

## Tennessee's Report on Healthcare-Associated Infections:

January 1, 2011 — December 31, 2013

**Report Date:** 

September 2014



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### **EXECUTIVE SUMMARY**

### **Background**

Healthcare-associated infections (HAIs) are a major public health problem. According to the Centers for Disease Control and Prevention (CDC), there were an estimated 722,000 HAIs and 75,000 HAI-related deaths in the United States in 2011<sup>1</sup>, making HAIs one of the top ten leading causes of death<sup>2</sup>. 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 billion<sup>3</sup>, though the emotional, physical, and personal costs associated with HAIs are not quantifiable.

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

Currently, acute care hospitals are required to report:

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

Long-term acute care hospitals are required to report:

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

Inpatient rehabilitation facilities are required to report:

• CAUTI from all inpatient locations

Additional reporting requirements not included in this report are detailed in Figure 1.

<sup>&</sup>lt;sup>1</sup> 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.

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

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

#### **Standardized Infection Ratio (SIR)**

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

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

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

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

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

#### Adult and Pediatric ICUs

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

#### **Neonatal ICUs**

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

#### Long-term Acute Care (LTAC) Facilities

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

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

#### **Adult and Pediatric ICUs**

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

<sup>&</sup>lt;sup>4</sup> <u>http://www.hhs.gov/ash/initiatives/hai/actionplan/</u>

#### Long-term Acute Care (LTAC) Facilities

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

#### **Inpatient Rehabilitation Facilities (IRF)**

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

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

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

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

#### SSIs Related to Colon (COLO) Procedures

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

#### SSIs Related to Abdominal Hysterectomy (HYST) Procedures

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

#### <u>Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Laboratory-Identified (LabID) Events, January –</u> <u>December 2013</u>

#### **Acute Care Hospitals**

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

#### Long-term Acute Care (LTAC) Facilities

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

<sup>&</sup>lt;sup>5</sup> <u>http://www.hhs.gov/ash/initiatives/hai/actionplan/</u>

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

#### Acute Care Hospitals

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

#### Long-term Acute Care (LTAC) Facilities

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

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

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

<sup>&</sup>lt;sup>6</sup> <u>http://www.healthypeople.gov/</u>

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

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

Data reported as of September 4, 2014

Adult/Pediatric ICUs include burn and trauma units

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

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

### BACKGROUND

Healthcare-associated infections (HAIs) are a major public health problem. According to the Centers for Disease Control and Prevention (CDC), there were an estimated 722,000 HAIs and 75,000 HAI-related deaths in the United States in 2011<sup>7</sup>, making HAIs one of the top ten leading causes of death<sup>8</sup>. 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 billion<sup>9</sup>, though the emotional, physical, and personal costs associated with HAIs are not quantifiable.

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

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

<sup>&</sup>lt;sup>7</sup> 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.

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

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

**METHODS** 

#### Healthcare-Associated Infections Reporting Requirements in Tennessee

Tennessee healthcare-associated infections reporting requirements are summarized in Figure 1.

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

Surgical site infections (SSI) following coronary artery bypass graft (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 facilities. Hospitals with an ADC less than 25 were exempt from this requirement until July 2012.

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

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

#### Additional Tennessee Healthcare-Associated Infections Reporting Requirements

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

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

#### ADC < 25 Excluded All Adult and Pediatric ICUs Central Line-Burn and Trauma ICUs Excluded A/P Wards\* Associated Bloodstream Neonatal ICUs Infections Long-Term Acute Care Hospitals (LTACs) (CLABSI) Specialty Care Areas \*Adult and pediatric medical, surgical, and medical/surgical wards Adult and Pediatric ICUs Catheter-Associated LTACs **Urinary Tract** Inpatient Rehab Facilities (IRFs) Infections (CAUTI) A/P Wards\* \*Adult and pediatric medical, surgical, and medical/surgical wards Coronary Artery Bypass Graft (CBGB/C) Procedures HPRO Procedures Surgical Site Infections CARD (SSI) **COLO Procedures HYST Procedures** ADC < 25 Excluded Acute Care FacwideIN and Emergency Department LTACs LabID Events (MRSA/CDI) **Outpatient Hemodialysis Facilities Dialysis Events** (DE) Acute Care Hospitals LTACs **HCP** Influenza Vaccination Summary Ambulatory Surgery ÷. ÷. ŵ 10 ŵ 2008 2009 2010 2011 2012 2013 2014

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

#### **Tennessee Reporting Facilities**

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

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

Table 2. Characteristics of Tennessee Acute C	Care Hospitals, January-December 2013
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#### **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 <u>Table 3</u>. No facilities were missing data during the current reporting period.

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

	Missing Data		
Facility	From	То	Reason for Missing Data
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:

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

- 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 SIR<sup>10</sup>:

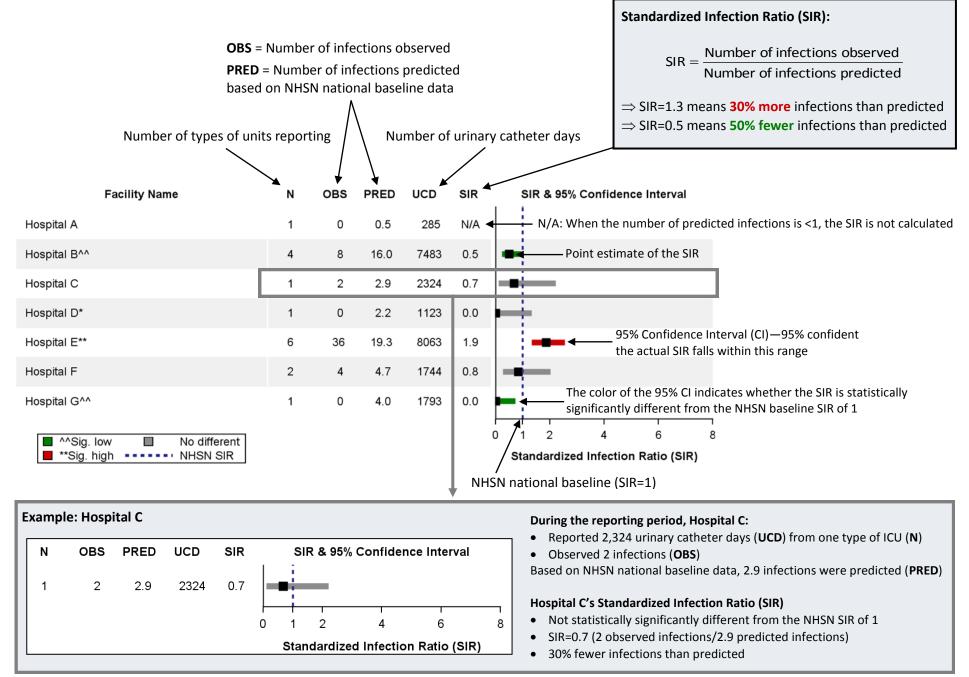
This report uses the 95% confidence interval to describe statistical significance when reporting the SIR. Consistent with CDC/NHSN methodology, exact mid-p confidence intervals are used when observed and expected numbers of events are less than or equal to 100; otherwise, the Byar approximation method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

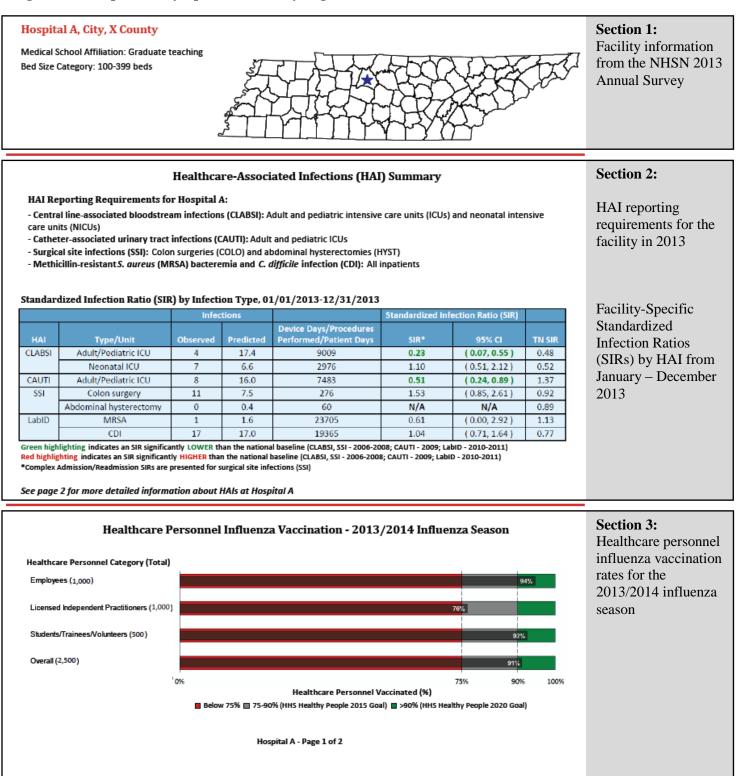
In this report, statistical analyses were performed and tables and figures were created using SAS version 9.3.

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

<sup>&</sup>lt;sup>10</sup> 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.

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

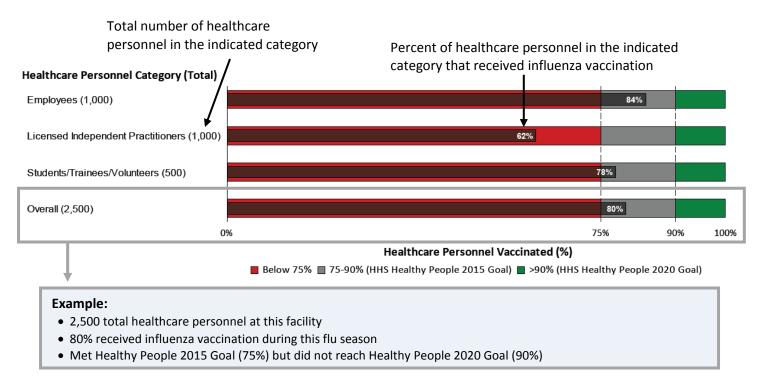




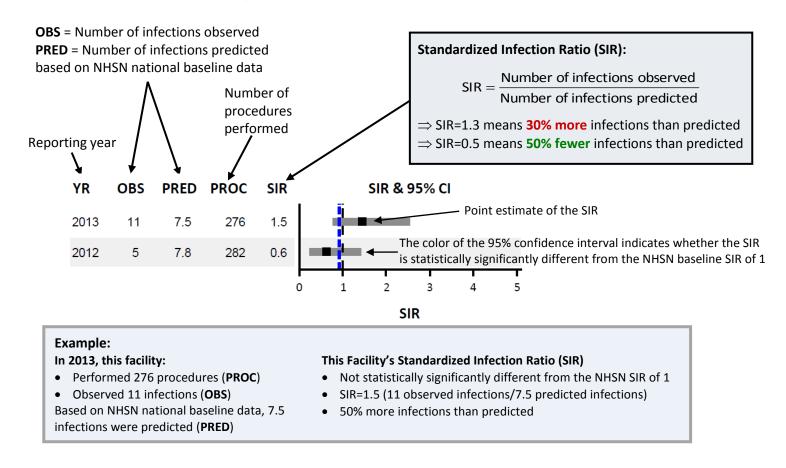
Page two of the facility-specific summary pages includes graphical representations of the standardized infection ratio (SIR) by year for each HAI the facility has reported in the previous three calendar years.

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

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



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



**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 <u>Patient Guide to CLABSI</u><sup>12</sup>).

#### **Reporting Requirements**

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

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

#### **Changes to Surveillance Definitions**

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

#### **Facility-Specific Data Thresholds**

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

#### **CLABSI Risk Adjustment**

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

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

<sup>&</sup>lt;sup>12</sup> http://www.cdc.gov/hai/pdfs/bsi/BSI\_tagged.pdf

<sup>&</sup>lt;sup>13</sup> http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC\_CLABScurrent.pdf

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

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

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

Risk Group Stratifier	Observed CI	ABSI Rates		NHSN CLABSI Rates for 2006-2008 (Standard Population)							
Location Type	#CLABSI	#Central line-days	CLABSI rate <sup>*</sup>	#CLABSI	#Central line-days	CLABSI rate <sup>*</sup>					
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					
$SIR = \frac{observed}{expected} = \frac{170 + 58}{100,000 \times \left(\frac{2.1}{1,000}\right) + 58,000 \times \left(\frac{1.5}{1,000}\right)} = \frac{228}{210 + 87} = \frac{228}{297} = 0.77$											

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.

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

<sup>\* &</sup>quot;Predicted" is used throughout the report as a synonym for the standard statistical term "expected".

### CLABSI

### **Adult and Pediatric Critical Care Units**

#### **CLABSIs in Adult/Pediatric ICUs:**

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

#### SIRs by Quarter (Figure 6)

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

#### Key Percentiles for Tennessee SIRs (Figure 7, Tables <u>4-6</u>)

- Including burn and trauma ICUs, the overall SIR across all reporting adult and pediatric ICUs in Tennessee from January-December 2013 was statistically significantly lower than the national SIR of 1 (SIR=0.50; 95% CI: 0. 44, 0.56). This SIR indicates that the number of CLABSIs in ICUs was 50% lower than predicted, compared to national 2006-8 NHSN data. The overall Tennessee SIR for 2013 was lower than the overall SIRs for 2011–2012.
- Excluding burn and trauma ICUs, the overall SIR across all reporting adult and pediatric ICUs in Tennessee from January-December 2013 was statistically significantly lower than the national SIR of 1 (SIR=0.48; 95% CI: 0.42, 0.55). This SIR indicates that the number of CLABSIs in ICUs was 52% lower than predicted, compared to national 2006-8 NHSN data. The overall Tennessee SIR for 2013 was lower than the overall SIRs for 2011–2012.
- In 2013, the median (50<sup>th</sup> percentile) facility-specific SIR was 0.49, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.49.
- In 2013, Tennessee CLABSI SIRs were significantly lower than the 2006-8 baseline SIR in all critical care locations that reported, except neurologic critical care units, which were not significantly different than the 2006-8 baseline SIR (SIR=1.06, 95% CI: 0.18, 3.51).

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

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

#### **Device Utilization by Unit Type (<u>Figure 9</u>)**

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

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

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

<sup>&</sup>lt;sup>16</sup> <u>http://www.hhs.gov/ash/initiatives/hai/actionplan/</u>

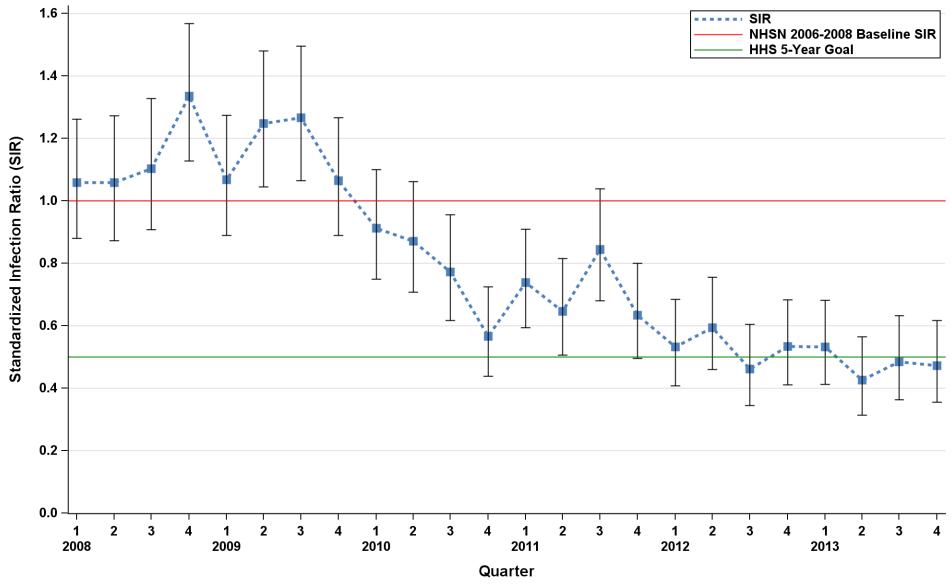
#### Facility-Specific CLABSI SIRs (Figure 11)

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

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

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

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



Data Reported as of September 4, 2014

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

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

Data reported as of September 4, 2014

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

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

Key percentiles include facilities with at least one predicted infection

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

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

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

					DISTRIBUTION OF FACILITY-SPECIFIC SIRs													
				No. of IN	FECTIONS	C	SIR AND 9 CONFIDEN INTERVA		No. of FACS WITH SIR SIG. <1.0 >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%
	2013	92	225,415	207	431.11	0.48	0.42	0.55	52	13	25%	0	0%	0.00	0.13	0.49	0.85	1.12
Tennessee	2012	93	228,153	230	433.57	0.53	0.47	0.60	51	12	24%	0	0%	0.00	0.19	0.45	0.82	1.39
	2011	81	226,292	306	427.78	0.72	72 0.64 0.80		53	10 19%		1	2%	0.00	0.35	0.63	1.08	1.84

Data reported as of September 4, 2014

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

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

Key percentiles include facilities with at least one predicted infection

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

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

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

Data reported as of September 4, 2014

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

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

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

Key percentiles include units with at least one predicted infection

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

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

 Table 6 (cont'd)

Data reported as of September 4, 2014

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

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

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

Key percentiles include units with at least one predicted infection

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

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

Data reported as of September 4, 2014

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

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

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

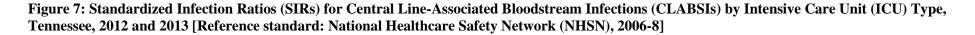
Key percentiles include units with at least one predicted infection

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

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

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

Data reported as of September 4, 2014 No. = number of facilities CL Days = central line days SIR = standardized infection ratio (observed/predicted number of CLABSI) N/A = not available \*per 1000 central line days <sup>†</sup>SIRs are not available for pediatric neurosurgical critical care locations Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0



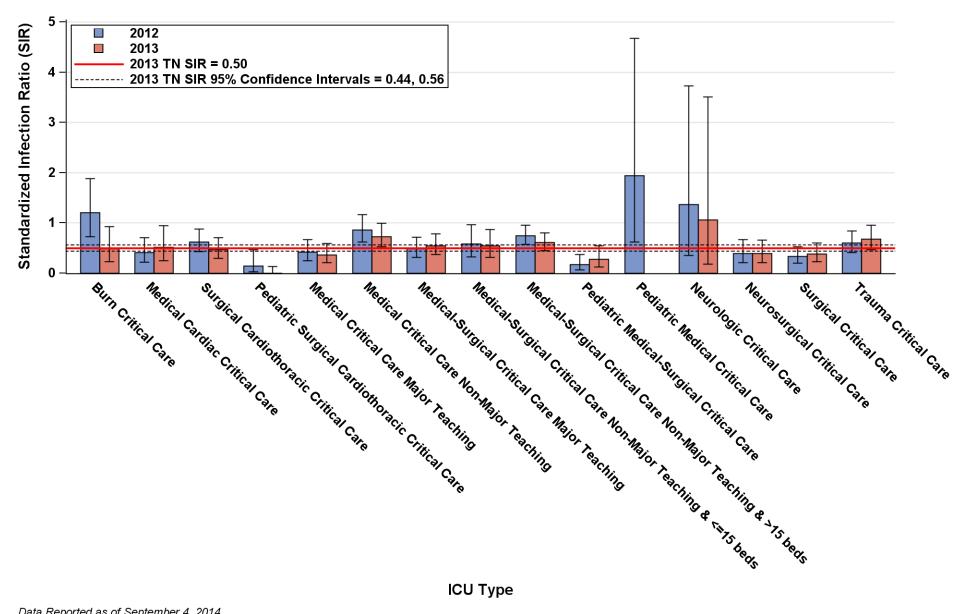
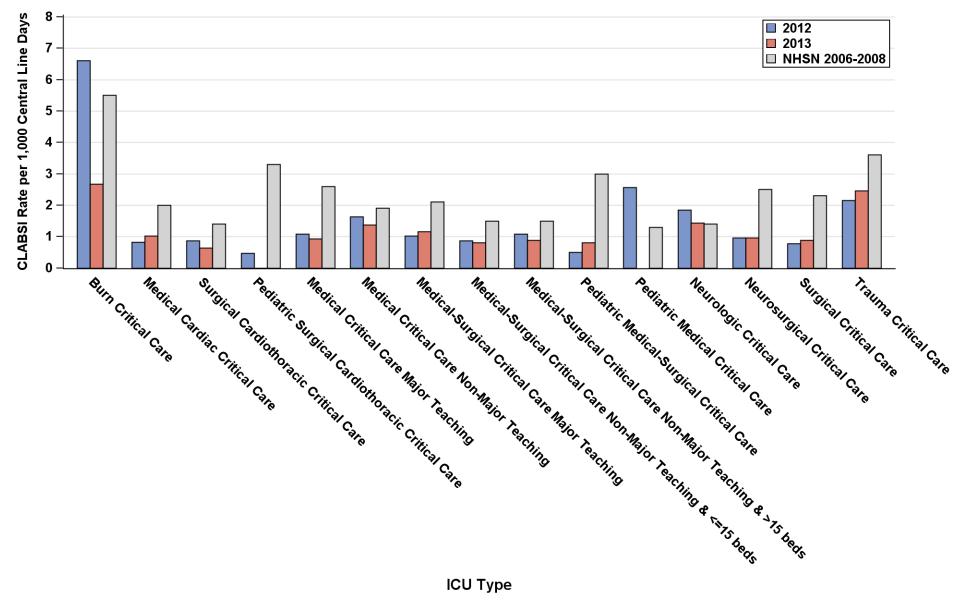


Figure 8: Central Line-Associated Bloodstream Infection (CLABSI) Pooled Mean Rates per 1,000 Central Line Days by Intensive Care Unit (ICU) Type, Tennessee, 2012 and 2013, vs. National Healthcare Safety Network (NHSN), 2006-8



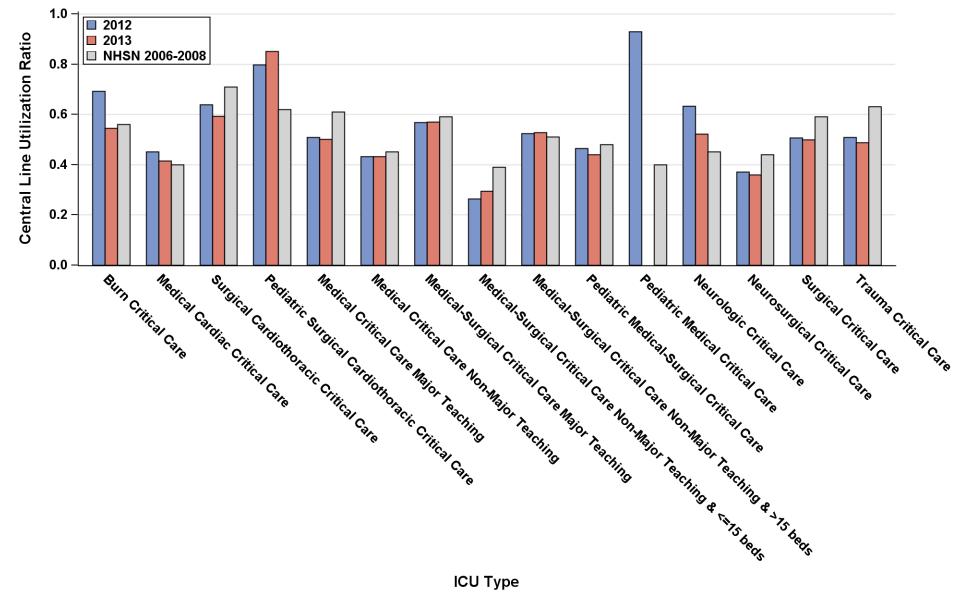
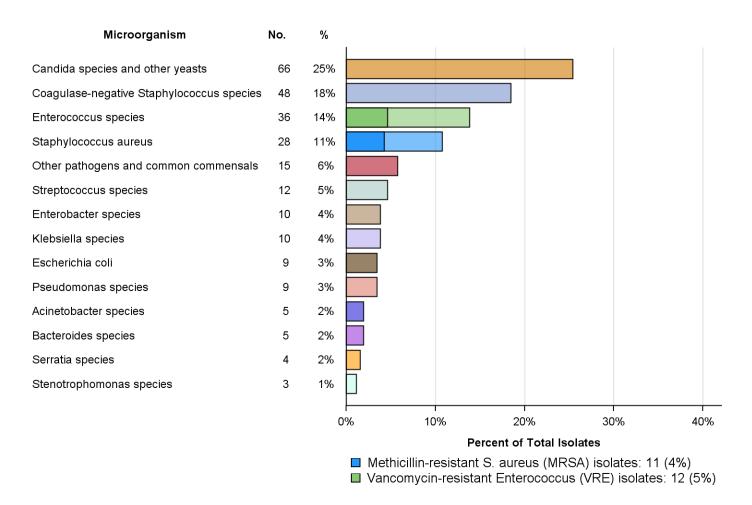


Figure 9: Central Line Utilization Ratio by Intensive Care Unit (ICU) Type, Tennessee, 2012 and 2013, vs. National Healthcare Safety Network (NHSN), 2006-8

Data Reported as of September 4, 2014

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

#### Number of isolates=260; Number of events=245



Data reported as of September 4, 2014

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

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

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

Facility Name	N	OBS	PRED	CLD	SIR	SIR & 95% Confidence Interval
Baptist Memorial Hospital for Women	1	N/A	N/A	N/A	N/A	
Baptist Memorial Hospital - Collierville*	1	0	1.2	475	0.0	<b></b>
Baptist Memorial Hospital - Huntingdon	1	N/A	N/A	N/A	N/A	
Baptist Memorial Hospital - Memphis	8	26	28.0	16497	0.9	
Baptist Memorial Hospital - Union City	1	0	0.1	124	N/A	
Baptist Memorial Hospital - Tipton	1	0	0.0	50	N/A	
Blount Memorial Hospital	3	1	3.9	2640	0.3	-
Bristol Regional Medical Center	4	5	9.1	4754	0.5	
Centennial Medical Center^^	5	4	17.4	9009	0.2	-
Claiborne County Hospital	1	0	0.1	123	N/A	
Cookeville Regional Medical Center	2	9	7.3	5101	1.2	
Cumberland Medical Center	1	3	1.5	1051	1.9	
DeKalb Community Hospital	1	N/A	N/A	N/A	N/A	
Delta Medical Center	1	0	0.6	446	N/A	
Dyersburg Regional Medical Center	1	2	0.8	470	N/A	
East Tennessee Children's Hospital^^	1	0	3.4	1174	0.0	
Erlanger Medical Center	6	17	20.5	9350	0.8	-
Fort Loudoun Medical Center	1	0	0.2	155	N/A	
Fort Sanders Regional Medical Center	3	7	8.1	4231	0.9	
Franklin Woods Community Hospital	1	1	0.6	363	N/A	
<ul> <li>^^Sig. low</li> <li>No different</li> <li>**Sig. high</li> <li>NHSN SIR</li> </ul>						0 1 2 3 4 5 Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

#### Figure 11 (cont'd)

Facility Name	Ν	OBS	PRED	CLD	SIR	SIR & 95% Confidence Interval
Gateway Medical Center	1	3	2.9	1988	1.0	<b>—</b> • <b>—</b> —
Harton Regional Medical Center*	1	0	1.1	775	0.0	
Hendersonville Medical Center	1	2	2.0	1405	1.0	
Henry County Medical Center	1	1	0.3	211	N/A	
Heritage Medical Center	1	0	0.9	656	N/A	
Highlands Medical Center	1	0	0.1	75	N/A	
Hillside Hospital	1	0	0.5	272	N/A	
Holston Valley Medical Center	5	7	11.9	5290	0.6	-
Horizon Medical Center	1	2	0.9	649	N/A	
Indian Path Medical Center*	1	0	1.9	1313	0.0	
Jackson Madison County General Hospital^^	6	5	22.6	11256	0.2	-
Jefferson Memorial Hospital	1	N/A	N/A	N/A	N/A	
Jellico Community Hospital	1	1	0.2	183	N/A	
Johnson City Medical Center	4	6	11.6	5719	0.5	
Lafollette Medical Center	1	0	0.1	110	N/A	
Lakeway Regional Hospital	1	1	0.2	184	N/A	
Laughlin Memorial Hospital	1	0	0.3	227	N/A	
LeConte Medical Center	1	2	1.1	787	1.7	
Lincoln Medical Center	1	0	0.2	146	N/A	
Livingston Regional Hospital	1	0	0.1	125	N/A	
^^Sig. low No different						0 1 2 3 4 5 6

^^Sig. low
 No different
 \*\*Sig. high
 NHSN SIR

Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

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

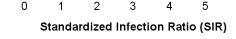
\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

#### Figure 11 (cont'd)

Facility Name	Ν	OBS	PRED	CLD	SIR	SIR & 95% Confidence Interval
MCJ Children's Hospital at Vanderbilt^^	2	4	25.1	7907	0.2	•
Maury Regional Medical Center	1	4	5.4	3681	0.7	
Memorial Healthcare System	4	9	8.0	4240	1.1	
Memorial Hixson Hospital	1	0	0.6	425	N/A	
Methodist Healthcare Germantown^^	2	0	6.3	4329	0.0	-
Methodist Healthcare LeBonheur^^	3	2	14.5	5025	0.1	•
Methodist Healthcare North^^	2	1	8.5	4833	0.1	-
Methodist Healthcare South*	1	0	2.1	1470	0.0	
Methodist Medical Center of Oak Ridge	1	5	5.9	4065	0.8	
Methodist University Hospital^^	5	3	29.2	12939	0.1	•
Milan General Hospital	1	N/A	N/A	N/A	N/A	
Morristown-Hamblen Healthcare System	1	1	0.7	522	N/A	
Nashville General Hospital at Meharry	1	3	2.6	1251	1.1	
Newport Medical Center	1	0	0.1	82	N/A	
North Knoxville Medical Center	1	1	2.0	1070	0.5	-
NorthCrest Medical Center*	1	0	1.4	742	0.0	
Parkridge East Hospital	1	0	0.8	557	N/A	
Parkridge Medical Center	2	5	6.6	3172	0.7	
Parkridge West Hospital	1	0	0.1	101	N/A	
Parkwest Medical Center- Knoxville	1	5	6.8	4662	0.7	
^^Sig. low No different						0 1 2 3 4 5 6

^^Sig. low
 No different
 \*\*Sig. high
 NHSN SIR



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

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

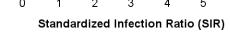
\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

#### Figure 11 (cont'd)

Facility Name	Ν	OBS	PRED	CLD	SIR	SIR & 95% Confidence Interval
Physician's Regional Medical Center	3	3	6.1	4189	0.5	
Regional Hospital of Jackson	1	2	2.3	1584	0.9	-
Regional One Health	1	7	6.3	3029	1.1	
River Park Hospital	1	0	0.3	205	N/A	
Roane Medical Center	1	0	0.6	408	N/A	
SkyRidge Medical Center	2	4	6.0	2865	0.7	
Skyline Medical Center	2	3	6.9	3956	0.4	-
Southern Hills Medical Center	2	4	2.2	1492	1.8	
Southern TN Reg Health Sys-Lawrenceburg	1	0	0.2	155	N/A	
Southern TN Reg Health Sys-Winchester	1	1	0.4	269	N/A	
St. Francis Bartlett	1	1	3.0	2108	0.3	
St. Francis Hospital - Memphis	3	6	7.5	5320	0.8	-
St. Thomas Midtown Hospital	4	6	11.3	5794	0.5	-
St. Thomas Rutherford Hospital^^	1	0	4.3	2987	0.0	-
St. Thomas West Hospital^^	5	2	9.2	6297	0.2	
Starr Regional Medical Center - Athens	1	0	0.4	278	N/A	
Starr Regional Medical Center - Etowah	1	0	0.2	128	N/A	
StoneCrest Medical Center	1	2	2.0	1089	1.0	
Summit Medical Center	2	3	4.9	2364	0.6	
Sumner Regional Medical Center^^	1	0	3.3	2264	0.0	
▲ ^^Sia low ■ No different						0 1 2 3 4 5

^^Sig. low
 No different
 \*\*Sig. high
 NHSN SIR



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

### Figure 11 (cont'd)

Facility Name	Ν	OBS	PRED	CLD	SIR	SIR & 95% Confidence Interval
Sweetwater Hospital Association	1	0	0.6	327	N/A	
Sycamore Shoals Hospital	1	0	0.6	411	N/A	
TC Thompson Children's Hosp. (Erlanger)	1	1	2.4	833	0.4	•
Takoma Regional Hospital	1	0	0.5	372	N/A	
Turkey Creek Medical Center*	1	0	1.2	859	0.0	
Unicoi County Memorial Hospital	1	N/A	N/A	N/A	N/A	
University Medical Center- Lebanon	1	1	2.4	1657	0.4	-
University of Tennessee Medical Ctr^^	4	0	13.7	6744	0.0	•
Vanderbilt Medical Center^^	4	11	36.6	17338	0.3	•
Volunteer Community Hospital	1	0	0.1	129	N/A	
Wellmont Hawkins County Hospital	1	N/A	N/A	N/A	N/A	
Williamson Medical Center	2	1	2.5	1336	0.4	-
■ ^^Sig. low ■ No different						0 1 2 3 4 5 6

■ \*\*Sig. high ••••• NHSN SIR

Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

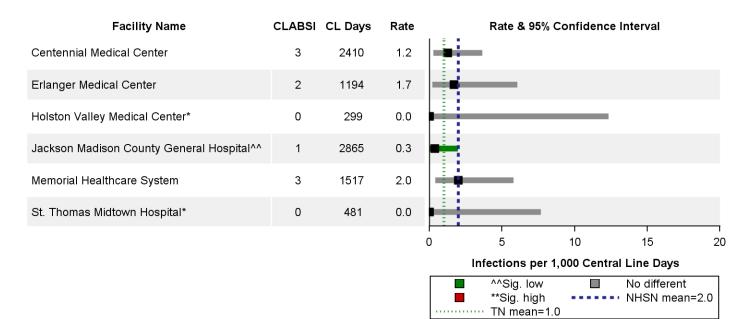
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero infections, but not statistically significant

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



Data Reported as of September 4, 2014

CLD = central line days

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

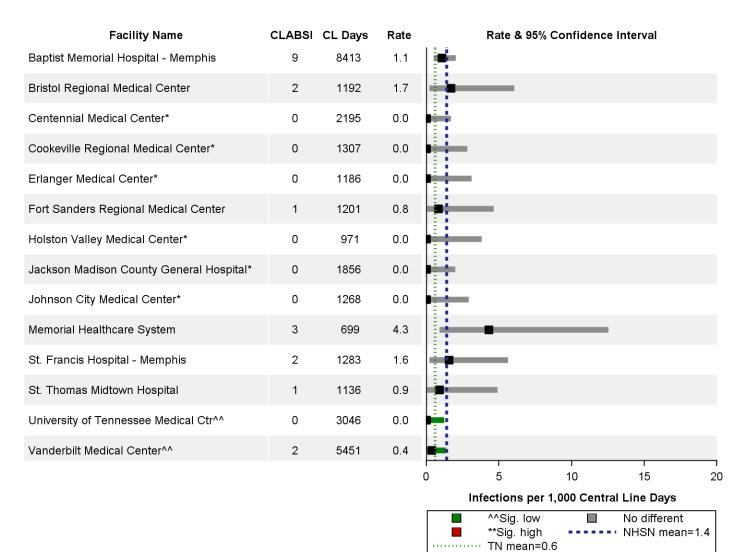
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



Data Reported as of September 4, 2014

CLD = central line days

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

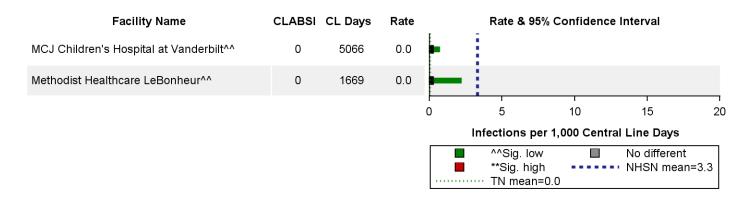
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



Data Reported as of September 4, 2014

CLD = central line days

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

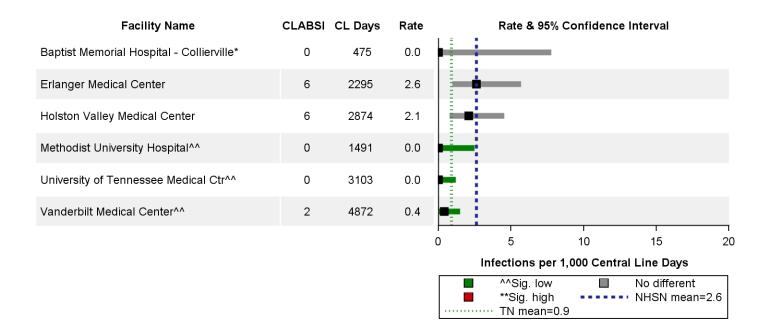
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



Data Reported as of September 4, 2014

CLD = central line days

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

\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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

Facility Name	CLABSI	CL Days	Rate
Baptist Memorial Hospital - Memphis	15	6254	2.4
Baptist Memorial Hospital - Tipton*	0	50	0.0
Blount Memorial Hospital*	N/A	N/A	N/A
DeKalb Community Hospital*	N/A	N/A	N/A
Dyersburg Regional Medical Center	2	470	4.3
Fort Loudoun Medical Center*	0	155	0.0
Fort Sanders Regional Medical Center	3	1791	1.7
Franklin Woods Community Hospital	1	363	2.8
Hillside Hospital*	0	272	0.0
lackson Madison County General Hospital	1	2109	0.5
Memorial Healthcare System	3	1549	1.9
1ethodist Healthcare North^^	1	3324	0.3
ewport Medical Center*	0	82	0.0
orth Knoxville Medical Center	1	1070	0.9
orthCrest Medical Center*	0	742	0.0
Parkridge Medical Center	2	1537	1.3
River Park Hospital*	0	205	0.0
SkyRidge Medical Center	3	1443	2.1
St. Thomas Midtown Hospital	1	2108	0.5
Starr Regional Medical Center - Etowah*	0	128	0.0

^^Sig. low ■ No different
 \*\*Sig. high •••••• NHSN mean=1.9
 TN mean=1.4

Data Reported as of September 4, 2014

CLD = central line days

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

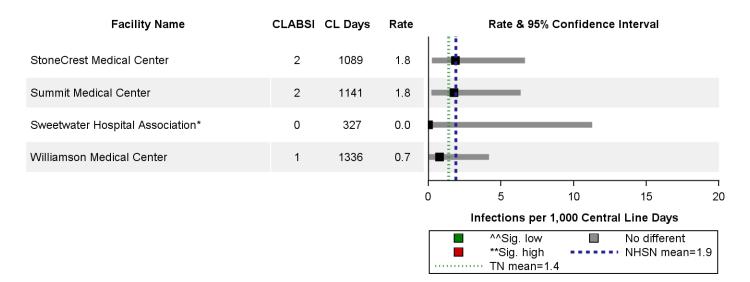
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

#### Figure 16 (cont'd)



Data Reported as of September 4, 2014

CLD = central line days

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

\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



Data Reported as of September 4, 2014

CLD = central line days

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

\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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

Facility Name	CLABSI	CL Days	Rate	Rate & 95% Confidence Interval
Baptist Memorial Hospital for Women*	N/A	N/A	N/A	
Baptist Memorial Hospital - Huntingdon*	N/A	N/A	N/A	
Baptist Memorial Hospital - Union City*	0	124	0.0	
Blount Memorial Hospital	1	2639	0.4	
Claiborne County Hospital*	0	123	0.0	
Cumberland Medical Center	3	1051	2.9	
Delta Medical Center*	0	446	0.0	
Harton Regional Medical Center*	0	775	0.0	
Henry County Medical Center	1	211	4.7	
Heritage Medical Center*	0	656	0.0	
Highlands Medical Center*	0	75	0.0	
Horizon Medical Center	2	649	3.1	
ndian Path Medical Center*	0	1313	0.0	
Jefferson Memorial Hospital	N/A	N/A	N/A	
lellico Community Hospital	1	183	5.5	
afollette Medical Center*	0	110	0.0	
akeway Regional Hospital	1	184	5.4	
aughlin Memorial Hospital*	0	227	0.0	
eConte Medical Center	2	787	2.5	
incoln Medical Center*	0	146	0.0	
				0 5 10 15
				Infections per 1,000 Central Line Days

\*\*Sig. low
 No different
 \*\*Sig. high
 TN mean=0.8

Data Reported as of September 4, 2014

CLD = central line days

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

\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

### Figure 18 (cont'd)

Facility Name	CLABSI	CL Days	Rate	Rate & 95% Confidence Interval
Livingston Regional Hospital*	0	125	0.0	
Memorial Hixson Hospital*	0	425	0.0	
Methodist Healthcare North*	0	1509	0.0	
Milan General Hospital*	N/A	N/A	N/A	
Morristown-Hamblen Healthcare System	1	522	1.9	
Parkridge East Hospital*	0	557	0.0	
Parkridge West Hospital*	0	101	0.0	
Physician's Regional Medical Center*	0	1034	0.0	
Roane Medical Center*	0	408	0.0	
Southern TN Reg Health Sys-Lawrenceburg*	0	155	0.0	
Southern TN Reg Health Sys-Winchester	1	269	3.7	
Starr Regional Medical Center - Athens*	0	278	0.0	
Sycamore Shoals Hospital*	0	411	0.0	
Takoma Regional Hospital*	0	372	0.0	
Turkey Creek Medical Center*	0	859	0.0	
Unicoi County Memorial Hospital*	N/A	N/A	N/A	
University Medical Center- Lebanon	1	1657	0.6	
Volunteer Community Hospital*	0	129	0.0	
Wellmont Hawkins County Hospital*	N/A	N/A	N/A	
				0 5 10 15 20
				Infections per 1,000 Central Line Days
				<ul> <li>▲ ^^Sig. low</li> <li>▲ No different</li> <li>▲ **Sig. high</li> <li>▲ TN mean=0.8</li> </ul>

Data Reported as of September 4, 2014

CLD = central line days

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

\*\* Significantly higher than NHSN pooled mean ^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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

Facility Name	CLABSI	CL Days	Rate	Rate & 95% Confidence Interval
Cookeville Regional Medical Center	9	3794	2.4	
Gateway Medical Center	3	1988	1.5	
Hendersonville Medical Center	2	1405	1.4	
Maury Regional Medical Center	4	3681	1.1	
Methodist Healthcare Germantown^^	0	4329	0.0	
Methodist Healthcare South*	0	1470	0.0	
Methodist Medical Center of Oak Ridge	5	4065	1.2	
Parkwest Medical Center- Knoxville	5	4662	1.1	
Physician's Regional Medical Center	3	3155	1.0	
Regional Hospital of Jackson	2	1584	1.3	
Skyline Medical Center	3	2772	1.1	
Southern Hills Medical Center	4	1479	2.7	
St. Francis Bartlett	1	2108	0.5	
St. Francis Hospital - Memphis	2	2642	0.8	
St. Thomas Rutherford Hospital^^	0	2987	0.0	
St. Thomas West Hospital^^	2	6297	0.3	
Sumner Regional Medical Center*	0	2264	0.0	
				0 5 10 15 20
				Infections per 1,000 Central Line Days

Data Reported as of September 4, 2014

CLD = central line days

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

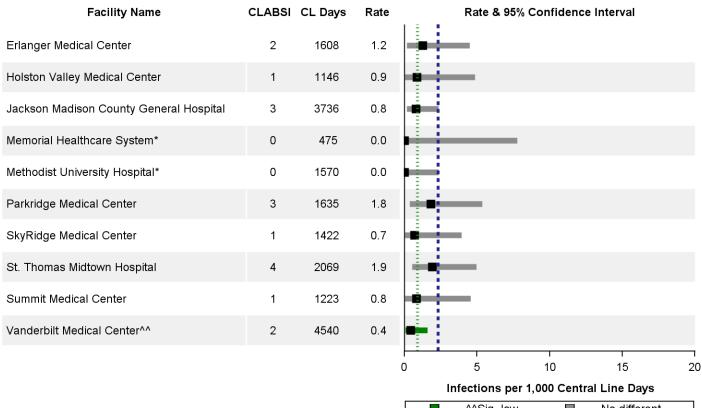
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

NHSN pooled mean (2006-2008)=1.5; TN pooled mean (01/01/2013 - 12/31/2013)=0.9

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



	^^Sig. low	No different
	**Sig. high	 NHSN mean=2.3
•••••	TN mean=0.9	

Data Reported as of September 4, 2014

CLD = central line days

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

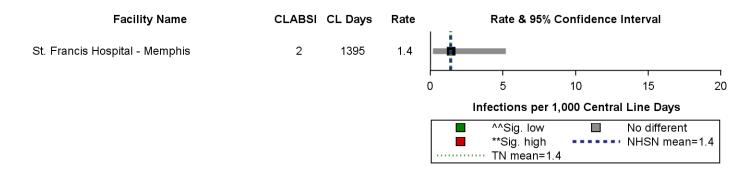
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



Data Reported as of September 4, 2014

CLD = central line days

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

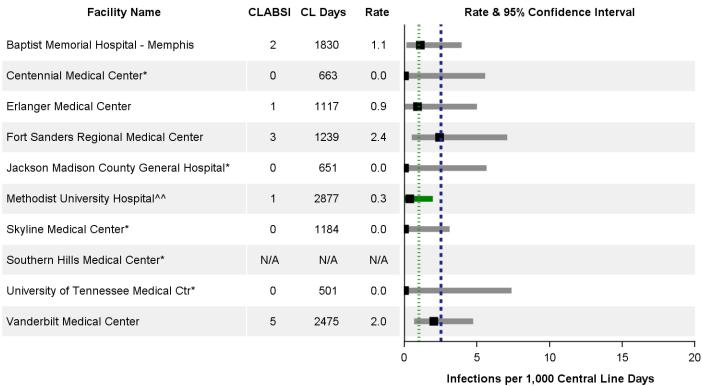
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



Data Reported as of September 4, 2014

CLD = central line days

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

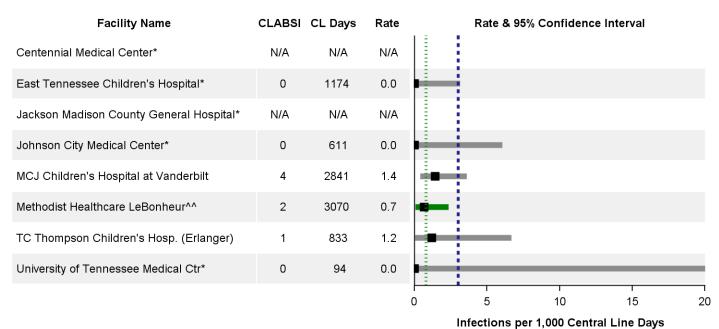
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



	•	-
	^^Sig. low	No different
	**Sig. high	 NHSN mean=3.0
	TN mean=0.8	

Data Reported as of September 4, 2014

CLD = central line days

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

\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

### CLABSI

**Neonatal Critical Care Units** 

### **CLABSIs in Neonatal ICUs:**

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

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

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

#### Key Percentiles for Tennessee SIRs (Tables <u>8-9</u>)

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

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

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

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

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

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

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

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

• One NICU CLABSI SIR per facility is displayed in <u>Figure 30</u>. 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.

<sup>&</sup>lt;sup>17</sup> http://www.hhs.gov/ash/initiatives/hai/actionplan/

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

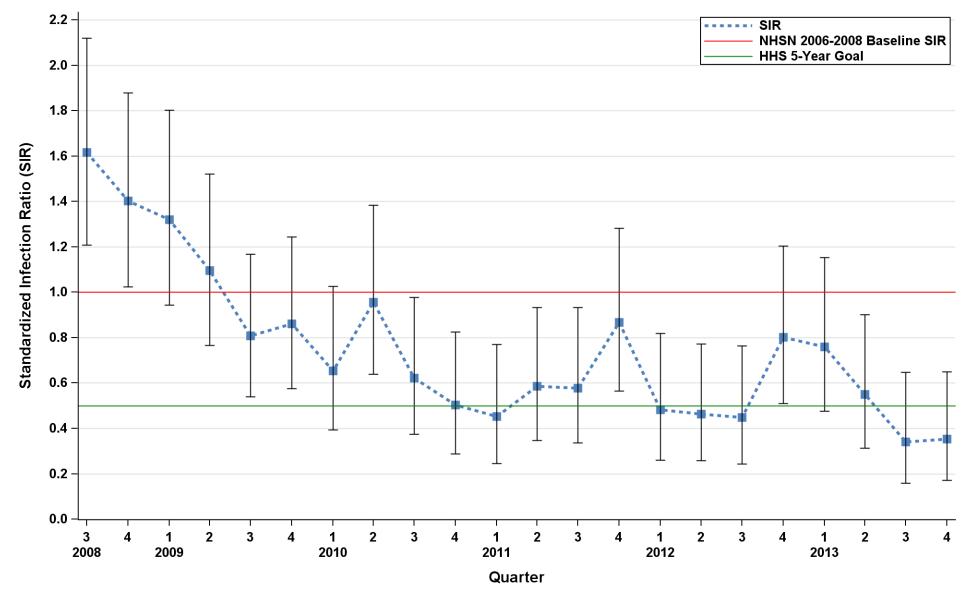


Figure 24: Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSIs) for Neonatal Intensive Care Units (NICUs) by Quarter, Tennessee, 07/01/2008–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]

Data Reported as of September 4, 2014

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

							DISTRIBUTION OF FACILITY-SPECIFIC SIRs											
				SIR AND 95% CONFIDENCE No. of INFECTIONS 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%
	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
Tennessee	2012	24	46,555	58	105.89	0.55	0.42	0.70	13	3	23%	0	0%	0.00	0.19	0.46	0.71	0.95
	2011	24	45,962	66	106.15	0.62	0.49	0.79	14	3	21%	0	0%	0.18	0.33	0.66	0.88	1.47

Data reported as of September 4, 2014

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

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

Key percentiles include facilities with at least one predicted infection

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

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

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

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

Data reported as of September 4, 2014

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

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

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

Key percentiles include units with at least one predicted infection

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

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

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

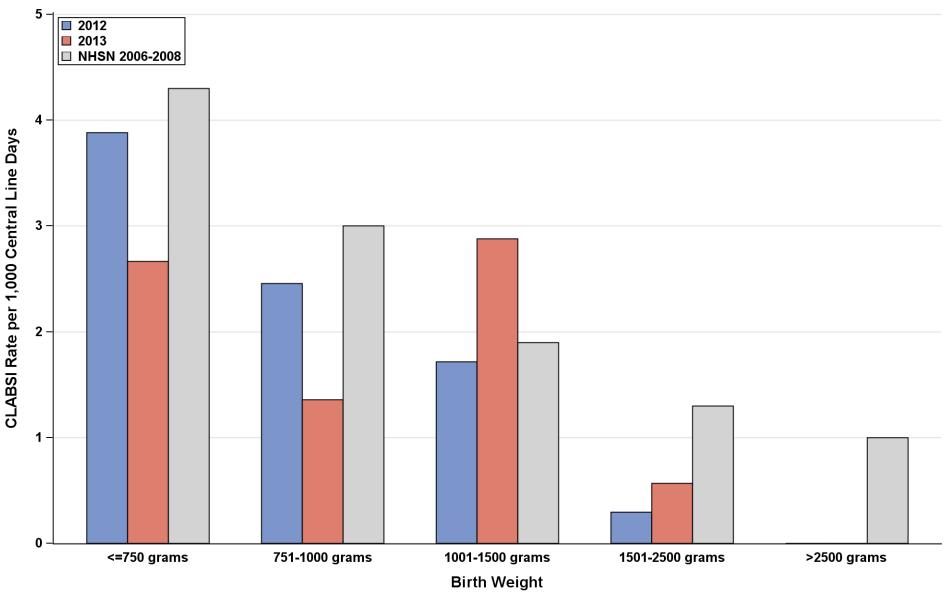
		TE		E 01/01/2	2013 - 12/31	1/2013	NF	ISN 2006-2	008	SIR AND 95% CONFIDENCE INTERVAL			
ICU TYPE	Birth Weight Category	No.	CLABSI	CL DAYS	POOLED MEAN*	MEDIAN RATE*	CLABSI	CL DAYS	POOLED MEAN*	SIR	LOWER LIMIT	UPPER LIMIT	
	≤750 grams	18	9	3,374	2.7	0.0	329	77,283	4.3	0.63	0.31	1.15	
	751-1000 grams	18	4	2,946	1.4	0.0	199	65,801	3.0	0.45	0.14	1.08	
Necestel ICI Level II/III	1001-1500 grams	18	12	4,170	2.9	0.0	145	78,352	1.9	1.56	0.84	2.64	
Neonatal ICU, Level II/III	1501-2500 grams	18	2	3,532	0.6	0.0	82	62,268	1.3	0.43	0.07	1.42	
	>2500 grams	18	0	2,818	0.0	0.0	65	65,559	1.0	0.00	0.00	1.07	
	TOTAL										0.47	1.01	
	≤750 grams	6	7	5,818	1.2	1.3	559	155,220	3.6	0.33	0.15	0.66	
	751-1000 grams	6	7	4,903	1.4	1.8	413	140,785	2.9	0.49	0.21	0.96	
Negenetel ICLL Level III	1001-1500 grams	6	0	4,941	0.0	0.0	306	147,305	2.1	0.00	0.00	0.29	
Neonatal ICU, Level III	1501-2500 grams	6	2	4,798	0.4	0.0	223	122,883	1.8	0.23	0.04	0.76	
	>2500 grams	6	8	6,016	1.3	0.3	170	128,245	1.3	1.00	0.47	1.91	
	TOTAL			0.39	0.25	0.57							
TOTAL										0.51	0.38	0.66	

Data reported as of September 4, 2014 No. = number of facilities CL Days = central line days SIR = standardized infection ratio (observed/predicted number of CLABSI) N/A = not available \*per 1000 central line days

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

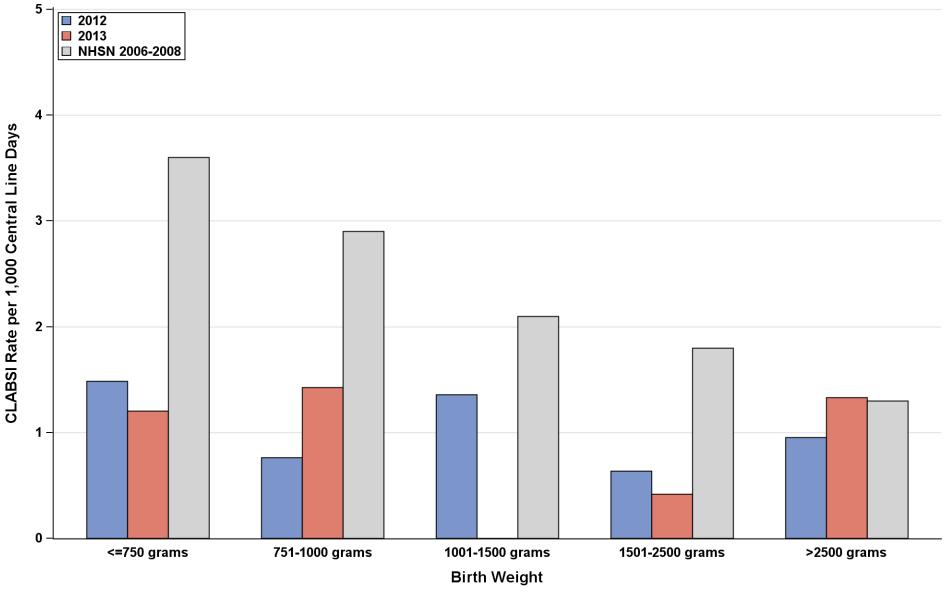
Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0





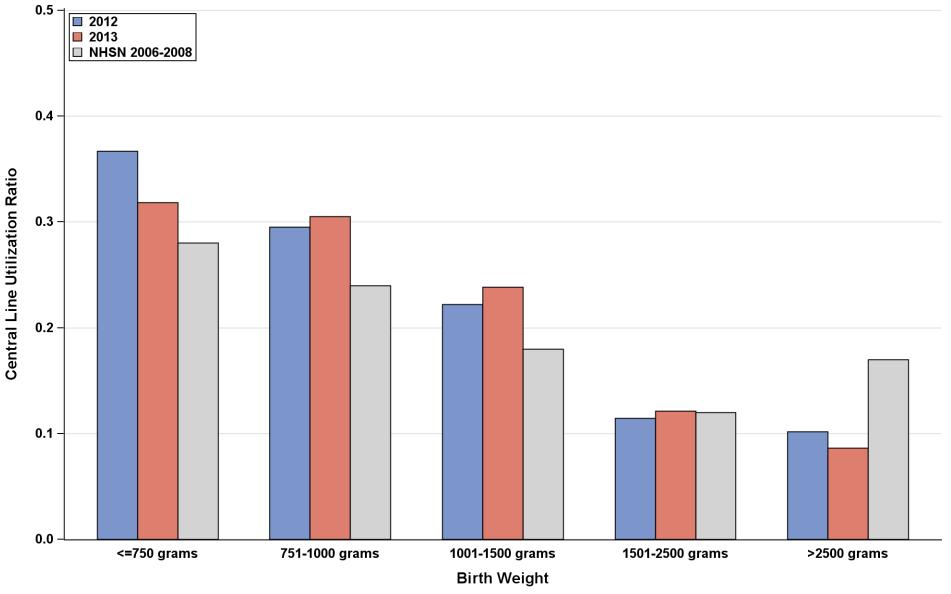
Data Reported as of September 4, 2014

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



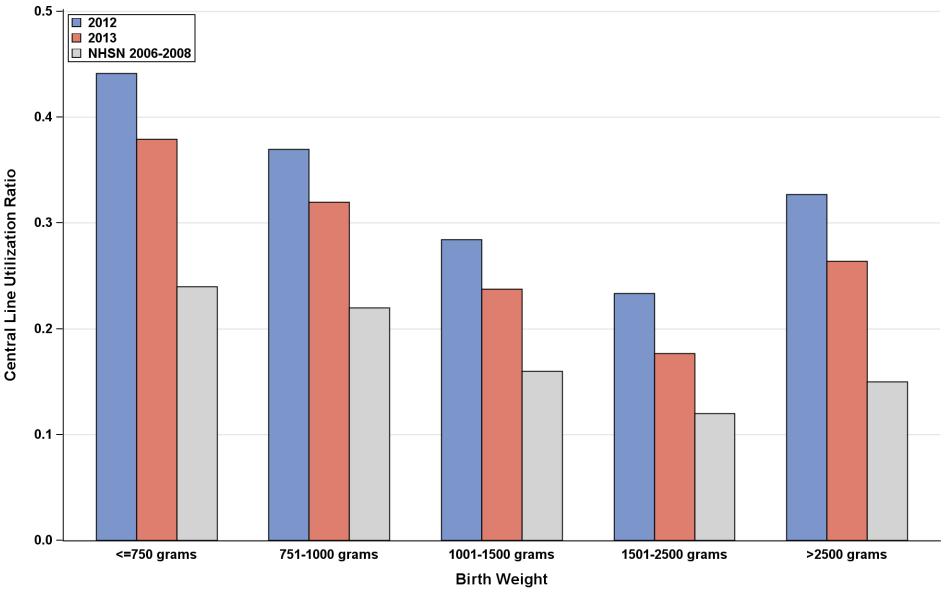
Data Reported as of September 4, 2014

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



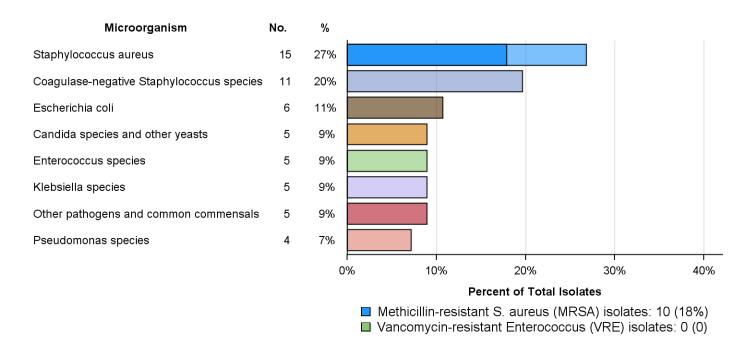
Data Reported as of September 4, 2014

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



Data Reported as of September 4, 2014

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



#### Number of isolates=56; Number of events=51

Data reported as of September 4, 2014 Other pathogens = Citrobacter spp., Enterobacter spp., Sphingomonas spp., and Streptobacillus spp.

