

2024

Issued April 2025

Healthcare-Associated Infections in North Carolina

Reporting Period:

January 1, 2024—December 31, 2024

Product of:

NC Surveillance for Healthcare-Associated and Resistant Pathogens Patient Safety
(SHARPPS) Program

Communicable Disease Branch

Division of Public Health

NC Department of Health and Human Services



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

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North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Advent Health Hendersonville, Hendersonville, Henderson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	4,469
Patient Days in 2023:	19,560
Total Number of Beds:	89
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.12

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

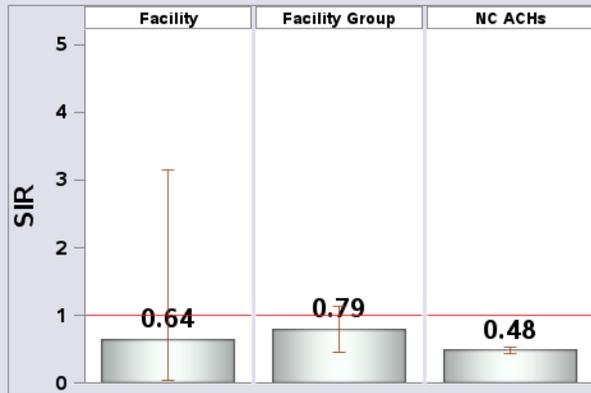


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.1	Same
All reporting units	1	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

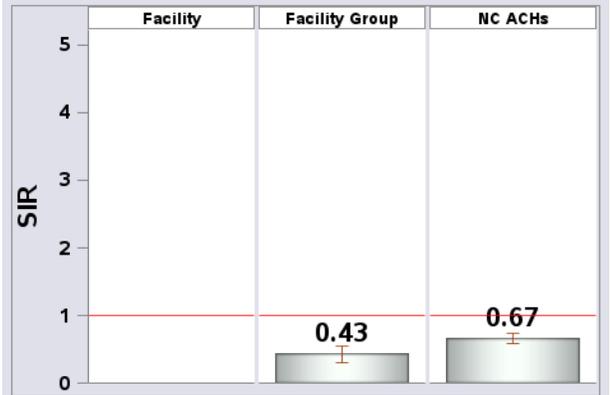


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	6.3	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

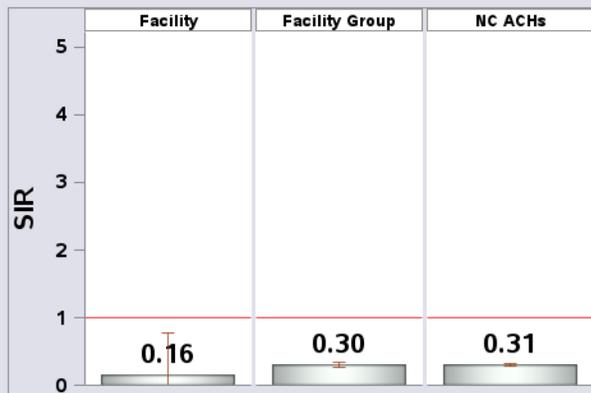


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Advent Health Hendersonville, Hendersonville, Henderson County

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Central Line-Associated Bloodstream Infections (CLABSI)

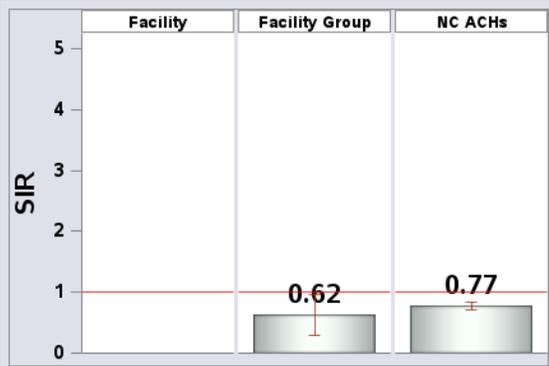


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

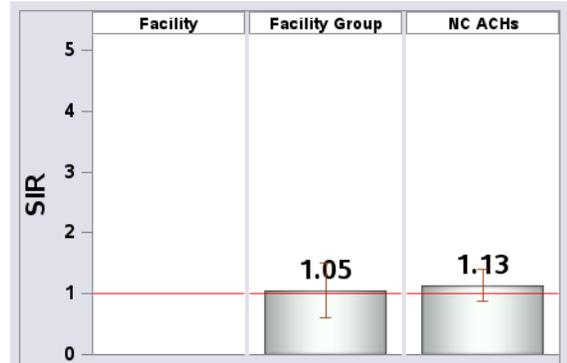


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

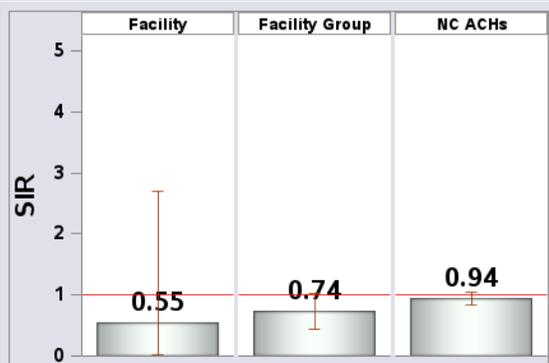


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Alamance Regional Medical Center, Burlington, Alamance County

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2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	11,530
Patient Days in 2023:	59,468
Total Number of Beds:	238
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.46

(*FTE = Full-time equivalent)



Commentary From Facility:

Cone Health is committed to preventing harm from Healthcare Associated Infections across our community. We have dedicated multi-disciplinary teams focused on process improvements to ensure improved outcomes for our patients. If you would like further information, please contact Cone Health Infection Prevention Department. Thank you.

Catheter-Associated Urinary Tract Infections (CAUTI)

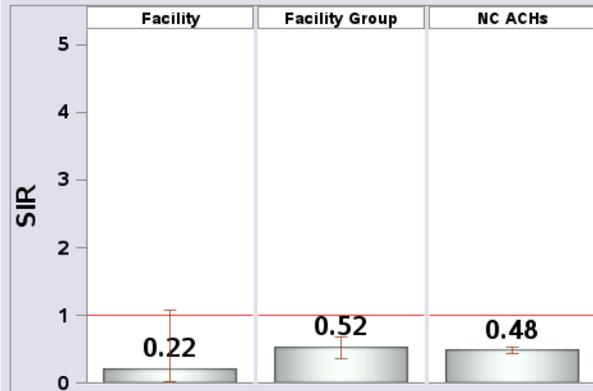


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.6	Same
Adult/Ped Wards	0	2.0	Same
All reporting units	1	4.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

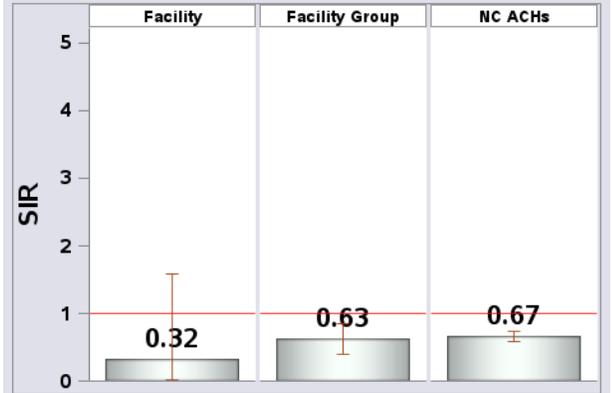


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	27	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

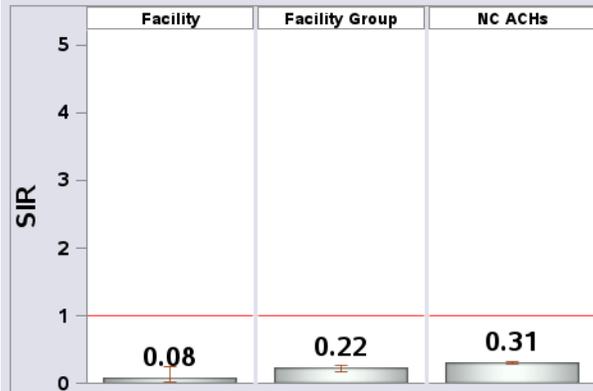


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Alamance Regional Medical Center, Burlington, Alamance County

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Central Line-Associated Bloodstream Infections (CLABSI)

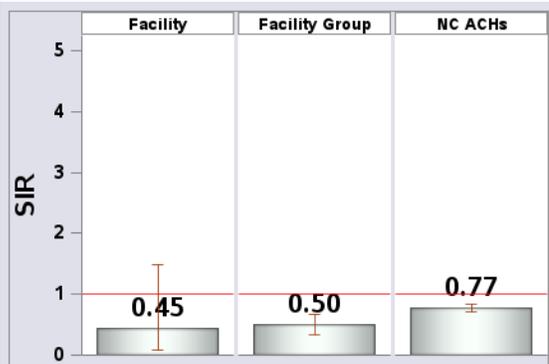


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.2	Same
Adult/Ped Wards	2	2.2	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	2	4.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

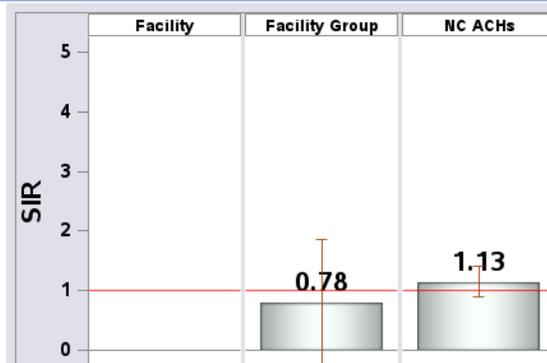


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	3.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

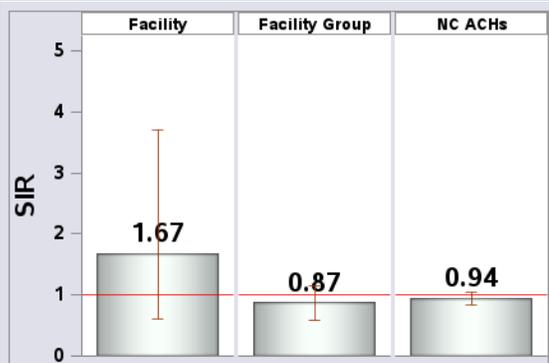


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Annie Penn Hospital, Reidsville, Rockingham County

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2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,509
Patient Days in 2023:	15,593
Total Number of Beds:	53
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.40
Number of FTEs* per 100 beds:	0.75

(*FTE = Full-time equivalent)



Commentary From Facility:

Cone Health is committed to preventing harm from Healthcare Associated Infections across our community. We have dedicated multi-disciplinary teams focused on process improvements to ensure improved outcomes for our patients. If you would like further information, please contact Cone Health Infection Prevention Department. Thank you.

Catheter-Associated Urinary Tract Infections (CAUTI)

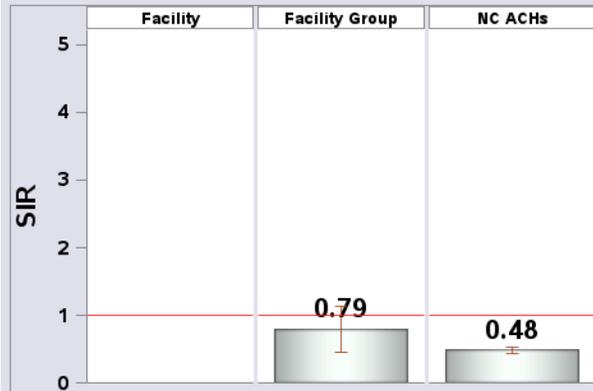


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

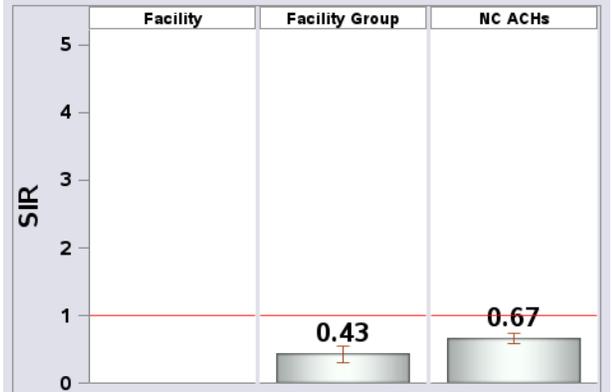


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	6.1	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

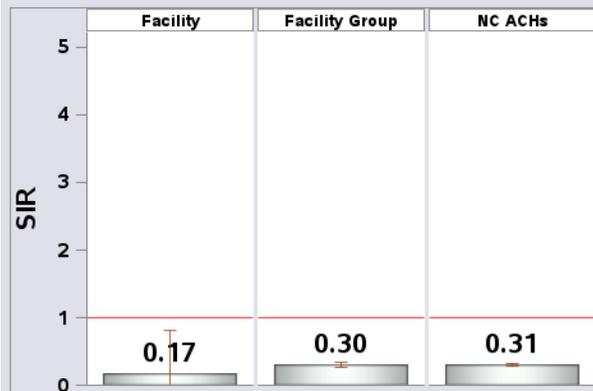


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North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Annie Penn Hospital, Reidsville, Rockingham County

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Central Line-Associated Bloodstream Infections (CLABSI)

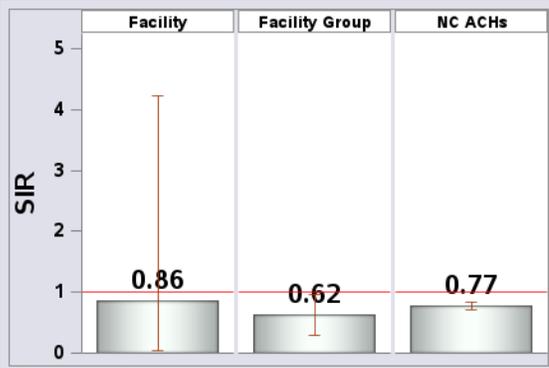


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

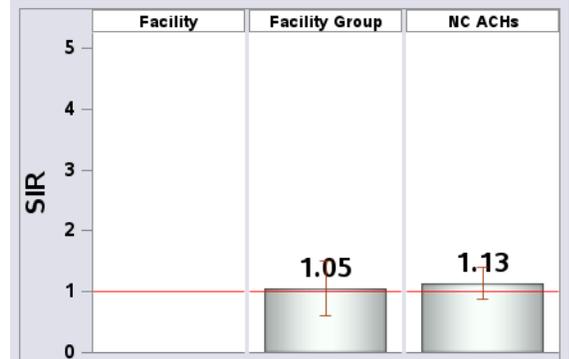


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

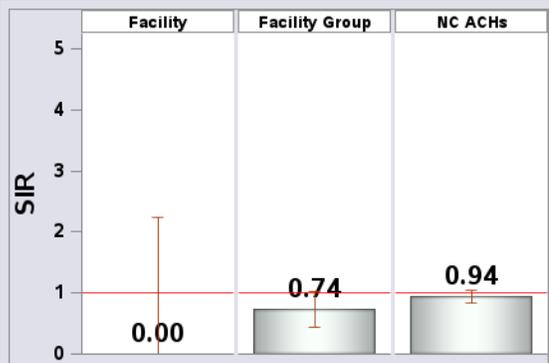


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

ARHS-Watauga Medical Center, Boone, Watauga County

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2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	7,178
Patient Days in 2023:	22,531
Total Number of Beds:	117
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.85

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

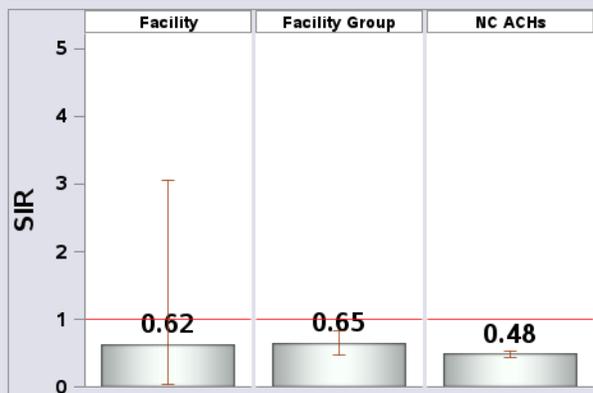


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.0	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

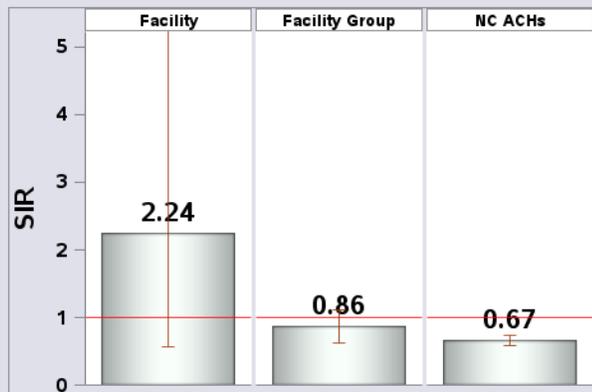


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Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

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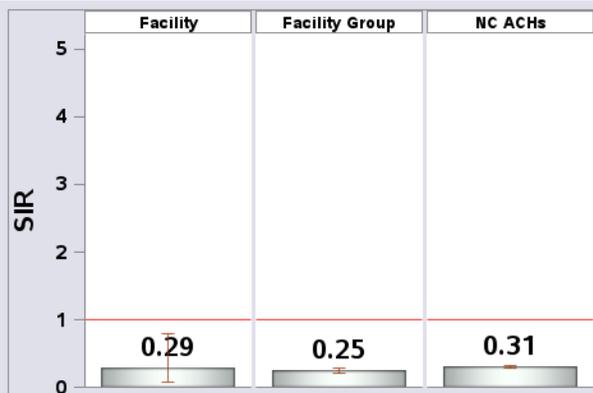


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	10	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
ARHS-Watauga Medical Center, Boone, Watauga County

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Central Line-Associated Bloodstream Infections (CLABSI)

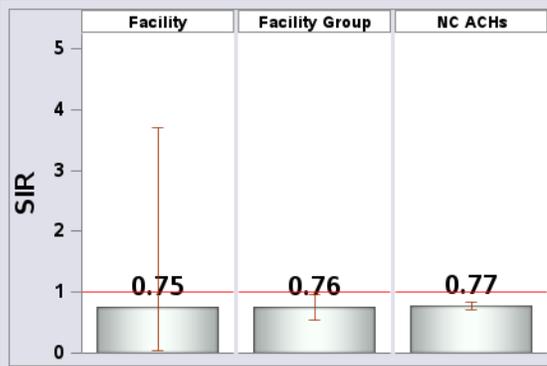


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

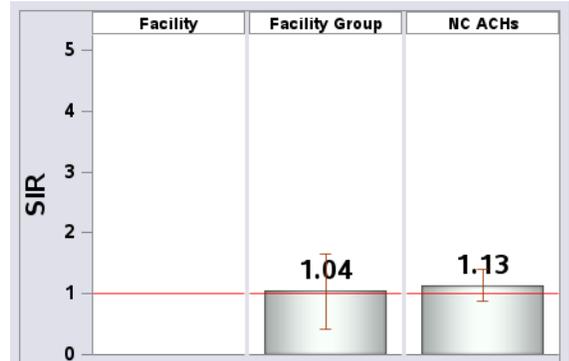


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

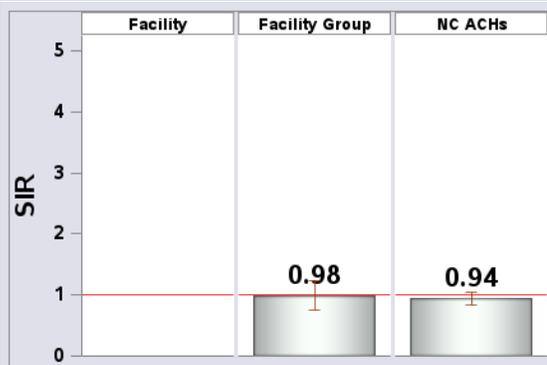


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Asheville Specialty Hospital, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 270
 Patient Days in 2023: 8,395
 Total Number of Beds: 34
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

*FTE = Full-time equivalent



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

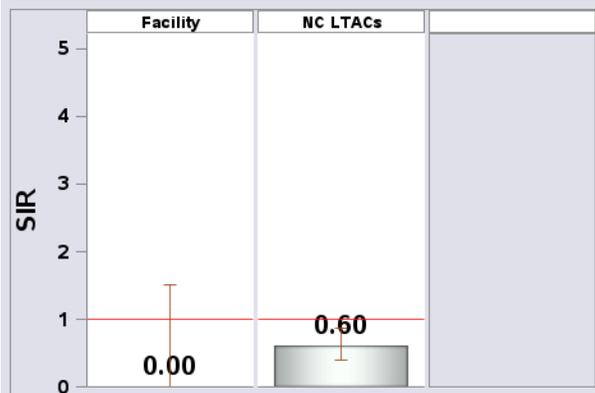


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	0	Less than 1.0	No Conclusion
Reporting Wards	0	1.8	Same
All reporting units	0	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

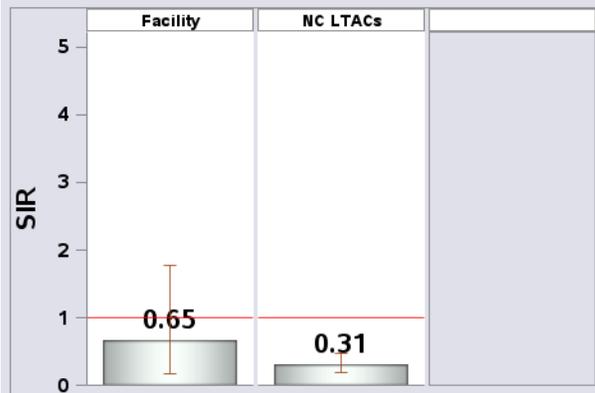


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	4.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

**North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Asheville Specialty Hospital, Asheville, Buncombe County**

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

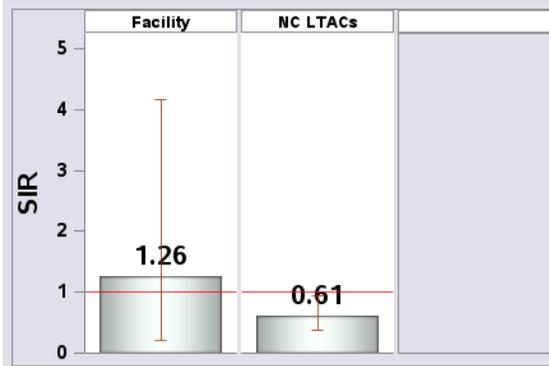


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	0	Less than 1.0	No Conclusion
Reporting Wards	2	1.5	Same
All reporting units	2	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Atrium Health Cabarrus, Concord, Cabarrus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	18,267
Patient Days in 2023:	156,635
Total Number of Beds:	447
Number of ICU Beds:	74
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.67

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

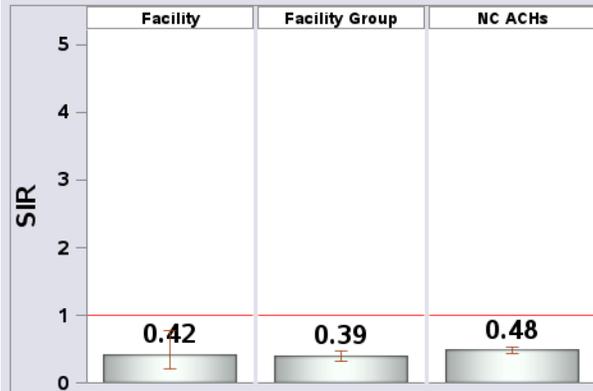


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	11	Better
Adult/Ped Wards	7	11	Same
All reporting units	9	21	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	16	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

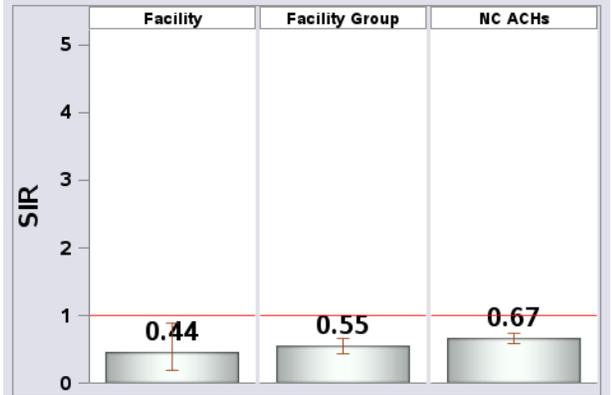


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	115	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

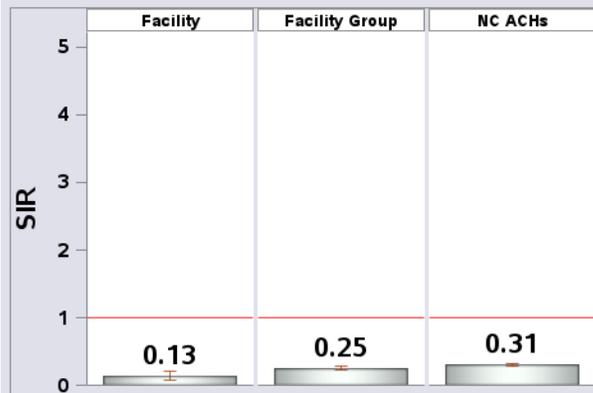


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Atrium Health Cabarrus, Concord, Cabarrus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

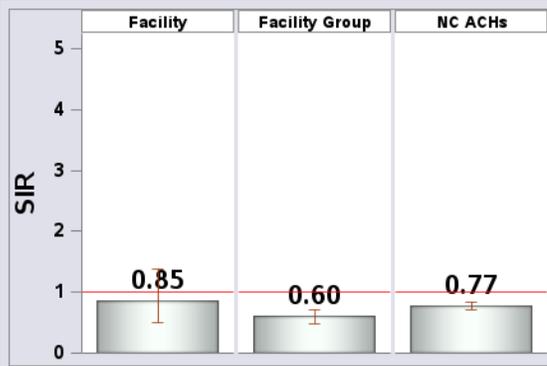


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	6	6.7	Same
Adult/Ped Wards	9	10	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	15	18	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

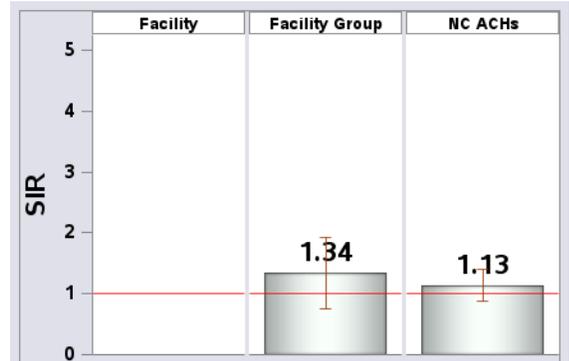


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	8.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

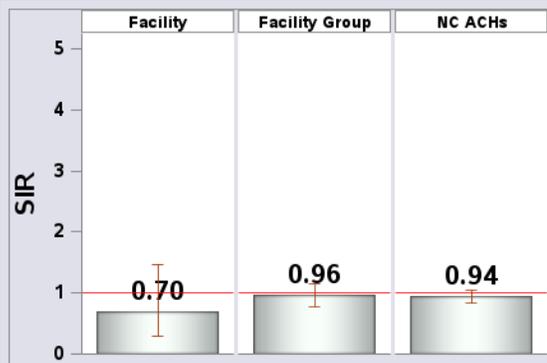


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Atrium Health Lincoln, Lincolnton, Lincoln County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	5,599
Patient Days in 2023:	21,077
Total Number of Beds:	101
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.74

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

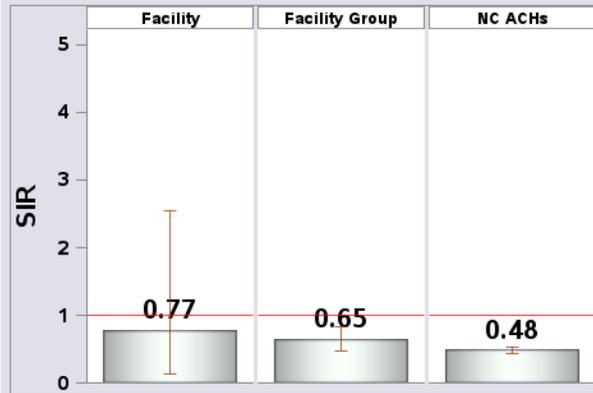


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.2	Same
Adult/Ped Wards	2	1.4	Same
All reporting units	2	2.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

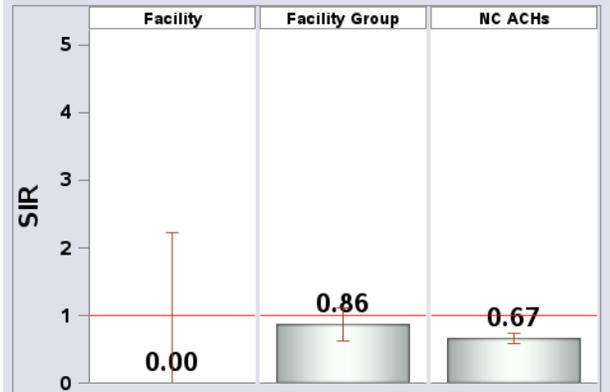


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	13	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

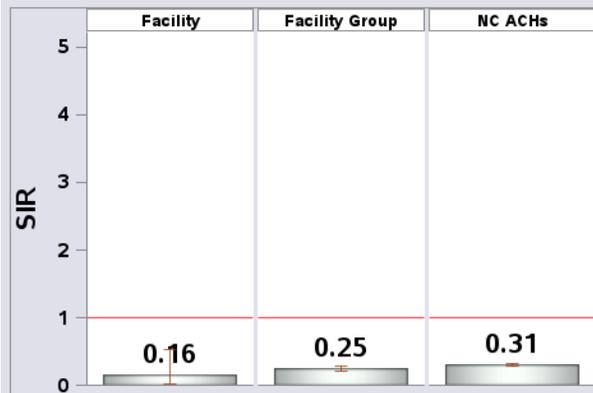


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Atrium Health Lincoln, Lincolnton, Lincoln County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

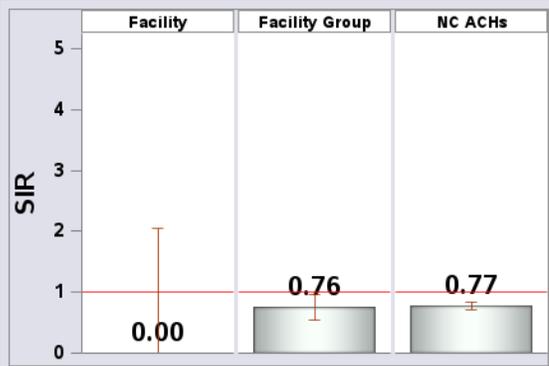


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.1	Same
All reporting units	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

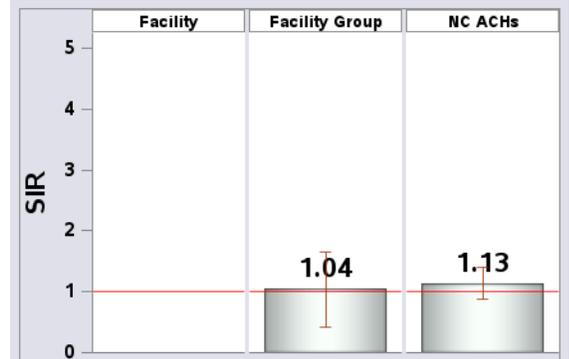


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

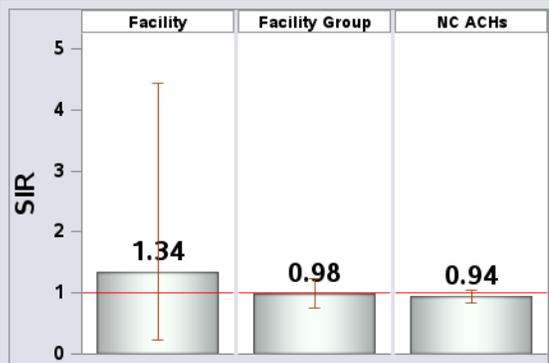


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Atrium Health Stanly, Albemarle, Stanly County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	4,673
Patient Days in 2023:	19,454
Total Number of Beds:	109
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.46

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

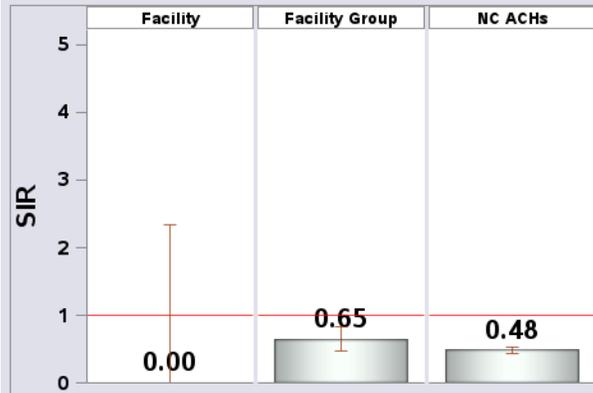


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

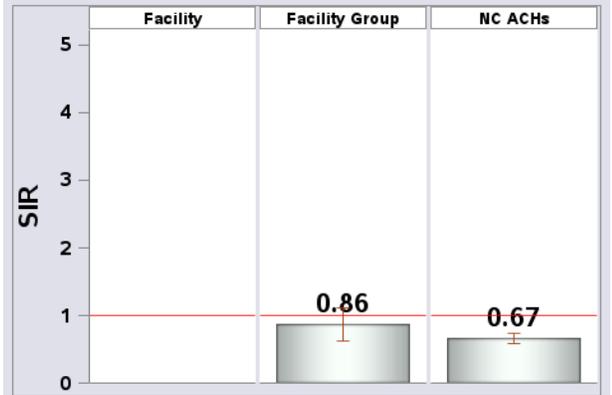


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	8.3	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

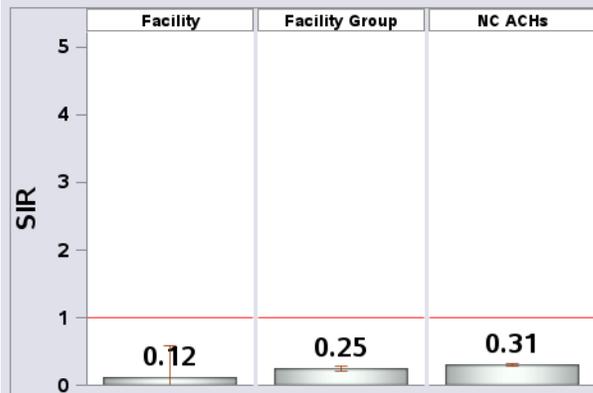


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Atrium Health Stanly, Albemarle, Stanly County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

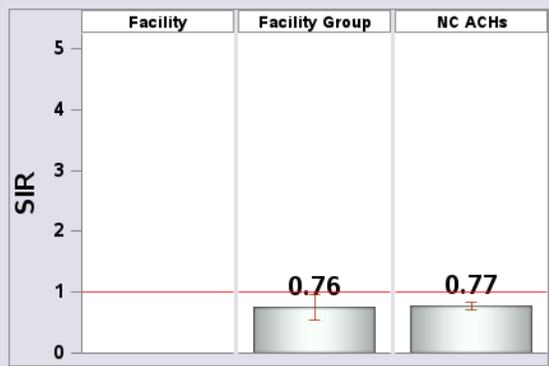


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

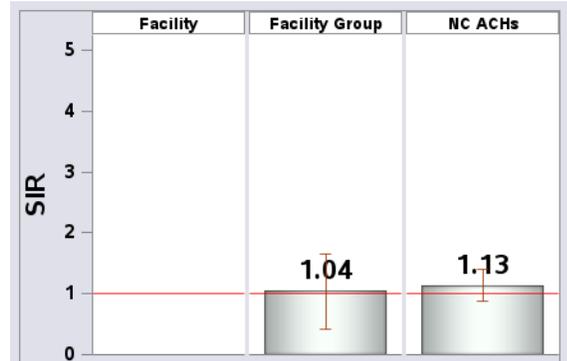


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

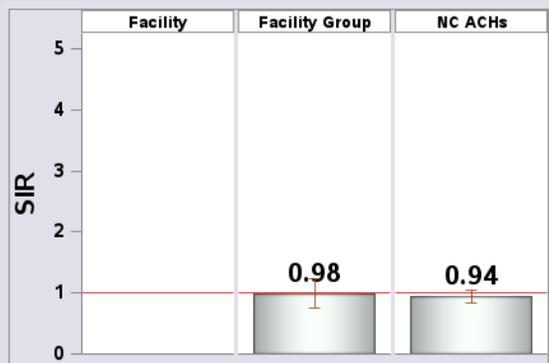


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Atrium Health University City, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	9,500
Patient Days in 2023:	42,858
Total Number of Beds:	104
Number of ICU Beds:	15
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.96

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

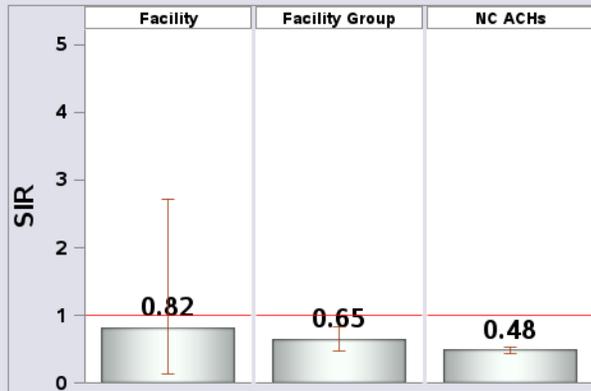


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.2	Same
Adult/Ped Wards	2	1.2	Same
All reporting units	2	2.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

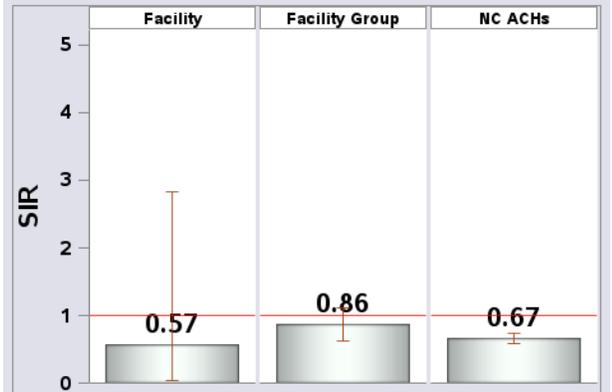


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	21	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

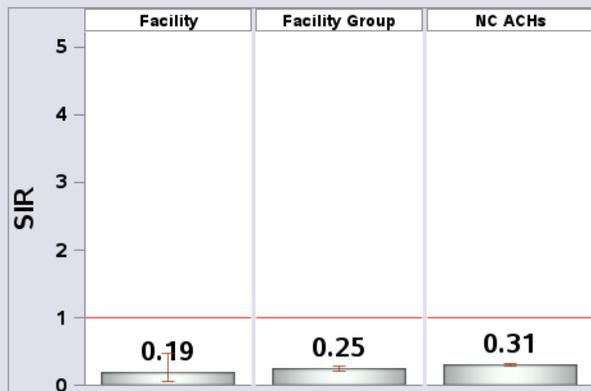


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Atrium Health University City, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

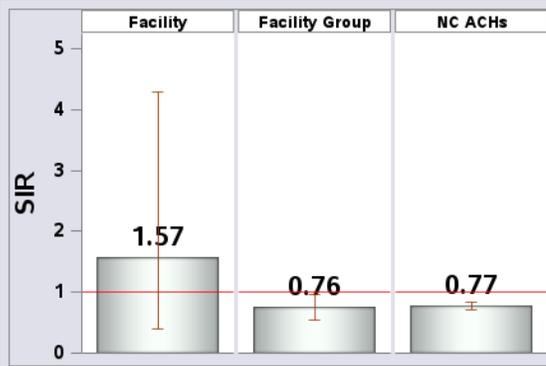


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	3	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

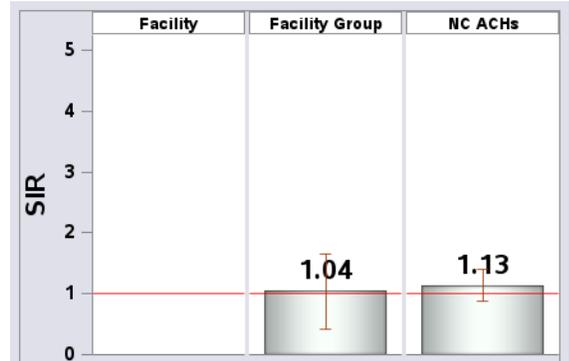


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

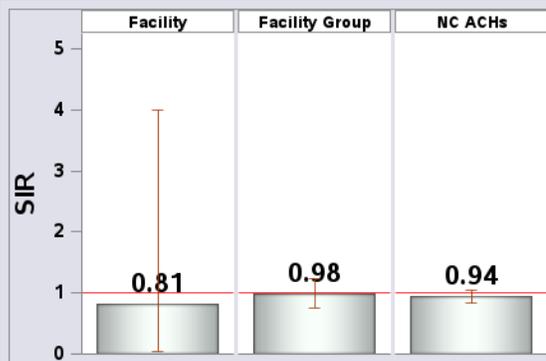


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Betsy Johnson Hospital, Dunn, Harnett County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	3,010
Patient Days in 2023:	12,678
Total Number of Beds:	87
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.38
Number of FTEs* per 100 beds:	0.43

(*FTE = Full-time equivalent)



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

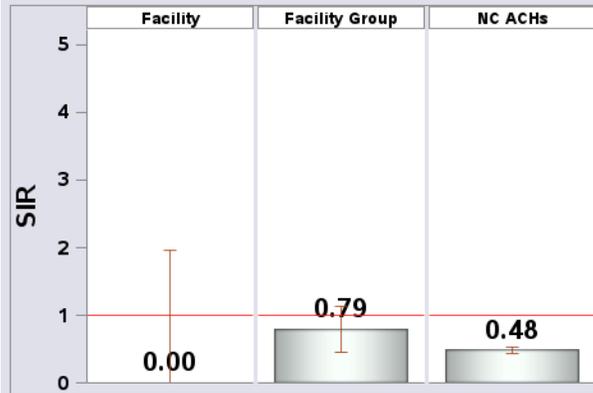


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

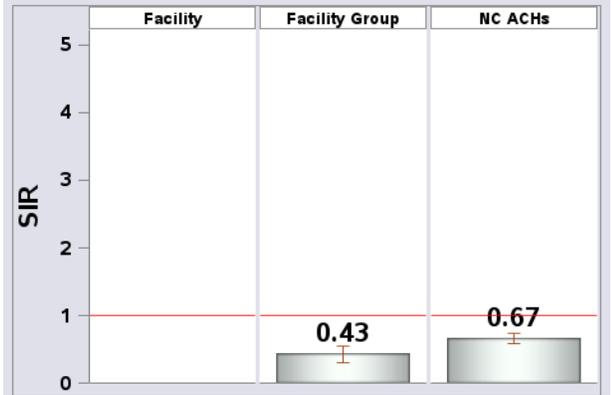


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	6.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

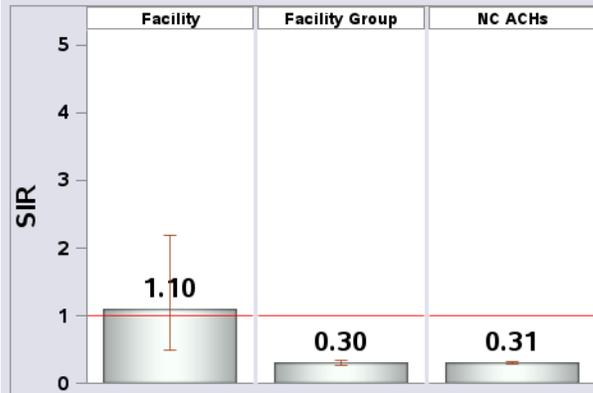


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Betsy Johnson Hospital, Dunn, Harnett County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

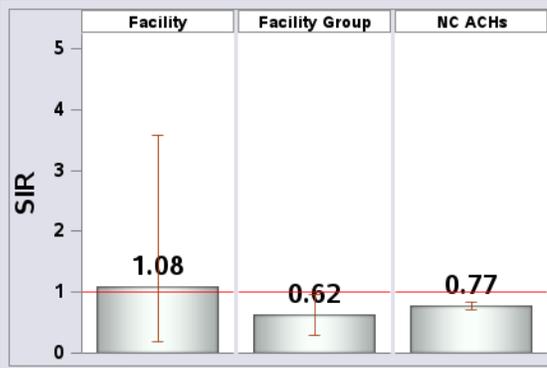


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	1.3	Same
All reporting units	2	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

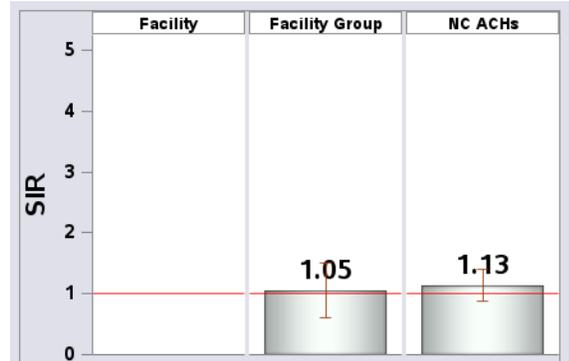


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

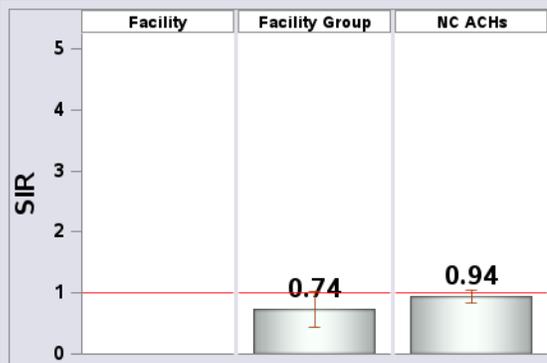


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Broughton Hospital, Morganton, Burke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	186
Patient Days in 2023:	61,667
Total Number of Beds:	265
Number of ICU Beds:	0
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	1.13

*FTE = Full-time equivalent



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

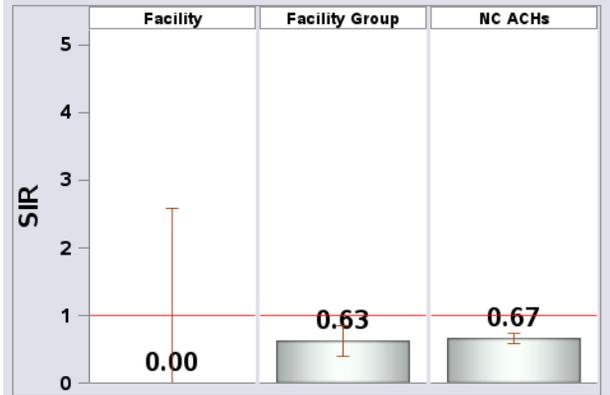


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	9.5	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

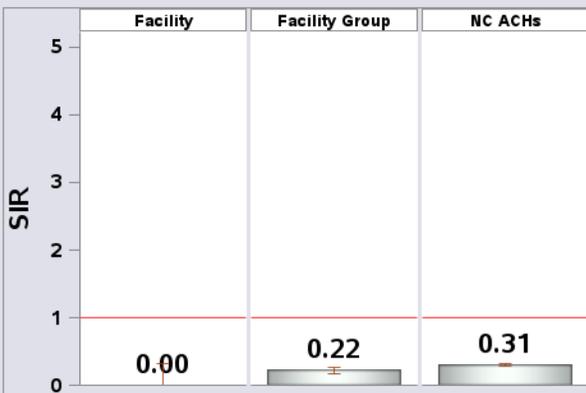


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Broughton Hospital, Morganton, Burke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Bryant T. Aldridge Rehabilitation Center, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 484
 Patient Days in 2023: 6,291
 Total Number of Beds: 23
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

*FTE = Full-time equivalent



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

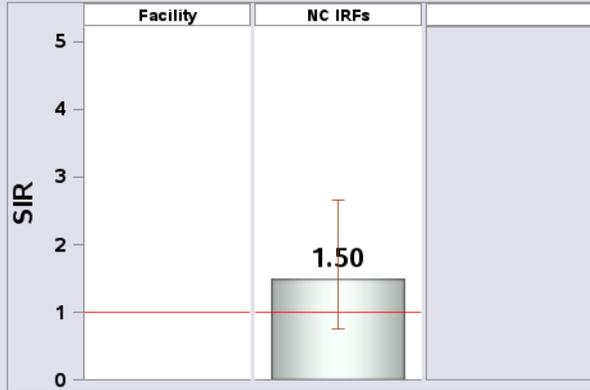


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

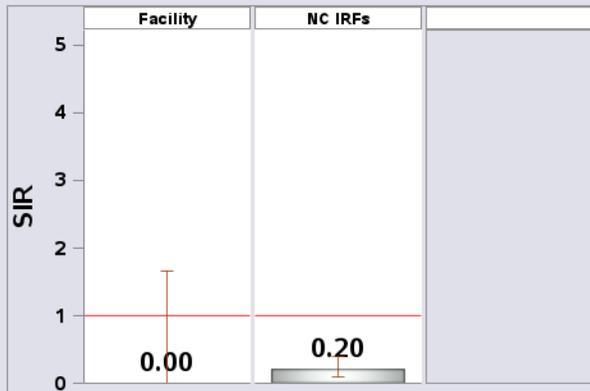


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Bryant T. Aldridge Rehabilitation Center, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Caldwell Memorial Hospital, Lenoir, Caldwell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	4,710
Patient Days in 2023:	22,090
Total Number of Beds:	137
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.73

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

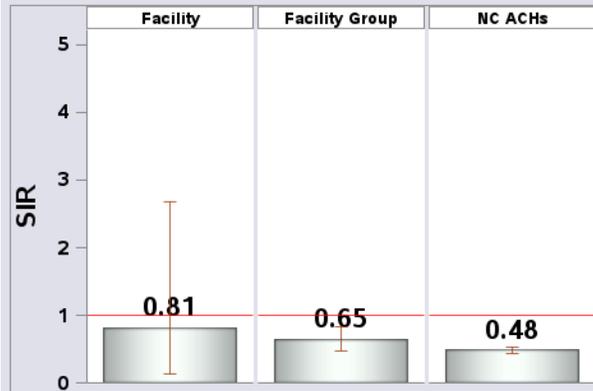


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	1.7	Same
All reporting units	2	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

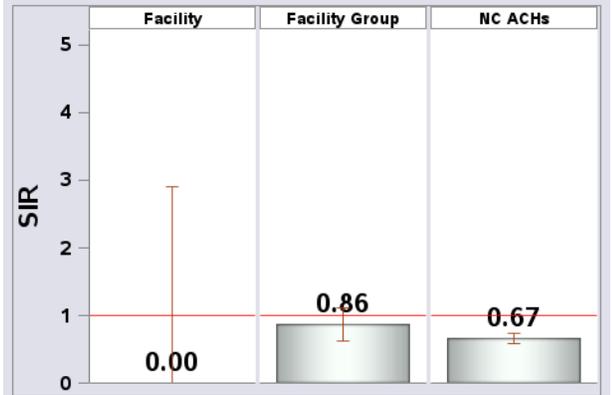


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	9.6	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

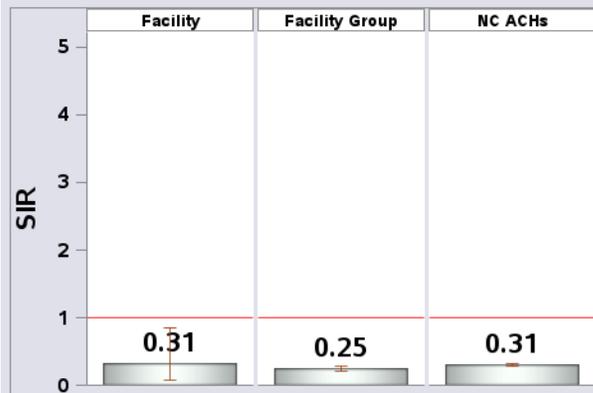


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Caldwell Memorial Hospital, Lenoir, Caldwell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

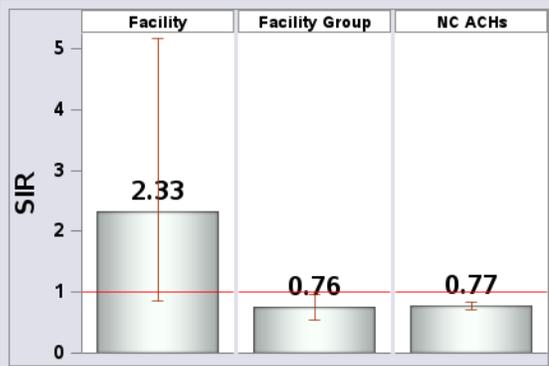


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	5	1.5	Worse
All reporting units	5	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

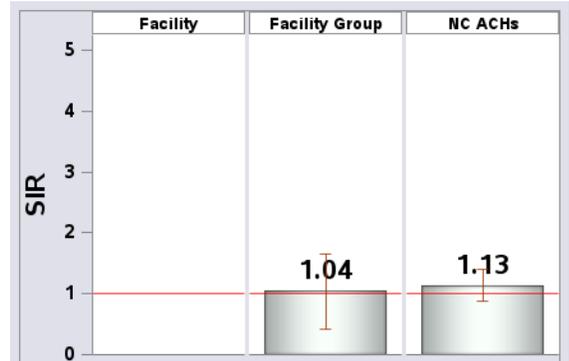


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

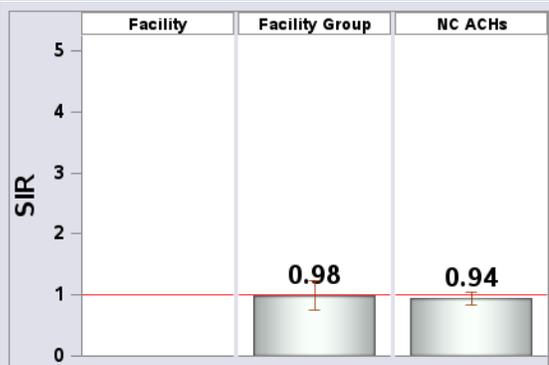


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Cape Fear Valley Health System, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	31,451
Patient Days in 2023:	173,550
Total Number of Beds:	544
Number of ICU Beds:	116
FTE* Infection Preventionists:	5.50
Number of FTEs* per 100 beds:	1.01

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

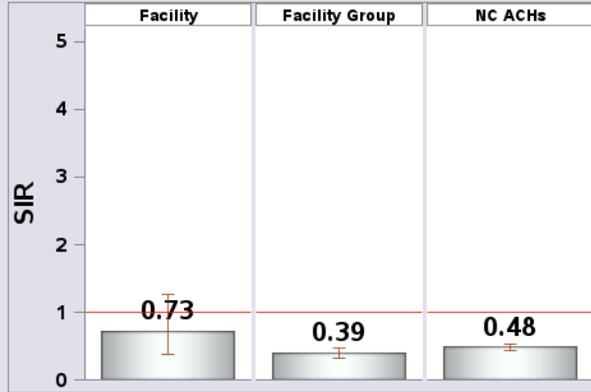


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	9.3	Same
Adult/Ped Wards	6	5.9	Same
All reporting units	11	15	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	14	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

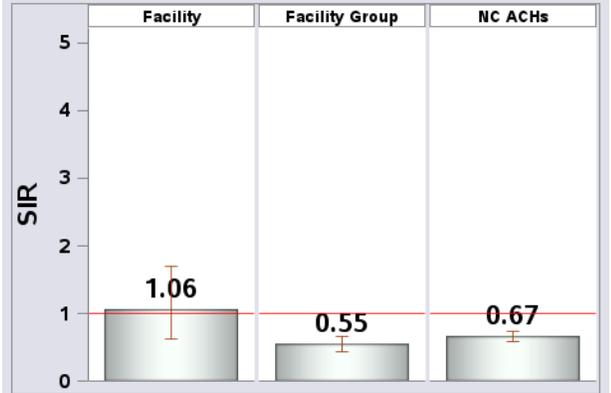


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	49	92	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

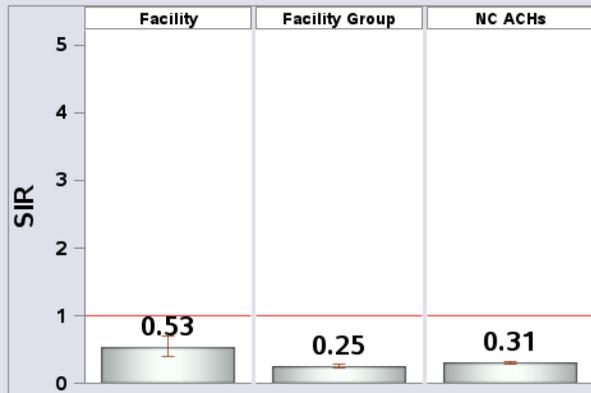


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N. C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Cape Fear Valley Health System, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

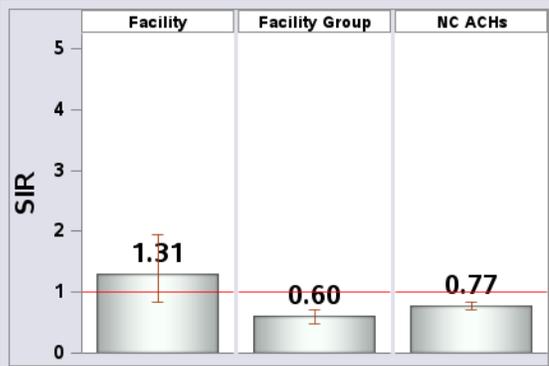


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	13	9.7	Same
Adult/Ped Wards	7	6.2	Same
Neonatal Units	2	Less than 1.0	No Conclusion
All reporting units	22	17	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	2.3	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 X **Worse**: More infections than predicted by the national baseline experience

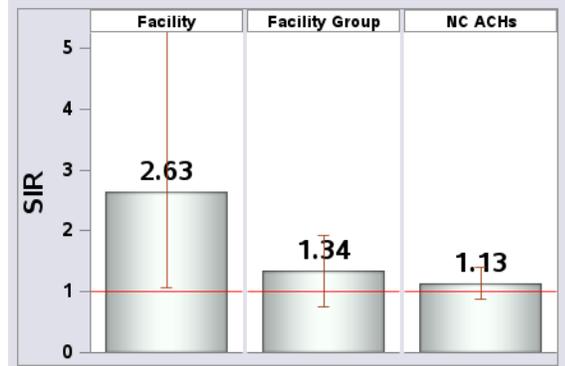


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	14	9.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

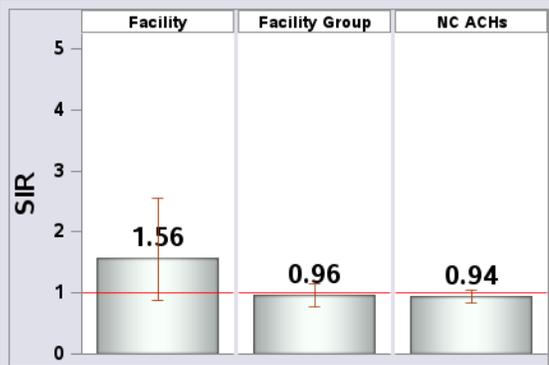


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Cape Fear Valley Hoke Hospital, Raeford, Hoke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	1,770
Patient Days in 2023:	5,403
Total Number of Beds:	41
Number of ICU Beds:	4
FTE* Infection Preventionists:	0.15
Number of FTEs* per 100 beds:	0.37

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

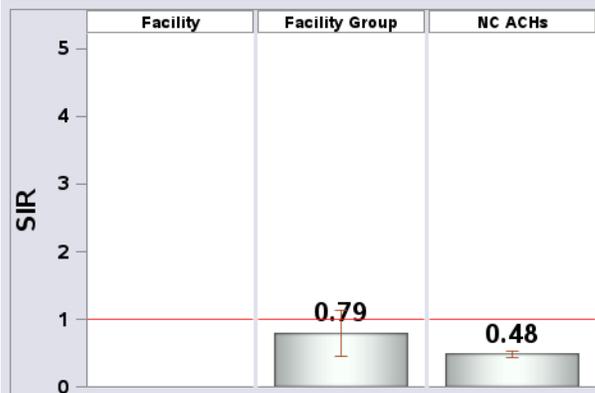


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

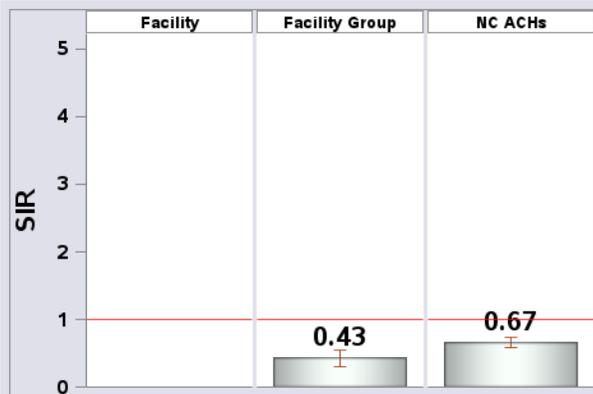


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

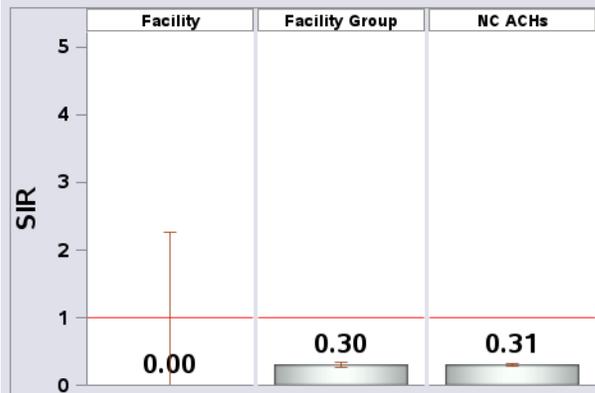


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Cape Fear Valley Hoke Hospital, Raeford, Hoke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

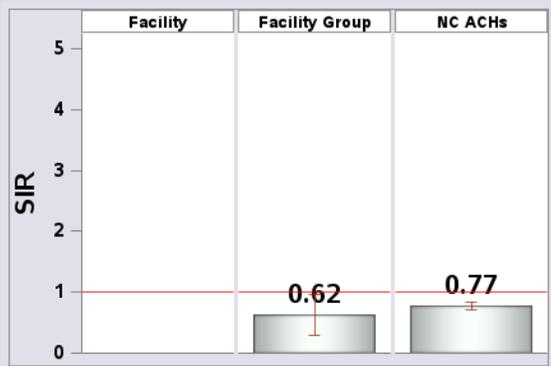


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Cape Fear Valley Rehabilitation Center, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 889
 Patient Days in 2023: 12,175
 Total Number of Beds: 78
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

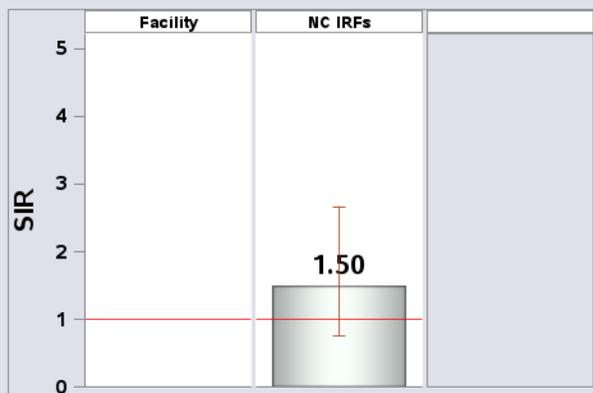


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

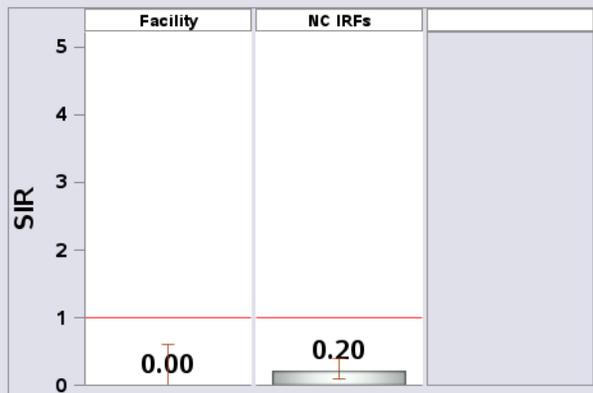


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	5.0	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Cape Fear Valley Rehabilitation Center, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report Data from January 1 - December 31, 2024

CarePartners Health Services, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Admissions in 2023:	1,523
Patient Days in 2023:	20,399
Total Number of Beds:	80
FTE* Infection Preventionists:	.
Number of FTEs* per 100 beds:	.

*FTE = Full-time equivalent



Commentary From Facility:

Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

Catheter-Associated Urinary Tract Infections (CAUTI)

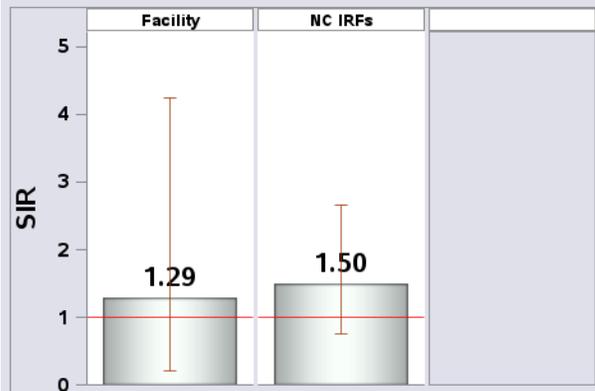


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

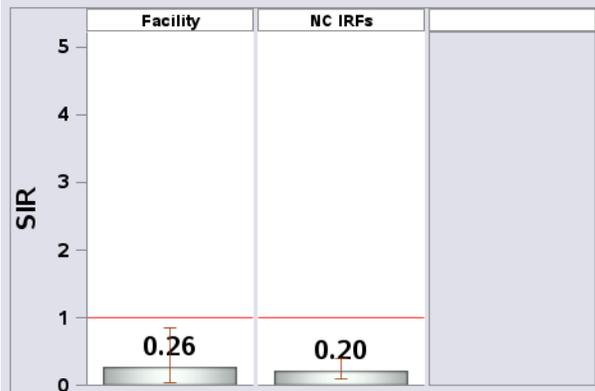


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	7.8	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
CarePartners Health Services, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
CarolinaEast Medical Center, New Bern, Craven County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	13,960
Patient Days in 2023:	71,356
Total Number of Beds:	350
Number of ICU Beds:	33
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	1.14

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

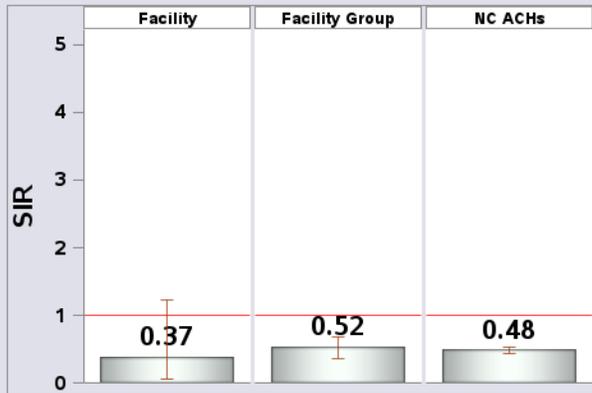


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.5	Same
Adult/Ped Wards	1	2.9	Same
All reporting units	2	5.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
CarolinaEast Medical Center, New Bern, Craven County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

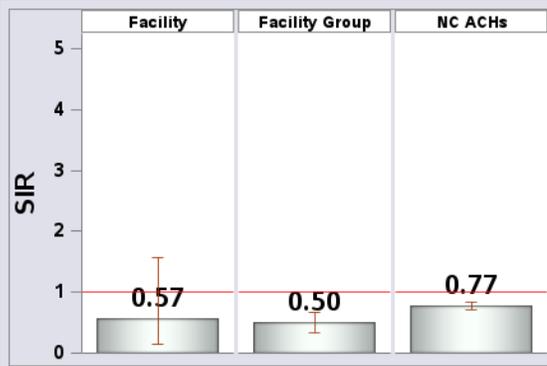


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.4	Same
Adult/Ped Wards	2	2.8	Same
All reporting units	3	5.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

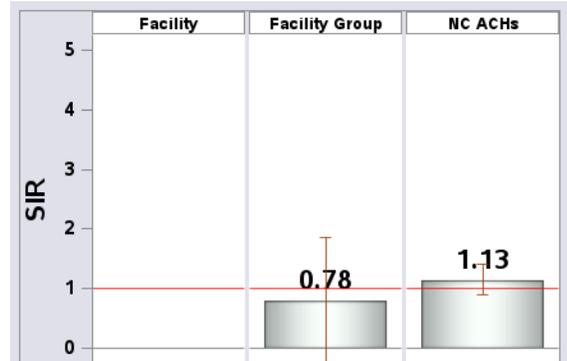


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

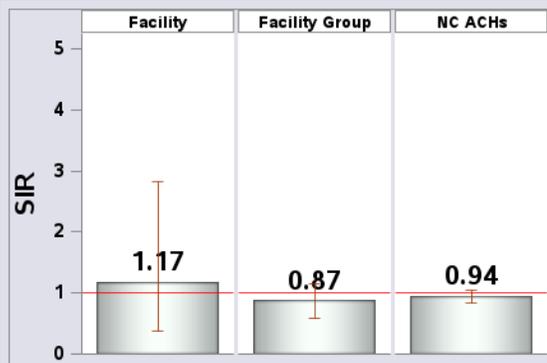


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Healthcare System Anson, Wadesboro, Anson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	497
Patient Days in 2023:	1,400
Total Number of Beds:	15
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	1.33

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

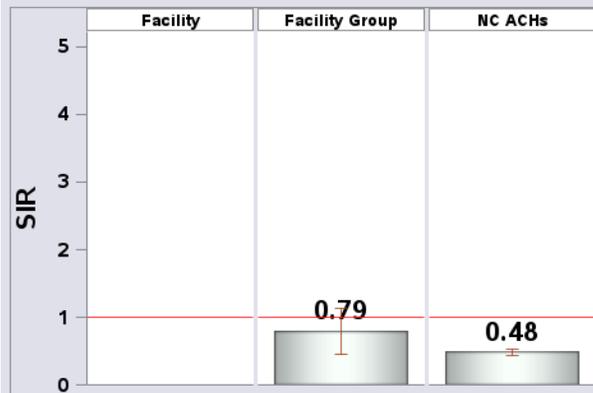


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

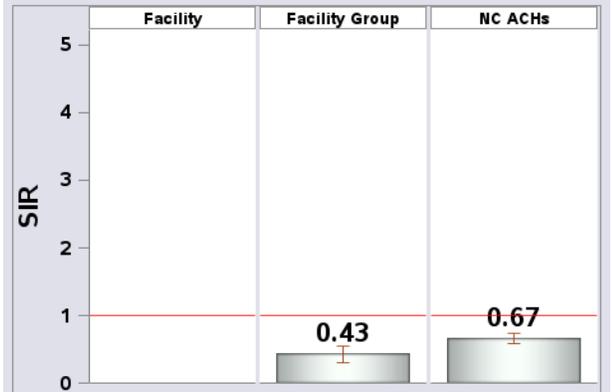


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

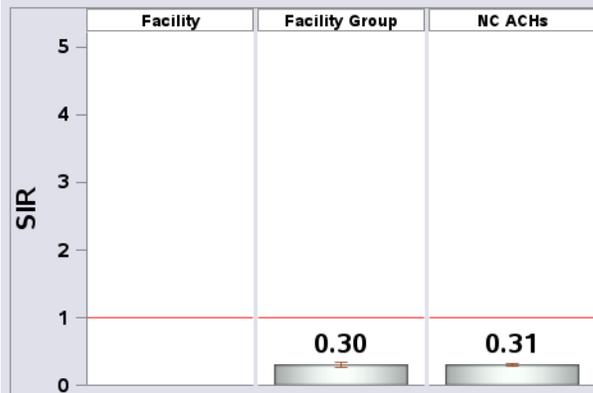


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Healthcare System Anson, Wadesboro, Anson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

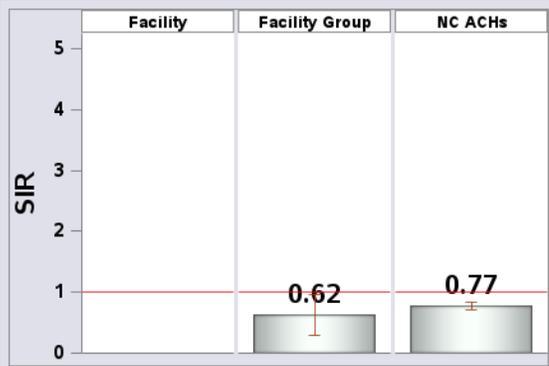
Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison



Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Carolinas Healthcare System Cleveland, Shelby, Cleveland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	11,335
Patient Days in 2023:	56,291
Total Number of Beds:	241
Number of ICU Beds:	18
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.41

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

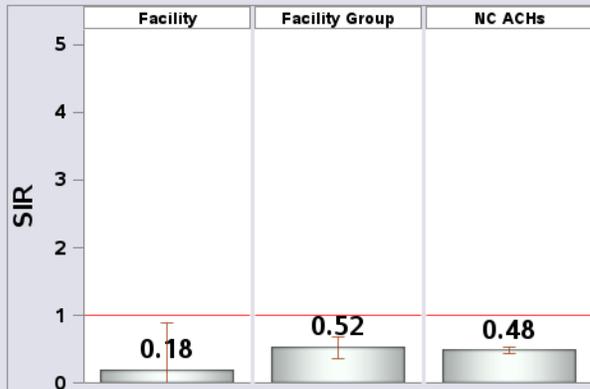


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	3.0	Same
Adult/Ped Wards	1	2.5	Same
All reporting units	1	5.5	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

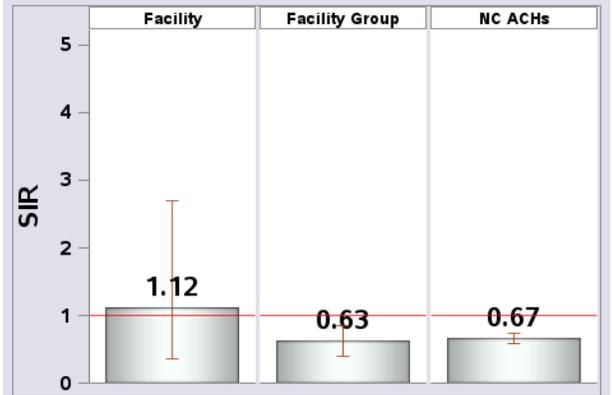


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

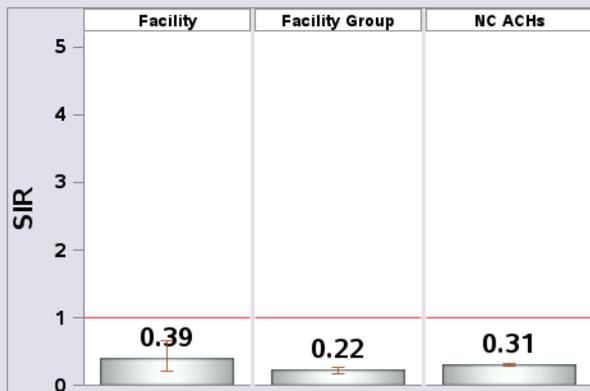


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	30	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Healthcare System Cleveland, Shelby, Cleveland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

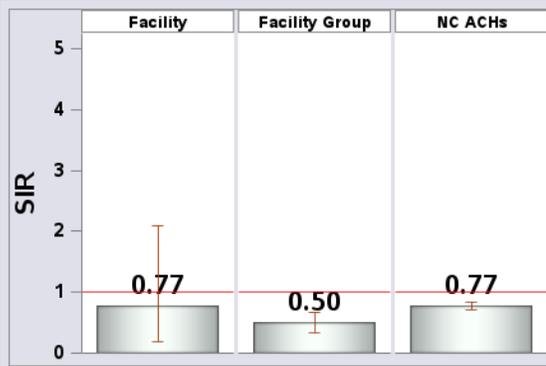


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.8	Same
Adult/Ped Wards	2	2.1	Same
All reporting units	3	3.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

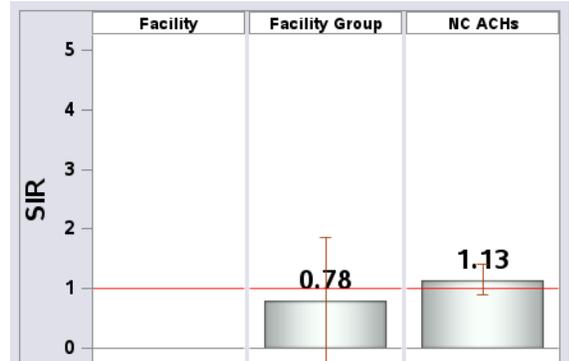


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

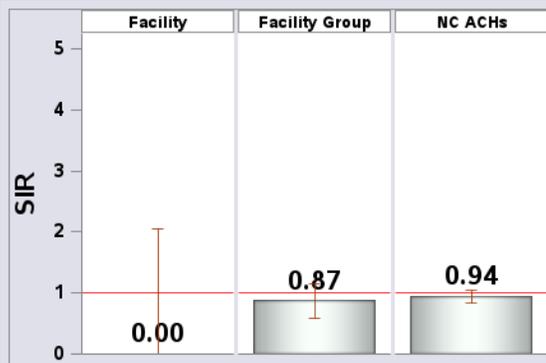


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Medical Center, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	23,400
Patient Days in 2023:	353,014
Total Number of Beds:	868
Number of ICU Beds:	219
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	0.92

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

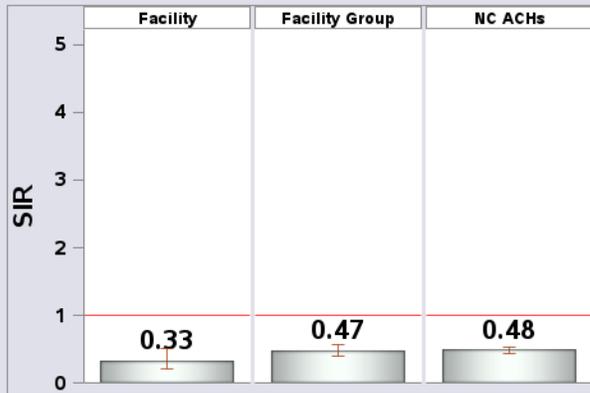


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	12	46	Better
Adult/Ped Wards	7	12	Same
All reporting units	19	58	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Medical Center, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

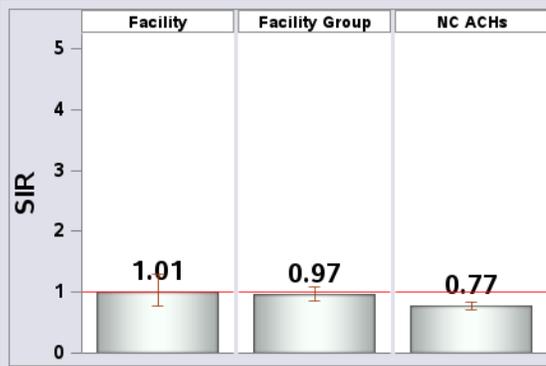


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	30	32	Same
Adult/Ped Wards	19	17	Same
Neonatal Units	8	8.2	Same
All reporting units	57	57	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	3.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

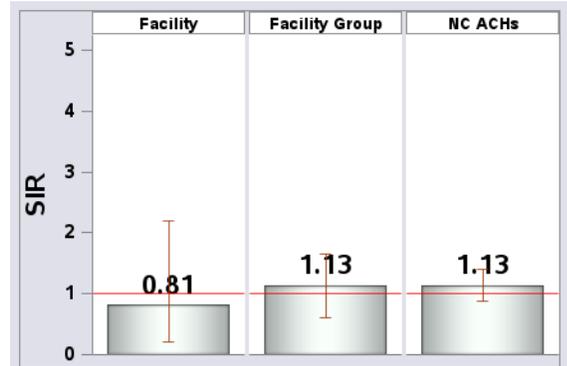


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	17	19	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

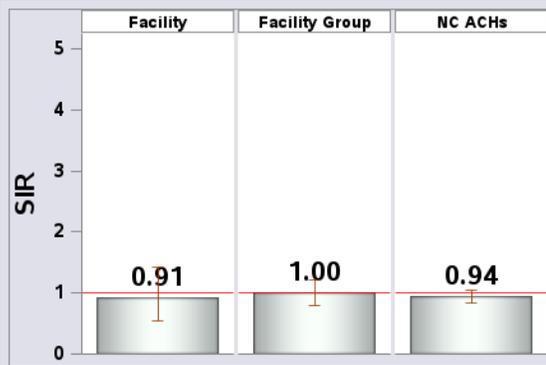


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	6,787
Patient Days in 2023:	65,551
Total Number of Beds:	196
Number of ICU Beds:	20
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	1.02

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

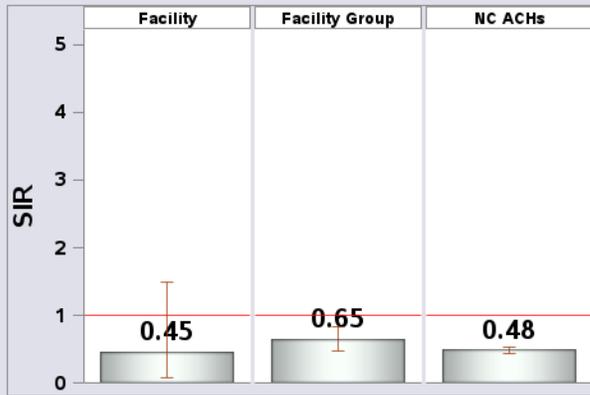


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	2.3	Same
Adult/Ped Wards	0	2.1	Same
All reporting units	2	4.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	5.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

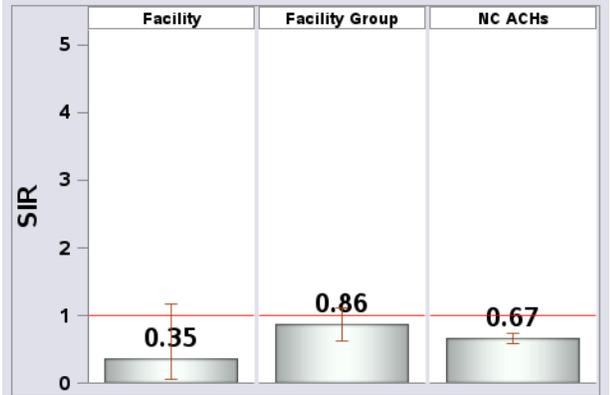


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	16	51	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

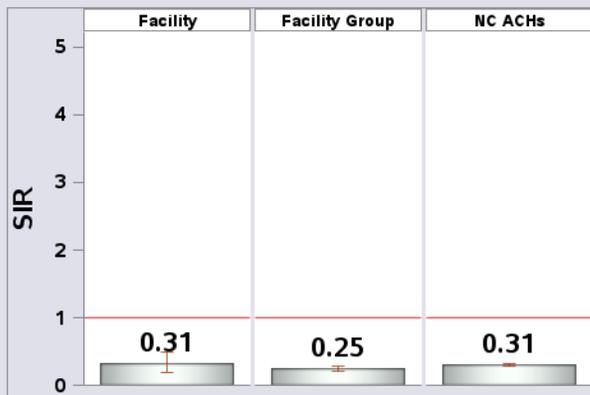


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

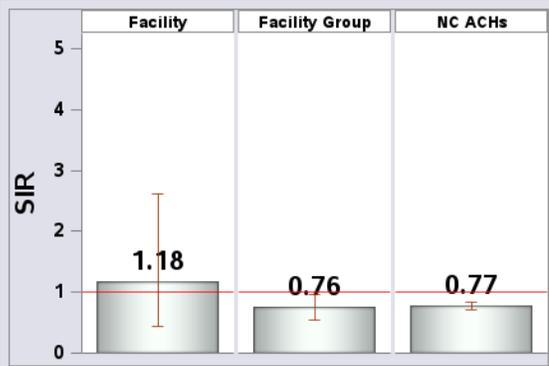


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.8	Same
Adult/Ped Wards	4	2.4	Same
All reporting units	5	4.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	21,762
Patient Days in 2023:	88,496
Total Number of Beds:	278
Number of ICU Beds:	40
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.72

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

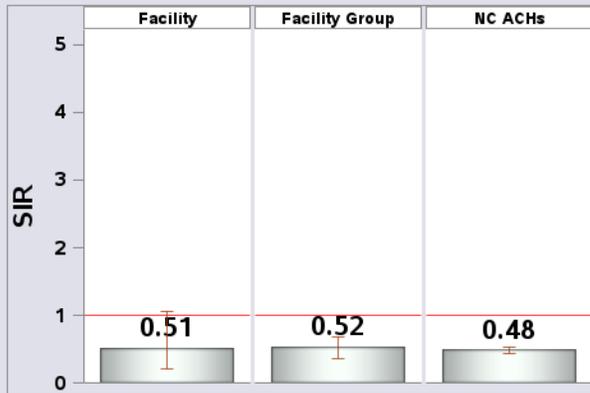


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	5.7	Better
Adult/Ped Wards	5	6.1	Same
All reporting units	6	12	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	6.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

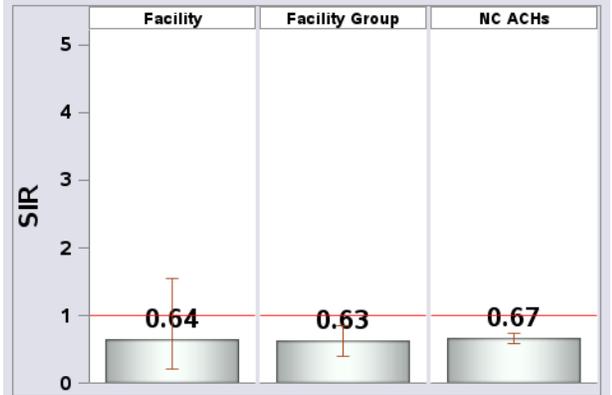


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

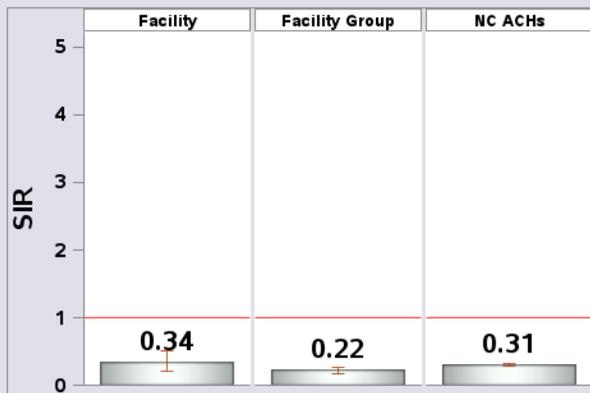


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	19	57	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

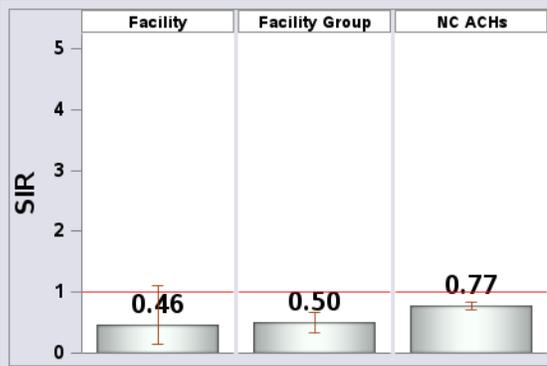


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	3.9	Same
Adult/Ped Wards	1	4.6	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	4	8.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

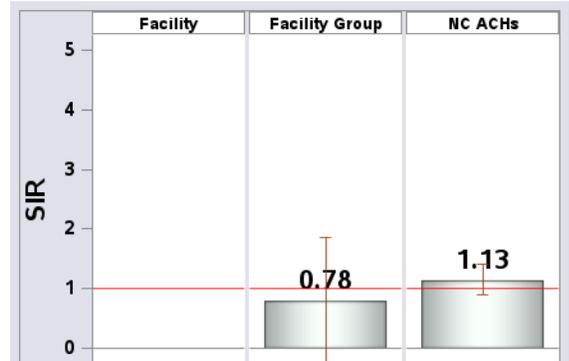


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	7.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

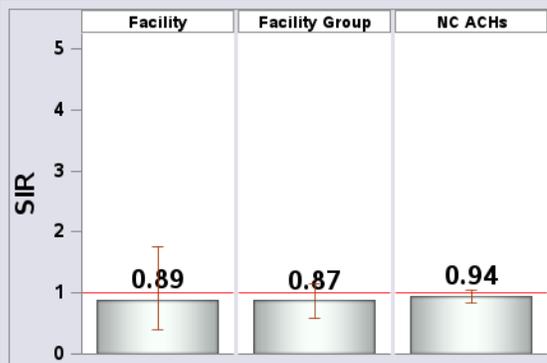


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Carolinas Medical Center-Union, Monroe, Union County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	4,211
Patient Days in 2023:	47,477
Total Number of Beds:	142
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.70

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

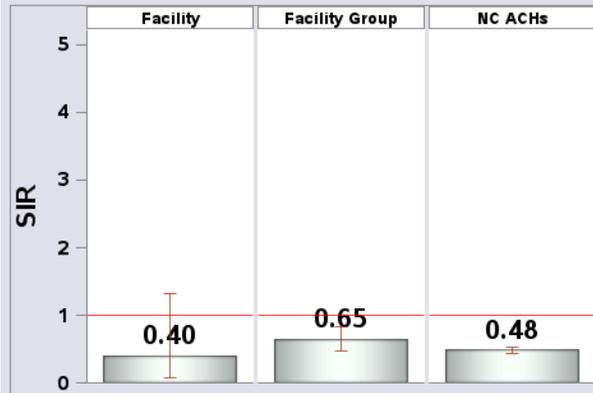


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.5	Same
Adult/Ped Wards	2	2.5	Same
All reporting units	2	5.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

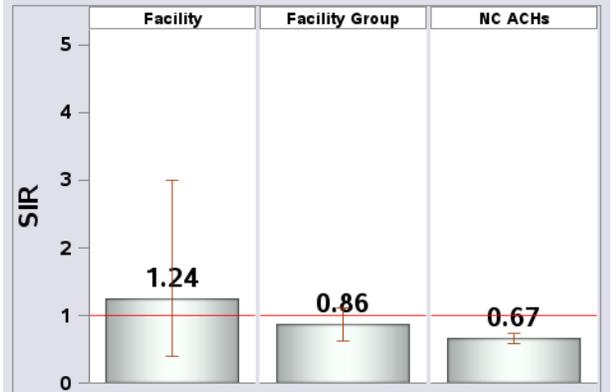


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	26	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

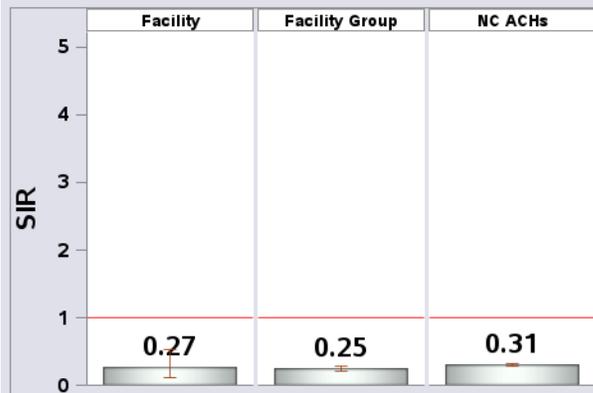


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Medical Center-Union, Monroe, Union County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

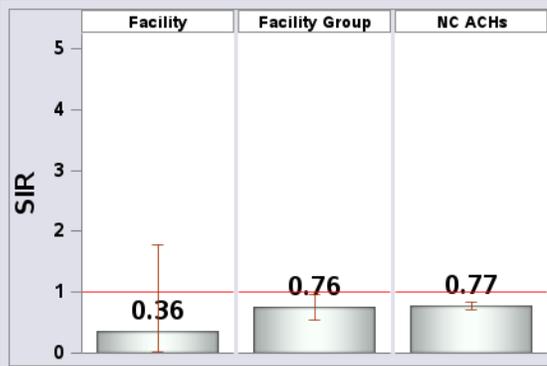


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.4	Same
Adult/Ped Wards	0	1.4	Same
All reporting units	1	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

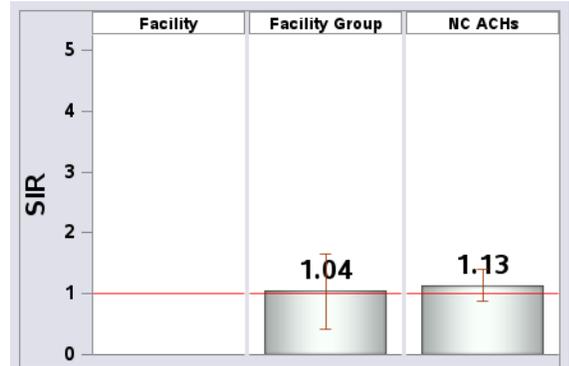


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

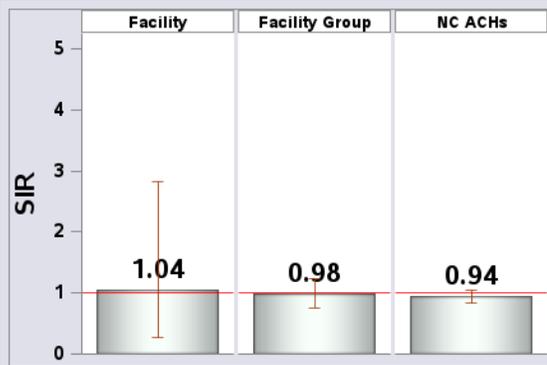


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Rehabilitation, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 1,569
 Patient Days in 2023: 23,630
 Total Number of Beds: 72
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

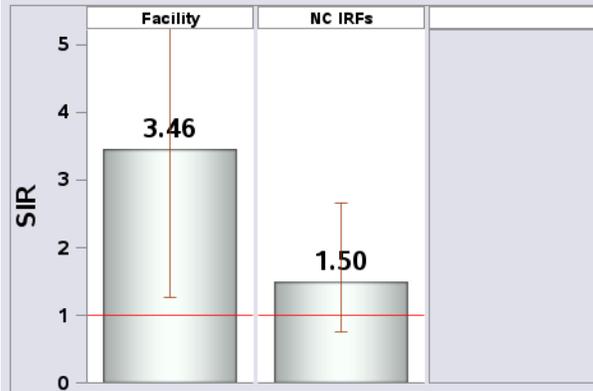


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	5	1.4	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

✗ Worse: More infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

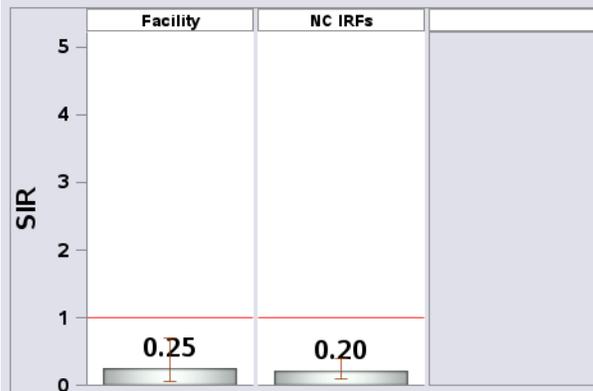


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	12	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Rehabilitation, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Rehabilitation Mount Holly, Belmont, Gaston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 702
 Patient Days in 2023: 10,091
 Total Number of Beds: 40
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

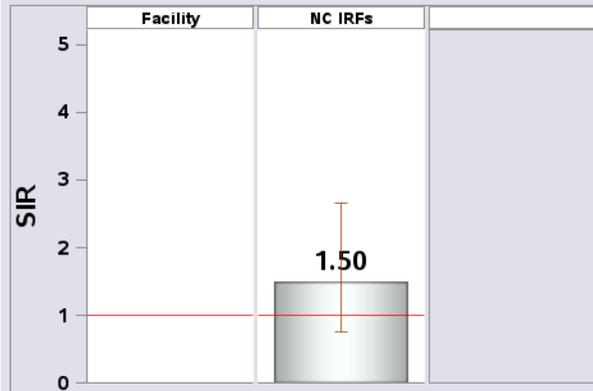


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

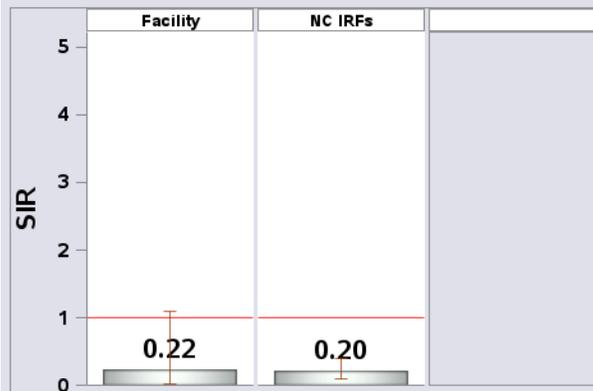


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Rehabilitation Mount Holly, Belmont, Gaston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Rehabilitation North East, Concord, Cabarrus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 635
 Patient Days in 2023: 10,539
 Total Number of Beds: 38
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

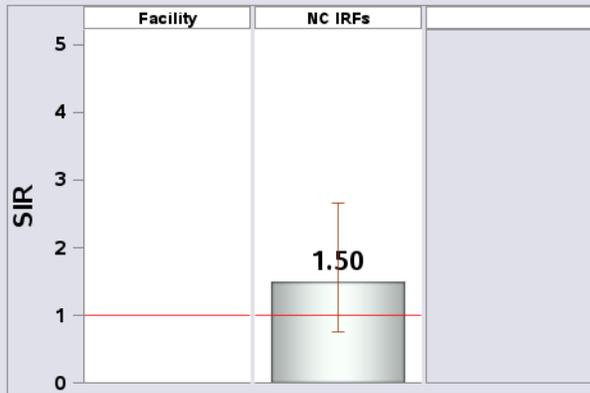


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

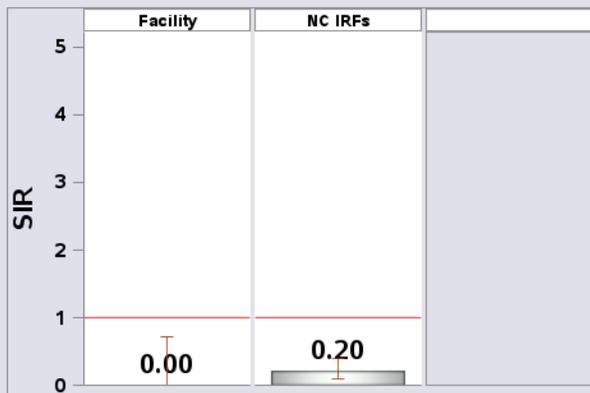


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	4.2	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Rehabilitation North East, Concord, Cabarrus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Specialty Hospital, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 378
 Patient Days in 2023: 11,375
 Total Number of Beds: 40
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

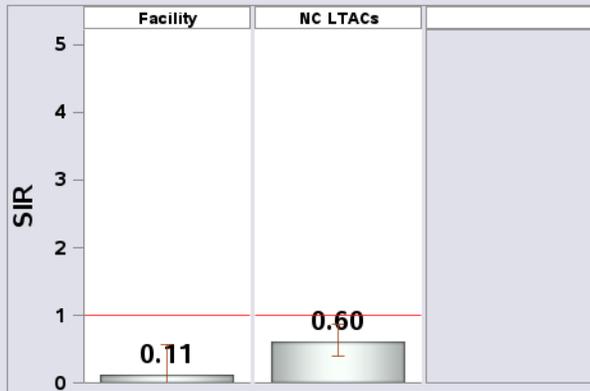


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	1	8.7	Better
All reporting units	1	8.7	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

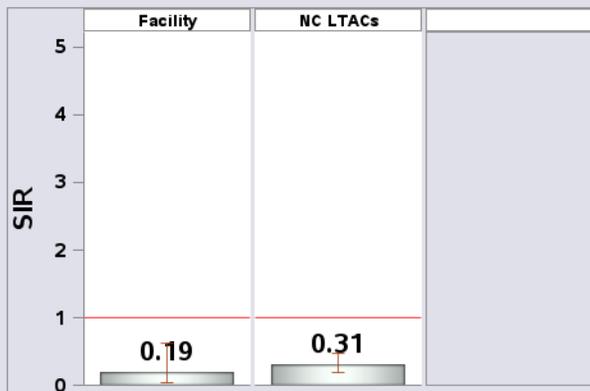


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	11	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Specialty Hospital, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

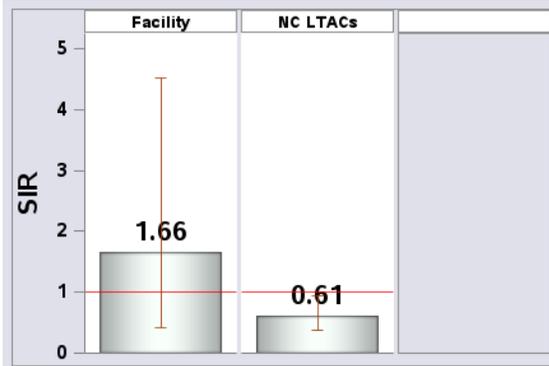


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	3	1.8	Same
All reporting units	3	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Carteret General Hospital, Morehead City, Carteret County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	6,791
Patient Days in 2023:	30,064
Total Number of Beds:	76
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	1.97

