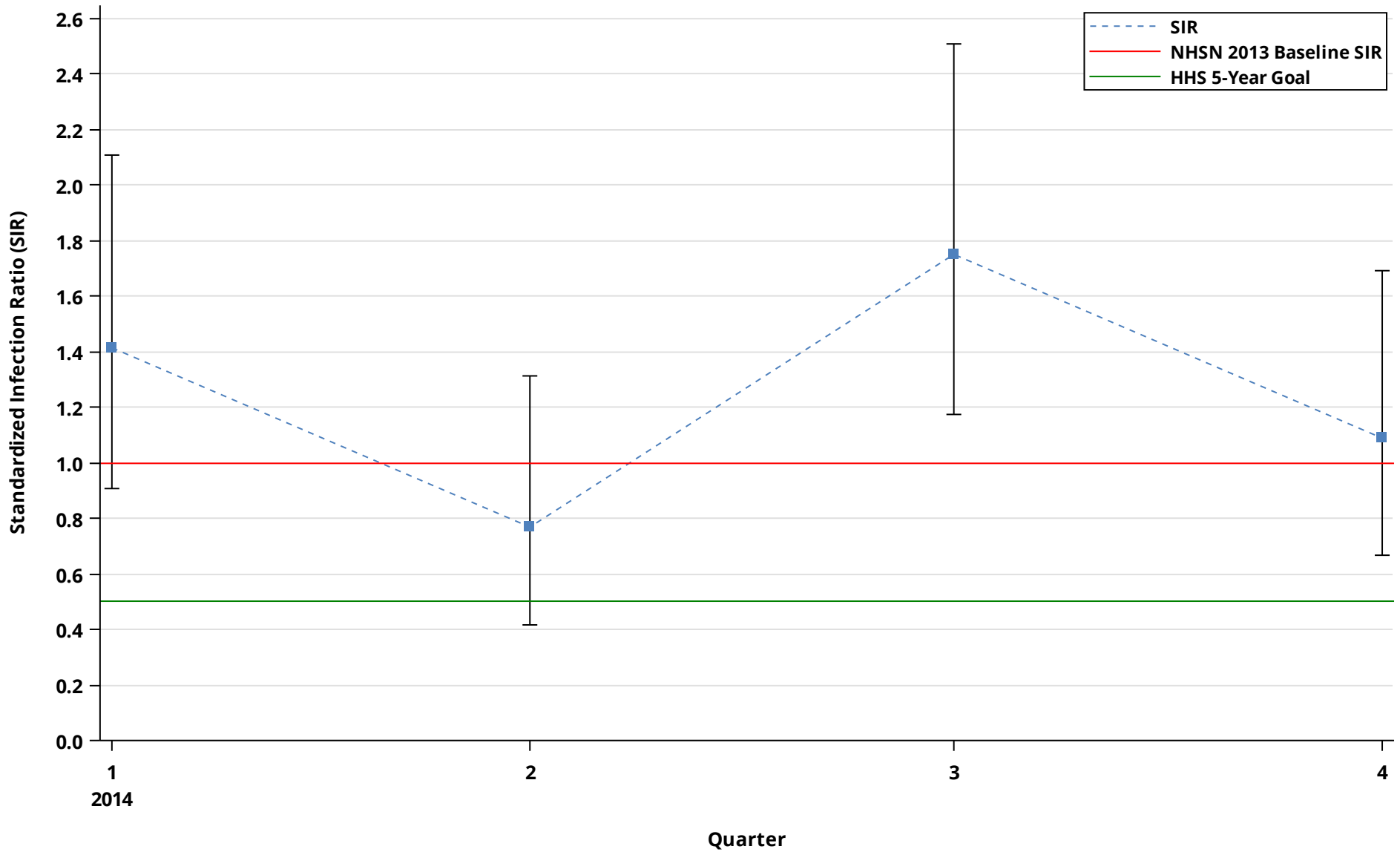
Rates by Unit Type (Table 16)

- 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 2014 was not statistically significantly different from the NHSN 2013 pooled mean rate (1.2 vs. 0.9 CLABSIs per 1,000 line-days).

Microorganisms Associated with CLABSIs in LTACs (Figure 36)

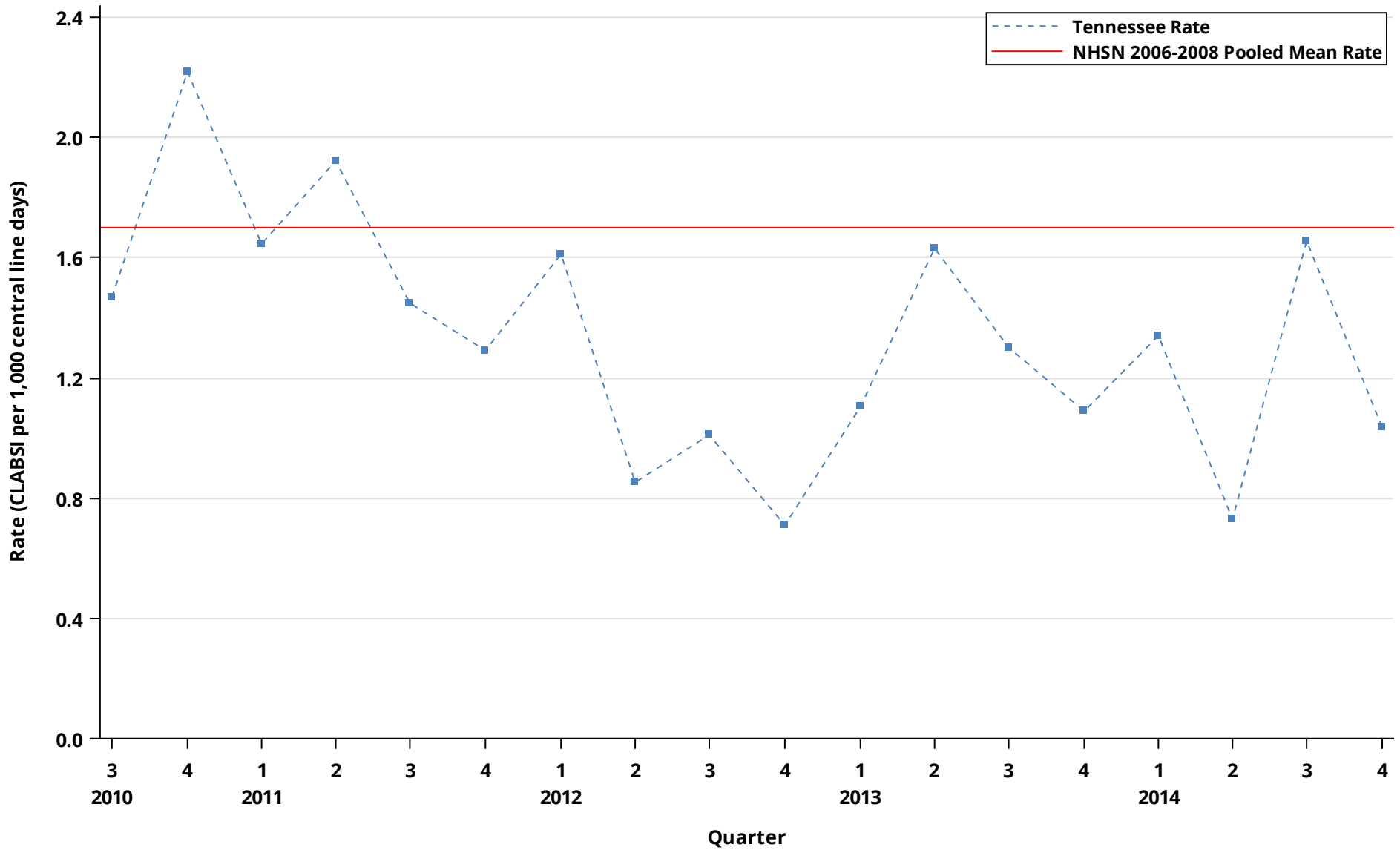
- Among the 92 pathogens isolated from 79 LTAC CLABSIs in 2014, the most common pathogens were coagulase-negative *Staphylococcus* species (22%), *Enterococcus* species (21%), and *Staphylococcus aureus* (16%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 12% and vancomycin-resistant *Enterococcus* (VRE) for 11% of total positive isolates.

Figure 34: Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSI) in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 01/01/2014–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2013]



Data Reported as of September 9, 2015

Figure 35: Crude (Unadjusted) Rate of Central Line-Associated Bloodstream Infections (CLABSI) in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 07/01/2010–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 9, 2015

Table 14: Key Percentiles for Facility-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) in Long-term Acute Care (LTAC) Hospitals by Reporting Year, Tennessee, 01/01/2014 - 12/31/2014

| | | | | | | | | | 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 | 2014 | 10 | 66,518 | 79 | 63.03 | 1.25 | 0.99 | 1.55 | 10 | 1 | 10% | 4 | 40% | 0.29 | 0.56 | 1.39 | 2.05 | 2.56 |

Data reported as of September 9, 2015

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 2013 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2013 SIR of 1.0

Table 15: Crude (Unadjusted) Rate of Central Line-Associated Bloodstream Infection (CLABSI) and Catheter Utilization Rates in Long-term Acute Care (LTAC) Hospitals by Reporting Year, Tennessee, 01/01/2012 - 12/31/2014

| STATE | YEAR | No. | CLABSI | CL DAYS | CLABSI Rate* | Patient Days | DU Rate |
|-----------|------|-----|--------|---------|--------------|--------------|---------|
| Tennessee | 2014 | 10 | 79 | 66,518 | 1.19 | 105,834 | 0.63 |
| | 2013 | 9 | 86 | 66,977 | 1.28 | 104,472 | 0.64 |
| | 2012 | 9 | 68 | 64,435 | 1.06 | 99,959 | 0.64 |

Data reported as of September 9, 2015

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

DU Rate = device utilization rate (central line days/patient days)

*Per 1,000 central line days

Table 16: 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, 01/01/2014 - 12/31/2014

| ICU TYPE | TENNESSEE 01/01/2014 - 12/31/2014 | | | | | 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 | 10 | 79 | 66,518 | 1.2 | 1.3 | 3157 | 3,331,832 | 0.9 | 0.7 | 1.25 | 1.00 | 1.55 |

Data reported as of September 9, 2015

No. = number of facilities

CL Days = central line days

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

N/A = not available

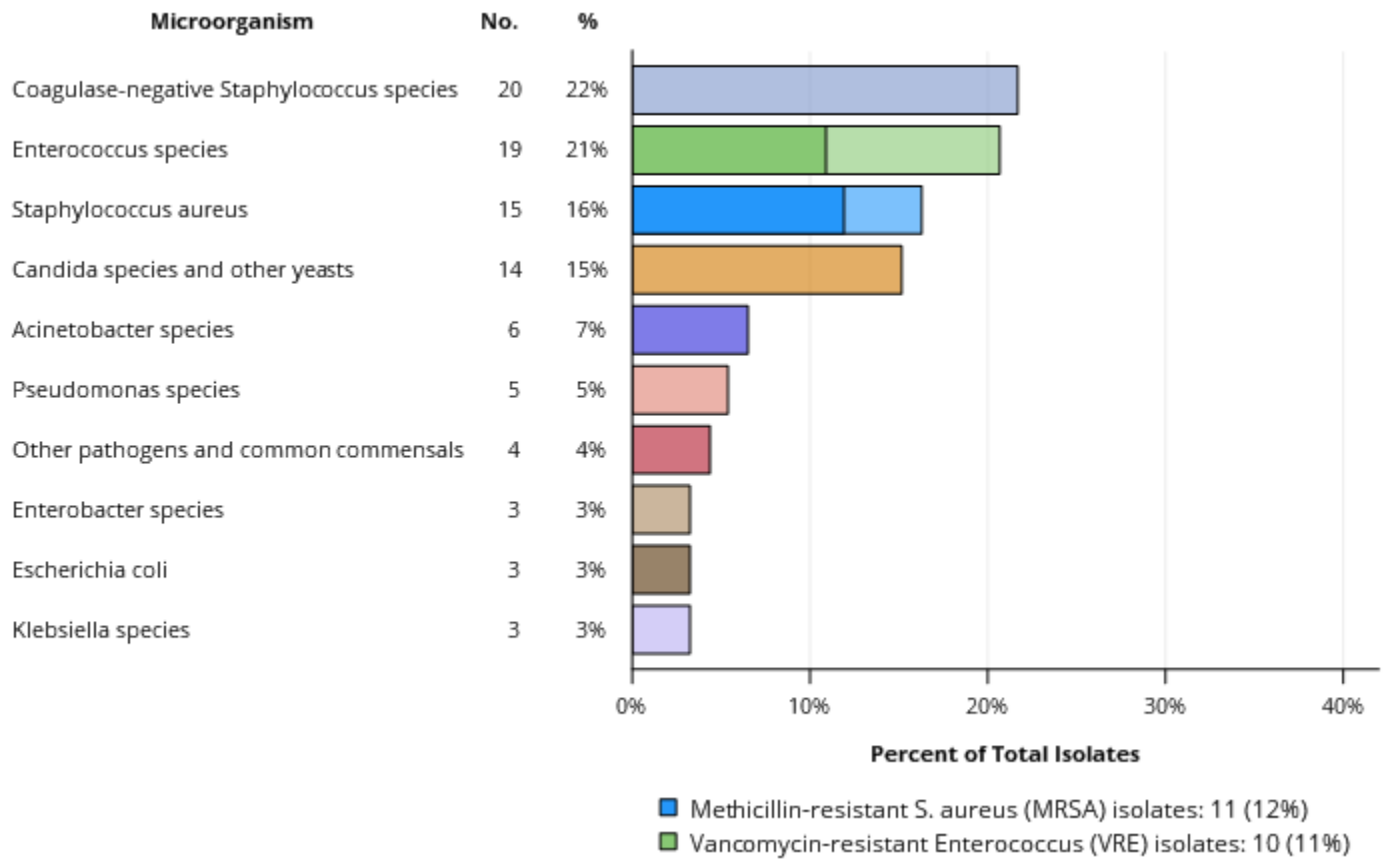
*per 1000 central line days

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 36: Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSIs) in Long-term Acute Care (LTAC) Hospitals, Tennessee, 01/01/2014 - 12/31/2014

Number of isolates=92; Number of events=79



Data reported as of September 9, 2015

Other pathogens = *Burkholderia* spp., *Chryseobacterium* spp., *Ochrobactrum* spp., and *Stenotrophomonas* 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](#)¹⁵).

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) hospitals and inpatient rehabilitation facilities (IRF) began reporting CAUTI data in October 2012. Acute care hospitals began reporting CAUTI from adult and pediatric medical, surgical, and medical/surgical wards in July 2014.

To comply with these reporting requirements, facilities are required to follow the [NHSN CAUTI Surveillance protocol](#)¹⁶, 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.

¹⁵ http://www.cdc.gov/hai/pdfs/uti/CA-UTI_tagged.pdf

¹⁶ <http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf>

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](#)¹⁷ for each location type, with the exception of adult and pediatric locations in long-term acute care (LTAC) hospitals and inpatient rehabilitation facilities (IRF) which are compared to national [NHSN data for 2013](#)¹⁸. 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.

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.

¹⁷ http://www.cdc.gov/nhsn/PDFs/NHSNReport_DataSummaryfor2009.pdf

¹⁸ <http://www.sciencedirect.com/science/article/pii/S0196655314013546>

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

| 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 |

$$SIR = \frac{\text{observed}}{\text{expected}} = \frac{170 + 116}{100,000 \times \left(\frac{2.0}{1,000}\right) + 58,000 \times \left(\frac{2.6}{1,000}\right)} = \frac{286}{200 + 150.8} = \frac{286}{350.8} = 0.82$$

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.

CAUTI

Adult and Pediatric Critical Care Units

CAUTIs in Adult/Pediatric ICUs:

Total number of hospitals reporting from January-December 2014: 91

SIRs by Quarter (Figure 37)

- From January-March 2012 to October-December 2014, the overall CAUTI SIR in Tennessee adult and pediatric ICUs has fluctuated between 1.01 and 1.49, statistically significantly higher than the 2009 national baseline SIR of 1 until April-June 2014. The U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)¹⁹ gives a five-year (2013) prevention target of SIR = 0.75.

Key Percentiles for Tennessee SIRs (Figure 38, Tables 17-18)

- The overall CAUTI SIR across all reporting adult and pediatric ICUs in Tennessee from January-December 2014 was statistically significantly higher than the national SIR of 1 (SIR=1.22; 95% CI: 1.14, 1.31). This SIR indicates that the number of CAUTIs in ICUs was 22% higher than predicted, compared to national NHSN 2009 data.
- From January-December 2014, the median (50th percentile) facility-specific SIR was 0.78, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.78.
- In 2014, CAUTI SIRs were statistically significantly higher than the 2009 national baseline SIR in burn ICUs, medical cardiac ICUs, medical ICUs in major teaching hospitals, medical-surgical ICUs in major teaching hospitals, medical-surgical ICUs with more than 15 beds in non-major teaching hospitals, and trauma ICUs. Only surgical ICUs had an SIR that was statistically significantly lower than the national baseline.

Rates by Unit Type (Figure 39, Table 19)

- In 2014, CAUTI rates were highest among trauma critical care units (8.1 CAUTI per 1,000 urinary catheter days) and lowest among pediatric neurosurgical critical care units (0.0 CAUTI per 1,000 urinary catheter days).

Device Utilization by Unit Type (Figure 40)

- In 2014, 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.

¹⁹ <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

Microorganisms Associated with CAUTIs in Adult and Pediatric ICUs (Figure 41)

- Among the 901 pathogens isolated from 803 CAUTIs in 2014, the most common pathogens were *Candida* species and other yeasts (34%), *Escherichia coli* (20%), and *Enterococcus* species (10%). Methicillin-Resistant *S. aureus* (MRSA) accounted for less than 1% and vancomycin-resistant *Enterococcus* (VRE) for 2% of total positive isolates.

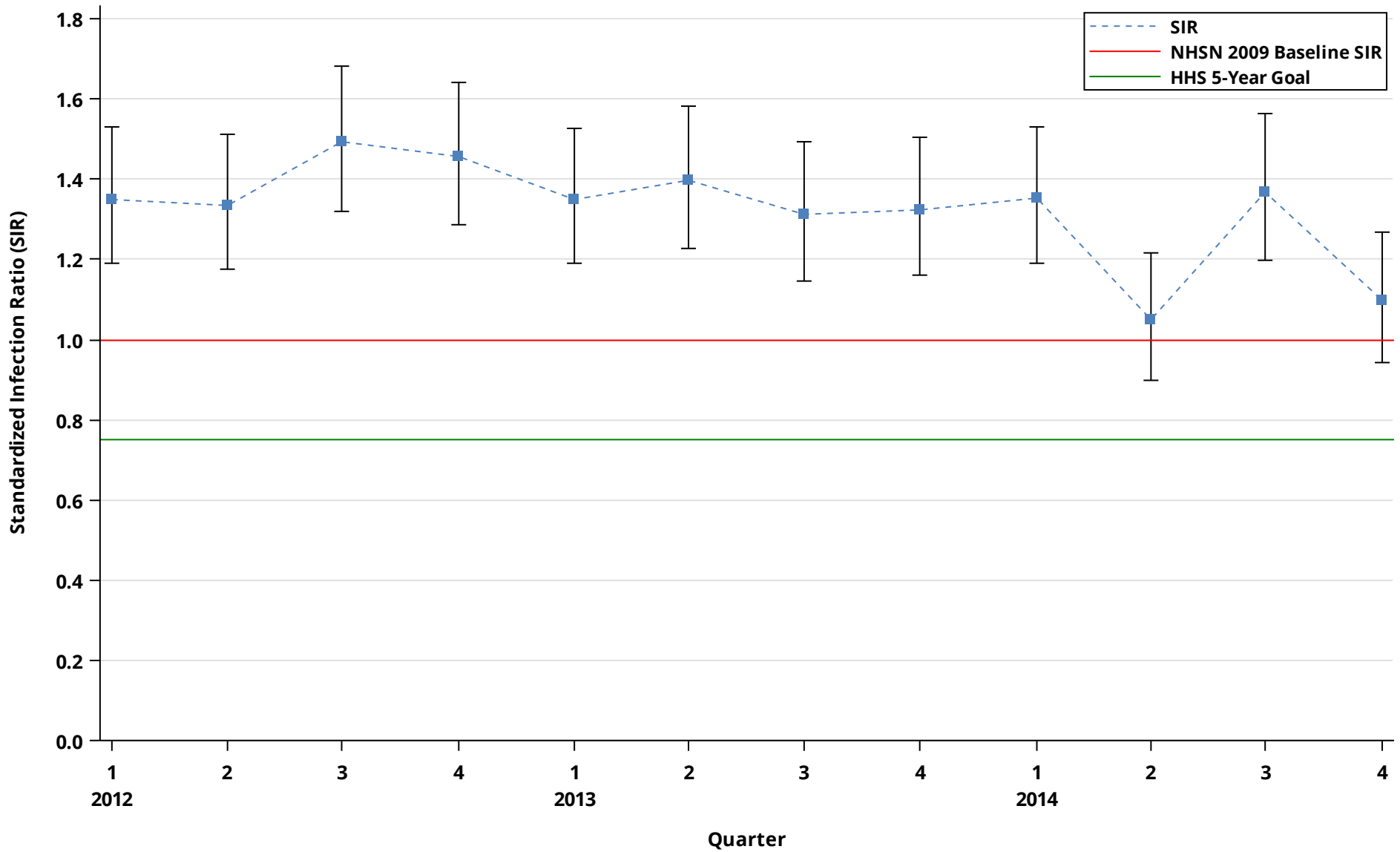
Facility-Specific SIRs (Figure 42)

- One CAUTI SIR that accounts for all reporting adult/pediatric ICUs in each facility is displayed in [Figure 42](#). 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 2014, 9 Tennessee facilities had a CAUTI SIR statistically significantly greater than the 2009 national baseline SIR of 1 and 2 facilities had a CAUTI SIR statistically significantly lower than the baseline SIR.

Facility-Specific CAUTI Rates in Adult and Pediatric ICUs (Figures 43-56)

- 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 37: Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) for Adult and Pediatric Intensive Care Units (ICUs) by Quarter, Tennessee, 01/01/2012–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2009]



Data Reported as of September 9, 2015

Table 17: 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 - 12/31/2014

| | | | | | | | | | 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 | 2014 | 91 | 313,612 | 803 | 657.99 | 1.22 | 1.14 | 1.31 | 71 | 2 | 3% | 9 | 13% | 0.00 | 0.22 | 0.78 | 1.24 | 2.03 | |
| | 2013 | 92 | 325,241 | 932 | 692.62 | 1.35 | 1.26 | 1.43 | 68 | 5 | 7% | 16 | 24% | 0.00 | 0.40 | 0.83 | 1.57 | 2.51 | |
| | 2012 | 93 | 332,147 | 1001 | 711.02 | 1.41 | 1.32 | 1.50 | 67 | 6 | 9% | 14 | 21% | 0.00 | 0.39 | 1.13 | 1.76 | 2.44 | |

Data reported as of September 9, 2015

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 18: 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 - 12/31/2014

| 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 | 2014 | 2 | 3,361 | 24 | 15.24 | 1.58 | 1.03 | 2.31 | 2 | N/A | N/A | N/A | N/A | N/A |
| | 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 | 2014 | 5 | 10,285 | 37 | 20.17 | 1.83 | 1.31 | 2.50 | 5 | 0.50 | 1.40 | 2.32 | 2.62 | 3.32 |
| | 2013 | 5 | 11,371 | 28 | 22.30 | 1.26 | 0.85 | 1.79 | 5 | 0.55 | 1.03 | 1.39 | 1.59 | 1.72 |
| | 2012 | 7 | 17,152 | 55 | 33.64 | 1.64 | 1.24 | 2.11 | 7 | 0.75 | 1.46 | 1.65 | 1.98 | 2.47 |
| Medical Critical Care Major Teaching | 2014 | 8 | 26,734 | 90 | 61.57 | 1.46 | 1.18 | 1.79 | 8 | 0.00 | 0.89 | 1.45 | 1.88 | 2.15 |
| | 2013 | 8 | 30,604 | 107 | 70.48 | 1.52 | 1.25 | 1.83 | 8 | 0.52 | 0.94 | 1.40 | 2.06 | 3.51 |
| | 2012 | 7 | 26,508 | 84 | 61.05 | 1.38 | 1.10 | 1.70 | 7 | 0.00 | 0.00 | 1.45 | 1.65 | 2.48 |
| Medical Critical Care Non-Major Teaching | 2014 | 23 | 30,852 | 57 | 62.33 | 0.91 | 0.70 | 1.18 | 16 | 0.00 | 0.00 | 0.54 | 0.86 | 2.05 |
| | 2013 | 22 | 31,137 | 78 | 62.91 | 1.24 | 0.99 | 1.54 | 16 | 0.00 | 0.35 | 0.91 | 1.80 | 2.12 |
| | 2012 | 21 | 28,748 | 64 | 58.08 | 1.10 | 0.86 | 1.40 | 16 | 0.00 | 0.00 | 0.47 | 1.47 | 2.38 |
| Medical-Surgical Critical Care Major Teaching | 2014 | 11 | 37,840 | 118 | 86.28 | 1.37 | 1.14 | 1.63 | 10 | 0.66 | 0.83 | 1.05 | 2.05 | 3.21 |
| | 2013 | 11 | 39,709 | 89 | 90.54 | 0.98 | 0.79 | 1.20 | 10 | 0.26 | 0.61 | 0.95 | 1.33 | 2.20 |
| | 2012 | 11 | 38,063 | 77 | 86.79 | 0.89 | 0.71 | 1.10 | 10 | 0.12 | 0.38 | 0.71 | 1.24 | 2.60 |
| Medical-Surgical Critical Care Non-Major Teaching & ≤15 beds | 2014 | 37 | 38,447 | 40 | 49.56 | 0.81 | 0.58 | 1.09 | 21 | 0.00 | 0.00 | 0.55 | 1.24 | 2.62 |
| | 2013 | 37 | 37,124 | 35 | 47.85 | 0.73 | 0.52 | 1.01 | 19 | 0.00 | 0.00 | 0.39 | 1.49 | 3.31 |
| | 2012 | 38 | 35,612 | 48 | 45.90 | 1.05 | 0.78 | 1.38 | 20 | 0.00 | 0.38 | 1.19 | 1.83 | 2.56 |

Data reported as of September 9, 2015

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 18 (cont'd)

| ICU TYPE | | | | No. of INFECTIONS | | SIR AND 95% CONFIDENCE INTERVAL | | | DISTRIBUTION OF FACILITY-SPECIFIC SIRs | | | | | |
|--|------|-----|---------|-------------------|-------|---------------------------------|-------------|-------------|--|------|------|------|------|------|
| | YEAR | No. | UC Days | 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 | 2014 | 15 | 64,941 | 100 | 80.67 | 1.24 | 1.01 | 1.50 | 15 | 0.30 | 0.73 | 0.98 | 1.42 | 2.32 |
| | 2013 | 15 | 62,050 | 116 | 77.08 | 1.51 | 1.25 | 1.80 | 15 | 0.21 | 0.66 | 1.61 | 2.59 | 2.70 |
| | 2012 | 15 | 63,747 | 146 | 79.19 | 1.84 | 1.56 | 2.16 | 15 | 0.42 | 1.09 | 1.60 | 2.53 | 3.08 |
| Neurologic Critical Care | 2014 | 2 | 4,118 | 12 | 15.58 | 0.77 | 0.42 | 1.31 | 2 | N/A | N/A | N/A | N/A | N/A |
| | 2013 | 1 | 1,291 | 0 | 4.88 | 0.00 | N/A | 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 | 2014 | 9 | 17,788 | 82 | 77.65 | 1.06 | 0.85 | 1.30 | 9 | 0.00 | 0.44 | 0.80 | 1.32 | 1.60 |
| | 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 |
| Pediatric Medical Critical Care | 2012 | 2 | 950 | 3 | 0.76 | N/A | N/A | N/A | 0 | N/A | N/A | N/A | N/A | N/A |
| Pediatric Medical-Surgical Critical Care | 2014 | 8 | 3,368 | 15 | 9.38 | 1.60 | 0.93 | 2.58 | 4 | N/A | N/A | N/A | N/A | N/A |
| | 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 Neurosurgical Critical Care | 2014 | 1 | 292 | 0 | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | N/A | N/A |
| | 2013 | 1 | 325 | 0 | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | N/A | N/A |

Data reported as of September 9, 2015

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 18 (cont'd)

| ICU TYPE | | | | No. of INFECTIONS | | SIR AND 95% CONFIDENCE INTERVAL | | | DISTRIBUTION OF FACILITY-SPECIFIC SIRs | | | | | |
|---|------|-----|---------|-------------------|-------|---------------------------------|-------------|-------------|--|------|------|------|------|------|
| | YEAR | No. | UC Days | OBS | PRED | SIR | LOWER LIMIT | UPPER LIMIT | No. of FACS WITH ≥1 PRED INFECTION | 10% | 25% | 50% | 75% | 90% |
| Pediatric Surgical Cardiothoracic Critical Care | 2014 | 2 | 1,809 | 1 | 4.92 | 0.20 | 0.01 | 1.00 | 2 | N/A | N/A | N/A | N/A | N/A |
| | 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 | 2014 | 14 | 33,140 | 51 | 55.12 | 0.93 | 0.70 | 1.21 | 14 | 0.00 | 0.34 | 0.82 | 1.45 | 2.62 |
| | 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 | 2014 | 9 | 24,157 | 42 | 62.78 | 0.67 | 0.49 | 0.90 | 9 | 0.19 | 0.42 | 0.60 | 0.75 | 1.81 |
| | 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 | 2014 | 5 | 16,480 | 134 | 56.74 | 2.36 | 1.99 | 2.79 | 5 | 1.04 | 1.21 | 1.88 | 3.01 | 4.12 |
| | 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 9, 2015

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 19: 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), 01/01/2014 - 12/31/2014

| ICU TYPE | TENNESSEE 01/01/2014 - 12/31/2014 | | | | | 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 | 24 | 3,361 | 7.1 | 5.9 | 92 | 20,291 | 4.4 | N/A | 1.58 | 1.03 | 2.31 |
| Medical Cardiac Critical Care | 5 | 37 | 10,285 | 3.6 | 4.6 | 348 | 177,455 | 2.0 | 1.6 | 1.83 | 1.31 | 2.50 |
| Medical Critical Care Major Teaching | 8 | 90 | 26,734 | 3.4 | 3.3 | 342 | 148,501 | 2.3 | 1.7 | 1.46 | 1.18 | 1.79 |
| Medical Critical Care Non-Major Teaching | 23 | 57 | 30,852 | 1.8 | 0.0 | 351 | 173,724 | 2.0 | 1.4 | 0.91 | 0.70 | 1.18 |
| Medical-Surgical Critical Care Major Teaching | 11 | 118 | 37,840 | 3.1 | 2.3 | 593 | 260,079 | 2.3 | 1.9 | 1.37 | 1.14 | 1.63 |
| Medical-Surgical Critical Care Non-Major Teaching & <=15 beds | 37 | 40 | 38,447 | 1.0 | 0.0 | 449 | 348,334 | 1.3 | 0.0 | 0.81 | 0.58 | 1.09 |
| Medical-Surgical Critical Care Non-Major Teaching & >15 beds | 15 | 100 | 64,941 | 1.5 | 1.2 | 510 | 410,556 | 1.2 | 1.1 | 1.24 | 1.01 | 1.50 |
| Neurologic Critical Care | 2 | 12 | 4,118 | 2.9 | 2.6 | 124 | 32,777 | 3.8 | N/A | 0.77 | 0.42 | 1.31 |
| Neurosurgical Critical Care | 9 | 82 | 17,788 | 4.6 | 3.5 | 357 | 81,783 | 4.4 | 3.6 | 1.06 | 0.85 | 1.30 |
| Pediatric Medical-Surgical Critical Care | 8 | 15 | 3,368 | 4.5 | 2.2 | 139 | 49,935 | 2.8 | 1.4 | 1.60 | 0.93 | 2.58 |
| Pediatric Neurosurgical Critical Care | 1 | 0 | 292 | 0.0 | 0.0 | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Pediatric Surgical Cardiothoracic Critical Care | 2 | 1 | 1,809 | 0.6 | 0.5 | 25 | 9,187 | 2.7 | N/A | 0.20 | 0.01 | 1.00 |
| Surgical Cardiothoracic Critical Care | 14 | 51 | 33,140 | 1.5 | 1.4 | 307 | 184,567 | 1.7 | 1.2 | 0.93 | 0.70 | 1.21 |
| Surgical Critical Care | 9 | 42 | 24,157 | 1.7 | 1.6 | 611 | 235,104 | 2.6 | 2.0 | 0.67 | 0.49 | 0.90 |
| Trauma Critical Care | 5 | 134 | 16,480 | 8.1 | 6.5 | 437 | 126,916 | 3.4 | 2.8 | 2.36 | 1.99 | 2.79 |
| TOTAL | | | | | | | | | | 1.22 | 1.14 | 1.31 |

Data reported as of September 9, 2015

No. = number of facilities

UC Days = urinary catheter days

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

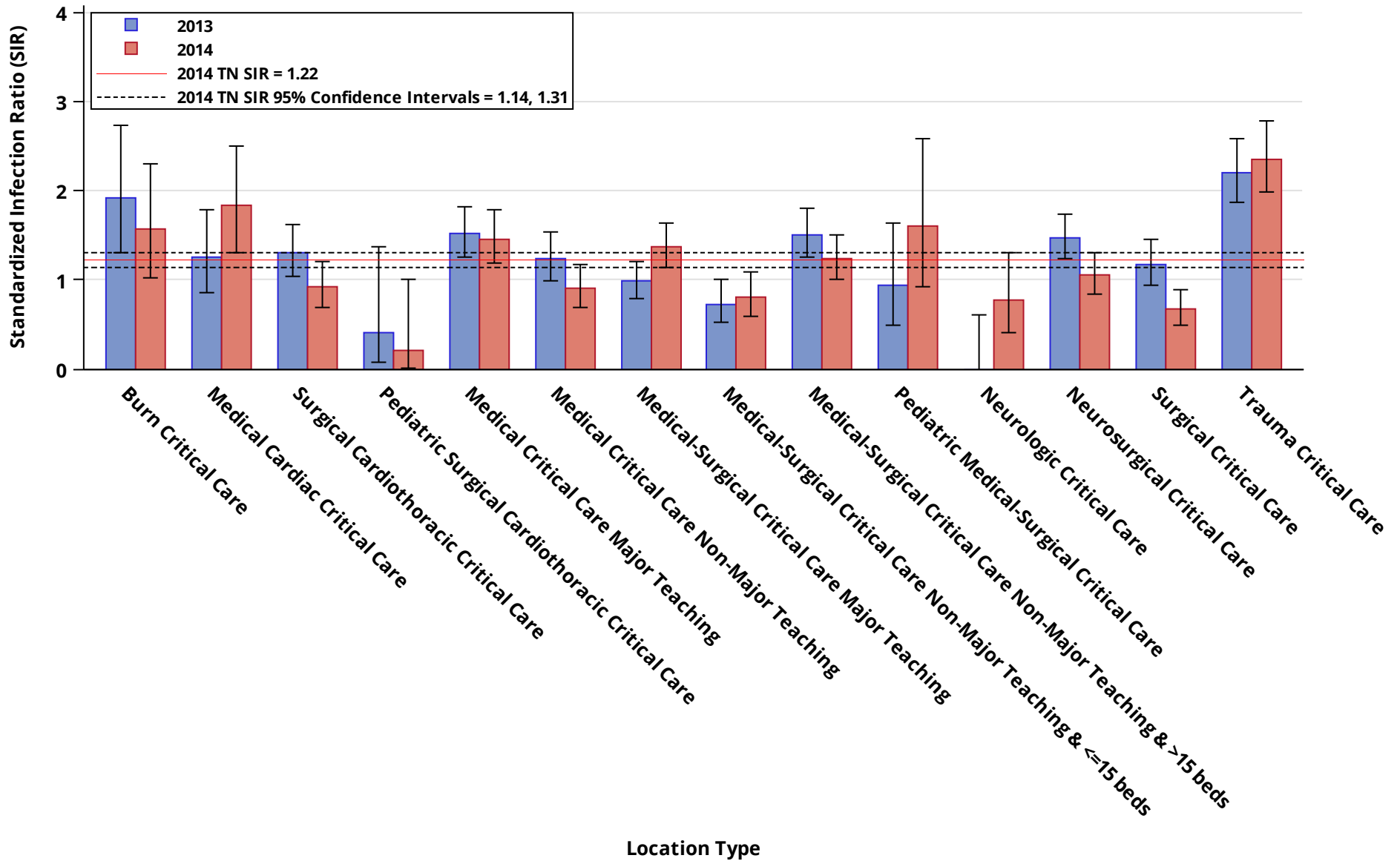
N/A = not available

*per 1000 urinary catheter days

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

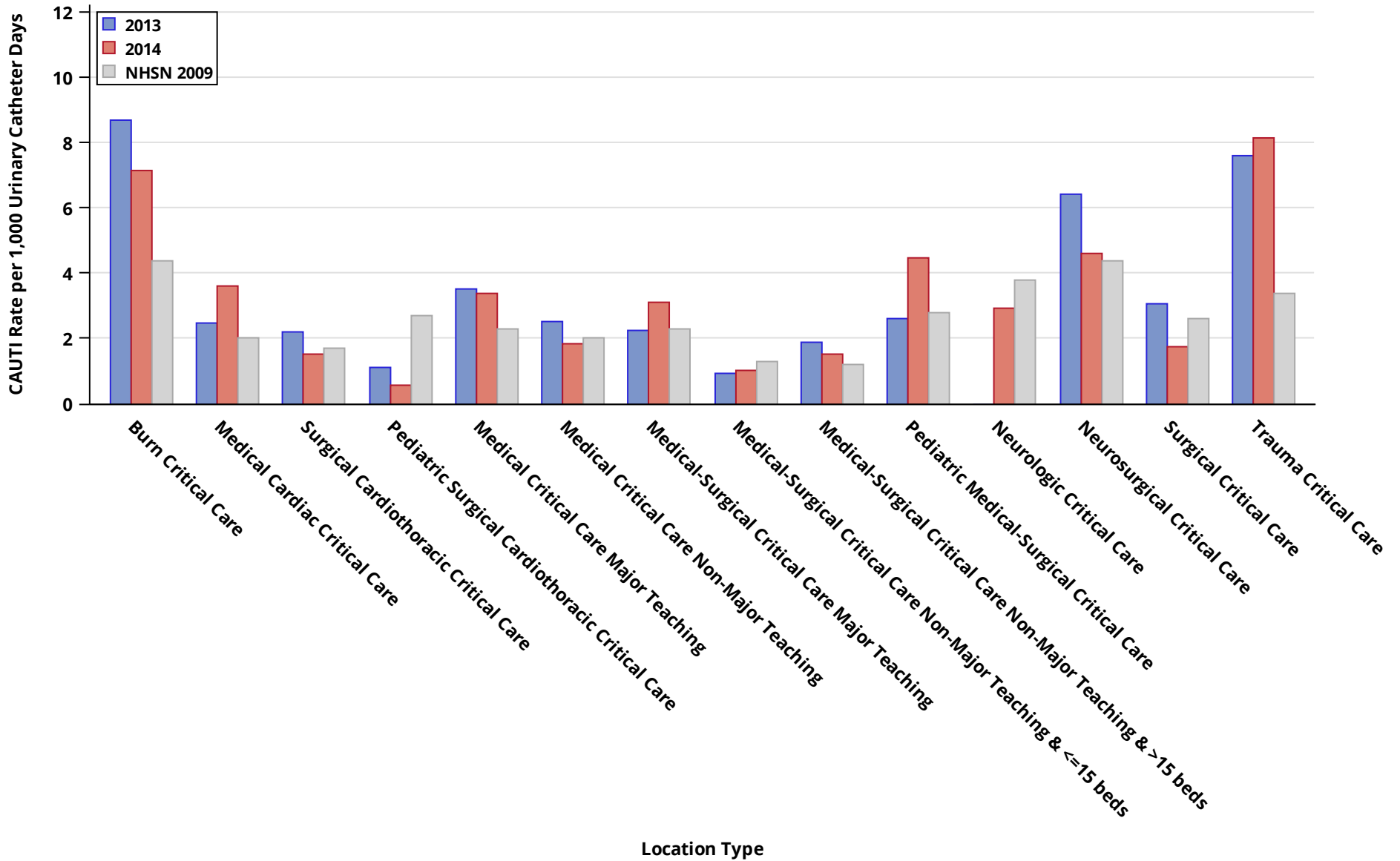
Green highlighting indicates SIR for reporting period is significantly lower than national 2009 SIR of 1.0

Figure 38: Standardized Infection Ratios (SIRs) for Catheter-Associated Urinary Tract Infections (CAUTIs) by Intensive Care Unit (ICU) Type, Tennessee, 2013 and 2014 [Reference standard: National Healthcare Safety Network (NHSN), 2009]



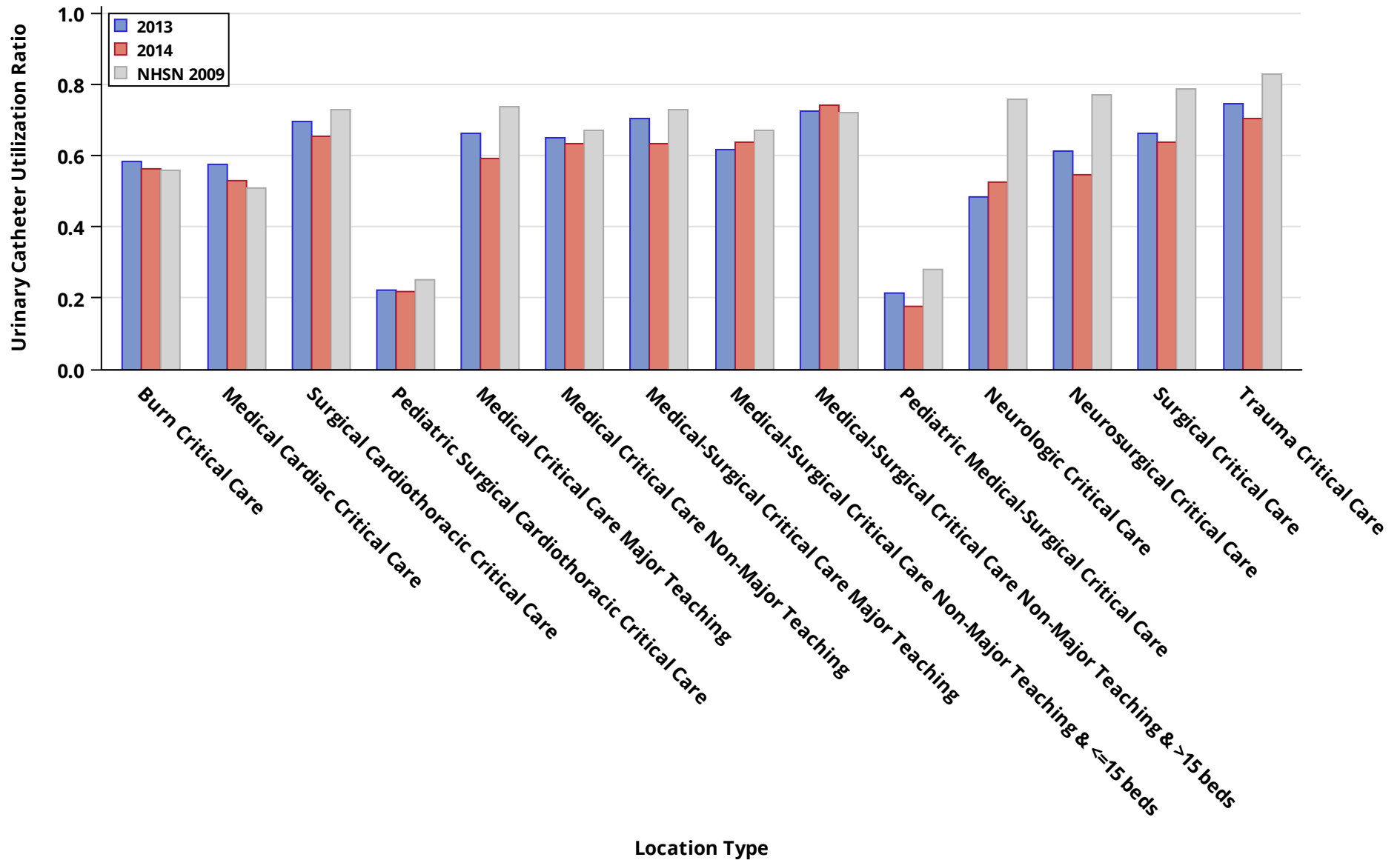
Data Reported as of September 9, 2015

Figure 39: Catheter-Associated Urinary Tract Infection (CAUTI) Pooled Mean Rates per 1,000 Urinary Catheter Days by Intensive Care Unit (ICU) Type, Tennessee, 2013 and 2014, vs. National Healthcare Safety Network (NHSN), 2009



Data Reported as of September 9, 2015

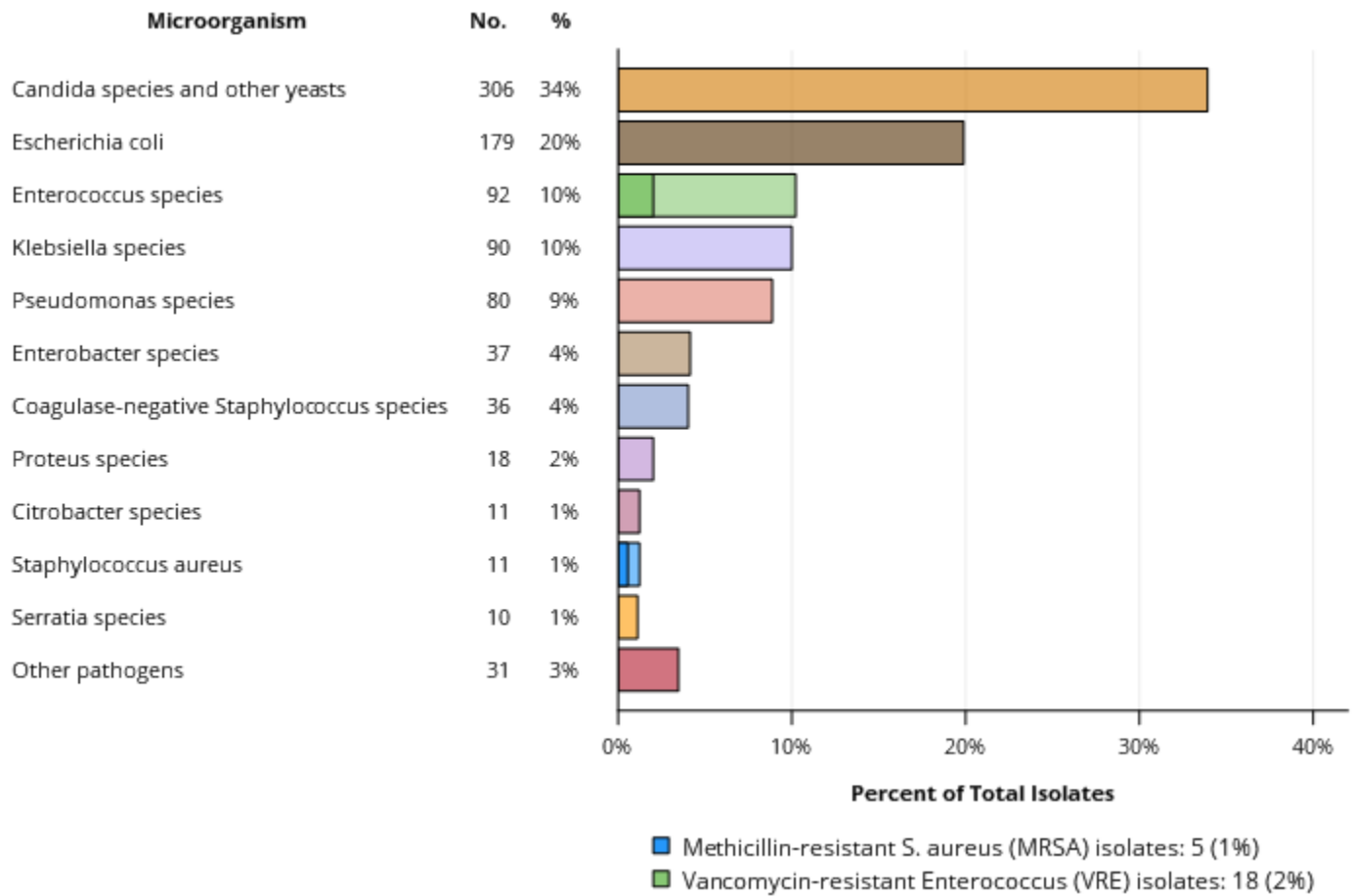
Figure 40: Urinary Catheter Utilization Ratio by Intensive Care Unit (ICU) Type, Tennessee, 2013 and 2014, vs. National Healthcare Safety Network (NHSN), 2009



Data Reported as of September 9, 2015

Figure 41: Microorganisms Identified in Catheter-Associated Urinary Tract (CAUTIs) in Adult and Pediatric Intensive Care Units, Tennessee, 01/01/2014 - 12/31/2014

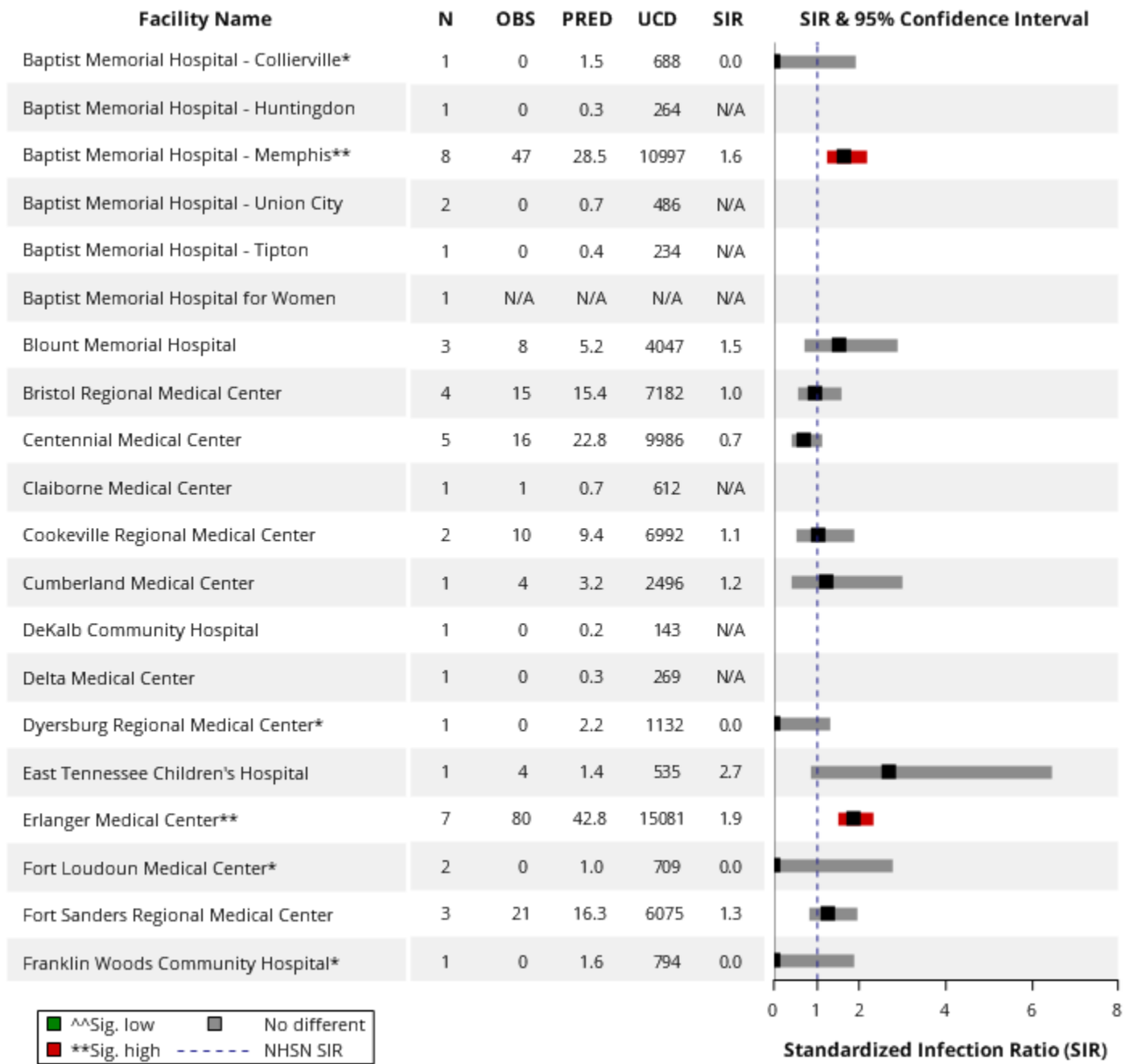
Number of isolates=901; Number of events=803



Data reported as of September 9, 2015

Other pathogens = *Acinetobacter* spp., *Aerococcus* spp., *Diphtheroids* spp., Gram-negative spp., *Hafnia* spp., *Lactobacillus* spp., *Morganella* spp., Non-fermentative spp., Other *Staphylococcus* spp., *Pantoea* spp., *Providencia* spp., and *Streptococcus* spp.

Figure 42: CAUTI Standardized Infection Ratio (SIR) for Adult and Pediatric Intensive Care Units in Acute Care Facilities, Tennessee, 01/01/2014 – 12/31/2014



Data Reported as of September 9, 2015

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)

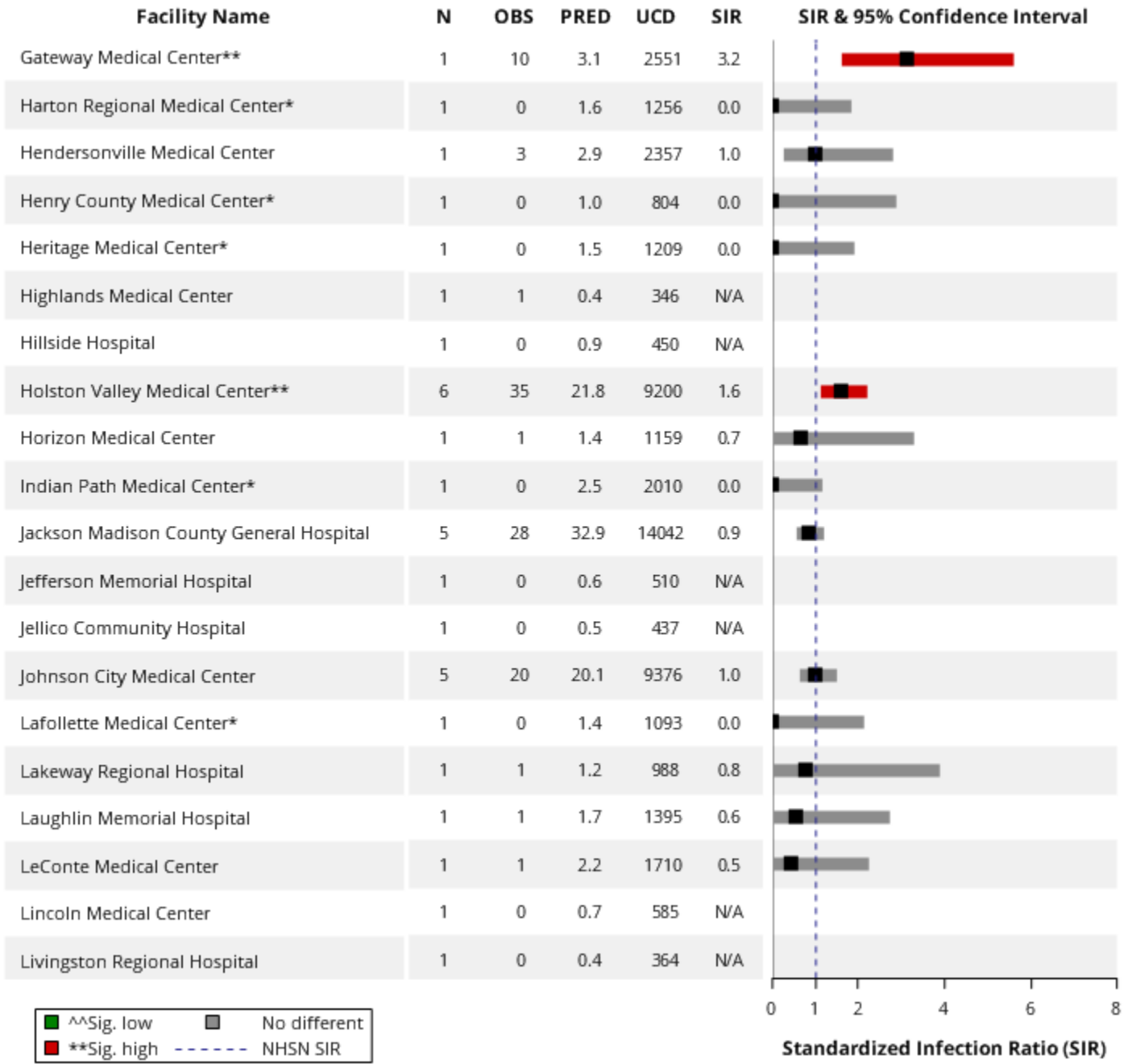
UCD = number of urinary catheter days

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

Figure 42 (cont'd)



Data Reported as of September 9, 2015

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)

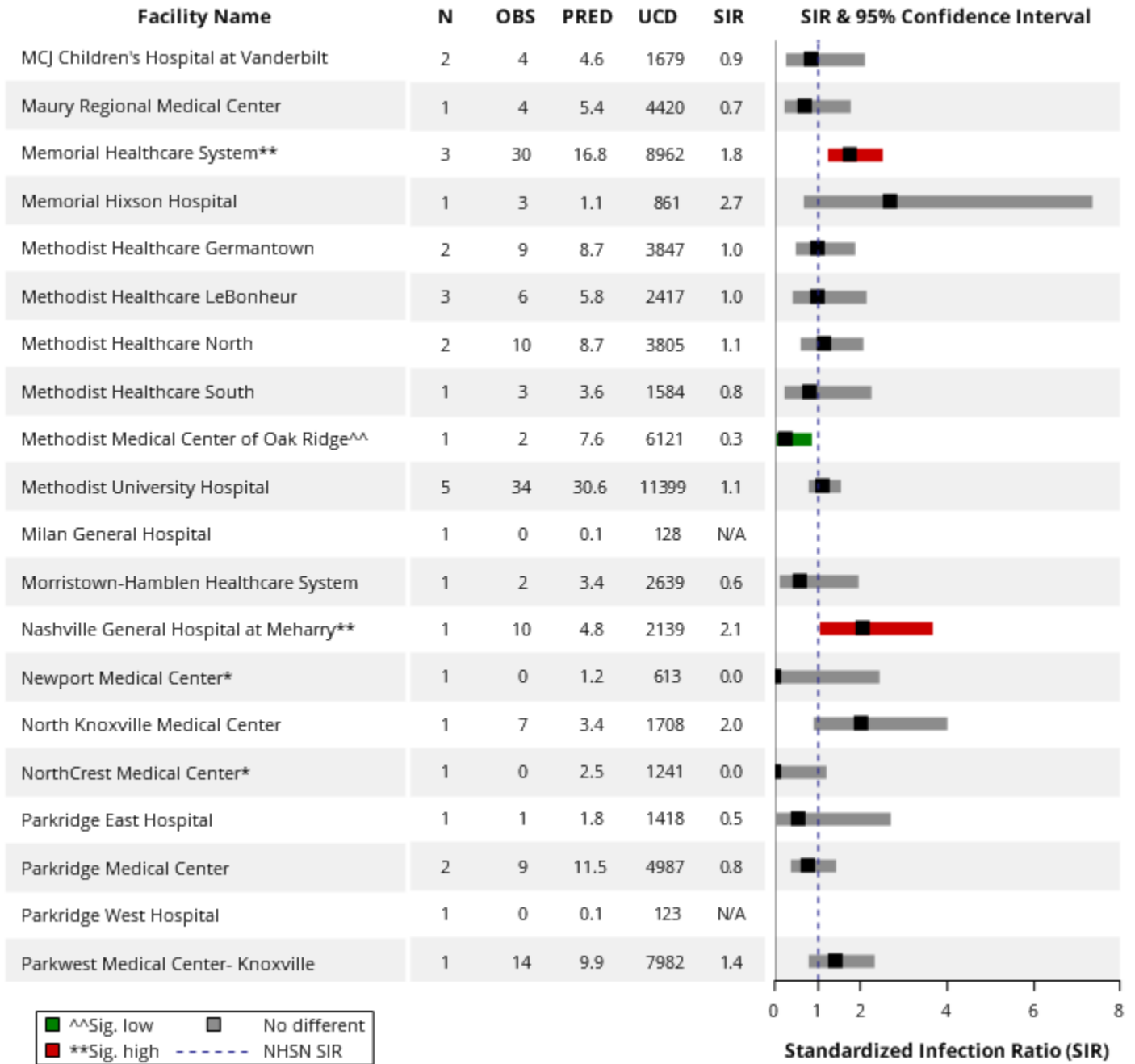
UCD = number of urinary catheter days

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

Figure 42 (cont'd)



Data Reported as of September 9, 2015

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)

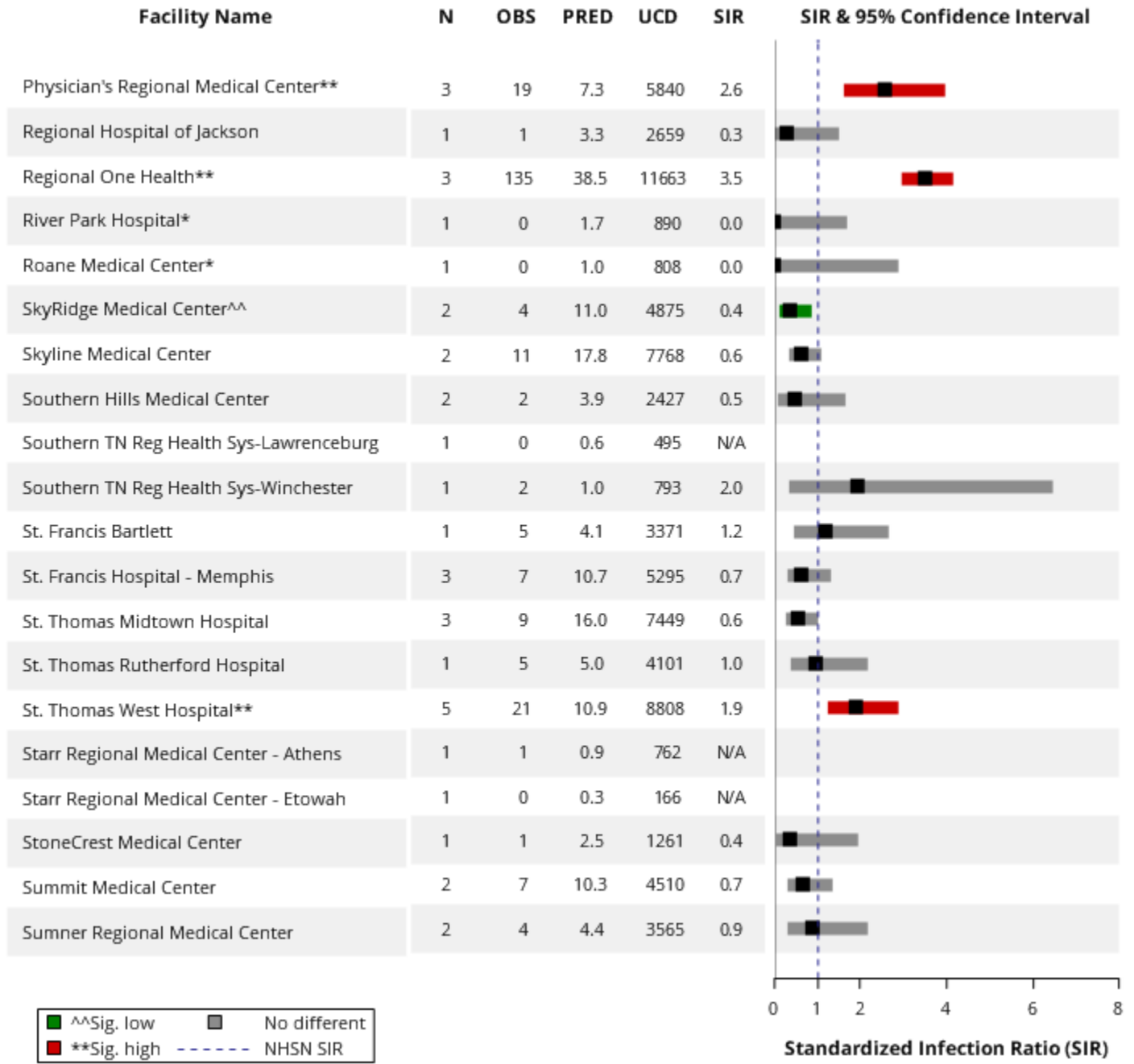
UCD = number of urinary catheter days

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

Figure 42 (cont'd)



Data Reported as of September 9, 2015

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)

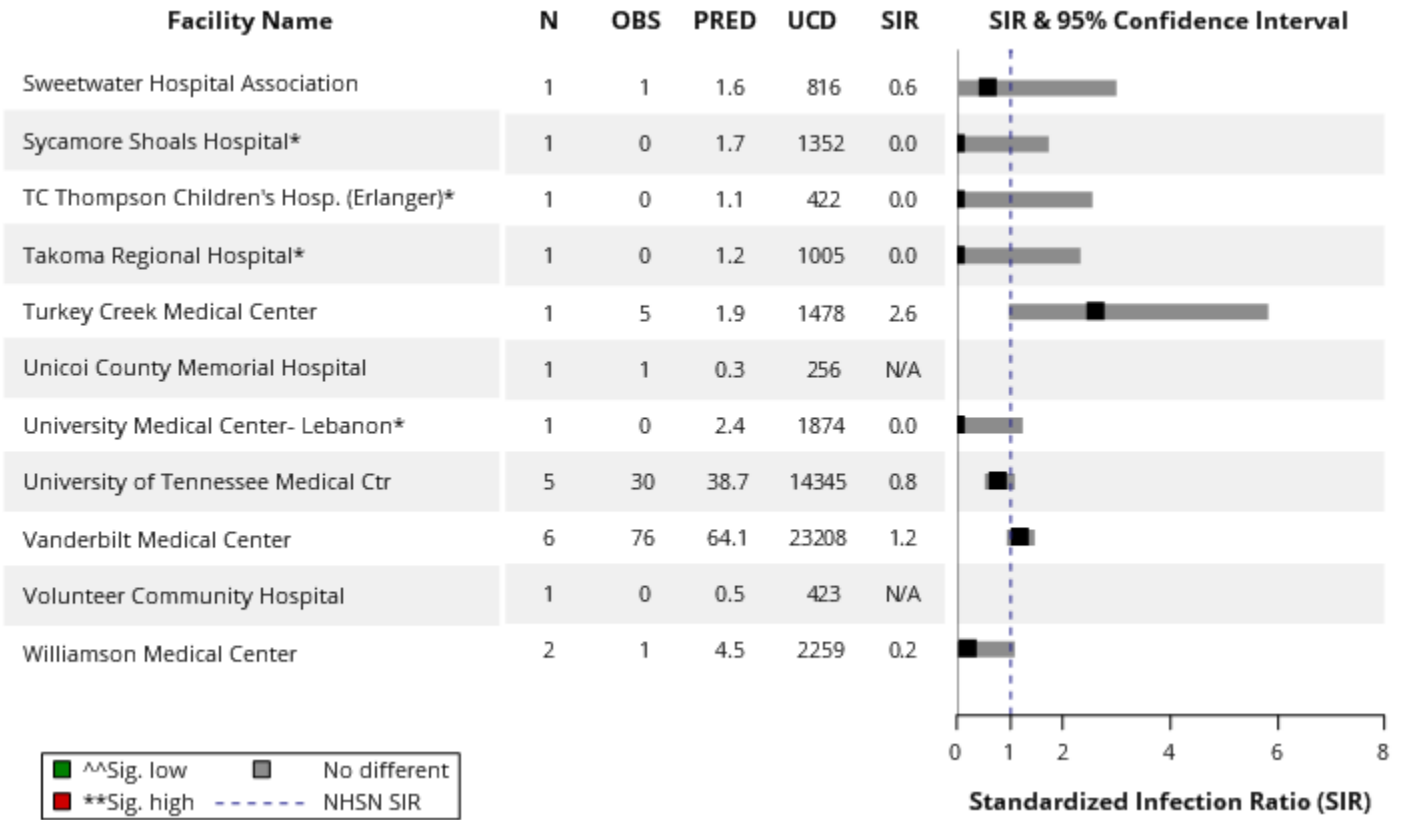
UCD = number of urinary catheter days

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

Figure 42 (cont'd)



Data Reported as of September 9, 2015

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)

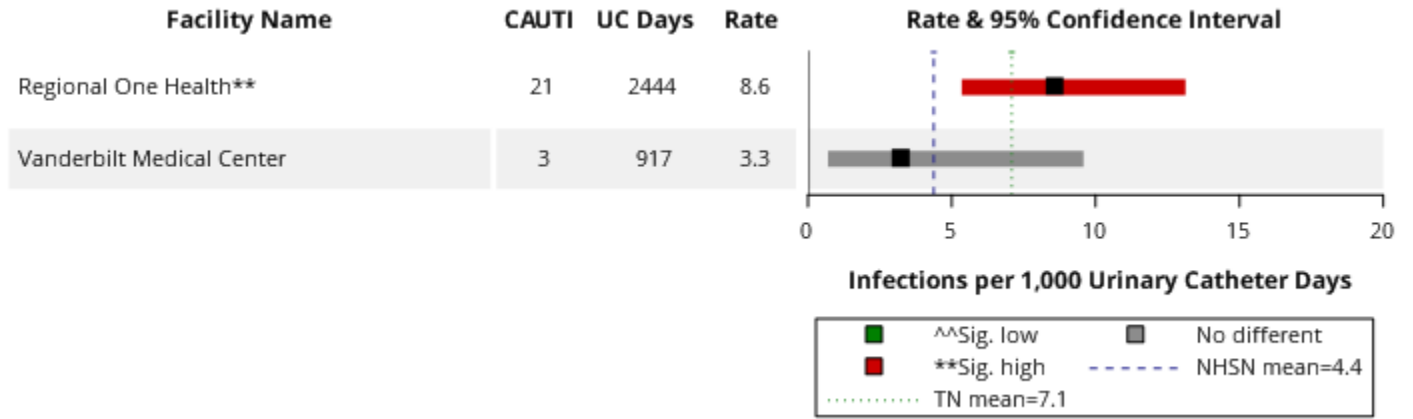
UCD = number of urinary catheter days

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

Figure 43: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Burn Critical Care



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

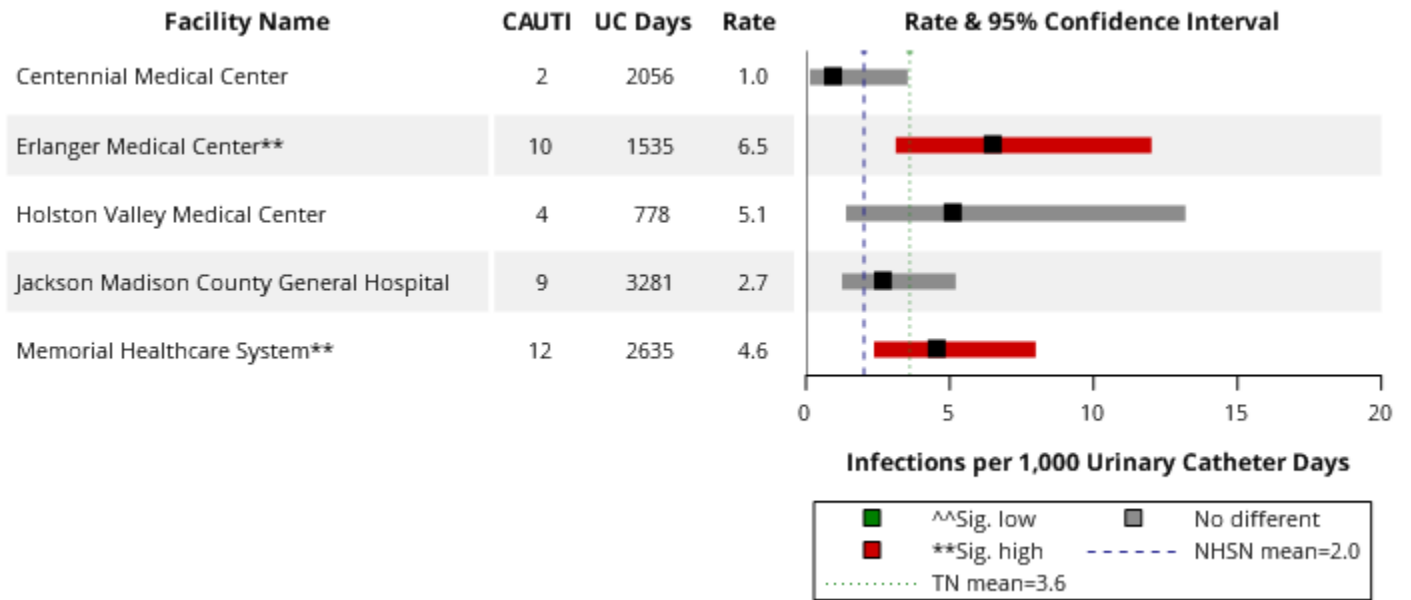
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=4.4; TN pooled mean (01/01/2014 - 12/31/2014)=7.1

Figure 44: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Medical Cardiac Critical Care



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

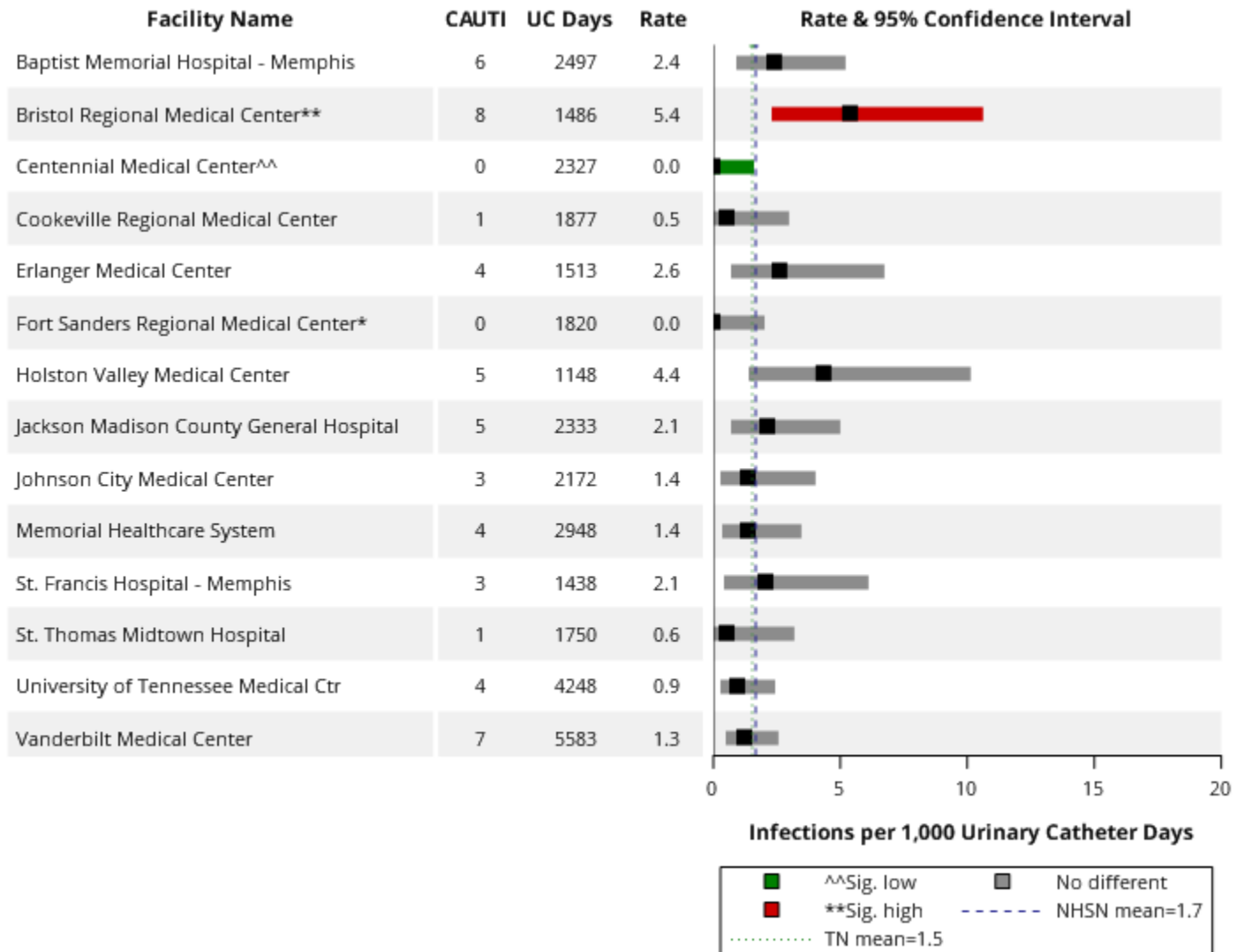
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.0; TN pooled mean (01/01/2014 - 12/31/2014)=3.6

Figure 45: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Surgical Cardiothoracic Critical Care



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

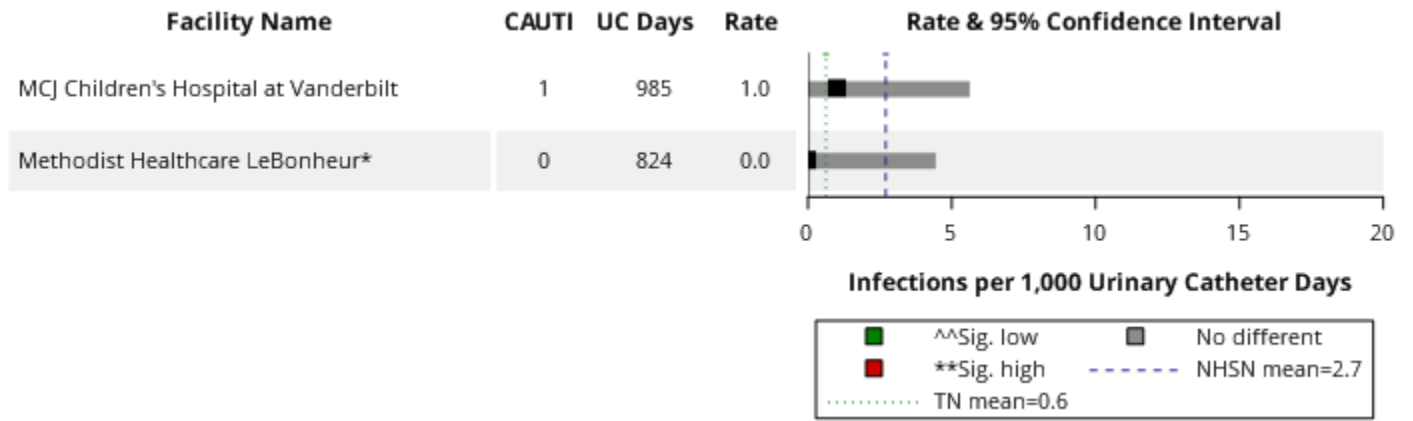
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=1.7; TN pooled mean (01/01/2014 - 12/31/2014)=1.5

Figure 46: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Pediatric Surgical Cardiothoracic Critical Care



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

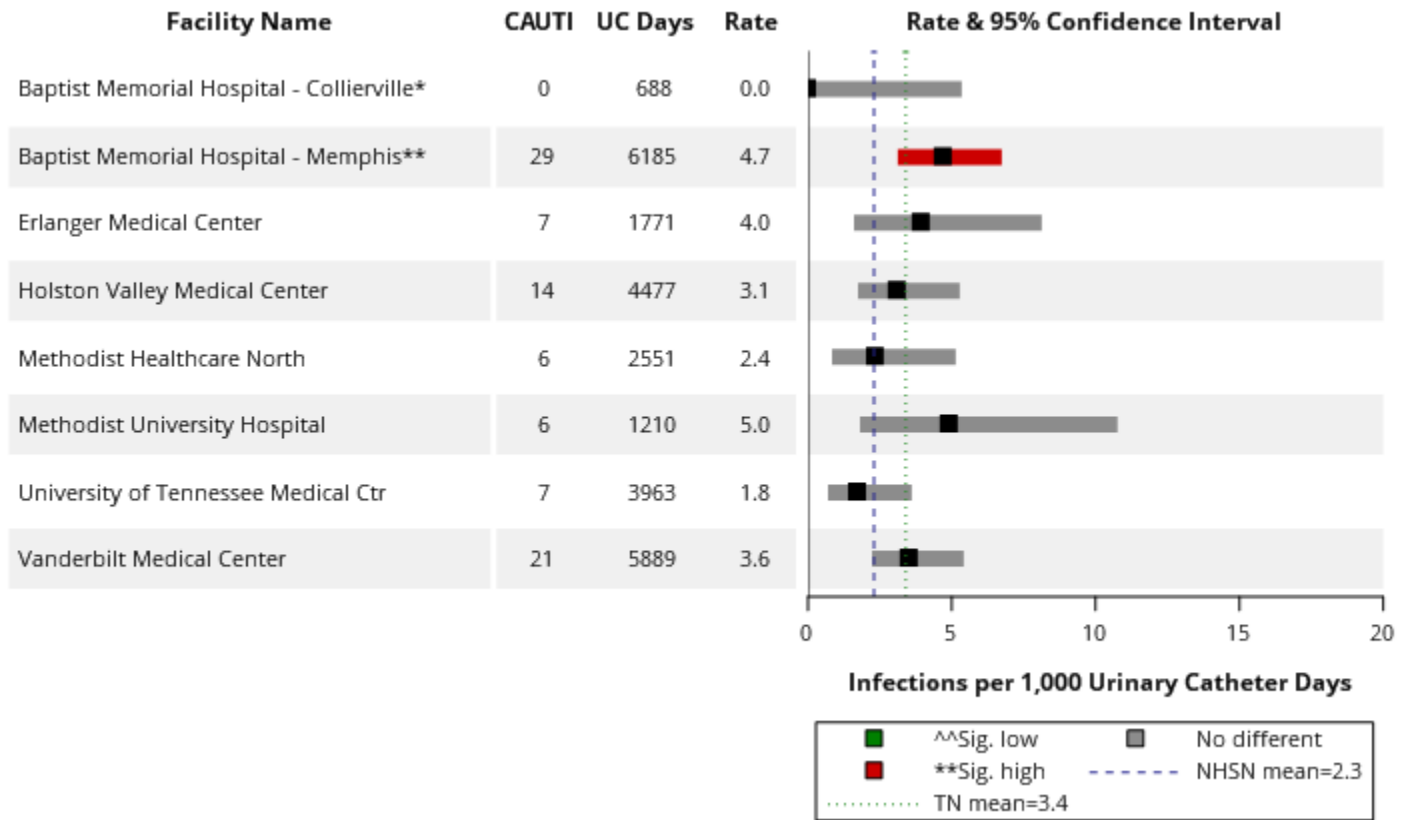
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.7; TN pooled mean (01/01/2014 - 12/31/2014)=0.6

Figure 47: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Medical Critical Care Major Teaching



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

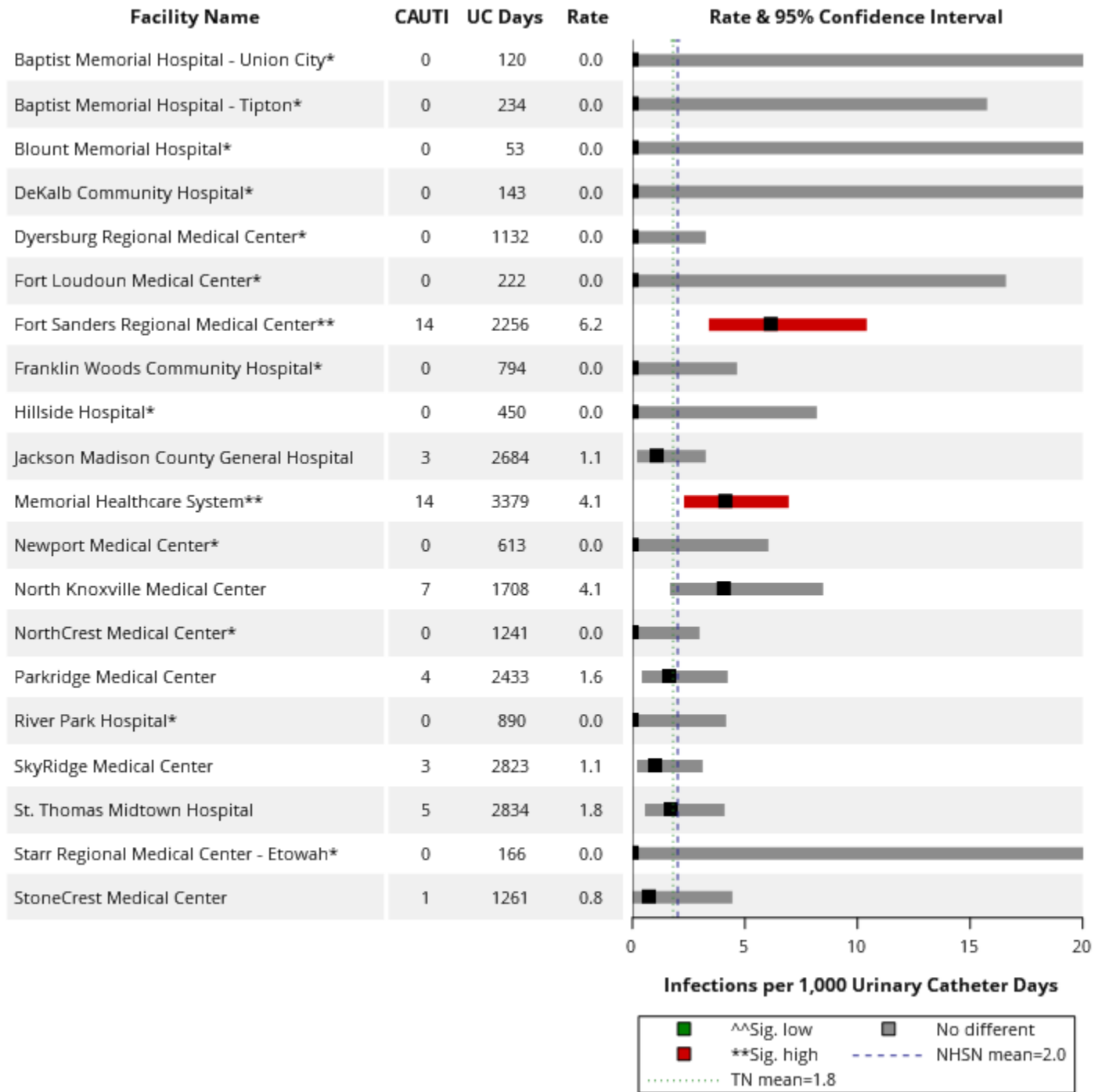
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.3; TN pooled mean (01/01/2014 - 12/31/2014)=3.4

Figure 48: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Medical Critical Care Non-Major Teaching



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

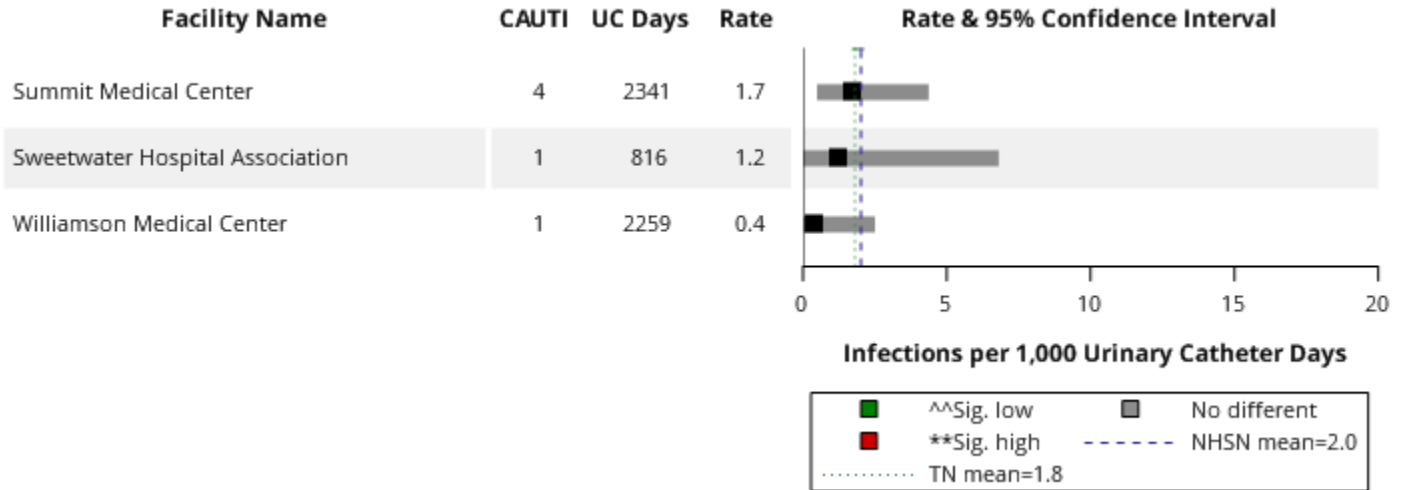
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.0; TN pooled mean (01/01/2014 - 12/31/2014)=1.8

Figure 48 (cont'd)



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

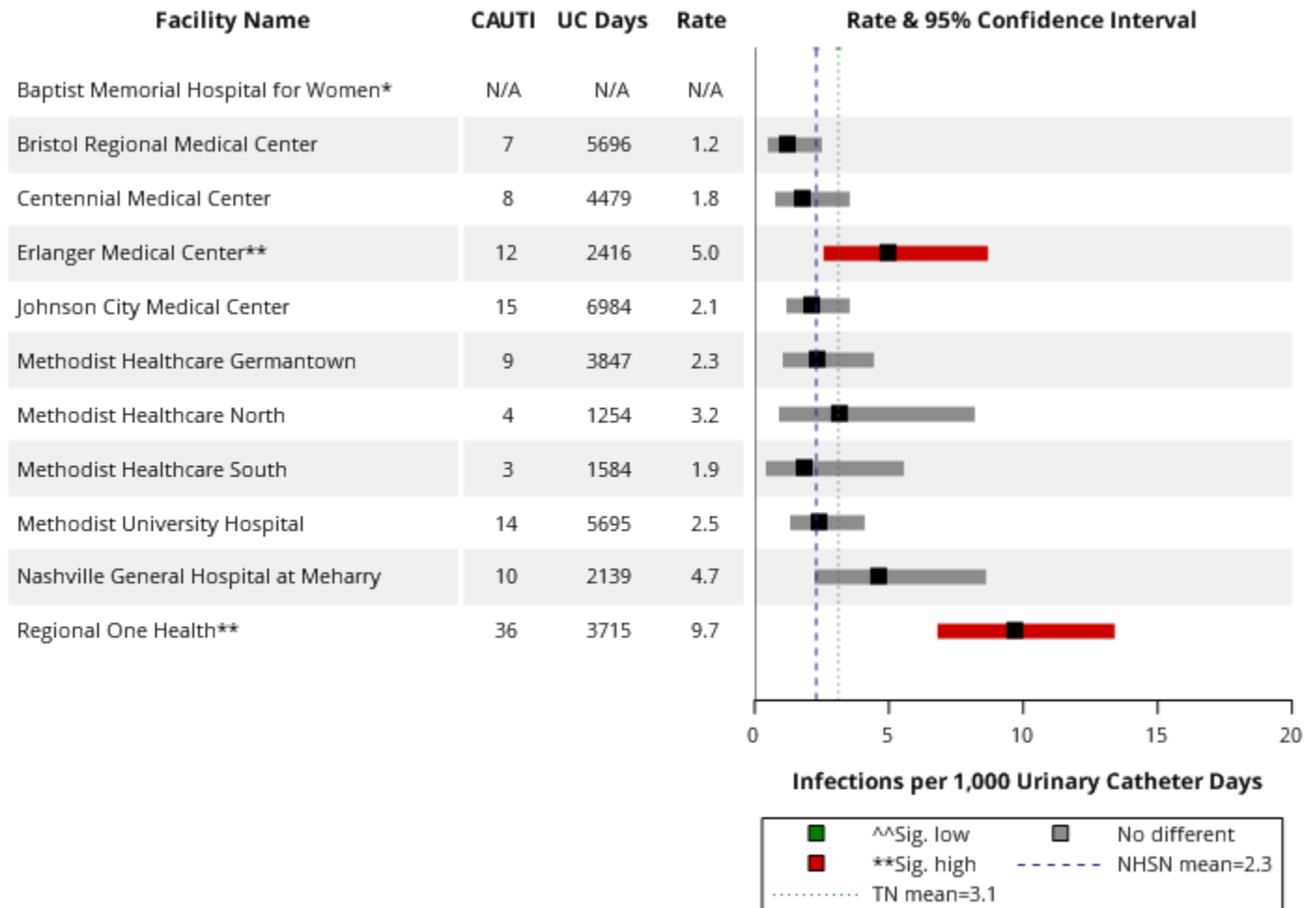
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.0; TN pooled mean (01/01/2014 - 12/31/2014)=1.8

Figure 49: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Medical-Surgical Critical Care Major Teaching



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

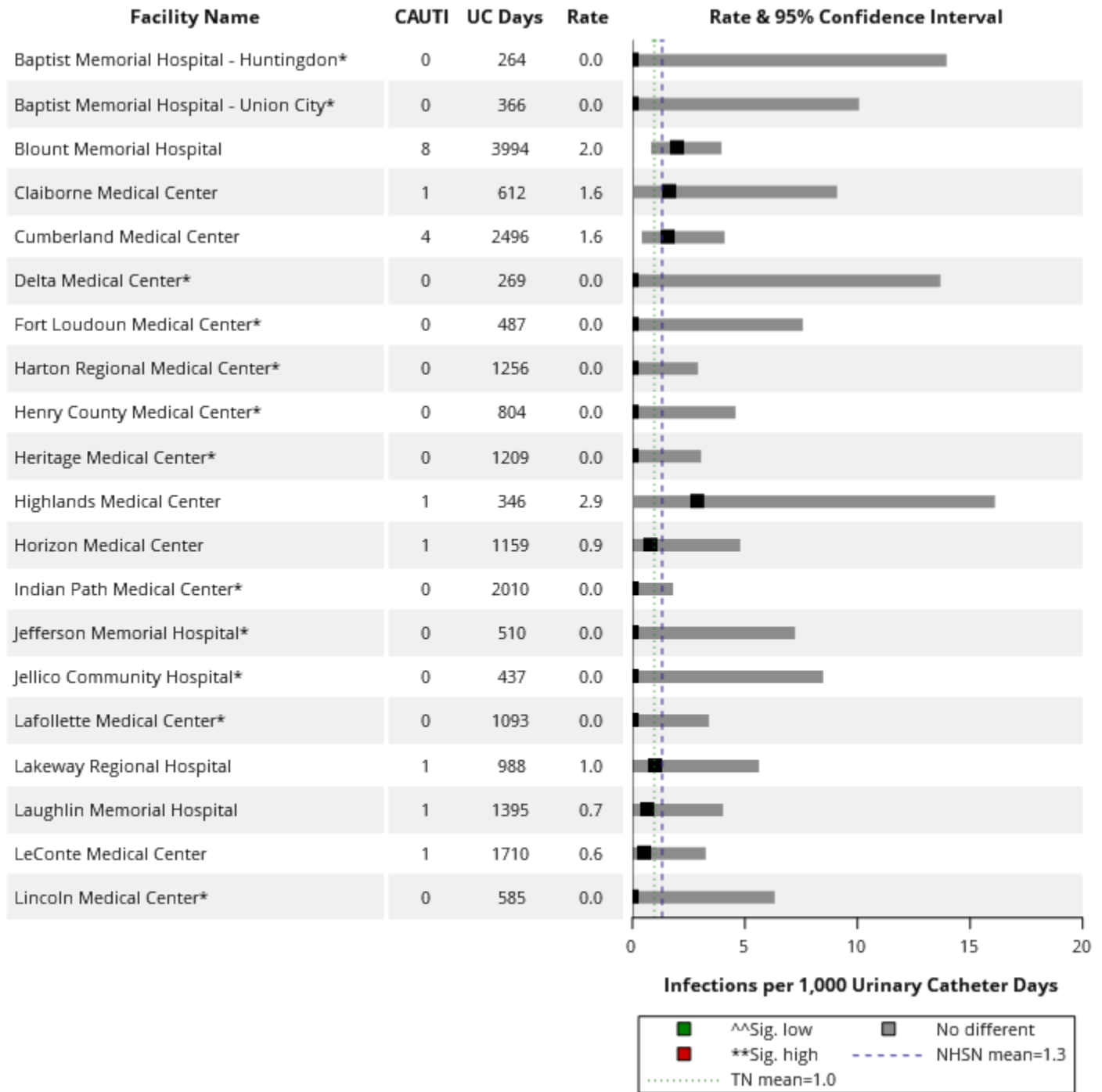
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.3; TN pooled mean (01/01/2014 - 12/31/2014)=3.1

Figure 50: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Medical-Surgical Critical Care Non-Major Teaching & <15 beds



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

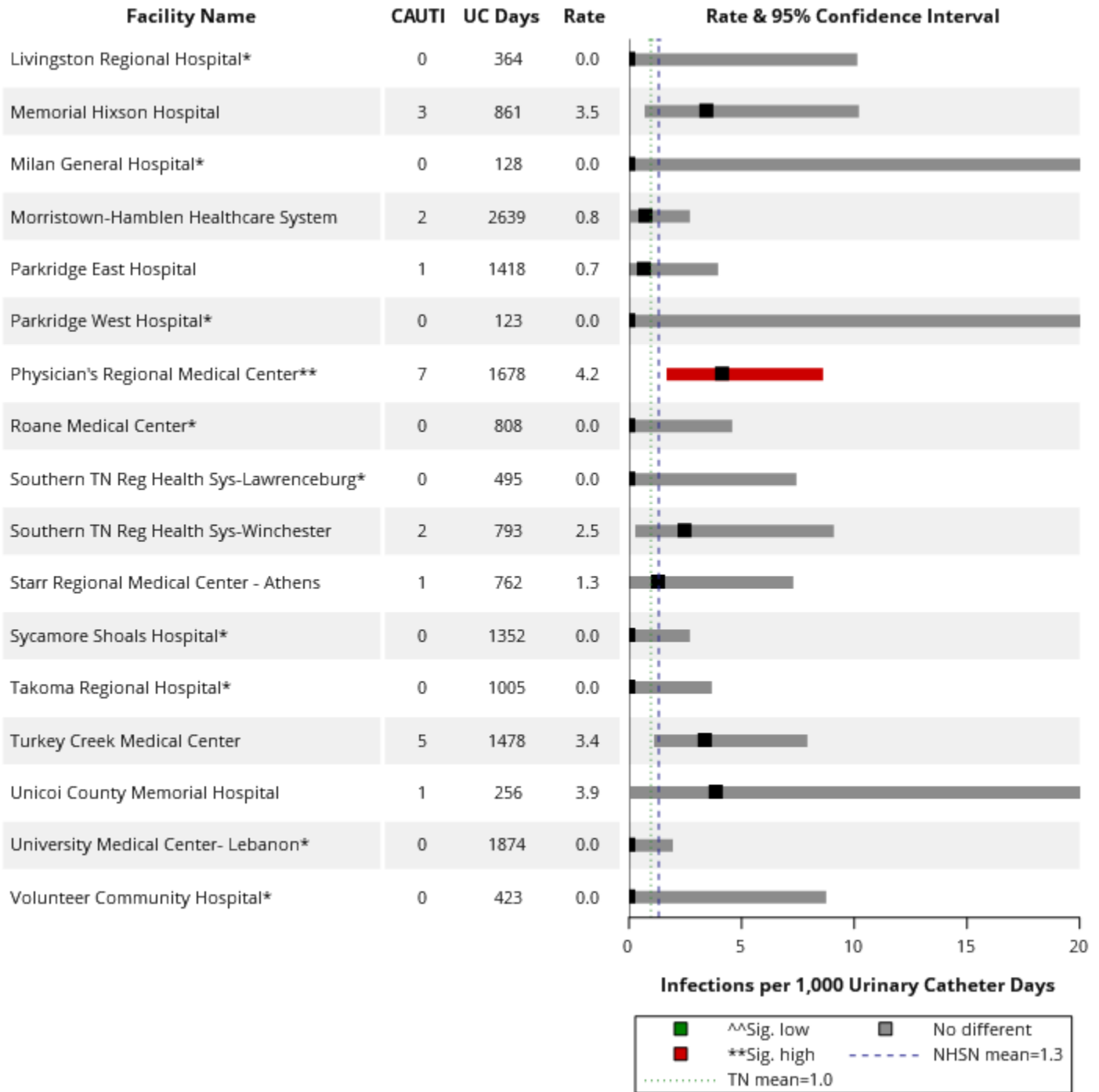
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=1.3; TN pooled mean (01/01/2014 - 12/31/2014)=1.0

Figure 50 (cont'd)



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

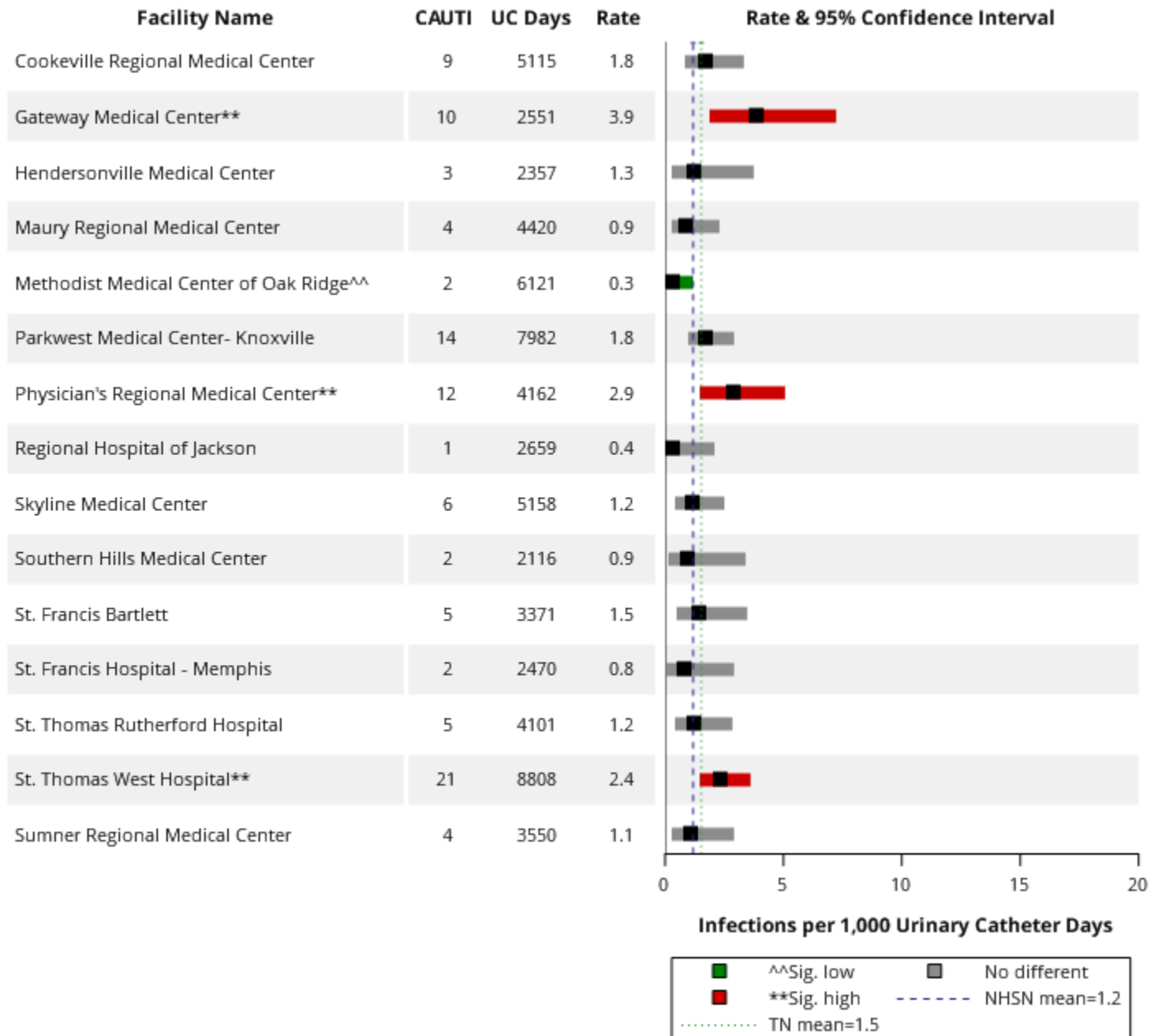
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=1.3; TN pooled mean (01/01/2014 - 12/31/2014)=1.0

Figure 51: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Medical-Surgical Critical Care Non-Major Teaching & >15 beds



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

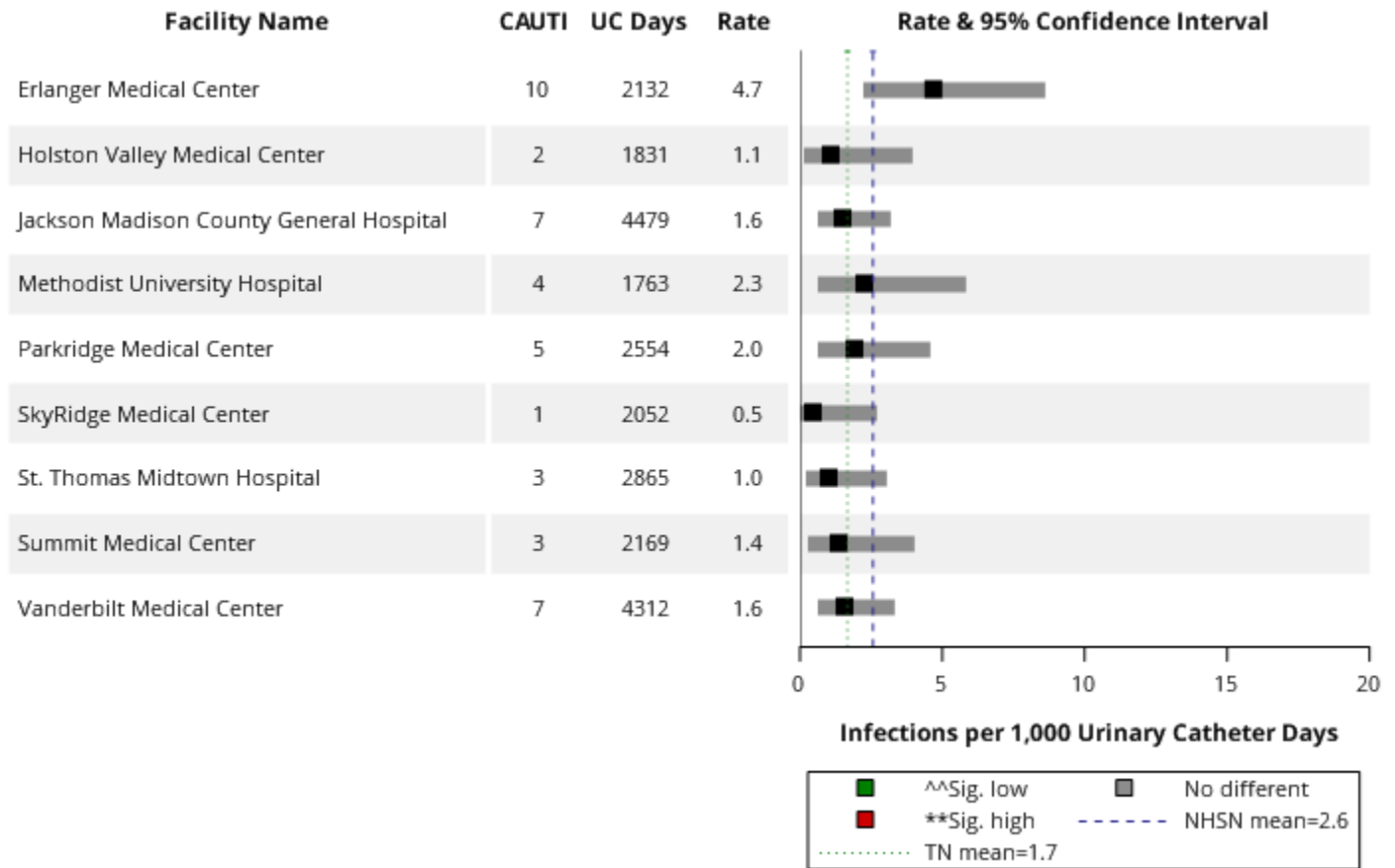
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=1.2; TN pooled mean (01/01/2014 - 12/31/2014)=1.5

Figure 52: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Surgical Critical Care



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

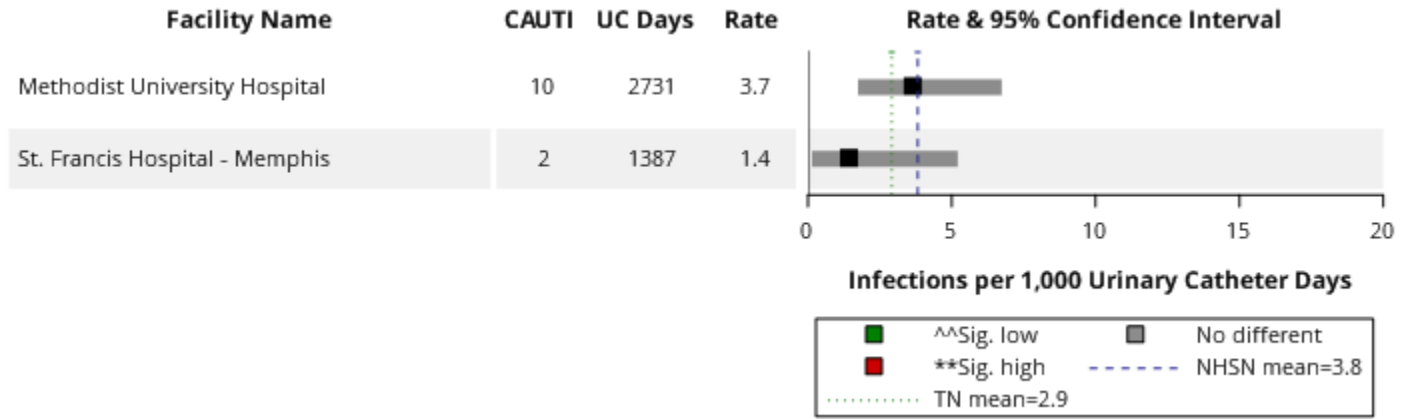
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.6; TN pooled mean (01/01/2014 - 12/31/2014)=1.7

Figure 53: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Neurologic Critical Care



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

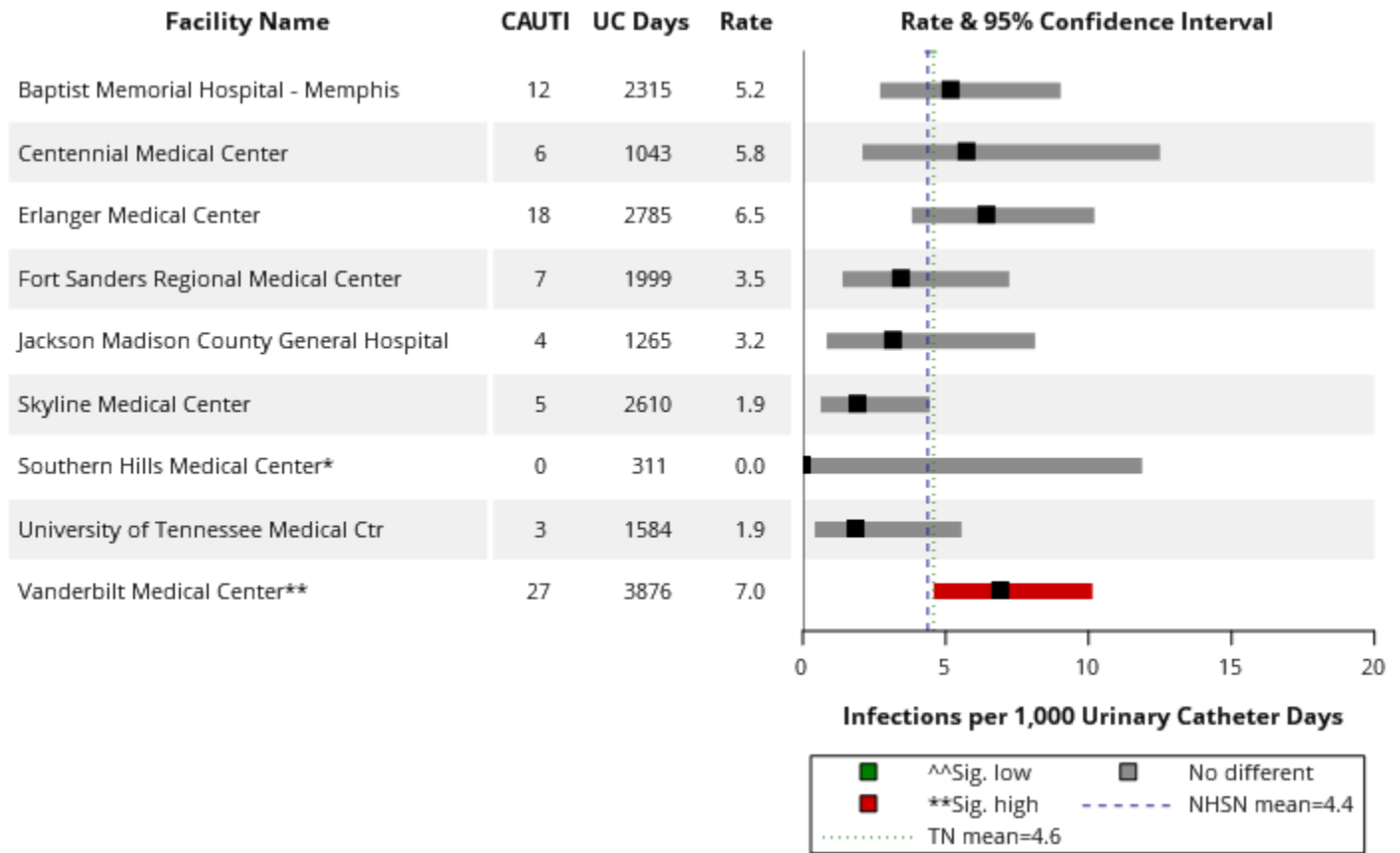
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=3.8; TN pooled mean (01/01/2014 - 12/31/2014)=2.9

Figure 54: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Neurosurgical Critical Care



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

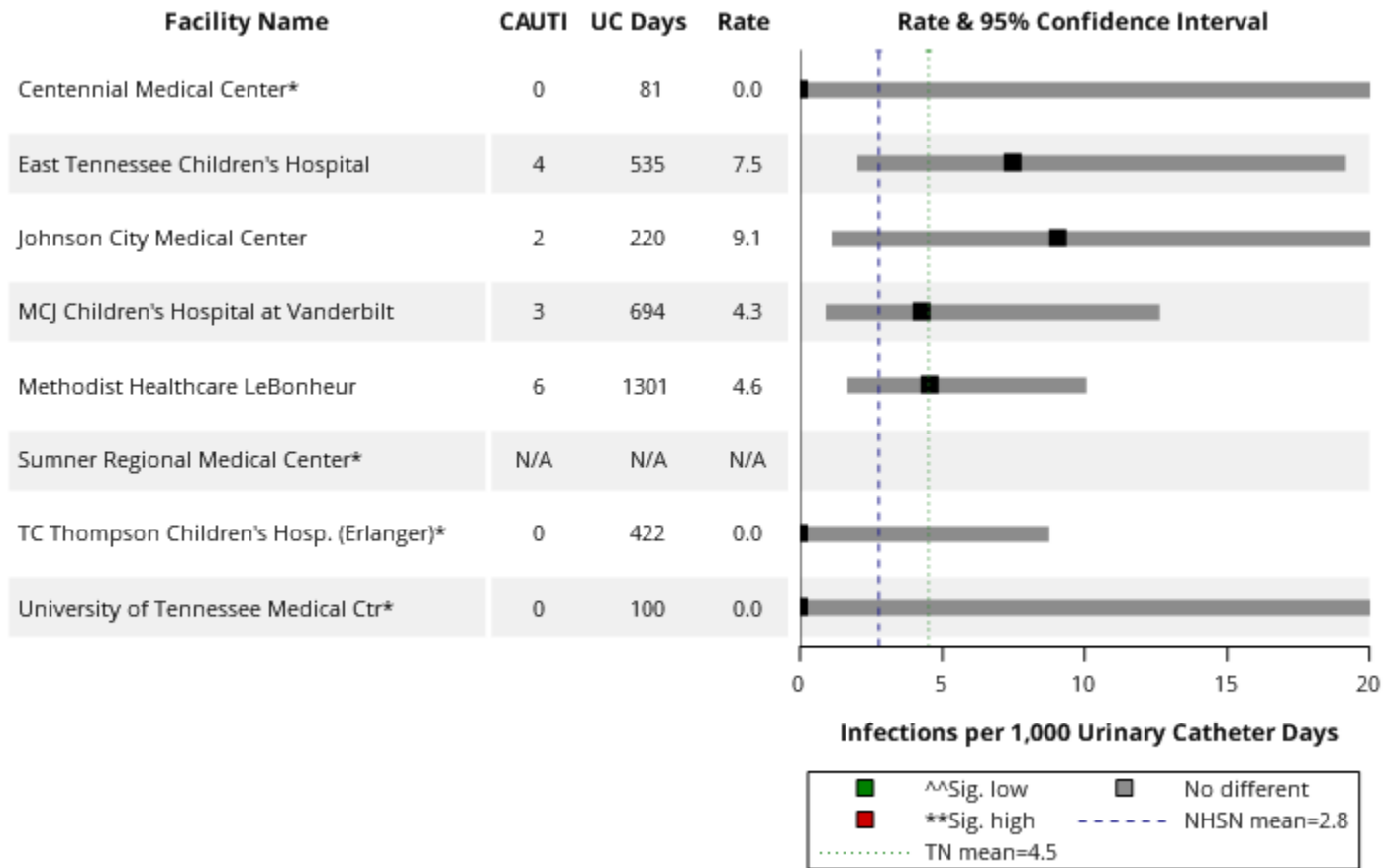
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=4.4; TN pooled mean (01/01/2014 - 12/31/2014)=4.6

Figure 55: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Pediatric Medical-Surgical Critical Care



Data Reported as of September 9, 2015

UC Days = urinary catheter days

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

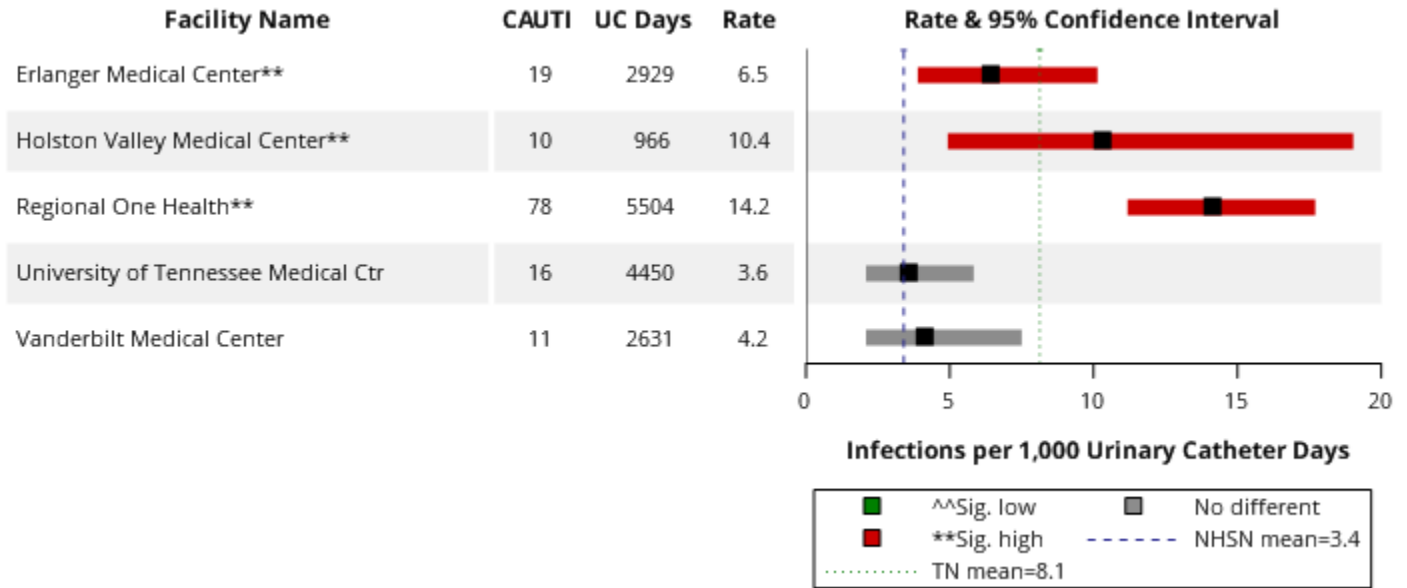
** Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.8; TN pooled mean (01/01/2014 - 12/31/2014)=4.5

Figure 56: Catheter-Associated Urinary Tract Infection (CAUTI) Rates per 1,000 Urinary Catheter Days in Tennessee, 01/01/2014 - 12/31/2014, Trauma Critical Care



Data Reported as of September 9, 2015

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 (01/01/2014 - 12/31/2014)=8.1

CAUTI

Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards

CAUTIs in Adult/Pediatric Medical, Surgical, and Medical/Surgical Wards

Total number of hospitals reporting from January-December 2014: 105

SIRs by Quarter (Figure 57)

- From April-June 2014 to October-December 2014, the overall CAUTI SIR in Tennessee medical, surgical, and medical/surgical wards decreased from 0.70 to 0.52. The U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)²⁰ gives a five-year (2013) prevention target of SIR = 0.75.