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

Facility Name	Ν	OBS	PRED	CLD	SIR	SIR & 95% Confidence Interval
Baptist Memorial Hospital for Women	1	7	6.6	2906	1.1	
Centennial Medical Center^^	1	2	7.2	2976	0.3	
East Tennessee Children's Hospital	1	2	5.0	2594	0.4	-
Gateway Medical Center	1	N/A	N/A	N/A	N/A	
Holston Valley Medical Center*	1	0	2.2	1401	0.0	
Jackson Madison County General Hospital	1	2	2.3	792	0.8	-
Johnson City Medical Center	1	2	4.3	1904	0.5	-
MCJ Children's Hospital at Vanderbilt^^	1	11	22.3	10387	0.5	-
Maury Regional Medical Center	1	0	0.1	110	N/A	
Methodist Healthcare Germantown^^	1	0	4.0	1376	0.0	-
Methodist Healthcare LeBonheur^^	1	3	17.8	7182	0.2	-
Methodist Healthcare South	1	N/A	N/A	N/A	N/A	
Nashville General Hospital at Meharry	1	N/A	N/A	N/A	N/A	
Parkridge East Hospital	1	0	0.8	304	N/A	
Physician's Regional Medical Center	1	N/A	N/A	N/A	N/A	
Regional One Health	1	13	9.7	3263	1.3	
St. Francis Bartlett	1	N/A	N/A	N/A	N/A	
St. Francis Hospital - Memphis	1	0	0.2	120	N/A	
St. Thomas Midtown Hospital*	1	0	2.5	996	0.0	
St. Thomas Rutherford Hospital	1	1	0.6	413	N/A	
<ul> <li>^^Sig. low</li> <li>No different</li> <li>**Sig. high</li> <li>NHSN SIR</li> </ul>						0 1 2 3 4 5 6 Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero infections, but not statistically significant

#### Figure 30 (cont'd)



Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero infections, but not statistically significant

### CLABSI

Long-term Acute Care Facilities

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

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

#### SIRs by Quarter (Figure 31)

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

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

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

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

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

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

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

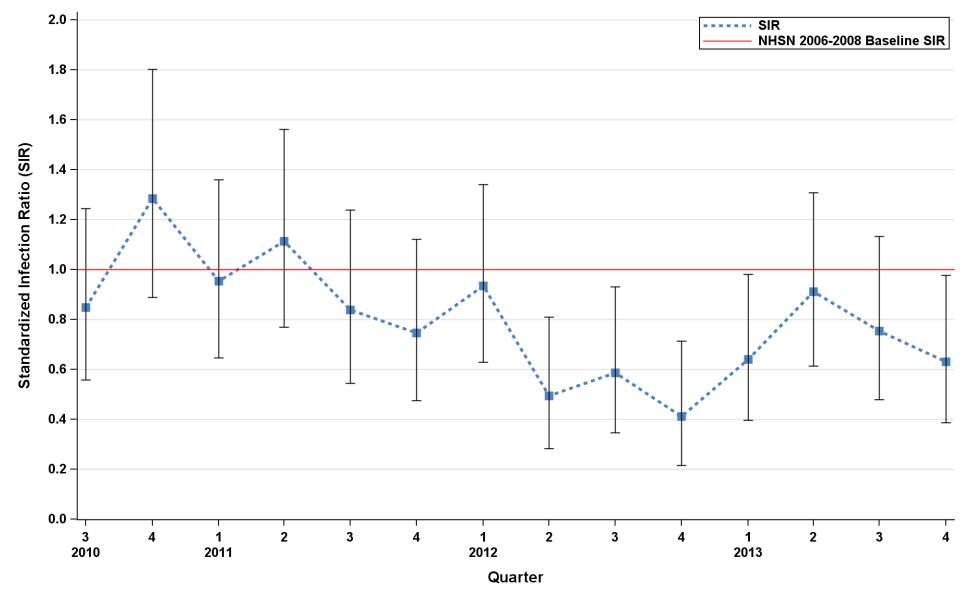


Figure 31: Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSIs) for Long-term Acute Care (LTAC) Facilities by Quarter, Tennessee, 07/01/2010–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]

Data Reported as of September 4, 2014

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

						DISTRIBUTION OF FACILITY-SPECIFIC SIRS												
CONFID				SIR AND 9 CONFIDEN INTERVA	ICE		FACS SIR	. of WITH SIG. I.0	No. FACS SIR >1	WITH SIG.								
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%
	2013	9	66,977	85	115.65	0.74	0.59	0.90	9	3	33%	0	0%	0.17	0.47	0.76	1.12	1.70
Tennessee	2012	9	64,435	68	111.26	0.61	0.48	0.77	9	2	22%	0	0%	0.17	0.50	0.57	0.81	1.11
	2011	9	65,311	103	112.78	0.91	0.75	1.10	9	2	22%	0	0%	0.07	0.48	1.00	1.45	1.50

Data reported as of September 4, 2014

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

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

Key percentiles include facilities with at least one predicted infection

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

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

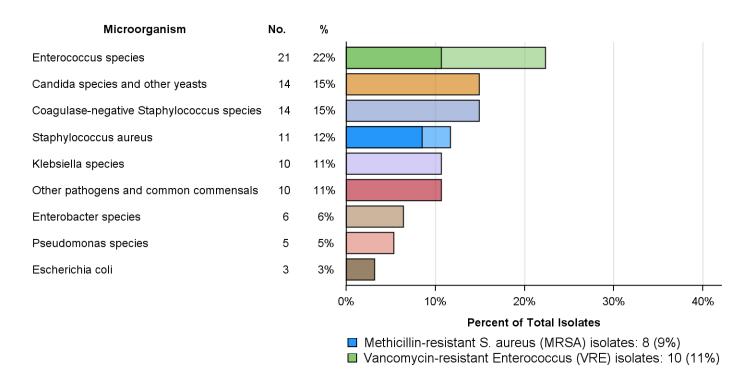
Table 12: Comparison of Tennessee and National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Rates and Standardized Infection Ratios (SIRs) by Long-term Acute Care (LTAC) Location, 01/01/2013 - 12/31/2013

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

Data reported as of September 4, 2014 No. = number of facilities CL Days = central line days SIR = standardized infection ratio (observed/predicted number of CLABSI) N/A = not available \*per 1000 central line days Red highlighting indicates SIR for reporting period is significantly higher than national 2006-2008 SIR of 1.0 Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

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

#### Number of isolates=94; Number of events=85



Data reported as of September 4, 2014

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

**CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)** 

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

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

#### **Reporting Requirements**

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

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

#### **Changes to Surveillance Definitions**

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

#### **Facility-Specific Data Thresholds**

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

### **CAUTI Risk Adjustment**

Tennessee CAUTI rates were compared to national rates using the same statistical methods implemented in NHSN for comparing hospital rates to national rates within risk categories. For adult and pediatric ICU patients with urinary catheters, risk adjustment is limited to the type of hospital location; hospital type and unit bed size are used to categorize ICUs in some instances. We used the SIR as a summary measure to compare CAUTI data in adult, pediatric, and neonatal ICUs in Tennessee to published national (NHSN) data for 2009<sup>20</sup> for each location type. The CAUTI SIR is calculated by dividing the total number of observed CAUTI events by the predicted<sup>\*</sup> 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.

 <sup>&</sup>lt;sup>18</sup> <u>http://www.cdc.gov/hai/pdfs/uti/CA-UTI\_tagged.pdf</u>
 <sup>19</sup> <u>http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf</u>

<sup>&</sup>lt;sup>20</sup> http://www.cdc.gov/nhsn/PDFs/NHSNReport DataSummaryfor2009.pdf

<sup>\* &</sup>quot;Predicted" is used throughout the report as a synonym for the standard statistical term "expected".

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

Risk Group Stratifier	Observed CA	AUTI Rates		NHSN CAUTI Rates for 2009 (Standard Population)						
Location Type	#CAUTI	#Urinary catheter- days	CAUTI rate <sup>*</sup>	#CAUTI	#Urinary catheter- days	CAUTI rate <sup>*</sup>				
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				
$SIR = \frac{ob}{ex}$	$\frac{\text{oserved}}{\text{(pected)}} = \frac{1}{100,0}$	$\frac{\text{erved}}{\text{ected}} = \frac{170 + 116}{100,000 \times \left(\frac{2.0}{1,000}\right) + 58,000 \times \left(\frac{2.6}{1,000}\right)} = \frac{286}{200 + 150.8} = \frac{286}{350.8} = 0.82$								

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

1. For each reporting unit, multiply the number of urinary catheter-days (UCD) by the published national infection rate for that unit type to estimate the number of infections predicted (expected) for that unit if it were to produce CAUTIs at the same frequency as the national rate (UCD\*100 x national rate / 1000).

2. Within each hospital, calculate the sum of predicted (expected) infections and the sum of reported infections across all reporting units.

3. Calculate the SIR by dividing the total reported infections by the total predicted (expected) infections.

### **CATHETER ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)**

### **Adult and Pediatric Critical Care Units**

#### **CAUTIs in Adult/Pediatric ICUs:**

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

#### SIRs by Quarter (Figure 33)

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

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

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

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

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

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

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

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

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

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

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

### Facility-Specific CAUTI Rates in Adult and Pediatric ICUs (Figures <u>39-52</u>)

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

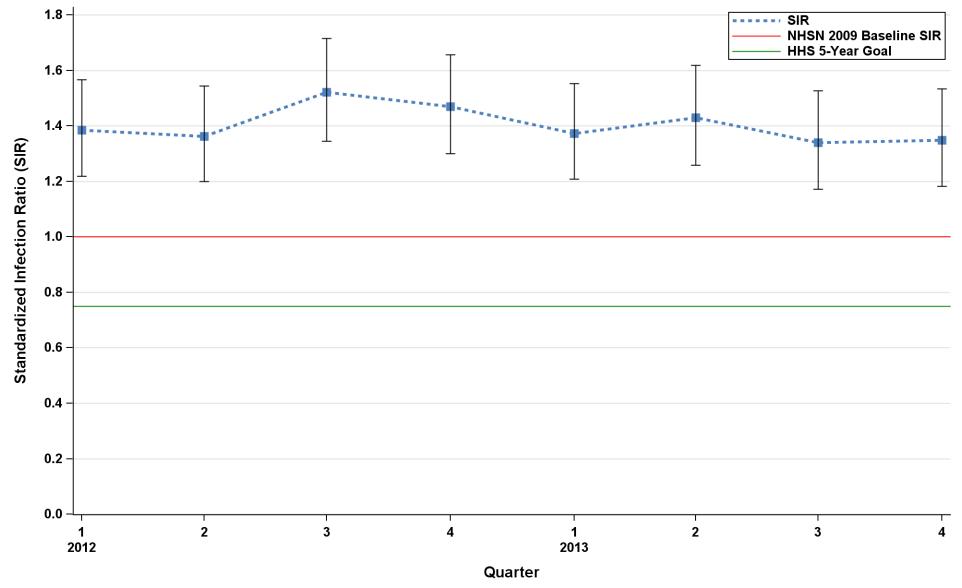


Figure 33: Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) for Adult and Pediatric Intensive Care Units (ICUs) by Quarter, Tennessee, 01/01/2012–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2009]

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

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

Data reported as of September 4, 2014

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

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

Key percentiles include facilities with at least one predicted infection

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

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

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

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

Data reported as of September 4, 2014

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

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

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

Key percentiles include units with at least one predicted infection

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

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

				No. of INF	No. of INFECTIONS		SIR AND 9 CONFIDEN INTERVA	ICE	DISTRIBUTION OF FACILITY-SPECIFIC SIRs					
ICU TYPE	YEAR	No.	UC Days	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	10%	25%	50%	75%	90%
Pediatric Medical Critical Care	2012	2	950	3	0.76	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dedictric Medical Currical Critical Care	2013	8	4,195	11	11.68	0.94	0.50	1.64	4	N/A	N/A	N/A	N/A	N/A
Pediatric Medical-Surgical Critical Care	2012	8	4,620	14	12.86	1.09	0.62	1.78	3	N/A	N/A	N/A	N/A	N/A
Redictric Currical Cardiathanacia Critical Cara	2013	2	1,774	2	4.83	0.41	0.07	1.37	2	N/A	N/A	N/A	N/A	N/A
Pediatric Surgical Cardiothoracic Critical Care	2012	2	1,262	4	3.43	1.17	0.37	2.81	2	N/A	N/A	N/A	N/A	N/A
Survival Cardiotharagia Critical Caro	2013	14	36,625	80	60.92	1.31	1.05	1.63	14	0.36	0.59	1.03	1.44	2.08
Surgical Cardiothoracic Critical Care	2012	15	38,272	58	63.66	0.91	0.70	1.17	14	0.00	0.48	0.87	1.56	1.85
	2013	10	25,762	79	66.95	1.18	0.94	1.46	10	0.11	0.87	1.18	1.45	2.51
Surgical Critical Care	2012	11	28,469	95	73.99	1.28	1.05	1.56	11	0.21	0.74	1.43	1.71	1.93
	2013	6	18,708	142	64.42	2.20	1.86	2.59	6	0.14	1.40	1.58	2.02	4.10
Trauma Critical Care	2012	6	22,303	189	76.79	2.46	2.13	2.83	6	0.68	0.95	2.59	2.70	3.34

Table 14 (cont'd)

Data reported as of September 4, 2014

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

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

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

Key percentiles include units with at least one predicted infection

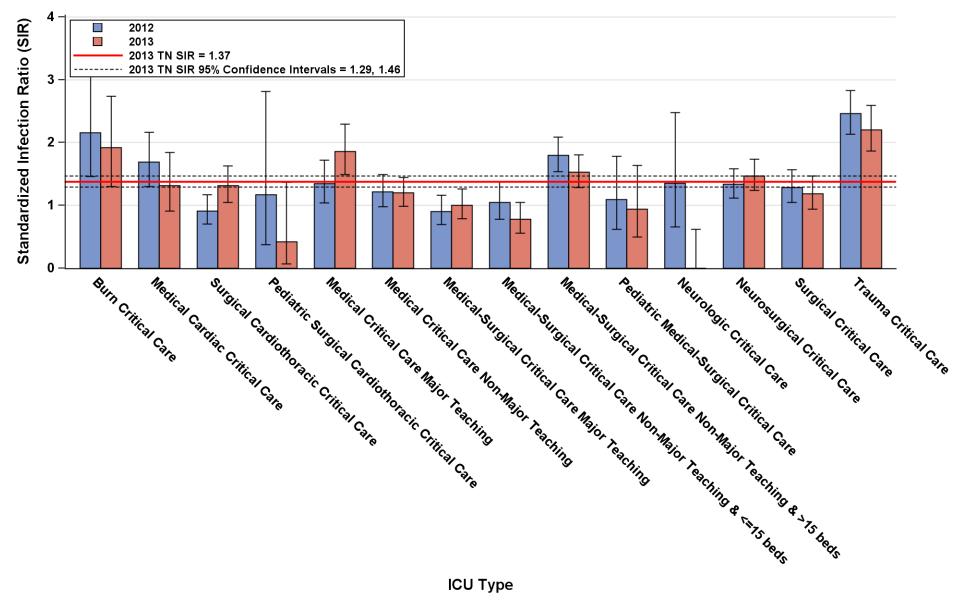
**Red highlighting indicates SIR for reporting period is significantly higher than national 2009 SIR of 1.0** 

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

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

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

Data reported as of September 4, 2014 No. = number of facilities UC Days = urinary catheter days SIR = standardized infection ratio (observed/predicted number of CAUTI) N/A = not available \*per 1000 urinary catheter days Red highlighting indicates SIR for reporting period is significantly higher than national 2009 SIR of 1.0 Green highlighting indicates SIR for reporting period is significantly lower than national 2009 SIR of 1.0 Figure 34: Standardized Infection Ratios (SIRs) for Catheter-Associated Urinary Tract Infections (CAUTIs) by Intensive Care Unit (ICU) Type, Tennessee, 2012 and 2013 [Reference standard: National Healthcare Safety Network (NHSN), 2009]



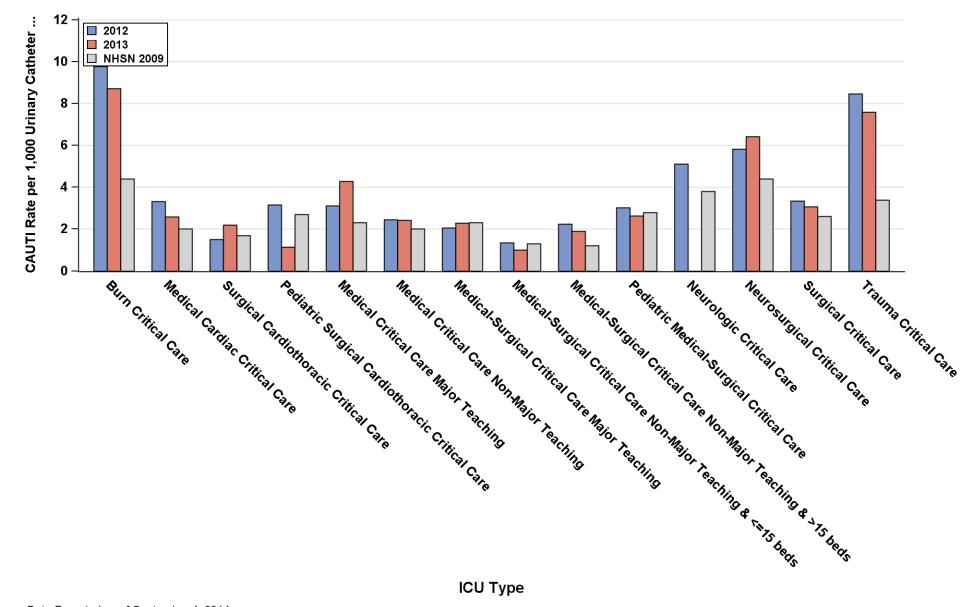


Figure 35: Catheter-Associated Urinary Tract Infection (CAUTI) Pooled Mean Rates per 1,000 Urinary Catheter Days by Intensive Care Unit (ICU) Type, Tennessee, 2012 and 2013, vs. National Healthcare Safety Network (NHSN), 2009

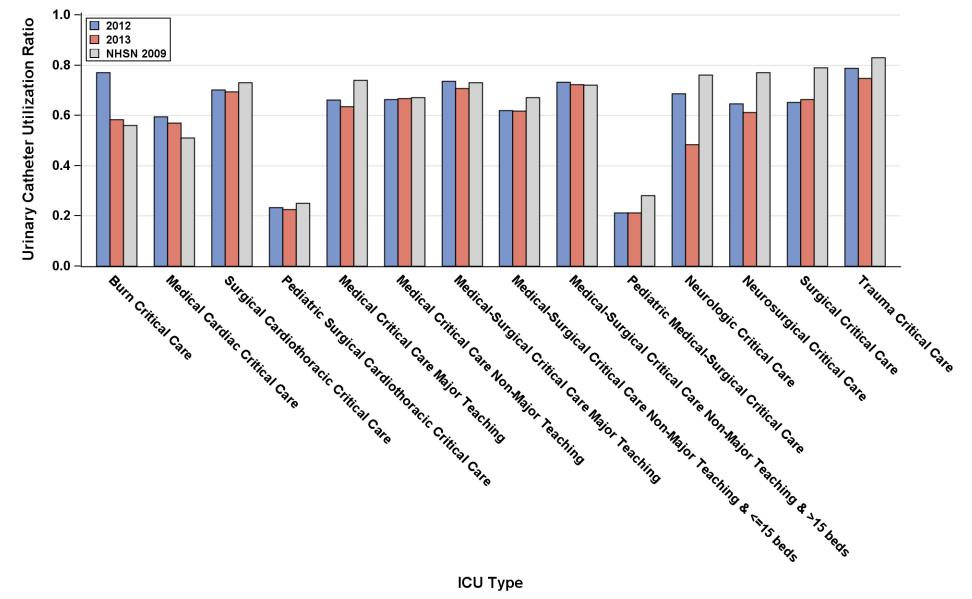
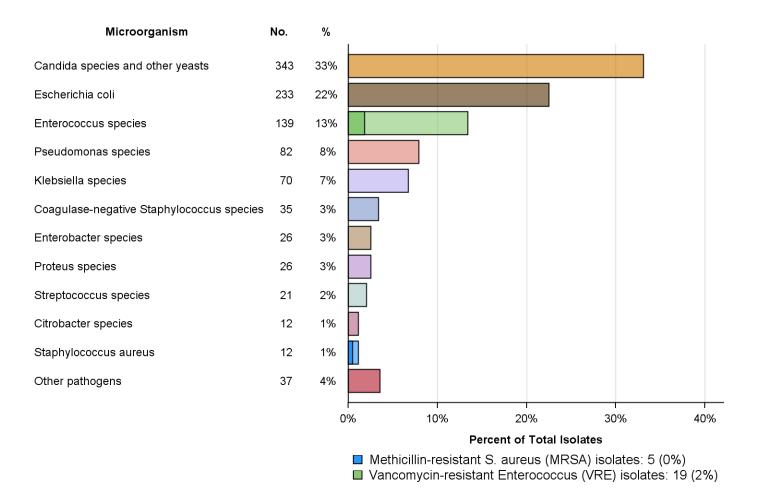


Figure 36: Urinary Catheter Utilization Ratio by Intensive Care Unit (ICU) Type, Tennessee, 2012 and 2013, vs. National Healthcare Safety Network (NHSN), 2009

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

#### Number of isolates=1036; Number of events=935



#### Data reported as of September 4, 2014

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

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

Facility Name	N	OBS	PRED	UCD	SIR	SIR & 95% Confidence Interval
Baptist Memorial Hospital for Women	1	N/A	N/A	N/A	N/A	
Baptist Memorial Hospital - Collierville	1	1	1.9	836	0.5	-
Baptist Memorial Hospital - Huntingdon	1	0	0.1	149	N/A	
Baptist Memorial Hospital - Memphis**	8	56	38.8	17865	1.4	-
Baptist Memorial Hospital - Union City	1	0	0.5	453	N/A	
Baptist Memorial Hospital - Tipton	1	0	0.5	285	N/A	
Blount Memorial Hospital	3	2	5.1	3997	0.4	-
Bristol Regional Medical Center^^	4	8	16.0	7483	0.5	-
Centennial Medical Center	5	18	24.9	10840	0.7	•
Claiborne County Hospital	1	1	0.8	664	N/A	
Cookeville Regional Medical Center	2	6	10.1	7515	0.6	-
Cumberland Medical Center	1	2	2.9	2324	0.7	
DeKalb Community Hospital	1	0	0.3	184	N/A	
Delta Medical Center	1	0	0.6	479	N/A	
Dyersburg Regional Medical Center*	1	0	2.2	1123	0.0	
East Tennessee Children's Hospital	1	1	1.3	474	0.8	-
Erlanger Medical Center**	7	95	40.6	14919	2.3	
Fort Loudoun Medical Center	1	0	0.8	444	N/A	
Fort Sanders Regional Medical Center**	3	43	16.2	5889	2.7	
Franklin Woods Community Hospital	1	1	1.5	756	0.7	-
<ul> <li>^^Sig. low</li> <li>No different</li> <li>**Sig. high</li> <li>NHSN SIR</li> </ul>						0 1 2 4 6 8 Standardized Infection Ratio (SIR)

*Data Reported as of September 4, 2014 N = number of types of units reporting* 

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

Facility Name	Ν	OBS	PRED	UCD	SIR	SIR & 95% Confidence Interval
Gateway Medical Center	1	7	3.4	2809	2.0	
Harton Regional Medical Center*	1	0	1.6	1281	0.0	
Hendersonville Medical Center**	1	6	2.0	1612	3.0	
Henry County Medical Center	1	2	1.1	868	1.8	
Heritage Medical Center*	1	0	1.5	1203	0.0	
Highlands Medical Center	1	1	0.4	320	N/A	
Hillside Hospital	1	0	0.9	446	N/A	
Holston Valley Medical Center**	6	36	19.3	8063	1.9	
Horizon Medical Center*	1	0	1.5	1216	0.0	
Indian Path Medical Center*	1	0	2.4	1881	0.0	<b>→</b>
Jackson Madison County General Hospital**	6	48	34.4	14533	1.4	-
Jefferson Memorial Hospital	1	0	0.8	672	N/A	
Jellico Community Hospital	1	1	0.6	528	N/A	
Johnson City Medical Center	5	16	21.0	8498	0.8	
Lafollette Medical Center	1	2	1.3	1042	1.5	
Lakeway Regional Hospital	1	1	1.1	894	0.9	
Laughlin Memorial Hospital*	1	0	1.2	994	0.0	
LeConte Medical Center*	1	0	2.2	1766	0.0	
Lincoln Medical Center	1	0	0.7	557	N/A	
Livingston Regional Hospital	1	0	0.5	421	N/A	
<ul> <li>^^Sig. low</li> <li>No different</li> <li>**Sig. high</li> <li>NHSN SIR</li> </ul>						0 1 2 4 6 8 Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

Facility Name	Ν	OBS	PRED	UCD	SIR	SIR & 95% Confidence Interval
MCJ Children's Hospital at Vanderbilt	2	4	4.7	1744	0.8	
Maury Regional Medical Center**	1	13	4.9	4015	2.6	
Memorial Healthcare System	4	26	21.1	10338	1.2	-
Memorial Hixson Hospital	1	0	0.6	529	N/A	
Methodist Healthcare Germantown	2	7	6.2	5016	1.1	
Methodist Healthcare LeBonheur	3	6	7.6	3088	0.8	-
Methodist Healthcare North	2	14	12.0	6667	1.2	-
Methodist Healthcare South**	1	9	3.0	2467	2.9	
Methodist Medical Center of Oak Ridge	1	12	7.7	6266	1.5	
Methodist University Hospital**	5	55	40.2	13977	1.4	-
Milan General Hospital	1	0	0.1	83	N/A	
Morristown-Hamblen Healthcare System*	1	0	2.9	2278	0.0	-
Nashville General Hospital at Meharry^^	1	0	4.0	1793	0.0	-
Newport Medical Center	1	1	1.5	764	0.6	-
North Knoxville Medical Center	1	4	3.1	1571	1.3	
NorthCrest Medical Center	1	2	2.4	1206	0.8	-
Parkridge East Hospital**	1	5	1.6	1264	3.1	
Parkridge Medical Center	2	14	10.2	4420	1.4	
Parkridge West Hospital	1	0	0.3	240	N/A	
Parkwest Medical Center- Knoxville	1	13	8.1	6581	1.6	
<ul> <li>^^Sig. low</li> <li>No different</li> <li>**Sig. high</li> <li>NHSN SIR</li> </ul>						0 1 2 4 6 8 Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

Facility Name	Ν	OBS	PRED	UCD	SIR	SIR & 95% Confidence Interval
Physician's Regional Medical Center**	3	16	7.6	6136	2.1	<b></b>
Regional Hospital of Jackson^^	1	0	3.1	2503	0.0	-
Regional One Health**	3	110	37.4	11359	2.9	
River Park Hospital	1	1	2.0	1006	0.5	-
Roane Medical Center	1	1	0.9	749	N/A	
SkyRidge Medical Center^^	2	2	9.3	4137	0.2	-
Skyline Medical Center	2	11	17.8	7610	0.6	•
Southern Hills Medical Center**	2	7	2.7	2134	2.5	
Southern TN Reg Health Sys-Lawrenceburg	1	0	0.6	505	N/A	
Southern TN Reg Health Sys-Winchester**	1	6	1.1	884	5.3	
St. Francis Bartlett	1	3	2.9	2343	1.0	-
St. Francis Hospital - Memphis	3	11	10.1	5100	1.1	
St. Thomas Midtown Hospital**	4	26	16.8	7755	1.5	
St. Thomas Rutherford Hospital	1	10	6.1	4969	1.6	
St. Thomas West Hospital**	5	19	9.5	7650	2.0	
Starr Regional Medical Center - Athens	1	0	0.9	734	N/A	
Starr Regional Medical Center - Etowah	1	0	0.9	486	N/A	
StoneCrest Medical Center	1	6	3.0	1503	2.0	
Summit Medical Center	2	4	9.6	4141	0.4	-
Sumner Regional Medical Center	1	1	4.7	3807	0.2	-
▲ ^^Sig. low ■ No different						0 1 2 4 6 8 Standardized Infaction Patie (SIP)

Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero infections, but not statistically significant

\*\*Sig. high ••••• NHSN SIR

Facility Name	Ν	OBS	PRED	UCD	SIR	SIR & 95% Confidence Interval
Sweetwater Hospital Association*	1	0	1.9	961	0.0	
Sycamore Shoals Hospital*	1	0	1.6	1255	0.0	
TC Thompson Children's Hosp. (Erlanger)	1	1	1.5	549	0.7	-
Takoma Regional Hospital*	1	0	1.3	1025	0.0	
Turkey Creek Medical Center	1	2	1.6	1297	1.2	<b>_</b>
Unicoi County Memorial Hospital	1	0	0.4	357	N/A	
University Medical Center- Lebanon	1	2	2.5	2007	0.8	-
University of Tennessee Medical Ctr**	5	59	38.8	14401	1.5	-
Vanderbilt Medical Center**	6	97	68.8	24738	1.4	•
Volunteer Community Hospital	1	0	0.4	374	N/A	
Wellmont Hawkins County Hospital	1	0	0.2	202	N/A	
Williamson Medical Center^^	2	1	5.2	2583	0.2	-
<ul> <li>^^Sig. low</li> <li>No different</li> <li>**Sig. high</li> <li>NHSN SIR</li> </ul>						0 1 2 4 6 8 Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

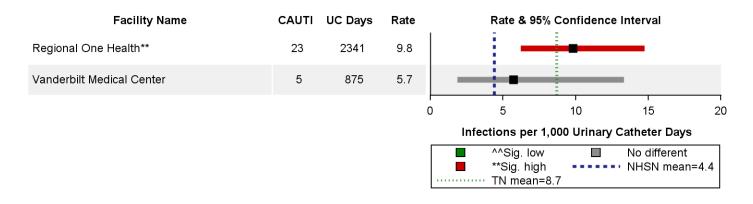
UCD = number of urinary catheter days

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

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



Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

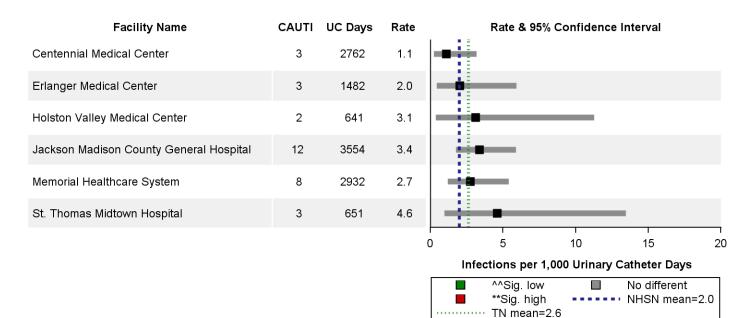
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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

Facility Name	CAUTI	UC Days	Rate	Rate & 95% Confidence Interval
Baptist Memorial Hospital - Memphis**	30	8666	3.5	
Bristol Regional Medical Center	1	1650	0.6	-
Centennial Medical Center	4	2156	1.9	
Cookeville Regional Medical Center	2	2005	1.0	-
Erlanger Medical Center	2	1554	1.3	
Fort Sanders Regional Medical Center**	8	1504	5.3	
Holston Valley Medical Center	1	1016	1.0	
Jackson Madison County General Hospital	5	2091	2.4	
Johnson City Medical Center	3	1338	2.2	
Memorial Healthcare System	2	2031	1.0	
St. Francis Hospital - Memphis	3	1321	2.3	
St. Thomas Midtown Hospital*	0	1384	0.0	
University of Tennessee Medical Ctr	10	4131	2.4	
Vanderbilt Medical Center	9	5778	1.6	
				0 5 10 15 20
				Infections per 1,000 Urinary Catheter Days
				▲ ^^Sig. low ■ No different

\*\*Sig. high

TN mean=2.2

••••• NHSN mean=1.7

Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

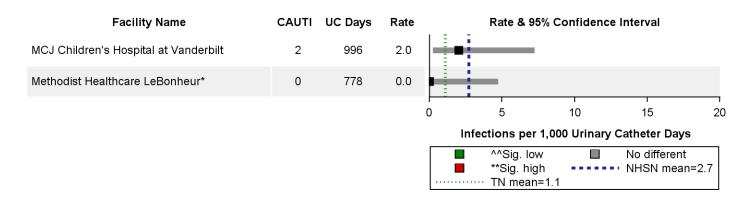
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

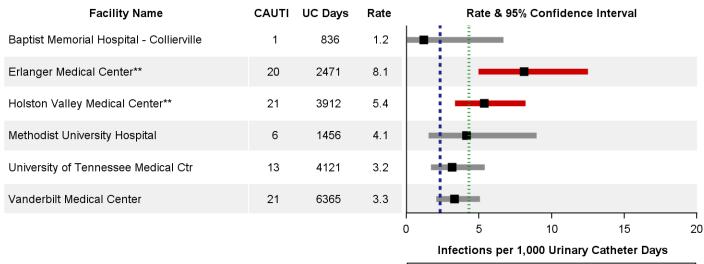
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



^^Sig. low
 No different
 \*\*Sig. high
 TN mean=4.3

Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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

Facility Name	CAUTI	UC Days	Rate	Rate & 95% Confidence Interval
Baptist Memorial Hospital - Memphis	15	6708	2.2	
Baptist Memorial Hospital - Tipton*	0	285	0.0	
Blount Memorial Hospital*	N/A	N/A	N/A	
DeKalb Community Hospital*	0	184	0.0	
Dyersburg Regional Medical Center*	0	1123	0.0	
Fort Loudoun Medical Center*	0	444	0.0	
Fort Sanders Regional Medical Center**	18	2316	7.8	
Franklin Woods Community Hospital	1	756	1.3	
Hillside Hospital*	0	446	0.0	
lackson Madison County General Hospital	9	2747	3.3	
Memorial Healthcare System	9	3420	2.6	
lethodist Healthcare North	10	4735	2.1	
Newport Medical Center	1	764	1.3	-
North Knoxville Medical Center	4	1571	2.5	
NorthCrest Medical Center	2	1206	1.7	
Parkridge Medical Center	9	2202	4.1	
River Park Hospital	1	1006	1.0	
SkyRidge Medical Center	1	2338	0.4	
St. Thomas Midtown Hospital**	12	2803	4.3	
Starr Regional Medical Center - Etowah*	0	486	0.0	
				0 5 10 15
				Infections per 1,000 Urinary Catheter Days



Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

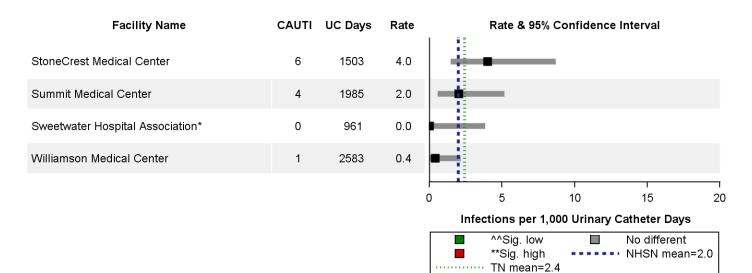
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

#### Figure 44 (cont'd)



Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

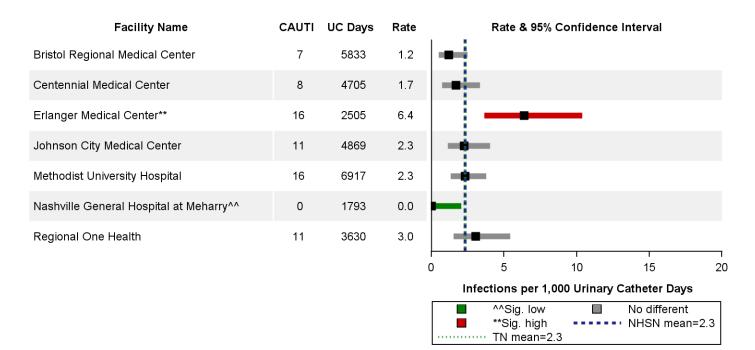
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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

Facility Name	CAUTI	UC Days	Rate	Rate & 95% Confidence Interval
Baptist Memorial Hospital for Women*	N/A	N/A	N/A	
Baptist Memorial Hospital - Huntingdon*	0	149	0.0	
Baptist Memorial Hospital - Union City*	0	453	0.0	
Blount Memorial Hospital	2	3989	0.5	
Claiborne County Hospital	1	664	1.5	
Cumberland Medical Center	2	2324	0.9	
Delta Medical Center*	0	479	0.0	
Harton Regional Medical Center*	0	1281	0.0	
Henry County Medical Center	2	868	2.3	
Heritage Medical Center*	0	1203	0.0	
Highlands Medical Center	1	320	3.1	
Horizon Medical Center*	0	1216	0.0	
Indian Path Medical Center*	0	1881	0.0	
Jefferson Memorial Hospital*	0	672	0.0	
Jellico Community Hospital	1	528	1.9	
Lafollette Medical Center	2	1042	1.9	
Lakeway Regional Hospital	1	894	1.1	
Laughlin Memorial Hospital*	0	994	0.0	
LeConte Medical Center*	0	1766	0.0	
Lincoln Medical Center*	0	557	0.0	
				0 5 10 15
				Infections per 1,000 Urinary Catheter Days

	^^Sig. low	No different
	**Sig. high	 NHSN mean=1.3
	TN mean=1.0	

Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

### Figure 46 (cont'd)

Livingston Regional Hospital*       0       421       0.0         Wemorial Hixson Hospital*       0       529       0.0         Wethodist Healthcare North       4       1932       2.1         Wilan General Hospital*       0       83       0.0         Worristown-Hamblen Healthcare System*       0       2278       0.0         Parkridge East Hospital       0       240       0.0         Parkridge West Hospital*       0       240       0.0         Physician's Regional Medical Center**       7       1640       4.3         Southern TN Reg Health Sys-Lawrenceburg*       0       505       0.0         Southern TN Reg Health Sys-Lawrenceburg*       0       734       0.0         Sycamore Shoals Hospital*       0       1255       0.0         Furkey Creek Medical Center       2       1297       1.5         Jnicoi County Memorial Hospital*       0       357       0.0         Jniversity Medical Center- Lebanon       2       2007       1.0         Vellimont Hawkins County Hospital*       0       374       0.0         Vellimont Hawkins County Hospital*       0       374       0.0         Vellimont Hawkins County Hospital*       0       374	Facility Name	CAUTI	UC Days	Rate	Rate & 95% Confidence Interval
termorial Hixson Hospital*       0       529       0.0         tethodist Healthcare North       4       1932       2.1         filian General Hospital*       0       83       0.0         torristown-Hamblen Healthcare System*       0       2278       0.0         tarkridge East Hospital       0       240       0.0         tarkridge West Hospital*       0       240       0.0         thysician's Regional Medical Center**       7       1640       4.3         tooane Medical Center       1       749       1.3         toouthern TN Reg Health Sys-Lawrenceburg*       0       505       0.0         toouthern TN Reg Health Sys-Winchester**       6       884       6.8         tark Regional Medical Center - Athens*       0       734       0.0         tark Regional Hospital*       0       1255       0.0       0         urkey Creek Medical Center       2       1297       1.5       0       0         urkey Creek Medical Center       2       2007       1.0       0       0       357       0.0         urkey Creek Medical Center- Lebanon       2       2007       1.0       0       0       374       0.0       0       0	ivingston Regional Hospital*	0	421	0.0	
Idethodist Healthcare North         4         1932         2.1           Itilan General Hospital*         0         83         0.0           Morristown-Hamblen Healthcare System*         0         2278         0.0           Parkridge East Hospital         5         1264         4.0           Parkridge West Hospital         0         240         0.0           Physician's Regional Medical Center**         7         1640         4.3           Southern TN Reg Health Sys-Lawrenceburg*         0         505         0.0           Southern TN Reg Health Sys-Lawrenceburg*         0         505         0.0           Southern TN Reg Health Sys-Lawrenceburg*         0         1255         0.0         1260         0	/lemorial Hixson Hospital*	0	529	0.0	
Milan General Hospital*       0       83       0.0         Morristown-Hamblen Healthcare System*       0       2278       0.0         Parkridge East Hospital       5       1264       4.0         Parkridge West Hospital*       0       240       0.0         Physician's Regional Medical Center**       7       1640       4.3         Roane Medical Center       1       749       1.3         Southern TN Reg Health Sys-Lawrenceburg*       0       505       0.0         Southern TN Reg Health Sys-Winchester**       6       884       6.8         Starr Regional Medical Center       0       1255       0.0         Sycamore Shoals Hospital*       0       1025       0.0         Turkey Creek Medical Center       2       1297       1.5         Jnicoi County Memorial Hospital*       0       357       0.0         Jniversity Medical Center- Lebanon       2       2007       1.0         Volunteer Community Hospital*       0       374       0.0         Volunteer Community Hospital*       0       202       0.0	lethodist Healthcare North	4	1932	2.1	
Worristown-Hambien Healthcare System*       0       2278       0.0         Parkridge East Hospital       5       1264       4.0         Parkridge West Hospital*       0       240       0.0         Physician's Regional Medical Center**       7       1640       4.3         Roane Medical Center       1       749       1.3         Southern TN Reg Health Sys-Lawrenceburg*       0       505       0.0         Southern TN Reg Health Sys-Winchester**       6       884       6.8         Starr Regional Medical Center - Athens*       0       734       0.0         Sycamore Shoals Hospital*       0       1255       0.0         Fakoma Regional Hospital*       0       1025       0.0         Jnicoi County Memorial Hospital*       0       357       0.0         Jniversity Medical Center- Lebanon       2       2007       1.0         Volunteer Community Hospital*       0       374       0.0         Wellmont Hawkins County Hospital*       0       202       0.0	∕lilan General Hospital*	0	83	0.0	
**rkridge East Hospital512644.0**rkridge West Hospital*02400.0Physician's Regional Medical Center**716404.3Roane Medical Center17491.3Southern TN Reg Health Sys-Lawrenceburg*05050.0Southern TN Reg Health Sys-Winchester**68846.8Starr Regional Medical Center - Athens*07340.0Sycamore Shoals Hospital*012550.0*akoma Regional Hospital*010250.0*urkey Creek Medical Center212971.5*urkey Creek Medical Center- Lebanon220071.0Vellmont Hawkins County Hospital*03740.0	/lorristown-Hamblen Healthcare System*	0	2278	0.0	
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Southern TN Reg Health Sys-Lawrenceburg*05050.0Southern TN Reg Health Sys-Winchester**68846.8Starr Regional Medical Center - Athens*07340.0Sycamore Shoals Hospital*012550.0Fakoma Regional Hospital*010250.0Furkey Creek Medical Center212971.5Unicoi County Memorial Hospital*03570.0Jniversity Medical Center- Lebanon220071.0Volunteer Community Hospital*03740.0Wellmont Hawkins County Hospital*02020.0	Physician's Regional Medical Center**	7	1640	4.3	
Southern TN Reg Health Sys-Lawrenceburg*       0       505       0.0         Southern TN Reg Health Sys-Winchester**       6       884       6.8         Starr Regional Medical Center - Athens*       0       734       0.0         Sycamore Shoals Hospital*       0       1255       0.0         Fakoma Regional Hospital*       0       1025       0.0         Furkey Creek Medical Center       2       1297       1.5         Jnicoi County Memorial Hospital*       0       357       0.0         Jniversity Medical Center- Lebanon       2       2007       1.0         Volunteer Community Hospital*       0       374       0.0         Wellmont Hawkins County Hospital*       0       202       0.0	Roane Medical Center	1	749	1.3	
Southern TN Reg Health Sys-Winchester**       6       884       6.8         Starr Regional Medical Center - Athens*       0       734       0.0         Sycamore Shoals Hospital*       0       1255       0.0         Fakoma Regional Hospital*       0       1025       0.0         Furkey Creek Medical Center       2       1297       1.5         Jnicoi County Memorial Hospital*       0       357       0.0         Jniversity Medical Center- Lebanon       2       2007       1.0         Volunteer Community Hospital*       0       374       0.0         Wellmont Hawkins County Hospital*       0       202       0.0	Southern TN Reg Health Sys-Lawrenceburg*	0	505	0.0	
Starr Regional Medical Center - Athens*07340.0Sycamore Shoals Hospital*012550.0Takoma Regional Hospital*010250.0Turkey Creek Medical Center212971.5Jnicoi County Memorial Hospital*03570.0Jniversity Medical Center- Lebanon220071.0Volunteer Community Hospital*03740.0Wellmont Hawkins County Hospital*02020.0	Southern TN Reg Health Sys-Winchester**	6	884	6.8	
Fakoma Regional Hospital*010250.0Furkey Creek Medical Center212971.5Unicoi County Memorial Hospital*03570.0University Medical Center- Lebanon220071.0Volunteer Community Hospital*03740.0Vellmont Hawkins County Hospital*02020.0	Starr Regional Medical Center - Athens*	0	734	0.0	
Turkey Creek Medical Center       2       1297       1.5         Unicoi County Memorial Hospital*       0       357       0.0         University Medical Center- Lebanon       2       2007       1.0         /olunteer Community Hospital*       0       374       0.0         Wellmont Hawkins County Hospital*       0       202       0.0	Sycamore Shoals Hospital*	0	1255	0.0	
Turkey Creek Medical Center       2       1297       1.5         Jnicoi County Memorial Hospital*       0       357       0.0         Jniversity Medical Center- Lebanon       2       2007       1.0         /olunteer Community Hospital*       0       374       0.0         Wellmont Hawkins County Hospital*       0       202       0.0	「akoma Regional Hospital*	0	1025	0.0	
Jnicoi County Memorial Hospital*       0       357       0.0         Jniversity Medical Center- Lebanon       2       2007       1.0         /olunteer Community Hospital*       0       374       0.0         Nellmont Hawkins County Hospital*       0       202       0.0	Furkey Creek Medical Center	2	1297	1.5	
Jniversity Medical Center- Lebanon       2       2007       1.0         /olunteer Community Hospital*       0       374       0.0         Wellmont Hawkins County Hospital*       0       202       0.0	Jnicoi County Memorial Hospital*	0	357	0.0	
/olunteer Community Hospital*     0     374     0.0       Nellmont Hawkins County Hospital*     0     202     0.0	Jniversity Medical Center- Lebanon	2	2007	1.0	- <b>i</b>
	/olunteer Community Hospital*	0	374	0.0	
0 5 10 15	Nellmont Hawkins County Hospital*	0	202	0.0	
					0 5 10 15

^^Sig. low
 No different
 \*\*Sig. high
 NHSN mean=1.3
 TN mean=1.0

Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

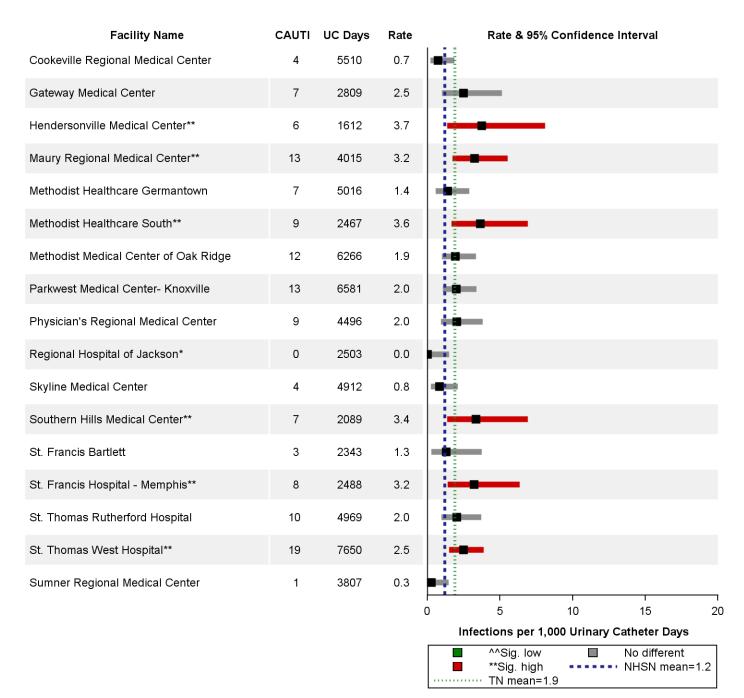
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

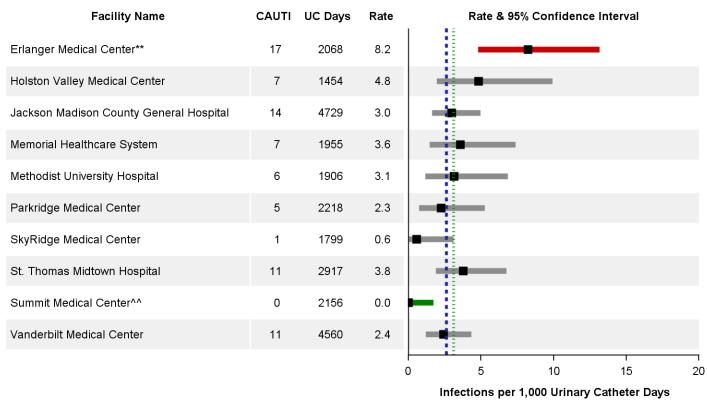
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



^^Sig. low	No different
**Sig. high	 NHSN mean=2.6
 TN mean=3.1	

Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

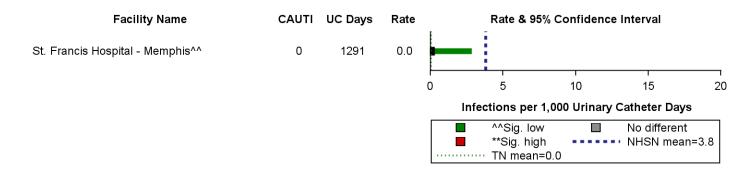
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

NHSN pooled mean (2009)=2.6; TN pooled mean (01/01/2013 - 12/31/2013)=3.1

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



Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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

Facility Name	CAUTI	UC Days	Rate	Rate & 95% Confidence Interval
Baptist Memorial Hospital - Memphis	11	2491	4.4	
Centennial Medical Center	3	1178	2.5	
Erlanger Medical Center**	16	1817	8.8	
Fort Sanders Regional Medical Center**	17	2069	8.2	
Jackson Madison County General Hospital	8	1391	5.8	
Methodist University Hospital**	27	3698	7.3	
Skyline Medical Center	7	2698	2.6	
Southern Hills Medical Center*	N/A	N/A	N/A	
University of Tennessee Medical Ctr	12	1507	8.0	
Vanderbilt Medical Center**	36	4456	8.1	
				0 5 10 15 20

Infections per 1,000 Urinary Catheter Days

^^Sig. low	No different
**Sig. high	 NHSN mean=4.4
 ·· TN mean=6.4	

Data Reported as of September 4, 2014

UC Days = urinary catheter days

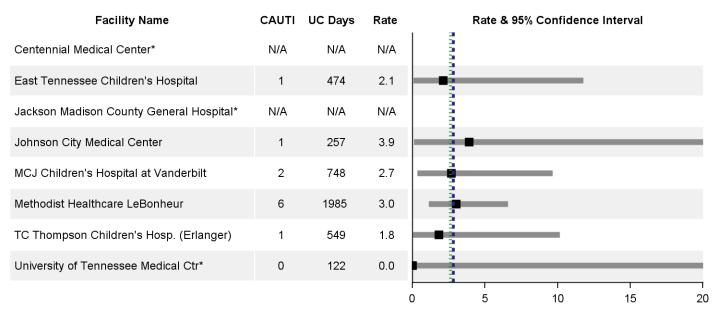
N/A = rates are not shown for units with <50 urinary catheter days

\*\* Significantly higher than NHSN pooled mean ^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



Infections per 1,000 Urinary Catheter Days

^^Sig. low	No different
**Sig. high	 NHSN mean=2.8
 TN mean=2.6	

Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

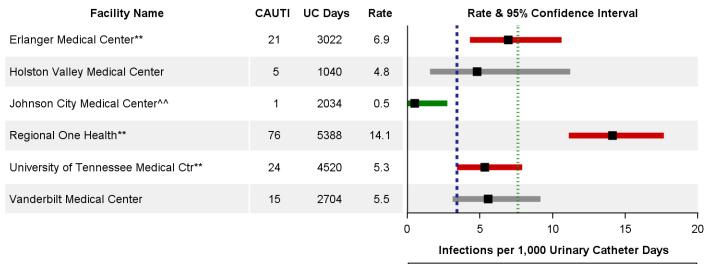
\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

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



^^Sig. low
 No different
 \*\*Sig. high
 TN mean=7.6

Data Reported as of September 4, 2014

UC Days = urinary catheter days

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

\*\* Significantly higher than NHSN pooled mean

^^ Significantly lower than NHSN pooled mean

\* Zero infections, but not statistically significant

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

### **CATHETER ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)**

### Long-term Acute Care (LTAC) Facilities

#### **CAUTIs in Long-Term Acute Care Facilities:**

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

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

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

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

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

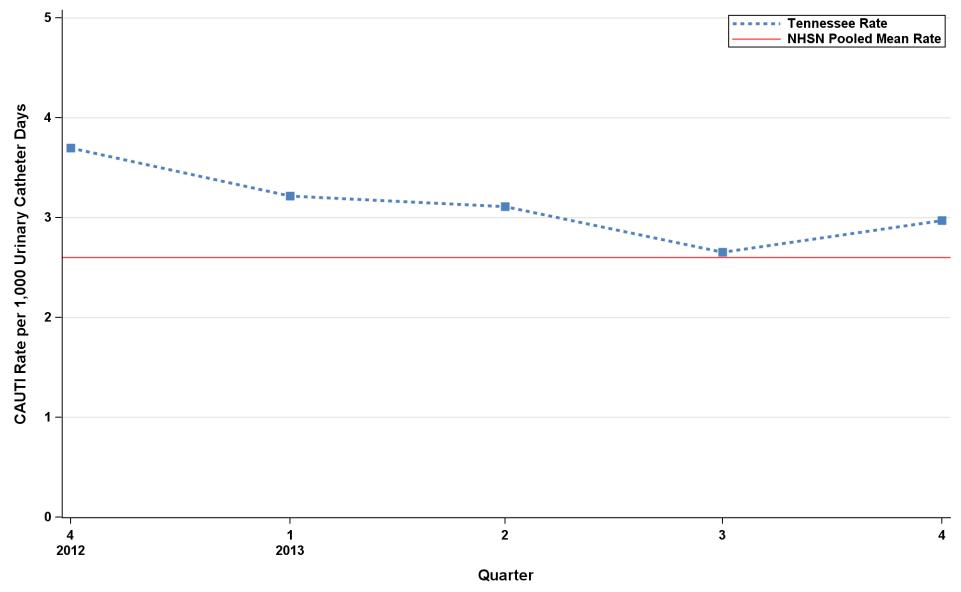


Figure 53: Crude (Unadjusted) Rates of Catheter-Associated Urinary Tract Infections (CAUTIs) in Long-term Acute Care (LTAC) Facilities by Quarter, Tennessee, 10/1/2012–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2009]

Data Reported as of September 4, 2014

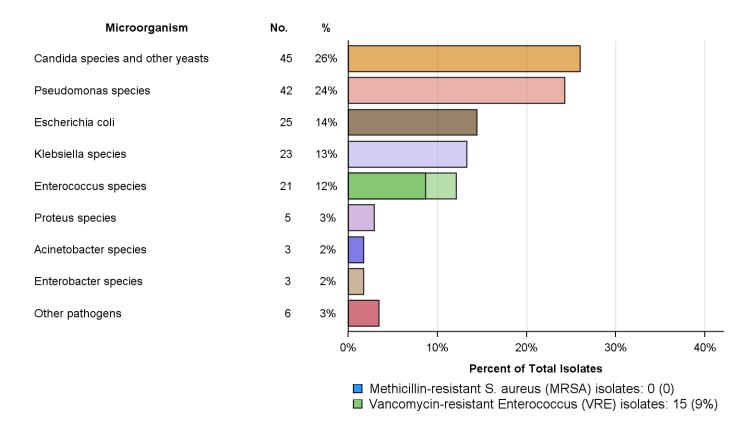
Table 16: Crude (Unadjusted) Rate of Catheter-Associated Urinary Tract Infection (CAUTI) and Catheter Utilization Rates in Long-term Acute Care (LTAC) Facilities by Year, Tennessee, 10/01/2012 - 12/31/2013

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

Data reported as of September 4, 2014

CAUTI = observed from CAUTI; UC DAYS = urinary catheter days DU Rate = device utilization rate (urinary catheter days/patient days) \*Per 1000 catheter days

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



#### Number of isolates=173; Number of events=154

Data reported as of September 4, 2014 Other pathogens = Citrobacter spp., Morganella spp., Providencia spp., Streptococcus spp.

