



Department of  
**Health**

# Tennessee's Report on Healthcare-Associated Infections

January 1, 2015 - December 31, 2016

Tennessee Department of Health | Report | December 2018



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

# Executive Summary

Healthcare-associated infections (HAIs) are a major public health problem. According to the Centers for Disease Control and Prevention, there were an estimated 722,000 HAIs and 75,000 HAI-related deaths in the United States in 2011<sup>1</sup>, making HAIs one of the top ten leading causes of death<sup>2</sup>. In December 2006, the Tennessee Legislature passed Senate Bill 2978 and the Governor signed the Public Acts, Public Chapter 904 (PC904) requiring hospitals to report selected HAIs to the Tennessee Department of Health (TDH). The legislation required use of CDC's National Healthcare Safety Network (NHSN) for reporting, a secure internet-based surveillance system maintained by the Centers for Disease Control and Prevention (CDC).

## Key Findings

- In 2015, there were 13% fewer central line-associated bloodstream infections (CLABSI) in Tennessee's adult and pediatric intensive care units (ICUs) and 21% fewer CLABSI in adult and pediatric wards than predicted based on national 2015 data. In 2016, there were 16% fewer CLABSI in Tennessee's adult and pediatric ICUs, 25% fewer CLABSI in adult and pediatric wards, 33% fewer CLABSI in long-term acute care hospitals and 37% fewer CLABSI in neonatal ICUs than predicted based on national 2015 data.
- In 2015, there were 70% more catheter-associated urinary tract infections (CAUTI) in Tennessee's inpatient rehabilitation facilities and 30% fewer CAUTI in adult and pediatric wards than predicted based on national 2015 data. In 2016, there were 66% more CAUTI in Tennessee's inpatient rehabilitation facilities and 28% fewer CAUTI in Tennessee's adult and pediatric wards than predicted based on national 2015 data.
- In 2015, there were 22% fewer surgical site infections (SSI) following coronary artery bypass graft procedures and 15% fewer SSI following colon surgeries in Tennessee acute care hospitals than predicted based on national 2015 data. In 2016, there were about the same number of SSI following coronary artery bypass graft procedures, colon surgeries, and abdominal hysterectomies in Tennessee acute care hospitals as predicted based on national 2015 data.
- In 2015, there were 26% more methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections in Tennessee acute care hospitals than predicted based on national 2015 data. In 2016, there were 32% more methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections in Tennessee acute care hospitals than predicted based on national 2015 data.
- In 2015, there about the same number of *Clostridioides difficile* Infections (CDI) as predicted in Tennessee acute care hospitals compared to national 2015 data. In 2016, there were 12% fewer *Clostridioides difficile* Infections (CDI) than predicted in Tennessee acute care hospitals compared to national 2015 data.

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<sup>1</sup> Magill SS, Edwards JR, Bamberg W, et al. Multistate Point-Prevalence Survey of Health Care-Associated Infections. *New England Journal of Medicine* 2014;370:1198-208.

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

**Table 1 : Tennessee Standardized Infection Ratios (SIRs) and Distribution of Facility-specific SIRs for Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI) and Laboratory-Identified (LabID) Methicillin-Resistant Staphylococcus aureus (MRSA) and C. difficile Infection (CDI) Events, 01/01/2015 - 12/31/2015**

										Distribution of Facility-specific SIRs										
				No. of Infections		Standardized Infection Ratio (SIR) and 95% CI						No. of Facs with SIR Sig. <1.0		No. of Facs with SIR Sig. >1.0		Key Percentiles				
HAI	Unit/Type	No. of Facilities	Device Days/ Procedures Performed/ Patient Days	Obs.	Pred.	SIR	Lower	Upper	2015 Nat'l SIR	No. of Facs with ≥1 Pred. Infection	N	%	N	%	10%	25%	50%	75%	90%	
CLABSI	Adult/Pediatric ICUs	86	234,822	208	238	0.87	0.76	1.00	1.00	39	3	8%	5	13%	0.00	0.47	0.75	1.46	2.56	
	<b>Adult/Pediatric Wards</b>	104	289,711	193	243	<b>0.79</b>	<b>0.69</b>	<b>0.91</b>	0.99	46	7	15%	1	2%	0.00	0.00	0.74	1.38	1.54	
	Long-term Acute Care	10	64,625	86	75	1.14	0.92	1.40	1.00	10	2	20%	1	10%	0.32	0.87	1.21	1.86	2.55	
	Neonatal ICUs	25	45,076	57	62	0.92	0.70	1.18	0.98	12	0	0%	0	0%	0.00	0.38	0.69	1.28	1.53	
CAUTI	Adult/Pediatric ICUs	86	299,996	416	394	1.06	0.96	1.16	1.00	47	3	6%	5	11%	0.00	0.00	0.70	1.13	2.57	
	<b>Adult/Pediatric Wards</b>	104	296,572	175	251	<b>0.70</b>	<b>0.60</b>	<b>0.81</b>	0.98	56	4	7%	1	2%	0.00	0.35	0.67	0.98	1.78	
	Long-term Acute Care	10	42,292	82	69	1.19	0.95	1.46	0.99	10	0	0%	2	20%	0.40	0.62	1.17	2.12	2.86	
	<b>Inpatient Rehabilitation</b>	30	14,617	36	21	<b>1.70</b>	<b>1.21</b>	<b>2.32</b>	0.98	7	0	0%	0	0%	0.00	0.87	1.22	1.95	2.23	
SSI	Coronary Artery Bypass Graft	24	6,826	40	51	0.78	0.57	1.06	1.00	20	1	5%	1	5%	0.00	0.00	0.44	1.41	2.13	
	<b>Colon Surgery</b>	100	7,604	167	198	<b>0.85</b>	<b>0.72</b>	<b>0.98</b>	1.00	45	1	2%	2	4%	0.00	0.49	0.80	1.21	1.67	
	Abdominal Hysterectomy	100	8,934	64	56	1.14	0.88	1.44	1.00	13	0	0%	1	8%	0.00	0.00	0.69	1.03	2.60	
MRSA	Long-term Acute Care	10	111,861	29	23	1.28	0.87	1.82	0.97	9	0	0%	0	0%	0.58	1.17	1.37	1.84	2.89	
	Inpatient Rehabilitation	30	224,931	8	4	1.87	0.87	3.55	0.99	.	.	.	.	.	.	.	.	.	.	
	<b>Acute Care Hospitals</b>	108	3,887,795	320	254	<b>1.26</b>	<b>1.13</b>	<b>1.40</b>	1.00	44	0	0%	6	14%	0.39	0.66	1.08	1.72	2.57	
CDI	Long-term Acute Care	9	101,245	103	114	0.90	0.74	1.09	0.94	9	3	33%	1	11%	0.28	0.35	0.79	0.98	2.07	
	<b>Inpatient Rehabilitation</b>	30	224,931	75	96	<b>0.78</b>	<b>0.62</b>	<b>0.97</b>	1.03	21	4	19%	1	5%	0.00	0.27	0.58	1.17	1.42	
	Acute Care Hospitals	109	3,577,545	2,472	2,554	0.97	0.93	1.01	0.99	89	11	12%	8	9%	0.36	0.64	0.92	1.18	1.44	

Data reported as of November 13, 2017

Adult/Pediatric ICUs exclude burn and trauma units for CLABSI

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

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

**Table 2 : Tennessee Standardized Infection Ratios (SIRs) and Distribution of Facility-specific SIRs for Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI) and Laboratory-Identified (LabID) Methicillin-Resistant Staphylococcus aureus (MRSA) and C. difficile Infection (CDI) Events, 01/01/2016 - 12/31/2016**

										Distribution of Facility-specific SIRs										
				No. of Infections		Standardized Infection Ratio (SIR) and 95% CI						No. of Facs with SIR Sig. <1.0		No. of Facs with SIR Sig. >1.0		Key Percentiles				
HAI	Unit/Type	No. of Facilities	Device Days/ Procedures Performed/ Patient Days	Obs.	Pred.	SIR	Lower	Upper	2016 Nat'l SIR	No. of Facs with ≥1 Pred. Infection	N	%	N	%	10%	25%	50%	75%	90%	
CLABSI	Adult/Pediatric ICUs	86	238,679	206	246	0.84	0.73	0.96	0.93	42	3	7%	2	5%	0.00	0.53	0.71	1.39	1.97	
	Adult/Pediatric Wards	104	275,103	175	234	0.75	0.64	0.86	0.88	44	6	14%	2	5%	0.00	0.30	0.67	1.17	1.91	
	Long-term Acute Care	10	53,159	44	65	0.67	0.50	0.90	0.96	10	3	30%	0	0%	0.18	0.26	0.47	1.32	1.65	
	Neonatal ICUs	25	41,703	37	59	0.63	0.45	0.86	0.81	12	2	17%	0	0%	0.00	0.26	0.84	1.17	1.65	
CAUTI	Adult/Pediatric ICUs	86	296,409	375	392	0.96	0.86	1.06	0.93	51	4	8%	5	10%	0.00	0.31	0.74	1.08	1.81	
	Adult/Pediatric Wards	104	275,407	172	239	0.72	0.62	0.83	0.93	51	5	10%	2	4%	0.00	0.31	0.70	1.27	2.18	
	Long-term Acute Care	10	37,565	61	60	1.02	0.78	1.30	0.98	9	0	0%	0	0%	0.41	0.87	1.09	1.35	2.02	
	Inpatient Rehabilitation	29	13,180	32	19	1.66	1.16	2.32	1.07	5	0	0%	1	20%	0.00	1.02	1.63	1.93	3.13	
SSI	Coronary Artery Bypass Graft	24	6,941	48	52	0.93	0.69	1.22	0.94	19	1	5%	1	5%	0.00	0.00	0.82	1.36	2.19	
	Colon Surgery	99	8,155	195	212	0.92	0.80	1.06	0.93	44	2	5%	4	9%	0.00	0.45	0.80	1.01	1.71	
	Abdominal Hysterectomy	99	9,558	62	59	1.04	0.81	1.33	0.87	16	0	0%	1	6%	0.00	0.51	0.84	1.26	2.41	
MRSA	Long-term Acute Care	10	103,518	16	19	0.85	0.50	1.35	0.94	8	1	13%	1	13%	0.00	0.09	0.67	1.87	2.72	
	Inpatient Rehabilitation	30	225,084	10	4	2.34	1.19	4.17	1.17	.	.	.	.	.	.	.	.	.	.	
	Acute Care Hospitals	109	3,872,125	346	261	1.33	1.19	1.47	0.94	44	2	5%	7	16%	0.28	0.77	1.16	1.72	2.85	
CDI	Long-term Acute Care	10	101,992	85	121	0.71	0.57	0.87	0.85	10	4	40%	0	0%	0.12	0.30	0.66	1.03	1.18	
	Inpatient Rehabilitation	30	225,084	61	99	0.61	0.47	0.78	0.96	22	6	27%	0	0%	0.00	0.20	0.54	1.10	1.57	
	Acute Care Hospitals	109	3,563,302	2,272	2,572	0.88	0.85	0.92	0.92	91	24	26%	11	12%	0.13	0.38	0.76	1.13	1.60	

Data reported as of November 13, 2017

Adult/Pediatric ICUs exclude burn and trauma units for CLABSI

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

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

# Tennessee's Report on Healthcare-Associated Infections

## Background

Healthcare-associated infections (HAIs) are a major public health problem. According to the Centers for Disease Control and Prevention (CDC), there were an estimated 722,000 HAIs and 75,000 HAI-related deaths in the United States in 2011<sup>3</sup>, making HAIs one of the top ten leading causes of death<sup>4</sup>. A 2009 CDC report estimated that the annual medical costs (adjusted to 2007 dollars) of HAIs to U.S. hospitals to be between \$35.7 billion and \$45 billion<sup>5</sup>, though the emotional, physical, and personal costs associated with HAIs are not quantifiable.

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

The following report summarizes the TDH Healthcare-Associated Infection reporting activities from January 2015 through December 2016.

## Methods

### Healthcare-Associated Infections Reporting Requirements in Tennessee

Tennessee healthcare-associated infections reporting requirements are summarized in [Figure 1](#)

Since January 2008, hospitals in Tennessee have been required to report central line-associated bloodstream infection (CLABSI) data from adult and pediatric intensive care units (ICUs, also called "critical care units") to TDH via NHSN. Hospitals with an average daily census (ADC) less than 25 were exempt from this requirement until January 2012. Neonatal ICUs in Tennessee have been reporting CLABSI data since July 2008. Burn and trauma ICUs and long-term acute care (LTAC) hospitals began reporting CLABSI data in July 2010. Acute care hospitals have been reporting CLABSI data from adult and pediatric medical, surgical, and medical/surgical wards since April 2014.

Surgical site infections (SSI) following coronary artery bypass graft (CBGB/C) procedures have been reportable by Tennessee hospitals since January 2008. SSIs following colon (COLO) procedures and those following abdominal hysterectomy (HYST) procedures have been reportable by Tennessee hospitals since January 2012.

Methicillin-Resistant *Staphylococcus aureus* (MRSA) Laboratory-Identified (LabID) Events and *Clostridioides difficile* Infection (CDI) LabID Events have been reportable to TDH since July 2010 from acute care hospitals (facility-wide inpatient locations and emergency departments) and long-term acute care hospitals. Hospitals with an ADC less than 25 were exempt from this requirement until July 2012.

<sup>3</sup> Magill SS, Edwards JR, Bamberg W, et al. Multistate Point-Prevalence Survey of Health Care-Associated Infections. *New England Journal of Medicine* 2014;370:1198-208.

<sup>4</sup> Kleven RM, Edwards JR, Richards CL, Jr., et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. *Public health reports* 2007;122:160-6.

<sup>5</sup> Scott, RD. The direct medical costs of healthcare-associated infections in US hospitals and the benefits of prevention. 2009; 1-16.

Tennessee acute care hospitals have been required to report catheter-associated urinary tract infection (CAUTI) data in adult and pediatric ICUs to TDH since January 2012. Long-term acute care (LTAC) hospitals and inpatient rehabilitation facilities (IRF) began reporting CAUTI data in October 2012. Acute care hospitals have been reporting CAUTI data from adult and pediatric medical, surgical, and medical/surgical wards since July 2014.

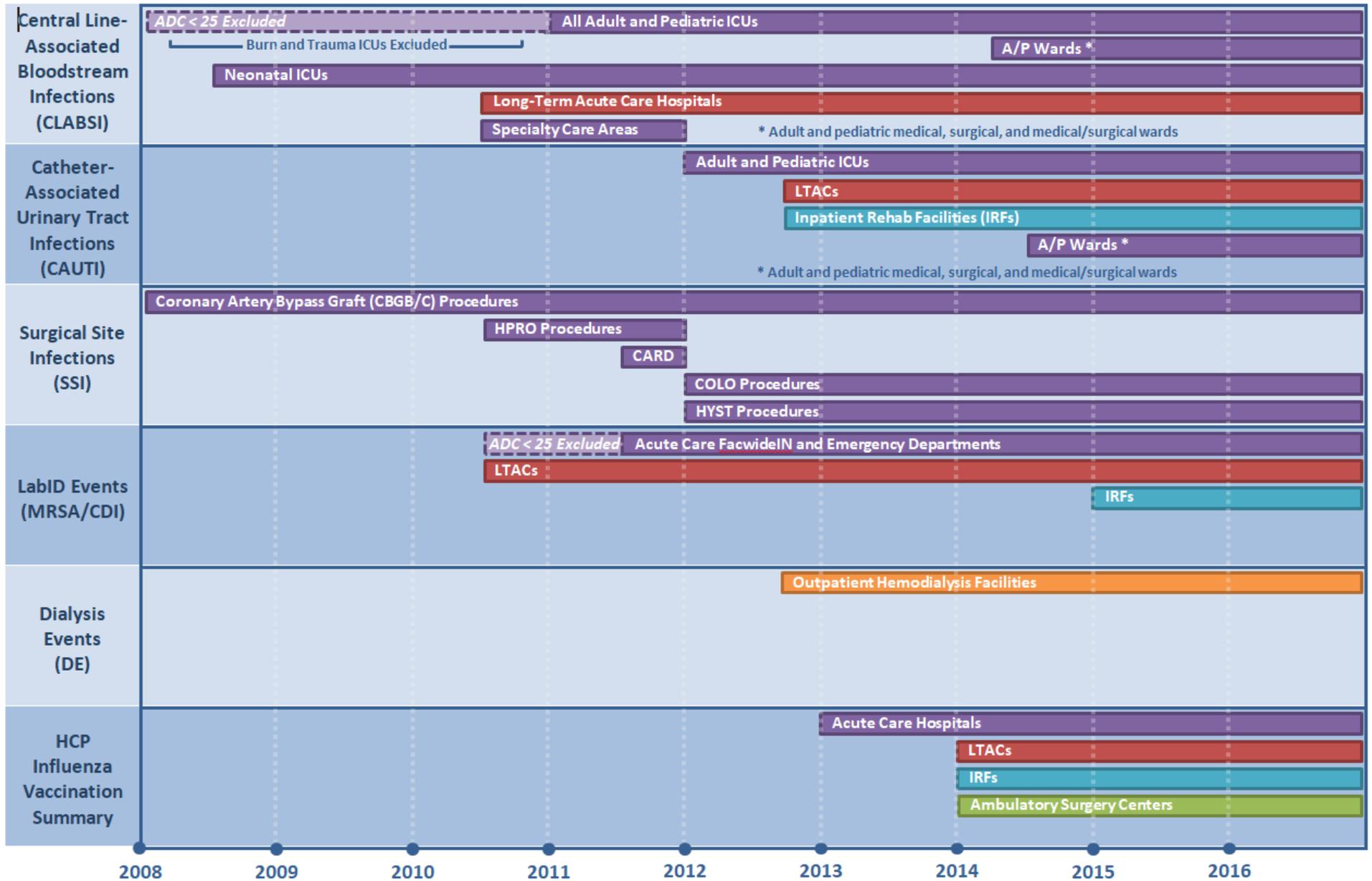
Tennessee acute care hospitals have been required to healthcare personnel influenza vaccination data to TDH through NHSN since the 2012-2013 influenza season. Long-term acute care (LTAC) hospitals and inpatient rehabilitation facilities (IRF) began reporting healthcare personnel influenza vaccination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

*Additional Tennessee Healthcare-Associated Infections Reporting Requirements*

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

- CLABSI from specialty care areas (July 2010-December 2011)
- SSI following hip prosthesis procedures (July 2010-December 2011)
- SSI following cardiac procedures (July 2011-December 2011)
- Dialysis events from outpatient hemodialysis facilities (July 2012-present)
- Healthcare personnel influenza vaccination data from Ambulatory Surgery Centers (2014-2015 influenza season- present)

Figure 1: Tennessee Healthcare-Associated Infections Reporting Requirements, 2008-2016



## Tennessee Reporting Facilities

Characteristics of acute care hospitals reporting HAI data to TDH from January 2015-December 2016 are displayed below. Facilities are stratified by medical school affiliation (as defined by NHSN) and bed size, and data were gathered from the 2015 and 2016 NHSN Annual Facility Survey.

**Table 3 : Characteristics of Tennessee Acute Care Hospitals, January-December 2015**

	Number of facilities	Percent
<b>Medical School Affiliation</b>		
Major teaching	19	15.8%
Graduate teaching	10	8.3%
Undergraduate teaching	6	5.0%
None	85	70.8%
<b>Number of Beds</b>		
<50 beds	32	26.7%
50-99 beds	27	22.5%
100-399 beds	48	40.0%
≥400 beds	13	10.8%

**Table 4 : Characteristics of Tennessee Acute Care Hospitals, January-December 2016**

	Number of facilities	Percent
<b>Medical School Affiliation</b>		
Major teaching	20	17.1%
Graduate teaching	11	9.4%
Undergraduate teaching	11	9.4%
None	75	64.1%
<b>Number of Beds</b>		
<50 beds	31	26.5%
50-99 beds	26	22.2%
100-399 beds	49	41.9%
≥400 beds	11	9.4%

## Timeliness, Completeness and Accuracy of Reporting

TDH staff monitored the timeliness, completeness, and accuracy of hospital reports. In each Tennessee state HAI report, facilities with missing data during the reporting period are displayed in [Table 5](#). No facilities were missing data during the current reporting period.

**Table 5 : Facilities Noncompliant with Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI), Laboratory-Identified (LabID) Events, or Healthcare Personnel Influenza Vaccination Data Requirements for the Reporting Period January 2015-December 2016**

Facility	Missing Data		Reason for Missing Data
	From	To	
None	N/A	N/A	N/A

## Data Validation

**Data reported to NHSN are validated using several methods:**

**Point-of-entry checks:** NHSN is a web-based data reporting and submission program that includes validation routines for many data elements, thus reducing common data entry errors. Hospitals can enter, view, edit, and analyze their data at any time.

**Monthly checks for internal consistency:** Each month, TDH staff download CLABSI, CAUTI, SSI, and LabID (MRSA/CDI) data from NHSN and verify completeness with a computerized data validation program. Data that are missing, unusual, inconsistent, or duplicative are identified and investigated through email and/or telephone communication with hospital staff. Hospitals are given the opportunity to verify and/or correct the data.

**On-site audits:** Audits of a sample of medical records were conducted by TDH to assess compliance with reporting requirements. LabID events (MRSA/CDI) reported from January-June 2015 were audited by HAI program staff during onsite visits at 31 reporting hospitals. These visits consisted of reviewing medical charts from facility-wide inpatient units. CAUTI events reported from January-June 2016 were audited by HAI program staff during onsite visits at 16 reporting hospitals. These visits consisted of reviewing medical charts from adult, pediatric, and neonatal ICUs and medical, surgical and medical/surgical wards. The purposes of the audits were to:

- Enhance reliability and consistency in applying NHSN surveillance definitions
- Evaluate the adequacy of surveillance methods to detect infections
- Evaluate intervention strategies designed to reduce or eliminate specific infections
- Discuss identified inconsistencies and allow hospitals to modify records as needed

Ongoing monitoring, education, and trainings are provided to ensure integrity of the data. Some facilities also conduct their own validation studies.

## Risk Adjustment

Risk adjustment is a statistical technique that allows hospitals to be compared fairly by accounting for differences in patient populations in terms of illness severity and other factors that may affect the risk of developing an HAI. For example, a hospital that performs a large number of complex procedures on very sick patients would be expected to have a higher infection rate than a hospital that performs more routine procedures on healthier patients. Therefore, before comparing the infection rates of hospitals, it is important to adjust for the number and proportion of high- and low-risk patients by calculating a statistically 'expected' or predicted number of infections. Different risk adjustment methods are used for different types of HAIs.

## 2015 Rebaseline

The 2015 rebaseline updated both the source of aggregate data and the risk adjustment methodology used to create the original baselines. Before 2015, the baselines, or reference points, varied among the different HAI measures (e.g., several infections had different baselines). In previous Tennessee HAI reports, the number of predicted infections was estimated based on those original baselines. In this report, the number of predicted infections is an estimate based on infections reported to NHSN by participating facilities nationwide during 2015. Therefore, the data in this report are not comparable with previous Tennessee HAI reports. Moving forward, HAI prevention progress for 2015 and subsequent years will be measured in comparison to infection data from 2015.

## Standardized Infection Ratio - Overview

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

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

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

## Calculation of Confidence Interval of the SIR<sup>6</sup>:

This report uses the 95% confidence interval to describe statistical significance when reporting the SIR. Consistent with CDC/NHSN methodology, exact mid-p confidence intervals are used when observed and expected numbers of events are less than or equal to 100; otherwise, the Byar approximation method is used.<sup>7</sup>

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

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<sup>6</sup> Rothman KJ, Boice JD Jr: Epidemiologic analysis with a programmable calculator. NIH Pub No. 79-1649. Bethesda, MD: National Institutes of Health, 1979;31-32.

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

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

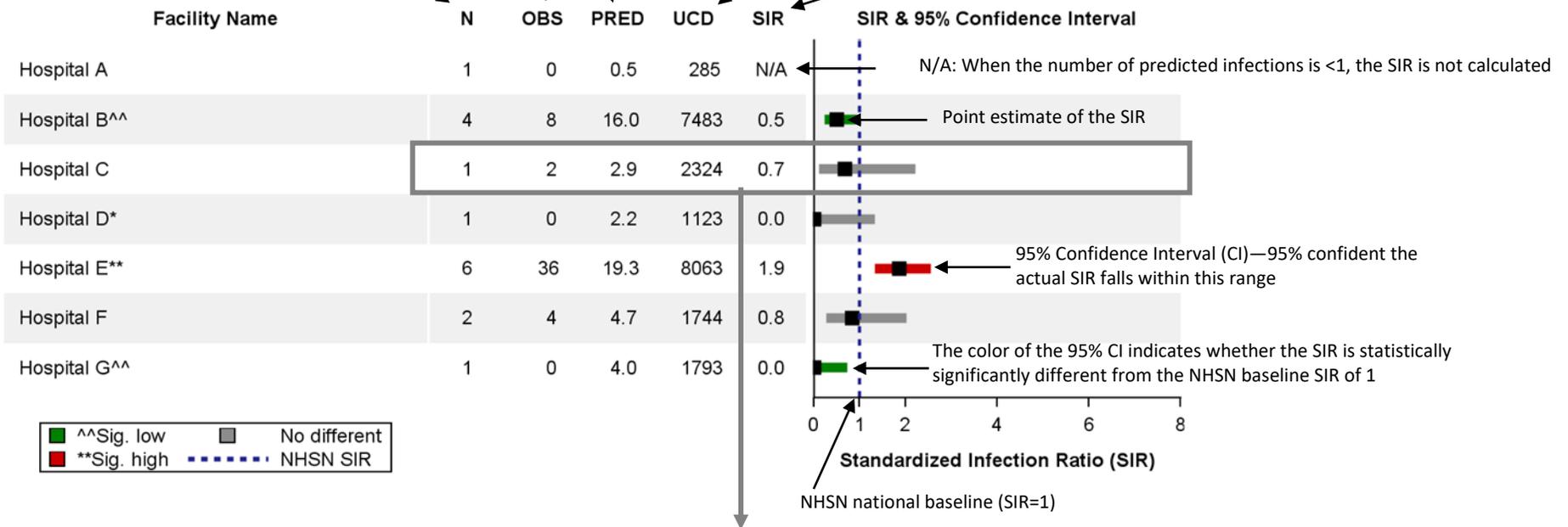
**Standardized Infection Ratio (SIR):**

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

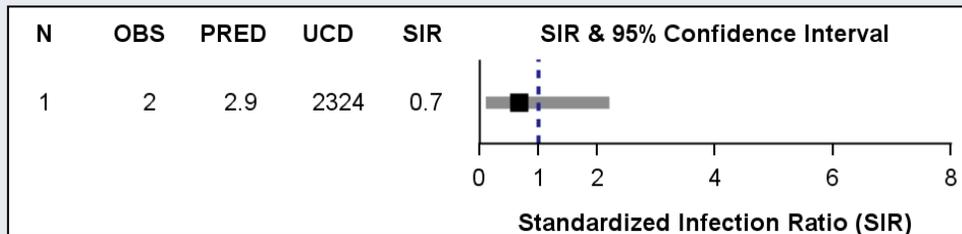
- SIR=1.3 means **30% more** infections than predicted
- SIR=0.5 means **50% fewer** infections than predicted

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

Number of types of units reporting      Number of urinary catheter days



**Example: Hospital C**



**During the reporting period, Hospital C:**

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

**Hospital C's Standardized Infection Ratio (SIR)**

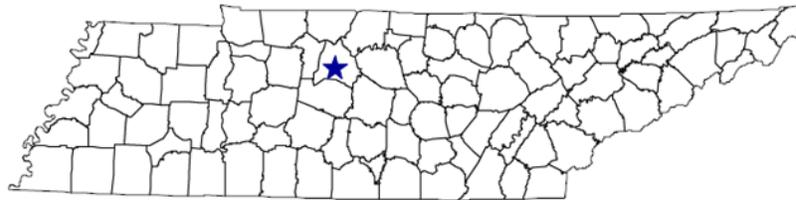
- Not statistically significantly different from the NHSN SIR of 1
  - SIR=0.7 (2 observed infections/2.9 predicted infections)
    - 30% fewer infections than predicted

**Figure 3 : Example Facility-Specific Summary Pages**

**TDH Central, Nashville, Davidson County**

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



**Section 1:**

Facility information from the NHSN 2015 Annual Survey

**Healthcare-Associated Infections (HAI) Summary**

Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections			Standardized Infection Ratio (SIR)		
		Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	26	31.2	24159	0.83	(0.53, 1.21)	0.88
	Neonatal ICU	4	10.3	5471	0.39	(0.12, 0.95)	0.92
	Adult/Pediatric Ward	26	21.5	22985	1.21	(0.84, 1.90)	0.80
CAUTI	Adult/Pediatric ICU	38	42.7	22385	0.89	(0.63, 1.30)	1.06
	Adult/Pediatric Ward	15	10.3	9232	1.45	(0.85, 2.40)	0.70
SSI	Colon surgery	20	21.0	505	0.95	(0.66, 1.28)	0.85
	Abdominal hysterectomy	5	2.5	305	2.0	(0.73, 4.42)	1.14
LabID	MRSA bacteremia	45	29.0	307325	1.55	(1.1, 1.62)	1.26
	C. difficile infection	113	154.9	165556	0.73	(0.57, 0.88)	0.97

**Section 2:**

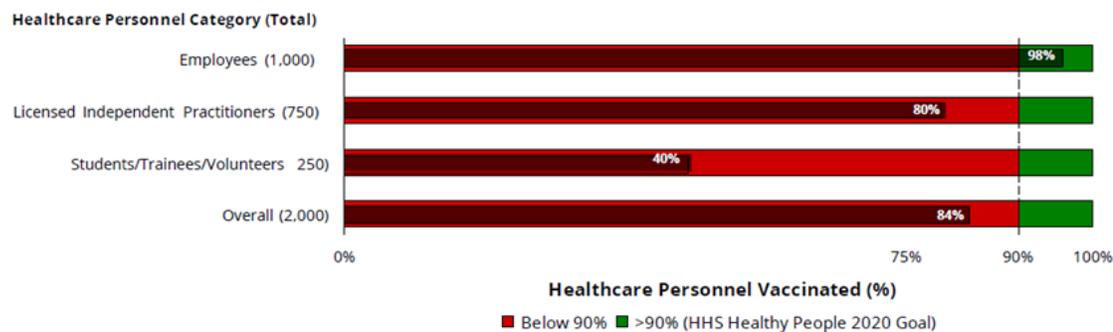
HAI reporting requirements for the facility in 2015

Facility-Specific Standardized Infection Ratios (SIRs) by HAI from January – December 2015

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline  
 Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline  
 N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted  
 \*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at TDH Central

**Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season**

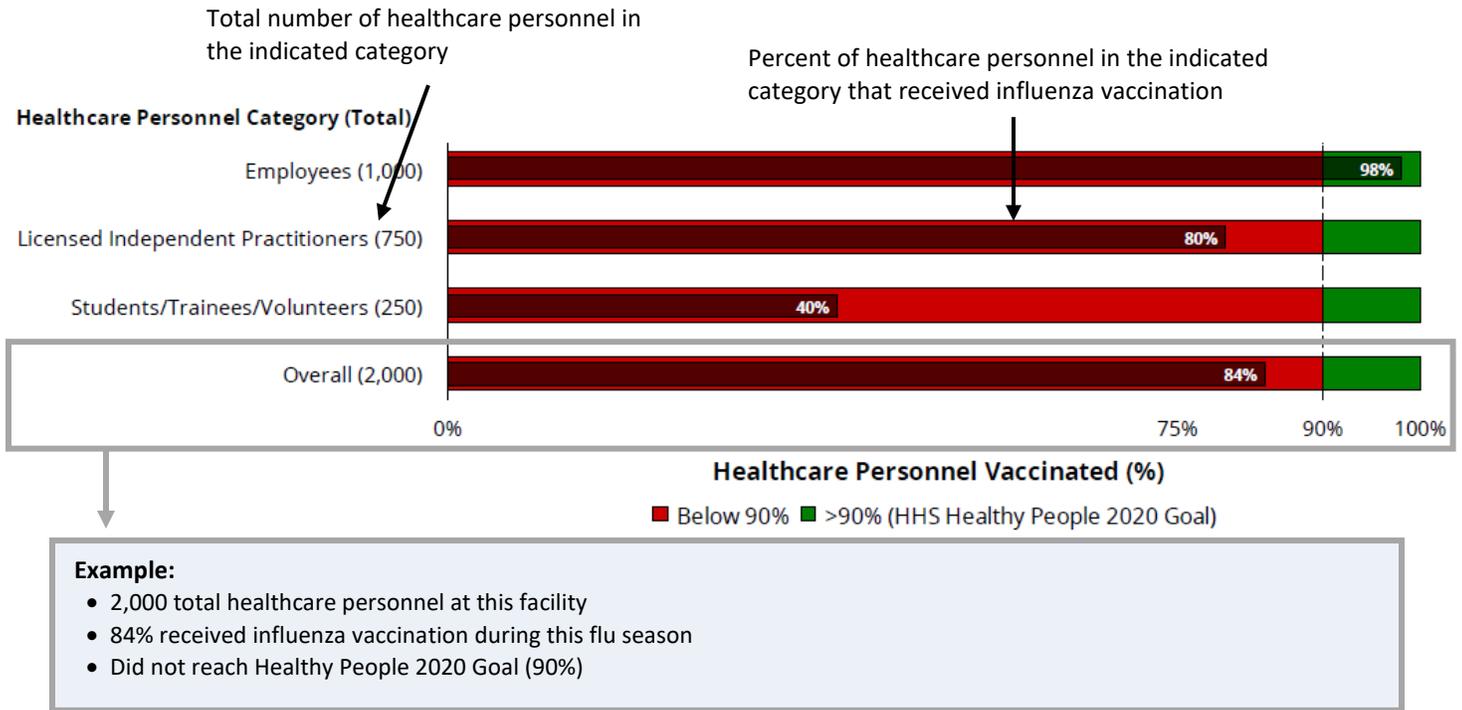


**Section 3 :**

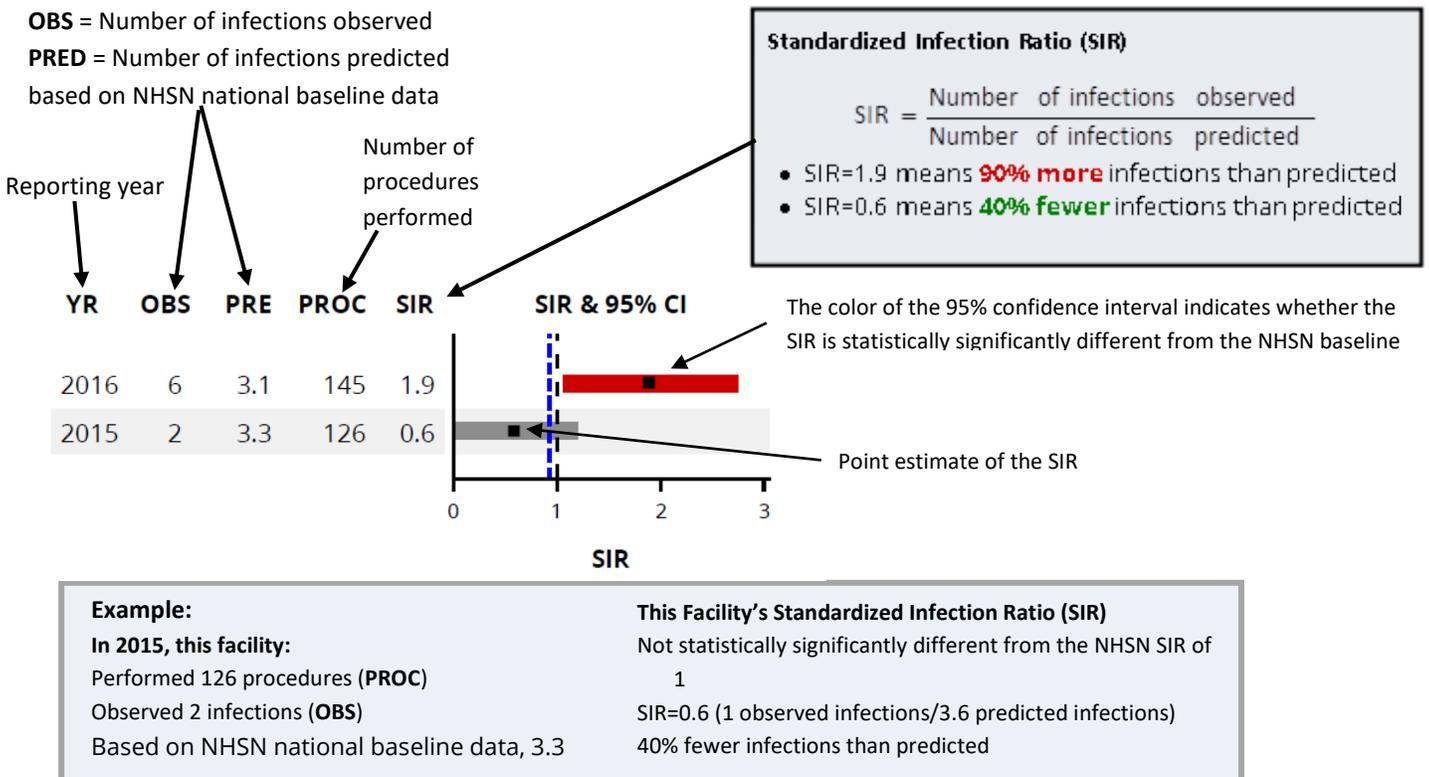
Healthcare personnel influenza vaccination rates for 2015/2016 influenza season

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

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



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



# Central Line-Associated Bloodstream Infections (CLABSI)

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

A central line or central venous catheter is a flexible tube that is inserted in a patient's blood vessel and terminates at or close to the heart or in one of the large vessels near the heart. A central line (or an umbilical line for newborns) can be used to give fluids, antibiotics, medical treatments such as chemotherapy, and/or liquid food. If a central line is inserted incorrectly or not cared for properly, it can lead to dangerous bloodstream infections, known as central line-associated bloodstream infections. Healthcare facilities can prevent CLABSIs by following appropriate infection prevention recommendations when placing and maintaining a central line, and by removing a central line as soon as it is no longer medically necessary (see [Patient Guide to CLABSI](#)<sup>8</sup>).

### **Reporting Requirements**

Since January 2008, acute care hospitals in Tennessee have been required to report CLABSI data from adult and pediatric intensive care units (ICUs, also called "critical care units") to TDH. Hospitals with an average daily census (ADC) less than 25 were exempt from this requirement until January 2012. Neonatal ICUs in Tennessee have been reporting CLABSI data since July 2008. Burn and trauma ICUs, and long-term acute care (LTAC) hospitals began reporting CLABSI data in July 2010. Acute care hospitals began reporting CLABSI from adult and pediatric medical, surgical, and medical/surgical wards in April 2014.

To comply with these reporting requirements, facilities are required to follow the [NHSN CLABSI Surveillance protocol](#)<sup>9</sup>, which is updated each year with CLABSI surveillance definitions and reporting instructions. Facilities must report the number of central line and patient days for each applicable location each month to NHSN. They are also required to report any bloodstream infections which meet the NHSN surveillance definition of a CLABSI in required locations.

### **Changes to Surveillance Definitions**

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

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<sup>8</sup> [http://www.cdc.gov/hai/pdfs/bsi/BSI\\_tagged.pdf](http://www.cdc.gov/hai/pdfs/bsi/BSI_tagged.pdf)

<sup>9</sup> [http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC\\_CLABScurrent.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf)

## Facility-Specific Data Thresholds

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

## CLABSI Risk Adjustment

We use the SIR as a summary measure to compare CLABSI data for facilities in TN to the national benchmark from a baseline time period. Recently, CDC introduced the SIR “rebaseline”, a term that is being used to describe updates to the previous (or original) HAI baselines. CDC used 2015 HAI data to create the updated SIR baselines, which includes updates to both the source of aggregate data and the risk adjustment methodology used to calculate the number of predicted events. Before 2015, the time period used to establish the baseline, or reference points, varied among the different HAI measures. Thus, in previous TN HAI reports, the number of predicted infections was estimated based on those original baselines. Therefore, the data in this report are not comparable with previous HAI reports. The CLABSI SIR is calculated by dividing the total number of observed CLABSI events by the predicted\* number of CLABSIs. This predicted number, which can also be understood as a projection, is calculated using a negative binomial regression model and is adjusted for each facility using variables found to be significant predictors of HAI incidence. The model adjusts for hospital location, facility type, bed size and medical school affiliation in acute care hospitals. Additionally, in acute care NICU locations, birthweight is adjusted for. In LTACHs, average length of stay, hospital location, facility bed size, and proportion of admissions on a ventilator and hemodialysis are adjusted for. Further details can be seen in the [NHSN Guide to the SIR.](#)<sup>10</sup>

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

<sup>10</sup> <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>

# CLABSI

## *Adult and Pediatric Critical Care Units*

## CLABSIs in Adult/Pediatric ICUs

**Total number of hospitals reporting from January-December 2015: 86**

**Total number of hospitals reporting from January-December 2016: 86**

### **SIRs by Quarter ([Figure 6](#), [Figure 7](#))**

- From January–March 2015 to July–September 2015, the overall CLABSI SIR in Tennessee increased from 0.68 to 1.04 and then decreased to 0.87 during October-December 2015. From January-March 2016 to October-December 2016, the overall CLABSI SIR decreased from 0.92 to 0.67. The CLABSI SIR from January 2015-December 2016 remained above the 2020 U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>11</sup> prevention target of SIR = 0.50.

### **Key Percentiles for Tennessee SIRs ([Table 6](#), [Table 7](#), [Table 8](#))**

- Including burn and trauma ICUs, the overall SIR across all reporting adult and pediatric ICUs in Tennessee from January-December 2015 was not statistically significantly different than the national SIR of 1 (SIR=0.91; 95% CI: 0.80, 1.03). Including burn and trauma ICUs, the overall SIR across all reporting adult and pediatric ICUs in Tennessee from January-December 2016 was not statistically significantly different than the national SIR of 1 (SIR=0.89; 95% CI: 0.79, 1.01).
- Excluding burn and trauma ICUs, the overall SIR across all reporting adult and pediatric ICUs in Tennessee from January-December 2015 was not statistically significantly different than the national SIR of 1 (SIR=0.87; 95% CI: 0.76, 1.00). The SIR from January-December 2016 was statistically significantly lower than the national SIR of 1 (SIR=0.84; 95% CI: 0.73, 0.96).
- In 2015, the median (50<sup>th</sup> percentile) facility-specific SIR was 0.75, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.75. In 2016, the median facility-specific SIR was 0.71.

### **SIRs by Unit Type ([Figure 8](#))**

- In 2015, CLABSI SIRs were highest among burn critical care units (SIR=1.45), neurosurgical critical care (SIR=1.34) and trauma critical care locations (SIR=1.03). Tennessee CLABSI SIRs were significantly lower than the national SIR of 1 in the medical critical care (SIR= 0.65) and surgical cardiothoracic critical care (SIR=0.66) locations.
- In 2016, CLABSI SIRs were highest among burn critical care units (SIR=1.46), trauma critical care locations (SIR=1.25), medical cardiac critical care (SIR=1.11) and pediatric medical-surgical critical care (SIR=1.10).

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<sup>11</sup> <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

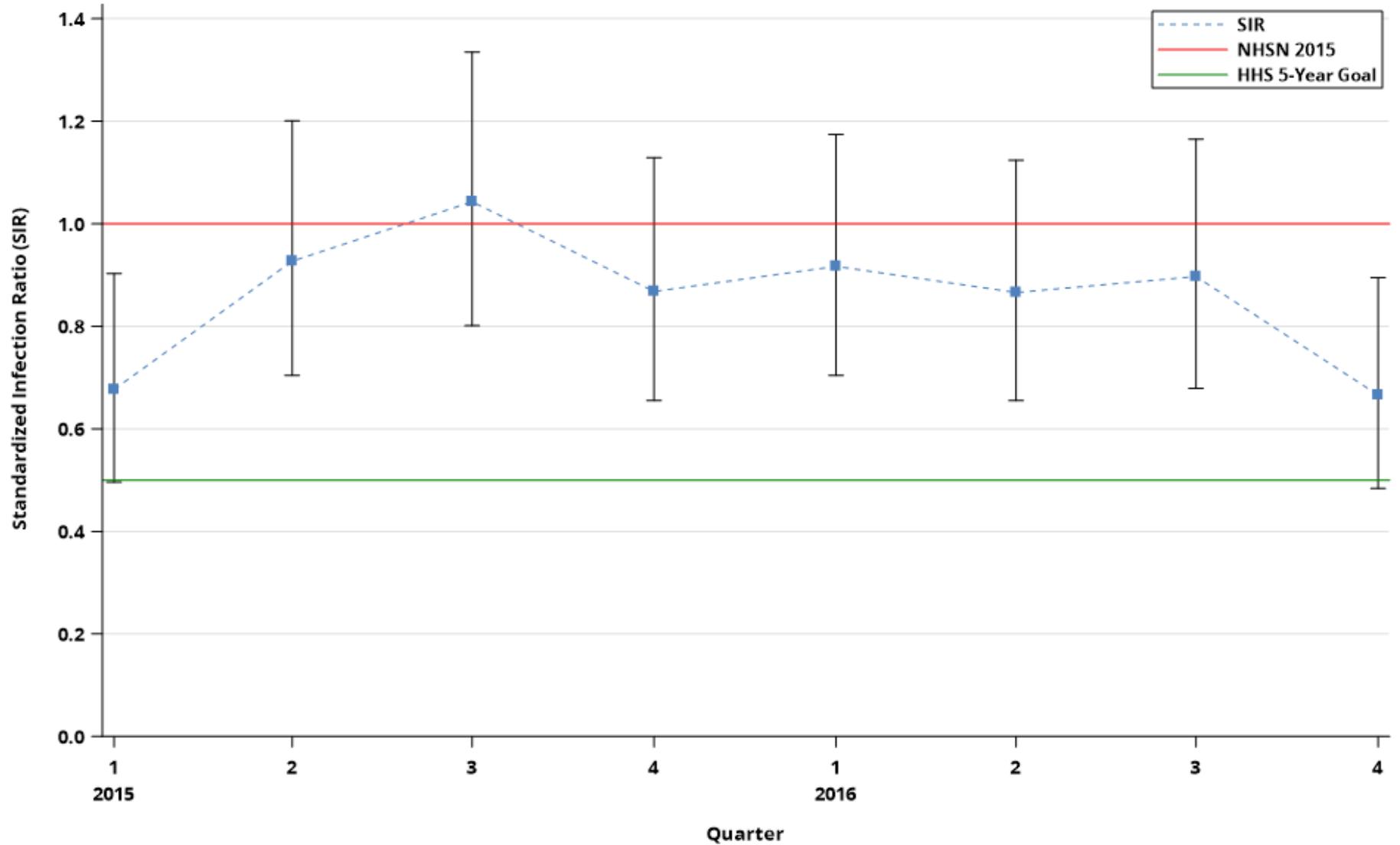
### **Microorganisms Associated with CLABSIs in Adult and Pediatric ICUs (Table 9)**

- Among the 280 pathogens isolated from 247 CLABSIs in 2015, the most common pathogens were *Candida* species and other yeasts (26%), coagulase-negative *Staphylococcus* species (16%), and *Enterococcus* species (11%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 4%, vancomycin-resistant *Enterococcus* (VRE) for 3%, and Carbapenem-resistant *Acinetobacter* accounted for 1% of total positive isolates. Among the 280 pathogens isolated from 251 CLABSIs in 2016, the most common pathogens were *Candida* species and other yeasts (21%), coagulase-negative *Staphylococcus* species (20%), *Staphylococcus aureus* (15%) and *Enterococcus* species (14%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 10% and vancomycin-resistant *Enterococcus* (VRE) for 5% of total positive isolates. Carbapenem-resistant *Acinetobacter* and *Pseudomonas aeruginosa* accounted for less than 1% of positive isolates.

### **Facility-Specific CLABSI SIRs (Figure 9, Figure 10)**

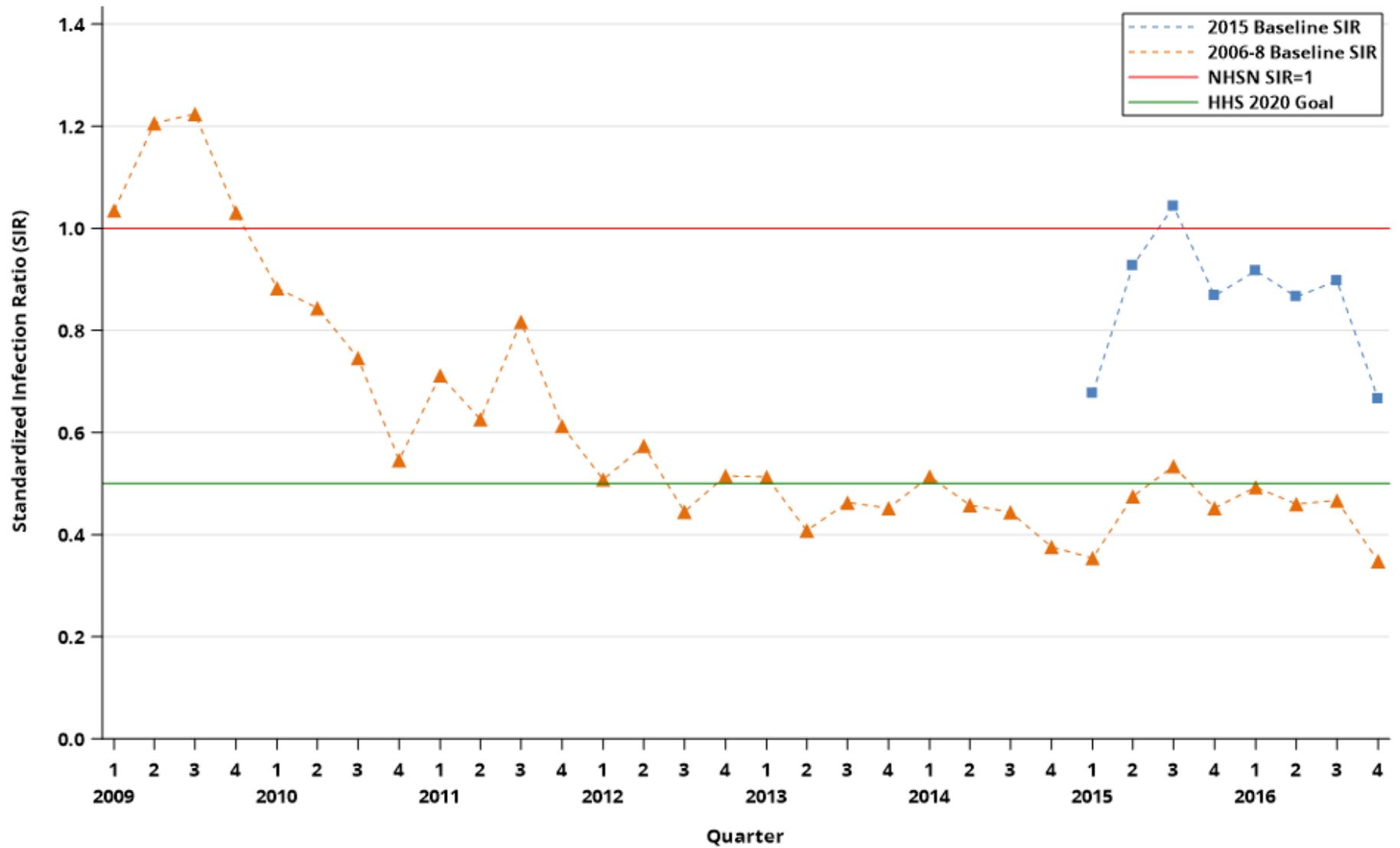
- One CLABSI SIR that accounts for all reporting adult/pediatric ICUs in each facility is displayed in [Figure 9](#) and [Figure 10](#). The bar representing the confidence interval is green if the CLABSI SIR was significantly lower than the national SIR of 1 for 2015, and red if the CLABSI SIR was significantly higher than 1. Some hospitals reported zero CLABSIs (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of central line-days.
- In 2015, 3 facilities had a CLABSI SIR that was significantly lower than the 2015 national baseline SIR of 1. Five facilities had a CLABSI SIR that was significantly higher than the baseline. In 2016, 3 facilities had a CLABSI SIR that was significantly lower than the 2015 national baseline SIR of 1. Two facilities had a CLABSI SIR that was significantly higher than the baseline.

**Figure 6 : Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSIs) for Adult and Pediatric Intensive Care Units (ICUs) by Quarter, Excluding Burn and Trauma ICUs, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]**



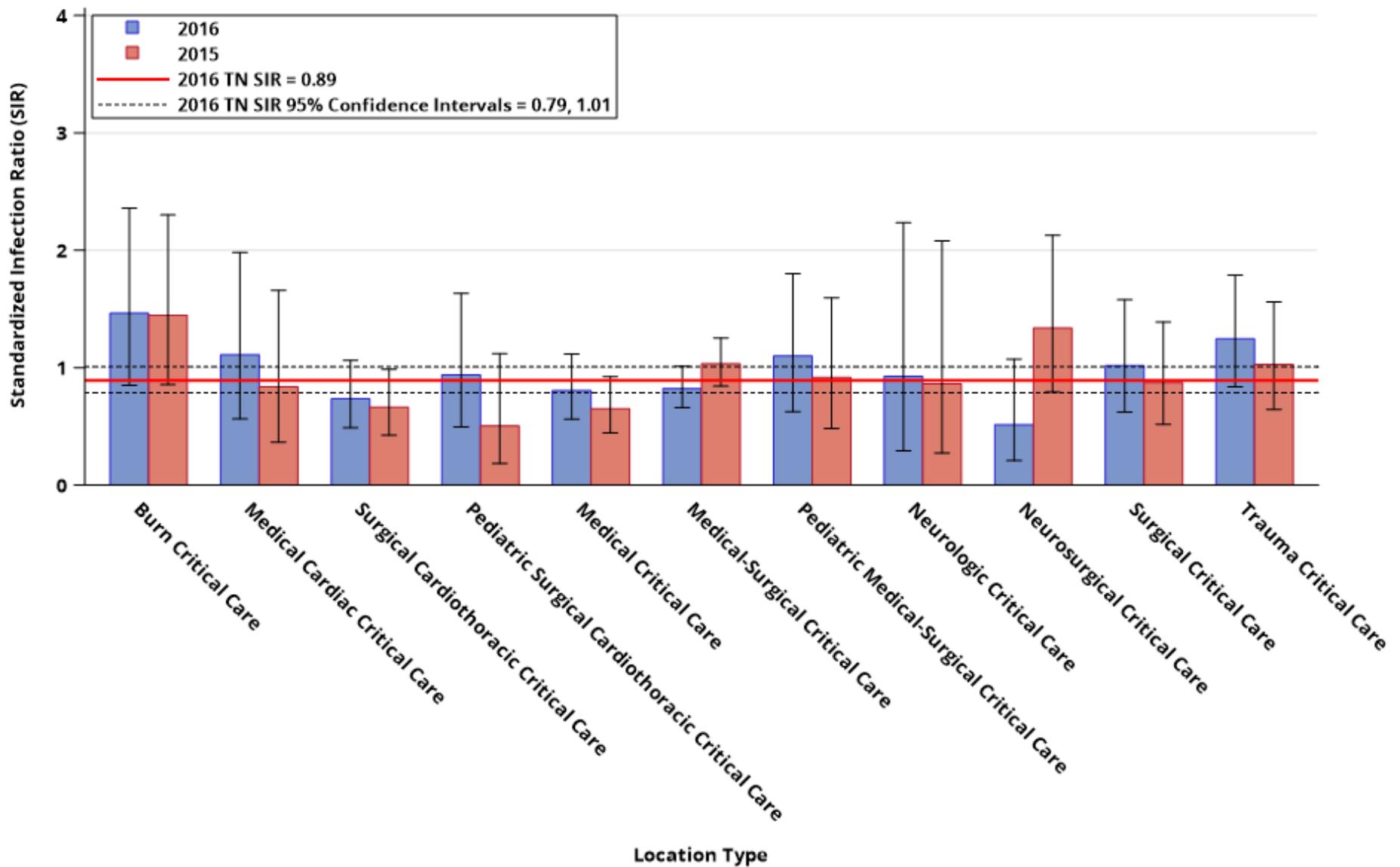
Data Reported as of September 4, 2018

**Figure 7 : Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSIs) for Adult and Pediatric Intensive Care Units (ICUs) by Quarter, Excluding Burn and Trauma ICUs, Tennessee, 01/01/2008–12/31/2016**



Data Reported as of September 4, 2018

**Figure 8 : Standardized Infection Ratios (SIRs) for Central Line-Associated Bloodstream Infections (CLABSIs) by Intensive Care Unit (ICU) Type, Tennessee, 2015 and 2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]**



Data Reported as of September 4, 2018

**Table 6 : Key Percentiles for Facility-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) in Adult and Pediatric Intensive Care Units (ICUs) by Reporting Year, Including Burn and Trauma Units, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	CL DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	86	256,119	248	278.08	0.89	0.79	1.01	42	3	7%	2	5%	0.00	0.53	0.73	1.39	1.97	
	2015	86	250,881	244	268.74	0.91	0.80	1.03	39	5	13%	5	13%	0.00	0.42	0.75	1.46	2.06	

Data reported as of September 4, 2018

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 7 : Key Percentiles for Facility-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) in Adult and Pediatric Intensive Care Units (ICUs) by Reporting Year, Excluding Burn and Trauma Units, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	CL DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	86	238,679	206	246.17	0.84	0.73	0.96	42	3	7%	2	5%	0.00	0.53	0.71	1.39	1.97	
	2015	86	234,822	208	238.26	0.87	0.76	1.00	39	3	8%	5	13%	0.00	0.47	0.75	1.46	2.56	

Data reported as of September 4, 2018

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 8 : Key Percentiles for Unit-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) by Type of Intensive Care Unit (ICU) and Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

ICU TYPE	YEAR	No.	CL DAYS	No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			DISTRIBUTION OF FACILITY-SPECIFIC SIRs					
				OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	10%	25%	50%	75%	90%
Burn Critical Care	2016	2	3,019	15	10.25	1.46	0.85	2.36	2	N/A	N/A	N/A	N/A	N/A
	2015	2	3,256	16	11.05	1.45	0.86	2.30	2	N/A	N/A	N/A	N/A	N/A
Medical Cardiac Critical Care	2016	5	9,005	10	8.99	1.11	0.57	1.98	4	N/A	N/A	N/A	N/A	N/A
	2015	5	9,088	7	8.35	0.84	0.37	1.66	4	N/A	N/A	N/A	N/A	N/A
Medical Critical Care	2016	25	40,772	33	41.00	0.81	0.56	1.12	13	0.00	0.45	0.87	1.60	1.75
	2015	26	44,113	29	44.52	0.65	0.45	0.92	13	0.00	0.00	0.68	1.23	1.41
Medical-Surgical Critical Care	2016	60	106,014	84	102.12	0.82	0.66	1.01	27	0.00	0.30	0.69	1.62	2.19
	2015	61	100,176	98	94.83	1.03	0.84	1.25	25	0.00	0.60	0.86	1.59	2.90
Neurologic Critical Care	2016	2	3,952	4	4.32	0.93	0.29	2.24	2	N/A	N/A	N/A	N/A	N/A
	2015	2	4,244	4	4.63	0.86	0.27	2.08	2	N/A	N/A	N/A	N/A	N/A
Neurosurgical Critical Care	2016	10	11,274	6	11.62	0.52	0.21	1.07	5	0.00	0.00	0.00	0.67	2.91
	2015	10	11,770	16	11.95	1.34	0.79	2.13	5	0.00	0.51	1.11	3.05	3.53
Pediatric Medical Critical Care	2016	1	0	0	0.00	.	.	.	.	N/A	N/A	N/A	N/A	N/A
	2015	1	0	0	0.00	.	.	.	.	N/A	N/A	N/A	N/A	N/A
Pediatric Medical-Surgical Critical Care	2016	7	8,776	14	12.73	1.10	0.63	1.80	3	N/A	N/A	N/A	N/A	N/A
	2015	7	8,223	11	11.98	0.92	0.48	1.60	4	N/A	N/A	N/A	N/A	N/A
Pediatric Neurosurgical Critical Care	2016	1	378	0	0.63	.	.	.	.	N/A	N/A	N/A	N/A	N/A
	2015	1	362	0	0.60	.	.	.	.	N/A	N/A	N/A	N/A	N/A
Pediatric Surgical Cardiothoracic Critical Care	2016	2	7,779	11	11.71	0.94	0.49	1.63	2	N/A	N/A	N/A	N/A	N/A
	2015	2	6,545	5	9.89	0.51	0.19	1.12	2	N/A	N/A	N/A	N/A	N/A
Surgical Cardiothoracic Critical Care	2016	14	33,629	26	35.37	0.74	0.49	1.06	14	0.00	0.00	0.48	1.38	2.29
	2015	14	32,067	22	33.20	0.66	0.43	0.99	13	0.00	0.00	0.48	0.73	1.55
Surgical Critical Care	2016	8	17,100	18	17.67	1.02	0.62	1.58	7	0.00	0.00	1.15	1.64	1.95
	2015	8	18,234	16	18.30	0.87	0.52	1.39	6	0.00	0.00	0.68	1.73	2.80
Trauma Critical Care	2016	6	14,421	27	21.66	1.25	0.84	1.79	6	0.00	0.48	0.65	1.20	2.32
	2015	6	12,803	20	19.43	1.03	0.65	1.56	4	N/A	N/A	N/A	N/A	N/A

Data reported as of September 4, 2018

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

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

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

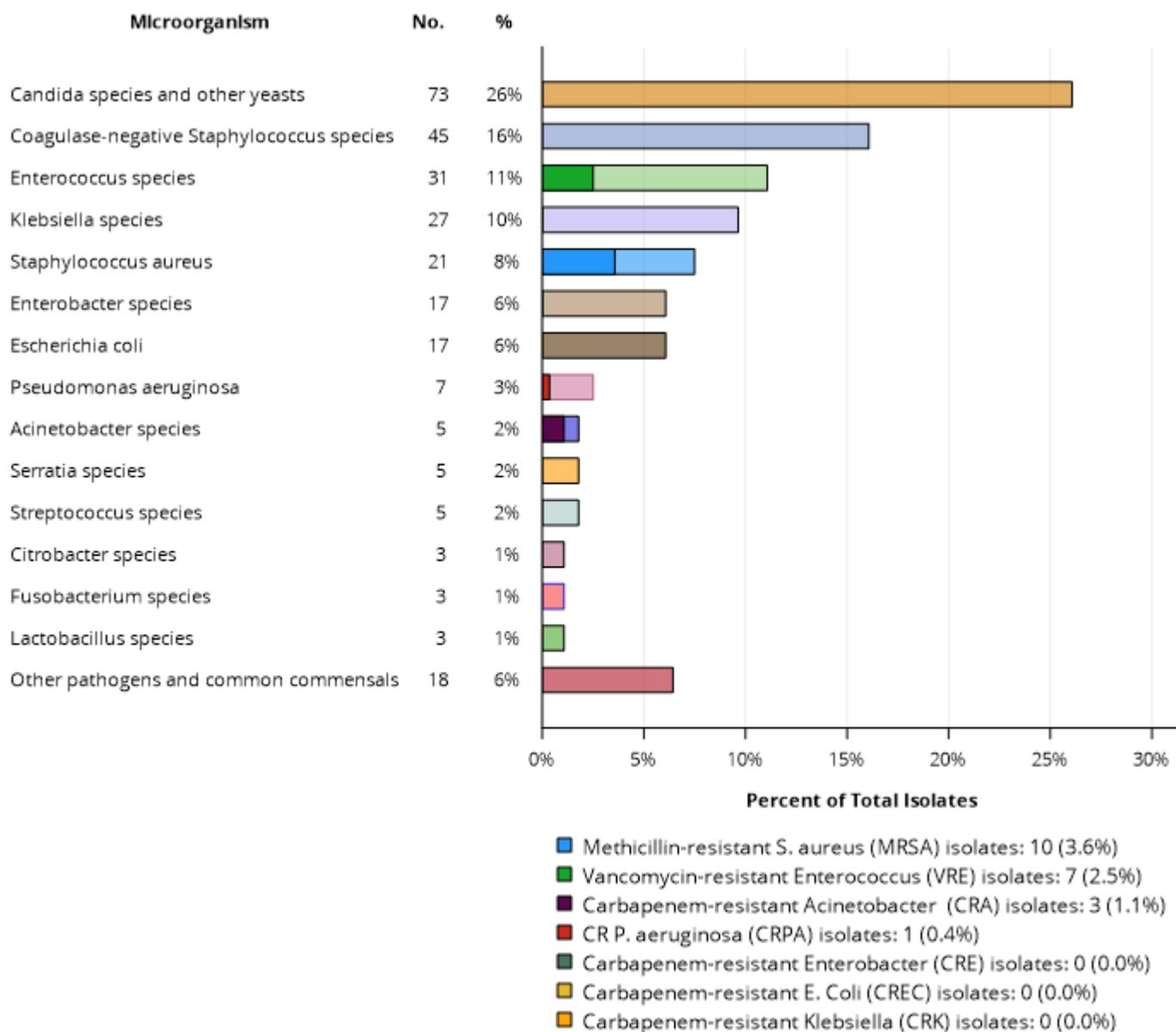
Key percentiles include units with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than 2015 national SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than 2015 national SIR of 1.0

**Table 9 : Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSIs) in Adult and Pediatric Intensive Care Units, Tennessee, 01/01/2015 - 12/31/2015**

**Number of isolates=280; Number of events=247**



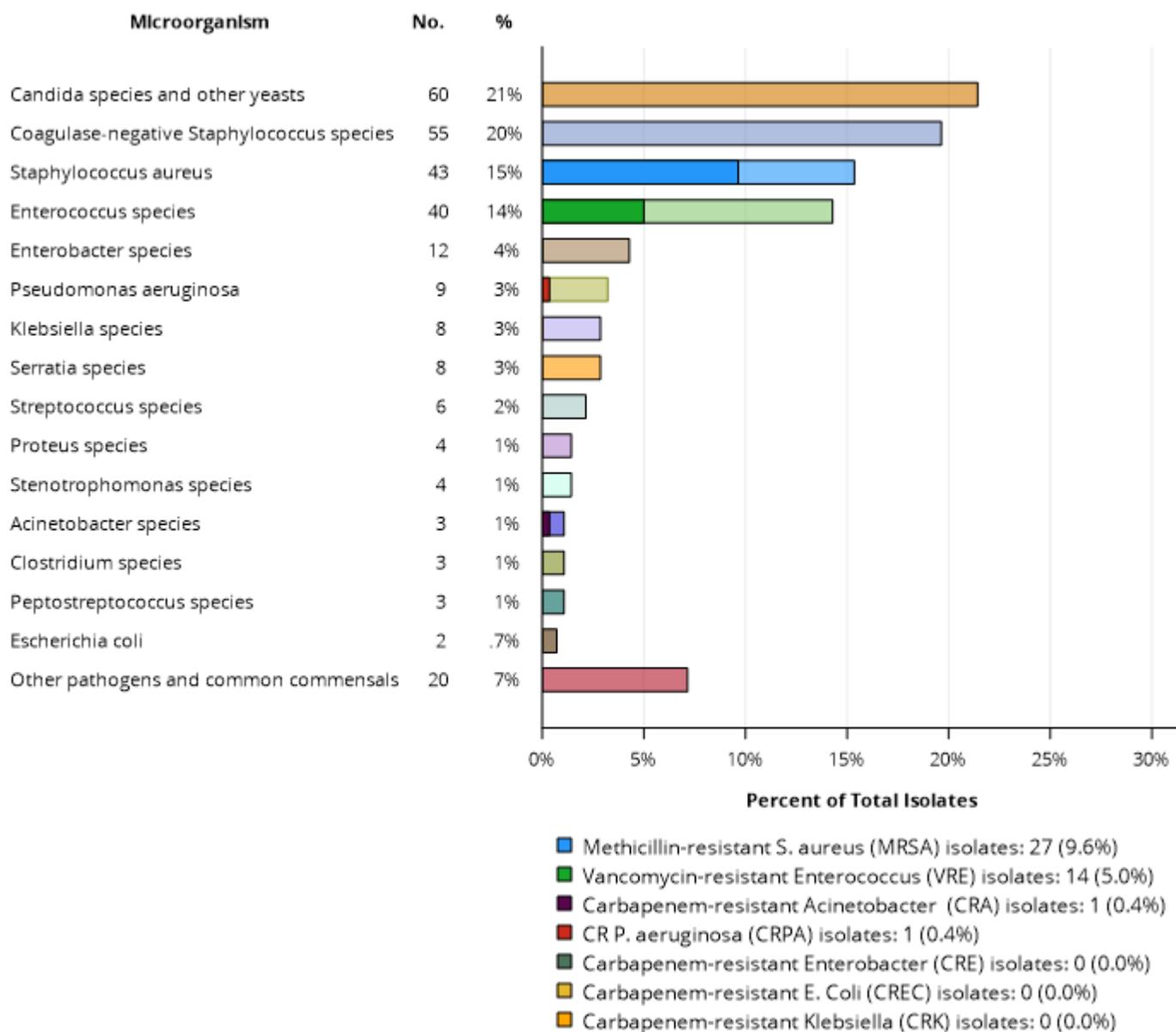
Data reported as of September 4, 2018

Other common commensals = *Bacillus* spp.,

Other pathogens = *Beauveria* spp., *Clostridioides* spp., *Fungus* spp., Gram-negative spp., *Kodamaea* spp., *Morganella* spp., Other *Staphylococcus* spp., *Pantoea* spp., *Prevotella* spp., *Proteus* spp., *Pseudomonas* spp., *Ralstonia* spp., *Sphingomonas* spp., *Stenotrophomonas* spp., species spp

**Table 10 : Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSI) in Adult and Pediatric Intensive Care Units, Tennessee, 01/01/2016 - 12/31/2016**

**Number of isolates=280; Number of events=251**

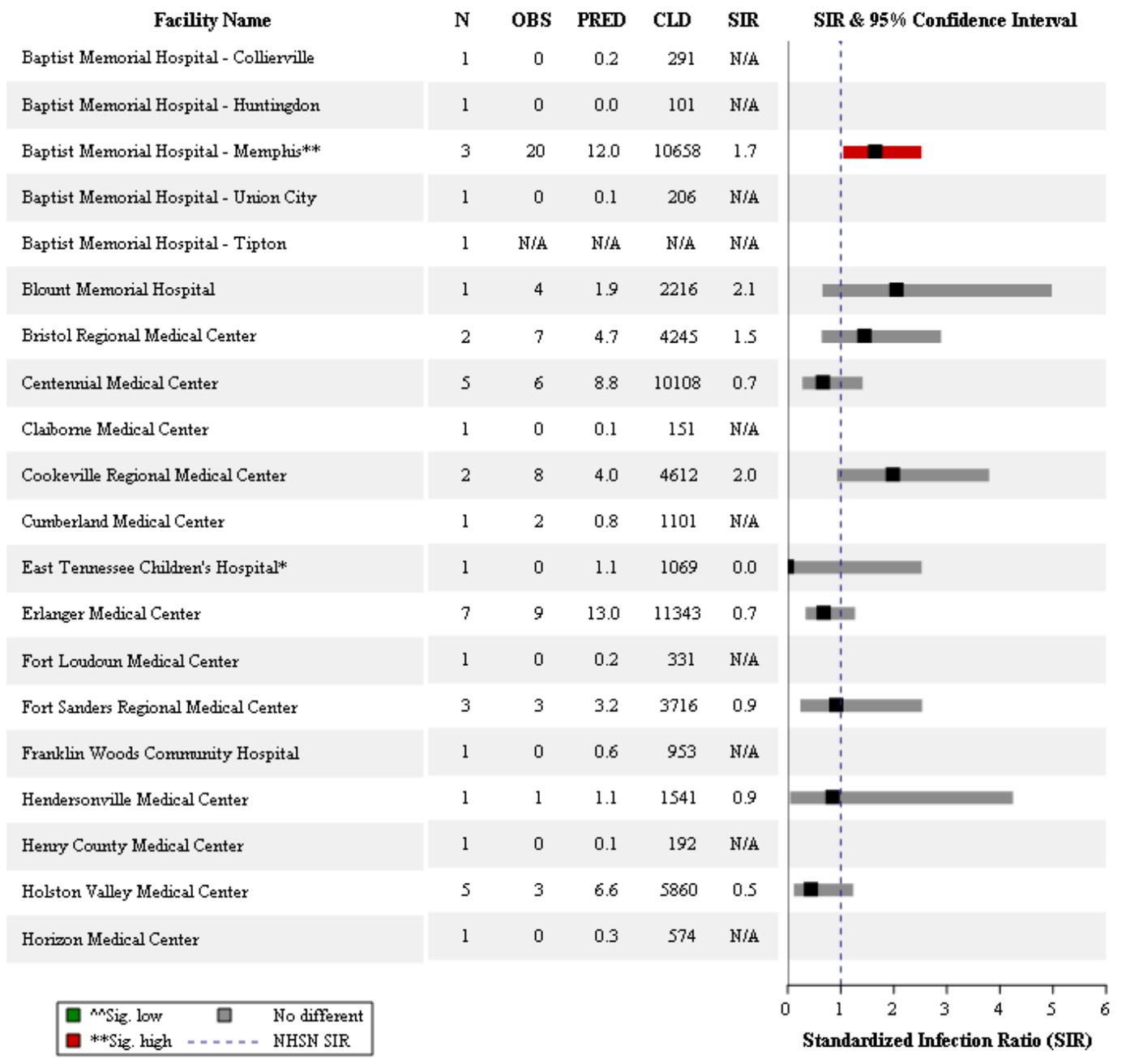


Data reported as of September 4, 2018

Other common commensals = *Bacillus* spp.,

Other pathogens = *Citrobacter* spp., *Escherichia* spp., *Fungus* spp., *Haemophilus* spp., *Lactobacillus* spp., *Morganella* spp., *Mucor* spp., *Neisseria* spp., Other *Staphylococcus* spp., *Pantoea* spp., *Prevotella* spp., *Pseudomonas* spp., *Rothia* spp., *Salmonella* spp., *Sphingomonas* spp., *Veillonella* spp.,

**Figure 9 : CLABSI Standardized Infection Ratio (SIR) for Adult and Pediatric Intensive Care Units in Acute Care Hospitals, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

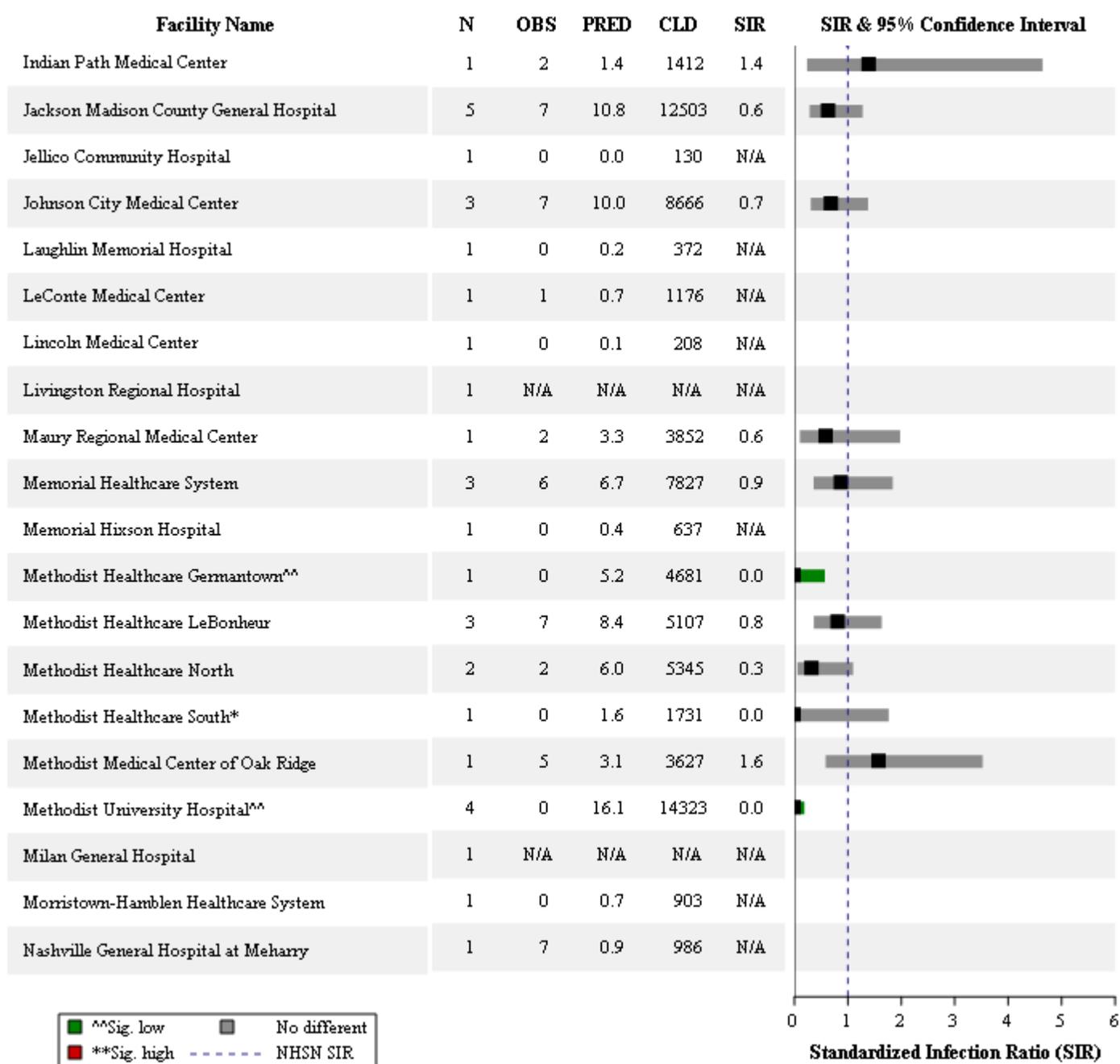
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 9 (cont'd)



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

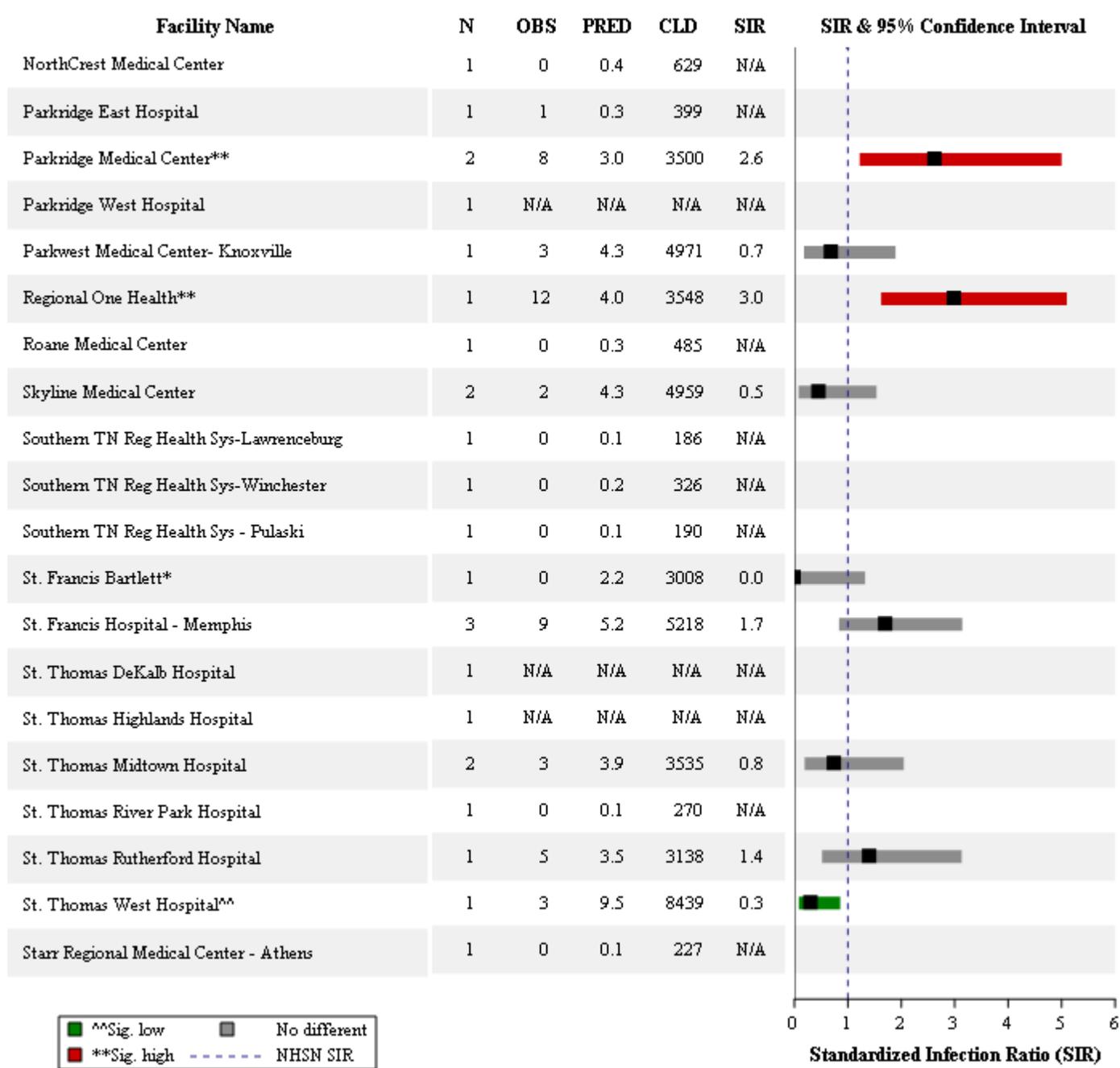
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 9 (cont'd)



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

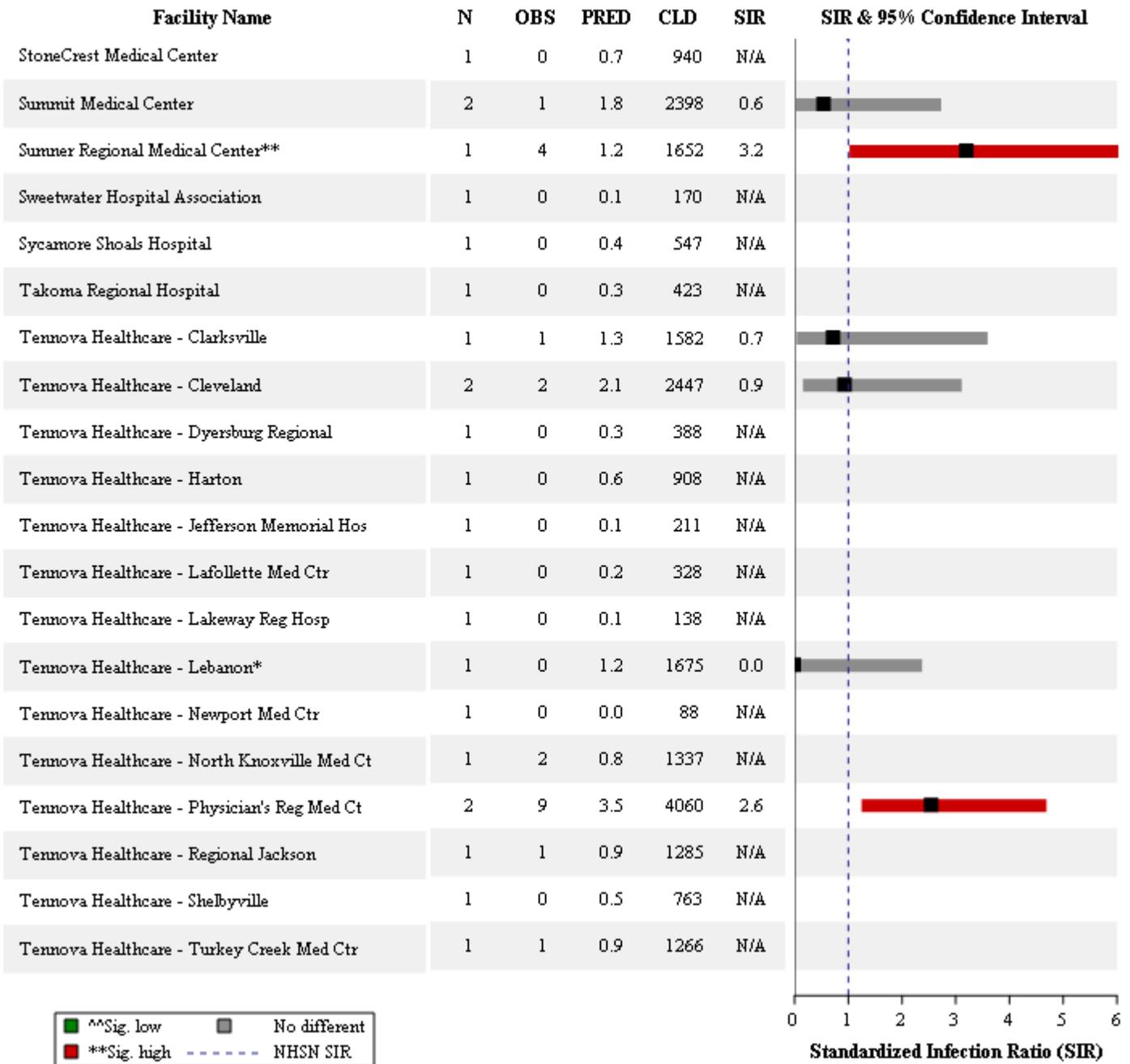
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 9 (cont'd)



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

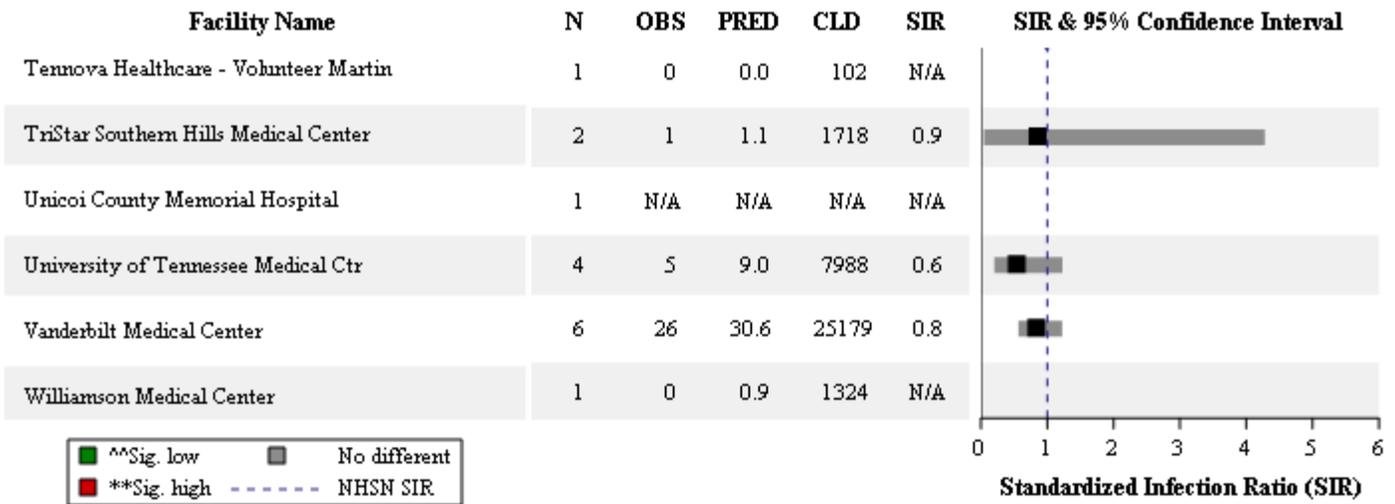
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 9 (cont'd)**



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

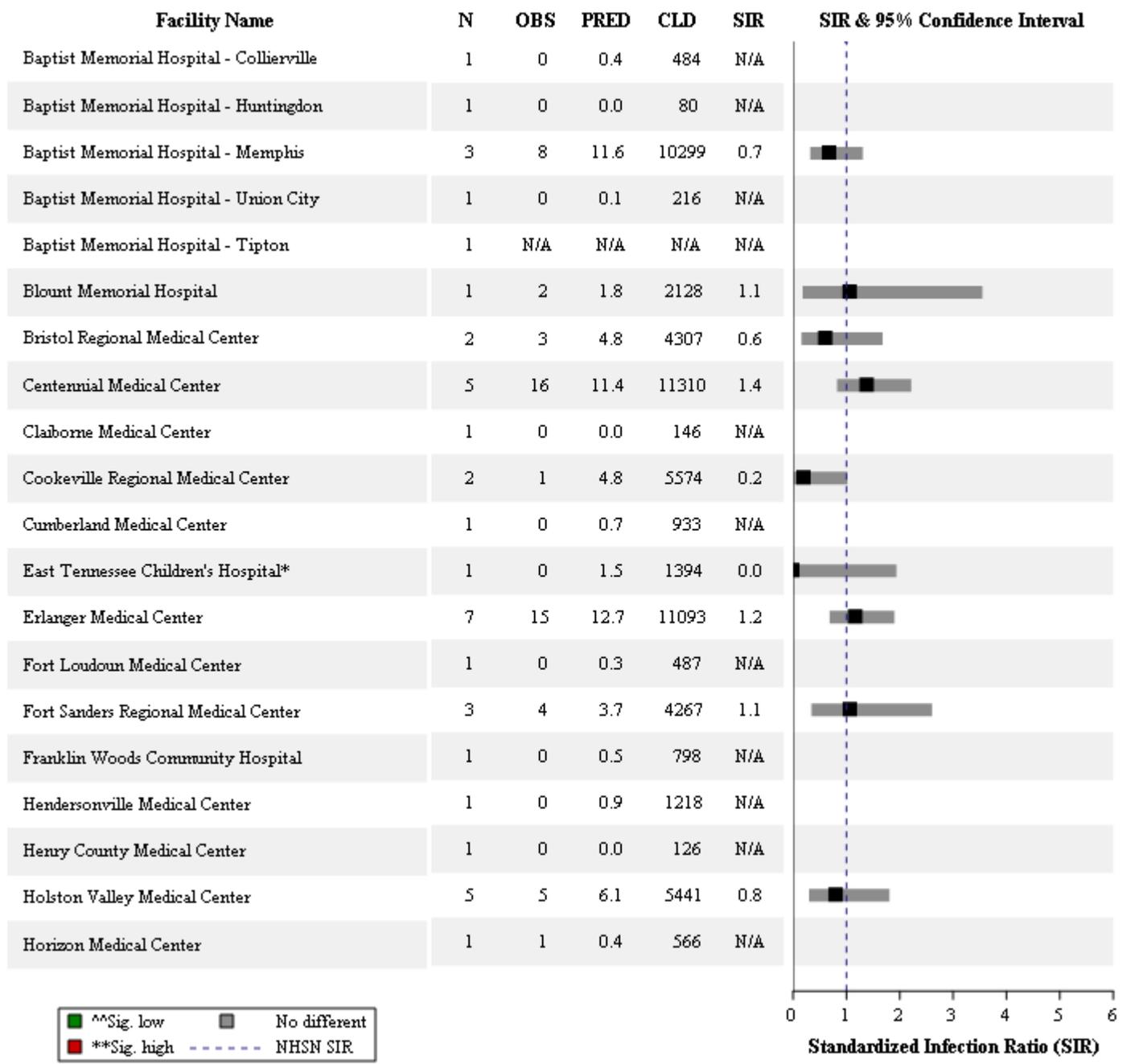
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 10 : CLABSI Standardized Infection Ratio (SIR) for Adult and Pediatric Intensive Care Units in Acute Care Hospitals, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 10 (cont'd)



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

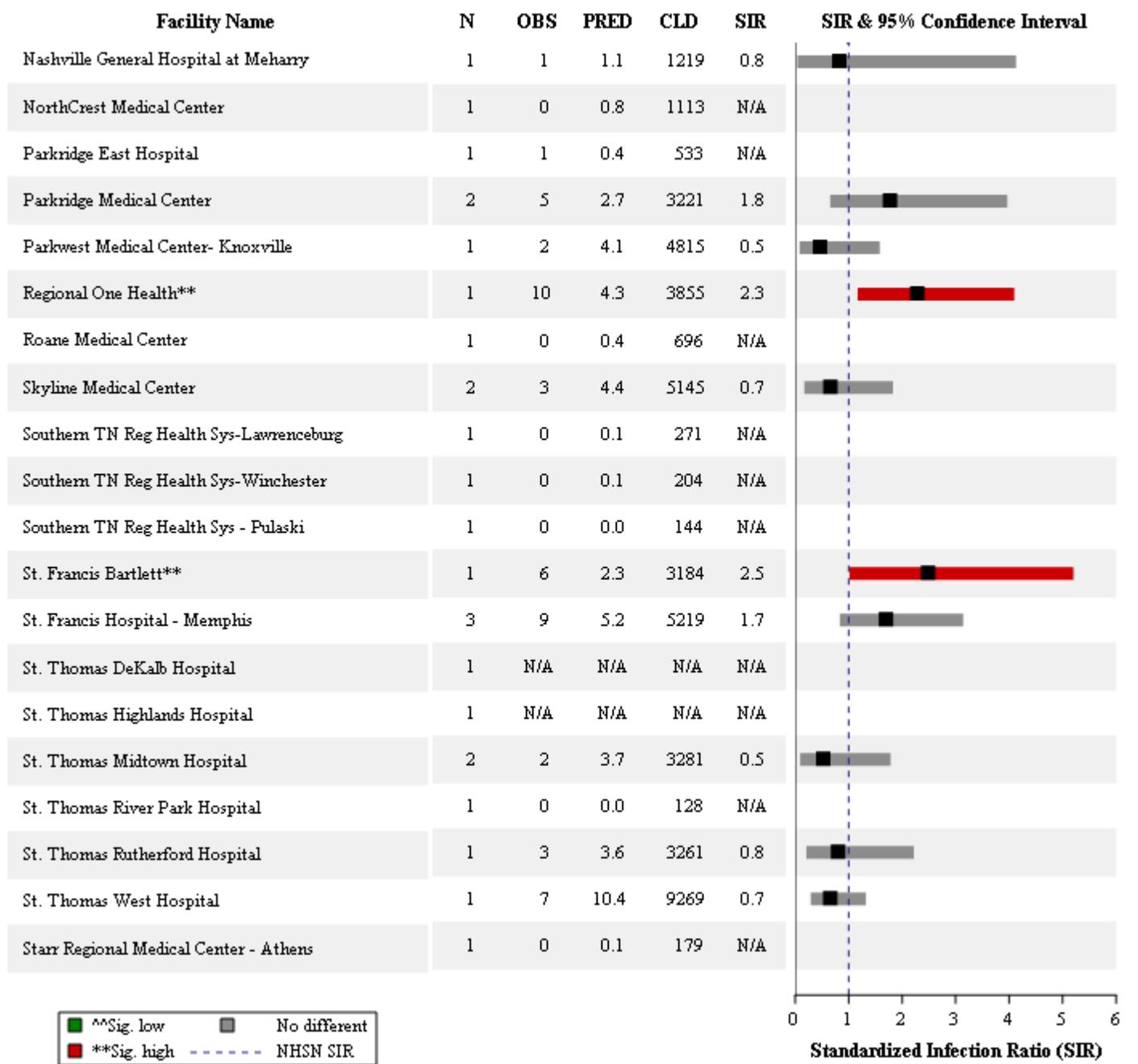
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 10 (cont'd)



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

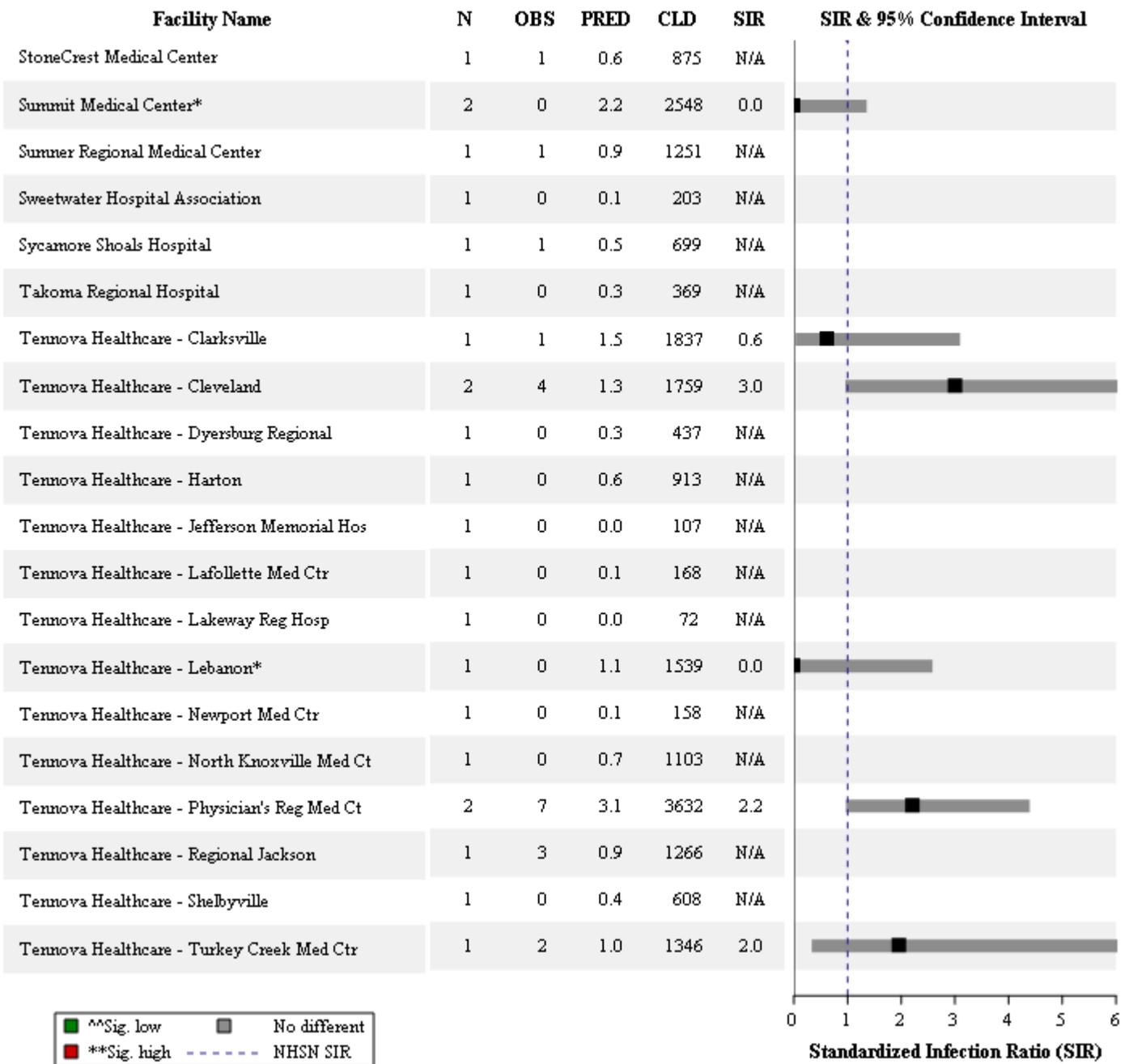
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 10 (cont'd)



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

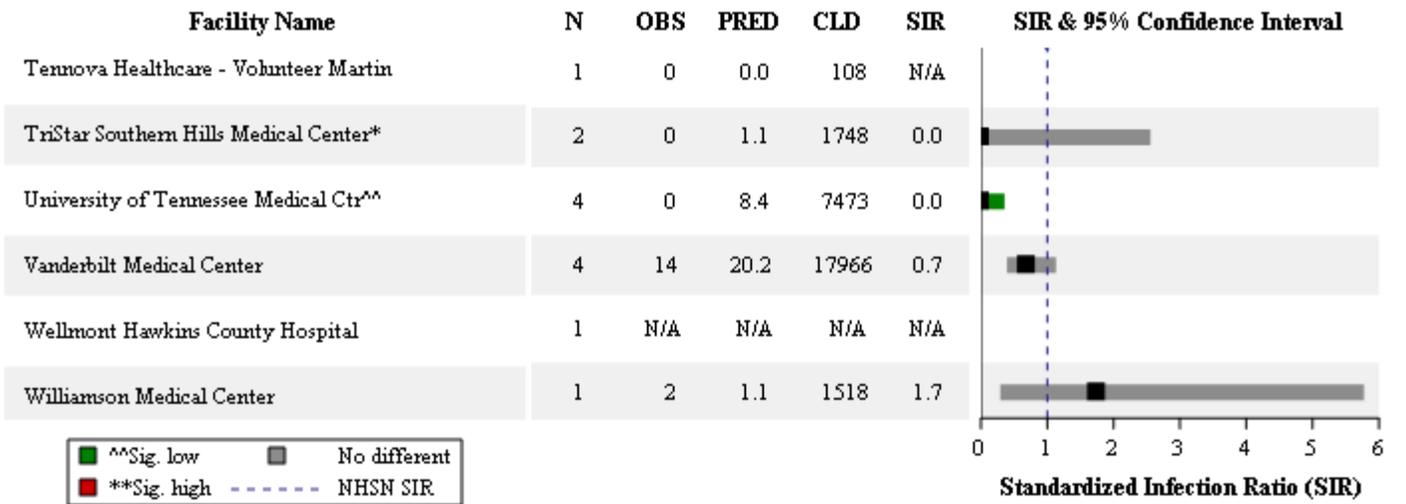
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 10 (cont'd)**



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

# CLABSI

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

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

**Total number of hospitals reporting from January-December 2015: 104**

**Total number of hospitals reporting from January-December 2016: 104**

### **SIRs by Quarter ([Figure 11](#), [Figure 12](#))**

- From January–March 2015 to October-December 2015, the overall CLABSI SIR in Tennessee increased from 0.73 to 0.90. From January-March 2016 to October-December 2016, the overall CLABSI SIR decreased from 0.90 to 0.61. The CLABSI SIR from January 2015-December 2016 remained above the 2020 U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>12</sup> prevention target of SIR = 0.50.