Key Percentiles for Tennessee SIRs (Figure 58, Tables 20-21)

- The overall CAUTI SIR across all reporting adult and pediatric medical, surgical, and medical/surgical wards in Tennessee from July-December 2014 was statistically significantly lower than the national SIR of 1 (SIR=0.61; 95% CI: 0.52, 0.71). This SIR indicates that the number of CAUTIs in adult and pediatric medical, surgical, and medical/surgical wards was 39% lower than predicted, compared to national 2009 NHSN data.
- In 2014, the median (50th percentile) facility-specific SIR was 0.46, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.46.
- In 2014, Tennessee CAUTI SIRs were significantly lower than the 2009 baseline SIR in all adult and pediatric medical, surgical, and medical/surgical ward locations that reported, except pediatric medical and pediatric medical/surgical wards, which were not significantly different than the 2009 baseline SIR.

Rates by Unit Type (Table 22)

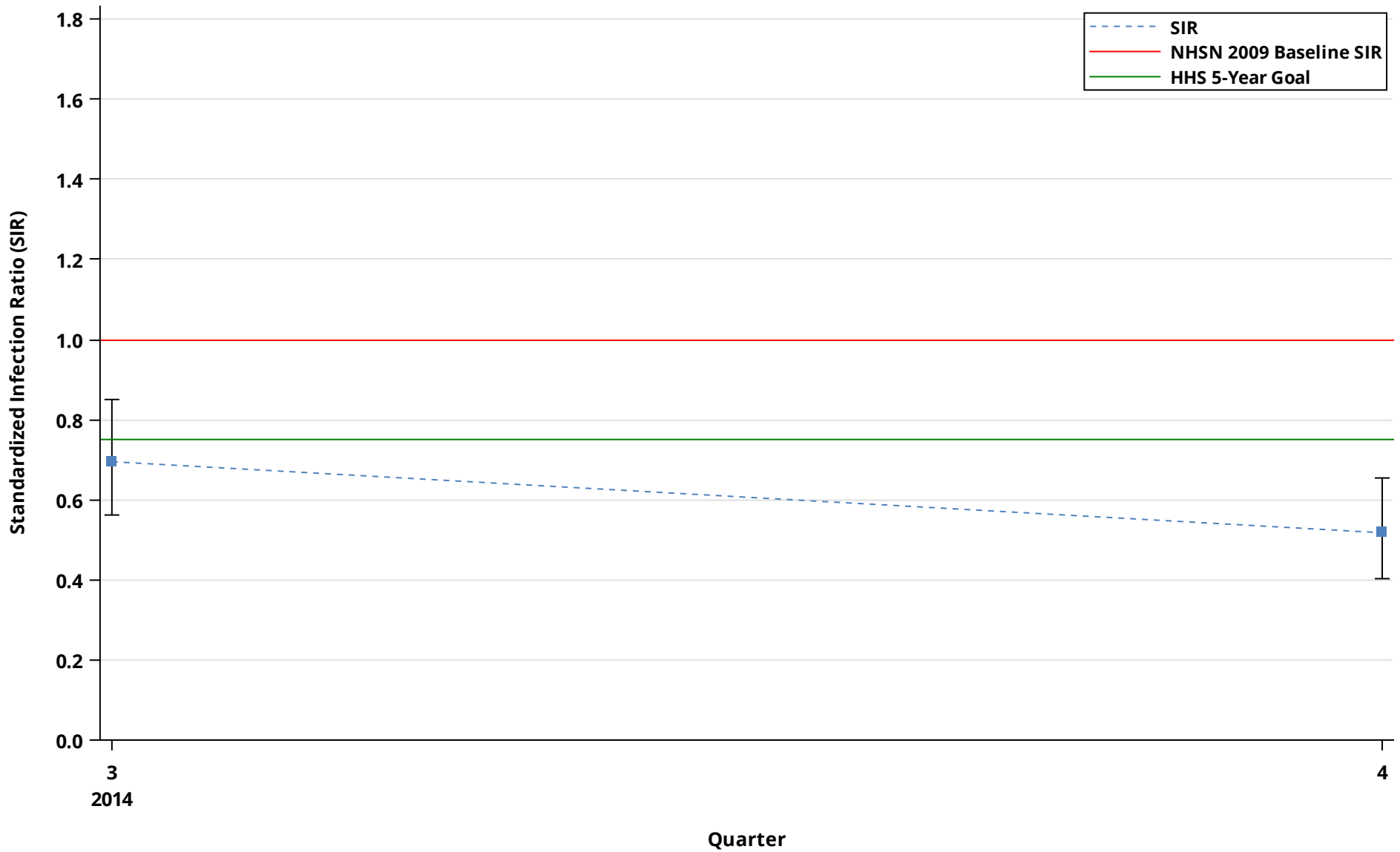
- In 2014, CAUTI rates were highest among pediatric medical wards (2.8 CAUTI per 1,000 urinary catheter days) and lowest among medical/surgical wards (0.9 CAUTI per 1,000 urinary catheter days).

Microorganisms Associated with CAUTIs in Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards (Figure 59)

- Among the 177 pathogens isolated from 158 CAUTIs in 2014, the most common pathogens were *Candida* species and other yeasts (24%), *Escherichia coli* (23%), and *Enterococcus* species (15%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 2% and vancomycin-resistant *Enterococcus* (VRE) for 5% of total positive isolates.

²⁰ <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

Figure 57: Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) for Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards by Quarter, Tennessee, 07/01/2014–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2009]



Data Reported as of September 9, 2015

Table 20: Key Percentiles for Facility-Specific Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratios (SIRs) in Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards by Reporting Year, Tennessee, 07/01/2014 - 12/31/2014

| | | | | | | | | | 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 | 2014 | 105 | 151,457 | 158 | 259.91 | 0.61 | 0.52 | 0.71 | 64 | | 5 | 8% | 1 | 2% | 0.00 | 0.00 | 0.46 | 0.83 | 1.35 |

Data reported as of September 9, 2015

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 SIR of 1.0

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

Table 21: Key Percentiles for Unit-Specific Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratios (SIRs) by Type of Ward and Reporting Year, Tennessee, 07/01/2014 - 12/31/2014

| 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% |
| Medical Ward | 2014 | 45 | 39,552 | 51 | 73.64 | 0.69 | 0.52 | 0.90 | 29 | 0.00 | 0.00 | 0.43 | 1.11 | 1.34 |
| Medical/Surgical Ward | 2014 | 86 | 80,476 | 72 | 128.99 | 0.56 | 0.44 | 0.70 | 44 | 0.00 | 0.00 | 0.46 | 0.92 | 1.47 |
| Pediatric Medical Ward | 2014 | 6 | 354 | 1 | 0.57 | N/A | N/A | N/A | 0 | N/A | N/A | N/A | N/A | N/A |
| Pediatric Medical/Surgical Ward | 2014 | 9 | 803 | 1 | 1.07 | 0.94 | 0.05 | 4.63 | 0 | N/A | N/A | N/A | N/A | N/A |
| Surgical Ward | 2014 | 31 | 30,272 | 33 | 55.65 | 0.59 | 0.42 | 0.82 | 15 | 0.00 | 0.00 | 0.39 | 0.83 | 1.10 |

Data reported as of September 9, 2015

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 22: Comparison of Tennessee and National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Rates and Standardized Infection Ratios (SIRs) by Type of Ward, 07/01/2014 - 12/31/2014

| ICU TYPE | TENNESSEE 01/01/2014 - 12/31/2014 | | | | | 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 |
| Medical Ward | 45 | 51 | 39,552 | 1.3 | 0.0 | 430 | 230,952 | 1.9 | 1.4 | 0.69 | 0.52 | 0.90 |
| Medical/Surgical Ward | 86 | 72 | 80,476 | 0.9 | 0.0 | 1141 | 711,849 | 1.6 | 1.0 | 0.56 | 0.44 | 0.70 |
| Pediatric Medical/Surgical Ward | 9 | 1 | 803 | 1.2 | 0.0 | 11 | 8,293 | 1.3 | 0.0 | 0.94 | 0.05 | 4.63 |
| Pediatric Medical Ward | 6 | 1 | 354 | 2.8 | 0.0 | 2 | 1,249 | 1.6 | N/A | N/A | N/A | N/A |
| Surgical Ward | 31 | 33 | 30,272 | 1.1 | 0.5 | 285 | 155,042 | 1.8 | 1.4 | 0.59 | 0.42 | 0.82 |
| TOTAL | | | | | | | | | | 0.61 | 0.52 | 0.71 |

Data reported as of September 9, 2015

No. = number of facilities

UC Days = urinary catheter days

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

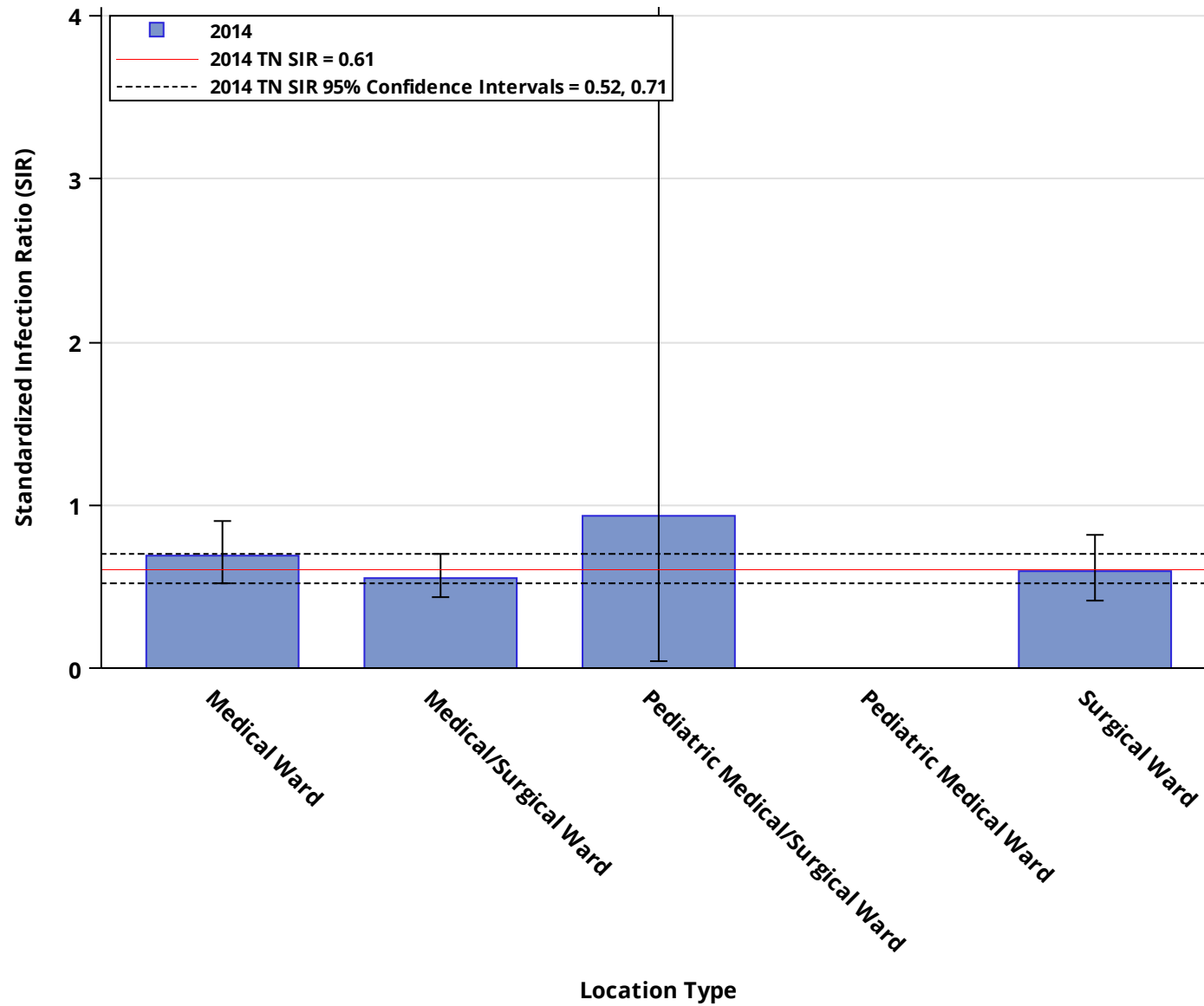
N/A = not available

*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

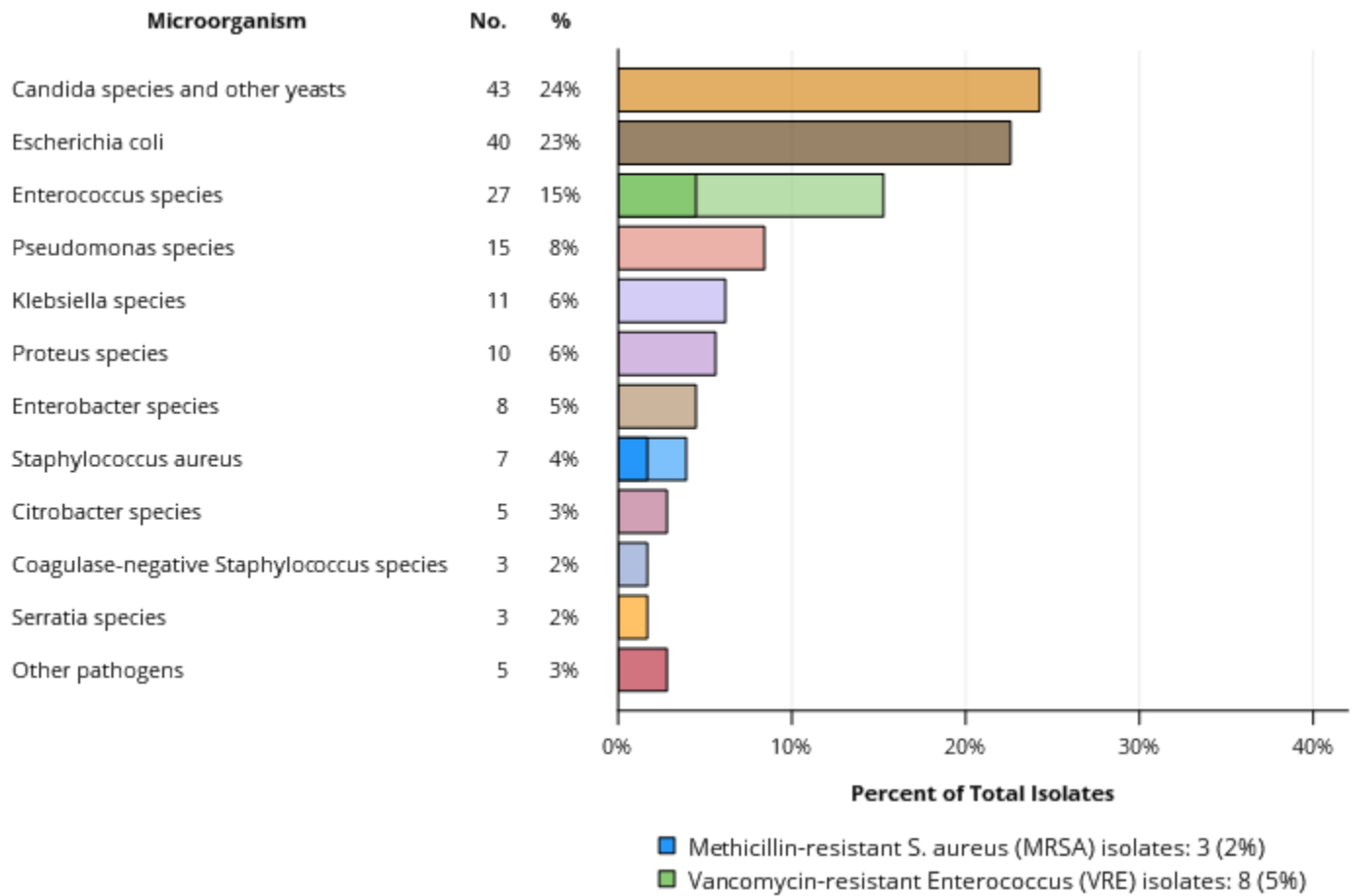
Figure 58: Standardized Infection Ratios (SIRs) for Catheter-Associated Urinary Tract Infections (CAUTIs) by Ward Location Type, Tennessee, 2014
 [Reference standard: National Healthcare Safety Network (NHSN), 2009]



Data Reported as of September 9, 2015

Figure 59: Microorganisms Identified in Catheter-Associated Urinary Tract (CAUTIs) in Adult and Pediatric Wards, Tennessee, 01/01/2014 - 12/31/2014

Number of isolates=177; Number of events=158



Data reported as of September 9, 2015

Other pathogens = *Morganella* spp., *Providencia* spp., *Raoultella* spp., and *Streptococcus* spp.

CAUTI

Long-term Acute Care Hospitals

CAUTIs in Long-Term Acute Care (LTAC) Hospitals:

Total number of facilities reporting from January-December 2014: 10

SIRs by Quarter (Figure 60)

- From January-March 2014 to October-December 2014, the overall CAUTI SIR for Tennessee LTACs fluctuated from a high of 1.58 and a low of 1.22.

Key Percentiles for Tennessee SIRs (Table 23)

- The overall CAUTI SIR across all reporting LTACs in Tennessee from January-December 2014 was statistically significantly higher than the 2013 national SIR of 1 (SIR=1.46; 95% CI: 1.22, 1.74).
- From January-December 2014, the median facility-specific SIR was 1.92, indicating that half of all reporting Tennessee LTACs with at least 1 predicted infection had a SIR at or above 1.92.

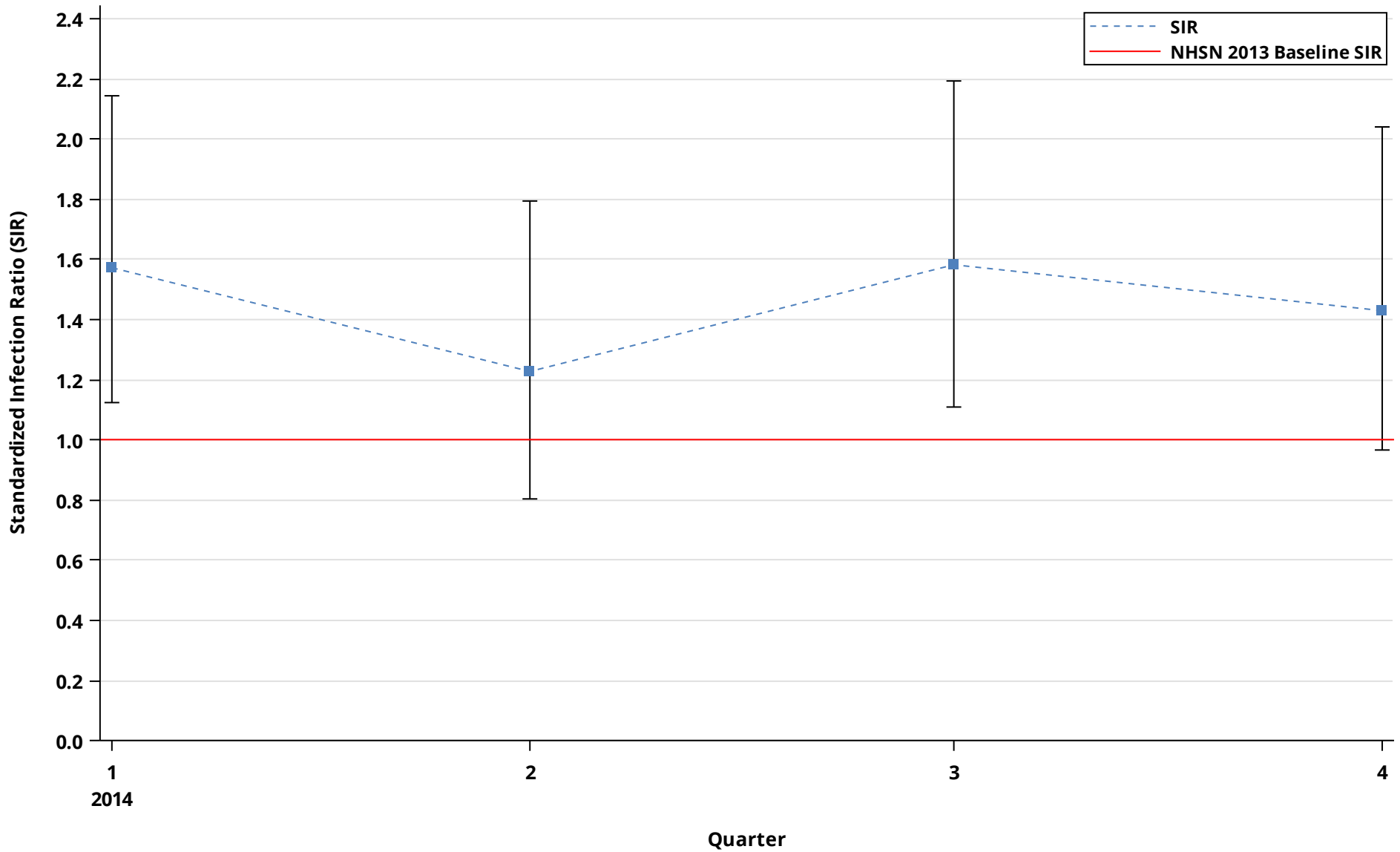
Rates (Figure 61, Table 24)

- From October-December 2012 to October-December 2014, the unadjusted pooled mean CAUTI rate in Tennessee LTAC wards decreased from a high of 3.70 and low of 2.40 CAUTIs per 1,000 urinary catheter days. The unadjusted pooled mean rate in LTACs was lower in 2014 than the pooled mean rate in 2013 (2.9 vs. 3.0 CAUTIs per 1,000 line-days).

Microorganisms Associated with CAUTIs in LTACs (Figure 62)

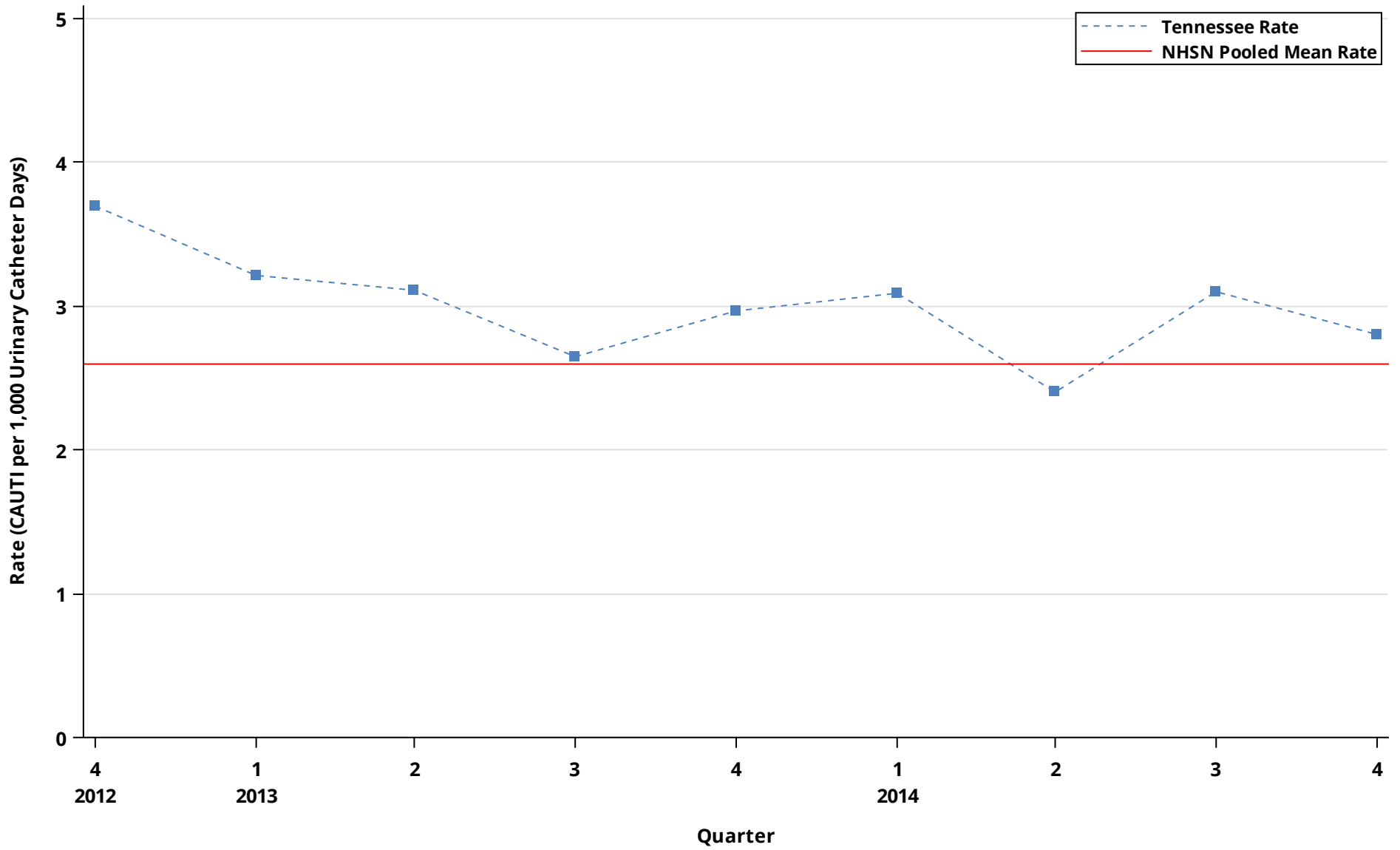
- Among the 139 pathogens isolated from 122 LTAC CAUTIs in 2014, the most common pathogens were *Pseudomonas* species (27%), *Candida* species and other yeasts (24%), and *Escherichia coli* (14%). Methicillin-Resistant *S. aureus* (MRSA) accounted for less than 1% and vancomycin-resistant *Enterococcus* (VRE) for 5% of total positive isolates.

Figure 60: Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 01/01/2014–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2013]



Data Reported as of September 9, 2015

Figure 61: Crude (Unadjusted) Rates of Catheter-Associated Urinary Tract Infections (CAUTIs) in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 10/1/2012–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2009]



Data Reported as of September 9, 2015

Table 23: Key Percentiles for Facility-Specific Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratios (SIRs) in Long-term Acute Care (LTAC) Hospitals by Year, Tennessee, 01/01/2014 - 12/31/2014

| | | | | | | | | | 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 | 2014 | 10 | 42,590 | 122 | 83.56 | 1.46 | 1.22 | 1.74 | 10 | | 2 | 20% | 6 | 60% | 0.20 | 0.60 | 1.92 | 2.85 | 3.23 |

Data reported as of September 9, 2015

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 2013 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2013 SIR of 1.0

Table 24: Crude (Unadjusted) Rate of Catheter-Associated Urinary Tract Infection (CAUTI) and Catheter Utilization Rates in Long-term Acute Care (LTAC) Hospitals by Year, Tennessee, 10/01/2012 - 12/31/2014

| STATE | YEAR | No. | CAUTI | UC Days | CAUTI Rate* | PATIENT DAYS | DU Rate |
|-----------|------|-----|-------|---------|-------------|--------------|---------|
| Tennessee | 2014 | 10 | 122 | 42,590 | 2.86 | 105,834 | 0.40 |
| | 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 9, 2015

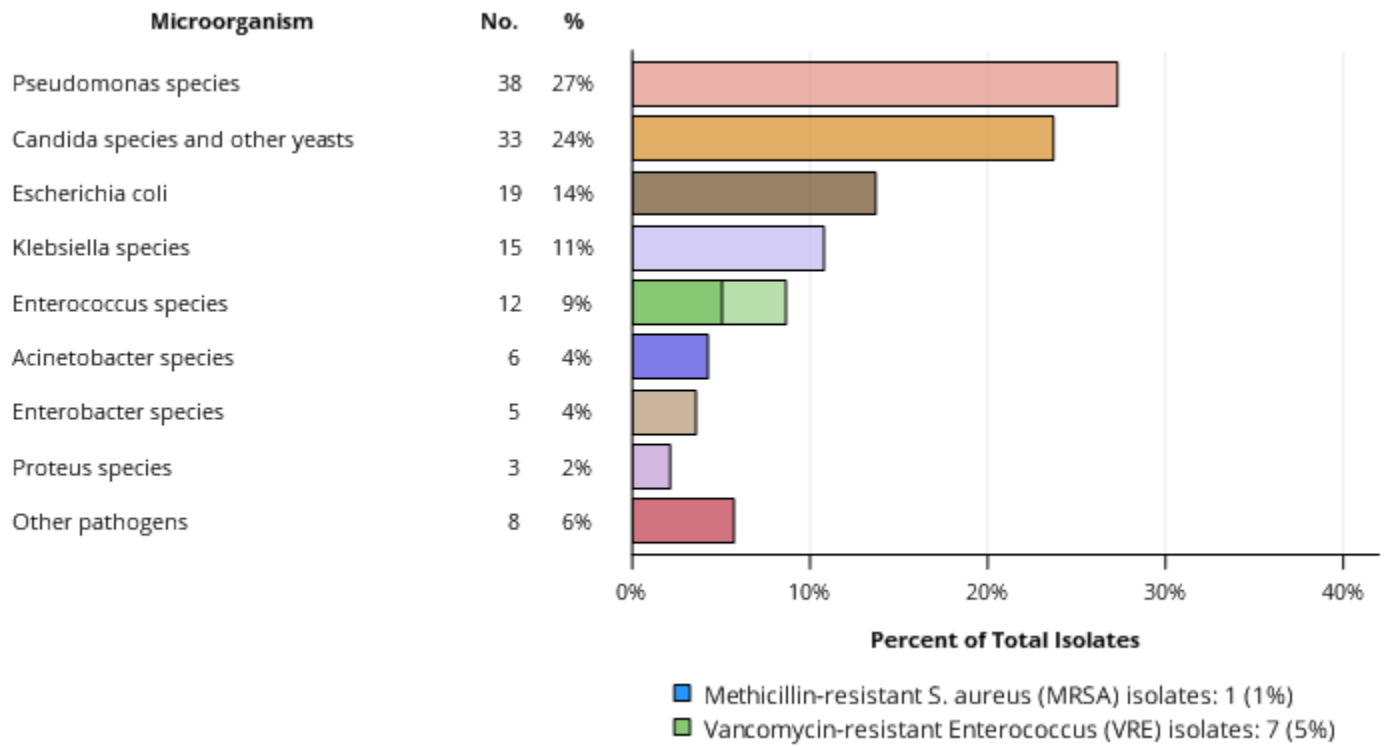
No. = number of facilities; CAUTI = observed number of CAUTI; UC DAYS = urinary catheter days

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

*Per 1,000 urinary catheter days

Figure 62: Microorganisms Identified in Catheter-Associated Urinary Tract (CAUTIs) in Long-term Acute Care (LTAC) Hospitals, Tennessee, 01/01/2014 - 12/31/2014

Number of isolates=139; Number of events=122



Data reported as of September 9, 2015

Other pathogens = *Achromobacter* spp., *Citrobacter* spp., *Morganella* spp., *Ochrobactrum* spp., *Pantoea* spp., *Staphylococcus* spp., *Stenotrophomonas* spp., and *Streptococcus* spp.

CAUTI

Inpatient Rehabilitation Facilities

CAUTIs in Inpatient Rehabilitation Facilities:

Total number of facilities reporting from January-December 2014: 31

SIRs by Quarter (Figure 63)

- From January-March 2014 to October-December 2014, the overall CAUTI SIR for Tennessee inpatient rehabilitation facilities (IRFs) fluctuated between a high of 1.36 and a low of 0.96.

Key Percentiles for Tennessee SIRs (Table 25)

- The overall CAUTI SIR across all reporting IRFs in Tennessee from January-December 2014 was not statistically significantly different than the 2013 national SIR of 1 (SIR=1.16; 95% CI: 0.87, 1.52).
- From January-December 2014, the median facility-specific SIR was 0.83, indicating that half of all reporting Tennessee IRFs with at least 1 predicted infection had a SIR at or below 0.83.

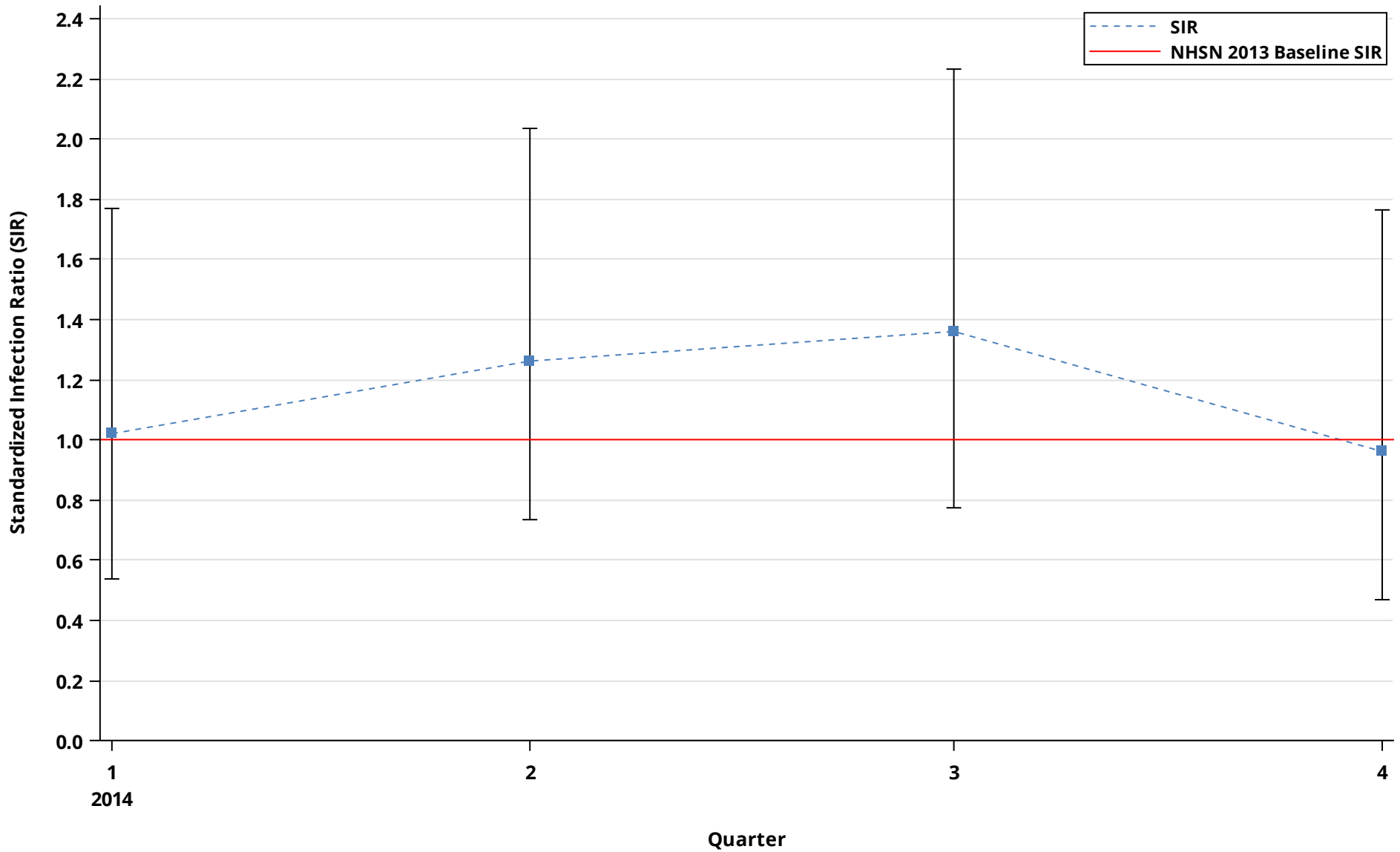
Rates (Figure 64, Table 26)

- From October-December 2012 to October-December 2014, the unadjusted pooled mean CAUTI rate in Tennessee IRFs fluctuated between 3.92 and 1.85 CAUTIs per 1,000 urinary catheter days. The unadjusted pooled mean rate in IRFs was higher in 2014 than the pooled mean rate in 2013 (3.1 vs. 2.8 CAUTIs per 1,000 urinary catheter days).

Microorganisms Associated with CAUTIs in IRFs (Figure 65)

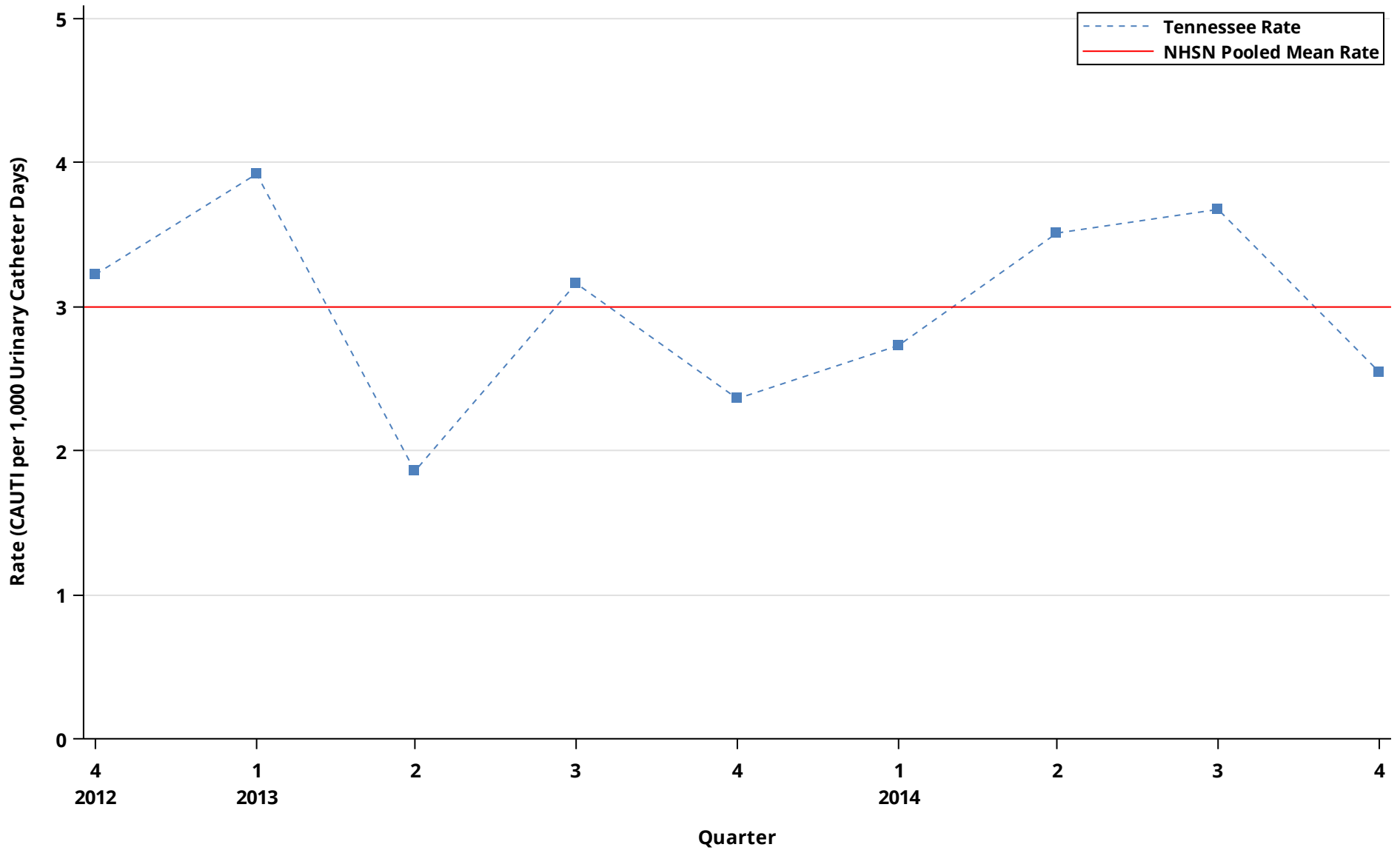
- Among the 54 pathogens isolated from 49 IRF CAUTIs in 2014, the most common pathogens were *Escherichia coli* (26%), *Klebsiella* species (20%), and *Pseudomonas* species (17%). Vancomycin-resistant *Enterococcus* (VRE) accounted for 4% of total positive isolates and no methicillin-resistant *S. aureus* (MRSA) isolates were reported.

Figure 63: Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) in Inpatient Rehabilitation Facilities (IRF) by Quarter, Tennessee, 01/01/2014–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2013]



Data Reported as of September 9, 2015

Figure 64: Crude (Unadjusted) Rates of Catheter-Associated Urinary Tract Infections (CAUTIs) in Inpatient Rehabilitation Facilities (IRF) by Quarter, Tennessee, 10/1/2012–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2011]



Data Reported as of September 9, 2015

Table 25: Key Percentiles for Facility-Specific Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratios (SIRs) in Inpatient Rehabilitation Facilities (IRF) Facilities by Year, Tennessee, 01/01/2014 - 12/31/2014

| | | | | | | | | | 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 | 2014 | 31 | 15,648 | 49 | 42.31 | 1.16 | 0.87 | 1.52 | 13 | | 0 | 0% | 1 | 8% | 0.00 | 0.41 | 0.83 | 1.74 | 2.61 |

Data reported as of September 9, 2015

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 2013 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2013 SIR of 1.0

Table 26: 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 - 12/31/2014

| STATE | YEAR | No. | CAUTI | UC Days | CAUTI Rate* | PATIENT DAYS | DU Rate |
|-----------|------|-----|-------|---------|-------------|--------------|---------|
| Tennessee | 2014 | 31 | 49 | 15,648 | 3.13 | 212,431 | 0.07 |
| | 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 9, 2015

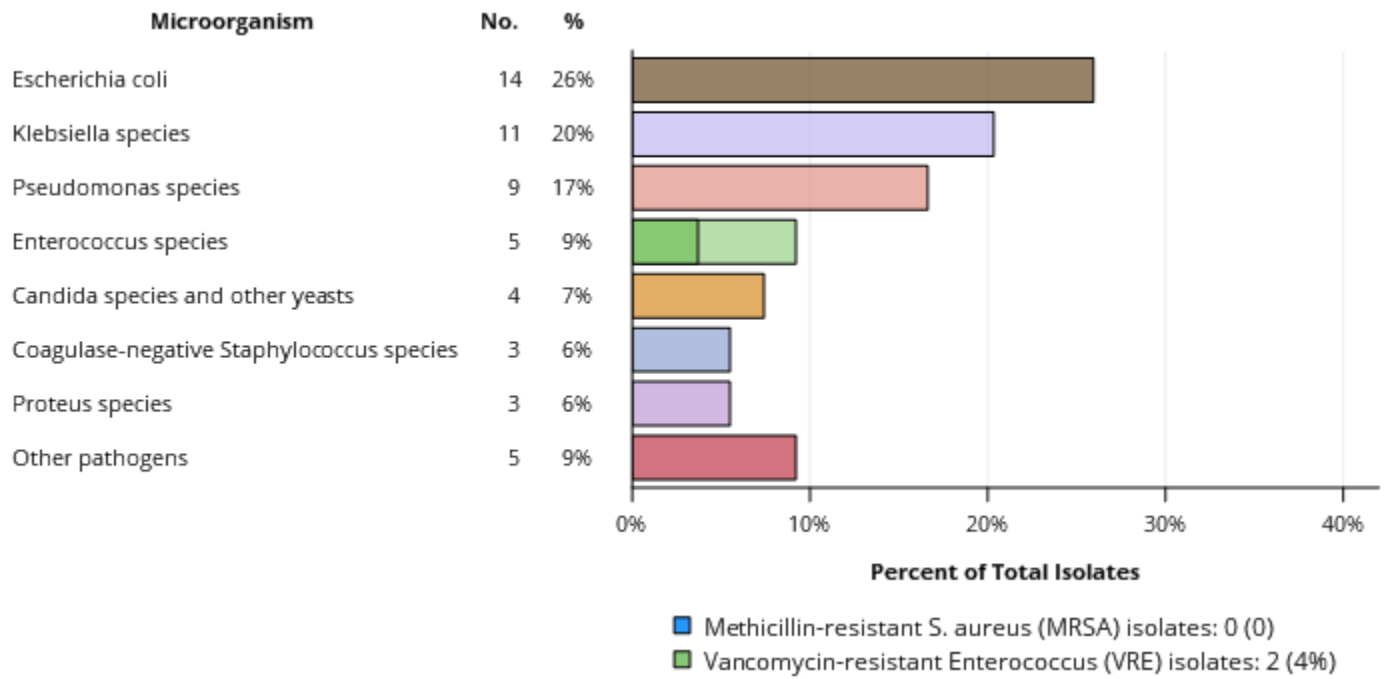
No. = number of facilities; CAUTI = observed number of CAUTI; UC DAYS = urinary catheter days

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

*Per 1,000 urinary catheter days

Figure 65: Microorganisms Identified in Catheter-Associated Urinary Tract (CAUTIs) in Inpatient Rehabilitation Facilities (IRF), Tennessee, 01/01/2014 - 12/31/2014

Number of isolates=54; Number of events=49



Data reported as of September 9, 2015

Other pathogens = *Citrobacter* spp., *Enterobacter* spp., *Morganella* spp., *Raoultella* spp., and *Serratia* 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 SSI](#)²¹).

Reporting Requirements

Surgical site infections (SSI) following coronary artery bypass graft (CBGB/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 protocol](#)²², 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

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

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

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 2006-2008](#)²³ 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:

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

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

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.

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)
Coronary Artery Bypass Graft Procedures

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

Total number of facilities reporting from January-December 2014: 25

SIRs by Quarter (Figure 66)

- From January-March 2009 to October-December 2014, 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 27)

- The All SSI SIR for SSIs related to CBGB/C procedures in Tennessee from January-December 2014 was statistically significantly lower than the national SIR of 1 (SIR=0.49; 95% CI: 0.38, 0.61). The All SSI SIR for CBGB/C from January-December 2014 was lower than the SIR for 2012 and 2013.
- From January-December 2014, the median All SSI SIR for CBGB/C procedures was 0.33, indicating that half of reporting facilities with at least 1 predicted infection had an All SSI SIR at or below 0.33.
- The Complex A/R SIR for SSIs related to CBGB/C procedures in Tennessee from January-December 2014 was significantly lower than the national SIR of 1 (SIR=0.55; 95% CI: 0.41, 0.73). The Complex A/R SIR for CBGB/C from January-December 2014 was lower than the SIR for 2013 and about the same as the SIR for 2012.
- From January-December 2014, the median Complex A/R SIR for CBGB/C procedures was 0.39, indicating that half of reporting facilities with at least 1 predicted infection had an All SSI SIR at or below 0.39.

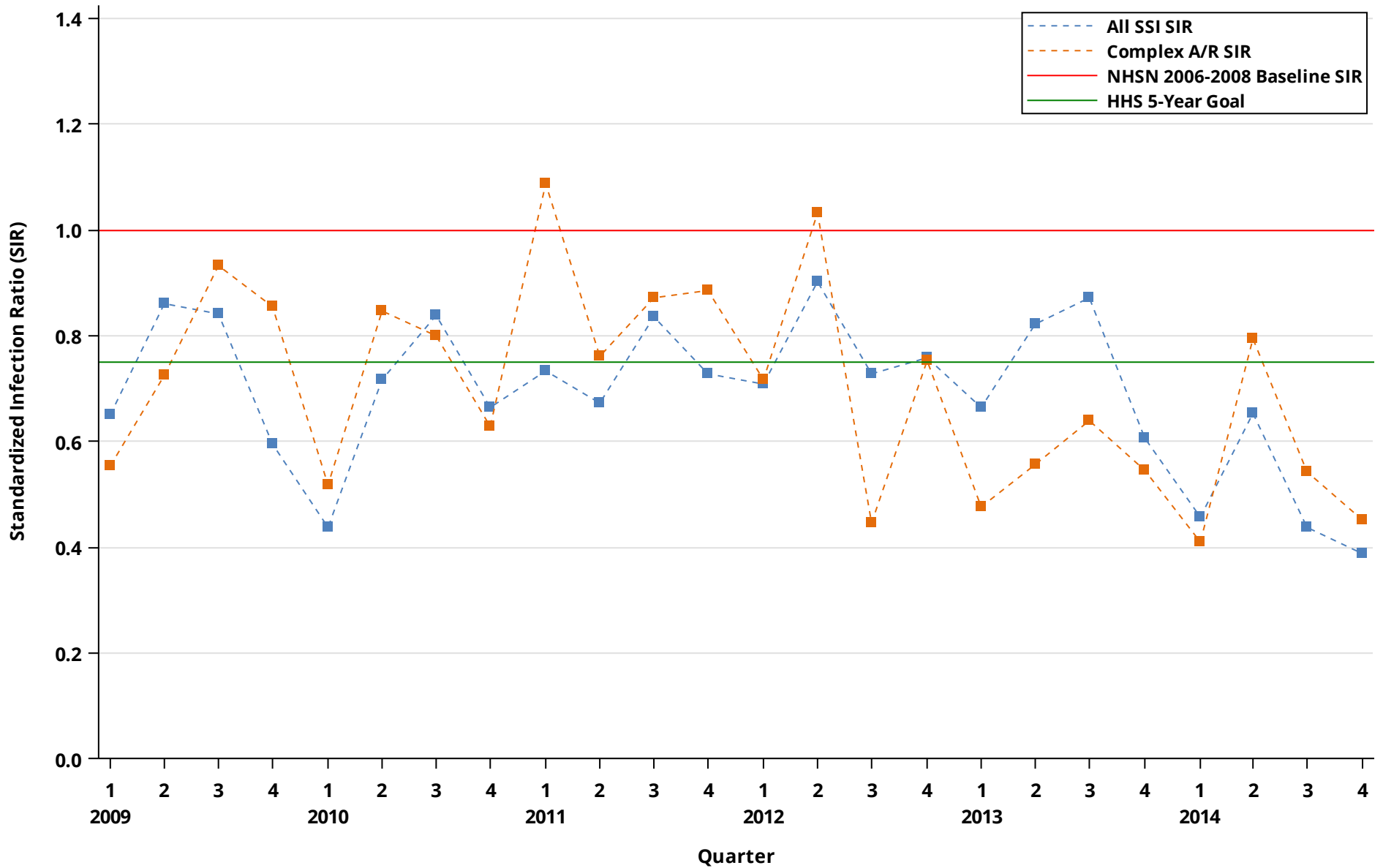
Rates, Infection Sites, and Detection (Figures 67-68, Table 28)

- In 2014, 86 SSIs were reported among 6,743 CBGB/C procedures in Tennessee, for a crude rate of 1.28 infections per 100 operations.
- Overall, SSIs related to CBGB/C procedures were most often deep primary (35%), and superficial primary (28%). SSIs related to CBGB/C procedures were least often deep secondary infections (2%).
- SSIs related to CBGB/C procedures were most often identified upon readmission (81%).

Microorganisms associated with SSIs following CBGB/C Procedures (Figure 69)

- Among the 98 pathogens isolated from 86 SSIs following CBGB/C procedures in 2014, the most common pathogens were *Staphylococcus aureus* (34%), coagulase-negative *Staphylococcus* species (14%), and *Escherichia coli* (9%). Methicillin-resistant *Staphylococcus aureus* (MRSA) accounted for 15% and no vancomycin-resistant *Enterococcus* (VRE) isolates were identified.

Figure 66: Coronary Artery Bypass Graft (CBGB/C) All and Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Quarter, Tennessee, 01/01/2009–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 9, 2015

Table 27: Coronary Artery Bypass Graft (CBGB/C) All and Complex Admission/Readmission (AR) Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Reporting Year, Tennessee, 01/01/2012 - 12/31/2014

| | | | | | | | | | | 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 | 2014 | 25 | 6,696 | 70 | 144.32 | 0.49 | 0.38 | 0.61 | 23 | 7 | 30% | 0 | 0% | 0.00 | 0.00 | 0.33 | 0.76 | 1.19 |
| | | 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 | 155.07 | 0.77 | 0.64 | 0.92 | 26 | 4 | 15% | 2 | 8% | 0.15 | 0.44 | 0.64 | 1.15 | 1.99 |
| | Complex A/R | 2014 | 25 | 6,696 | 44 | 79.88 | 0.55 | 0.41 | 0.73 | 22 | 4 | 18% | 0 | 0% | 0.00 | 0.00 | 0.39 | 0.73 | 1.39 |
| | | 2013 | 27 | 6,804 | 46 | 83.12 | 0.55 | 0.41 | 0.73 | 22 | 2 | 9% | 0 | 0% | 0.20 | 0.33 | 0.55 | 0.91 | 1.08 |
| | | 2012 | 26 | 7,062 | 63 | 85.14 | 0.74 | 0.57 | 0.94 | 22 | 3 | 14% | 1 | 5% | 0.00 | 0.00 | 0.71 | 1.10 | 1.44 |

Data reported as of September 9, 2015

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 28: Crude (Unadjusted) Rate of Coronary Artery Bypass Graft (CBGB/C) Surgical Site Infection (SSI) by Year, Tennessee, 01/01/2012 - 12/31/2014

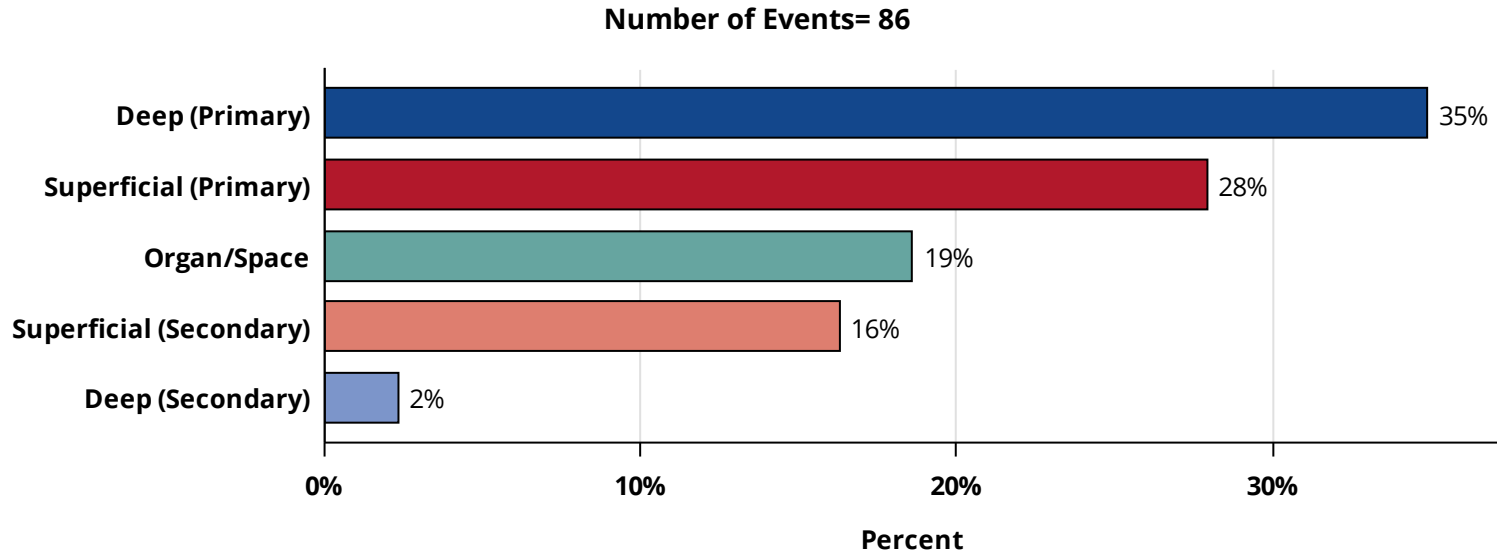
| STATE | YEAR | No. of facilities | No. of procedures | No. of SSI | TN Rate* |
|-----------|------|-------------------|-------------------|------------|----------|
| Tennessee | 2014 | 25 | 6,743 | 86 | 1.28 |
| | 2013 | 27 | 6,806 | 136 | 2.00 |
| | 2012 | 26 | 7,064 | 142 | 2.01 |

Data reported as of September 9, 2015

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

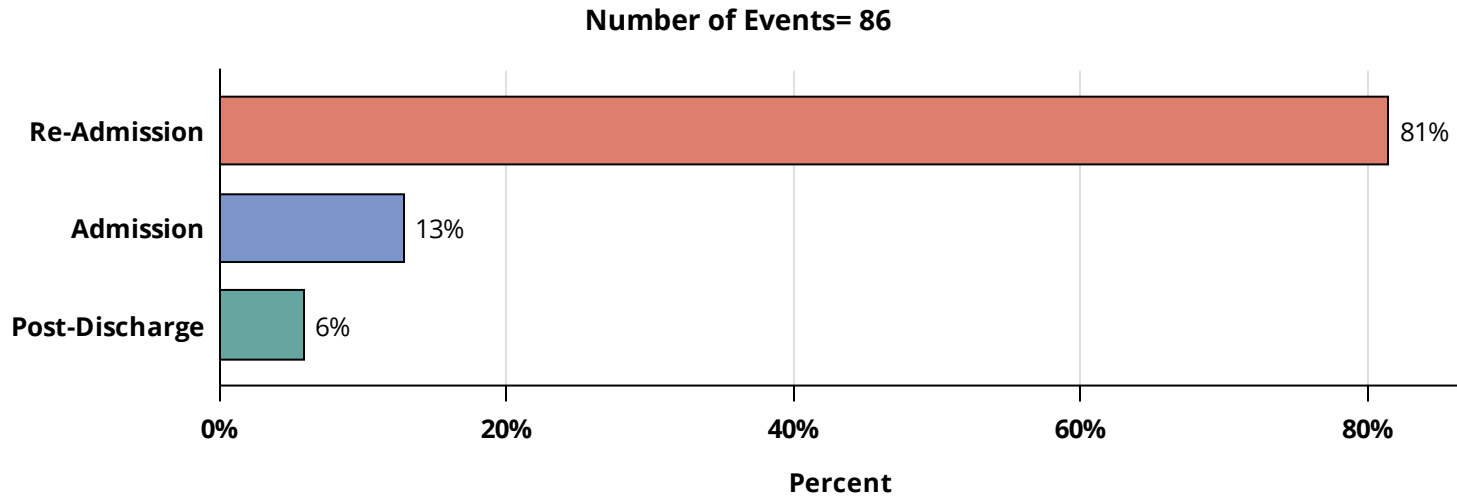
*per 100 procedures

Figure 67: Coronary Artery Bypass Graft (CBGB/C) Surgical Site Infections by Site, Tennessee, 01/01/2014–12/31/2014



Data Reported as of September 9, 2015

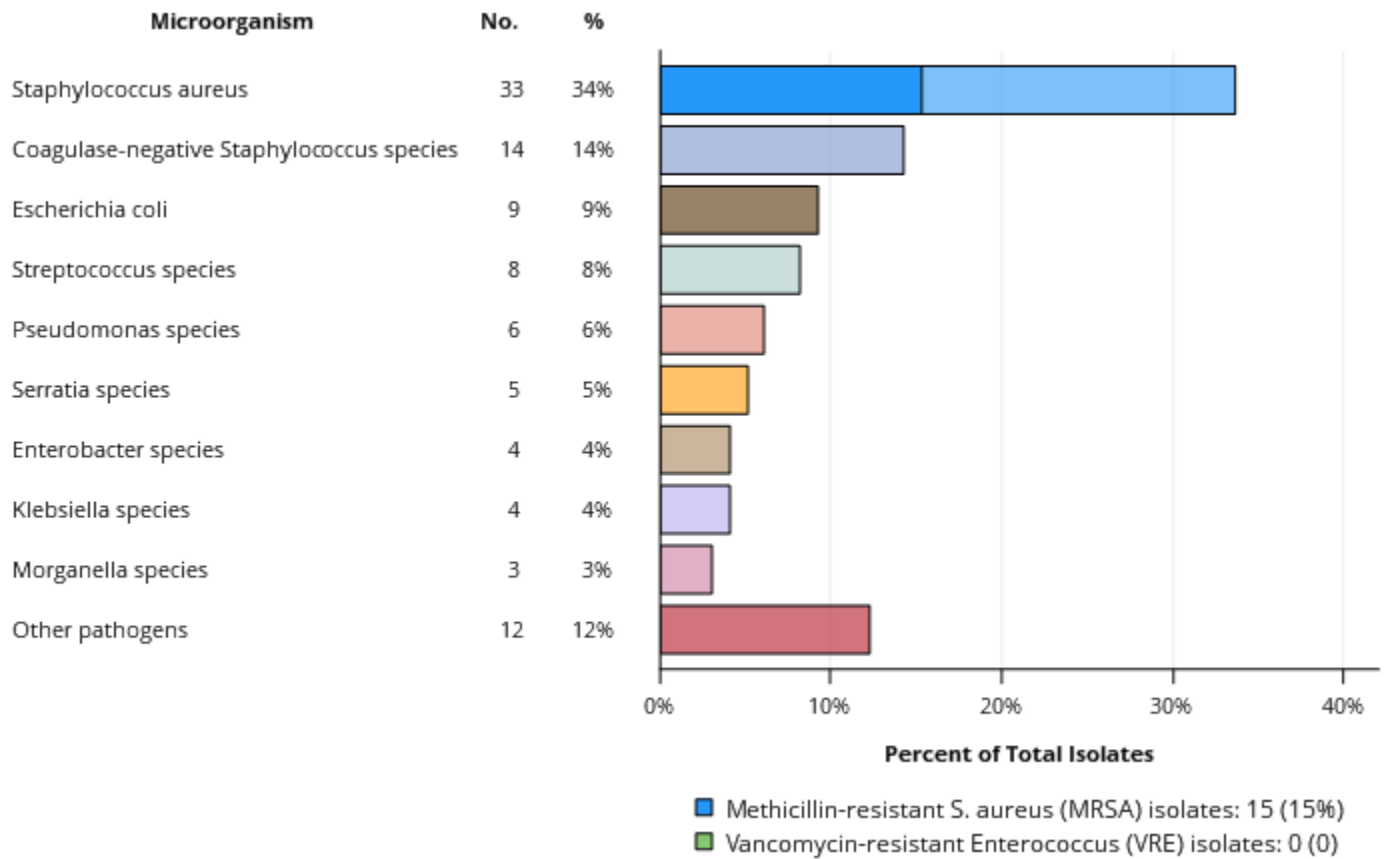
Figure 68: Coronary Artery Bypass Graft (CBGB/C) Surgical Site Infections Detection, Tennessee, 01/01/2014–12/31/2014



Data Reported as of September 9, 2015

Figure 69: Microorganisms Identified from Surgical Site Infections (SSI) following Coronary Artery Bypass Graft (CBGB/C) Procedures, Tennessee, 01/01/2014 - 12/31/2014

Number of isolates=98; Number of events=86



Data reported as of September 9, 2015

Other pathogens = *Candida* spp., *Corynebacterium* spp., *Diphtheroids* spp., *Enterococcus* spp., *Haemophilus* spp., Other *Staphylococcus* spp., *Propionibacterium* spp., and *Proteus* spp.

Surgical Site Infections (SSI)

Colon Procedures

SSIs Related to Colon (COLO) Procedures:

Total number of facilities reporting from January-December 2014: 89

SIRs by Quarter (Figure 70)

- From January-March 2012 to October-December 2014, 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 2014 (0.95 and 1.15 respectively).

Key percentiles for Tennessee SIRs (Table 29)

- The All SSI SIR for SSIs related to COLO procedures in Tennessee from January-December 2014 was statistically significantly lower than the 2006-8 national SIR of 1 (SIR=0.86; 95% CI: 0.78, 0.95).
- From January-December 2014, the median All SSI SIR for COLO procedures was 0.78, indicating that half of reporting facilities with at least 1 predicted infection had an All SSI SIR at or below 0.78.
- The Complex A/R SIR for SSIs related to COLO procedures in Tennessee from January-December 2014 was not significantly different from the 2006-8 national SIR of 1 (SIR=0.91; 95% CI: 0.79, 1.04).
- From January-December 2014, the median Complex A/R SIR for COLO procedures was 0.68, indicating that half of reporting facilities with at least 1 predicted infection had a Complex A/R SIR at or below 0.68.

Rates, Infection Sites, and Detection (Figures 71-72, Table 30)

- In 2014, 435 SSIs were reported among 7,948 colon procedures in Tennessee, for a crude rate of 5.47 infections per 100 operations.
- Overall, SSIs related to colon procedures were most often superficial primary (41%), and organ/space (40%). SSIs related to colon procedures were least often deep primary infections (19%).
- SSIs related to colon procedures were most often identified during the same hospital admission as the procedure (50%).

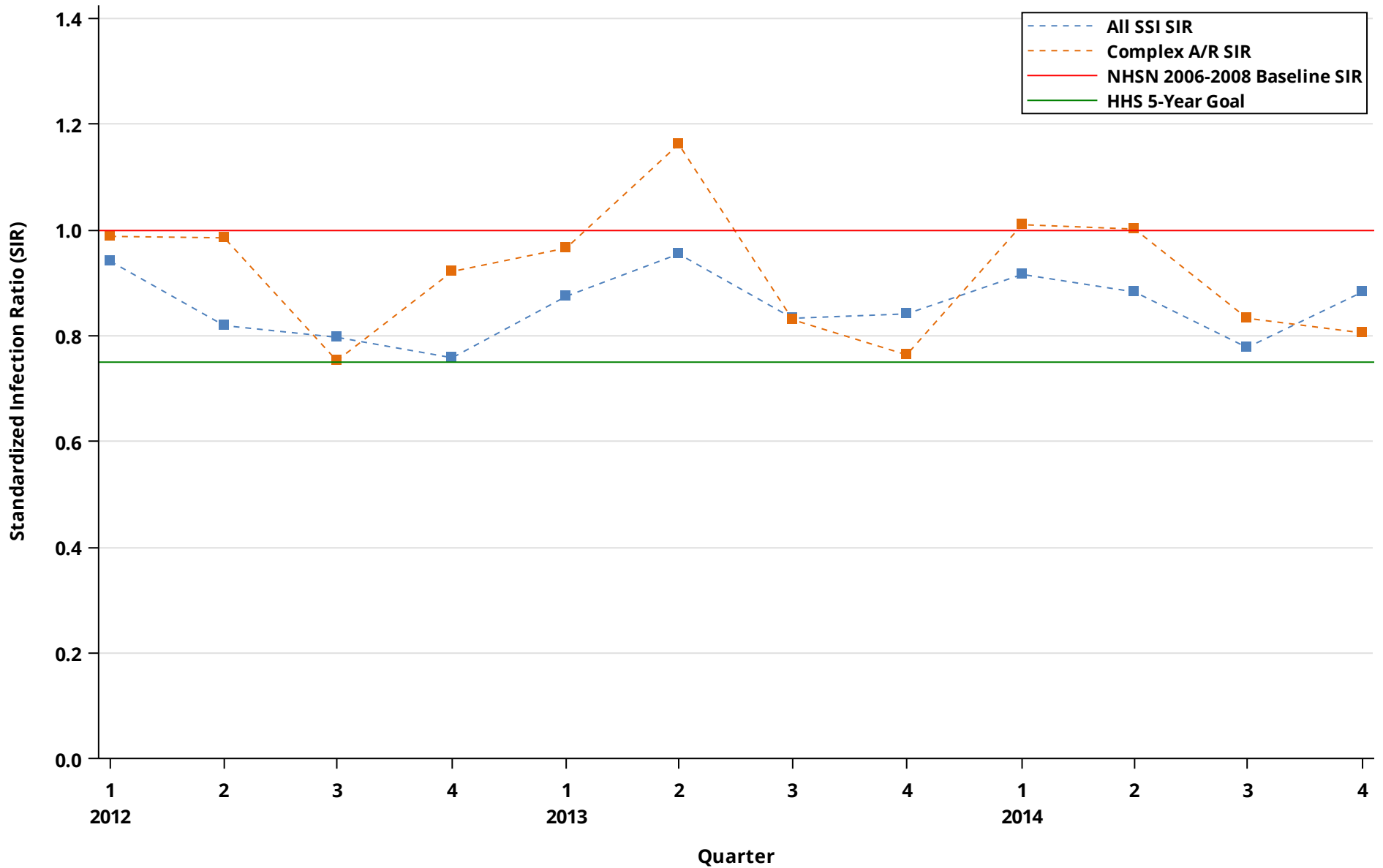
Microorganisms associated with SSIs following Colon Procedures (Figure 73)

- Among the 555 pathogens isolated from 435 SSIs following colon procedures in 2014, the most common pathogens were *Enterococcus* species (23%), *Escherichia coli* (19%), and *Staphylococcus aureus* (9%). Methicillin-resistant *Staphylococcus aureus* (MRSA) accounted for 6% and vancomycin-resistant *Enterococcus* (VRE) for 5% of total isolates.

Facility-Specific SIRs (Figure 74)

- 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 2014 is displayed in [Figure 74](#). 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 2006-8 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 2014, 6 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 70: Colon Surgery (COLO) All and Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Quarter, Tennessee, 01/01/2012-12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 9, 2015

Table 29: Colon Surgery (COLO) All and Complex Admission/Readmission (AR) Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Reporting Year, Tennessee, 01/01/2012 - 12/31/2014

| | | | | | | | | | | 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 | 2014 | 89 | 7,491 | 403 | 466.74 | 0.86 | 0.78 | 0.95 | 63 | 7 | 11% | 2 | 3% | 0.00 | 0.29 | 0.78 | 1.17 | 1.56 |
| | | 2013 | 93 | 7,311 | 399 | 454.75 | 0.88 | 0.79 | 0.97 | 64 | 7 | 11% | 2 | 3% | 0.00 | 0.21 | 0.73 | 1.08 | 1.44 |
| | | 2012 | 88 | 6,867 | 353 | 425.54 | 0.83 | 0.75 | 0.92 | 65 | 6 | 9% | 4 | 6% | 0.00 | 0.00 | 0.57 | 0.95 | 1.51 |
| | Complex A/R | 2014 | 89 | 7,491 | 211 | 231.79 | 0.91 | 0.79 | 1.04 | 51 | 6 | 12% | 2 | 4% | 0.00 | 0.00 | 0.68 | 1.35 | 1.85 |
| | | 2013 | 93 | 7,311 | 211 | 226.33 | 0.93 | 0.81 | 1.07 | 50 | 3 | 6% | 2 | 4% | 0.00 | 0.00 | 0.61 | 1.36 | 1.80 |
| | | 2012 | 88 | 6,867 | 192 | 209.92 | 0.92 | 0.79 | 1.05 | 51 | 5 | 10% | 3 | 6% | 0.00 | 0.00 | 0.68 | 1.20 | 1.71 |

Data reported as of September 9, 2015

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 30: Crude (Unadjusted) Rate of Colon Surgery (COLO) Surgical Site Infection (SSI) by Year, Tennessee, 01/01/2012 - 12/31/2014

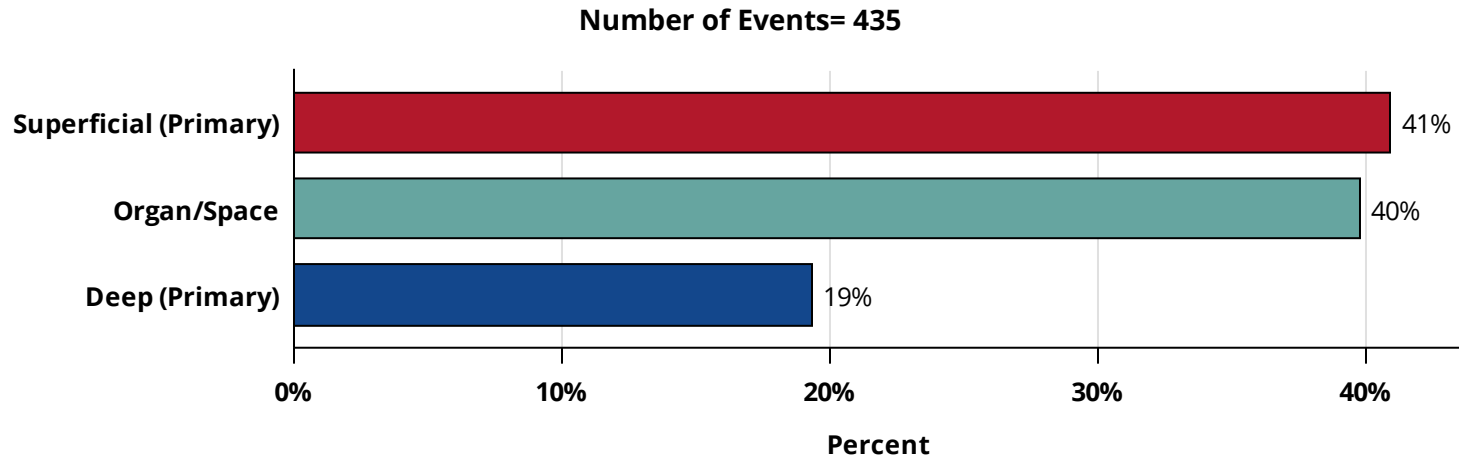
| STATE | YEAR | No. of facilities | No. of procedures | No. of SSI | TN Rate* |
|-----------|------|-------------------|-------------------|------------|----------|
| Tennessee | 2014 | 89 | 7,948 | 435 | 5.47 |
| | 2013 | 93 | 7,318 | 400 | 5.47 |
| | 2012 | 88 | 6,876 | 353 | 5.13 |

Data reported as of September 9, 2015

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

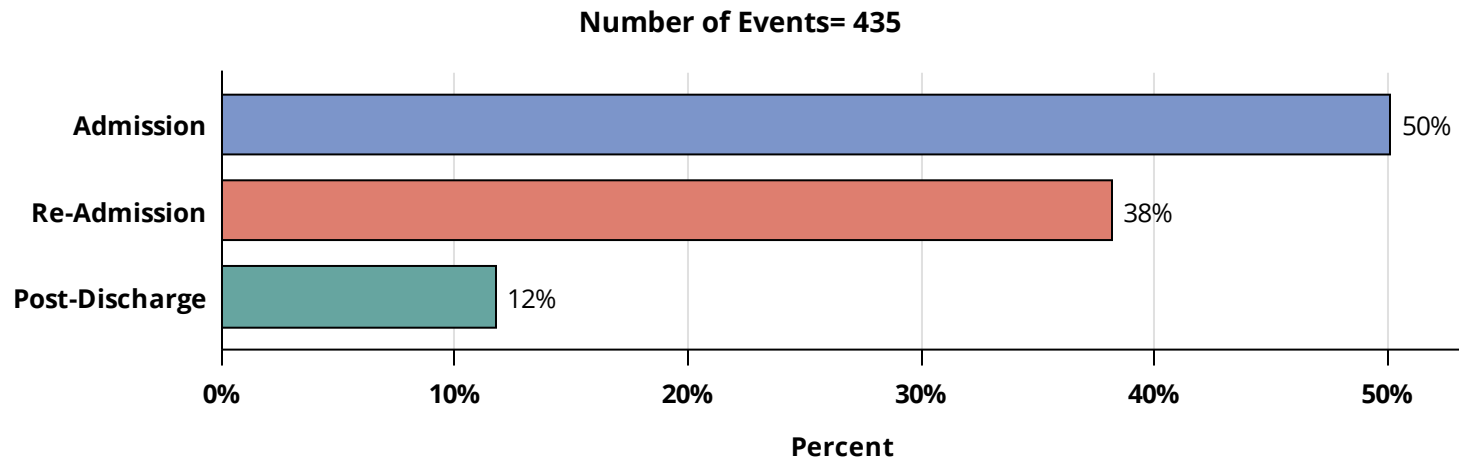
*per 100 procedures

Figure 71: Colon Surgery (COLO) Surgical Site Infections by Site, Tennessee, 01/01/2014–12/31/2014



Data Reported as of September 9, 2015

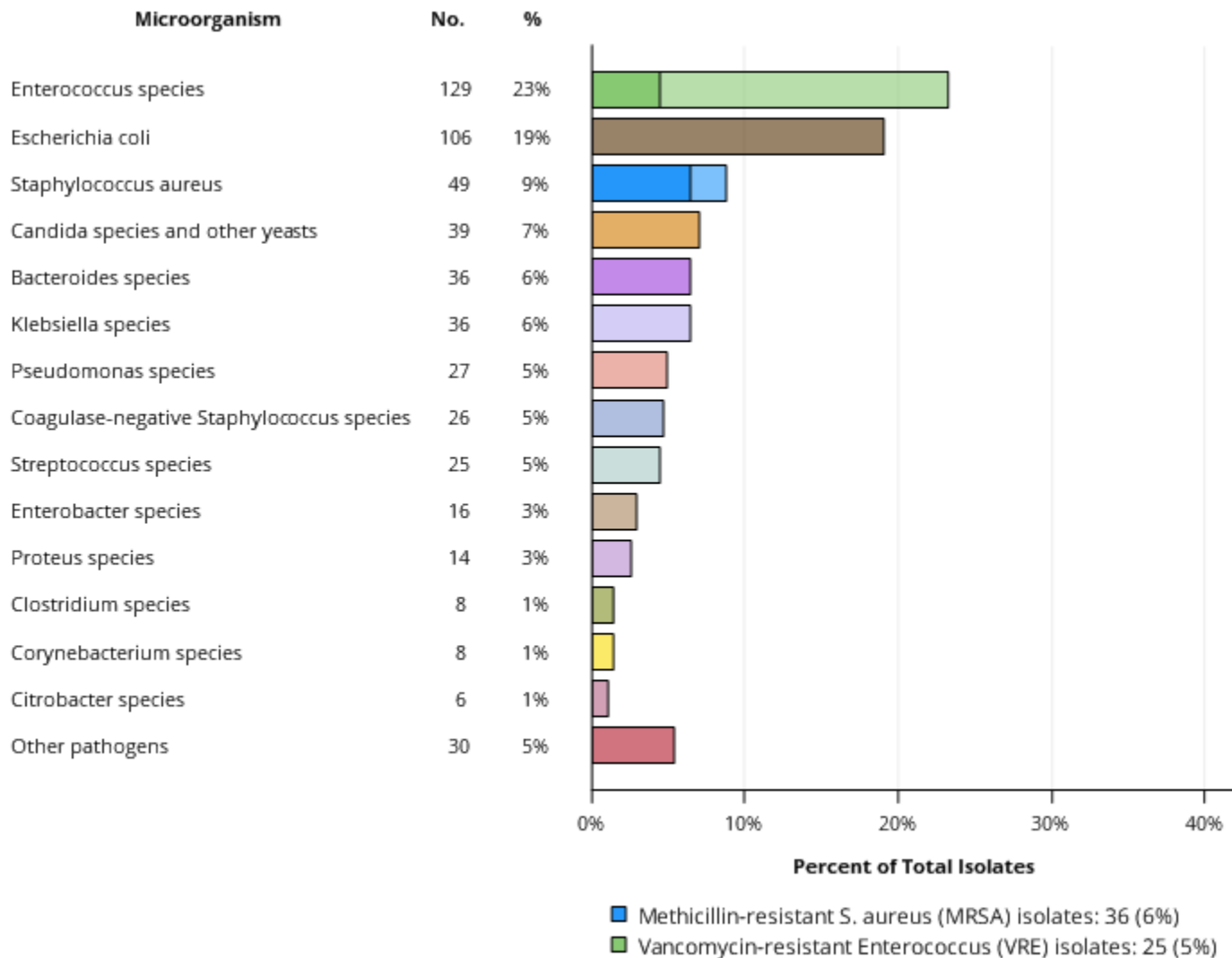
Figure 72: Colon Surgery (COLO) Surgical Site Infections Detection, Tennessee, 01/01/2014–12/31/2014



Data Reported as of September 9, 2015

Figure 73: Microorganisms Identified from Surgical Site Infections (SSI) following Colon (COLO) Procedures, Tennessee, 01/01/2014 - 12/31/2014

Number of isolates=555; Number of events=435



Data reported as of September 9, 2015

Other pathogens = *Actinomyces* spp., *Anaerobic* spp., *Anaerococcus* spp., *Bacillus* spp., *Bifidobacterium* spp., *Brevundimonas* spp., *Diphtheroids* spp., *Eubacterium* spp., *Fusobacterium* spp., Gram-negative spp., Gram-positive spp., *Lactobacillus* spp., *Leclercia* spp., *Morganella* spp., Other *Staphylococcus* spp., *Parabacteroides* spp., *Peptococcus* spp., *Peptostreptococcus* spp.

Figure 74: Colon Surgery (COLO) Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) in Acute Care Facilities, Tennessee, 01/01/2014 - 12/31/2014



Data Reported as of September 9, 2015

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

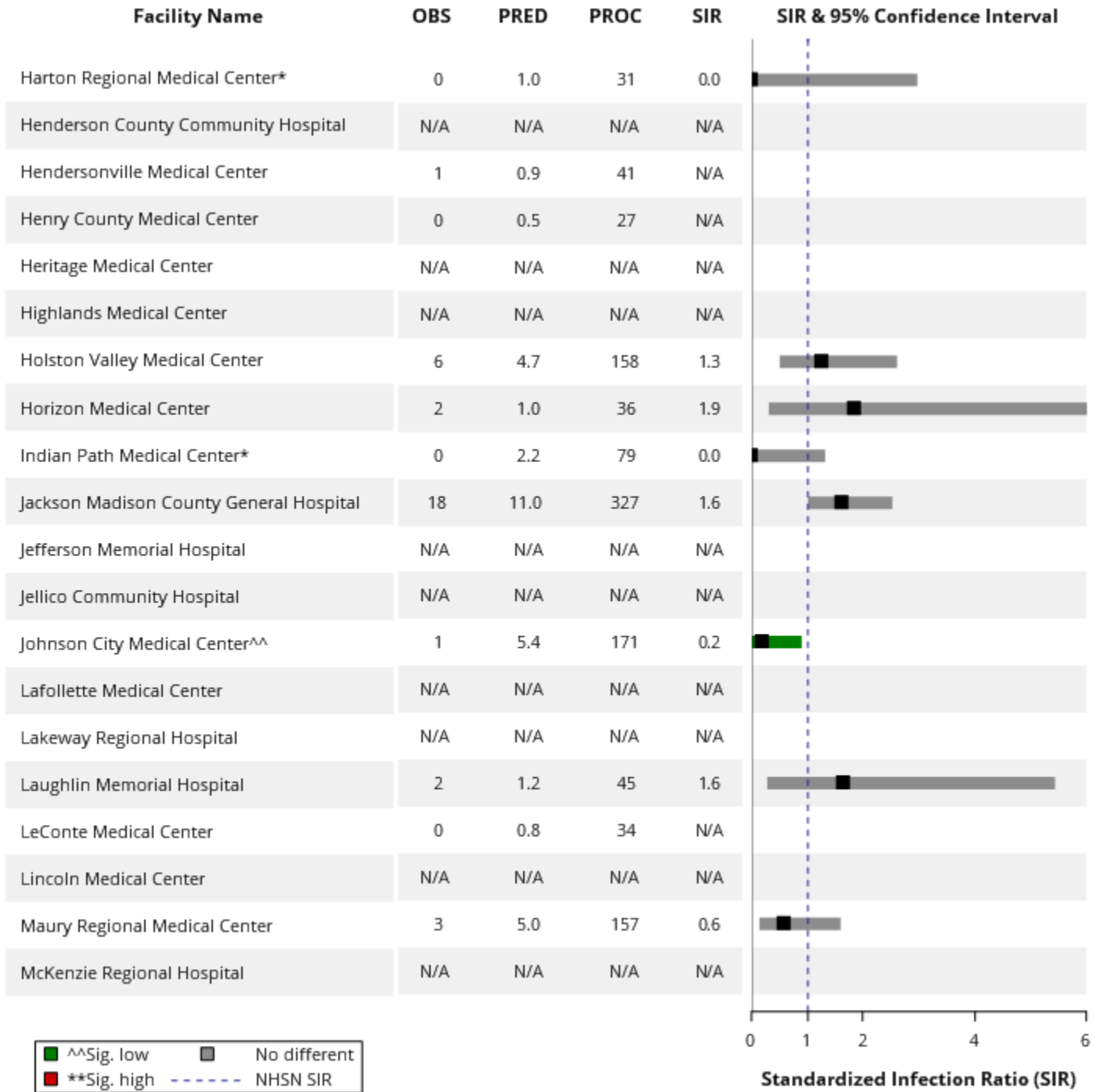
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 74 (cont'd)



Data Reported as of September 9, 2015

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

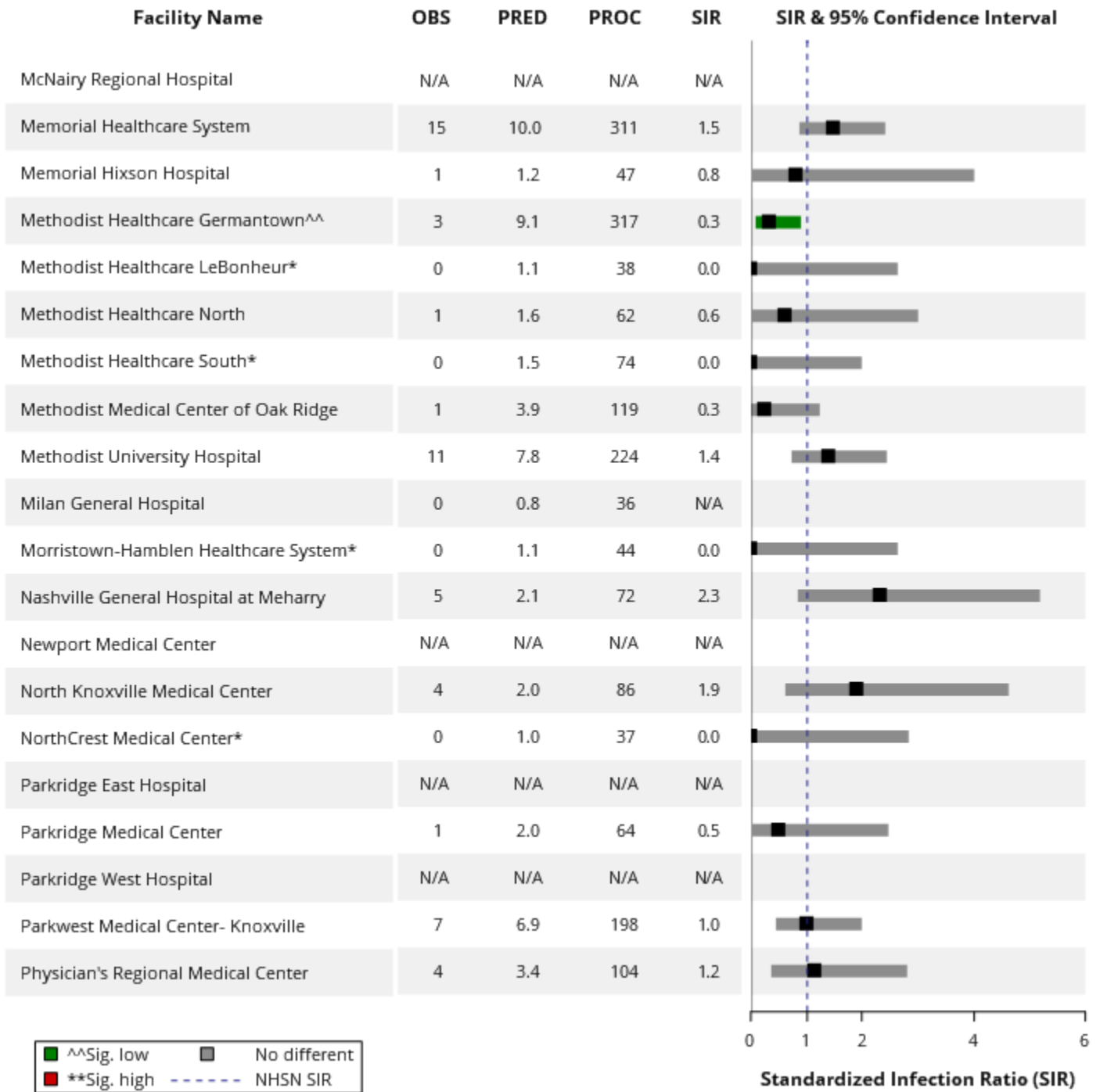
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 74 (cont'd)



Data Reported as of September 9, 2015

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

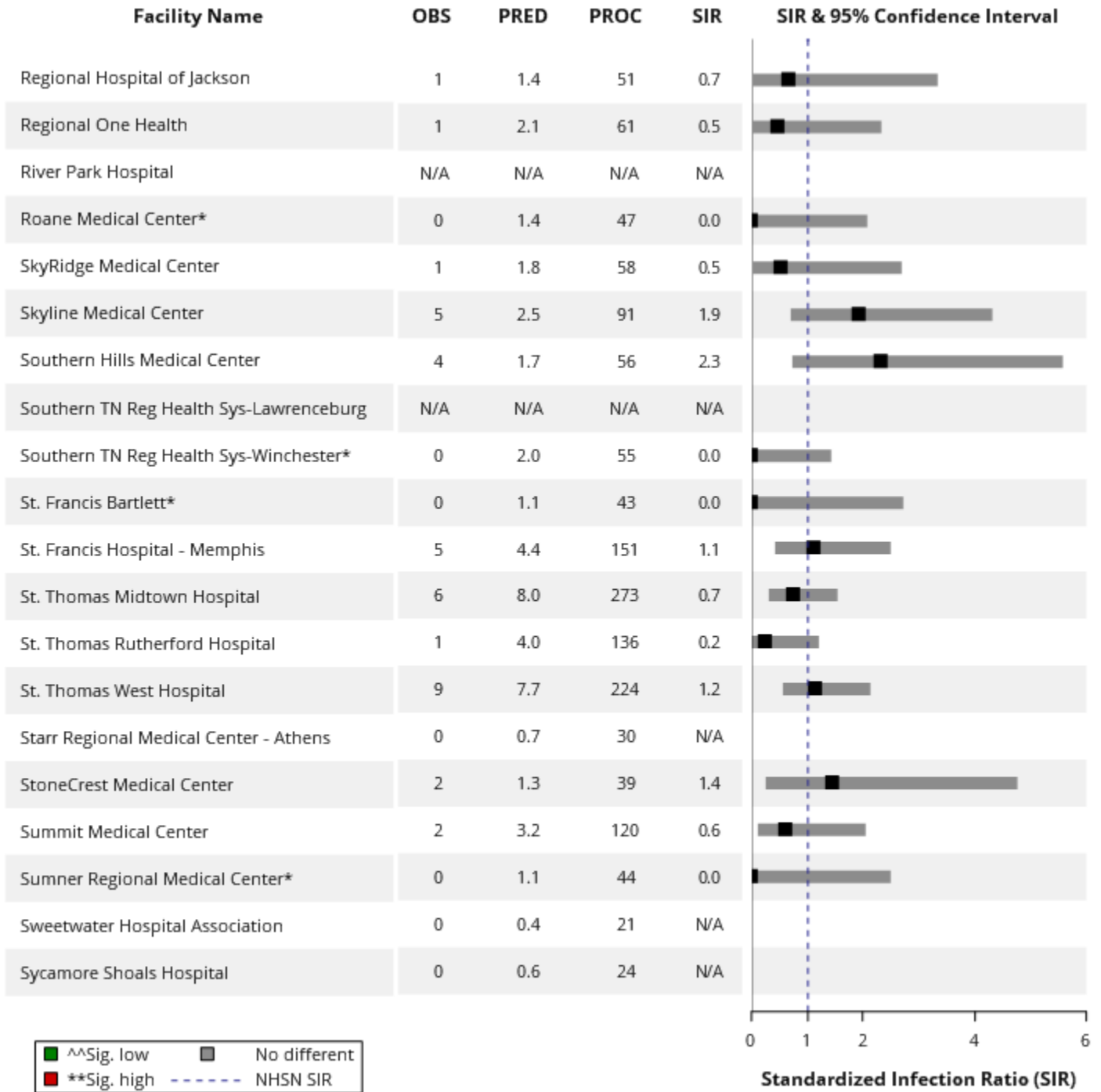
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 74 (cont'd)



Data Reported as of September 9, 2015

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

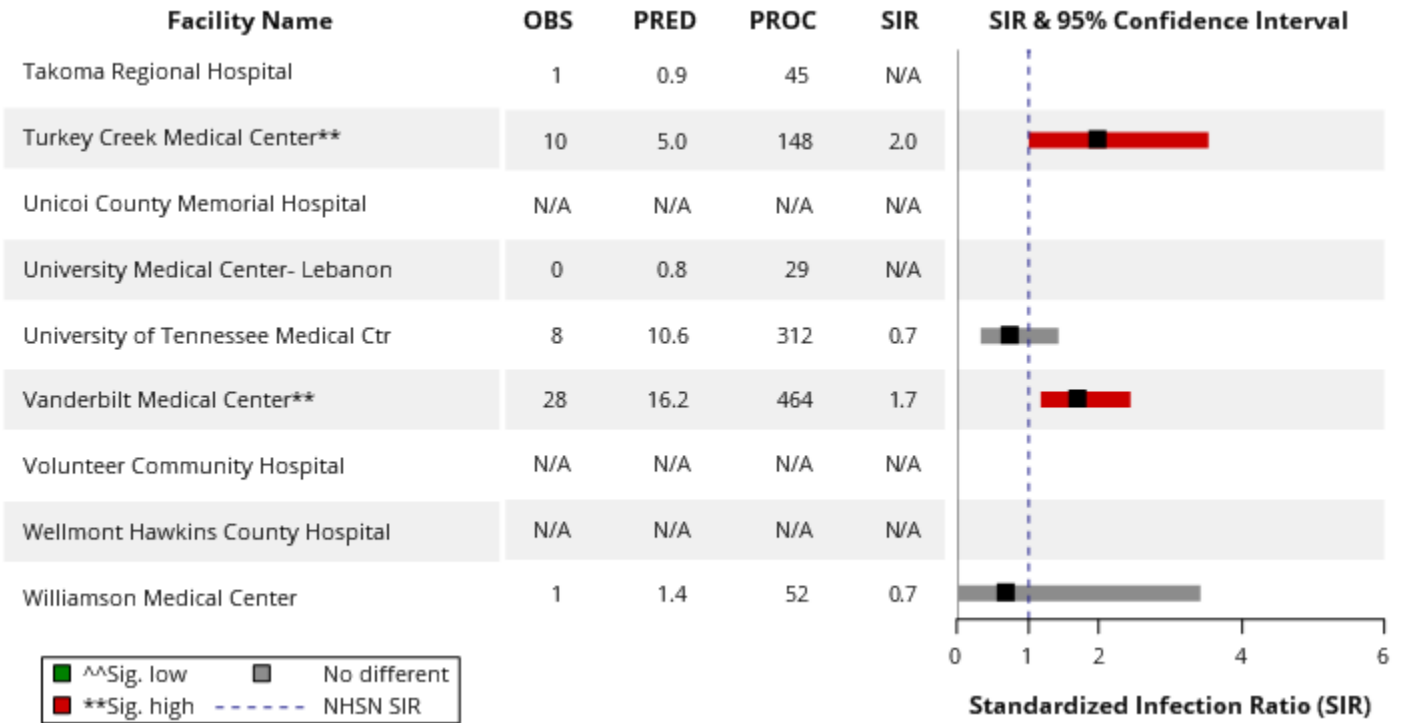
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 74 (cont'd)



Data Reported as of September 9, 2015

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 2014: 82

SIRs by Quarter (Figure 75)

- From January-March 2012 to October-December 2014, there was an overall decrease in the combined All SSI SIR (0.91 to 0.67) and Complex A/R SIR (1.20 to 0.71).

Key percentiles for Tennessee SIRs (Table 31)

- The All SSI SIR for SSIs related to HYST procedures in Tennessee from January-December 2014 was statistically significantly lower than the national SIR of 1 (SIR=0.72; 95% CI: 0.60, 0.86).
- From January-December 2014, the median All SSI SIR for HYST procedures was 0.40, indicating that half of reporting facilities with at least 1 predicted infection had an All SSI SIR at or below 0.40.
- The Complex A/R SIR for SSIs related to HYST procedures in Tennessee from January-December 2014 was not significantly different from the 2006-8 national SIR of 1 (SIR=0.78; 95% CI: 0.59, 1.01).
- From January-December 2014, the median Complex A/R SIR for HYST procedures was 0.50, indicating that half of reporting facilities with at least 1 predicted infection had a Complex A/R SIR at or below 0.50.

Rates, Infection Sites, and Detection (Figures 76-77, Table 32)

- In 2014, 116 SSIs were reported among 9,034 abdominal hysterectomies in Tennessee, for a crude rate of 1.28 infections per 100 operations.
- Overall, SSIs related to abdominal hysterectomies were most often superficial primary (46%), and organ/space (39%). SSIs related to abdominal hysterectomies were least often deep primary infections (16%).
- SSIs related to abdominal hysterectomies were most often identified upon readmission (73%).

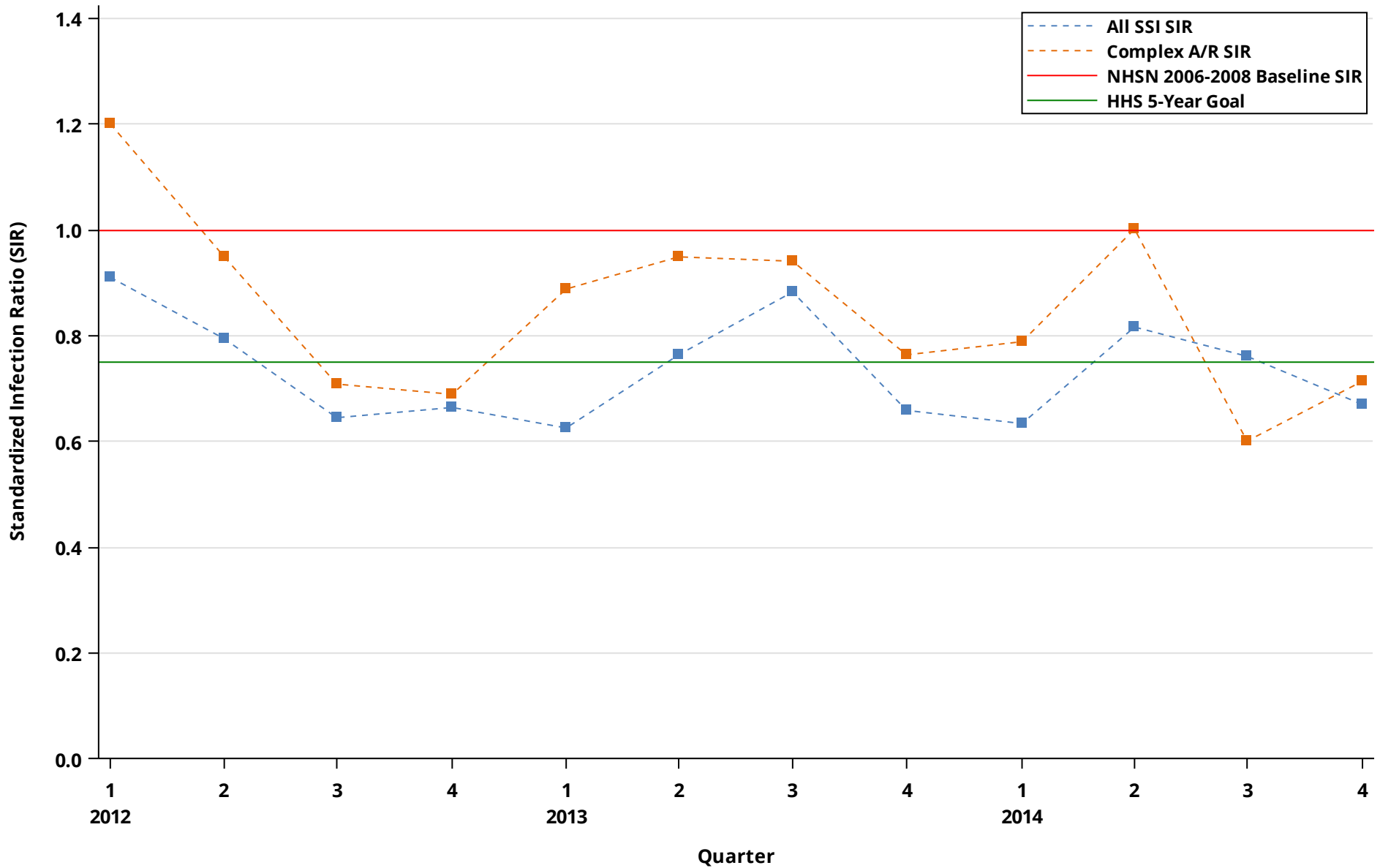
Microorganisms associated with SSIs following Abdominal Hysterectomy Procedures (Figure 78)

- Among the 123 pathogens isolated from 116 SSIs following abdominal hysterectomies in 2014, the most common pathogens were *Staphylococcus aureus* (15%), *Escherichia coli* (12%), and *Enterococcus* species (10%). Methicillin-resistant *Staphylococcus aureus* (MRSA) accounted for 8% of total isolates, and no vancomycin-resistant *Enterococcus* (VRE) isolates were identified.

Facility-Specific SIRs ([Figure 79](#))

- The Complex A/R SIR for SSIs related to HYST procedures that accounts for all qualifying abdominal hysterectomies performed at a given facility in 2014 is displayed in [Figure 79](#). 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 2006-8 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, two facilities 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. One facility had a Complex A/R SIR that was statistically significantly higher than the baseline SIR.

