2025

Issued October 2025

Healthcare-Associated Infections in North Carolina

Reporting Period:

January 1, 2025—June 30, 2025

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 • Communicable Disease

Branch • Medical Consultation Unit • Surveillance for Healthcare Associated and Resistant Pathogens

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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.

2024 Hospital Survey Information

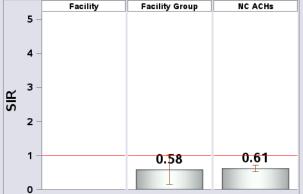
Hospital Type: Acute Care Hospital

Medical Affiliation: No Admissions in 2024: 4,774 Patient Days in 2024: 21,605 Total Number of Beds: 95 Number of ICU Beds: 12 FTE* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.05

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)



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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

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			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

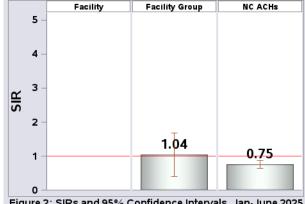
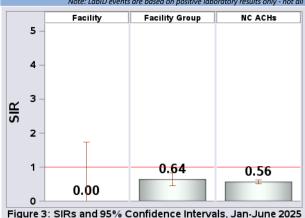


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnesses.



ıan	Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Events	Events	Experience?		
	Facility-wide inpatient	0	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

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: October 23, 2025.

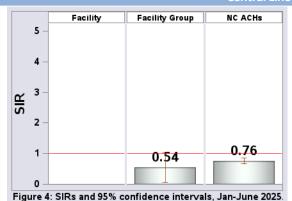
NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

Advent Health Hendersonville, Hendersonville, Henderson County

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Central Line-Associated Bloodstream Infections (CLABSI)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

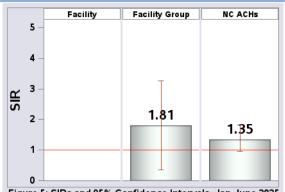


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

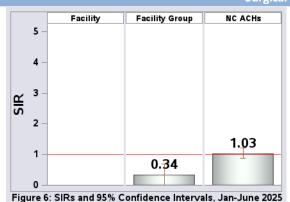


Table 6. Number of Observed and Predict	ed SSI Infections (colon s	urgeries), Jan-June 2025	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025

Alamance Regional Medical Center, Burlington, Alamance County

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2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

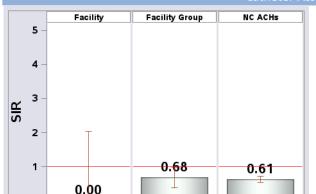
Medical Affiliation: Major Admissions in 2024: 11.617 Patient Days in 2024: 51,019 Total Number of Beds: 240 Number of ICU Beds: 32 FTE* Infection Preventionists: 1.10 Number of FTEs* per 100 beds: 0.46

[*FTE = Full-time equivalent] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)



able 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

Nethicillin-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

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

Note: SIR=Standardized Infection Ratio. 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

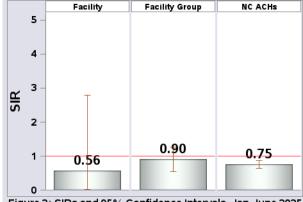


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 base

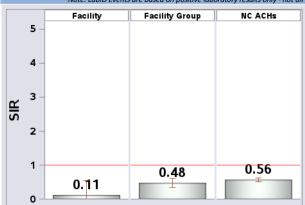


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicte	ed CDIs, Jan-June 2025			
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

Alamance Regional Medical Center, Burlington, Alamance County

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Central Line-Associated Bloodstream Infections (CLABSI)

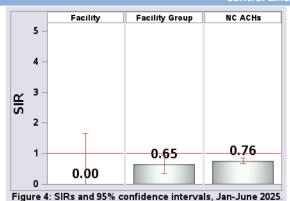


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
Neonatal Units	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-June 2025.

How Does This Facility
Observed Predicted Compare to the National
Unit Type Infections Infections 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

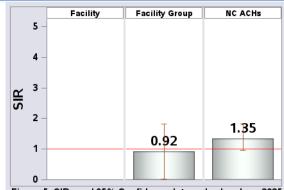


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

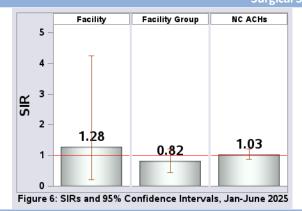


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	1.6	Same	

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

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Graduate Admissions in 2024: 3,488 Patient Days in 2024: 14,986 Total Number of Beds: 59 Number of ICU Beds: 12 FTE* Infection Preventionists: 0.50 Number of FTEs* per 100 beds: 0.85

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

		Facility	Facility Group	NC ACHs
	5 –			
	4 -			
SIR	3 -			
S	2 -			
	1		0.58	0.61
	o			

	Observed Predicted		How Does This Facility Compare to the National	
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025.

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 f Observed and Producted MPSA Events, January 2025

table 2. Hamber of Observed and Fredeted Willow Events, July Julie 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

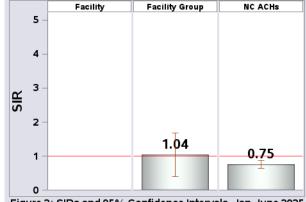


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

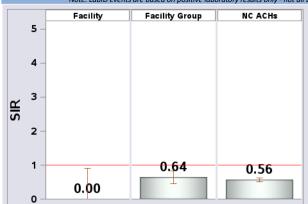


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	0	3.3	Better			

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

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

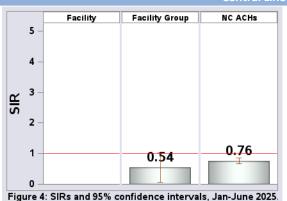
How Does This Facility Compare to the National Experience?

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

Annie Penn Hospital, Reidsville, Rockingham County

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Central Line-Associated Bloodstream Infections (CLABSI)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

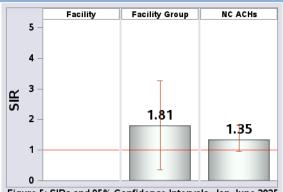


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

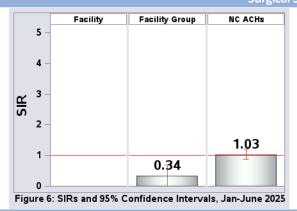


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	Less than 1.0	No Conclusion		

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)

ARHS-Watauga Medical Center, Boone, Watauga County

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2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Major

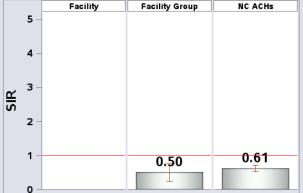
Admissions in 2024: 6.933 Patient Days in 2024: 21,295 Total Number of Beds: 117 Number of ICU Beds: 10 FTE* Infection Preventionists: 1.45 Number of FTEs* per 100 beds: 1.24

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.



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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

table 2. Hamber of Observed and Fredeted Willow Events, July Julie 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

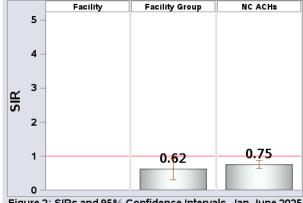


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

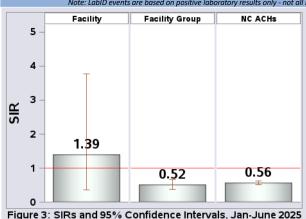


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	3	2.2	Same			

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

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

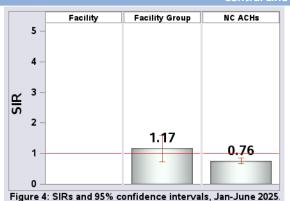
How Does This Facility Compare to the National Experience?

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

ARHS-Watauga Medical Center, Boone, Watauga County

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Central Line-Associated Bloodstream Infections (CLABSI)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

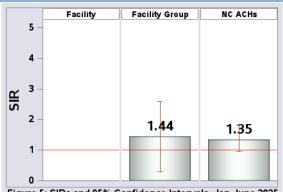


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

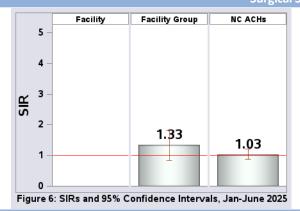


Table 6. Number of Observed and Predicte	ea SSI intections (colon s	urgeries), Jan-June 2025	•
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 14,462 Patient Days in 2024: 165,858 Total Number of Beds: 501 Number of ICU Beds: 74 FTE* Infection Preventionists: 3.50 Number of FTEs* per 100 beds: 0.70

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

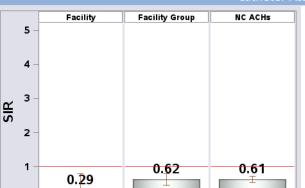


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Better Adult/Ped Wards 5.9 3 Same All reporting units 3 10 Better

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-June 2025

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

able 2. Nulliber of Observed and Fredicte	u minom Evento, Jan-Jun	C 2023	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	0	5.4	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

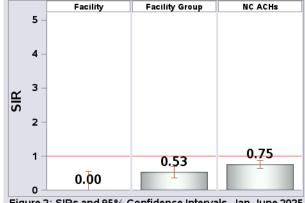


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

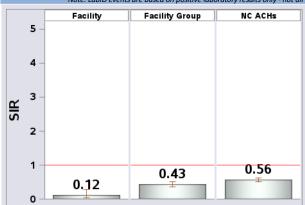


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	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

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 ICO and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	2	3.4	Same	
Adult/Ped Wards	0	4.4	Better	
Neonatal Units	0	Less than 1.0	No Conclusion	
All reporting units	2	8.0	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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National Experience? **Unit Type** Infections Infections **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

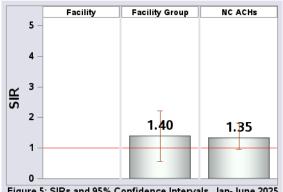
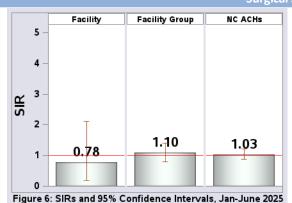


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries



lable 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	3	3.9	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

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 6,850 Patient Days in 2024: 24,009 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

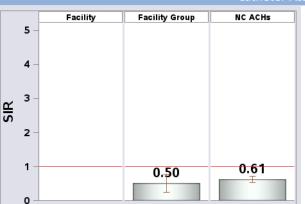


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

Table 2: Namber of Observed and Fredicted Willow Events, July Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

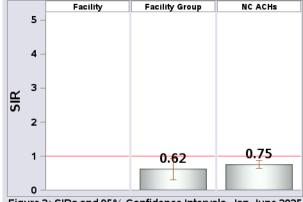


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnesses.

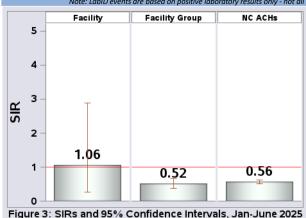


Table 3. Number of Observed and Predict	ed CDIs, Jan-June 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	3	2.8	Same

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

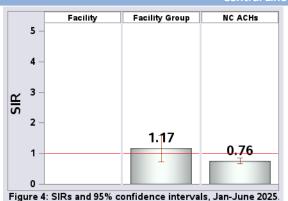
Refer to HAI in N.C. Reference Report for further explanation of presented statistics (https://epi.dph.ncdhhs.gov/cd/hai/figures.html). Data Generated: October 23, 2025.

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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

Note: Infections from 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

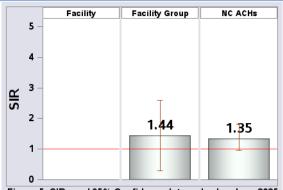


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

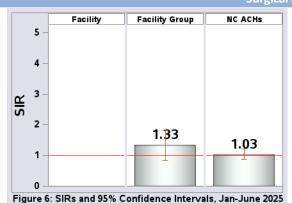


Table 6. Number of Observed and Predicted SSI infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	Less than 1.0	No Conclusion		

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)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 4.708 Patient Days in 2024: 20,247

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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

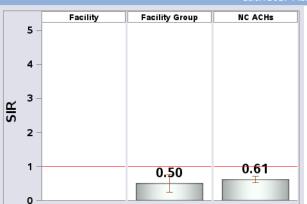


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Adult/Ped ICUs	0	Less than 1.0	No Conclusion			
Adult/Ped Wards	1	Less than 1.0	No 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

Table 2: Namber of Observed and Fredeted Witton Events, July Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

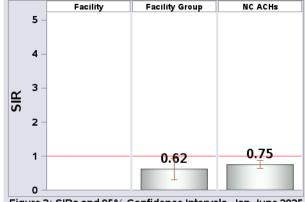


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnes

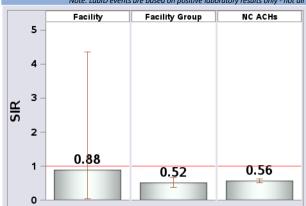


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

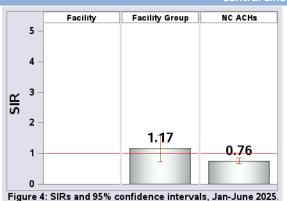
Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025.

How
Observed Predicted Comp
Unit Type Infections Infections
Facility-wide inpatient 0 Less than 1.0

How Does This Facility
Compare to the National
Experience?
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

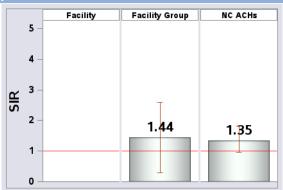


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

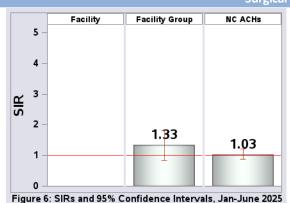


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 9.195 Patient Days in 2024: 45,970 Total Number of Beds: 117 Number of ICU Beds: 17 FTE* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.85

[*FTE = Full-time equivalent] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)

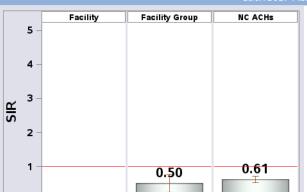


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O Less than 1.0 No Conclusion 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 Fredicted Wilds Events, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	1	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

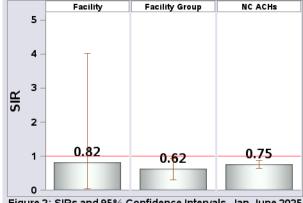


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

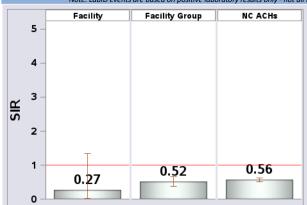


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

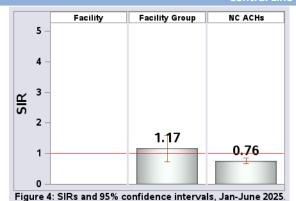
Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)



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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

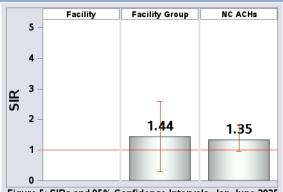
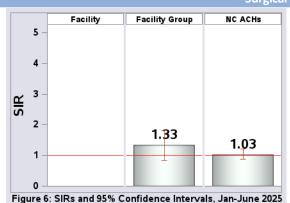


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries



lable 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Facility Group

Hospital Type: Acute Care Hospital

Medical Affiliation: Graduate Admissions in 2024: 2,682 Patient Days in 2024: 12,819 Total Number of Beds: 87 Number of ICU Beds: 6 FTE* Infection Preventionists: 0.50 Number of FTEs* per 100 beds: 0.57

[*FTE = Full-time equivalent] [. = Data not reported]

5

3 SIR

2

Facility



Catheter-Associated Urinary Tract Infections (CAUTI)

NC ACHS **Unit Type** Adult/Ped ICUs Adult/Ped Wards

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National Infections Infections **Experience?** Less than 1.0 No Conclusion No Conclusion 2 Less than 1.0 All reporting units 2 Less than 1.0 No Conclusion

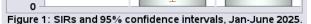
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



0.58

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 f Observed and Producted MPSA Events, January 2025

table 2: Hamber of Observed and Fredeted Willow Events, July Julie 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

0.61

Note: SIR=Standardized Infection Ratio. 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

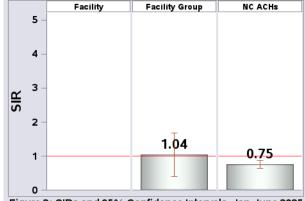


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

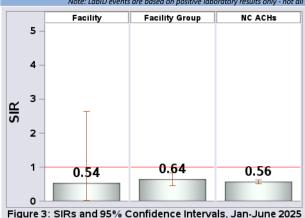


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	1.9	Same		

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

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

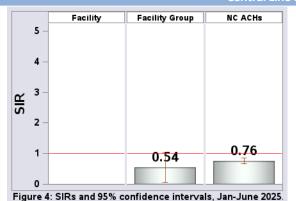
How Does This Facility Compare to the National Experience?

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

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type. Jan-June 2025

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

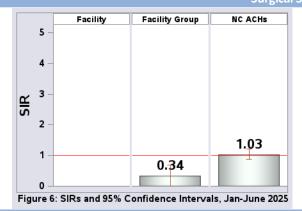


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

N.C. HAI 2025 Q2 Report

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information

Hospital Type: Specialty Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 188 Patient Days in 2024: 59,003 Total Number of Beds: 165 Number of ICU Beds: O FTE* Infection Preventionists: 3.00 Number of FTEs* per 100 beds: 1.82

[*FTE = Full-time equivalent] [. = Data not reported]



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

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

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2024: 4,622 Patient Days in 2024: 21,457 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

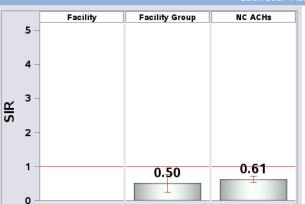


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	1	Less than 1.0	No Conclusion	
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

able 2. Namber of Observed and Fredeted Willow Events, July July 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

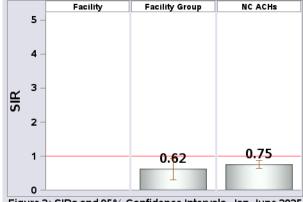


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

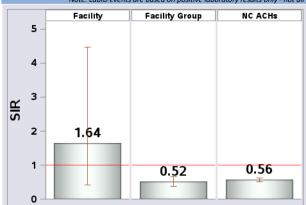


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	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

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

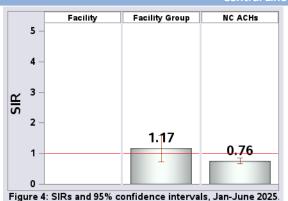
Data Generated: October 23, 2025. NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

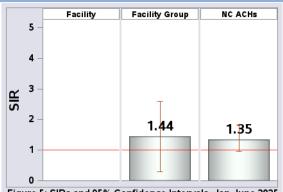


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

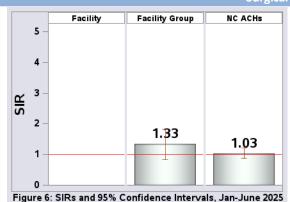


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)

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.

2024 Hospital Survey Information

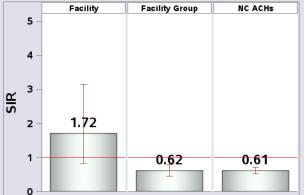
Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 32,604 Patient Days in 2024: 176,811 Total Number of Beds: 636 Number of ICU Beds: 136 FTE* Infection Preventionists: 6.00 Number of FTEs* per 100 beds: 0.94

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	3.4	Same
Adult/Ped Wards All reporting units	9	1.9 5.2	Same 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

able 2. Number of Observed and Fredicte	u minom Evento, Jan-Jun	C 2023	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	3	7.3	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

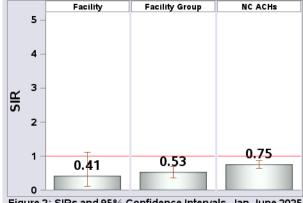


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 be

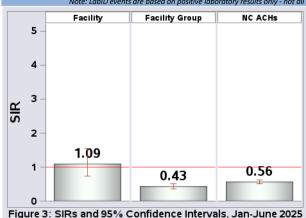


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	28	26	Same	

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: October 23, 2025.