### **Key Percentiles for Tennessee SIRs ([Table 11](#), [Table 12](#))**

- The overall CLABSI SIR across all reporting adult and pediatric medical, surgical, and medical/surgical wards in Tennessee from January-December 2015 was statistically significantly lower than the national SIR of 1 (SIR=0.79; 95% CI: 0.69, 0.91). This SIR indicates that the number of CLABSIs in wards was 21% lower than predicted, compared to national 2015 NHSN data. The overall CLABSI SIR across all reporting adult and pediatric medical, surgical, and medical/surgical wards in Tennessee from January-December 2016 was statistically significantly lower than the national SIR of 1 (SIR=0.75; 95% CI: 0.64, 0.86). This SIR indicates that the number of CLABSIs in wards was 25% lower than predicted, compared to national 2015 NHSN data.
- In 2015, the median (50<sup>th</sup> percentile) facility-specific SIR was 0.74, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.74. In 2016, the median facility-specific SIR was 0.67.

### **SIR by Unit Type ([Figure 13](#))**

- In 2015, CLABSI SIRs were highest among the pediatric medical/surgical wards (SIR=1.14), and surgical ward locations (SIR=0.91). In 2016, CLABSI SIRs were highest among the pediatric medical/surgical wards (SIR=1.20), and surgical ward locations (SIR=0.96).

### **Microorganisms Associated with CLABSIs in Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards ([Table 13](#))**

- Among the 233 pathogens isolated from 196 CLABSIs in 2015, the most common pathogens were *Candida* species and other yeasts (17%), *Enterococcus* species (16%), and *Staphylococcus aureus* (16%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 11%, vancomycin-resistant *Enterococcus* (VRE) for 7%, and carbapenem-resistant *Acinetobacter* accounted for 1% of total positive isolates. Among the 209 pathogens isolated from 182 CLABSIs in 2016, the most common pathogens were *Candida* species and other yeasts (17%), coagulase-negative *Staphylococcus* species (17%), *Staphylococcus aureus* (15%) and *Enterococcus* species (12%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 7%, vancomycin-

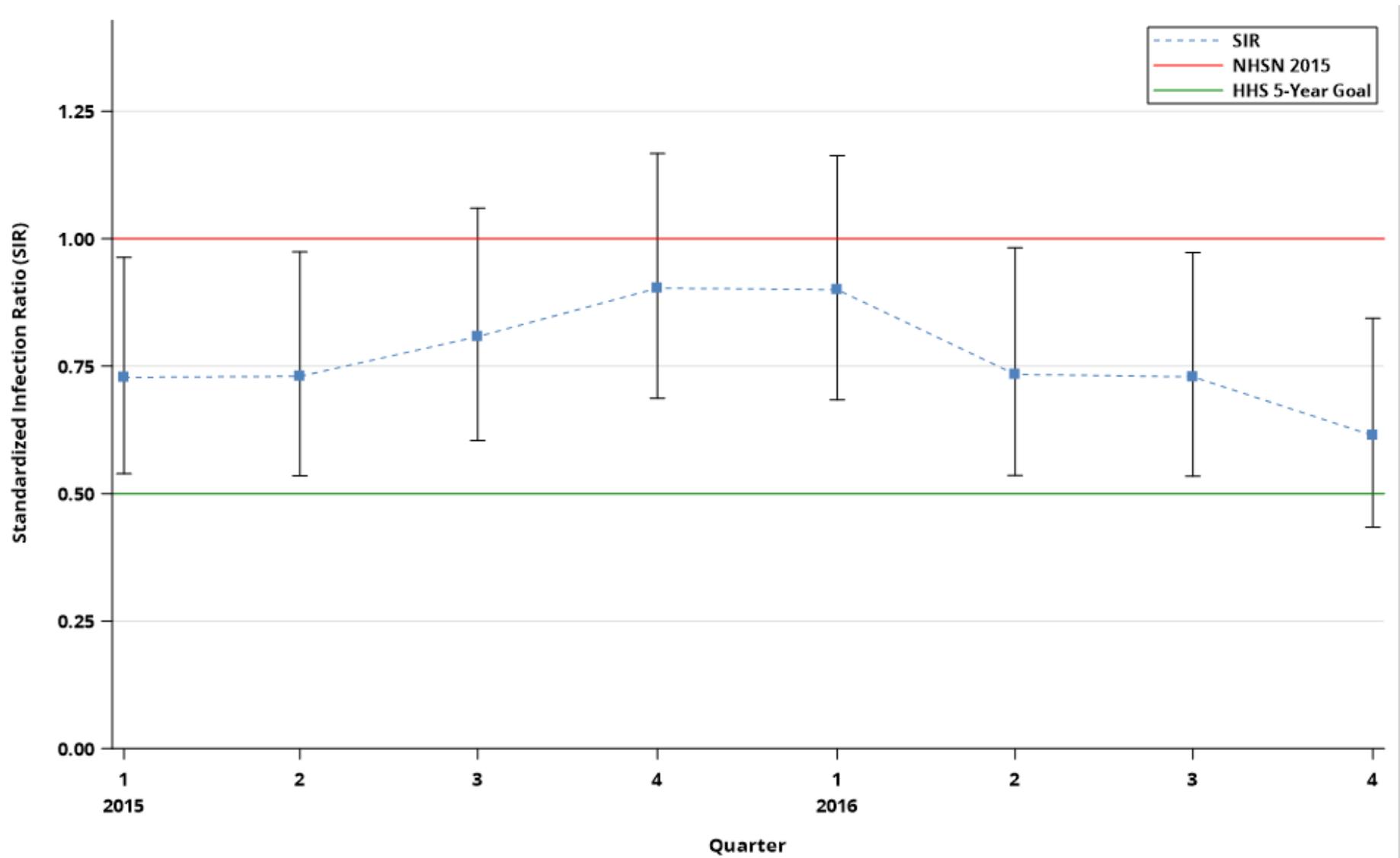
<sup>12</sup> <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

resistant *Enterococcus* (VRE) for 3%, and carbapenem-resistant *Acinetobacter* accounted for less than 1% of total positive isolates.

#### **Facility-Specific CLABSI SIRs ([Figure 14](#), [Figure 15](#))**

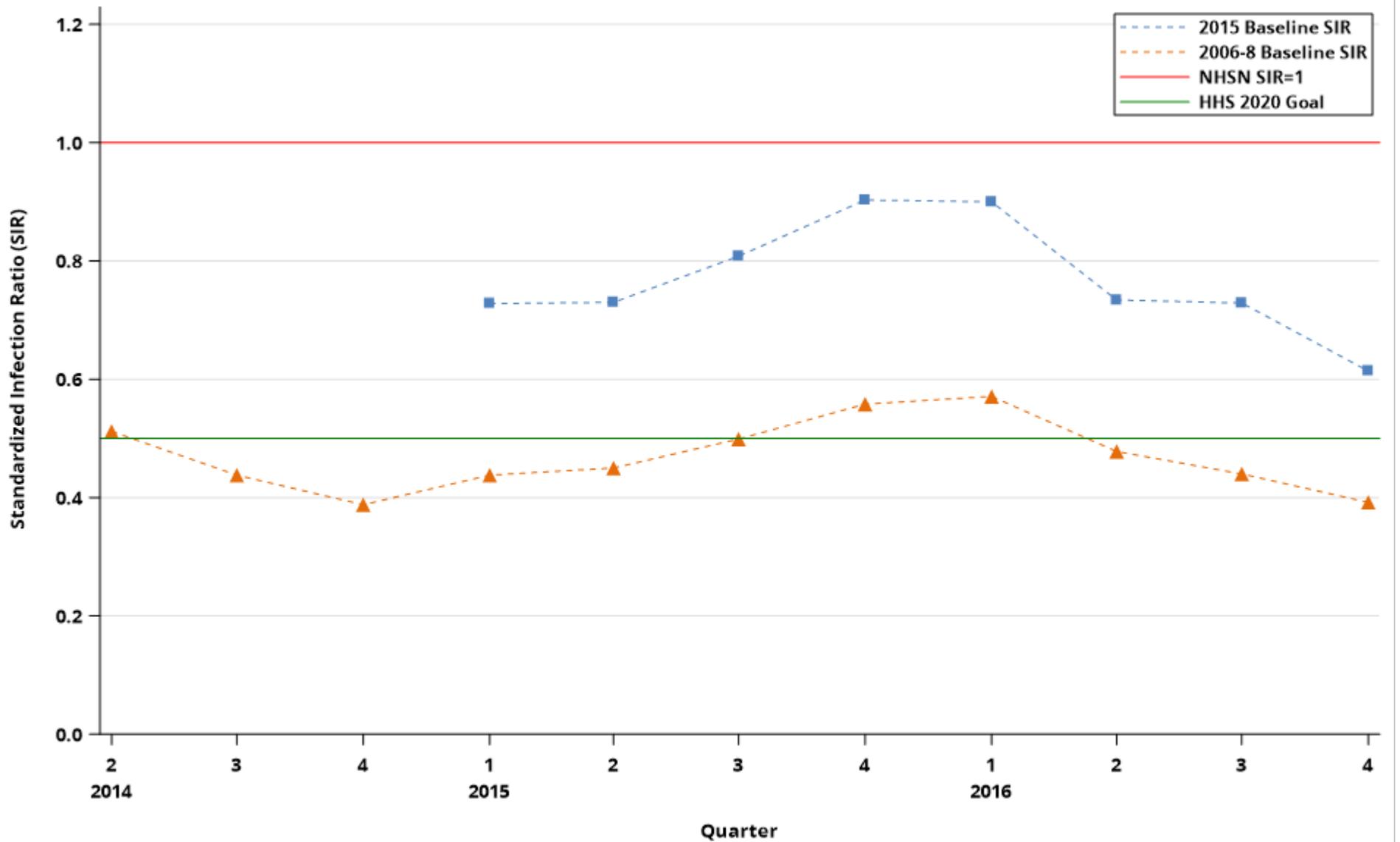
- One CLABSI SIR that accounts for all reporting adult/pediatric ICUs in each facility is displayed in [Figure 14](#) and [Figure 15](#). The bar representing the confidence interval is green if the CLABSI SIR was significantly lower than the national SIR of 1 for 2015, and red if the CLABSI SIR was significantly higher than 1. Some hospitals reported zero CLABSIs (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of central line-days.
- In 2015, 7 facilities had a CLABSI SIR that was significantly lower than the 2015 national baseline SIR of 1. One facility had a CLABSI SIR that was significantly higher than the baseline. In 2016, 6 facilities had a CLABSI SIR that was significantly lower than the 2015 national baseline SIR of 1. Two facilities had a CLABSI SIR that was significantly higher than the baseline.

**Figure 11 : Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSI) for Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]**



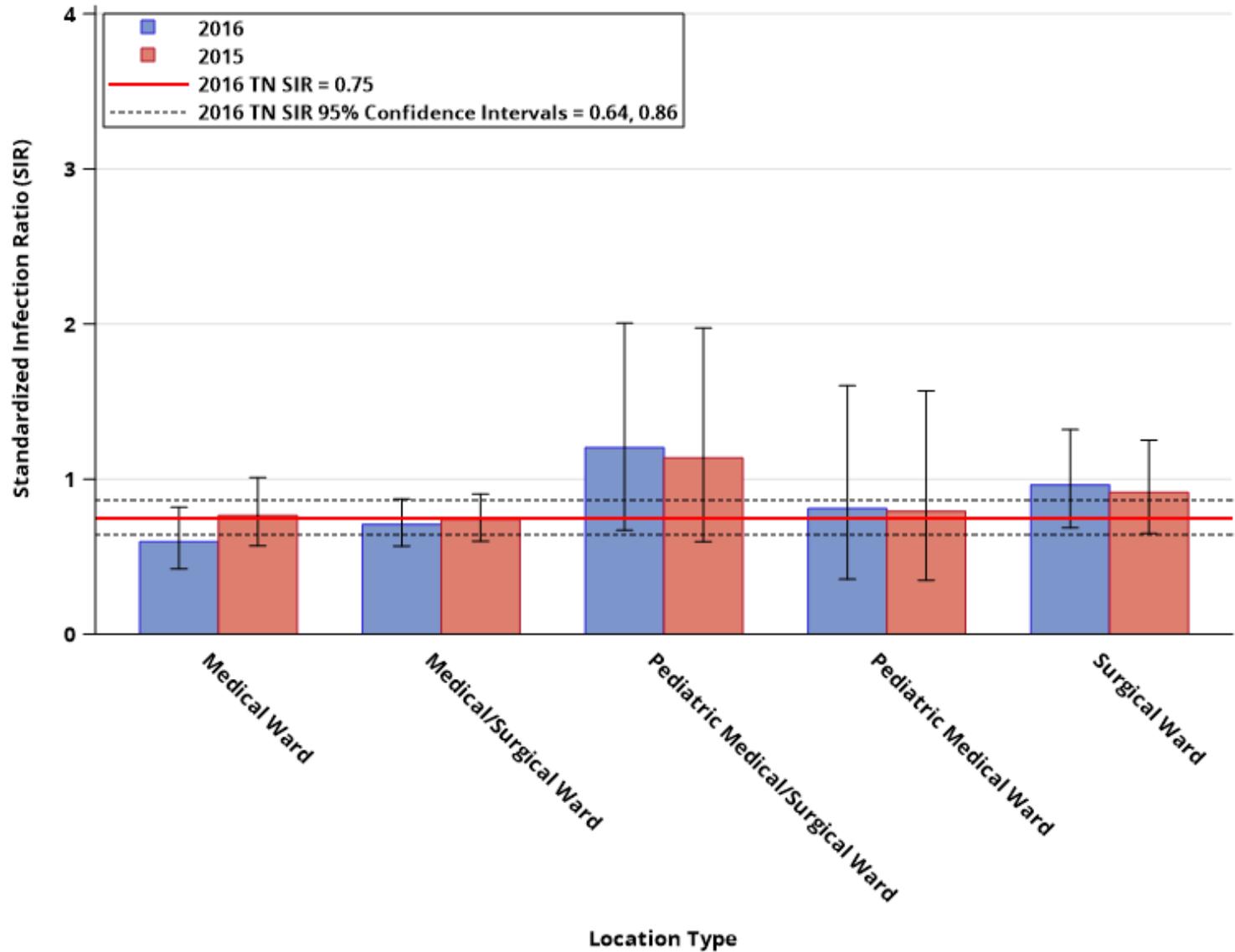
Data Reported as of September 4, 2018

Figure 12 : Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSIs) for Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards by Quarter, Tennessee, 04/01/2014–12/31/2016



Data Reported as of September 4, 2018

**Figure 13 : Standardized Infection Ratios (SIRs) for Central Line-Associated Bloodstream Infections (CLABSIs) by Ward Location Type, Tennessee, 2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]**



Data Reported as of September 4, 2018

**Table 11 : Key Percentiles for Facility-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) in Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	CL DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	104	275,103	175	234.38	0.75	0.64	0.86	44	6	14%	2	5%	0.00	0.30	0.67	1.17	1.91	
	2015	104	289,711	193	243.59	0.79	0.69	0.91	46	7	15%	1	2%	0.00	0.00	0.74	1.38	1.54	

Data reported as of September 4, 2018

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

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

Key percentiles include facilities with at least one predicted infection

**Red highlighting** indicates SIR for reporting period is significantly **higher** than national 2015 SIR of 1.0

**Green highlighting** indicates SIR for reporting period is significantly **lower** than national 2015 SIR of 1.0

**Table 12 : Key Percentiles for Unit-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) by Type of Ward and Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

ICU TYPE	YEAR	No.	CL DAYS	No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			DISTRIBUTION OF FACILITY-SPECIFIC SIRs					
				OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	10%	25%	50%	75%	90%
Medical Ward	2016	44	70,260	35	58.86	0.60	0.42	0.82	20	0.00	0.00	0.62	0.95	1.42
	2015	45	74,419	47	61.38	0.77	0.57	1.01	20	0.00	0.00	0.50	1.39	1.59
Medical/Surgical Ward	2016	85	141,530	84	118.70	0.71	0.57	0.87	33	0.00	0.00	0.59	0.99	1.59
	2015	85	150,350	92	124.25	0.74	0.60	0.90	35	0.00	0.00	0.60	1.50	2.49
Pediatric Medical Ward	2016	6	8,604	7	8.64	0.81	0.35	1.60	3	N/A	N/A	N/A	N/A	N/A
	2015	7	8,643	7	8.83	0.79	0.35	1.57	2	N/A	N/A	N/A	N/A	N/A
Pediatric Medical/Surgical Ward	2016	10	11,017	13	10.81	1.20	0.67	2.01	4	N/A	N/A	N/A	N/A	N/A
	2015	10	9,806	11	9.69	1.14	0.60	1.97	3	N/A	N/A	N/A	N/A	N/A
Surgical Ward	2016	30	43,692	36	37.37	0.96	0.69	1.32	11	0.17	0.35	0.87	1.25	1.72
	2015	32	46,493	36	39.44	0.91	0.65	1.25	11	0.00	0.18	1.04	1.54	1.68

Data reported as of September 4, 2018

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

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

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

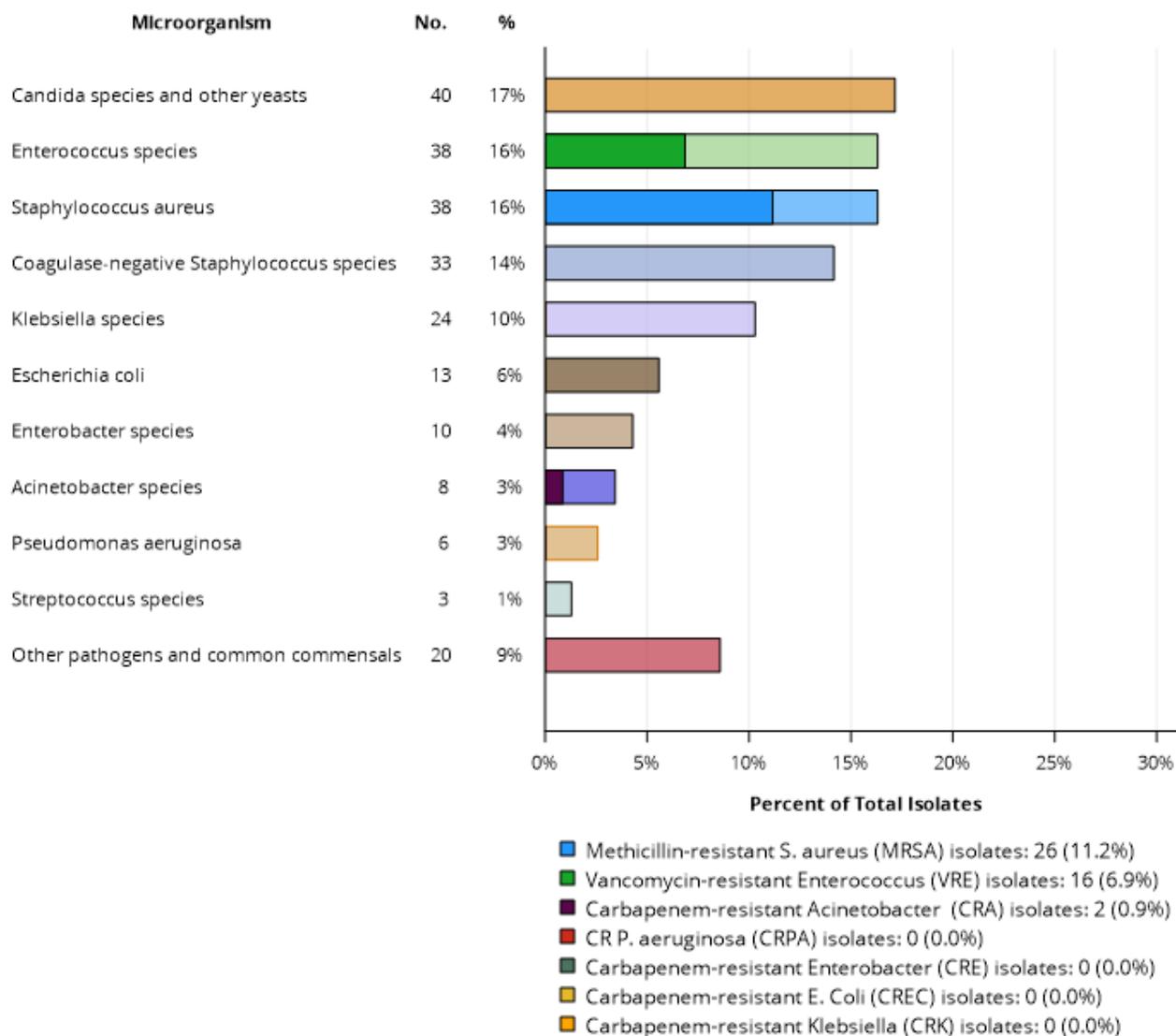
Key percentiles include units with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than 2015 national SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than 2015 national SIR of 1.0

**Table 13 : Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSIs) in Adult and Pediatric Wards, Tennessee, 01/01/2015 - 12/31/2015**

**Number of isolates=233; Number of events=196**



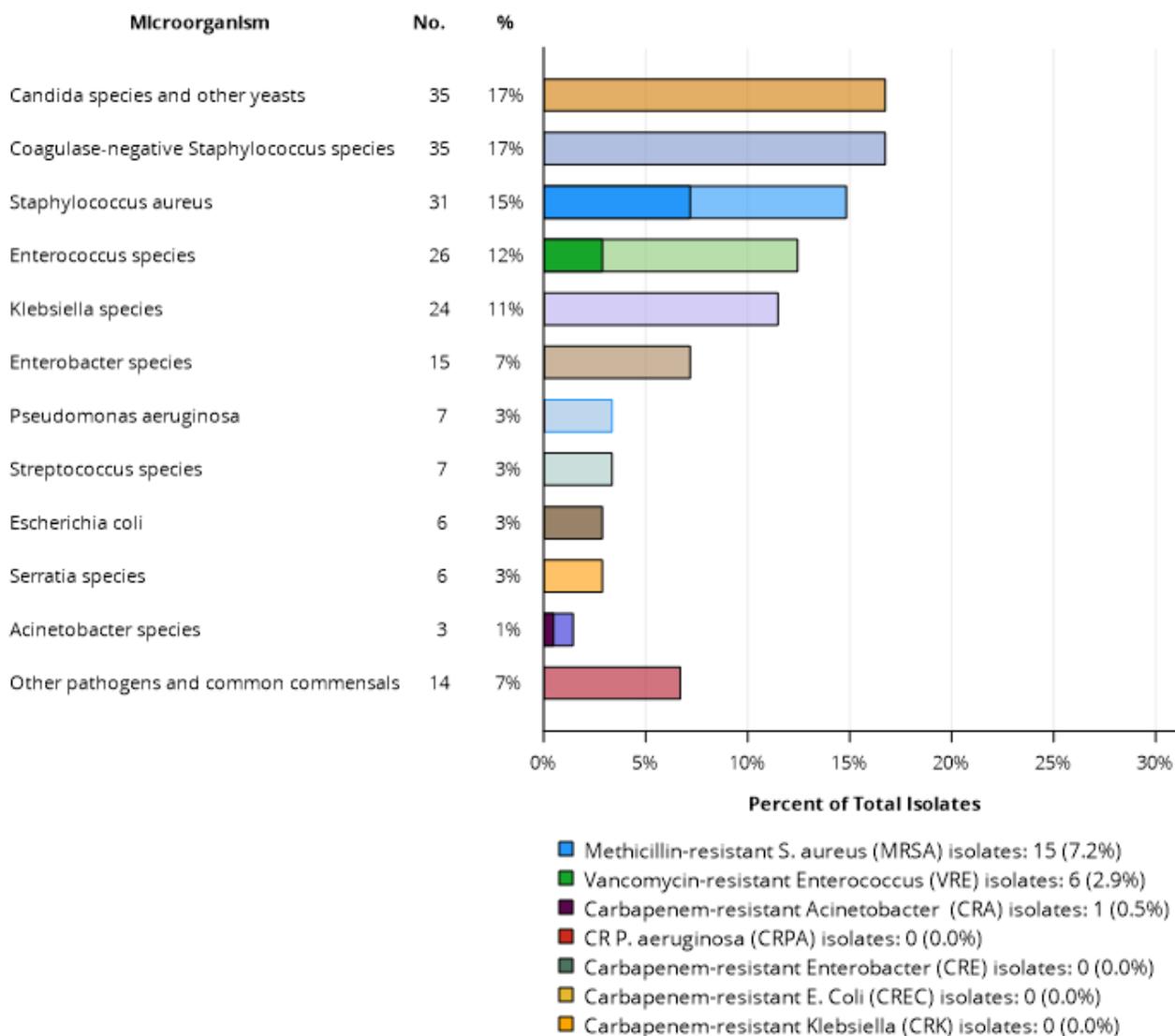
Data reported as of September 4, 2018

Other common commensals = *Bacillus* spp

Other pathogens = *Burkholderia* spp., *Citrobacter* spp., *Clostridioides* spp., *Elizabethkingia* spp., *Granulicatella* spp., *Lactobacillus* spp., *Neisseria* spp., Other *Staphylococcus* spp., *Proteus* spp., *Providencia* spp., *Pseudomonas* spp., *Rothia* spp., *Serratia* spp., *Stenotrophomonas* spp.,

**Table 14 : Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSIs) in Adult and Pediatric Wards, Tennessee, 01/01/2016 - 12/31/2016**

**Number of isolates=209; Number of events=182**

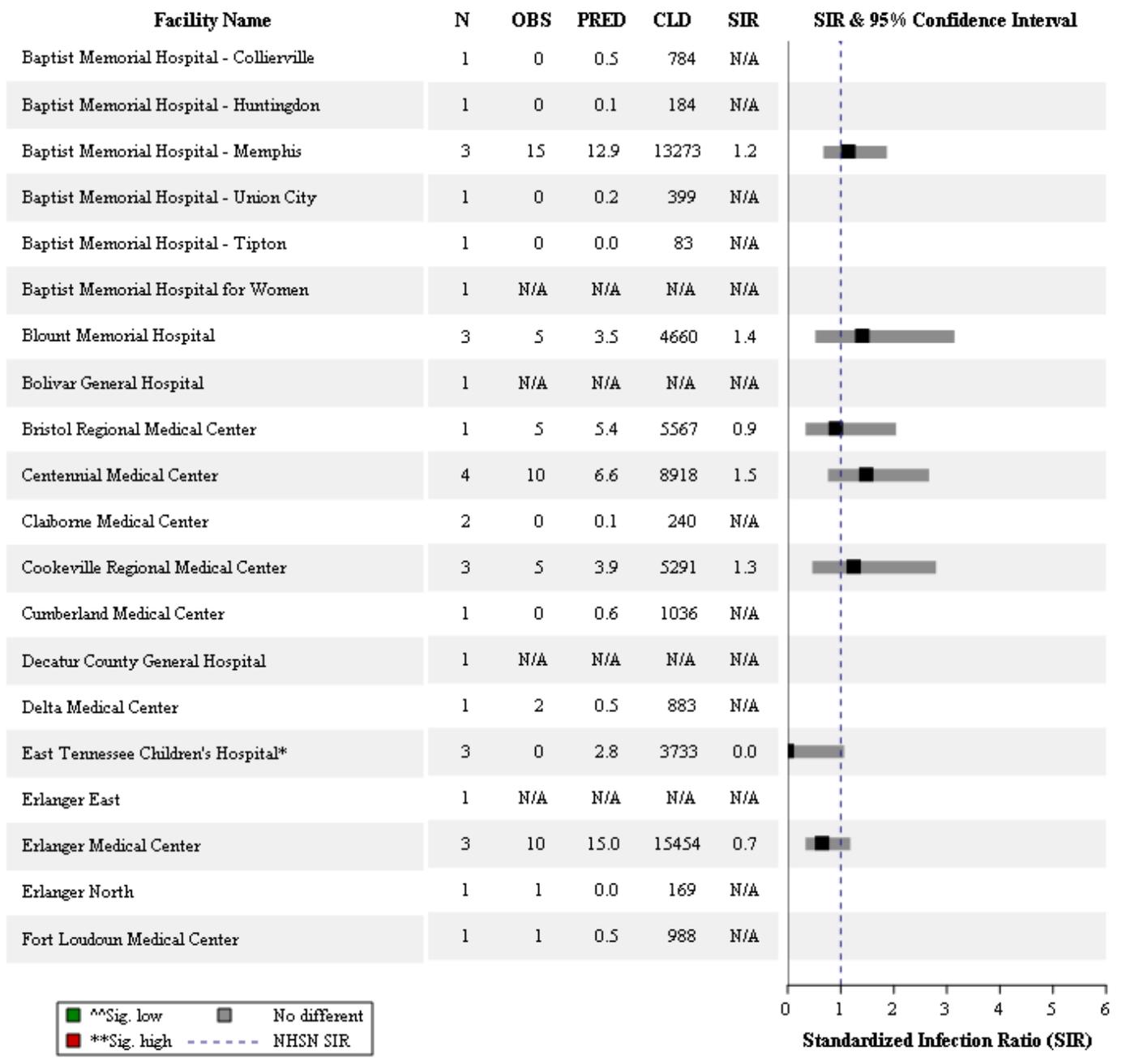


Data reported as of September 4, 2018

Other common commensals =

Other pathogens = *Alcaligenes* spp., *Bacteroides* spp., *Blautia* spp., *Citrobacter* spp., Gram-positive spp., *Morganella* spp., *Mycobacterium* spp., *Prevotella* spp., *Pseudomonas* spp., *Stenotrophomonas* spp., *Trichosporon* spp., *Veillonella* spp.,

**Figure 14 : CLABSI Standardized Infection Ratio (SIR) for Adult and Pediatric Wards in Acute Care Hospitals, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

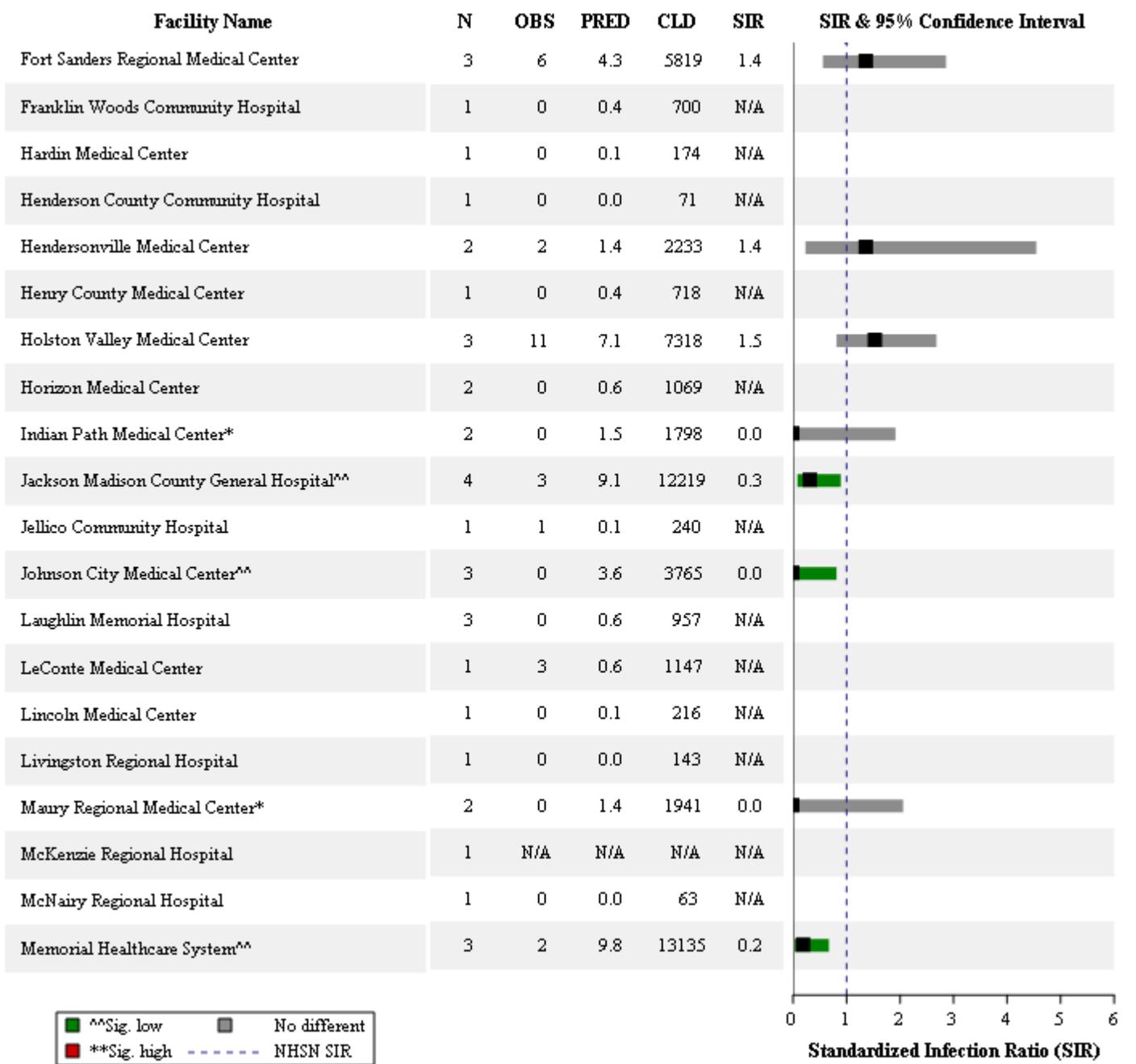
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 14 (cont'd)



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

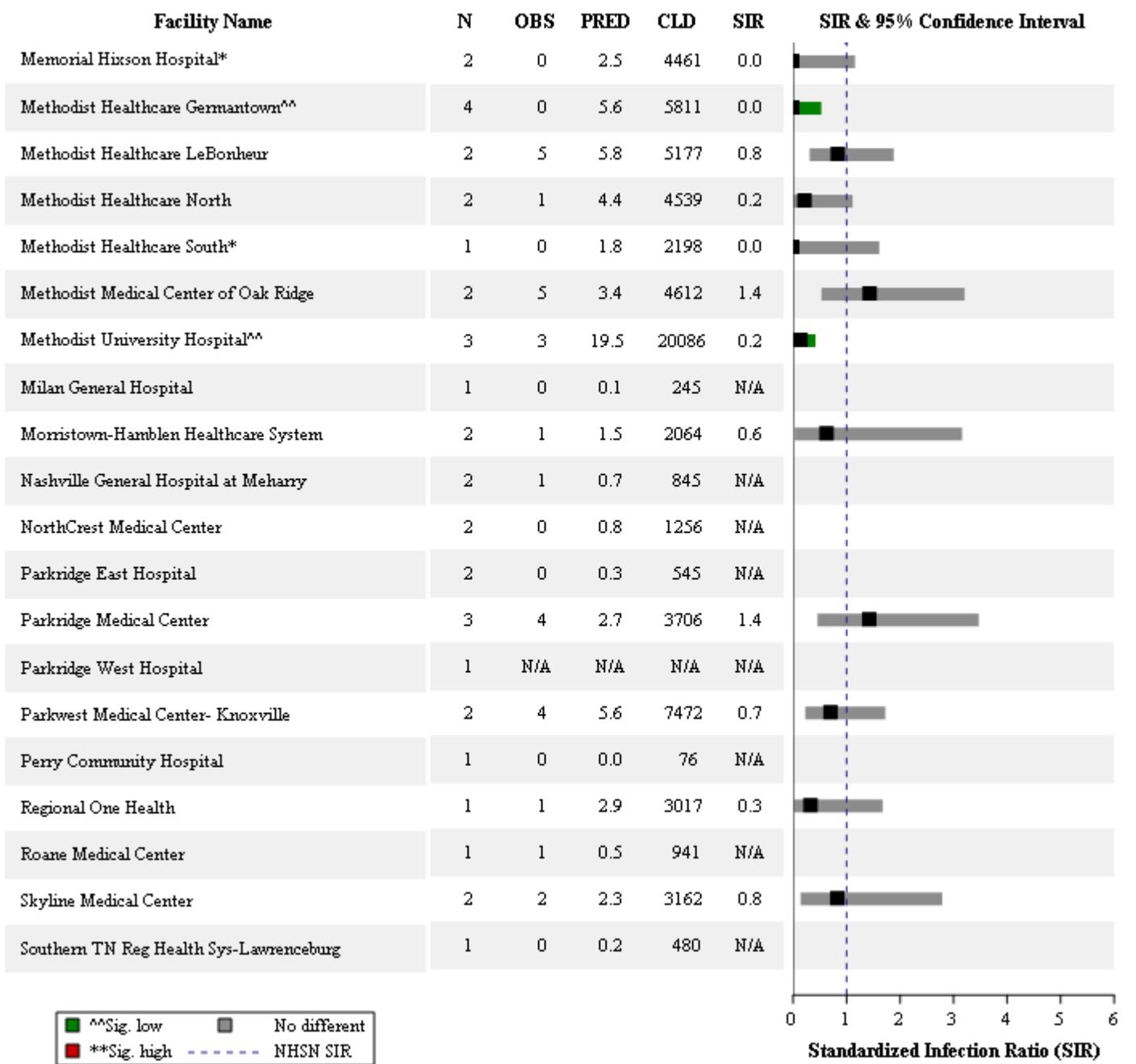
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 14 (cont'd)



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

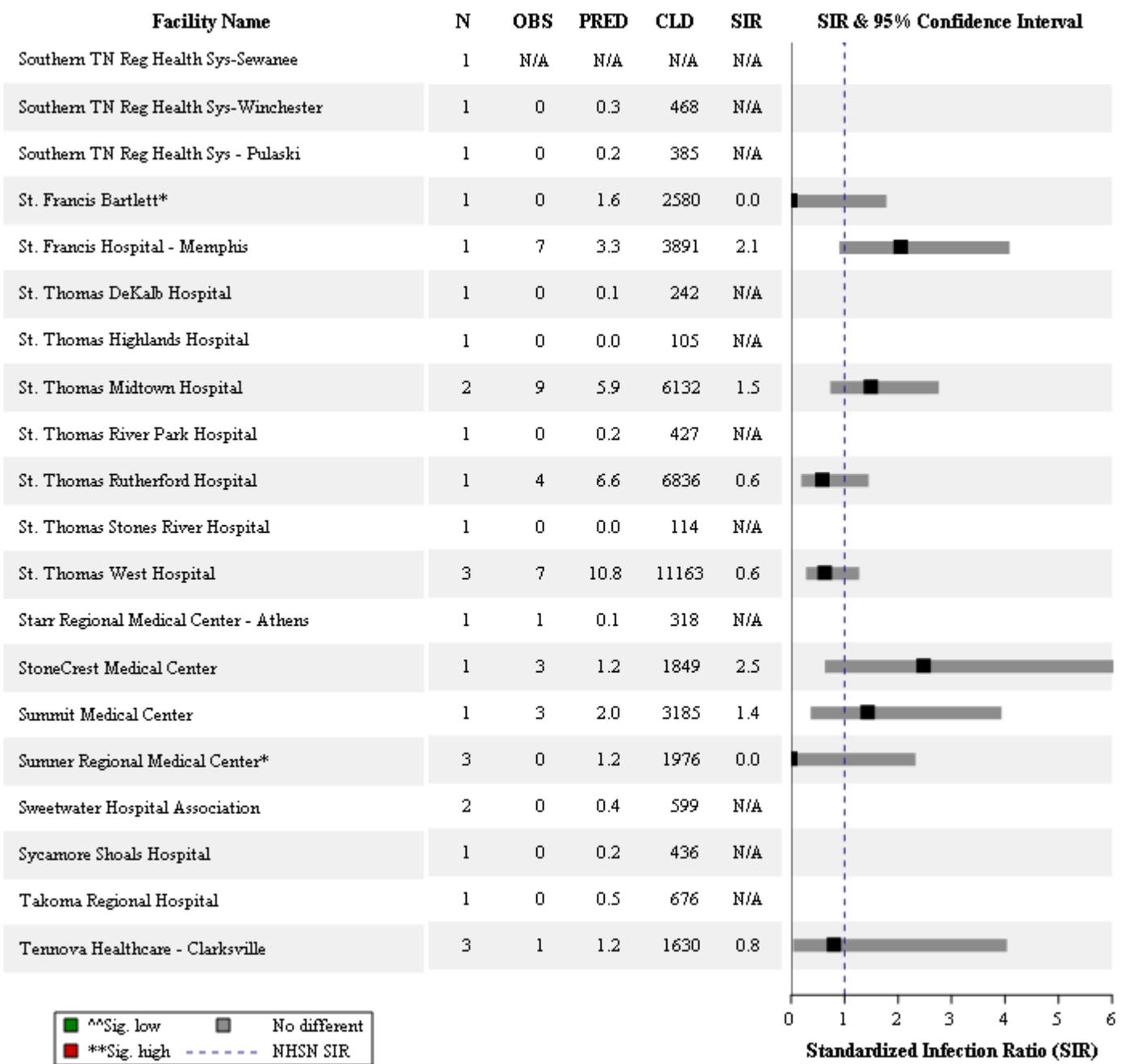
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 14 (cont'd)



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

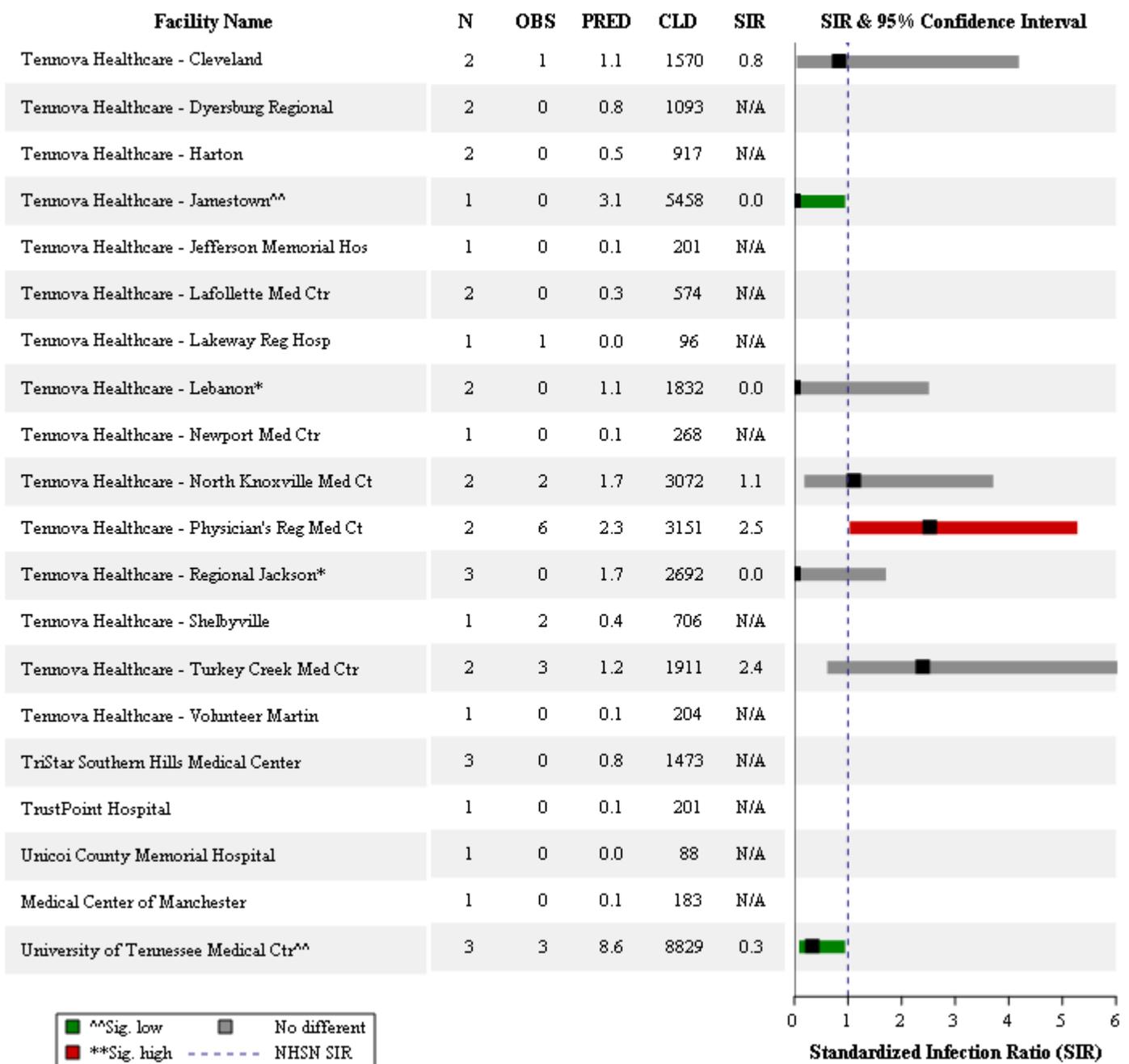
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 14 (cont'd)



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

CLD = number of central line days

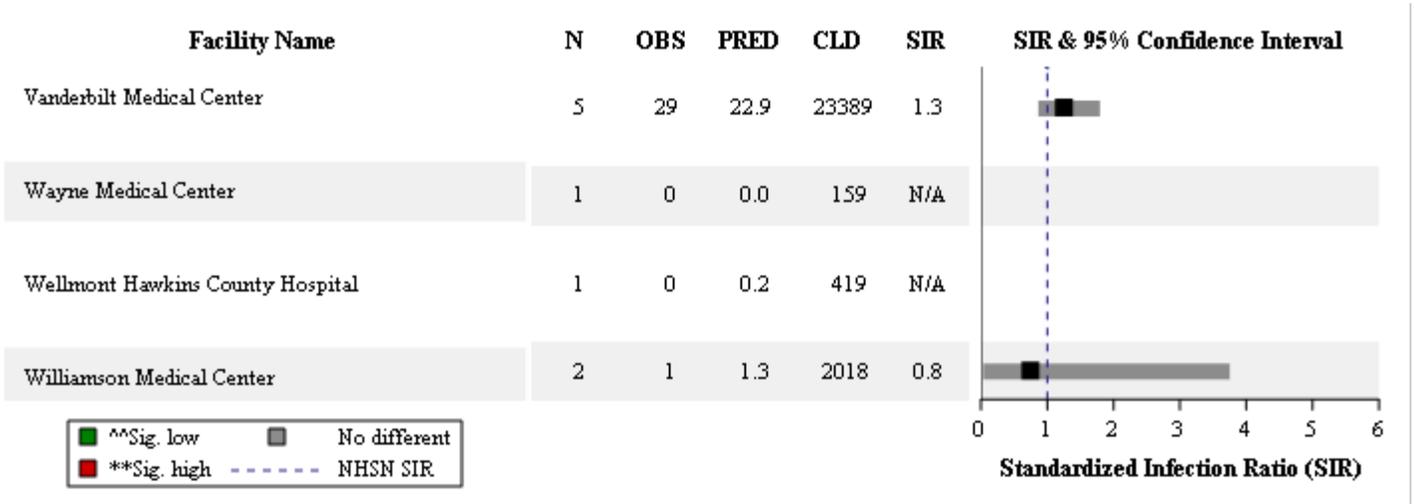
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

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^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 14 (cont'd)**



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

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

CLD = number of central line days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 15 : CLABSI Standardized Infection Ratio (SIR) for Adult and Pediatric Wards in Acute Care Hospitals, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

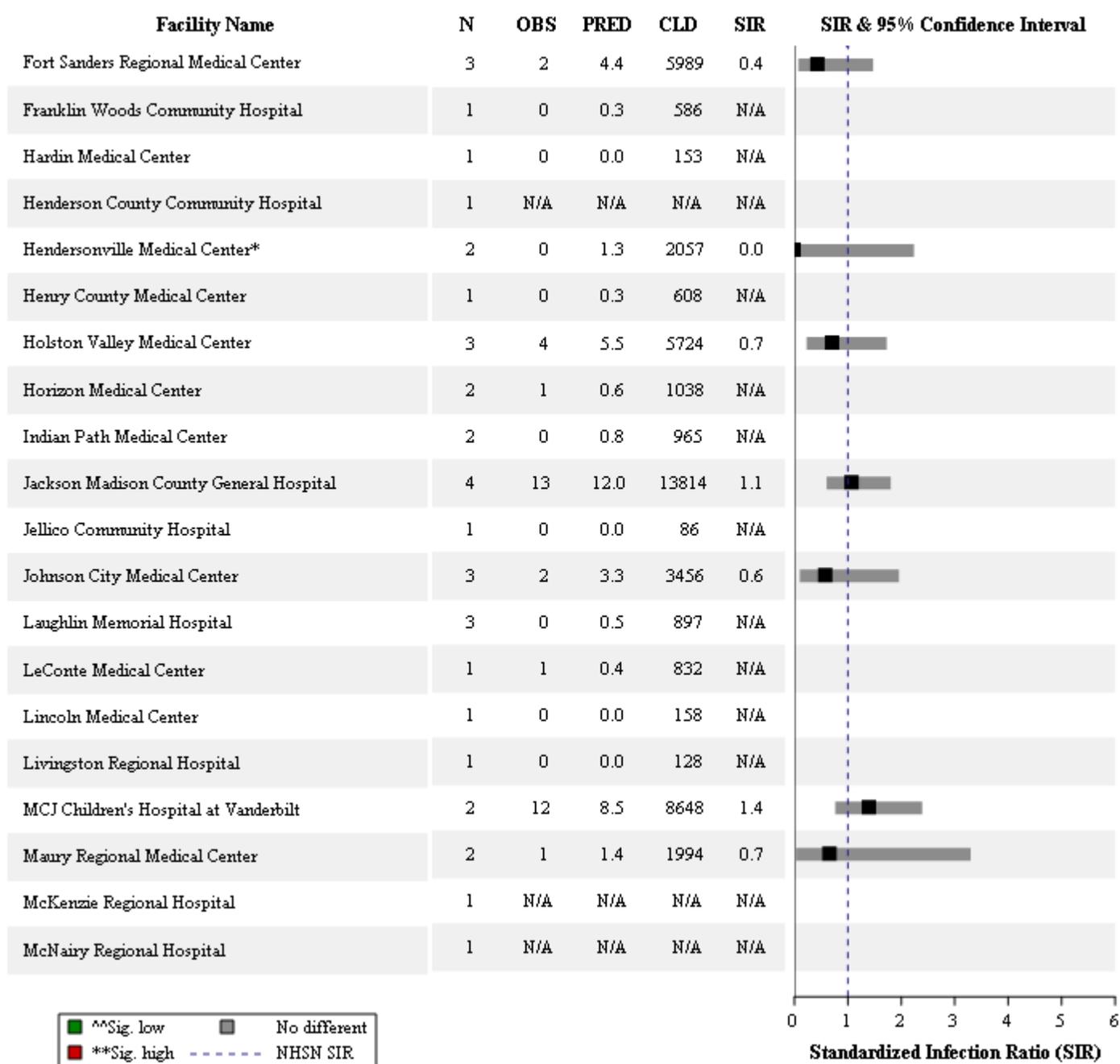
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 15 (cont'd)



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

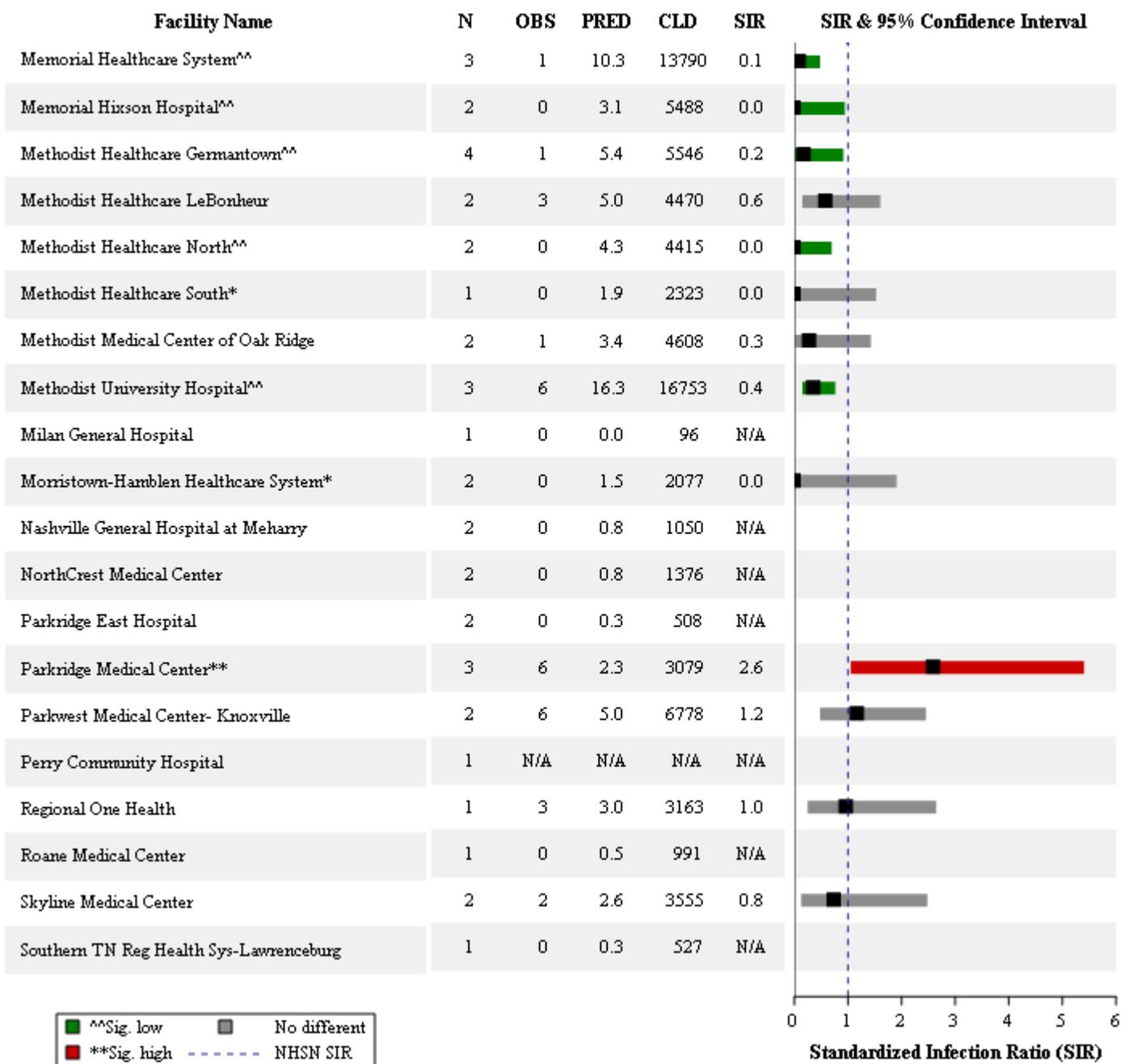
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 15 (cont'd)



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

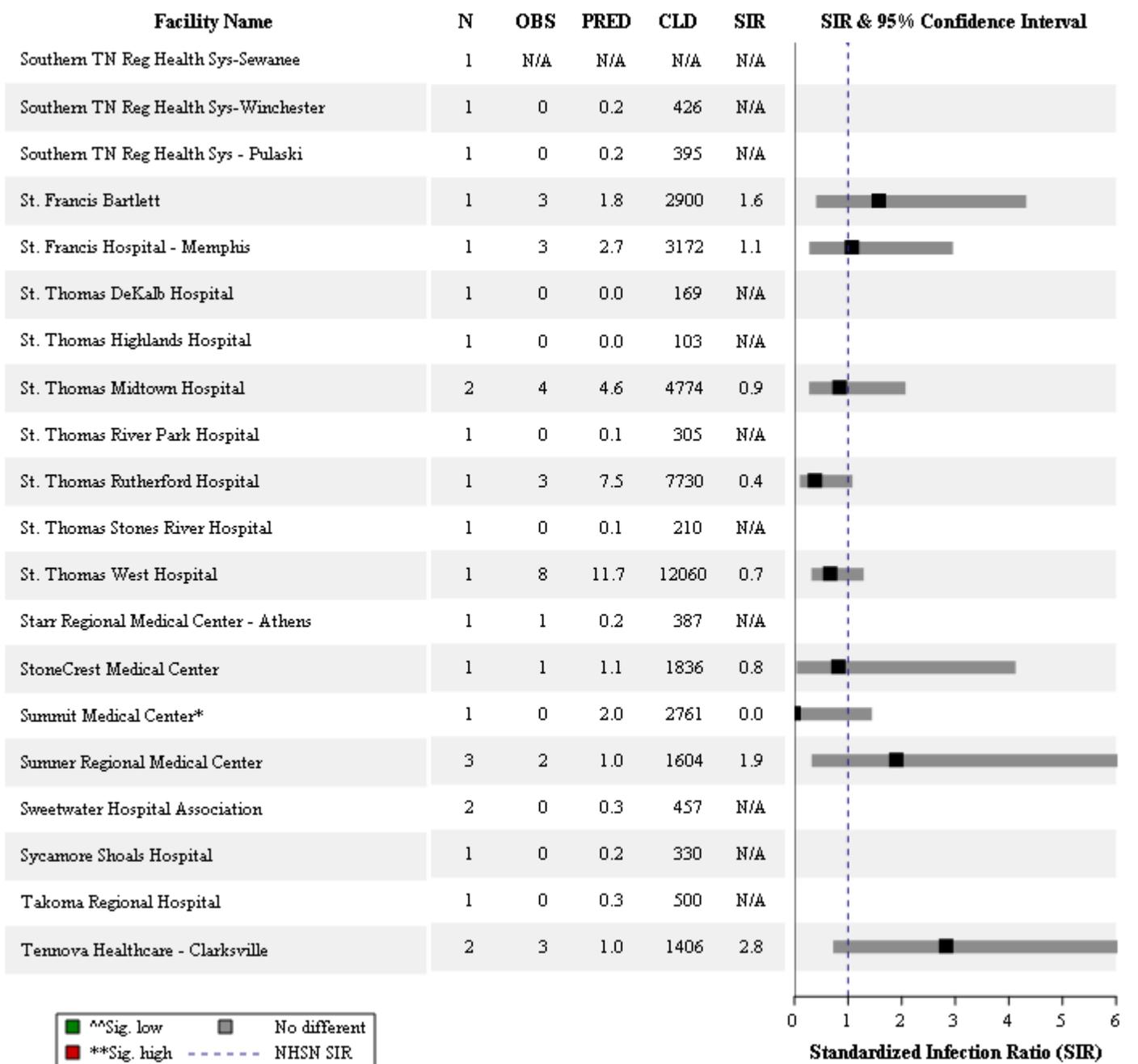
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 15 (cont'd)



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

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

CLD = number of central line days

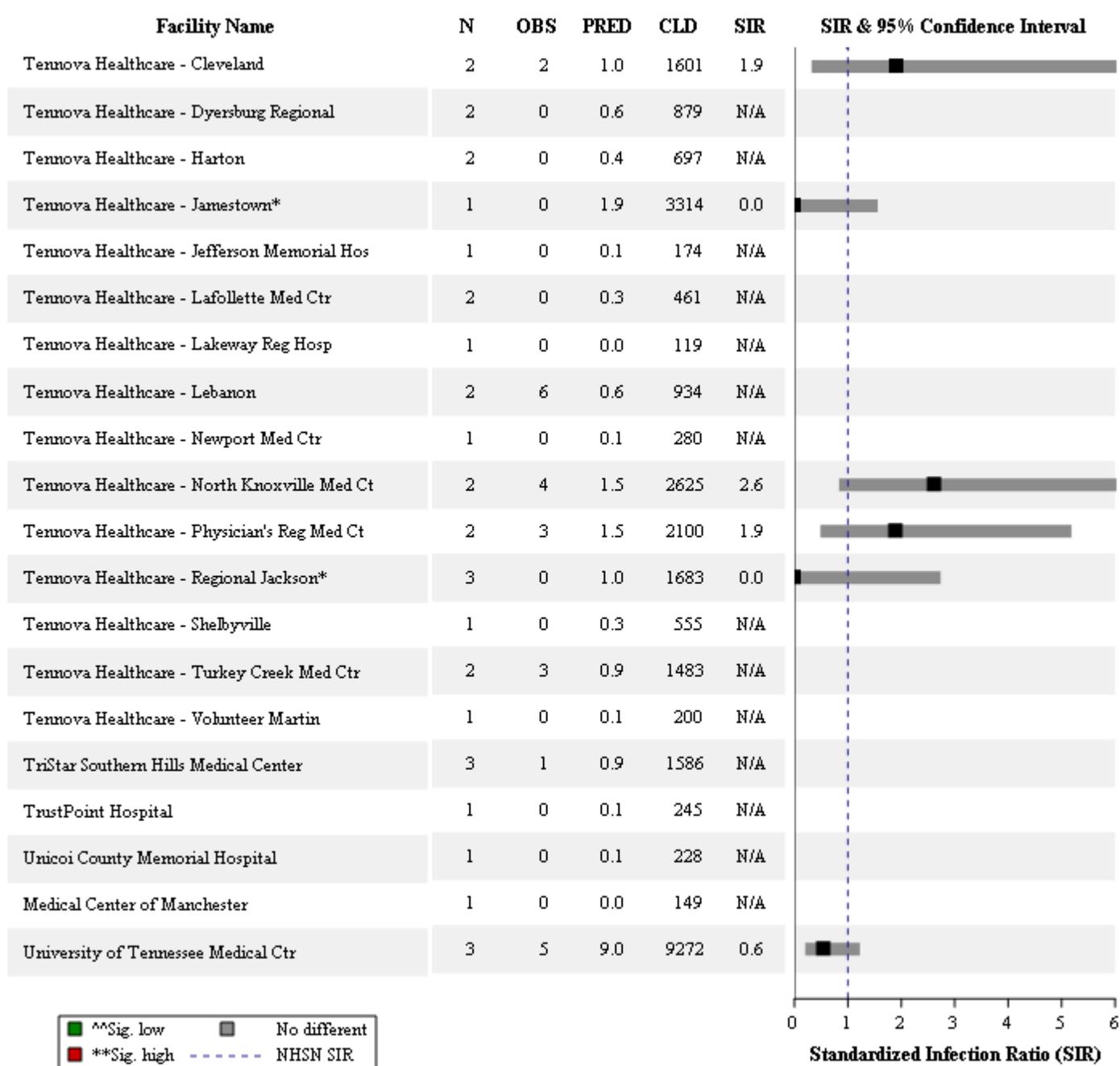
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 15 (cont'd)



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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CLD = number of central line days

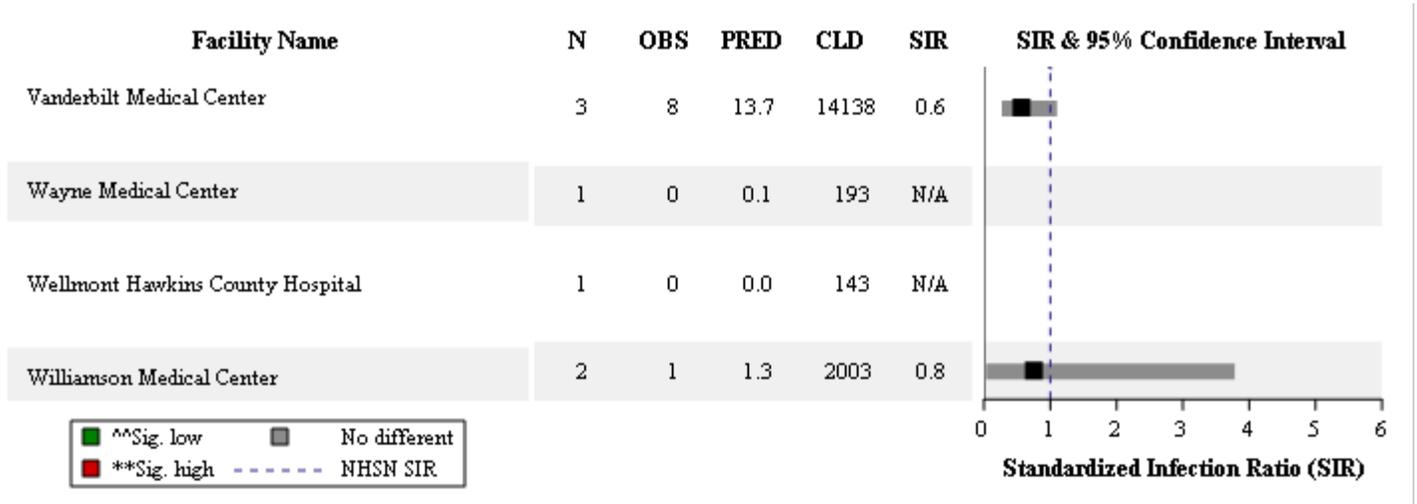
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

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\* Zero infections, but not statistically significant

**Figure 15 (cont'd)**



Data Reported as of September 4, 2018

N = number of types of units reporting

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

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

CLD = number of central line days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

# CLABSI

## *Neonatal Critical Care Units*

## CLABSIs in Neonatal ICUs

**Total number of neonatal ICUs (NICUs) reporting from January-December 2015: 25**

**Total number of neonatal ICUs (NICUs) reporting from January-December 2016: 25**

### **CLABSI SIRs by Quarter ([Figure 16](#), [Figure 17](#))**

- From January-March 2015 to October-December 2015, the overall CLABSI SIR in Tennessee NICUs fluctuated over time with a high of 1.26 and a low of 0.54. Throughout 2015, Tennessee NICUs were above the U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>13</sup> 2020 prevention target of SIR = 0.50. From January-March 2016 to October-December 2016, the overall CLABSI SIR in Tennessee NICUs fluctuated over time with a high of 1.02 and a low of 0.34.

### **Key Percentiles for Tennessee SIRs ([Table 15](#), [Table 16](#))**

- The overall SIR across all reporting NICUs in Tennessee from January-December 2015 was not statistically significantly different than the national SIR of 1 (SIR=0.92; 95% CI: 0.70, 1.18). The overall SIR across all reporting NICUs in Tennessee from January-December 2016 was statistically significantly lower than the national SIR of 1 (SIR=0.63; 95% CI: 0.45, 0.86).
- From January-December 2015, the median (50<sup>th</sup> percentile) facility-specific SIR was 0.69, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.69. From January-December 2016, the median facility-specific SIR was 0.84.

### **CLABSI SIRs by Unit Type ([Figure 18](#))**

- From January-December 2015, the Tennessee CLABSI SIR in level III NICUs was not statistically significantly different than 2015 national SIR of 1 (SIR=0.85; 95% CI: 0.59, 1.18). The Tennessee CLABSI SIR in level II/III NICUs was also not significantly different than 1 (SIR=1.03; 95% CI: 0.67, 1.50).
- From January-December 2016, the Tennessee CLABSI SIR in level III NICUs was statistically significantly lower than 2015 national SIR of 1 (SIR=0.55; 95% CI: 0.34, 0.83). The Tennessee CLABSI SIR in level II/III NICUs was not significantly different than 1 (SIR=0.76; 95% CI: 0.46, 1.20).

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

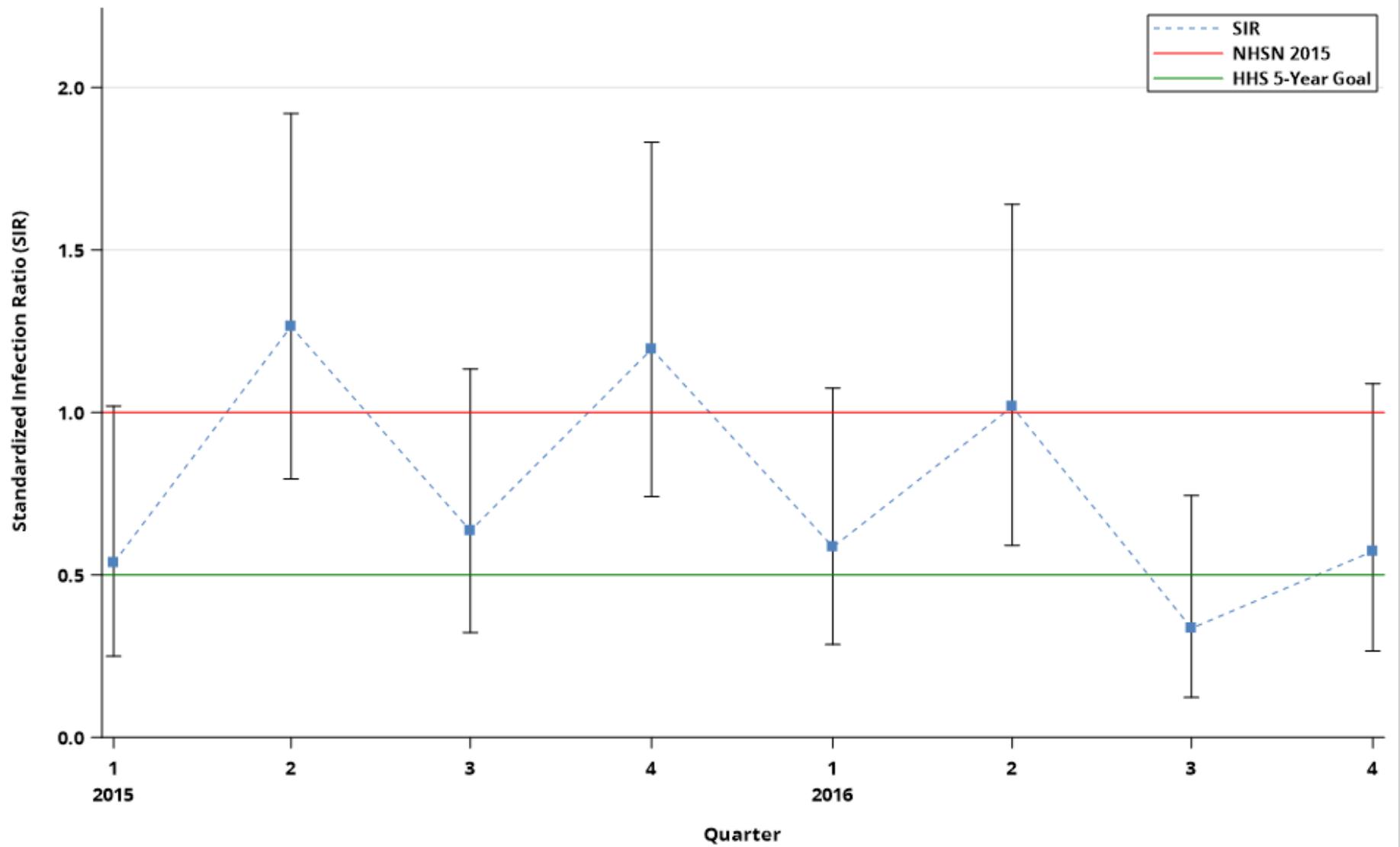
### **Microorganisms Associated with CLABSIs in Neonatal ICUs (Table 17)**

- Among the 60 pathogens isolated from 57 NICU CLABSIs in 2015, the most common pathogens were coagulase-negative *Staphylococcus aureus* (30%), *Staphylococcus aureus* (28%), and *Enterococcus* species (10%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 10% of total positive isolates, and carbapenem-resistant *Pseudomonas aeruginosa* accounted for 2%. Among the 41 pathogens isolated from 38 NICU CLABSIs in 2016, the most common pathogens were *Staphylococcus aureus* (46%), and coagulase-negative *Staphylococcus* species (10%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 22% of total positive isolates.

### **Facility-Specific SIRs (Figure 19, Figure 20)**

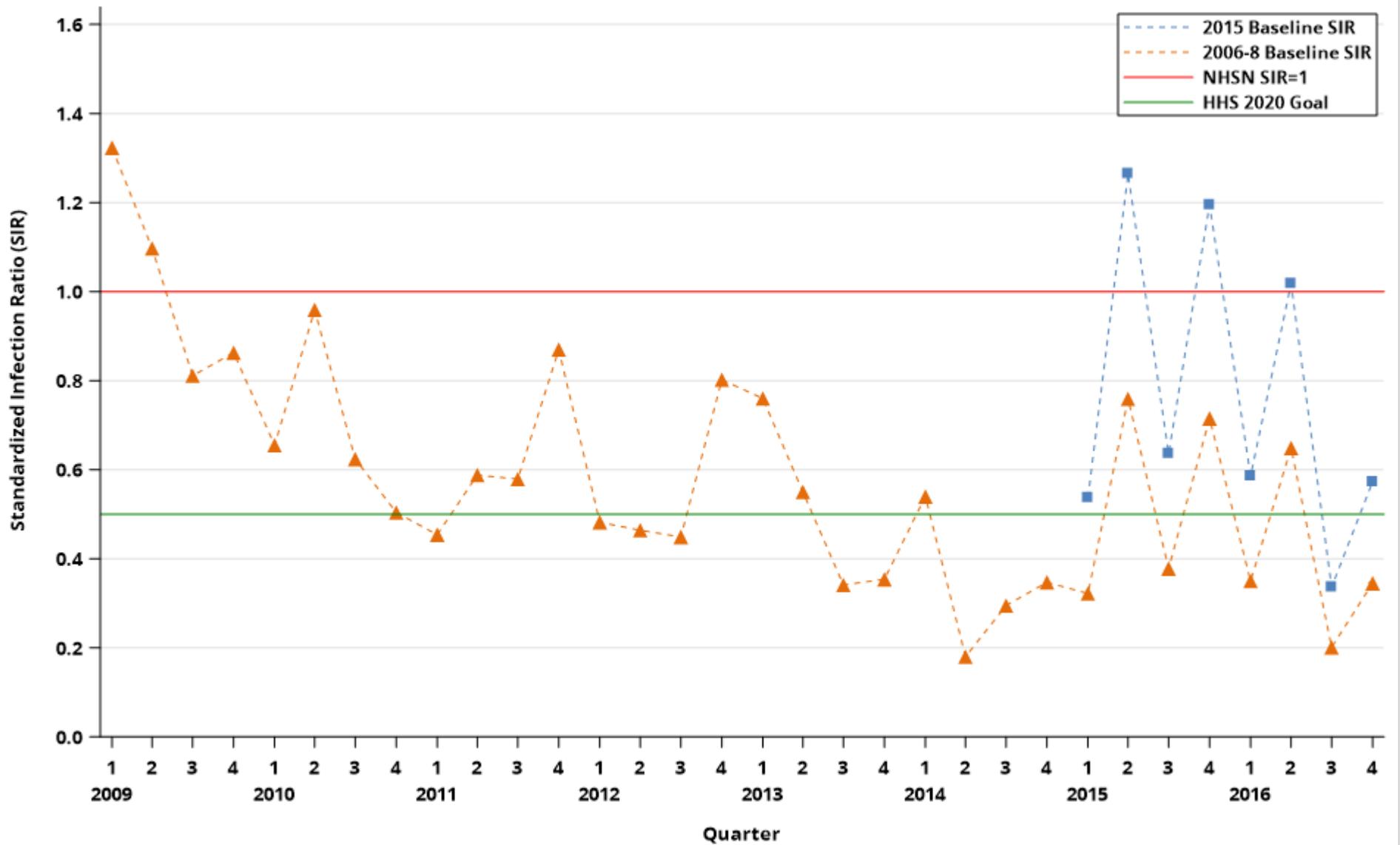
- One NICU CLABSI SIR per facility is displayed in [Figure 19](#) and [Figure 20](#). The bar representing the confidence interval is green if the CLABSI SIR was significantly lower than the national 2015 SIR of 1, and red if the SIR was significantly higher than 1. Some NICUs reported zero CLABSIs (indicated with an asterisk), although the SIR may not be statistically significant due to a relatively small number of central line-days.
- In 2015, no facilities had a NICU CLABSI SIR that was statistically significantly different than the 2015 national baseline SIR of 1. In 2016, two facilities had a NICU CLABSI SIR that was statistically significantly lower than the 2015 national baseline SIR of 1. No facilities had a NICU CLABSI SIR that was statistically significantly higher than the baseline.

Figure 16 : Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSIs) for Neonatal Intensive Care Units (NICUs) by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



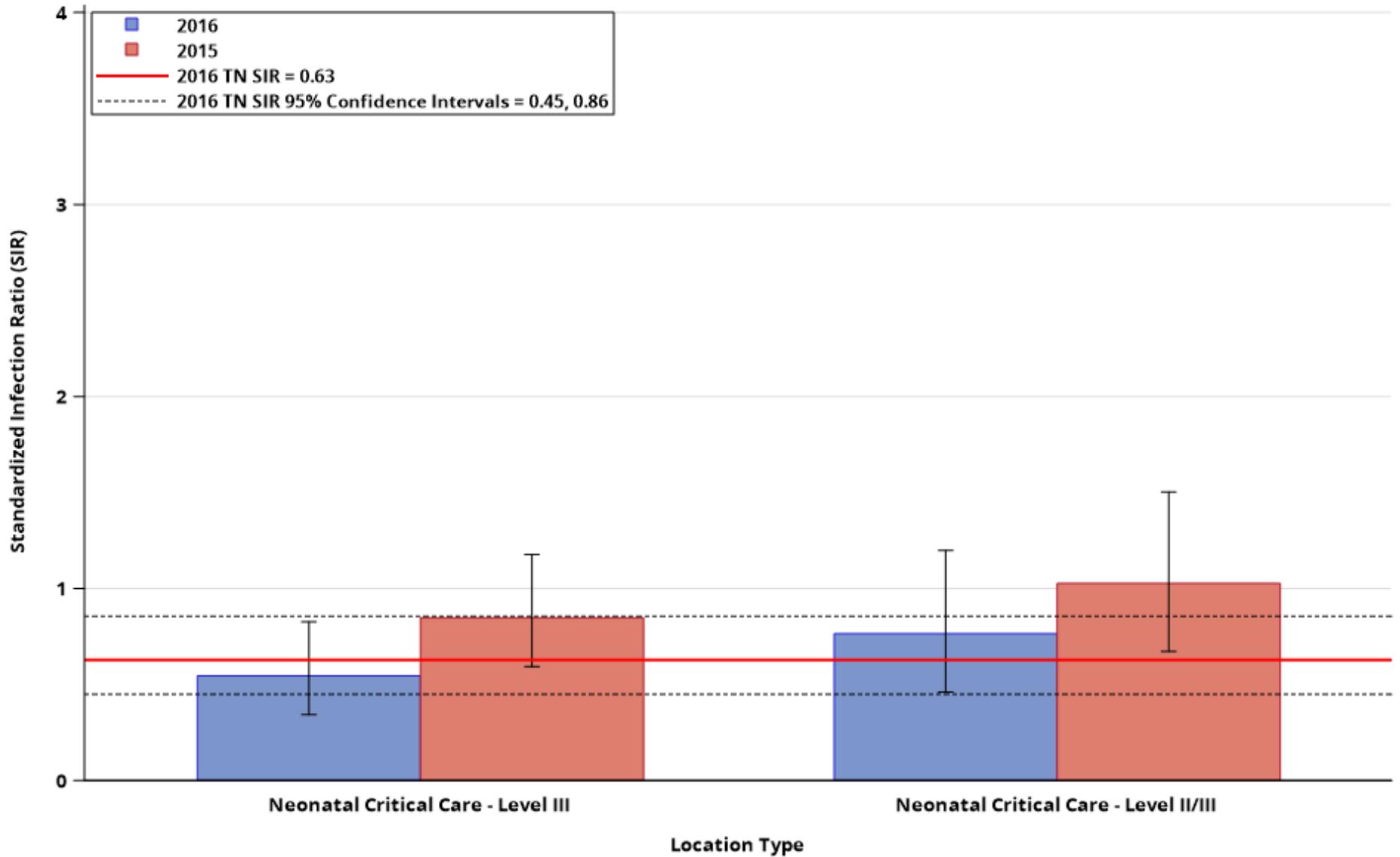
Data Reported as of September 4, 2018

Figure 17 : Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSIs) for Neonatal Intensive Care Units (NICUs) by Quarter, Tennessee, 01/01/2009–12/31/2016



Data Reported as of September 4, 2018

**Figure 18 : Standardized Infection Ratios (SIRs) for Central Line-Associated Bloodstream Infections (CLABSIs) by Neonatal Intensive Care Unit (NICU) Type, Tennessee, 2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]**



Data Reported as of September 4, 2018

**Table 15 : Key Percentiles for Facility-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) in Neonatal Intensive Care Units (NICUs) by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs									
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0							
STATE	YEAR	No.	CL DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%
Tennessee	2016	25	41,703	37	58.97	0.63	0.45	0.86	12	2	17%	0	0%	0.00	0.26	0.84	1.17	1.65
	2015	25	45,076	57	62.31	0.92	0.70	1.18	12	0	0%	0	0%	0.00	0.38	0.69	1.28	1.53

Data reported as of September 4, 2018

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 16 : Key Percentiles for Unit-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) by Type of Neonatal Intensive Care Unit (NICU) and Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			DISTRIBUTION OF FACILITY-SPECIFIC SIRs					
ICU TYPE	YEAR	No.	CL DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	10%	25%	50%	75%	90%
Neonatal ICU, Level II/III	2016	19	15,850	17	22.25	0.76	0.46	1.20	6	0.25	0.28	0.89	0.97	1.65
	2015	19	17,361	24	23.39	1.03	0.67	1.50	6	0.00	0.24	0.95	1.42	2.06
Neonatal ICU, Level III	2016	6	25,853	20	36.72	0.55	0.34	0.83	6	0.00	0.00	0.56	1.37	1.67
	2015	6	27,715	33	38.92	0.85	0.59	1.18	6	0.00	0.53	0.61	1.05	1.53

Data reported as of September 4, 2018

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

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

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

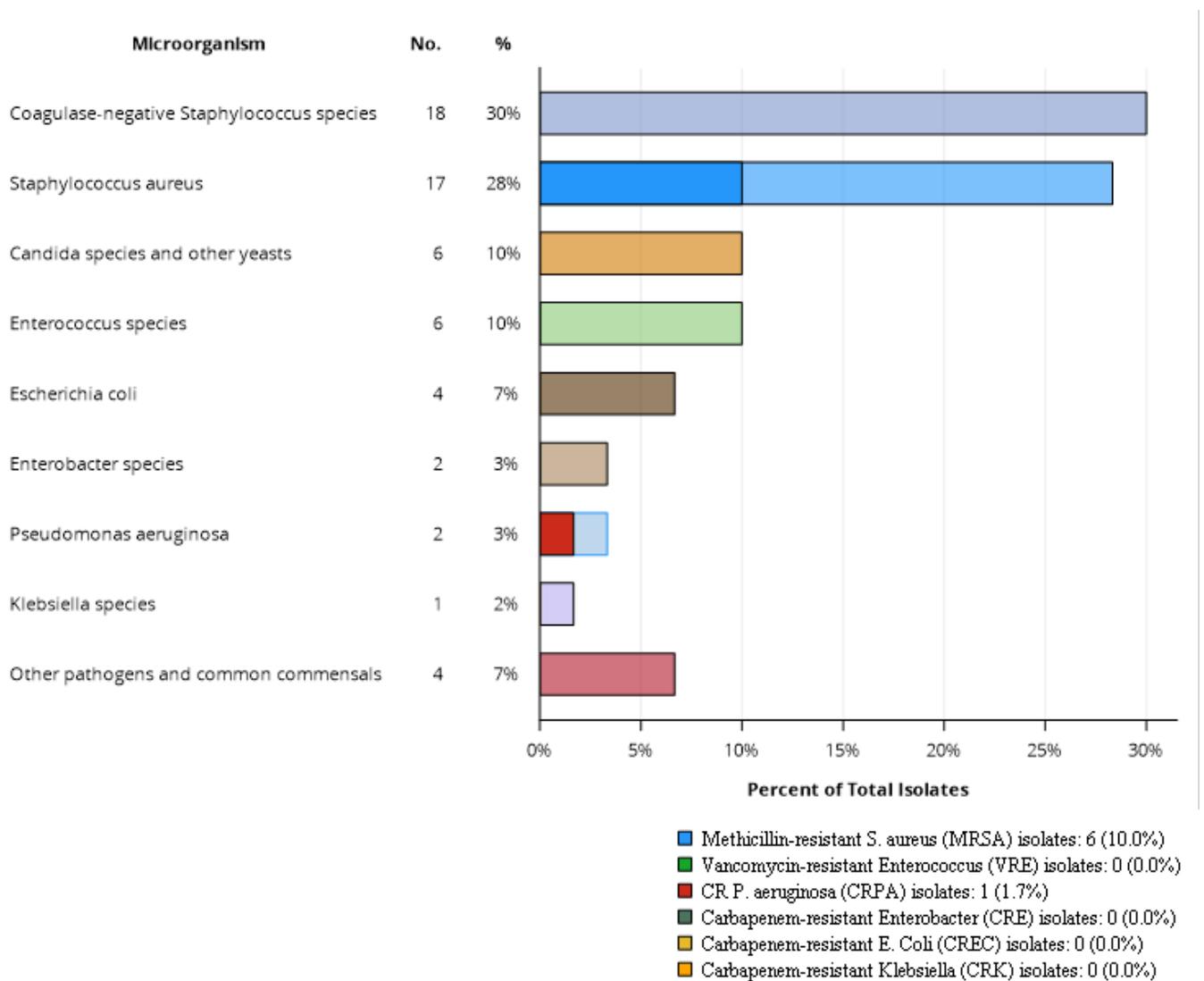
Key percentiles include units with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than 2015 national SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than 2015 national SIR of 1.0

**Table 17 : Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSIs) in Neonatal Intensive Care Units, Tennessee, 01/01/2015 - 12/31/2015**

**Number of isolates=60; Number of events=57**



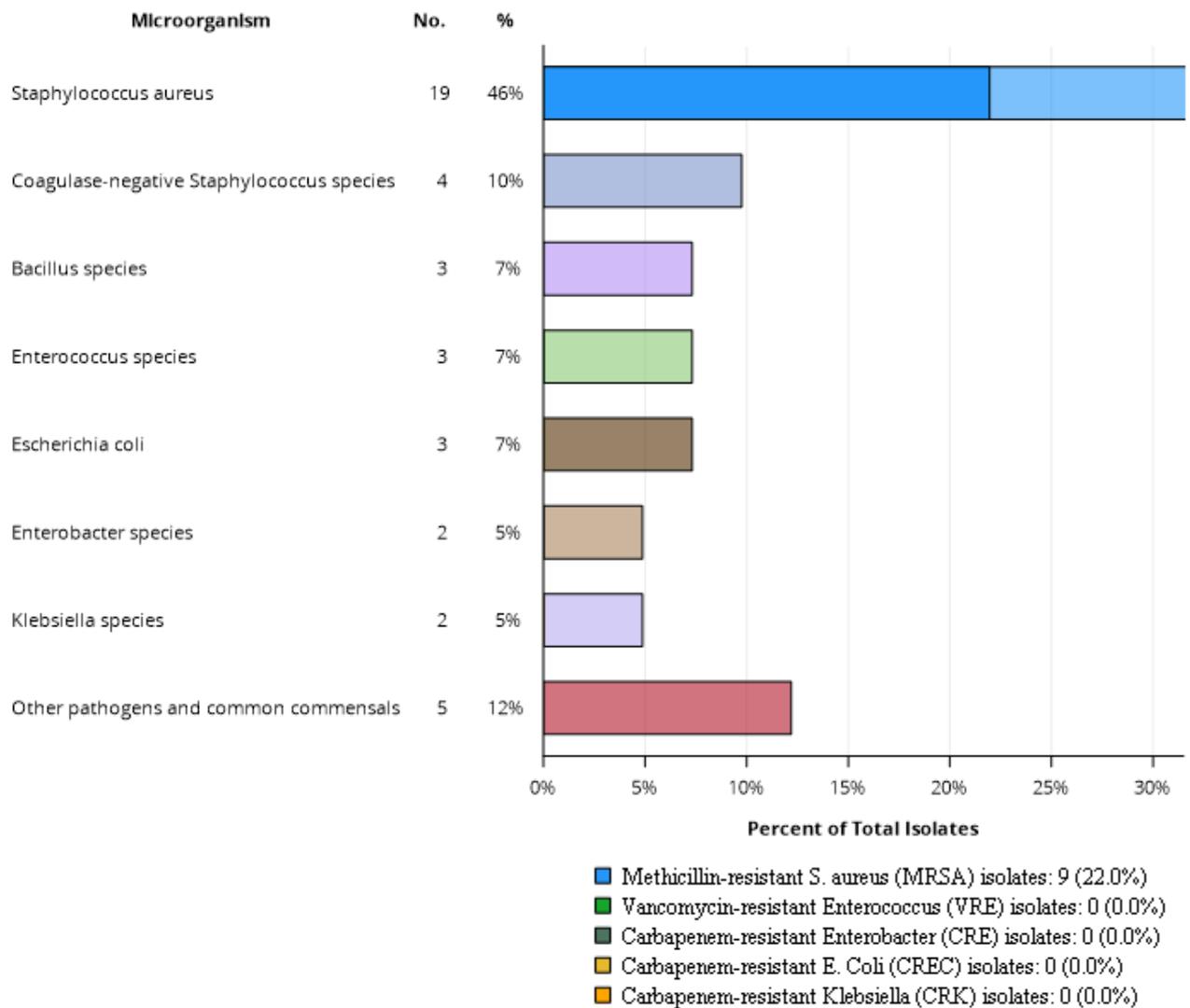
Data reported as of September 4, 2018

Other common commensals =

Other pathogens = *Serratia* spp., *Stenotrophomonas* spp., *Streptococcus* spp.,

**Table 18 : Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSIs) in Neonatal Intensive Care Units, Tennessee, 01/01/2016 - 12/31/2016**

**Number of isolates=41; Number of events=38**

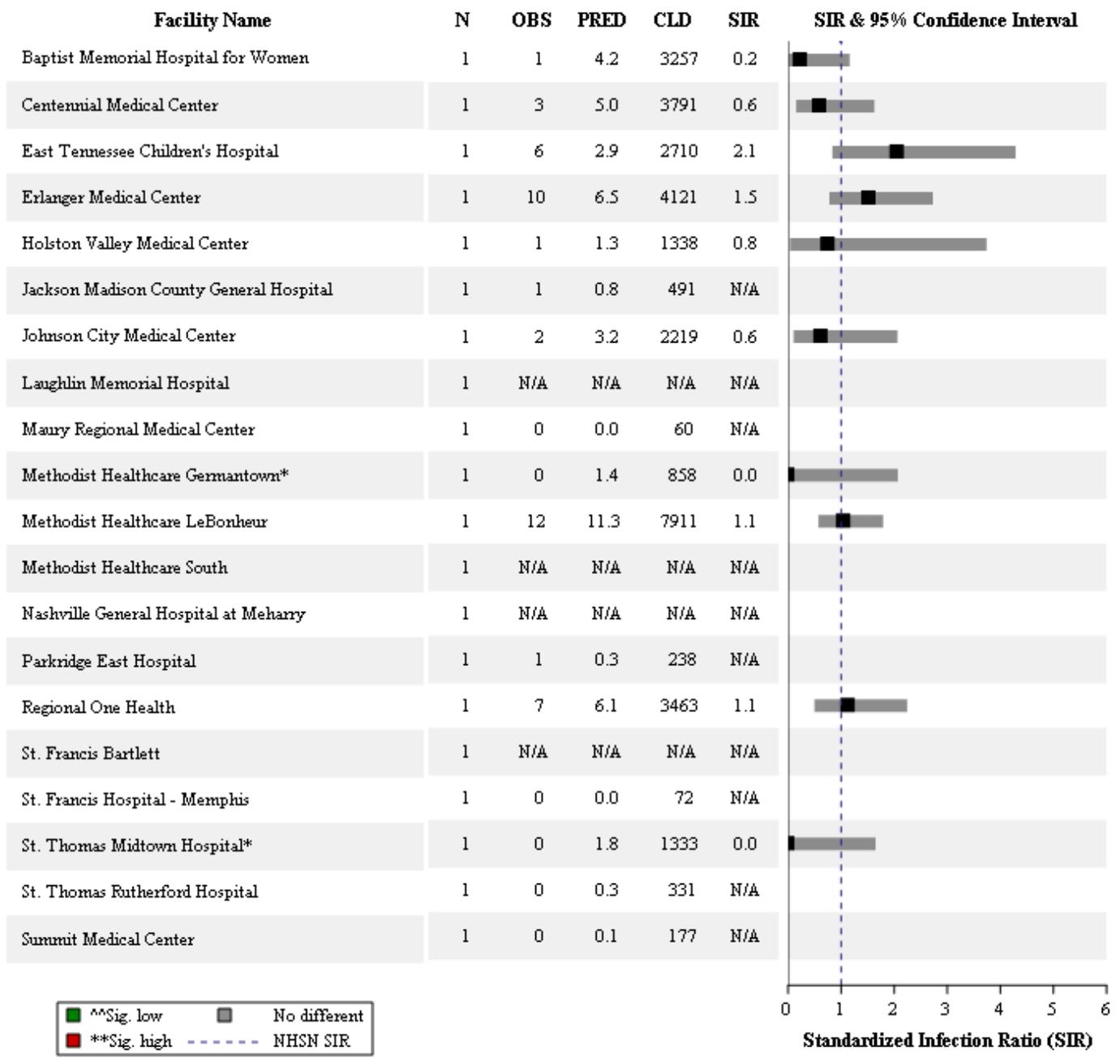


Data reported as of September 4, 2018

Other common commensals =

Other pathogens = *Candida* spp., *Neisseria* spp., *Serratia* spp., *Streptococcus* spp.,

**Figure 19 : CLABSI Standardized Infection Ratio (SIR) for Neonatal Intensive Care Units in Acute Care Hospitals, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

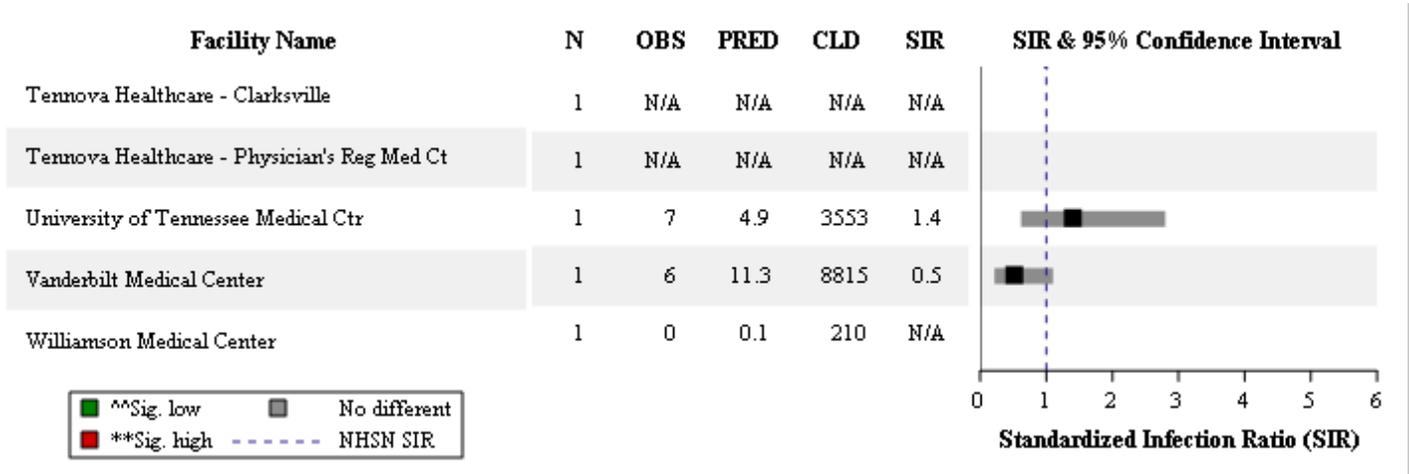
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 19 (cont'd)**



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

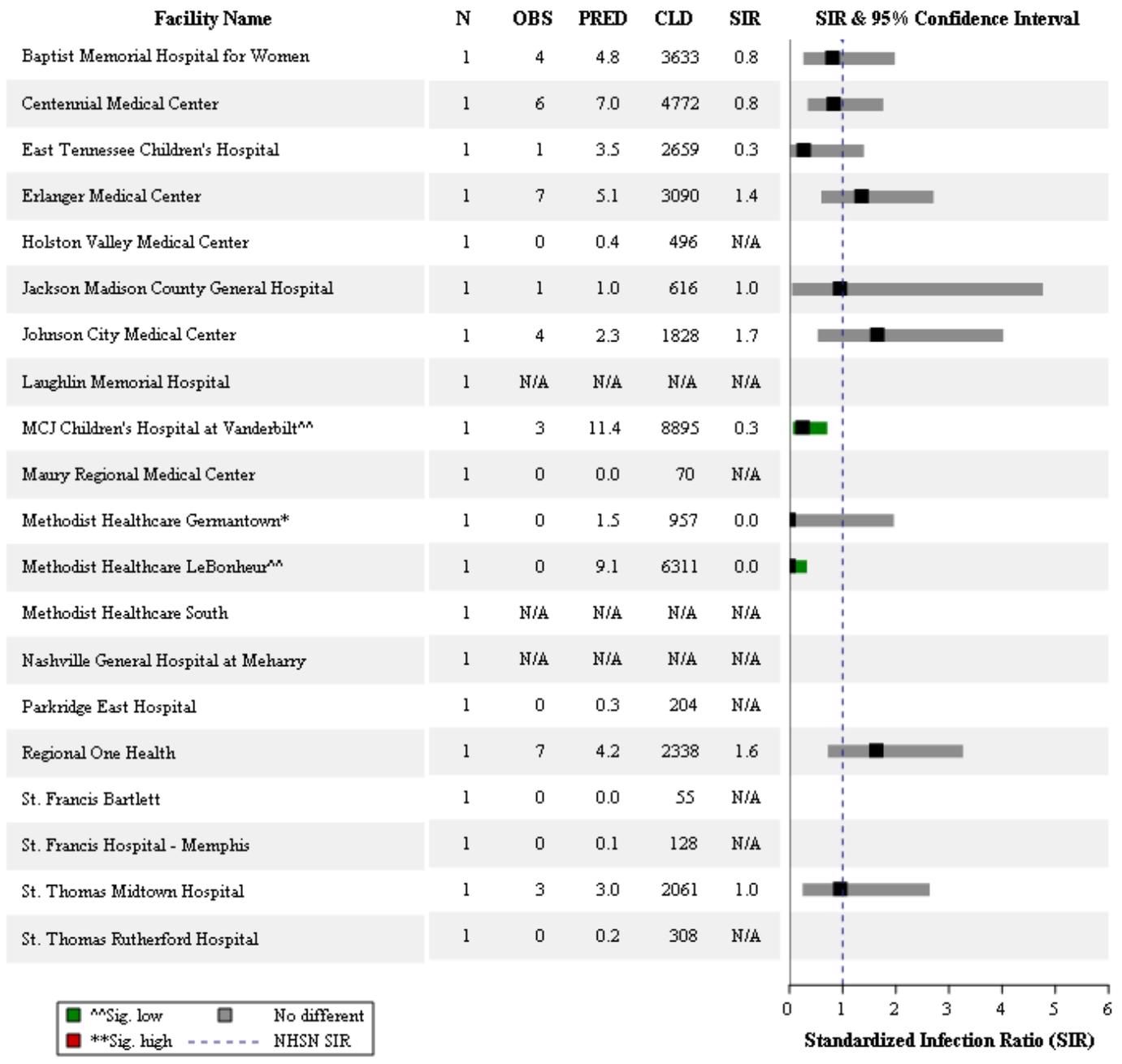
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 20 : CLABSI Standardized Infection Ratio (SIR) for Neonatal Intensive Care Units in Acute Care Hospitals, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

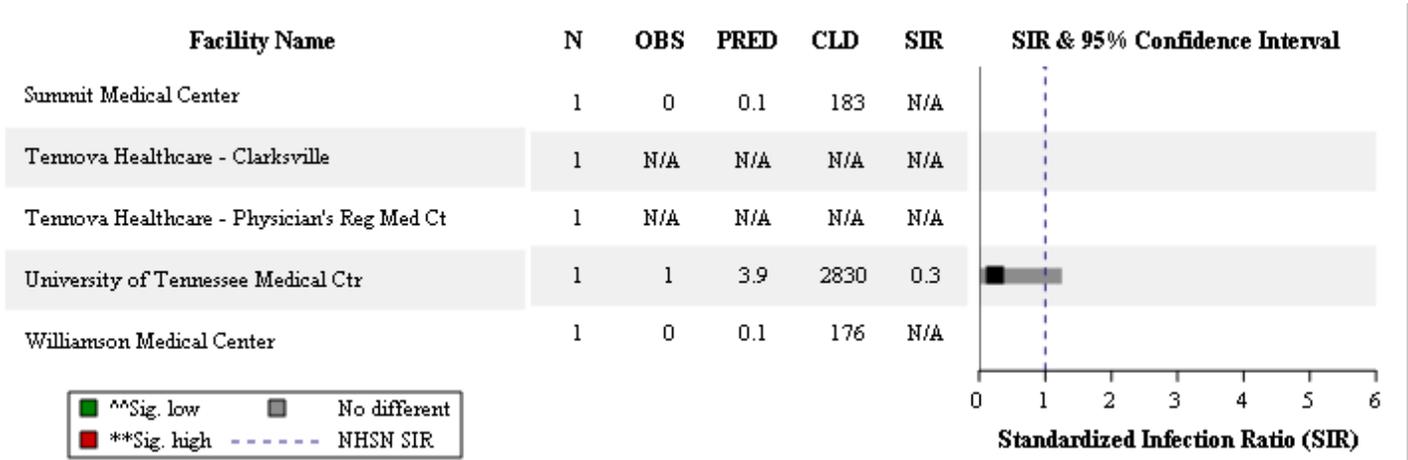
N/A = Data not shown for facilities with <50 central line days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 20 (cont'd)**



Data Reported as of September 4, 2018

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

# CLABSI

*Long-term Acute Care Hospitals*

## CLABSI in Long-Term Acute Care (LTAC) Hospitals:

**Total number of facilities reporting from January-December 2015: 10**

**Total number of facilities reporting from January-December 2016: 10**

### **SIRs by Quarter ([Figure 22](#), [Figure 23](#))**

- From January-March to October–December 2015, the overall CLABSI SIR for Tennessee LTACs fluctuated from a high of 1.27 and a low of 0.99 compared to the national NHSN baseline data from 2015. Throughout 2015, Tennessee LTACs were above the U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>14</sup> 2020 prevention target of SIR = 0.50. From January-March to October–December 2016, the overall CLABSI SIR for Tennessee LTACs fluctuated from a high of 0.83 and a low of 0.57 compared to the national NHSN baseline data from 2015.