Figure 75: Abdominal Hysterectomy (HYST) All and Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Quarter, Tennessee, 01/01/2012–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]



Data Reported as of September 9, 2015

Table 31: Abdominal Hysterectomy (HYST) All and Complex Admission/Readmission (AR) Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Reporting Year, Tennessee, 01/01/2012 - 12/31/2014

| | | | | | | | | | | 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 | 2014 | 82 | 9,005 | 115 | 159.36 | 0.72 | 0.60 | 0.86 | 37 | 3 | 8% | 1 | 3% | 0.00 | 0.00 | 0.40 | 1.01 | 1.76 |
| | | 2013 | 83 | 8,523 | 114 | 155.17 | 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 | 2014 | 82 | 9,005 | 52 | 67.02 | 0.78 | 0.59 | 1.01 | 17 | 2 | 12% | 1 | 6% | 0.00 | 0.00 | 0.50 | 1.16 | 1.93 |
| | | 2013 | 83 | 8,523 | 57 | 64.47 | 0.88 | 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 9, 2015

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 32: Crude (Unadjusted) Rate of Abdominal Hysterectomy (HYST) Surgical Site Infection (SSI) by Year, Tennessee, 01/01/2012 - 12/31/2014

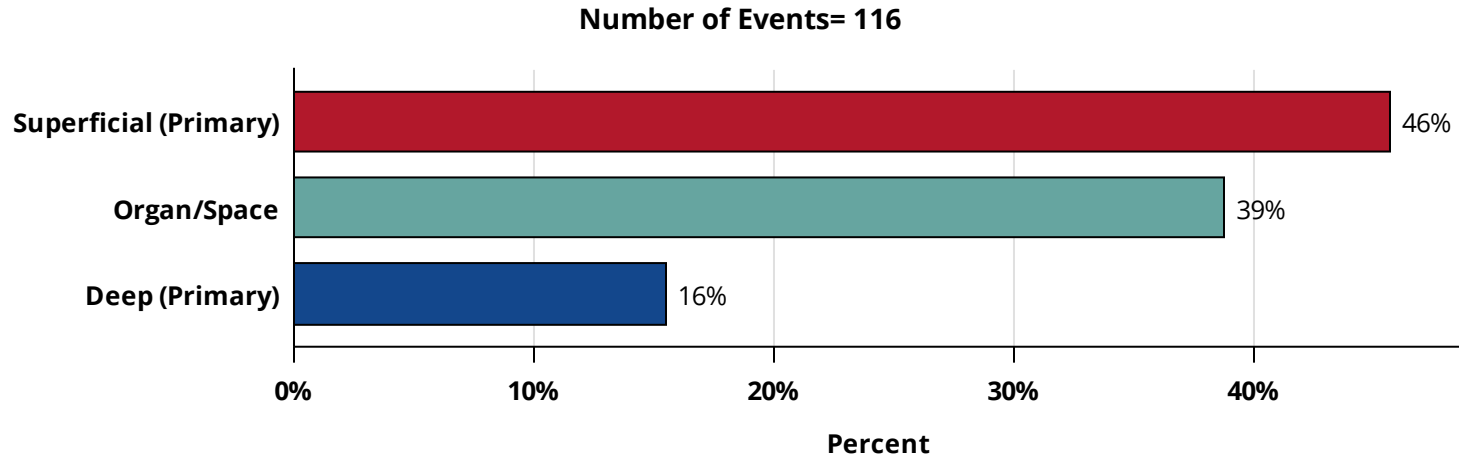
| STATE | YEAR | No. of facilities | No. of procedures | No. of SSI | TN Rate* |
|-----------|------|-------------------|-------------------|------------|----------|
| Tennessee | 2014 | 82 | 9,034 | 116 | 1.28 |
| | 2013 | 83 | 8,541 | 114 | 1.33 |
| | 2012 | 88 | 9,077 | 128 | 1.41 |

Data reported as of September 9, 2015

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

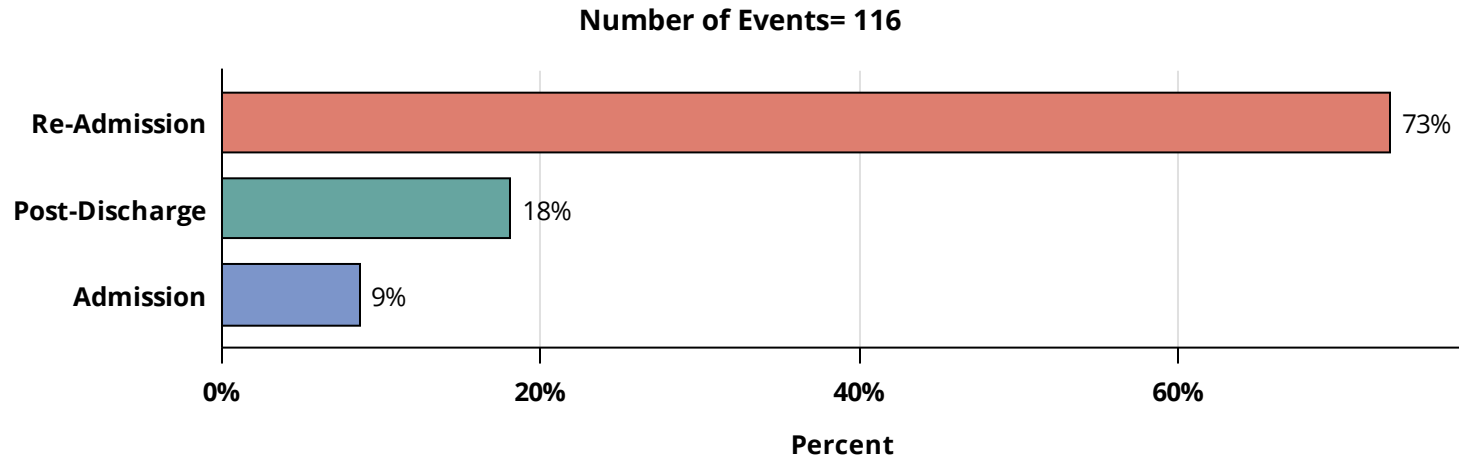
*per 100 procedures

Figure 76: Abdominal Hysterectomy (HYST) Surgical Site Infections by Site, Tennessee, 01/01/2014–12/31/2014



Data Reported as of September 9, 2015

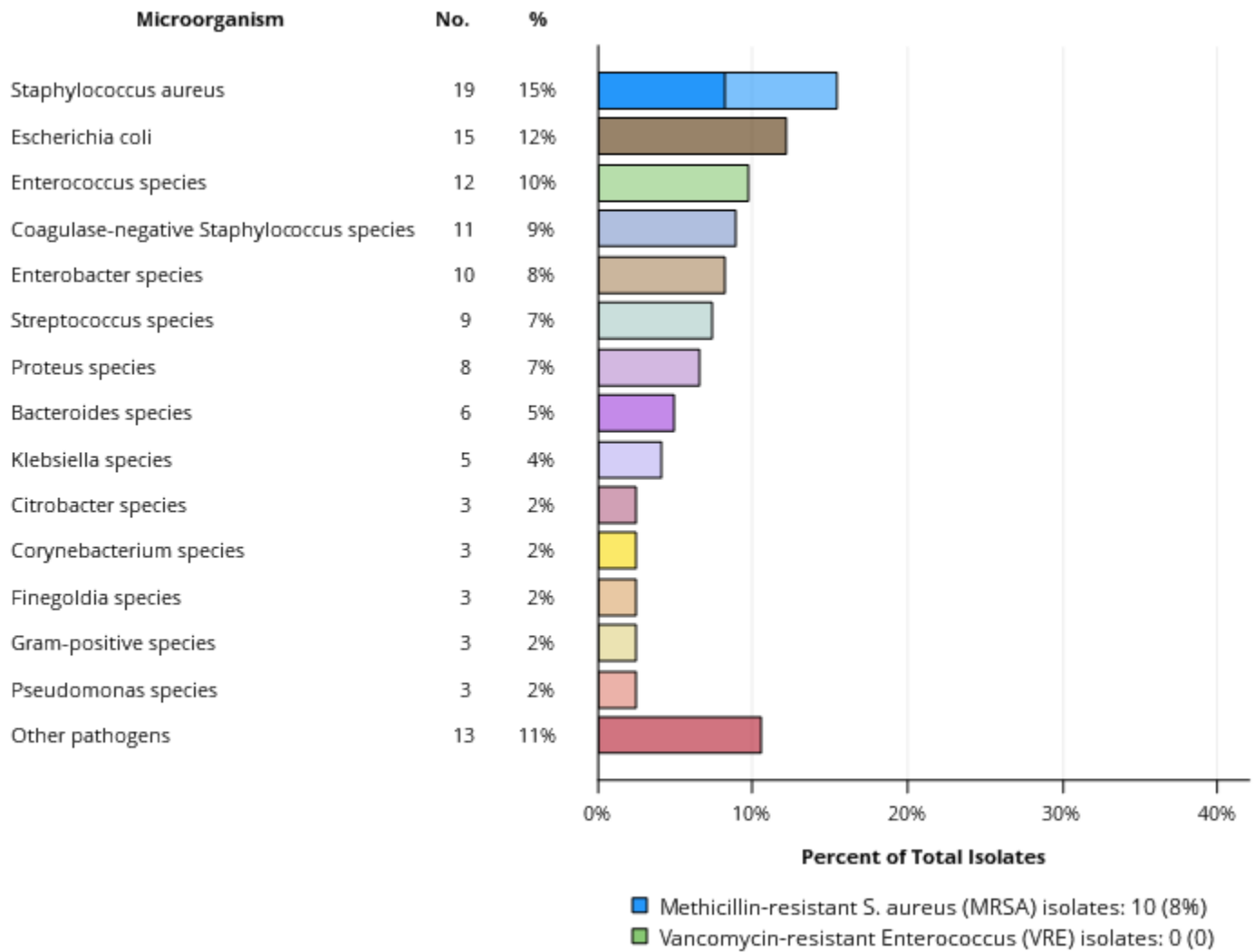
Figure 77: Abdominal Hysterectomy (HYST) Surgical Site Infections Detection, Tennessee, 01/01/2014–12/31/2014



Data Reported as of September 9, 2015

Figure 78: Microorganisms Identified from Surgical Site Infections (SSI) following Abdominal Hysterectomy (HYST) Procedures, Tennessee, 01/01/2014 - 12/31/2014

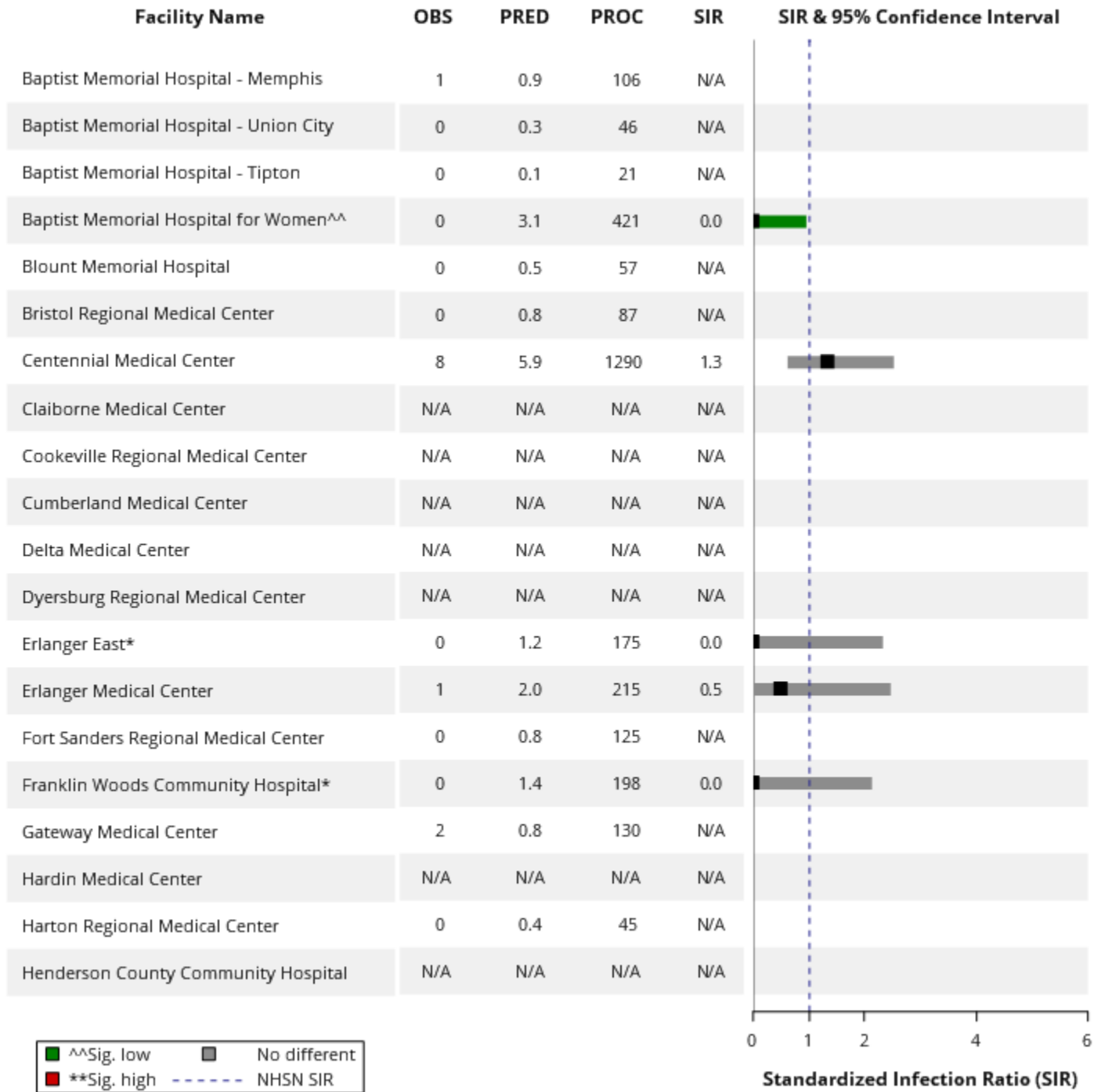
Number of isolates=123; Number of events=116



Data reported as of September 9, 2015

Other pathogens = *Acinetobacter* spp., *Actinomyces* spp., *Candida* spp., *Diphtheroids* spp., *Haemophilus* spp., *Morganella* spp., *Prevotella* spp., *Propionibacterium* spp., and *Serratia* spp.

Figure 79: Abdominal Hysterectomy (HYST) Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) in Acute Care Facilities, Tennessee, 01/01/2014 – 12/31/2014



Data Reported as of September 9, 2015

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 79 (cont'd)



Data Reported as of September 9, 2015

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 79 (cont'd)



Data Reported as of September 9, 2015

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

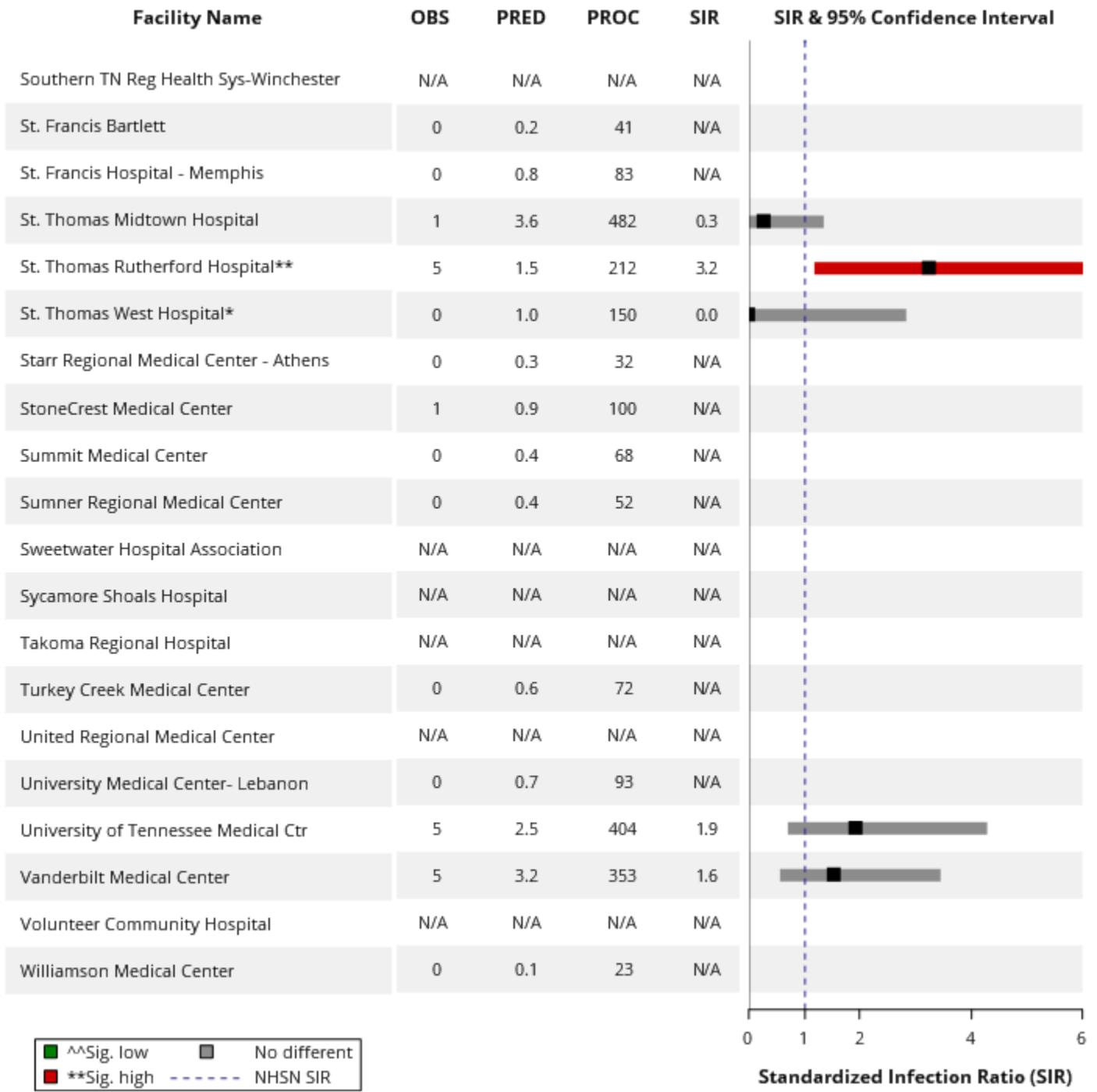
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero infections, but not statistically significant

Figure 79 (cont'd)



Data Reported as of September 9, 2015

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 many antibiotics. 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 hospitals (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.

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

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

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:

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

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

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

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.

$$\text{Number of predictedLabID events} = e^{(\beta + \beta_1 X_1 + \beta_2 X_2 + \dots)} \times \text{patientdays}$$

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>

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 |

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

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 =

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

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 =

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

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>

MRSA Bacteremia Laboratory-Identified Events
Acute Care Hospitals

MRSA Bacteremia LabID Events in Acute Care Hospitals:

Total number of facilities reporting from January-December 2014: 111

SIRs by Quarter (Figure 80)

- From January-March 2012 to October-December 2014, the overall healthcare-onset MRSA bacteremia LabID SIR in acute care hospitals decreased from 1.38 to 0.94 with a peak SIR of 1.52 in 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 33)

- The overall healthcare-onset MRSA bacteremia LabID SIR for acute care hospitals in Tennessee from January-December 2014 was not statistically significantly different than the 2010-11 national SIR of 1 (SIR=1.02; 95% CI: 0.91, 1.13). The 2014 SIR was lower than the 2013 SIR (1.10).
- From January-December 2014, the median healthcare-onset MRSA bacteremia LabID SIR for acute care hospitals was 0.87 indicating that half of reporting facilities with at least 1 predicted infection had a healthcare-onset MRSA LabID SIR at or below 0.87.

Healthcare Facility-Onset and Community-Onset MRSA LabID Rates (Figure 81, Table 34)

- From July-September 2010 to October-December 2014 the incidence of healthcare facility-onset MRSA bacteremia LabID events has fluctuated between 0.72 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 2014 was 1.58 per 1,000 admissions, lower than the prevalence of community-onset MRSA bacteremia LabID events in 2013.

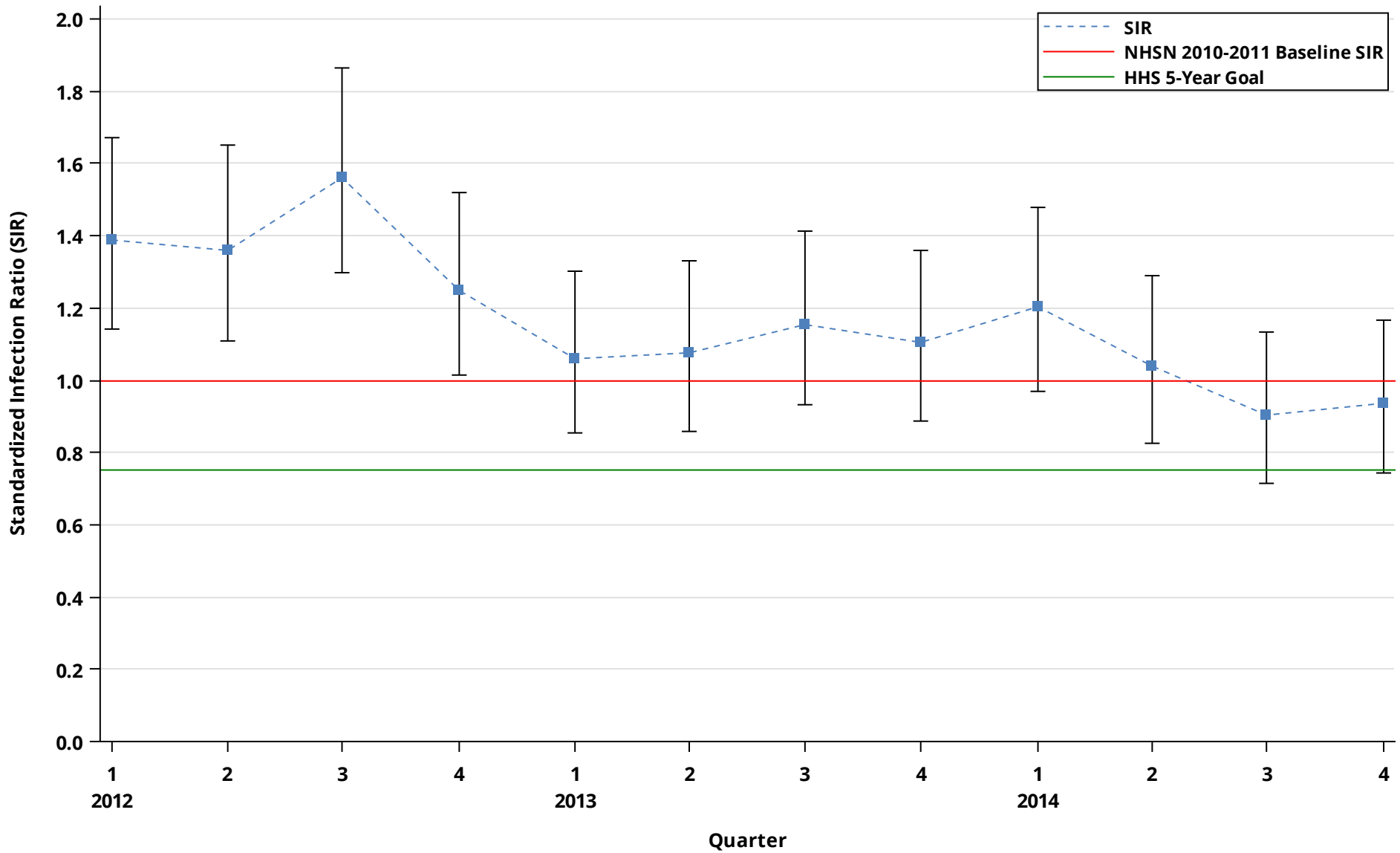
Facility-Specific SIRs (Figure 83)

- The healthcare facility-onset MRSA bacteremia LabID event SIR for January-December 2013 for each acute care facility is displayed in [Figure 83](#). 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.

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

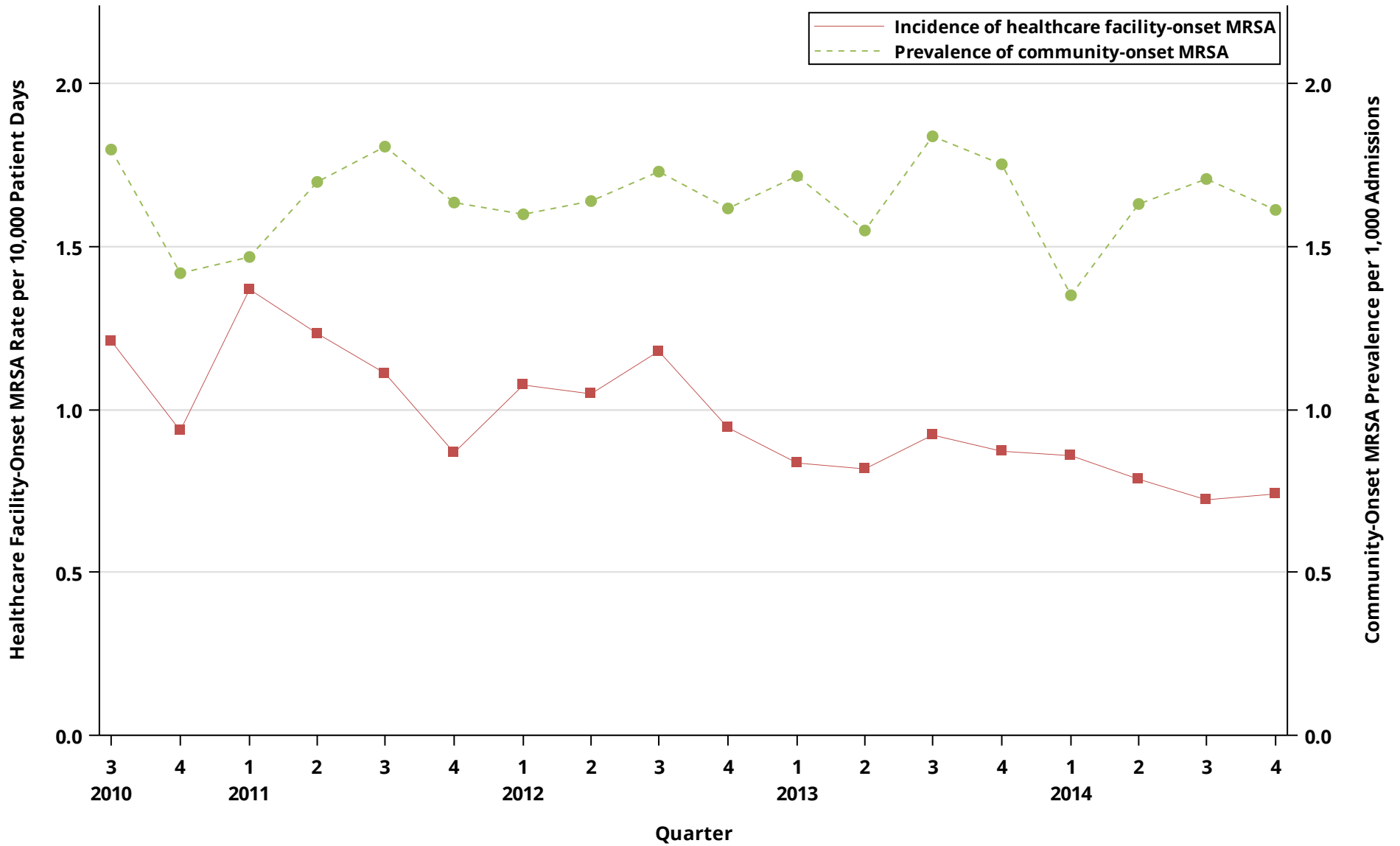
- In 2013, 4 facilities had a healthcare facility-onset MRSA bacteremia LabID event SIR that was statistically significantly higher than the 2010-11 national baseline SIR of 1. One Tennessee facility had a SIR that was statistically significantly lower than the baseline SIR.

Figure 80: Standardized Infection Ratio (SIR) for Healthcare-Onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Events for Acute Care Hospitals by Quarter, Tennessee, 01/01/2012–12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2010-11]



Data Reported as of September 9, 2015

Figure 81: Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Quarter, Tennessee, 07/01/2010-12/31/2014



Data Reported as of September 9, 2015

Table 33: Healthcare-Onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Laboratory-Identified (LabID) Events Standardized Infection Ratio (SIR) in Acute Care Hospitals by Reporting Year, Tennessee, 01/01/2012 - 12/31/2014

| | | | | | | | | | 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 | YEAR | No. | PAT DAYS | OBS | PRED | SIR | LOWER LIMIT | UPPER LIMIT | N | % | N | % | 10% | 25% | 50% | 75% | 90% | | |
| Tennessee | 2014 | 111 | 4,019,191 | 313 | 308.00 | 1.02 | 0.91 | 1.13 | 55 | 1 | 2% | 4 | 7% | 0.00 | 0.50 | 0.87 | 1.35 | 2.17 | |
| | 2013 | 112 | 3,967,915 | 342 | 311.44 | 1.10 | 0.99 | 1.22 | 51 | 0 | 0% | 4 | 8% | 0.00 | 0.53 | 0.93 | 1.48 | 1.87 | |
| | 2012 | 109 | 3,903,186 | 415 | 298.76 | 1.39 | 1.26 | 1.53 | 53 | 1 | 2% | 8 | 15% | 0.32 | 0.64 | 1.38 | 1.76 | 2.42 | |

Data reported as of September 9, 2015

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 34: Methicillin-resistant *Staphylococcus aureus* (MRSA) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Year, Tennessee, 01/01/2012 - 12/31/2014

| | | | Healthcare Facility-Onset Incidence ¹ | Community-Onset Prevalence ² |
|-----------|------|-----|--|---|
| STATE | YEAR | No. | POOLED MEAN | POOLED MEAN |
| Tennessee | 2014 | 111 | 0.78 | 1.58 |
| | 2013 | 112 | 0.86 | 1.71 |
| | 2012 | 109 | 1.06 | 1.65 |

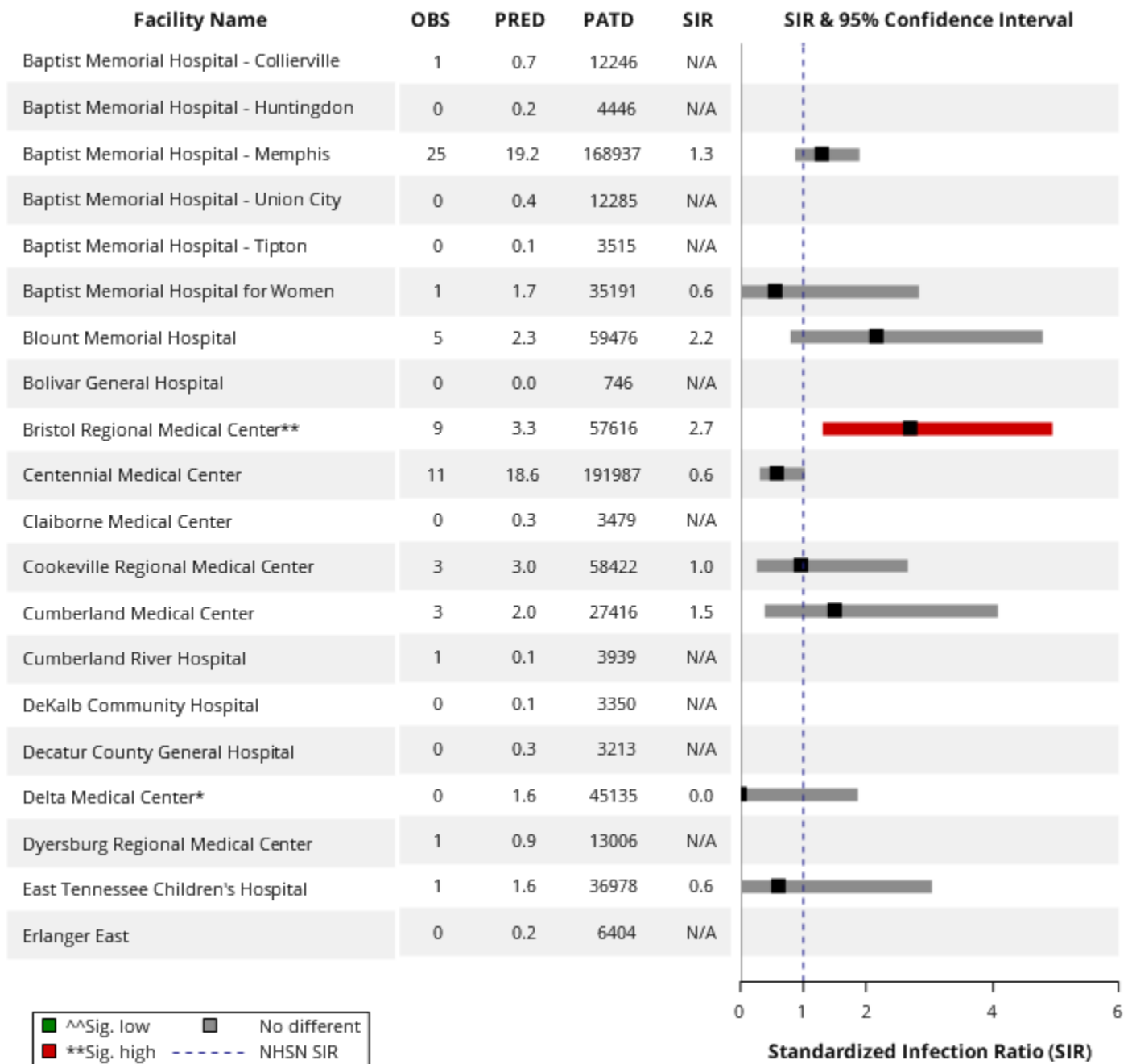
Data reported as of September 9, 2015

No. of facilities reporting

¹Events per 10,000 patient days

²Events per 1,000 admissions

Figure 82: Healthcare Facility-Onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Acute Care Facilities, Tennessee, 01/01/2014 – 12/31/2014



Data Reported as of September 9, 2015

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

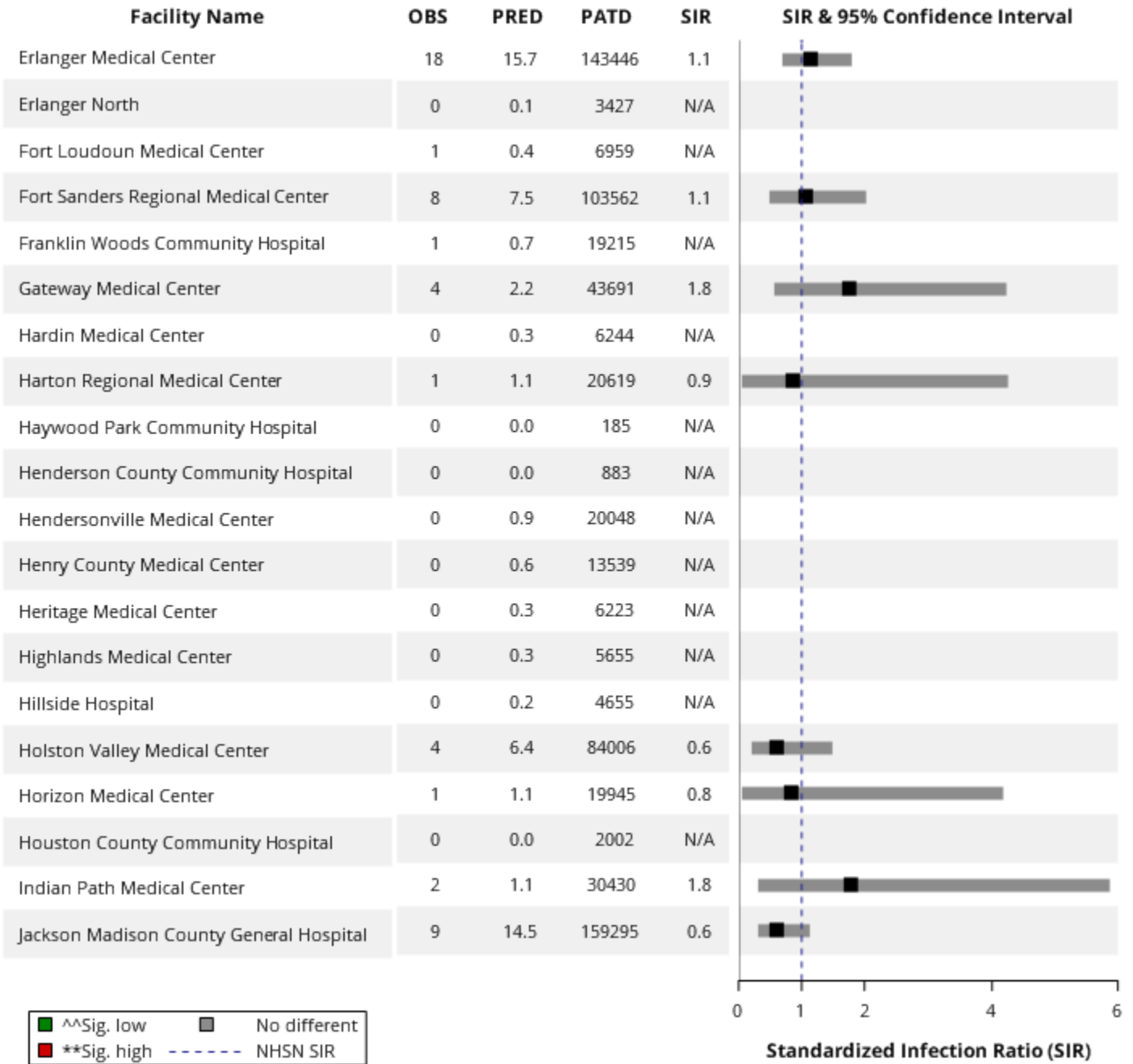
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 82 (cont'd)



Data Reported as of September 9, 2015

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

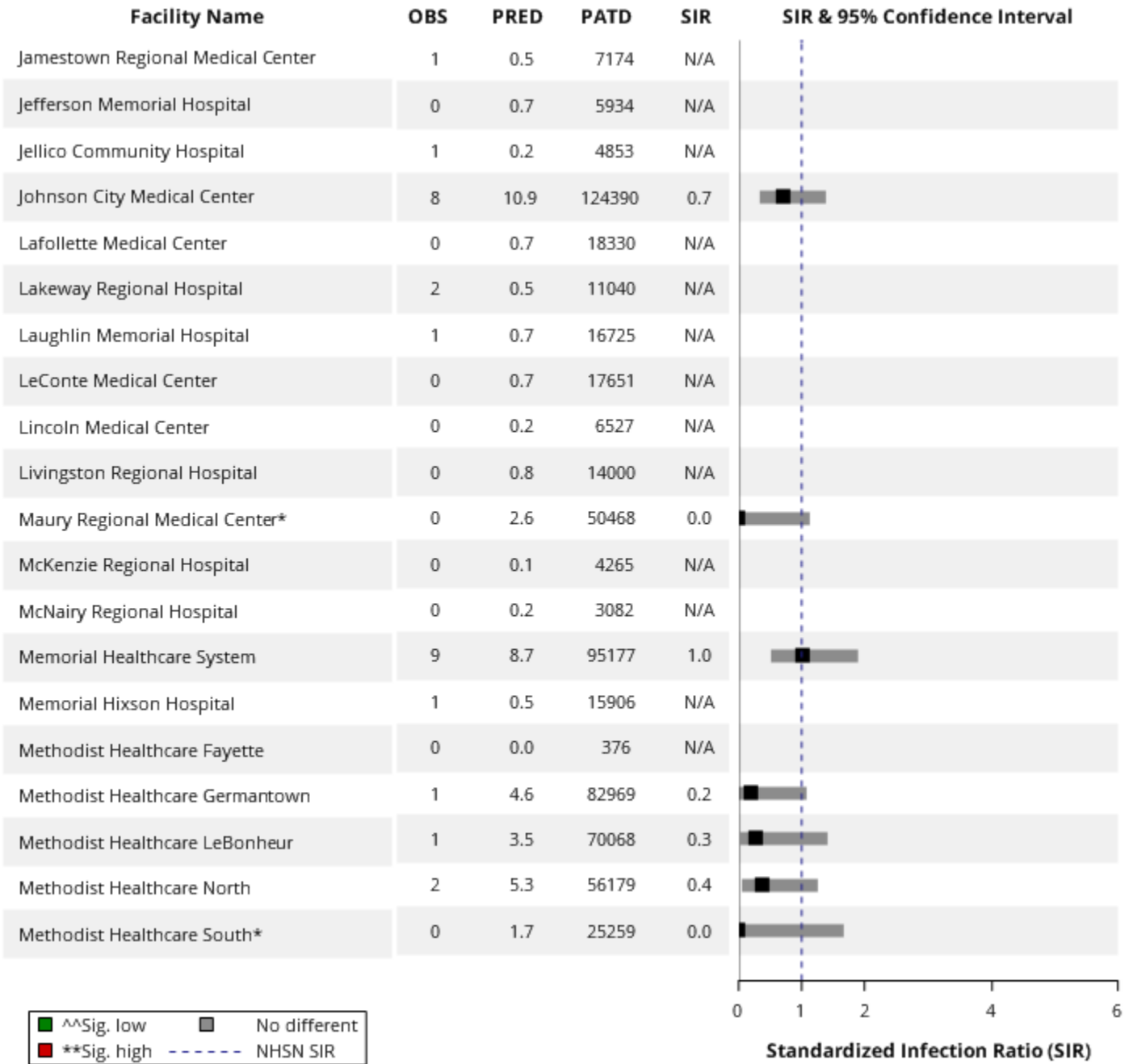
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 82 (cont'd)



Data Reported as of September 9, 2015

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

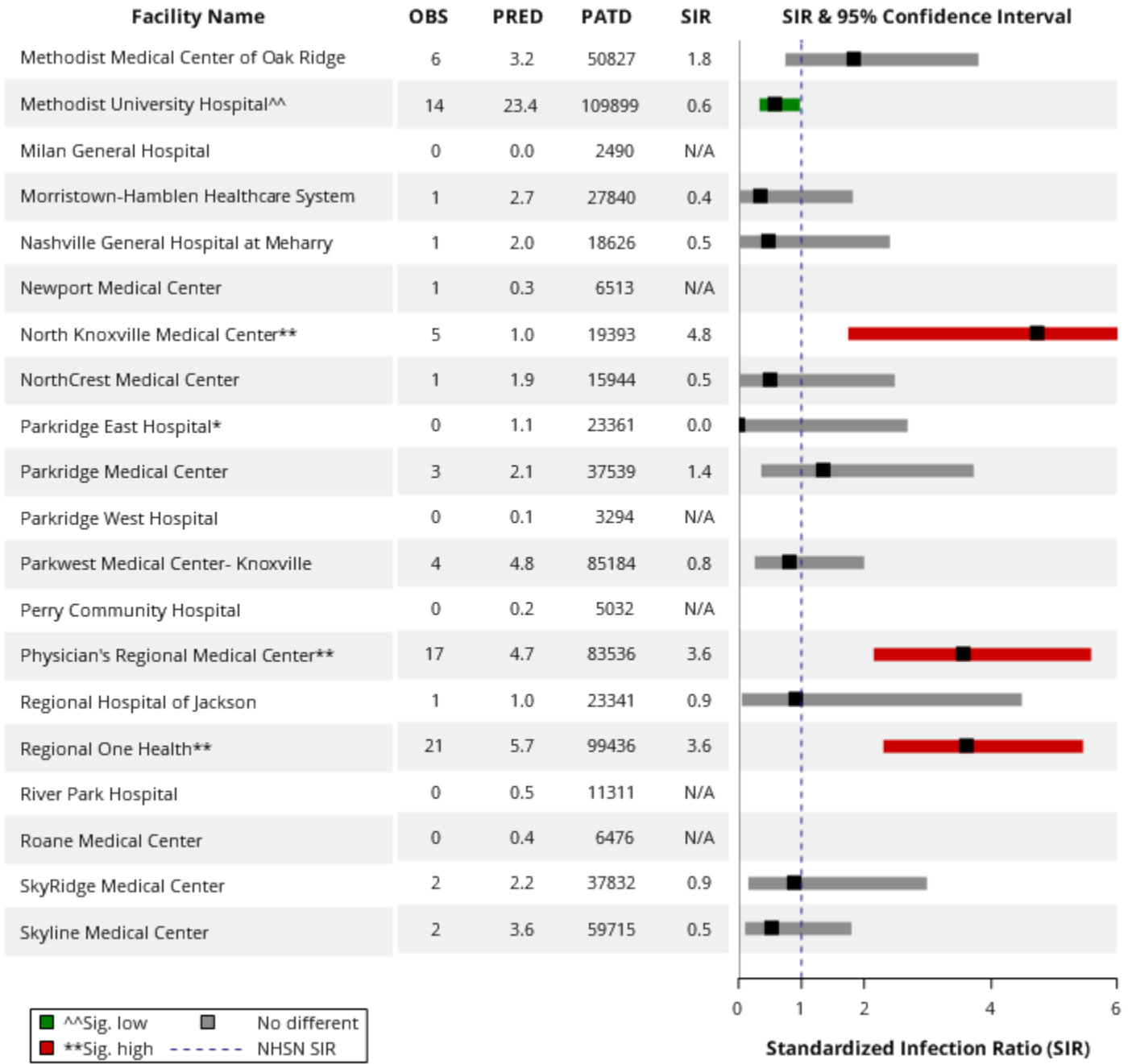
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 82 (cont'd)



Data Reported as of September 9, 2015

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

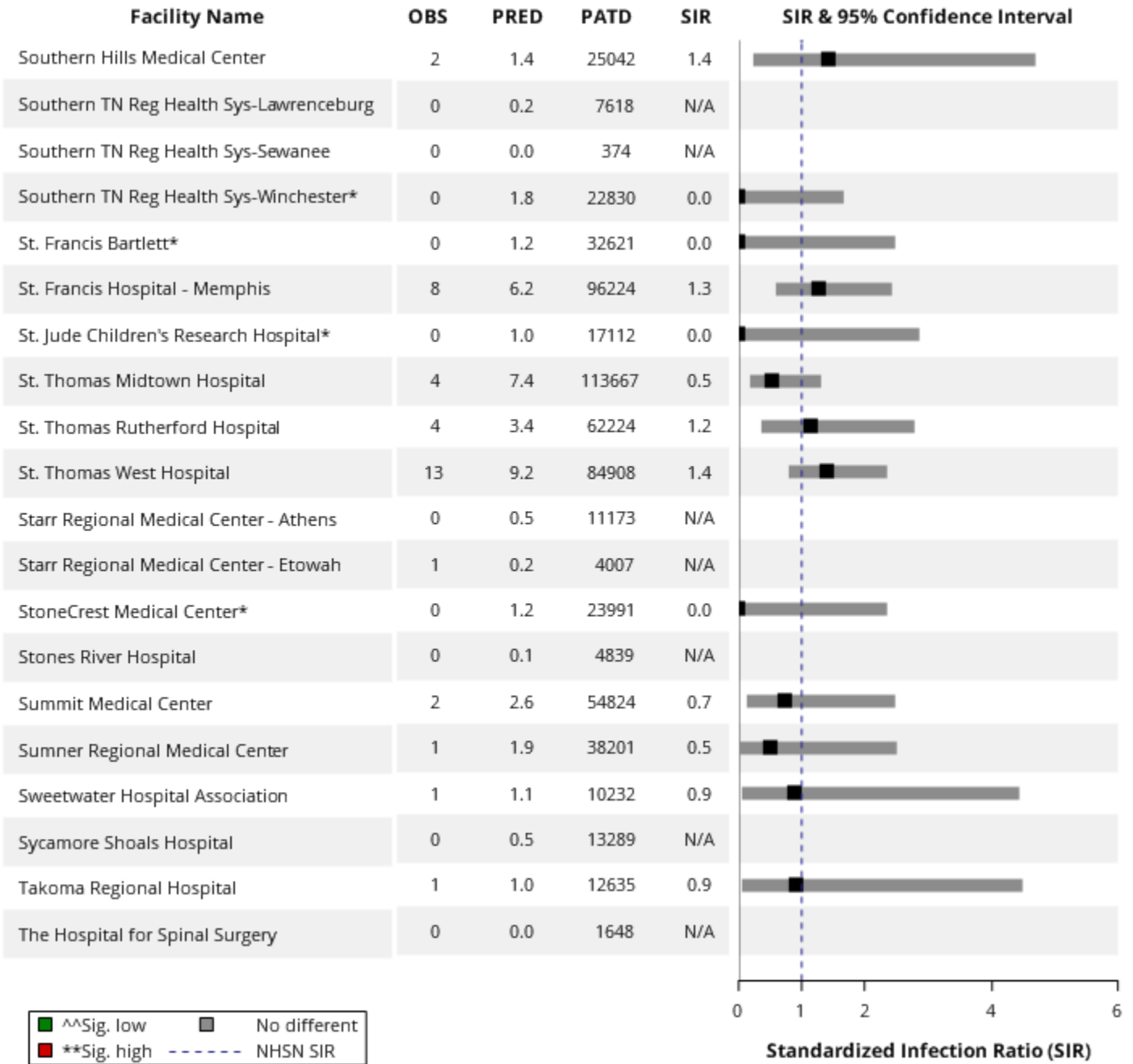
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 82 (cont'd)



Data Reported as of September 9, 2015

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

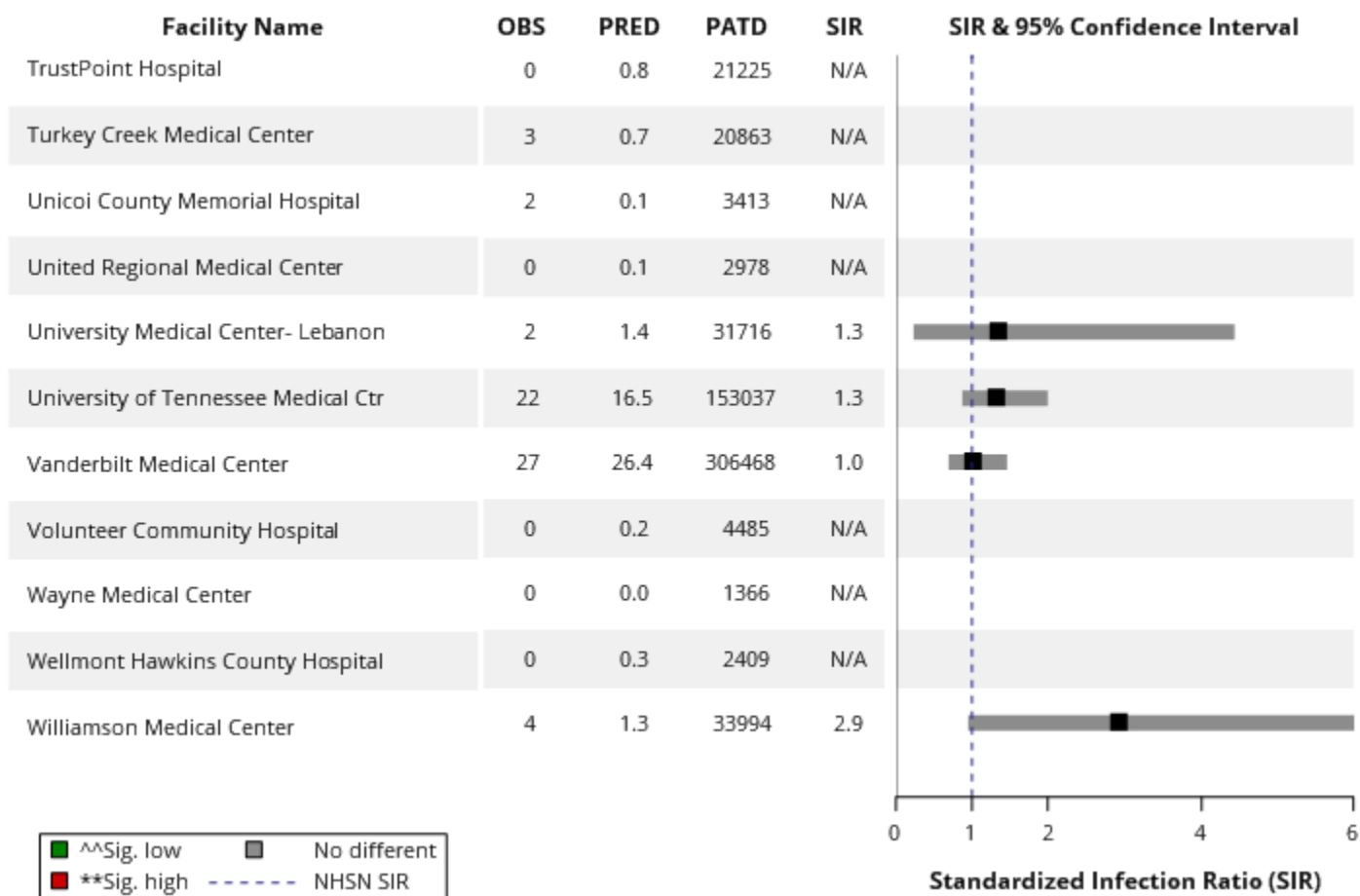
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 82 (cont'd)



Data Reported as of September 9, 2015

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

MRSA Bacteremia Laboratory-Identified Events
Long-term Acute Care (LTAC) Hospitals

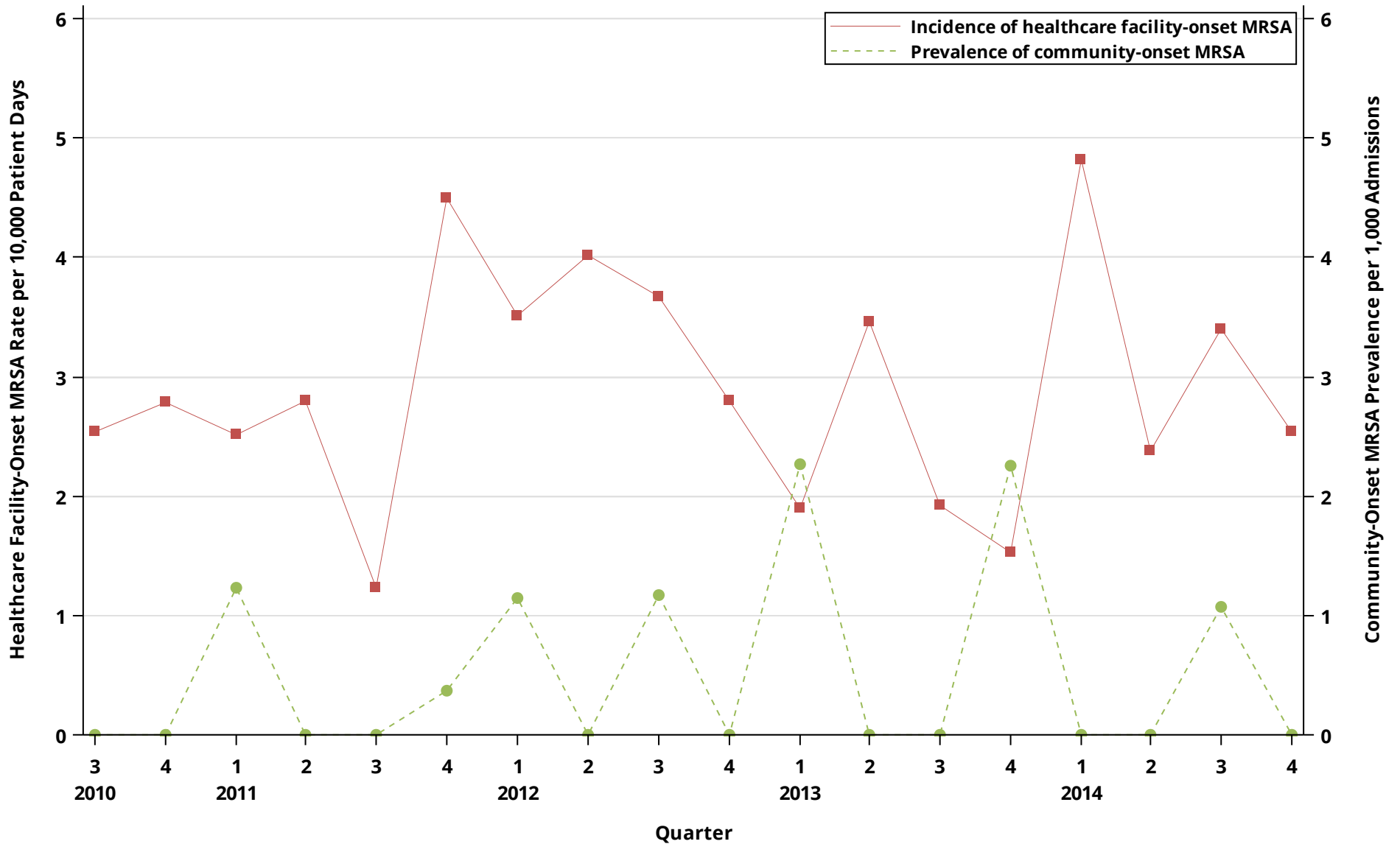
MRSA Bacteremia LabID Events in Long Term Acute Care (LTAC) Facilities:

Total number of facilities reporting from January-December 2014: 10

Healthcare Facility-Onset and Community-Onset MRSA LabID Rates ([Figure 83](#), [Table 35](#))

- From July-September 2010 to October-December 2014 the incidence of healthcare facility-onset MRSA LabID events in LTAC facilities has fluctuated between 1.23 to 4.83 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 2014.
- The incidence of healthcare facility-onset MRSA bacteremia LabID events was 3.30 events per 10,000 patient-days in 2014, higher than the incidence of healthcare facility-onset MRSA bacteremia LabID events in 2013. The prevalence of community-onset MRSA bacteremia LabID events was lower in 2014 (0.27 events per 1,000 admissions) than in 2013 (1.12 events per 1,000 admissions).

Figure 83: Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 07/01/2010-12/31/2014



Data Reported as of September 9, 2015

Table 35: Methicillin-resistant *Staphylococcus aureus* (MRSA) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Long-term Acute Care (LTAC) Hospitals by Year, Tennessee, 01/01/2012 - 12/31/2014

| | | | Healthcare Facility-Onset Incidence ¹ | Community-Onset Prevalence ² |
|-----------|------|-----|--|---|
| STATE | YEAR | No. | POOLED MEAN | POOLED MEAN |
| Tennessee | 2014 | 10 | 3.30 | 0.27 |
| | 2013 | 9 | 2.20 | 1.12 |
| | 2012 | 9 | 3.50 | 0.58 |

Data reported as of September 9, 2015

No. of facilities reporting

¹Events per 10,000 patient days

²Events 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 hospitals (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.

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

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

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:

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

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

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

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.

$$\text{Number of predictedLabIDevents} = e^{(\beta + \beta_1 X_1 + \beta_2 X_2 + \dots)} \times \text{patientdays}$$

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>

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 |

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

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 =

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

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>

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.

Number of predicted (expected) HO CDI LabID events =

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

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.

C. difficile Infection (CDI) Laboratory-Identified
Events

Acute Care Hospitals

CDI LabID Events in Acute Care Hospitals:

Total number of facilities reporting from January-December 2014: 111

SIRs by Quarter (Figure 84)

- From January-March 2012 to October-December 2014, the overall healthcare facility-onset CDI LabID SIR in acute care hospitals in Tennessee increased from 0.69 to 0.79, 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 36)

- The overall healthcare facility-onset CDI LabID SIR for acute care hospitals in Tennessee from January-December 2014 was statistically significantly lower than the national SIR of 1 (SIR=0.78; 95% CI: 0.75, 0.82). The 2014 SIR was higher than the 2013 SIR.
- From January-December 2014, the median healthcare facility-onset CDI LabID SIR for acute care hospitals was 0.61, indicating that half of reporting facilities with at least 1 predicted infection had a healthcare facility-onset CDI LabID SIR at or below 0.61.

Healthcare Facility-Onset and Community-Onset CDI LabID Rates (Figure 85, Table 37)

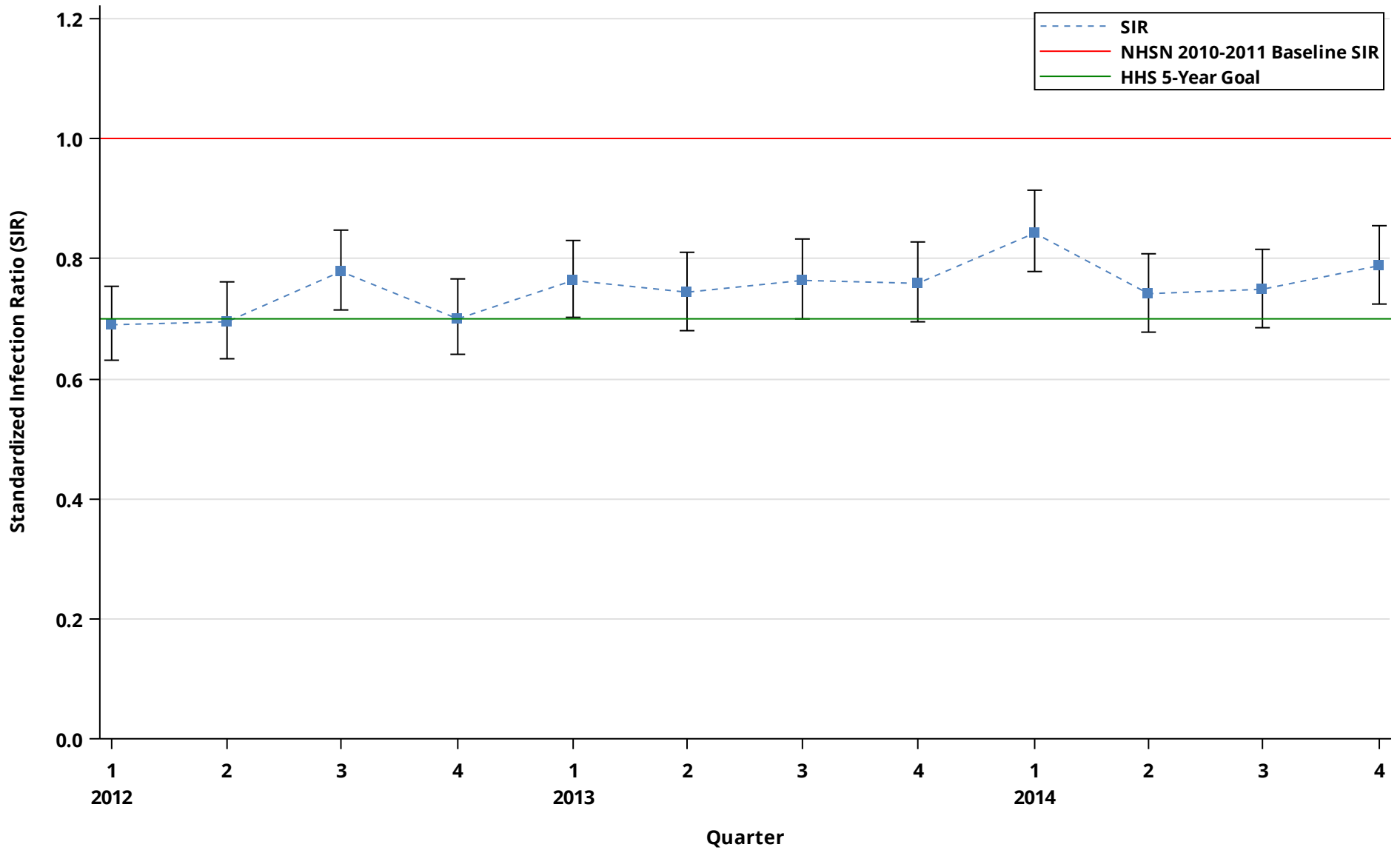
- From July-September 2010 to October-December 2014 the incidence of healthcare facility-onset CDI LabID events has increased from 4.4 to 6.3 events per 10,000 patient-days, with a peak of 6.3 events per 10,000 patient-days in January-March 2014. The prevalence of community-onset CDI LabID events increased from 2.0 to 3.6 events per 1,000 admissions from July-September 2010 to October-December 2014. There was no significant change in the prevalence of community-onset healthcare facility-associated CDI LabID events from July-September 2010 to October-December 2014.

Facility-Specific SIRs (Figure 86)

- The healthcare facility-onset CDI LabID event SIR for January-December 2014 for each acute care facility is displayed in [Figure 86](#). 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 2014, 5 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 33 facilities had a SIR that was statistically significantly lower than the baseline SIR.

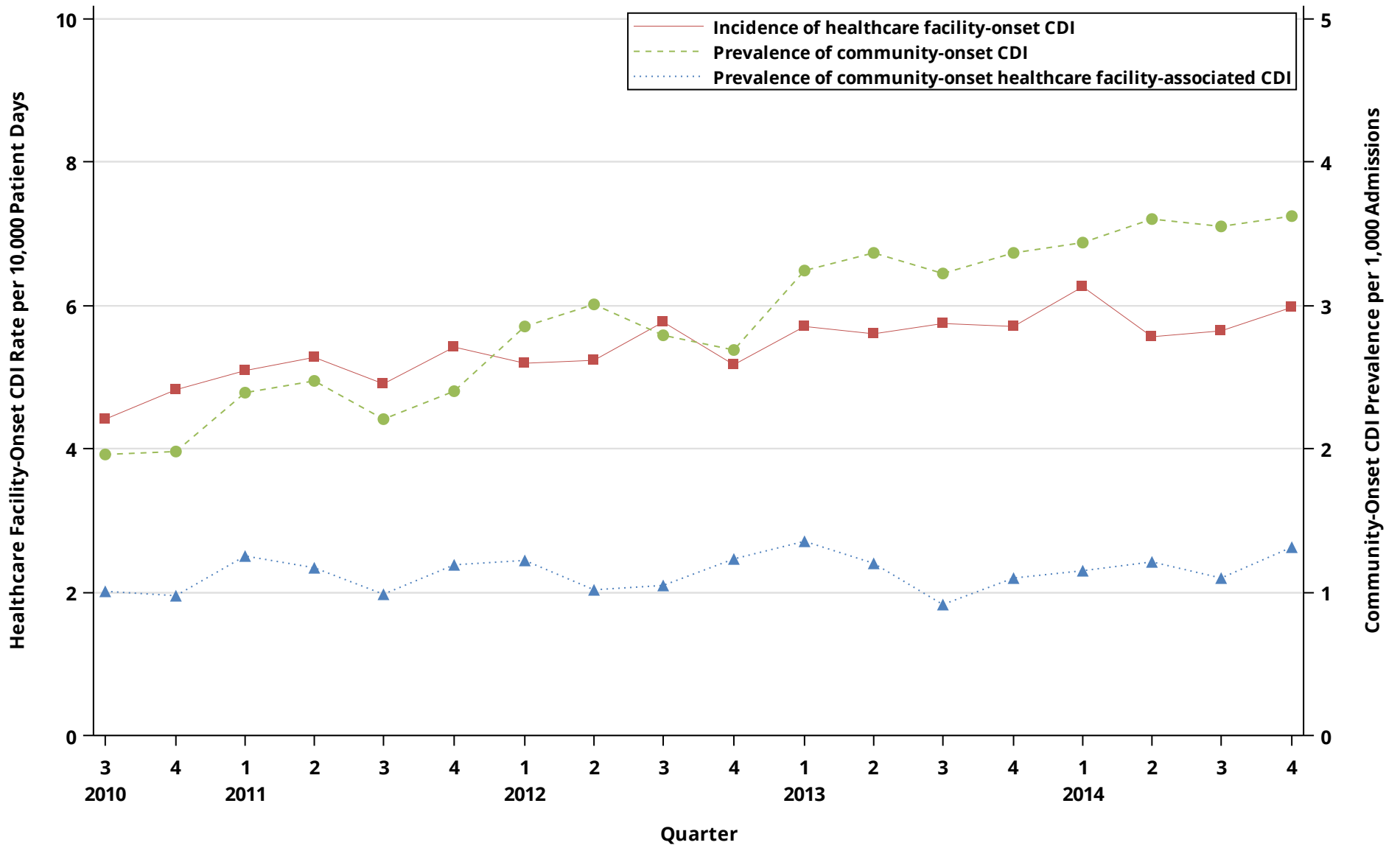
³⁶ http://www.health.gov/hai/prevent_hai.asp

Figure 84: Standardized Infection Ratio (SIR) for Healthcare-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events for Acute Care Hospitals by Quarter, Tennessee, 01/01/2012-12/31/2014 [Reference standard: National Healthcare Safety Network (NHSN), 2010-11]



Data Reported as of September 9, 2015

Figure 85: *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Quarter, Tennessee, 07/01/2010-12/31/2014



Data Reported as of September 9, 2015

Table 36: 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 - 12/31/2014

| | | | | | | | | | 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 | YEAR | No. | PAT DAYS | OBS | PRED | SIR | LOWER LIMIT | UPPER LIMIT | N | % | N | % | 10% | 25% | 50% | 75% | 90% | | |
| Tennessee | 2014 | 111 | 3,683,496 | 2,161 | 2,766.71 | 0.78 | 0.75 | 0.82 | 105 | 33 | 31% | 5 | 5% | 0.00 | 0.30 | 0.61 | 0.98 | 1.26 | |
| | 2013 | 112 | 3,659,496 | 2,085 | 2,751.35 | 0.76 | 0.73 | 0.79 | 103 | 33 | 32% | 5 | 5% | 0.00 | 0.32 | 0.54 | 0.98 | 1.43 | |
| | 2012 | 109 | 3,595,260 | 1,921 | 2,681.98 | 0.72 | 0.69 | 0.75 | 95 | 39 | 41% | 5 | 5% | 0.09 | 0.38 | 0.65 | 0.92 | 1.46 | |

Data reported as of September 9, 2015

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 37: *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Year, Tennessee, 01/01/2012 - 12/31/2014

| | | | Healthcare Facility-Onset Incidence Rate ¹ | Community-Onset Prevalence Rate ² | |
|-----------|------|-----|---|--|--------------------|
| STATE | YEAR | No. | POOLED MEAN | CO POOLED MEAN | CO-HFA POOLED MEAN |
| Tennessee | 2014 | 111 | 5.87 | 3.56 | 1.20 |
| | 2013 | 112 | 5.69 | 3.30 | 1.14 |
| | 2012 | 109 | 5.34 | 2.83 | 1.13 |

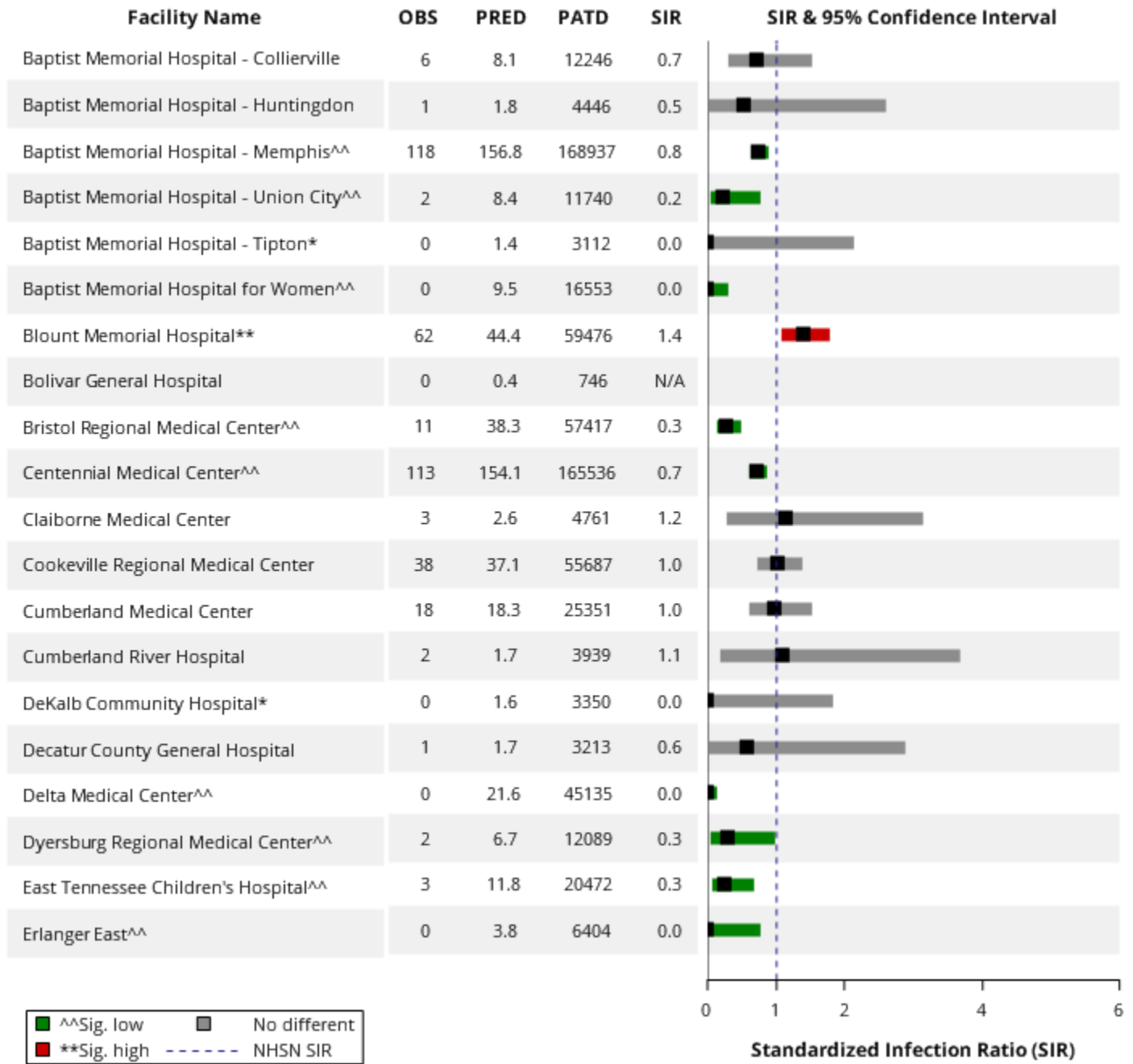
Data reported as of September 9, 2015

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 86: Healthcare Facility-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Acute Care Facilities, Tennessee, 01/01/2014 – 12/31/2014



Data Reported as of September 9, 2015

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

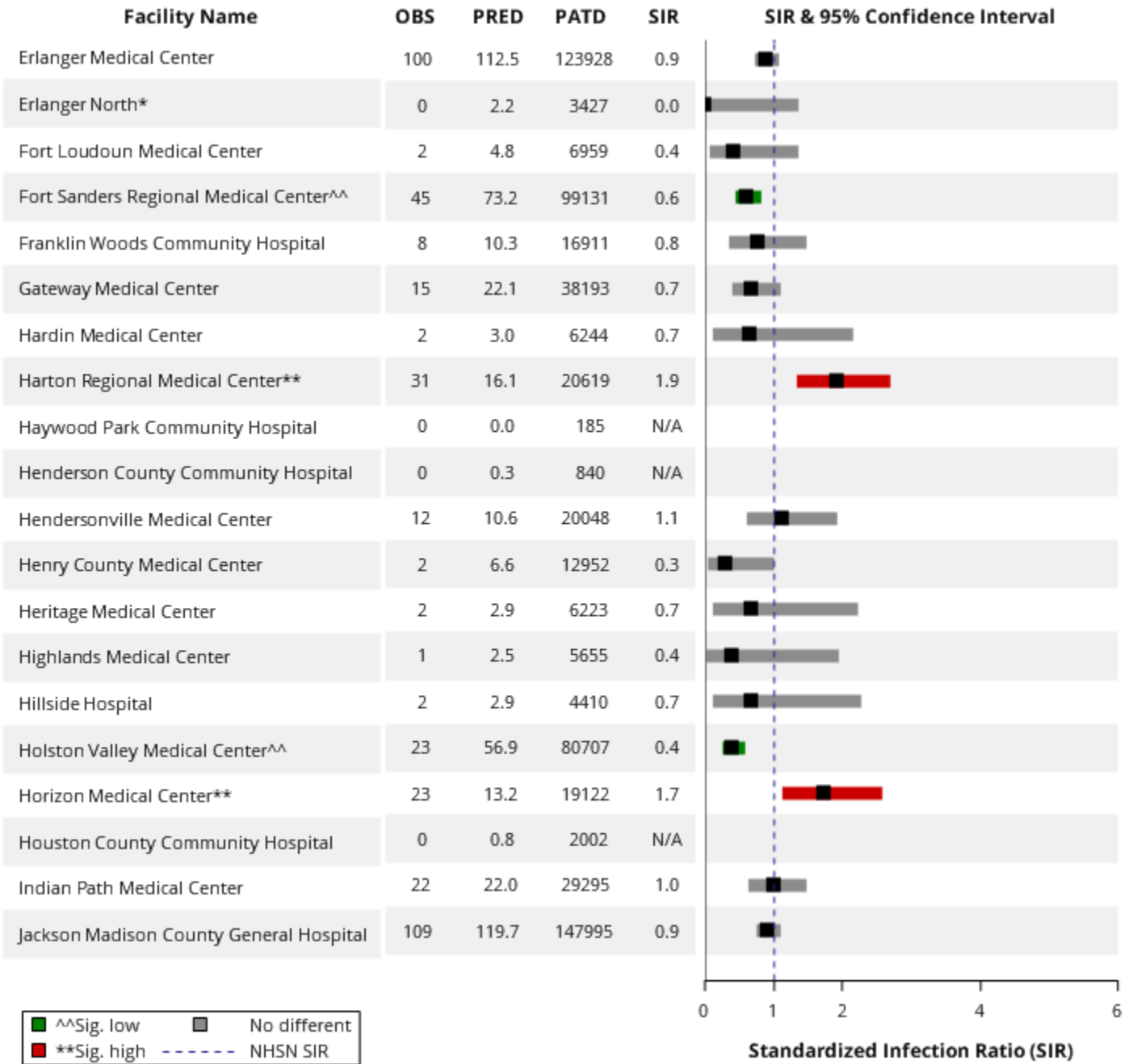
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 86 (cont'd)



Data Reported as of September 9, 2015

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

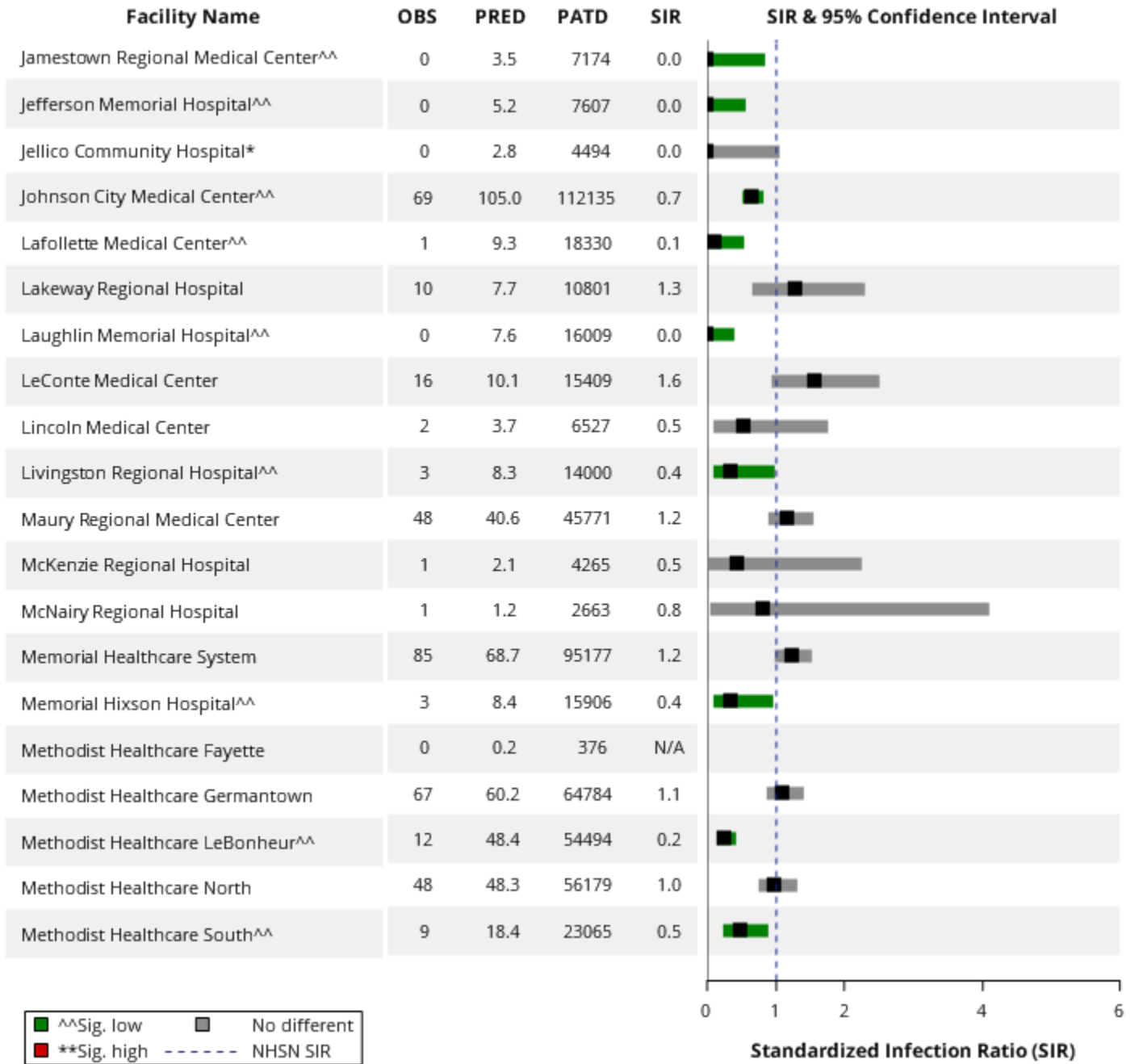
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 86 (cont'd)



Data Reported as of September 9, 2015

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

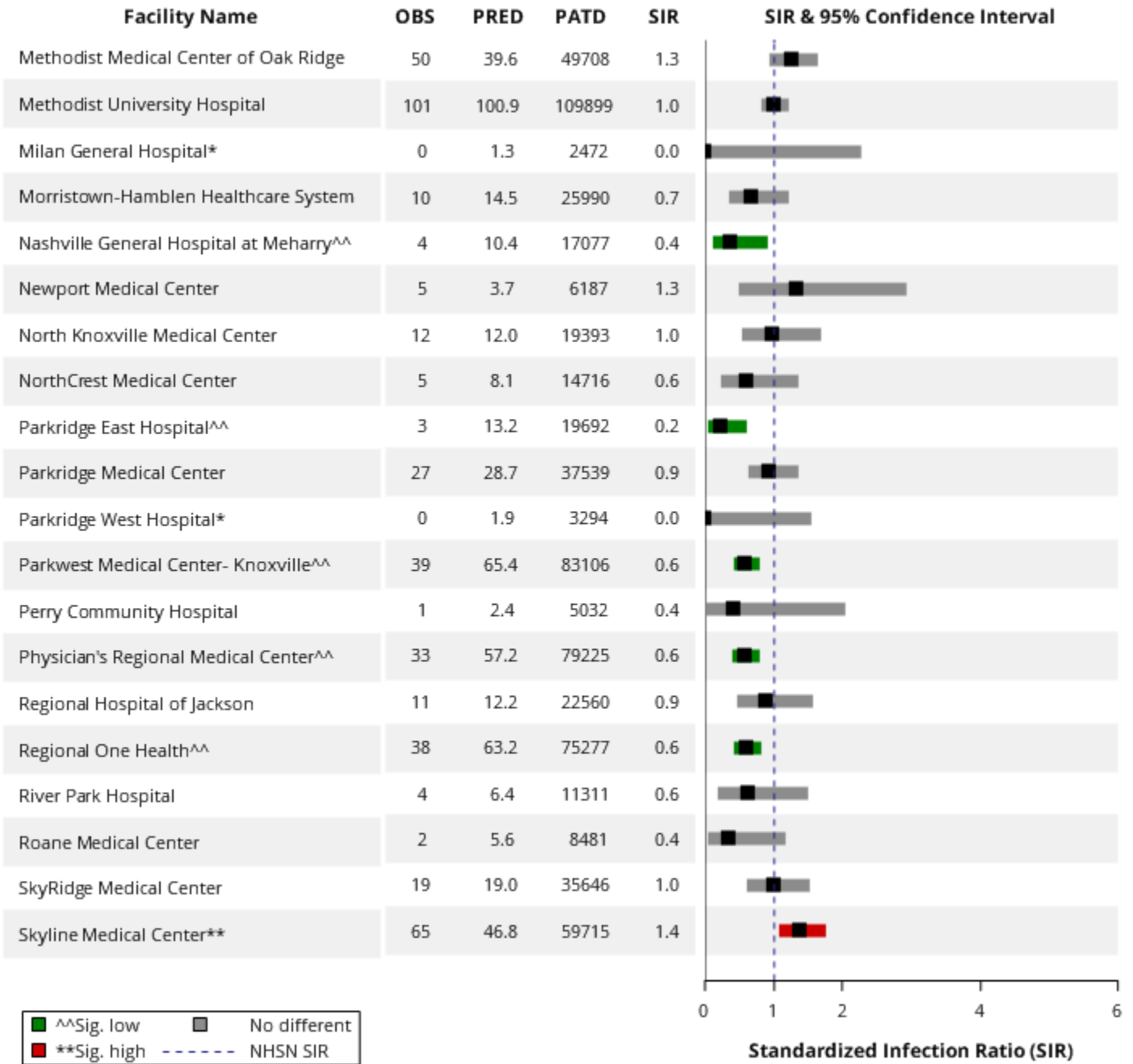
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 86 (cont'd)



Data Reported as of September 9, 2015

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

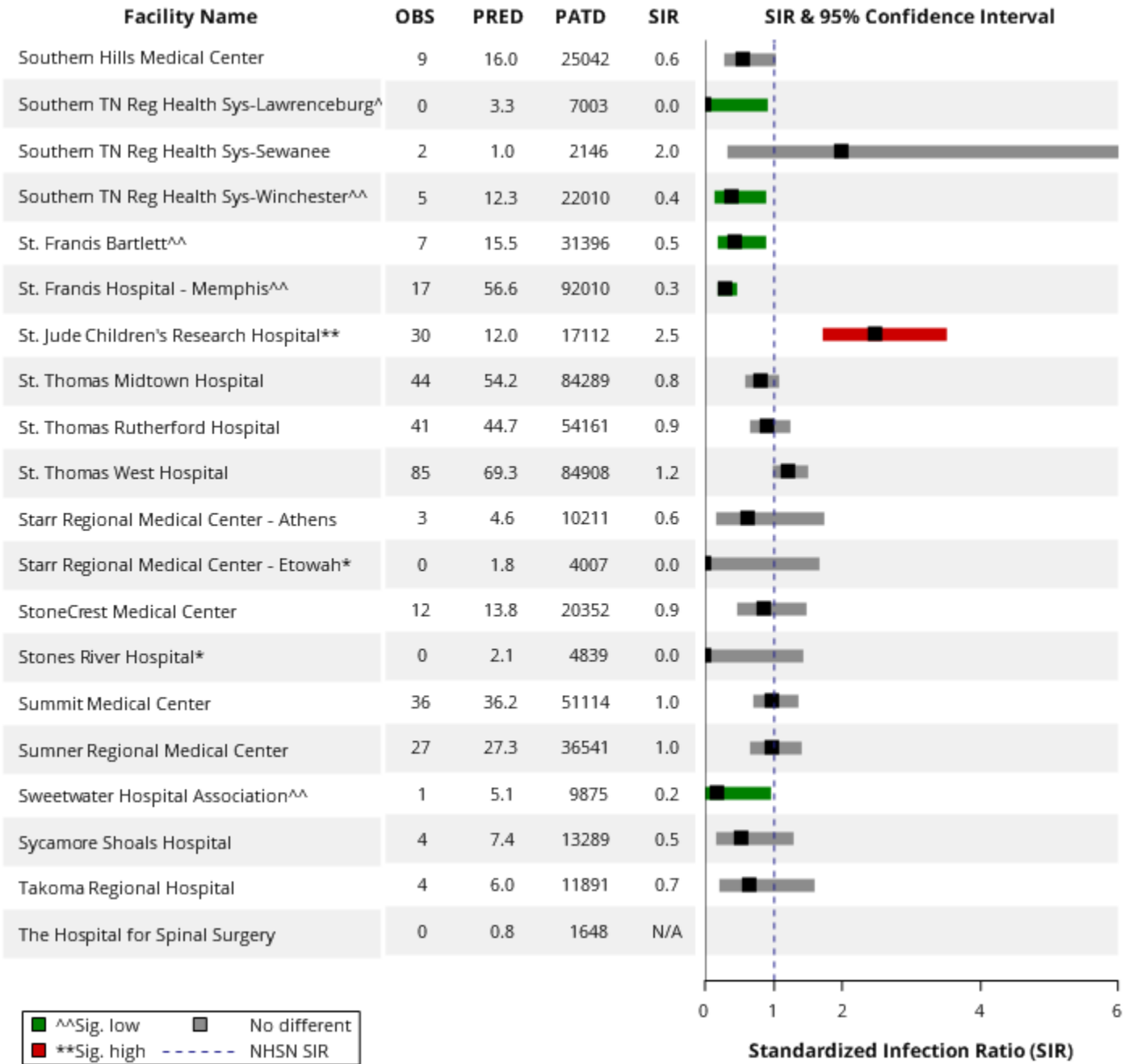
N/A = SIR not calculated for facilities with <1 predicted infection

** Significantly higher than national baseline

^^ Significantly lower than national baseline

* Zero events, but not statistically significant

Figure 86 (cont'd)



Data Reported as of September 9, 2015

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

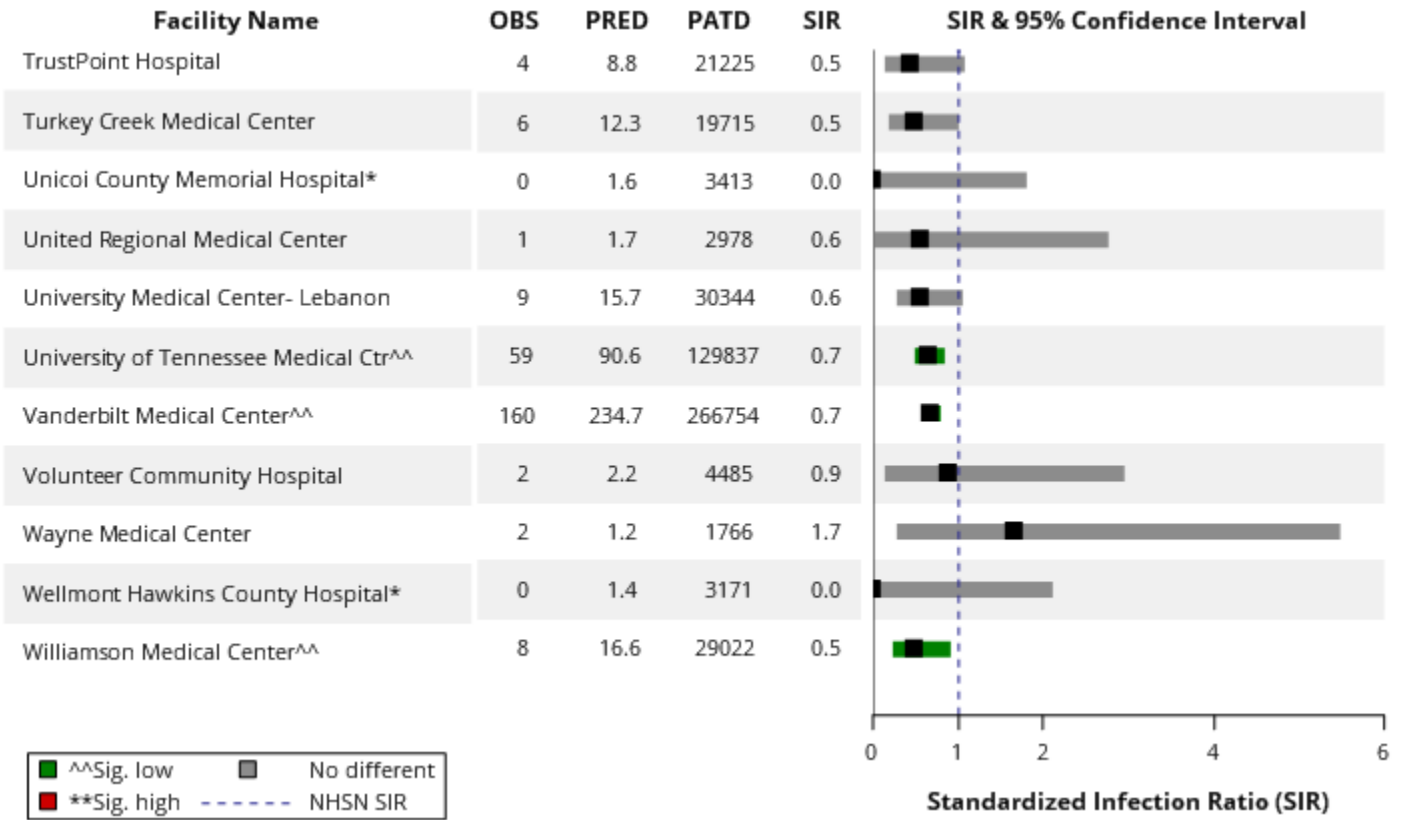
N/A = SIR not calculated for facilities with <1 predicted infection

^{**} Significantly higher than national baseline

^{^^} Significantly lower than national baseline

^{*} Zero events, but not statistically significant

Figure 86 (cont'd)



Data Reported as of September 9, 2015

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

C. difficile Infection (CDI) Laboratory-Identified
Events

Long-term Acute Care (LTAC) Hospitals

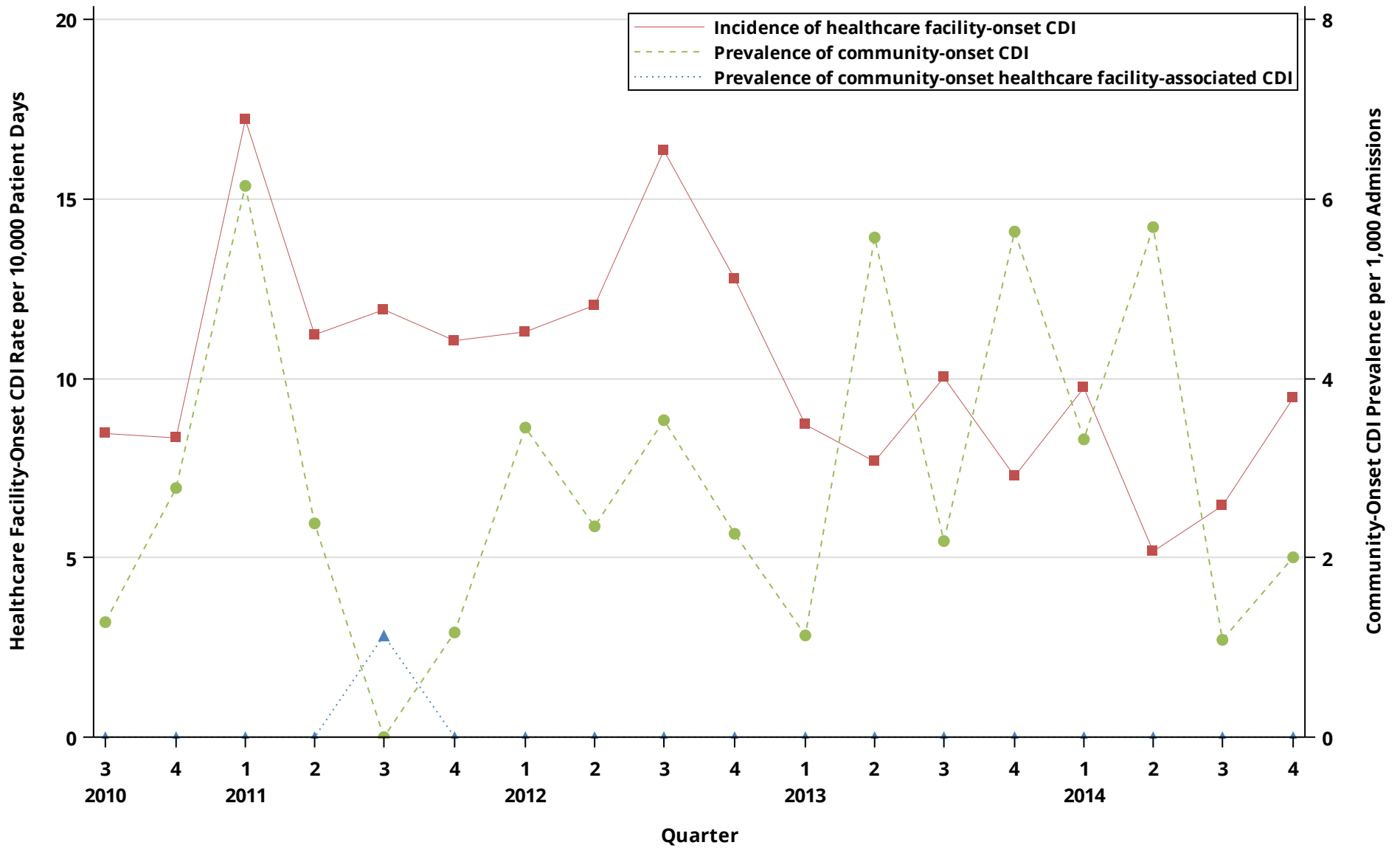
CDI LabID Events in Long Term Acute Care (LTAC) Facilities:

Total number of facilities reporting from January-December 2014: 10

Healthcare Facility-Onset and Community-Onset CDI LabID Rates ([Figure 87](#), [Table 38](#))

- From July-December 2010 to October-December 2014 the incidence of healthcare facility-onset CDI LabID events has fluctuated between 5.2 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 2014. 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 2014.
- The incidence of healthcare facility-onset CDI LabID events was 7.75 events per 10,000 patient-days in 2014, lower than the incidence of healthcare facility-onset CDI LabID events in 2013 or 2012. The prevalence of community-onset CDI LabID events in 2013 was 2.97 events per 1,000 admissions.

Figure 87: *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 07/01/2010-12/31/2014



Data Reported as of September 9, 2015

Table 38: *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Long-term Acute Care (LTAC) Hospitals by Year, Tennessee, 01/01/2012 - 12/31/2014

| STATE | YEAR | No. | Healthcare Facility-Onset Incidence Rate ¹ | Community-Onset Prevalence Rate ² | |
|-----------|------|-----|---|--|--------------------|
| | | | POOLED MEAN | CO POOLED MEAN | CO-HFA POOLED MEAN |
| Tennessee | 2014 | 10 | 7.75 | 2.97 | 0.00 |
| | 2013 | 9 | 8.42 | 3.63 | 0.00 |
| | 2012 | 9 | 13.09 | 2.89 | 0.00 |

Data reported as of September 9, 2015

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

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

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 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.

Healthcare Personnel Influenza Vaccination

Acute Care Hospitals

Healthcare Personnel Influenza Vaccination in Acute Care Facilities:

Total number of facilities reporting from October 2014 – March 2015: 110

Healthcare Personnel Influenza Vaccination Rates (Table 39)

- The mean facility-specific overall healthcare personnel vaccination rate at Tennessee acute care hospitals was 82.8% for the 2014/2015 influenza season (October 2014-March 2015), below the [HHS Healthy People](#)³⁹ 2020 Goal of 90% vaccination.
- The median facility-specific overall healthcare personnel vaccination rate was 84.4%, indicating that half of all Tennessee acute care hospitals documented at least 84.4% of their healthcare personnel received influenza vaccination for the 2014/2015 influenza season.
- Tennessee 2014/2015 mean facility-specific influenza vaccination rates were the lowest for licensed independent practitioners (67.4%), and the highest for employees (85.2%) and adult students/trainees/volunteers (86.1%).

Facility-Specific Healthcare Personnel Influenza Vaccination Rates (Figure 88)

- The overall percent of healthcare personnel with documented influenza vaccination for each facility is displayed in [Figure 88](#).

³⁹ <http://www.healthypeople.gov/>

Table 39: Healthcare Personnel Influenza Vaccination Rate and Key Percentiles by Healthcare Personnel Category by Influenza Season in Acute Care Facilities, Tennessee, 10/01/2013 - 03/31/2015

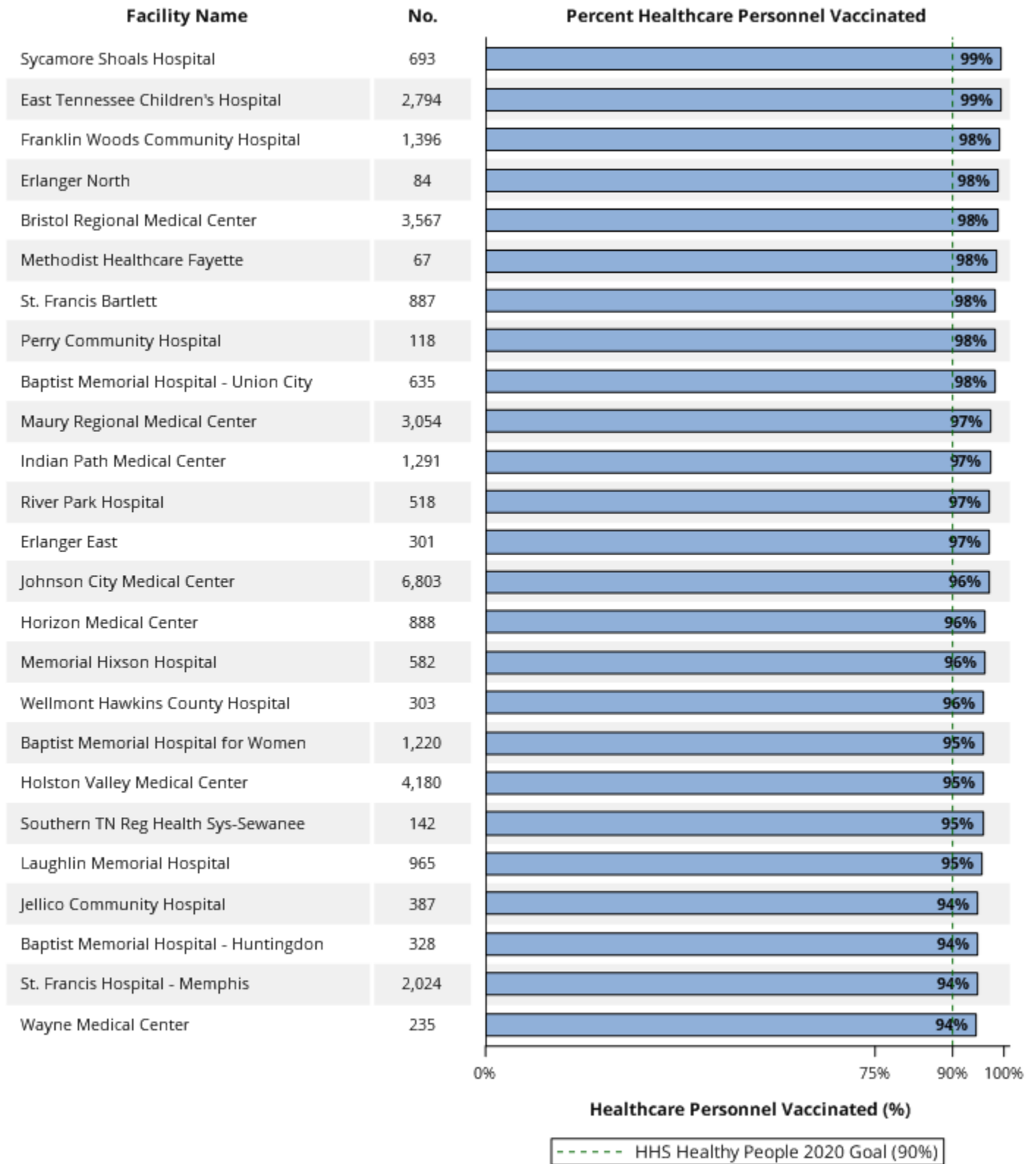
| STATE | FLU SEASON | HEALTHCARE PERSONNEL CATEGORY | No. | MEAN HCP VACCINATION RATE | DISTRIBUTION OF HCP VACCINATION RATE | | | | |
|-----------|------------|------------------------------------|------------|---------------------------|--------------------------------------|--------------|--------------|--------------|--------------|
| | | | | | 10% | 25% | 50% | 75% | 90% |
| Tennessee | 2014/2015 | Employees | 110 | 85.2% | 68.5% | 75.8% | 86.7% | 97.5% | 98.7% |
| | | Licensed Independent Practitioners | 110 | 67.4% | 29.0% | 54.3% | 66.6% | 91.1% | 100% |
| | | Students/Trainees/Volunteers | 110 | 86.1% | 57.1% | 81.0% | 94.1% | 100% | 100% |
| | | Overall | 110 | 82.8% | 67.2% | 73.4% | 84.4% | 93.2% | 97.2% |
| | 2013/2014 | Employees | 110 | 84.2% | 65.1% | 75.4% | 84.6% | 96.4% | 98.7% |
| | | Licensed Independent Practitioners | 110 | 61.2% | 19.4% | 35.5% | 63.6% | 87.5% | 97.3% |
| | | Students/Trainees/Volunteers | 110 | 78.9% | 37.1% | 66.7% | 90.0% | 99.0% | 100% |
| | | Overall | 110 | 79.9% | 63.5% | 68.0% | 80.8% | 90.8% | 95.8% |

Data reported as of September 9, 2015

No. = number of facilities reporting

HCP = Healthcare Personnel

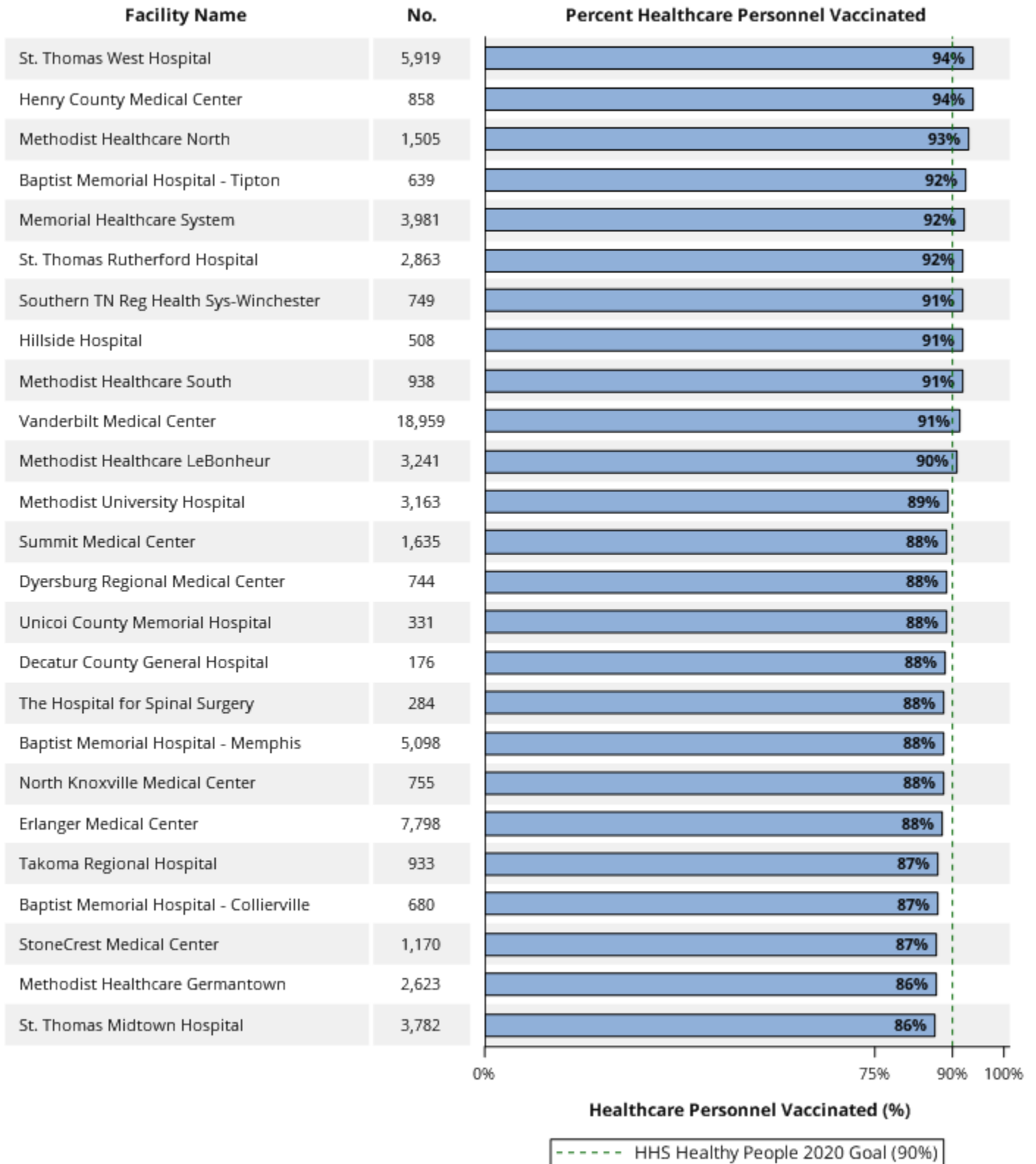
Figure 88: Healthcare Personnel Influenza Vaccination in Acute Care Facilities, Tennessee, 2014/2015 Influenza Season (10/01/2014-03/31/2015)



Data Reported as of September 9, 2015

No. = total number of healthcare personnel who worked at least one day between October 1, 2014 and March 31, 2015

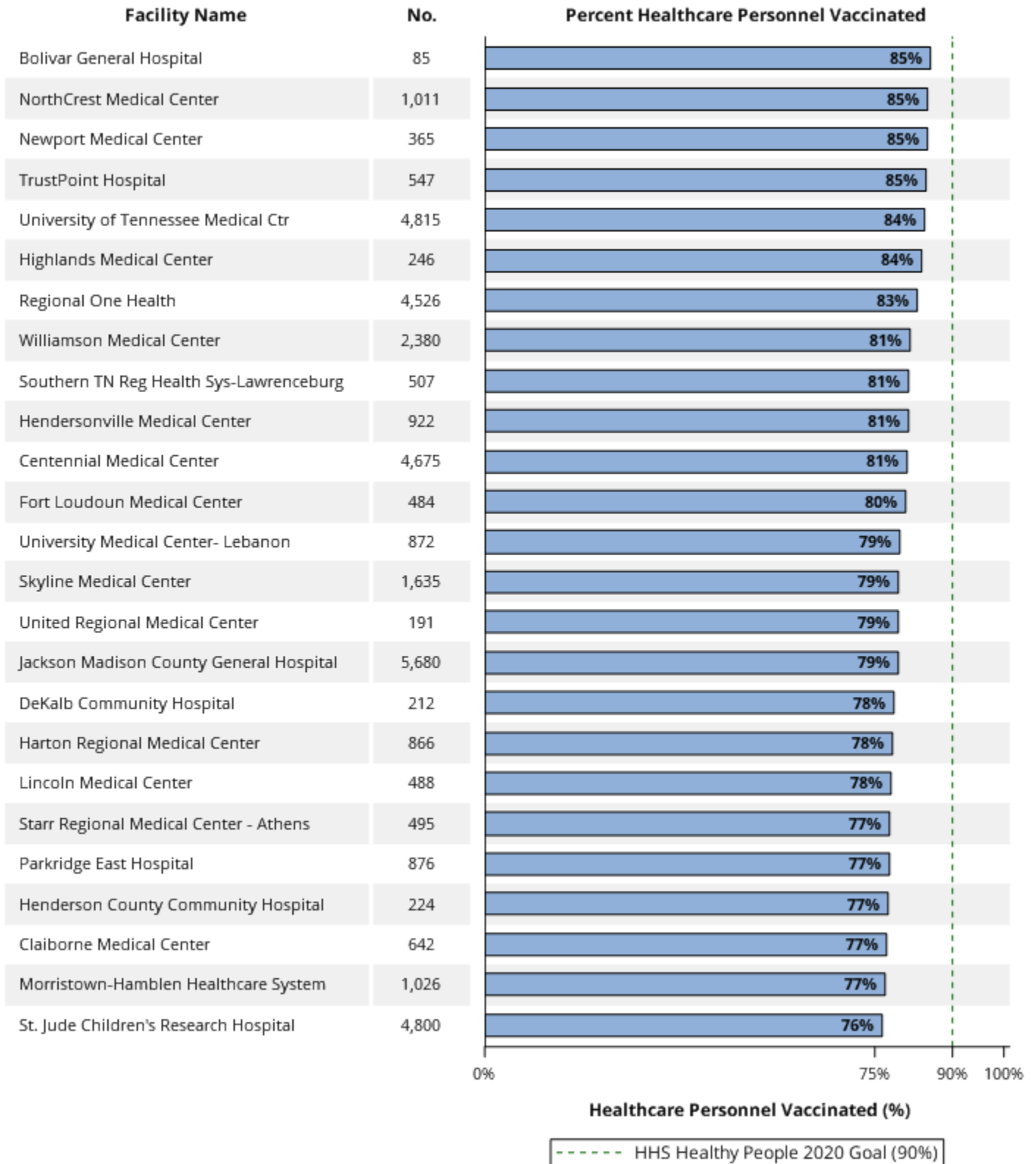
Figure 88 (cont'd)



Data Reported as of September 9, 2015

No. = total number of healthcare personnel who worked at least one day between October 1, 2014 and March 31, 2015

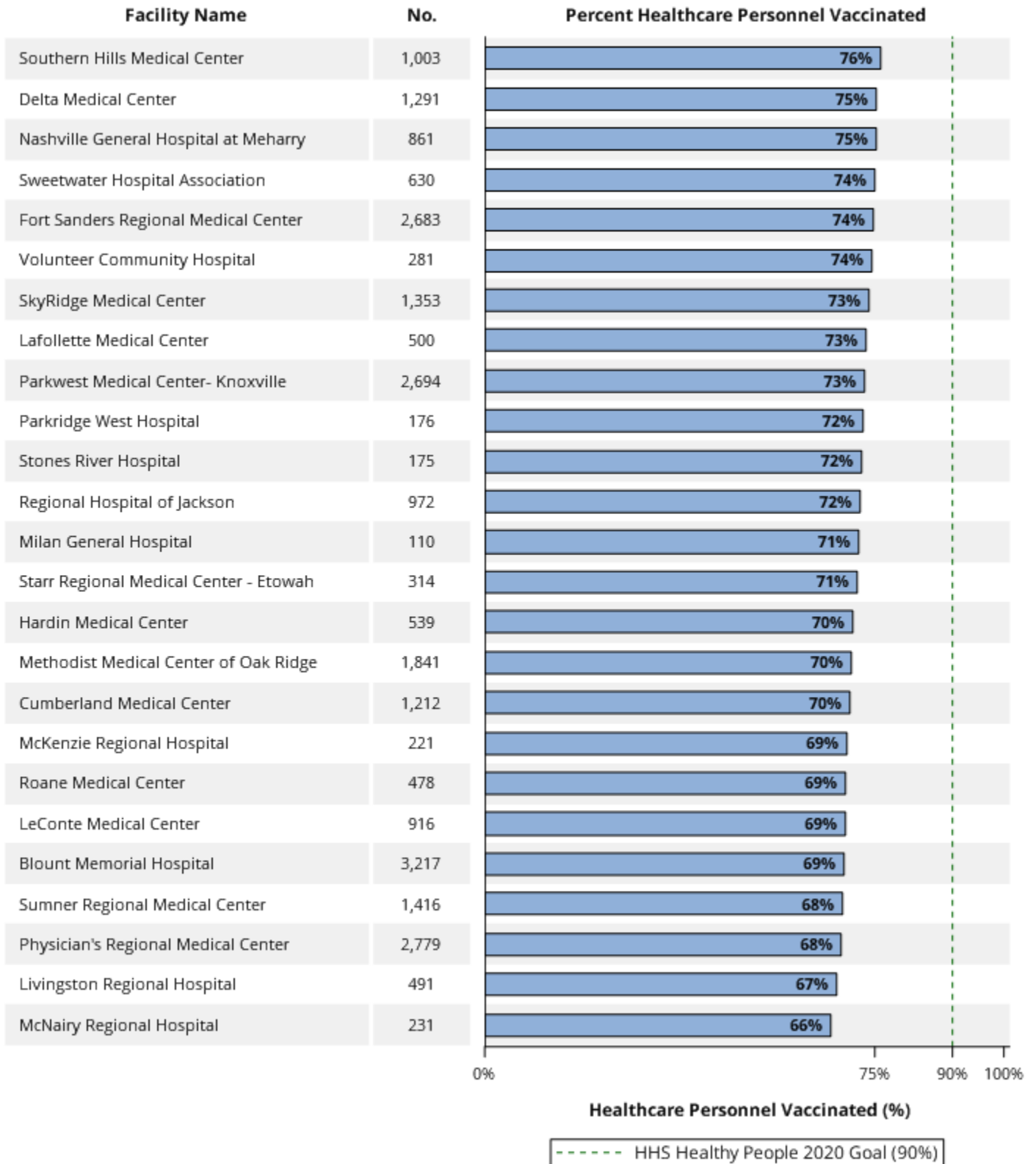
Figure 88 (cont'd)



Data Reported as of September 9, 2015

No. = total number of healthcare personnel who worked at least one day between October 1, 2014 and March 31, 2015

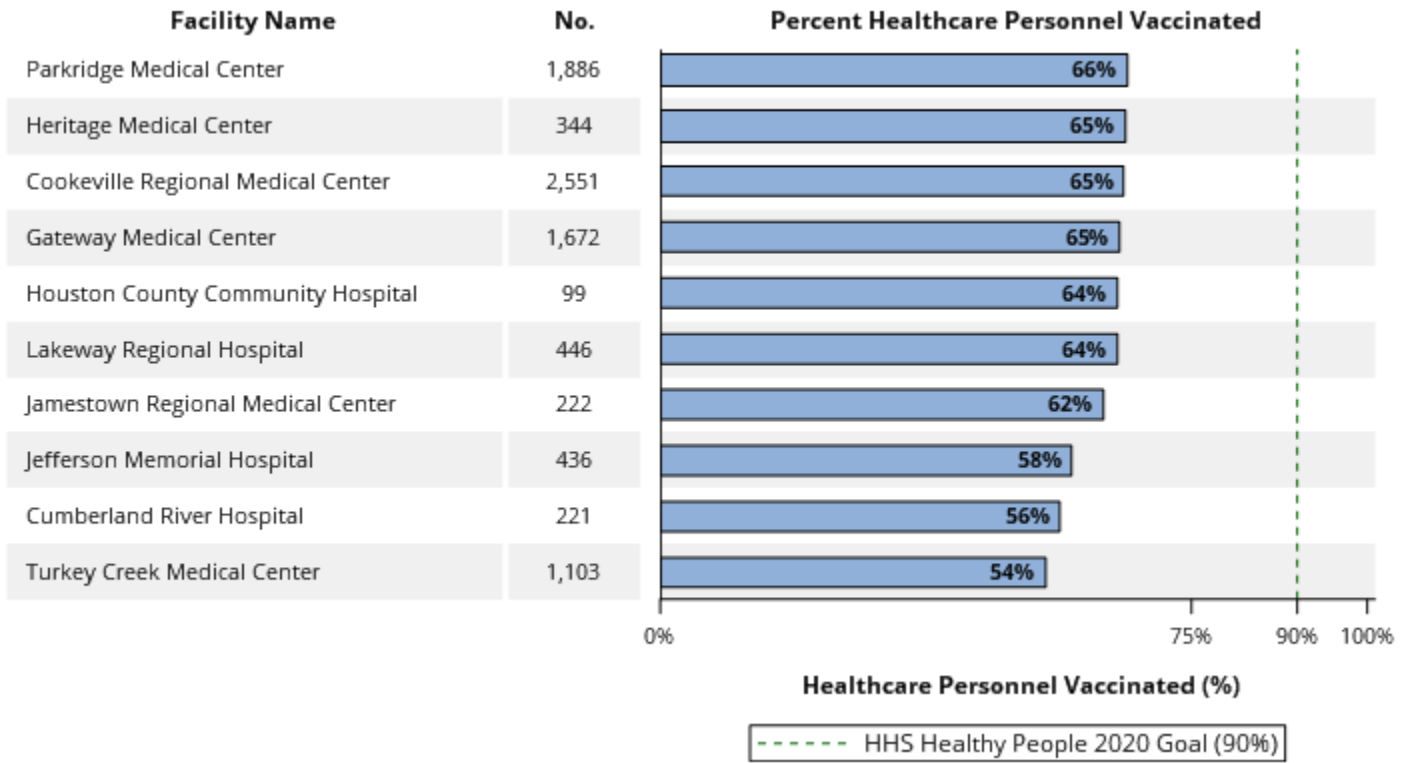
Figure 88 (cont'd)



Data Reported as of September 9, 2015

No. = total number of healthcare personnel who worked at least one day between October 1, 2014 and March 31, 2015

Figure 88 (cont'd)



Data Reported as of September 9, 2015

No. = total number of healthcare personnel who worked at least one day between October 1, 2014 and March 31, 2015

Healthcare Personnel Influenza Vaccination
Long-term Acute Care (LTAC) Hospitals

Healthcare Personnel Influenza Vaccination in Long-term Acute Care (LTAC) Hospitals:

Total number of facilities reporting from October 2014 – March 2015: 10

Healthcare Personnel Influenza Vaccination Rates (Table 40)

- The mean facility-specific overall healthcare personnel vaccination rate in Tennessee long-term acute care hospitals was 80.8% for the 2014/2015 influenza season (October 2014-March 2015), below the [HHS Healthy People](http://www.healthypeople.gov/)⁴⁰ 2020 Goal of 90%.
- The median facility-specific overall healthcare personnel vaccination rate was 85.8%, indicating that half of all Tennessee long-term acute care hospitals documented at least 85.8% of their healthcare personnel received influenza vaccination for the 2014/2015 influenza season.
- Tennessee 2014/2015 mean facility-specific influenza vaccination rates were the lowest for licensed independent practitioners (63.4%) and the highest for employees (89.0%) and adult students/trainees/volunteers (86.8%).