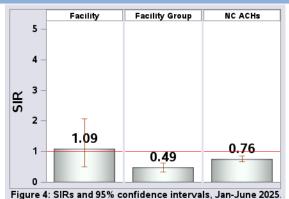
NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	5	5.1	Same
Adult/Ped Wards	0	1.9	Same
Neonatal Units	3	Less than 1.0	No Conclusion
All reporting units	8	7.4	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

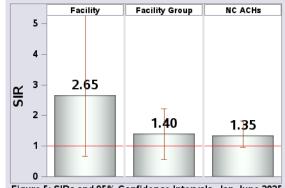
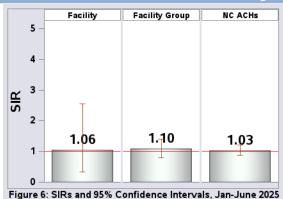


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries



 lable 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	4	3.8	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

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information Hospital Type: Acute Care Hospital

Medical Affiliation: No Admissions in 2024: 1.637 Patient Days in 2024: 5,049 Total Number of Beds: 41 Number of ICU Beds: 4 FTE* Infection Preventionists: 0.30 Number of FTEs* per 100 beds: 0.73

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

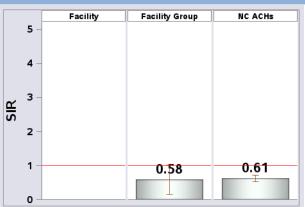


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

able 2. Halliber of Observed and Fredeted Willow Events, July July 2025			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

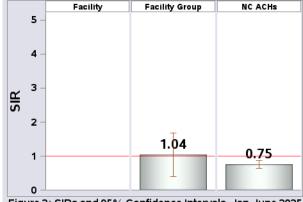


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

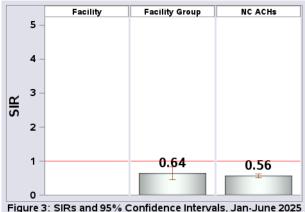


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	1	Less than 1.0	No Conclusion	

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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)

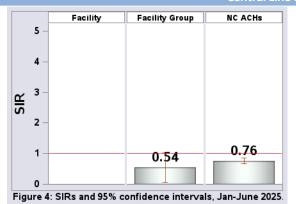


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

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

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 14,046 Patient Days in 2024: 71,900 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

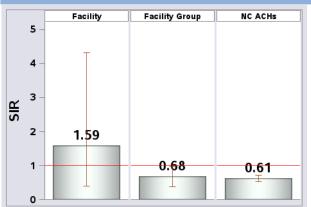


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	3	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	1.2	Same	
All reporting units	3	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

able 2. Number of Observed and Fredicted WKSA Events, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

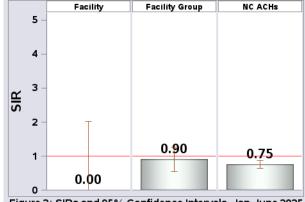


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnesses.

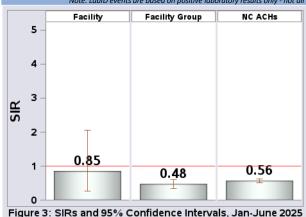


Table 3. Number of Observed and Predicte	ed CDIs, Jan-June 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	4	4.7	Same

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

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: October 23, 2025.

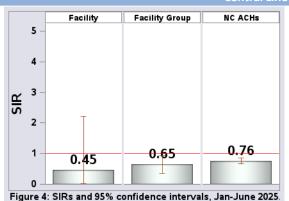
NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



Tuble 4. Number of observed and Frederic	Observed	Predicted	How Does This Facility Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	1.1	Same
Adult/Ped Wards	1	1.1	Same
All reporting units	1	2.2	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

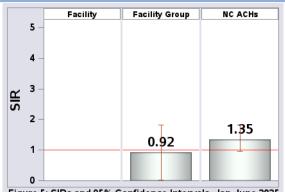


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

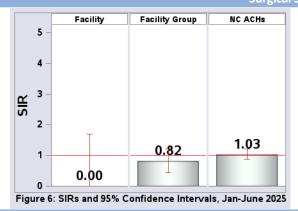


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	1.8	Same		

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

Ventilator-Associated Events (VAE)

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

NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information Hospital Type: Acute Care Hospital Medical Affiliation: Major

Admissions in 2024: 587 Patient Days in 2024: 1,796 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

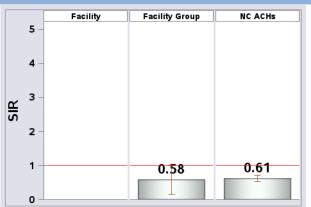


Table 1. Number of Observed and Fredicted infections by ICO and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
All reporting units	0	Less than 1.0	No 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

rubic 2: Humber of Observed and Fredict	able 2. Halliber of Observed and Fredeted Willow Events, July July 2025					
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

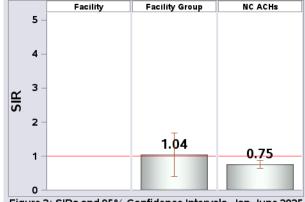


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnes

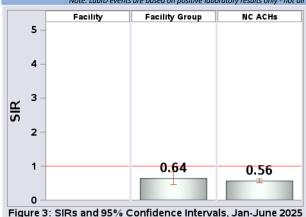


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
		How Does This Facility				
Observed	Predicted	Compare to the National				
Events	Events	Experience?				
0	Less than 1.0	No Conclusion				
	Observed	Observed Predicted Events Events				

Note: SIR=Standardized Infection Ratio. 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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)

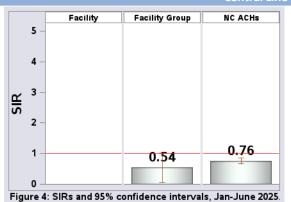


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
All reporting units	0	Less than 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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major
Admissions in 2024: 12,237
Patient Days in 2024: 58,222
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]
[. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)

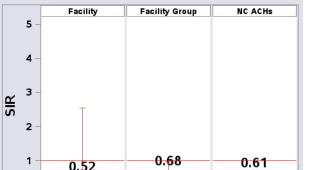


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs 1 Less than 1.0 No Conclusion Adult/Ped Wards O 1.0 Same All reporting 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025.

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.

Tubic 2: Number of Observed and Fredict	table 2: realiber of observed and recalcted winds events, sail saile 2025					
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

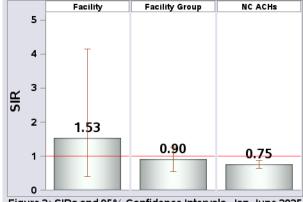


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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

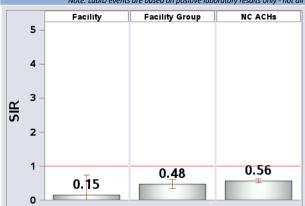


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025							
			How Does This Facility				
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide inpatient	1	6.6	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

Carolinas Healthcare System Cleveland, Shelby, Cleveland County

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Central Line-Associated Bloodstream Infections (CLABSI)

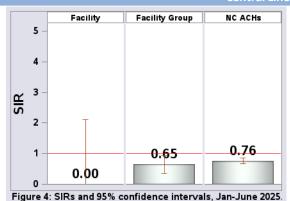


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

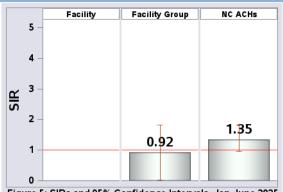


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

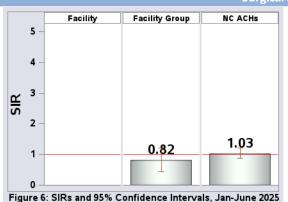


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
How Does This Facility						
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 20,750 Patient Days in 2024: 362,718 Total Number of Beds: 868 Number of ICU Beds: 243 FTE* Infection Preventionists: 7.50 Number of FTEs* per 100 beds: 0.86

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

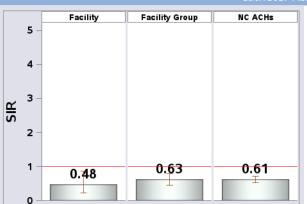


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	5	13	Better		
Adult/Ped Wards	4	5.6	Same		
All reporting units	9	19	Better		

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-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

able 2. Number of Observed and Fredicted Wilds Events, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

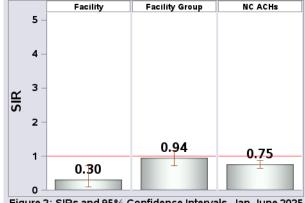


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

Predicted

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 base Table 3. Number of Observed and Predicted CDIs. Jan-June 2025



Unit Type	Events	Events	Experience?
Facility-wide inpatient	37	77	Better

Observed

Note: SIR=Standardized Infection Ratio. 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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

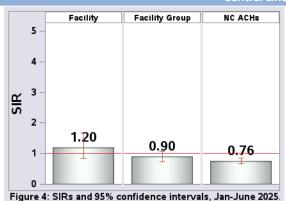
How Does This Facility

Compare to the National

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)



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	13	17	Same
Adult/Ped Wards	15	7.4	Worse
Neonatal Units	5	2.7	Same
All reporting units	33	27	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-June 2025.

How Does This Facility
Observed Predicted Compare to the National
Unit Type Infections Infections 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

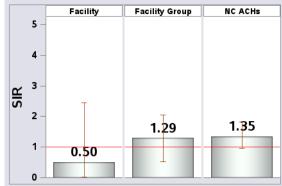


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

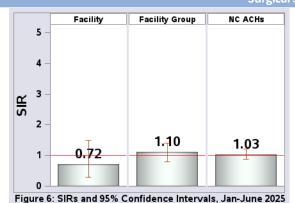


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	6	8.4	Same

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

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 4.848 Patient Days in 2024: 71,173 Total Number of Beds: 207 Number of ICU Beds: 20 FTE* Infection Preventionists: 2.00 Number of FTEs* per 100 beds: 0.97

[*FTE = Full-time equivalent] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)

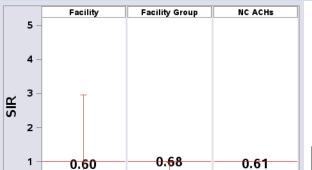


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards Less than 1.0 No Conclusion All reporting units 1 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

Nethicillin-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 Fredicted Winsa Events, Jan-June 2025				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
1	Facility-wide inpatient	1	3.0	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

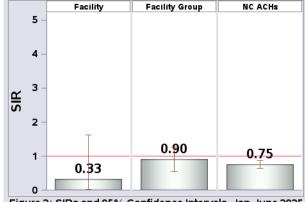


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

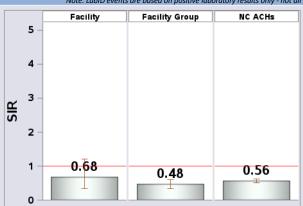


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

	Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Events	Events	Experience?	
	Facility-wide inpatient	10	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

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)

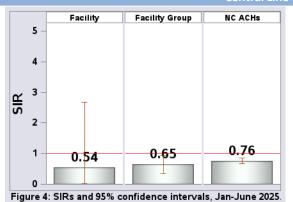


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	1	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

NCDHHS Division of Public Health, SHARPPS Program

N.C. HAI 2025 Q2 Rep

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 24,897 Patient Days in 2024: 99,456 Total Number of Beds: 308 Number of ICU Beds: 56 FTE* Infection Preventionists: 2.08 Number of FTEs* per 100 beds: 0.67

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

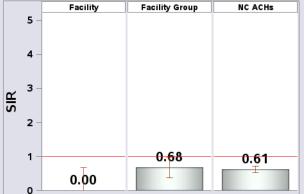


Table 1. Number of Observed and Fredicted infections by ICO and Ward Type, Jan-June 2025.			
	Observed	Predicted	How Does This Facility Compare to the National
			·
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	2.2	Same
Adult/Ped Wards	0	2.2	Same
All reporting units	0	4.4	Better

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

able 2. Number of Observed and Fredicted WKSA Events, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	2	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

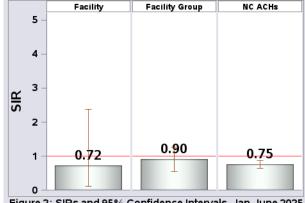


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

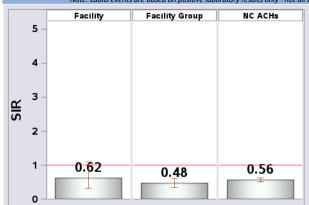


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	10	16	Same		

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

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

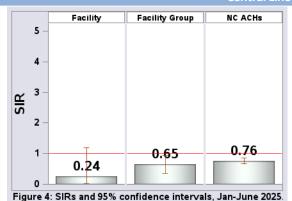
How Does This Facility Compare to the National Experience?

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

Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

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Central Line-Associated Bloodstream Infections (CLABSI)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	2.6	Same
Adult/Ped Wards	1	1.5	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	1	4.1	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National Experience? **Unit Type** Infections Infections **Facility-wide inpatient** 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

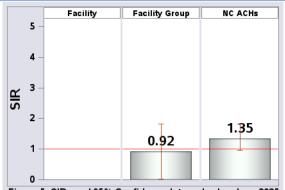


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

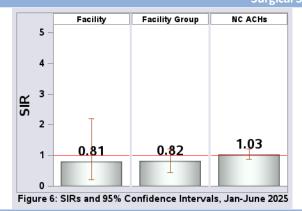


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	3	3.7	Same

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

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information Acute Care Hospital

Hospital Type: Medical Affiliation: Major Admissions in 2024: 10,065 Patient Days in 2024: 51,374 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

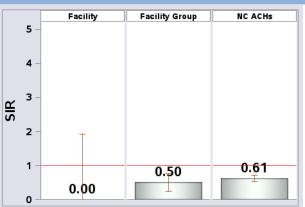


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	1.6	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

able 2. Number of Observed and Fredicted WiksA Events, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

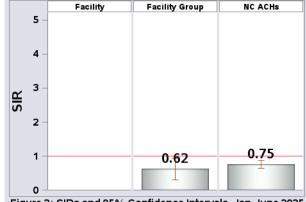


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

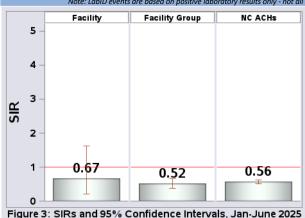


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	6.0	Same		

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

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

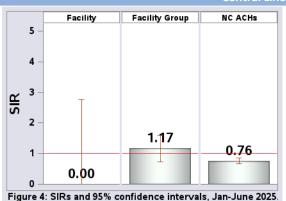
Data Generated: October 23, 2025. NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

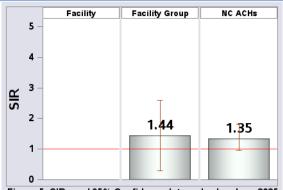


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

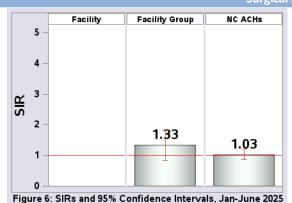


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	1	Less than 1.0	No Conclusion	

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

Carolinas Specialty Hospital, , County

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

2024 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital

Admissions in 2024: 367
Patient Days in 2024: 11,028
Total Number of Beds: 40
FTE* Infection Preventionists: .
Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]
[. = Data not reported]



Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	3	3.8	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 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

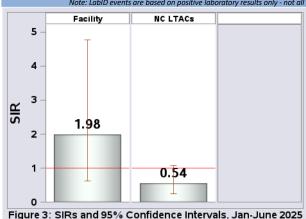


Table 3. Number of Observed and Predict	ed CDIs, Jan-June 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	4	2.0	Same
Facility-wide inpatient		Less than 1.0	No Conclusion
Facility-wide inpatient		Less than 1.0	No 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?

= 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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

Carolinas Specialty Hospital, , County

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Central Line-Associated Bloodstream Infections (CLABSI)

Facility NC LTACs 5 SIR $0.\overline{63}$ Figure 4: SIRs and 95% confidence intervals, Jan-June 2025.

			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Reporting 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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICLI and Ward Type, Jan-June 2025

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 NCDHHS Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

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

N.C. HAI 2025 Q2 Report

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program

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.

2024 Hospital Survey Information

1.52

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 6.790 Patient Days in 2024: 29,076 Total Number of Beds: 99 Number of ICU Beds: 0 FTE* Infection Preventionists: 1.50

[*FTE = Full-time equivalent] [. = Data not reported]

0

Number of FTEs* per 100 beds:



Facility **Facility Group** NC ACHS 5 3 SIR 0.61 0.58

Catheter-Associated Urinary Tract Infections (CAUTI)

All reporting units

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped Wards Less than 1.0 No Conclusion

Less than 1.0

No Conclusion

0

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

Tubic 2: Number of Observed and Fredict	ca willon Events, Juli Juli	C LULJ	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

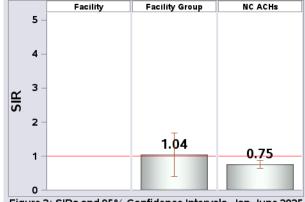


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnes

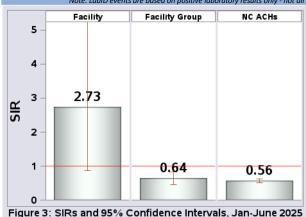


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
		How Does This Facility		
Observed	Predicted	Compare to the National		
Events	Events	Experience?		
4	1.5	Same		
	Observed Events	Observed Predicted Events Events		

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

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

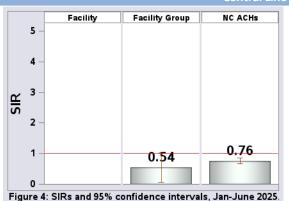
How Does This Facility Compare to the National Experience?

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

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)



	<u> </u>		How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

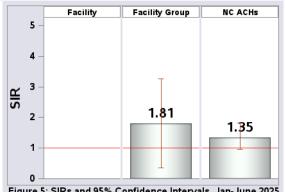


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

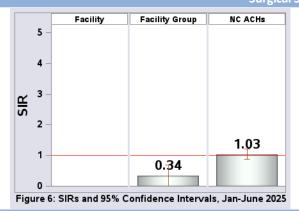


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	1	Less than 1.0	No Conclusion

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: No Admissions in 2024: 12,990 Patient Days in 2024: 53,206 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National

Unit Type Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O 1.2 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 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

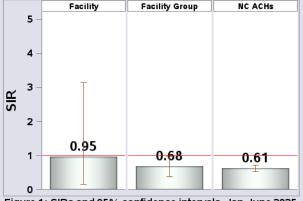


Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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: Halliber of Observed and Fredicted Wildow Events, Juli Julie 2023					
			How Does This Facility	l	
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?	l	
Facility-wide inpatient	1	1.0	Same	l	

Note: SIR=Standardized Infection Ratio. 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

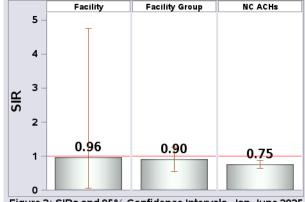


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

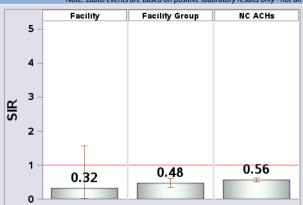


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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.

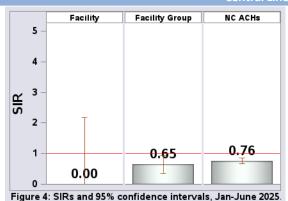
How Does This Facility Compare to the National Experience?

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

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)



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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National Experience? **Unit Type** Infections Infections **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

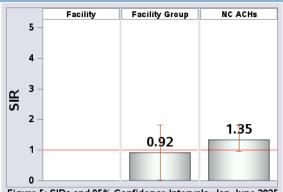


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries



Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 2.939

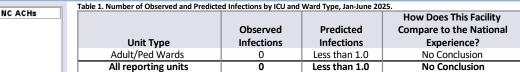
Patient Days in 2024: 9,841 Total Number of Beds: 55 Number of ICU Beds: 0 FTE* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.82

Facility

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)



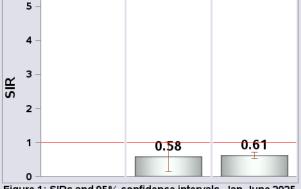
Note: SIR=Standardized Infection Ratio, SIR is calculated by #Observed/#Predicted

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



Facility Group

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 Fredicted Willow Events, July Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

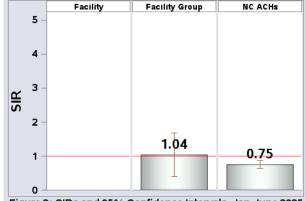


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

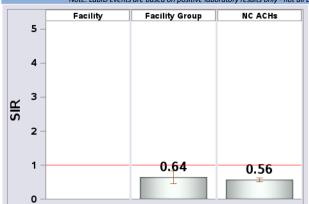


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

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)

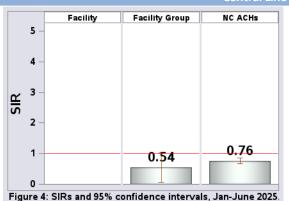


Table 4. Number of Observed and Predicte	Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-June 2025				
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

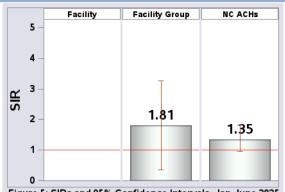


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

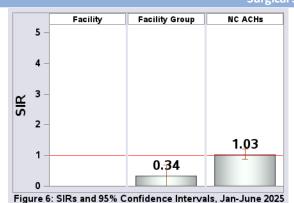


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.						
How Does This Fac							
		Observed	Predicted	Compare to the National			
	Unit Type	Infections	Infections	Experience?			
	Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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)

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.

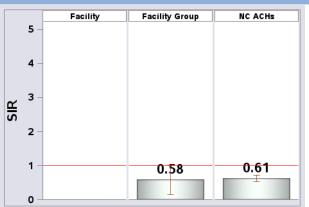
2024 Hospital Survey Information Hospital Type: Acute Care Hospital

Medical Affiliation: Graduate Admissions in 2024: 2,296 Patient Days in 2024: 7,518 Total Number of Beds: 44 Number of ICU Beds: 8 FTE* Infection Preventionists: 0.50 Number of FTEs* per 100 beds: 1.14

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI



	Observed	Predicted	How Does This Facility Compare to the National
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

able 2. Hamber of Observed and Fredicted Willow Events, July Julie 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

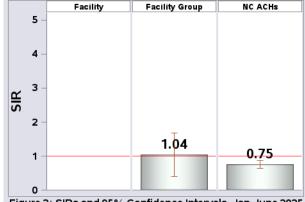


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

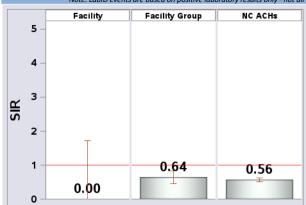


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	0	1.7	Same			

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

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

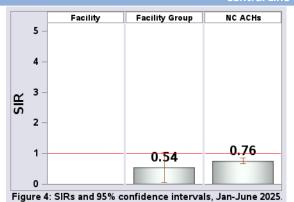
How Does This Facility Compare to the National Experience?