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

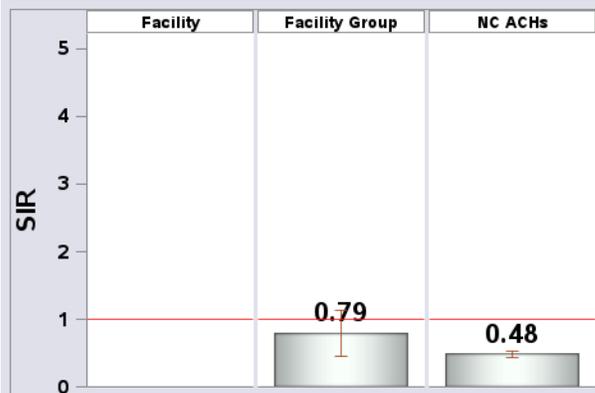


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

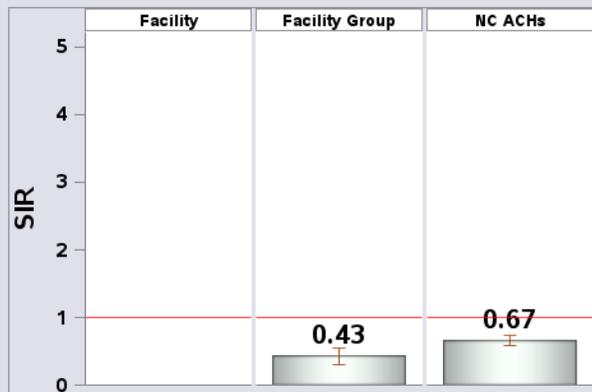


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	6.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

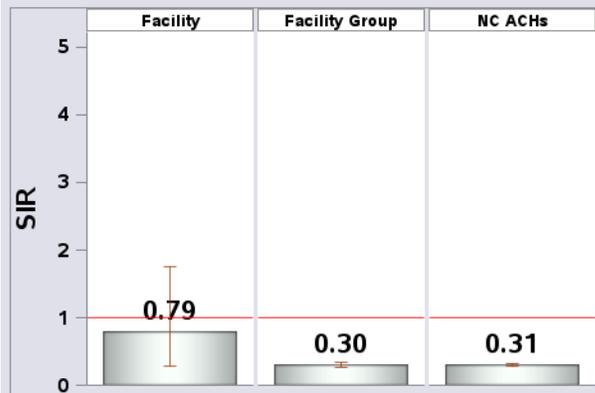


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Carteret General Hospital, Morehead City, Carteret County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

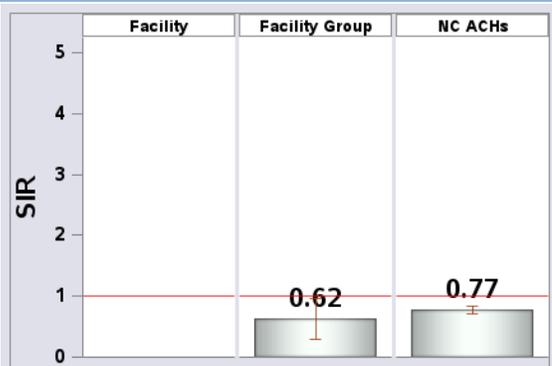


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

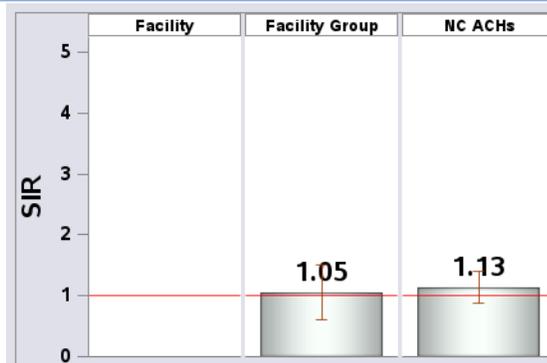


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

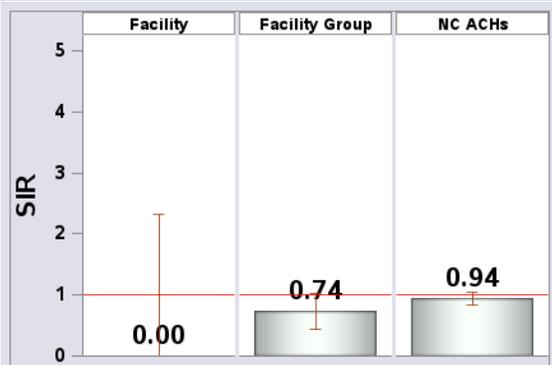


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Catawba Valley Medical Center, Hickory, Catawba County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	13,588
Patient Days in 2023:	56,662
Total Number of Beds:	253
Number of ICU Beds:	36
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.79

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

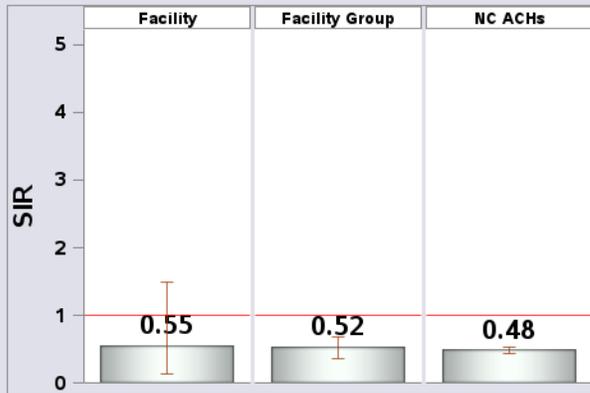


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	2.5	Same
Adult/Ped Wards	1	3.0	Same
All reporting units	3	5.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Catawba Valley Medical Center, Hickory, Catawba County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

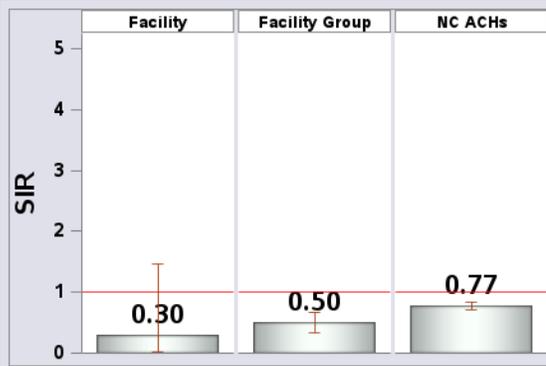


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.4	Same
Adult/Ped Wards	0	1.0	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	1	3.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

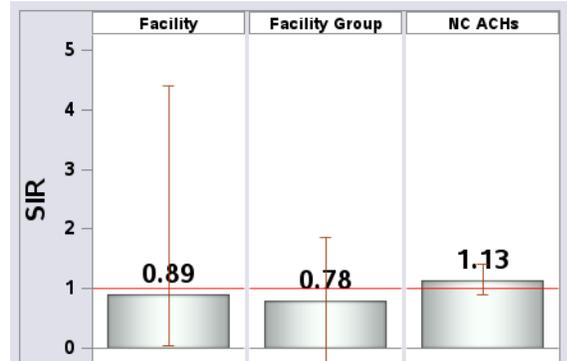


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

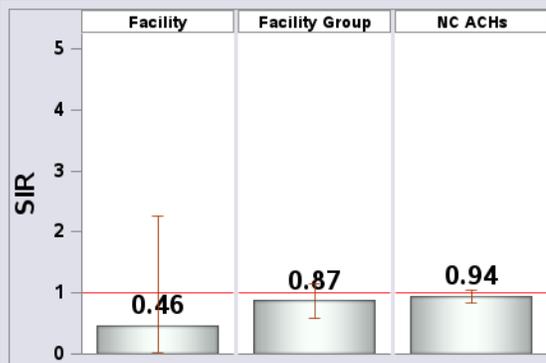


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Central Carolina Hospital, Sanford, Lee County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,225
Patient Days in 2023:	11,813
Total Number of Beds:	57
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.88

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

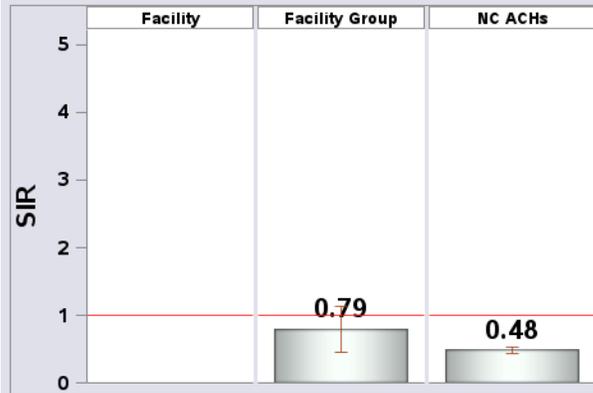


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

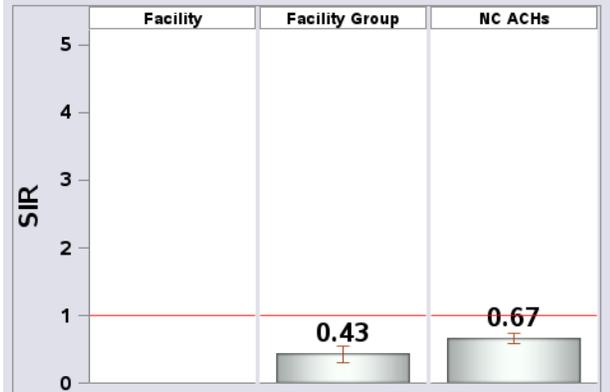


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

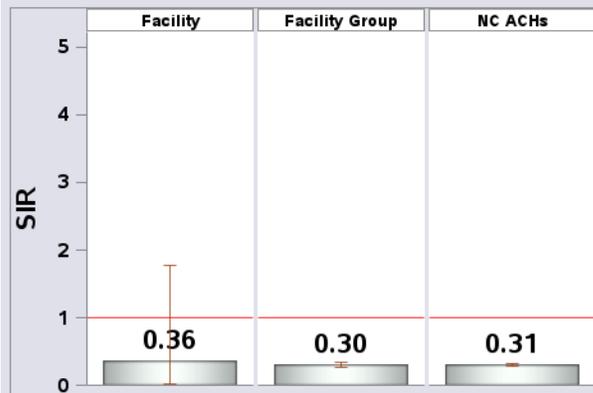


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Central Carolina Hospital, Sanford, Lee County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

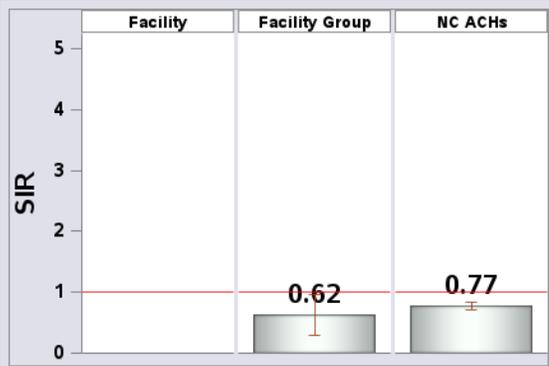


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

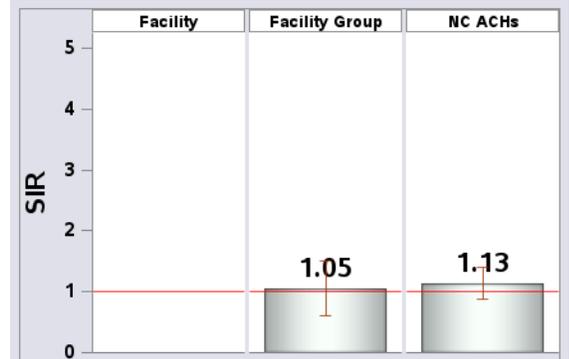


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

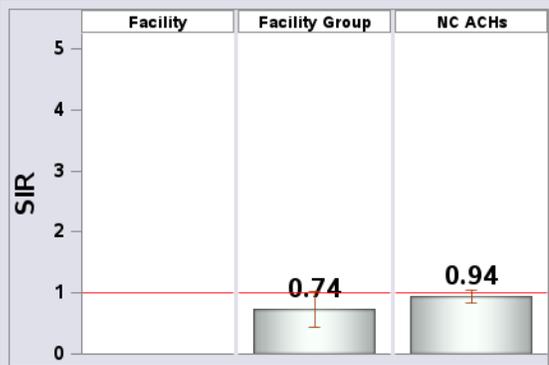


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Central Harnett Hospital, Lillington, Harnett County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	2,509
Patient Days in 2023:	7,134
Total Number of Beds:	44
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.38
Number of FTEs* per 100 beds:	0.85

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

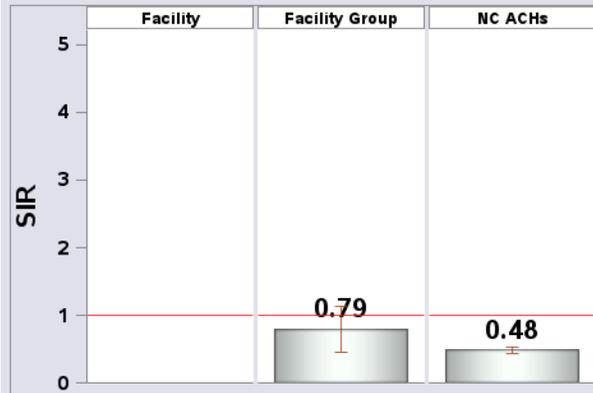


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

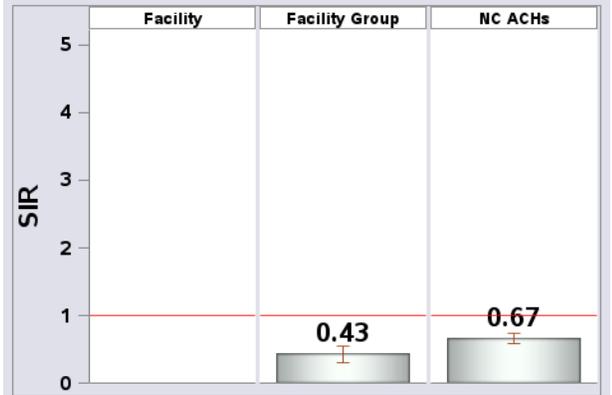


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	4.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

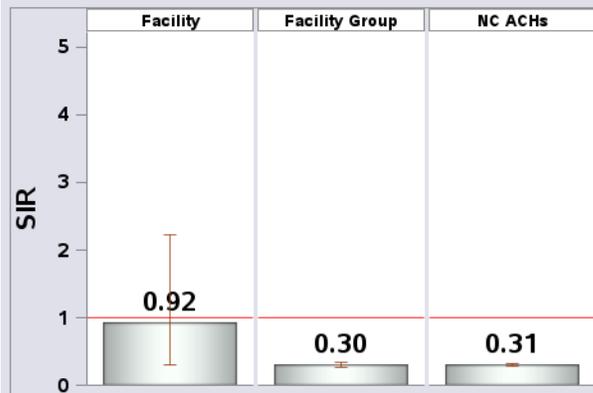


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Central Harnett Hospital, Lillington, Harnett County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

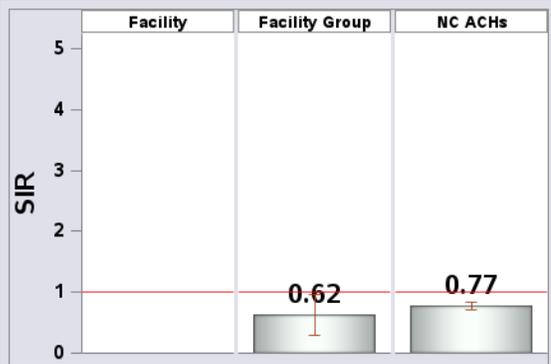


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Central Regional Hospital, Butner, Granville County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	500
Patient Days in 2023:	98,652
Total Number of Beds:	398
Number of ICU Beds:	0
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.50

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

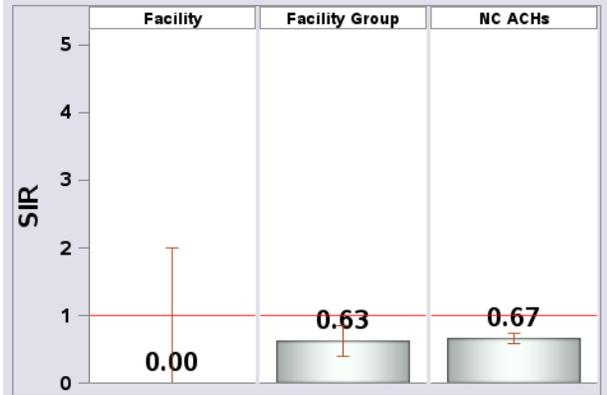


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

**North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024**

Central Regional Hospital, Butner, Granville County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Cherokee Indian Hospital, Cherokee, Swain County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	449
Patient Days in 2023:	6,366
Total Number of Beds:	17
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.25
Number of FTEs* per 100 beds:	7.35

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

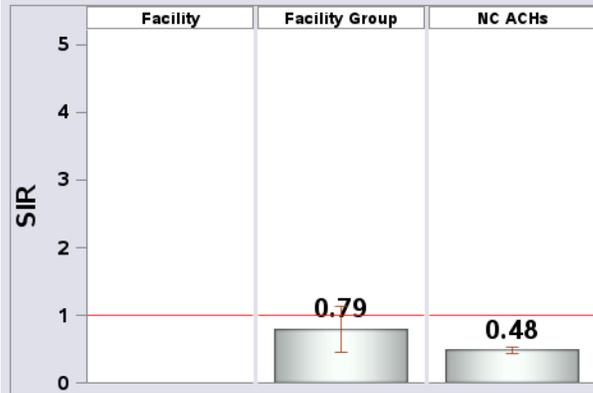


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

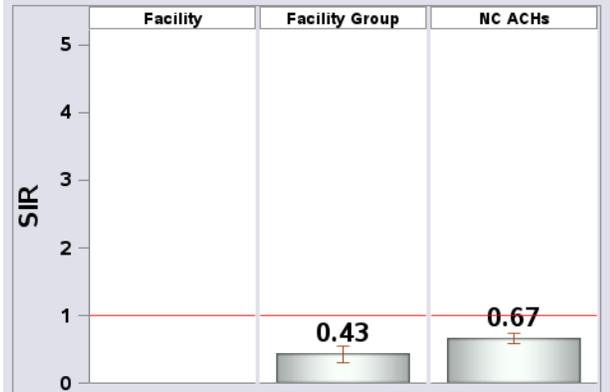


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

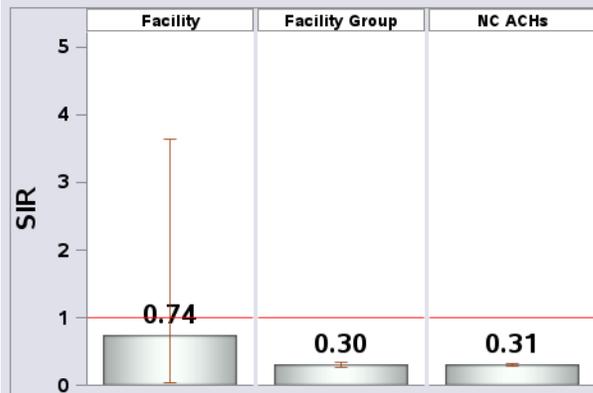


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Cherokee Indian Hospital, Cherokee, Swain County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

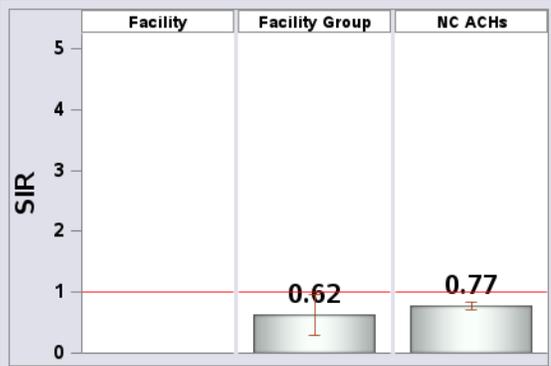


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Cherry Hospital, Goldsboro, Wayne County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	384
Patient Days in 2023:	57,710
Total Number of Beds:	259
Number of ICU Beds:	0
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.77

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: This facility did not have locations required to report MRSA during this time period

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: This facility did not have locations required to report CDI during this time period

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Cherry Hospital, Goldsboro, Wayne County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
CHS Pineville Rehabilitation, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 655
 Patient Days in 2023: 9,717
 Total Number of Beds: 29
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

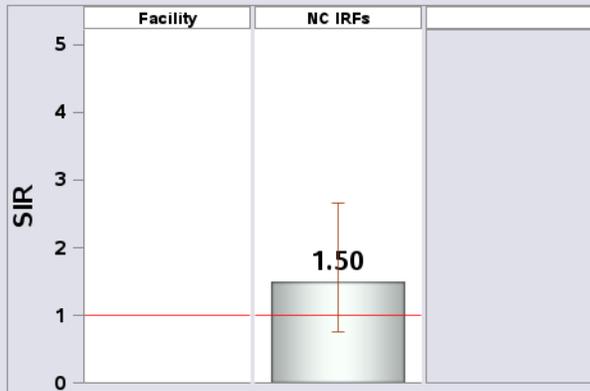


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

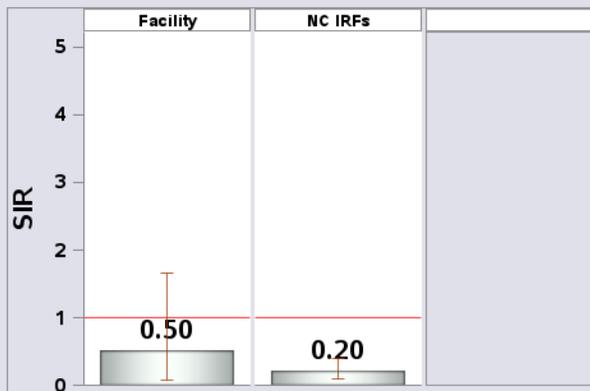


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	4.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
CHS Pineville Rehabilitation, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Columbus Regional Healthcare System, Whiteville, Columbus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,069
Patient Days in 2023:	18,900
Total Number of Beds:	77
Number of ICU Beds:	9
FTE* Infection Preventionists:	0.90
Number of FTEs* per 100 beds:	1.17

*FTE = Full-time equivalent



Commentary From Facility:

The prevention and reduction of healthcare associated infections is a top priority at Columbus Regional Healthcare System. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

Catheter-Associated Urinary Tract Infections (CAUTI)

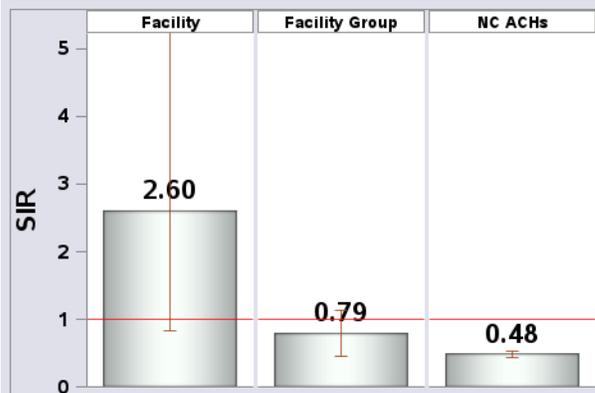


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	4	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

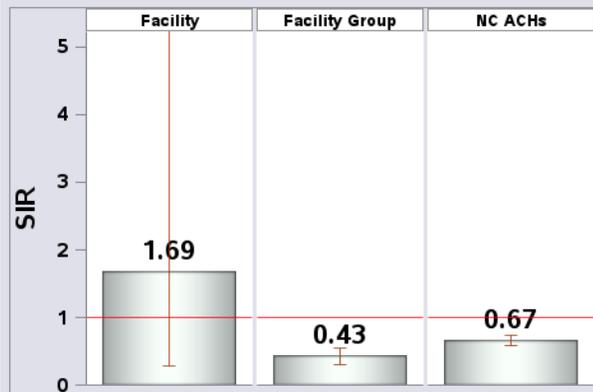


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	6.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

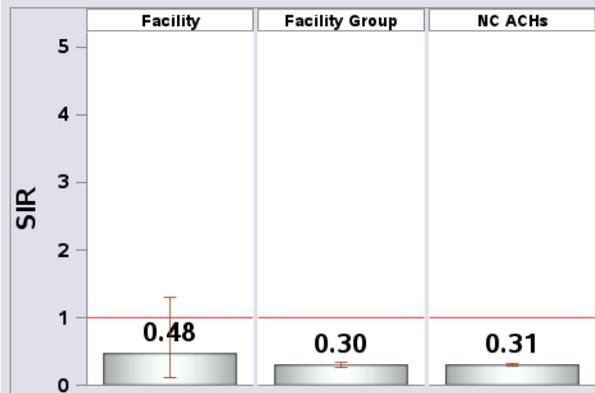


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Columbus Regional Healthcare System, Whiteville, Columbus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

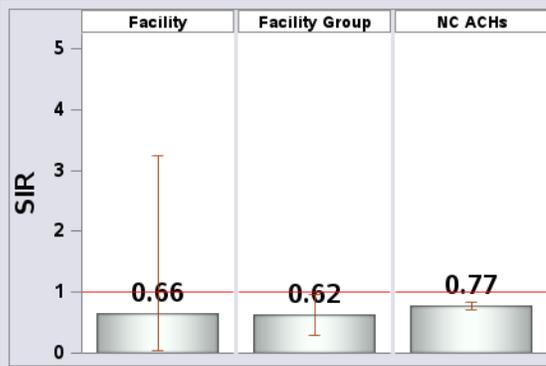


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

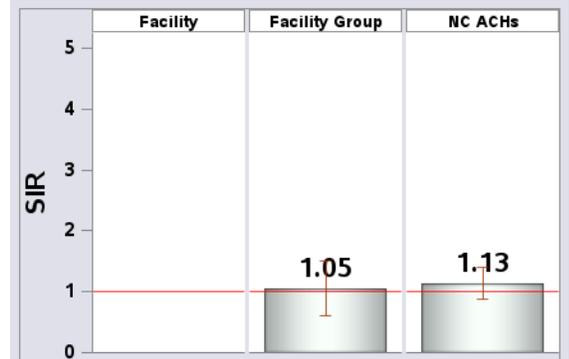


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

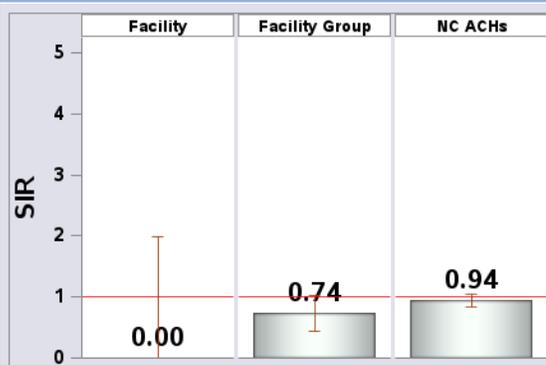


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

DLP - Harris Regional Hospital, Sylva, Jackson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,164
Patient Days in 2023:	11,913
Total Number of Beds:	65
Number of ICU Beds:	9
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	1.23

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

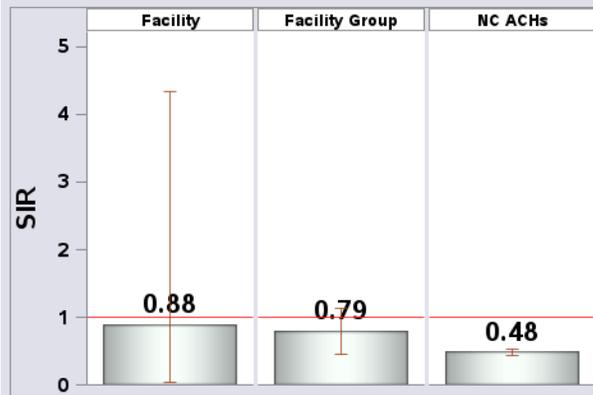


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

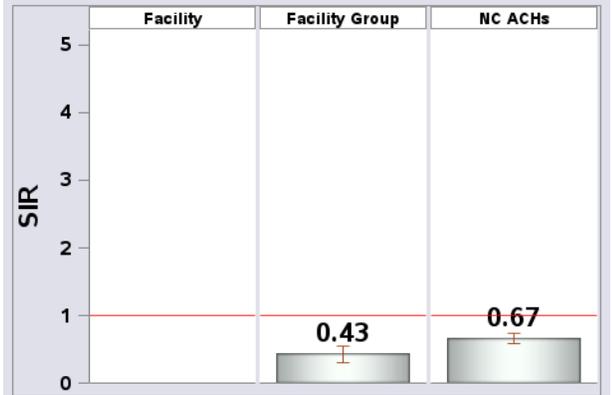


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

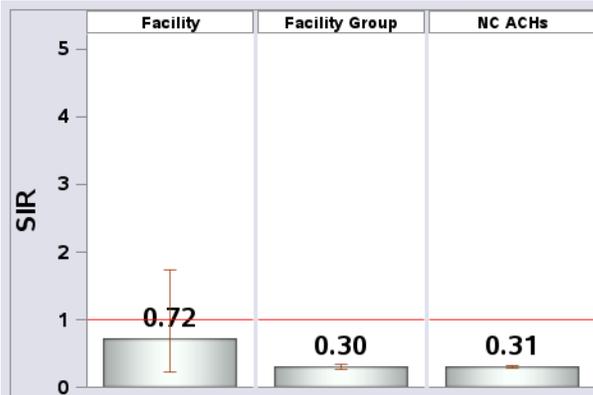


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	5.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
DLP - Harris Regional Hospital, Sylva, Jackson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

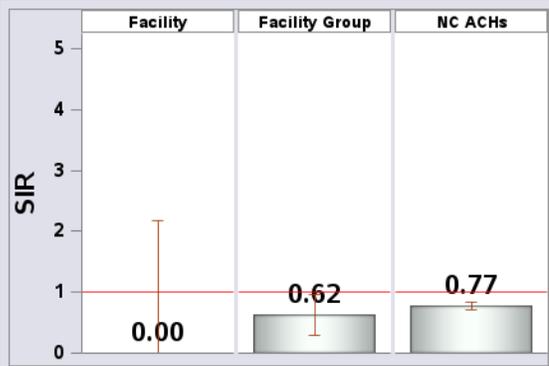


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

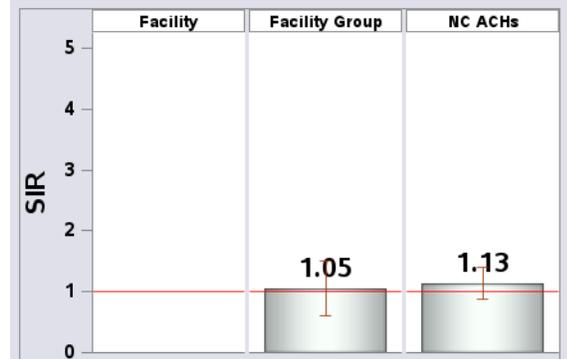


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

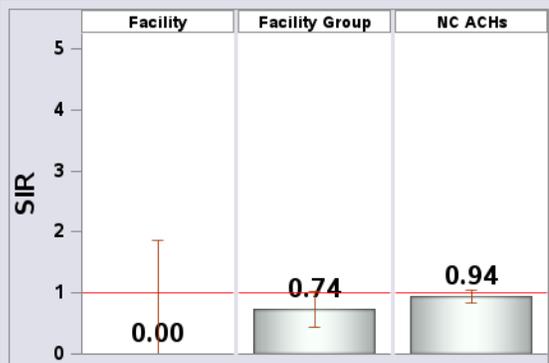


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Duke Raleigh Hospital, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	15,860
Patient Days in 2023:	61,861
Total Number of Beds:	186
Number of ICU Beds:	20
FTE* Infection Preventionists:	2.50
Number of FTEs* per 100 beds:	1.34

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

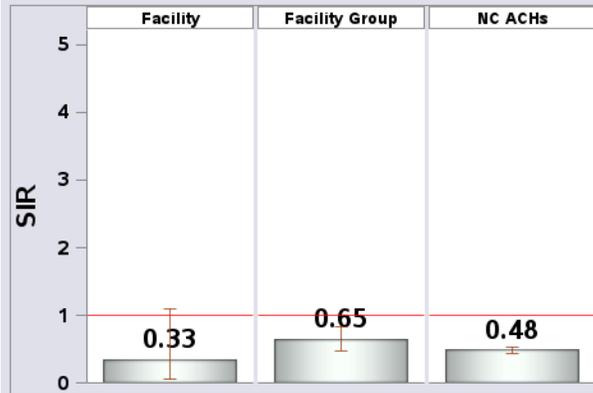


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.6	Same
Adult/Ped Wards	2	3.5	Same
All reporting units	2	6.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	3.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

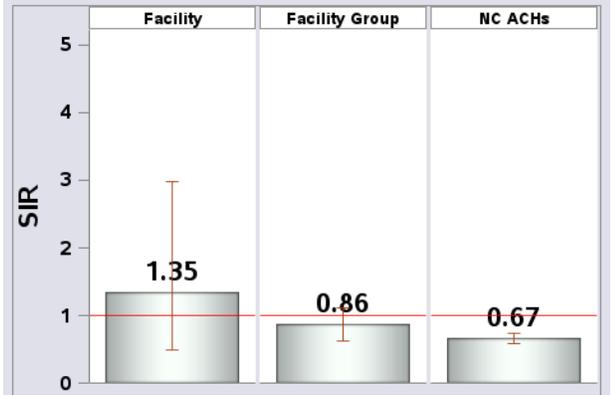


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	29	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

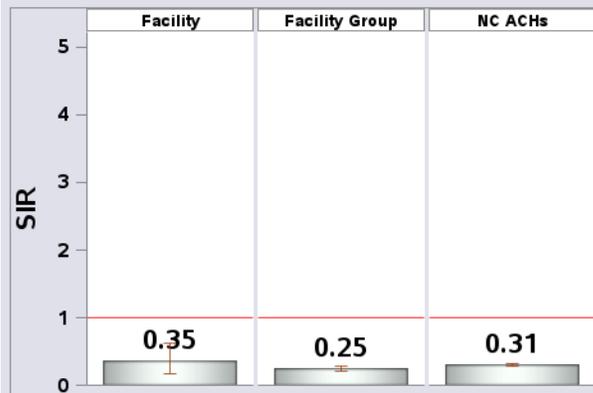


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Duke Raleigh Hospital, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

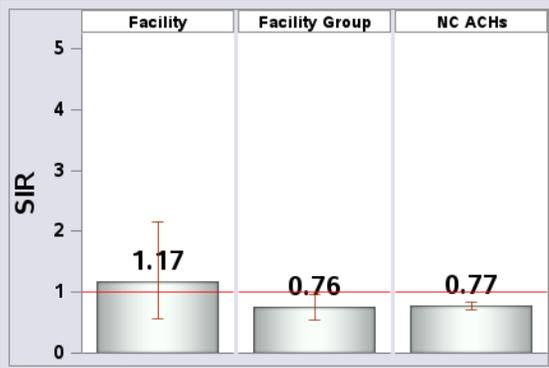


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.8	Same
Adult/Ped Wards	7	5.8	Same
All reporting units	9	7.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

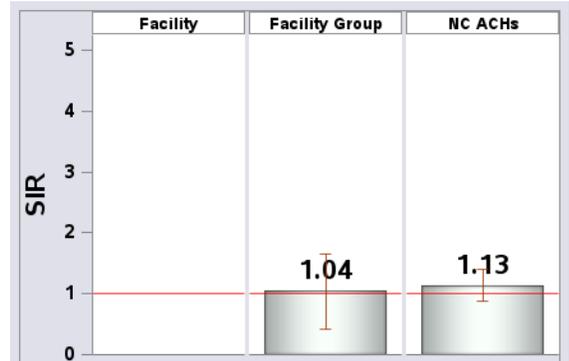


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	5.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

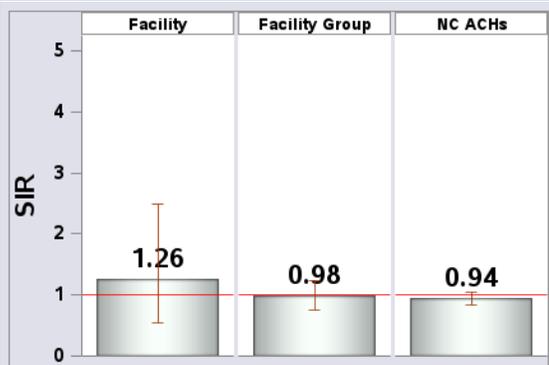


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Duke Regional Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	21,900
Patient Days in 2023:	103,723
Total Number of Beds:	369
Number of ICU Beds:	22
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.54

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

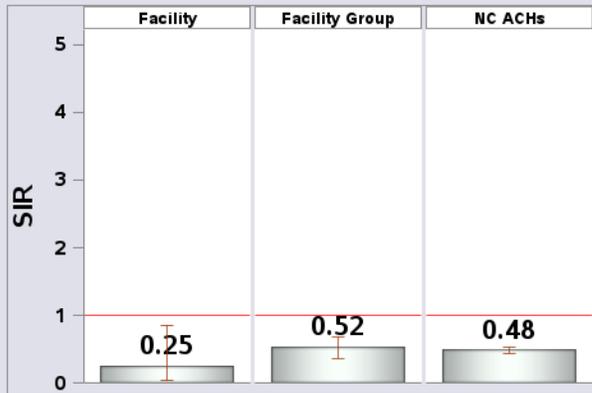


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	3.5	Better
Adult/Ped Wards	2	4.4	Same
All reporting units	2	7.9	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ Better: Fewer infections than predicted by the national baseline experience

Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Duke Regional Hospital, Durham, Durham County

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Central Line-Associated Bloodstream Infections (CLABSI)

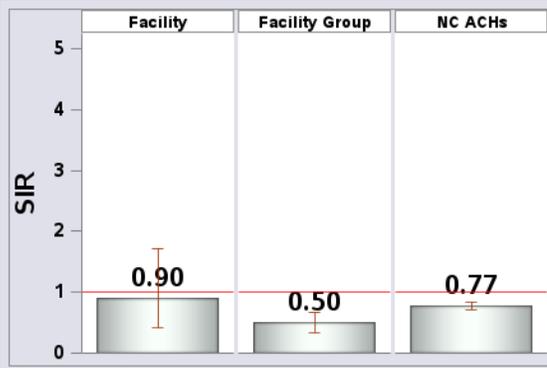


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	3.0	Same
Adult/Ped Wards	7	5.8	Same
All reporting units	8	8.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

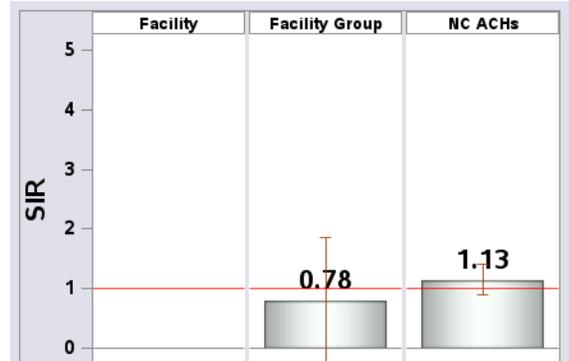


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

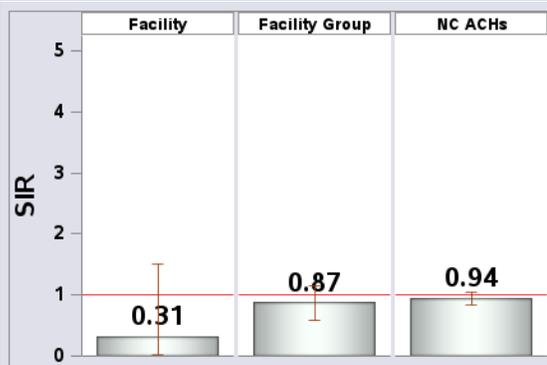


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Duke University Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	49,645
Patient Days in 2023:	339,272
Total Number of Beds:	1,062
Number of ICU Beds:	264
FTE* Infection Preventionists:	11.3
Number of FTEs* per 100 beds:	1.06

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

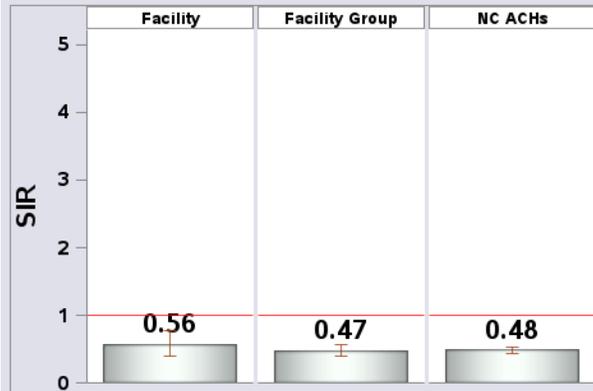


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	13	44	Better
Adult/Ped Wards	20	15	Same
All reporting units	33	59	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	20	39	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

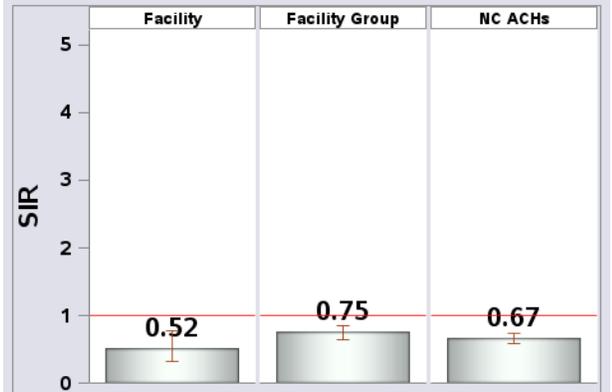


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	74	183	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

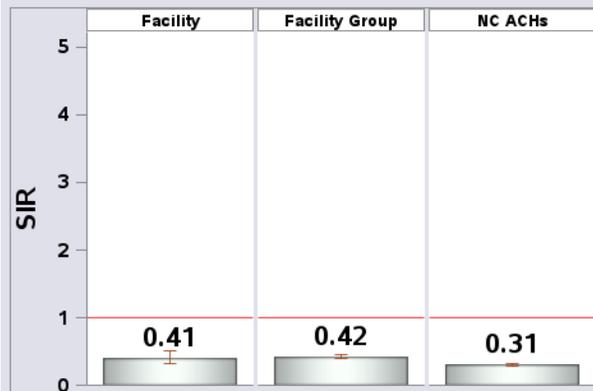


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Duke University Hospital, Durham, Durham County

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Central Line-Associated Bloodstream Infections (CLABSI)

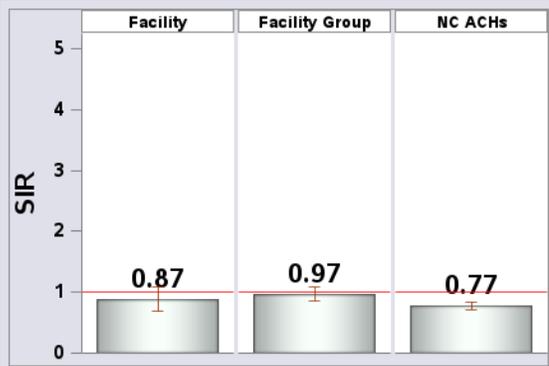


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	40	46	Same
Adult/Ped Wards	33	32	Same
Neonatal Units	4	9.8	Better
All reporting units	77	88	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

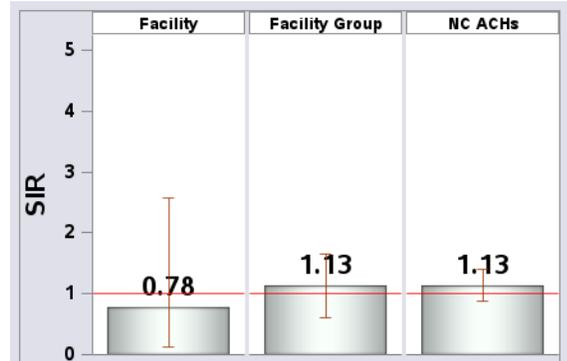


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	16	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

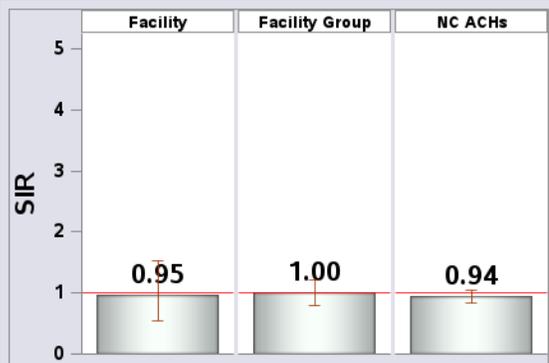


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

ECU Health Beaufort Hospital, Washington, Beaufort County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	4,421
Patient Days in 2023:	15,398
Total Number of Beds:	77
Number of ICU Beds:	11
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.30

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

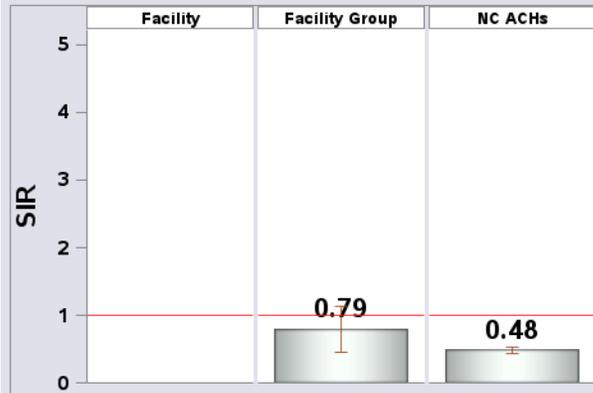


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

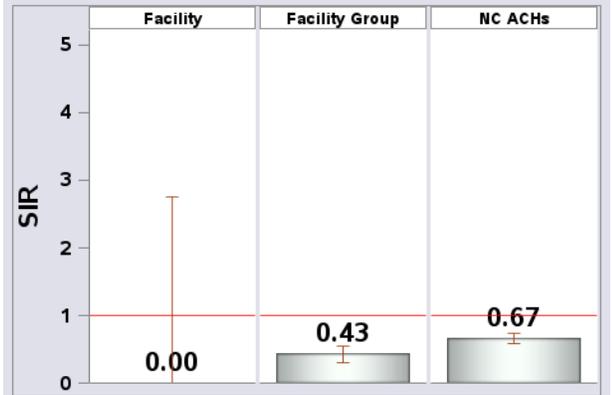


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

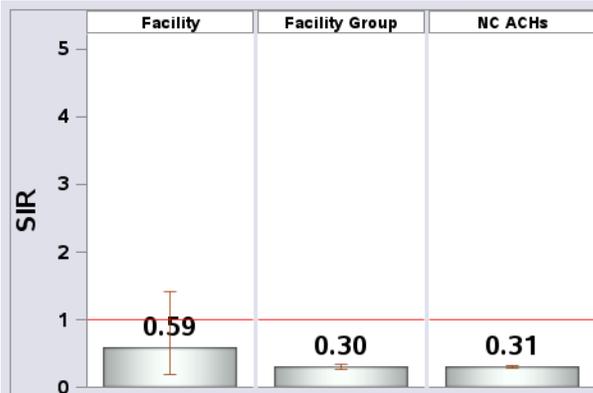


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	6.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Beaufort Hospital, Washington, Beaufort County

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Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

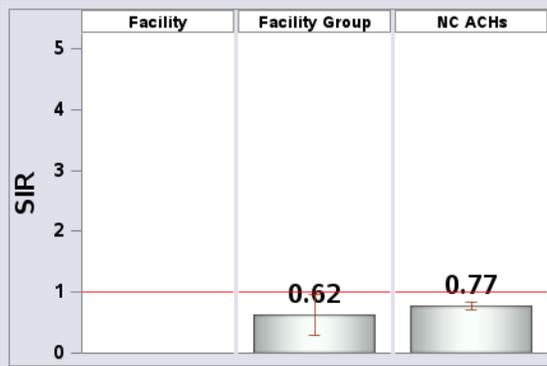


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

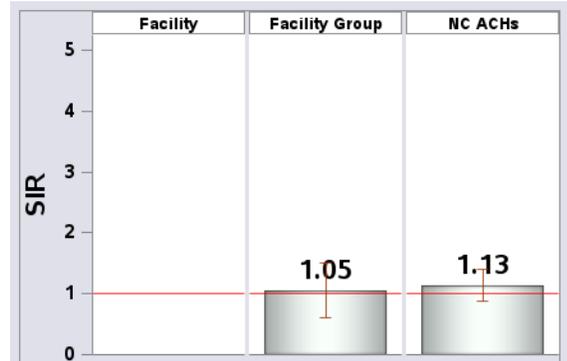


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

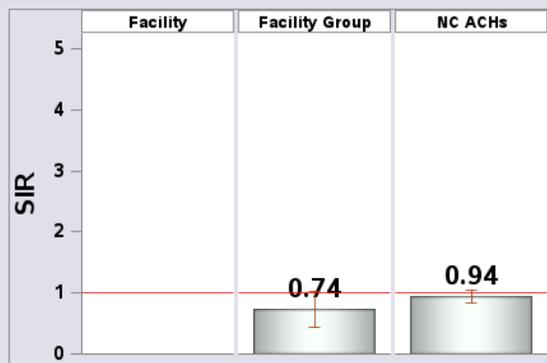


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

ECU Health Duplin Hospital, Kenansville, Duplin County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	3,804
Patient Days in 2023:	12,940
Total Number of Beds:	89
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.12

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

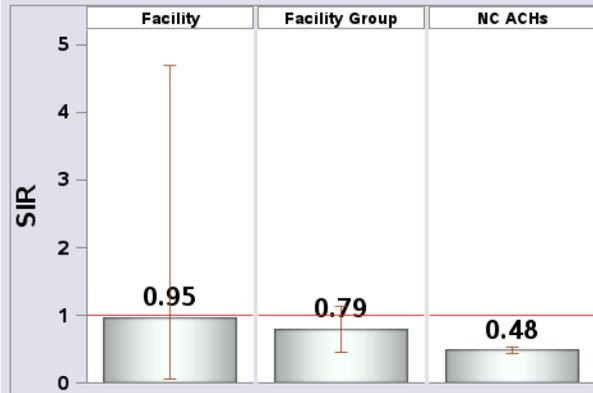


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

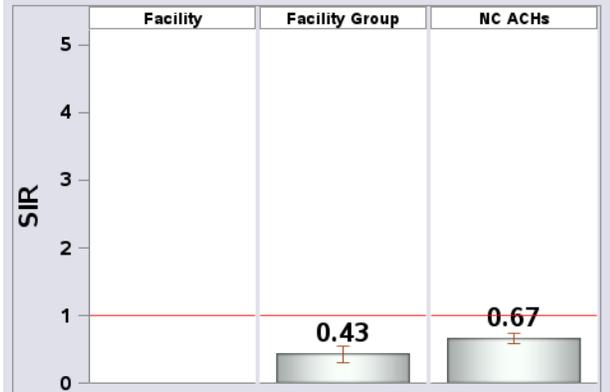


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

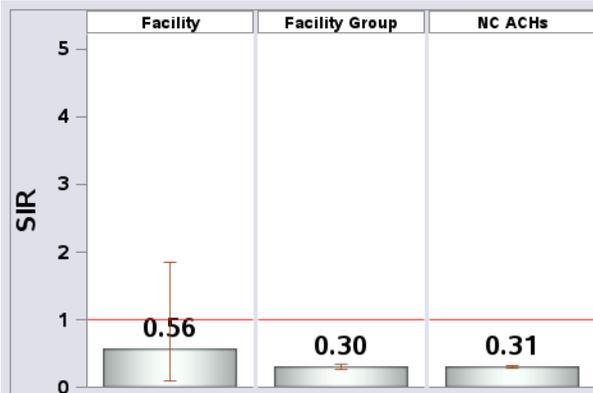


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	3.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Duplin Hospital, Kenansville, Duplin County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

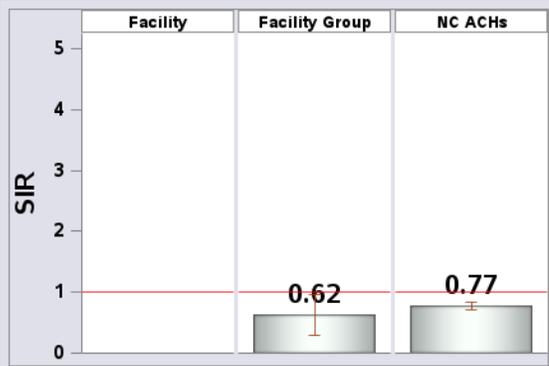


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

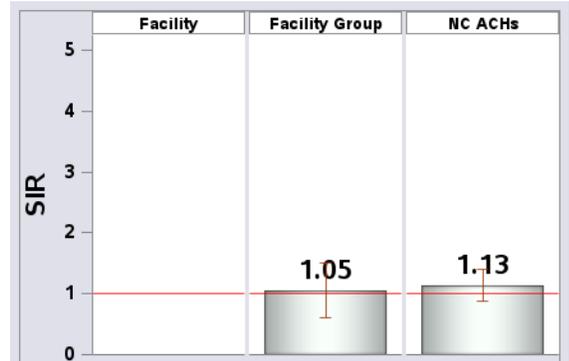


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

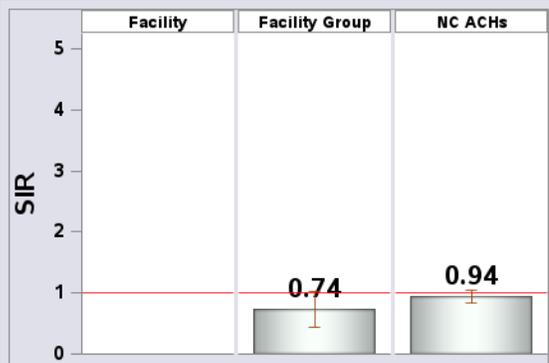


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

ECU Health Edgecombe Hospital, Tarboro, Edgecombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	3,441
Patient Days in 2023:	13,256
Total Number of Beds:	105
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.95

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

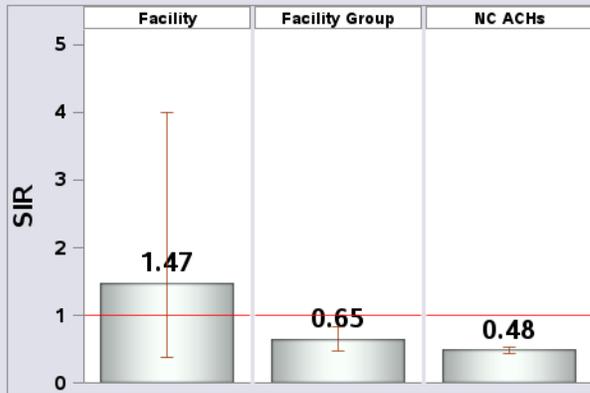


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.1	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	3	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

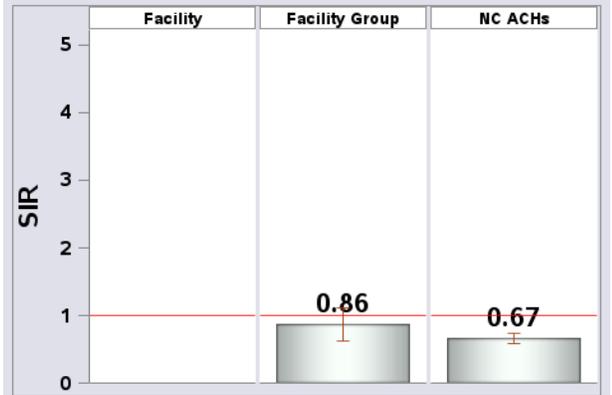


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	4.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

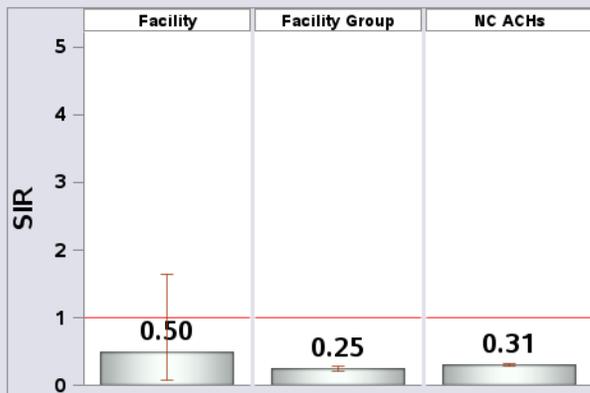


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Edgecombe Hospital, Tarboro, Edgecombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

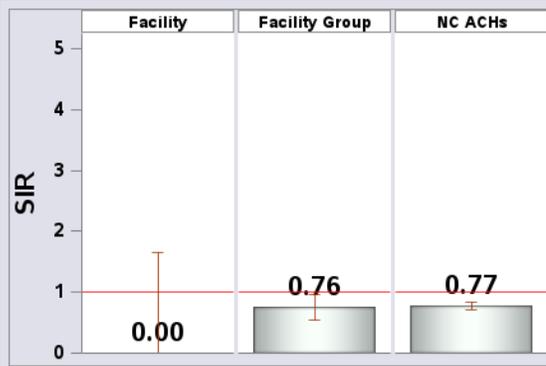


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

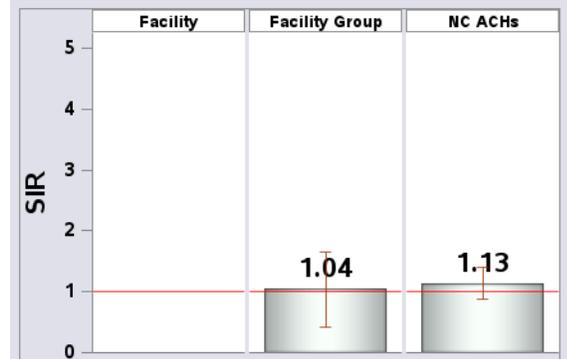


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

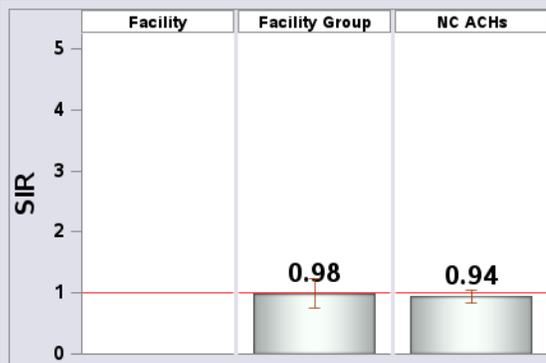


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Medical Center, Greenville, Pitt County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	43,900
Patient Days in 2023:	288,396
Total Number of Beds:	1,039
Number of ICU Beds:	190
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	0.77

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

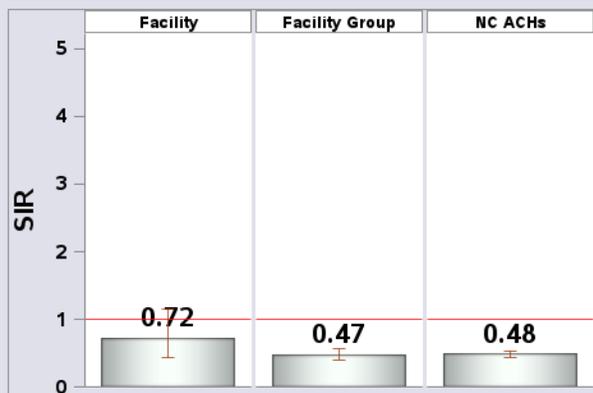


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	11	17	Same
Adult/Ped Wards	5	5.2	Same
All reporting units	16	22	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Medical Center, Greenville, Pitt County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

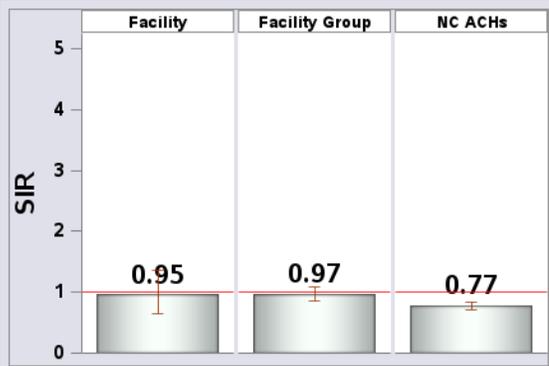


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	10	17	Same
Adult/Ped Wards	6	7.4	Same
Neonatal Units	11	4.4	Worse
All reporting units	27	28	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

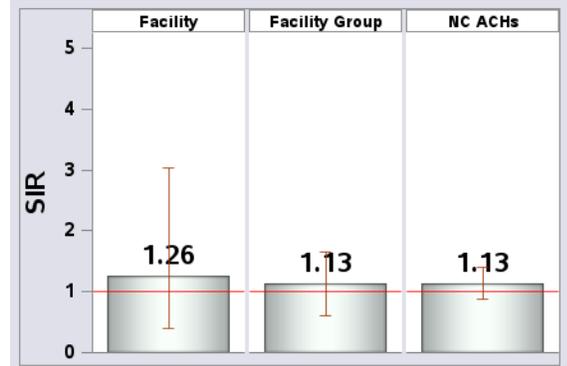


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	17	14	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

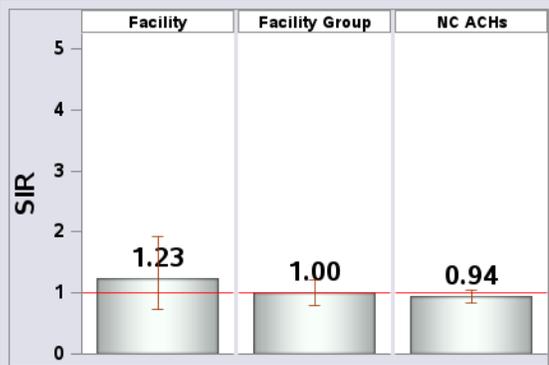


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

ECU Health North Hospital, Roanoke Rapids, Halifax County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	4,706
Patient Days in 2023:	20,221
Total Number of Beds:	97
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.03

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

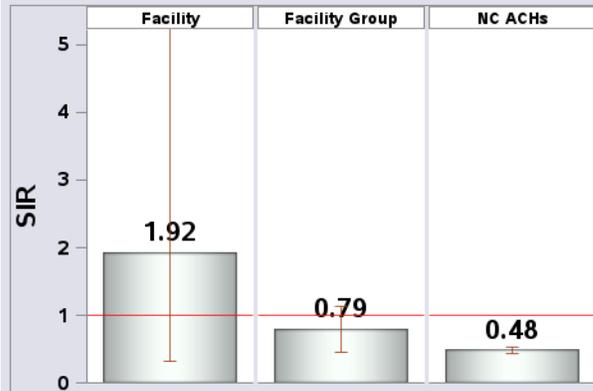


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	2	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

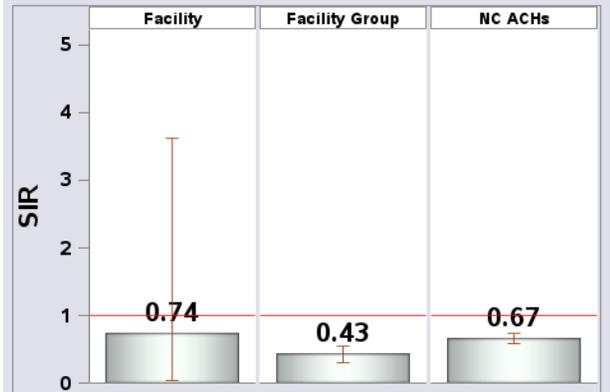


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	6.8	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

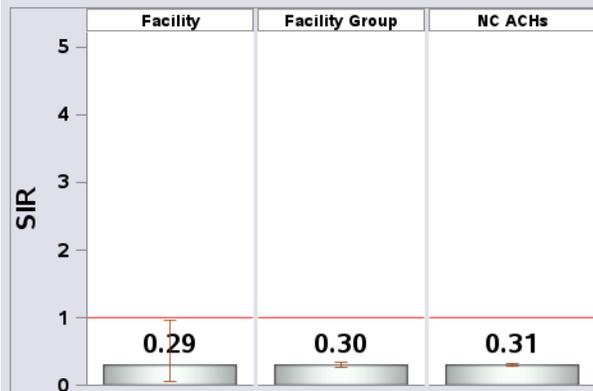


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health North Hospital, Roanoke Rapids, Halifax County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

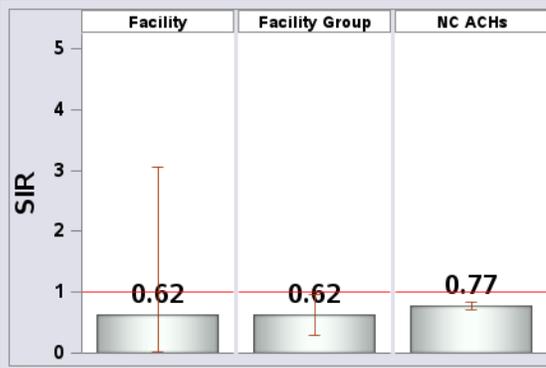


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.1	Same
All reporting units	1	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

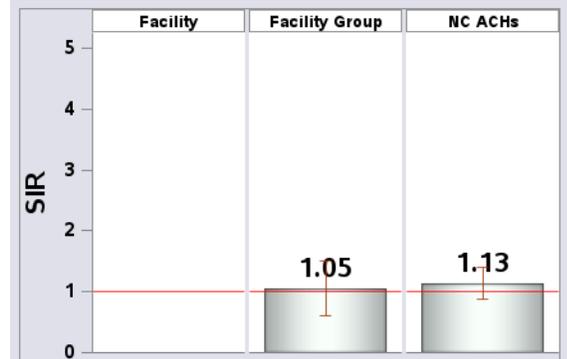


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

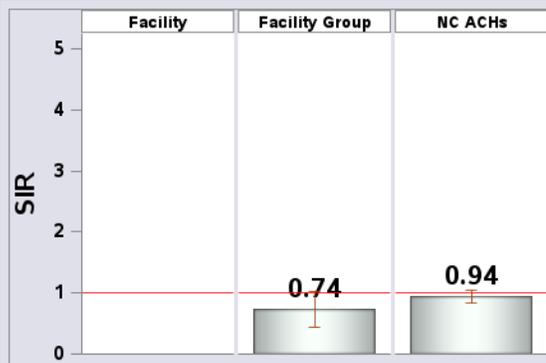


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Roanoke-Chowan Hospital, Ahoskie, Hertford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	3,866
Patient Days in 2023:	22,680
Total Number of Beds:	114
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.88

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

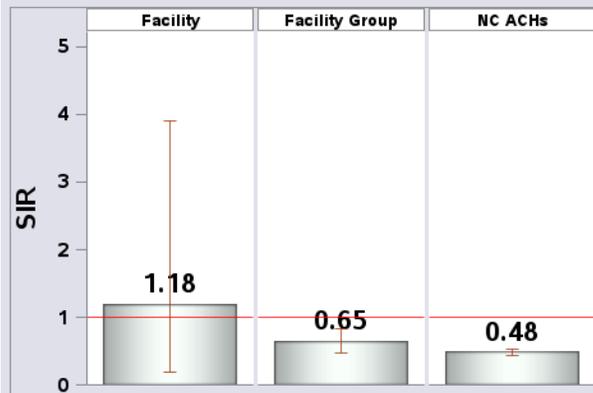


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	2	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

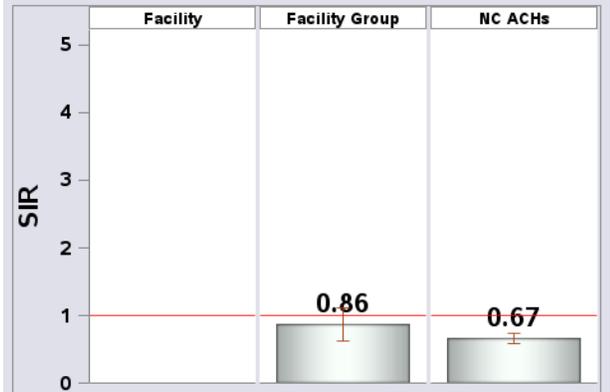


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	8.3	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

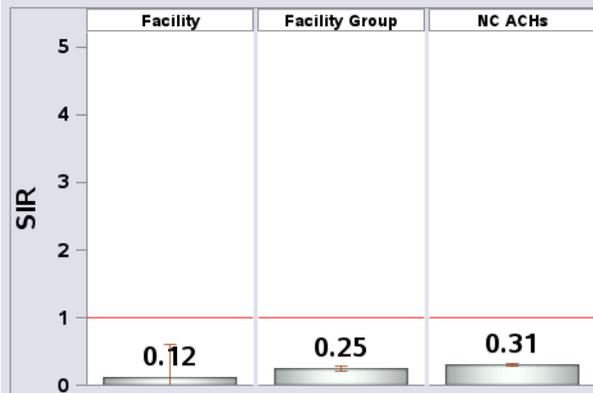


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Roanoke-Chowan Hospital, Ahoskie, Hertford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

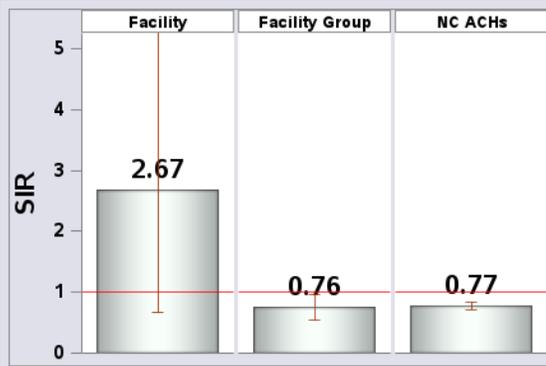


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	3	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

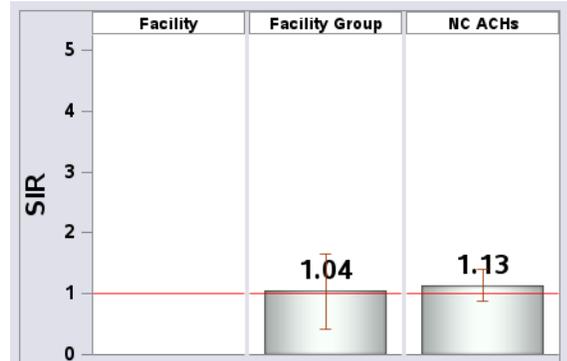


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

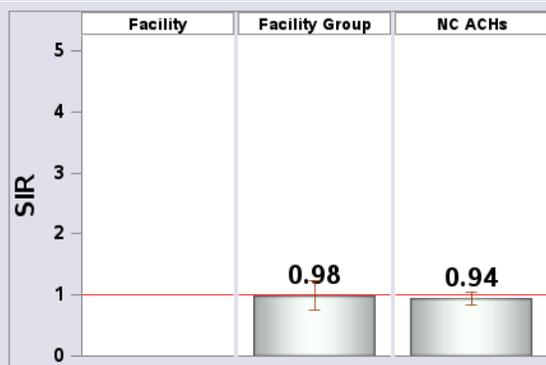


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	22,672
Patient Days in 2023:	103,733
Total Number of Beds:	362
Number of ICU Beds:	23
FTE* Infection Preventionists:	3.50
Number of FTEs* per 100 beds:	0.97

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

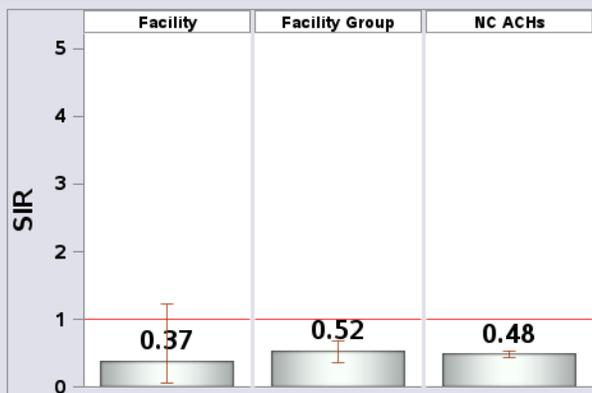


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.3	Same
Adult/Ped Wards	2	4.0	Same
All reporting units	2	5.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

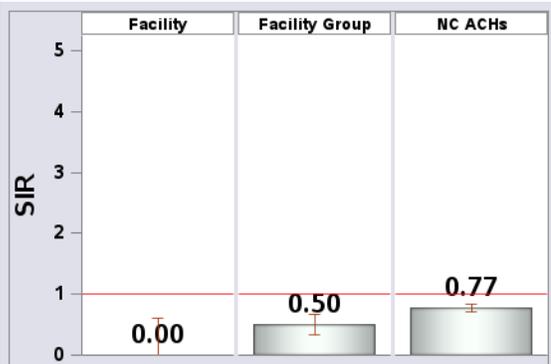


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	4.0	Better
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	0	5.0	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ Better: Fewer infections than predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

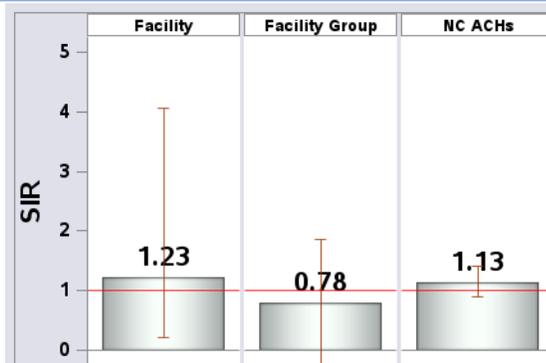


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	6.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

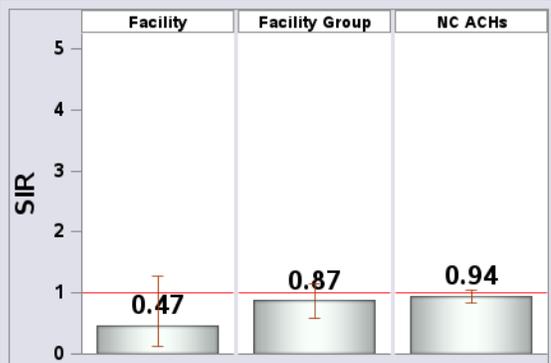


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	705
Patient Days in 2023:	1,896
Total Number of Beds:	8
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	2.50

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

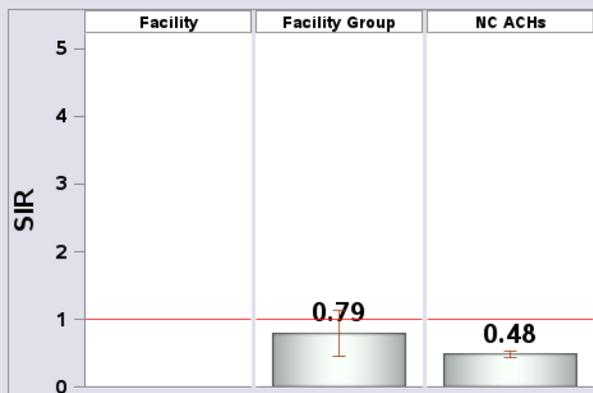


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

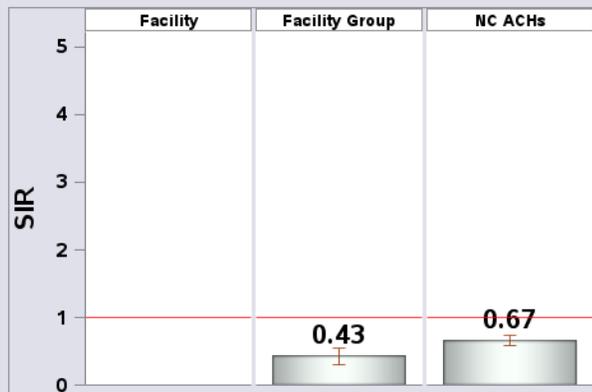


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

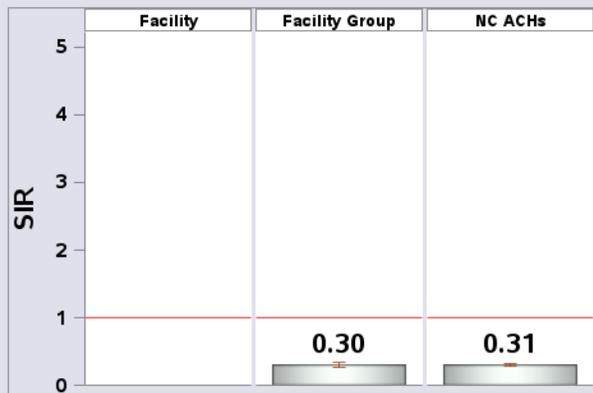


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

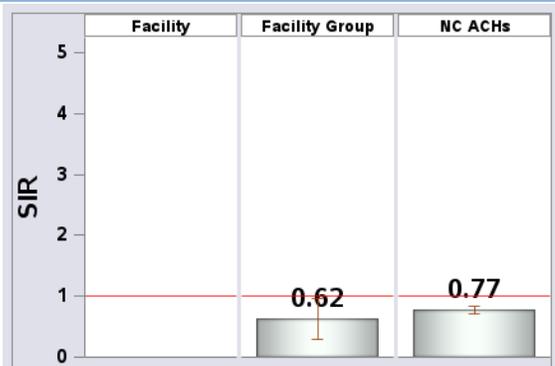


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Firsthealth Moore Regional Hospital - Richmond Campus, Rockingham, Richmond County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	2,350
Patient Days in 2023:	7,096
Total Number of Beds:	79
Number of ICU Beds:	12
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.63

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

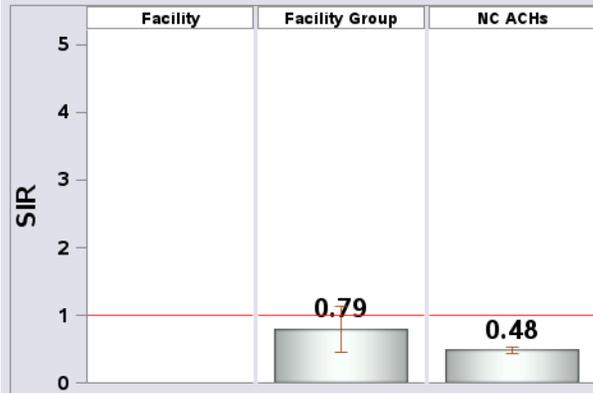


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

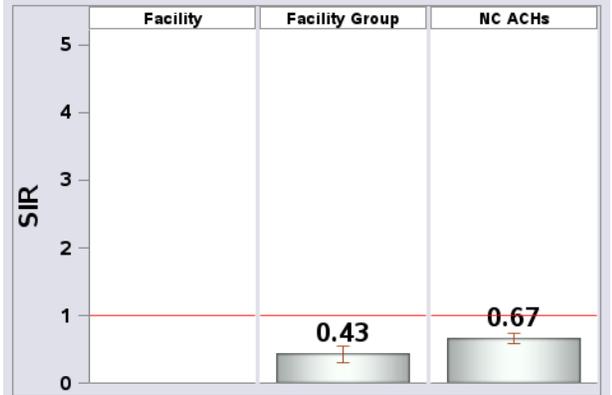


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	5.0	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

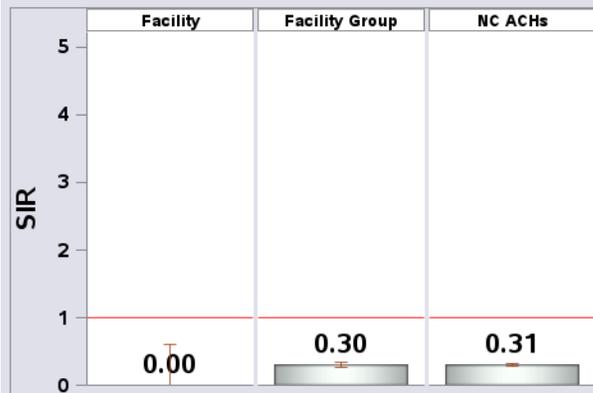


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N. C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Firsthealth Moore Regional Hospital - Richmond Campus, Rockingham, Richmond County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

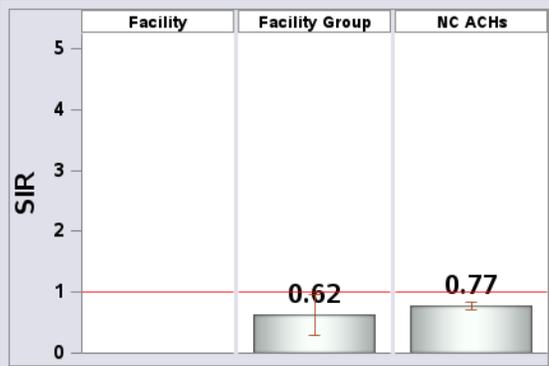


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

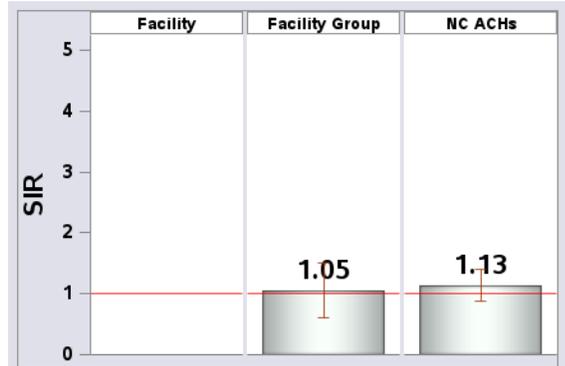


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

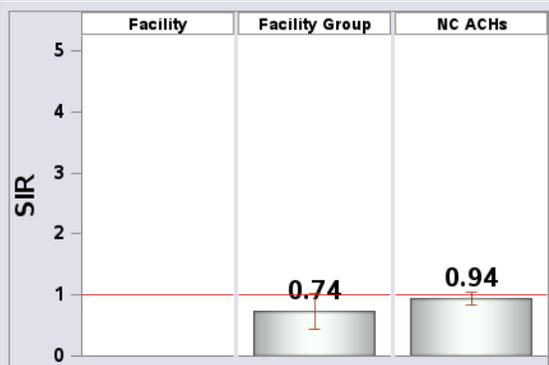


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Frye Regional Medical Center, Hickory, Catawba County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	8,598
Patient Days in 2023:	40,673
Total Number of Beds:	190
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.79

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

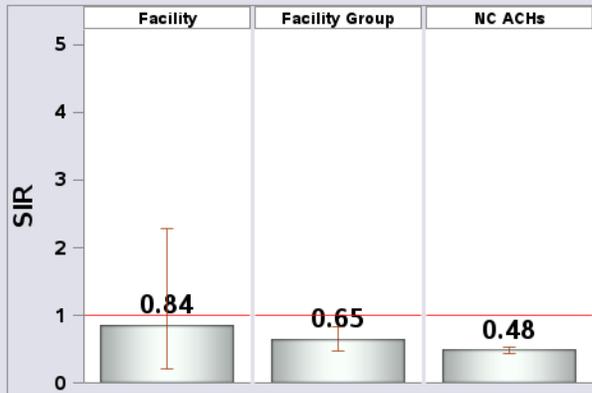


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.2	Same
Adult/Ped Wards	2	1.4	Same
All reporting units	3	3.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Frye Regional Medical Center, Hickory, Catawba County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

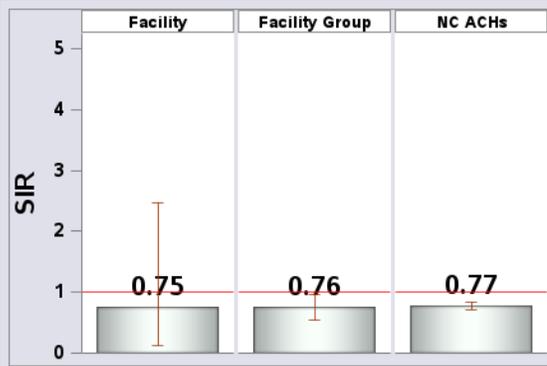


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.8	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	2	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

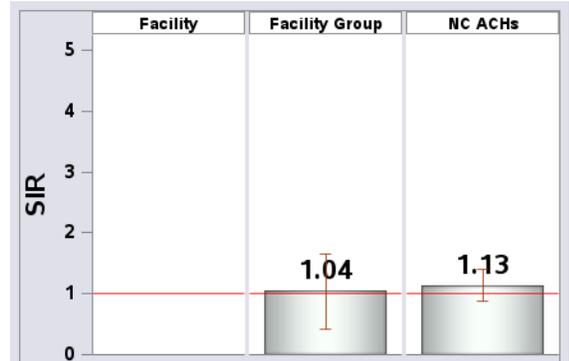


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

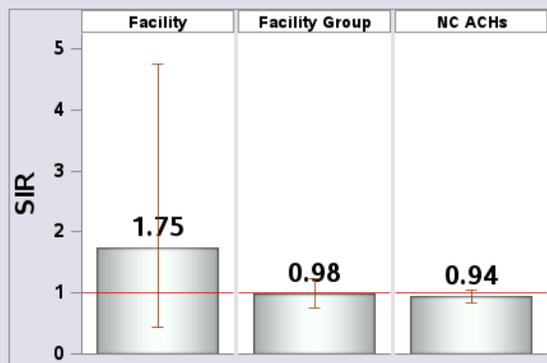


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Gaston Memorial Hospital, Gastonia, Gaston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	24,362
Patient Days in 2023:	133,516
Total Number of Beds:	445
Number of ICU Beds:	68
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.22

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

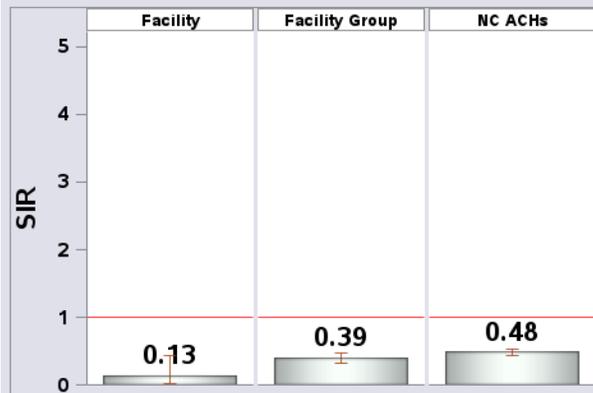


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	9.5	Better
Adult/Ped Wards	1	5.4	Better
All reporting units	2	15	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	8.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

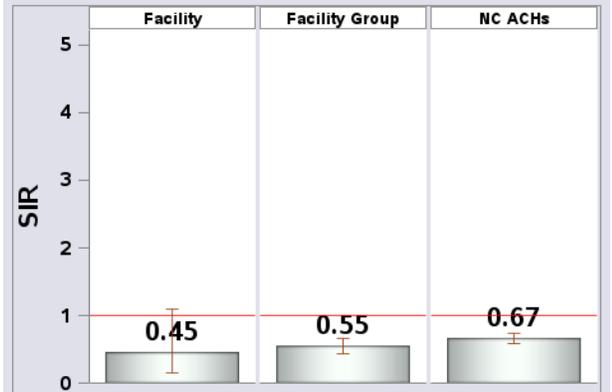


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	14	115	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

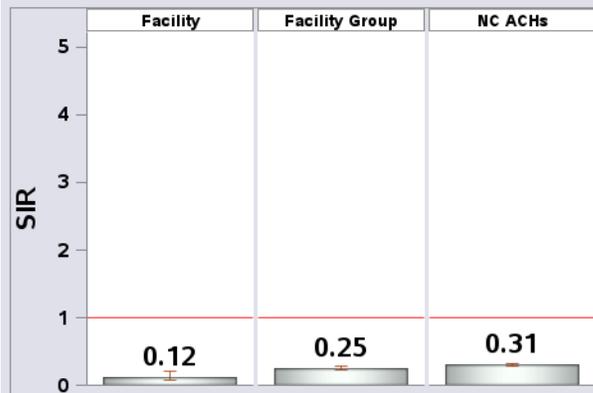


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Gaston Memorial Hospital, Gastonia, Gaston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

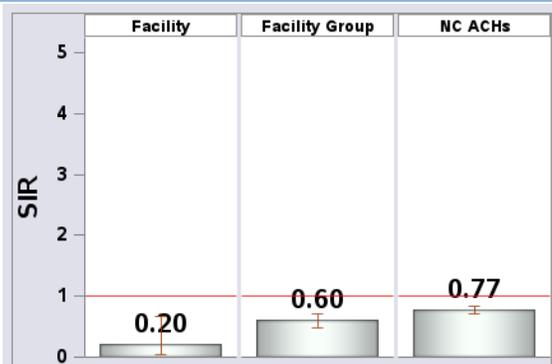


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	6.6	Better
Adult/Ped Wards	2	3.1	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	2	9.9	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ Better: Fewer infections than predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

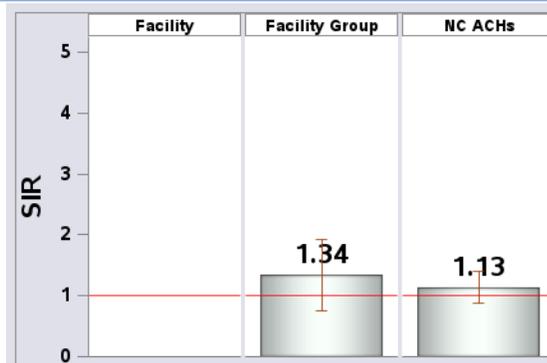


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	8.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

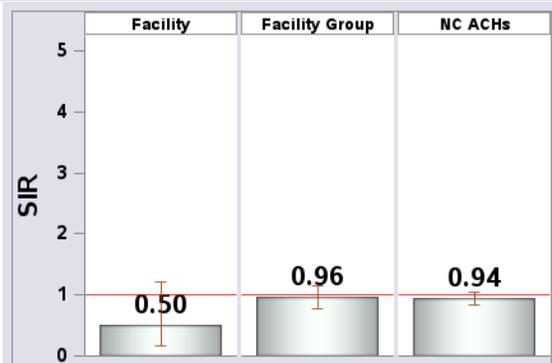


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Granville Medical Center, Oxford, Granville County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	2,912
Patient Days in 2023:	8,341
Total Number of Beds:	62
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	1.21

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

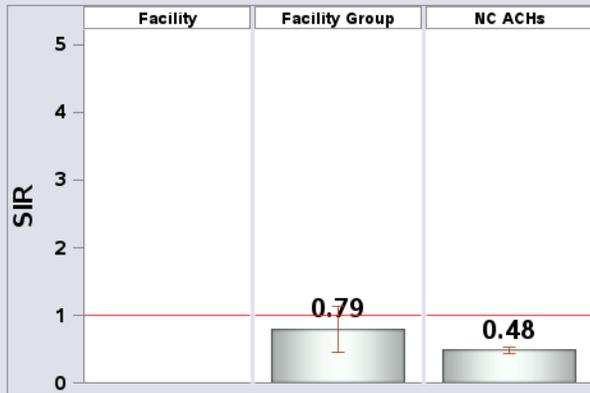


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

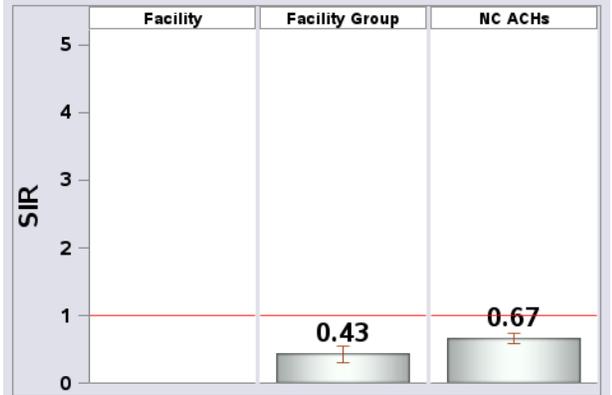


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	4.0	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

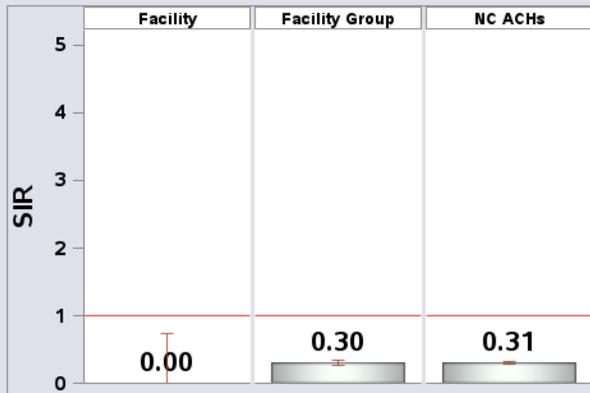


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Granville Medical Center, Oxford, Granville County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

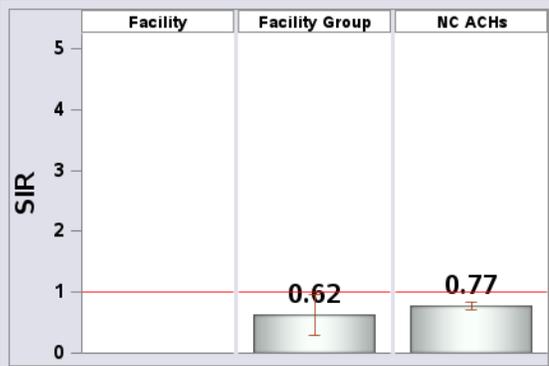


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

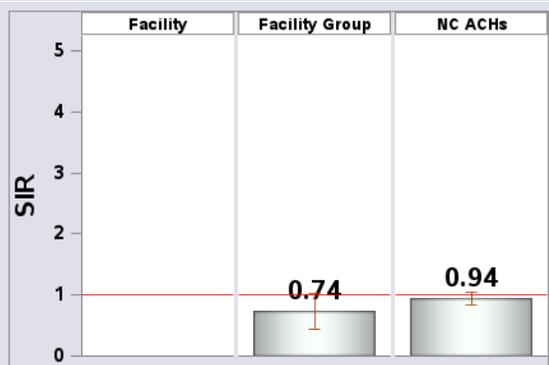


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Haywood Regional Medical Center, Clyde, Haywood County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	5,592
Patient Days in 2023:	25,725
Total Number of Beds:	117
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.85

(*FTE = Full-time equivalent)



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

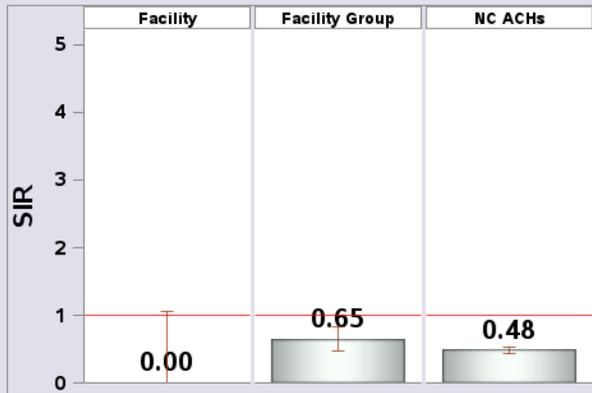


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.3	Same
Adult/Ped Wards	0	1.6	Same
All reporting units	0	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

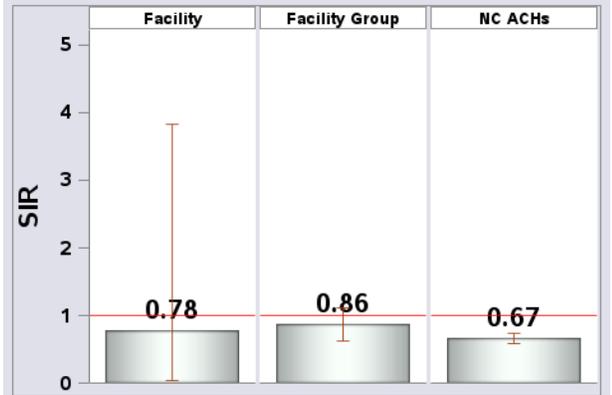


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	8.7	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ **Better:** Fewer infections than predicted by the national baseline experience

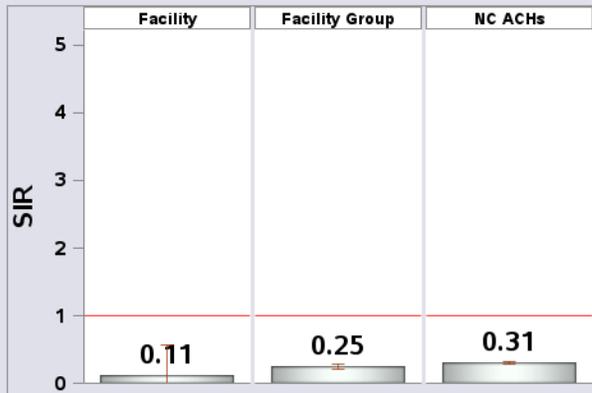


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Haywood Regional Medical Center, Clyde, Haywood County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

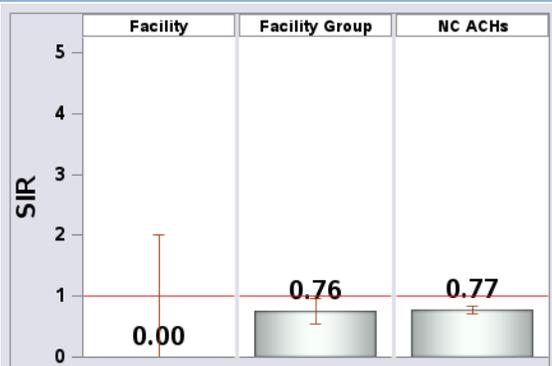


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

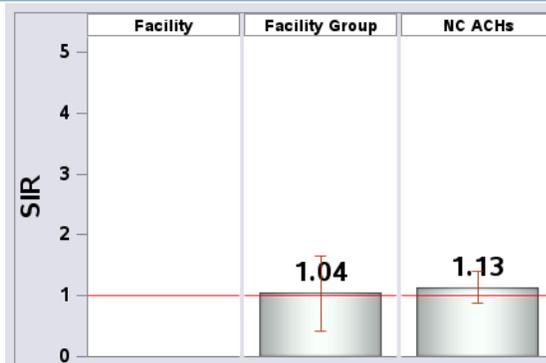


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

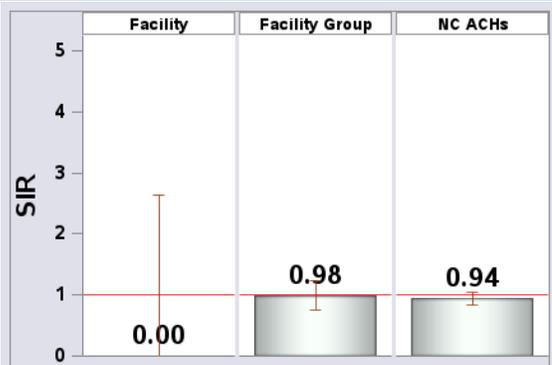


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
High Point Regional Health System, High Point, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	18,915
Patient Days in 2023:	70,583
Total Number of Beds:	299
Number of ICU Beds:	28
FTE* Infection Preventionists:	2.50
Number of FTEs* per 100 beds:	0.84

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

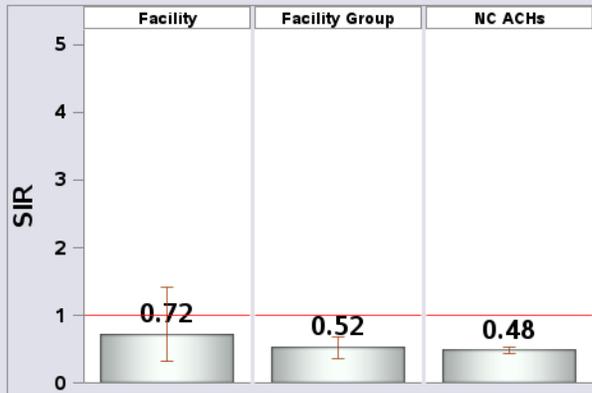


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	5.4	Same
Adult/Ped Wards	3	4.3	Same
All reporting units	7	9.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
High Point Regional Health System, High Point, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

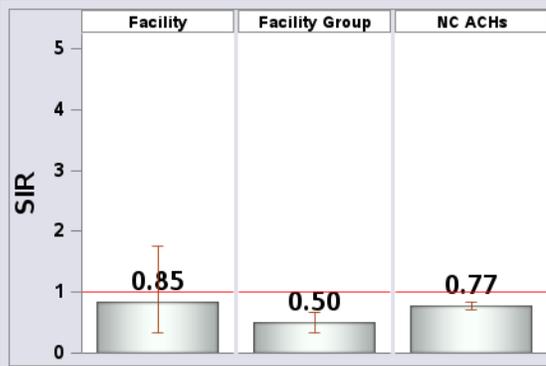


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	3.1	Same
Adult/Ped Wards	1	4.0	Same
All reporting units	6	7.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

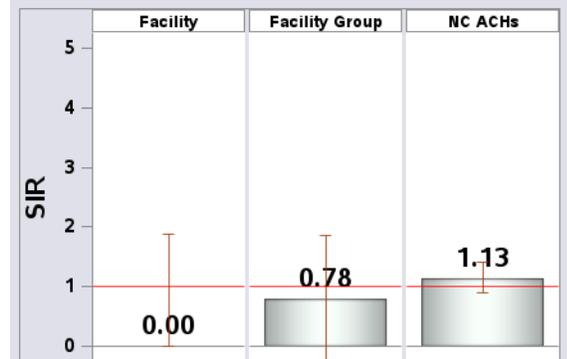


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	4.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

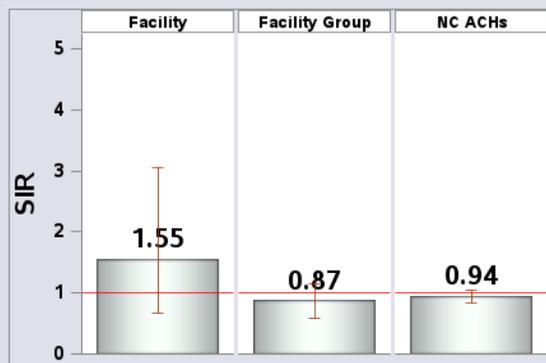


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 273
 Patient Days in 2023: 14,560
 Total Number of Beds: 66
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

*FTE = Full-time equivalent



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

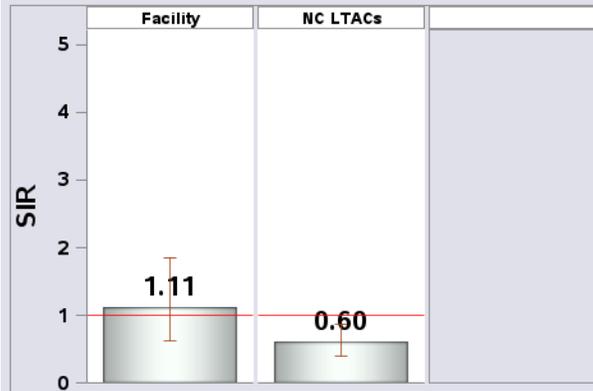


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	4	3.1	Same
Reporting Wards	9	8.6	Same
All reporting units	13	12	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

