2025

# Issued July 2025

# Healthcare-Associated Infections in North Carolina

**Reporting Period:** 

January 1, 2025—March 31, 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

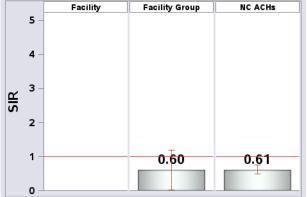
Medical Affiliation: No Admissions in 2024: 4,774 Patient Days in 2024: 21,605 Total Number of Beds: 95 Number of ICU Beds: 12 FTE\* Infection Preventionists: 1.00 Number of FTEs\* per 100 beds: 1.05

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



## Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 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-Mar 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-Mar 2025 **How Does This Facility** Observed Predicted



Note: SIR=Standardized Infection Ratio. 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

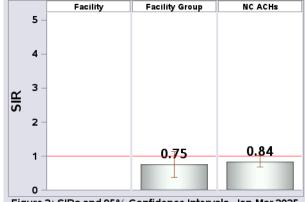


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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-Mar 2025						
			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?

#### Advent Health Hendersonville, Hendersonville, Henderson County

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

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

Facility **Facility Group** NC ACHS 5 SIR 0.76 0.20 Figure 4: SIRs and 95% confidence intervals, Jan-Mar 2025.

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

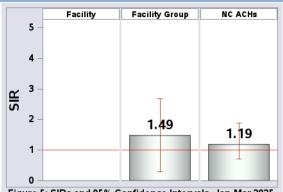


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

## **Surgical Site Infections (SSI) after Colon Surgeries**

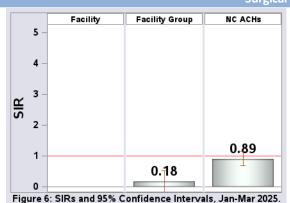


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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)**

#### Alamance Regional Medical Center, Burlington, Alamance County

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## **2024 Hospital Survey Information**

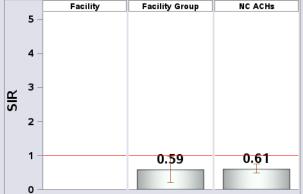
Hospital Type: Acute Care Hospital

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]



## 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-Mar 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, Japanese 2025

able 2. Number of Observed and Fredicted Wilds Events, Jan-Wai 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	0	1.0	Same			

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

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

## How Does This Facility Compare to the National Experience?

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

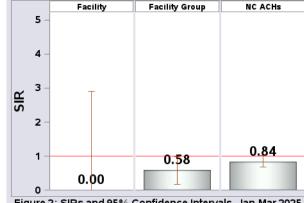


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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

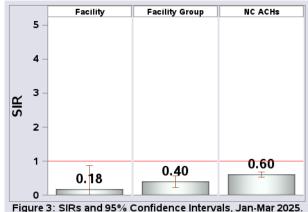


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
		How Does This Facility			
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	5.6	Better		

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

#### Alamance Regional Medical Center, Burlington, Alamance 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
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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

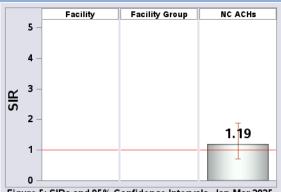


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

## **Surgical Site Infections (SSI) after Colon Surgeries**

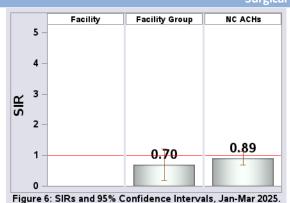


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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)**

#### 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 12 Number of ICU Beds: 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 -			
8	2 -			
	1 -		0.60	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-Mar 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, Japanese 2025

able 2. Number of Observed and Fredicted WiksA Events, Jan-Wai 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

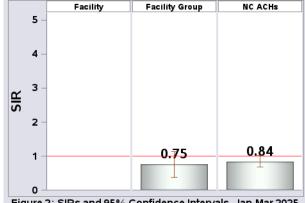


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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

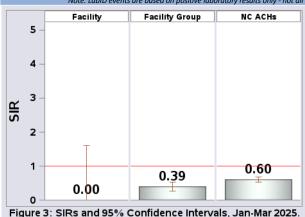


Table 3. Number of Observed and Predict	ed CDIs, Jan-Mar 2025			
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	1.9	Same	

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

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

#### How Does This Facility Compare to the National Experience?

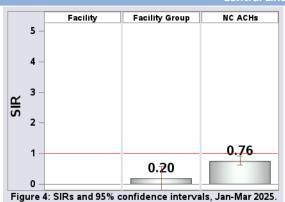
= Same: About the same number of infections as predicted by the national baseline experience

Data Generated: July 9, 2025. Report Generated: July 17, 2025 NCDHHS, SHARPPS Program N.C. HAI 2025 Q1 Report

#### 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-Mar 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

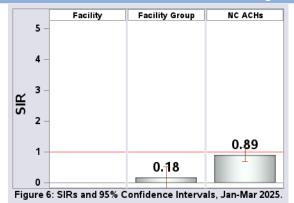


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)**

#### ARHS-Watauga Medical Center, Boone, Watauga County

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## **2024 Hospital Survey Information**

Hospital Type: Acute Care Hospital

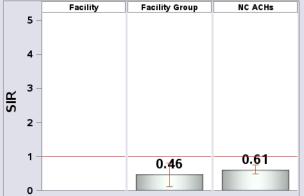
Medical Affiliation: Major Admissions in 2024: 6.933 Patient Days in 2024: 21,295 Total Number of Beds: 117 Number of ICU Beds: 10 FTE\* Infection Preventionists: 1.45 Number of FTEs\* per 100 beds: 1.24

[\*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-Mar 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-Mar 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 Ian May 2025

able 2. Number of Observed and Fredicted Wilds Events, Jan-Wai 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

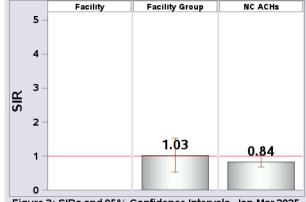


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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

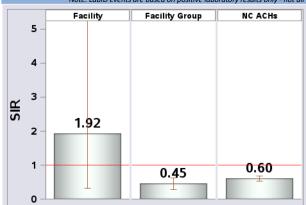


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

NCDHHS, SHARPPS Program

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

#### 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.

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

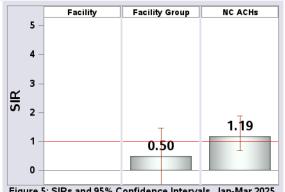


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

## Surgical Site Infections (SSI) after Colon Surgeries

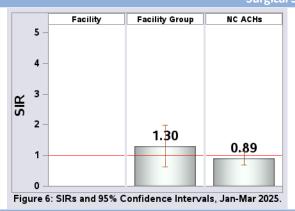


Table 6. Number of Observed and Predicte	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	Less than 1.0	No Conclusion		

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 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)

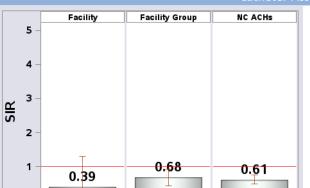


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	2.4	Same	
Adult/Ped Wards	2	2.7	Same	
All reporting units	2	5.1	Same	

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-Mar 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 Ian May 2025

able 2. Number of Observed and Fredicted Wilds Events, Jan-Wai 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

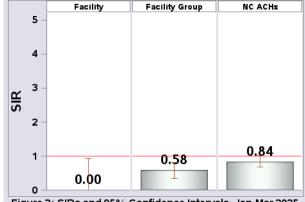


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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.

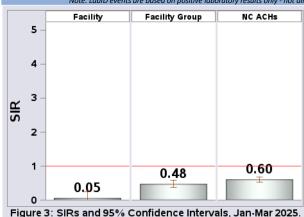


Table 3. Number of Observed and Predicte	able 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	1	20	Better			

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

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

#### How Does This Facility Compare to the National Experience?

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

#### 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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	1.8	Same
Adult/Ped Wards	0	2.2	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	1	4.2	Same

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

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

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

#### How Does This Facility Compare to the National Experience?

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

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

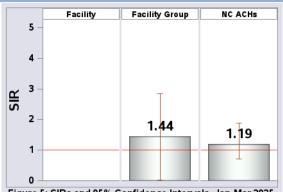


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

## Surgical Site Infections (SSI) after Colon Surgeries

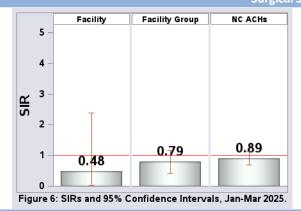


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
			How Does This Facility			
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	1	2.1	Same		

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)**

## 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

		Facility	Facility Group	NC ACHs
	5 -			
	4 –			
SIR	3 –			
S	2 -			
	1 -		0.46	0.61
	0 -			

able 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Mar 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-Mar 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 Ian May 2025

rubic 2: Number of Observed and Fredict	cu iviitor Everito, Juii iviu	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

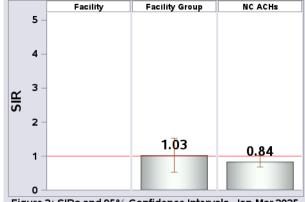


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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.

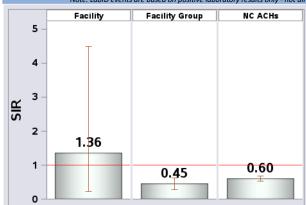


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

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

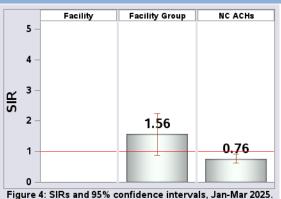
Note: Red line represents the NHSN baseline experience, 2015.

#### How Does This Facility Compare to the National Experience?

## 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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

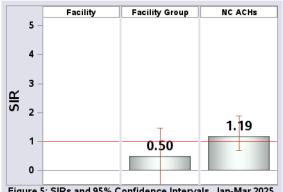
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

#### Surgical Site Infections (SSI) after Colon Surgeries

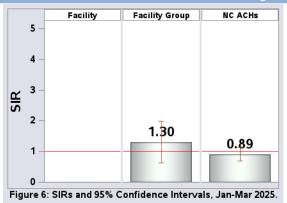


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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 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)**

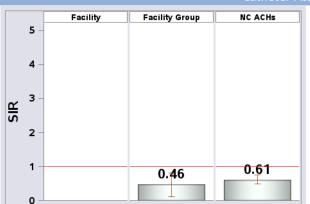


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O No Conclusion Less than 1.0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

Table 2: Halliber of Observed and Fredicted Wildow Events, July Wal 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

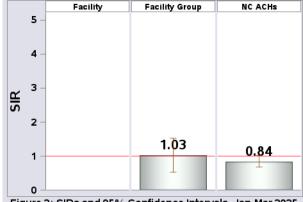


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

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

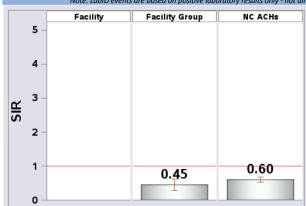


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

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

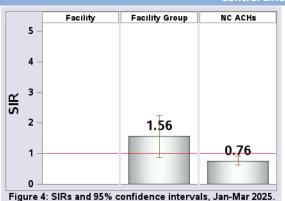
#### How Does This Facility Compare to the National Experience?

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

## 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-Mar 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-Mar 2025.

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

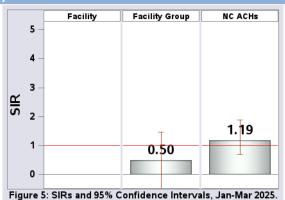
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



#### Surgical Site Infections (SSI) after Colon Surgeries

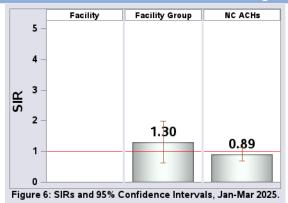


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Iviar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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]



## Catheter-Associated Urinary Tract Infections (CAUTI)

Facility **Facility Group** NC ACHS 5 3 SIR 0.61 0.460

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

Tubic 2: Humber of Observed and Fredicts	ca ivilian Eventa, Juli ivid	1 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

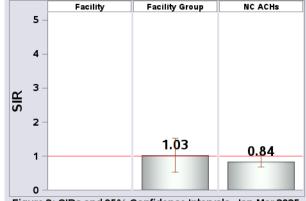


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025

## 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

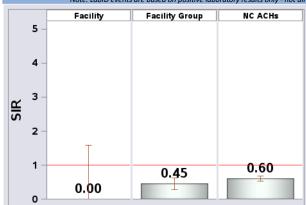


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

NCDHHS, SHARPPS Program

Table 3. Number of Observed and Predict	ed CDIs, Jan-Mar 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	0	1.9	Same

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

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

#### How Does This Facility Compare to the National Experience?

#### 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	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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

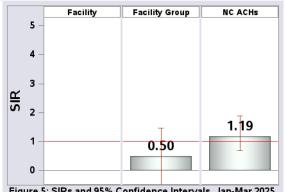


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

## Surgical Site Infections (SSI) after Colon Surgeries

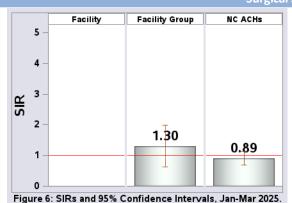


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	1	Less than 1.0	No Conclusion

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)**

#### **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**

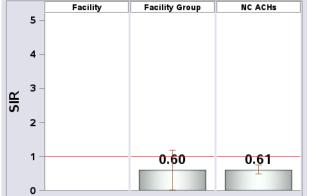
**Hospital Type:** Acute Care Hospital

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]



## 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	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-Mar 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 Ian May 2025

Tuble 2: Italiber of Observed and Fredicte	a willon Everies, sair ivia	LULU	
			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

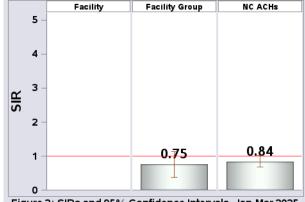


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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

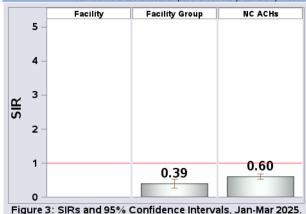


Table 3. Number of Observed and Predicte	ed CDIs, Jan-Mar 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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?

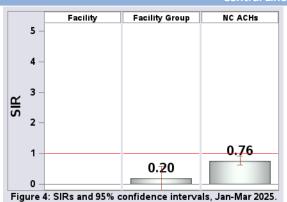
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

NCDHHS, SHARPPS Program

#### **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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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

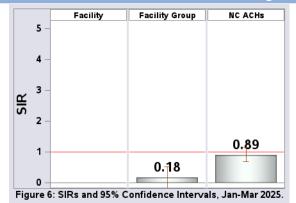


Table 6. Number of Observed and Predicte	6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.  How Does This Facility Observed Predicted Compare to the National		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?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

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.

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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

## **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]

0



## Catheter-Associated Urinary Tract Infections (CAUTI)

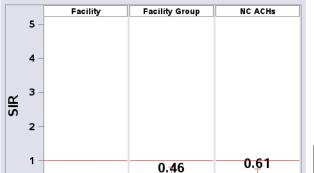


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards Less than 1.0 No Conclusion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

Tuble 2: Italiber of Observed and Fredict	d willon Everies, suit ivid	1 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

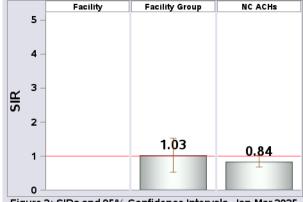


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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.

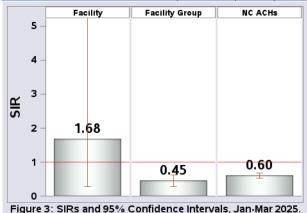


Table 3. Number of Observed and Predicte	ed CDIs, Jan-Mar 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	2	1.2	Same

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

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

#### How Does This Facility Compare to the National Experience?

## 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	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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

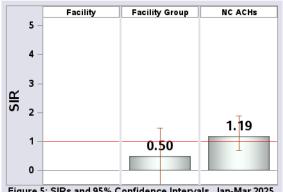
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

## Surgical Site Infections (SSI) after Colon Surgeries

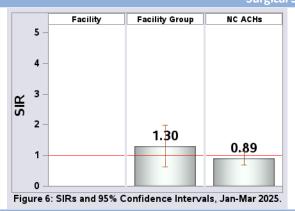


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Iviar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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]

5

3 SIR

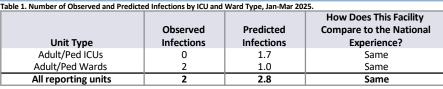
2

Facility



## 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?

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



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

**Facility Group** 

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

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

Tuble 2: Italiber of Observed and Fredict	ca ivilian Eventa, Juli ivid	LULU	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	2	3.4	Same

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

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

## How Does This Facility Compare to the National Experience?

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

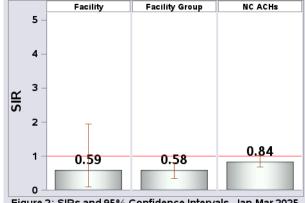


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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

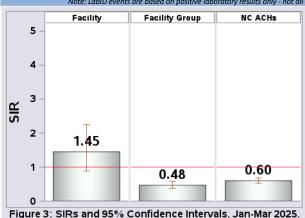


Table 3. Number of Observed and Predicte	ed CDIs, Jan-Mar 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	18	12	Same

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

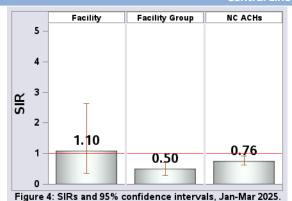
Note: Red line represents the NHSN baseline experience, 2015.

## How Does This Facility Compare to the National Experience?

#### 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	2	2.6	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
Neonatal Units	2	Less than 1.0	No Conclusion
All reporting units	4	3.7	Same

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

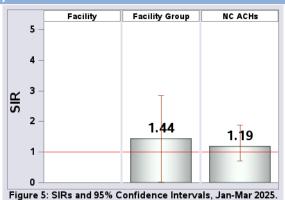
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



## Surgical Site Infections (SSI) after Colon Surgeries

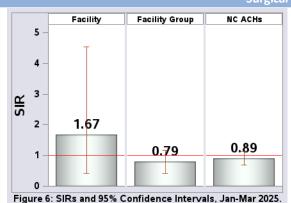


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	3	1.8	Same		

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

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

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

## How Does This Facility Compare to the National Experience?

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

#### **Ventilator-Associated Events (VAE)**

#### 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)

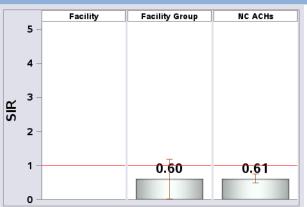


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Adult/Ped ICUs	0	Less than 1.0	No Conclusion			
Adult/Ped Wards	0	Less than 1.0	No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

able 2. Number of Observed and Fredicted WRSA Events, Jan-Wai 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

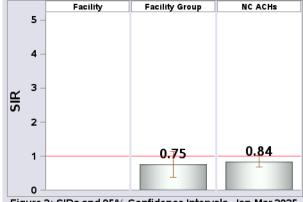


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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.

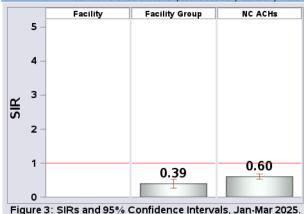


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
		How Does This Facility			
Observed	Predicted	Compare to the National			
Events	Events	Experience?			
0	Less than 1.0	No Conclusion			
	Observed	Observed Predicted Events Events			

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

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

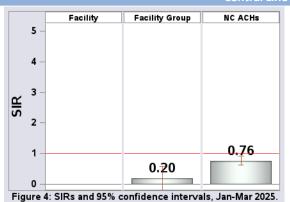
#### How Does This Facility Compare to the National Experience?

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

## 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)**



			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-Mar 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)**

#### CarolinaEast Medical Center, New Bern, Craven County

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

## **2023 Hospital Survey Information**

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

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



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

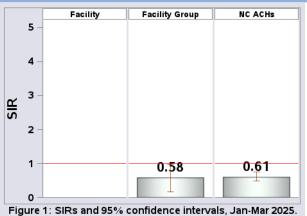


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O Less than 1.0 No Conclusion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

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

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

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

#### How Does This Facility Compare to the National Experience?

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

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

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

Table 2. Number of Observed and Predicted MRSA Events, Jan-Mar 2025 **How Does This Facility** Observed Predicted Compare to the National **Unit Type Events Events** Experience? **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?