⁴⁰ <http://www.healthypeople.gov/>

Table 40: Healthcare Personnel Influenza Vaccination Rate and Key Percentiles by Healthcare Personnel Category by Influenza Season in Long-Term Acute Care (LTAC) Hospitals, Tennessee, 10/01/2014 - 03/31/2015

| STATE | FLU SEASON | HEALTHCARE PERSONNEL CATEGORY | No. | MEAN HCP VACCINATION RATE | DISTRIBUTION OF HCP VACCINATION RATE | | | | |
|-----------|------------|------------------------------------|-----------|---------------------------|--------------------------------------|--------------|--------------|--------------|--------------|
| | | | | | 10% | 25% | 50% | 75% | 90% |
| Tennessee | 2014/2015 | Employees | 10 | 89.0% | 69.1% | 84.7% | 92.4% | 98.4% | 99.7% |
| | | Licensed Independent Practitioners | 10 | 63.4% | 0.6% | 53.6% | 74.2% | 87.9% | 100% |
| | | Students/Trainees/Volunteers | 10 | 86.8% | 16.7% | 95.2% | 98.3% | 100% | 100% |
| | | Overall | 10 | 80.8% | 48.3% | 81.6% | 85.8% | 91.5% | 97.1% |

Data reported as of September 9, 2015

No. = number of facilities reporting

HCP = Healthcare Personnel

Healthcare Personnel Influenza Vaccination
Inpatient Rehabilitation Facilities

Healthcare Personnel Influenza Vaccination in Inpatient Rehabilitation Facilities (IRF):

Total number of facilities reporting from October 2014 – March 2015: 30

Healthcare Personnel Influenza Vaccination Rates (Table 41)

- The mean facility-specific overall healthcare personnel vaccination rate in Tennessee inpatient rehabilitation facilities was 82.2% for the 2014/2015 influenza season (October 2014-March 2015), below the [HHS Healthy People](#)⁴¹ 2020 Goal of 90%.
- The median facility-specific overall healthcare personnel vaccination rate was 83.7%, indicating that half of all Tennessee long-term acute care hospitals documented at least 83.7% of their healthcare personnel received influenza vaccination for the 2014/2015 influenza season.
- Tennessee 2014/2015 mean facility-specific influenza vaccination rates were the lowest for licensed independent practitioners (67.5%) and the highest for employees (83.4%) and adult students/trainees/volunteers (88.1%).

⁴¹ <http://www.healthypeople.gov/>

Table 41: Healthcare Personnel Influenza Vaccination Rate and Key Percentiles by Healthcare Personnel Category by Influenza Season in Inpatient Rehabilitation Facilities, Tennessee, 10/01/2014 - 03/31/2015

| STATE | FLU SEASON | HEALTHCARE PERSONNEL CATEGORY | No. | MEAN HCP VACCINATION RATE | DISTRIBUTION OF HCP VACCINATION RATE | | | | |
|-----------|------------|------------------------------------|-----------|---------------------------|--------------------------------------|--------------|--------------|--------------|--------------|
| | | | | | 10% | 25% | 50% | 75% | 90% |
| Tennessee | 2014/2015 | Employees | 30 | 83.4% | 64.1% | 74.4% | 82.3% | 95.8% | 97.8% |
| | | Licensed Independent Practitioners | 30 | 67.5% | 0.0% | 50.0% | 70.8% | 98.2% | 100% |
| | | Students/Trainees/Volunteers | 30 | 88.1% | 50.0% | 79.2% | 95.9% | 100% | 100% |
| | | Overall | 30 | 82.2% | 63.6% | 77.1% | 83.7% | 95.5% | 97.1% |

Data reported as of September 9, 2015

No. = number of facilities reporting

HCP = Healthcare Personnel

Facility Specific Summary Pages

Table of Contents – Facility Specific Summary Pages

| Facility Name | Page |
|--|---------------------|
| Baptist Memorial Hospital - Collierville | 232 |
| Baptist Memorial Hospital - Huntingdon | 234 |
| Baptist Memorial Hospital - Memphis | 236 |
| Baptist Memorial Hospital - Tipton | 238 |
| Baptist Memorial Hospital - Union City | 240 |
| Baptist Memorial Hospital for Women | 242 |
| Blount Memorial Hospital | 244 |
| Bolivar General Hospital | 246 |
| Bristol Regional Medical Center | 248 |
| Centennial Medical Center | 250 |
| Claiborne County Hospital | 252 |
| Cookeville Regional Medical Center | 254 |
| Cumberland Medical Center | 256 |
| Cumberland River Hospital | 258 |
| Decatur County General Hospital | 260 |
| DeKalb Community Hospital | 262 |
| Delta Medical Center | 264 |
| Dyersburg Regional Medical Center | 266 |
| East Tennessee Children's Hospital | 268 |
| Erlanger East | 270 |
| Erlanger Medical Center | 272 |
| Erlanger North | 274 |
| Fort Loudoun Medical Center | 276 |
| Fort Sanders Regional Medical Center | 278 |
| Franklin Woods Community Hospital | 280 |
| Gateway Medical Center | 282 |
| Hardin Medical Center | 284 |
| Harton Regional Medical Center | 286 |
| Haywood Park Community Hospital | 288 |
| Henderson County Community Hospital | 290 |
| Hendersonville Medical Center | 292 |
| Henry County Medical Center | 294 |
| Heritage Medical Center | 296 |
| Highlands Medical Center | 298 |
| Hillside Hospital | 300 |
| Holston Valley Medical Center | 302 |
| Horizon Medical Center | 304 |
| Houston County Community Hospital | 306 |
| Indian Path Medical Center | 308 |
| Jackson Madison County General Hospital | 310 |
| Jamestown Regional Medical Center | 312 |
| Jefferson Memorial Hospital | 314 |
| Jellico Community Hospital | 316 |
| Johnson City Medical Center | 318 |
| Lafollette Medical Center | 320 |

| Facility Name | Page |
|---|---------------------|
| Lakeway Regional Hospital | 322 |
| Laughlin Memorial Hospital | 324 |
| LeConte Medical Center | 326 |
| Lincoln Medical Center | 328 |
| Livingston Regional Hospital | 330 |
| Maury Regional Medical Center | 332 |
| MCJ Children's Hospital at Vanderbilt | 334 |
| McKenzie Regional Hospital | 336 |
| McNairy Regional Hospital | 338 |
| Memorial Healthcare System | 340 |
| Memorial Hixson Hospital | 342 |
| Methodist Healthcare Fayette | 344 |
| Methodist Healthcare Germantown | 346 |
| Methodist Healthcare LeBonheur | 348 |
| Methodist Healthcare North | 350 |
| Methodist Healthcare South | 352 |
| Methodist Medical Center of Oak Ridge | 354 |
| Methodist University Hospital | 356 |
| Milan General Hospital | 358 |
| Morristown-Hamblen Healthcare System | 360 |
| Nashville General Hospital at Meharry | 362 |
| Newport Medical Center | 364 |
| North Knoxville Medical Center | 366 |
| NorthCrest Medical Center | 368 |
| Parkridge East Hospital | 370 |
| Parkridge Medical Center | 372 |
| Parkridge West Hospital | 374 |
| Parkwest Medical Center- Knoxville | 376 |
| Perry Community Hospital | 378 |
| Physician's Regional Medical Center | 380 |
| Regional Hospital of Jackson | 382 |
| Regional One Health | 384 |
| River Park Hospital | 386 |
| Roane Medical Center | 388 |
| Skyline Medical Center | 390 |
| SkyRidge Medical Center | 392 |
| Southern Hills Medical Center | 394 |
| Southern TN Reg Health Sys-Lawrenceburg | 396 |
| Southern TN Reg Health Sys-Sewanee | 398 |
| Southern TN Reg Health Sys-Winchester | 400 |
| St. Francis Bartlett | 402 |
| St. Francis Hospital - Memphis | 404 |
| St. Jude Children's Research Hospital | 406 |
| St. Thomas Midtown Hospital | 408 |
| St. Thomas Rutherford Hospital | 410 |

Table of Contents – Facility Specific Summary Pages

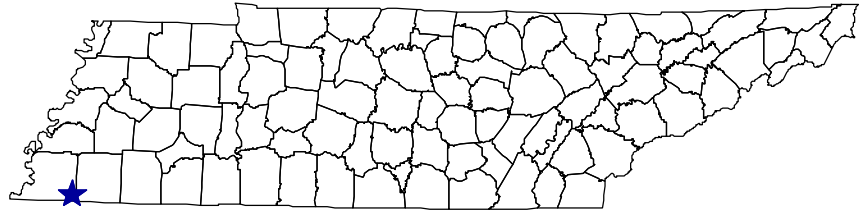
| Facility Name | Page |
|---|---------------------|
| St. Thomas West Hospital | 412 |
| Starr Regional Medical Center - Athens | 414 |
| Starr Regional Medical Center - Etowah | 416 |
| StoneCrest Medical Center | 418 |
| Stones River Hospital | 420 |
| Summit Medical Center | 422 |
| Sumner Regional Medical Center | 424 |
| Sweetwater Hospital Association | 426 |
| Sycamore Shoals Hospital | 428 |
| Takoma Regional Hospital | 430 |
| TC Thompson Children's Hosp. (Erlanger) | 432 |
| The Hospital for Spinal Surgery | 434 |

| Facility Name | Page |
|-------------------------------------|---------------------|
| TrustPoint Hospital | 436 |
| Turkey Creek Medical Center | 438 |
| Unicoi County Memorial Hospital | 440 |
| United Regional Medical Center | 442 |
| University Medical Center- Lebanon | 444 |
| University of Tennessee Medical Ctr | 446 |
| Vanderbilt Medical Center | 448 |
| Volunteer Community Hospital | 450 |
| Wayne Medical Center | 452 |
| Wellmont Hawkins County Hospital | 454 |
| Williamson Medical Center | 456 |

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, 01/01/2014-12/31/2014

| 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 | 241 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.5 | 688 | 0.00 | (0.00, 1.89) | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 0.7 | 12246 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 6 | 8.1 | 12246 | 0.74 | (0.30, 1.53) | 0.78 |

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)

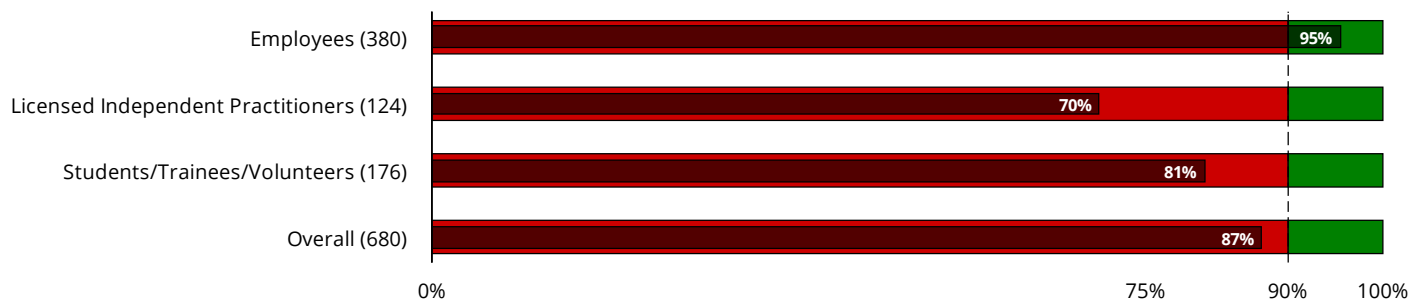
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

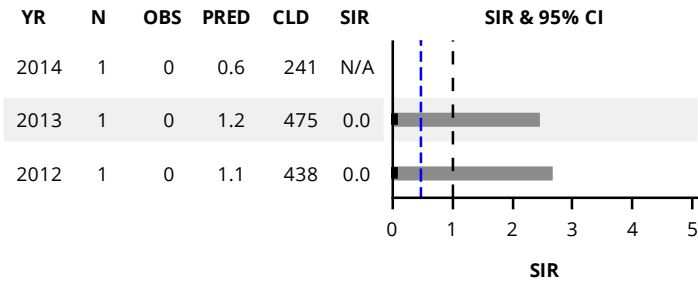


■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Baptist Memorial Hospital - Collierville, Collierville, Shelby County

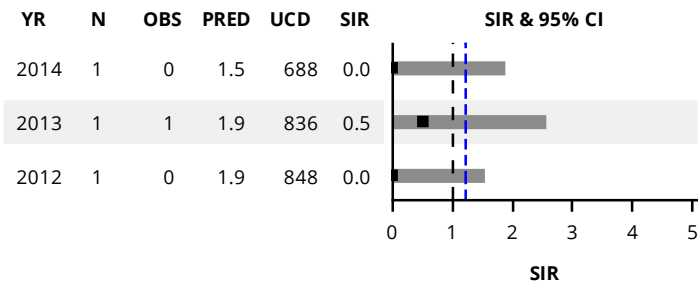
Central Line-Associated Bloodstream Infections (CLABSI)

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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | 0 | 0.3 | 20 | N/A |

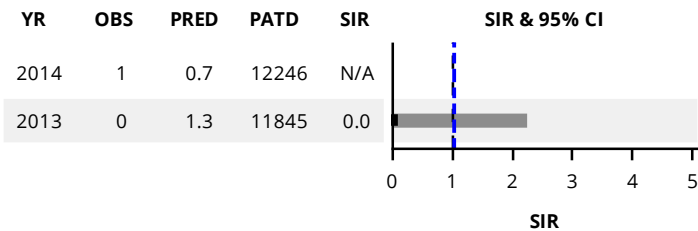
SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

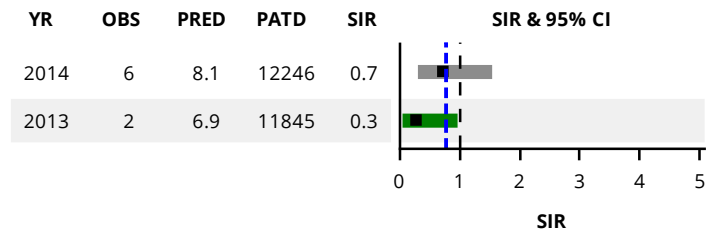
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

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;

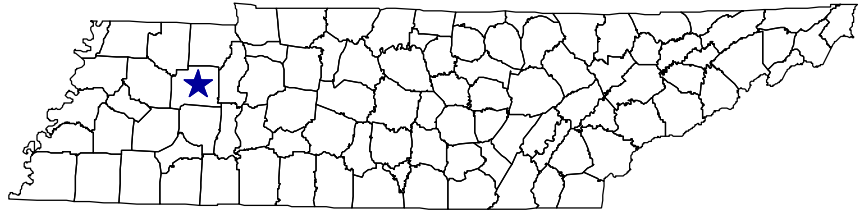
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - 2014 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, 01/01/2014-12/31/2014

| 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 | 122 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.3 | 264 | N/A | N/A | 1.22 |
| LabID | MRSA bacteremia | 0 | 0.2 | 4446 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 1 | 1.8 | 4446 | 0.53 | (0.03, 2.61) | 0.78 |

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)

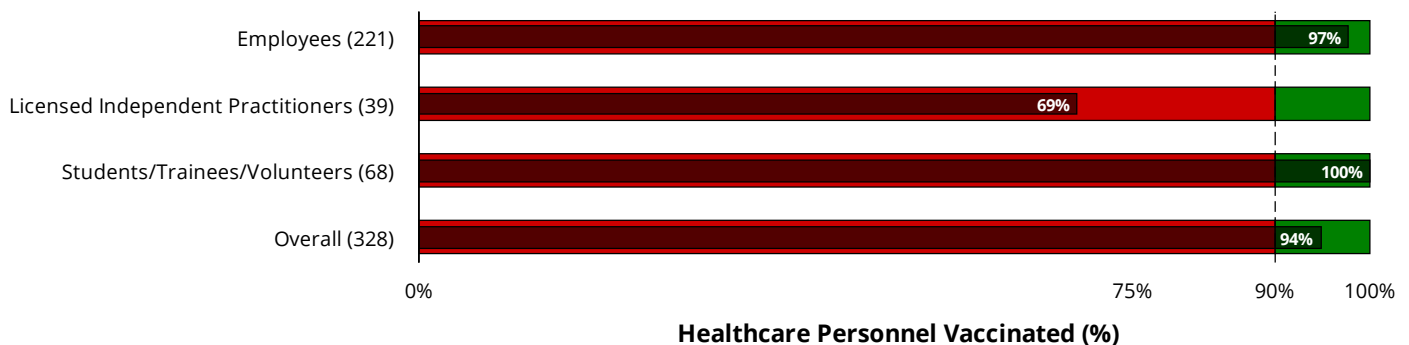
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Baptist Memorial Hospital - Huntingdon, Huntingdon, Carroll County

Central Line-Associated Bloodstream Infections (CLABSI)

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

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.1 | 122 | N/A |
| 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

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

| YR | N | OBS | PRED | UCD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.3 | 264 | N/A |
| 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

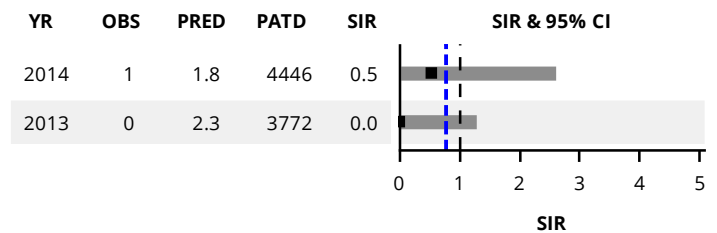
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.2 | 4446 | N/A |
| 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 9, 2015

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;

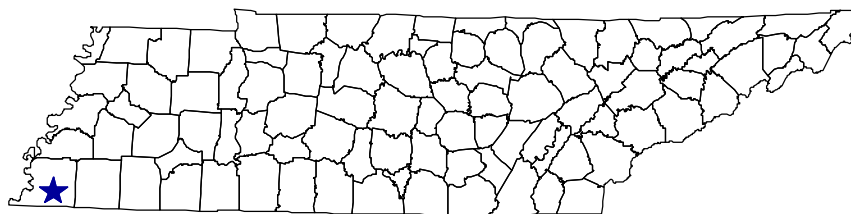
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 TN SIR
- - - - NHSN SIR=1

Baptist Memorial Hospital - Memphis, Memphis, Shelby County

Medical School Affiliation: Major teaching

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, 01/01/2014-12/31/2014

| 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 | 36 | 24.1 | 11161 | 1.49 | (1.06, 2.04) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 47 | 28.5 | 10997 | 1.65 | (1.23, 2.17) | 1.22 |
| SSI | Colon surgery | 12 | 10.4 | 332 | 1.15 | (0.62, 1.95) | 0.91 |
| | Abdominal hysterectomy | 1 | 0.9 | 106 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 25 | 19.2 | 168937 | 1.30 | (0.86, 1.89) | 1.02 |
| | <i>C. difficile</i> infection | 118 | 156.8 | 168937 | 0.75 | (0.63, 0.90) | 0.78 |

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)

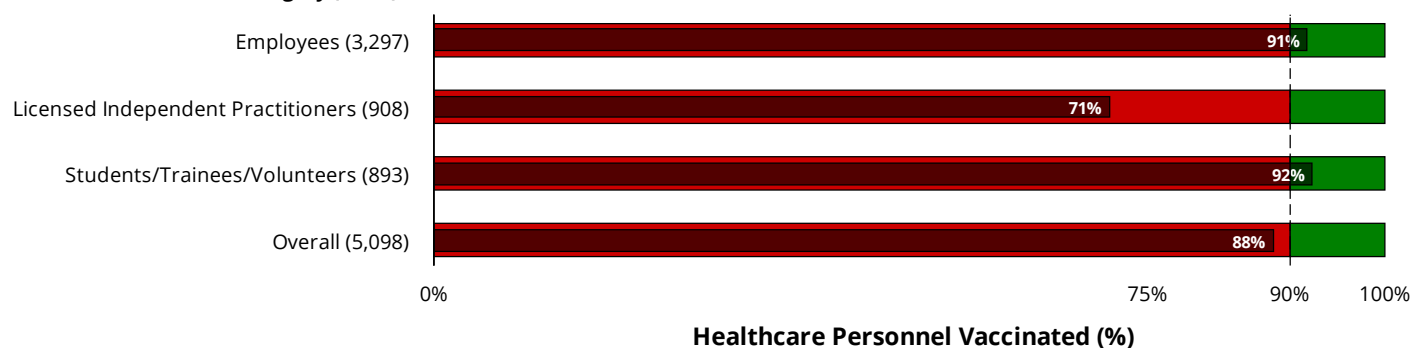
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

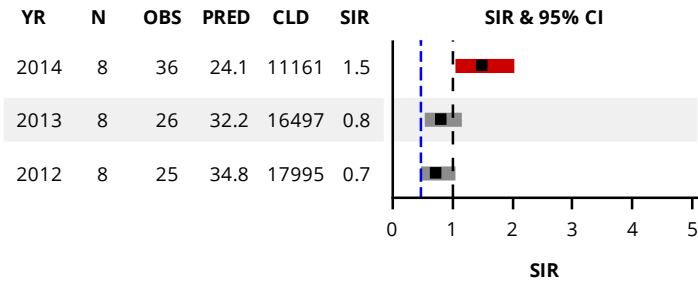


■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Baptist Memorial Hospital - Memphis, Memphis, Shelby County

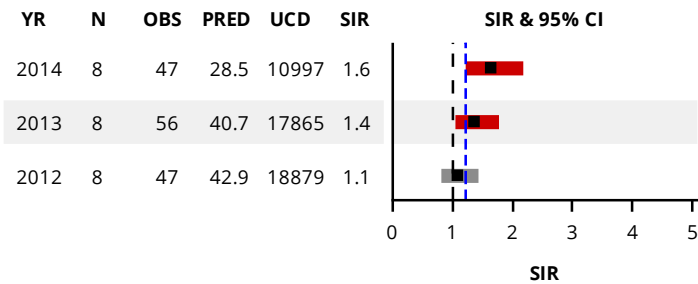
Central Line-Associated Bloodstream Infections (CLABSI)

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



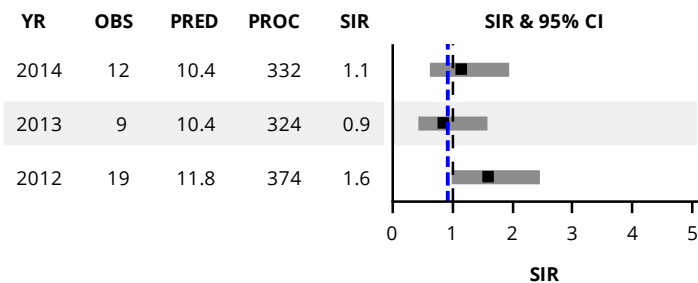
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

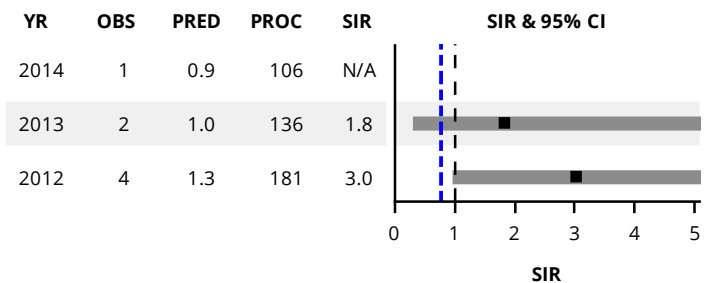


Surgical Site Infections (SSI)

SSI - Colon Surgery

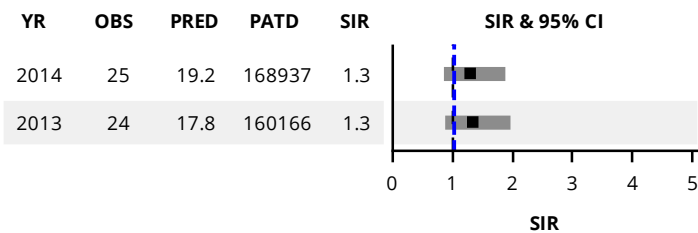


SSI - Abdominal Hysterectomy

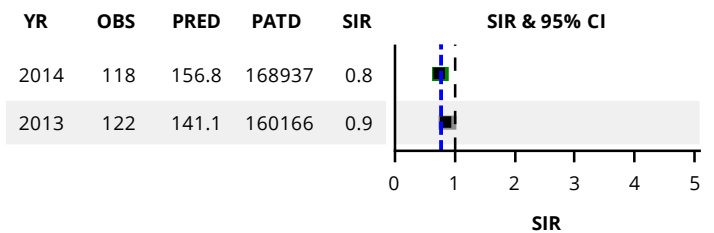


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

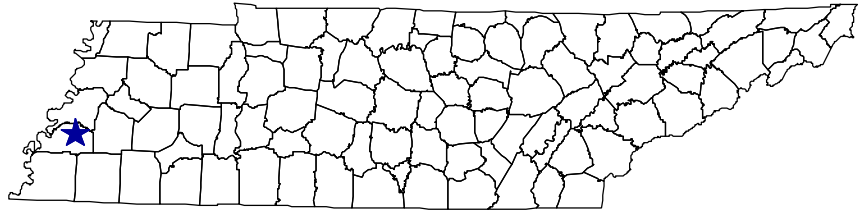
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.4 | 234 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 0 | 0.1 | 21 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.1 | 3515 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 0 | 1.4 | 3112 | 0.00 | (0.00, 2.12) | 0.78 |

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)

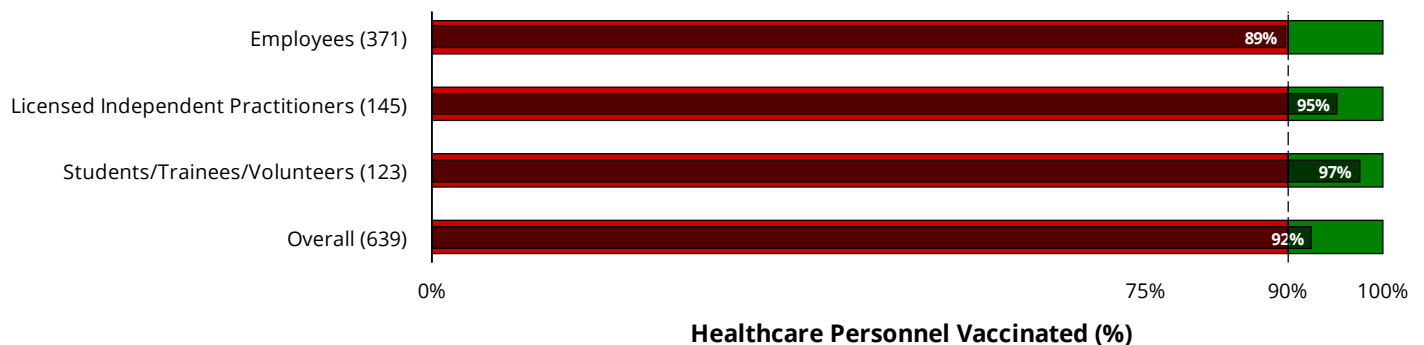
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | N/A | N/A | N/A | N/A |
| 2013 | 1 | 0 | 0.0 | 50 | N/A |
| 2012 | 1 | 0 | 0.1 | 53 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.4 | 234 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.1 | 21 | N/A |
| 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

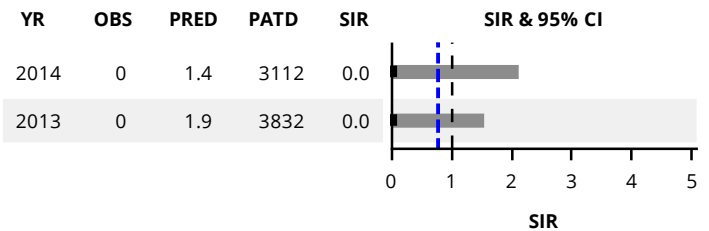
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.1 | 3515 | N/A |
| 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 9, 2015

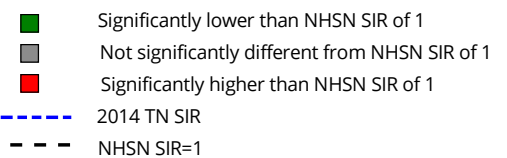
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

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;

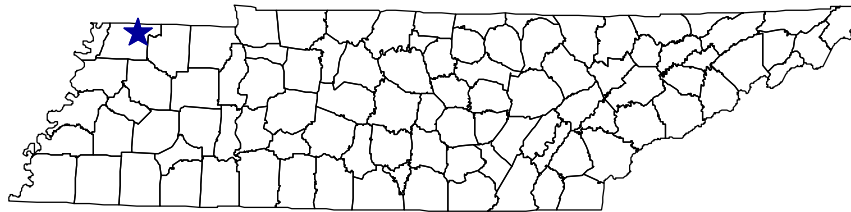
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



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, 01/01/2014-12/31/2014

| | | 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 | 197 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.7 | 486 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 0 | 0.3 | 46 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.4 | 12285 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 2 | 8.4 | 11740 | 0.24 | (0.04, 0.78) | 0.78 |

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)

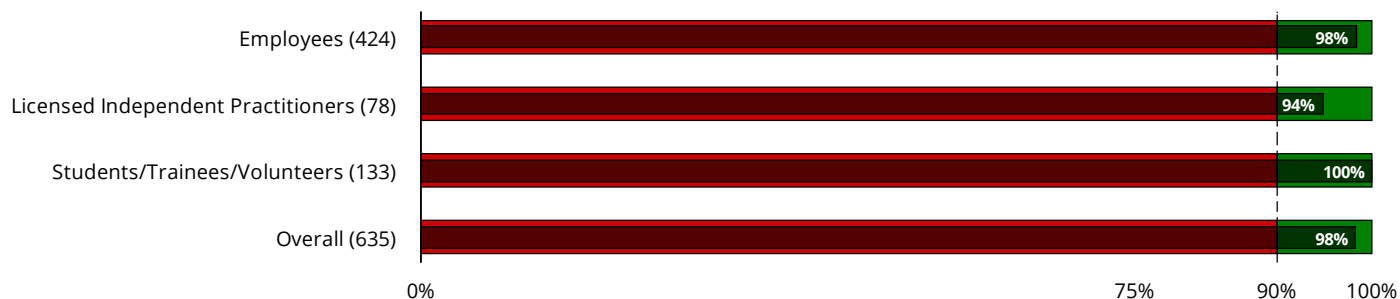
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

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 |
|------|---|-----|------|-----|-----|
| 2014 | 2 | 0 | 0.3 | 197 | N/A |
| 2013 | 1 | 0 | 0.1 | 124 | N/A |
| 2012 | 1 | 0 | 0.2 | 182 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 2 | 0 | 0.7 | 486 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.3 | 46 | N/A |
| 2013 | 0 | 0.4 | 49 | N/A |
| 2012 | 0 | 0.2 | 36 | N/A |

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

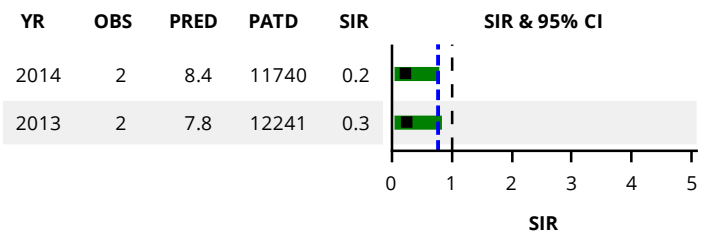
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 0 | 0.4 | 12285 | N/A |
| 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 9, 2015

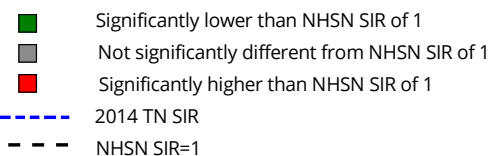
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

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;

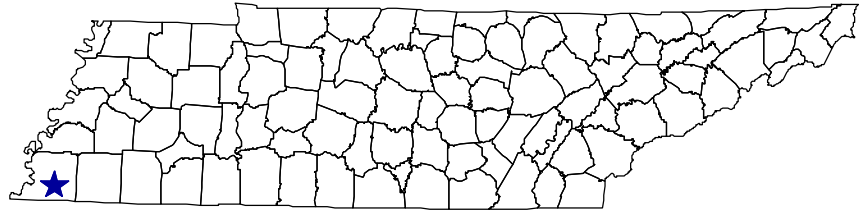
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



Baptist Memorial Hospital for Women, Memphis, Shelby County

Medical School Affiliation: Major 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, 01/01/2014-12/31/2014

| 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 | 0.46 |
| | Neonatal ICU | 7 | 5.5 | 2572 | 1.27 | (0.55, 2.51) | 0.34 |
| CAUTI | Adult/Pediatric ICU | N/A | N/A | N/A | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 0 | 3.1 | 421 | 0.00 | (0.00, 0.95) | 0.78 |
| LabID | MRSA bacteremia | 1 | 1.7 | 35191 | 0.57 | (0.03, 2.83) | 1.02 |
| | C. difficile infection | 0 | 9.5 | 16553 | 0.00 | (0.00, 0.31) | 0.78 |

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)

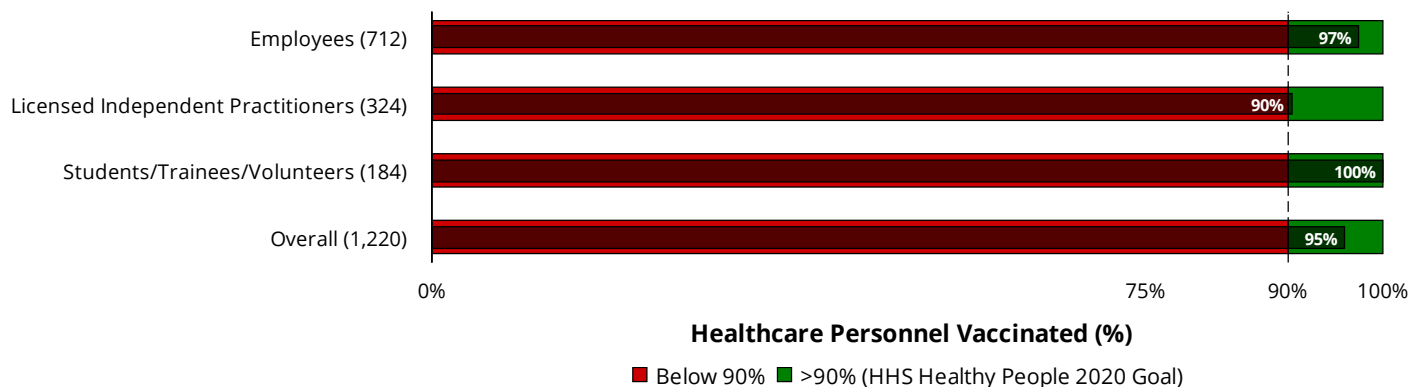
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



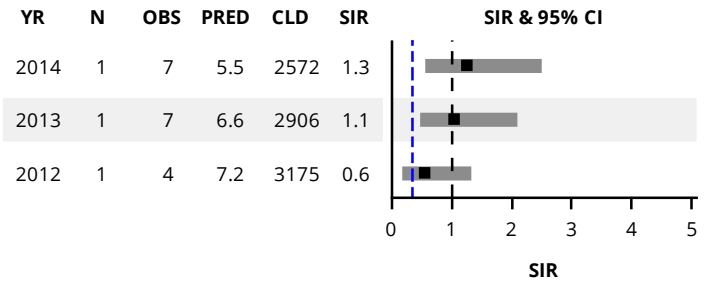
Baptist Memorial Hospital for Women, Memphis, Shelby County

Central Line-Associated Bloodstream Infections (CLABSI)

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

CLABSI - Neonatal ICUs

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | N/A | N/A | N/A | N/A |
| 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

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

| YR | N | OBS | PRED | UCD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | N/A | N/A | N/A | N/A |
| 2013 | 1 | N/A | N/A | N/A | N/A |
| 2012 | 1 | N/A | N/A | N/A | N/A |

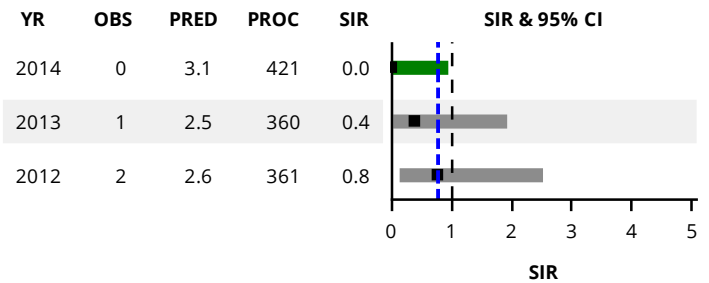
N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

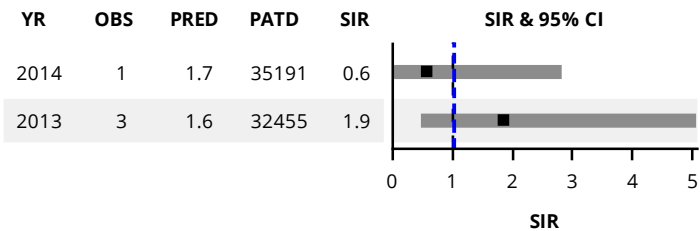
No eligible procedures were performed during this reporting period

SSI - Abdominal Hysterectomy

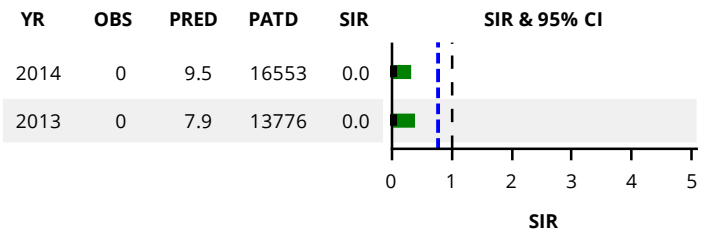


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

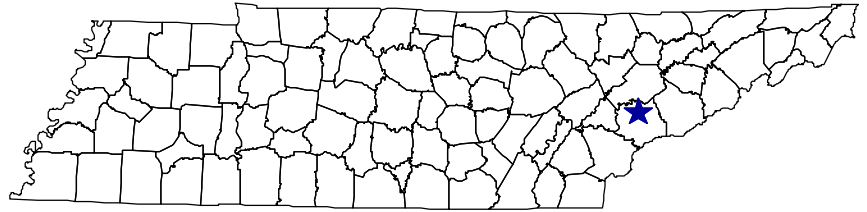
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

Blount Memorial Hospital, Maryville, Blount County

Medical School Affiliation: Graduate teaching

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, 01/01/2014-12/31/2014

| 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 | 4.0 | 2673 | 0.25 | (0.01, 1.23) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 8 | 5.2 | 4047 | 1.52 | (0.71, 2.89) | 1.22 |
| SSI | Colon surgery | 0 | 3.0 | 108 | 0.00 | (0.00, 0.97) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.5 | 57 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 5 | 2.3 | 59476 | 2.17 | (0.79, 4.81) | 1.02 |
| | <i>C. difficile</i> infection | 62 | 44.4 | 59476 | 1.40 | (1.08, 1.78) | 0.78 |

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)

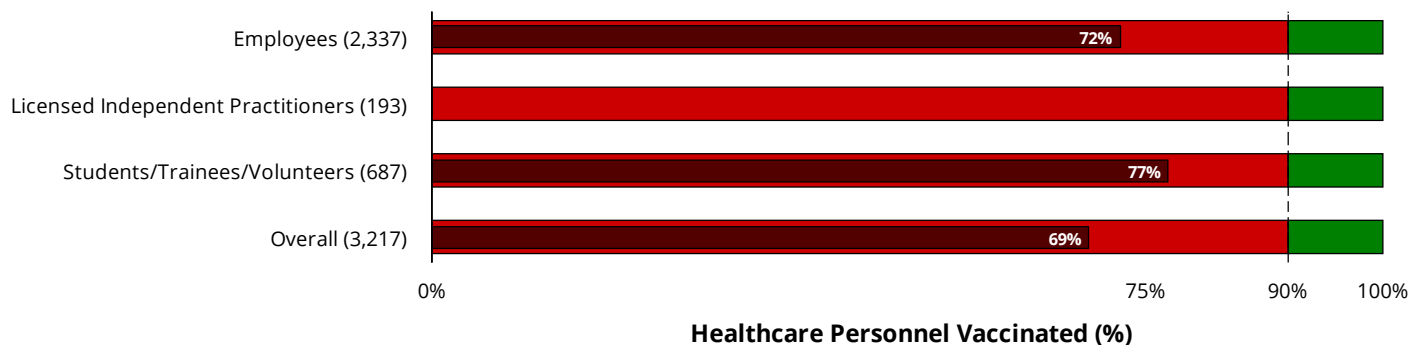
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

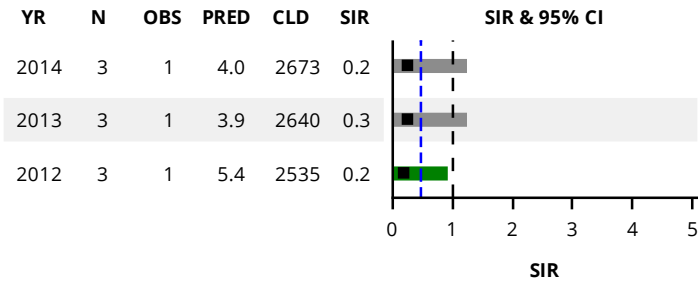
Healthcare Personnel Category (Total)



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

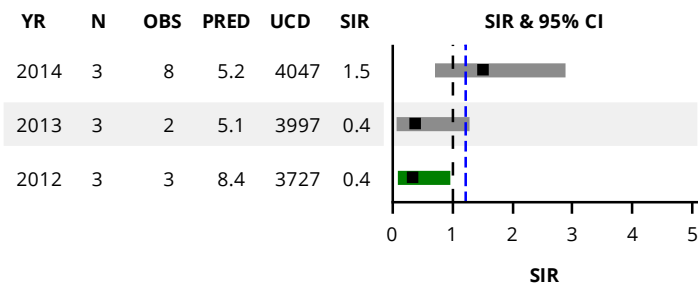
Central Line-Associated Bloodstream Infections (CLABSI)

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



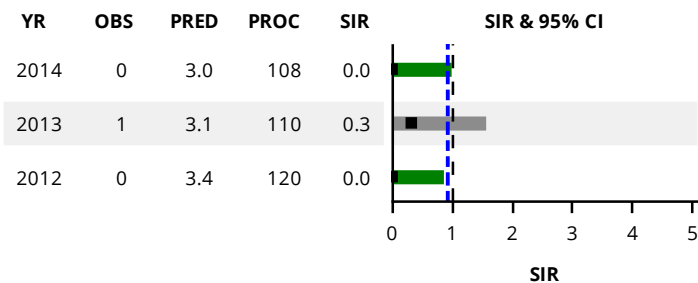
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



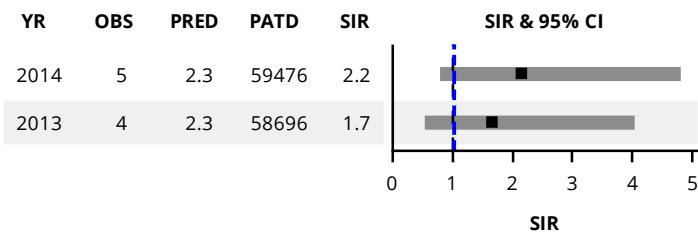
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.5 | 57 | N/A |
| 2013 | 0 | 0.4 | 60 | N/A |
| 2012 | 0 | 0.6 | 71 | N/A |

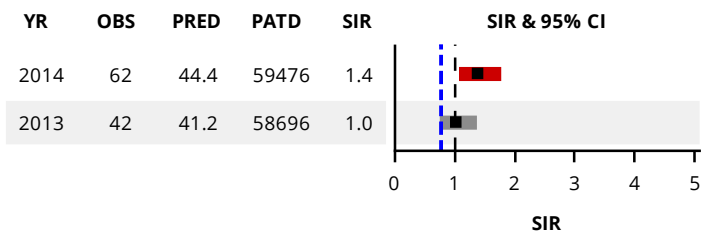
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

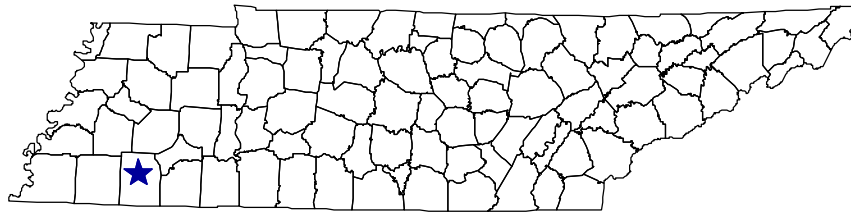
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|--------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| LabID | MRSA bacteremia | 0 | 0.0 | 746 | N/A | N/A | 1.02 |
| | C. difficile infection | 0 | 0.4 | 746 | N/A | N/A | 0.78 |

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)

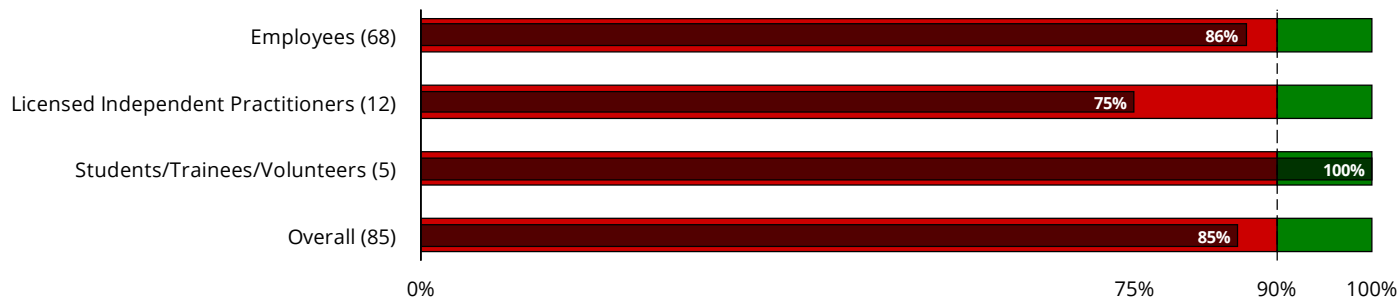
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.0 | 746 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.4 | 746 | N/A |
| 2013 | 0 | 0.3 | 672 | N/A |

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

Data reported as of September 9, 2015

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;

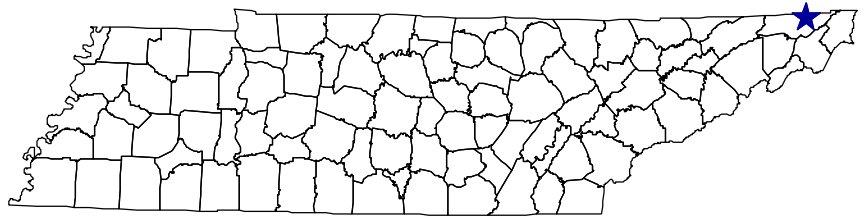
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 11 | 8.3 | 4305 | 1.32 | (0.70, 2.30) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 15 | 15.4 | 7182 | 0.97 | (0.56, 1.56) | 1.22 |
| SSI | Colon surgery | 0 | 4.6 | 168 | 0.00 | (0.00, 0.64) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.8 | 87 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 9 | 3.3 | 57616 | 2.70 | (1.32, 4.95) | 1.02 |
| | <i>C. difficile</i> infection | 11 | 38.3 | 57417 | 0.29 | (0.15, 0.50) | 0.78 |

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)

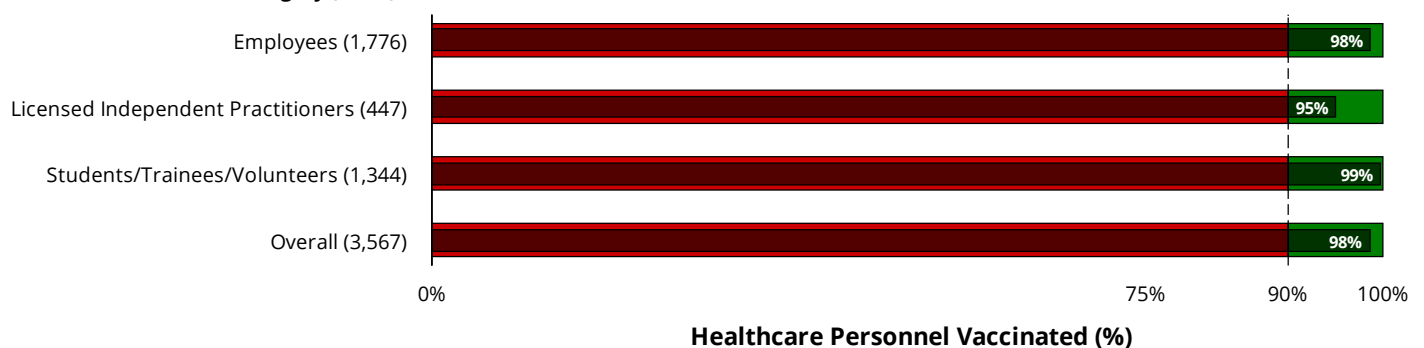
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

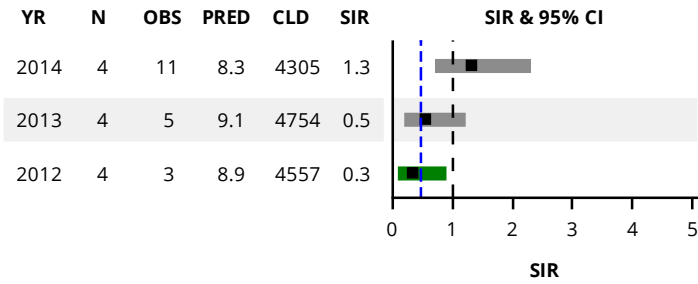
Healthcare Personnel Category (Total)



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

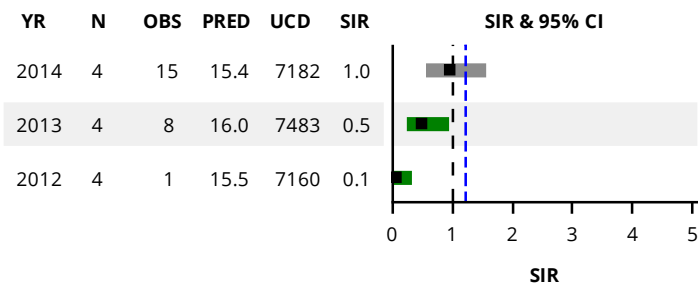
Central Line-Associated Bloodstream Infections (CLABSI)

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



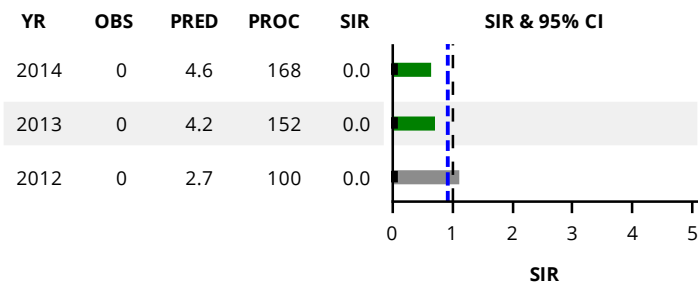
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



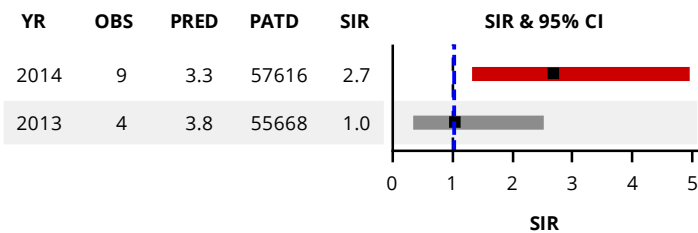
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.8 | 87 | N/A |
| 2013 | 0 | 0.7 | 82 | N/A |
| 2012 | 0 | 0.9 | 112 | N/A |

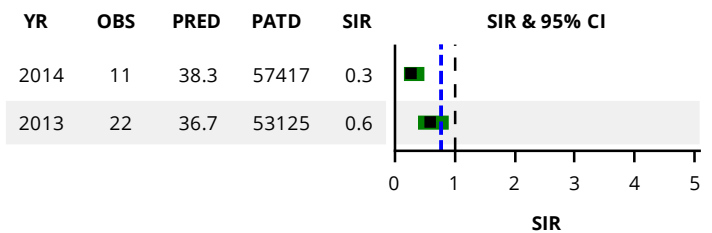
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

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;

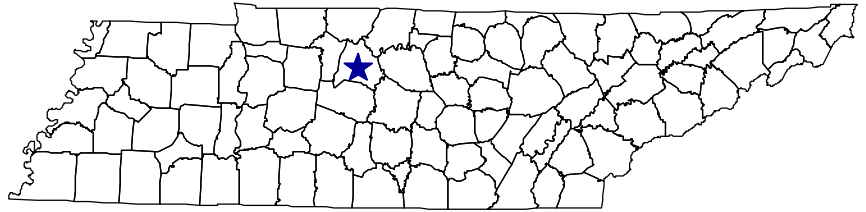
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - 2014 TN SIR
- - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 9 | 17.4 | 9002 | 0.52 | (0.25, 0.95) | 0.46 |
| | Neonatal ICU | 1 | 10.3 | 4471 | 0.10 | (0.01, 0.48) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 16 | 22.8 | 9986 | 0.70 | (0.41, 1.11) | 1.22 |
| SSI | Colon surgery | 10 | 7.3 | 271 | 1.35 | (0.69, 2.41) | 0.91 |
| | Abdominal hysterectomy | 8 | 5.9 | 1290 | 1.33 | (0.62, 2.53) | 0.78 |
| LabID | MRSA bacteremia | 11 | 18.6 | 191987 | 0.59 | (0.31, 1.03) | 1.02 |
| | <i>C. difficile</i> infection | 113 | 154.1 | 165536 | 0.73 | (0.61, 0.88) | 0.78 |

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

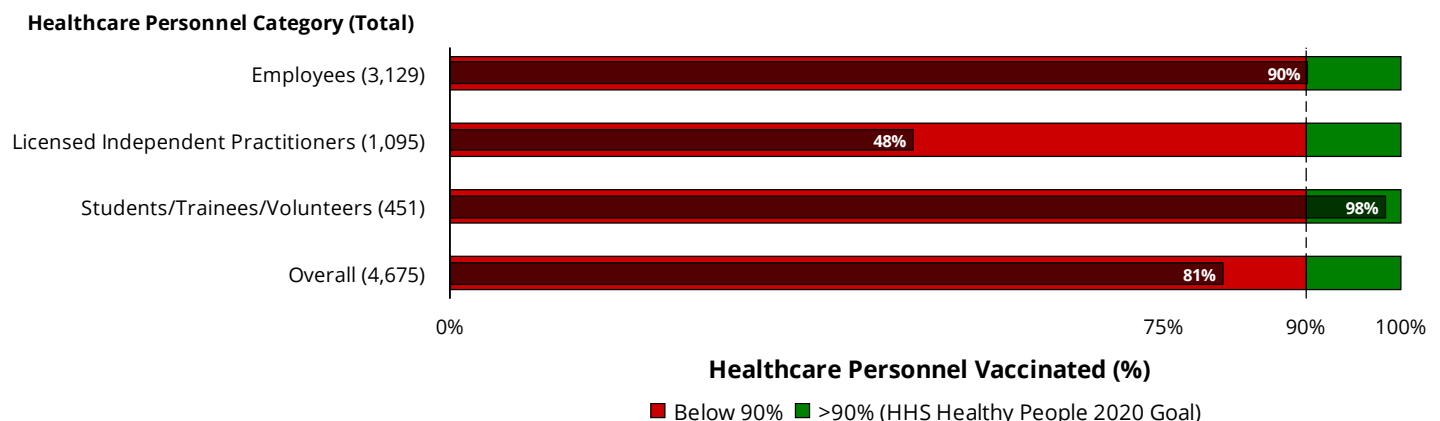
Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

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

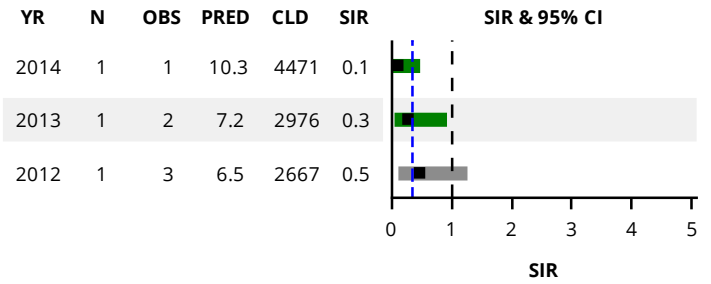
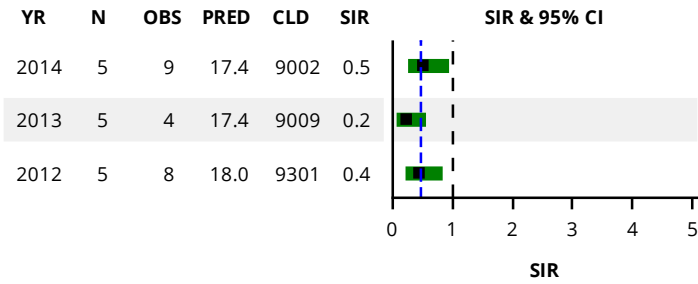
Healthcare Personnel Influenza Vaccination - 2014/2015 Influenza Season



Central Line-Associated Bloodstream Infections (CLABSI)

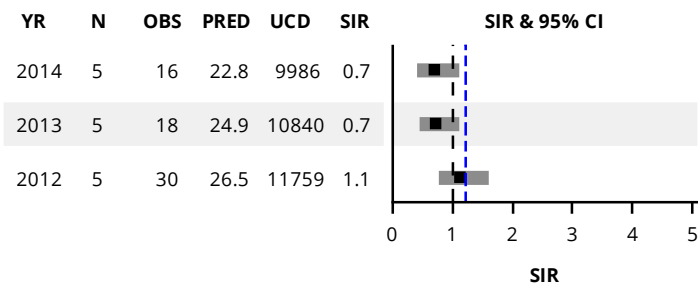
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

CLABSI - Neonatal ICUs



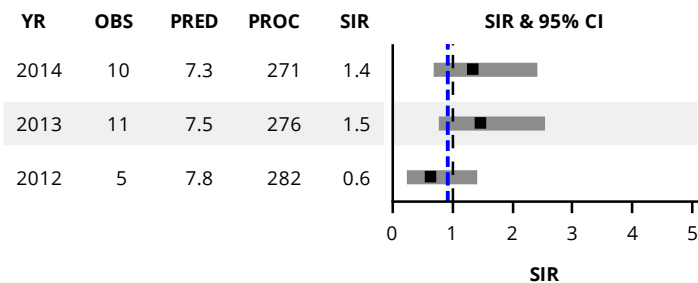
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

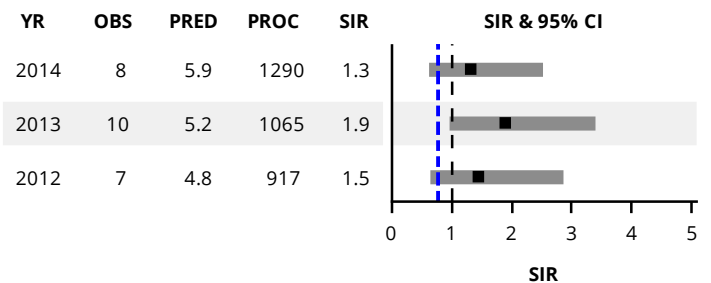


Surgical Site Infections (SSI)

SSI - Colon Surgery

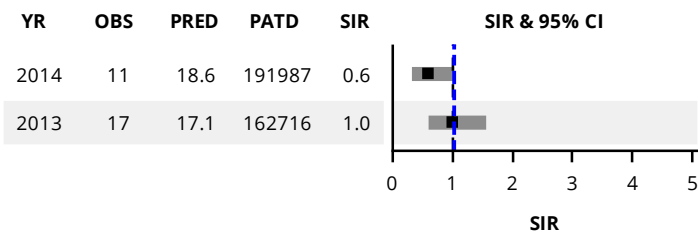


SSI - Abdominal Hysterectomy

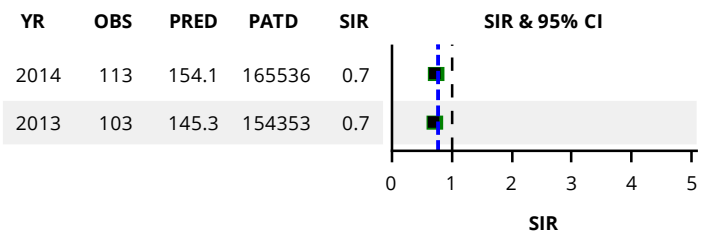


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

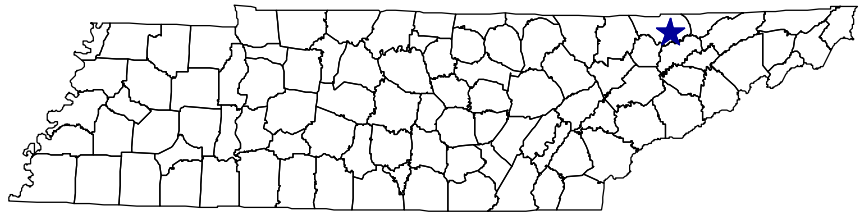
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

Claiborne Medical Center, Tazewell, Claiborne County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Claiborne 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, 01/01/2014-12/31/2014

| | | 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 | 146 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 1 | 0.7 | 612 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.3 | 3479 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 3 | 2.6 | 4761 | 1.15 | (0.29, 3.14) | 0.78 |

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)

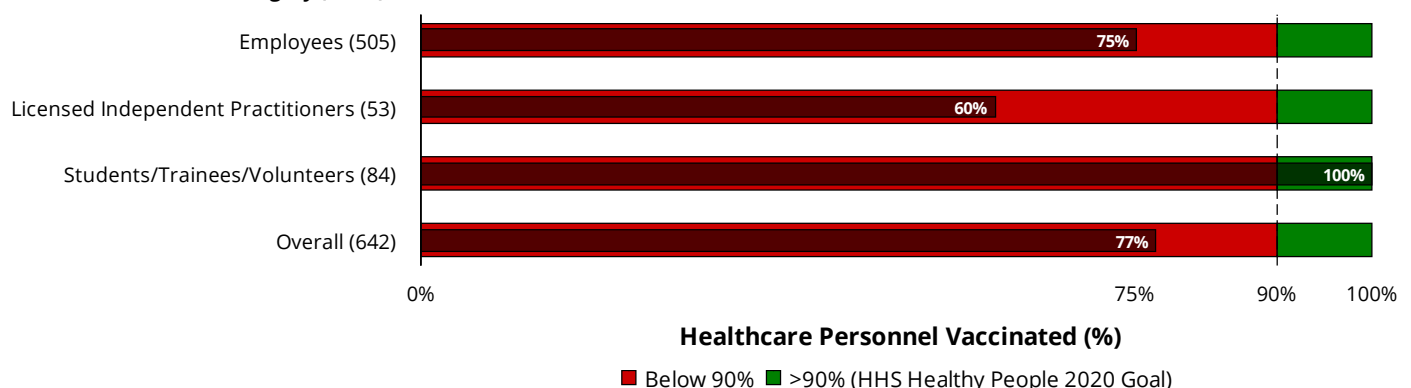
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

See page 2 for more detailed information about HAIs at Claiborne Medical Center

Healthcare Personnel Influenza Vaccination - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Claiborne Medical Center, Tazewell, Claiborne County

Central Line-Associated Bloodstream Infections (CLABSI)

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

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 1 | 0.2 | 146 | N/A |
| 2013 | 1 | 0 | 0.1 | 123 | N/A |
| 2012 | 1 | 0 | 0.2 | 164 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 1 | 0.7 | 612 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

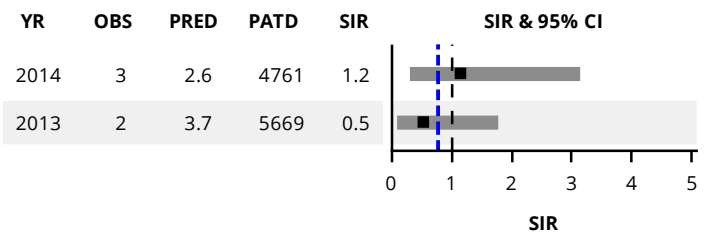
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.3 | 3479 | N/A |
| 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 9, 2015

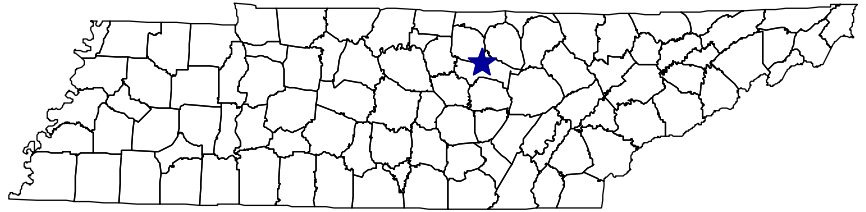
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 2014 TN SIR
 NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 6 | 6.1 | 4252 | 0.98 | (0.40, 2.03) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 10 | 9.4 | 6992 | 1.06 | (0.54, 1.88) | 1.22 |
| SSI | Colon surgery | 0 | 3.1 | 118 | 0.00 | (0.00, 0.95) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 3 | 3.0 | 58422 | 0.98 | (0.25, 2.66) | 1.02 |
| | <i>C. difficile</i> infection | 38 | 37.1 | 55687 | 1.02 | (0.73, 1.39) | 0.78 |

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)

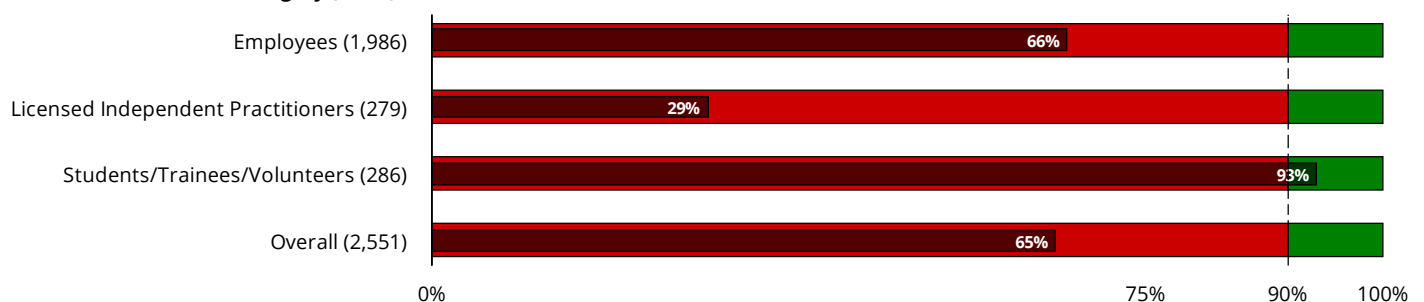
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

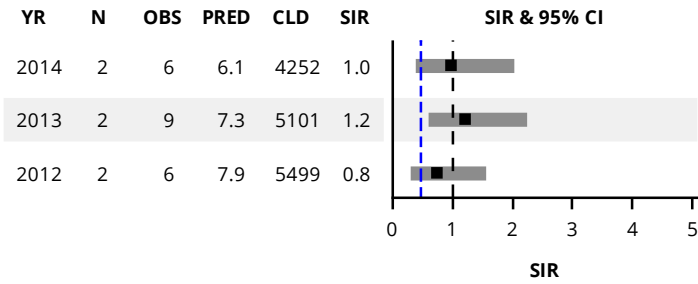


Healthcare Personnel Vaccinated (%)

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

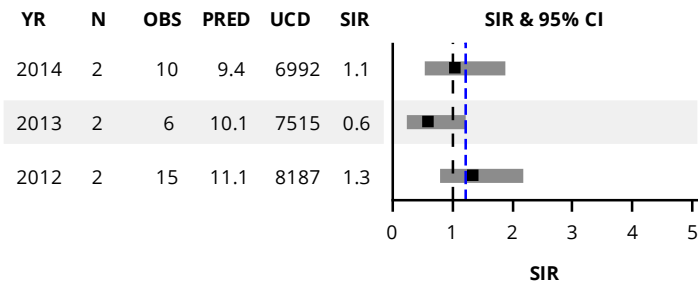
Central Line-Associated Bloodstream Infections (CLABSI)

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



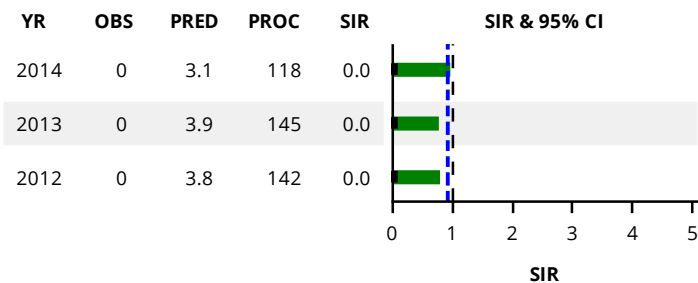
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



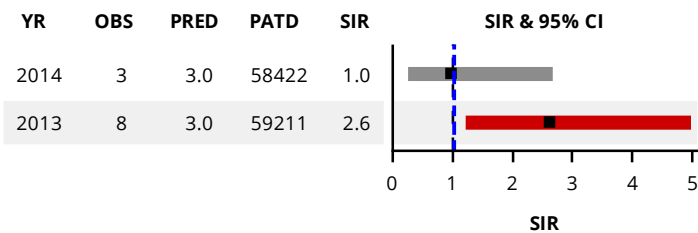
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | 0 | 0.5 | 46 | N/A |
| 2012 | 0 | 0.4 | 45 | N/A |

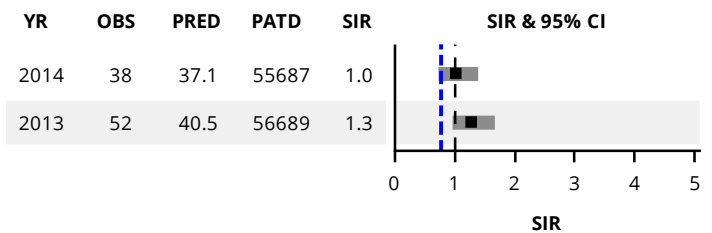
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

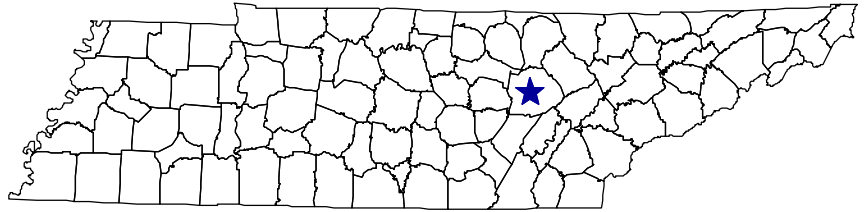
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 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, 01/01/2014-12/31/2014

| | | 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 | 1.9 | 1277 | 3.14 | (1.27, 6.53) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 4 | 3.2 | 2496 | 1.24 | (0.40, 3.00) | 1.22 |
| SSI | Colon surgery | 0 | 0.8 | 33 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 3 | 2.0 | 27416 | 1.50 | (0.38, 4.08) | 1.02 |
| | <i>C. difficile</i> infection | 18 | 18.3 | 25351 | 0.98 | (0.60, 1.52) | 0.78 |

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)

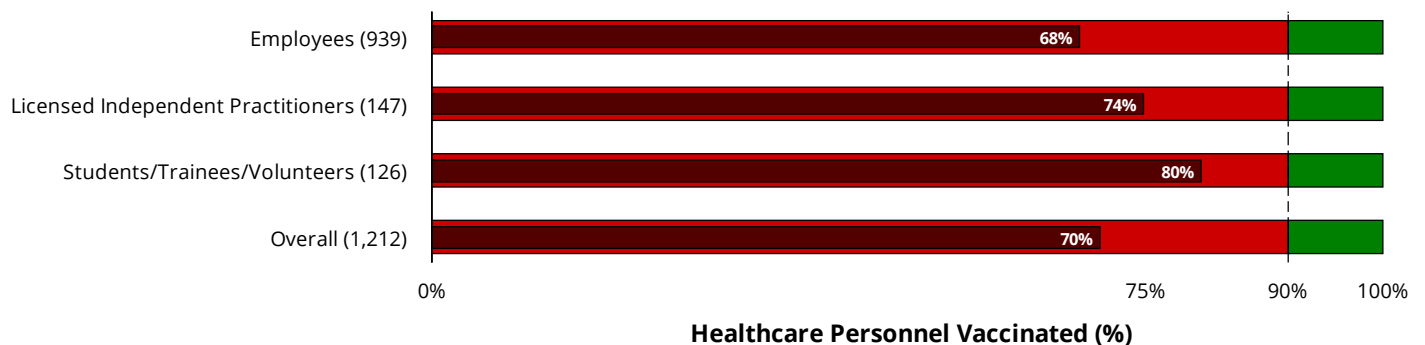
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

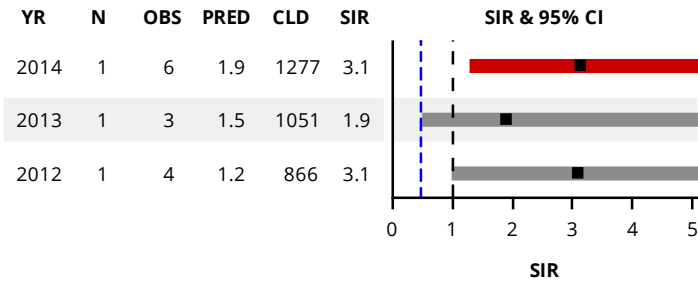


■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Cumberland Medical Center, Crossville, Cumberland County

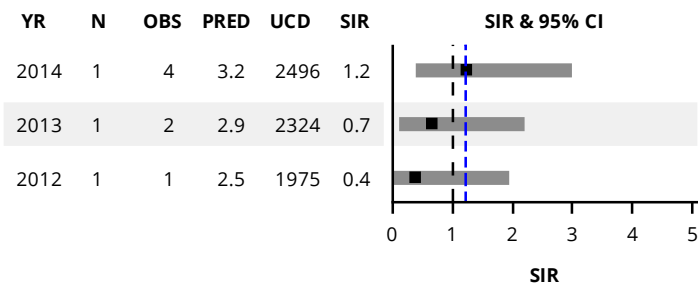
Central Line-Associated Bloodstream Infections (CLABSI)

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



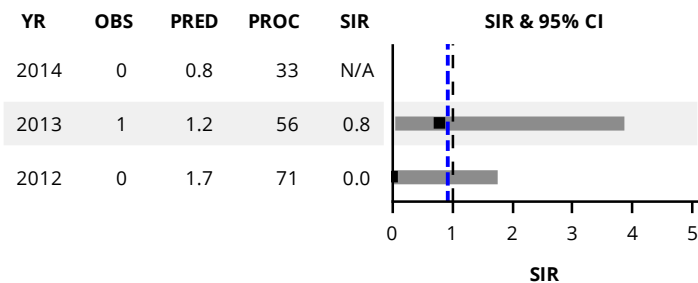
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



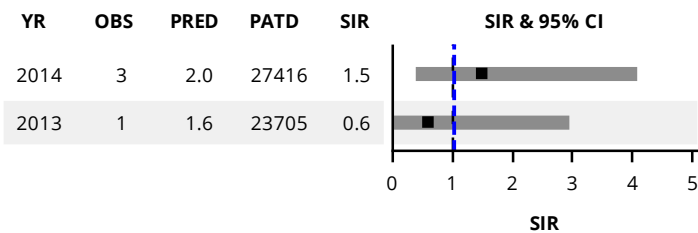
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

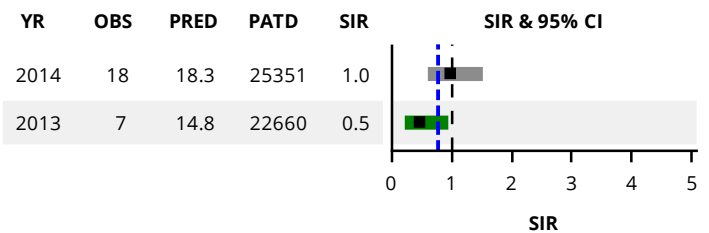
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

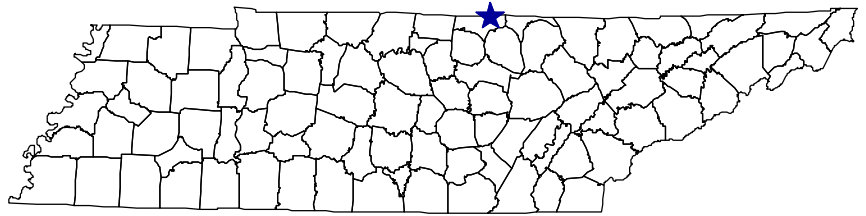
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| | | Infections | | | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|----------------|--------|
| HAI | Type/Unit | Observed | Predicted | Device Days/Procedures Performed/Patient Days | SIR* | 95% CI | TN SIR |
| LabID | MRSA bacteremia | 1 | 0.1 | 3939 | N/A | N/A | 1.02 |
| | C. difficile infection | 2 | 1.7 | 3939 | 1.11 | (0.19, 3.68) | 0.78 |

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)

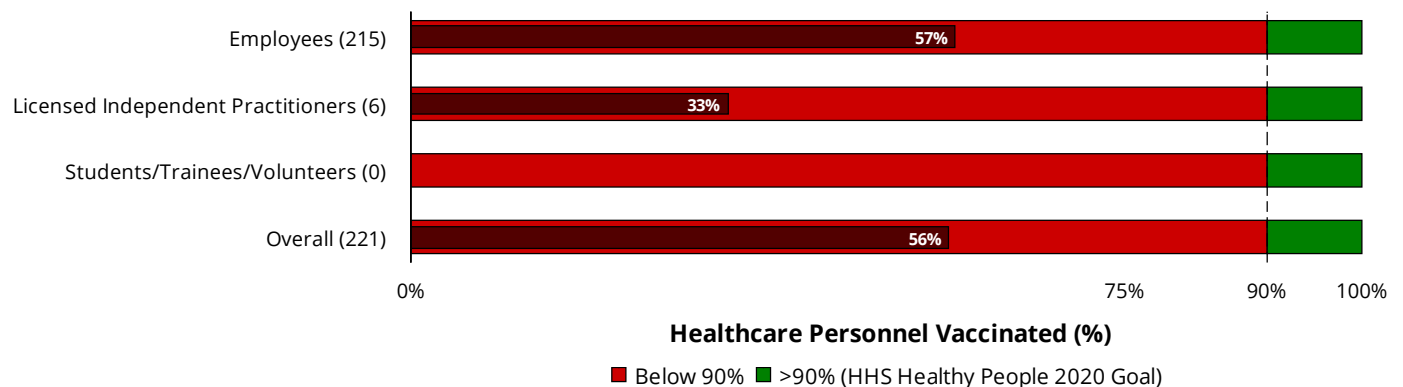
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



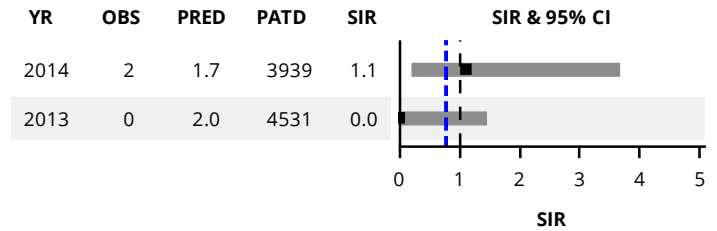
Cumberland River Hospital, Celina, Clay County

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 1 | 0.1 | 3939 | N/A |
| 2013 | 2 | 0.1 | 4531 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

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;

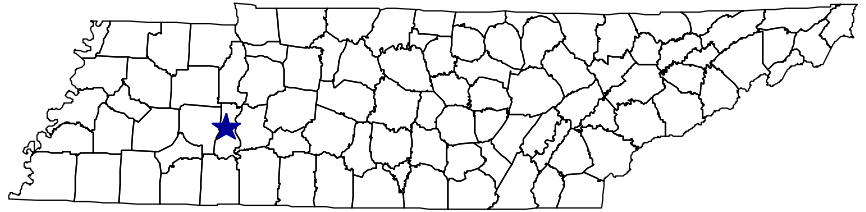
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|----------------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| LabID | MRSA bacteremia | 0 | 0.3 | 3213 | N/A | N/A | 1.02 |
| | C. difficile infection | 1 | 1.7 | 3213 | 0.59 | (0.03, 2.89) | 0.78 |

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)

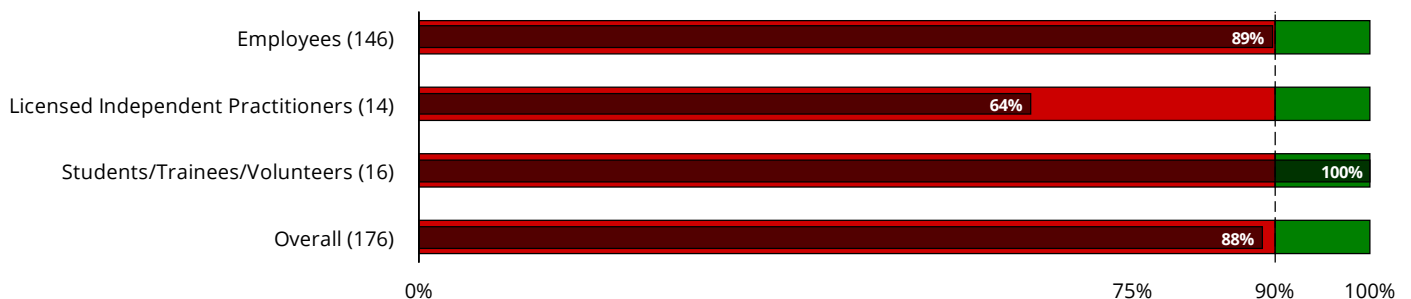
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

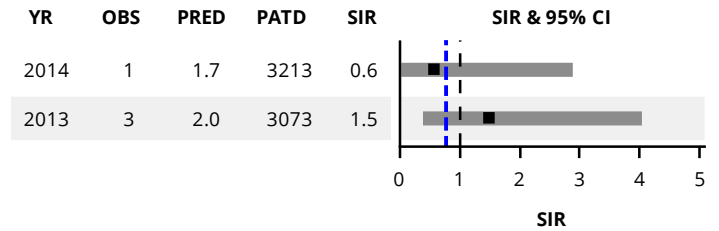
Decatur County General Hospital, Parsons, Decatur County

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.3 | 3213 | N/A |
| 2013 | 0 | 0.1 | 3073 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

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;

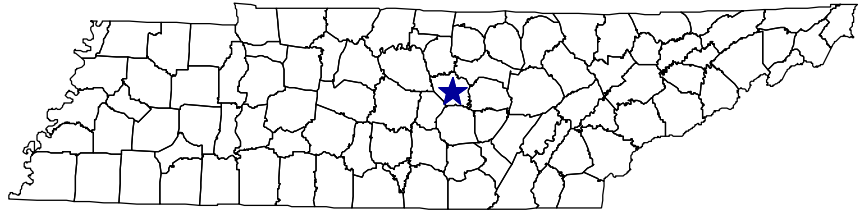
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.2 | 143 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.1 | 3350 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 0 | 1.6 | 3350 | 0.00 | (0.00, 1.83) | 0.78 |

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)

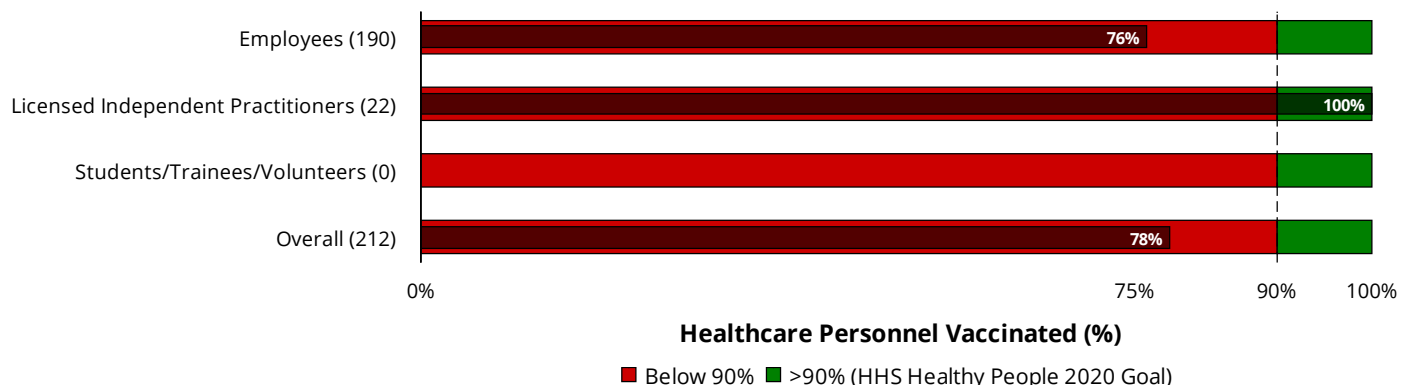
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | N/A | N/A | N/A | N/A |
| 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

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

| YR | N | OBS | PRED | UCD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.2 | 143 | N/A |
| 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

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

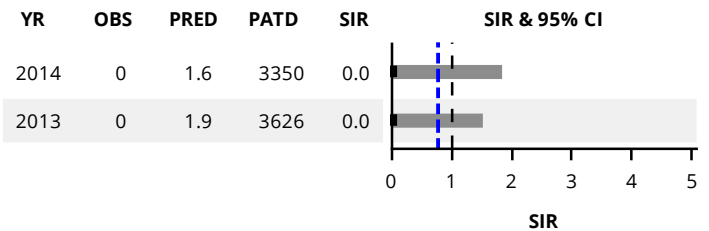
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.1 | 3350 | N/A |
| 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 9, 2015

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;

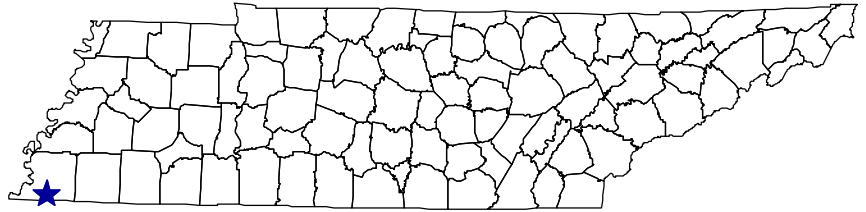
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 259 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.3 | 269 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 1.6 | 45135 | 0.00 | (0.00, 1.85) | 1.02 |
| | <i>C. difficile</i> infection | 0 | 21.6 | 45135 | 0.00 | (0.00, 0.14) | 0.78 |

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)

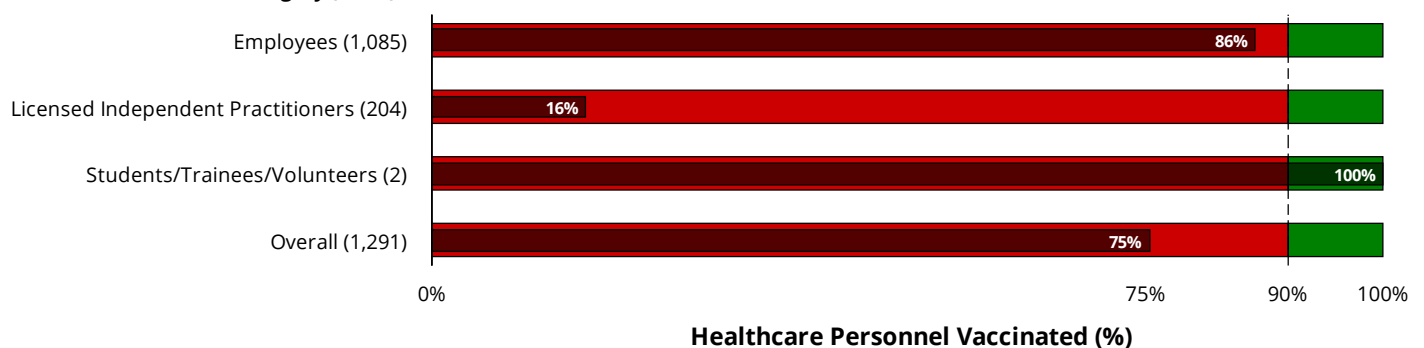
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.3 | 259 | N/A |
| 2013 | 1 | 0 | 0.6 | 446 | N/A |
| 2012 | 1 | 0 | 0.5 | 385 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.3 | 269 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

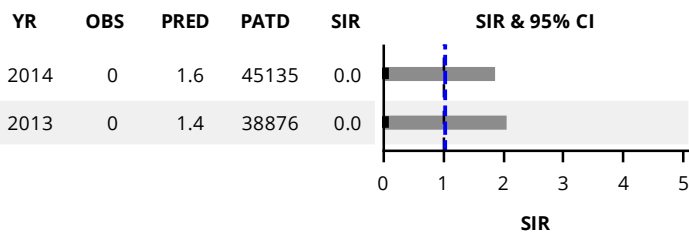
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | 0 | 0.1 | 21 | N/A |

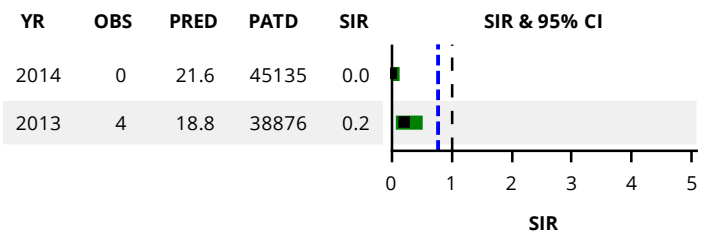
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

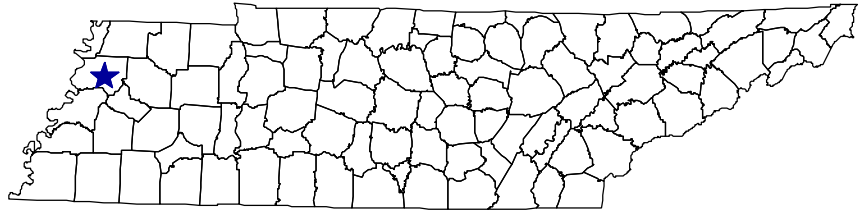
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 364 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 2.2 | 1132 | 0.00 | (0.00, 1.31) | 1.22 |
| SSI | Colon surgery | 1 | 0.7 | 30 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 0.9 | 13006 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 2 | 6.7 | 12089 | 0.29 | (0.05, 0.97) | 0.78 |

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)

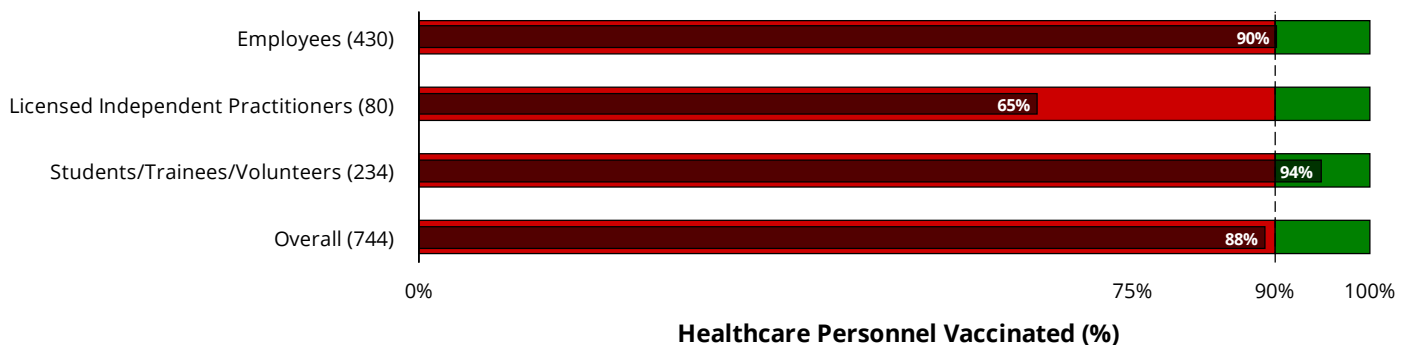
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Central Line-Associated Bloodstream Infections (CLABSI)

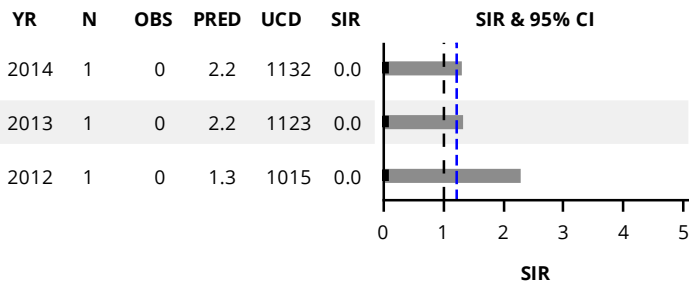
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.6 | 364 | N/A |
| 2013 | 1 | 2 | 0.8 | 470 | N/A |
| 2012 | 1 | 0 | 0.6 | 418 | N/A |

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

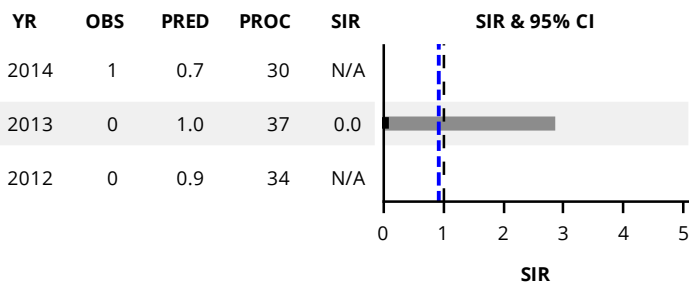
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

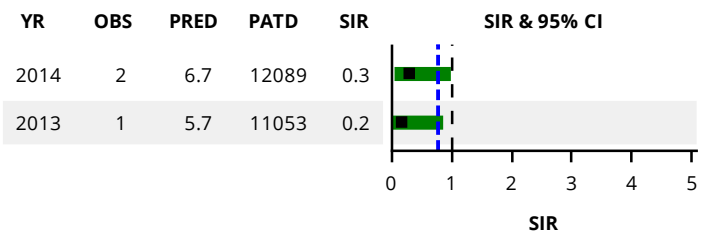
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 1 | 0.9 | 13006 | N/A |
| 2013 | 1 | 0.9 | 11775 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

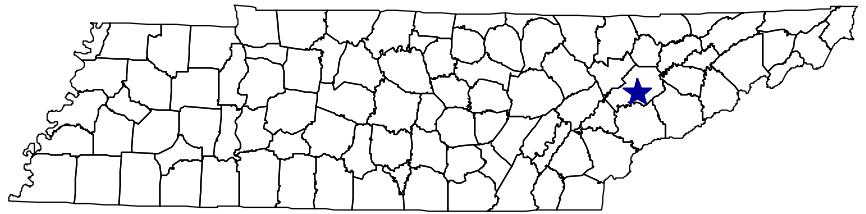
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 3.3 | 1157 | 0.29 | (0.02, 1.45) | 0.46 |
| | Neonatal ICU | 3 | 5.7 | 3072 | 0.52 | (0.13, 1.41) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 4 | 1.4 | 535 | 2.69 | (0.85, 6.48) | 1.22 |
| SSI | Colon surgery | 1 | 0.8 | 29 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 1.6 | 36978 | 0.61 | (0.03, 3.03) | 1.02 |
| | C. difficile infection | 3 | 11.8 | 20472 | 0.25 | (0.06, 0.69) | 0.78 |

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)

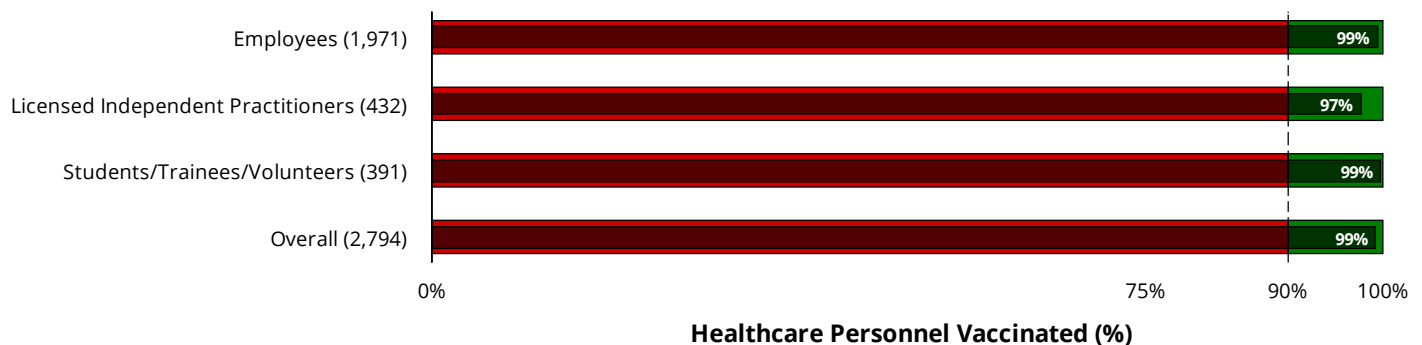
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



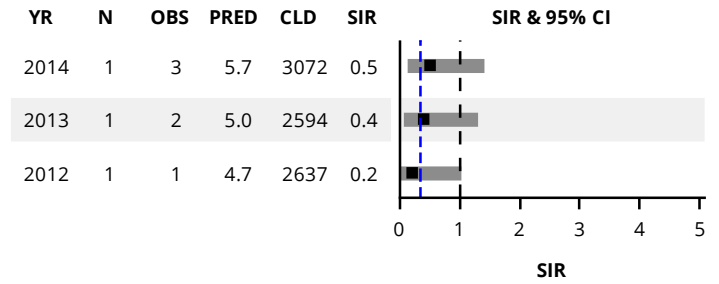
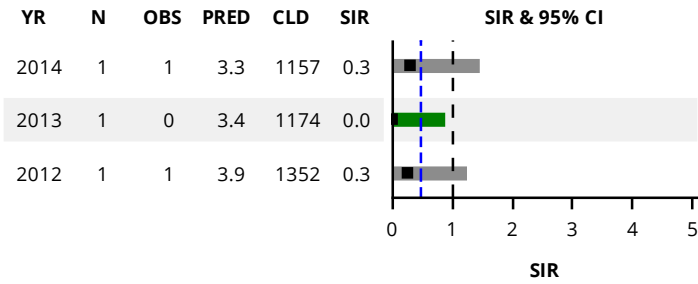
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

East Tennessee Children's Hospital, Knoxville, Knox County

Central Line-Associated Bloodstream Infections (CLABSI)

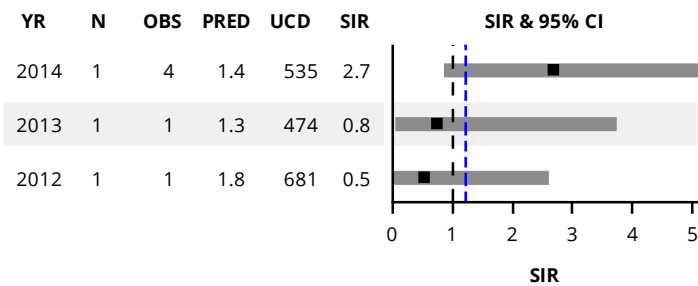
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

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 |
|------|-----|------|------|-----|
| 2014 | 1 | 0.8 | 29 | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | 0 | 0.9 | 26 | N/A |

SSI - Abdominal Hysterectomy

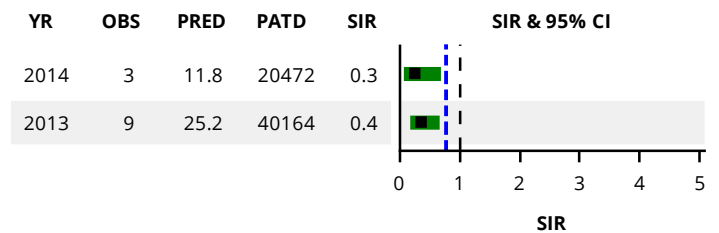
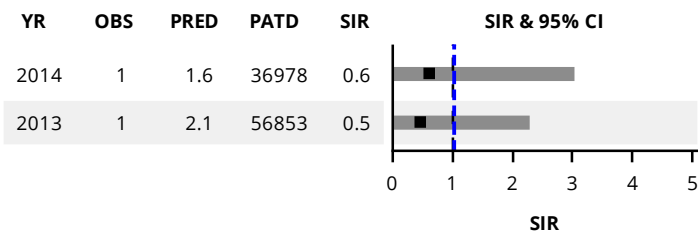
No eligible procedures were performed during this reporting period

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 9, 2015

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

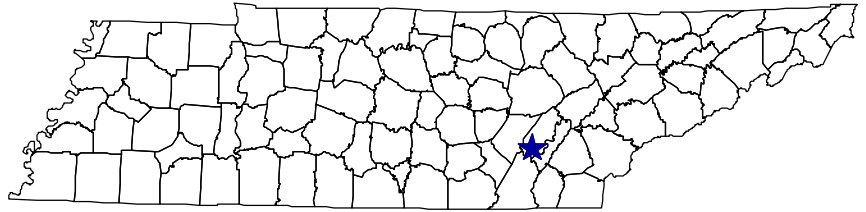
--- 2014 TN SIR

--- NHSN SIR=1

Erlanger East, Chattanooga, Hamilton County

Medical School Affiliation: Graduate teaching

Bed Size Category: 50-99 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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|----------------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 0 | 1.2 | 175 | 0.00 | (0.00, 2.33) | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.2 | 6404 | N/A | N/A | 1.02 |
| | C. difficile infection | 0 | 3.8 | 6404 | 0.00 | (0.00, 0.78) | 0.78 |

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)

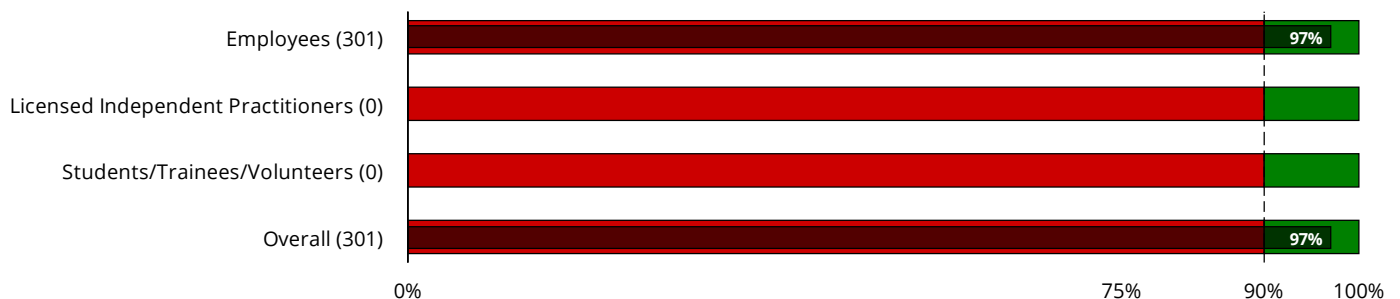
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

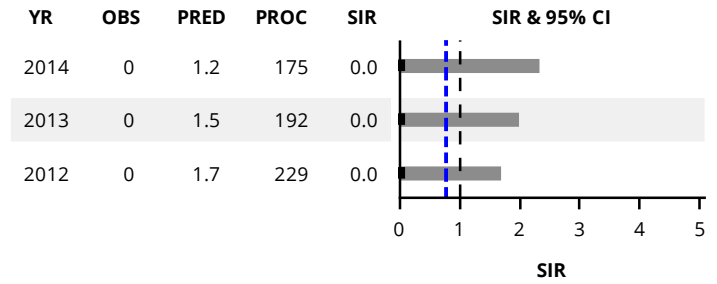
Surgical Site Infections (SSI)

SSI - Colon Surgery

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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



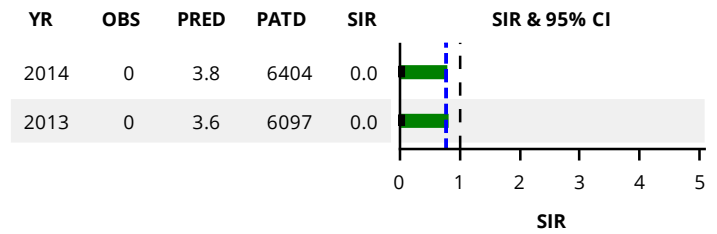
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.2 | 6404 | N/A |
| 2013 | 0 | 0.2 | 6097 | N/A |

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

LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

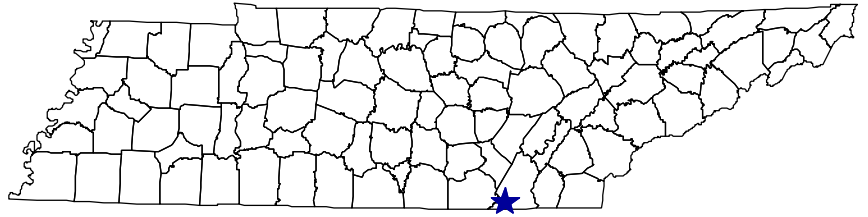
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 6 | 23.0 | 10505 | 0.26 | (0.11, 0.54) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 80 | 42.8 | 15081 | 1.87 | (1.49, 2.31) | 1.22 |
| SSI | Colon surgery | 3 | 9.5 | 272 | 0.31 | (0.08, 0.86) | 0.91 |
| | Abdominal hysterectomy | 1 | 2.0 | 215 | 0.50 | (0.03, 2.46) | 0.78 |
| LabID | MRSA bacteremia | 18 | 15.7 | 143446 | 1.15 | (0.70, 1.78) | 1.02 |
| | <i>C. difficile</i> infection | 100 | 112.5 | 123928 | 0.89 | (0.73, 1.08) | 0.78 |

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

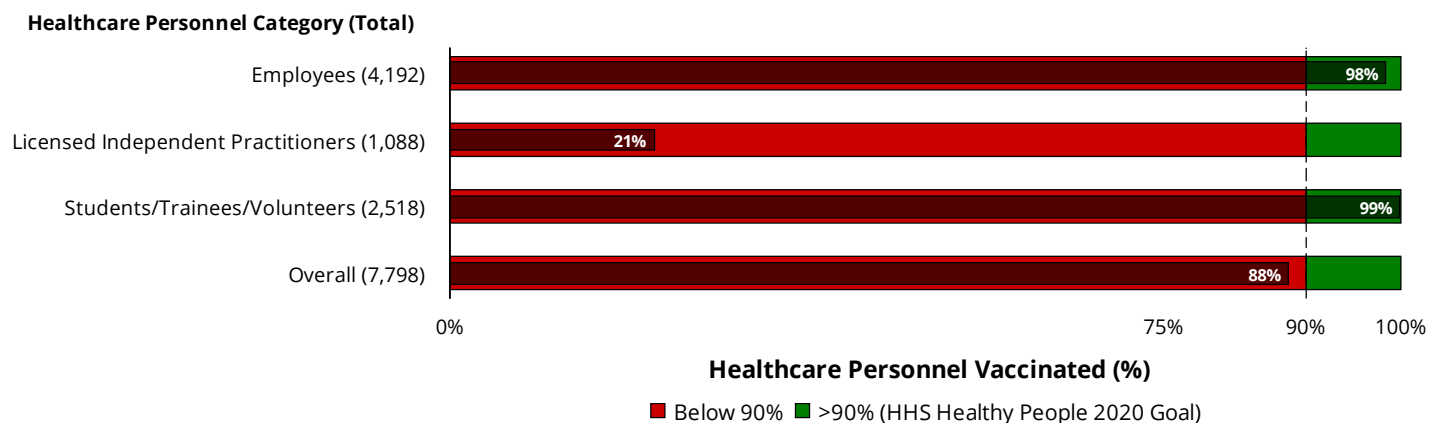
Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

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)

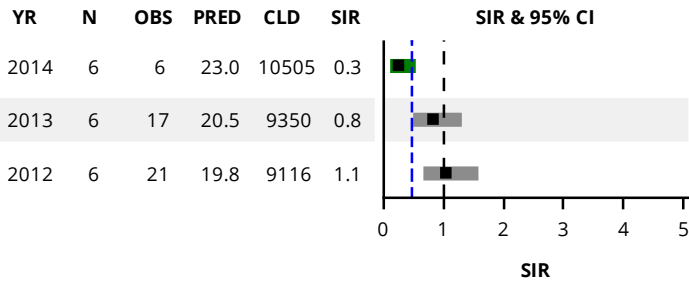
See page 2 for more detailed information about HAIs at Erlanger Medical Center

Healthcare Personnel Influenza Vaccination - 2014/2015 Influenza Season



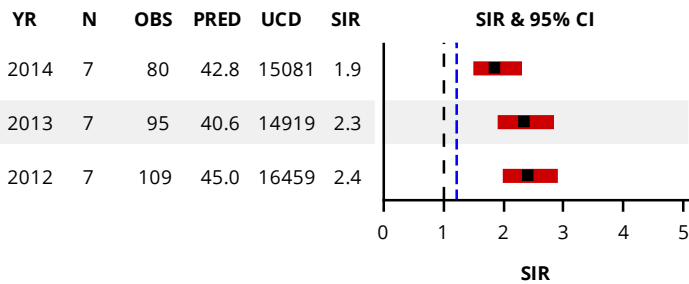
Central Line-Associated Bloodstream Infections (CLABSI)

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



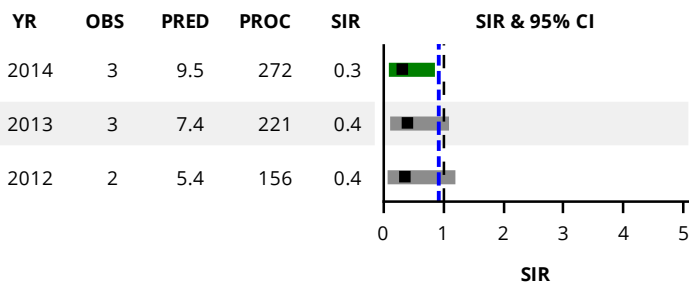
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

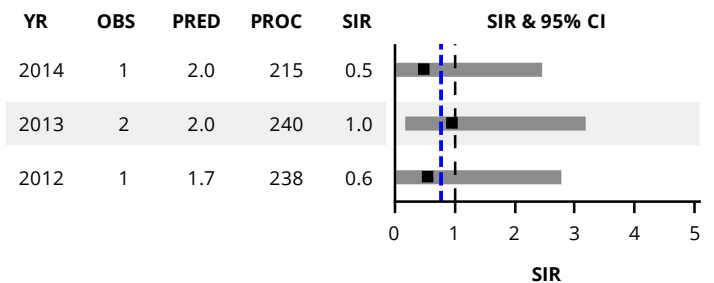


Surgical Site Infections (SSI)

SSI - Colon Surgery

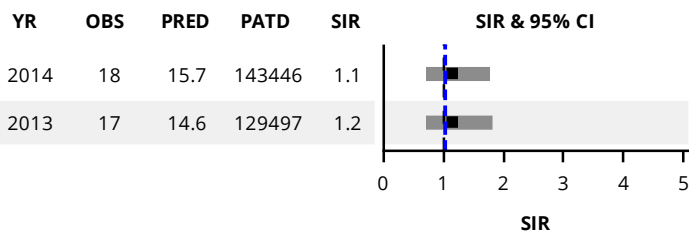


SSI - Abdominal Hysterectomy

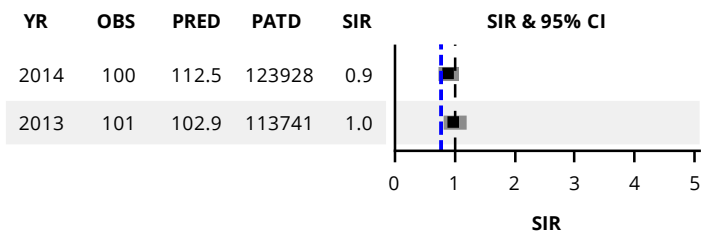


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

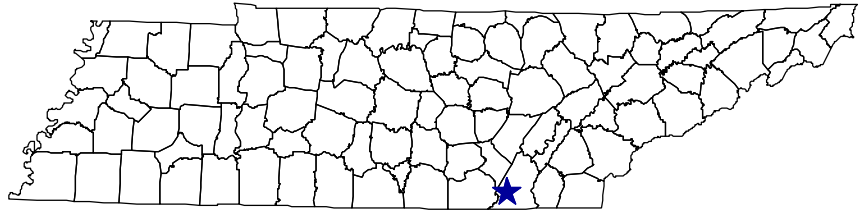
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

Erlanger North, Chattanooga, Hamilton County

Medical School Affiliation: None

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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|----------------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| LabID | MRSA bacteremia | 0 | 0.1 | 3427 | N/A | N/A | 1.02 |
| | C. difficile infection | 0 | 2.2 | 3427 | 0.00 | (0.00, 1.36) | 0.78 |

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)

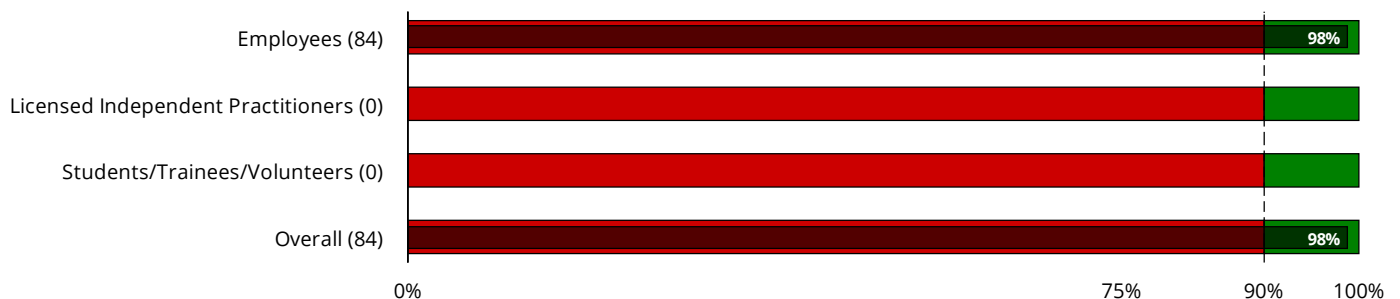
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