# **CATHETER ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)**

**Inpatient Rehabilitation Facilities (IRF)** 

#### **CAUTIs in Inpatient Rehabilitation Facilities:**

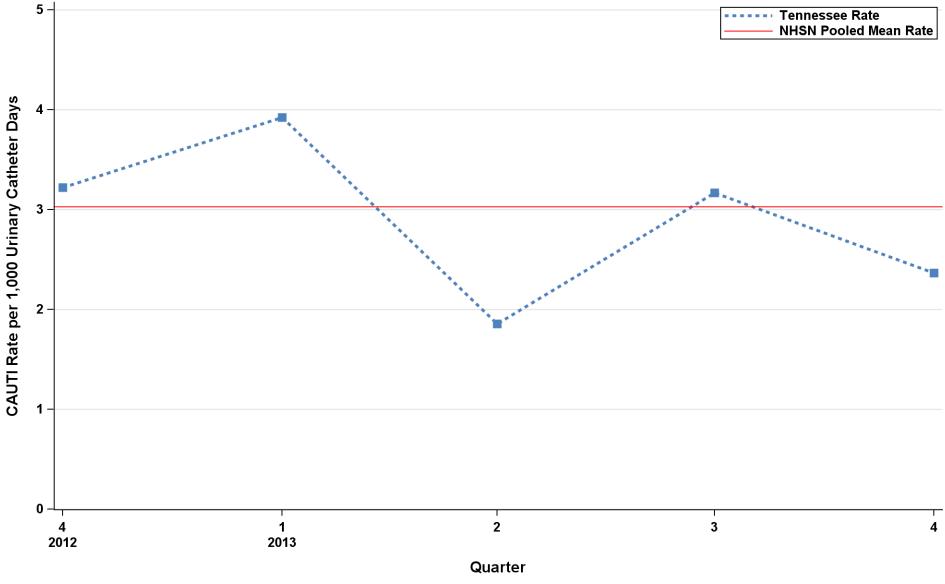
#### Total number of facilities reporting from January-December 2013: 29

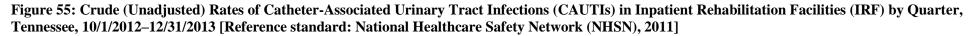
### CAUTI Rates (Figure 55, Table 17)

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

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

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





Data Reported as of September 4, 2014

 Table 17: Crude (Unadjusted) Rate of Catheter-Associated Urinary Tract Infection (CAUTI) and Catheter Utilization Rates in Inpatient Rehabilitation

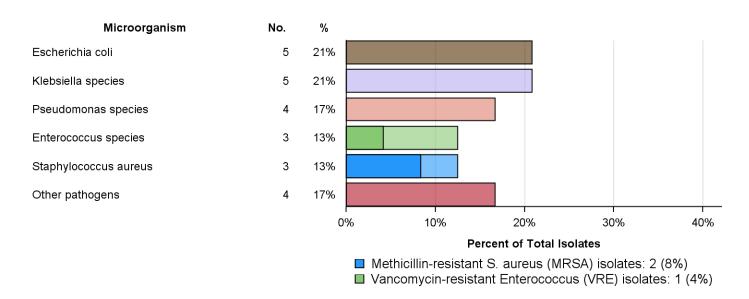
 Facilities (IRF) by Year, Tennessee, 10/01/2012 - 12/31/2013

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

Data reported as of September 4, 2014

CAUTI = observed from CAUTI; UC DAYS = urinary catheter days DU Rate = device utilization rate (urinary catheter days/patient days) \*Per 1000 catheter days

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



Number of isolates=24; Number of events=23

Data reported as of September 4, 2014 Other pathogens = Candida spp., Citrobacter spp., Enterobacter spp., Morganella spp. SURGICAL SITE INFECTIONS (SSI)

### Surgical Site Infections (SSI)

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be superficial infections involving the skin only. Other surgical site infections are more serious and can involve tissues under the skin, organs, or implanted material. Healthcare facilities can prevent SSIs by following appropriate infection prevention recommendations before, during, and after surgery (see Patient Guide to <u>SSI<sup>21</sup></u>).

### **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<sup>22</sup>, which is updated each year with SSI surveillance definitions and reporting instructions. Facilities must report each required surgical procedure that is performed every month to NHSN. They are also required to report any surgical site infections which meet the NHSN surveillance definition of a SSI following required procedures.

#### **Changes to Surveillance Definitions**

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

#### **Facility-Specific Data Thresholds**

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

#### SSI Risk Adjustment

For individuals undergoing surgical procedures, risk adjustment is calculated through logistic regression models which use national <u>NHSN baseline data from 2006-2008</u><sup>23</sup> to represent a standard population<sup>24</sup>. 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:

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

http://www.cdc.gov/HAI/pdfs/ssi/SSI\_tagged.pdf

http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf
 http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf

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

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

- The All SSI SIR includes:
  - All procedures performed
  - Superficial incisional primary, deep incisional primary, and organ/space SSIs (secondary SSIs are not included)
  - o SSIs identified during admission, readmission, or post-discharge surveillance
- The Complex A/R SIR includes
  - Inpatient procedures
  - Deep incisional primary and organ/space SSIs
  - SSIs identified during admission or readmission to the reporting facility

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

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

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

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

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

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

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

Below is a general logistic regression model. For each operative procedure, parameter estimates (represented by  $\beta$  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.

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

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 SSI<sup>25</sup>.

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: logit( $\hat{p}$ ) = -5.448 + 0.520 (Age  $\leq$  44) + 0.425 (ASA 3/4/5) + 0.501 (Duration >100) + 1.069 (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
А	35	3	105	Y

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 summed<sup>26</sup>.

 <sup>&</sup>lt;sup>25</sup> Example extracted from "NHSN e-News: SIRs Special Edition," Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, 10 December 2010 (<u>http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN\_NL\_OCT\_2010SE\_final.pdf</u>)
 <sup>26</sup> Yi M, Edwards JR, et al. Improving risk-adjusted measures of surgical site information for the National Healthcare Safety Network. Infect Control Hosp Epidemiol 2011; 32(10):970-986.

SURGICAL SITE INFECTIONS (SSI)

**CBGB/CBGC Procedures** 

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

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

#### SIRs by Quarter (Figure 57)

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

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

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

### Rates, Infection Sites, and Detection (Figures <u>58-59</u>, <u>Table 19</u>)

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

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

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

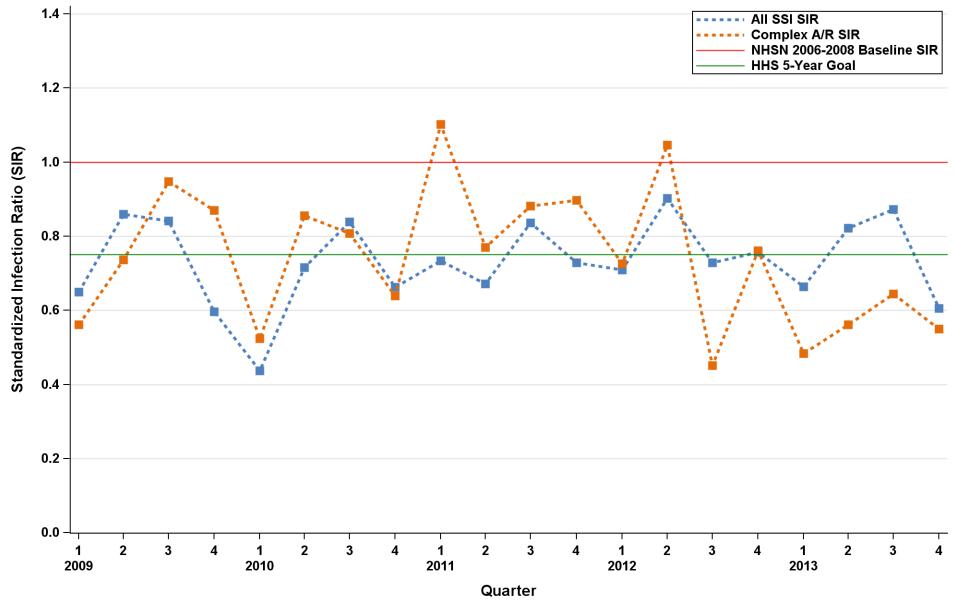


Figure 57: Coronary Artery Bypass Graft (CBGB/C) All and Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Quarter, Tennessee, 01/01/2009–12/31/2013 [Reference standard: National Healthcare Safety Network (NHSN), 2006-8]

Data Reported as of September 4, 2014

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

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
					No. of IN	SIR AND 95% CONFIDENCE INTERVAL		ICE		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	%	1 <b>0</b> %	25%	50%	75%	90%
		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
	All Procedures	2012	26	7,062	120	155.06	0.77	0.64	0.92	26	4	15%	2	8%	0.15	0.44	0.64	1.15	1.99
Tennessee		2011	27	7,450	122	164.31	0.74	0.62	0.88	25	4	16%	1	4%	0.00	0.29	0.71	1.03	1.58
Tennessee		2013	27	6,804	46	82.27	0.56	0.41	0.74	22	2	9%	0	0%	0.20	0.33	0.55	0.91	1.22
	Complex A/R	2012	26	7,062	63	84.06	0.75	0.58	0.95	22	3	14%	1	5%	0.00	0.00	0.71	1.10	1.56
		2011	27	7,450	81	88.80	0.91	0.73	1.13	23	4	17%	0	0%	0.00	0.00	0.70	1.36	1.80

Data reported as of September 4, 2014

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

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

Key percentiles include facilities with at least one predicted infection

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

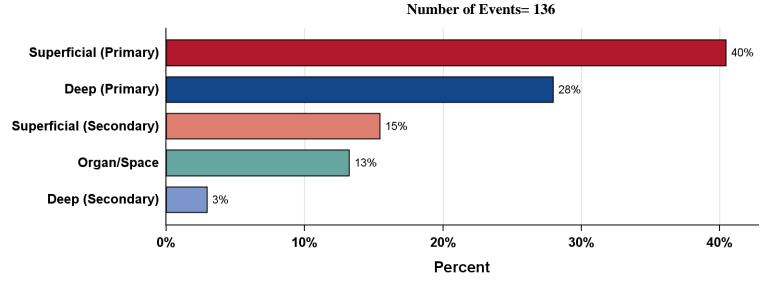
Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

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

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

Data reported as of September 4, 2014

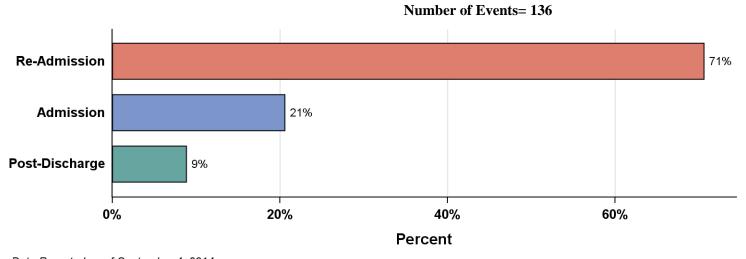
*No. of facilities which performed at least one procedure during the reporting period \*per 100 procedures* 



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

Data Reported as of September 4, 2014





Data Reported as of September 4, 2014

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

#### Microorganism No. % Staphylococcus aureus 45 29% Coagulase-negative Staphylococcus species 29 19% Pseudomonas species 11 7% Serratia species 9 6% 8 Enterobacter species 5% Enterococcus species 8 5% Klebsiella species 8 5% Escherichia coli 7 5% Other Staphylococcus species 5 3% Proteus species 5 3% Streptococcus species 4 3% Candida species and other yeasts 3 2% Corynebacterium species 3 2% Other pathogens 10 6% 0% 10% 20% 30% 40% Percent of Total Isolates Methicillin-resistant S. aureus (MRSA) isolates: 22 (14%) ■ Vancomycin-resistant Enterococcus (VRE) isolates: 3 (2%)

#### Number of isolates=155; Number of events=136

Data reported as of September 4, 2014

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

# SURGICAL SITE INFECTIONS (SSI)

**Colon Procedures** 

#### SSIs Related to Colon (COLO) Procedures:

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

#### SIRs by Quarter (Figure 61)

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

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

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

#### Rates, Infection Sites, and Detection (Figures <u>62-63</u>, <u>Table 21</u>)

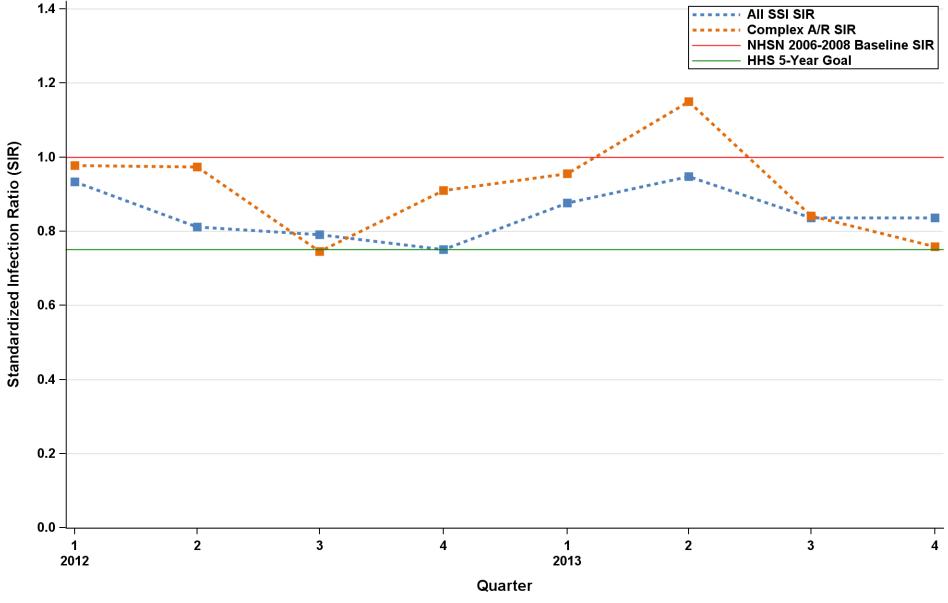
- In 2013, 402 SSIs were reported among 7,314 colon procedures in Tennessee, for a crude rate of 5.50 infections per 100 operations.
- Overall, SSIs related to colon procedures were most often superficial primary (43%), and organ/space (32%). SSIs related to colon procedures were least often deep primary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

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

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

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

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





Data Reported as of September 4, 2014

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

										DISTRIBUTION OF FACILITY-SPECIFIC SIRs									
				SIR AND 95% CONFIDENC No. of INFECTIONS INTERVAL		ICE		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%
	All Procedures	2013	92	7,306	401	458.09	0.88	0.79	0.96	64	7	11%	2	3%	0.00	0.21	0.73	1.12	1.53
Tannaaaaa	AII FIOCEdules	2012	88	6,865	353	429.50	0.82	0.74	0.91	65	6	9%	4	6%	0.00	0.00	0.57	0.95	1.51
Tennessee	Complex A/D	2013	92	7,306	212	228.28	0.93	0.81	1.06	50	2	4%	2	4%	0.00	0.00	0.61	1.36	1.80
	Complex A/R	2012	88	6,865	192	212.21	0.91	0.78	1.04	51	5	10%	3	6%	0.00	0.00	0.68	1.20	1.71

Data reported as of September 4, 2014

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

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

Key percentiles include facilities with at least one predicted infection

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

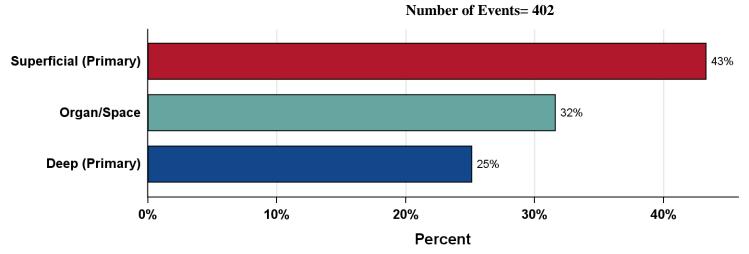
Green highlighting indicates SIR for reporting period is significantly lower than national 2006-2008 SIR of 1.0

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

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

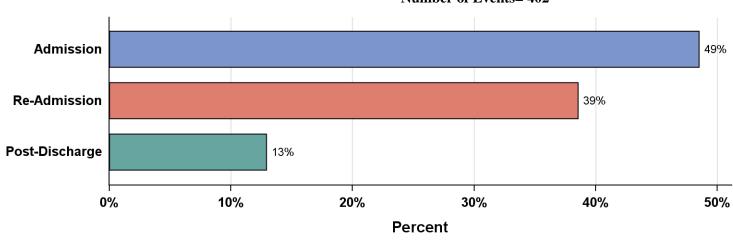
Data reported as of September 4, 2014

No. of facilities which performed at least one procedure during the reporting period \*per 100 procedures



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

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

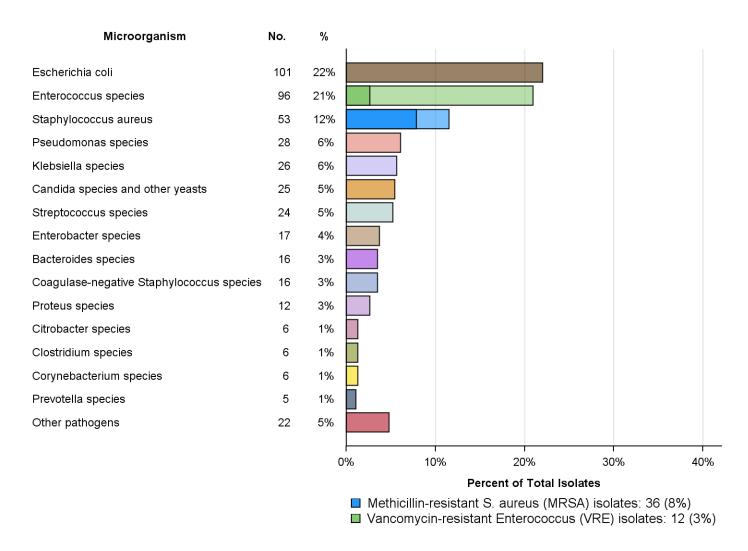


Number of Events= 402

Data Reported as of September 4, 2014

Data Reported as of September 4, 2014

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



#### Number of isolates=459; Number of events=402

#### Data reported as of September 4, 2014

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

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

Facility Name	OBS	PRED	PROC	SIR	SIR & 95% Confidence Interval
Baptist Memorial Hospital - Collierville	N/A	N/A	N/A	N/A	
Baptist Memorial Hospital - Memphis	9	12.2	324	0.7	
Baptist Memorial Hospital - Union City	N/A	N/A	N/A	N/A	
Baptist Memorial Hospital - Tipton	N/A	N/A	N/A	N/A	
Blount Memorial Hospital	1	3.6	110	0.3	
Bristol Regional Medical Center^^	0	4.2	151	0.0	
Centennial Medical Center	11	7.5	276	1.5	
Claiborne County Hospital	0	0.6	25	N/A	
Cookeville Regional Medical Center^^	0	3.9	144	0.0	
Cumberland Medical Center	1	1.1	53	0.8	
Delta Medical Center	N/A	N/A	N/A	N/A	
Dyersburg Regional Medical Center*	0	1.0	37	0.0	
East Tennessee Children's Hospital	N/A	N/A	N/A	N/A	
Erlanger Medical Center	3	7.4	221	0.4	-
Fort Loudoun Medical Center	0	0.8	34	N/A	
Fort Sanders Regional Medical Center	8	8.6	248	0.9	-
Franklin Woods Community Hospital*	0	1.5	56	0.0	
Gateway Medical Center*	0	2.1	71	0.0	
Hardin Medical Center	N/A	N/A	N/A	N/A	
Harton Regional Medical Center	0	0.6	25	N/A	
<ul> <li>^^Sig. low</li> <li>No different</li> <li>**Sig. high</li> <li>NHSN SIR</li> </ul>					0 1 2 4 6 Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

OBS = observed number of SSI

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

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

PROC = number of procedures performed

N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection \*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

Facility Name	OBS	PRED	PROC	SIR	SIR & 95% Confidence Interval
Henderson County Community Hospital	N/A	N/A	N/A	N/A	
Hendersonville Medical Center	3	1.6	69	1.8	
Henry County Medical Center	0	0.4	20	N/A	
Heritage Medical Center	N/A	N/A	N/A	N/A	
Highlands Medical Center	N/A	N/A	N/A	N/A	
Holston Valley Medical Center	4	4.4	150	0.9	-
Horizon Medical Center	0	0.9	35	N/A	
Indian Path Medical Center*	0	1.8	65	0.0	
Jackson Madison County General Hospital	17	11.0	319	1.5	
Jamestown Regional Medical Center	N/A	N/A	N/A	N/A	
Jefferson Memorial Hospital	N/A	N/A	N/A	N/A	
Jellico Community Hospital	N/A	N/A	N/A	N/A	
Johnson City Medical Center	1	2.6	87	0.4	-
Lafollette Medical Center	N/A	N/A	N/A	N/A	
Lakeway Regional Hospital	N/A	N/A	N/A	N/A	
Laughlin Memorial Hospital*	0	1.5	55	0.0	
LeConte Medical Center	1	0.8	32	N/A	
Lincoln Medical Center	N/A	N/A	N/A	N/A	
Livingston Regional Hospital	N/A	N/A	N/A	N/A	
Maury Regional Medical Center	3	5.2	168	0.6	
^Sig. low No different					0 1 2 4 6

^^Sig. low
 No different
 \*\*Sig. high
 NHSN SIR

Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

Facility Name	OBS	PRED	PROC	SIR	SIR & 95% Confidence Interval
McKenzie Regional Hospital	N/A	N/A	N/A	N/A	
McNairy Regional Hospital	N/A	N/A	N/A	N/A	
Memorial Healthcare System	19	11.7	370	1.6	
Memorial Hixson Hospital*	0	1.3	47	0.0	
Methodist Healthcare Germantown	3	7.0	264	0.4	-
Methodist Healthcare LeBonheur*	0	1.0	35	0.0	
Methodist Healthcare North	2	1.3	54	1.5	
Methodist Healthcare South	1	1.1	56	0.8	
Methodist Medical Center of Oak Ridge	1	3.9	115	0.3	
Methodist University Hospital	7	5.9	178	1.2	
Milan General Hospital	0	0.4	20	N/A	
Morristown-Hamblen Healthcare System*	0	1.1	49	0.0	
Nashville General Hospital at Meharry	2	1.3	50	1.5	
Newport Medical Center	N/A	N/A	N/A	N/A	
North Knoxville Medical Center	3	1.6	67	1.8	
NorthCrest Medical Center	1	1.2	37	0.8	
Parkridge East Hospital	N/A	N/A	N/A	N/A	
Parkridge Medical Center	3	2.3	69	1.3	
Parkridge West Hospital	N/A	N/A	N/A	N/A	
Parkwest Medical Center- Knoxville	4	8.4	244	0.5	-
^Sig. low No different					0 1 2 4

^^Sig. low
 No different
 \*\*Sig. high
 NHSN SIR

Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

Facility Name	OBS	PRED	PROC	SIR	SIR & 95% Confidence Interval
Physician's Regional Medical Center	2	3.3	104	0.6	-
Regional Hospital of Jackson	0	0.9	35	N/A	
Regional One Health	3	2.2	65	1.3	
River Park Hospital	N/A	N/A	N/A	N/A	
Roane Medical Center	0	0.9	32	N/A	
SkyRidge Medical Center*	0	1.6	54	0.0	
Skyline Medical Center	2	3.1	107	0.6	-
Southern Hills Medical Center	1	2.2	72	0.4	-
Southern TN Reg Health Sys-Lawrenceburg	N/A	N/A	N/A	N/A	
Southern TN Reg Health Sys-Winchester*	0	1.3	38	0.0	
St. Francis Bartlett	0	0.6	25	N/A	
St. Francis Hospital - Memphis	5	3.4	127	1.5	
St. Jude Children's Research Hospital	N/A	N/A	N/A	N/A	
St. Thomas Midtown Hospital	4	8.6	293	0.5	-
St. Thomas Rutherford Hospital	2	3.5	126	0.6	-
St. Thomas West Hospital	8	7.5	233	1.1	
Starr Regional Medical Center - Athens	0	0.8	32	N/A	
Starr Regional Medical Center - Etowah	N/A	N/A	N/A	N/A	
StoneCrest Medical Center	1	1.3	39	0.7	-
Summit Medical Center**	10	4.3	155	2.3	
^^Sig. low No different					

\*\*Sig. high
 \*\*Sig. high

Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

Facility Name	OBS	PRED	PROC	SIR	SIR & 95% Confidence Interval
Sumner Regional Medical Center	3	1.2	46	2.4	<b>_</b>
Sweetwater Hospital Association	1	0.5	21	N/A	
Sycamore Shoals Hospital	N/A	N/A	N/A	N/A	
Takoma Regional Hospital	1	0.8	35	N/A	
Turkey Creek Medical Center	9	4.5	131	2.0	
Unicoi County Memorial Hospital	N/A	N/A	N/A	N/A	
University Medical Center- Lebanon*	0	1.5	51	0.0	
University of Tennessee Medical Ctr**	26	10.3	295	2.5	
Vanderbilt Medical Center	25	18.4	505	1.4	
Volunteer Community Hospital	N/A	N/A	N/A	N/A	
Wellmont Hawkins County Hospital	N/A	N/A	N/A	N/A	
Williamson Medical Center*	0	1.8	64	0.0	
^^Sig. low No different					0 1 2 4 6
**Sig. high					Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

OBS = observed number of SSI

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

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

PROC = number of procedures performed

N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection \*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

SURGICAL SITE INFECTIONS (SSI)

**Abdominal Hysterectomy Procedures** 

#### SSIs Related to Abdominal Hysterectomy (HYST) Procedures:

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

### SIRs by Quarter (Figure 66)

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

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

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

#### Rates, Infection Sites, and Detection (Figures <u>67-68</u>, <u>Table 23</u>)

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

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

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

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

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

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

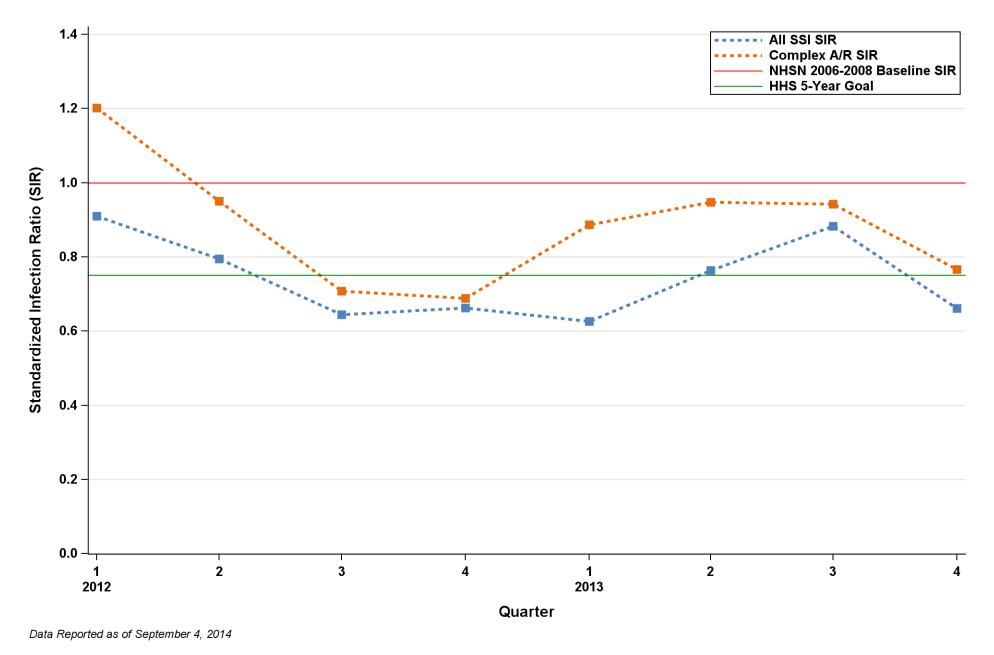


 Table 22: Abdominal Hysterectomy (HYST) All and Complex Admission/Readmission (AR) Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Reporting Year, Tennessee, 01/01/2012 - 12/31/2013

						DISTRIBUTION OF FACILITY-SPECIFIC SIRs													
	SIR AND 95% CONFIDENCE No. of INFECTIONS INTERVAL		ICE		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%
	All Procedures	2013	83	8,519	114	155.10	0.74	0.61	0.88	36	3	8%	1	3%	0.00	0.19	0.66	0.94	1.48
Tannaaaaa	AII FIOCEdules	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
Tennessee	Complex A/R	2013	83	8,519	57	64.44	0.89	0.68	1.14	20	1	5%	0	0%	0.00	0.40	0.85	1.49	1.87
	Comprex A/R	2012	88	9,057	61	68.93	0.89	0.68	1.13	20	0	0%	0	0%	0.00	0.16	0.85	1.44	1.60

Data reported as of September 4, 2014

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

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

Key percentiles include facilities with at least one predicted infection

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

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

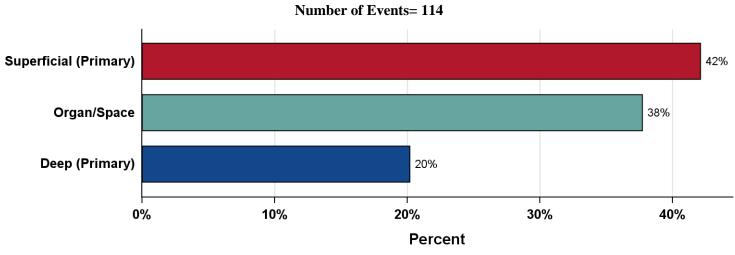
Table 23: Crude (Unadjusted) Rate of Abdominal Hysterectomy (HYST) Surgical Site Infection (SSI) by Year, Tennessee, 01/01/2012 - 12/31/2013

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

Data reported as of September 4, 2014

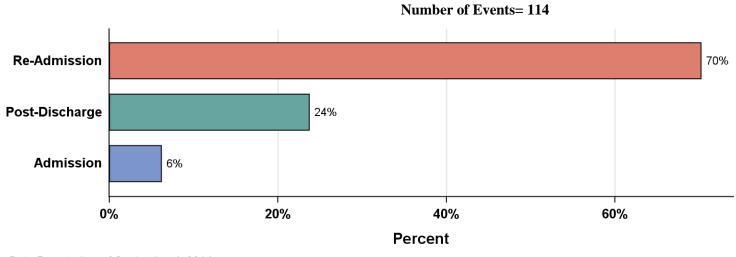
No. of facilities which performed at least one procedure during the reporting period \*per 100 procedures

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



Data Reported as of September 4, 2014

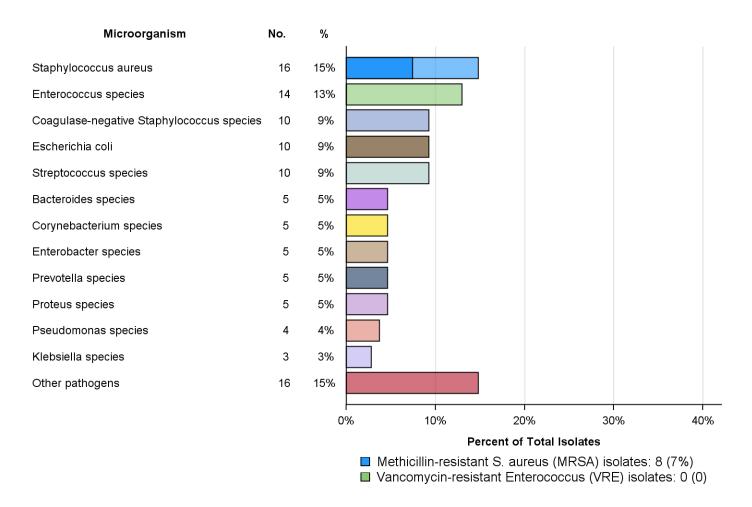
# Figure 68: Abdominal Hysterectomy (HYST) Surgical Site Infections Detection, Tennessee, 01/01/2013–12/31/2013



Data Reported as of September 4, 2014

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

#### Number of isolates=108; Number of events=114



#### Data reported as of September 4, 2014

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

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

Facility Name	OBS	PRED	PROC	SIR	SIR & 95% Confidence Interval
Baptist Memorial Hospital for Women	1	2.5	360	0.4	
Baptist Memorial Hospital - Memphis	2	1.0	136	1.8	
Baptist Memorial Hospital - Union City	0	0.4	49	N/A	
Baptist Memorial Hospital - Tipton	2	0.1	21	N/A	
Blount Memorial Hospital	0	0.4	60	N/A	
Bristol Regional Medical Center	0	0.7	82	N/A	
Centennial Medical Center	10	5.2	1065	1.9	
Claiborne County Hospital	N/A	N/A	N/A	N/A	
Cookeville Regional Medical Center	0	0.5	46	N/A	
Cumberland Medical Center	N/A	N/A	N/A	N/A	
DeKalb Community Hospital	N/A	N/A	N/A	N/A	
Delta Medical Center	N/A	N/A	N/A	N/A	
Dyersburg Regional Medical Center	N/A	N/A	N/A	N/A	
Erlanger East*	0	1.5	192	0.0	
Erlanger Medical Center	2	2.0	240	1.0	-
Fort Sanders Regional Medical Center*	0	1.2	182	0.0	
Franklin Woods Community Hospital	0	0.3	46	N/A	
Gateway Medical Center	1	0.9	137	N/A	
Hardin Medical Center	N/A	N/A	N/A	N/A	
Harton Regional Medical Center	0	0.4	48	N/A	
<ul> <li>▲ ^^Sig. low</li> <li>■ No different</li> <li>■ **Sig. high</li> <li>■ NHSN SIR</li> </ul>					0 1 2 4 6 Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

OBS = observed number of SSI

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

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

PROC = number of procedures performed

N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection \*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

Facility Name	OBS	PRED	PROC	SIR	SIR & 95% Confidence Interval
Henderson County Community Hospital	N/A	N/A	N/A	N/A	
Hendersonville Medical Center	0	0.4	59	N/A	
Henry County Medical Center	0	0.2	27	N/A	
Heritage Medical Center	N/A	N/A	N/A	N/A	
Highlands Medical Center	0	0.3	45	N/A	
Holston Valley Medical Center	1	2.2	319	0.4	-
Horizon Medical Center	N/A	N/A	N/A	N/A	
Indian Path Medical Center	0	0.3	47	N/A	
Jackson Madison County General Hospital	4	2.1	338	1.8	
Jefferson Memorial Hospital	0	0.2	45	N/A	
Jellico Community Hospital	N/A	N/A	N/A	N/A	
Johnson City Medical Center	0	0.2	40	N/A	
Lakeway Regional Hospital	N/A	N/A	N/A	N/A	
LeConte Medical Center	0	0.4	57	N/A	
Lincoln Medical Center	N/A	N/A	N/A	N/A	
Livingston Regional Hospital	N/A	N/A	N/A	N/A	
Maury Regional Medical Center	0	0.5	80	N/A	
McKenzie Regional Hospital	N/A	N/A	N/A	N/A	
McNairy Regional Hospital	N/A	N/A	N/A	N/A	
Memorial Healthcare System	1	1.1	98	0.9	
Memorial Hixson Hospital	N/A	N/A	N/A	N/A	
^^Sig. low No different					0 1 2 4

^^Sig. low
 No different
 \*\*Sig. high
 NHSN SIR

Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero infections, but not statistically significant

Facility Name	OBS	PRED	PROC	SIR	SIR & 95% Confidence Interval
Methodist Healthcare Germantown	3	7.2	955	0.4	-
Methodist Healthcare North	N/A	N/A	N/A	N/A	
Methodist Healthcare South	1	0.6	93	N/A	
Methodist Medical Center of Oak Ridge	1	0.7	78	N/A	
Methodist University Hospital	1	2.5	299	0.4	
Milan General Hospital	N/A	N/A	N/A	N/A	
Morristown-Hamblen Healthcare System	1	0.5	80	N/A	
Nashville General Hospital at Meharry	0	0.4	45	N/A	
North Knoxville Medical Center	N/A	N/A	N/A	N/A	
NorthCrest Medical Center	N/A	N/A	N/A	N/A	
Parkridge East Hospital	3	2.7	363	1.1	
Parkridge Medical Center	0	0.2	23	N/A	
Parkwest Medical Center- Knoxville^^	0	3.0	389	0.0	
Physician's Regional Medical Center	0	0.3	39	N/A	
Regional Hospital of Jackson	N/A	N/A	N/A	N/A	
Regional One Health	1	1.2	84	0.8	
River Park Hospital	N/A	N/A	N/A	N/A	
Roane Medical Center	N/A	N/A	N/A	N/A	
SkyRidge Medical Center	0	0.2	30	N/A	
Skyline Medical Center	N/A	N/A	N/A	N/A	
Southern Hills Medical Center	N/A	N/A	N/A	N/A	
▲ ^^Sig. low   No different					0 1 2 4 6

^^Sig. low
 No different
 \*\*Sig. high
 NHSN SIR

Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

OBS = observed number of SSI

PRED = statistically 'predicted' number of SSI, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of SSI)

PROC = number of procedures performed

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero infections, but not statistically significant

Facility Name	OBS	PRED	PROC	SIR	SIR & 95% Confidence Interval
Southern TN Reg Health Sys-Lawrenceburg	N/A	N/A	N/A	N/A	
Southern TN Reg Health Sys-Winchester	N/A	N/A	N/A	N/A	
St. Francis Bartlett	0	0.3	44	N/A	
St. Francis Hospital - Memphis	0	0.7	78	N/A	
St. Thomas Midtown Hospital	5	2.4	311	2.1	
St. Thomas Rutherford Hospital	1	1.3	193	0.8	
St. Thomas West Hospital	2	1.1	150	1.7	
Starr Regional Medical Center - Athens	N/A	N/A	N/A	N/A	
StoneCrest Medical Center	1	1.0	112	0.9	
Summit Medical Center	5	0.6	87	N/A	
Sumner Regional Medical Center	0	0.1	29	N/A	
Sweetwater Hospital Association	0	0.0	20	N/A	
Sycamore Shoals Hospital	0	0.2	26	N/A	
Takoma Regional Hospital	N/A	N/A	N/A	N/A	
Turkey Creek Medical Center	1	0.6	64	N/A	
Unicoi County Memorial Hospital	N/A	N/A	N/A	N/A	
University Medical Center- Lebanon	0	0.9	109	N/A	
University of Tennessee Medical Ctr	2	2.4	391	0.8	
Vanderbilt Medical Center	4	3.1	320	1.3	
Volunteer Community Hospital	N/A	N/A	N/A	N/A	
Williamson Medical Center	0	0.3	48	N/A	
<ul> <li>^^Sig. low</li> <li>No different</li> <li>**Sig. high</li> <li>NHSN SIR</li> </ul>					0 1 2 4 6 Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

OBS = observed number of SSI

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

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

PROC = number of procedures performed

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero infections, but not statistically significant

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

#### Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia

Methicillin-Resistant Staphylococcus aureus (MRSA) is a type of Staphylococcus bacteria that is resistant to certain antibiotics including methicillin. MRSA can be spread via contaminated surfaces or equipment and on the hands of healthcare personnel. When MRSA enters the bloodstream, also known as MRSA bacteremia, it can cause severe and lifethreatening 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<sup>27</sup>).

### **MRSA Bacteremia LabID Events Reporting Requirements**

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

To comply with these reporting requirements, facilities are required to follow the NHSN Multidrug-Resistant Organism & Clostridium difficile Infection LabID Event Surveillance protocol<sup>28</sup>, 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 facilityspecific SIR, the statistically predicted number of infections must be at least 1.0.

### MRSA Bacteremia LabID Events Risk Adjustment

Risk adjustment for healthcare facility-onset Methicillin-Resistant Staphylococcus aureus (MRSA) bacteremia is calculated using negative binomial regression based on facility-level characteristics, including MRSA community-onset prevalence rate, facility bed size, and medical school affiliation<sup>29</sup>. 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:

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

 <sup>&</sup>lt;sup>27</sup> <u>http://www.cdc.gov/mrsa/pdf/SHEA-mrsa\_tagged.pdf</u>
 <sup>28</sup> <u>http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO\_CDADcurrent.pdf</u>

<sup>&</sup>lt;sup>29</sup> 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/mrsacdi/RiskAdjustment-MRSA-CDI.pdf

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

Number of CO events CO IncidenceRate = -×1,000 Number of patientadmissions

Below is a general negative binomial regression model. For each LabID event type, parameter estimates (represented by  $\beta$ 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.

Number of predictedLabIDevents= $e^{(\beta+\beta_1X_1+\beta_2X_2+...)}$  × patientdays

The table below illustrates the parameter estimates for the significant risk factors associated with the number of MRSA bacteremia LabID events<sup>30</sup>.

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

Number of COMRSA bacteremia LabID events Number of admissions to the facility ×100 Number of admissions to the facility ×100 \*

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

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

exp [ - 10.2368 + 2.2760(CO MRSA bacteremia prevalence rate) + 0.3672(bed size > 400) + 0.3248(medical school affiliation = major)] x patient days

Suppose a facility has 450 beds and a major medical school affiliation. The facility had 23,500 patients and 3 healthcare facility-onset (HO) MRSA bacteremia LabID events in the 1<sup>st</sup> 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 =

- 10.2368 exp [ +2.2760(0.20)+0.3672(1)+ 0.3248(1)] x 23,500 = 2.65 expected HO MRSA bacteremia LabID events

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

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

# LABORATORY-IDENTIFIED (LABID) EVENTS

# **MRSA Bacteremia LabID Events**

# **Acute Care Hospitals**

#### MRSA Bacteremia LabID Events in Acute Care Hospitals:

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

#### SIRs by Quarter (Figure 71)

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

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

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

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

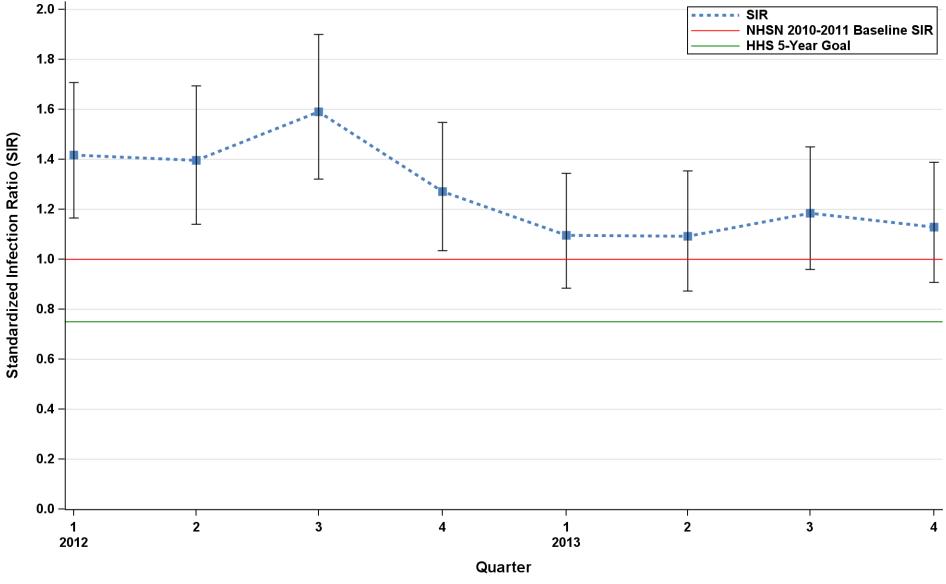
• From July-September 2010 to October-December 2013 the incidence of healthcare facility-onset MRSA bacteremia LabID events has fluctuated between 0.82 and 1.37 events per 10,000 patient-days, with a slight downward trend since January-March 2011. The prevalence of community-onset MRSA bacteremia LabID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

### Facility-Specific SIRs (Figure 73)

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

<sup>&</sup>lt;sup>31</sup> http://www.health.gov/hai/prevent\_hai.asp

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



Data Reported as of September 4, 2014

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

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs									
				No. of IN	FECTIONS	C	SIR AND 9 CONFIDEN INTERVA	ICE		SIR	WITH	No. FACS SIR >1	WITH SIG.					
STATE	YEAR	No.	PAT DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%
Toppoooo	2013	112	3,966,145	343	304.63	1.13	1.01	1.25	51	0	0%	4	8%	0.00	0.53	0.94	1.53	1.91
Tennessee	2012	109	3,903,186	415	292.54	1.42	1.29	1.56	53	1	2%	8	15%	0.32	0.64	1.41	1.77	2.42

Data reported as of September 4, 2014

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

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

Key percentiles include facilities with at least one predicted infection

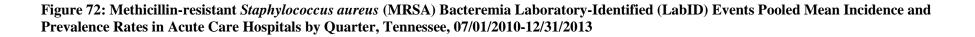
Red highlighting indicates SIR for reporting period is significantly higher than national 2010-2011 SIR of 1.0

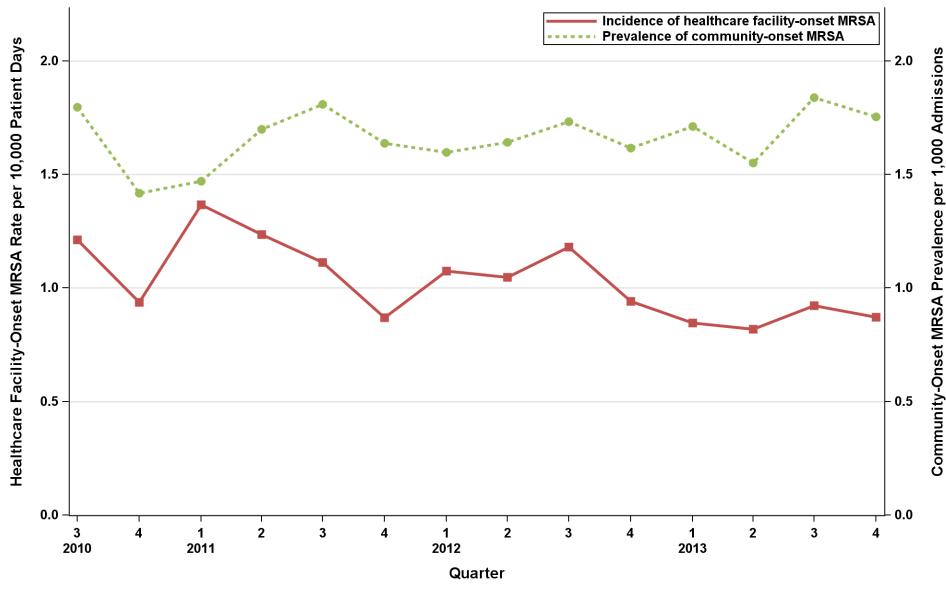
Green highlighting indicates SIR for reporting period is significantly lower than national 2010-2011 SIR of 1.0

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

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

Data reported as of September 4, 2014 No. of facilities reporting <sup>1</sup>Events per 10,000 patient days <sup>2</sup>Events per 1,000 admissions





Data Reported as of September 4, 2014

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

Facility Name	OBS	PRED	PATD	SIR	SIR & 95% Confidence Interval
Baptist Memorial Hospital for Women	3	1.1	32455	2.6	
Baptist Memorial Hospital - Collierville*	0	1.3	11845	0.0	
Baptist Memorial Hospital - Huntingdon	0	0.3	3772	N/A	
Baptist Memorial Hospital - Memphis**	24	12.9	160166	1.9	
Baptist Memorial Hospital - Union City	0	0.6	12695	N/A	
Baptist Memorial Hospital - Tipton	0	0.2	4257	N/A	
Blount Memorial Hospital	4	2.3	58696	1.7	
Bolivar General Hospital	0	0.0	672	N/A	
Bristol Regional Medical Center	4	3.8	55668	1.0	
Centennial Medical Center	17	17.1	162716	1.0	
Claiborne County Hospital	0	0.5	4241	N/A	
Cookeville Regional Medical Center**	8	3.0	59211	2.6	
Cumberland Medical Center	1	1.6	23705	0.6	-
Cumberland River Hospital	2	0.1	4531	N/A	
DeKalb Community Hospital	0	0.2	3626	N/A	
Decatur County General Hospital	0	0.1	3073	N/A	
Delta Medical Center*	0	1.4	38876	0.0	
Dyersburg Regional Medical Center	1	0.9	11775	N/A	
East Tennessee Children's Hospital	1	2.1	56853	0.5	-
Erlanger East	0	0.3	6097	N/A	
					0 1 2 4

Sig. low	No different
**Sig. high	 NHSN SIR

#### Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

N = number of types of units reporting OBS = observed number of Healthcare Facility-Onset MRSA LabID Events PRED = statistically 'predicted' number of events, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of events) PATD = number of patient days

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero events, but not statistically significant

Facility Name	OBS	PRED	PATD	SIR	SIR & 95% Confidence Interval
Erlanger Medical Center	17	14.6	129497	1.2	
Erlanger North	0	0.1	3744	N/A	
Fort Loudoun Medical Center	0	0.4	6464	N/A	
Fort Sanders Regional Medical Center	7	7.9	95642	0.9	-
Franklin Woods Community Hospital	1	0.7	17595	N/A	
Gateway Medical Center	4	2.2	41923	1.8	
Hardin Medical Center	0	0.4	5598	N/A	
Harton Regional Medical Center	1	1.2	19365	0.8	
Haywood Park Community Hospital	0	0.0	902	N/A	
Henderson County Community Hospital	0	0.1	1219	N/A	
Hendersonville Medical Center	0	0.9	20354	N/A	
Henry County Medical Center	0	0.9	14736	N/A	
Heritage Medical Center	4	0.5	5844	N/A	
Highlands Medical Center	0	0.6	6404	N/A	
Hillside Hospital	0	0.2	4716	N/A	
Holston Valley Medical Center	2	6.0	86710	0.3	-
Horizon Medical Center	1	1.4	19509	0.7	-
Indian Path Medical Center	1	1.3	30888	0.8	
Jackson Madison County General Hospital	14	14.5	162443	1.0	
Jamestown Regional Medical Center	0	0.4	8231	N/A	

Sig. low	No different
📕 **Sig. high	 NHSN SIR

Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset MRSA LabID Events PRED = statistically 'predicted' number of events, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of events) PATD = number of patient days N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero events, but not statistically significant

0

2

Standardized Infection Ratio (SIR)

1

6

4

Facility Name	OBS	PRED	PATD	SIR	SIR & 95% Confidence Interval
Jefferson Memorial Hospital	0	0.4	8216	N/A	
Jellico Community Hospital	0	0.2	5563	N/A	
Johnson City Medical Center	11	11.7	128390	0.9	-
Lafollette Medical Center	1	0.7	15152	N/A	
Lakeway Regional Hospital	0	0.6	10868	N/A	
Laughlin Memorial Hospital	0	0.8	17465	N/A	
LeConte Medical Center	0	0.7	16422	N/A	
Lincoln Medical Center	0	0.3	6902	N/A	
Livingston Regional Hospital	1	0.7	14564	N/A	
Maury Regional Medical Center	5	2.3	47512	2.1	
McKenzie Regional Hospital	0	0.1	3503	N/A	
McNairy Regional Hospital	1	0.2	4203	N/A	
Memorial Healthcare System	7	6.9	93821	1.0	-
Memorial Hixson Hospital	1	1.4	16988	0.7	-
Methodist Healthcare Fayette	0	0.0	582	N/A	
Methodist Healthcare Germantown	5	3.8	82927	1.3	
Methodist Healthcare LeBonheur	4	4.5	70781	0.9	
Methodist Healthcare North	8	4.0	60901	2.0	
Methodist Healthcare South*	0	1.4	30551	0.0	
Methodist Medical Center of Oak Ridge	6	3.8	51652	1.6	

Sig. low No different \*\*Sig. high

Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset MRSA LabID Events PRED = statistically 'predicted' number of events, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of events) PATD = number of patient days V(A = SIR net executed for facilities with a predicted infection

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

0

1

2

Standardized Infection Ratio (SIR)

4

6

Facility Name	OBS	PRED	PATD	SIR	SIR & 95% Confidence Interval
Methodist University Hospital	14	19.7	113606	0.7	
Milan General Hospital	0	0.0	1030	N/A	
Morristown-Hamblen Healthcare System	1	3.0	29681	0.3	
Nashville General Hospital at Meharry	1	1.8	18005	0.5	-
Newport Medical Center	0	0.4	7045	N/A	
North Knoxville Medical Center	5	0.9	18034	N/A	
NorthCrest Medical Center*	0	1.2	15619	0.0	
Parkridge East Hospital	2	0.9	20659	N/A	
Parkridge Medical Center	3	4.1	39004	0.7	
Parkridge West Hospital	0	0.1	4302	N/A	
Parkwest Medical Center- Knoxville	7	4.6	82782	1.5	
Perry Community Hospital	0	0.2	5853	N/A	
Physician's Regional Medical Center	12	7.4	85953	1.6	
Regional Hospital of Jackson	1	1.0	23437	1.0	
Regional One Health**	23	5.0	95177	4.6	
River Park Hospital	0	0.7	11395	N/A	
Roane Medical Center	0	0.7	8655	N/A	
SkyRidge Medical Center	1	1.8	37664	0.5	-
Skyline Medical Center	3	2.9	55812	1.0	
Southern Hills Medical Center	1	0.9	22935	N/A	
Sig. low No different					0 1 2 4

Sig. low No different \*\*Sig. high ••••• NHSN SIR

Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero events, but not statistically significant

Facility Name	OBS	PRED	PATD	SIR	SIR & 95% Confidence Interval
Southern TN Reg Health Sys-Lawrenceburg	0	0.2	7291	N/A	
Southern TN Reg Health Sys-Sewanee	0	0.0	1669	N/A	
Southern TN Reg Health Sys-Winchester*	0	1.5	22408	0.0	
St. Francis Bartlett*	0	1.2	34550	0.0	
St. Francis Hospital - Memphis	10	6.6	93113	1.5	
St. Jude Children's Research Hospital	0	0.8	14612	N/A	
St. Thomas Midtown Hospital	4	7.3	118207	0.5	-
St. Thomas Rutherford Hospital	5	3.2	64110	1.5	
St. Thomas West Hospital	9	7.6	89650	1.2	
Starr Regional Medical Center - Athens	0	0.5	11469	N/A	
Starr Regional Medical Center - Etowah	0	0.2	5889	N/A	
StoneCrest Medical Center	2	1.0	21248	1.9	
Stones River Hospital	0	0.1	4525	N/A	
Summit Medical Center	1	2.4	53435	0.4	-
Sumner Regional Medical Center	1	2.4	33681	0.4	-
Sweetwater Hospital Association	0	0.5	10035	N/A	
Sycamore Shoals Hospital	3	0.5	14692	N/A	
Takoma Regional Hospital	1	0.7	11905	N/A	
The Hospital for Spinal Surgery	0	0.0	1485	N/A	
TrustPoint Hospital	0	0.4	11529	N/A	
Sig. low No different					0 1 2 4 6

\*\*Sig. high ••••• NHSN SIR

Data Reported as of September 4, 2014

N = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset MRSA LabID Events PRED = statistically 'predicted' number of events, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of events) PATD = number of patient days

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero events, but not statistically significant

Standardized Infection Ratio (SIR)

Facility Name Turkey Creek Medical Center	<b>OBS</b> 1	<b>PRED</b> 0.8	<b>PATD</b> 20763	SIR N/A	SIR & 95% Confidence Interval
Unicoi County Memorial Hospital	0	0.2	4201	N/A	
United Regional Medical Center	0	0.2	3352	N/A	
University Medical Center- Lebanon*	0	1.6	32295	0.0	
University of Tennessee Medical Ctr	16	24.0	145141	0.7	-
Vanderbilt Medical Center**	47	27.9	308581	1.7	
Volunteer Community Hospital	0	0.2	5344	N/A	
Wayne Medical Center	0	0.0	1402	N/A	
Wellmont Hawkins County Hospital	0	0.1	4011	N/A	
Williamson Medical Center	2	1.5	34388	1.3	
■ Sig. low ■ No different ■ **Sig. high ■ ■ NHSN SIR					0 1 2 4 6 Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

*N* = number of types of units reporting

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

PRED = statistically 'predicted' number of events, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of events)

PATD = number of patient days

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

\*\* Significantly higher than national baseline ^^ Significantly lower than national baseline

\* Zero events, but not statistically significant

# LABORATORY-IDENTIFIED (LABID) EVENTS

# MRSA LabID Events

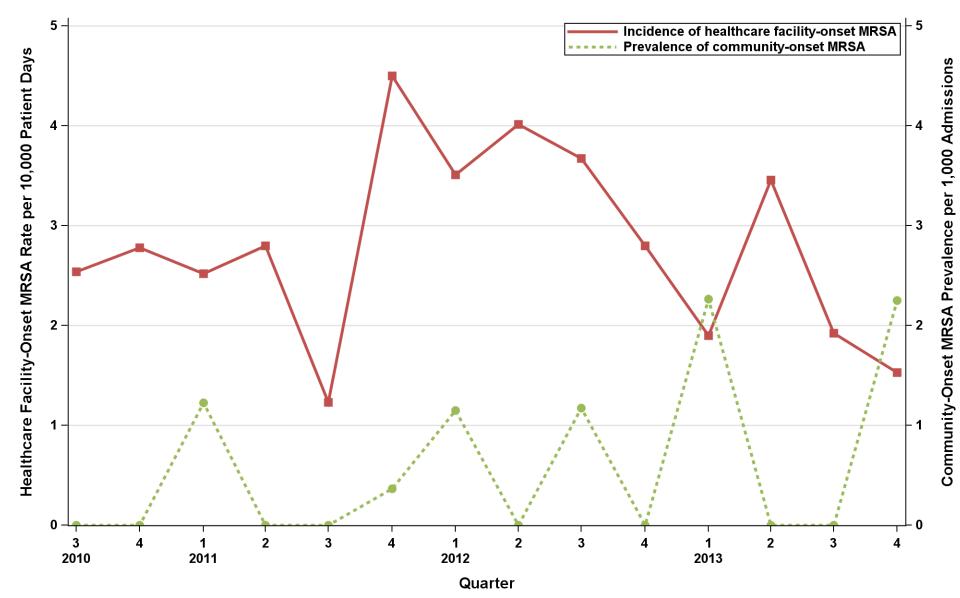
# Long-term Acute Care (LTAC) Facilities

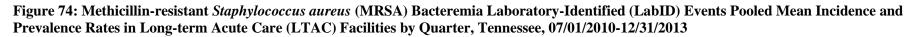
#### MRSA Bacteremia LabID Events in Long Term Acute Care (LTAC) Facilities:

#### Total number of facilities reporting in this period: 9

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

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





Data Reported as of September 4, 2014

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

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

Data reported as of September 4, 2014 No. of facilities reporting <sup>1</sup>Events per 10,000 patient days <sup>2</sup>Events per 1,000 admissions

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

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

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

### **Reporting Requirements**

C. difficile Infection (CDI) Laboratory-Identified (LabID) Events have been reportable to TDH since July 2010 from acute care hospitals (facility-wide inpatient locations and emergency departments) and long-term acute care facilities (facilitywide 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<sup>33</sup>, 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 facilityspecific SIR, the statistically predicted number of infections must be at least 1.0.