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

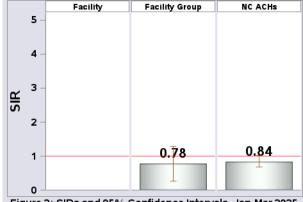
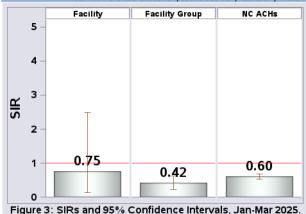


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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



ed CDIs, Jan-Mar 2025		
		How Does This Facility
Observed	Predicted	Compare to the National
Events	Events	Experience?
2	2.7	Same
	Observed	Observed Predicted Events Events

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

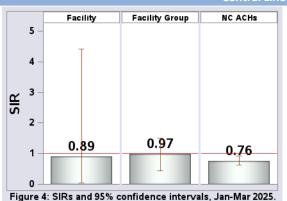
Note: Red line represents the NHSN baseline experience, 2015.

## How Does This Facility Compare to the National Experience?

#### 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)



			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	1.1	Same

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 2025. Observed **Predicted Unit Type** Infections Infections 0

**How Does This Facility** Compare to the National Experience? **Facility-wide inpatient** Less than 1.0 No Conclusion

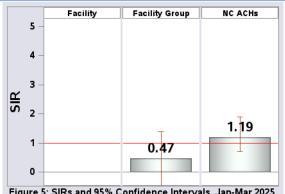
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

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

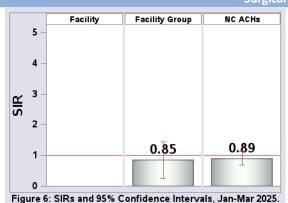
## How Does This Facility Compare to the National Experience?

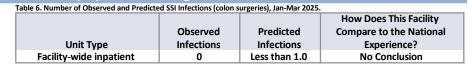
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison



#### Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 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)**

#### 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 Predicted infections by ICO and Ward Type, Jan-War 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-Mar 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-Mar 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

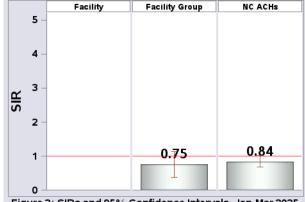


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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

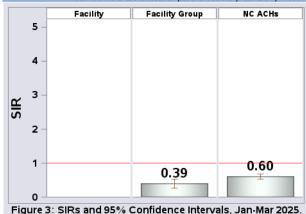


	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025				
How Does This Facility					
		Observed	Predicted	Compare to the National	
	Unit Type	Events	Events	Experience?	
	Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

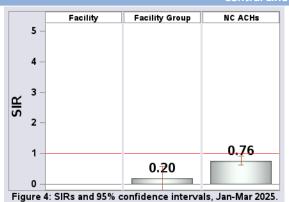
#### How Does This Facility Compare to the National Experience?

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

## 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)



			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.

Report Generated: July 17, 2025

N.C. HAI 2025 Q1 Report

## **Ventilator-Associated Events (VAE)**

#### 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**

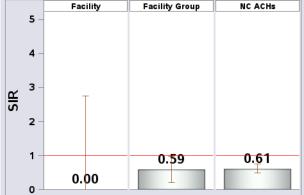
**Hospital Type:** Acute Care Hospital

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]



## 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

Figure 1: SIRs and 95% confidence intervals, Jan-Mar 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 f Observed and Producted MPSA Events, Japanese 2025

able 2. Halliber of Observed und Fredicted Willow Events, Juli Wal 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

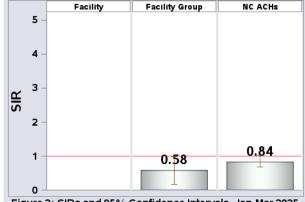


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025

## 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

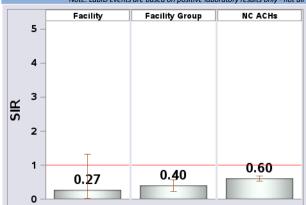


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 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?

#### Carolinas Healthcare System Cleveland, Shelby, Cleveland County

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

## Central Line-Associated Bloodstream Infections (CLABSI)

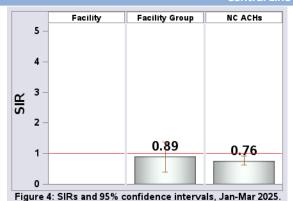


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Mar 2025			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

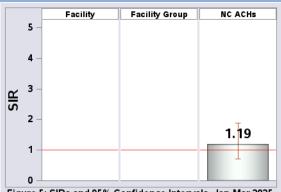


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

## Surgical Site Infections (SSI) after Colon Surgeries

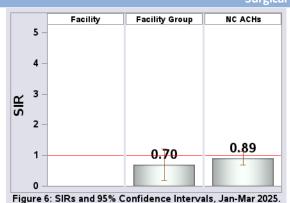


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)**

## 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)**

Facility **Facility Group** NC ACHS 5 3 SIR 2 0.61 0.60 0.61

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	4	6.8	Same	
Adult/Ped Wards	2	3.0	Same	
All reporting units	6	9.9	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-Mar 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-Mar 2025

			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	1	6.5	Better
Facility-wide inpatient	1	6.5	Better

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

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

NCDHHS, SHARPPS Program

#### How Does This Facility Compare to the National Experience?

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

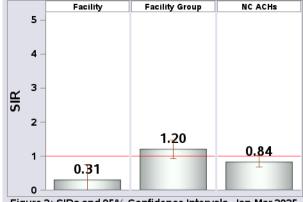


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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

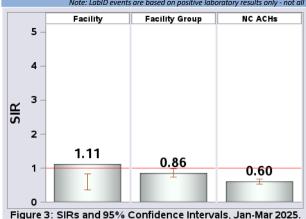


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	23	41	Better		
Facility-wide inpatient	23	41	Better		

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

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

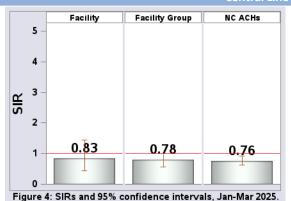
## How Does This Facility Compare to the National Experience?

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

## Carolinas 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	4	8.4	Same
Adult/Ped Wards	4	3.6	Same
Neonatal Units	3	1.2	Same
All reporting units	11	13	Same

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

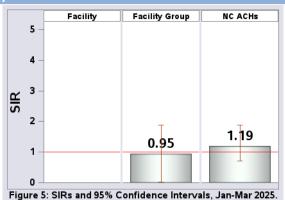
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

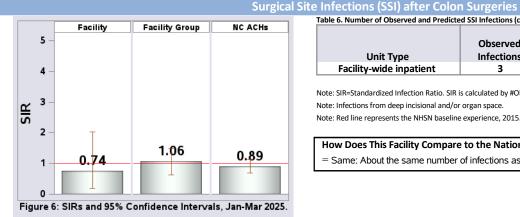
Note: Infections from deep incisional and/or organ space.

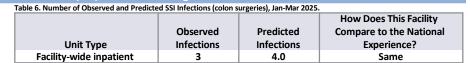
Note: Red line represents the NHSN baseline experience, 2015.

#### 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







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

Note: Infections from 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

Facility

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

5



## Catheter-Associated Urinary Tract Infections (CAUTI

			How Does This Facility
	Observed	Predicted	Compare to the Nationa
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: Red line represents the NHSN baseline experience, 2015.

#### How 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-Mar 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 Ian May 2025

Tubic 2: Number of Observed and Fredict	ca willon Everies, sair ivia	LULU	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	0	1.5	Same

NC ACHS

Note: SIR=Standardized Infection Ratio. 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

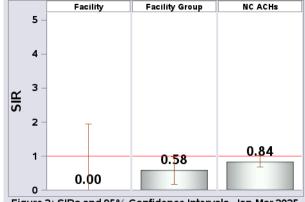
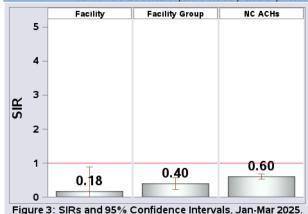


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

## 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 ba



ed CDIs, Jan-Mar 2025		
		How Does This Facility
Observed	Predicted	Compare to the National
Events	Events	Experience?
1	5.6	Better
	Observed	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

# 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)

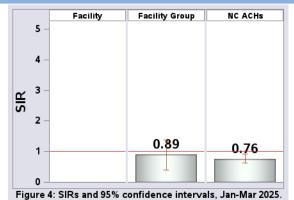


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	1	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No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

#### 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:MajorAdmissions in 2024:24,897Patient Days in 2024:99,456Total Number of Beds:308Number of ICU Beds:56FTE\* Infection Preventionists:2.08Number 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 Predicted Infections by ICU and Ward Type, Jan-Mar 2025.

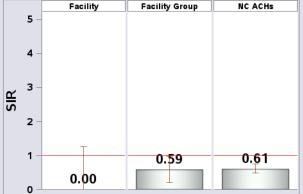


Table 1. Number of Observed and Fredicte	How Does This Facility Compare to the National		
Unit Type	Observed Infections	Predicted Infections	Experience?
Adult/Ped ICUs	0	1.2	Same
Adult/Ped Wards	0	1.2	Same
All reporting units	0	2.4	Same

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-Mar 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 Witton Events, Jani-Wai 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

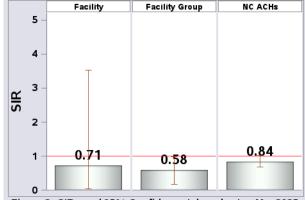


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

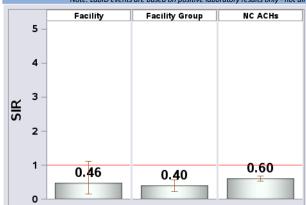


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	8.6	Same		

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

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

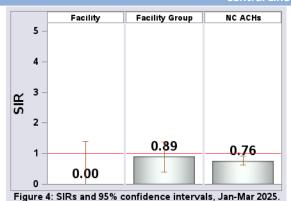
# How Does This Facility Compare to the National Experience?

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

#### Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

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

# Central Line-Associated Bloodstream Infections (CLABSI)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	1.4	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
Neonatal Units	0	Less than 1.0	No Conclusion
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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

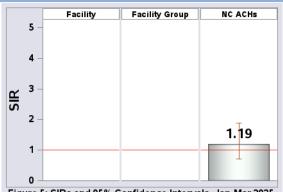


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# **Surgical Site Infections (SSI) after Colon Surgeries**

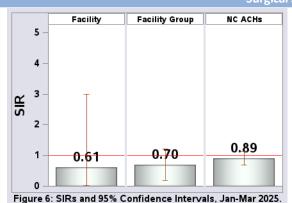


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	1.6	Same		

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)**

#### 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**

**Hospital Type:** Acute Care Hospital 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)

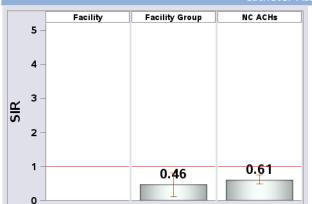


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

Table 2. Halliber of Observed and Fredeted Willow Events, Juli Wal 2023					
			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

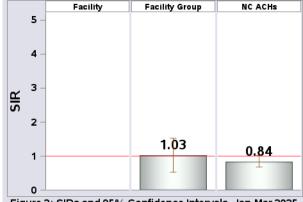


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

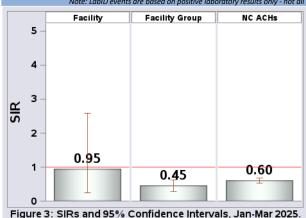


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	3.2	Same		

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

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

#### How Does This Facility Compare to the National Experience?

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

#### 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	Less than 1.0	No Conclusion

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

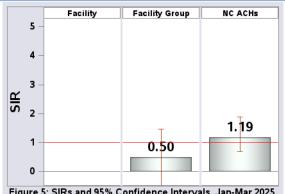


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries



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

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:

0.00

0

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



# NC LTACs Facility 5 3 SIR 2 1.00

# Catheter-Associated Urinary Tract Infections (CAUTI)

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

				How Does This Facility
		Observed	Predicted	Compare to the National
Unit '	Туре	Infections	Infections	Experience?
Reporting	g Wards	0	1.4	Same
All report	ing 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-Mar 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: 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

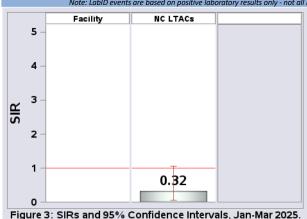


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		
Facility-wide inpatient		Less than 1.0	No Conclusion		

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?

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

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.

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

Facility NC LTACs

4 - 4 - 2 - 1 - 0.17

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

Table 4: Number of Observed and Fredicted CLABST Infections by ICO and Ward Type, Jan-War 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.

Note: SIR not calculated if <50 central 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: SSIs are not reportable at this facility type

# Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS: SSIs are not reportable at this facility type

# **Ventilator-Associated Events (VAE)**

#### 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

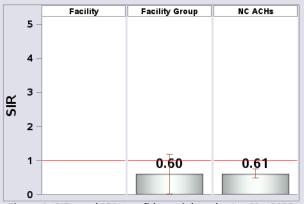
**Hospital Type:** Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 6.790 Patient Days in 2024: 29,076 Total Number of Beds: 99 Number of ICU Beds: 0 FTE\* Infection Preventionists: 1.50

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

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-Mar 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-Mar 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, Japanese 2025

Table 2: Number of Observed and Fredicted Wildow Events, July Wal 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

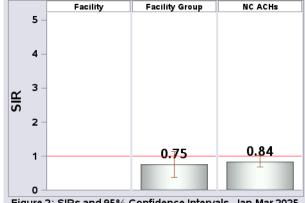


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

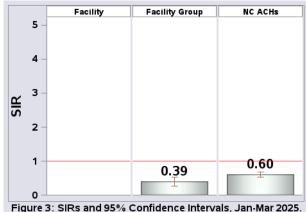


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	Less than 1.0	No Conclusion		

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 Q1 Report

Report Generated: July 17, 2025

#### 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)

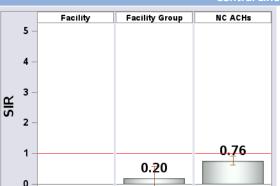


Figure 4: SIRs and 95% confidence intervals, Jan-Mar 2025.

Table 4: Number of Observed and Fredict		,,,,,,	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-Mar 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

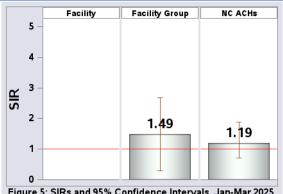


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

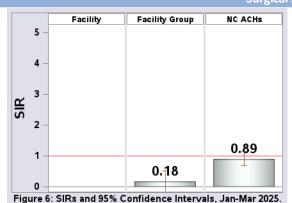


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Iviar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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)**

#### 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]

0



# Catheter-Associated Urinary Tract Infections (CAUTI)

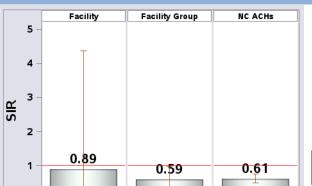


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O Less than 1.0 No Conclusion All reporting units 1 1.1 Same

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

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

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

#### How Does This Facility Compare to the National Experience?

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

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

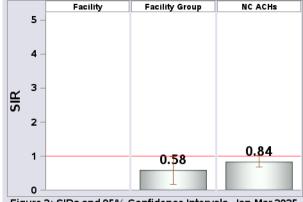
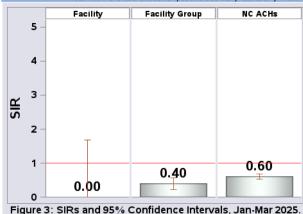


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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



1	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
- 1	Unit Type	Events	Events	Experience?			
	Facility-wide inpatient	0	1.8	Same			
	Facility-wide inpatient	0	1.8	Same			

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

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

# How Does This Facility Compare to the National Experience?

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

#### 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	Less than 1.0	No Conclusion

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

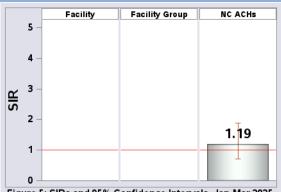


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

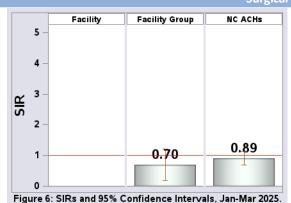


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
How Does 1				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	1	Less than 1.0	No Conclusion		

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)**

#### 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

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

0



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

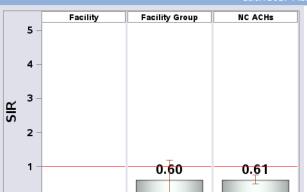


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped Wards Less than 1.0 No Conclusion 0 Less than 1.0 No Conclusion All reporting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

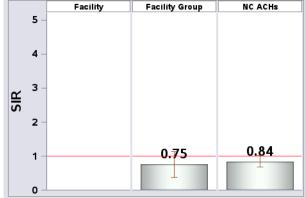


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

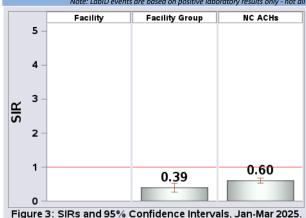


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

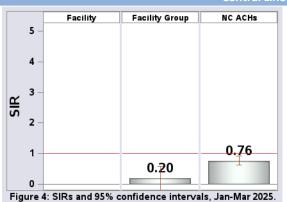
#### How Does This Facility Compare to the National Experience?

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)



lable 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Mar 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-Mar 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

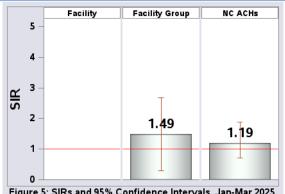


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

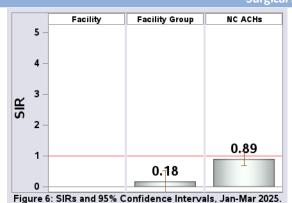


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	0	Less than 1.0	No Conclusion

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)**

#### 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	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-Mar 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 Ian May 2025

able 2. Number of Observed and Fredicted WiksA Events, Jan-Wai 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

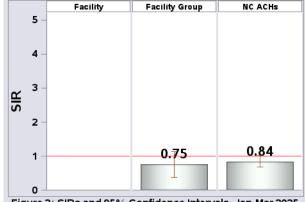


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

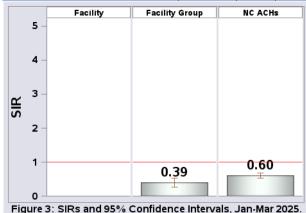


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
		How Does This Facility			
Observed	Predicted	Compare to the National			
Events	Events	Experience?			
0	Less than 1.0	No Conclusion			
	Observed	Observed Predicted Events Events			

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

Data Generated: July 9, 2025. Report Generated: July 17, 2025 NCDHHS, SHARPPS Program N.C. HAI 2025 Q1 Report

# 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 ICU and Ward Type. Jan-Mar 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)**

### 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

Central Regional Hospital, Butner, Granville County

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

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

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

# Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

# Surgical Site Infections (SSI) after Colon Surgeries

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

# **Ventilator-Associated Events (VAE)**

#### Cherokee Indian Hospital, Cherokee, Swain County

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

# 2023 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate

Admissions in 2023: 449
Patient Days in 2023: 6,366
Total Number of Beds: 17
Number of ICU Beds: 0
FTE\* Infection Preventionists: 1.25
Number of FTEs\* per 100 beds: 7.35

[\*FTE = Full-time equivalent]
[. = 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

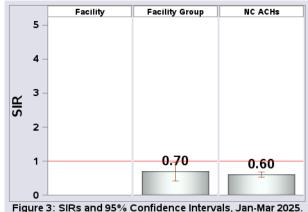


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			
Facility-wide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

Cherokee Indian Hospital, Cherokee, Swain County

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

# Central Line-Associated Bloodstream Infections (CLABSI)

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

# Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

# Surgical Site Infections (SSI) after Colon Surgeries

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

# **Ventilator-Associated Events (VAE)**

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:

Number of TOUS Affiliation:

No S4,169

54,169

0 54,169

0 259

Number of ICU Beds:

0 0 77

[\*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 Number of ICU Beds: 9 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)**

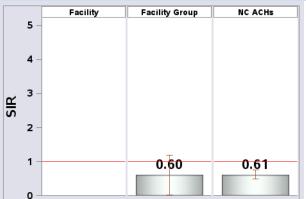


Figure 1: SIRs and 95% confidence intervals, Jan-Mar 2025

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

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

Note: LabID events are based on 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-Mar 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

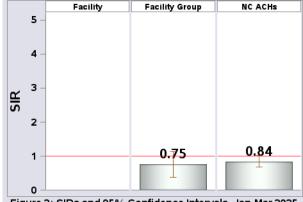


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

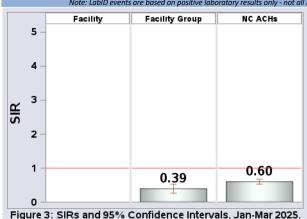


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

#### 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)

Facility **Facility Group** NC ACHS 5 SIR 0.76 0.20 Figure 4: SIRs and 95% confidence intervals, Jan-Mar 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.