### **Unadjusted Rates ([Figure 21](#))**

- From January-December 2015, the overall unadjusted CLABSI rate per 1,000 line-days for Tennessee LTACs fluctuated from a high of 1.50 and a low of 1.16. The overall 2015 CLABSI rate was 1.33 per 1,000 line-days.
- From January-December 2016, the overall unadjusted CLABSI rate per 1,000 line-days for Tennessee LTACs fluctuated from a high of 1.01 and a low of 0.70. The overall 2016 CLABSI rate was 0.83 per 1,000 line-days.

### **Key Percentiles for Tennessee SIRs ([Table 19](#), [Table 20](#))**

- The overall CLABSI SIR across all reporting LTACs in Tennessee from January-December 2015 was not statistically significantly different from the national SIR of 1 (SIR=1.14; 95% CI: 0.92, 1.40). From January-December 2015, the median facility-specific SIR was 1.21, indicating that half of all reporting Tennessee LTACs with at least 1 predicted infection had a SIR at or above 1.21.
- The overall CLABSI SIR across all reporting LTACs in Tennessee from January-December 2016 was statistically significantly lower than the national SIR of 1 (SIR=0.67; 95% CI: 0.50, 0.90). From January-December 2016, the median facility-specific SIR was 0.47, indicating that half of all reporting Tennessee LTACs with at least 1 predicted infection had a SIR at or above 0.47.

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

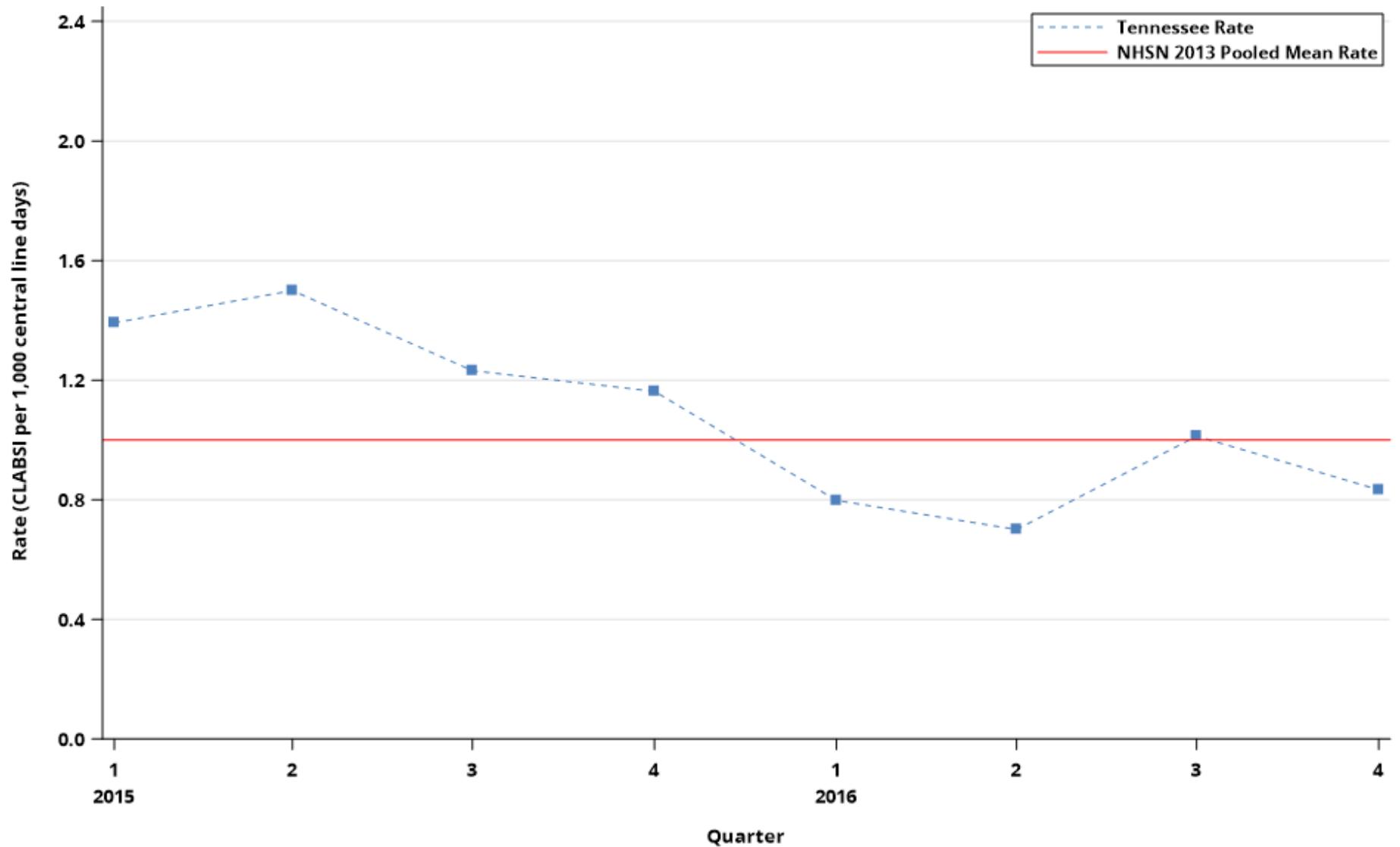
### **Microorganisms Associated with CLABSIs in LTACs (Table 21, Table 22)**

- Among the 95 pathogens isolated from 86 LTAC CLABSIs in 2015, the most common pathogens were *Enterococcus* species (20%), *Candida* species (18%), and *Staphylococcus aureus* (16%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 14%, vancomycin-resistant *Enterococcus* (VRE) for 3% of total positive isolates and carbapenem-resistant *Acinetobacter* accounted for 2%. Among the 53 pathogens isolated from 45 LTAC CLABSIs in 2016, the most common pathogens were (22%), *Enterococcus* species (17%), *Klebsiella* species (13%) and *Staphylococcus aureus* (11%). Methicillin-Resistant *S. aureus* (MRSA) accounted for 9% and vancomycin-resistant *Enterococcus* (VRE) for 9% of total positive isolates. Carbapenem-resistant *Acinetobacter* and *Pseudomonas aeruginosa* each accounted for 2% of total positive isolates.

### **Facility-Specific SIRs (Figure 24, Figure 25)**

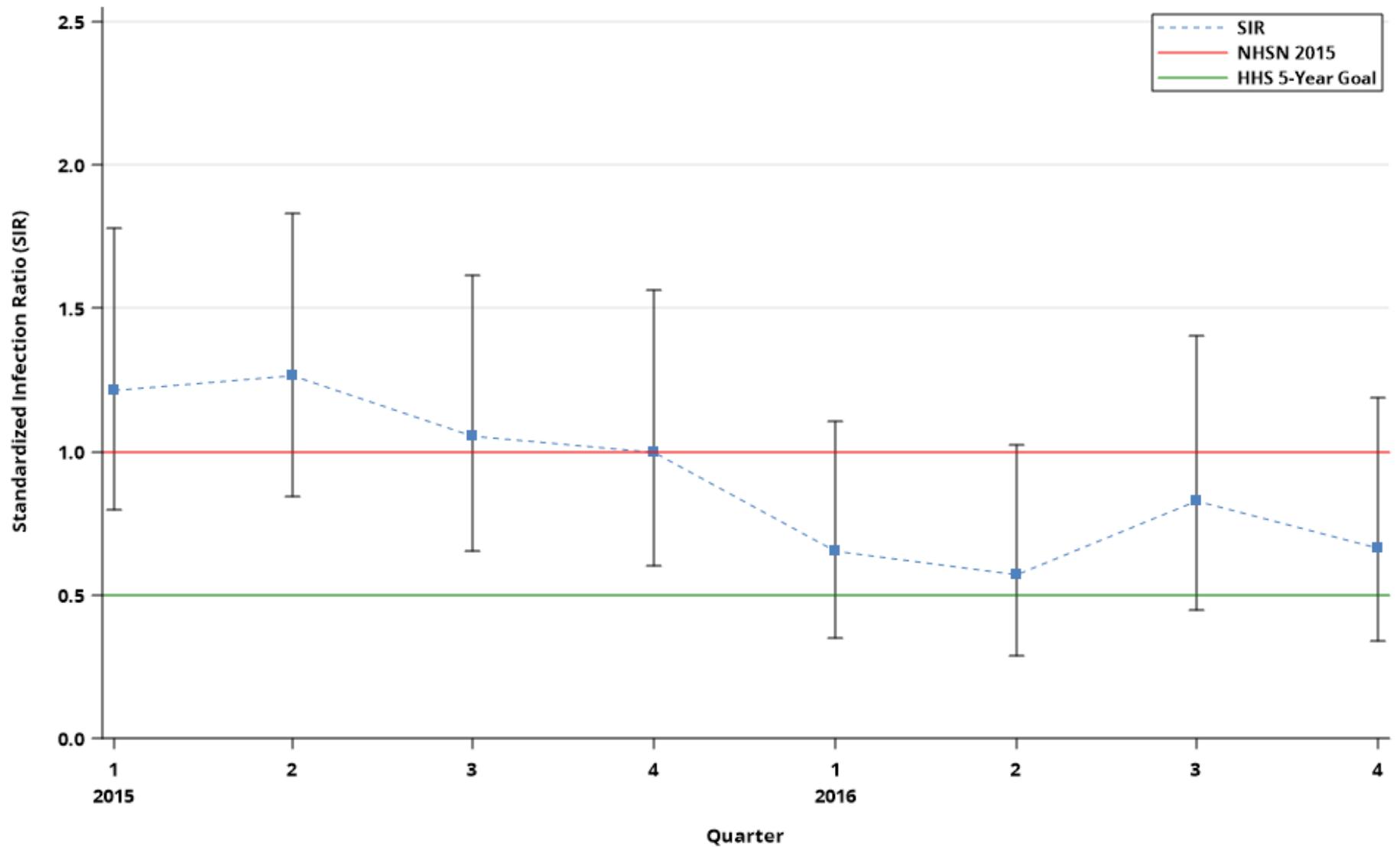
- One LTAC CLABSI SIR per facility is displayed in [Figure 24](#) and [Figure 25](#). The bar representing the confidence interval is green if the CLABSI SIR was significantly lower than the national 2015 SIR of 1, and red if the SIR was significantly higher than 1. Some LTACs reported zero CLABSIs (indicated with an asterisk), although the SIR may not be statistically significant due to a relatively small number of central line-days.
- In 2015, two facilities had a LTAC CLABSI SIR that was statistically significantly lower than the 2015 national baseline SIR of 1. One facility had a CLABSI SIR that was statistically significantly higher than the baseline. In 2016, three facilities had a CLABSI SIR that was statistically significantly lower than the 2015 national baseline SIR of 1. No facilities had a CLABSI SIR that was statistically significantly higher than the baseline.

Figure 21 : Crude (Unadjusted) Rate of Central Line-Associated Bloodstream Infections (CLABSIs) in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2013]



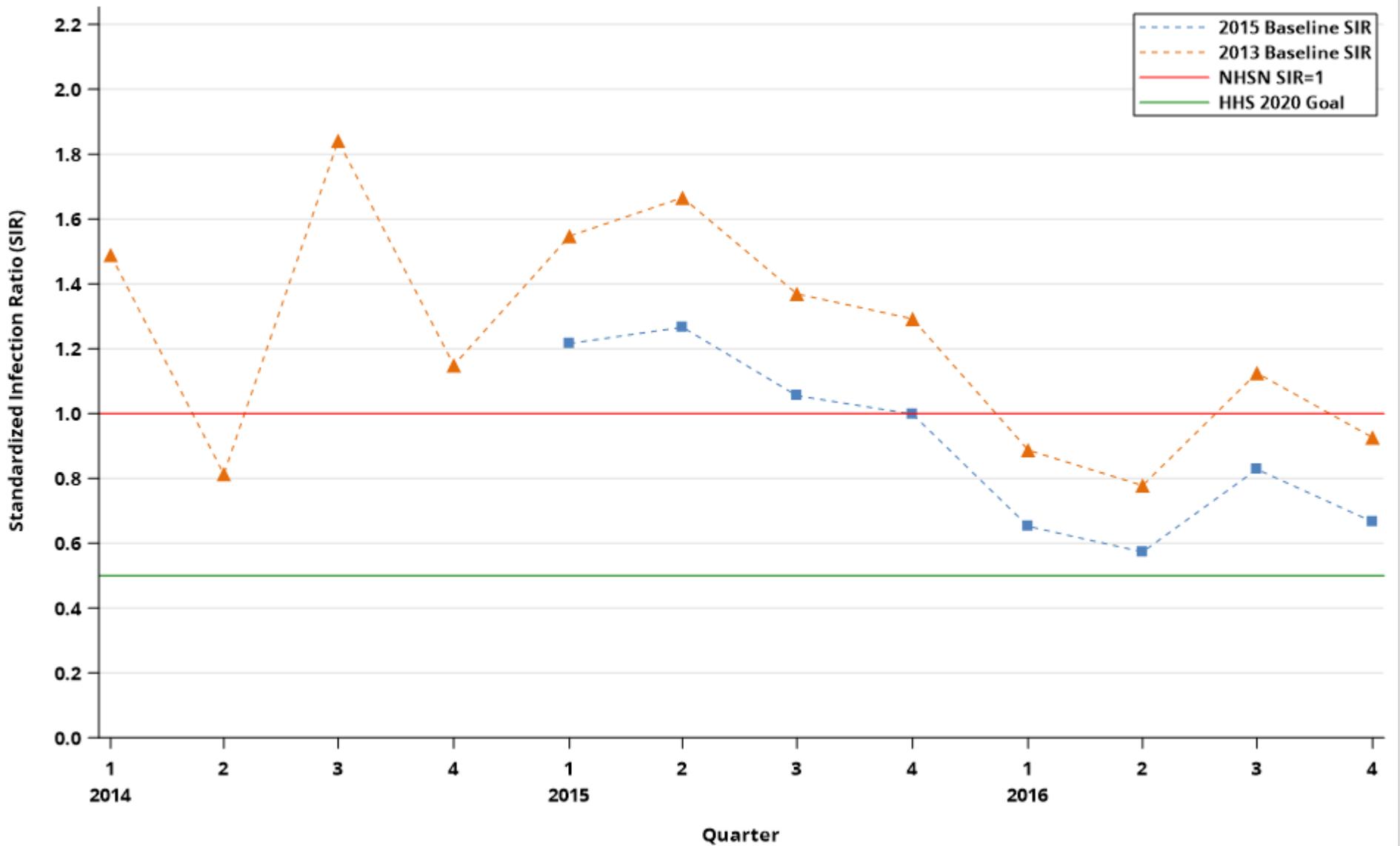
Data Reported as of November 13, 2017

Figure 22 : Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSI) in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



Data Reported as of November 13, 2017

**Figure 23 : Standardized Infection Ratios (SIR) for Central Line-Associated Bloodstream Infections (CLABSIs) in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 01/01/2014–12/31/2016**



Data Reported as of November 13, 2017

**Table 19 : Key Percentiles for Facility-Specific Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIRs) in Long-term Acute Care (LTAC) Hospitals by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	CL DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	10	53,159	44	65.38	0.67	0.50	0.90	10	3	30%	0	0%	0.18	0.26	0.47	1.32	1.65	
	2015	10	64,625	86	75.30	1.14	0.92	1.40	10	2	20%	1	10%	0.32	0.87	1.21	1.86	2.55	

Data reported as of November 13, 2017

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 20 : Crude (Unadjusted) Rate of Central Line-Associated Bloodstream Infection (CLABSI) and Central Line Utilization Rates in Long-term Acute Care (LTAC) Hospitals by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

STATE	YEAR	No.	CLABSI	CL DAYS	CLABSI Rate*	Patient Days	DU Rate
Tennessee	2016	10	44	53,159	0.83	103,513	0.51
	2015	10	86	64,625	1.33	111,823	0.58

Data reported as of November 13, 2017

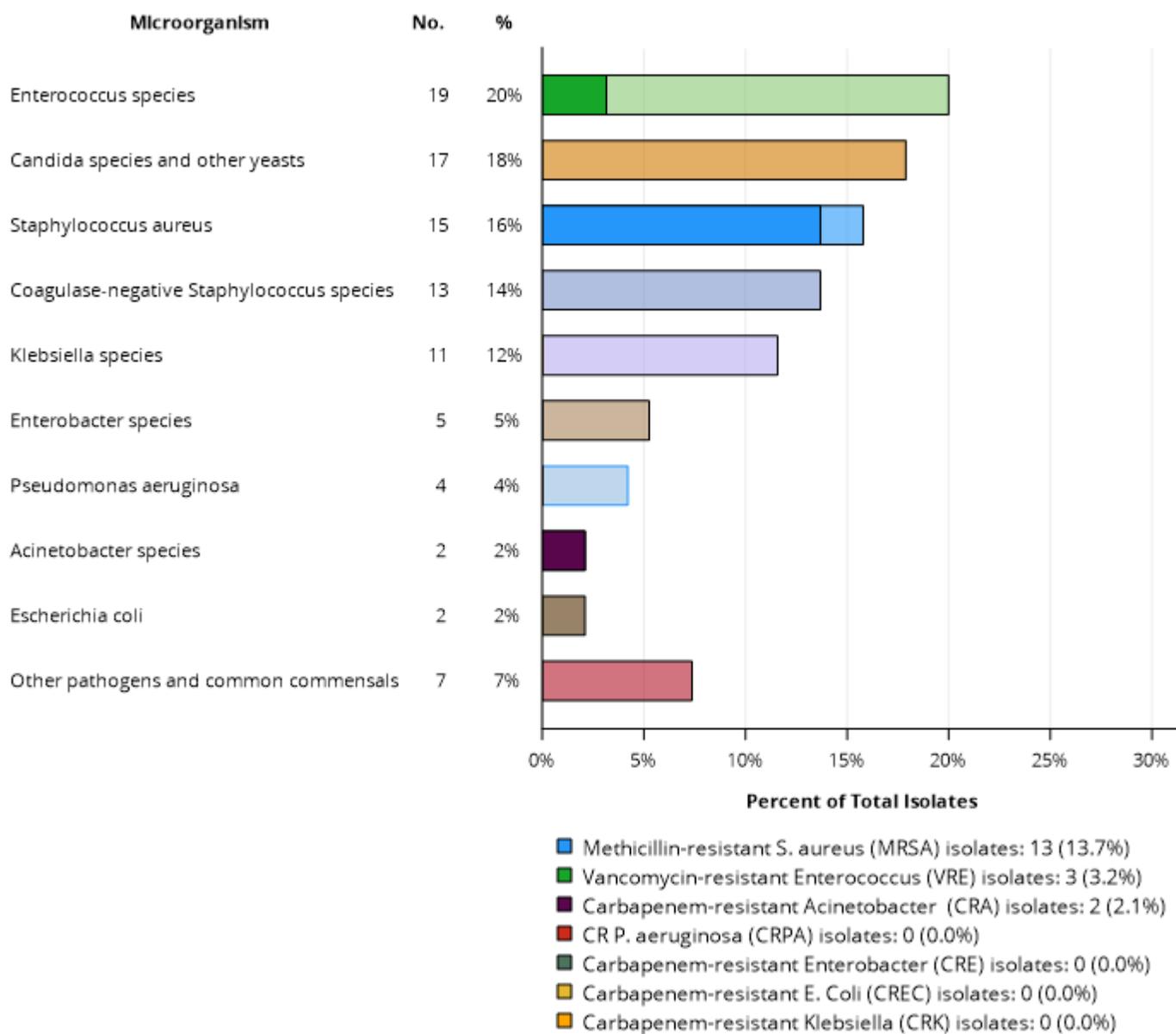
No. = number of facilities; CLABSI = number of observed CLABSI; CL Days = central line days;

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

\*Per 1,000 central line days

**Table 21 : Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSI) in Long-term Acute Care (LTAC) Hospitals, Tennessee, 01/01/2015 - 12/31/2015**

**Number of isolates=95; Number of events=86**



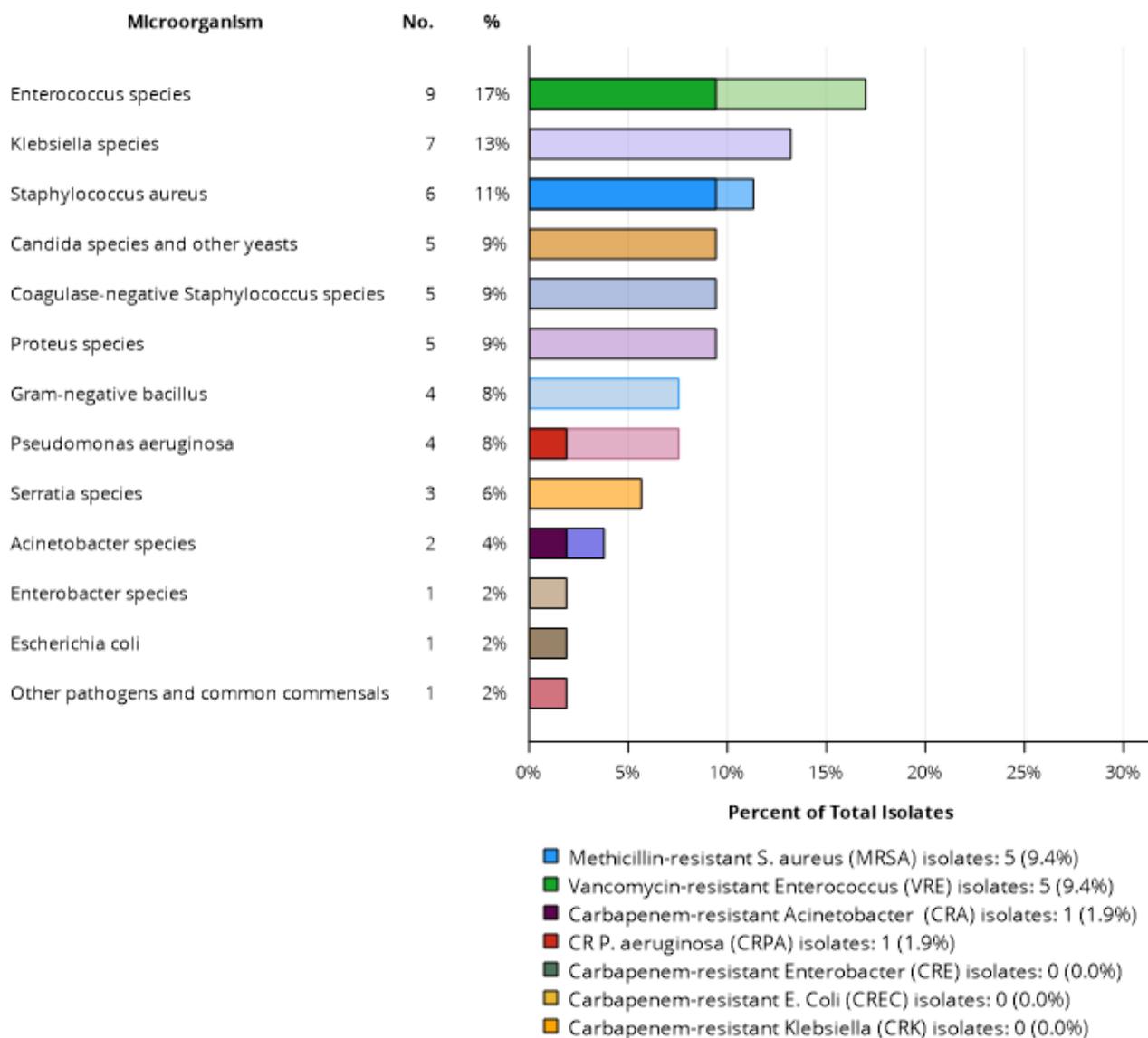
Data reported as of September 4, 2018

Other common commensals =

Other pathogens = *Actinomyces* spp., Gram-positive spp., *Providencia* spp., *Stenotrophomonas* spp., *Streptococcus* spp., *Trichosporon* spp.,

**Table 22 : Microorganisms Identified in Central Line-Associated Bloodstream Infections (CLABSIs) in Long-term Acute Care (LTAC) Hospitals, Tennessee, 01/01/2016 - 12/31/2016**

**Number of isolates=53; Number of events=45**

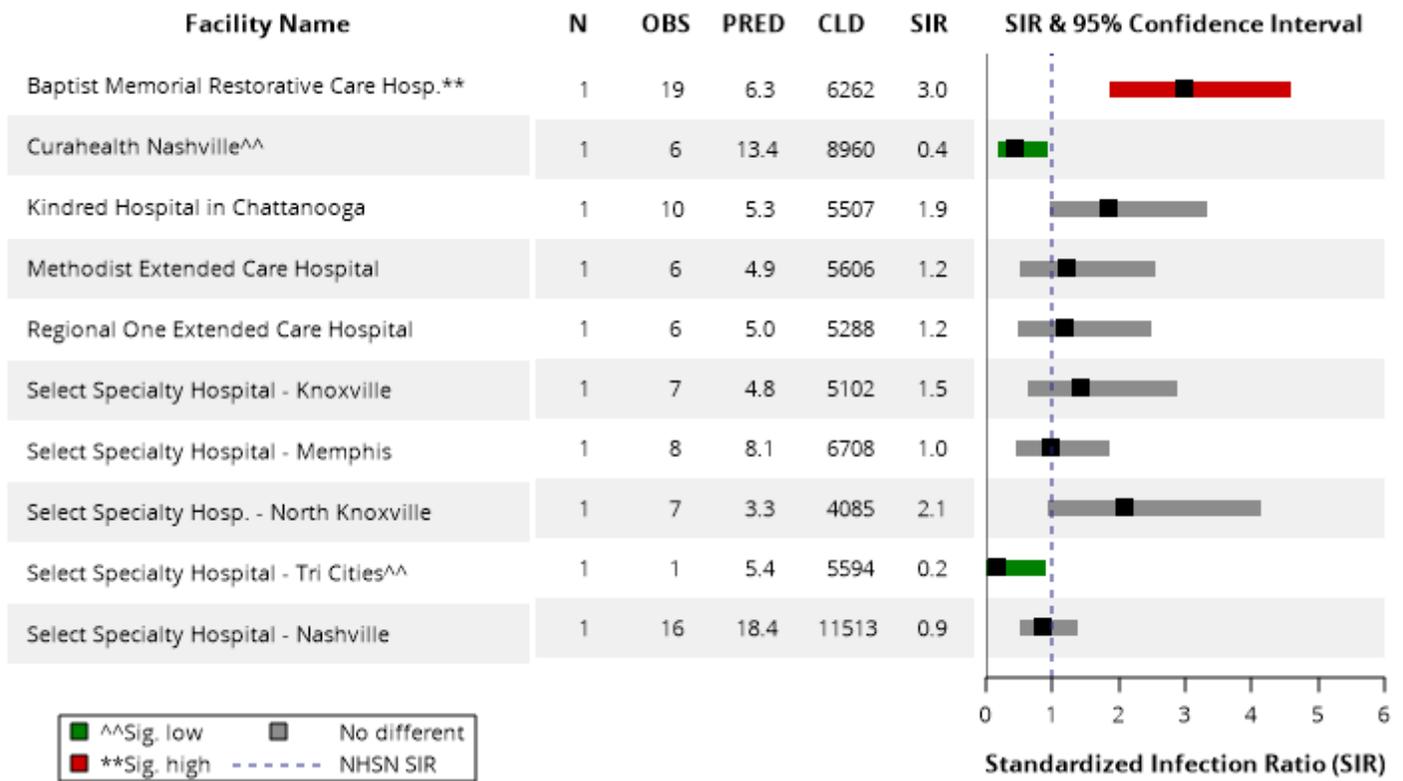


Data reported as of September 4, 2018

Other common commensals =

Other pathogens = Lactobacillus spp.,

**Figure 24 : CLABSI Standardized Infection Ratio (SIR) for Long-term Acute Care (LTAC) Hospitals, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

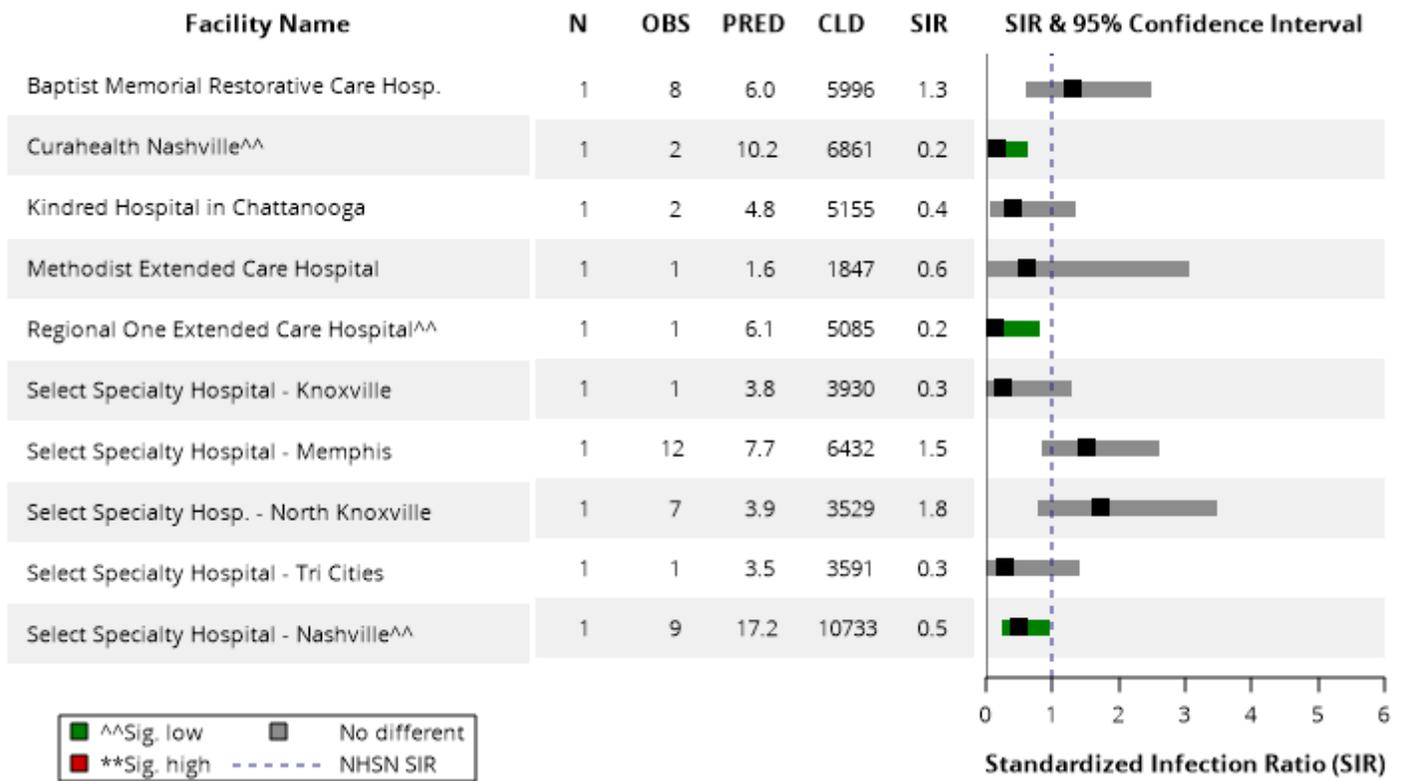
CLD = number of central line days

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 25 : CLABSI Standardized Infection Ratio (SIR) for Long-term Acute Care (LTAC) Hospitals, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CLABSI

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

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

CLD = number of central line days

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

# Catheter-Associated Urinary Tract Infections (CAUTI)

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

An indwelling urinary catheter is a drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system. When pathogens enter the urinary tract through the urinary catheter and lead to urinary tract infections, these infections are known as catheter-associated urinary tract infections. Healthcare facilities can prevent CAUTIs by following appropriate infection prevention recommendations when inserting and maintaining indwelling urinary catheters, and by removing a urinary catheter as soon as it is no longer medically necessary (see [Patient Guide to CAUTI](#)<sup>15</sup>).

### **Reporting Requirements**

Tennessee acute care hospitals have been required to report CAUTI data in adult and pediatric ICUs to TDH since January 2012. Long-term acute care (LTAC) hospitals and inpatient rehabilitation facilities (IRF) began reporting CAUTI data in October 2012 from all inpatient locations. Acute care hospitals began reporting CAUTI from adult and pediatric medical, surgical, and medical/surgical wards in July 2014.

To comply with these reporting requirements, facilities are required to follow the [NHSN CAUTI Surveillance protocol](#)<sup>16</sup>, which is updated each year with CAUTI surveillance definitions and reporting instructions. Facilities must report the number of urinary catheter and patient days for each applicable location each month to NHSN. They are also required to report any urinary tract infections which meet the NHSN surveillance definition of a CAUTI in required locations.

### **Changes to Surveillance Definitions**

In January 2013, NHSN added a new rule that an indwelling urinary catheter must be both in place for > 2 days before all elements of the UTI criterion were first present together, and the urinary catheter must be in place the day of the event or the day before in order to meet the definition of a CAUTI. Criterion elements must occur within a timeframe that does not exceed a gap of 1 calendar day. In January 2015, NHSN added a new rule to define an eligible urine culture in order to meet UTI criterion. An eligible urine culture was defined as a urine culture with no more than two species of organisms, at least one of which is bacteria of greater than or equal to 100,000 CFU/ml. This change in definition meant that *Candida spp* and other yeasts were excluded organisms to meet the UTI criterion.

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

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

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<sup>15</sup> [http://www.cdc.gov/hai/pdfs/uti/CA-UTI\\_tagged.pdf](http://www.cdc.gov/hai/pdfs/uti/CA-UTI_tagged.pdf)

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

## CAUTI Risk Adjustment

We use the SIR as a summary measure to compare CAUTI data for facilities in TN to the national benchmark from a baseline time period. Recently, CDC introduced the SIR “rebaseline”, a term that is being used to describe updates to the previous (or original) HAI baselines. CDC used 2015 HAI data to create the updated SIR baselines, which includes updates to both the source of aggregate data and the risk adjustment methodology used to calculate the number of predicted events. Before 2015, the time period used to establish the baseline, or reference points, varied among the different HAI measures. Thus, in previous TN HAI reports, the number of predicted infections was estimated based on those original baselines. Therefore, the data in this report are not comparable with previous HAI reports. The CAUTI SIR is calculated by dividing the total number of observed CAUTI events by the predicted\* number of CAUTIs. This predicted number, which can also be understood as a projection, is calculated using a negative binomial regression model and is adjusted for each facility using variables found to be significant predictors of HAI incidence. The model adjusts for hospital location, facility type, bed size and medical school affiliation in acute care hospitals. In LTACHs, average length of stay, LTACH setting and hospital location are adjusted for; setting and proportion of admissions with stroke and spinal cord dysfunction are adjusted for in IRFs. Further details can be seen in the [NHSN Guide to the SIR<sup>17</sup>](#).

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

<sup>17</sup> <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>

# CAUTI

*Adult and Pediatric Critical Care Units*

## CAUTIs in Adult/Pediatric ICUs:

**Total number of hospitals reporting from January-December 2015: 86**

**Total number of hospitals reporting from January-December 2016: 86**

### **SIRs by Quarter (Figure 26, Figure 27)**

- From January-March 2015 to October-December 2015, the overall CAUTI SIR in Tennessee adult and pediatric ICUs fluctuated between 0.91 and 1.13. In 2016, the January-March SIR was 1.17 and then steadily declined to an SIR of 0.80 in October-December. The U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>18</sup> gives a five-year (2020) prevention target of SIR = 0.75.

### **Key Percentiles for Tennessee SIRs (Table 23, Table 24)**

- The overall CAUTI SIR across all reporting adult and pediatric ICUs in Tennessee from January-December 2015 was 1.06 (95% CI: 0.96, 1.16). This SIR indicates that the number of CAUTIs in ICUs was 6% higher than predicted, compared to the national NHSN 2015 data. The overall CAUTI SIR for data reported in 2016 was 0.96 (95% CI: 0.86, 1.06).
- From January-December 2015, the median (50<sup>th</sup> percentile) facility-specific SIR was 0.70, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.70. From January-December 2016, the median (50<sup>th</sup> percentile) facility-specific SIR was 0.74.

### **SIR by Unit Type (Figure 28)**

- In 2015, CAUTI SIRs were statistically significantly higher than the 2015 national baseline SIR in burn ICUs (SIR=2.04) and trauma ICUs (1.81). Only surgical ICUs (SIR=0.63) had an SIR that was statistically significantly lower than the national baseline. In 2016, the CAUTI SIRs in the burn ICUs (SIR=1.79) and medical cardiac ICUs (SIR=1.59) were statistically significantly higher than the 2015 national baseline. Only the cardiothoracic surgical ICUs (SIR=0.62) and neurologic ICUs (SIR=0.37) had an SIR that was statistically significantly lower than the national baseline.

### **Microorganisms Associated with CAUTIs in Adult and Pediatric ICUs (Table 25, Table 26)**

- Among the 448 pathogens isolated from 416 CAUTIs in 2015, the most common pathogens were *Escherichia coli* (38%), *Enterococcus* species (16%) and *Klebsiella* species (13%). Carbapenem-resistant organisms accounted for 2% of total isolates, vancomycin-resistant *Enterococcus* (VRE) and methicillin-resistant *S. aureus* (MRSA) accounted for 1%.
- Among the 402 pathogens isolated from 374 CAUTIs in 2016, the most common pathogens were *Escherichia coli* (35%), *Enterococcus* species (14%) and *Pseudomonas aeruginosa* (14%). Carbapenem-resistant organisms accounted for 5% of total isolates, vancomycin-resistant *Enterococcus* (VRE) accounted for 2% of total positive isolates, and methicillin-resistant *S. aureus* (MRSA) accounted for 1%.

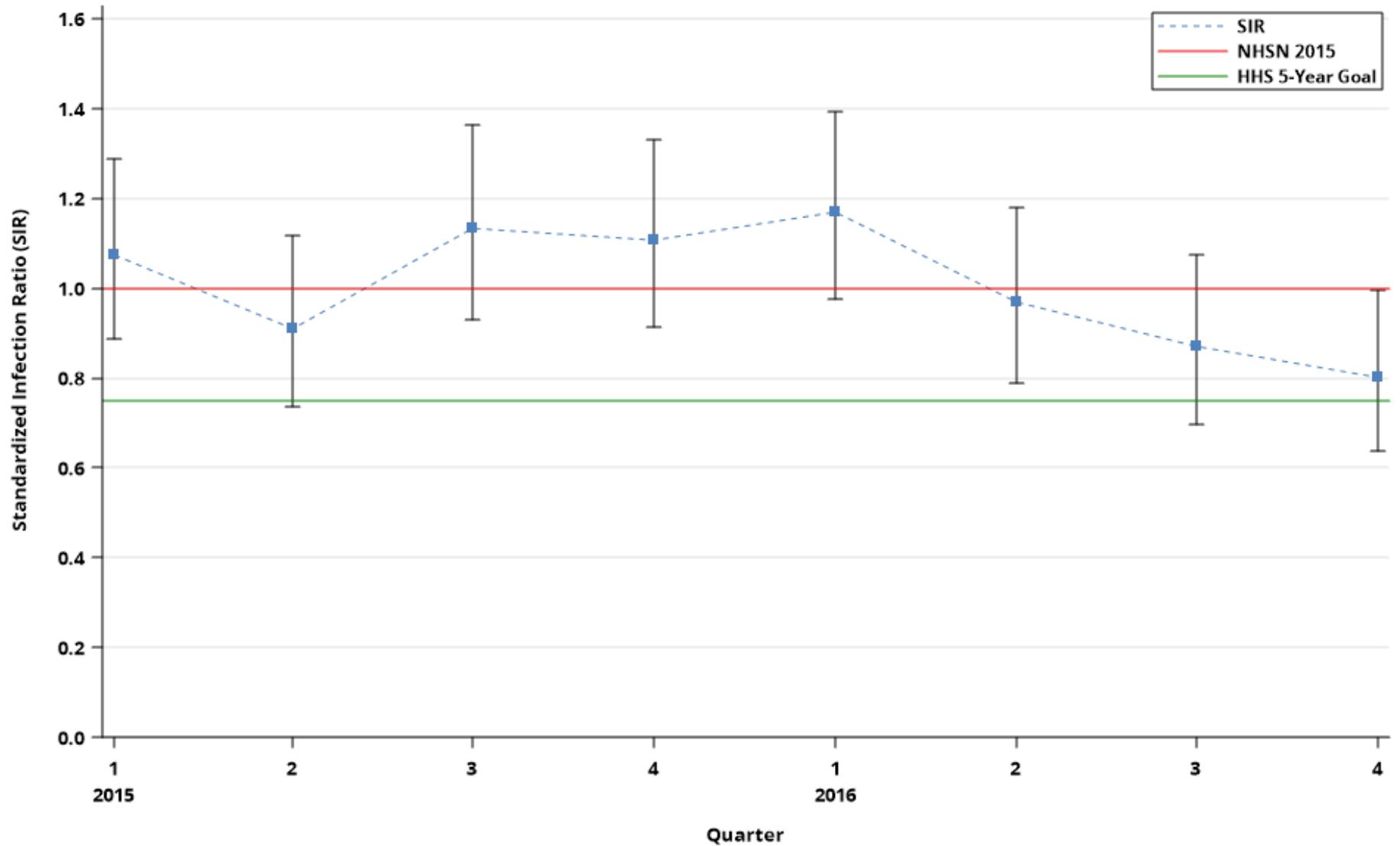
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<sup>18</sup> <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

### **Facility-Specific SIRs (Figure 29, Figure 30)**

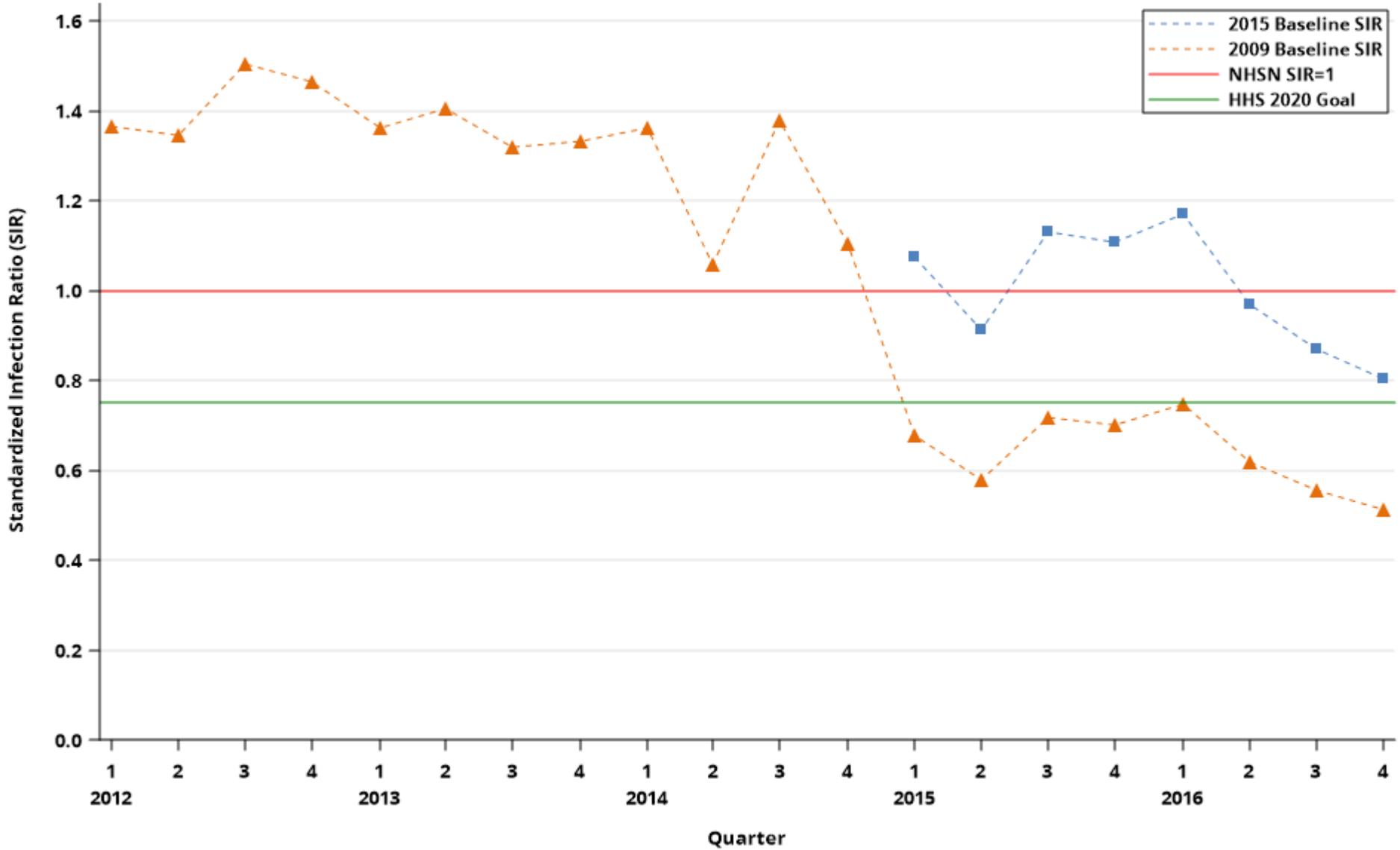
- One CAUTI SIR that accounts for all reporting adult/pediatric ICUs in each facility is displayed in [Figure 29](#) and [Figure 30](#). The bar representing the confidence interval is green if the CAUTI SIR was significantly lower than the national SIR of 1 for 2015 and red if the CAUTI SIR was significantly higher than 1. Some hospitals reported zero CAUTIs (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of urinary catheter-days.
- In 2015, 5 Tennessee facilities had a CAUTI SIR statistically significantly greater than the 2015 national baseline SIR of 1, and 3 facilities had a CAUTI SIR statistically significantly lower than the baseline SIR. In 2016, 5 Tennessee facilities had a CAUTI SIR statistically significantly greater than the 2015 national baseline SIR of 1, and 4 facilities had a CAUTI SIR statistically significantly lower than the baseline SIR.

**Figure 26 : Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) for Adult and Pediatric Intensive Care Units (ICUs) by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]**



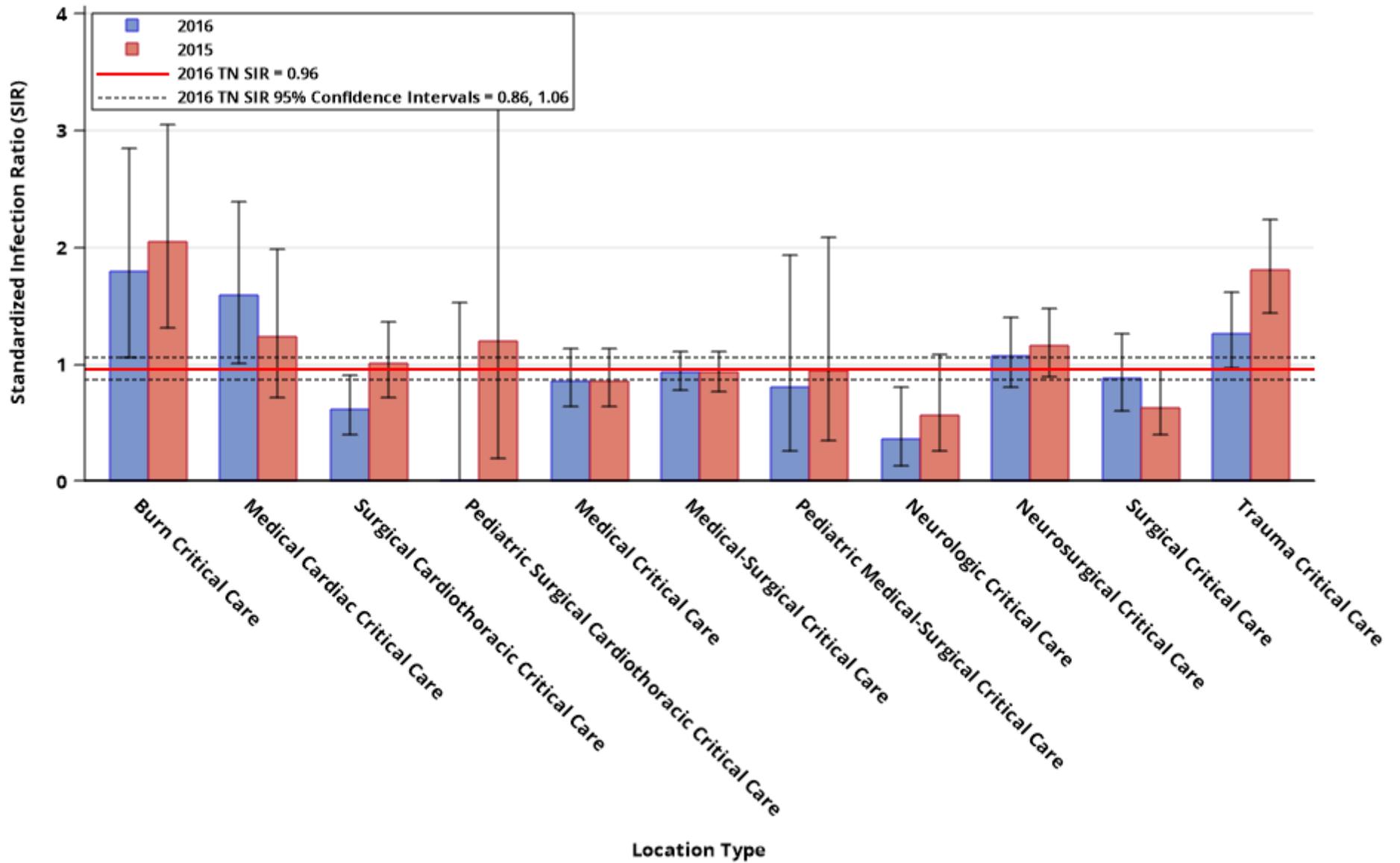
Data Reported as of November 13, 2017

Figure 27 : Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) for Adult and Pediatric Intensive Care Units (ICUs) by Quarter, Tennessee, 01/01/2012–12/31/2016



Data Reported as of November 13, 2017

Figure 28 : Standardized Infection Ratios (SIRs) for Catheter-Associated Urinary Tract Infections (CAUTIs) by Intensive Care Unit (ICU) Type, Tennessee, 2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



Data Reported as of November 13, 2017

**Table 23 : Key Percentiles for Facility-Specific Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratios (SIRs) in Adult and Pediatric Intensive Care Units (ICUs) by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	UC Days	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	86	296,409	375	391.55	0.96	0.86	1.06	51	4	8%	5	10%	0.00	0.31	0.74	1.08	1.81	
	2015	86	299,996	416	394.06	1.06	0.96	1.16	47	3	6%	5	11%	0.00	0.00	0.70	1.13	2.57	

Data reported as of November 13, 2017

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 24 : Key Percentiles for Unit-Specific Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratios (SIRs) by Type of Intensive Care Unit (ICU) and Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

ICU TYPE	YEAR	No.	UC Days	No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			DISTRIBUTION OF FACILITY-SPECIFIC SIRs					
				OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	10%	25%	50%	75%	90%
Burn Critical Care	2016	2	2,611	16	8.93	1.79	1.06	2.85	2	N/A	N/A	N/A	N/A	N/A
	2015	2	3,146	22	10.76	2.04	1.31	3.04	2	N/A	N/A	N/A	N/A	N/A
Medical Cardiac Critical Care	2016	5	10,321	21	13.23	1.59	1.01	2.38	4	N/A	N/A	N/A	N/A	N/A
	2015	5	10,173	15	12.18	1.23	0.72	1.99	4	N/A	N/A	N/A	N/A	N/A
Medical Critical Care	2016	25	50,367	46	53.60	0.86	0.64	1.14	17	0.00	0.38	0.87	1.35	2.18
	2015	26	52,718	48	55.88	0.86	0.64	1.13	17	0.00	0.00	0.77	1.14	2.21
Medical-Surgical Critical Care	2016	60	136,259	120	129.15	0.93	0.77	1.11	34	0.00	0.30	0.74	1.09	2.40
	2015	61	136,363	118	127.16	0.93	0.77	1.11	32	0.00	0.00	0.70	1.38	2.14
Neurologic Critical Care	2016	2	4,098	5	13.68	0.37	0.13	0.81	2	N/A	N/A	N/A	N/A	N/A
	2015	2	4,298	8	14.06	0.57	0.26	1.08	2	N/A	N/A	N/A	N/A	N/A
Neurosurgical Critical Care	2016	10	15,447	51	47.39	1.08	0.81	1.40	9	0.64	0.86	1.14	1.38	1.63
	2015	10	17,614	62	53.61	1.16	0.89	1.47	9	0.26	0.76	1.16	1.26	3.91
Pediatric Medical Critical Care	2016	1	0	0	0.00	.	.	.	.	N/A	N/A	N/A	N/A	N/A
	2015	1	0	0	0.00	.	.	.	.	N/A	N/A	N/A	N/A	N/A
Pediatric Medical-Surgical Critical Care	2016	7	3,099	4	4.99	0.80	0.26	1.94	2	N/A	N/A	N/A	N/A	N/A
	2015	8	3,166	5	5.30	0.94	0.35	2.09	2	N/A	N/A	N/A	N/A	N/A
Pediatric Neurosurgical Critical Care	2016	1	269	0	0.51	.	.	.	.	N/A	N/A	N/A	N/A	N/A
	2015	1	303	0	0.57	.	.	.	.	N/A	N/A	N/A	N/A	N/A
Pediatric Surgical Cardiothoracic Critical Care	2016	2	1,905	0	1.97	0.00	.	1.52	1	N/A	N/A	N/A	N/A	N/A
	2015	2	1,608	2	1.67	1.20	0.20	3.96	.	N/A	N/A	N/A	N/A	N/A
Surgical Cardiothoracic Critical Care	2016	14	33,638	24	39.00	0.62	0.40	0.90	14	0.00	0.00	0.31	0.69	1.68
	2015	14	33,478	38	37.84	1.00	0.72	1.36	14	0.35	0.61	0.86	1.40	1.53
Surgical Critical Care	2016	8	20,630	28	31.63	0.89	0.60	1.26	8	0.32	0.43	0.61	1.17	1.95
	2015	8	21,213	20	31.82	0.63	0.40	0.95	8	0.00	0.27	0.65	1.20	1.53
Trauma Critical Care	2016	6	17,765	60	47.46	1.26	0.97	1.62	6	0.29	0.90	1.28	1.83	4.73
	2015	6	15,916	78	43.19	1.81	1.44	2.24	5	0.79	0.87	1.88	2.94	2.95

Data reported as of November 13, 2017

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

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

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

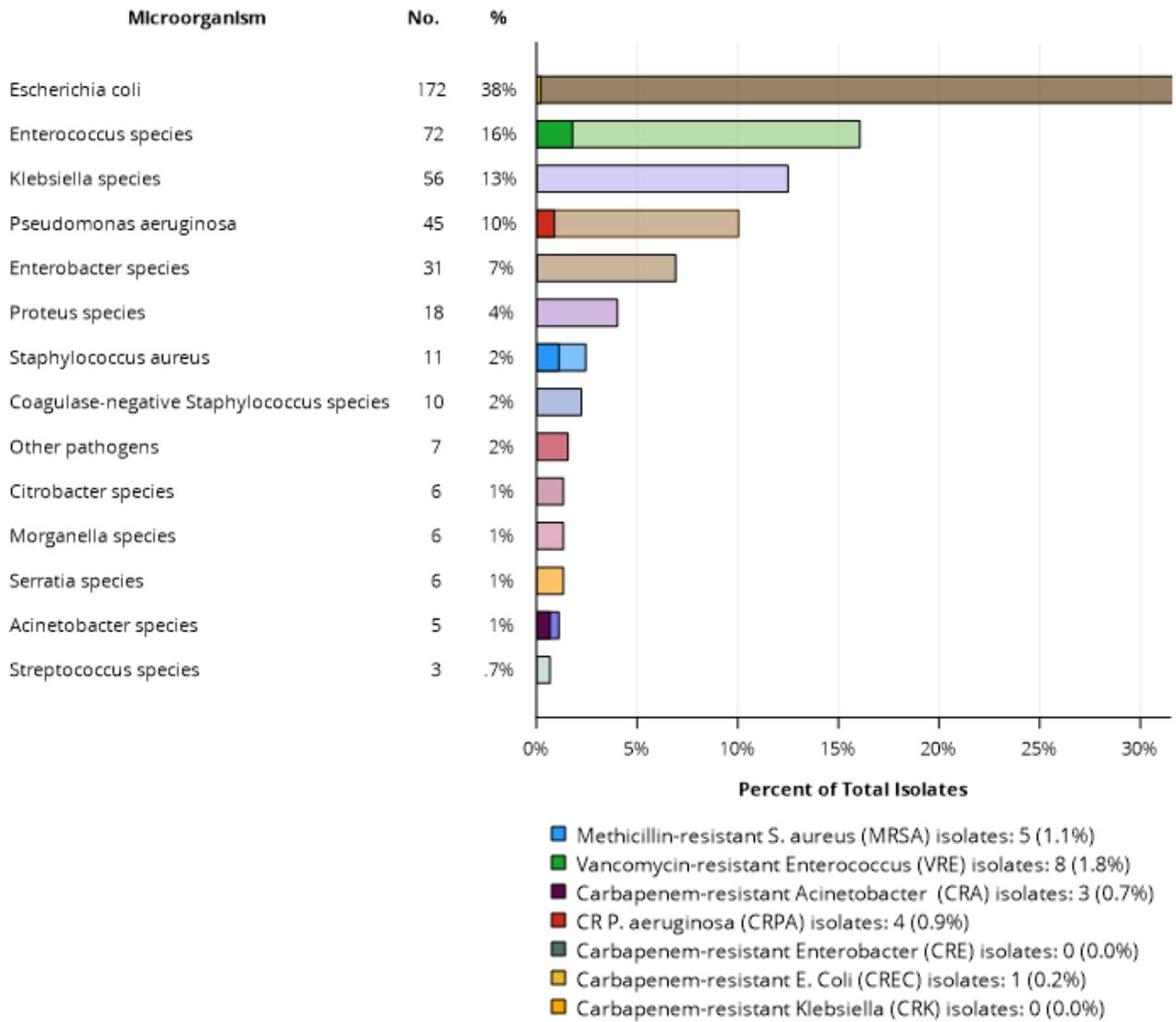
Key percentiles include units with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 25 : Microorganisms Identified in Catheter-Associated Urinary Infections (CAUTIs) in Adult and Pediatric Intensive Care Units, Tennessee, 01/01/2015 - 12/31/2015**

**Number of isolates=448; Number of events=416**

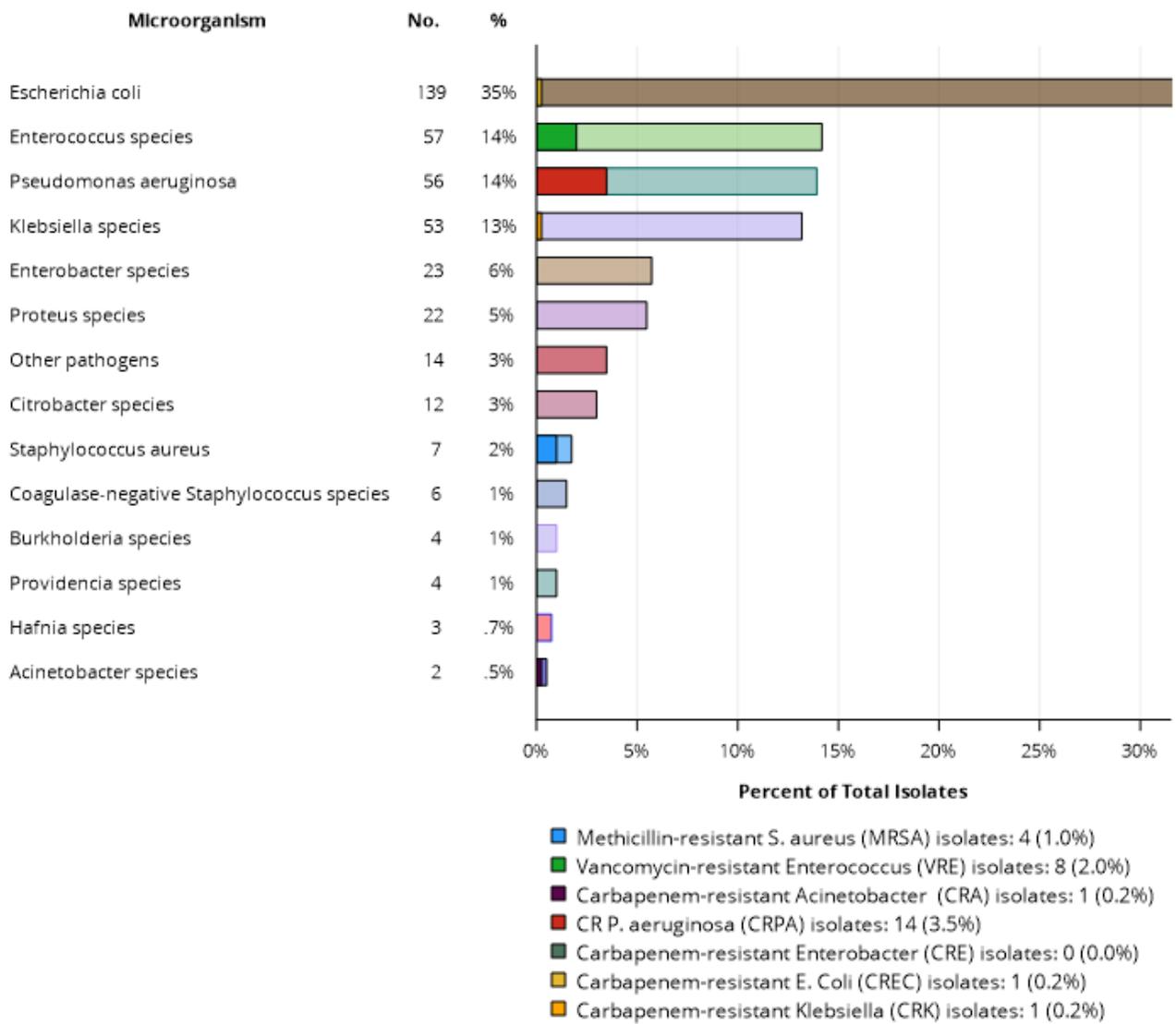


Data reported as of September 4, 2018

Other pathogens = Enterohemorrhagic spp., Lactobacillus spp., Providencia spp., Pseudomonas spp., Raoultella spp.,

**Table 26 : Microorganisms Identified in Catheter-Associated Urinary Infections (CAUTIs) in Adult and Pediatric Intensive Care Units, Tennessee, 01/01/2016 - 12/31/2016**

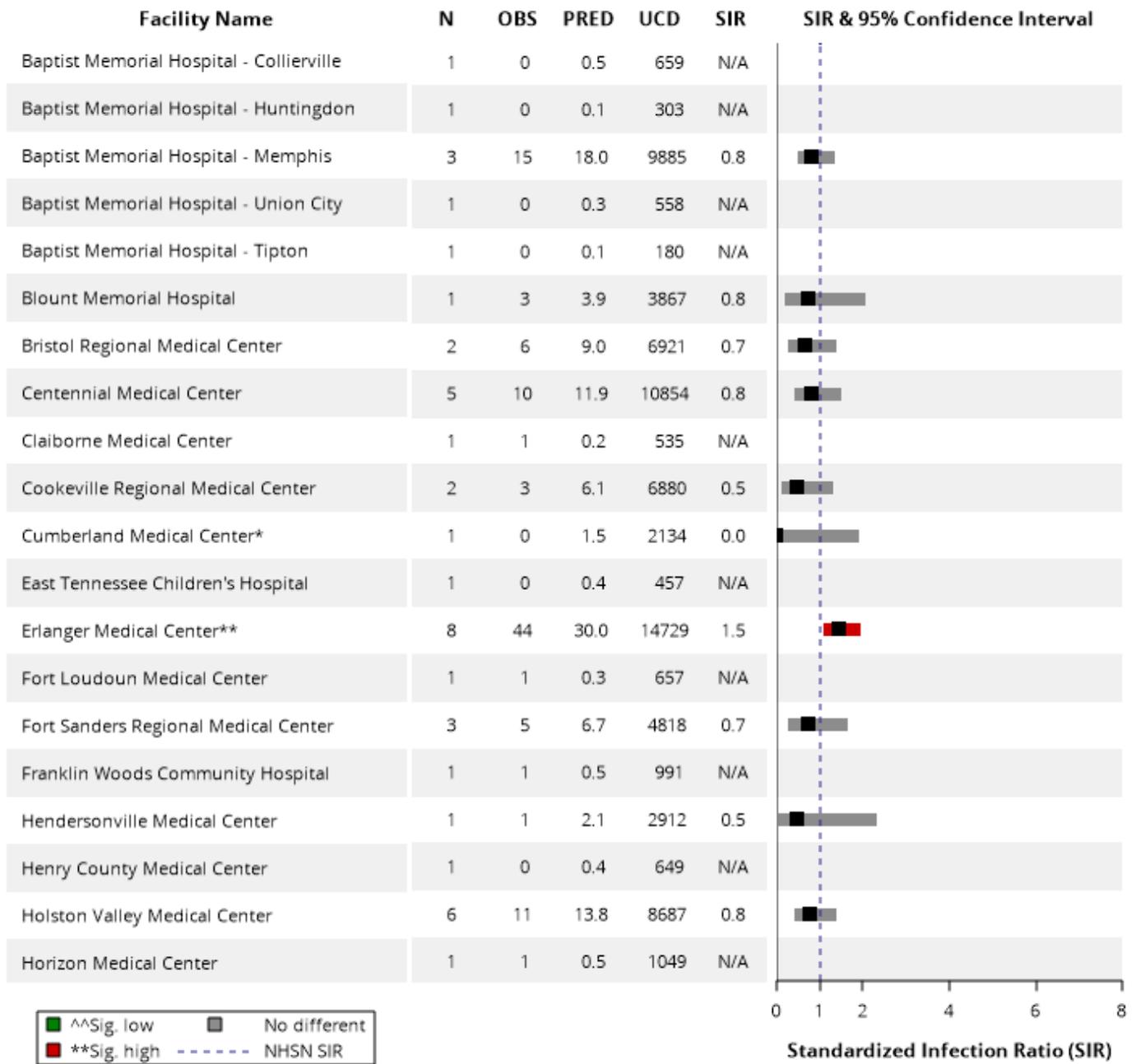
**Number of isolates=402; Number of events=374**



Data reported as of September 4, 2018

Other pathogens = Gram-negative spp., Lactobacillus spp., Morganella spp., Other Staphylococcus spp., Pseudomonas spp., Raoultella spp., Serratia spp., Stenotrophomonas spp., Streptococcus spp.,

**Figure 29 : CAUTI Standardized Infection Ratio (SIR) for Adult and Pediatric Intensive Care Units in Acute Care Hospitals, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

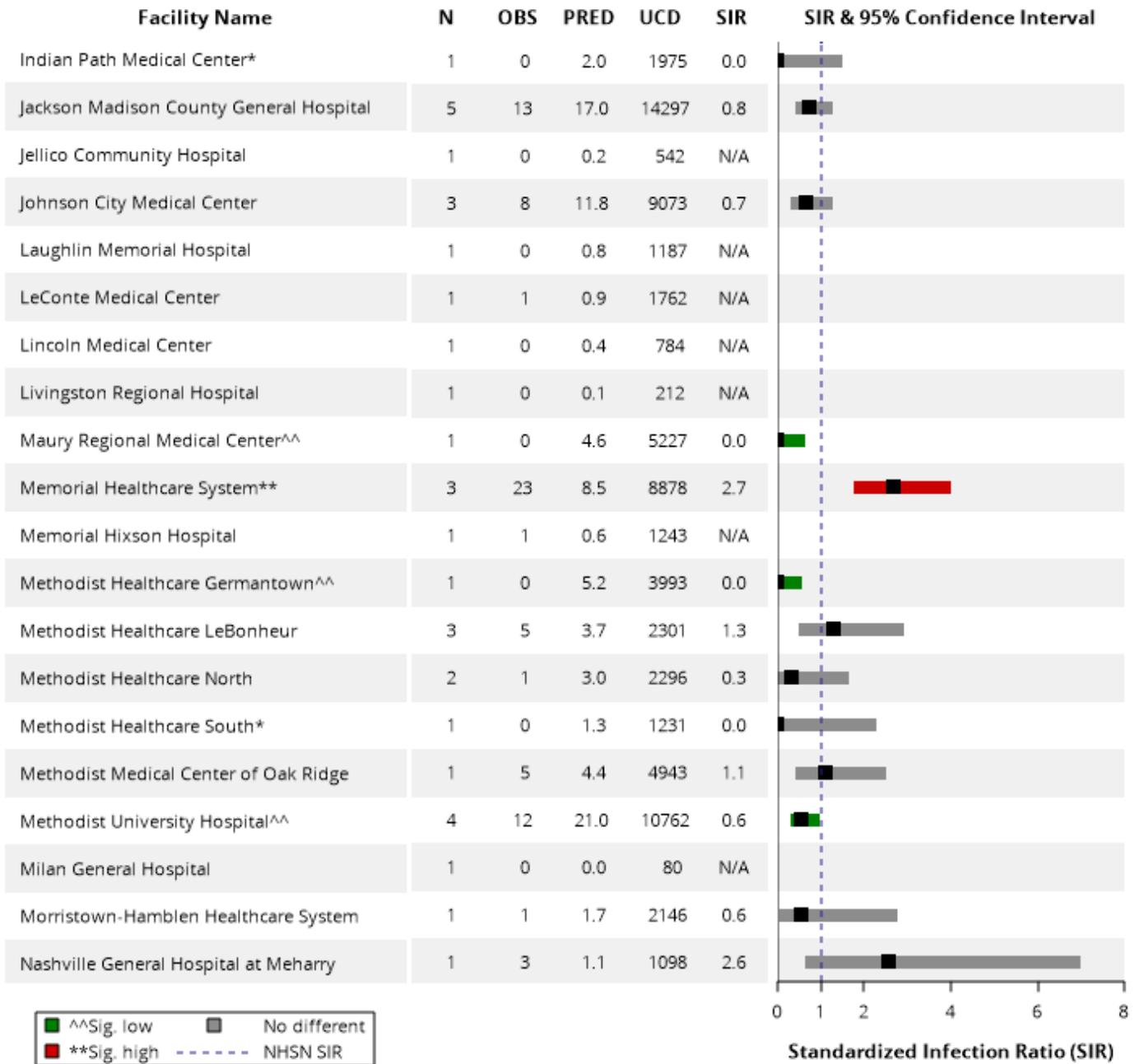
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 29 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

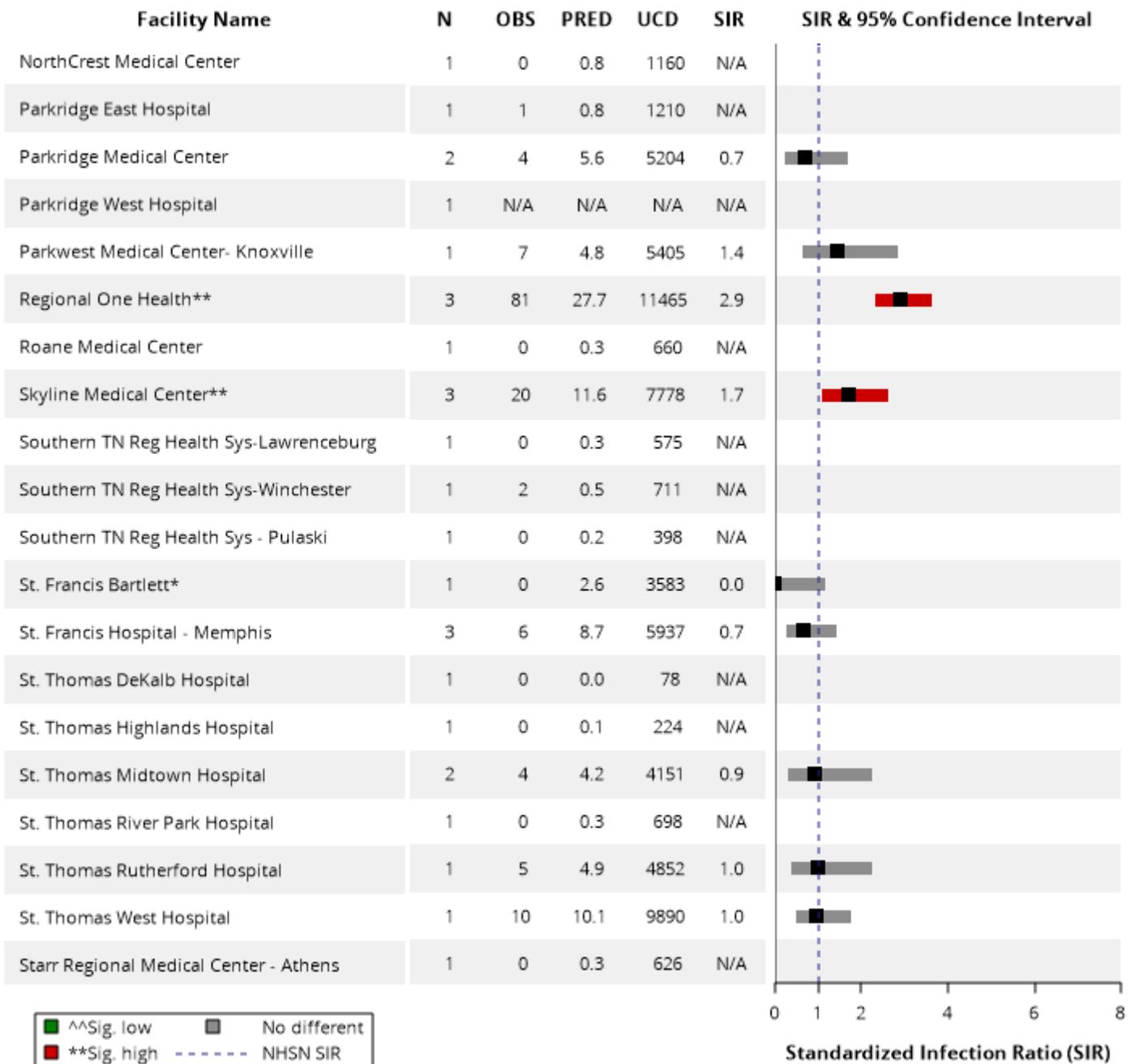
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 29 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

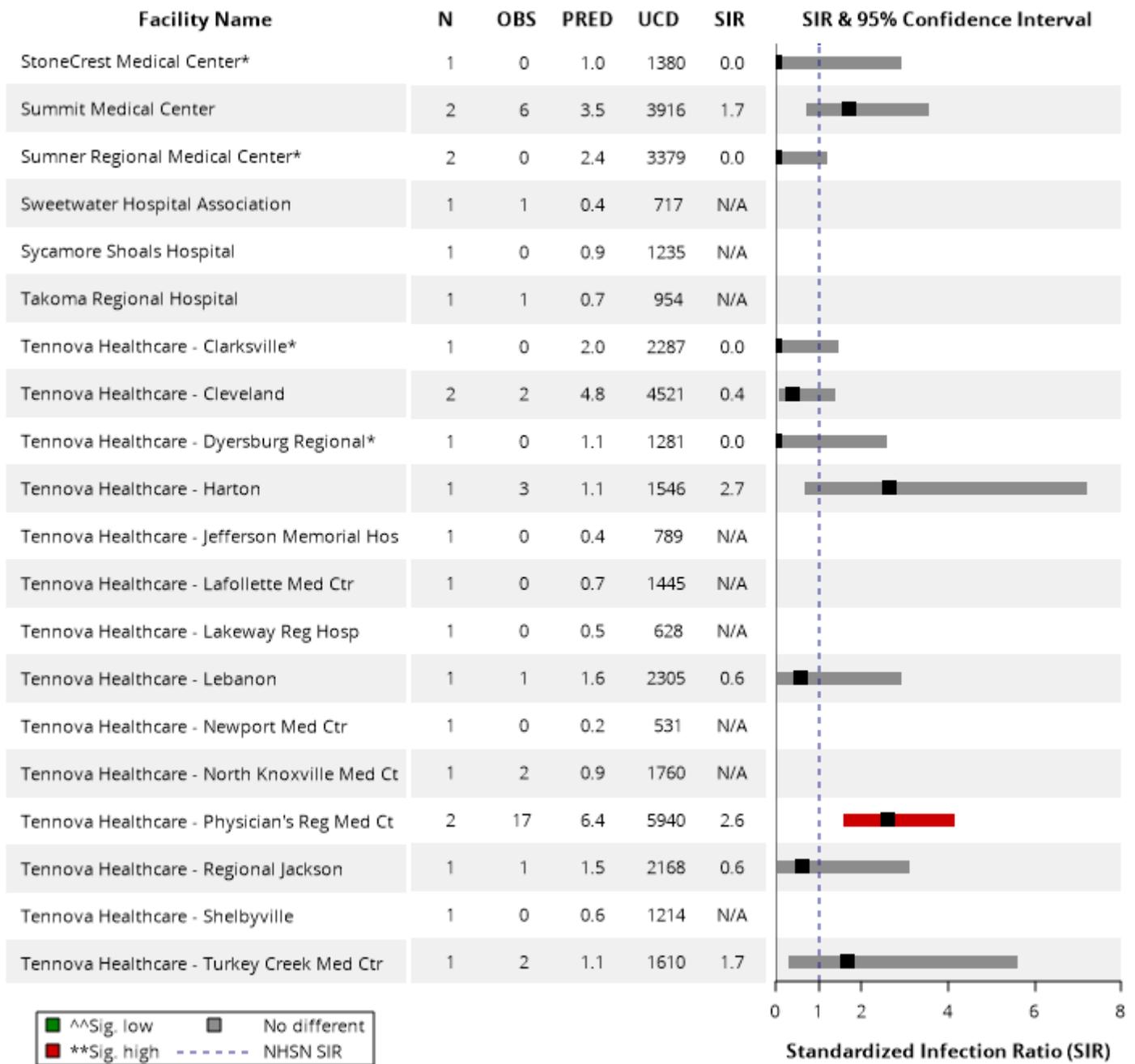
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 29 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

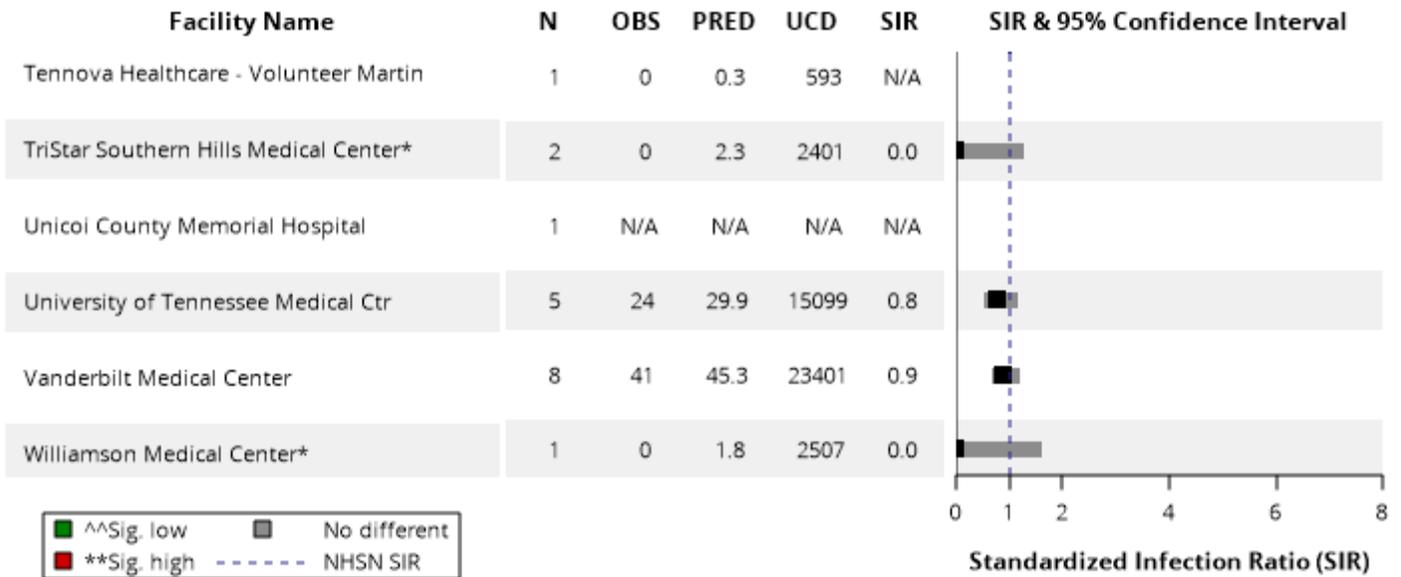
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 29 (cont'd)**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

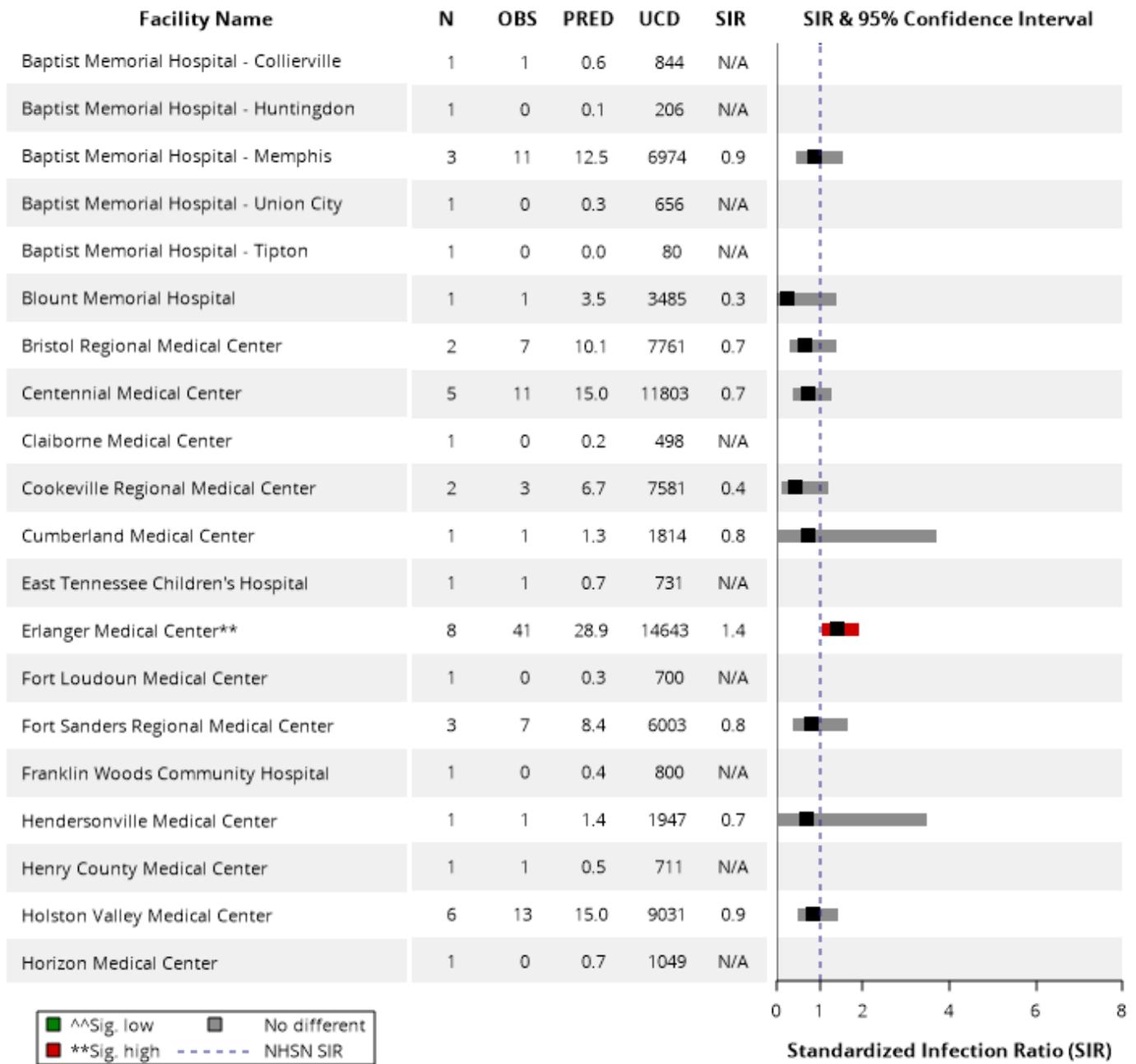
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 30 : CAUTI Standardized Infection Ratio (SIR) for Adult and Pediatric Intensive Care Units in Acute Care Hospitals, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

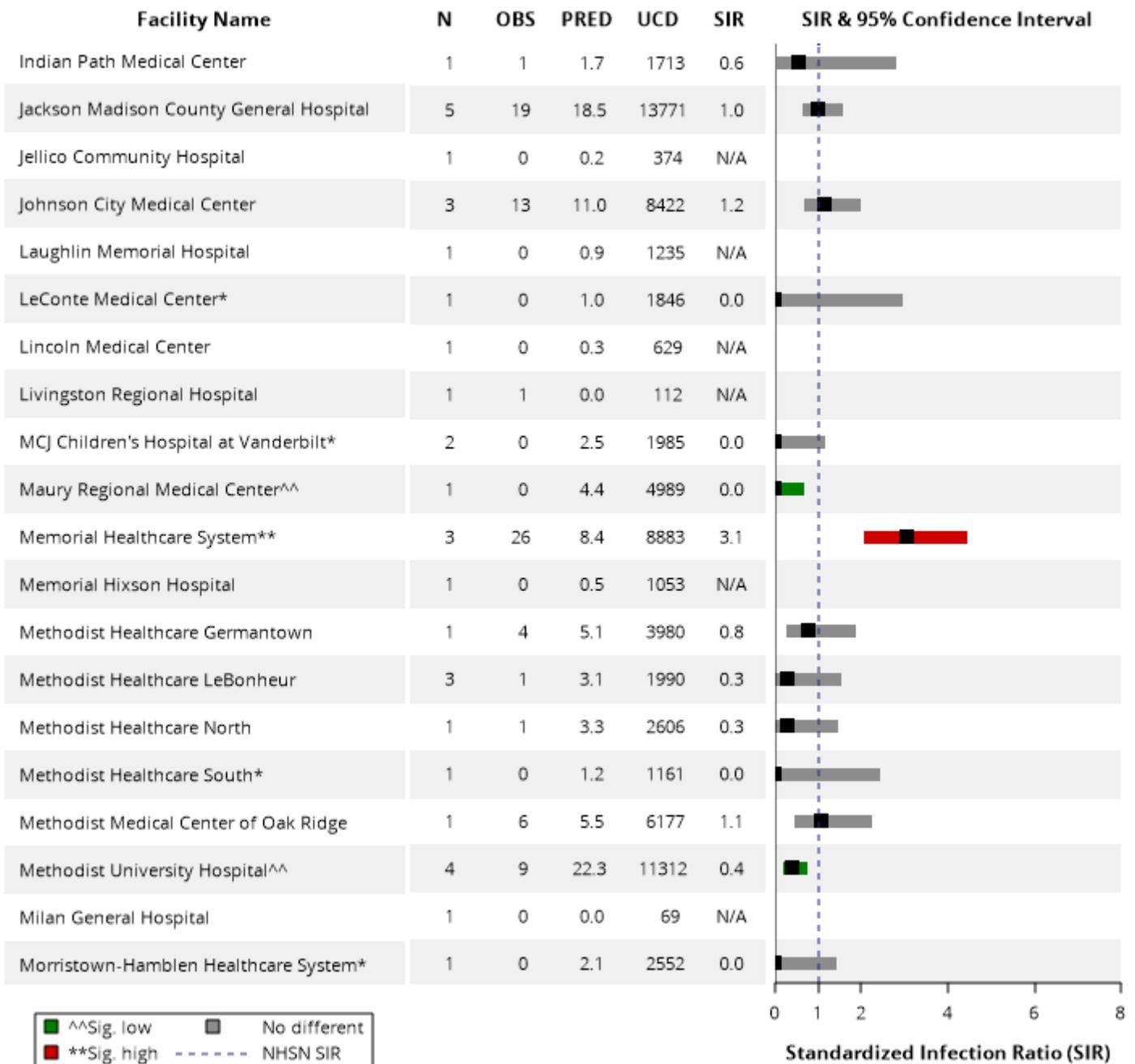
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 30 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

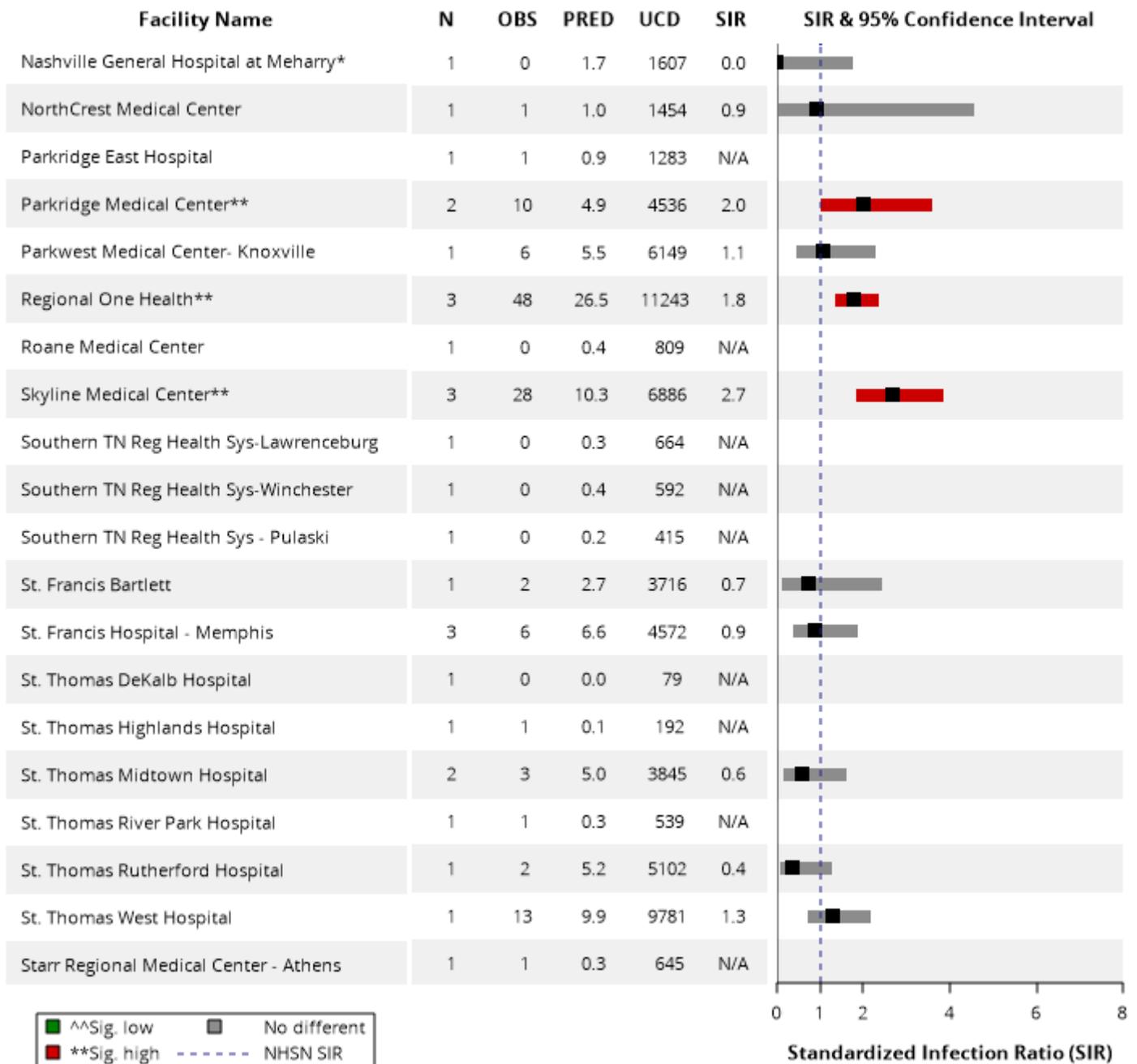
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 30 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

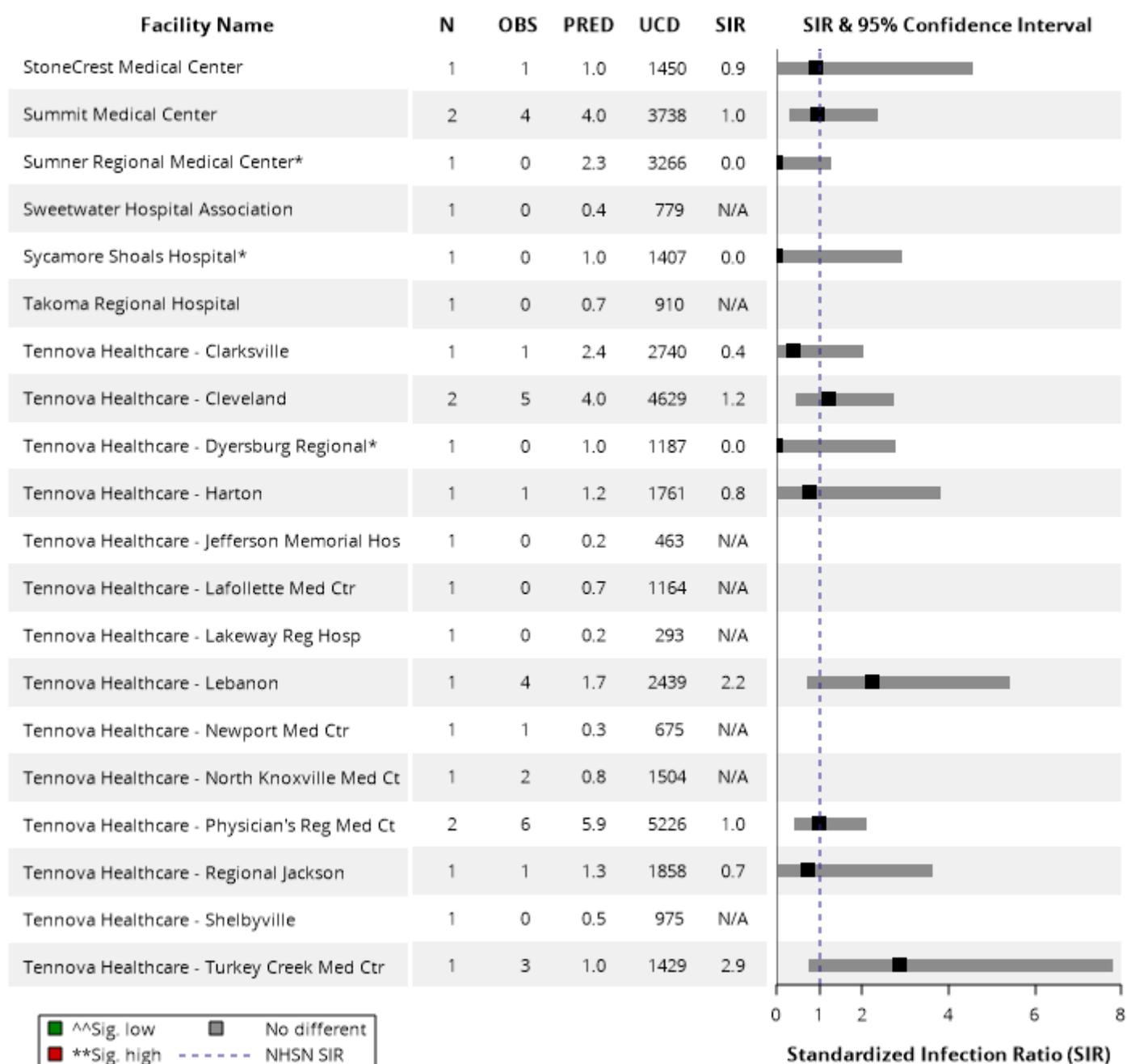
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 30 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

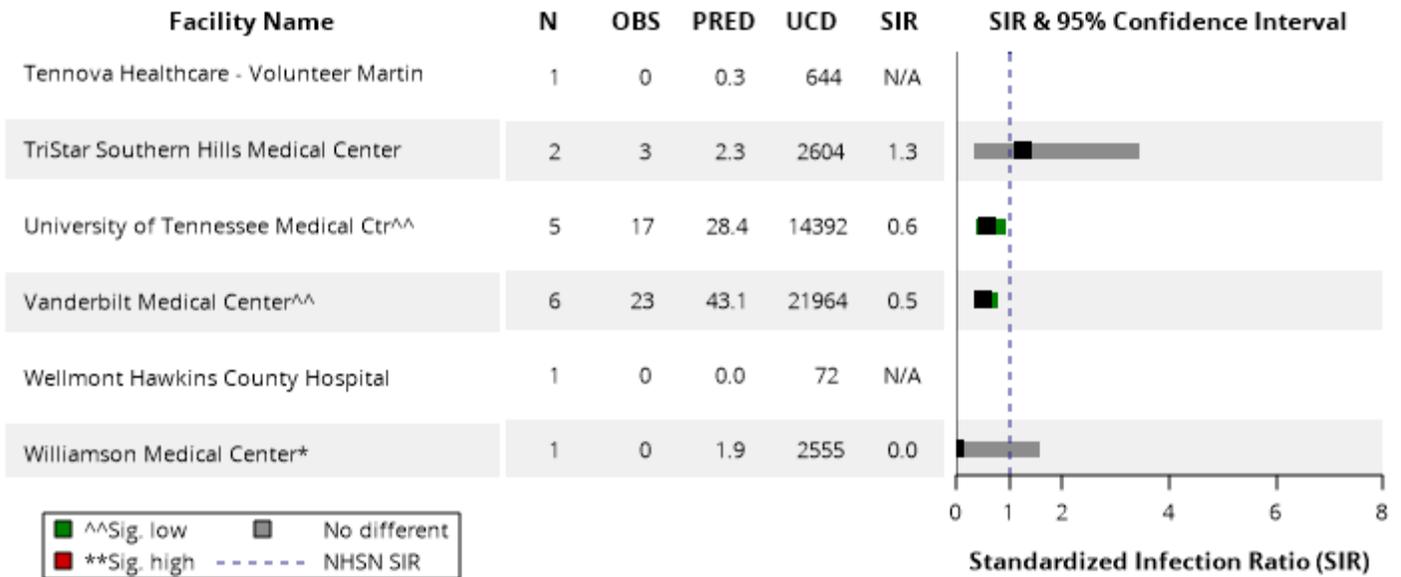
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 30 (cont'd)**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

# CAUTI

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

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

**Total number of hospitals reporting from January-December 2015: 104**

**Total number of hospitals reporting from January-December 2016: 104**

### **SIRs by Quarter ([Figure 31](#), [Figure 32](#))**

- From January-March 2015 to October-December 2015, the overall CAUTI SIR in Tennessee medical, surgical, and medical/surgical wards increased from 0.59 to 0.79. From January-March 2016 to October-December 2016, the overall CAUTI SIR in Tennessee medical, surgical, and medical/surgical wards fluctuated from 0.57 to 0.79. The U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>19</sup> gives a five-year (2020) prevention target of SIR = 0.75.