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

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICLI and Ward Type, Jan-June 2025

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.

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Specialty Acute Care Hospital

Medical Affiliation: Graduate
Admissions in 2024: 480
Patient Days in 2024: 95,481
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]
[. = Data not reported]



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

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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.

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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

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Specialty Acute Care Hospital

Medical Affiliation:

Admissions in 2024:

Patient Days in 2024:

Total Number of Beds:

Number of ICU Beds:

FTE* Infection Preventionists:

Number of FTEs* per 100 beds:

[*FTE = Full-time equivalent]
[. = Data not reported]



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

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)

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.

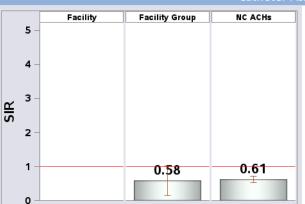
2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 2,561

Patient Days in 2024: 23,427 Total Number of Beds: 77 9 Number of ICU Beds: FTE* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.30

[*FTE = Full-time equivalent] [. = Data not reported]





			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

able 2. Number of Observed and Fredicted WiksA Events, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

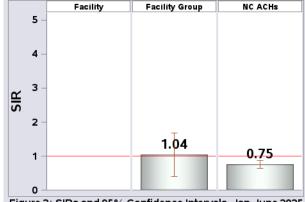


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

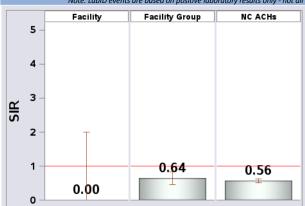


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	3	Less than 1.0	No Conclusion
Adult/Ped Wards	0	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

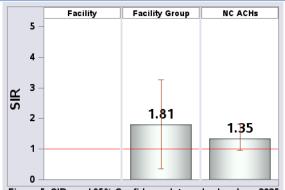


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

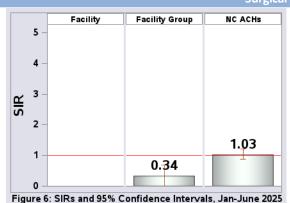


Table 6. Number of Observed and Predicted SSI Intections (colon surgeries), Jan-June 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 3,363

Patient Days in 2024: 12,254 Total Number of Beds: 72 Number of ICU Beds: 8 FTE* Infection Preventionists: 0.80 Number of FTEs* per 100 beds: 1.11

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

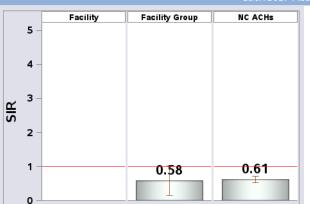


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

Tubic 2: Number of Observed and Fredict	ca willon Events, Juli Juli	C LULJ	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

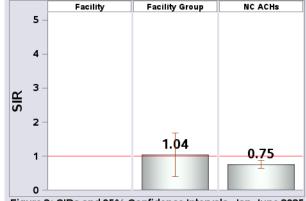


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

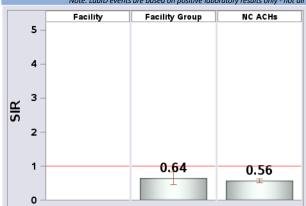


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)

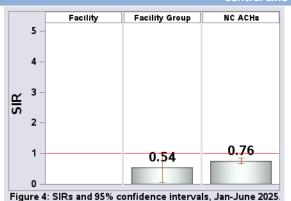


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

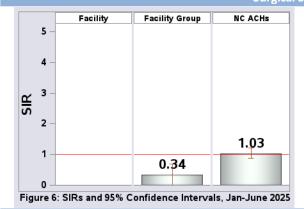


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

N.C. HAI 2025 Q2 Report

Report Generated: October 23, 2025

Duke Health Lake Norman Hospital, 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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

 Admissions in 2024:
 4,008

 Patient Days in 2024:
 12,888

 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]
[. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

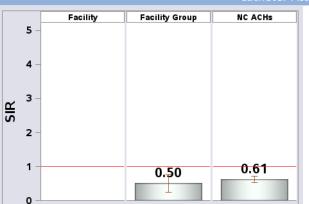


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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: Namber of Observed and Fredeted Willow Events, July Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

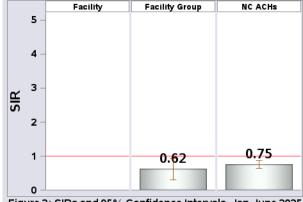


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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

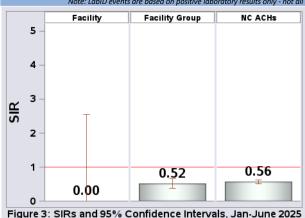


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	1.2	Same		

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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

Duke Health Lake Norman Hospital, 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-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

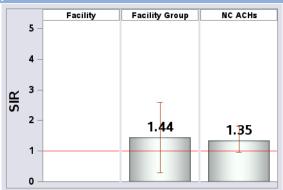


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

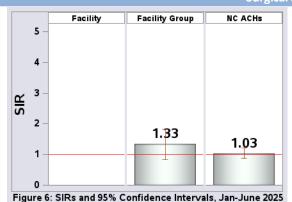


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
How Doe				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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)

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.

2024 Hospital Survey Information Hospital Type: Acute Care Hospital

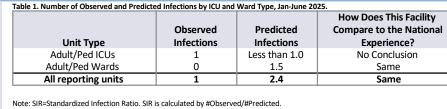
Medical Affiliation: Major Admissions in 2024: 16,685 Patient Days in 2024: 64,908 Total Number of Beds: 204 28

Number of ICU Beds: FTE* Infection Preventionists: 3.00 Number of FTEs* per 100 beds: 1.47



[*FTE = Full-time equivalent] [. = Data not reported]

Catheter-Associated Urinary Tract Infections (CAUTI)



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

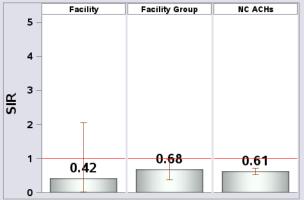


Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

rubic 2: Number of Observed and Fredict	ca minor Events, Jun Jun	C LULJ	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	0	2.3	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

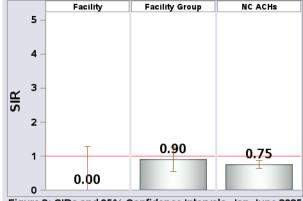


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID e

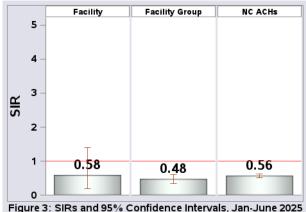


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	4	6.9	Same	

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

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: October 23, 2025.

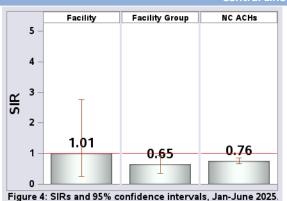
NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	2	2.0	Same
All reporting units	3	3.0	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

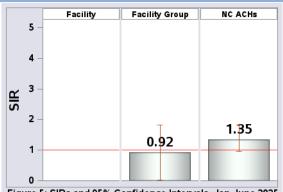


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

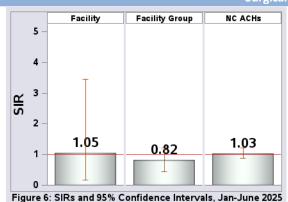


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	2	1.9	Same		

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

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 22,590 Patient Days in 2024: 108,487 Total Number of Beds: 388 Number of ICU Beds: 17 FTE* Infection Preventionists: 3.00 Number of FTEs* per 100 beds: 0.77

[*FTE = Full-time equivalent] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)

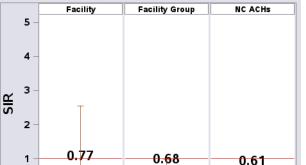


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Same Adult/Ped Wards 1.5 2 Same All reporting units 2 2.6 Same

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 Fredicted WiksA Events, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	1	2.6	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

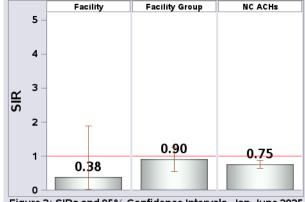


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 be

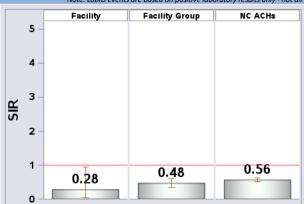


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025							
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Events	Events	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.

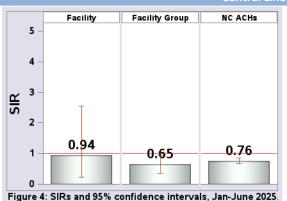
How Does This Facility Compare to the National Experience?

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

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.

Central Line-Associated Bloodstream Infections (CLABSI)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	1.4	Same
Adult/Ped Wards	1	1.8	Same
All reporting units	3	3.2	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

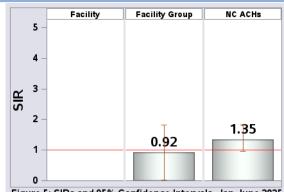


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

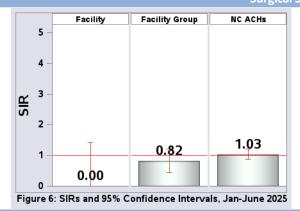


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	2.1	Same		

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

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 51,902 Patient Days in 2024: 356,753 Total Number of Beds: 1,062 Number of ICU Beds: 264 FTE* Infection Preventionists: 12.3 Number of FTEs* per 100 beds: 1.15

[*FTE = Full-time equivalent] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)

Facility **Facility Group** NC ACHS 5 3 SIR 2 0.630.61 0.54

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
				How Does This Facility	
		Observed	Predicted	Compare to the National	
Unit ⁻	Гуре	Infections	Infections	Experience?	
Adult/Pe	ed ICUs	9	13	Same	
Adult/Ped	d Wards	2	6.9	Better	
All report	ing units	11	20	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-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

Table 2. Number of observed and Fredicted Wilds Events, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	17	20	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

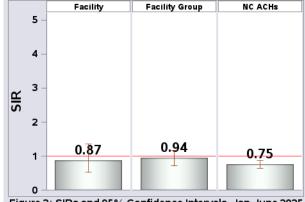


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

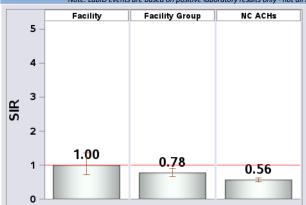


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	37	37	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

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)



	Observed	Predicted	How Does This Facility Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	10	26	Better
Adult/Ped Wards	9	9.5	Same
Neonatal Units	1	3.2	Same
All reporting units	20	39	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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

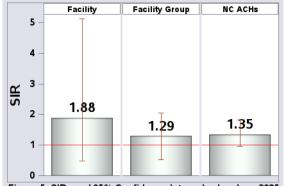


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

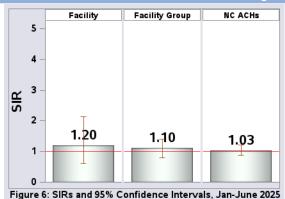


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	10	8.3	Same		

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

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2024: 4.875 Patient Days in 2024: 14,701 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI

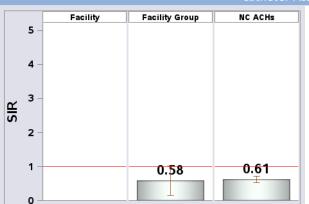


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

able 2: Number of Observed and Fredeted Wildow Events, July July 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

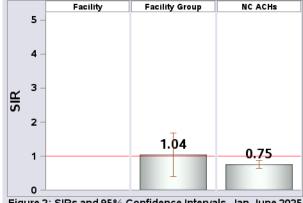


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

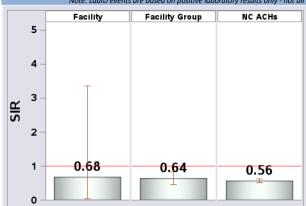


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025							
			How Does This Facility				
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide inpatient	1	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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025.

How Does This Facility
Observed Predicted Compare to the National
Unit Type Infections Infections 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

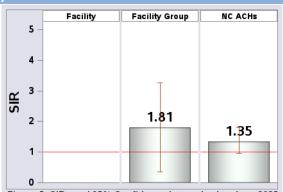


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

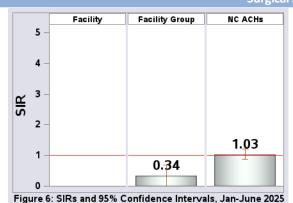


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information Acute Care Hospital

1.23

Hospital Type: Medical Affiliation: Major Admissions in 2024: 3,815 Patient Days in 2024: 11,576 Total Number of Beds: 81 Number of ICU Beds: 9 FTE* Infection Preventionists: 1.00

Number of FTEs* per 100 beds: [*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

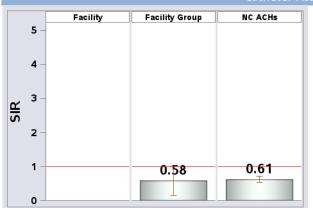


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Adult/Ped ICUs	0	Less than 1.0	No Conclusion			
Adult/Ped Wards	0	Less than 1.0	No 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

rable 2. Hamber of Observed and Fredeted Willow Events, July Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

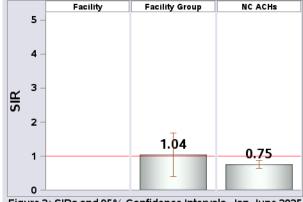


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnes



Table 3. Number of Obse	erved and Predicte	ed CDIs, Jan-June 2025		
				How Does This Facility
		Observed	Predicted	Compare to the National
Unit Ty	pe	Events	Events	Experience?
Facility-wide i	npatient	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

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: October 23, 2025.

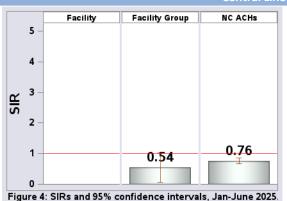
NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

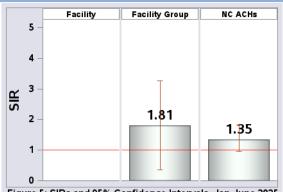


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

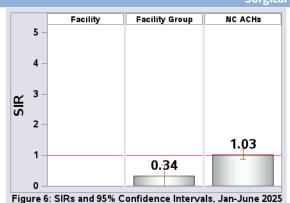


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 3,105 Patient Days in 2024: 14,169 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)



Table 1. Number of Observed and Fredicted infections by ICO and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

able 2. Hamber of observed and recalcted filton events, san sane 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

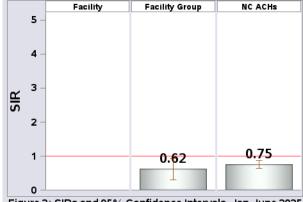


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

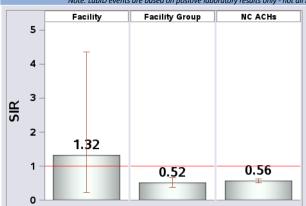


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

	Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
How Does This Fa							
		Observed	Predicted	Compare to the National			
	Unit Type	Events	Events	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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

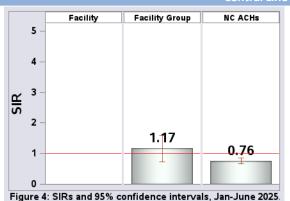
Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

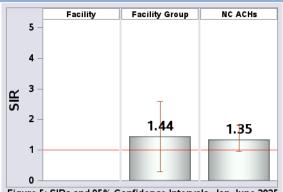


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

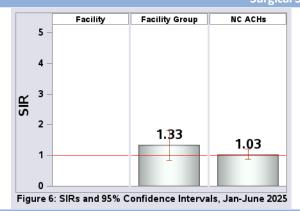


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Major Admissions in 2024: 46,366 Patient Days in 2024: 294,366 Total Number of Beds: 1,039 Number of ICU Beds: 190

FTE* Infection Preventionists: 8.50 Number of FTEs* per 100 beds: 0.82

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

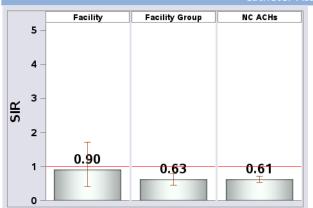


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	2	6.3	Same		
Adult/Ped Wards	6	2.6	Same		
All reporting units	8	8.9	Same		

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

Viethicillin-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 of Observed and Prodicted MRSA Events Ianguage 2015

Table 2. Number of Observed and Fredict	Table 2. Number of Observed and Fredicted Wilds Events, Jan June 2025					
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	14	13	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

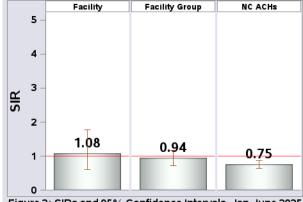


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 base

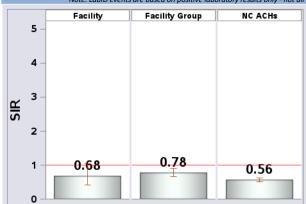


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025							
			How Does This Facility				
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide inpatient	19	28	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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

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)

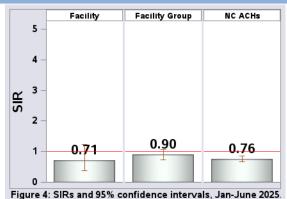


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
	IIIICCCIOIIS		•	
Adult/Ped ICUs	6	10	Same	
Adult/Ped Wards	3	3.8	Same	
Neonatal Units	2	1.4	Same	
riconatai onits		1.7	June	
All reporting units	11	15	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

Same

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience?

1.6

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

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

Facility-wide inpatient

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

How Does This Facility Compare to the National Experience?

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

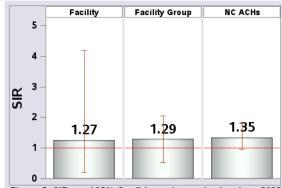


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

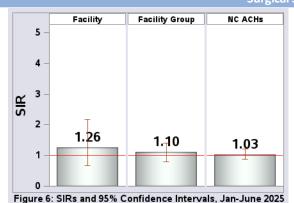


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	11	8.8	Same		

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

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2024: 5,243 Patient Days in 2024: 22,976 Total Number of Beds: 82 Number of ICU Beds: 8 FTE* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.22

[*FTE = Full-time equivalent] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)

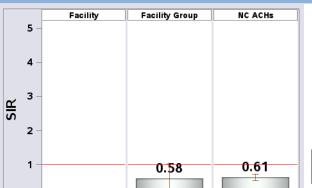


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

Table 2. Nulliber of Observed and Fredict	Table 2. Number of Observed and Fredicted Wilds Events, Jan June 2025					
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

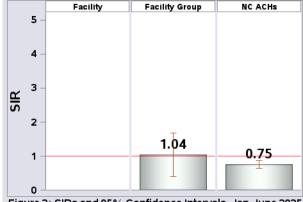


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

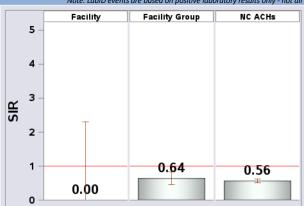


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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.

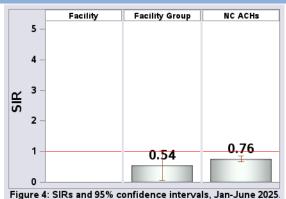
How Does This Facility Compare to the National Experience?

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

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

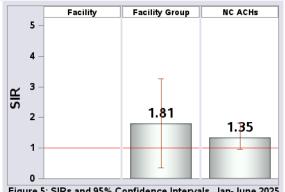


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

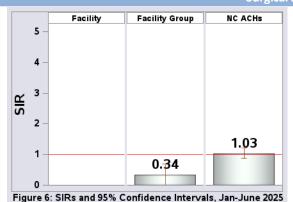


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Graduate

Admissions in 2024: 4.650 Patient Days in 2024: 22,923 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] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI

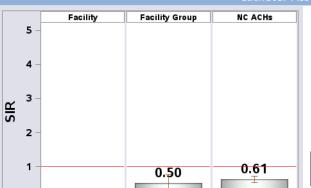


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-June 2025.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

Table 2: Number of Observed and Fredicted Willow Events, July Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

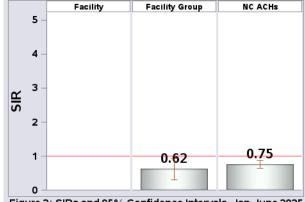


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 be



Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

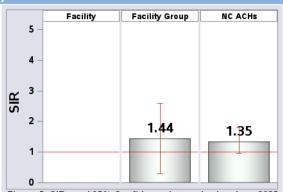


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries



Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 22,794 Patient Days in 2024: 100,758 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

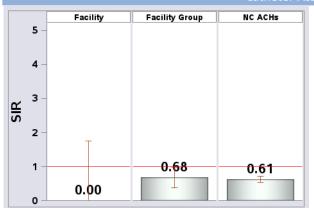


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.4	Same
All reporting units	0	1.7	Same

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

Note: SIR not calculated if <50 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

Table 2. Number of Observed and Fredicted Winsa Events, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	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

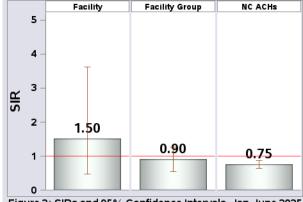


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illne

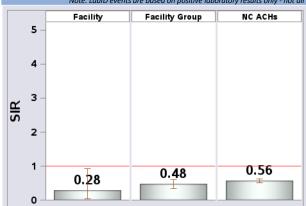


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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	1.9	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National Experience? **Unit Type** Infections Infections **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

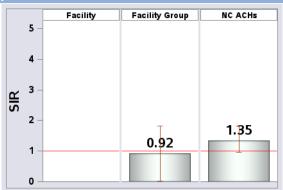


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

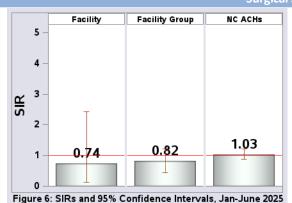


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	2	2.7	Same

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

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

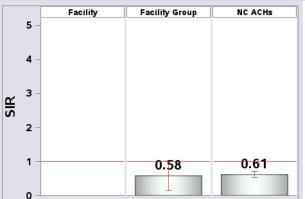
Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2024: 782 Patient Days in 2024: 1,905 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI) Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.