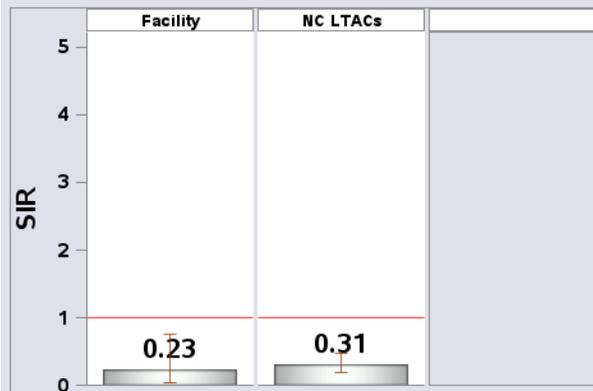


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	8.8	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

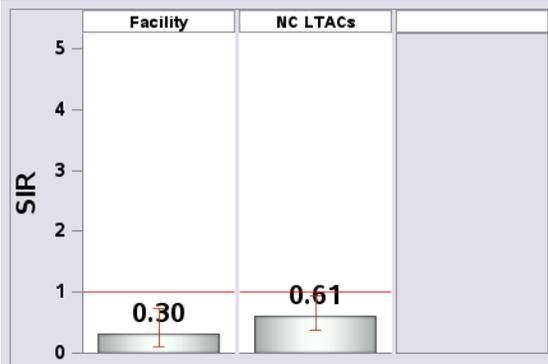


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	0	2.5	Same
Reporting Wards	4	11	Better
All reporting units	4	13	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Hugh Chatham Memorial Hospital, Elkin, Surry County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	10,251
Patient Days in 2023:	14,210
Total Number of Beds:	81
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.88
Number of FTEs* per 100 beds:	1.08

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

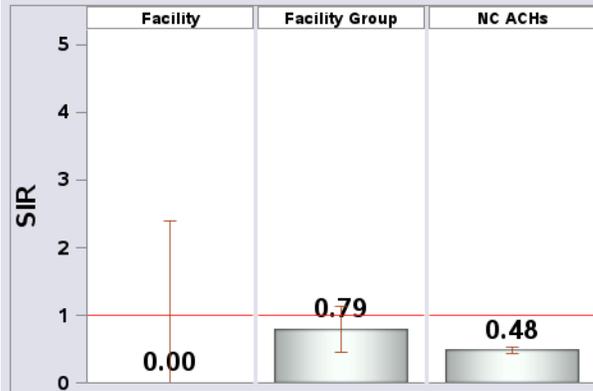


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

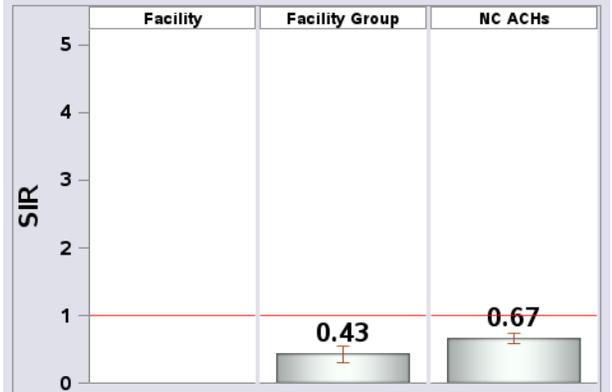


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	7.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

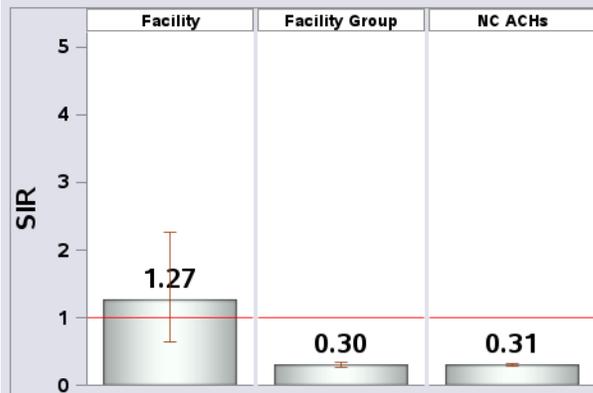


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Hugh Chatham Memorial Hospital, Elkin, Surry County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

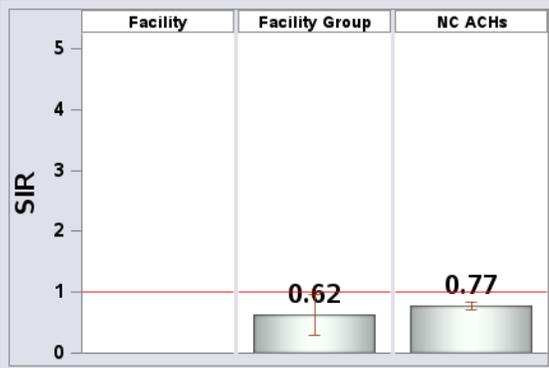


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

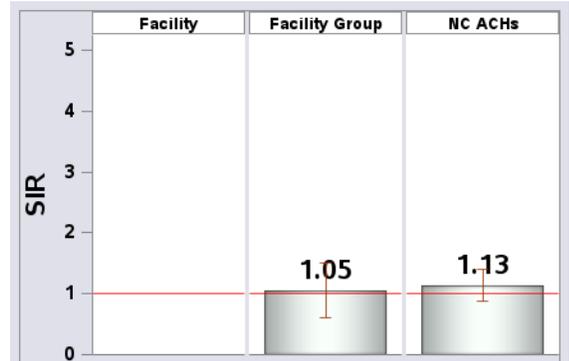


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

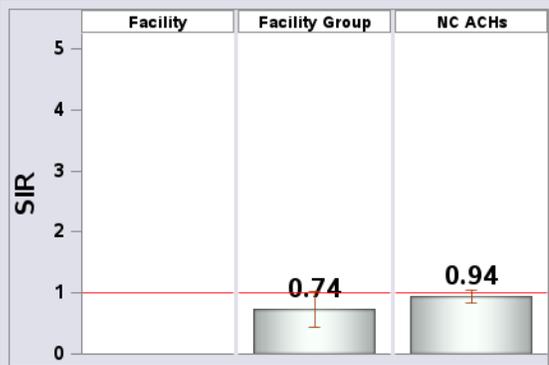


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Iredell Davis Behavioral Health, Statesville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	
Medical Affiliation:	Undergraduate
Admissions in 2023:	1,381
Patient Days in 2023:	13,104
Total Number of Beds:	42
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.38

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

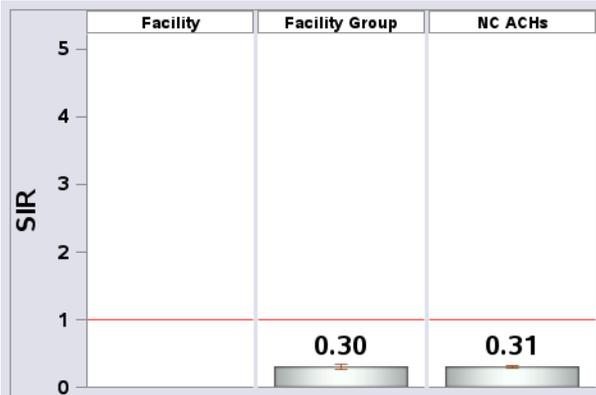


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Iredell Davis Behavioral Health, Statesville, Iredell County

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Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Iredell Memorial Hospital, Statesville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	11,706
Patient Days in 2023:	41,547
Total Number of Beds:	199
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.50

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

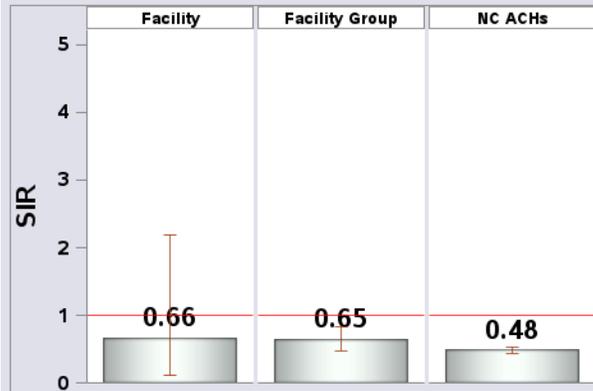


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.6	Same
Adult/Ped Wards	0	1.5	Same
All reporting units	2	3.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

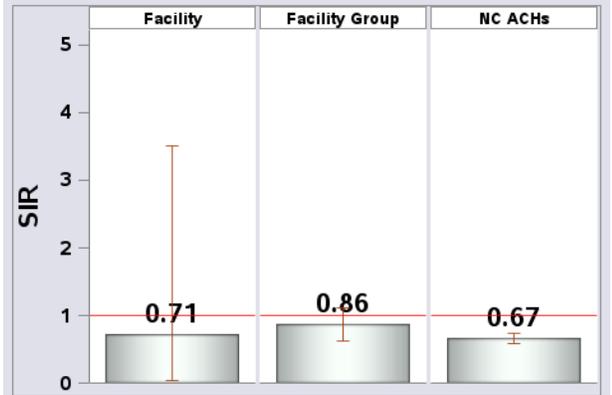


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

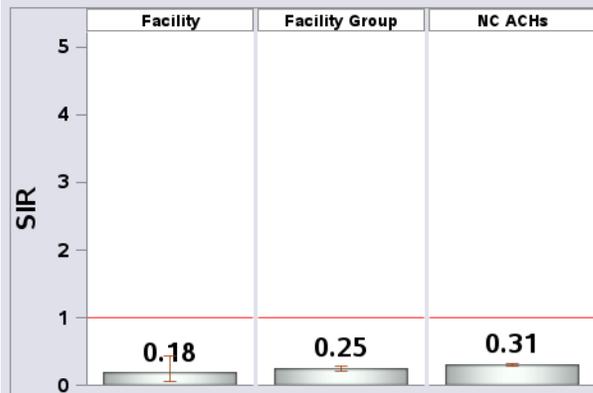


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	22	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Iredell Memorial Hospital, Statesville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

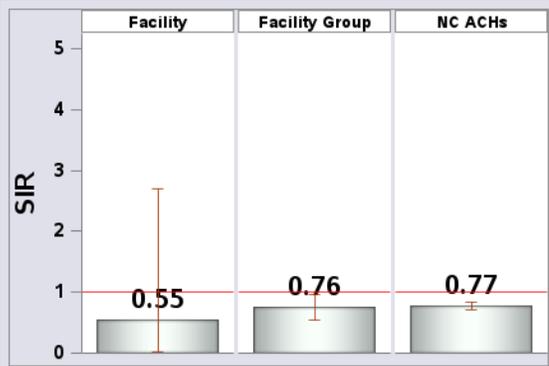


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

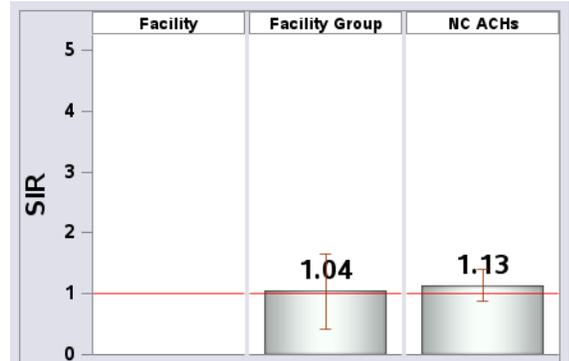


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

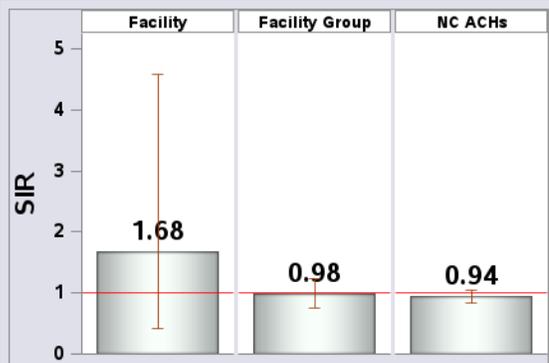


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Advent Health Hendersonville, Hendersonville, Henderson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	4,469
Patient Days in 2023:	19,560
Total Number of Beds:	89
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.12

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

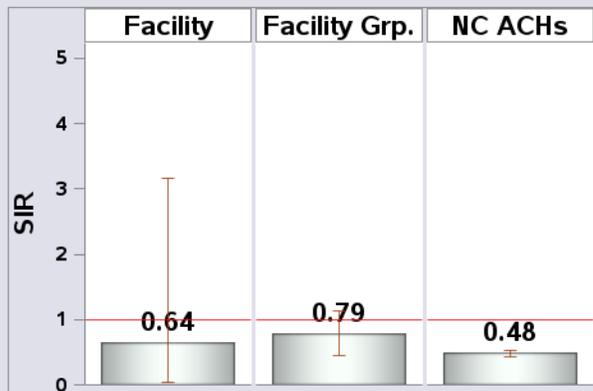


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.1	Same
All reporting units	1	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

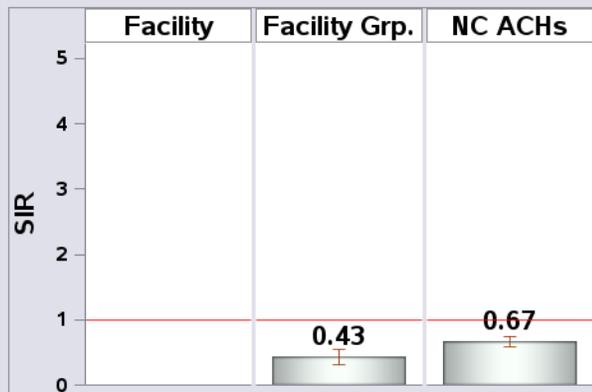


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	6.3	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

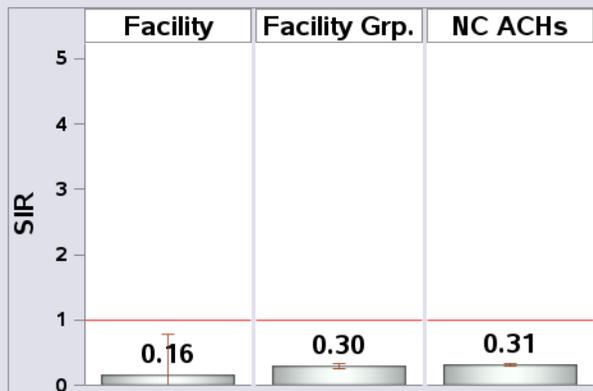


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Advent Health Hendersonville, Hendersonville, Henderson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

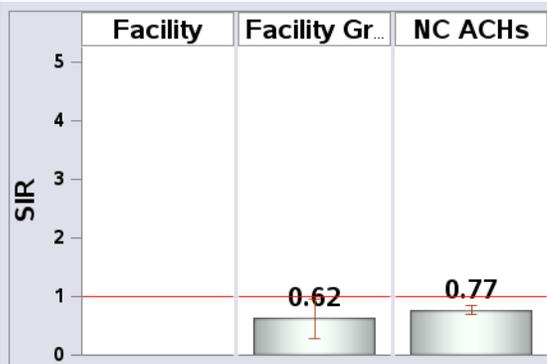


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

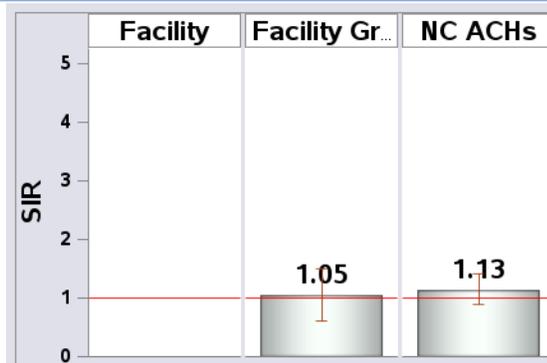


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

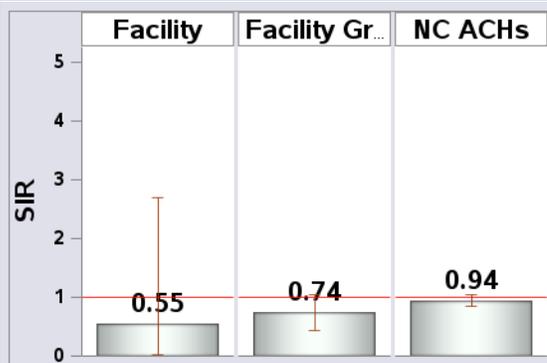


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Alamance Regional Medical Center, Burlington, Alamance County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	11,530
Patient Days in 2023:	59,468
Total Number of Beds:	238
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.46

[*FTE = Full-time equivalent]



Commentary From Facility:

Cone Health is committed to preventing harm from Healthcare Associated Infections across our community. We have dedicated multi-disciplinary teams focused on process improvements to ensure improved outcomes for our patients. If you would like further information, please contact Cone Health Infection Prevention Department. Thank you.

Catheter-Associated Urinary Tract Infections (CAUTI)

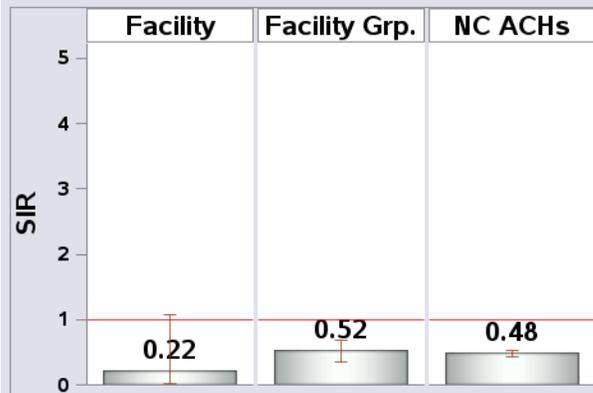


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.6	Same
Adult/Ped Wards	0	2.0	Same
All reporting units	1	4.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

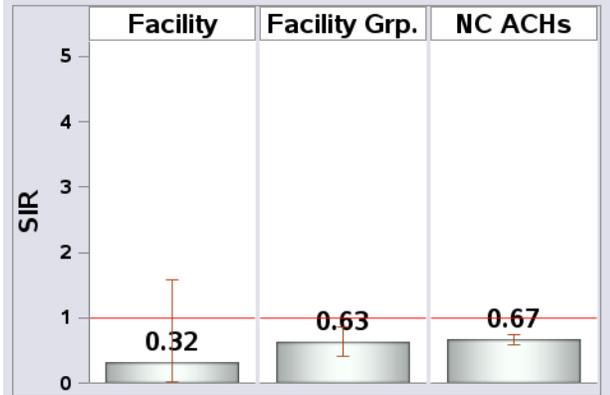


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	27	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

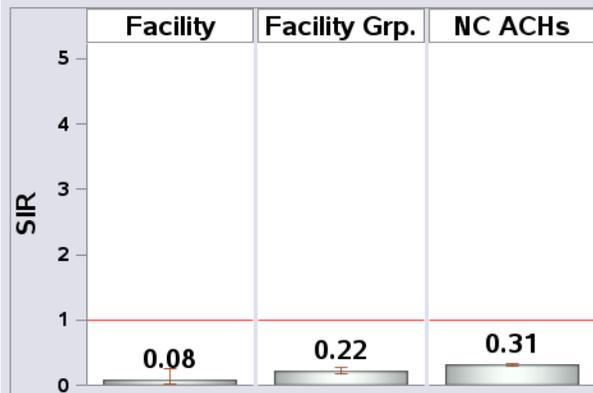


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Alamance Regional Medical Center, Burlington, Alamance County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.2	Same
Adult/Ped Wards	2	2.2	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	2	4.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

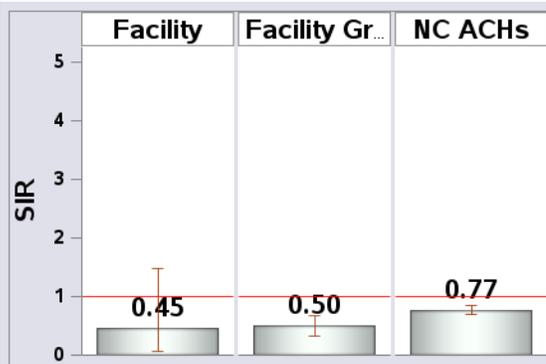


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

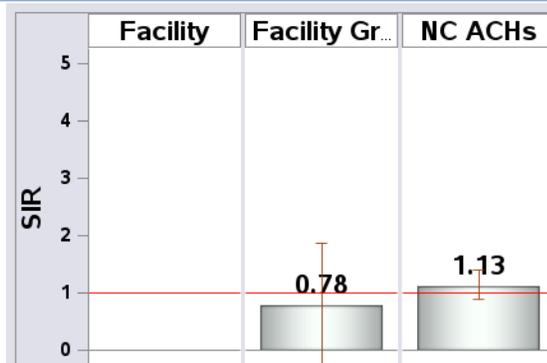


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	3.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

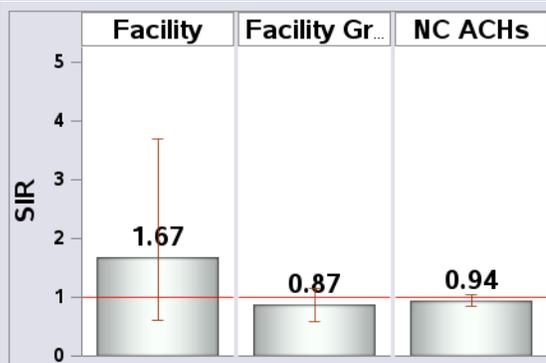


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Annie Penn Hospital, Reidsville, Rockingham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,509
Patient Days in 2023:	15,593
Total Number of Beds:	53
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.40
Number of FTEs* per 100 beds:	0.75

(*FTE = Full-time equivalent)



Commentary From Facility:

Cone Health is committed to preventing harm from Healthcare Associated Infections across our community. We have dedicated multi-disciplinary teams focused on process improvements to ensure improved outcomes for our patients. If you would like further information, please contact Cone Health Infection Prevention Department. Thank you.

Catheter-Associated Urinary Tract Infections (CAUTI)

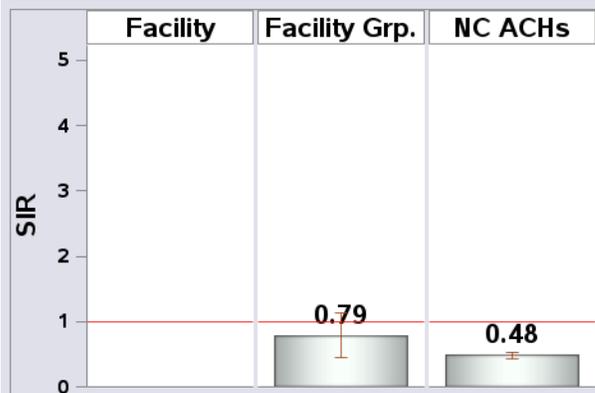


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

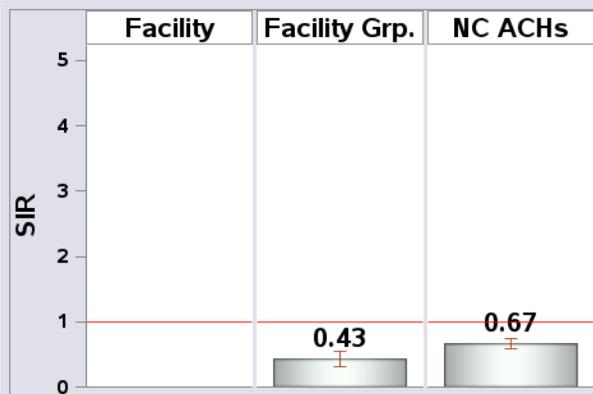


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	6.1	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

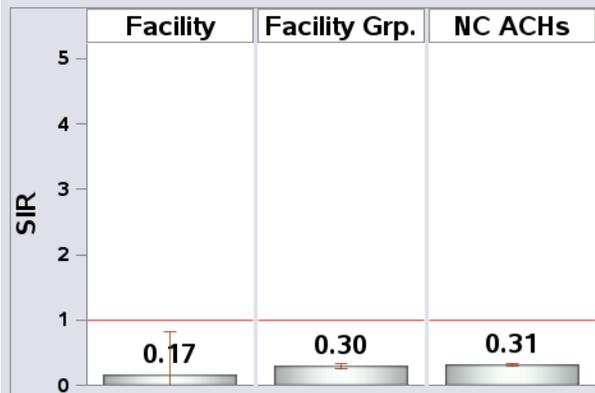


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Annie Penn Hospital, Reidsville, Rockingham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

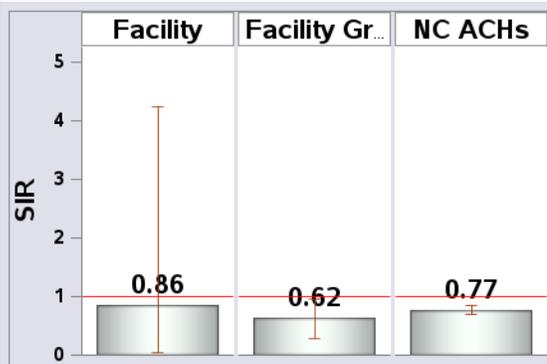


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

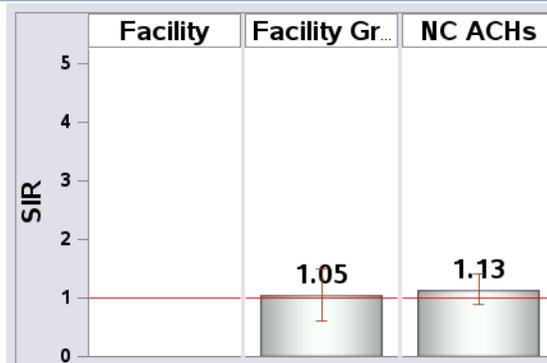


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

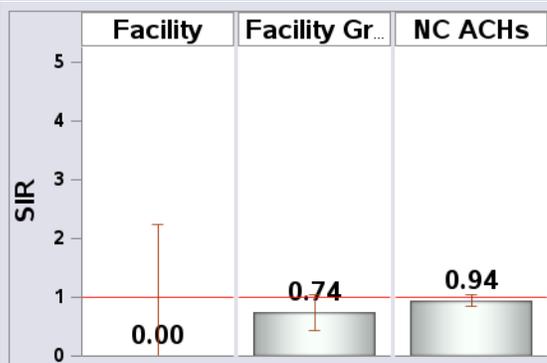


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

ARHS-Watauga Medical Center, Boone, Watauga County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	7,178
Patient Days in 2023:	22,531
Total Number of Beds:	117
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.85

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

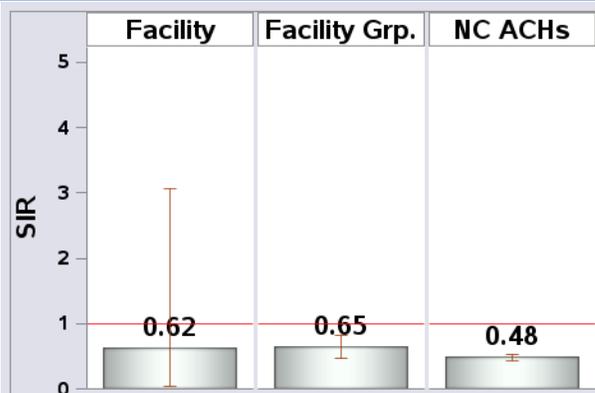


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.0	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

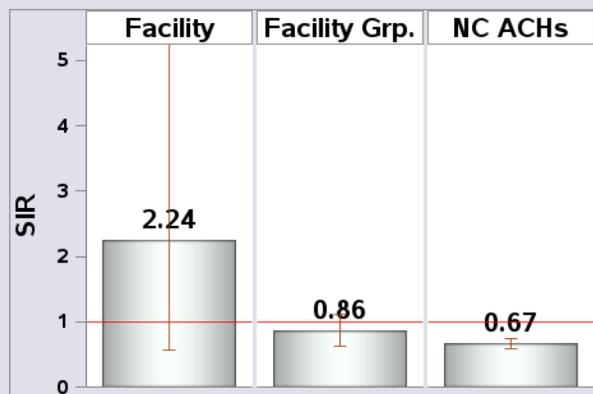


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	10	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

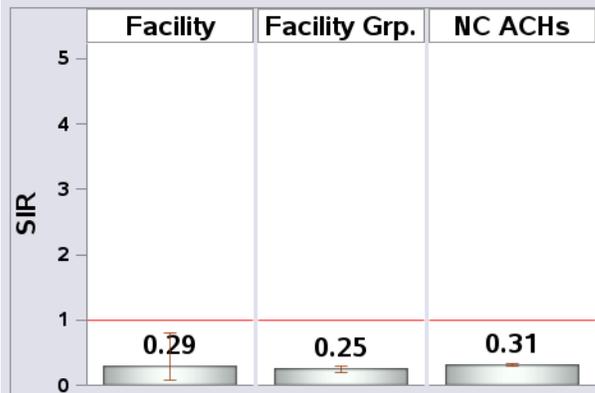


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
ARHS-Watauga Medical Center, Boone, Watauga County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

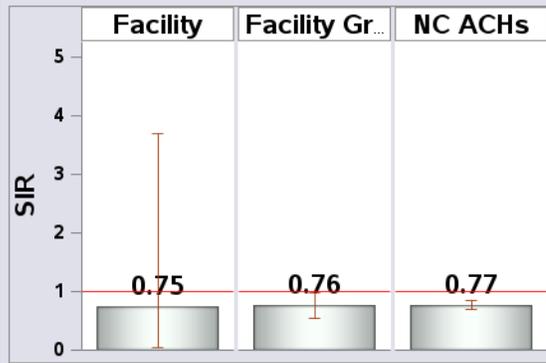


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

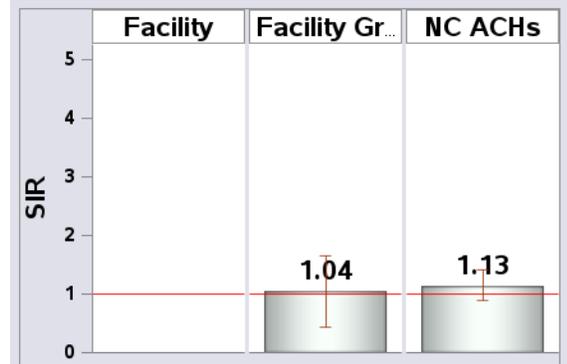


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

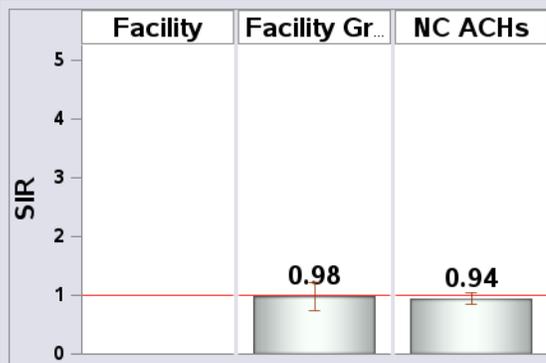


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Asheville Specialty Hospital, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 270
 Patient Days in 2023: 8,395
 Total Number of Beds: 34
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

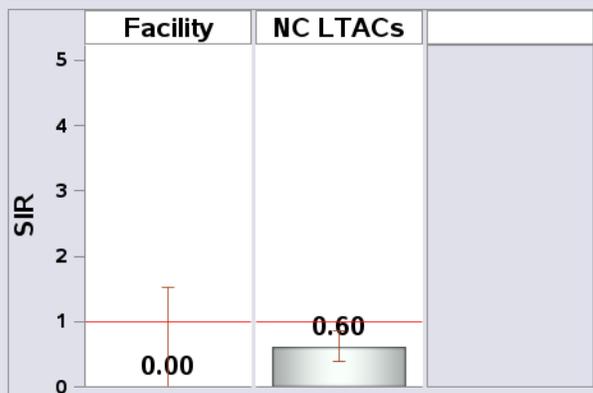


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	0	Less than 1.0	No Conclusion
Reporting Wards	0	1.8	Same
All reporting units	0	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

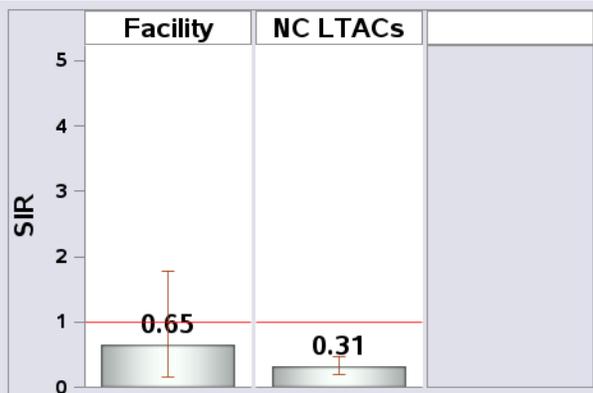


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	4.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Asheville Specialty Hospital, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	0	Less than 1.0	No Conclusion
Reporting Wards	2	1.5	Same
All reporting units	2	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

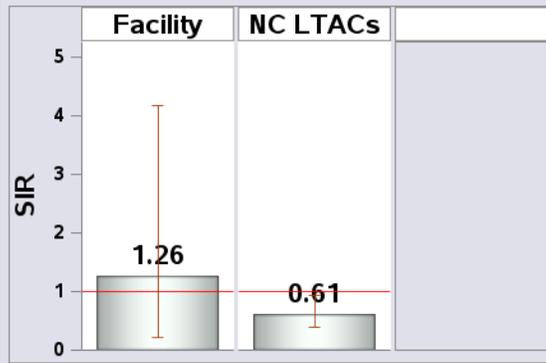


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Atrium Health Cabarrus, Concord, Cabarrus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	18,267
Patient Days in 2023:	156,635
Total Number of Beds:	447
Number of ICU Beds:	74
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.67

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

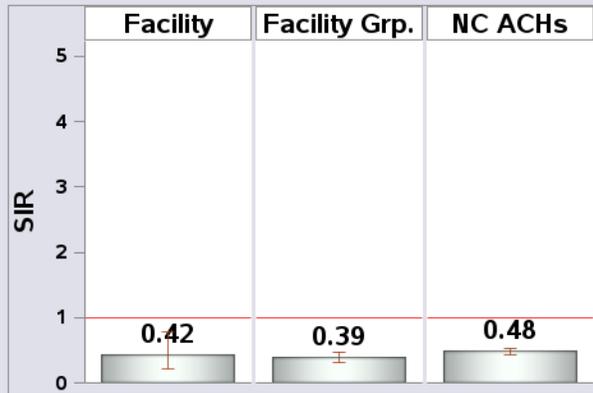


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	11	Better
Adult/Ped Wards	7	11	Same
All reporting units	9	21	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	16	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ Better: Fewer infections than predicted by the national baseline experience

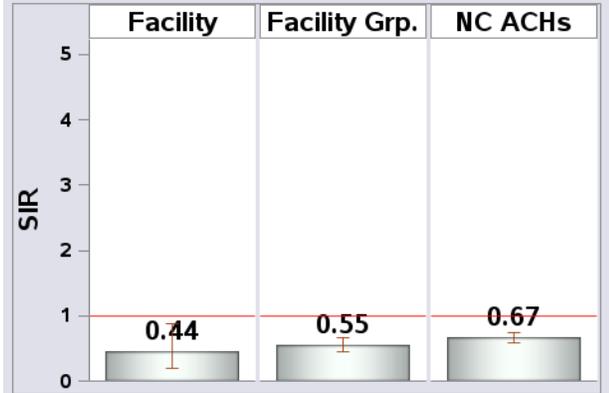


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	115	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ Better: Fewer infections than predicted by the national baseline experience

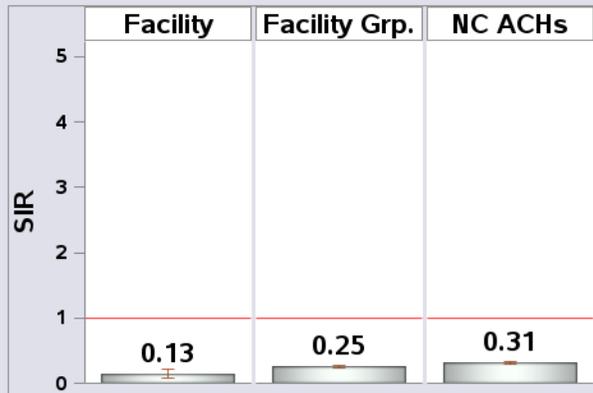


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025
 N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Atrium Health Cabarrus, Concord, Cabarrus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	6	6.7	Same
Adult/Ped Wards	9	10	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	15	18	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

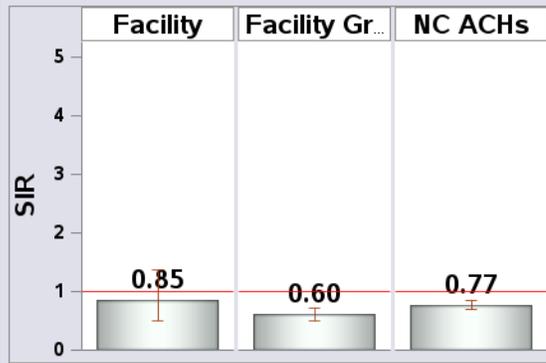


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

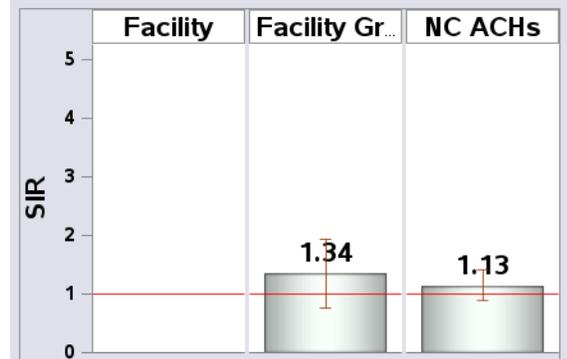


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	8.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

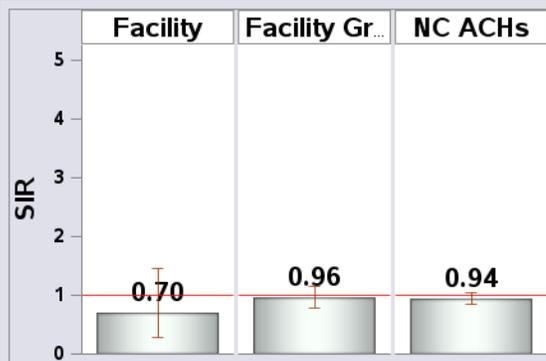


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Atrium Health Lincoln, Lincolnton, Lincoln County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	5,599
Patient Days in 2023:	21,077
Total Number of Beds:	101
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.74

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

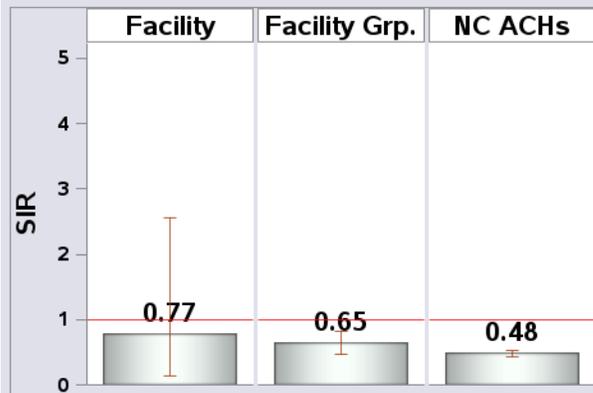


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.2	Same
Adult/Ped Wards	2	1.4	Same
All reporting units	2	2.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

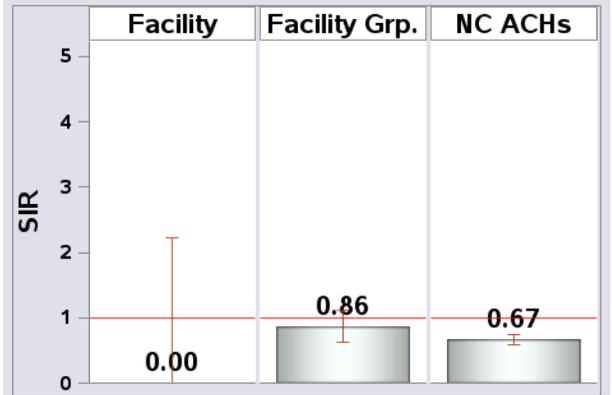


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	13	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

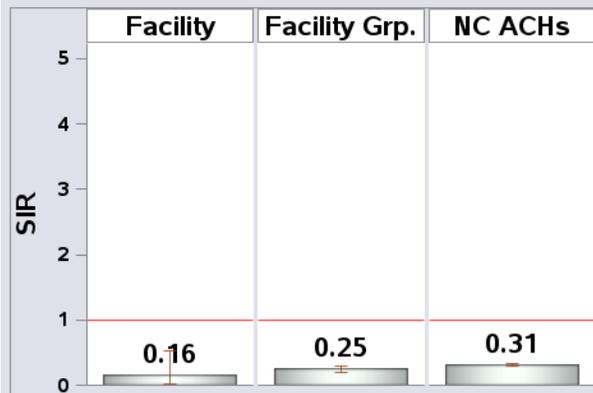


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Atrium Health Lincoln, Lincolnton, Lincoln County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.1	Same
All reporting units	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

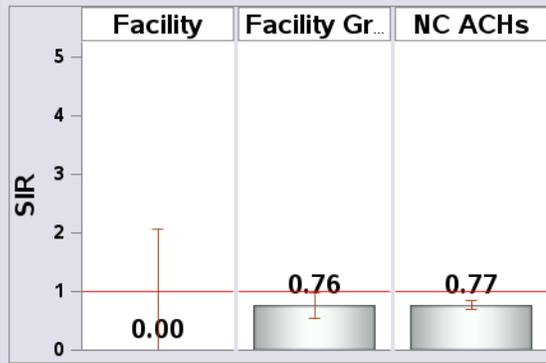


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

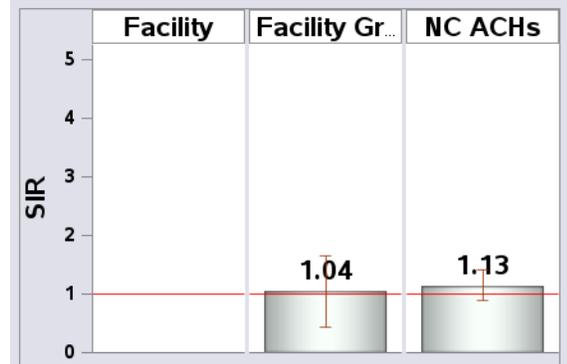


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

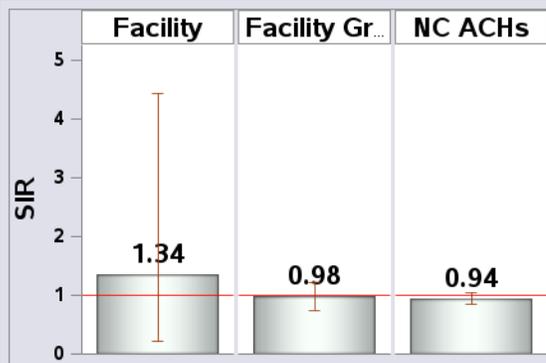


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Atrium Health Stanly, Albemarle, Stanly County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	4,673
Patient Days in 2023:	19,454
Total Number of Beds:	109
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.46

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

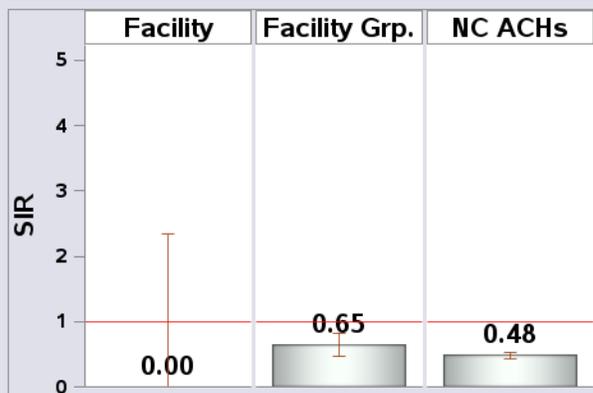


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

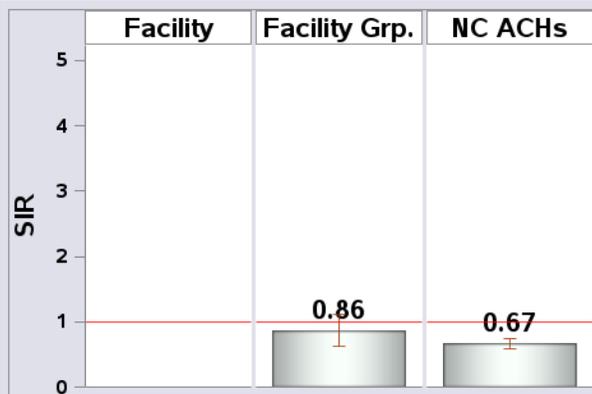


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	8.3	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

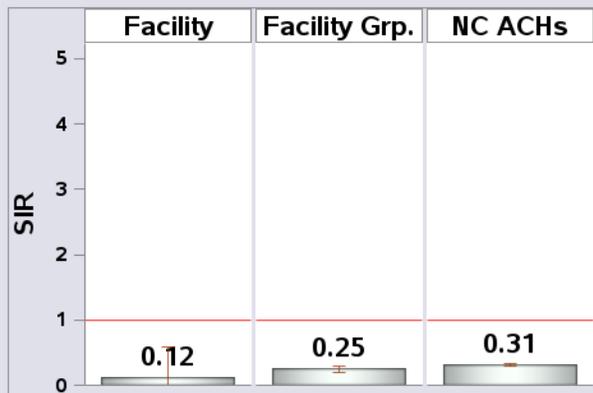


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Atrium Health Stanly, Albemarle, Stanly County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

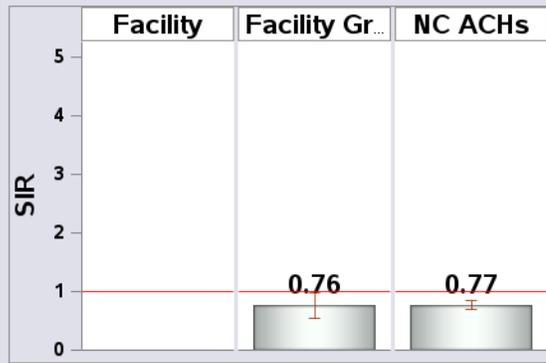


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

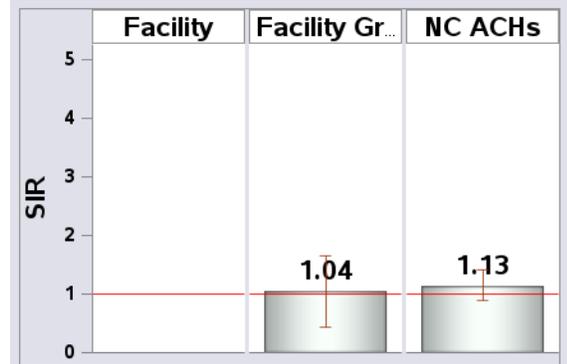


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

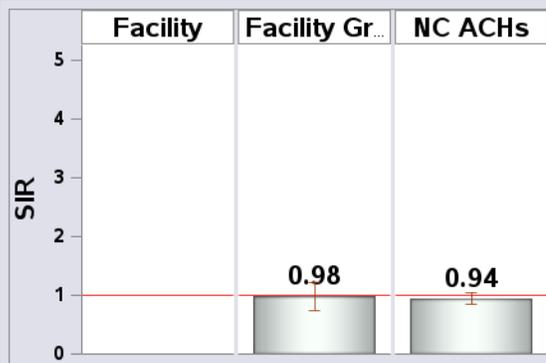


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Atrium Health University City, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	9,500
Patient Days in 2023:	42,858
Total Number of Beds:	104
Number of ICU Beds:	15
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.96

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

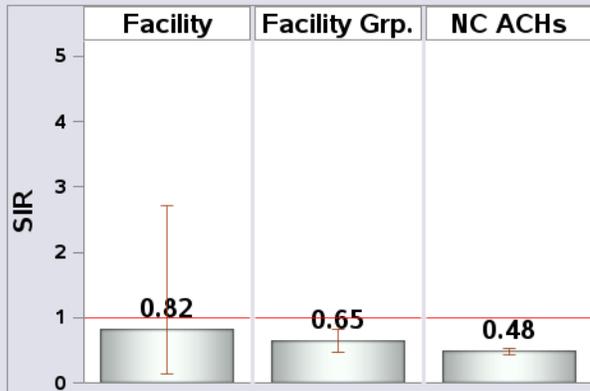


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.2	Same
Adult/Ped Wards	2	1.2	Same
All reporting units	2	2.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

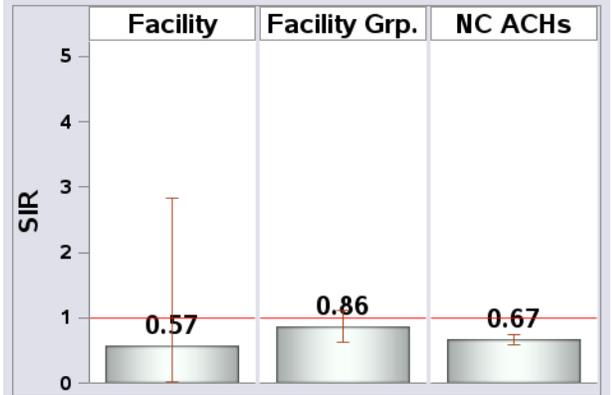


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	21	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

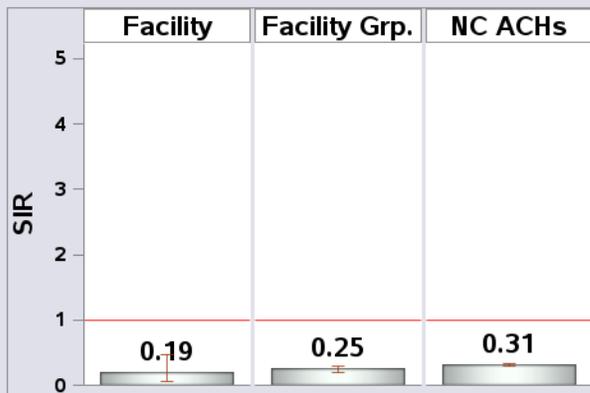


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Atrium Health University City, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	3	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

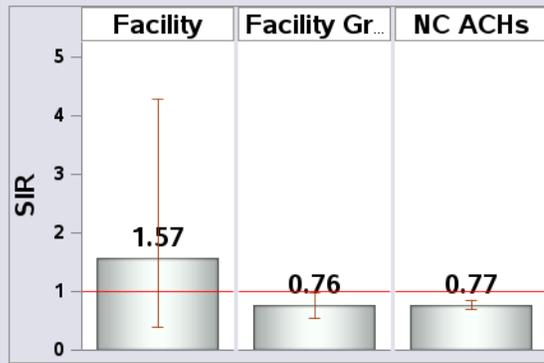


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

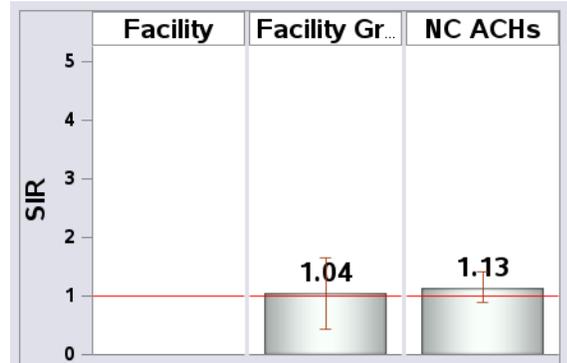


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

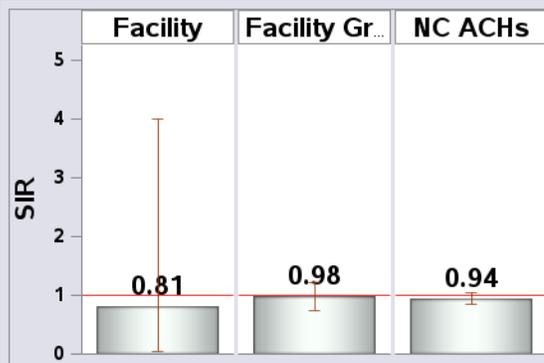


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Betsy Johnson Hospital, Dunn, Harnett County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	3,010
Patient Days in 2023:	12,678
Total Number of Beds:	87
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.38
Number of FTEs* per 100 beds:	0.43

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

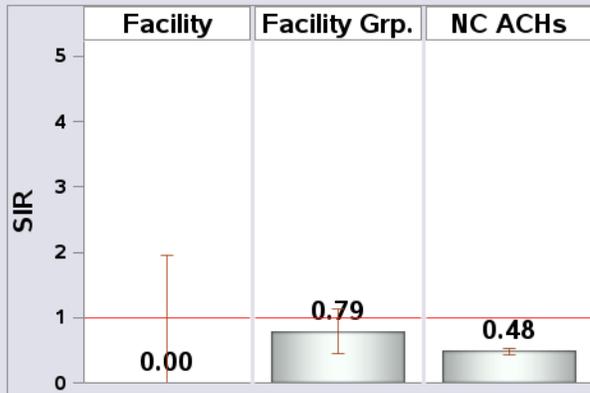


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

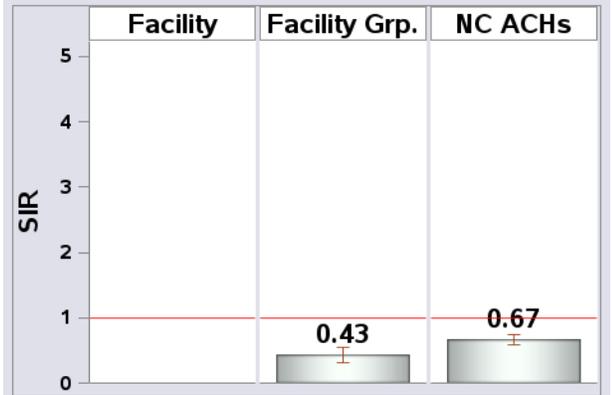


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	6.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

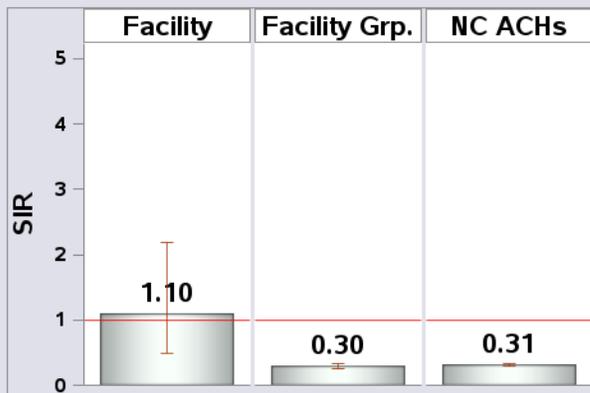


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Betsy Johnson Hospital, Dunn, Harnett County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	1.3	Same
All reporting units	2	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

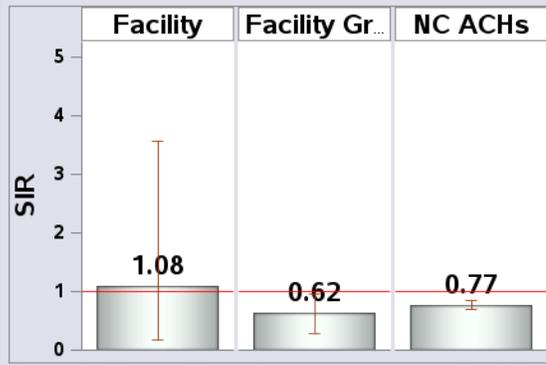


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

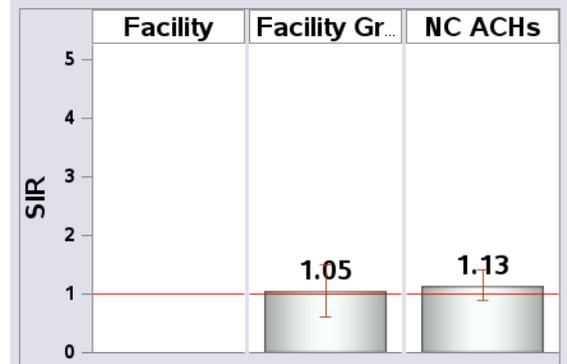


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

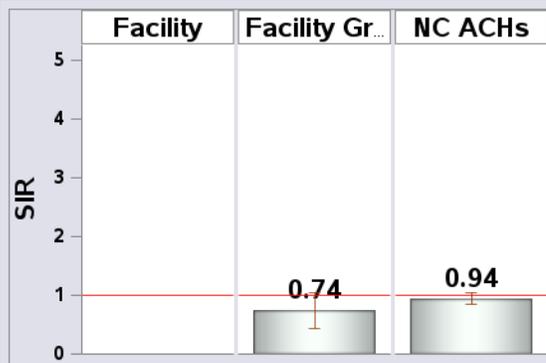


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Broughton Hospital, Morganton, Burke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	186
Patient Days in 2023:	61,667
Total Number of Beds:	265
Number of ICU Beds:	0
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	1.13

*FTE = Full-time equivalent



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

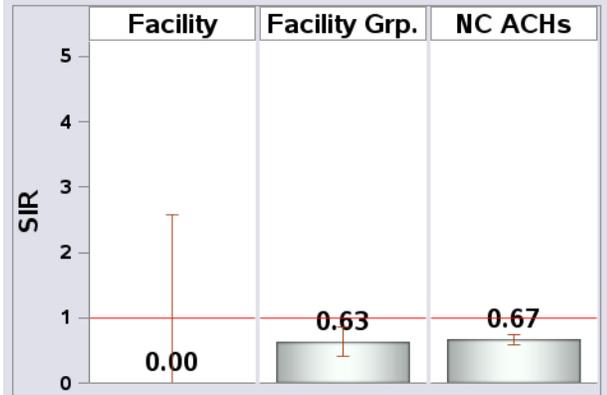


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	9.5	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

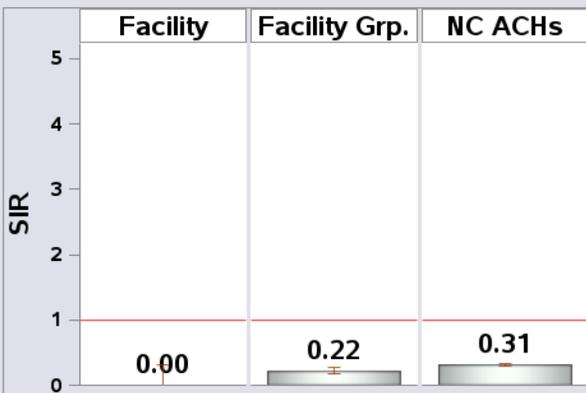


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Broughton Hospital, Morganton, Burke County

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Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Bryant T. Aldridge Rehabilitation Center, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 484
 Patient Days in 2023: 6,291
 Total Number of Beds: 23
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

*FTE = Full-time equivalent



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

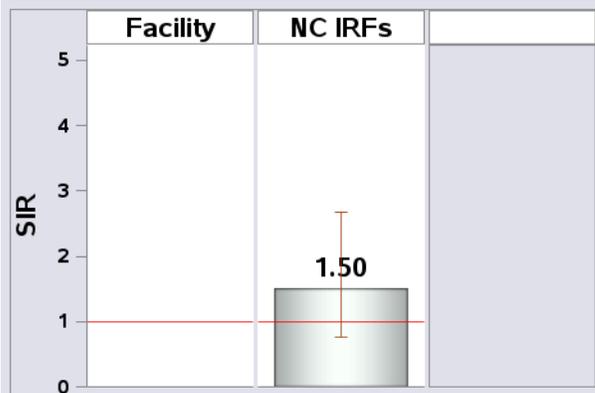


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

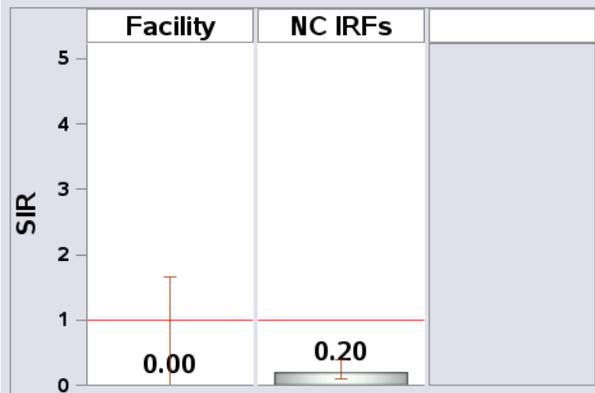


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Bryant T. Aldridge Rehabilitation Center, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Caldwell Memorial Hospital, Lenoir, Caldwell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	4,710
Patient Days in 2023:	22,090
Total Number of Beds:	137
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.73

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

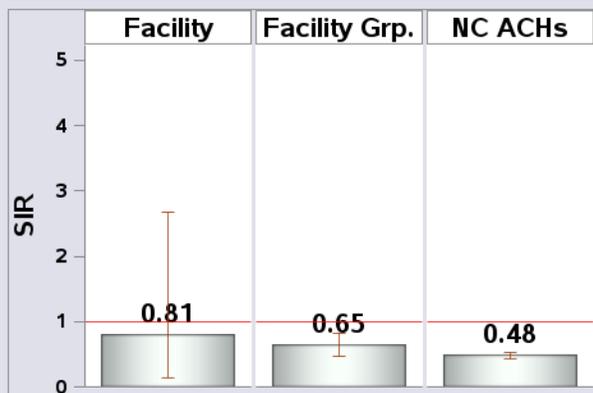


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	1.7	Same
All reporting units	2	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

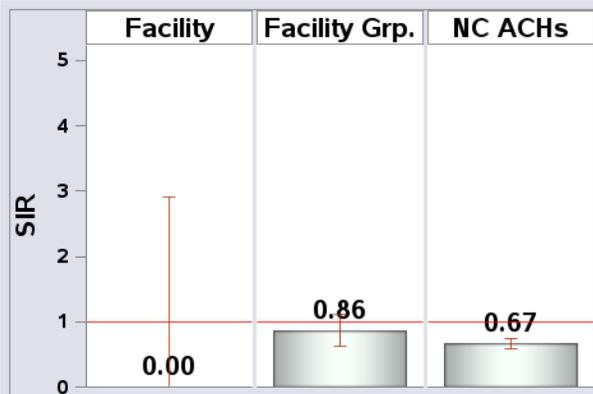


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	9.6	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

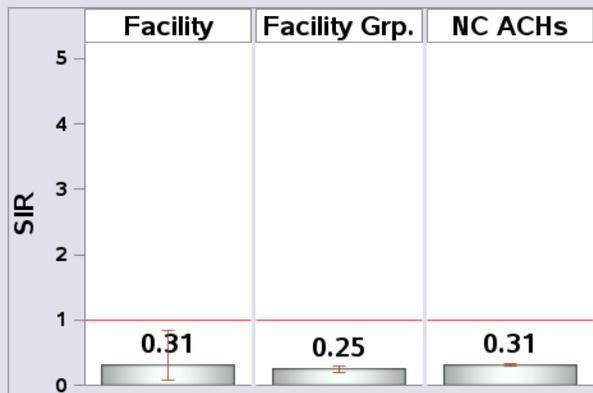


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Caldwell Memorial Hospital, Lenoir, Caldwell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	5	1.5	Worse
All reporting units	5	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

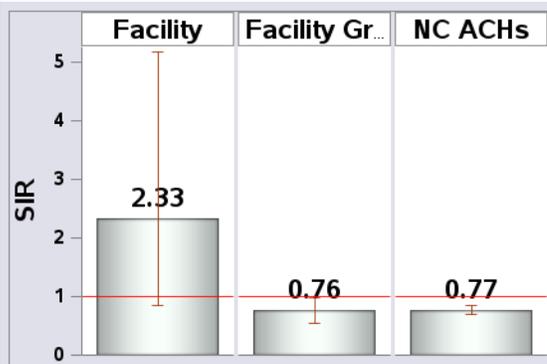


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

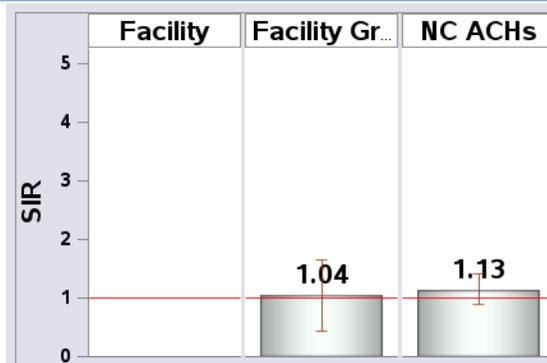


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

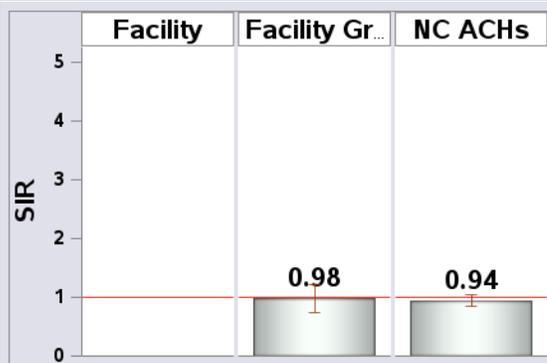


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Cape Fear Valley Health System, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	31,451
Patient Days in 2023:	173,550
Total Number of Beds:	544
Number of ICU Beds:	116
FTE* Infection Preventionists:	5.50
Number of FTEs* per 100 beds:	1.01

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

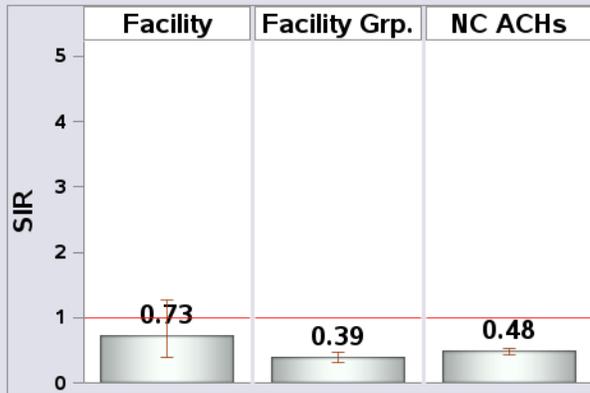


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	9.3	Same
Adult/Ped Wards	6	5.9	Same
All reporting units	11	15	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	14	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

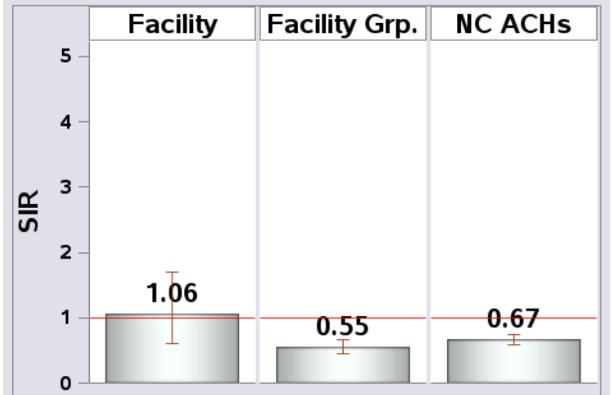


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	49	92	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

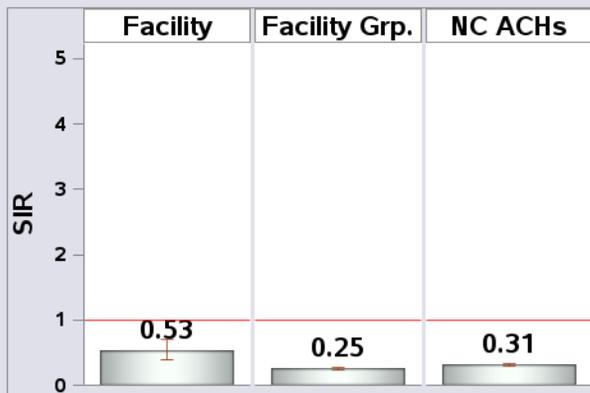


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Cape Fear Valley Health System, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	13	9.7	Same
Adult/Ped Wards	7	6.2	Same
Neonatal Units	2	Less than 1.0	No Conclusion
All reporting units	22	17	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

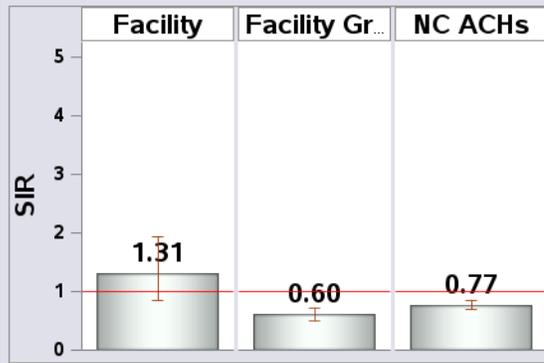


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	2.3	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

× **Worse:** More infections than predicted by the national baseline experience

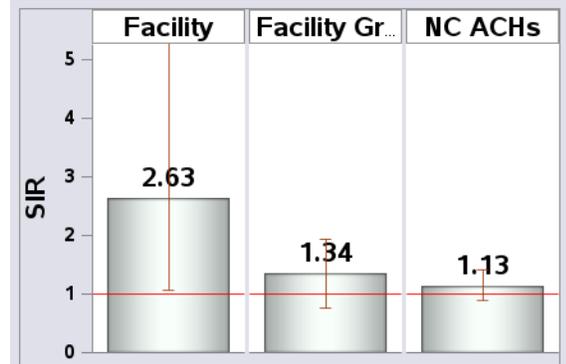


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	14	9.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

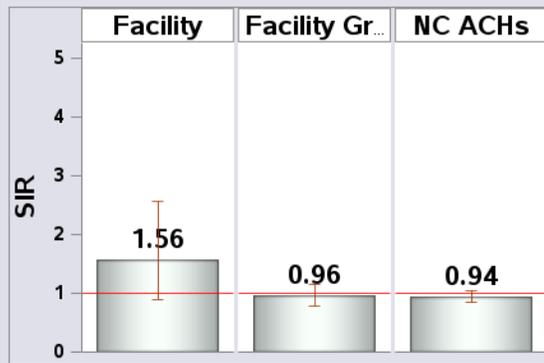


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Cape Fear Valley Hoke Hospital, Raeford, Hoke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	1,770
Patient Days in 2023:	5,403
Total Number of Beds:	41
Number of ICU Beds:	4
FTE* Infection Preventionists:	0.15
Number of FTEs* per 100 beds:	0.37

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

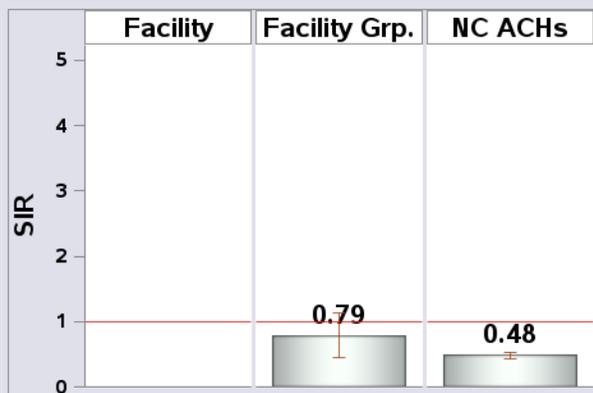


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

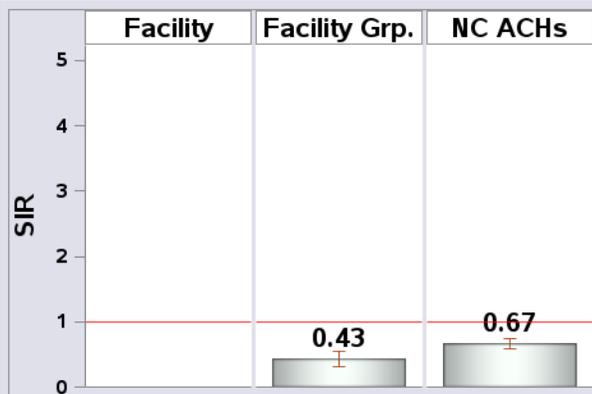


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

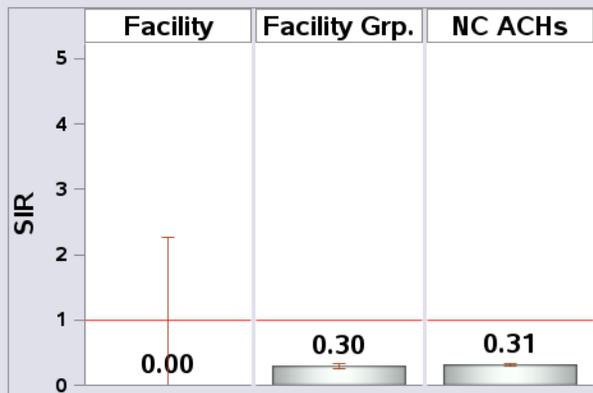


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Cape Fear Valley Hoke Hospital, Raeford, Hoke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

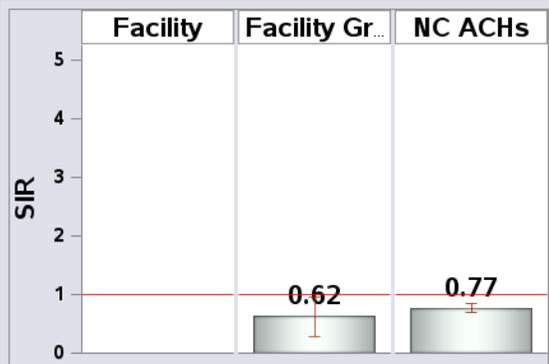


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Cape Fear Valley Rehabilitation Center, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 889
 Patient Days in 2023: 12,175
 Total Number of Beds: 78
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

*FTE = Full-time equivalent



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

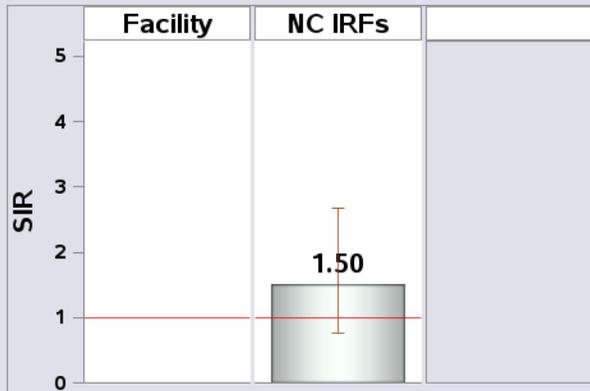


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

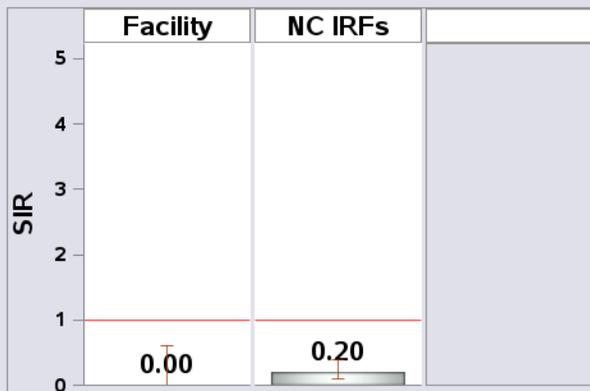


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	5.0	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Cape Fear Valley Rehabilitation Center, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

CarePartners Health Services, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 1,523
 Patient Days in 2023: 20,399
 Total Number of Beds: 80
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

*FTE = Full-time equivalent



Commentary From Facility:

Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

Catheter-Associated Urinary Tract Infections (CAUTI)

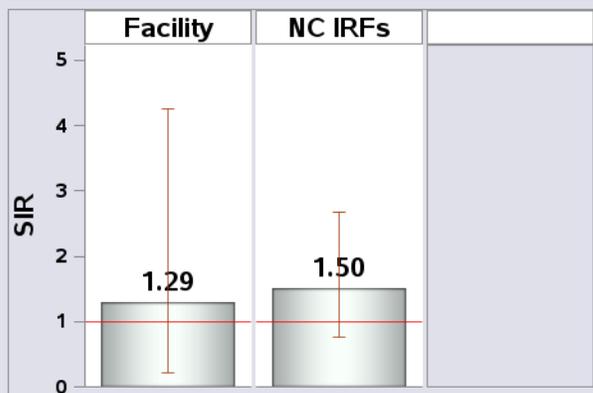


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

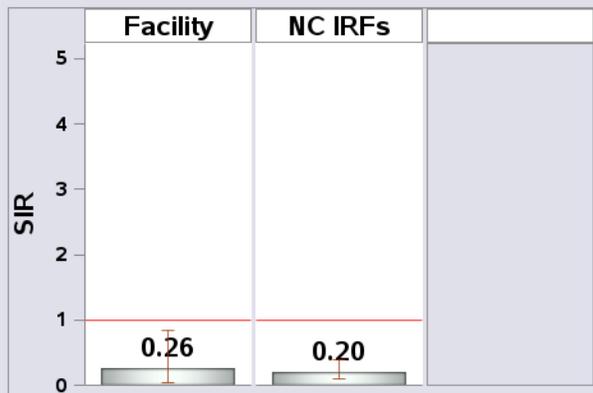


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	7.8	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
CarePartners Health Services, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
CarolinaEast Medical Center, New Bern, Craven County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	13,960
Patient Days in 2023:	71,356
Total Number of Beds:	350
Number of ICU Beds:	33
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	1.14

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

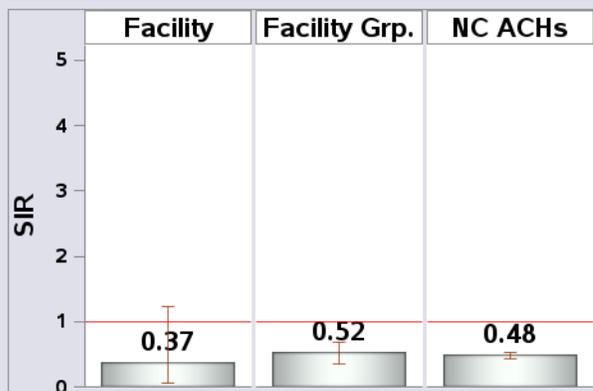


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.5	Same
Adult/Ped Wards	1	2.9	Same
All reporting units	2	5.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
CarolinaEast Medical Center, New Bern, Craven County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.4	Same
Adult/Ped Wards	2	2.8	Same
All reporting units	3	5.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

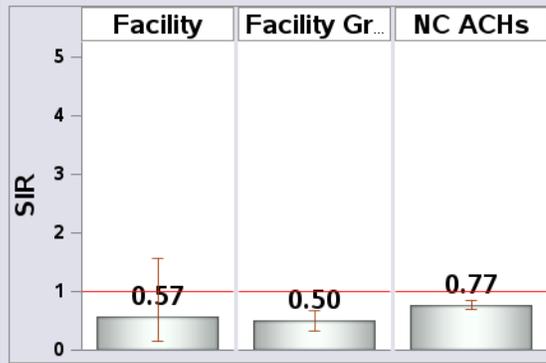


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

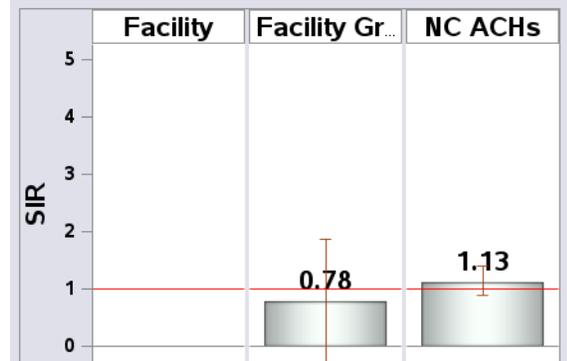


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

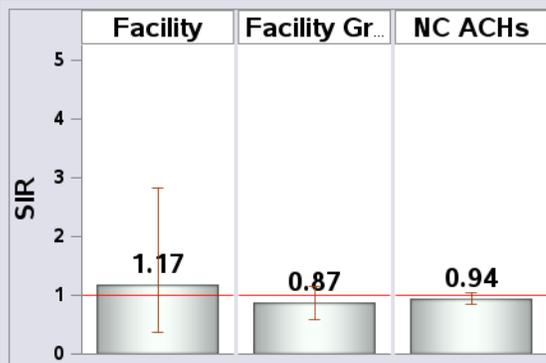


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024

Carolinas Healthcare System Anson, Wadesboro, Anson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	497
Patient Days in 2023:	1,400
Total Number of Beds:	15
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	1.33

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

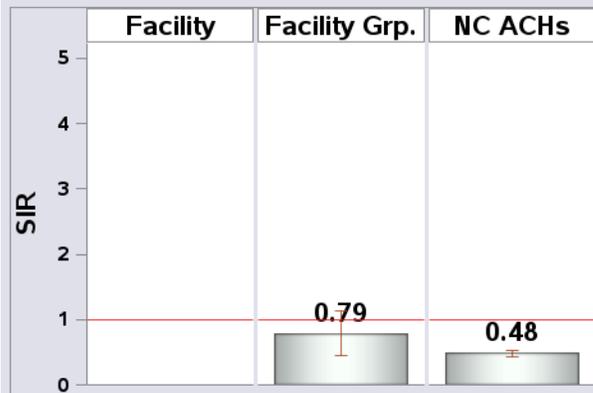


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

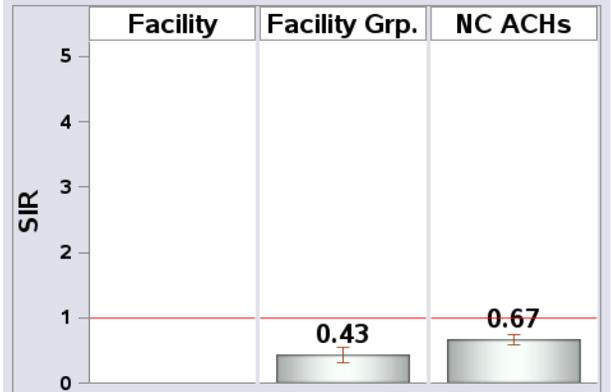


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

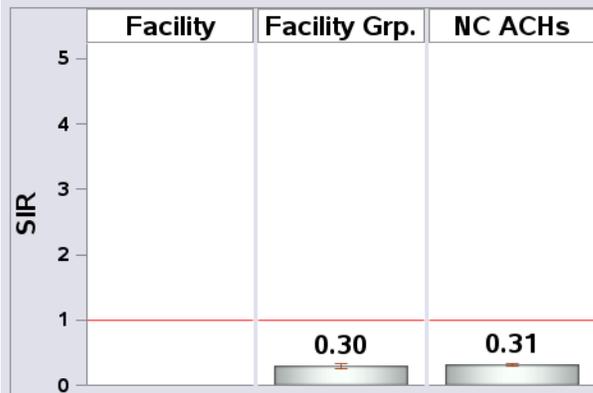


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Healthcare System Anson, Wadesboro, Anson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

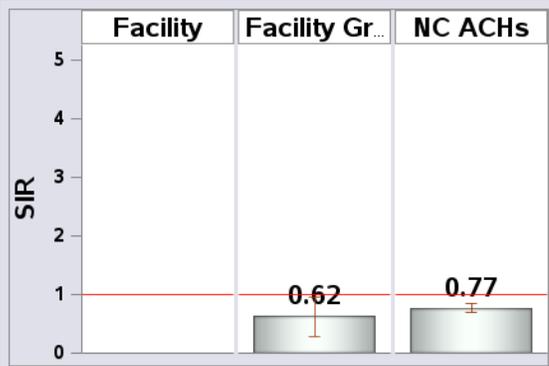


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Carolinas Healthcare System Cleveland, Shelby, Cleveland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	11,335
Patient Days in 2023:	56,291
Total Number of Beds:	241
Number of ICU Beds:	18
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.41

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

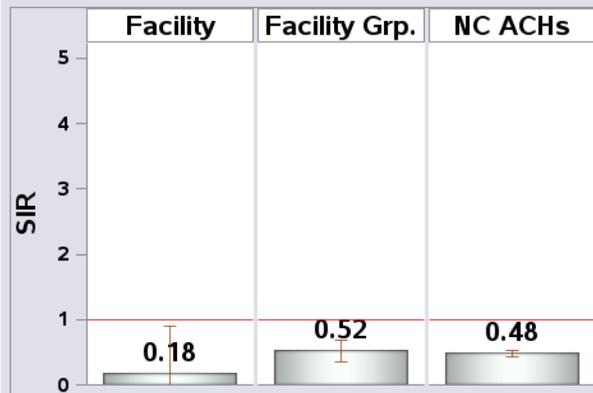


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	3.0	Same
Adult/Ped Wards	1	2.5	Same
All reporting units	1	5.5	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

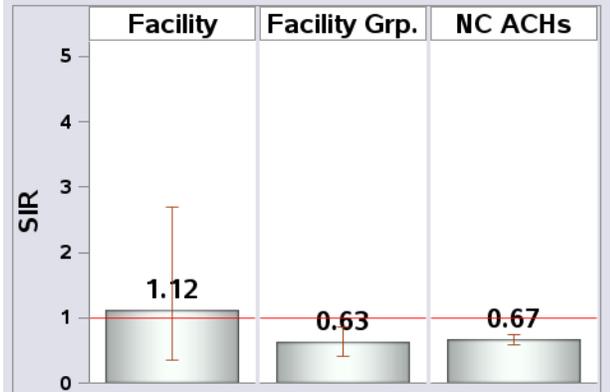


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	30	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

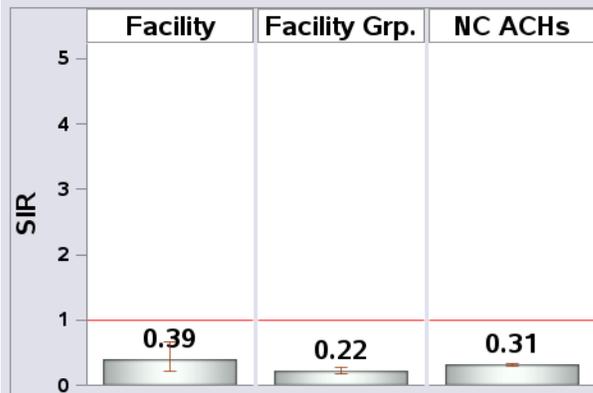


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Carolinas Healthcare System Cleveland, Shelby, Cleveland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

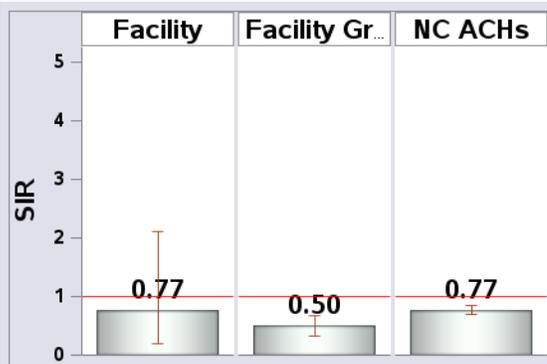


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.8	Same
Adult/Ped Wards	2	2.1	Same
All reporting units	3	3.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

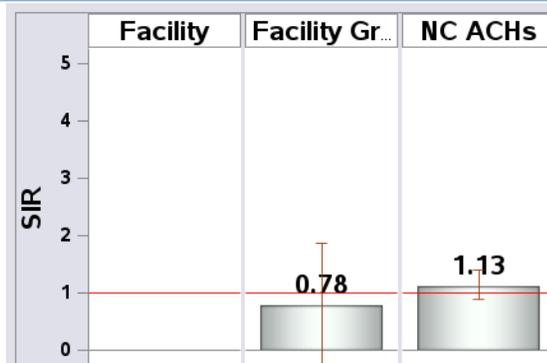


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

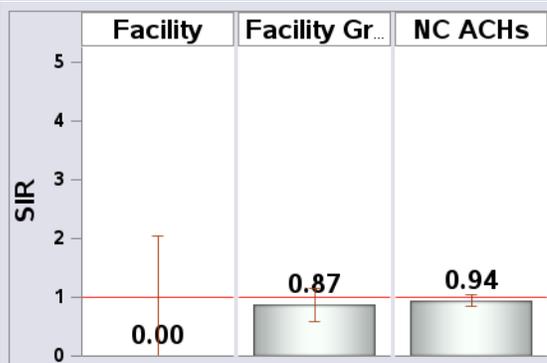


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Carolinas Medical Center, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	23,400
Patient Days in 2023:	353,014
Total Number of Beds:	868
Number of ICU Beds:	219
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	0.92

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

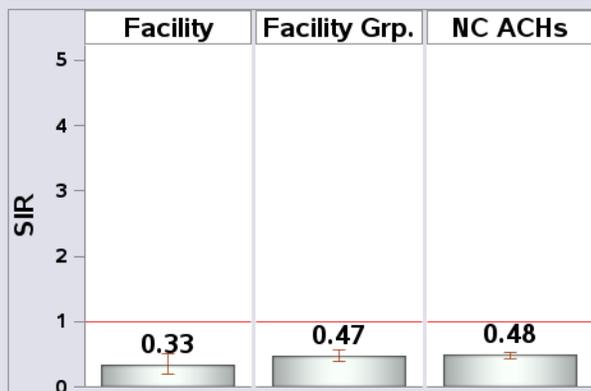


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	12	46	Better
Adult/Ped Wards	7	12	Same
All reporting units	19	58	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Medical Center, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	30	32	Same
Adult/Ped Wards	19	17	Same
Neonatal Units	8	8.2	Same
All reporting units	57	57	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

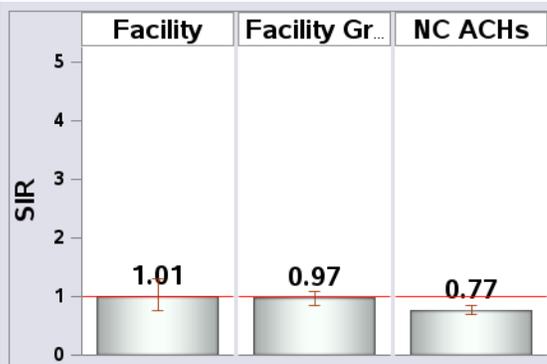


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	3.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

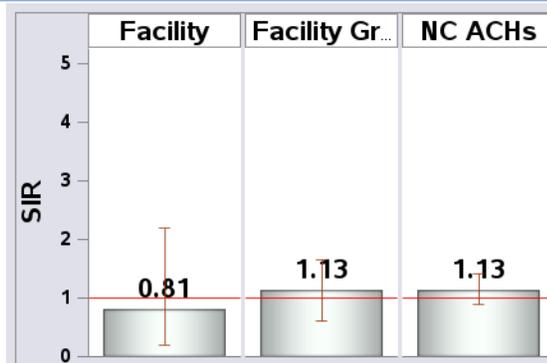


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	17	19	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

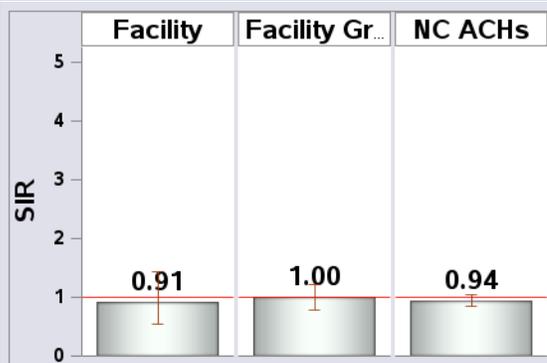


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	6,787
Patient Days in 2023:	65,551
Total Number of Beds:	196
Number of ICU Beds:	20
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	1.02

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

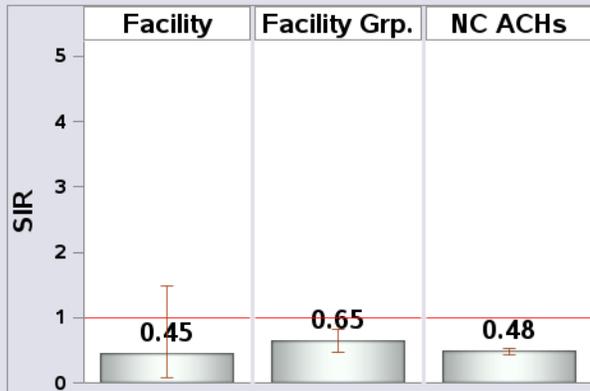


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	2.3	Same
Adult/Ped Wards	0	2.1	Same
All reporting units	2	4.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	5.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

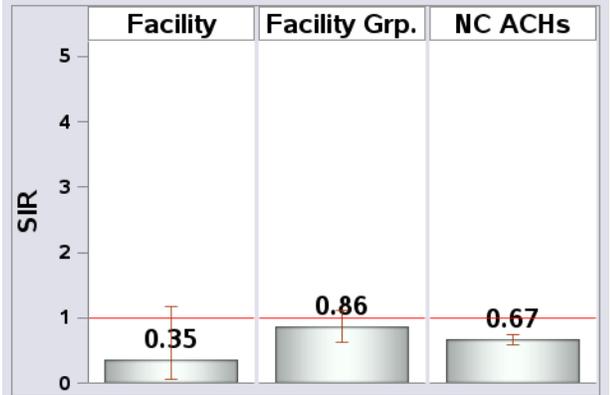


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	16	51	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

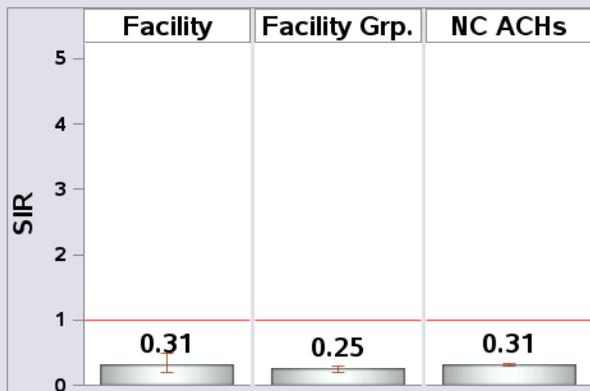


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.8	Same
Adult/Ped Wards	4	2.4	Same
All reporting units	5	4.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

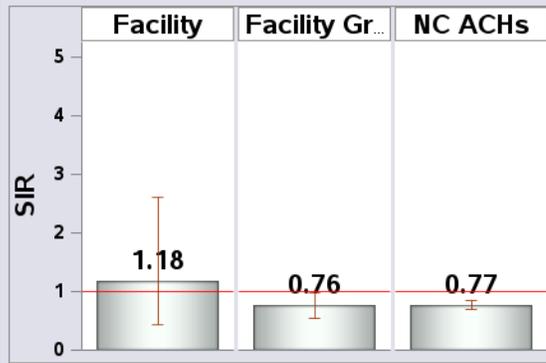


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	21,762
Patient Days in 2023:	88,496
Total Number of Beds:	278
Number of ICU Beds:	40
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.72

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

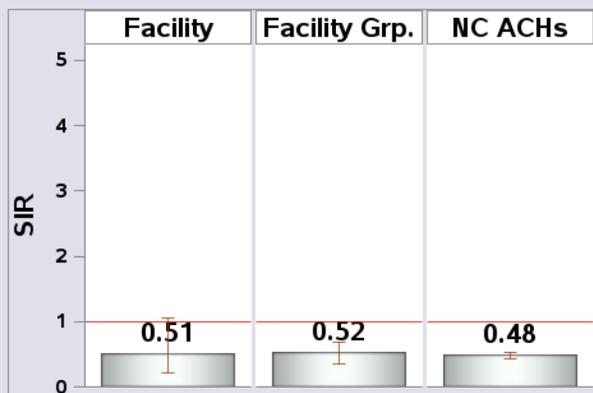


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	5.7	Better
Adult/Ped Wards	5	6.1	Same
All reporting units	6	12	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	6.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

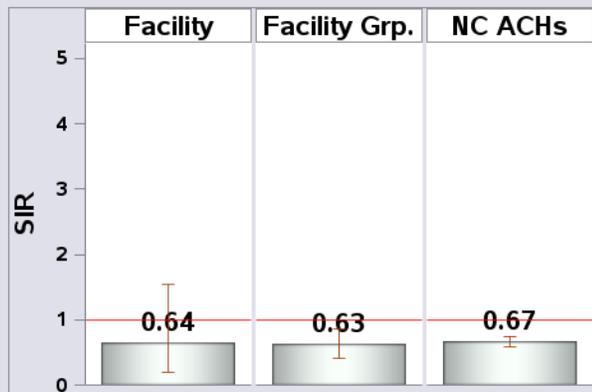


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	19	57	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

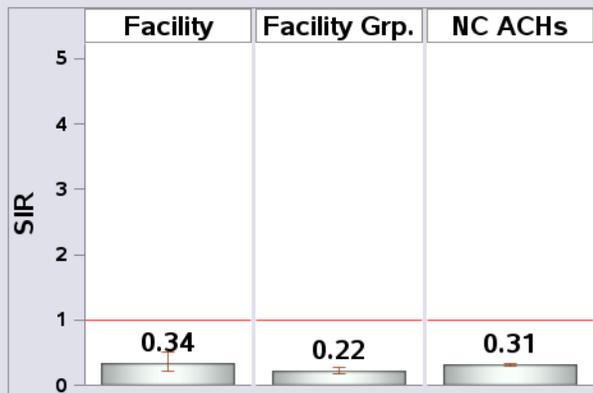


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	3.9	Same
Adult/Ped Wards	1	4.6	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	4	8.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

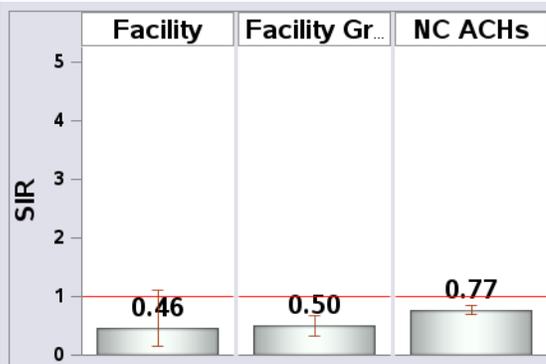


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

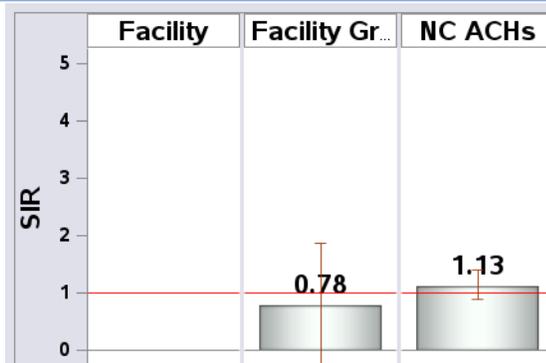


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	7.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

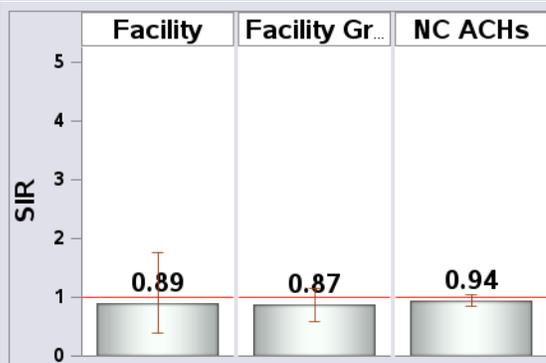


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Carolinas Medical Center-Union, Monroe, Union County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	4,211
Patient Days in 2023:	47,477
Total Number of Beds:	142
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.70

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

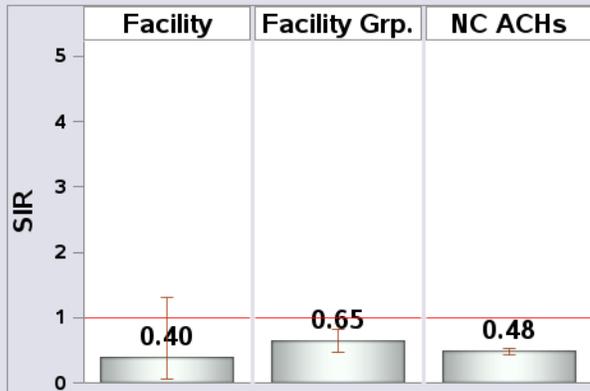


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.5	Same
Adult/Ped Wards	2	2.5	Same
All reporting units	2	5.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

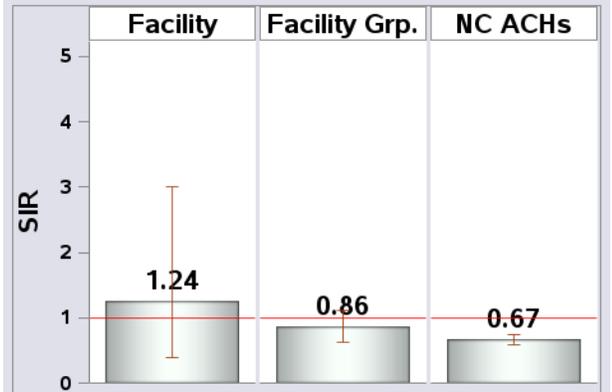


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	26	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

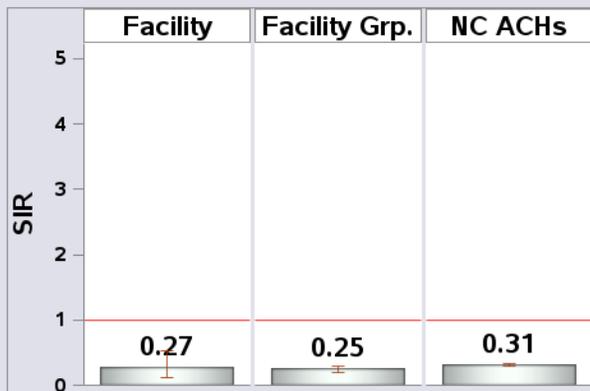


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Medical Center-Union, Monroe, Union County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.4	Same
Adult/Ped Wards	0	1.4	Same
All reporting units	1	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