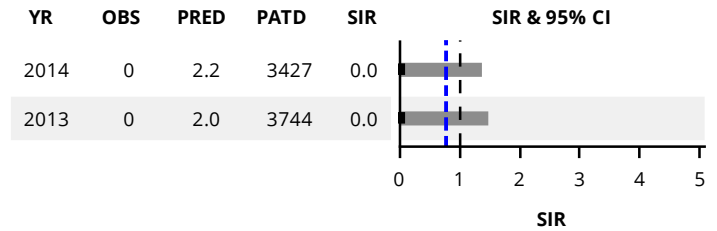
Erlanger North, Chattanooga, Hamilton County

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.1 | 3427 | N/A |
| 2013 | 0 | 0.1 | 3744 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

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;

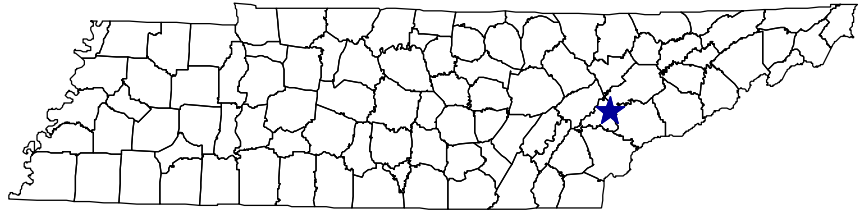
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 0.4 | 286 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.0 | 709 | 0.00 | (0.00, 2.78) | 1.22 |
| SSI | Colon surgery | 0 | 0.8 | 34 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 0.4 | 6959 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 2 | 4.8 | 6959 | 0.42 | (0.07, 1.37) | 0.78 |

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)

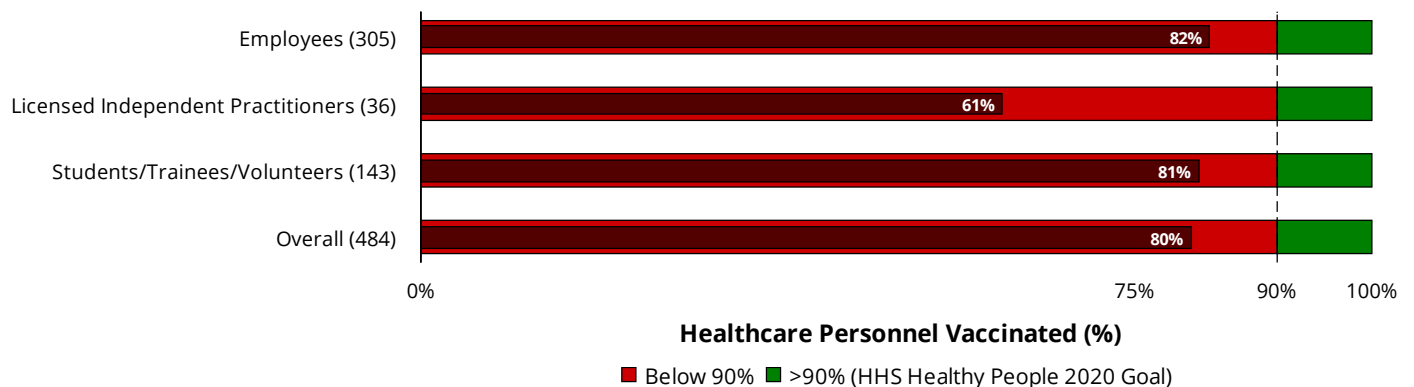
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 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 |
|------|---|-----|------|-----|-----|
| 2014 | 2 | 0 | 0.4 | 286 | N/A |
| 2013 | 1 | 0 | 0.2 | 155 | N/A |
| 2012 | 1 | 0 | 0.3 | 162 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 2 | 0 | 1.0 | 709 | 0.0 |
| 2013 | 1 | 0 | 0.8 | 444 | N/A |
| 2012 | 1 | 0 | 0.8 | 404 | N/A |

Surgical Site Infections (SSI)

SSI - Colon Surgery

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.8 | 34 | N/A |
| 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

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 1 | 0.4 | 6959 | N/A |
| 2013 | 0 | 0.4 | 6464 | N/A |

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

LabID - *C. difficile* Infection (CDI)

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 2 | 4.8 | 6959 | 0.4 |
| 2013 | 8 | 5.0 | 6464 | 1.6 |

Data reported as of September 9, 2015

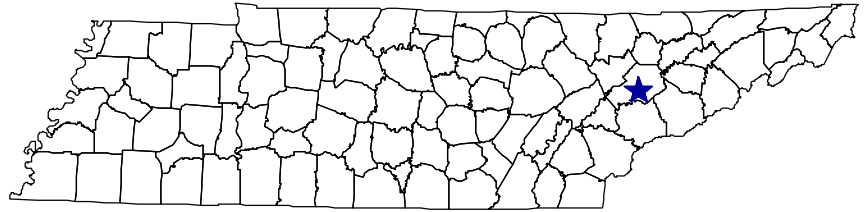
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| | | 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 | 7.9 | 4165 | 0.50 | (0.16, 1.21) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 21 | 16.3 | 6075 | 1.29 | (0.82, 1.93) | 1.22 |
| SSI | Colon surgery | 7 | 9.0 | 259 | 0.77 | (0.34, 1.53) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.8 | 125 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 8 | 7.5 | 103562 | 1.06 | (0.49, 2.02) | 1.02 |
| | <i>C. difficile</i> infection | 45 | 73.2 | 99131 | 0.61 | (0.45, 0.82) | 0.78 |

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)

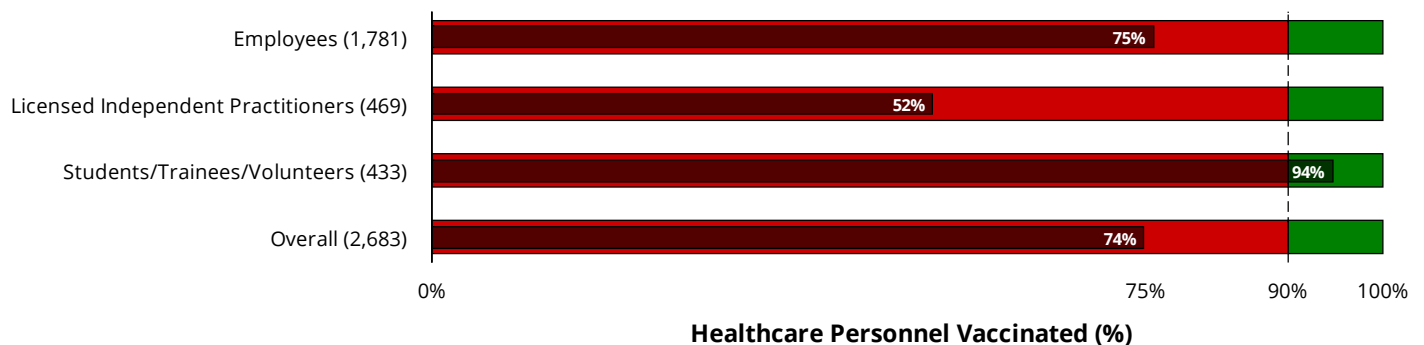
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

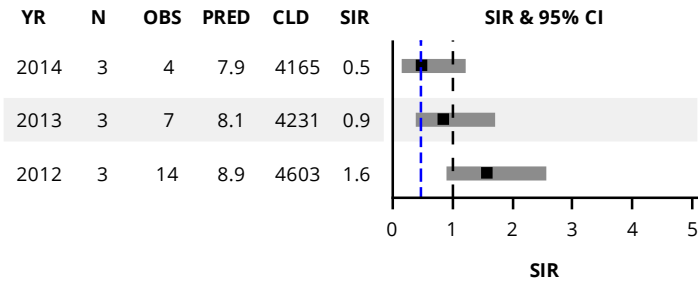


■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Fort Sanders Regional Medical Center, Knoxville, Knox County

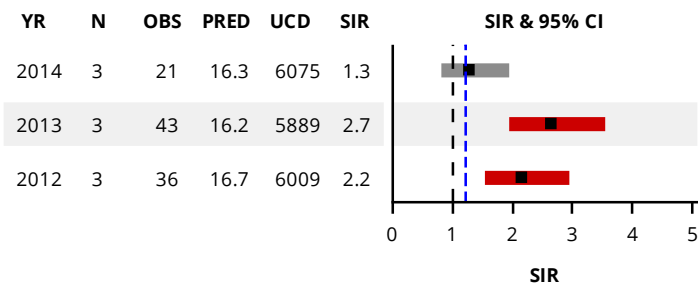
Central Line-Associated Bloodstream Infections (CLABSI)

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



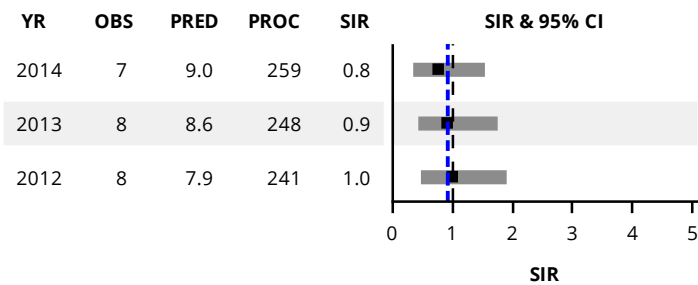
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

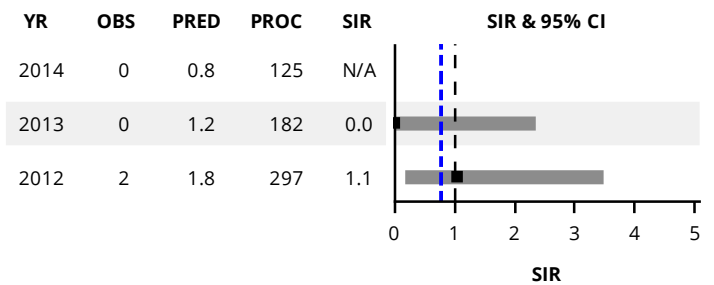


Surgical Site Infections (SSI)

SSI - Colon Surgery

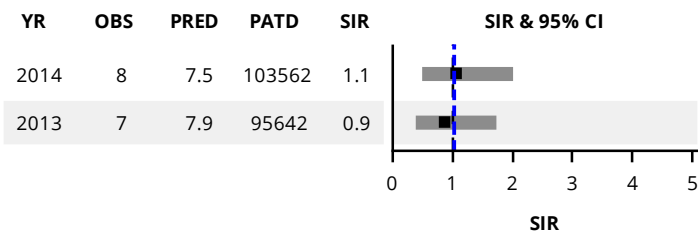


SSI - Abdominal Hysterectomy

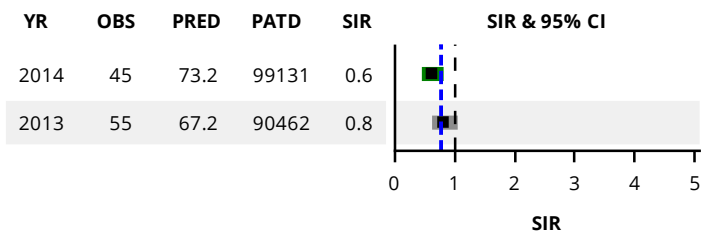


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

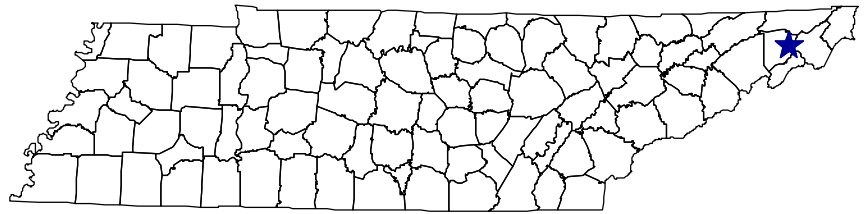
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 0.8 | 455 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.6 | 794 | 0.00 | (0.00, 1.87) | 1.22 |
| SSI | Colon surgery | 2 | 2.4 | 86 | 0.83 | (0.14, 2.74) | 0.91 |
| | Abdominal hysterectomy | 0 | 1.4 | 198 | 0.00 | (0.00, 2.13) | 0.78 |
| LabID | MRSA bacteremia | 1 | 0.7 | 19215 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 8 | 10.3 | 16911 | 0.78 | (0.36, 1.47) | 0.78 |

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)

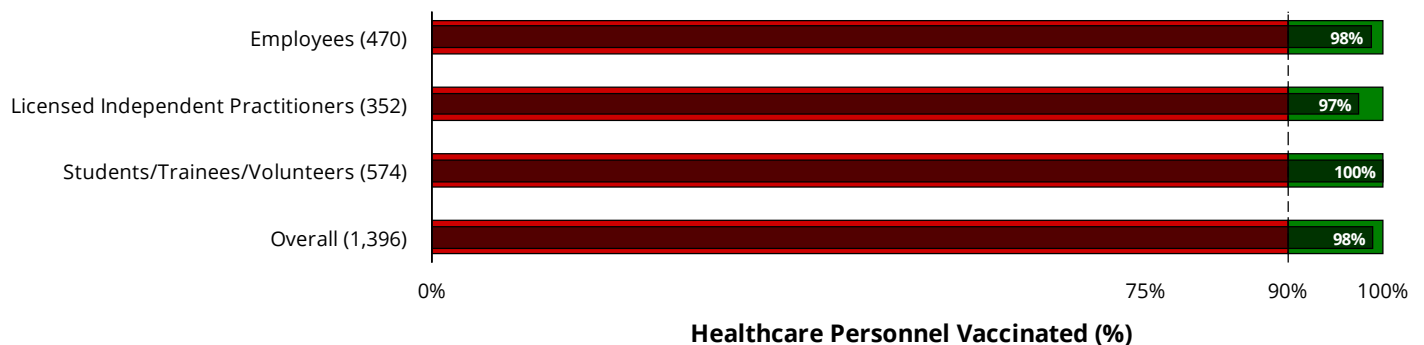
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Franklin Woods Community Hospital, Johnson City, Washington County

Central Line-Associated Bloodstream Infections (CLABSI)

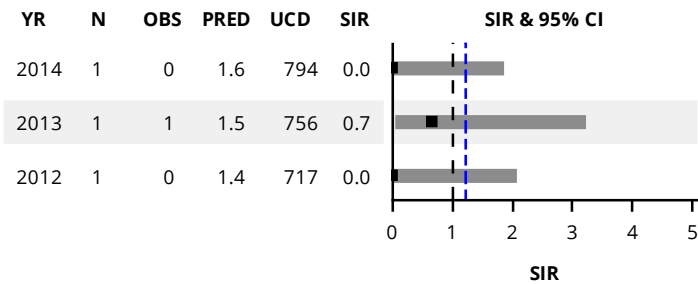
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.8 | 455 | N/A |
| 2013 | 1 | 1 | 0.6 | 363 | N/A |
| 2012 | 1 | 0 | 0.9 | 498 | N/A |

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

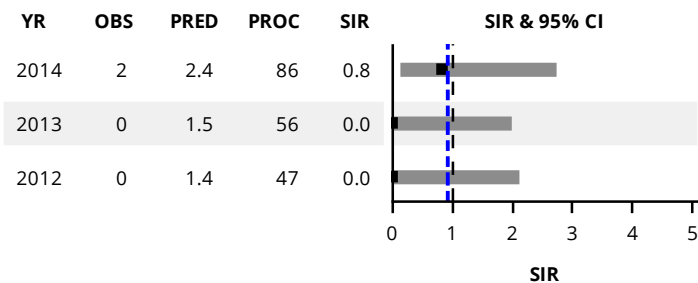
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

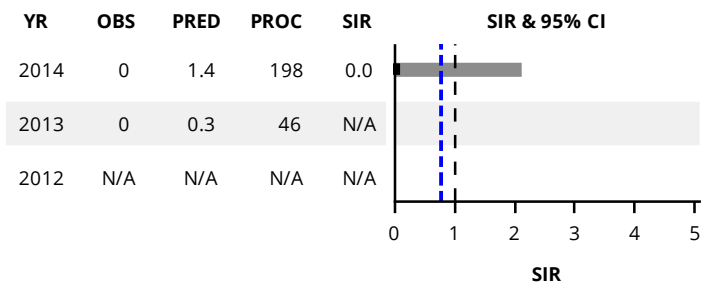


Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

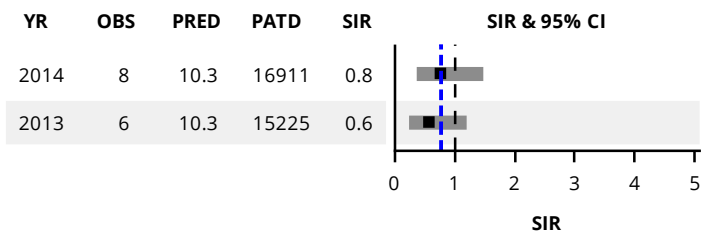


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 1 | 0.7 | 19215 | N/A |
| 2013 | 1 | 0.7 | 17595 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

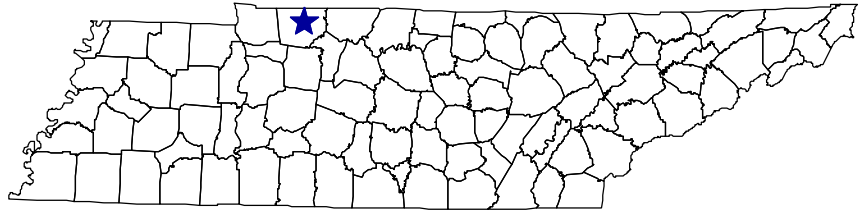
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 2 | 2.5 | 1749 | 0.78 | (0.13, 2.57) | 0.46 |
| | Neonatal ICU | 0 | 0.1 | 135 | N/A | N/A | 0.34 |
| CAUTI | Adult/Pediatric ICU | 10 | 3.1 | 2551 | 3.16 | (1.60, 5.63) | 1.22 |
| SSI | Colon surgery | 0 | 1.9 | 64 | 0.00 | (0.00, 1.54) | 0.91 |
| | Abdominal hysterectomy | 2 | 0.8 | 130 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 4 | 2.2 | 43691 | 1.76 | (0.56, 4.24) | 1.02 |
| | <i>C. difficile</i> infection | 15 | 22.1 | 38193 | 0.68 | (0.39, 1.09) | 0.78 |

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)

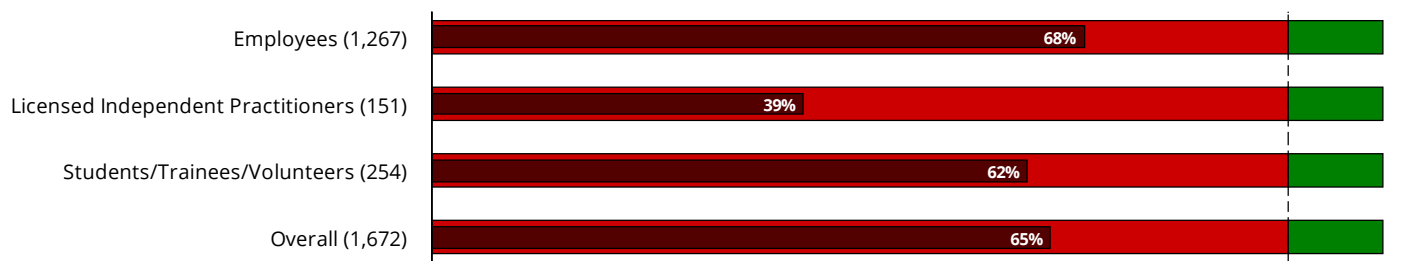
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



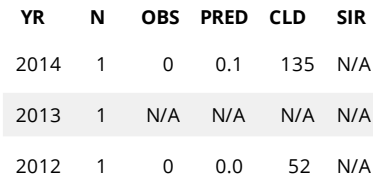
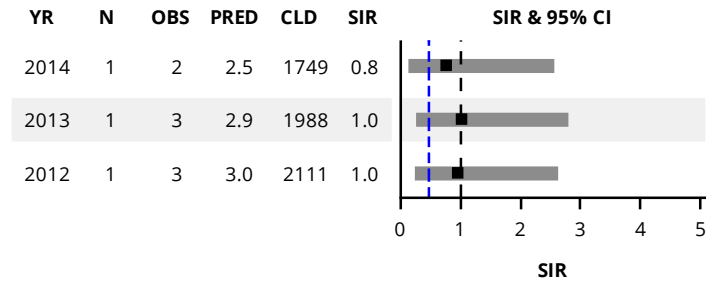
Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

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

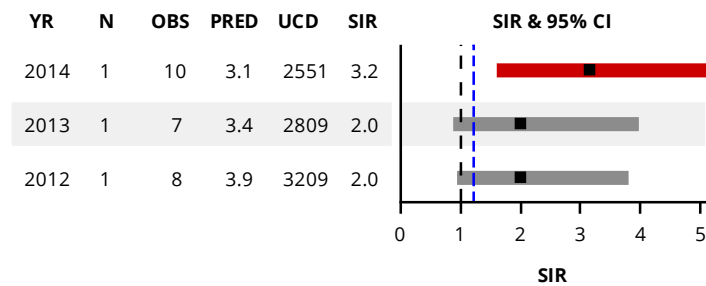
CLABSI - Neonatal ICUs



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

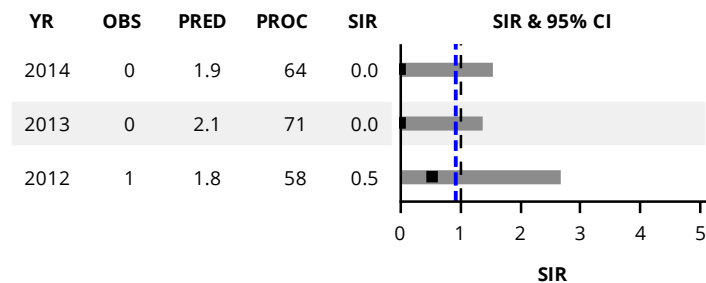
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

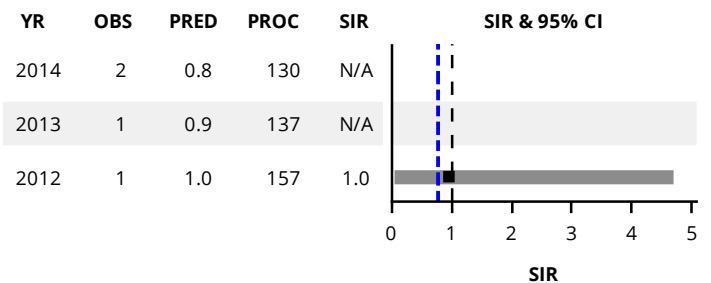


Surgical Site Infections (SSI)

SSI - Colon Surgery

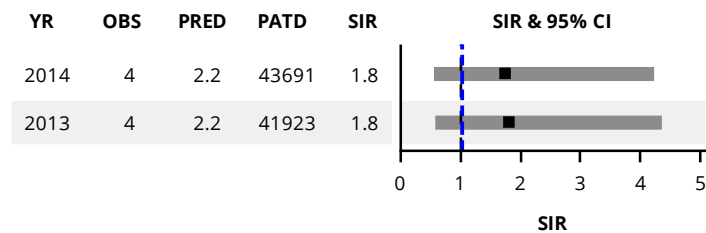


SSI - Abdominal Hysterectomy

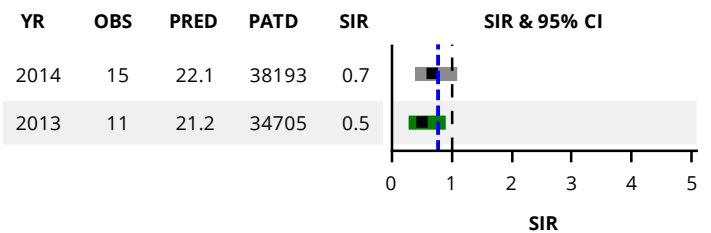


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

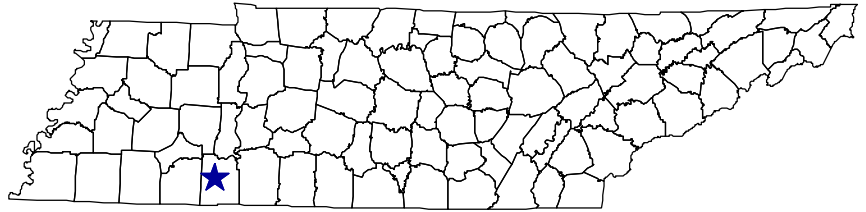
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|-------------------------------|------------|-----------|---|------------------------------------|--------------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.3 | 6244 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 2 | 3.0 | 6244 | 0.66 | (0.11, 2.17) | 0.78 |

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)

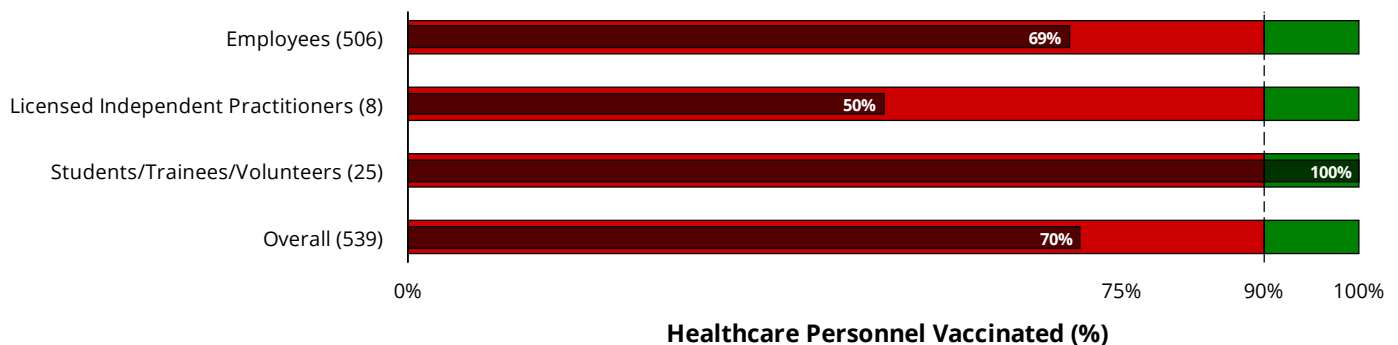
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Surgical Site Infections (SSI)

SSI - Colon Surgery

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

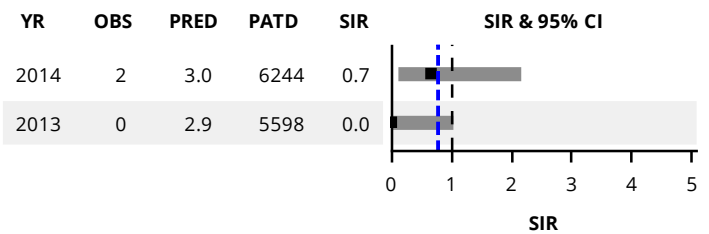
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.3 | 6244 | N/A |
| 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 9, 2015

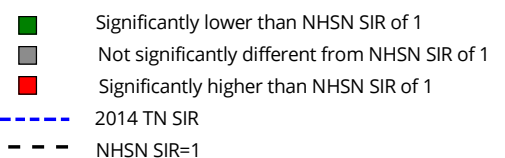
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

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;

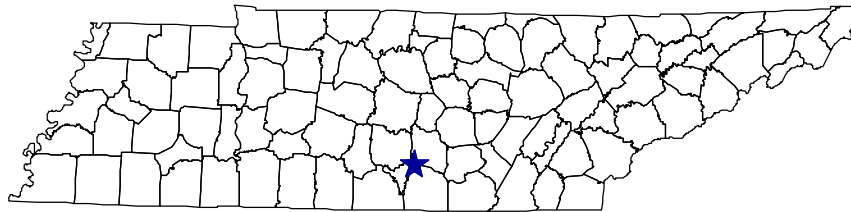
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



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, 01/01/2014-12/31/2014

| 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 | 1.2 | 821 | 0.00 | (0.00, 2.44) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.6 | 1256 | 0.00 | (0.00, 1.85) | 1.22 |
| SSI | Colon surgery | 0 | 1.0 | 31 | 0.00 | (0.00, 2.97) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.4 | 45 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 1.1 | 20619 | 0.87 | (0.04, 4.27) | 1.02 |
| | <i>C. difficile</i> infection | 31 | 16.1 | 20619 | 1.92 | (1.33, 2.70) | 0.78 |

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)

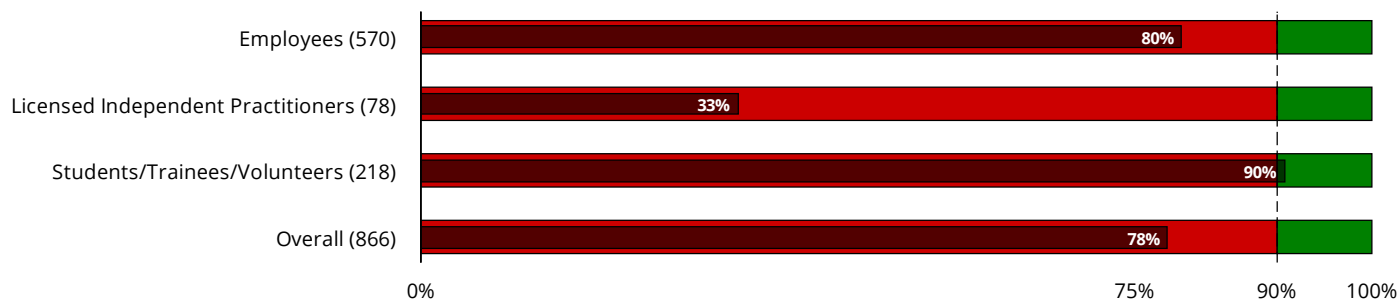
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

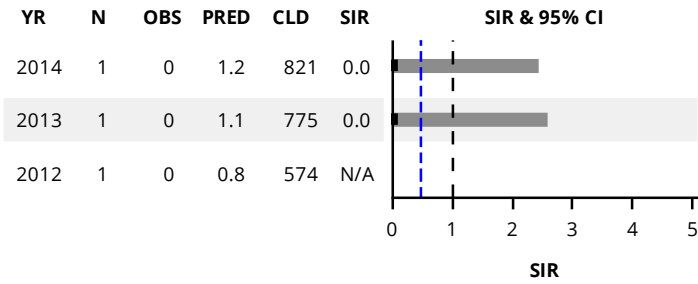


Healthcare Personnel Vaccinated (%)

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

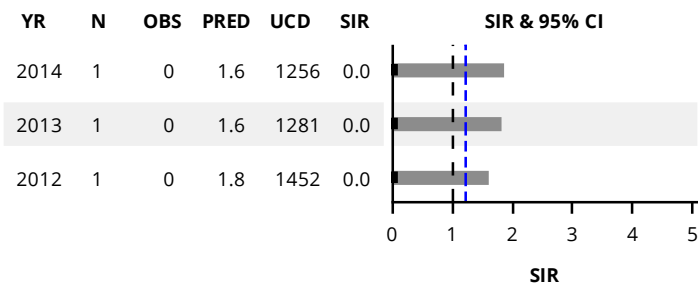
Central Line-Associated Bloodstream Infections (CLABSI)

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



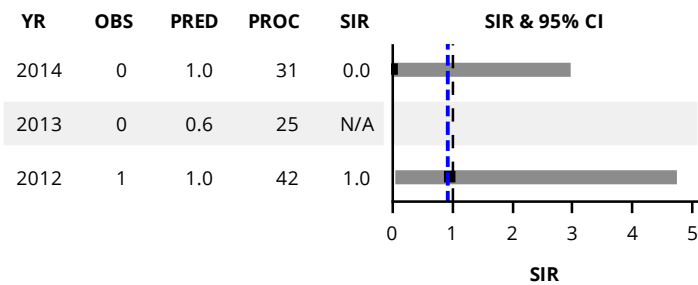
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



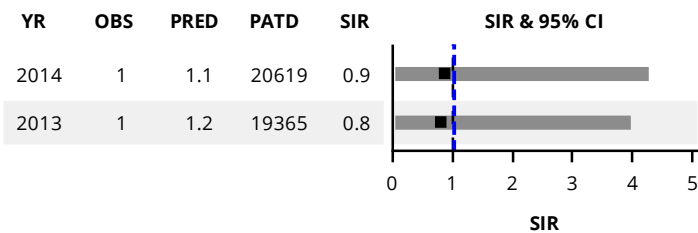
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.4 | 45 | N/A |
| 2013 | 0 | 0.4 | 48 | N/A |
| 2012 | 0 | 0.5 | 64 | N/A |

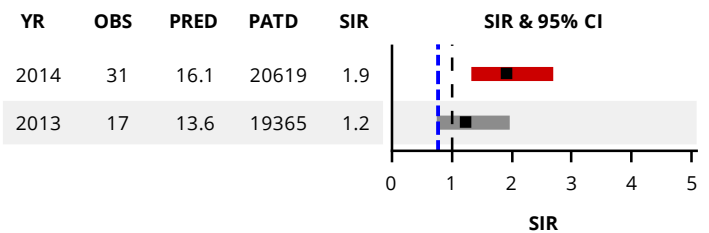
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

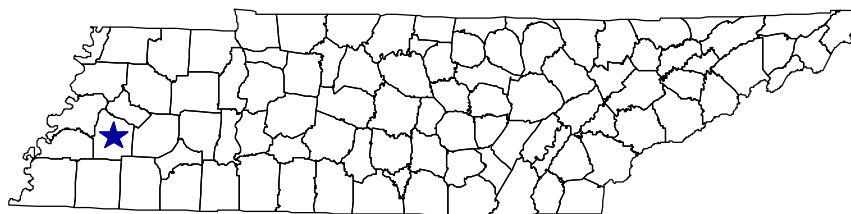
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| | | 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 | 185 | N/A | N/A | 1.02 |
| | C. difficile infection | 0 | 0.0 | 185 | N/A | N/A | 0.78 |

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 - 2014/2015 Influenza Season

This facility closed prior to the 2014/2015 influenza season

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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.0 | 185 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.0 | 185 | N/A |
| 2013 | 0 | 0.6 | 1079 | N/A |

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

Data reported as of September 9, 2015

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;

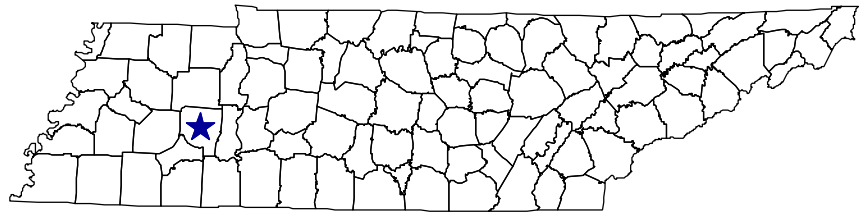
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|--------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.0 | 883 | N/A | N/A | 1.02 |
| | C. difficile infection | 0 | 0.3 | 840 | N/A | N/A | 0.78 |

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)

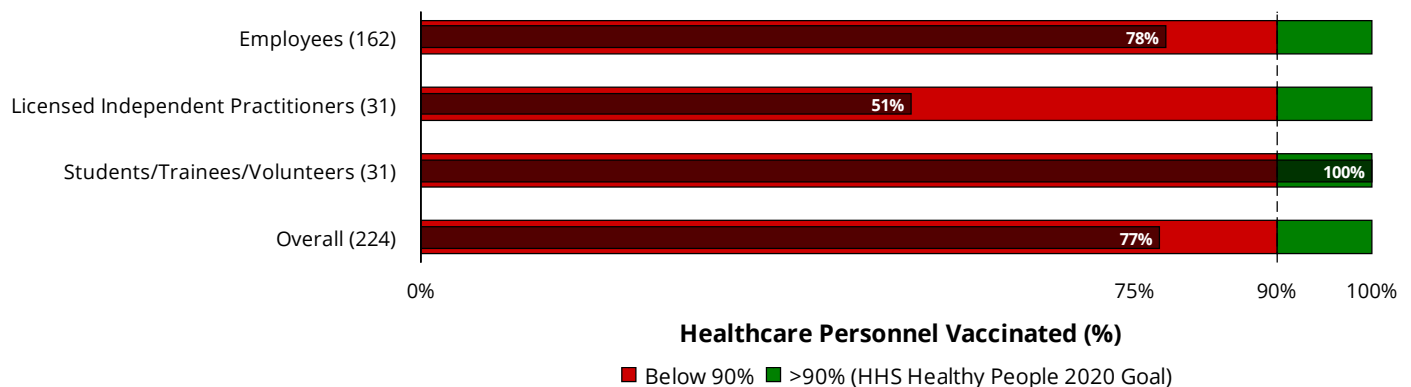
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.0 | 883 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.3 | 840 | N/A |
| 2013 | 4 | 0.7 | 1519 | N/A |

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

Data reported as of September 9, 2015

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;

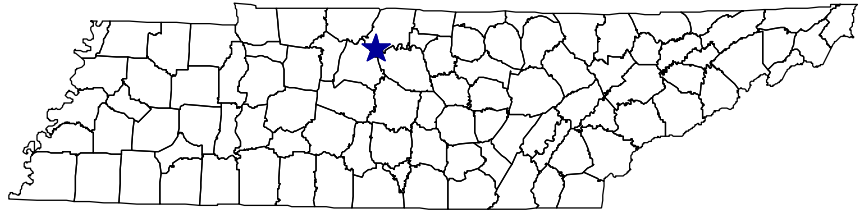
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 2.3 | 1621 | 0.42 | (0.02, 2.07) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 3 | 2.9 | 2357 | 1.03 | (0.26, 2.79) | 1.22 |
| SSI | Colon surgery | 1 | 0.9 | 41 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 0 | 0.3 | 52 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.9 | 20048 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 12 | 10.6 | 20048 | 1.13 | (0.61, 1.92) | 0.78 |

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)

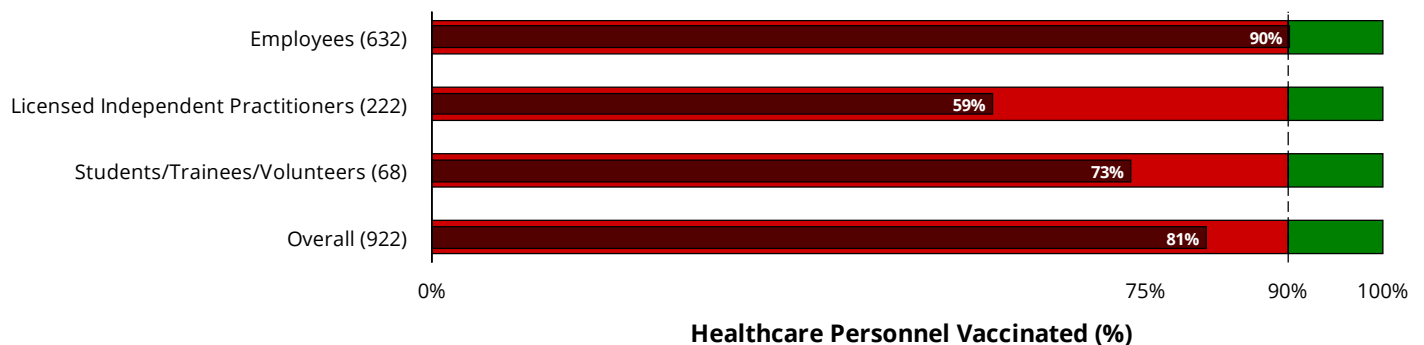
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

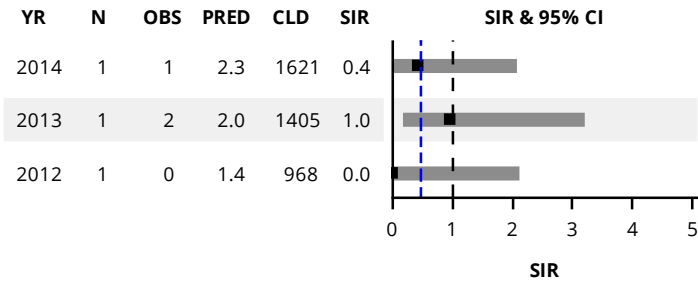


■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Hendersonville Medical Center, Hendersonville, Sumner County

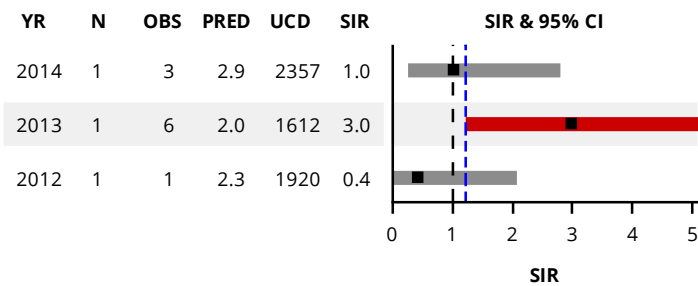
Central Line-Associated Bloodstream Infections (CLABSI)

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



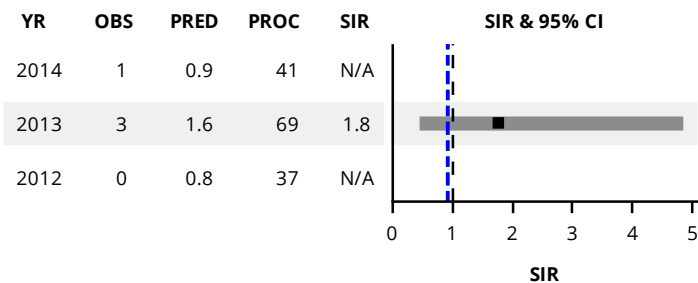
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.3 | 52 | N/A |
| 2013 | 0 | 0.4 | 59 | N/A |
| 2012 | 0 | 0.2 | 44 | N/A |

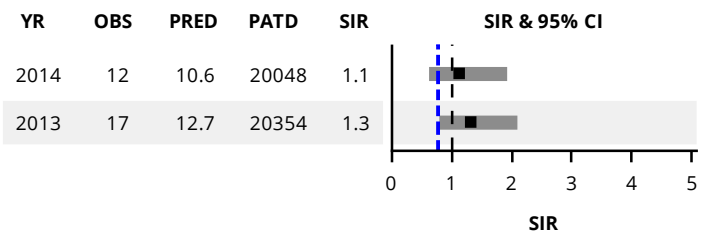
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 0 | 0.9 | 20048 | N/A |
| 2013 | 0 | 0.9 | 20354 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

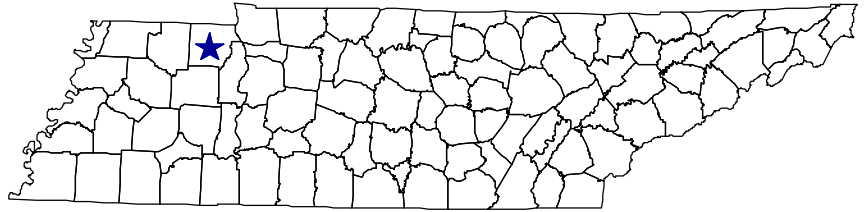
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 0.4 | 292 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.0 | 804 | 0.00 | (0.00, 2.89) | 1.22 |
| SSI | Colon surgery | 0 | 0.5 | 27 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 1 | 0.1 | 26 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.6 | 13539 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 2 | 6.6 | 12952 | 0.30 | (0.05, 1.00) | 0.78 |

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)

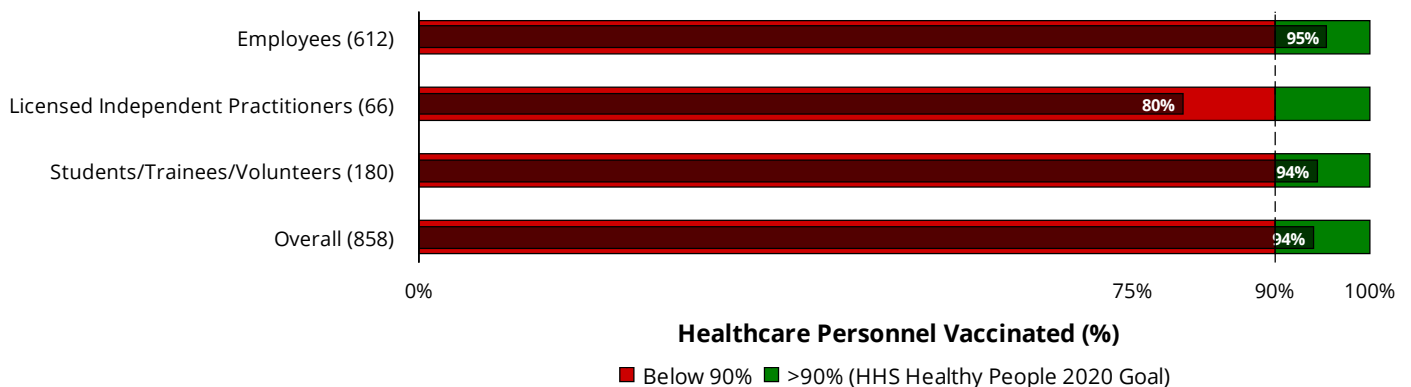
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Henry County Medical Center, Paris, Henry County

Central Line-Associated Bloodstream Infections (CLABSI)

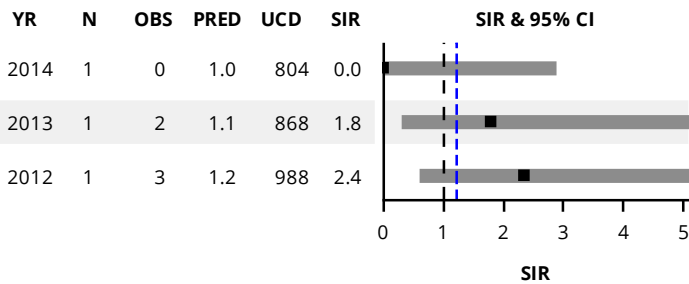
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.4 | 292 | N/A |
| 2013 | 1 | 1 | 0.3 | 211 | N/A |
| 2012 | 1 | 1 | 0.4 | 300 | 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.5 | 27 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 1 | 0.1 | 26 | N/A |
| 2013 | 0 | 0.2 | 27 | N/A |
| 2012 | 0 | 0.3 | 39 | N/A |

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

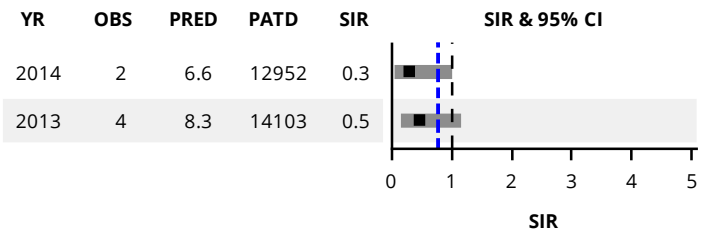
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 0 | 0.6 | 13539 | N/A |
| 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 9, 2015

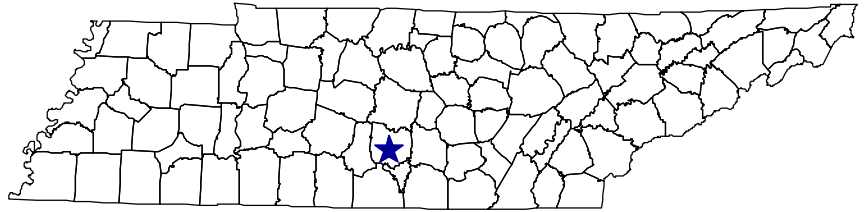
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| | | 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 | 627 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.5 | 1209 | 0.00 | (0.00, 1.92) | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 0 | 0.2 | 25 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.3 | 6223 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 2 | 2.9 | 6223 | 0.67 | (0.11, 2.22) | 0.78 |

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)

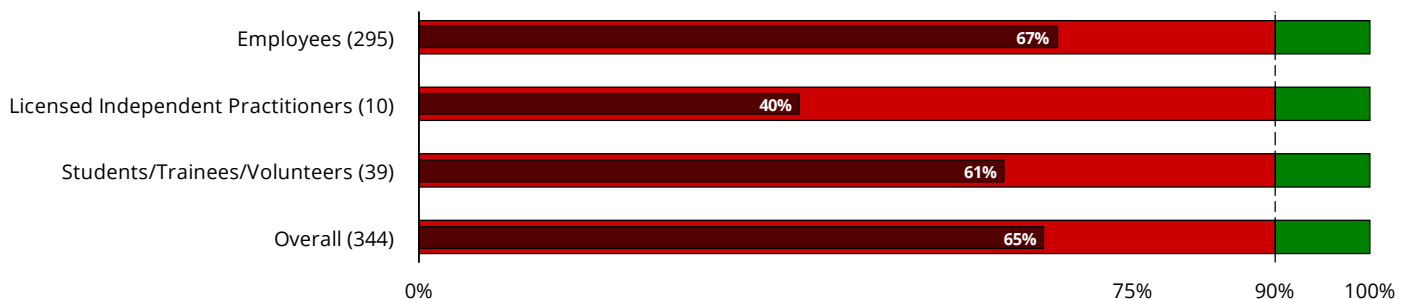
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

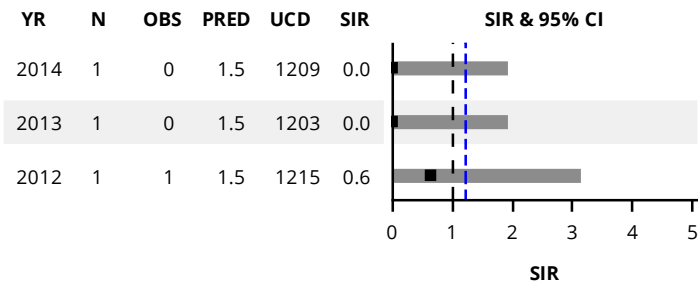
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 2 | 0.9 | 627 | N/A |
| 2013 | 1 | 0 | 0.9 | 656 | N/A |
| 2012 | 1 | 1 | 0.8 | 576 | 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.2 | 25 | N/A |
| 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

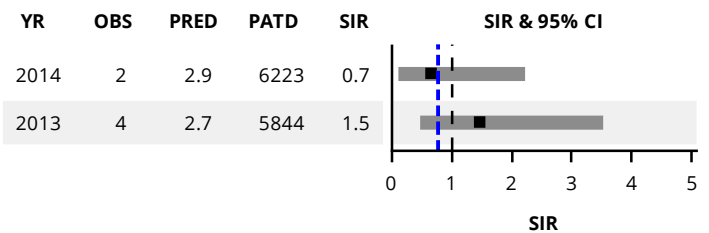
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.3 | 6223 | N/A |
| 2013 | 3 | 0.6 | 5844 | N/A |

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

LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

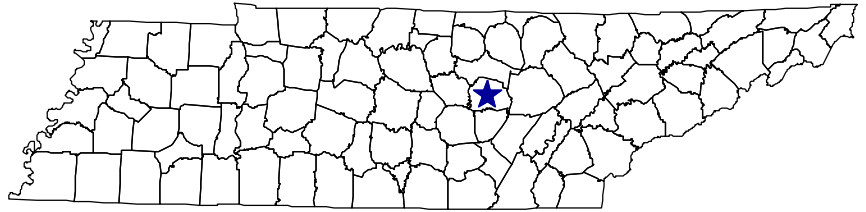
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 0.0 | 61 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 1 | 0.4 | 346 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 0 | 0.3 | 43 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.3 | 5655 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 1 | 2.5 | 5655 | 0.39 | (0.02, 1.94) | 0.78 |

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)

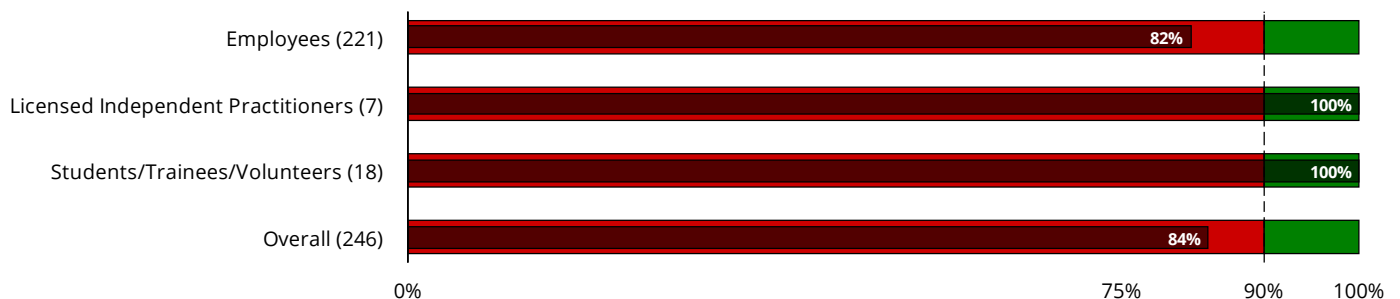
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Central Line-Associated Bloodstream Infections (CLABSI)

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

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.0 | 61 | N/A |
| 2013 | 1 | 0 | 0.1 | 75 | N/A |
| 2012 | 1 | 0 | 0.1 | 76 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 1 | 0.4 | 346 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.3 | 43 | N/A |
| 2013 | 0 | 0.3 | 45 | N/A |
| 2012 | 2 | 0.5 | 77 | N/A |

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

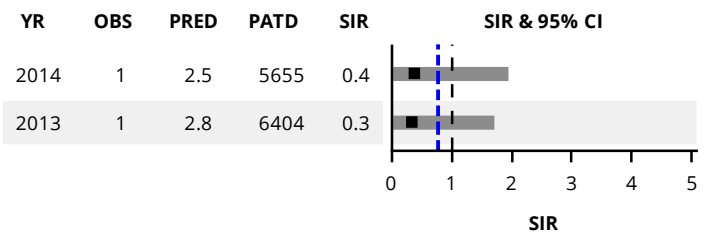
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.3 | 5655 | N/A |
| 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 9, 2015

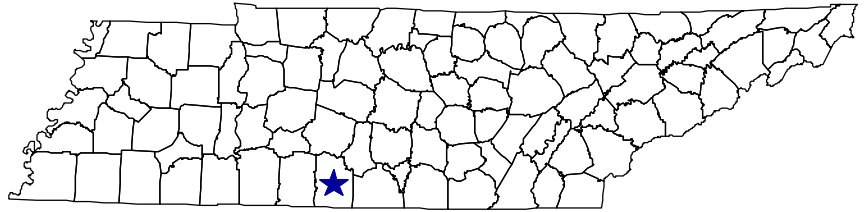
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 2014 TN SIR
 NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 325 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.9 | 450 | N/A | N/A | 1.22 |
| LabID | MRSA bacteremia | 0 | 0.2 | 4655 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 2 | 2.9 | 4410 | 0.69 | (0.12, 2.27) | 0.78 |

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)

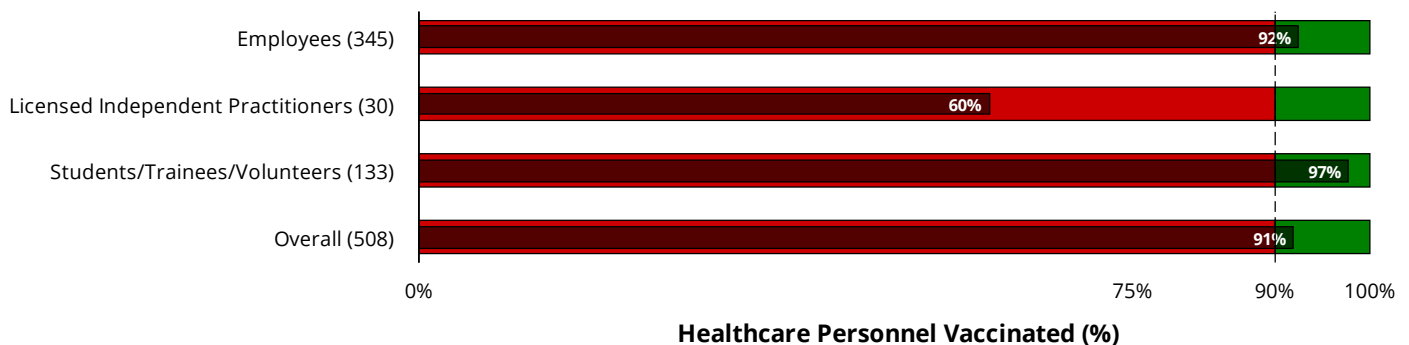
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.6 | 325 | N/A |
| 2013 | 1 | 0 | 0.5 | 272 | N/A |
| 2012 | 1 | 0 | 0.3 | 175 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.9 | 450 | N/A |
| 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

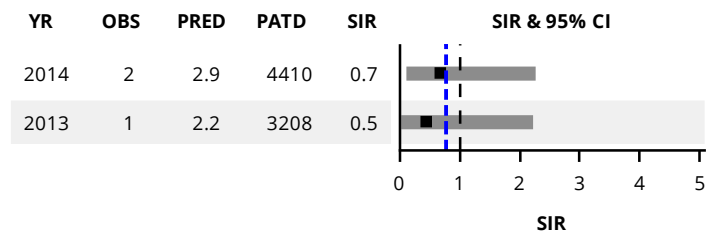
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.2 | 4655 | N/A |
| 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 9, 2015

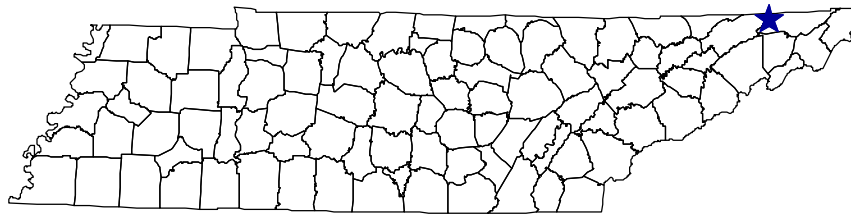
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 12.7 | 5695 | 0.00 | (0.00, 0.24) | 0.46 |
| | Neonatal ICU | 0 | 1.9 | 1211 | 0.00 | (0.00, 1.55) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 35 | 21.8 | 9200 | 1.60 | (1.13, 2.21) | 1.22 |
| SSI | Colon surgery | 6 | 4.7 | 158 | 1.26 | (0.51, 2.62) | 0.91 |
| | Abdominal hysterectomy | 2 | 2.5 | 329 | 0.79 | (0.13, 2.60) | 0.78 |
| LabID | MRSA bacteremia | 4 | 6.4 | 84006 | 0.62 | (0.20, 1.49) | 1.02 |
| | C. difficile infection | 23 | 56.9 | 80707 | 0.40 | (0.26, 0.60) | 0.78 |

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)

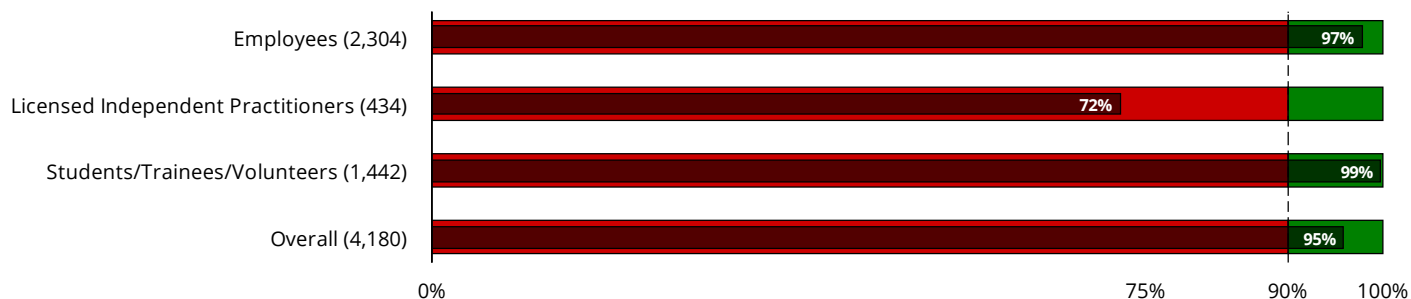
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



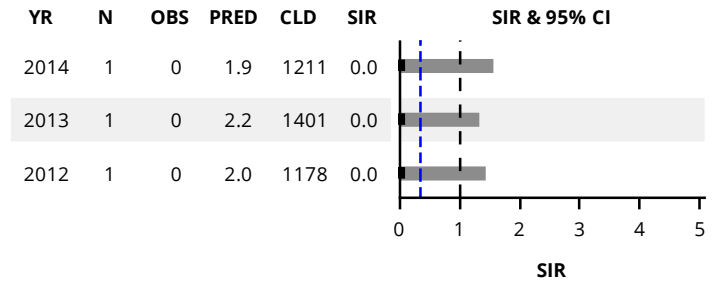
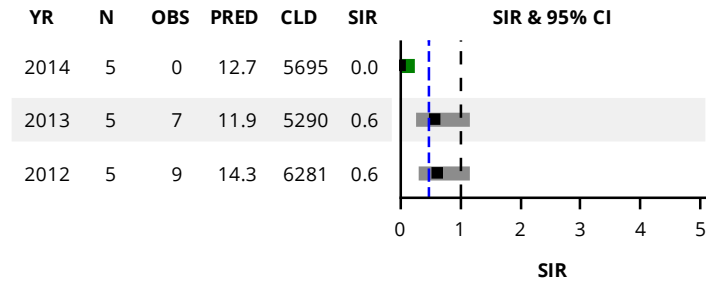
Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

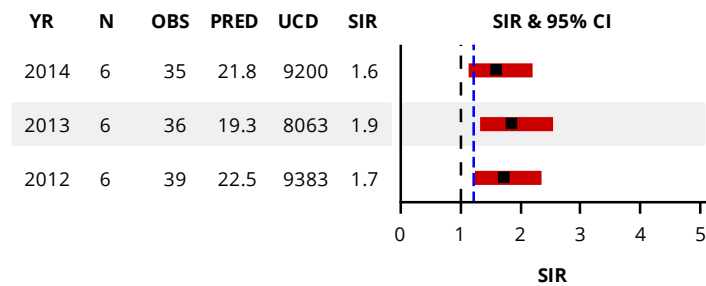
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

CLABSI - Neonatal ICUs



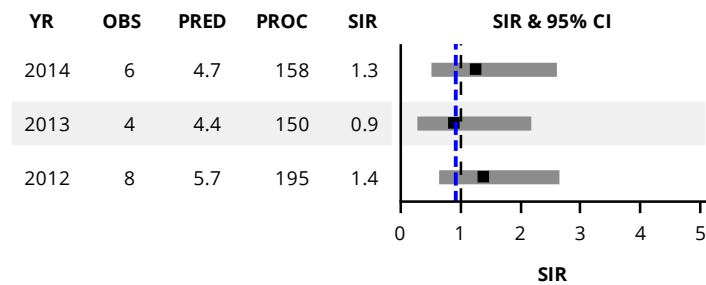
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

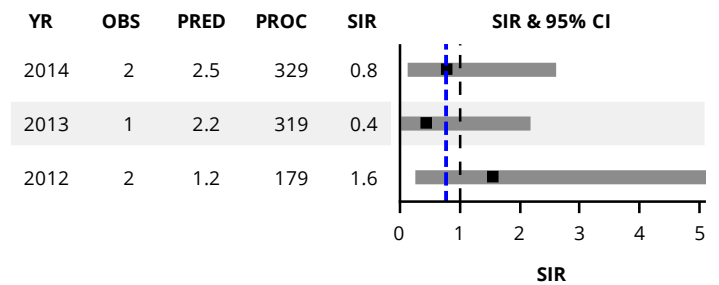


Surgical Site Infections (SSI)

SSI - Colon Surgery

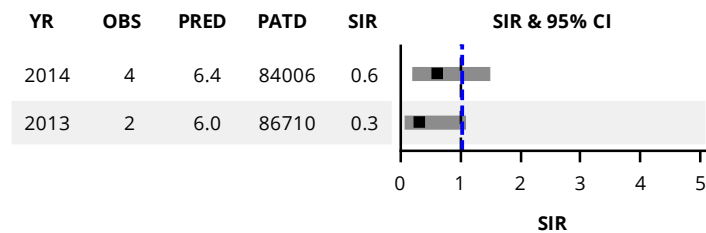


SSI - Abdominal Hysterectomy

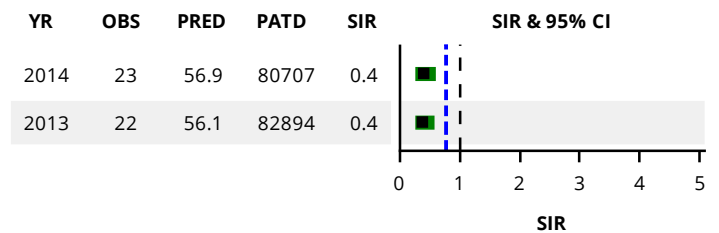


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

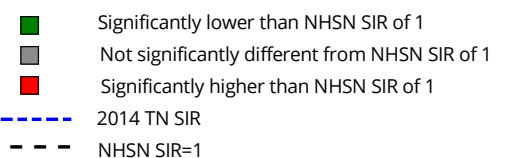
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

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;

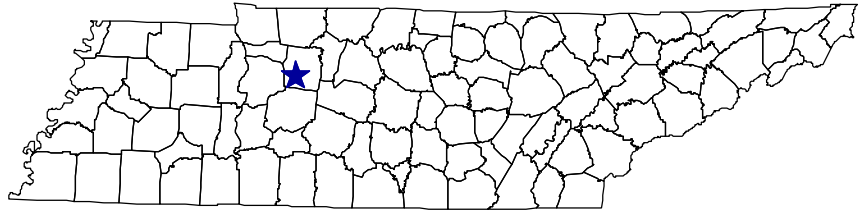
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



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, 01/01/2014-12/31/2014

| | | 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 | 0.9 | 628 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 1 | 1.4 | 1159 | 0.67 | (0.03, 3.30) | 1.22 |
| SSI | Colon surgery | 2 | 1.0 | 36 | 1.85 | (0.31, 6.11) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 1.1 | 19945 | 0.85 | (0.04, 4.19) | 1.02 |
| | <i>C. difficile</i> infection | 23 | 13.2 | 19122 | 1.74 | (1.13, 2.57) | 0.78 |

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)

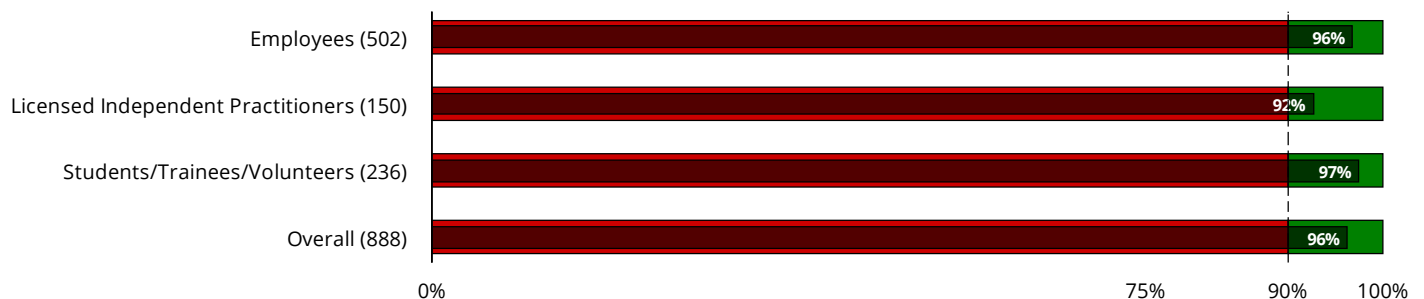
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

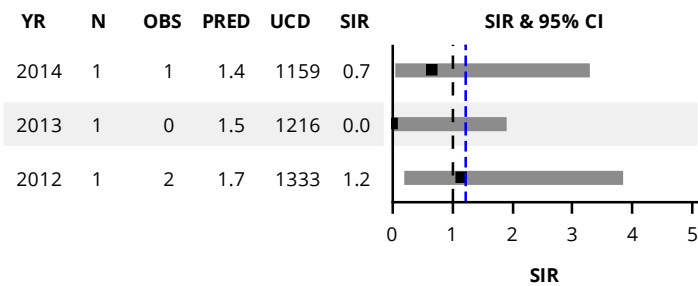
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 1 | 0.9 | 628 | N/A |
| 2013 | 1 | 2 | 0.9 | 649 | N/A |
| 2012 | 1 | 0 | 0.8 | 573 | N/A |

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

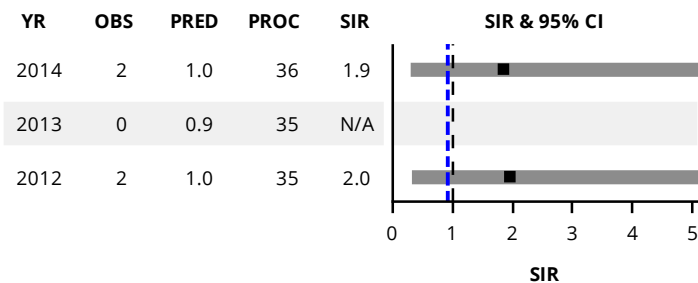
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



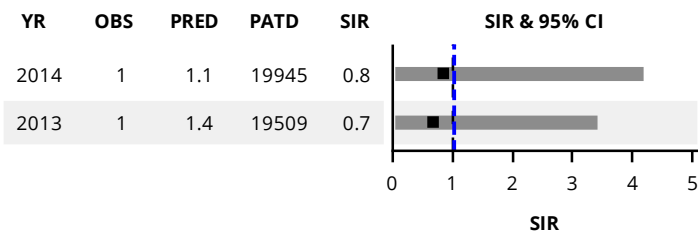
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

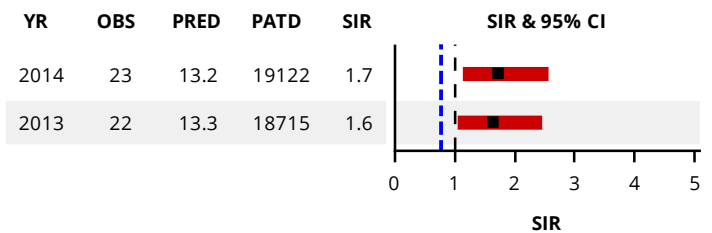
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

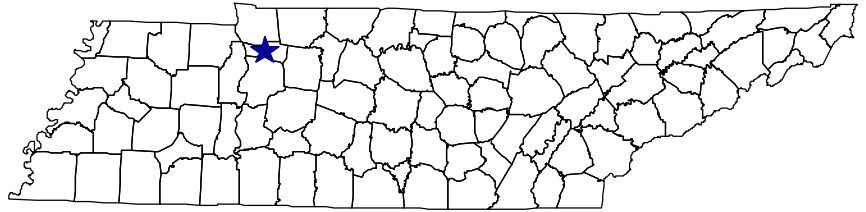
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

Houston County Community Hospital, Erin, Houston County

Medical School Affiliation: None

Bed Size Category: <50 beds



Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Houston 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):** 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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|--------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| LabID | MRSA bacteremia | 0 | 0.0 | 2002 | N/A | N/A | 1.02 |
| | C. difficile infection | 0 | 0.8 | 2002 | N/A | N/A | 0.78 |

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)

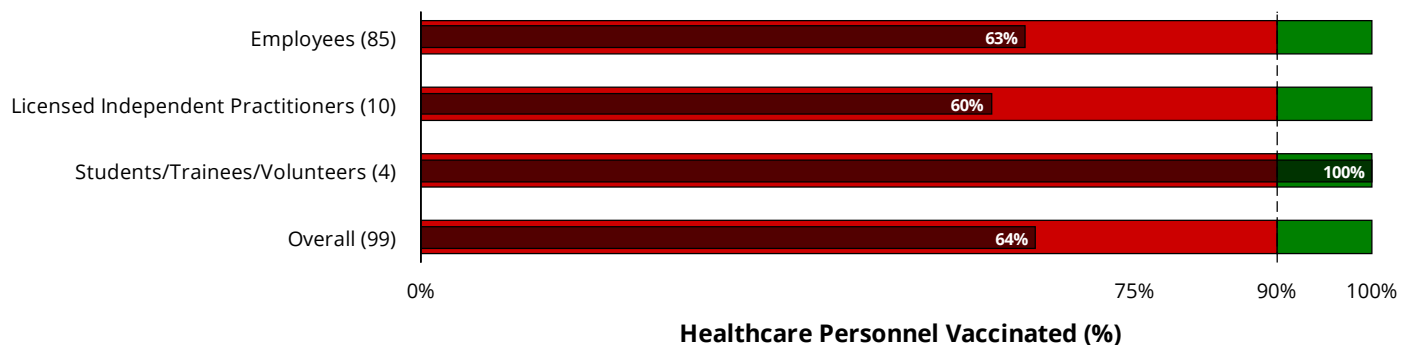
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

See page 2 for more detailed information about HAIs at Houston County Community Hospital

Healthcare Personnel Influenza Vaccination - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Houston County Community Hospital, Erin, Houston County

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.0 | 2002 | N/A |
| 2013 | N/A | N/A | N/A | N/A |

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

LabID - *C. difficile* Infection (CDI)

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.8 | 2002 | N/A |
| 2013 | N/A | N/A | N/A | N/A |

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

Data reported as of September 9, 2015

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;

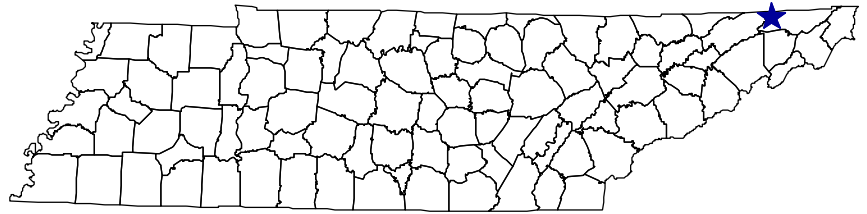
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 2.1 | 1450 | 0.00 | (0.00, 1.38) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 2.5 | 2010 | 0.00 | (0.00, 1.16) | 1.22 |
| SSI | Colon surgery | 0 | 2.2 | 79 | 0.00 | (0.00, 1.31) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.3 | 47 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 2 | 1.1 | 30430 | 1.78 | (0.30, 5.87) | 1.02 |
| | <i>C. difficile</i> infection | 22 | 22.0 | 29295 | 1.00 | (0.64, 1.49) | 0.78 |

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)

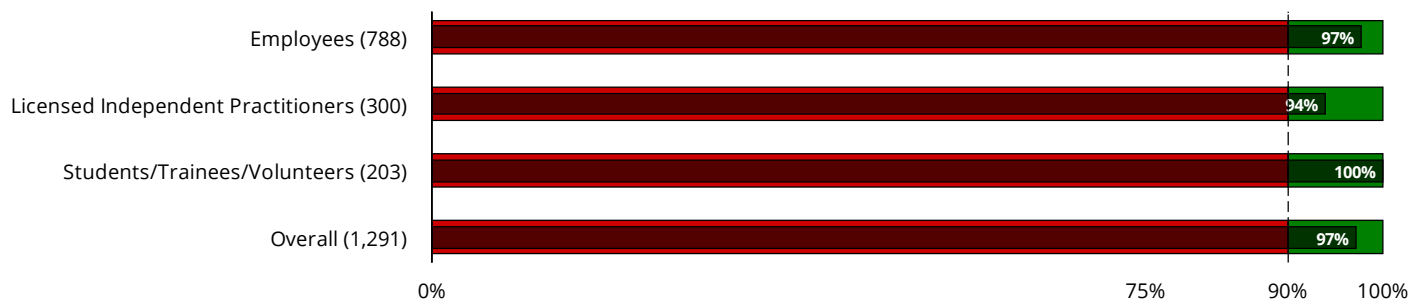
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

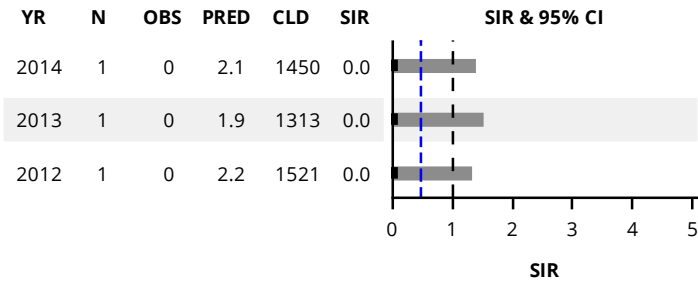


Healthcare Personnel Vaccinated (%)

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

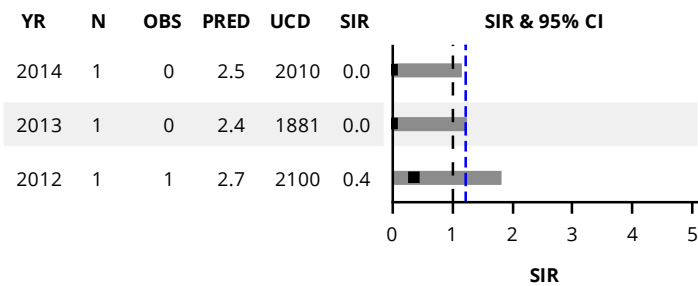
Central Line-Associated Bloodstream Infections (CLABSI)

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



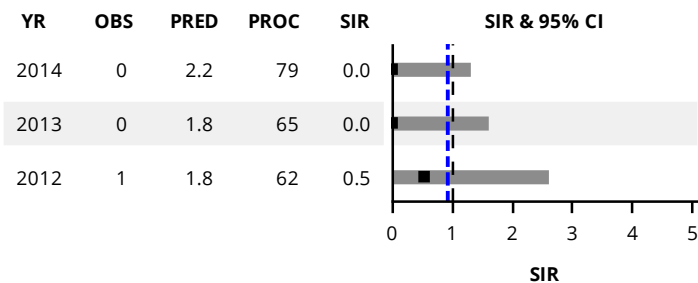
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



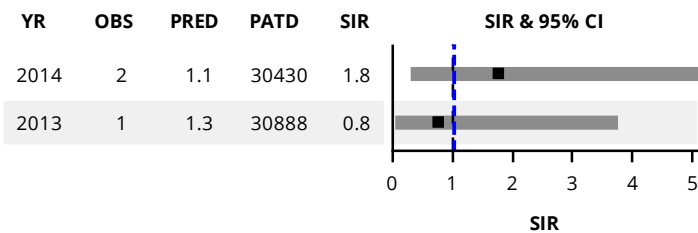
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.3 | 47 | N/A |
| 2013 | 0 | 0.3 | 47 | N/A |
| 2012 | 0 | 0.8 | 102 | N/A |

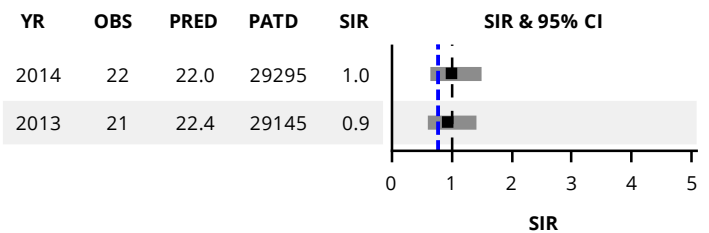
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

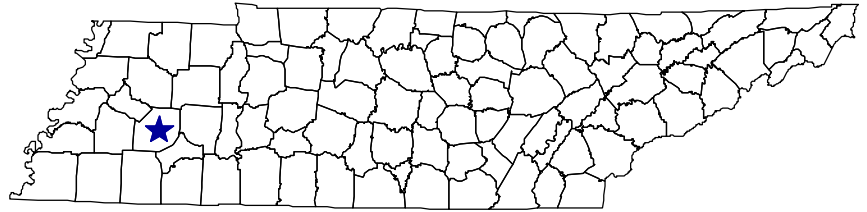
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 19 | 23.5 | 11820 | 0.81 | (0.50, 1.24) | 0.46 |
| | Neonatal ICU | 1 | 1.7 | 596 | 0.57 | (0.03, 2.79) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 28 | 32.9 | 14042 | 0.85 | (0.58, 1.21) | 1.22 |
| SSI | Colon surgery | 18 | 11.0 | 327 | 1.63 | (1.00, 2.53) | 0.91 |
| | Abdominal hysterectomy | 2 | 2.0 | 330 | 0.97 | (0.16, 3.21) | 0.78 |
| LabID | MRSA bacteremia | 9 | 14.5 | 159295 | 0.62 | (0.30, 1.13) | 1.02 |
| | <i>C. difficile</i> infection | 109 | 119.7 | 147995 | 0.91 | (0.75, 1.09) | 0.78 |

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)

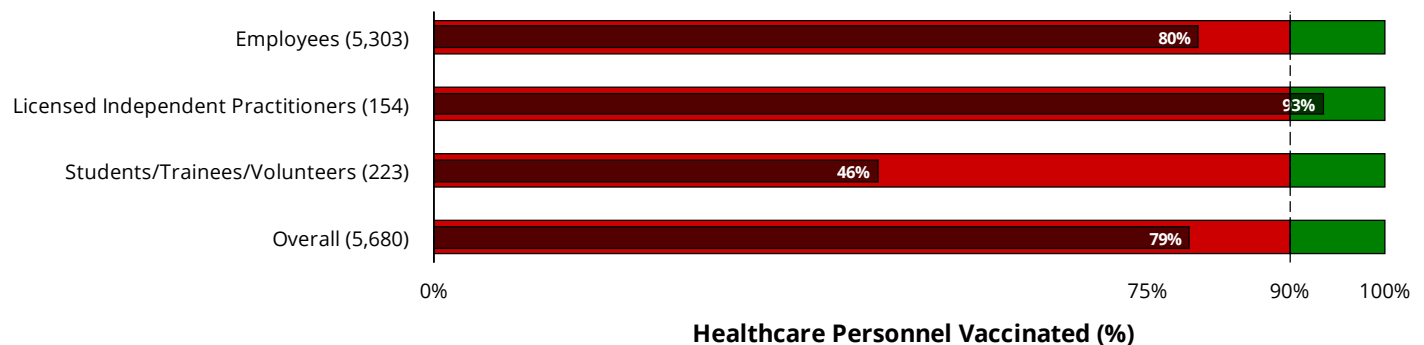
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



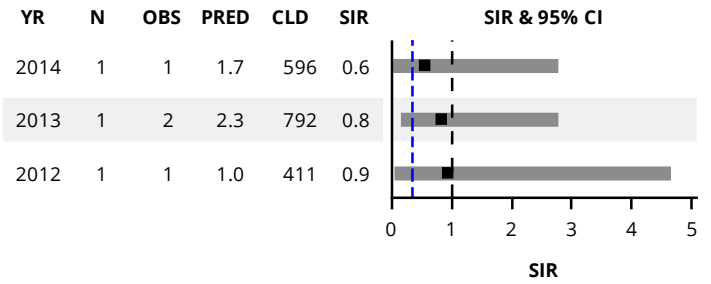
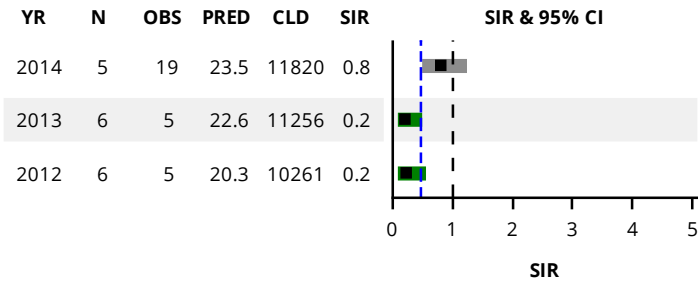
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Jackson Madison County General Hosp., Jackson, Madison County

Central Line-Associated Bloodstream Infections (CLABSI)

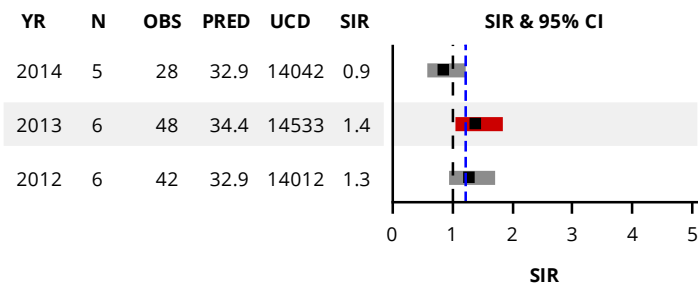
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

CLABSI - Neonatal ICUs



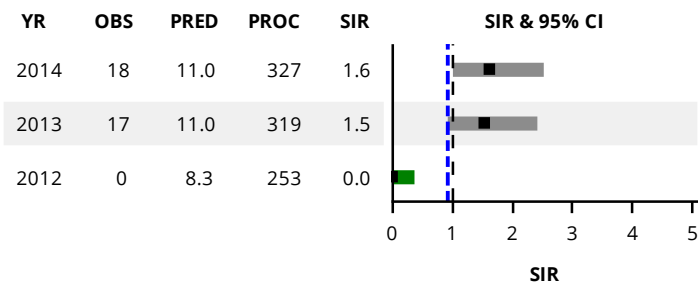
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

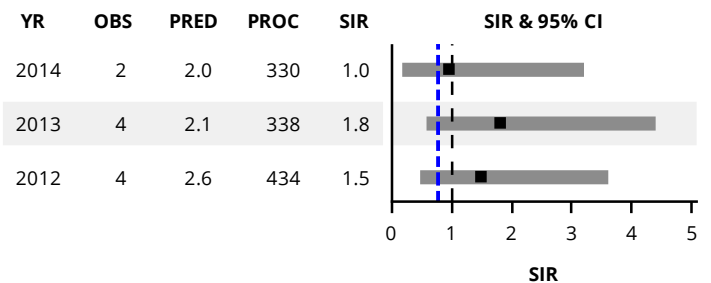


Surgical Site Infections (SSI)

SSI - Colon Surgery

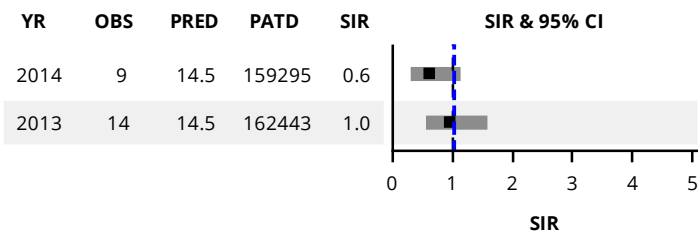


SSI - Abdominal Hysterectomy

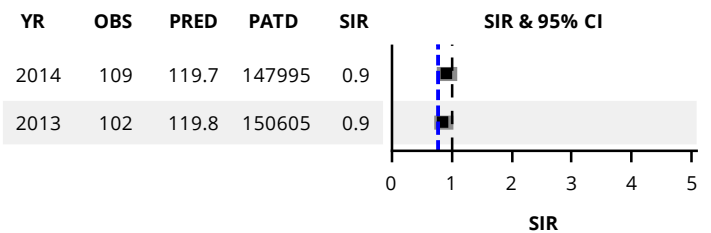


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

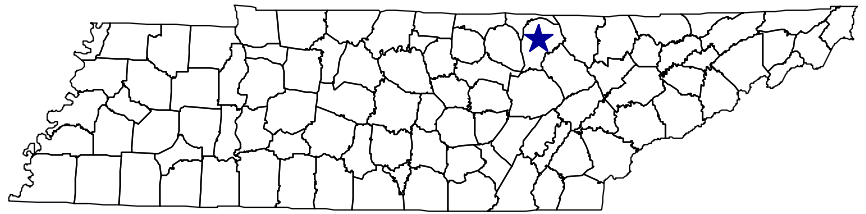
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

Jamestown Regional Medical Center, Jamestown, Fentress County

Medical School Affiliation: Undergraduate 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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|-------------------------------|------------|-----------|---|------------------------------------|--------------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 0.5 | 7174 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 0 | 3.5 | 7174 | 0.00 | (0.00, 0.85) | 0.78 |

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)

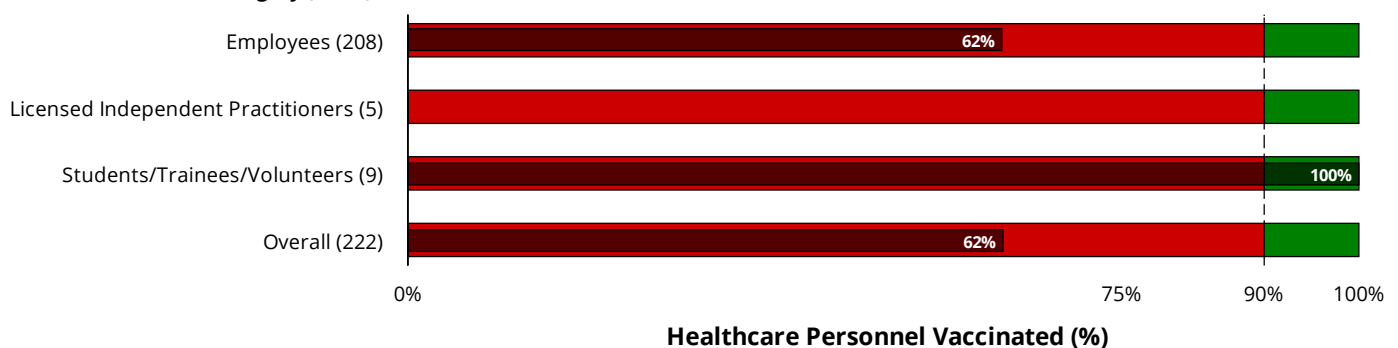
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Jamestown Regional Medical Center, Jamestown, Fentress County

Surgical Site Infections (SSI)

SSI - Colon Surgery

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

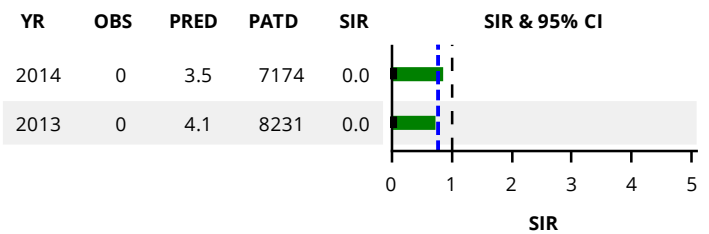
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 1 | 0.5 | 7174 | N/A |
| 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 9, 2015

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;

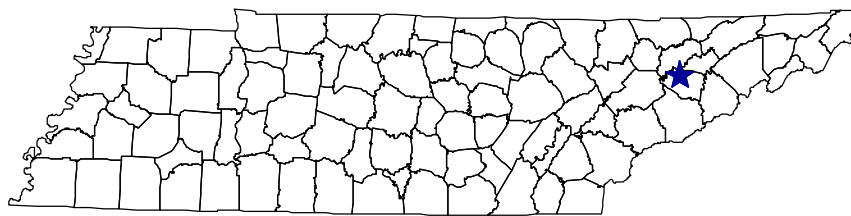
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 75 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.6 | 510 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 0 | 0.2 | 32 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.7 | 5934 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 0 | 5.2 | 7607 | 0.00 | (0.00, 0.57) | 0.78 |

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)

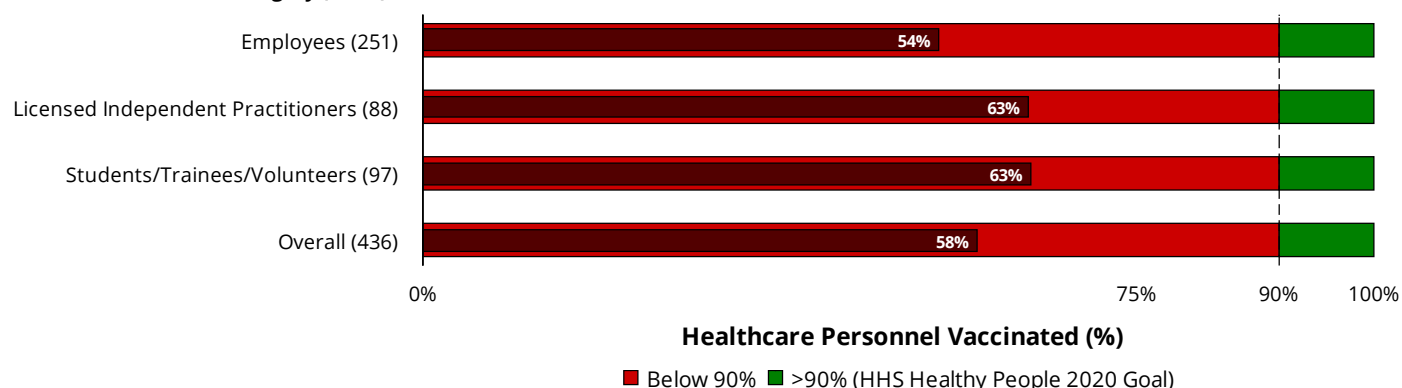
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.1 | 75 | N/A |
| 2013 | 1 | N/A | N/A | N/A | N/A |
| 2012 | 1 | 0 | 0.1 | 89 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.6 | 510 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.2 | 32 | N/A |
| 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

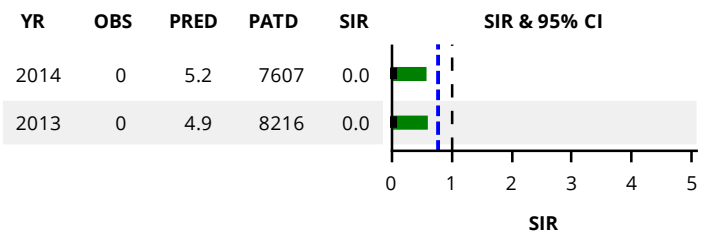
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.7 | 5934 | N/A |
| 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 9, 2015

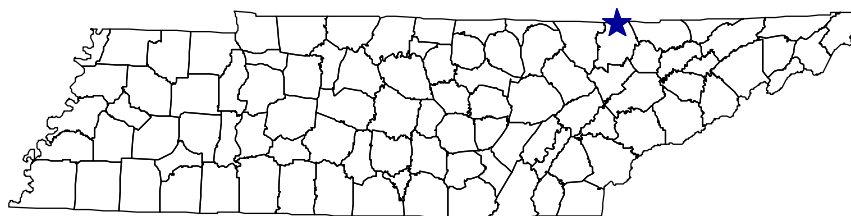
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| | | 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 | 0.1 | 102 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.5 | 437 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 0.2 | 4853 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 0 | 2.8 | 4494 | 0.00 | (0.00, 1.06) | 0.78 |

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)

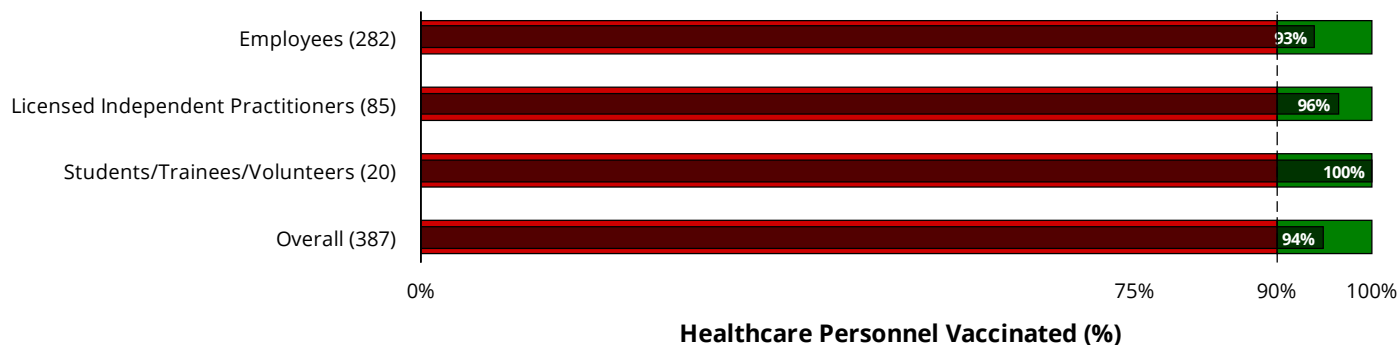
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 1 | 0.1 | 102 | N/A |
| 2013 | 1 | 1 | 0.2 | 183 | N/A |
| 2012 | 1 | 0 | 0.2 | 139 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.5 | 437 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

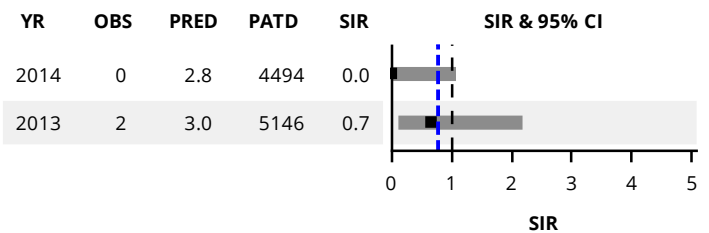
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 1 | 0.2 | 4853 | N/A |
| 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 9, 2015

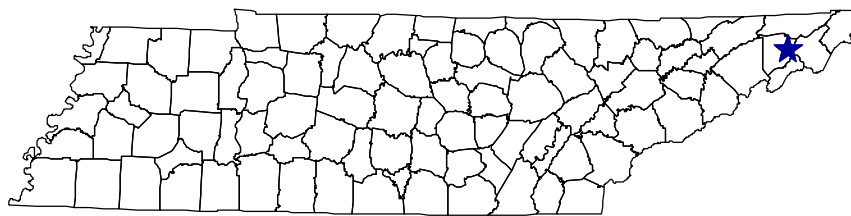
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 7 | 17.0 | 8564 | 0.41 | (0.18, 0.81) | 0.46 |
| | Neonatal ICU | 3 | 4.6 | 2169 | 0.65 | (0.16, 1.76) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 20 | 20.1 | 9376 | 0.99 | (0.62, 1.51) | 1.22 |
| SSI | Colon surgery | 1 | 5.4 | 171 | 0.18 | (0.01, 0.90) | 0.91 |
| | Abdominal hysterectomy | 1 | 0.5 | 80 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 8 | 10.9 | 124390 | 0.73 | (0.34, 1.38) | 1.02 |
| | C. difficile infection | 69 | 105.0 | 112135 | 0.66 | (0.52, 0.83) | 0.78 |

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)

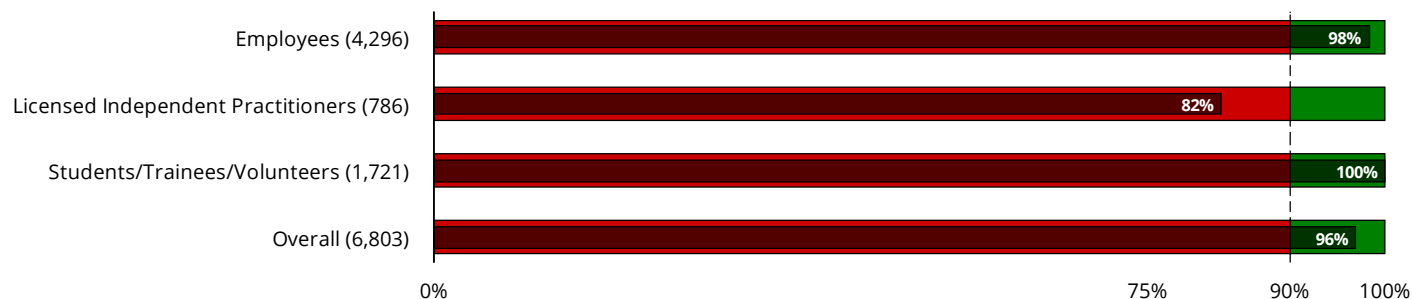
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

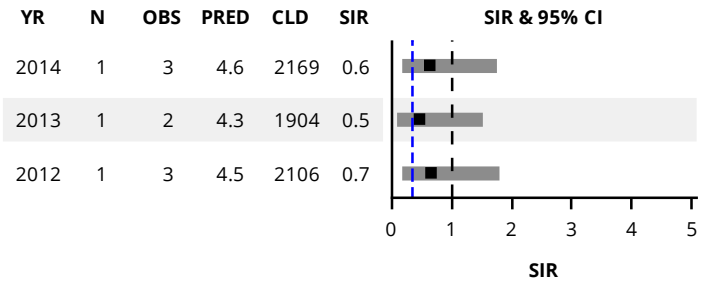
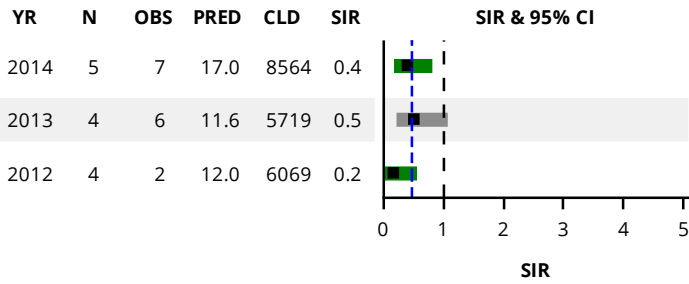
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Johnson City Medical Center, Johnson City, Washington County

Central Line-Associated Bloodstream Infections (CLABSI)

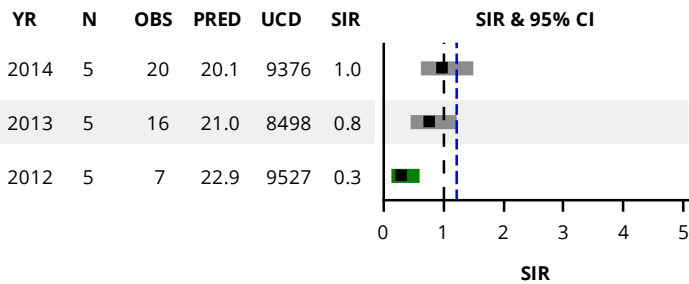
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

CLABSI - Neonatal ICUs



Catheter-Associated Urinary Tract Infections (CAUTI)

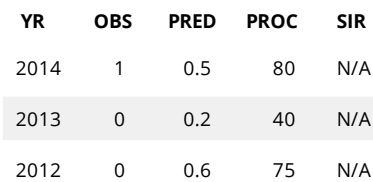
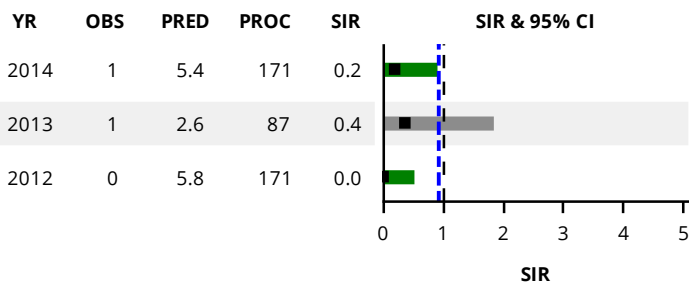
CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

SSI - Abdominal Hysterectomy

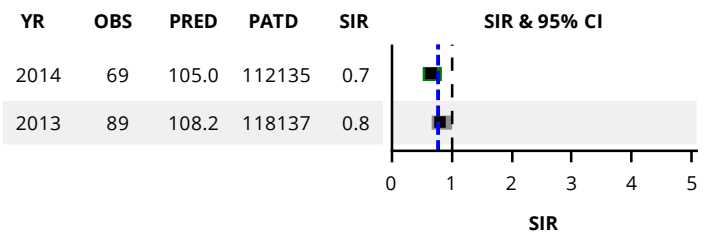
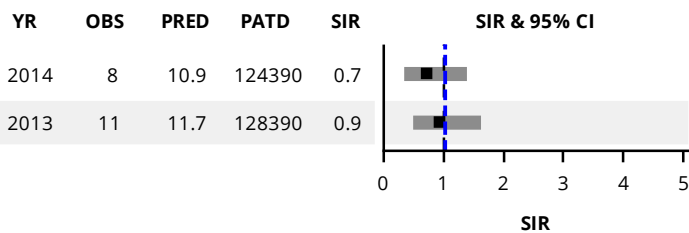


N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

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

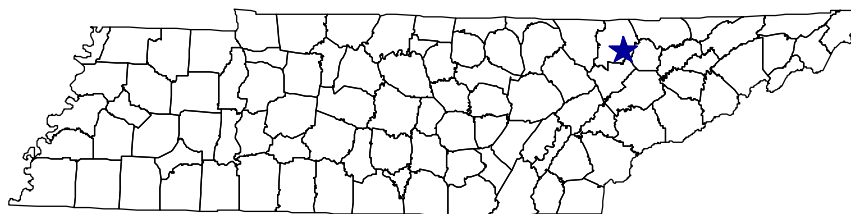
--- 2014 TN SIR

--- NHSN SIR=1

Lafollette Medical Center, Lafollette, Campbell County

Medical School Affiliation: None

Bed Size Category: 50-99 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, 01/01/2014-12/31/2014

| 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 | 0.3 | 236 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.4 | 1093 | 0.00 | (0.00, 2.13) | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.7 | 18330 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 1 | 9.3 | 18330 | 0.11 | (0.01, 0.53) | 0.78 |

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)

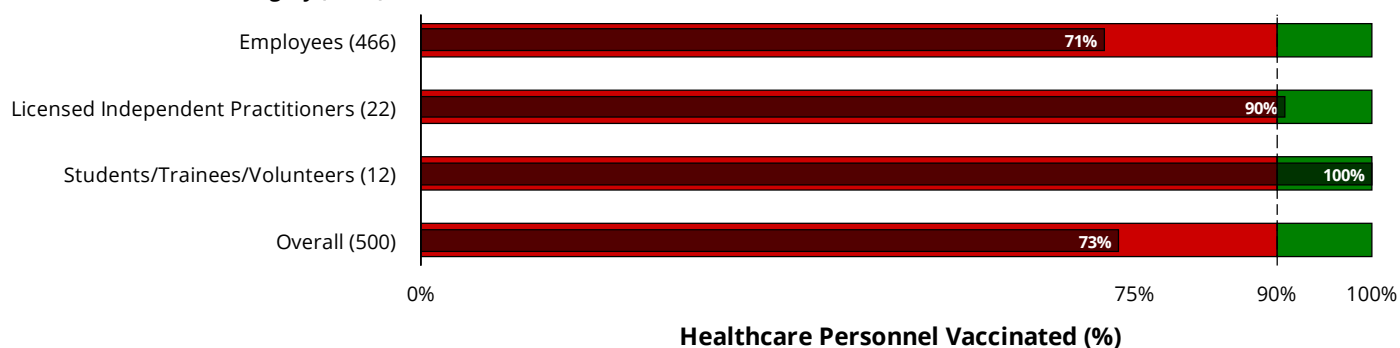
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Central Line-Associated Bloodstream Infections (CLABSI)

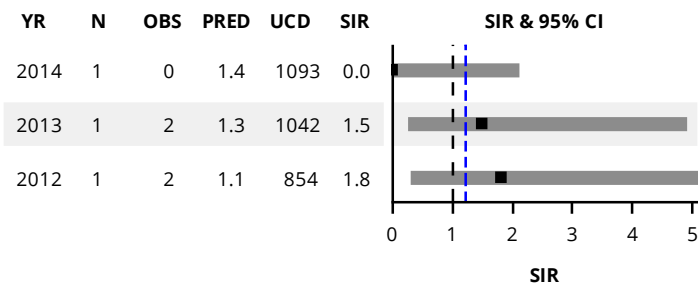
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 1 | 0.3 | 236 | N/A |
| 2013 | 1 | 0 | 0.1 | 110 | N/A |
| 2012 | 1 | 0 | 0.2 | 137 | 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

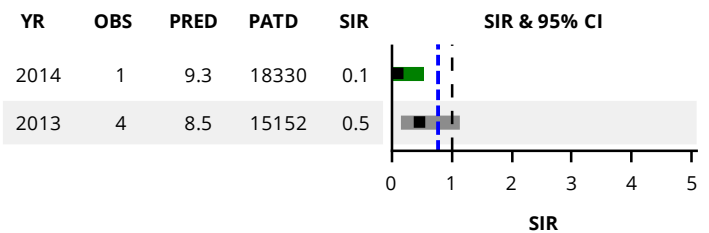
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 0 | 0.7 | 18330 | N/A |
| 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 9, 2015

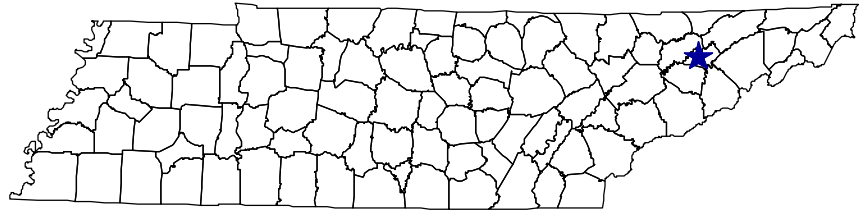
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| | | 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 | 192 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 1 | 1.2 | 988 | 0.79 | (0.04, 3.87) | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 2 | 0.5 | 11040 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 10 | 7.7 | 10801 | 1.30 | (0.66, 2.31) | 0.78 |

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)

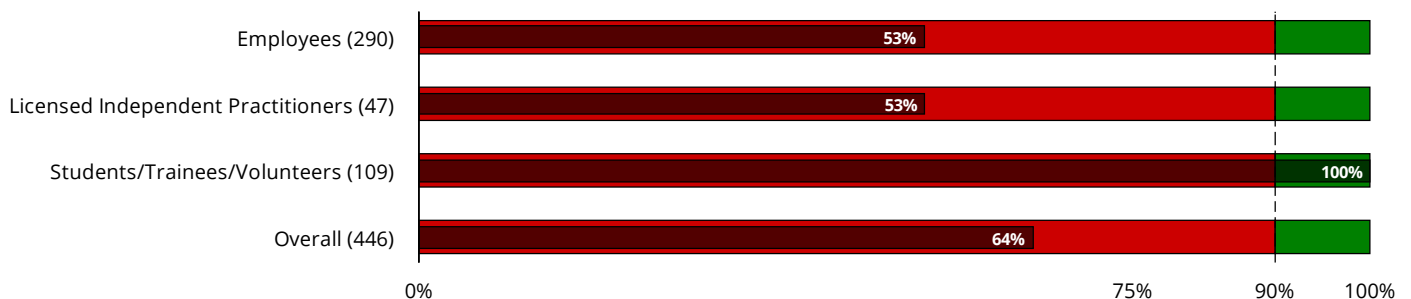
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Lakeway Regional Hospital, Morristown, Hamblen County

Central Line-Associated Bloodstream Infections (CLABSI)

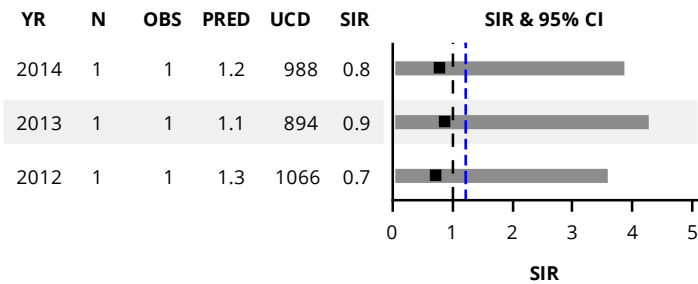
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.2 | 192 | N/A |
| 2013 | 1 | 1 | 0.2 | 184 | N/A |
| 2012 | 1 | 1 | 0.3 | 234 | 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

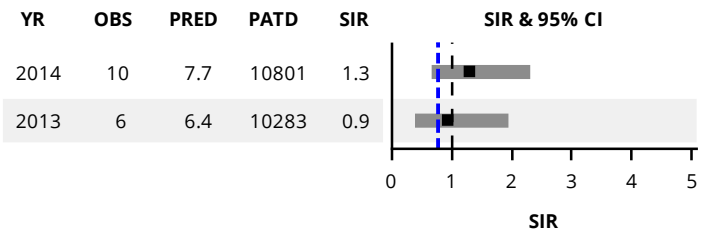
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 2 | 0.5 | 11040 | N/A |
| 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 9, 2015

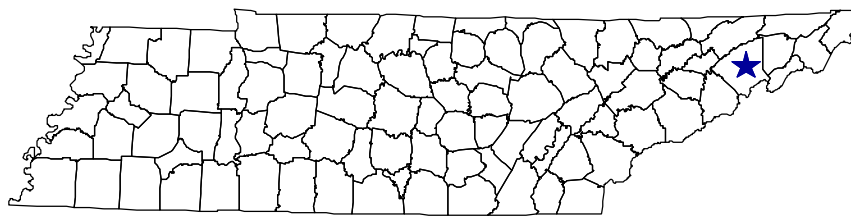
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 459 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 1 | 1.7 | 1395 | 0.56 | (0.03, 2.74) | 1.22 |
| SSI | Colon surgery | 2 | 1.2 | 45 | 1.65 | (0.28, 5.44) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 0.7 | 16725 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 0 | 7.6 | 16009 | 0.00 | (0.00, 0.39) | 0.78 |

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)

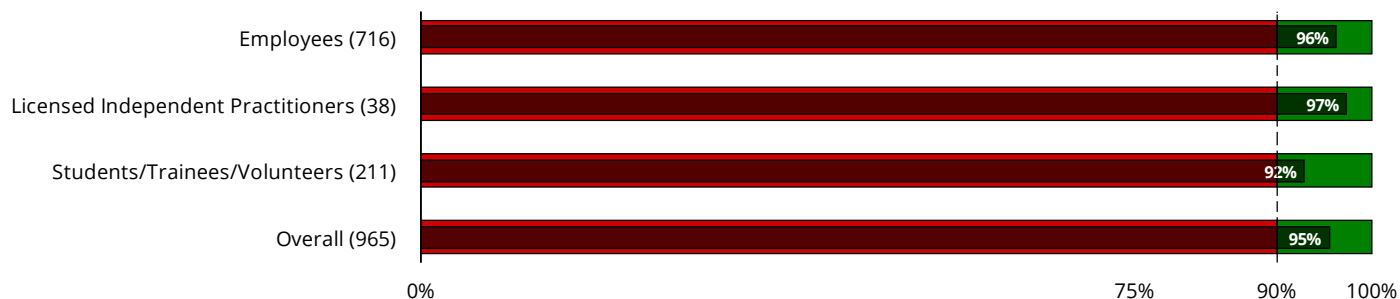
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

Laughlin Memorial Hospital, Greeneville, Greene County

Central Line-Associated Bloodstream Infections (CLABSI)

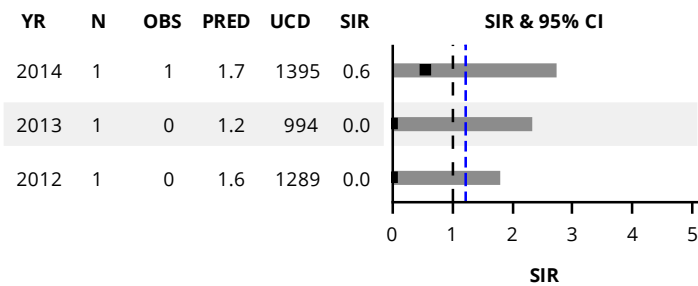
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.6 | 459 | N/A |
| 2013 | 1 | 0 | 0.3 | 227 | N/A |
| 2012 | 1 | 0 | 0.5 | 365 | N/A |