# **CDI LabID Events Risk Adjustment**

Risk adjustment for healthcare facility-onset C. difficile Infection (CDI) is calculated using negative binomial regression based on facility-level characteristics, including CDI community-onset prevalence rate, facility bed size, and medical school affiliation<sup>34</sup>. 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:

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

 <sup>&</sup>lt;sup>32</sup> <u>http://www.cdc.gov/HAI/pdfs/cdiff/Cdiff\_tagged.pdf</u>
 <sup>33</sup> <u>http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO\_CDADcurrent.pdf</u>

<sup>&</sup>lt;sup>34</sup> 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/mrsacdi/RiskAdjustment-MRSA-CDI.pdf

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

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  $\beta$ 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.

Number of predictedLabIDevents= $e^{(\beta+\beta_1X_1+\beta_2X_2+...)}$  × patientdays

The table below illustrates the parameter estimates for the significant risk factors associated with the number of CDI LabID events<sup>35</sup>.

Effect	<b>Parameter Estimate</b>	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
	·	·

Number of CO CDI LabID events Number of admissions to the facility ×100 Number of admissions to the facility ×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 =

- 7.8983 exp [ + 0.3850(CDI test type = NAAT) + 0.1606(CDI test type = EIA)

+ 0.3338(CO CDI prevalence rate)

+ 0.2164(bed size > 245)

+ 0.0935(bed size = 101-245 beds)

+ 0.1870(medical school affiliation = major)

+ 0.0918(medical school affiliation = graduate)] x CDI patient days

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.

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

Number of predicted (expected) HO CDI LabID events =

exp [ -7.8983+ 0.3850(1)+ 0.1606(0)+ 0.3338(0.19)+ 0.2164(0)+ 0.0935(0)+ 0.1870(0)+ 0.0918(0) ] x 6,500 = 3.78 expected HO CDI LabID events

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

# LABORATORY-IDENTIFIED (LABID) EVENTS

# C. difficile Infection (CDI) LabID Events

# **Acute Care Hospitals**

#### **CDI LabID Events in Acute Care Hospitals:**

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

#### SIRs by Quarter (Figure 75)

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

#### Key percentiles for Tennessee SIRs (<u>Table 27</u>)

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

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

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

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

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

<sup>&</sup>lt;sup>36</sup> http://www.health.gov/hai/prevent\_hai.asp

1.2 -SIR . . . NHSN 2010-2011 Baseline SIR HHS 5-Year Goal 1.0 Standardized Infection Ratio (SIR) 0.8 0.6 0.4 0.2 0.0 2 2 3 4 1 3 4 1 2012 2013 Quarter

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

Data Reported as of September 4, 2014

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

									DIS	TRIBUT	ΓΙΟΝ Ο	F FACI	LITY-S	PECIFI	C SIRs			
				No. of INF	ECTIONS		SIR AND 95% CONFIDENCE INTERVAL			No. of FACS WITH SIR SIG. <1.0		FACS WITH FACS WIT SIR SIG. SIR SIG.						
STATE	YEAR	No.	PAT DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%
Tennessee	2013	112	3,661,094	2,086	2,710.29	0.77	0.74	0.80	103	34	33%	6	6%	0.00	0.32	0.58	1.00	1.45
rennessee	2012	109	3,595,260	1,923	2,642.80	0.73	0.70	0.76	95	36	38%	5	5%	0.09	0.38	0.66	0.92	1.31

Data reported as of September 4, 2014

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

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

Key percentiles include facilities with at least one predicted infection

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

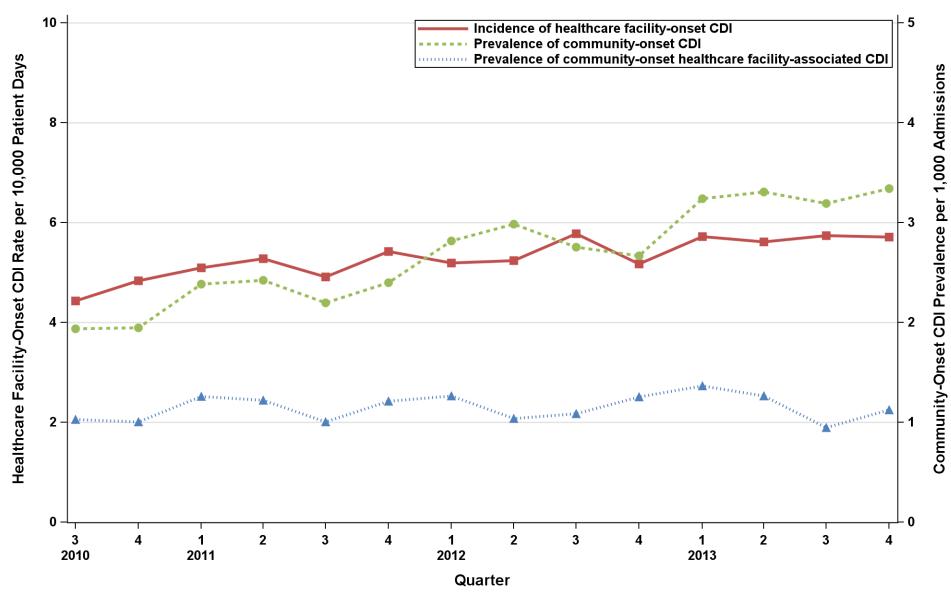
Green highlighting indicates SIR for reporting period is significantly lower than national 2010-2011 SIR of 1.0

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

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

Data reported as of September 4, 2014

No. = number of facilities reporting; CO = community-onset; CO-HFA = community-onset healthcare facility-associated <sup>1</sup>Events per 10,000 patient days <sup>2</sup>Events per 1,000 admissions Figure 76: *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Quarter, Tennessee, 07/01/2010-12/31/2013



Data Reported as of September 4, 2014

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

Facility Name	OBS	PRED	PATD	SIR	SIR & 95% Confidence Interval
Baptist Memorial Hospital for Women^^	0	7.2	13776	0.0	Þ
Baptist Memorial Hospital - Collierville^^	2	8.6	11845	0.2	<b></b>
Baptist Memorial Hospital - Huntingdon*	0	1.8	3772	0.0	
Baptist Memorial Hospital - Memphis	122	117.0	160166	1.0	•
Baptist Memorial Hospital - Union City^^	2	7.8	12241	0.3	
Baptist Memorial Hospital - Tipton*	0	2.4	3832	0.0	
Blount Memorial Hospital	42	34.0	58696	1.2	-
Bolivar General Hospital	0	0.3	672	N/A	
Bristol Regional Medical Center^^	22	36.7	53125	0.6	-
Centennial Medical Center^^	103	145.2	154353	0.7	•
Claiborne County Hospital	2	2.9	5669	0.7	
Cookeville Regional Medical Center	52	40.4	56689	1.3	
Cumberland Medical Center^^	7	14.8	22660	0.5	
Cumberland River Hospital*	0	1.7	4531	0.0	
DeKalb Community Hospital*	0	1.5	3626	0.0	
Decatur County General Hospital	3	2.0	3073	1.5	
Delta Medical Center^^	4	18.8	38876	0.2	-
Dyersburg Regional Medical Center^^	1	5.7	11053	0.2	
East Tennessee Children's Hospital^^	9	25.2	40164	0.4	-
Erlanger East^^	0	4.0	6097	0.0	
■ Sig. low ■ No different ■ **Sig. high ■ ■ NHSN SIR					0 1 2 4 Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

N = number of types of units reporting

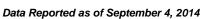
OBS = observed number of Healthcare Facility-Onset CDI LabID Events PRED = statistically 'predicted' number of events, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of events) PATD = number of patient days N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than national baseline

\* Significantly lower than national baseline
 \* Zero events, but not statistically significant

Facility Name	OBS	PRED	PATD	SIR	SIR & 95% Confidence Interval
Erlanger Medical Center	101	102.9	113741	1.0	•
Erlanger North*	0	2.4	3744	0.0	
Fort Loudoun Medical Center	8	5.0	6464	1.6	
Fort Sanders Regional Medical Center	55	67.1	90462	0.8	
Franklin Woods Community Hospital	6	10.3	15225	0.6	
Gateway Medical Center^^	11	21.1	34705	0.5	
Hardin Medical Center*	0	2.9	5598	0.0	
Harton Regional Medical Center	17	17.0	19365	1.0	-
Haywood Park Community Hospital	0	0.6	1079	N/A	
Henderson County Community Hospital	4	0.7	1519	N/A	
Hendersonville Medical Center	17	12.7	20354	1.3	
Henry County Medical Center	4	8.3	14103	0.5	
Heritage Medical Center	4	2.7	5844	1.5	
Highlands Medical Center	1	2.7	6404	0.4	
Hillside Hospital	1	2.2	3208	0.5	-
Holston Valley Medical Center^^	22	56.1	82894	0.4	•
Horizon Medical Center**	22	13.3	18715	1.6	
Indian Path Medical Center	21	22.4	29145	0.9	
Jackson Madison County General Hospital	102	119.6	150605	0.9	•
Jamestown Regional Medical Center^^	0	4.5	8231	0.0	-

Sig. low	No different
**Sig. high	 NHSN SIR



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

0

2

4

Standardized Infection Ratio (SIR)

6

1

Facility Name	OBS	PRED	PATD	SIR	SIR & 95% Confidence Interval
Jefferson Memorial Hospital^^	0	4.9	8216	0.0	▶ <b>—</b> :
Jellico Community Hospital	2	3.0	5146	0.7	-
Johnson City Medical Center	89	108.0	118137	0.8	•
Lafollette Medical Center	4	8.5	15152	0.5	
Lakeway Regional Hospital	6	6.4	10283	0.9	
Laughlin Memorial Hospital^^	0	8.2	16946	0.0	-
LeConte Medical Center^^	2	8.9	14945	0.2	<b></b>
Lincoln Medical Center	1	3.7	6902	0.3	
Livingston Regional Hospital	15	10.3	14443	1.5	
Maury Regional Medical Center	43	42.8	43317	1.0	-
McKenzie Regional Hospital**	5	1.7	3503	2.9	
McNairy Regional Hospital	1	2.0	3841	0.5	-
Memorial Healthcare System	75	78.4	93821	1.0	•
Memorial Hixson Hospital	6	12.2	16988	0.5	
Methodist Healthcare Fayette	0	0.2	447	N/A	
Methodist Healthcare Germantown	50	54.4	64728	0.9	•
Methodist Healthcare LeBonheur^^	17	48.4	55319	0.4	•
Methodist Healthcare North	47	43.2	60901	1.1	-
Methodist Healthcare South^^	9	20.5	27848	0.4	-
Methodist Medical Center of Oak Ridge	50	40.4	50510	1.2	
Sig. low No different					0 1 2 4

■ Sig. low ■ No different ■ \*\*Sig. high ■ ■ ■ NHSN SIR



Data Reported as of September 4, 2014

*N* = number of types of units reporting

OBS = observed number of Healthcare Facility-Onset CDI LabID Events PRED = statistically 'predicted' number of events, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of events)

PATD = number of patient days

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

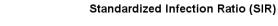
\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero events, but not statistically significant

Facility Name	OBS	PRED	PATD	SIR	SIR & 95% Confidence Interval
Methodist University Hospital	94	106.7	113606	0.9	-
Milan General Hospital	0	0.7	1312	N/A	
Morristown-Hamblen Healthcare System^^	6	13.9	27878	0.4	
Nashville General Hospital at Meharry^^	1	9.6	16493	0.1	-
Newport Medical Center	1	3.9	6703	0.3	
North Knoxville Medical Center	8	11.4	18034	0.7	
NorthCrest Medical Center	3	8.0	14828	0.4	-
Parkridge East Hospital^^	1	10.8	17893	0.1	-
Parkridge Medical Center^^	14	27.7	39004	0.5	-
Parkridge West Hospital	5	2.0	4302	2.5	
Parkwest Medical Center- Knoxville^^	24	58.9	79981	0.4	•
Perry Community Hospital	2	2.5	5853	0.8	-
Physician's Regional Medical Center^^	27	57.6	81776	0.5	•
Regional Hospital of Jackson	10	15.0	22883	0.7	
Regional One Health^^	40	59.1	70906	0.7	•
River Park Hospital	6	5.8	11395	1.0	
Roane Medical Center	6	5.4	8655	1.1	
SkyRidge Medical Center	14	18.3	35490	0.8	
Skyline Medical Center**	48	30.1	55812	1.6	
Southern Hills Medical Center**	27	17.0	22935	1.6	
Sig. low No different					0 1 2 4 6

Sig. low	No different
📕 **Sig. high	 NHSN SIR



Data Reported as of September 4, 2014

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero events, but not statistically significant

Facility Name	OBS	PRED	PATD	SIR	SIR & 95% Confidence Interval
Southern TN Reg Health Sys-Lawrenceburg	1	3.3	6695	0.3	┝━━━━━
Southern TN Reg Health Sys-Sewanee	0	0.7	1669	N/A	
Southern TN Reg Health Sys-Winchester	7	10.9	21662	0.6	
St. Francis Bartlett^^	7	16.0	32760	0.4	
St. Francis Hospital - Memphis^^	24	55.0	90469	0.4	•
St. Jude Children's Research Hospital**	33	10.9	14612	3.0	
St. Thomas Midtown Hospital^^	53	73.9	92868	0.7	•
St. Thomas Rutherford Hospital	49	51.0	60616	1.0	-
St. Thomas West Hospital	83	70.5	89650	1.2	-
Starr Regional Medical Center - Athens	2	4.8	10343	0.4	
Starr Regional Medical Center - Etowah**	7	3.0	5889	2.3	
StoneCrest Medical Center	9	13.3	18403	0.7	
Stones River Hospital	1	2.1	4525	0.5	-
Summit Medical Center	39	35.2	49194	1.1	
Sumner Regional Medical Center^^	8	21.8	32322	0.4	-
Sweetwater Hospital Association^^	0	5.4	9667	0.0	-
Sycamore Shoals Hospital	11	10.6	14692	1.0	-
Takoma Regional Hospital	3	6.1	11246	0.5	
The Hospital for Spinal Surgery	0	0.8	1485	N/A	
TrustPoint Hospital^^	1	5.1	11529	0.2	<b></b>
Sig. low No different					

Sig. low No different \*\*Sig. high ••••• NHSN SIR

Data Reported as of September 4, 2014

N = number of types of units reporting OBS = observed number of Healthcare Facility-Onset CDI LabID Events PRED = statistically 'predicted' number of events, based on NHSN baseline data SIR = standardized infection ratio (observed/predicted number of events) PATD = number of patient days N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than national baseline ^^ Significantly lower than national baseline

\* Zero events, but not statistically significant

Standardized Infection Ratio (SIR)

Facility Name Turkey Creek Medical Center	<b>OBS</b> 10	<b>PRED</b> 12.2	<b>PATD</b> 19573	<b>SIR</b> 0.8	SIR & 95% Confidence Interval
Unicoi County Memorial Hospital*	0	2.2	4201	0.0	
United Regional Medical Center	3	2.2	3352	1.4	
University Medical Center- Lebanon^^	5	15.5	31397	0.3	-
University of Tennessee Medical Ctr^^	39	85.1	124090	0.5	•
Vanderbilt Medical Center^^	145	237.6	272484	0.6	•
Volunteer Community Hospital	4	2.7	5344	1.4	
Wayne Medical Center*	0	1.1	1777	0.0	
Wellmont Hawkins County Hospital	1	1.9	4011	0.5	-
Williamson Medical Center	15	20.4	30277	0.7	-
Sig. low No different					

Standardized Infection Ratio (SIR)

Data Reported as of September 4, 2014

N = number of types of units reporting

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

---- NHSN SIR

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

\*\*Sig. high

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

\*\* Significantly higher than national baseline

^^ Significantly lower than national baseline

\* Zero events, but not statistically significant

## LABORATORY-IDENTIFIED (LABID) EVENTS

## C. difficile Infection (CDI) LabID Events

Long-term Acute Care (LTAC) Facilities

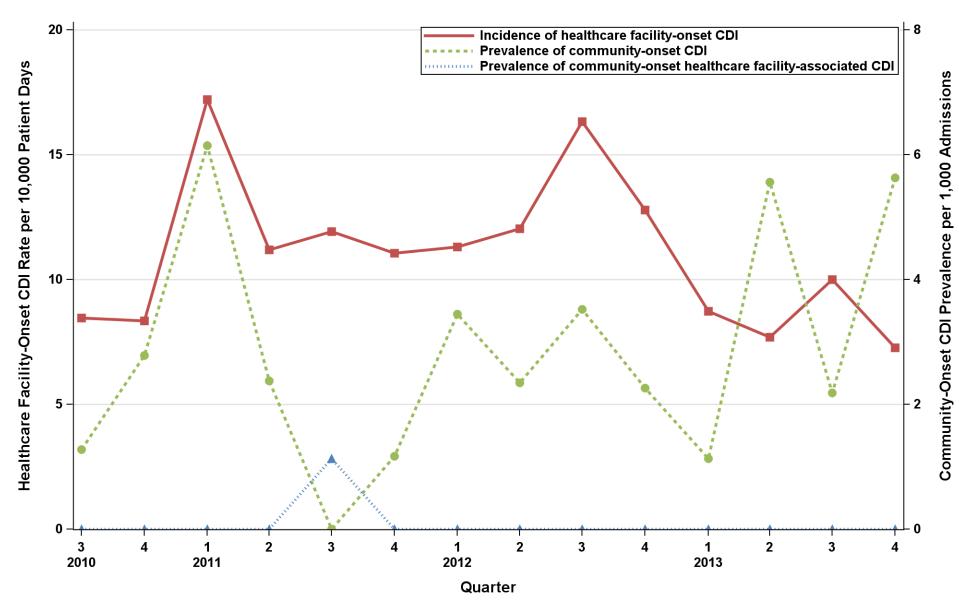
### **CDI LabID Events in Long Term Acute Care (LTAC) Facilities:**

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

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

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





Data Reported as of September 4, 2014

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

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

Data reported as of September 4, 2014

No. = number of facilities reporting; CO = community-onset; CO-HFA = community-onset healthcare facility-associated <sup>1</sup>Events per 10,000 patient days

<sup>2</sup>Events per 1,000 admissions

HEALTHCARE PERSONNEL INFLUENZA VACCINATION

### Healthcare Personnel Influenza Vaccination

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

### **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<sup>38</sup>, which is updated each year with reporting instructions. Facilities must report the number of healthcare personnel who were physically present in their facility for one working day or more during the reporting period (October 1 through March 31), stratified by personnel category (Employees, Licensed Independent Practitioners (LIPs), Adult Students/Trainees and Volunteers, and Other Contract Personnel (optional)), in addition to the number of each who:

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

### Healthcare Personnel Influenza Vaccination Rates

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

 <sup>&</sup>lt;sup>37</sup> <u>http://www.cdc.gov/flu/healthcareworkers.htm</u>
 <sup>38</sup> <u>http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf</u>

# HEALTHCARE PERSONNEL INFLUENZA VACCINATION

# **ACUTE CARE HOSPITALS**

### Healthcare Personnel Influenza Vaccination in Acute Care Facilities:

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

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

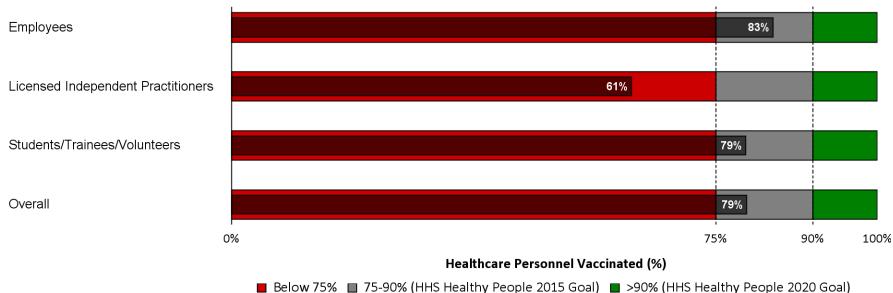
- The mean facility-specific overall healthcare personnel vaccination rate at Tennessee acute care hospitals was 79.8% for the 2013/2014 influenza season (October 2013-March 2014), reaching the <u>HHS Healthy People</u><sup>39</sup> 2015 Goal of 75% vaccination, but not the <u>Healthy People</u> 2020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

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

• The overall percent of healthcare personnel with documented influenza vaccination for each facility is displayed in <u>Figure 80</u>.

<sup>&</sup>lt;sup>39</sup> <u>http://www.healthypeople.gov/</u>

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



#### **Healthcare Personnel Category**

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

			DISTRIBUTION OF HCP VACCINATION RATE						
STATE	FLU SEASON	HEALTHCARE PERSONNEL CATEGORY	No.	MEAN HCP VACCINATION RATE	10%	25%	50%	75%	90%
		Employees	110	83.9%	64.9%	74.8%	84.6%	96.4%	98.7%
<b>T</b>	2042/2044	Licensed Independent Practitioners	110	61.9%	22.2%	36.0%	65.2%	89.3%	97.3%
Tennessee	2013/2014	Students/Trainees/Volunteers	110	79.6%	42.4%	67.2%	90.3%	99.0%	100.0%
		Overall	110	79.8%	63.5%	68.0%	80.8%	90.8%	95.8%

Data reported as of September 4, 2014 No. = number of facilities reporting HCP = Healthcare Personnel

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

Facility Name	No.	Percent Healthcare Personnel Vaccinated
Unicoi County Memorial Hospital	292	100%
Memorial Hixson Hospital	519	99%
Baptist Memorial Hospital - Collierville	557	98%
Baptist Memorial Hospital - Tipton	492	97%
East Tennessee Children's Hospital	2,581	97%
St. Francis Bartlett	903	97%
Baptist Memorial Hospital - Union City	690	<b>96%</b>
Decatur County General Hospital	182	96%
Bristol Regional Medical Center	3,476	
Maury Regional Medical Center	3,037	96%
Horizon Medical Center	856	96%
St. Francis Hospital - Memphis	2,884	95%
Sycamore Shoals Hospital	666	95%
Baptist Memorial Hospital - Huntingdon	291	95%
Johnson City Medical Center	5,965	95%
Laughlin Memorial Hospital	945	94%
St. Thomas West Hospital	5,971	93%
River Park Hospital	475	93%
Wellmont Hawkins County Hospital	280	93%
Holston Valley Medical Center	4,230	92%
Parkridge West Hospital	501	92%
Methodist Healthcare Fayette	90	92%
Methodist Healthcare LeBonheur	3,428	92%
Perry Community Hospital	169	91%
Erlanger Medical Center	6,988	91%
		0% 75% 90% 100%
		Healthcare Personnel Vaccinated (%)

HHS Healthy People 2015 Goal (75%)
 HHS Healthy People 2020 Goal (90%)

Data Reported as of September 4, 2014

### Figure 80 (cont'd)

Facility Name	No.	Percent Healthcare Personnel Vaccinated
Baptist Memorial Hospital - Memphis	5,743	91%
StoneCrest Medical Center	1,006	90%
Southern TN Reg Health Sys-Winchester	915	90%
Baptist Memorial Hospital for Women	1,076	90%
Centennial Medical Center	4,750	90%
Southern TN Reg Health Sys-Sewanee	160	90%
Wayne Medical Center	227	89%
Summit Medical Center	1,662	89%
Methodist Healthcare South	1,006	89%
Henry County Medical Center	921	89%
Methodist Healthcare North	1,468	88%
Indian Path Medical Center	1,135	88%
Regional One Health	3,566	87%
NorthCrest Medical Center	1,109	87%
Franklin Woods Community Hospital	934	87%
Hillside Hospital	479	87%
St. Thomas Midtown Hospital	3,916	86%
Skyline Medical Center	1,694	85%
Dyersburg Regional Medical Center	726	85%
St. Thomas Rutherford Hospital	2,230	85%
Southern TN Reg Health Sys-Lawrenceburg	417	83%
Southern Hills Medical Center	951	83%
Nashville General Hospital at Meharry	1,106	83%
Harton Regional Medical Center	858	83%
Gateway Medical Center	1,525	82%
		1 1 1 0% 75% 90% 100%

Healthcare Personnel Vaccinated (%)

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

Data Reported as of September 4, 2014

### Figure 80 (cont'd)

Facility Name	No.	Percent Healthcare Personnel Vaccinated
Cookeville Regional Medical Center	3,017	82%
Williamson Medical Center	2,565	81%
Starr Regional Medical Center - Athens	481	81%
Methodist University Hospital	3,365	81%
Heritage Medical Center	375	<b>81%</b>
Memorial Healthcare System	3,983	80%
Lincoln Medical Center	480	80%
Jackson Madison County General Hospital	7,062	79%
Vanderbilt Medical Center	13,161	79%
United Regional Medical Center	201	79%
The Hospital for Spinal Surgery	159	78%
Milan General Hospital	98	78%
University of Tennessee Medical Ctr	4,762	78%
TrustPoint Hospital	400	78%
Newport Medical Center	368	77%
Erlanger East	317	77%
McKenzie Regional Hospital	219	77%
Hardin Medical Center	543	76%
Henderson County Community Hospital	226	76%
Parkridge East Hospital	530	76%
Haywood Park Community Hospital	81	75%
Highlands Medical Center	250	75%
St. Jude Children's Research Hospital	4,856	74%
Cumberland River Hospital	227	74%
Methodist Healthcare Germantown	2,909	73%
		I         I         I         I           0%         75%         90%         100%

Healthcare Personnel Vaccinated (%)

HHS Healthy People 2015 Goal (75%)
 HHS Healthy People 2020 Goal (90%)

Data Reported as of September 4, 2014

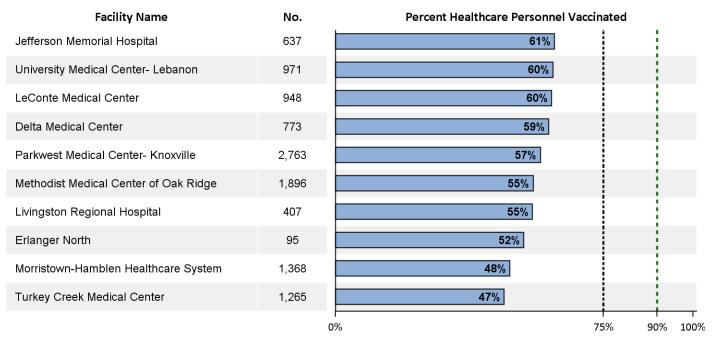
Facility Name	No.	Percent Healthcare Personnel Vaccinated
SkyRidge Medical Center	1,337	72%
Fort Loudoun Medical Center	487	72%
North Knoxville Medical Center	1,006	72%
Claiborne County Hospital	687	72%
Bolivar General Hospital	96	70%
Jamestown Regional Medical Center	198	69%
Volunteer Community Hospital	314	68%
Hendersonville Medical Center	1,086	68%
Sumner Regional Medical Center	1,608	67%
Roane Medical Center	437	67%
Lafollette Medical Center	493	67%
Sweetwater Hospital Association	661	67%
Lakeway Regional Hospital	438	67%
Starr Regional Medical Center - Etowah	400	67%
DeKalb Community Hospital	235	67%
Takoma Regional Hospital	925	66%
Fort Sanders Regional Medical Center	2,990	66%
Regional Hospital of Jackson	814	66%
Cumberland Medical Center	1,388	65%
Jellico Community Hospital	371	65%
Blount Memorial Hospital	3,549	64%
Physician's Regional Medical Center	2,905	63%
Stones River Hospital	181	63%
McNairy Regional Hospital	274	63%
Parkridge Medical Center	1,566	63%
		0% 75% 90% 100%

Healthcare Personnel Vaccinated (%)

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

Data Reported as of September 4, 2014

### Figure 80 (cont'd)



#### Healthcare Personnel Vaccinated (%)

 HHS Healthy People 2015 Goal (75%)
 HHS Healthy People 2020 Goal (90%)

#### Data Reported as of September 4, 2014

FACILITY SPECIFIC SUMMARY PAGES

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University of Tennessee Medical Center	409
Vanderbilt Medical Center	411
Volunteer Community Hospital	413
Wayne Medical Center	415
Wellmont Hawkins County Hospital	417
Williamson Medical Center	419

### Baptist Memorial Hospital - Collierville, Collierville, Shelby County

Medical School Affiliation: Major teaching Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Baptist Memorial Hospital - Collierville:

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

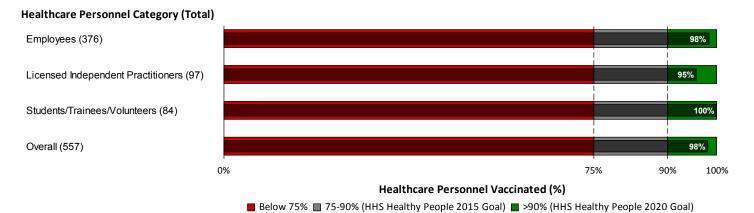
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

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

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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

### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

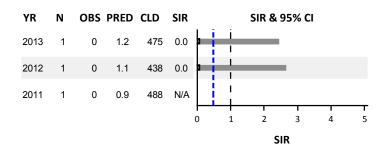


#### Baptist Memorial Hospital - Collierville - Page 1 of 2

### **Baptist Memorial Hospital - Collierville, Collierville, Shelby County**

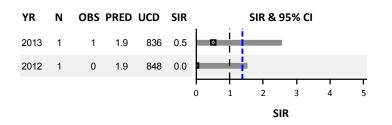
**Central Line-Associated Bloodstream Infections (CLABSI)** 

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



#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

SSI - Colon Surgery				
YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	0	0.3	20	N/A

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

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

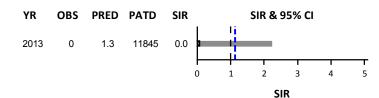
2013

OBS

2

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

Data reported as of September 4, 2014



SIR YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR

0.2

0

1

SIR & 95% CI

3

2

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 - - - - NHSN SIR=1

LabID - C. difficile Infection (CDI)

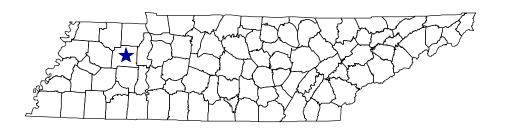
8.6

PRED PATD

11845

### Baptist Memorial Hospital - Huntingdon, Huntingdon, Carroll County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Baptist Memorial Hospital - Huntingdon:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)

- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs

- **Surgical site infections (SSI):** This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

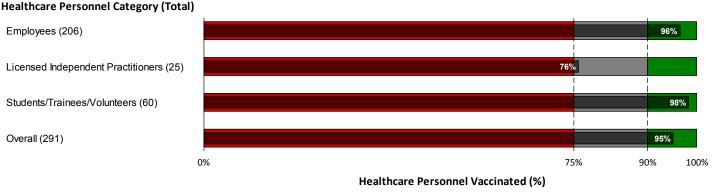
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

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

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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

### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Baptist Memorial Hospital - Huntingdon - Page 1 of 2

### **Baptist Memorial Hospital - Huntingdon, Huntingdon, Carroll County**

#### **Central Line-Associated Bloodstream Infections (CLABSI)**

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

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

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.1	149	N/A
2012	1	0	0.1	126	N/A

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

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

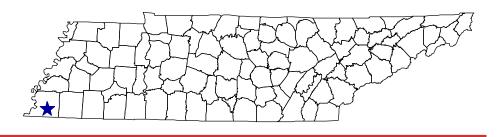
LabID - Methicillin-resistant <i>S. aureus</i> (MRSA) Bacteremia			LabID - <i>C. difficile</i> Infection (CDI)											
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR		SIR &	95% CI		
2013	0	0.3	3772	N/A	2013	0	1.8	3772	0.0					
N/A: N	umber o	of predic	ted infect	ions <1; no SIR calculated					(	) 1	2	1 3	4	5
											S	IR		

Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

### Baptist Memorial Hospital - Memphis, Memphis, Shelby County

Medical School Affiliation: None Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Baptist Memorial Hospital - Memphis:

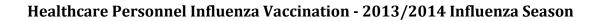
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

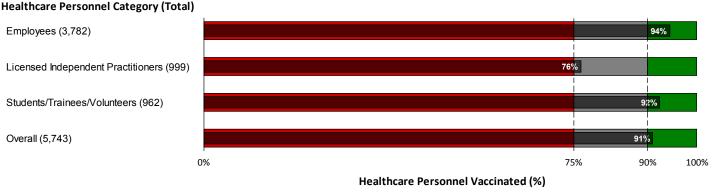
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	26	28.0	16497	0.93	(0.62, 1.34)	0.48
CAUTI	Adult/Pediatric ICU	56	38.8	17865	1.44	( 1.10, 1.86 )	1.37
SSI	Colon surgery	9	12.2	324	0.74	(0.36, 1.35)	0.93
	Abdominal hysterectomy	2	1.0	136	1.83	( 0.31, 6.06 )	0.89
LabID	MRSA bacteremia	24	12.9	160166	1.86	( 1.22, 2.72 )	1.13
	C. difficile infection	122	117.0	160166	1.04	(0.87, 1.24)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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





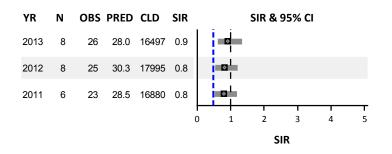
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Baptist Memorial Hospital - Memphis - Page 1 of 2

### **Baptist Memorial Hospital - Memphis, Memphis, Shelby County**

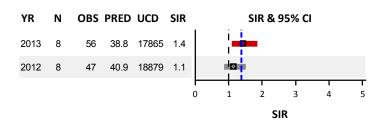
**Central Line-Associated Bloodstream Infections (CLABSI)** 

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



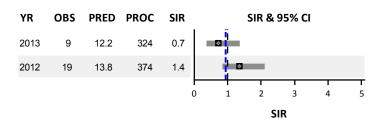
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

CAUTI - Adult/Pediatric ICUs

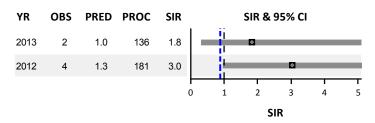


### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



SIR

1.0

- - - - NHSN SIR=1

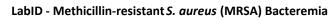
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

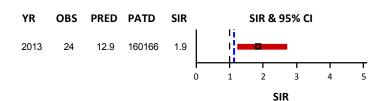
YR

2013

OBS

122





Data reported as of September 4, 2014

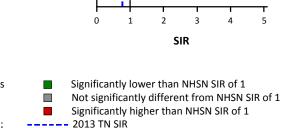
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)

117.0

PRED PATD

160166



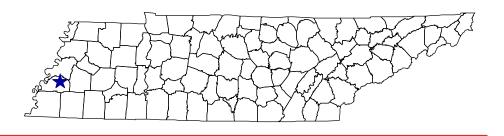
L

SIR & 95% CI

#### Baptist Memorial Hospital - Memphis - Page 2 of 2

### **Baptist Memorial Hospital -Tipton, Covington, Tipton County**

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Baptist Memorial Hospital -Tipton:

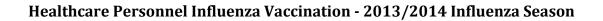
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

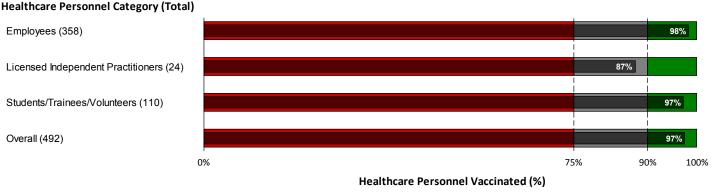
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.0	50	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.5	285	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	2	0.1	21	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.2	4257	N/A	N/A	1.13
	C. difficile infection	0	2.4	3832	0.00	(0.00, 1.23)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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





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

#### Baptist Memorial Hospital -Tipton - Page 1 of 2

### **Baptist Memorial Hospital -Tipton, Covington, Tipton County**

#### **Central Line-Associated Bloodstream Infections (CLABSI)**

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

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.0	50	N/A
2012	1	0	0.1	53	N/A
2011	N/A	N/A	N/A	N/A	N/A

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

#### **CAUTI - Adult/Pediatric ICUs**

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.5	285	N/A
2012	1	0	0.5	293	N/A

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

#### Surgical Site Infections (SSI)

Colon S	n Surgery	
PRED PROC SIR	PROC SIR	
N/A N/A N/A	N/A N/A	
N/A N/A N/A	N/A N/A	

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

YR	OBS	PRED	PROC	SIR
2013	2	0.1	21	N/A
2012	N/A	N/A	N/A	N/A

LabID - C. difficile Infection (CDI)

OBS PRED PATD

2.4

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

SIR

0.0

Ω

3832

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

0

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

YR	OBS	PRED	PATD	SIR	
2013	0	0.2	4257	N/A	

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

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections **PRED** = statistically 'predicted' number of infections, based on NHSN national baseline data

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

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

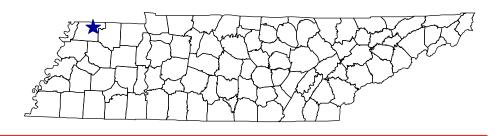
Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

SIR

### Baptist Memorial Hospital - Union City, Union City, Obion County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Baptist Memorial Hospital - Union City:

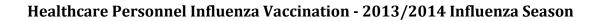
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

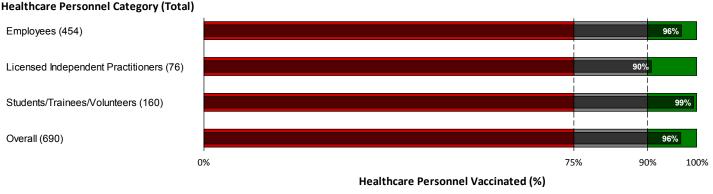
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	124	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.5	453	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.4	49	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.6	12695	N/A	N/A	1.13
	C. difficile infection	2	7.8	12241	0.25	( 0.04, 0.84 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Baptist Memorial Hospital - Union City





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Baptist Memorial Hospital - Union City - Page 1 of 2

### **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	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.1	124	N/A
2012	1	0	0.2	182	N/A
2011	1	0	0.3	238	N/A

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.5	453	N/A
2012	1	0	0.6	503	N/A

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

#### Surgical Site Infections (SSI)

SSI - C	SSI - Colon Surgery			SSI - /	Abdomi	nal Hyst	erectom	ıy	
YR	OBS	PRED	PROC	SIR	YR	OBS	PRED	PROC	SI
2013	N/A	N/A	N/A	N/A	2013	0	0.4	49	Ν
2012	N/A	N/A	N/A	N/A	2012	0	0.2	36	١

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

YR	OBS	PRED	PROC	SIR
2013	0	0.4	49	N/A
2012	0	0.2	36	N/A

LabID - C. difficile Infection (CDI)

OBS PRED PATD

7.8

12241

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

SIR

0.3

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

2

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

YR	OBS	PRED	PATD	SIR	
2013	0	0.6	12695	N/A	

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

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections **PRED** = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

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

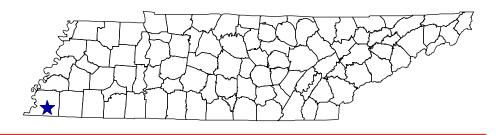
Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

SIR

### Baptist Memorial Hospital for Women, Memphis, Shelby County

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



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Baptist Memorial Hospital for Women:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

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

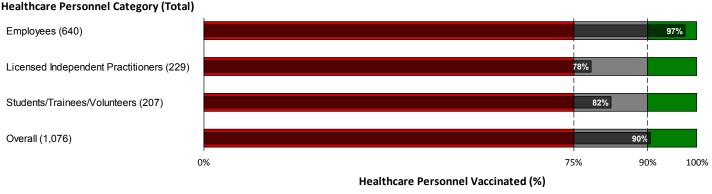
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe	Standardized Infection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.48
	Neonatal ICU	7	6.6	2906	1.05	(0.46, 2.09)	0.51
CAUTI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	1.37
SSI	Abdominal hysterectomy	1	2.5	360	0.39	(0.02, 1.93)	0.89
LabID	MRSA bacteremia	3	1.1	32455	2.58	(0.66, 7.02)	1.13
	C. difficile infection	0	7.2	13776	0.00	( 0.00, 0.41 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Baptist Memorial Hospital for Women

### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Baptist Memorial Hospital for Women - Page 1 of 2

### **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**



#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

#### **CAUTI - Adult/Pediatric ICUs**

YR	Ν	OBS	PRED	UCD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	N/A	N/A	N/A	N/A

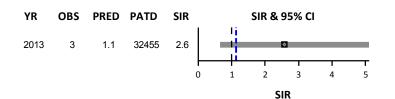
N/A: Number of predicted infections <1; no SIR calculated

#### Surgical Site Infections (SSI)

#### SSI - Colon Surgery SSI - Abdominal Hysterectomy YR OBS PRED PROC SIR SIR & 95% CI 2013 1 2.5 360 04 No eligible procedures were performed during this reporting period 2012 2 2.6 361 0.8 0 1 2 3

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

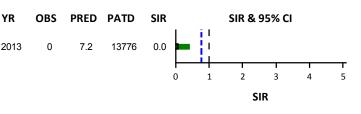
#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

LabID - C. difficile Infection (CDI)



Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 2013 TN SIR - - - - NHSN SIR=1

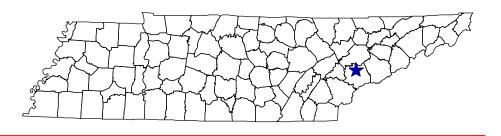
4

SIR

5

### Blount Memorial Hospital, Maryville, Blount County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Blount Memorial Hospital:

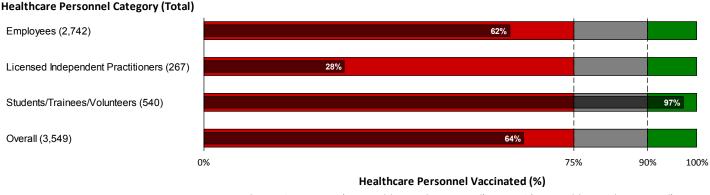
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

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

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	3.9	2640	0.25	(0.01, 1.25)	0.48
CAUTI	Adult/Pediatric ICU	2	5.1	3997	0.39	(0.07, 1.28)	1.37
SSI	Colon surgery	1	3.6	110	0.27	(0.01, 1.34)	0.93
	Abdominal hysterectomy	0	0.4	60	N/A	N/A	0.89
LabID	MRSA bacteremia	4	2.3	58696	1.68	(0.53, 4.04)	1.13
	C. difficile infection	42	34.0	58696	1.23	(0.90, 1.65)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Blount Memorial Hospital



### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

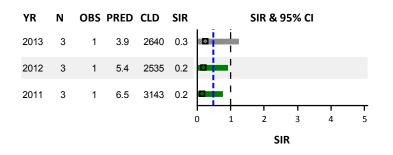
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 📕 >90% (HHS Healthy People 2020 Goal)

Blount Memorial Hospital - Page 1 of 2

### **Blount Memorial Hospital, Maryville, Blount County**

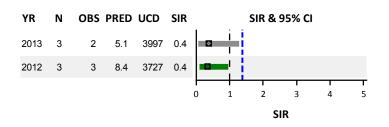
#### **Central Line-Associated Bloodstream Infections (CLABSI)**

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



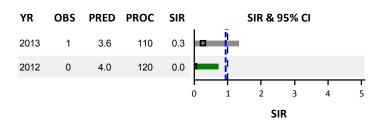
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.4	60	N/A
2012	0	0.6	71	N/A

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

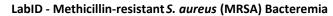
#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

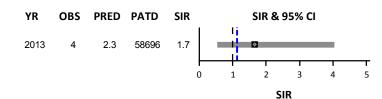
YR

2013

OBS

42





Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

2

SIR & 95% CI

SIR

3

Δ

5

LabID - C. difficile Infection (CDI)

PATD

58696

SIR

1.2

0

Т

1

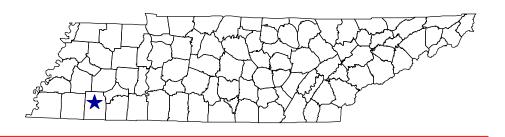
0

PRED

34.0

### Bolivar General Hospital, Bolivar, Hardeman County

Medical School Affiliation: None Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Bolivar General Hospital:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

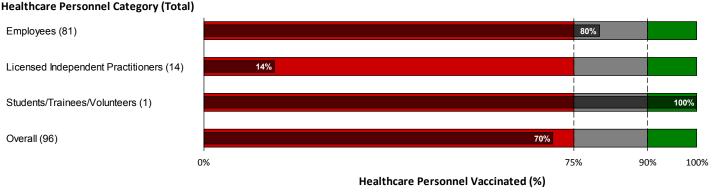
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe	Standardized Infection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	672	N/A	N/A	1.13
	C. difficile infection	0	0.3	672	N/A	N/A	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Bolivar General Hospital

### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Bolivar General Hospital - Page 1 of 2

### **Bolivar General Hospital, Bolivar, Hardeman County**

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID	LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia					- C. difj	ficile Inf	ection (	CDI)
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR
2013	0	0.0	672	N/A	2013	0	0.3	672	N/A

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

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

SIR N/A

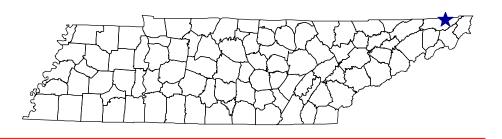
Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data SIR = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

Bolivar General Hospital - Page 2 of 2

### Bristol Regional Medical Center, Bristol, Sullivan County

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



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Bristol Regional Medical Center:

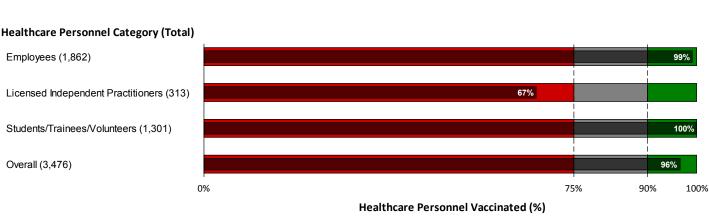
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

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

			tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	9.1	4754	0.55	(0.20, 1.21)	0.48
CAUTI	Adult/Pediatric ICU	8	16.0	7483	0.50	( 0.23, 0.95 )	1.37
SSI	Colon surgery	0	4.2	151	0.00	( 0.00, 0.70 )	0.93
	Abdominal hysterectomy	0	0.7	82	N/A	N/A	0.89
LabID	MRSA bacteremia	4	3.8	55668	1.04	( 0.33, 2.52 )	1.13
	C. difficile infection	22	36.7	53125	0.60	( 0.38, 0.89 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Bristol Regional Medical Center



### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

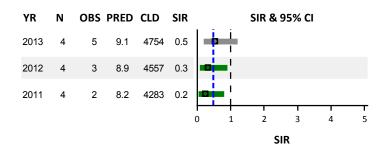
■ Below 75% ■ 75-90% (HHS Healthy People 2015 Goal) ■ >90% (HHS Healthy People 2020 Goal)

Bristol Regional Medical Center - Page 1 of 2

### Bristol Regional Medical Center, Bristol, Sullivan County

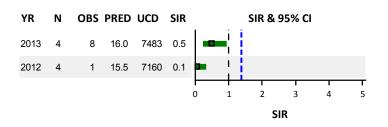
#### **Central Line-Associated Bloodstream Infections (CLABSI)**

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



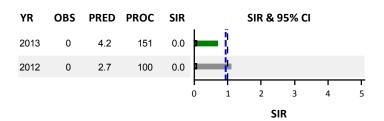
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

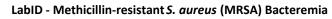


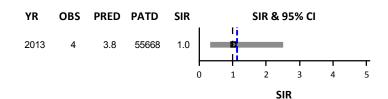
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.7	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

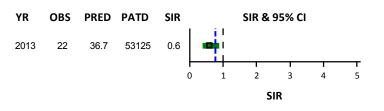




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

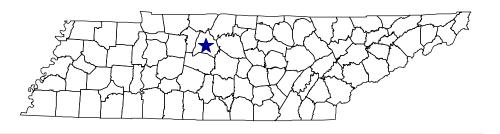
LabID - C. difficile Infection (CDI)



Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

### **Centennial Medical Center, Nashville, Davidson County**

Medical School Affiliation: Major teaching Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Centennial Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

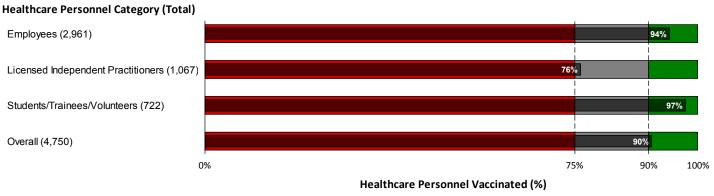
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

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

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	4	17.4	9009	0.23	( 0.07, 0.55 )	0.48
	Neonatal ICU	2	7.2	2976	0.28	( 0.05, 0.91 )	0.51
CAUTI	Adult/Pediatric ICU	18	24.9	10840	0.72	(0.44, 1.12)	1.37
SSI	Colon surgery	11	7.5	276	1.47	(0.77, 2.55)	0.93
	Abdominal hysterectomy	10	5.2	1065	1.91	(0.97, 3.40)	0.89
LabID	MRSA bacteremia	17	17.1	162716	0.99	(0.60, 1.56)	1.13
	C. difficile infection	103	145.2	154353	0.71	( 0.58, 0.86 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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



### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

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

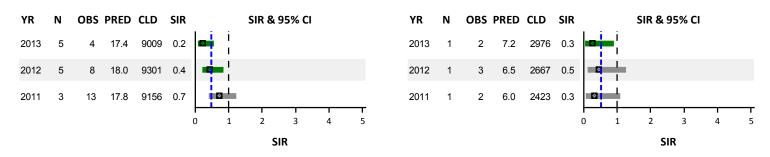
Centennial Medical Center - Page 1 of 2

### **Centennial Medical Center, Nashville, Davidson County**

#### **Central Line-Associated Bloodstream Infections (CLABSI)**

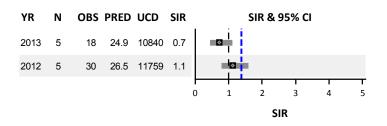
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

**CLABSI - Neonatal ICUs** 



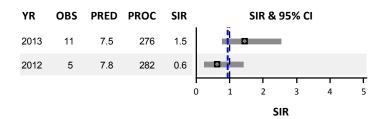
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

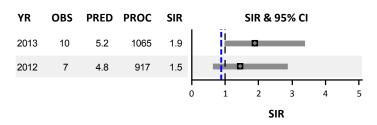


### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



SIR

0.7

0

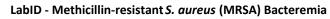
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

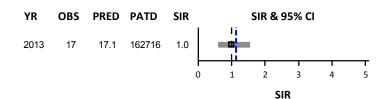
YR

2013

OBS

103





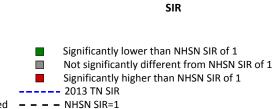
Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - C. difficile Infection (CDI)

PRED PATD

145.2 154353



I

1

SIR & 95% CI

3

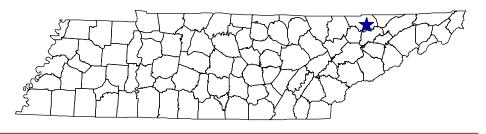
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# Claiborne County Hospital, Tazewell, Claiborne County

Medical School Affiliation: Undergraduate teaching Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Claiborne County Hospital:

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

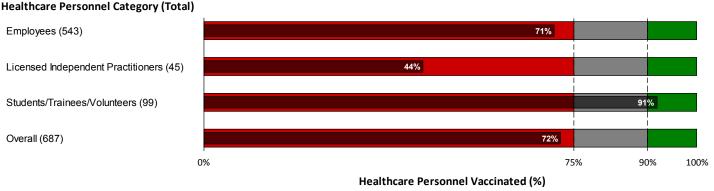
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	123	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	0.8	664	N/A	N/A	1.37
SSI	Colon surgery	0	0.6	25	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.5	4241	N/A	N/A	1.13
	C. difficile infection	2	2.9	5669	0.67	(0.11, 2.22)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Claiborne County Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Claiborne County Hospital - Page 1 of 2

## **Claiborne County Hospital, Tazewell, Claiborne County**

### **Central Line-Associated Bloodstream Infections (CLABSI)**

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

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.1	123	N/A
2012	1	0	0.2	164	N/A
2011	N/A	N/A	N/A	N/A	N/A

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

#### **CAUTI - Adult/Pediatric ICUs**

YR	Ν	OBS	PRED	UCD	SIR
2013	1	1	0.8	664	N/A
2012	1	1	0.7	565	N/A

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

#### Surgical Site Infections (SSI)

SSI - C	SSI - Colon Surgery			SSI - A	bdomi	nal Hyst	erectom	ıy	
YR	OBS	PRED	PROC	SIR	YR	OBS	PRED	PROC	SII
2013	0	0.6	25	N/A	2013	N/A	N/A	N/A	N
2012	0	0.4	22	N/A	2012	N/A	N/A	N/A	Ν

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

YR	OB	S PREI	D PROC	SIR
201	13 N/	'A N/A	N/A	N/A
201	12 N/	A N/A	N/A	N/A

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

SIR

0.7

Ω

5669

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

2

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

YR	OBS	PRED	PATD	SIR	
2013	0	0.5	4241	N/A	

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

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

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

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ----- 2013 TN SIR

SIR & 95% CI

3 SIR

Claiborne County Hospital - Page 2 of 2

LabID - C. difficile Infection (CDI)

OBS PRED PATD

2.9

# Cookeville Regional Medical Center, Cookeville, Putnam County

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



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Cookeville Regional Medical Center:

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

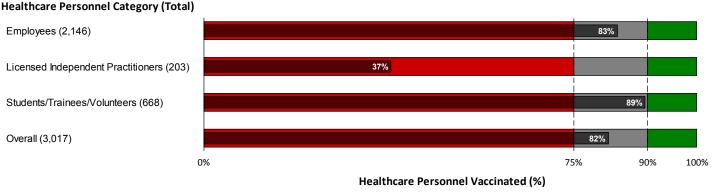
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	9	7.3	5101	1.22	( 0.59, 2.24 )	0.48
CAUTI	Adult/Pediatric ICU	6	10.1	7515	0.59	(0.24, 1.23)	1.37
SSI	Colon surgery	0	3.9	144	0.00	( 0.00, 0.77 )	0.93
	Abdominal hysterectomy	0	0.5	46	N/A	N/A	0.89
LabID	MRSA bacteremia	8	3.0	59211	2.62	( 1.22, 4.98 )	1.13
	C. difficile infection	52	40.4	56689	1.28	(0.97, 1.67)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Cookeville Regional Medical Center

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



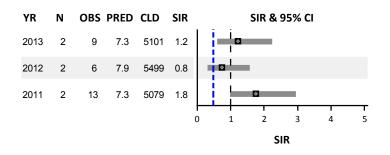
Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

#### Cookeville Regional Medical Center - Page 1 of 2

### **Cookeville Regional Medical Center, Cookeville, Putnam County**

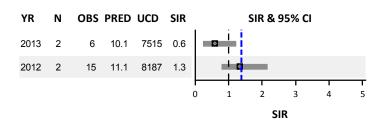
**Central Line-Associated Bloodstream Infections (CLABSI)** 

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



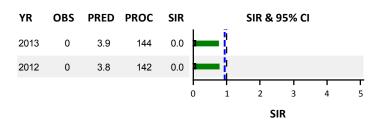
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

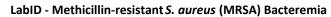


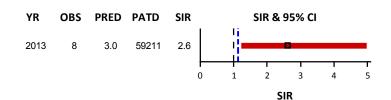
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.5	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

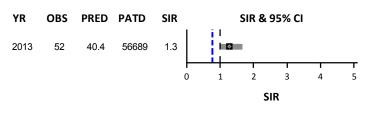




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

LabID - C. difficile Infection (CDI)



Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 2013 TN SIR - - - - NHSN SIR=1

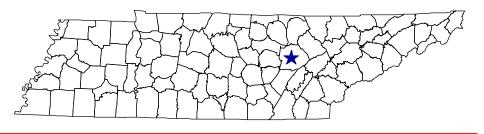
# **Cumberland Medical Center, Crossville, Cumberland County**

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

LabID

MRSA bacteremia

C. difficile infection



0.60

0.47

**TN SIR** 

0.48

1.37

0.93

0.89

1.13

0.77

(0.03, 2.96)

(0.21, 0.93)

### 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

#### Infections **Standardized Infection Ratio (SIR) Device Days/Procedures** HAI Type/Unit Observed Predicted SIR\* 95% CI **Performed/Patient Days** CLABSI Adult/Pediatric ICU 3 1.5 1051 1.91 (0.49, 5.19)CAUTI Adult/Pediatric ICU 2 2.9 2324 0.67 (0.11, 2.21)SSI Colon surgery 1 1.1 53 0.84 (0.04, 4.12)Abdominal hysterectomy N/A N/A N/A N/A N/A

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

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)