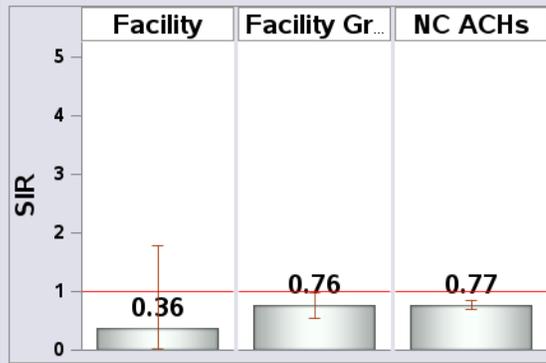


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

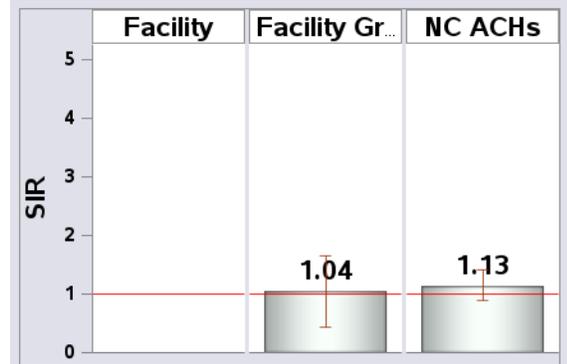


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

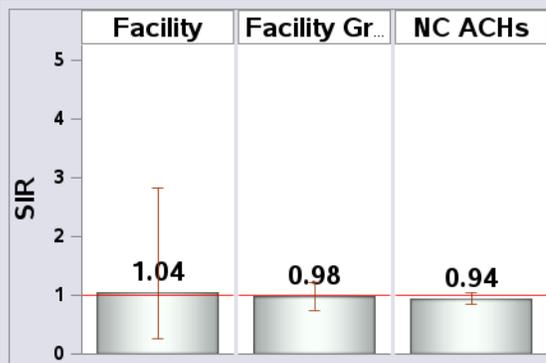


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Rehabilitation, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 1,569
 Patient Days in 2023: 23,630
 Total Number of Beds: 72
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

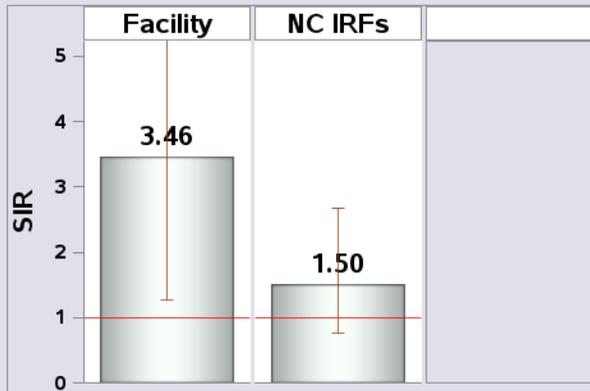


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	5	1.4	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

✗ Worse: More infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

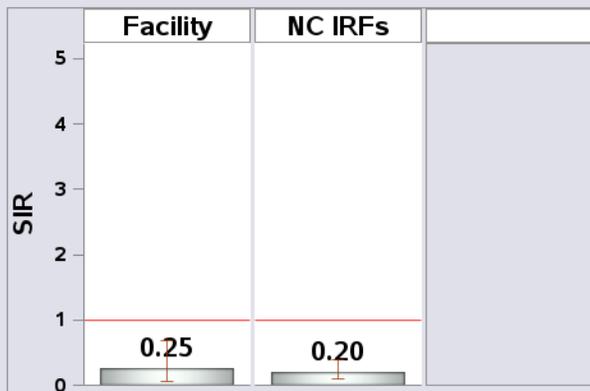


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	12	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Rehabilitation, Charlotte, Mecklenburg County

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Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Rehabilitation Mount Holly, Belmont, Gaston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 702
 Patient Days in 2023: 10,091
 Total Number of Beds: 40
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

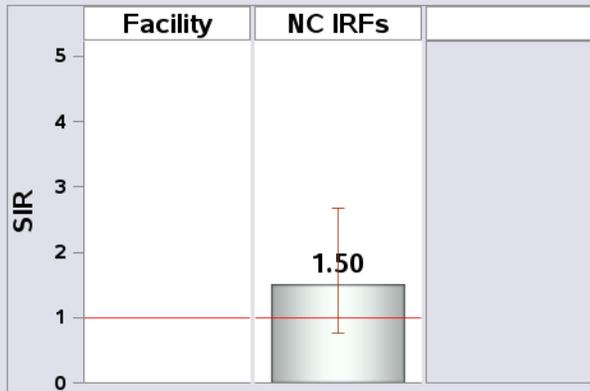


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

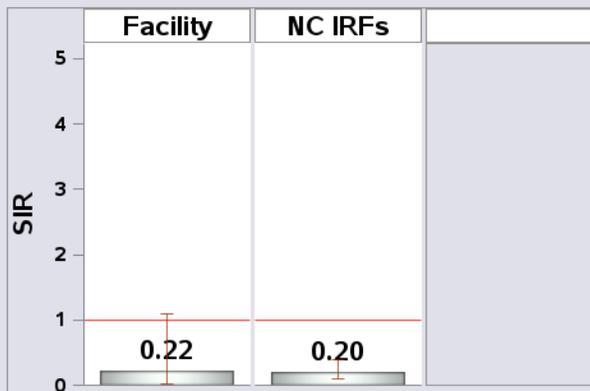


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Rehabilitation Mount Holly, Belmont, Gaston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Rehabilitation North East, Concord, Cabarrus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 635
 Patient Days in 2023: 10,539
 Total Number of Beds: 38
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

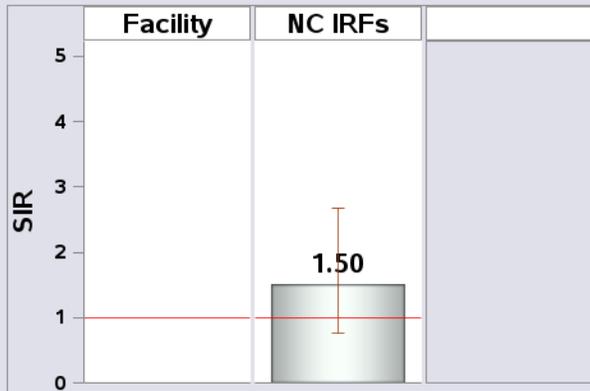


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

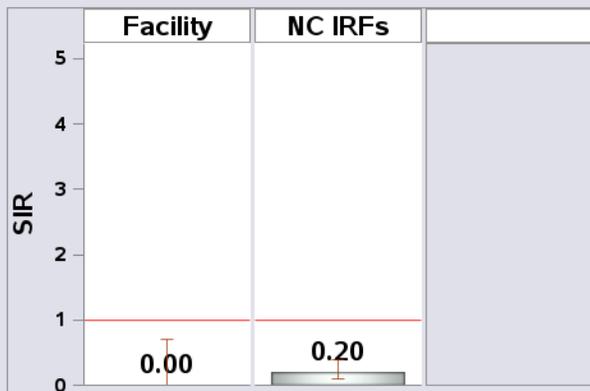


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	4.2	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Rehabilitation North East, Concord, Cabarrus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Specialty Hospital, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 378
 Patient Days in 2023: 11,375
 Total Number of Beds: 40
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

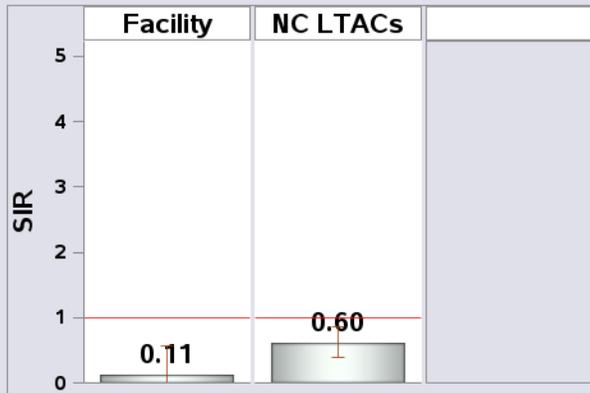


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	1	8.7	Better
All reporting units	1	8.7	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

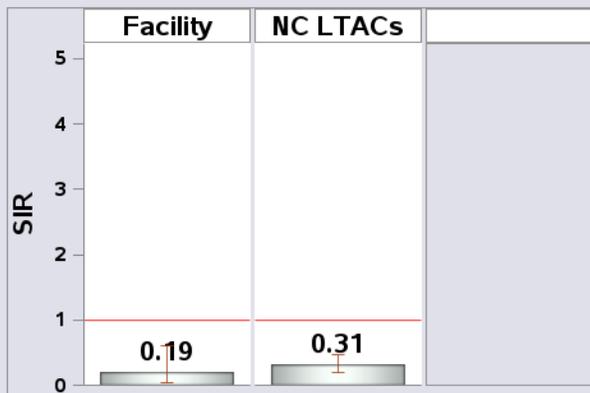


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	11	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carolinas Specialty Hospital, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	3	1.8	Same
All reporting units	3	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

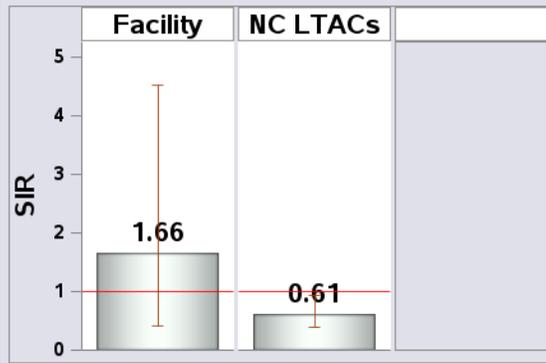


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Carteret General Hospital, Morehead City, Carteret County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	6,791
Patient Days in 2023:	30,064
Total Number of Beds:	76
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	1.97

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

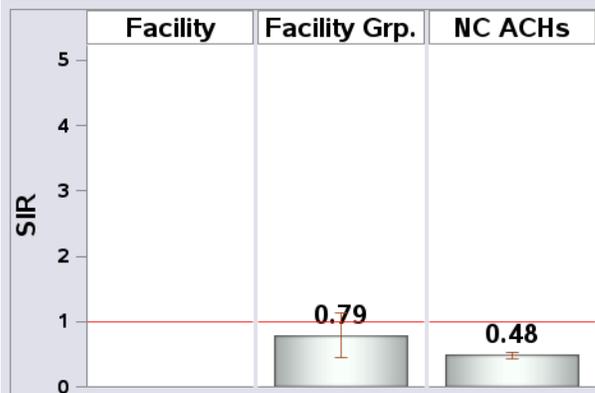


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

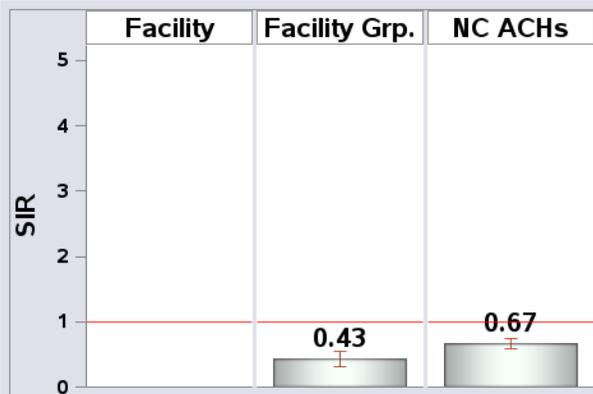


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	6.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

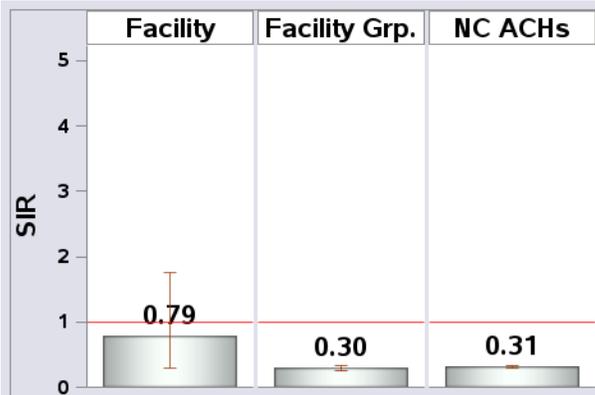


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Carteret General Hospital, Morehead City, Carteret County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

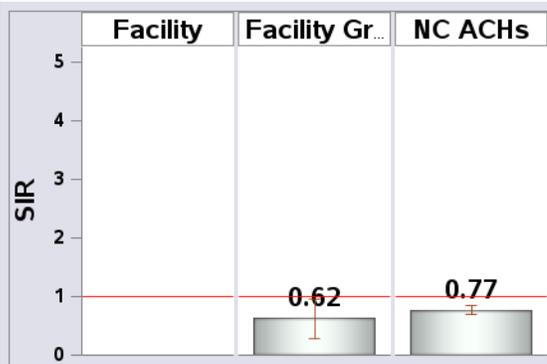


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

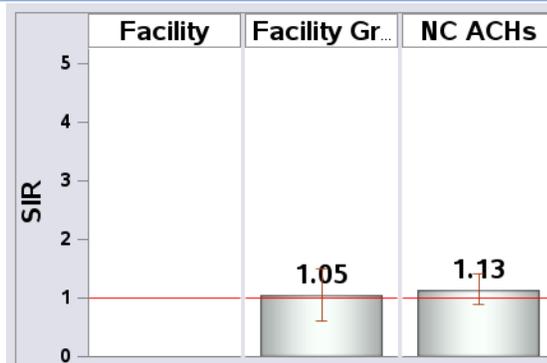


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

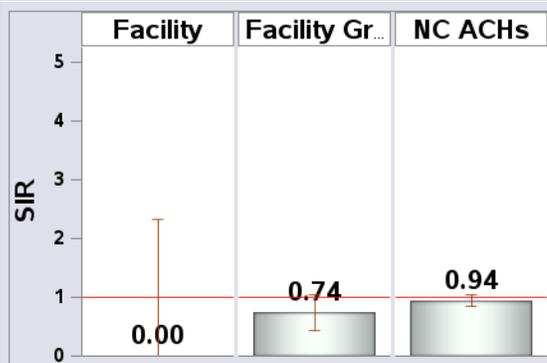


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Catawba Valley Medical Center, Hickory, Catawba County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	13,588
Patient Days in 2023:	56,662
Total Number of Beds:	253
Number of ICU Beds:	36
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.79

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

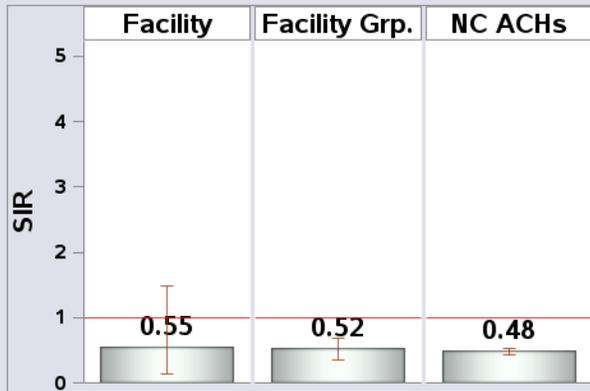


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	2.5	Same
Adult/Ped Wards	1	3.0	Same
All reporting units	3	5.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Catawba Valley Medical Center, Hickory, Catawba County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.4	Same
Adult/Ped Wards	0	1.0	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	1	3.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

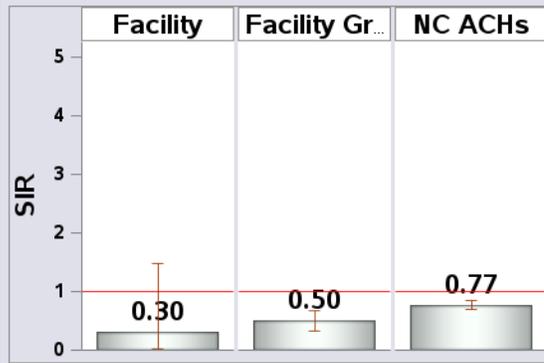


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

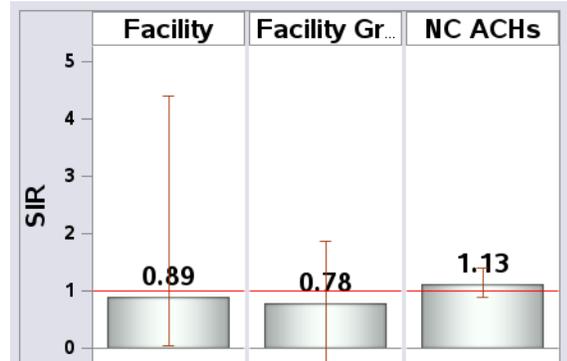


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

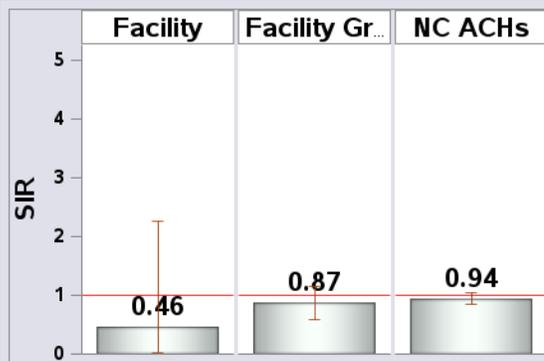


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Central Carolina Hospital, Sanford, Lee County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,225
Patient Days in 2023:	11,813
Total Number of Beds:	57
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.88

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

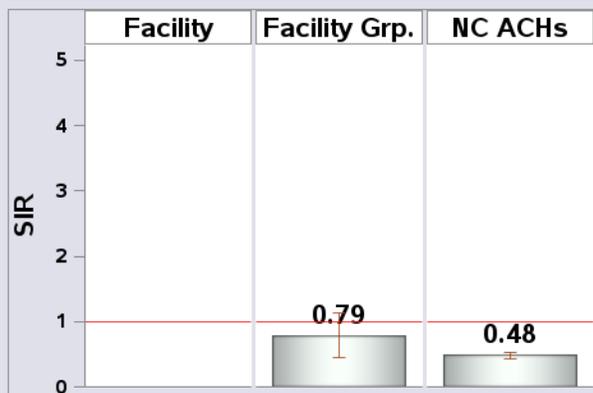


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

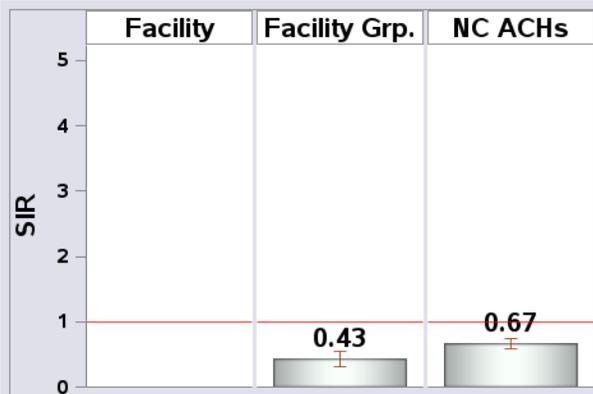


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

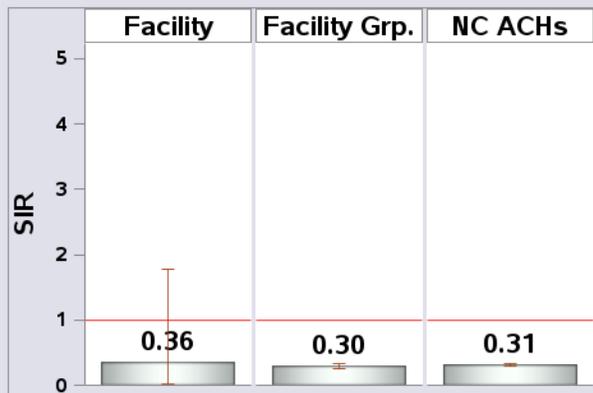


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Central Carolina Hospital, Sanford, Lee County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

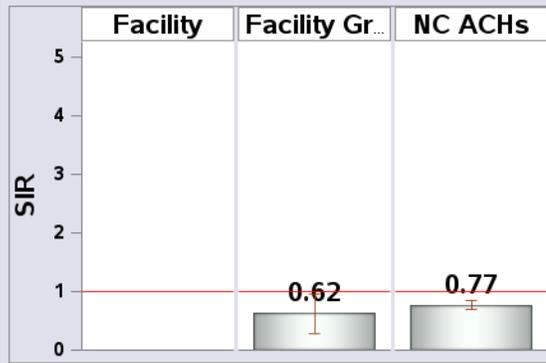


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

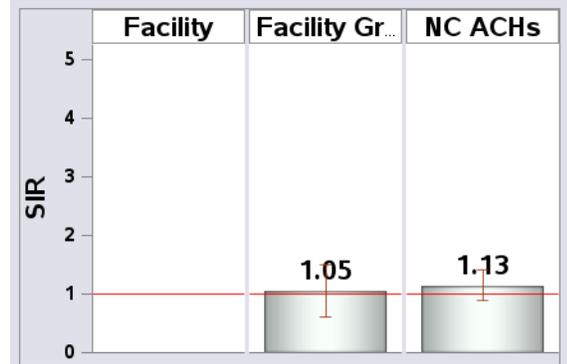


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

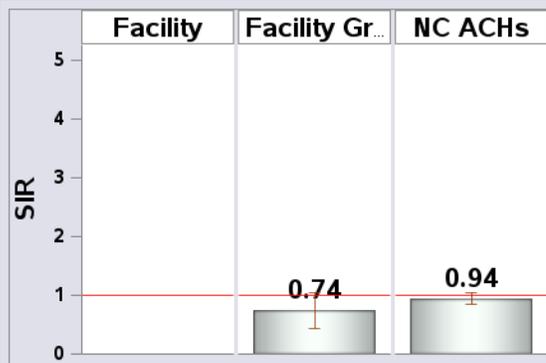


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Central Harnett Hospital, Lillington, Harnett County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	2,509
Patient Days in 2023:	7,134
Total Number of Beds:	44
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.38
Number of FTEs* per 100 beds:	0.85

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

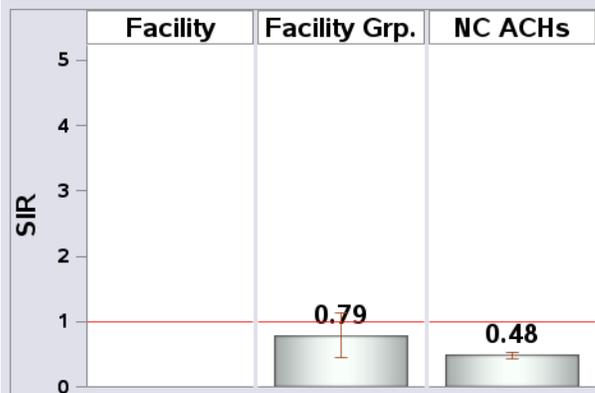


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

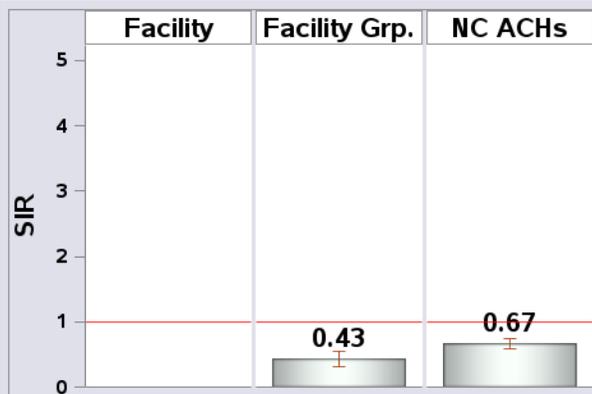


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	4.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

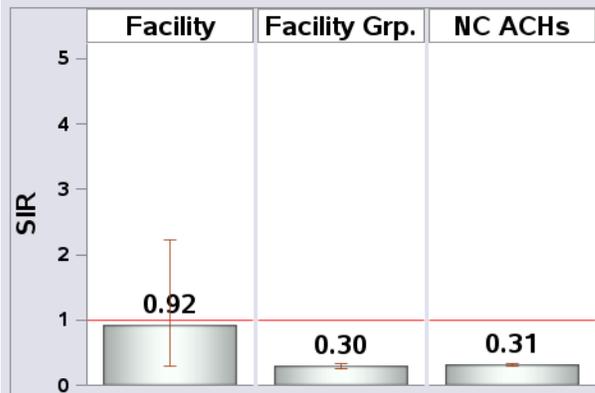


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Central Harnett Hospital, Lillington, Harnett County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

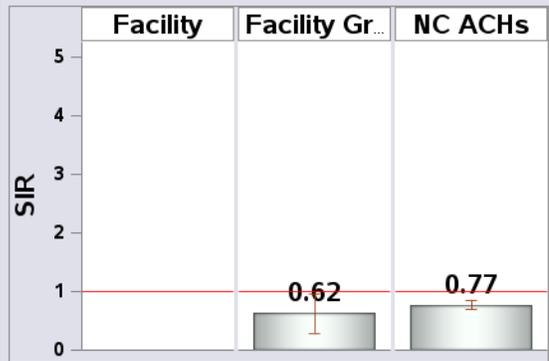


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Central Regional Hospital, Butner, Granville County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	500
Patient Days in 2023:	98,652
Total Number of Beds:	398
Number of ICU Beds:	0
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.50

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

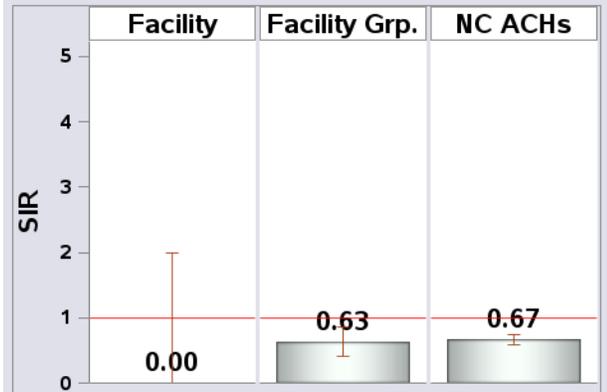
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

**North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024**

Central Regional Hospital, Butner, Granville County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Cherokee Indian Hospital, Cherokee, Swain County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	449
Patient Days in 2023:	6,366
Total Number of Beds:	17
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.25
Number of FTEs* per 100 beds:	7.35

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

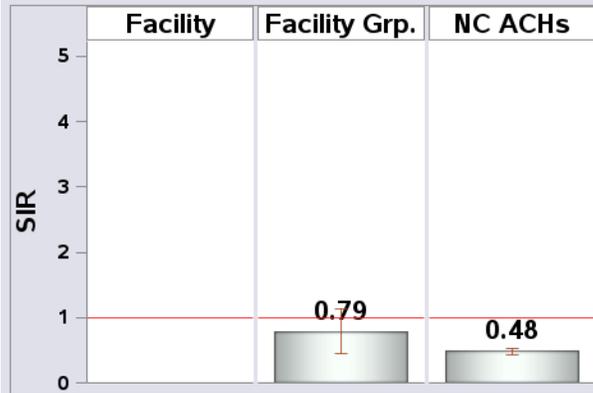


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

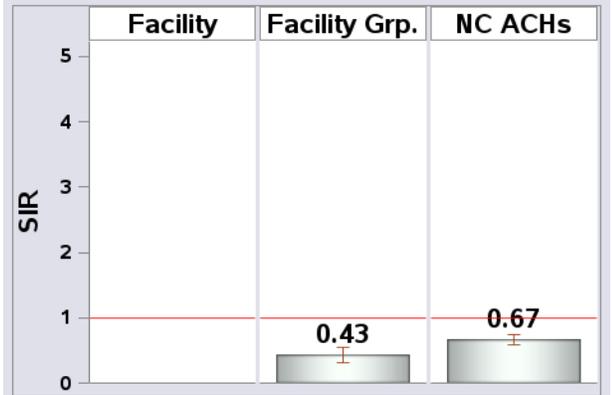


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

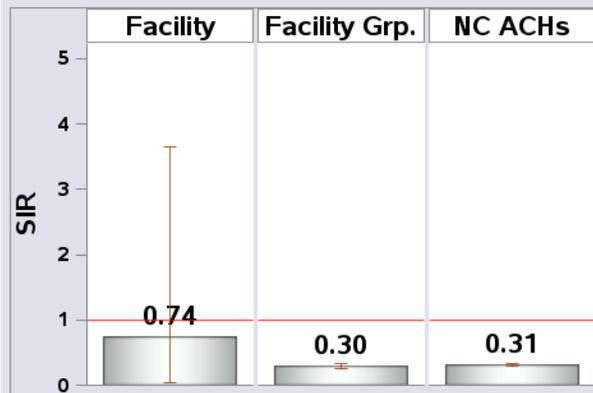


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

**North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Cherokee Indian Hospital, Cherokee, Swain County**

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

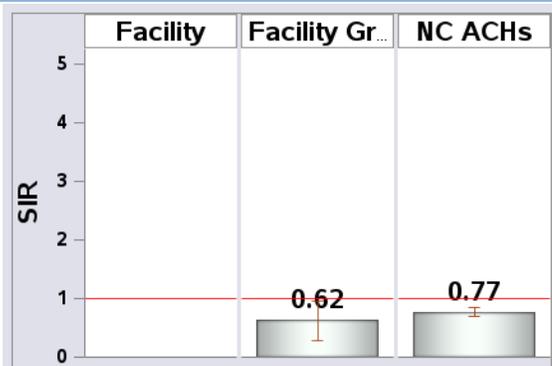


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Cherry Hospital, Goldsboro, Wayne County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	384
Patient Days in 2023:	57,710
Total Number of Beds:	259
Number of ICU Beds:	0
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.77

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: This facility did not have locations required to report MRSA during this time period

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: This facility did not have locations required to report CDI during this time period

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Cherry Hospital, Goldsboro, Wayne County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
CHS Pineville Rehabilitation, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2023: 655
 Patient Days in 2023: 9,717
 Total Number of Beds: 29
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

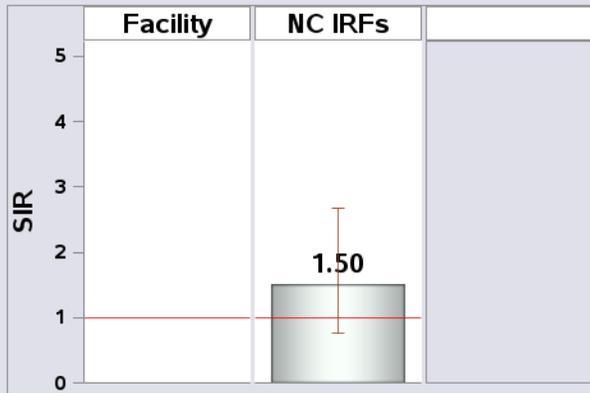


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

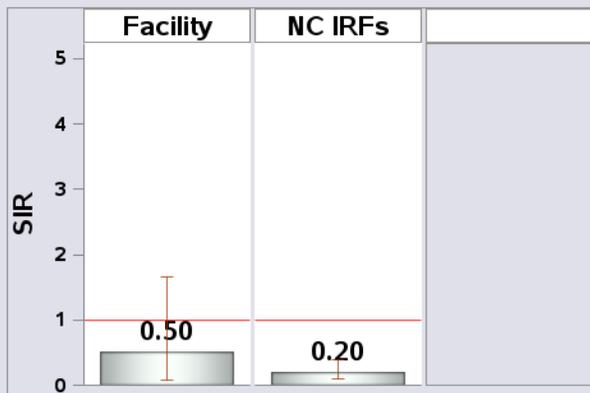


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	4.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
CHS Pineville Rehabilitation, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Columbus Regional Healthcare System, Whiteville, Columbus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,069
Patient Days in 2023:	18,900
Total Number of Beds:	77
Number of ICU Beds:	9
FTE* Infection Preventionists:	0.90
Number of FTEs* per 100 beds:	1.17

(*FTE = Full-time equivalent)



Commentary From Facility:

The prevention and reduction of healthcare associated infections is a top priority at Columbus Regional Healthcare System. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

Catheter-Associated Urinary Tract Infections (CAUTI)

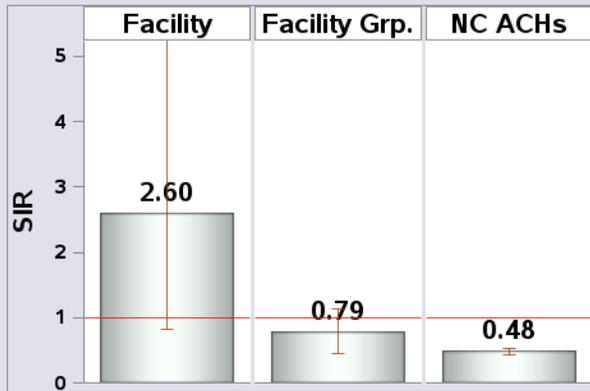


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	4	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

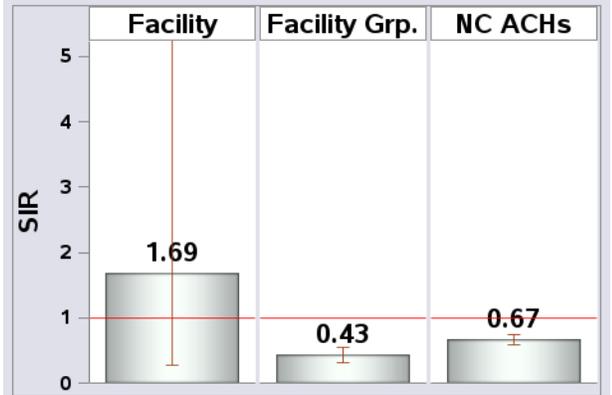


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	6.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

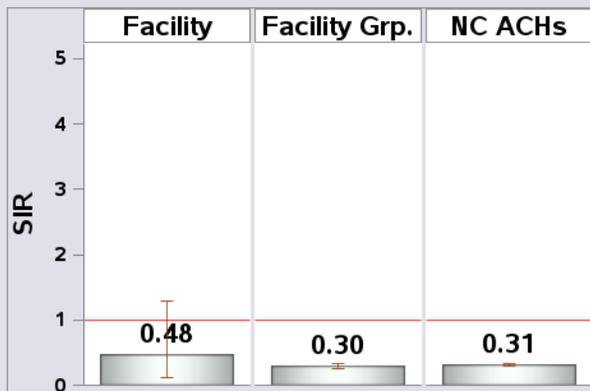


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Columbus Regional Healthcare System, Whiteville, Columbus County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

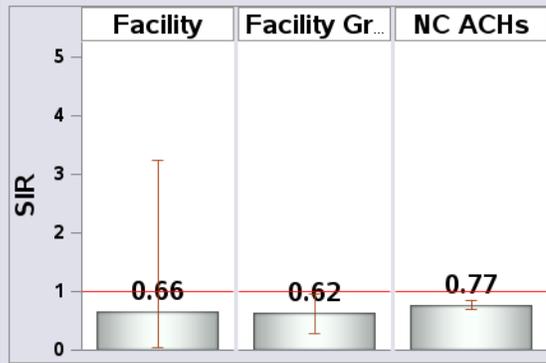


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

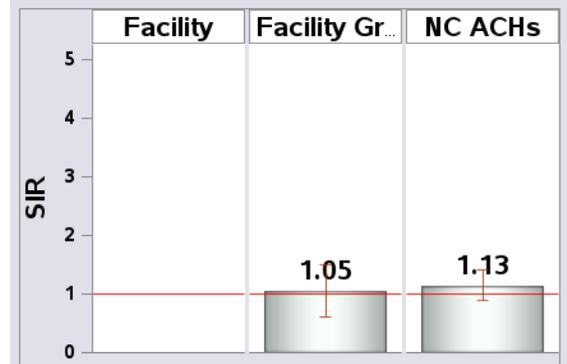


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

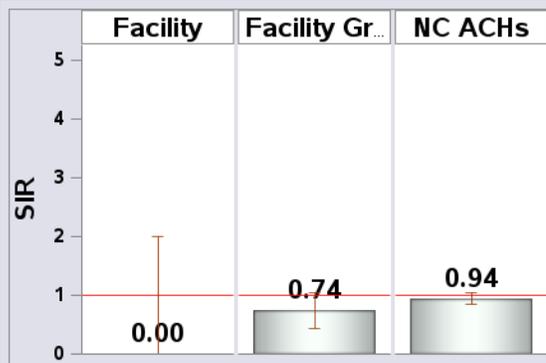


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

DLP - Harris Regional Hospital, Sylva, Jackson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,164
Patient Days in 2023:	11,913
Total Number of Beds:	65
Number of ICU Beds:	9
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	1.23

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

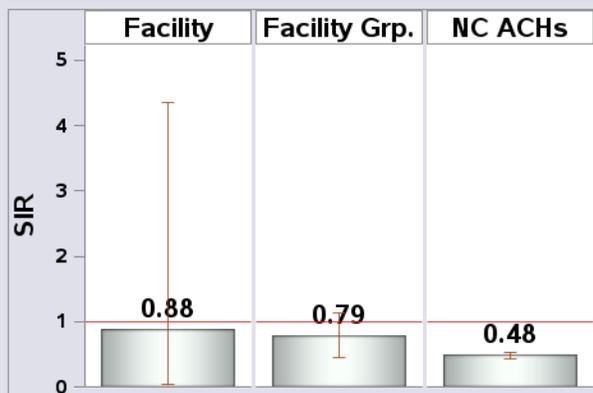


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

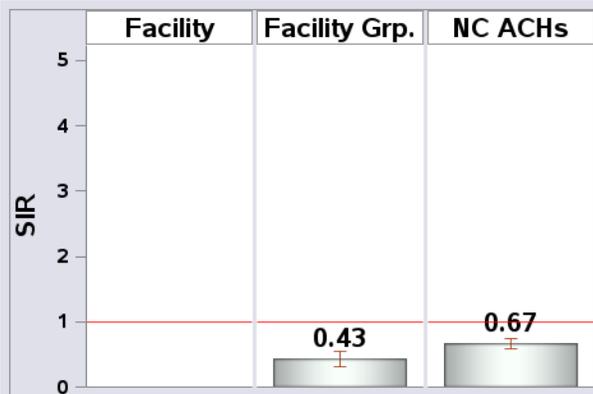


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	5.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

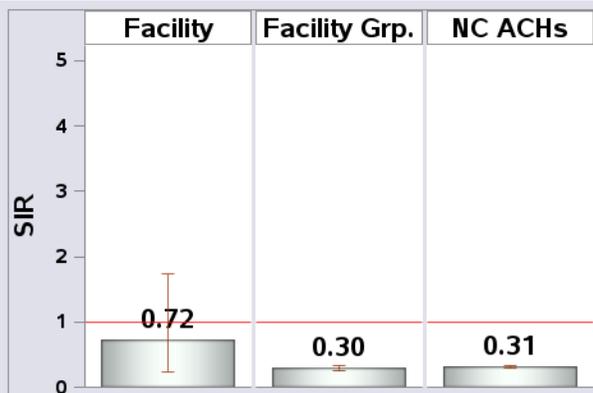


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
DLP - Harris Regional Hospital, Sylva, Jackson County

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Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

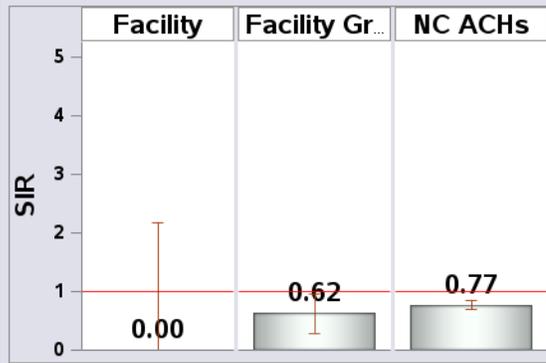


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

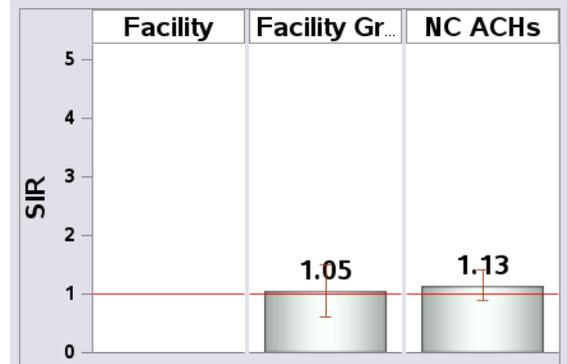


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

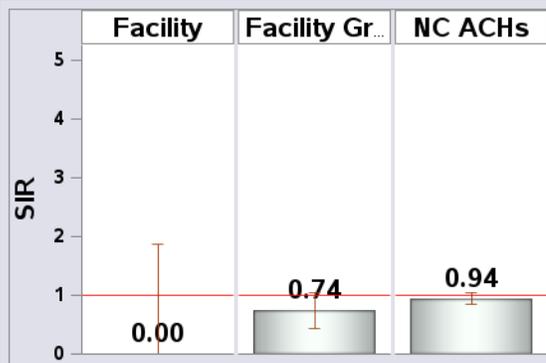


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Duke Raleigh Hospital, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	15,860
Patient Days in 2023:	61,861
Total Number of Beds:	186
Number of ICU Beds:	20
FTE* Infection Preventionists:	2.50
Number of FTEs* per 100 beds:	1.34

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

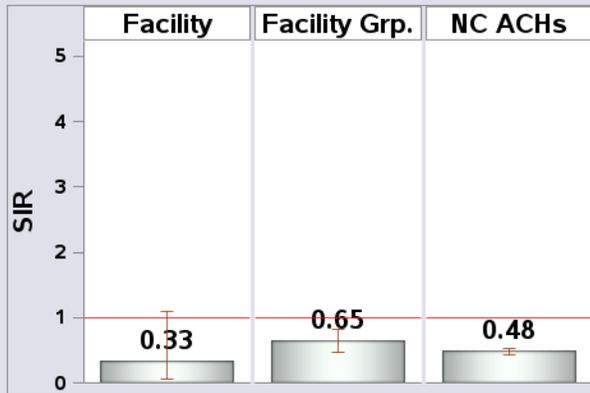


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.6	Same
Adult/Ped Wards	2	3.5	Same
All reporting units	2	6.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	3.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

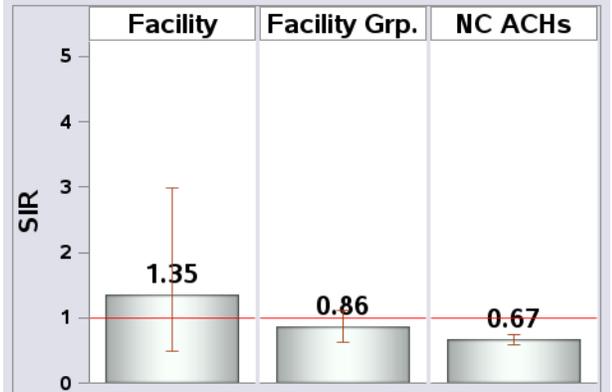


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	29	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

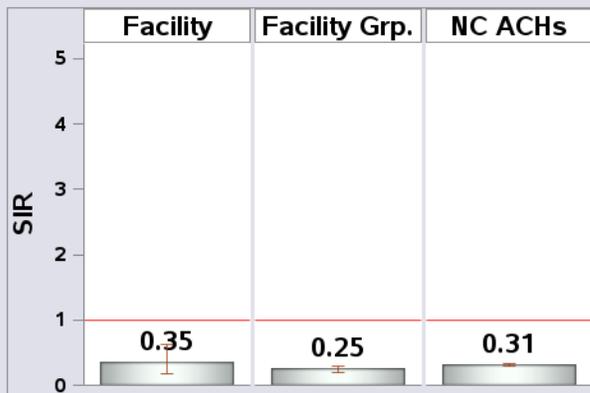


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Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.8	Same
Adult/Ped Wards	7	5.8	Same
All reporting units	9	7.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
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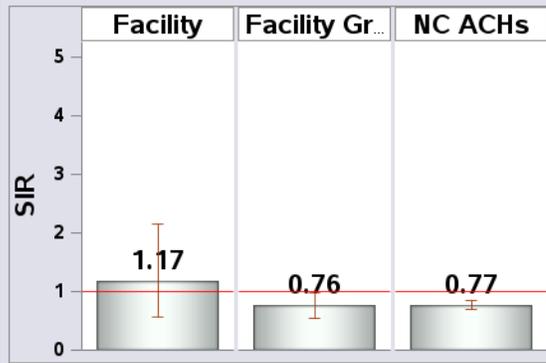


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

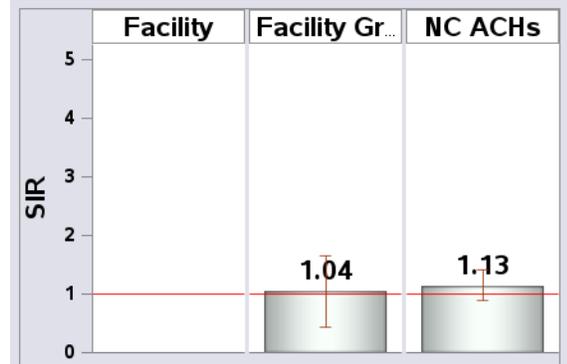


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	5.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
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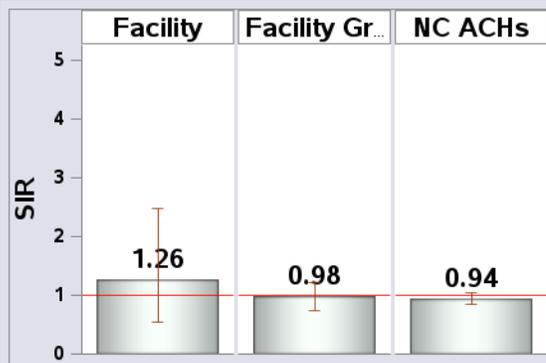


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Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
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Duke Regional Hospital, Durham, Durham County

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2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	21,900
Patient Days in 2023:	103,723
Total Number of Beds:	369
Number of ICU Beds:	22
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.54

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

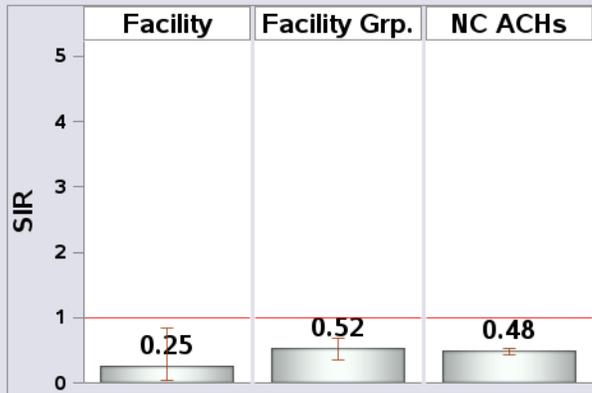


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	3.5	Better
Adult/Ped Wards	2	4.4	Same
All reporting units	2	7.9	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

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Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	3.0	Same
Adult/Ped Wards	7	5.8	Same
All reporting units	8	8.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
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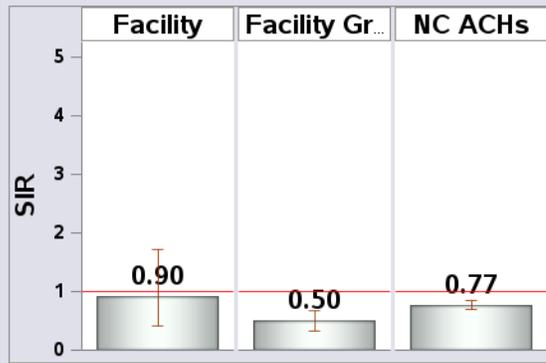


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Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

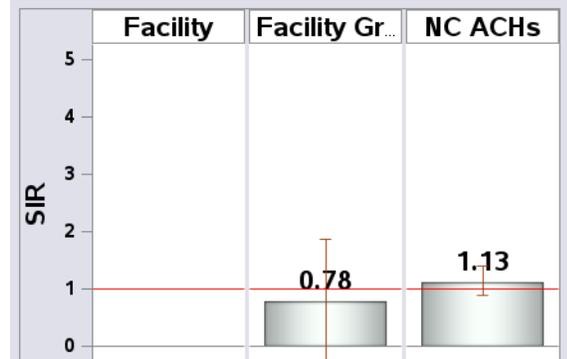


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

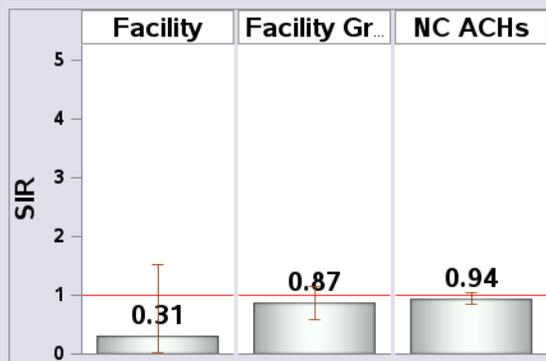


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Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

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Data from January 1 - December 31, 2024

Duke University Hospital, Durham, Durham County

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2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	49,645
Patient Days in 2023:	339,272
Total Number of Beds:	1,062
Number of ICU Beds:	264
FTE* Infection Preventionists:	11.3
Number of FTEs* per 100 beds:	1.06

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

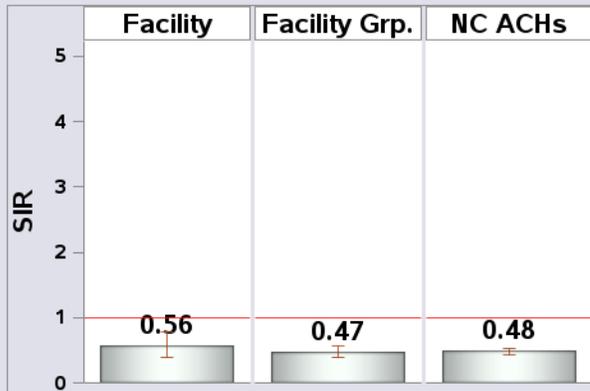


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	13	44	Better
Adult/Ped Wards	20	15	Same
All reporting units	33	59	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	20	39	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

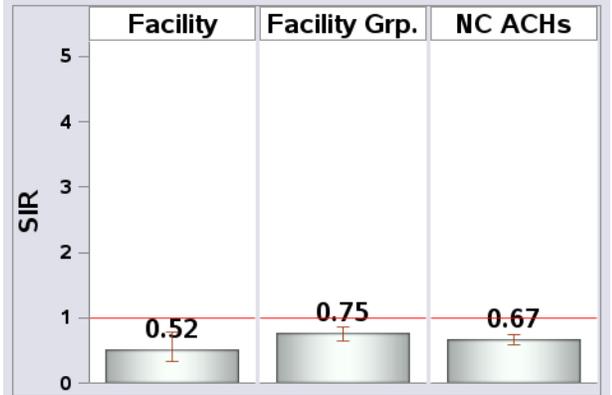


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Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	74	183	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

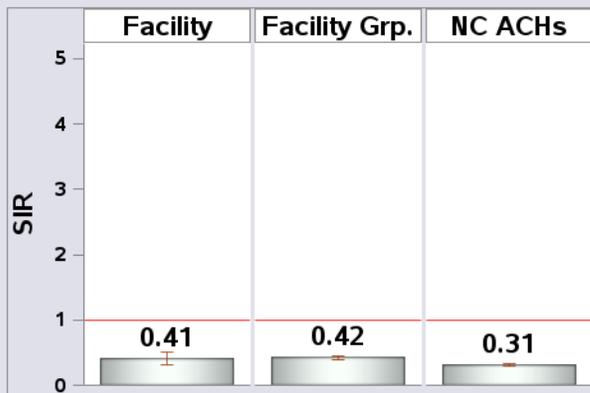


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Duke University Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	40	46	Same
Adult/Ped Wards	33	32	Same
Neonatal Units	4	9.8	Better
All reporting units	77	88	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

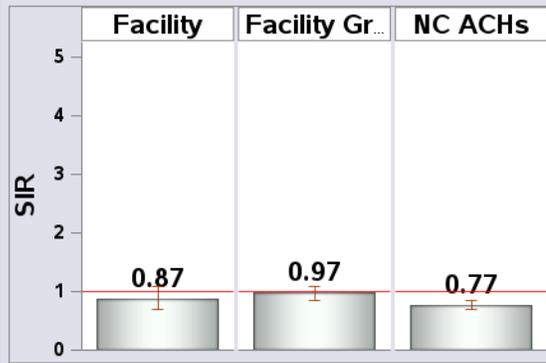


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

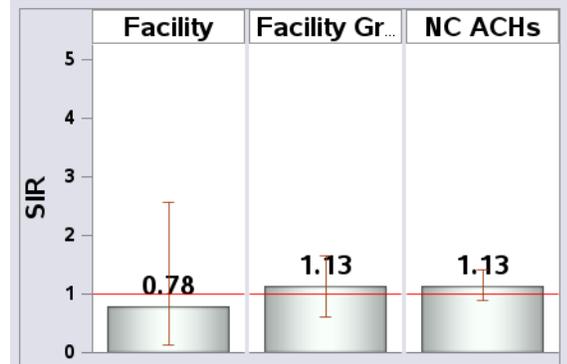


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	16	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

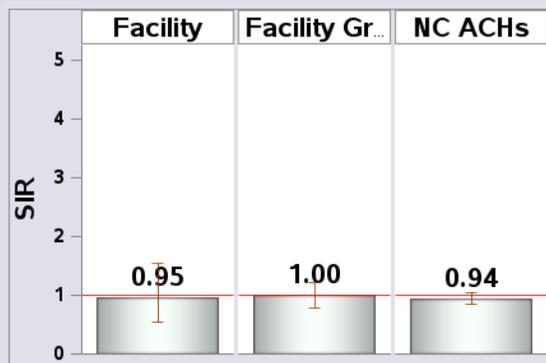


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Beaufort Hospital, Washington, Beaufort County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	4,421
Patient Days in 2023:	15,398
Total Number of Beds:	77
Number of ICU Beds:	11
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.30

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

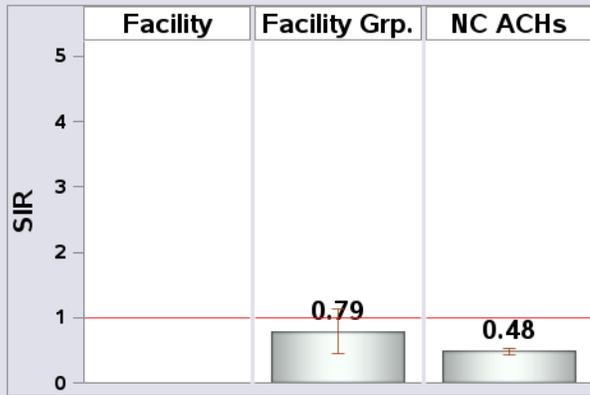


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

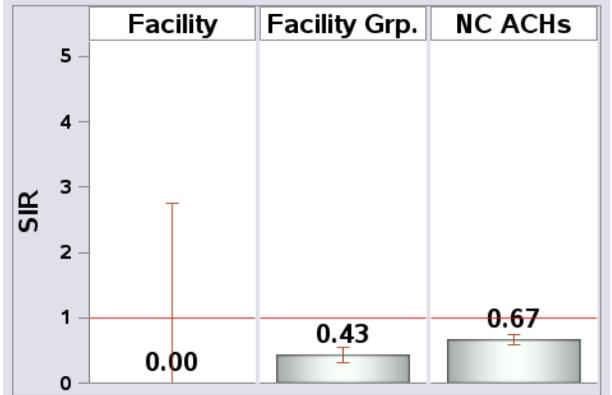


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	6.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

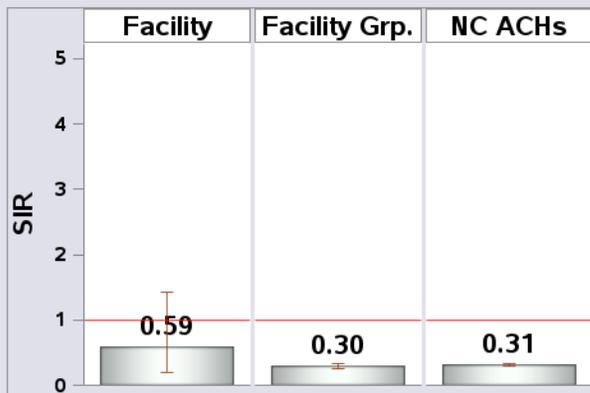


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Beaufort Hospital, Washington, Beaufort County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

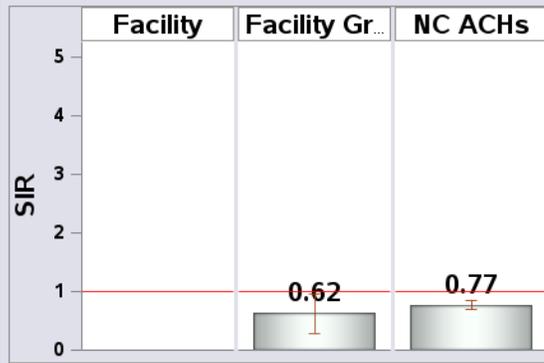


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

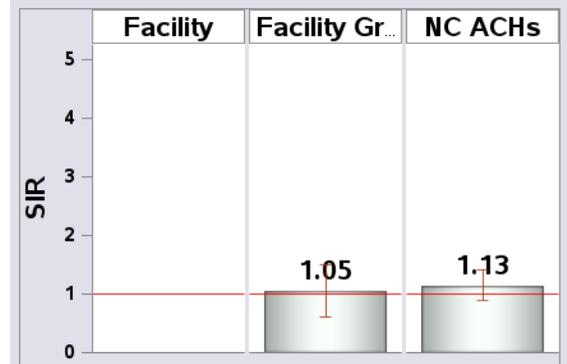


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

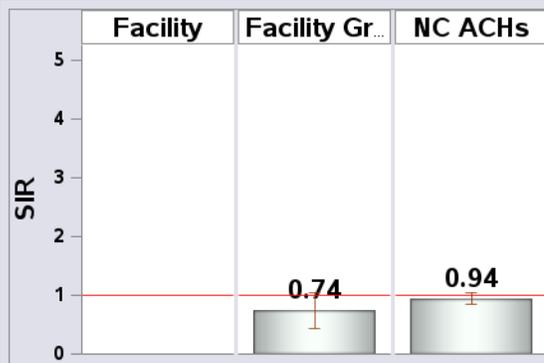


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

ECU Health Duplin Hospital, Kenansville, Duplin County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	3,804
Patient Days in 2023:	12,940
Total Number of Beds:	89
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.12

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

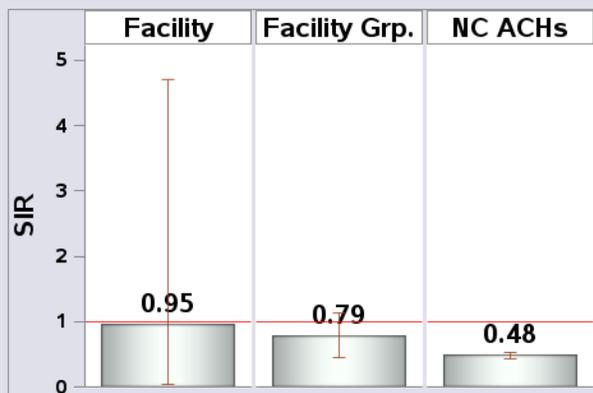


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

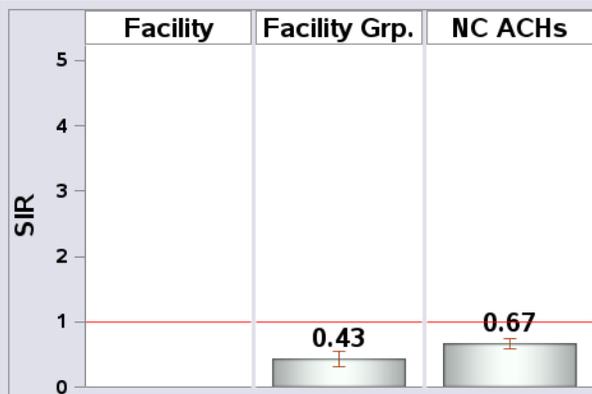


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	3.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

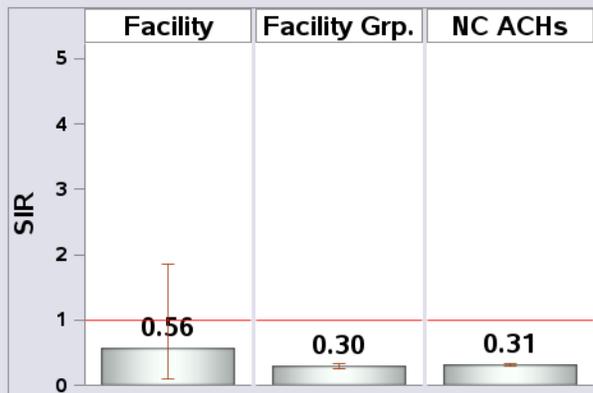


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Duplin Hospital, Kenansville, Duplin County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

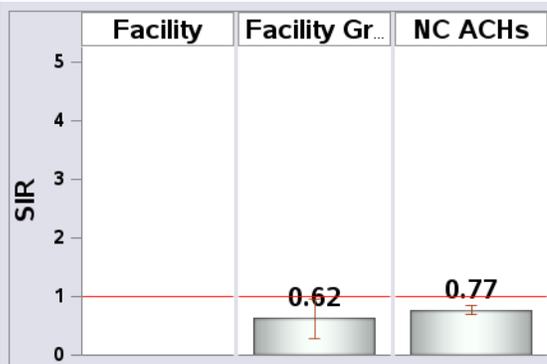


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

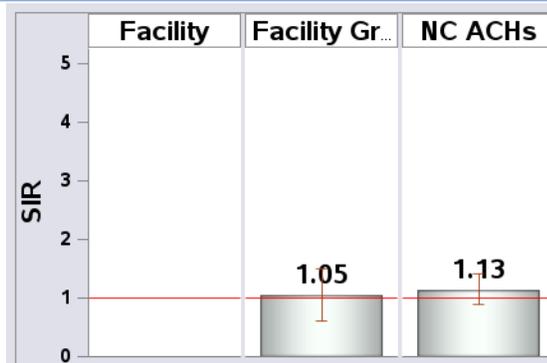


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

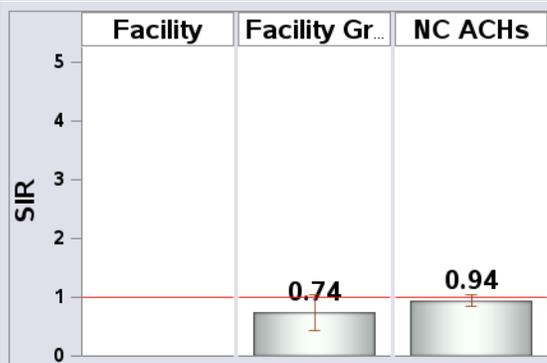


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Edgecombe Hospital, Tarboro, Edgecombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	3,441
Patient Days in 2023:	13,256
Total Number of Beds:	105
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.95

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

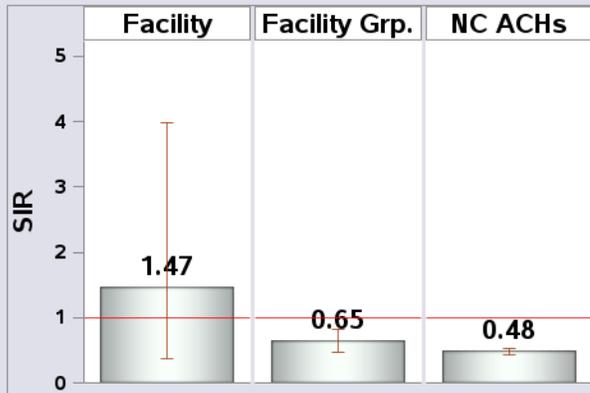


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.1	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	3	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

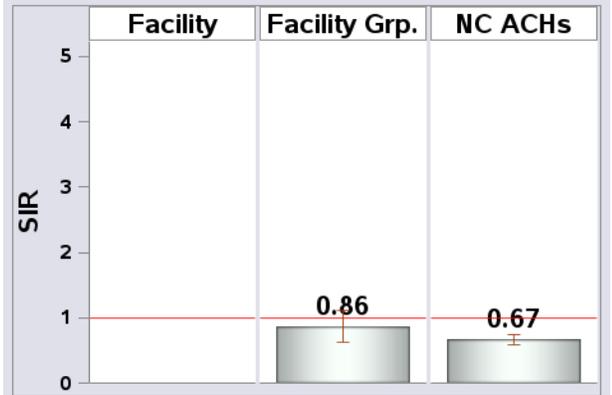


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	4.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

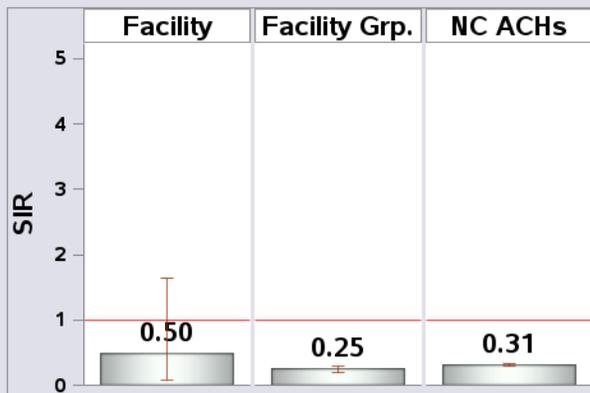


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Edgecombe Hospital, Tarboro, Edgecombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

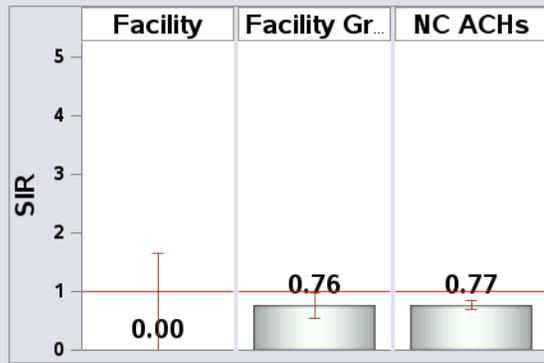


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

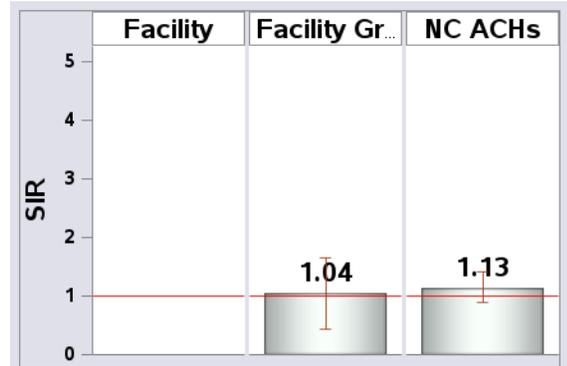


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

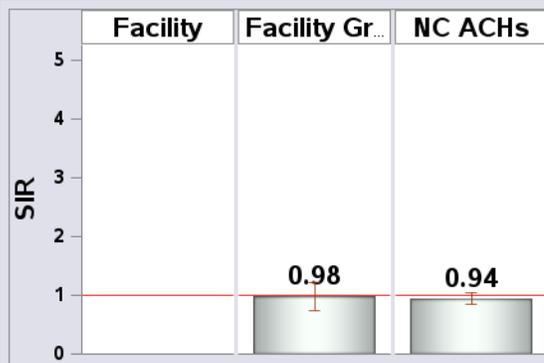


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Medical Center, Greenville, Pitt County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	43,900
Patient Days in 2023:	288,396
Total Number of Beds:	1,039
Number of ICU Beds:	190
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	0.77

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

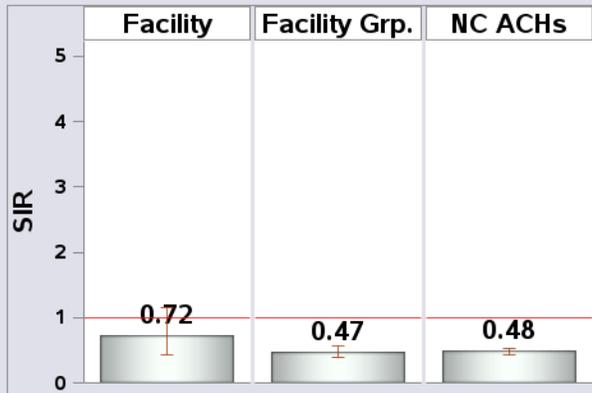


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	11	17	Same
Adult/Ped Wards	5	5.2	Same
All reporting units	16	22	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Medical Center, Greenville, Pitt County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	10	17	Same
Adult/Ped Wards	6	7.4	Same
Neonatal Units	11	4.4	Worse
All reporting units	27	28	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

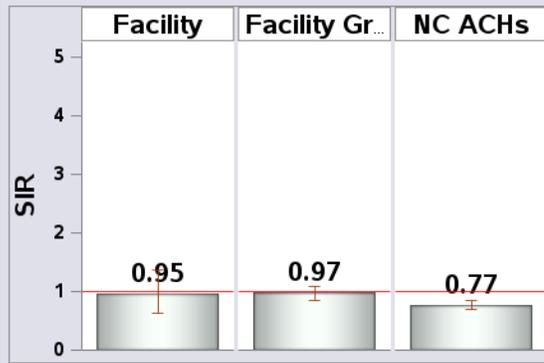


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

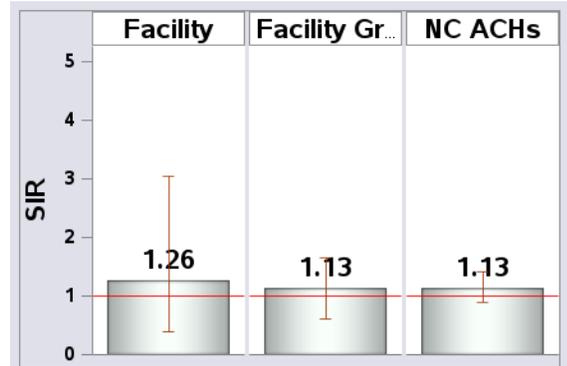


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	17	14	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

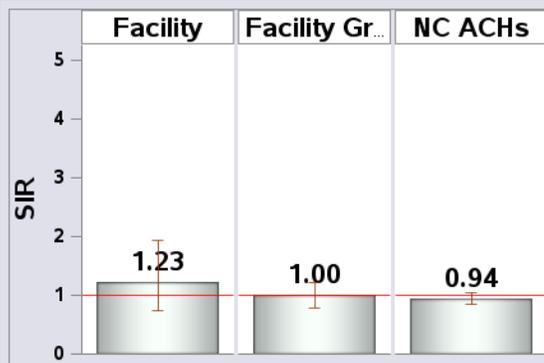


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

ECU Health North Hospital, Roanoke Rapids, Halifax County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	4,706
Patient Days in 2023:	20,221
Total Number of Beds:	97
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.03

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

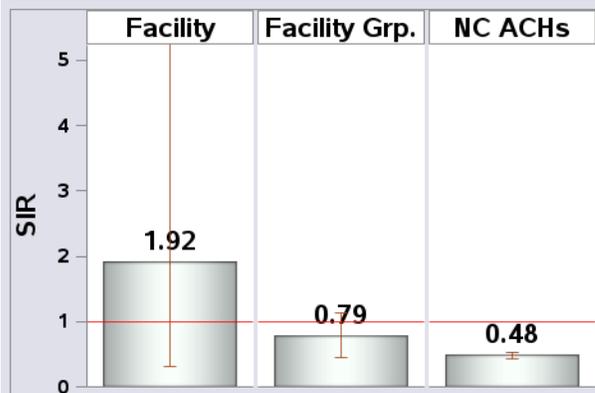


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	2	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

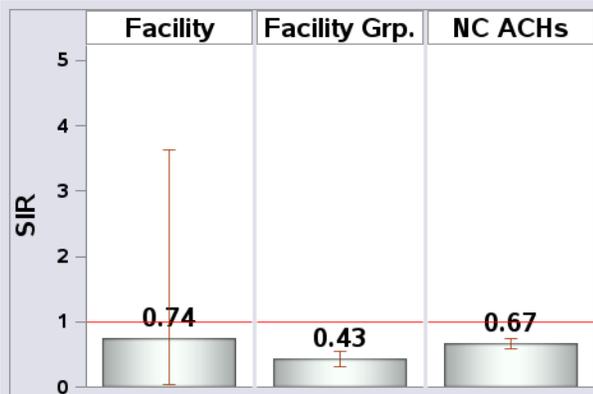


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	6.8	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

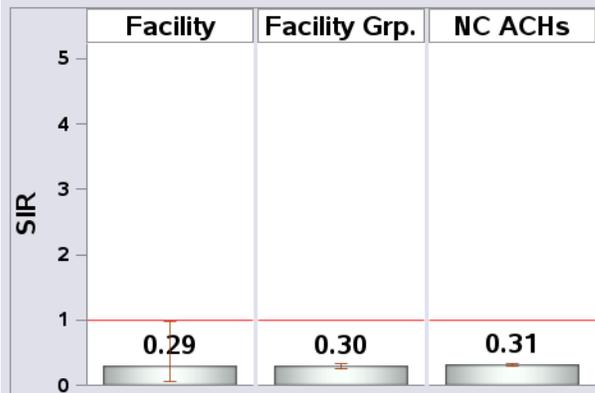


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health North Hospital, Roanoke Rapids, Halifax County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

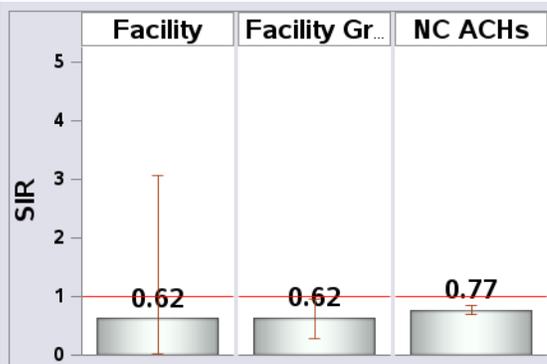


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.1	Same
All reporting units	1	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

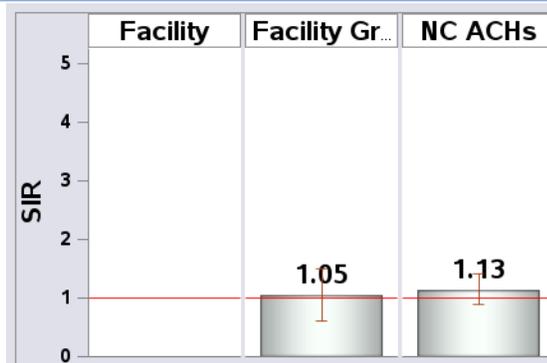


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

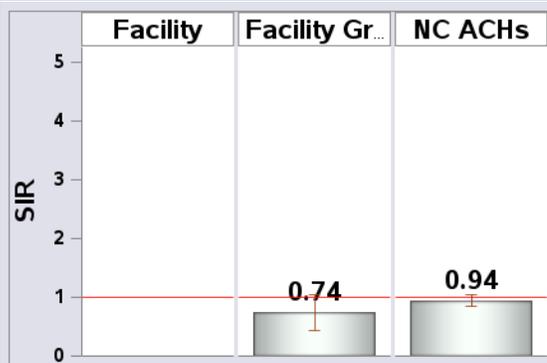


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

ECU Health Roanoke-Chowan Hospital, Ahoskie, Hertford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	3,866
Patient Days in 2023:	22,680
Total Number of Beds:	114
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.88

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

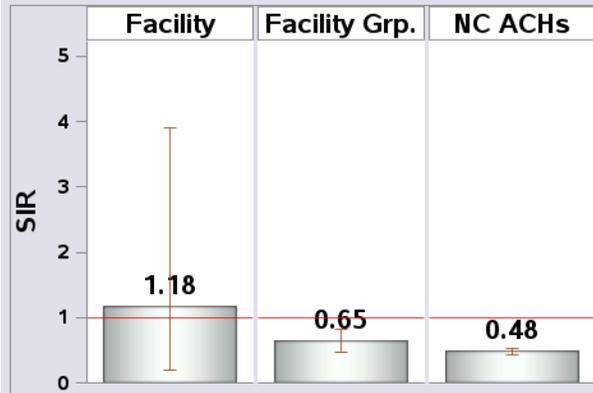


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	2	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

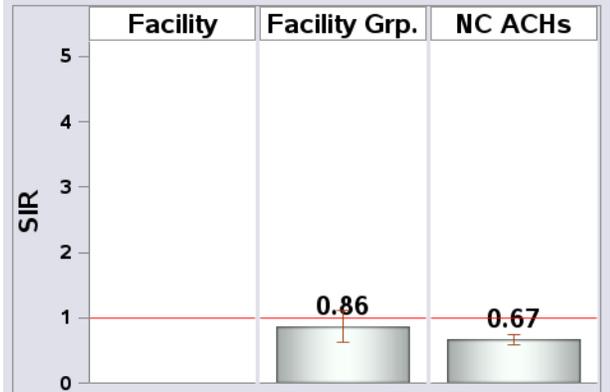


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	8.3	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

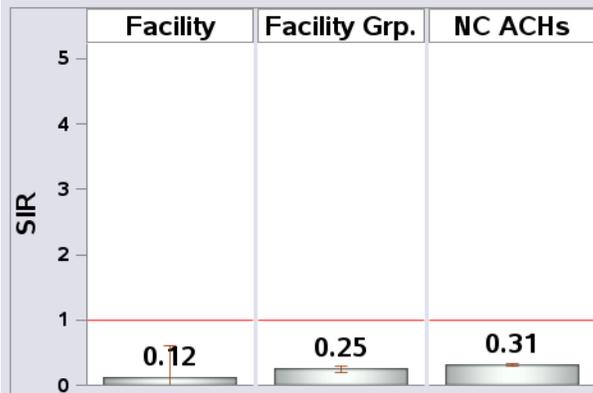


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
ECU Health Roanoke-Chowan Hospital, Ahoskie, Hertford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	3	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

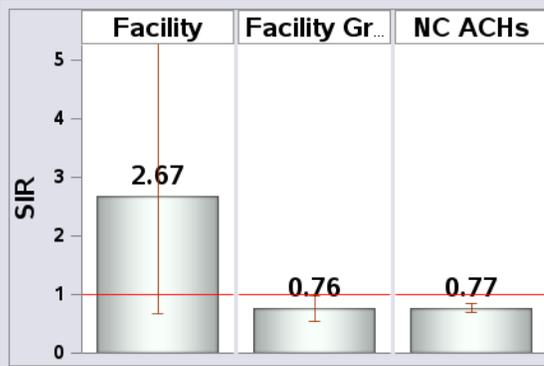


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

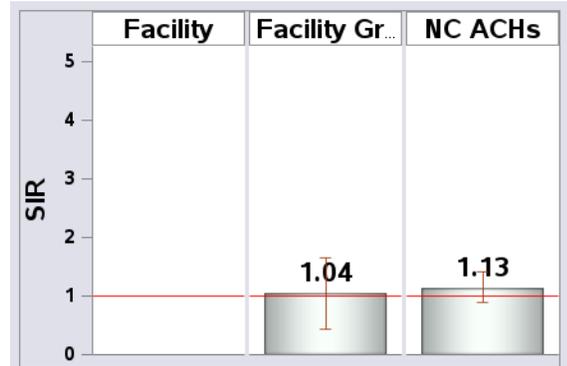


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

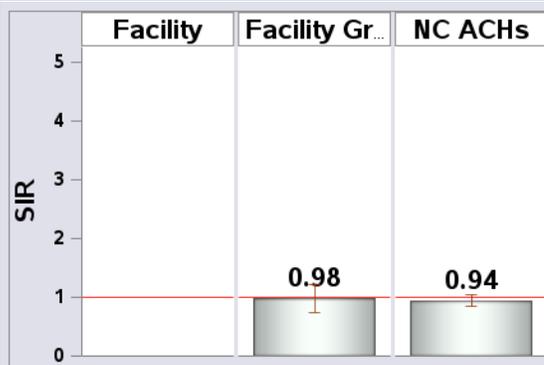


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	22,672
Patient Days in 2023:	103,733
Total Number of Beds:	362
Number of ICU Beds:	23
FTE* Infection Preventionists:	3.50
Number of FTEs* per 100 beds:	0.97

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

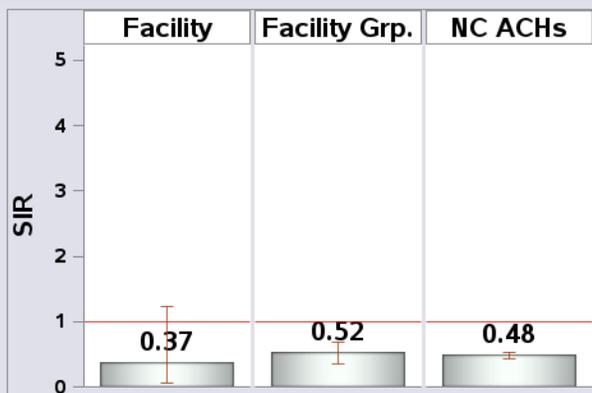


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.3	Same
Adult/Ped Wards	2	4.0	Same
All reporting units	2	5.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	4.0	Better
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	0	5.0	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

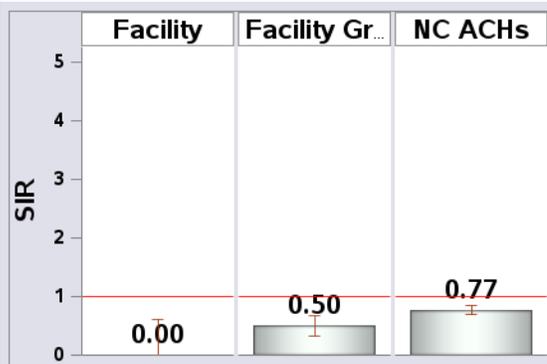


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

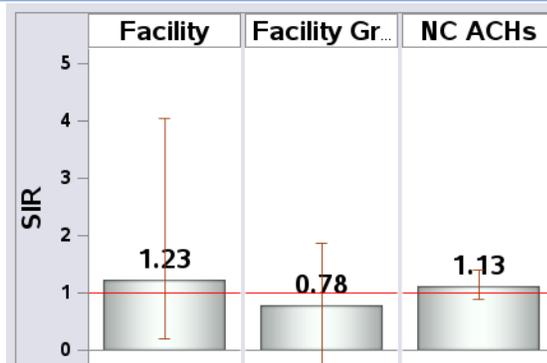


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	6.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

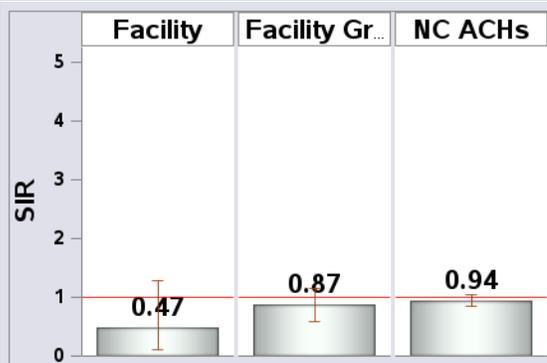


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	705
Patient Days in 2023:	1,896
Total Number of Beds:	8
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	2.50

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

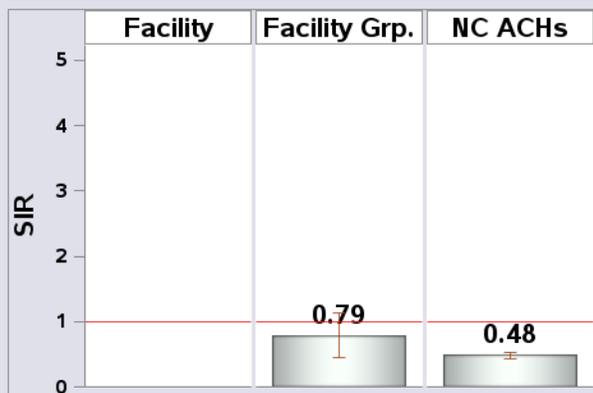


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

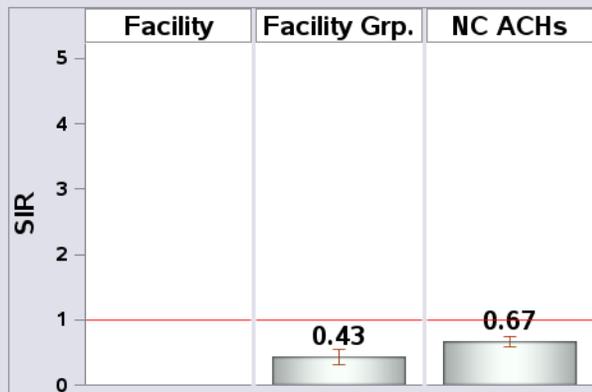


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

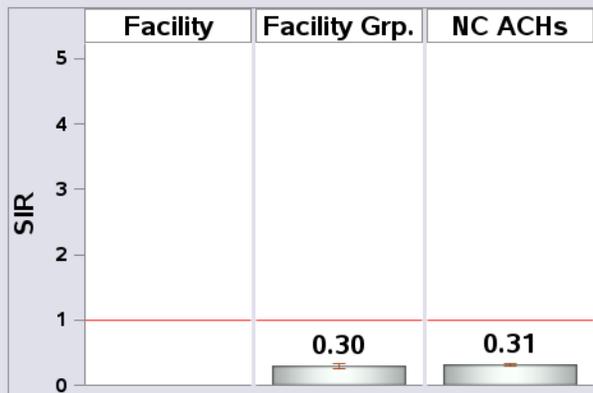


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

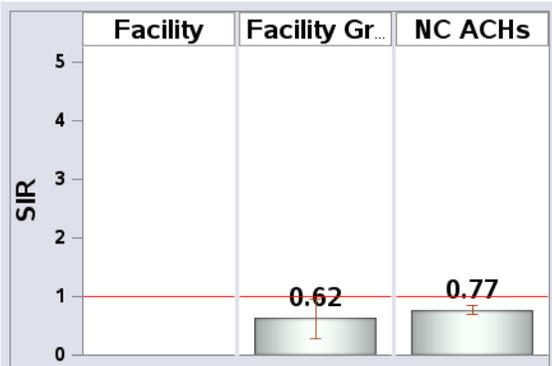


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Firsthealth Moore Regional Hospital - Richmond Campus, Rockingham, Richmond County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	2,350
Patient Days in 2023:	7,096
Total Number of Beds:	79
Number of ICU Beds:	12
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.63

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

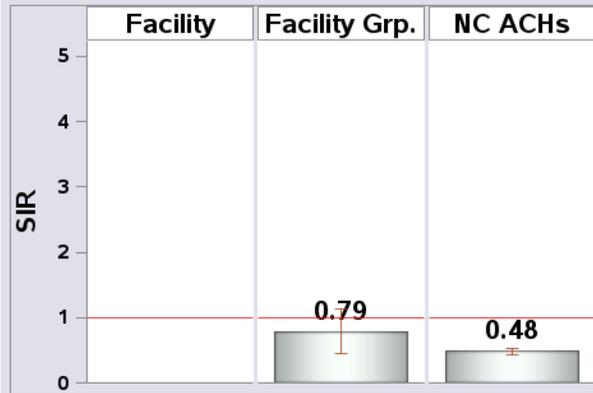


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

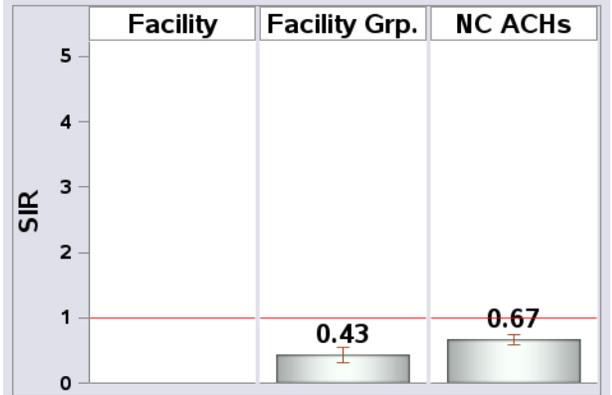


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	5.0	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

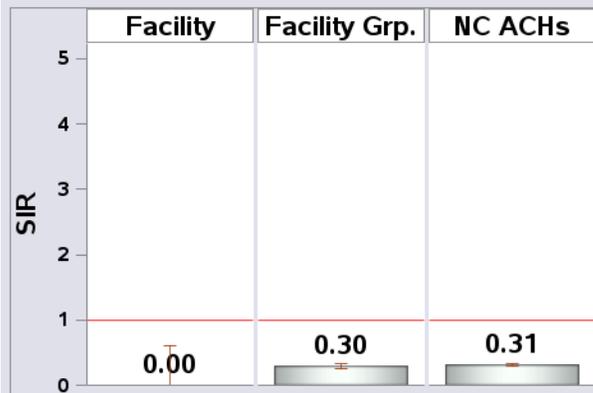


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Firsthealth Moore Regional Hospital - Richmond Campus, Rockingham, Richmond County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

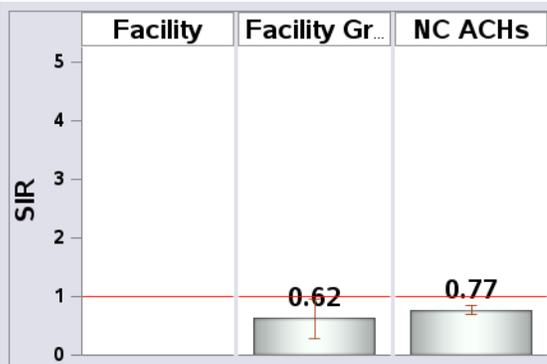


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

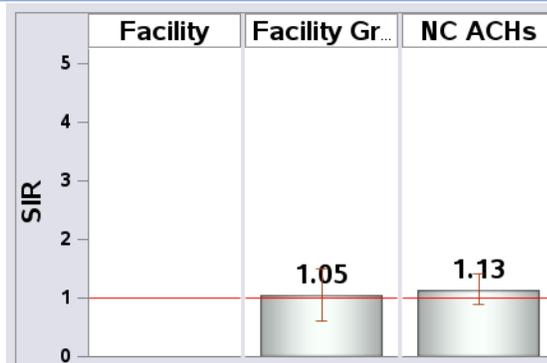


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

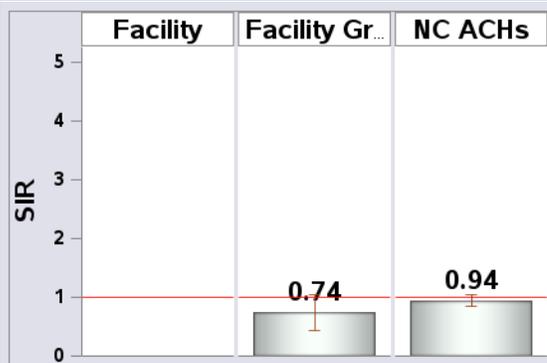


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Frye Regional Medical Center, Hickory, Catawba County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	8,598
Patient Days in 2023:	40,673
Total Number of Beds:	190
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.79

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

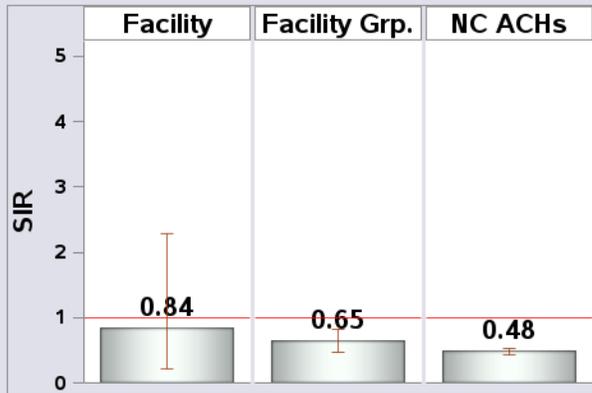


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.2	Same
Adult/Ped Wards	2	1.4	Same
All reporting units	3	3.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Frye Regional Medical Center, Hickory, Catawba County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.8	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	2	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

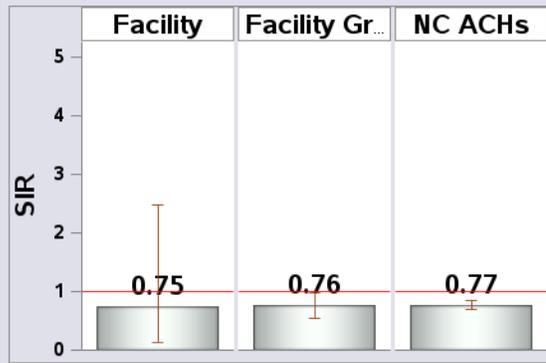


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

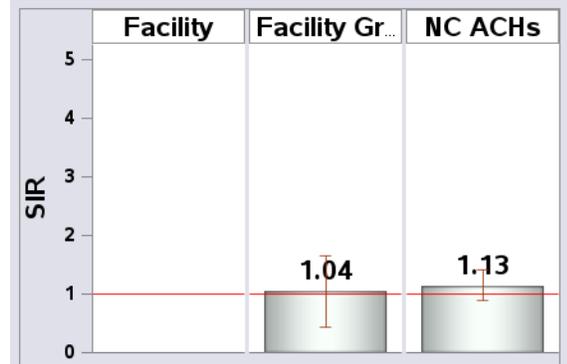


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

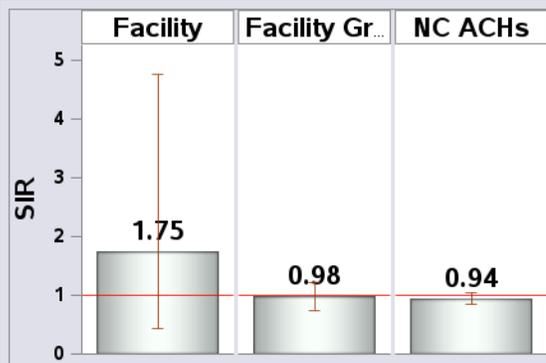


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Gaston Memorial Hospital, Gastonia, Gaston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	24,362
Patient Days in 2023:	133,516
Total Number of Beds:	445
Number of ICU Beds:	68
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.22

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

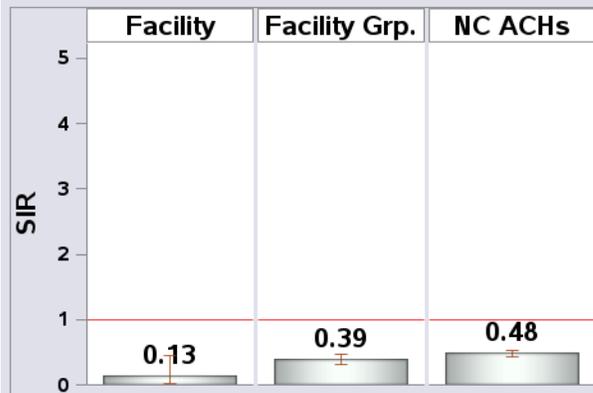


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	9.5	Better
Adult/Ped Wards	1	5.4	Better
All reporting units	2	15	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	8.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

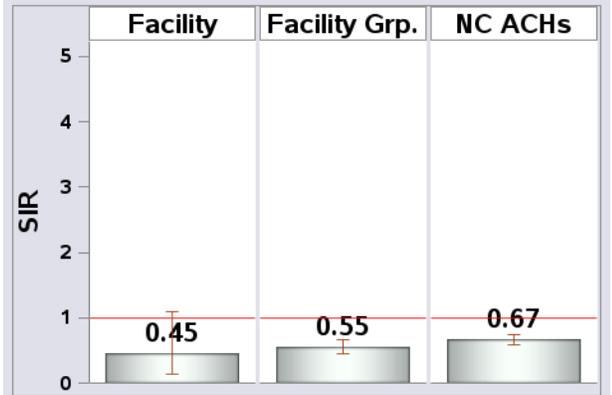


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	14	115	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

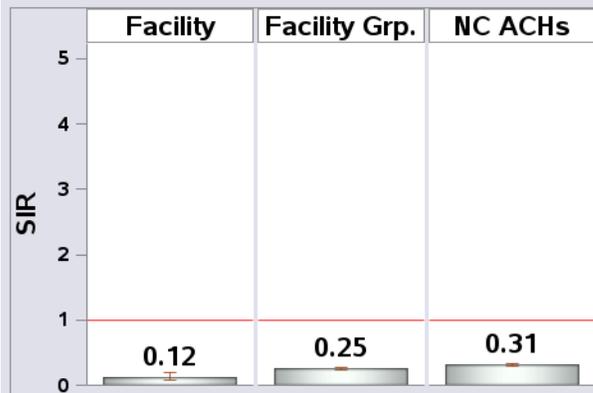


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Gaston Memorial Hospital, Gastonia, Gaston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	6.6	Better
Adult/Ped Wards	2	3.1	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	2	9.9	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

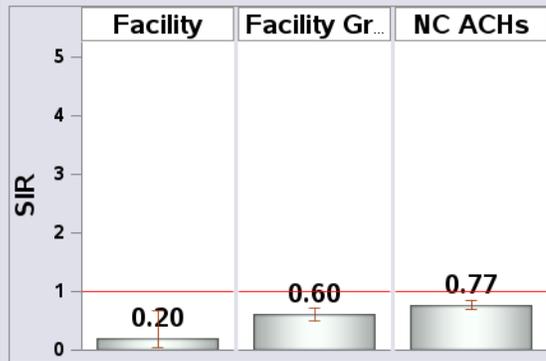


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

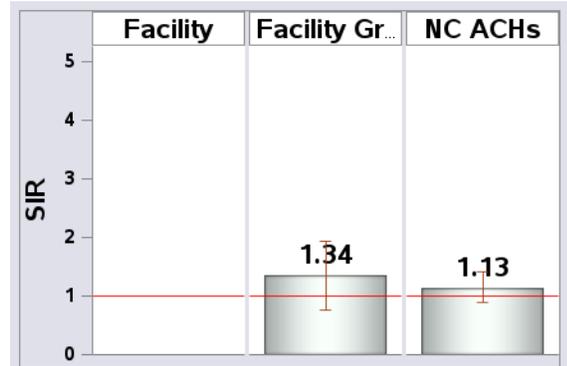


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	8.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

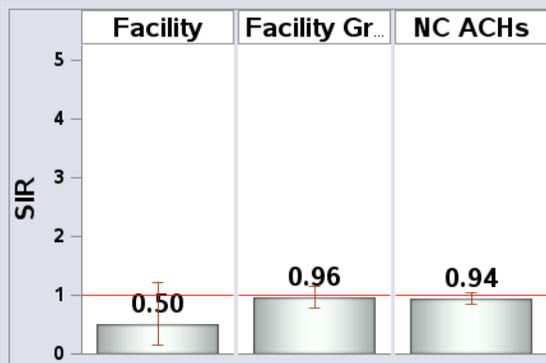


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Granville Medical Center, Oxford, Granville County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	2,912
Patient Days in 2023:	8,341
Total Number of Beds:	62
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	1.21

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

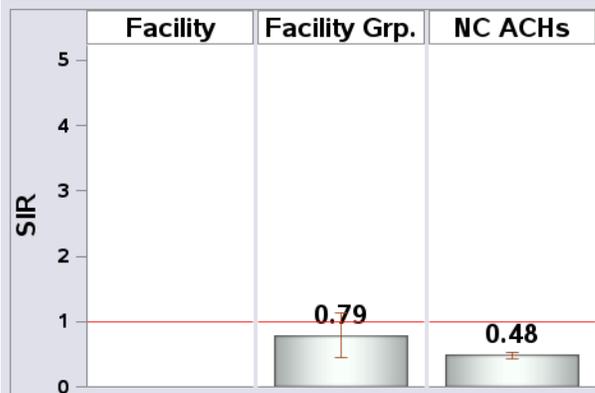


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

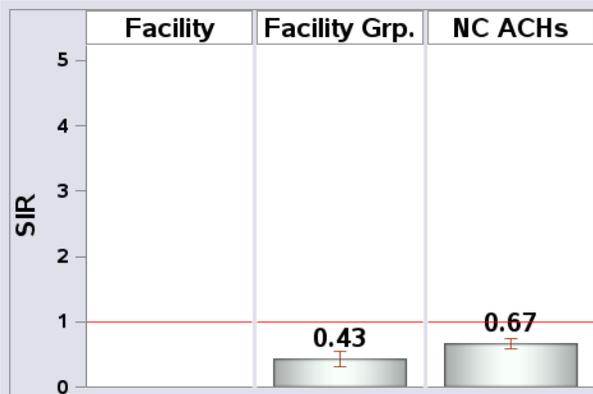


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	4.0	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

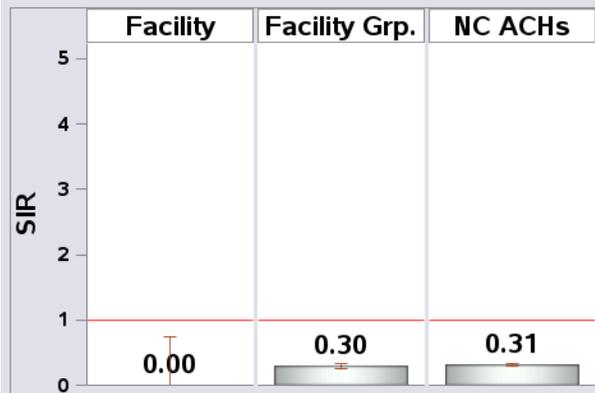


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Granville Medical Center, Oxford, Granville County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