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

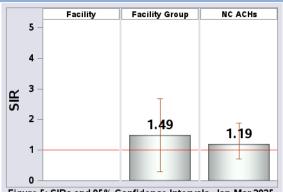


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

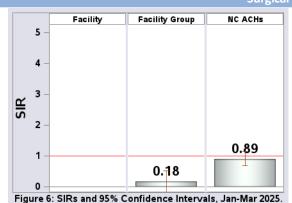


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	0	Less than 1.0	No Conclusion

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)**

#### 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)

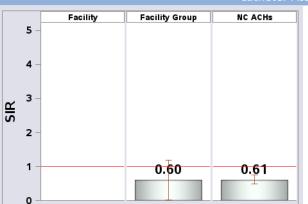


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O Less than 1.0 No Conclusion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

Table 2. Number of Observed and Fredicted WRSA Events, Jan-Wai 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

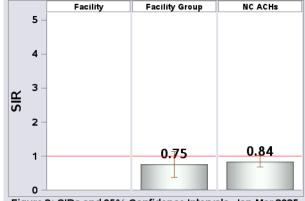


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

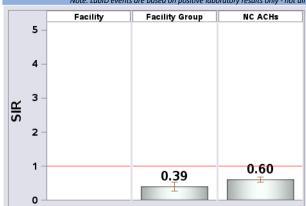


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

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

NCDHHS, SHARPPS Program

#### 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)



			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

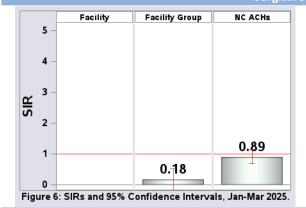


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)** 

#### 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]

0



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

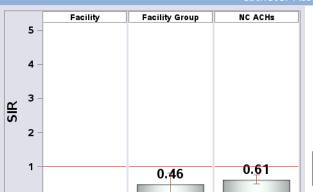


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O No Conclusion Less than 1.0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

Tubic 2: Number of Observed and Fredict	ca willon Everies, sair ivia	1 2023	
			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

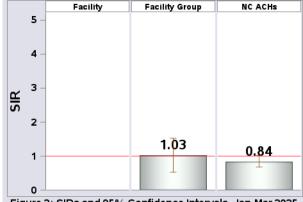


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

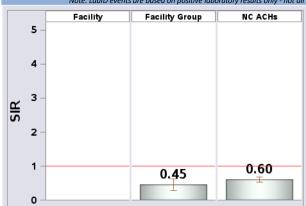


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 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?

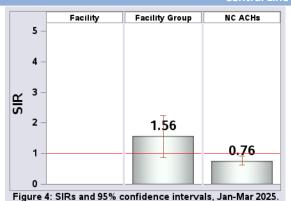
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Data Generated: July 9, 2025. Report Generated: July 17, 2025 NCDHHS, SHARPPS Program N.C. HAI 2025 Q1 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)



			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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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



# Surgical Site Infections (SSI) after Colon Surgeries

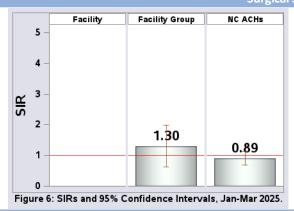


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
How Does This Facility				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

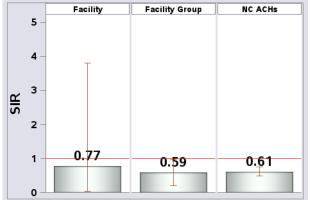
Medical Affiliation: Major Admissions in 2024: 16,685 Patient Days in 2024: 64,908 Total Number of Beds: 204 Number of ICU Beds: 28 FTE\* Infection Preventionists: 3.00 Number of FTEs\* per 100 beds: 1.47

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



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

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

able 2. Number of Observed and Fredicted WildsA Events, Jan-Wai 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

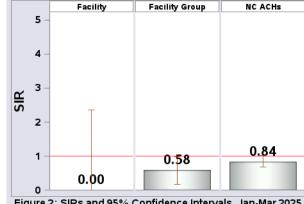


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

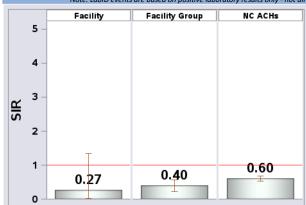


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

NCDHHS, SHARPPS Program

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

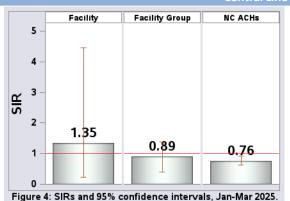
# How Does This Facility Compare to the National Experience?

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

#### **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	0	Less than 1.0	No Conclusion
Adult/Ped Wards	2	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 central 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-Mar 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

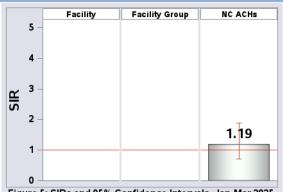


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

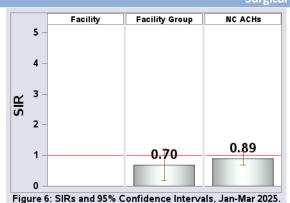


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)**

#### **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**

**Facility Group** 

**Hospital Type:** Acute Care Hospital

Medical Affiliation: Major Admissions in 2023: 22,590 Patient Days in 2023: 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]

5

3 SIR

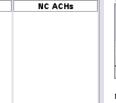
2

Facility

0.00



### Catheter-Associated Urinary Tract Infections (CAUTI



0.61

			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

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

0.59

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

Note: LabID events are based on 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, Japanese 2025

Table 2: Number of Observed and Fredeted Minor Events, July Mar 2023						
			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

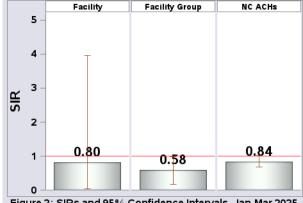


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

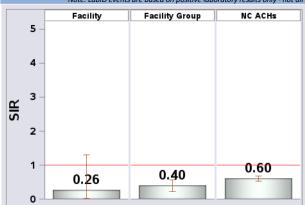


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	3.8	Same		

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

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

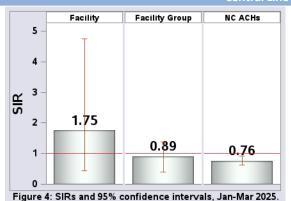
#### How Does This Facility Compare to the National Experience?

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

### **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	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	3	1.7	Same

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

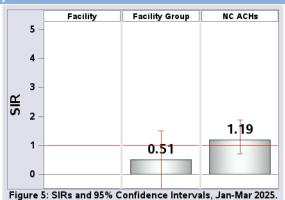
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



#### Surgical Site Infections (SSI) after Colon Surgeries

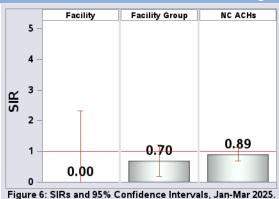


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
	How Does This Facility				
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	1.3	Same		

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

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

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

# How Does This Facility Compare to the National Experience?

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

#### **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]



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

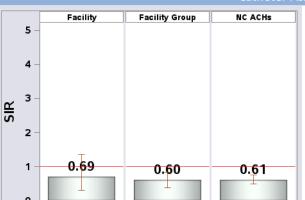


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	5	6.7	Same		
Adult/Ped Wards	2	3.4	Same		
All reporting units	7	10	Same		

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-Mar 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 Ian May 2025

able 2. Number of Observed and Fredicted MinsA Events, Jan-Mai 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	9	11	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

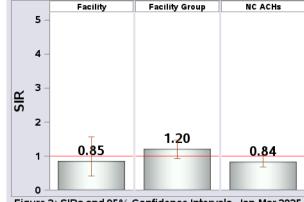


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

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

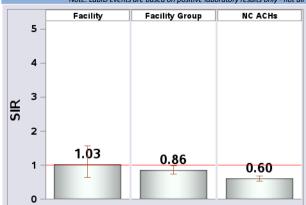


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

NCDHHS, SHARPPS Program

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	20	19	Same			

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

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

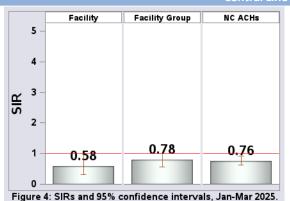
# How Does This Facility Compare to the National Experience?

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

### **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	6	13	Better
Adult/Ped Wards	5	4.7	Same
Neonatal Units	0	1.3	Same
All reporting units	11	19	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-Mar 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

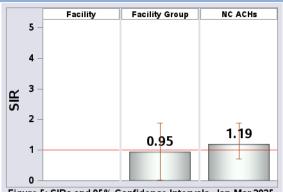
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

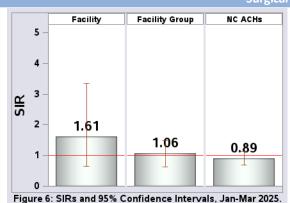


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
How Doe				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	6	3.7	Same		

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)**

#### **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]

0



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

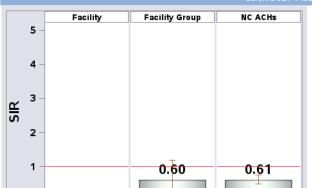


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O No Conclusion Less than 1.0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

rable 2: Hamber of Observed and Fredeted Willow Events, sair Wal 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

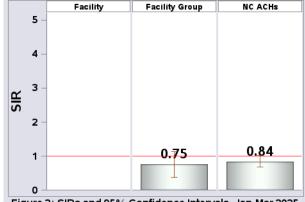


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

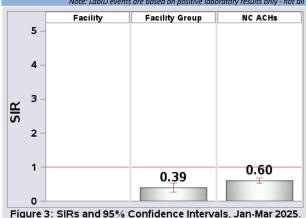


	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
How Does This F						
		Observed	Predicted	Compare to the National		
	Unit Type	Events	Events	Experience?		
	Facility-wide inpatient	1	Less than 1.0	No Conclusion		

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

#### **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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

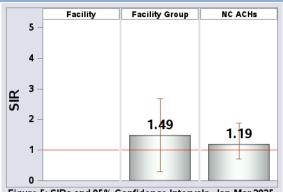


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

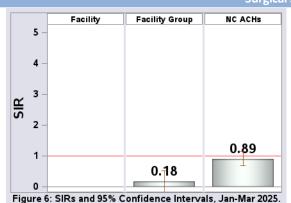


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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)**

#### 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**

**Facility Group** 

**Hospital Type:** Acute Care Hospital

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: 1.23

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

5

3 SIR

2

Facility



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

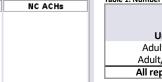


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025 **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O No Conclusion Less than 1.0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

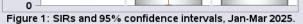
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



0.60

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

Note: LabID events are based on 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-Mar 2025 **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type Events Events Experience? Facility-wide inpatient** 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

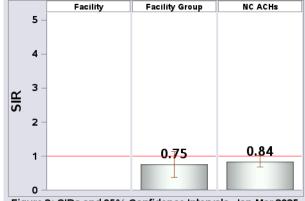


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

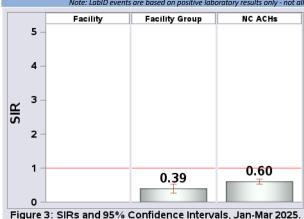


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025							
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Events	Events	Experience?			
	Facility-wide inpatient	1	Less than 1.0	No Conclusion			

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

#### 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)

Facility Facility Group NC ACHs

4 - 4 - 2 - 1 - 0.76 - 0.20 - 0 - Figure 4: SIRs and 95% confidence intervals, Jan-Mar 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.

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

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

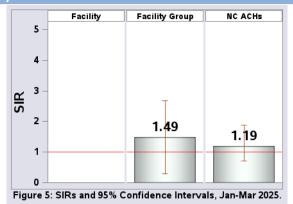
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



# 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)**

#### 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

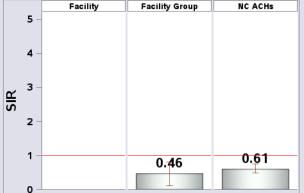
Medical Affiliation: Major Admissions in 2024: 3,105 Patient Days in 2024: 14,169 Total Number of Beds: 105 Number of ICU Beds: 8 FTE\* Infection Preventionists: 1.00 Number of FTEs\* per 100 beds: 0.95

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



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

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



Hait Time	Observed Infections	Predicted Infections	How Does This Facility Compare to the National
Unit Type	intections	intections	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-Mar 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, Japanese 2025

Table 2: Halliber of Observed and Fredicted Wildow Events, July Wal 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

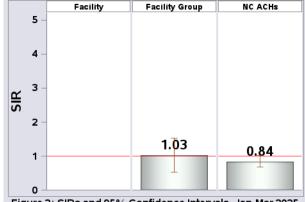


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# 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

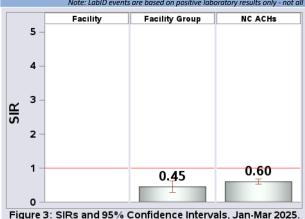


Table 3. Number of Observed and Predicte	ed CDIs, Jan-Mar 2025			
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	2	Less than 1.0	No Conclusion	

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

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

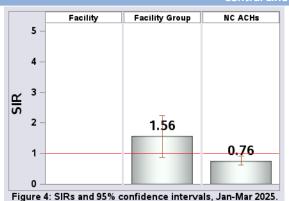
#### How Does This Facility Compare to the National Experience?

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

#### 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-Mar 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

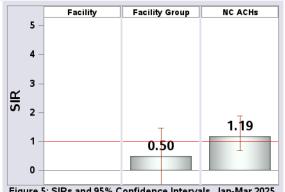
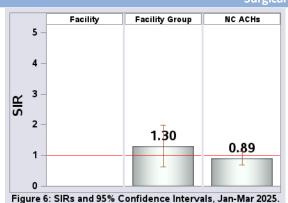


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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)**

#### 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**

**Facility Group** 

**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]

5

3 SIR

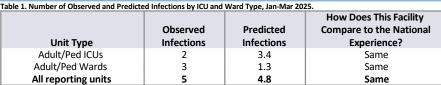
2

Facility



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

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

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



Figure 1: SIRs and 95% confidence intervals, Jan-Mar 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 IVIKSA Events, Jan-IVIar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	9	6.5	Same		
Facility-wide inpatient	9	6.5	Same		

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

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

# How Does This Facility Compare to the National Experience?

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

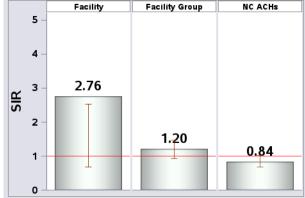
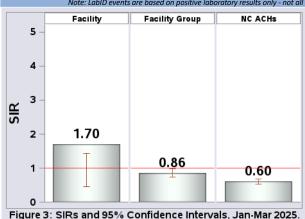


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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



Ta	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Events	Events	Experience?			
	Facility-wide inpatient	12	14	Same			
	Facility-wide inpatient	12	14	Same			

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

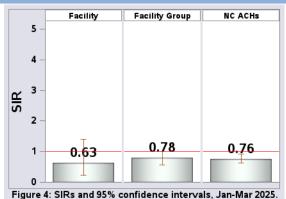
Note: Red line represents the NHSN baseline experience, 2015.

# How Does This Facility Compare to the National Experience?

### **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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	5.3	Same
Adult/Ped Wards	2	1.9	Same
Neonatal Units	1	Less than 1.0	No Conclusion
All reporting units	5	8.0	Same

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

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

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

#### How Does This Facility Compare to the National Experience?

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

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

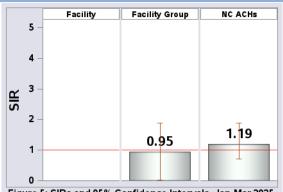


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

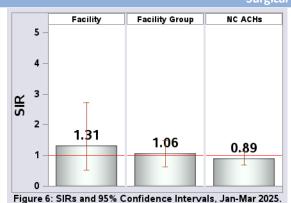


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	6	4.6	Same		

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)**

#### 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]



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

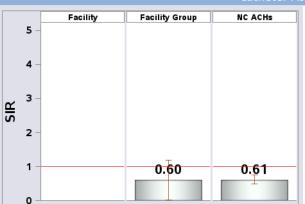


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

Table 2. Number of Observed and Fredicted WRSA Events, Jan-War 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

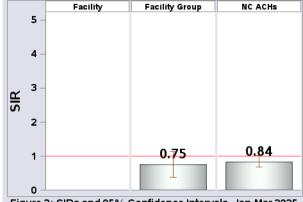


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

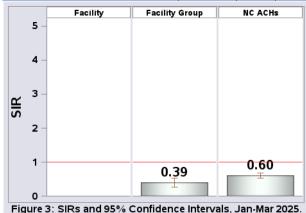


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
		How Does This Facility			
Observed	Predicted	Compare to the National			
Events	Events	Experience?			
0	Less than 1.0	No Conclusion			
	Observed	Observed Predicted Events Events			

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?

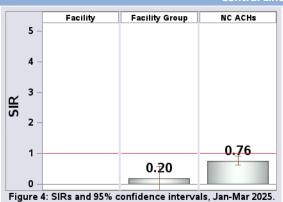
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

NCDHHS, SHARPPS Program

#### 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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

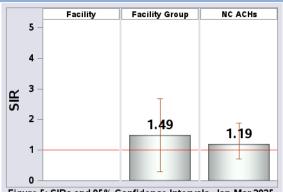


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# **Surgical Site Infections (SSI) after Colon Surgeries**

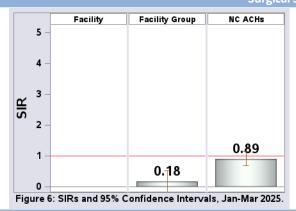


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	Less than 1.0	No Conclusion		

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)**

#### 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]



# Catheter-Associated Urinary Tract Infections (CAUTI)

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

		Facility	Facility Group	NC ACHS
	5 –	_		
	4 –			
SIR	3 –			
S	2 -			
	1 -		0.46	0.61
	ο_			

Observed Infections	Predicted Infections	Compare to the National Experience?
0	Less than 1.0	No Conclusion
1	Less than 1.0	No Conclusion
1	Less than 1.0	No Conclusion
		Infections O Less than 1.0 Less than 1.0

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-Mar 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 Ian May 2025

able 2. Number of Observed and Fredicted Winsa Events, Jan-Wai 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

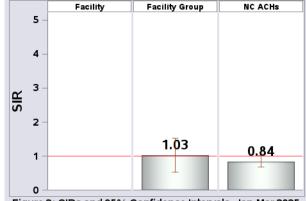


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

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

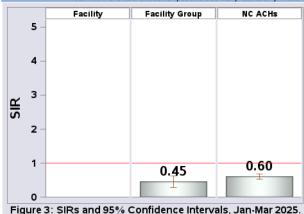


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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?