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

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

rable 2. Hamber of Observed and Fredeted Willow Events, July Julie 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

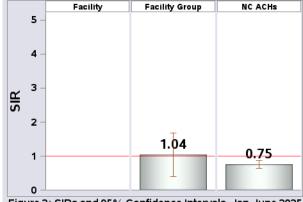


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

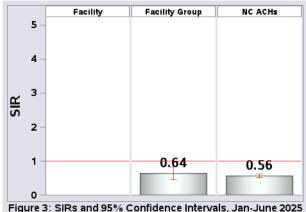


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
	Facility-wide inpatient	0	Less than 1.0	No Conclusion

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

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

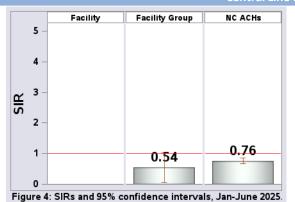
How Does This Facility Compare to the National Experience?

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

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICLI and Ward Type, Jan-June 2025

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

N.C. HAI 2025 Q2 Report

Report Generated: October 23, 2025

NCDHHS Division of Public Health, SHARPPS Program

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 2,362

Patient Days in 2024: 6,855 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

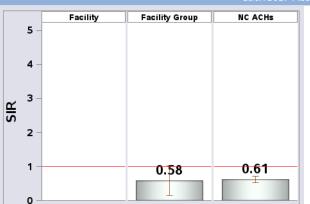


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O No Conclusion Less than 1.0 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

able 2. Halliber of Observed und Fredicted Hillor Events, Juli Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

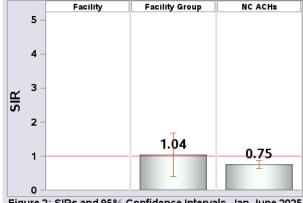


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.



Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

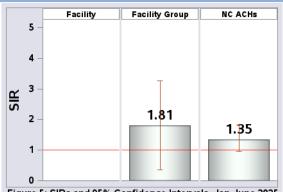


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries



Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
How Does This Facility					
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 9,653

Patient Days in 2024: 46,029
Total Number of Beds: 190
Number of ICU Beds: 26
FTE* Infection Preventionists: 1.50
Number of FTEs* per 100 beds: 0.79

[*FTE = Full-time equivalent]
[. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

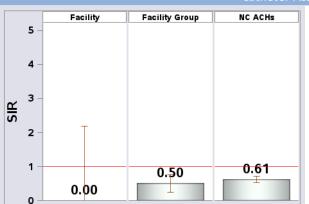


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National Experience? **Unit Type** Infections Infections Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O Less than 1.0 No Conclusion 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 Fredicted Wilds Events, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

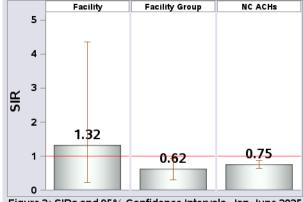


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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.

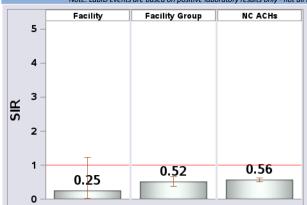


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	1	4.0	Same			

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

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

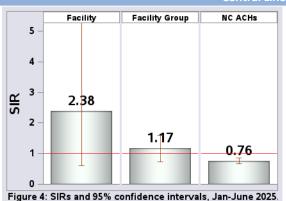
How Does This Facility Compare to the National Experience?

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

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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	1.3	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

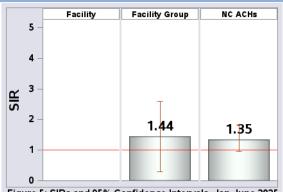


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

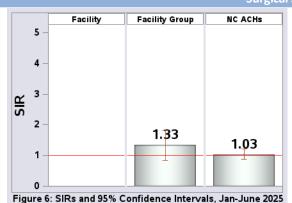


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.						
How Does This Facility						
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	2	Less than 1.0	No Conclusion			

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

Ventilator-Associated Events (VAE)

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

NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Graduate Admissions in 2024: 25,424 Patient Days in 2024: 136,198 Total Number of Beds: 497 Number of ICU Beds: 68 FTE* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.20

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

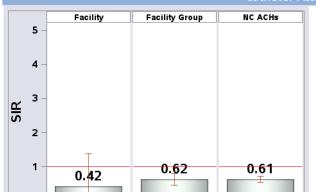


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Same Adult/Ped Wards 2 2.1 Same All reporting units 2 4.8 Same

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

able 2. Number of Observed and Fredicted Wilds Events, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	3	5.1	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

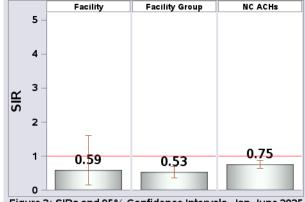


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnes

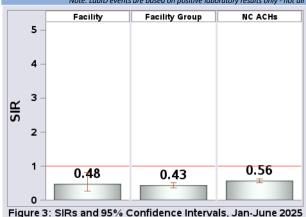


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	12	25	Better			

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

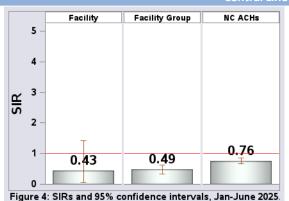
Refer to HAI in N.C. Reference Report for further explanation of presented statistics (https://epi.dph.ncdhhs.gov/cd/hai/figures.html). Data Generated: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	3.5	Same
Adult/Ped Wards	1	1.1	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	2	4.7	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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** Less than 1.0 No Conclusion 0

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

Note: Infections from 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

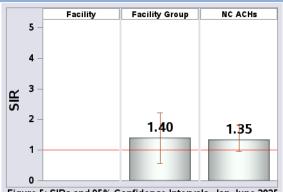
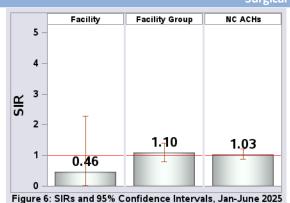
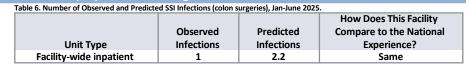


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries





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

Note: Infections from 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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025

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.

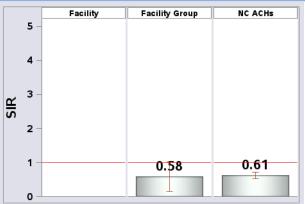
2024 Hospital Survey Information Hospital Type: Acute Care Hospital Medical Affiliation: No Admissions in 2024: 2,630 Patient Days in 2024: 8,021 Total Number of Beds: 43 Number of ICU Beds: 6 FTE* Infection Preventionists: 1.00

2.33

[*FTE = Full-time equivalent] [. = Data not reported]

Number of FTEs* per 100 beds:

Catheter-Associated Urinary Tract Infections (CAUTI



	Observed	Predicted	How Does This Facility Compare to the National
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

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			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

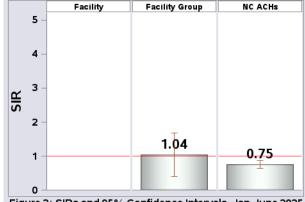


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

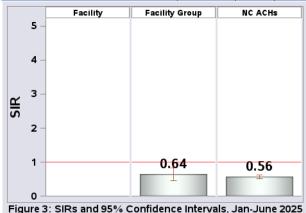


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	Less than 1.0	No Conclusion		

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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

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)

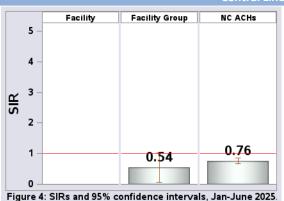


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

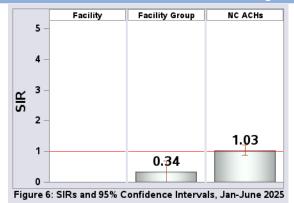


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

N.C. HAI 2025 Q2 Report

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 6.077 Patient Days in 2024: 27,383 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

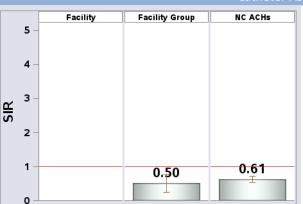


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 Fredicted Wilds Events, July Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

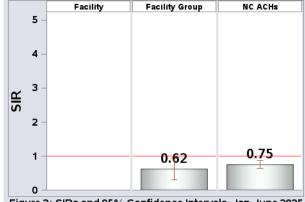


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

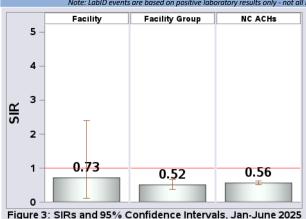


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	2.8	Same		

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

Haywood Regional Medical Center, Clyde, Haywood County

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Central Line-Associated Bloodstream Infections (CLABSI)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

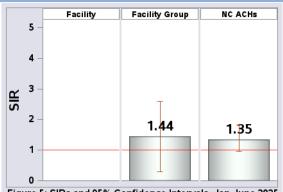


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

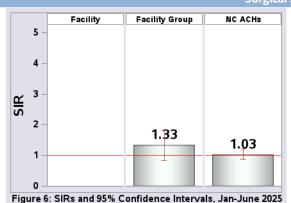


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
How Does This Facility				
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	1	Less than 1.0	No Conclusion	

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025

High Point Regional Health System, High Point, Guilford County

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2024 Hospital Survey Information

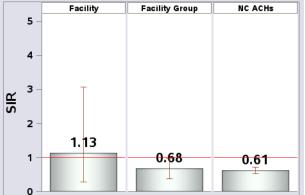
Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 18,519 Patient Days in 2024: 68,013 Total Number of Beds: 304 Number of ICU Beds: 28 FTE* Infection Preventionists: 2.60 Number of FTEs* per 100 beds: 0.86

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	1.3	Same
Adult/Ped Wards	2	1.3	Same
All reporting units	3	2.7	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 Fredict	eu minom Evento, Jan-Jun	Table 2. Number of Observed and Fredicted Wilds Events, Jan June 2025						
			How Does This Facility					
	Observed	Predicted	Compare to the National					
Unit Type	Events	Events	Experience?					
Facility-wide inpatient	0	3.1	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

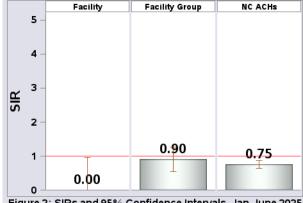


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illne

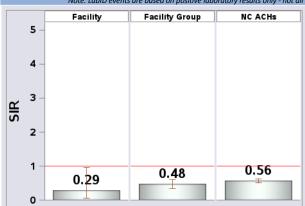


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predict	ed CDIs, Jan-June 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	2	6.9	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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

High Point Regional Health System, High Point, Guilford County

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Central Line-Associated Bloodstream Infections (CLABSI)

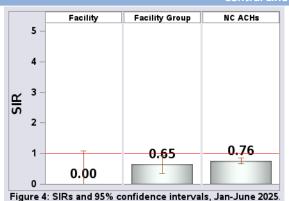


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	1.5	Same	
Adult/Ped Wards	0	1.3	Same	
All reporting units	0	2.7	Same	

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

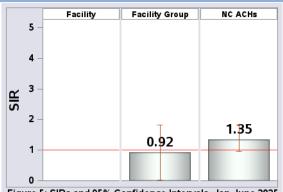


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

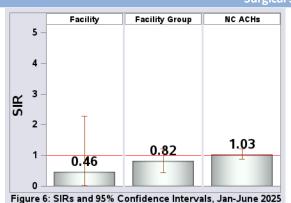


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	1	2.2	Same	

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

Ventilator-Associated Events (VAE)

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

Highsmith Rainey Specialty Hospital, , County

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2024 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital

Admissions in 2024: Patient Days in 2024: 13,507 Total Number of Beds: 66 FTE* Infection Preventionists: Number of FTEs* per 100 beds:

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

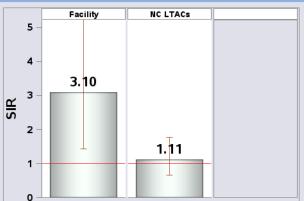


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Reporting ICUs	1	Less than 1.0	No Conclusion
Reporting Wards	7	2.2	Worse
All reporting units	8	2.6	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?

X Worse: More infections than predicted by the national baseline experience

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 illr

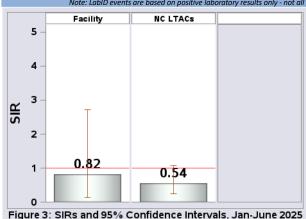


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	2.4	Same		
Facility-wide inpatient		Less than 1.0	No Conclusion		
Facility-wide inpatient		Less 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?

= 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: October 23, 2025.

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program

N.C. HAI 2025 Q2 Report

Highsmith Rainey Specialty Hospital, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of 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)

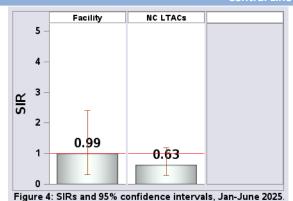


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Reporting ICUs	0	Less than 1.0	No Conclusion	
Reporting Wards	4	3.0	Same	
All reporting units	4	4.0	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

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

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

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: No Admissions in 2024: 4,822 Patient Days in 2024: 12,288 Total Number of Beds: 60 Number of ICU Beds: 8 FTE* Infection Preventionists: 0.88 Number of FTEs* per 100 beds: 1.46

[*FTE = Full-time equivalent] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)

Facility **Facility Group** NC ACHS 5 3 SIR 0.61 0.58

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

table 2. Hamber of Observed and Fredeted Willow Events, July Julie 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

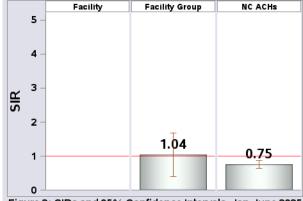


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 base

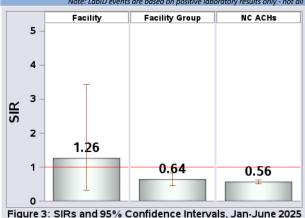


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	2.4	Same		

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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type. Jan-June 2025

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

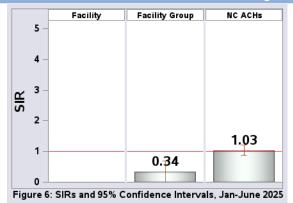


 Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

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.

2024 Hospital Survey Information

Hospital Type:

Medical Affiliation: Undergraduate Admissions in 2024: 1,302 Patient Days in 2024: 13,110 Total Number of Beds: 42

Number of ICU Beds: 0 FTE* Infection Preventionists: 0.50 Number of FTEs* per 100 beds: 1.19

[*FTE = Full-time equivalent] [. = Data not reported]



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.

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

North Carolina Health Care-Associated Infections Report

Data from January 1 - June 30, 2025

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.
V
Ventilator-Associated Events (VAE)
Note from NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: No Admissions in 2024: 12,810 Patient Days in 2024: 44,685 Total Number of Beds: 199 Number of ICU Beds: 16 FTE* Infection Preventionists: 1.00 0.50

Number of FTEs* per 100 beds: [*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

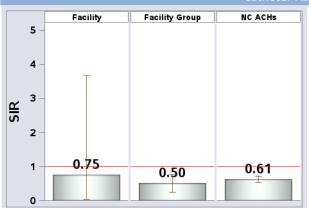


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	1	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
All reporting units	1	1.3	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

able 2. Hamber of observed and i redicted witton events, sain saine 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

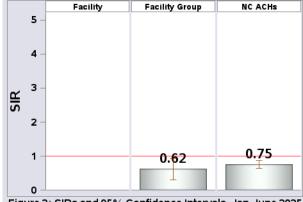


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 be

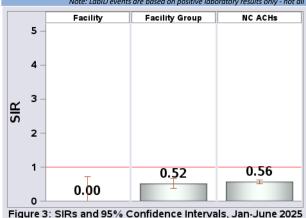


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	4.2	Better		

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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Iredell Memorial Hospital, Statesville, Iredell County

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Central Line-Associated Bloodstream Infections (CLABSI)

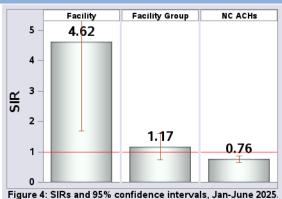


Table 4. Number of Observed and Fredicted CLABSI infections by ICO and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	3	Less than 1.0	No Conclusion	
Adult/Ped Wards	2	Less than 1.0	No Conclusion	
All reporting units	5	1.1	Worse	

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?

X Worse: More 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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

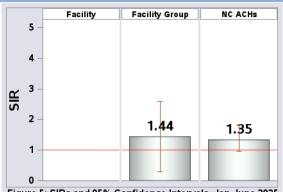


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

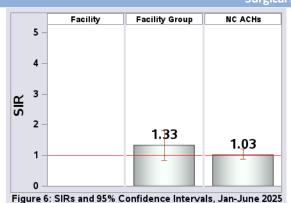


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
How Does				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2024: 9,128 Patient Days in 2024: 46,779 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

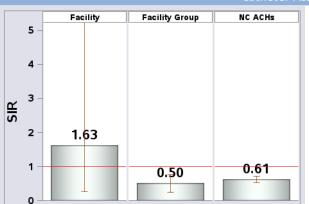


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards Less than 1.0 No Conclusion All reporting units 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

able 2. Number of observed and i redicted willow Events, July Julie 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

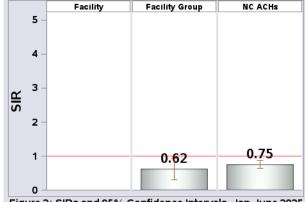


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 the

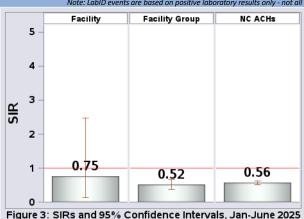


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	2	2.7	Same			

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

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

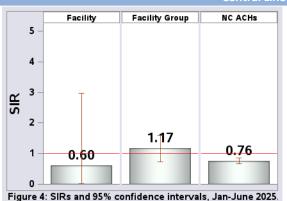
How Does This Facility Compare to the National Experience?

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

Johnston Health, Smithfield, Johnston County

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Central Line-Associated Bloodstream Infections (CLABSI)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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	1.7	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

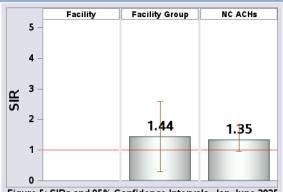


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

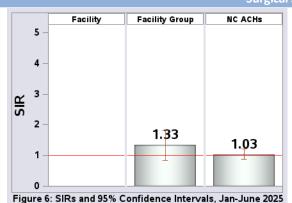


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2024: 5.698 Patient Days in 2024: 15,680 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] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)

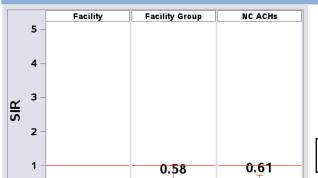


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped Wards Less than 1.0 No Conclusion 0 Less than 1.0 No Conclusion All reporting units

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

able 2. Number of observed and i redicted willow Events, July Julie 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

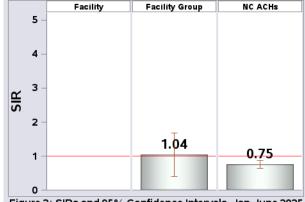


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

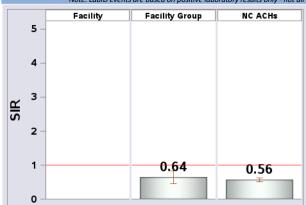


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicte	ed CDIs, Jan-June 2025			
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

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)

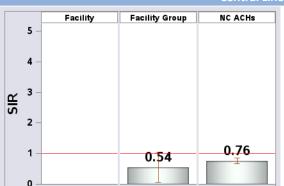


Figure 4: SIRs and 95% confidence intervals, Jan-June 2025.