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

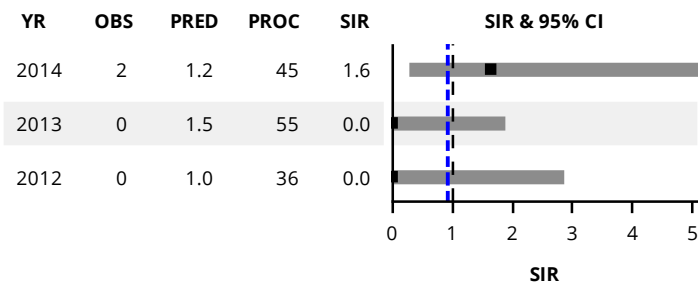
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

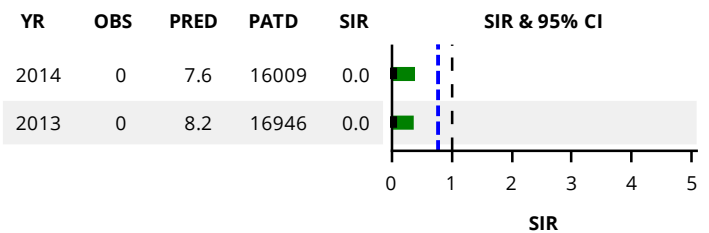
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 1 | 0.7 | 16725 | N/A |
| 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 9, 2015

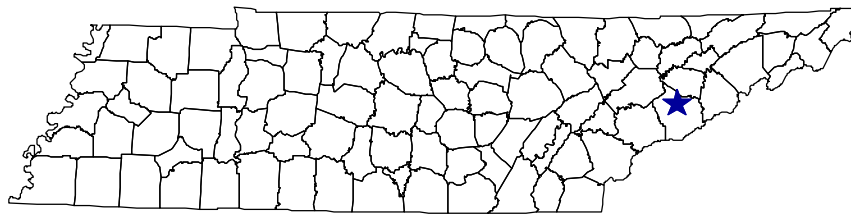
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 1.1 | 743 | 0.00 | (0.00, 2.70) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 1 | 2.2 | 1710 | 0.45 | (0.02, 2.24) | 1.22 |
| SSI | Colon surgery | 0 | 0.8 | 34 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 0 | 0.4 | 52 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.7 | 17651 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 16 | 10.1 | 15409 | 1.58 | (0.93, 2.50) | 0.78 |

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)

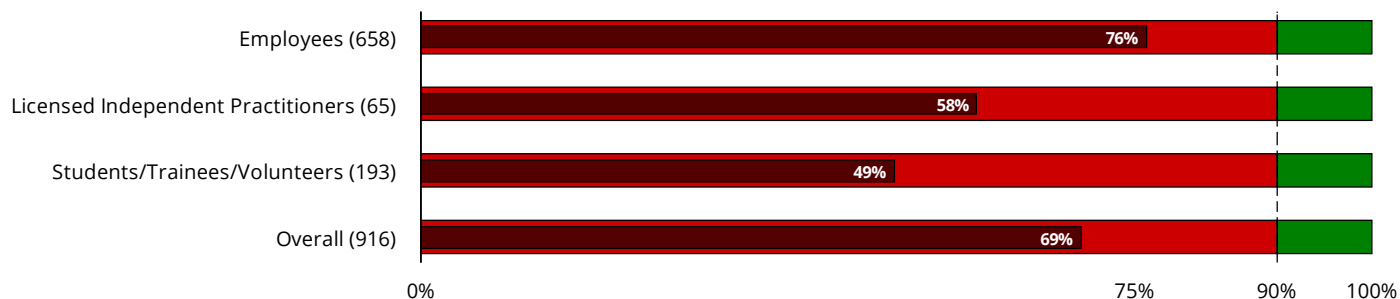
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

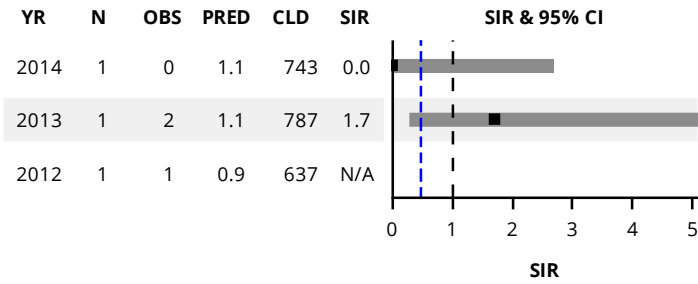
Healthcare Personnel Category (Total)



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

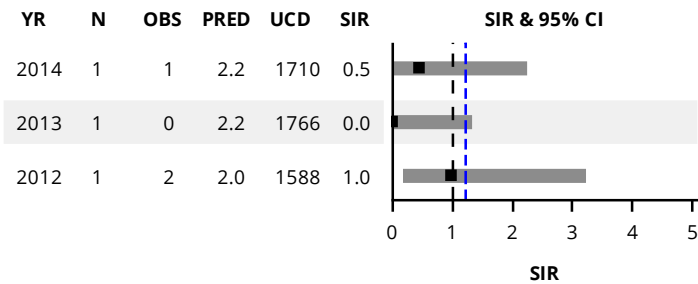
Central Line-Associated Bloodstream Infections (CLABSI)

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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.8 | 34 | N/A |
| 2013 | 1 | 0.8 | 32 | N/A |
| 2012 | 0 | 0.9 | 38 | N/A |

SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.4 | 52 | N/A |
| 2013 | 0 | 0.4 | 57 | N/A |
| 2012 | 1 | 0.5 | 60 | N/A |

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

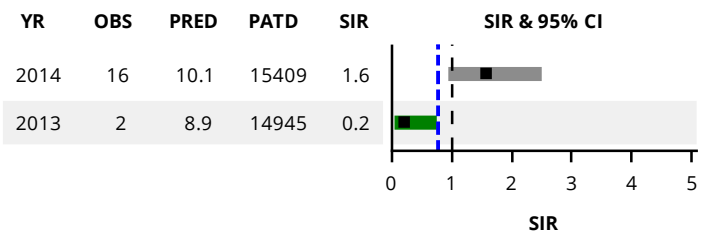
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 0 | 0.7 | 17651 | N/A |
| 2013 | 0 | 0.7 | 16422 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

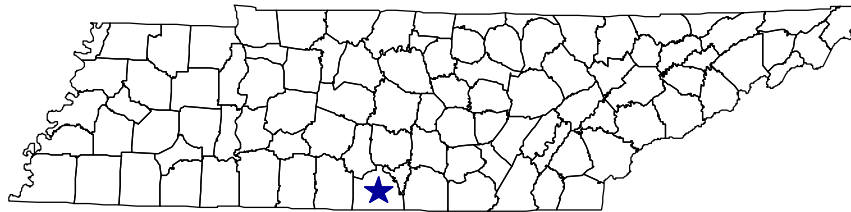
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 173 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.7 | 585 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.2 | 6527 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 2 | 3.7 | 6527 | 0.54 | (0.09, 1.77) | 0.78 |

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)

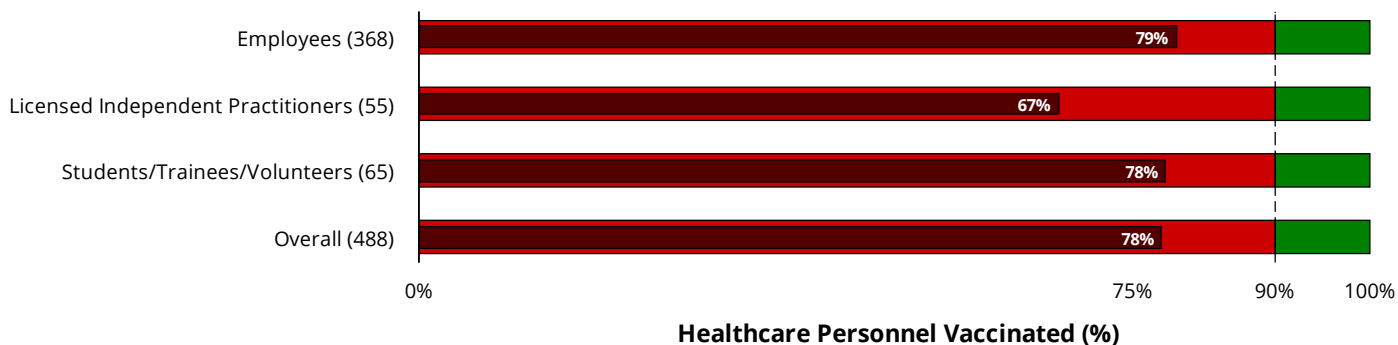
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.2 | 173 | N/A |
| 2013 | 1 | 0 | 0.2 | 146 | N/A |
| 2012 | 1 | 0 | 0.2 | 141 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.7 | 585 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

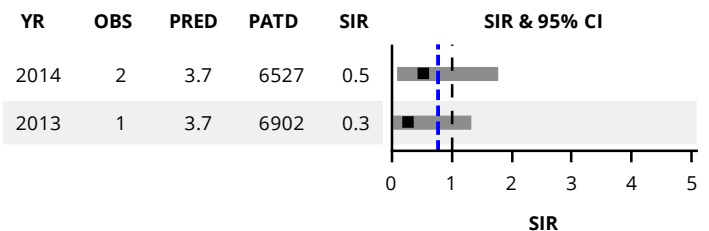
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.2 | 6527 | N/A |
| 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 9, 2015

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;

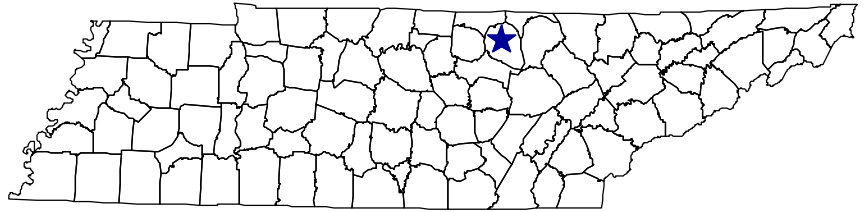
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| | | 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 | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.4 | 364 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.8 | 14000 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 3 | 8.3 | 14000 | 0.36 | (0.09, 0.98) | 0.78 |

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)

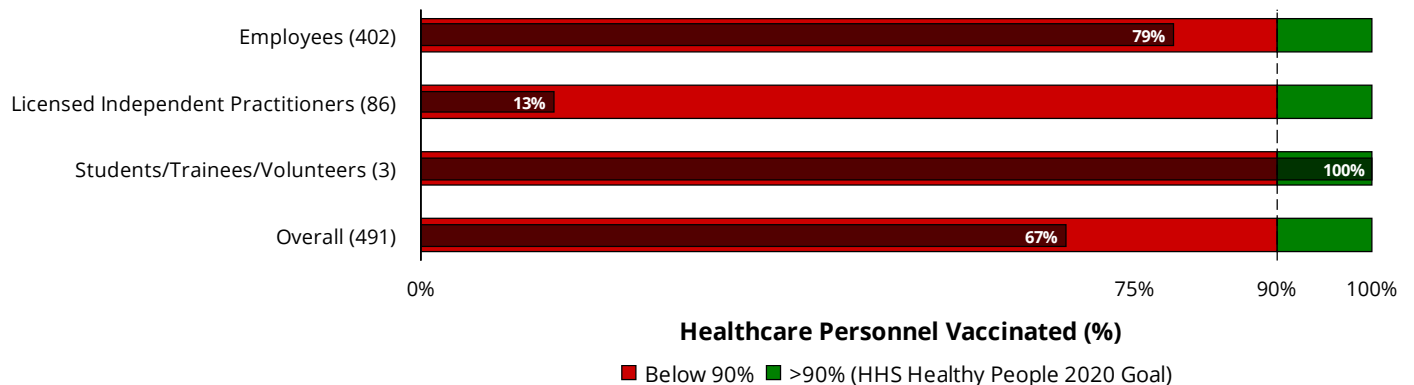
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Livingston Regional Hospital, Livingston, Overton County

Central Line-Associated Bloodstream Infections (CLABSI)

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

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | N/A | N/A | N/A | N/A |
| 2013 | 1 | 0 | 0.1 | 125 | N/A |
| 2012 | 1 | 0 | 0.2 | 138 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.4 | 364 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

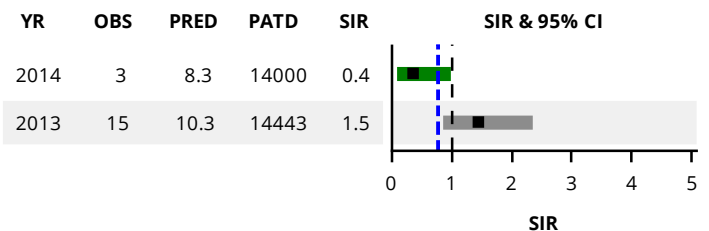
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 0 | 0.8 | 14000 | N/A |
| 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 9, 2015

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;

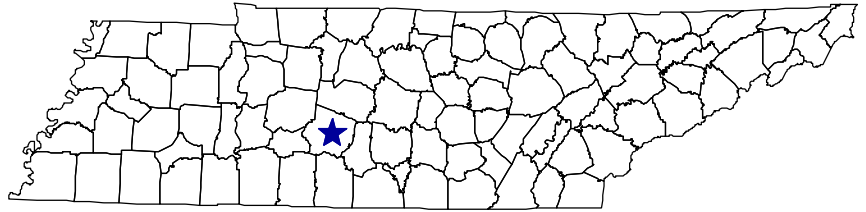
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 4.7 | 3236 | 0.21 | (0.01, 1.04) | 0.46 |
| | Neonatal ICU | 0 | 0.1 | 130 | N/A | N/A | 0.34 |
| CAUTI | Adult/Pediatric ICU | 4 | 5.4 | 4420 | 0.73 | (0.23, 1.76) | 1.22 |
| SSI | Colon surgery | 3 | 5.0 | 157 | 0.59 | (0.15, 1.61) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.9 | 112 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 2.6 | 50468 | 0.00 | (0.00, 1.13) | 1.02 |
| | C. difficile infection | 48 | 40.6 | 45771 | 1.18 | (0.88, 1.55) | 0.78 |

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)

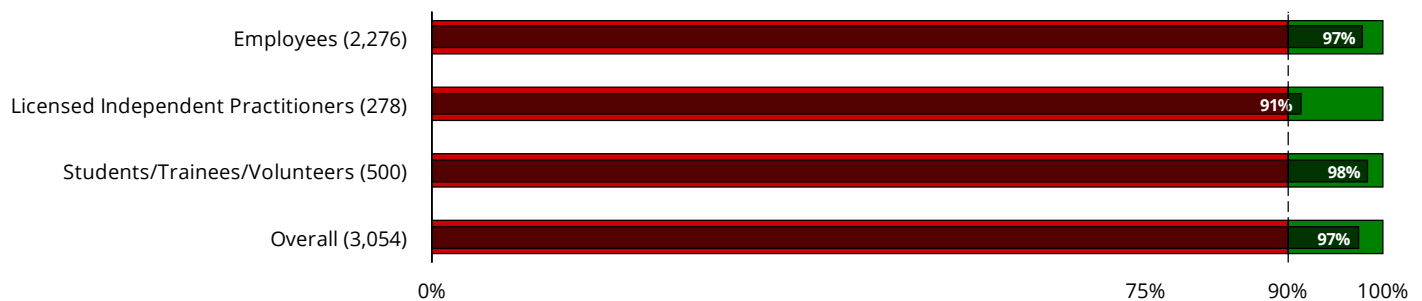
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



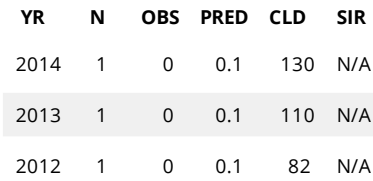
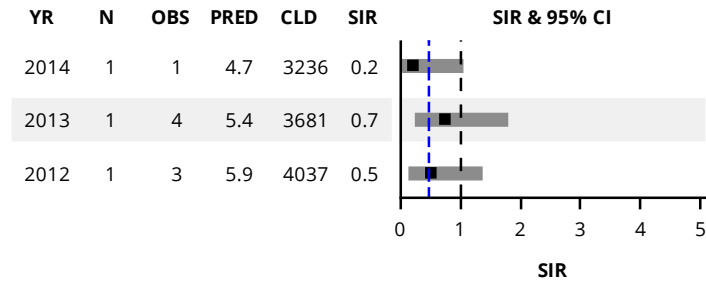
Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

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

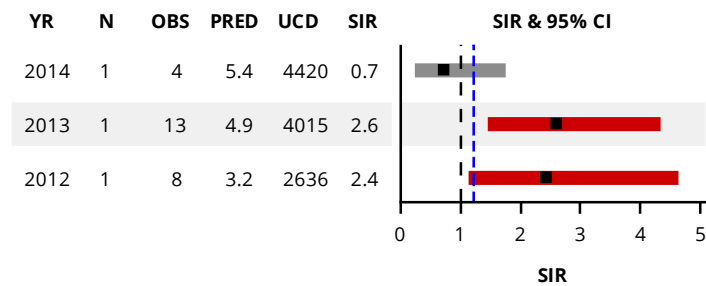
CLABSI - Neonatal ICUs



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

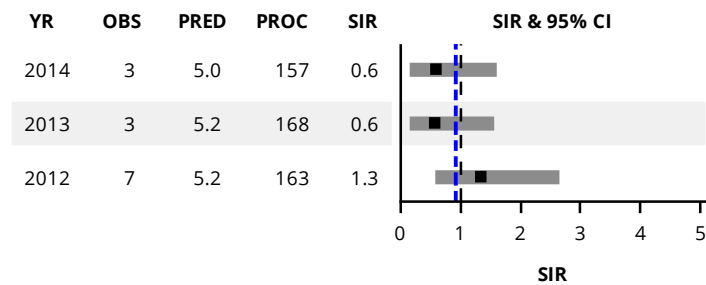
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

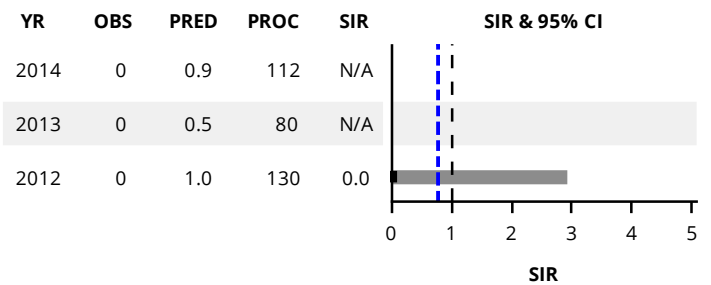


Surgical Site Infections (SSI)

SSI - Colon Surgery

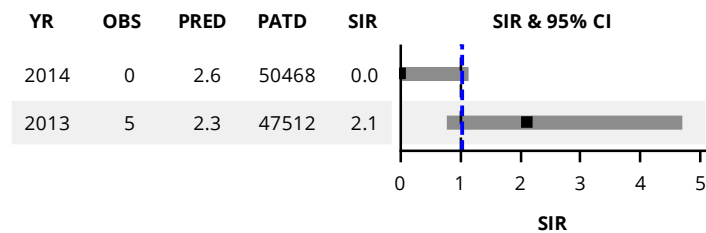


SSI - Abdominal Hysterectomy

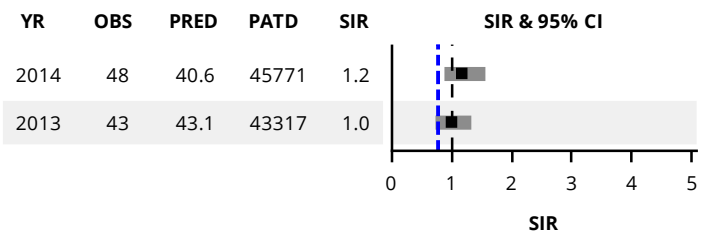


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

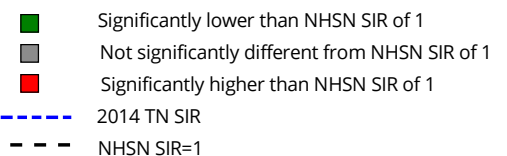
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

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;

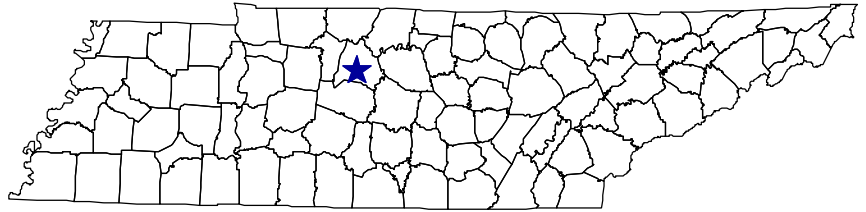
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



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, 01/01/2014-12/31/2014

| 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 | 9 | 24.8 | 7802 | 0.36 | (0.18, 0.66) | 0.46 |
| | Neonatal ICU | 4 | 18.9 | 8995 | 0.21 | (0.07, 0.51) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 4 | 4.6 | 1679 | 0.87 | (0.28, 2.09) | 1.22 |

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

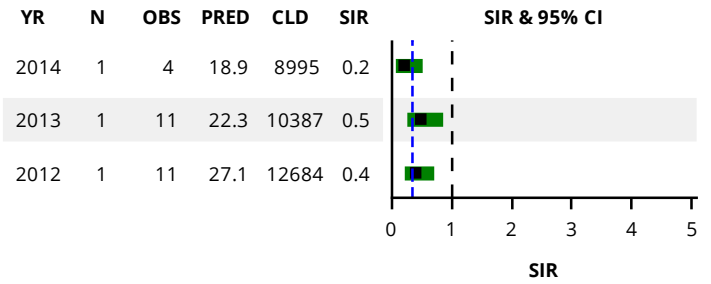
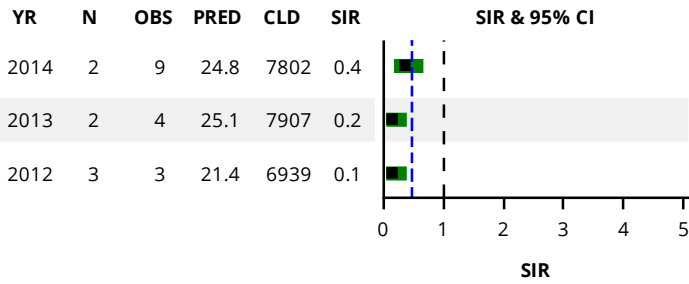
Healthcare Personnel Influenza Vaccination - 2014/2015 Influenza Season

Healthcare personnel influenza vaccination data for this facility are reported with [Vanderbilt Medical Center](#)

Central Line-Associated Bloodstream Infections (CLABSI)

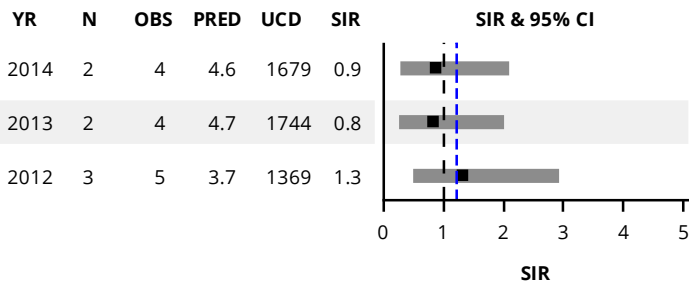
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

CLABSI - Neonatal ICUs



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Data reported as of September 9, 2015

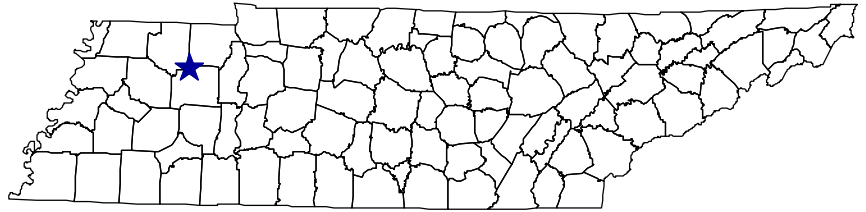
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|----------------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 0 | 0.2 | 21 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.1 | 4265 | N/A | N/A | 1.02 |
| | C. difficile infection | 1 | 2.1 | 4265 | 0.46 | (0.02, 2.26) | 0.78 |

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)

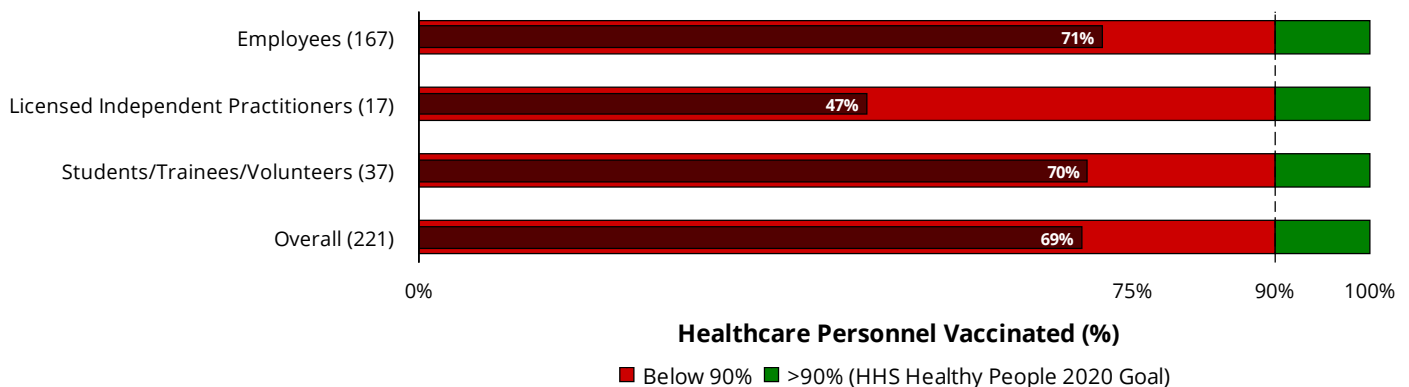
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



McKenzie Regional Hospital, McKenzie, Carroll County

Surgical Site Infections (SSI)

SSI - Colon Surgery

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.2 | 21 | N/A |
| 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

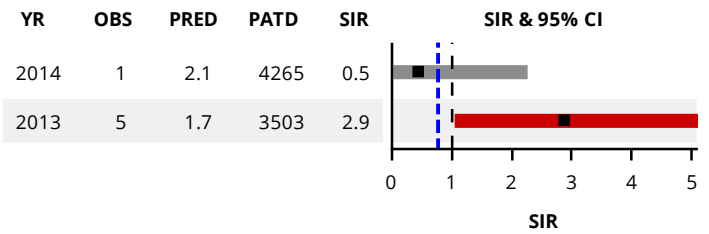
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.1 | 4265 | N/A |
| 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 9, 2015

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;

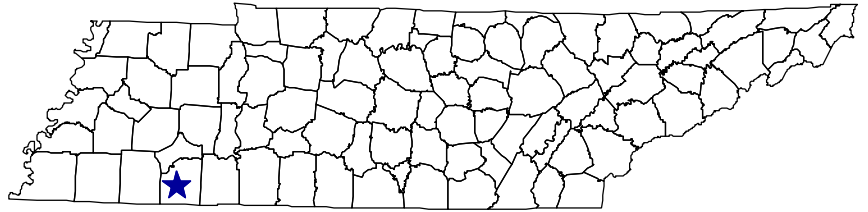
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|-------------------------------|------------|-----------|---|------------------------------------|----------------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.2 | 3082 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 1 | 1.2 | 2663 | 0.83 | (0.04, 4.10) | 0.78 |

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)

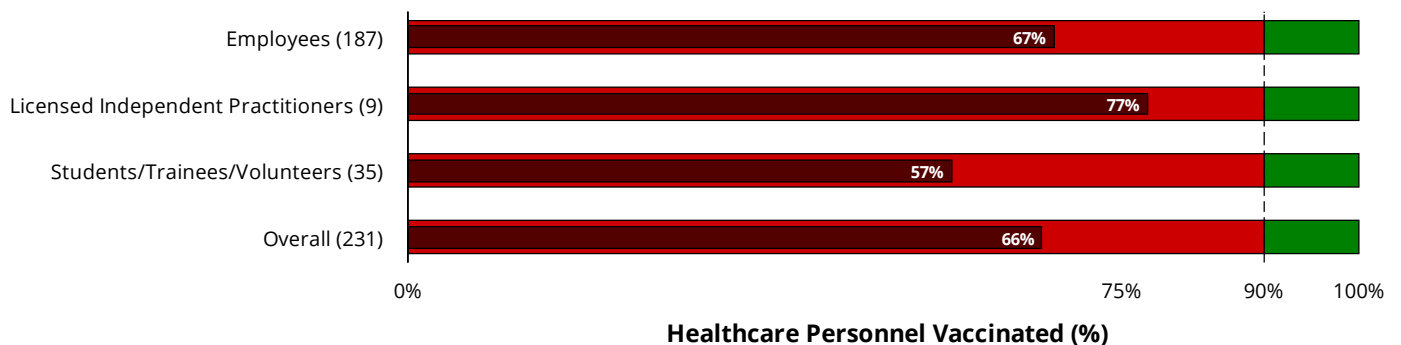
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

McNairy Regional Hospital, Selmer, McNairy County

Surgical Site Infections (SSI)

SSI - Colon Surgery

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

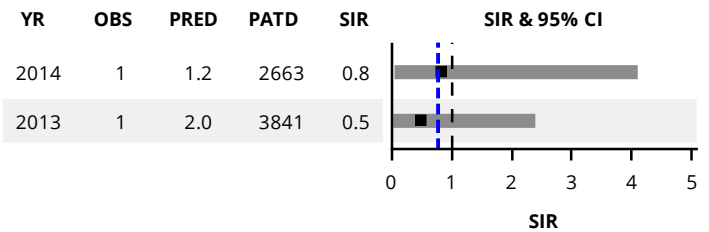
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.2 | 3082 | N/A |
| 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 9, 2015

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;

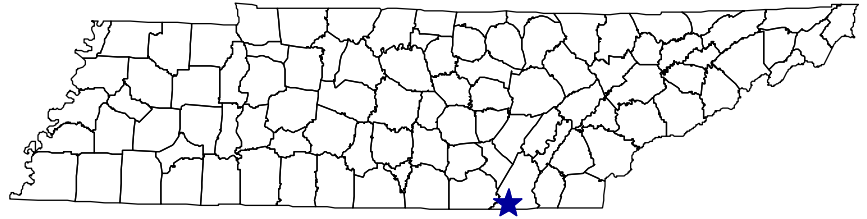
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - 2014 TN SIR
- - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| | | 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 | 9.4 | 5366 | 0.64 | (0.26, 1.33) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 30 | 16.8 | 8962 | 1.78 | (1.22, 2.50) | 1.22 |
| SSI | Colon surgery | 15 | 10.0 | 311 | 1.50 | (0.87, 2.41) | 0.91 |
| | Abdominal hysterectomy | 0 | 1.2 | 113 | 0.00 | (0.00, 2.33) | 0.78 |
| LabID | MRSA bacteremia | 9 | 8.7 | 95177 | 1.03 | (0.50, 1.90) | 1.02 |
| | <i>C. difficile</i> infection | 85 | 68.7 | 95177 | 1.24 | (0.99, 1.52) | 0.78 |

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)

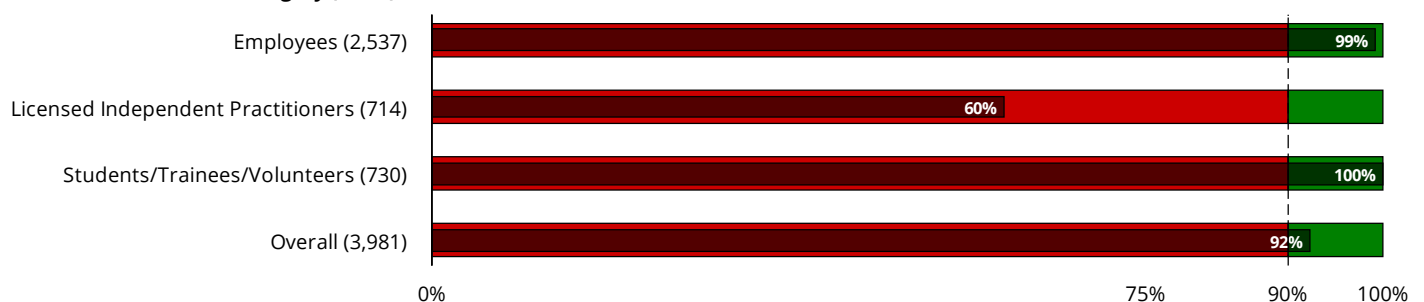
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



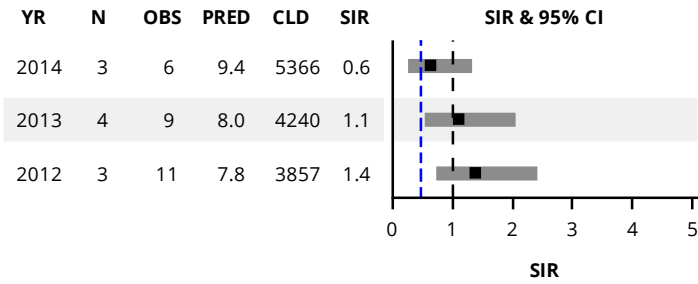
Healthcare Personnel Vaccinated (%)

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

Memorial Healthcare System, Chattanooga, Hamilton County

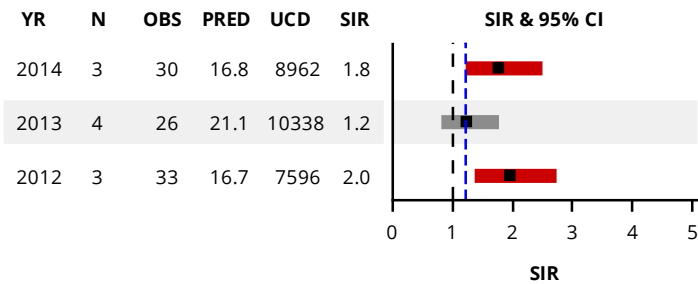
Central Line-Associated Bloodstream Infections (CLABSI)

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



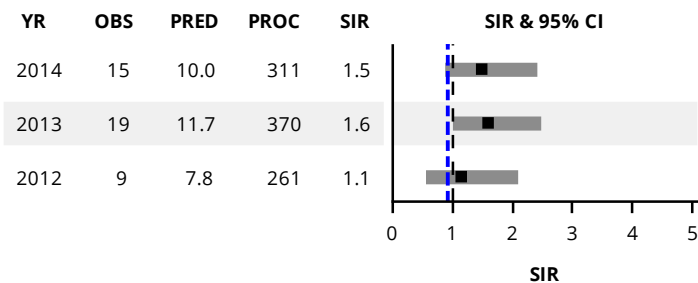
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

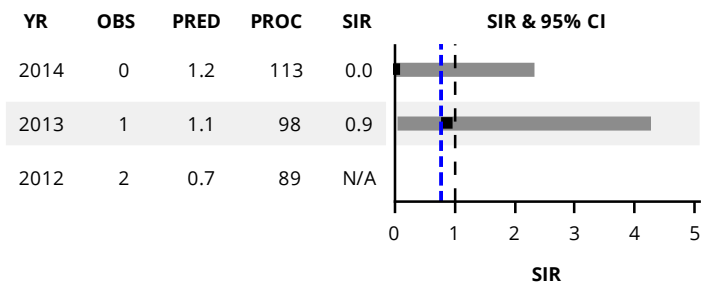


Surgical Site Infections (SSI)

SSI - Colon Surgery

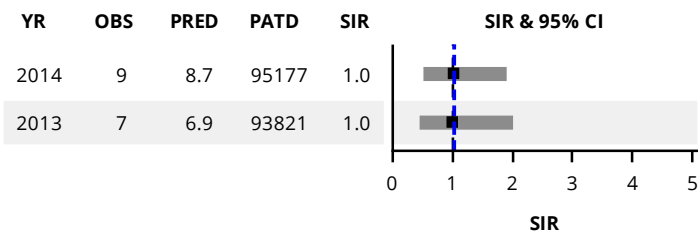


SSI - Abdominal Hysterectomy

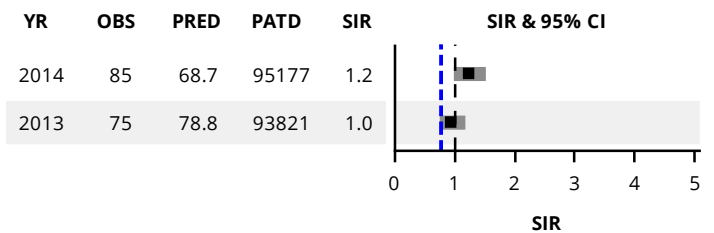


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

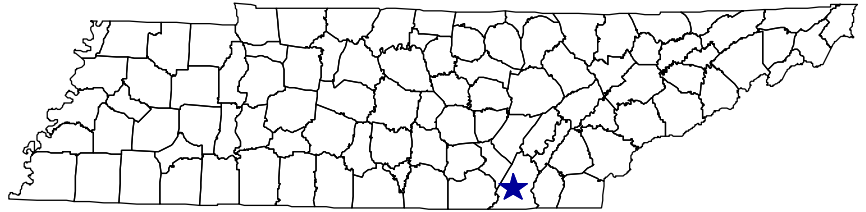
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

Memorial Hixson Hospital, Hixson, 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, 01/01/2014-12/31/2014

| 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 | 0.7 | 527 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 3 | 1.1 | 861 | 2.70 | (0.69, 7.36) | 1.22 |
| SSI | Colon surgery | 1 | 1.2 | 47 | 0.81 | (0.04, 4.00) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 0.5 | 15906 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 3 | 8.4 | 15906 | 0.35 | (0.09, 0.96) | 0.78 |

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)

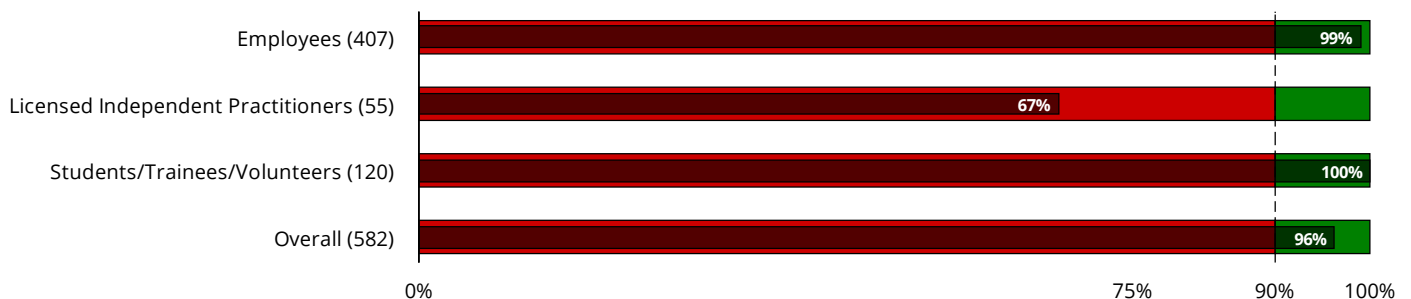
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Memorial Hixson Hospital, Hixson, Hamilton County

Central Line-Associated Bloodstream Infections (CLABSI)

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

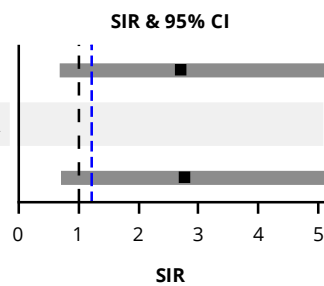
| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.7 | 527 | N/A |
| 2013 | 1 | 0 | 0.6 | 425 | N/A |
| 2012 | 1 | 0 | 0.6 | 403 | N/A |

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

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

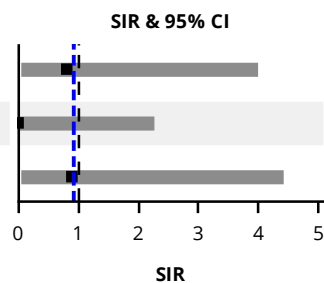
| YR | N | OBS | PRED | UCD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 3 | 1.1 | 861 | 2.7 |
| 2013 | 1 | 0 | 0.6 | 529 | N/A |
| 2012 | 1 | 3 | 1.0 | 840 | 2.8 |



Surgical Site Infections (SSI)

SSI - Colon Surgery

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 1 | 1.2 | 47 | 0.8 |
| 2013 | 0 | 1.3 | 47 | 0.0 |
| 2012 | 1 | 1.1 | 42 | 0.9 |



SSI - Abdominal Hysterectomy

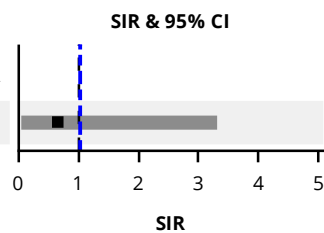
| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

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

Healthcare Facility-Onset Laboratory Identified (LabID) Events

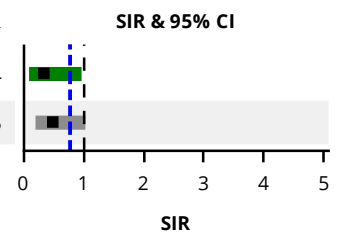
LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 1 | 0.5 | 15906 | N/A |
| 2013 | 1 | 1.4 | 16988 | 0.7 |



LabID - *C. difficile* Infection (CDI)

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 3 | 8.4 | 15906 | 0.4 |
| 2013 | 6 | 12.2 | 16988 | 0.5 |



Data reported as of September 9, 2015

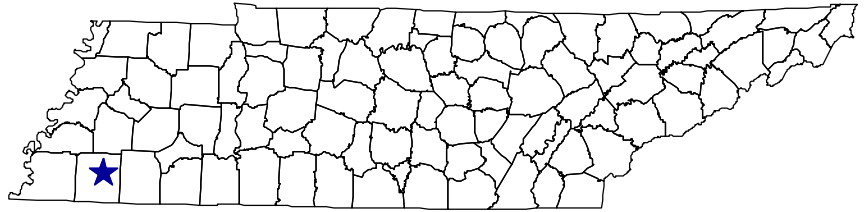
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - 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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|--------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| LabID | MRSA bacteremia | 0 | 0.0 | 376 | N/A | N/A | 1.02 |
| | C. difficile infection | 0 | 0.2 | 376 | N/A | N/A | 0.78 |

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)

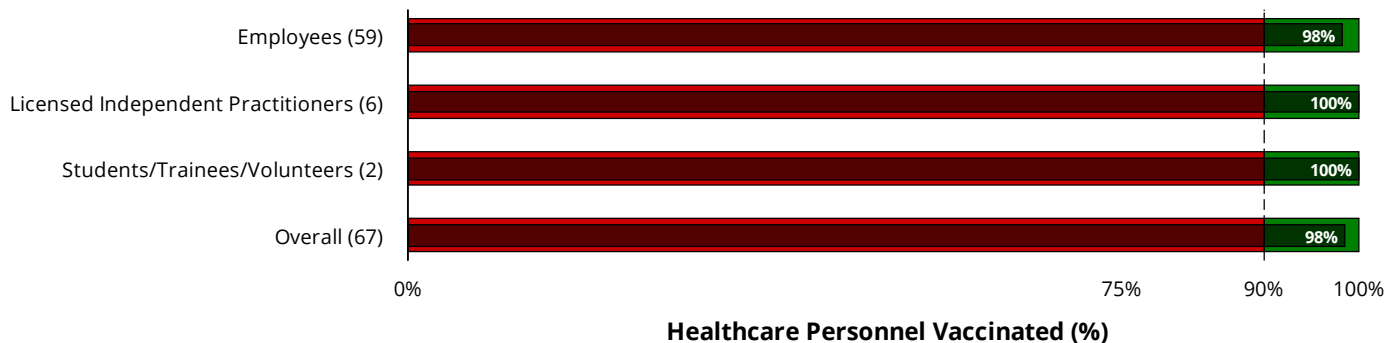
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.0 | 376 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.2 | 376 | N/A |
| 2013 | 0 | 0.2 | 447 | N/A |

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

Data reported as of September 9, 2015

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;

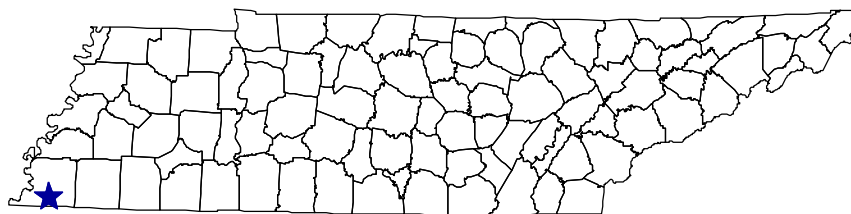
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 TN SIR
- - - - NHSN SIR=1

Methodist Healthcare Germantown, 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 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, 01/01/2014-12/31/2014

| 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 | 8.0 | 3823 | 0.00 | (0.00, 0.37) | 0.46 |
| | Neonatal ICU | 0 | 3.0 | 1118 | 0.00 | (0.00, 0.98) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 9 | 8.7 | 3847 | 1.03 | (0.50, 1.88) | 1.22 |
| SSI | Colon surgery | 3 | 9.1 | 317 | 0.33 | (0.08, 0.90) | 0.91 |
| | Abdominal hysterectomy | 2 | 7.1 | 957 | 0.28 | (0.05, 0.93) | 0.78 |
| LabID | MRSA bacteremia | 1 | 4.6 | 82969 | 0.22 | (0.01, 1.07) | 1.02 |
| | C. difficile infection | 67 | 60.2 | 64784 | 1.11 | (0.87, 1.40) | 0.78 |

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)

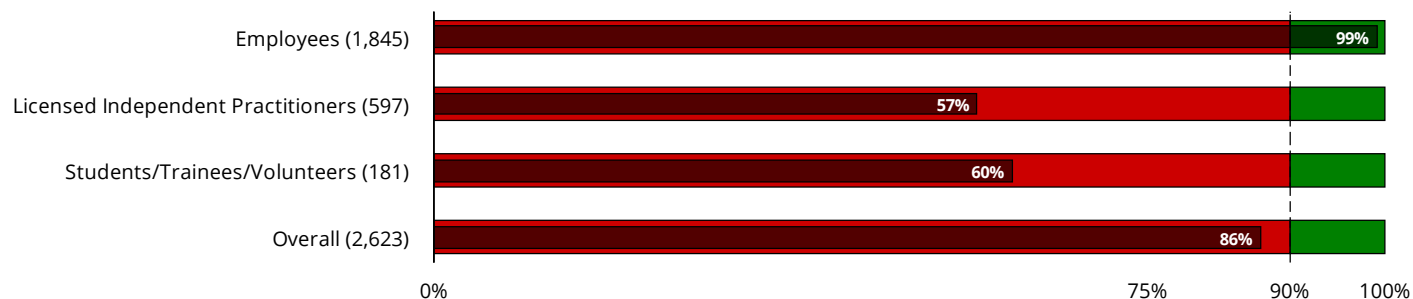
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

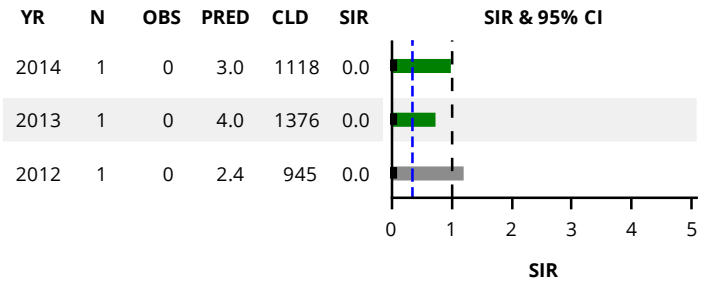
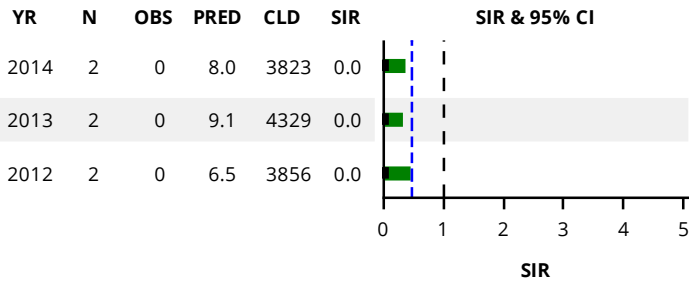
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Methodist Healthcare Germantown, Memphis, Shelby County

Central Line-Associated Bloodstream Infections (CLABSI)

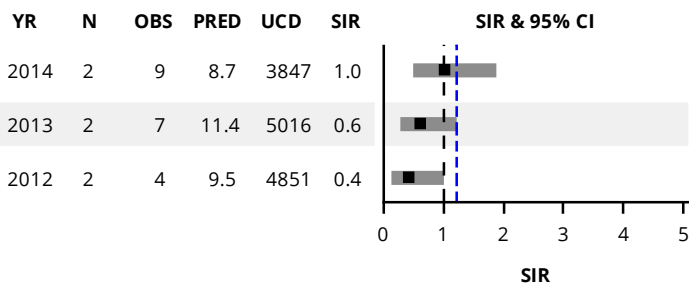
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

CLABSI - Neonatal ICUs



Catheter-Associated Urinary Tract Infections (CAUTI)

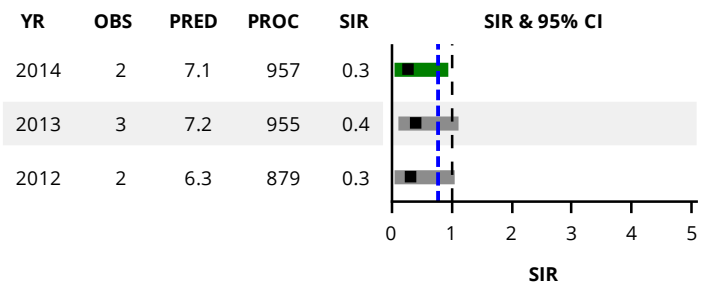
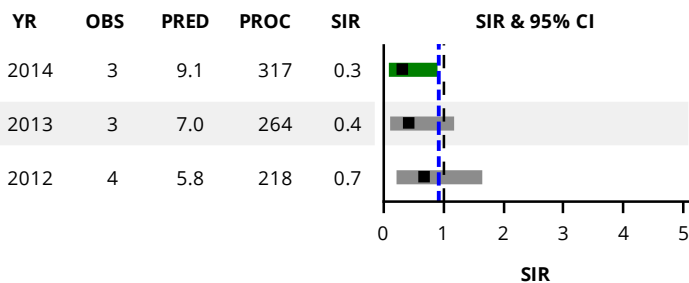
CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery

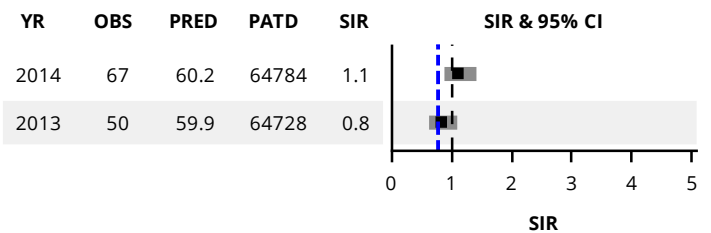
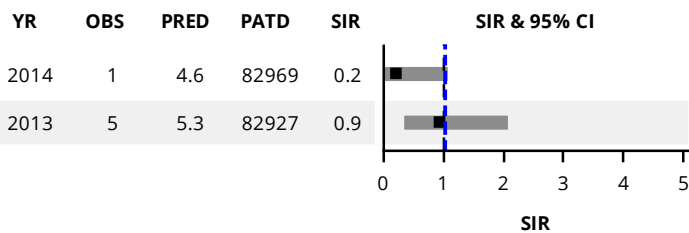
SSI - Abdominal Hysterectomy



Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

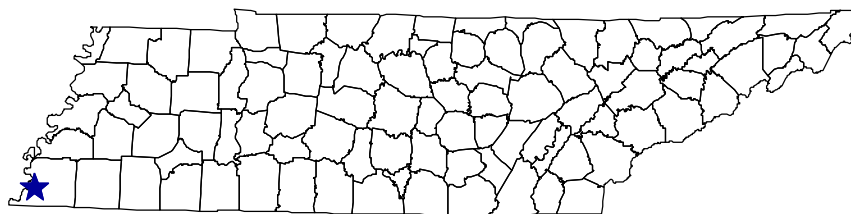
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 12.7 | 4350 | 0.24 | (0.06, 0.64) | 0.46 |
| | Neonatal ICU | 2 | 15.6 | 6610 | 0.13 | (0.02, 0.42) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 6 | 5.8 | 2417 | 1.02 | (0.42, 2.13) | 1.22 |
| SSI | Colon surgery | 0 | 1.1 | 38 | 0.00 | (0.00, 2.65) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 3.5 | 70068 | 0.28 | (0.01, 1.39) | 1.02 |
| | C. difficile infection | 12 | 48.4 | 54494 | 0.25 | (0.13, 0.42) | 0.78 |

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)

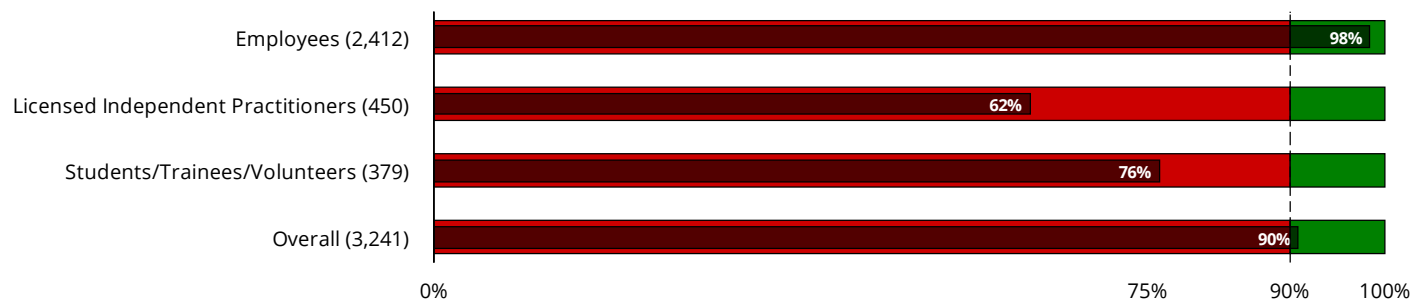
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

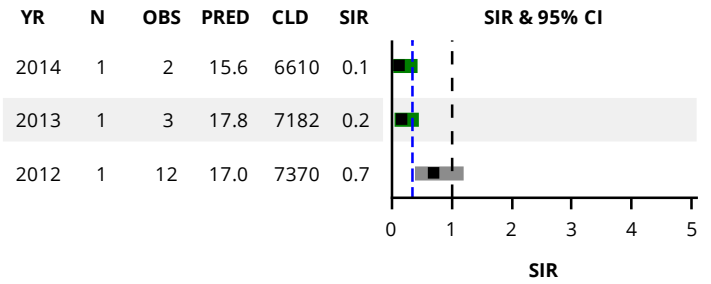
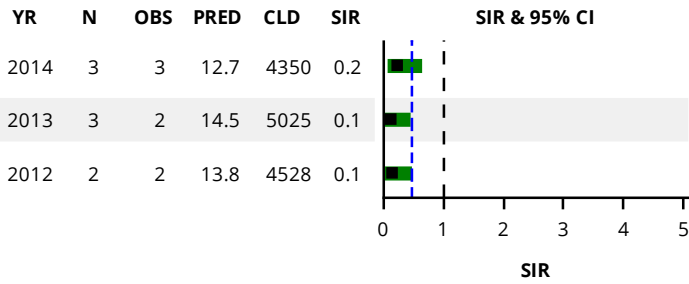
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Methodist Healthcare LeBonheur, Memphis, Shelby County

Central Line-Associated Bloodstream Infections (CLABSI)

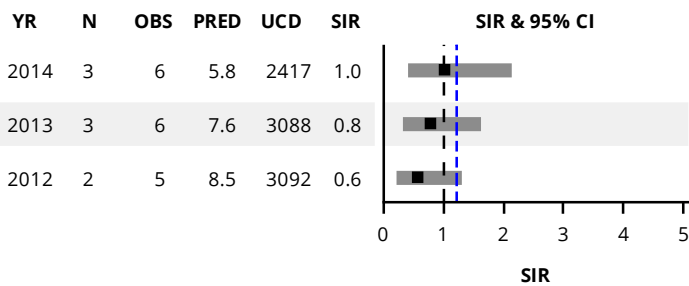
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

CLABSI - Neonatal ICUs



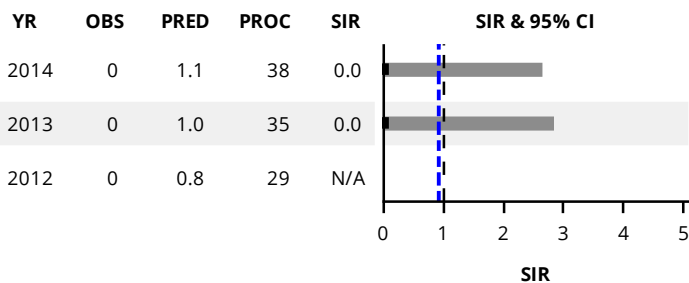
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



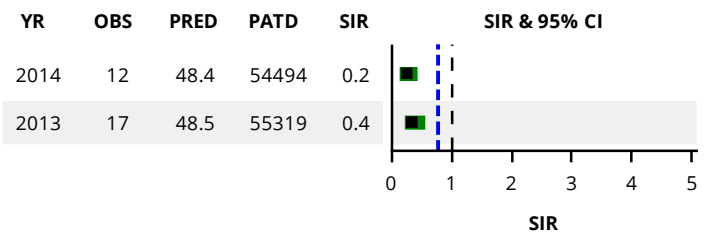
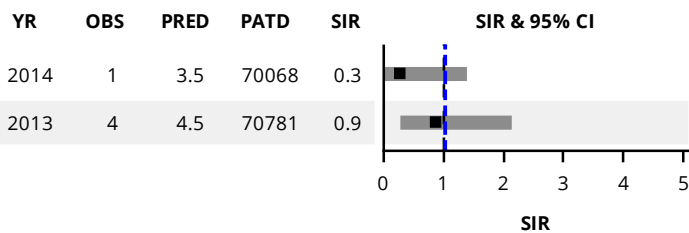
SSI - Abdominal Hysterectomy

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 9, 2015

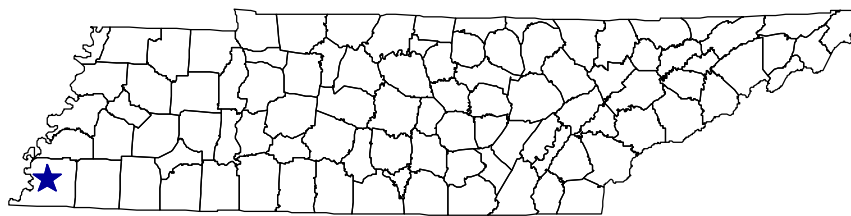
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

Methodist Healthcare North, 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 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, 01/01/2014-12/31/2014

| | | 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 | 12.6 | 5164 | 0.00 | (0.00, 0.24) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 10 | 8.7 | 3805 | 1.15 | (0.58, 2.04) | 1.22 |
| SSI | Colon surgery | 1 | 1.6 | 62 | 0.61 | (0.03, 2.99) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 2 | 5.3 | 56179 | 0.38 | (0.06, 1.24) | 1.02 |
| | <i>C. difficile</i> infection | 48 | 48.3 | 56179 | 0.99 | (0.74, 1.31) | 0.78 |

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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

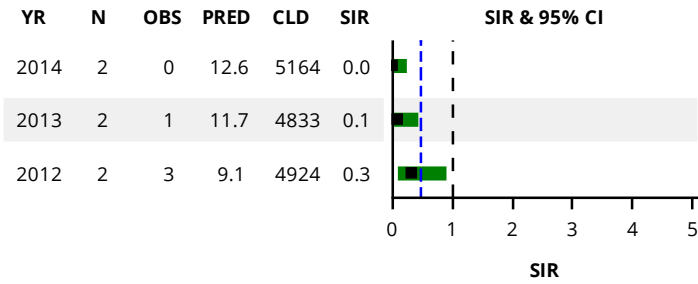


Healthcare Personnel Vaccinated (%)

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

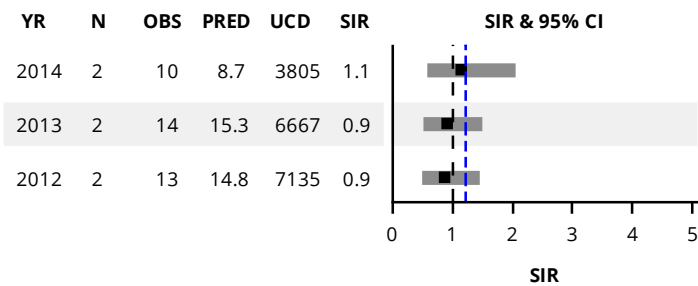
Central Line-Associated Bloodstream Infections (CLABSI)

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



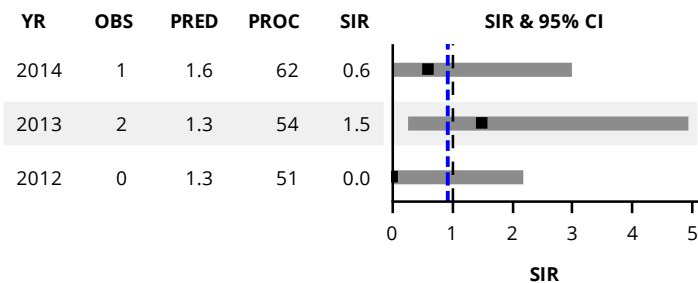
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



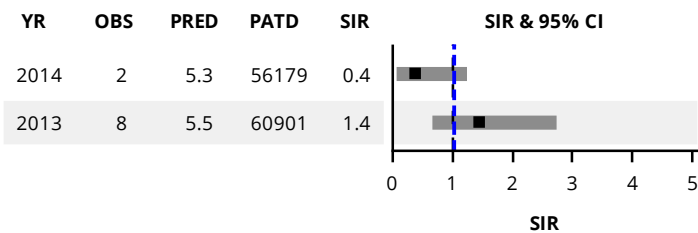
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

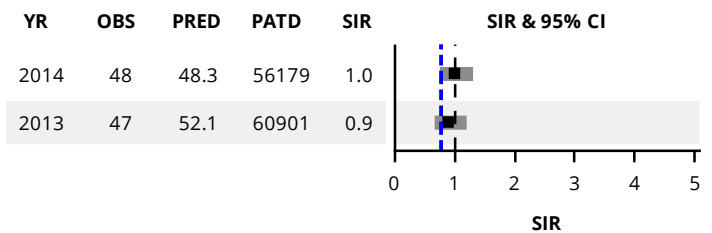
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

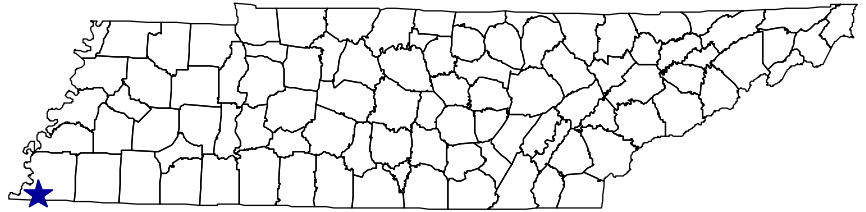
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

Methodist Healthcare South, 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 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, 01/01/2014-12/31/2014

| 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 | 3.2 | 1528 | 0.00 | (0.00, 0.93) | 0.46 |
| | Neonatal ICU | N/A | N/A | N/A | N/A | N/A | 0.34 |
| CAUTI | Adult/Pediatric ICU | 3 | 3.6 | 1584 | 0.83 | (0.21, 2.26) | 1.22 |
| SSI | Colon surgery | 0 | 1.5 | 74 | 0.00 | (0.00, 1.98) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.5 | 69 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 1.7 | 25259 | 0.00 | (0.00, 1.67) | 1.02 |
| | C. difficile infection | 9 | 18.4 | 23065 | 0.49 | (0.24, 0.90) | 0.78 |

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)

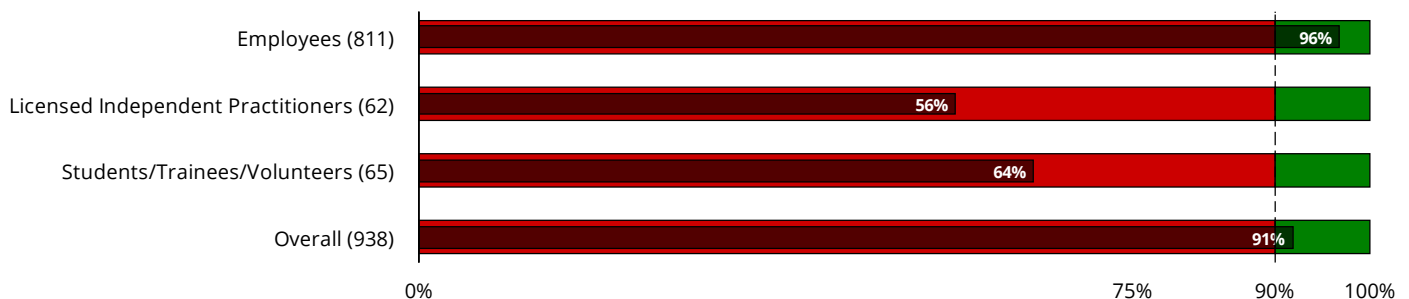
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



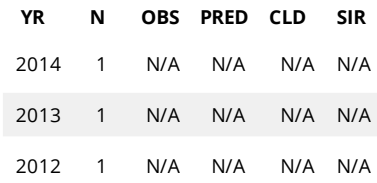
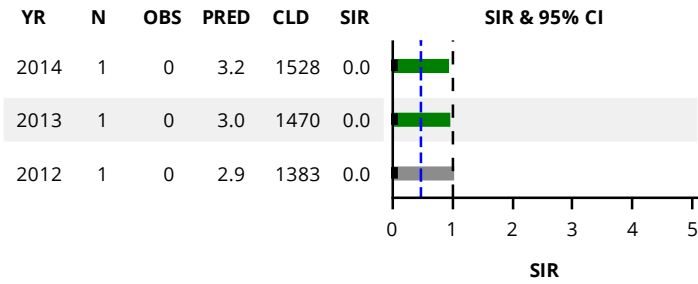
Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

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

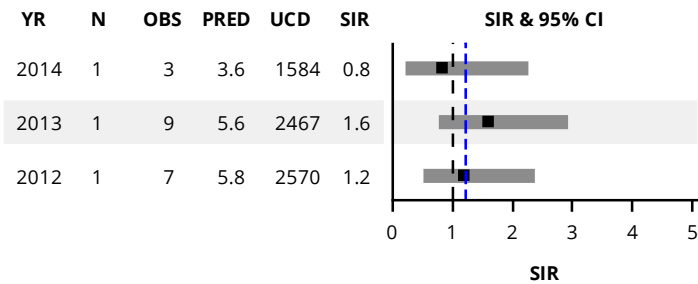
CLABSI - Neonatal ICUs



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

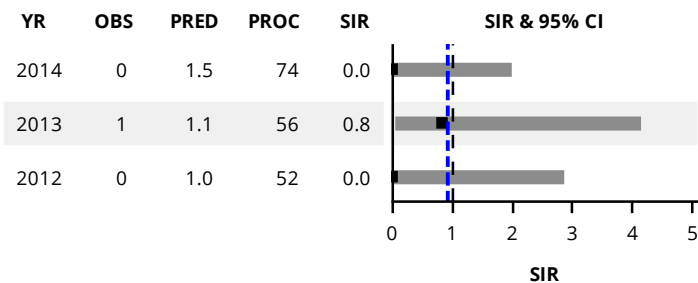
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

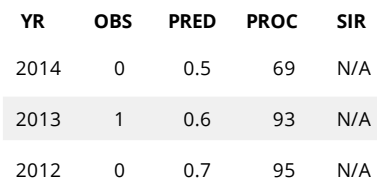


Surgical Site Infections (SSI)

SSI - Colon Surgery



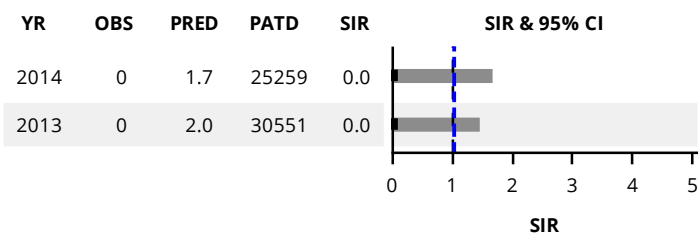
SSI - Abdominal Hysterectomy



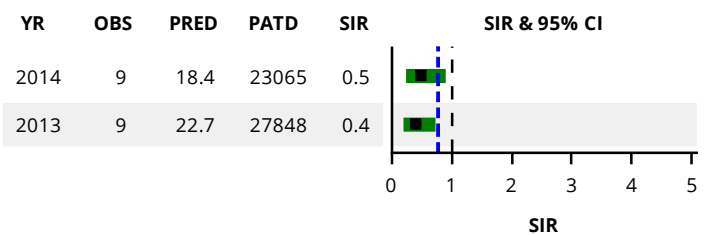
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

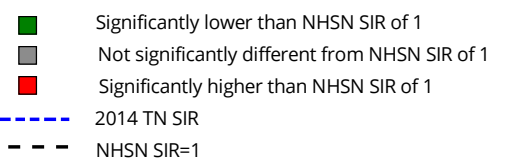
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

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;

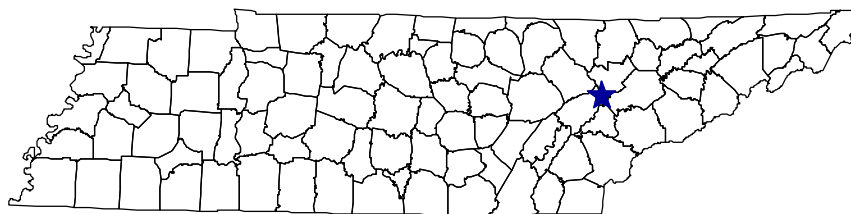
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



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, 01/01/2014-12/31/2014

| | | 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 | 6.0 | 4119 | 0.17 | (0.01, 0.82) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 2 | 7.6 | 6121 | 0.26 | (0.04, 0.87) | 1.22 |
| SSI | Colon surgery | 1 | 3.9 | 119 | 0.25 | (0.01, 1.24) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.5 | 63 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 6 | 3.2 | 50827 | 1.83 | (0.74, 3.81) | 1.02 |
| | <i>C. difficile</i> infection | 50 | 39.6 | 49708 | 1.26 | (0.95, 1.65) | 0.78 |

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)

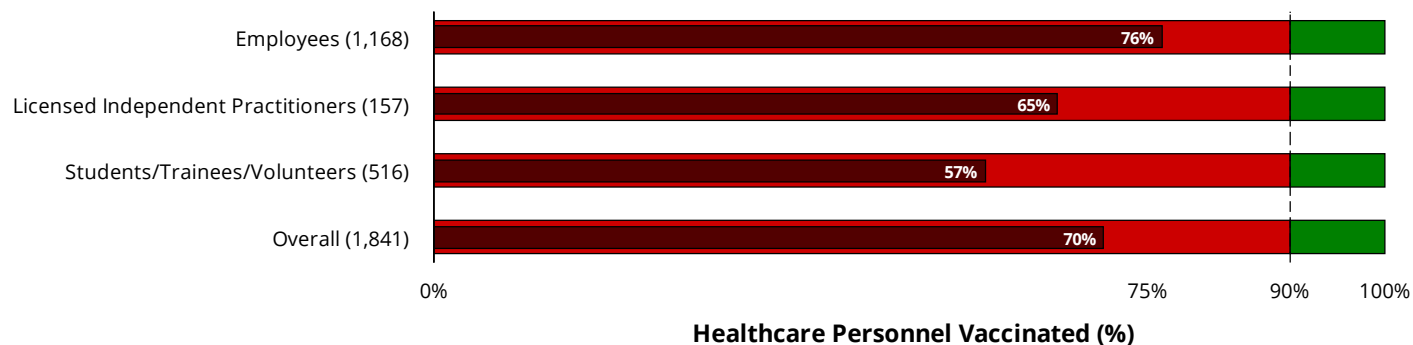
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

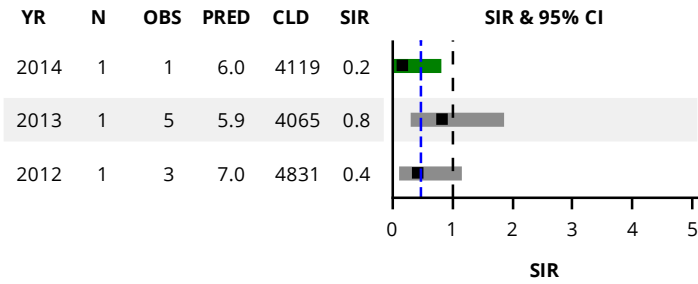
Healthcare Personnel Category (Total)



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

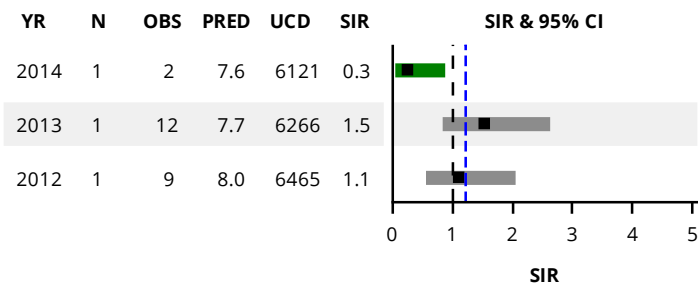
Central Line-Associated Bloodstream Infections (CLABSI)

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



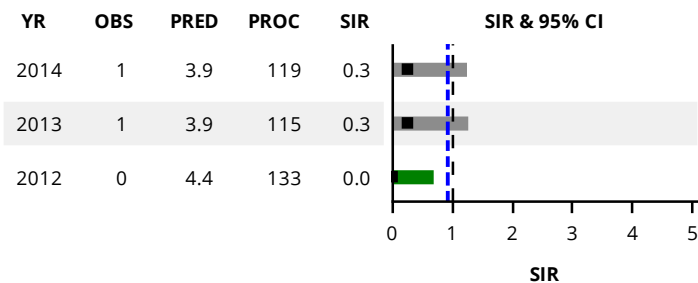
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



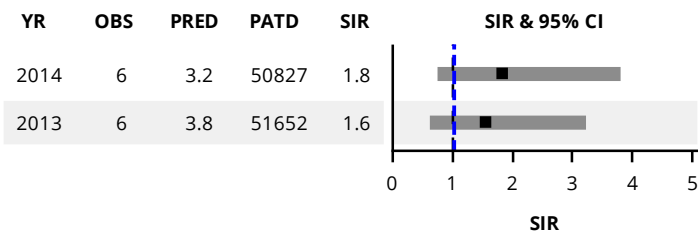
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.5 | 63 | N/A |
| 2013 | 1 | 0.7 | 78 | N/A |
| 2012 | 0 | 0.8 | 86 | N/A |

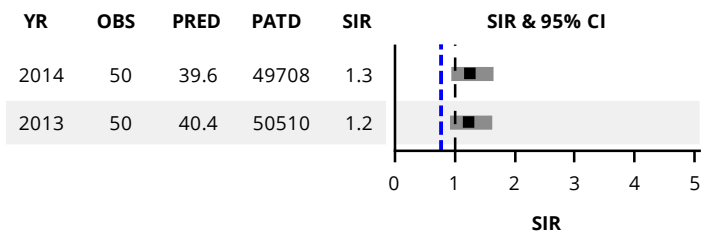
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

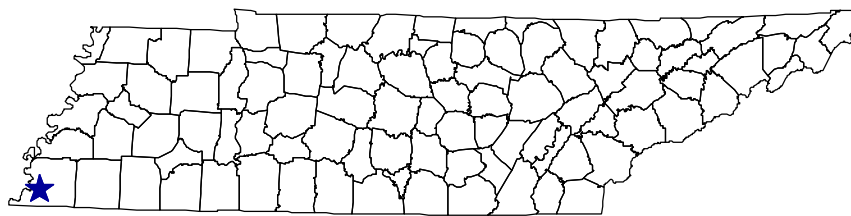
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 --- 2014 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, 01/01/2014-12/31/2014

| 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 | 27.3 | 13498 | 0.00 | (0.00, 0.11) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 34 | 30.6 | 11399 | 1.11 | (0.78, 1.53) | 1.22 |
| SSI | Colon surgery | 11 | 7.8 | 224 | 1.40 | (0.74, 2.44) | 0.91 |
| | Abdominal hysterectomy | 2 | 2.4 | 303 | 0.83 | (0.14, 2.73) | 0.78 |
| LabID | MRSA bacteremia | 14 | 23.4 | 109899 | 0.60 | (0.34, 0.98) | 1.02 |
| | <i>C. difficile</i> infection | 101 | 100.9 | 109899 | 1.00 | (0.82, 1.21) | 0.78 |

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)

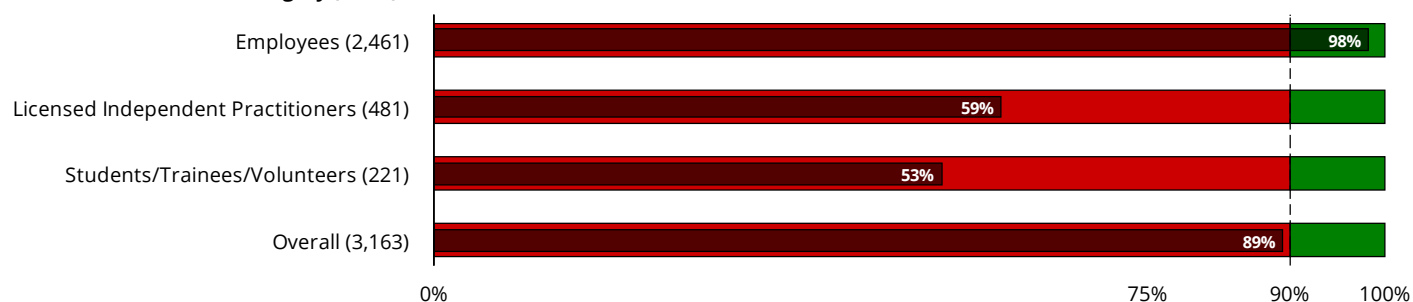
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

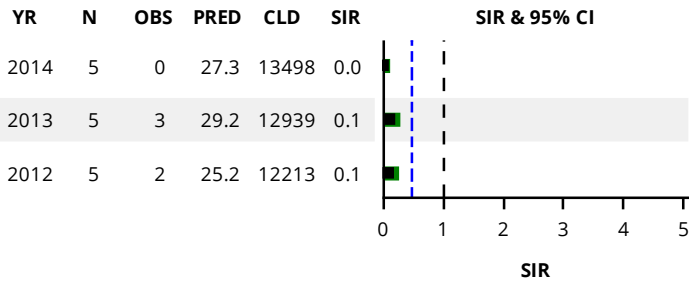


Healthcare Personnel Vaccinated (%)

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

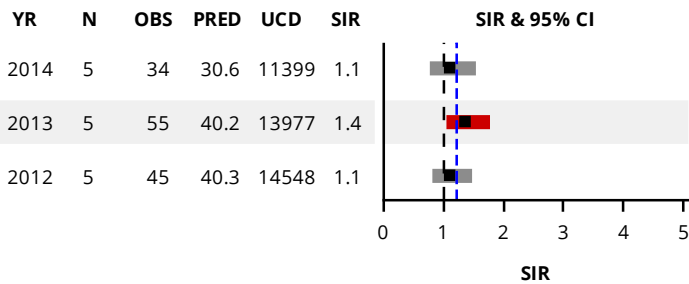
Central Line-Associated Bloodstream Infections (CLABSI)

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



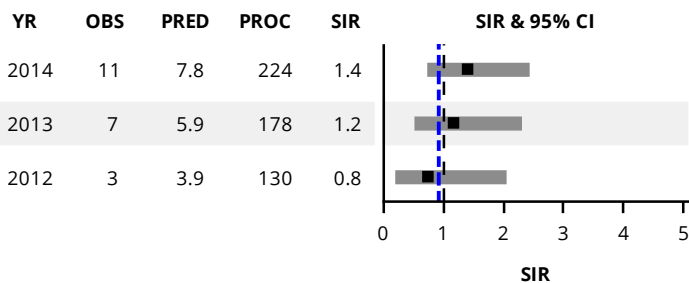
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

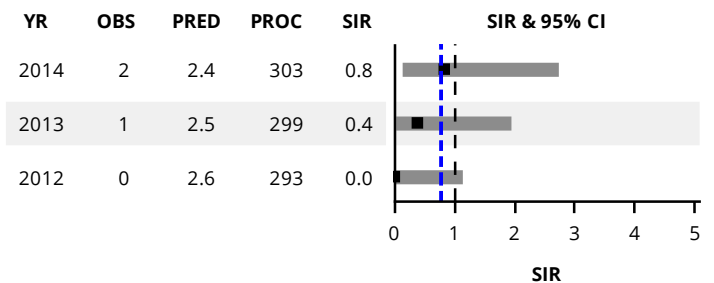


Surgical Site Infections (SSI)

SSI - Colon Surgery

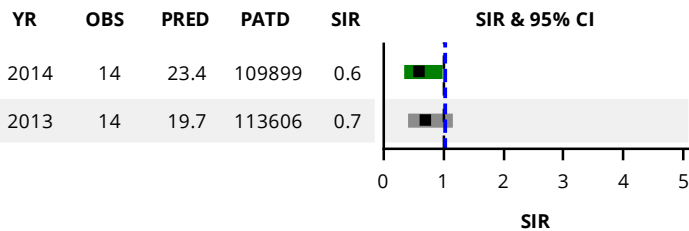


SSI - Abdominal Hysterectomy

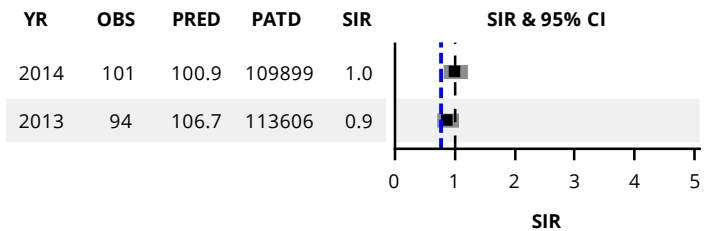


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

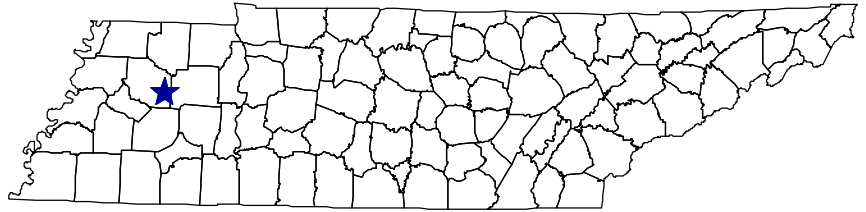
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| | | 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 | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.1 | 128 | N/A | N/A | 1.22 |
| SSI | Colon surgery | 0 | 0.8 | 36 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.0 | 2490 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 0 | 1.3 | 2472 | 0.00 | (0.00, 2.28) | 0.78 |

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)

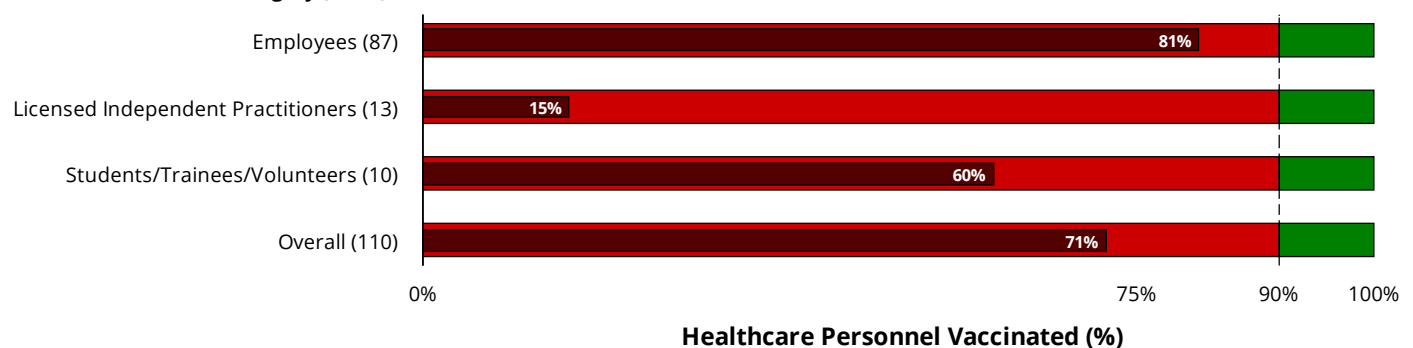
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Central Line-Associated Bloodstream Infections (CLABSI)

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

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | N/A | N/A | N/A | N/A |
| 2013 | 1 | N/A | N/A | N/A | N/A |
| 2012 | 1 | 0 | 0.0 | 60 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.1 | 128 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.8 | 36 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

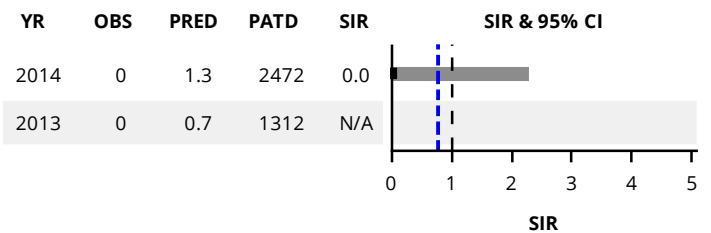
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.0 | 2490 | N/A |
| 2013 | 0 | 0.0 | 1030 | N/A |

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

LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

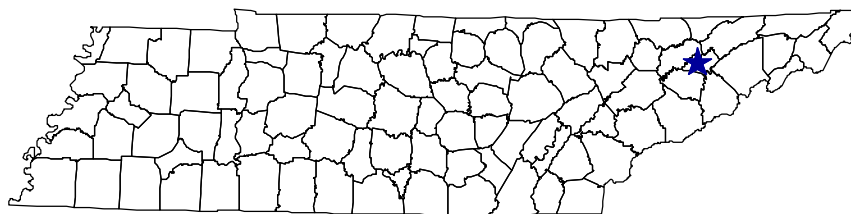
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

Morristown-Hamblen Healthcare System, Morristown, Hamblen County

Medical School Affiliation: None

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, 01/01/2014-12/31/2014

| | | 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 | 1.0 | 730 | 0.00 | (0.00, 2.74) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 2 | 3.4 | 2639 | 0.59 | (0.10, 1.94) | 1.22 |
| SSI | Colon surgery | 0 | 1.1 | 44 | 0.00 | (0.00, 2.65) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.5 | 69 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 2.7 | 27840 | 0.37 | (0.02, 1.80) | 1.02 |
| | <i>C. difficile</i> infection | 10 | 14.5 | 25990 | 0.69 | (0.35, 1.22) | 0.78 |

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)

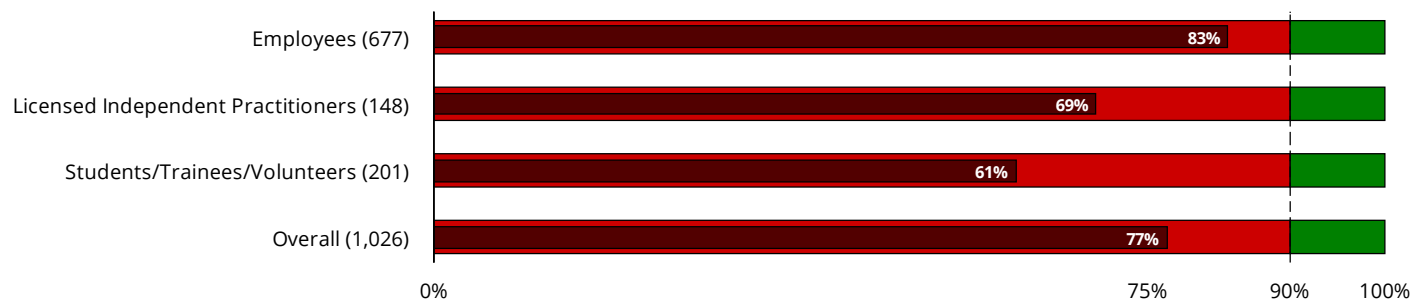
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

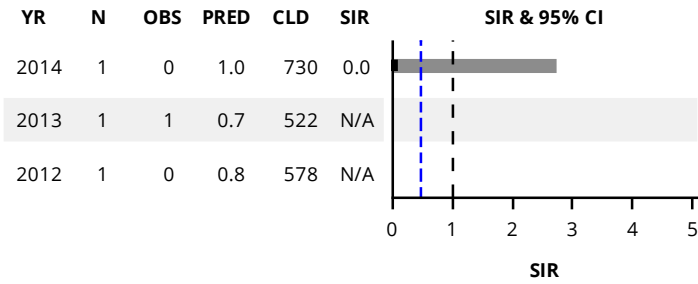


Healthcare Personnel Vaccinated (%)

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

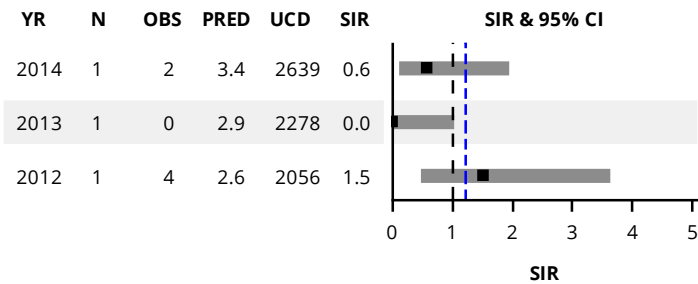
Central Line-Associated Bloodstream Infections (CLABSI)

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



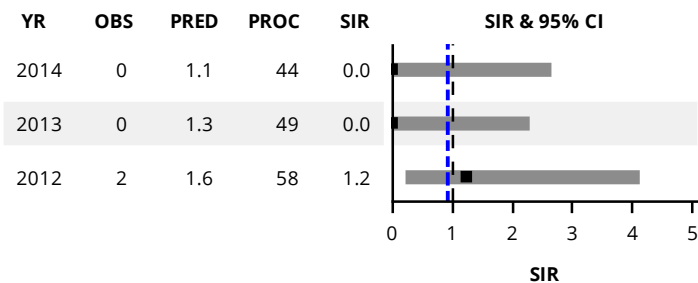
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



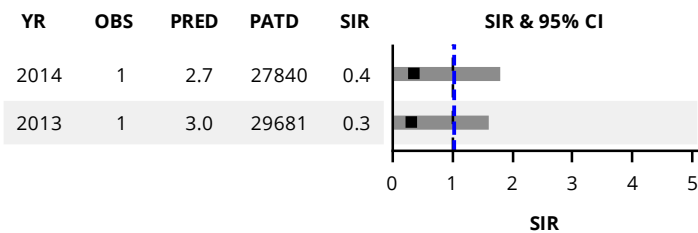
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.5 | 69 | N/A |
| 2013 | 1 | 0.5 | 80 | N/A |
| 2012 | 0 | 0.9 | 121 | N/A |

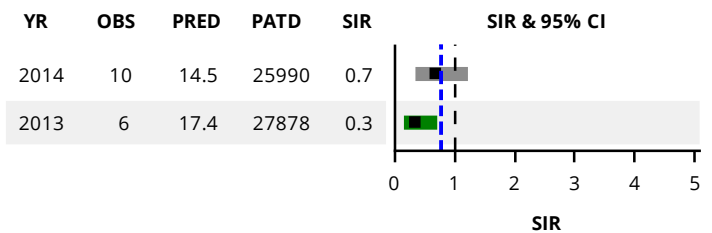
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

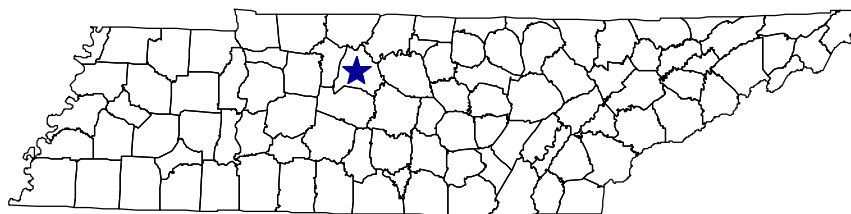
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 5 | 2.4 | 1175 | 2.02 | (0.74, 4.48) | 0.46 |
| | Neonatal ICU | 0 | 0.0 | 64 | N/A | N/A | 0.34 |
| CAUTI | Adult/Pediatric ICU | 10 | 4.8 | 2139 | 2.05 | (1.04, 3.66) | 1.22 |
| SSI | Colon surgery | 5 | 2.1 | 72 | 2.33 | (0.86, 5.17) | 0.91 |
| | Abdominal hysterectomy | 1 | 0.5 | 36 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 2.0 | 18626 | 0.49 | (0.02, 2.41) | 1.02 |
| | <i>C. difficile</i> infection | 4 | 10.4 | 17077 | 0.38 | (0.12, 0.93) | 0.78 |

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)

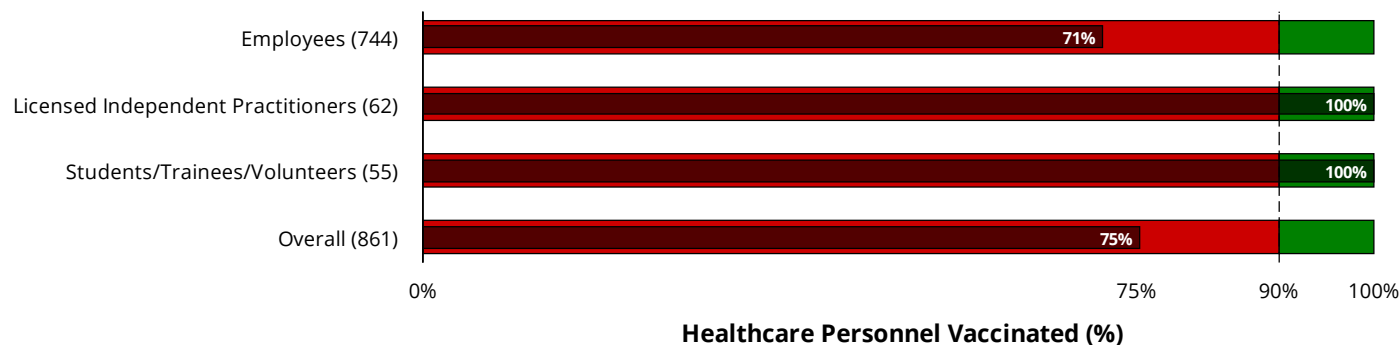
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



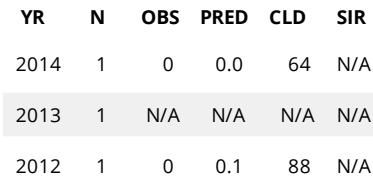
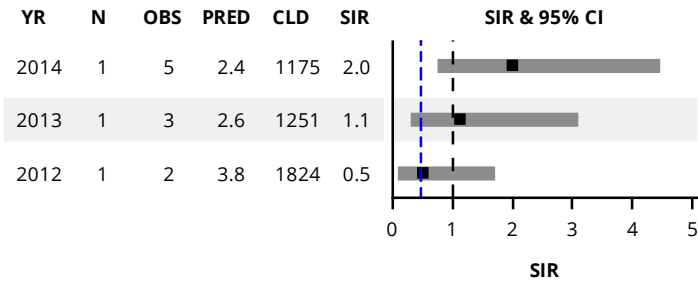
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Nashville General Hospital at Meharry, Nashville, Davidson County

Central Line-Associated Bloodstream Infections (CLABSI)

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

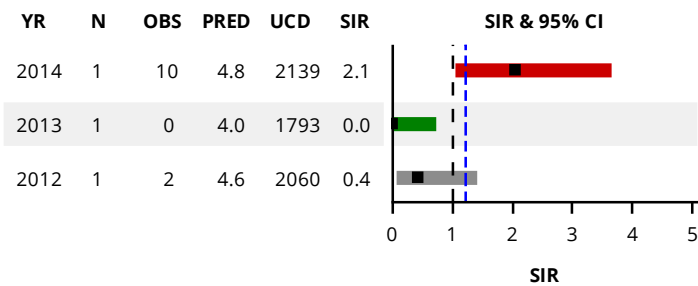
CLABSI - Neonatal ICUs



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

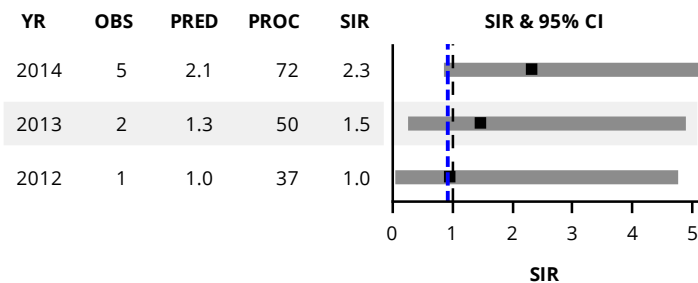
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

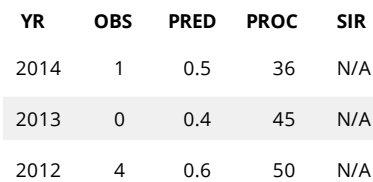


Surgical Site Infections (SSI)

SSI - Colon Surgery



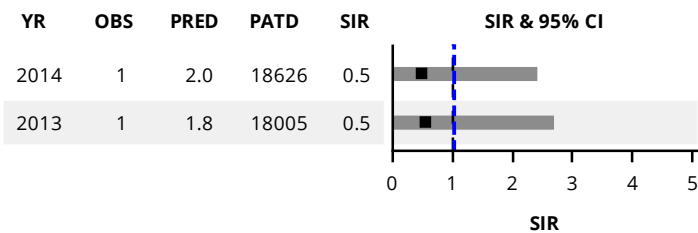
SSI - Abdominal Hysterectomy



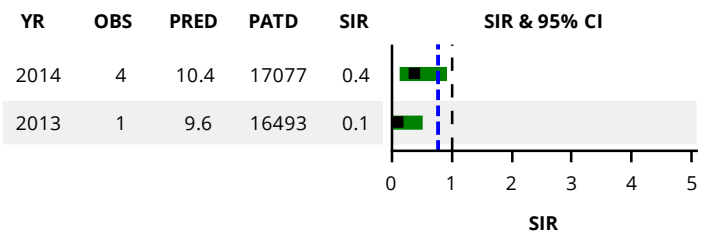
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

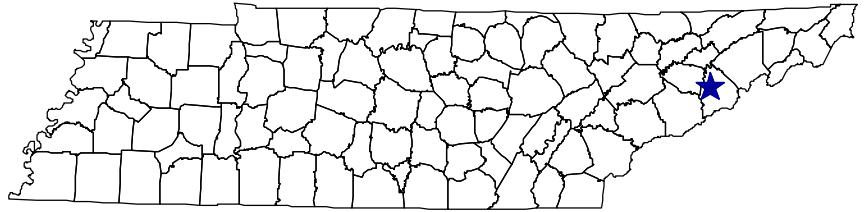
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 107 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.2 | 613 | 0.00 | (0.00, 2.42) | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 0.3 | 6513 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 5 | 3.7 | 6187 | 1.33 | (0.49, 2.94) | 0.78 |

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)

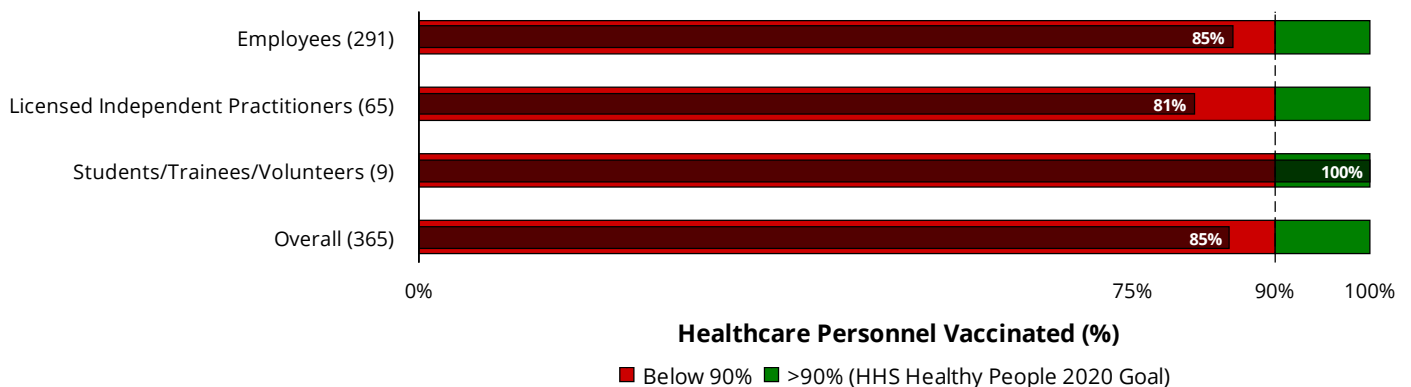
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

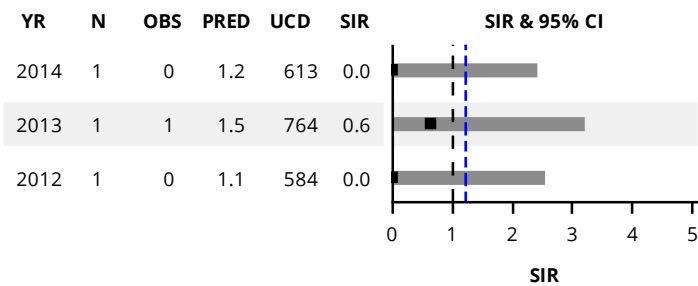
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.2 | 107 | N/A |
| 2013 | 1 | 0 | 0.1 | 82 | N/A |
| 2012 | 1 | 1 | 0.1 | 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

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

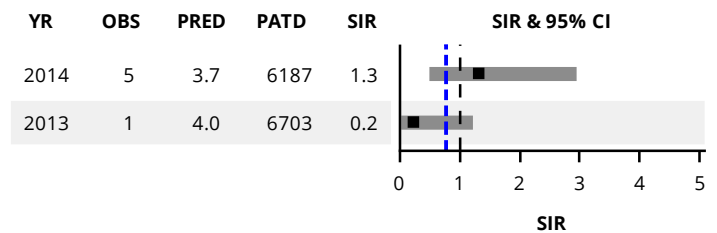
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 1 | 0.3 | 6513 | N/A |
| 2013 | 0 | 0.4 | 7045 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

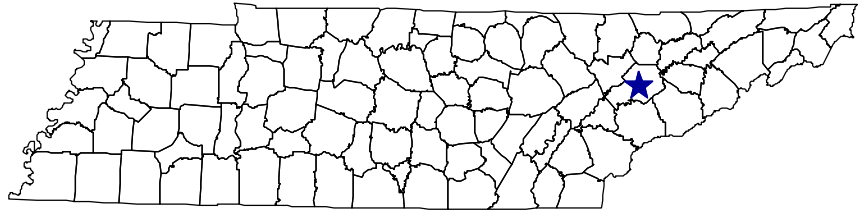
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 2 | 2.2 | 1199 | 0.88 | (0.15, 2.91) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 7 | 3.4 | 1708 | 2.03 | (0.89, 4.01) | 1.22 |
| SSI | Colon surgery | 4 | 2.0 | 86 | 1.92 | (0.61, 4.62) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 5 | 1.0 | 19393 | 4.76 | (1.74, 10.55) | 1.02 |
| | <i>C. difficile</i> infection | 12 | 12.0 | 19393 | 1.00 | (0.54, 1.69) | 0.78 |

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)

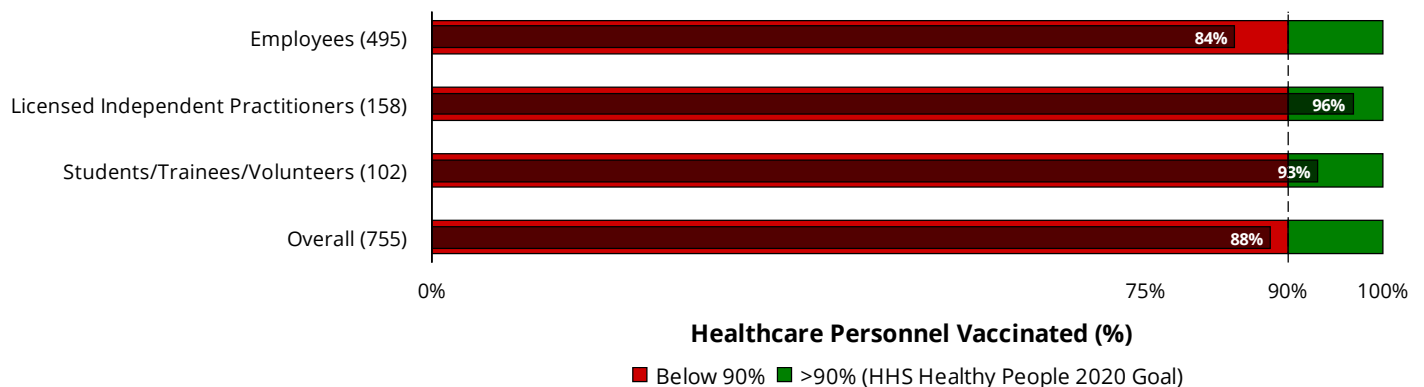
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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

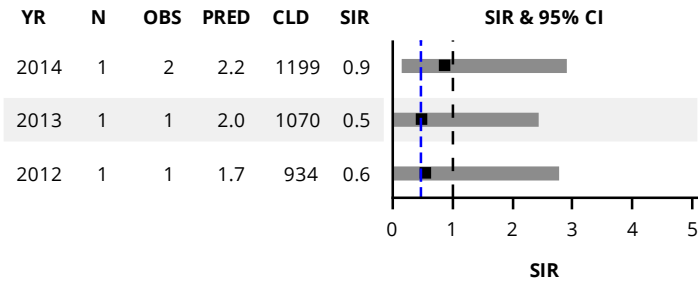
Healthcare Personnel Influenza Vaccination - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



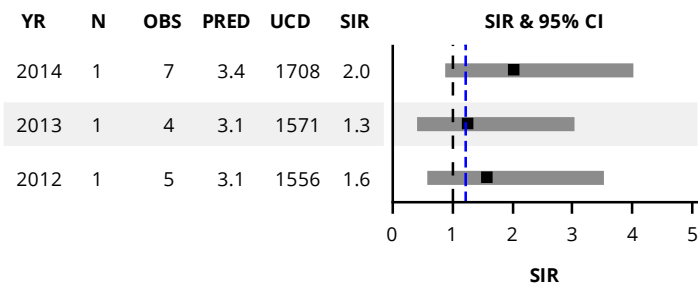
Central Line-Associated Bloodstream Infections (CLABSI)

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



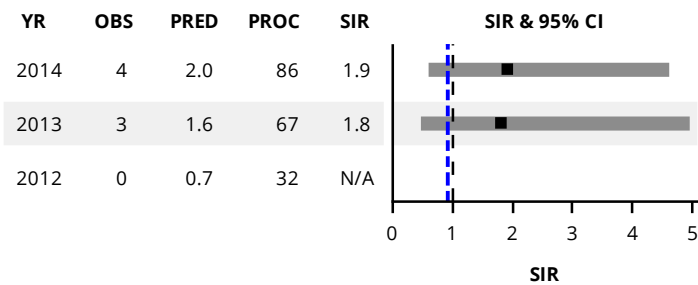
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



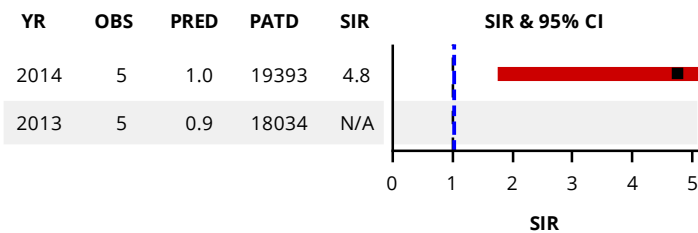
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

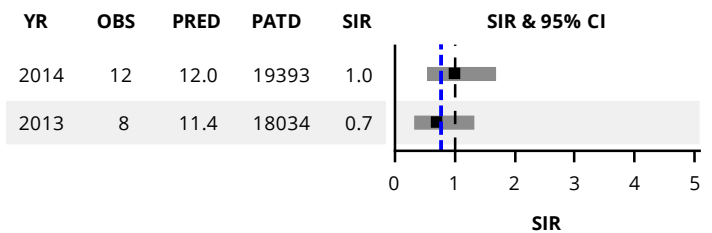
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

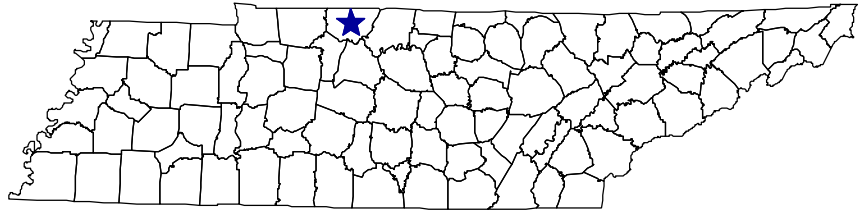
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 515 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 2.5 | 1241 | 0.00 | (0.00, 1.20) | 1.22 |
| SSI | Colon surgery | 0 | 1.0 | 37 | 0.00 | (0.00, 2.84) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.1 | 21 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 1.9 | 15944 | 0.50 | (0.03, 2.49) | 1.02 |
| | <i>C. difficile</i> infection | 5 | 8.1 | 14716 | 0.62 | (0.23, 1.36) | 0.78 |

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)

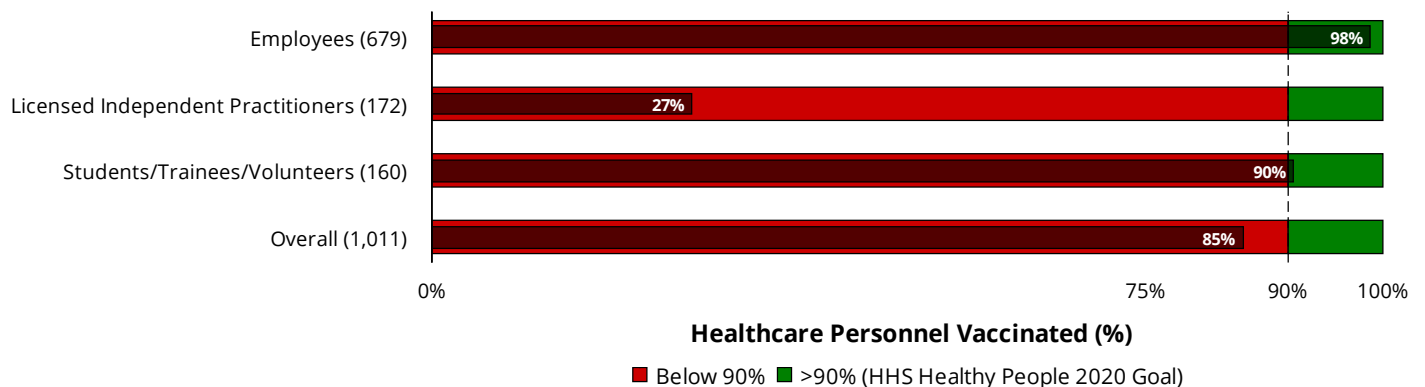
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

See page 2 for more detailed information about HAIs at NorthCrest Medical Center

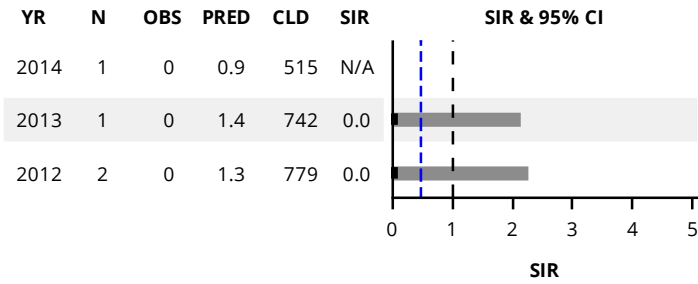
Healthcare Personnel Influenza Vaccination - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



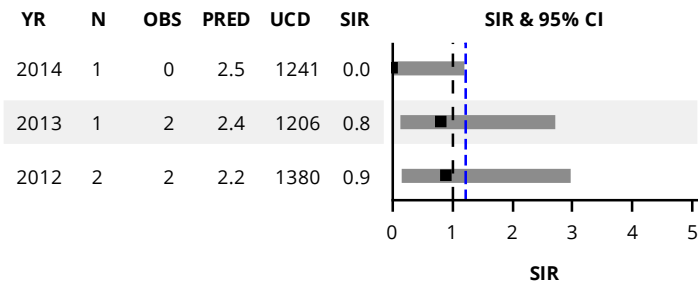
Central Line-Associated Bloodstream Infections (CLABSI)

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



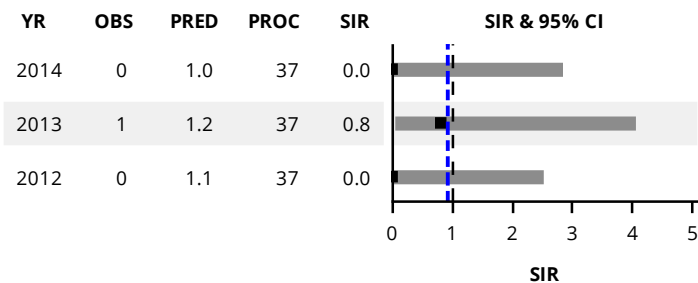
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



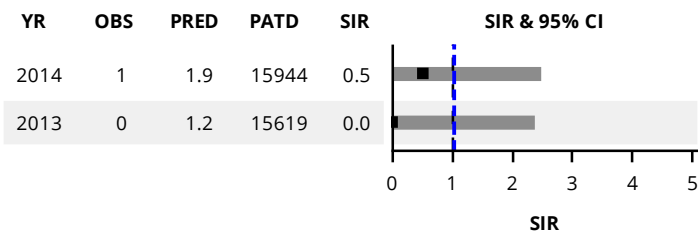
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.1 | 21 | N/A |
| 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 9, 2015