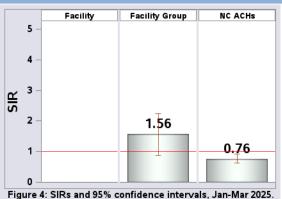
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Data Generated: July 9, 2025. Report Generated: July 17, 2025 NCDHHS, SHARPPS Program N.C. HAI 2025 Q1 Report

#### 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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

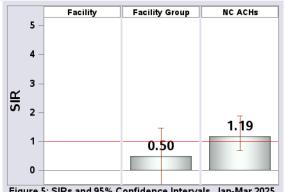


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# **Surgical Site Infections (SSI) after Colon Surgeries**



	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
Ho				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)**

#### 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

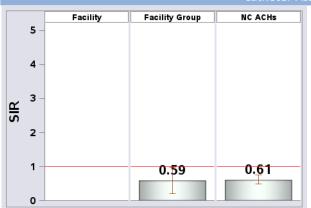


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

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

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

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

### How Does This Facility Compare to the National Experience?

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

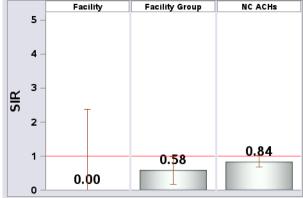
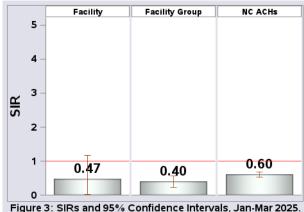


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.



Ta	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Events	Events	Experience?		
	Facility-wide inpatient	1	4.2	Same		
	Facility-wide inpatient	1	4.2	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?

#### 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	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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 2025.

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

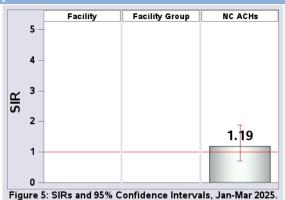
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



# Surgical Site Infections (SSI) after Colon Surgeries

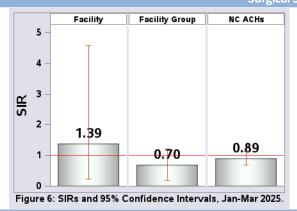


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	1.4	Same	

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

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

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

# How Does This Facility Compare to the National Experience?

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

#### **Ventilator-Associated Events (VAE)**

#### 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

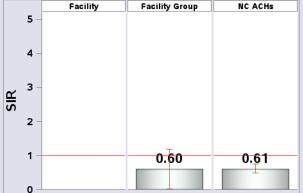
Admissions in 2024: 782 Patient Days in 2024: 1,905 Total Number of Beds: 8 Number of ICU Beds: 0 FTE\* Infection Preventionists: 0.20 Number of FTEs\* per 100 beds: 2.50

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



# Catheter-Associated Urinary Tract Infections (CAUTI)





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-Mar 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, Japanese 2025

Tuble 2: Italiber of Observed and Fredicte	a iviitor Everito, Juli iviu	1 2023	
			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

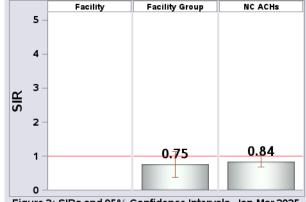
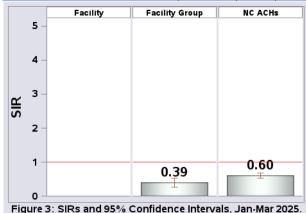


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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



ed CDIs, Jan-Mar 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

NCDHHS, SHARPPS Program

#### Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

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

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

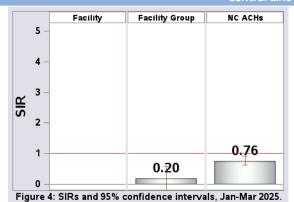


Table 4. Nulliber of Observed and Fredicte	u CLADSI IIII ECCIOIIS DY I	co and ward Type, Jan-	IVIAI ZUZJ
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	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)**

### 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**

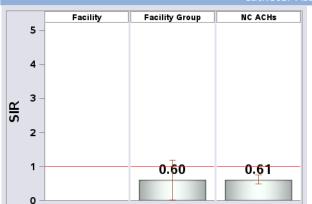
**Hospital Type:** Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2024: 2,362

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



able 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Mar 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-Mar 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, Japanese 2025

Table 2. Nulliber of Observed and Fredict	cu ivilian Everita, Jani-ivia	1 2023	
			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

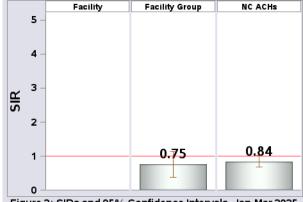


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# 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

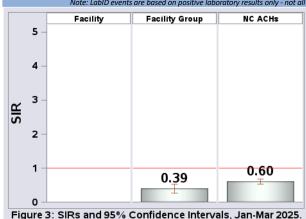


Table 3. Number of Observed and Predicte	ed CDIs, Jan-Mar 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

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

# 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)

Facility Facility Group NC ACHS

4 - 4 - 2 - 1 - 0.76 - 0.20 0 - Figure 4: SIRs and 95% confidence intervals, Jan-Mar 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.

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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

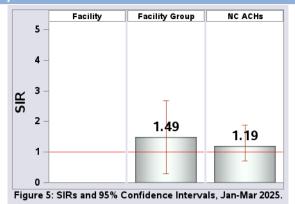
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



### **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)**

#### 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

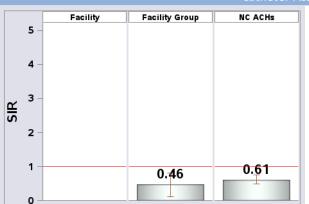


Table 1. Number of Observed and Predicte	able 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	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-Mar 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 Predicted MRSA Events, Jan-Mar 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	
Facility-wide inpatient	2	Less than 1.0	No Conclusion	

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

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

# How Does This Facility Compare to the National Experience?

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

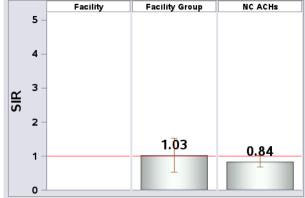
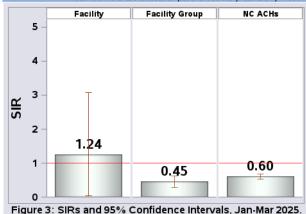


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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



NCDHHS, SHARPPS Program

	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025				
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Events	Events	Experience?	
	Facility-wide inpatient	1	1.6	Same	
ĺ	Facility-wide inpatient	1	1.6	Same	

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

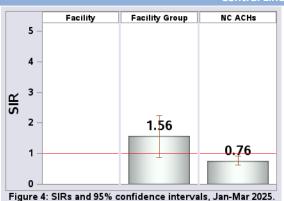
Note: Red line represents the NHSN baseline experience, 2015.

# How Does This Facility Compare to the National Experience?

### 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	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-Mar 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

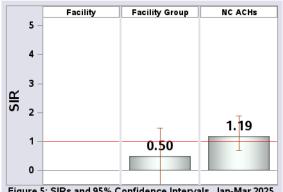


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries



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

#### **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

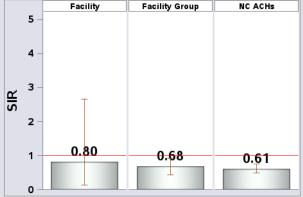
Medical Affiliation: Graduate Admissions in 2024: 25,424 Patient Days in 2024: 136,198 Total Number of Beds: 497 Number of ICU Beds: 68 FTE\* Infection Preventionists: 1.00 Number of FTEs\* per 100 beds: 0.20

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



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





Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.4	Same
Adult/Ped Wards	2	1.1	Same
All reporting units	2	2.5	Same

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

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

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

#### How Does This Facility Compare to the National Experience?

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

### Figure 1: SIRs and 95% confidence intervals, Jan-Mar 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 IVINGA Events, Jan-IVIai 2025					
				How Does This Facility	
		Observed	Predicted	Compare to the National	
Unit 1	уре	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

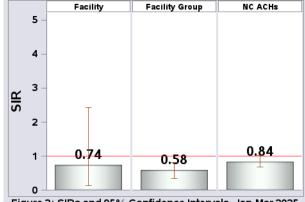


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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-Mar 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	4	12	Better	

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

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

#### How Does This Facility Compare to the National Experience?

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

#### **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	0	2.0	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	0	2.5	Same

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

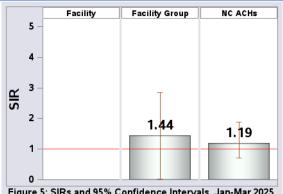


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

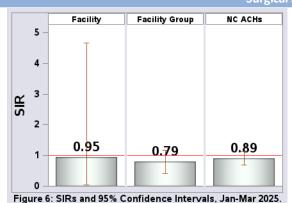


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	1	1.1	Same

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

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

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

# How Does This Facility Compare to the National Experience?

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

#### **Ventilator-Associated Events (VAE)**

#### **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)**

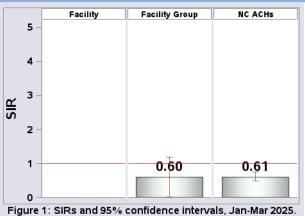


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All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

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

Note: LabID events are based on 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-Mar 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide innationt	0	Loss 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

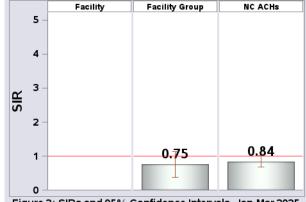


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

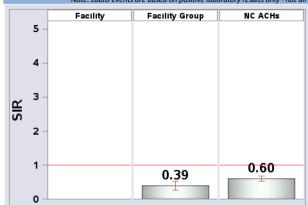


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

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

#### **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)**



			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.

# **Ventilator-Associated Events (VAE)**

### 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**

0.85

**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

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

Number of FTEs\* per 100 beds:



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

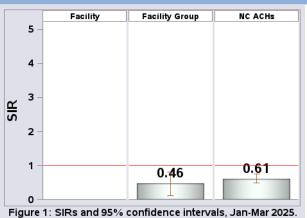


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

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

Note: LabID events are based on 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-Wai 2025					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Events	Events	Experience?		
l	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

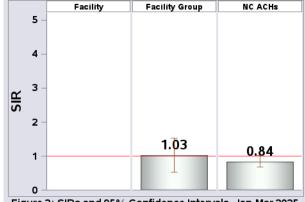


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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-Mar 2025						
		How Does This Facility				
Observed	Predicted	Compare to the National				
Events	Events	Experience?				
1	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

Data Generated: July 9, 2025. Report Generated: July 17, 2025 NCDHHS, SHARPPS Program N.C. HAI 2025 Q1 Report

#### Haywood Regional Medical Center, Clyde, Haywood County

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

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



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

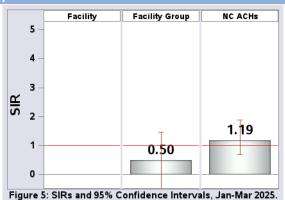
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



# Surgical Site Infections (SSI) after Colon Surgeries

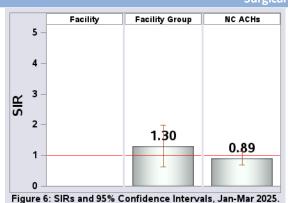


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
How Does This Facility							
		Observed	Predicted	Compare to the National			
	Unit Type	Infections	Infections	Experience?			
	Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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)**

### High Point Regional Health System, High Point, Guilford County

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

# **2024 Hospital Survey Information**

Hospital Type: Acute Care Hospital

Medical Affiliation:MajorAdmissions in 2024:18,519Patient Days in 2024:68,013Total Number of Beds:304Number of ICU Beds:28FTE\* Infection Preventionists:2.60Number 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 Dradicted Infections by ICU and Ward Type. Jon May 202

		Facility	Facility Group	NC ACHs
	5 –			
	4 –	_		
SIR	3 –			
S	2 -			
	1 -	0.72	0.59	0.61
	0 -			

	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	1	Less than 1.0	No Conclusion
All reporting units	1	1.4	Same

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

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

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

#### How Does This Facility Compare to the National Experience?

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

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

			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	0	1.6	Same
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?

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

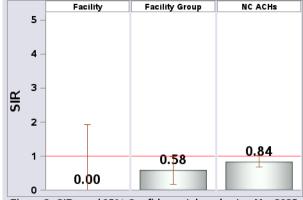


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

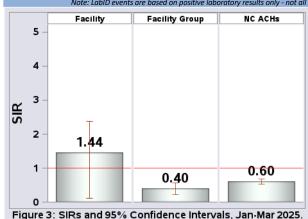


	Table 3. Number of Observed and Predicte	ed CDIs, Jan-Mar 2025		
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
	Facility-wide inpatient	2	2.8	Same
ĺ	Facility-wide inpatient	2	2.8	Same

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?

### High Point Regional Health System, High Point, Guilford County

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

# Central Line-Associated Bloodstream Infections (CLABSI)

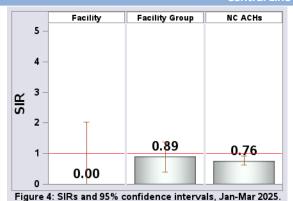


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Mar 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	1.5	Same	

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

Note: SIR not calculated if <50 central 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-Mar 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-Mar 2025

# **Surgical Site Infections (SSI) after Colon Surgeries**

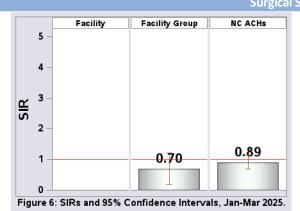


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
How Does This Facility					
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	Less than 1.0	No Conclusion		

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)**

# 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.

# **2024 Hospital Survey Information**

Hospital Type: Long-term Acute Care Hospital

Admissions in 2024: 264
Patient Days in 2024: 13,507
Total Number of Beds: 66
FTE\* Infection Preventionists: Number of FTEs\* per 100 beds: .

Facility

3.48

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

5

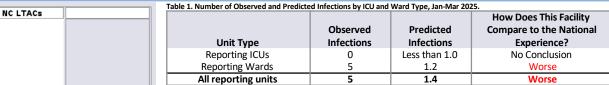
2

0

SIR



# Catheter-Associated Urinary Tract Infections (CAUTI)



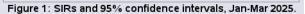
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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?

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



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

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

Note from NCDHHS: MRSA is not reportable at this facility type after 2018Q3

1.00

# Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: 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.

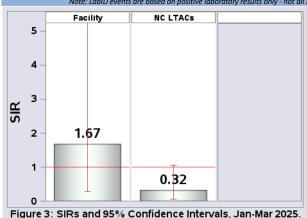


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	1.2	Same		
Facility-wide inpatient		Less than 1.0	No Conclusion		

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

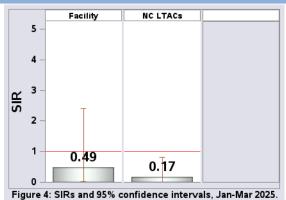
Note: Red line represents the NHSN baseline experience, 2015.

#### How Does This Facility Compare to the National Experience?

# **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)**



			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	1	1.6	Same
All reporting units	1	2.1	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-Mar 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: SSIs are not reportable at this facility type

# Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS: SSIs are not reportable at this facility type

# **Ventilator-Associated Events (VAE)**

#### **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 2 0.60 0.61

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

Table 2. Number of Observed and Fredict	eu minom Evento, Jan-ivia	1 2023	
			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

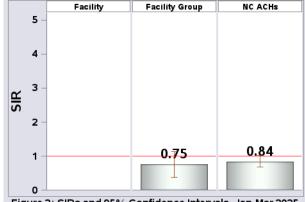


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

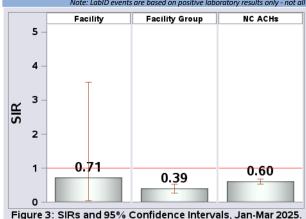


Table 3. Number of Observed and Predicte	ed CDIs, Jan-Mar 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	1	1.4	Same

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?

#### **Hugh Chatham Memorial Hospital, Elkin, Surry 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

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

# Surgical Site Infections (SSI) after Colon Surgeries

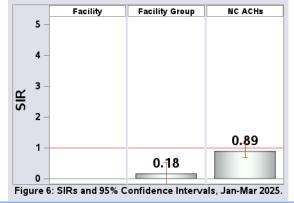


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	0	Less than 1.0	No Conclusion

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)** 

#### 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.

Iredell Davis Behavioral Health, Statesville, Iredell County

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

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

# Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

# Surgical Site Infections (SSI) after Colon Surgeries

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

# **Ventilator-Associated Events (VAE)**

#### 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

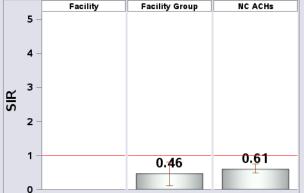
Medical Affiliation:NoAdmissions in 2024:12,810Patient Days in 2024:44,685Total Number of Beds:199Number of ICU Beds:16FTE\* Infection Preventionists:1.00Number of FTEs\* per 100 beds:0.50

[\*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-Mar 2025.



	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-Mar 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.

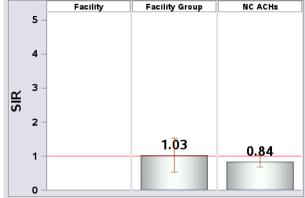
able 2. Number of Observed and Fredicted Wilds Events, Jan-Ivial 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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



**How Does This Facility** 

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

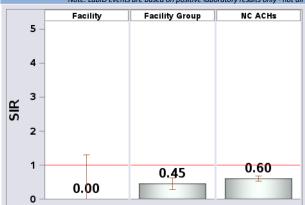


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

NCDHHS, SHARPPS Program

Table 3. Number of Observed and Predict	ed CDIs, Jan-Mar 2025		
			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.

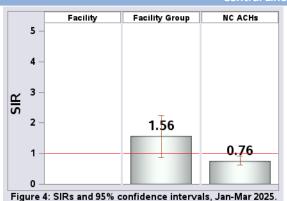
Note: Red line represents the NHSN baseline experience, 2015.

# How Does This Facility Compare to the National Experience?

#### Iredell Memorial Hospital, Statesville, Iredell County

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

# Central Line-Associated Bloodstream Infections (CLABSI)



			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	Less than 1.0	No Conclusion
All reporting units	4	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-Mar 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

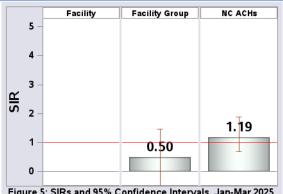
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

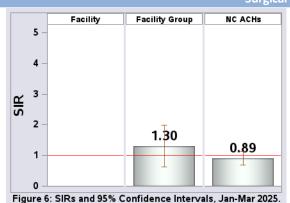


Table 6. Number of Observed and Predicte	a SSI intections (colon s	urgeries), Jan-Mar 2025.	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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)**

#### 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)**

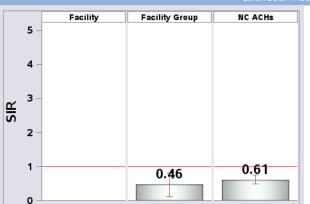


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All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

able 2. Hamber of Observed and Fredicted Witton Events, July Wal 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

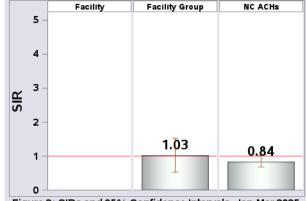


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

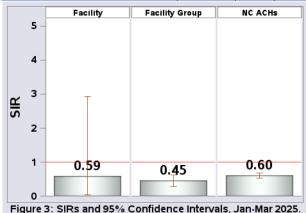


Table 3. Number of Observed and Predicte	ed CDIs, Jan-Mar 2025		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	1	1.7	Same

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?