			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

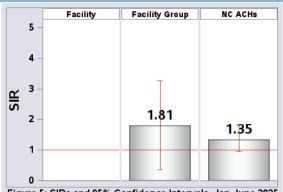


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

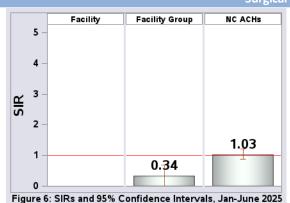


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025

Kindred Hospital-Greensboro, , County

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

2024 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital

Admissions in 2024: 280
Patient Days in 2024: 11,804
Total Number of Beds: 101
FTE* Infection Preventionists: Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]
[. = Data not reported]

0



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Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.

| Observed | Predicted | Compare to the National | Infections | Infect

Unit TypeObserved
InfectionsPredicted
InfectionsCompare to the National
Experience?Reporting Wards21.8SameAll reporting units21.8Same

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025.

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

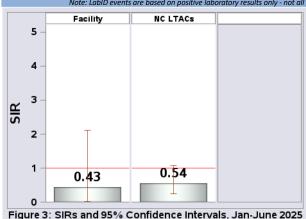


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	1	2.3	Same			
Facility-wide inpatient		Less than 1.0	No Conclusion			
Facility-wide inpatient		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?

= 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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Kindred Hospital-Greensboro, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of 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)

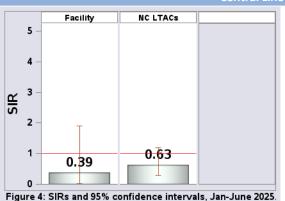


Table 4. Number of Observed and Fredicted CLAbst Infections by ICO and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Reporting Wards	1	2.6	Same	
All reporting units	1	2.6	Same	

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

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2024: 2.377 Patient Days in 2024: 14,847 Total Number of Beds: 67 Number of ICU Beds: O FTE* Infection Preventionists: 0.20 Number of FTEs* per 100 beds: 0.30

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

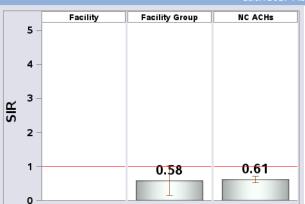


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped Wards Less than 1.0 No Conclusion 0 Less than 1.0 No Conclusion All reporting units

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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. Halliber of Observed and Fredeted Willow Events, Juli Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

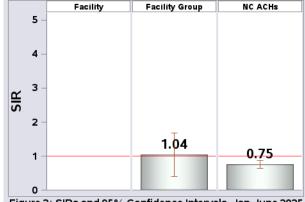


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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

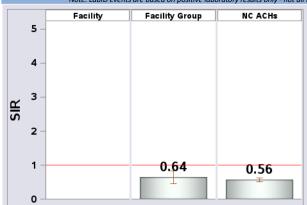


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

Kings Mountain Hospital, Kings Mountain, Cleveland County

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Central Line-Associated Bloodstream Infections (CLABSI)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type. Jan-June 2025

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)

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.

2024 Hospital Survey Information Acute Care Hospital

Hospital Type: Medical Affiliation: Major Admissions in 2024: 5,599 Patient Days in 2024: 25,479 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI

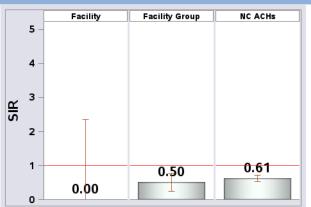


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

able 2. Hamber of observed and Fredicted Witton Events, July Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

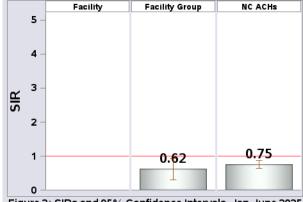


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnesses.



Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
		How Does This Facility		
Observed	Predicted	Compare to the National		
Events	Events	Experience?		
0	1.9	Same		
	Observed	Observed Predicted Events Events		

Note: SIR=Standardized Infection Ratio. 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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

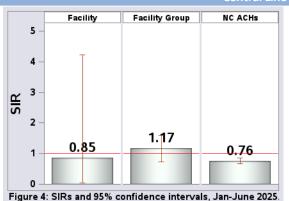
Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

Lenoir Memorial Hospital, Kinston, Lenoir County

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Central Line-Associated Bloodstream Infections (CLABSI)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

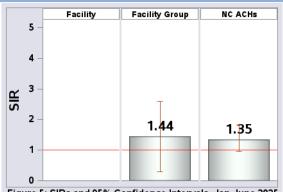


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries



Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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

Ventilator-Associated Events (VAE)

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

N.C. HAI 2025 Q2 Report

Report Generated: October 23, 2025

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.

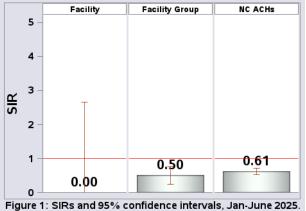
2024 Hospital Survey Information Hospital Type: Acute Care Hospital Medical Affiliation: Major Admissions in 2024: 4,360 Patient Days in 2024: 21,164 Total Number of Beds: 124 Number of ICU Beds: 8 FTE* Infection Preventionists: 1.00

0.81

[*FTE = Full-time equivalent] [. = Data not reported]

Number of FTEs* per 100 beds:

Catheter-Associated Urinary Tract Infections (CAUTI



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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 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 of Observed and Prodicted MRSA Events Ianguage 2015

able 2. Number of Observed and Fredeted Wildow Events, July Julie 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

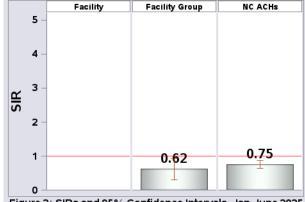


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

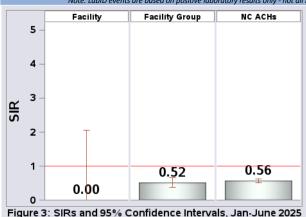


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	1.5	Same		

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

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: October 23, 2025.

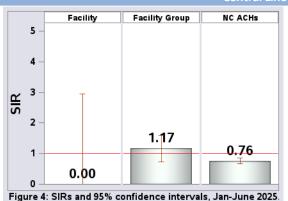
NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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	1.0	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

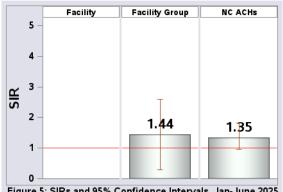


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

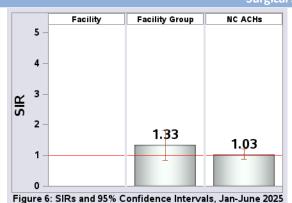


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
How Does Th					
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 2,798

Patient Days in 2024: 9,032 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI

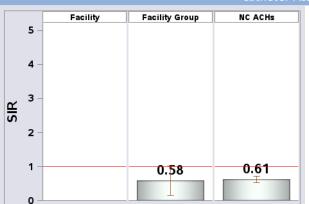


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
All reporting units	0	Less than 1.0	No 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

able 2: Nathber of Observed and Fredeted Willow Events, July Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

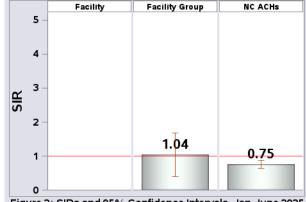


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnes



Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
		How Does This Facility			
Observed	Predicted	Compare to the National			
Events	Events	Experience?			
0	Less than 1.0	No Conclusion			
	Observed	Observed Predicted Events Events			

Note: SIR=Standardized Infection Ratio. 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

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)

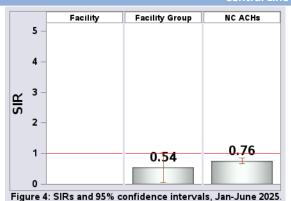


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	1	Less than 1.0	No Conclusion	
All reporting units	1	Less than 1.0	No 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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-June 2025.

How Does This Facility
Observed Predicted Compare to the National
Infections Infections 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

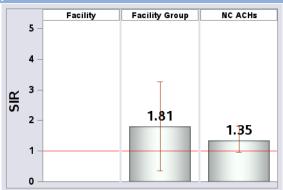


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

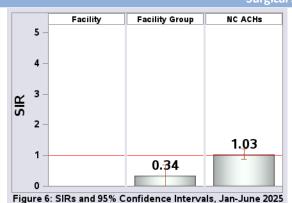


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	1	Less than 1.0	No Conclusion	

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 56.113 Patient Days in 2024: 279,454 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] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)



Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National Infections **Unit Type** Infections **Experience?** Adult/Ped ICUs 7.3 Same Adult/Ped Wards 4.7 3 Same All reporting units 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

able 2. Number of Observed and Fredicted Wilds Events, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

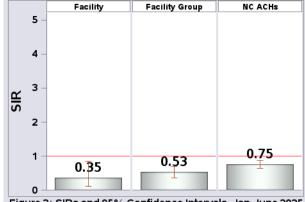


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

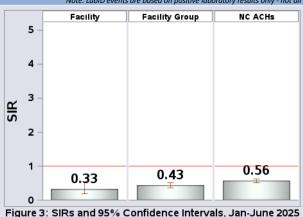


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025							
			How Does This Facility				
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide inpatient	13	40	Better				

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

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)

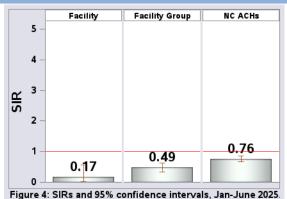


Table 4. Number of Observed and Fredicted CLABSI Infections by ICO and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	7.2	Better	
Adult/Ped Wards	1	3.5	Same	
Neonatal Units	1	Less than 1.0	No Conclusion	
All reporting units	2	12	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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

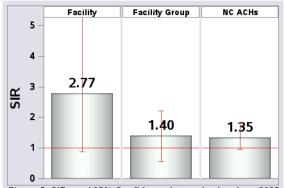


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

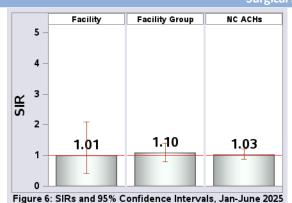


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	6	6.0	Same	

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

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 30,677 Patient Days in 2024: 170,192 Total Number of Beds: 581 Number of ICU Beds: 109 FTE* Infection Preventionists: 3.30 Number of FTEs* per 100 beds: 0.57

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI

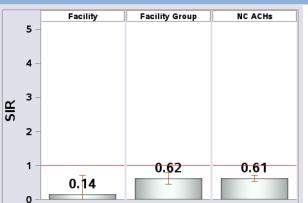


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	1	4.6	Same	
Adult/Ped Wards	0	2.3	Same	
All reporting units	1	6.9	Better	

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-June 2025

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

able 2. Nulliber of Observed and Fredicted WiksA Events, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	5	5.8	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

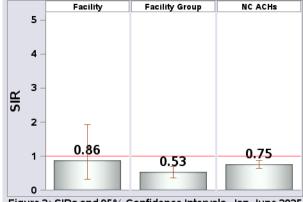


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 rat

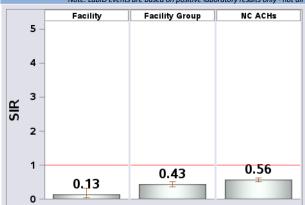


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	31	Better		

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

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

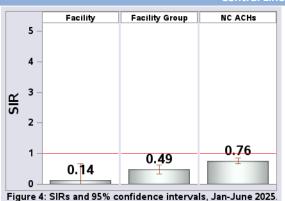
How Does This Facility Compare to the National Experience?

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

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)



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	5.2	Better
Adult/Ped Wards	0	2.2	Same
All reporting units	1	7.4	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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

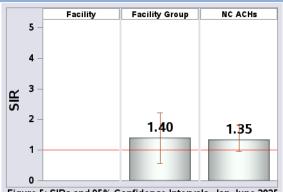


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

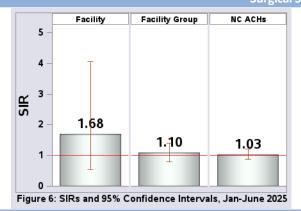


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	4	2.4	Same	

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

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2024: 13,440 Patient Days in 2024: 54,877 Total Number of Beds: 184 Number of ICU Beds: 14 FTE* Infection Preventionists: 3.00 Number of FTEs* per 100 beds: 1.63

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

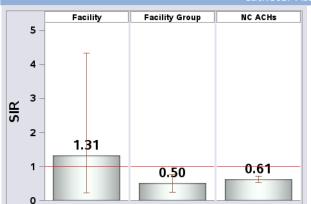


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	2	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
All reporting units	2	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

Table 2: Number of Observed and Fredeted MitoA Events, July Julie 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	3	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

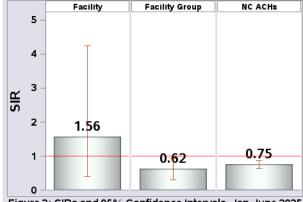


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illn

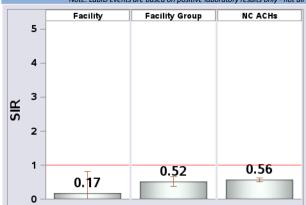


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	6.0	Better		

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

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

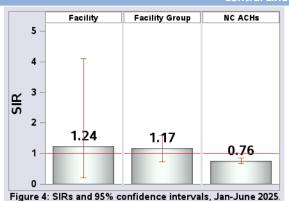
How Does This Facility Compare to the National Experience?

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

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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	1.6	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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

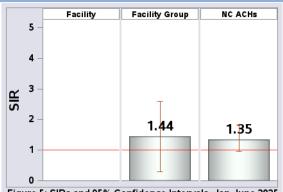


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

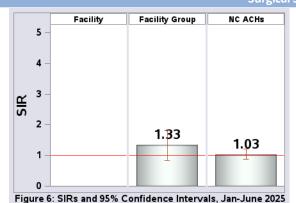


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
How Does This Facility					
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	4	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation:MajorAdmissions in 2024:44,255Patient Days in 2024:252,448Total Number of Beds:877Number of ICU Beds:115FTE* Infection Preventionists:6.70Number of FTEs* per 100 beds:0.76

[*FTE = Full-time equivalent]
[. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)

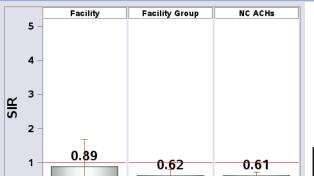


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs 3 5.3 Same Adult/Ped Wards 3.7 Same All reporting units 8 9.0 Same

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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.

able 2. Number of Observed and Fredicted Wilds Events, Jan June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	6	8.2	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

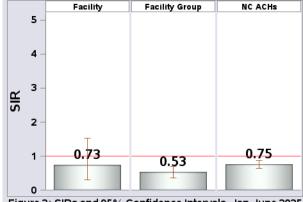


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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

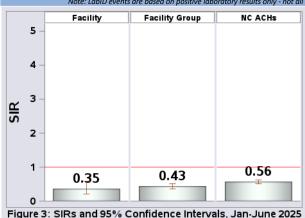


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	14	40	Better		

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

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. Nulliber of Observed and Fredic	teu chabbi illiections by i	co and ward Type, Jan-	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	5	6.4	Same
Adult/Ped Wards	0	4.2	Better
Neonatal Units	3	2.0	Same
All reporting units	8	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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-June 2025.

How Does This Facility
Observed Predicted Compare to the National
Unit Type Infections Infections 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

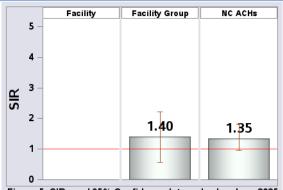


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

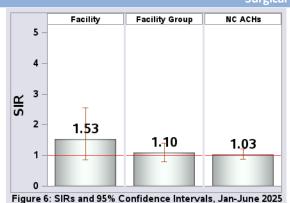


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	13	8.5	Same

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

NCDHHS Division of Public Health, SHARPPS Program

N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

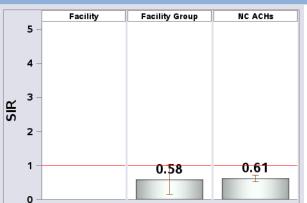
Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2024: 2,201 Patient Days in 2024: 2,377 Total Number of Beds: 24 Number of ICU Beds: 0 FTE* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 4.17

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)



	able 1. Number of Observed and Fredicted infections by ICO and Ward Type, Jan-June 2025.				
I				How Does This Facility	
I		Observed	Predicted	Compare to the National	
I	Unit Type	Infections	Infections	Experience?	
l	Adult/Ped Wards	0	Less than 1.0	No Conclusion	
ĺ	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

Tubic 2: Number of Observed and Fredict	ca willon Events, Juli Juli	C LULJ	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

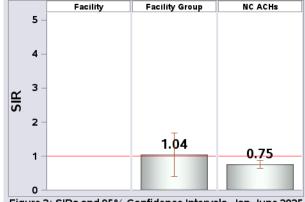


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnes

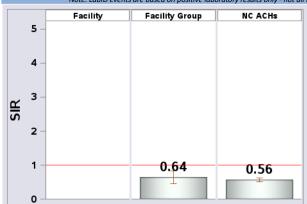


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
		How Does This Facility			
Observed	Predicted	Compare to the National			
Events	Events	Experience?			
0	Less than 1.0	No Conclusion			
	Observed Events	Observed Predicted Events Events			

Note: SIR=Standardized Infection Ratio. 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 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)

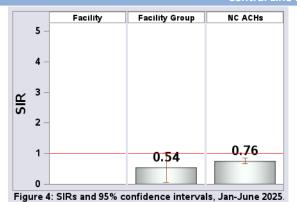


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	Less than 1.0	No 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: 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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: No Admissions in 2024: 3,874 Patient Days in 2024: 16,430 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] [. = Data not reported]

Facility



Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. NC ACHS **Unit Type**

How Does This Facility Observed **Predicted** Compare to the National Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O No Conclusion Less than 1.0 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



Facility Group

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

Tubic 2: Number of Observed and Fredict	ca willon Events, Juli Juli	C LULJ	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

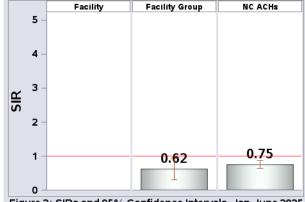


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

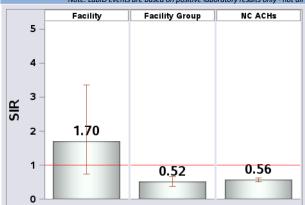


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
	Facility-wide inpatient	7	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

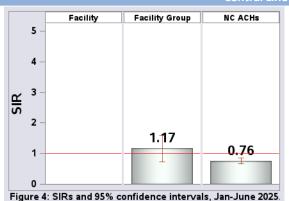
Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025.

How Does This Facility
Observed Predicted Compare to the National
Unit Type Infections Infections 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

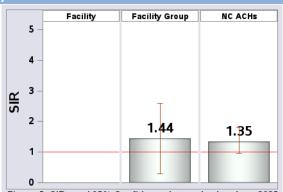


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

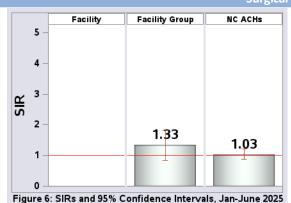


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	3	Less than 1.0	No Conclusion

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

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 7.255 Patient Days in 2024: 24,134 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] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI

Facility **Facility Group** NC ACHS 5 3 SIR

0.58

able 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

able 2. Number of observed and recalled inition events, juin juine 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

0.61

Note: SIR=Standardized Infection Ratio. 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

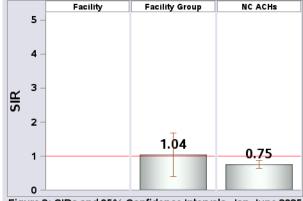


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on positive laboratory results only - not all LabID events represent true illnesses.

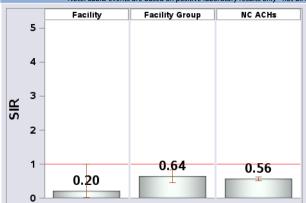


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

<u> </u>	Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Events	Events	Experience?	
	Facility-wide inpatient	1	4.9	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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** Less than 1.0 No Conclusion 0

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

Note: Infections from 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

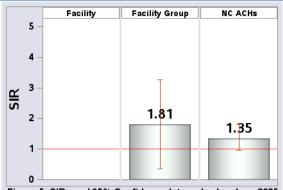
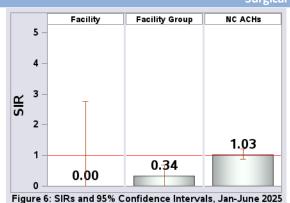
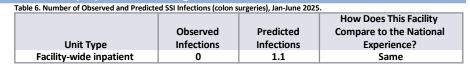


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries





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

Note: Infections from 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)

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.