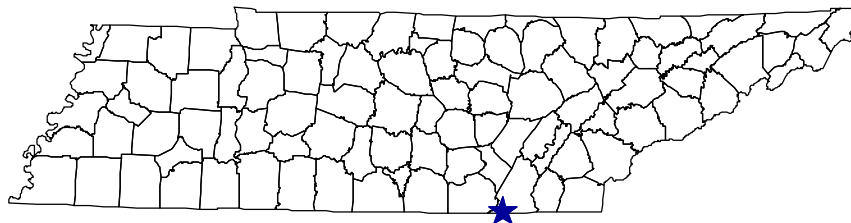
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 0.8 | 579 | N/A | N/A | 0.46 |
| | Neonatal ICU | 0 | 0.7 | 321 | N/A | N/A | 0.34 |
| CAUTI | Adult/Pediatric ICU | 1 | 1.8 | 1418 | 0.55 | (0.03, 2.70) | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 3 | 2.5 | 347 | 1.16 | (0.30, 3.15) | 0.78 |
| LabID | MRSA bacteremia | 0 | 1.1 | 23361 | 0.00 | (0.00, 2.68) | 1.02 |
| | <i>C. difficile</i> infection | 3 | 13.2 | 19692 | 0.23 | (0.06, 0.62) | 0.78 |

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)

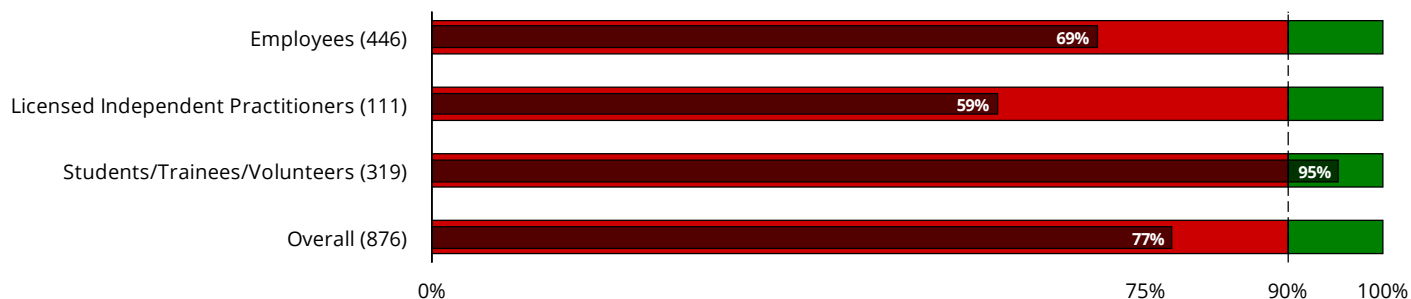
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

Parkridge East Hospital, Chattanooga, Hamilton 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 1 | 0.8 | 579 | N/A |
| 2013 | 1 | 0 | 0.8 | 557 | N/A |
| 2012 | 1 | 1 | 0.5 | 358 | N/A |

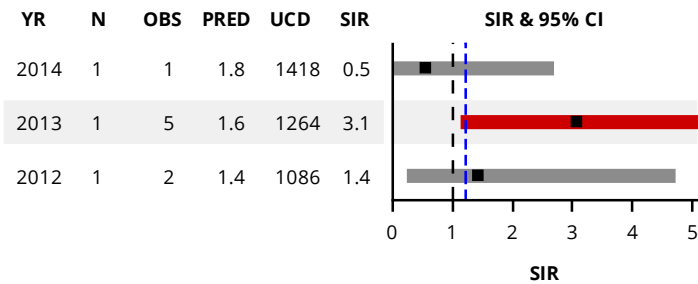
| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.7 | 321 | N/A |
| 2013 | 1 | 0 | 0.8 | 304 | N/A |
| 2012 | 1 | 2 | 0.5 | 194 | N/A |

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

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

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

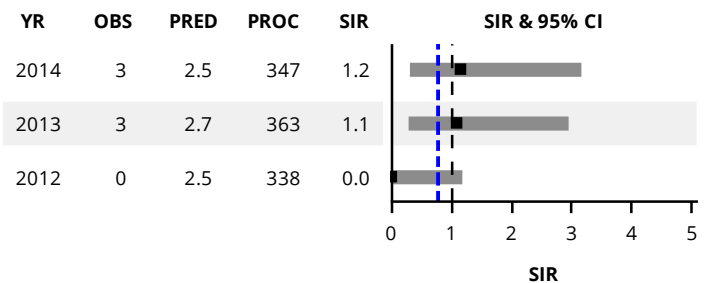


Surgical Site Infections (SSI)

SSI - Colon Surgery

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

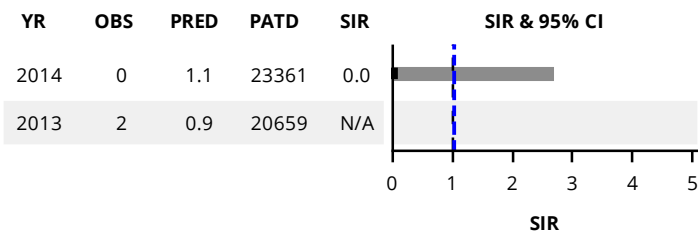
SSI - Abdominal Hysterectomy



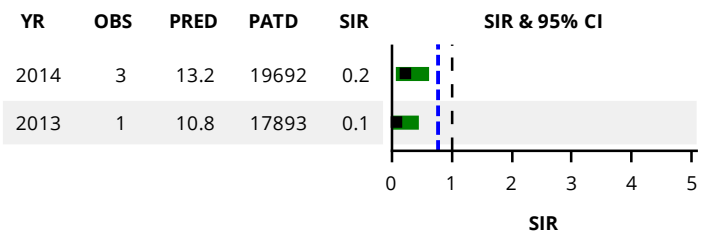
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

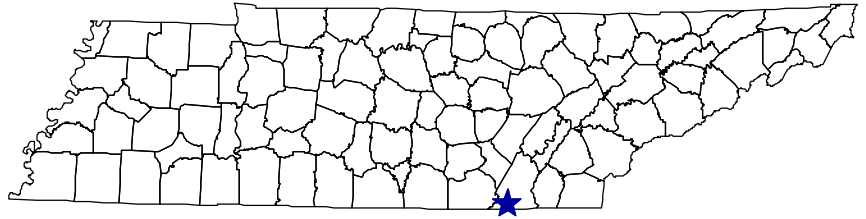
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| | | 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 | 7.1 | 3364 | 0.84 | (0.34, 1.75) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 9 | 11.5 | 4987 | 0.78 | (0.38, 1.43) | 1.22 |
| SSI | Colon surgery | 1 | 2.0 | 64 | 0.50 | (0.03, 2.46) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 3 | 2.1 | 37539 | 1.37 | (0.35, 3.72) | 1.02 |
| | <i>C. difficile</i> infection | 27 | 28.7 | 37539 | 0.94 | (0.63, 1.35) | 0.78 |

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)

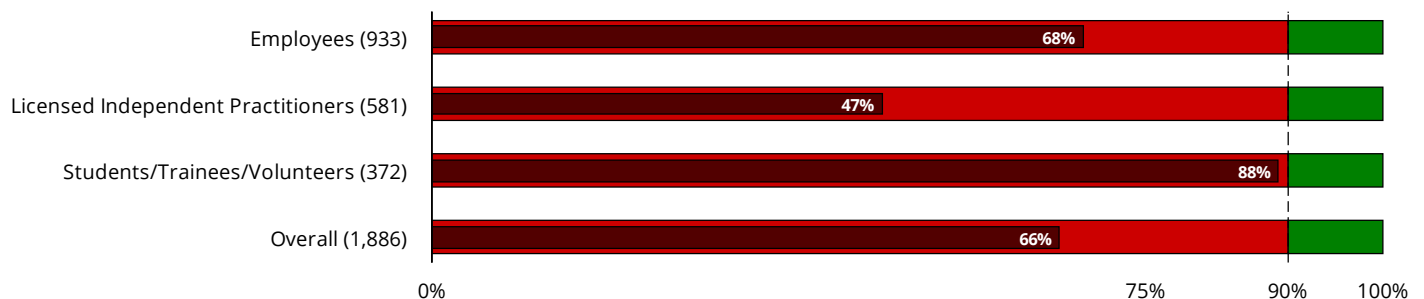
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

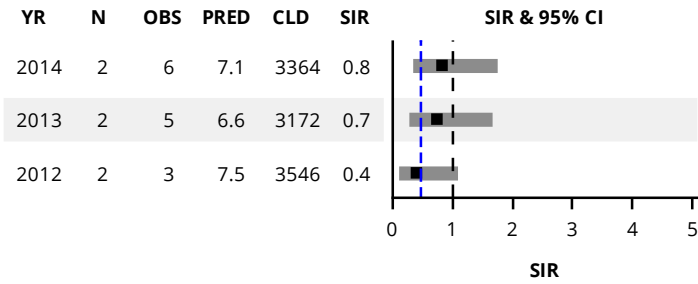


Healthcare Personnel Vaccinated (%)

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

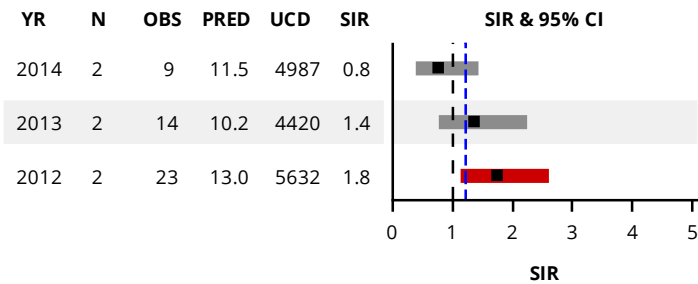
Central Line-Associated Bloodstream Infections (CLABSI)

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



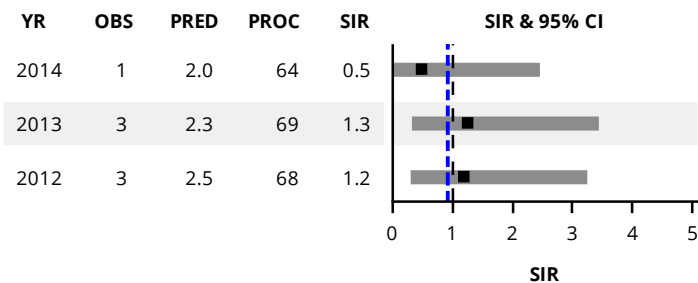
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

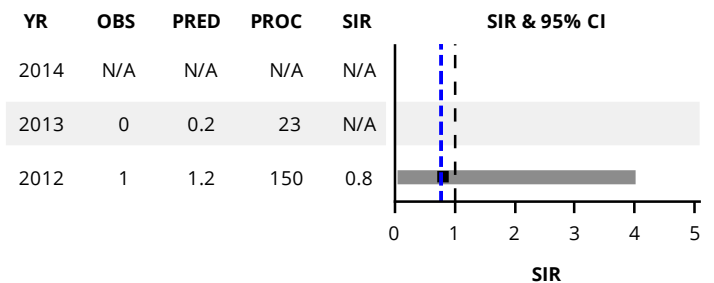


Surgical Site Infections (SSI)

SSI - Colon Surgery

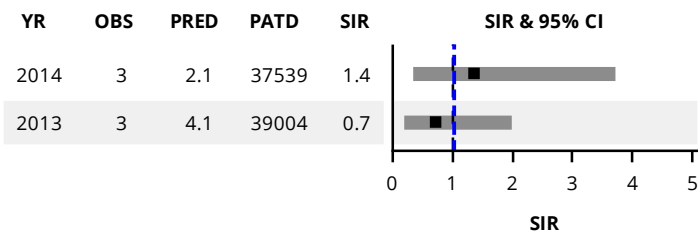


SSI - Abdominal Hysterectomy

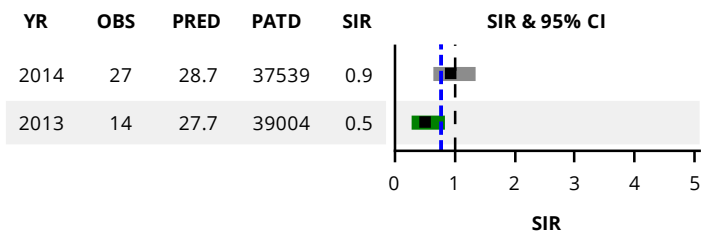


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

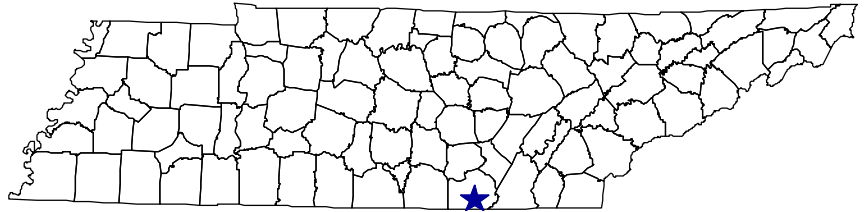
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 0.0 | 61 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.1 | 123 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.1 | 3294 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 0 | 1.9 | 3294 | 0.00 | (0.00, 1.54) | 0.78 |

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)

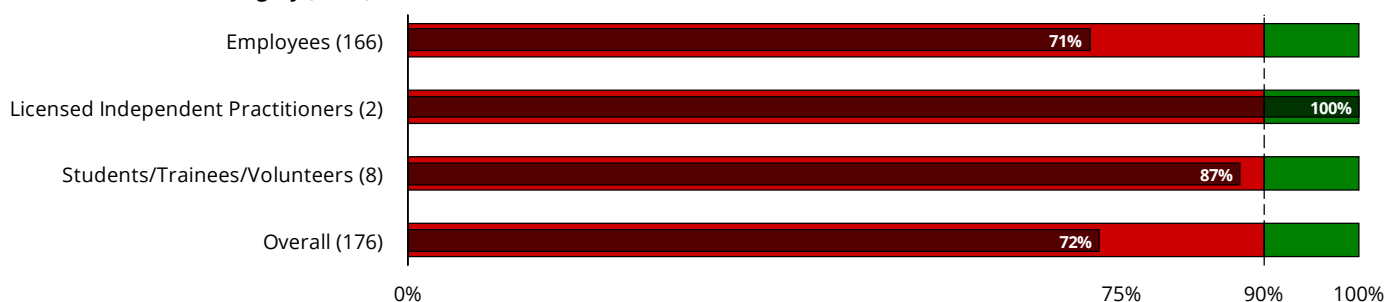
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.0 | 61 | N/A |
| 2013 | 1 | 0 | 0.1 | 101 | N/A |
| 2012 | 1 | 0 | 0.2 | 153 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.1 | 123 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

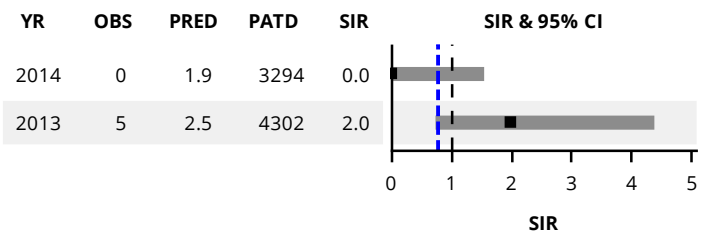
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.1 | 3294 | N/A |
| 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 9, 2015

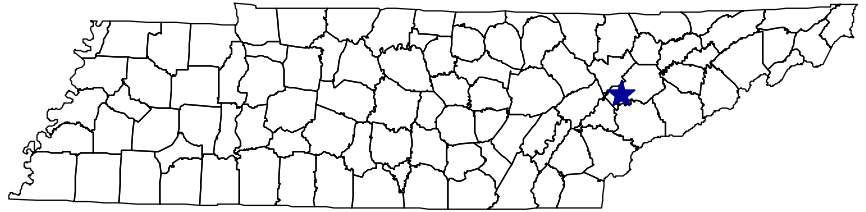
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 6 | 8.0 | 5475 | 0.75 | (0.30, 1.55) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 14 | 9.9 | 7982 | 1.41 | (0.80, 2.31) | 1.22 |
| SSI | Colon surgery | 7 | 6.9 | 198 | 1.00 | (0.44, 1.98) | 0.91 |
| | Abdominal hysterectomy | 1 | 3.4 | 422 | 0.29 | (0.02, 1.45) | 0.78 |
| LabID | MRSA bacteremia | 4 | 4.8 | 85184 | 0.83 | (0.26, 2.00) | 1.02 |
| | <i>C. difficile</i> infection | 39 | 65.4 | 83106 | 0.60 | (0.43, 0.81) | 0.78 |

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)

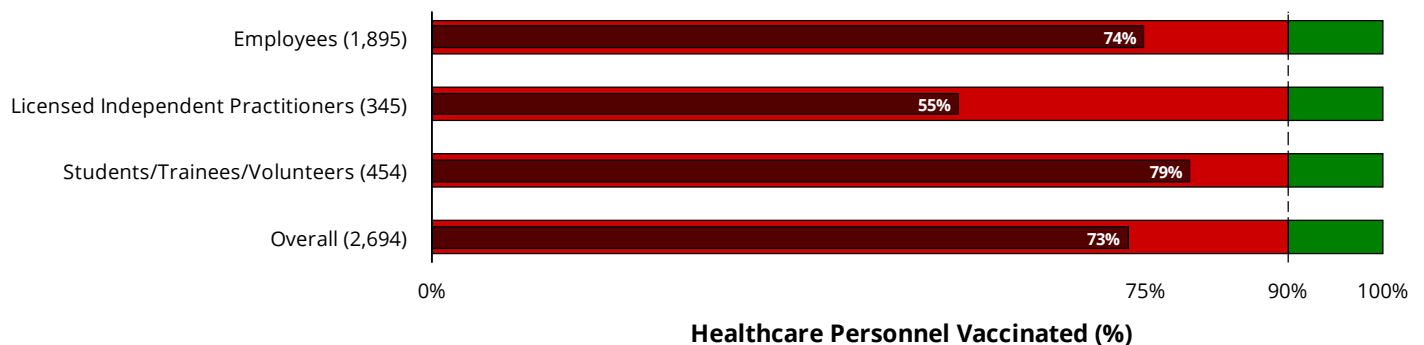
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

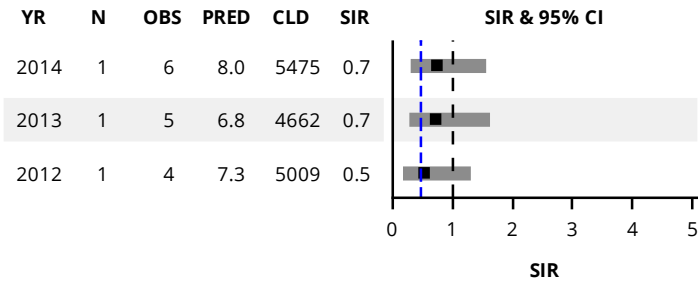


■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Parkwest Medical Center- Knoxville, Knoxville, Knox County

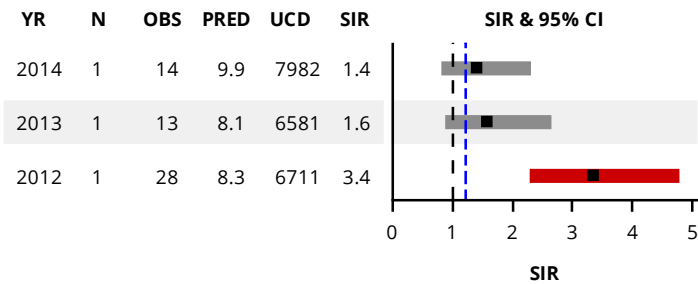
Central Line-Associated Bloodstream Infections (CLABSI)

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



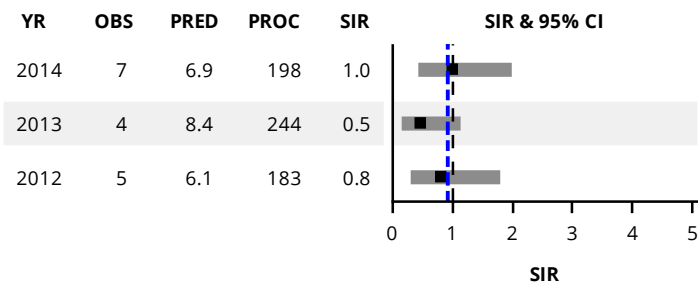
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

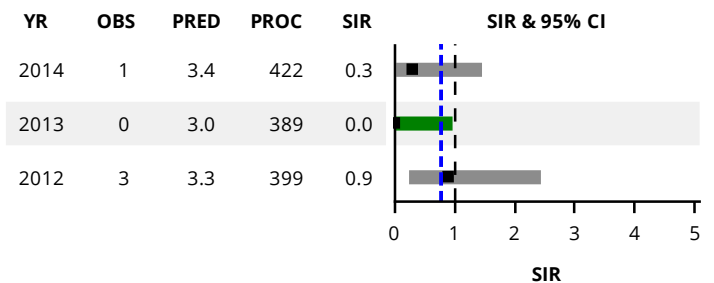


Surgical Site Infections (SSI)

SSI - Colon Surgery

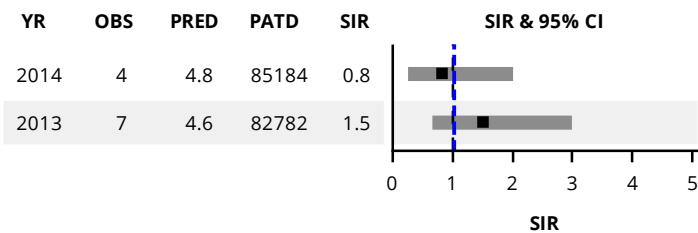


SSI - Abdominal Hysterectomy

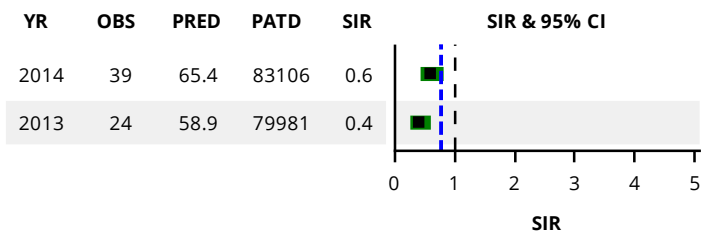


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

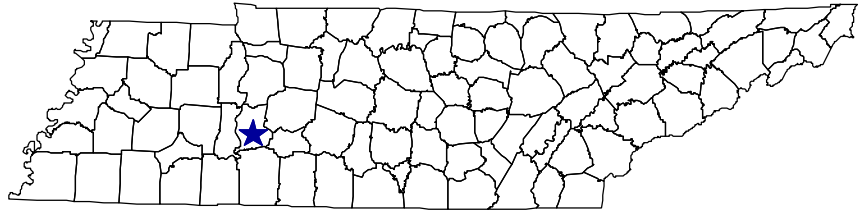
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|----------------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| LabID | MRSA bacteremia | 0 | 0.2 | 5032 | N/A | N/A | 1.02 |
| | C. difficile infection | 1 | 2.4 | 5032 | 0.42 | (0.02, 2.05) | 0.78 |

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)

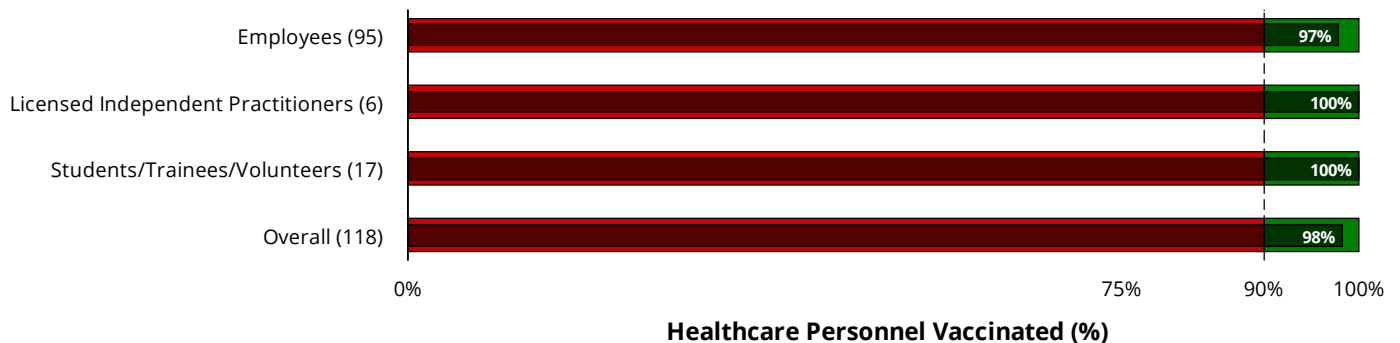
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

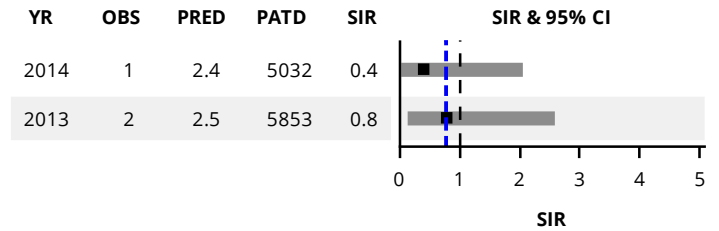
Perry Community Hospital, Linden, Perry County

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.2 | 5032 | N/A |
| 2013 | 0 | 0.2 | 5853 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

YR = reporting year; **N** = number of units reporting (CLABS/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;

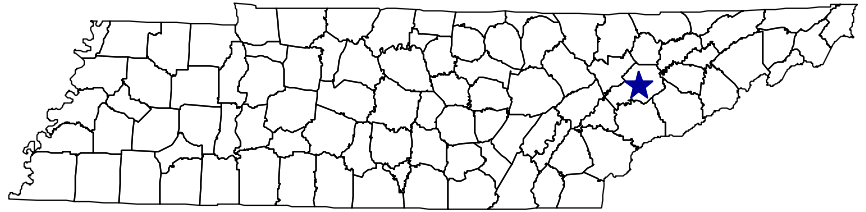
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 TN SIR
- - - - NHSN SIR=1

Physician's Regional Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 100-399 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, 01/01/2014-12/31/2014

| 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 | 6.3 | 4279 | 0.48 | (0.12, 1.29) | 0.46 |
| | Neonatal ICU | N/A | N/A | N/A | N/A | N/A | 0.34 |
| CAUTI | Adult/Pediatric ICU | 19 | 7.3 | 5840 | 2.59 | (1.61, 3.97) | 1.22 |
| SSI | Colon surgery | 4 | 3.4 | 104 | 1.16 | (0.37, 2.80) | 0.91 |
| | Abdominal hysterectomy | 1 | 0.2 | 30 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 17 | 4.7 | 83536 | 3.57 | (2.15, 5.59) | 1.02 |
| | C. difficile infection | 33 | 57.2 | 79225 | 0.58 | (0.40, 0.80) | 0.78 |

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)

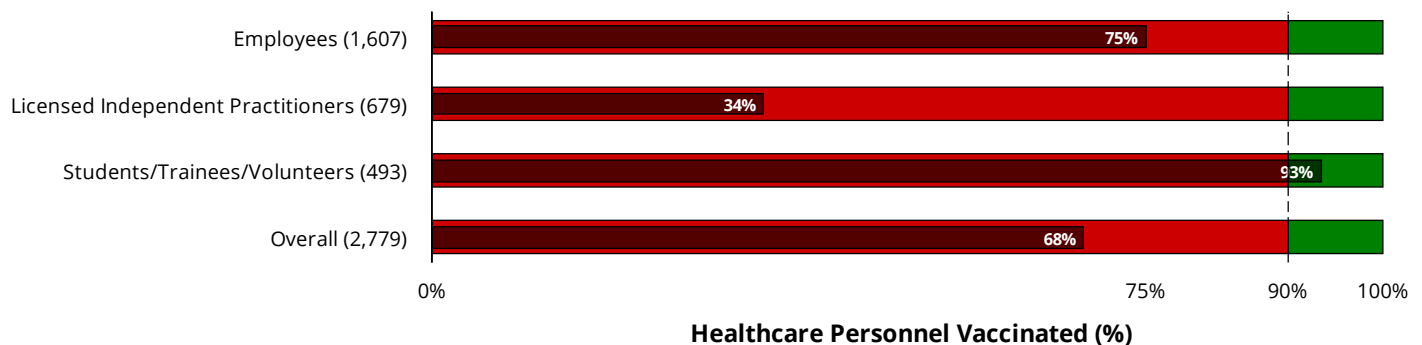
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



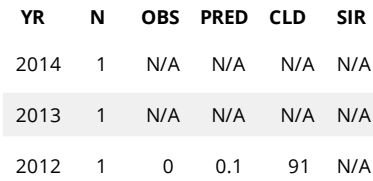
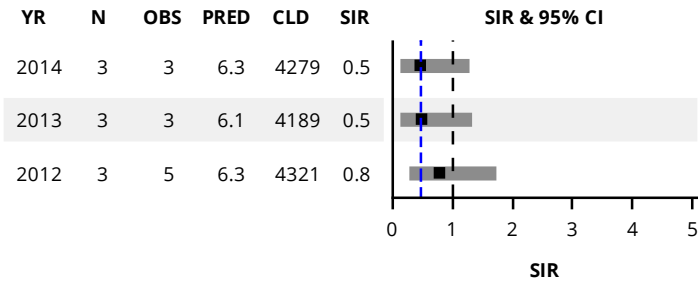
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Physician's Regional Medical Center, Knoxville, Knox County

Central Line-Associated Bloodstream Infections (CLABSI)

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

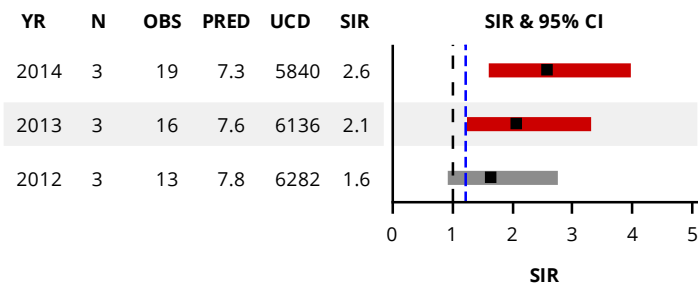
CLABSI - Neonatal ICUs



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

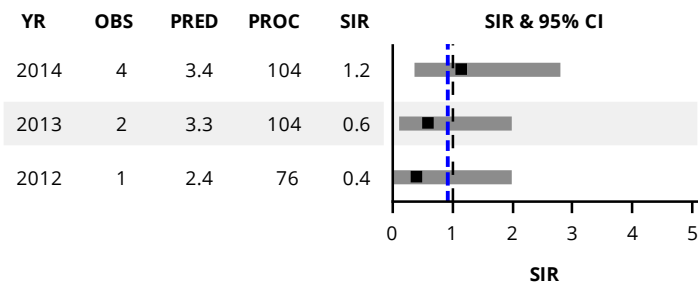
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

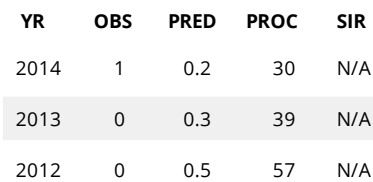


Surgical Site Infections (SSI)

SSI - Colon Surgery



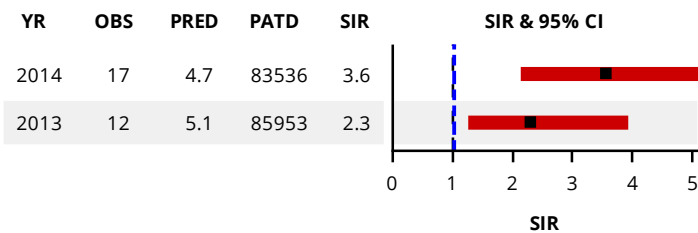
SSI - Abdominal Hysterectomy



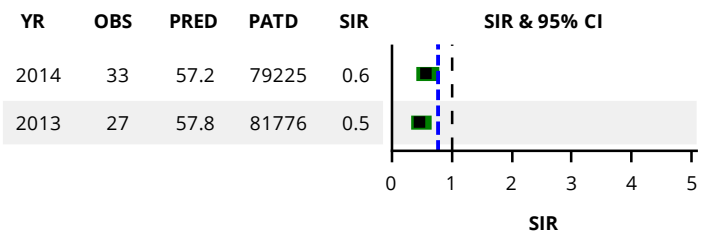
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

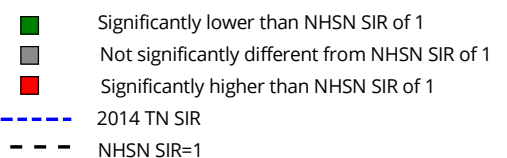
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

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;

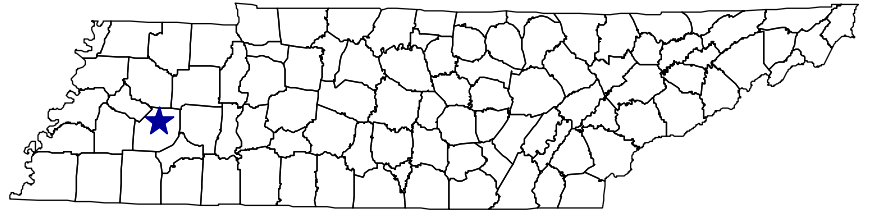
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



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, 01/01/2014-12/31/2014

| | | 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 | 2.5 | 1704 | 0.80 | (0.13, 2.64) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 1 | 3.3 | 2659 | 0.30 | (0.02, 1.49) | 1.22 |
| SSI | Colon surgery | 1 | 1.4 | 51 | 0.68 | (0.03, 3.34) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 1.0 | 23341 | 0.91 | (0.05, 4.50) | 1.02 |
| | <i>C. difficile</i> infection | 11 | 12.2 | 22560 | 0.90 | (0.47, 1.56) | 0.78 |

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)

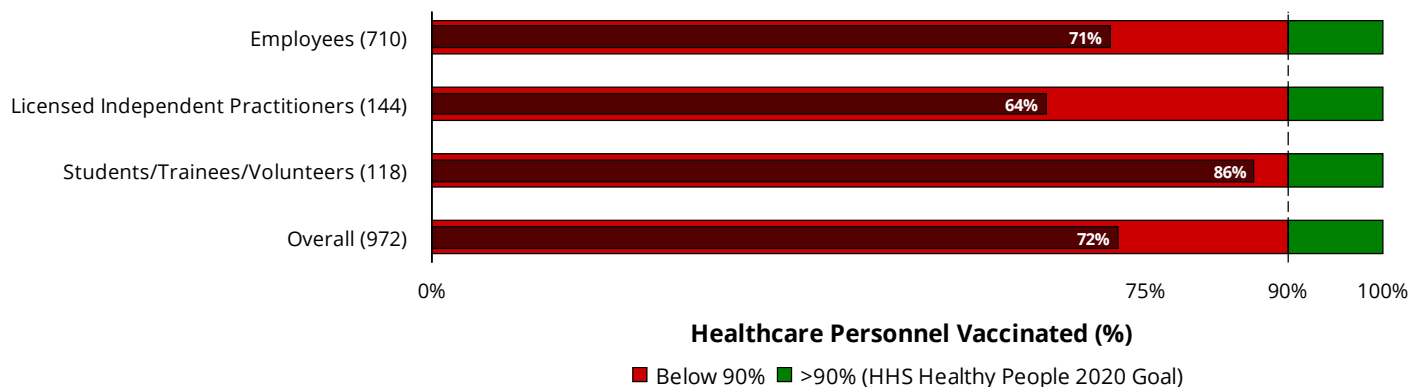
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

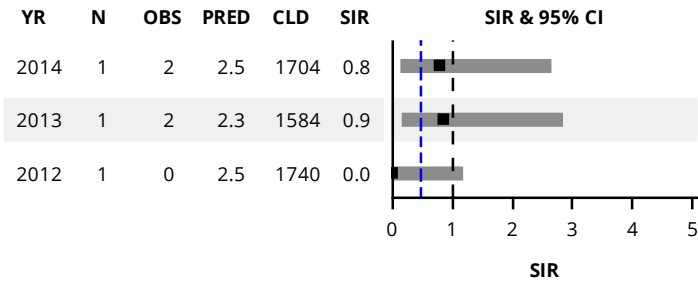
Healthcare Personnel Category (Total)



Regional Hospital of Jackson, Jackson, Madison County

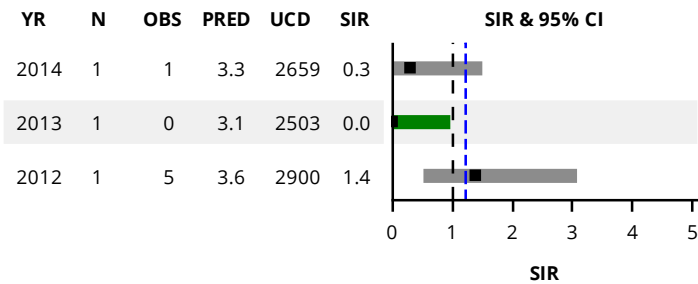
Central Line-Associated Bloodstream Infections (CLABSI)

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



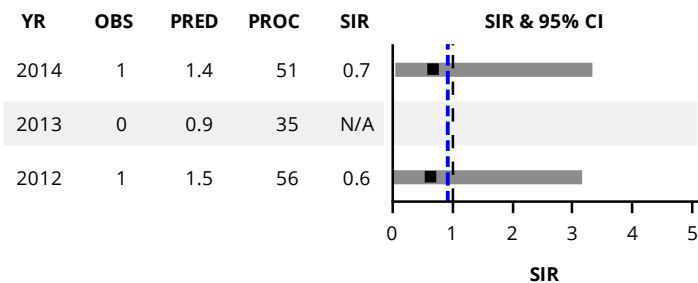
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



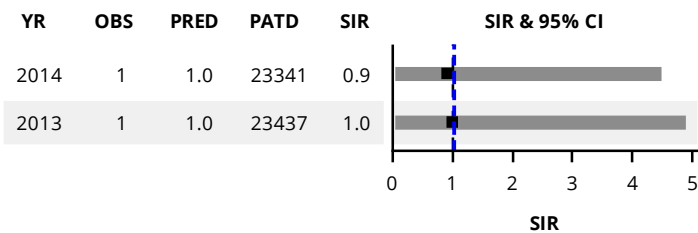
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

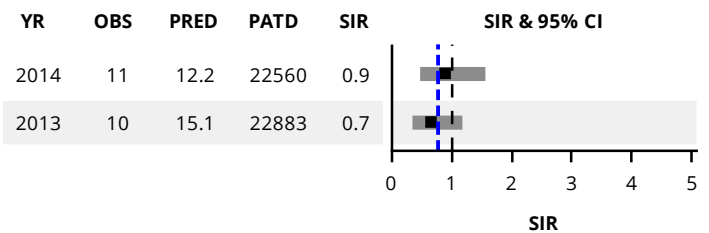
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

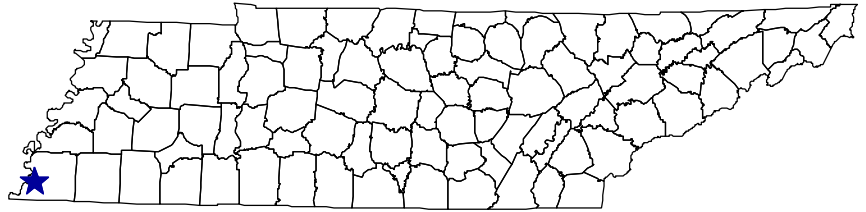
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 6.9 | 3292 | 0.43 | (0.11, 1.18) | 0.46 |
| | Neonatal ICU | 6 | 7.4 | 2561 | 0.81 | (0.33, 1.68) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 135 | 38.5 | 11663 | 3.51 | (2.95, 4.14) | 1.22 |
| SSI | Colon surgery | 1 | 2.1 | 61 | 0.47 | (0.02, 2.33) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.8 | 55 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 21 | 5.7 | 99436 | 3.64 | (2.31, 5.46) | 1.02 |
| | <i>C. difficile</i> infection | 38 | 63.2 | 75277 | 0.60 | (0.43, 0.82) | 0.78 |

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

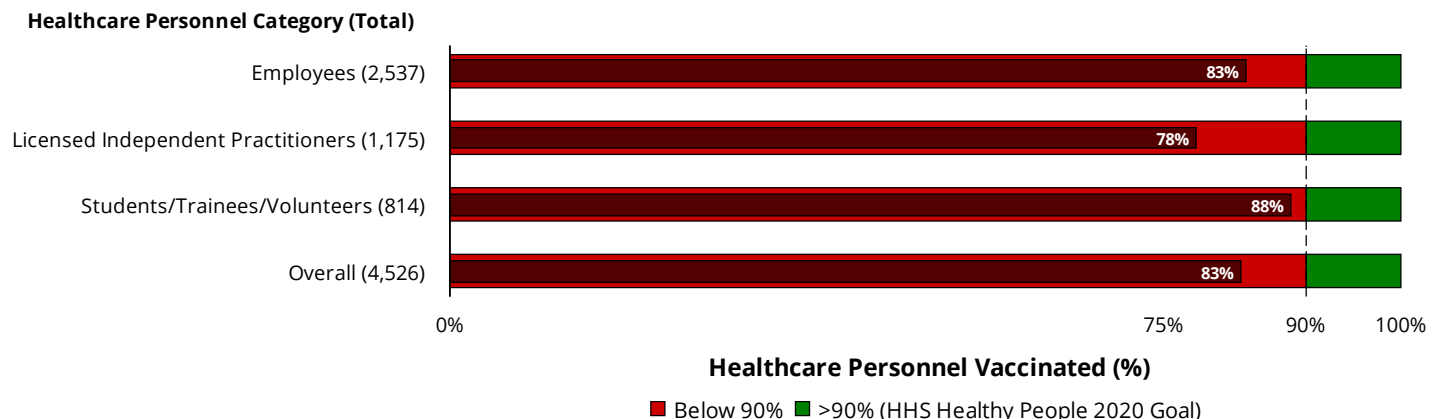
Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

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 - 2014/2015 Influenza Season

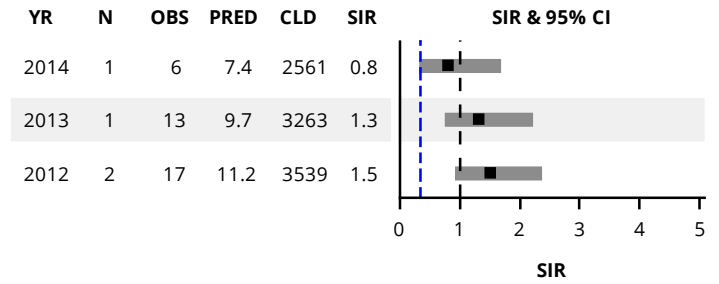
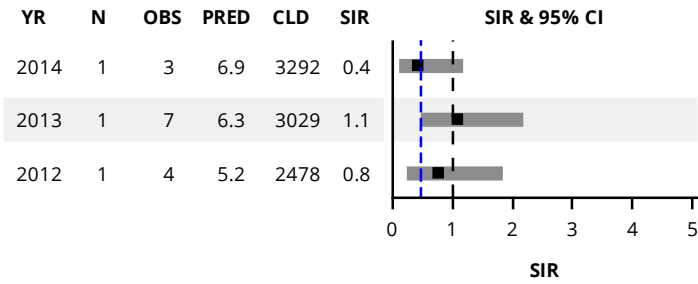


Regional One Health (Reg. Med.Ctr Memphis), Memphis, Shelby County

Central Line-Associated Bloodstream Infections (CLABSI)

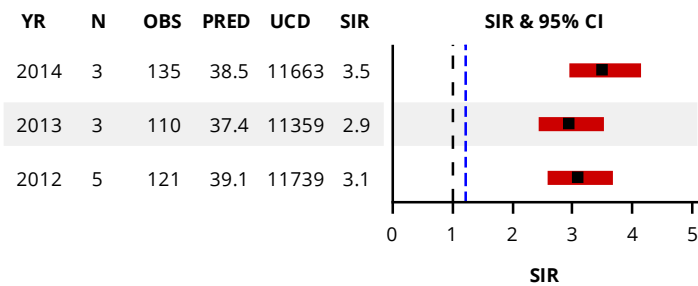
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

CLABSI - Neonatal ICUs



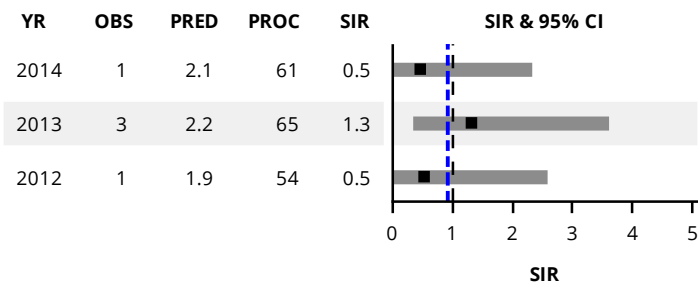
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

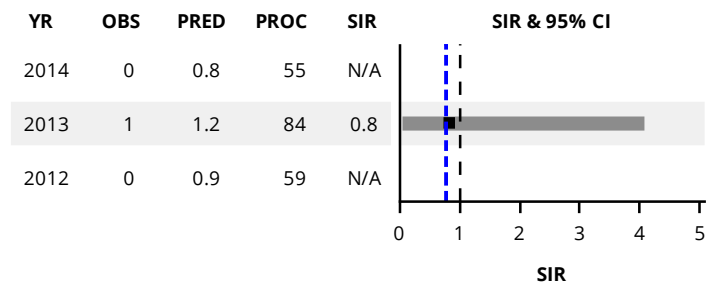


Surgical Site Infections (SSI)

SSI - Colon Surgery

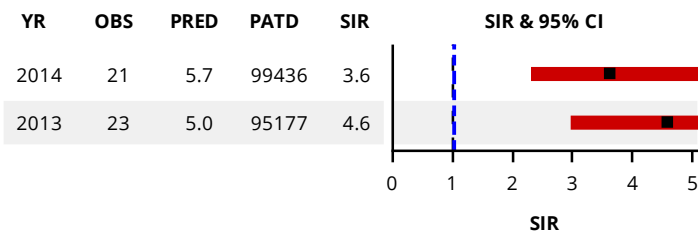


SSI - Abdominal Hysterectomy

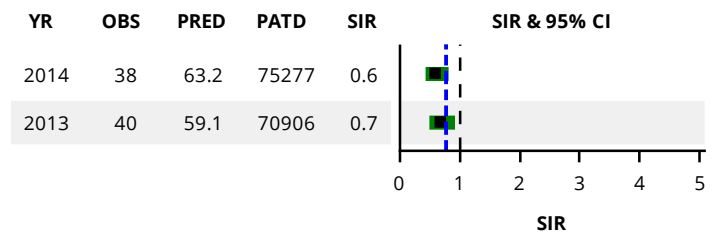


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

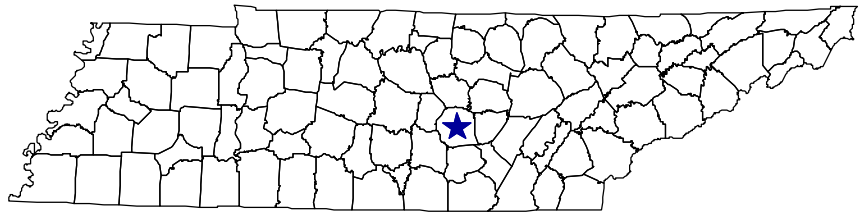
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 207 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.7 | 890 | 0.00 | (0.00, 1.67) | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.5 | 11311 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 4 | 6.4 | 11311 | 0.62 | (0.20, 1.50) | 0.78 |

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)

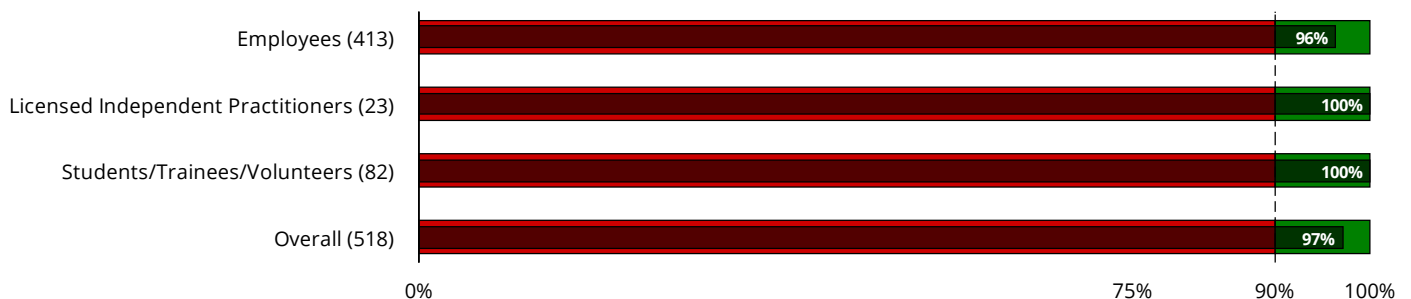
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

River Park Hospital, Mc Minnville, Warren County

Central Line-Associated Bloodstream Infections (CLABSI)

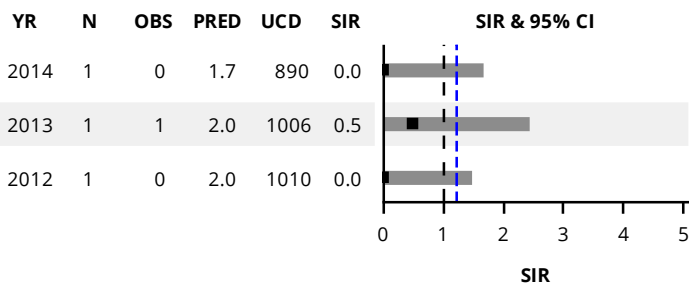
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.3 | 207 | N/A |
| 2013 | 1 | 0 | 0.3 | 205 | N/A |
| 2012 | 1 | 0 | 0.4 | 212 | 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

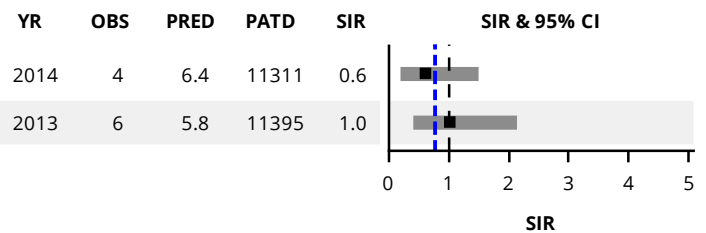
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 0 | 0.5 | 11311 | N/A |
| 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 9, 2015

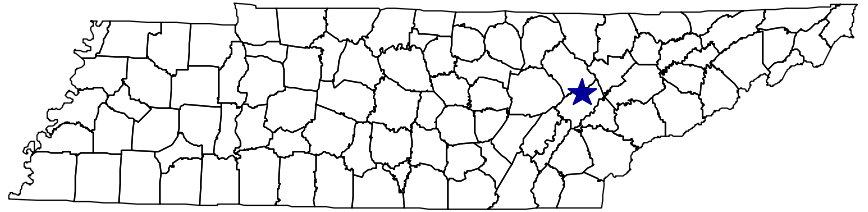
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| | | 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 | 0.7 | 533 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.0 | 808 | 0.00 | (0.00, 2.88) | 1.22 |
| SSI | Colon surgery | 0 | 1.4 | 47 | 0.00 | (0.00, 2.09) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.4 | 6476 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 2 | 5.6 | 8481 | 0.35 | (0.06, 1.17) | 0.78 |

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)

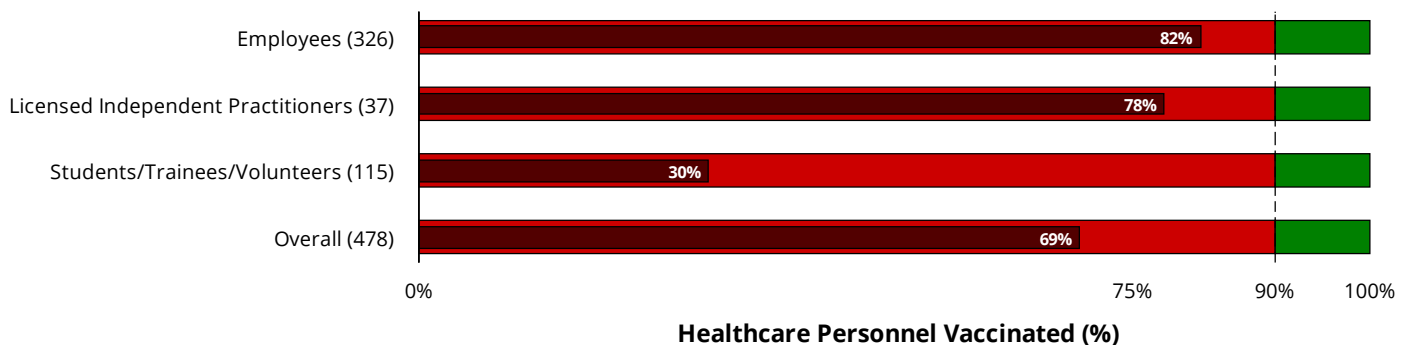
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Central Line-Associated Bloodstream Infections (CLABSI)

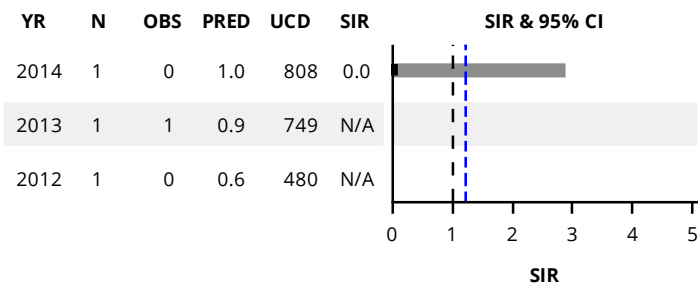
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.7 | 533 | N/A |
| 2013 | 1 | 0 | 0.6 | 408 | N/A |
| 2012 | 1 | 1 | 0.3 | 240 | N/A |

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

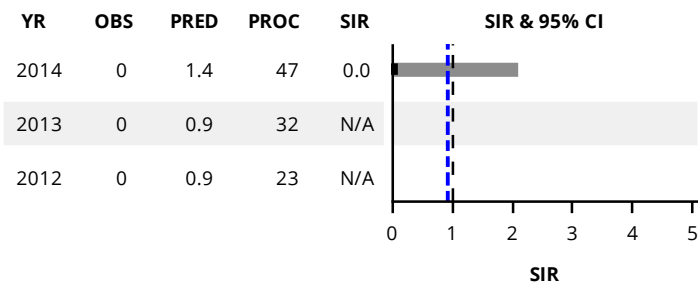
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

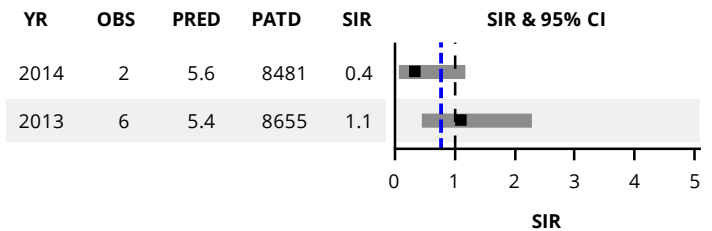
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.4 | 6476 | N/A |
| 2013 | 0 | 0.7 | 8655 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

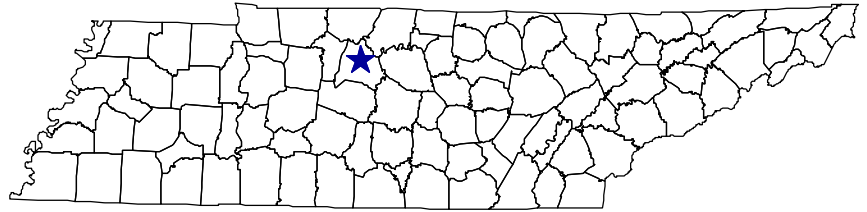
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 6.7 | 3904 | 0.44 | (0.11, 1.21) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 11 | 17.8 | 7768 | 0.62 | (0.33, 1.07) | 1.22 |
| SSI | Colon surgery | 5 | 2.5 | 91 | 1.94 | (0.71, 4.31) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 2 | 3.6 | 59715 | 0.54 | (0.09, 1.80) | 1.02 |
| | <i>C. difficile</i> infection | 65 | 46.8 | 59715 | 1.39 | (1.08, 1.76) | 0.78 |

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)

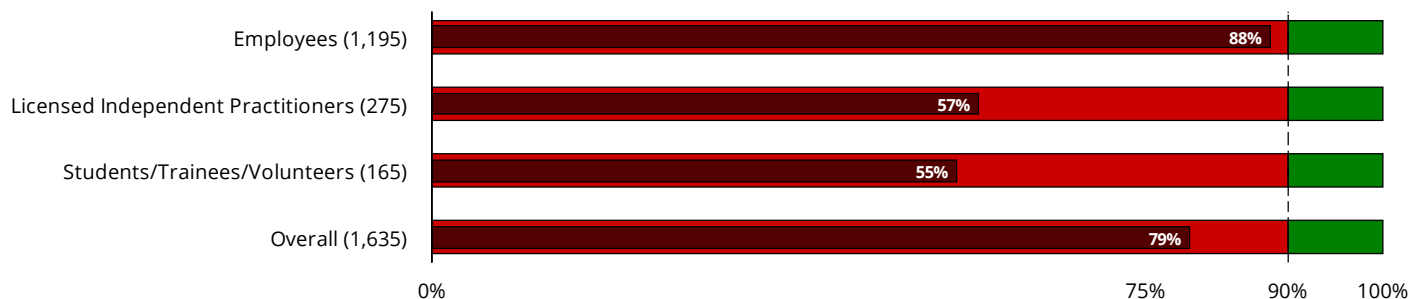
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

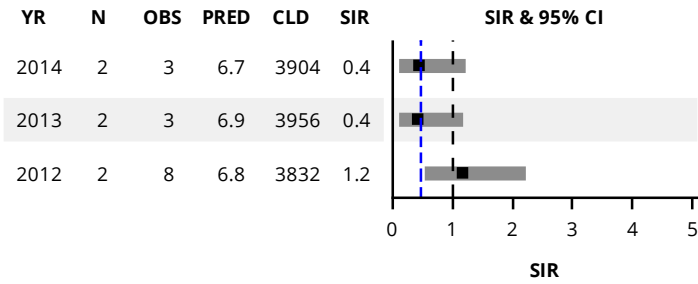
Healthcare Personnel Category (Total)



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

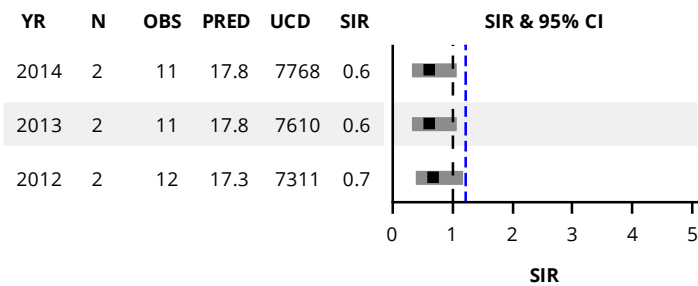
Central Line-Associated Bloodstream Infections (CLABSI)

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



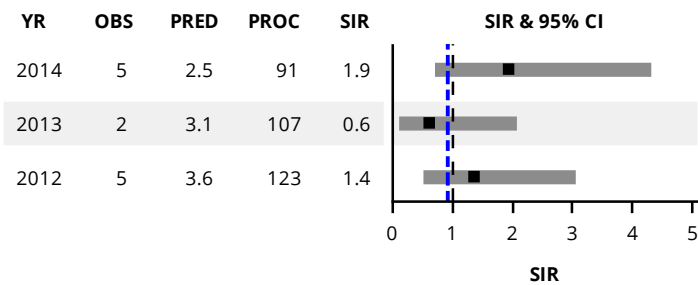
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



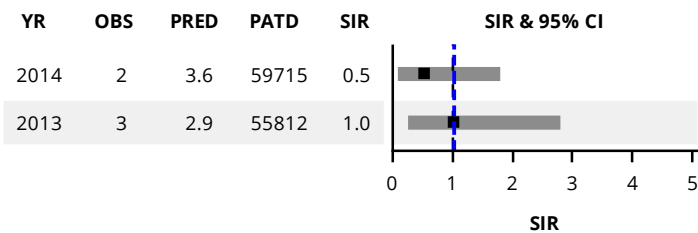
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

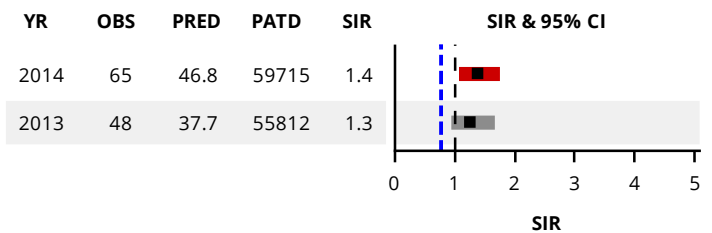
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

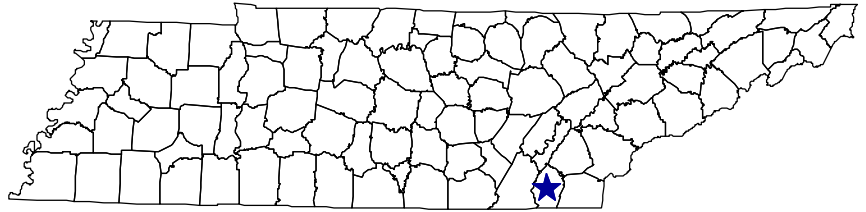
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| | | 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 | 6.1 | 2955 | 0.00 | (0.00, 0.49) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 4 | 11.0 | 4875 | 0.36 | (0.12, 0.87) | 1.22 |
| SSI | Colon surgery | 1 | 1.8 | 58 | 0.55 | (0.03, 2.70) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 2 | 2.2 | 37832 | 0.90 | (0.15, 2.98) | 1.02 |
| | <i>C. difficile</i> infection | 19 | 19.0 | 35646 | 1.00 | (0.62, 1.53) | 0.78 |

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)

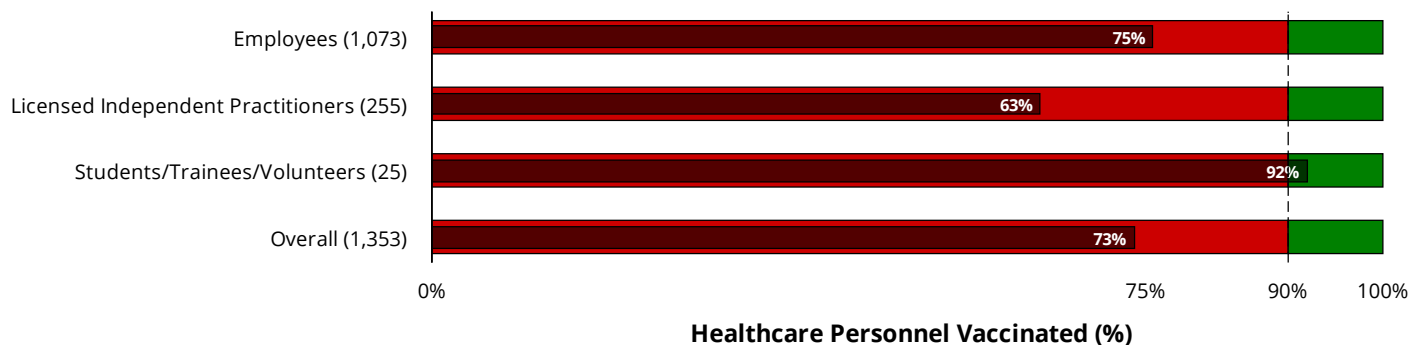
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

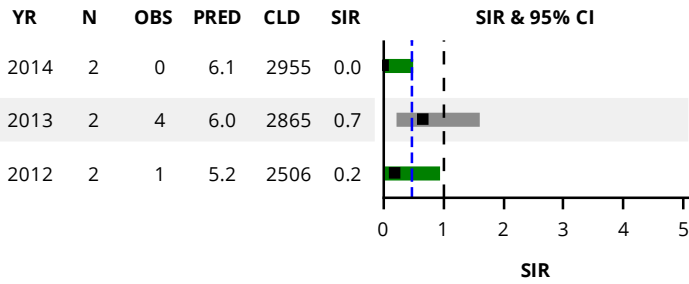
Healthcare Personnel Category (Total)



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

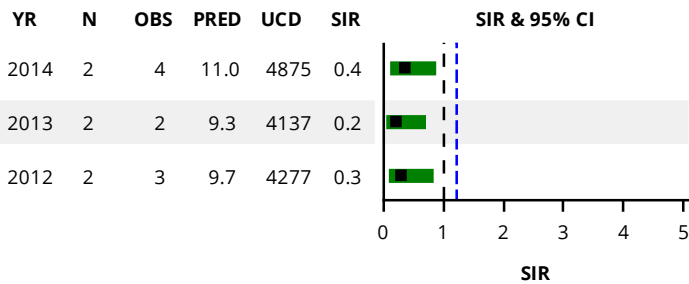
Central Line-Associated Bloodstream Infections (CLABSI)

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



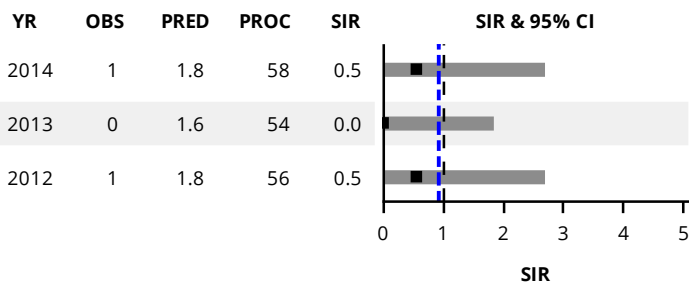
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



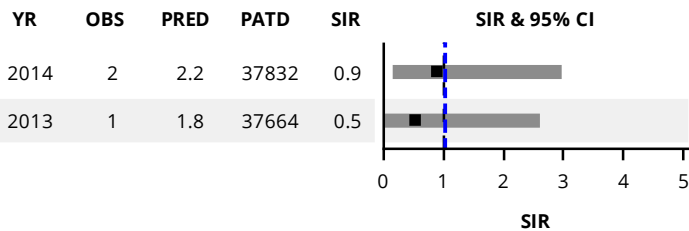
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | 0 | 0.2 | 30 | N/A |
| 2012 | N/A | N/A | N/A | N/A |

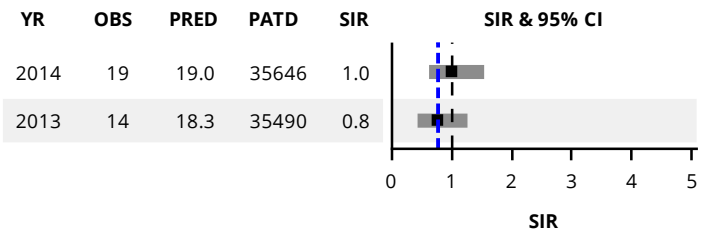
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

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;

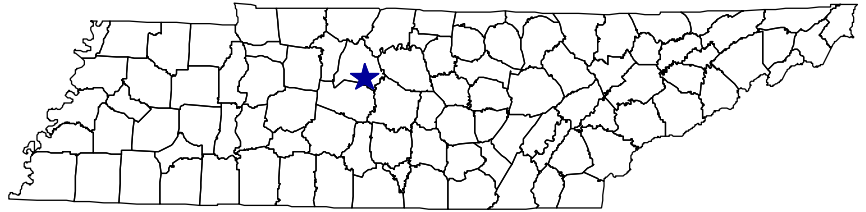
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - 2014 TN SIR
- - - NHSN SIR=1

Southern Hills Medical Center, Nashville, Davidson County

Medical School Affiliation: None

Bed Size Category: 50-99 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, 01/01/2014-12/31/2014

| 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 | 2.9 | 1853 | 0.00 | (0.00, 1.03) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 2 | 3.9 | 2427 | 0.50 | (0.08, 1.66) | 1.22 |
| SSI | Colon surgery | 4 | 1.7 | 56 | 2.32 | (0.74, 5.59) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 2 | 1.4 | 25042 | 1.43 | (0.24, 4.71) | 1.02 |
| | <i>C. difficile</i> infection | 9 | 16.0 | 25042 | 0.56 | (0.27, 1.03) | 0.78 |

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)

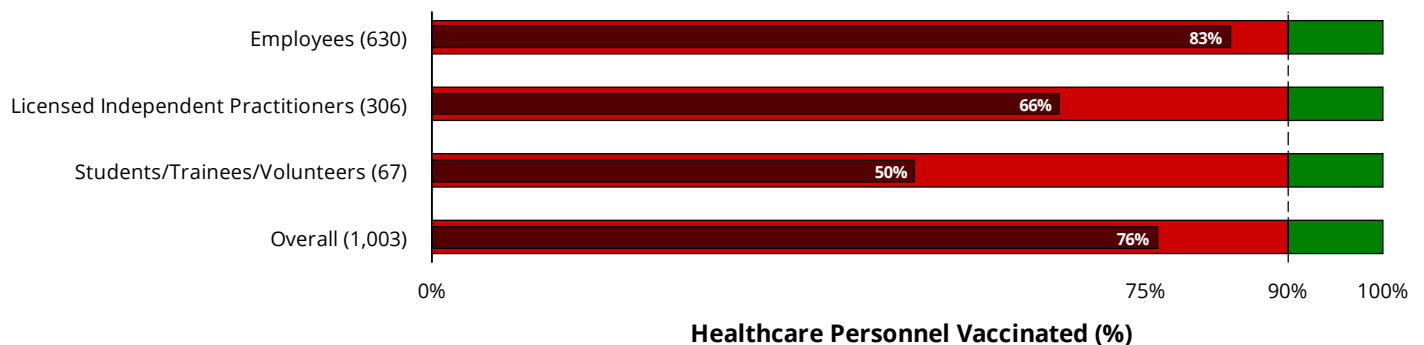
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

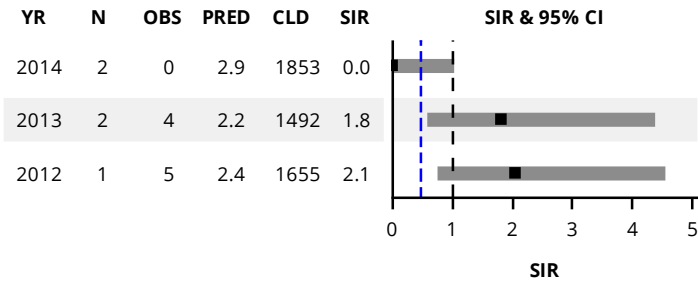


■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Southern Hills Medical Center, Nashville, Davidson County

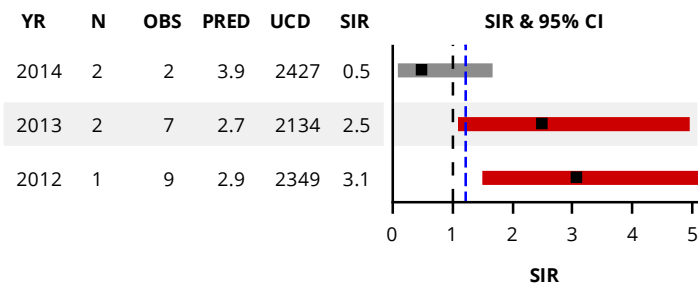
Central Line-Associated Bloodstream Infections (CLABSI)

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



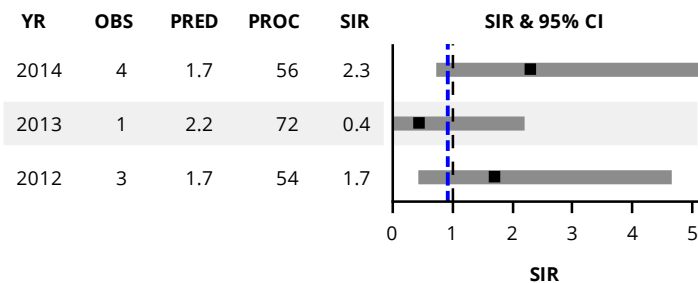
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



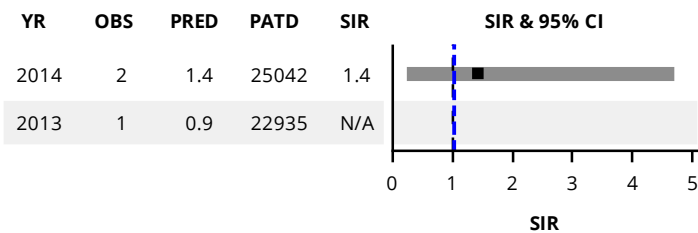
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

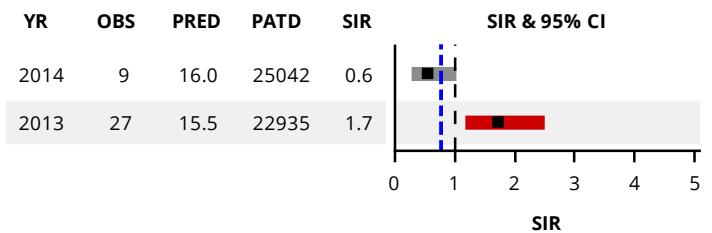
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

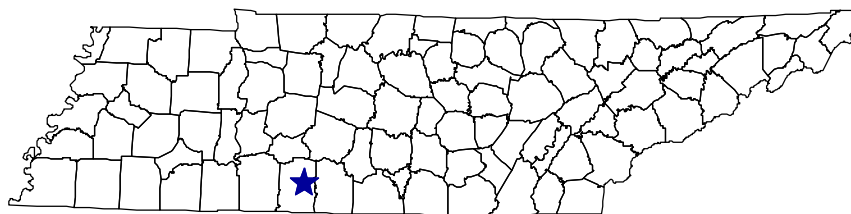
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| | | 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 | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.6 | 495 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.2 | 7618 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 0 | 3.3 | 7003 | 0.00 | (0.00, 0.91) | 0.78 |

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)

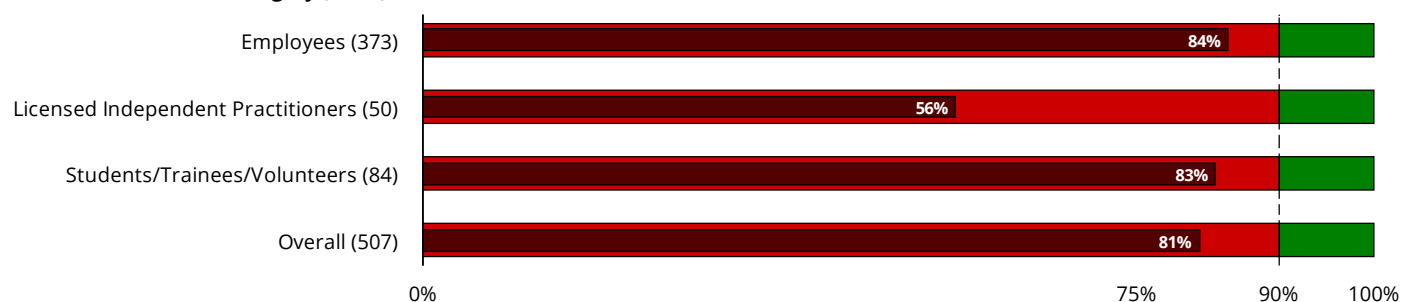
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

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

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.1 | 123 | N/A |
| 2013 | 1 | 0 | 0.2 | 155 | N/A |
| 2012 | 1 | 0 | 0.2 | 160 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.6 | 495 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

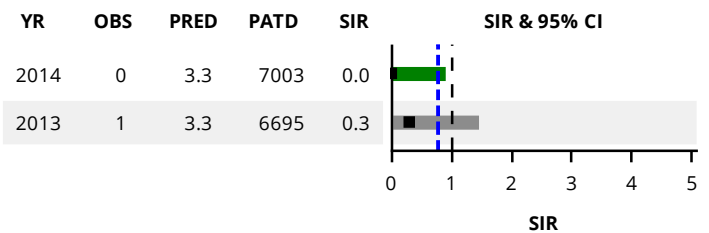
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.2 | 7618 | N/A |
| 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 9, 2015

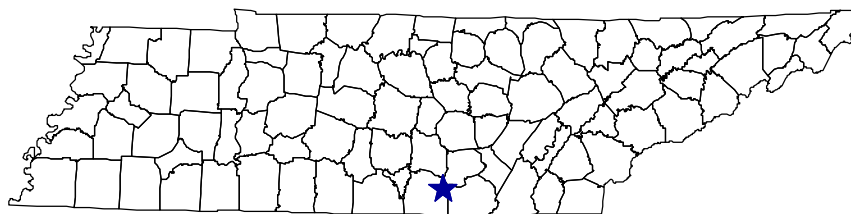
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 2014 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, 01/01/2014-12/31/2014

| | | 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 | 374 | N/A | N/A | 1.02 |
| | C. difficile infection | 2 | 1.0 | 2146 | 1.99 | (0.33, 6.56) | 0.78 |

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)

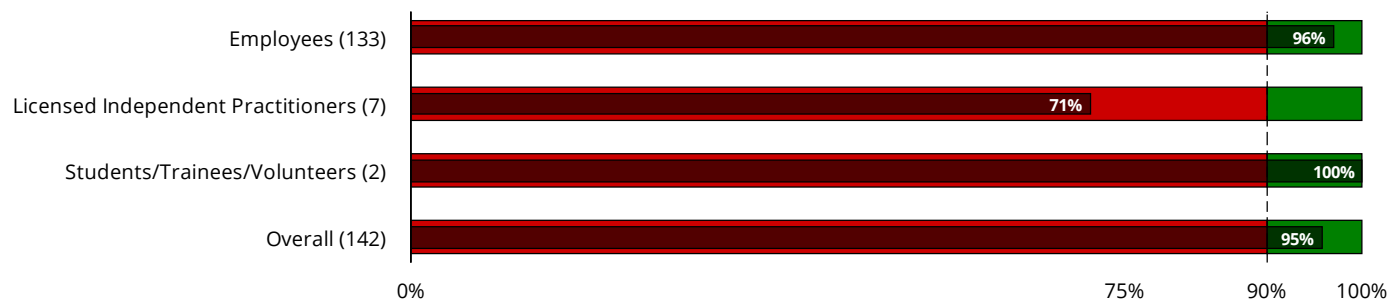
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

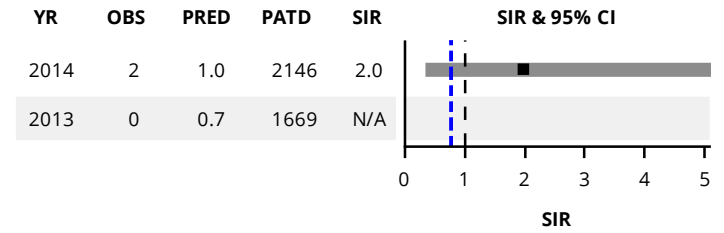
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.0 | 374 | N/A |
| 2013 | 0 | 0.0 | 1669 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

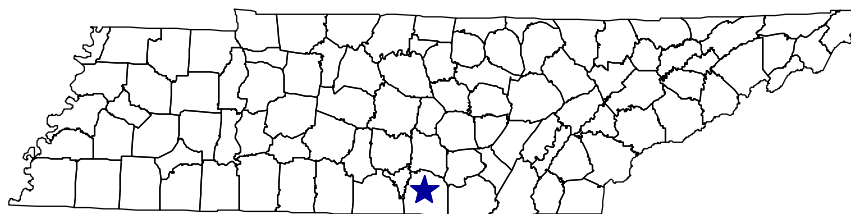
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| | | 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 | 347 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 2 | 1.0 | 793 | 1.96 | (0.33, 6.46) | 1.22 |
| SSI | Colon surgery | 0 | 2.0 | 55 | 0.00 | (0.00, 1.44) | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 1.8 | 22830 | 0.00 | (0.00, 1.66) | 1.02 |
| | <i>C. difficile</i> infection | 5 | 12.3 | 22010 | 0.41 | (0.15, 0.90) | 0.78 |

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)

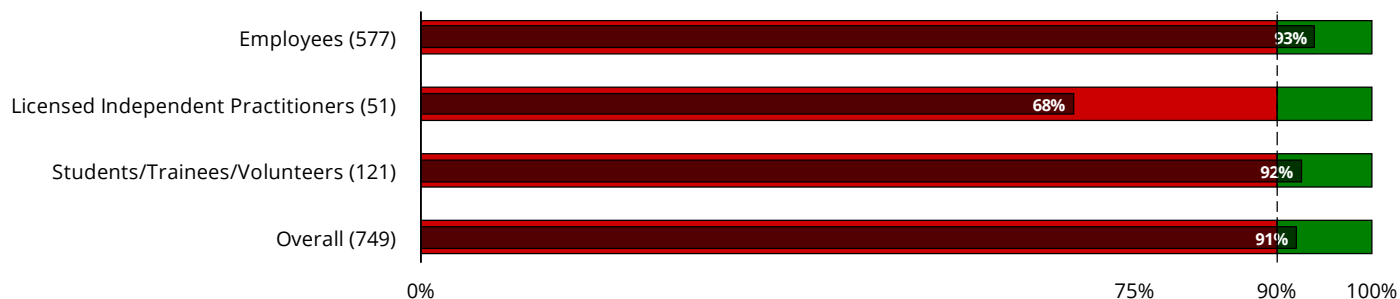
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

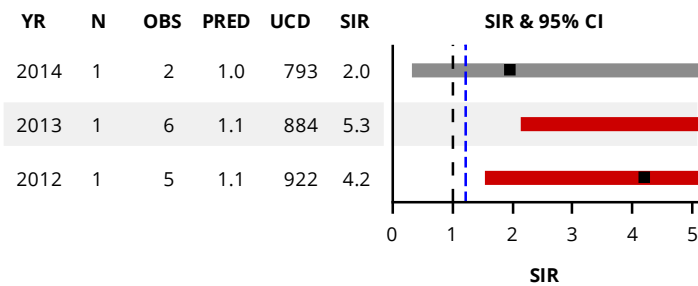
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.5 | 347 | N/A |
| 2013 | 1 | 1 | 0.4 | 269 | N/A |
| 2012 | 1 | 1 | 0.6 | 453 | N/A |

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

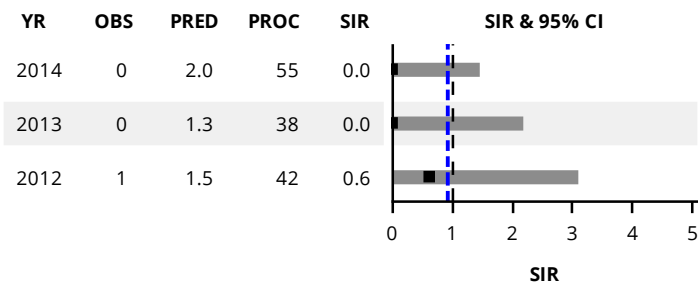
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



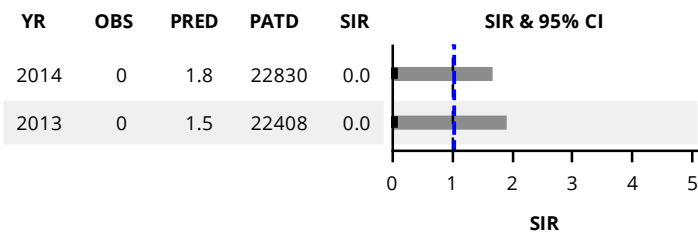
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

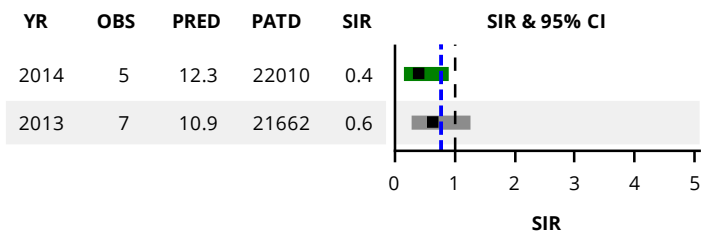
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

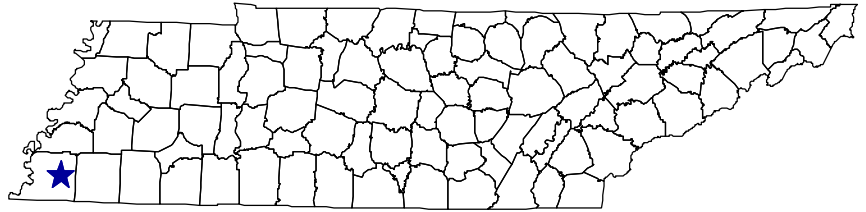
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 4.3 | 2931 | 0.00 | (0.00, 0.70) | 0.46 |
| | Neonatal ICU | N/A | N/A | N/A | N/A | N/A | 0.34 |
| CAUTI | Adult/Pediatric ICU | 5 | 4.1 | 3371 | 1.19 | (0.44, 2.65) | 1.22 |
| SSI | Colon surgery | 0 | 1.1 | 43 | 0.00 | (0.00, 2.71) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.2 | 41 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 1.2 | 32621 | 0.00 | (0.00, 2.48) | 1.02 |
| | C. difficile infection | 7 | 15.5 | 31396 | 0.45 | (0.20, 0.89) | 0.78 |

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)

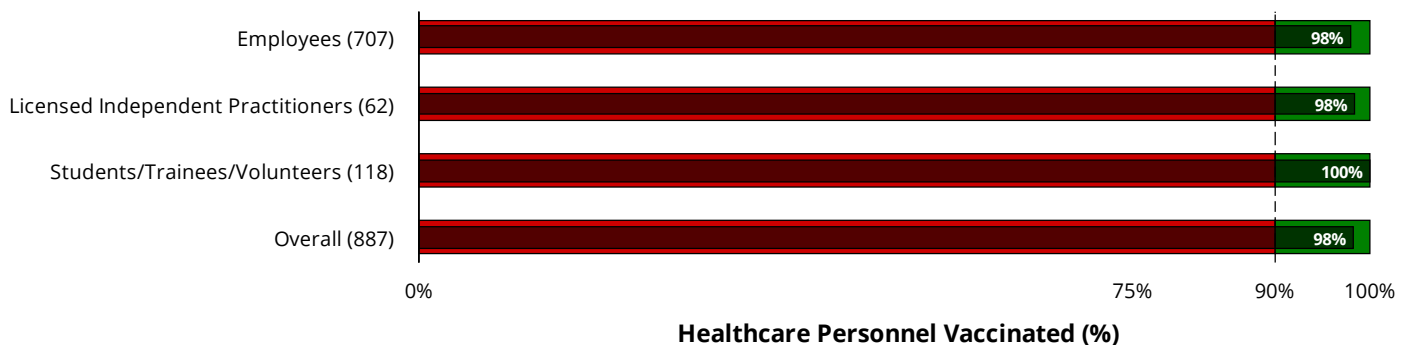
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

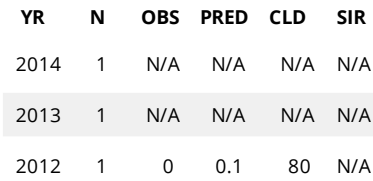
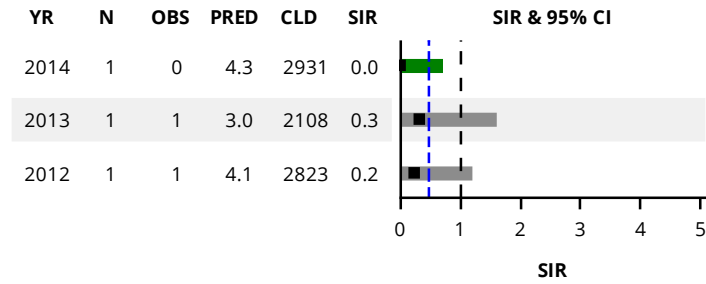


■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

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

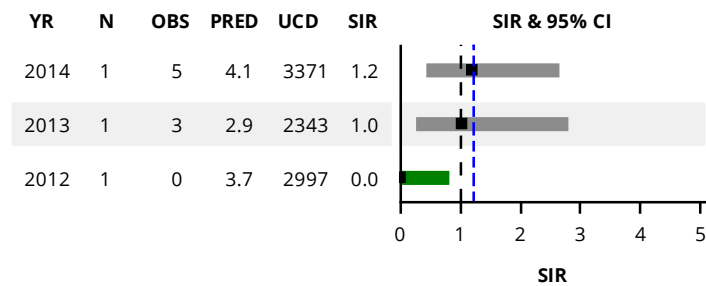
CLABSI - Neonatal ICUs



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

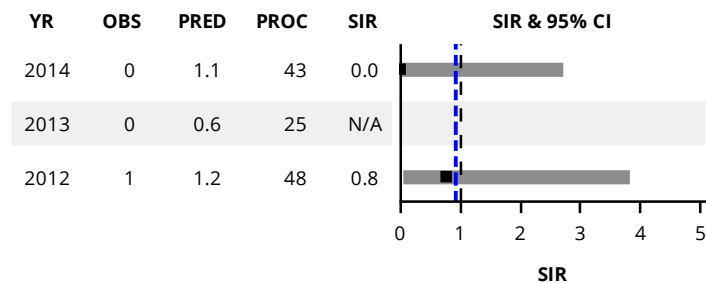
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

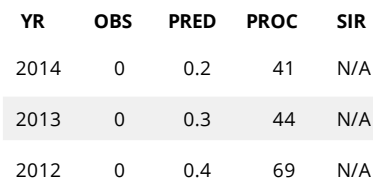


Surgical Site Infections (SSI)

SSI - Colon Surgery



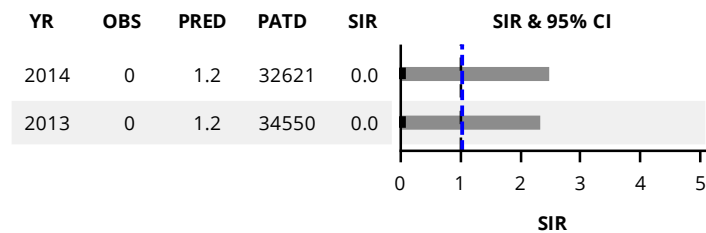
SSI - Abdominal Hysterectomy



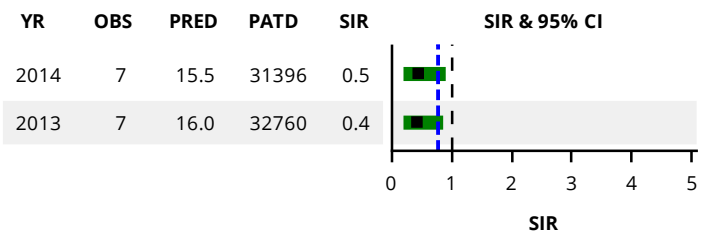
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

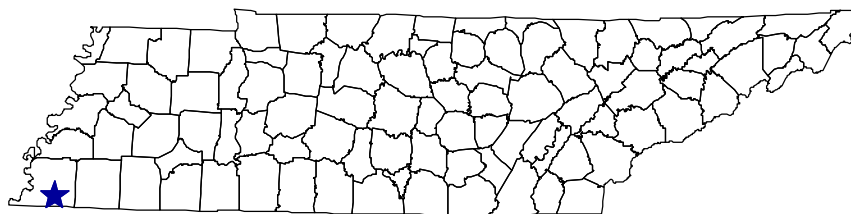
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 6 | 7.0 | 5007 | 0.85 | (0.34, 1.76) | 0.46 |
| | Neonatal ICU | 0 | 0.2 | 163 | N/A | N/A | 0.34 |
| CAUTI | Adult/Pediatric ICU | 7 | 10.7 | 5295 | 0.65 | (0.29, 1.29) | 1.22 |
| SSI | Colon surgery | 5 | 4.4 | 151 | 1.13 | (0.41, 2.50) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.8 | 83 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 8 | 6.2 | 96224 | 1.27 | (0.59, 2.41) | 1.02 |
| | C. difficile infection | 17 | 56.6 | 92010 | 0.30 | (0.18, 0.47) | 0.78 |

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)

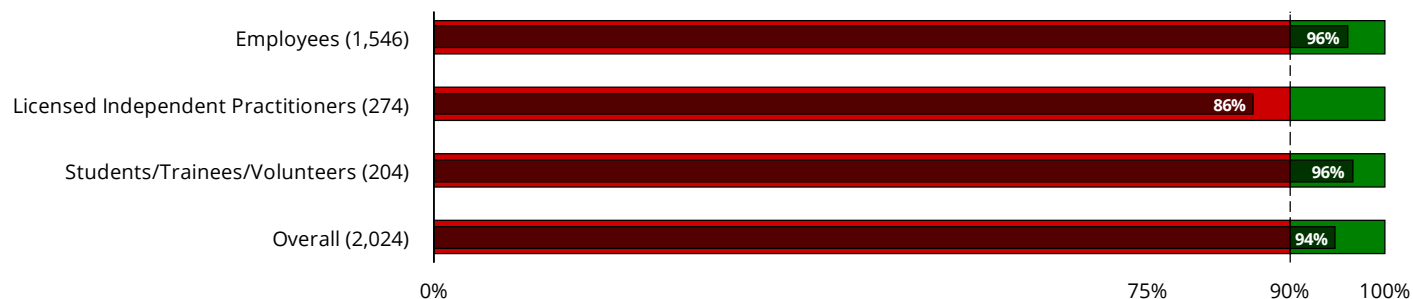
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



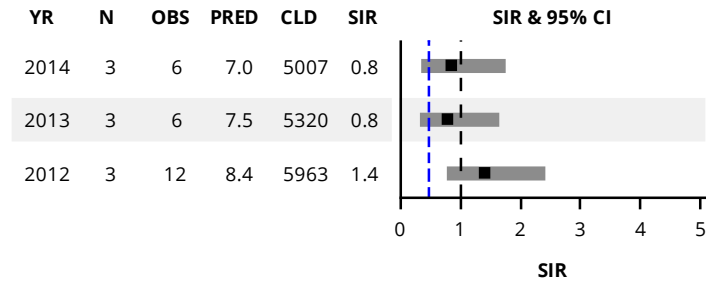
Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

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

CLABSI - Neonatal ICUs

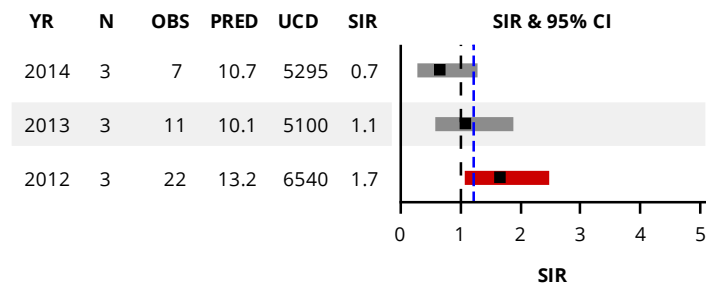


| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.2 | 163 | N/A |
| 2013 | 1 | 0 | 0.2 | 120 | N/A |
| 2012 | 1 | 0 | 0.4 | 272 | N/A |

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

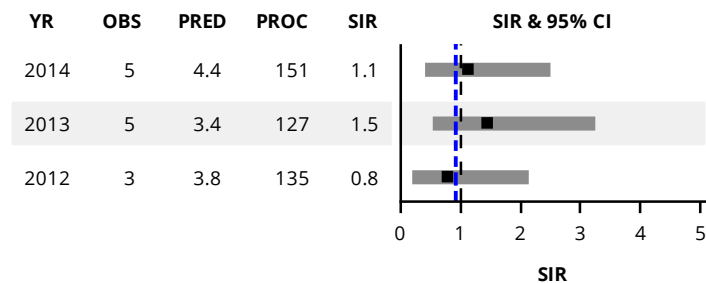
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



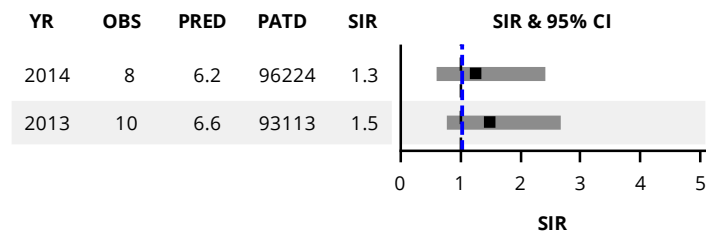
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.8 | 83 | N/A |
| 2013 | 0 | 0.7 | 78 | N/A |
| 2012 | 0 | 0.6 | 70 | N/A |

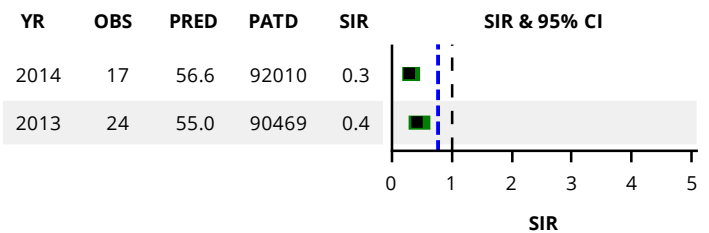
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

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;

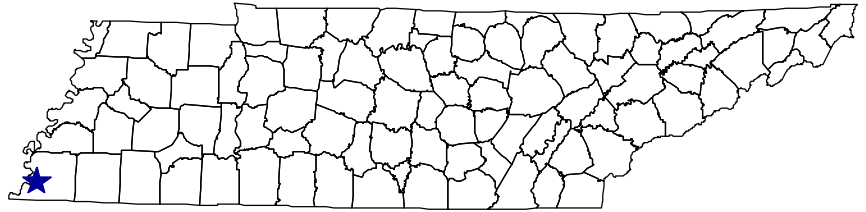
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - 2014 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):** 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, 01/01/2014-12/31/2014

| 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 | 0.46 |
| CAUTI | Adult/Pediatric ICU | N/A | N/A | N/A | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 1.0 | 17112 | 0.00 | (0.00, 2.86) | 1.02 |
| | <i>C. difficile</i> infection | 30 | 12.0 | 17112 | 2.49 | (1.71, 3.51) | 0.78 |

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)

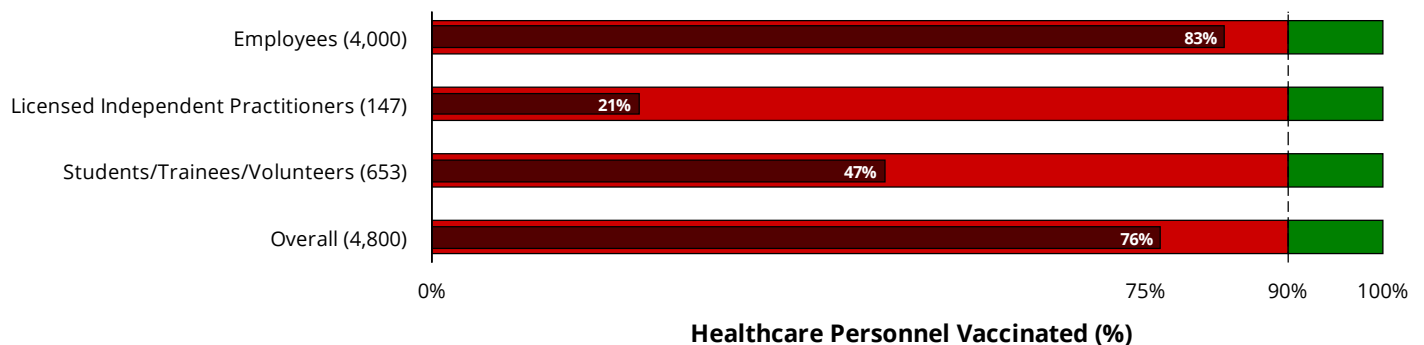
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

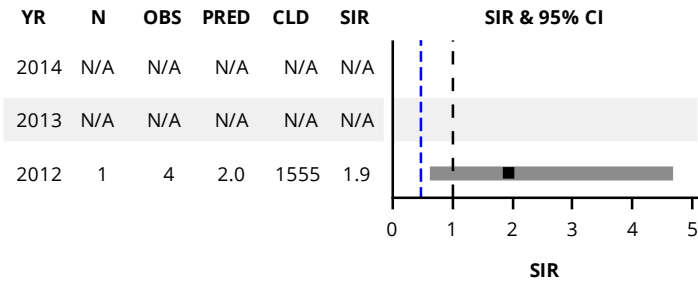
Healthcare Personnel Category (Total)



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

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 |
|------|---|-----|------|-----|-----|
| 2014 | N | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

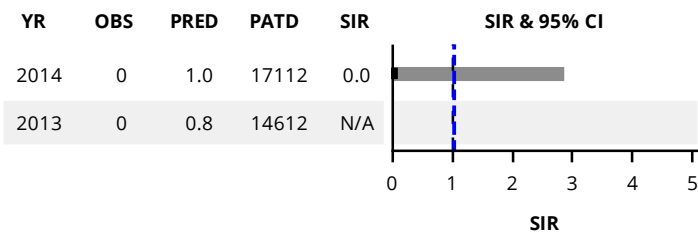
SSI - Abdominal Hysterectomy

No eligible procedures were performed during this reporting period

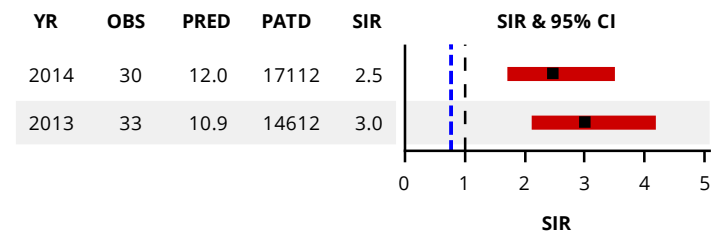
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

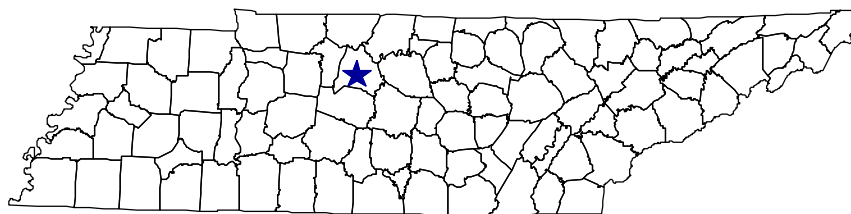
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 10.9 | 5701 | 0.09 | (0.01, 0.45) | 0.46 |
| | Neonatal ICU | 1 | 2.2 | 913 | 0.44 | (0.02, 2.18) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 9 | 16.0 | 7449 | 0.56 | (0.27, 1.03) | 1.22 |
| SSI | Colon surgery | 6 | 8.0 | 273 | 0.75 | (0.30, 1.55) | 0.91 |
| | Abdominal hysterectomy | 1 | 3.6 | 482 | 0.28 | (0.01, 1.36) | 0.78 |
| LabID | MRSA bacteremia | 4 | 7.4 | 113667 | 0.54 | (0.17, 1.29) | 1.02 |
| | <i>C. difficile</i> infection | 44 | 54.2 | 84289 | 0.81 | (0.60, 1.08) | 0.78 |

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

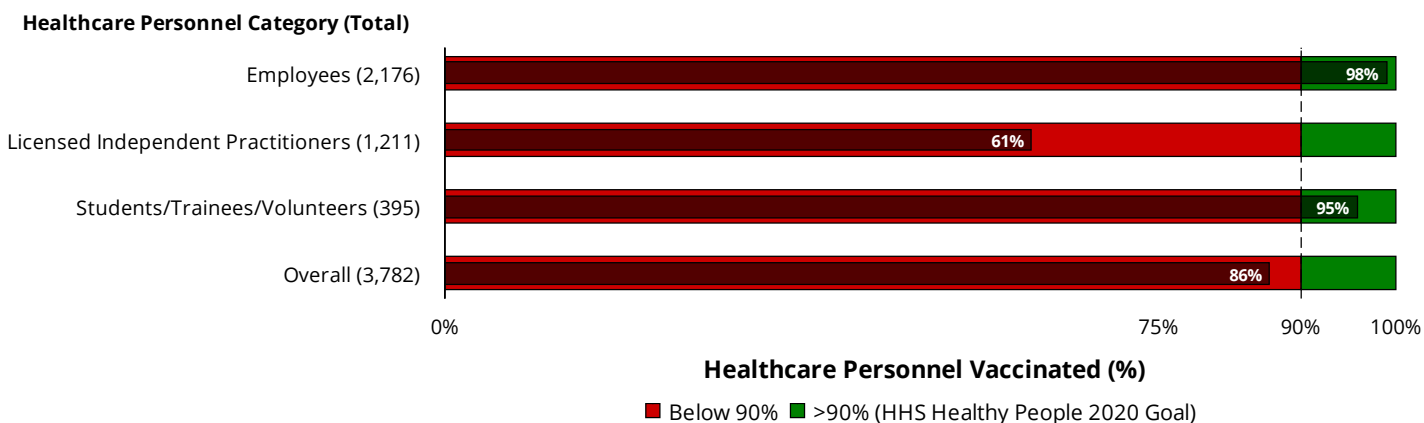
Red highlighting indicates an SIR significantly **HIGHER** than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011)

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 - 2014/2015 Influenza Season

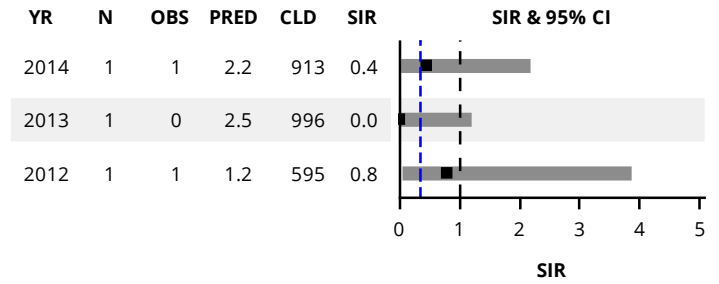
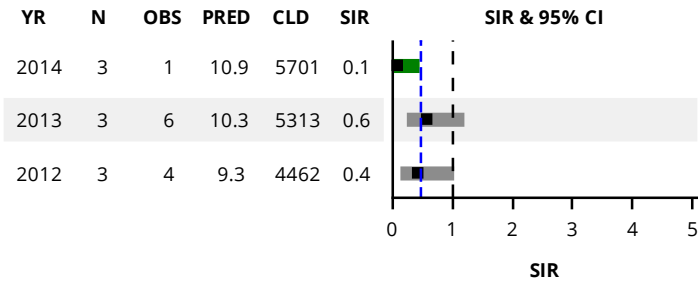


St. Thomas Midtown (Baptist Hospital- Nashville), Nashville, Davidson County

Central Line-Associated Bloodstream Infections (CLABSI)

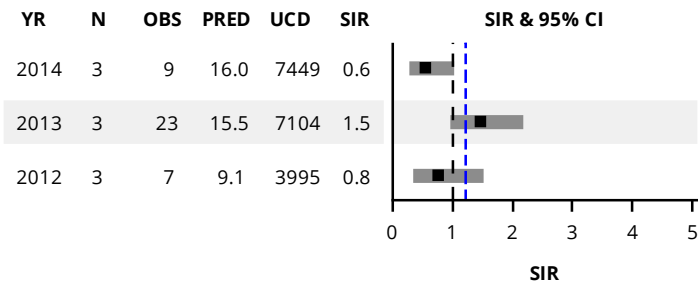
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

CLABSI - Neonatal ICUs



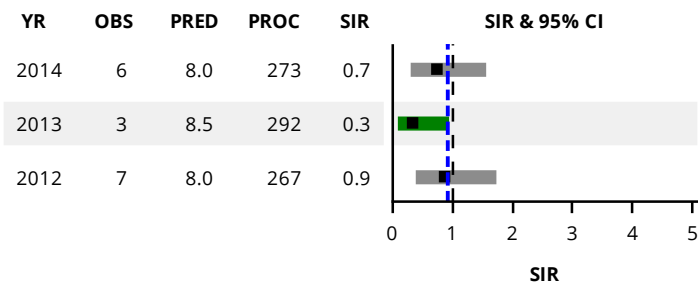
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

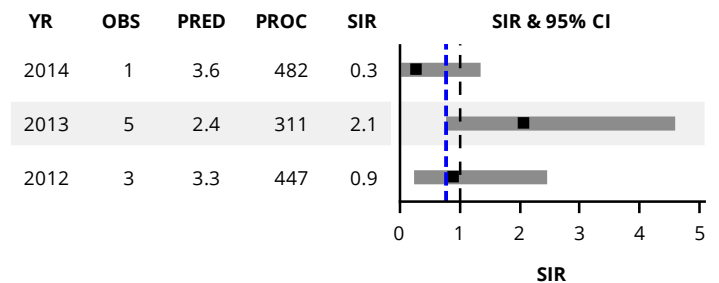


Surgical Site Infections (SSI)

SSI - Colon Surgery

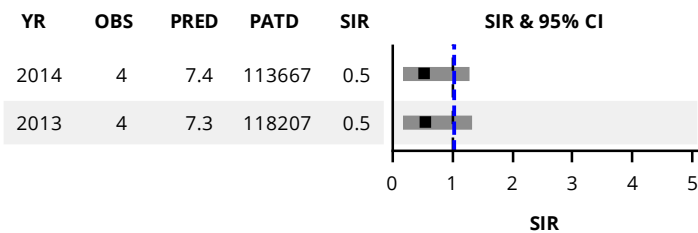


SSI - Abdominal Hysterectomy

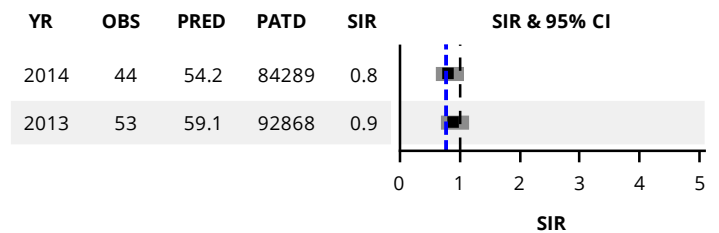


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

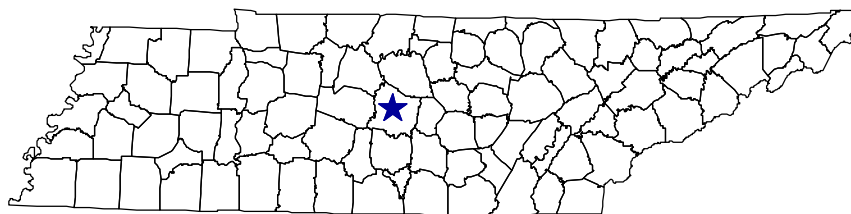
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN 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, 01/01/2014-12/31/2014

| 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 | 4.2 | 2875 | 0.71 | (0.18, 1.93) | 0.46 |
| | Neonatal ICU | 0 | 0.7 | 373 | N/A | N/A | 0.34 |
| CAUTI | Adult/Pediatric ICU | 5 | 5.0 | 4101 | 0.98 | (0.36, 2.18) | 1.22 |
| SSI | Colon surgery | 1 | 4.0 | 136 | 0.25 | (0.01, 1.21) | 0.91 |
| | Abdominal hysterectomy | 5 | 1.5 | 212 | 3.24 | (1.19, 7.18) | 0.78 |
| LabID | MRSA bacteremia | 4 | 3.4 | 62224 | 1.15 | (0.37, 2.77) | 1.02 |
| | <i>C. difficile</i> infection | 41 | 44.7 | 54161 | 0.92 | (0.67, 1.23) | 0.78 |

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)

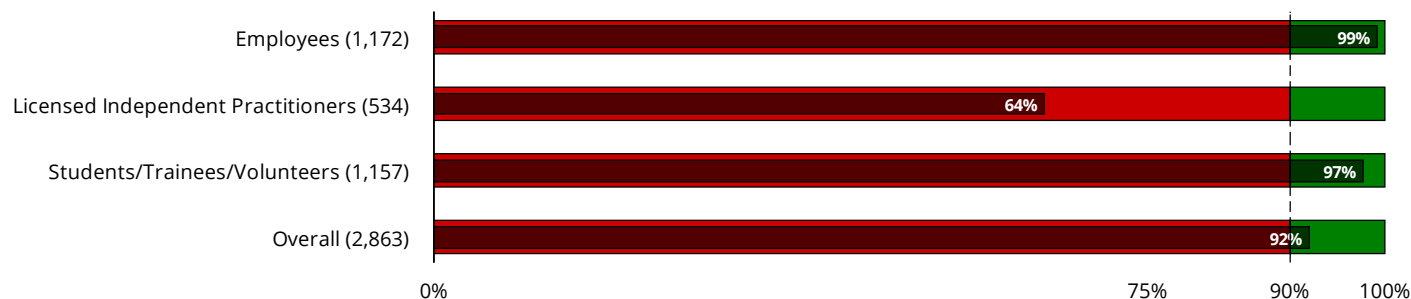
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



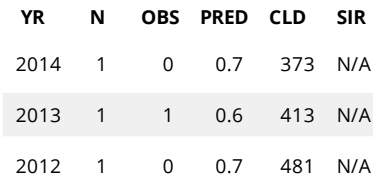
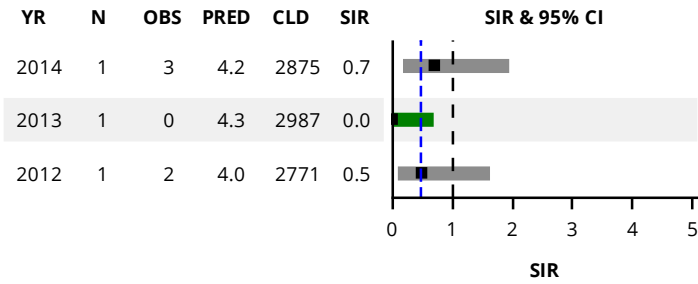
Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

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

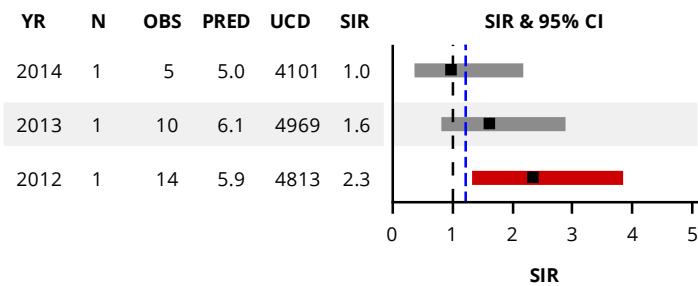
CLABSI - Neonatal ICUs



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

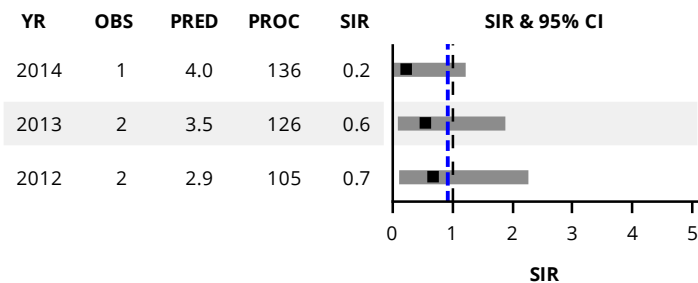
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