#### Johnston Health, Smithfield, Johnston County

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

# Central Line-Associated Bloodstream Infections (CLABSI)



			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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

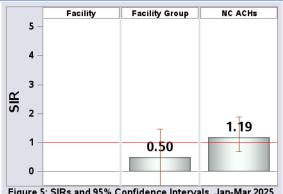
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries



ole 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 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)**

#### 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-Mar 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-Mar 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, Japanese 2025

Table 2: Namber of Observed and Fredicted Willow Events, sair Mai 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

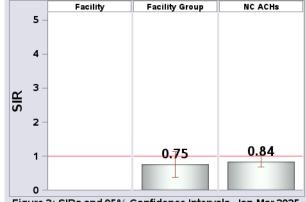


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

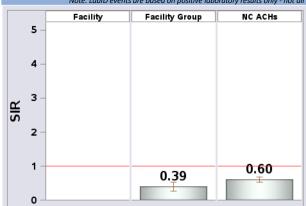


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 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)

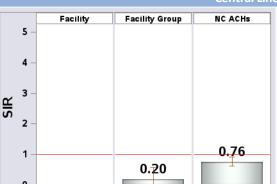


Figure 4: SIRs and 95% confidence intervals, Jan-Mar 2025.

able 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Iviar 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-Mar 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

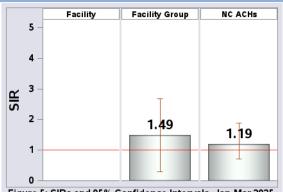
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

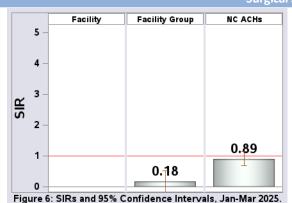


Table 6. Number of Observed and Predicte	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Iviar 2025.					
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	0	Less than 1.0	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)**

# 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]



# 5 - Facility NC LTACs 4 - 4 - 2 - 2 - 1 - 0.95 1.00

# Catheter-Associated Urinary Tract Infections (CAUTI)

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

ı		Observed	Predicted	How Does This Facility Compare to the National
ı	Unit Type	Infections	Infections	Experience?
l	Reporting Wards	1	1.0	Same
l	All reporting units	1	1.0	Same

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

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

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

#### **How Does This Facility Compare to the National Experience?**

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

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

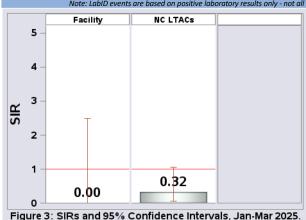


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	1.2	Same		
Facility-wide inpatient		Less than 1.0	No Conclusion		

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

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

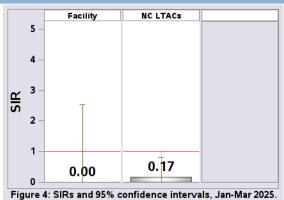
# How Does This Facility Compare to the National Experience?

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

# 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)**



rable 4. Number of Observed and Fredicted CLABSI finections by ICO and Ward Type, Jan-Ivial 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Reporting Wards	0	1.2	Same	
All reporting units	0	1.2	Same	

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

Note: SIR not calculated if <50 central 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: SSIs are not reportable at this facility type

# Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS: 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: 0 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)**

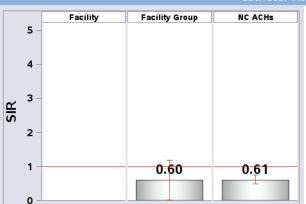


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped Wards Less than 1.0 No Conclusion 0 Less than 1.0 No Conclusion All reporting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

able 2. Humber of observed and recalcted winds Events, July War 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

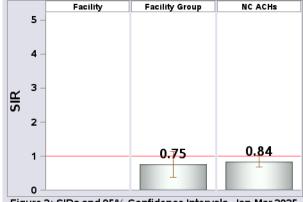


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

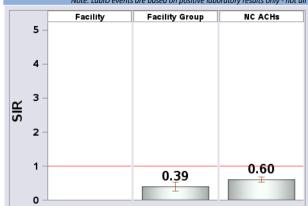


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 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, SHARPPS Program

# Kings Mountain Hospital, Kings Mountain, Cleveland County

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

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

Facility Facility Group NC ACHs

4

4

0.76

0.20

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

Table 4. Number of Observed and Predicted CLARSI Infections by ICU and Ward Type. Jan-Mar 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)**

#### Lake Norman Regional Medical Center, Mooresville, Iredell County

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

#### **2023 Hospital Survey Information**

1.20

0.98

Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2023: 4.039 Patient Days in 2023: 13,428 Total Number of Beds: 123 Number of ICU Beds: 12

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

0

FTE\* Infection Preventionists:



# Facility **Facility Group** NC ACHS 5 3 SIR 2 0.61 0.49

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

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

Table 2. Number of Observed and Fredicted WiksA Events, Jan-Wai 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

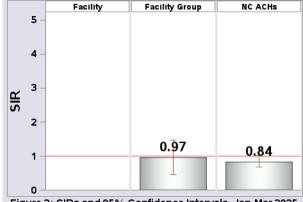


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

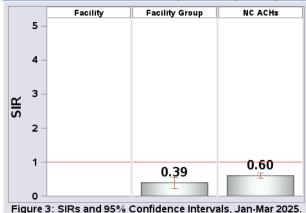


Table 3	Number of Observed and Predicte	ed CDIs, Jan-Mar 2025		
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
F	acility-wide inpatient	0	Less than 1.0	No Conclusion

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?

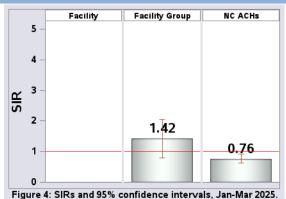
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Data Generated: July 9, 2025. Report Generated: July 14, 2025 NCDHHS, SHARPPS Program N.C. HAI 2025 Q1 Report

#### Lake Norman Regional Medical Center, Mooresville, Iredell County

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

# Central Line-Associated Bloodstream Infections (CLABSI)



			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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

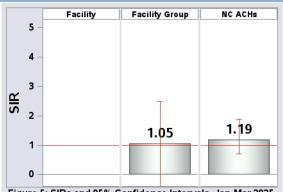
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

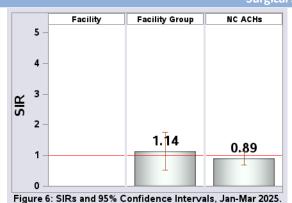


Table 6. Number of Observed and Predicted SSI infections (colon surgeries), Jan-Iviar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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)**

#### 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**

Hospital Type: Acute Care Hospital 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-Mar 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-Mar 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-Mar 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
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

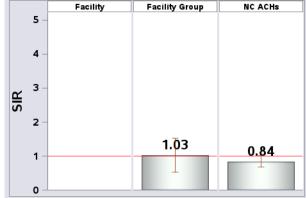
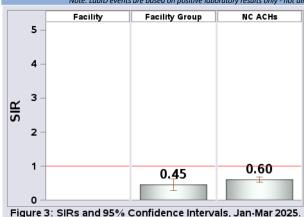


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# 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.



NCDHHS, SHARPPS Program

T	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 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		
	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.

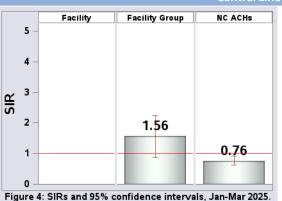
# How Does This Facility Compare to the National Experience?

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

#### **Lenoir Memorial Hospital, Kinston, Lenoir County**

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

# Central Line-Associated Bloodstream Infections (CLABSI)



			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 central 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-Mar 2025.

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

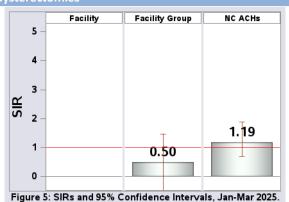
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



# Surgical Site Infections (SSI) after Colon Surgeries

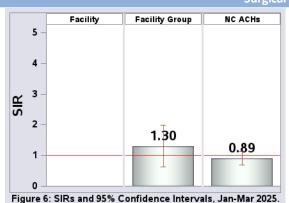


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
How Does This Facility						
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	2	Less than 1.0	No Conclusion		

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)**

#### 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:MajorAdmissions in 2024:4,360Patient Days in 2024:21,164Total Number of Beds:124Number of ICU Beds:8FTE\* Infection Preventionists:1.00Number of FTEs\* per 100 beds:0.81

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



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

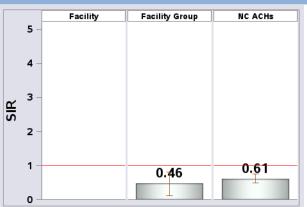


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

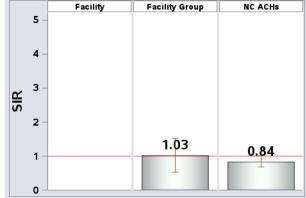
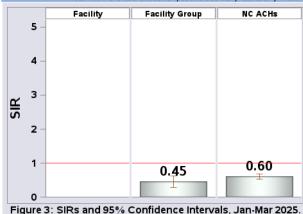


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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, SHARPPS Program

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

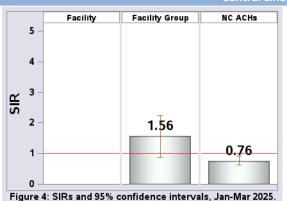
# How Does This Facility Compare to the National Experience?

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

#### 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	Less than 1.0	No Conclusion

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

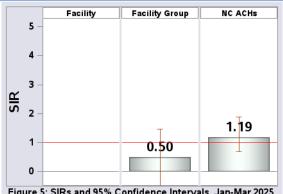
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# **Surgical Site Infections (SSI) after Colon Surgeries**

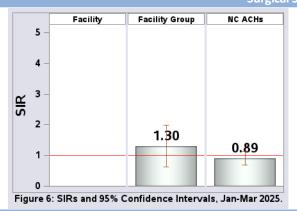


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
How Does This Facility						
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)**

#### 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]

0



# Catheter-Associated Urinary Tract Infections (CAUTI)

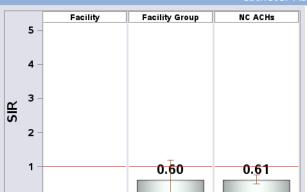


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped Wards Less than 1.0 No Conclusion 0 Less than 1.0 No Conclusion All reporting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

able 2: Number of Observed und Fredicted Willow Events, July Wal 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

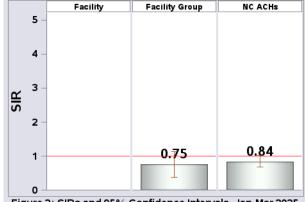


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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-Mar 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

#### 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)**

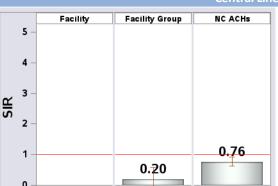


Figure 4: SIRs and 95% confidence intervals, Jan-Mar 2025.

Ic	Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Iviar 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-Mar 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

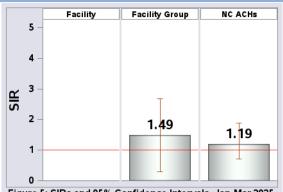
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

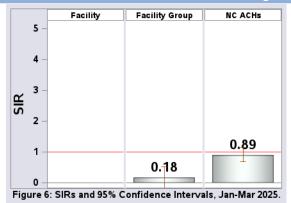


Table 6. Number of Observed and Predicted 551 Infections (colon surgeries), Jan-Iviar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)**

#### 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]



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

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

		Facility	Facility Group	NC ACHS
	5 –			
	4 -			
SIR	3 –			
,	2 -			
	1 -	0.52	0.68	0.61
			_	

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	3.5	Same
Adult/Ped Wards	1	2.3	Same
All reporting units	3	5.8	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-Mar 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

rable 2: Hamber of Observed and Fredeted Willow Events, sair Wal 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	6.3	Same		

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

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

# How Does This Facility Compare to the National Experience?

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

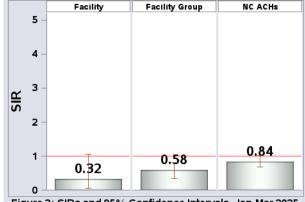


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

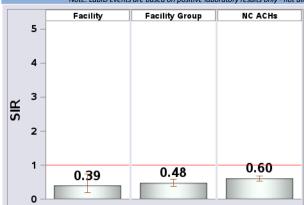


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025						
How Does This Facility						
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	8	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

#### Mission Hospital, Asheville, Buncombe County

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

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

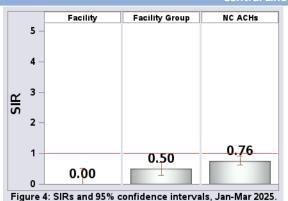


Table 4. Number of Observed and Predicted CLABSI infections by ICO and Ward Type, Jan-Iviar 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	3.6	Better	
Adult/Ped Wards	0	1.8	Same	
Neonatal Units	0	Less than 1.0	No Conclusion	
All reporting units	0	5.7	Better	

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

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

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

#### **How Does This Facility Compare to the National Experience?**

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

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

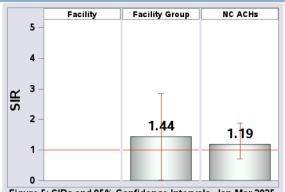


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

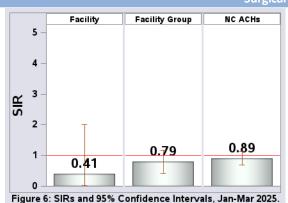


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
How Does This Facility						
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	1	2.5	Same			

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

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

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

# How Does This Facility Compare to the National Experience?

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

#### **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

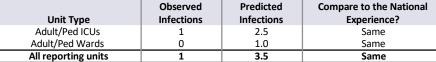
Medical Affiliation: Major Admissions in 2024: 30,677 Patient Days in 2024: 170,192 Total Number of Beds: 581 Number of ICU Beds: 109 FTE\* Infection Preventionists: 3.30 Number of FTEs\* per 100 beds: 0.57

[\*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-Mar 2025. **How Does This Facility** Observed **Predicted** 



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

Note: SIR not calculated if <50 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

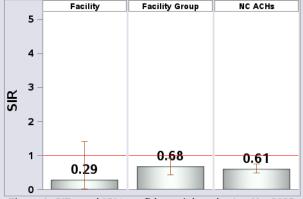


Figure 1: SIRs and 95% confidence intervals, Jan-Mar 2025

# 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-Mar 2025

			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	3	3.1	Same
Facility-wide inpatient	3	3.1	Same

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

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

# How Does This Facility Compare to the National Experience?

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

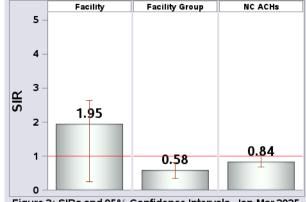


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

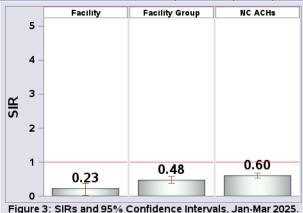


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	18	Better		
Facility-wide inpatient	2	18	Better		

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)



			How Does This Facility
Unit Type	Observed Infections	Predicted Infections	Compare to the National Experience?
Adult/Ped ICUs	1	2.7	Same
Adult/Ped Wards	0	1.2	Same
All reporting units	1	3.8	Same

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

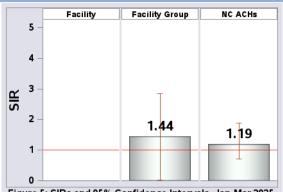
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

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

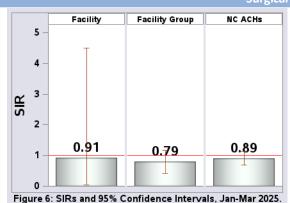
#### How Does This Facility Compare to the National Experience?

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



#### Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 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)**

#### 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)

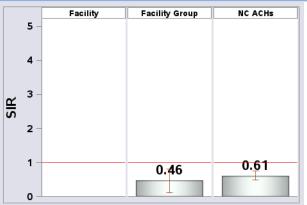


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	1	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

Table 2. Halliber of Observed and Fredeted Willow Events, July 1914 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	3	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

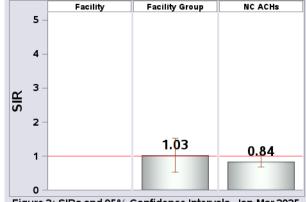


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

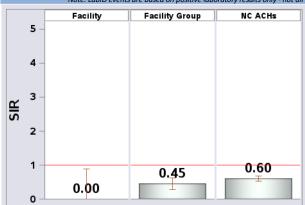


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025				
		How Does This Facility		
Observed	Predicted	Compare to the National		
Events	Events	Experience?		
0	3.4	Better		
	Observed	Observed Predicted Events Events		

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

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

#### 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	Less than 1.0	No Conclusion

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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

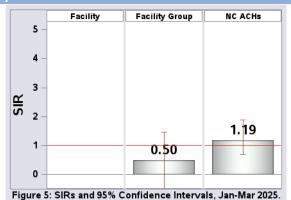
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



# Surgical Site Infections (SSI) after Colon Surgeries

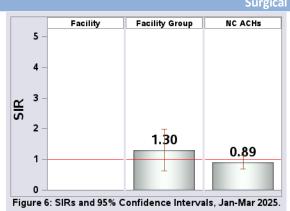


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	2	Less than 1.0	No Conclusion

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)**

#### 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]



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

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

		Facility	Facility Group	NC ACHs
	5 –			
	4 -			
SIR	3 –			
S	2 -	Ţ		
	1 -	1.05	0.68	

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	2.8	Same
Adult/Ped Wards	3	1.9	Same
All reporting units	5	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-Mar 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-Mar 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	5	4.1	Same			
Facility-wide inpatient	5	4.1	Same			

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

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

#### How Does This Facility Compare to the National Experience?

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

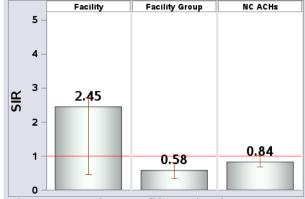
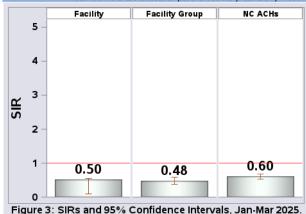


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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



Ta	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025				
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Events	Events	Experience?	
	Facility-wide inpatient	5	20	Better	
	Facility-wide inpatient	5	20	Better	

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

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

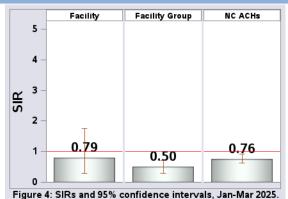
# How Does This Facility Compare to the National Experience?

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

#### 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)



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	3	3.2	Same
Adult/Ped Wards	0	2.3	Same
Neonatal Units	2	Less than 1.0	No Conclusion
All reporting units	5	6.3	Same

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

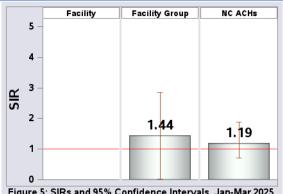


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

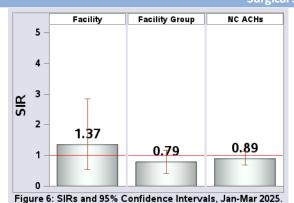


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	6	4.4	Same

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)**

#### 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)**

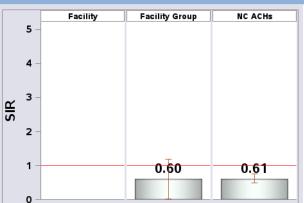


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped Wards Less than 1.0 No Conclusion 0 Less than 1.0 No Conclusion All reporting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

able 2. Namber of Observed and Fredeted Wilder Events, July Wal 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

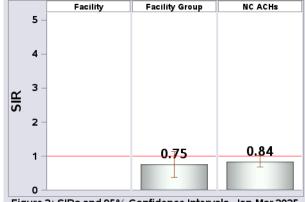


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

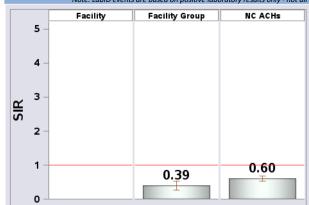


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

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

#### 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)**



			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)**

#### 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]



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

		Facility	Facility Group	NC ACHs
	5 –			
	4 –			
SIR	3 –			
,	2 -			
	1 -		0.46	0.61
	0			

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-Mar 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, Japanese 120, May 2025

rable 2. Halliber of Observed and Fredicted Willow Events, July Wal 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

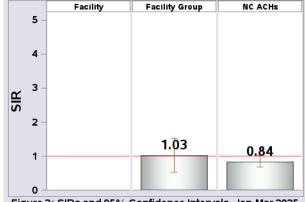


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

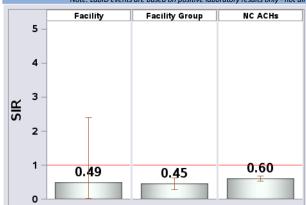


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	1	2.1	Same	

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

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

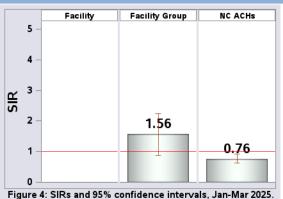
#### How Does This Facility Compare to the National Experience?