2024 Hospital Survey Information

Hospital Type: Specialty Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 3,372 Patient Days in 2024: 12,022 Total Number of Beds: 42 Number of ICU Beds: O FTE* Infection Preventionists: 0.30 Number of FTEs* per 100 beds: 0.71

[*FTE = Full-time equivalent] [. = Data not reported]



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)

sed 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

	Fable 2. Number of Observed and Predicted MRSA Events, Jan-June 2025					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Events	Events	Experience?		
l	Escility wide innationt	_ n	Loce 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

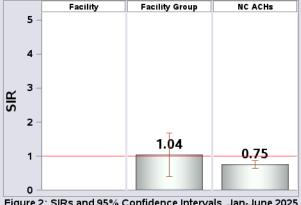


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnes



Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

NCDHHS Division of Public Health, SHARPPS Program

North Carolina Health Care-Associated Infections Report

Data from January 1 - June 30, 2025

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 Bl	oodstream Infections (CLABSI)
Note from N	C. Division of Public Health: Data are unavailable for this time period.
Total Ioni N.	C. Division of Pasie Media. Bata are anavallable for all stattle period.
Surgical Site Infections (SSI)	after Abdominal Hysterectomies
Note from N.C. Division of Public Health: Data are unavailable for this time period	
Note from N.C. Division of Public Fleatin. Data are disavaliable for this time period	•
Surgical Site Infections	s (SSI) after Colon Surgeries
Note from N	C. Division of Public Health: Data are unavailable for this time period.
Note non N.	C. Division of Fusile Ficulti. Data are unavailable for this time period.
Ventilator-Asso	ociated Events (VAE)
Note from NCDHHS Division of Public Health: VAEs are not reportable at this fac	ility type after 2018O3
Note from Needs in 19 bivision of Fability reality. VALS are not reportable at this fac	my type diter 2010Q3

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 3,721

Patient Days in 2024: 7,499 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

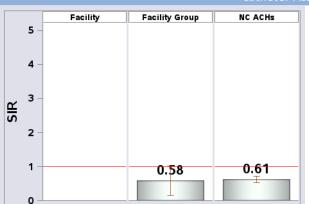


Table 1. Number of Observed and Fredicted Infections by ICO and Ward Type, Jan-June 2023.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	Less than 1.0	No Conclusion	

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

able 2. Number of Observed and Fredicted Wilds Events, Jan Sune 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

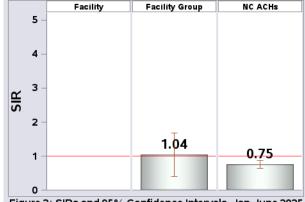


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

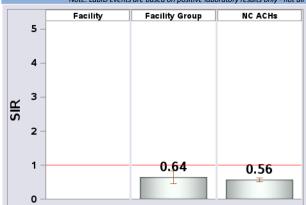


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

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)

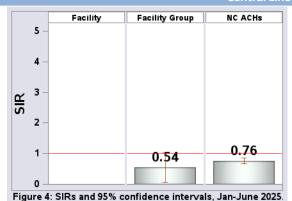


Table 4. Number of Observed and Predicte		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** Less than 1.0 No Conclusion 0

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

Note: Infections from 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

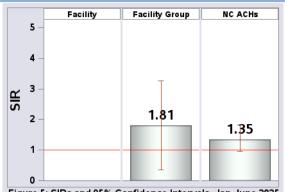
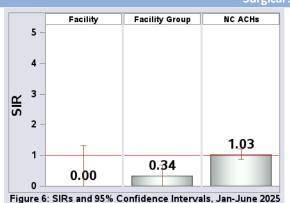


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries





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

Note: Infections from 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)

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.

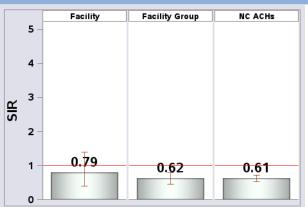
2024 Hospital Survey Information Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 43,295 Patient Days in 2024: 246,117 Total Number of Beds: 832 Number of ICU Beds: 148 FTE* Infection Preventionists: 7.60 Number of FTEs* per 100 beds: 0.91

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	6	8.5	Same
Adult/Ped Wards	4	4.2	Same
All reporting units	10	13	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

Table 2. Number of Observed and Fredicted WiksA Events, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	5	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

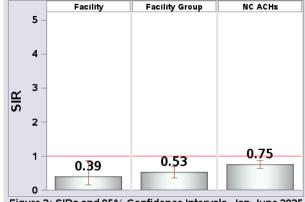


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 ra

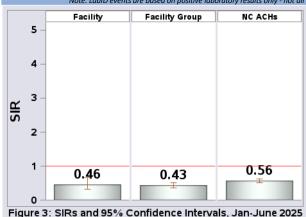


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	28	61	Better		

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	4	9.0	Same
Adult/Ped Wards	0	2.9	Same
Neonatal Units	2	Less than 1.0	No Conclusion
All reporting units	6	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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type. Jan-June 2025

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

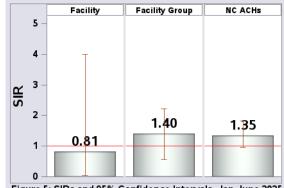


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

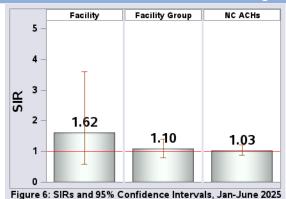


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	5	3.1	Same	

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

Ventilator-Associated Events (VAE)

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.

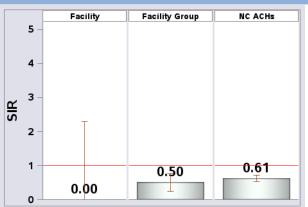
2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Major Admissions in 2024: 14,058 Patient Days in 2024: 48,352 Total Number of Beds: 193 Number of ICU Beds: 12 FTE* Infection Preventionists: 1.40 Number of FTEs* per 100 beds: 0.73

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

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

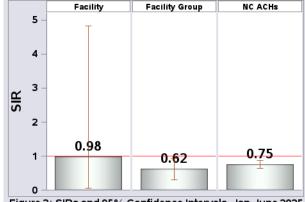


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

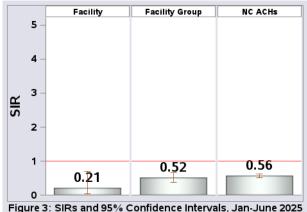


Table 3. Number of Observed and Predict	ed CDIs, Jan-June 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	2	9.5	Better

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?

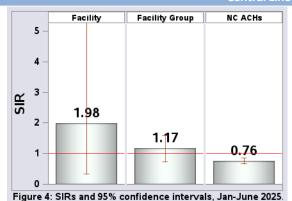
★ Better: Fewer infections than predicted by the national baseline experience

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	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	2	1.0	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

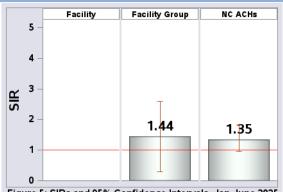


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

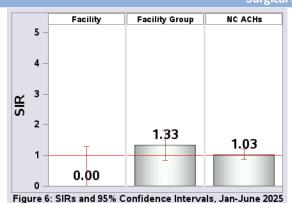


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	2.3	Same	

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

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

0.70

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 6.290 Patient Days in 2024: 21,360 Total Number of Beds: 100 Number of ICU Beds: 8 FTE* Infection Preventionists: 0.70

[*FTE = Full-time equivalent] [. = Data not reported]

Number of FTEs* per 100 beds:



Catheter-Associated Urinary Tract Infections (CAUTI)

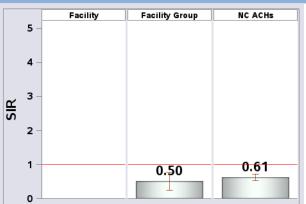


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards No Conclusion 2 Less than 1.0 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

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			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

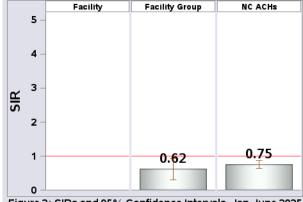


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

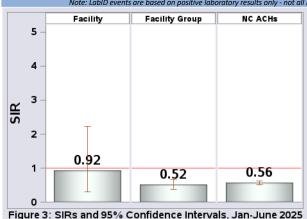


Table 3. Number of Observed and Predict	ed CDIs, Jan-June 2025			
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	4	4.3	Same	

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

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: October 23, 2025.

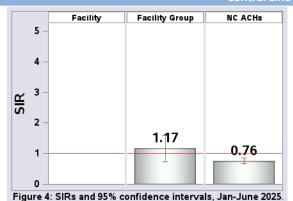
Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** Less than 1.0 No Conclusion 0

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

Note: Infections from 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

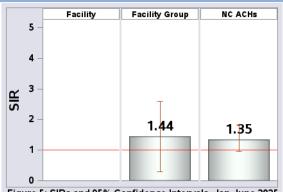
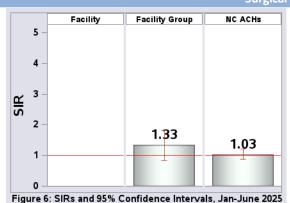


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries





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

Note: Infections from 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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 13,580 Patient Days in 2024: 49,638 Total Number of Beds: 191 Number of ICU Beds: 18 FTE* Infection Preventionists: 1.40 Number of FTEs* per 100 beds: 0.73

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

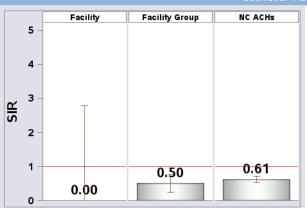


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
All reporting units	0	1.1	Same		

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

Note: SIR not calculated if <50 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

Nethicillin-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 Fredicte	u winom Everito, Jan-Jun	C 2023		
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

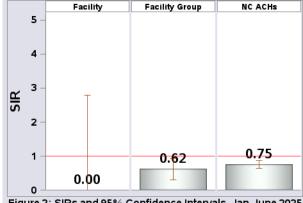


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnes

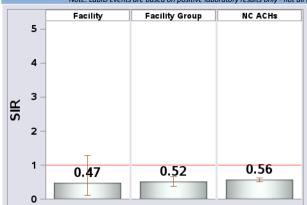


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicte	able 3. Number of Observed and Predicted CDIs, Jan-June 2025				
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	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

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: October 23, 2025. Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program

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)



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

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

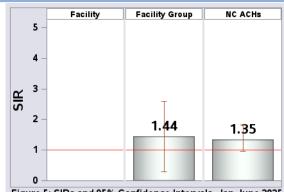
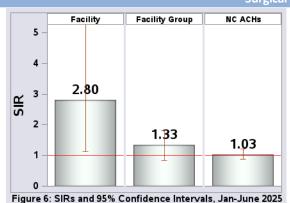
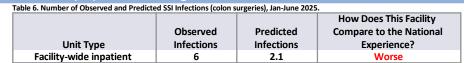


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries





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

Note: Infections from 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

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information Hospital Type: Acute Care Hospital

Medical Affiliation: Undergraduate Admissions in 2024: 1,639 Patient Days in 2024: 2,822 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI



Table 1. Number of Observed and Predicte	Observed	Predicted	How Does This Facility Compare to the National
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

able 2. Number of Observed and Fredicted WKSA Events, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

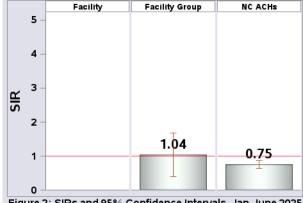


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnes

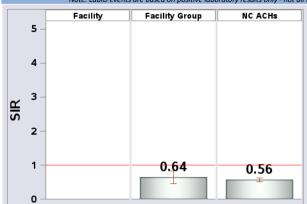


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
		How Does This Facility				
Observed	Predicted	Compare to the National				
Events	Events	Experience?				
0	Less than 1.0	No Conclusion				
	Observed Events	Observed Predicted Events Events				

Note: SIR=Standardized Infection Ratio. 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

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)

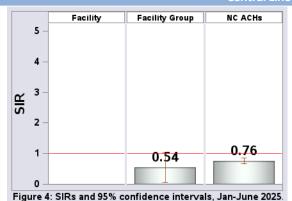


Table 4. Number of Observed and Predicte			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

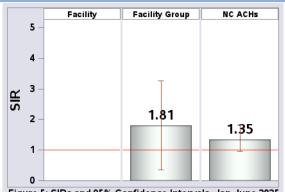


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

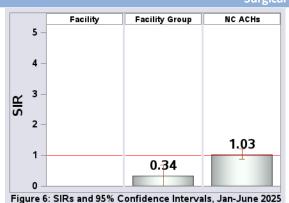


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Specialty Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 3,059 Patient Days in 2024: 8,604 Total Number of Beds: 55 Number of ICU Beds: O FTE* Infection Preventionists: 0.20 Number of FTEs* per 100 beds: 0.36

[*FTE = Full-time equivalent] [. = Data not reported]



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-June 2025

			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

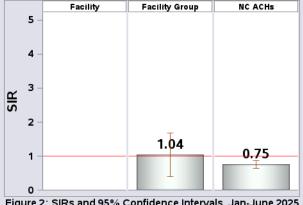


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illn

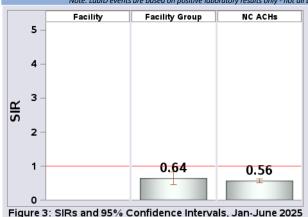


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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 pe	eriod.
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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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program

N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 36.616 Patient Days in 2024: 196,850 Total Number of Beds: 642 Number of ICU Beds: 116 FTE* Infection Preventionists: 6.30 Number of FTEs* per 100 beds: 0.98

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI

		Facility	Facility Group	NC ACHs
	5 –			
	4 –			
	4 -			
	3 –			
SIR				
	2 -			
		т		
	1 -	0.26	0.62	0.61
		0.26	_	_
	0 –			

	Observed	Predicted	How Does This Facility Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	2.6	Same
Adult/Ped Wards	1	1.3	Same
All reporting units	1	3.9	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025.

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 Fredicted WiksA Events, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	3	6.0	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

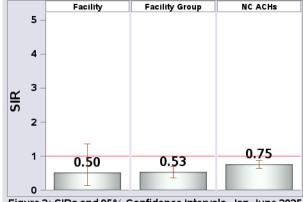


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 be

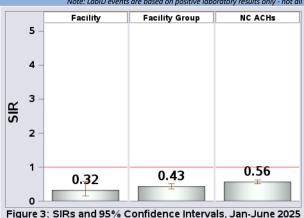


Table 3. Number of Observed and Predicte	ed CDIs, Jan-June 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	9	28	Better

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

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

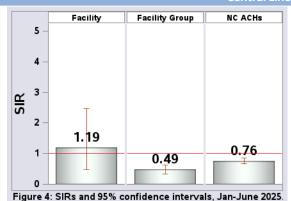
How Does This Facility Compare to the National Experience?

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

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)



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	2.4	Same
Adult/Ped Wards	0	1.1	Same
Neonatal Units	1	1.5	Same
All reporting units	6	5.0	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

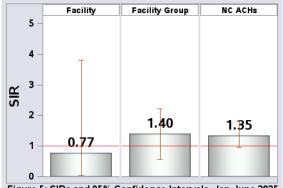
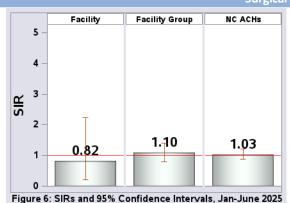


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries



18	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	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

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 12.916 Patient Days in 2024: 59,959 Total Number of Beds: 245 20 Number of ICU Beds: FTE* Infection Preventionists: 1.40 Number of FTEs* per 100 beds: 0.57

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

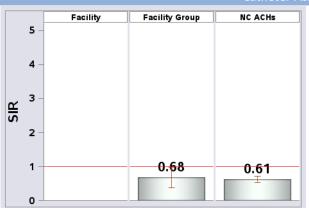


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	3	Less than 1.0	No Conclusion		
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 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

ble 2. Number of Observed and Fredicted Winsa Events, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

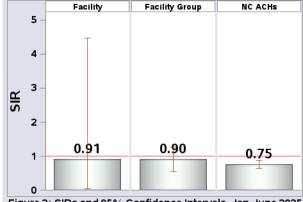


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnesses.



Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	7.4	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: October 23, 2025.

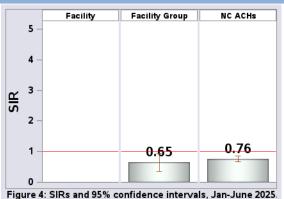
NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

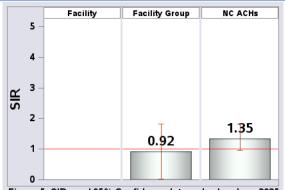


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

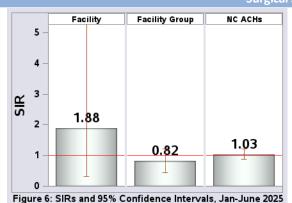


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	2	1.1	Same	

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

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 5,998 Patient Days in 2024: 25,902 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] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)

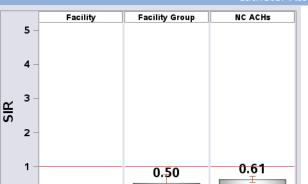


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O No Conclusion Less than 1.0 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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: Namber of Observed and Fredeted Wilds Events, July July 2023					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

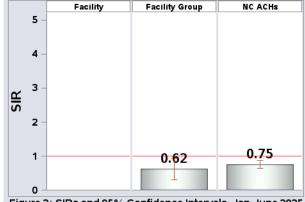


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

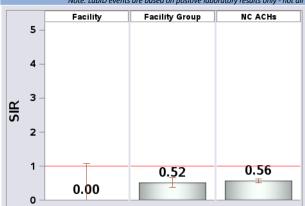


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predict	ed CDIs, Jan-June 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	0	2.8	Same

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

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

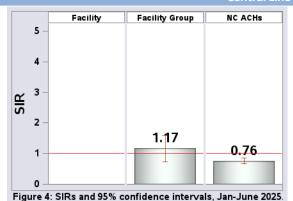
How Does This Facility Compare to the National Experience?

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

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

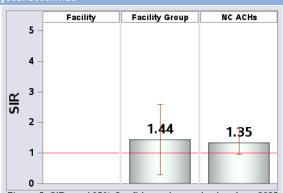


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

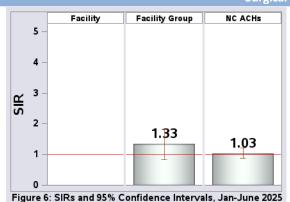


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

Onslow Memorial Hospital, Jacksonville, Onslow County

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2024 Hospital Survey Information

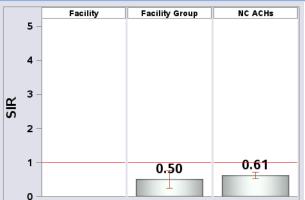
Hospital Type: Acute Care Hospital

Medical Affiliation: No Admissions in 2024: 7,020 Patient Days in 2024: 35,672 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI) Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.



How Does This Facility Observed **Predicted** Compare to the National Infections **Unit Type** Infections **Experience?** Adult/Ped ICUs 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

able 2. Hamber of Observed and Frederica Wilder Events, July 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	2	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

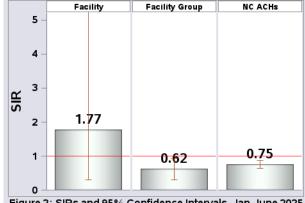


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnesses.



Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	2.6	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

Onslow Memorial Hospital, Jacksonville, Onslow County

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Central Line-Associated Bloodstream Infections (CLABSI)

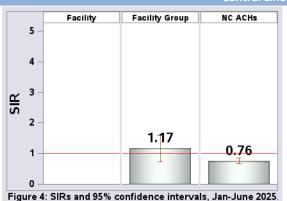


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-June 2025			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

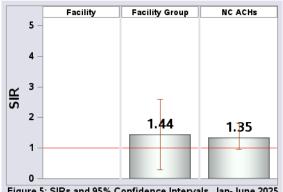


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

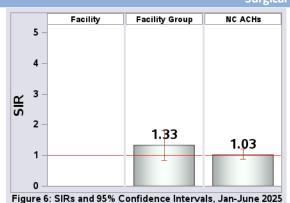


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Pam Specialty Hospital Of Rocky Mount, , County

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2024 Hospital Survey Information

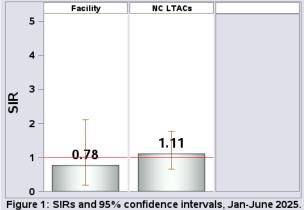
Hospital Type: Long-term Acute Care Hospital

Admissions in 2024: 308 Patient Days in 2024: 11,161 Total Number of Beds: 50 FTE* Infection Preventionists: Number of FTEs* per 100 beds:

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI) Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.



How Does This Facility Observed **Predicted** Compare to the National Infections Experience? **Unit Type** Infections Reporting Wards 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 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 illn

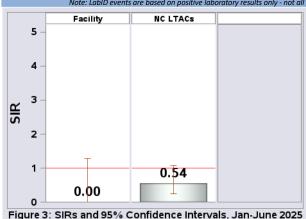


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025							
			How Does This Facility				
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide inpatient	0	2.3	Same				
Facility-wide inpatient		Less than 1.0	No Conclusion				
Facility-wide inpatient		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?

= 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: October 23, 2025.

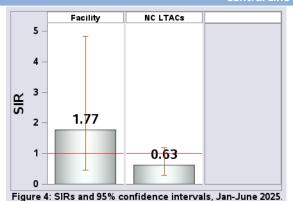
Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program

N.C. HAI 2025 Q2 Report

Pam Specialty Hospital Of Rocky Mount, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of 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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Reporting Wards	3	1.7	Same
All reporting units	3	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

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

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

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Graduate

Admissions in 2024: 8.424 Patient Days in 2024: 38,301 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)



Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National Experience? **Unit Type** Infections Infections Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O Less than 1.0 No Conclusion All reporting units 0 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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. Halliber of Observed and Fredeted Willow Events, Juli Julie 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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.

0.00

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How Does This Facility Compare to the National Experience?

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

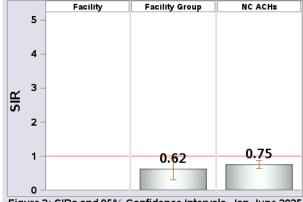


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

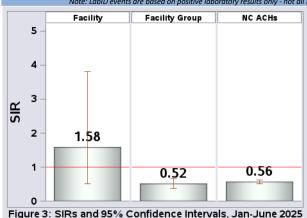


Table 3. Number of Observed and Predicte	ed CDIs, Jan-June 2025			
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	4	2.5	Same	

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

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

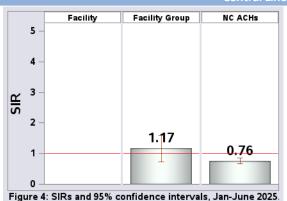
How Does This Facility Compare to the National Experience?