1.6

14.8

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

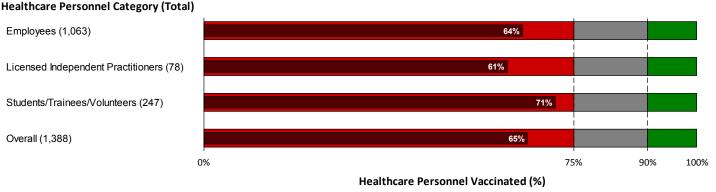
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7

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

23705

22660



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Cumberland Medical Center - Page 1 of 2

### **Cumberland Medical Center, Crossville, Cumberland County**

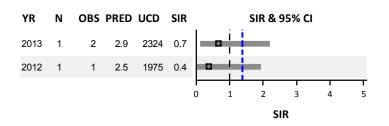
### **Central Line-Associated Bloodstream Infections (CLABSI)**

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



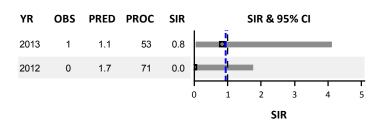
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

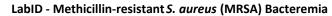


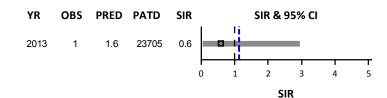
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
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



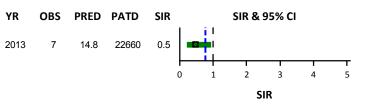


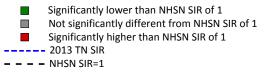
Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

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

LabID - *C. difficile* Infection (CDI)





# Cumberland River Hospital, Celina, Clay County

Medical School Affiliation: Undergraduate teaching Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Cumberland River Hospital:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

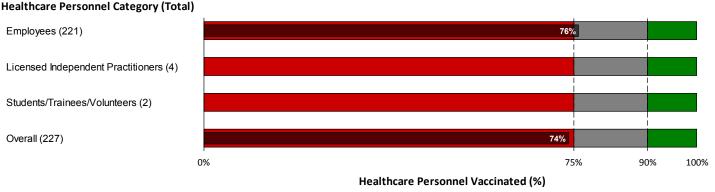
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)		
	HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
	LabID	MRSA bacteremia	2	0.1	4531	N/A	N/A	1.13
		C. difficile infection	0	1.7	4531	0.00	(0.00, 1.71)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Cumberland River Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Cumberland River Hospital - Page 1 of 2

### **Cumberland River Hospital, Celina, Clay County**

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia			LabID	LabID - <i>C. difficile</i> Infection (CDI)										
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR		SIR 8	. 95% CI		
2013	2	0.1	4531	N/A	2013	0	1.7	4531	0.0		-			
N/A: N	umber o	of predic	ted infect	ions <1; no SIR calculated					l C	) 1	2	3	4	5
											:	SIR		

 Data reported as of September 4, 2014

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

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

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

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

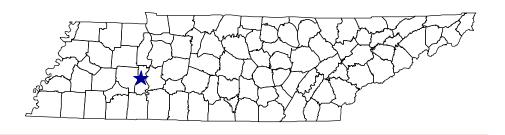
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</td>
 ----- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

Cumberland River Hospital - Page 2 of 2

### Decatur County General Hospital, Parsons, Decatur County

Medical School Affiliation: None Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Decatur County General Hospital:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

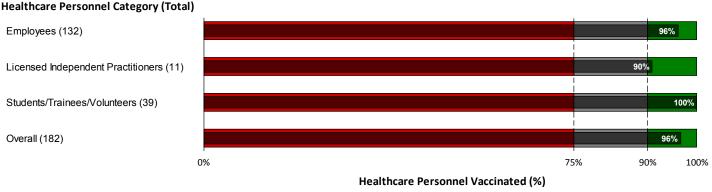
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.1	3073	N/A	N/A	1.13
	C. difficile infection	3	2.0	3073	1.49	(0.38, 4.04)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Decatur County General Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Decatur County General Hospital - Page 1 of 2

### **Decatur County General Hospital, Parsons, Decatur County**

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

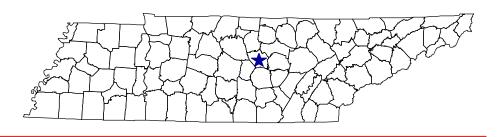
LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia				LabID	- C. di	ifficile I	nfectio	n (CDI)						
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR		SIR &	95% CI		
2013	0	0.1	3073	N/A	2013	3	2.0	3073	1.5		<b>\$</b>	_	-	
N/A: N	umber o	of predic	ted infect	ions <1; no SIR calculated					(	) 1	2	3	4	5
											S	SIR		

Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

# DeKalb Community Hospital, Smithville, DeKalb County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for DeKalb Community Hospital:

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

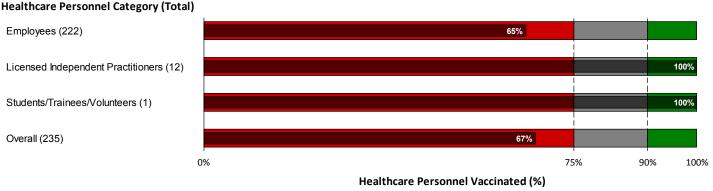
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.3	184	N/A	N/A	1.37
SSI	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.2	3626	N/A	N/A	1.13
	C. difficile infection	0	1.5	3626	0.00	(0.00, 1.90)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### DeKalb Community Hospital - Page 1 of 2

### DeKalb Community Hospital, Smithville, DeKalb County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

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

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

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

#### **CAUTI - Adult/Pediatric ICUs**

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.3	184	N/A
2012	1	0	0.3	196	N/A

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

#### Surgical Site Infections (SSI)

SSI - Colon Surgery	SSI - Abdominal Hysterectomy							
	YR	OBS	PRED	PROC	SIR			
No eligible procedures were performed during this reporting period	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	YR	OBS	PRED	PATD	SIR			SIR &	95% CI		
2013	0	0.2	3626	N/A	2013	0	1.5	3626	0.0						
N/A: N	umber o	of predic	ted infect	ions <1; no SIR calculated						0	1	2	3	4	5
												S	IR		

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

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

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; ----- 2013 TN SIR N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ---- NHSN SIR=1

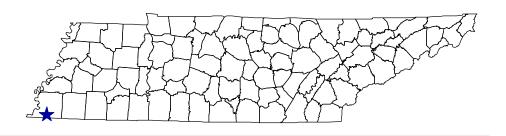
Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

DeKalb Community Hospital - Page 2 of 2

LabID - C. difficile Infection (CDI)

# Delta Medical Center, Memphis, Shelby County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Delta Medical Center:

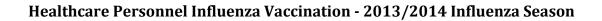
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

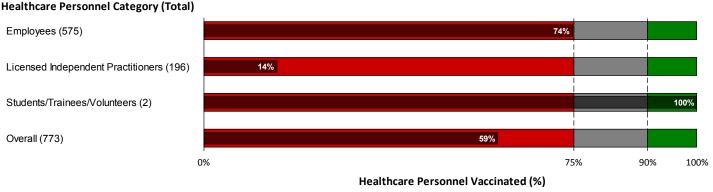
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.6	446	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.6	479	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	1.4	38876	0.00	(0.00, 2.04)	1.13
	C. difficile infection	4	18.8	38876	0.21	(0.07,0.51)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Delta Medical Center - Page 1 of 2

### **Delta Medical Center, Memphis, Shelby County**

### **Central Line-Associated Bloodstream Infections (CLABSI)**

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

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.6	446	N/A
2012	1	0	0.5	385	N/A
2011	1	1	1.0	686	1.0

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.6	479	N/A
2012	1	1	0.6	515	N/A

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

### Surgical Site Infections (SSI)

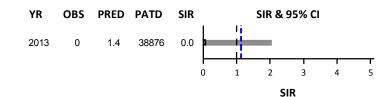
Colon S	urgery			SSI - A	Abdom	inal Hyst
OBS	PRED	PROC	SIR	YR	OBS	PRED
١	N/A	N/A	N/A	2013	N/A	N/A
N/A		N/A	N/A	2012	0	0.1

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



Data reported as of September 4, 2014

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

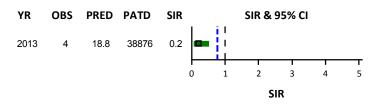
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 Not significantly

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

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

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

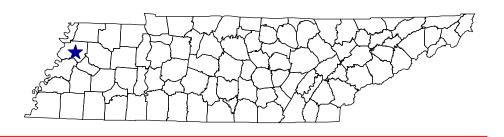
LabID - *C. difficile* Infection (CDI)



Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 NHSN SIR=1

# Dyersburg Regional Medical Center, Dyersburg, Dyer County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Dyersburg Regional Medical Center:

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

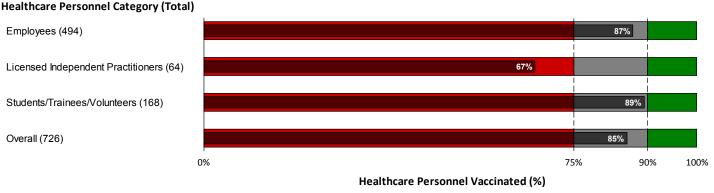
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	0.8	470	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	2.2	1123	0.00	(0.00, 1.32)	1.37
SSI	Colon surgery	0	1.0	37	0.00	( 0.00, 2.87 )	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.9	11775	N/A	N/A	1.13
	C. difficile infection	1	5.7	11053	0.17	( 0.01, 0.85 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Dyersburg Regional Medical Center

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Dyersburg Regional Medical Center - Page 1 of 2

## Dyersburg Regional Medical Center, Dyersburg, Dyer County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

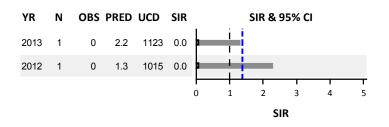
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	2	0.8	470	N/A
2012	1	0	0.6	418	N/A
2011	1	0	0.9	632	N/A

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

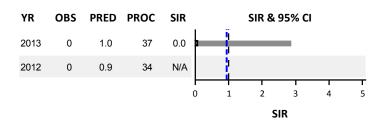
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

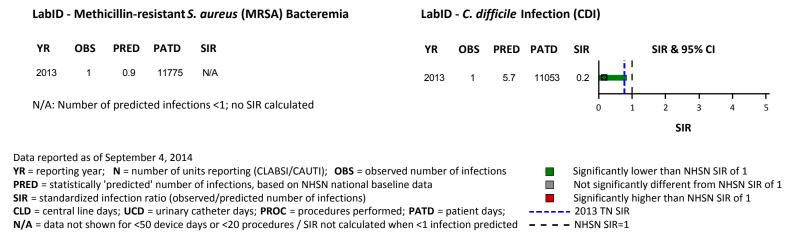


SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

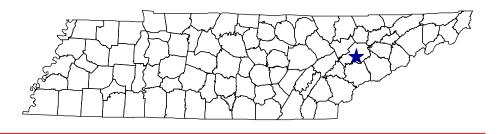
N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events



## East Tennessee Children's Hospital, Knoxville, Knox County

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



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for East Tennessee Children's Hospital:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

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

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

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	3.4	1174	0.00	( 0.00, 0.87 )	0.48
	Neonatal ICU	2	5.0	2594	0.40	(0.07, 1.31)	0.51
CAUTI	Adult/Pediatric ICU	1	1.3	474	0.76	(0.04, 3.74)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	1	2.1	56853	0.47	( 0.02, 2.29 )	1.13
	C. difficile infection	9	25.2	40164	0.36	( 0.17, 0.65 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at East Tennessee Children's Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



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

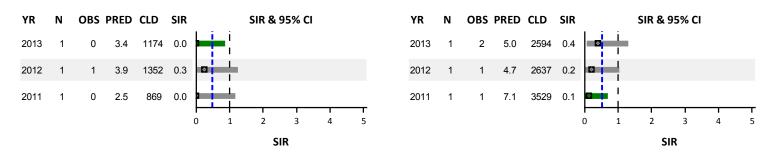
#### East Tennessee Children's Hospital - Page 1 of 2

### East Tennessee Children's Hospital, Knoxville, Knox County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

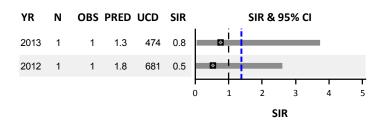
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

**CLABSI - Neonatal ICUs** 



#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



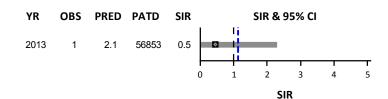
### Surgical Site Infections (SSI)

SSI - Co	olon Su	urgery		
YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	0	0.9	26	N/A

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

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

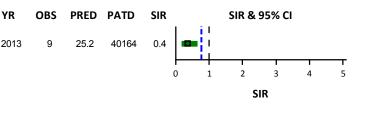
#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

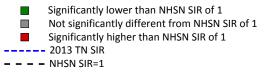


Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)

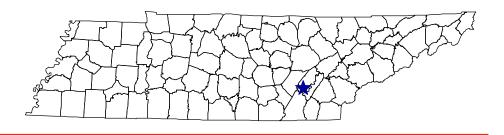




East Tennessee Children's Hospital - Page 2 of 2

# Erlanger East, Chattanooga, Hamilton County

Medical School Affiliation: Major teaching Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Erlanger East:

- **Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI):** *No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period* 

- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

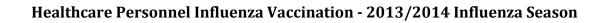
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

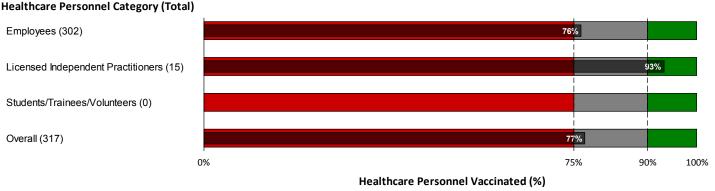
		Infec	tions		Standardized Infe	ection Ratio (SIR)	
				Device Days/Procedures			
HAI	Type/Unit	Observed	Predicted	Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Abdominal hysterectomy	0	1.5	192	0.00	(0.00, 1.99)	0.89
LabID	MRSA bacteremia	0	0.3	6097	N/A	N/A	1.13
	C. difficile infection	0	4.0	6097	0.00	( 0.00, 0.75 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission /Readmission SIRs are presented for surgical site infections (SSI)

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

#### See page 2 for more detailed information about HAIs at Erlanger East





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Erlanger East - Page 1 of 2

### Erlanger East, Chattanooga, Hamilton County

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

### Surgical Site Infections (SSI)



#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - C. difficile Infection (CDI)

				,			,,			,					
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR			SIR &	95% CI		
2013	0	0.3	6097	N/A	2013	0	4.0	6097	0.0						
N/A: N	umber c	of predict	ted infect	ions <1; no SIR calculated						0	1	1 2	3	4	5
												S	IR		

 Data reported as of September 4, 2014

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

 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 No

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

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

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

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

# Erlanger Medical Center, Chattanooga, Hamilton County

Medical School Affiliation: Major teaching Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Erlanger Medical Center:

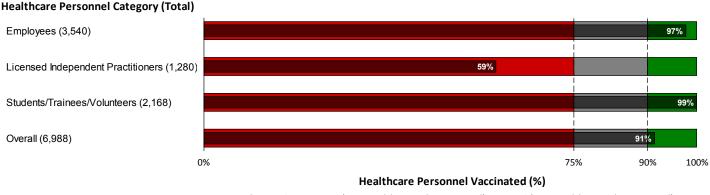
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

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

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	17	20.5	9350	0.83	(0.50, 1.30)	0.48
CAUTI	Adult/Pediatric ICU	95	40.6	14919	2.34	( 1.90, 2.85 )	1.37
SSI	Colon surgery	3	7.4	221	0.40	(0.10, 1.09)	0.93
	Abdominal hysterectomy	2	2.0	240	0.96	(0.16, 3.18)	0.89
LabID	MRSA bacteremia	17	14.6	129497	1.16	(0.70, 1.82)	1.13
	C. difficile infection	101	102.9	113741	0.98	(0.80, 1.19)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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



# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

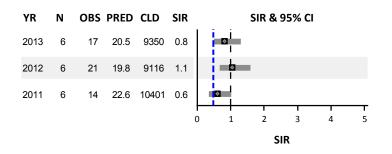
Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

Erlanger Medical Center - Page 1 of 2

## Erlanger Medical Center, Chattanooga, Hamilton County

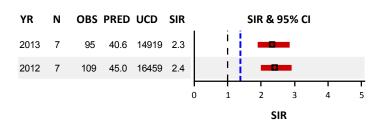
### **Central Line-Associated Bloodstream Infections (CLABSI)**

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



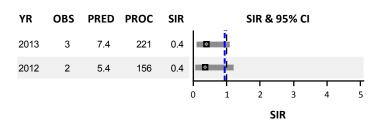
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

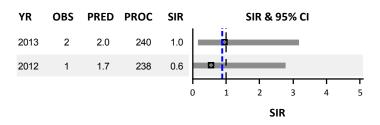


### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



SIR

1.0

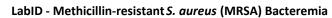
#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

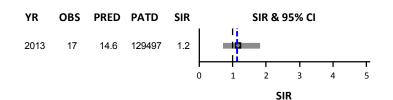
YR

2013

OBS

101





Data reported as of September 4, 2014

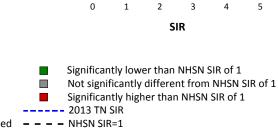
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - C. difficile Infection (CDI)

102.9

PRED PATD

113741



I

B.

SIR & 95% CI

# Erlanger North, Chattanooga, Hamilton County

Medical School Affiliation: Major teaching Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Erlanger North:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

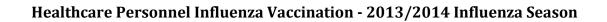
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

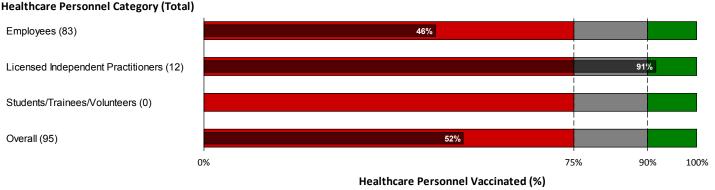
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.1	3744	N/A	N/A	1.13
	C. difficile infection	0	2.4	3744	0.00	(0.00, 1.22)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Erlanger North





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Erlanger North - Page 1 of 2

### Erlanger North, Chattanooga, Hamilton County

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID	- Meth	icillin-re	esistant S	5. <i>aureus</i> (MRSA) Bacteremia	LabID	) - C. di	ifficile I	nfectio	n (CDI)					
YR	OBS	PRED	PATD	SIR	YR	OBS		PATD	SIR		SIR & S	95% CI		
2013	0	0.1	3744	N/A	2013	0	2.4	3744	0.0					
N/A: N	umber o	of predict	ted infect	ions <1; no SIR calculated					<b>H</b> 0	I	2	3	4	5
											S	R		

 Data reported as of September 4, 2014

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

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

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

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

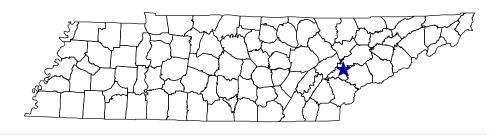
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</td>
 ----- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

**Erlanger North - Page 2 of 2** 240 of 426

# Fort Loudoun Medical Center, Lenoir City, Loudon County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Fort Loudoun Medical Center:

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

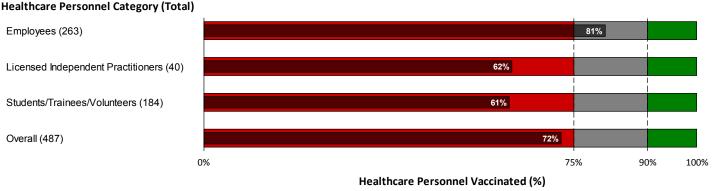
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection 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	155	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.8	444	N/A	N/A	1.37
SSI	Colon surgery	0	0.8	34	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.4	6464	N/A	N/A	1.13
	C. difficile infection	8	5.0	6464	1.59	(0.74, 3.01)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Fort Loudoun Medical Center

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Fort Loudoun Medical Center - Page 1 of 2

### Fort Loudoun Medical Center, Lenoir City, Loudon County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

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

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.2	155	N/A
2012	1	0	0.3	162	N/A
2011	N/A	N/A	N/A	N/A	N/A

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

#### **CAUTI - Adult/Pediatric ICUs**

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.8	444	N/A
2012	1	0	0.8	404	N/A

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

### Surgical Site Infections (SSI)

SSI - C	Colon Su	urgery		
YR	OBS	PRED	PROC	SIR
2013	0	0.8	34	N/A
2012	0	0.7	26	N/A

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

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

LabID - *C. difficile* Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

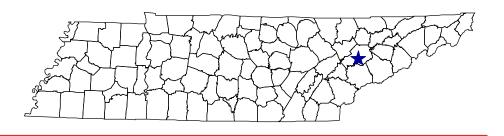
**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; ----- 2013 TN SIR N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ---- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 NHSN SIR=1

### Fort Sanders Regional Medical Center, Knoxville, Knox County

Medical School Affiliation: None Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Fort Sanders Regional Medical Center:

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

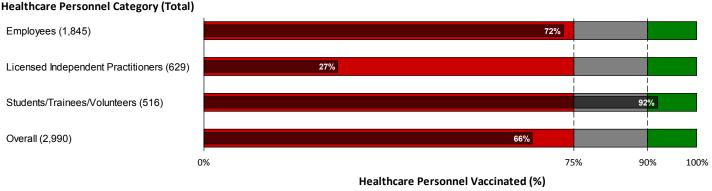
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	7	8.1	4231	0.86	(0.38, 1.71)	0.48
CAUTI	Adult/Pediatric ICU	43	16.2	5889	2.65	( 1.94, 3.54 )	1.37
SSI	Colon surgery	8	8.6	248	0.92	(0.43, 1.75)	0.93
	Abdominal hysterectomy	0	1.2	182	0.00	( 0.00, 2.36 )	0.89
LabID	MRSA bacteremia	7	7.9	95642	0.88	(0.38, 1.74)	1.13
	C. difficile infection	55	67.1	90462	0.82	(0.62, 1.06)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Fort Sanders Regional Medical Center

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



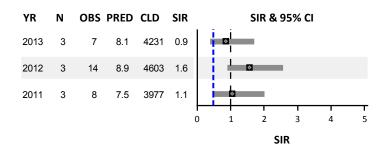
Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

#### Fort Sanders Regional Medical Center - Page 1 of 2

### Fort Sanders Regional Medical Center, Knoxville, Knox County

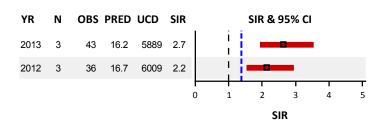
**Central Line-Associated Bloodstream Infections (CLABSI)** 

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



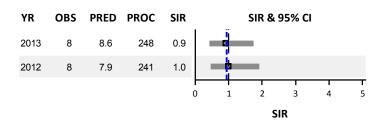
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

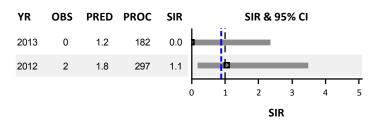


### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



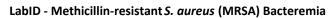
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

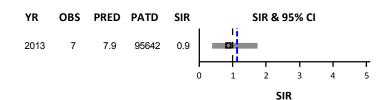
YR

2013

OBS

55





Data reported as of September 4, 2014 **YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections **PRED** = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

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

LabID - *C. difficile* Infection (CDI)

PRED

67.1

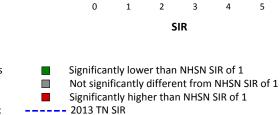
PATD

90462

SIR

0.8

- - - - NHSN SIR=1



i I

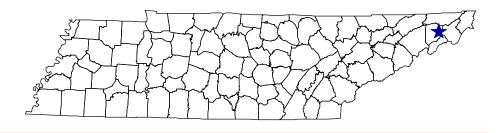
**a**t

SIR & 95% CI

#### Fort Sanders Regional Medical Center - Page 2 of 2

## Franklin Woods Community Hospital, Johnson City, Washington County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Franklin Woods Community Hospital:

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

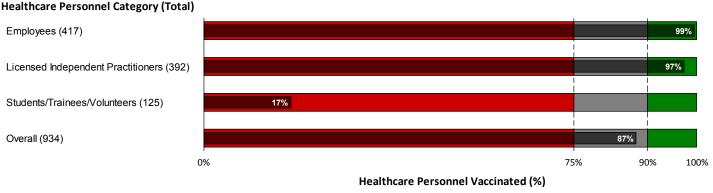
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.6	363	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	1.5	756	0.66	( 0.03, 3.23 )	1.37
SSI	Colon surgery	0	1.5	56	0.00	(0.00, 1.99)	0.93
	Abdominal hysterectomy	0	0.3	46	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.7	17595	N/A	N/A	1.13
	C. difficile infection	6	10.3	15225	0.58	(0.24, 1.21)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Franklin Woods Community Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



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

#### Franklin Woods Community Hospital - Page 1 of 2

# Franklin Woods Community Hospital, Johnson City, Washington County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

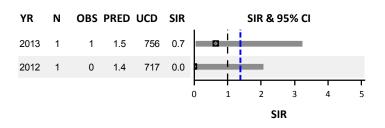
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	1	0.6	363	N/A
2012	1	0	0.9	498	N/A
2011	1	1	0.7	415	N/A

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

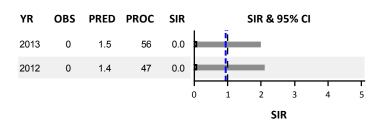
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

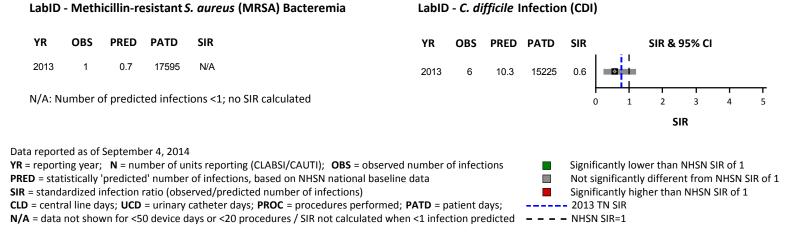


SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.3	46	N/A
2012	N/A	N/A	N/A	N/A

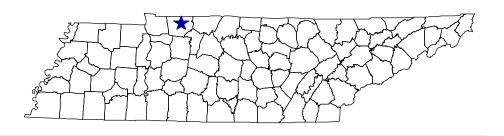
N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events



# Gateway Medical Center, Clarksville, Montgomery County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Gateway Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs

- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

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

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	2.9	1988	1.03	( 0.26, 2.80 )	0.48
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	7	3.4	2809	2.01	( 0.88, 3.97 )	1.37
SSI	Colon surgery	0	2.1	71	0.00	(0.00, 1.38)	0.93
	Abdominal hysterectomy	1	0.9	137	N/A	N/A	0.89
LabID	MRSA bacteremia	4	2.2	41923	1.81	(0.57, 4.36)	1.13
	C. difficile infection	11	21.1	34705	0.52	( 0.27, 0.90 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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



# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

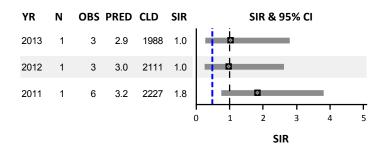
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 📕 >90% (HHS Healthy People 2020 Goal)

Gateway Medical Center - Page 1 of 2

### Gateway Medical Center, Clarksville, Montgomery County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

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

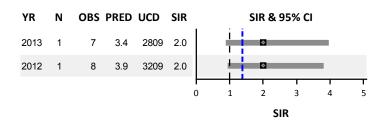


YR	Ν	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.0	52	N/A
2011	1	N/A	N/A	N/A	N/A

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

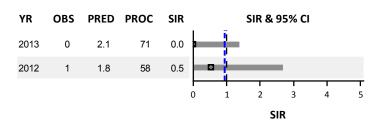
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



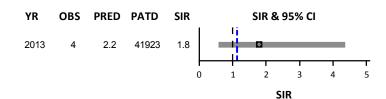
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	1	0.9	137	N/A
2012	1	1.0	157	1.0

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

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

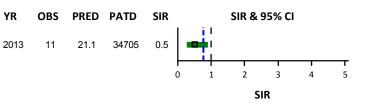




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)

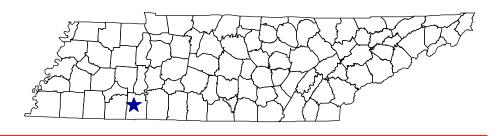


Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

CLABSI - Neonatal ICUs

# Hardin Medical Center, Savannah, Hardin County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Hardin Medical Center:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible

intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period

- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

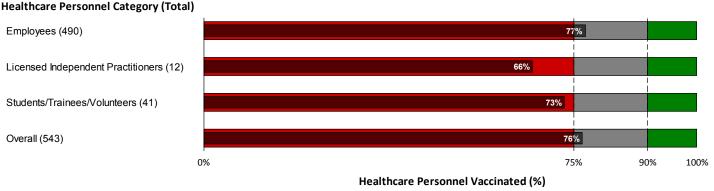
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.4	5598	N/A	N/A	1.13
	C. difficile infection	0	2.9	5598	0.00	(0.00, 1.03)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Hardin Medical Center - Page 1 of 2

### Hardin Medical Center, Savannah, Hardin County

#### Surgical Site Infections (SSI)

SSI - C	olon Sı	urgery		
YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

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

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

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

#### LabID - C. difficile Infection (CDI) LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia YR OBS PRED PATD SIR YR OBS PRED PATD SIR SIR & 95% CI 2013 0 0.4 5598 N/A 2013 0 2.9 5598 0.0 N/A: Number of predicted infections <1; no SIR calculated 3 2 SIR

 Data reported as of September 4, 2014

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

 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 Not significantly

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

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

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

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

Hardin Medical Center - Page 2 of 2

## Harton Regional Medical Center, Tullahoma, Coffee County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Harton Regional Medical Center:

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

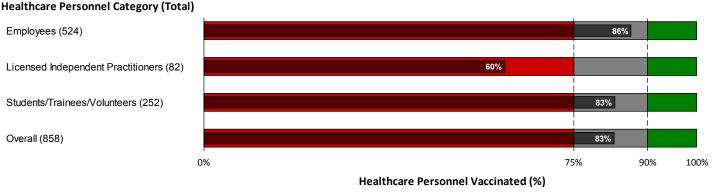
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		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	1.1	775	0.00	( 0.00, 2.58 )	0.48
CAUTI	Adult/Pediatric ICU	0	1.6	1281	0.00	(0.00, 1.81)	1.37
SSI	Colon surgery	0	0.6	25	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.4	48	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.2	19365	0.81	( 0.04, 3.98 )	1.13
	C. difficile infection	17	17.0	19365	1.00	( 0.60, 1.57 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Harton Regional Medical Center

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



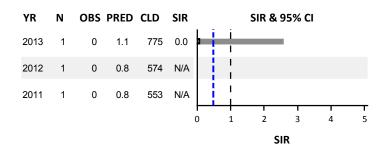
Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

Harton Regional Medical Center - Page 1 of 2

### Harton Regional Medical Center, Tullahoma, Coffee County

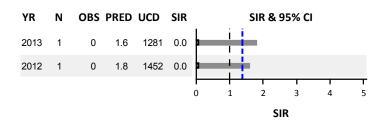
### **Central Line-Associated Bloodstream Infections (CLABSI)**

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



#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery YR OBS PRED PROC SIR 2013 0 0.6 25 N/A 2012 1.0 42 1.0 1

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

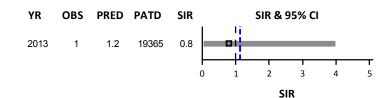
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.4	48	N/A
2012	0	0.5	64	N/A

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

Healthcare Facility-Onset Laboratory Identified (LabID) Events

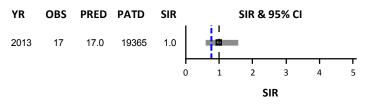
#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

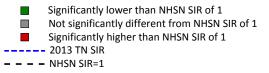


Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

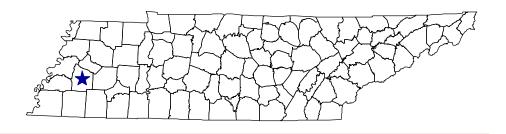
LabID - C. difficile Infection (CDI)





# Haywood Park Community Hospital, Brownsville, Haywood County

Medical School Affiliation: None Bed Size Category: <50 beds



# Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for Haywood Park Community Hospital:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

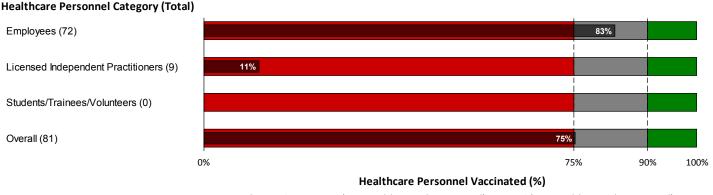
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	902	N/A	N/A	1.13
	C. difficile infection	0	0.6	1079	N/A	N/A	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Haywood Park Community Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



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

#### Haywood Park Community Hospital - Page 1 of 2

# Haywood Park Community Hospital, Brownsville, Haywood County

# Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia				LabID	- C. difj	ficile Inf	ection (	CDI)	
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR
2013	0	0.0	902	N/A	2013	0	0.6	1079	N/A

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

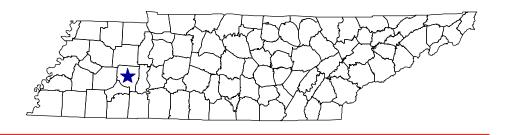
N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data SIR = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 NHSN SIR=1

# Henderson County Community Hospital, Lexington, Henderson County

Medical School Affiliation: None Bed Size Category: <50 beds



# Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for Henderson County Community Hospital:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible

intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period

- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

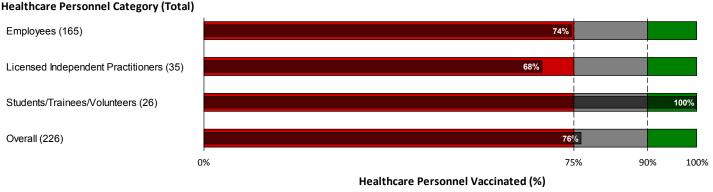
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.1	1219	N/A	N/A	1.13
	C. difficile infection	4	0.7	1519	N/A	N/A	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Henderson County Community Hospital - Page 1 of 2

# Henderson County Community Hospital, Lexington, Henderson County

### Surgical Site Infections (SSI)

SSI - C	SSI - Colon Surgery			
YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

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

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

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID	LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia					LabID - <i>C. difficile</i> Infection (CDI)					
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR		
2013	0	0.1	1219	N/A	2013	4	0.7	1519	N/A		

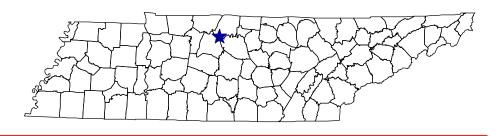
N/A: Number of predicted infections <1; no SIR calculated

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

Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data SIR = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ----- NHSN SIR=1

# Hendersonville Medical Center, Hendersonville, Sumner County

Medical School Affiliation: None Bed Size Category: 50-99 beds



# Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Hendersonville Medical Center:

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

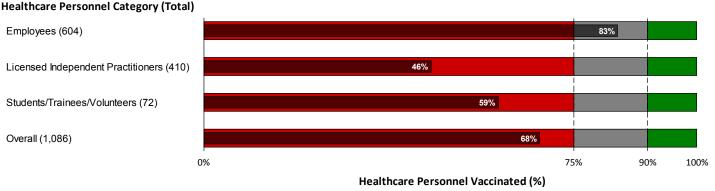
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	Standardized Infection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	2.0	1405	0.97	(0.16, 3.20)	0.48
CAUTI	Adult/Pediatric ICU	6	2.0	1612	3.00	( 1.21, 6.23 )	1.37
SSI	Colon surgery	3	1.6	69	1.78	(0.45, 4.84)	0.93
	Abdominal hysterectomy	0	0.4	59	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.9	20354	N/A	N/A	1.13
	C. difficile infection	17	12.7	20354	1.33	(0.80, 2.09)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



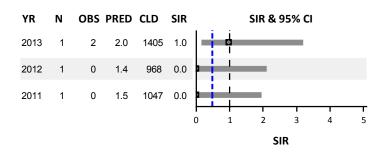
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 📕 >90% (HHS Healthy People 2020 Goal)

Hendersonville Medical Center - Page 1 of 2

# Hendersonville Medical Center, Hendersonville, Sumner County

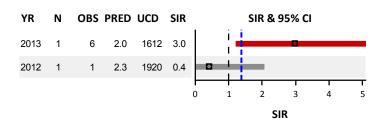
**Central Line-Associated Bloodstream Infections (CLABSI)** 

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



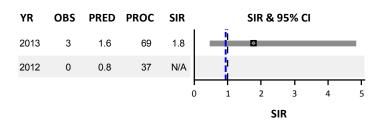
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



# Surgical Site Infections (SSI)

#### SSI - Colon Surgery

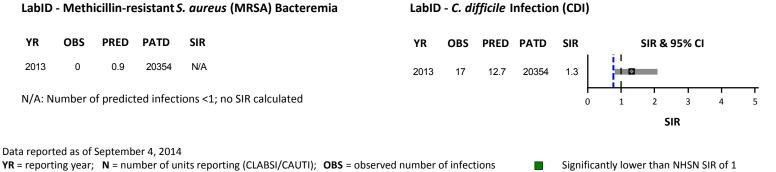


SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.4	59	N/A
2012	0	0.2	44	N/A

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

### Healthcare Facility-Onset Laboratory Identified (LabID) Events



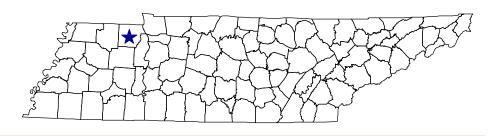
PRED = statistically 'predicted' number of infections, based on NHSN national baseline data SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

# Henry County Medical Center, Paris, Henry County

Medical School Affiliation: None Bed Size Category: 100-399 beds



# Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Henry County Medical Center:

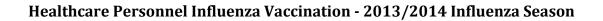
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

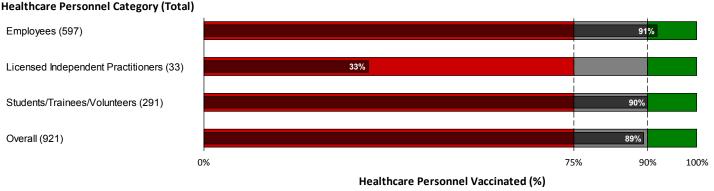
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.3	211	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	2	1.1	868	1.79	(0.30, 5.91)	1.37
SSI	Colon surgery	0	0.4	20	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.2	27	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.9	14736	N/A	N/A	1.13
	C. difficile infection	4	8.3	14103	0.48	(0.15, 1.15)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Henry County Medical Center





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

Henry County Medical Center - Page 1 of 2

# Henry County Medical Center, Paris, Henry County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

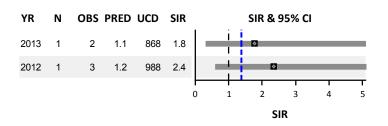
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	1	0.3	211	N/A
2012	1	1	0.4	300	N/A
2011	1	0	0.2	183	N/A

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

- Colon Surgery R OBS PRED PROC SIR 13 0 0.4 20 N/A				
	OBS	PRED	PROC	SIR
	0	0.4	20	N/A
	0	0.6	29	N/A

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

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

SIR

0.5

0

1

LabID - C. difficile Infection (CDI)

8.3

PRED PATD

14103

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

4

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

YR	OBS	PRED	PATD	SIR	
2013	0	0.9	14736	N/A	

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

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

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

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; ----- 2013 TN SIR N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ---- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

2

SIR & 95% CI

3 SIR

# Heritage Medical Center, Shelbyville, Bedford County

Medical School Affiliation: None Bed Size Category: 50-99 beds



# Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Heritage Medical Center:

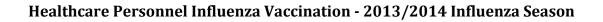
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

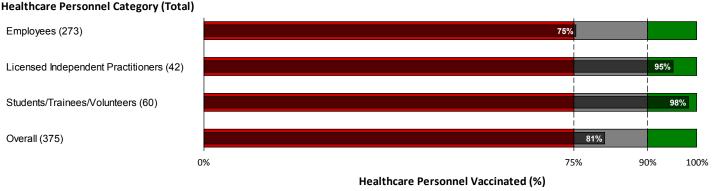
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		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	0.9	656	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	1.5	1203	0.00	(0.00, 1.93)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	4	0.5	5844	N/A	N/A	1.13
	C. difficile infection	4	2.7	5844	1.47	(0.47, 3.53)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Heritage Medical Center - Page 1 of 2

# Heritage Medical Center, Shelbyville, Bedford County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

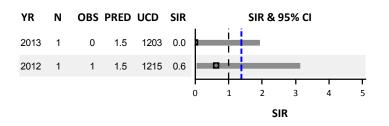
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.9	656	N/A
2012	1	1	0.8	576	N/A
2011	1	0	0.8	548	N/A

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

Co	olon Su	ırgery		
OBS PR	PR	ED	PROC	SIR
N/A		N/A	N/A	N/A
N/A		N/A	N/A	N/A

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

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

SIR

1.5

0

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

4

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

YR	OBS	PRED	PATD	SIR	
2013	4	0.5	5844	N/A	

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

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

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

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; ----- 2013 TN SIR N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ---- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

SIR & 95% CI

3 SIR

LabID - *C. difficile* Infection (CDI)

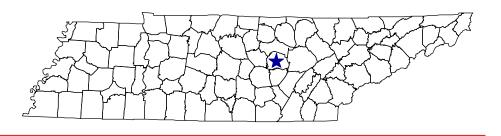
PRED PATD

5844

2.7

# Highlands Medical Center, Sparta, White County

Medical School Affiliation: None Bed Size Category: <50 beds



# Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Highlands Medical Center:

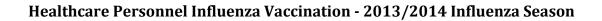
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

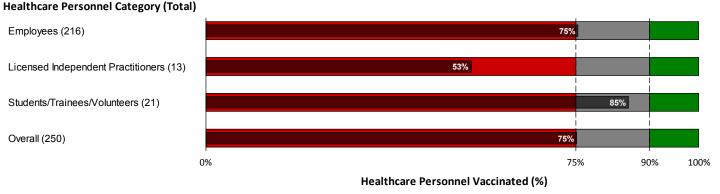
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	Standardized Infection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	75	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	0.4	320	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.3	45	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.6	6404	N/A	N/A	1.13
	C. difficile infection	1	2.7	6404	0.36	(0.02, 1.77)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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





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

Highlands Medical Center - Page 1 of 2

# **Highlands Medical Center, Sparta, White County**

### **Central Line-Associated Bloodstream Infections (CLABSI)**

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

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.1	75	N/A
2012	1	0	0.1	76	N/A
2011	N/A	N/A	N/A	N/A	N/A

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

YR	Ν	OBS	PRED	UCD	SIR
2013	1	1	0.4	320	N/A
2012	1	0	0.3	303	N/A

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

### Surgical Site Infections (SSI)

2	olon Su	irgery			SSI - A	bdomi	nal Hys	ter
	OBS	PRED	PROC	SIR	YR	OBS	PRED	I
	N/A	N/A	N/A	N/A	2013	0	0.3	
2	N/A	N/A	N/A	N/A	2012	2	0.5	

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

YR	OBS	PRED	PROC	SIR
2013	0	0.3	45	N/A
2012	2	0.5	77	N/A

LabID - C. difficile Infection (CDI)

2.7

PRED PATD

6404

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

SIR

0.4

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

1

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

YR	OBS	PRED	PATD	SIR
2013	0	0.6	6404	N/A

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

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

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

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

3 SIR

# Hillside Hospital, Pulaski, Giles County

Medical School Affiliation: None Bed Size Category: 50-99 beds



# Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Hillside Hospital:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)

- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs

- **Surgical site infections (SSI):** This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

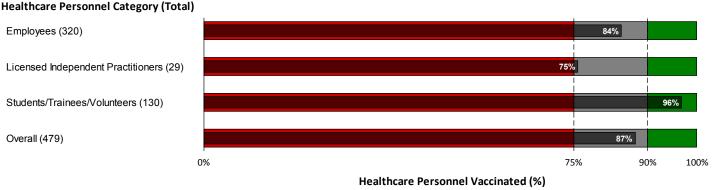
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		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	272	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.9	446	N/A	N/A	1.37
LabID	MRSA bacteremia	0	0.2	4716	N/A	N/A	1.13
	C. difficile infection	1	2.2	3208	0.45	( 0.02, 2.22 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Hillside Hospital





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Hillside Hospital - Page 1 of 2

# Hillside Hospital, Pulaski, Giles County

### Central Line-Associated Bloodstream Infections (CLABSI)

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

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.5	272	N/A
2012	1	0	0.3	175	N/A
2011	1	0	0.3	168	N/A

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

### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.9	446	N/A
2012	1	0	0.8	398	N/A

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

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

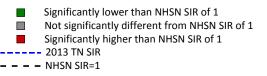
LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia					LabID - <i>C. difficile</i> Infection (CDI)									
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR		SIR &	95% CI		
2013	0	0.2	4716	N/A	2013	1	2.2	3208	0.5					
N/A: Number of predicted infections <1; no SIR calculated									0 1	1 2	3	4	5	
											s	IR		

Data reported as of September 4, 2014

**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections **PRED** = statistically 'predicted' number of infections, based on NHSN national baseline data

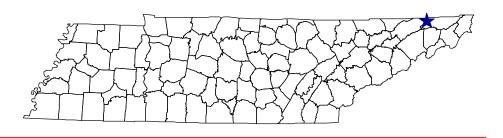
SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; ----- 2013 TN SIR N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ---- NHSN SIR=1



# Holston Valley Medical Center, Kingsport, Sullivan County

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



# Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for Holston Valley Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

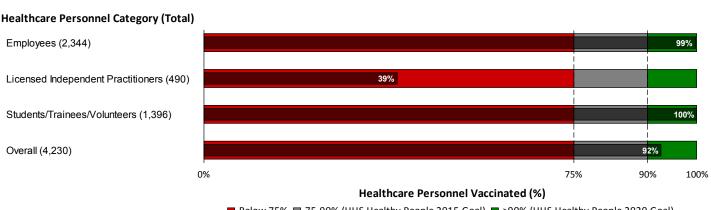
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

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

			tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	7	11.9	5290	0.59	(0.26, 1.16)	0.48
	Neonatal ICU	0	2.2	1401	0.00	(0.00, 1.33)	0.51
CAUTI	Adult/Pediatric ICU	36	19.3	8063	1.86	( 1.33, 2.55 )	1.37
SSI	Colon surgery	4	4.4	150	0.90	( 0.29, 2.17 )	0.93
	Abdominal hysterectomy	1	2.2	319	0.44	(0.02, 2.18)	0.89
LabID	MRSA bacteremia	2	6.0	86710	0.33	(0.06, 1.09)	1.13
	C. difficile infection	22	56.1	82894	0.39	( 0.25, 0.58 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at Holston Valley Medical Center



# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

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

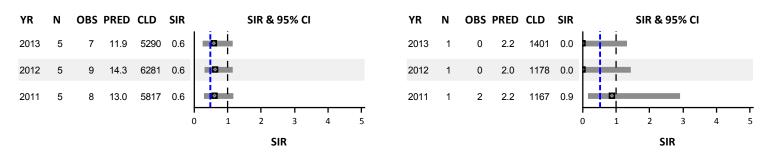
Holston Valley Medical Center - Page 1 of 2

# Holston Valley Medical Center, Kingsport, Sullivan County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

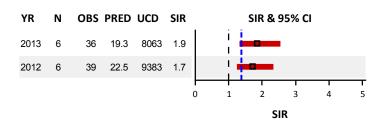
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

**CLABSI - Neonatal ICUs** 



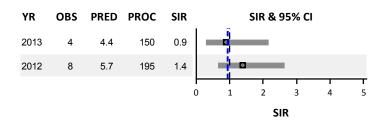
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

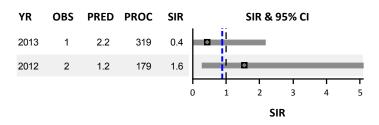


# Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy

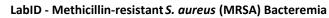


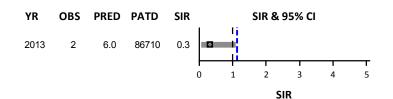
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS





Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

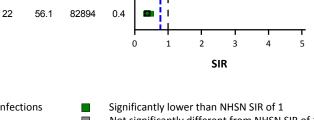
LabID - *C. difficile* Infection (CDI)

PRED

PATD

SIR

- - - - NHSN SIR=1

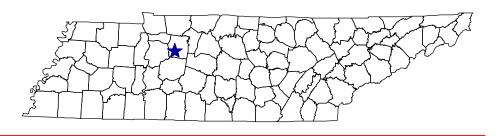


Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

# Horizon Medical Center, Dickson, Dickson County

Medical School Affiliation: None Bed Size Category: 50-99 beds



# Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Horizon Medical Center:

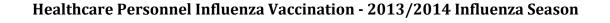
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

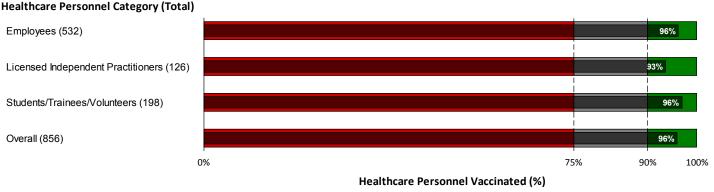
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe		
ΗΑΙ	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	0.9	649	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	1.5	1216	0.00	(0.00, 1.91)	1.37
SSI	Colon surgery	0	0.9	35	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.4	19509	0.69	(0.04, 3.42)	1.13
	C. difficile infection	22	13.3	18715	1.64	( 1.06, 2.45 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Horizon Medical Center - Page 1 of 2

# Horizon Medical Center, Dickson, Dickson County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

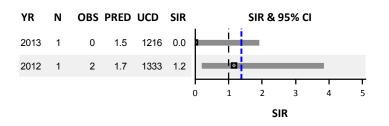
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	2	0.9	649	N/A
2012	1	0	0.8	573	N/A
2011	1	1	1.1	773	0.9

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

SI - Colon Surgery					
I	PRED	PROC	SIR		
0.9		35	N/A		
1.0		35	2.0		

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

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

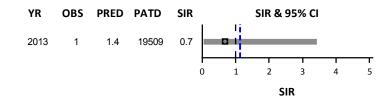
Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

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



Data reported as of September 4, 2014

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

 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 Not significantly

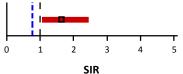
 SIR = standardized infection ratio (observed/predicted number of infections)
 Significantly

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

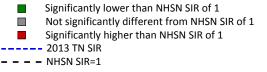
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</td>
 ----- NHSN SIR=1

22 13.3 18715 1.6

SIR



SIR & 95% CI



Horizon Medical Center - Page 2 of 2

LabID - C. difficile Infection (CDI)

PRED PATD

# Indian Path Medical Center, Kingsport, Sullivan County

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



# Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Indian Path Medical Center:

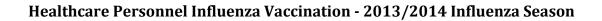
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

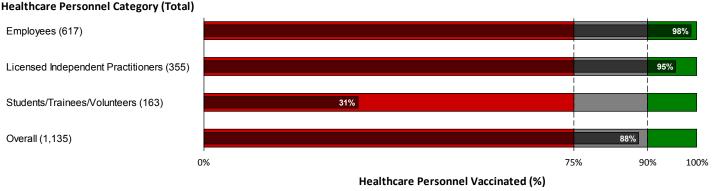
# Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	1.9	1313	0.00	(0.00, 1.53)	0.48
CAUTI	Adult/Pediatric ICU	0	2.4	1881	0.00	(0.00, 1.24)	1.37
SSI	Colon surgery	0	1.8	65	0.00	(0.00, 1.59)	0.93
	Abdominal hysterectomy	0	0.3	47	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.3	30888	0.76	(0.04, 3.76)	1.13
	C. difficile infection	21	22.4	29145	0.94	(0.59, 1.40)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Indian Path Medical Center





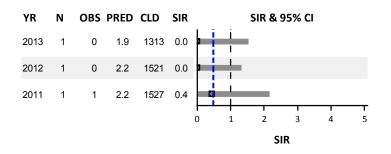
Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

Indian Path Medical Center - Page 1 of 2

# Indian Path Medical Center, Kingsport, Sullivan County

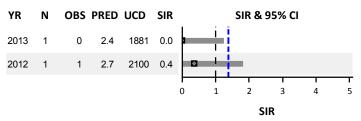
### **Central Line-Associated Bloodstream Infections (CLABSI)**

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



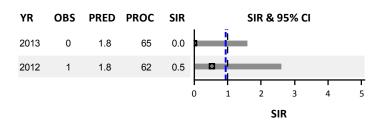
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



# Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.3	47	N/A
2012	0	0.8	102	N/A

LabID - C. difficile Infection (CDI)

PRED

22.4

PATD

29145

SIR

0.9

0

1

0

1

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

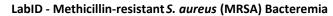
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

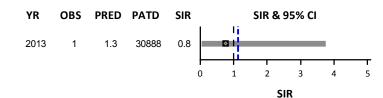
YR

2013

OBS

21





Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

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

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

2

SIR & 95% CI

SIR

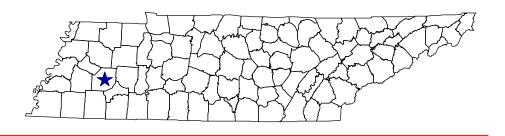
3

Δ

5

# Jackson Madison County General Hosp., Jackson, Madison County

Medical School Affiliation: None Bed Size Category: 400+ beds



# Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for Jackson Madison County General Hosp.:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs

- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

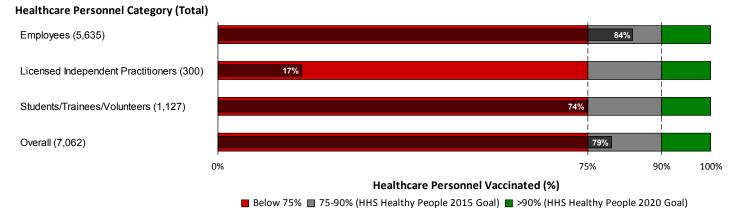
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	22.6	11256	0.22	( 0.08, 0.49 )	0.48
	Neonatal ICU	2	2.3	792	0.84	(0.14, 2.79)	0.51
CAUTI	Adult/Pediatric ICU	48	34.4	14533	1.40	( 1.04, 1.83 )	1.37
SSI	Colon surgery	17	11.0	319	1.54	(0.93, 2.41)	0.93
	Abdominal hysterectomy	4	2.1	338	1.82	( 0.58, 4.40 )	0.89
LabID	MRSA bacteremia	14	14.5	162443	0.96	(0.55, 1.57)	1.13
	C. difficile infection	102	119.6	150605	0.85	(0.70, 1.03)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Jackson Madison County General Hosp.

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



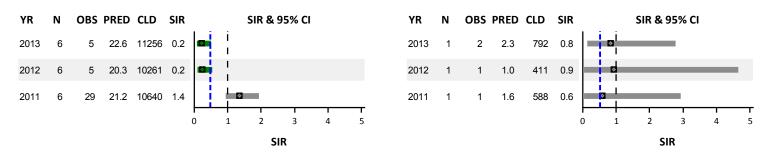
#### Jackson Madison County General Hosp. - Page 1 of 2

# Jackson Madison County General Hosp., Jackson, Madison County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

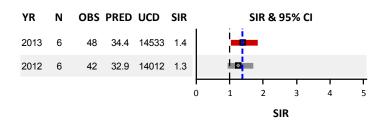
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

#### **CLABSI - Neonatal ICUs**



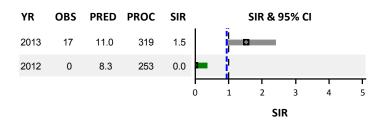
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

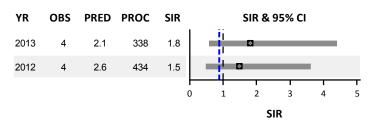


### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



SIR

0.9

- - - - NHSN SIR=1

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

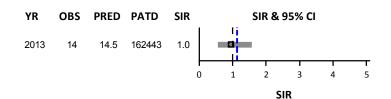
YR

2013

OBS

102





Data reported as of September 4, 2014

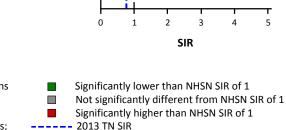
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)

119.6

PRED PATD

150605



iI

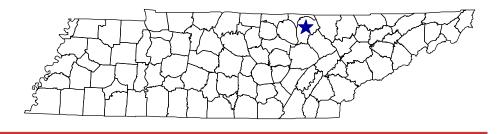
**o** i

SIR & 95% CI

#### Jackson Madison County General Hosp. - Page 2 of 2

# Jamestown Regional Medical Center, Jamestown, Fentress County

Medical School Affiliation: Graduate teaching Bed Size Category: 50-99 beds



# Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for Jamestown Regional Medical Center:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible

intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period

- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

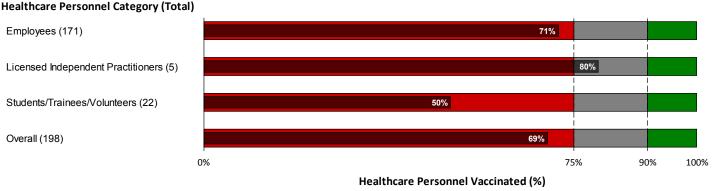
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe		
				Device Days/Procedures			
HAI	Type/Unit	Observed	Predicted	Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.4	8231	N/A	N/A	1.13
	C. difficile infection	0	4.5	8231	0.00	( 0.00, 0.66 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Jamestown Regional Medical Center

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



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

#### Jamestown Regional Medical Center - Page 1 of 2

# Jamestown Regional Medical Center, Jamestown, Fentress County

### Surgical Site Infections (SSI)

SSI - C	SSI - Colon Surgery				
YR	OBS	PRED	PROC	SIR	
2013	N/A	N/A	N/A	N/A	
2013	N/A	N/A	N/A	N/A	

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

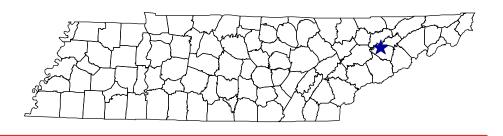
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

#### LabID - C. difficile Infection (CDI) LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia YR OBS PRED PATD SIR YR OBS PRED PATD SIR SIR & 95% CI 2013 0 0.4 8231 N/A 2013 0 4.5 8231 0.0 N/A: Number of predicted infections <1; no SIR calculated 3 2 SIR

Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data SIR = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted The statistical procedure infection in

# Jefferson Memorial Hospital, Jefferson City, Jefferson County

Medical School Affiliation: None Bed Size Category: 50-99 beds



# Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Jefferson Memorial Hospital:

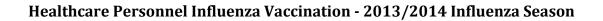
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

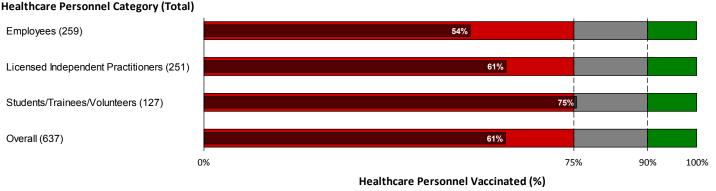
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.8	672	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.2	45	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.4	8216	N/A	N/A	1.13
	C. difficile infection	0	4.9	8216	0.00	( 0.00, 0.60 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Jefferson Memorial Hospital





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Jefferson Memorial Hospital - Page 1 of 2

# Jefferson Memorial Hospital, Jefferson City, Jefferson County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

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

YR	Ν	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.1	89	N/A
2011	1	0	0.1	126	N/A

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

#### **CAUTI - Adult/Pediatric ICUs**

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.8	672	N/A
2012	1	1	0.9	743	N/A

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

#### Surgical Site Infections (SSI)

- Colo	n Sui	rgery		
BS P	Р	RED	PROC	SIR
VA N/A	N/A		N/A	N/A
2 0.5 24	0.5 24	24		N/A

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

. . . . .