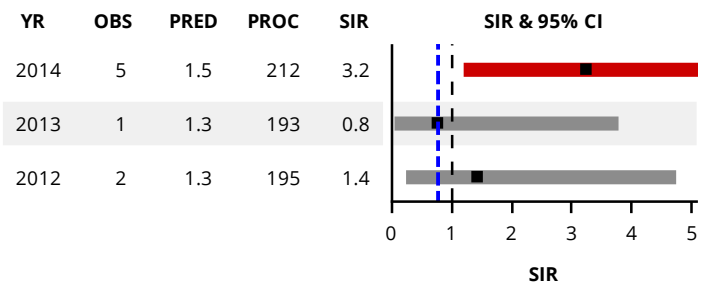


Surgical Site Infections (SSI)

SSI - Colon Surgery

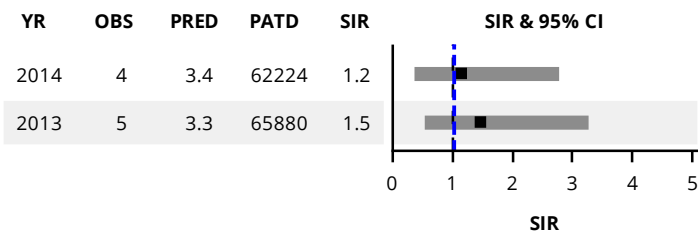


SSI - Abdominal Hysterectomy

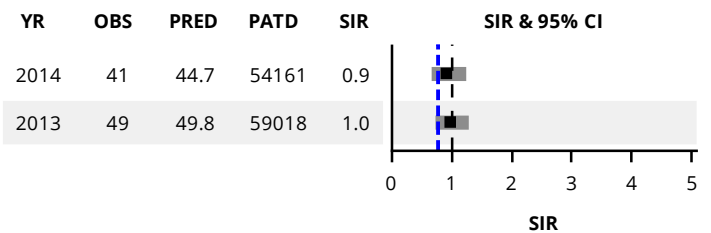


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

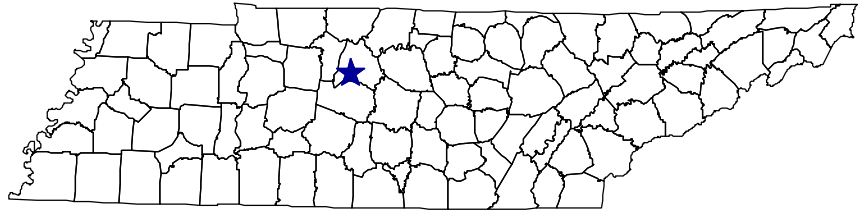
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 5 | 10.6 | 7262 | 0.47 | (0.17, 1.04) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 21 | 10.9 | 8808 | 1.92 | (1.22, 2.88) | 1.22 |
| SSI | Colon surgery | 9 | 7.7 | 224 | 1.16 | (0.57, 2.13) | 0.91 |
| | Abdominal hysterectomy | 0 | 1.0 | 150 | 0.00 | (0.00, 2.84) | 0.78 |
| LabID | MRSA bacteremia | 13 | 9.2 | 84908 | 1.41 | (0.78, 2.34) | 1.02 |
| | <i>C. difficile</i> infection | 85 | 69.3 | 84908 | 1.23 | (0.99, 1.51) | 0.78 |

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)

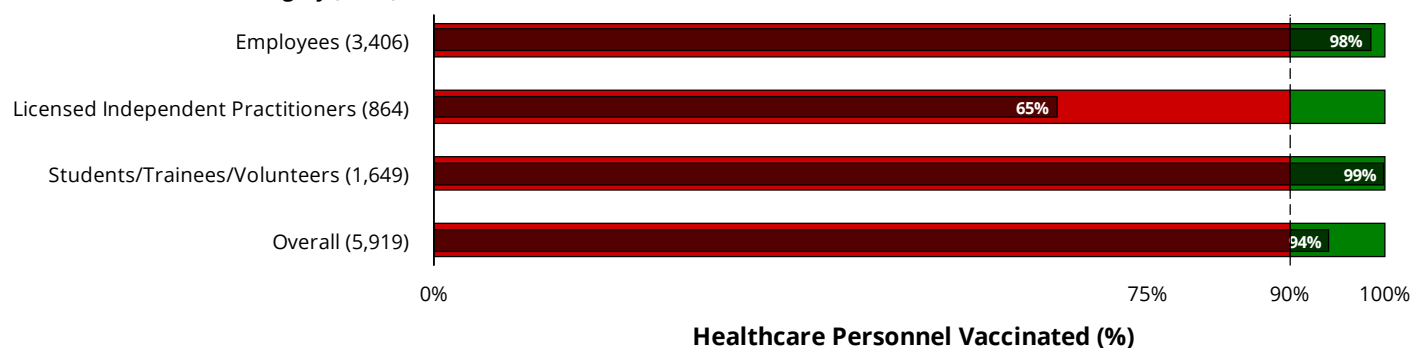
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

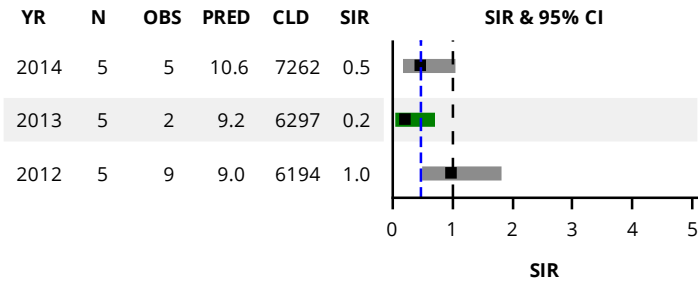
Healthcare Personnel Category (Total)



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

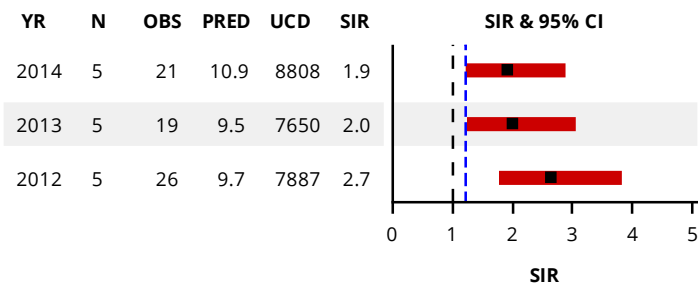
Central Line-Associated Bloodstream Infections (CLABSI)

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



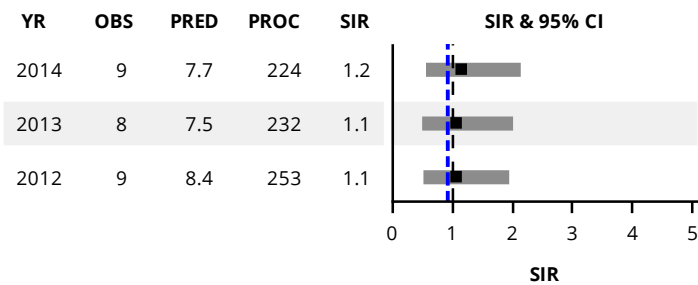
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

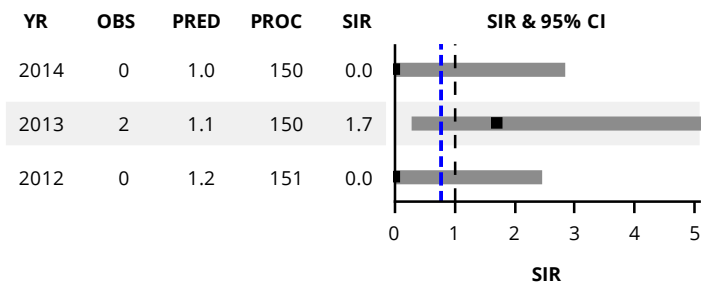


Surgical Site Infections (SSI)

SSI - Colon Surgery

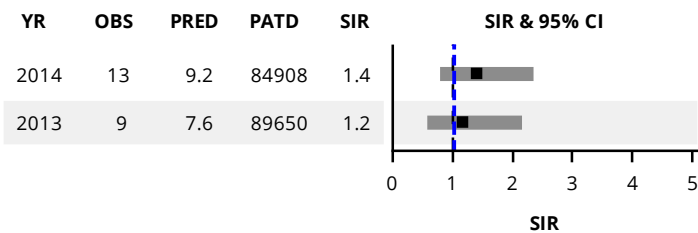


SSI - Abdominal Hysterectomy

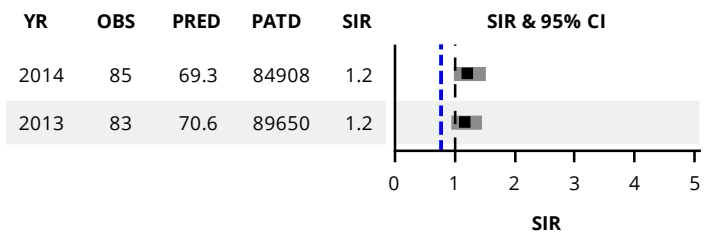


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

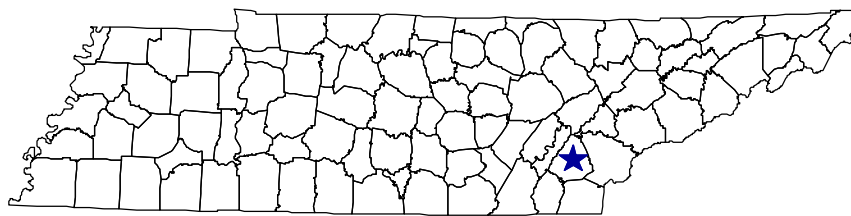
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 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, 01/01/2014-12/31/2014

| | | 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 | 226 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 1 | 0.9 | 762 | N/A | N/A | 1.22 |
| SSI | Colon surgery | 0 | 0.7 | 30 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 0 | 0.3 | 32 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.5 | 11173 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 3 | 4.6 | 10211 | 0.64 | (0.16, 1.75) | 0.78 |

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)

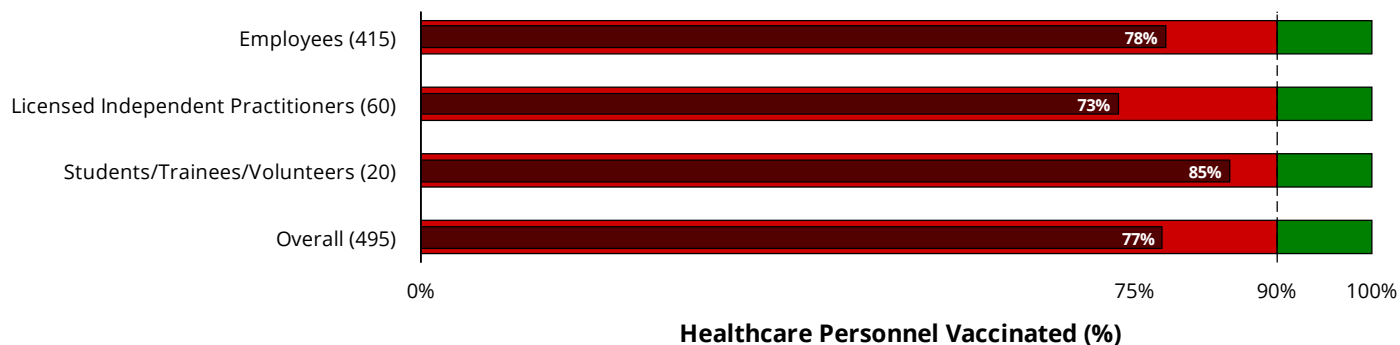
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Central Line-Associated Bloodstream Infections (CLABSI)

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

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 1 | 0.3 | 226 | N/A |
| 2013 | 1 | 0 | 0.4 | 278 | N/A |
| 2012 | 1 | 0 | 0.3 | 251 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 1 | 0.9 | 762 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.7 | 30 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.3 | 32 | N/A |
| 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

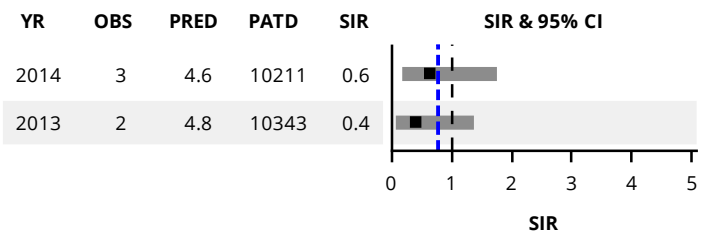
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 0 | 0.5 | 11173 | N/A |
| 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 9, 2015

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;

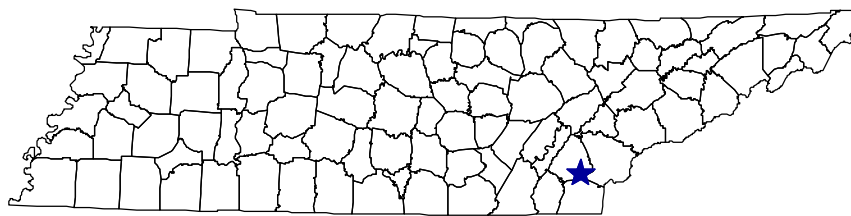
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| | | 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 | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.3 | 166 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 0.2 | 4007 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 0 | 1.8 | 4007 | 0.00 | (0.00, 1.66) | 0.78 |

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)

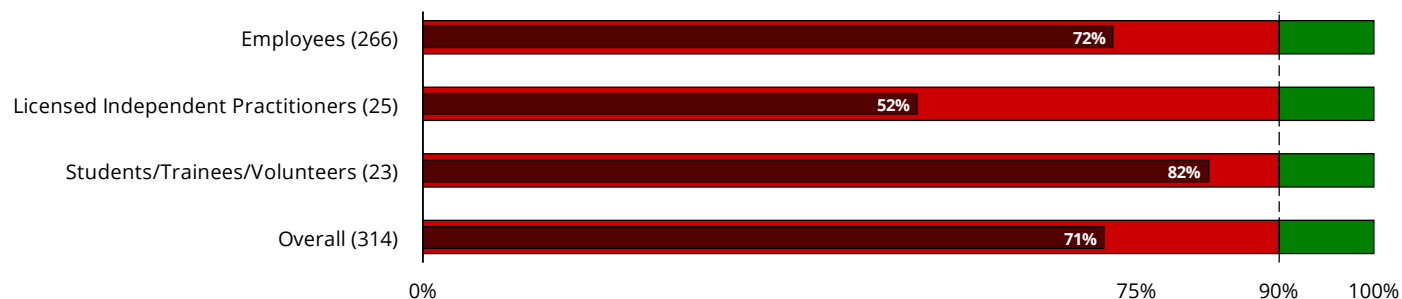
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | N/A | N/A | N/A | N/A |
| 2013 | 1 | 0 | 0.2 | 128 | N/A |
| 2012 | 1 | 1 | 0.2 | 151 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.3 | 166 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

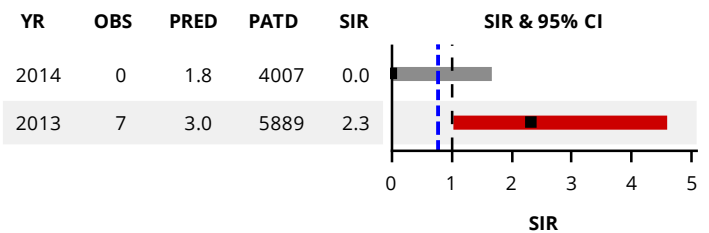
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 1 | 0.2 | 4007 | N/A |
| 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 9, 2015

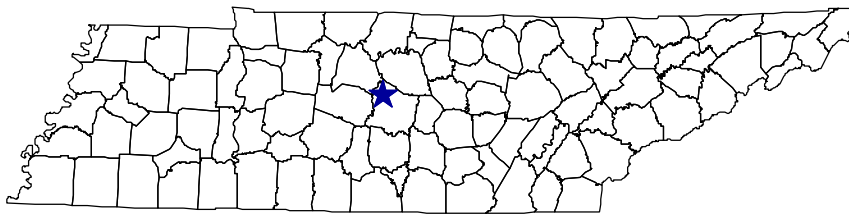
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| | | 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 | 1.6 | 855 | 0.62 | (0.03, 3.04) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 1 | 2.5 | 1261 | 0.39 | (0.02, 1.94) | 1.22 |
| SSI | Colon surgery | 2 | 1.3 | 39 | 1.45 | (0.24, 4.77) | 0.91 |
| | Abdominal hysterectomy | 1 | 0.9 | 100 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 1.2 | 23991 | 0.00 | (0.00, 2.34) | 1.02 |
| | <i>C. difficile</i> infection | 12 | 13.8 | 20352 | 0.87 | (0.47, 1.47) | 0.78 |

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)

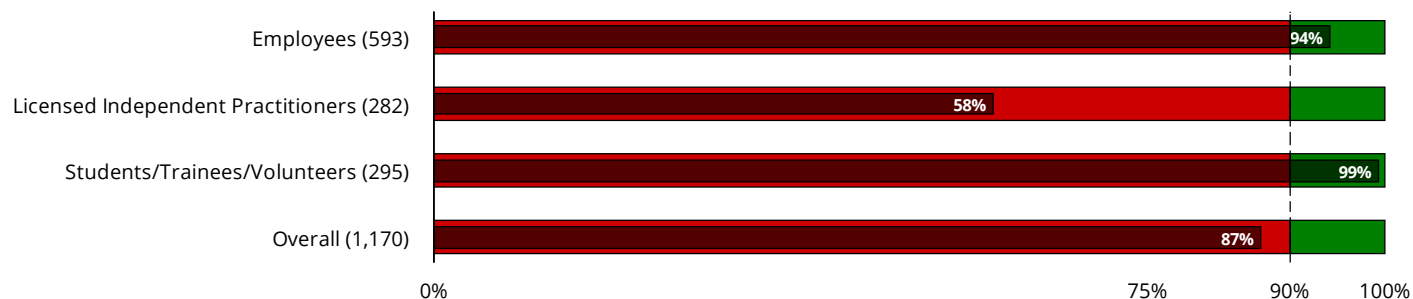
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

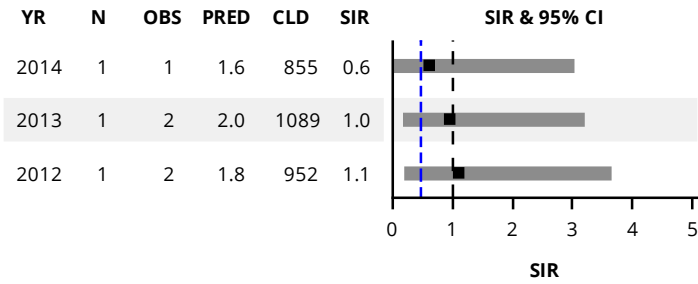


Healthcare Personnel Vaccinated (%)

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

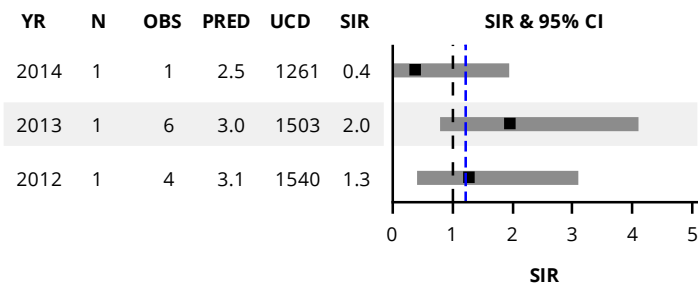
Central Line-Associated Bloodstream Infections (CLABSI)

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



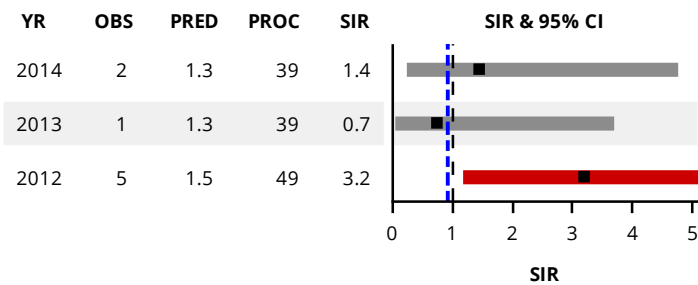
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

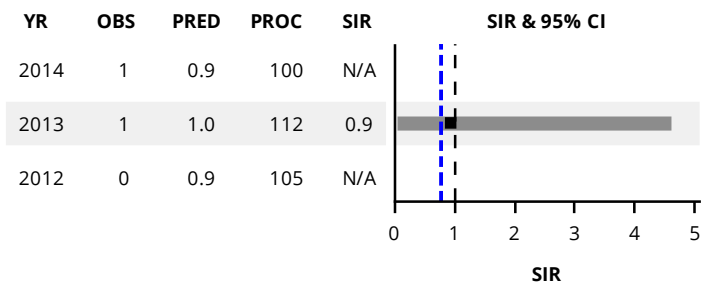


Surgical Site Infections (SSI)

SSI - Colon Surgery

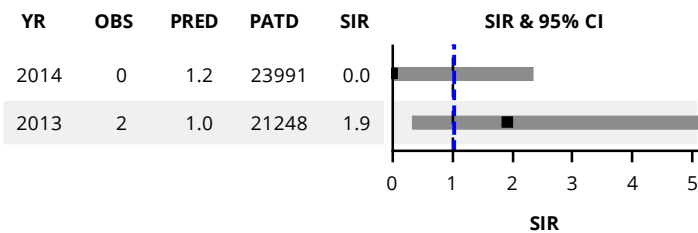


SSI - Abdominal Hysterectomy

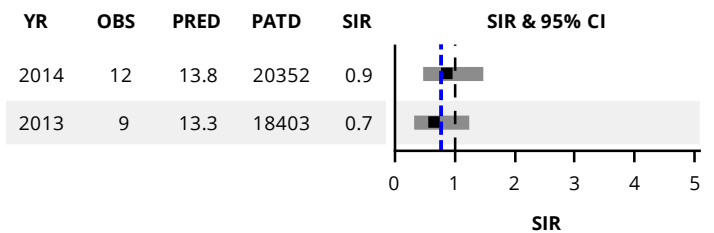


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

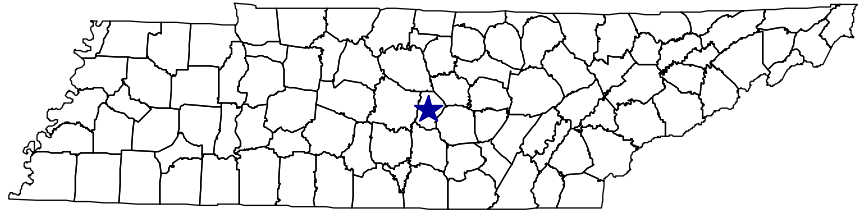
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|----------------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| LabID | MRSA bacteremia | 0 | 0.1 | 4839 | N/A | N/A | 1.02 |
| | C. difficile infection | 0 | 2.1 | 4839 | 0.00 | (0.00, 1.42) | 0.78 |

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)

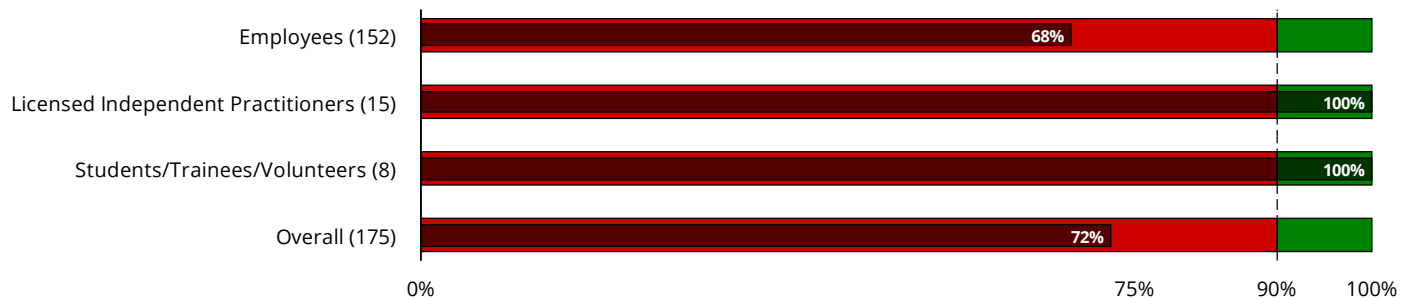
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

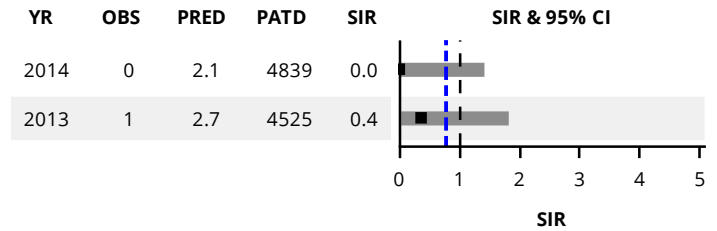
Stones River Hospital, Woodbury, Cannon County

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.1 | 4839 | N/A |
| 2013 | 0 | 0.1 | 4525 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

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;

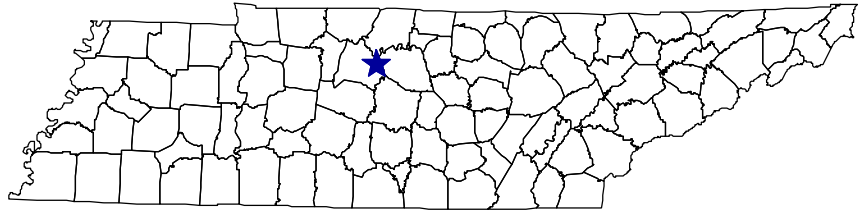
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 TN SIR
- - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 2 | 5.9 | 2856 | 0.34 | (0.06, 1.11) | 0.46 |
| | Neonatal ICU | 0 | 0.3 | 212 | N/A | N/A | 0.34 |
| CAUTI | Adult/Pediatric ICU | 7 | 10.3 | 4510 | 0.68 | (0.30, 1.34) | 1.22 |
| SSI | Colon surgery | 2 | 3.2 | 120 | 0.62 | (0.10, 2.06) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.4 | 68 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 2 | 2.6 | 54824 | 0.75 | (0.13, 2.46) | 1.02 |
| | C. difficile infection | 36 | 36.2 | 51114 | 0.99 | (0.71, 1.36) | 0.78 |

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)

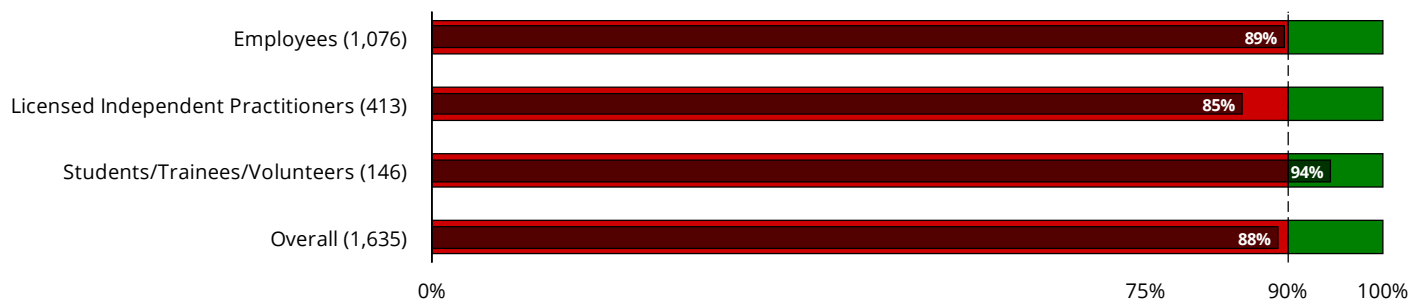
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



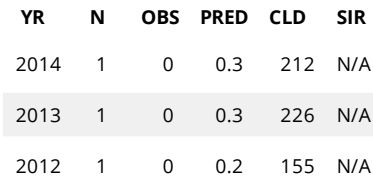
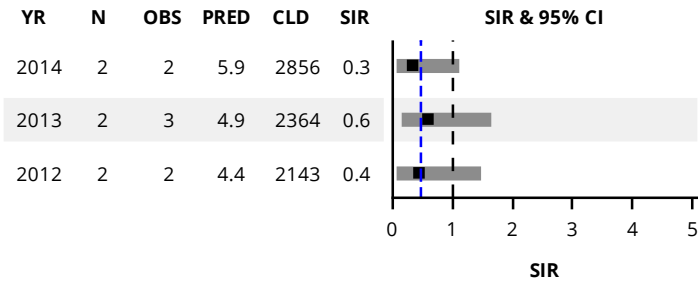
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Summit Medical Center, Hermitage, Davidson County

Central Line-Associated Bloodstream Infections (CLABSI)

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

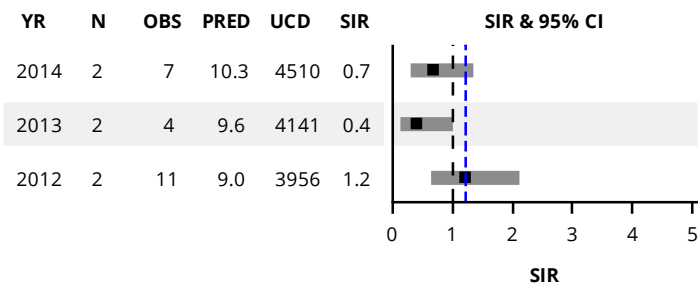
CLABSI - Neonatal ICUs



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

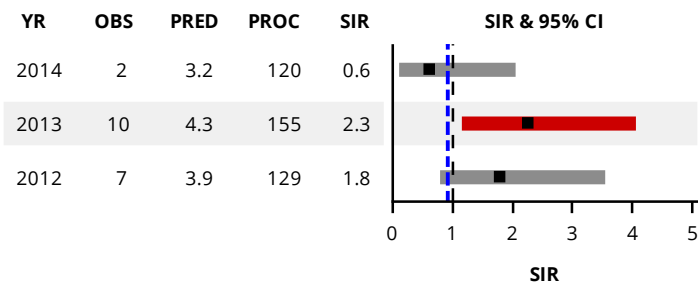
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

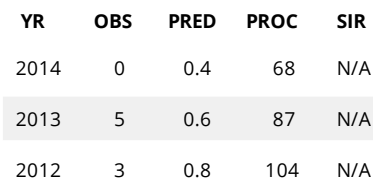


Surgical Site Infections (SSI)

SSI - Colon Surgery



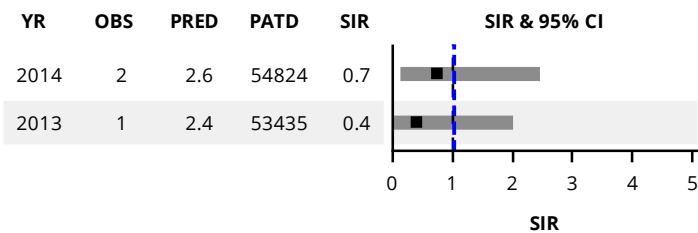
SSI - Abdominal Hysterectomy



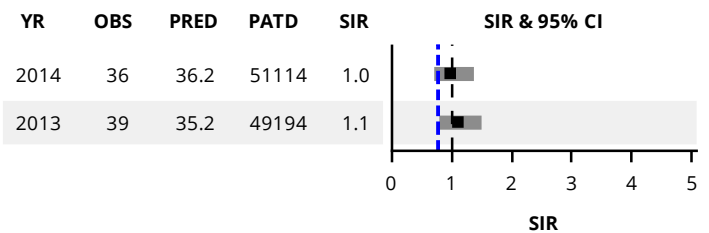
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

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;

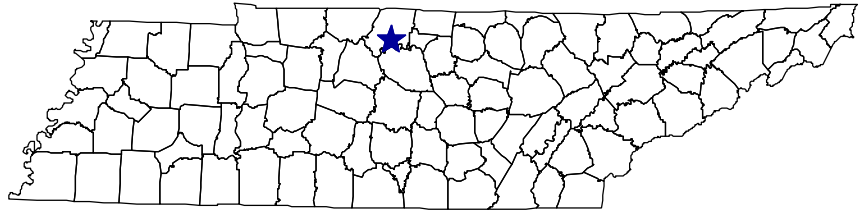
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - 2014 TN SIR
- - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| | | 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 | 4.0 | 2718 | 0.00 | (0.00, 0.75) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 4 | 4.4 | 3565 | 0.90 | (0.29, 2.17) | 1.22 |
| SSI | Colon surgery | 0 | 1.1 | 44 | 0.00 | (0.00, 2.50) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.4 | 52 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 1.9 | 38201 | 0.51 | (0.03, 2.50) | 1.02 |
| | <i>C. difficile</i> infection | 27 | 27.3 | 36541 | 0.99 | (0.67, 1.42) | 0.78 |

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)

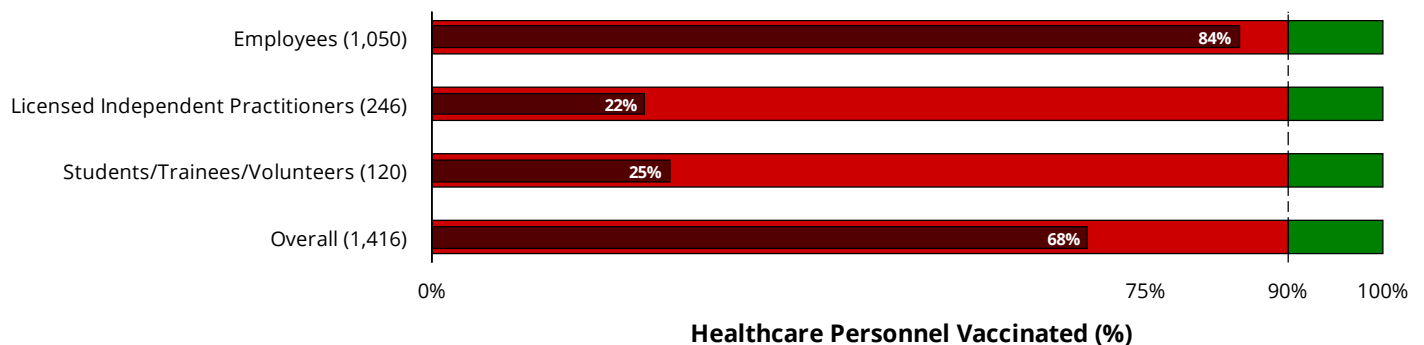
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

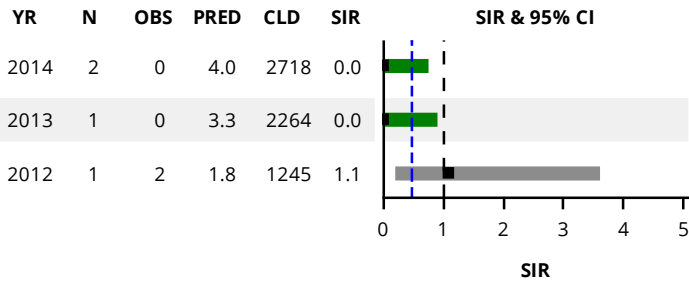


■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Sumner Regional Medical Center, Gallatin, Sumner County

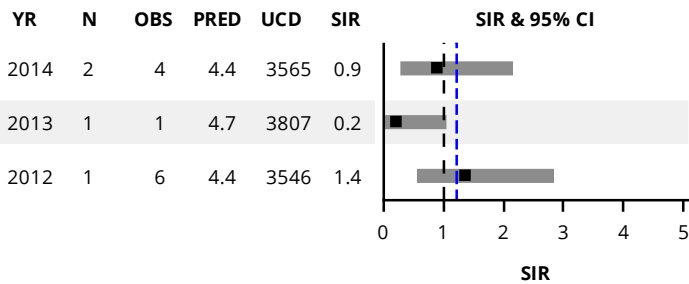
Central Line-Associated Bloodstream Infections (CLABSI)

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



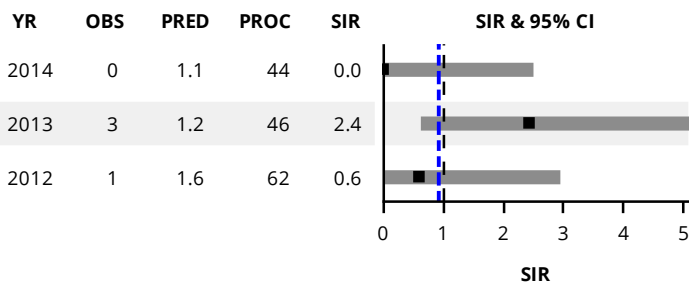
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



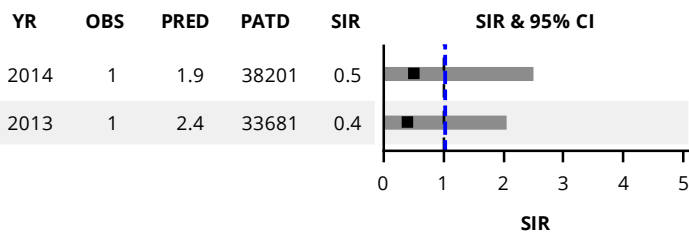
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.4 | 52 | N/A |
| 2013 | 0 | 0.1 | 29 | N/A |
| 2012 | 2 | 0.3 | 48 | N/A |

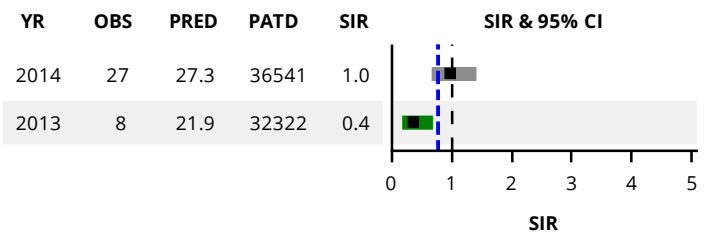
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

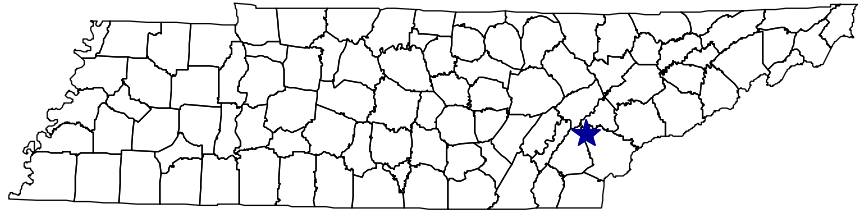
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 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, 01/01/2014-12/31/2014

| | | 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 | 204 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 1 | 1.6 | 816 | 0.61 | (0.03, 2.99) | 1.22 |
| SSI | Colon surgery | 0 | 0.4 | 21 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 1.1 | 10232 | 0.90 | (0.05, 4.45) | 1.02 |
| | <i>C. difficile</i> infection | 1 | 5.1 | 9875 | 0.19 | (0.01, 0.96) | 0.78 |

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)

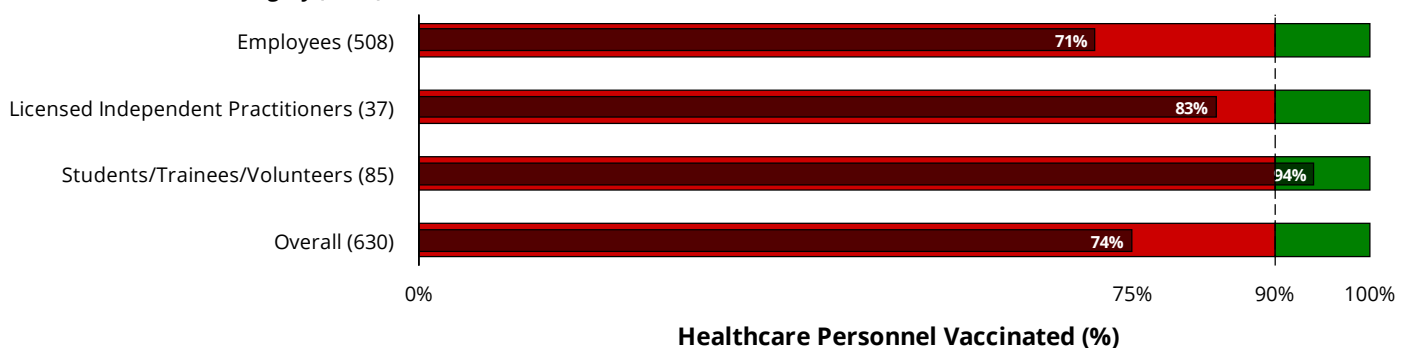
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Sweetwater Hospital Association, Sweetwater, Monroe County

Central Line-Associated Bloodstream Infections (CLABSI)

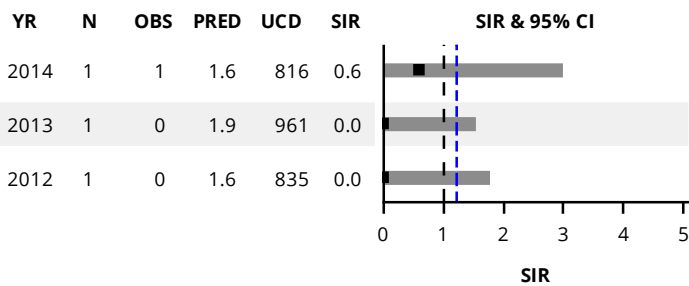
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.3 | 204 | N/A |
| 2013 | 1 | 0 | 0.6 | 327 | N/A |
| 2012 | 1 | 0 | 0.6 | 358 | 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.4 | 21 | N/A |
| 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

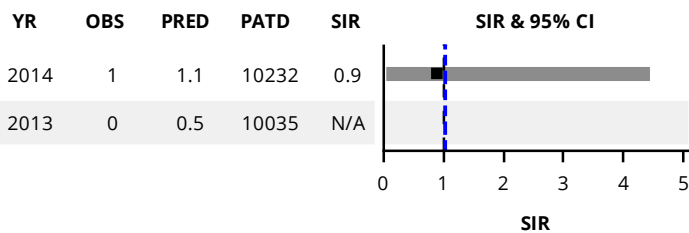
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | 0 | 0.0 | 20 | N/A |
| 2012 | 0 | 0.0 | 24 | N/A |

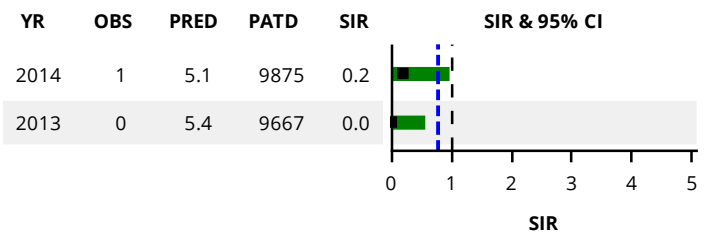
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

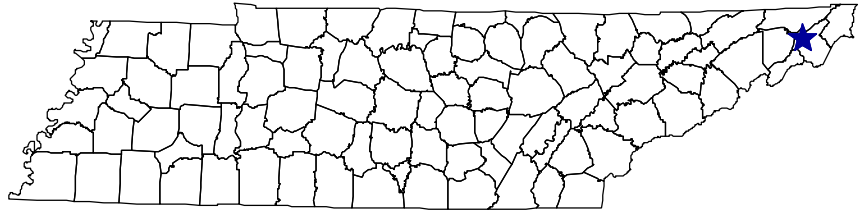
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 452 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.7 | 1352 | 0.00 | (0.00, 1.72) | 1.22 |
| SSI | Colon surgery | 0 | 0.6 | 24 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.5 | 13289 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 4 | 7.4 | 13289 | 0.53 | (0.17, 1.29) | 0.78 |

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)

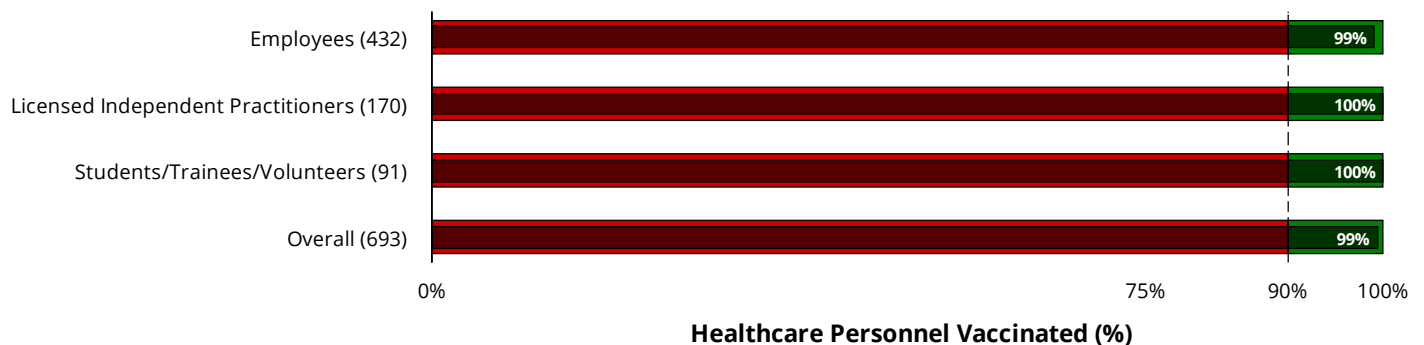
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

Sycamore Shoals Hospital, Elizabethton, Carter County

Central Line-Associated Bloodstream Infections (CLABSI)

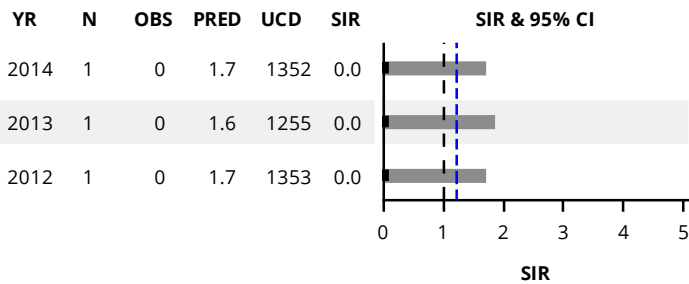
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.6 | 452 | N/A |
| 2013 | 1 | 0 | 0.6 | 411 | N/A |
| 2012 | 1 | 0 | 0.7 | 515 | N/A |

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

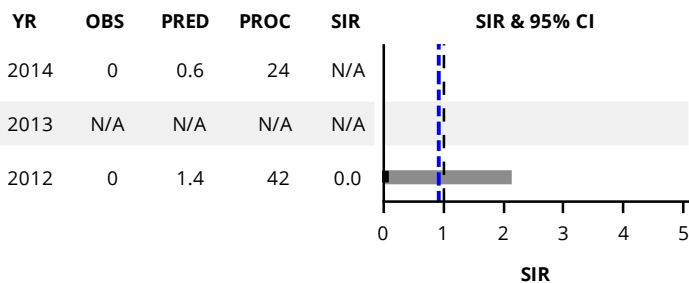
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | 0 | 0.2 | 26 | N/A |
| 2012 | 0 | 0.4 | 56 | N/A |

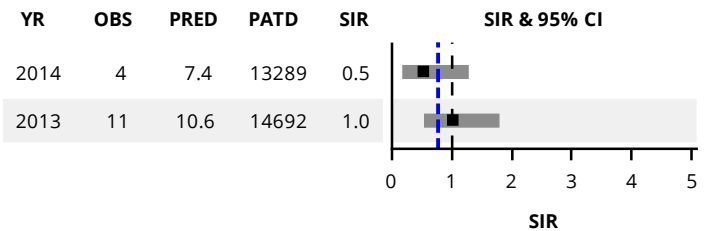
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 0 | 0.5 | 13289 | N/A |
| 2013 | 3 | 0.5 | 14692 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

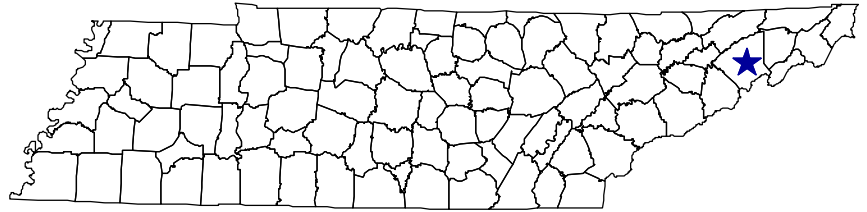
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| | | 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 | 400 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.2 | 1005 | 0.00 | (0.00, 2.31) | 1.22 |
| SSI | Colon surgery | 1 | 0.9 | 45 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 1 | 1.0 | 12635 | 0.91 | (0.05, 4.50) | 1.02 |
| | <i>C. difficile</i> infection | 4 | 6.0 | 11891 | 0.66 | (0.21, 1.59) | 0.78 |

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)

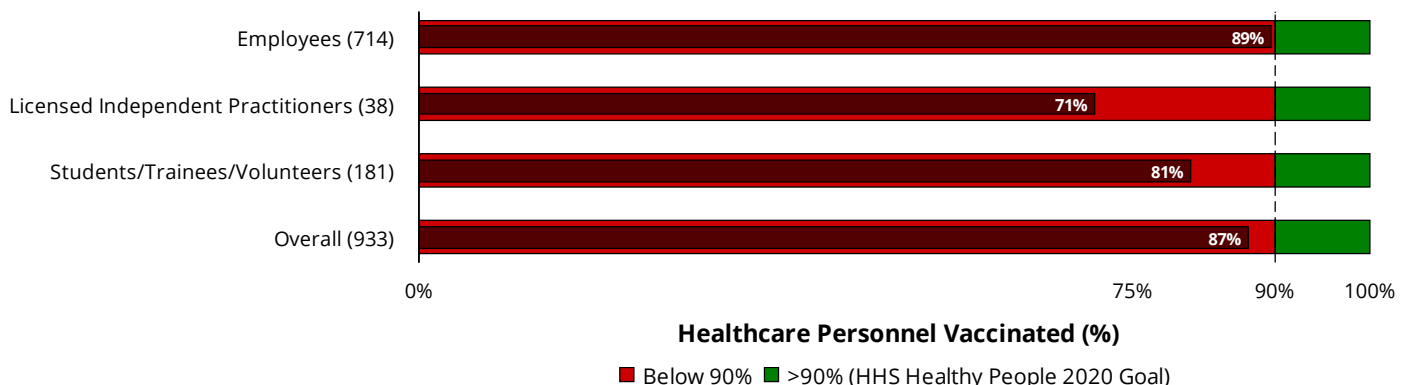
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Takoma Regional Hospital, Greenville, Greene County

Central Line-Associated Bloodstream Infections (CLABSI)

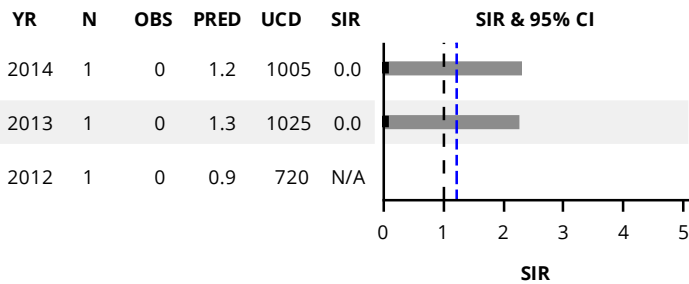
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

| YR | N | OBS | PRED | CLD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.5 | 400 | N/A |
| 2013 | 1 | 0 | 0.5 | 372 | N/A |
| 2012 | 1 | 0 | 0.2 | 155 | 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 |
|------|-----|------|------|-----|
| 2014 | 1 | 0.9 | 45 | N/A |
| 2013 | 1 | 0.8 | 35 | N/A |
| 2012 | 0 | 0.5 | 26 | N/A |

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

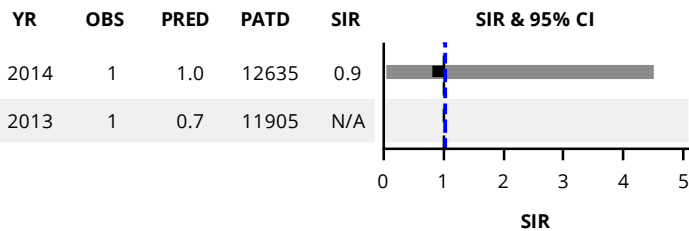
SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 2013 | N/A | N/A | N/A | N/A |
| 2012 | N/A | N/A | N/A | N/A |

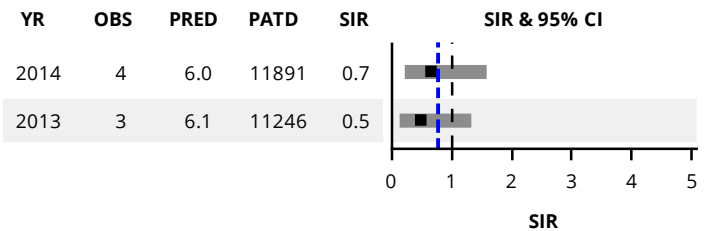
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

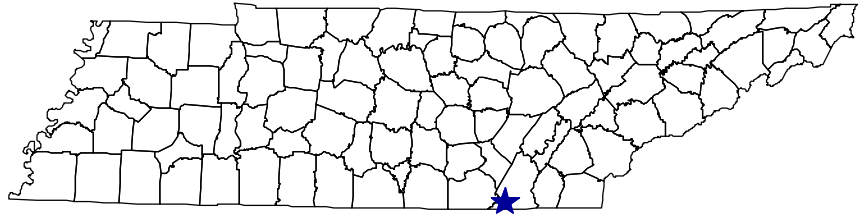
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 2.6 | 911 | 0.37 | (0.02, 1.84) | 0.46 |
| | Neonatal ICU | 4 | 7.8 | 3079 | 0.51 | (0.16, 1.22) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 0 | 1.1 | 422 | 0.00 | (0.00, 2.55) | 1.22 |

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)

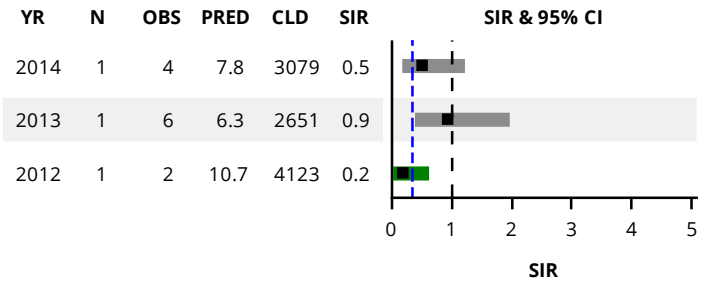
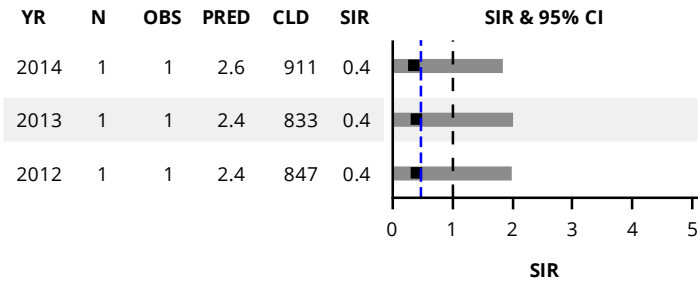
Healthcare Personnel Influenza Vaccination - 2014/2015 Influenza Season

Healthcare personnel influenza vaccination data for this facility are reported with [Erlanger Medical Center](#)

Central Line-Associated Bloodstream Infections (CLABSI)

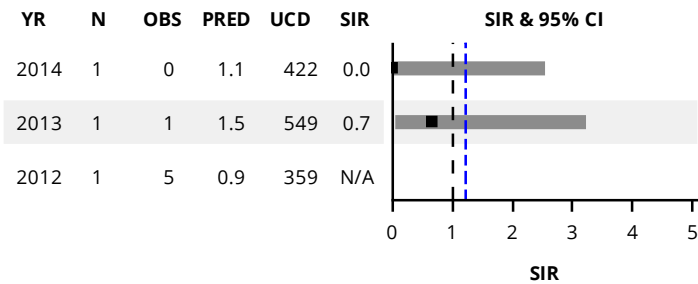
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

CLABSI - Neonatal ICUs



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Data reported as of September 9, 2015

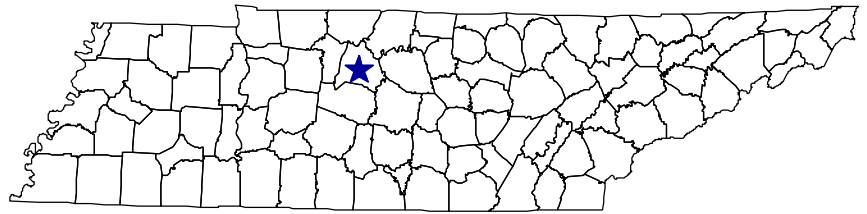
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 2014 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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|--------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| LabID | MRSA bacteremia | 0 | 0.0 | 1648 | N/A | N/A | 1.02 |
| | C. difficile infection | 0 | 0.8 | 1648 | N/A | N/A | 0.78 |

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)

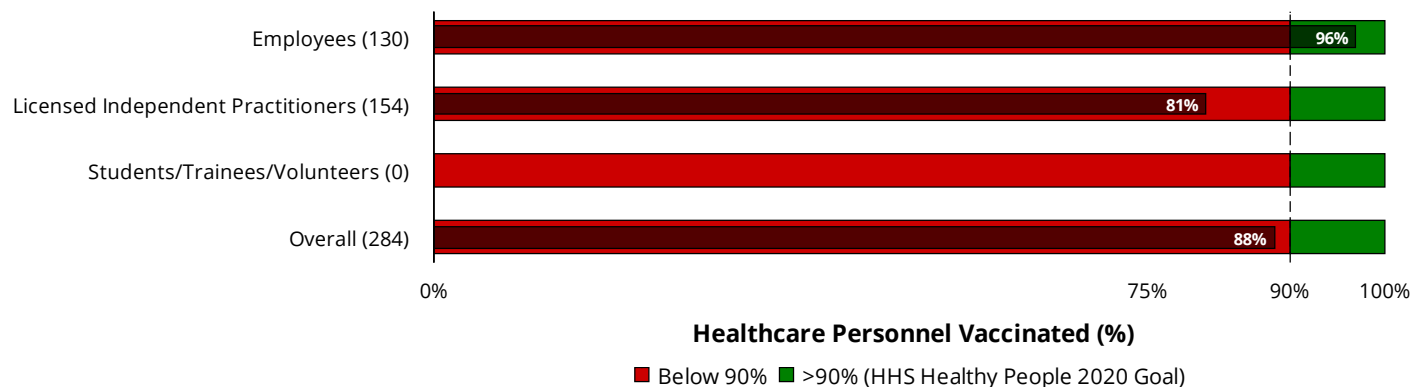
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.0 | 1648 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | 0 | 0.8 | 1648 | N/A |
| 2013 | 0 | 0.8 | 1485 | N/A |

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

Data reported as of September 9, 2015

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;

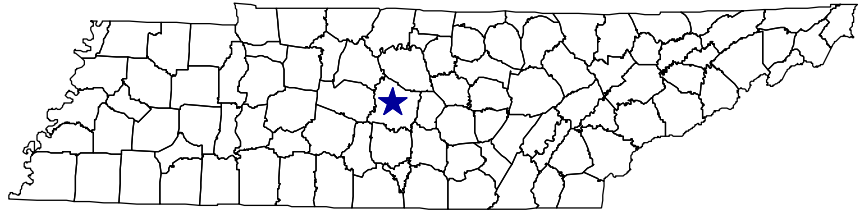
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|----------------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| LabID | MRSA bacteremia | 0 | 0.8 | 21225 | N/A | N/A | 1.02 |
| | C. difficile infection | 4 | 8.8 | 21225 | 0.45 | (0.14, 1.09) | 0.78 |

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)

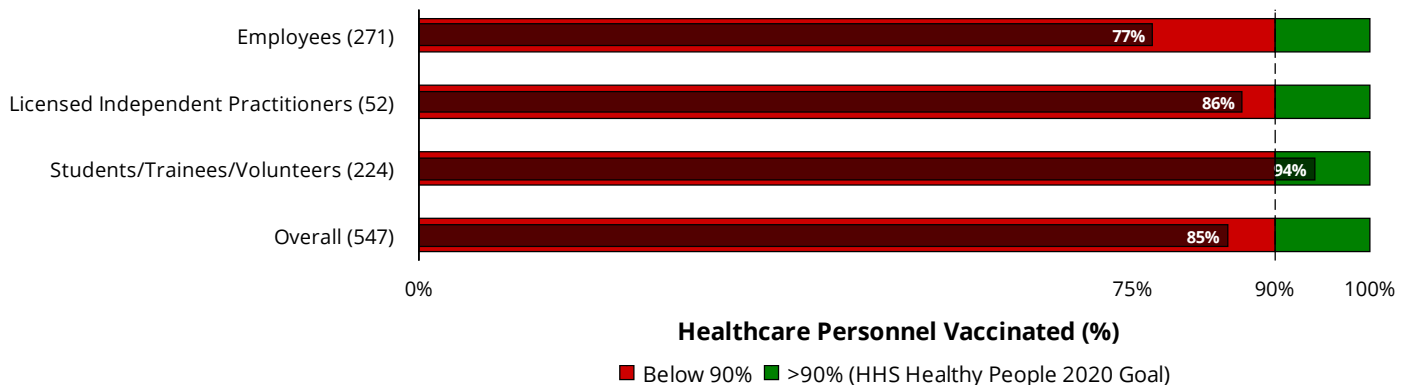
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

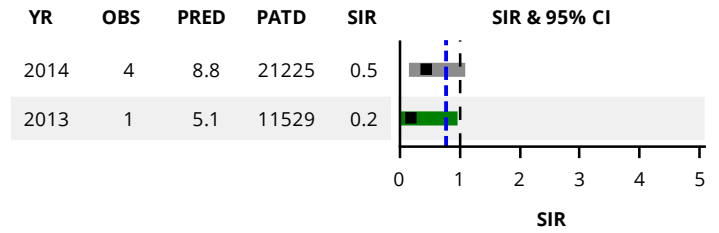


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

LabID - *C. difficile* Infection (CDI)

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 0 | 0.8 | 21225 | N/A |
| 2013 | 0 | 0.4 | 11529 | N/A |



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

Data reported as of September 9, 2015

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;

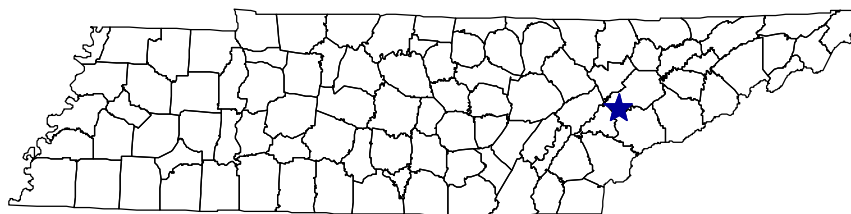
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 1.6 | 1136 | 0.59 | (0.03, 2.90) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 5 | 1.9 | 1478 | 2.62 | (0.96, 5.82) | 1.22 |
| SSI | Colon surgery | 10 | 5.0 | 148 | 1.99 | (1.01, 3.54) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.6 | 72 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 3 | 0.7 | 20863 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 6 | 12.3 | 19715 | 0.49 | (0.20, 1.01) | 0.78 |

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)

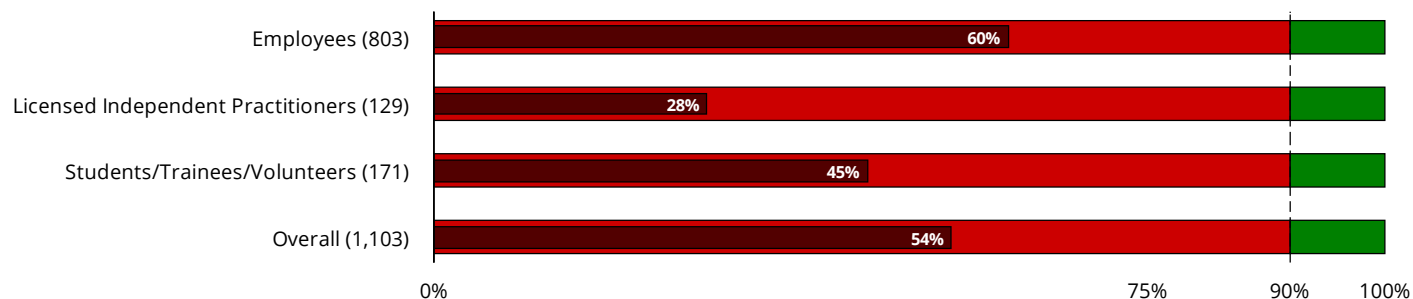
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



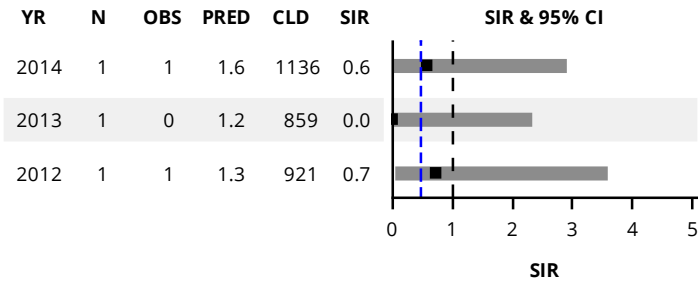
Healthcare Personnel Vaccinated (%)

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

Turkey Creek Medical Center, Knoxville, Knox County

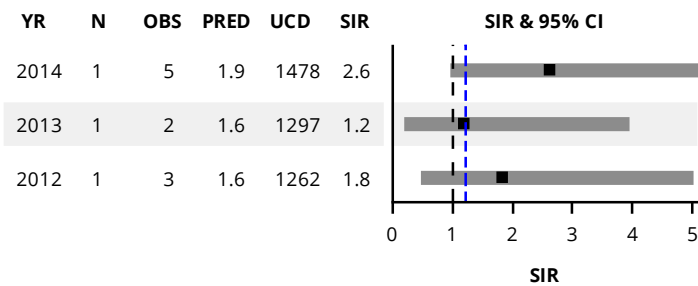
Central Line-Associated Bloodstream Infections (CLABSI)

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



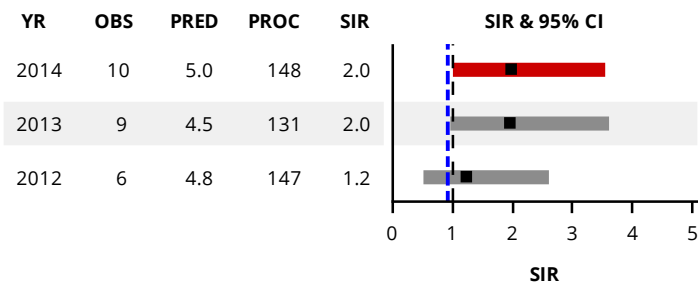
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.6 | 72 | N/A |
| 2013 | 1 | 0.6 | 64 | N/A |
| 2012 | 1 | 0.7 | 99 | N/A |

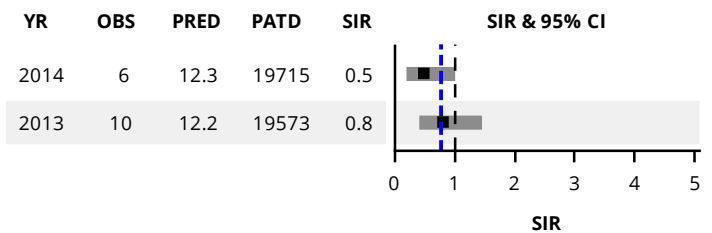
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|-------|-----|
| 2014 | 3 | 0.7 | 20863 | N/A |
| 2013 | 1 | 0.8 | 20763 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

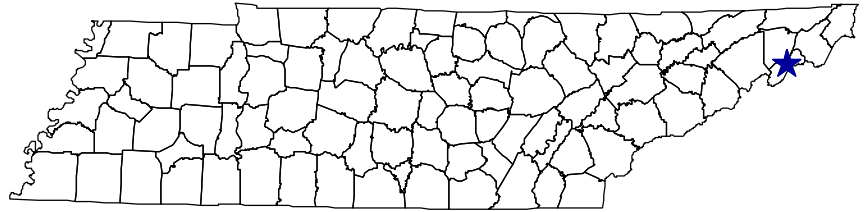
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 0.46 |
| CAUTI | Adult/Pediatric ICU | 1 | 0.3 | 256 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 2 | 0.1 | 3413 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 0 | 1.6 | 3413 | 0.00 | (0.00, 1.81) | 0.78 |

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)

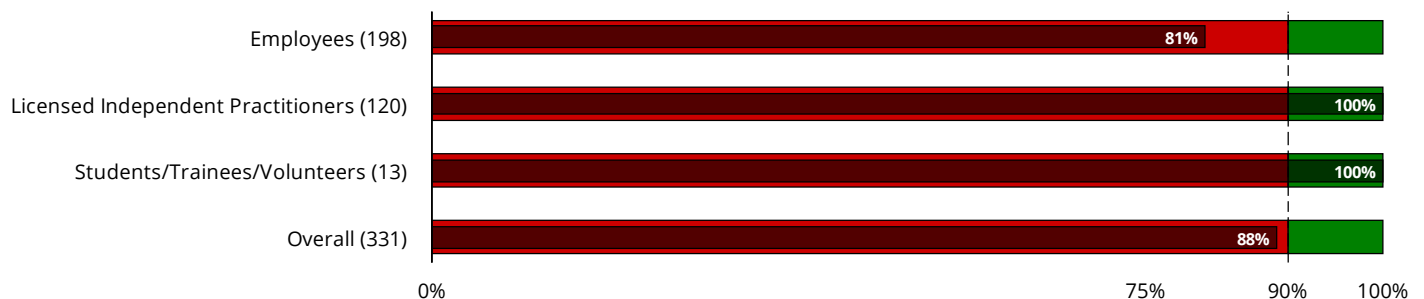
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | N/A | N/A | N/A | N/A |
| 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

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

| YR | N | OBS | PRED | UCD | SIR |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 1 | 0.3 | 256 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

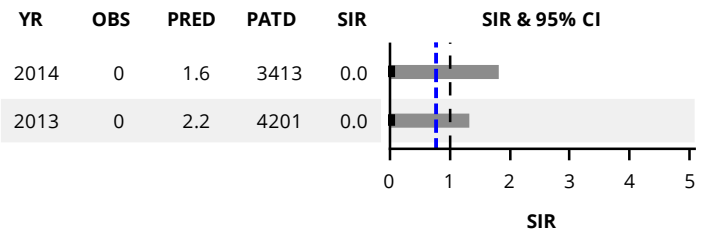
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 2 | 0.1 | 3413 | N/A |
| 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 9, 2015

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;

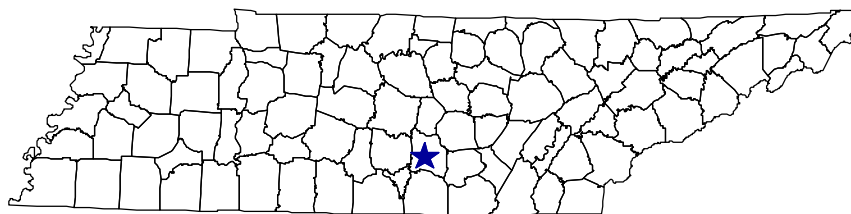
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 TN SIR
- - - - NHSN SIR=1

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):** 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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|-------------------------------|------------|-----------|---|------------------------------------|----------------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.1 | 2978 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 1 | 1.7 | 2978 | 0.56 | (0.03, 2.76) | 0.78 |

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)

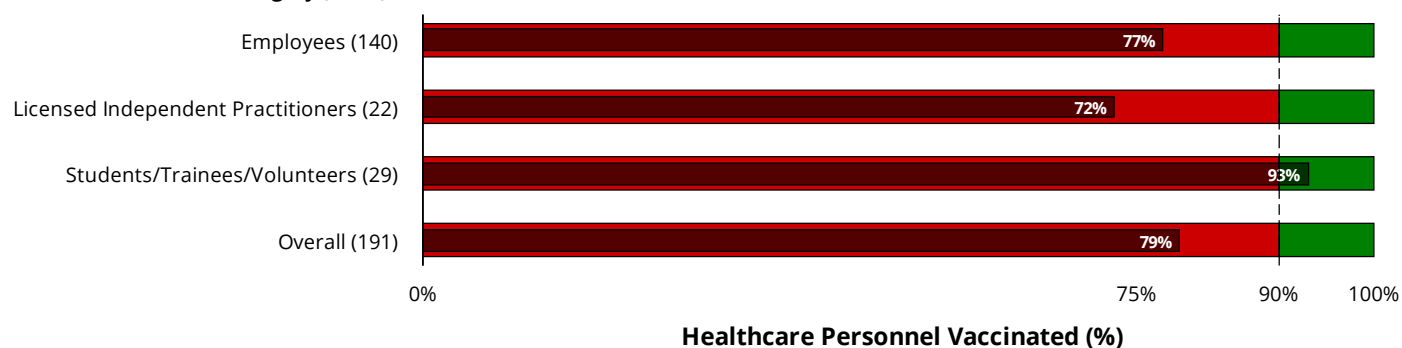
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

United Regional Medical Center, Manchester, Coffee County

Surgical Site Infections (SSI)

SSI - Colon Surgery

No eligible procedures were performed during this reporting period

SSI - Abdominal Hysterectomy

| YR | OBS | PRED | PROC | SIR |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

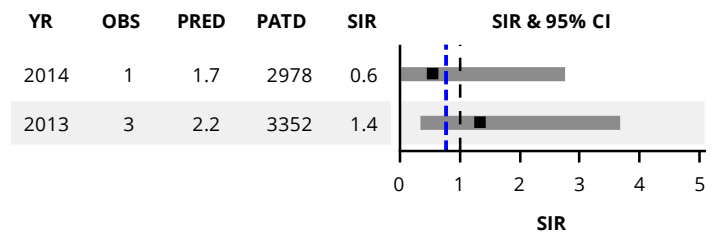
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.1 | 2978 | N/A |
| 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 9, 2015

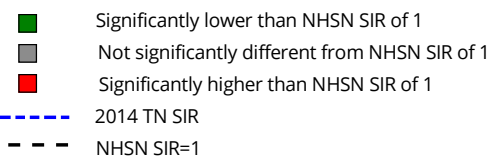
YR = reporting year; **N** = number of units reporting (CLABSII/CAUTI); **OBS** = observed number of infections

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;

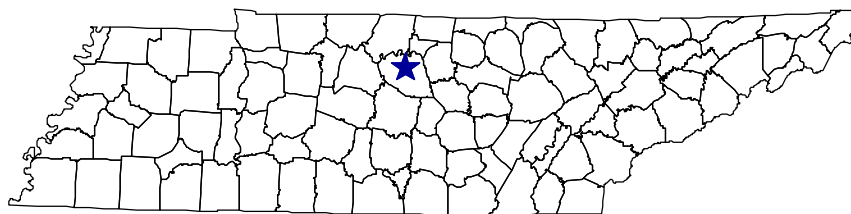
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



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, 01/01/2014-12/31/2014

| 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 | 2 | 2.2 | 1473 | 0.91 | (0.15, 3.00) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 2.4 | 1874 | 0.00 | (0.00, 1.24) | 1.22 |
| SSI | Colon surgery | 0 | 0.8 | 29 | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | 0 | 0.7 | 93 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 2 | 1.4 | 31716 | 1.35 | (0.23, 4.45) | 1.02 |
| | <i>C. difficile</i> infection | 9 | 15.7 | 30344 | 0.57 | (0.28, 1.05) | 0.78 |

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)

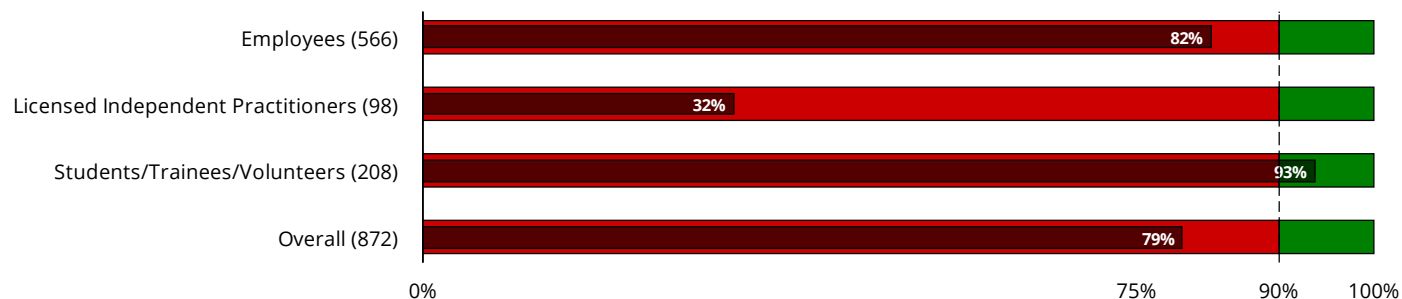
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

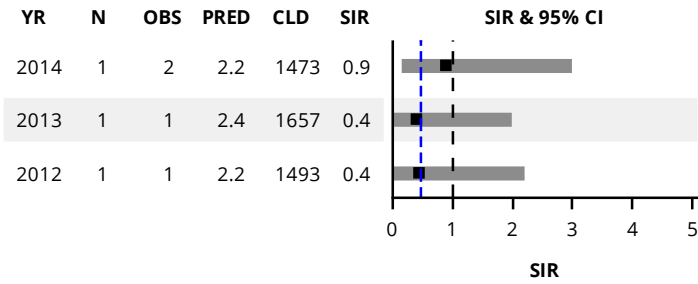


Healthcare Personnel Vaccinated (%)

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

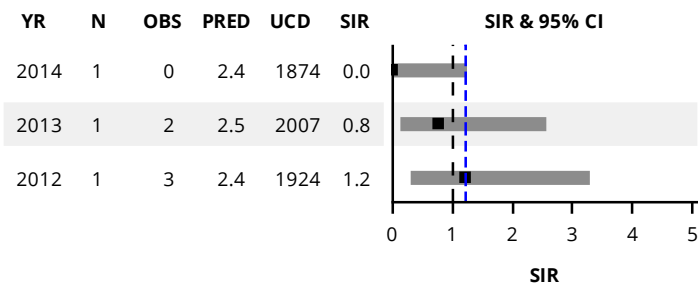
Central Line-Associated Bloodstream Infections (CLABSI)

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



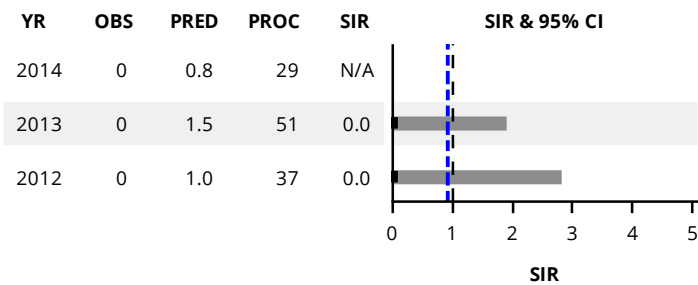
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

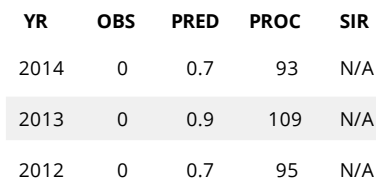


Surgical Site Infections (SSI)

SSI - Colon Surgery



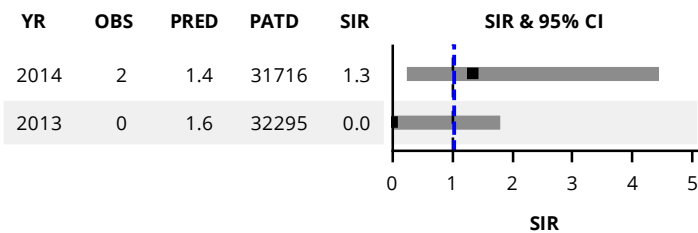
SSI - Abdominal Hysterectomy



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 9, 2015

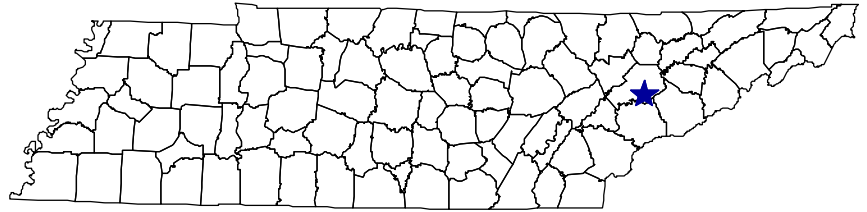
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 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, 01/01/2014-12/31/2014

| 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 | 16.4 | 8111 | 0.00 | (0.00, 0.18) | 0.46 |
| | Neonatal ICU | 0 | 6.3 | 3099 | 0.00 | (0.00, 0.48) | 0.34 |
| CAUTI | Adult/Pediatric ICU | 30 | 38.7 | 14345 | 0.78 | (0.53, 1.09) | 1.22 |
| SSI | Colon surgery | 8 | 10.6 | 312 | 0.75 | (0.35, 1.42) | 0.91 |
| | Abdominal hysterectomy | 5 | 2.5 | 404 | 1.93 | (0.71, 4.28) | 0.78 |
| LabID | MRSA bacteremia | 22 | 16.5 | 153037 | 1.33 | (0.86, 1.98) | 1.02 |
| | <i>C. difficile</i> infection | 59 | 90.6 | 129837 | 0.65 | (0.50, 0.83) | 0.78 |

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)

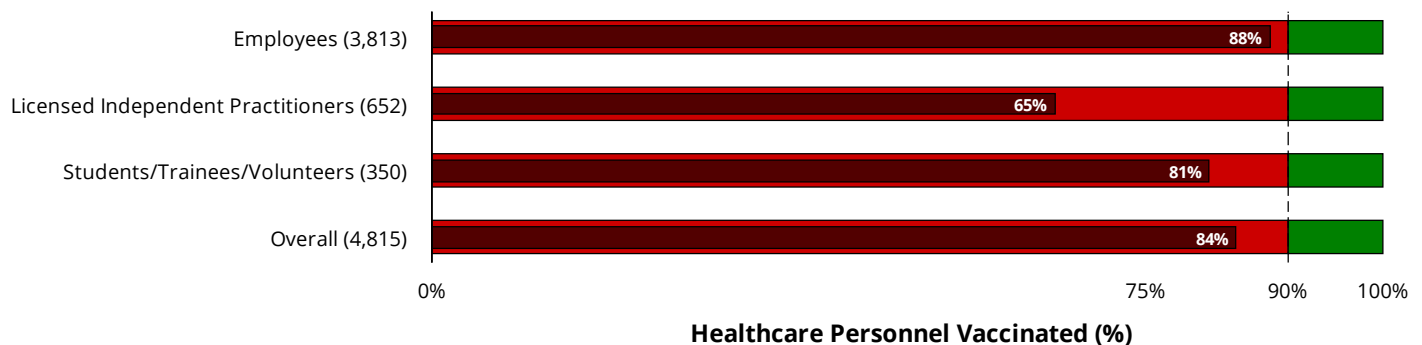
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

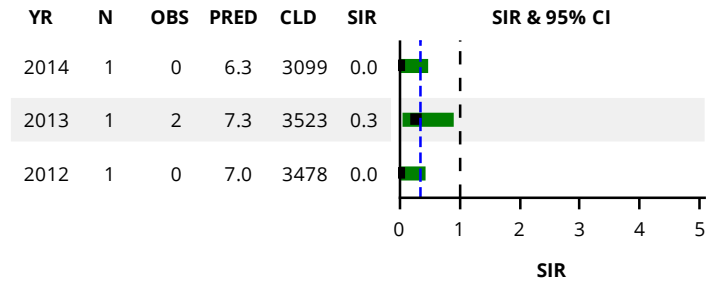
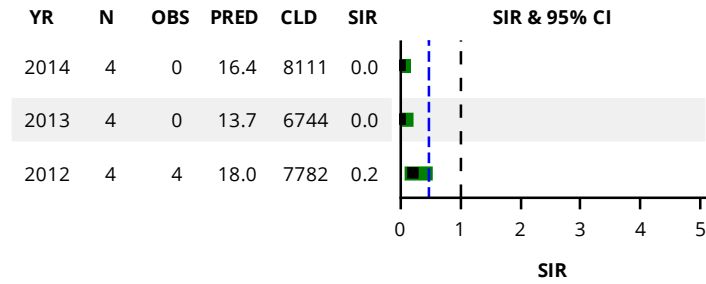


■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

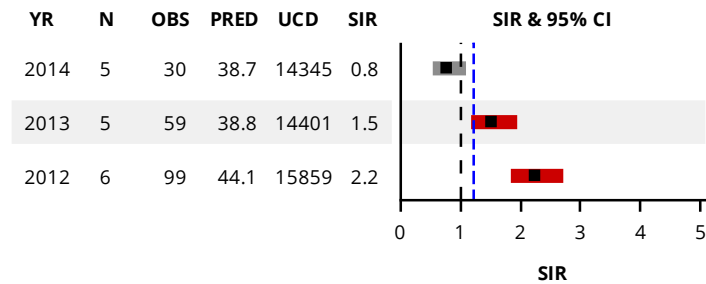
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

CLABSI - Neonatal ICUs



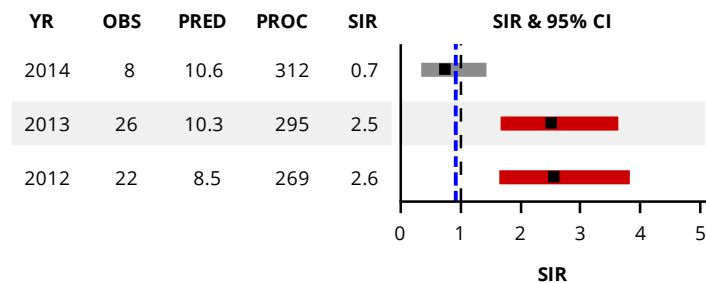
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

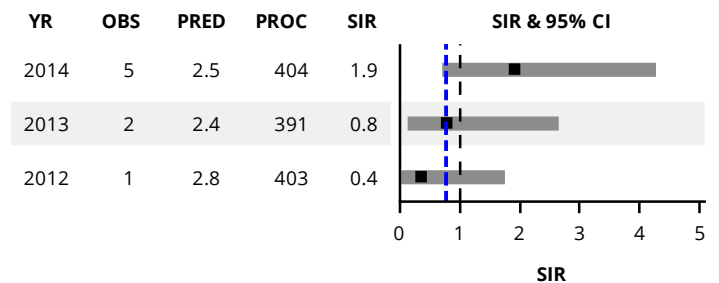


Surgical Site Infections (SSI)

SSI - Colon Surgery

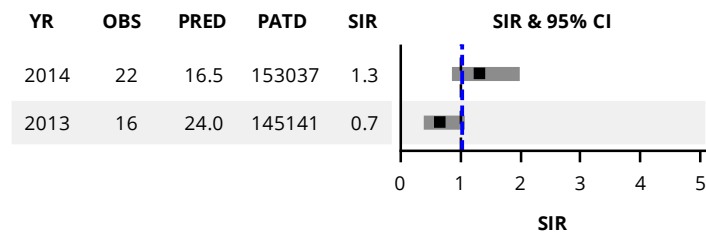


SSI - Abdominal Hysterectomy

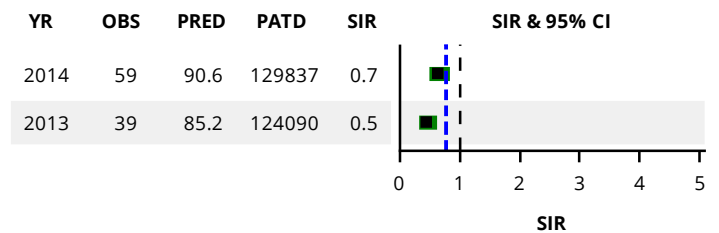


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

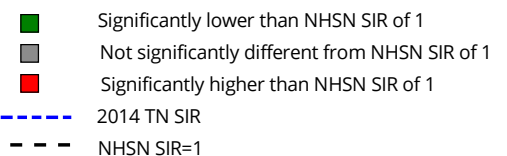
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

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;

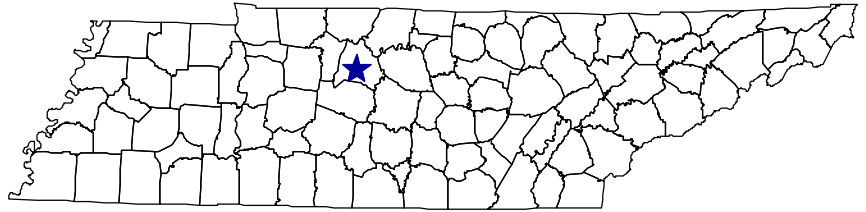
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



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, 01/01/2014-12/31/2014

| | | 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 | 38.3 | 18486 | 0.44 | (0.27, 0.70) | 0.46 |
| CAUTI | Adult/Pediatric ICU | 76 | 64.1 | 23208 | 1.18 | (0.94, 1.47) | 1.22 |
| SSI | Colon surgery | 28 | 16.2 | 464 | 1.72 | (1.17, 2.45) | 0.91 |
| | Abdominal hysterectomy | 5 | 3.2 | 353 | 1.55 | (0.57, 3.44) | 0.78 |
| LabID | MRSA bacteremia | 27 | 26.4 | 306468 | 1.02 | (0.69, 1.47) | 1.02 |
| | <i>C. difficile</i> infection | 160 | 234.7 | 266754 | 0.68 | (0.58, 0.79) | 0.78 |

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)

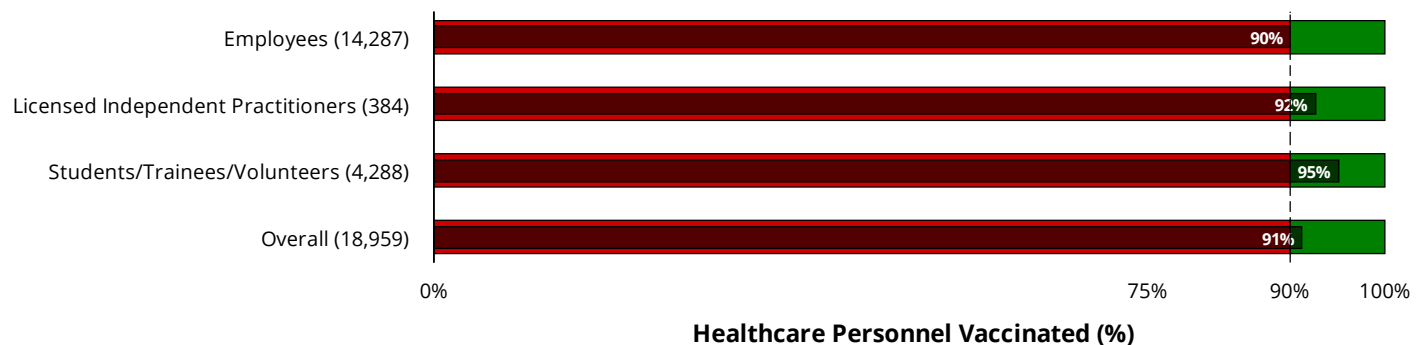
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

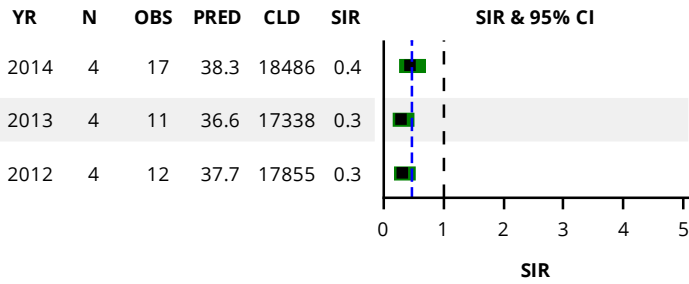
Healthcare Personnel Category (Total)



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

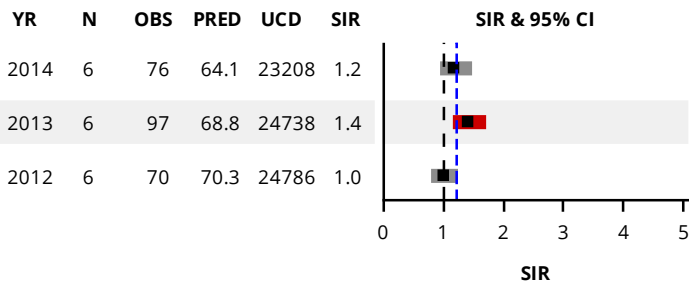
Central Line-Associated Bloodstream Infections (CLABSI)

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



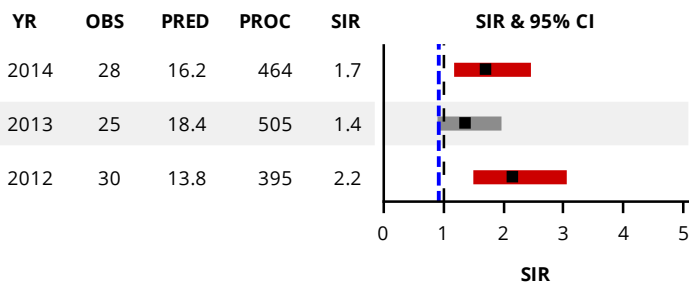
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

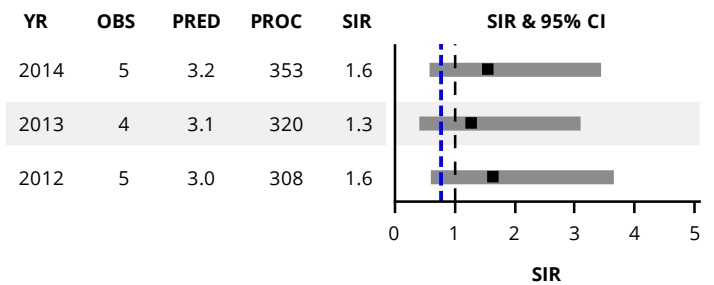


Surgical Site Infections (SSI)

SSI - Colon Surgery

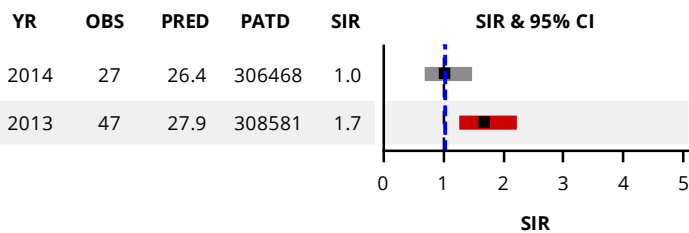


SSI - Abdominal Hysterectomy

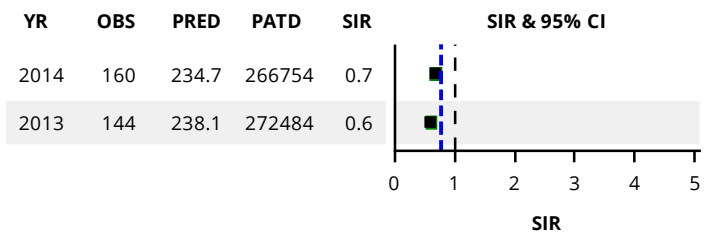


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

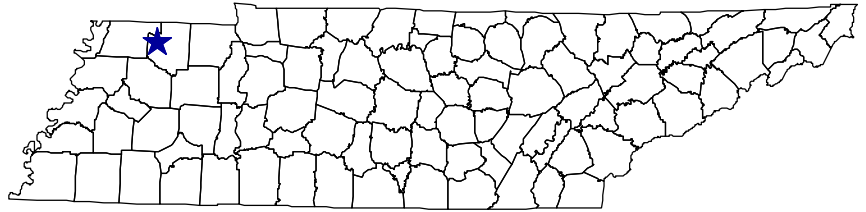
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = 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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

Volunteer Community Hospital, Martin, Weakley County

Medical School Affiliation: None

Bed Size Category: <50 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, 01/01/2014-12/31/2014

| 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 | 92 | N/A | N/A | 0.46 |
| CAUTI | Adult/Pediatric ICU | 0 | 0.5 | 423 | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.2 | 4485 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 2 | 2.2 | 4485 | 0.89 | (0.15, 2.94) | 0.78 |

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)

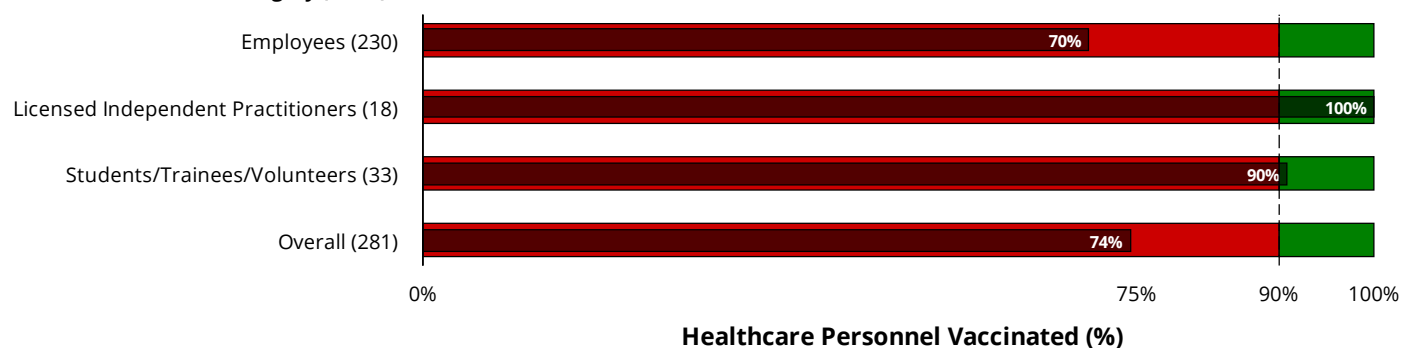
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



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

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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.1 | 92 | N/A |
| 2013 | 1 | 0 | 0.1 | 129 | N/A |
| 2012 | 1 | 0 | 0.2 | 197 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | 1 | 0 | 0.5 | 423 | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

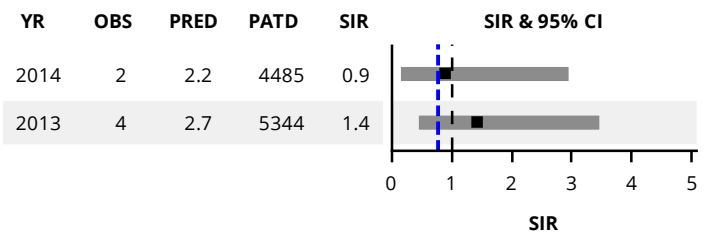
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.2 | 4485 | N/A |
| 2013 | 0 | 0.2 | 5344 | N/A |

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

LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

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;

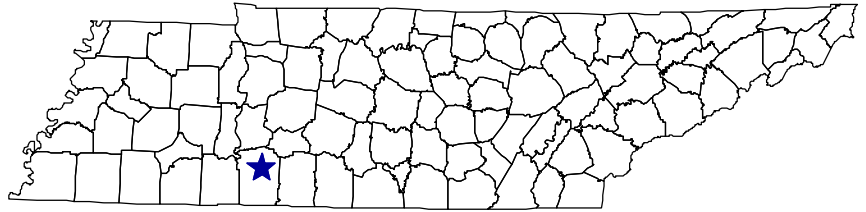
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2014 TN SIR
- - - - NHSN SIR=1

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, 01/01/2014-12/31/2014

| HAI | Type/Unit | Infections | | Device Days/Procedures Performed/Patient Days | Standardized Infection Ratio (SIR) | | |
|-------|------------------------|------------|-----------|---|------------------------------------|----------------|--------|
| | | Observed | Predicted | | SIR* | 95% CI | TN SIR |
| LabID | MRSA bacteremia | 0 | 0.0 | 1366 | N/A | N/A | 1.02 |
| | C. difficile infection | 2 | 1.2 | 1766 | 1.66 | (0.28, 5.50) | 0.78 |

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)

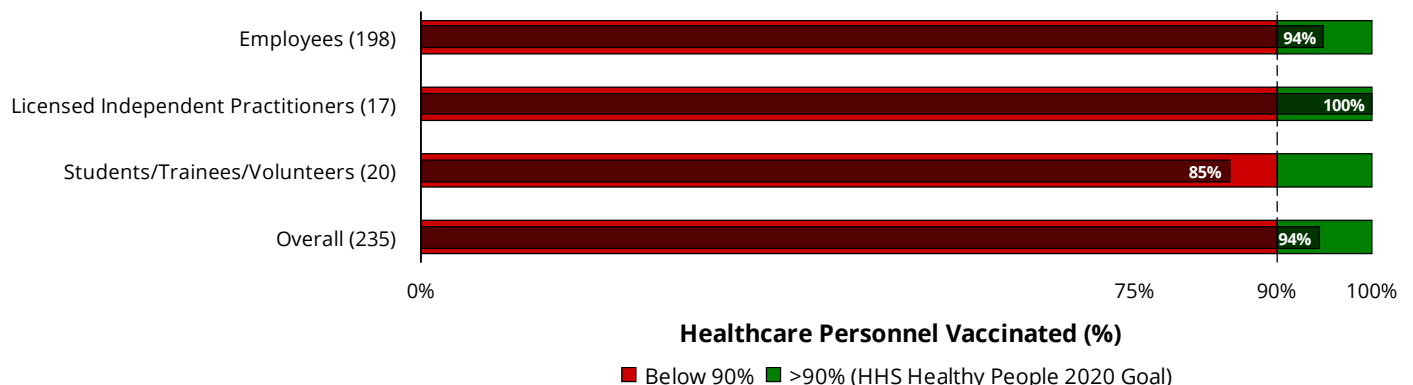
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



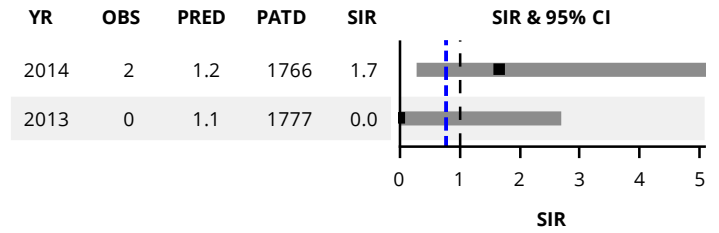
Wayne Medical Center, Waynesboro, Wayne County

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.0 | 1366 | N/A |
| 2013 | 0 | 0.0 | 1402 | N/A |

LabID - *C. difficile* Infection (CDI)



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

Data reported as of September 9, 2015

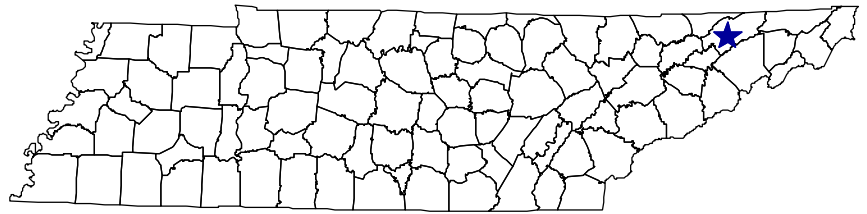
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 - - - 2014 TN SIR
 - - - NHSN SIR=1

Wellmont Hawkins County Hospital, Rogersville, Hawkins County

Medical School Affiliation: None

Bed Size Category: 50-99 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, 01/01/2014-12/31/2014

| 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 | 0.46 |
| CAUTI | Adult/Pediatric ICU | N/A | N/A | N/A | N/A | N/A | 1.22 |
| SSI | Colon surgery | N/A | N/A | N/A | N/A | N/A | 0.91 |
| | Abdominal hysterectomy | N/A | N/A | N/A | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 0 | 0.3 | 2409 | N/A | N/A | 1.02 |
| | <i>C. difficile</i> infection | 0 | 1.4 | 3171 | 0.00 | (0.00, 2.10) | 0.78 |

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)

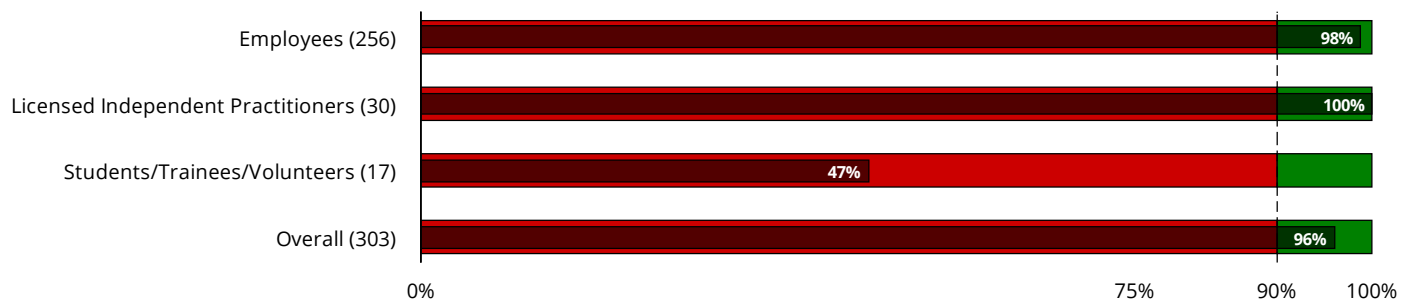
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)



Healthcare Personnel Vaccinated (%)

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

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 |
|------|-----|-----|------|-----|-----|
| 2014 | N/A | N/A | N/A | N/A | N/A |
| 2013 | 1 | N/A | N/A | N/A | N/A |
| 2012 | 1 | 0 | 0.1 | 89 | 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 |
|------|---|-----|------|-----|-----|
| 2014 | N | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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 |
|------|-----|------|------|-----|
| 2014 | N/A | N/A | N/A | N/A |
| 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

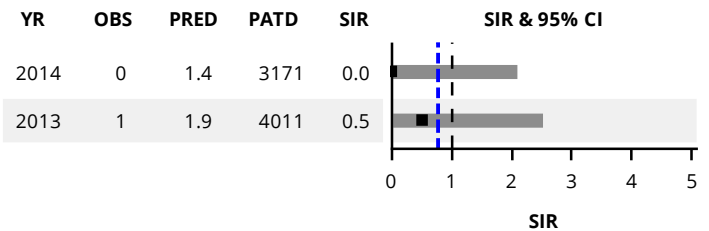
Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

| YR | OBS | PRED | PATD | SIR |
|------|-----|------|------|-----|
| 2014 | 0 | 0.3 | 2409 | N/A |
| 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 9, 2015

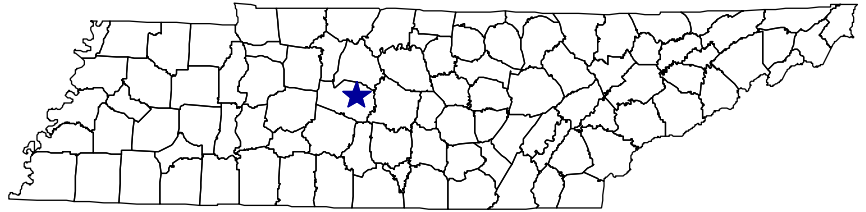
YR = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
SIR = standardized infection ratio (observed/predicted number of infections)
CLD = central line days; **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
 2014 TN SIR
 NHSN SIR=1

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, 01/01/2014-12/31/2014

| 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 | 2.2 | 1178 | 0.00 | (0.00, 1.34) | 0.46 |
| | Neonatal ICU | 0 | 0.1 | 118 | N/A | N/A | 0.34 |
| CAUTI | Adult/Pediatric ICU | 1 | 4.5 | 2259 | 0.22 | (0.01, 1.08) | 1.22 |
| SSI | Colon surgery | 1 | 1.4 | 52 | 0.70 | (0.04, 3.43) | 0.91 |
| | Abdominal hysterectomy | 0 | 0.1 | 23 | N/A | N/A | 0.78 |
| LabID | MRSA bacteremia | 4 | 1.3 | 33994 | 2.94 | (0.93, 7.09) | 1.02 |
| | C. difficile infection | 8 | 16.6 | 29022 | 0.48 | (0.22, 0.92) | 0.78 |

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)

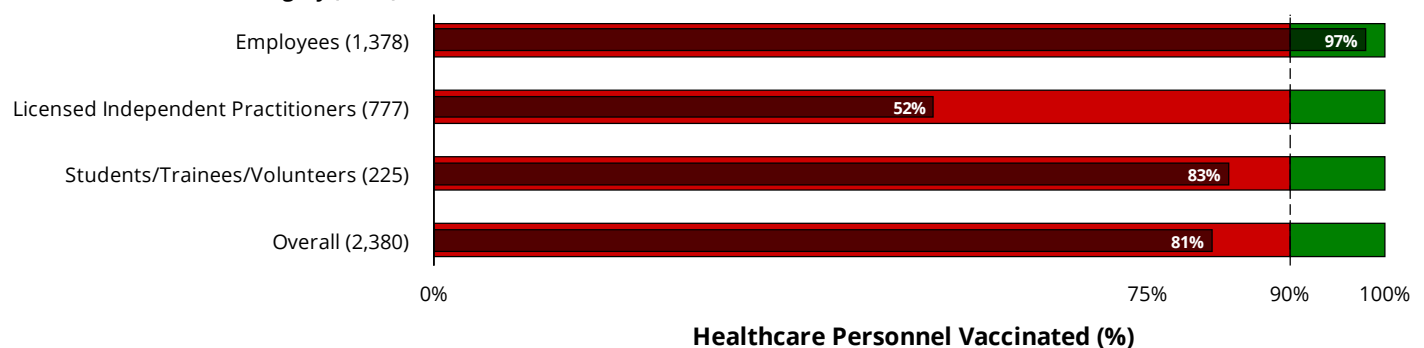
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

*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 - 2014/2015 Influenza Season

Healthcare Personnel Category (Total)

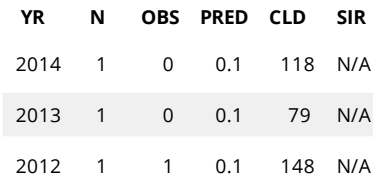
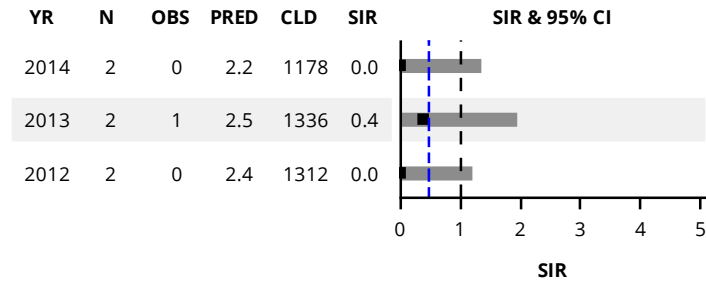


■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

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

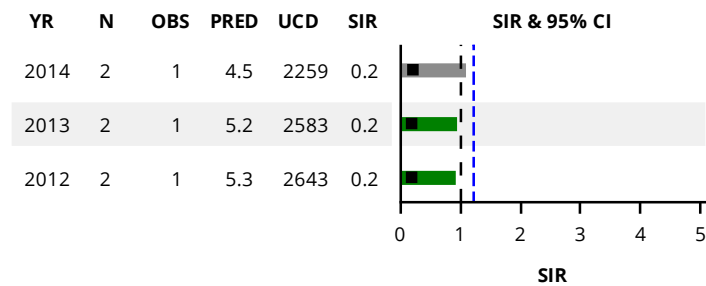
CLABSI - Neonatal ICUs



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

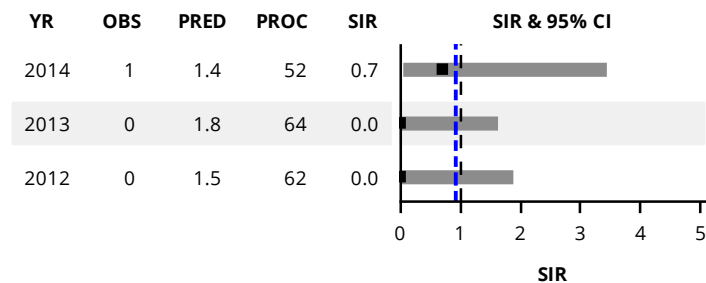
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

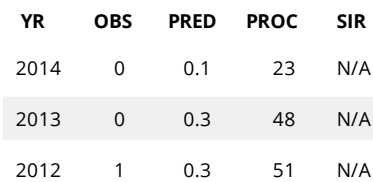


Surgical Site Infections (SSI)

SSI - Colon Surgery



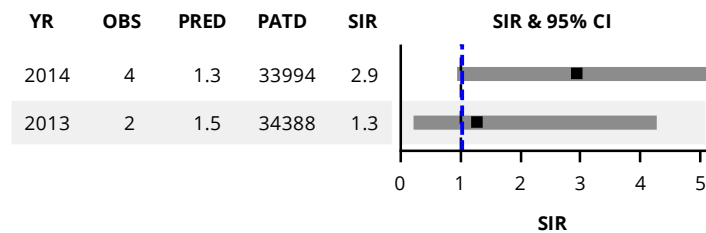
SSI - Abdominal Hysterectomy



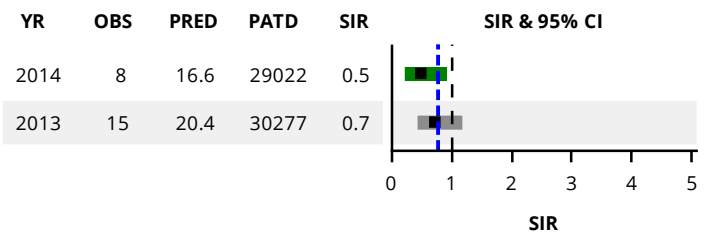
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of September 9, 2015

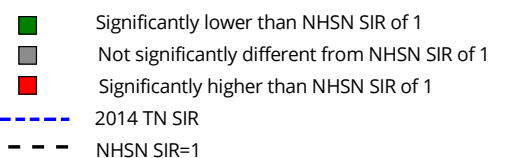
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

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



Appendices

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](#)⁴²).

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 CLABS](#)⁴³). Central lines are also sometimes called central venous lines or central venous catheters.

⁴² http://www.cdc.gov/hai/pdfs/uti/CA-UTI_tagged.pdf

⁴³ http://www.cdc.gov/hai/pdfs/bsi/BSI_tagged.pdf

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](#)⁴⁴).

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.

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](#)⁴⁵).

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).

⁴⁴ http://www.cdc.gov/hai/pdfs/bsi/BSI_tagged.pdf

⁴⁵ http://www.cdc.gov/HAI/pdfs/cdiff/Cdiff_tagged.pdf

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](#)⁴⁶).

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).

⁴⁶ <http://www.scdhec.gov/health/disease/hai/docs/CIs%20explained%20-final2.pdf>

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).

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](#)⁴⁷.

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](#)⁴⁸).

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](#)⁴⁹ are available online.

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

⁴⁷ http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf

⁴⁸ http://www.cdc.gov/mrsa/pdf/SHEA-mrsa_tagged.pdf

⁴⁹ <http://www.cdc.gov/nhsn/acute-care-hospital/index.html>

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](#)⁵⁰).

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.

⁵⁰ http://www.cdc.gov/HAI/pdfs/ssi/SSI_tagged.pdf

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 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*