### **Key Percentiles for Tennessee SIRs ([Table 27](#), [Table 28](#))**

- The overall CAUTI SIR across all reporting adult and pediatric medical, surgical, and medical/surgical wards in Tennessee from January-December 2015 was statistically significantly lower than the national SIR of 1 (SIR=0.70; 95% CI: 0.60, 0.81). This SIR indicates that the number of CAUTIs in adult and pediatric medical, surgical, and medical/surgical wards was 30% lower than predicted, compared to national 2015 NHSN data. The 2016 CAUTI SIR was statistically significantly lower than the national SIR of 1 (SIR=0.72; 95% CI: 0.62, 0.83). This SIR indicates that the number of CAUTIs in adult and pediatric medical, surgical, and medical/surgical wards was 28% lower than predicted, compared to national 2015 NHSN data.
- In 2015, the median (50<sup>th</sup> percentile) facility-specific SIR was 0.67, indicating that half of all reporting Tennessee hospitals with at least 1 predicted infection had a SIR at or below 0.67. In 2016, the median (50<sup>th</sup> percentile) facility-specific SIR was 0.70.

### **SIR by Unit Type ([Figure 33](#))**

- In 2015, Tennessee CAUTI SIRs were significantly lower than the 2015 baseline SIR in adult medical/surgical ward locations (SIR=0.59). In 2016, the SIR from adult medical wards (SIR=0.60) and adult medical/surgical wards (SIR=0.76) was significantly lower than the national baseline.

### **Microorganisms Associated with CAUTIs in Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards ([Table 29](#), [Table 30](#))**

- Among the 200 pathogens isolated from 177 CAUTIs in 2015, the most common pathogens were *Escherichia coli* (29%), *Pseudomonas aeruginosa* (16%) and *Enterococcus* species (15%). Vancomycin-resistant *Enterococcus* (VRE) accounted for 2% of total positive isolates, carbapenem-resistant isolates accounted for 2% of positive isolates and 3% of total positive isolates were methicillin-resistant *S. aureus* (MRSA).

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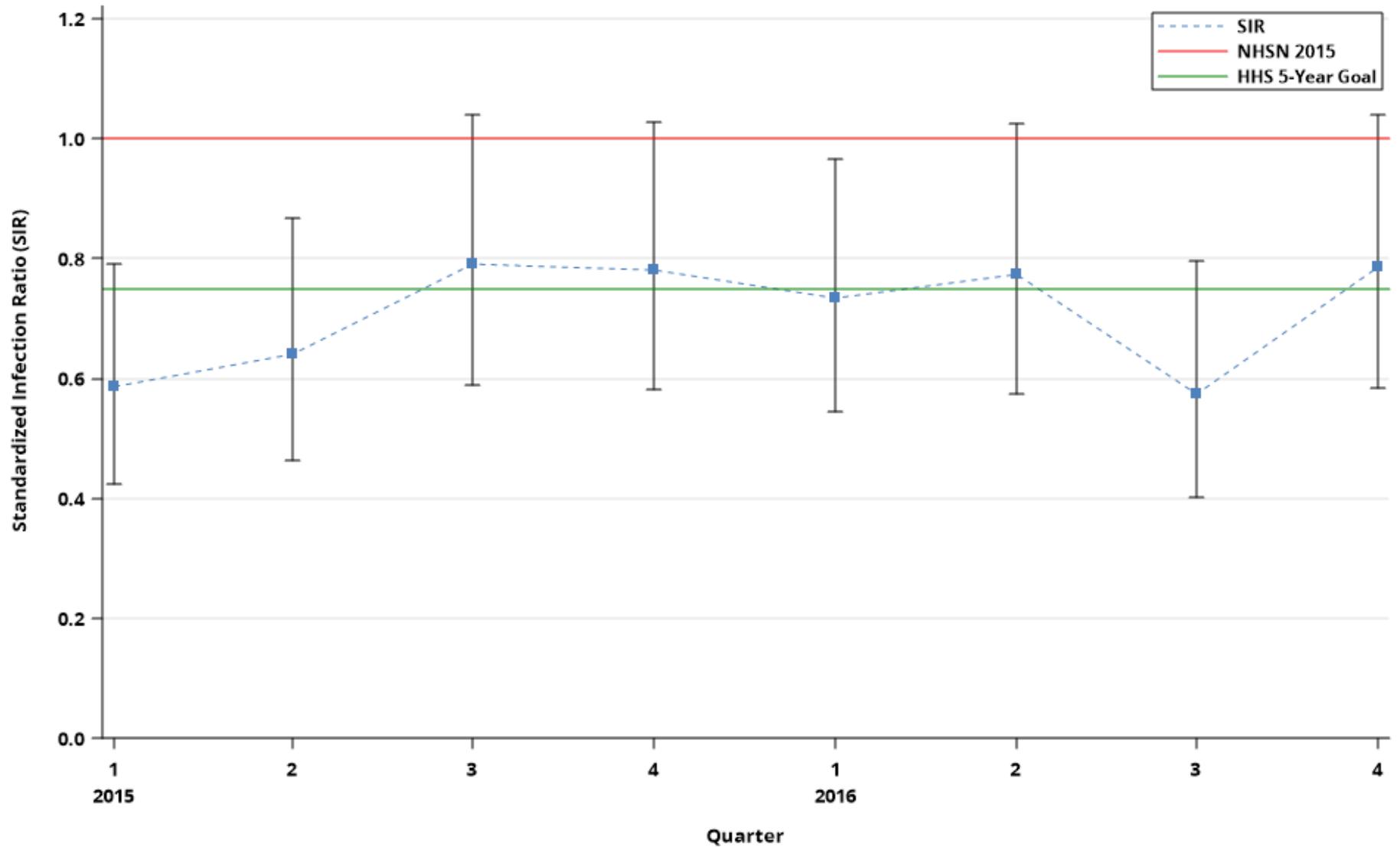
<sup>19</sup> <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

- Among the 195 pathogens isolated from 174 CAUTIs in 2016, the most common pathogens were *Escherichia coli* (32%), and *Enterococcus* species (19%). Vancomycin-resistant *Enterococcus* (VRE) accounted for 4% of total positive isolates, carbapenem-resistant isolates accounted for 2% and methicillin-resistant *S. aureus* (MRSA) accounted for 4% of total positive isolates.

#### **Facility-Specific SIRs (Figure 34, Figure 35)**

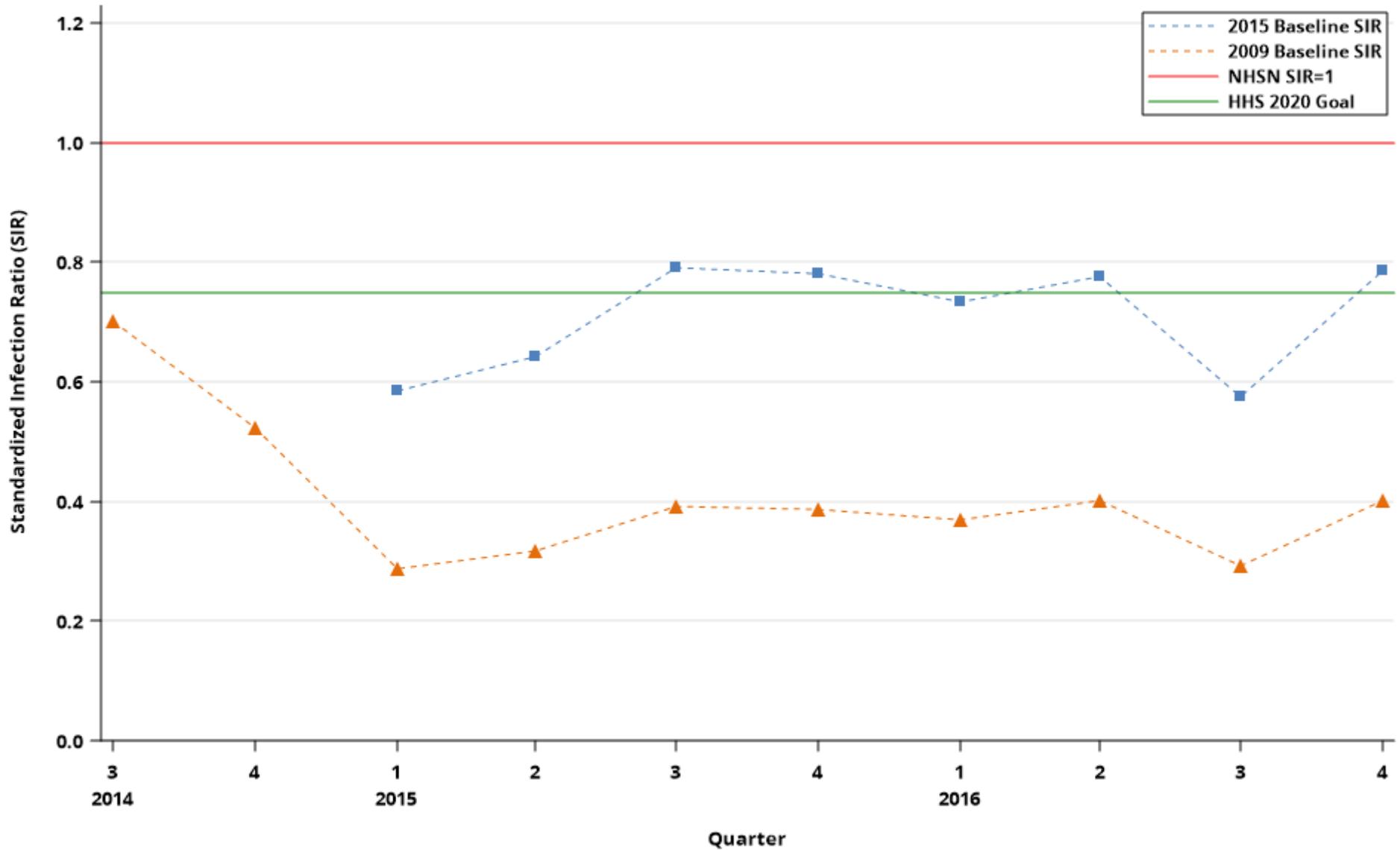
- One CAUTI SIR that accounts for all reporting adult and pediatric medical, surgical, and medical/surgical ward locations in each facility is displayed in [Figure 34](#) and [Figure 35](#). The bar representing the confidence interval is green if the CAUTI SIR was significantly lower than the national SIR of 1 for 2015 and red if the CAUTI SIR was significantly higher than 1. Some hospitals reported zero CAUTIs (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of urinary catheter-days.
- In 2015, 1 Tennessee facility had a CAUTI SIR statistically significantly greater than the 2015 national baseline SIR of 1 and 4 facilities had a CAUTI SIR statistically significantly lower than the baseline SIR. In 2016, 2 Tennessee facilities had a CAUTI SIR statistically significantly greater than the 2015 national baseline SIR of 1 and 5 facilities had a CAUTI SIR statistically significantly lower than the baseline SIR.

**Figure 31 : Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) for Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]**



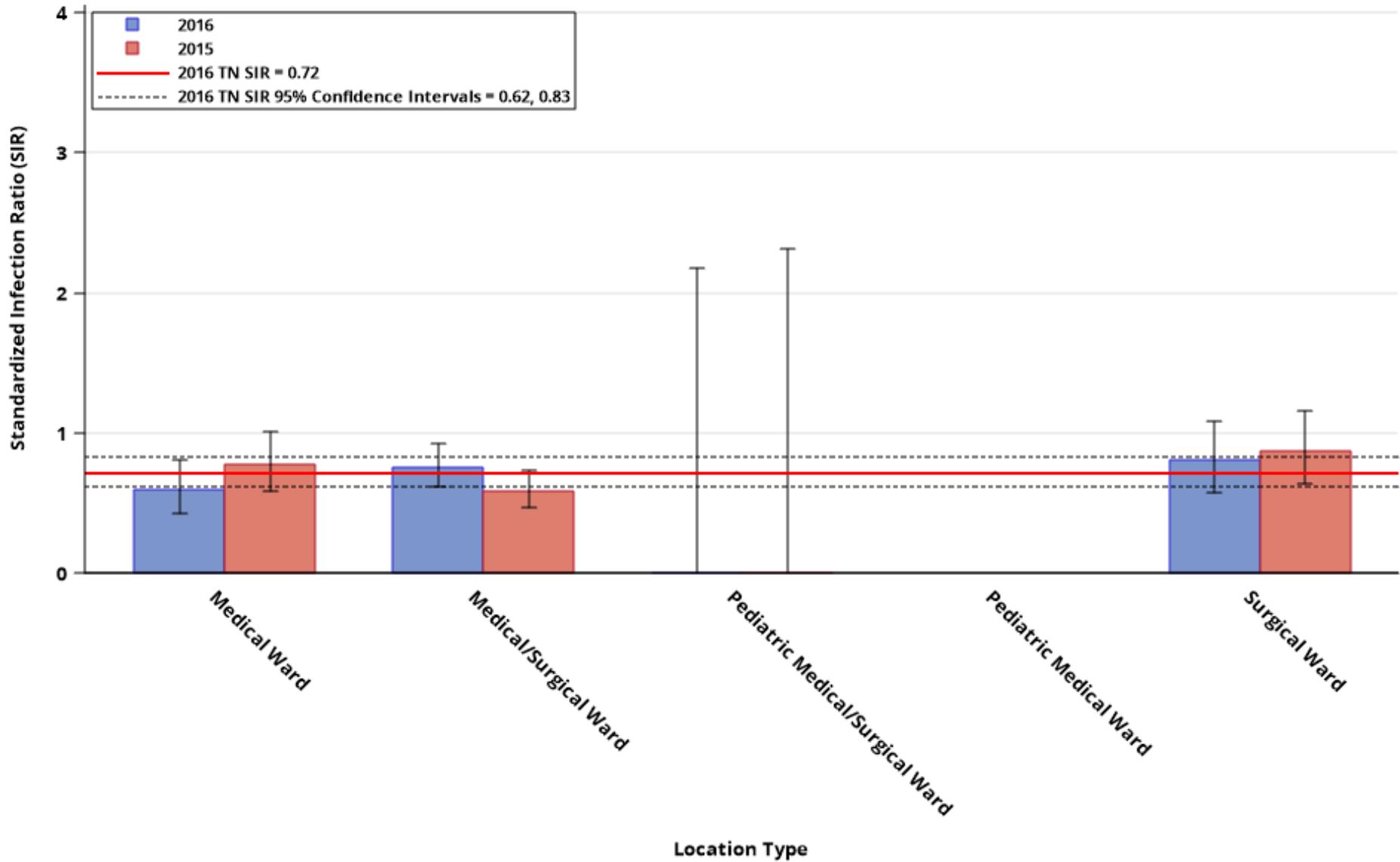
Data Reported as of November 13, 2017

**Figure 32 : Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) for Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards by Quarter, Tennessee, 07/01/2014–12/31/2016**



Data Reported as of November 13, 2017

Figure 33 : Standardized Infection Ratios (SIRs) for Catheter-Associated Urinary Tract Infections (CAUTIs) by Ward Location Type, Tennessee, 2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



Data Reported as of November 13, 2017

**Table 27 : Key Percentiles for Facility-Specific Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratios (SIRs) in Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	UC Days	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	104	275,407	172	239.30	0.72	0.62	0.83	51	5	10%	2	4%	0.00	0.31	0.70	1.27	2.18	
	2015	104	296,572	175	251.24	0.70	0.60	0.81	56	4	7%	1	2%	0.00	0.35	0.67	0.98	1.78	

Data reported as of November 13, 2017

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 28 : Key Percentiles for Unit-Specific Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratios (SIRs) by Type of Ward and Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

ICU TYPE	YEAR	No.	UC Days	No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			DISTRIBUTION OF FACILITY-SPECIFIC SIRs					
				OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	10%	25%	50%	75%	90%
Medical Ward	2016	44	66,417	38	63.79	0.60	0.43	0.81	21	0.00	0.00	0.64	0.80	1.08
	2015	45	73,340	53	68.33	0.78	0.59	1.01	22	0.27	0.47	0.70	0.80	1.69
Medical/Surgical Ward	2016	86	153,404	95	125.10	0.76	0.62	0.92	36	0.00	0.11	0.71	1.33	2.18
	2015	86	162,239	76	129.53	0.59	0.47	0.73	38	0.00	0.00	0.67	0.93	1.30
Pediatric Medical Ward	2016	5	675	0	0.56	.	.	.	.	N/A	N/A	N/A	N/A	N/A
	2015	6	496	1	0.40	.	.	.	.	N/A	N/A	N/A	N/A	N/A
Pediatric Medical/Surgical Ward	2016	10	1,725	0	1.37	0.00	.	2.18	.	N/A	N/A	N/A	N/A	N/A
	2015	10	1,662	0	1.29	0.00	.	2.31	.	N/A	N/A	N/A	N/A	N/A
Surgical Ward	2016	30	53,186	39	48.48	0.81	0.58	1.09	15	0.00	0.27	0.67	1.52	2.64
	2015	32	58,835	45	51.68	0.87	0.64	1.16	16	0.00	0.30	0.72	1.01	2.71

Data reported as of November 13, 2017

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

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

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

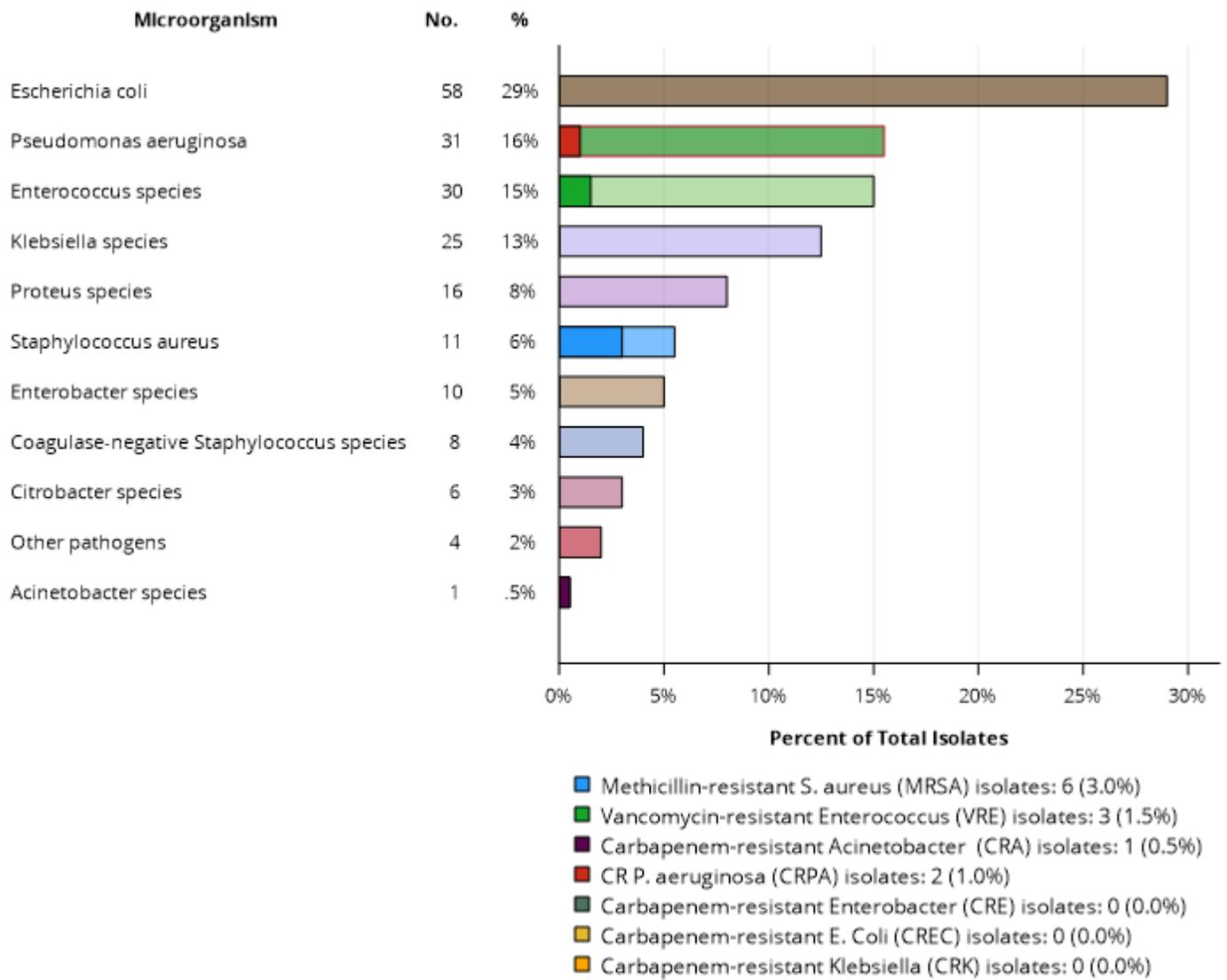
Key percentiles include units with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 29 : Microorganisms Identified in Catheter-Associated Urinary Infections (CAUTIs) in Adult and Pediatric Wards, Tennessee, 01/01/2015 - 12/31/2015**

**Number of isolates=200; Number of events=177**

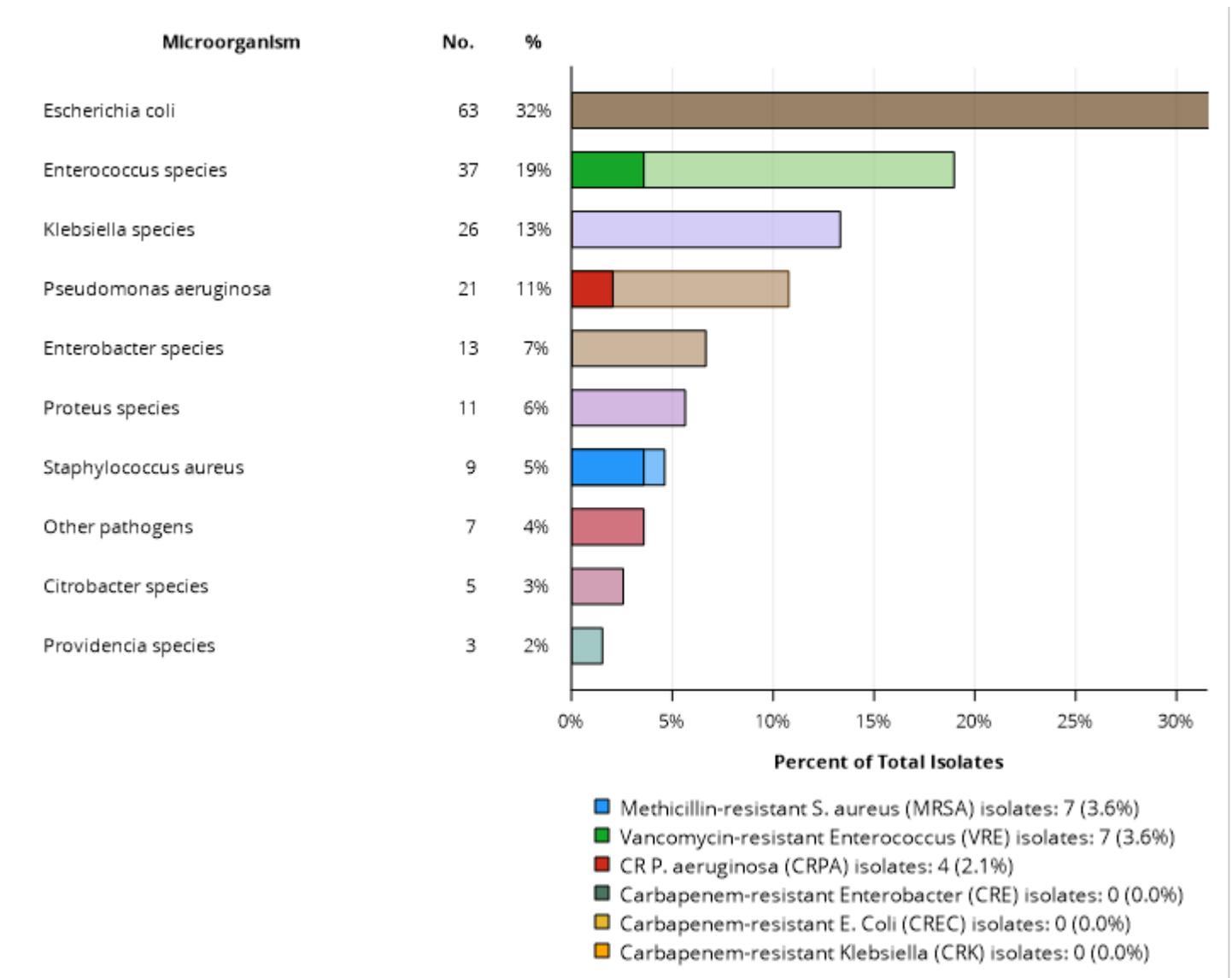


Data reported as of September 4, 2018

Other pathogens = Abiotrophia spp., Morganella spp., Providencia spp., Streptococcus spp.,

**Table 30 : Microorganisms Identified in Catheter-Associated Urinary Infections (CAUTIs) in Adult and Pediatric Wards, Tennessee, 01/01/2016 - 12/31/2016**

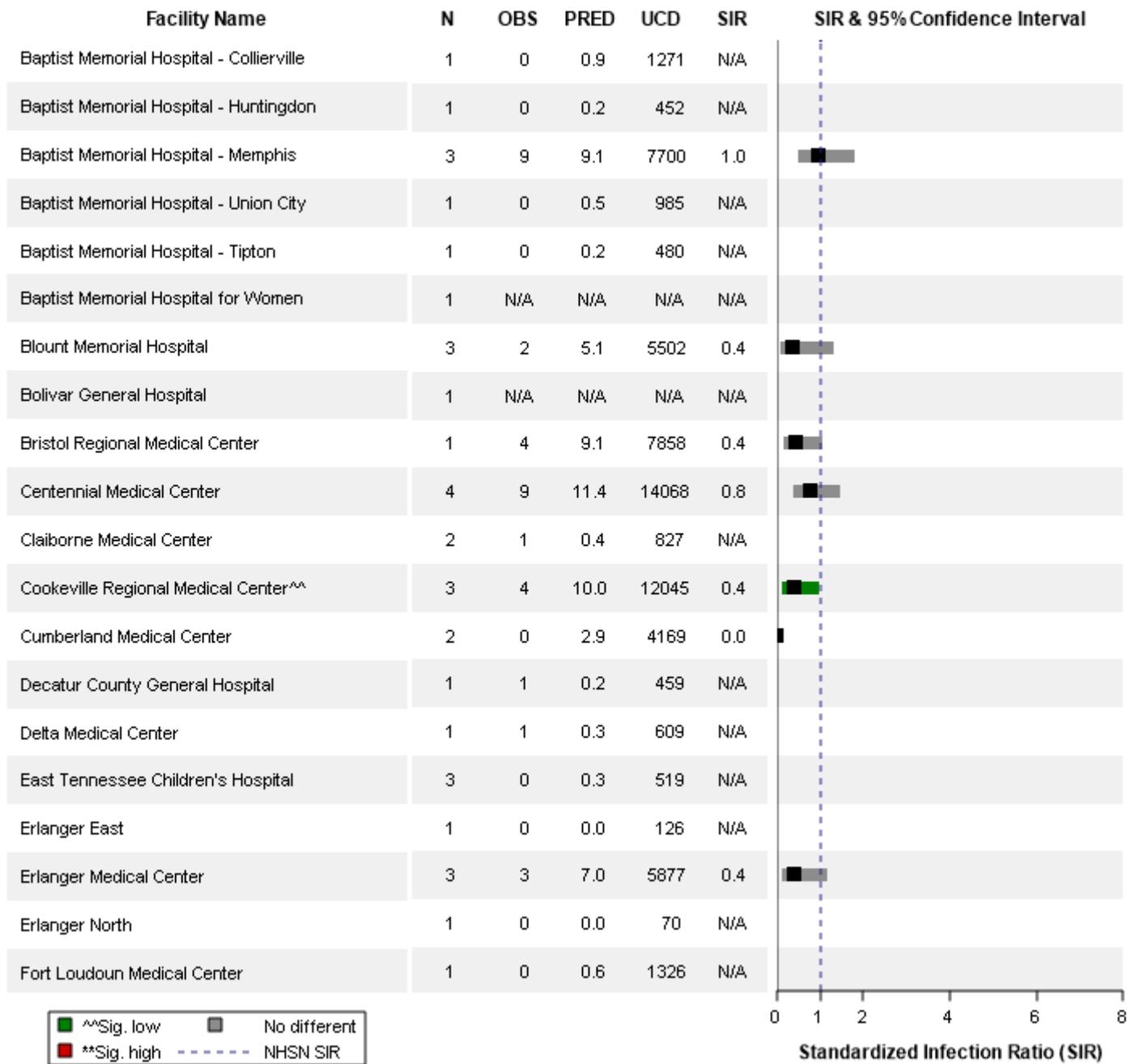
**Number of isolates=195; Number of events=174**



Data reported as of September 4, 2018

Other pathogens = Coagulase-negative spp., Escherichia spp., Morganella spp., Other Staphylococcus spp., Serratia spp., Streptococcus spp.,

**Figure 34 : CAUTI Standardized Infection Ratio (SIR) for Adult and Pediatric Wards in Acute Care Hospitals, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

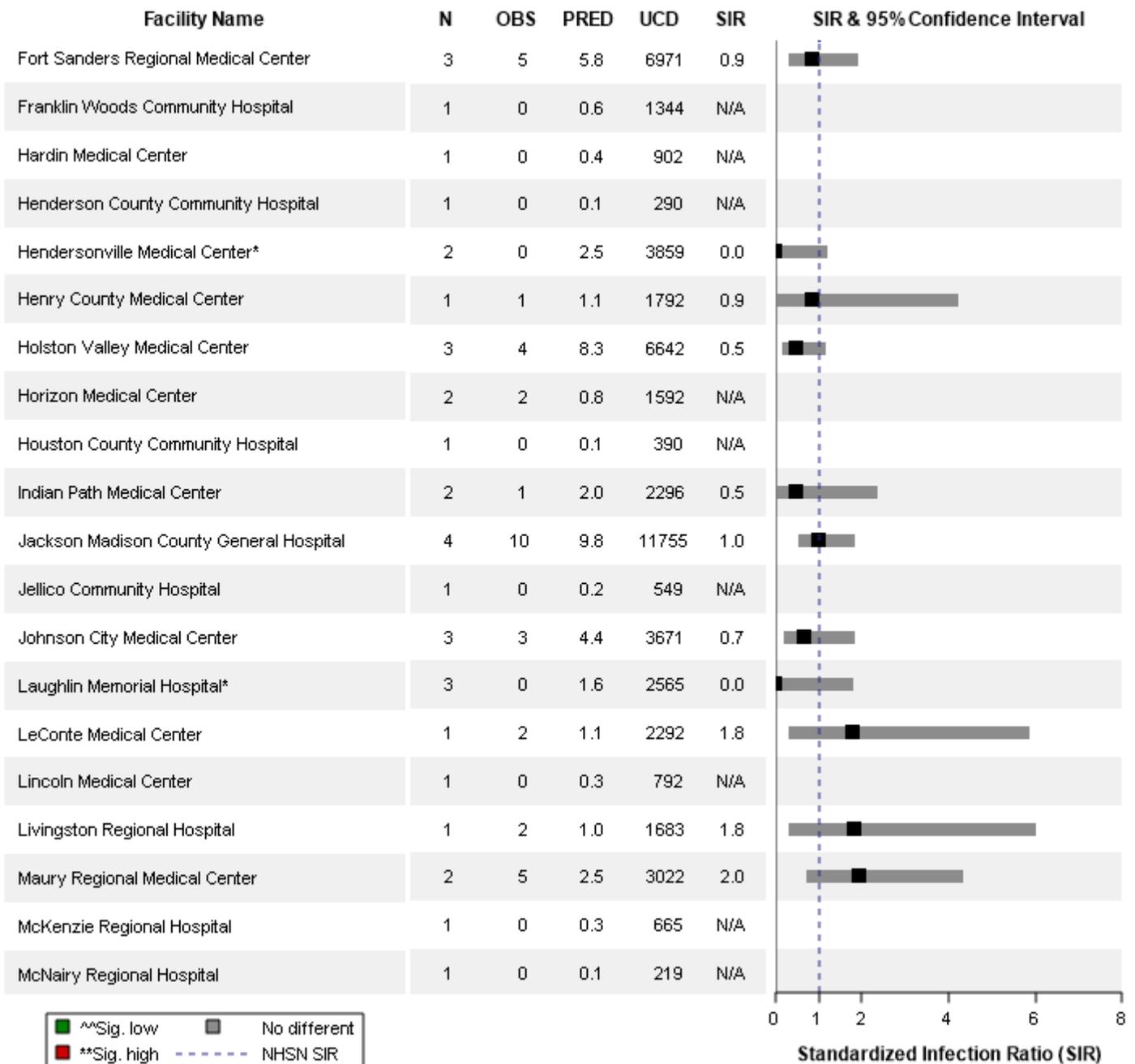
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 34 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

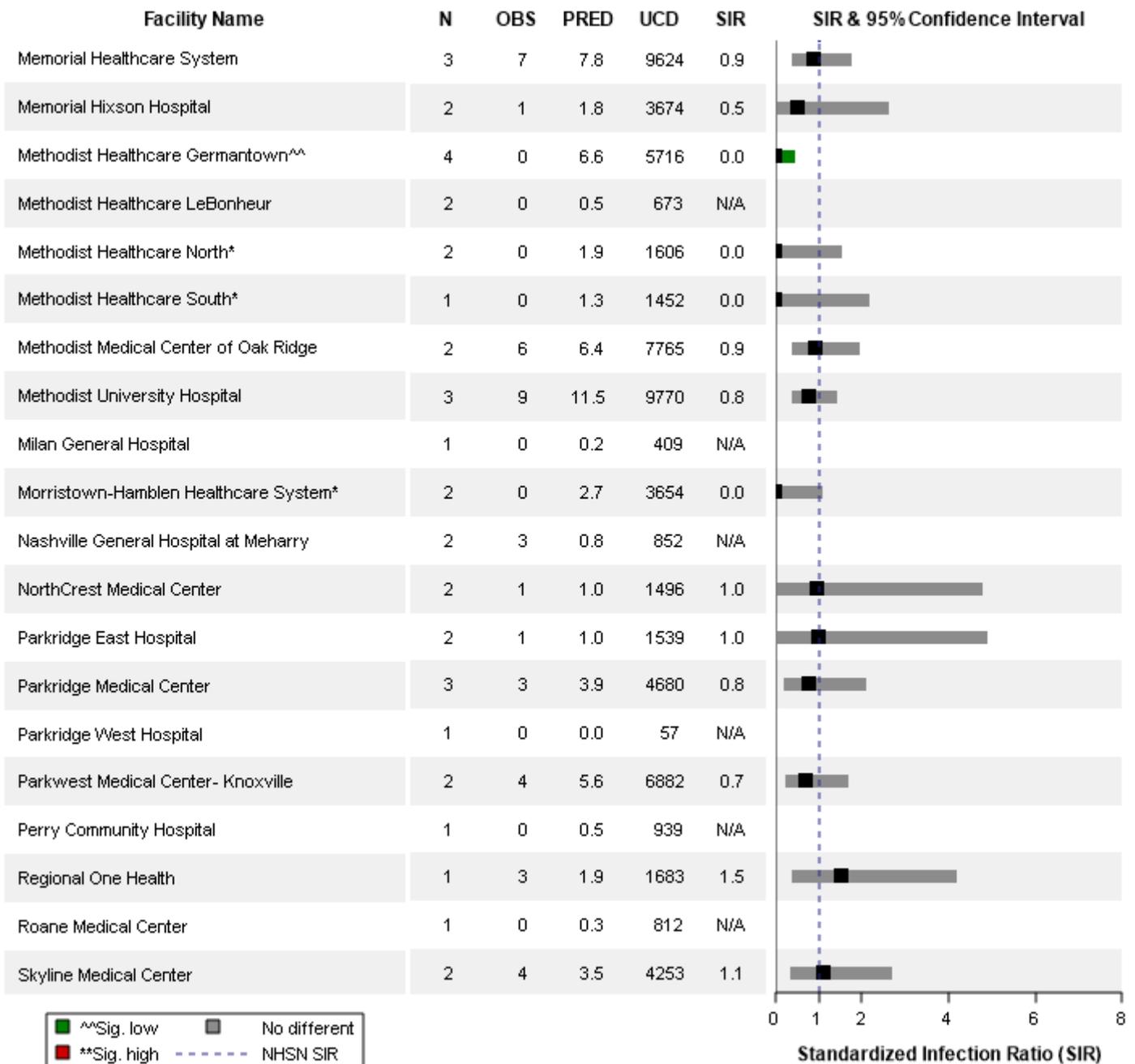
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 34 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

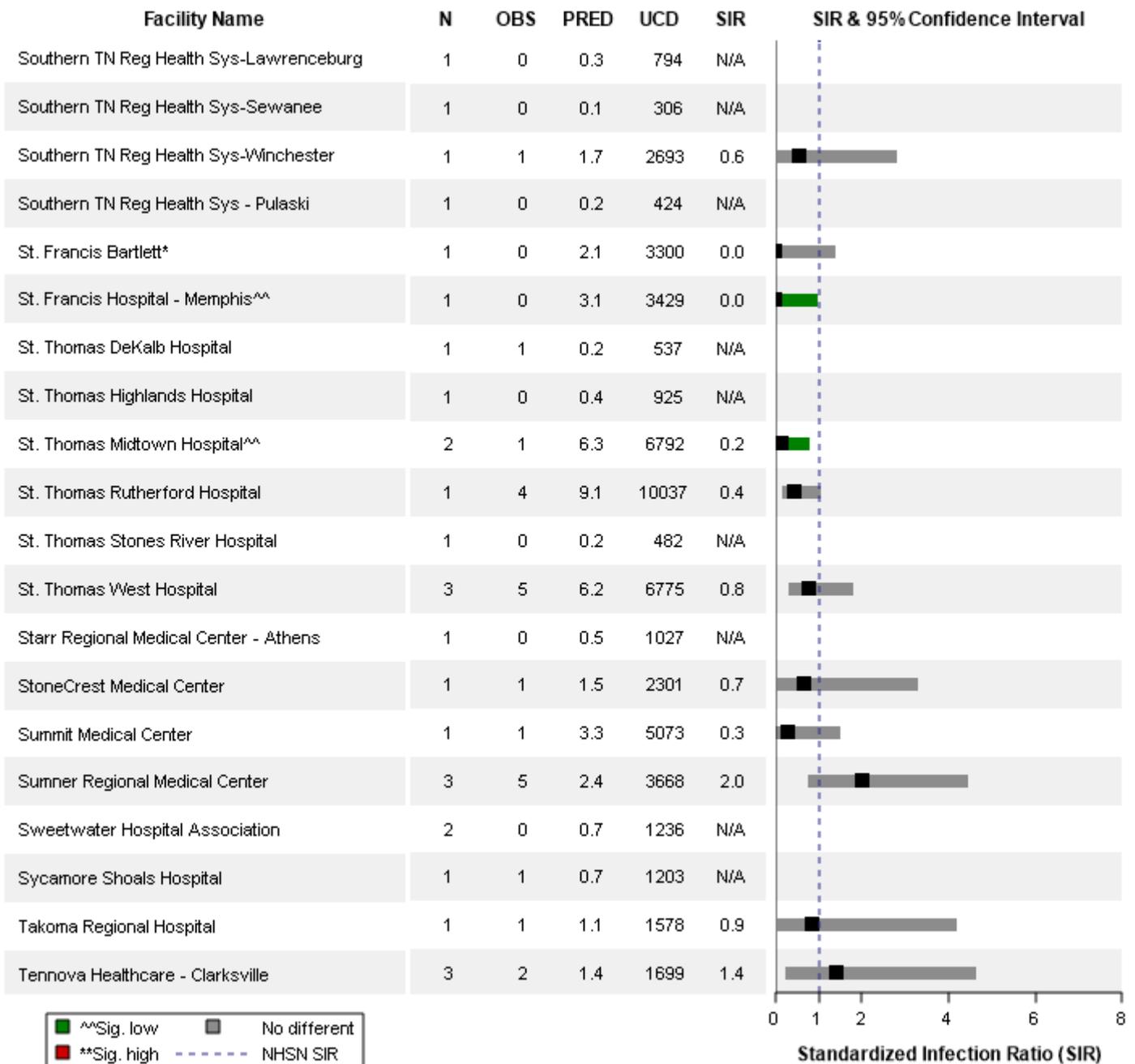
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 34 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

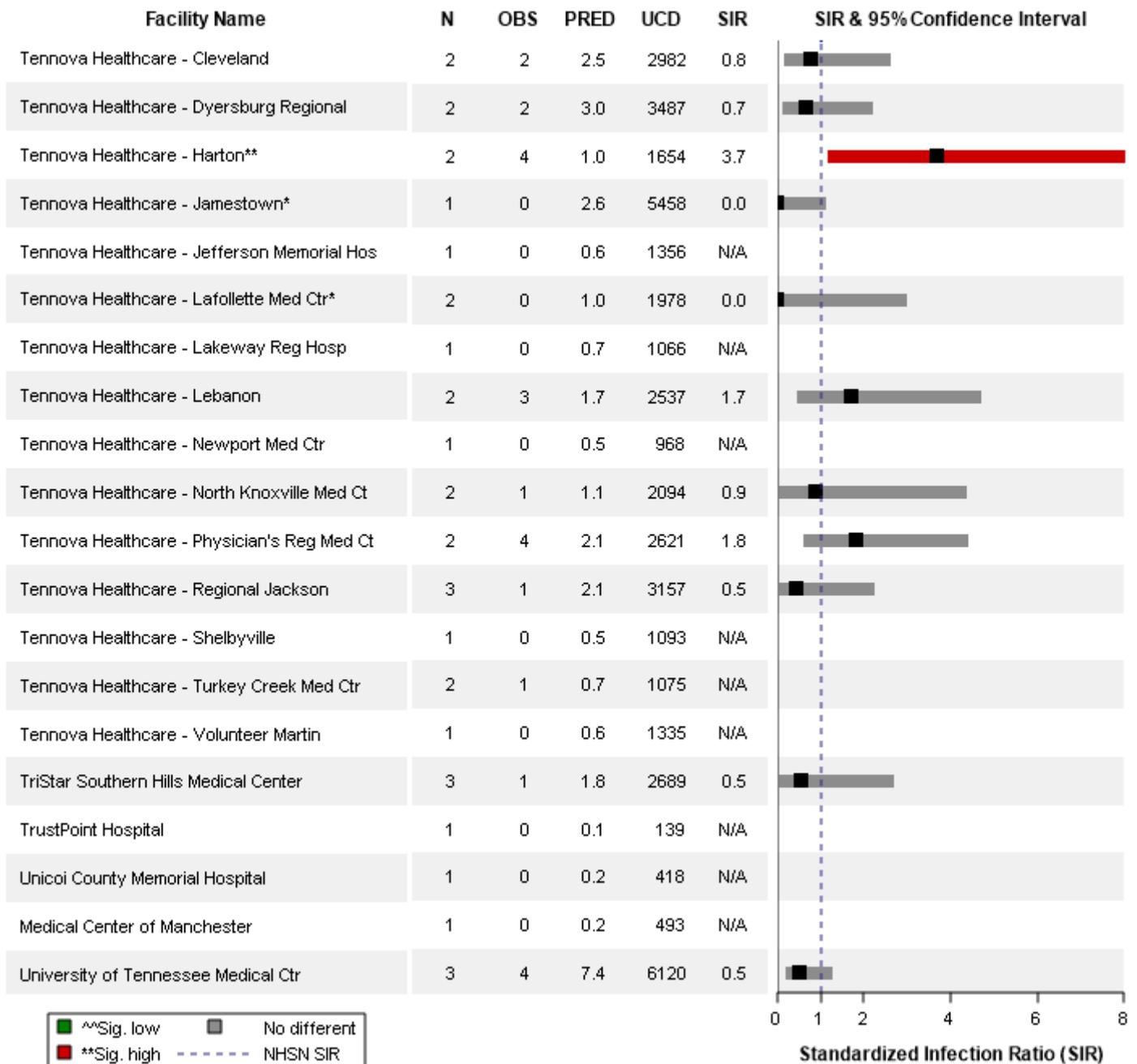
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 34 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

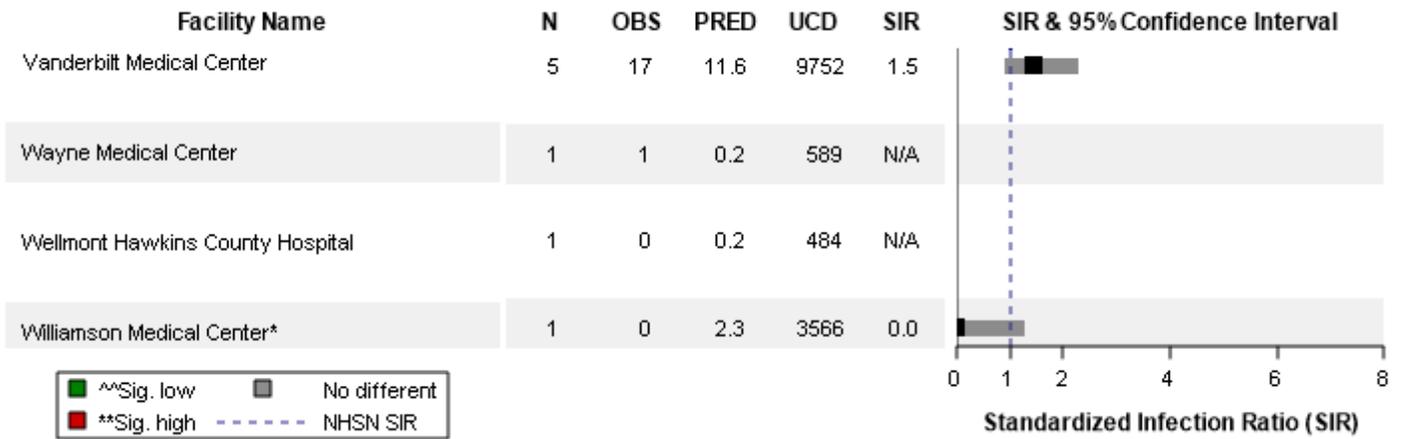
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 34 (cont'd)**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

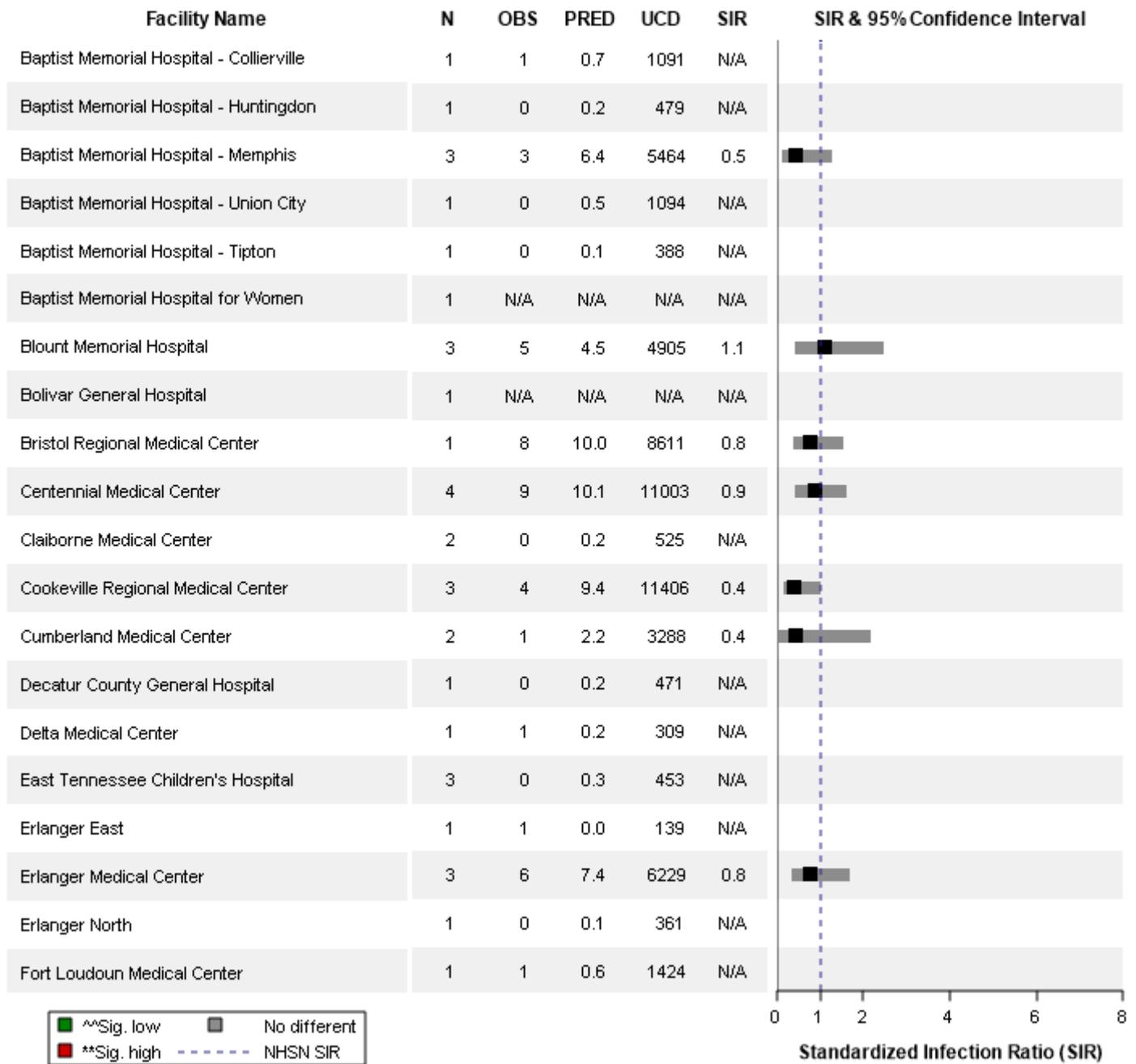
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 35 : CAUTI Standardized Infection Ratio (SIR) for Adult and Pediatric Wards in Acute Care Hospitals, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

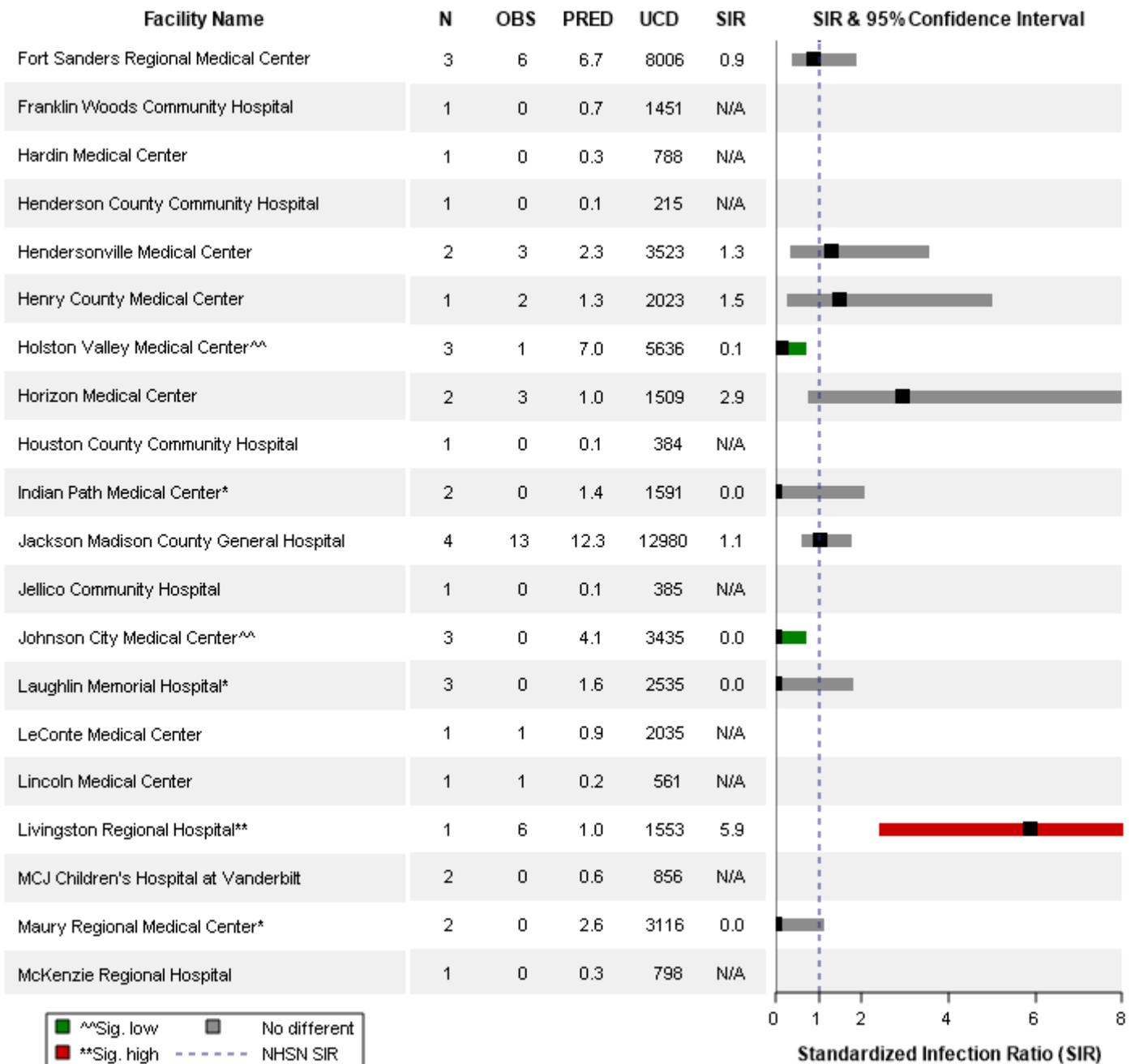
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 35 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

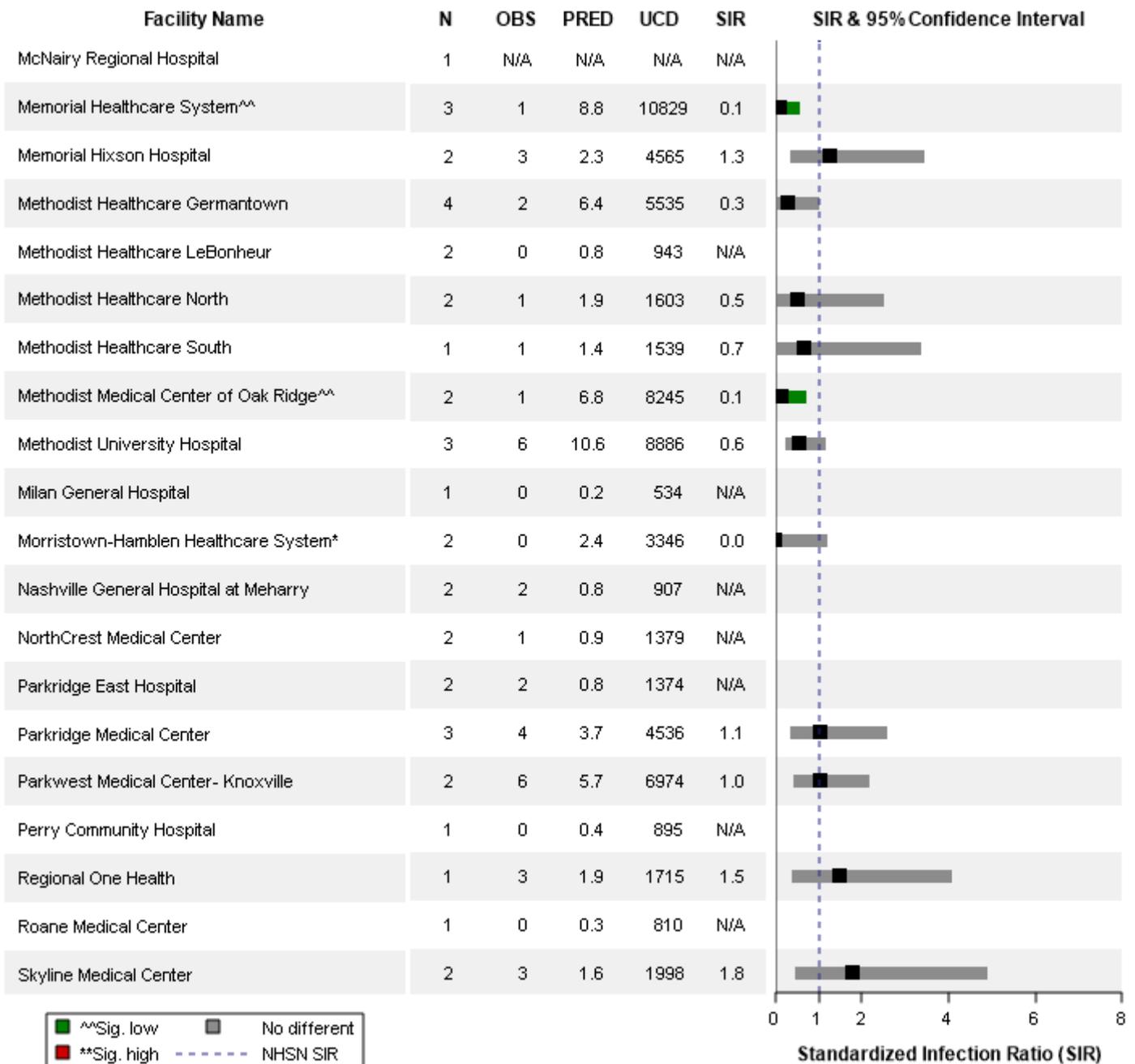
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 35 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

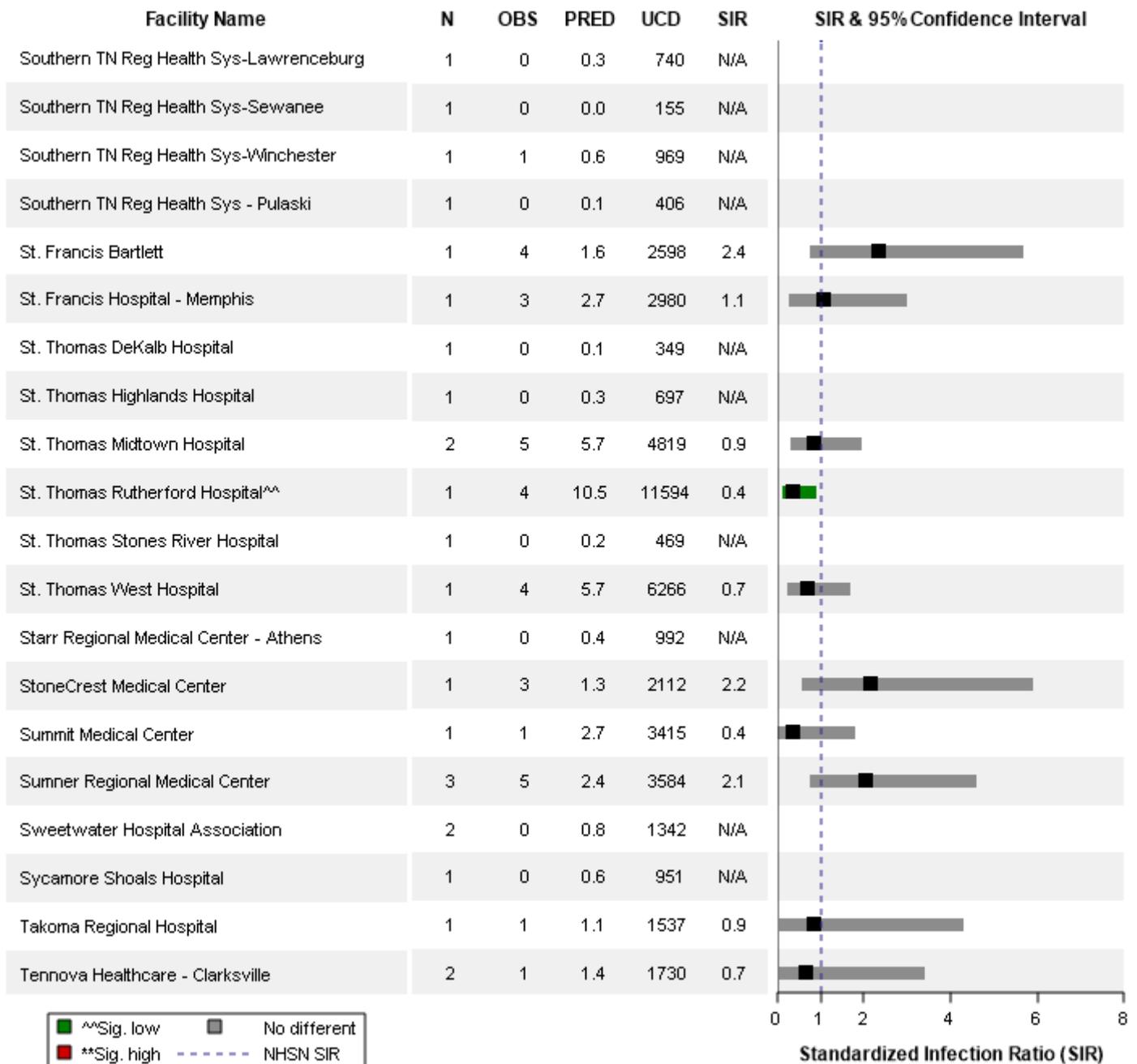
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 35 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

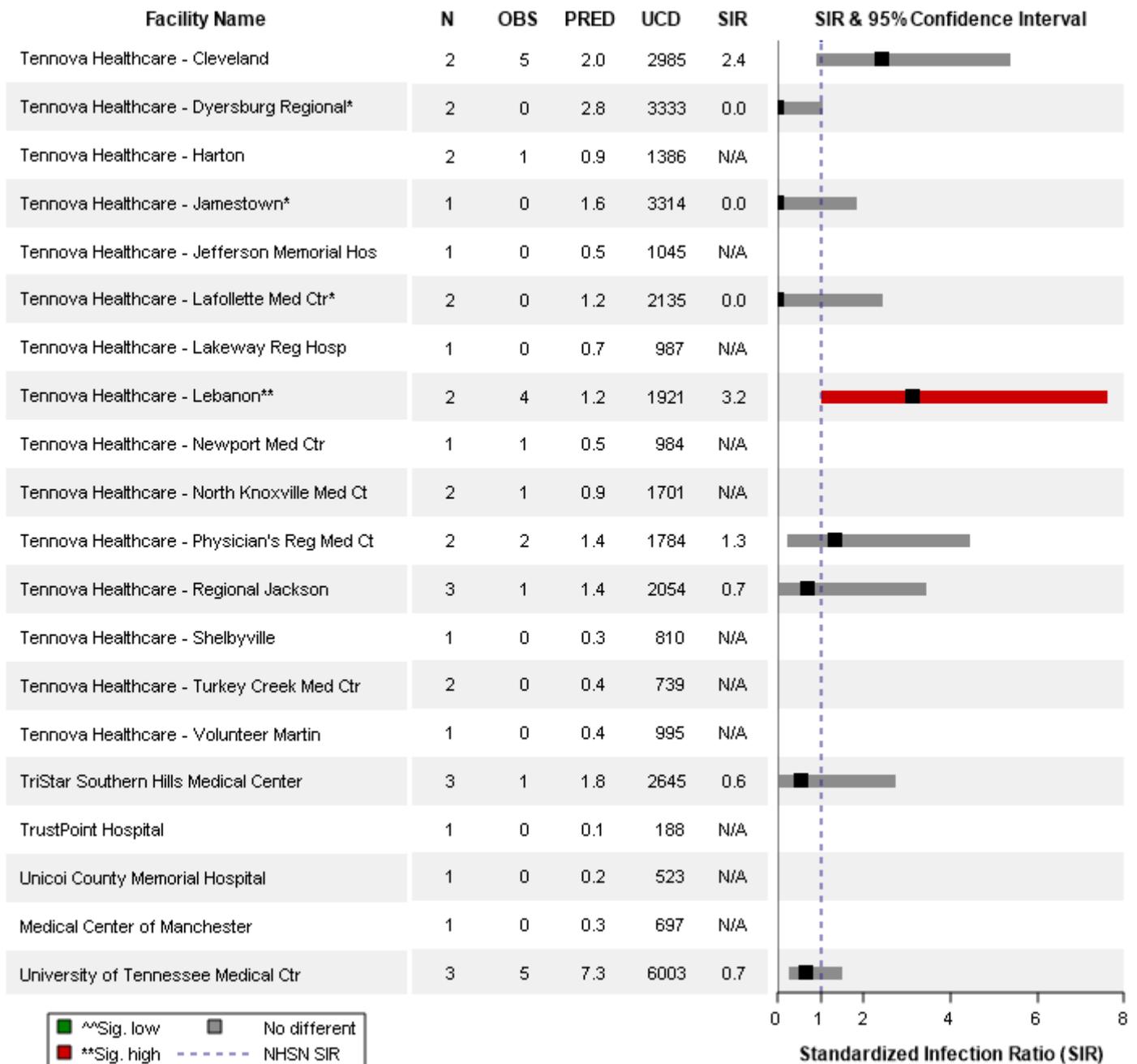
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 35 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

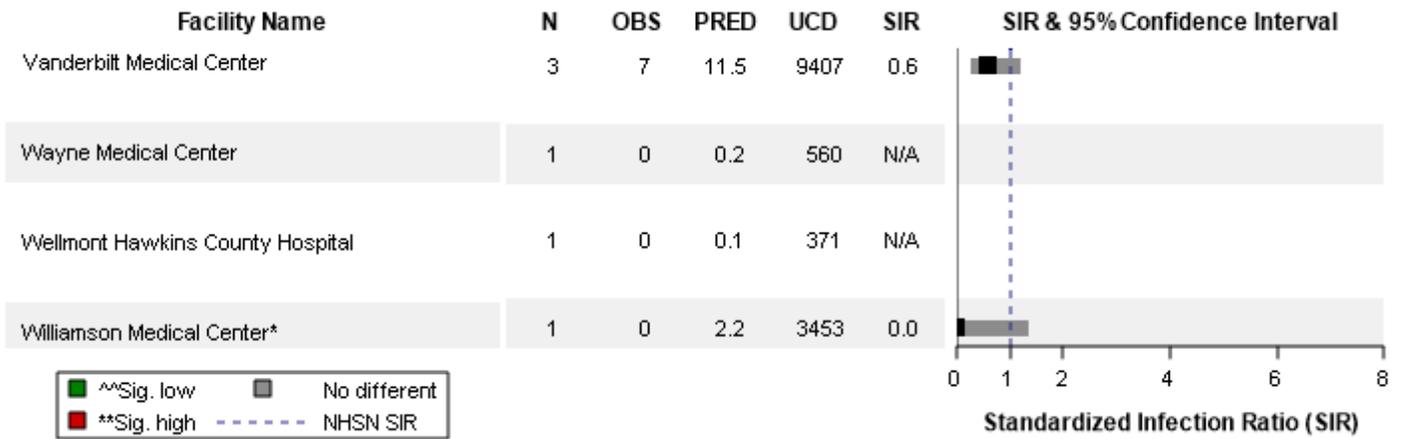
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 35 (cont'd)**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

# CAUTI

## *Long-term Acute Care Hospitals*

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

**Total number of facilities reporting from January-December 2015: 10**

**Total number of facilities reporting from January-December 2016: 10**

### **SIRs by Quarter ([Figure 36](#), [Figure 37](#))**

- From January-March 2015 to October-December 2015, the overall CAUTI SIR for Tennessee LTACs decreased from 1.46 to 0.91. From January-March 2016 to October-December 2016, the overall CAUTI SIR for Tennessee LTACs fluctuated from a high of 1.25 to a low of 0.75.

### **Key Percentiles for Tennessee SIRs ([Table 31](#), [Table 32](#))**

- The overall CAUTI SIR across all reporting LTACs in Tennessee from January-December 2015 was 1.19 and the CAUTI SIR for 2016 was 1.02.
- From January-December 2015, the median facility-specific SIR was 1.17, indicating that half of all reporting Tennessee LTACs with at least 1 predicted infection had a SIR at or above 1.17. From January-December 2016, the median facility-specific SIR was 1.09.

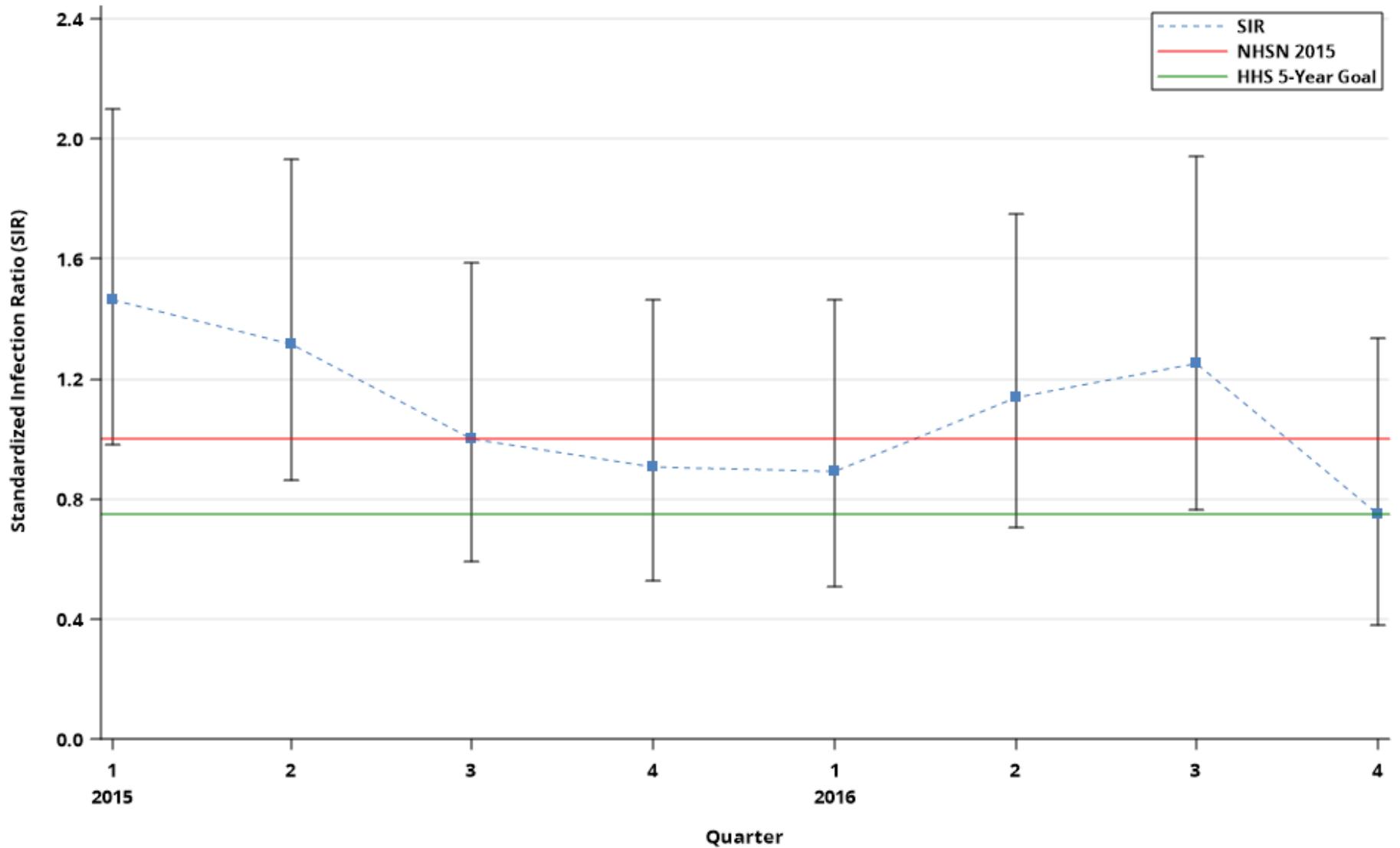
### **Unadjusted CAUTI Rates ([Figure 38](#))**

- The unadjusted pooled mean rate in LTACs was lower in 2016 than the pooled mean rate in 2015 (1.62 vs. 1.94 CAUTIs per 1,000 line-days).

### **Microorganisms Associated with CAUTIs in LTACs ([Table 33](#), [Table 34](#))**

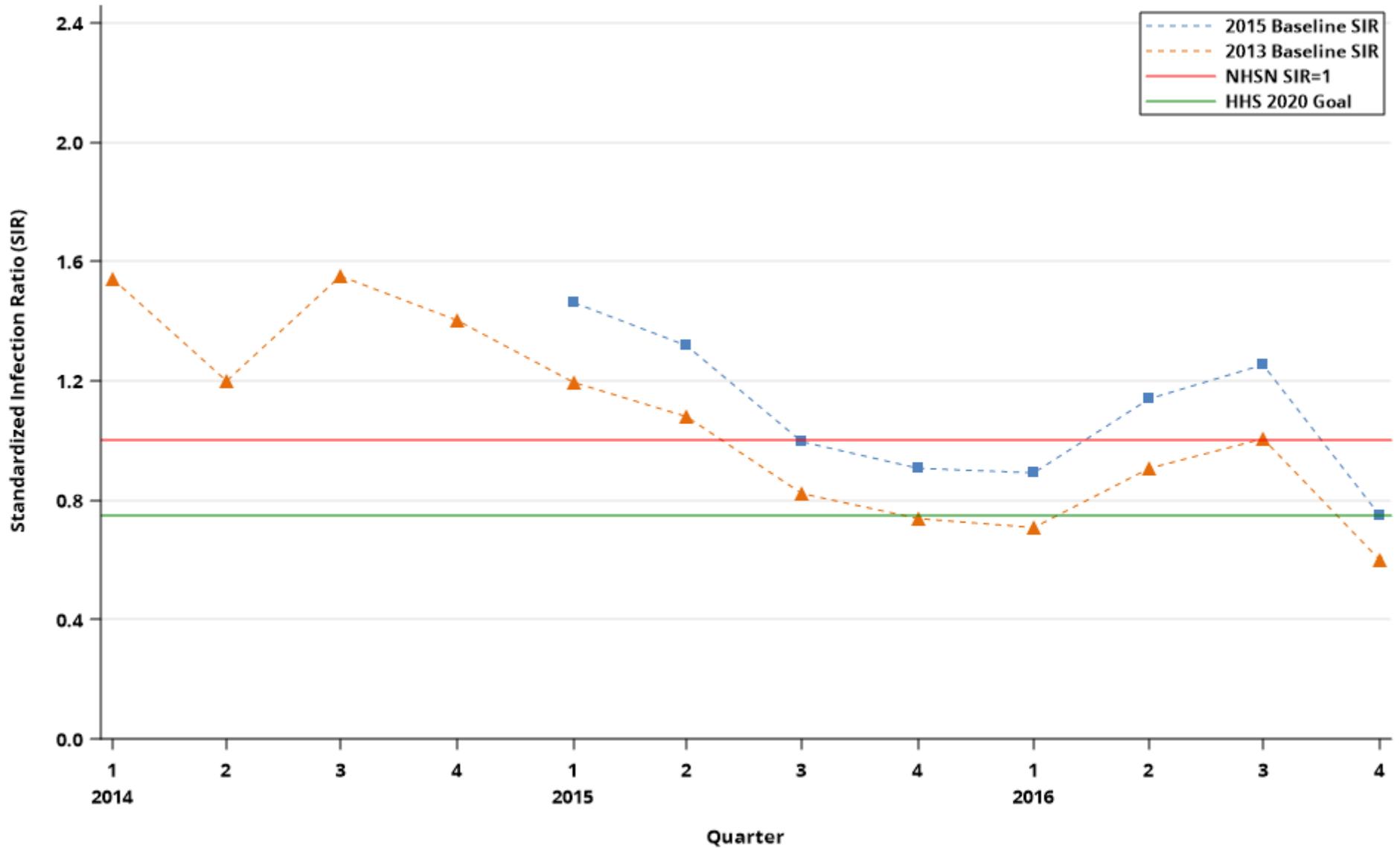
- Among the 97 pathogens isolated from 82 CAUTIs in 2015, the most common pathogens were *Pseudomonas aeruginosa* (28%), and *Escherichia coli* (22%). Vancomycin-resistant *Enterococcus* (VRE) accounted for 4% of total positive isolates, carbapenem-resistant organisms accounted for 14% of total positive isolates, and methicillin-resistant *S. aureus* (MRSA) accounted for 2% of total positive isolates.
- Among the 66 pathogens isolated from 61 CAUTIs in 2016, the most common pathogens were *Pseudomonas aeruginosa* (27%), and *Escherichia coli* (21%). Vancomycin-resistant *Enterococcus* (VRE) accounted for 6% of total positive isolates, carbapenem-resistant organisms accounted for 14% of total positive isolates, and methicillin-resistant *S. aureus* (MRSA) accounted for 3% of total positive isolates.

Figure 36 : Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



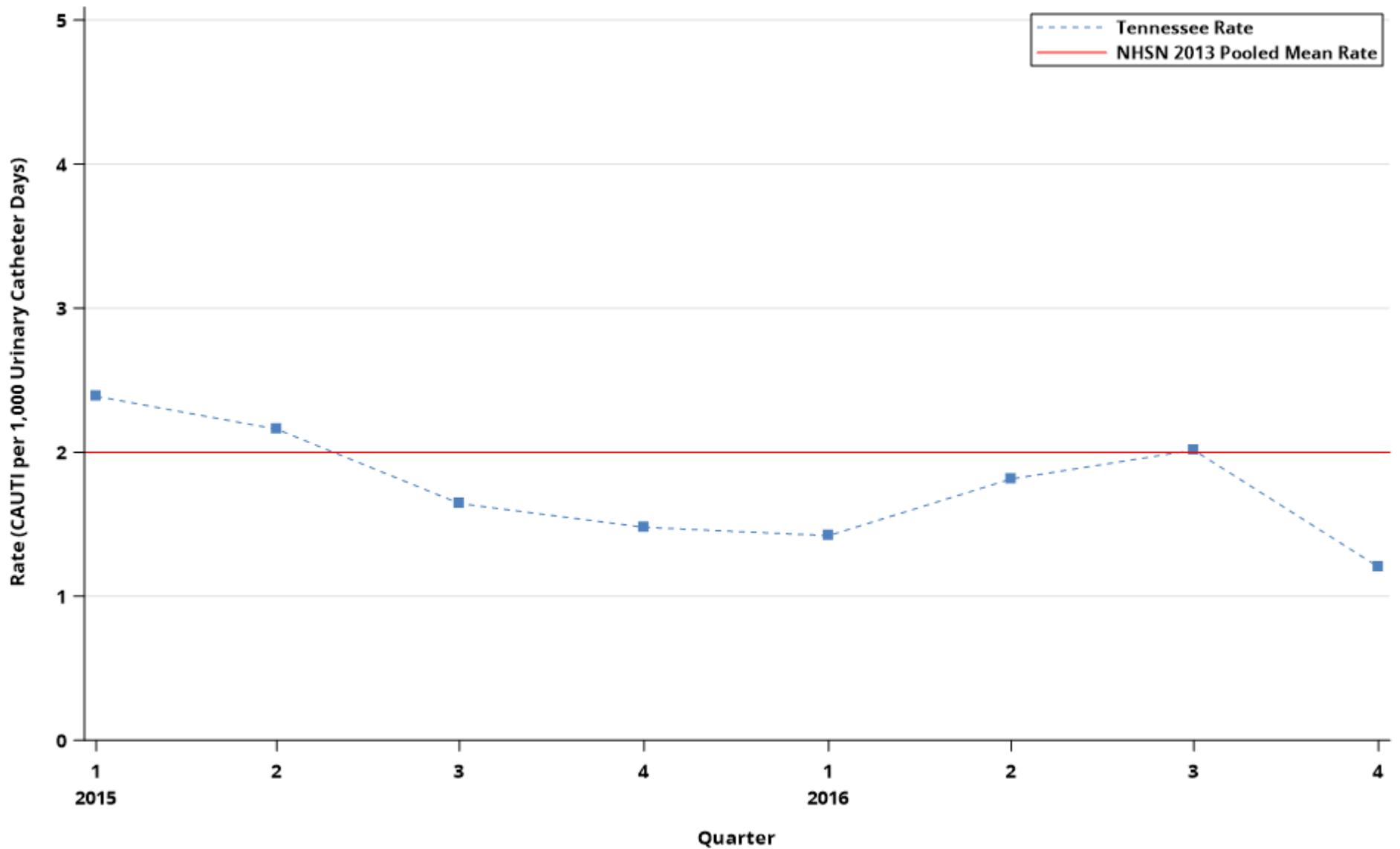
Data Reported as of November 13, 2017

**Figure 37 : Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 01/01/2014–12/31/2016**



Data Reported as of November 13, 2017

Figure 38 : Crude (Unadjusted) Rates of Catheter-Associated Urinary Tract Infections (CAUTIs) in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2013]



Data Reported as of November 13, 2017

**Table 31 : Key Percentiles for Facility-Specific Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratios (SIRs) in Long-term Acute Care (LTAC) Hospitals by Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	UC Days	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	10	37,565	61	60.05	1.02	0.78	1.30	9	0	0%	0	0%	0.41	0.87	1.09	1.35	2.02	
	2015	10	42,292	82	69.23	1.19	0.95	1.46	10	0	0%	2	20%	0.40	0.62	1.17	2.12	2.86	

Data reported as of November 13, 2017

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 32 : Crude (Unadjusted) Rate of Catheter-Associated Urinary Tract Infection (CAUTI) and Catheter Utilization Rates in Long-term Acute Care (LTAC) Hospitals by Year, Tennessee, 01/01/2015 - 12/31/2016**

STATE	YEAR	No.	CAUTI	UC Days	CAUTI Rate*	PATIENT DAYS	DU Rate
Tennessee	2016	10	61	37,565	1.62	103,513	0.36
	2015	10	82	42,292	1.94	111,823	0.38

Data reported as of November 13, 2017

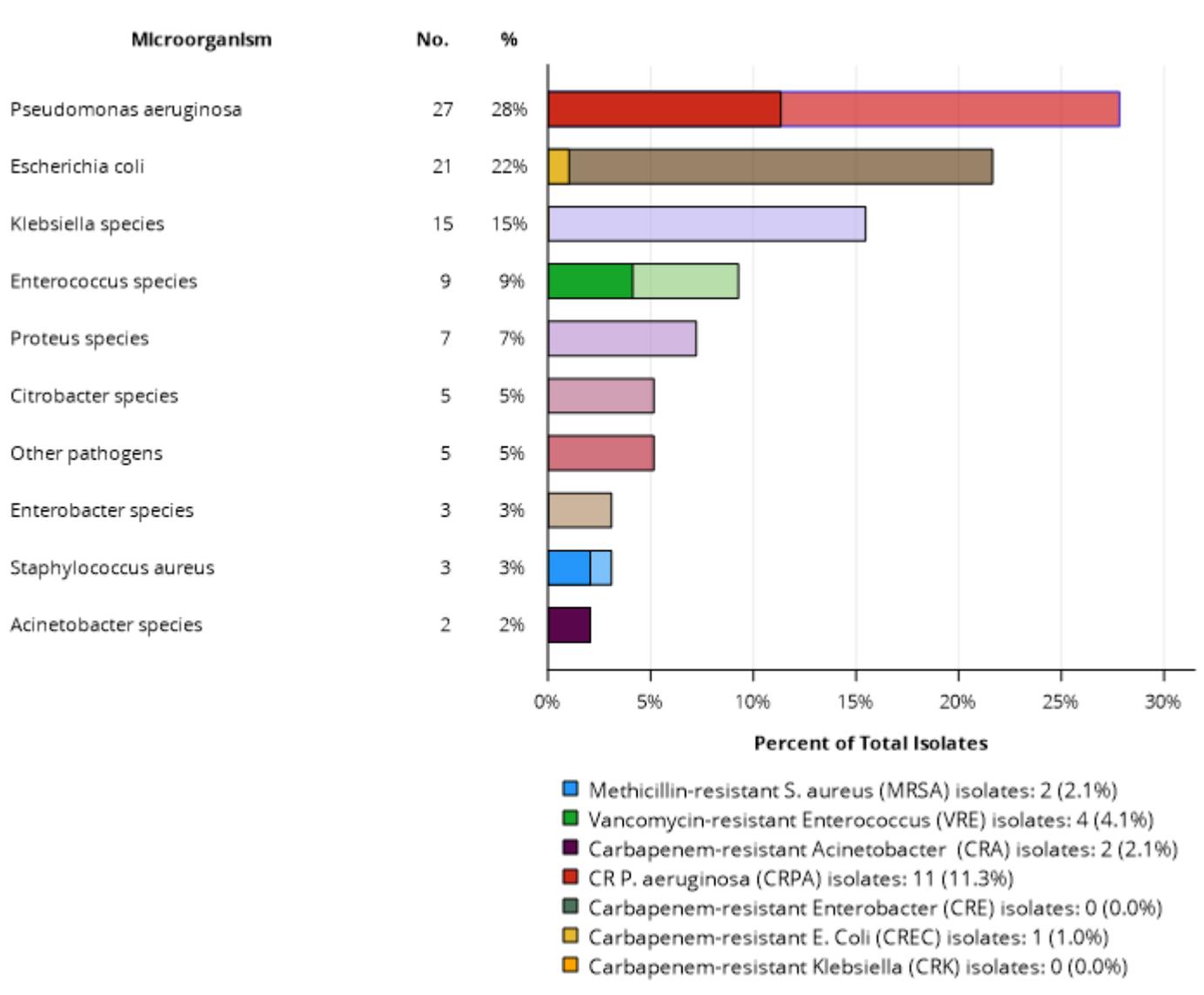
No. = number of facilities; CAUTI = observed number of CAUTI; UC DAYS = urinary catheter days

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

\*Per 1,000 urinary catheter days

**Table 33 : Microorganisms Identified in Catheter-Associated Urinary Infections (CAUTIs) in Long-term Acute Care (LTAC) Hospitals, Tennessee, 01/01/2015 - 12/31/2015**

**Number of isolates=97; Number of events=82**

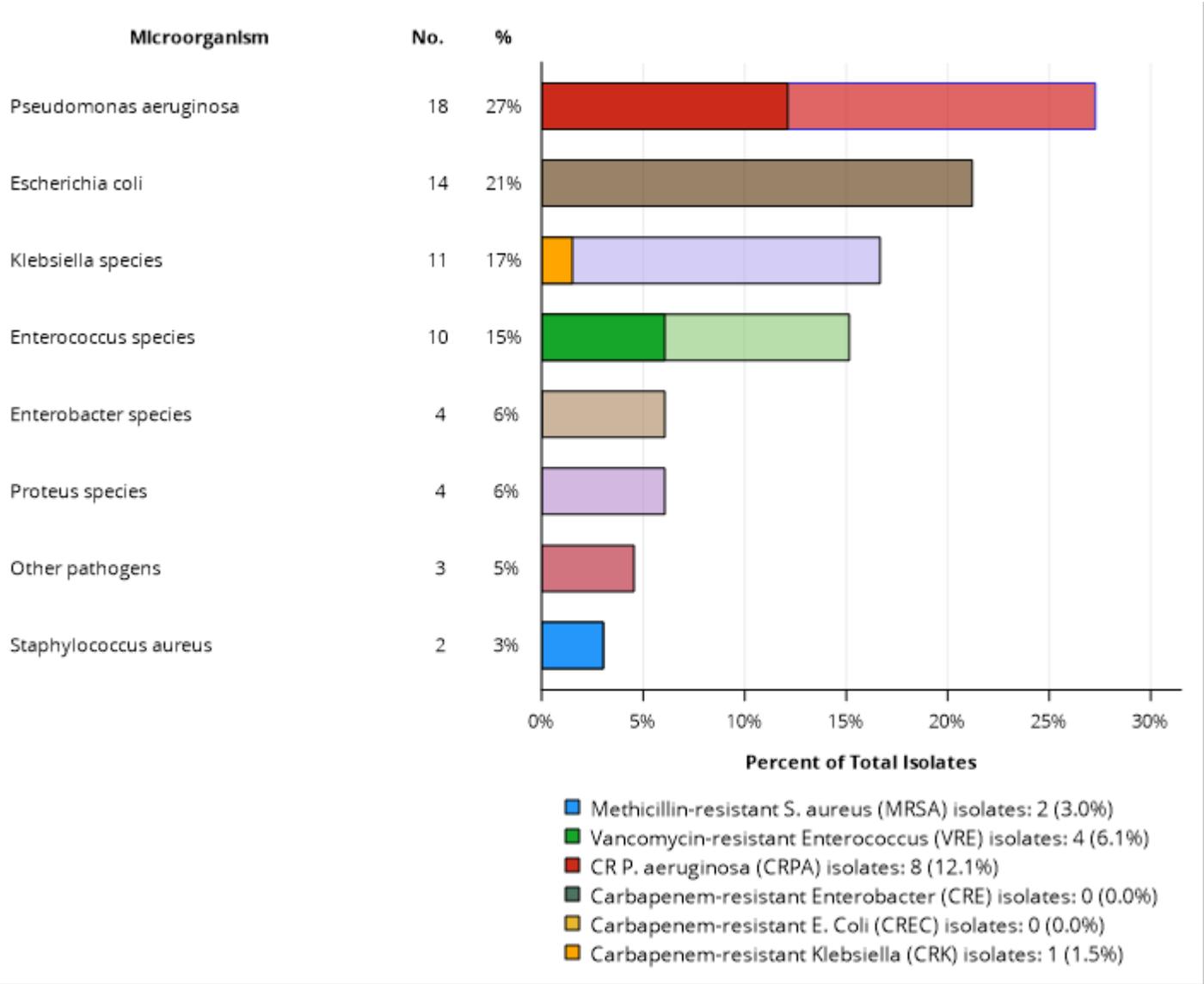


Data reported as of September 4, 2018

Other pathogens = *Enterohemorrhagic* spp., *Providencia* spp., *Pseudomonas* spp., *Stenotrophomonas* spp., *Streptococcus* spp.,

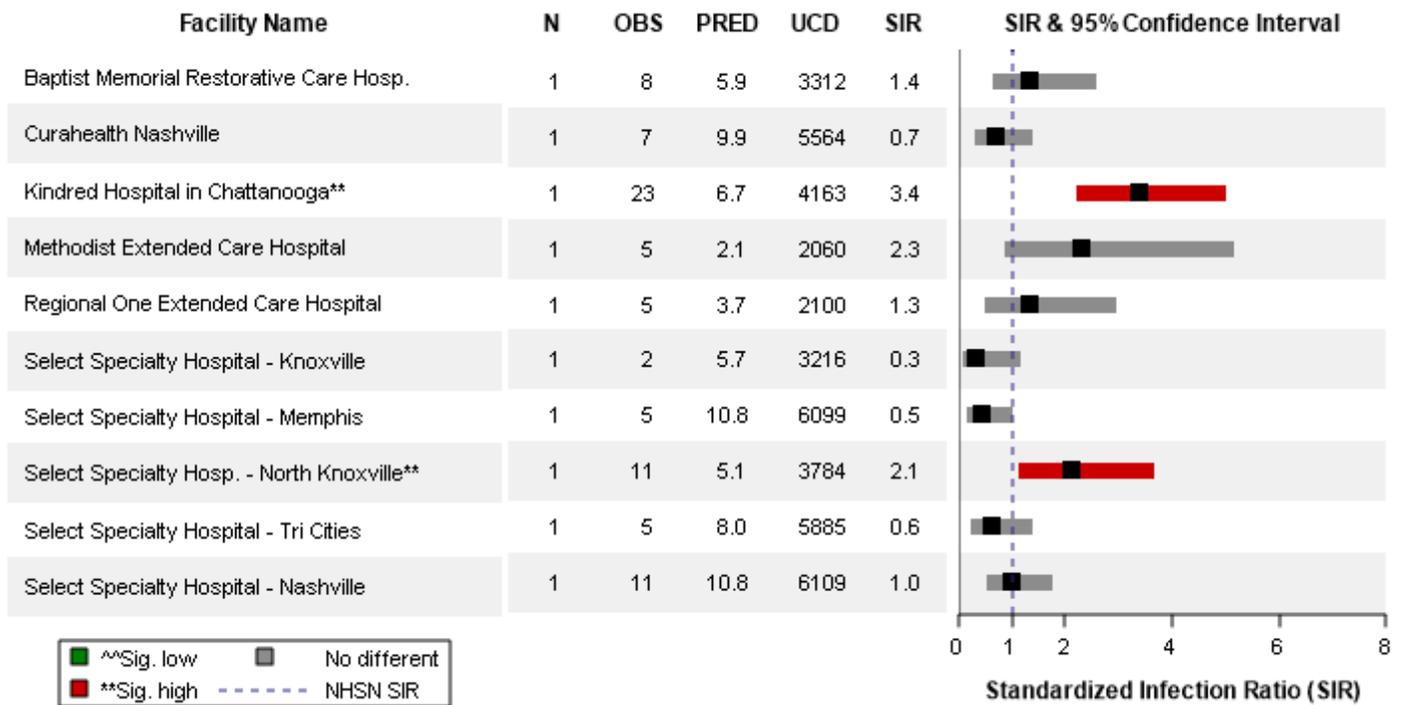
**Table 34 : Microorganisms Identified in Catheter-Associated Urinary Infections (CAUTIs) in Long-term Acute Care (LTAC) Hospitals, Tennessee, 01/01/2016 - 12/31/2016**

**Number of isolates=66; Number of events=61**



Data reported as of September 4, 2018  
 Other pathogens = *Providencia* spp., *Serratia* spp.,

**Figure 39 : CAUTI Standardized Infection Ratio (SIR) for Long-term Acute Care (LTAC) Hospitals, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

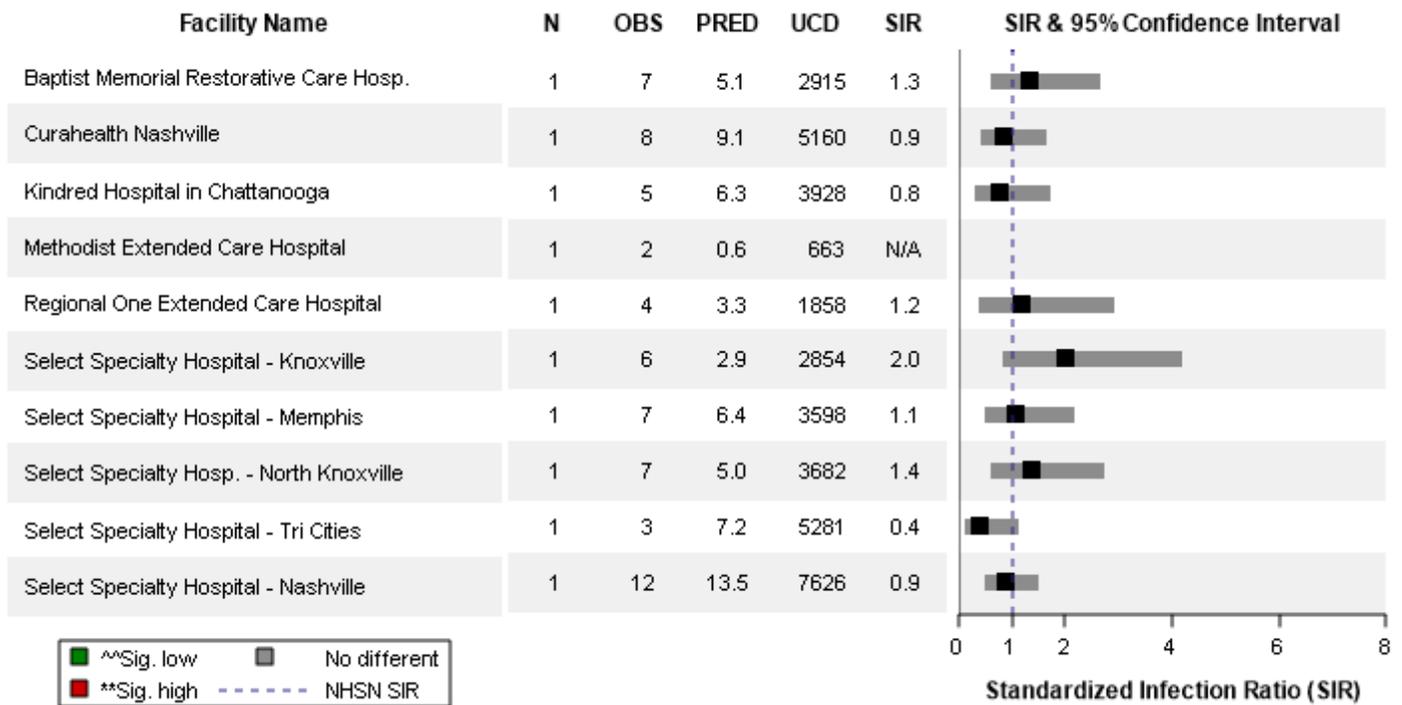
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 40 : CAUTI Standardized Infection Ratio (SIR) for Long-term Acute Care (LTAC) Hospitals, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

# CAUTI

## *Inpatient Rehabilitation Facilities*

## CAUTIs in Inpatient Rehabilitation Facilities:

**Total number of facilities reporting from January-December 2015: 30**

**Total number of facilities reporting from January-December 2016: 29**

### **SIRs by Quarter ([Figure 41](#), [Figure 42](#))**

- From January-March 2015 to October-December 2015, the overall CAUTI SIR for Tennessee inpatient rehabilitation facilities (IRFs) fluctuated between a high of 2.26 and a low of 1.38. From March-May 2016 to October-December 2016, the overall CAUTI SIR for Tennessee inpatient rehabilitation facilities (IRFs) increased from 1.27 to 2.06.