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

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	2	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

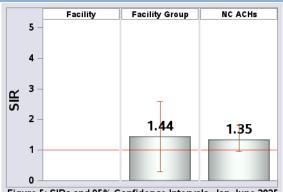


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

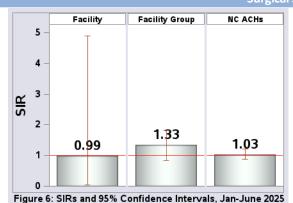


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
How Does This Fa				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	1	1.0	Same	

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

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Critical Access Hospital

Admissions in 2024: 258 Patient Days in 2024: 2,600 Total Number of Beds: 25 FTE* Infection Preventionists: 0.70 Number of FTEs* per 100 beds: 2.80

[*FTE = Full-time equivalent] [. = Data not reported]



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.

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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 Li	ing_Associate	ed Bloodstrea	m Infections	(CLARSI)	١

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.

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

Ventilator-Associated Events (VAE)

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

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.

2024 Hospital Survey Information Hospital Type: Acute Care Hospital

Medical Affiliation: Undergraduate Admissions in 2024: 1.484 Patient Days in 2024: 3,636

Total Number of Beds: 18 Number of ICU Beds: 6 FTE* Infection Preventionists: 0.88 Number of FTEs* per 100 beds: 4.86

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

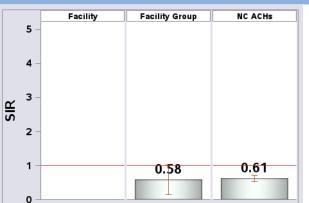


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

rubic 2: Humber of Observed and Fredict	cu iviitor Everito, Juli Juli	C LULJ	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

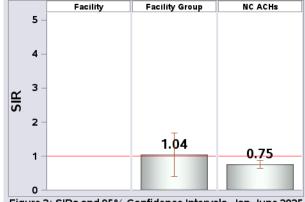


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnesses.



Table 3. Number of Observed and Predicted CDIs, Jan-June 2025							
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Events	Events	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

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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)

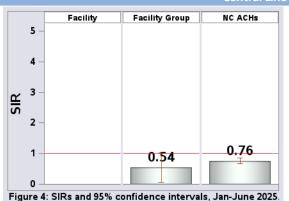


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

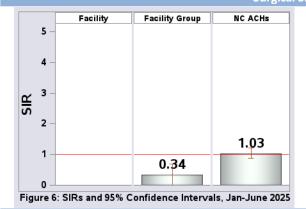


Table 6	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

N.C. HAI 2025 Q2 Report

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: No Admissions in 2024: 5,998 Patient Days in 2024: 21,132 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

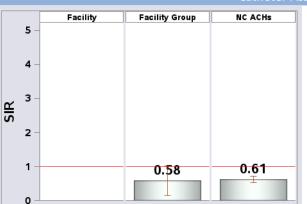


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	1	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

Table 2: Number of Observed and Fredicted Willow Events, July Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

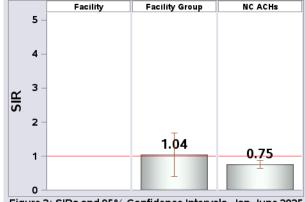


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

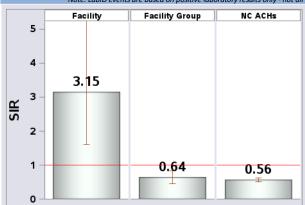


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	10	3.2	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?

X Worse: More 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: October 23, 2025.

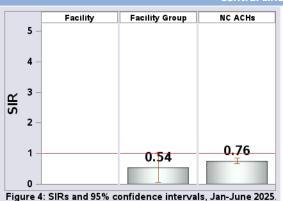
Report Generated: October 23, 2025

NCDHHS Division of Public Health, SHARPPS Program

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** Less than 1.0 No Conclusion 0

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

Note: Infections from 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

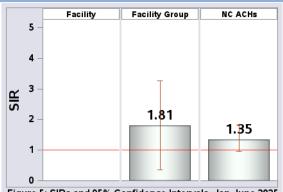
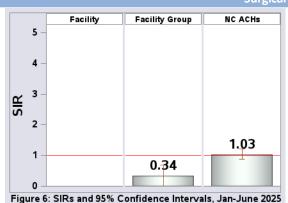


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries





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

Note: Infections from 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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 58,651 Patient Days in 2024: 169,233 Total Number of Beds: 544 Number of ICU Beds: 83 FTE* Infection Preventionists: 5.00 Number of FTEs* per 100 beds: 0.92

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI

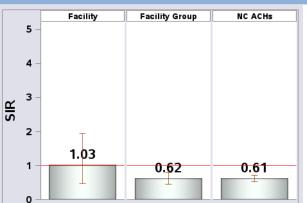


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	3	3.4	Same		
Adult/Ped Wards	5	4.4	Same		
All reporting units	8	7.8	Same		

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

Table 2. Number of Observed and Fredicted Winsh Events, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	7	5.1	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

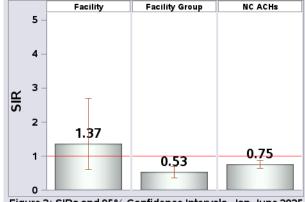


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 be

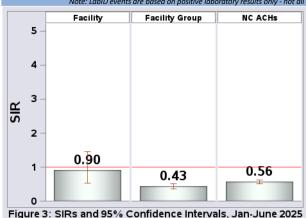


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025							
			How Does This Facility				
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide inpatient	15	17	Same				

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

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

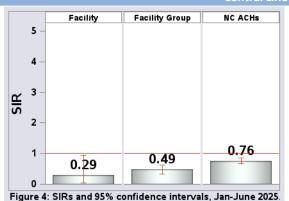
How Does This Facility Compare to the National Experience?

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

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	3.3	Better
Adult/Ped Wards	2	3.6	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	2	7.0	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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

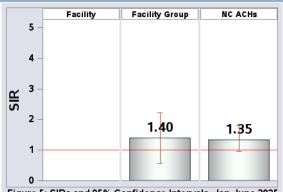


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

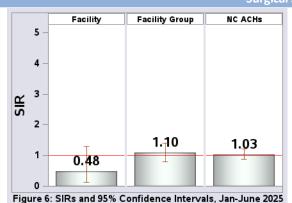


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	3	6.3	Same		

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

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 3.745 Patient Days in 2024: 15,099 Total Number of Beds: 82 Number of ICU Beds: 6 FTE* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.22

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

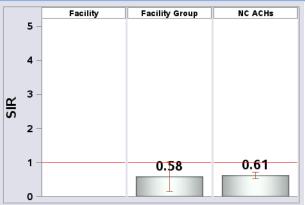


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

rubic 2: Number of Observed and Fredict	cu iviitor Everito, Juli Juli	C LULJ	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

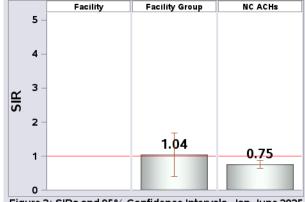


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

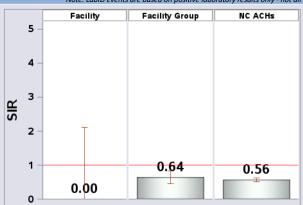


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

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: October 23, 2025.

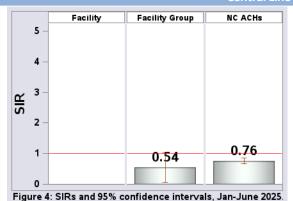
Report Generated: October 23, 2025

NCDHHS Division of Public Health, SHARPPS Program

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025.

How Does This Facility
Observed Predicted Compare to the National
Unit Type Infections Infections 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

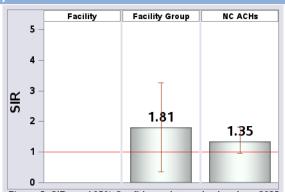


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

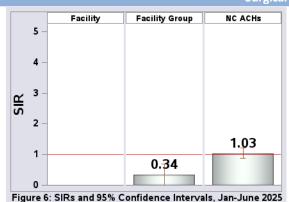


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Graduate Admissions in 2024: 2.923 Patient Days in 2024: 10,497 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] [. = Data not reported]

0



Catheter-Associated Urinary Tract Infections (CAUTI)

Facility **Facility Group** NC ACHS 5 3 SIR

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

0.50

Nethicillin-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 f Observed and Producted MPSA Events, January 2025

able 2. Halliber of Observed und Fredicted Hillor Events, Juli Julie 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

0.61

Note: SIR=Standardized Infection Ratio. 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

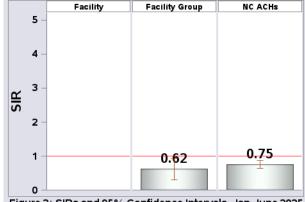


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th

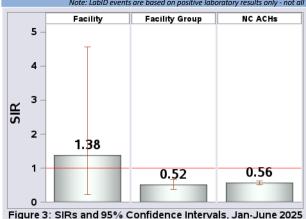


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	2	1.4	Same	

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

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

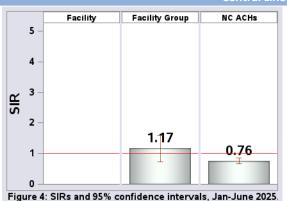
How Does This Facility Compare to the National Experience?

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

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type. Jan-June 2025

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

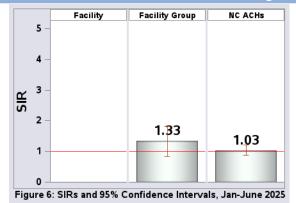


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

N.C. HAI 2025 Q2 Report

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2024: 6.695 Patient Days in 2024: 29,892 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI

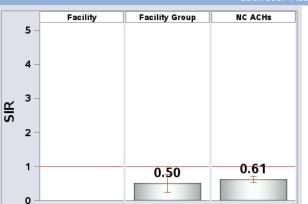


Table 1. Number of Observed and Predicte	Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

able 2. Hamber of observed and recalcica filmon events, fair faile 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

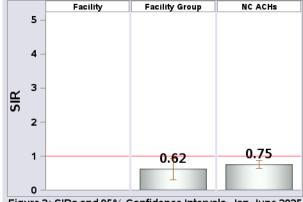


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

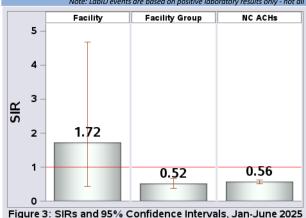


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	1.7	Same		

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

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

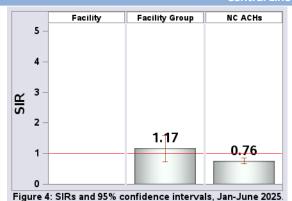
Data Generated: October 23, 2025. NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

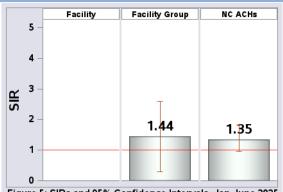
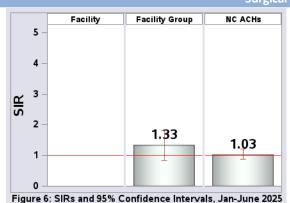


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries





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

Note: Infections from 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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

Select Specialty Hospital-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.

2024 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital

Admissions in 2024: 222
Patient Days in 2024: 8,109
Total Number of Beds: 30
FTE* Infection Preventionists: Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]
[. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

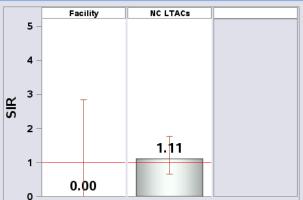


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Reporting Wards	0	1.0	Same			
All reporting units	0	1.0	Same			

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025.

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

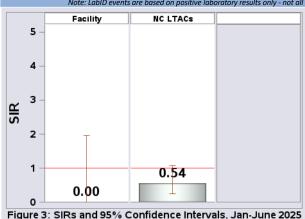


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	1.5	Same		
Facility-wide inpatient		Less than 1.0	No Conclusion		
Facility-wide inpatient		Less 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?

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

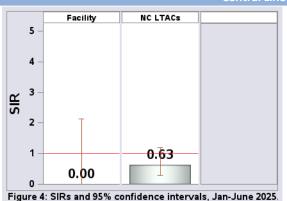
NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

Select Specialty Hospital-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)



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	0	1.4	Same
All reporting units	0	1.4	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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 NCDHHS Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025

N.C. HAL 2025, O.2. Report

NCDHHS Division of Public Health, SHARPPS Program

N.C. HAI 2025 Q2 Report

Select Specialty Hospital-Greensboro, , County

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

2024 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital

Admissions in 2024: 238
Patient Days in 2024: 10,106
Total Number of Beds: 30
FTE* Infection Preventionists: .
Number of FTEs* per 100 beds: .

[*FTE = Full-time equivalent]
[. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

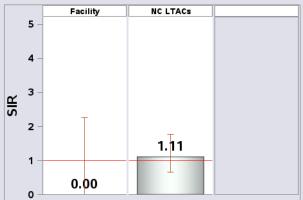


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted Compare to the National** Infections Experience? **Unit Type** Infections Reporting Wards 1.3 Same All reporting units 0 1.3 Same

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025.

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



Table 3. Number of Observed and Predicted CDIs, Jan-June 2025							
			How Does This Facility				
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide inpatient	0	2.3	Same				
Facility-wide inpatient		Less than 1.0	No Conclusion				
Facility-wide inpatient		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?

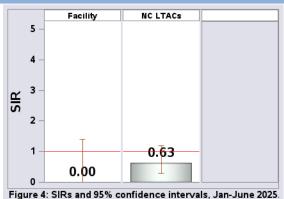
= Same: About the same number of infections as predicted by the national baseline experience

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

Select Specialty Hospital-Greensboro, , County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of 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)



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	0	2.1	Same
All reporting units	0	2.1	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICLI and Ward Type, Jan-June 2025

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 NCDHHS Division of Public Health: SSIs are not reportable at this facility type

Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

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

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

NCDHHS Division of Public Health, SHARPPS Program

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.

2024 Hospital Survey Information

0.96

Hospital Type: Acute Care Hospital Medical Affiliation: Major Admissions in 2024: 5.616 Patient Days in 2024: 24,111 Total Number of Beds: 114 Number of ICU Beds: 12 FTE* Infection Preventionists: 1.10

Number of FTEs* per 100 beds: [*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

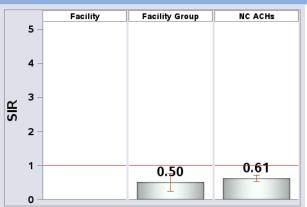


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Adult/Ped ICUs	0	Less than 1.0	No Conclusion			
Adult/Ped Wards	0	Less than 1.0	No 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

Table 2. Hamber of observed and Fredeted Willow Events, July Julie 2025						
	How Does This Facility					
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

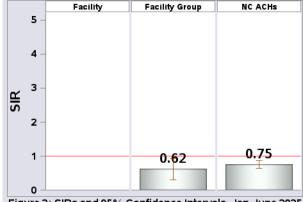


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnes

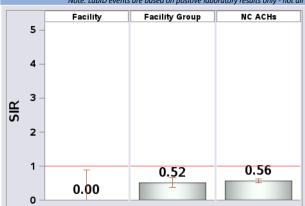


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
		How Does This Facility				
Observed	Predicted	Compare to the National				
Events	Events	Experience?				
0	3.4	Better				
	Observed	Observed Predicted Events Events				

Note: SIR=Standardized Infection Ratio. 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: October 23, 2025.

NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

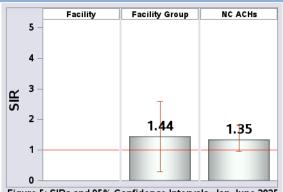


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

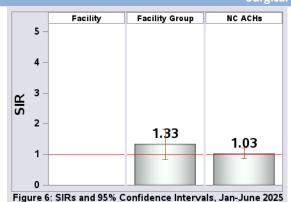


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information Hospital Type: Acute Care Hospital

Medical Affiliation: Graduate Admissions in 2024: 13,491 Patient Days in 2024: 50,786 Total Number of Beds: 199 Number of ICU Beds: 32 FTE* Infection Preventionists: 3.00 Number of FTEs* per 100 beds: 1.51

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

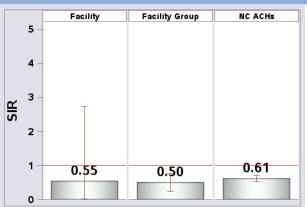


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Adult/Ped ICUs	0	Less than 1.0	No Conclusion			
Adult/Ped Wards	1	1.4	Same			
All reporting units	1	1.8	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

Nethicillin-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 of Observed and Prodicted MRSA Events Ianguage 2015

Table 2: Namber of Observed and Fredeted William Events, July Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

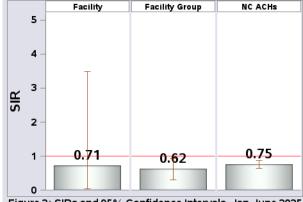


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnesses.

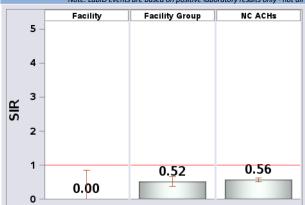


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	3.5	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

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)

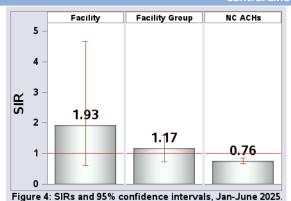


Table 4. Number of Observed and Predicte	Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025				
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	2	Less than 1.0	No Conclusion		
Adult/Ped Wards	2	1.3	Same		
All reporting units	4	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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

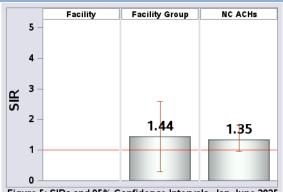


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

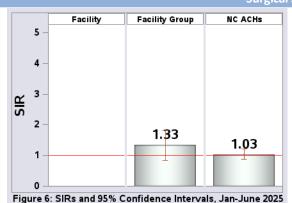


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	1	Less than 1.0	No Conclusion	

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)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Major Admissions in 2024: 4,329 Patient Days in 2024: 37,703 Total Number of Beds: 133 Number of ICU Beds: 16 FTE* Infection Preventionists: 3.00 Number of FTEs* per 100 beds: 2.26

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI

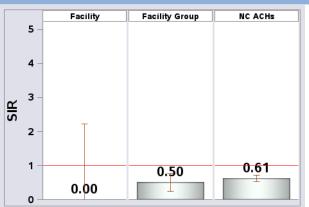


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 Fredicted Wilds Events, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

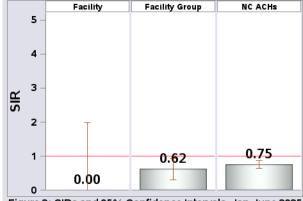


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

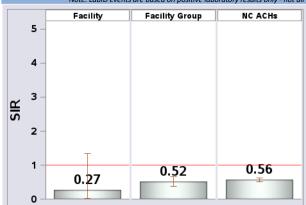


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	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

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: October 23, 2025.

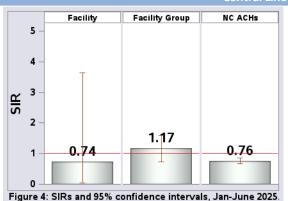
NCDHHS Division of Public Health, SHARPPS Program

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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 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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

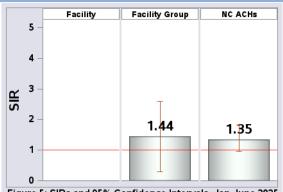


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

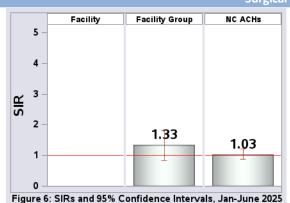


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
How Doe				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation:MajorAdmissions in 2024:43,156Patient Days in 2024:323,515Total Number of Beds:1,089Number of ICU Beds:241FTE* Infection Preventionists:10.0Number of FTEs* per 100 beds:0.92

[*FTE = Full-time equivalent]
[. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

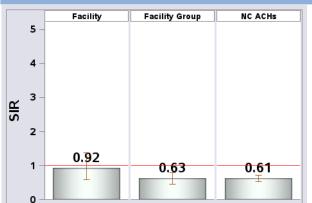


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	16	15	Same	
Adult/Ped Wards	5	7.3	Same	
All reporting units	21	23	Same	

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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.

able 2. Number of Observed and Fredicted WildsA Events, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	14	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

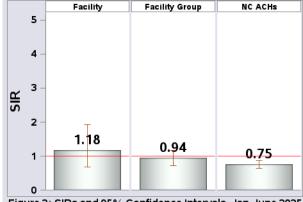
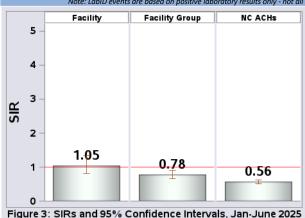


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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



NCDHHS Division of Public Health, SHARPPS Program

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	61	58	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?