YR	OBS	PRED	PROC	SIR
2013	0	0.2	45	N/A
2012	N/A	N/A	N/A	N/A

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

SIR

0.0

Ω

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

0

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

YR	OBS	PRED	PATD	SIR	
2013	0	0.4	8216	N/A	

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

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

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

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

SIR

Jefferson Memorial Hospital - Page 2 of 2

LabID - C. difficile Infection (CDI)

OBS PRED PATD

4.9

8216

# Jellico Community Hospital, Jellico, Campbell County

Medical School Affiliation: None Bed Size Category: <50 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Jellico Community Hospital:

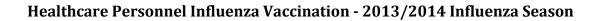
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant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

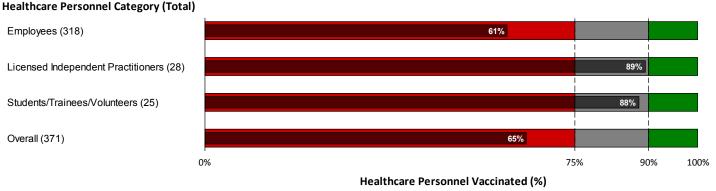
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.2	183	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	0.6	528	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.2	5563	N/A	N/A	1.13
	C. difficile infection	2	3.0	5146	0.66	(0.11, 2.18)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Jellico Community Hospital





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Jellico Community Hospital - Page 1 of 2

# Jellico Community Hospital, Jellico, Campbell County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

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

YR	Ν	OBS	PRED	CLD	SIR
2013	1	1	0.2	183	N/A
2012	1	0	0.2	139	N/A
2011	N/A	N/A	N/A	N/A	N/A

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

YR	Ν	OBS	PRED	UCD	SIR
2013	1	1	0.6	528	N/A
2012	1	1	0.6	496	N/A

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

#### Surgical Site Infections (SSI)

- Colon	Surgery			SSI -	Abdomi	nal Hyst
ОВ	S PRED	PROC	SIR	YR	OBS	PRED
A	N/A	N/A	N/A	2013	N/A	N/A
A	N/A	N/A	N/A	2012	N/A	N/A

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

--- -- - -

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

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

SIR

0.7

Ω

5146

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

2

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

YR	OBS	PRED	PATD	SIR
2013	0	0.2	5563	N/A

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

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

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

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

3 SIR

Jellico Community Hospital - Page 2 of 2

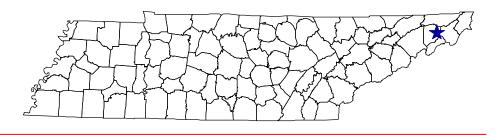
LabID - C. difficile Infection (CDI)

OBS PRED PATD

3.0

# Johnson City Medical Center, Johnson City, Washington County

Medical School Affiliation: Major teaching Bed Size Category: 400+ beds



# Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Johnson City Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs

- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)

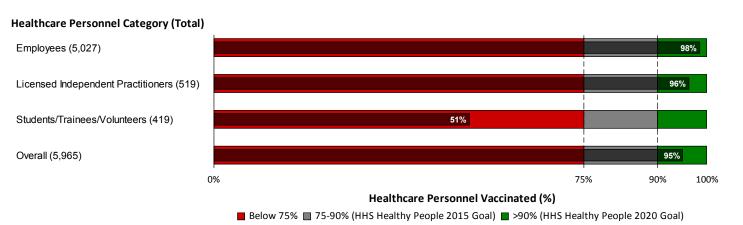
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

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

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	6	11.6	5719	0.52	(0.21, 1.07)	0.48
	Neonatal ICU	2	4.3	1904	0.46	(0.08, 1.52)	0.51
CAUTI	Adult/Pediatric ICU	16	21.0	8498	0.76	( 0.45, 1.21 )	1.37
SSI	Colon surgery	1	2.6	87	0.37	(0.02, 1.83)	0.93
	Abdominal hysterectomy	0	0.2	40	N/A	N/A	0.89
LabID	MRSA bacteremia	11	11.7	128390	0.94	(0.49, 1.63)	1.13
	C. difficile infection	89	108.0	118137	0.82	(0.67, 1.01)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Johnson City Medical Center



# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

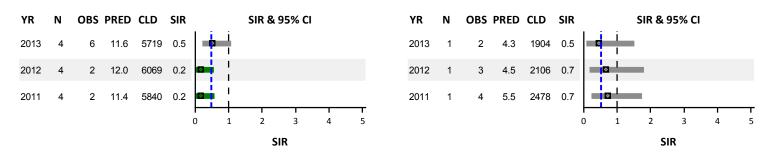
Johnson City Medical Center - Page 1 of 2

# Johnson City Medical Center, Johnson City, Washington County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

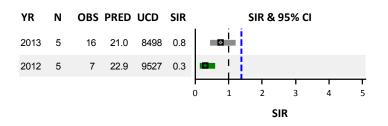
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

**CLABSI - Neonatal ICUs** 



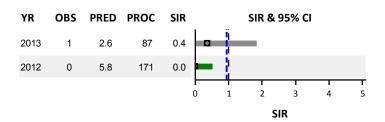
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

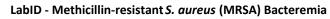


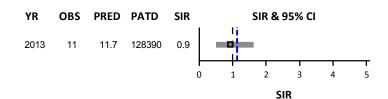
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.2	40	N/A
2012	0	0.6	75	N/A

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

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

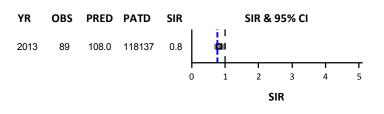


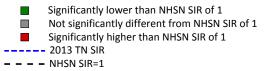


Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

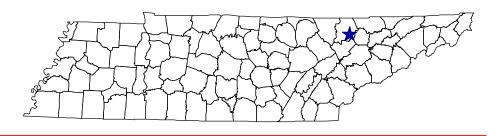
LabID - C. difficile Infection (CDI)





# Lafollette Medical Center, Lafollette, Campbell County

Medical School Affiliation: None Bed Size Category: <50 beds



# Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Lafollette Medical Center:

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

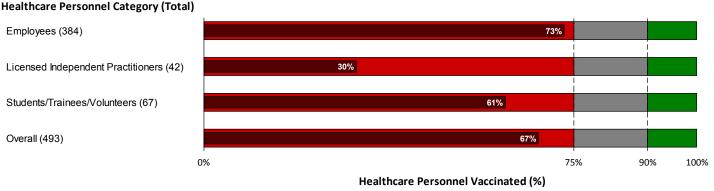
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	110	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	2	1.3	1042	1.49	( 0.25, 4.92 )	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	1	0.7	15152	N/A	N/A	1.13
	C. difficile infection	4	8.5	15152	0.47	(0.15, 1.13)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

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

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Lafollette Medical Center - Page 1 of 2

# Lafollette Medical Center, Lafollette, Campbell County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

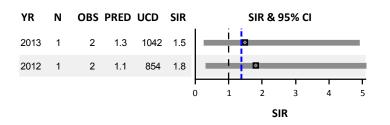
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.1	110	N/A
2012	1	0	0.2	137	N/A
2011	1	0	0.1	83	N/A

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

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

SSI - C	colon Su	irgery		
YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2013	N/A	N/A	N/A	N/A

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

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

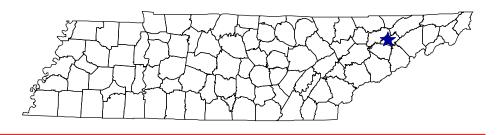
LabID - C. difficile Infection (CDI)

# LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR			SIR &	95% CI		
2013	1	0.7	15152	N/A	2013	4	8.5	15152	0.5						
N/A: N	N/A: Number of predicted infections <1; no SIR calculated 0 1 2 3 4 5								5						
												S	IR		
Data report	ed as of	Septemb	er 4, 2014												
<b>YR</b> = report	ng year;	<b>N</b> = nur	nber of ur	its reporting (CLABSI/CAUTI); <b>OBS</b> = observed	number	of infect	tions		Sign	ificant	ly low	ver than	NHSN S	IR of 1	
	,	•		of infections, based on NHSN national baseline	data					0		,	nt from		IR of 1
			•	erved/predicted number of infections)					0		, 0	her thar	NHSN S	SIR of 1	
			,	catheter days; <b>PROC</b> = procedures performed;											
N/A = data	not shov	vn for <5	0 device d	ays or <20 procedures / SIR not calculated wher	n <1 infe	ction pre	edicted		- NHS	SN 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

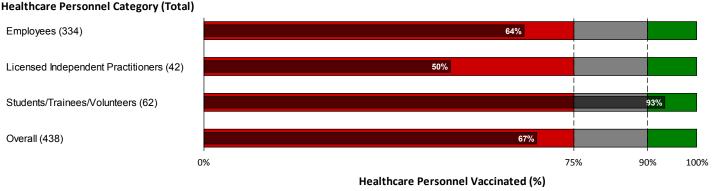
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.2	184	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	1.1	894	0.87	(0.04, 4.28)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.6	10868	N/A	N/A	1.13
	C. difficile infection	6	6.4	10283	0.94	( 0.38, 1.95 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Lakeway Regional Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Lakeway Regional Hospital - Page 1 of 2

# Lakeway Regional Hospital, Morristown, Hamblen County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

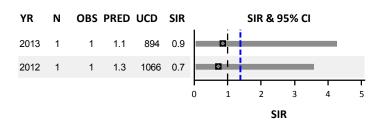
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	1	0.2	184	N/A
2012	1	1	0.3	234	N/A
2011	1	2	0.2	166	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

I - C	olon Su	irgery			SSI - A	bdomi	nal Hyst	
OBS		PRED	PROC	SIR	YR	OBS	PRED	
N/A		N/A	N/A	N/A	2013	N/A	N/A	
N/A		N/A	N/A	N/A	2012	N/A	N/A	

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

SIR

0.9

0

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

6

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR	
2013	0	0.6	10868	N/A	

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

3 SIR

LabID - C. difficile Infection (CDI)

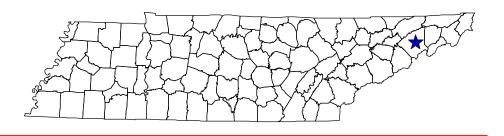
PRED PATD

6.4

10283

# Laughlin Memorial Hospital, Greeneville, Greene County

Medical School Affiliation: None Bed Size Category: 100-399 beds



# Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Laughlin Memorial Hospital:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

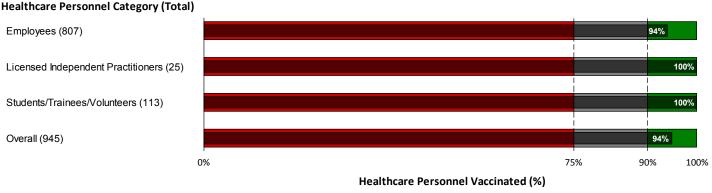
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.3	227	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	1.2	994	0.00	(0.00, 2.34)	1.37
SSI	Colon surgery	0	1.5	55	0.00	(0.00, 1.88)	0.93
LabID	MRSA bacteremia	0	0.8	17465	N/A	N/A	1.13
	C. difficile infection	0	8.2	16946	0.00	( 0.00, 0.37 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Laughlin Memorial Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Laughlin Memorial Hospital - Page 1 of 2

# Laughlin Memorial Hospital, Greeneville, Greene County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

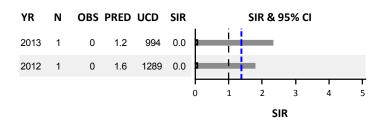
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.3	227	N/A
2012	1	0	0.5	365	N/A
2011	1	0	0.3	266	N/A

N/A: Number of predicted infections <1; no SIR calculated

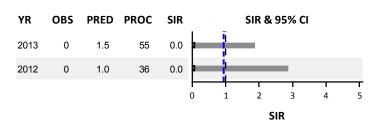
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

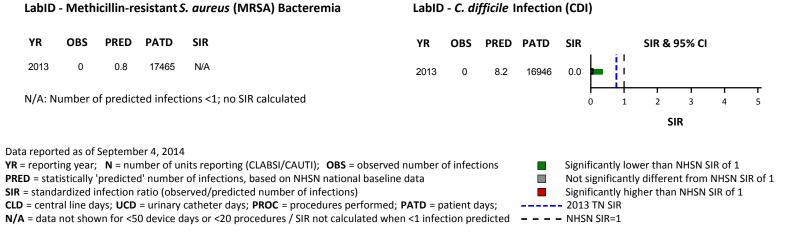
#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy

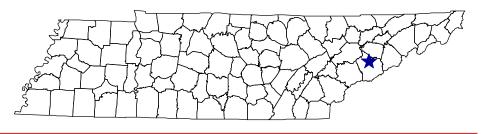
No eligible procedures were performed during this reporting period

# Healthcare Facility-Onset Laboratory Identified (LabID) Events



# LeConte Medical Center, Sevierville, Sevier County

Medical School Affiliation: Undergraduate teaching Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for LeConte Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

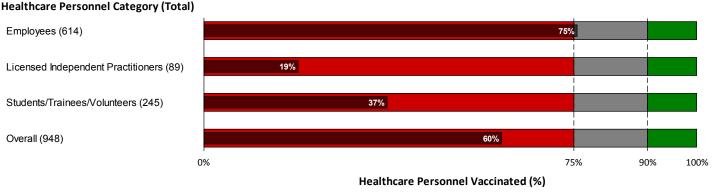
## Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		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	1.1	787	1.70	(0.29, 5.61)	0.48
CAUTI	Adult/Pediatric ICU	0	2.2	1766	0.00	(0.00, 1.32)	1.37
SSI	Colon surgery	1	0.8	32	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.4	57	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.7	16422	N/A	N/A	1.13
	C. difficile infection	2	8.9	14945	0.22	( 0.04, 0.74 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at LeConte Medical Center

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



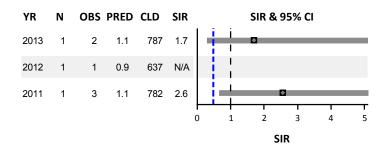
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

LeConte Medical Center - Page 1 of 2

## LeConte Medical Center, Sevierville, Sevier County

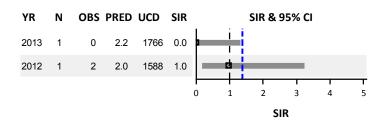
## **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



## Surgical Site Infections (SSI)

#### SSI - Colon Surgery YR OBS PRED PROC SIR 2013 0.8 32 N/A 1 2012 0 0.9 38 N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.4	57	N/A
2012	1	0.5	60	N/A

N/A: Number of predicted infections <1; no SIR calculated

SIR

0.2

0

1

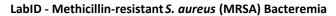
Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

2



YR	OBS	PRED	PATD	SIR	
2013	0	0.7	16422	N/A	

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR - - - - NHSN SIR=1

2

SIR & 95% CI

3 SIR

LabID - C. difficile Infection (CDI)

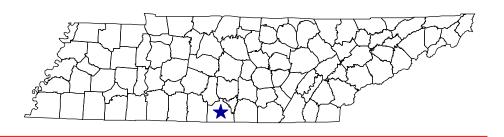
PRED PATD

14945

8.9

# Lincoln Medical Center, Fayetteville, Lincoln County

Medical School Affiliation: None Bed Size Category: <50 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Lincoln Medical Center:

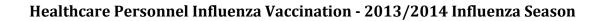
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

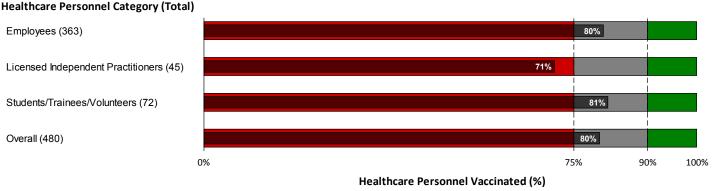
## Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		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	146	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.7	557	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.3	6902	N/A	N/A	1.13
	C. difficile infection	1	3.7	6902	0.27	(0.01, 1.32)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Lincoln Medical Center





Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

Lincoln Medical Center - Page 1 of 2

## Lincoln Medical Center, Fayetteville, Lincoln County

## **Central Line-Associated Bloodstream Infections (CLABSI)**

#### CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.2	146	N/A
2012	1	0	0.2	141	N/A
2011	1	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

#### **CAUTI - Adult/Pediatric ICUs**

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.7	557	N/A
2012	1	1	0.8	622	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### Surgical Site Infections (SSI)

SSI - C	SSI - Colon Surgery			SSI - A	bdomi	nal Hyst	erectom	ny	
YR	OBS	PRED	PROC	SIR	YR	OBS	PRED	PROC	9
2013	N/A	N/A	N/A	N/A	2013	N/A	N/A	N/A	
2012	N/A	N/A	N/A	N/A	2012	N/A	N/A	N/A	

N/A: Number of predicted infections <1; no SIR calculated

	005	TINED	inde	5111
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

SIR

0.3

6902

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR	
2013	0	0.3	6902	N/A	

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections **PRED** = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ----- 2013 TN SIR

SIR & 95% CI

SIR

Lincoln Medical Center - Page 2 of 2

LabID - C. difficile Infection (CDI)

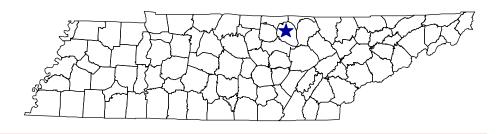
OBS PRED PATD

3.7

1

# Livingston Regional Hospital, Livingston, Overton County

Medical School Affiliation: None Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Livingston Regional Hospital:

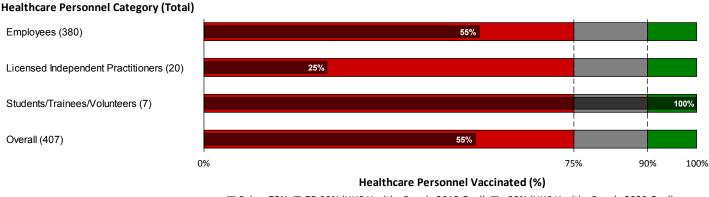
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

# Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013 Infections Standardized Infection

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	125	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.5	421	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.7	14564	N/A	N/A	1.13
	C. difficile infection	15	10.3	14443	1.45	(0.85, 2.34)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Livingston Regional Hospital



# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

Livingston Regional Hospital - Page 1 of 2

## Livingston Regional Hospital, Livingston, Overton County

#### **Central Line-Associated Bloodstream Infections (CLABSI)**

#### CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.1	125	N/A
2012	1	0	0.2	138	N/A
2011	1	0	0.1	120	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

#### **CAUTI - Adult/Pediatric ICUs**

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.5	421	N/A
2012	1	0	0.7	554	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### Surgical Site Infections (SSI)

--- -- - -

- Colon	Surgery		
	PRED	PROC	SIR
	N/A	N/A	N/A
	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

SIR

1.5

0

T

1

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

15

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR	
2013	1	0.7	14564	N/A	

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; ----- 2013 TN SIR N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ---- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

SIR & 95% CI

3 SIR

Livingston Regional Hospital - Page 2 of 2

LabID - *C. difficile* Infection (CDI)

PRED PATD

14443

10.3

## Maury Regional Medical Center, Columbia, Maury County

Medical School Affiliation: None Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Maury Regional Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	4	5.4	3681	0.74	(0.24, 1.79)	0.48
	Neonatal ICU	0	0.1	110	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	13	4.9	4015	2.61	( 1.45, 4.35 )	1.37
SSI	Colon surgery	3	5.2	168	0.57	( 0.15, 1.55 )	0.93
	Abdominal hysterectomy	0	0.5	80	N/A	N/A	0.89
LabID	MRSA bacteremia	5	2.3	47512	2.12	(0.78, 4.70)	1.13
	C. difficile infection	43	42.8	43317	1.00	(0.74, 1.34)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Maury Regional Medical Center



# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

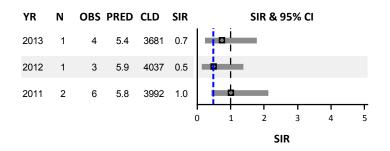
Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

Maury Regional Medical Center - Page 1 of 2

## Maury Regional Medical Center, Columbia, Maury County

## **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

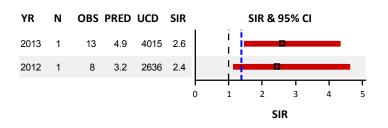


YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.1	110	N/A
2012	1	0	0.1	82	N/A
2011	1	0	0.0	51	N/A

N/A: Number of predicted infections <1; no SIR calculated

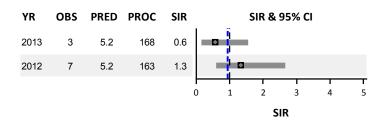
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



## Surgical Site Infections (SSI)

#### SSI - Colon Surgery

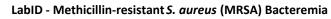


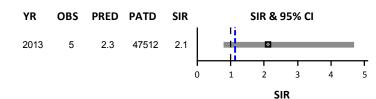
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.5	80	N/A
2012	0	1.0	130	0.0

N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

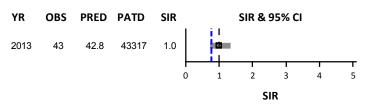


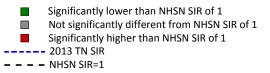


Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

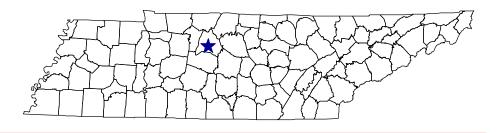
LabID - *C. difficile* Infection (CDI)





# 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 <u>Vanderbilt Medical Center</u>

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
				Device Days/Procedures			
HAI	Type/Unit	Observed	Predicted	Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	4	25.1	7907	0.16	( 0.05, 0.38 )	0.48
	Neonatal ICU	11	22.3	10387	0.49	( 0.26, 0.86 )	0.51
CAUTI	Adult/Pediatric ICU	4	4.7	1744	0.84	(0.27, 2.01)	1.37

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at MCJ Children's Hospital at Vanderbilt

## Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

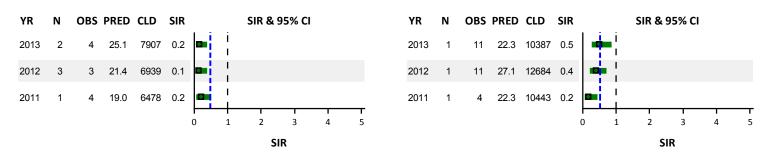
Healthcare personnel influenza vaccination data for this facility are reported with Vanderbilt Medical Center

## MCJ Children's Hospital at Vanderbilt, Nashville, Davidson County

#### **Central Line-Associated Bloodstream Infections (CLABSI)**

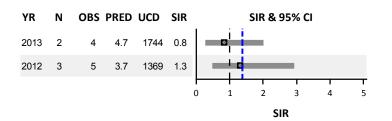
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

#### **CLABSI - Neonatal ICUs**



#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data SIR = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ----- 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

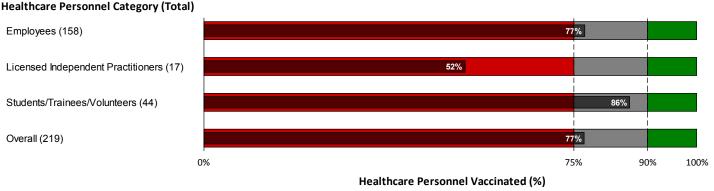
## Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.1	3503	N/A	N/A	1.13
	C. difficile infection	5	1.7	3503	2.88	( 1.05, 6.38 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at McKenzie Regional Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

McKenzie Regional Hospital - Page 1 of 2

## McKenzie Regional Hospital, McKenzie, Carroll County

#### Surgical Site Infections (SSI)

SSI - C	olon Sı	urgery		
YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

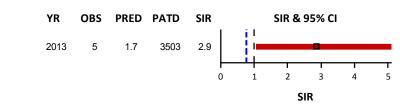
N/A: Number of predicted infections <1; no SIR calculated

LabID - C. difficile Infection (CDI)

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.1	3503	N/A

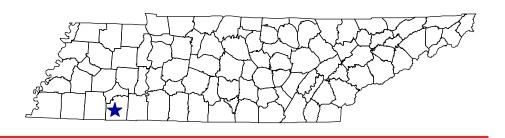


Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

# McNairy Regional Hospital, Selmer, McNairy County

Medical School Affiliation: None Bed Size Category: <50 beds



## Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for McNairy Regional Hospital:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible

intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period

- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

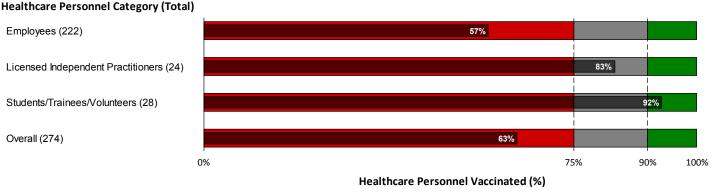
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.2	4203	N/A	N/A	1.13
	C. difficile infection	1	2.0	3841	0.48	( 0.02, 2.39 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at McNairy Regional Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

McNairy Regional Hospital - Page 1 of 2

## McNairy Regional Hospital, Selmer, McNairy County

## Surgical Site Infections (SSI)

SSI - C	olon Sı	urgery		
YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

N/A: Number of predicted infections <1; no SIR calculated

LabID - C. difficile Infection (CDI)

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

#### YR OBS PRED PATD SIR YR OBS PRED PATD SIR SIR & 95% CI 1 2013 1 0.2 4203 N/A 2013 1 2.0 3841 0.5 N/A: Number of predicted infections <1; no SIR calculated 3 SIR

 Data reported as of September 4, 2014

 YR = reporting year;
 N = number of units reporting (CLABSI/CAUTI);
 OBS = observed number of infections
 Significantly

 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 Not significantly

 SIR = standardized infection ratio (observed/predicted number of infections)
 Significantly

 CLD = central line days;
 UCD = urinary catheter days;
 PROC = procedures performed;

 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</td>
 ----- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

McNairy Regional Hospital - Page 2 of 2

## Memorial Healthcare System, Chattanooga, Hamilton County

Medical School Affiliation: None Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Memorial Healthcare System:

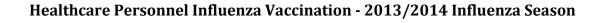
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

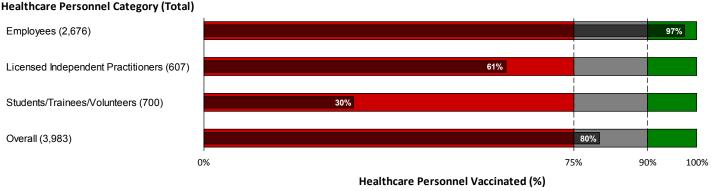
## Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	9	8.0	4240	1.12	(0.55, 2.05)	0.48
CAUTI	Adult/Pediatric ICU	26	21.1	10338	1.23	(0.82, 1.78)	1.37
SSI	Colon surgery	19	11.7	370	1.61	(1.00, 2.47)	0.93
	Abdominal hysterectomy	1	1.1	98	0.87	( 0.04, 4.28 )	0.89
LabID	MRSA bacteremia	7	6.9	93821	1.01	(0.44, 2.00)	1.13
	C. difficile infection	75	78.4	93821	0.96	(0.76, 1.19)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Memorial Healthcare System





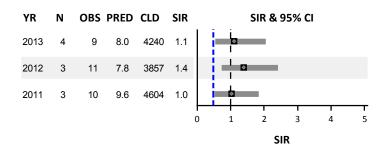
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Memorial Healthcare System - Page 1 of 2

## Memorial Healthcare System, Chattanooga, Hamilton County

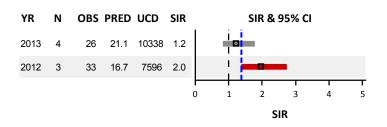
**Central Line-Associated Bloodstream Infections (CLABSI)** 

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



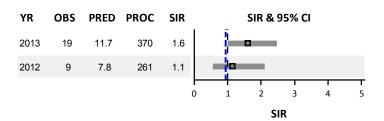
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

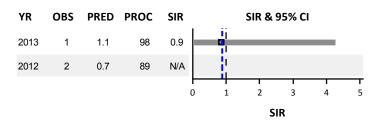


# Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



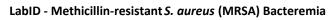
## Healthcare Facility-Onset Laboratory Identified (LabID) Events

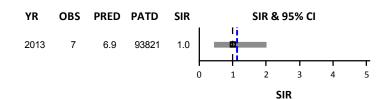
YR

2013

OBS

75





Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

LabID - C. difficile Infection (CDI)

PRED

78.4

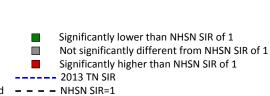
PATD

93821

SIR

1.0

0



iI

Ø

1

SIR & 95% CI

SIR

3

Δ

5

2

# Memorial Hixson Hospital, Chattanooga, Hamilton County

Medical School Affiliation: None Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Memorial Hixson Hospital:

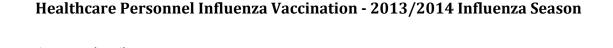
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

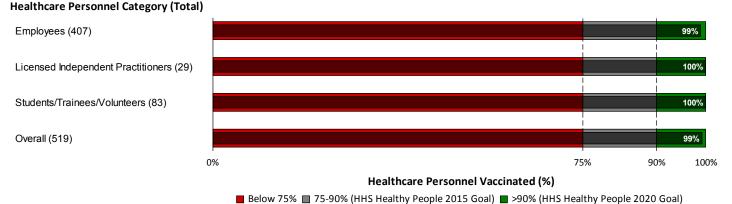
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.6	425	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.6	529	N/A	N/A	1.37
SSI	Colon surgery	0	1.3	47	0.00	( 0.00, 2.26 )	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.4	16988	0.67	(0.03, 3.31)	1.13
	C. difficile infection	6	12.2	16988	0.49	(0.20, 1.02)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Memorial Hixson Hospital





Memorial Hixson Hospital - Page 1 of 2

## Memorial Hixson Hospital, Chattanooga, Hamilton County

## **Central Line-Associated Bloodstream Infections (CLABSI)**

#### CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.6	425	N/A
2012	1	0	0.6	403	N/A
2011	1	0	0.4	281	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

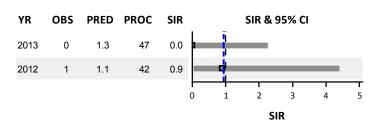
#### **CAUTI - Adult/Pediatric ICUs**

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.6	529	N/A
2012	1	3	1.0	840	2.8

N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

#### SSI - Colon Surgery



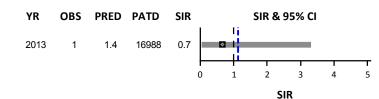
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

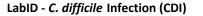
#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

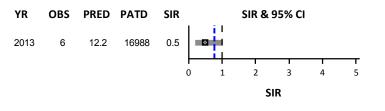


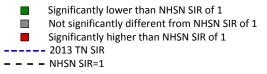
Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

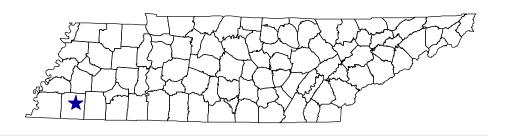






## Methodist Healthcare Fayette, Somerville, Fayette County

Medical School Affiliation: None Bed Size Category: <50 beds



## Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Methodist Healthcare Fayette:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

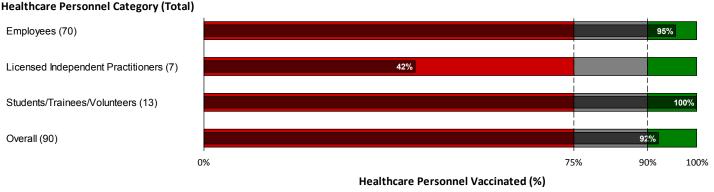
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

	Infections Standardized Infection Ratio (S		ection Ratio (SIR)				
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	582	N/A	N/A	1.13
	C. difficile infection	0	0.2	447	N/A	N/A	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Methodist Healthcare Fayette

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Methodist Healthcare Fayette - Page 1 of 2

## Methodist Healthcare Fayette, Somerville, Fayette County

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant <i>S. aureus</i> (MRSA) Bacteremia			LabID	- C. difj	ficile Inf	ection (	CDI)		
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR
2013	0	0.0	582	N/A	2013	0	0.2	447	N/A

N/A: Number of predicted infections <1; no SIR calculated

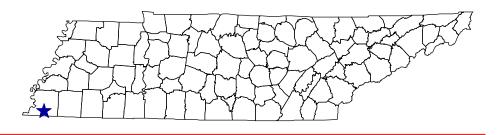
N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data SIR = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

# Methodist Healthcare Germantown, Memphis, Shelby County

Medical School Affiliation: Graduate teaching Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Methodist Healthcare Germantown:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

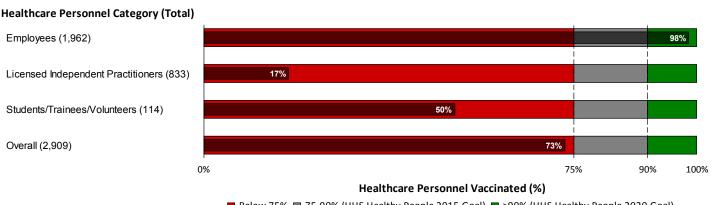
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		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	6.3	4329	0.00	( 0.00, 0.47 )	0.48
	Neonatal ICU	0	4.0	1376	0.00	( 0.00, 0.73 )	0.51
CAUTI	Adult/Pediatric ICU	7	6.2	5016	1.12	(0.49, 2.22)	1.37
SSI	Colon surgery	3	7.0	264	0.43	(0.11, 1.17)	0.93
	Abdominal hysterectomy	3	7.2	955	0.41	(0.11, 1.12)	0.89
LabID	MRSA bacteremia	5	3.8	82927	1.29	(0.47, 2.86)	1.13
	C. difficile infection	50	54.4	64728	0.92	(0.69, 1.20)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Methodist Healthcare Germantown



# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 📕 >90% (HHS Healthy People 2020 Goal)

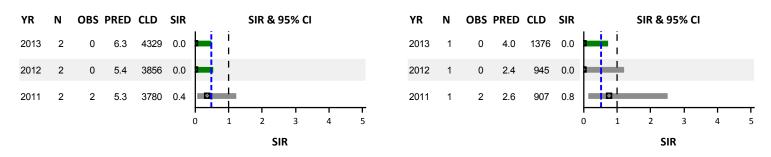
Methodist Healthcare Germantown - Page 1 of 2

## Methodist Healthcare Germantown, Memphis, Shelby County

## **Central Line-Associated Bloodstream Infections (CLABSI)**

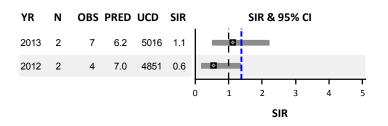
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

**CLABSI - Neonatal ICUs** 



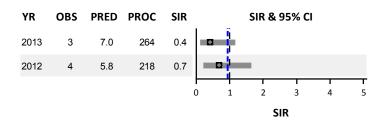
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

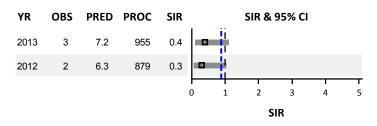


## Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



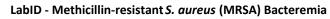
## Healthcare Facility-Onset Laboratory Identified (LabID) Events

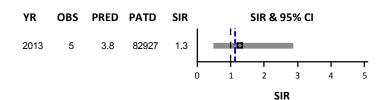
YR

2013

OBS

50





Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)

PRED

54.4

PATD

64728

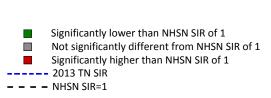
SIR

0.9

0

i I

1



2

SIR & 95% CI

SIR

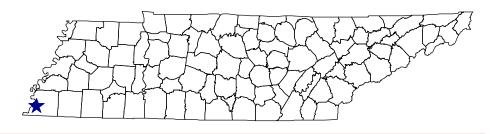
3

Δ

5

# Methodist Healthcare LeBonheur, Memphis, Shelby County

Medical School Affiliation: Major teaching Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Methodist Healthcare LeBonheur:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

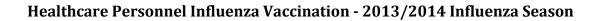
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

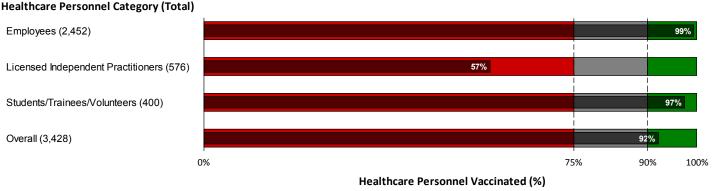
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		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	14.5	5025	0.14	( 0.02, 0.45 )	0.48
	Neonatal ICU	3	17.8	7182	0.17	( 0.04, 0.46 )	0.51
CAUTI	Adult/Pediatric ICU	6	7.6	3088	0.79	(0.32, 1.63)	1.37
SSI	Colon surgery	0	1.0	35	0.00	( 0.00, 2.85 )	0.93
LabID	MRSA bacteremia	4	4.5	70781	0.88	(0.28, 2.13)	1.13
	C. difficile infection	17	48.4	55319	0.35	( 0.21, 0.55 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Methodist Healthcare LeBonheur





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

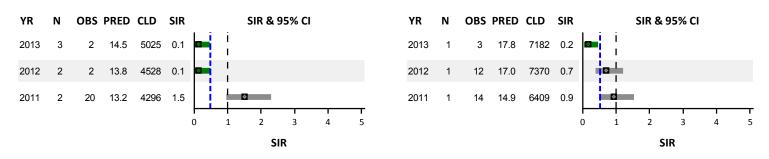
#### Methodist Healthcare LeBonheur - Page 1 of 2

## Methodist Healthcare LeBonheur, Memphis, Shelby County

#### **Central Line-Associated Bloodstream Infections (CLABSI)**

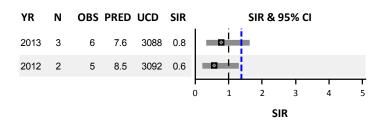
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

#### **CLABSI - Neonatal ICUs**



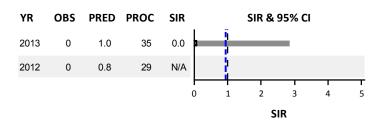
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



## Surgical Site Infections (SSI)

#### SSI - Colon Surgery



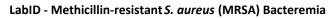
SSI - Abdominal Hysterectomy

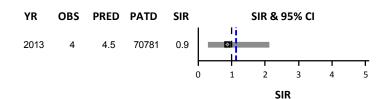
No eligible procedures were performed during this reporting period

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

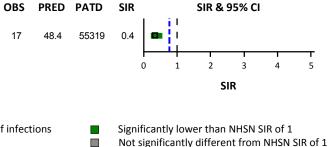




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - C. difficile Infection (CDI)



2013 TN SIR

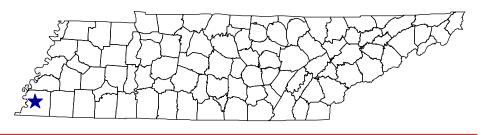
- - - - NHSN SIR=1

Significantly higher than NHSN SIR of 1

Methodist Healthcare LeBonheur - Page 2 of 2

# Methodist Healthcare North, Memphis, Shelby County

Medical School Affiliation: Undergraduate teaching Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Methodist Healthcare North:

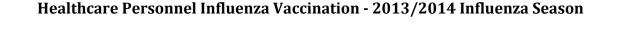
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

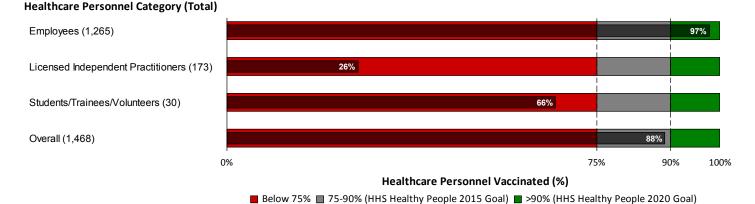
## Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
ΗΑΙ	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	8.5	4833	0.12	( 0.01, 0.58 )	0.48
CAUTI	Adult/Pediatric ICU	14	12.0	6667	1.16	(0.66, 1.90)	1.37
SSI	Colon surgery	2	1.3	54	1.50	(0.25, 4.94)	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	8	4.0	60901	2.00	( 0.93, 3.80 )	1.13
	C. difficile infection	47	43.2	60901	1.09	(0.81, 1.43)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Methodist Healthcare North



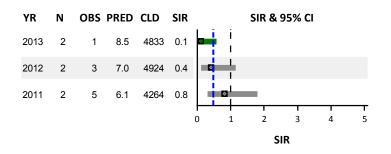


#### Methodist Healthcare North - Page 1 of 2

## Methodist Healthcare North, Memphis, Shelby County

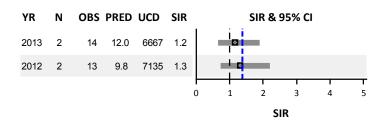
## **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



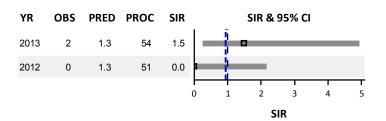
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



## Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2013	N/A	N/A	N/A	N/A

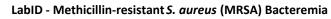
LabID - C. difficile Infection (CDI)

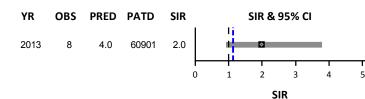
N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013





Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

OBS PRED PATD SIR SIR & 95% CI T 47 43.2 60901 1.1 . 0 1 2 3 Δ 5

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

SIR

# Methodist Healthcare South, Memphis, Shelby County

Medical School Affiliation: Graduate teaching Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Methodist Healthcare South:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

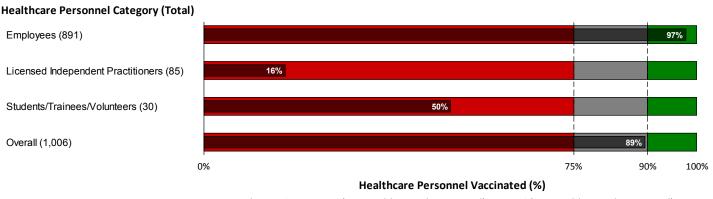
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	2.1	1470	0.00	(0.00, 1.39)	0.48
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	9	3.0	2467	2.94	( 1.43, 5.39 )	1.37
SSI	Colon surgery	1	1.1	56	0.84	( 0.04, 4.16 )	0.93
	Abdominal hysterectomy	1	0.6	93	N/A	N/A	0.89
LabID	MRSA bacteremia	0	1.4	30551	0.00	(0.00, 2.01)	1.13
	C. difficile infection	9	20.5	27848	0.44	( 0.21, 0.80 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Methodist Healthcare South



## Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

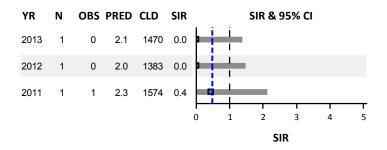
Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

Methodist Healthcare South - Page 1 of 2

## Methodist Healthcare South, Memphis, Shelby County

## **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

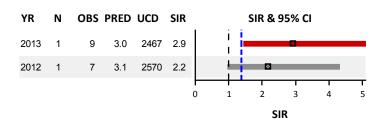


YR	Ν	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	N/A	N/A	N/A	N/A
2011	1	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

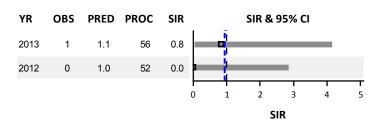
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



## Surgical Site Infections (SSI)

#### SSI - Colon Surgery

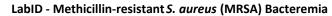


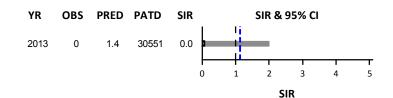
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	1	0.6	93	N/A
2012	0	0.7	95	N/A

N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events



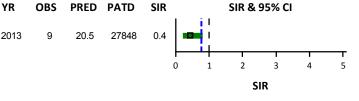


Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

LabID - C. difficile Infection (CDI)

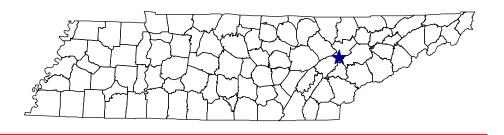


Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

CLABSI - Neonatal ICUs

## Methodist Medical Center of Oak Ridge, Oak Ridge, Anderson County

Medical School Affiliation: None Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Methodist Medical Center of Oak Ridge:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

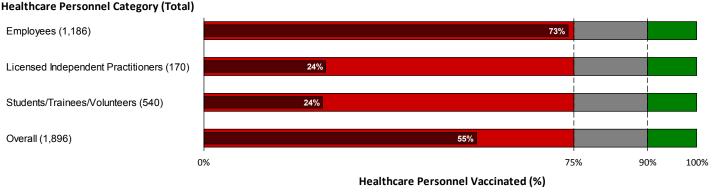
## Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	5.9	4065	0.84	(0.31, 1.86)	0.48
CAUTI	Adult/Pediatric ICU	12	7.7	6266	1.54	( 0.84, 2.62 )	1.37
SSI	Colon surgery	1	3.9	115	0.26	(0.01, 1.26)	0.93
	Abdominal hysterectomy	1	0.7	78	N/A	N/A	0.89
LabID	MRSA bacteremia	6	3.8	51652	1.55	( 0.63, 3.23 )	1.13
	C. difficile infection	50	40.4	50510	1.24	(0.93, 1.62)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Methodist Medical Center of Oak Ridge

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



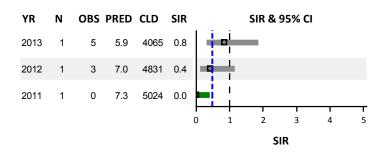
Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Methodist Medical Center of Oak Ridge - Page 1 of 2

## Methodist Medical Center of Oak Ridge, Oak Ridge, Anderson County

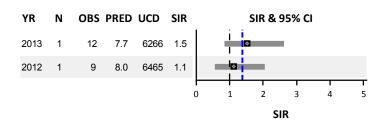
**Central Line-Associated Bloodstream Infections (CLABSI)** 

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



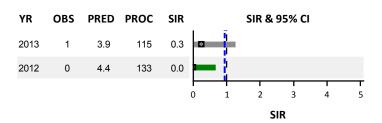
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



## Surgical Site Infections (SSI)

#### SSI - Colon Surgery

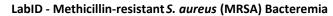


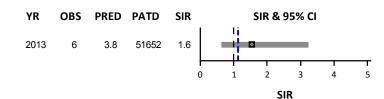
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	1	0.7	78	N/A
2012	0	0.8	86	N/A

N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

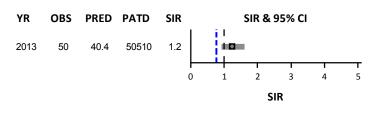


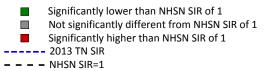


Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

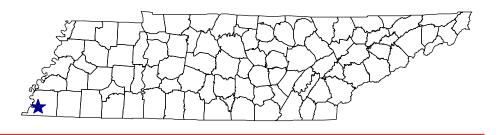
LabID - *C. difficile* Infection (CDI)





# Methodist University Hospital, Memphis, Shelby County

Medical School Affiliation: Major teaching Bed Size Category: 400+ beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Methodist University Hospital:

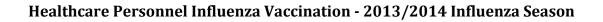
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

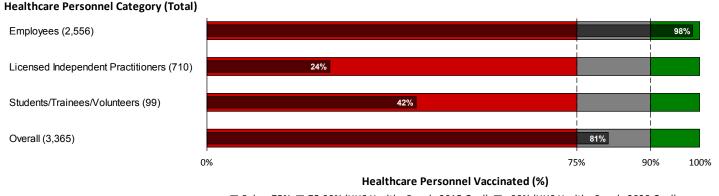
## Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	29.2	12939	0.10	( 0.03, 0.28 )	0.48
CAUTI	Adult/Pediatric ICU	55	40.2	13977	1.37	( 1.04, 1.77 )	1.37
SSI	Colon surgery	7	5.9	178	1.17	(0.51, 2.31)	0.93
	Abdominal hysterectomy	1	2.5	299	0.40	(0.02, 1.95)	0.89
LabID	MRSA bacteremia	14	19.7	113606	0.71	(0.40, 1.16)	1.13
	C. difficile infection	94	106.7	113606	0.88	(0.72, 1.07)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Methodist University Hospital





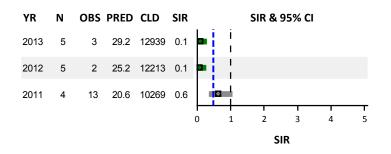
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 📕 >90% (HHS Healthy People 2020 Goal)

#### Methodist University Hospital - Page 1 of 2

# Methodist University Hospital, Memphis, Shelby County

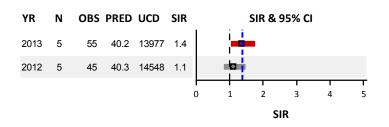
#### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



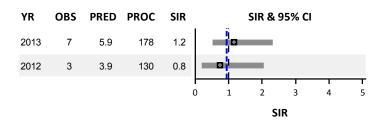
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

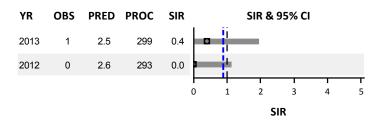


## Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



SIR

0.9

0

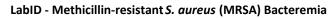
## Healthcare Facility-Onset Laboratory Identified (LabID) Events

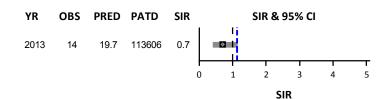
YR

2013

OBS

94





Data reported as of September 4, 2014

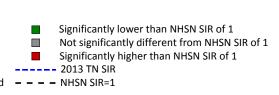
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)

106.7

PRED PATD

113606



2

T

1

SIR & 95% CI

SIR

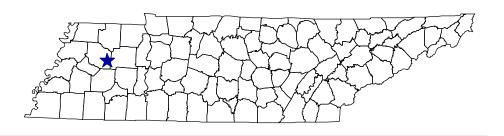
3

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5

# Milan General Hospital, Milan, Gibson County

Medical School Affiliation: None Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Milan General Hospital:

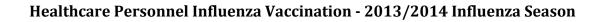
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

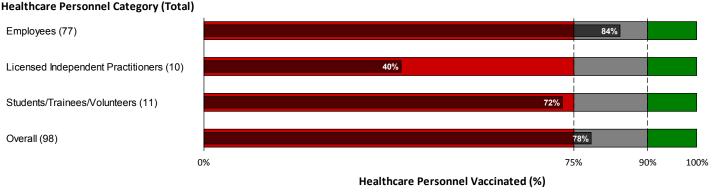
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.1	83	N/A	N/A	1.37
SSI	Colon surgery	0	0.4	20	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.0	1030	N/A	N/A	1.13
	C. difficile infection	0	0.7	1312	N/A	N/A	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Milan General Hospital





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Milan General Hospital - Page 1 of 2

## Milan General Hospital, Milan, Gibson County

## **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.0	60	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

#### **CAUTI - Adult/Pediatric ICUs**

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.1	83	N/A
2012	1	0	0.1	135	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### Surgical Site Infections (SSI)

SSI - C	SSI - Colon Surgery			SSI - J	Abdomi	nal Hyst	erectom	ıy	
YR	OBS	PRED	PROC	SIR	YR	OBS	PRED	PROC	SIR
2013	0	0.4	20	N/A	2013	N/A	N/A	N/A	N/A
2013	N/A	N/A	N/A	N/A	2013	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

LabID - C. difficile Infection (CDI)

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

R	OBS	PRED	PATD	SIR	YR	OBS	PRED	
	0	0.0	1030	N/A	2013	0	0.7	

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

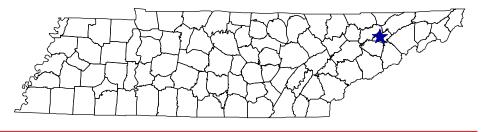
**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; ----- 2013 TN SIR N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ---- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

# Morristown-Hamblen Healthcare System, Morristown, Hamblen County

Medical School Affiliation: Undergraduate teaching Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Morristown-Hamblen Healthcare System:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

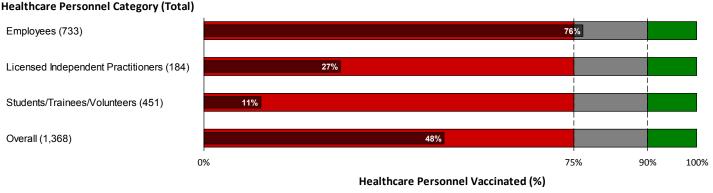
## Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
ΗΑΙ	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.7	522	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	2.9	2278	0.00	(0.00, 1.02)	1.37
SSI	Colon surgery	0	1.1	49	0.00	( 0.00, 2.68 )	0.93
	Abdominal hysterectomy	1	0.5	80	N/A	N/A	0.89
LabID	MRSA bacteremia	1	3.0	29681	0.33	(0.02, 1.60)	1.13
	C. difficile infection	6	13.9	27878	0.43	( 0.18, 0.90 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Morristown-Hamblen Healthcare System

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Morristown-Hamblen Healthcare System - Page 1 of 2

## Morristown-Hamblen Healthcare System, Morristown, Hamblen County

## **Central Line-Associated Bloodstream Infections (CLABSI)**

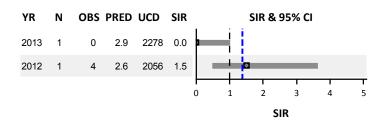
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	1	0.7	522	N/A
2012	1	0	0.8	578	N/A
2011	2	0	1.0	727	0.0

N/A: Number of predicted infections <1; no SIR calculated

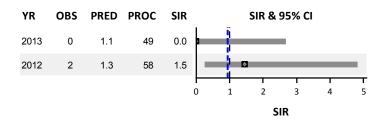
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



## Surgical Site Infections (SSI)

#### SSI - Colon Surgery



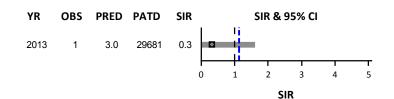
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	1	0.5	80	N/A
2012	0	0.9	121	N/A

N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

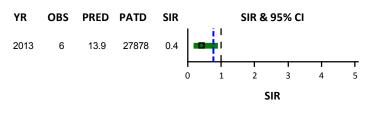




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

LabID - C. difficile Infection (CDI)



Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR - - - - NHSN SIR=1

## Nashville General Hospital at Meharry, Nashville, Davidson County

Medical School Affiliation: Major teaching Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Nashville General Hospital at Meharry:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

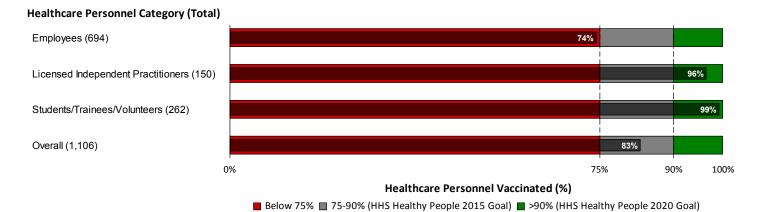
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	2.6	1251	1.14	(0.29, 3.10)	0.48
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	0	4.0	1793	0.00	( 0.00, 0.73 )	1.37
SSI	Colon surgery	2	1.3	50	1.48	( 0.25, 4.90 )	0.93
	Abdominal hysterectomy	0	0.4	45	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.8	18005	0.55	( 0.03, 2.70 )	1.13
	C. difficile infection	1	9.6	16493	0.10	( 0.01, 0.51 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Nashville General Hospital at Meharry



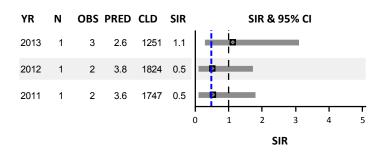
### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Nashville General Hospital at Meharry - Page 1 of 2

### Nashville General Hospital at Meharry, Nashville, Davidson County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

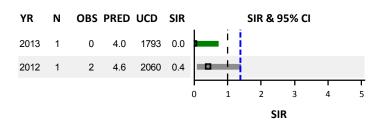


YR	Ν	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.1	88	N/A
2011	1	0	0.0	54	N/A

N/A: Number of predicted infections <1; no SIR calculated

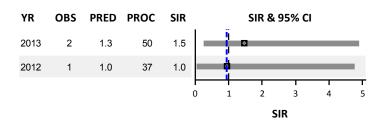
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

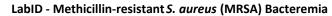


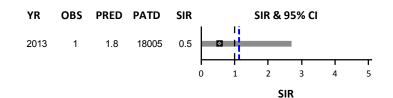
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.4	45	N/A
2012	4	0.6	50	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

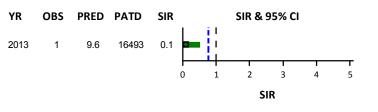




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)