### **Key Percentiles for Tennessee SIRs ([Table 35](#), [Table 36](#))**

- The overall CAUTI SIR across all reporting IRFs in Tennessee from January-December 2015 was statistically significantly higher than the 2015 national SIR of 1 (SIR=1.70; 95% CI: 1.21, 2.32). The overall CAUTI SIR across all reporting IRFs in Tennessee from January-December 2016 was statistically significantly higher than the 2015 national SIR of 1 (SIR=1.66; 95% CI: 1.16, 2.32).
- From January-December 2015, the median facility-specific SIR was 1.22, indicating that half of all reporting Tennessee IRFs with at least 1 predicted infection had a SIR at or below 1.22. From January-December 2016, the median facility-specific SIR was 1.63, indicating that half of all reporting Tennessee IRFs with at least 1 predicted infection had a SIR at or below 1.63.

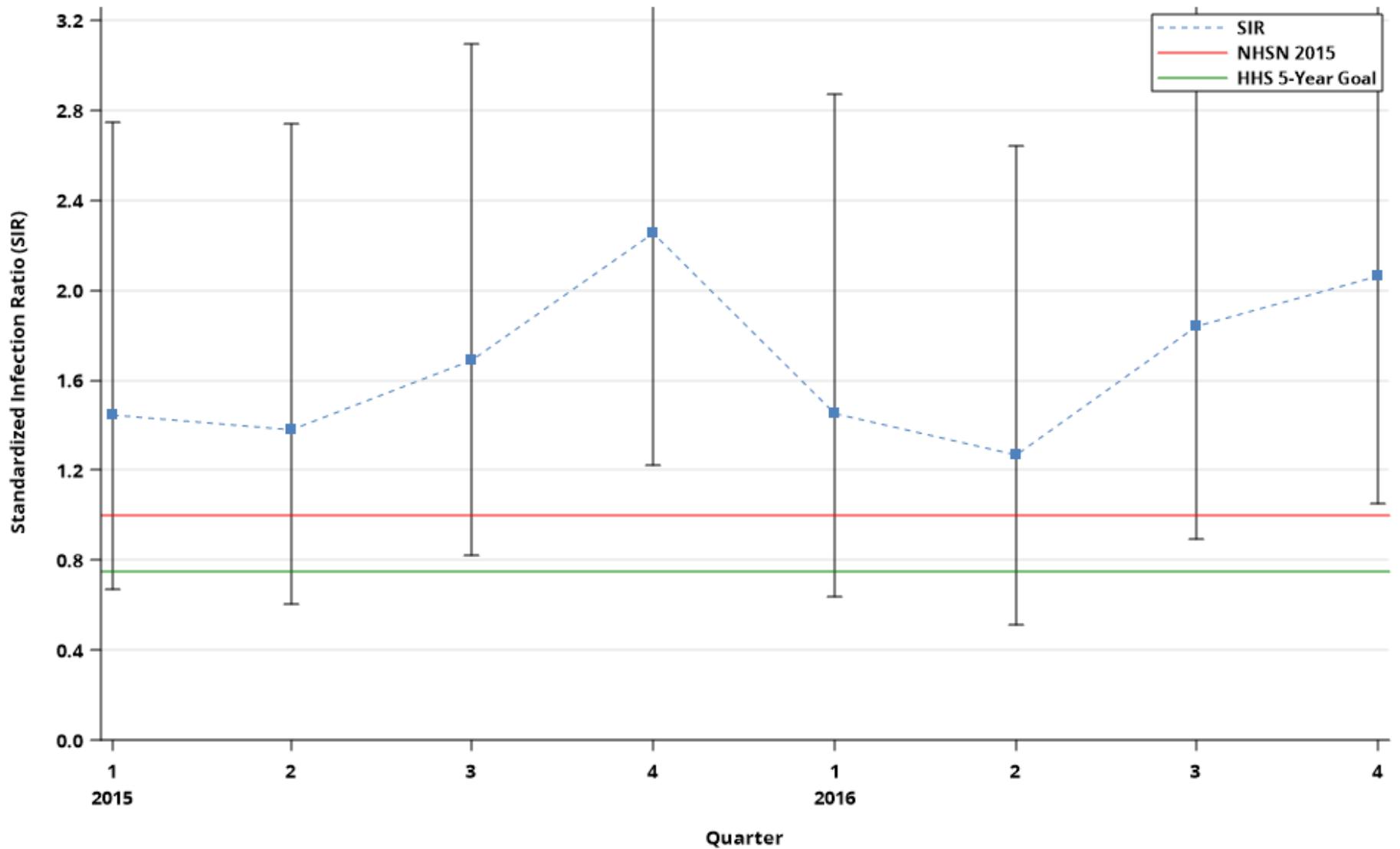
### **Unadjusted CAUTI Rates ([Figure 43](#))**

- From January-March 2015 to October-December 2015, the unadjusted pooled mean CAUTI rate in Tennessee IRFs fluctuated between 2.1 and 3.3 CAUTIs per 1,000 urinary catheter days. From January-March 2016 to October-December 2016, the unadjusted pooled mean CAUTI rate in Tennessee IRFs fluctuated between 2.1 and 3.0 CAUTIs per 1,000 urinary catheter days. The unadjusted pooled mean rate in IRFs in 2015 was about the same as the pooled mean rate in 2016 (2.46 vs. 2.43 CAUTIs per 1,000 urinary catheter days).

### **Microorganisms Associated with CAUTIs in IRFs ([Table 37](#), [Table 38](#))**

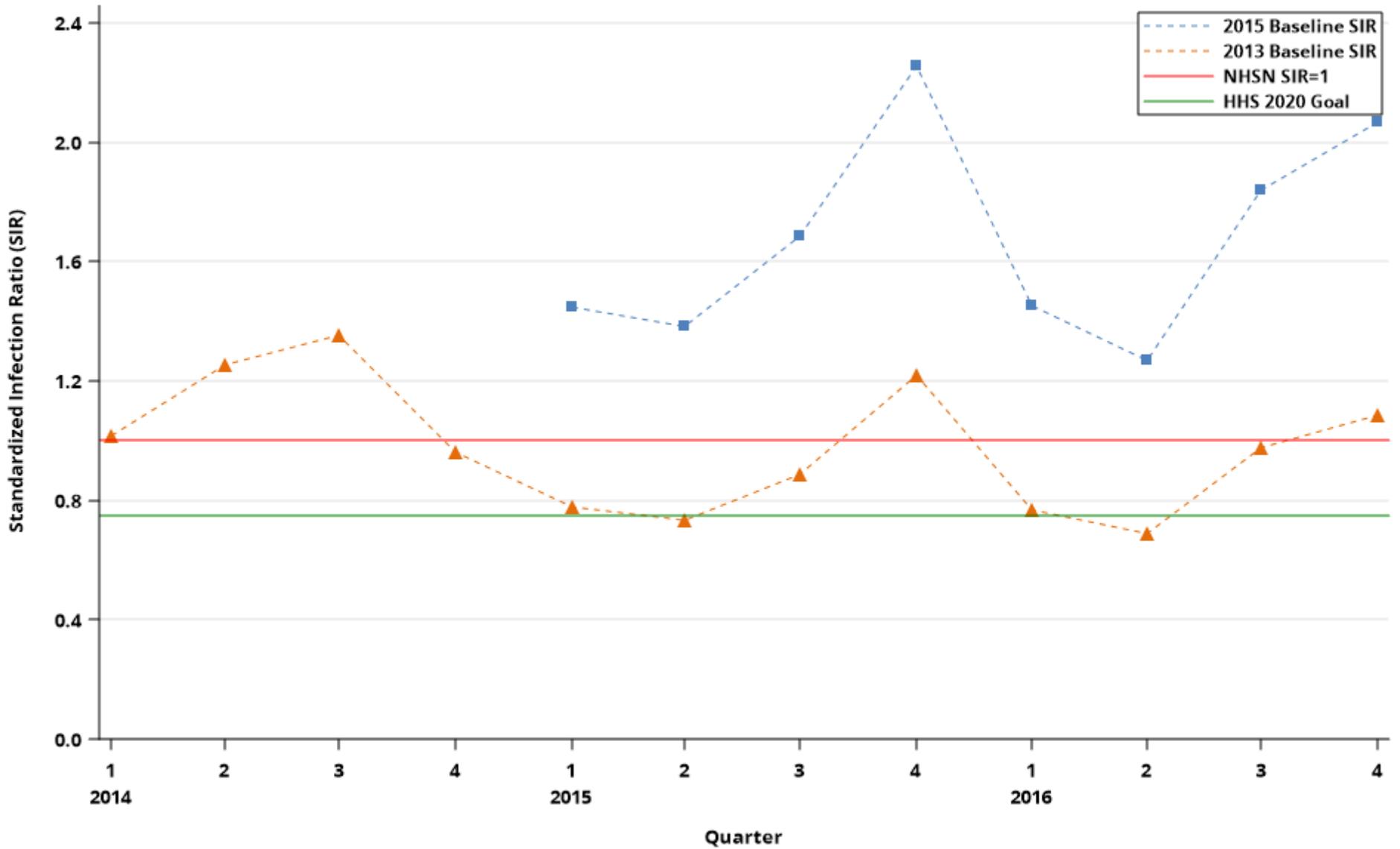
- Among the 39 pathogens isolated from 36 CAUTIs in 2015, the most common pathogens were *Escherichia coli* (36%) and *Klebsiella* species (21%). Methicillin-resistant *S. aureus* (MRSA) accounted for 3% of total positive isolates.
- Among the 42 pathogens isolated from 32 CAUTIs in 2016, the most common pathogens were *Pseudomonas aeruginosa* (26%), and *Klebsiella* species (24%). Vancomycin-resistant *Enterococcus* (VRE) accounted for 3% of total positive isolates and carbapenem-resistant isolates accounted for 5% of total positive isolates.

Figure 41 : Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) in Inpatient Rehabilitation Facilities (IRF) by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



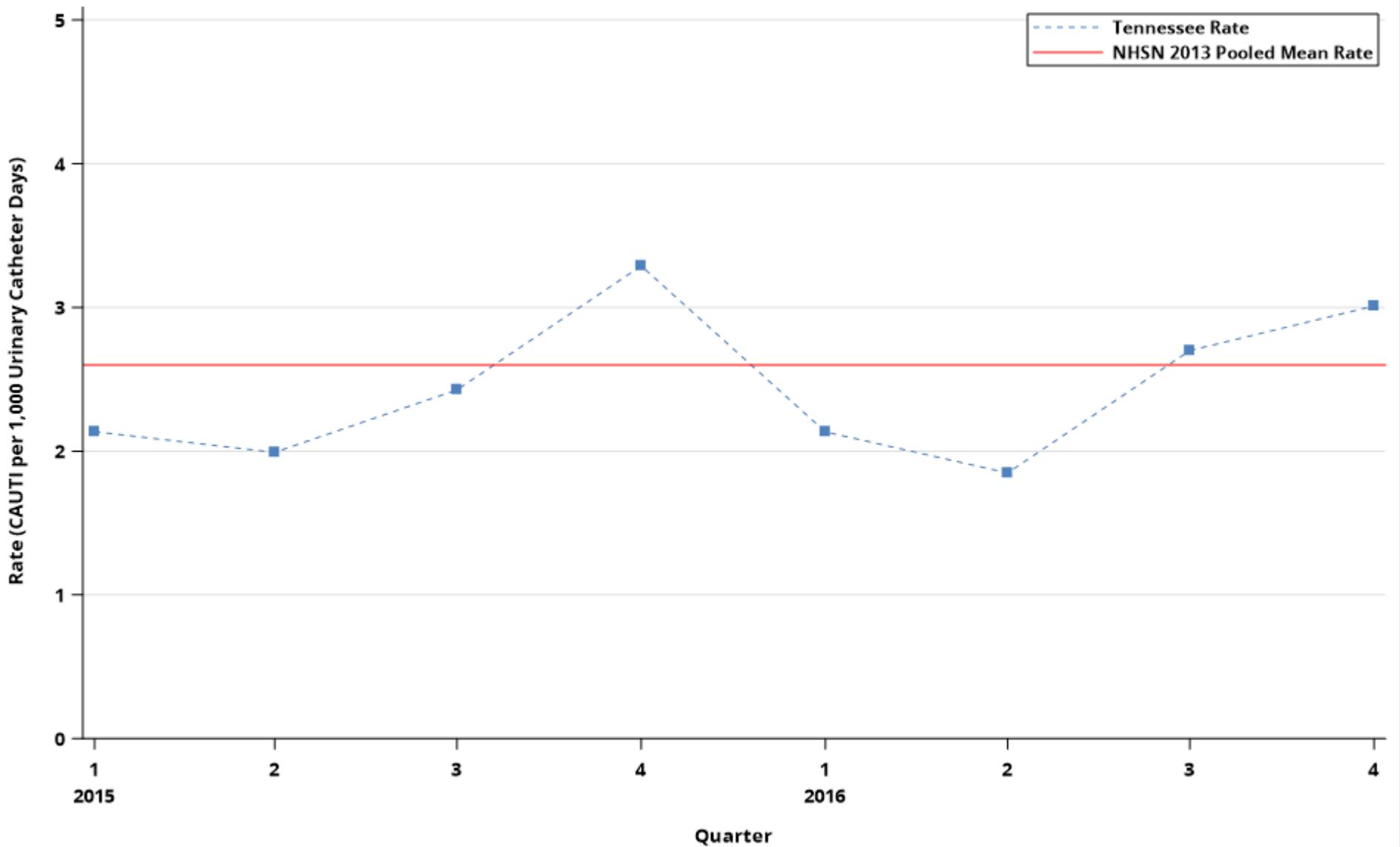
Data Reported as of November 13, 2017

**Figure 42 : Standardized Infection Ratios (SIR) for Catheter-Associated Urinary Tract Infections (CAUTIs) in Inpatient Rehabilitation Facilities (IRF) by Quarter, Tennessee, 01/01/2014–12/31/2016**



Data Reported as of November 13, 2017

Figure 43 : Crude (Unadjusted) Rates of Catheter-Associated Urinary Tract Infections (CAUTIs) in Inpatient Rehabilitation Facilities (IRF) by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2013]



Data Reported as of November 13, 2017

**Table 35 : Key Percentiles for Facility-Specific Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratios (SIRs) in Inpatient Rehabilitation Facilities (IRF) Facilities by Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			No. of FACS WITH SIR		No. of FACS WITH SIR								
STATE	YEAR	No.	UC Days	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION		N	%	N	%	10%	25%	50%	75%	90%
Tennessee	2016	29	13,180	32	19.28	1.66	1.16	2.32	5		0	0%	1	20%	0.00	1.02	1.63	1.93	3.13
	2015	30	14,617	36	21.24	1.70	1.21	2.32	7		0	0%	0	0%	0.00	0.87	1.22	1.95	2.23

Data reported as of November 13, 2017

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 36 : Crude (Unadjusted) Rate of Catheter-Associated Urinary Tract Infection (CAUTI) and Catheter Utilization Rates in Inpatient Rehabilitation Facilities (IRF) by Year, Tennessee, 01/01/2015 - 12/31/2016**

STATE	YEAR	No.	CAUTI	UC Days	CAUTI Rate*	PATIENT DAYS	DU Rate
Tennessee	2016	29	32	13,180	2.43	210,629	0.06
	2015	30	36	14,617	2.46	211,654	0.07

Data reported as of November 13, 2017

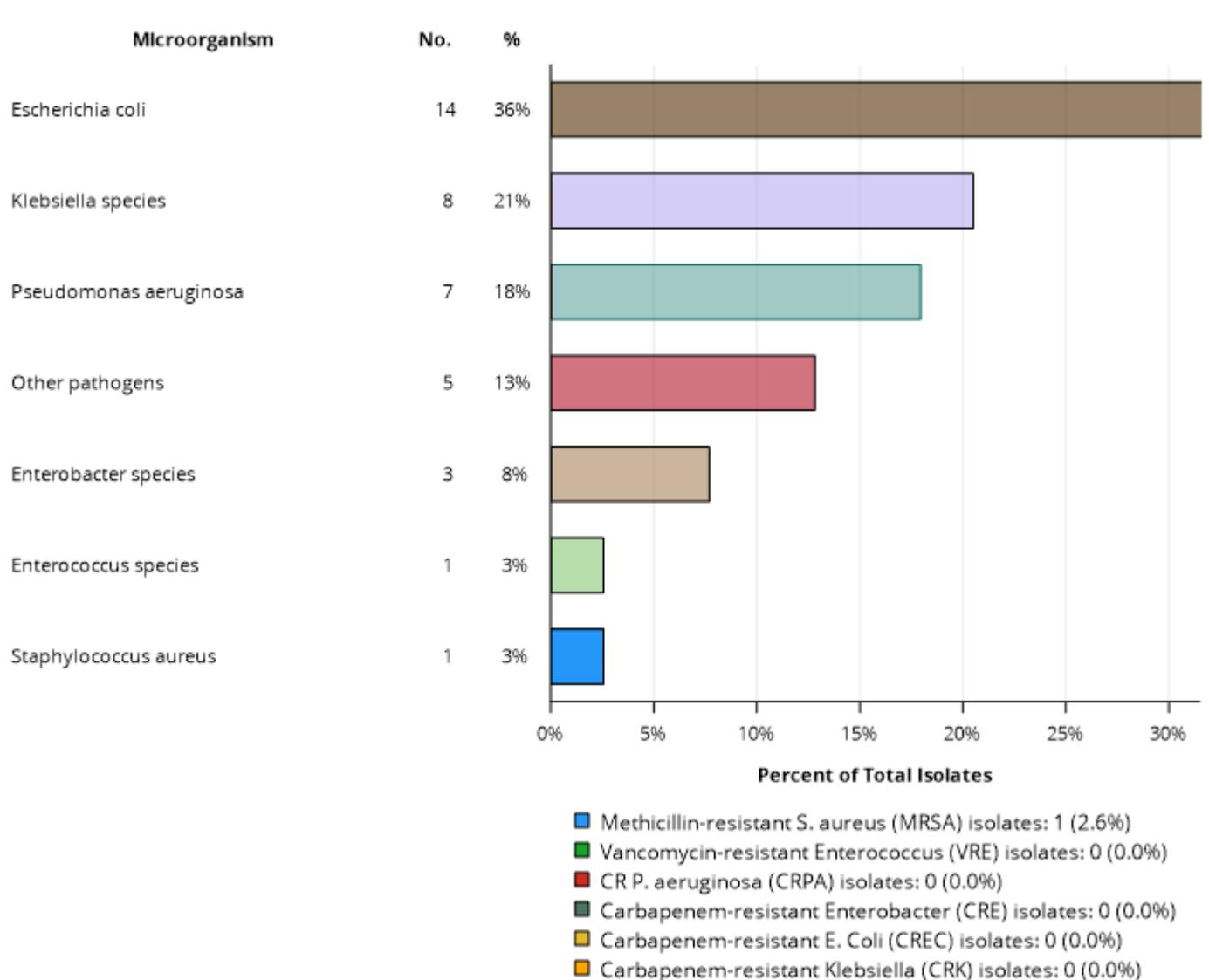
No. = number of facilities; CAUTI = observed number of CAUTI; UC DAYS = urinary catheter days

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

\*Per 1,000 urinary catheter days

**Table 37 : Microorganisms Identified in Catheter-Associated Urinary Infections (CAUTIs) in Inpatient Rehabilitation Facilities (IRF), Tennessee, 01/01/2015 - 12/31/2015**

**Number of isolates=39; Number of events=36**

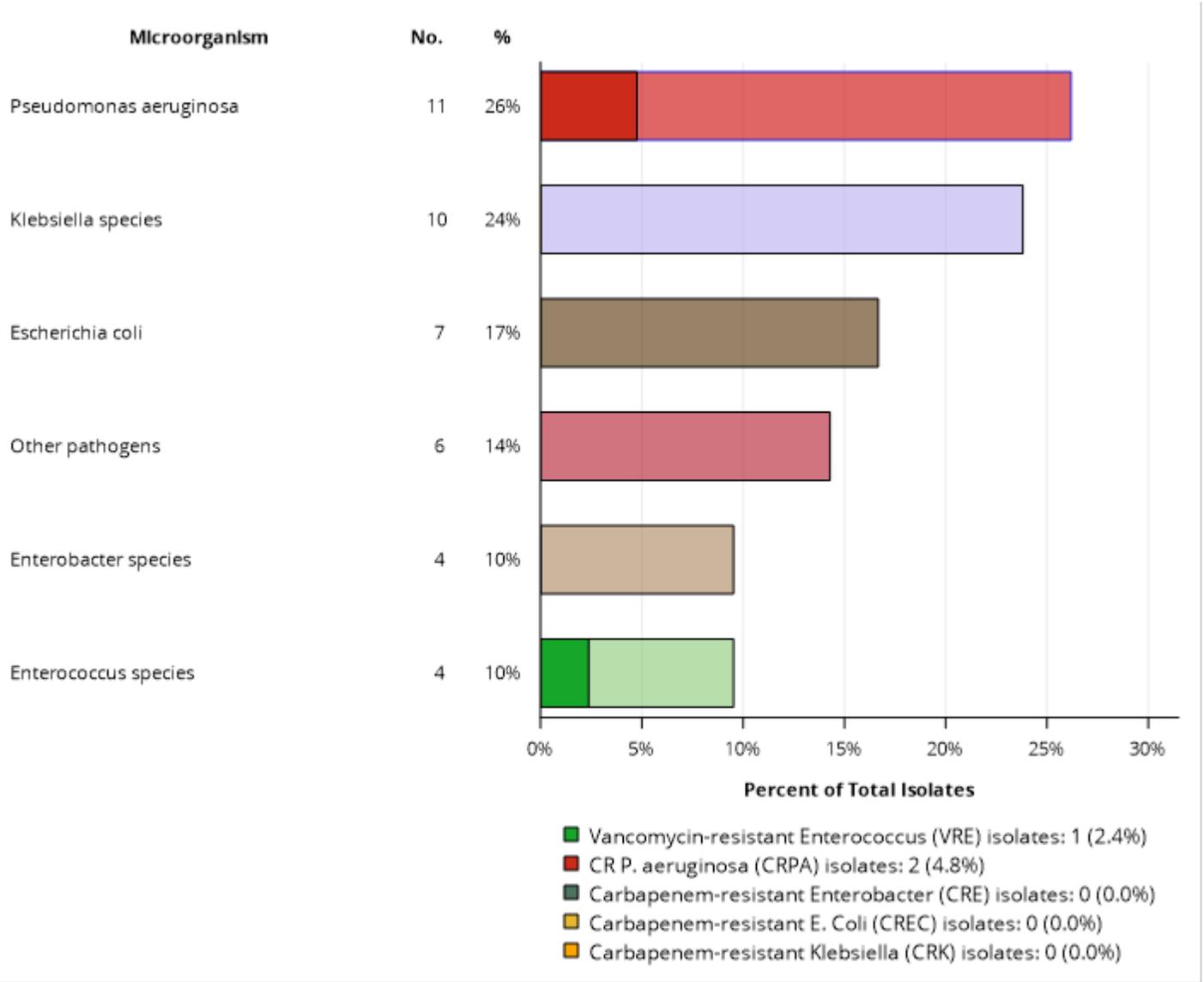


Data reported as of October 17, 2018

Other pathogens = *Alcaligenes* spp., *Citrobacter* spp., *Morganella* spp., *Proteus* spp.,

**Table 38 : Microorganisms Identified in Catheter-Associated Urinary Infections (CAUTIs) in Inpatient Rehabilitation Facilities (IRF), Tennessee, 01/01/2016 - 12/31/2016**

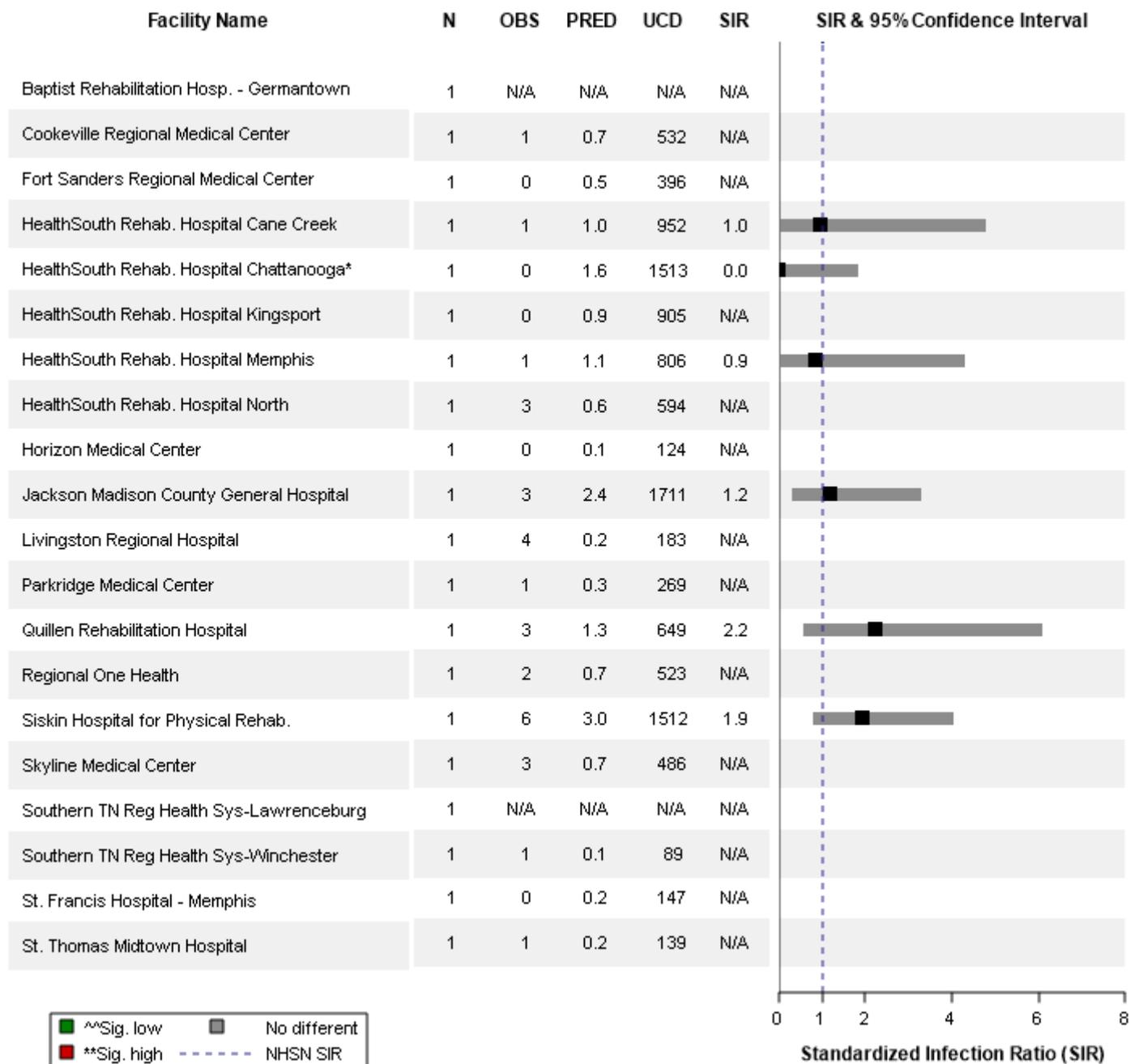
**Number of isolates=42; Number of events=32**



Data reported as of October 17, 2018

Other pathogens = Citrobacter spp., Morganella spp., Proteus spp., Serratia spp., Stenotrophomonas spp.,

**Figure 44 : CAUTI Standardized Infection Ratio (SIR) for Inpatient Rehabilitation Facilities (IRF), Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

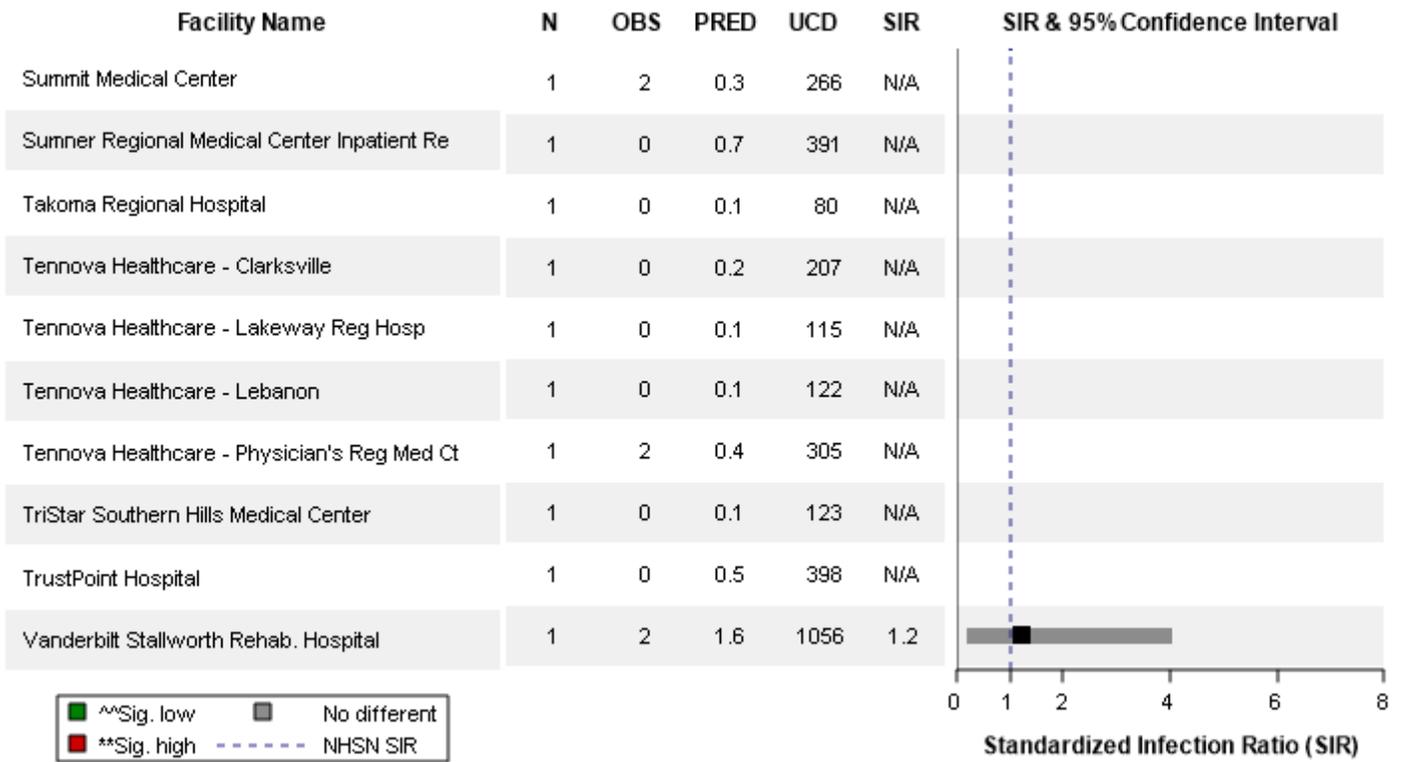
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 44 (cont'd)**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

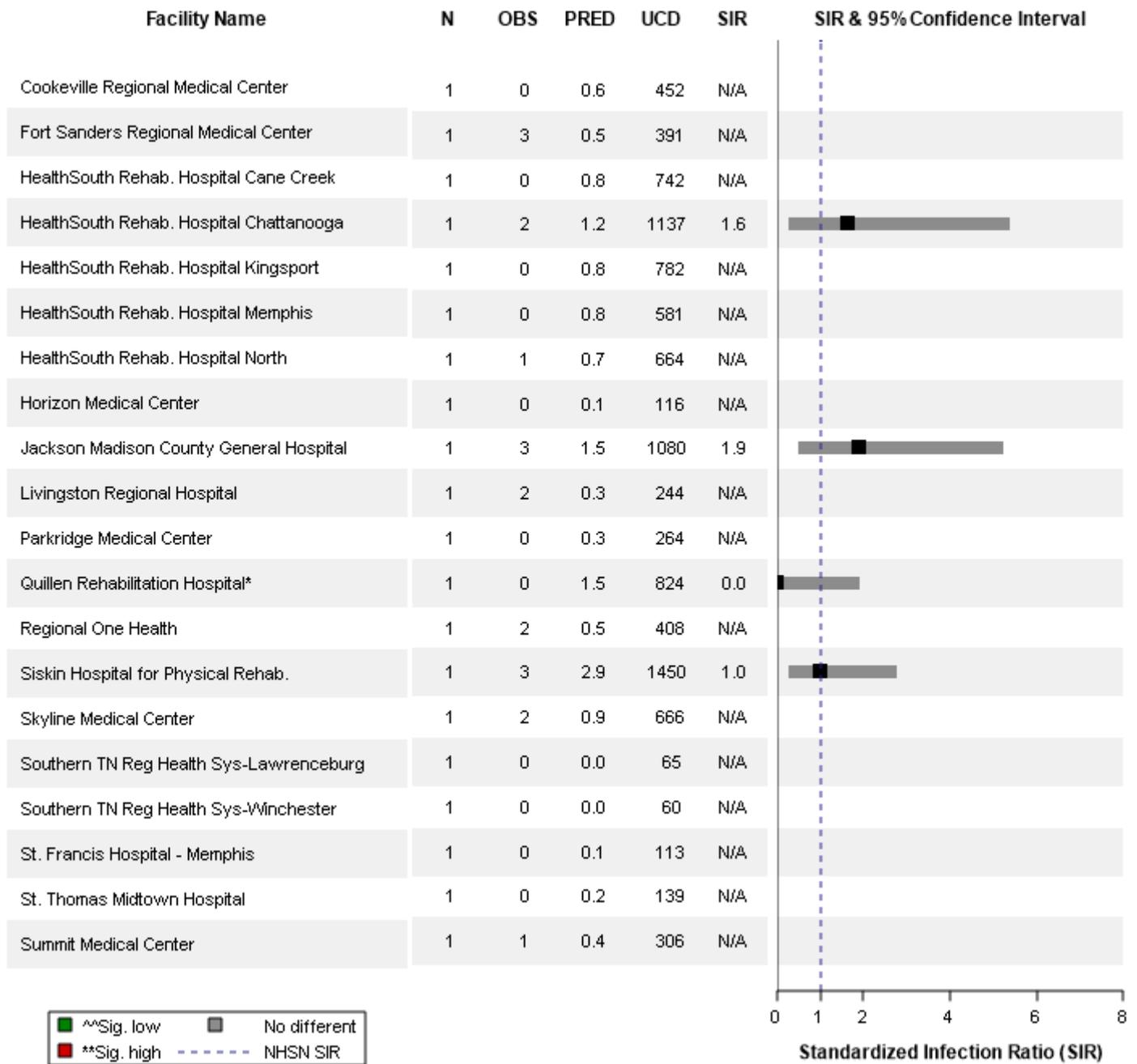
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 46 : CAUTI Standardized Infection Ratio (SIR) for Inpatient Rehabilitation Facilities (IRF), Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

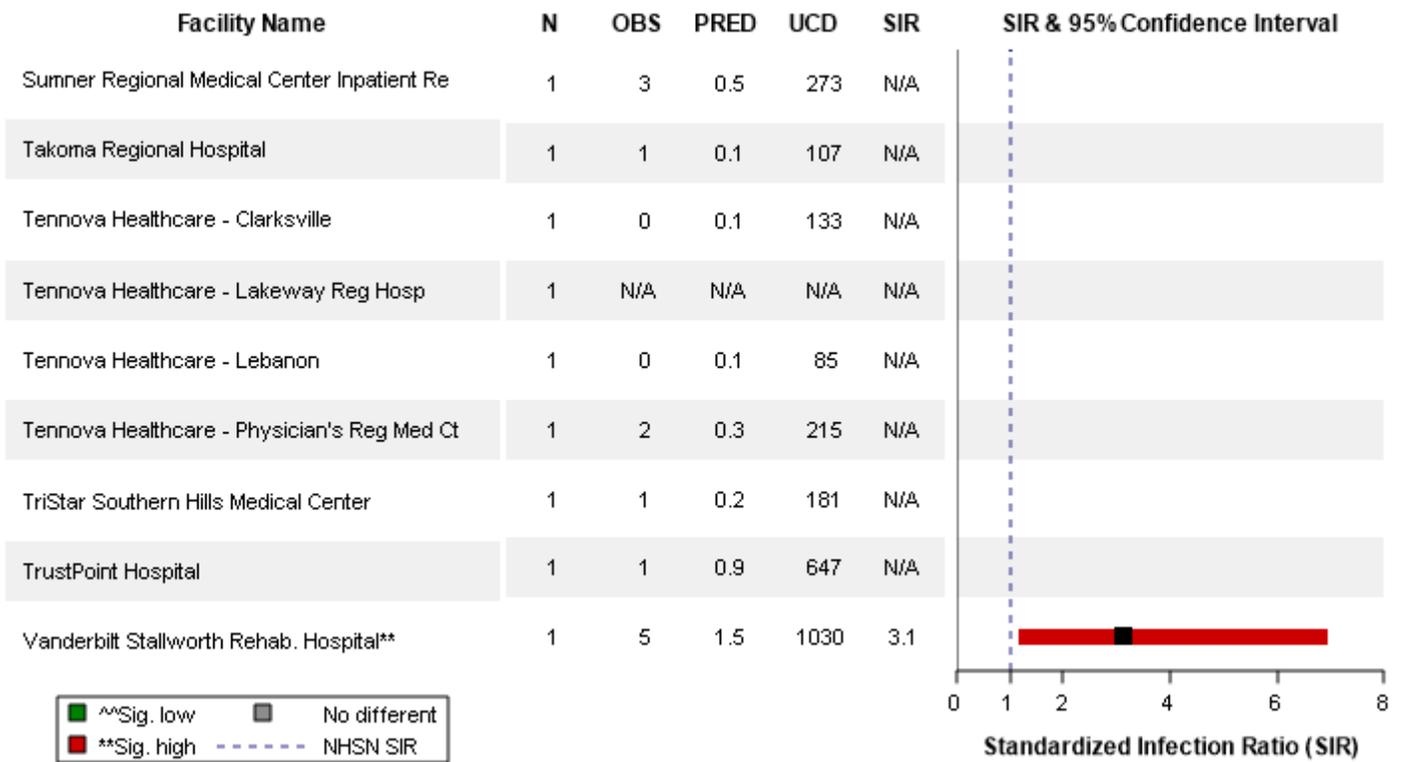
N/A = Data not shown for facilities with <50 urinary catheter days / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 45 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

OBS = observed number of CAUTI

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

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

UCD = number of urinary catheter days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

# Surgical Site Infections (SSI)

## ***Surgical Site Infections (SSI)***

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be superficial infections involving the skin only. Other surgical site infections are more serious and can involve tissues under the skin, organs, or implanted material. Healthcare facilities can prevent SSIs by following appropriate infection prevention recommendations before, during, and after surgery (see [Patient Guide to SSI](#)<sup>20</sup>).

### **Reporting Requirements**

Surgical site infections (SSI) following coronary artery bypass graft (CBGB/C) procedures have been reportable by Tennessee acute care hospitals since January 2008. SSIs following hip prosthesis procedures were reportable from July 2010 to December 2011, and SSIs following cardiac procedures were reportable from July 2011 to December 2011. SSIs following colon (COLO) procedures and those following abdominal hysterectomy (HYST) procedures have been reported since January 2012.

To comply with these reporting requirements, facilities are required to follow the [NHSN SSI Surveillance protocol](#)<sup>21</sup>, which is updated each year with SSI surveillance definitions and reporting instructions. Facilities must report each required surgical procedure that is performed every month to NHSN. They are also required to report any surgical site infections which meet the NHSN surveillance definition of a SSI following required procedures.

### **Changes to Surveillance Definitions**

In January 2013, NHSN revised the definition of primary closure for NHSN operative procedures to include procedures where devices remain extruding through the incision at the end of surgery. In January 2015, Infection present at time of surgery (PATOS) was added as a new field on the SSI Event form. SSIs reported with PATOS = YES will be excluded from the SSI SIRs beginning with 2016 data and the new baseline.

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

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

### **SSI Risk Adjustment**

For individuals undergoing surgical procedures, risk adjustment is calculated through logistic regression models which use national [NHSN baseline data from 2015](#)<sup>22</sup> to represent a standard population<sup>23</sup>. With this

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<sup>20</sup> [http://www.cdc.gov/HAI/pdfs/ssi/SSI\\_tagged.pdf](http://www.cdc.gov/HAI/pdfs/ssi/SSI_tagged.pdf)

<sup>21</sup> <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSICurrent.pdf>

<sup>22</sup> <https://www.cdc.gov/nhsn/2015rebaseline/index.html>

<sup>23</sup> Yi M, Edwards JR, et al. Improving risk-adjusted measures of surgical site information for the National Healthcare Safety Network. *Infect Control Hosp Epidemiol* 2011; 32(10):970-986.

method, risk factors are procedure-specific and each risk factor's contribution varies according to its association with risk of SSI.

For statewide SSI data, both crude (unadjusted) rates and SIRs are presented.

**Crude (unadjusted) SSI rates** are calculated as follows:

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

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

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

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

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

- Age
- BMI
- Diabetes
- Procedure duration
- Gender
- Age-gender interaction
- Hospital bed size
- Medical school affiliation
- Trauma
- ASA score (Complex A/R)
- Wound Class (Complex A/R)

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

- Age
- Anesthesia
- ASA score
- BMI
- Closure Technique
- Diabetes
- Procedure duration
- Endoscope
- Hospital bed size
- Trauma
- Wound class
- Medical school affiliation (All SSI SIR)
- Gender (Complex A/R)

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

- Age
- ASA score
- BMI
- Diabetes
- Procedure duration
- Hospital bed size
- Endoscope
- Medical school affiliation (All SSI SIR)
- Oncology (All SSI SIR)

Below is a general logistic regression model. For each operative procedure, parameter estimates (represented by  $\beta$  in the model) have been calculated by CDC and represent each risk factor's contribution to a patient's overall risk. In this model,  $\hat{p}$  represents a patient's probability of SSI, and  $X=1$  if a given risk factor is present or  $X=0$  if the risk factor is absent.

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

For a given NHSN operative procedure, the table below illustrates the parameter estimates for the significant risk factors associated with that procedure. Note that this table is for teaching purposes only and should not be considered an actual model for predicting a patient's risk of SSI<sup>24</sup>.

Factor	Parameter Estimate	p-value	Variable Coding
<b>Intercept</b>	-5.1801	-	-
<b>Diabetes</b>	0.3247	<0.0001	Yes=1 No=0
<b>ASA Score</b>	0.4414	<0.0001	1=1 2=2 3=3 4/5=4
<b>Body Mass Index (BMI)</b>	0.1106	0.0090	$\geq 30=1$ $< 30=0$
<b>Age</b>	-0.1501	<0.0001	Age/10
<b>Oncology Hospital</b>	0.5474	0.0005	Yes=1 No=0

Applying the parameter estimates to the above model gives the following formula:

$$\text{logit}(\hat{p}) = -5.1801 + 0.3247(\text{DIABETES}) + 0.4414(\text{ASA}) + 0.1106(\text{BMI}) - 0.1501(\text{AGE}) + 0.5474(\text{ONCOLOGY HOSPITAL})$$

The probability of SSI for a given patient can be calculated using this formula. For example:

Patient	Age	ASA	Diabetes	BMI	Oncology Hospital
A	32	2	Y	29	Yes

$$\text{logit}(\hat{p}) = -5.1801 + 0.3247(1) + 0.4414(2) + 0.1106(0) - 0.1501(3.2) + 0.5474(1) = -3.9055$$

Solving for  $\hat{p}$  gives a probability of SSI for Patient A of 0.020, this can be interpreted as a 2.0% risk of developing an SSI.

To calculate the predicted number of infections for a population, each patient's risk of SSI is generated using the appropriate logistic regression model, and summed<sup>25</sup>.

<sup>24</sup> Example extracted from "NHSN: A guide to the SIR", Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, December 2018 (<https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>)

<sup>25</sup> Yi M, Edwards JR, et al. Improving risk-adjusted measures of surgical site information for the National Healthcare Safety Network. *Infect Control Hosp Epidemiol* 2011; 32(10):970-986.

# Surgical Site Infections (SSI)

## *Coronary Artery Bypass Graft Procedures*

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

**Total number of facilities reporting from January-December 2015: 24**

**Total number of facilities reporting from January-December 2016: 24**

**SIRs by Quarter ([Figure 46](#), [Figure 47](#), [Figure 48](#))**

- From January-March 2015 to October-December 2016, the All SSI SIR fluctuated from a low of 0.6 to a high of 1.02. The Complex Admission/Readmission SSI SIR fluctuated from a high of 1.13 from January-March 2015 to 0.94 in October-December 2016 related to CBGB/C procedures in Tennessee. The U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>26</sup> gives a five-year (2020) prevention target of SIR = 0.70.

**Key Percentiles for Tennessee SIRs ([Table 39](#), [Table 40](#))**

- The All SSI SIR for SSIs related to CBGB/C procedures in Tennessee from January-December 2015 was statistically significantly lower than the national SIR of 1 (SIR=0.67; 95% CI: 0.53, 0.82). The All SSI SIR for CBGB/C from January-December 2016 was higher than the SIR for 2015, but was still statistically significantly lower than the national baseline (SIR=0.82; 95% CI: 0.67, 0.99).
- From January-December 2015, the median All SSI SIR for CBGB/C procedures was 0.59, indicating that half of reporting facilities with at least 1 predicted infection had an All SSI SIR at or below 0.59. From January-December 2016, the median All SSI SIR for CBGB/C procedures was 0.73.
- The Complex A/R SIRs for SSIs related to CBGB/C procedures in Tennessee from January-December 2015 and January-December 2016 were not significantly different than the national SIR of 1 (SIR=0.78; 95% CI: 0.57, 1.06; SIR=0.93; 95% CI: 0.69, 1.22 ). The Complex A/R SIR for CBGB/C from January-December 2016 was higher than the SIR for 2015.
- From January-December 2015, the median Complex A/R SIR for CBGB/C procedures was 0.44, indicating that half of reporting facilities with at least 1 predicted infection had an All SSI SIR at or below 0.44. From January-December 2016, the median Complex A/R SIR for CBGB/C procedures was 0.82.

**Rates, Infection Sites, and Detection ([Figure 49](#), [Figure 50](#), [Figure 51](#), [Figure 52](#))**

- In 2015, 111 SSIs were reported among 6,863 CBGB/C procedures in Tennessee, for a crude rate of 1.62 infections per 100 operations. In 2016, 126 SSIs were reported among 6,968 CBGB/C procedures in Tennessee, for a crude rate of 1.81 infections per 100 operations.
- Overall in 2015, SSIs related to CBGB/C procedures were most often superficial primary (39%), and SSIs related to CBGB/C procedures were least often deep secondary infections (4%). In 2016, 37% of procedures were superficial primary infections.

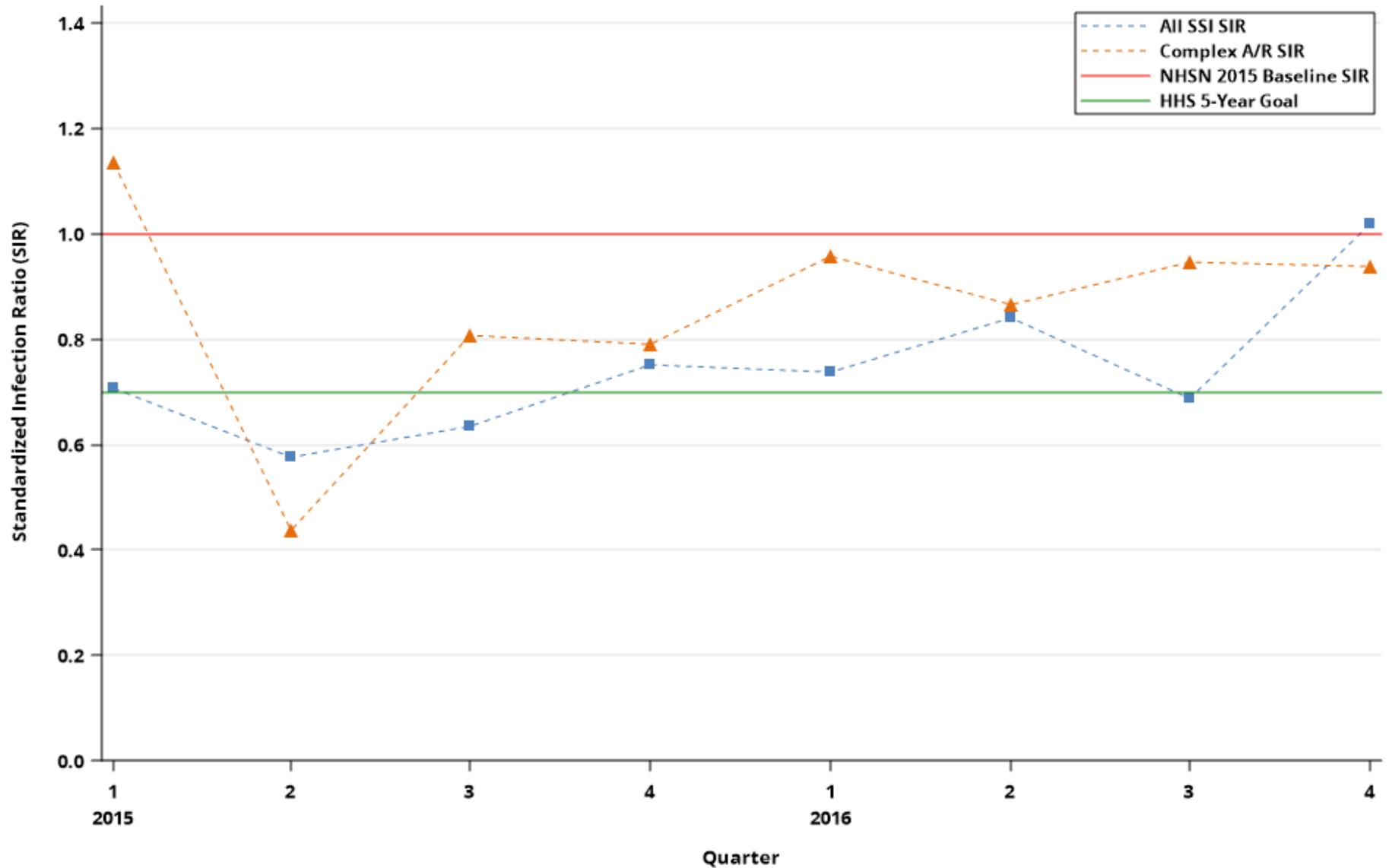
<sup>26</sup> <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

- SSIs related to CBGB/C procedures were most often identified upon readmission, 77% of procedures in 2015 were detected this way and 75% of procedures in 2016.

**Microorganisms associated with SSIs following CBGB/C Procedures (Figure 53, Figure 54)**

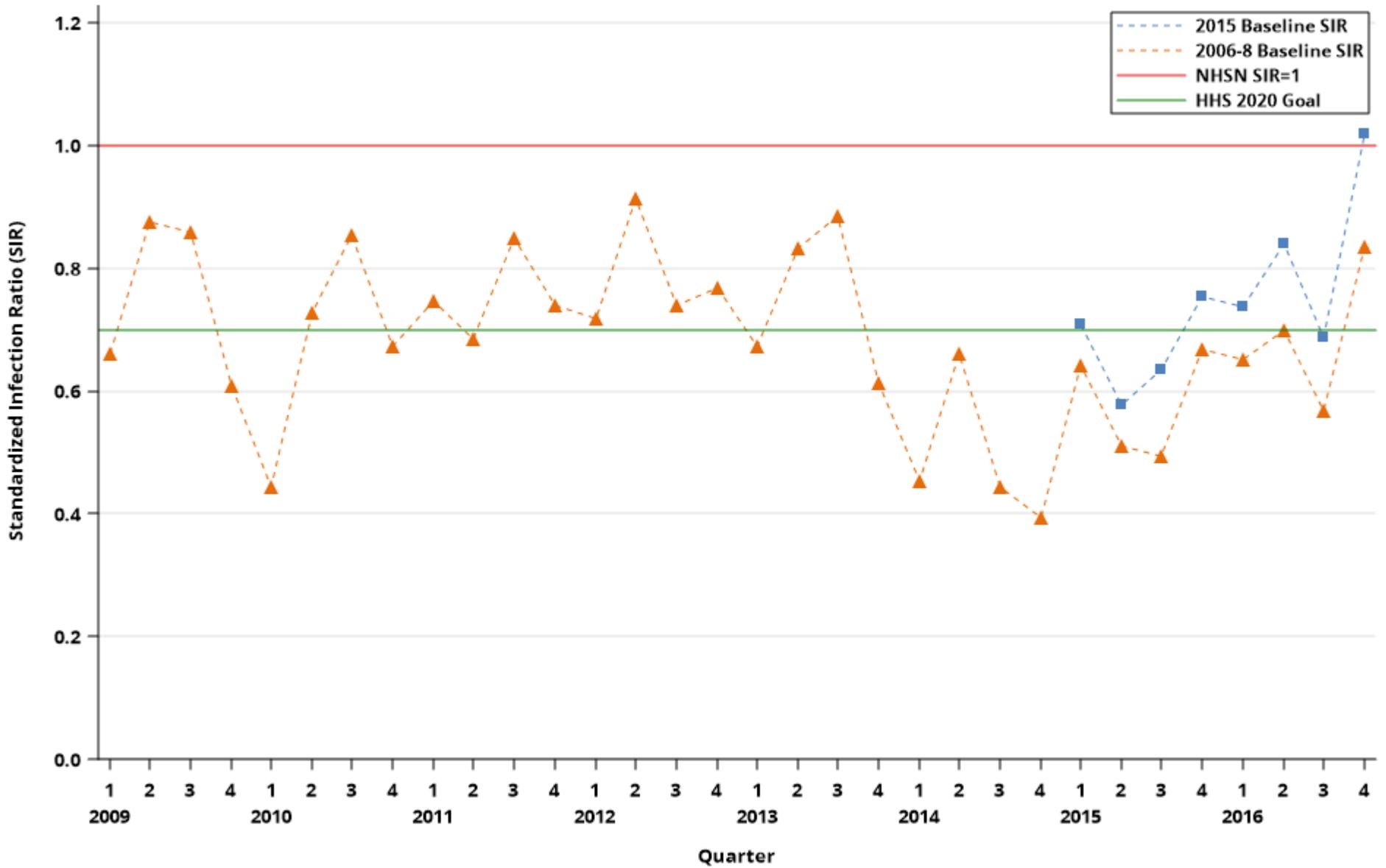
- Among the 127 pathogens isolated from 111 SSIs following CBGB/C procedures in 2015, the most common pathogens were *Staphylococcus aureus* (35%), and coagulase-negative *Staphylococcus* species (13%). Methicillin-resistant *S. aureus* (MRSA) accounted for 14% of total positive isolates and carbapenem-resistant *Pseudomonas aeruginosa* accounted for 1% of positive isolates.
- Among the 147 pathogens isolated from 126 SSIs following CBGB/C procedures in 2016, the most common pathogens were *Staphylococcus aureus* (32%), coagulase-negative *Staphylococcus* species (22%), and *Klebsiella* species (7%). Methicillin-resistant *Staphylococcus aureus* (MRSA) accounted for 16% and vancomycin-resistant *Enterococcus* (VRE) accounted for 1% of isolates.

**Figure 46 : Coronary Artery Bypass Graft (CBGB/C) All and Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]**



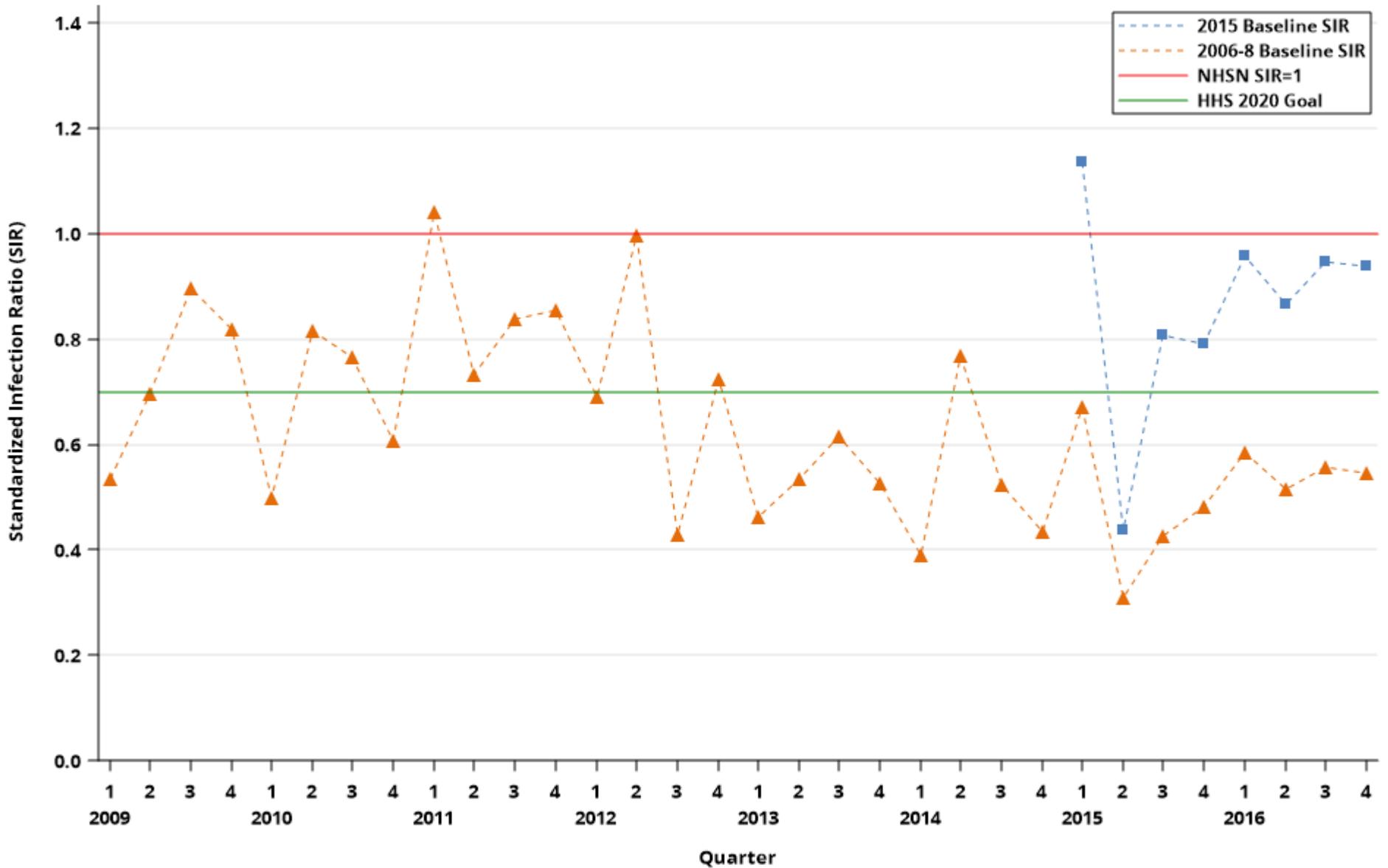
Data Reported as of November 13, 2017

Figure 47 : Coronary Artery Bypass Graft (CBGB/C) All Surgical Site Infection (SSI) Standardized Infection Ratio (SIR) by Quarter, Tennessee, 01/01/2009–12/31/2016



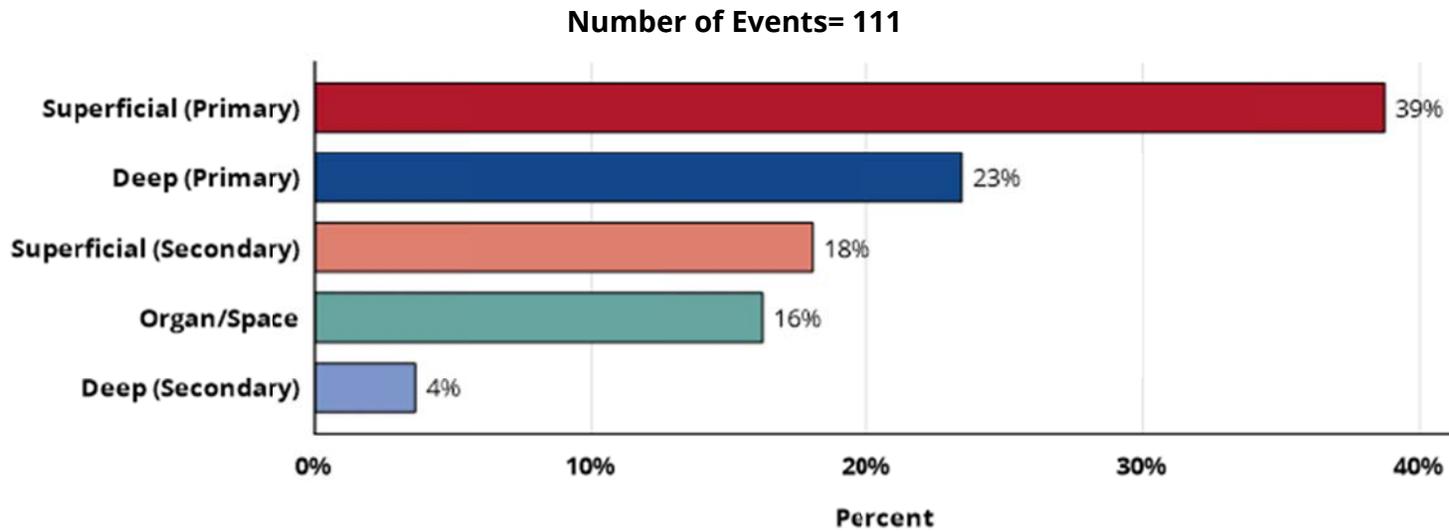
Data Reported as of November 13, 2017

Figure 48 : Coronary Artery Bypass Graft (CBGB/C) Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratio (SIR) by Quarter, Tennessee, 01/01/2009–12/31/2016



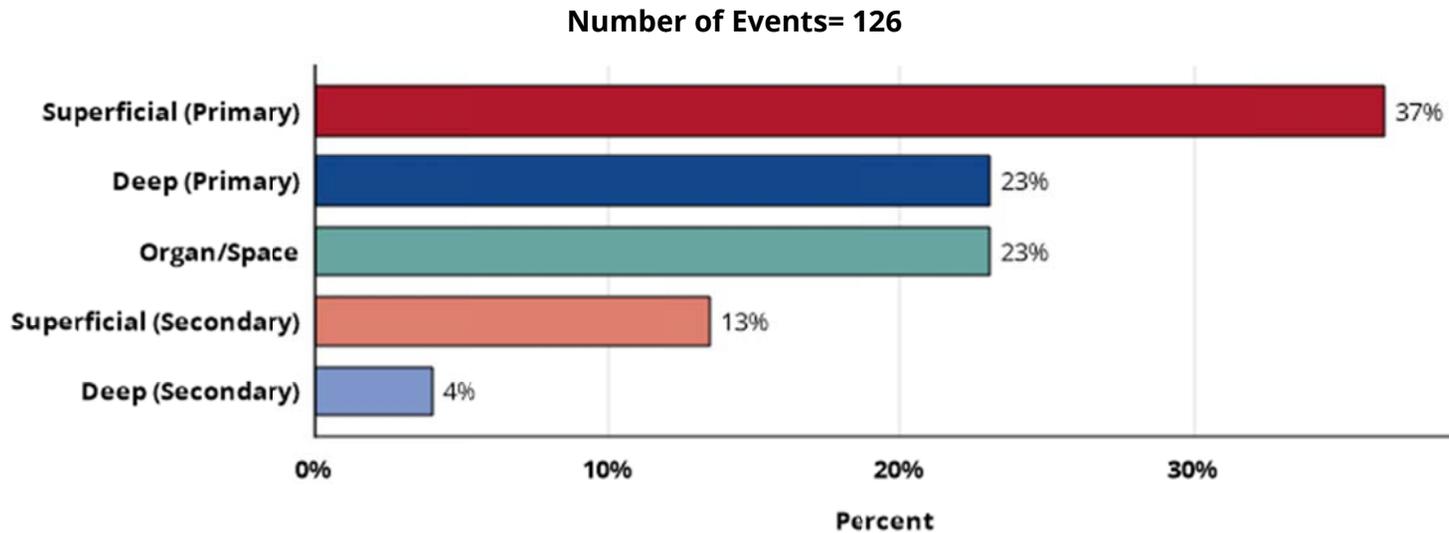
Data Reported as of November 13, 2017

Figure 49 : Coronary Artery Bypass Graft (CBGB/C) Surgical Site Infections by Site, Tennessee, 01/01/2015–12/31/2015



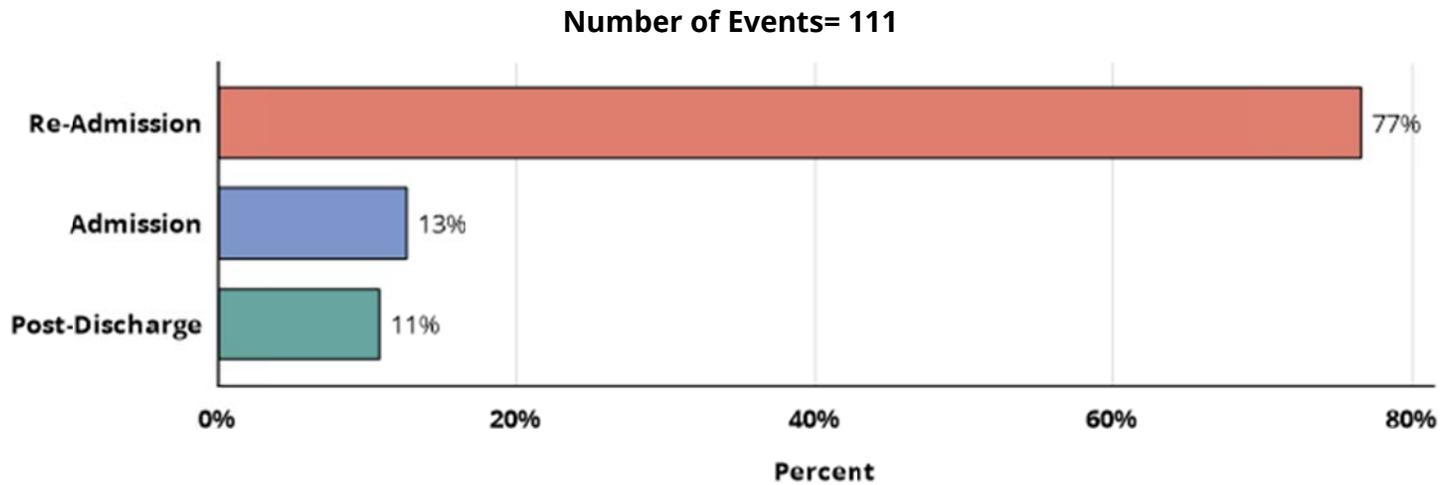
Data Reported as of November 13, 2017

Figure 50 : Coronary Artery Bypass Graft (CBGB/C) Surgical Site Infections by Site, Tennessee, 01/01/2016–12/31/2016



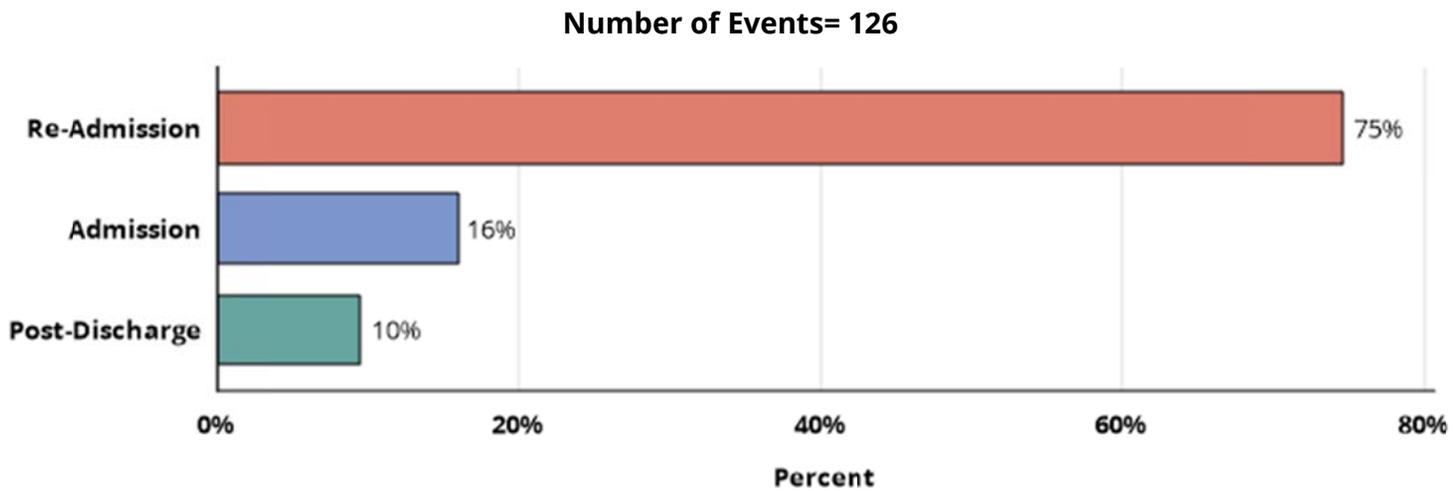
Data Reported as of November 13, 2017

Figure 51 : Coronary Artery Bypass Graft (CBGB/C) Surgical Site Infections Detection, Tennessee, 01/01/2015–12/31/2015



*Data Reported as of November 13, 2017*

Figure 52 : Coronary Artery Bypass Graft (CBGB/C) Surgical Site Infections Detection, Tennessee, 01/01/2016–12/31/2016



*Data Reported as of November 13, 2017*

**Table 39 : Coronary Artery Bypass Graft (CBGB/C) All and Complex Admission/Readmission (AR) Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

										DISTRIBUTION OF FACILITY-SPECIFIC SIRs									
					No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL			No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0							
STATE	SIR TYPE	YEAR	No.	PROCS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%
Tennessee	All Procedures	2016	24	6,941	102	124.83	0.82	0.67	0.99	23	4	17%	1	4%	0.00	0.20	0.73	1.00	1.09
		2015	24	6,826	82	123.08	0.67	0.53	0.82	24	6	25%	1	4%	0.00	0.20	0.59	0.90	1.75
	Complex A/R	2016	24	6,941	48	51.81	0.93	0.69	1.22	19	1	5%	1	5%	0.00	0.00	0.82	1.36	2.19
		2015	24	6,826	40	51.10	0.78	0.57	1.06	20	1	5%	1	5%	0.00	0.00	0.44	1.41	2.13

Data reported as of November 13, 2017

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than 2015 national SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than 2015 national SIR of 1.0

**Table 40 : Crude (Unadjusted) Rate of Coronary Artery Bypass Graft (CBGB/C) Surgical Site Infection (SSI) by Year, Tennessee, 01/01/2015 - 12/31/2016**

STATE	YEAR	No. of facilities	No. of procedures	No. of SSI	TN Rate*
Tennessee	2016	24	6,968	126	1.81
	2015	24	6,863	111	1.62

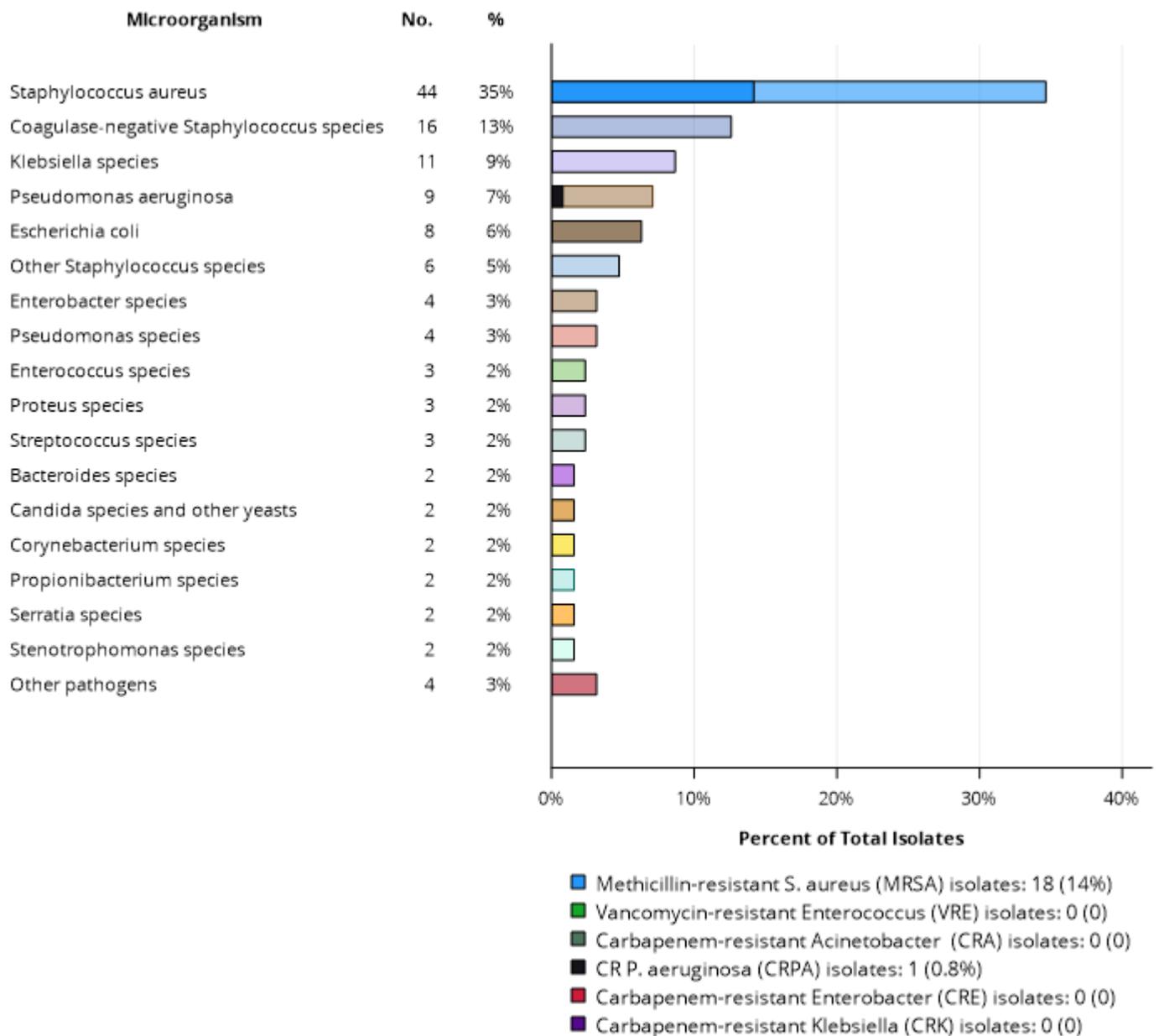
Data reported as of November 13, 2017

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

\*per 100 procedures

**Figure 53 : Microorganisms Identified from Surgical Site Infections (SSI) following Coronary Artery Bypass Graft (CBGB/C) Procedures, Tennessee, 01/01/2015 - 12/31/2015**

Number of isolates=127; Number of events=111

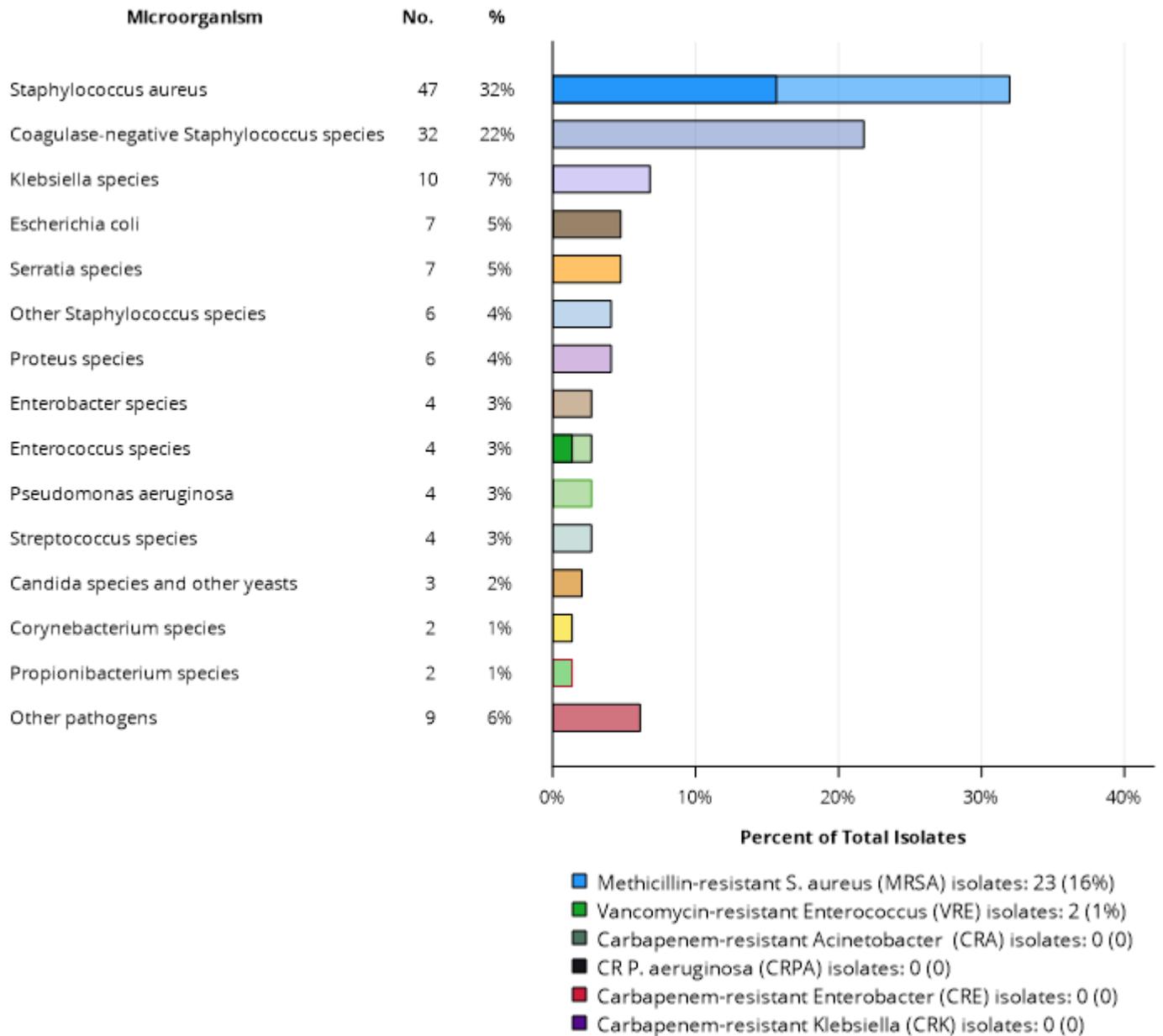


Data reported as of November 13, 2017

Other pathogens = Bacillus spp., Citrobacter spp., Eikenella spp., Leclercia spp.,

**Figure 54 : Microorganisms Identified from Surgical Site Infections (SSI) following Coronary Artery Bypass Graft (CBGB/C) Procedures, Tennessee, 01/01/2016 - 12/31/2016**

**Number of isolates=147; Number of events=126**



Data reported as of November 13, 2017

Other pathogens = *Aspergillus* spp., *Citrobacter* spp., *Diphtheroids* spp., Gram-negative spp., Gram-positive spp., *Haemophilus* spp., *Micrococcus* spp., *Prevotella* spp., *Stenotrophomonas* spp.,

# Surgical Site Infections (SSI)

## *Colon Procedures*

## SSIs Related to Colon (COLO) Procedures:

**Total number of facilities reporting from January-December 2015: 100**

**Total number of facilities reporting from January-December 2016: 99**

**SIRs by Quarter ([Figure 55](#), [Figure 56](#), [Figure 57](#))**

- From January-March 2015 to October-December 2016, there was no major overall change in the combined All SSI SIR or the Complex A/R SIR for SSIs related to COLO procedures in Tennessee; however there was a slight peak in both the All SSI SIR and Complex A/R SSI SIR from October-December 2016 (0.90 and 1.1 respectively).

**Key percentiles for Tennessee SIRs ([Table 41](#), [Table 42](#))**

- The All SSI SIR for SSIs related to COLO procedures in Tennessee from January-December 2015 was statistically significantly lower than the 2015 national SIR of 1 (SIR=0.80; 95% CI: 0.72, 0.89). The All SSI SIR from January-December 2016 was statistically significantly lower than the 2015 national SIR of 1 (SIR=0.80; 95% CI: 0.72, 0.89). The U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>27</sup> gives a five-year (2020) prevention target of SIR = 0.70.
- From January-December 2015, the median All SSI SIR for COLO procedures was 0.74, indicating that half of reporting facilities with at least 1 predicted infection had an All SSI SIR at or below 0.78. From January-December 2016, the median All SSI SIR for COLO procedures was 0.70.
- The Complex A/R SIR for SSIs related to COLO procedures in Tennessee from January-December 2015 was statistically significantly lower than the 2015 national SIR of 1 (SIR=0.85; 95% CI: 0.72, 0.98). The Complex A/R SIR for SSIs related to COLO procedures in Tennessee from January-December 2016 was not significantly different from the 2015 national SIR of 1 (SIR=0.92; 95% CI: 0.80, 1.06).
- From January-December 2015, the median Complex A/R SIR for COLO procedures was 0.80, indicating that half of reporting facilities with at least 1 predicted infection had a Complex A/R SIR at or below 0.80. From January-December 2016, the median Complex A/R SIR for COLO procedures was 0.80.

**Rates, Infection Sites, and Detection ([Figure 58](#), [Figure 59](#), [Figure 60](#), [Figure 61](#))**

- In 2015, 389 SSIs were reported among 7,844 colon procedures in Tennessee, for a crude rate of 4.96 infections per 100 operations. In 2016, 406 SSIs were reported among 8,375 colon procedures in Tennessee, for a crude rate of 4.85 infections per 100 operations.
- In 2015, SSIs related to colon procedures were most often organ/space (46%), and superficial primary (40%). SSIs related to colon procedures were least often deep primary infections (14%). SSIs related to colon procedures were most often identified during the same hospital admission as the procedure (548%).

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<sup>27</sup> <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

- In 2016, SSIs related to colon procedures were most often organ/space (49%), and superficial primary (38%). SSIs related to colon procedures were least often deep primary infections (13%). SSIs related to colon procedures were most often identified during the same hospital admission as the procedure (50%).

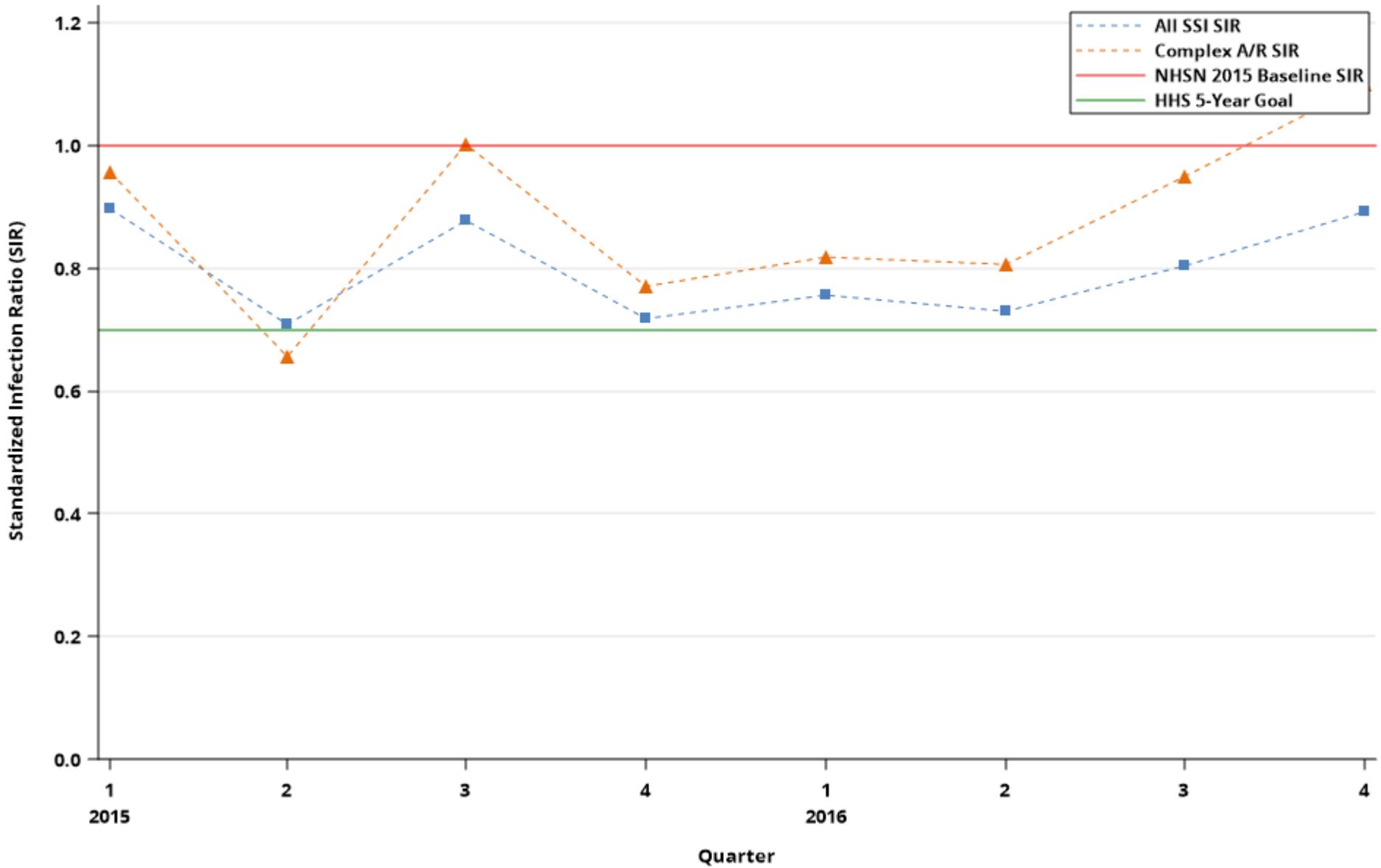
### **Microorganisms associated with SSIs following Colon Procedures (Figure 62, Figure 63)**

- Among the 485 pathogens isolated from 389 SSIs following colon procedures in 2015, the most common pathogens were Enterococcus species (18%) and *Escherichia coli* (18%). Methicillin-resistant *Staphylococcus aureus* (MRSA) accounted for 4%, vancomycin-resistant *Enterococcus* (VRE) for 3% of total isolates and carbapenem-resistant *Pseudomonas aeruginosa* accounted for 1% of total positive isolates.
- Among the 513 pathogens isolated from 404 SSIs following colon procedures in 2016, the most common pathogens were *Escherichia coli* (23%), and Enterococcus species (18%). Methicillin-resistant *Staphylococcus aureus* (MRSA) accounted for 5%, vancomycin-resistant *Enterococcus* (VRE) for 4% of total isolates and carbapenem-resistant organisms accounted for 1% of total positive isolates.

### **Facility-Specific SIRs (Figure 64, Figure 65)**

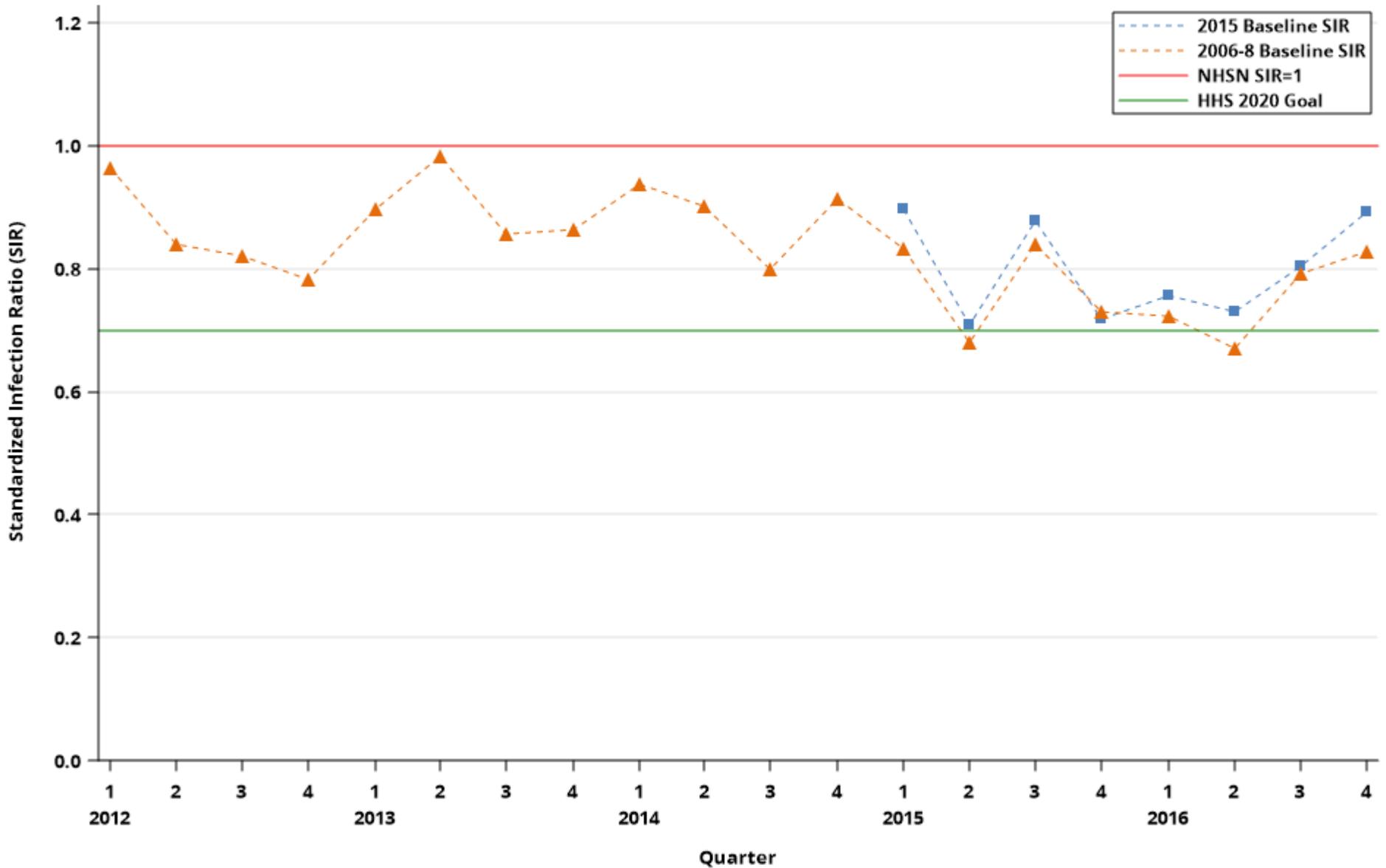
- The Complex A/R SIR for SSIs related to COLO procedures that accounts for all qualifying colon procedures performed at a given facility from January-December 2015 and January-December 2016 are displayed in [Figure 64](#) and [Figure 65](#). The bar representing the confidence interval is green if the Complex A/R SIR for SSIs related to COLO procedures was significantly lower than the national SIR of 1 for 2015 and red if the SIR was significantly higher than 1. Some hospitals reported zero SSIs (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of procedures performed.
- In 2015, one facility had a Complex A/R SIR for SSIs related to colon procedures that was statistically significantly lower than the 2015 national baseline SIR of 1. Two facilities had a Complex A/R SIR that was statistically higher than the baseline SIR. In 2016, two facilities had a Complex A/R SIR for SSIs related to colon procedures that was statistically significantly lower than the 2015 national baseline SIR of 1. Four facilities had a Complex A/R SIR that was statistically higher than the baseline SIR.