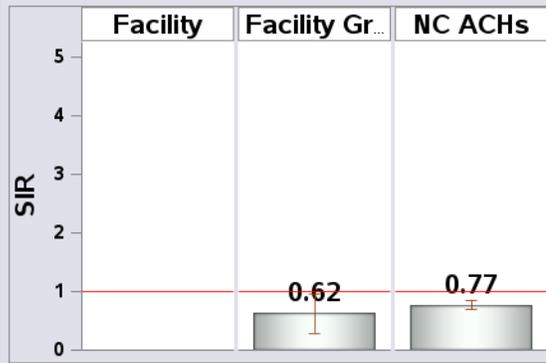


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

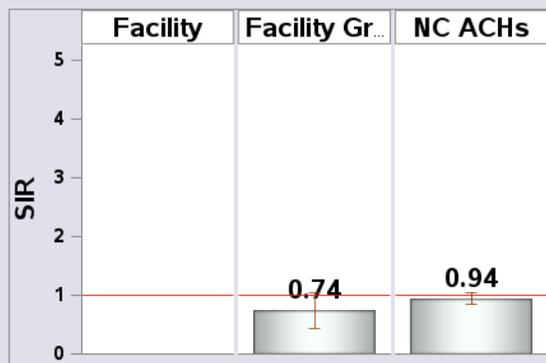


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Haywood Regional Medical Center, Clyde, Haywood County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	5,592
Patient Days in 2023:	25,725
Total Number of Beds:	117
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.85

(*FTE = Full-time equivalent)



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

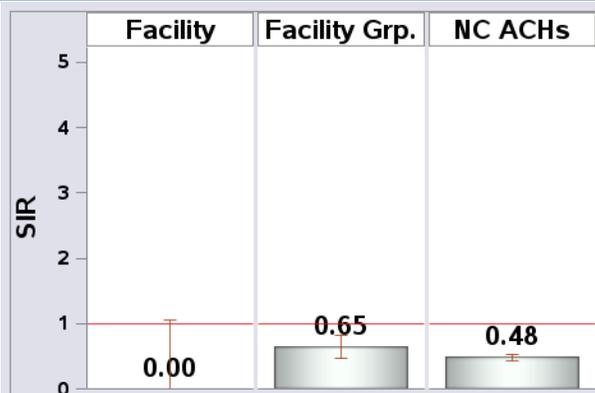


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.3	Same
Adult/Ped Wards	0	1.6	Same
All reporting units	0	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

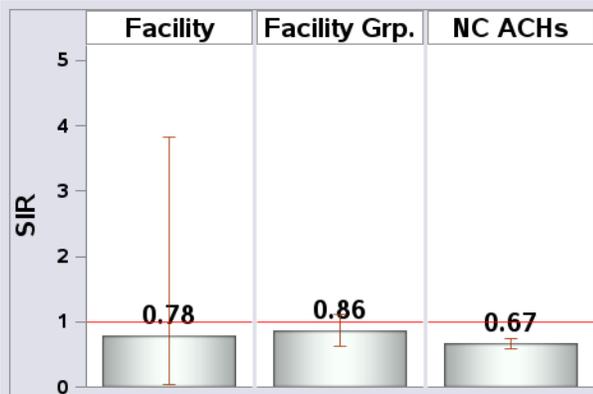


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	8.7	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

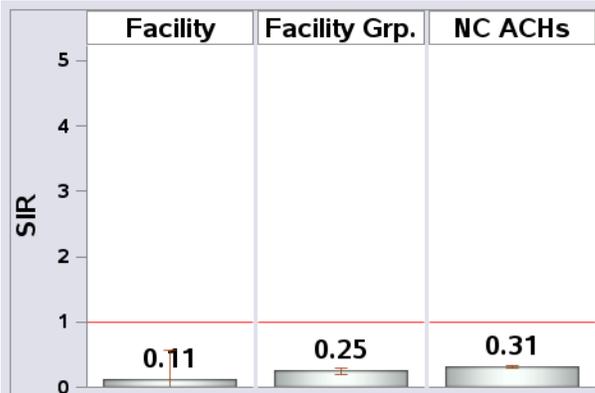


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Haywood Regional Medical Center, Clyde, Haywood County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

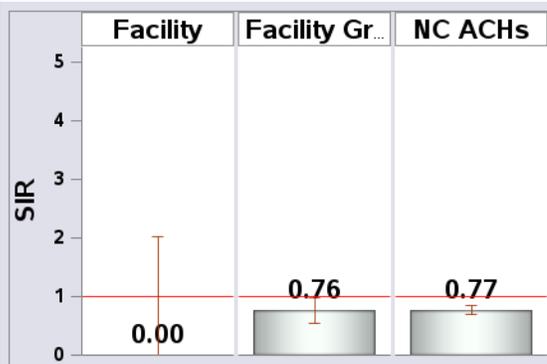


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

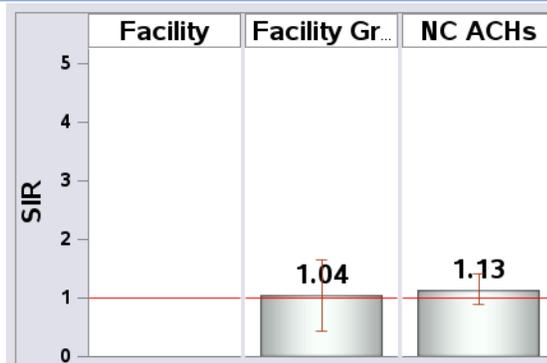


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

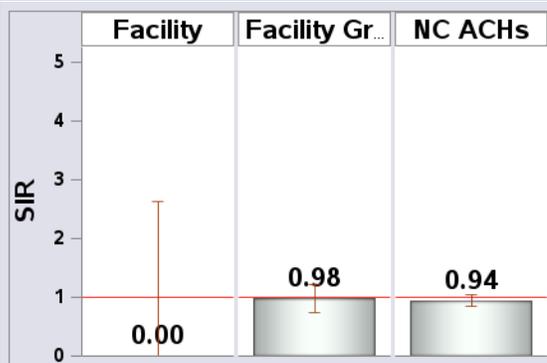


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
High Point Regional Health System, High Point, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	18,915
Patient Days in 2023:	70,583
Total Number of Beds:	299
Number of ICU Beds:	28
FTE* Infection Preventionists:	2.50
Number of FTEs* per 100 beds:	0.84

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

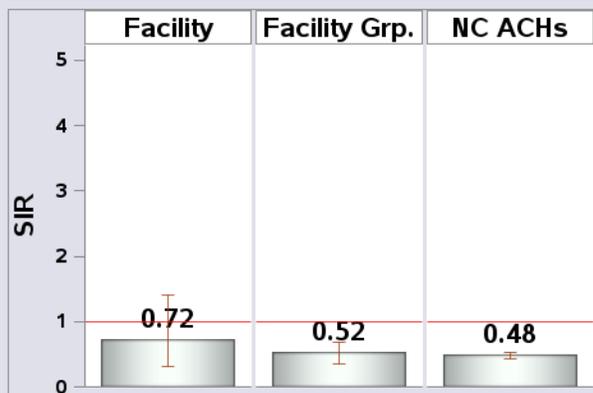


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	5.4	Same
Adult/Ped Wards	3	4.3	Same
All reporting units	7	9.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
High Point Regional Health System, High Point, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	3.1	Same
Adult/Ped Wards	1	4.0	Same
All reporting units	6	7.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

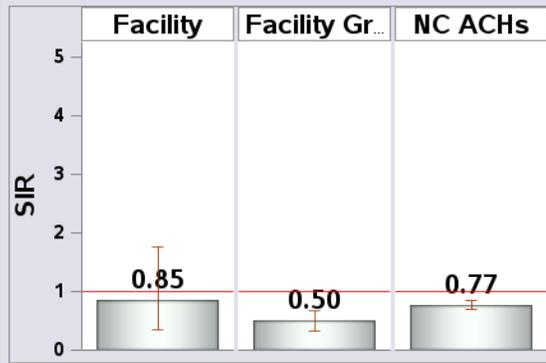


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

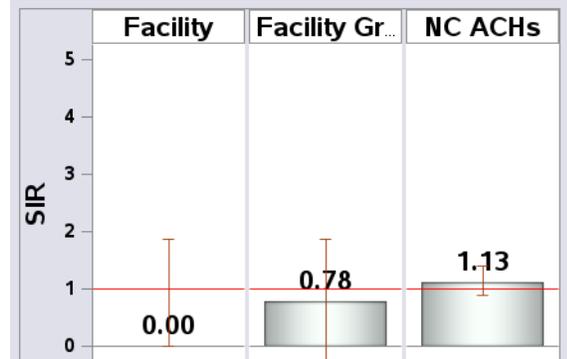


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	4.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

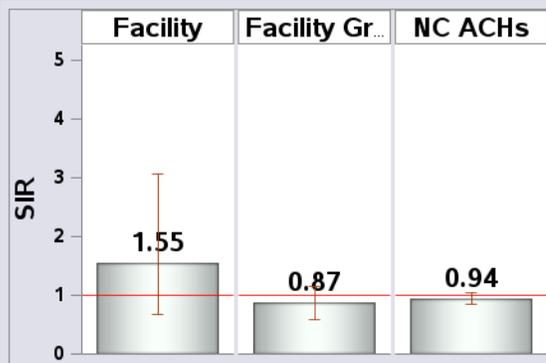


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 273
 Patient Days in 2023: 14,560
 Total Number of Beds: 66
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

*FTE = Full-time equivalent



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

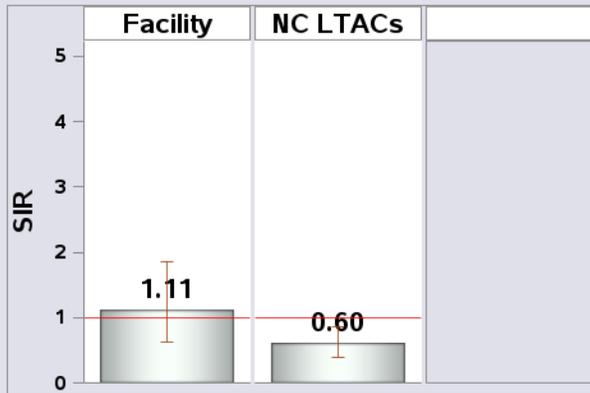


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	4	3.1	Same
Reporting Wards	9	8.6	Same
All reporting units	13	12	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

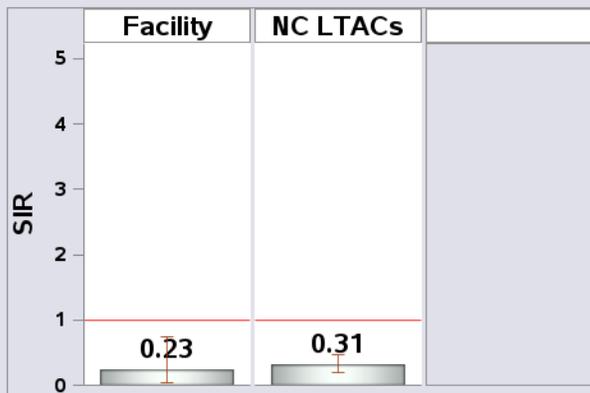


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	8.8	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	0	2.5	Same
Reporting Wards	4	11	Better
All reporting units	4	13	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

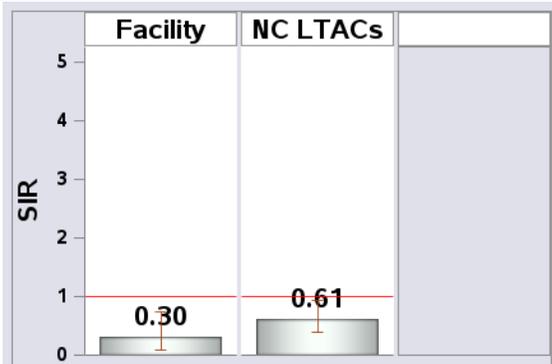


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Hugh Chatham Memorial Hospital, Elkin, Surry County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	10,251
Patient Days in 2023:	14,210
Total Number of Beds:	81
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.88
Number of FTEs* per 100 beds:	1.08

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

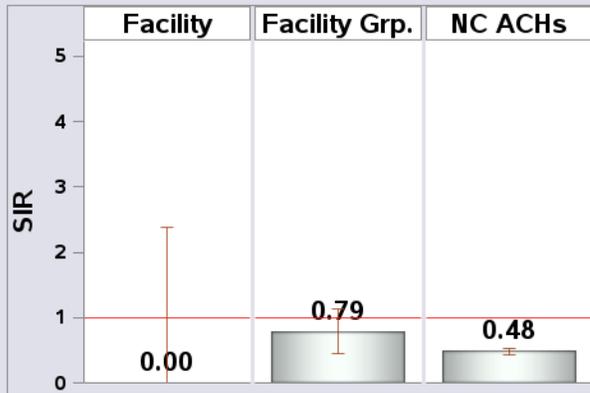


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

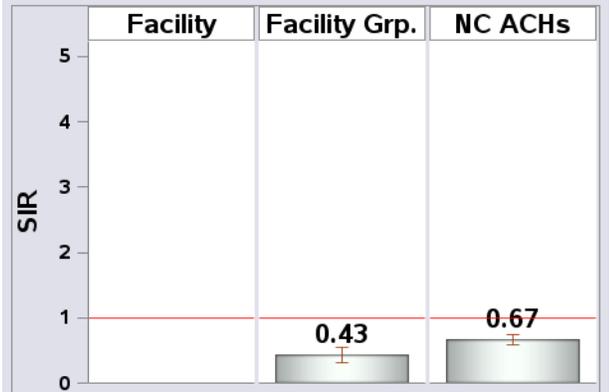


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	7.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

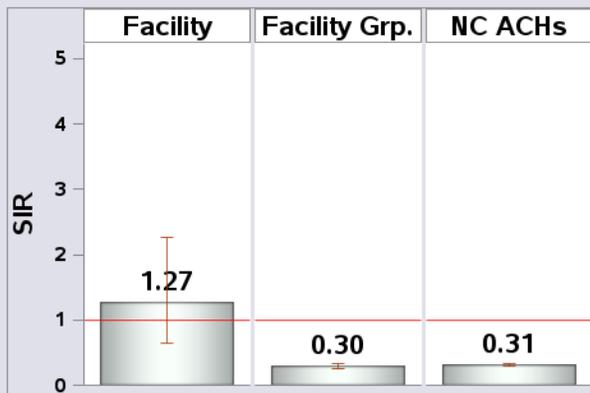


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Hugh Chatham Memorial Hospital, Elkin, Surry County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

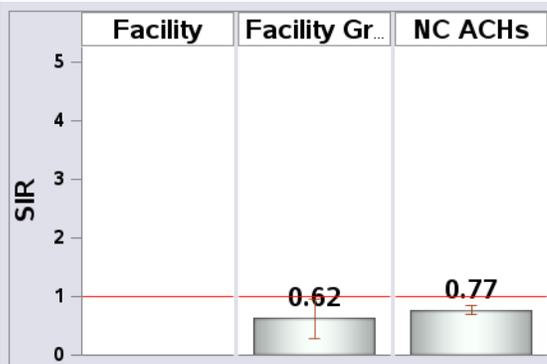


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

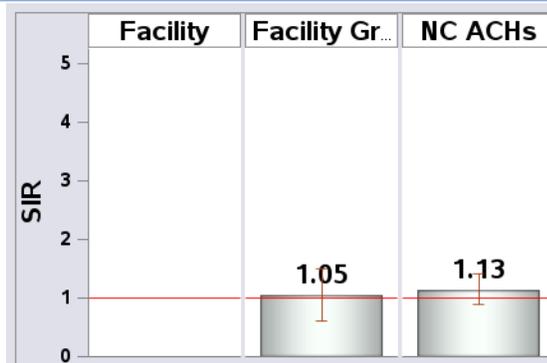


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

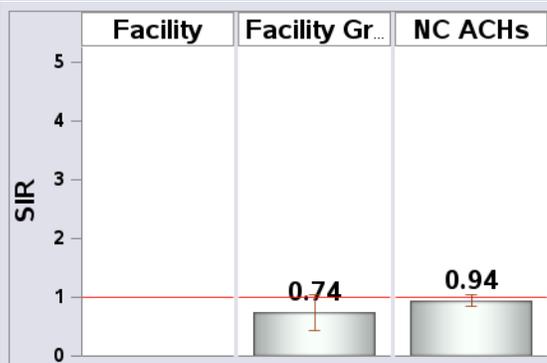


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Iredell Davis Behavioral Health, Statesville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	
Medical Affiliation:	Undergraduate
Admissions in 2023:	1,381
Patient Days in 2023:	13,104
Total Number of Beds:	42
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.38

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

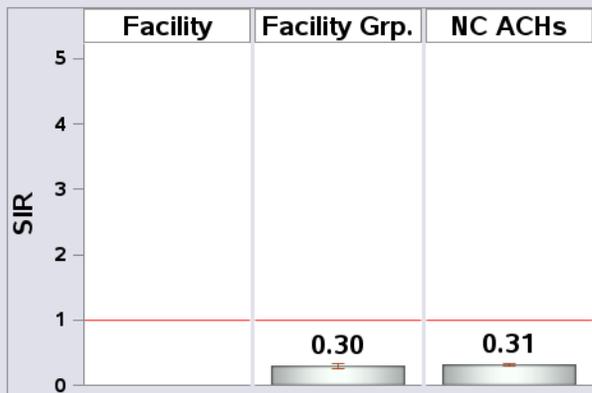


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Iredell Davis Behavioral Health, Statesville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Iredell Memorial Hospital, Statesville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	11,706
Patient Days in 2023:	41,547
Total Number of Beds:	199
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.50

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

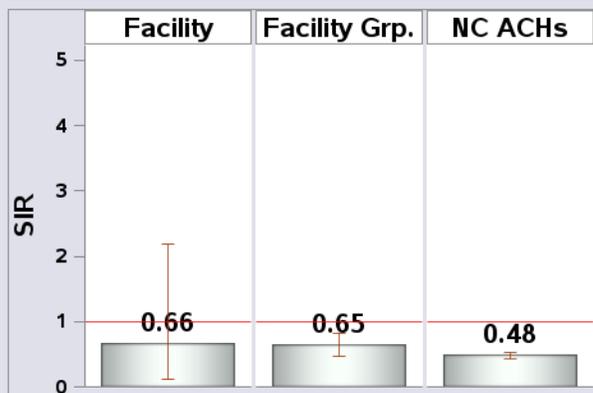


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.6	Same
Adult/Ped Wards	0	1.5	Same
All reporting units	2	3.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

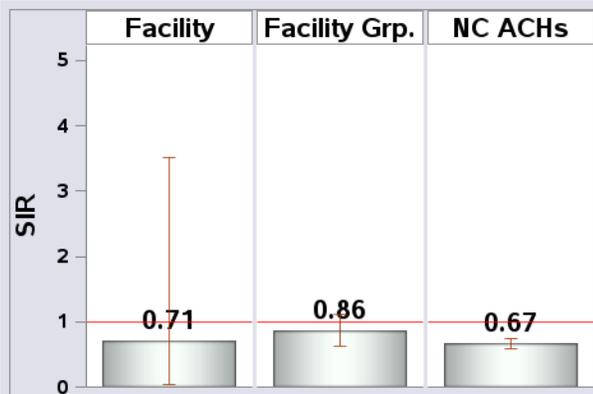


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	22	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

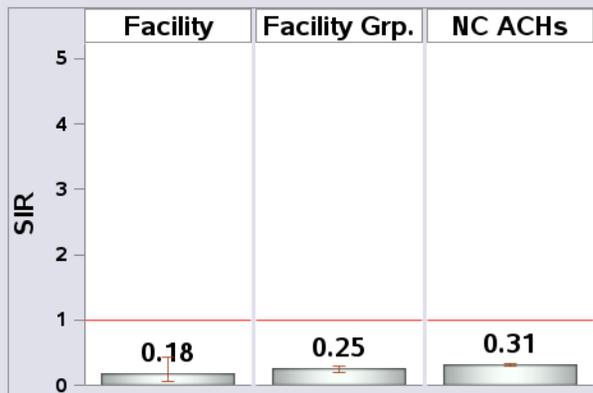


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Iredell Memorial Hospital, Statesville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

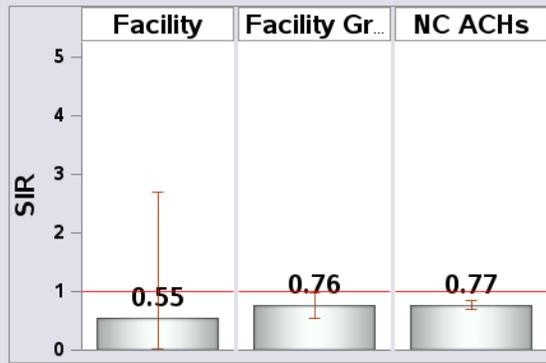


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

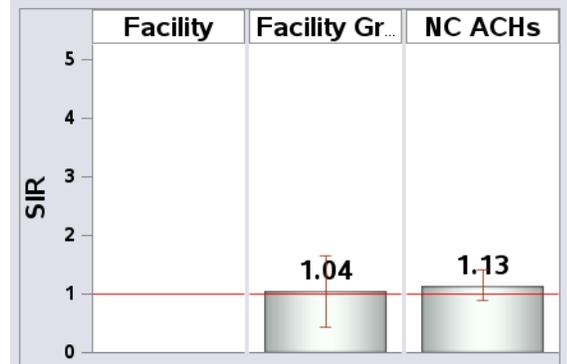


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

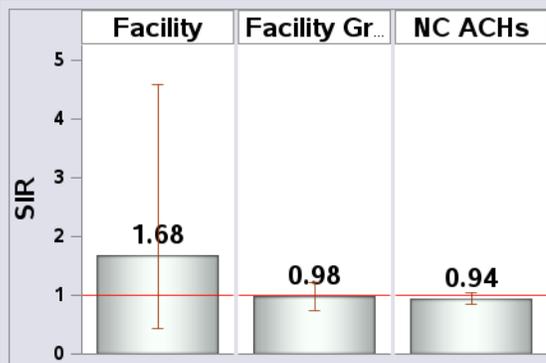


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Johnston Health, Smithfield, Johnston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	8,467
Patient Days in 2023:	44,951
Total Number of Beds:	165
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.91

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

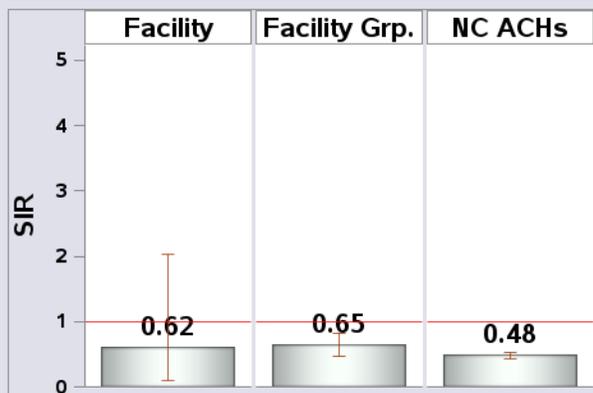


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.5	Same
Adult/Ped Wards	1	1.8	Same
All reporting units	2	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

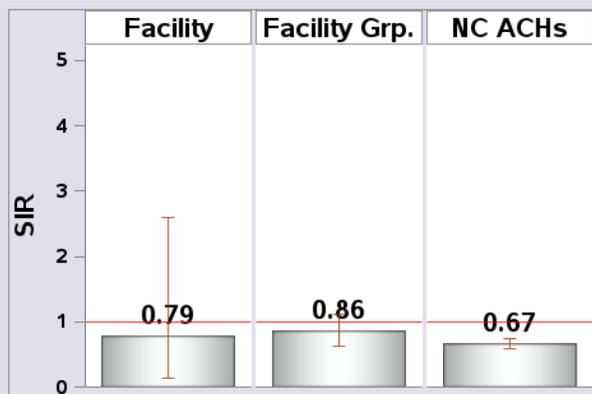


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	20	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

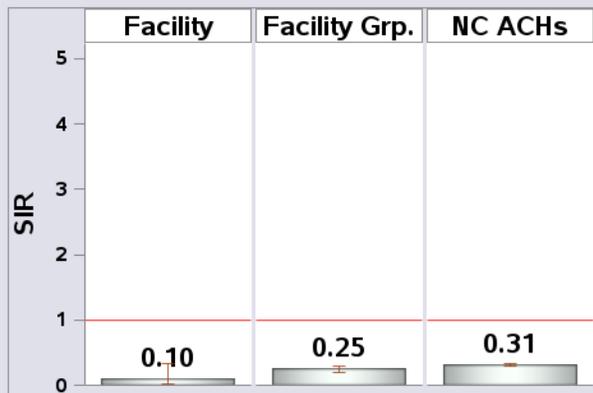


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Johnston Health, Smithfield, Johnston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

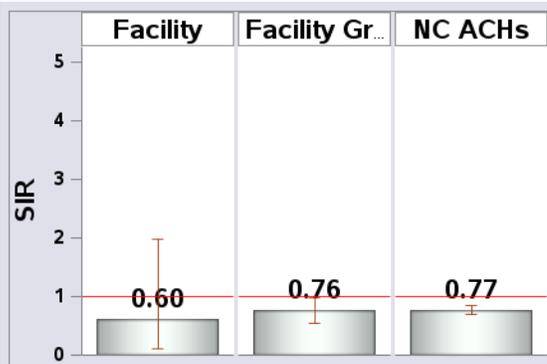


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.2	Same
Adult/Ped Wards	0	2.1	Same
All reporting units	2	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

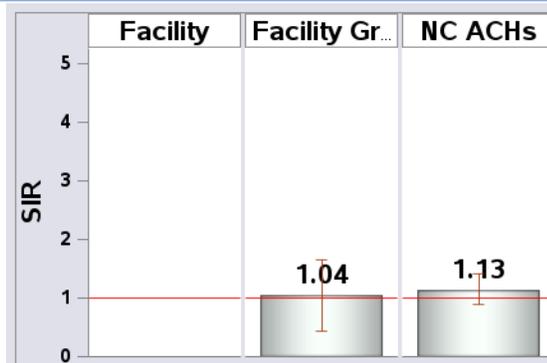


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

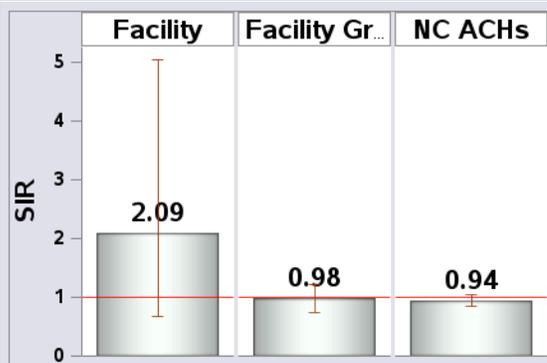


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Johnston Health Clayton, Clayton, Johnston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	4,959
Patient Days in 2023:	15,543
Total Number of Beds:	50
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.00

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

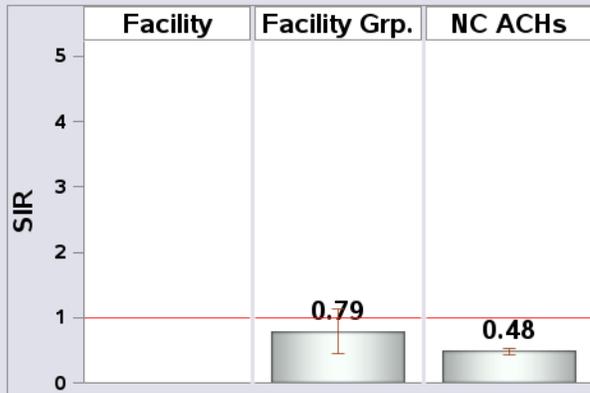


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

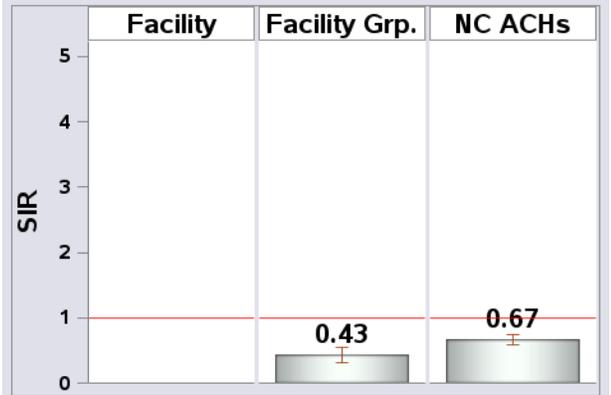


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	3.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

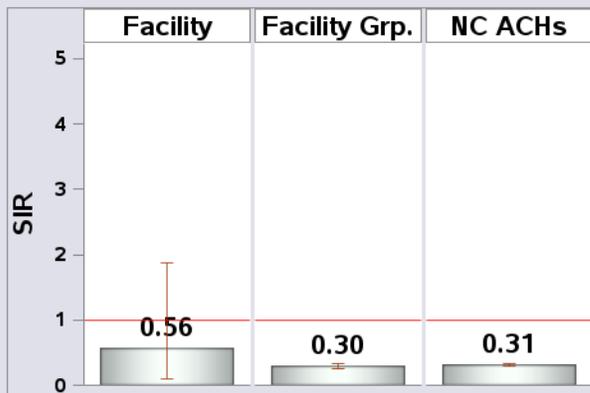


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Johnston Health Clayton, Clayton, Johnston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

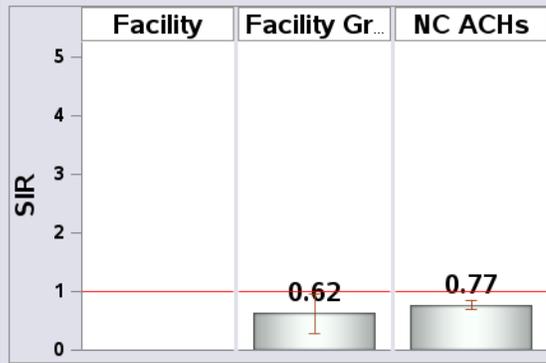


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

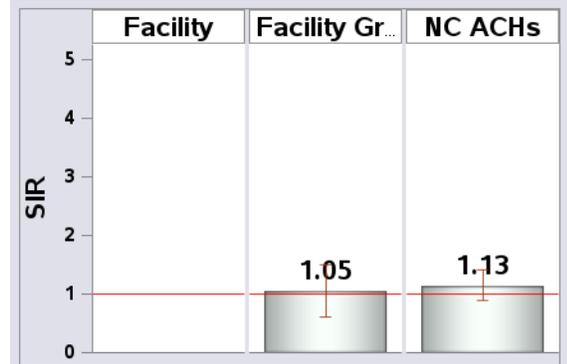


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

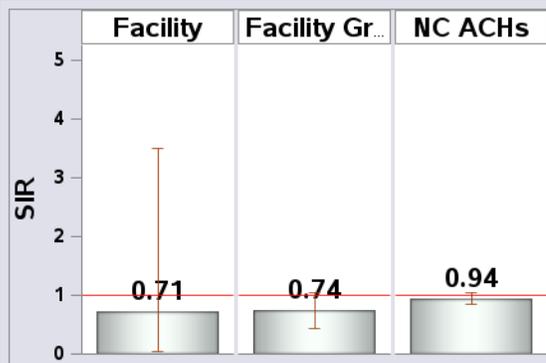


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Kindred Hospital-Greensboro, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 265
 Patient Days in 2023: 15,008
 Total Number of Beds: 101
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

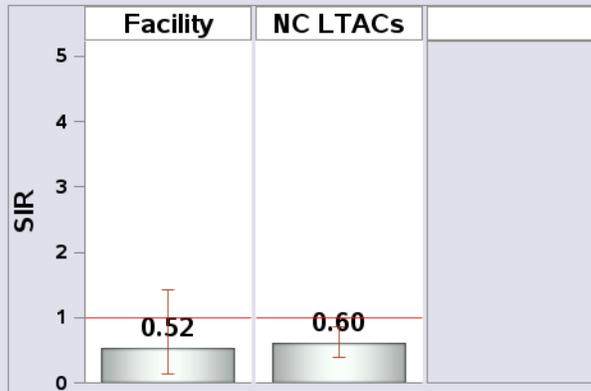


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	3	5.7	Same
All reporting units	3	5.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

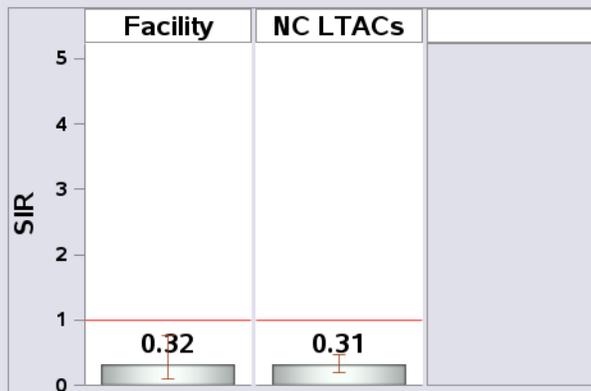


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	13	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Kindred Hospital-Greensboro, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

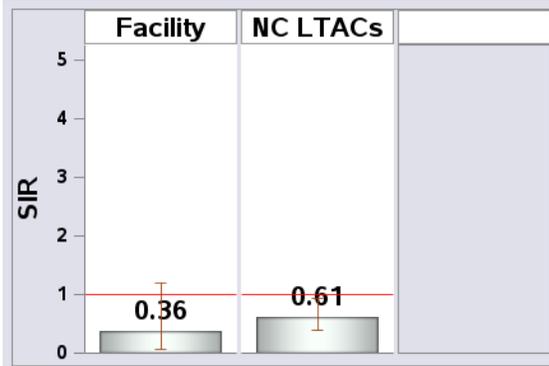


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	2	5.5	Same
All reporting units	2	5.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Kings Mountain Hospital, Kings Mountain, Cleveland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	2,160
Patient Days in 2023:	15,510
Total Number of Beds:	67
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	0.30

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

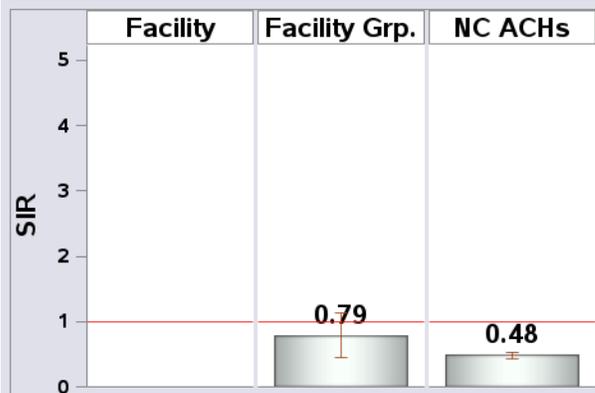


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

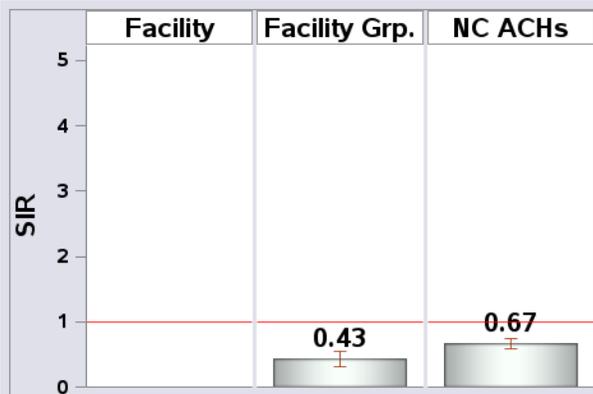


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

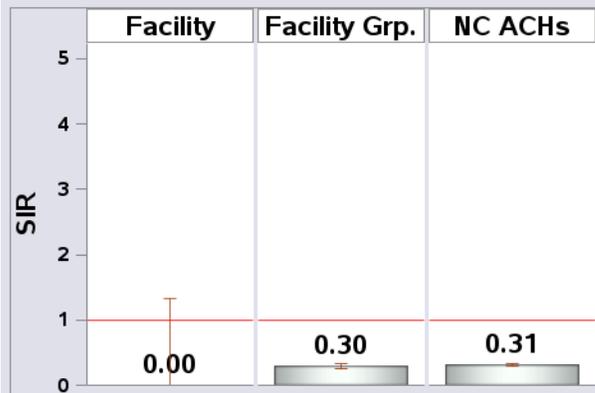


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Kings Mountain Hospital, Kings Mountain, Cleveland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

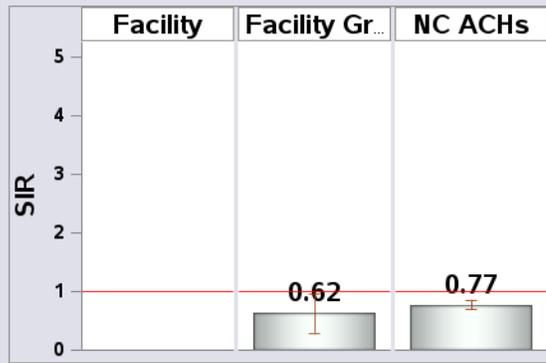


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Lake Norman Regional Medical Center, Mooresville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	4,039
Patient Days in 2023:	13,428
Total Number of Beds:	123
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.20
Number of FTEs* per 100 beds:	0.98

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

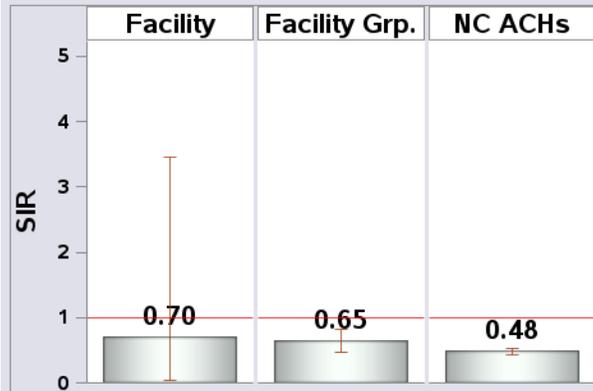


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

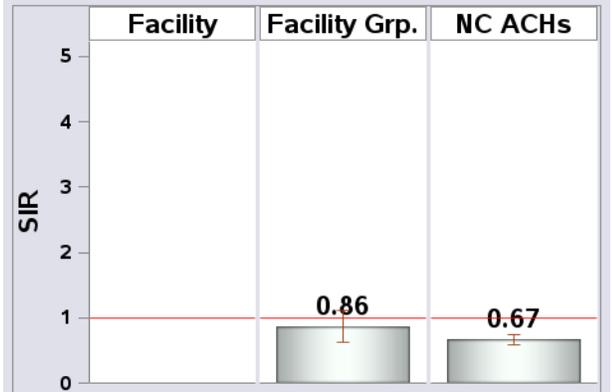


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	7.1	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

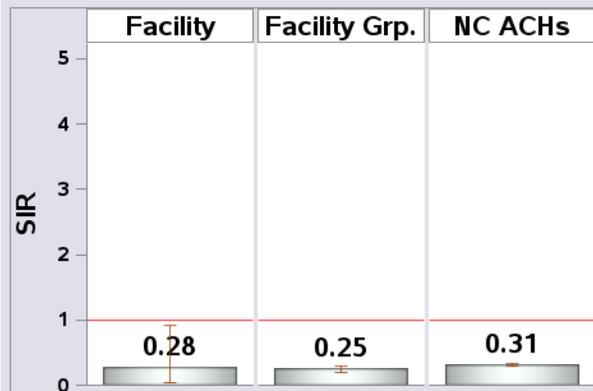


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Lake Norman Regional Medical Center, Mooresville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

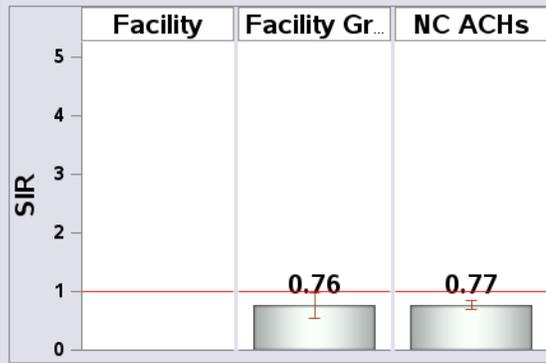


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

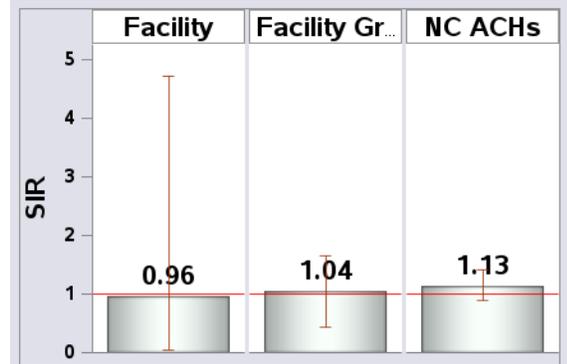


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

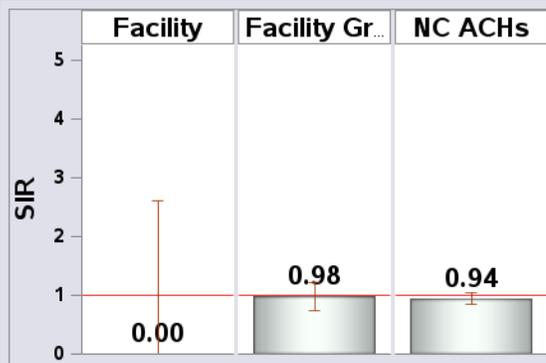


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report Data from January 1 - December 31, 2024

Lenoir Memorial Hospital, Kinston, Lenoir County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	5,035
Patient Days in 2023:	28,541
Total Number of Beds:	102
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.98

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

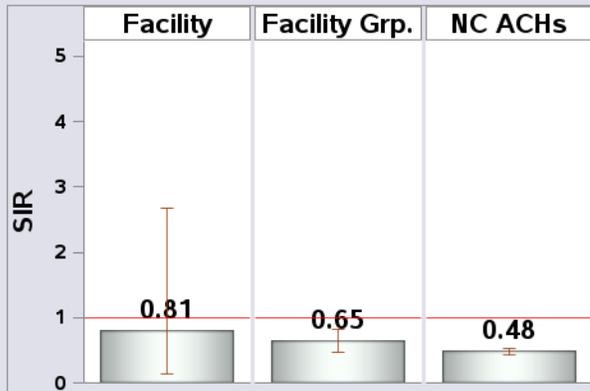


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	1.7	Same
All reporting units	2	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Lenoir Memorial Hospital, Kinston, Lenoir County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.8	Same
All reporting units	0	2.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

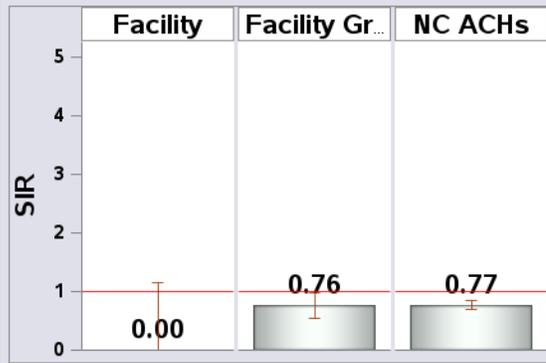


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

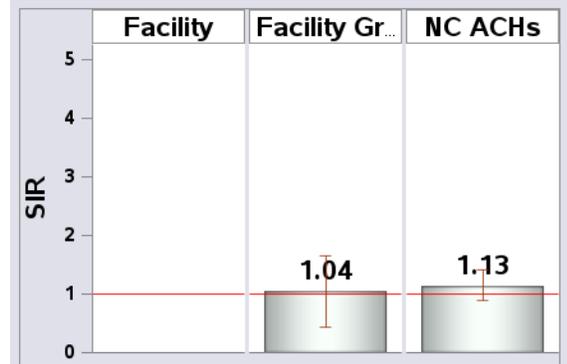


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

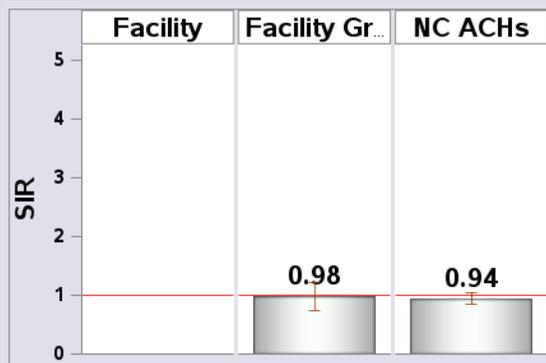


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

NOTE: PROCEDURE PRINTTO used (Total process time):
real time 0.06 seconds
cpu time 0.00 seconds

```
3601!          /* Modified by SAS */
3602
3603 ods _all_ close; /* Modified by SAS */
3604 ods listing; /* Modified by SAS */
3605
3606
3607 filename reports email
3608     from="nchai@dhhs.nc.gov"
3609     replyto='nchai@dhhs.nc.gov'
3610     cc=''
3611     bcc=''
3612     subject='';
3613
3614 data _null_;
3615     file reports;
3616     set EmailList;
3617
3618     ** check if file exists;
3619     fileToAttach = cats("&pdf_output_dir\", pdfName,
3620         "_&cal_yr.&qtr..pdf");
3621     if (fileExist(fileToAttach)) then do;
3622
3623         delim = ';';
3624         modif = 'mo';
3625         numEmails = countw(Emails, delim, modif);
3626         do i = 1 to numEmails;
3627
3628             emailAddress = scan(Emails, i, delim, modif);
3629
3630             /* testing */
3631             **emailAddress = 'bruce.nawrocki@dhhs.nc.gov';
3632
3633             ** Email Body **;
3634
3635             put "Dear Partners,";
3636             put " ";
3637             put "Please find the latest attached facility-specific
3638! quarterly summary report by
3639! the N.C. Division of Public Health. These quarterly reports provide
3640! year-to-date HAI data
3641! for each hospital and are for surveillance and prevention purposes
3642! only.";
3643             put " ";
3644             put "As a reminder, quarterly reports are cumulative.
3645! These reports include data
3646! from January 1, 2024 through December 31, 2024."; /*Update time
3647! period specific to reports
3648! generated*/
```

```

3639          /*put "Please refer to the FAQ sent earlier for questions
regarding these reports
3639! or how to submit a comment."; */
3640          /*put "Facilities will have until COB on Friday, May 20 to
submit a comment to be
3640! published with these reports."; */ /*REVISED APRIL 2025 - COMMENTED
OUT DEADLINE FOR
3640! QUARTERLY REPORT*/
3641          put " ";
3642          put "Please do not hesitate to reach out to
nchai@dhhs.nc.gov for questions and
3642! concerns regarding the report.";
3643          put " ";
3644          put "Thank you,";
3645          put " ";
3646          put "The Surveillance for Healthcare-Associated Infections
and Resistant Pathogens
3646! Patient Safety (SHARPPS) team";
3647          put " ";
3648          put "Communicable Disease Branch, Division of Public
Health";
3649          put " ";
3650          put "North Carolina Department of Health and Human
Services";
3651
3652          ** Email Attributes **UPDATE everytime this is run;
3653
3654          put "!EM_TO! " emailAddress;
3655          put "!EM_SUBJECT! NC HAI Facility Specific Quarterly
Report - " HospName +(-1) ",
3655! January-December 2024"; /*Update time period*/
3656          put "!EM_ATTACH! " fileToAttach;
3657          put "!EM_SEND!";
3658
3659          slept = sleep(6); ** Wait XX seconds before sending next
email;
3660
3661          put "!EM_NEWSMSG!";
3662          end;
3663          put "!EM_ABORT!";
3664          end;
3665          else do;
3666          putlog "Error: file " fileToAttach " not found.";
3667          end;
3668          run;

```

NOTE: The file REPORTS is:
E-Mail Access Device

Message sent

```

To:          'Shelley.Kester@atriumhealth.org'
Cc:          ''
Bcc:         ''

```

Subject: NC HAI Facility Specific Quarterly Report - Carolinas
Medical Center-Main,
January-December 2024

Attachments: "T:\HAI\NHSN\Surveillance reports\Quarterly
Reports\2024\11Mar\Mar11_quarterly\Carolinas_Medical_Center_2024Q4.pdf"
Message sent

To: 'artia.farrington@atriumhealth.org'
Cc: ''
Bcc: ''

Subject: NC HAI Facility Specific Quarterly Report - Carolinas
Medical Center-Main,
January-December 2024

Attachments: "T:\HAI\NHSN\Surveillance reports\Quarterly
Reports\2024\11Mar\Mar11_quarterly\Carolinas_Medical_Center_2024Q4.pdf"
Message sent

To: 'Jessica.Layell@atriumhealth.org'
Cc: ''
Bcc: ''

Subject: NC HAI Facility Specific Quarterly Report - Carolinas
Medical Center-Main,
January-December 2024

Attachments: "T:\HAI\NHSN\Surveillance reports\Quarterly
Reports\2024\11Mar\Mar11_quarterly\Carolinas_Medical_Center_2024Q4.pdf"
Message sent

To: 'nchai@dhhs.nc.gov'
Cc: ''
Bcc: ''

Subject: NC HAI Facility Specific Quarterly Report - Carolinas
Medical Center-Main,
January-December 2024

Attachments: "T:\HAI\NHSN\Surveillance reports\Quarterly
Reports\2024\11Mar\Mar11_quarterly\Carolinas_Medical_Center_2024Q4.pdf"
Message sent

To: 'Shelley.Kester@atriumhealth.org'
Cc: ''
Bcc: ''

Subject: NC HAI Facility Specific Quarterly Report - Carolinas
Medical Center-Main,
January-December 2024

Attachments: "T:\HAI\NHSN\Surveillance reports\Quarterly
Reports\2024\11Mar\Mar11_quarterly\Carolinas_Medical_Center_2024Q4.pdf"
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Bcc: ''

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Medical Center-Main,
January-December 2024

Attachments: "T:\HAI\NHSN\Surveillance reports\Quarterly
Reports\2024\11Mar\Mar11_quarterly\Carolinas_Medical_Center_2024Q4.pdf"
Message sent

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Medical Center-Main,
January-December 2024

Attachments: "T:\HAI\NHSN\Surveillance reports\Quarterly
Reports\2024\11Mar\Mar11_quarterly\Carolinas_Medical_Center_2024Q4.pdf"
Message sent

To: 'nchai@dhhs.nc.gov'
Cc: ''
Bcc: ''

Subject: NC HAI Facility Specific Quarterly Report - Carolinas
Medical Center-Main,
January-December 2024

Attachments: "T:\HAI\NHSN\Surveillance reports\Quarterly
Reports\2024\11Mar\Mar11_quarterly\Carolinas_Medical_Center_2024Q4.pdf"
Message sent

To: 'kendall.stacey@hcahealthcare.com'
Cc: ''
Bcc: ''

Subject: NC HAI Facility Specific Quarterly Report - Mission
Hospital,
January-December 2024

Attachments: "T:\HAI\NHSN\Surveillance reports\Quarterly
Reports\2024\11Mar\Mar11_quarterly\Mission_Hospital_2024Q4.pdf"
Message sent

To: 'Sue.Cauthen@HCAHealthcare.com'
Cc: ''
Bcc: ''

Subject: NC HAI Facility Specific Quarterly Report - Mission
Hospital,
January-December 2024

Attachments: "T:\HAI\NHSN\Surveillance reports\Quarterly
Reports\2024\11Mar\Mar11_quarterly\Mission_Hospital_2024Q4.pdf"
Message sent

To: 'jennie.ratcliff@HCAHealthcare.com'
Cc: ''
Bcc: ''

Subject: NC HAI Facility Specific Quarterly Report - Mission
Hospital,
January-December 2024

Attachments: "T:\HAI\NHSN\Surveillance reports\Quarterly
Reports\2024\11Mar\Mar11_quarterly\Mission_Hospital_2024Q4.pdf"

ERROR: Email: The connection was reset by a peer.
FATAL: Unrecoverable I/O error detected in the execution of the DATA step
program.

Aborted during the EXECUTION phase.

NOTE: 243 records were written to the file REPORTS.

The minimum record length was 1.

The maximum record length was 240.

NOTE: The SAS System stopped processing this step because of errors.

NOTE: There were 6 observations read from the data set WORK.EMAILLIST.

NOTE: DATA statement used (Total process time):

real time 1:53.18

cpu time 2.68 seconds

```
3669
3670 proc printto;
3671 run;
```

North Carolina Healthcare-Associated Infections Report Data from January 1 - December 31, 2024

Maria Parham Medical Center, Henderson, Vance County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	5,398
Patient Days in 2023:	31,495
Total Number of Beds:	124
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.81

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

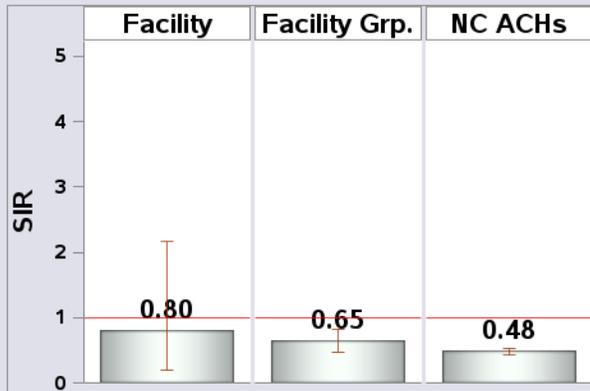


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.5	Same
Adult/Ped Wards	2	2.2	Same
All reporting units	3	3.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report Data from January 1 - December 31, 2024

Maria Parham Medical Center, Henderson, Vance County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.3	Same
Adult/Ped Wards	0	1.1	Same
All reporting units	0	2.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

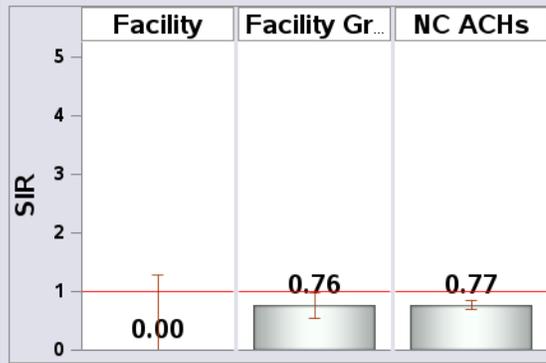


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

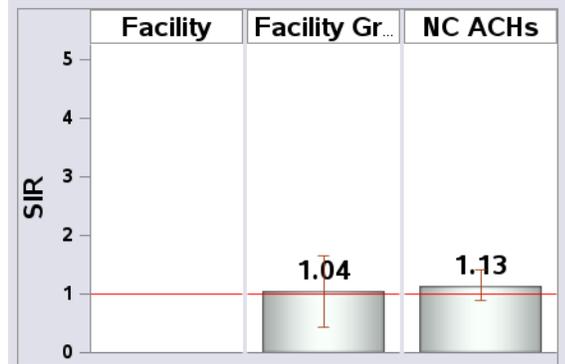


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

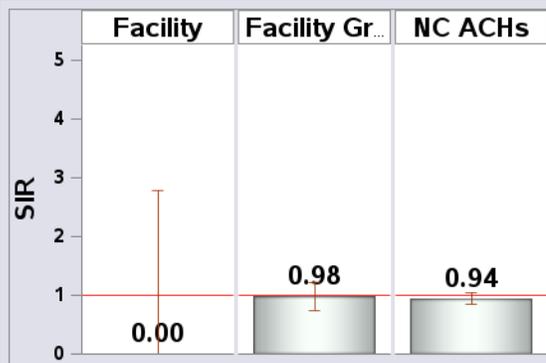


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

McDowell Hospital, Marion, McDowell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	2,888
Patient Days in 2023:	9,013
Total Number of Beds:	30
Number of ICU Beds:	4
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.67

(*FTE = Full-time equivalent)



Commentary From Facility:

Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

Catheter-Associated Urinary Tract Infections (CAUTI)

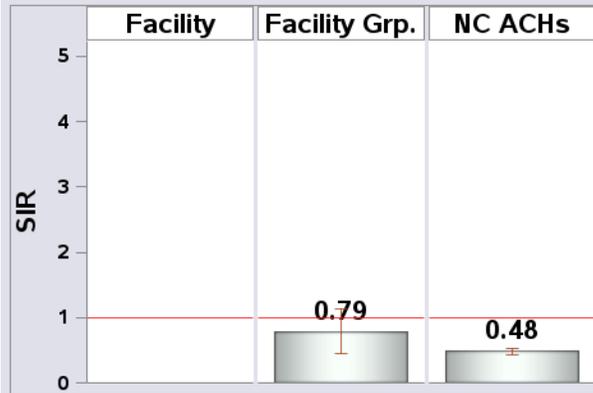


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

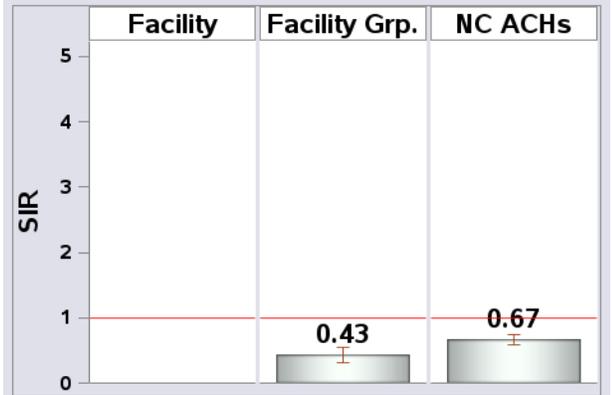


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

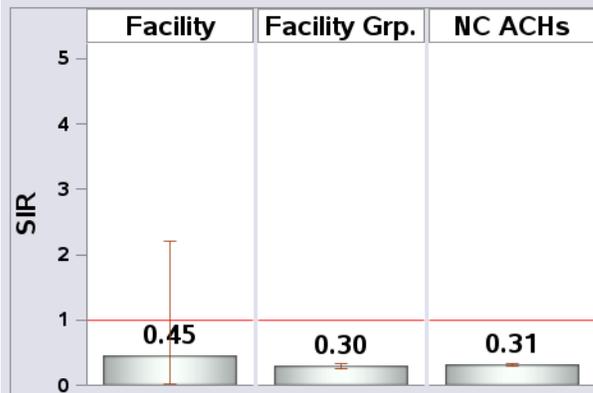


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
McDowell Hospital, Marion, McDowell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

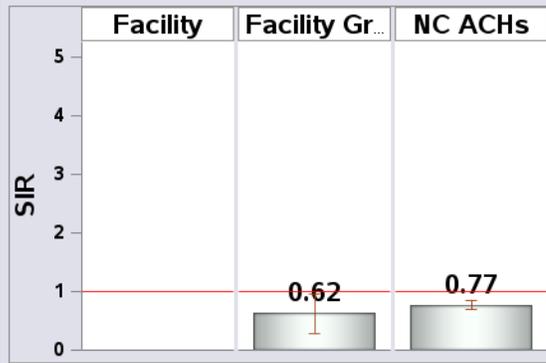


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

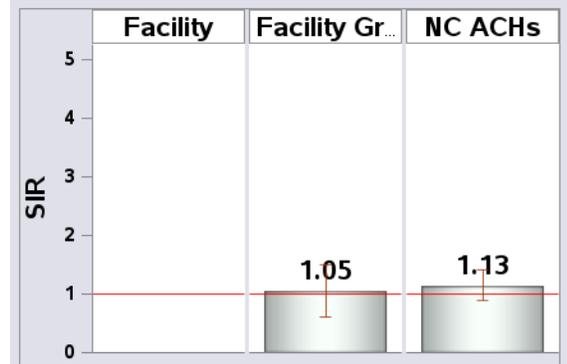


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

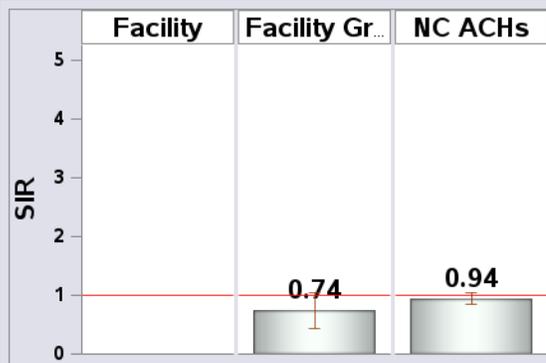


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Mission Hospital, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	54,572
Patient Days in 2023:	262,967
Total Number of Beds:	853
Number of ICU Beds:	151
FTE* Infection Preventionists:	7.50
Number of FTEs* per 100 beds:	0.88

[*FTE = Full-time equivalent]



Commentary From Facility:

Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

Catheter-Associated Urinary Tract Infections (CAUTI)

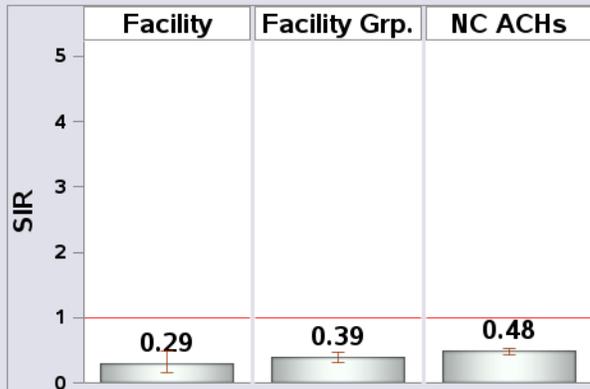


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	8	29	Better
Adult/Ped Wards	4	12	Better
All reporting units	12	41	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	13	19	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

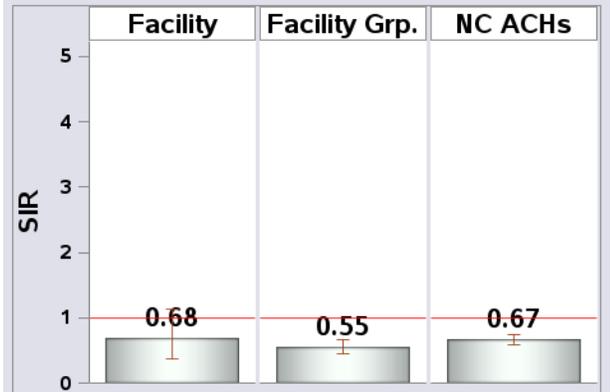


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	46	167	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

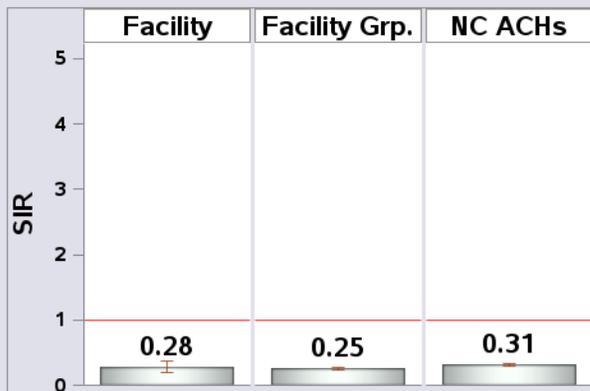


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Mission Hospital, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	13	16	Same
Adult/Ped Wards	9	10	Same
Neonatal Units	1	2.8	Same
All reporting units	23	29	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

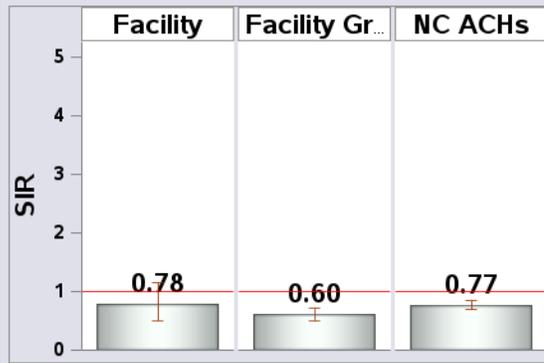


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	4.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

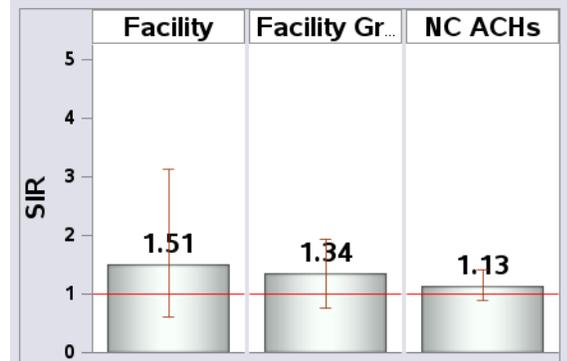


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	13	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

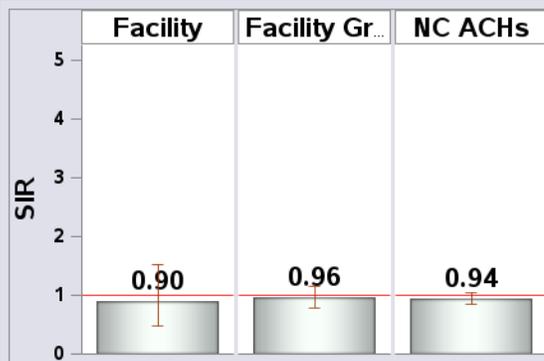


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report Data from January 1 - December 31, 2024

Moses Cone Hospital, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	29,292
Patient Days in 2023:	173,430
Total Number of Beds:	517
Number of ICU Beds:	109
FTE* Infection Preventionists:	3.30
Number of FTEs* per 100 beds:	0.64

[*FTE = Full-time equivalent]



Commentary From Facility:

Cone Health is committed to preventing harm from Healthcare Associated Infections across our community. We have dedicated multi-disciplinary teams focused on process improvements to ensure improved outcomes for our patients. If you would like further information, please contact Cone Health Infection Prevention Department. Thank you.

Catheter-Associated Urinary Tract Infections (CAUTI)

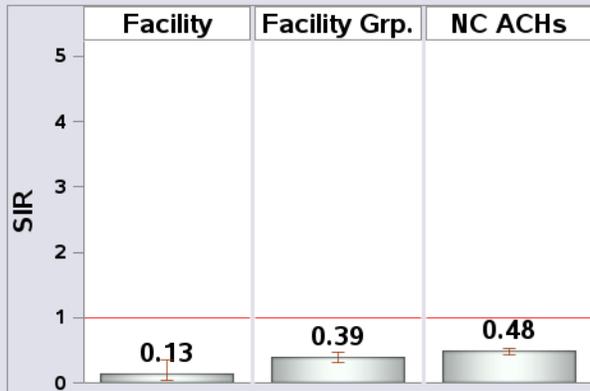


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	17	Better
Adult/Ped Wards	3	5.8	Same
All reporting units	3	23	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Moses Cone Hospital, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	9.1	Better
Adult/Ped Wards	5	6.8	Same
All reporting units	5	16	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

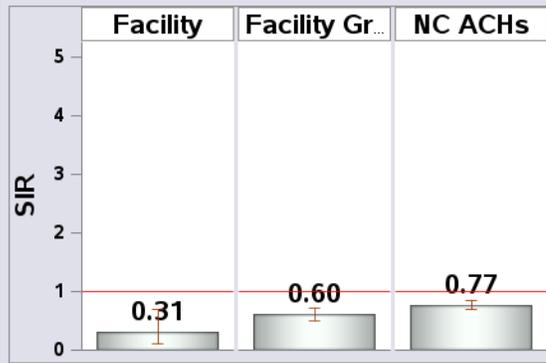


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

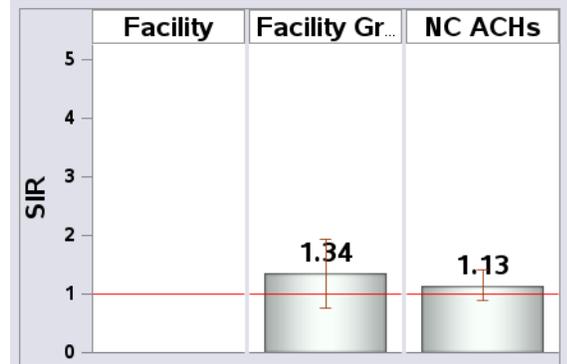


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	4.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

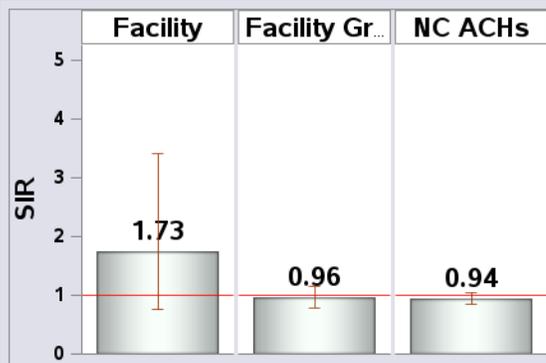


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Nash Health Care Systems, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	12,404
Patient Days in 2023:	51,468
Total Number of Beds:	178
Number of ICU Beds:	16
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	1.69

[*FTE = Full-time equivalent]



Commentary From Facility:

NHCS is actively implementing plans to review and improve processes in the prevention of MRSA bacteremia. NHCS has a Lean project and action plan to further develop on-going strategies to reduce the risks of C. diff transmission

Catheter-Associated Urinary Tract Infections (CAUTI)

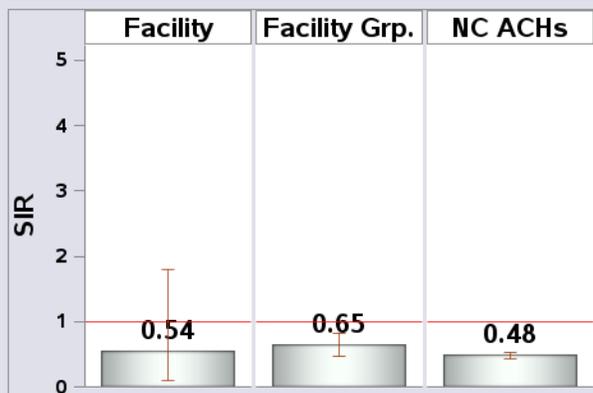


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.0	Same
Adult/Ped Wards	2	1.7	Same
All reporting units	2	3.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

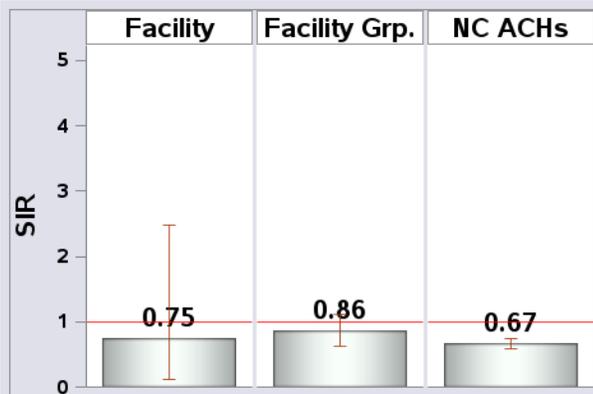


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	30	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

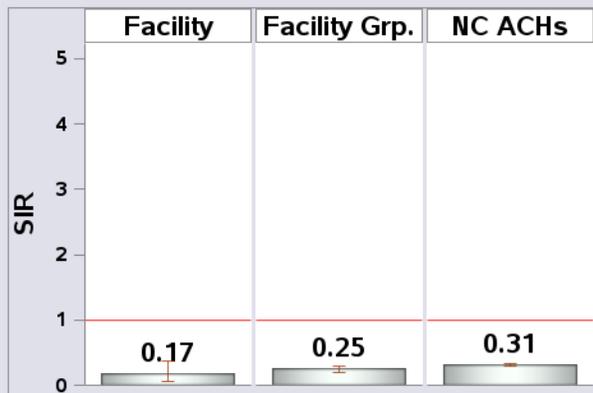


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Nash Health Care Systems, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.6	Same
Adult/Ped Wards	0	1.4	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	1	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

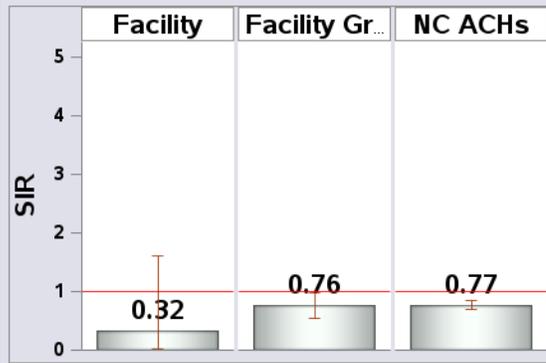


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

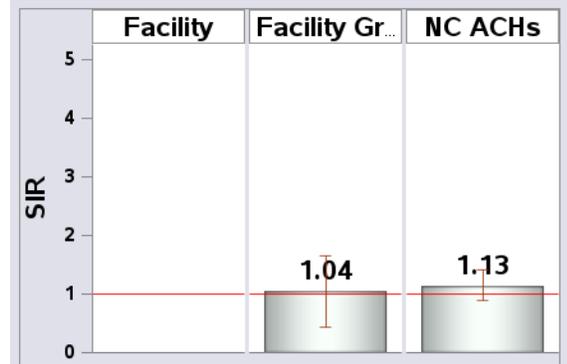


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	2.4	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

× **Worse**: More infections than predicted by the national baseline experience

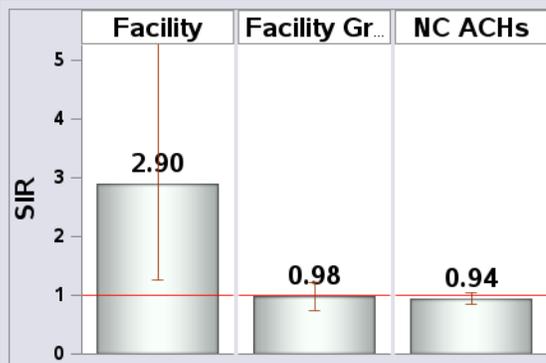


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

New Hanover Regional Medical Center, Wilmington, New Hanover County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	45,391
Patient Days in 2023:	255,805
Total Number of Beds:	793
Number of ICU Beds:	115
FTE* Infection Preventionists:	6.30
Number of FTEs* per 100 beds:	0.79

[*FTE = Full-time equivalent]



Commentary From Facility:

At New Hanover Regional Medical Center we take patient safety and quality care extremely seriously. We implement the latest science-based protocols to prevent hospital-acquired infection. We study and adopt best practices, evidence-based medicine and recommendations from national agencies to deliver the best possible outcomes for our patients. We encourage patients and their families to take an active role in helping prevent infections. Our team of infection preventionists works with all staff to ensure they

Catheter-Associated Urinary Tract Infections (CAUTI)

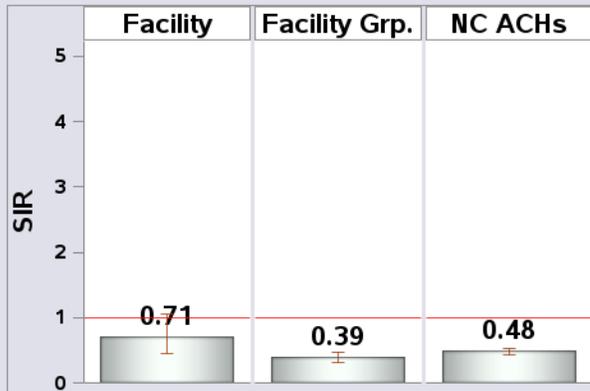


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	12	22	Better
Adult/Ped Wards	10	8.7	Same
All reporting units	22	31	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

New Hanover Regional Medical Center, Wilmington, New Hanover County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	9	13	Same
Adult/Ped Wards	10	11	Same
Neonatal Units	2	4.5	Same
All reporting units	21	29	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

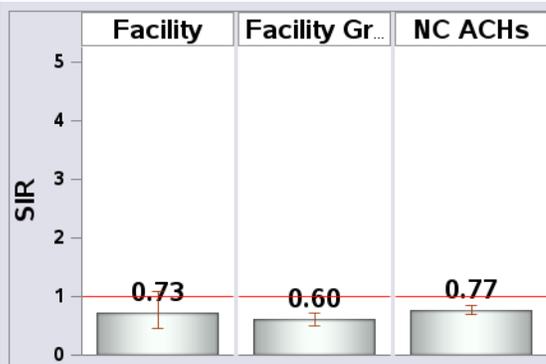


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

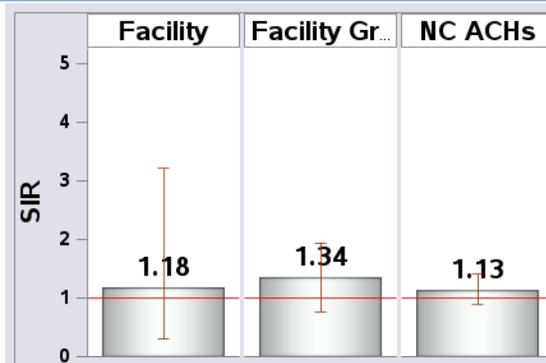


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	18	18	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

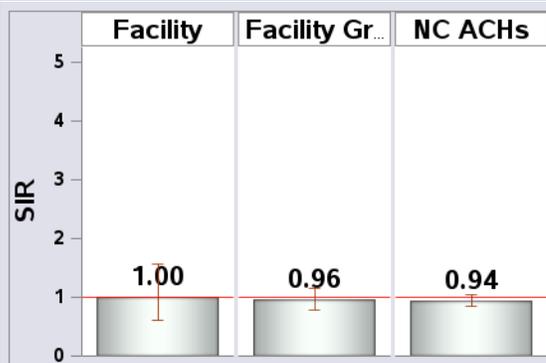


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

North Carolina Specialty Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	2,501
Patient Days in 2023:	3,098
Total Number of Beds:	26
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	3.85

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

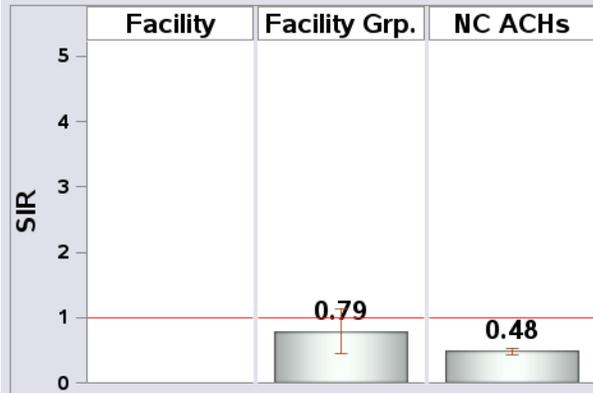


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

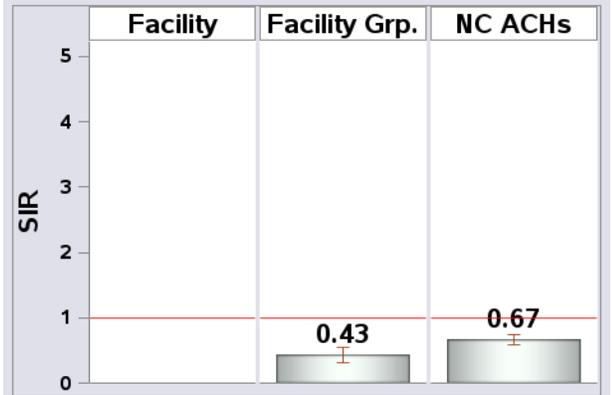


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

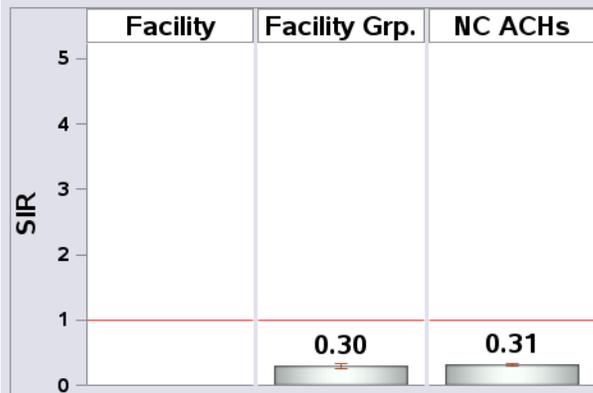


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
North Carolina Specialty Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

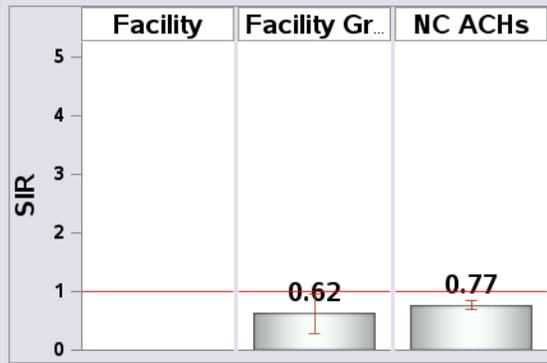


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Northern Regional Hospital, Mount Airy, Surry County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	3,780
Patient Days in 2023:	15,952
Total Number of Beds:	100
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.00

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

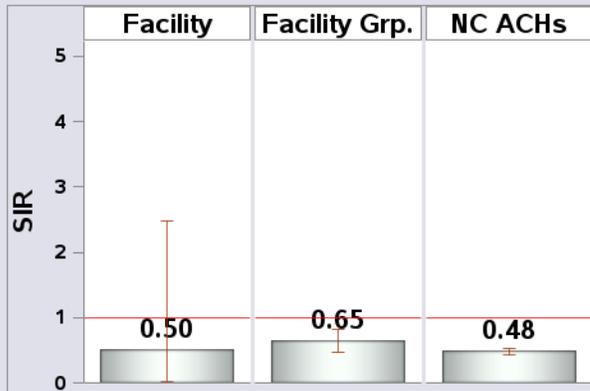


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.4	Same
All reporting units	1	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

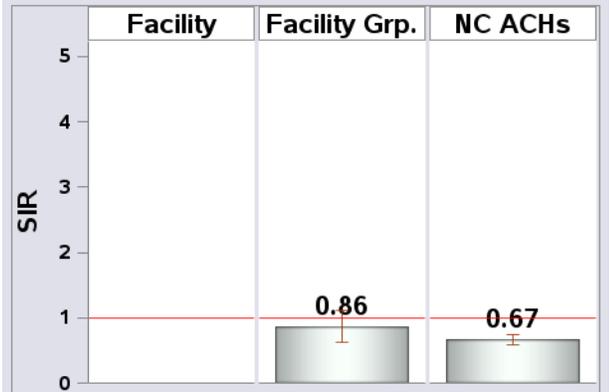


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	10	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

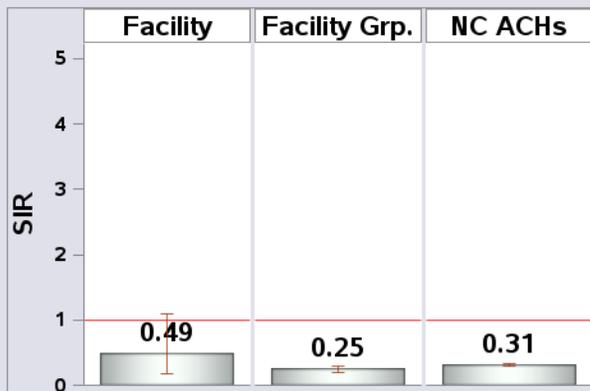


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Northern Regional Hospital, Mount Airy, Surry County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

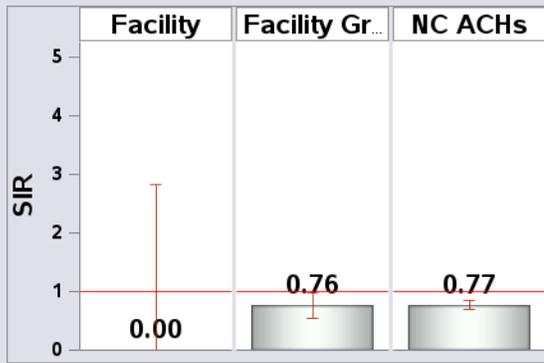


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

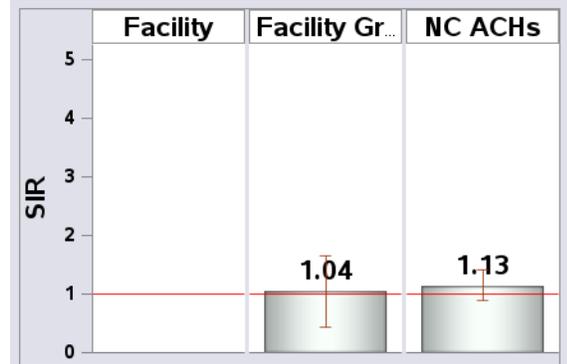


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

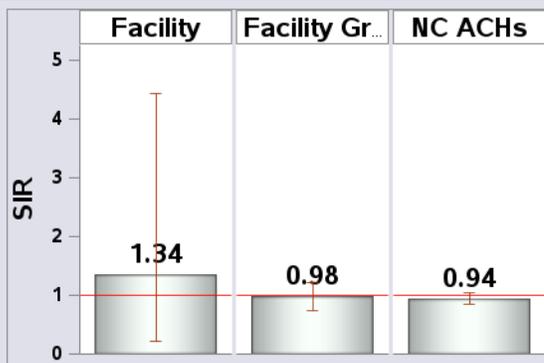


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Brunswick Medical Center, Bolivia, Brunswick County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	7,201
Patient Days in 2023:	23,721
Total Number of Beds:	88
Number of ICU Beds:	5
FTE* Infection Preventionists:	0.90
Number of FTEs* per 100 beds:	1.02

(*FTE = Full-time equivalent)



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

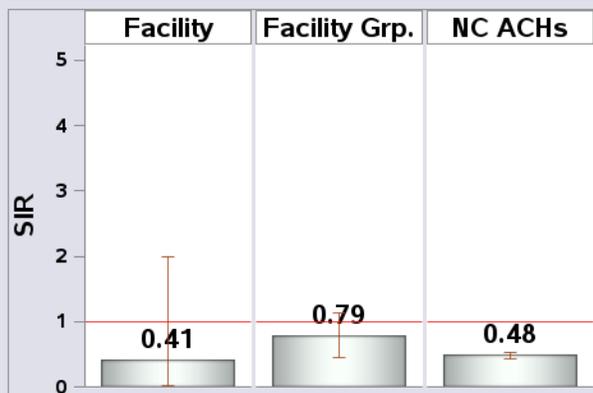


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	1.8	Same
All reporting units	1	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

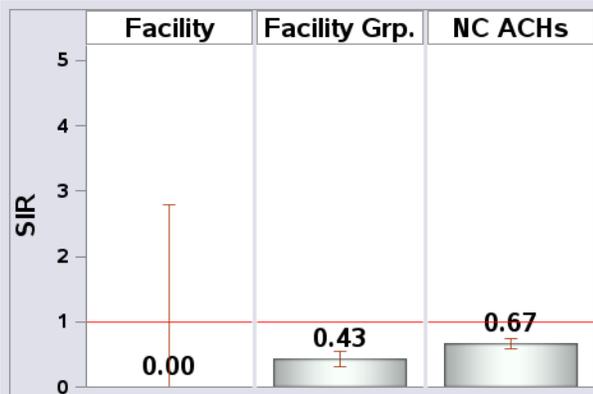


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	12	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

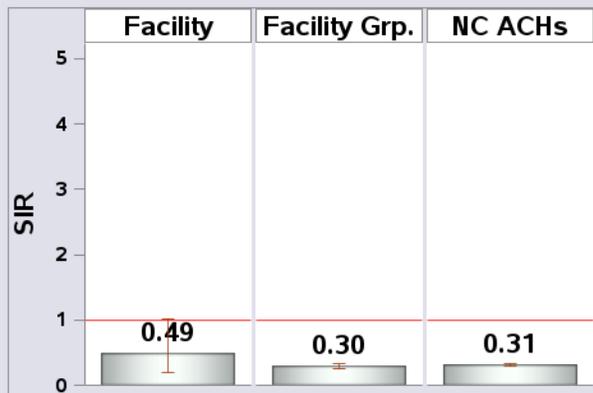


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Brunswick Medical Center, Bolivia, Brunswick County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

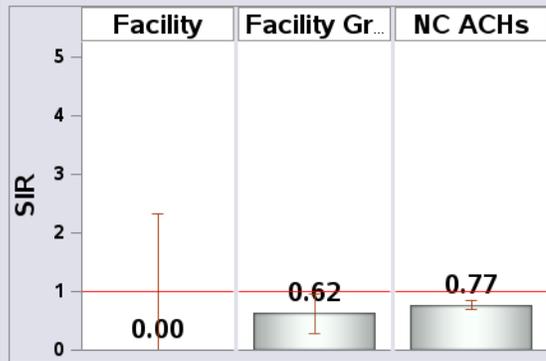


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

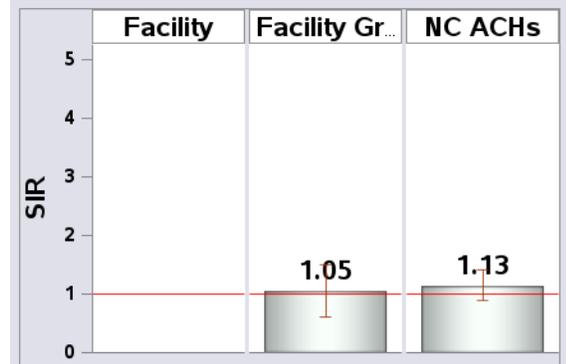


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

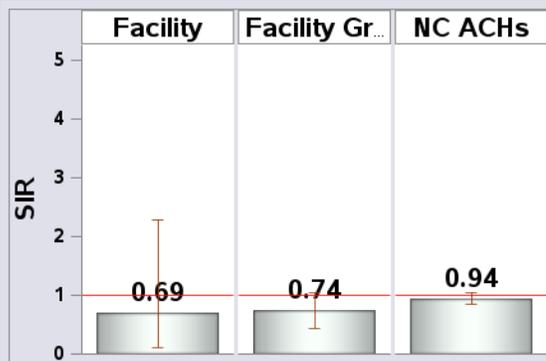


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Charlotte Orthopedic Hospital, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	3,312
Patient Days in 2023:	9,243
Total Number of Beds:	42
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.30
Number of FTEs* per 100 beds:	0.71

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Charlotte Orthopedic Hospital, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Clemmons Medical Center, Clemmons, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,709
Patient Days in 2023:	7,894
Total Number of Beds:	36
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.39

(*FTE = Full-time equivalent)



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

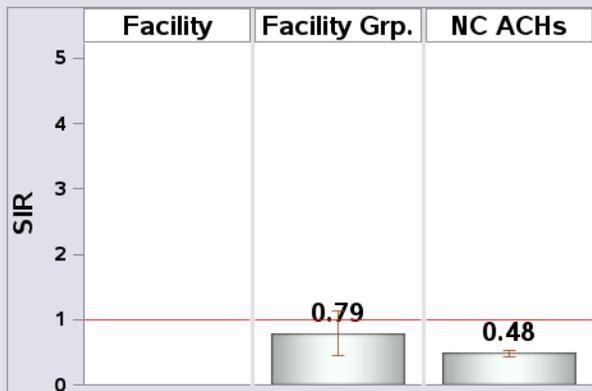


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

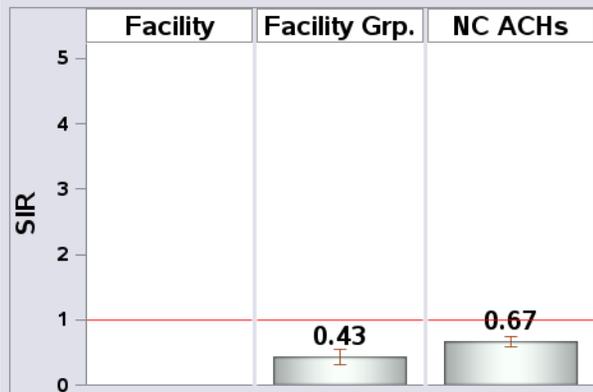


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

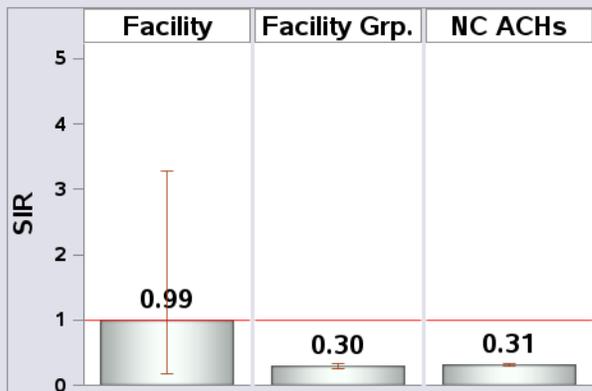


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Clemmons Medical Center, Clemmons, Forsyth County

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Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

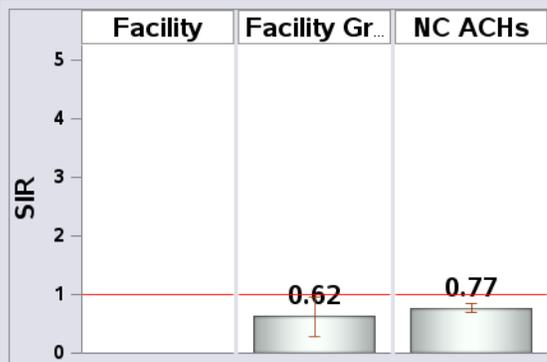


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

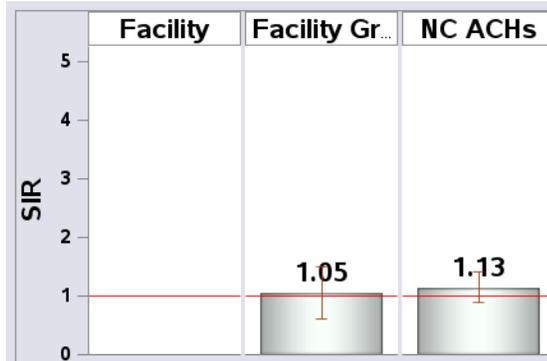


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	7.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

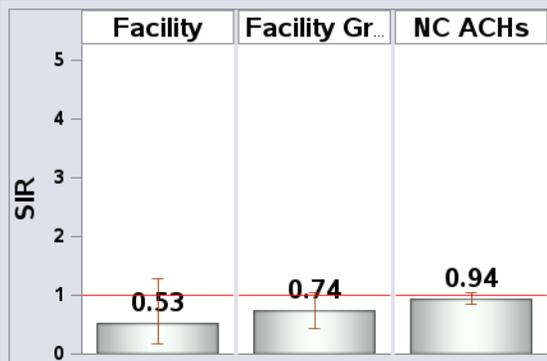


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Forsyth Medical Center, Winston Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	42,942
Patient Days in 2023:	239,672
Total Number of Beds:	825
Number of ICU Beds:	142
FTE* Infection Preventionists:	7.80
Number of FTEs* per 100 beds:	0.95

[*FTE = Full-time equivalent]



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

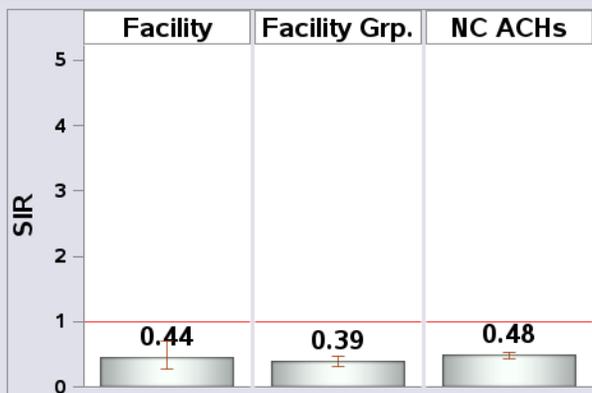


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	13	30	Better
Adult/Ped Wards	4	8.5	Same
All reporting units	17	38	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	26	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

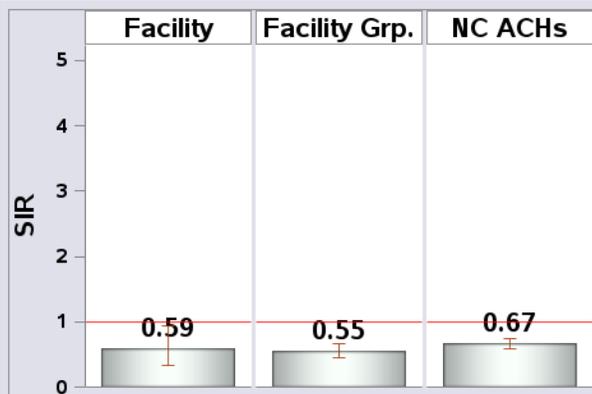


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	56	201	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

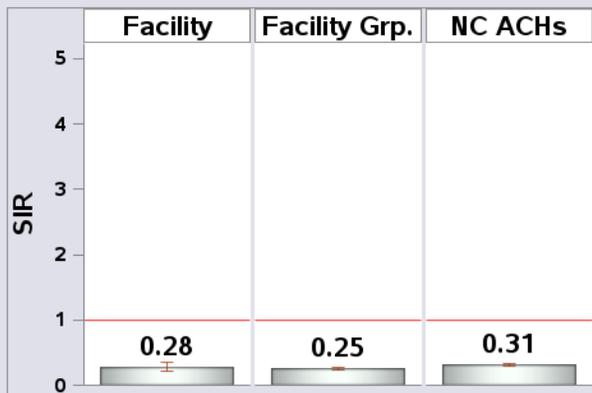


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Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Forsyth Medical Center, Winston Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	6	16	Better
Adult/Ped Wards	2	7.8	Better
Neonatal Units	1	1.5	Same
All reporting units	9	25	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

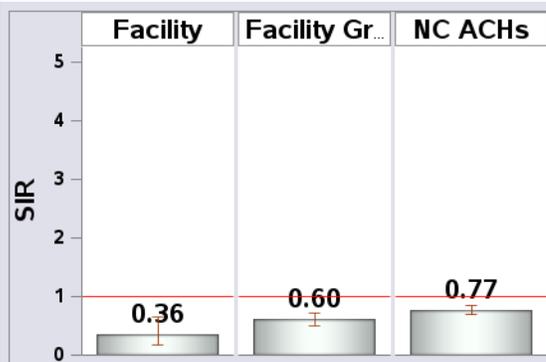


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

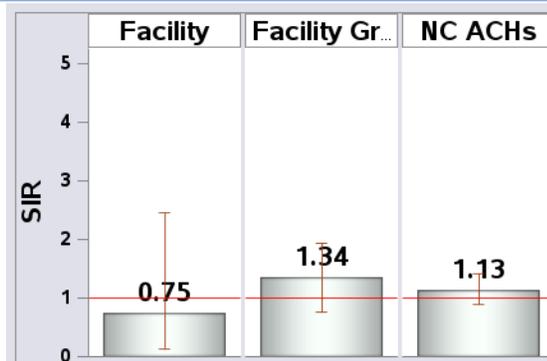


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	8	7.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

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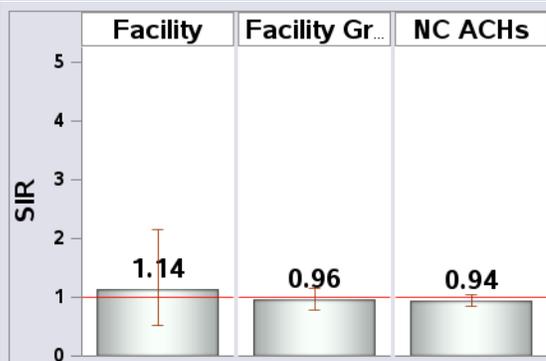


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

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2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	13,600
Patient Days in 2023:	46,340
Total Number of Beds:	193
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.57

(*FTE = Full-time equivalent)



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

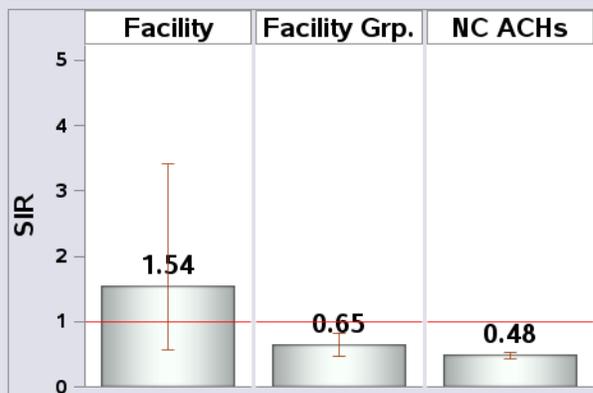


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	5	2.4	Same
All reporting units	5	3.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

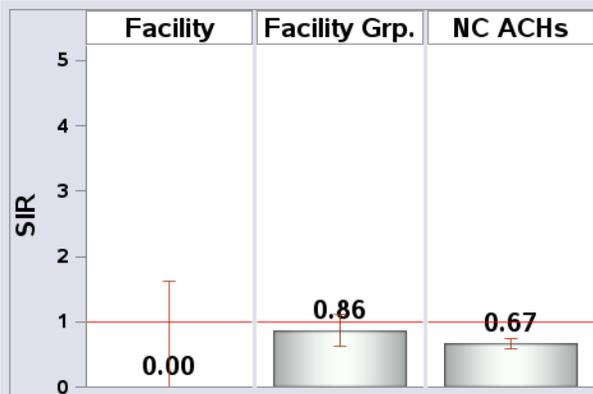


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	29	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

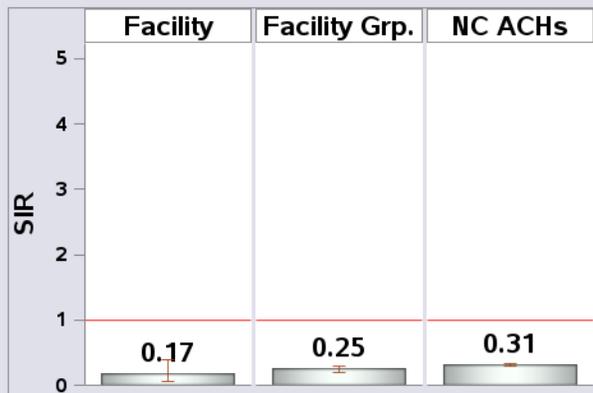


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

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North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

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Central Line-Associated Bloodstream Infections (CLABSI)

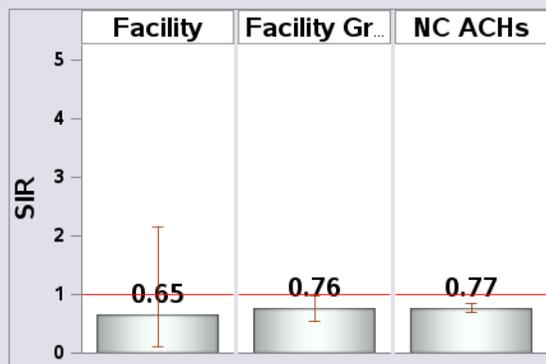


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	2.4	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	2	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

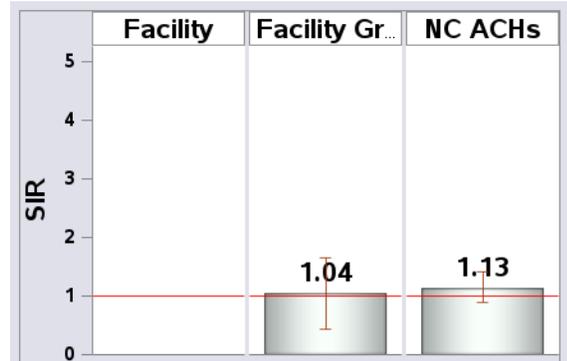


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	7.0	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
★ Better: Fewer infections than predicted by the national baseline experience

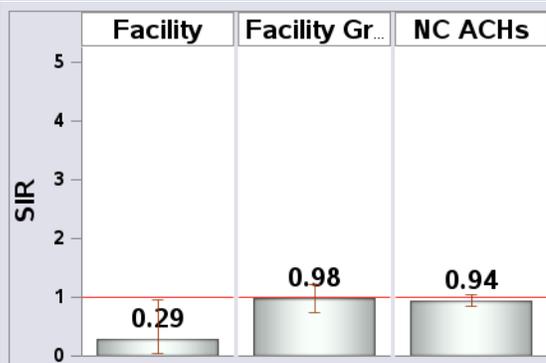


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Kernersville Medical Center, Kernersville, Forsyth County

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2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	5,272
Patient Days in 2023:	17,592
Total Number of Beds:	64
Number of ICU Beds:	4
FTE* Infection Preventionists:	0.60
Number of FTEs* per 100 beds:	0.94

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

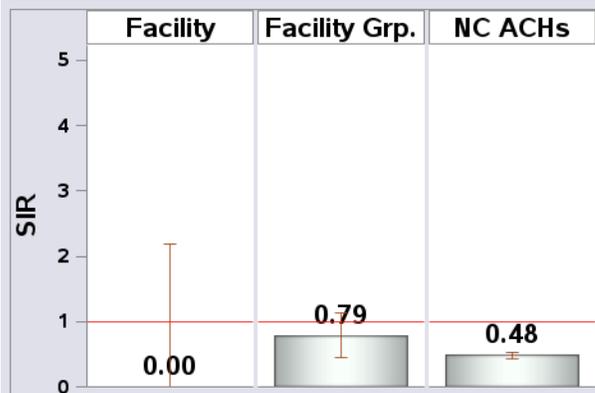


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

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How Does This Facility Compare to the National Experience?