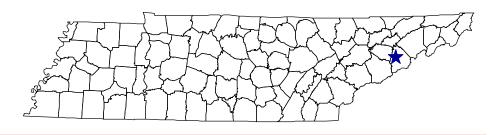


Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 NHSN SIR=1

CLABSI - Neonatal ICUs

## Newport Medical Center, Newport, Cocke County

Medical School Affiliation: None Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Newport Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

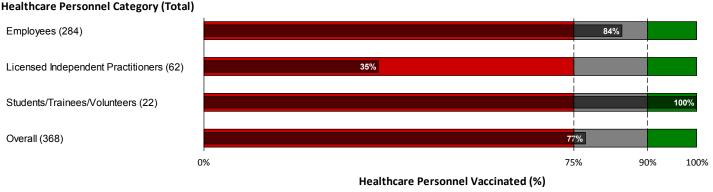
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection 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	82	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	1.5	764	0.65	( 0.03, 3.20 )	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.4	7045	N/A	N/A	1.13
	C. difficile infection	1	3.9	6703	0.25	(0.01, 1.24)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Newport Medical Center

## Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

Newport Medical Center - Page 1 of 2

### Newport Medical Center, Newport, Cocke County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

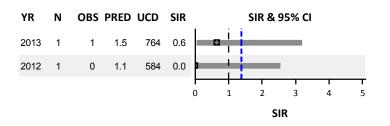
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.1	82	N/A
2012	1	1	0.1	54	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

SSI - C	olon Sı	urgery		
YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

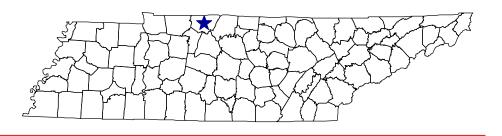
## LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR		SIR &	95% CI		
2013	0	0.4	7045	N/A	2013	1	3.9	6703	0.3					
N/A: Nu	umber o	of predict	ed infecti	ions <1; no SIR calculated						0 1	1 2	3	4	5
											S	IR		
PRED = stat SIR = standa CLD = centra	ng year; istically ardized i al line da	N = nur predicted nfection ays; UCD	mber of ur d' number ratio (obse = urinary	nits reporting (CLABSI/CAUTI); <b>OBS</b> = observed of infections, based on NHSN national baseline erved/predicted number of infections) catheter days; <b>PROC</b> = procedures performed; I ays or <20 procedures / SIR not calculated wher	data <b>PATD</b> = p	oatient d	ays;		Not Signi 2013	ificantly lo significant ificantly hi 3 TN SIR N SIR=1	ly differe	nt from	NHSN S	IR of 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:

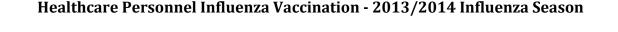
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

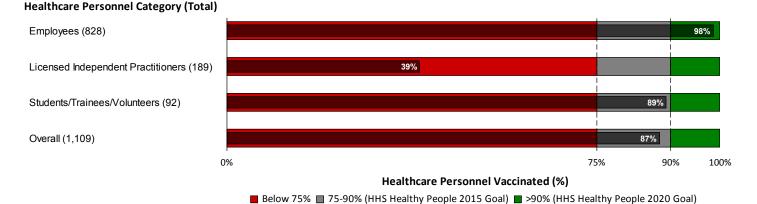
#### Infections **Standardized Infection Ratio (SIR) Device Days/Procedures** HAI Type/Unit Observed Predicted SIR\* 95% CI **TN SIR Performed/Patient Days** CLABSI Adult/Pediatric ICU 0 1.4 742 0.00 (0.00, 2.13)0.48 CAUTI Adult/Pediatric ICU 2 2.4 1206 0.82 (0.14, 2.71)1.37 SSI Colon surgery 1 1.2 37 0.82 (0.04, 4.05)0.93 Abdominal hysterectomy N/A N/A N/A N/A N/A 0.89 LabID MRSA bacteremia 0 1.2 15619 0.00 (0.00, 2.38) 1.13 3 8.0 14828 0.37 C. difficile infection (0.10, 1.01)0.77

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

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



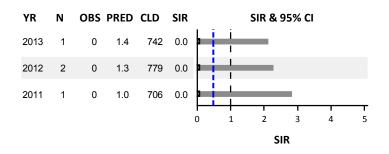


#### NorthCrest Medical Center - Page 1 of 2

### NorthCrest Medical Center, Springfield, Robertson County

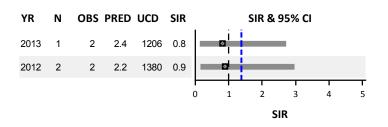
#### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



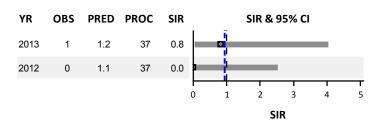
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

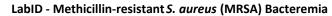


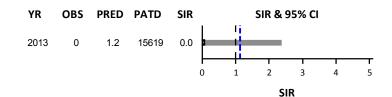
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

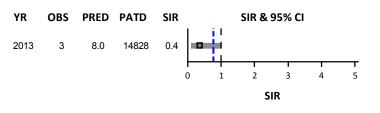




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

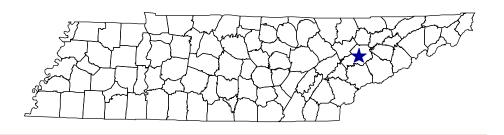
LabID - C. difficile Infection (CDI)



Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

### North Knoxville Medical Center, Knoxville, Knox County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for North Knoxville Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

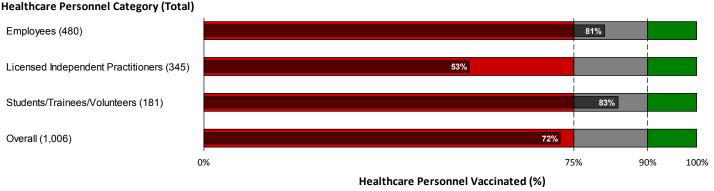
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	2.0	1070	0.49	( 0.03, 2.43 )	0.48
CAUTI	Adult/Pediatric ICU	4	3.1	1571	1.26	(0.40, 3.04)	1.37
SSI	Colon surgery	3	1.6	67	1.82	(0.46, 4.96)	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	5	0.9	18034	N/A	N/A	1.13
	C. difficile infection	8	11.4	18034	0.70	(0.33, 1.33)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at North Knoxville Medical Center

## Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



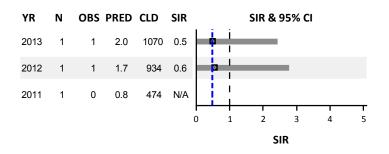
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

North Knoxville Medical Center - Page 1 of 2

### North Knoxville Medical Center, Knoxville, Knox County

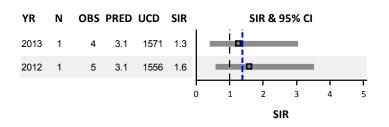
### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



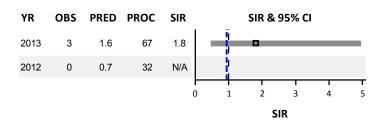
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

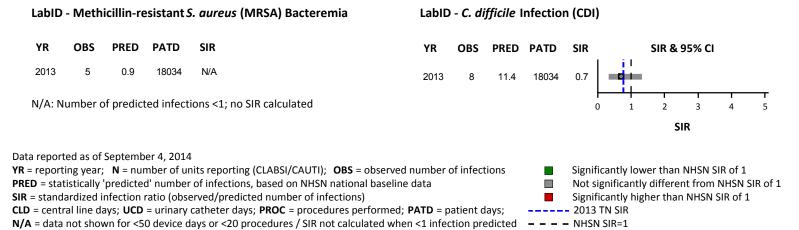


SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

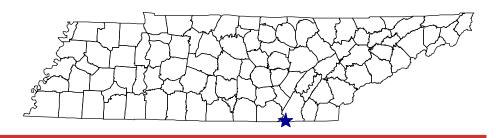
### Healthcare Facility-Onset Laboratory Identified (LabID) Events



North Knoxville Medical Center - Page 2 of 2

## Parkridge East Hospital, Chattanooga, Hamilton County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Parkridge East Hospital:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

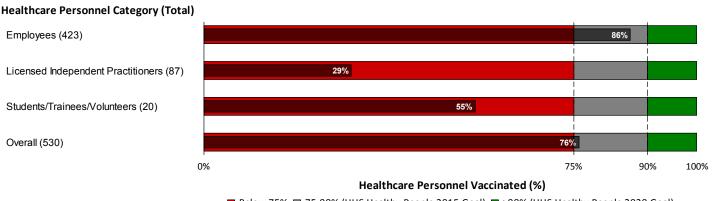
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.8	557	N/A	N/A	0.48
	Neonatal ICU	0	0.8	304	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	5	1.6	1264	3.07	( 1.12, 6.80 )	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	3	2.7	363	1.09	( 0.28, 2.95 )	0.89
LabID	MRSA bacteremia	2	0.9	20659	N/A	N/A	1.13
	C. difficile infection	1	10.8	17893	0.09	( 0.01, 0.46 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Parkridge East Hospital



### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Parkridge East Hospital - Page 1 of 2

### Parkridge East Hospital, Chattanooga, Hamilton County

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

### Central Line-Associated Bloodstream Infections (CLABSI)

**CLABSI - Neonatal ICUs** 

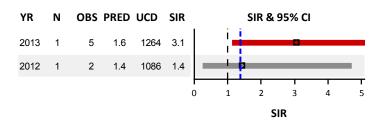
YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.8	557	N/A
2012	1	1	0.5	358	N/A
2011	1	0	0.4	312	N/A

N/A: Number of predicted infections <1; no SIR calculated

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 YR OBS PRED PROC SIR SIR & 95% CI 2013 N/A N/A N/A N/A 2013 3 27 363 11 2012 0 2.5 338 0.0 2012 N/A N/A N/A N/A 0 1 2 3 4 5 N/A: Number of predicted infections <1; no SIR calculated SIR

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

1

LabID - C. difficile Infection (CDI)

10.8

PRED PATD

17893

SIR

0.1

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	2	0.9	20659	N/A

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

SIR & 95% CI

SIR

#### Parkridge East Hospital - Page 2 of 2

#### 334 of 426

### Parkridge Medical Center, Chattanooga, Hamilton County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Parkridge Medical Center:

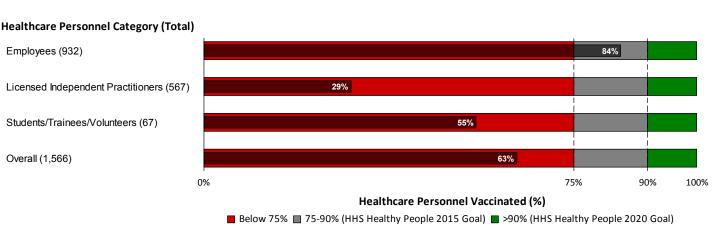
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	6.6	3172	0.75	(0.27, 1.66)	0.48
CAUTI	Adult/Pediatric ICU	14	10.2	4420	1.37	( 0.78, 2.25 )	1.37
SSI	Colon surgery	3	2.3	69	1.26	(0.32, 3.44)	0.93
	Abdominal hysterectomy	0	0.2	23	N/A	N/A	0.89
LabID	MRSA bacteremia	3	4.1	39004	0.73	(0.19, 1.99)	1.13
	C. difficile infection	14	27.7	39004	0.50	( 0.29, 0.83 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Parkridge Medical Center



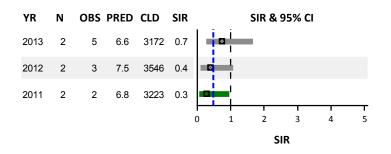
## Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Parkridge Medical Center - Page 1 of 2

### Parkridge Medical Center, Chattanooga, Hamilton County

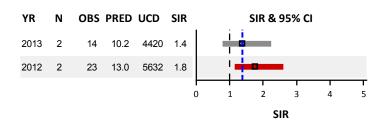
**Central Line-Associated Bloodstream Infections (CLABSI)** 

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



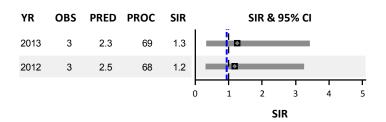
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



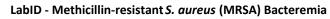
SSI - Abdominal Hysterectomy

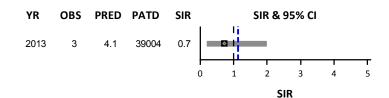
YR	OBS	PRED	PROC	SIR
2013	0	0.2	23	N/A
2012	1	1.2	150	0.8

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

2013



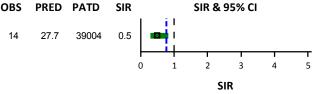


Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted





Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 - 2013 TN SIR - - - - NHSN SIR=1

## Parkridge West Hospital (Grandview Medical Center), Jasper, Marion County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Parkridge West Hospital (Grandview Medical Center):

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

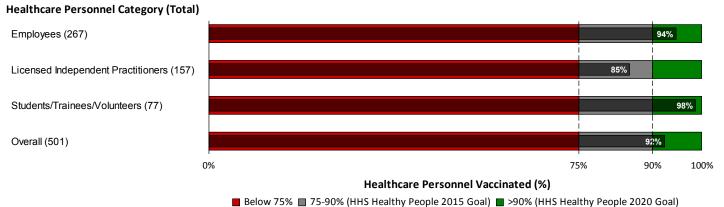
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	tandardized 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	101	N/A	N/A	0.48	
CAUTI	Adult/Pediatric ICU	0	0.3	240	N/A	N/A	1.37	
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93	
LabID	MRSA bacteremia	0	0.1	4302	N/A	N/A	1.13	
	C. difficile infection	5	2.0	4302	2.48	(0.91, 5.49)	0.77	

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at Parkridge West Hospital (Grandview Medical Center)

### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



Parkridge West Hospital (Grandview Medical Center) - Page 1 of 2

### 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	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.1	101	N/A
2012	1	0	0.2	153	N/A
2011	1	1	0.2	136	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.3	240	N/A
2012	1	1	0.4	319	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### Surgical Site Infections (SSI)

5SI - C	ວlon Sເ	irgery		
YR	OBS	PRED	PROC	SIR
IN	063	FRED	FROC	JIK
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

LabID - C. difficile Infection (CDI)



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

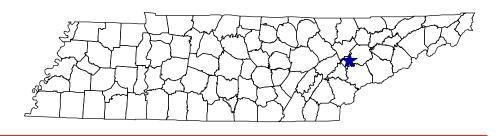
**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted – – – – NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 \_\_\_\_ 2013 TN SIR

### Parkwest Medical Center- Knoxville, Knoxville, Knox County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Parkwest Medical Center- Knoxville:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

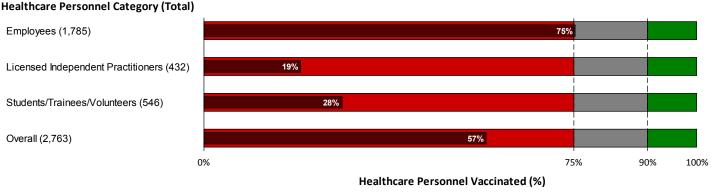
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	6.8	4662	0.73	(0.27, 1.62)	0.48
CAUTI	Adult/Pediatric ICU	13	8.1	6581	1.59	( 0.88, 2.65 )	1.37
SSI	Colon surgery	4	8.4	244	0.47	(0.15, 1.14)	0.93
	Abdominal hysterectomy	0	3.0	389	0.00	( 0.00, 0.97 )	0.89
LabID	MRSA bacteremia	7	4.6	82782	1.51	( 0.66, 2.99 )	1.13
	C. difficile infection	24	58.9	79981	0.41	( 0.27, 0.60 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Parkwest Medical Center- Knoxville

## Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



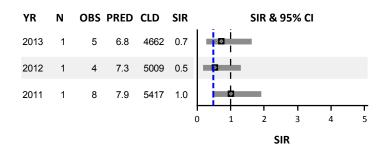
■ Below 75% ■ 75-90% (HHS Healthy People 2015 Goal) ■ >90% (HHS Healthy People 2020 Goal)

#### Parkwest Medical Center- Knoxville - Page 1 of 2

### Parkwest Medical Center- Knoxville, Knoxville, Knox County

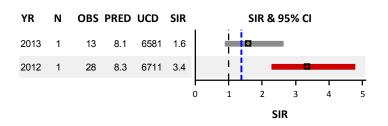
**Central Line-Associated Bloodstream Infections (CLABSI)** 

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



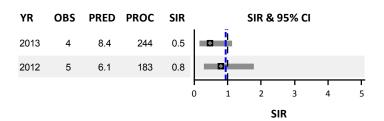
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

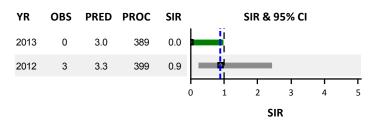


### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



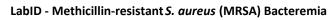
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

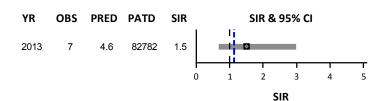
YR

2013

OBS

24





Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - C. difficile Infection (CDI)

PRED

58.9

PATD

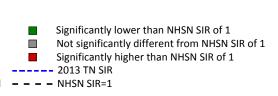
79981

SIR

0.4

0

1



2

SIR & 95% CI

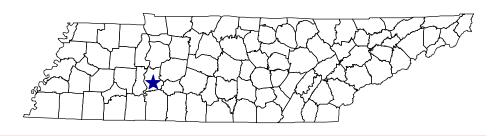
SIR

3

5

## Perry Community Hospital, Linden, Perry County

Medical School Affiliation: None Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Perry Community Hospital:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

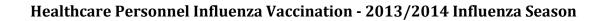
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

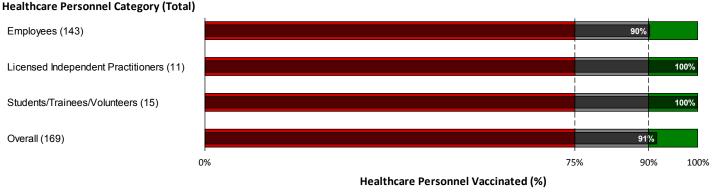
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR* 95% CI		TN SIR
LabID	MRSA bacteremia	0	0.2	5853	N/A	N/A	1.13
	C. difficile infection	2	2.5	5853	0.78	(0.13, 2.59)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Perry Community Hospital





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Perry Community Hospital - Page 1 of 2

### Perry Community Hospital, Linden, Perry County

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia				LabID	LabID - <i>C. difficile</i> Infection (CDI)									
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR		SIR &	95% CI		
2013	0	0.2	5853	N/A	2013	2	2.5	5853	0.8					
N/A: Number of predicted infections <1; no SIR calculated									0 1	2	3	4	5	
											S	IR		

 Data reported as of September 4, 2014

 YR = reporting year;
 N = number of units reporting (CLABSI/CAUTI);
 OBS = observed number of infections

 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 Significantly

 SIR = standardized infection ratio (observed/predicted number of infections)
 Significantly

 CLD = central line days;
 UCD = urinary catheter days;
 PROC = procedures performed;

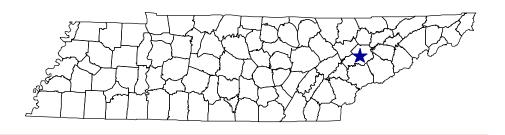
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</td>
 ----- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

Perry Community Hospital - Page 2 of 2

### Physician's Regional Medical Center, Knoxville, Knox County

Medical School Affiliation: None Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Physician's Regional Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs

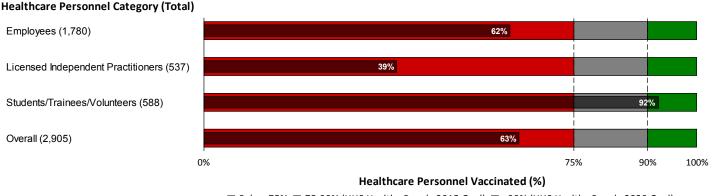
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	6.1	4189	0.49	(0.12, 1.32)	0.48
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	16	7.6	6136	2.08	( 1.23, 3.30 )	1.37
SSI	Colon surgery	2	3.3	104	0.60	(0.10, 1.98)	0.93
	Abdominal hysterectomy	0	0.3	39	N/A	N/A	0.89
LabID	MRSA bacteremia	12	7.4	85953	1.60	(0.87, 2.72)	1.13
	C. difficile infection	27	57.6	81776	0.47	( 0.32, 0.67 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Physician's Regional Medical Center



## Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

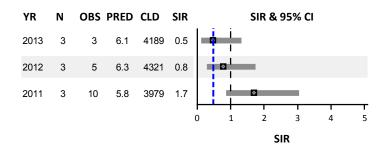
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Physician's Regional Medical Center - Page 1 of 2

### Physician's Regional Medical Center, Knoxville, Knox County

#### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

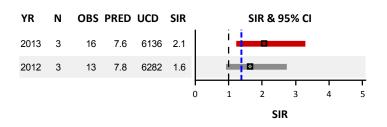


YR	Ν	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.1	91	N/A
2011	1	0	0.1	117	N/A

N/A: Number of predicted infections <1; no SIR calculated

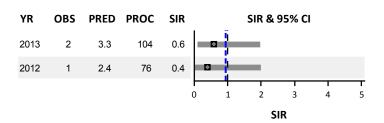
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

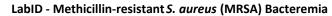


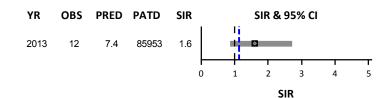
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.3	39	N/A
2012	0	0.5	57	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

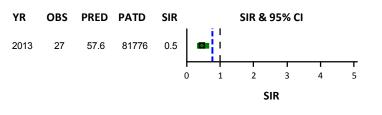


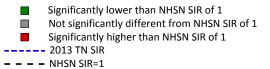


Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - C. difficile Infection (CDI)

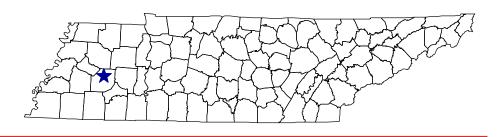




### CLABSI - Neonatal ICUs

### **Regional Hospital of Jackson, Jackson, Madison County**

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Regional Hospital of Jackson:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

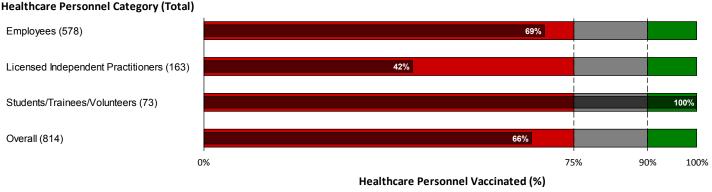
# Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	2.3	1584	0.86	(0.14, 2.84)	0.48
CAUTI	Adult/Pediatric ICU	0	3.1	2503	0.00	( 0.00, 0.96 )	1.37
SSI	Colon surgery	0	0.9	35	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.0	23437	0.99	(0.05, 4.90)	1.13
	C. difficile infection	10	15.0	22883	0.66	(0.34, 1.18)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Regional Hospital of Jackson

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



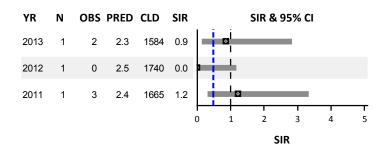
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Regional Hospital of Jackson - Page 1 of 2

### **Regional Hospital of Jackson, Jackson, Madison County**

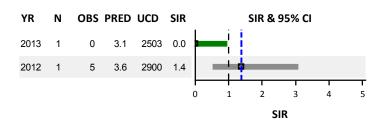
#### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery YR OBS PRED PROC SIR 2013 35 N/A 0 09 2012 1.5 56 0.6 1

N/A: Number of predicted infections <1; no SIR calculated

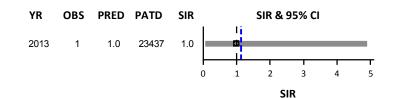
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

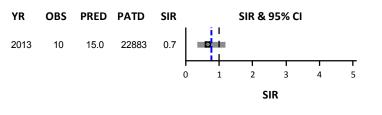
#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

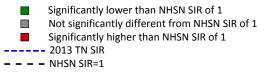


Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

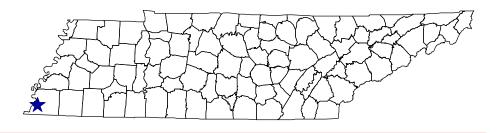
LabID - C. difficile Infection (CDI)





## Regional One Health (Reg. Med.Ctr Memphis), Memphis, Shelby County

Medical School Affiliation: Major teaching Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for Regional One Health (Reg. Med.Ctr Memphis):

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs

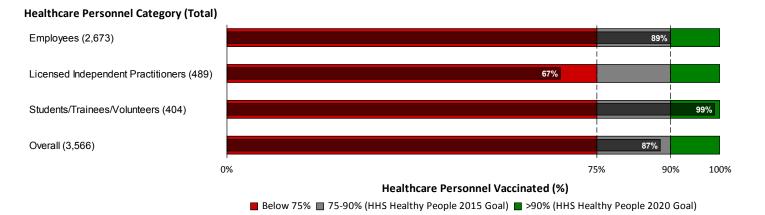
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions	Standardized Infection Ratio (S		ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	7	6.3	3029	1.10	(0.48, 2.17)	0.48
	Neonatal ICU	13	9.7	3263	1.33	(0.74, 2.22)	0.51
CAUTI	Adult/Pediatric ICU	110	37.4	11359	2.94	( 2.43, 3.53 )	1.37
SSI	Colon surgery	3	2.2	65	1.32	( 0.34, 3.60 )	0.93
	Abdominal hysterectomy	1	1.2	84	0.83	(0.04, 4.08)	0.89
LabID	MRSA bacteremia	23	5.0	95177	4.59	( 2.98, 6.77 )	1.13
	C. difficile infection	40	59.1	70906	0.68	(0.49, 0.91)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Regional One Health (Reg. Med.Ctr Memphis)



## Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

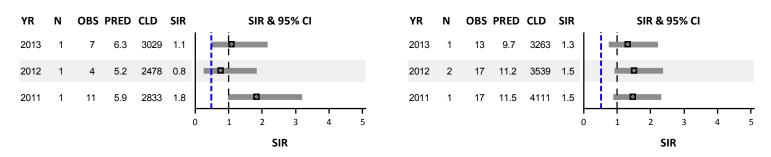
Regional One Health (Reg. Med.Ctr Memphis) - Page 1 of 2

### Regional One Health (Reg. Med.Ctr Memphis), Memphis, Shelby County

#### **Central Line-Associated Bloodstream Infections (CLABSI)**

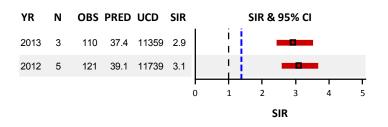
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

#### **CLABSI - Neonatal ICUs**



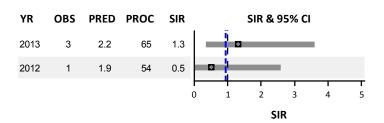
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

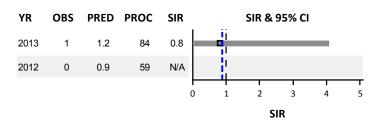


### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



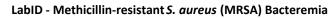
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

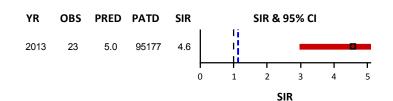
YR

2013

OBS

40

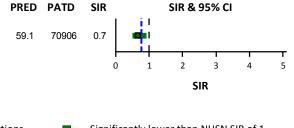




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

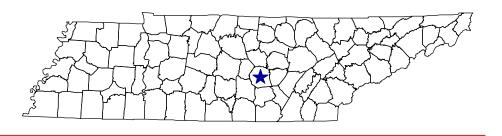
LabID - C. difficile Infection (CDI)



Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 2013 TN SIR - - - - NHSN SIR=1

### River Park Hospital, Mc Minnville, Warren County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for River Park Hospital:

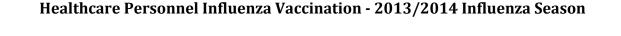
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

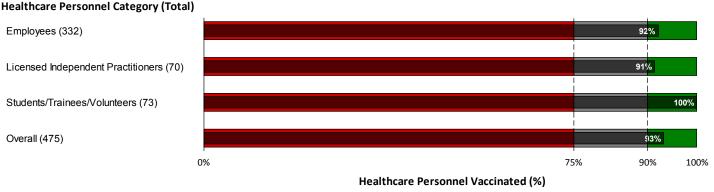
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.3	205	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	2.0	1006	0.49	( 0.03, 2.43 )	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.7	11395	N/A	N/A	1.13
	C. difficile infection	6	5.8	11395	1.03	(0.42, 2.13)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at River Park Hospital





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

River Park Hospital - Page 1 of 2

### **River Park Hospital, Mc Minnville, Warren County**

### **Central Line-Associated Bloodstream Infections (CLABSI)**

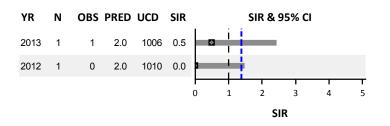
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.3	205	N/A
2012	1	0	0.4	212	N/A
2011	1	0	0.4	232	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

SI - Colon Surgery			SSI - A	SI - Abdor	inal Hys	t		
OB	5	PRED	PROC	SIR	YR	YR OB	PRED	
N/A		N/A	N/A	N/A	2013	2013 N/A	N/A	
N/A		N/A	N/A	N/A	2012	2012 N/A	N/A	

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

SIR

1.0

0

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

6

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR	
2013	0	0.7	11395	N/A	

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

3 SIR

LabID - C. difficile Infection (CDI)

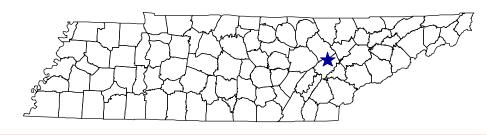
PRED PATD

11395

5.8

### Roane Medical Center, Harriman, Roane County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Roane Medical Center:

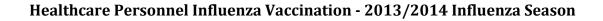
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

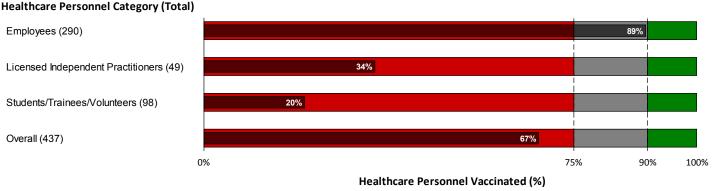
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.6	408	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	1	0.9	749	N/A	N/A	1.37
SSI	Colon surgery	0	0.9	32	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.7	8655	N/A	N/A	1.13
	C. difficile infection	6	5.4	8655	1.10	(0.45, 2.30)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Roane Medical Center





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Roane Medical Center - Page 1 of 2

### **Roane Medical Center, Harriman, Roane County**

### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.6	408	N/A
2012	1	1	0.3	240	N/A
2011	1	0	0.4	285	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

YR	Ν	OBS	PRED	UCD	SIR
2013	1	1	0.9	749	N/A
2012	1	0	0.6	480	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### Surgical Site Infections (SSI)

- Colon Surgery			SSI - A	bdomi	inal Hys	
	PRED	PROC	SIR	YR	OBS	PRED
	0.9	32	N/A	2013	N/A	N/A
	0.9	23	N/A	2012	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SIR

1.1

0

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

6

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR	
2013	0	0.7	8655	N/A	

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

3 SIR

Roane Medical Center - Page 2 of 2

LabID - C. difficile Infection (CDI)

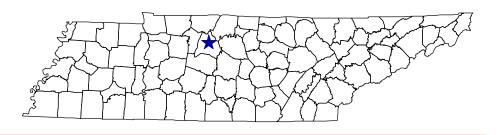
OBS PRED PATD

5.4

8655

### Skyline Medical Center, Nashville, Davidson County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Skyline Medical Center:

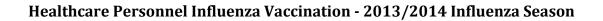
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

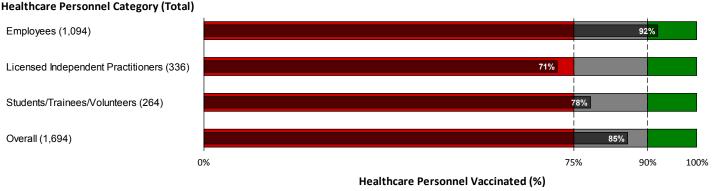
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	6.9	3956	0.43	(0.11, 1.17)	0.48
CAUTI	Adult/Pediatric ICU	11	17.8	7610	0.62	(0.32, 1.07)	1.37
SSI	Colon surgery	2	3.1	107	0.63	(0.11, 2.07)	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	3	2.9	55812	1.03	(0.26, 2.81)	1.13
	C. difficile infection	48	30.1	55812	1.59	( 1.19, 2.09 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Skyline Medical Center





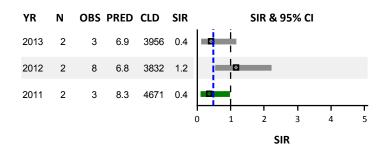
Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

Skyline Medical Center - Page 1 of 2

### Skyline Medical Center, Nashville, Davidson County

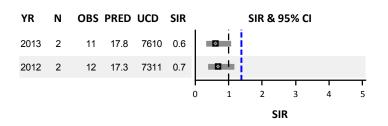
### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



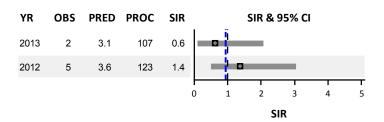
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

LabID - C. difficile Infection (CDI)

30.1

PRED PATD

55812

N/A: Number of predicted infections <1; no SIR calculated

SIR

1.6

0

1

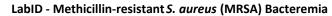
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

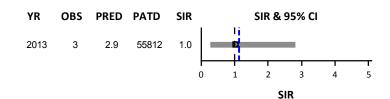
YR

2013

OBS

48





Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

SIR & 95% CI

SIR

3

Δ

5

Skyline Medical Center - Page 2 of 2

## SkyRidge Medical Center, Cleveland, Bradley County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for SkyRidge Medical Center:

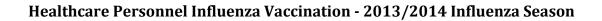
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

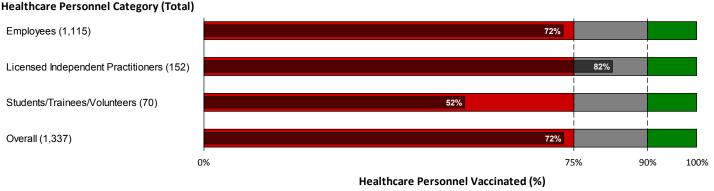
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	4	6.0	2865	0.67	(0.21, 1.60)	0.48
CAUTI	Adult/Pediatric ICU	2	9.3	4137	0.21	( 0.04, 0.70 )	1.37
SSI	Colon surgery	0	1.6	54	0.00	(0.00, 1.83)	0.93
	Abdominal hysterectomy	0	0.2	30	N/A	N/A	0.89
LabID	MRSA bacteremia	1	1.8	37664	0.53	(0.03, 2.61)	1.13
	C. difficile infection	14	18.3	35490	0.76	(0.44, 1.25)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at SkyRidge Medical Center





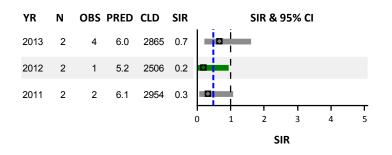
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

SkyRidge Medical Center - Page 1 of 2

### SkyRidge Medical Center, Cleveland, Bradley County

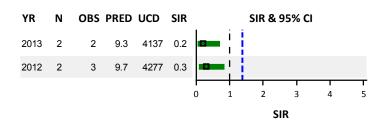
#### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



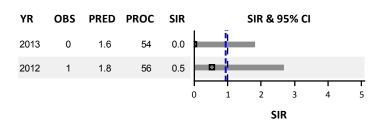
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

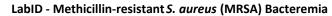


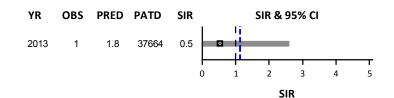
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.2	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

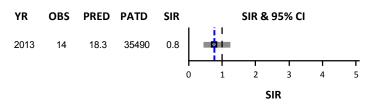




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)



Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

### Southern Hills Medical Center, Nashville, Davidson County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Southern Hills Medical Center:

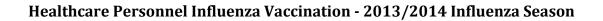
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

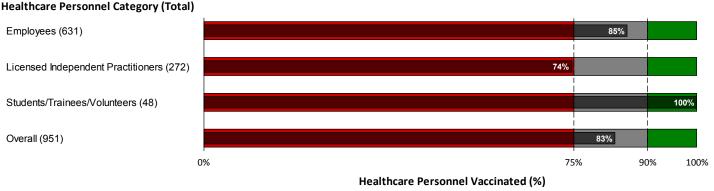
#### Infections **Standardized Infection Ratio (SIR) Device Days/Procedures** HAI Type/Unit Observed Predicted SIR\* 95% CI **TN SIR Performed/Patient Days** CLABSI Adult/Pediatric ICU 4 2.2 1492 1.82 (0.58, 4.38) 0.48 CAUTI Adult/Pediatric ICU 7 2.7 2134 2.51 (1.10, 4.96) 1.37 SSI Colon surgery 1 2.2 72 0.45 (0.02, 2.20)0.93 Abdominal hysterectomy N/A N/A N/A N/A N/A 0.89 LabID MRSA bacteremia 0.9 22935 N/A N/A 1.13 1 27 17.0 C. difficile infection 22935 1.58 (1.07, 2.27) 0.77

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

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





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Southern Hills Medical Center - Page 1 of 2

### Southern Hills Medical Center, Nashville, Davidson County

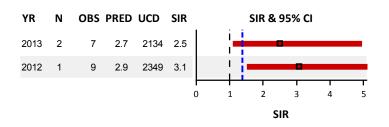
### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



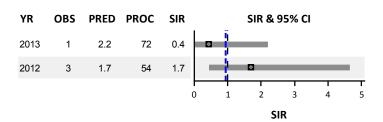
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
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



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

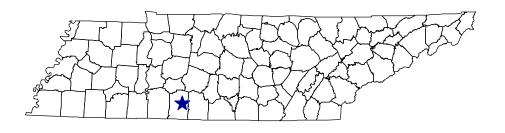
**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

### Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp), Lawrenceburg, Lawrence County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp):

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

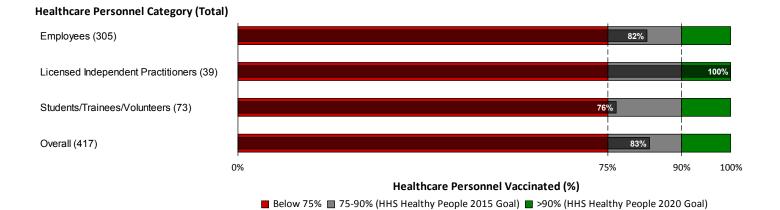
# Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		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	155	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.6	505	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.2	7291	N/A	N/A	1.13
	C. difficile infection	1	3.3	6695	0.29	(0.02, 1.45)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp)

## Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp) - Page 1 of 2

### Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp), Lawrenceburg, Lawrence County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.2	155	N/A
2012	1	0	0.2	160	N/A
2011	1	0	0.4	274	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

--- - -

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.6	505	N/A
2012	1	0	0.7	612	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### Surgical Site Infections (SSI)

5I - Co	lon Su	irgery		
(	OBS	PRED	PROC	SIR
N/A N/A	N/A	۱.	N/A	N/A
N/A N/A	N/A		N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

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YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

LabID - C. difficile Infection (CDI)

OBS PRED PATD

3.3

1

N/A: Number of predicted infections <1; no SIR calculated

SIR

0.3

6695

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	0	0.2	7291	N/A

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted – – – – NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

SIR

Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp) - Page 2 of 2

### Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp), Sewanee, Franklin County

Medical School Affiliation: None Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp):

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to

Tennessee SSI reporting requirements

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

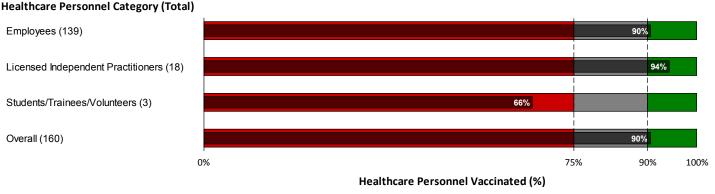
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	1669	N/A	N/A	1.13
	C. difficile infection	0	0.7	1669	N/A	N/A	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp)

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 📕 >90% (HHS Healthy People 2020 Goal)

Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp) - Page 1 of 2

### Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp), Sewanee, Franklin County

LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia			5. aureus (MRSA) Bacteremia	LabID	- C. difj	<i>ficile</i> Inf	ection (	CDI)	
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR
2013	0	0.0	1669	N/A	2013	0	0.7	1669	N/A

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

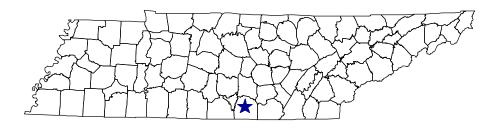
Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data SIR = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ----- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp) - Page 2 of 2

### Southern TN Reg. Health System - Winchester (Southern TN Med Ctr), Winchester, Franklin County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Southern TN Reg. Health System - Winchester (Southern TN Med Ctr):

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

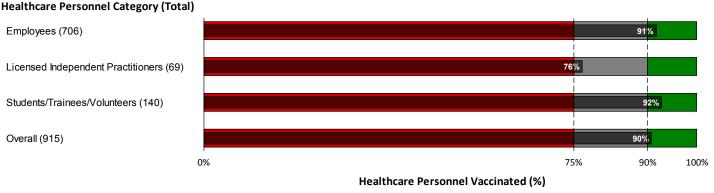
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.4	269	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	6	1.1	884	5.27	( 2.13,10.95 )	1.37
SSI	Colon surgery	0	1.3	38	0.00	( 0.00, 2.18 )	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	1.5	22408	0.00	(0.00, 1.91)	1.13
	C. difficile infection	7	10.9	21662	0.64	(0.28, 1.26)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Southern TN Reg. Health System - Winchester (Southern TN Med Ctr)

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Southern TN Reg. Health System - Winchester (Southern TN Med Ctr) - Page 1 of 2

### Southern TN Reg. Health System - Winchester (Southern TN Med Ctr), Winchester, Franklin County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

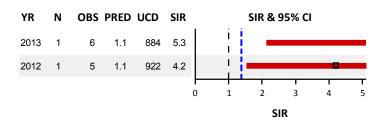
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	1	0.4	269	N/A
2012	1	1	0.6	453	N/A
2011	1	0	0.7	527	N/A

N/A: Number of predicted infections <1; no SIR calculated

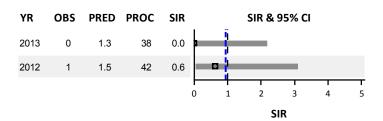
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



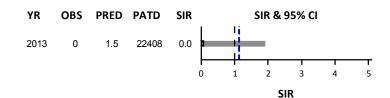
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

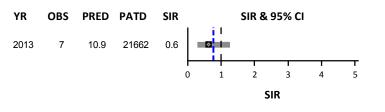




Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

LabID - C. difficile Infection (CDI)

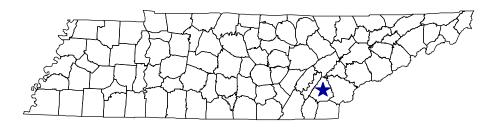


Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR - - - - NHSN SIR=1

Southern TN Reg. Health System - Winchester (Southern TN Med Ctr) - Page 2 of 2

### Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.), Athens, McMinn County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.):

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

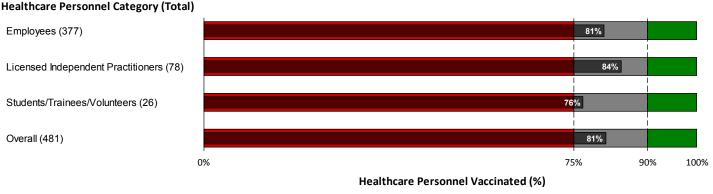
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.4	278	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.9	734	N/A	N/A	1.37
SSI	Colon surgery	0	0.8	32	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.5	11469	N/A	N/A	1.13
	C. difficile infection	2	4.8	10343	0.41	(0.07, 1.37)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.)

### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 📕 >90% (HHS Healthy People 2020 Goal)

Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.) - Page 1 of 2

### Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.), Athens, McMinn County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.4	278	N/A
2012	1	0	0.3	251	N/A
2011	1	0	0.5	367	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.9	734	N/A
2012	1	1	0.9	722	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### Surgical Site Infections (SSI)

- Colon	Surgery			SSI -	Abdomi	inal Hys
BS	PRED	PROC	SIR	YR	OBS	PRED
	0.8	32	N/A	2013	N/A	N/A
	0.9	39	N/A	2012	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

LabID - C. difficile Infection (CDI)

OBS PRED PATD

4.8

10343

2

N/A: Number of predicted infections <1; no SIR calculated

SIR

0.4

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR	YR
2013	3 0	0.5	11469	N/A	2013

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

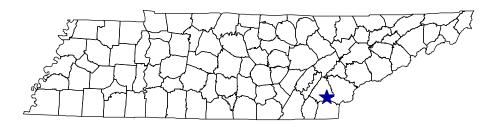
Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

3 SIR

### Starr Regional Med. Center-Etowah (Woods Memorial Hosp.), Etowah, McMinn County

Medical School Affiliation: None Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Starr Regional Med. Center-Etowah (Woods Memorial Hosp.):

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

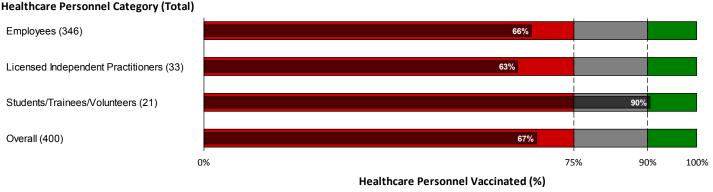
			tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.2	128	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.9	486	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.2	5889	N/A	N/A	1.13
	C. difficile infection	7	3.0	5889	2.33	( 1.02, 4.60 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Starr Regional Med. Center-Etowah (Woods Memorial Hosp.)

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 📕 >90% (HHS Healthy People 2020 Goal)

Starr Regional Med. Center-Etowah (Woods Memorial Hosp.) - Page 1 of 2

### 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	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.2	128	N/A
2012	1	1	0.2	151	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.9	486	N/A
2012	1	0	0.9	487	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Surgical Site Infections (SSI)

SSI - C	Colon Su	urgery		
YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

LabID - C. difficile Infection (CDI)

YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR		SIR &	95% CI		
2013	0	0.2	5889	N/A	2013	7	3.0	5889	2.3					•
N/A: N	umber c	of predict	ted infect	ions <1; no SIR calculated					(	) 1	2	3	4	5
											S	IR		

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

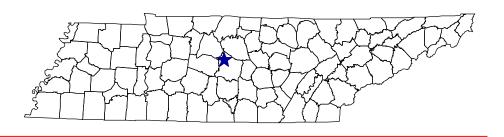
**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 \_\_\_\_ 2013 TN SIR

# StoneCrest Medical Center, Smyrna, Rutherford County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for StoneCrest Medical Center:

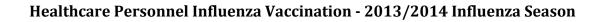
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

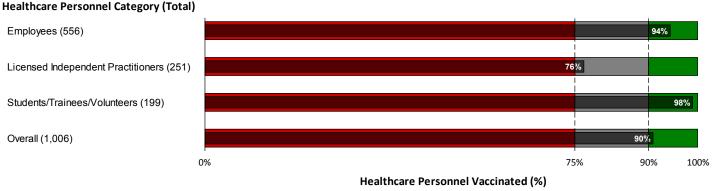
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	2.0	1089	0.97	(0.16, 3.20)	0.48
CAUTI	Adult/Pediatric ICU	6	3.0	1503	1.98	(0.80, 4.11)	1.37
SSI	Colon surgery	1	1.3	39	0.75	(0.04, 3.69)	0.93
	Abdominal hysterectomy	1	1.0	112	0.94	( 0.05, 4.62 )	0.89
LabID	MRSA bacteremia	2	1.0	21248	1.91	( 0.32, 6.32 )	1.13
	C. difficile infection	9	13.3	18403	0.67	(0.33, 1.23)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at StoneCrest Medical Center





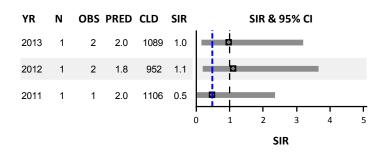
Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

StoneCrest Medical Center - Page 1 of 2

### StoneCrest Medical Center, Smyrna, Rutherford County

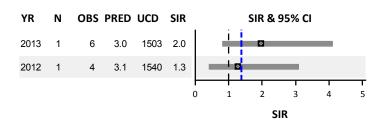
**Central Line-Associated Bloodstream Infections (CLABSI)** 

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



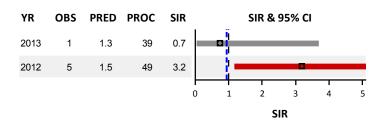
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

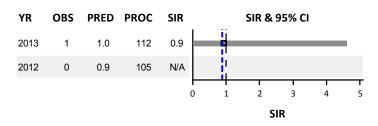


# Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



SIR

0.7

0

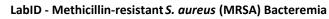
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

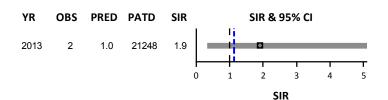
YR

2013

OBS

9





Data reported as of September 4, 2014

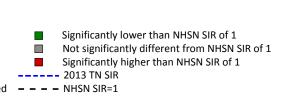
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)

13.3

PRED PATD

18403



2

1

1

SIR & 95% CI

SIR

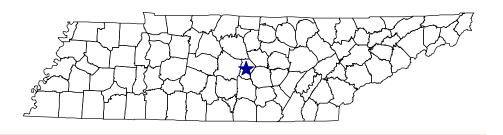
3

Δ

5

# Stones River Hospital, Woodbury, Cannon County

Medical School Affiliation: None Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Stones River Hospital:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

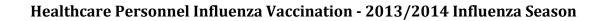
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

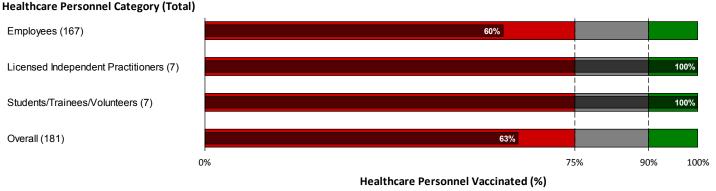
#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.1	4525	N/A	N/A	1.13
	C. difficile infection	1	2.1	4525	0.46	( 0.02, 2.28 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Stones River Hospital





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Stones River Hospital - Page 1 of 2

### Stones River Hospital, Woodbury, Cannon County

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID	- Meth	icillin-re	esistant	5. aureus (MRSA) Bacteremia	LabID	- C. di	ifficile I	nfectio	n (CDI	)				
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR		SIR &	95% CI		
2013	0	0.1	4525	N/A	2013	1	2.1	4525	0.5					
N/A: N	umber o	of predic	ted infect	ions <1; no SIR calculated						0 1	2	3	4	5
											S	IR		

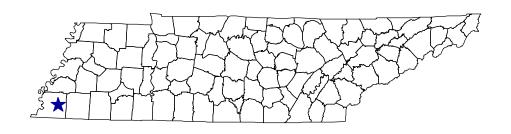
Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data SIR = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ----- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

Stones River Hospital - Page 2 of 2

# St. Francis Bartlett, Bartlett, Shelby County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for St. Francis Bartlett:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs

- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	3.0	2108	0.32	(0.02, 1.59)	0.48
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	3	2.9	2343	1.03	(0.26, 2.81)	1.37
SSI	Colon surgery	0	0.6	25	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.3	44	N/A	N/A	0.89
LabID	MRSA bacteremia	0	1.2	34550	0.00	(0.00, 2.34)	1.13
	C. difficile infection	7	16.0	32760	0.44	( 0.19, 0.86 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at St. Francis Bartlett



### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

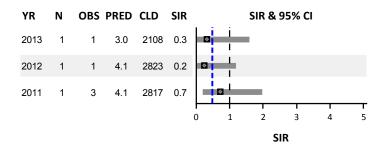
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

St. Francis Bartlett - Page 1 of 2

### St. Francis Bartlett, Bartlett, Shelby County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

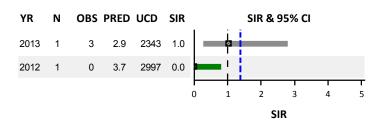


YR	Ν	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.1	80	N/A
2011	1	0	0.1	144	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

# SSI - Colon Surgery

YR	OBS	PRED	PROC	SIR
2013	0	0.6	25	N/A
2012	1	1.2	48	0.8

N/A: Number of predicted infections <1; no SIR calculated

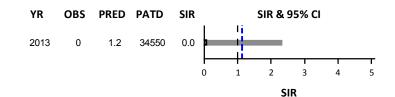
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.3	44	N/A
2012	0	0.4	69	N/A

N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

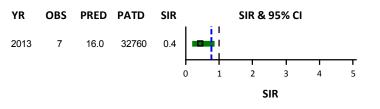
#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

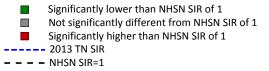


Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - C. difficile Infection (CDI)



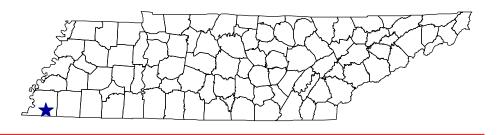


St. Francis Bartlett - Page 2 of 2

CLABSI - Neonatal ICUs

# St. Francis Hospital - Memphis, Memphis, Shelby County

Medical School Affiliation: Graduate teaching Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for St. Francis Hospital - Memphis:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs

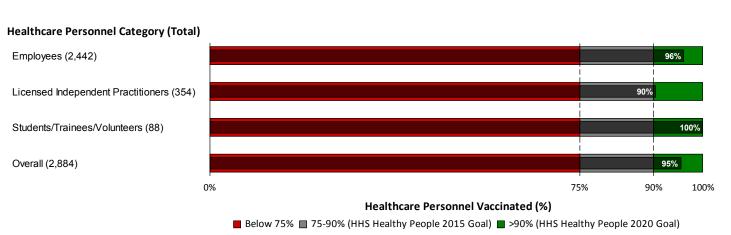
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	6	7.5	5320	0.80	(0.32, 1.65)	0.48
	Neonatal ICU	0	0.2	120	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	11	10.1	5100	1.08	(0.57, 1.88)	1.37
SSI	Colon surgery	5	3.4	127	1.46	(0.54, 3.24)	0.93
	Abdominal hysterectomy	0	0.7	78	N/A	N/A	0.89
LabID	MRSA bacteremia	10	6.6	93113	1.50	(0.76, 2.67)	1.13
	C. difficile infection	24	55.0	90469	0.44	( 0.29, 0.64 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at St. Francis Hospital - Memphis



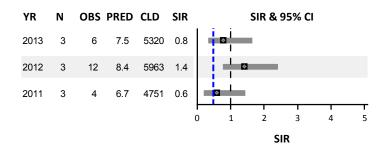
# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

St. Francis Hospital - Memphis - Page 1 of 2

### St. Francis Hospital - Memphis, Memphis, Shelby County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

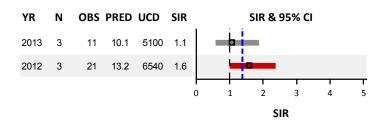


YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.2	120	N/A
2012	1	0	0.4	272	N/A
2011	1	0	0.3	221	N/A

N/A: Number of predicted infections <1; no SIR calculated

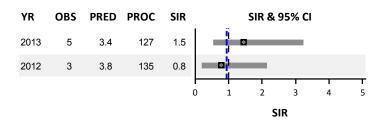
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

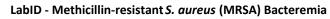


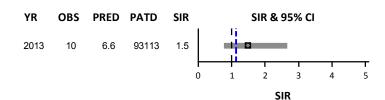
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.7	78	N/A
2012	0	0.6	70	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

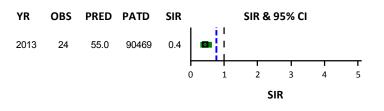




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)

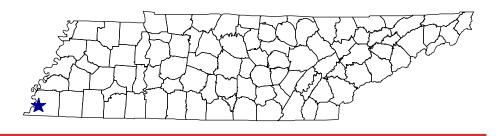


Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

CLABSI - Neonatal ICUs

# St. Jude Children's Research Hospital, Memphis, Shelby County

Medical School Affiliation: Major teaching Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for St. Jude Children's Research Hospital:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible

intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period

- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

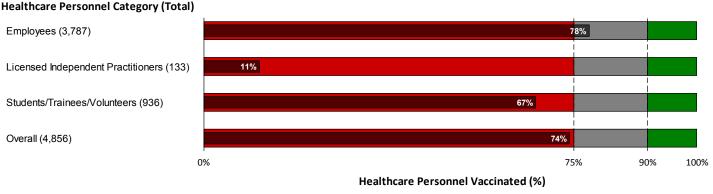
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infection Ratio (SIR)		
				Device Days/Procedures			
HAI	Type/Unit	Observed	Predicted	Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.8	14612	N/A	N/A	1.13
	C. difficile infection	33	10.9	14612	3.02	( 2.11, 4.19 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at St. Jude Children's Research Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



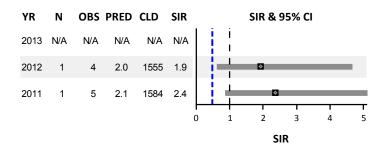
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### St. Jude Children's Research Hospital - Page 1 of 2

### St. Jude Children's Research Hospital, 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**

YR	Ν	OBS	PRED	UCD	SIR
2013	Ν	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)

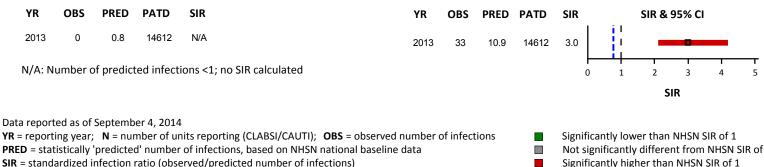
SSI - C	olon Su	urgery		
YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2013	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

LabID - C. difficile Infection (CDI)



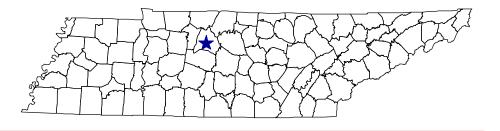
CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR - - - - NHSN SIR=1