Figure 55 : Colon Surgery (COLO) All and Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



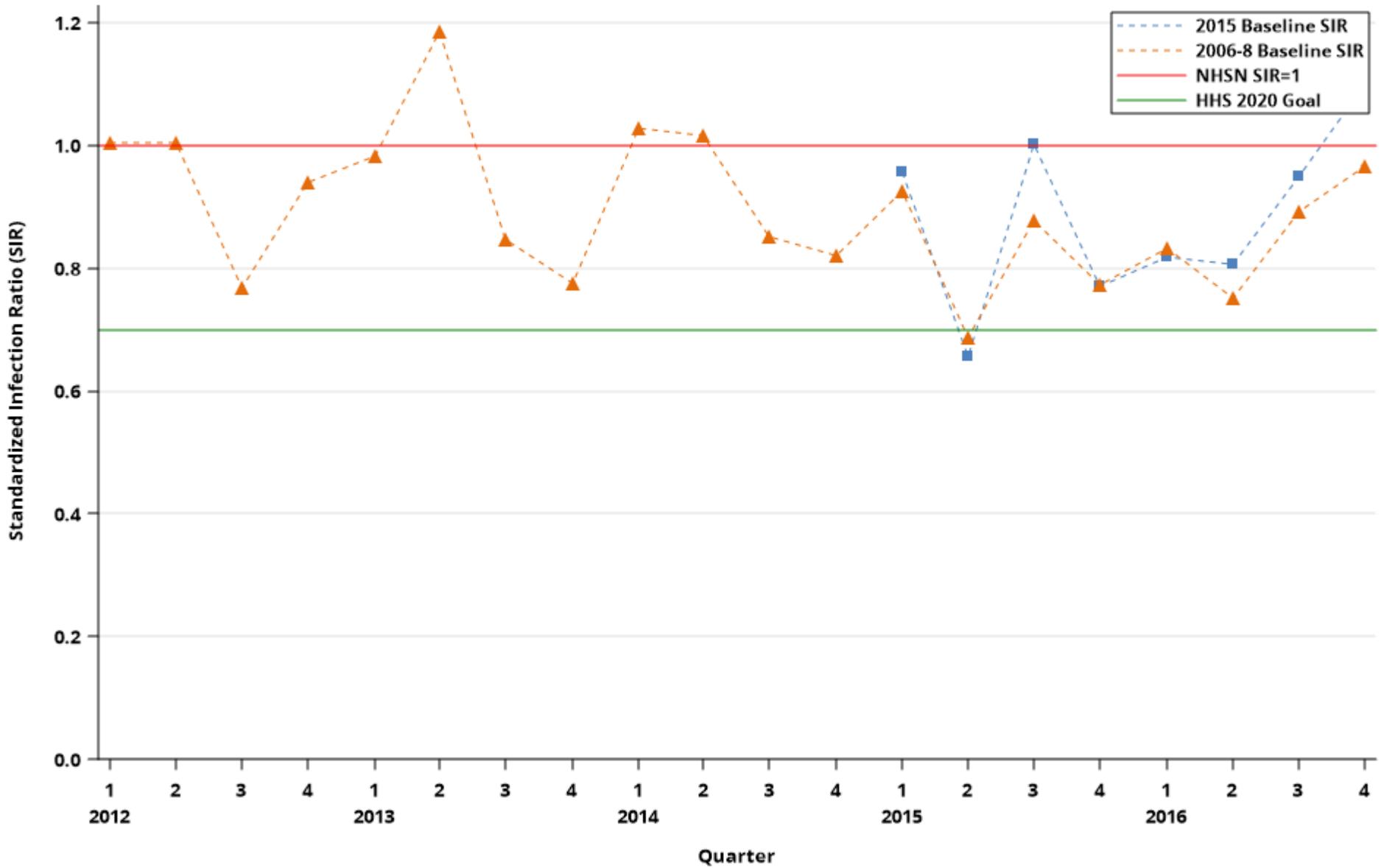
Data Reported as of November 13, 2017

Figure 56 : Colon Surgery (COLO) All Surgical Site Infection (SSI) Standardized Infection Ratio (SIR) by Quarter, Tennessee, 01/01/2012–12/31/2016



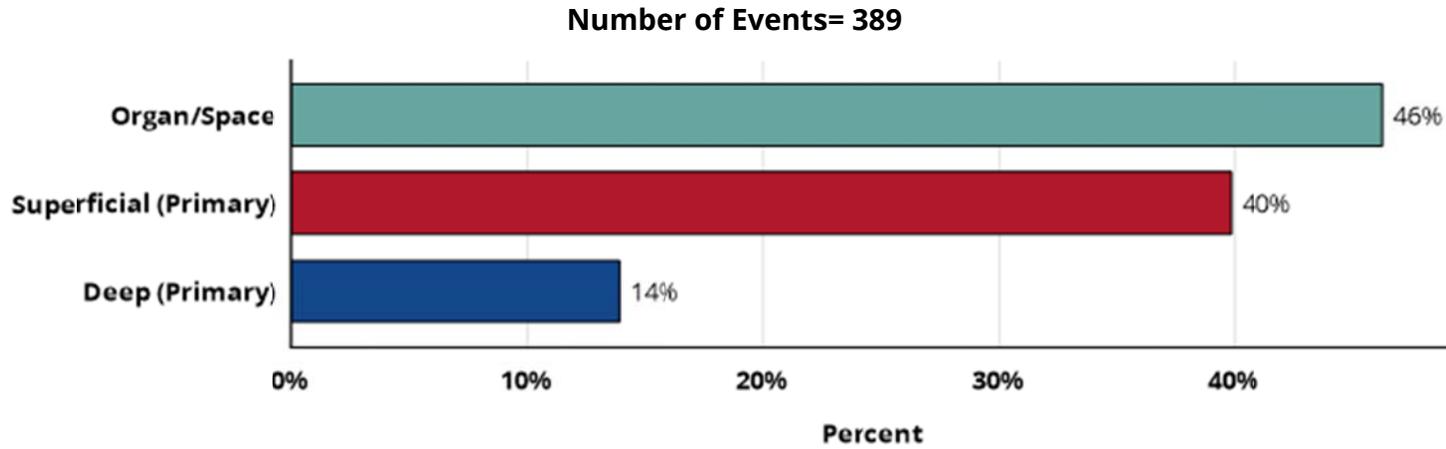
Data Reported as of November 13, 2017

Figure 57 : Colon Surgery (COLO) Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratio (SIR) by Quarter, Tennessee, 01/01/2012–12/31/2016



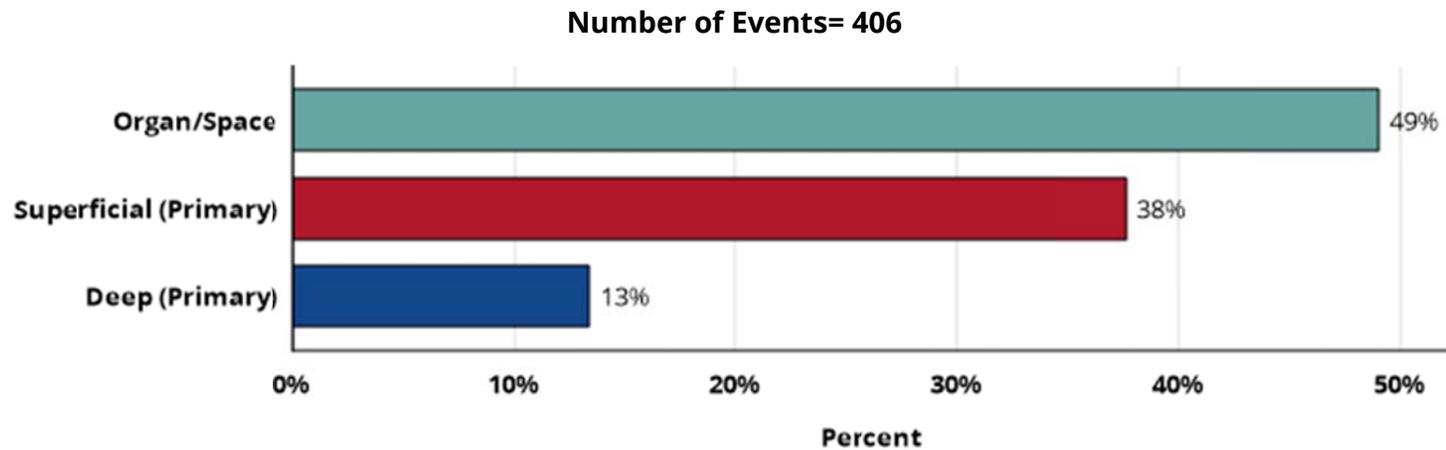
Data Reported as of November 13, 2017

Figure 58 : Colon Surgery (COLO) Surgical Site Infections by Site, Tennessee, 01/01/2015-12/31/2015



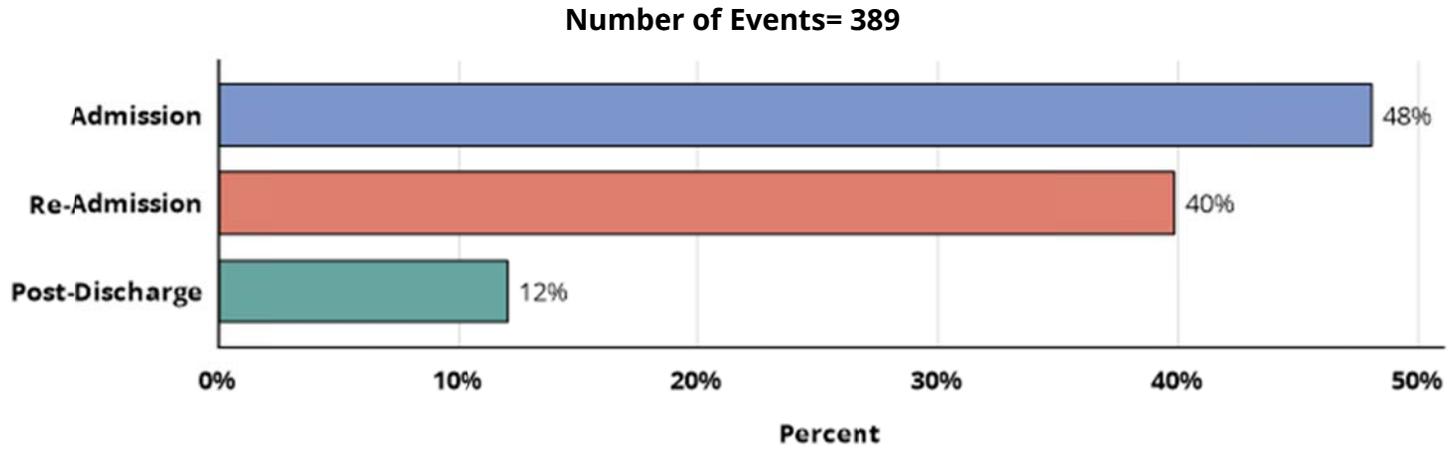
*Data Reported as of November 13, 2017*

Figure 59 : Colon Surgery (COLO) Surgical Site Infections by Site, Tennessee, 01/01/2016-12/31/2016



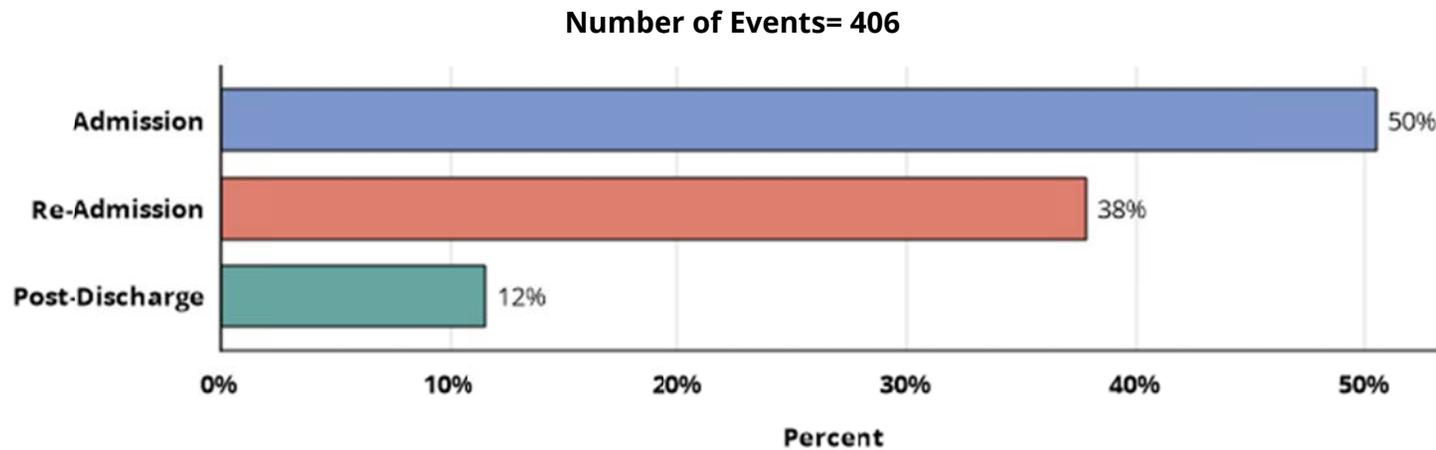
*Data Reported as of November 13, 2017*

Figure 60 : Colon Surgery (COLO) Surgical Site Infections Detection, Tennessee, 01/01/2015-12/31/2015



*Data Reported as of November 13, 2017*

Figure 61 : Colon Surgery (COLO) Surgical Site Infections Detection, Tennessee, 01/01/2016-12/31/2016



*Data Reported as of November 13, 2017*

**Table 41 : Colon Surgery (COLO) All and Complex Admission/Readmission (AR) Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

										DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
					No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	SIR TYPE	YEAR	No.	PROCS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	All Procedures	2016	99	8,155	334	418.77	0.80	0.72	0.89	57	7	12%	2	4%	0.00	0.45	0.70	1.01	1.42	
		2015	100	7,604	311	388.39	0.80	0.72	0.89	60	6	10%	1	2%	0.00	0.36	0.74	0.98	1.51	
	Complex A/R	2016	99	8,155	195	211.81	0.92	0.80	1.06	44	2	5%	4	9%	0.00	0.45	0.80	1.01	1.71	
		2015	100	7,604	167	197.56	0.85	0.72	0.98	45	1	2%	2	4%	0.00	0.49	0.80	1.21	1.67	

Data reported as of November 13, 2017

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than 2015 national SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than 2015 national SIR of 1.0

**Table 42 : Crude (Unadjusted) Rate of Colon Surgery (COLO) Surgical Site Infection (SSI) by Year, Tennessee, 01/01/2015 - 12/31/2016**

STATE	YEAR	No. of facilities	No. of procedures	No. of SSI	TN Rate*
Tennessee	2016	87	8,375	406	4.85
	2015	91	7,844	389	4.96

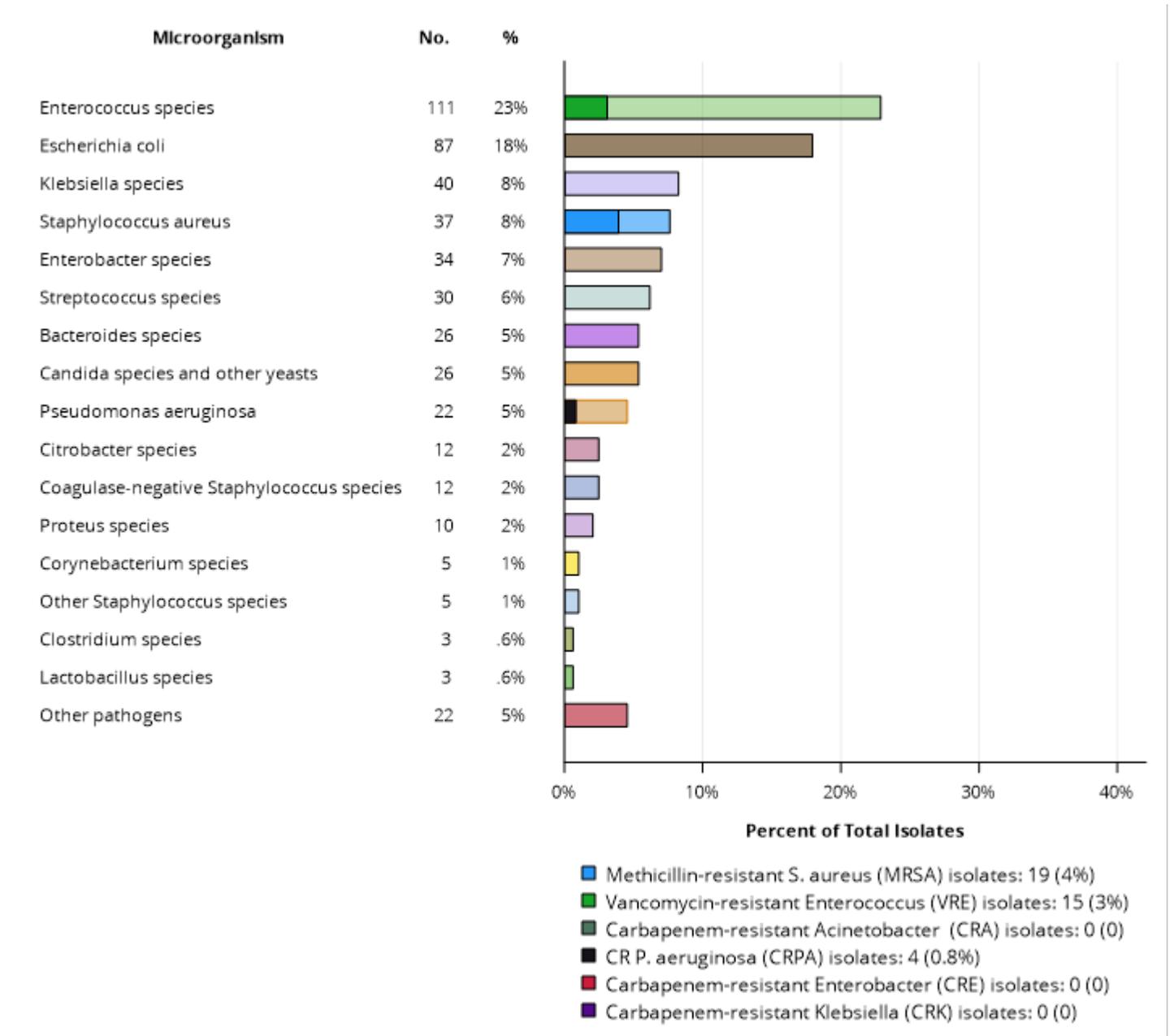
Data reported as of November 13, 2017

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

\*per 100 procedures

**Figure 62 : Microorganisms Identified from Surgical Site Infections (SSI) following Colon (COLO) Procedures, Tennessee, 01/01/2015 - 12/31/2015**

**Number of isolates=485; Number of events=389**

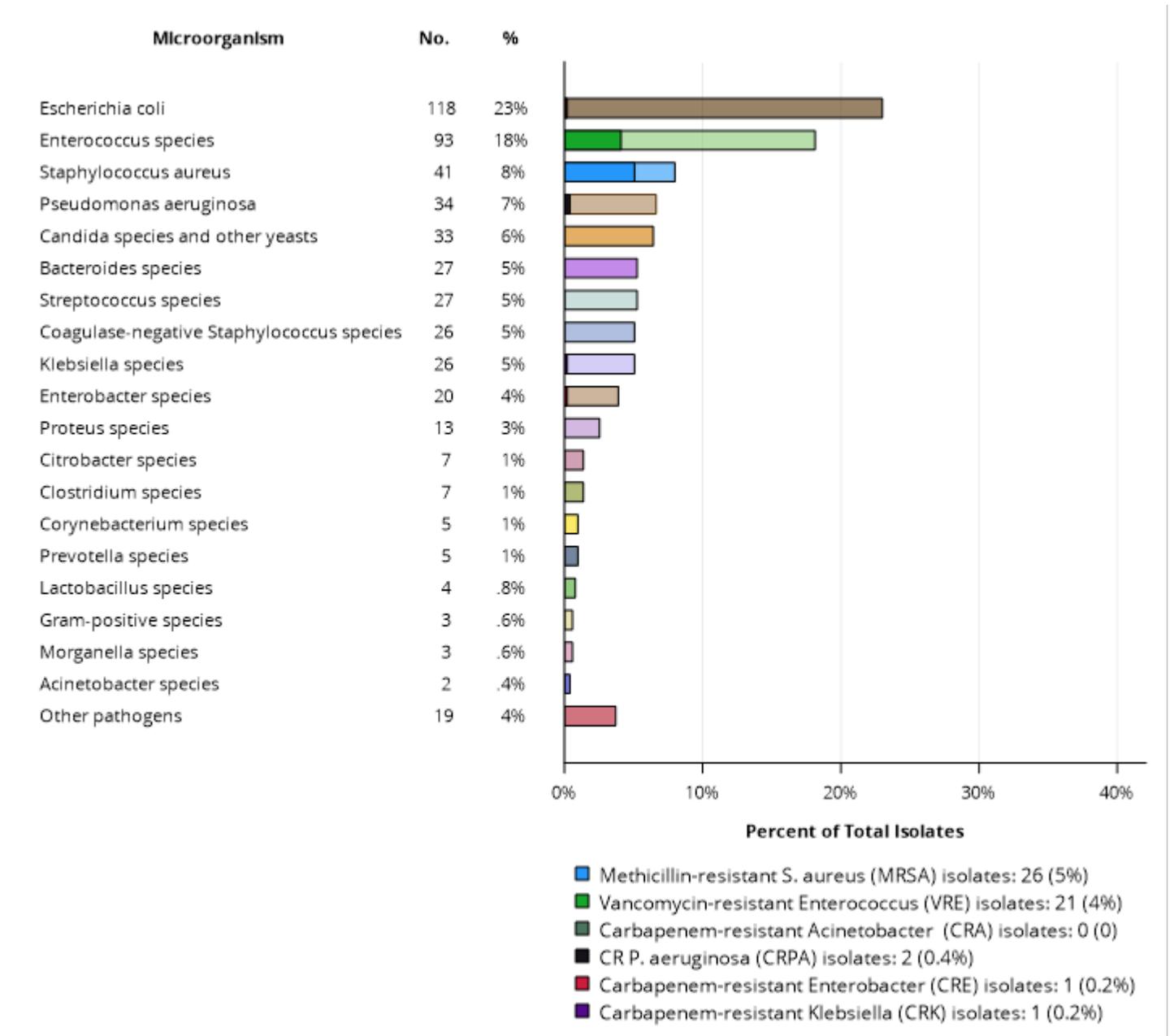


Data reported as of November 13, 2017

Other pathogens = Actinomyces spp., Diphtheroids spp., Eggerthella spp., Family spp., Fermentative spp., Finegoldia spp., Haemophilus spp., Kluverera spp., Morganella spp., Parabacteroides spp., Prevotella spp., Propionibacterium spp., Providencia spp., Raoultella spp., Serratia spp., Trichosporon spp

**Figure 63 : Microorganisms Identified from Surgical Site Infections (SSI) following Colon (COLO) Procedures, Tennessee, 01/01/2016 - 12/31/2016**

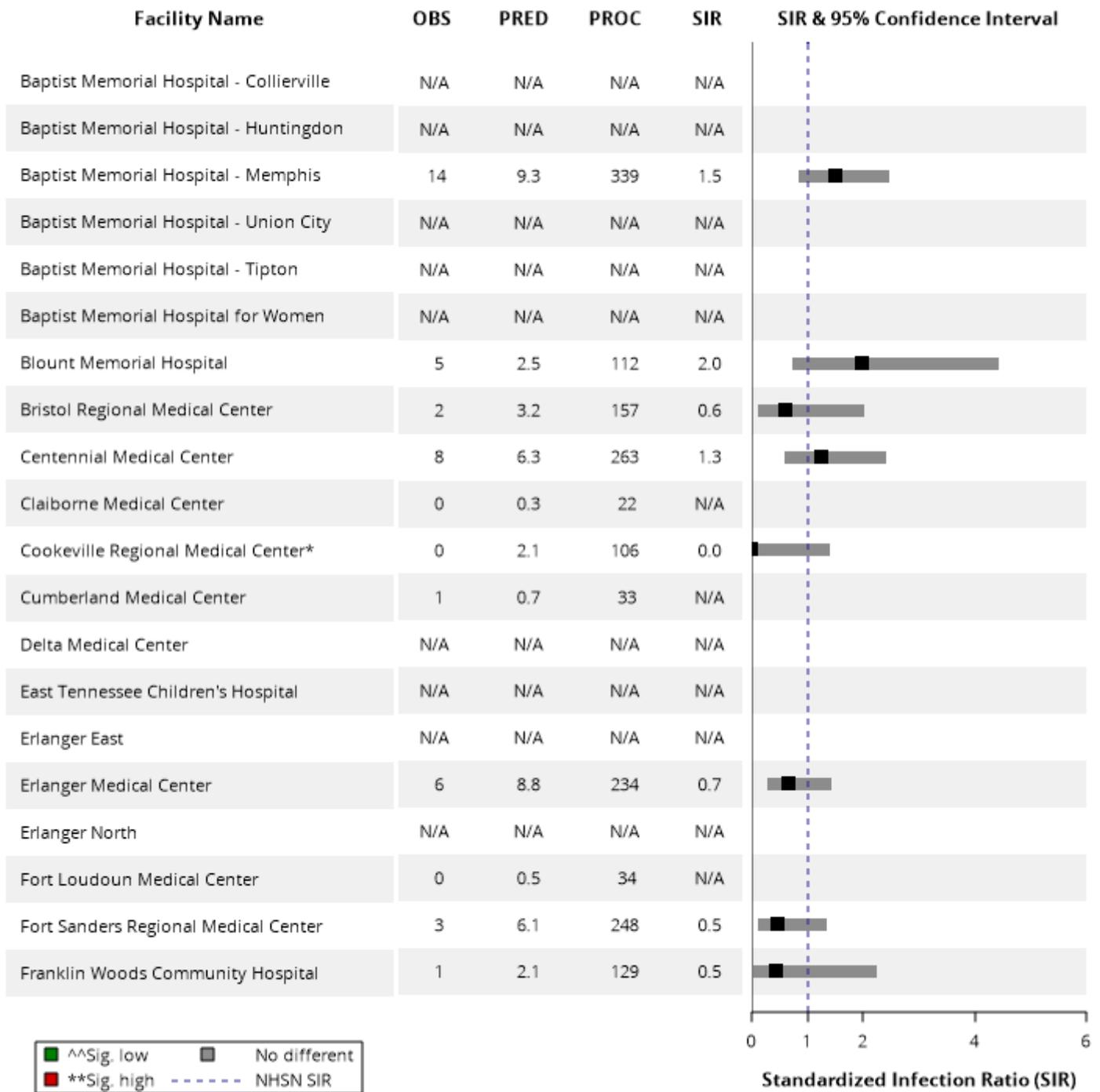
**Number of isolates=513; Number of events=406**



Data reported as of November 13, 2017

Other pathogens = Actinomyces spp., Finegoldia spp., Fusobacterium spp., Gram-negative spp., Gram-positive spp., Hafnia spp., Kluyvera spp., Pantoea spp., Parvimonas spp., Peptostreptococcus spp., Propionibacterium spp., Providencia spp., Serratia spp., Stenotrophomonas spp., Veillonella spp., gamma-hemolytic spp.,

**Figure 64 : Colon Surgery (COLO) Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) in Acute Care Hospitals, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

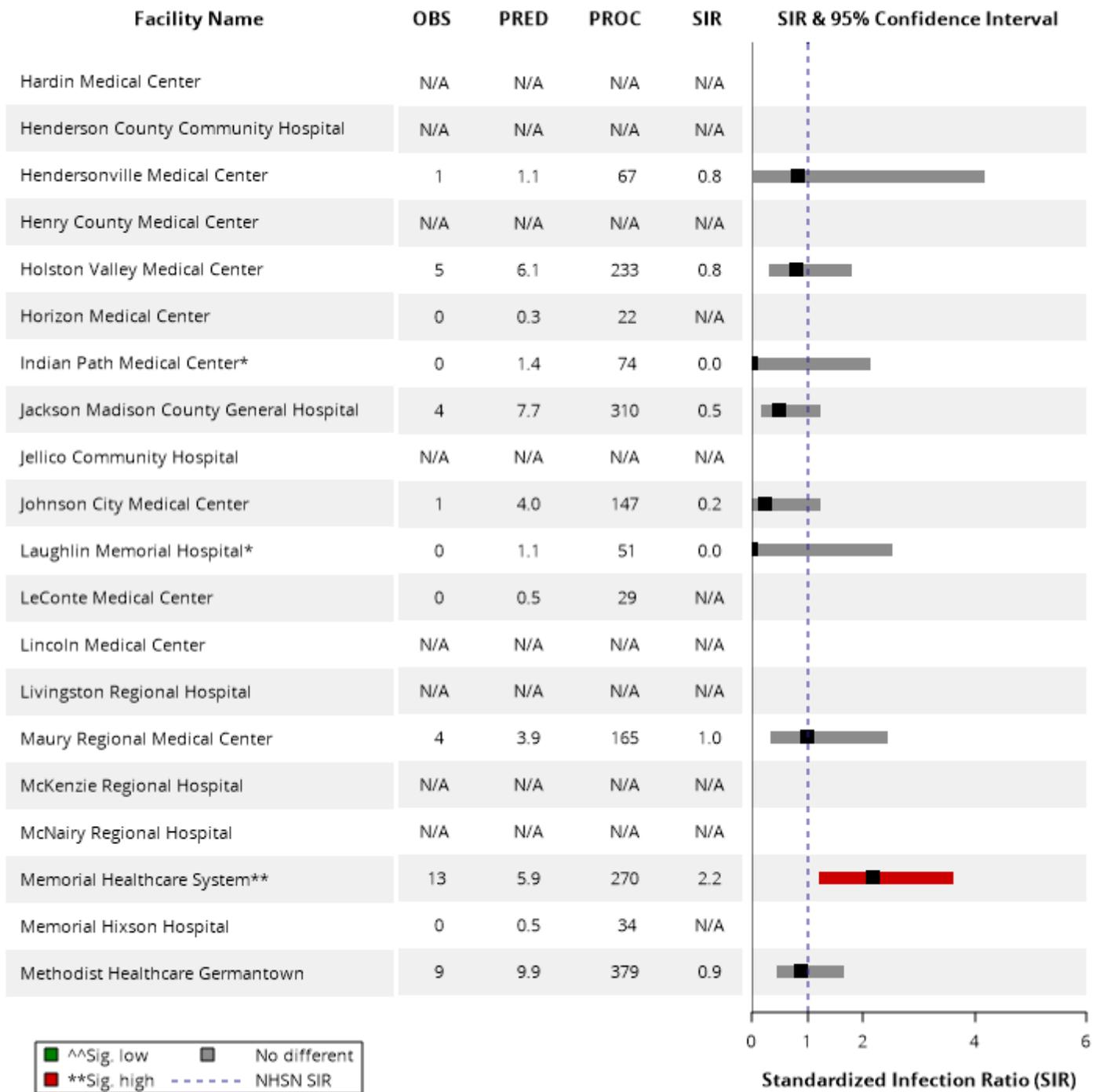
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 64 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

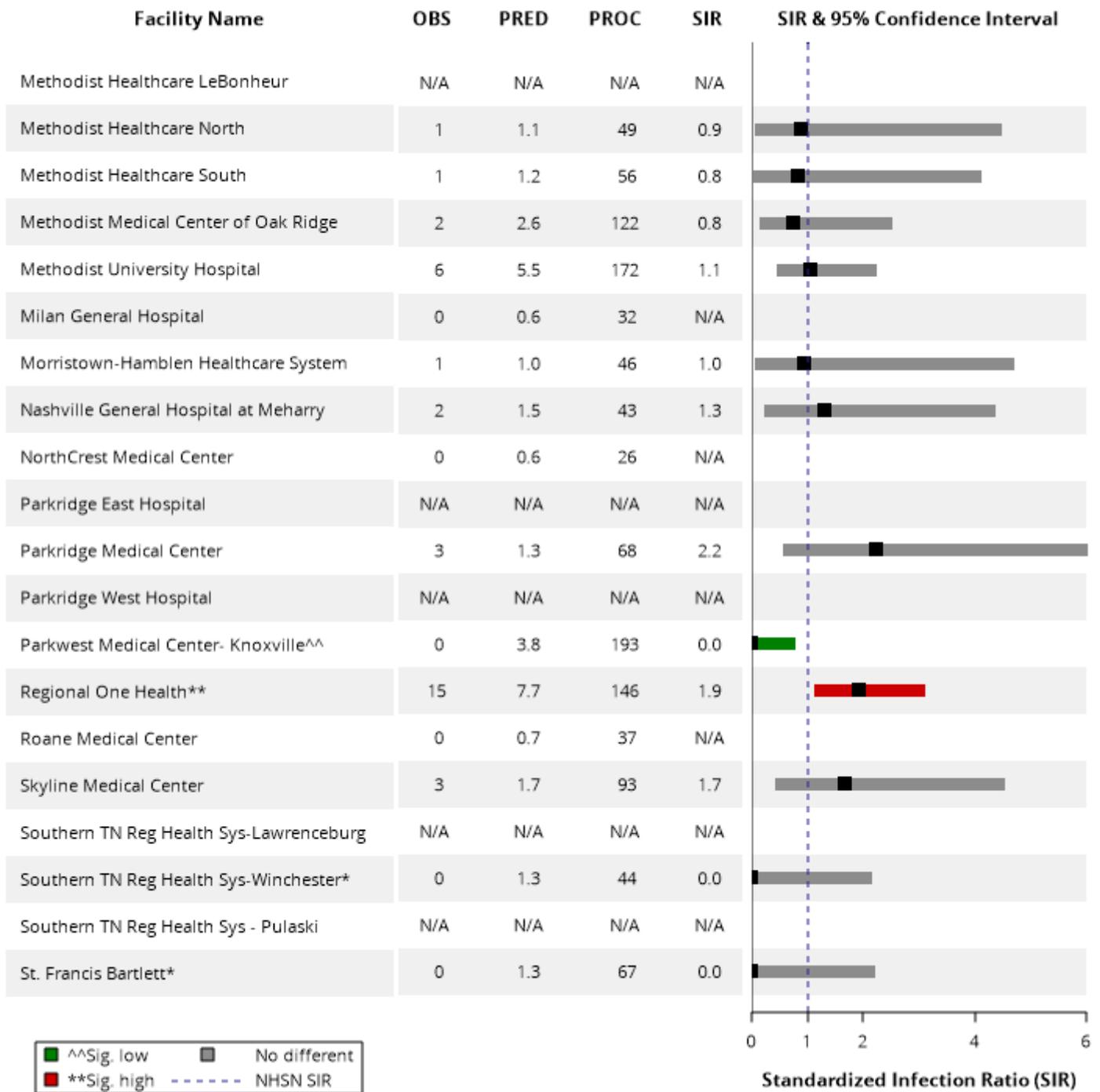
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 64 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

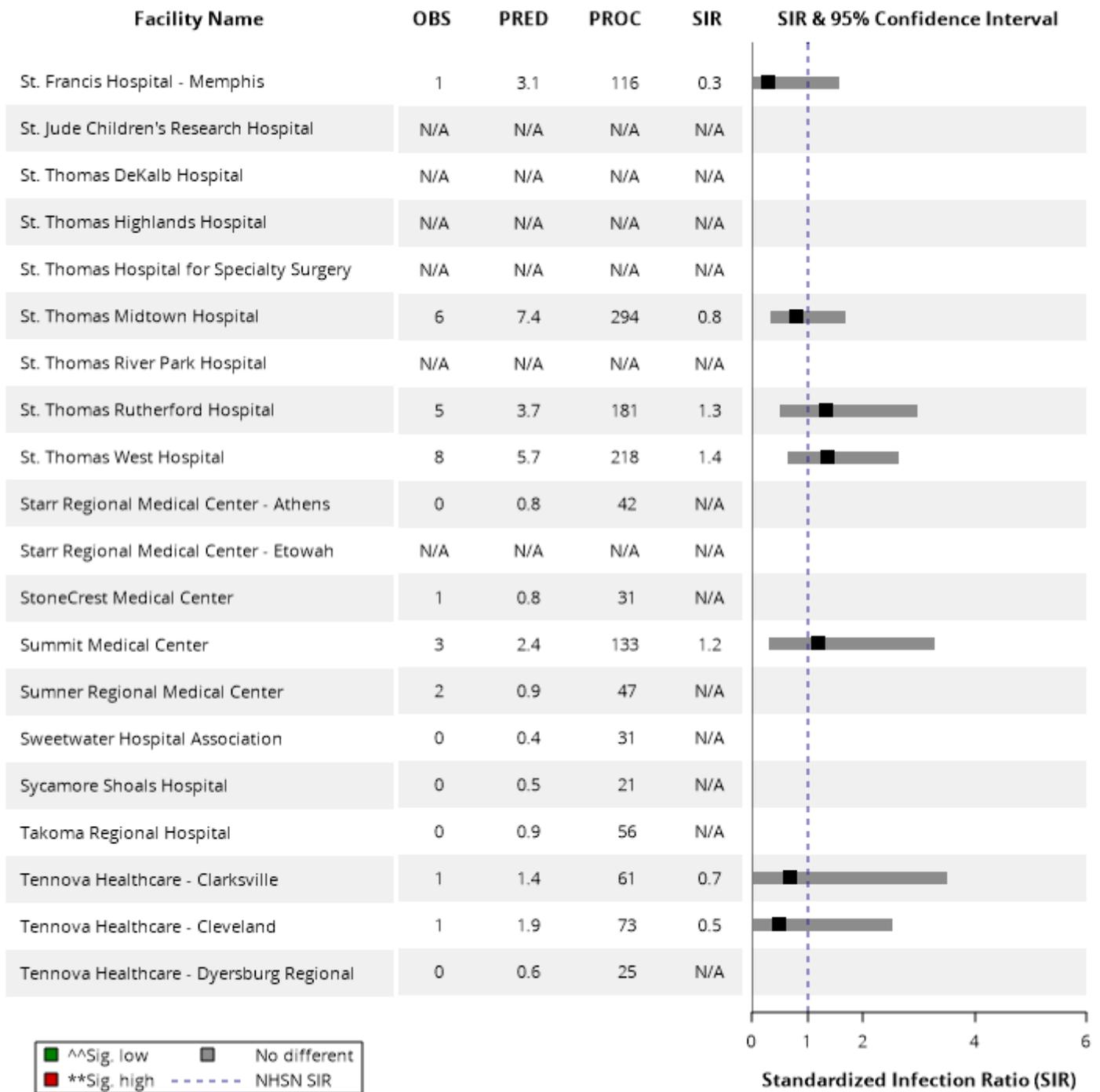
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 64 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

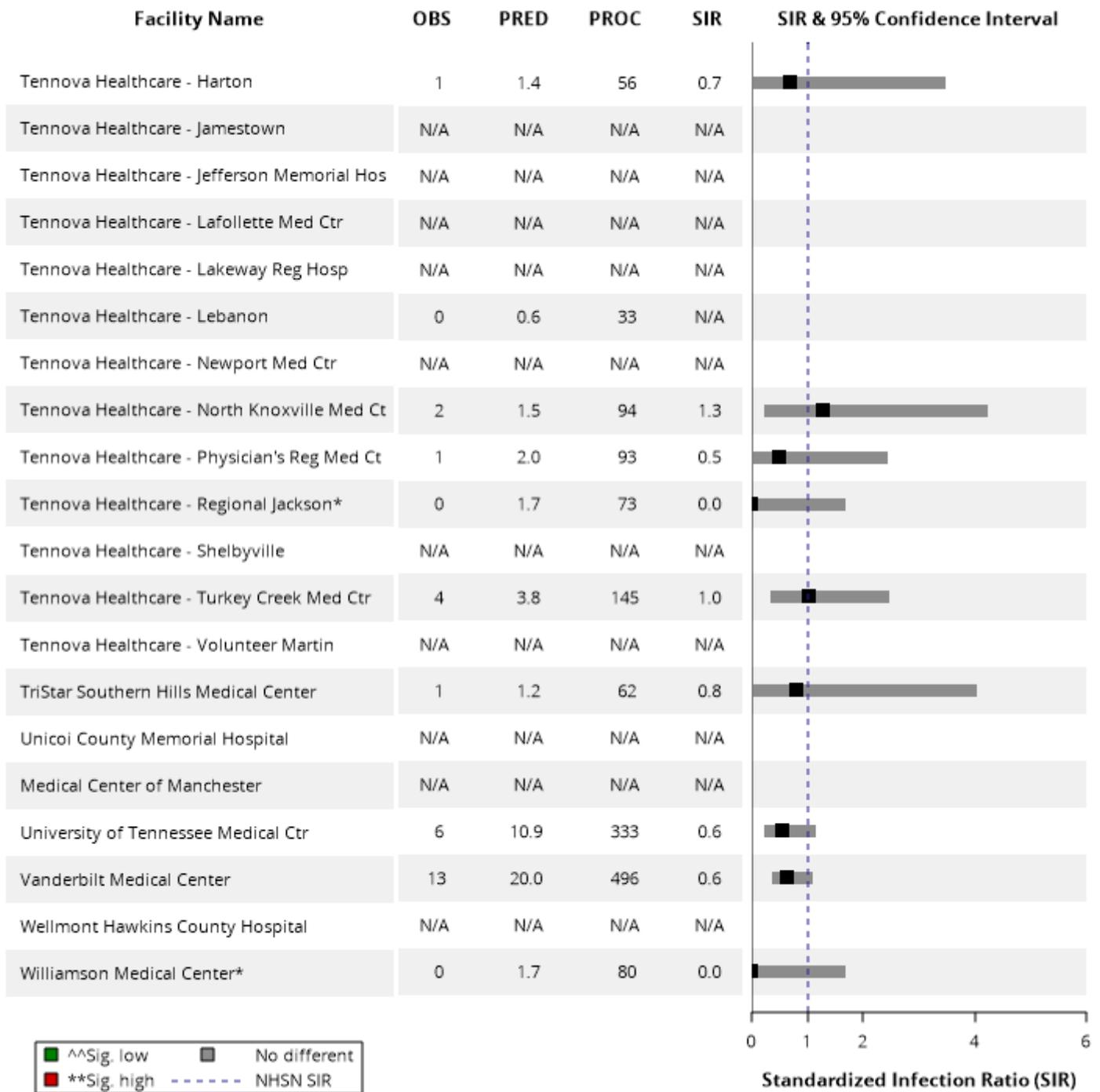
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 64 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

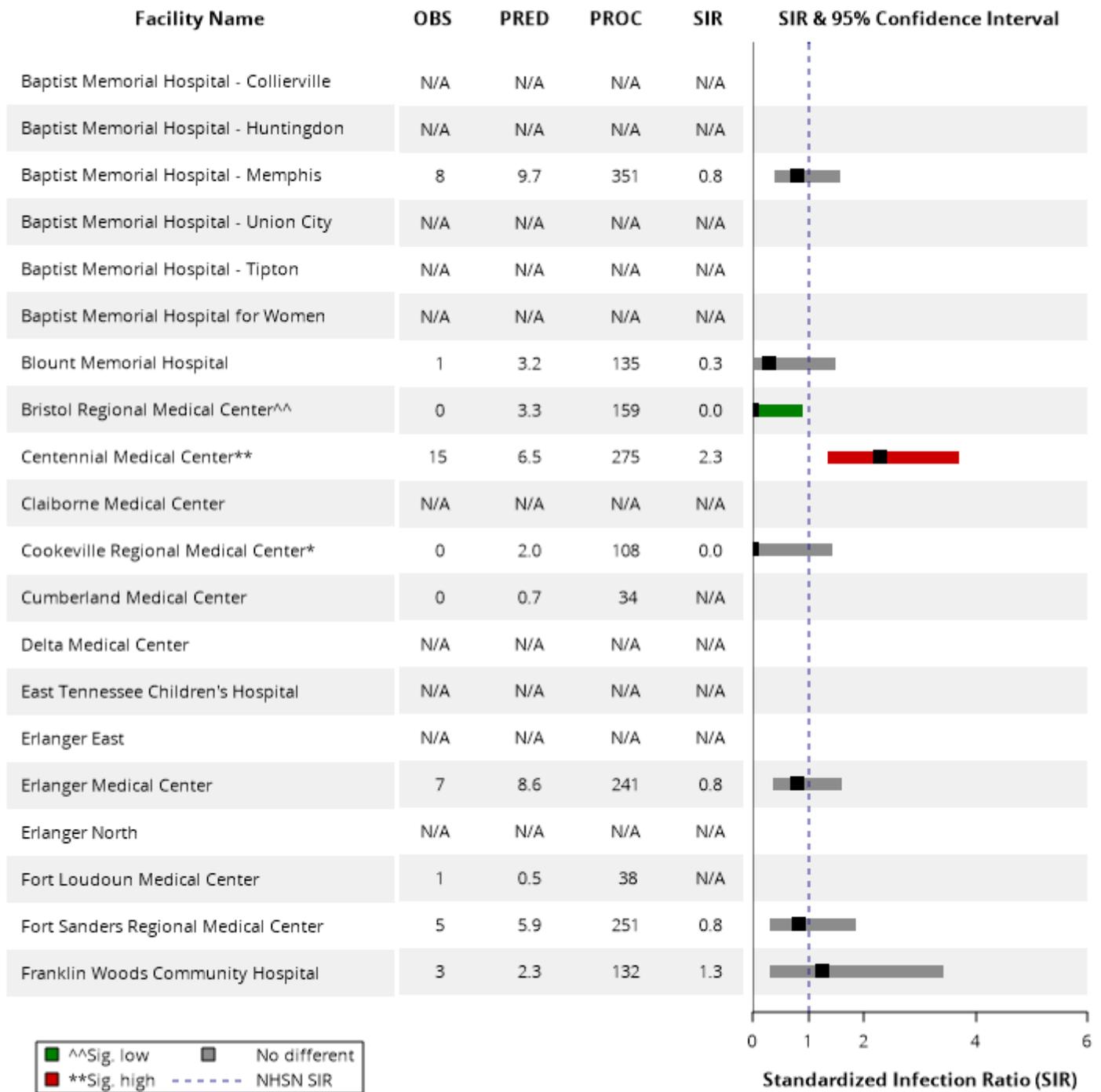
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Figure 65 : Colon Surgery (COLO) Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) in Acute Care Hospitals, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

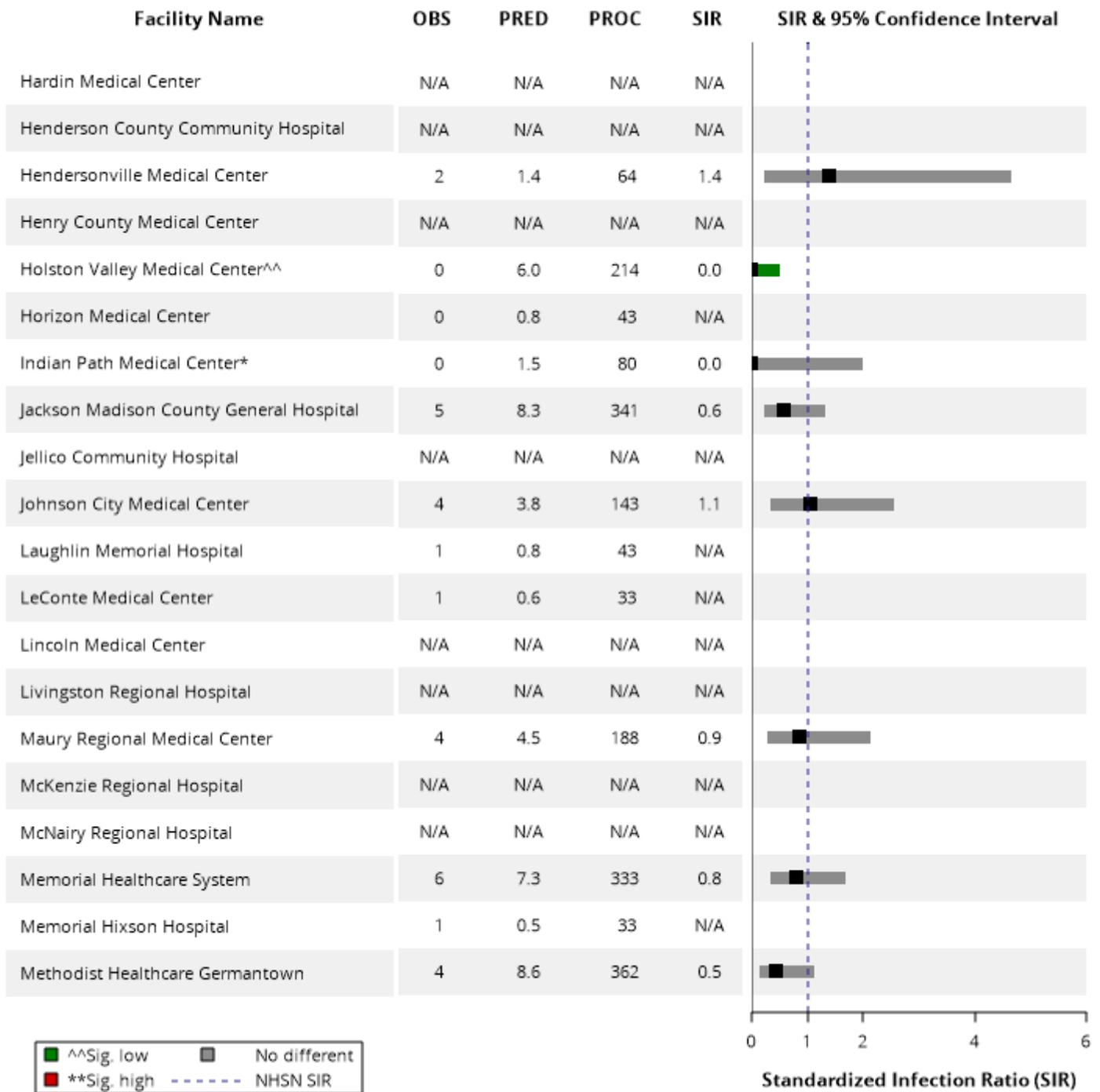
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 65 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

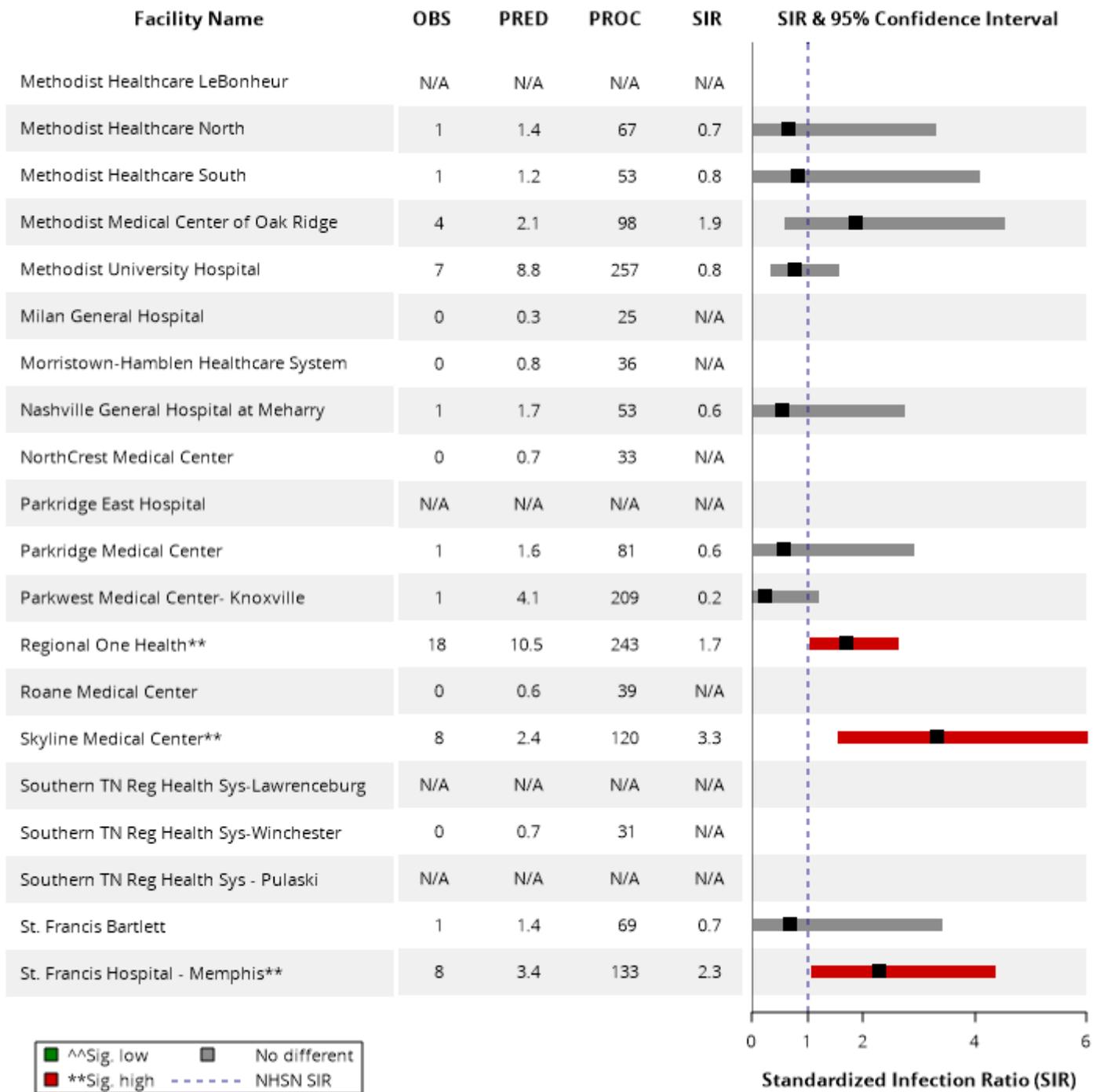
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 65 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

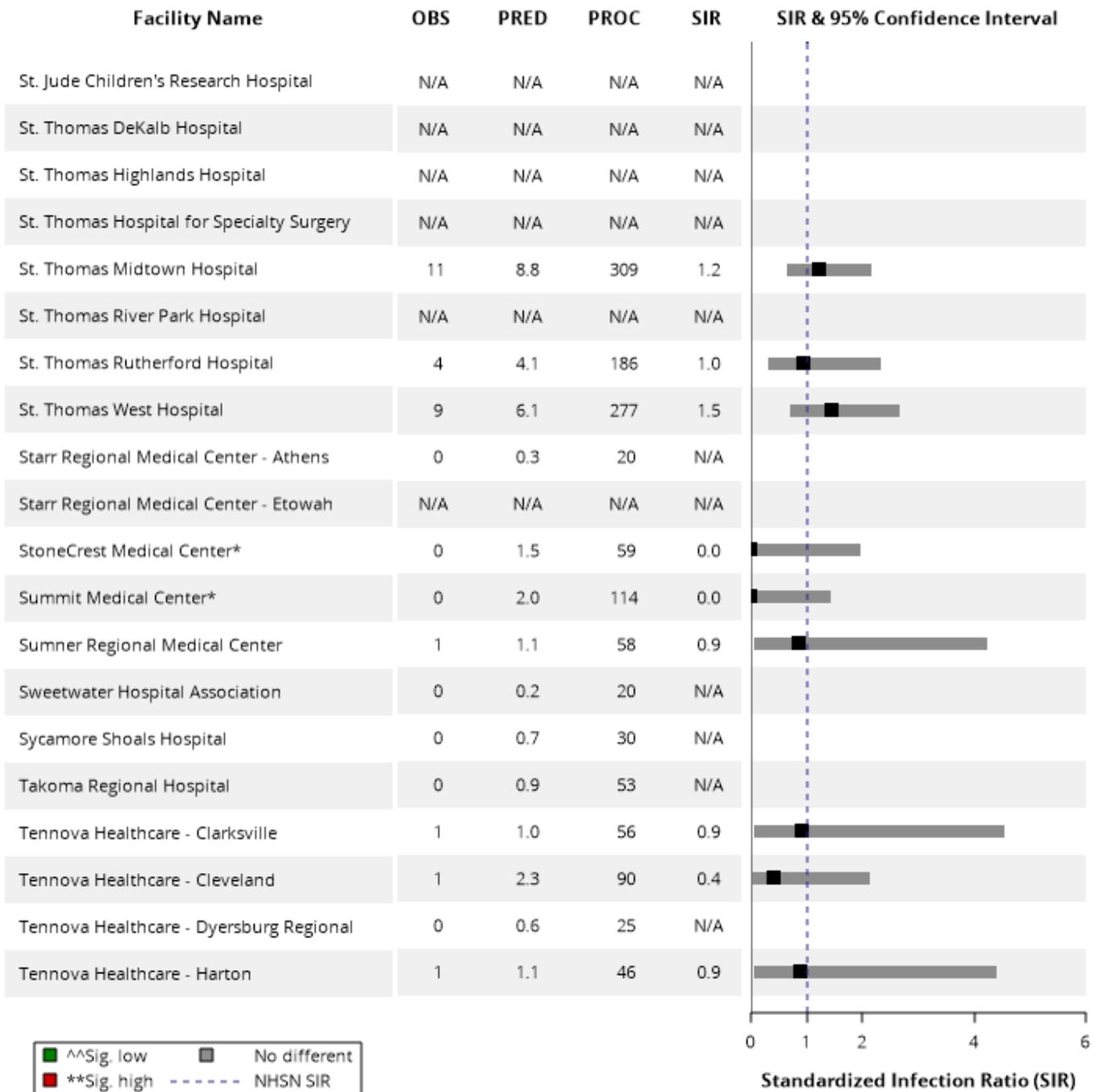
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 65 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

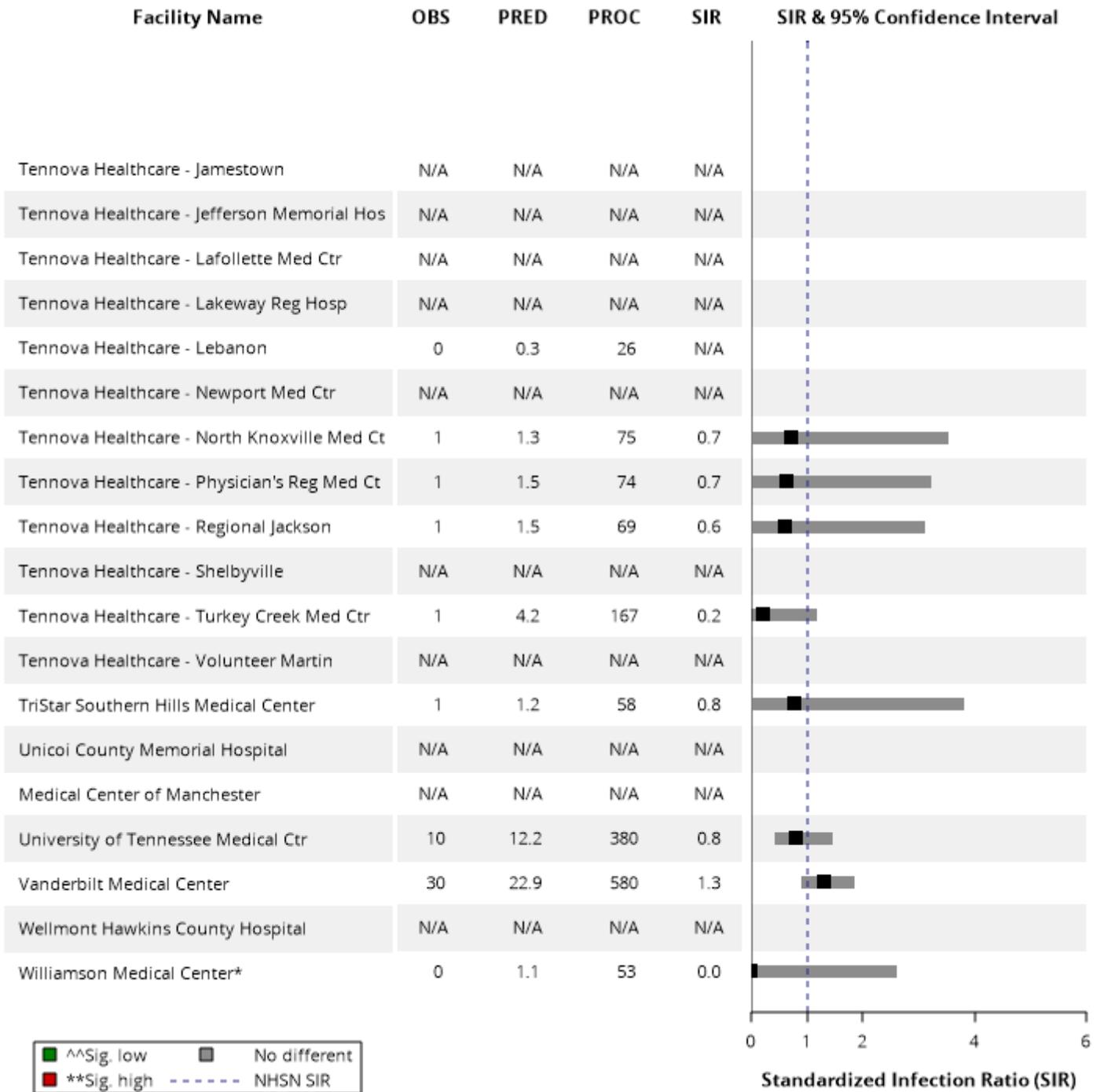
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 65 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

# Surgical Site Infections (SSI)

## *Abdominal Hysterectomy Procedures*

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

**Total number of facilities reporting from January-December 2015: 100**

**Total number of facilities reporting from January-December 2016: 99**

**SIRs by Quarter ([Figure 66](#), [Figure 67](#), [Figure 68](#))**

- From January-March 2015 to October-December 2016, the combined All SSI SIR fluctuated over time with a high of 1.25 and a low of 0.63. The Complex A/R SIR fluctuated from a high of 1.45 and a low of 0.53. The U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>28</sup> gives a five-year (2020) prevention target of SIR = 0.70.

**Key percentiles for Tennessee SIRs ([Table 43](#), [Table 44](#))**

- The All SSI SIR for SSIs related to HYST procedures in Tennessee from January-December 2015 was not statistically significantly different than the national SIR of 1 (SIR=0.95; 95% CI: 0.79, 1.14). The All SSI SIR for SSIs related to HYST procedures in Tennessee from January-December 2016 was not statistically significantly different than the national SIR of 1 (SIR=1.03; 95% CI: 0.87, 1.22).
- From January-December 2015, the median All SSI SIR for HYST procedures was 0.73, indicating that half of reporting facilities with at least 1 predicted infection had an All SSI SIR at or above 0.73. From January-December 2016, the median All SSI SIR for HYST procedures was 0.80.
- The Complex A/R SIR for SSIs related to HYST procedures in Tennessee from January-December 2015 was not significantly different from the 2015 national SIR of 1 (SIR=1.14; 95% CI: 0.88, 1.44). The Complex A/R SIR for SSIs related to HYST procedures in Tennessee from January-December 2016 was not significantly different from the 2015 national SIR of 1 (SIR=1.04; 95% CI: 0.81, 1.33).
- From January-December 2015, the median Complex A/R SIR for HYST procedures was 0.69, indicating that half of reporting facilities with at least 1 predicted infection had a Complex A/R SIR at or above 0.69. From January-December 2016, the median Complex A/R SIR for HYST procedures was 0.84.

**Rates, Infection Sites, and Detection ([Figure 69](#), [Figure 70](#), [Figure 71](#), [Figure 72](#))**

- In 2015, 119 SSIs were reported among 9,012 abdominal hysterectomies in Tennessee, for a crude rate of 1.32 infections per 100 operations. In 2016, 139 SSIs were reported among 9,636 abdominal hysterectomies in Tennessee, for a crude rate of 1.44 infections per 100 operations.
- Overall in 2015, SSIs related to abdominal hysterectomies were most often organ/space (50%) and superficial primary (40%). SSIs related to abdominal hysterectomies were least often deep primary infections (9%). SSIs related to abdominal hysterectomies were most often identified upon readmission (78%).

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<sup>28</sup> <http://www.hhs.gov/ash/initiatives/hai/actionplan/>

- In 2016, SSIs related to abdominal hysterectomies were most often organ/space (48%) and superficial primary (43%). SSIs related to abdominal hysterectomies were least often deep primary infections (9%). SSIs related to abdominal hysterectomies were most often identified upon readmission (71%).

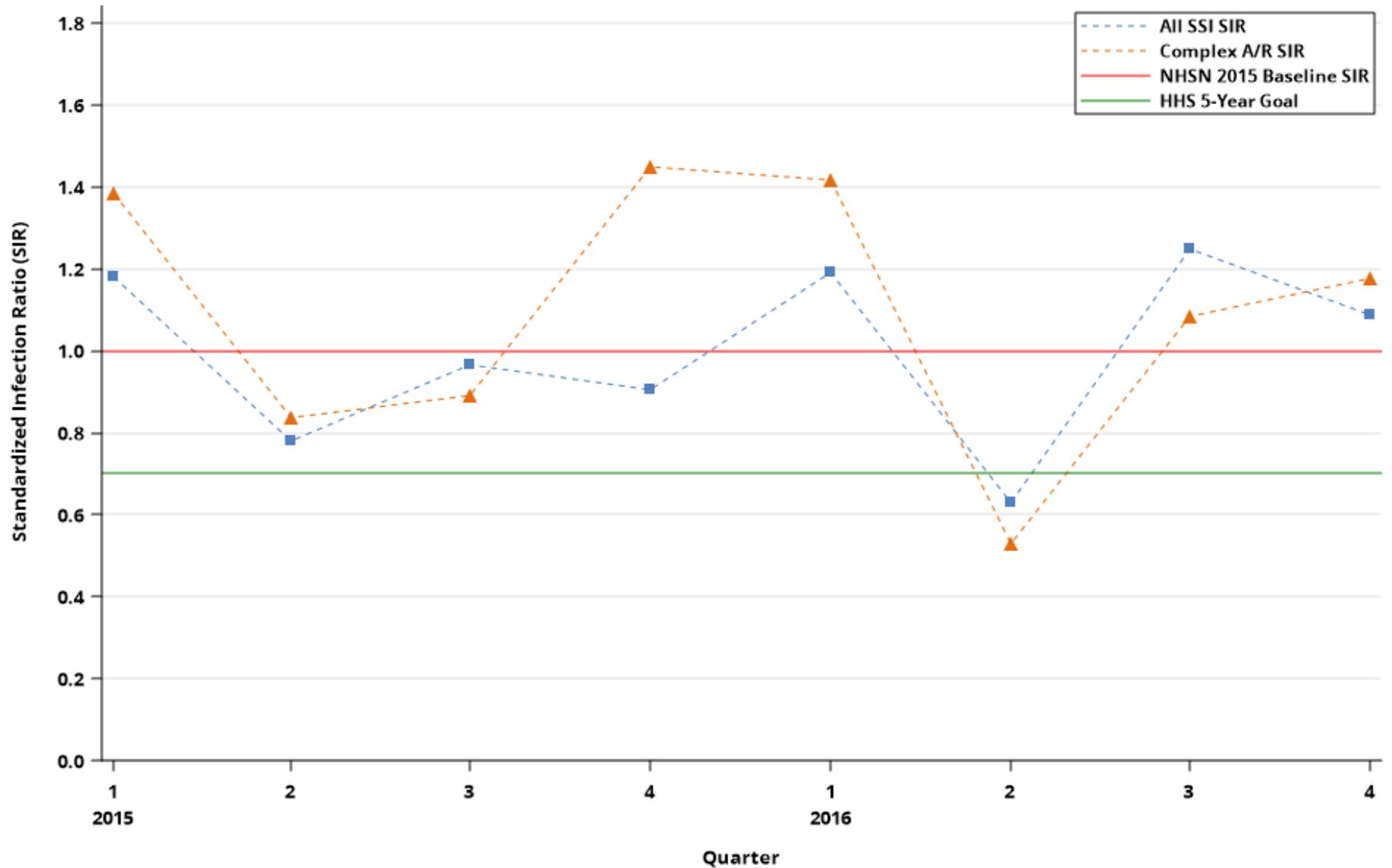
#### **Microorganisms associated with SSIs following Abdominal Hysterectomy Procedures (Figure 73, Figure 74)**

- Among the 134 pathogens isolated from 119 SSIs following abdominal hysterectomies in 2015, the most common pathogens were *Staphylococcus aureus* (19%), Streptococcus species (11%) and *Enterococcus* species (10%), Methicillin-resistant *Staphylococcus aureus* (MRSA) accounted for 8% of total isolates.
- Among the 138 pathogens isolated from 139 SSIs following abdominal hysterectomies in 2016, the most common pathogens were *Enterococcus* species (19%), *Staphylococcus aureus* (15%), *Escherichia coli* (12%), and Methicillin-resistant *Staphylococcus aureus* (MRSA) accounted for 5% of total isolates, and carbapenem-resistant *Pseudomonas aeruginosa* accounted for 1% of total positive isolates.

#### **Facility-Specific SIRs (Figure 75, Figure 76)**

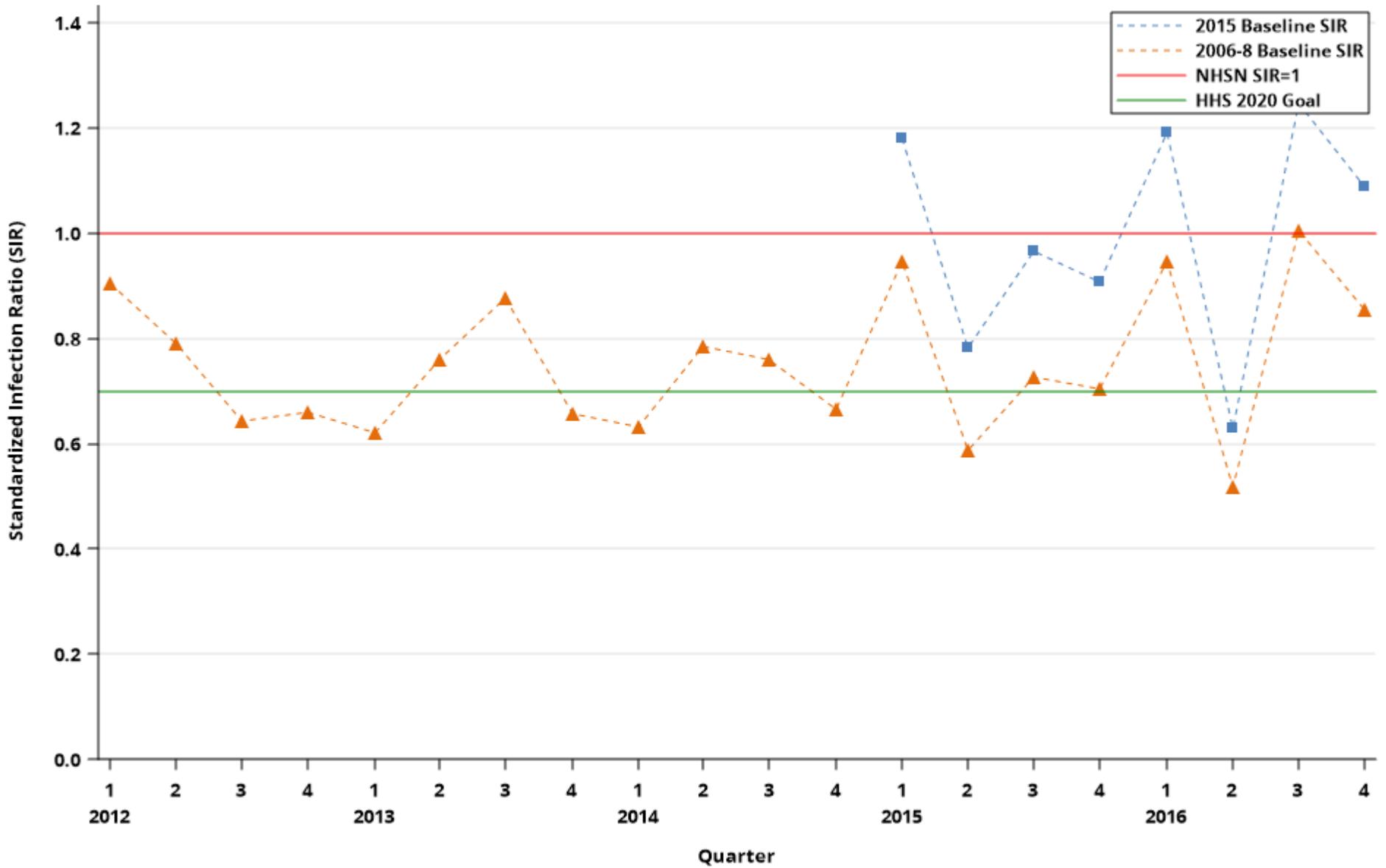
- The Complex A/R SIR for SSIs related to HYST procedures that accounts for all qualifying abdominal hysterectomies performed at a given facility in 2015 and 2016 is displayed in [Figure 75](#) and [Figure 76](#). The bar representing the confidence interval is green if the Complex A/R SIR for SSIs related to HYST procedures was significantly lower than the national SIR of 1 for 2015 and red if the SIR was significantly higher than 1. Some hospitals reported zero SSIs (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of procedures performed.
- In 2015, no facilities had a Complex A/R SIR for SSIs related to HYST procedures that was statistically significantly lower than the 2015 national baseline SIR of 1. One facility had a Complex A/R SIR that was statistically significantly higher than the baseline SIR. In 2016, no facilities had a Complex A/R SIR for SSIs related to HYST procedures that was statistically significantly lower than the 2015 national baseline SIR of 1. One facility had a Complex A/R SIR that was statistically significantly higher than the baseline SIR.

**Figure 66 : Abdominal Hysterectomy (HYST) All and Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]**



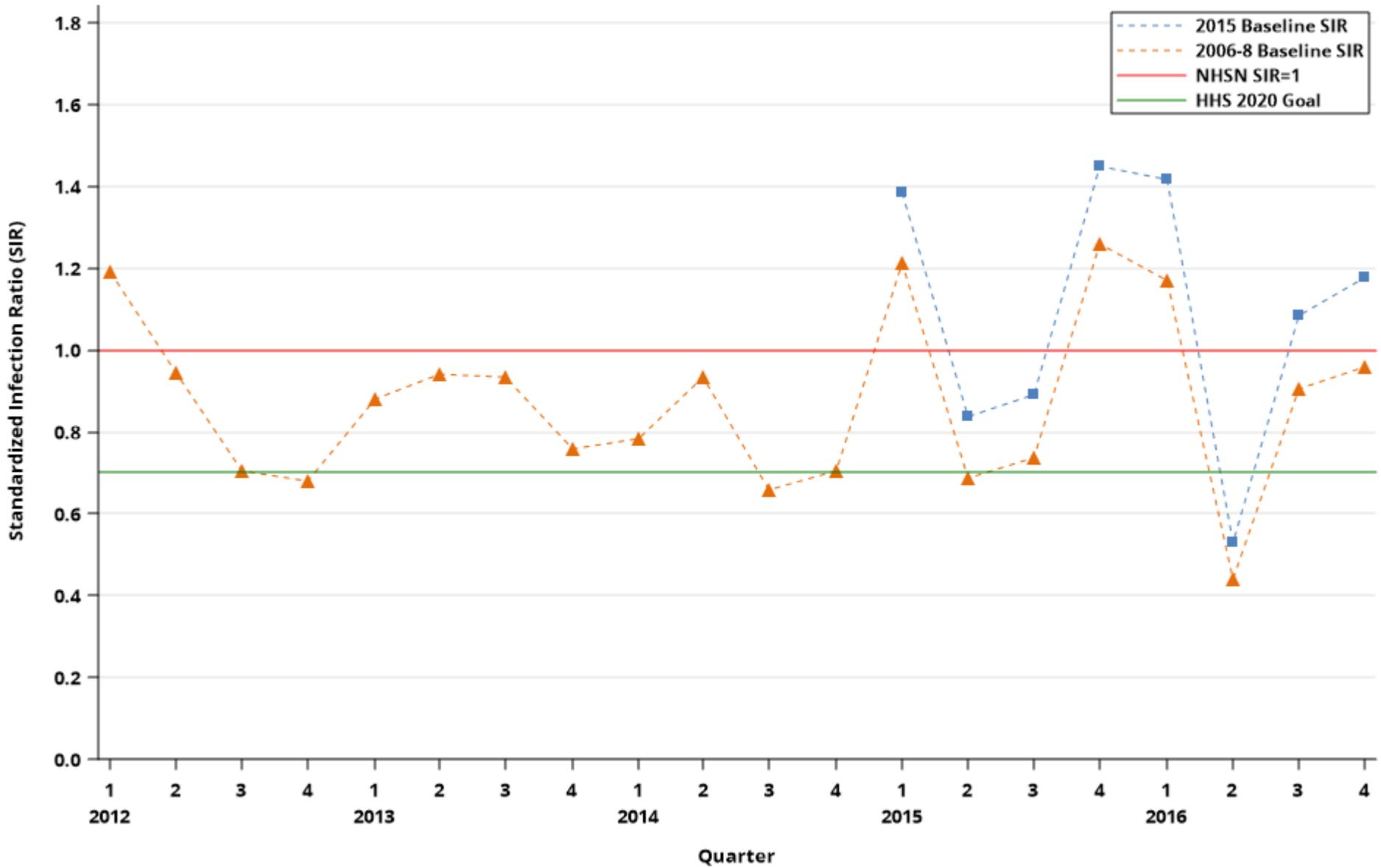
Data Reported as of November 13, 2017

Figure 67 : Abdominal Hysterectomy (HYST) All Surgical Site Infection (SSI) Standardized Infection Ratio (SIR) by Quarter, Tennessee, 01/01/2012–12/31/2016



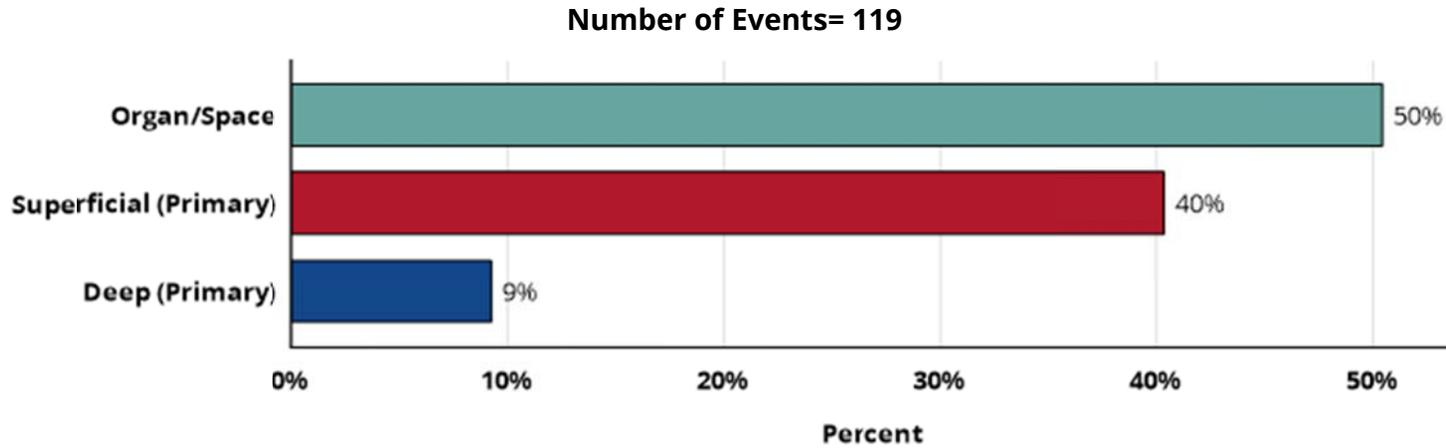
Data Reported as of November 13, 2017

**Figure 68 : Abdominal Hysterectomy (HYST) Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratio (SIR) by Quarter, Tennessee, 01/01/2012-12/31/2016**



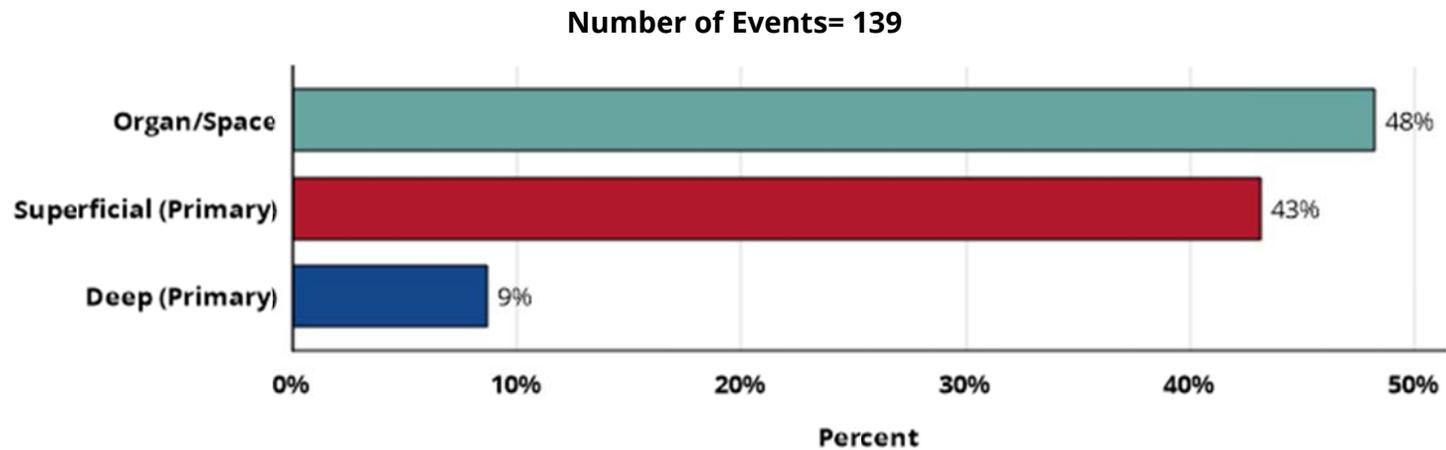
Data Reported as of November 13, 2017

Figure 69 : Abdominal Hysterectomy (HYST) Surgical Site Infections by Site, Tennessee, 01/01/2015–12/31/2015



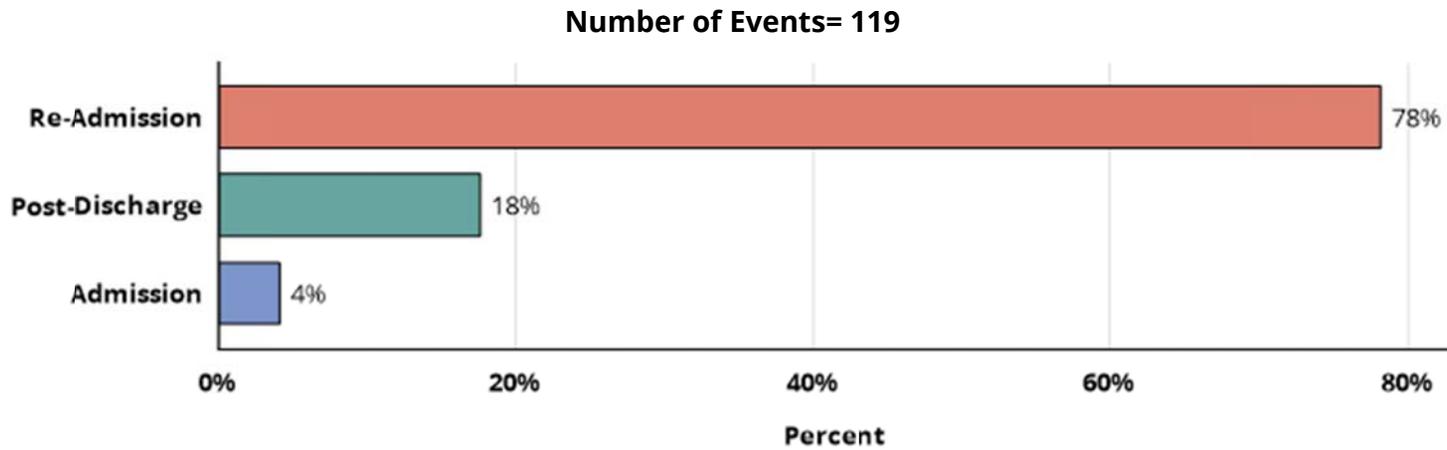
Data Reported as of November 13, 2017

Figure 70 : Abdominal Hysterectomy (HYST) Surgical Site Infections by Site, Tennessee, 01/01/2016–12/31/2016



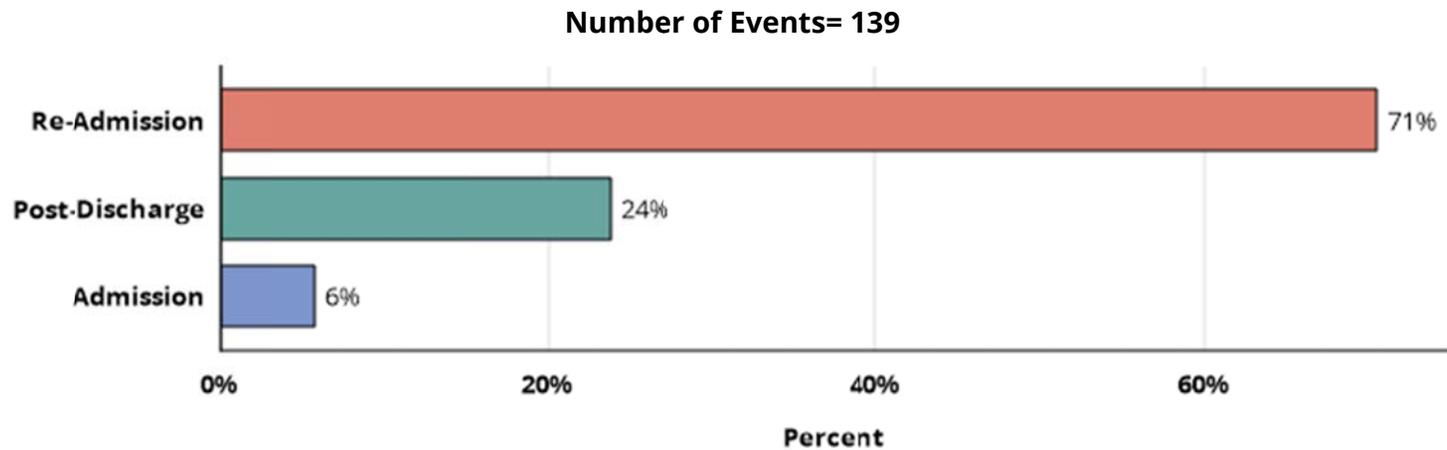
Data Reported as of November 13, 2017

Figure 71 : Abdominal Hysterectomy (HYST) Surgical Site Infections Detection, Tennessee, 01/01/2015-12/31/2015



Data Reported as of November 13, 2017

Figure 72 : Abdominal Hysterectomy (HYST) Surgical Site Infections Detection, Tennessee, 01/01/2016-12/31/2016



Data Reported as of November 13, 2017

**Table 43 : Abdominal Hysterectomy (HYST) All and Complex Admission/Readmission (AR) Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

										DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
					No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	SIR TYPE	YEAR	No.	PROCS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	All Procedures	2016	99	9,558	135	130.61	1.03	0.87	1.22	31	1	3%	2	6%	0.00	0.43	0.80	1.81	1.95	
		2015	100	8,934	115	120.56	0.95	0.79	1.14	30	0	0%	1	3%	0.00	0.48	0.73	1.23	1.67	
	Complex A/R	2016	99	9,558	62	59.37	1.04	0.81	1.33	16	0	0%	1	6%	0.00	0.51	0.84	1.26	2.41	
		2015	100	8,934	64	56.35	1.14	0.88	1.44	13	0	0%	1	8%	0.00	0.00	0.69	1.03	2.60	

Data reported as of November 13, 2017

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than 2015 national SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than 2015 national SIR of 1.0

**Table 44 : Crude (Unadjusted) Rate of Abdominal Hysterectomy (HYST) Surgical Site Infection (SSI) by Year, Tennessee, 01/01/2015 - 12/31/2016**

STATE	YEAR	No. of facilities	No. of procedures	No. of SSI	TN Rate*
Tennessee	2016	81	9,636	139	<b>1.44</b>
	2015	81	9,012	119	<b>1.32</b>

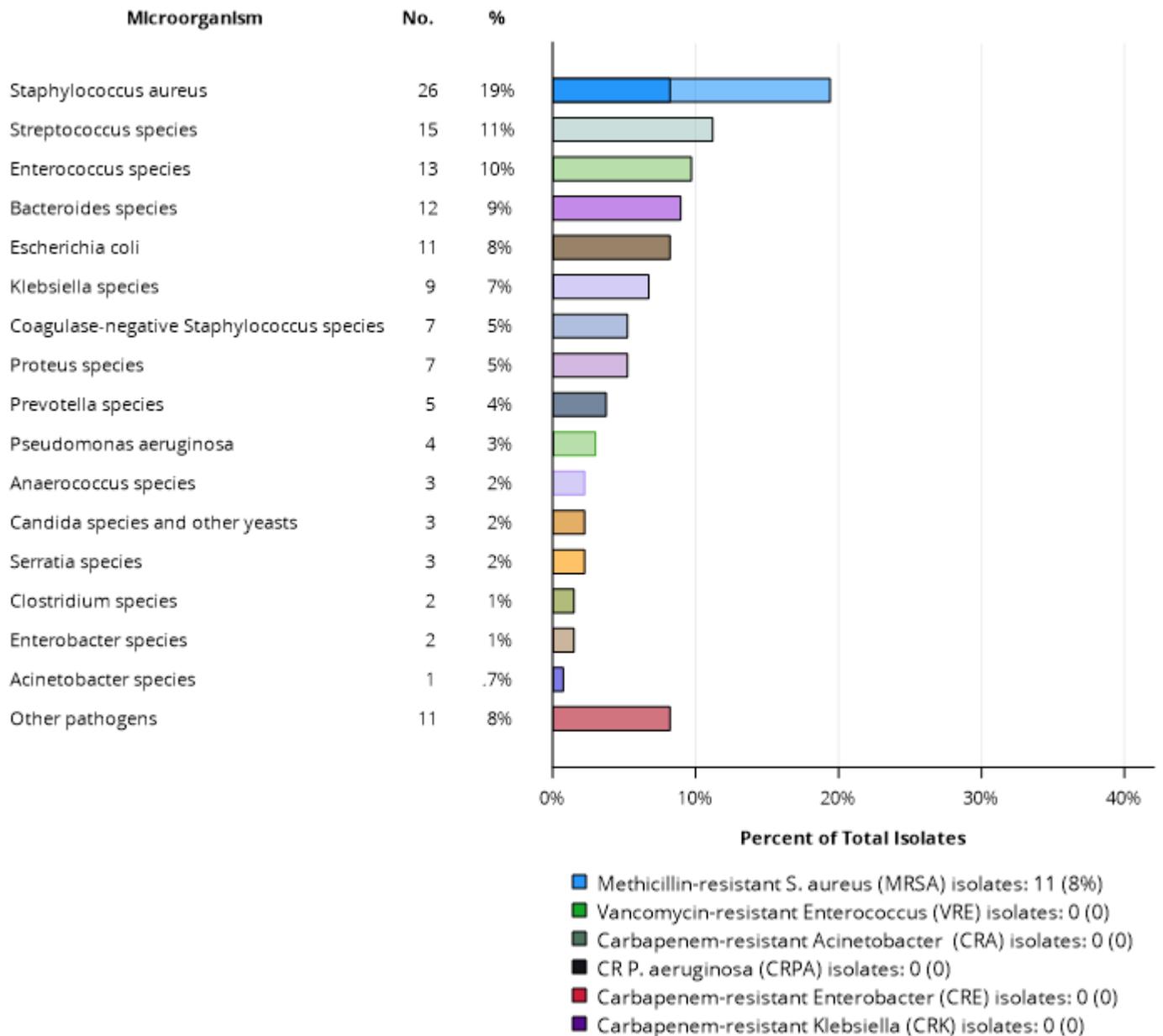
Data reported as of November 13, 2017

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

\*per 100 procedures

**Figure 73 : Microorganisms Identified from Surgical Site Infections (SSI) following Abdominal Hysterectomy (HYST) Procedures, Tennessee, 01/01/2015 - 12/31/2015**

**Number of isolates=134; Number of events=119**

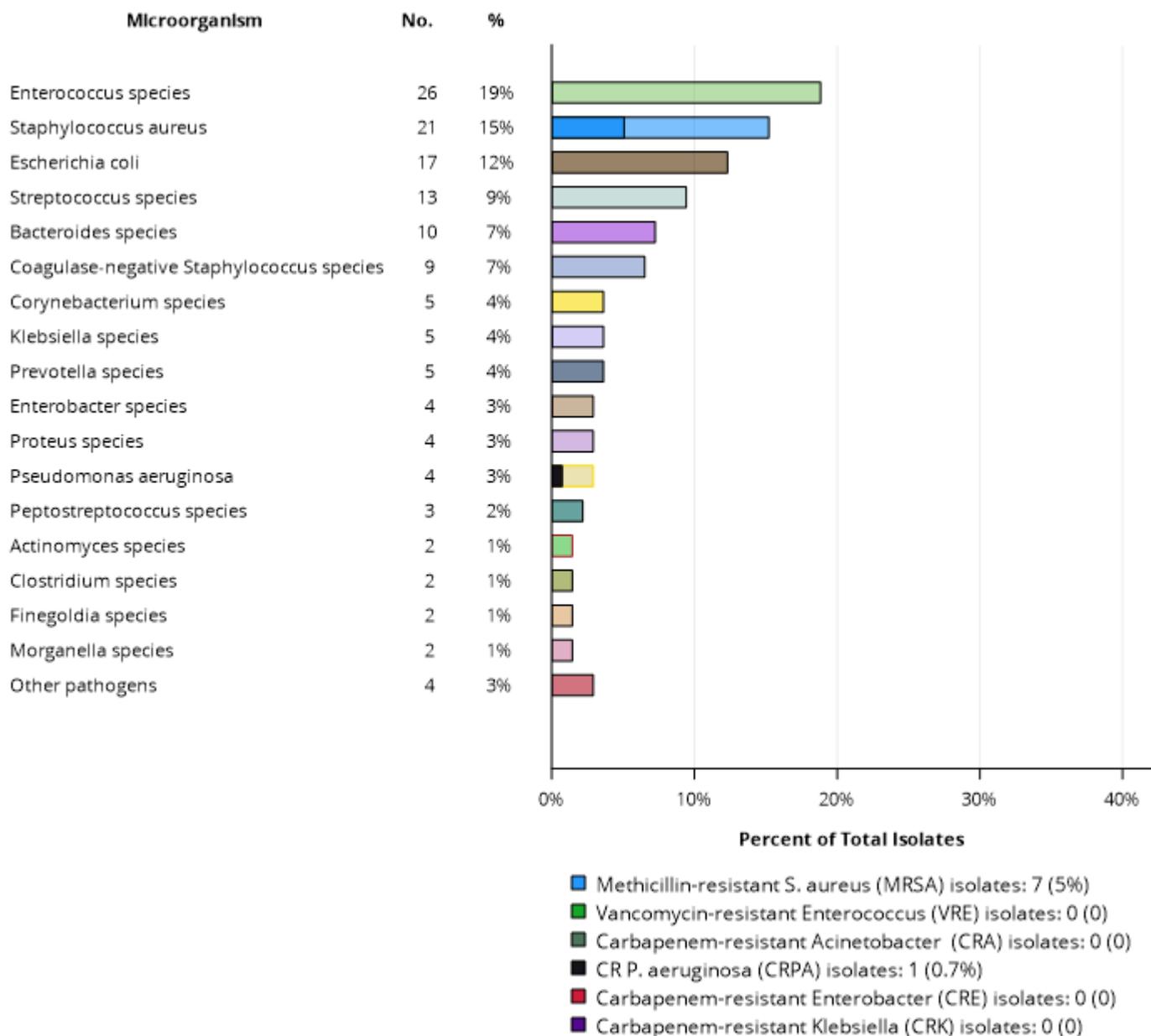


Data reported as of November 13, 2017

Other pathogens = *Actinomyces* spp., *Chryseomonas* spp., *Citrobacter* spp., *Corynebacterium* spp., *Diphtheroids* spp., *Edwardsiella* spp., *Gardnerella* spp., Gram-positive spp., *Lactobacillus* spp., *Morganella* spp., *Propionibacterium* spp.,

**Figure 74 : Microorganisms Identified from Surgical Site Infections (SSI) following Abdominal Hysterectomy (HYST) Procedures, Tennessee, 01/01/2016 - 12/31/2016**

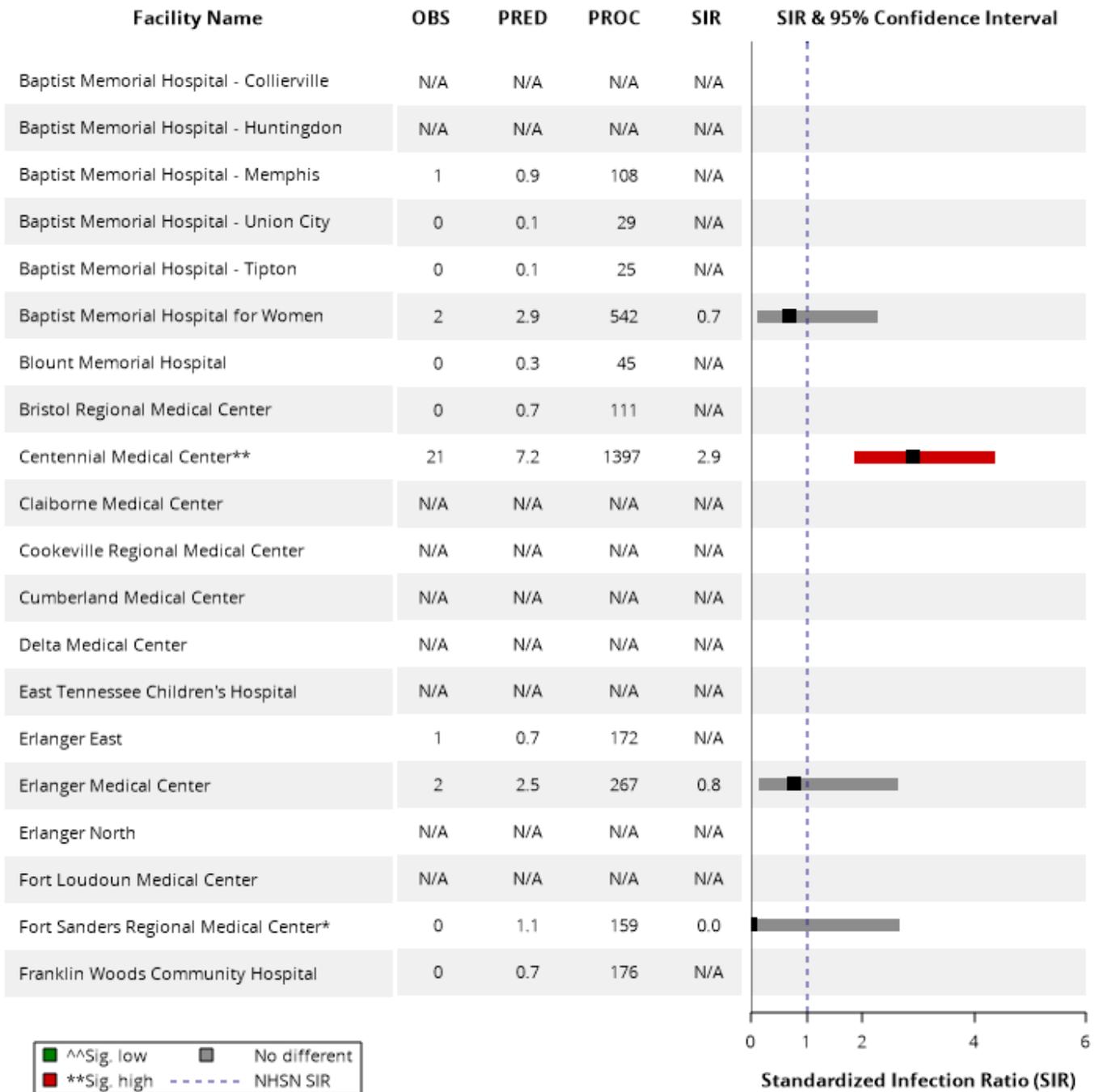
**Number of isolates=138; Number of events=139**