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Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

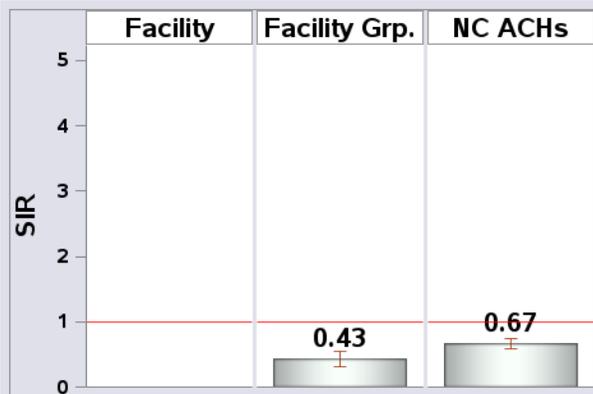


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	11	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

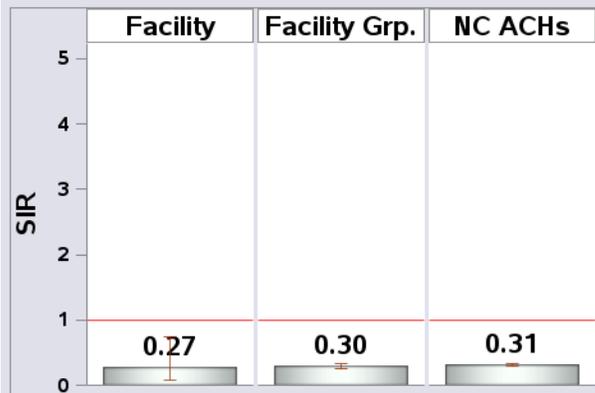


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Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

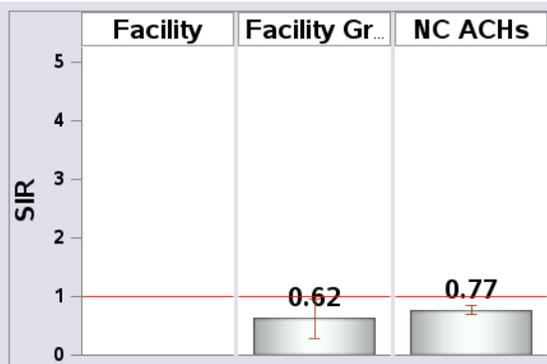


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Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

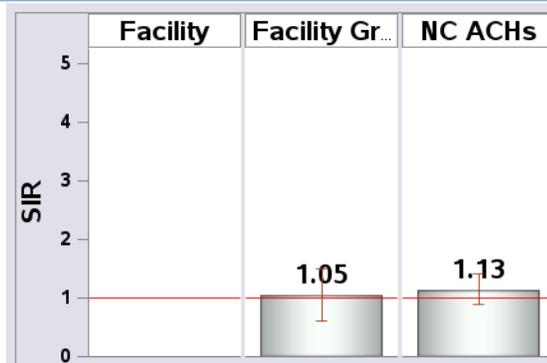


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Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
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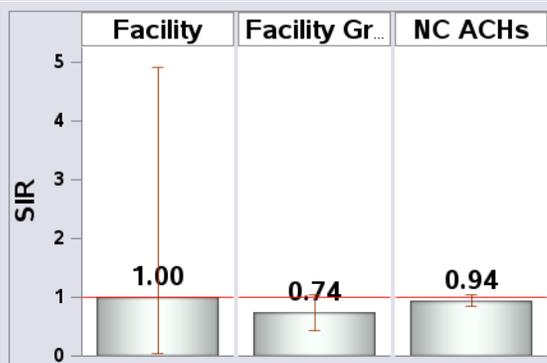


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Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

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Novant Health Matthews Medical Center, Matthews, Mecklenburg County

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2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	14,257
Patient Days in 2023:	51,946
Total Number of Beds:	197
Number of ICU Beds:	43
FTE* Infection Preventionists:	1.40
Number of FTEs* per 100 beds:	0.71

[*FTE = Full-time equivalent]



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

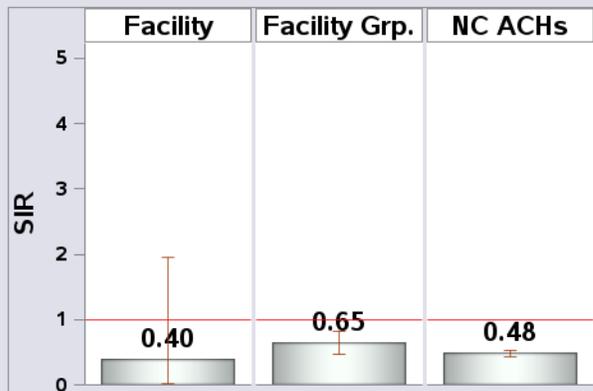


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Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.7	Same
All reporting units	1	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

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How Does This Facility Compare to the National Experience?

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Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

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Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

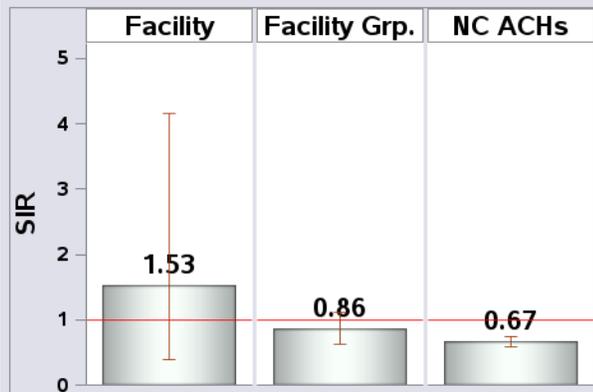


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Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

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Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	27	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

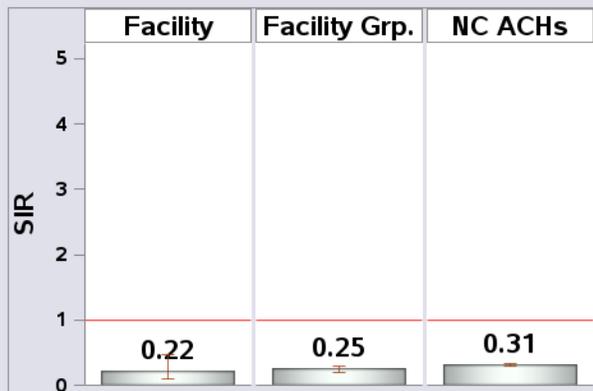


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Novant Health Matthews Medical Center, Matthews, Mecklenburg County

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Central Line-Associated Bloodstream Infections (CLABSI)

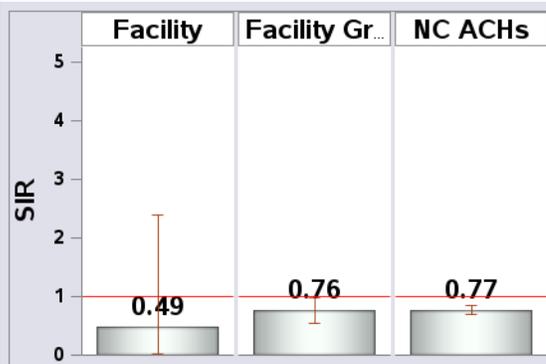


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	1.3	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	1	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

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How Does This Facility Compare to the National Experience?
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Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
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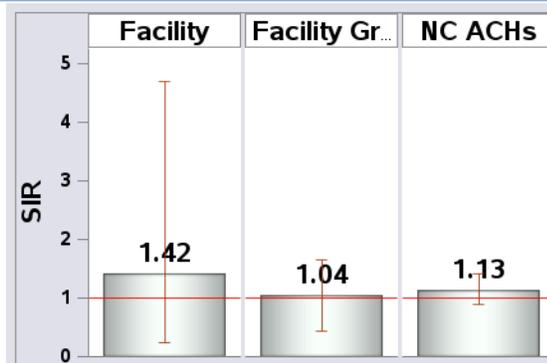


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	5.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

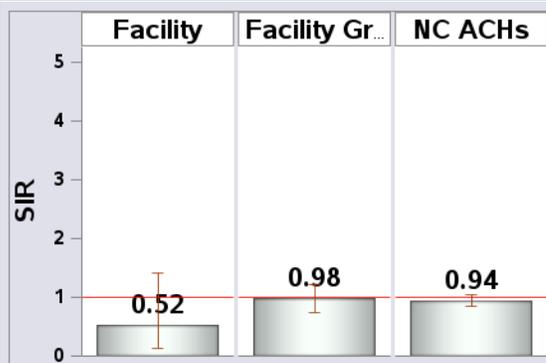


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Ventilator-Associated Events (VAE)

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Novant Health Medical Park Hospital, Winston Salem, Forsyth County

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2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	1,896
Patient Days in 2023:	3,311
Total Number of Beds:	33
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.40
Number of FTEs* per 100 beds:	1.21

(*FTE = Full-time equivalent)



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

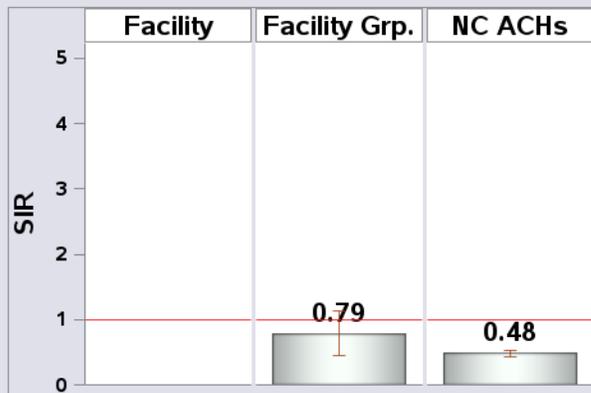


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

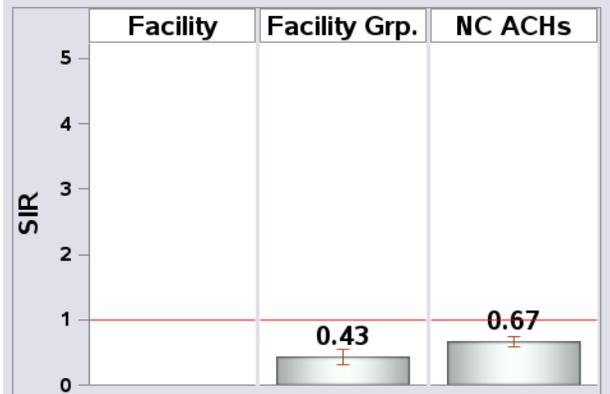


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

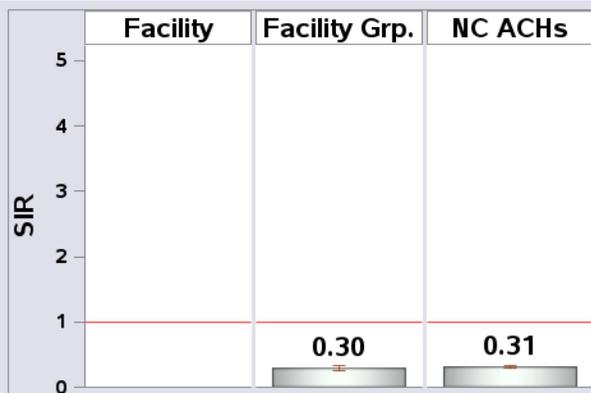


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Medical Park Hospital, Winston Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

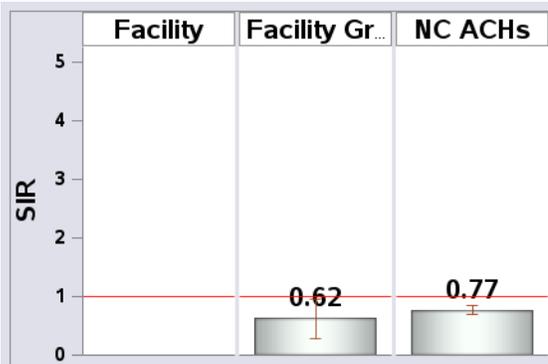


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

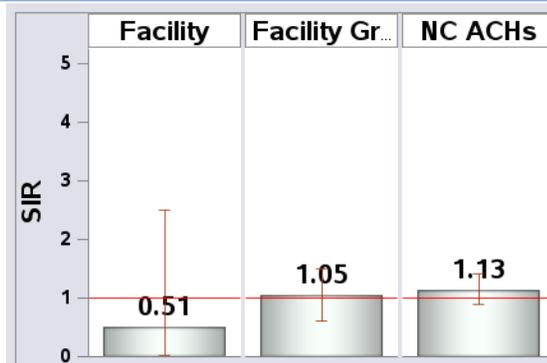


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

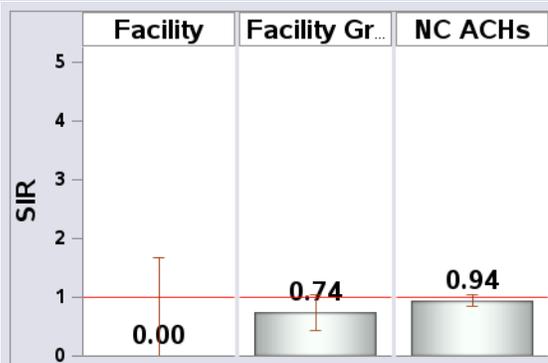


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	37,664
Patient Days in 2023:	189,376
Total Number of Beds:	636
Number of ICU Beds:	116
FTE* Infection Preventionists:	6.80
Number of FTEs* per 100 beds:	1.07

[*FTE = Full-time equivalent]



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

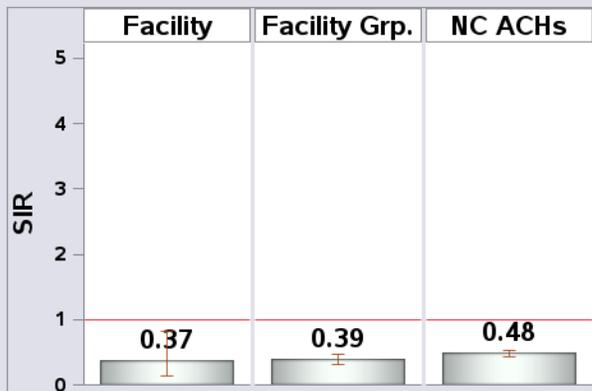


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	11	Same
Adult/Ped Wards	0	2.9	Same
All reporting units	5	14	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	8	15	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

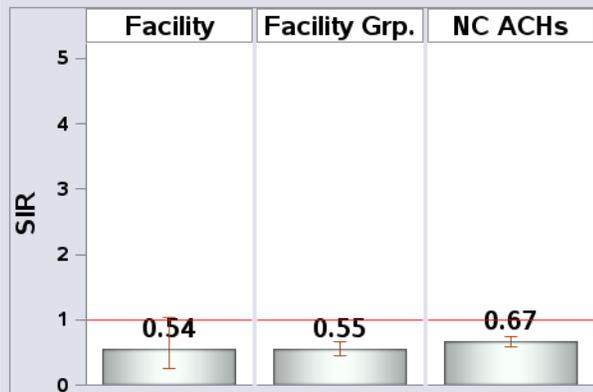


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	102	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

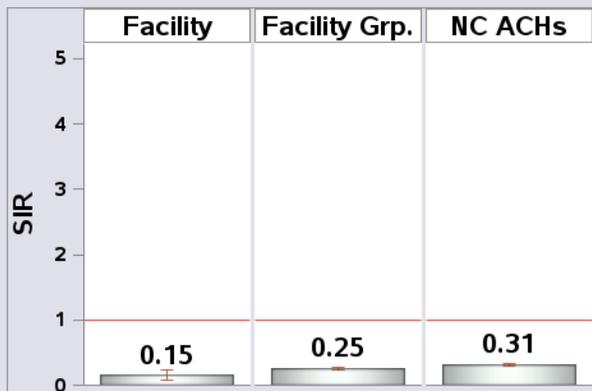


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	8	6.4	Same
Adult/Ped Wards	0	2.6	Same
Neonatal Units	4	3.6	Same
All reporting units	12	13	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

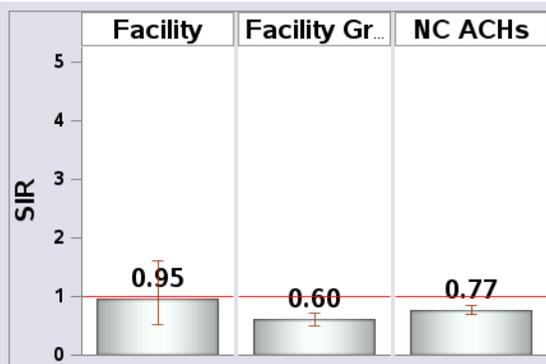


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

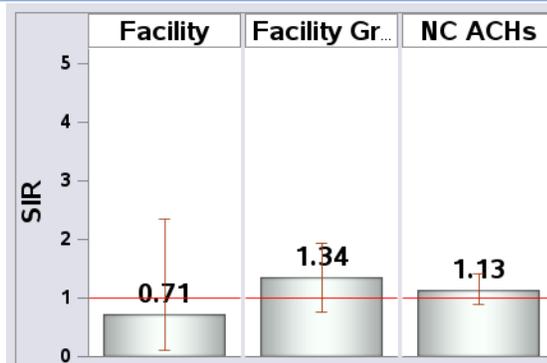


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	9.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

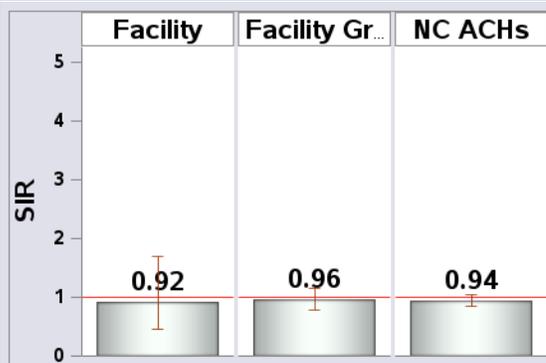


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Rowan Medical Center, Salisbury, Rowan County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	12,782
Patient Days in 2023:	61,945
Total Number of Beds:	245
Number of ICU Beds:	20
FTE* Infection Preventionists:	1.40
Number of FTEs* per 100 beds:	0.57

[*FTE = Full-time equivalent]



Commentary From Facility:

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Catheter-Associated Urinary Tract Infections (CAUTI)

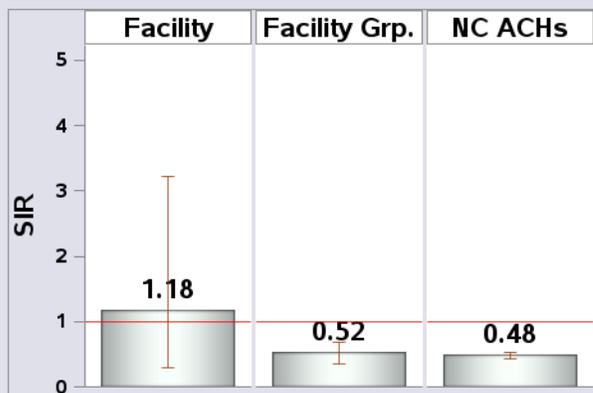


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	3	1.8	Same
All reporting units	3	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Rowan Medical Center, Salisbury, Rowan County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.1	Same
All reporting units	0	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

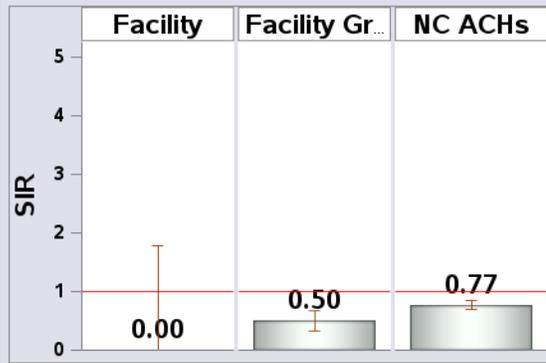


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

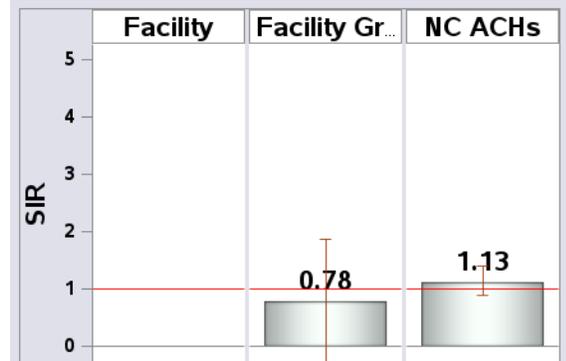


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

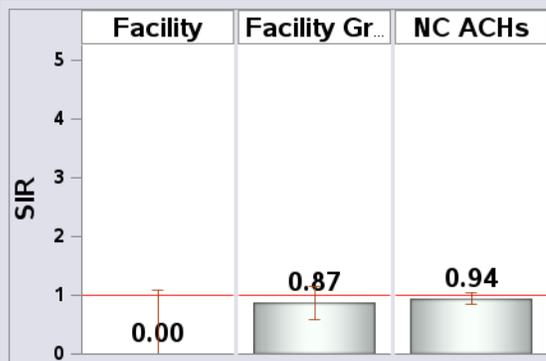


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Thomasville Medical Center, Thomasville, Davidson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	5,855
Patient Days in 2023:	25,603
Total Number of Beds:	130
Number of ICU Beds:	13
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.85

(*FTE = Full-time equivalent)



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

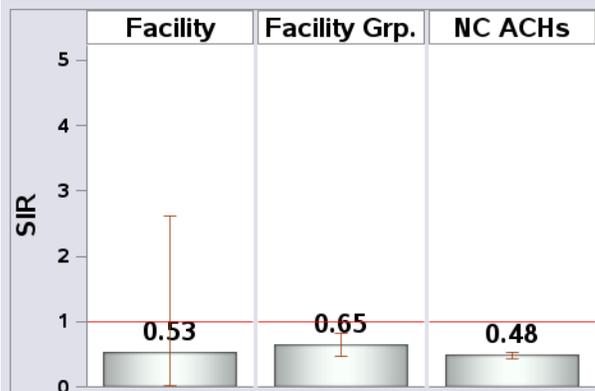


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

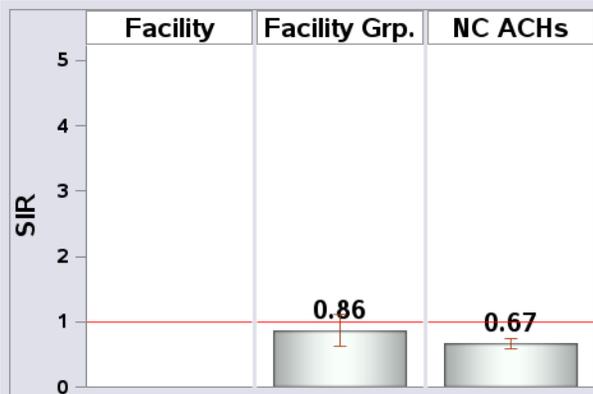


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	9.1	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

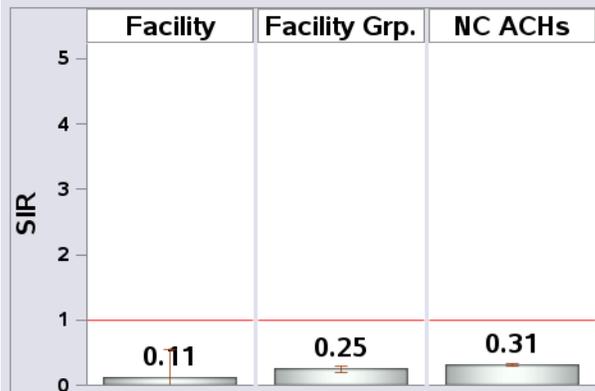


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Thomasville Medical Center, Thomasville, Davidson County

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Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

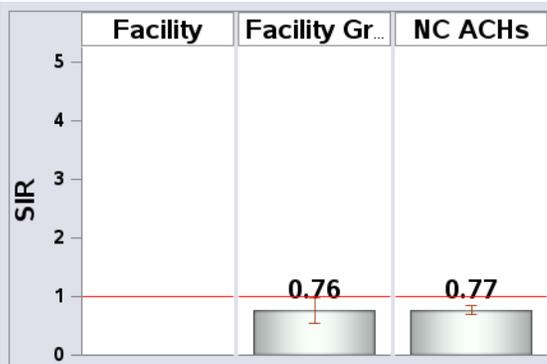


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

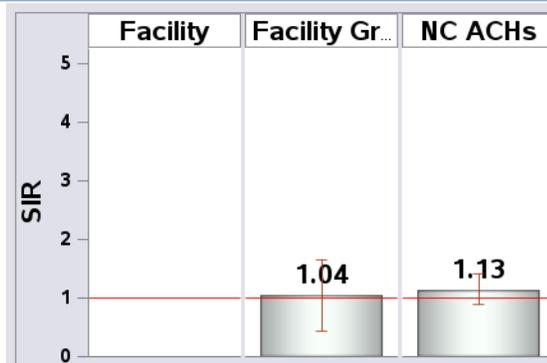


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.2	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
× Worse: More infections than predicted by the national baseline experience

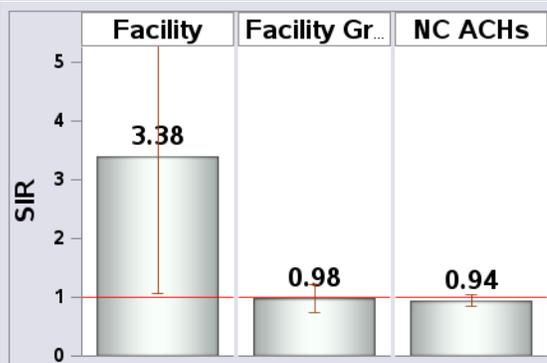


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Onslow Memorial Hospital, Jacksonville, Onslow County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	6,913
Patient Days in 2023:	33,420
Total Number of Beds:	162
Number of ICU Beds:	30
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.62

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

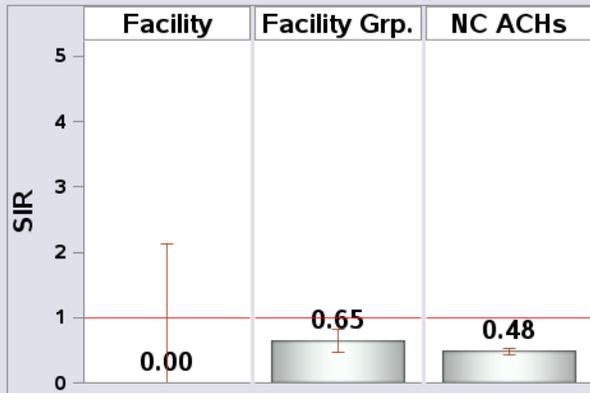


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.4	Same
All reporting units	0	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

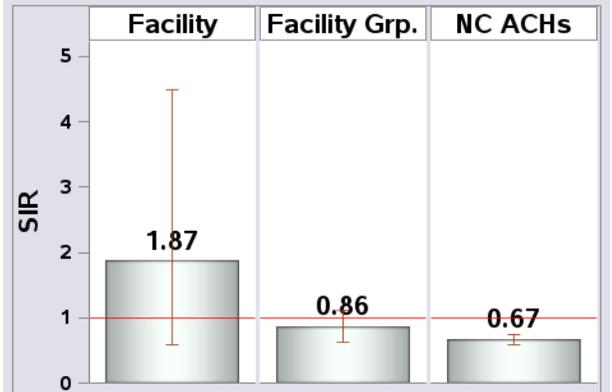


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	15	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

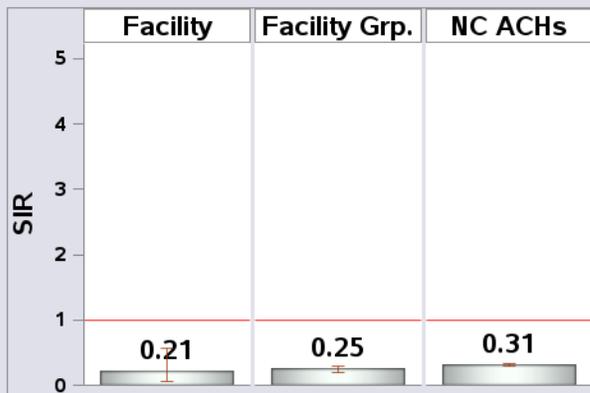


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Onslow Memorial Hospital, Jacksonville, Onslow County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.1	Same
All reporting units	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

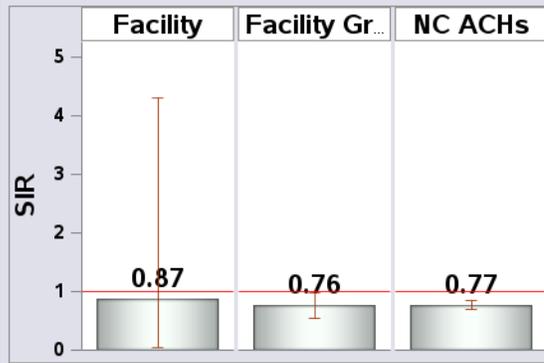


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

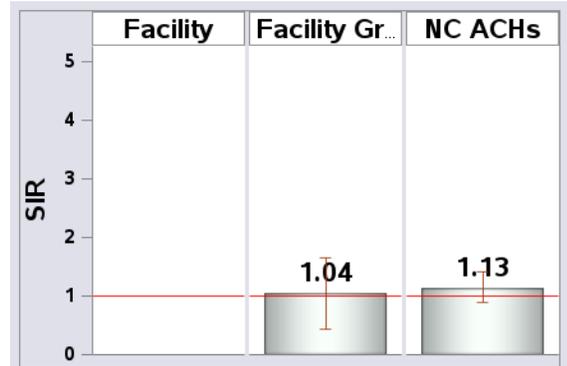


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

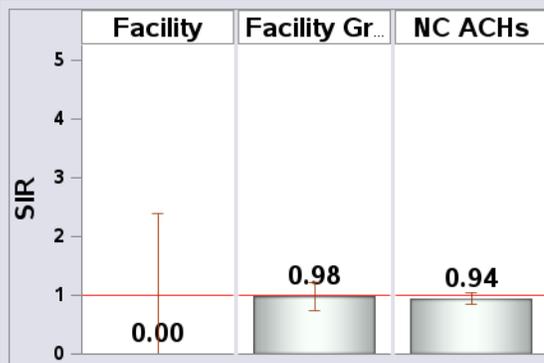


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Pam Specialty Hospital Of Rocky Mount, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 344
 Patient Days in 2023: 12,574
 Total Number of Beds: 50
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

*FTE = Full-time equivalent



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

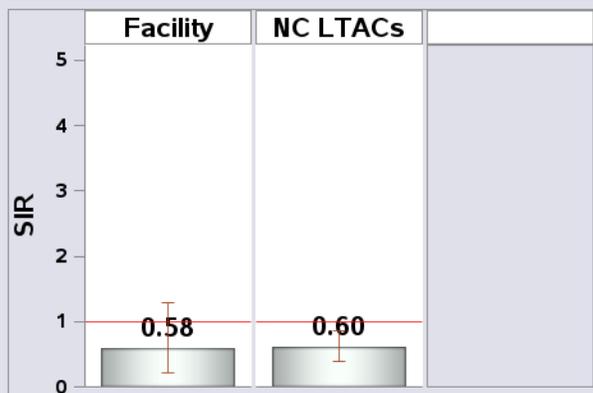


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	5	8.7	Same
All reporting units	5	8.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

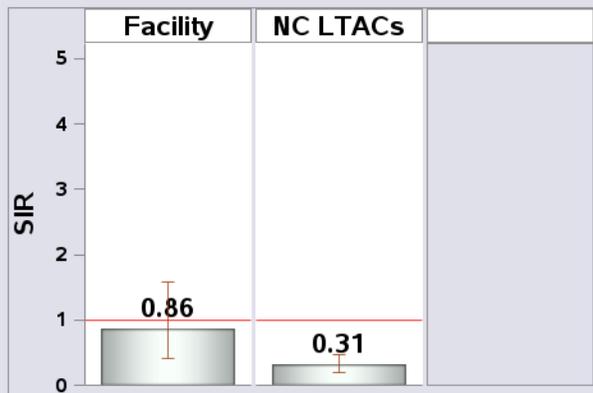


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	10	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Pam Specialty Hospital Of Rocky Mount, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	4	3.9	Same
All reporting units	4	3.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

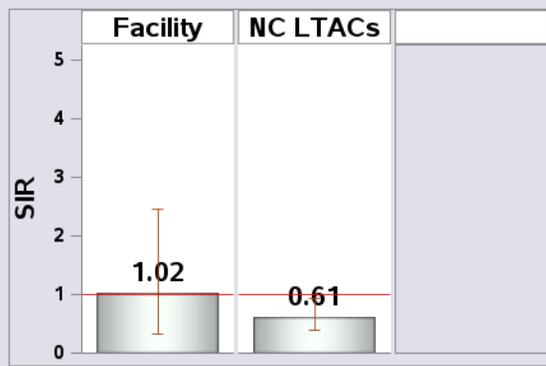


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Pardee Hospital, Hendersonville, Henderson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	7,628
Patient Days in 2023:	35,006
Total Number of Beds:	143
Number of ICU Beds:	13
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.70

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

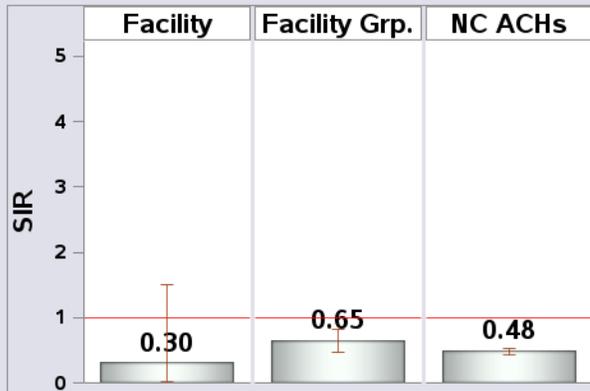


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.0	Same
Adult/Ped Wards	1	2.3	Same
All reporting units	1	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

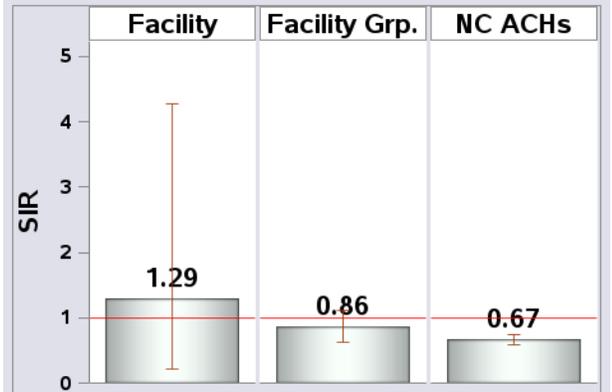


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	14	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

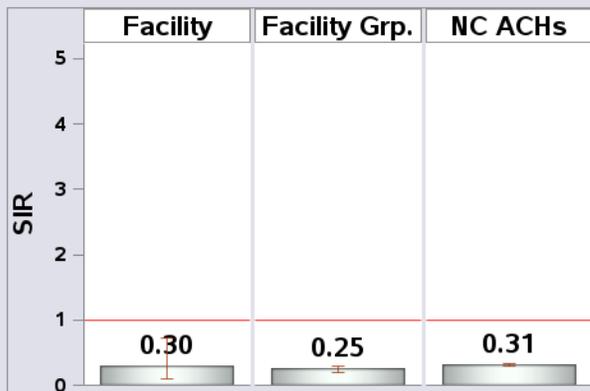


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Pardee Hospital, Hendersonville, Henderson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	1	1.4	Same
All reporting units	2	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

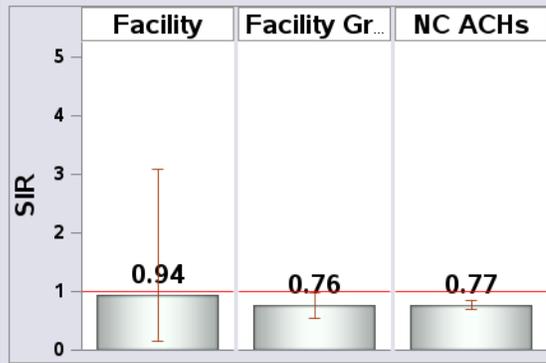


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

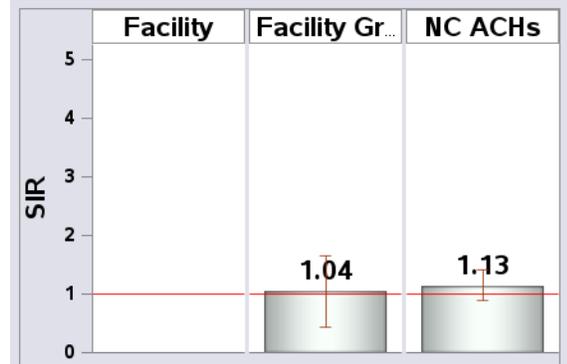


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

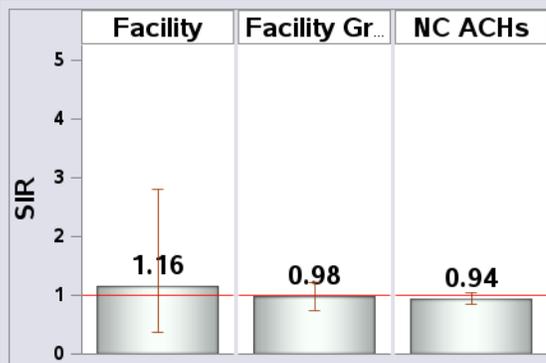


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report Data from January 1 - December 31, 2024

Person Memorial Hospital, Roxboro, Person County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	1,551
Patient Days in 2023:	3,791
Total Number of Beds:	18
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	2.78

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

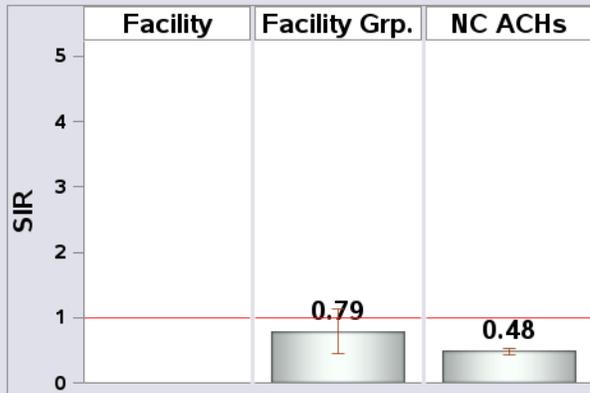


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

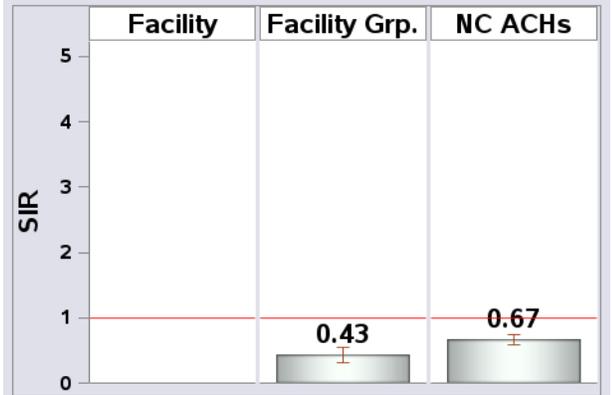


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

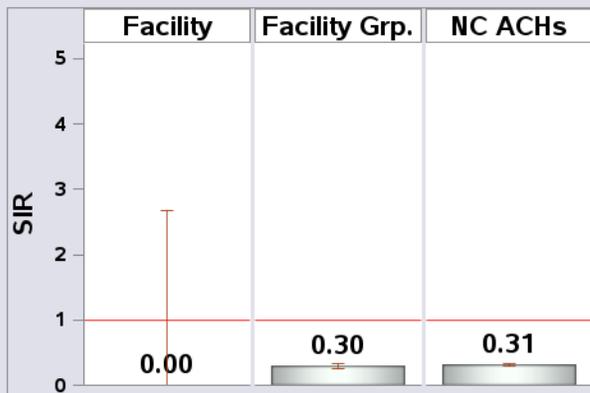


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Person Memorial Hospital, Roxboro, Person County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

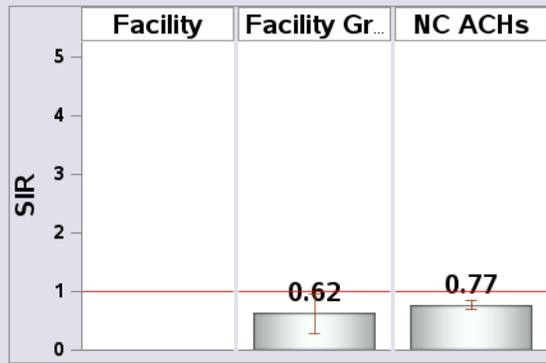


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

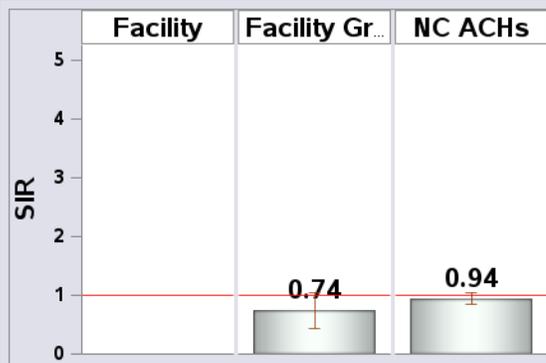


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Randolph Hospital, Asheboro, Randolph County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	5,604
Patient Days in 2023:	20,222
Total Number of Beds:	80
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.25

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

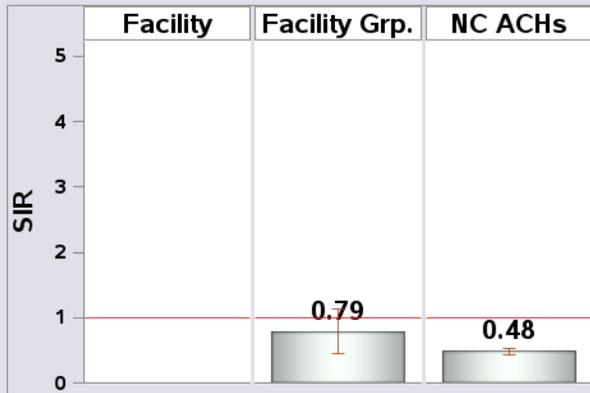


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

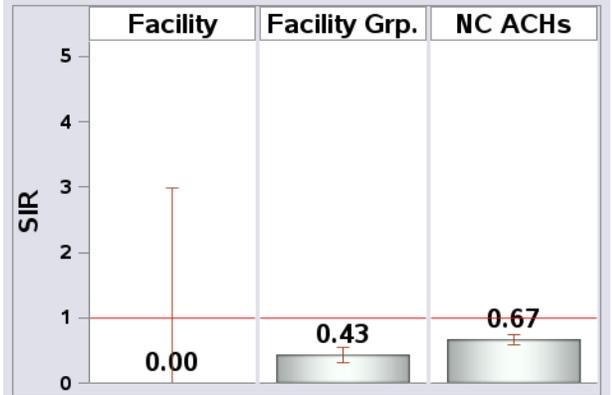


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	8.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

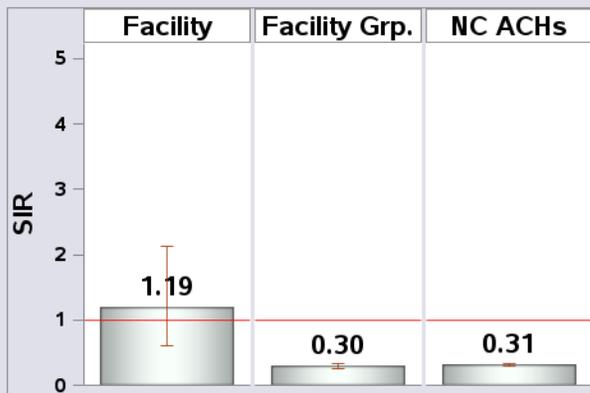


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Randolph Hospital, Asheboro, Randolph County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

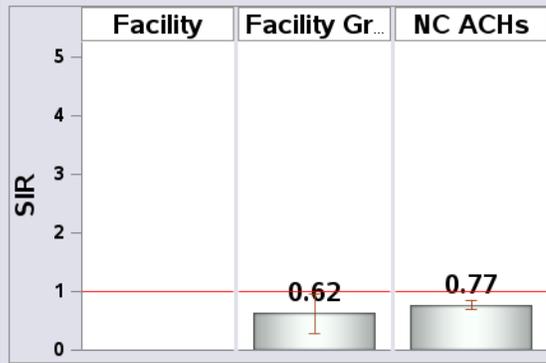


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

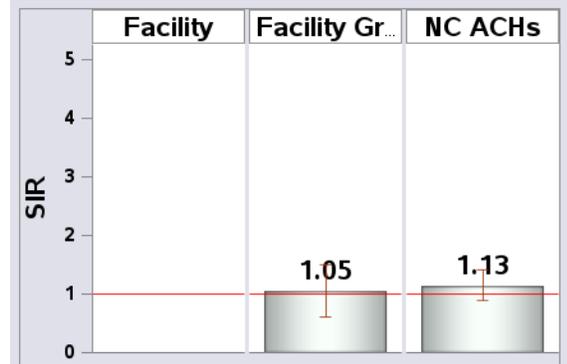


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

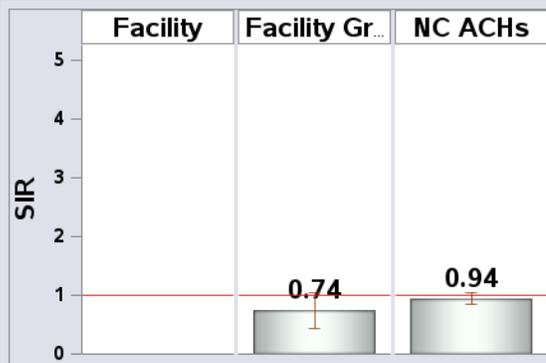


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Rex Healthcare, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	54,531
Patient Days in 2023:	159,832
Total Number of Beds:	635
Number of ICU Beds:	91
FTE* Infection Preventionists:	4.50
Number of FTEs* per 100 beds:	0.71

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

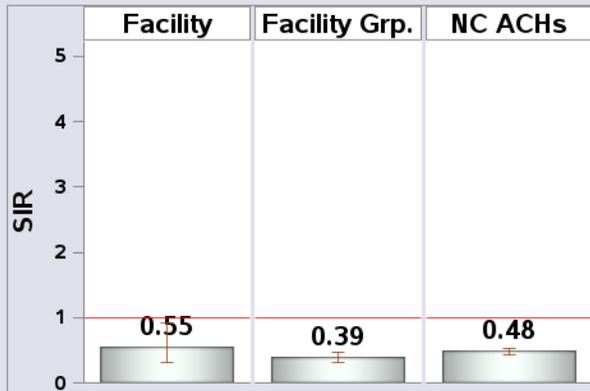


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	12	Better
Adult/Ped Wards	11	11	Same
All reporting units	13	24	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	13	12	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

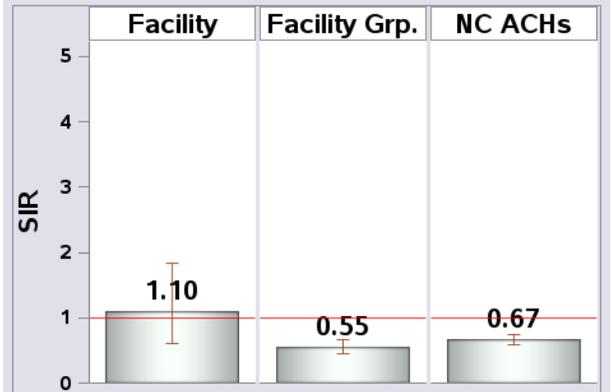


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	34	84	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

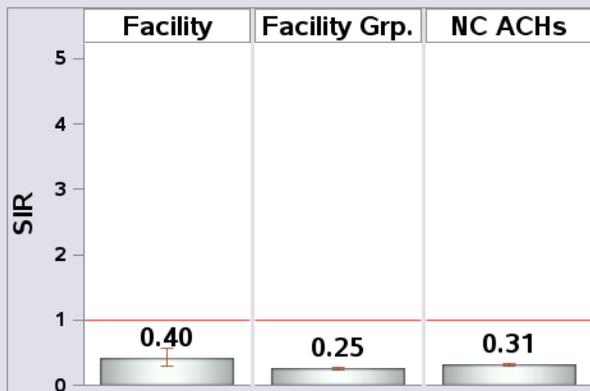


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Rex Healthcare, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	8.0	Better
Adult/Ped Wards	3	12	Better
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	3	20	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

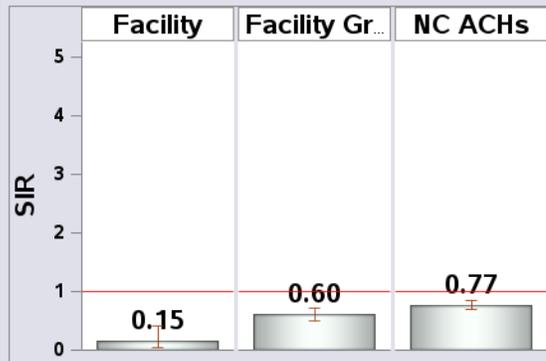


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

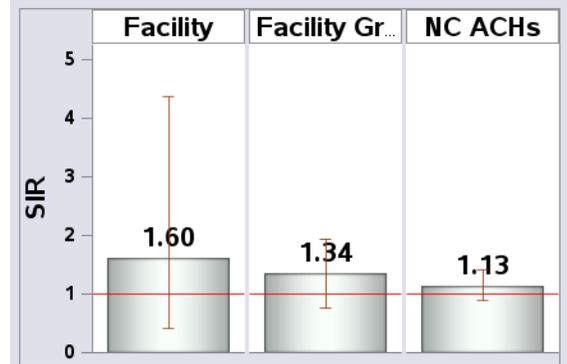


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	18	21	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

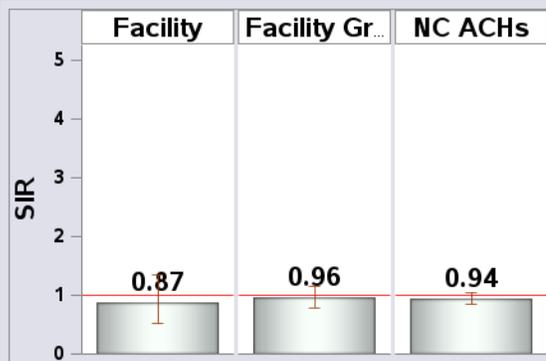


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,671
Patient Days in 2023:	14,847
Total Number of Beds:	101
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.99

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

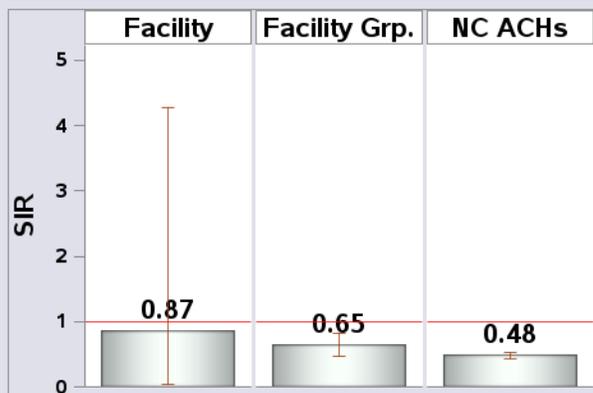


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

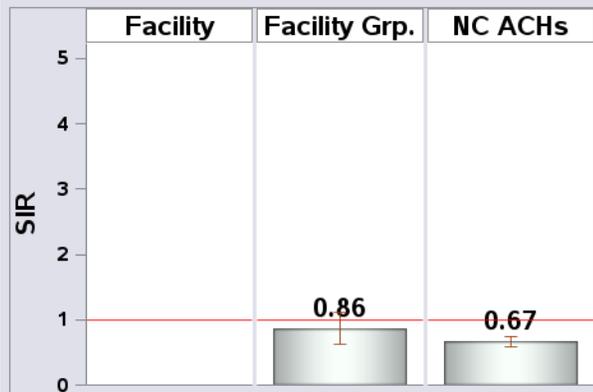


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	5.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

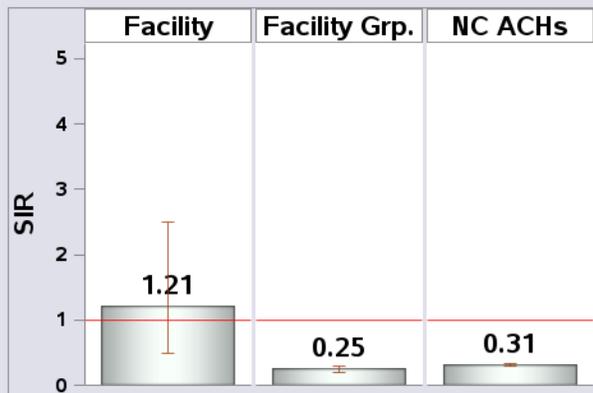


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

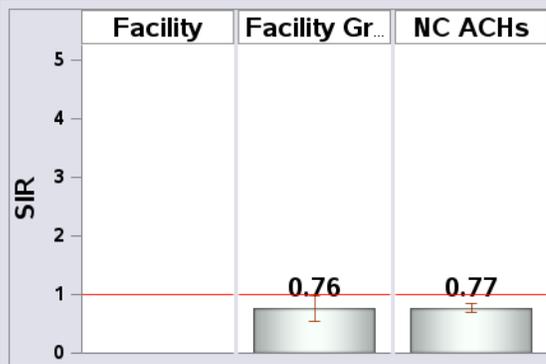


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

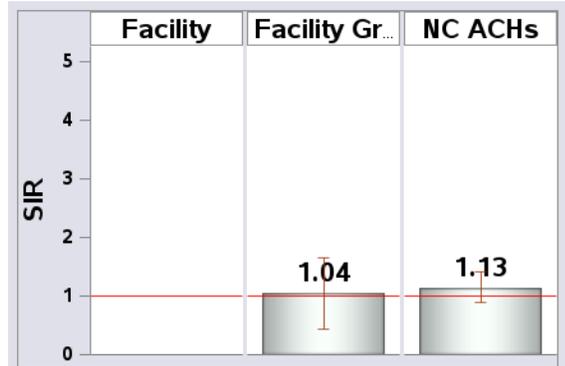


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

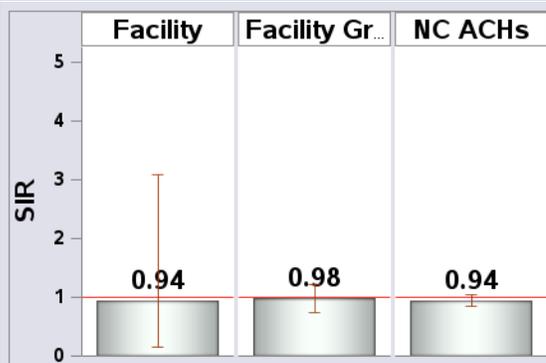


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Sampson Regional Medical Center, Clinton, Sampson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	2,810
Patient Days in 2023:	9,090
Total Number of Beds:	116
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.65

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

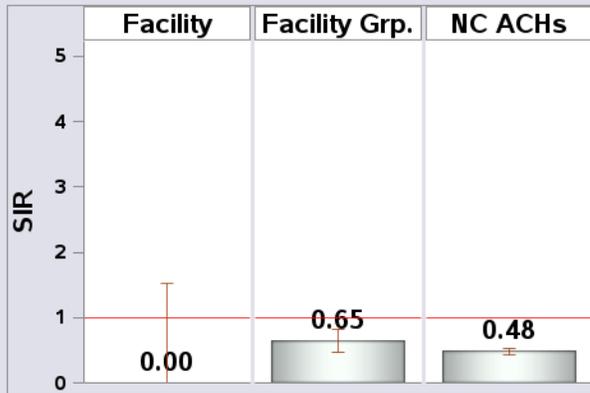


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.2	Same
All reporting units	0	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

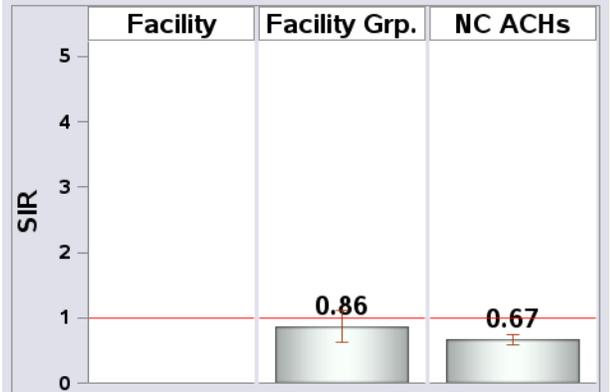


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	5.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

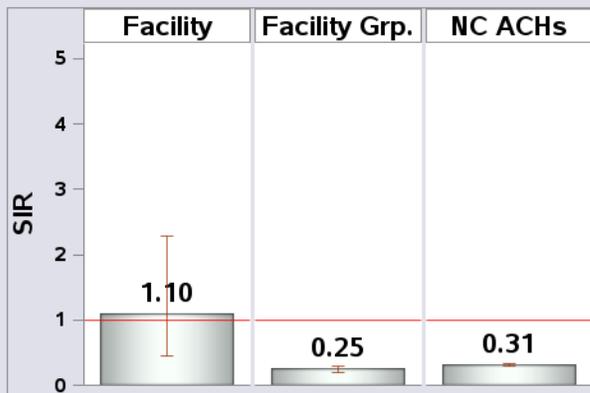


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Sampson Regional Medical Center, Clinton, Sampson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

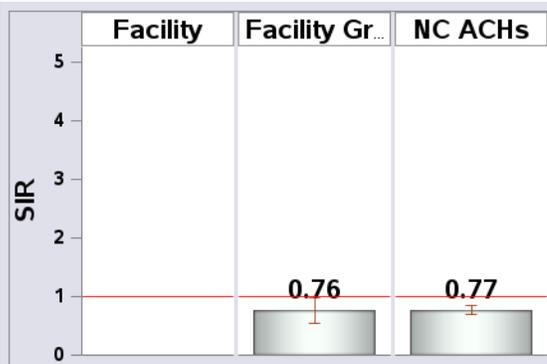


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

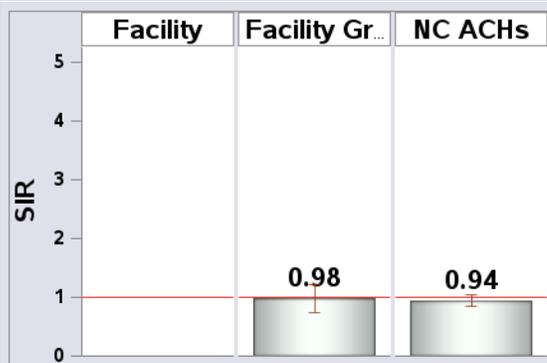


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Scotland Memorial Hospital, Laurinburg, Scotland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	6,643
Patient Days in 2023:	30,133
Total Number of Beds:	104
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.96

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

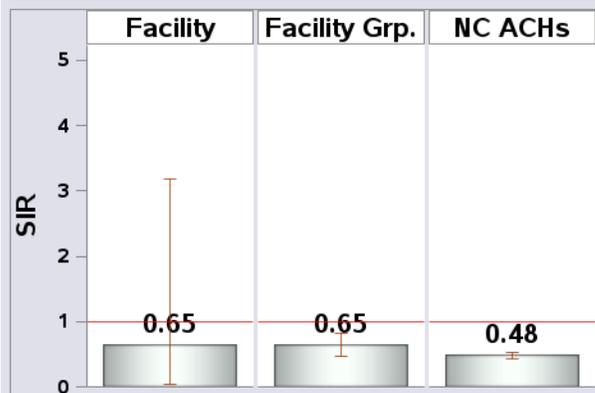


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

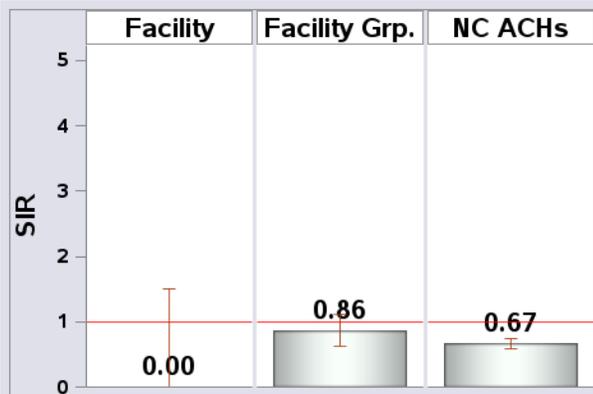


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	9.7	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

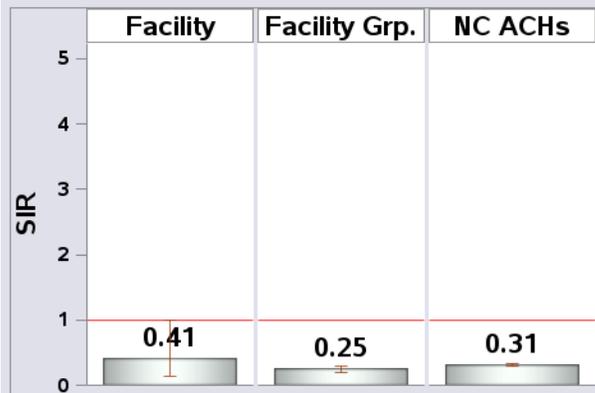


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Scotland Memorial Hospital, Laurinburg, Scotland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

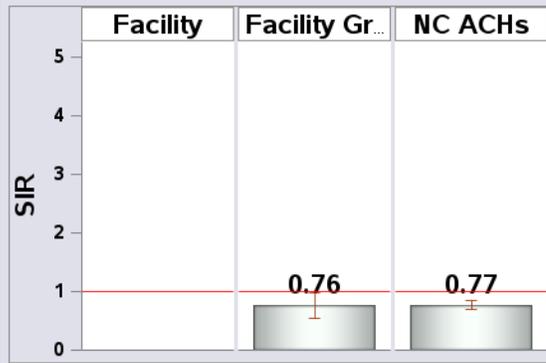


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

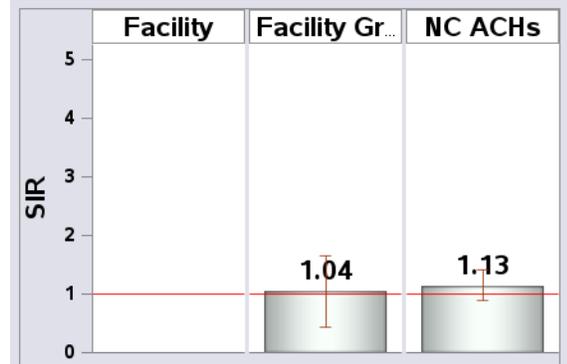


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

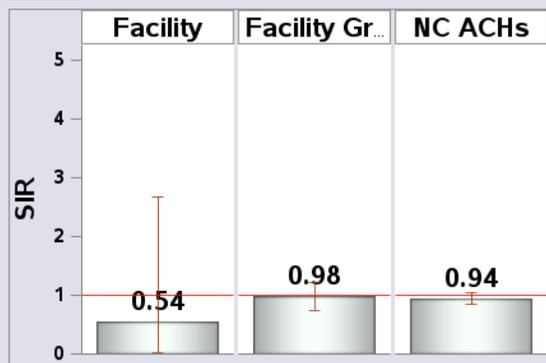


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Select Specialty Hospital-Durham, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 175
 Patient Days in 2023: 9,139
 Total Number of Beds: 30
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

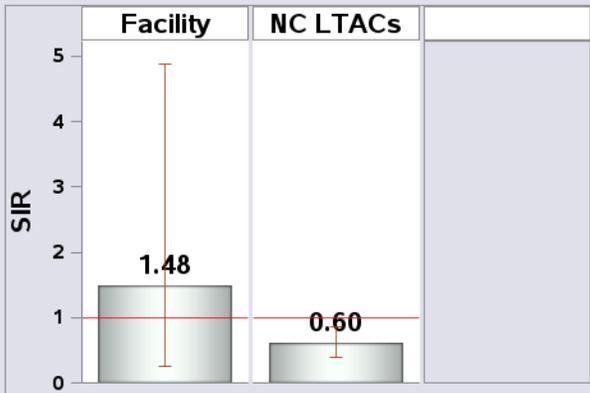


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	2	1.4	Same
All reporting units	2	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

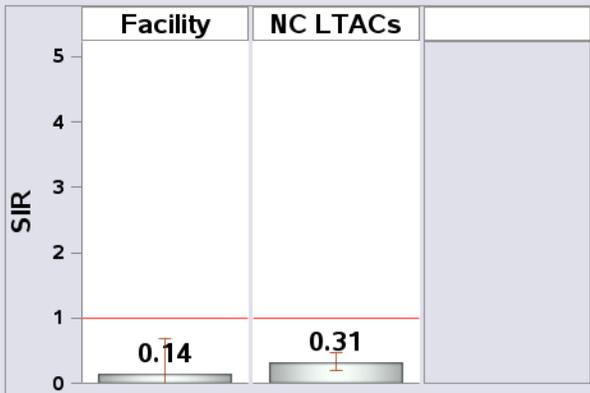


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	7.2	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
Select Specialty Hospital-Durham, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	3	3.1	Same
All reporting units	3	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

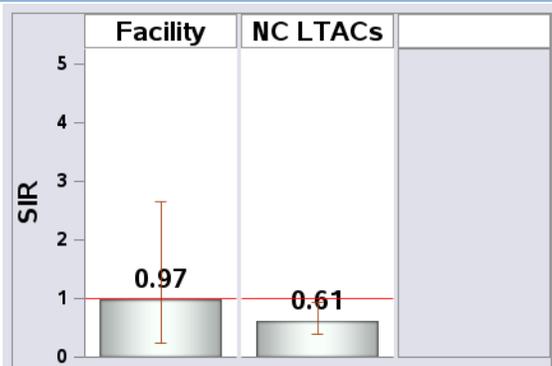


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Select Specialty Hospital-Greensboro, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 239
 Patient Days in 2023: 10,024
 Total Number of Beds: 30
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

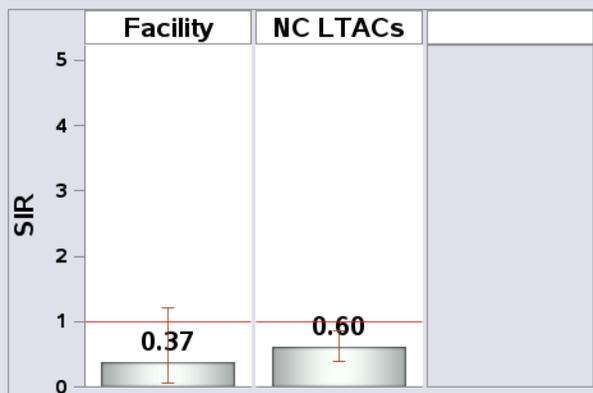


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	2	5.5	Same
All reporting units	2	5.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

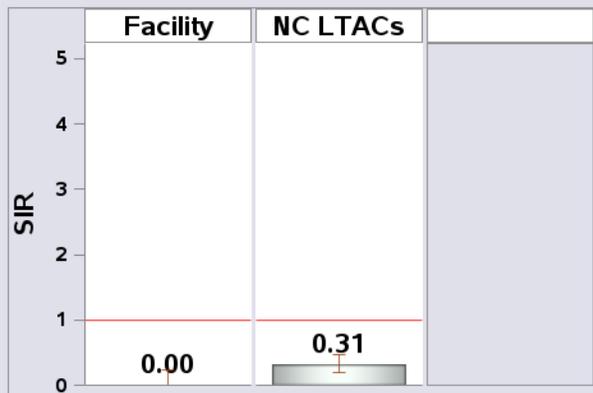


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	13	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Select Specialty Hospital-Greensboro, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

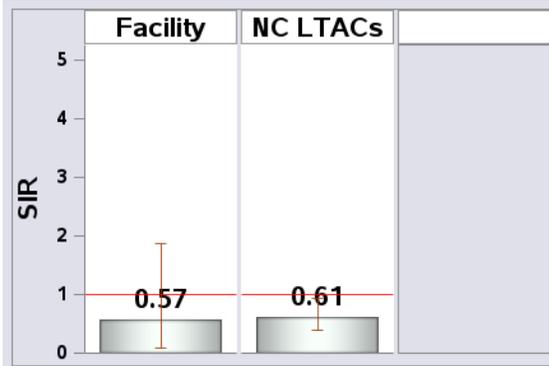


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	2	3.5	Same
All reporting units	2	3.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	5,037
Patient Days in 2023:	22,216
Total Number of Beds:	115
Number of ICU Beds:	13
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.96

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

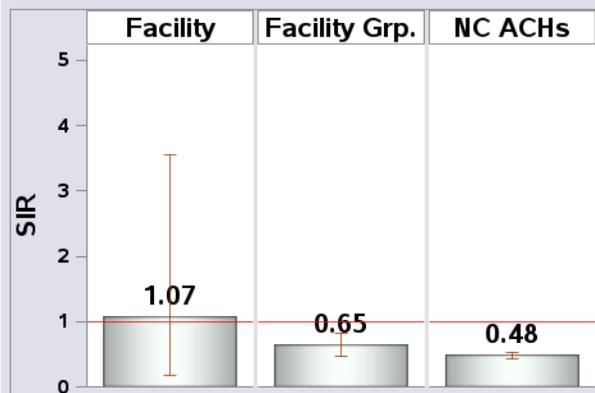


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.2	Same
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	2	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

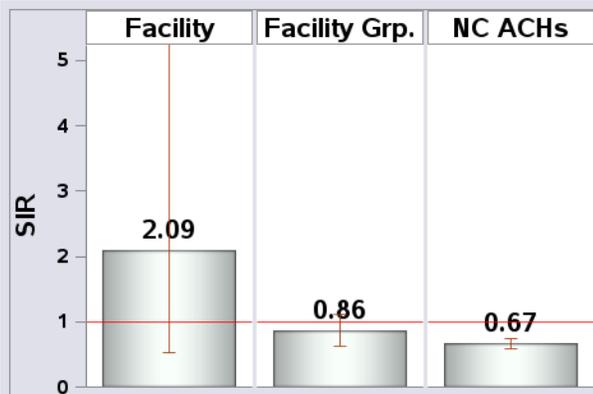


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	10	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

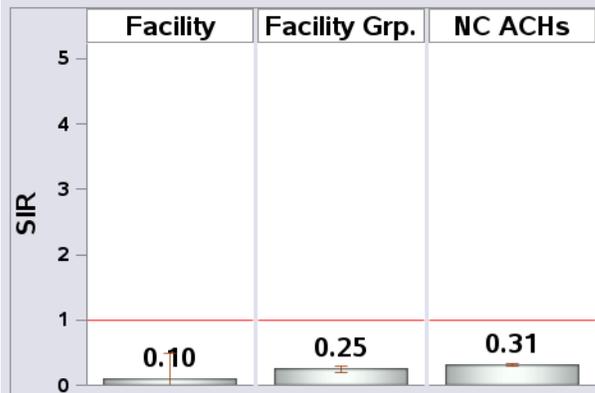


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.2	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	3	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

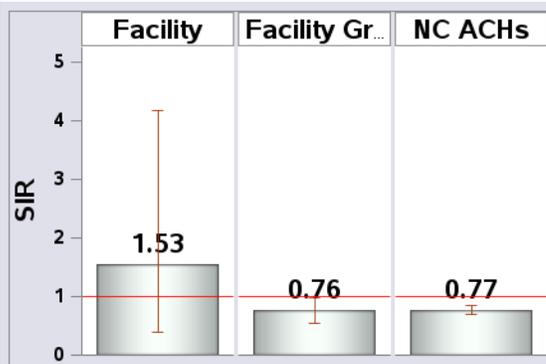


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

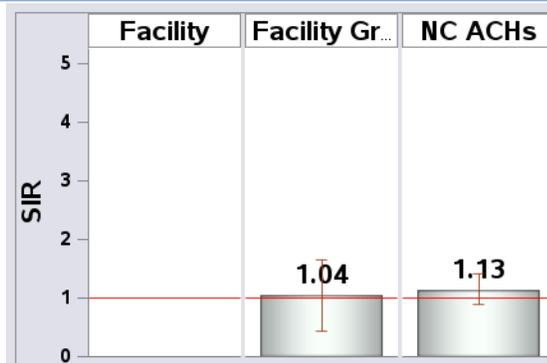


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

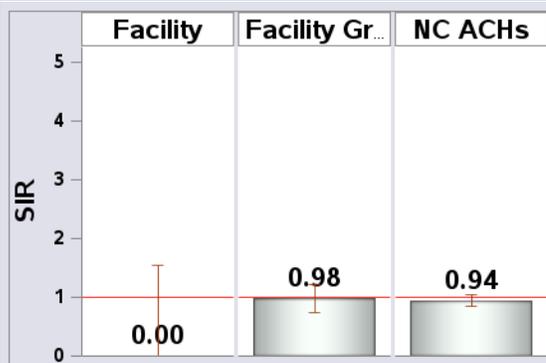


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Southeastern Regional Medical Center, Lumberton, Robeson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	14,676
Patient Days in 2023:	52,097
Total Number of Beds:	218
Number of ICU Beds:	25
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	1.38

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

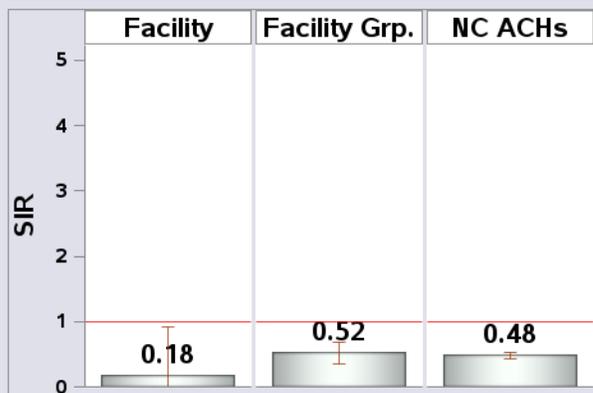


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.0	Same
Adult/Ped Wards	1	3.4	Same
All reporting units	1	5.4	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

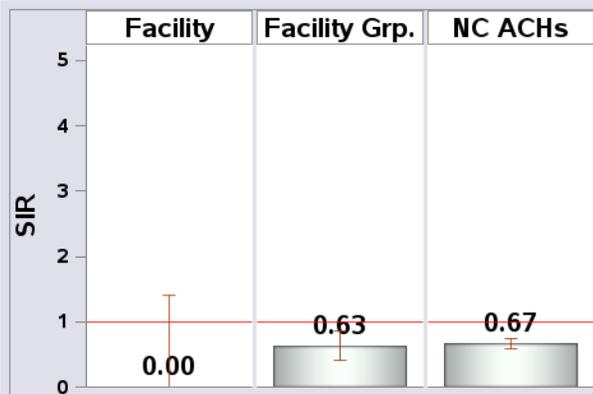


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	20	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

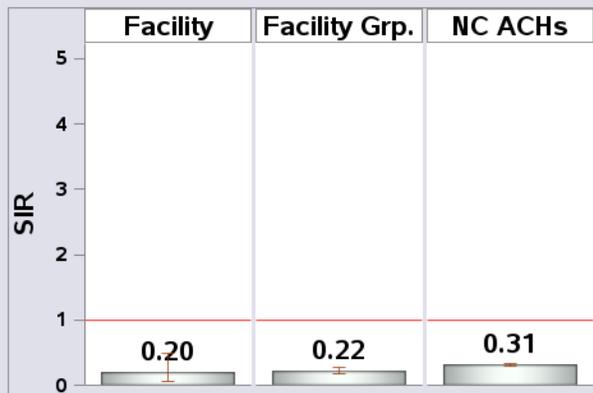


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

Southeastern Regional Medical Center, Lumberton, Robeson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.7	Same
Adult/Ped Wards	1	2.8	Same
All reporting units	3	4.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

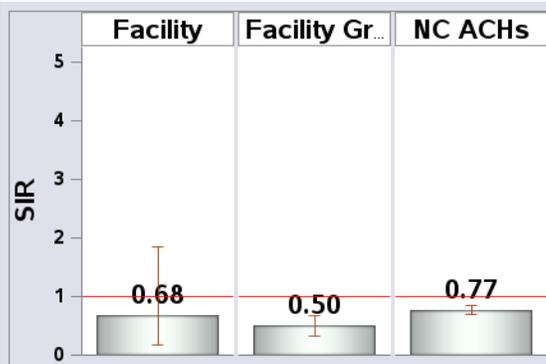


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

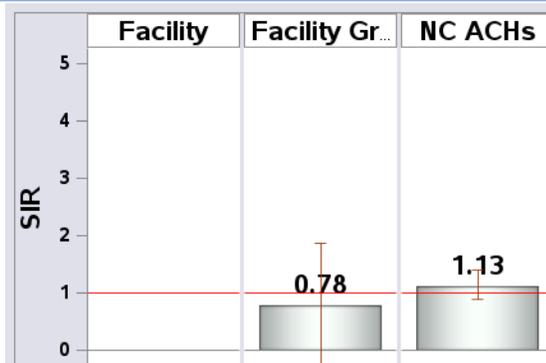


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

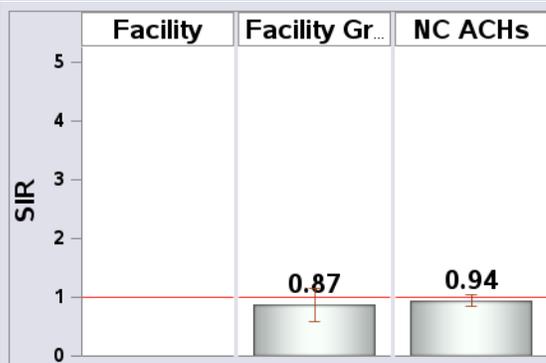


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report

Data from January 1 - December 31, 2024

UNC Health Blue Ridge, Morganton, Burke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	7,298
Patient Days in 2023:	34,475
Total Number of Beds:	151
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.78
Number of FTEs* per 100 beds:	1.18

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

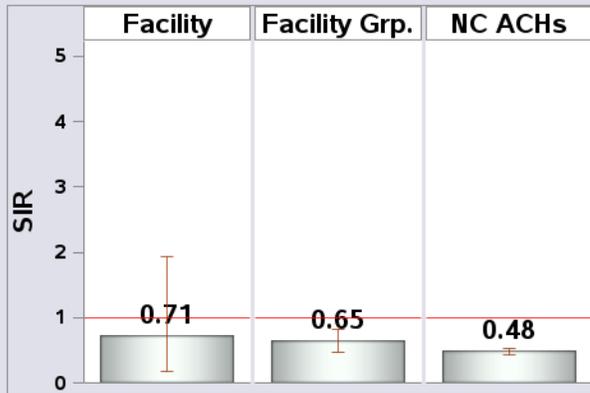


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.3	Same
Adult/Ped Wards	2	1.9	Same
All reporting units	3	4.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

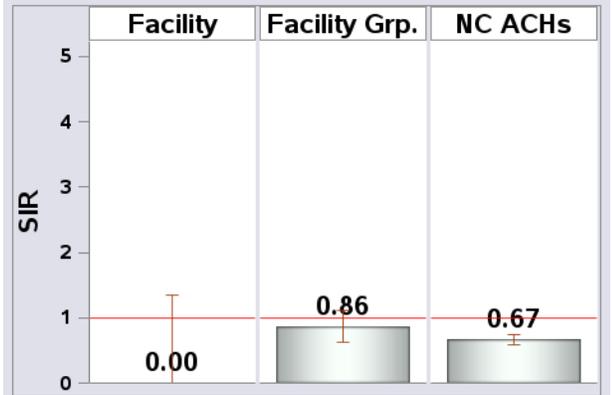


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	13	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

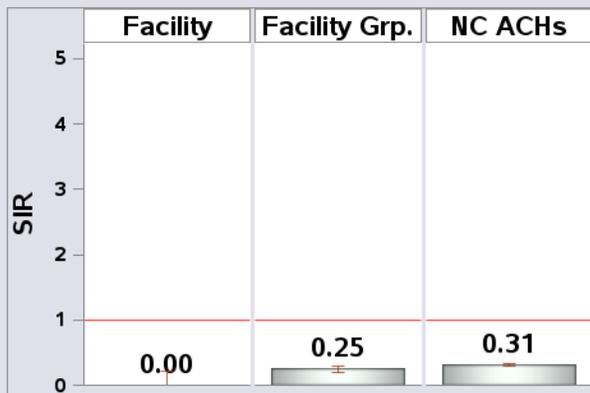


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

N.C. Division of Public Health, SHARPPS Program

Report Generated: April 9, 2025

N.C. HAI 2024 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
UNC Health Blue Ridge, Morganton, Burke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.3	Same
Adult/Ped Wards	0	1.4	Same
All reporting units	1	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

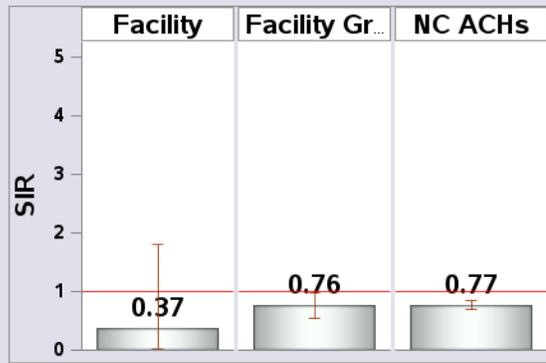


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

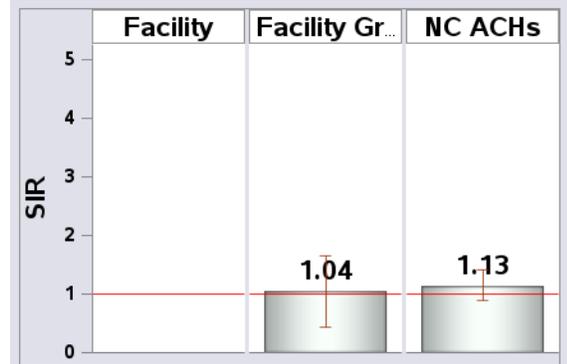


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

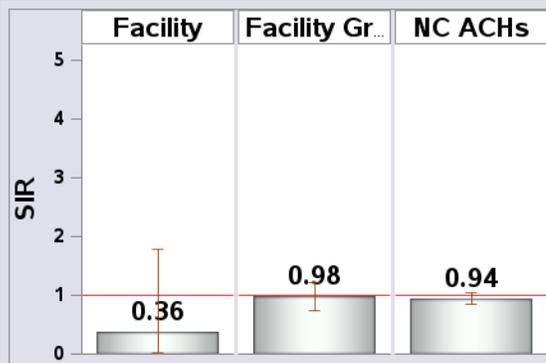


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report Data from January 1 - December 31, 2024

UNC Health Care, Chapel Hill, Orange County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	42,527
Patient Days in 2023:	314,838
Total Number of Beds:	1,001
Number of ICU Beds:	214
FTE* Infection Preventionists:	10.0
Number of FTEs* per 100 beds:	1.00

[*FTE = Full-time equivalent]



Commentary From Facility:

UNC Health Care is pleased that rates of all reported healthcare-associated infections are statistically similar or better than similarly-sized hospitals despite care in a tertiary referral hospital for highly vulnerable populations (e.g., organ transplant, HIV infected, cancer, severely burned, and very premature infants). NC residents should be aware that the reported information is NOT entirely adjusted for the severity of illness of the hospital's patients. UNC Health Care supports the need for the data presented in this report to be validated (i.e., demonstration by independent monitors that the submitted data is correct).

Catheter-Associated Urinary Tract Infections (CAUTI)

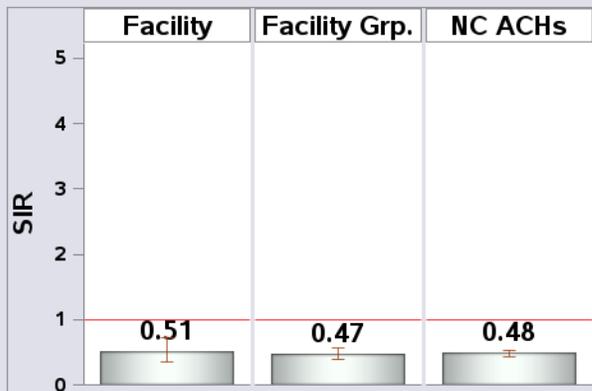


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	23	41	Better
Adult/Ped Wards	6	15	Better
All reporting units	29	56	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2024
UNC Health Care, Chapel Hill, Orange County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	50	36	Worse
Adult/Ped Wards	18	24	Same
Neonatal Units	6	8.7	Same
All reporting units	74	69	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

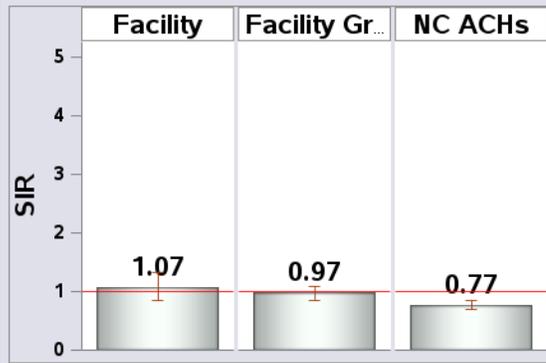


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

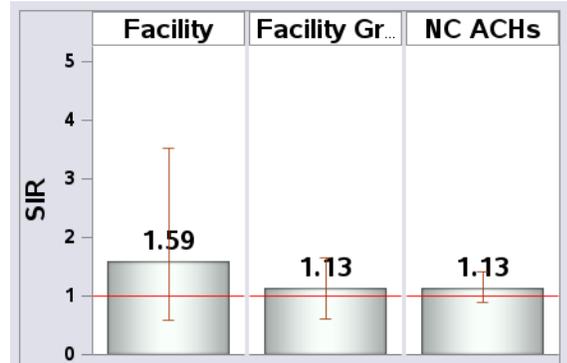


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	18	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

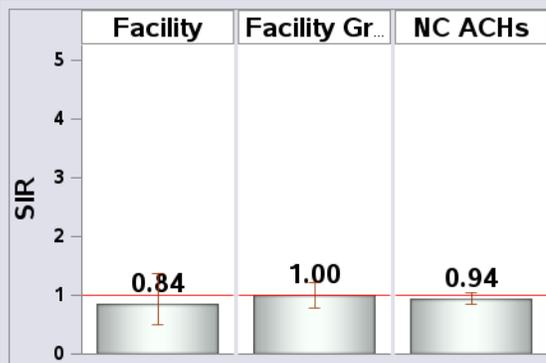


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Johnston Health, Smithfield, Johnston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	8,467
Patient Days in 2023:	44,951
Total Number of Beds:	165
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.91

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

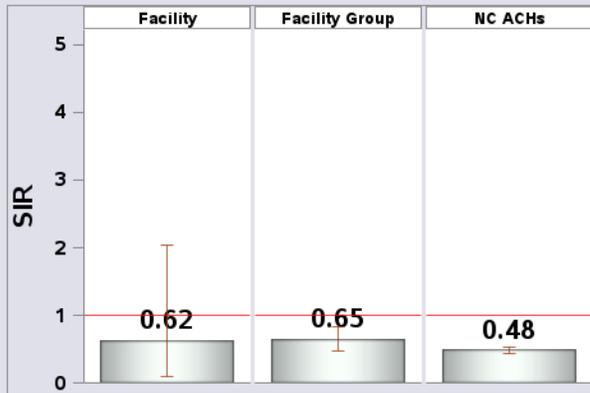


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.5	Same
Adult/Ped Wards	1	1.8	Same
All reporting units	2	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

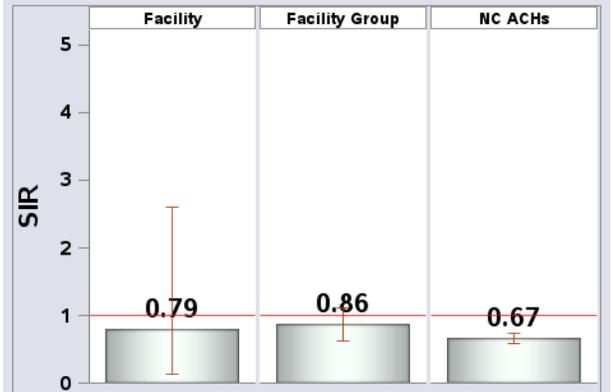


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

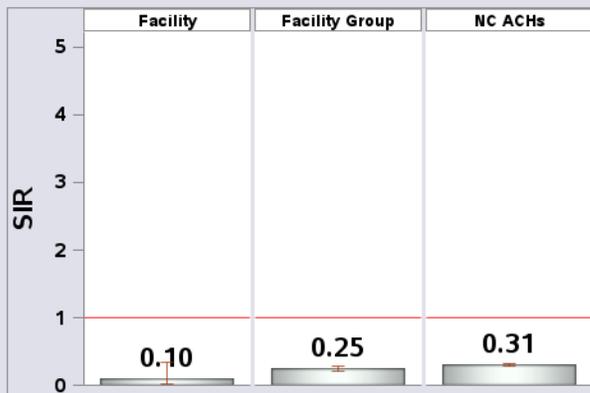


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	22	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

&NatBaselineText

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Johnston Health, Smithfield, Johnston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

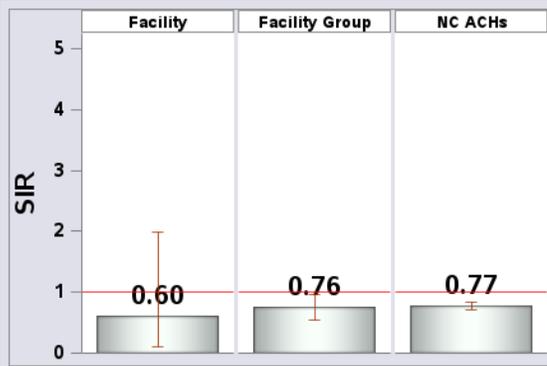


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.2	Same
Adult/Ped Wards	0	2.1	Same
All reporting units	2	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

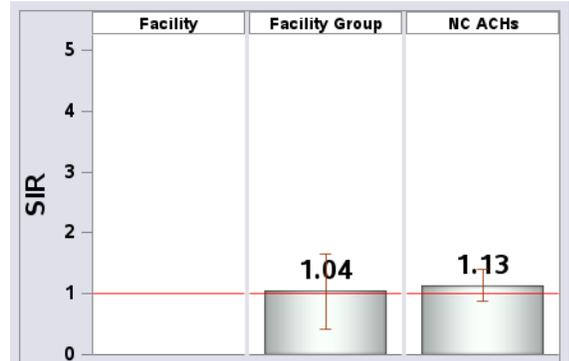


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

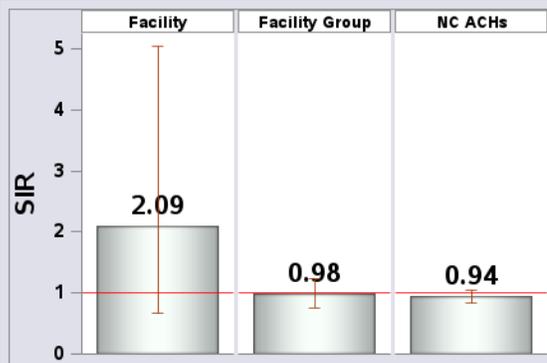


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Johnston Health Clayton, Clayton, Johnston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	4,959
Patient Days in 2023:	15,543
Total Number of Beds:	50
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.00

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

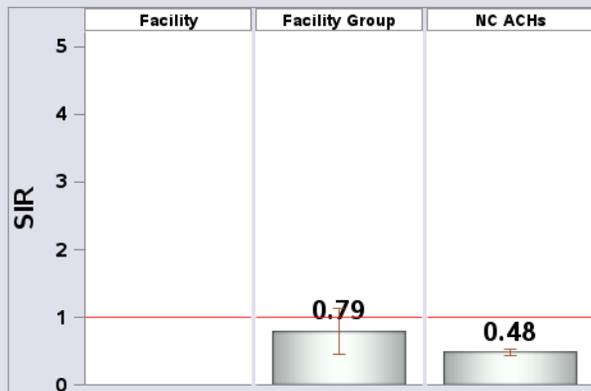


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

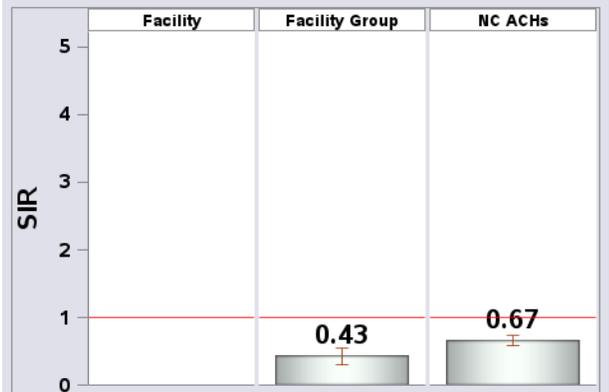


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	3.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

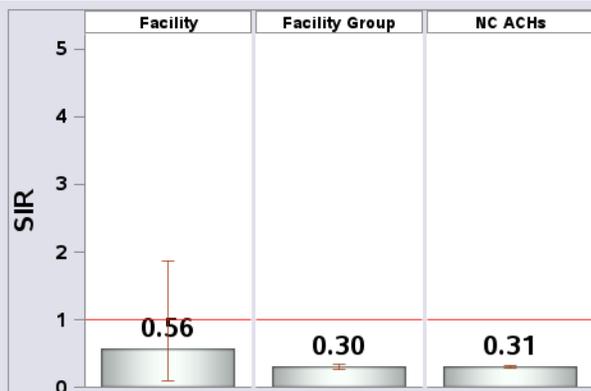


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Johnston Health Clayton, Clayton, Johnston County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

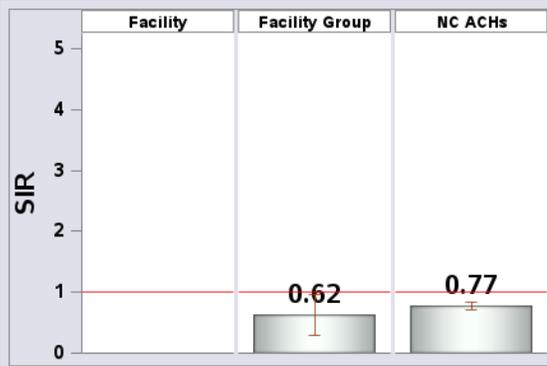


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

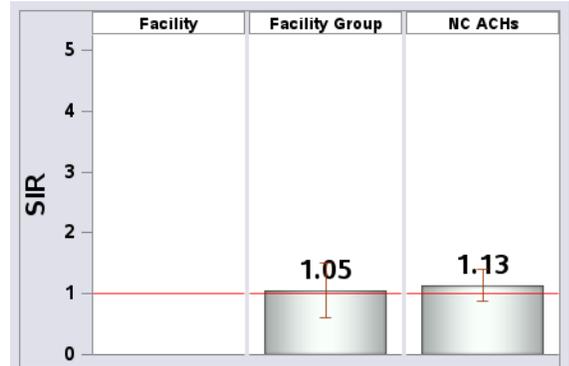


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

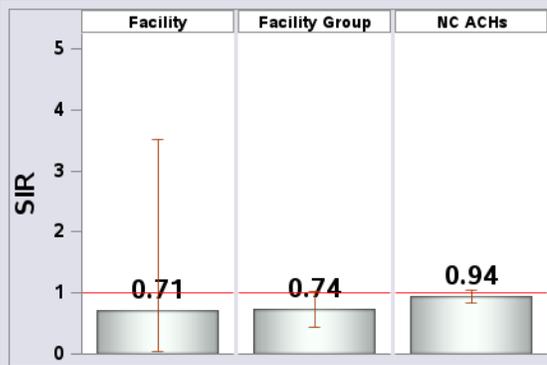


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Kindred Hospital-Greensboro, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 265
 Patient Days in 2023: 15,008
 Total Number of Beds: 101
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

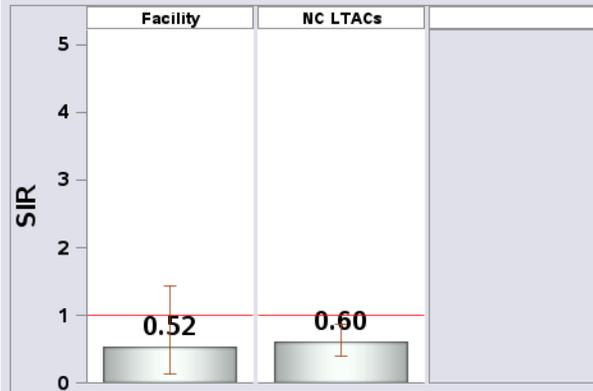


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	3	5.7	Same
All reporting units	3	5.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

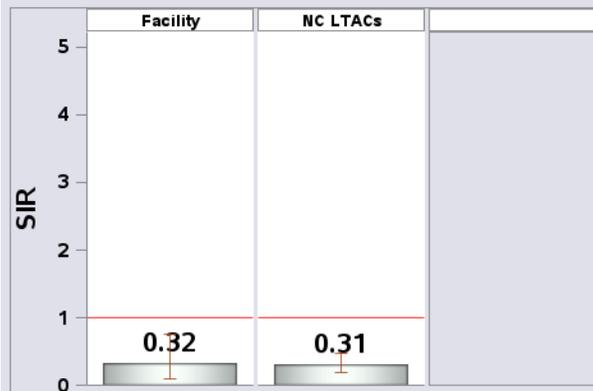


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	13	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Kindred Hospital-Greensboro, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

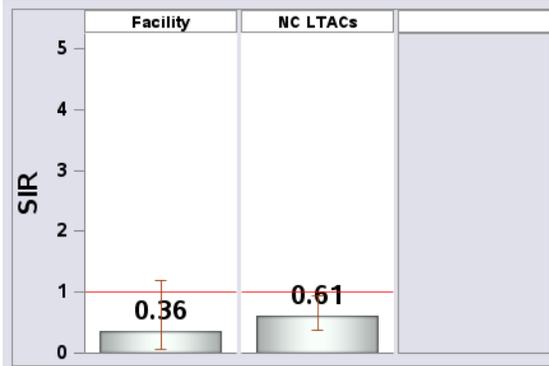


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	2	5.5	Same
All reporting units	2	5.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Kings Mountain Hospital, Kings Mountain, Cleveland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	2,160
Patient Days in 2023:	15,510
Total Number of Beds:	67
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	0.30