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

# 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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

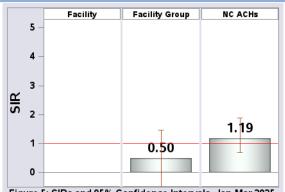


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# **Surgical Site Infections (SSI) after Colon Surgeries**

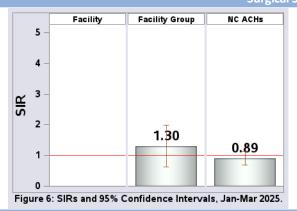


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	Less than 1.0	No Conclusion	

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)**

#### 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]



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

	Facility	Facility Group	NC ACHs
5 –			
4 –			
S 3 − 3 −			
2 –			
1 -		0.60	0.61
0 -			

			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-Mar 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, Japanese 2025

Table 2: Number of Observed and Fredicted Willow Events, July Wall 1944						
			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

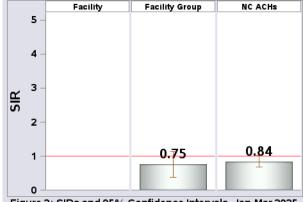


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

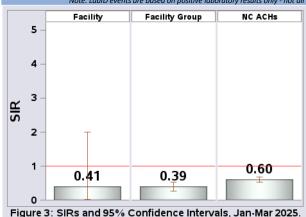


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	2.5	Same		

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

#### Novant Health Brunswick Medical Center, Bolivia, Brunswick County

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

# Central Line-Associated Bloodstream Infections (CLABSI)



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

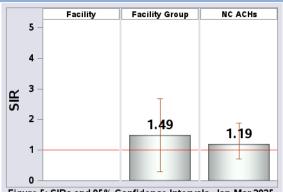


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# **Surgical Site Infections (SSI) after Colon Surgeries**

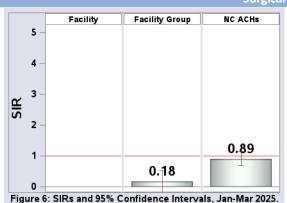


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
How Does This Facili						
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)**

#### 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)

Note: LabID events are based on 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-Mar 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
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

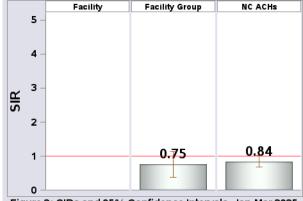


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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 rate

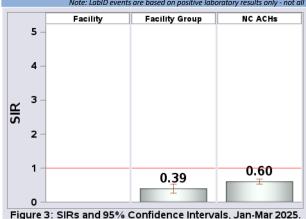


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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 Charlotte Orthopedic Hospital, Charlotte, Mecklenburg County

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

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

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

# Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

# Surgical Site Infections (SSI) after Colon Surgeries

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

# **Ventilator-Associated Events (VAE)**

#### 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

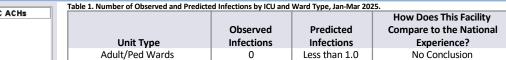
Admissions in 2024: 3.721 Patient Days in 2024: 7,499 Total Number of Beds: 36 Number of ICU Beds: 0 FTE\* Infection Preventionists: 0.50 Number of FTEs\* per 100 beds: 1.39

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



# Catheter-Associated Urinary Tract Infections (CAUTI)

All reporting units



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

Less than 1.0

No Conclusion

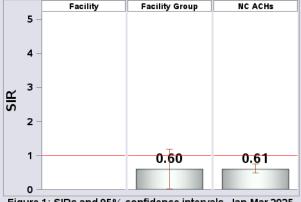


Figure 1: SIRs and 95% confidence intervals, Jan-Mar 2025

# 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, Japanese 2025

rubic 2: Number of Observed and Fredict	ca willon Events, Juli Wie	LULU	
			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

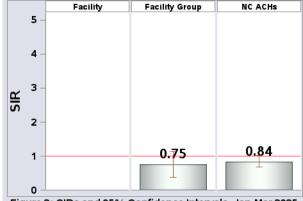


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

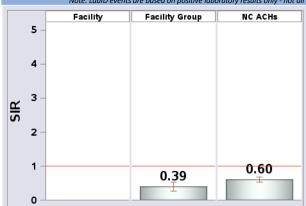


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

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

Data Generated: July 9, 2025. NCDHHS, SHARPPS Program

#### **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)**



able 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Mar 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

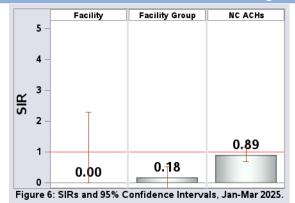


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
How Does This							
		Observed	Predicted	Compare to the National			
	Unit Type	Infections	Infections	Experience?			
	Facility-wide inpatient	0	1.3	Same			

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

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

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

#### How Does This Facility Compare to the National Experience?

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

#### **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.

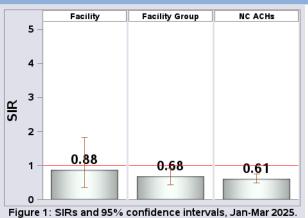
#### **2024 Hospital Survey Information Hospital Type:** Acute Care Hospital Medical Affiliation: Major

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)



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	4.6	Same
Adult/Ped Wards All reporting units	6	2.3 <b>6.9</b>	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

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

Note: LabID events are based on 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-Mar 2025 **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type Events Events** Experience? **Facility-wide inpatient** 6.1 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

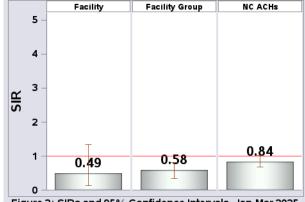


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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-Mar 2025								
			How Does This Facility					
	Observed	Predicted	Compare to the National					
Unit Type	Events	Events	Experience?					
Facility-wide inpatient	19	29	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 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	3	4.9	Same
Adult/Ped Wards	0	1.7	Same
Neonatal Units	1	Less than 1.0	No Conclusion
All reporting units	4	6.9	Same

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

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

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

# How Does This Facility Compare to the National Experience?

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

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

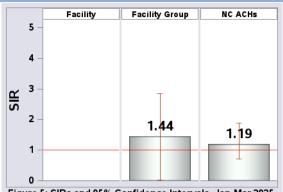


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

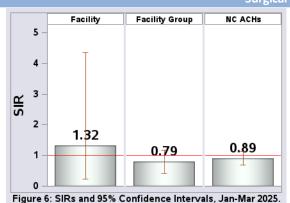


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	2	1.5	Same			

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

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

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

# How Does This Facility Compare to the National Experience?

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

#### **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

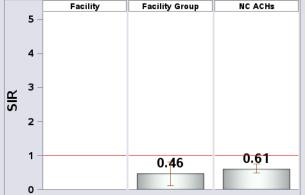
Medical Affiliation: Major Admissions in 2024: 14,058 Patient Days in 2024: 48,352 Total Number of Beds: 193 Number of ICU Beds: 12 FTE\* Infection Preventionists: 1.40 Number of FTEs\* per 100 beds: 0.73

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



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

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

Table 2. Number of Observed and Fredicte	a ivilian Everita, Jan-ivia	1 2023	
			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

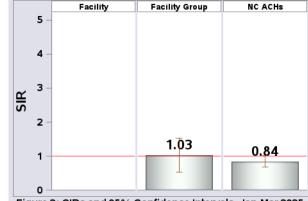


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

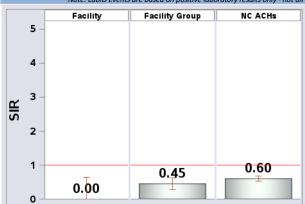


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025							
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Events	Events	Experience?			
	Facility-wide inpatient	0	4.7	Better			

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

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

# How Does This Facility Compare to the National Experience?

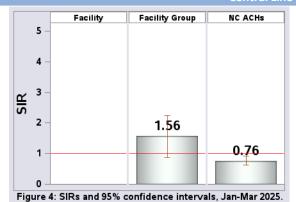
★ Better: Fewer infections than predicted by the national baseline experience

Report Generated: July 17, 2025 NCDHHS, SHARPPS Program N.C. HAI 2025 Q1 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	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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

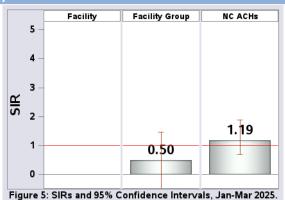
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



# Surgical Site Infections (SSI) after Colon Surgeries

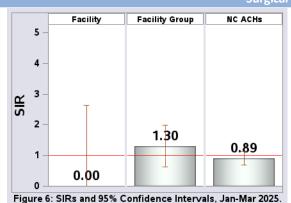


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	0	1.1	Same

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

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

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

# How Does This Facility Compare to the National Experience?

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

#### **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:



# Facility **Facility Group** NC ACHS 5 3 SIR 2 0.61 0.460

# Catheter-Associated Urinary Tract Infections (CAUTI)

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

Tuble 2: Italiber of Observed and Fredicte	d willon Everies, suit ivid	1 2023	
			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

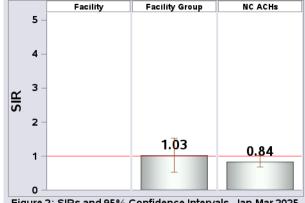
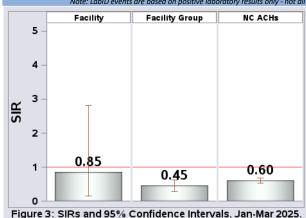


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.



NCDHHS, SHARPPS Program

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025				
		How Does This Facility		
Observed	Predicted	Compare to the National		
Events	Events	Experience?		
2	2.4	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

# 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.

Note: SIR not calculated if <50 central 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 551 Infections (colon surgeries), Jan-Iviar 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)**

# 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)

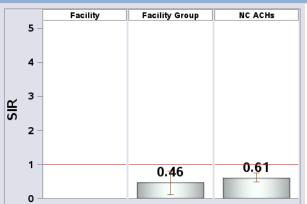


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

Table 2. Number of Observed and Fredicted WRSA Events, Jan-Wai 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

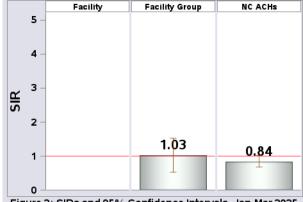


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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-Mar 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

# Novant Health Matthews Medical Center, Matthews, Mecklenburg County

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

# Central Line-Associated Bloodstream Infections (CLABSI)



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

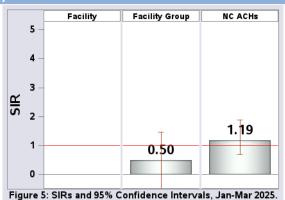
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



# Surgical Site Infections (SSI) after Colon Surgeries

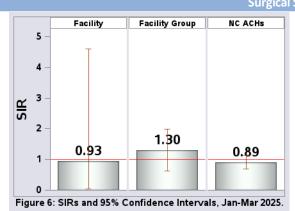


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	1	1.1	Same			

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

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

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

# How Does This Facility Compare to the National Experience?

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

# **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** Acute Care Hospital

**Hospital Type:** 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]

0



# Catheter-Associated Urinary Tract Infections (CAUTI)



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

table 2. Halliber of Observed and Fredeted Hillor Events, July Hall 2023						
			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

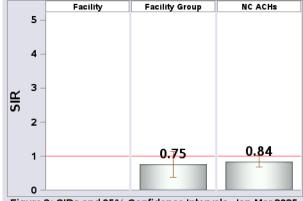


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

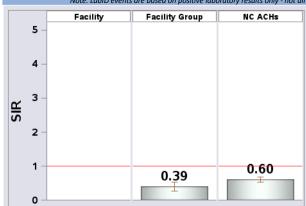


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

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

# Novant Health Medical Park Hospital, Winston Salem, Forsyth County

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

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

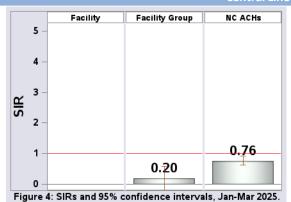


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Mar 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	Less than 1.0	No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

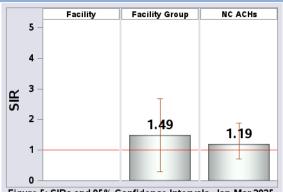
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



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

# Surgical Site Infections (SSI) after Colon Surgeries

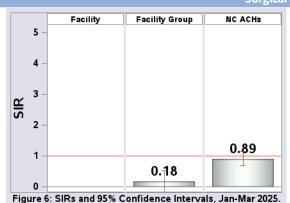


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Iviar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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)**

### 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 2023: 3,059 Patient Days in 2023: 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-Mar 2025

1				How Does This Facility
ı		Observed	Predicted	Compare to the National
1	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

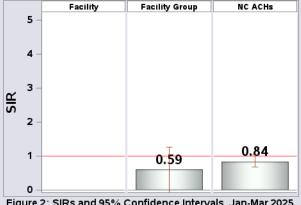


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

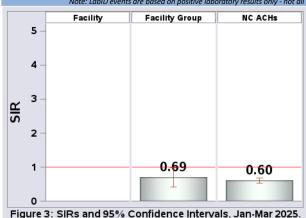


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
		How Does This Facility			
Observed	Predicted	Compare to the National			
Events	Events	Experience?			
0	Less than 1.0	No Conclusion			
	Observed	Observed Predicted Events Events			

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

Novant Health New Hanover Orthopedic Hospital, Wilmington, New Hanover County

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

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

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

# Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

# Surgical Site Infections (SSI) after Colon Surgeries

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

# **Ventilator-Associated Events (VAE)**

# 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**

**Facility Group** 

**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]

5

3 SIR

2

Facility

0.53



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

NC ACHS

0.61

3.0

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	1.3	Same		
Adult/Ped Wards	1	Less than 1.0	No Conclusion		
All reporting units	1	1.9	Same		

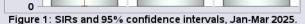
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

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

# How Does This Facility Compare to the National Experience?

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



0.68

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

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

Same

Table 2. Number of Observed and Predicted MRSA Events, Jan-Mar 2025 **How Does This Facility** Observed Predicted Compare to the National **Unit Type Events Events** Experience?

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

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

**Facility-wide inpatient** 

# How Does This Facility Compare to the National Experience?

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

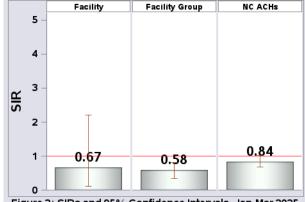


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

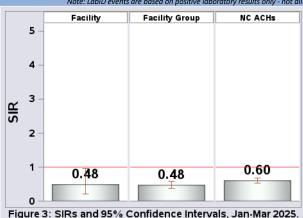


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	7	14	Better		

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

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

# How Does This Facility Compare to the National Experience?

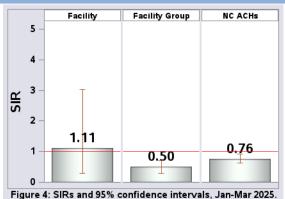
★ Better: Fewer infections than predicted by the national baseline experience

Report Generated: July 17, 2025 NCDHHS, SHARPPS Program N.C. HAI 2025 Q1 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.

# 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	1.3	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	3	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-Mar 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

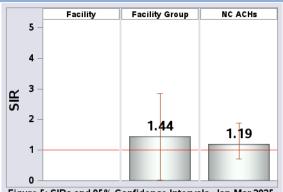


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

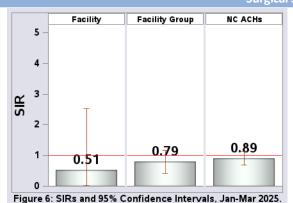


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
How Does This Facilit						
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	1	1.9	Same		

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)**

# 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 Number of ICU Beds: 20 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)**

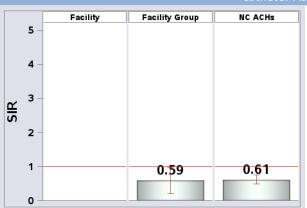


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	3	Less than 1.0	No Conclusion		
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-Mar 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-Mar 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
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  $\frac{1}{2}$ 

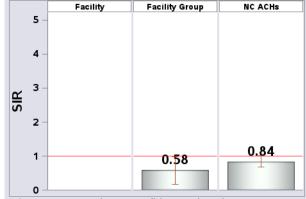


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

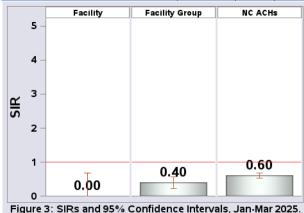


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	4.4	Better		
Facility-wide inpatient	0	4.4	Better		

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

# 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.

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

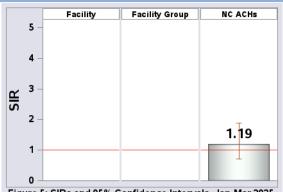


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

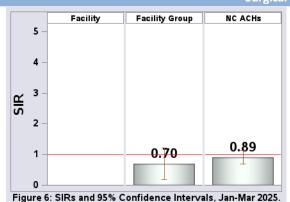


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
How Does This Facilit						
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	1	Less than 1.0	No Conclusion		

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)**

# 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]



# Catheter-Associated Urinary Tract Infections (CAUTI

		Facility	Facility Group	NC ACHs
	5 –			
	4 –			
SIR	3 –			
S	2 -			
	1 -		0.46	0.61
	0 -			

	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-Mar 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, Japanese 2025

able 2. Halliber of observed and fredeted winost Events, Juli Wal 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

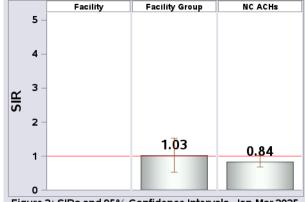


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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-Mar 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

# 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 CLABSI Infections by ICU and Ward Type. Jan-Mar 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-Mar 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

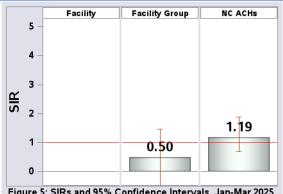
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries



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

# Onslow Memorial Hospital, Jacksonville, Onslow County

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

# **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-Mar 2025. NC ACHS

			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 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

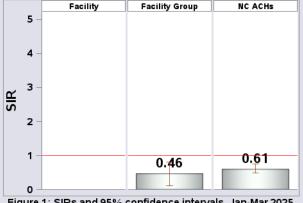


Figure 1: SIRs and 95% confidence intervals, Jan-Mar 2025

# 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 Ian May 2025

able 2. Hamber of Observed and Fredicted Willow Events, July Wal 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

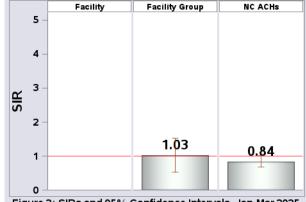
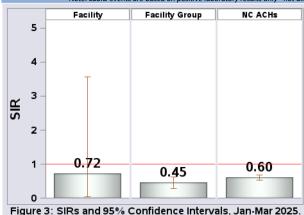


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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



NCDHHS, SHARPPS Program

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
		How Does This Facility			
Observed	Predicted	Compare to the National			
Events	Events	Experience?			
1	1.4	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

# Onslow Memorial Hospital, Jacksonville, Onslow County

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

# Central Line-Associated Bloodstream Infections (CLABSI)

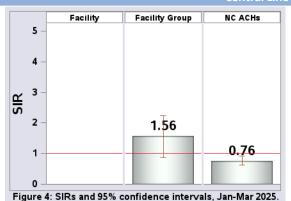


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Mar 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
All reporting units	0	Less than 1.0	No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

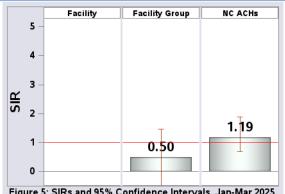
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

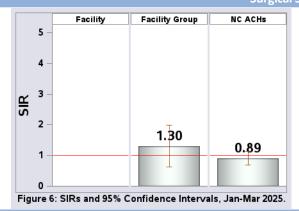


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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)**

# 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.

# **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: .

0.49

[\*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-Mar 2025.