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)

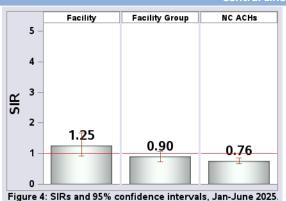


Table 4. Number of Observed and Fredicte	Observed	Predicted	How Does This Facility Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	32	21	Worse
Adult/Ped Wards	9	11	Same
Neonatal Units	3	2.7	Same
All reporting units	44	35	Same

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

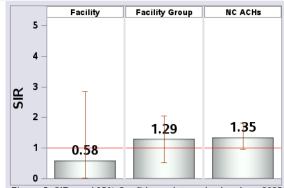


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

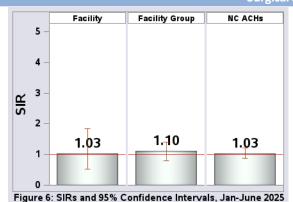


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	10	9.7	Same		

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

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2024: 7,325 Patient Days in 2024: 7,827 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

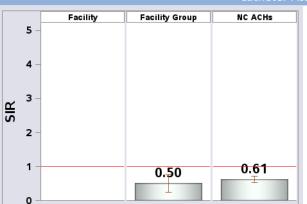


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

Nethicillin-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

able 2. Halliber of Observed und Fredicted Hillor Events, Juli Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

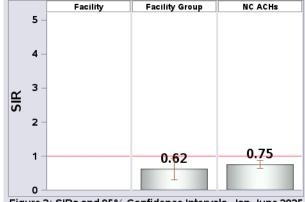


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnes

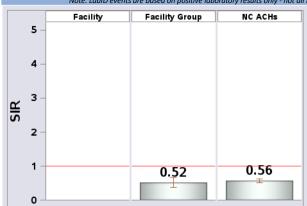


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicte	ed CDIs, Jan-June 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

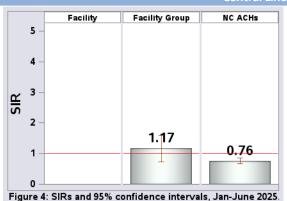
Refer to HAI in N.C. Reference Report for further explanation of presented statistics (https://epi.dph.ncdhhs.gov/cd/hai/figures.html).

Data Generated: October 23, 2025. NCDHHS Division of Public Health, SHARPPS Program Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

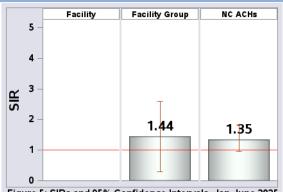


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

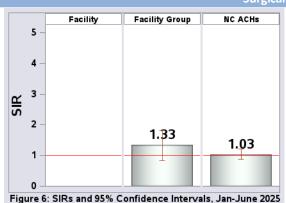


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)

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.

2024 Hospital Survey Information Hospital Type: Acute Care Hospital Major

Medical Affiliation: Admissions in 2024: 4.543 Patient Days in 2024: 10,717 Total Number of Beds: 46 0 Number of ICU Beds: FTE* Infection Preventionists: 0.60 Number of FTEs* per 100 beds: 1.30

[*FTE = Full-time equivalent] [. = Data not reported]



Facility **Facility Group** NC ACHS 5 3 SIR 0.61 0.580

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.

			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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. Halliber of Observed and Fredeted Willow Events, Juli Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

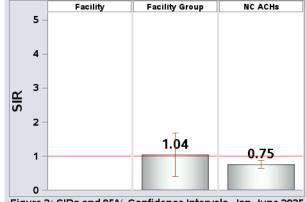


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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

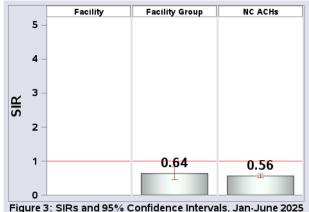


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
		How Does This Facility				
Observed	Predicted	Compare to the National				
Events	Events	Experience?				
0	Less than 1.0	No Conclusion				
	Observed	Observed Predicted Events Events				

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

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

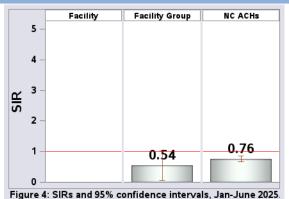
How Does This Facility Compare to the National Experience?

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

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

N.C. HAI 2025 Q2 Report

Report Generated: October 23, 2025

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

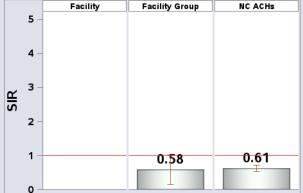
Medical Affiliation: Major Admissions in 2024: 5,501 Patient Days in 2024: 17,348 Total Number of Beds: 71 Number of ICU Beds: 16 FTE* Infection Preventionists: 0.70 Number of FTEs* per 100 beds: 0.99

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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

able 2. Number of Observed and Fredeted Wildow Events, July Julie 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

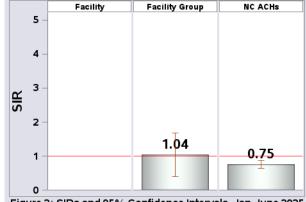


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnesses.

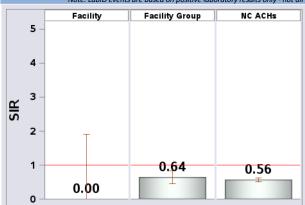


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	0	1.6	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?

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 ICO and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

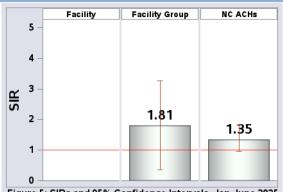


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

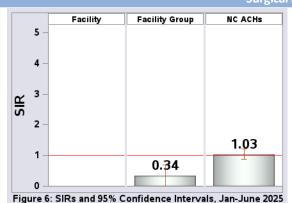


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)

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.

2024 Hospital Survey Information

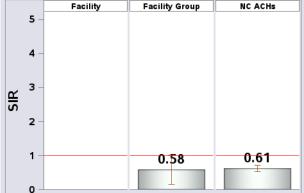
Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 5.111 Patient Days in 2024: 21,191 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)



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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 f Observed and Producted MPSA Events, January 2025

rubic 2: Humber of Observed and Fredict	ca minor Events, Jun Jun	ic LULU	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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

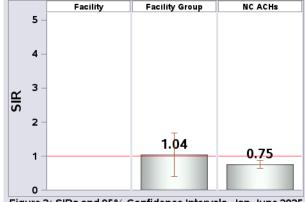


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 base

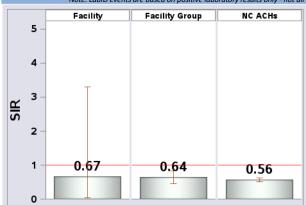


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025								
				How Does This Facility				
		Observed	Predicted	Compare to the National				
	Unit Type	Events	Events	Experience?				
	Facility-wide inpatient	1	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?

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

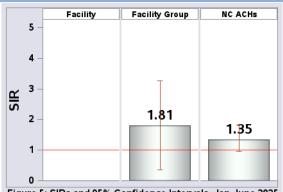


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

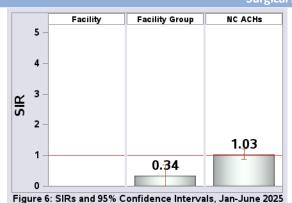


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 49,804 Patient Days in 2024: 249,086 Total Number of Beds: 881 Number of ICU Beds: 214 FTE* Infection Preventionists: 9.60 Number of FTEs* per 100 beds: 1.09

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

Facility **Facility Group** NC ACHS 5 3 SIR 2 0.630.61 0.29

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	1	9.1	Better	
Adult/Ped Wards	3	4.6	Same	
All reporting units	4	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

able 2. Number of Observed and Fredicte	able 2. Number of Observed and Fredicted Wilds Events, Jan-June 2025					
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	17	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

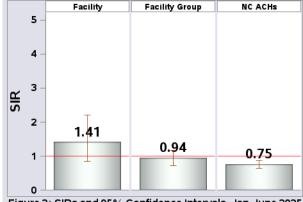


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

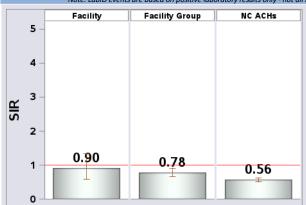


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	22	24	Same		

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

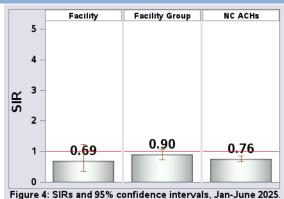
Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	3	7.2	Same
Adult/Ped Wards	1	3.8	Same
Neonatal Units	6	3.4	Same
All reporting units	10	14	Same

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

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

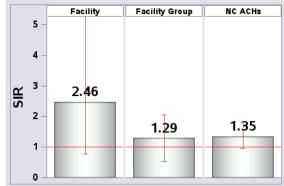


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

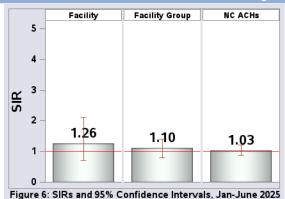


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	13	10	Same		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Facility Group

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 39,029 Patient Days in 2024: 227,384 Total Number of Beds: 719 Number of ICU Beds: 128 FTE* Infection Preventionists: 7.00 Number of FTEs* per 100 beds: 0.97

[*FTE = Full-time equivalent] [. = Data not reported]

5

3 SIR

2

Facility

0.27



Catheter-Associated Urinary Tract Infections (CAUTI)

NC ACHS

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National Infections Infections **Unit Type Experience?** Adult/Ped ICUs Better Adult/Ped Wards 3.8 Same All reporting units 3 11 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-June 2025

0.62

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 of Observed and Prodicted MRSA Events Ianguage 2015

	Table 2. Number of Observed and Fredicted WRSA Events, Jan-June 2025						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Events	Events	Experience?			
1	Facility-wide inpatient	3	6.7	Same			

0.61

Note: SIR=Standardized Infection Ratio. 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

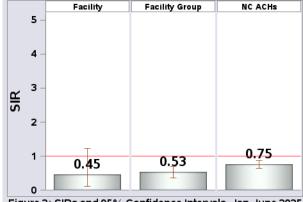


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illne

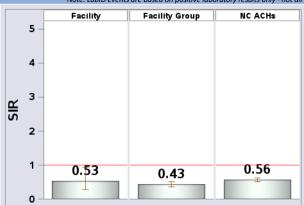


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	11	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

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	4.5	Same
Adult/Ped Wards	1	3.0	Same
Neonatal Units	1	Less than 1.0	No Conclusion
All reporting units	4	8.2	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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

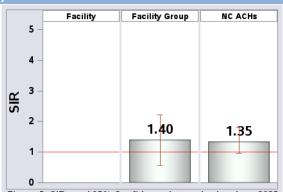
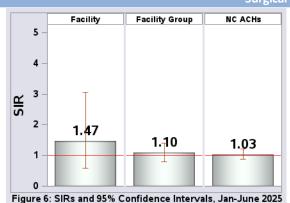
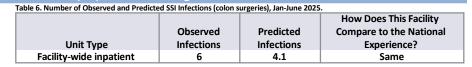


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries





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

Note: Infections from 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)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 21,677 Patient Days in 2024: 81,974 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

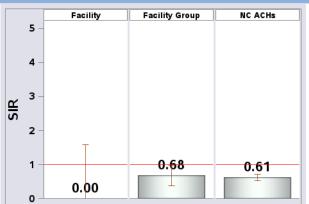


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	1.3	Same	
All reporting units	0	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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 of Observed and Prodicted MRSA Events Ianguage 2015

able 2. Halliber of Observed and Fredeted Wilder Events, Juli Julie 2023						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	3	1.6	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

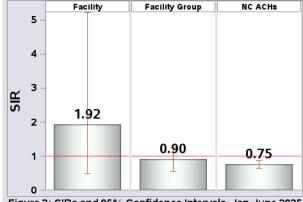


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

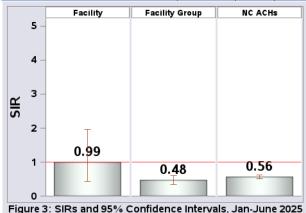


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	7	7.0	Same	

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

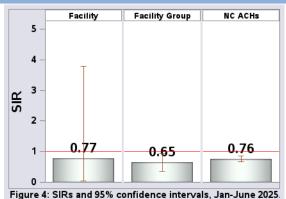
Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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	1.3	Same

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

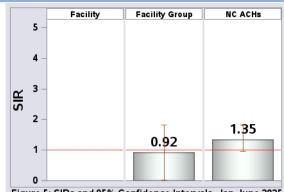


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

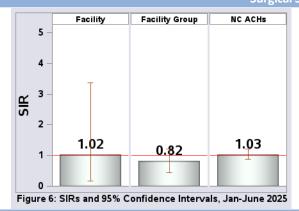


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	2	2.0	Same

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

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 10,061 Patient Days in 2024: 28,485 Total Number of Beds: 81 Number of ICU Beds: 0 FTE* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.23

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.

		Facility	Facility Group	NC ACHs
	5 –			
	4 –			
SIR	3 –			
6,	2 -			
	1 -		0.58	0.61
	0		_	

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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025.

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

able 2. Namber of Observed and Fredeted Wilder Events, July Julie 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

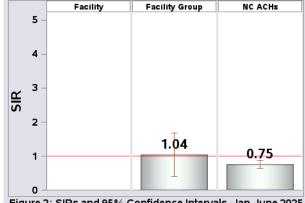


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

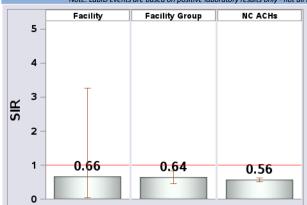


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	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

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: October 23, 2025.

Report Generated: October 23, 2025 N.C. HAI 2025 Q2 Report

NCDHHS Division of Public Health, SHARPPS Program

Wakemed North Family Health & Women's Hospital, Raleigh, Wake County

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Central Line-Associated Bloodstream Infections (CLABSI)

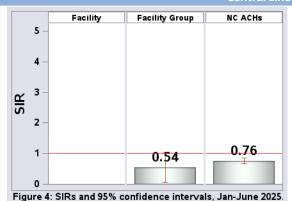


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	Less than 1.0	No 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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

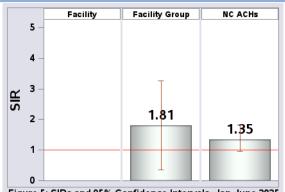


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

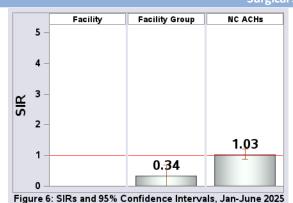


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 12.116 Patient Days in 2024: 50,762 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI

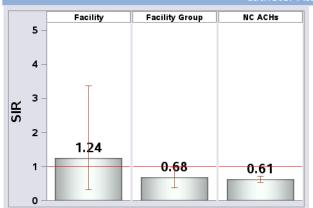


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	3	1.8	Same		
All reporting units	3	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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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-June 2025

			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	7	1.2	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?

X Worse: More infections than predicted by the national baseline experience

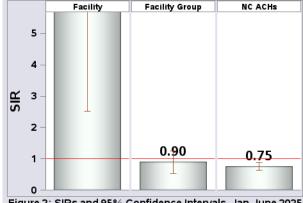


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnesses.

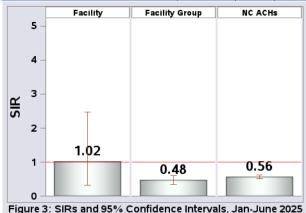


Table 3. Number of Observed and Predicte	ed CDIs, Jan-June 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	4	3.9	Same

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

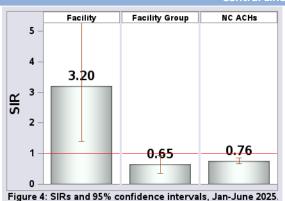
Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	3	Less than 1.0	No Conclusion
Adult/Ped Wards	4	1.5	Same
All reporting units	7	2.2	Worse

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?

X Worse: More 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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 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

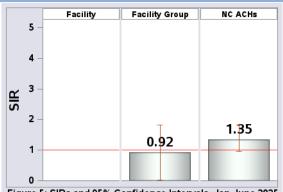


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Report Generated: October 23, 2025

Surgical Site Infections (SSI) after Colon Surgeries

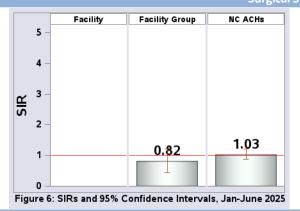


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	Less than 1.0	No Conclusion	

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

Ventilator-Associated Events (VAE)

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.

2024 Hospital Survey Information

Hospital Type: Acute Care Hospital

Medical Affiliation: Major Admissions in 2024: 9,932 Patient Days in 2024: 50,962 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] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)



Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O Less than 1.0 No Conclusion All reporting units 0 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

0.50

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

able 2. Number of Observed and Fredicted MinsA Events, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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.

0.00

0

How Does This Facility Compare to the National Experience?

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

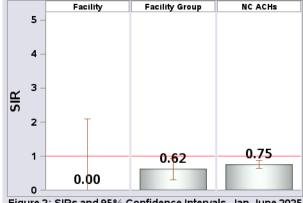


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 th.

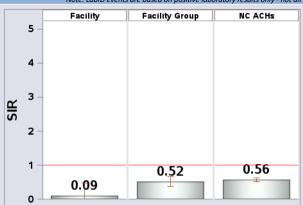


Figure 3: SIRs and 95% Confidence Intervals, Jan-June 2025

Table 3. Number of Observed and Predicted CDIs, Jan-June 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	1	11	Better			

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

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

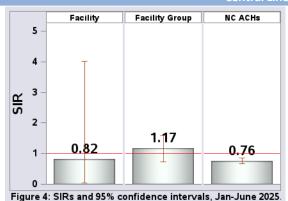
How Does This Facility Compare to the National Experience?

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

Wesley Long Hospital, Greensboro, Guilford County

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Central Line-Associated Bloodstream Infections (CLABSI)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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.

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type, Jan-June 2025

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-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

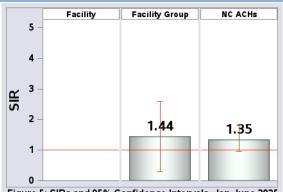


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

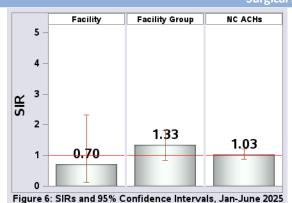


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.					
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	2	2.8	Same	

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

Ventilator-Associated Events (VAE)

Wilson Medical Center, Wilson, Wilson County

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2024 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2024: 6.218 Patient Days in 2024: 21,704 Total Number of Beds: 141 Number of ICU Beds: 16 FTE* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.71

[*FTE = Full-time equivalent] [. = Data not reported]



Catheter-Associated Urinary Tract Infections (CAUTI)

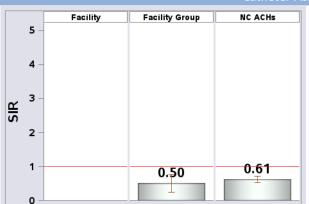


	Table 1. Number of Observed and Fredicted infections by ICO and Ward Type, Jan-June 2025.					
I				How Does This Facility		
I		Observed	Predicted	Compare to the National		
I	Unit Type	Infections	Infections	Experience?		
l	Adult/Ped Wards	0	Less than 1.0	No Conclusion		
ĺ	All reporting units	0	Less than 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

Figure 1: SIRs and 95% confidence intervals, Jan-June 2025

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. Halliber of Observed and Fredeted Willow Events, Juli Julie 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

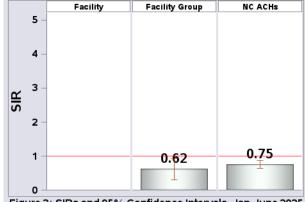


Figure 2: SIRs and 95% Confidence Intervals, Jan-June 2025

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 illnesses.

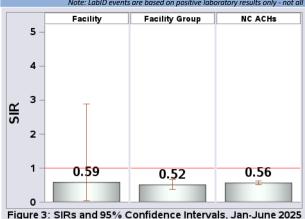


Table 3. Number of Observed and Predicted CDIs, Jan-June 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	1.7	Same		

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

Report Generated: October 23, 2025

N.C. HAI 2025 Q2 Report

Wilson Medical Center, Wilson, Wilson County

Disclaimer: This report is for data cleaning purposes only. Hospitals have 30 days following receipt of 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)

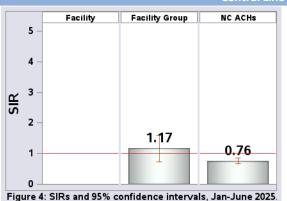


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-June 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	1	Less than 1.0	No Conclusion	
All reporting units	1	Less than 1.0	No 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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-June 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections 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

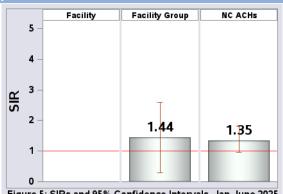


Figure 5: SIRs and 95% Confidence Intervals, Jan-June 2025

Surgical Site Infections (SSI) after Colon Surgeries

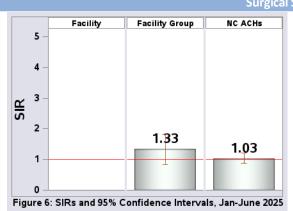


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-June 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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 NCDHHS Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

Report Generated: October 23, 2025 NCDHHS Division of Public Health, SHARPPS Program N.C. HAI 2025 Q2 Report