Data reported as of November 13, 2017

Other pathogens = Bifidobacterium spp., Citrobacter spp., Gemella spp., Gram-negative spp

**Figure 75 : Abdominal Hysterectomy (HYST) Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) in Acute Care Hospitals, Tennessee, 01/01/2015 - 12/31/2015**



Data Reported as of November 13, 2017  
 OBS = observed number of SSI; PRED = statistically 'predicted' number of SSI, based on NHSN baseline data  
 SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed  
 N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection  
 \*\* Significantly higher than 2015 national baseline  
 ^^ Significantly lower than 2015 national baseline  
 \* Zero infections, but not statistically significant

Figure 75 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

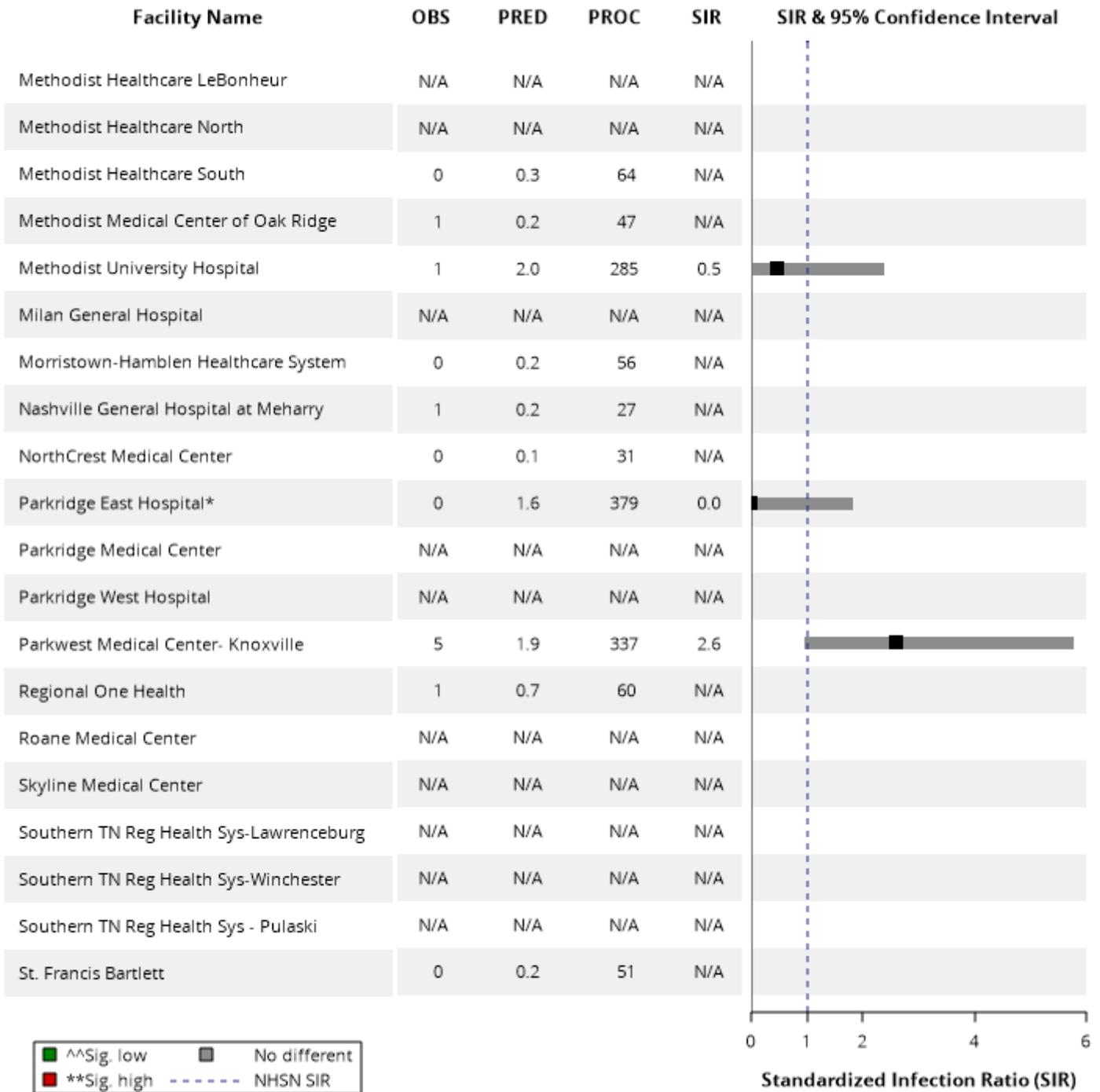
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 75 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

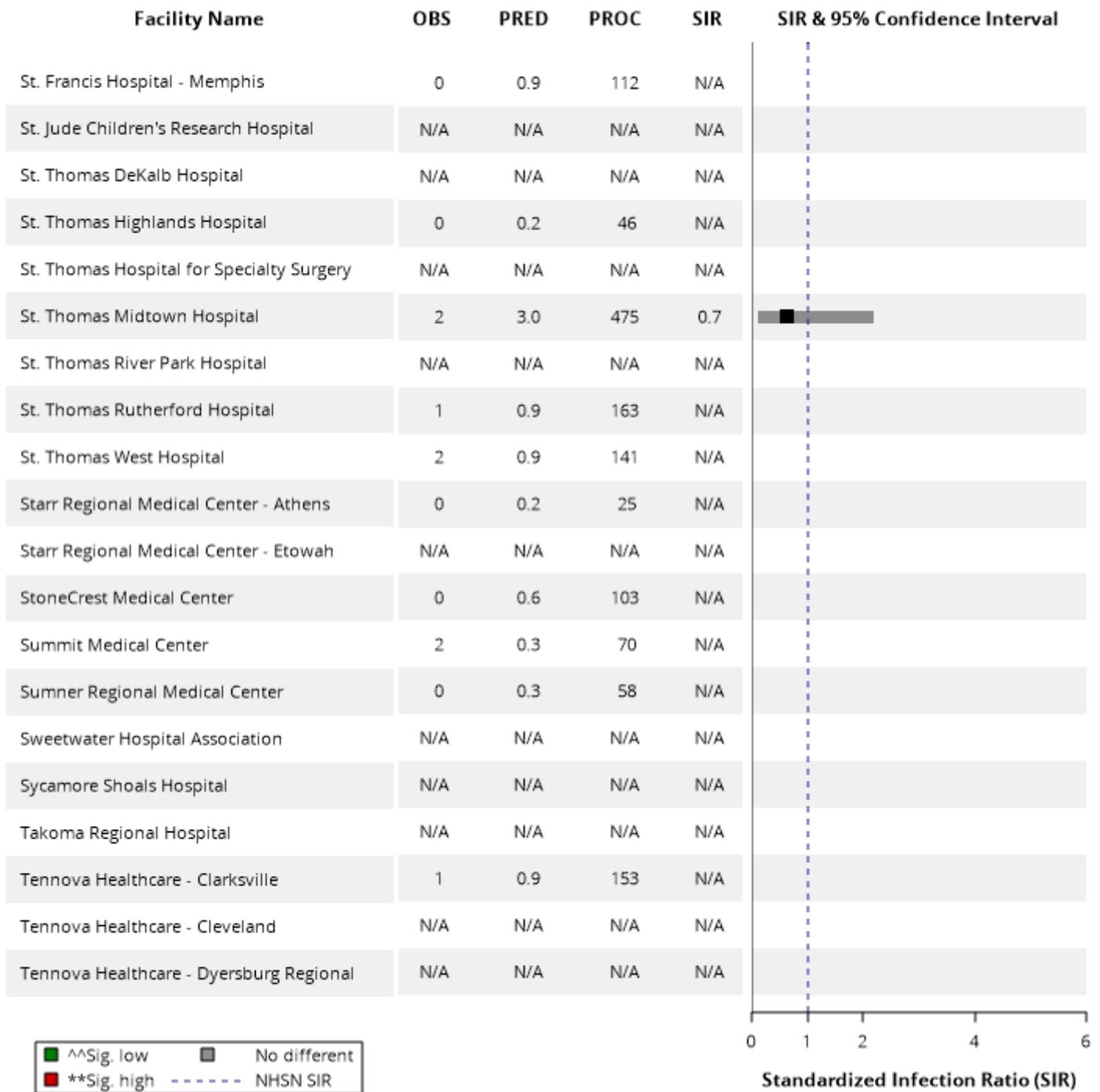
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 75 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

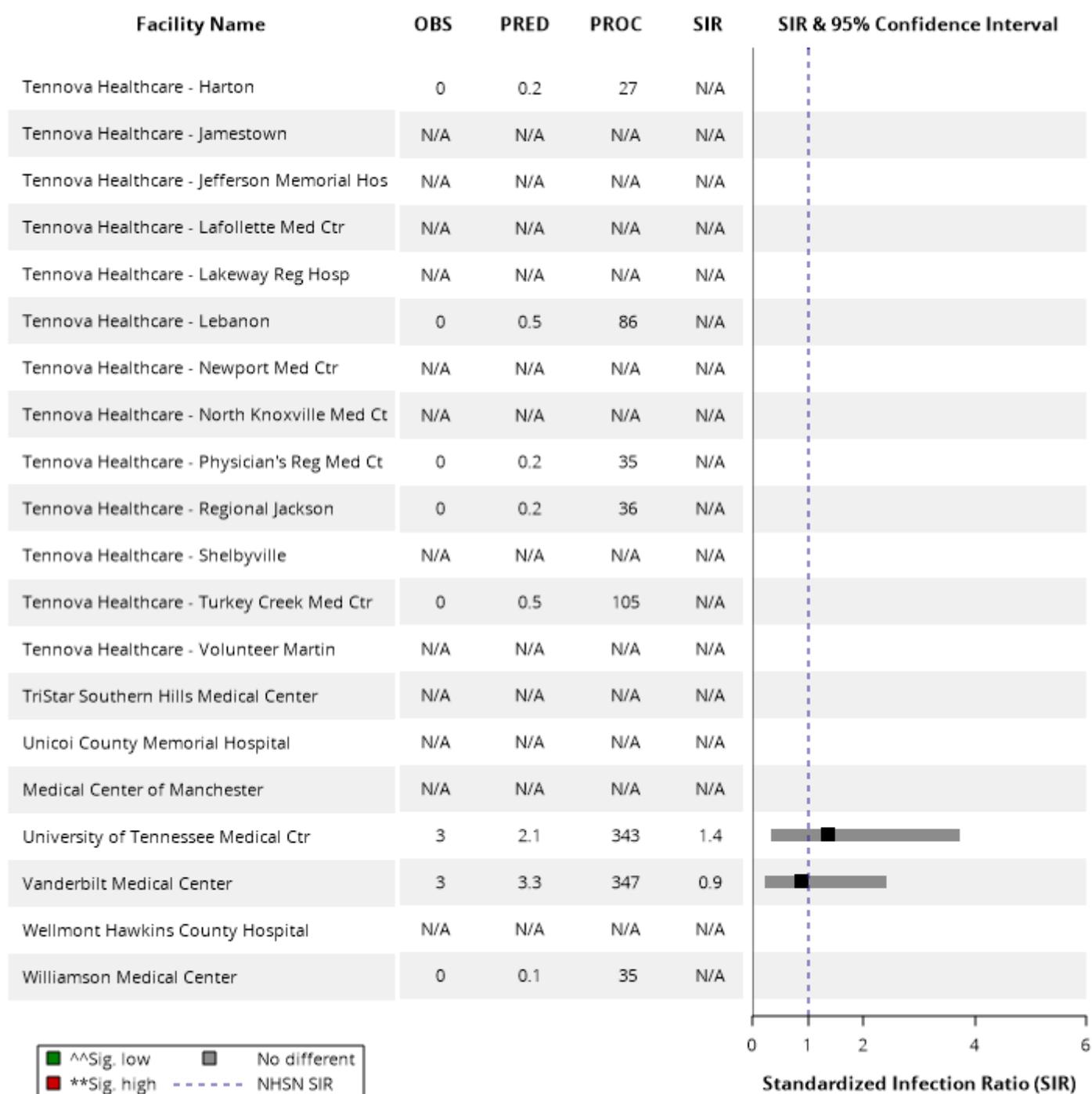
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 75 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

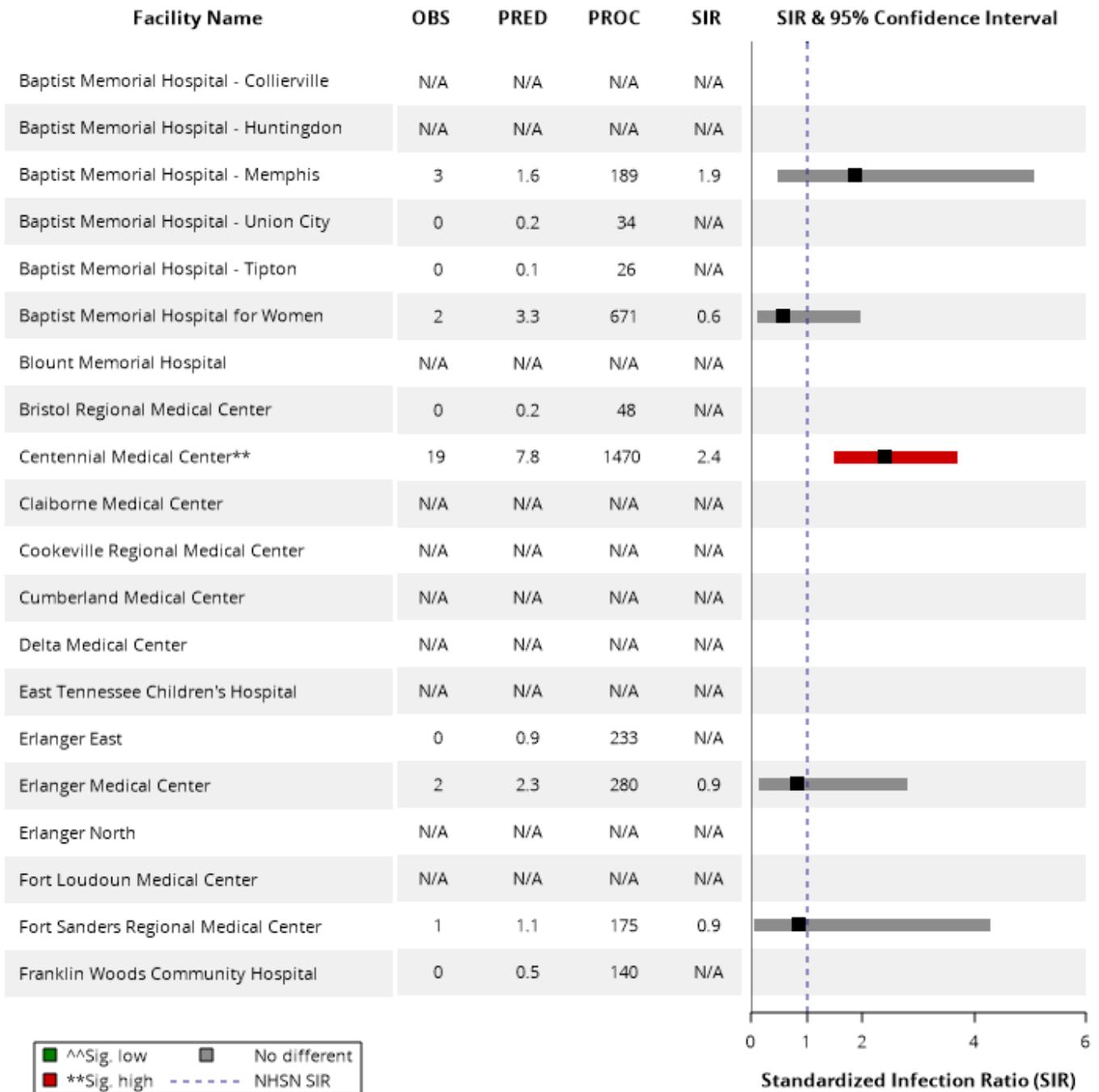
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

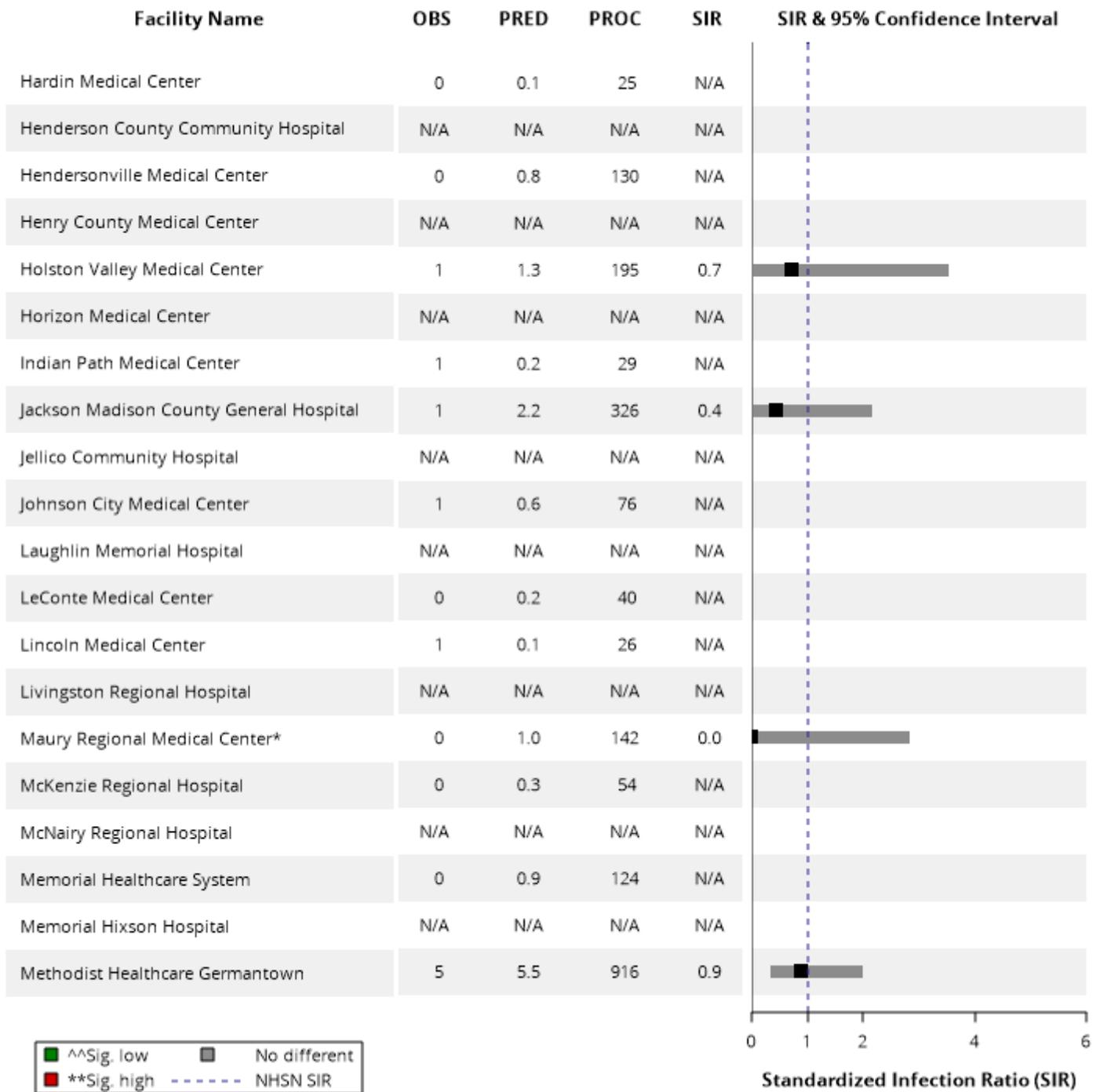
\* Zero infections, but not statistically significant

**Figure 76 : Abdominal Hysterectomy (HYST) Complex Admission/Readmission Surgical Site Infection (SSI) Standardized Infection Ratios (SIRs) in Acute Care Hospitals, Tennessee, 01/01/2016 - 12/31/2016**



Data Reported as of November 13, 2017  
 OBS = observed number of SSI; PRED = statistically 'predicted' number of SSI, based on NHSN baseline data  
 SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed  
 N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection  
 \*\* Significantly higher than 2015 national baseline  
 ^^ Significantly lower than 2015 national baseline  
 \* Zero infections, but not statistically significant

Figure 76 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

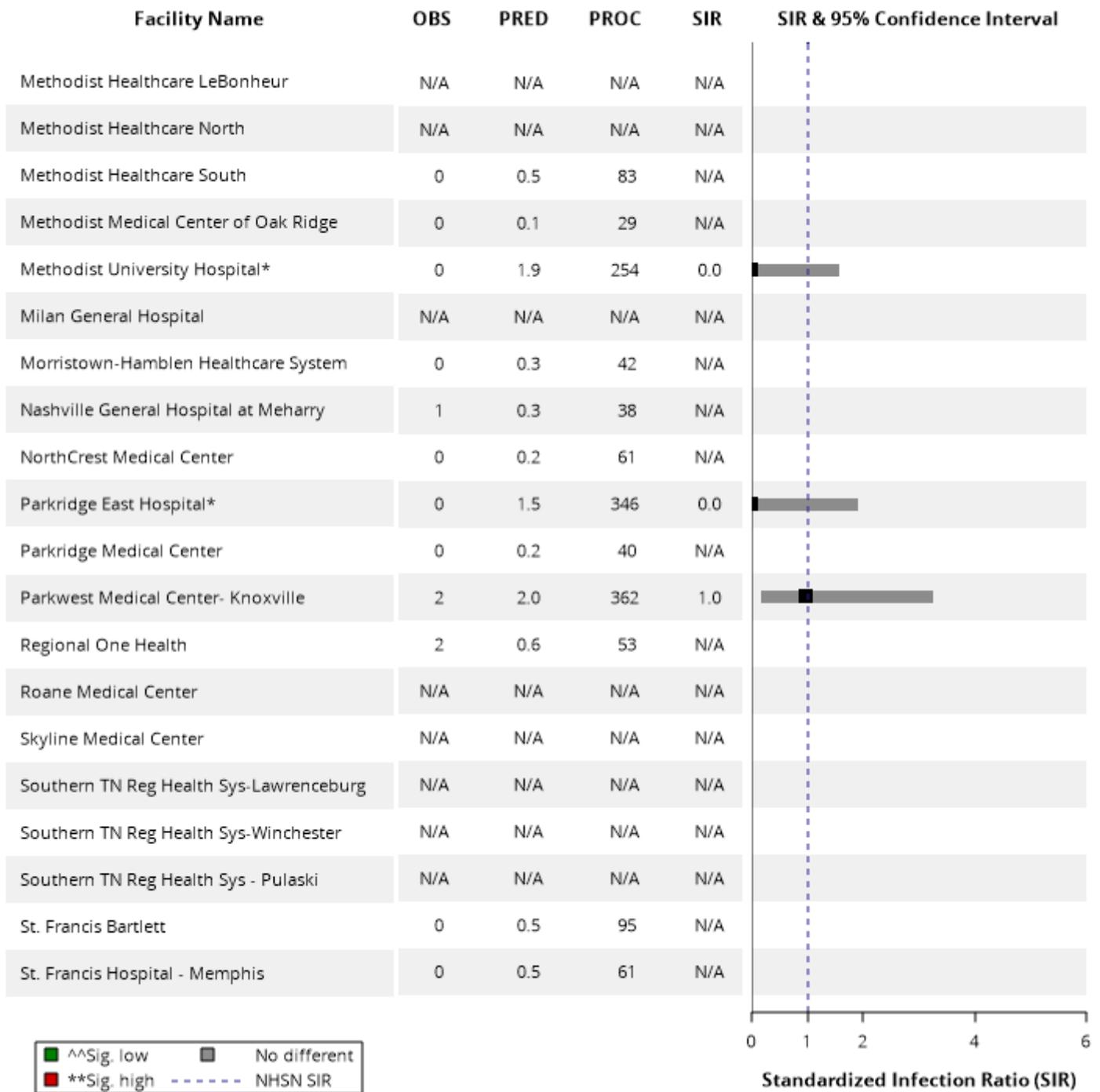
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 76 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

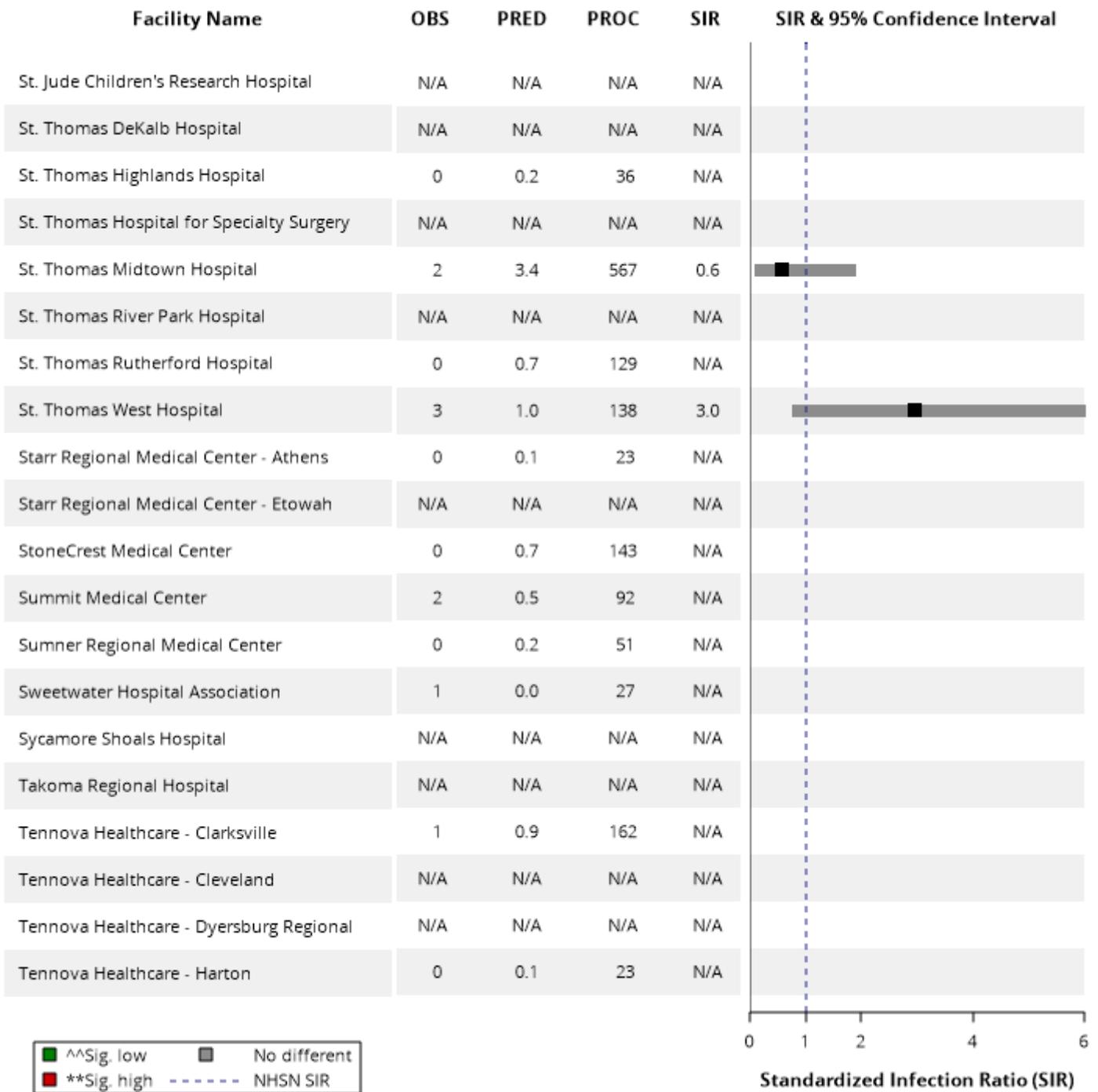
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 76 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

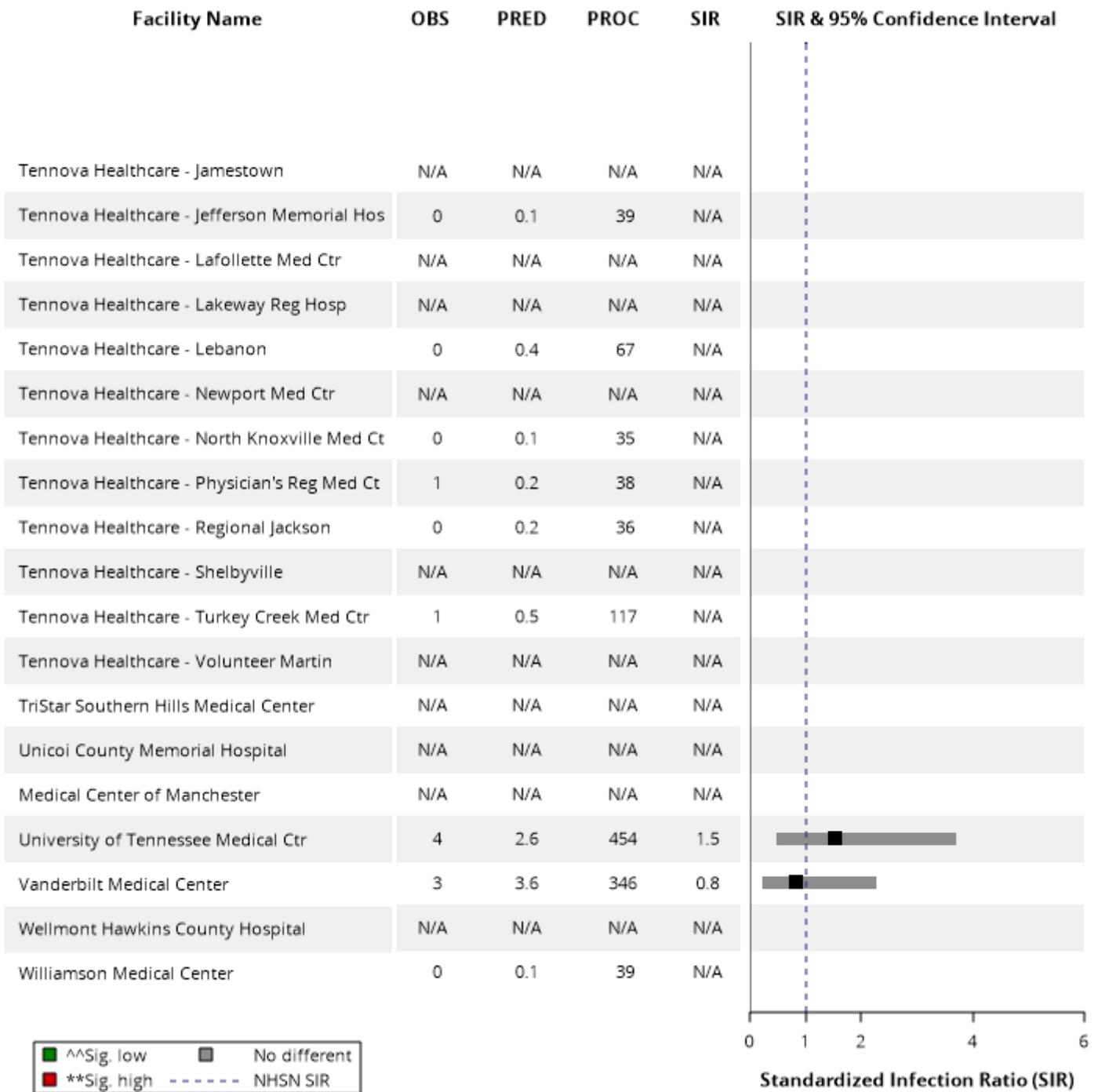
N/A = Data not shown for facilities with <20 procedures performed / SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

Figure 76 (cont'd)



Data Reported as of November 13, 2017

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

SIR = standardized infection ratio (observed/predicted number of SSI); PROC = number of procedures performed

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero infections, but not statistically significant

**Methicillin-Resistant *Staphylococcus aureus* (MRSA)  
Bacteremia Laboratory-Identified Events**

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

Methicillin-Resistant *Staphylococcus aureus* (MRSA) is a type of *Staphylococcus* bacteria that is resistant to many antibiotics. MRSA can be spread via contaminated surfaces or equipment and on the hands of healthcare personnel. When MRSA enters the bloodstream, also known as MRSA bacteremia, it can cause severe and life-threatening bloodstream infections. Healthcare facilities can prevent MRSA infections by following infection prevention recommendations, including hand hygiene, environmental cleaning, and contact precautions to prevent the spread of MRSA in the healthcare setting (see [Patient Guide on MRSA](#)<sup>29</sup>).

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

MRSA bacteremia Laboratory-Identified (LabID) Events have been reportable to TDH since July 2010 from acute care hospitals (facility-wide inpatient locations and emergency departments) and long-term acute care hospitals (facility-wide inpatient locations). Hospitals with an average daily census less than 25 were exempt from this requirement until July 2012. Inpatient rehabilitation facilities (facility-wise inpatient locations) have been required to report since January 2015.

To comply with these reporting requirements, facilities are required to follow the [NHSN Multidrug-Resistant Organism & Clostridioides difficile Infection LabID Event Surveillance protocol](#)<sup>30</sup>, which is updated each year with MRSA bacteremia LabID event surveillance definitions and reporting instructions. Facilities must report the total number of admissions and patient days (for all facility-wide inpatient locations), or patient encounters (for Emergency Department reporting) each month to NHSN. They are also required to report any positive MRSA blood cultures which meet the NHSN surveillance definition of a MRSA bacteremia LabID event.

### **Changes to Surveillance Definitions**

In January 2015, NHSN added a new rule that facilities participating in facility-wide inpatient locations (FacWideIN) LabID Event reporting would be required to map and report outpatient LabID Events from emergency departments and 24-hour observation locations for the same organism and LabID Event type. This meant that facilities no longer assigned the admitting inpatient location to LabID Events when specimens are collected in the emergency department or 24-hour observation location on the same calendar day as inpatient admission. This rule facilitates accurate categorization of LabID Events, as well as allows each facility to capture community-onset cases.

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

To ensure fair and accurate reporting of facility-specific healthcare facility-onset MRSA bacteremia LabID events standardized infection ratios (SIR), TDH has adopted the NHSN minimum thresholds for reporting. To report a facility-specific SIR, the statistically predicted number of infections must be at least 1.0.

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<sup>29</sup> [http://www.cdc.gov/mrsa/pdf/SHEA-mrsa\\_tagged.pdf](http://www.cdc.gov/mrsa/pdf/SHEA-mrsa_tagged.pdf)

<sup>30</sup> [http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO\\_CDADcurrent.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf)

## MRSA Bacteremia LabID Events Risk Adjustment

Recently, CDC introduced the SIR “rebaseline,” a term that is being used to describe updates to the previous (or original) HAI baselines. CDC used 2015 HAI data to create the updated SIR baselines, which includes updates to both the source of aggregate data and the risk adjustment methodology used to calculate the number of predicted events. Before 2015, the time period used to establish the baseline, or reference points, varied among the different HAI measures. Thus, in previous TN HAI reports, the number of predicted infections was estimated based on those original baselines. Therefore, the data in this report are not comparable with previous HAI reports. Further details can be seen in the [NHSN Guide to the SIR](#).<sup>31</sup>

Risk adjustment for healthcare facility-onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) bacteremia is calculated using negative binomial regression based on facility-level characteristics, including MRSA community-onset prevalence rate, average length of stay, facility type, ICU bed size, and outpatient community-onset prevalence rate. The negative binomial regression model is based on national NHSN data from 2015.

This report displays crude (unadjusted) rates of healthcare facility-onset (HO) incidence and community-onset (CO) admission prevalence of MRSA bacteremia. Standardized infection ratios (SIRs) are displayed for LabID events in acute care hospitals, long-term acute care hospitals and inpatient rehabilitation facilities beginning January 2015.

**Crude (unadjusted) healthcare facility-onset (HO) incidence rates** are calculated as follows:

$$\text{HO Incidence Rate} = \frac{\text{Number of HO events}}{\text{Number of patient days}} \times 10,000$$

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

$$\text{CO Prevalence Rate} = \frac{\text{Number of CO events}}{\text{Number of admissions}} \times 1,000$$

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<sup>31</sup> <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>

# MRSA Bacteremia Laboratory-Identified Events

*Acute Care Hospitals*

## MRSA Bacteremia LabID Events in Acute Care Hospitals:

**Total number of facilities reporting from January-December 2015: 108**

**Total number of facilities reporting from January-December 2016: 109**

### **SIRs by Quarter ([Figure 77](#), [Figure 78](#))**

- From January-December 2015 the overall healthcare-onset MRSA bacteremia LabID SIR in acute care hospitals peaked at a SIR of 1.38 from April-June 2015. The SIR decreased to a low of 1.09 in October-December 2015, where the SIR was no longer significantly higher than the national baseline, but still higher than the U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>32</sup> prevention target of SIR = 0.50. In 2016, the MRSA LabID SIR remained above the national baseline and the 2020 HHS prevention target of 0.50 by fluctuating between an SIR of 1.24 and 1.41.

### **Key percentiles for Tennessee SIRs ([Table 45](#), [Table 46](#))**

- The overall healthcare-onset MRSA bacteremia LabID SIR for acute care hospitals in Tennessee from January-December 2015 was statistically significantly higher than the 2015 national SIR of 1 (SIR=1.26; 95% CI: 1.12, 1.40). The 2016 SIR was higher than the 2015 state SIR and statistically significantly higher than the 2015 national SIR of 1 (SIR=1.33; 95% CI: 1.20, 1.48).
- From January-December 2015, the median healthcare-onset MRSA bacteremia LabID SIR for acute care hospitals was 1.03 indicating that half of reporting facilities with at least 1 predicted infection had a healthcare-onset MRSA LabID SIR at or above 1.08. From January-December 2016, the median healthcare-onset MRSA bacteremia LabID SIR for acute care hospitals was 1.16.

### **Healthcare Facility-Onset and Community-Onset MRSA LabID Rates ([Figure 79](#))**

- From July-September 2010 to October-December 2015 the incidence of healthcare facility-onset MRSA bacteremia LabID events has fluctuated between 0.71 and 1.37 events per 10,000 patient-days, with a slight downward trend since January-March 2011. The prevalence of community-onset MRSA bacteremia LabID events for 2015 was 1.08 per 1,000 admissions, lower than the prevalence of community-onset MRSA bacteremia LabID events in 2014 and the prevalence of community-onset MRSA continued to decrease in 2016 at a rate of 1.03 per 1,000 admissions.
- The healthcare facility-onset incidence of MRSA bacteremia LabID events for 2015 was 0.82 per 10,000 patient days, and the healthcare facility-onset incidence of MRSA increased in 2016 to a rate of 0.90 per 10,000 patient days.

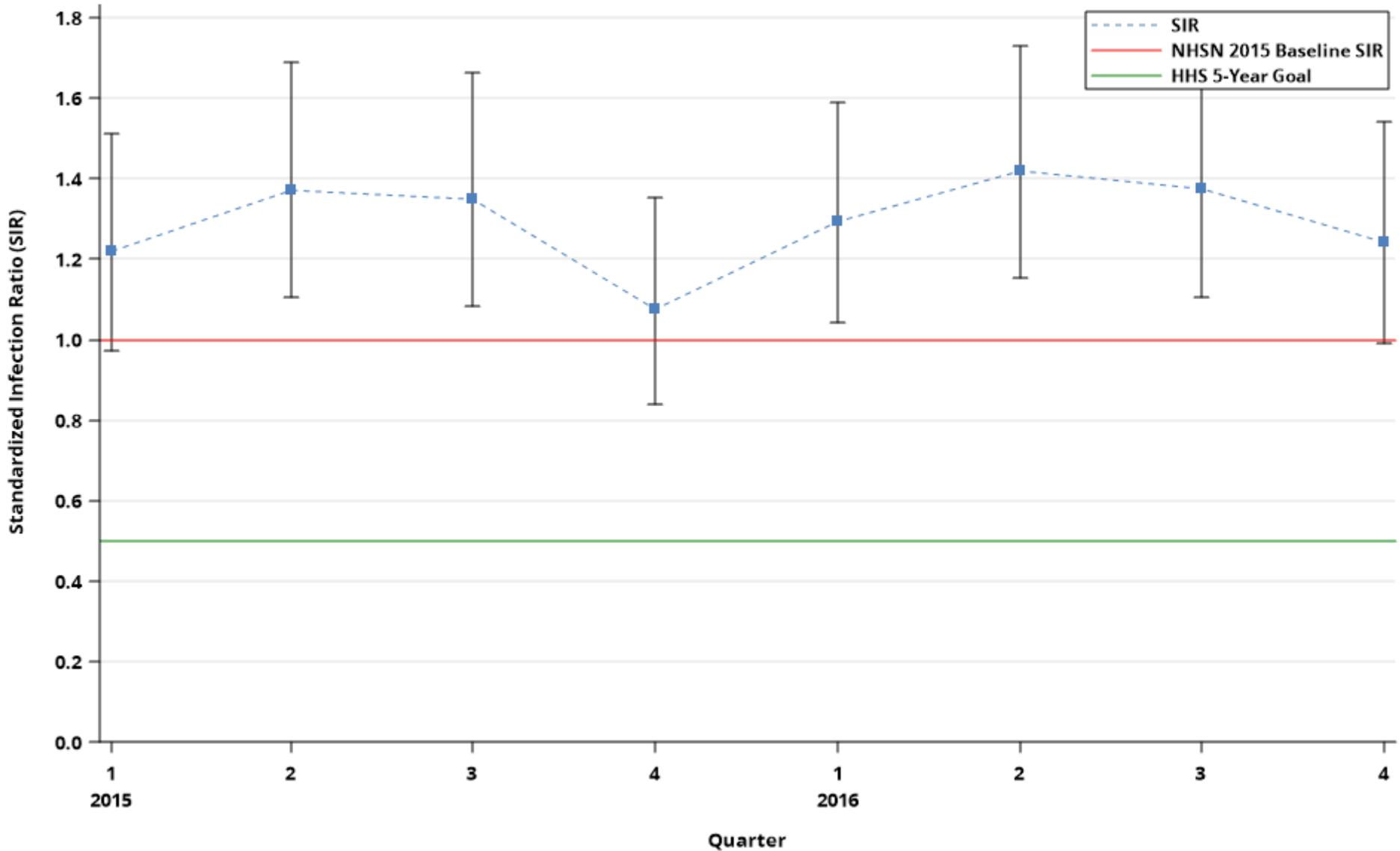
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<sup>32</sup> [http://www.health.gov/hai/prevent\\_hai.asp](http://www.health.gov/hai/prevent_hai.asp)

### **Facility-Specific SIRs ([Figure 80](#), [Figure 81](#))**

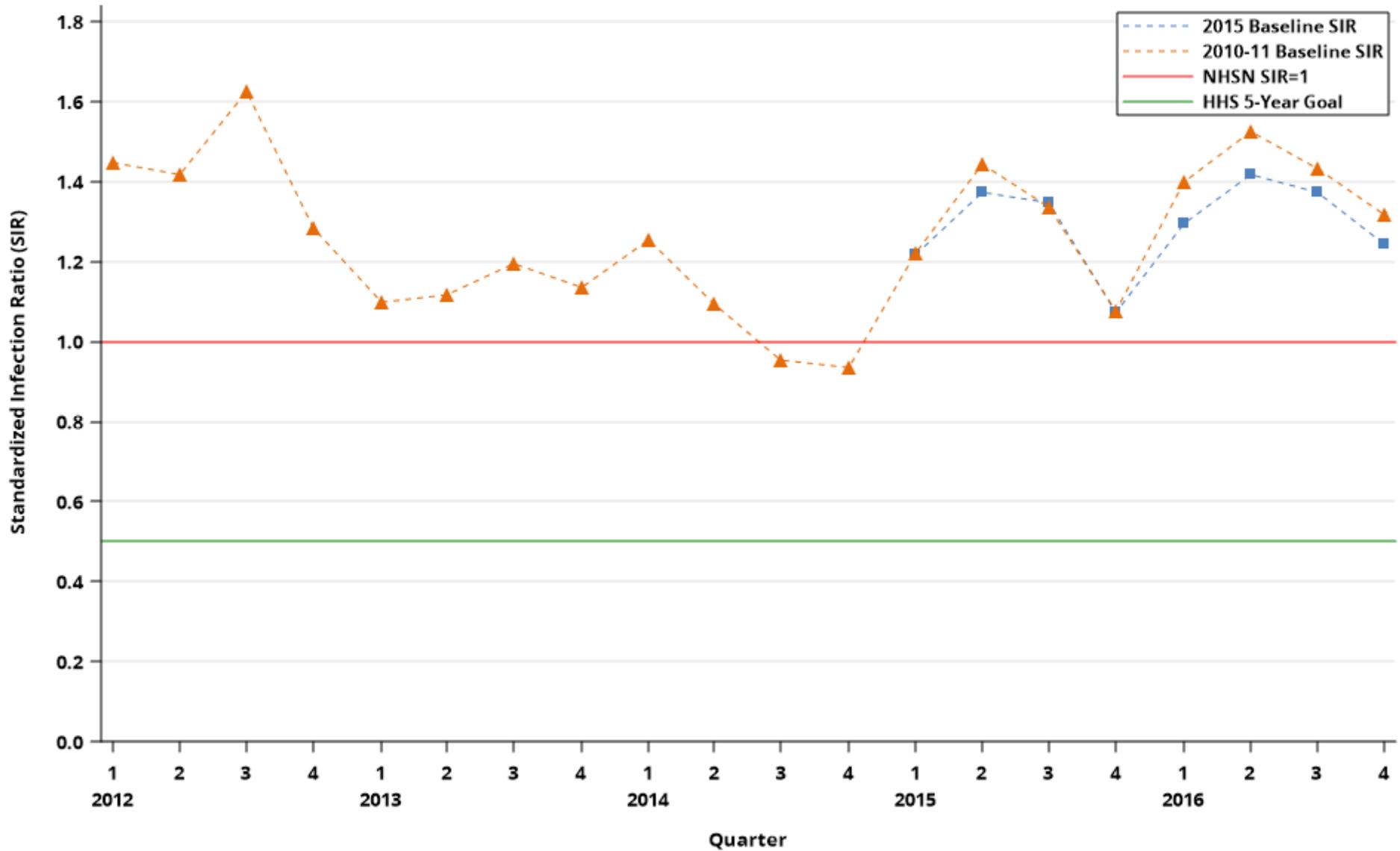
- The healthcare facility-onset MRSA bacteremia LabID event SIR for January-December 2015 and 2016 for each acute care hospital is displayed in [Figure 80](#) and [Figure 81](#). The bar representing the confidence interval is green if the was significantly lower than the 2015 national SIR of 1 and red if the SIR was significantly higher than 1. Some hospitals reported zero events (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of patient days.
- In 2015, 6 facilities had a healthcare facility-onset MRSA bacteremia LabID event SIR that was statistically significantly higher than the 2015 national baseline SIR of 1. In 2016, 7 facilities had a healthcare facility-onset MRSA bacteremia LabID event SIR that was statistically significantly higher than the 2015 national baseline SIR of 1. Two facilities had a healthcare facility-onset MRSA bacteremia LabID event SIR that was statistically significantly lower than the 2015 national baseline SIR of 1 in 2016.

Figure 77 : Standardized Infection Ratio (SIR) for Healthcare-Onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Events for Acute Care Hospitals by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



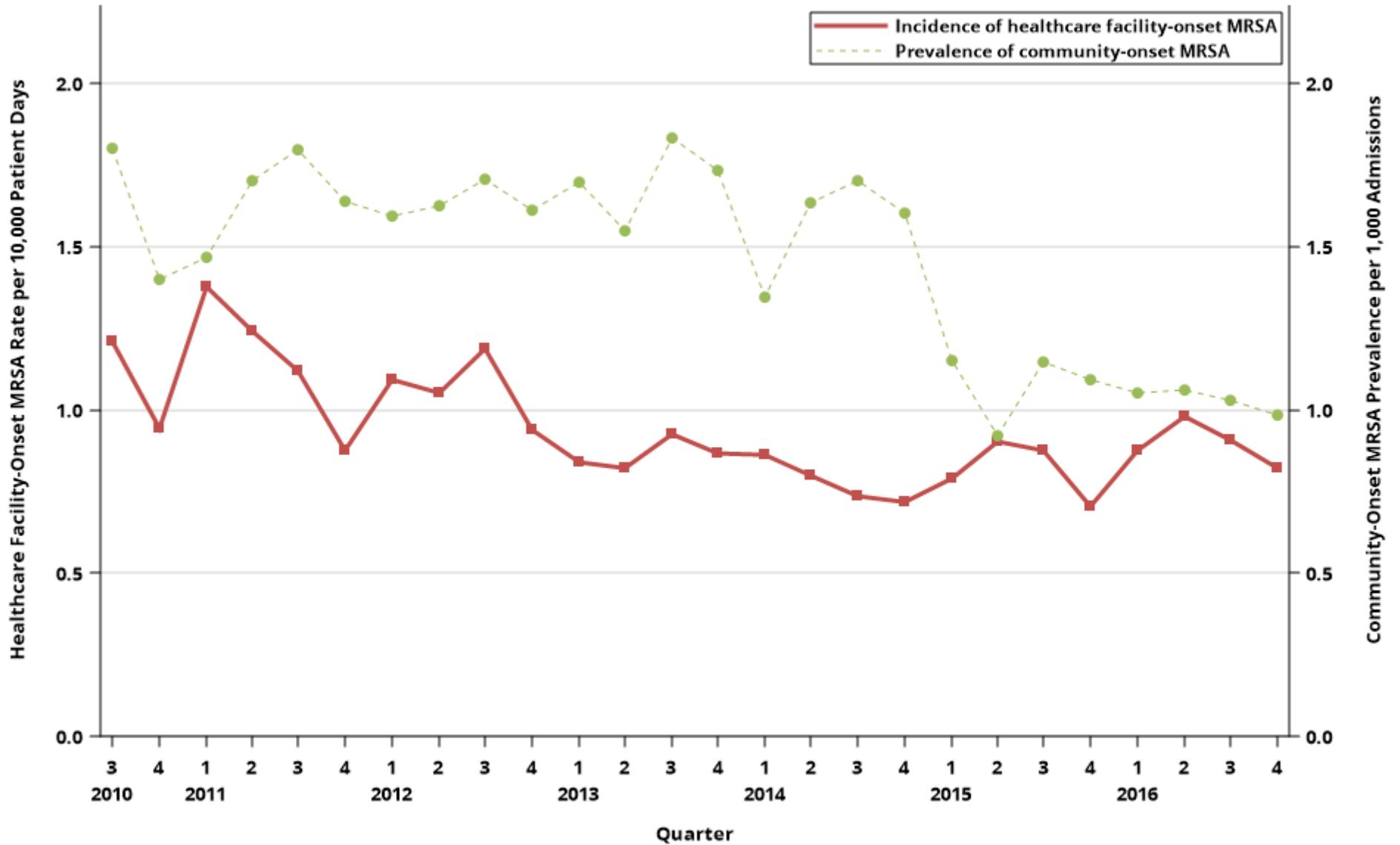
Data Reported as of March 05, 2018

Figure 78 : Standardized Infection Ratio (SIR) for Healthcare-Onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Events for Acute Care Hospitals by Quarter, Tennessee, 01/01/2012–12/31/2016



Data Reported as of March 05, 2018

Figure 79 : Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Quarter, Tennessee, 07/01/2010-12/31/2016



Data Reported as of March 05, 2018

**Table 45 : Healthcare-Onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Laboratory-Identified (LabID) Events Standardized Infection Ratio (SIR) in Acute Care Hospitals by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	PAT DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	108	3,856,618	346	259.59	1.33	1.20	1.48	44	2	5%	7	16%	0.28	0.77	1.16	1.72	2.85	
	2015	107	3,871,624	317	253.01	1.25	1.12	1.40	43	0	0%	6	14%	0.39	0.64	1.03	1.70	2.26	

Data reported as of March 05, 2018

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 46 : Methicillin-resistant *Staphylococcus aureus* (MRSA) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Year, Tennessee, 01/01/2015 - 12/31/2016**

			Healthcare Facility-Onset Incidence <sup>1</sup>	Community-Onset Prevalence <sup>2</sup>
STATE	YEAR	No.	POOLED MEAN	POOLED MEAN
Tennessee	2016	109	0.90	1.03
	2015	109	0.82	1.08

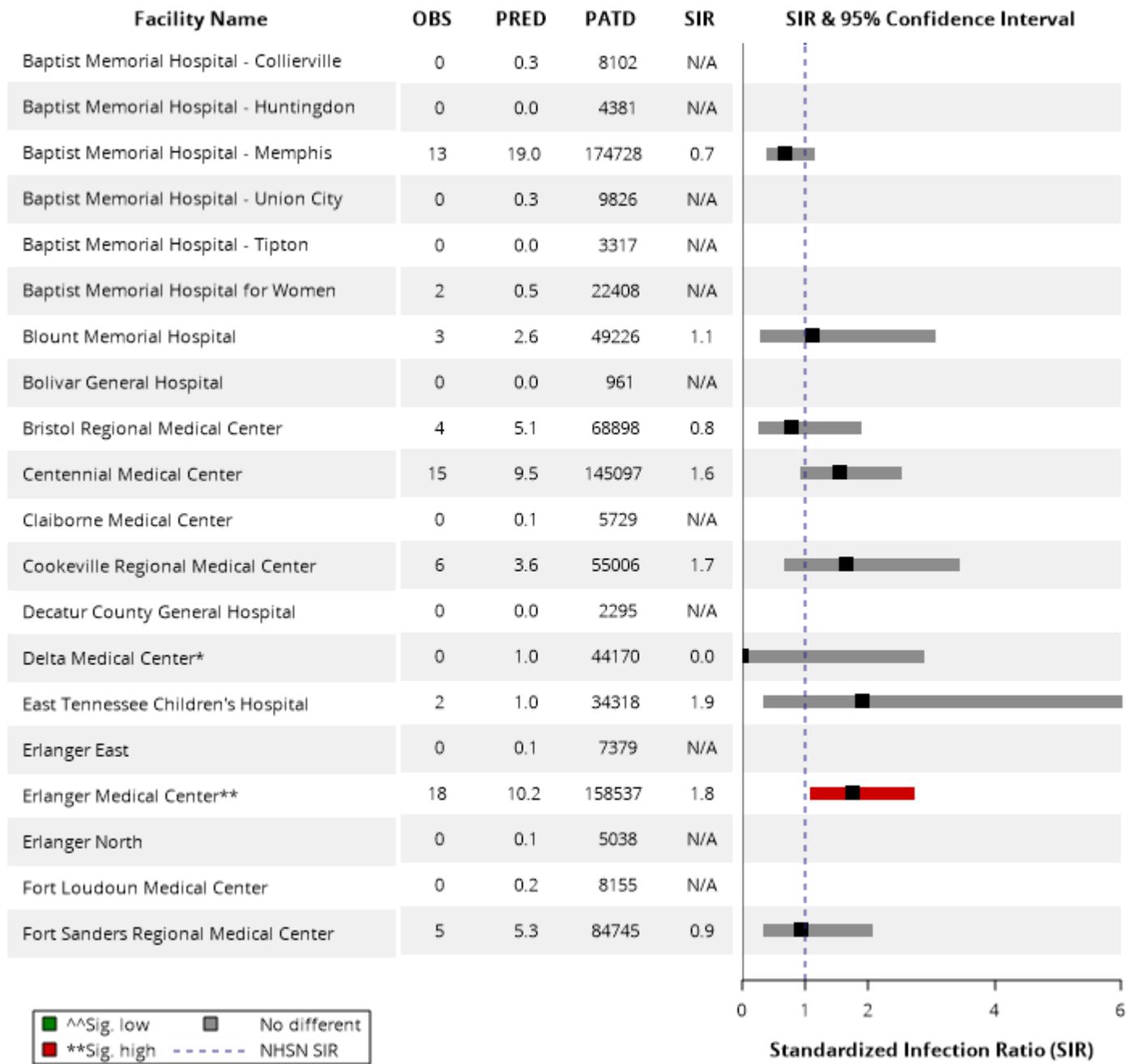
Data reported as of March 05, 2018

No. of facilities reporting

<sup>1</sup>Events per 10,000 patient days

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

**Figure 80 : Healthcare Facility-Onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Acute Care Hospitals, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

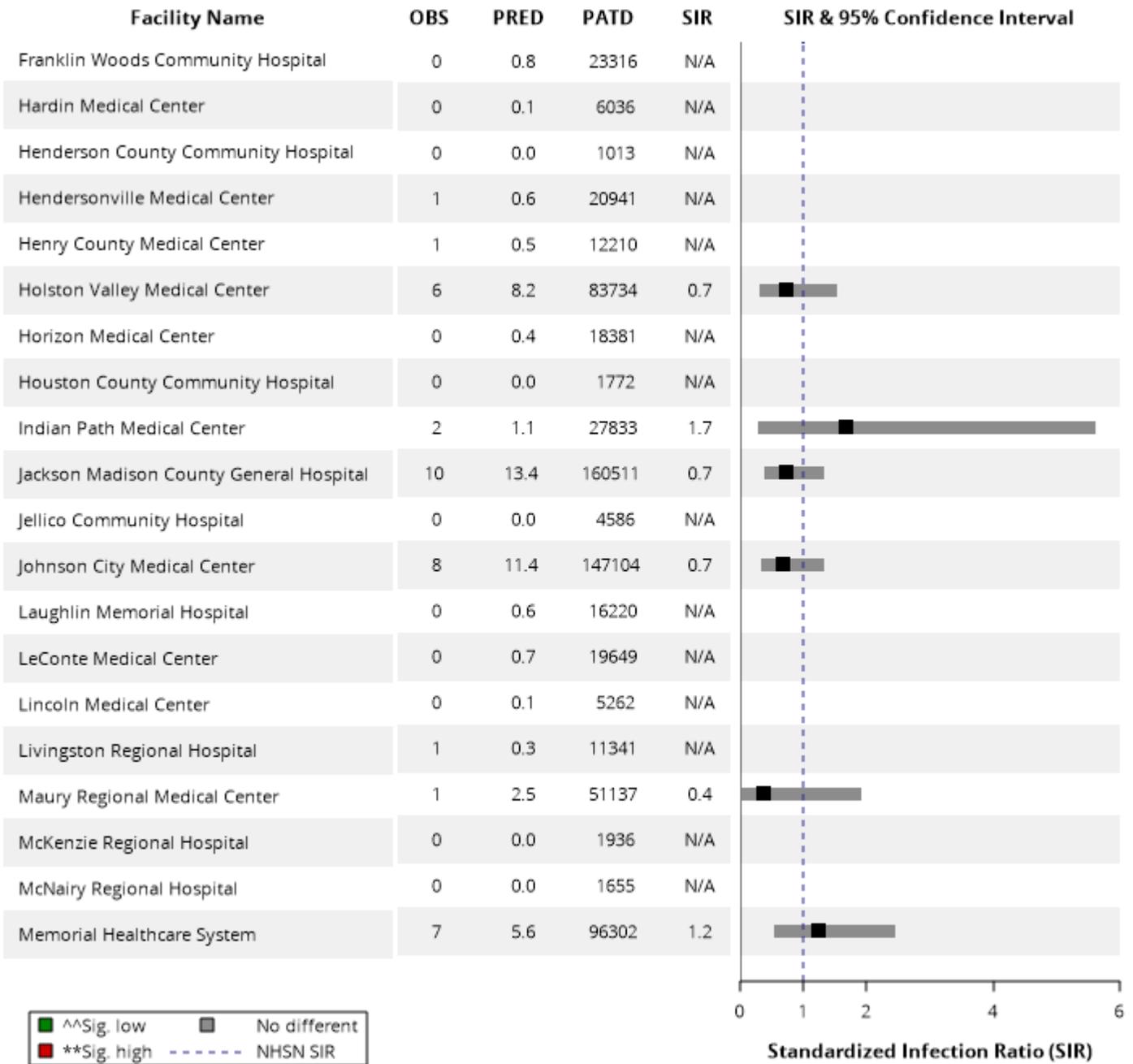
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 80 (cont'd)



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

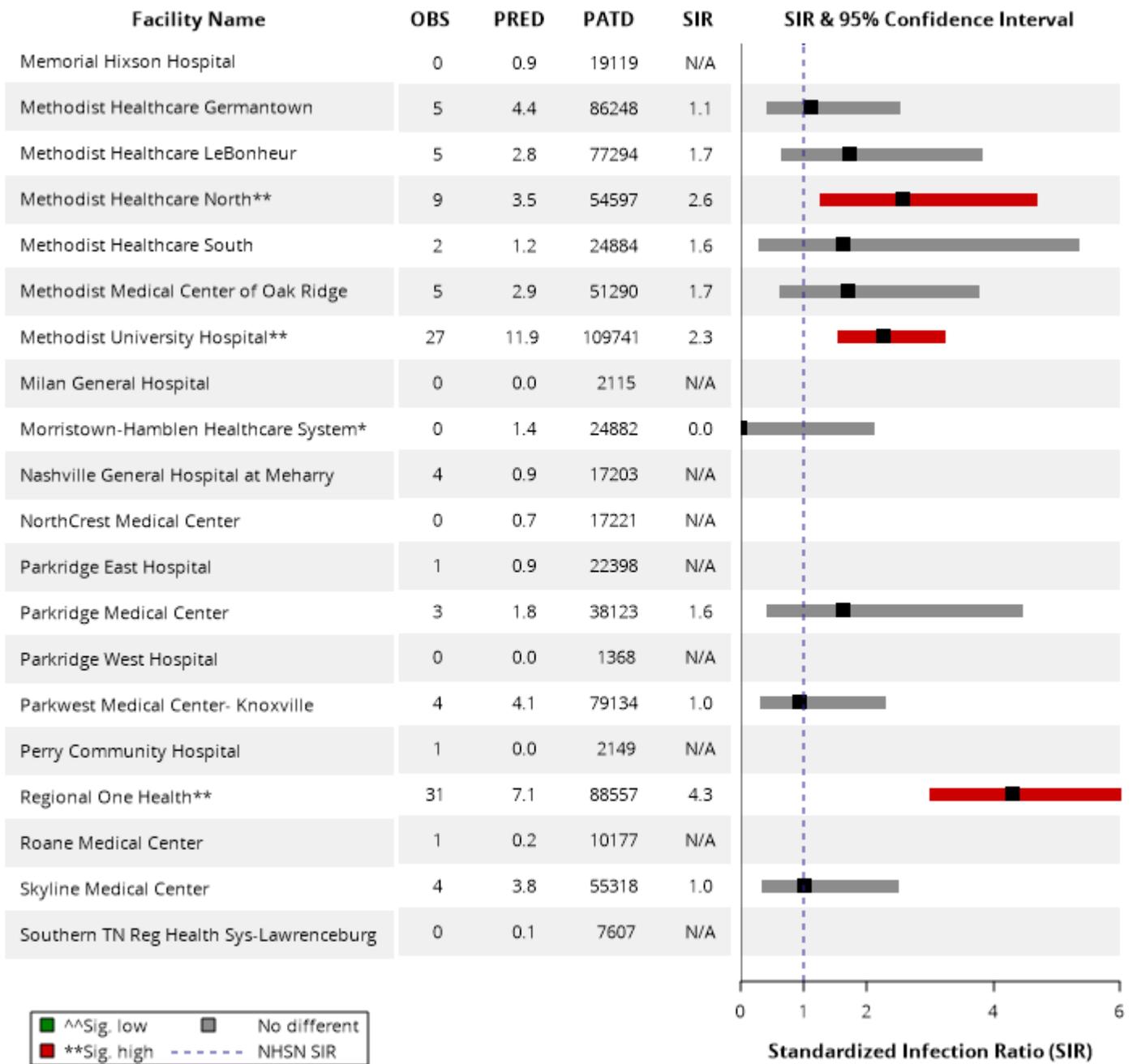
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 80 (cont'd)



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

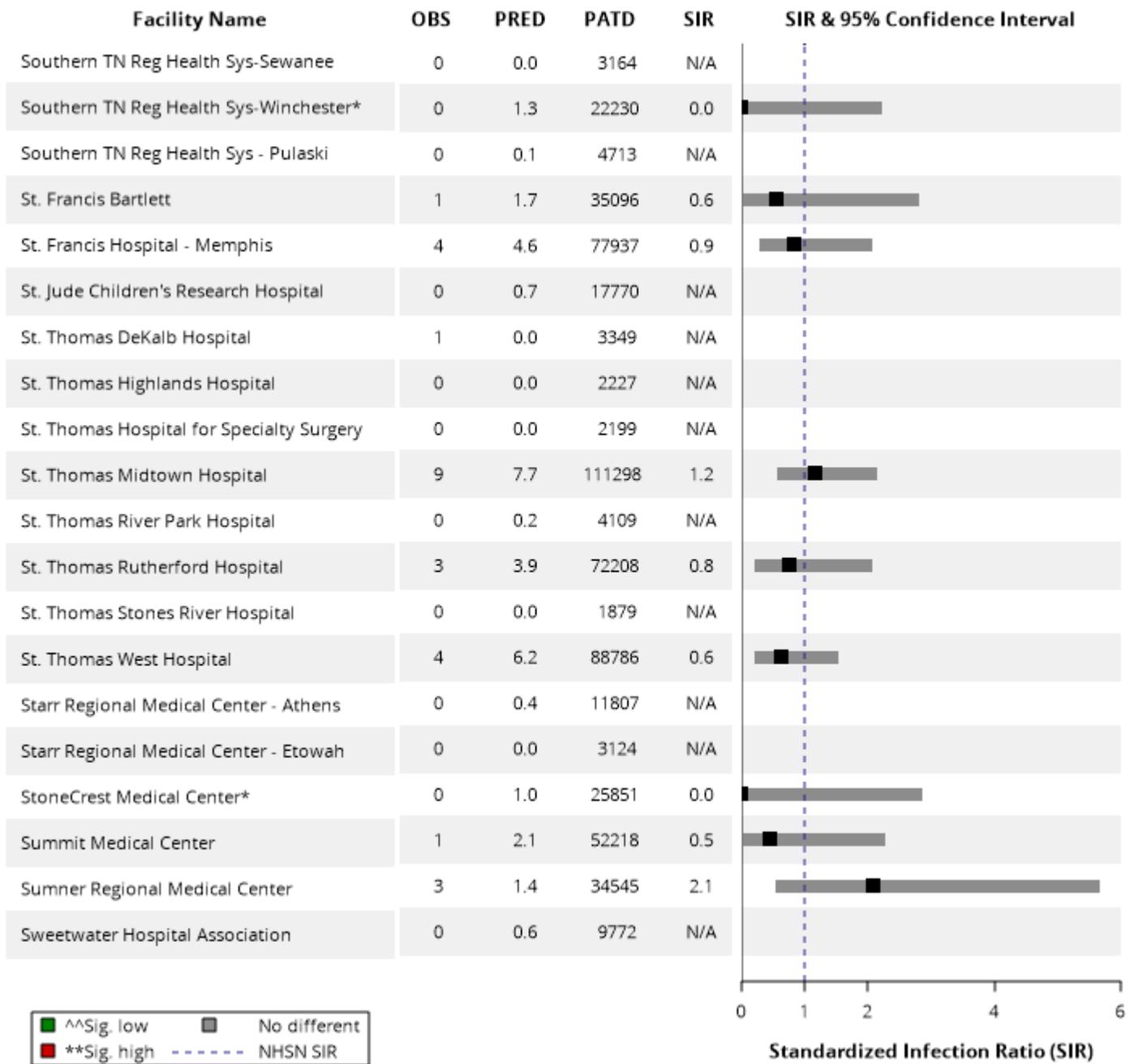
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 80 (cont'd)**



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

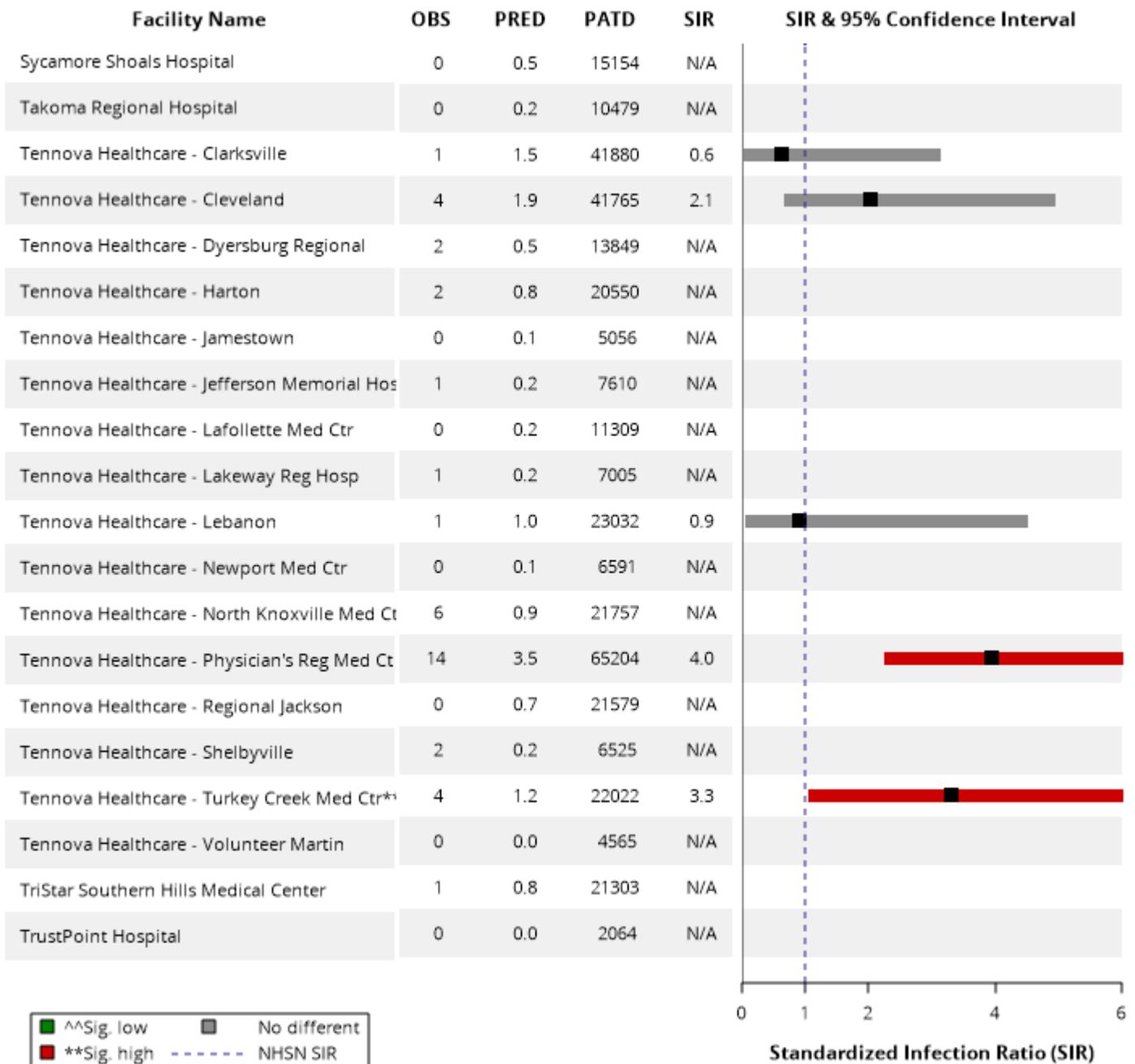
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 80 (cont'd)



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

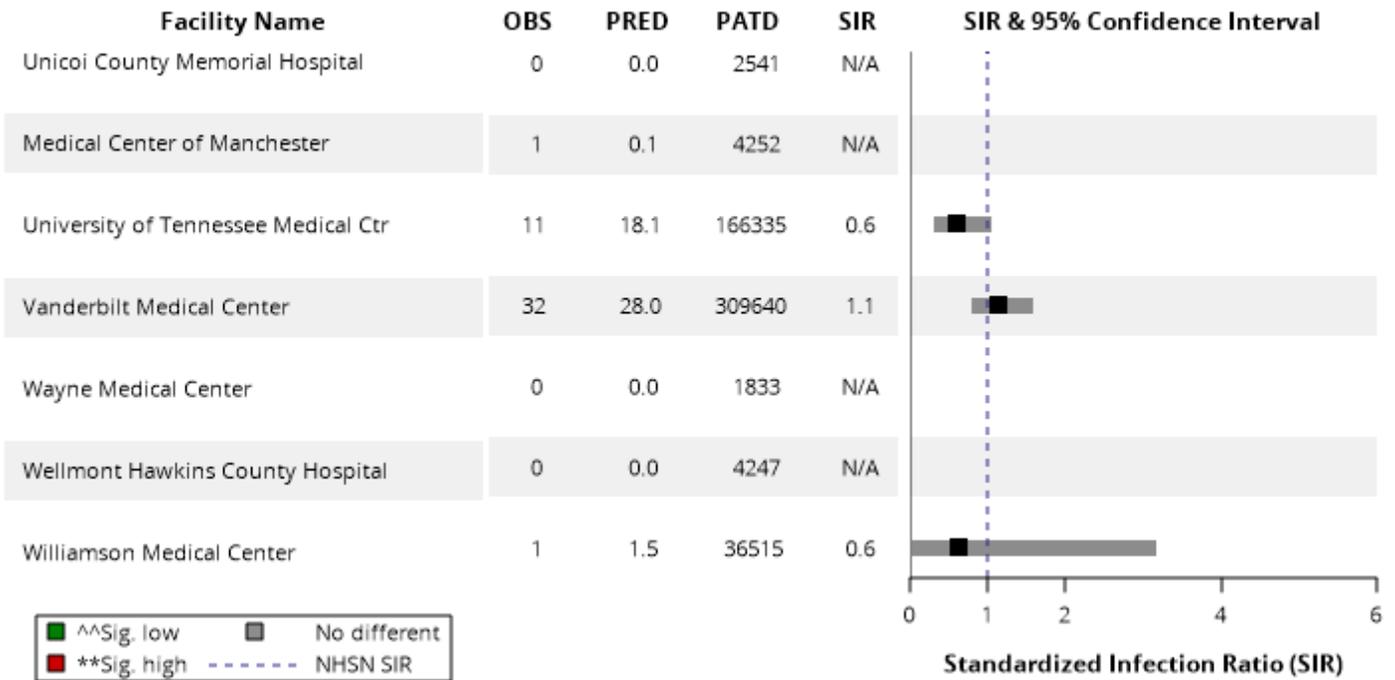
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 80 (cont'd)**



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

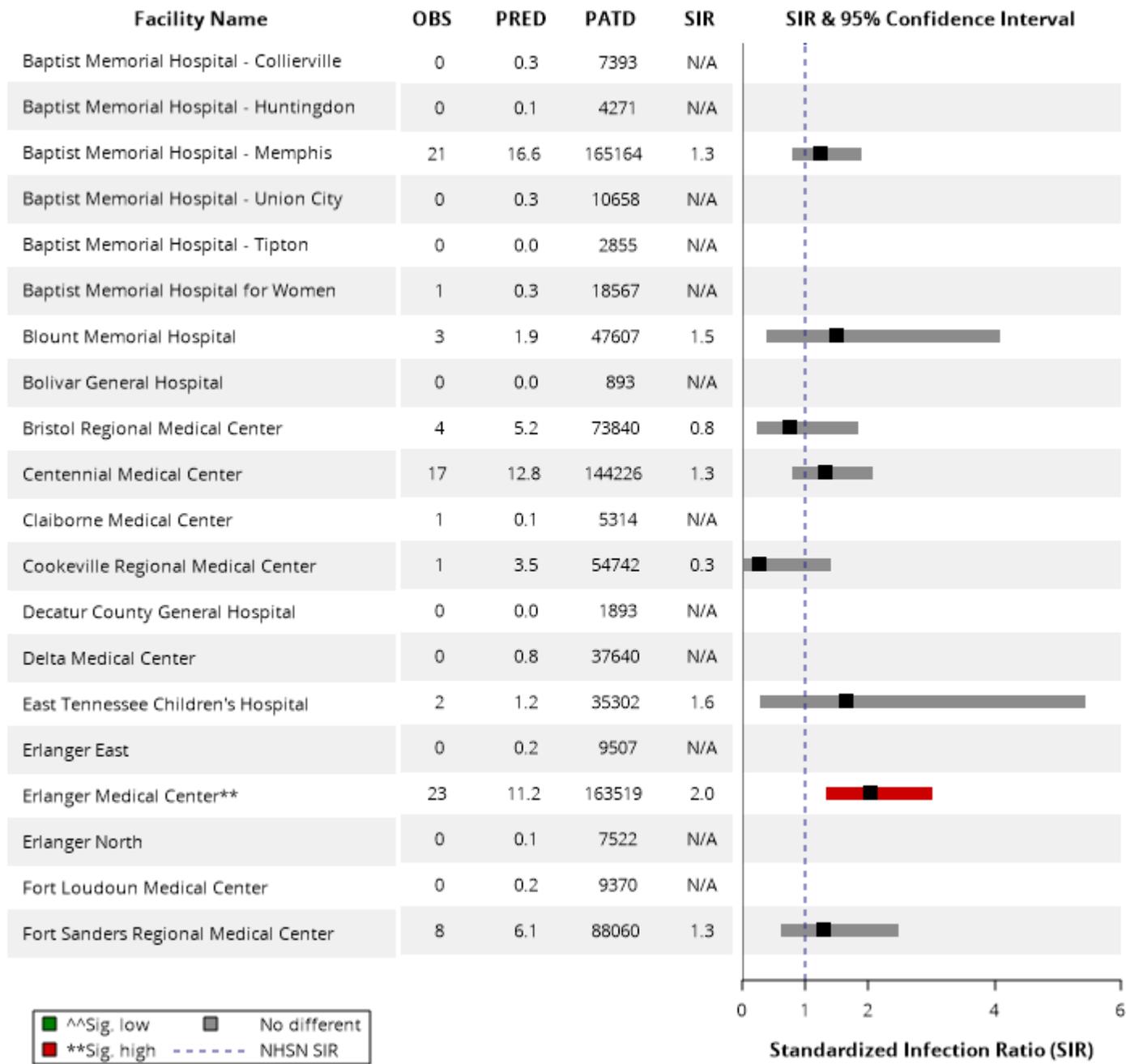
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 81 : Healthcare Facility-Onset Methicillin-resistant Staphylococcus aureus (MRSA) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Acute Care Hospitals, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

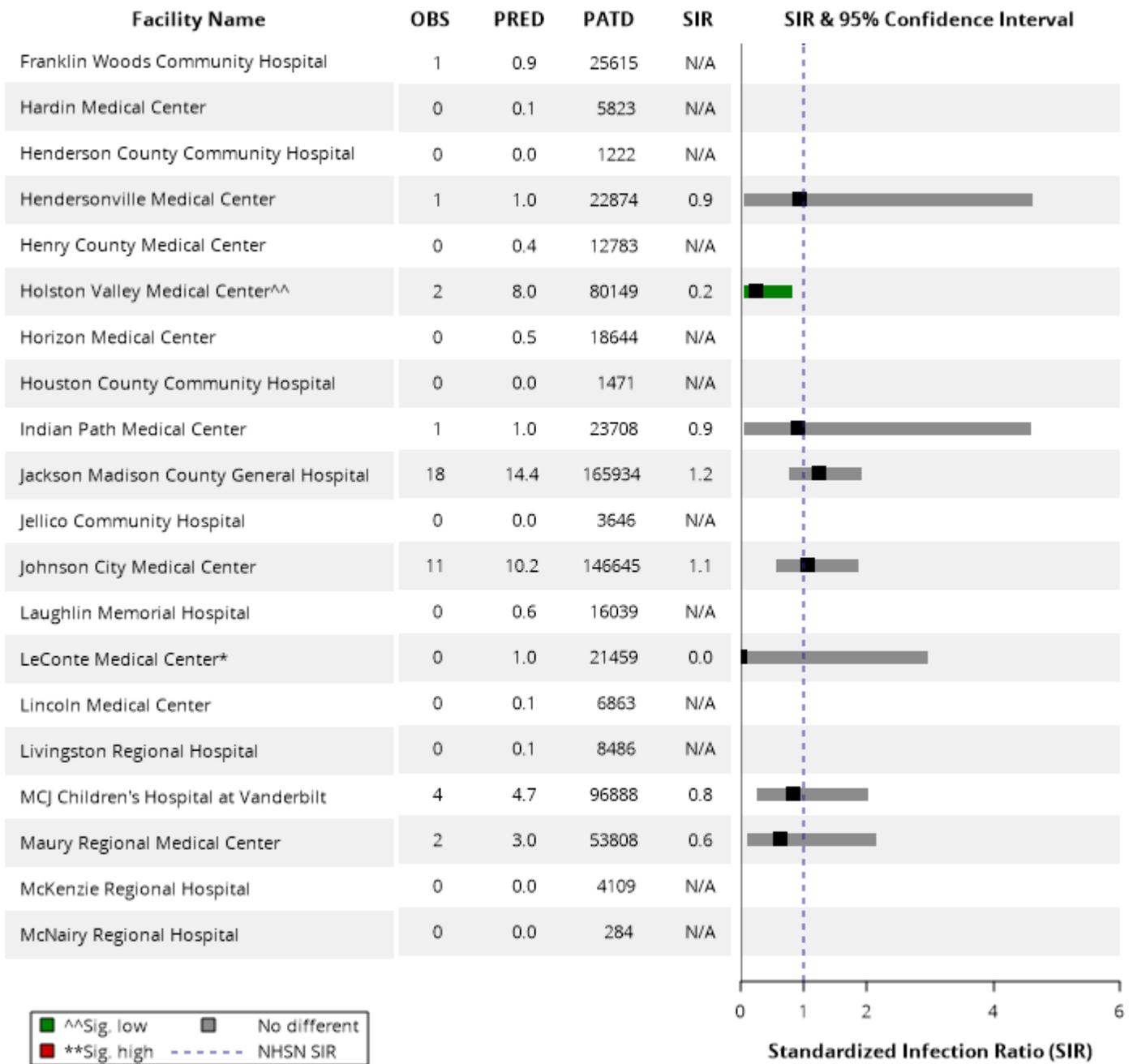
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 81 (cont'd)



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

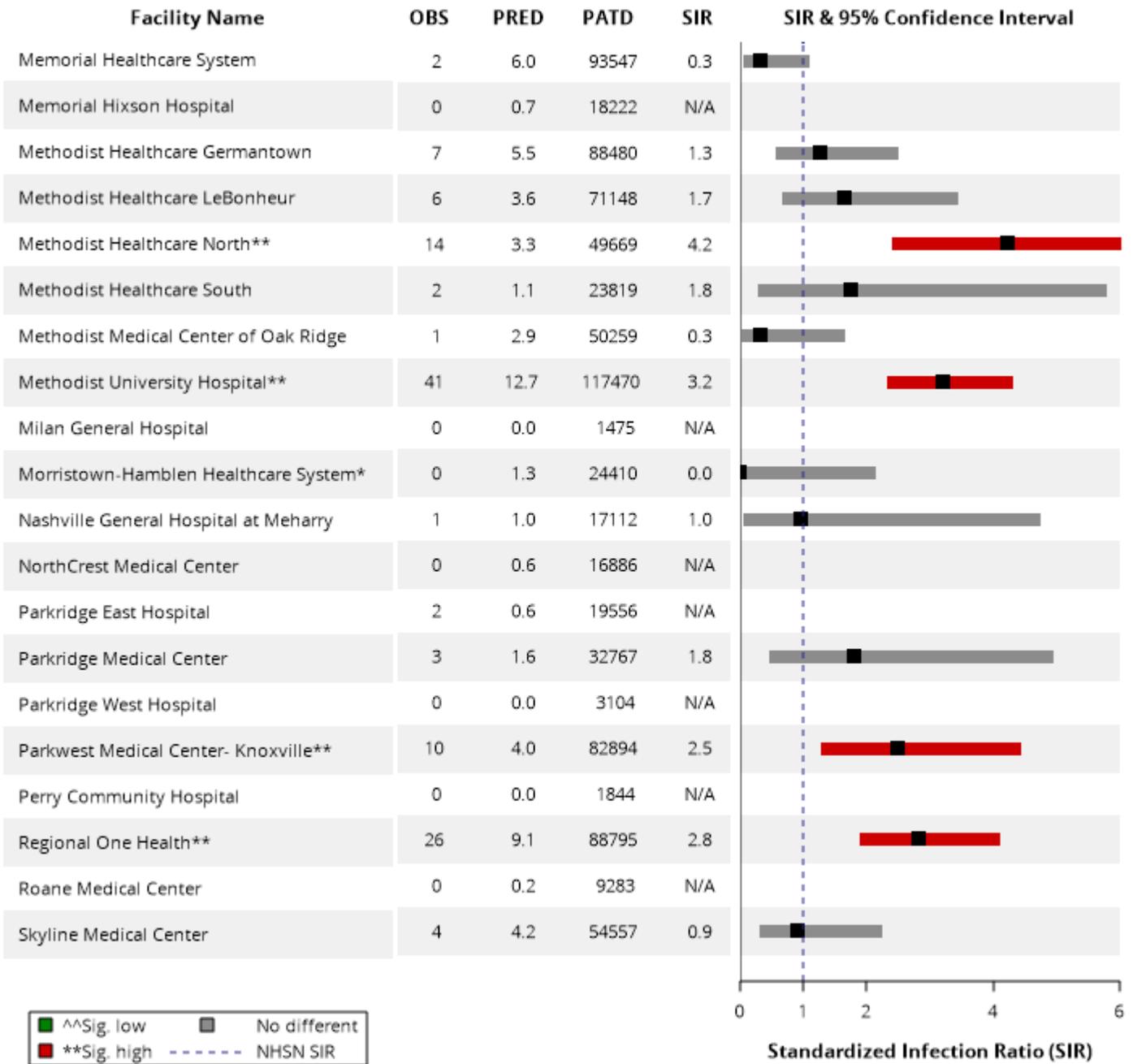
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015national baseline

^^ Significantly lower than 2015national baseline

\* Zero events, but not statistically significant

Figure 81 (cont'd)



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

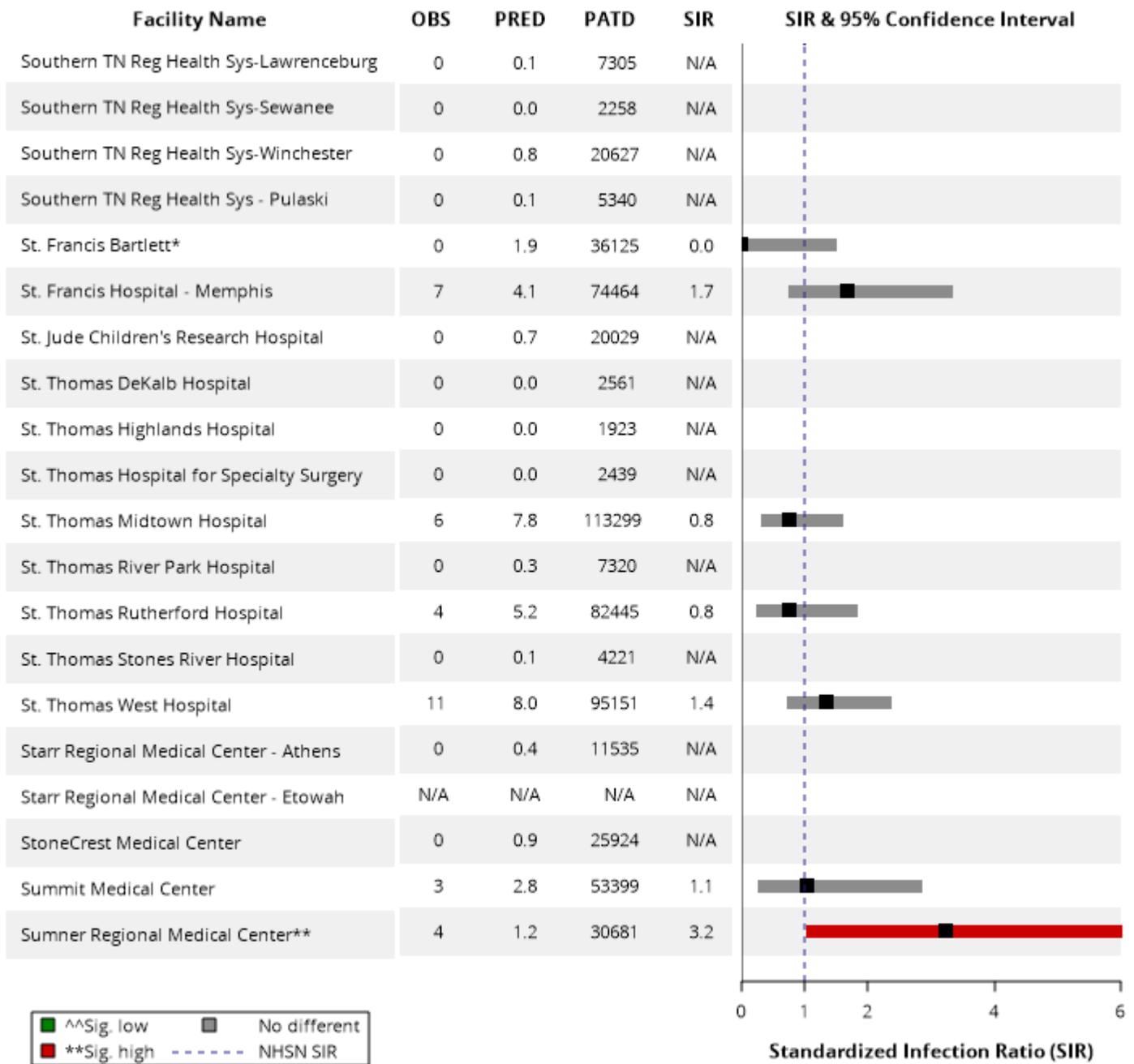
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 81 (cont'd)



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

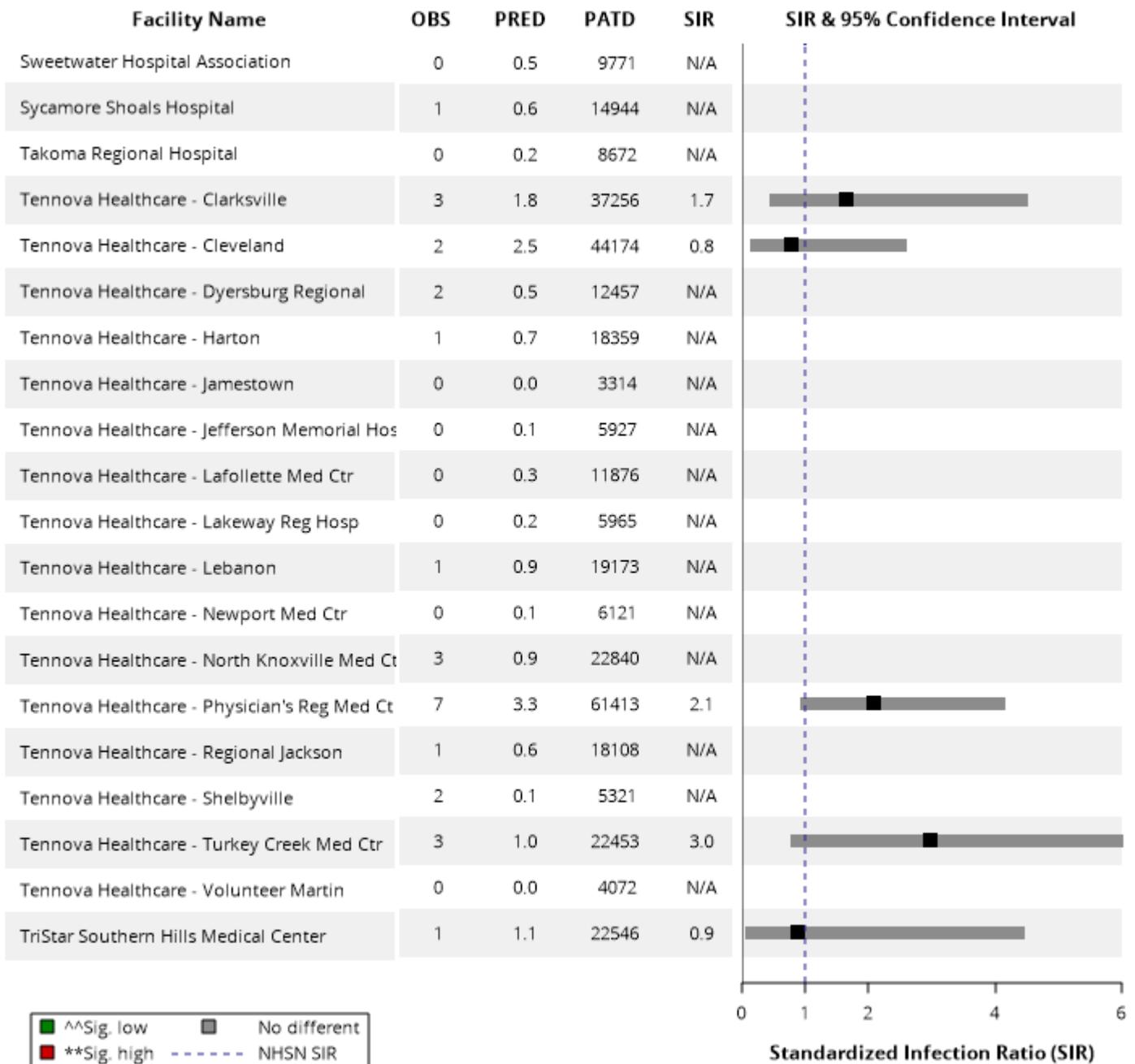
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 81 (cont'd)



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

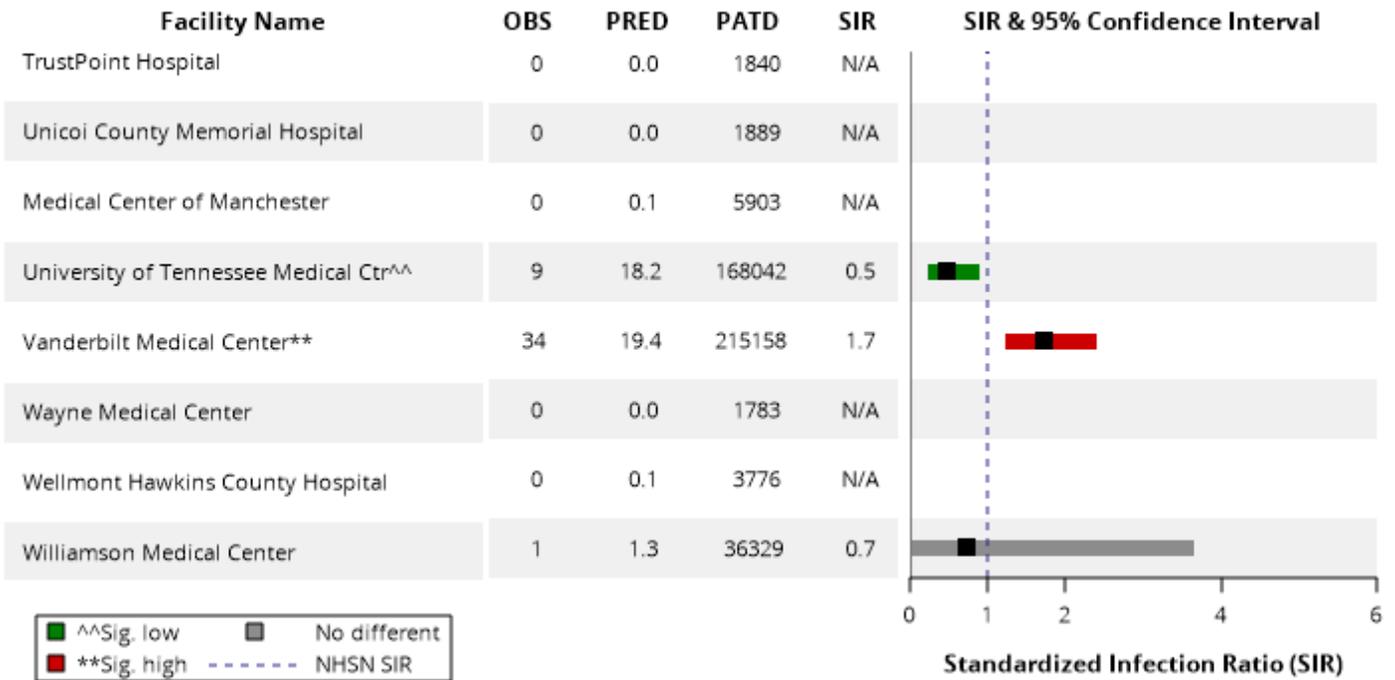
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 81 (cont'd)**



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

# **MRSA Bacteremia Laboratory-Identified Events**

***Long-term Acute Care (LTAC) Hospitals***

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

**Total number of facilities reporting from January-December 2015: 10**

**Total number of facilities reporting from January-December 2016: 10**

### **SIRs by Quarter ([Figure 82](#))**

- In 2015, the overall healthcare-onset MRSA bacteremia LabID SIR in long-term acute care hospitals increased from a low SIR of 0.51 in April-June to a peak SIR of 2.03 from October-December 2015. In January-March 2016 the MRSA LabID SIR was 0.59 and gradually increased to a high SIR of 1.14 in October-December.

### **Key percentiles for Tennessee SIRs ([Table 47](#), [Table 48](#))**

- The overall healthcare-onset MRSA bacteremia LabID SIR for long-term acute care hospitals in Tennessee from January-December 2015 was not statistically significantly different than the 2015 national SIR of 1 (SIR=1.28; 95% CI: 0.87, 1.82). The 2016 SIR was lower than the 2015 state SIR, but not statistically significantly different than the 2015 national SIR of 1 (SIR=0.85; 95% CI: 0.50, 1.35).
- From January-December 2015, the median healthcare-onset MRSA bacteremia LabID SIR for long-term acute care hospitals was 1.37 indicating that half of reporting facilities with at least 1 predicted infection had a healthcare-onset MRSA LabID SIR at or above 1.37. From January-December 2016, the median healthcare-onset MRSA bacteremia LabID SIR for long-term acute care hospitals was 0.67.