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

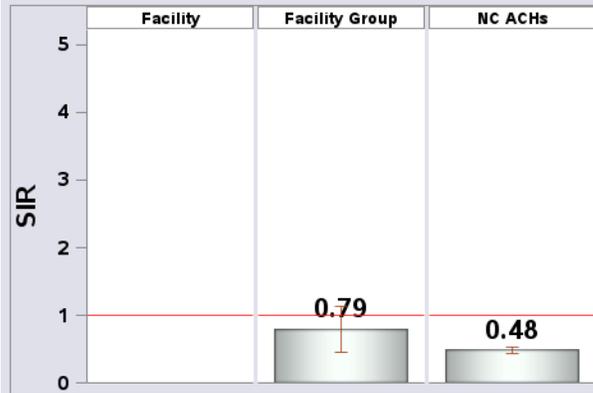


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

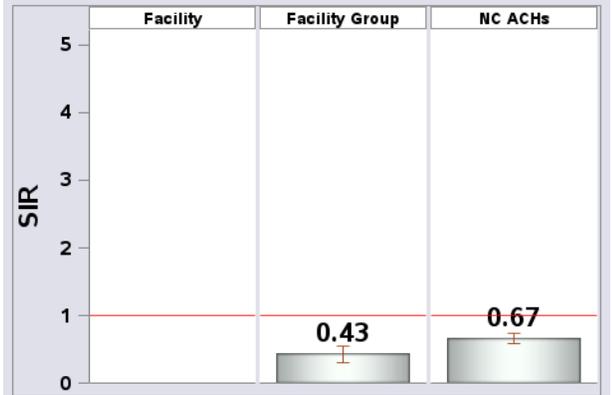


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

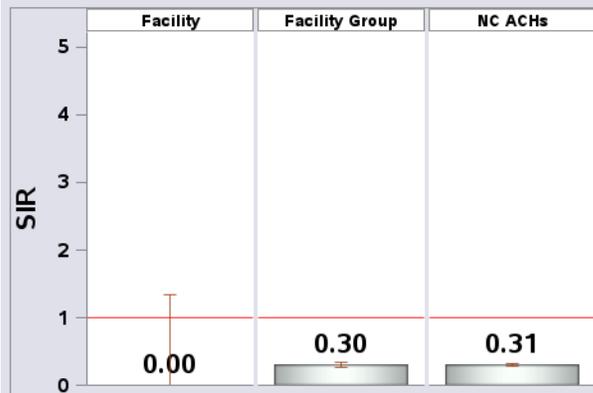


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Kings Mountain Hospital, Kings Mountain, Cleveland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

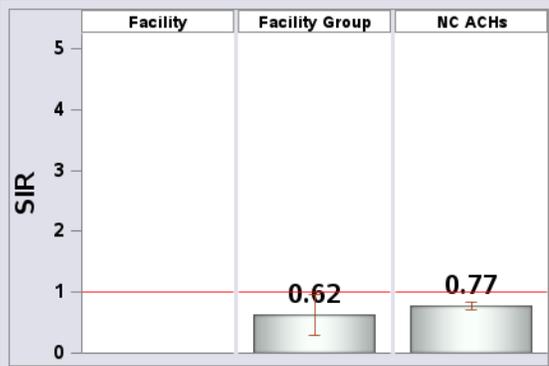


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Lake Norman Regional Medical Center, Mooresville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	4,039
Patient Days in 2023:	13,428
Total Number of Beds:	123
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.20
Number of FTEs* per 100 beds:	0.98

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

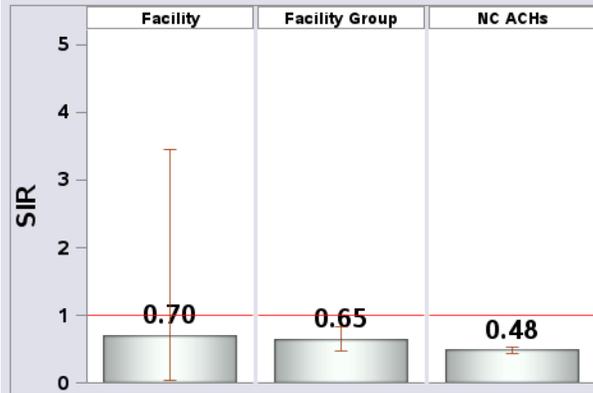


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

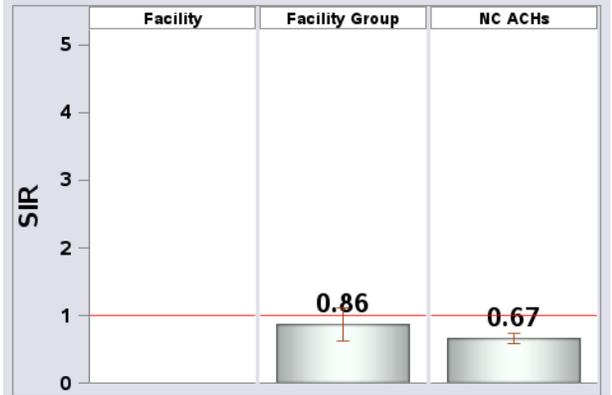


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	7.1	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

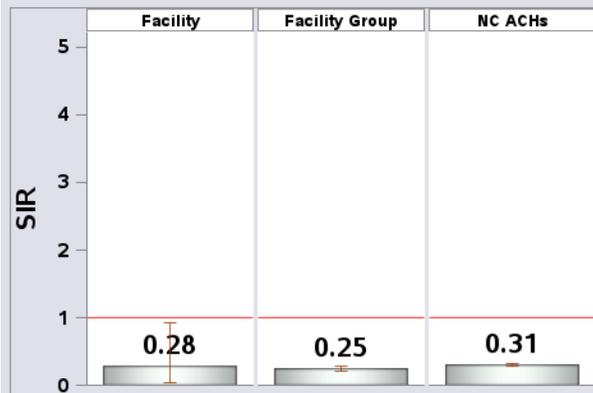


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Lake Norman Regional Medical Center, Mooresville, Iredell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

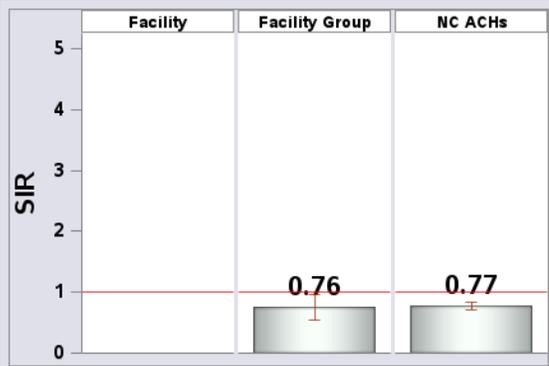


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

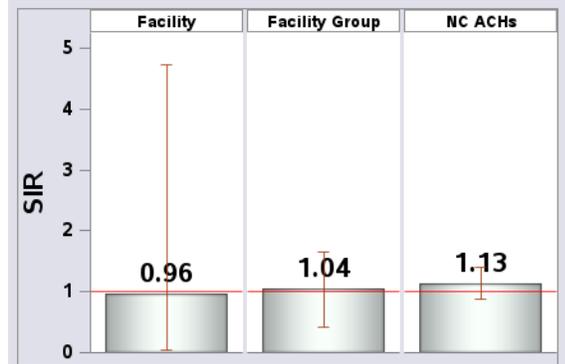


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

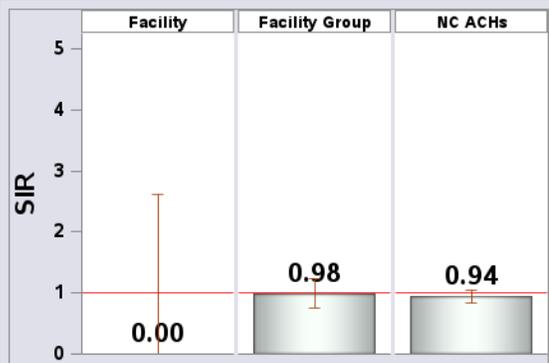


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report Data from January 1 - December 31, 2024

Lenoir Memorial Hospital, Kinston, Lenoir County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	5,035
Patient Days in 2023:	28,541
Total Number of Beds:	102
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.98

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

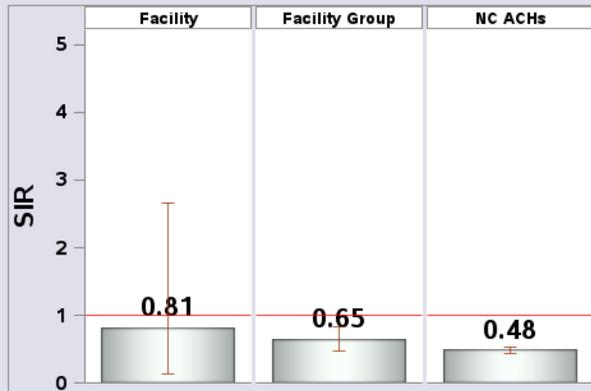


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	1.7	Same
All reporting units	2	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Lenoir Memorial Hospital, Kinston, Lenoir County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.8	Same
All reporting units	0	2.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

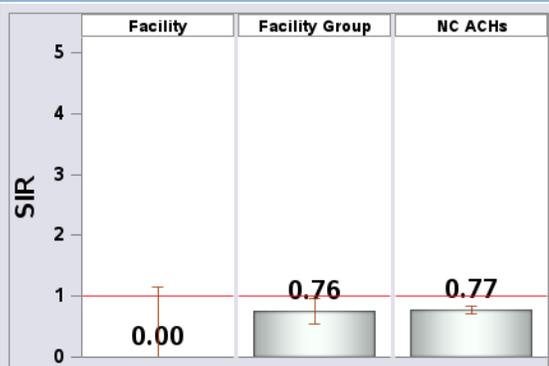


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

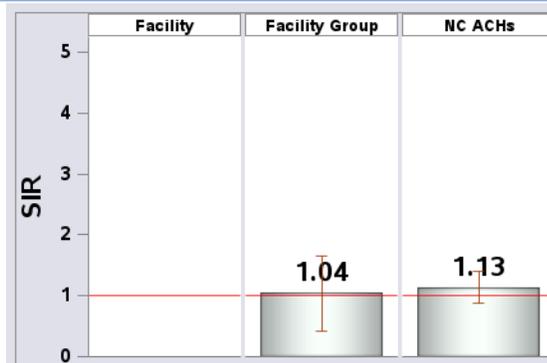


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

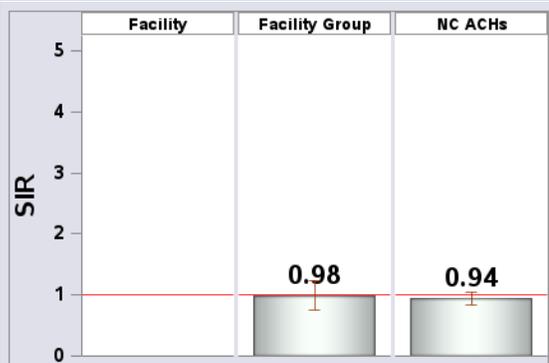


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Maria Parham Medical Center, Henderson, Vance County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	5,398
Patient Days in 2023:	31,495
Total Number of Beds:	124
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.81

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

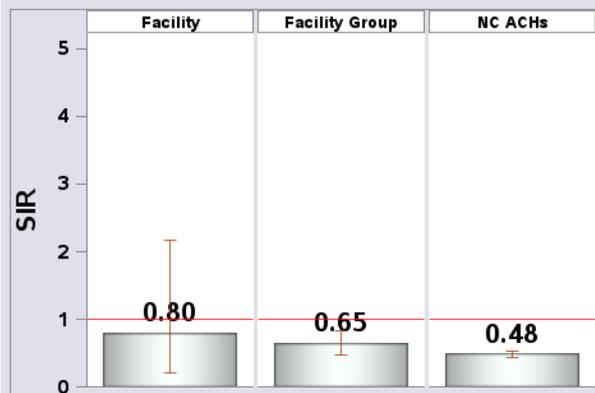


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.5	Same
Adult/Ped Wards	2	2.2	Same
All reporting units	3	3.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Maria Parham Medical Center, Henderson, Vance County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

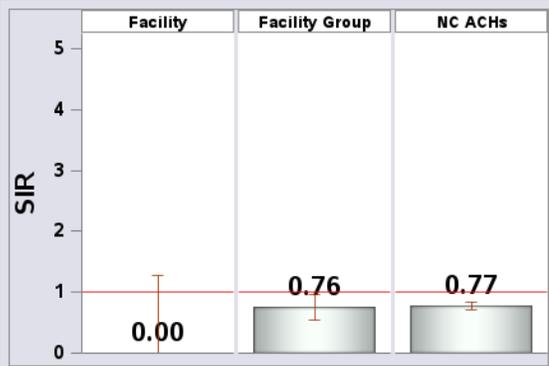


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.3	Same
Adult/Ped Wards	0	1.1	Same
All reporting units	0	2.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

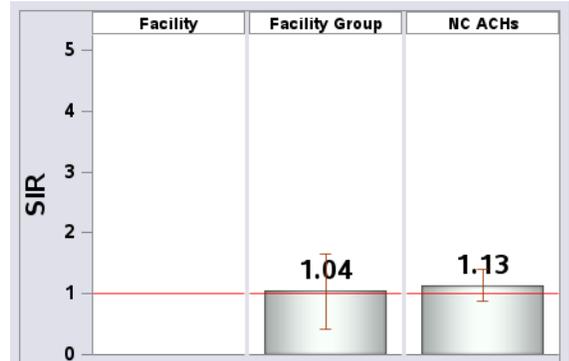


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

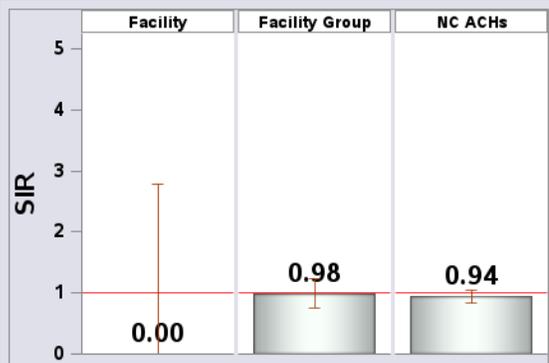


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

McDowell Hospital, Marion, McDowell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	2,888
Patient Days in 2023:	9,013
Total Number of Beds:	30
Number of ICU Beds:	4
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.67

(*FTE = Full-time equivalent)



Commentary From Facility:

Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

Catheter-Associated Urinary Tract Infections (CAUTI)

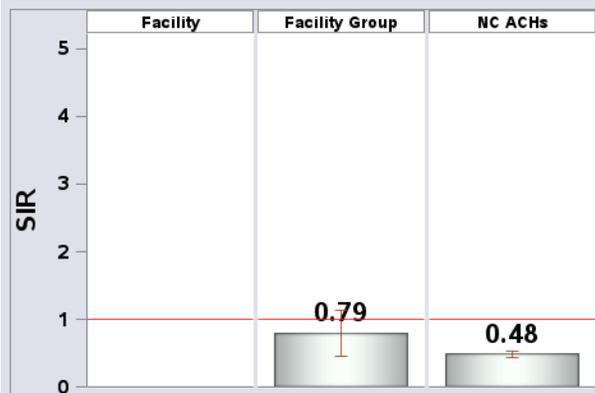


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

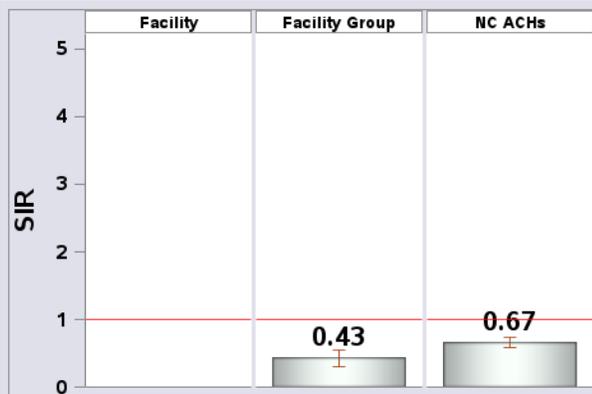


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

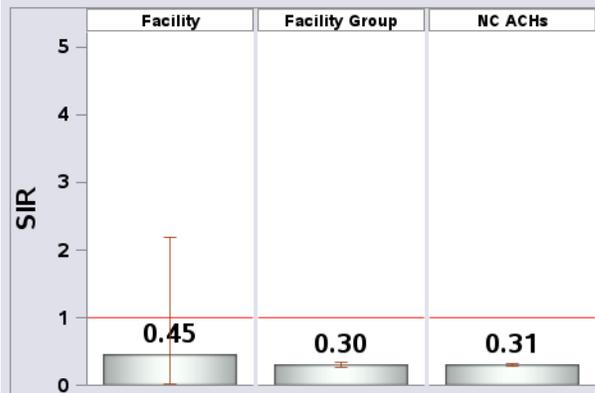


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
McDowell Hospital, Marion, McDowell County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

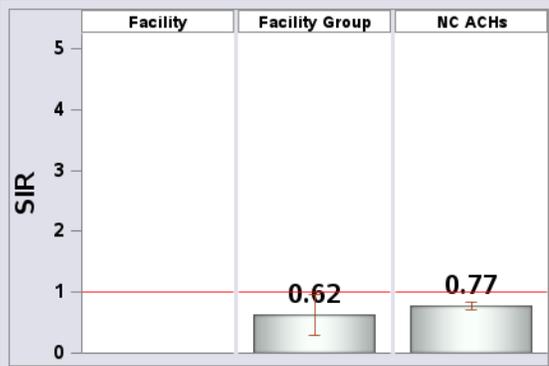


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

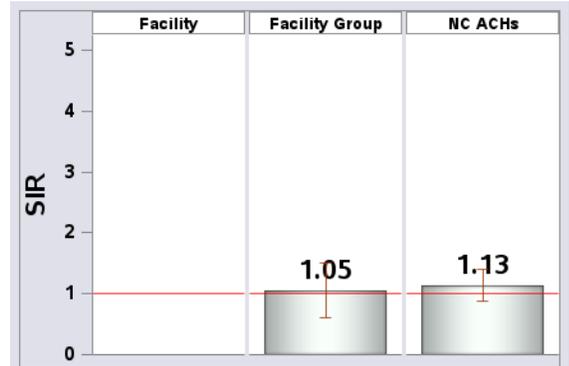


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

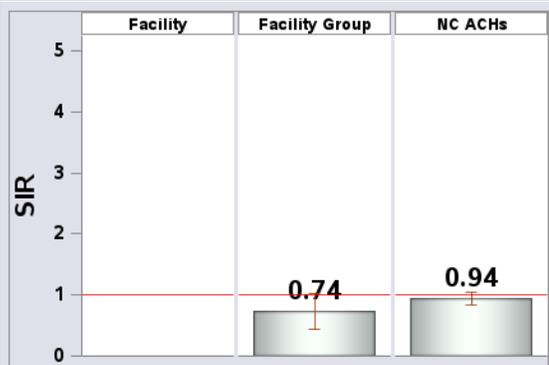


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Mission Hospital, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	54,572
Patient Days in 2023:	262,967
Total Number of Beds:	853
Number of ICU Beds:	151
FTE* Infection Preventionists:	7.50
Number of FTEs* per 100 beds:	0.88

[*FTE = Full-time equivalent]



Commentary From Facility:

Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

Catheter-Associated Urinary Tract Infections (CAUTI)

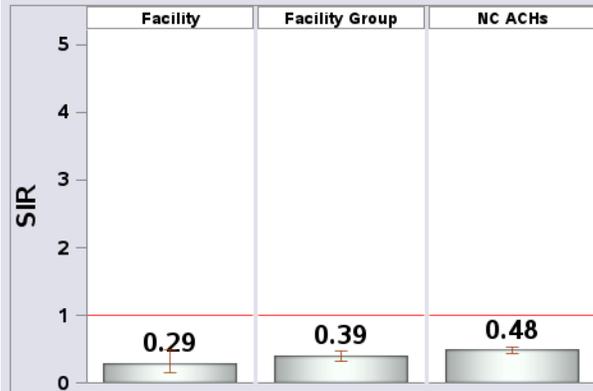


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	8	29	Better
Adult/Ped Wards	4	12	Better
All reporting units	12	41	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	13	19	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

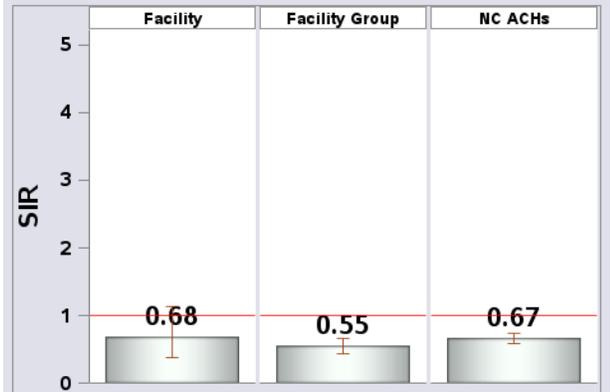


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

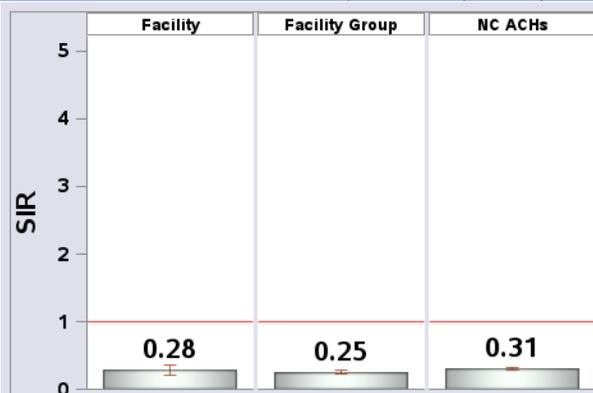


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	46	167	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Mission Hospital, Asheville, Buncombe County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

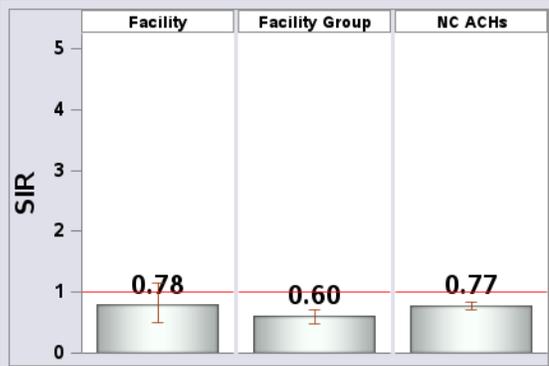


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	13	16	Same
Adult/Ped Wards	9	10	Same
Neonatal Units	1	2.8	Same
All reporting units	23	29	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	4.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

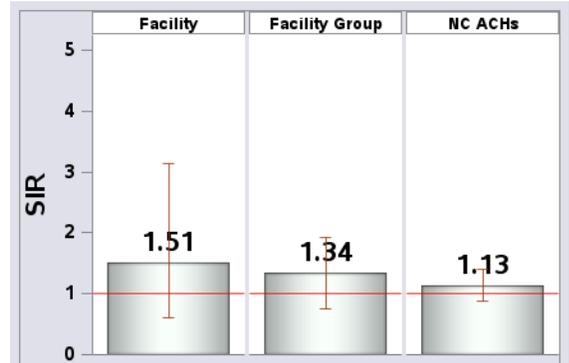


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	13	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

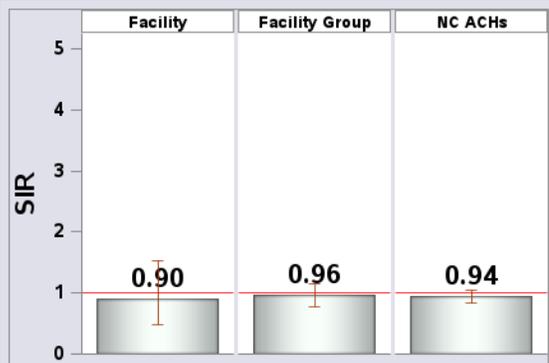


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report Data from January 1 - December 31, 2024

Moses Cone Hospital, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	29,292
Patient Days in 2023:	173,430
Total Number of Beds:	517
Number of ICU Beds:	109
FTE* Infection Preventionists:	3.30
Number of FTEs* per 100 beds:	0.64

[*FTE = Full-time equivalent]



Commentary From Facility:

Cone Health is committed to preventing harm from Healthcare Associated Infections across our community. We have dedicated multi-disciplinary teams focused on process improvements to ensure improved outcomes for our patients. If you would like further information, please contact Cone Health Infection Prevention Department. Thank you.

Catheter-Associated Urinary Tract Infections (CAUTI)

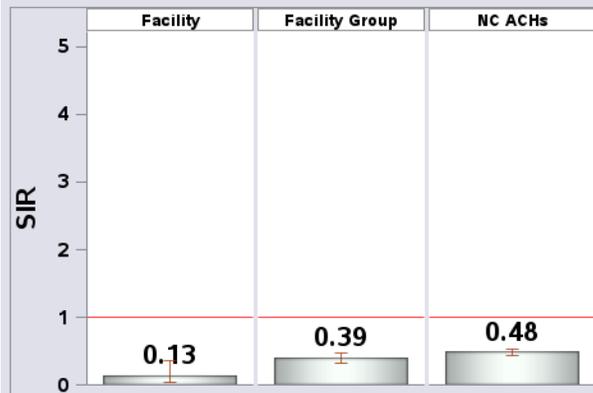


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	17	Better
Adult/Ped Wards	3	5.8	Same
All reporting units	3	23	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Moses Cone Hospital, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

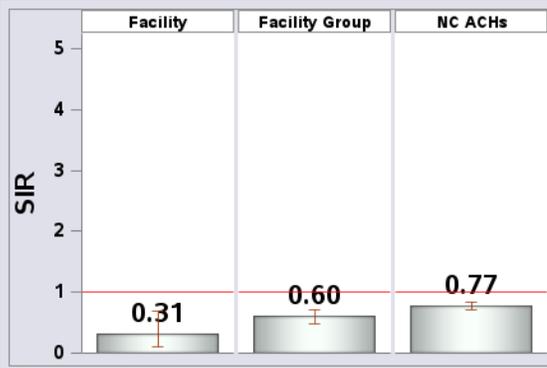


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	9.1	Better
Adult/Ped Wards	5	6.8	Same
All reporting units	5	16	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ Better: Fewer infections than predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

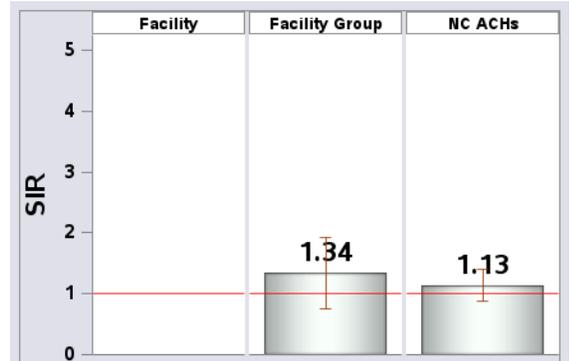


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	4.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

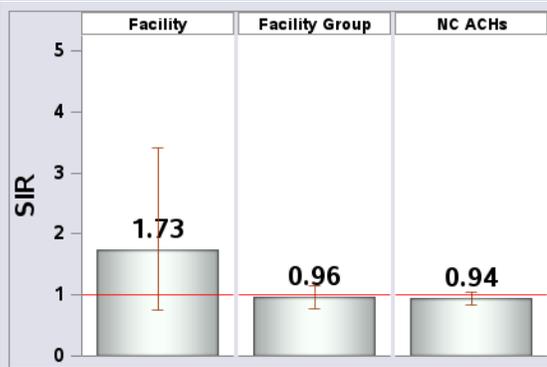


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Nash Health Care Systems, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	12,404
Patient Days in 2023:	51,468
Total Number of Beds:	178
Number of ICU Beds:	16
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	1.69

[*FTE = Full-time equivalent]



Commentary From Facility:

NHCS is actively implementing plans to review and improve processes in the prevention of MRSA bacteremia. NHCS has a Lean project and action plan to further develop on-going strategies to reduce the risks of C. diff transmission

Catheter-Associated Urinary Tract Infections (CAUTI)

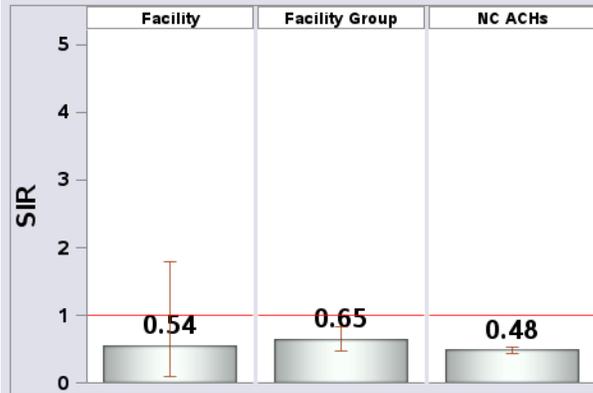


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.0	Same
Adult/Ped Wards	2	1.7	Same
All reporting units	2	3.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

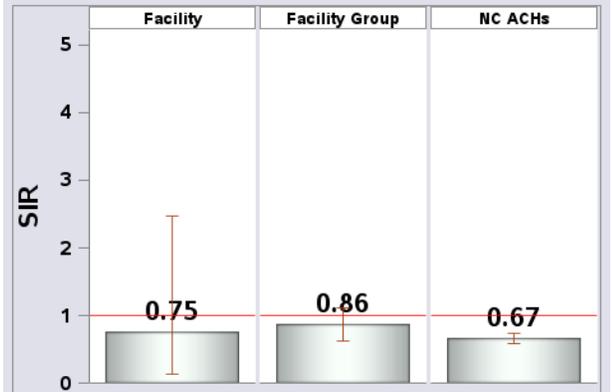


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

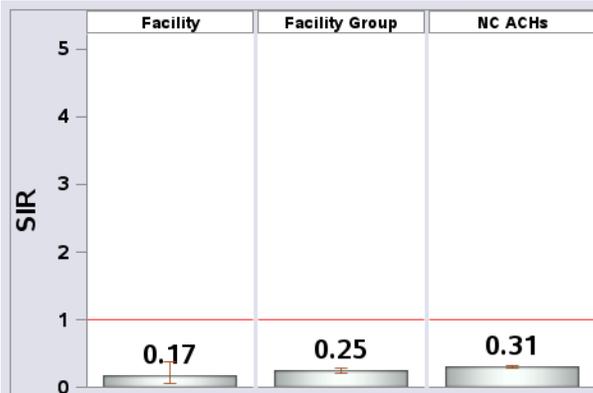


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	30	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Nash Health Care Systems, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

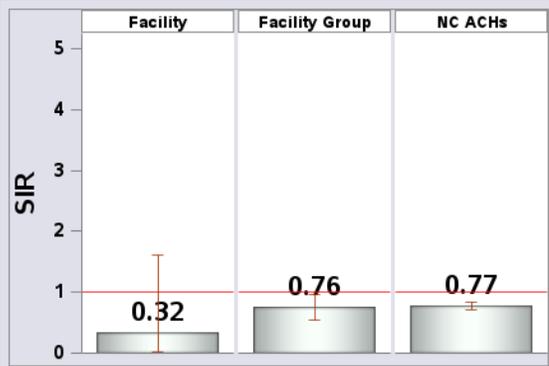


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.6	Same
Adult/Ped Wards	0	1.4	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	1	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

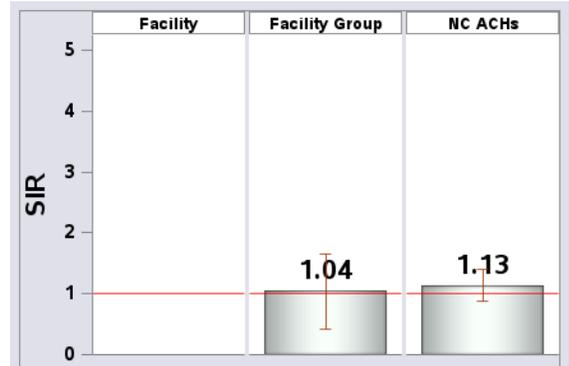


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	2.4	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 × **Worse:** More infections than predicted by the national baseline experience

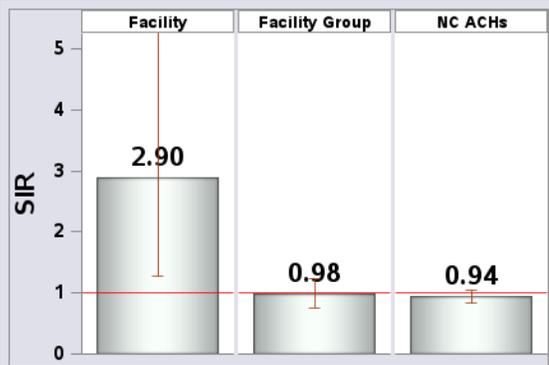


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

New Hanover Regional Medical Center, Wilmington, New Hanover County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	45,391
Patient Days in 2023:	255,805
Total Number of Beds:	793
Number of ICU Beds:	115
FTE* Infection Preventionists:	6.30
Number of FTEs* per 100 beds:	0.79

[*FTE = Full-time equivalent]



Commentary From Facility:

At New Hanover Regional Medical Center we take patient safety and quality care extremely seriously. We implement the latest science-based protocols to prevent hospital-acquired infection. We study and adopt best practices, evidence-based medicine and recommendations from national agencies to deliver the best possible outcomes for our patients. We encourage patients and their families to take an active role in helping prevent infections. Our team of infection preventionists works with all staff to ensure they

Catheter-Associated Urinary Tract Infections (CAUTI)

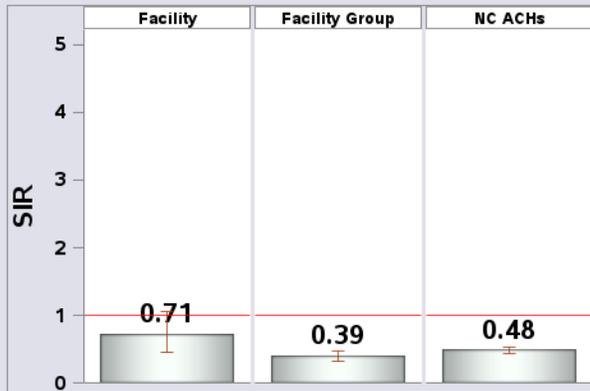


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	12	22	Better
Adult/Ped Wards	10	8.7	Same
All reporting units	22	31	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

New Hanover Regional Medical Center, Wilmington, New Hanover County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

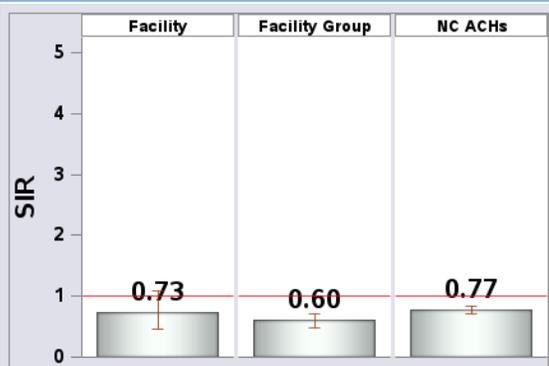


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	9	13	Same
Adult/Ped Wards	10	11	Same
Neonatal Units	2	4.5	Same
All reporting units	21	29	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

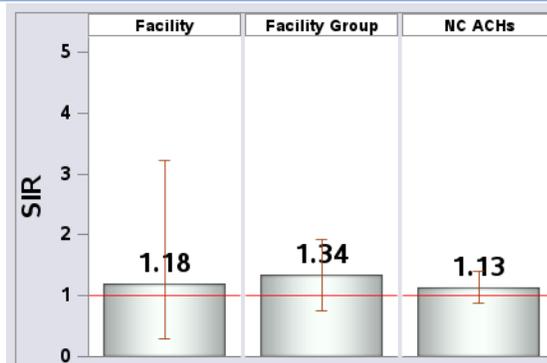


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	18	18	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

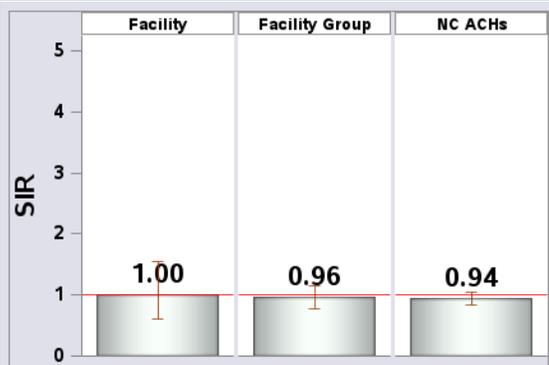


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

North Carolina Specialty Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	2,501
Patient Days in 2023:	3,098
Total Number of Beds:	26
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	3.85

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

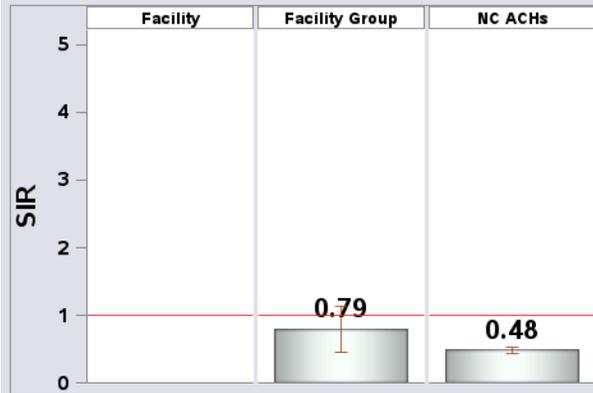


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

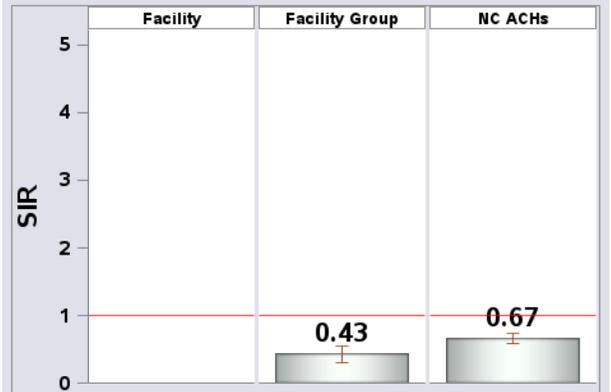


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

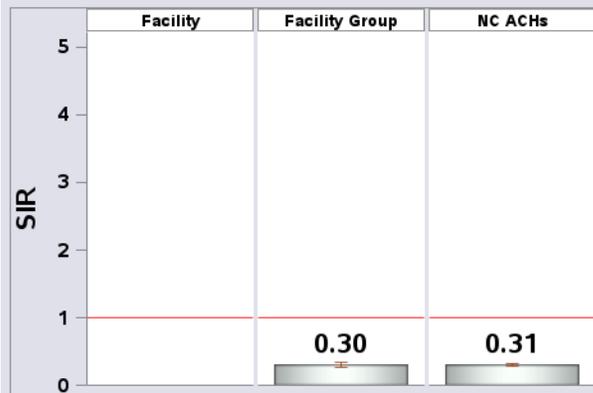


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
North Carolina Specialty Hospital, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

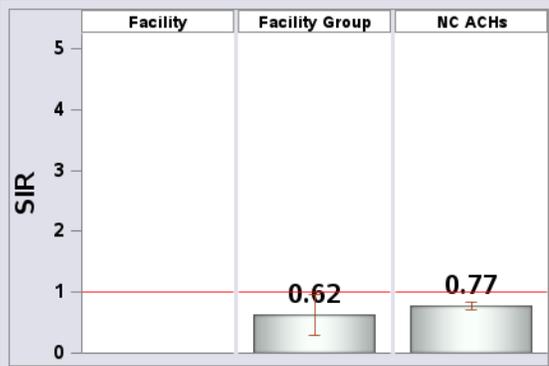


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Northern Regional Hospital, Mount Airy, Surry County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	3,780
Patient Days in 2023:	15,952
Total Number of Beds:	100
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.00

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

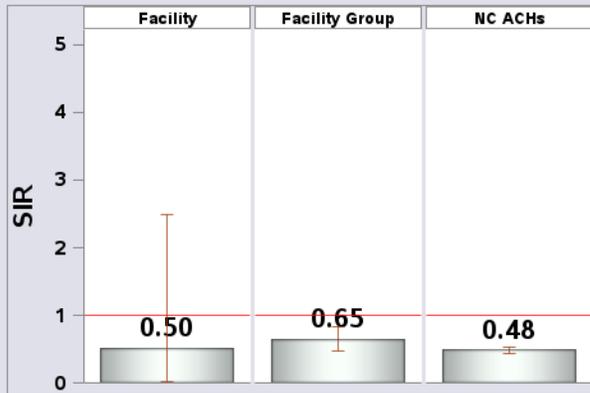


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.4	Same
All reporting units	1	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

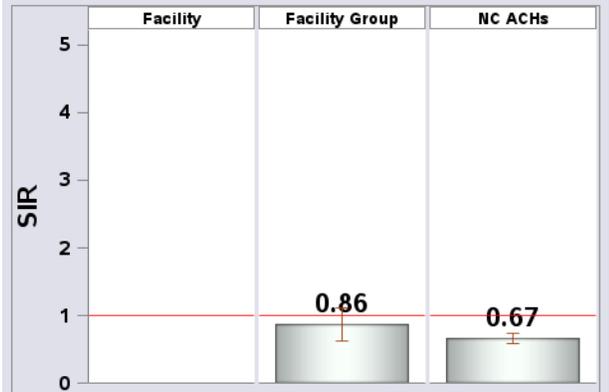


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	10	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

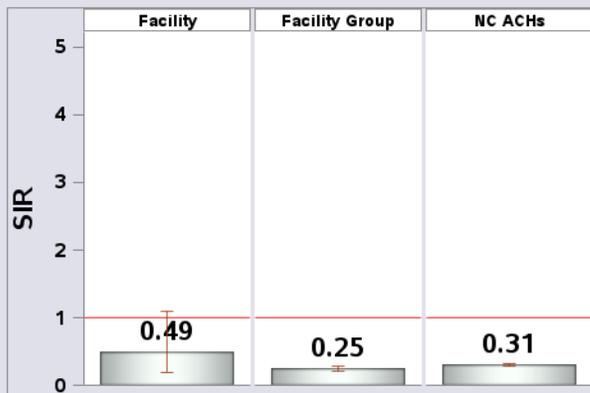


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Northern Regional Hospital, Mount Airy, Surry County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

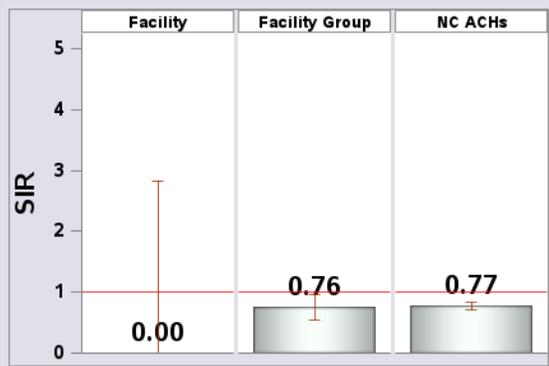


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

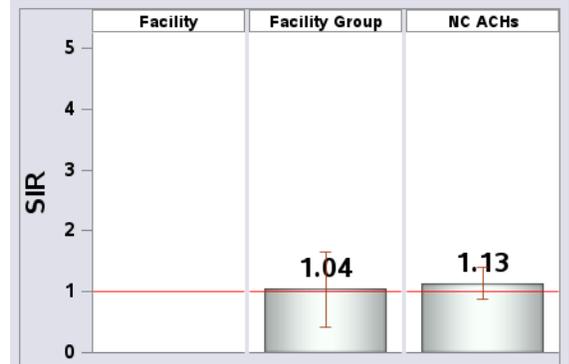


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

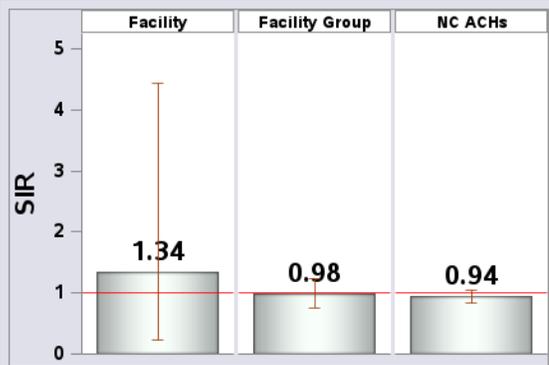


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Brunswick Medical Center, Bolivia, Brunswick County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	7,201
Patient Days in 2023:	23,721
Total Number of Beds:	88
Number of ICU Beds:	5
FTE* Infection Preventionists:	0.90
Number of FTEs* per 100 beds:	1.02

(*FTE = Full-time equivalent)



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

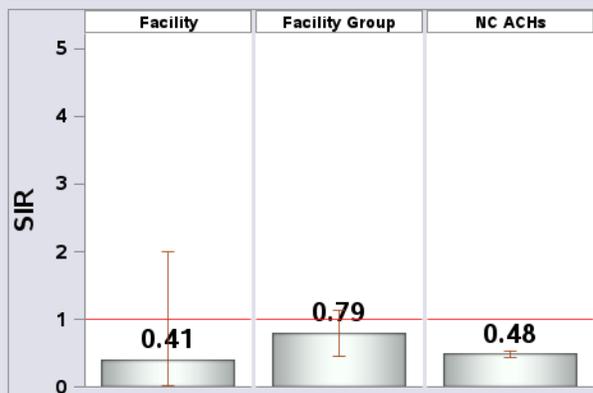


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	1.8	Same
All reporting units	1	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

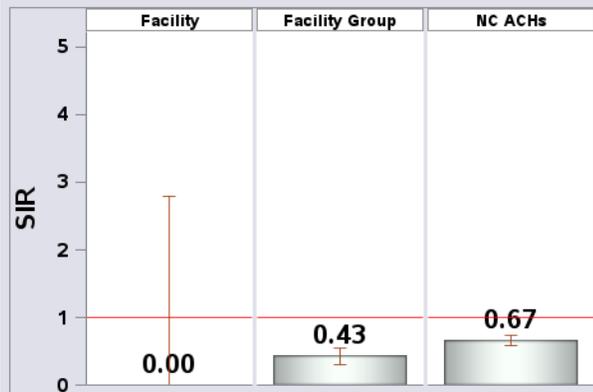


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	12	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

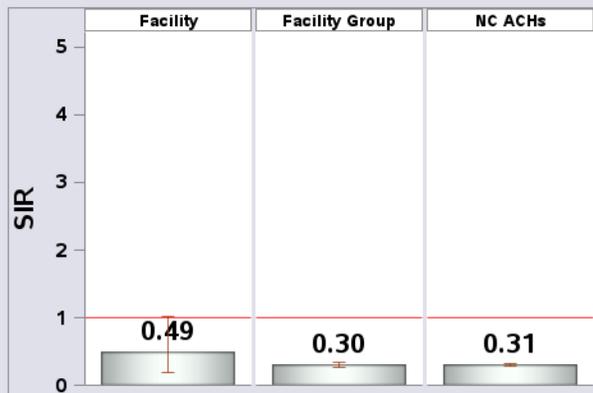


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N.C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Brunswick Medical Center, Bolivia, Brunswick County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

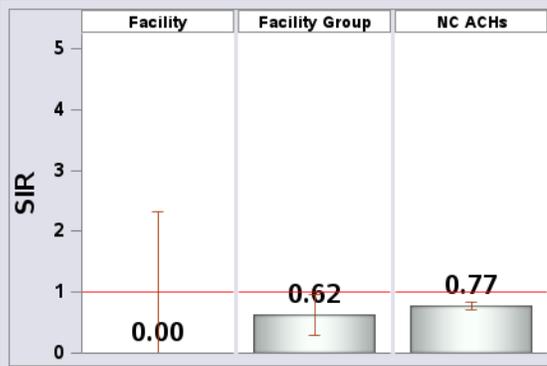


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

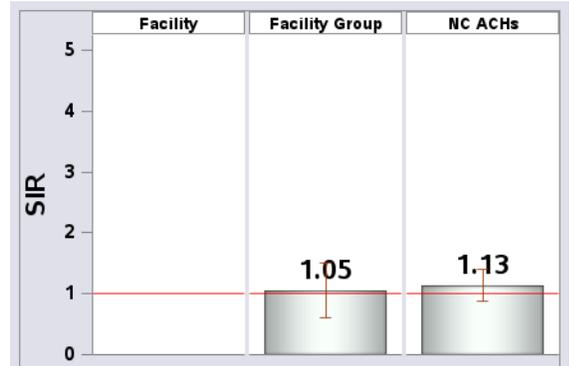


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

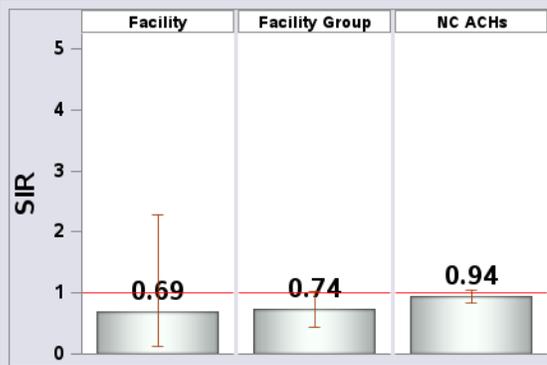


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Charlotte Orthopedic Hospital, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	3,312
Patient Days in 2023:	9,243
Total Number of Beds:	42
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.30
Number of FTEs* per 100 beds:	0.71

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Charlotte Orthopedic Hospital, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Clemmons Medical Center, Clemmons, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,709
Patient Days in 2023:	7,894
Total Number of Beds:	36
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.39

(*FTE = Full-time equivalent)



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

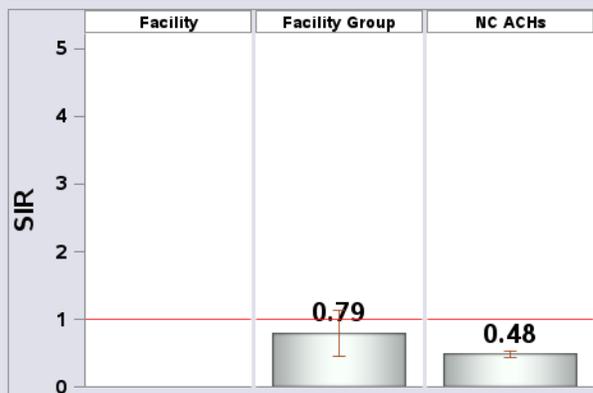


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

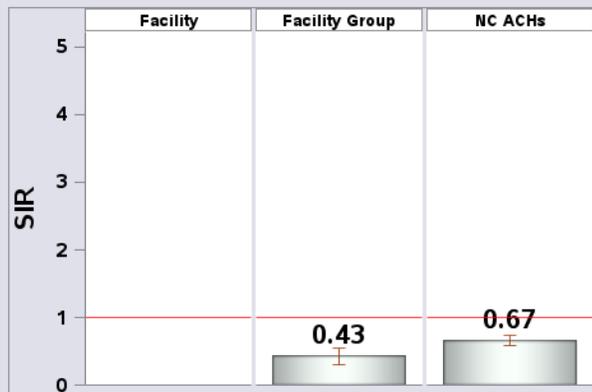


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

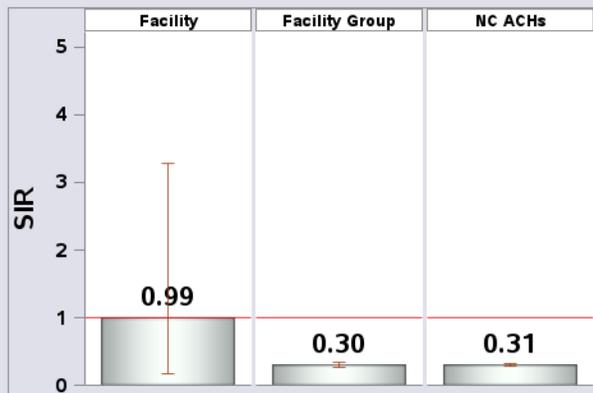


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N.C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Clemmons Medical Center, Clemmons, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

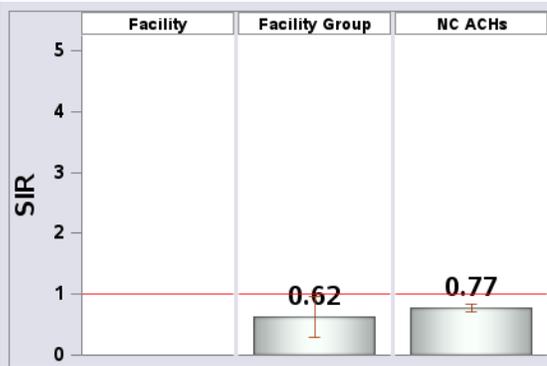


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

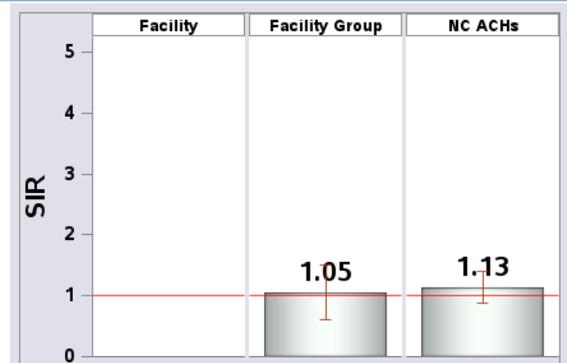


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	7.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

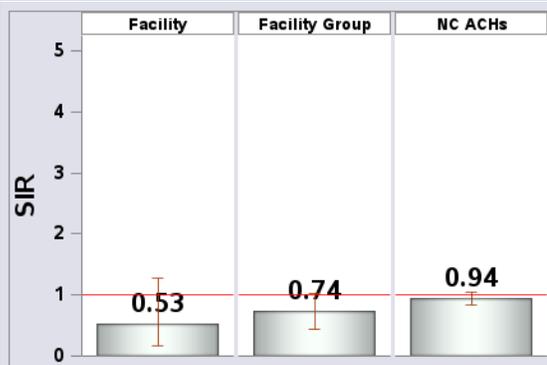


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Forsyth Medical Center, Winston Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	42,942
Patient Days in 2023:	239,672
Total Number of Beds:	825
Number of ICU Beds:	142
FTE* Infection Preventionists:	7.80
Number of FTEs* per 100 beds:	0.95

(*FTE = Full-time equivalent)



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

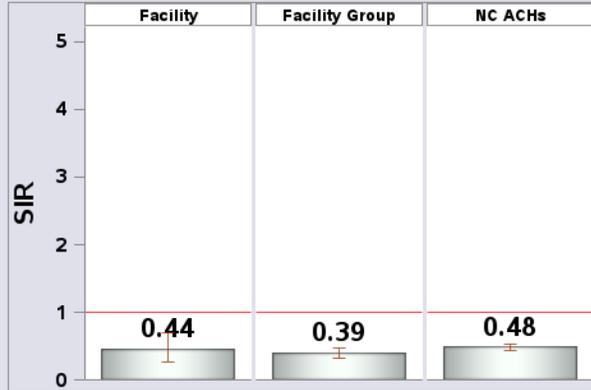


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	13	30	Better
Adult/Ped Wards	4	8.5	Same
All reporting units	17	38	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	26	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

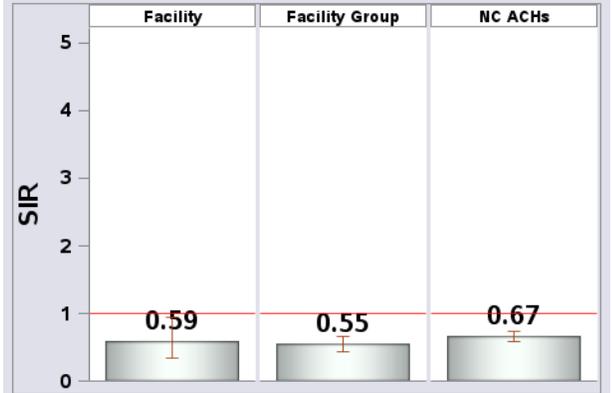


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	56	201	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

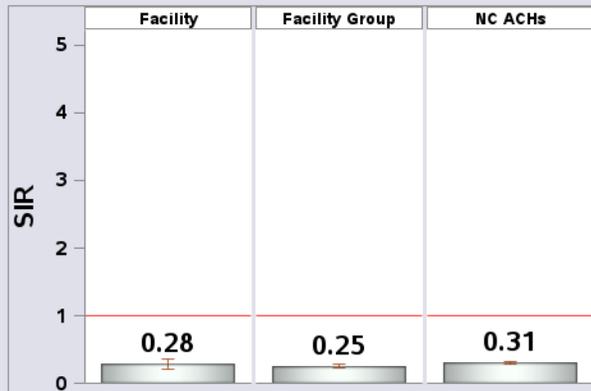


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N.C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Forsyth Medical Center, Winston Salem, Forsyth County

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Central Line-Associated Bloodstream Infections (CLABSI)

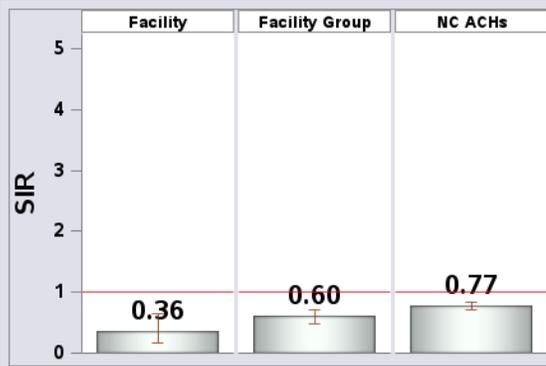


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	6	16	Better
Adult/Ped Wards	2	7.8	Better
Neonatal Units	1	1.5	Same
All reporting units	9	25	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

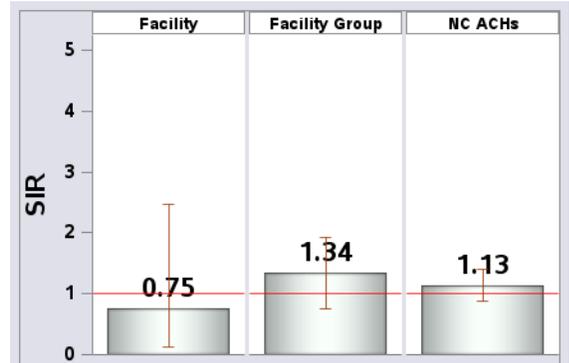


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	8	7.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

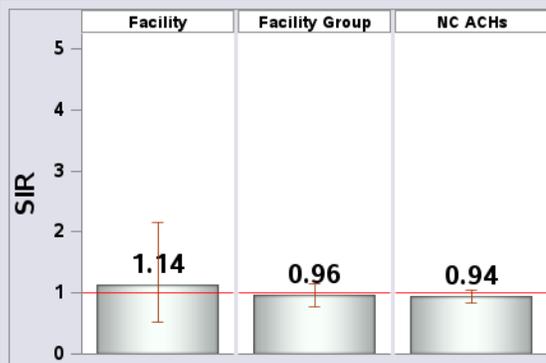


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	13,600
Patient Days in 2023:	46,340
Total Number of Beds:	193
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.57

[*FTE = Full-time equivalent]



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

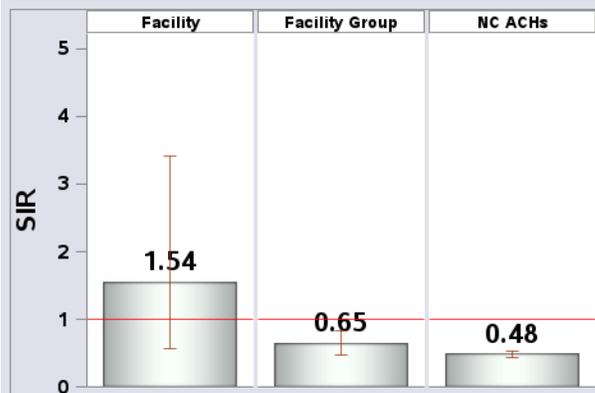


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	5	2.4	Same
All reporting units	5	3.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

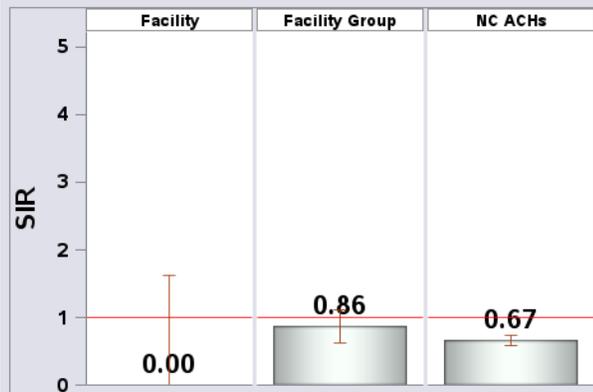


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

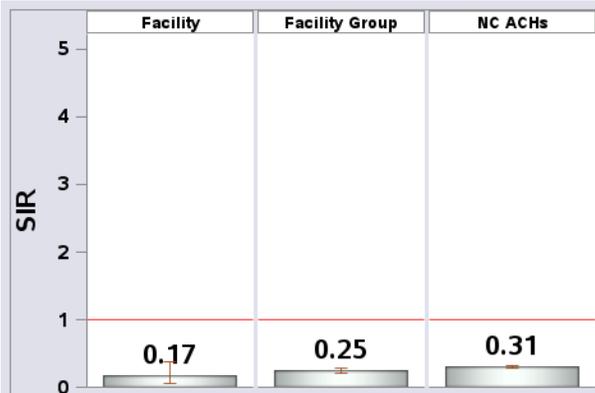


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	29	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

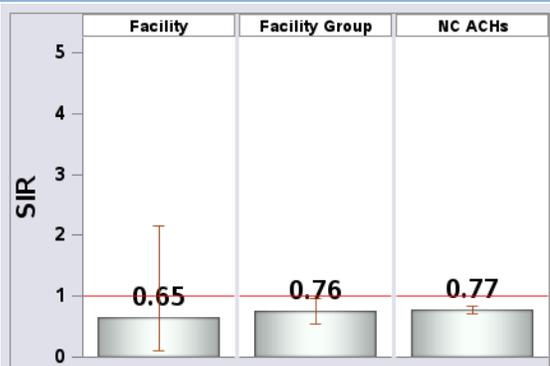


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	2.4	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	2	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

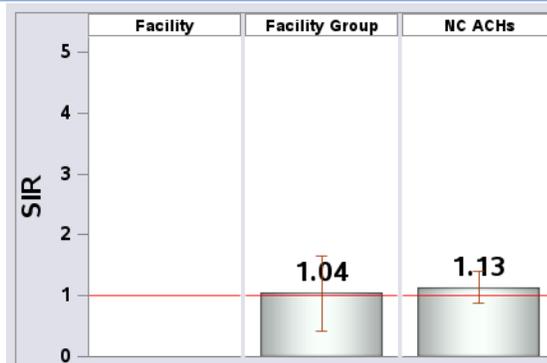


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	7.0	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
★ Better: Fewer infections than predicted by the national baseline experience

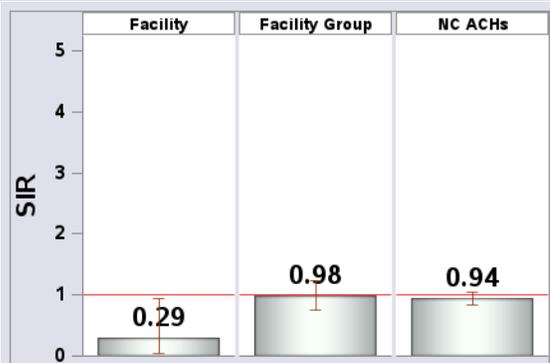


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Kernersville Medical Center, Kernersville, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	5,272
Patient Days in 2023:	17,592
Total Number of Beds:	64
Number of ICU Beds:	4
FTE* Infection Preventionists:	0.60
Number of FTEs* per 100 beds:	0.94

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

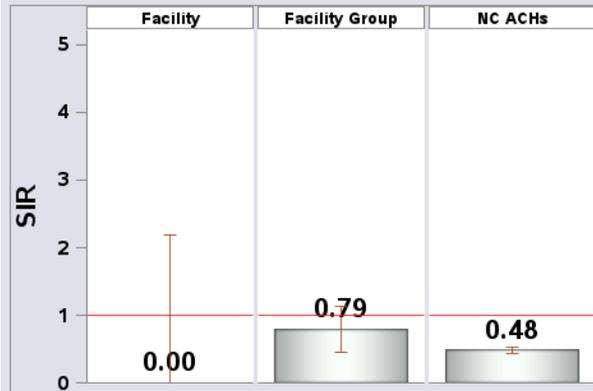


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

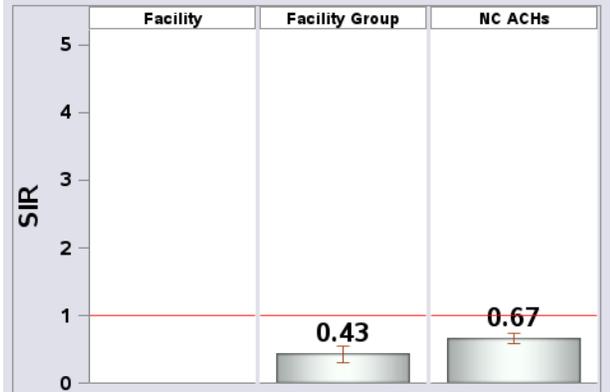


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	11	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

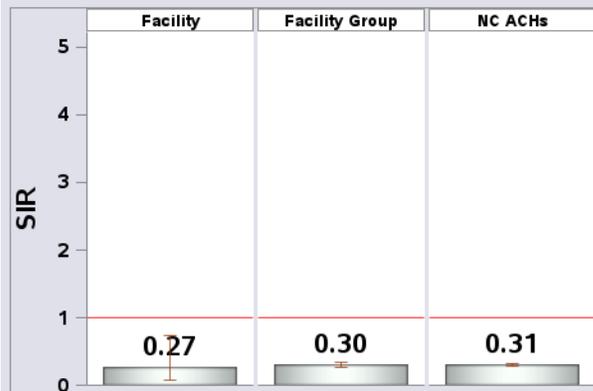


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Kernersville Medical Center, Kernersville, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

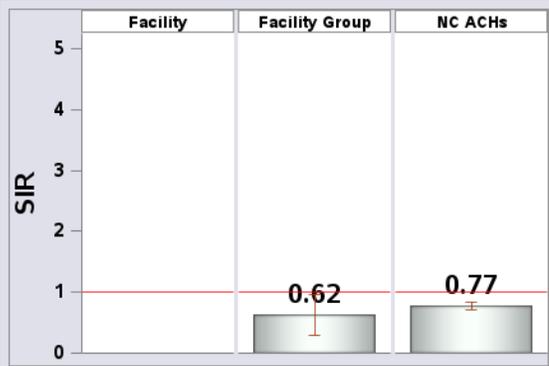


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

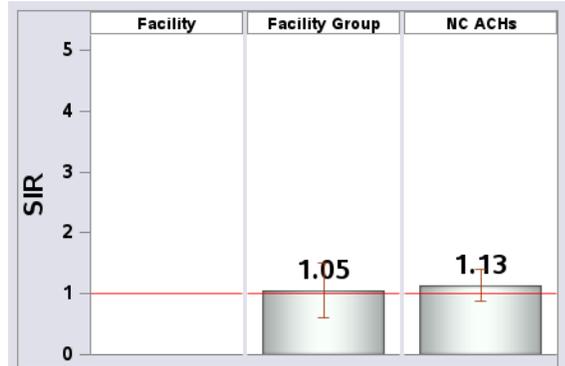


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

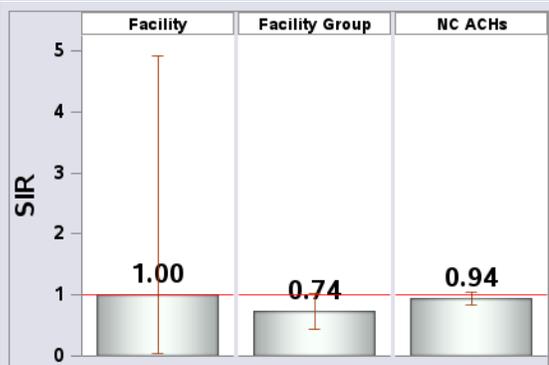


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Matthews Medical Center, Matthews, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	14,257
Patient Days in 2023:	51,946
Total Number of Beds:	197
Number of ICU Beds:	43
FTE* Infection Preventionists:	1.40
Number of FTEs* per 100 beds:	0.71

(*FTE = Full-time equivalent)



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

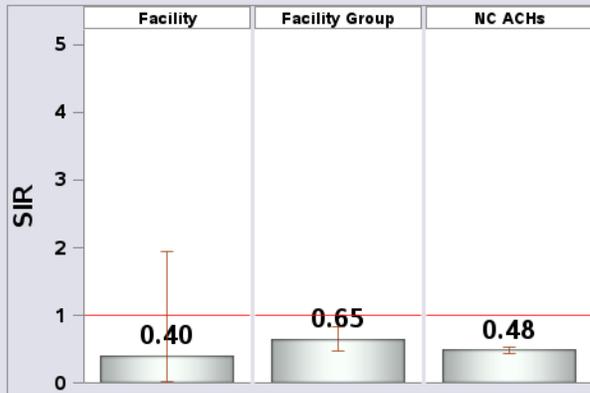


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.7	Same
All reporting units	1	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

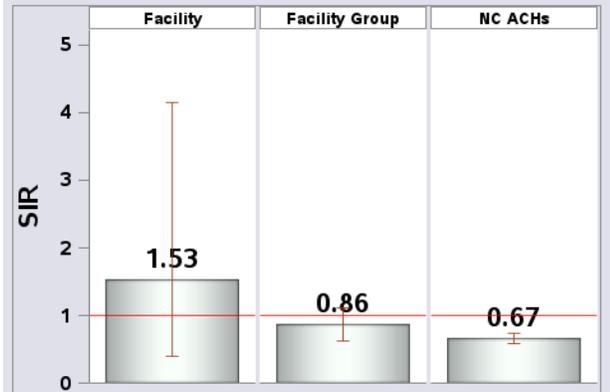


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	27	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

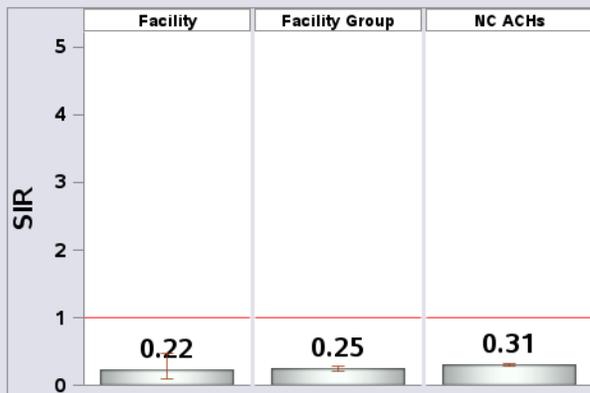


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N. C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Matthews Medical Center, Matthews, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

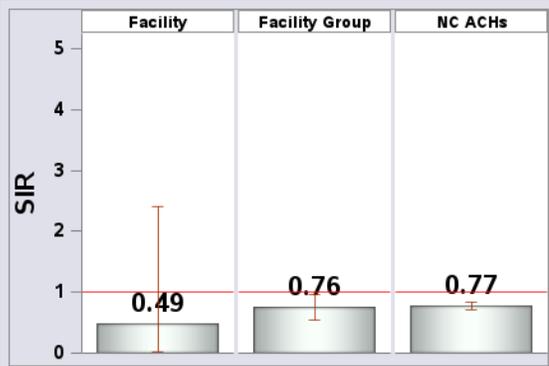


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	1.3	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	1	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

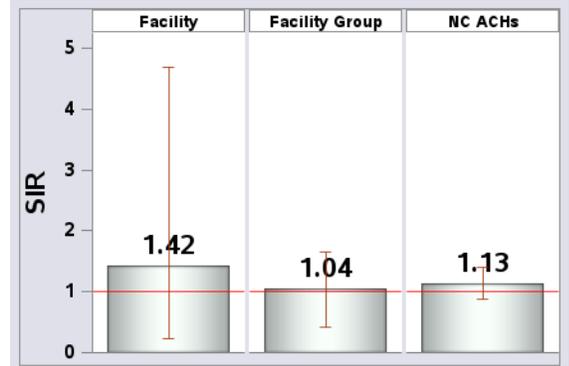


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	5.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

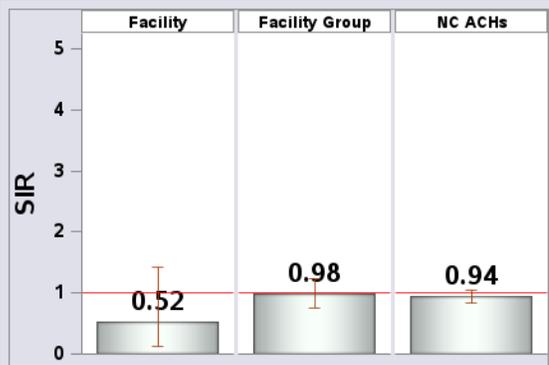


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024

Novant Health Medical Park Hospital, Winston Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	1,896
Patient Days in 2023:	3,311
Total Number of Beds:	33
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.40
Number of FTEs* per 100 beds:	1.21

[*FTE = Full-time equivalent]



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

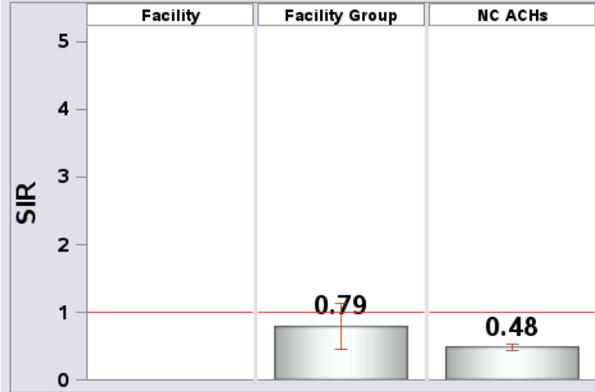


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 catheter days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

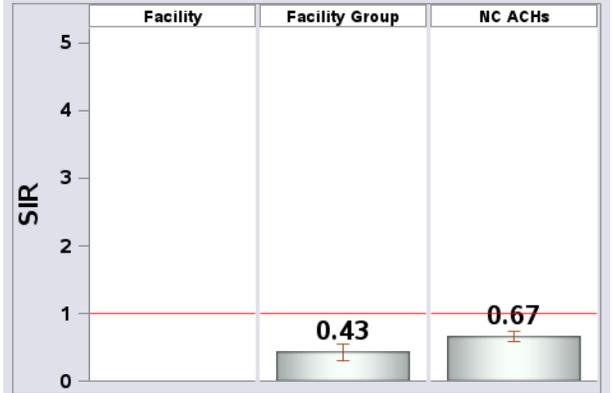


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

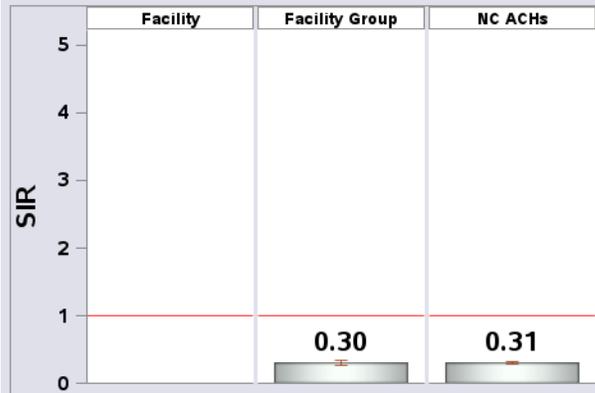


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Medical Park Hospital, Winston Salem, Forsyth County

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Central Line-Associated Bloodstream Infections (CLABSI)

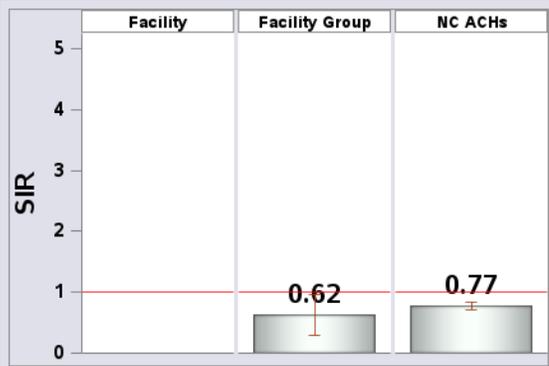


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

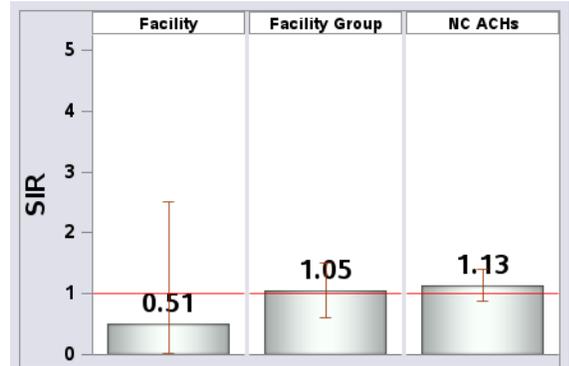


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

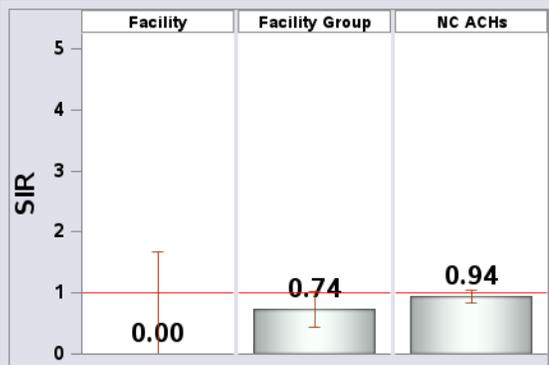


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health New Hanover Orthopedic Hospital, Wilmington, New Hanover County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,542
Patient Days in 2023:	8,380
Total Number of Beds:	55
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	0.36

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

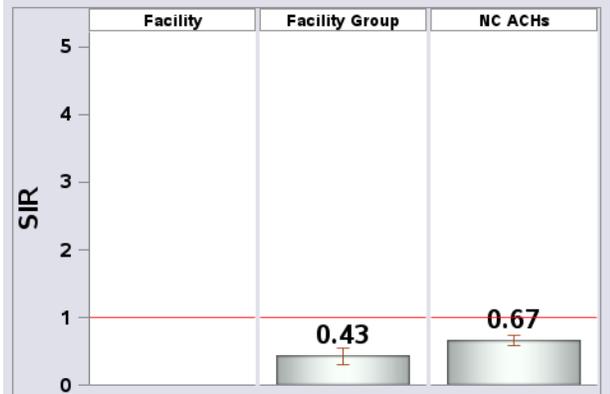


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

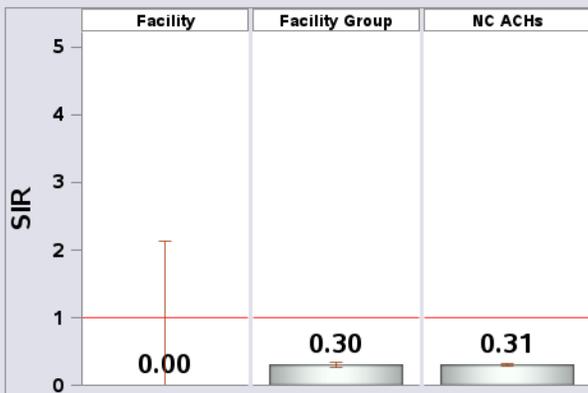


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N.C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health New Hanover Orthopedic Hospital, Wilmington, New Hanover County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	37,664
Patient Days in 2023:	189,376
Total Number of Beds:	636
Number of ICU Beds:	116
FTE* Infection Preventionists:	6.80
Number of FTEs* per 100 beds:	1.07

[*FTE = Full-time equivalent]



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

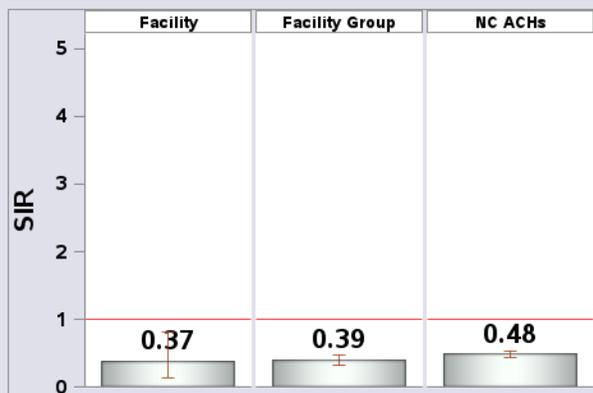


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	11	Same
Adult/Ped Wards	0	2.9	Same
All reporting units	5	14	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	8	15	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

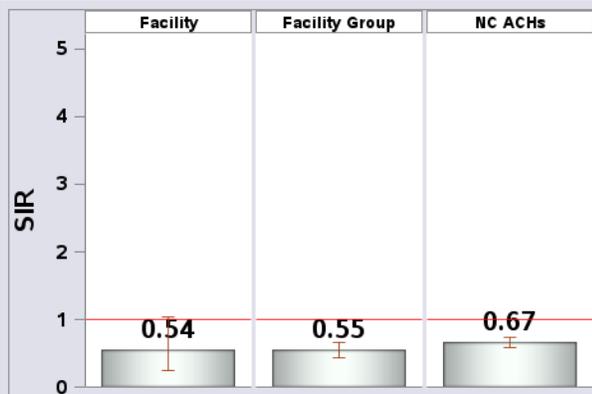


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	102	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

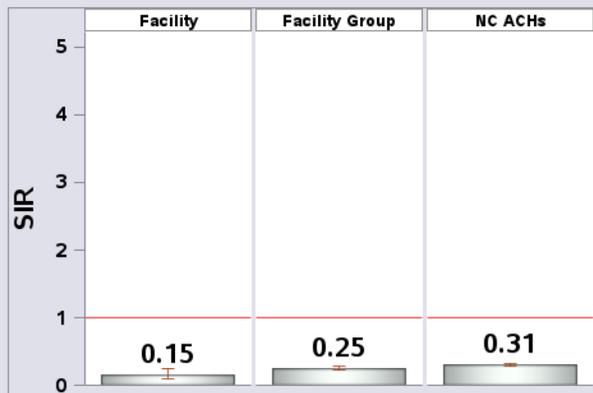


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

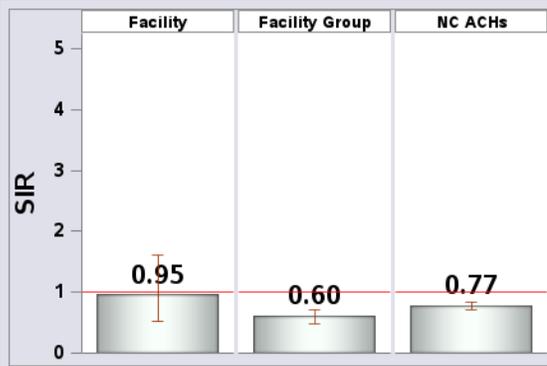


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	8	6.4	Same
Adult/Ped Wards	0	2.6	Same
Neonatal Units	4	3.6	Same
All reporting units	12	13	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

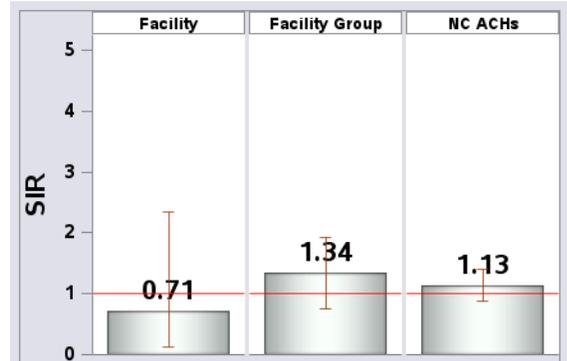


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	9.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

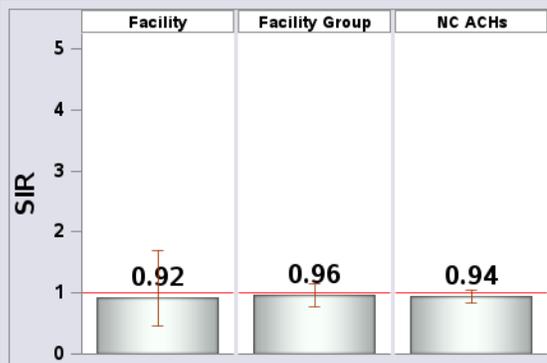


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Novant Health Rowan Medical Center, Salisbury, Rowan County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	12,782
Patient Days in 2023:	61,945
Total Number of Beds:	245
Number of ICU Beds:	20
FTE* Infection Preventionists:	1.40
Number of FTEs* per 100 beds:	0.57

[*FTE = Full-time equivalent]



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

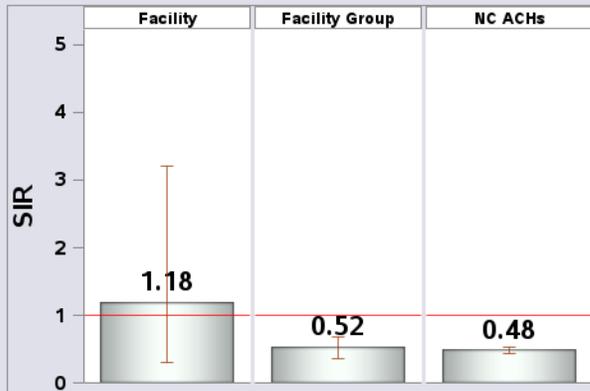


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	3	1.8	Same
All reporting units	3	2.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Novant Health Rowan Medical Center, Salisbury, Rowan County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

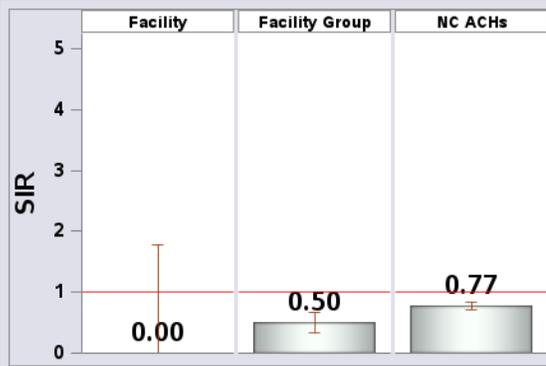


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.1	Same
All reporting units	0	1.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

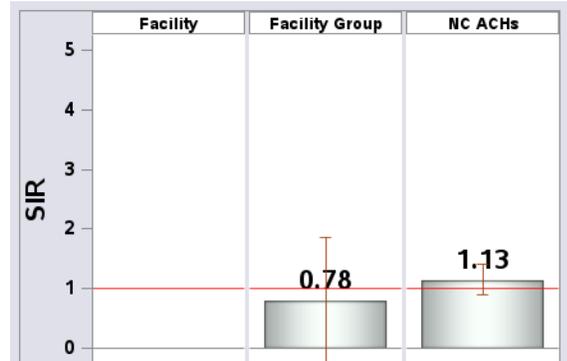


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

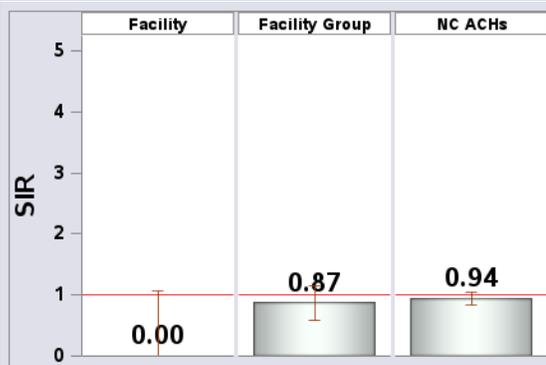


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Thomasville Medical Center, Thomasville, Davidson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	5,855
Patient Days in 2023:	25,603
Total Number of Beds:	130
Number of ICU Beds:	13
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.85

(*FTE = Full-time equivalent)



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

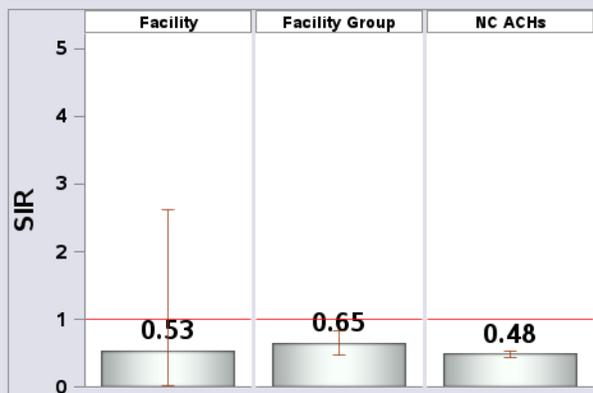


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

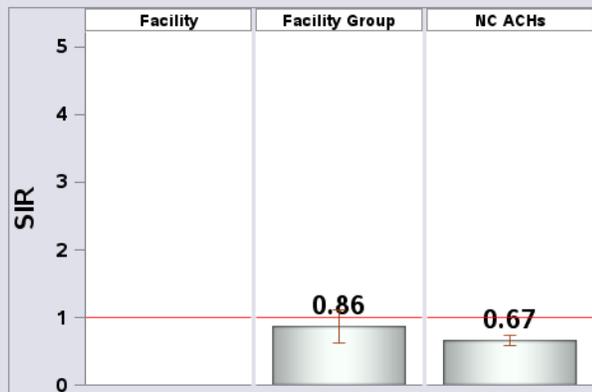


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	9.1	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

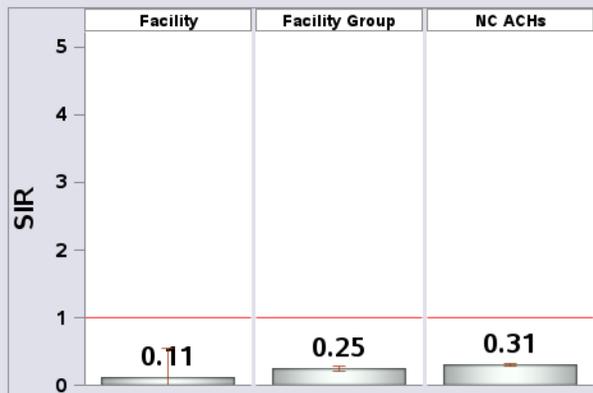


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Novant Health Thomasville Medical Center, Thomasville, Davidson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

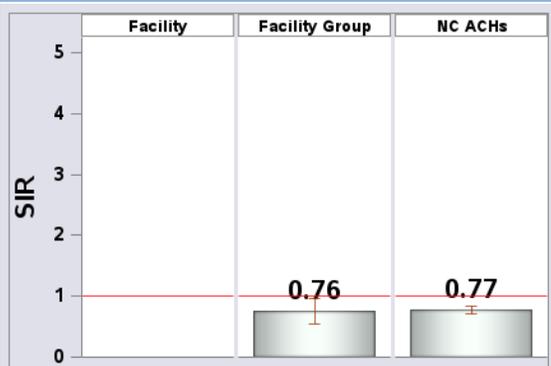


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

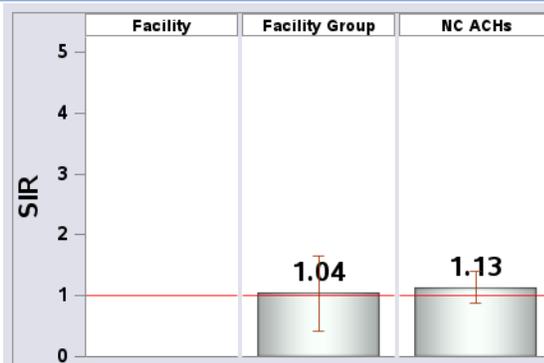


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.2	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

× **Worse:** More infections than predicted by the national baseline experience

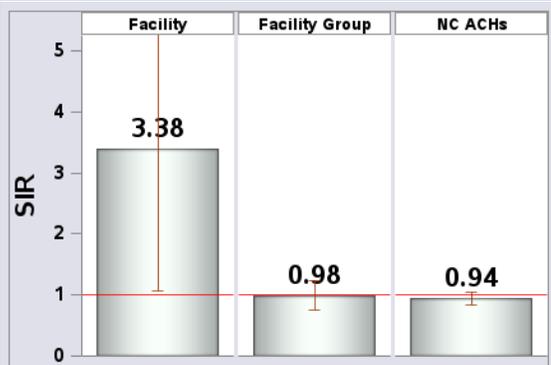


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Onslow Memorial Hospital, Jacksonville, Onslow County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	6,913
Patient Days in 2023:	33,420
Total Number of Beds:	162
Number of ICU Beds:	30
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.62

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

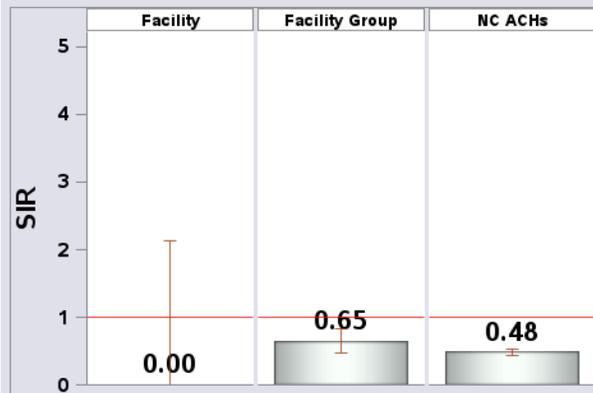


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.4	Same
All reporting units	0	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

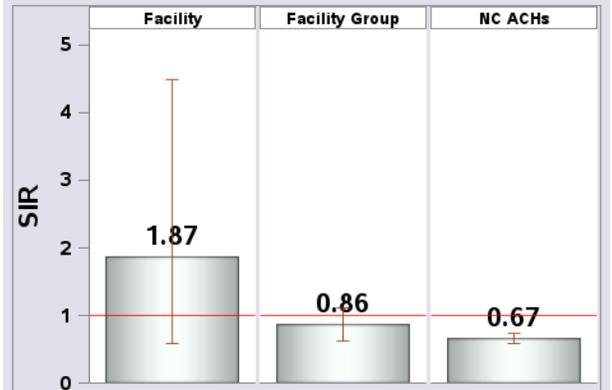


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	15	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

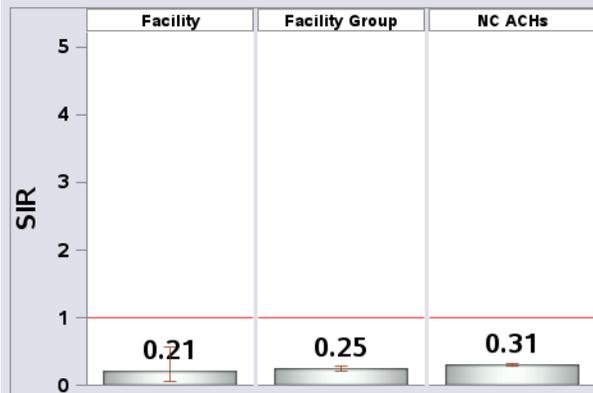


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Onslow Memorial Hospital, Jacksonville, Onslow County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

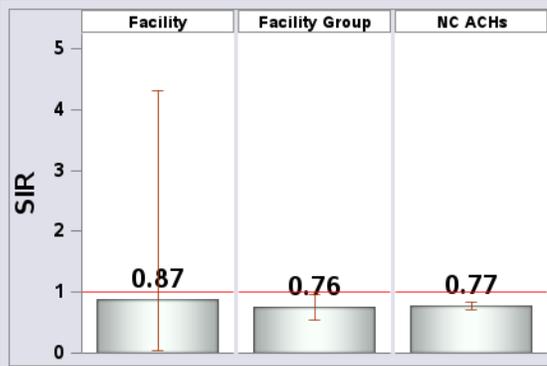


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.1	Same
All reporting units	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

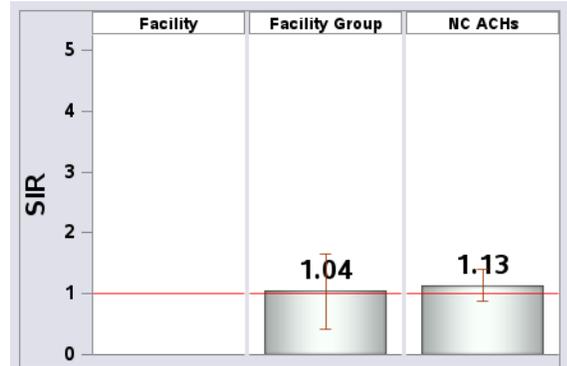


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

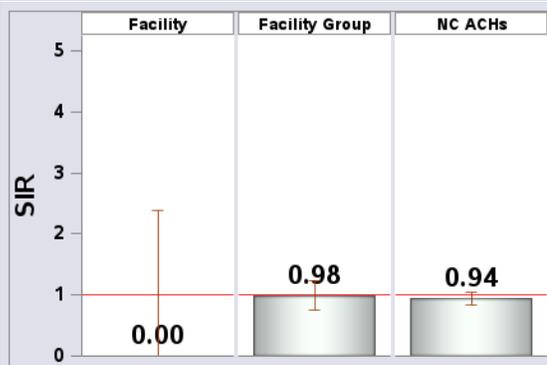


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Pam Specialty Hospital Of Rocky Mount, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 344
 Patient Days in 2023: 12,574
 Total Number of Beds: 50
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

*FTE = Full-time equivalent



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

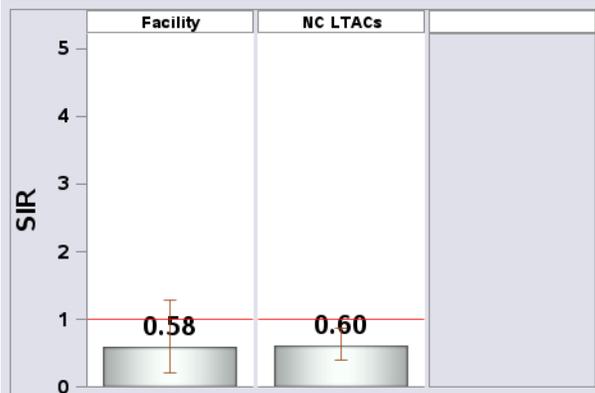


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	5	8.7	Same
All reporting units	5	8.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

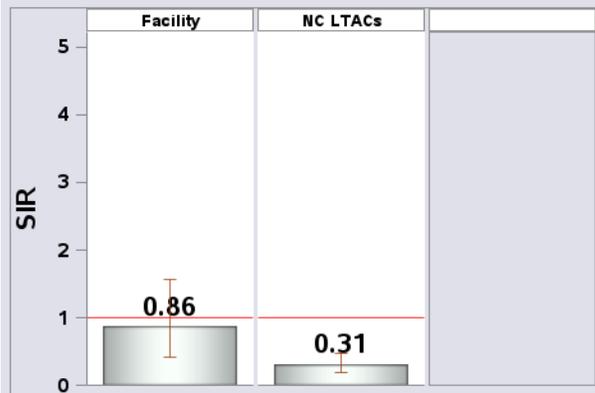


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	10	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Pam Specialty Hospital Of Rocky Mount, Rocky Mount, Nash County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

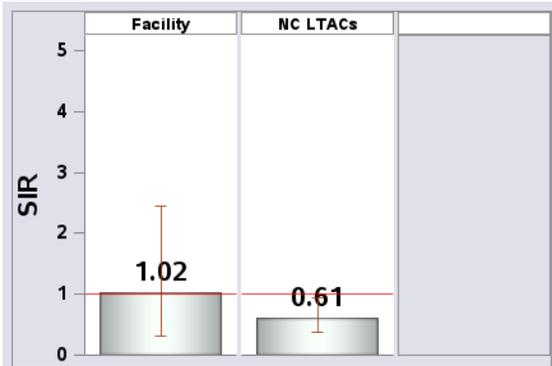


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	4	3.9	Same
All reporting units	4	3.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Pardee Hospital, Hendersonville, Henderson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	7,628
Patient Days in 2023:	35,006
Total Number of Beds:	143
Number of ICU Beds:	13
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.70

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

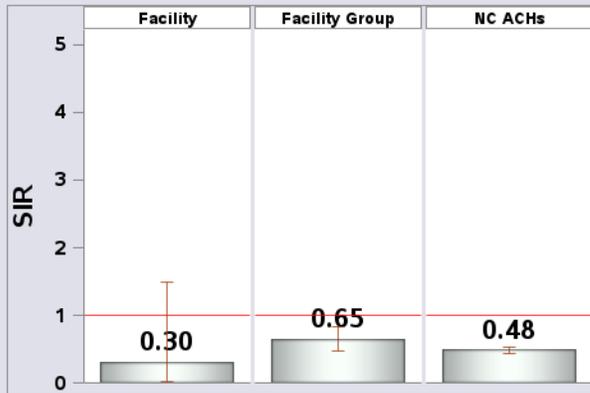


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.0	Same
Adult/Ped Wards	1	2.3	Same
All reporting units	1	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

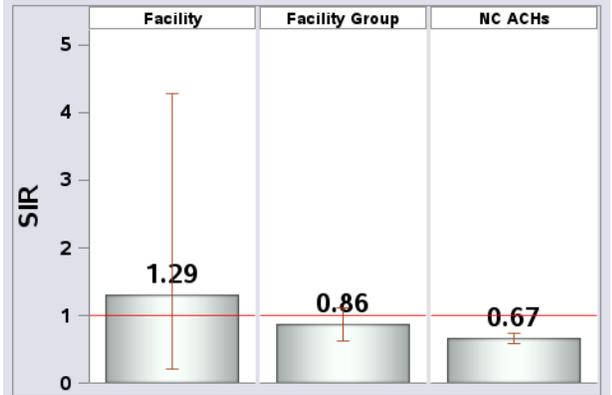


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	14	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

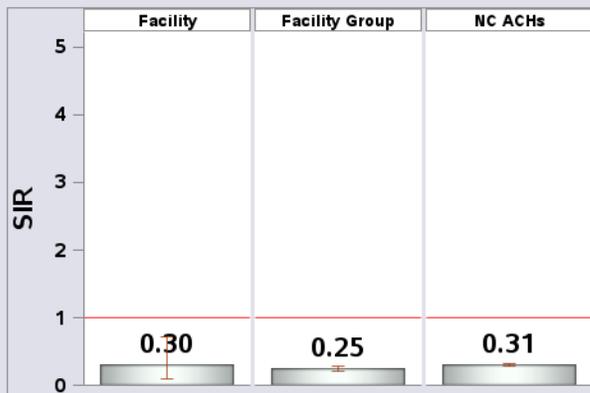


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Pardee Hospital, Hendersonville, Henderson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