St. Jude Children's Research Hospital - Page 2 of 2

# St. Thomas Midtown (Baptist Hospital- Nashville), Nashville, Davidson County

Medical School Affiliation: Graduate teaching Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for St. Thomas Midtown (Baptist Hospital- Nashville):

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs

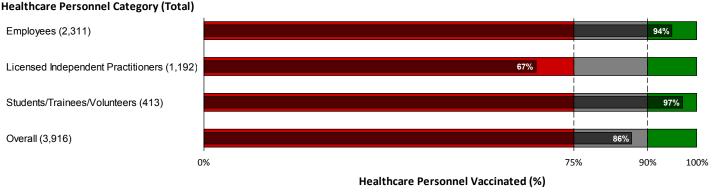
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	6	11.3	5794	0.53	(0.22, 1.10)	0.48
	Neonatal ICU	0	2.5	996	0.00	(0.00, 1.19)	0.51
CAUTI	Adult/Pediatric ICU	26	16.8	7755	1.55	( 1.03, 2.23 )	1.37
SSI	Colon surgery	4	8.6	293	0.46	( 0.15, 1.12 )	0.93
	Abdominal hysterectomy	5	2.4	311	2.07	(0.76, 4.60)	0.89
LabID	MRSA bacteremia	4	7.3	118207	0.55	(0.17, 1.32)	1.13
	C. difficile infection	53	73.9	92868	0.72	( 0.54, 0.93 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at St. Thomas Midtown (Baptist Hospital- Nashville)



# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

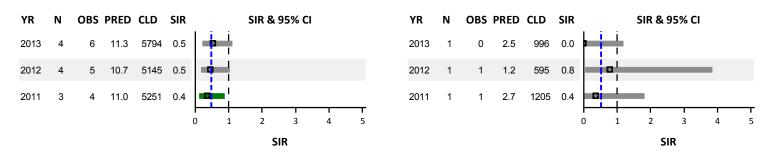
St. Thomas Midtown (Baptist Hospital- Nashville) - Page 1 of 2

### St. Thomas Midtown (Baptist Hospital- Nashville), Nashville, Davidson County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

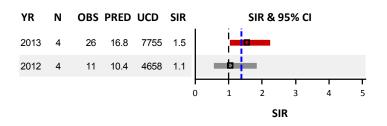
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

#### **CLABSI - Neonatal ICUs**



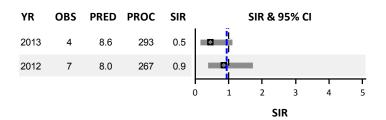
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

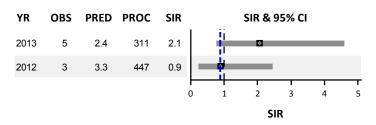


### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



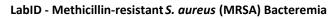
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

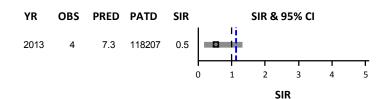
YR

2013

OBS

53





Data reported as of September 4, 2014

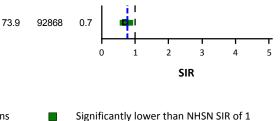
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)

PATD

SIR

PRED



Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

SIR & 95% CI

St. Thomas Midtown (Baptist Hospital- Nashville) - Page 2 of 2

### St. Thomas Rutherford Hospital (Middle TN Med. Ctr), Murfreesboro, Rutherford County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for St. Thomas Rutherford Hospital (Middle TN Med. Ctr):

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs

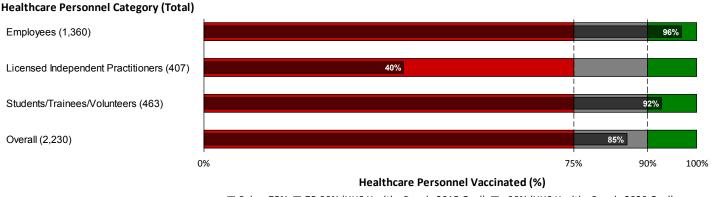
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe	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	4.3	2987	0.00	( 0.00, 0.68 )	0.48
	Neonatal ICU	1	0.6	413	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	10	6.1	4969	1.62	( 0.82, 2.89 )	1.37
SSI	Colon surgery	2	3.5	126	0.57	(0.10, 1.87)	0.93
	Abdominal hysterectomy	1	1.3	193	0.77	(0.04, 3.77)	0.89
LabID	MRSA bacteremia	5	3.2	64110	1.53	( 0.56, 3.38 )	1.13
	C. difficile infection	49	51.0	60616	0.96	(0.72, 1.26)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at St. Thomas Rutherford Hospital (Middle TN Med. Ctr)



### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

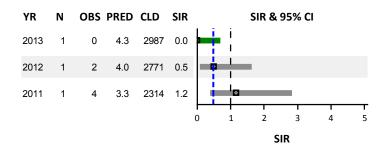
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 📕 >90% (HHS Healthy People 2020 Goal)

St. Thomas Rutherford Hospital (Middle TN Med. Ctr) - Page 1 of 2

### St. Thomas Rutherford Hospital (Middle TN Med. Ctr), Murfreesboro, Rutherford County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



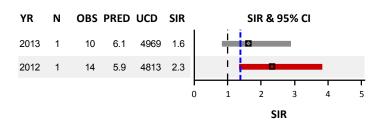
<b>CLABSI - Neonatal IC</b>	CUs
-----------------------------	-----

YR	Ν	OBS	PRED	CLD	SIR
2013	1	1	0.6	413	N/A
2012	1	0	0.7	481	N/A
2011	1	0	0.3	377	N/A

N/A: Number of predicted infections <1; no SIR calculated

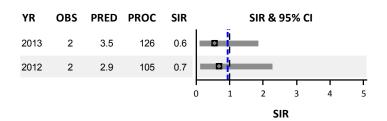
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

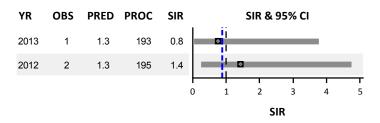


### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



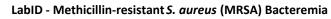
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

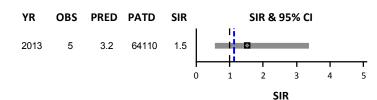
YR

2013

OBS

49





Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - C. difficile Infection (CDI)

PRED

51.0

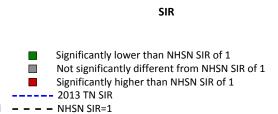
PATD

60616

SIR

1.0

0



2

i I

0

1

SIR & 95% CI

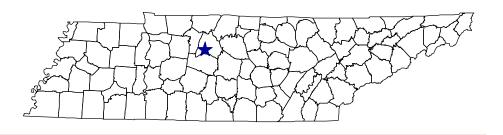
3

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# St. Thomas West Hospital, Nashville, Davidson County

Medical School Affiliation: None Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for St. Thomas West Hospital:

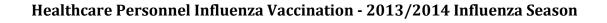
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

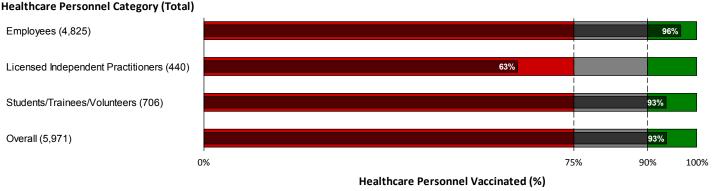
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	9.2	6297	0.22	( 0.04, 0.72 )	0.48
CAUTI	Adult/Pediatric ICU	19	9.5	7650	2.00	( 1.24, 3.06 )	1.37
SSI	Colon surgery	8	7.5	233	1.06	(0.49,2.01)	0.93
	Abdominal hysterectomy	2	1.1	150	1.71	(0.29, 5.63)	0.89
LabID	MRSA bacteremia	9	7.6	89650	1.17	( 0.57, 2.15 )	1.13
	C. difficile infection	83	70.5	89650	1.18	(0.94, 1.45)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at St. Thomas West Hospital





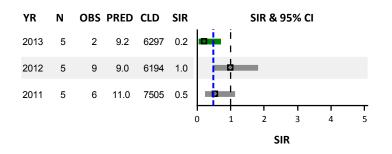
Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

St. Thomas West Hospital - Page 1 of 2

### St. Thomas West Hospital, Nashville, Davidson County

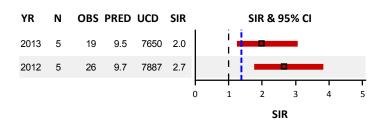
### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



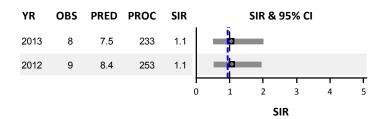
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

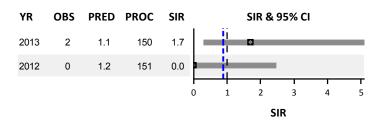


### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



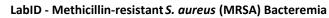
SSI - Abdominal Hysterectomy

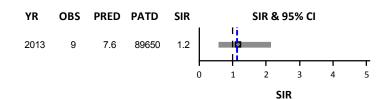


### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

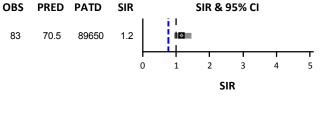




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)



Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

### Summit Medical Center, Hermitage, Davidson County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### HAI Reporting Requirements for Summit Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

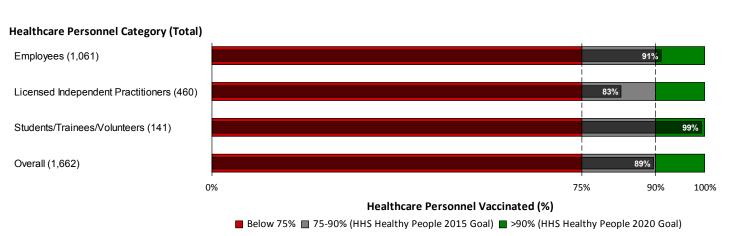
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	4.9	2364	0.60	(0.15, 1.64)	0.48
	Neonatal ICU	0	0.3	226	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	4	9.6	4141	0.42	(0.13, 1.00)	1.37
SSI	Colon surgery	10	4.3	155	2.28	( 1.16, 4.06 )	0.93
	Abdominal hysterectomy	5	0.6	87	N/A	N/A	0.89
LabID	MRSA bacteremia	1	2.4	53435	0.41	(0.02, 2.01)	1.13
	C. difficile infection	39	35.2	49194	1.11	(0.80, 1.50)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Summit Medical Center



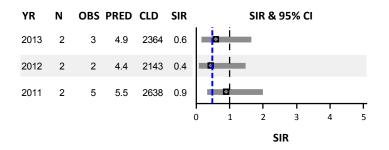
### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Summit Medical Center - Page 1 of 2

### Summit Medical Center, Hermitage, Davidson County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



YR	N	OBS	PRED	CLD	SIR
2013	1	0	0.3	226	N/A

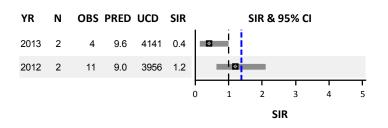
**CLABSI - Neonatal ICUs** 

J/A 2012 N/A 0 0.2 155 2011 1 0 0.3 218 N/A

N/A: Number of predicted infections <1; no SIR calculated

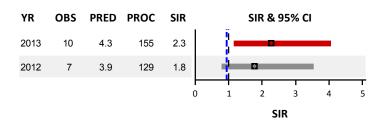
#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery

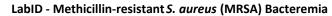


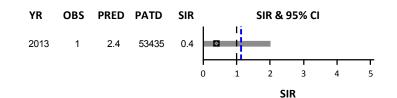
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	5	0.6	87	N/A
2012	3	0.8	104	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

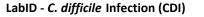


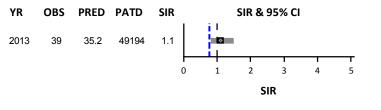


Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted





Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 - 2013 TN SIR - - - - NHSN SIR=1

### Sumner Regional Medical Center, Gallatin, Sumner County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Sumner Regional Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

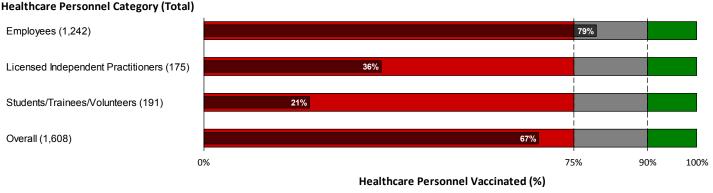
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		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	3.3	2264	0.00	( 0.00, 0.90 )	0.48
CAUTI	Adult/Pediatric ICU	1	4.7	3807	0.21	(0.01, 1.04)	1.37
SSI	Colon surgery	3	1.2	46	2.44	(0.62, 6.64)	0.93
	Abdominal hysterectomy	0	0.1	29	N/A	N/A	0.89
LabID	MRSA bacteremia	1	2.4	33681	0.42	( 0.02, 2.05 )	1.13
	C. difficile infection	8	21.8	32322	0.37	( 0.17, 0.70 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Sumner Regional Medical Center

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Sumner Regional Medical Center - Page 1 of 2

### Sumner Regional Medical Center, Gallatin, Sumner County

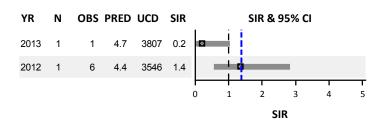
**Central Line-Associated Bloodstream Infections (CLABSI)** 

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



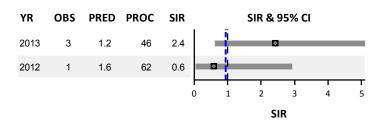
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.1	29	N/A
2012	2	0.3	48	N/A

N/A: Number of predicted infections <1; no SIR calculated

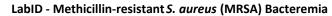
SIR

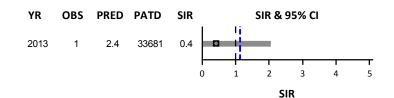
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS



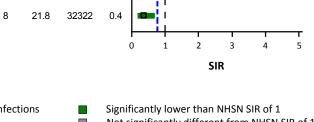


Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>



PRED PATD

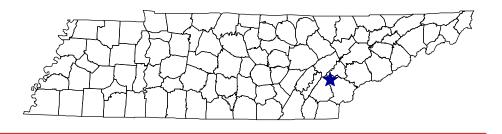


Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

SIR & 95% CI

### Sweetwater Hospital Association, Sweetwater, Monroe County

Medical School Affiliation: Graduate teaching Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Sweetwater Hospital Association:

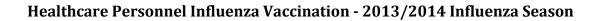
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

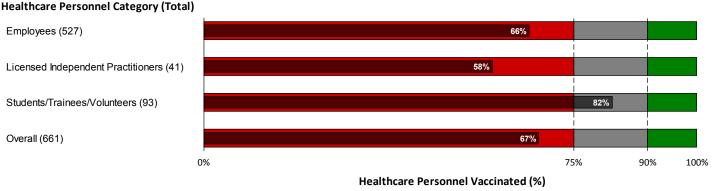
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.6	327	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	1.9	961	0.00	(0.00, 1.54)	1.37
SSI	Colon surgery	1	0.5	21	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.0	20	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.5	10035	N/A	N/A	1.13
	C. difficile infection	0	5.4	9667	0.00	( 0.00, 0.55 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Sweetwater Hospital Association





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Sweetwater Hospital Association - Page 1 of 2

### Sweetwater Hospital Association, Sweetwater, Monroe County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

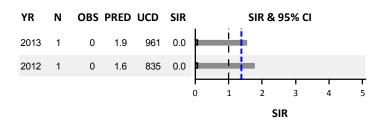
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.6	327	N/A
2012	1	0	0.6	358	N/A
2011	1	0	0.8	473	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

I - Colon Surgery R OBS PRED PROC SIR 13 1 0.5 21 N/A				
0	BS	PRED	PROC	SIR
1		0.5	21	N/A
N/A		N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

SIR

0.0

0

#### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

0

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR	
2013	0	0.5	10035	N/A	

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; ----- 2013 TN SIR N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ---- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 NHSN SIR=1

SIR & 95% CI

SIR

LabID - C. difficile Infection (CDI)

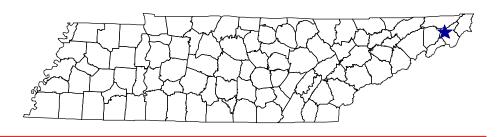
PRED PATD

5.4

9667

### Sycamore Shoals Hospital, Elizabethton, Carter County

Medical School Affiliation: None Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Sycamore Shoals Hospital:

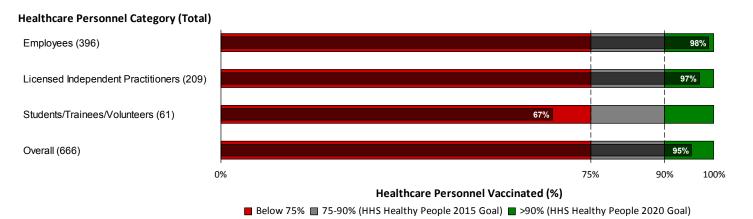
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.6	411	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	1.6	1255	0.00	(0.00, 1.85)	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	0	0.2	26	N/A	N/A	0.89
LabID	MRSA bacteremia	3	0.5	14692	N/A	N/A	1.13
	C. difficile infection	11	10.6	14692	1.03	(0.54, 1.79)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

#### See page 2 for more detailed information about HAIs at Sycamore Shoals Hospital



# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Sycamore Shoals Hospital - Page 1 of 2

### Sycamore Shoals Hospital, Elizabethton, Carter County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

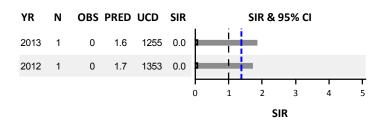
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.6	411	N/A
2012	1	0	0.7	515	N/A
2011	1	0	0.4	317	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

6I - C	olon Sı	ırgery		
2	OBS	PRED	PROC	SIR
	N/A	N/A	N/A	N/A
2	0	1.4	42	0.0

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

SIR

1.0

0

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

11

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR	
2013	3	0.5	14692	N/A	

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

3 SIR

LabID - C. difficile Infection (CDI)

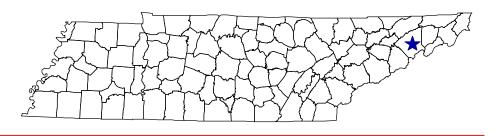
PRED PATD

14692

10.6

# Takoma Regional Hospital, Greeneville, Greene County

Medical School Affiliation: Graduate teaching Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Takoma Regional Hospital:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

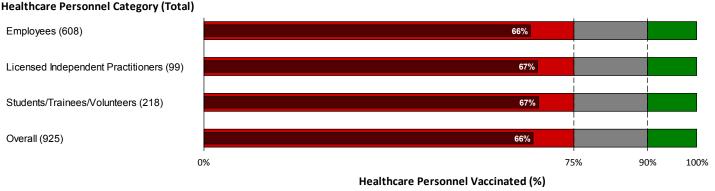
# Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.5	372	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	1.3	1025	0.00	( 0.00, 2.27 )	1.37
SSI	Colon surgery	1	0.8	35	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.7	11905	N/A	N/A	1.13
	C. difficile infection	3	6.1	11246	0.49	(0.12, 1.33)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at Takoma Regional Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Takoma Regional Hospital - Page 1 of 2

# Takoma Regional Hospital, Greeneville, Greene County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

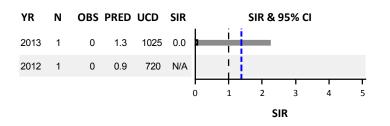
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.5	372	N/A
2012	1	0	0.2	155	N/A
2011	1	0	0.3	213	N/A

N/A: Number of predicted infections <1; no SIR calculated

#### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



### Surgical Site Infections (SSI)

SSI - Colon Surgery				
OBS		PRED	PROC	SIR
1		0.8	35	N/A
0		0.5	26	N/A

N/A: Number of predicted infections <1; no SIR calculated

YR	OBS	PRED	PROC	SIR
2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

LabID - C. difficile Infection (CDI)

6.1

PRED PATD

11246

N/A: Number of predicted infections <1; no SIR calculated

SIR

0.5

0

Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

3

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR
2013	1	0.7	11905	N/A

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

2

SIR & 95% CI

3 SIR

Takoma Regional Hospital - Page 2 of 2

# TC Thompson Children's Hospital (Erlanger), Chattanooga, Hamilton County

Medical School Affiliation: Major teaching Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for TC Thompson Children's Hospital (Erlanger):

- **Central line-associated bloodstream infections (CLABSI):** Pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

- Catheter-associated urinary tract infections (CAUTI): Pediatric ICUs

- Any surgical site infections (SSI) following colon surgeries (COLO) or abdominal hysterectomies (HYST) and Methicillin-resistant *S. aureus* (MRSA) bacteremia and *C. difficile* infection (CDI) laboratory identified (LabID) events for this facility are reported with Erlanger Medical Center

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infection Ratio (SIR)		
				Device Days/Procedures			
HAI	Type/Unit	Observed	Predicted	Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	2.4	833	0.41	( 0.02, 2.02 )	0.48
	Neonatal ICU	6	6.3	2651	0.94	(0.38, 1.96)	0.51
CAUTI	Adult/Pediatric ICU	1	1.5	549	0.65	( 0.03, 3.23 )	1.37

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 2 for more detailed information about HAIs at TC Thompson Children's Hospital (Erlanger)

### Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

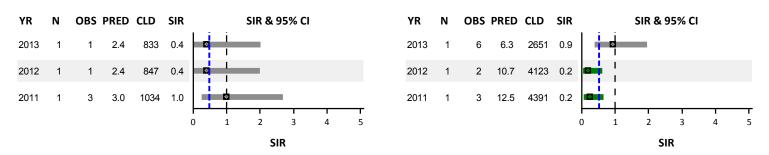
Healthcare personnel influenza vaccination data for this facility are reported with Erlanger Medical Center

### TC Thompson Children's Hospital (Erlanger), Chattanooga, Hamilton County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

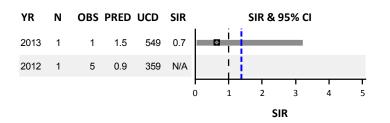
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

**CLABSI - Neonatal ICUs** 



### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



 Data reported as of September 4, 2014

 YR = reporting year;
 N = number of units reporting (CLABSI/CAUTI);
 OBS = observed number of infections
 Significantly lower than NHSN SIR of 1

 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 Not significantly different from NHSN SIR of 1

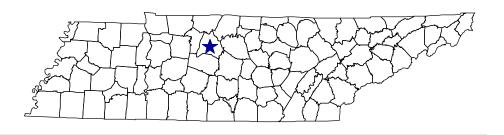
 SIR = standardized infection ratio (observed/predicted number of infections)
 Significantly higher than NHSN SIR of 1

 CLD = central line days;
 UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 ----- 2013 TN SIR

 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</td>
 ---- NHSN SIR=1

# The Hospital for Spinal Surgery, Nashville, Davidson County

Medical School Affiliation: None Bed Size Category: <50 beds



## Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for The Hospital for Spinal Surgery:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

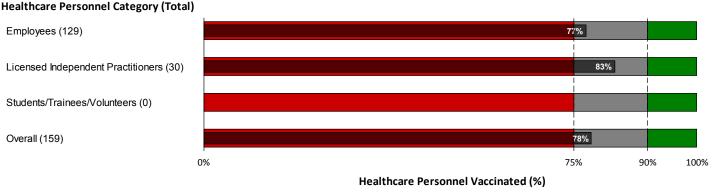
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	1485	N/A	N/A	1.13
	C. difficile infection	0	0.8	1485	N/A	N/A	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at The Hospital for Spinal Surgery

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### The Hospital for Spinal Surgery - Page 1 of 2

## The Hospital for Spinal Surgery, Nashville, Davidson County

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia					LabID	- C. difj	<i>ficile</i> Inf	ection (	CDI)
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR
2013	0	0.0	1485	N/A	2013	0	0.8	1485	N/A

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

 Data reported as of September 4, 2014
 Significantly

 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
 Not significantly

 SIR = standardized infection ratio (observed/predicted number of infections)
 Significantly

 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 ----- 2013 TN SIR

 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</td>
 ---- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

# TrustPoint Hospital, Murfreesboro, Rutherford County

Medical School Affiliation: None Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for TrustPoint Hospital:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

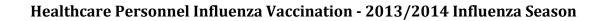
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

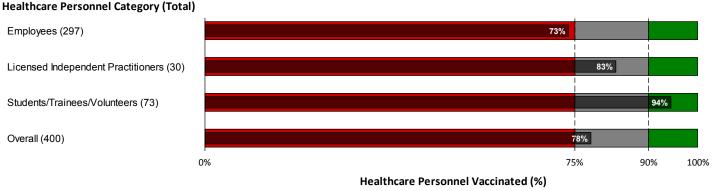
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

			tions		Standardized Infe		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.4	11529	N/A	N/A	1.13
	C. difficile infection	1	5.1	11529	0.19	( 0.01, 0.95 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at TrustPoint Hospital





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

TrustPoint Hospital - Page 1 of 2

## **TrustPoint Hospital, Murfreesboro, Rutherford County**

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

difficile Infection (CDI)

LabID - Methicillin-resistant <i>S. aureus</i> (MRSA) Bacteremia	LabID - C.

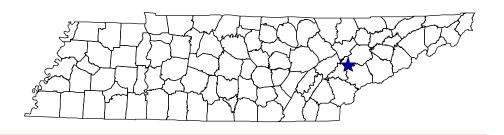


Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data **SIR** = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

# Turkey Creek Medical Center, Knoxville, Knox County

Medical School Affiliation: None Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Turkey Creek Medical Center:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

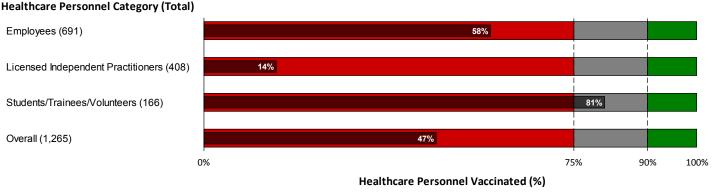
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	1.2	859	0.00	( 0.00, 2.33 )	0.48
CAUTI	Adult/Pediatric ICU	2	1.6	1297	1.20	( 0.20, 3.95 )	1.37
SSI	Colon surgery	9	4.5	131	1.97	(0.96, 3.61)	0.93
	Abdominal hysterectomy	1	0.6	64	N/A	N/A	0.89
LabID	MRSA bacteremia	1	0.8	20763	N/A	N/A	1.13
	C. difficile infection	10	12.2	19573	0.82	(0.42, 1.46)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at Turkey Creek Medical Center

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



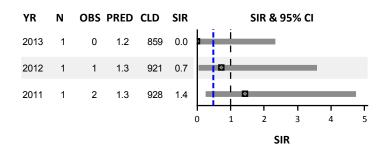
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Turkey Creek Medical Center - Page 1 of 2

## Turkey Creek Medical Center, Knoxville, Knox County

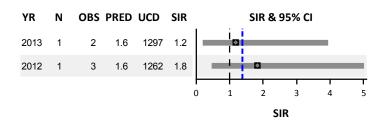
### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



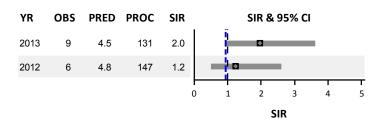
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



## Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
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



Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

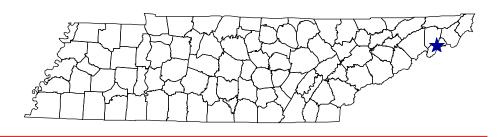
SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - NHSN SIR=1

# Unicoi County Memorial Hospital, Erwin, Unicoi County

Medical School Affiliation: None Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Unicoi County Memorial Hospital:

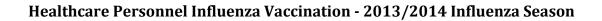
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

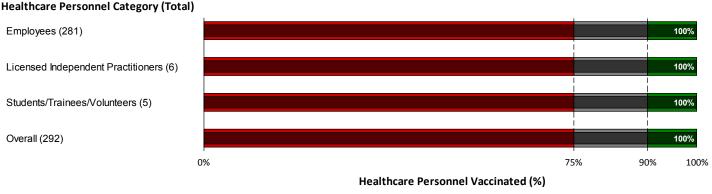
# Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infection Ratio (SIR)		
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A N/A		0.48
CAUTI	Adult/Pediatric ICU	0	0.4	357	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.2	4201	N/A	N/A	1.13
	C. difficile infection	0	2.2	4201	0.00	(0.00, 1.32)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at Unicoi County Memorial Hospital





📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### Unicoi County Memorial Hospital - Page 1 of 2

## Unicoi County Memorial Hospital, Erwin, Unicoi County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

#### CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	N/A	N/A	N/A	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

### **Catheter-Associated Urinary Tract Infections (CAUTI)**

#### **CAUTI - Adult/Pediatric ICUs**

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.4	357	N/A
2012	1	1	0.4	320	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Surgical Site Infections (SSI)

SSI - C	SSI - Colon Surgery			SSI - A	bdomi	nal Hyst	erectom	ny	
YR	OBS	PRED	PROC	SIR	YR	OBS	PRED	PROC	5
2013	N/A	N/A	N/A	N/A	2013	N/A	N/A	N/A	
2012	N/A	N/A	N/A	N/A	2012	N/A	N/A	N/A	

N/A: Number of predicted infections <1; no SIR calculated

2013	N/A	N/A	N/A	N/A
2012	N/A	N/A	N/A	N/A

LabID - C. difficile Infection (CDI)

2.2

PRED PATD

4201

N/A: Number of predicted infections <1; no SIR calculated

SIR

0.0

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR	YR	OBS
2013	0	0.2	4201	N/A	2013	0

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections **PRED** = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

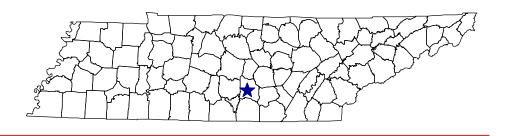
Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR & 95% CI

SIR

## **United Regional Medical Center, Manchester, Coffee County**

Medical School Affiliation: None Bed Size Category: <50 beds



## Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for United Regional Medical Center:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

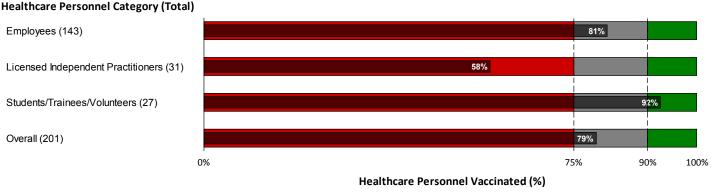
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.2	3352	N/A	N/A	1.13
	C. difficile infection	3	2.2	3352	1.35	(0.34, 3.68)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at United Regional Medical Center

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 📕 >90% (HHS Healthy People 2020 Goal)

#### United Regional Medical Center - Page 1 of 2

## **United Regional Medical Center, Manchester, Coffee County**

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID	- Meth	icillin-re	esistant	5. aureus (MRSA) Bacteremia	LabID	- C. di	ifficile I	nfectio	n (CDI	)				
YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR		SIR &	95% CI		
2013	0	0.2	3352	N/A	2013	3	2.2	3352	1.4					
N/A: N	umber o	of predic	ted infect	ions <1; no SIR calculated						0 1	2	3	4	5
											S	SIR		

Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data SIR = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ----- NHSN SIR=1

Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - NHSN SIR=1

United Regional Medical Center - Page 2 of 2

## University Medical Center- Lebanon, Lebanon, Wilson County

Medical School Affiliation: None Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for University Medical Center- Lebanon:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

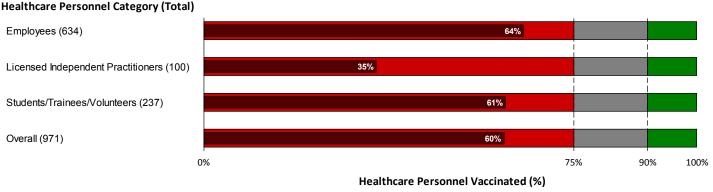
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	2.4	1657	0.40	(0.02, 1.99)	0.48
CAUTI	Adult/Pediatric ICU	2	2.5	2007	0.77	( 0.13, 2.55 )	1.37
SSI	Colon surgery	0	1.5	51	0.00	(0.00, 1.91)	0.93
	Abdominal hysterectomy	0	0.9	109	N/A	N/A	0.89
LabID	MRSA bacteremia	0	1.6	32295	0.00	(0.00, 1.79)	1.13
	C. difficile infection	5	15.5	31397	0.32	( 0.12, 0.71 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at University Medical Center- Lebanon

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



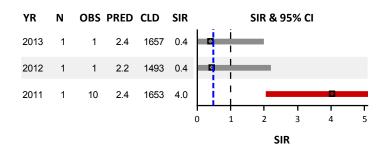
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

#### University Medical Center- Lebanon - Page 1 of 2

## University Medical Center- Lebanon, Lebanon, Wilson County

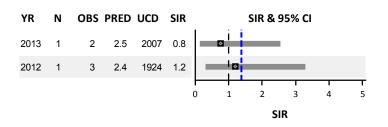
**Central Line-Associated Bloodstream Infections (CLABSI)** 

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



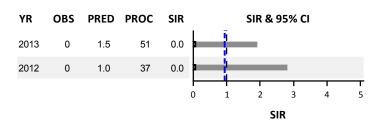
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



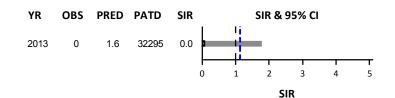
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.9	109	N/A
2012	0	0.7	95	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

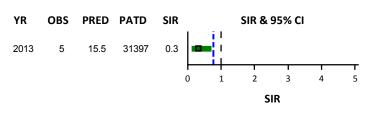




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

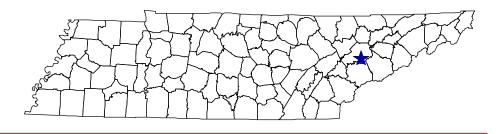
LabID - C. difficile Infection (CDI)



Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

## University of Tennessee Medical Ctr, Knoxville, Knox County

Medical School Affiliation: Major teaching Bed Size Category: 400+ beds



## Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for University of Tennessee Medical Ctr:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs) and neonatal intensive care units (NICUs)

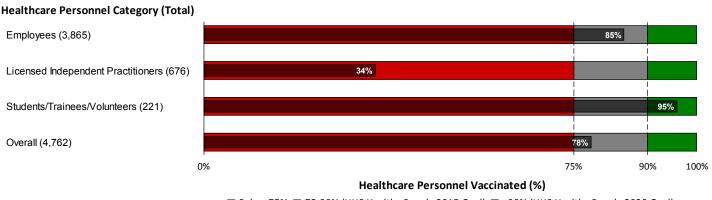
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	Standardized Infection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	13.7	6744	0.00	( 0.00, 0.22 )	0.48
	Neonatal ICU	2	7.3	3523	0.27	( 0.05, 0.90 )	0.51
CAUTI	Adult/Pediatric ICU	59	38.8	14401	1.52	( 1.17, 1.95 )	1.37
SSI	Colon surgery	26	10.3	295	2.51	( 1.68, 3.63 )	0.93
	Abdominal hysterectomy	2	2.4	391	0.80	(0.13, 2.65)	0.89
LabID	MRSA bacteremia	16	24.0	145141	0.67	(0.39, 1.06)	1.13
	C. difficile infection	39	85.1	124090	0.46	( 0.33, 0.62 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at University of Tennessee Medical Ctr



## Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Below 75% 75-90% (HHS Healthy People 2015 Goal) >90% (HHS Healthy People 2020 Goal)

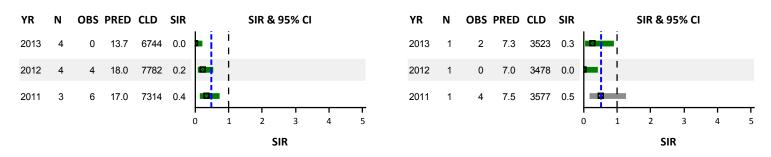
University of Tennessee Medical Ctr - Page 1 of 2

## University of Tennessee Medical Ctr, Knoxville, Knox County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

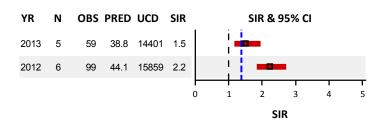
CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

**CLABSI - Neonatal ICUs** 



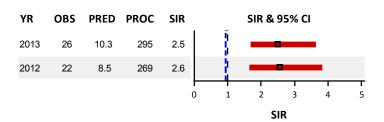
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

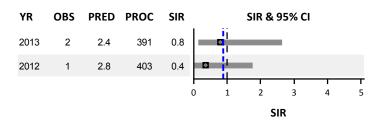


## Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



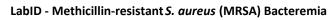
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

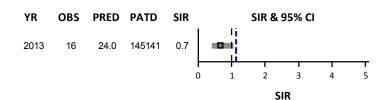
YR

2013

OBS

39





Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - C. difficile Infection (CDI)

PRED

85.1

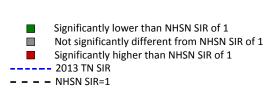
PATD

124090

SIR

0.5

0



2

1

SIR & 95% CI

SIR

3

Δ

5

# Vanderbilt Medical Center, Nashville, Davidson County

Medical School Affiliation: Major teaching Bed Size Category: 400+ beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Vanderbilt Medical Center:

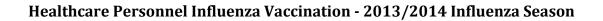
- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

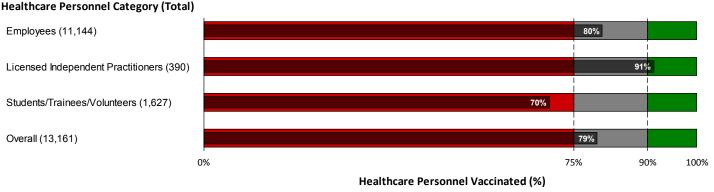
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	11	36.6	17338	0.30	( 0.16, 0.52 )	0.48
CAUTI	Adult/Pediatric ICU	97	68.8	24738	1.41	( 1.15, 1.71 )	1.37
SSI	Colon surgery	25	18.4	505	1.36	( 0.90, 1.98 )	0.93
	Abdominal hysterectomy	4	3.1	320	1.28	(0.41, 3.09)	0.89
LabID	MRSA bacteremia	47	27.9	308581	1.68	( 1.25, 2.22 )	1.13
	C. difficile infection	145	237.6	272484	0.61	( 0.52, 0.72 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at Vanderbilt Medical Center





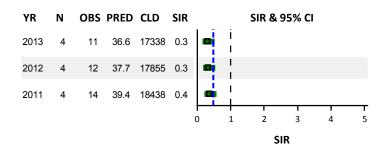
📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Vanderbilt Medical Center - Page 1 of 2

## Vanderbilt Medical Center, Nashville, Davidson County

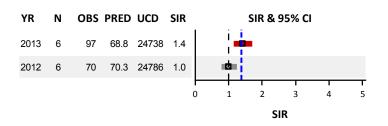
### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



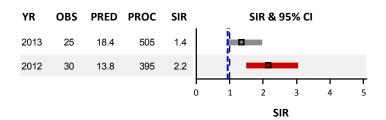
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

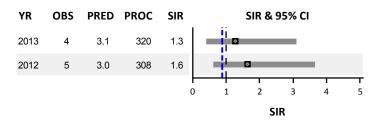


## Surgical Site Infections (SSI)

#### SSI - Colon Surgery



SSI - Abdominal Hysterectomy



SIR

0.6

0

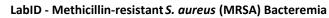
### Healthcare Facility-Onset Laboratory Identified (LabID) Events

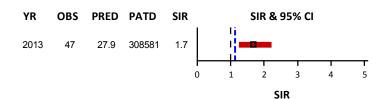
YR

2013

OBS

145





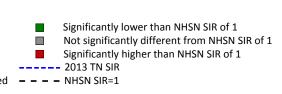
Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
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 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - C. difficile Infection (CDI)

PRED PATD

237.6 272484



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1

o I

SIR & 95% CI

SIR

3

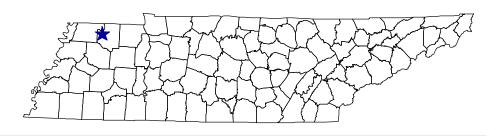
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5

2

# Volunteer Community Hospital, Martin, Weakley County

Medical School Affiliation: None Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Volunteer Community Hospital:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

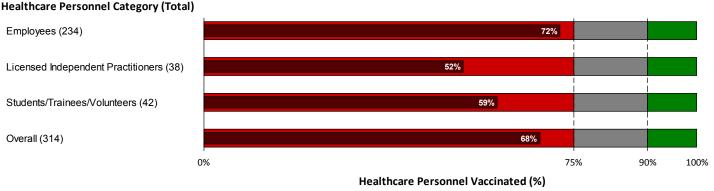
# Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infec	tions		Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	129	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.4	374	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	0.89
LabID	MRSA bacteremia	0	0.2	5344	N/A	N/A	1.13
	C. difficile infection	4	2.7	5344	1.43	(0.46, 3.46)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at Volunteer Community Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 🔳 >90% (HHS Healthy People 2020 Goal)

Volunteer Community Hospital - Page 1 of 2

## Volunteer Community Hospital, Martin, Weakley County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.1	129	N/A
2012	1	0	0.2	197	N/A
2011	1	0	0.3	222	N/A

N/A: Number of predicted infections <1; no SIR calculated

### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.4	374	N/A
2012	1	0	0.7	554	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Surgical Site Infections (SSI)

- Col	on Su	irgery			SSI - A	bdomi	nal Hyst	t
OBS		PRED	PROC	SIR	YR	OBS	PRED	
N/A N/A	N/A		N/A	N/A	2013	N/A	N/A	
N/A N/A N/A	N/A N/A	N/A		N/A	2012	N/A	N/A	

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

SIR

1.4

٥

LabID - C. difficile Infection (CDI)

2.7

PRED PATD

5344

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

YR

2013

OBS

4

### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

YR	OBS	PRED	PATD	SIR	
2013	0	0.2	5344	N/A	

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; ----- 2013 TN SIR N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted ---- NHSN SIR=1

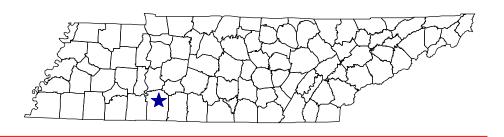
Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 NHSN SIR=1

SIR & 95% CI

3 SIR

## Wayne Medical Center, Waynesboro, Wayne County

Medical School Affiliation: None Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

### HAI Reporting Requirements for Wayne Medical Center:

- Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI): No eligible intensive care units (ICUs) were subject to CLABSI or CAUTI reporting requirements during the reporting period
 - Surgical site infections (SSI): This facility did not perform enough eligible procedures during the reporting period to be subject to Tennessee SSI reporting requirements

- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

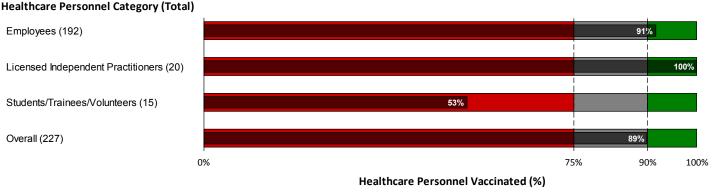
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	1402	N/A	N/A	1.13
	C. difficile infection	0	1.1	1777	0.00	(0.00, 2.70)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at Wayne Medical Center

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 📕 >90% (HHS Healthy People 2020 Goal)

Wayne Medical Center - Page 1 of 2

## Wayne Medical Center, Waynesboro, Wayne County

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia				5. <i>aureus</i> (MRSA) Bacteremia	LabID	- C. di	fficile I	nfectior	n (CDI	)		
YR	OBS	PRED	PATD	SIR	YR	OBS			SIR		SIR & S	
2013	0	0.0	1402	N/A	2013	0	1.1	1777	0.0			
N/A: N	umber o	of predic	ted infect	ions <1; no SIR calculated						0 1	2	3

Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data SIR = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted - - - - NHSN SIR=1

Significantly lower than NHSN SIR of 1 Not significantly different from NHSN SIR of 1 Significantly higher than NHSN SIR of 1 ---- 2013 TN SIR

SIR

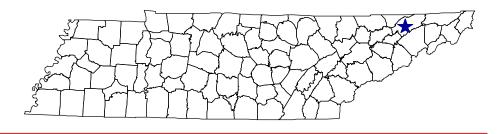
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Wayne Medical Center - Page 2 of 2

## Wellmont Hawkins County Hospital, Rogersville, Hawkins County

Medical School Affiliation: None Bed Size Category: <50 beds



## Healthcare-Associated Infections (HAI) Summary

HAI Reporting Requirements for Wellmont Hawkins County Hospital:

- Central line-associated bloodstream infections (CLABSI): Adult and pediatric intensive care units (ICUs)
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

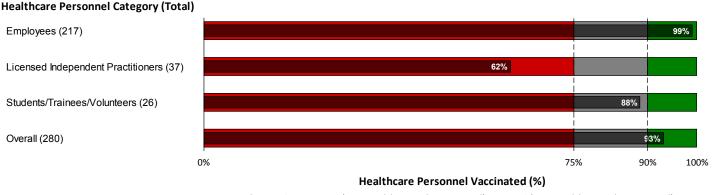
### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	ection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.48
CAUTI	Adult/Pediatric ICU	0	0.2	202	N/A	N/A	1.37
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.93
LabID	MRSA bacteremia	0	0.1	4011	N/A	N/A	1.13
	C. difficile infection	1	1.9	4011	0.51	( 0.03, 2.52 )	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at Wellmont Hawkins County Hospital

# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season



📕 Below 75% 🔲 75-90% (HHS Healthy People 2015 Goal) 📕 >90% (HHS Healthy People 2020 Goal)

#### Wellmont Hawkins County Hospital - Page 1 of 2

## Wellmont Hawkins County Hospital, Rogersville, Hawkins County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

#### CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units

YR	Ν	OBS	PRED	CLD	SIR
2013	1	N/A	N/A	N/A	N/A
2012	1	0	0.1	89	N/A
2011	N/A	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

### **Catheter-Associated Urinary Tract Infections (CAUTI)**

#### **CAUTI - Adult/Pediatric ICUs**

YR	Ν	OBS	PRED	UCD	SIR
2013	1	0	0.2	202	N/A
2012	1	1	0.6	483	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Surgical Site Infections (SSI)

SSI - C	SI - Colon Surgery					
YR	OBS	PRED	PROC	SIR		
2013	N/A	N/A	N/A	N/A		
2012	N/A	N/A	N/A	N/A		

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

#### LabID - Methicillin-resistant S. aureus (MRSA) Bacteremia

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRED	PATD	SIR	YR	OBS	PRED	PATD	SIR		SIR & S	€5% CI		
2013	0	0.1	4011	N/A	2013	1	1.9	4011	0.5					
N/A: Number of predicted infections <1; no SIR calculated								► 0	1	2	3	4	т 5	
											SI	R		
YR = reporti PRED = stat SIR = standa CLD = centra	Data reported as of September 4, 2014 YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections PRED = statistically 'predicted' number of infections, based on NHSN national baseline data SIR = standardized infection ratio (observed/predicted number of infections) CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days; N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted NHSN SIR=1										R of 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)

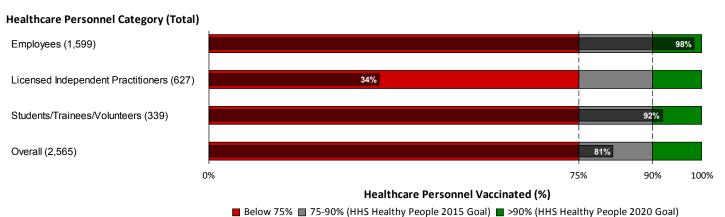
- Catheter-associated urinary tract infections (CAUTI): Adult and pediatric ICUs
- Surgical site infections (SSI): Colon surgeries (COLO) and abdominal hysterectomies (HYST)
- Methicillin-resistant S. aureus (MRSA) bacteremia and C. difficile infection (CDI): All inpatients

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2013-12/31/2013

		Infections			Standardized Infe	zed Infection Ratio (SIR)	
HAI	Type/Unit	Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	2.5	1336	0.40	(0.02, 1.95)	0.48
	Neonatal ICU	0	0.1	79	N/A	N/A	0.51
CAUTI	Adult/Pediatric ICU	1	5.2	2583	0.19	( 0.01, 0.95 )	1.37
SSI	Colon surgery	0	1.8	64	0.00	( 0.00, 1.63 )	0.93
	Abdominal hysterectomy	0	0.3	48	N/A	N/A	0.89
LabID	MRSA bacteremia	2	1.5	34388	1.29	(0.22, 4.27)	1.13
	C. difficile infection	15	20.4	30277	0.74	(0.43, 1.18)	0.77

Green highlighting indicates an SIR significantly LOWER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) Red highlighting indicates an SIR significantly HIGHER than the national baseline (CLABSI, SSI - 2006-2008; CAUTI - 2009; LabID - 2010-2011) N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

### See page 2 for more detailed information about HAIs at Williamson Medical Center



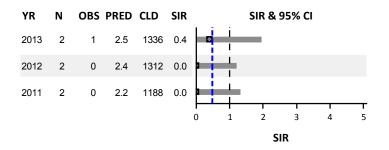
# Healthcare Personnel Influenza Vaccination - 2013/2014 Influenza Season

Williamson Medical Center - Page 1 of 2

## Williamson Medical Center, Franklin, Williamson County

### **Central Line-Associated Bloodstream Infections (CLABSI)**

CLABSI - Adult/Pediatric ICUs, excluding burn and trauma units



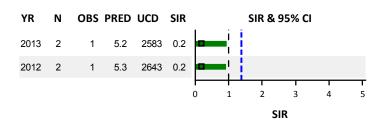
CLABSI - Neonatal ICUs
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YR	Ν	OBS	PRED	CLD	SIR
2013	1	0	0.1	79	N/A
2012	1	1	0.1	148	N/A
2011	1	0	0.1	148	N/A

N/A: Number of predicted infections <1; no SIR calculated

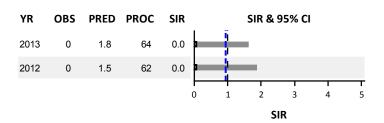
### **Catheter-Associated Urinary Tract Infections (CAUTI)**

**CAUTI - Adult/Pediatric ICUs** 



## Surgical Site Infections (SSI)

#### SSI - Colon Surgery

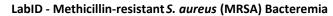


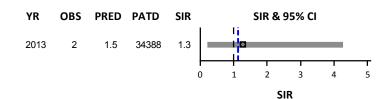
SSI - Abdominal Hysterectomy

YR	OBS	PRED	PROC	SIR
2013	0	0.3	48	N/A
2012	1	0.3	51	N/A

N/A: Number of predicted infections <1; no SIR calculated

### Healthcare Facility-Onset Laboratory Identified (LabID) Events

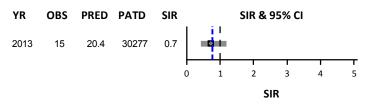




Data reported as of September 4, 2014

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections
 PRED = statistically 'predicted' number of infections, based on NHSN national baseline data
 SIR = standardized infection ratio (observed/predicted number of infections)
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted</li>

LabID - *C. difficile* Infection (CDI)



Significantly lower than NHSN SIR of 1
 Not significantly different from NHSN SIR of 1
 Significantly higher than NHSN SIR of 1
 2013 TN SIR
 - - - NHSN SIR=1

# **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<sup>40</sup>).

CAUTI infection rate: The total number of catheter-associated urinary tract infections divided by the number of urinary catheter-days, multiplied by 1,000.

**Central line:** A flexible tube that is inserted in a patient's blood vessel and terminates at or close to the heart or in one of the large vessels near the heart. A central line (or an umbilical line for newborns) can be used to give fluids, antibiotics, medical treatments such as chemotherapy, and/or liquid food. If a central line is inserted incorrectly or not cared for properly, it can lead to dangerous bloodstream infections (see Patient Guide to CLABSI<sup>41</sup>). Central lines are also sometimes called central venous lines or central venous catheters.

Central line-associated bloodstream infection (CLABSI): When a patient develops a bloodstream infection while having a central line in place or within 48 hours of central line removal, the infection is considered a CLABSI (see Patient Guide to CLABSI<sup>42</sup>).

**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.

<sup>&</sup>lt;sup>40</sup> <u>http://www.cdc.gov/hai/pdfs/uti/CA-UTI tagged.pdf</u>

<sup>&</sup>lt;sup>41</sup> <u>http://www.cdc.gov/hai/pdfs/bsi/BSI\_tagged.pdf</u>
<sup>42</sup> <u>http://www.cdc.gov/hai/pdfs/bsi/BSI\_tagged.pdf</u>

## **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 <u>*C. difficile* Infection</u><sup>43</sup>).

**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  $\leq 3$  days after admission to the facility (i.e., days 1, 2, or 3 of admission).

Community-onset healthcare facility-associated (CO-HFA): Community-onset (CO) LabID event specimen collected from a patient who was discharged from the facility  $\leq 4$  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<sup>44</sup>).

**Coronary Artery Bypass Graft (CBGB/C):** Coronary artery bypass graft with both chest and donor site incisions (CBGB): Chest procedure to perform direct revascularization of the heart; includes obtaining suitable vein from donor site for grafting.

Coronary artery bypasses graft with chest incision only (CBGC): Chest procedure to perform direct vascularization of the heart using, for example, the internal mammary (thoracic) artery.

**Deep incisional SSI:** A surgical site infection that involves the deep soft tissues (e.g., fascial and muscle layers) of the incision and meets the NHSN criteria for a deep incisional SSI as described in the NHSN Patient Safety Manual. A deep incisional SSI can be either 1) primary – identified in the primary incision in a patient that had an operation with one or more incisions (e.g., chest incision in a CBGB) or 2) secondary – identified in the secondary incision in a patient that had an operation with more than one incision (e.g., donor site (leg) incision in a CBGB).

**Device Utilization (DU) Ratio:** This ratio is the number of device (central line or urinary catheter) days divided by the number of patient-days (see also: central line utilization ratio and urinary catheter utilization ratio).

Healthcare-associated infection (HAI): For an infection to be considered healthcare-associated, there must be no evidence that the infection was present or incubating at the time of hospital admission. A HAI may be confined to one area of the body (localized) or be spread throughout (systemic). It is the body's adverse reaction to the presence of an infectious agent(s) or its toxin(s).

 <sup>&</sup>lt;sup>43</sup> <u>http://www.cdc.gov/HAI/pdfs/cdiff/Cdiff\_tagged.pdf</u>
 <sup>44</sup> <u>http://www.scdhec.gov/health/disease/hai/docs/CIs%20explained%20-final2.pdf</u>

**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 <u>NHSN MDRO/CDI Module</u> <u>Protocol</u><sup>45</sup>.

**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 and 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 <u>Patient Guide on MRSA</u><sup>46</sup>).

**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; <u>current</u> <u>protocols</u><sup>47</sup> are available online.

<sup>&</sup>lt;sup>45</sup> http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO\_CDADcurrent.pdf

<sup>&</sup>lt;sup>46</sup> http://www.cdc.gov/mrsa/pdf/SHEA-mrsa\_tagged.pdf

 <sup>&</sup>lt;sup>47</sup> http://www.cdc.gov/nhsa/pub/ShEA-misa-tagged.pdf
 <sup>47</sup> http://www.cdc.gov/nhsn/acute-care-hospital/index.html

### **NHSN operative procedure:** A procedure that:

- 1) Is performed on a patient who is an NHSN inpatient or an NHSN outpatient
- Takes place during an operation where a surgeon makes at least one incision through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the operating room, and
- 3) That is included in Table 1, Chapter 9 of the NHSN Patient Safety Manual

**Operation:** A single trip to the operating room (OR) where a surgeon makes at least one incision through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the OR.

**Organ/space SSI:** A surgical site infection that involves any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure (e.g., osteomyelitis).

**Outpatient:** As defined by NHSN, a patient whose date of admission to the healthcare facility and the date of discharge are the same calendar day.

**Standardized infection ratio (SIR):** The SIR is a summary measure used to compare infection data from one population to data from a "standard" population. For HAI reports, the standard population comes from data reported from U.S. hospitals that report to NHSN. The SIR is calculated by dividing the observed number of infections by the predicted (or statistically expected) number of infections, which is calculated using data from the standard population. See Methods section for more information.

**Superficial incisional SSI:** A surgical site infection that involves only skin and soft tissue layers of the incision and meets the NHSN criteria for a superficial incisional SSI as described in the NHSN Patient Safety Manual. A incisional SSI can be either 1) *primary* – identified in the primary incision in a patient that had an operation with one or more incisions (e.g., chest incision in a CBGB) or 2) *secondary* – identified in the secondary incision in a patient that had an operation with more than one incision (e.g., donor site (leg) incision in a CBGB).

**Surgical Site Infection (SSI):** An infection found after an operation in the part of the body where the surgery was performed (see <u>Patient Guide to SSI<sup>48</sup></u>).

Surveillance: The process of finding and documenting infections.

- Active surveillance: This includes, but is not limited to, active, patient-based, prospective surveillance by a trained infection preventionist (IP). The IP seeks out infections during a patient's stay by screening a variety of data sources. The sources may include patient charts and laboratory, pharmacy, radiology/imaging, admission/discharge/transfer, and pathology databases. The complete definition of surveillance, including how to capture denominator data to calculate infection rates, is found in each module of the NHSN Patient Safety Component Manual (see above).
- Post-discharge surveillance: This is the process IPs use to seek out infections after patients have been discharged from the hospital. Post-discharge surveillance includes screening data sources such as re-admission and emergency department visit records.

**Urinary catheter:** A drainage tube that is inserted into the urinary bladder through the urethra, left in place, and connected to a closed collection system.

**Urinary catheter days:** The total number of days a urinary catheter is in place for patients in a particular unit. The count is performed at the same time each day. Each patient with urinary catheter in place at the time the count is performed is counted as one urinary catheter day.

Example: 5 patients on the first day of the month had a urinary catheter in place. Similarly, 5 patients on day two, 2 patients on day three, 5 patients on day four, 3 patients on day five, 4 patients on day six, and 4 patients on day seven had urinary catheters in place. Adding the number of patients with urinary catheters on days one through seven, we would

<sup>&</sup>lt;sup>48</sup> <u>http://www.cdc.gov/HAI/pdfs/ssi/SSI\_tagged.pdf</u>

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