		Observed	Predicted	How Does This Facility Compare to the National
ı	Unit Type	Infections	Infections	Experience?
l	Reporting Wards	1	2.1	Same
L	All reporting units	1	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-Mar 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: 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

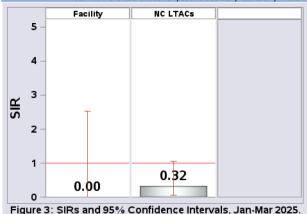


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	1.2	Same		
Facility-wide inpatient		Less than 1.0	No Conclusion		

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

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)

NC LTACs Facility 5 SIR 0.17 Figure 4: SIRs and 95% confidence intervals, Jan-Mar 2025.

Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Mar 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.

Note: SIR not calculated if <50 central 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: SSIs are not reportable at this facility type

# Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS: SSIs are not reportable at this facility type

# **Ventilator-Associated Events (VAE)**

# 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]

0



# Catheter-Associated Urinary Tract Infections (CAUTI)

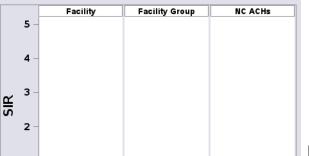


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O Less than 1.0 No Conclusion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

0.46

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

Note: LabID events are based on 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, Japanese 2025

rubic 2: Humber of Observed and Fredict	cu iviitor Everito, Juii iviu	1 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

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

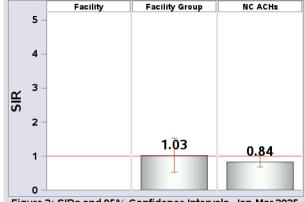
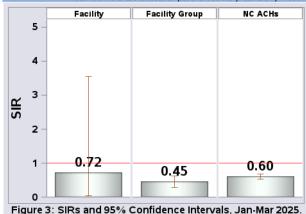


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# 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.



NCDHHS, SHARPPS Program

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

# 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	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

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

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

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

### How Does This Facility Compare to the National Experience?

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

# Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

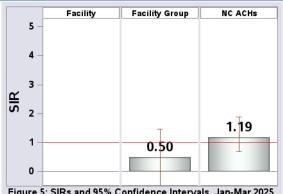
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

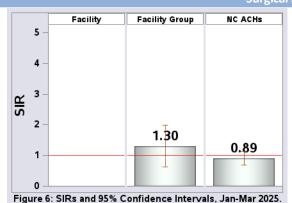


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)**

# 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 2023: 258
Patient Days in 2023: 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.

Pender Memorial Hospital, Burgaw, Pender County

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

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

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

# Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

# Surgical Site Infections (SSI) after Colon Surgeries

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

# **Ventilator-Associated Events (VAE)**

# 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 Acute Care Hospital

Hospital Type: Acute Care Hospit
Medical Affiliation: Undergraduate

Admirsions in 2024: 1484

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)**

All reporting units

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

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

Less than 1.0

No Conclusion

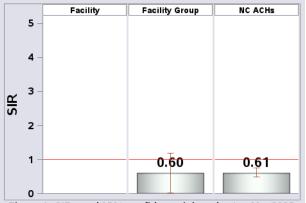


Figure 1: SIRs and 95% confidence intervals, Jan-Mar 2025

# 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	cu iviitor Everito, Juii iviu	1 2023	
			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

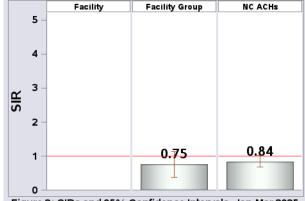


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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-Mar 2025

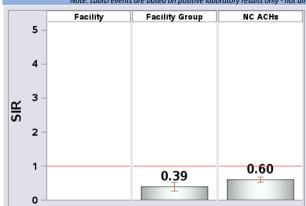


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

			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.

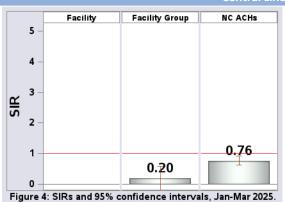
# How Does This Facility Compare to the National Experience?

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

# 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)



			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

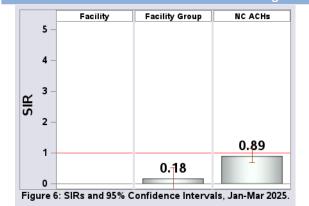


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Iviar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)**

### 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]

0



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

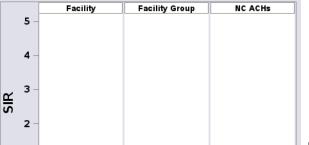


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National Infections **Unit Type** Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards O Less than 1.0 No Conclusion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

0.60

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

Note: LabID events are based on 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 Ian May 2025

Table 2. Halliber of Observed and Fredeted Willow Events, July Wal Events						
			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

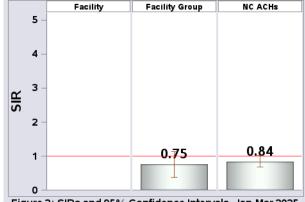
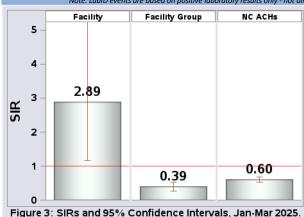


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.



NCDHHS, SHARPPS Program

	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025						
How Does This							
		Observed	Predicted	Compare to the National			
	Unit Type	Events	Events	Experience?			
	Facility-wide inpatient	6	2.1	Worse			

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

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

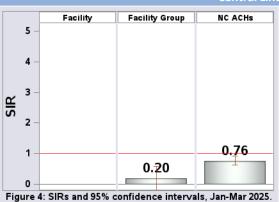
# How Does This Facility Compare to the National Experience?

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

### 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-Mar 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-Mar 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

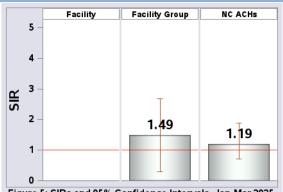
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# **Surgical Site Infections (SSI) after Colon Surgeries**

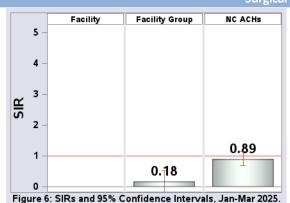


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
How Does This Facility						
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)**

### 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

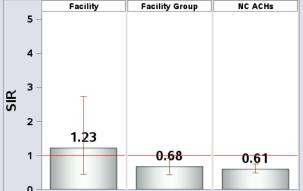
Medical Affiliation: Major Admissions in 2024: 58,651 Patient Days in 2024: 169,233 Total Number of Beds: 544 Number of ICU Beds: 83 FTE\* Infection Preventionists: 5.00 Number of FTEs\* per 100 beds: 0.92

[\*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-Mar 2025. NC ACHS



Unit Type	Observed Infections	Predicted Infections	Compare to the National Experience?
Adult/Ped ICUs	2	1.8	Same
Adult/Ped Wards	3	2.3	Same
All reporting units	5	4.1	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-Mar 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-Wai 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

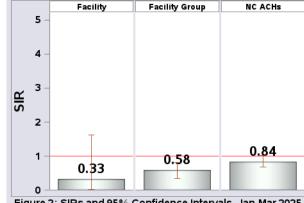


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

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

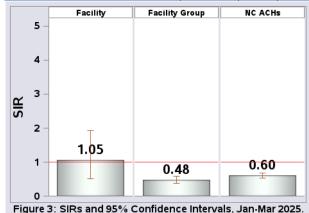


	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025							
How Does This Fac								
		Observed	Predicted	Compare to the National				
	Unit Type	Events	Events	Experience?				
	Facility-wide inpatient	9	8.6	Same				

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

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

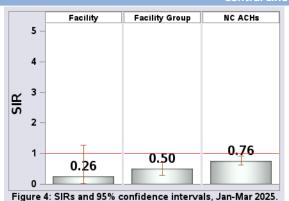
### How Does This Facility Compare to the National Experience?

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

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	1.7	Same
Adult/Ped Wards	1	2.0	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	1	3.8	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-Mar 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

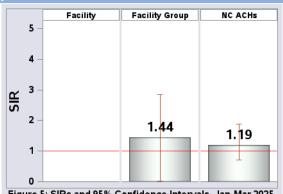


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025



Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
		How Does This Facility			
Observed	Predicted	Compare to the National			
Infections	Infections	Experience?			
t 0	3.3	Better			
	Observed Infections	Observed Predicted Infections			

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

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

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

# How Does This Facility Compare to the National Experience?

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

# **Ventilator-Associated Events (VAE)**

# 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**

1.22

**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

[\*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-Mar 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

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

Note: LabID events are based on 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 Ian May 2025

Table 2. Number of Observed and Fredicted WiksA Events, Jan-Ivial 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

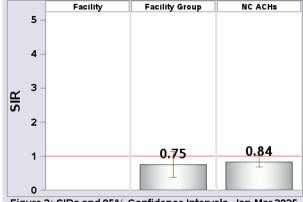


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

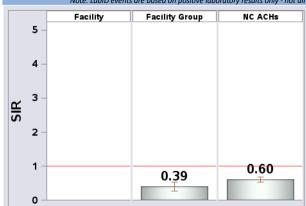


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

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

NCDHHS, 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)

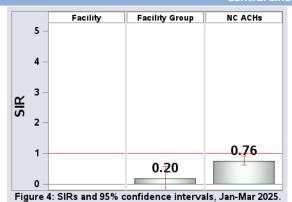


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Mar 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

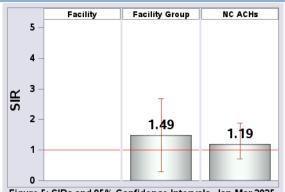


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# **Surgical Site Infections (SSI) after Colon Surgeries**

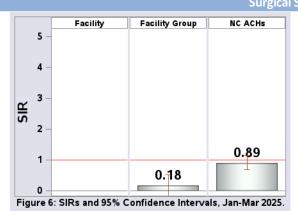


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
How Does This Facility						
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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)**

### 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

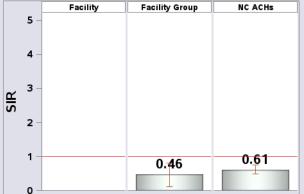
Medical Affiliation: Graduate Admissions in 2024: 2.923 Patient Days in 2024: 10,497 Total Number of Beds: 116 Number of ICU Beds: 8 FTE\* Infection Preventionists: 0.75 Number of FTEs\* per 100 beds: 0.65

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



# Catheter-Associated Urinary Tract Infections (CAUTI)

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



11.00	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-Mar 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, Japanese 2025

Tubic 2: Number of Observed and Fredict	ca willon Everies, sair ivia	1 2023	
			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

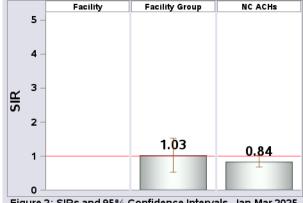


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# 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

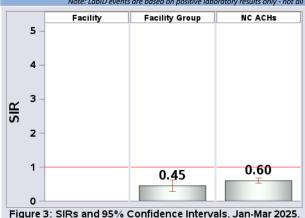


	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025							
How Does Th								
		Observed	Predicted	Compare to the National				
	Unit Type	Events	Events	Experience?				
	Facility-wide inpatient	1	Less than 1.0	No Conclusion				

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

NCDHHS, SHARPPS Program

# 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-Mar 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

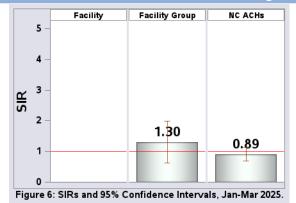


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)**

### 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)

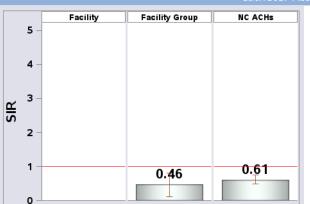


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards Less than 1.0 No Conclusion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

able 2: Nathber of Observed and Fredeted Wildow Events, July Wal 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

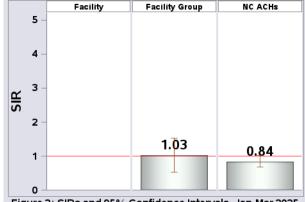


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# 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-Mar 2025					
		How Does This Facility			
Observed	Predicted	Compare to the National			
Events	Events	Experience?			
2	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

# Scotland Memorial Hospital, Laurinburg, Scotland County

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

# Central Line-Associated Bloodstream Infections (CLABSI)

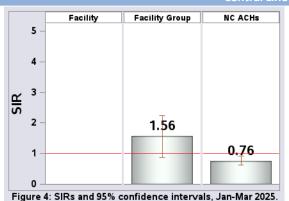


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Mar 2025			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

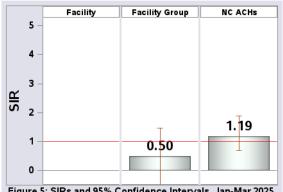
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# **Surgical Site Infections (SSI) after Colon Surgeries**

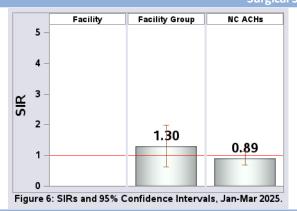


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	Less than 1.0	No Conclusion	

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)**

### 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: .

Facility

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

5

SIR

0



# NC LTACs

# Catheter-Associated Urinary Tract Infections (CAUTI)

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

ı		Observed	Predicted	How Does This Facility Compare to the National
I	Unit Type	Infections	Infections	Experience?
l	Reporting Wards	0	Less than 1.0	No Conclusion
l	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-Mar 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: MRSA is not reportable at this facility type after 2018Q3

1.00

# Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: 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

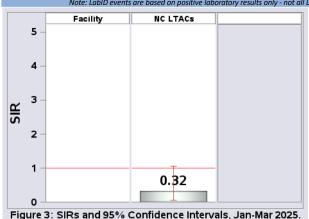


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		
Facility-wide inpatient		Less than 1.0	No Conclusion		

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?

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

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)**

Table 4. Number of Observed and Fredicted CLABSI infections by ICO and Ward Type, Jan-Ivial 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.

Note: SIR not calculated if <50 central 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: SSIs are not reportable at this facility type

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

# Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS: SSIs are not reportable at this facility type

# **Ventilator-Associated Events (VAE)**

# 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]

0



# 

# Catheter-Associated Urinary Tract Infections (CAUTI)

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

	Observed	Predicted	How Does This Facility 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.

Note: SIR not calculated if <50 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-Mar 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: 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

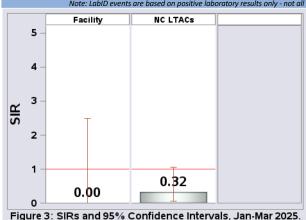


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	1.2	Same		
Facility-wide inpatient		Less than 1.0	No Conclusion		

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

#### 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)**

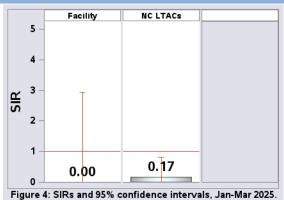


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Reporting Wards	0	1.0	Same		
All reporting units	0	1.0	Same		

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

Note: SIR not calculated if <50 central 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: SSIs are not reportable at this facility type

# Surgical Site Infections (SSI) after Colon Surgeries

Note from NCDHHS: SSIs are not reportable at this facility type

# **Ventilator-Associated Events (VAE)**

#### 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** 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: 0.96

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



# Catheter-Associated Urinary Tract Infections (CAUTI

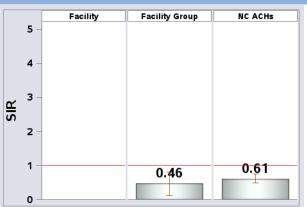


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

Table 2. Number of Observed and Fredicted Witton Events, Jani-Wai 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

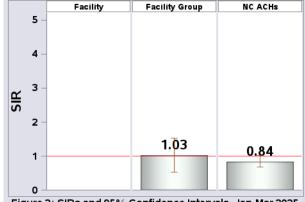
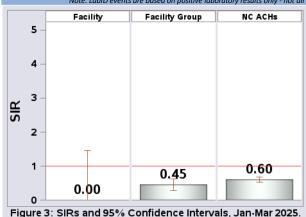


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.



NCDHHS, SHARPPS Program

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
		How Does This Facility			
Observed	Predicted	Compare to the National			
Events	Events	Experience?			
0	2.1	Same			
	Observed	Observed Predicted Events Events			

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

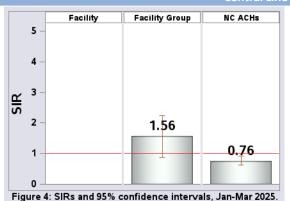
Note: Red line represents the NHSN baseline experience, 2015.

# How Does This Facility Compare to the National Experience?

#### 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.

Note: SIR not calculated if <50 central 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-Mar 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

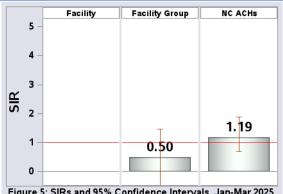


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries



	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
How				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)**

#### 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)**

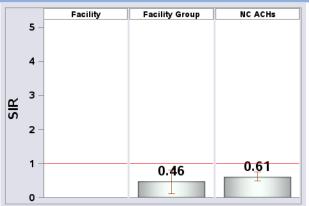


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped ICUs Less than 1.0 No Conclusion Adult/Ped Wards No Conclusion Less than 1.0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

Tubic 2: Number of Observed and Fredict	ca iviitor Everito, Juli ivia	Table 2: Halliber of Observed and Fredicted Wildow Events, July Wal 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

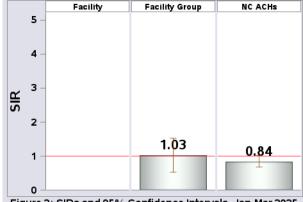
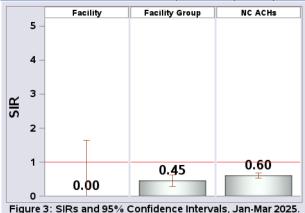


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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



NCDHHS, SHARPPS Program

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025							
	How Does This Facility						
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide inpatient	0	1.8	Same				

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

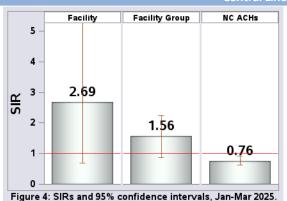
Note: Red line represents the NHSN baseline experience, 2015.

# How Does This Facility Compare to the National Experience?

#### 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)



			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	1.1	Same

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 2025.

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

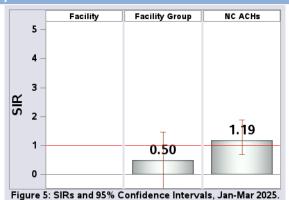
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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



# Surgical Site Infections (SSI) after Colon Surgeries

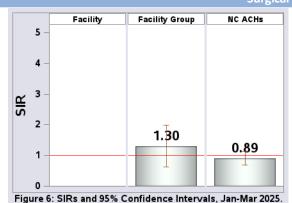


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	1	Less than 1.0	No Conclusion			

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)

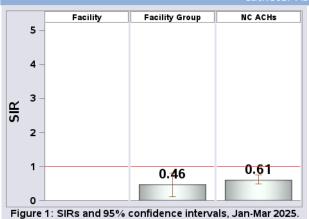


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

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

Note: LabID events are based on 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 Ian May 2025

Tubic 2: Number of Observed and Fredict	ca willon Everies, sair ivia	Table 2: Halliber of Observed and Fredicted Wildow Events, July Wal 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

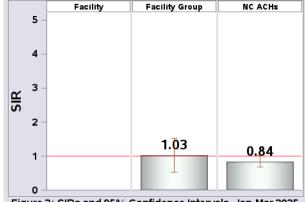


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

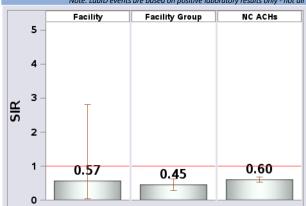


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	1.8	Same		

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

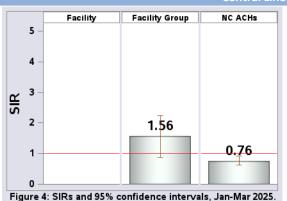
Note: Red line represents the NHSN baseline experience, 2015.

#### How Does This Facility Compare to the National Experience?

# **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	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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

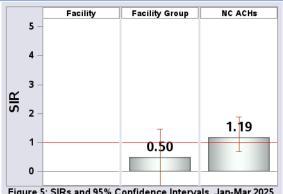
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

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

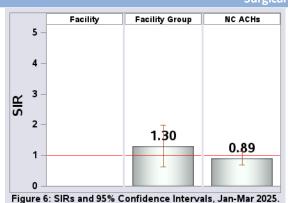
#### How Does This Facility Compare to the National Experience?