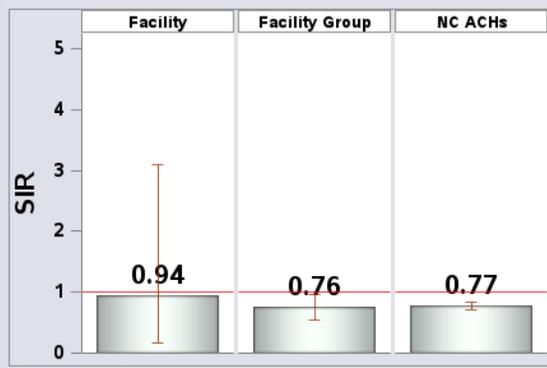


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	1	1.4	Same
All reporting units	2	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

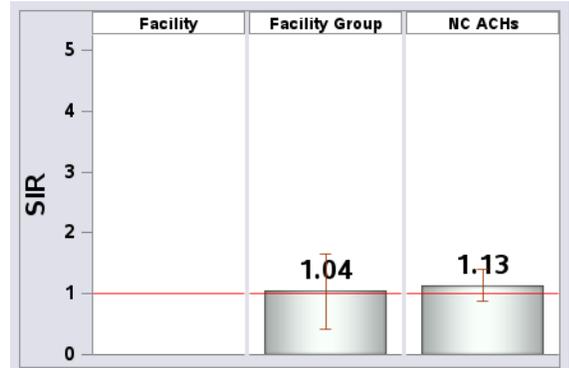


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

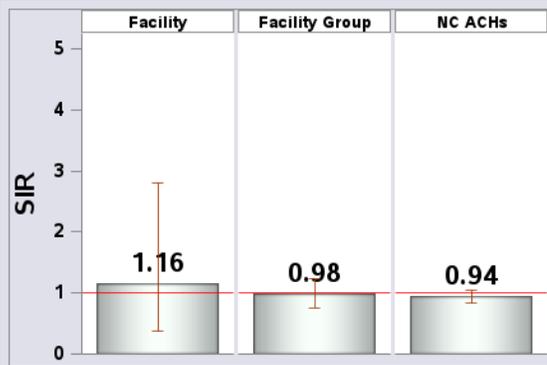


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Pender Memorial Hospital, Burgaw, Pender County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	
Admissions in 2023:	449
Patient Days in 2023:	6,247
Total Number of Beds:	25
FTE* Infection Preventionists:	0.70
Number of FTEs* per 100 beds:	2.80

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024

Pender Memorial Hospital, Burgaw, Pender County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report Data from January 1 - December 31, 2024

Person Memorial Hospital, Roxboro, Person County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	1,551
Patient Days in 2023:	3,791
Total Number of Beds:	18
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	2.78

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

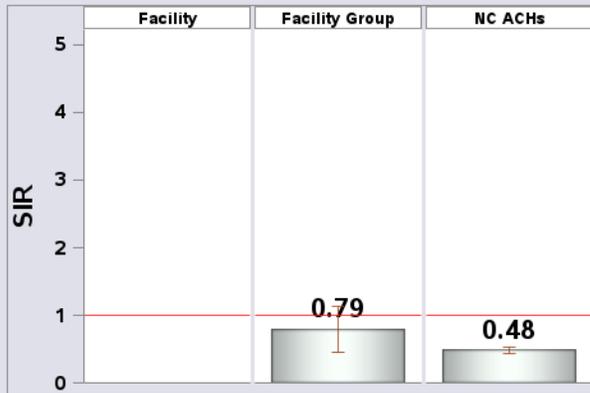


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

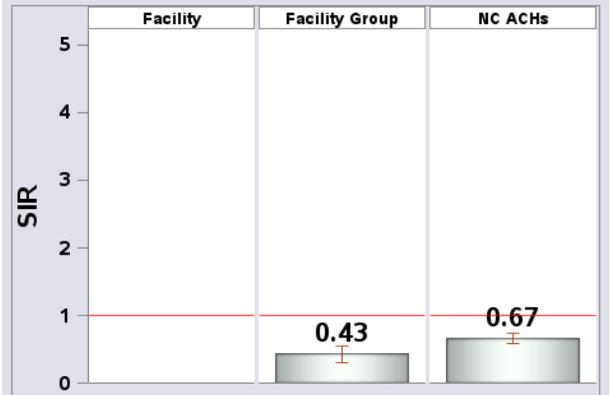


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

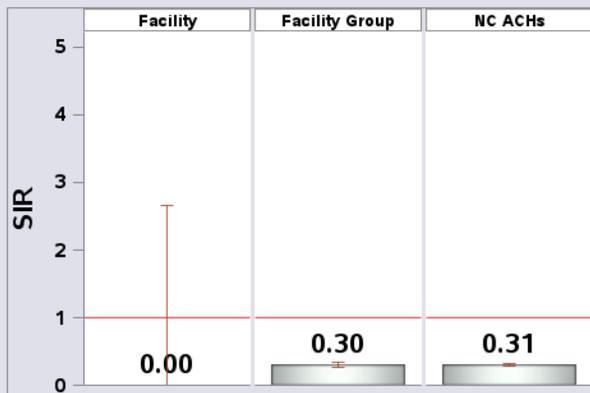


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N.C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Person Memorial Hospital, Roxboro, Person County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

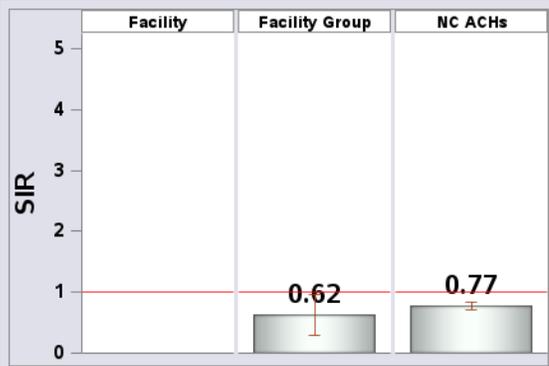


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

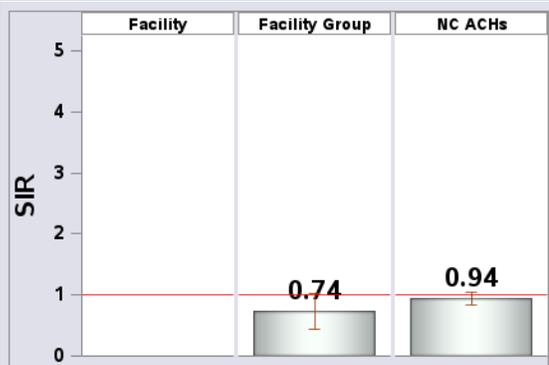


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Randolph Hospital, Asheboro, Randolph County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2023:	5,604
Patient Days in 2023:	20,222
Total Number of Beds:	80
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.25

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

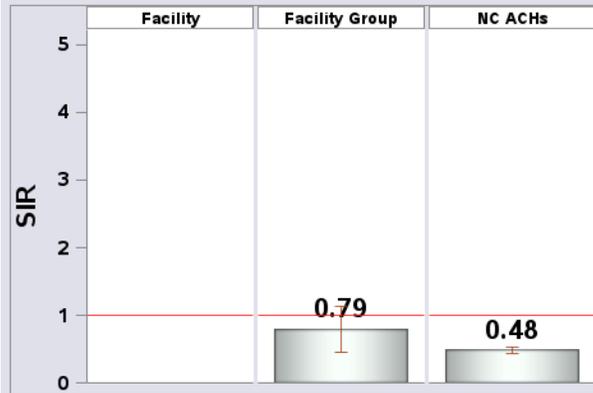


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

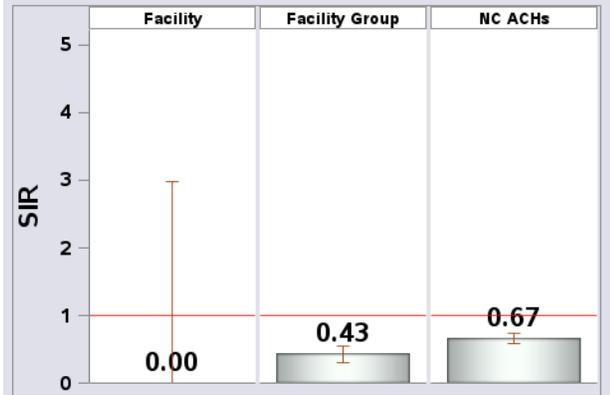


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	8.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

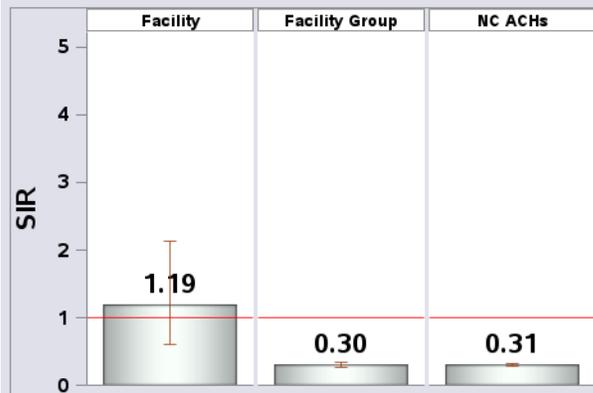


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N.C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Randolph Hospital, Asheboro, Randolph County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

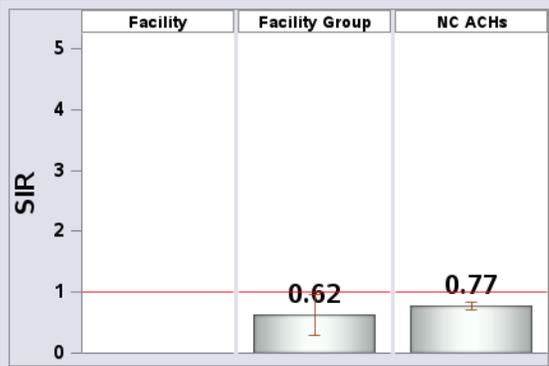


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

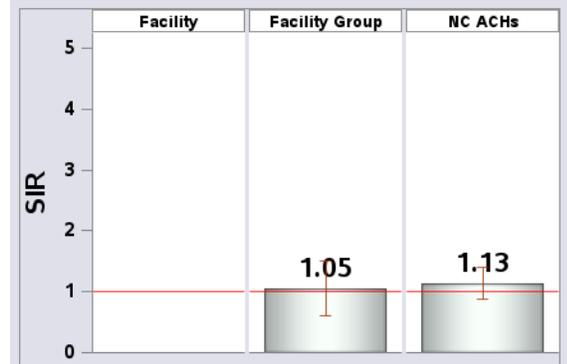


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

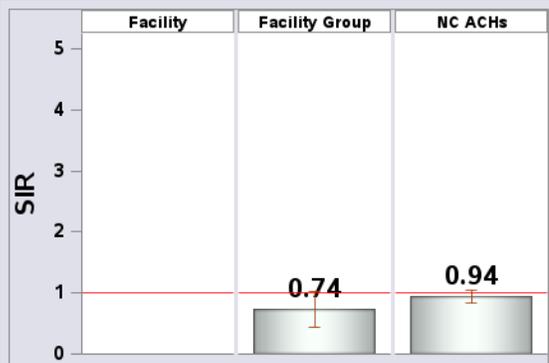


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Rex Healthcare, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	54,531
Patient Days in 2023:	159,832
Total Number of Beds:	635
Number of ICU Beds:	91
FTE* Infection Preventionists:	4.50
Number of FTEs* per 100 beds:	0.71

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

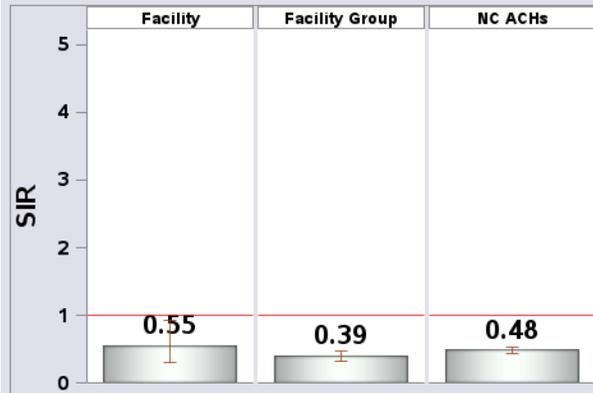


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	12	Better
Adult/Ped Wards	11	11	Same
All reporting units	13	24	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	13	12	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

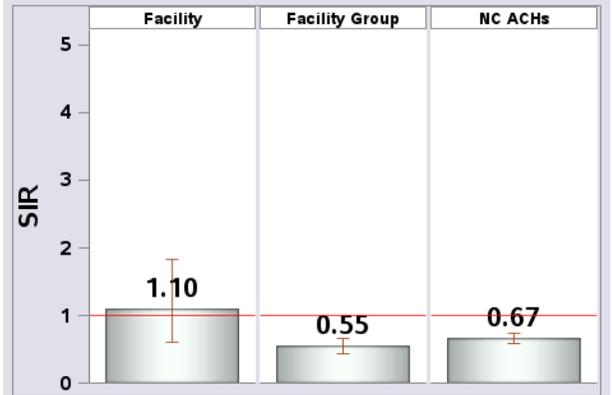


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

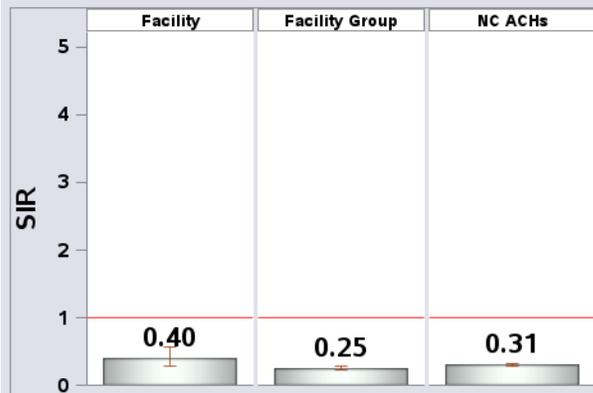


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	34	84	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Rex Healthcare, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

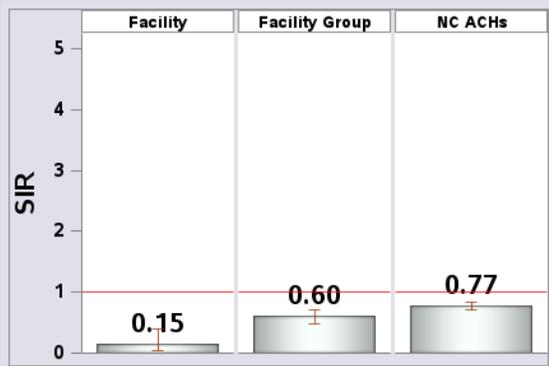


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	8.0	Better
Adult/Ped Wards	3	12	Better
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	3	20	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

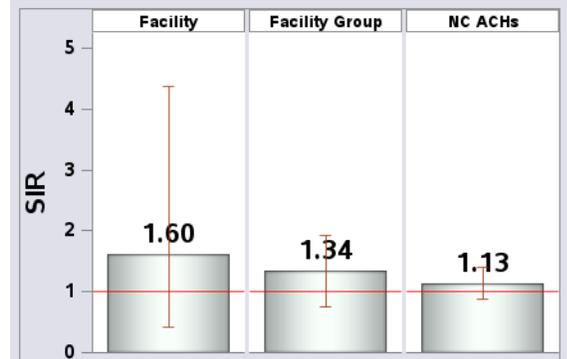


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	18	21	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

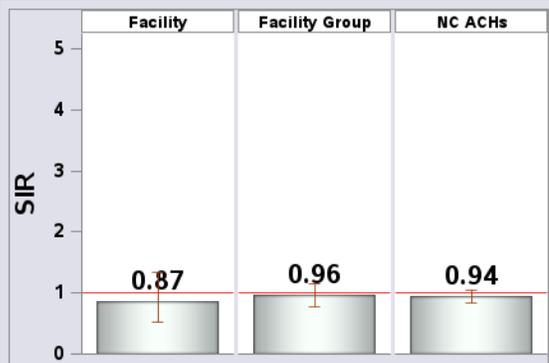


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	3,671
Patient Days in 2023:	14,847
Total Number of Beds:	101
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.99

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

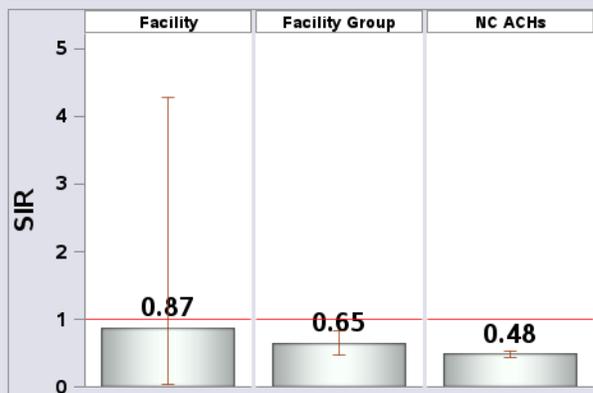


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

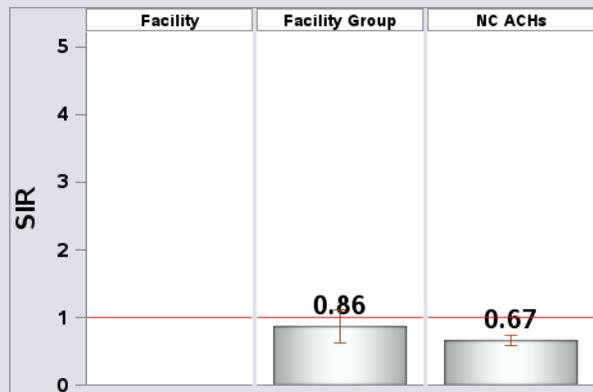


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	5.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

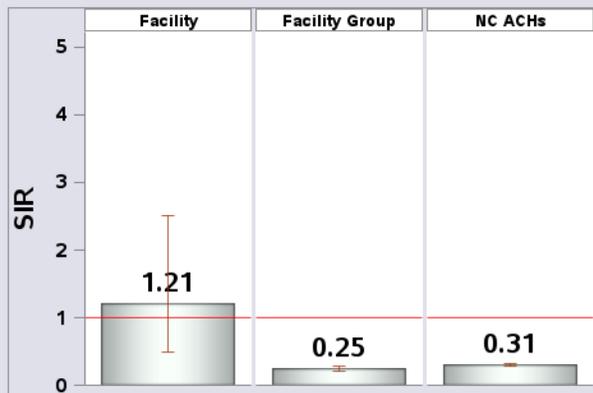


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N. C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

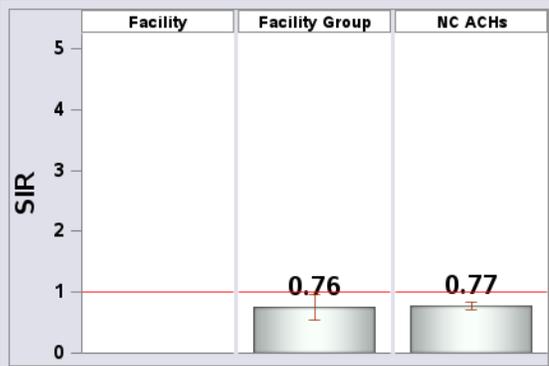


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

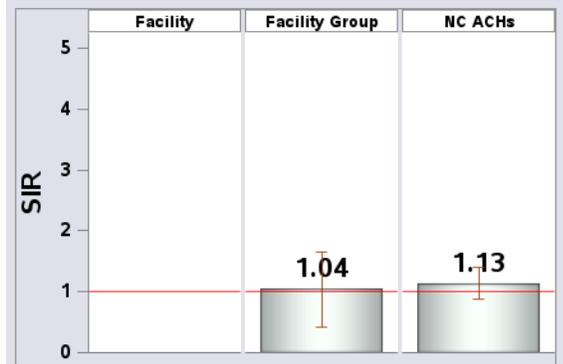


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

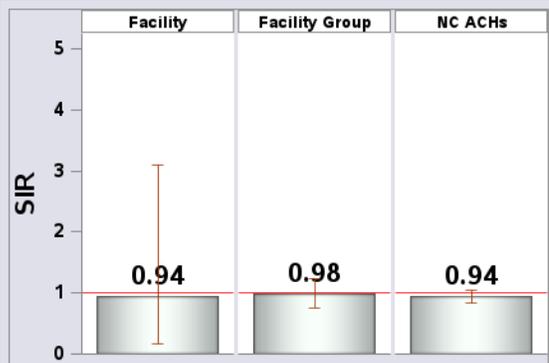


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Sampson Regional Medical Center, Clinton, Sampson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	2,810
Patient Days in 2023:	9,090
Total Number of Beds:	116
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.65

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

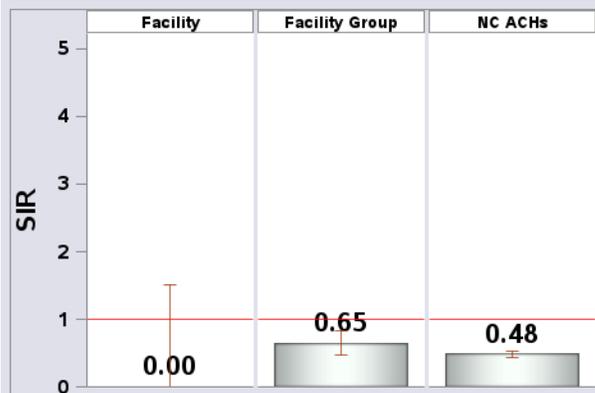


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.2	Same
All reporting units	0	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

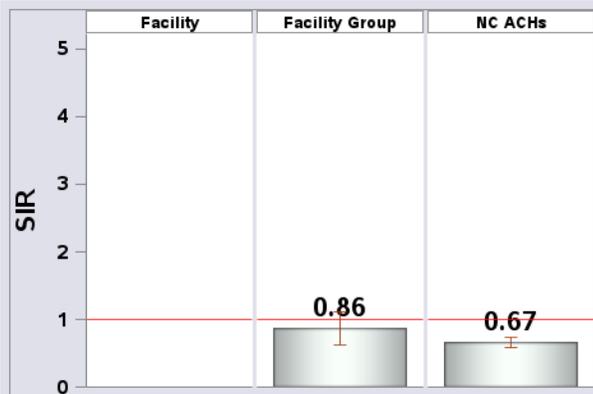


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	5.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

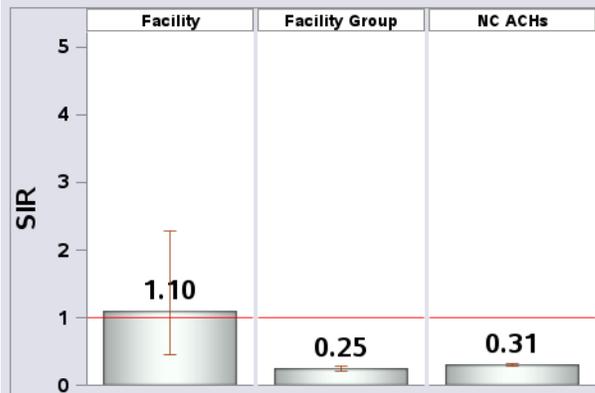


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Sampson Regional Medical Center, Clinton, Sampson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

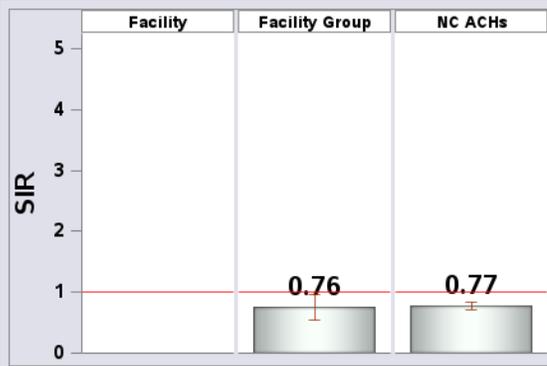


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

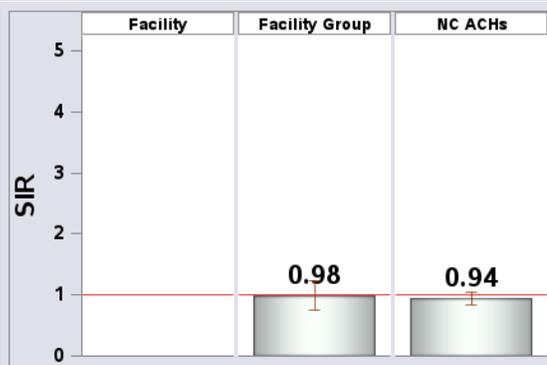


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Scotland Memorial Hospital, Laurinburg, Scotland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	6,643
Patient Days in 2023:	30,133
Total Number of Beds:	104
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.96

(*FTE = Full-time equivalent)



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

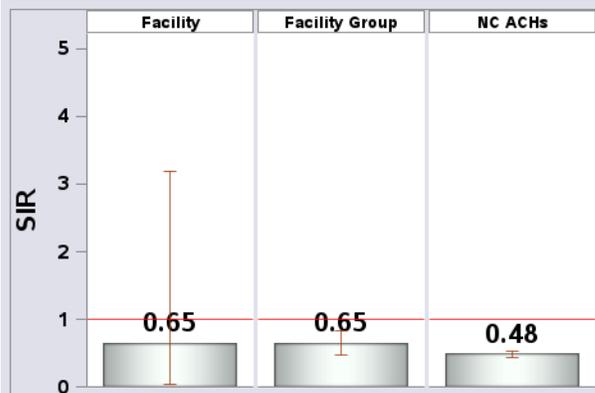


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

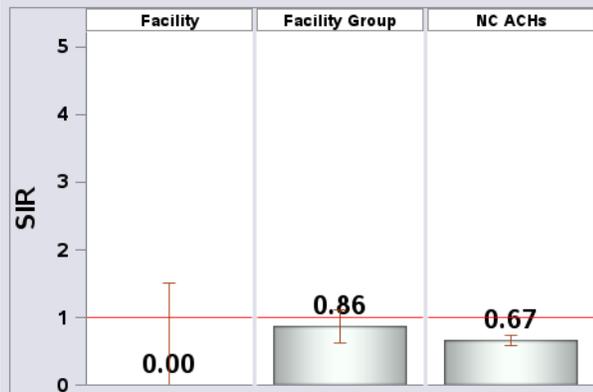


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	9.7	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

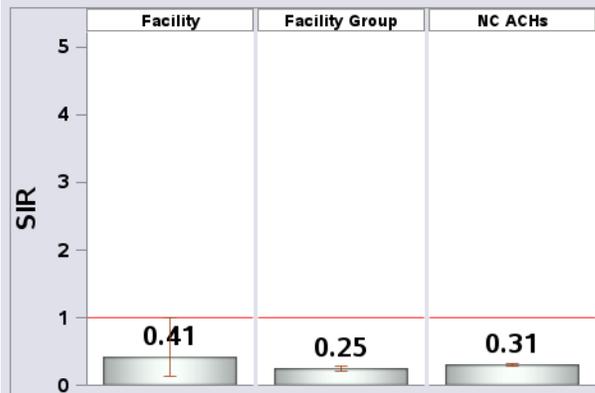


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Scotland Memorial Hospital, Laurinburg, Scotland County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

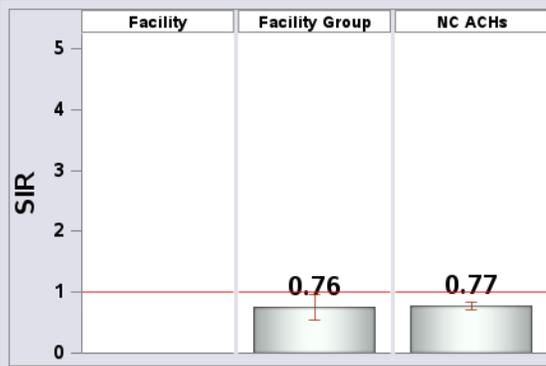


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

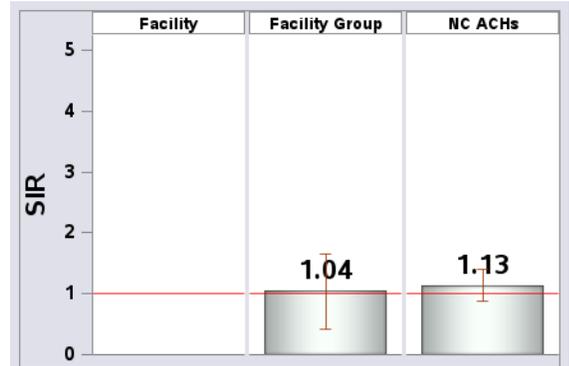


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

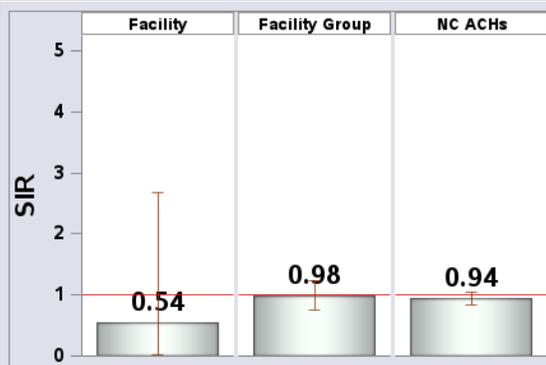


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Select Specialty Hospital-Durham, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 175
 Patient Days in 2023: 9,139
 Total Number of Beds: 30
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

*FTE = Full-time equivalent



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

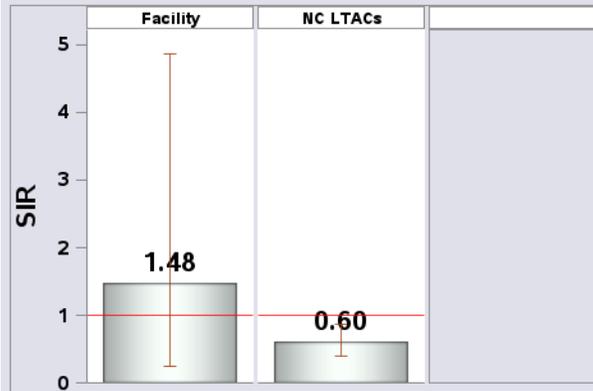


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	2	1.4	Same
All reporting units	2	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

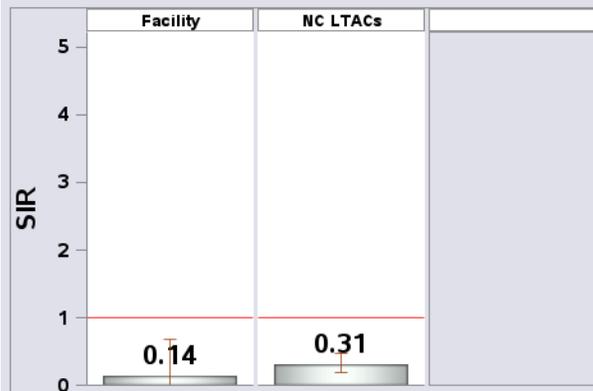


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	7.2	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Select Specialty Hospital-Durham, Durham, Durham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

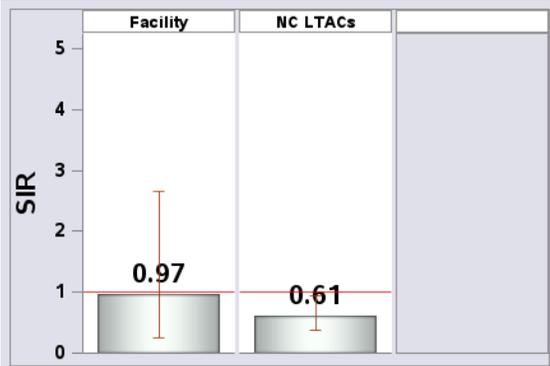


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	3	3.1	Same
All reporting units	3	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Select Specialty Hospital-Greensboro, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2023: 239
 Patient Days in 2023: 10,024
 Total Number of Beds: 30
 FTE* Infection Preventionists: .
 Number of FTEs* per 100 beds: .

*FTE = Full-time equivalent



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

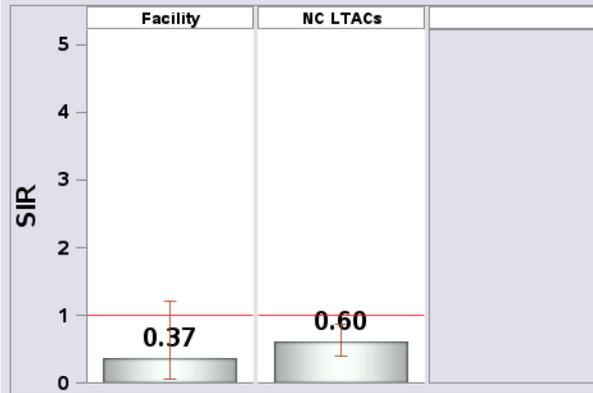


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	2	5.5	Same
All reporting units	2	5.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from NCDHHS Division of Public Health: MRSA is not reportable at this facility type after 2018Q3

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

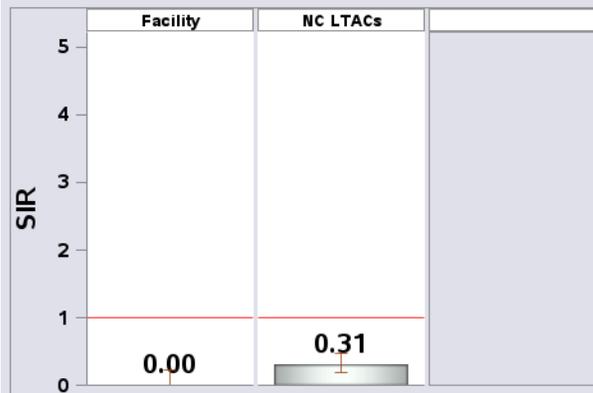


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	13	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Select Specialty Hospital-Greensboro, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

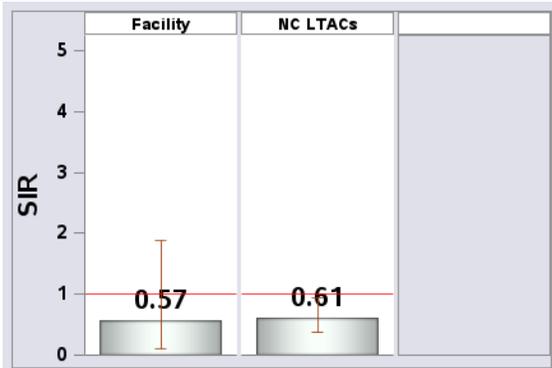


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	2	3.5	Same
All reporting units	2	3.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	5,037
Patient Days in 2023:	22,216
Total Number of Beds:	115
Number of ICU Beds:	13
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.96

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

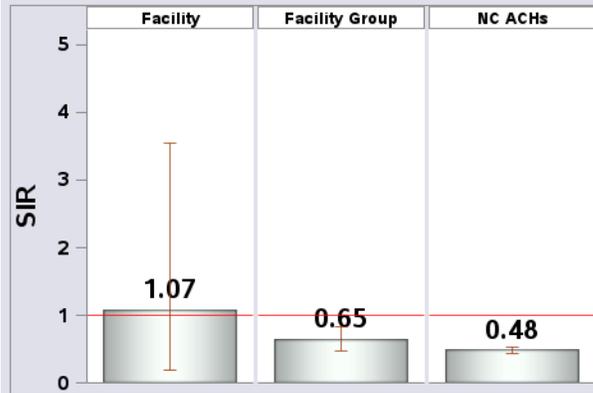


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.2	Same
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	2	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

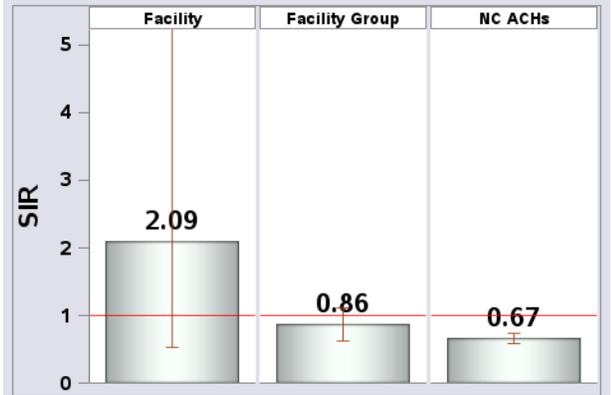


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	10	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

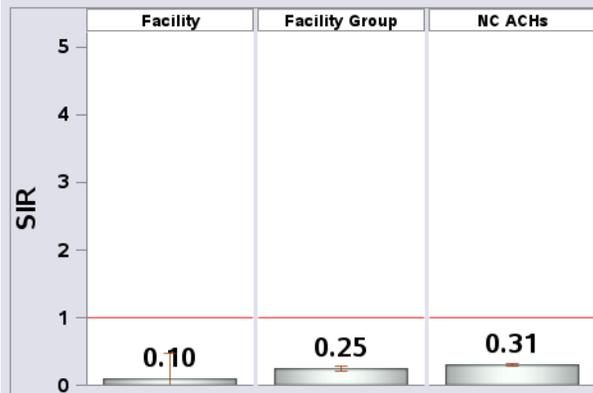


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

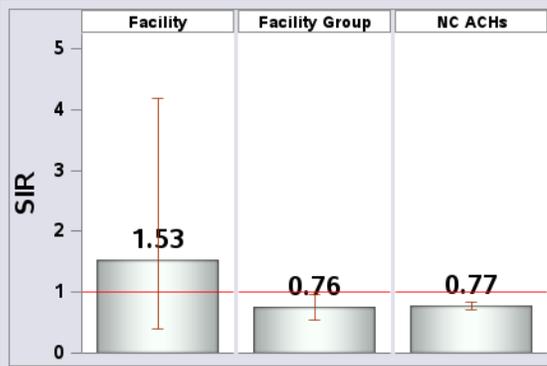


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.2	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	3	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

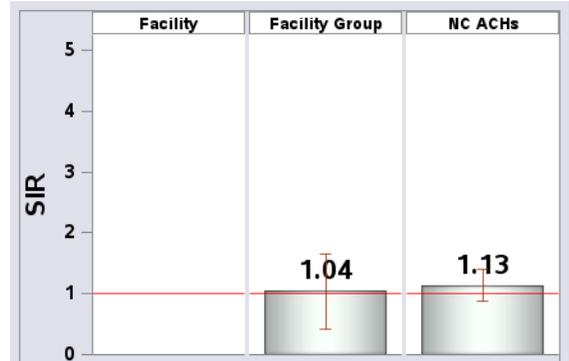


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.9	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

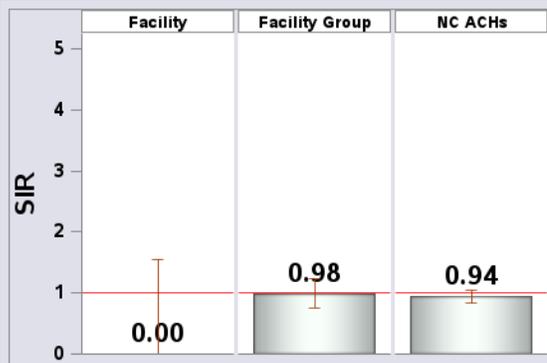


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Southeastern Regional Medical Center, Lumberton, Robeson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	14,676
Patient Days in 2023:	52,097
Total Number of Beds:	218
Number of ICU Beds:	25
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	1.38

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

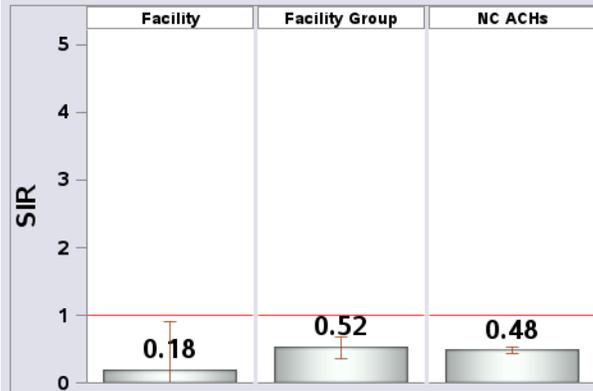


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.0	Same
Adult/Ped Wards	1	3.4	Same
All reporting units	1	5.4	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

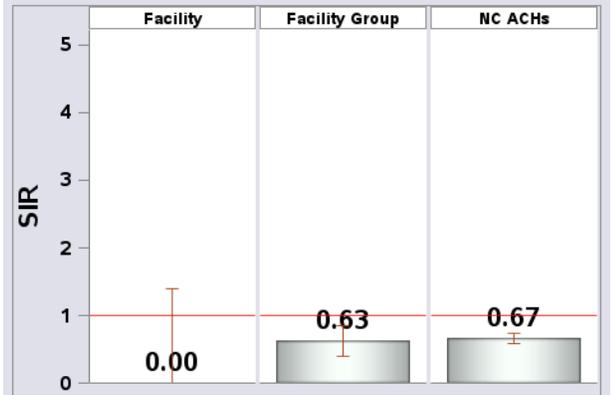


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

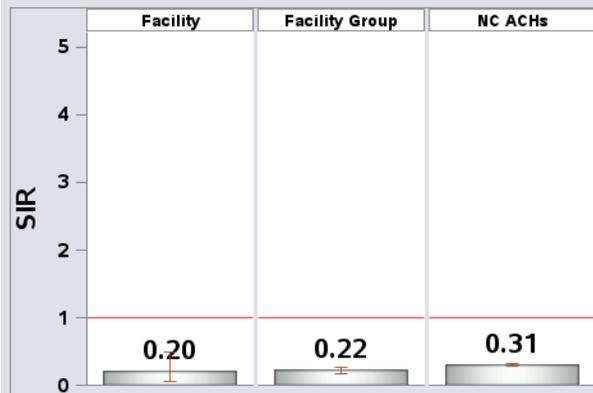


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	20	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Southeastern Regional Medical Center, Lumberton, Robeson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

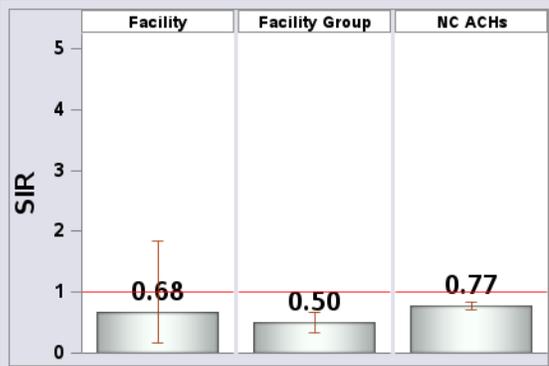


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.7	Same
Adult/Ped Wards	1	2.8	Same
All reporting units	3	4.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

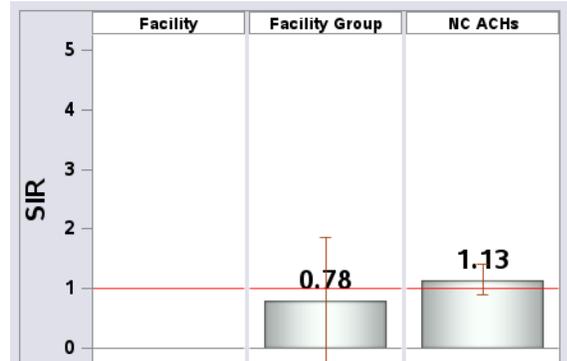


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

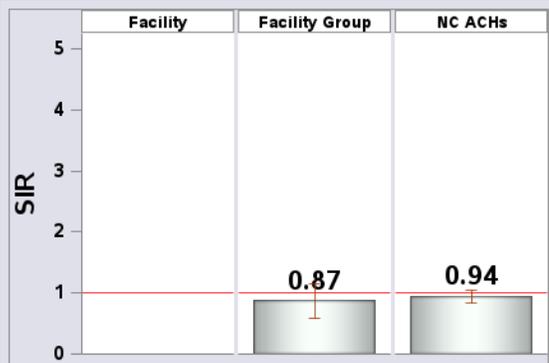


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

UNC Health Blue Ridge, Morganton, Burke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	7,298
Patient Days in 2023:	34,475
Total Number of Beds:	151
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.78
Number of FTEs* per 100 beds:	1.18

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

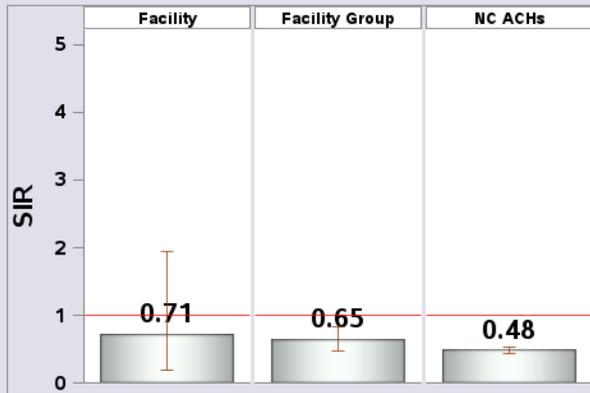


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.3	Same
Adult/Ped Wards	2	1.9	Same
All reporting units	3	4.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

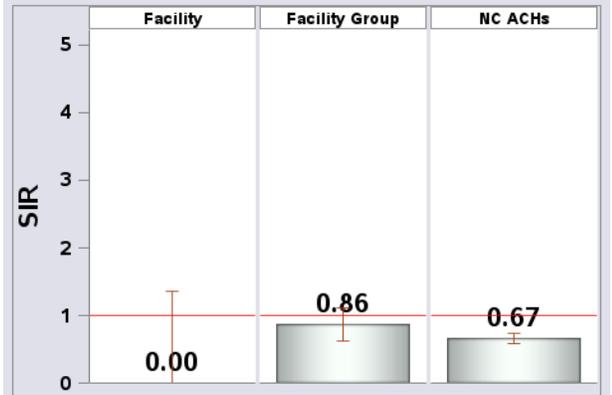


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	13	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

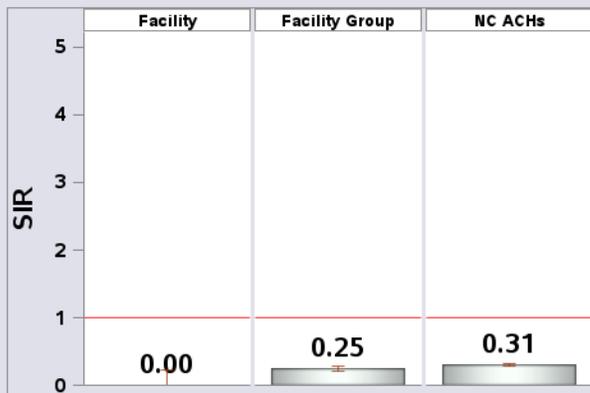


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
UNC Health Blue Ridge, Morganton, Burke County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

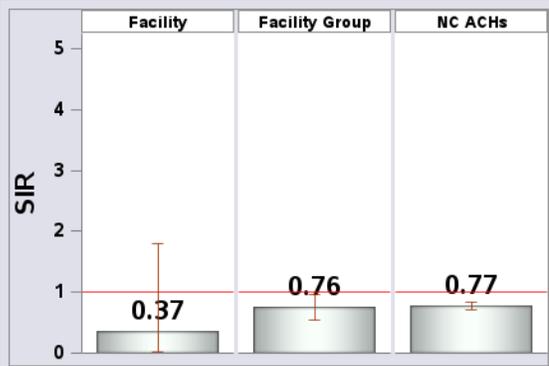


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.3	Same
Adult/Ped Wards	0	1.4	Same
All reporting units	1	2.7	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

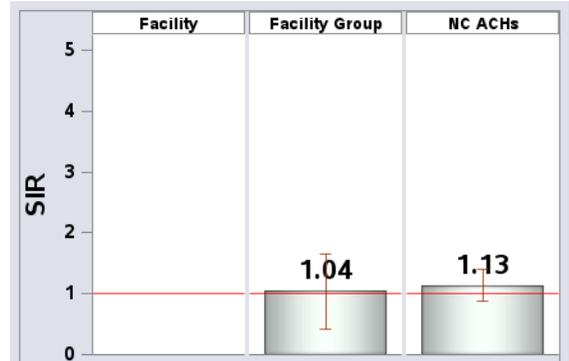


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

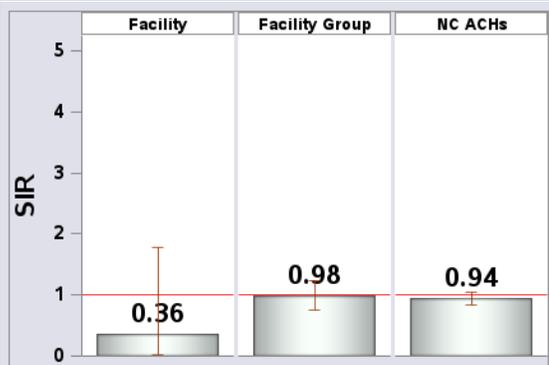


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

UNC Health Care, Chapel Hill, Orange County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	42,527
Patient Days in 2023:	314,838
Total Number of Beds:	1,001
Number of ICU Beds:	214
FTE* Infection Preventionists:	10.0
Number of FTEs* per 100 beds:	1.00

[*FTE = Full-time equivalent]



Commentary From Facility:

UNC Health Care is pleased that rates of all reported healthcare-associated infections are statistically similar or better than similarly-sized hospitals despite care in a tertiary referral hospital for highly vulnerable populations (e.g., organ transplant, HIV infected, cancer, severely burned, and very premature infants). NC residents should be aware that the reported information is NOT entirely adjusted for the severity of illness of the hospital's patients. UNC Health Care supports the need for the data presented in this report to be validated (i.e., demonstration by independent monitors that the submitted data is correct).

Catheter-Associated Urinary Tract Infections (CAUTI)

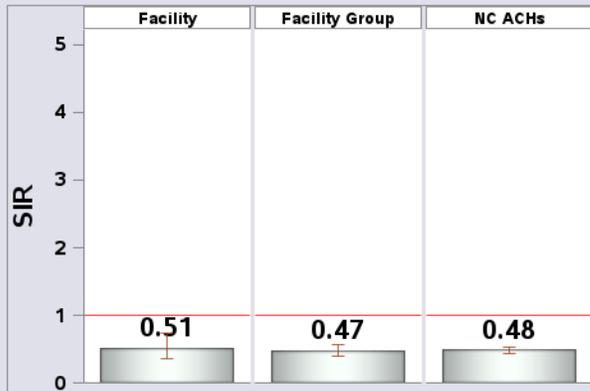


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	23	41	Better
Adult/Ped Wards	6	15	Better
All reporting units	29	56	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

UNC Health Care, Chapel Hill, Orange County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

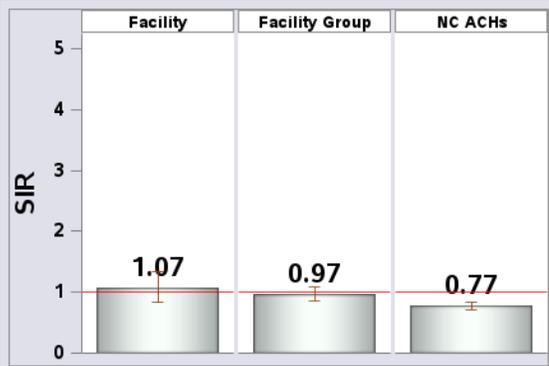


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	50	36	Worse
Adult/Ped Wards	18	24	Same
Neonatal Units	6	8.7	Same
All reporting units	74	69	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

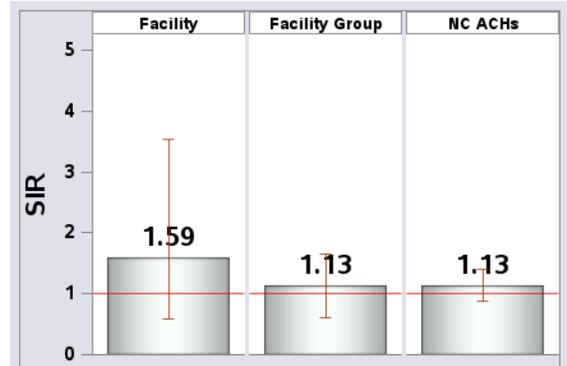


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	18	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

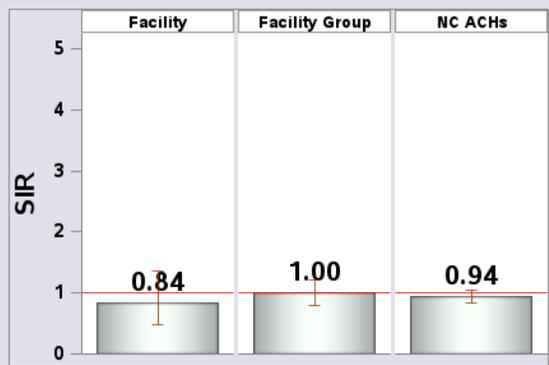


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

UNC Rockingham Health, Eden, Rockingham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	2,608
Patient Days in 2023:	8,244
Total Number of Beds:	108
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.93

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

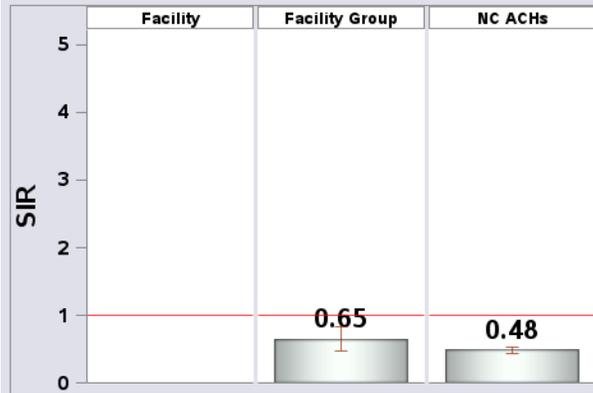


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

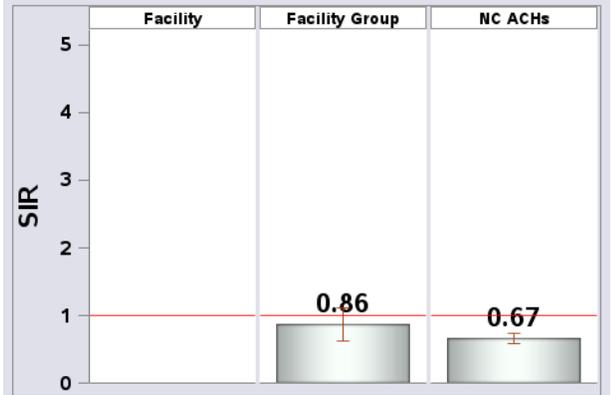


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

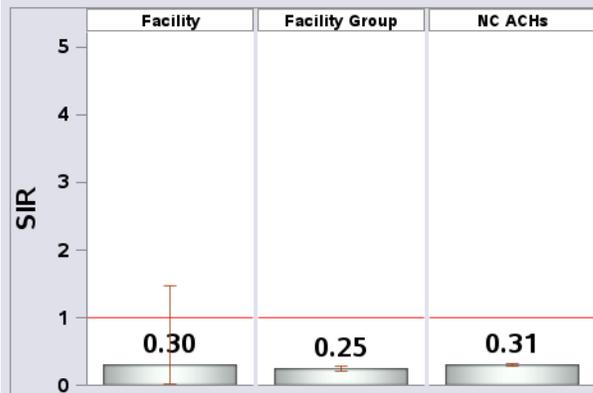


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
UNC Rockingham Health, Eden, Rockingham County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

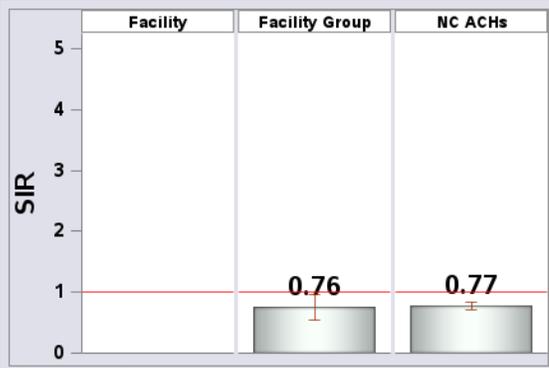


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

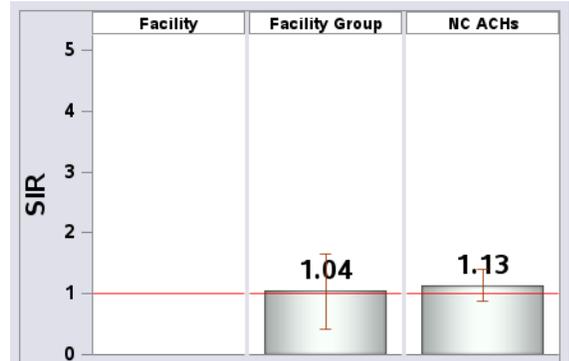


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

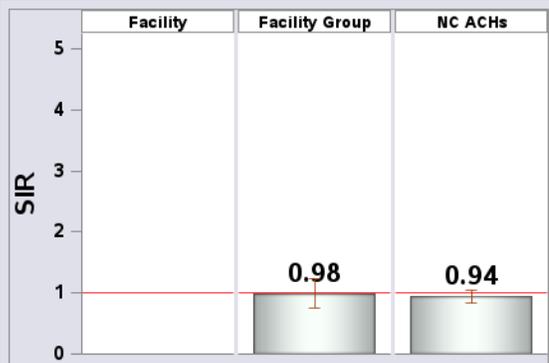


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Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Wake Forest Baptist Health-Davie Medical Center, Advance, Davie County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	4,297
Patient Days in 2023:	8,858
Total Number of Beds:	36
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.35
Number of FTEs* per 100 beds:	0.97

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

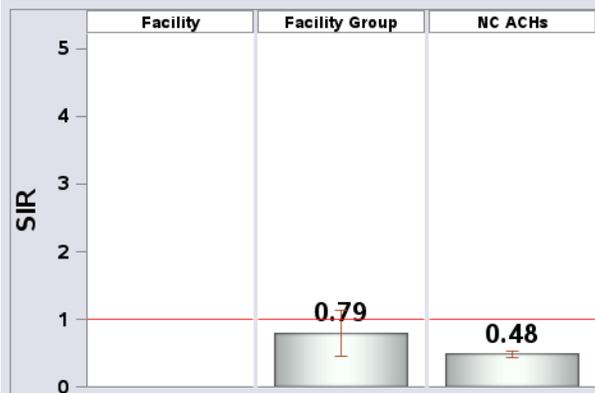


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

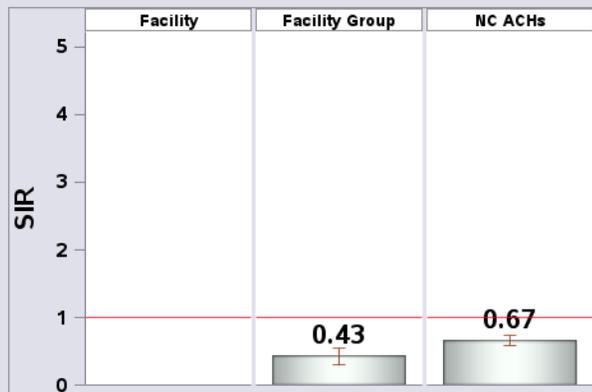


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

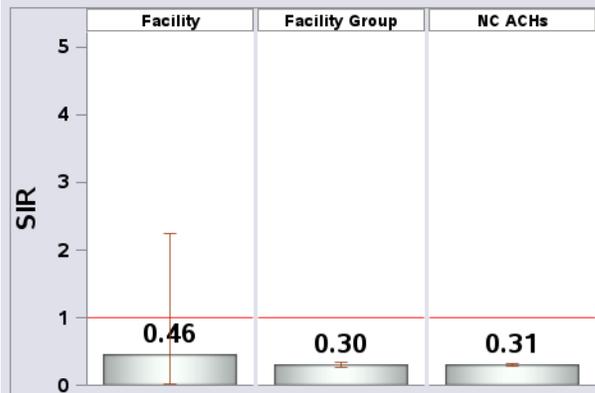


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N.C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Wake Forest Baptist Health-Davie Medical Center, Advance, Davie County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

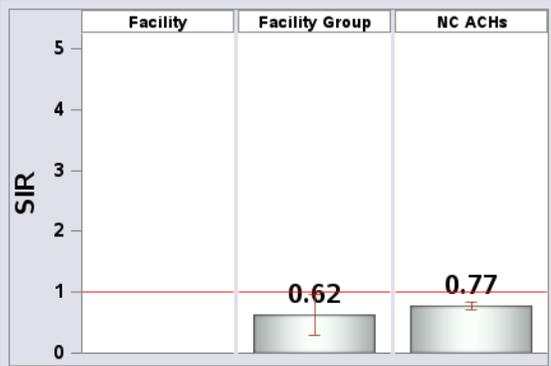


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024

Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	5,211
Patient Days in 2023:	17,279
Total Number of Beds:	71
Number of ICU Beds:	16
FTE* Infection Preventionists:	0.35
Number of FTEs* per 100 beds:	0.49

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

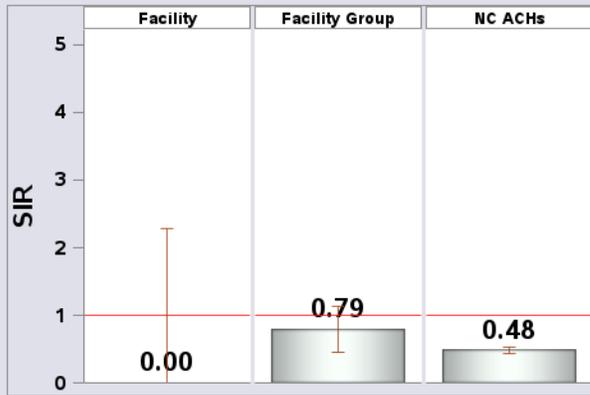


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.2	Same
All reporting units	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

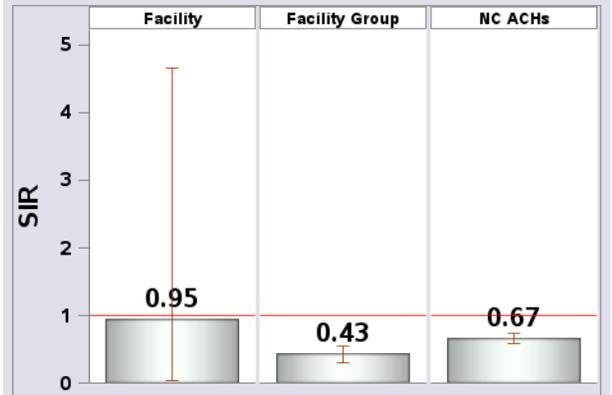


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	6.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

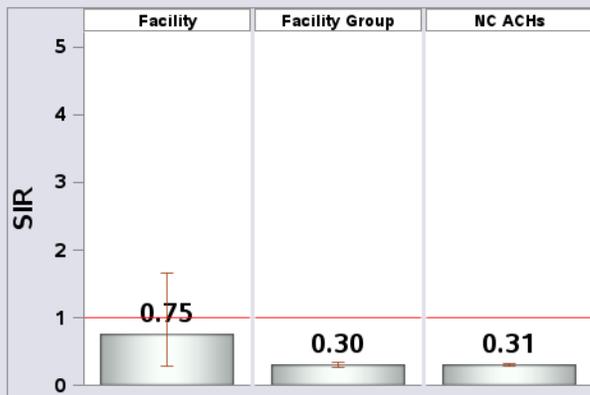


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	3	Less than 1.0	No Conclusion
All reporting units	3	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

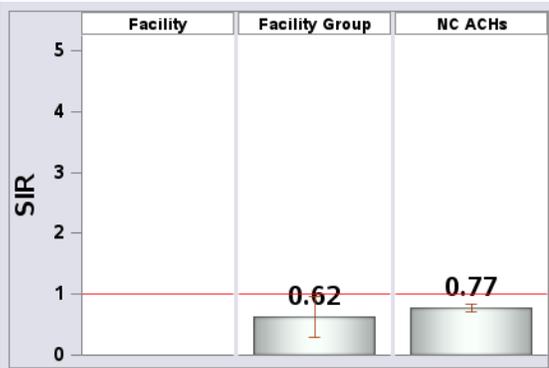


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

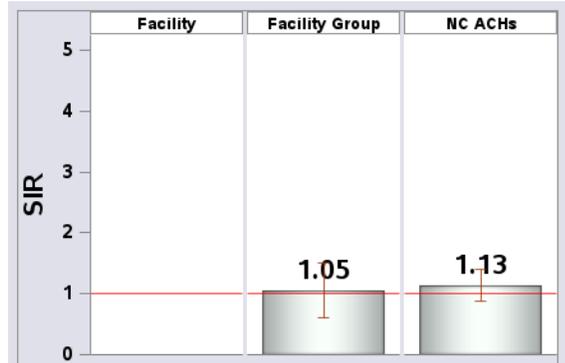


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

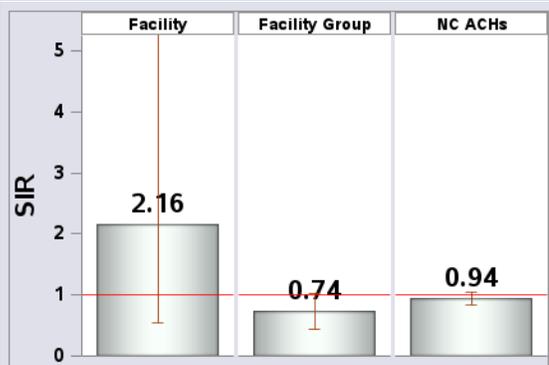


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Wake Forest Baptist Health Wilkes Medical Center, North Wilkesboro, Wilkes County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	4,869
Patient Days in 2023:	21,818
Total Number of Beds:	75
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.33

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

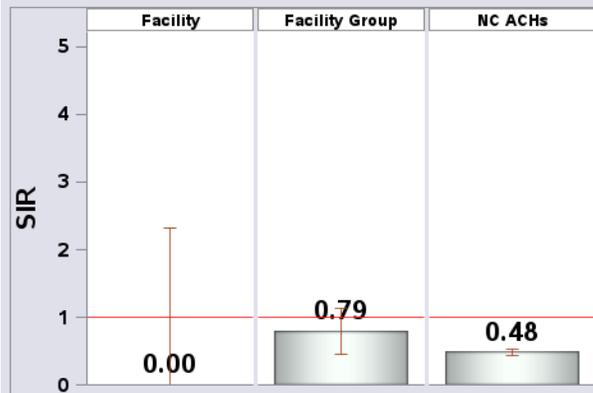


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

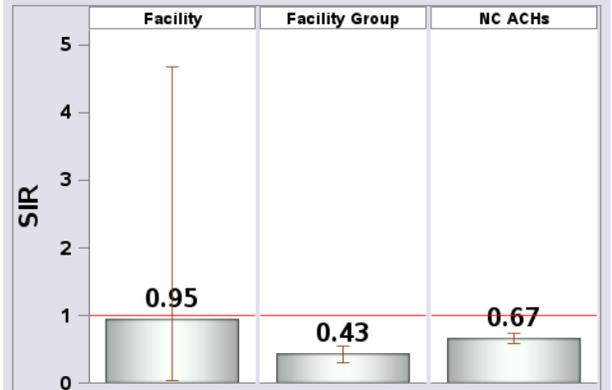


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	6.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

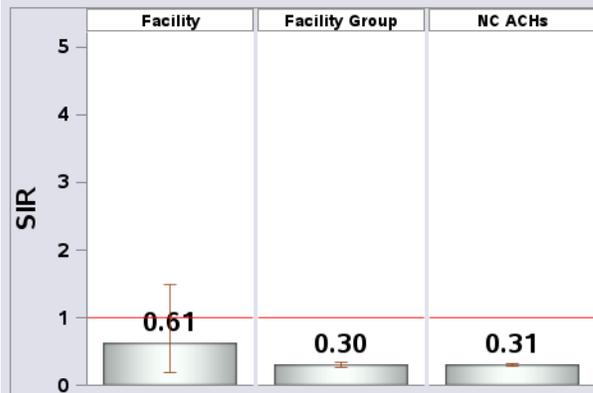


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Wake Forest Baptist Health Wilkes Medical Center, North Wilkesboro, Wilkes County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

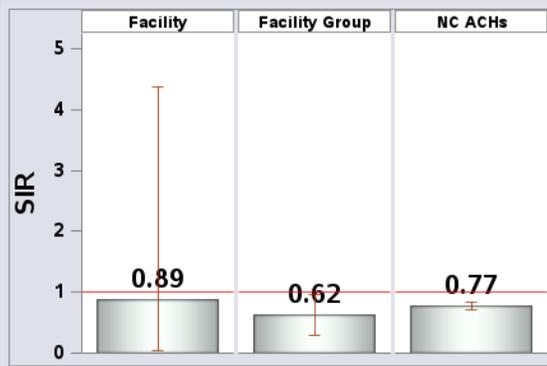


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

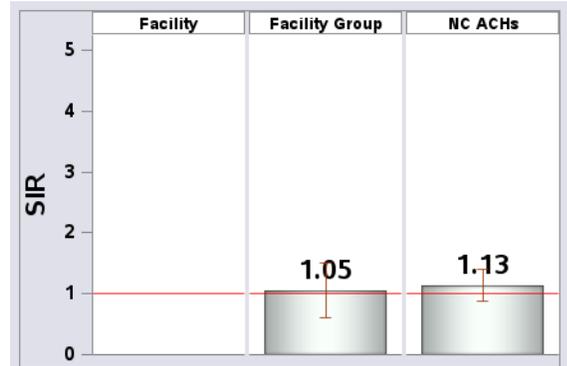


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

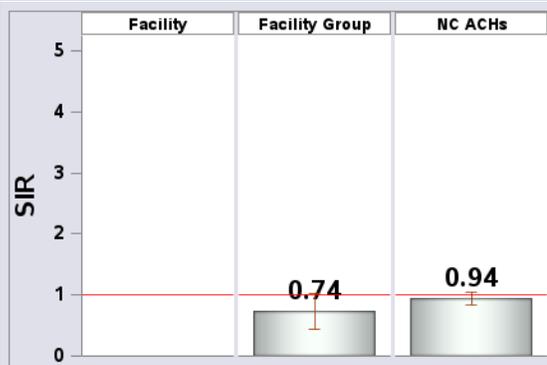


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	49,410
Patient Days in 2023:	270,577
Total Number of Beds:	850
Number of ICU Beds:	219
FTE* Infection Preventionists:	11.8
Number of FTEs* per 100 beds:	1.39

[*FTE = Full-time equivalent]



Commentary From Facility:

Wake Forest Baptist Health continuously strives to provide a safe environment for patients, their families and our community. We have launched targeted programs to reduce the risk of acquiring Central Line Associated Bloodstream Infection and Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia events and are reinforcing appropriate infection prevention and identification methods.

Catheter-Associated Urinary Tract Infections (CAUTI)

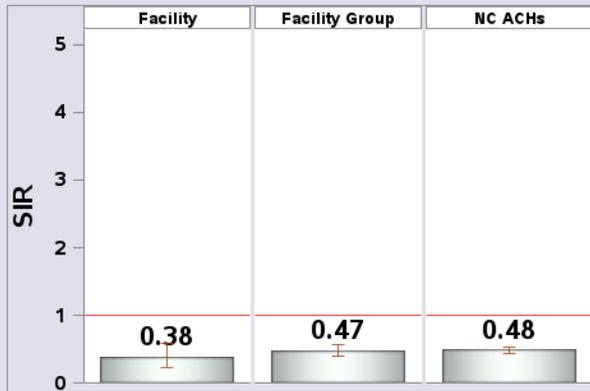


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	7	37	Better
Adult/Ped Wards	11	11	Same
All reporting units	18	48	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

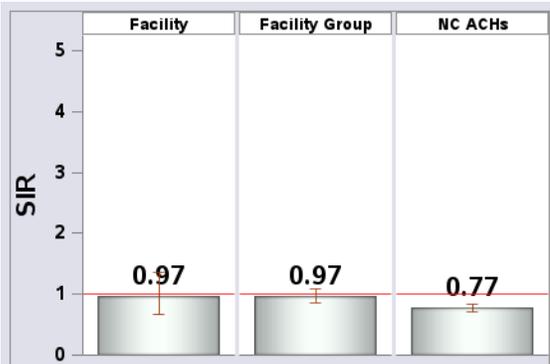


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	15	15	Same
Adult/Ped Wards	7	9.4	Same
Neonatal Units	9	7.5	Same
All reporting units	31	32	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

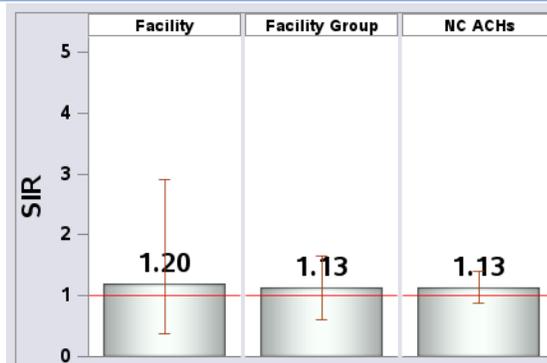


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	19	17	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

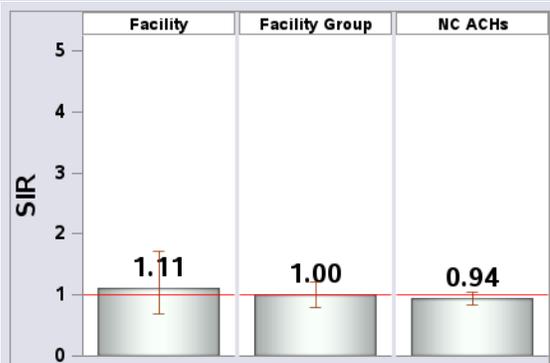


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

WakeMed, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	31,858
Patient Days in 2023:	181,886
Total Number of Beds:	545
Number of ICU Beds:	136
FTE* Infection Preventionists:	8.50
Number of FTEs* per 100 beds:	1.56

[*FTE = Full-time equivalent]



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

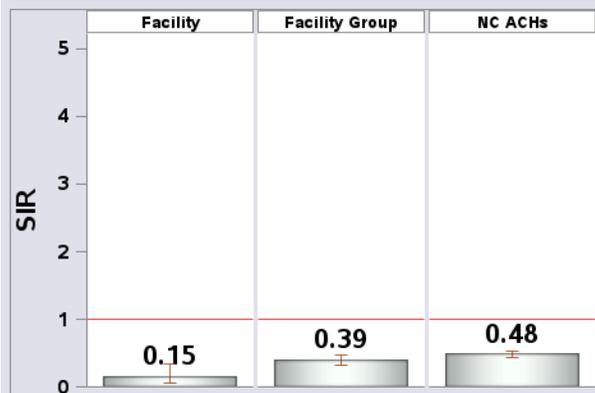


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	24	Better
Adult/Ped Wards	4	8.4	Same
All reporting units	5	33	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

WakeMed, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

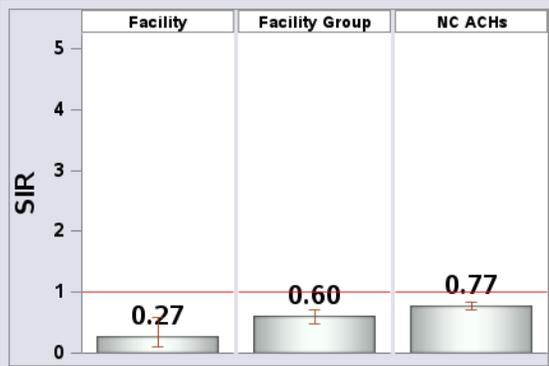


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	9.4	Better
Adult/Ped Wards	1	7.1	Better
Neonatal Units	2	2.2	Same
All reporting units	5	19	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

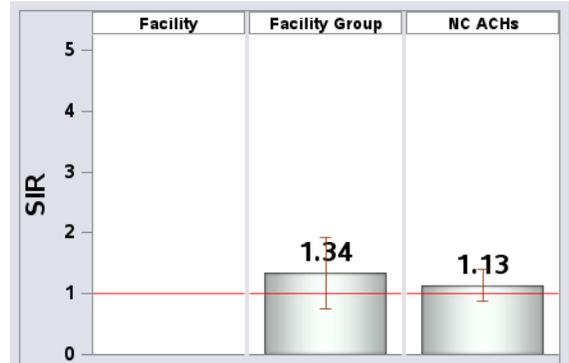


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	8	9.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

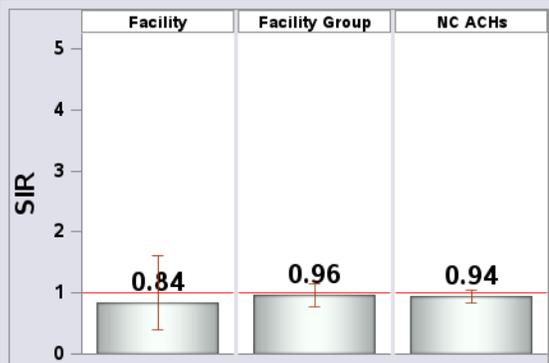


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

WakeMed Cary Hospital, Cary, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	14,949
Patient Days in 2023:	75,964
Total Number of Beds:	234
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.43

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

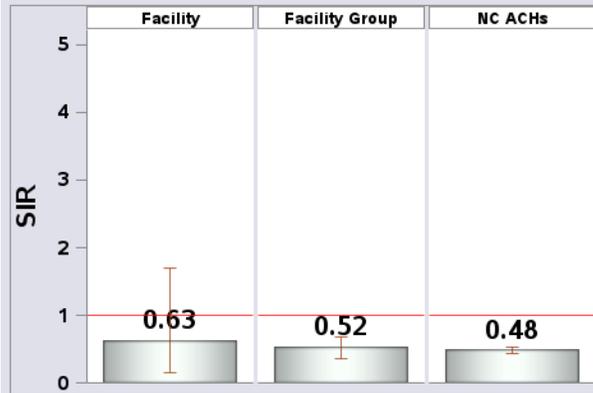


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.5	Same
Adult/Ped Wards	2	3.3	Same
All reporting units	3	4.8	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	3.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

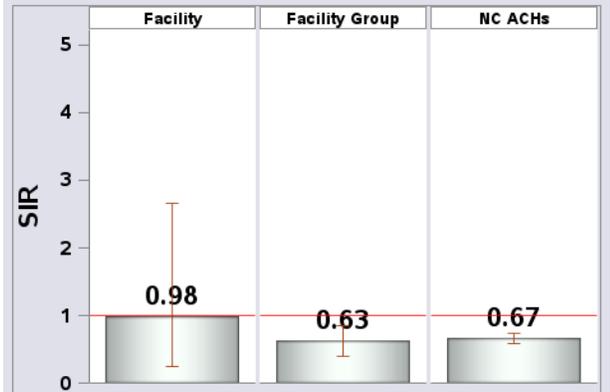


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	34	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better**: Fewer infections than predicted by the national baseline experience

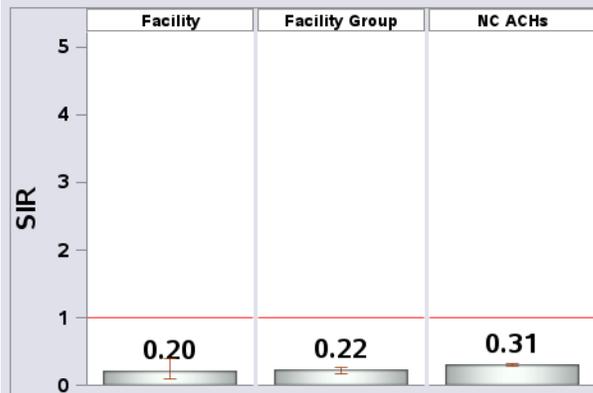


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N.C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
WakeMed Cary Hospital, Cary, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	2.7	Same
All reporting units	0	3.4	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ Better: Fewer infections than predicted by the national baseline experience

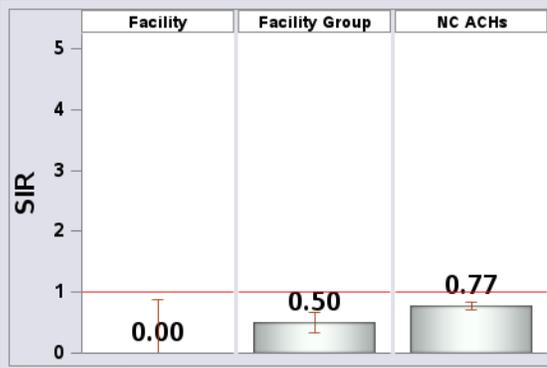


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

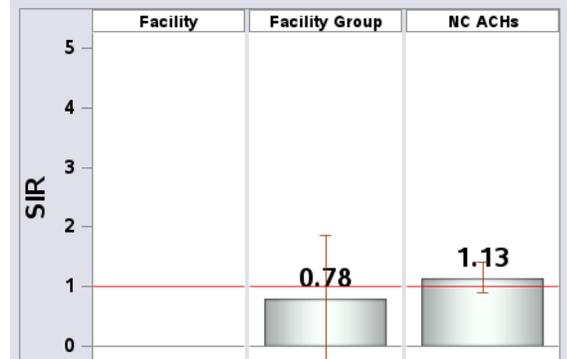


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	6.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

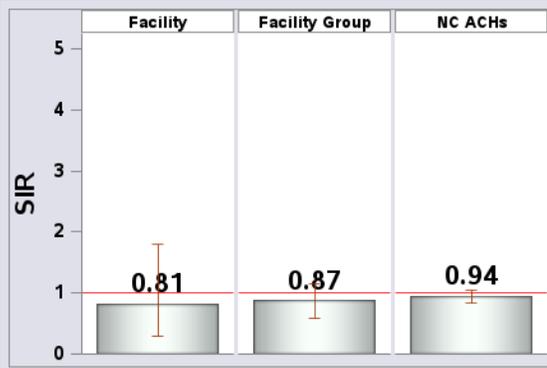


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Wakemed North Family Health & Women's Hospital, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2023:	9,767
Patient Days in 2023:	22,206
Total Number of Beds:	82
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.22

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

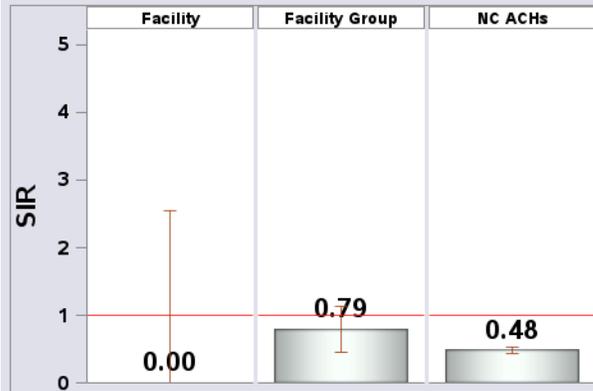


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	1.2	Same
All reporting units	0	1.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

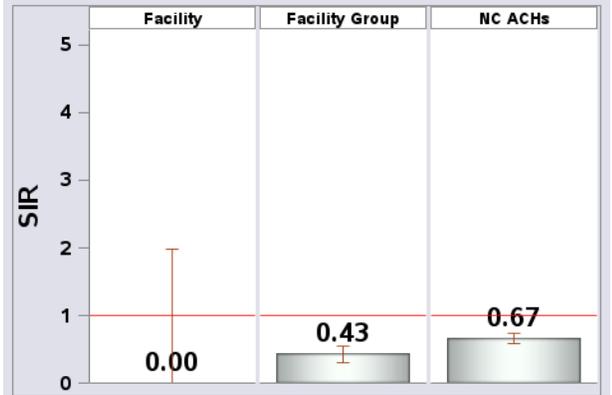


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	8.5	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

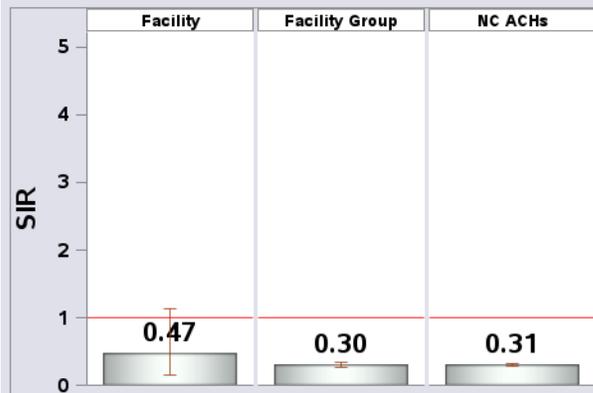


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (<https://epi.dph.ncdhhs.gov/cd/hai/figures.html>).

Data Generated: March 11, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: November 10, 2025

N.C. HAI 2024 Q4 Report

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Wakemed North Family Health & Women's Hospital, Raleigh, Wake County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

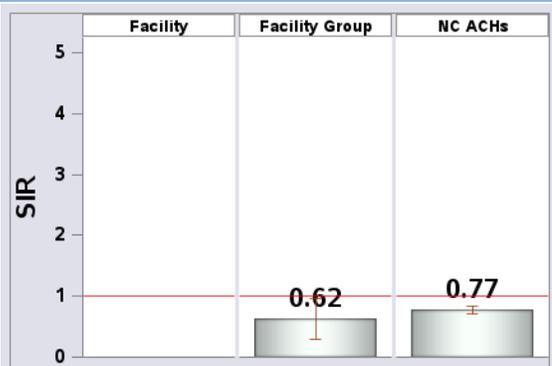


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
= Same: About the same number of infections as predicted by the national baseline experience

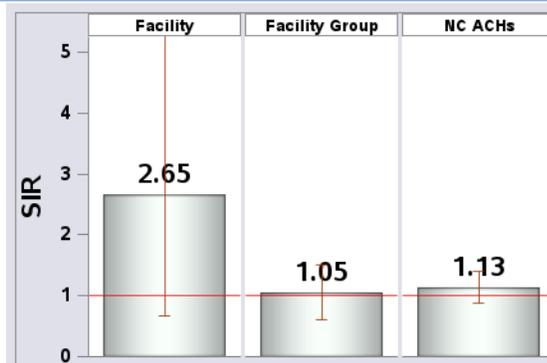


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.1	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
× **Worse:** More infections than predicted by the national baseline experience

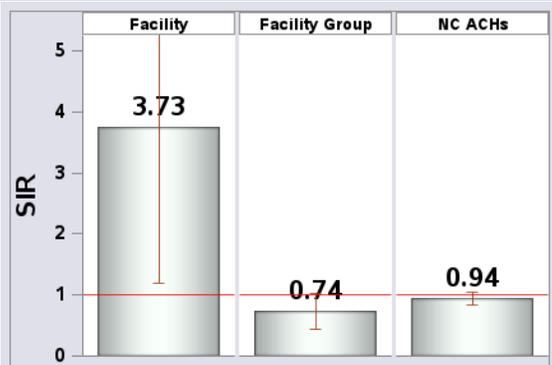


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Wayne Memorial Hospital, Goldsboro, Wayne County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	11,588
Patient Days in 2023:	56,046
Total Number of Beds:	226
Number of ICU Beds:	16
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.88

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

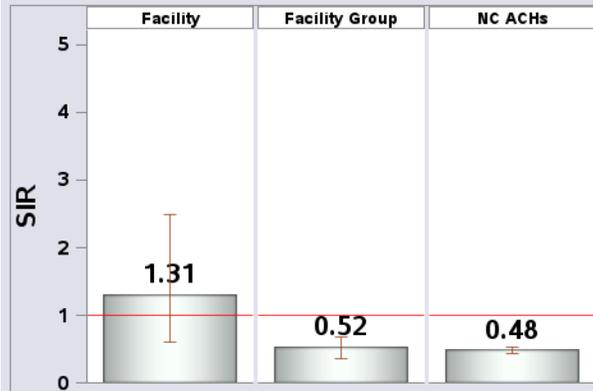


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.4	Same
Adult/Ped Wards	7	4.7	Same
All reporting units	8	6.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	2.4	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

✗ **Worse:** More infections than predicted by the national baseline experience

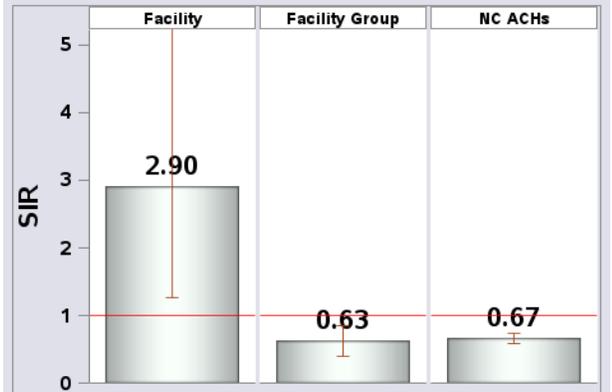


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

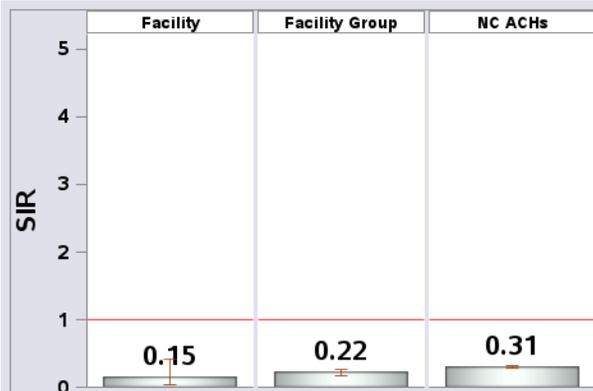


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	20	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Wayne Memorial Hospital, Goldsboro, Wayne County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

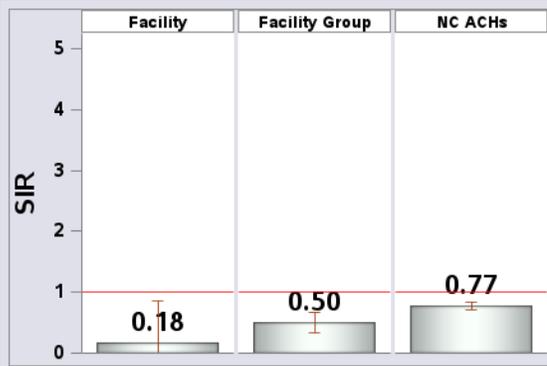


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.6	Same
Adult/Ped Wards	0	4.1	Better
All reporting units	1	5.7	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 ★ Better: Fewer infections than predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

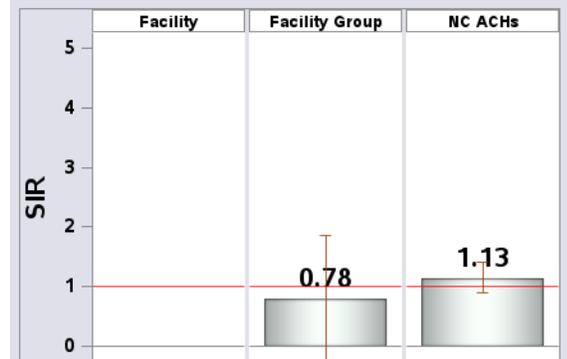


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

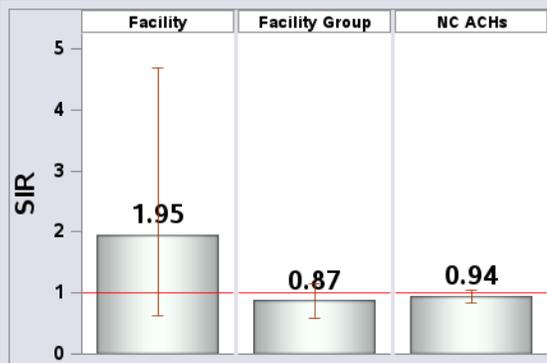


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Wesley Long Hospital, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2023:	9,621
Patient Days in 2023:	48,297
Total Number of Beds:	150
Number of ICU Beds:	20
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.73

*FTE = Full-time equivalent



Commentary From Facility:

Cone Health is committed to preventing harm from Healthcare Associated Infections across our community. We have dedicated multi-disciplinary teams focused on process improvements to ensure improved outcomes for our patients. If you would like further information, please contact Cone Health Infection Prevention Department. Thank you.

Catheter-Associated Urinary Tract Infections (CAUTI)

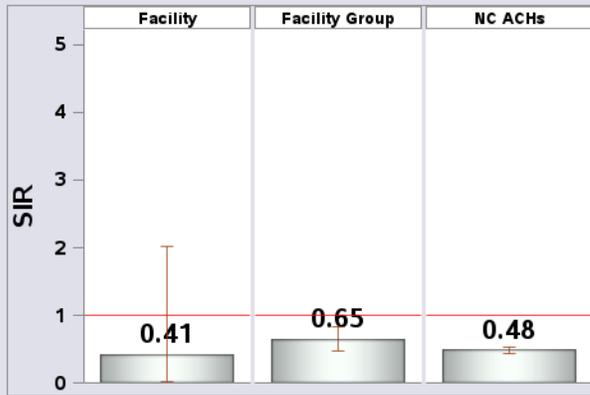


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.8	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	2.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

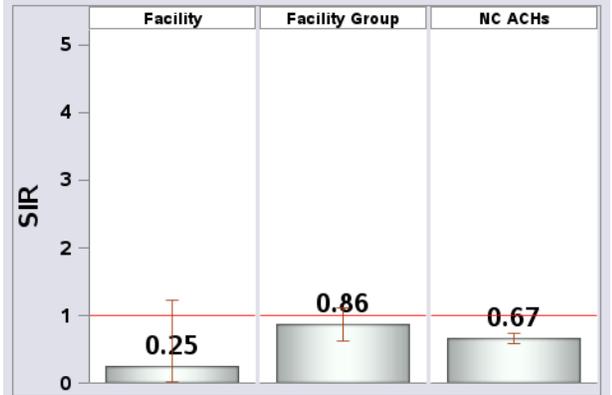


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	26	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

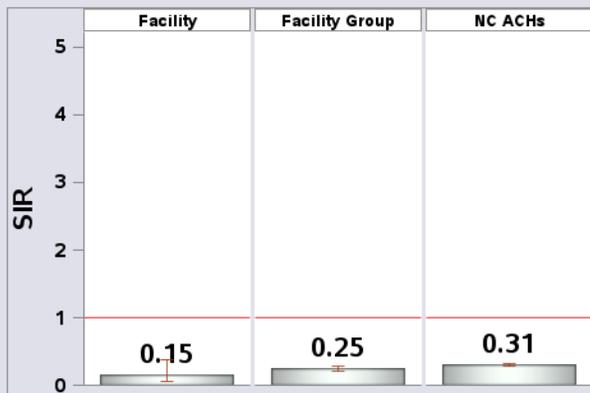


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Wesley Long Hospital, Greensboro, Guilford County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of this report to correct discrepancies in NHSN. A non-response within the 30 days will be interpreted as verification of data accuracy and completeness.

Central Line-Associated Bloodstream Infections (CLABSI)

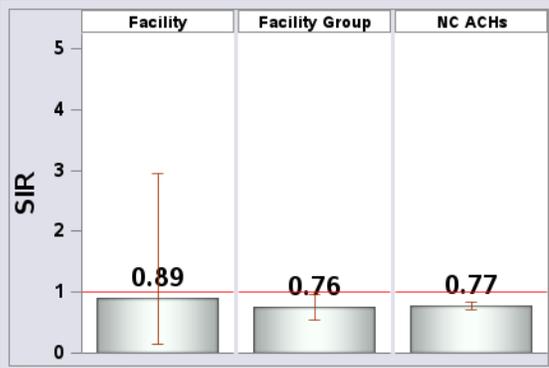


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.5	Same
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	2	2.2	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

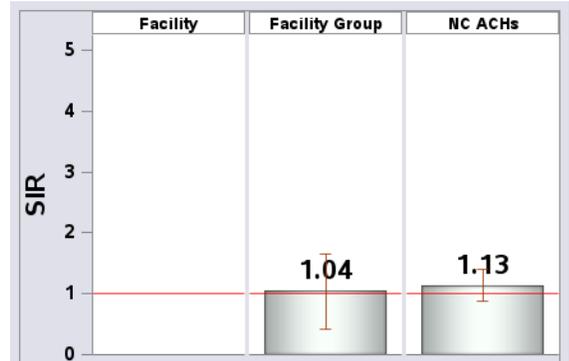


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	7.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

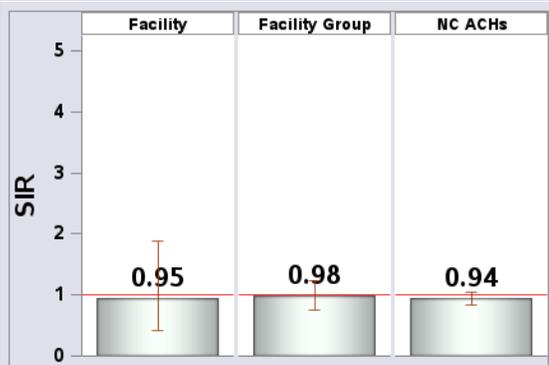


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Health Care-Associated Infections Report

Data from January 1 - December 31, 2024

Wilson Medical Center, Wilson, Wilson County

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2023 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2023:	5,739
Patient Days in 2023:	25,840
Total Number of Beds:	123
Number of ICU Beds:	11
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.81

(*FTE = Full-time equivalent)



Commentary From Facility:

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

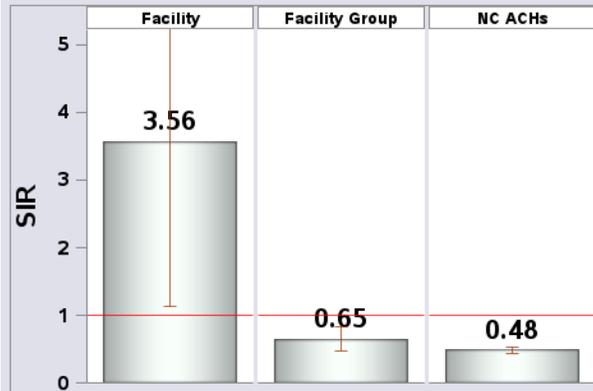


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	4	1.1	Worse
All reporting units	4	1.1	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

✗ **Worse:** More infections than predicted by the national baseline experience

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	1.1	Worse

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

✗ **Worse:** More infections than predicted by the national baseline experience

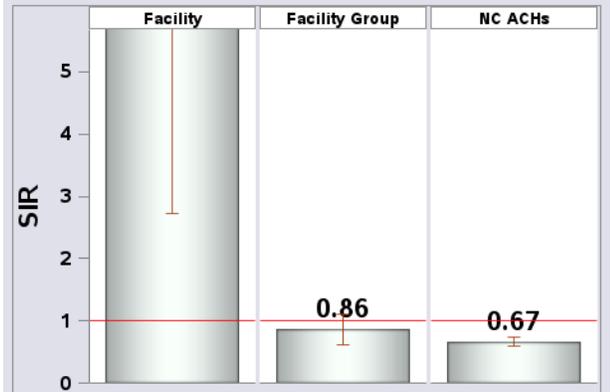


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2024

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	11	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

★ **Better:** Fewer infections than predicted by the national baseline experience

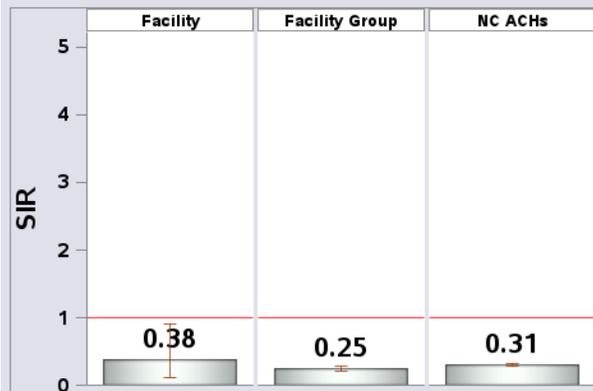


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

North Carolina Health Care-Associated Infections Report
Data from January 1 - December 31, 2024
Wilson Medical Center, Wilson, Wilson County

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Central Line-Associated Bloodstream Infections (CLABSI)

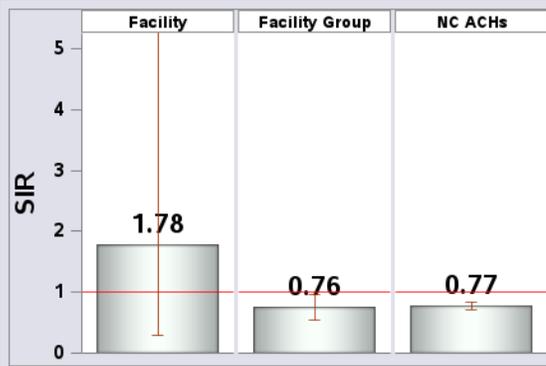


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2024.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2024

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	2	1.1	Same
All reporting units	2	1.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: SIR not calculated if <50 central line days or <1 predicted infection.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

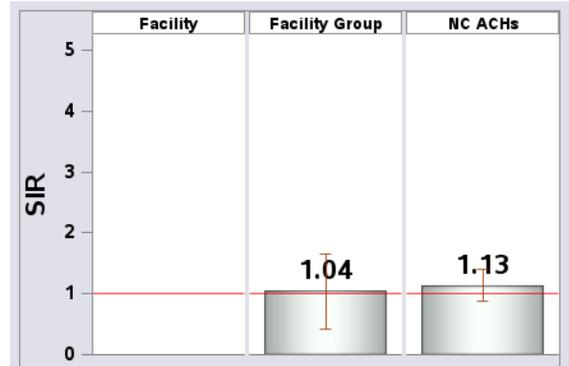


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2024.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.4	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.
 Note: Infections from deep incisional and/or organ space.
 Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?
 = Same: About the same number of infections as predicted by the national baseline experience

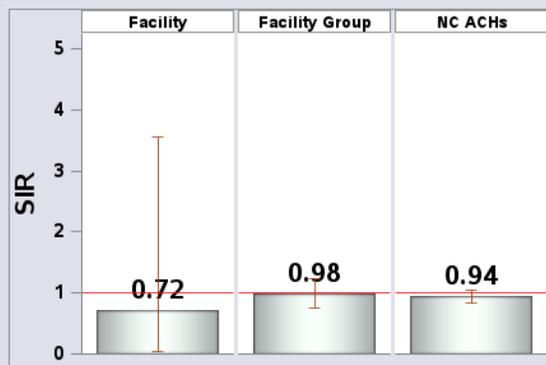


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2024.

Ventilator-Associated Events (VAE)

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