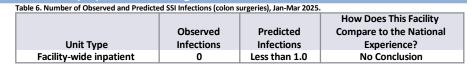
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison



#### Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 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)**

#### **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

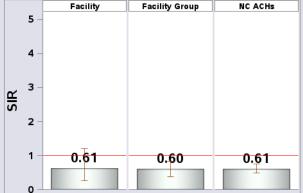
Medical Affiliation:MajorAdmissions in 2024:43,156Patient Days in 2024:323,515Total Number of Beds:1,089Number of ICU Beds:241FTE\* Infection Preventionists:10.0Number of FTEs\* per 100 beds:0.92

[\*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-Mar 202



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	7.6	Same
Adult/Ped Wards	3	3.8	Same
All reporting units	7	11	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-Mar 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 IVIKSA Events, Jan-IVIar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	10	5.6	Same		
Facility-wide innatient	10	5.6	Same		

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

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

NCDHHS, SHARPPS Program

#### How Does This Facility Compare to the National Experience?

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

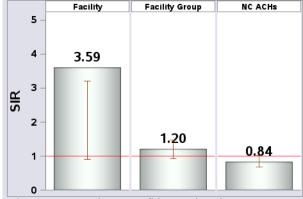
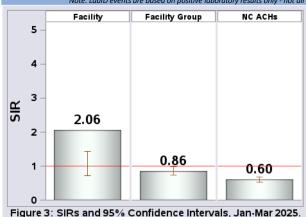


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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



Tal	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Events	Events	Experience?		
	Facility-wide inpatient	33	32	Same		
	Facility-wide inpatient	33	32	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)**



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	13	10	Same
Adult/Ped Wards	6	5.7	Same
Neonatal Units	1	1.3	Same
All reporting units	20	17	Same

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

Table 4. Number of Observed and Predicted CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

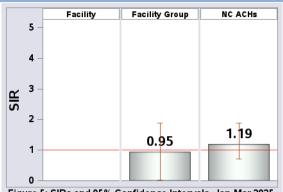
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

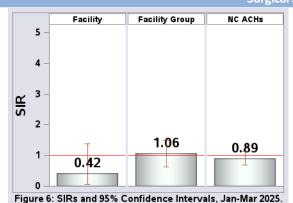


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
How Does This Facility					
			•		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	2	4.8	Same		

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)**

#### **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]

0



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

Facility **Facility Group** NC ACHS 5 3 SIR 2 0.61 0.46

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

Table 2. Number of Observed and Fredicted WittsA Events, Jan-Wai 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

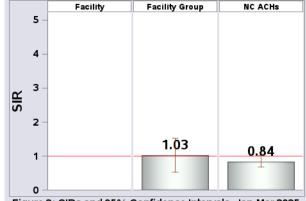


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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



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

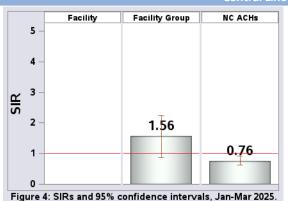
Data Generated: July 9, 2025.

NCDHHS, SHARPPS Program

# **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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

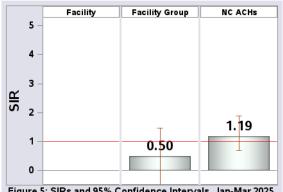


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# **Surgical Site Infections (SSI) after Colon Surgeries**

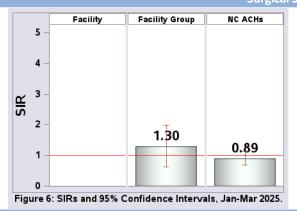


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
How Does This Facility				
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

Medical Affiliation: Major Admissions in 2024: 4.543 Patient Days in 2024: 10,717 Total Number of Beds: 46 Number of ICU Beds: 0 FTE\* Infection Preventionists: 0.60 Number of FTEs\* per 100 beds: 1.30

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



# Catheter-Associated Urinary Tract Infections (CAUTI

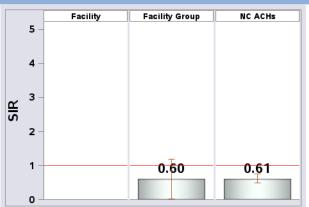


Table 1. Number of Observed and Predicte	Observed	Predicted	How Does This Facility Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

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-Mar 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 Ian May 2025

able 2. Halliber of Observed and Fredicted Willow Events, July Wal 2023						
			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

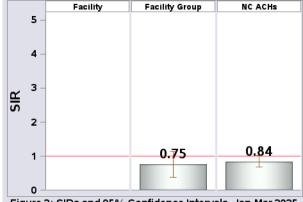


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

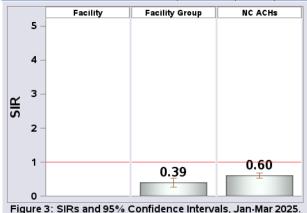


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025				
		How Does This Facility		
	Observed Predic	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

#### 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)**

Facility Facility Group NC ACHS

4

3

2

1

0.76

0.20

Figure 4: SIRs and 95% confidence intervals, Jan-Mar 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)**

#### 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**

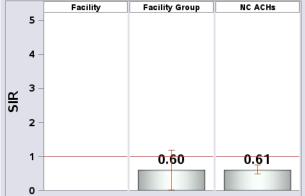
**Hospital Type:** Acute Care Hospital

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)



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-Mar 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, Japanese 2025

able 2. Halliber of Observed and Fredicted Willow Events, July Wal 2023						
			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

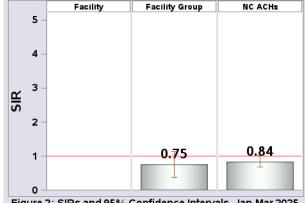


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

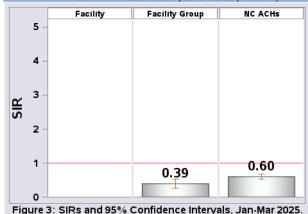


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025				
		How Does This Facility		
	Observed Predic	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

#### 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-War 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-Mar 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

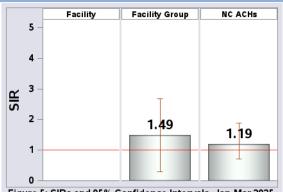
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

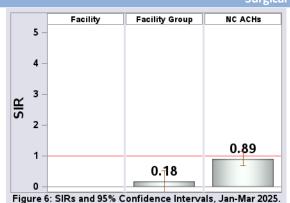


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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)

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

		Facility	Facility Group	NC ACHs
	5 –			
	4 –			
~	3 –			
SIR	2 -			
			_	
	1 -		0.60	0.61
	0 -			

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-Mar 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, Japanese 2025

able 2. Namber of Observed und Fredicted Minor Events, sair Mai 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

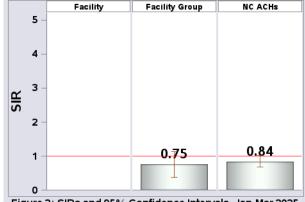


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

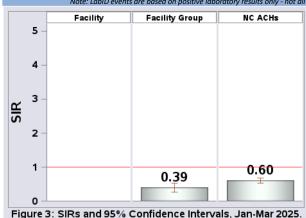


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025					
How Does This Facility					
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	Less than 1.0	No Conclusion		

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

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

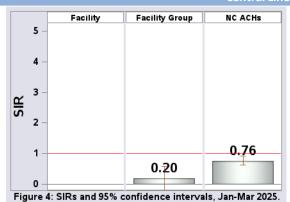
#### How Does This Facility Compare to the National Experience?

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

#### 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 CLARSI Infections by ICU and Ward Type. Jan-Mar 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

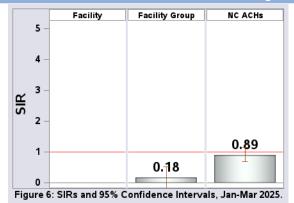


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Adult/Ped ICUs	0	4.8	Better			
Adult/Ped Wards	1	2.3	Same			
All reporting units	1	7.2	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-Mar 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-Mar 2025

			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	11	5.7	Worse
Facility-wide inpatient	11	5.7	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

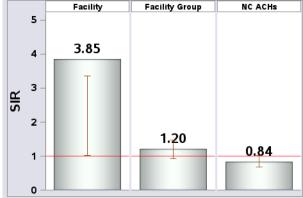
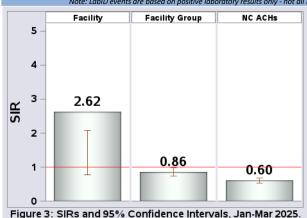


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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



1	Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
- 1	Unit Type	Events	Events	Experience?			
	Facility-wide inpatient	16	12	Same			
ĺ	Facility-wide inpatient	16	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?

#### 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)



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
	1		•
Adult/Ped ICUs	1	3.7	Same
Adult/Ped Wards	0	2.1	Same
Neonatal Units	3	1.8	Same
All reporting units	4	7.5	Same

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

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

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

# How Does This Facility Compare to the National Experience?

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

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

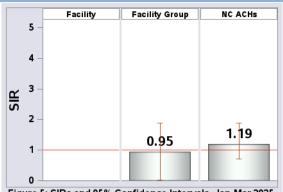


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

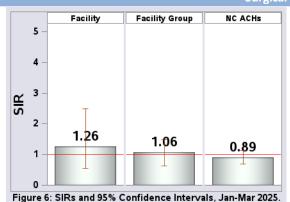


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
How Does This Facilit							
		Observed	Predicted	Compare to the National			
	Unit Type	Infections	Infections	Experience?			
	Facility-wide inpatient	7	5.5	Same			

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)**

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**

**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]

SIR



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

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

_	Facility	Facility Group	NC ACHS				How Does This Facility
5 -					Observed	Predicted	Compare to the National
				Unit Type	Infections	Infections	Experience?
4 -				Adult/Ped ICUs	2	3.7	Same
4 -				Adult/Ped Wards	0	2.1	Same
				All reporting units	2	5.8	Same
3 - 1 2 -				Note: SIR=Standardized Infection Ratio. SIR Note: SIR not calculated if <50 catheter day Note: Red line represents the NHSN baselin	s or <1 predicted infection e experience, 2015.	n.	
				Linux Barar This Facility Common	a da dia dia dia dia materiale di Co		

#### 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-Mar 2025

0.35

0.68

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

Note: LabID events are based on 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 MKSA Events, Jan-Mar 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	2	3.2	Same			
Facility-wide inpatient	2	3.2	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

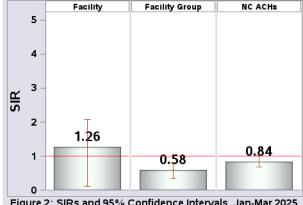
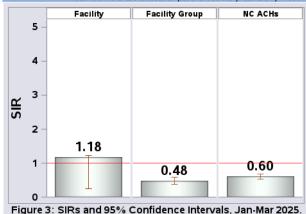


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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



NCDHHS, SHARPPS Program

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	6	10	Same			
Facility-wide inpatient	6	10	Same			

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

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

# How Does This Facility Compare to the National Experience?

### North Carolina Health Care-Associated Infections Report Data from January 1 - March 31, 2025 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)**

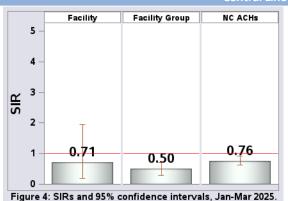


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Mar 2025					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	1	2.3	Same		
Adult/Ped Wards	1	1.6	Same		
Neonatal Units	1	Less than 1.0	No Conclusion		
All reporting units	3	4.2	Same		

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

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

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

#### How Does This Facility Compare to the National Experience?

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

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

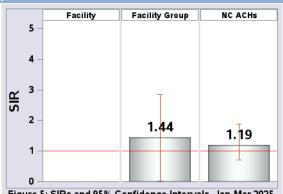


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

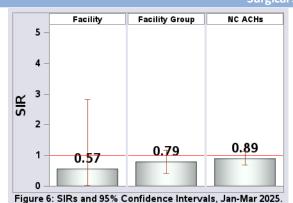


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
				How Does This Facility	
-		Observed	Predicted	Compare to the National	
-	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	1	1.7	Same	

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

#### **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-Mar 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

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

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

 ${\tt Note: SIR=Standardized\ Infection\ Ratio.\ SIR\ is\ calculated\ by\ \#Observed/\#Predicted.}$ 

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

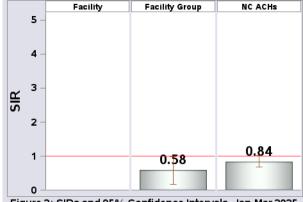


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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.

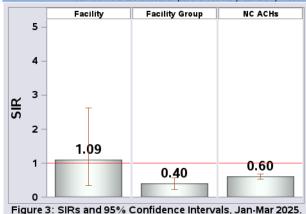


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	4	3.7	Same	

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?

#### WakeMed Cary Hospital, Cary, Wake 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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

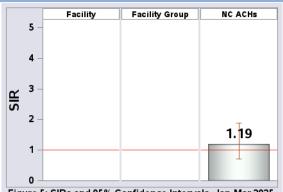


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

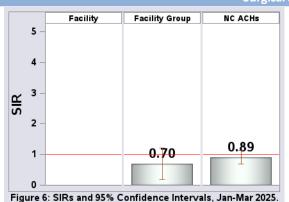


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	1	Less than 1.0	No Conclusion

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)**

#### 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**

**Facility Group** 

**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]

5

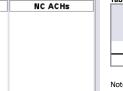
3 SIR

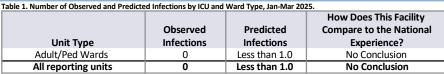
2

Facility



# 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



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

rubic 2: Number of Observed and Fredict	ca willon Events, Juli Wie	1 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

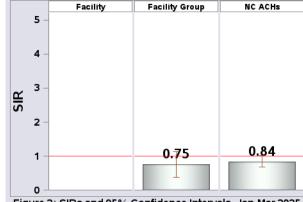


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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



ed CDIs, Jan-Mar 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

#### Wakemed North Family Health & Women's Hospital, Raleigh, Wake County

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

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



Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Iviar 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-Mar 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

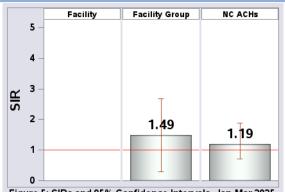


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# **Surgical Site Infections (SSI) after Colon Surgeries**

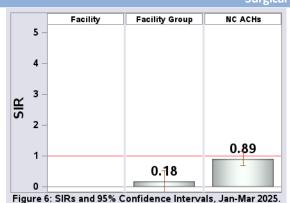


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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)**

#### 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)

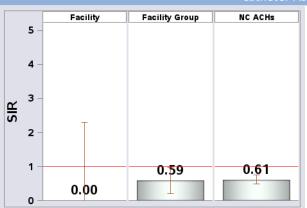


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

Tuble 2: Italiber of Observed and Fredict	able 2. Namber of Observed und Fredicted Minor Events, sair Mai 2025						
			How Does This Facility				
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide inpatient	3	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

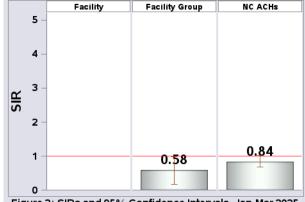


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

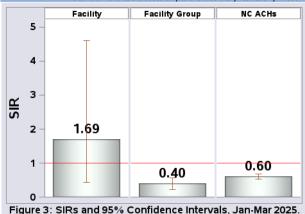


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	3	1.8	Same	

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

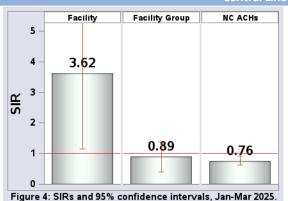
Note: Red line represents the NHSN baseline experience, 2015.

# **How Does This Facility Compare to the National Experience?**

#### Wayne Memorial Hospital, Goldsboro, Wayne 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	2	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	4	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-Mar 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

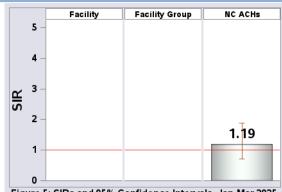


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

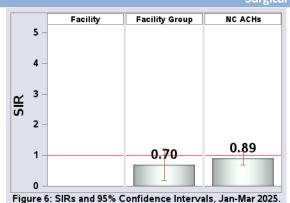


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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)**

#### 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**

0.73

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



# Catheter-Associated Urinary Tract Infections (CAUTI

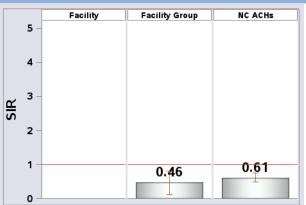


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion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

able 2. Humber of observed and recalled trinon events, sair trial 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

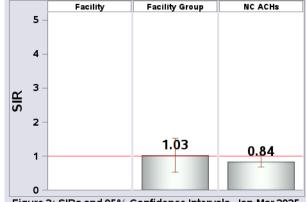


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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

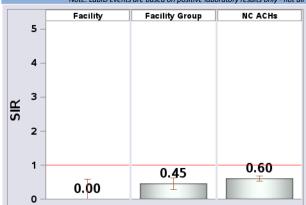


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	0	5.2	Better			

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

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

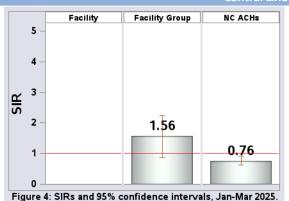
# **How Does This Facility Compare to the National Experience?**

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

### Wesley Long Hospital, Greensboro, Guilford County

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

# Central Line-Associated Bloodstream Infections (CLABSI)



			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 CLARSL Infections by ICLL and Ward Type, Jan-Mar 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-Mar 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

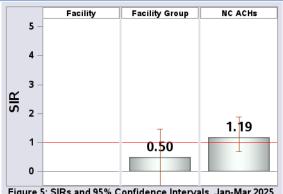
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025

# Surgical Site Infections (SSI) after Colon Surgeries

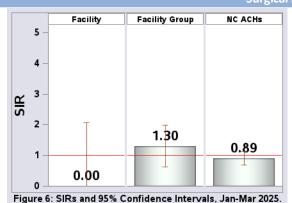


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Mar 2025.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	0	1.5	Same			

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

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

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

#### How Does This Facility Compare to the National Experience?

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

#### **Ventilator-Associated Events (VAE)**

#### 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.

# **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)**

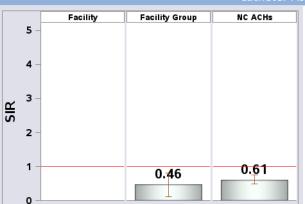


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Mar 2025. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections **Experience?** Adult/Ped Wards Less than 1.0 No Conclusion 0 Less than 1.0 No Conclusion All reporting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

able 2. Halliber of Observed and Fredicted Willow Events, July Wal 2023						
			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

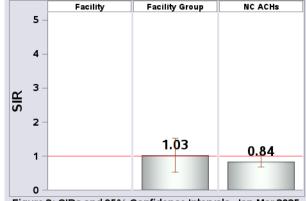


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2025.

# 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 highe

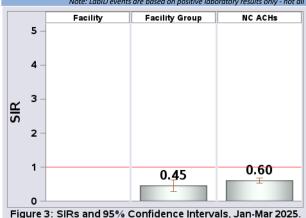


Table 3. Number of Observed and Predicted CDIs, Jan-Mar 2025							
			How Does This Facility				
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide inpatient	0	Less than 1.0	No Conclusion				

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

#### 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)

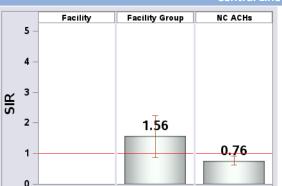


Figure 4: SIRs and 95% confidence intervals, Jan-Mar 2025.

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	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-Mar 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

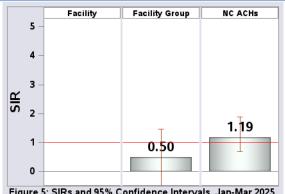
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Mar 2025.

# **Surgical Site Infections (SSI) after Colon Surgeries**



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