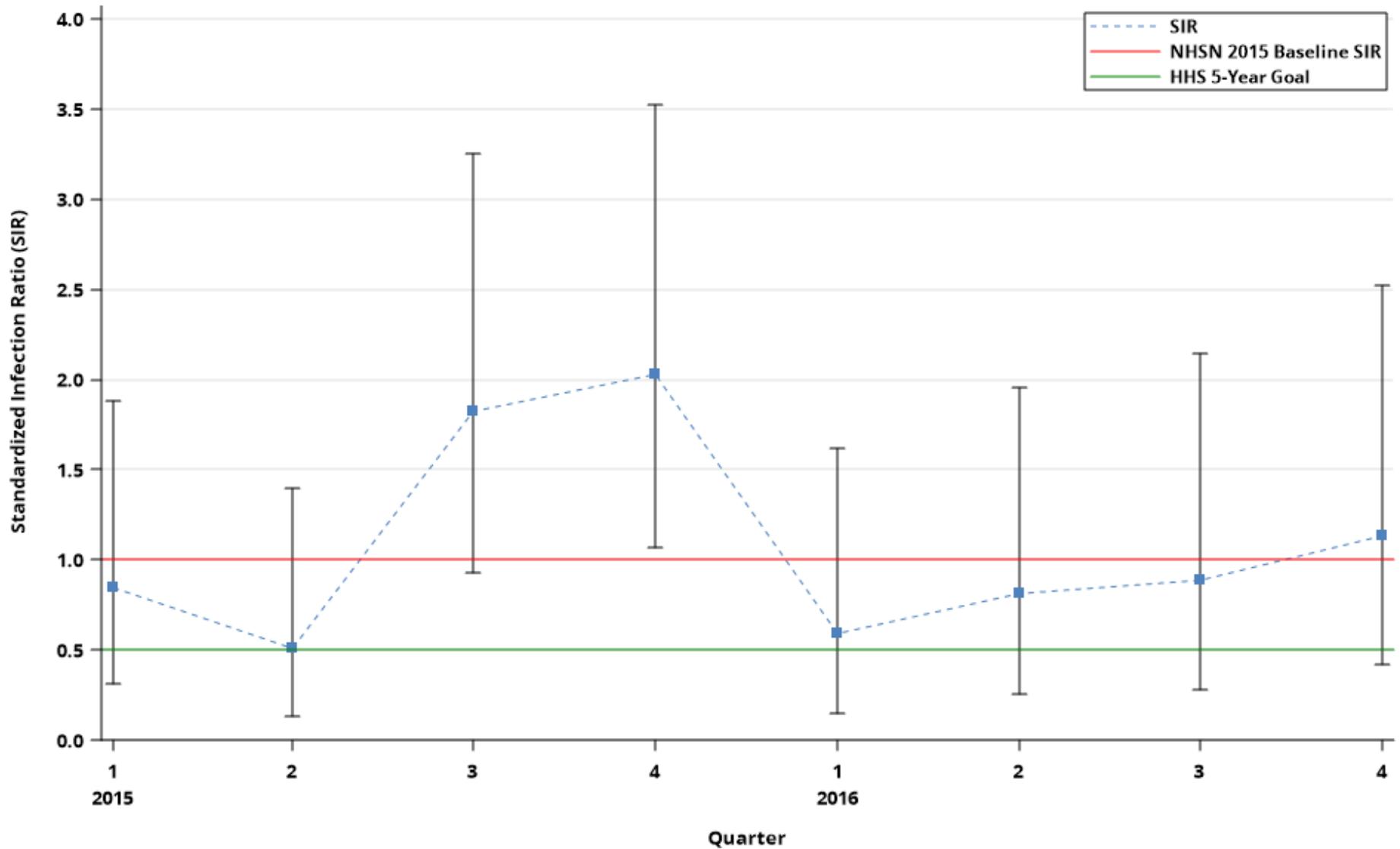
### **Healthcare Facility-Onset and Community-Onset MRSA LabID Rates ([Figure 83](#))**

- From July-September 2010 to October-December 2016 the incidence of healthcare facility-onset MRSA LabID events in LTACs has fluctuated between 1.23 to 4.83 events per 10,000 patient-days, with sharp increases in January-March 2014 and from April-June 2015 to October-December 2015. The prevalence of community-onset MRSA LabID events in LTACs was between 0 and 2.33 events per 1,000 admissions from July-September 2010 to October-December 2016.
- The incidence of healthcare facility-onset MRSA bacteremia LabID events was 2.59 events per 10,000 patient-days in 2015, higher than the incidence of 1.55 events per 10,000 patient-days in 2016. The prevalence of community-onset MRSA bacteremia LabID events was lower in 2016 (0.59 events per 1,000 admissions) than in 2015 (0.97 events per 1,000 admissions).

### **Facility-Specific SIRs ([Figure 84](#), [Figure 85](#))**

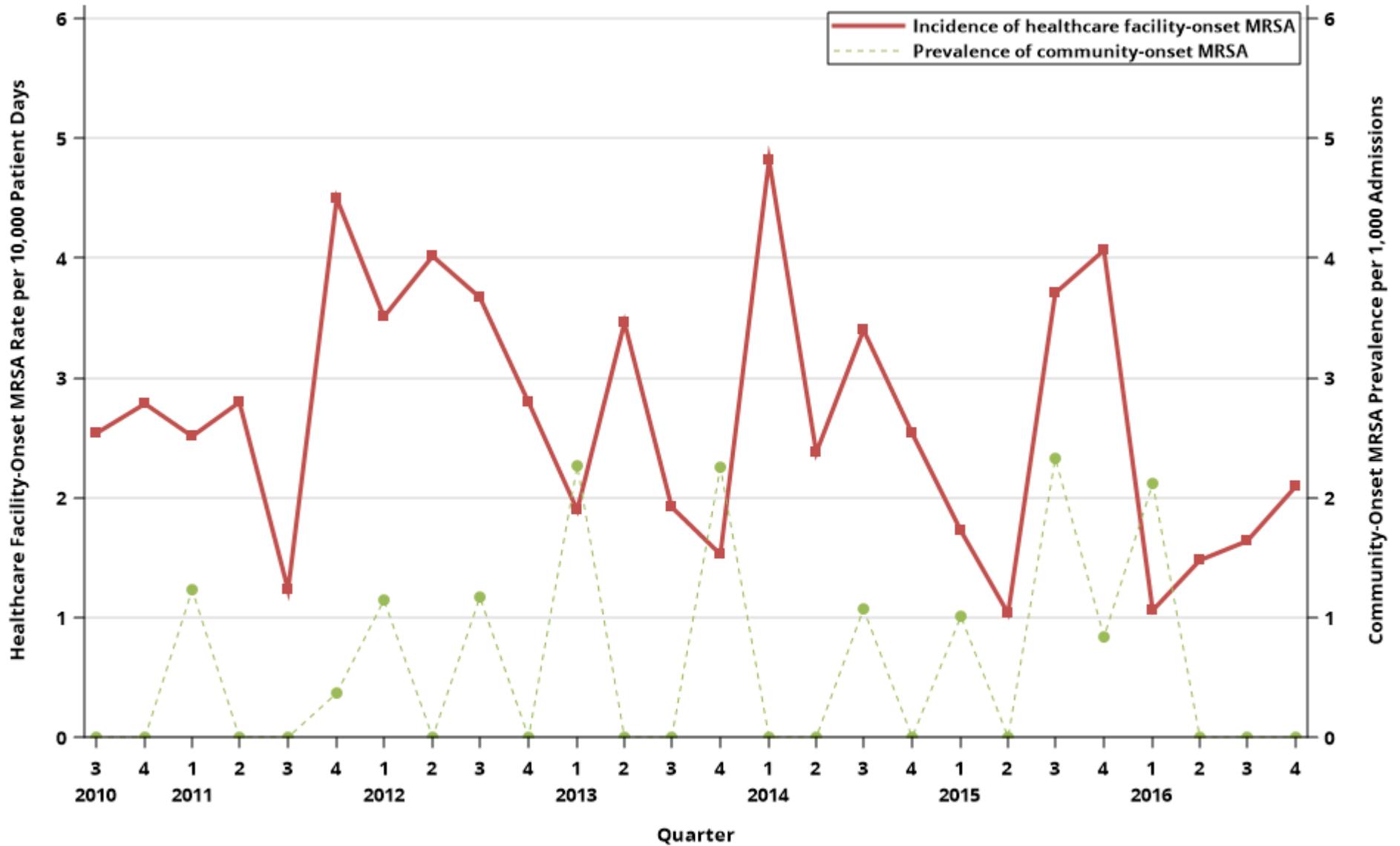
- The healthcare facility-onset MRSA bacteremia LabID event SIR for January-December 2015 and 2016 for each long-term acute care hospital is displayed in [Figure 84](#) and [Figure 85](#). The bar representing the confidence interval is green if the was significantly lower than the 2015 national SIR of 1 and red if the SIR was significantly higher than 1. Some hospitals reported zero events (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of patient days.
- In 2015, no facilities had a healthcare facility-onset MRSA bacteremia LabID event SIR that was statistically significantly different than the 2015 national baseline SIR of 1. In 2016, 1 facility had a healthcare facility-onset MRSA bacteremia LabID event SIR that was statistically significantly higher than the 2015 national baseline SIR of 1. One facility had a healthcare facility-onset MRSA bacteremia LabID event SIR that was statistically significantly lower than the 2015 national baseline SIR of 1 in 2016.

**Figure 82 : Standardized Infection Ratio (SIR) for Healthcare-Onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Laboratory-Identified (LabID) Events for Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 01/01/2015–12/31/2016**  
 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



Data Reported as of March 05, 2018

**Figure 83 : Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 07/01/2010-12/31/2016**



Data Reported as of March 05, 2018

**Table 47 : Healthcare-Onset Methicillin-resistant Staphylococcus aureus (MRSA) Laboratory-Identified (LabID)Events Standardized Infection Ratio (SIR) in Long-term Acute Care (LTAC) Hospitals by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	PAT DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	10	103,518	16	18.87	0.85	0.50	1.35	8	1	13%	1	13%	0.00	0.09	0.67	1.87	2.72	
	2015	10	111,861	29	22.65	1.28	0.87	1.82	9	0	0%	0	0%	0.58	1.17	1.37	1.84	2.89	

Data reported as of March 05, 2018

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 48 : Methicillin-resistant Staphylococcus aureus (MRSA) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Long-term Acute Care (LTAC) Hospitals by Year, Tennessee, 01/01/2015 - 12/31/2016**

			Healthcare Facility-Onset Incidence <sup>1</sup>	Community-Onset Prevalence <sup>2</sup>
STATE	YEAR	No.	POOLED MEAN	POOLED MEAN
Tennessee	2016	10	1.55	0.59
	2015	10	2.59	0.97

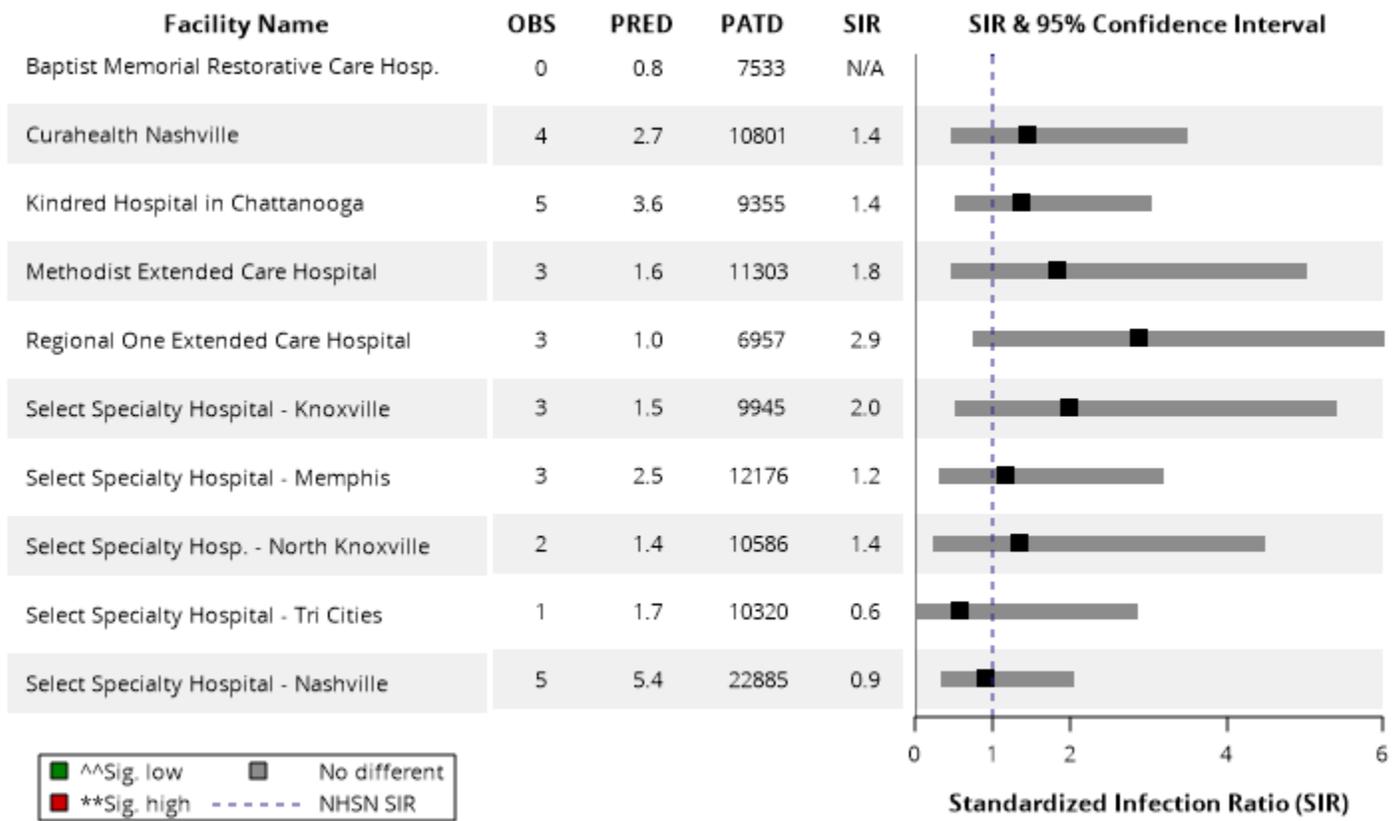
Data reported as of March 05, 2018

No. of facilities reporting

<sup>1</sup>Events per 10,000 patient days

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

**Figure 84 : Healthcare Facility-Onset Methicillin-resistant Staphylococcus aureus (MRSA) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Long-Term Acute Care (LTAC) Hospitals, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

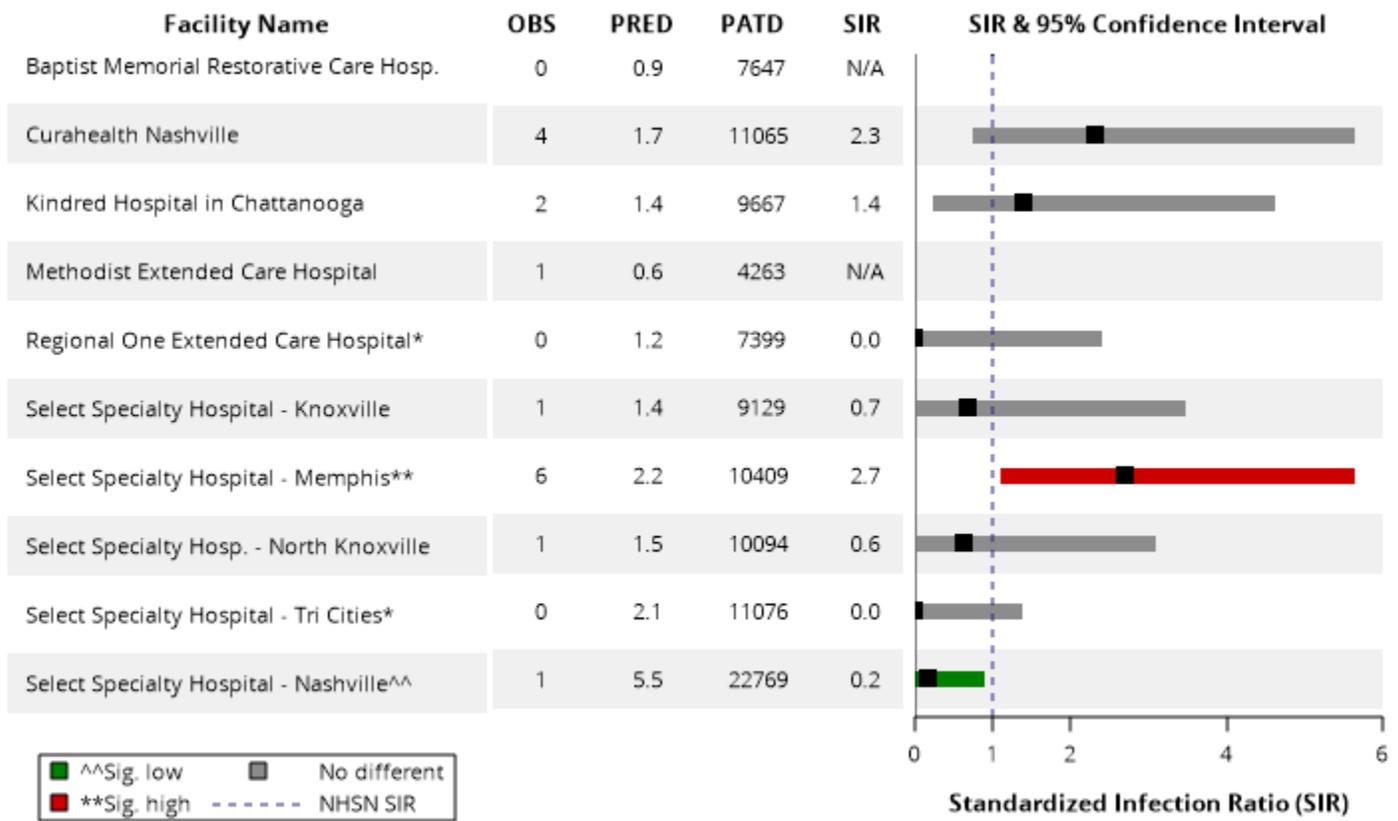
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 85 : Healthcare Facility-Onset Methicillin-resistant Staphylococcus aureus (MRSA) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Long-Term Acute Care (LTAC) Hospitals, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

# **MRSA Bacteremia Laboratory-Identified Events**

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

## MRSA Bacteremia LabID Events in Inpatient Rehabilitation Facilities (IRF):

**Total number of facilities reporting from January-December 2015: 30**

**Total number of facilities reporting from January-December 2016: 30**

### **SIRs by Quarter ([Figure 86](#))**

- In 2015, the overall healthcare-onset MRSA bacteremia LabID SIR in inpatient rehabilitation facilities increased from a low SIR of 0.91 in January-March to a peak SIR of 3.78 from October-December 2015. From January-December 2016, the MRSA LabID SIR fluctuated from a low of 0.0 and a high SIR of 6.51.

### **Key percentiles for Tennessee SIRs ([Table 49](#), [Table 50](#))**

- The overall healthcare-onset MRSA bacteremia LabID SIR for IRFs in Tennessee from January-December 2015 was not statistically significantly different than the 2015 national SIR of 1 (SIR=1.87; 95% CI: 0.87, 3.55). The 2016 SIR was higher than the 2015 state SIR, and statistically significantly higher than the 2015 national SIR of 1 (SIR=2.34; 95% CI: 1.19, 4.17). No percentiles were able to be calculated because no facility had at least one predicted MRSA bacteremia LabID event in 2015 or 2016.

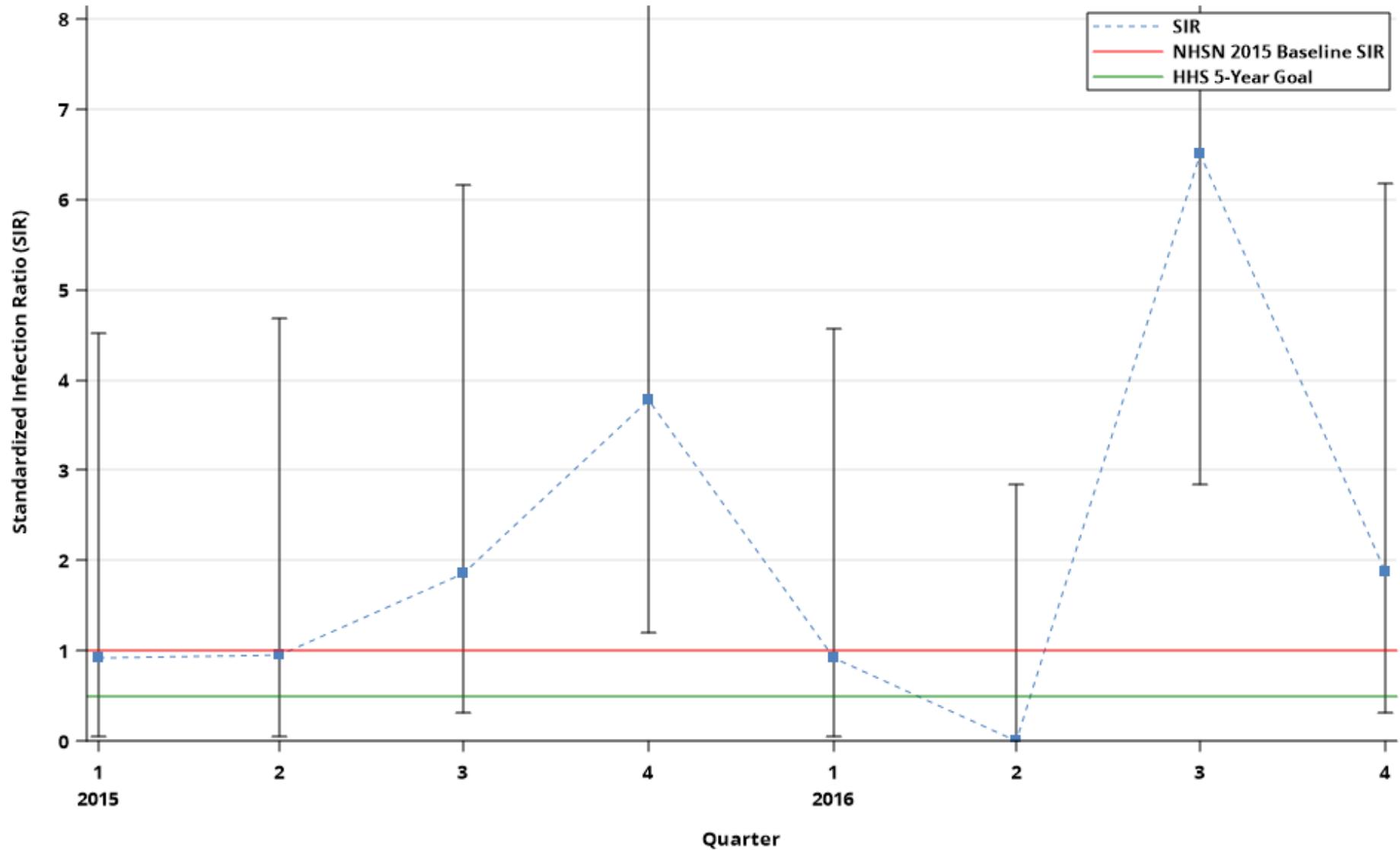
### **Healthcare Facility-Onset and Community-Onset MRSA LabID Rates ([Figure 87](#))**

- From January-December 2015 the incidence of healthcare facility-onset MRSA LabID events in IRFs gradually increased from 0.17 to 0.72 events per 10,000 patient-days. From January-December 2016 the incidence of healthcare facility-onset MRSA LabID fluctuated from 0 to 1.24 events per 10,000 patient-days with a sharp increase from July-September. The prevalence of community-onset MRSA LabID events in IRFs was between 0 and 0.23 events per 1,000 admissions from January-March 2015 to October-December 2016.
- The incidence of healthcare facility-onset MRSA bacteremia LabID events was 0.44 events per 10,000 patient-days in 2016, higher than the incidence of 0.36 events per 10,000 patient-days in 2015. The prevalence of community-onset MRSA bacteremia LabID events was lower in 2016 (0 events per 1,000 admissions) than in 2015 (0.06 events per 1,000 admissions).

### **Facility-Specific SIRs ([Figure 88](#), [Figure 89](#))**

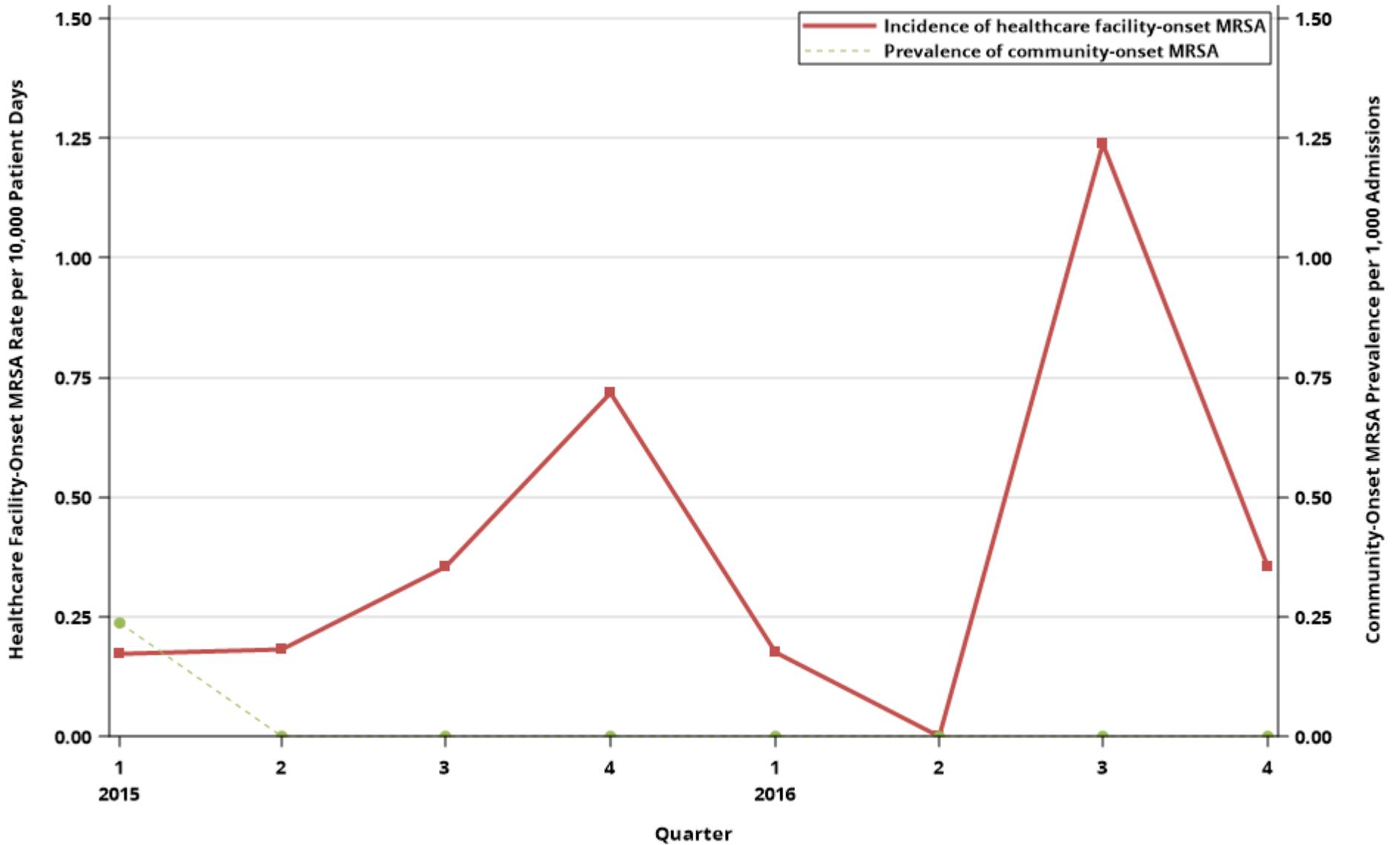
- The healthcare facility-onset MRSA bacteremia LabID event SIR for January-December 2015 and 2016 for each IRF is displayed in [Figure 88](#) and [Figure 89](#). The bar representing the confidence interval is green if the was significantly lower than the 2015 national SIR of 1 and red if the SIR was significantly higher than 1. Some hospitals reported zero events (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of patient days.

**Figure 86 : Standardized Infection Ratio (SIR) for Healthcare-Onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Laboratory-Identified (LabID) Events for Inpatient Rehabilitation Facilities (IRF) by Quarter, Tennessee, 01/01/2015–12/31/2016**  
 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



Data Reported as of March 05, 2018

Figure 87 : Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Inpatient Rehabilitation Facilities (IRF) by Quarter, Tennessee, 01/01/2015-12/31/2016



Data Reported as of March 05, 2018

**Table 49 : Healthcare-Onset Methicillin-resistant Staphylococcus aureus (MRSA) Laboratory-Identified (LabID)Events Standardized Infection Ratio (SIR) in Inpatient Rehabilitation Facilities (IRF) by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	PAT DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	30	225,084	10	4.28	2.34	1.19	4.17	.	0	0%	0	0%	N/A	N/A	N/A	N/A	N/A	
	2015	30	224,931	8	4.28	1.87	0.87	3.55	.	0	0%	0	0%	N/A	N/A	N/A	N/A	N/A	

Data reported as of March 05, 2018

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 50 : Methicillin-resistant Staphylococcus aureus (MRSA) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Inpatient Rehabilitation Facilities (IRF) by Year, Tennessee, 01/01/2015 - 12/31/2016**

			Healthcare Facility-Onset Incidence <sup>1</sup>	Community-Onset Prevalence <sup>2</sup>
STATE	YEAR	No.	POOLED MEAN	POOLED MEAN
Tennessee	2016	30	0.44	0.00
	2015	30	0.36	0.06

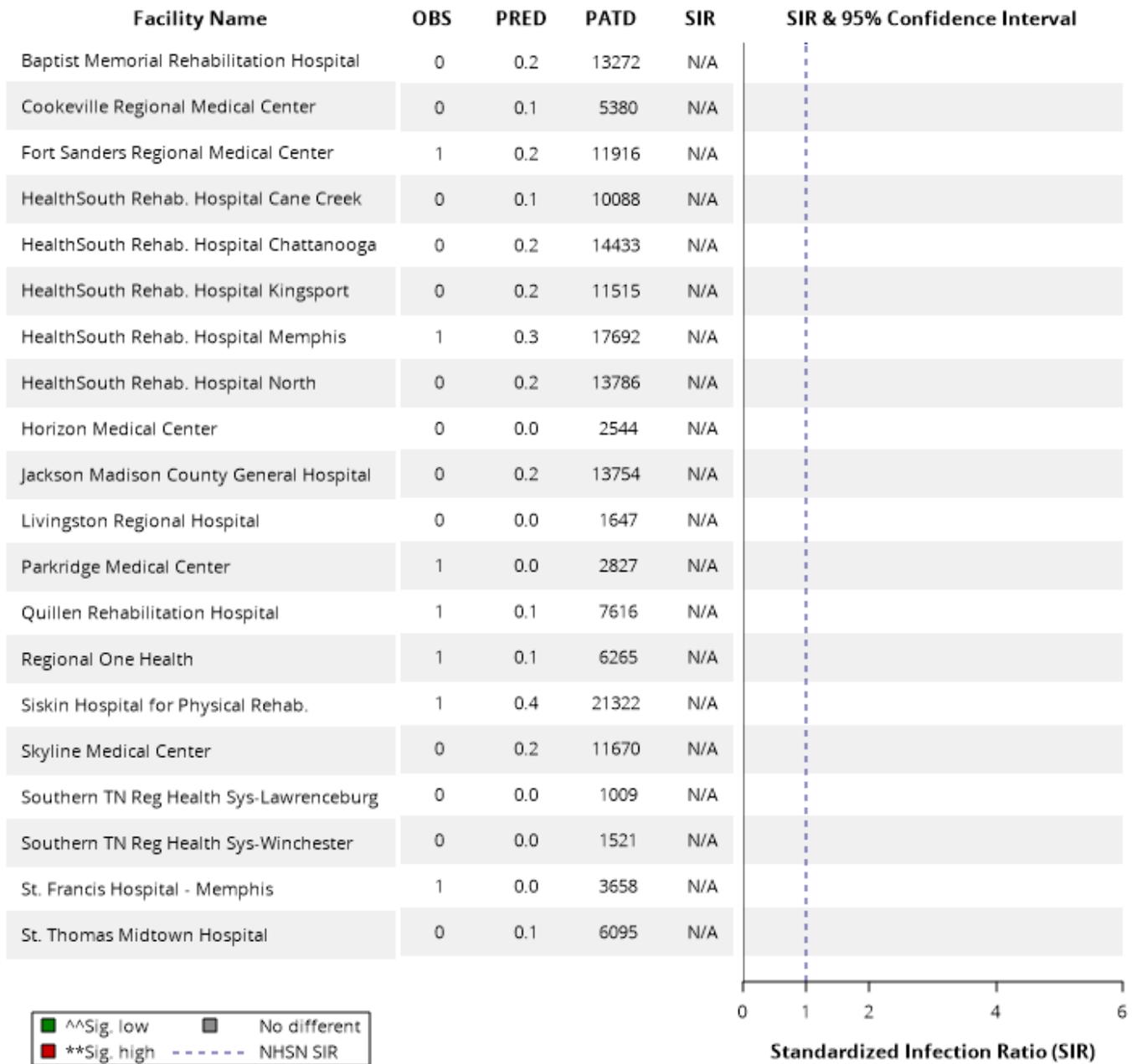
Data reported as of March 05, 2018

No. of facilities reporting

<sup>1</sup>Events per 10,000 patient days

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

**Figure 88 : Healthcare Facility-Onset Methicillin-resistant Staphylococcus aureus (MRSA) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Inpatient Rehabilitation Facilities (IRF), Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

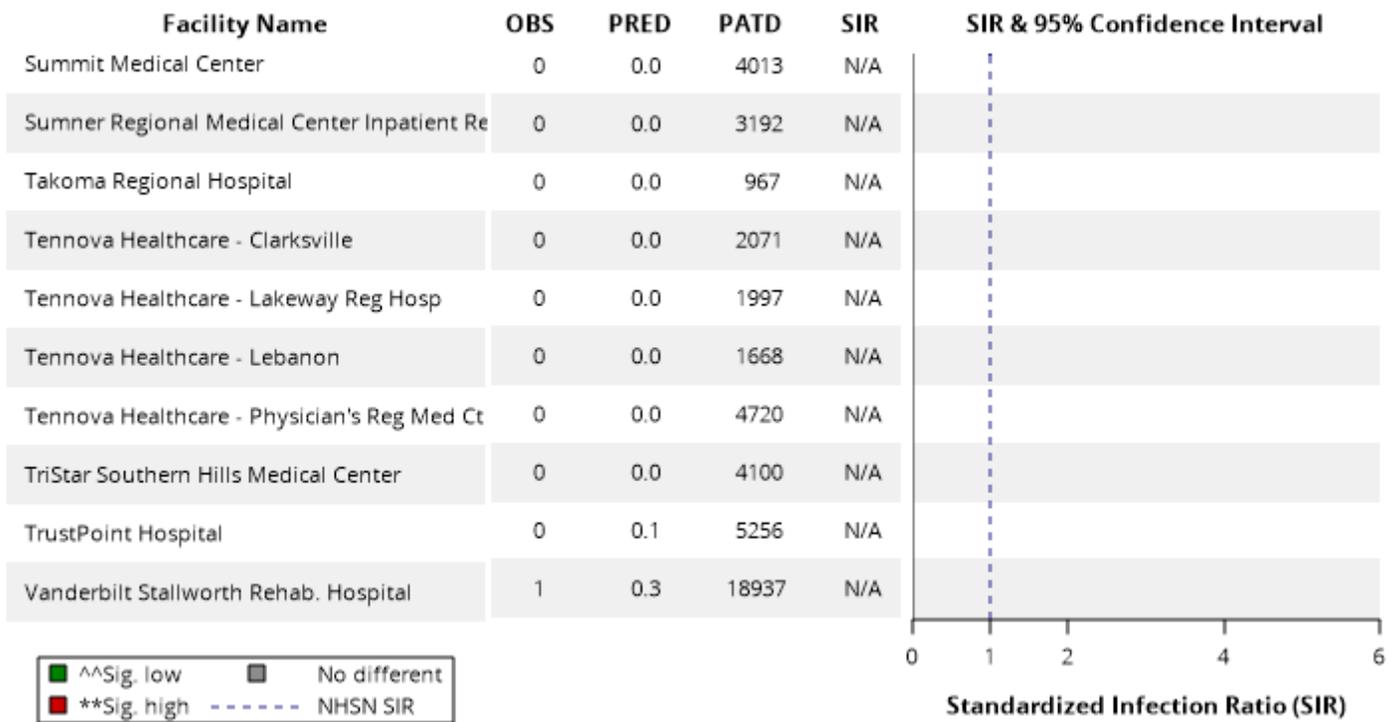
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 88 (cont'd)**



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

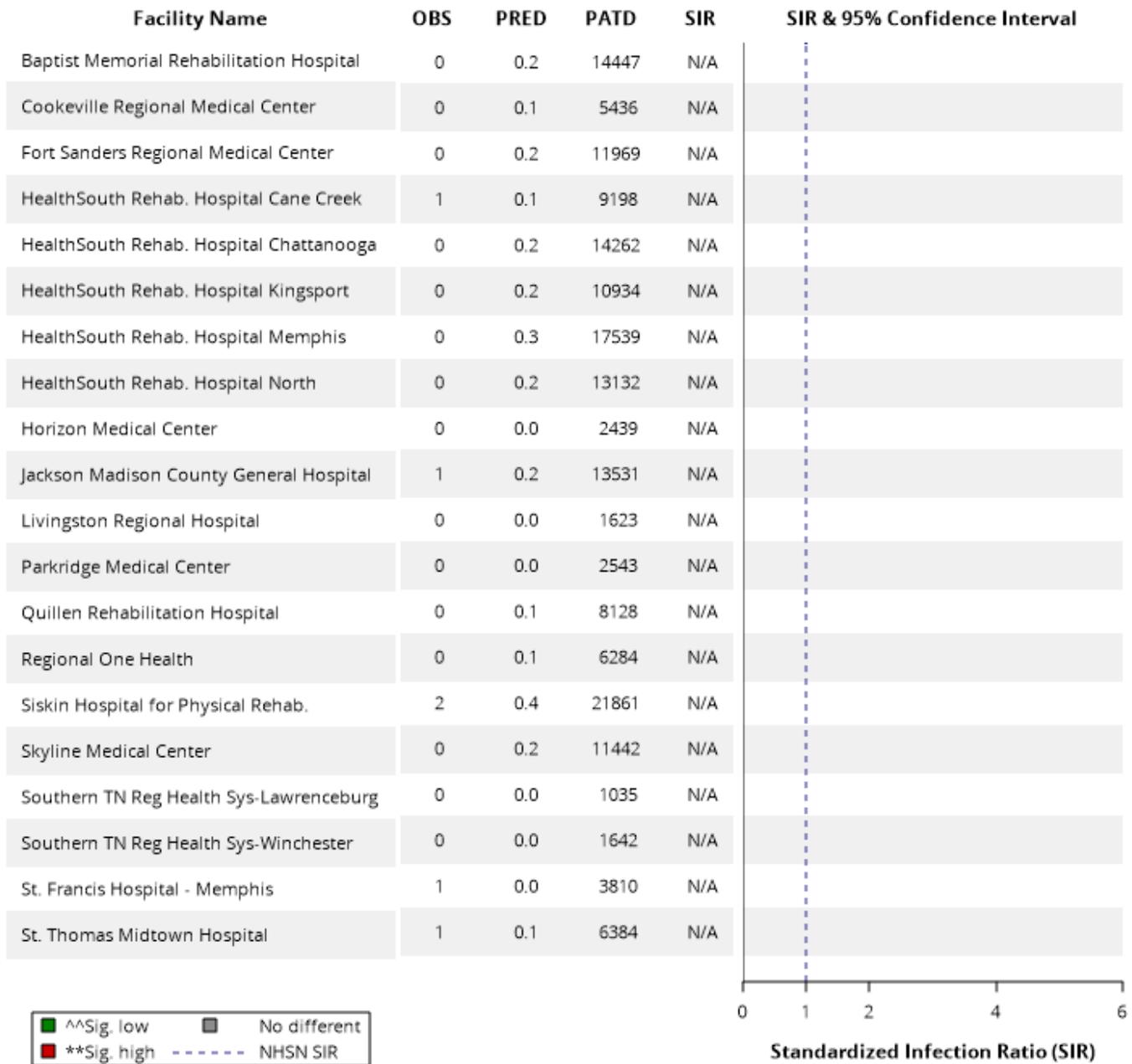
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 89 : Healthcare Facility-Onset Methicillin-resistant Staphylococcus aureus (MRSA) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Inpatient Rehabilitation Facilities (IRF), Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

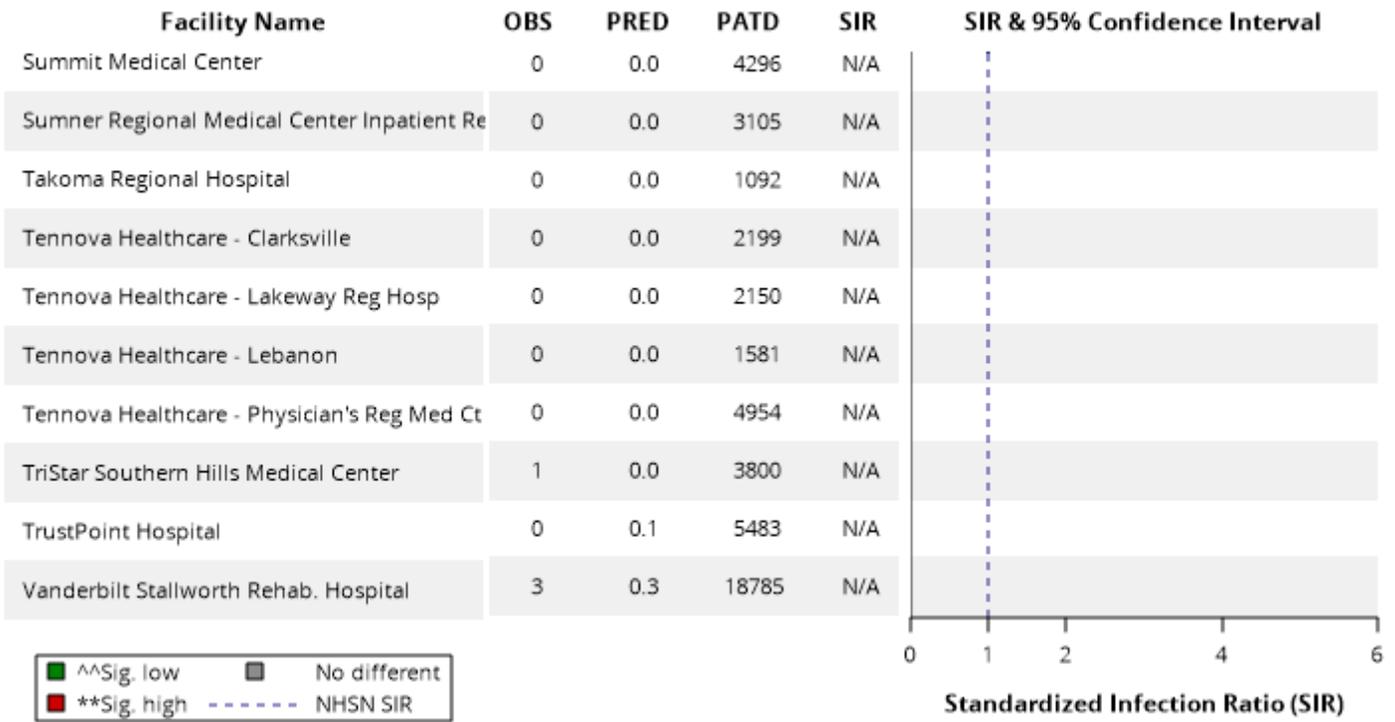
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 89 (cont'd)**



Data Reported as of March 05, 2018

N = number of types of units reporting

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

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

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

PATD = number of patient days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

*Clostridioides difficile* Infection (CDI) Laboratory-  
Identified Events

## ***Clostridioides difficile* Infection (CDI) Laboratory-Identified (LabID) Events**

*Clostridioides difficile* (*C. difficile*) is a bacterium that naturally resides in the bowels of some people without symptoms of infection. *C. difficile* is responsible for a spectrum of *C. difficile* infections (CDI), including gastrointestinal illness which can lead to severe complications including sepsis and death. CDI can occur when *C. difficile* spores are transferred to patients via the hands of healthcare personnel or other contaminated surfaces or items. Healthcare facilities can prevent CDI by using antibiotics wisely and following infection prevention recommendations, including hand hygiene, environmental cleaning, and contact precautions to prevent the spread of *C. difficile* in the healthcare setting (see [Patient Guide on CDI](#)<sup>33</sup>).

### **Reporting Requirements**

*C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events have been reportable to TDH since July 2010 from acute care hospitals (facility-wide inpatient locations and emergency departments) and long-term acute care hospitals (facility-wide inpatient locations). Inpatient rehabilitation facilities (facility-wide inpatient locations) have been required to report since January 2015. Hospitals with an average daily census less than 25 were exempt from this requirement until July 2012.

To comply with these reporting requirements, facilities are required to follow the [NHSN Multidrug-Resistant Organism & \*Clostridioides difficile\* Infection LabID Event Surveillance protocol](#)<sup>34</sup>, which is updated each year with CDI LabID event surveillance definitions and reporting instructions. Facilities must report the total number of admissions and patient days (for all facility inpatient locations, excluding newborn locations), or patient encounters (for Emergency Department reporting) each month to NHSN. They are also required to report any positive *C. difficile* laboratory results which meet the NHSN surveillance definition of a CDI LabID event.

### **Changes to Surveillance Definitions**

In January 2015, NHSN added a new rule that facilities participating in facility-wide inpatient locations (FacWideIN) LabID Event reporting would be required to map and report outpatient LabID Events from emergency departments and 24-hour observation locations for the same organism and LabID Event type. This meant that facilities no longer assigned the admitting inpatient location to LabID Events when specimens are collected in the emergency department or 24-hour observation location on the same calendar day as inpatient admission. This rule facilitates accurate categorization of LabID Events, as well as allows each facility to capture community-onset cases.

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

To ensure fair and accurate reporting of facility-specific healthcare facility-onset *C. difficile* Infection (CDI) LabID events standardized infection ratios (SIR) TDH has adopted the NHSN minimum thresholds for reporting. To report a facility-specific SIR, the statistically predicted number of infections must be at least 1.0.

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<sup>33</sup> [http://www.cdc.gov/HAI/pdfs/cdiff/Cdiff\\_tagged.pdf](http://www.cdc.gov/HAI/pdfs/cdiff/Cdiff_tagged.pdf)

<sup>34</sup> [http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO\\_CDADcurrent.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf)

## CDI LabID Events Risk Adjustment

Recently, CDC introduced the SIR “rebaseline”, a term that is being used to describe updates to the previous (or original) HAI baselines. CDC used 2015 HAI data to create the updated SIR baselines, which includes updates to both the source of aggregate data and the risk adjustment methodology used to calculate the number of predicted events. Before 2015, the time period used to establish the baseline, or reference points, varied among the different HAI measures. Thus, in previous TN HAI reports, the number of predicted infections was estimated based on those original baselines. Therefore, the data in this report are not comparable with previous HAI reports. Further details can be seen in the [NHSN Guide to the SIR.](#)<sup>35</sup>

Risk adjustment for healthcare facility-onset *C. difficile* (CDI) is calculated using negative binomial regression based on facility-level characteristics, including inpatient community-onset prevalence rate, CDI test type, medical school affiliation, facility type, ICU bed size, and outpatient reporting. The negative binomial regression model is based on national NHSN data from 2015. In long-term acute care hospitals, the regression model includes inpatient-community-onset prevalence rate, percent of admissions on a ventilator, CDI test type and percent of single occupancy rooms. The model for inpatient rehabilitation facilities (IRF) includes CDI test type, IRF setting, percent of admissions with orthopedic conditions, spinal cord dysfunctions and stroke.

This report displays crude (unadjusted) rates of healthcare facility-onset (HO) incidence, community-onset (CO) admission prevalence, and community-onset healthcare facility associated (COHFA) admission prevalence of CDI. Standardized infection ratios (SIRs) are displayed for LabID events in acute care hospitals, long-term acute care hospitals and inpatient rehabilitation facilities beginning January 2015.

**Crude (unadjusted) healthcare facility-onset (HO) incidence rates** are calculated as follows:

$$\text{HO Incidence Rate} = \frac{\text{Number of HO events}}{\text{Number of patient days}} \times 10,000$$

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

$$\text{CO Incidence Rate} = \frac{\text{Number of CO events}}{\text{Number of patient admissions}} \times 1,000$$

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<sup>35</sup> <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>

# *C. difficile* Infection (CDI) Laboratory-Identified Events

*Acute Care Hospitals*

## CDI LabID Events in Acute Care Hospitals:

**Total number of facilities reporting from January-December 2015: 110**

**Total number of facilities reporting from January-December 2016: 110**

### **SIRs by Quarter ([Figure 90](#), [Figure 91](#))**

- From January-March 2015 to October-December 2015, the overall healthcare facility-onset CDI LabID SIR in acute care hospitals in Tennessee fluctuated from 0.92 to 0.99, slightly above the U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>36</sup> prevention target of SIR = 0.70. From January-March 2016 to July-September 2016, the CDI SIR decreased from 0.89 to 0.79, but saw a sharp increase from October-December with a CDI LabID SIR of 0.98.

### **Key percentiles for Tennessee SIRs ([Table 51](#), [Table 52](#))**

- The overall healthcare facility-onset CDI LabID SIR for acute care hospitals in Tennessee from January-December 2015 was not statistically significantly different than the national SIR of 1 (SIR=0.97; 95% CI: 0.93, 1.01). The overall healthcare facility-onset CDI LabID SIR for acute care hospitals in Tennessee from January-December 2016 was statistically significantly lower than the national SIR of 1 (SIR=0.88; 95% CI: 0.85, 0.92).
- From January-December 2015, the median healthcare facility-onset CDI LabID SIR for acute care hospitals was 0.92, indicating that half of reporting facilities with at least 1 predicted infection had a healthcare facility-onset CDI LabID SIR at or below 0.92. From January-December 2016, the median healthcare facility-onset CDI LabID SIR for acute care hospitals was 0.76.

### **Healthcare Facility-Onset and Community-Onset CDI LabID Rates ([Figure 92](#))**

- From July-September 2010 to October-December 2016 the incidence of healthcare facility-onset CDI LabID events has increased from 4.4 to 7.2 events per 10,000 patient-days, with a peak of 7.2 events per 10,000 patient-days in July-September 2015. The prevalence of community-onset CDI LabID events increased from 2.0 to 4.3 events per 1,000 admissions from July-September 2010 to October-December 2016 with a peak of 4.3 events per 10,000 patient-days in July-September 2015. There was no significant change in the prevalence of community-onset healthcare facility-associated CDI LabID events from July-September 2010 to October-December 2016.

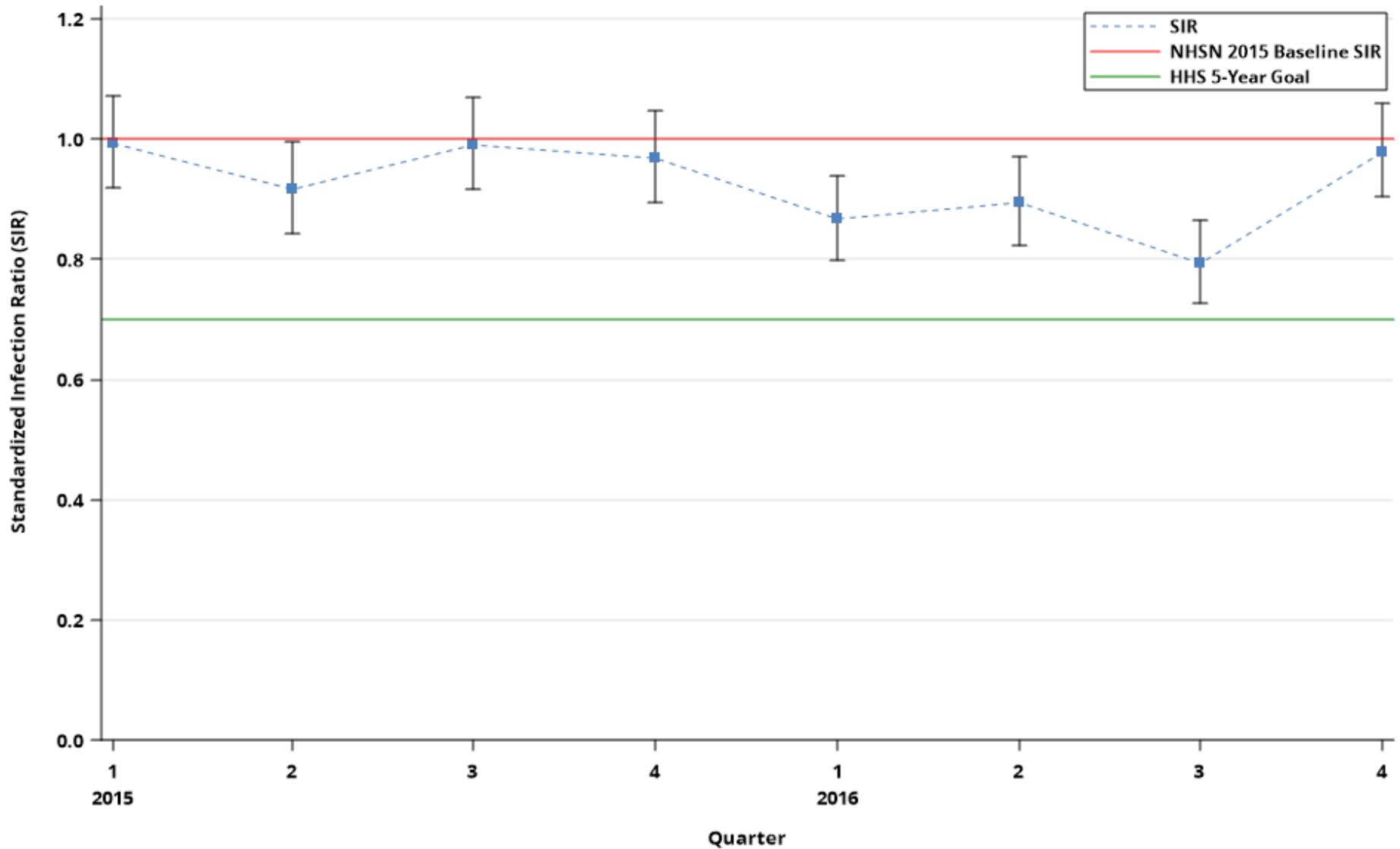
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<sup>36</sup> [http://www.health.gov/hai/prevent\\_hai.asp](http://www.health.gov/hai/prevent_hai.asp)

### **Facility-Specific SIRs (Figure 93, Figure 94)**

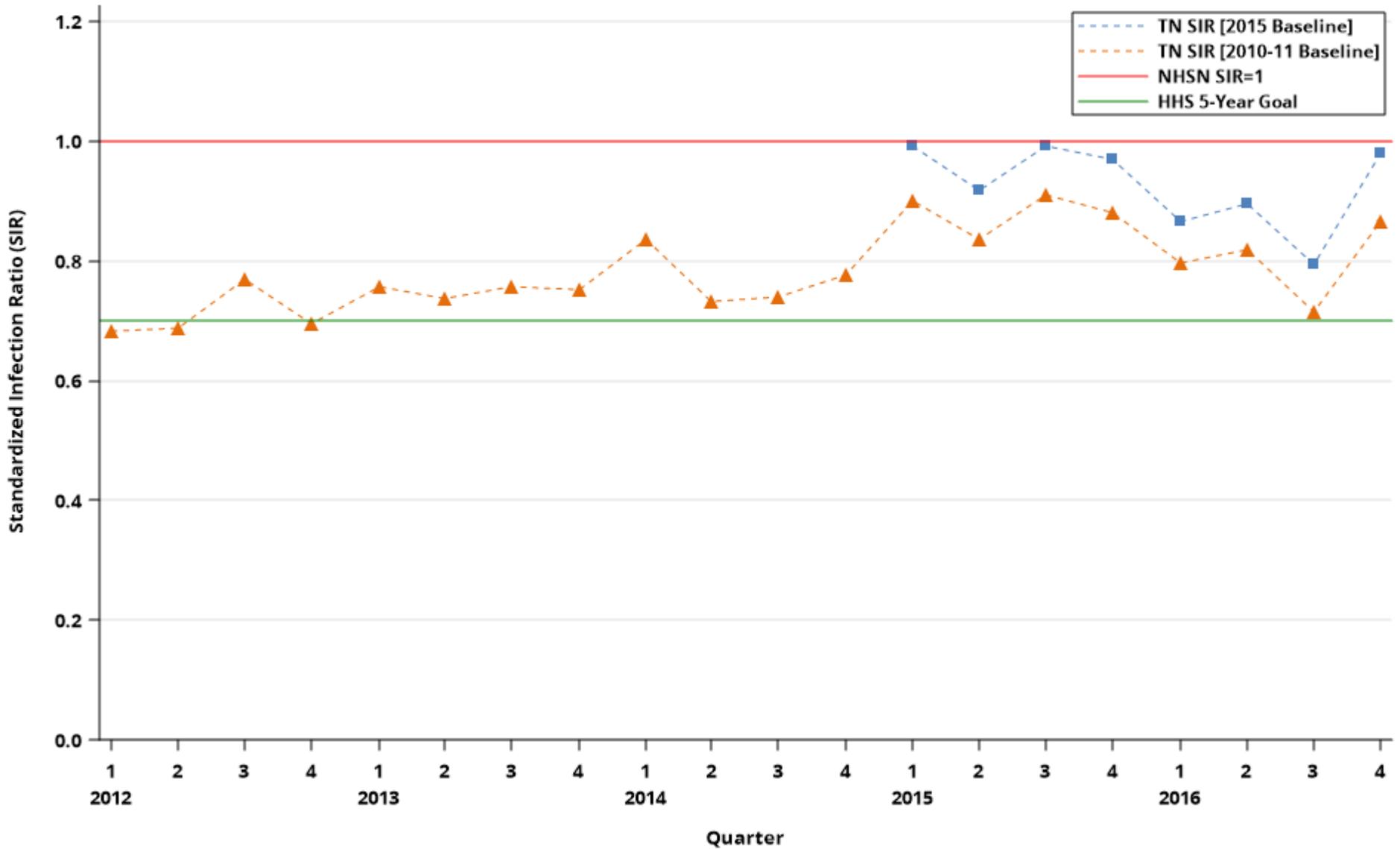
- The healthcare facility-onset CDI LabID event SIR for January-December 2014 for each acute care facility is displayed in [Figure 93](#) and [Figure 94](#). The bar representing the confidence interval is green if the was significantly lower than the 2015 national SIR of 1 and red if the SIR was significantly higher than 1. Some hospitals reported zero events (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of patient days.
- In 2015, 8 facilities had a healthcare facility-onset CDI LabID event SIR that was statistically significantly higher than the 2015 national baseline SIR of 1 and 11 facilities had a SIR that was statistically significantly lower than the baseline SIR. In 2016, 11 facilities had a healthcare facility-onset CDI LabID event SIR that was statistically significantly higher than the 2015 national baseline SIR of 1 and 24 facilities had a SIR that was statistically significantly lower than the baseline SIR.

Figure 90 : Standardized Infection Ratio (SIR) for Healthcare-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events for Acute Care Hospitals by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



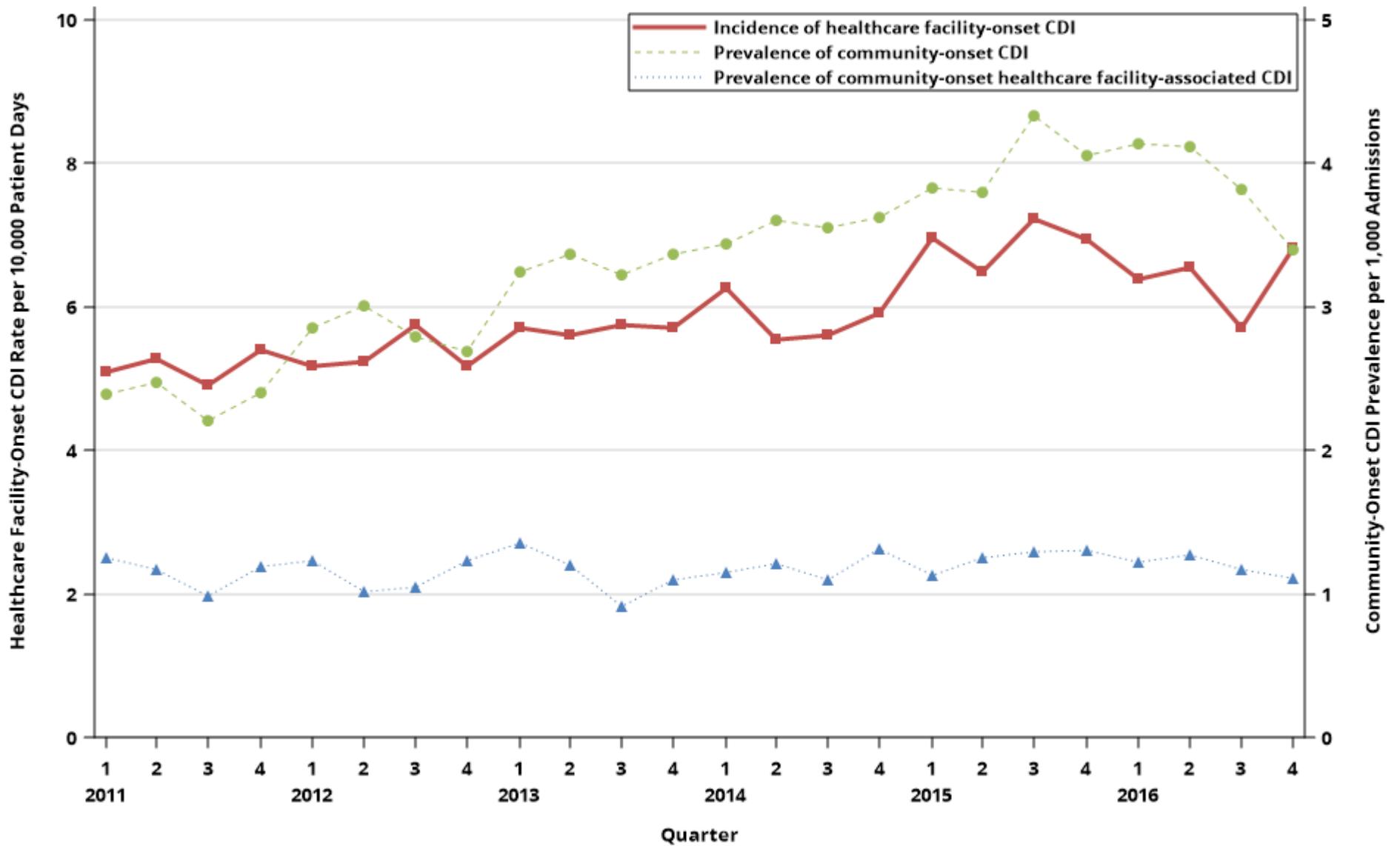
Data Reported as of November 13, 2017

Figure 91 : Standardized Infection Ratio (SIR) for Healthcare-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events for Acute Care Hospitals by Quarter, Tennessee, 01/01/2012–12/31/2016



Data Reported as of November 13, 2017

Figure 92 : *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Quarter, Tennessee, 07/01/2010-12/31/2016



Data Reported as of November 13, 2017

**Table 51 : Healthcare-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Standardized Infection Ratio (SIR) in Acute Care Hospitals by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	PAT DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	109	3,563,302	2,272	2,571.78	0.88	0.85	0.92	91	24	26%	11	12%	0.13	0.38	0.76	1.13	1.60	
	2015	109	3,577,545	2,472	2,554.05	0.97	0.93	1.01	89	11	12%	8	9%	0.36	0.64	0.92	1.18	1.44	

Data reported as of November 13, 2017

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 52 : *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Acute Care Hospitals by Year, Tennessee, 01/01/2015 - 12/31/2016**

			Healthcare Facility-Onset Incidence Rate <sup>1</sup>	Community-Onset Prevalence Rate <sup>2</sup>	
STATE	YEAR	No.	POOLED MEAN	CO POOLED MEAN	CO-HFA POOLED MEAN
Tennessee	2016	110	6.37	3.87	1.20
	2015	110	6.91	4.00	1.25

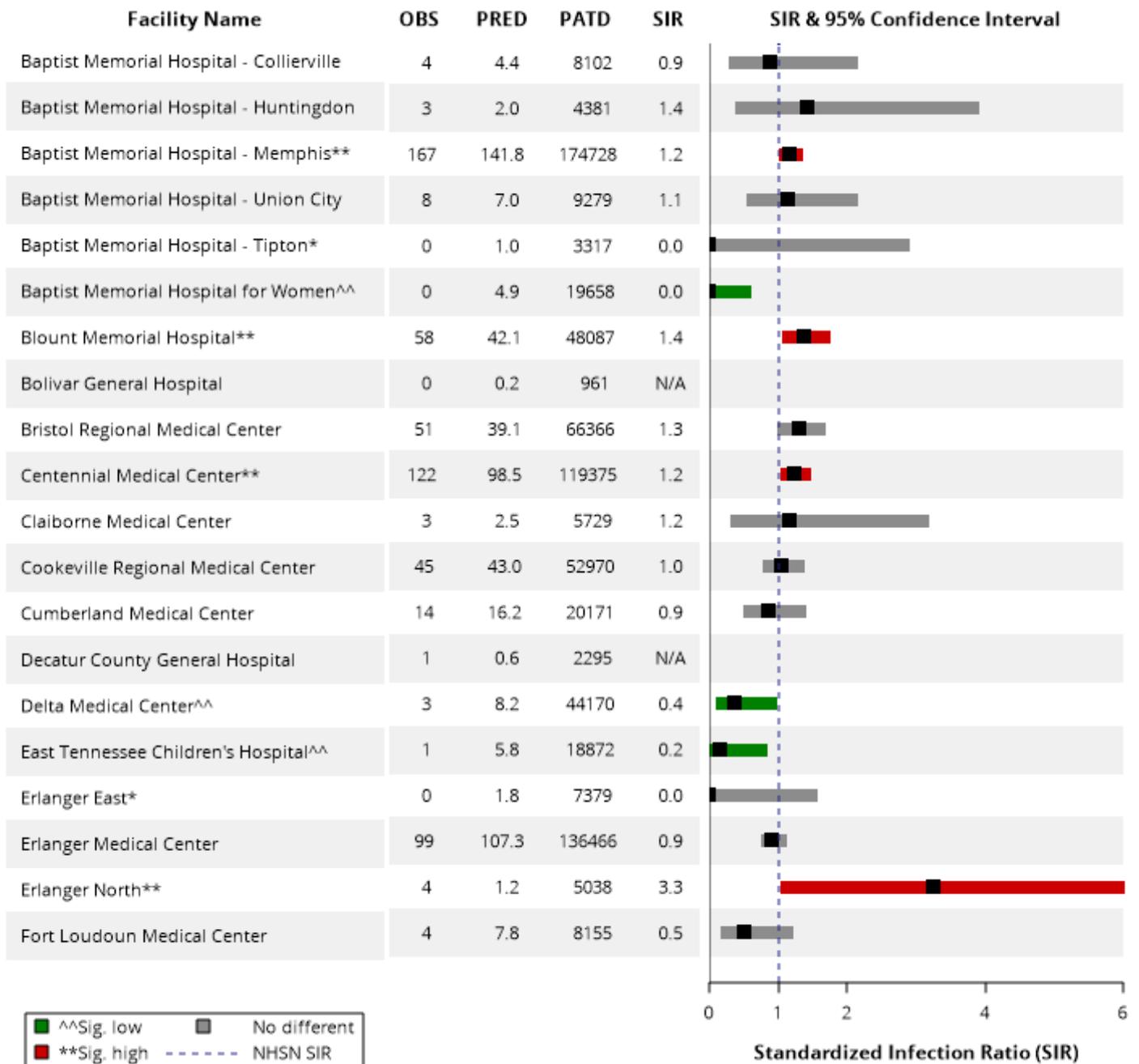
Data reported as of November 13, 2017

No. = number of facilities reporting; CO = community-onset; CO-HFA = community-onset healthcare facility-associated

<sup>1</sup>Events per 10,000 patient days

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

**Figure 93 : Healthcare Facility-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Acute Care Hospitals, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

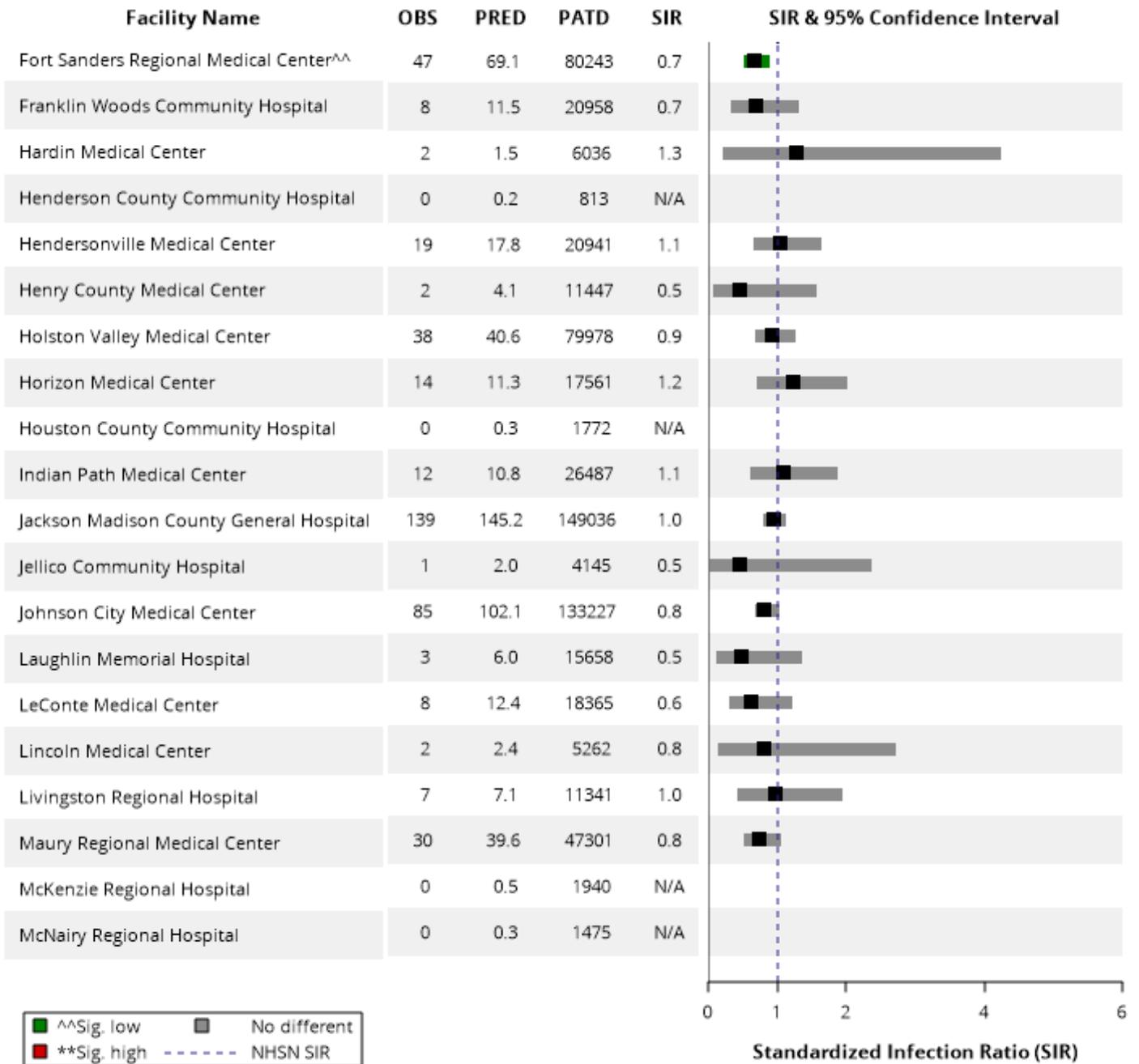
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 93 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

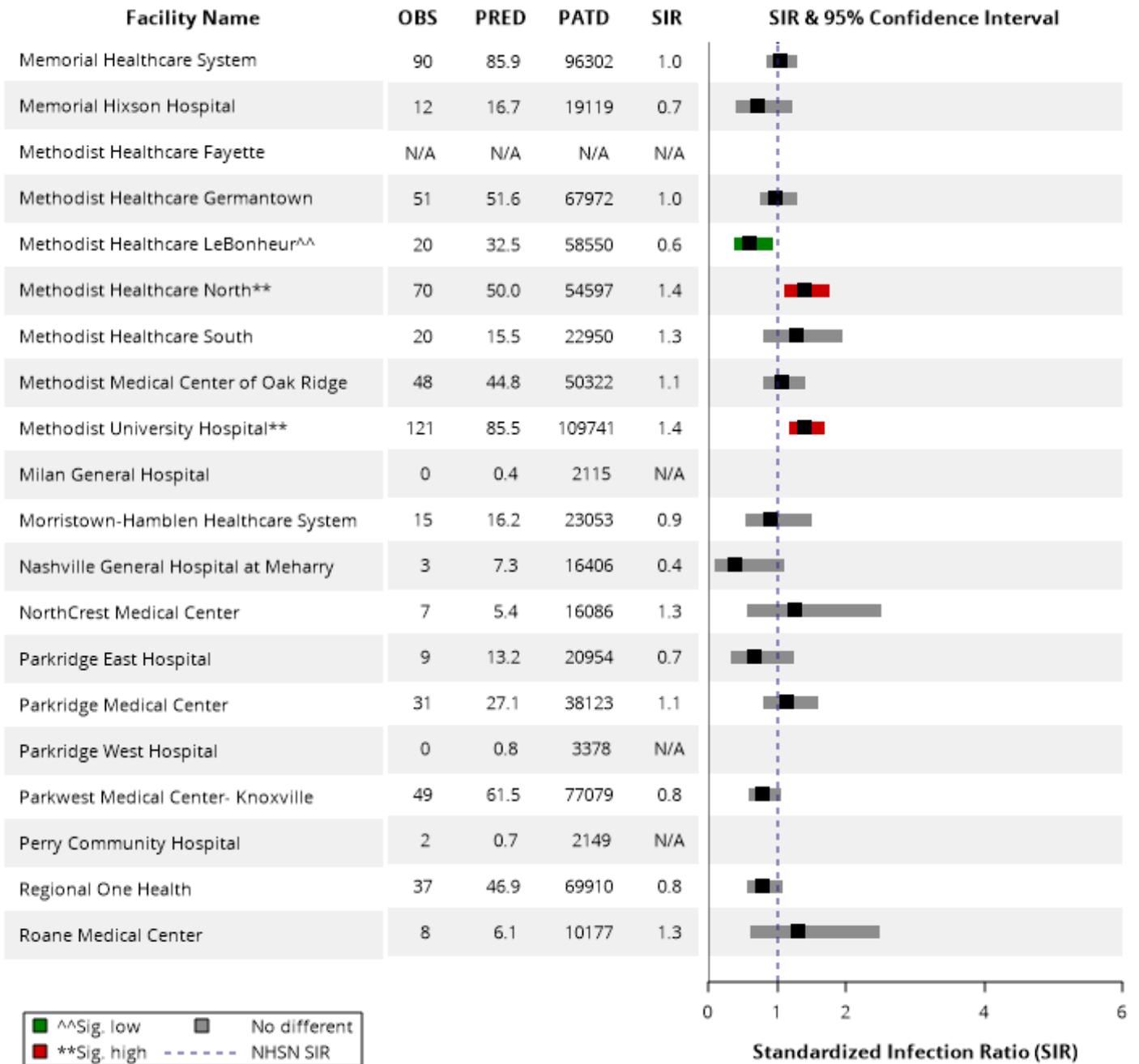
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 93 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

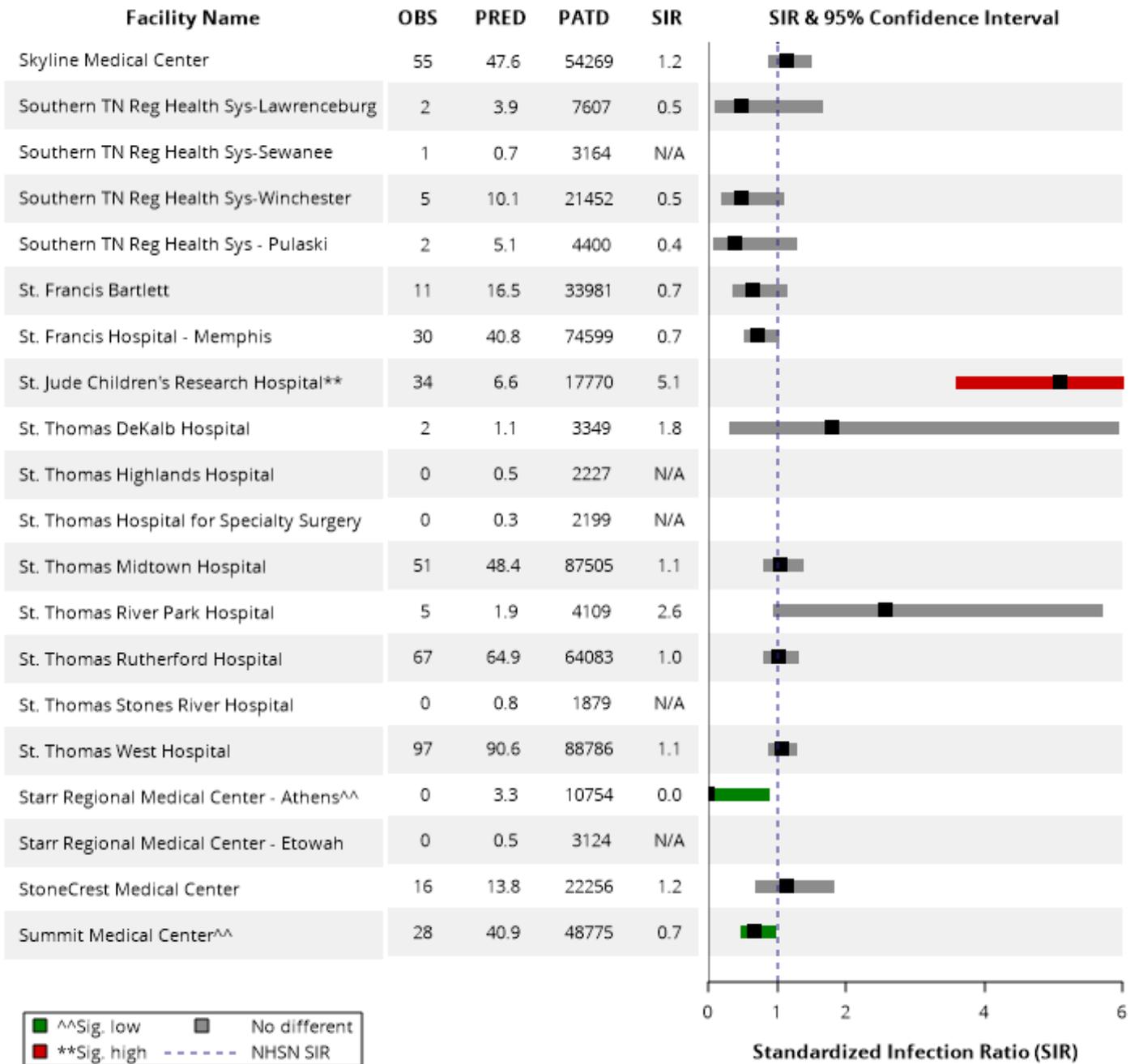
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 93 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

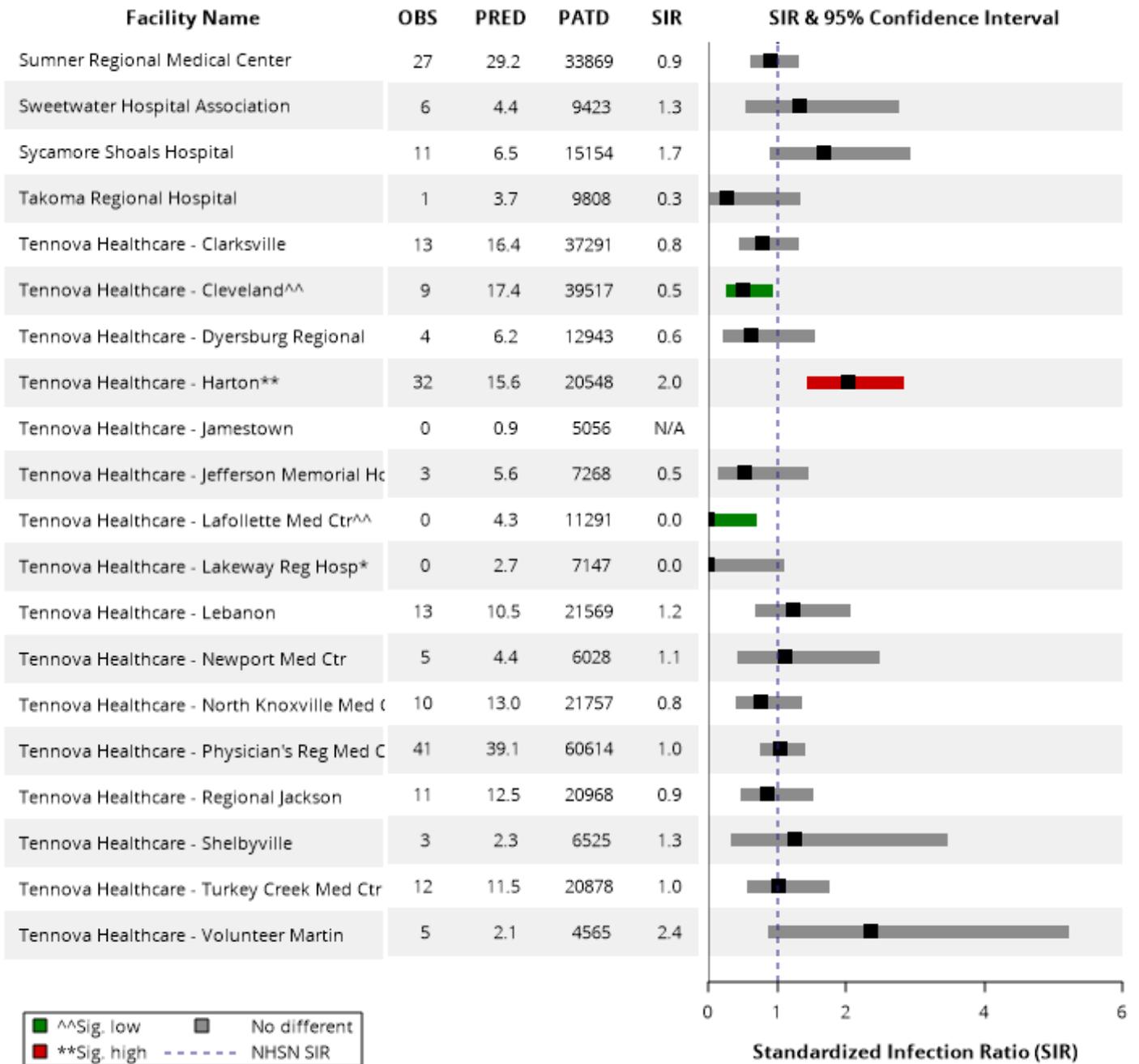
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 93 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

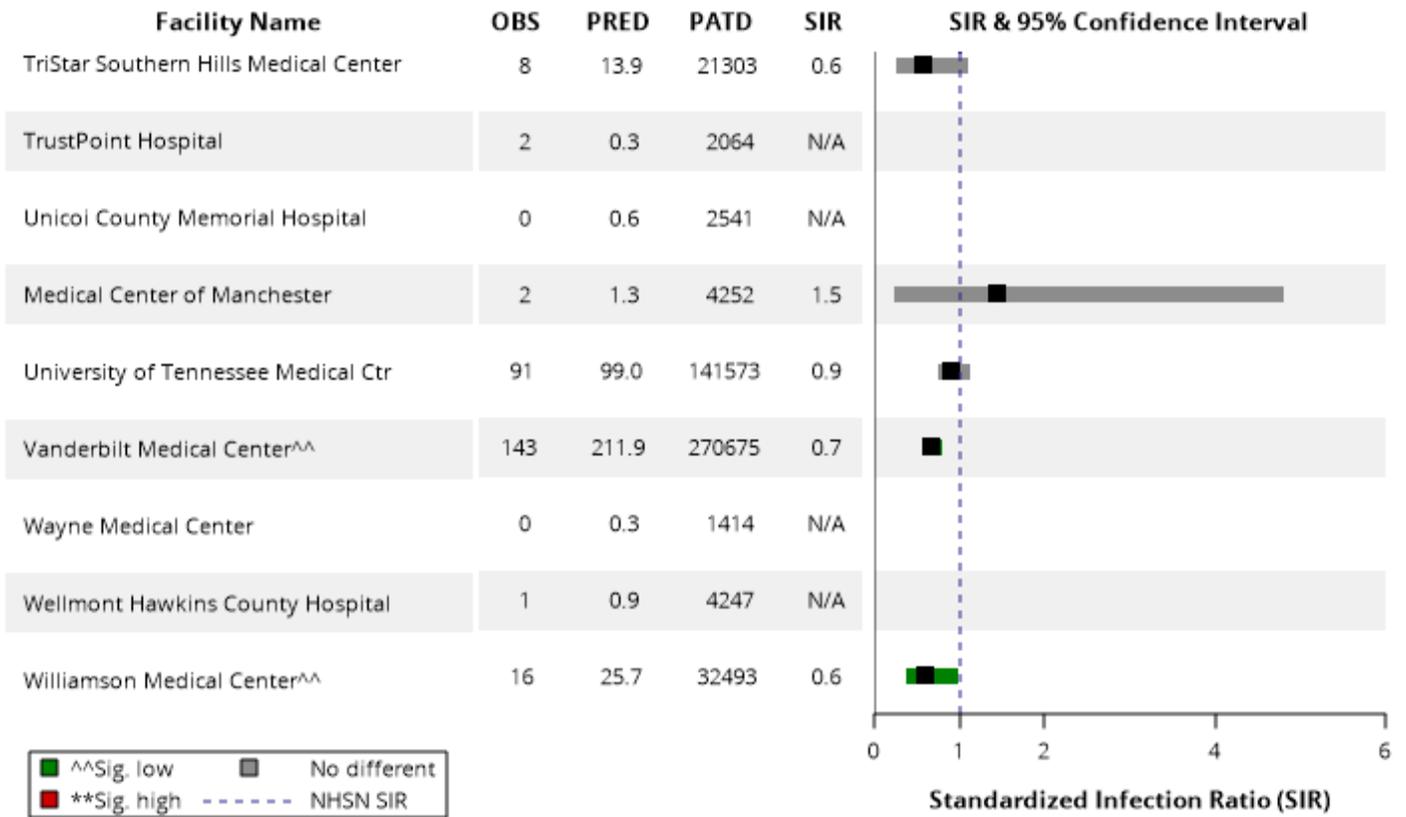
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 93 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

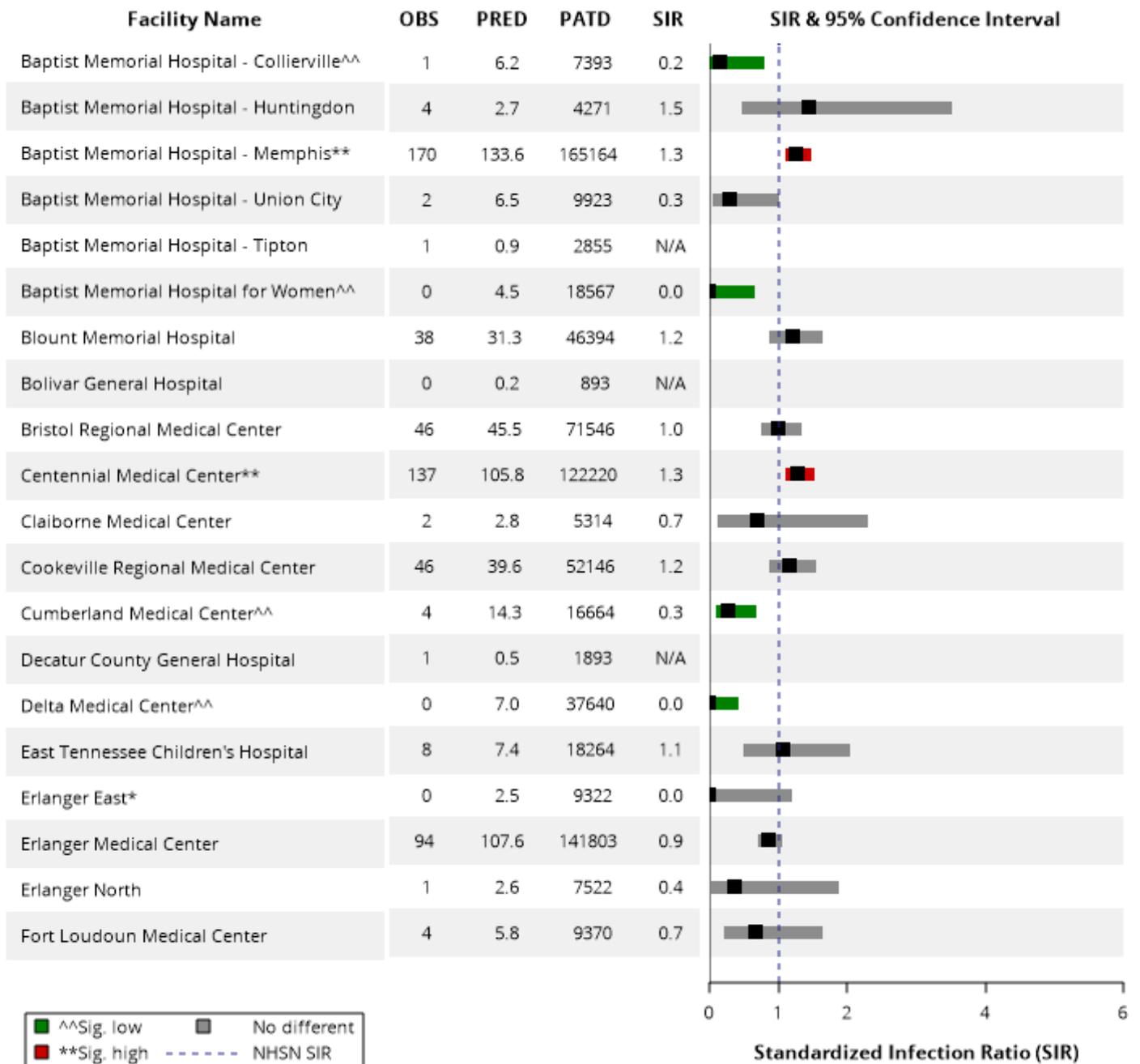
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 94 : Healthcare Facility-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Acute Care Hospitals, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

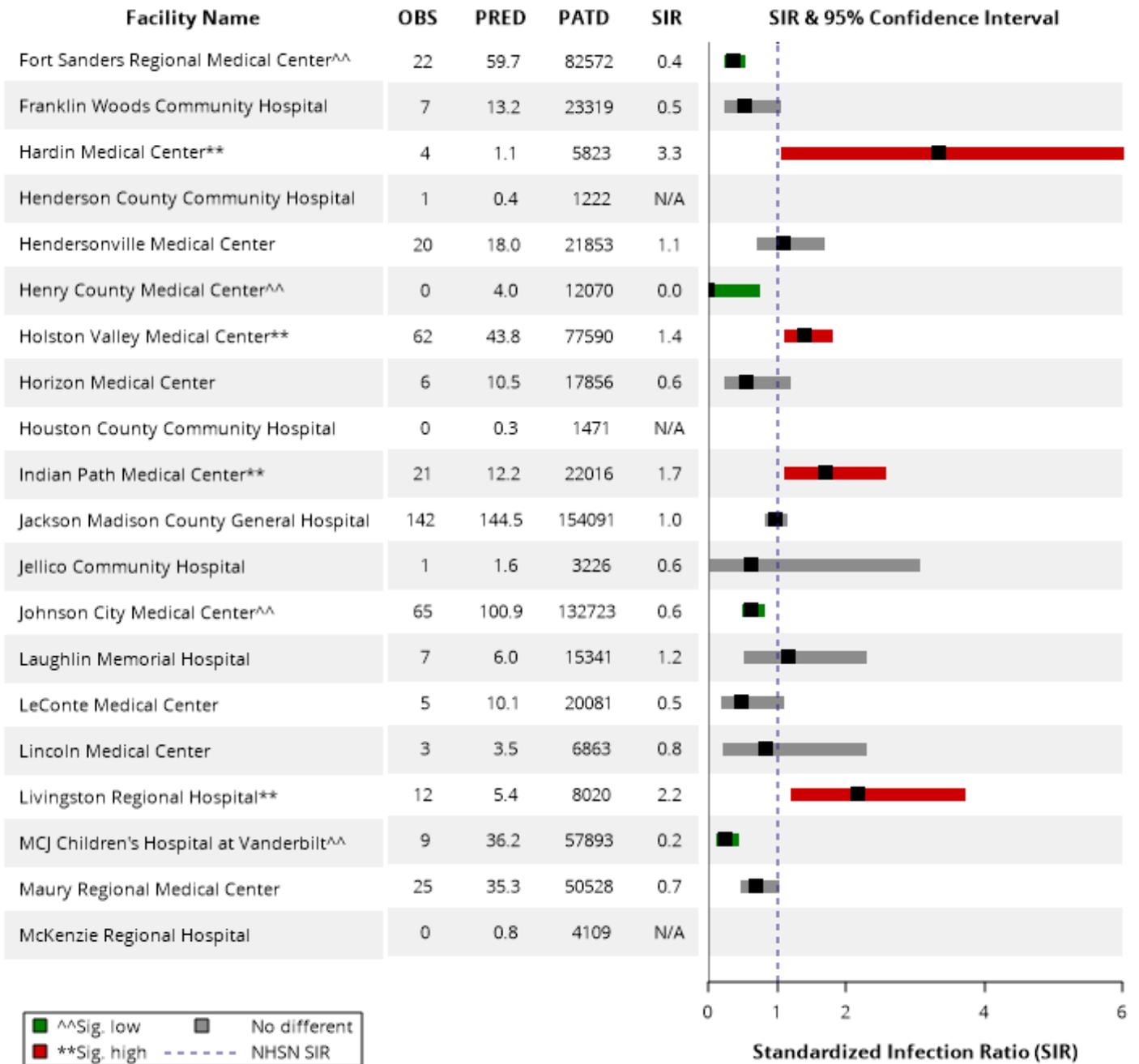
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 94 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

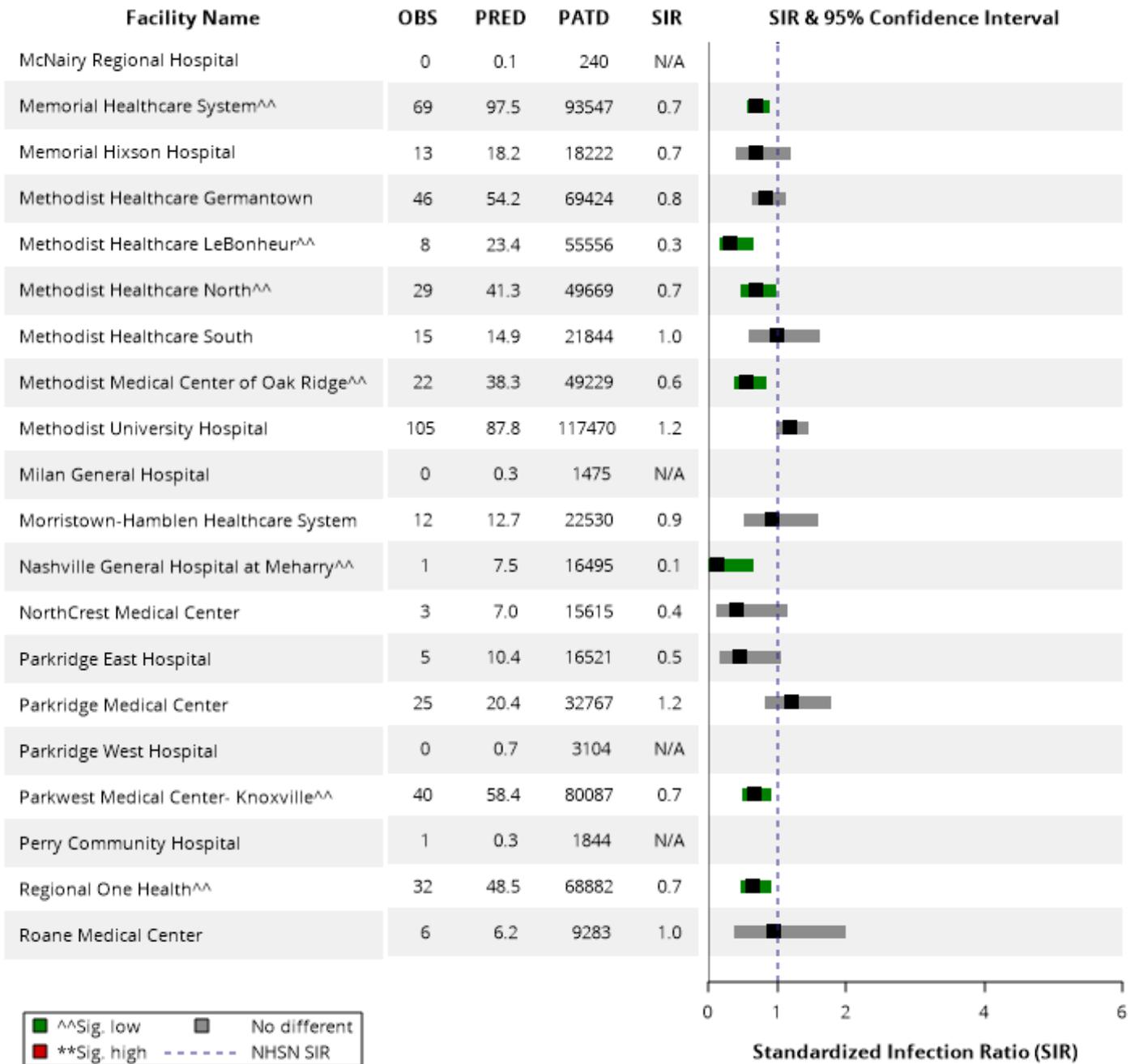
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 94 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

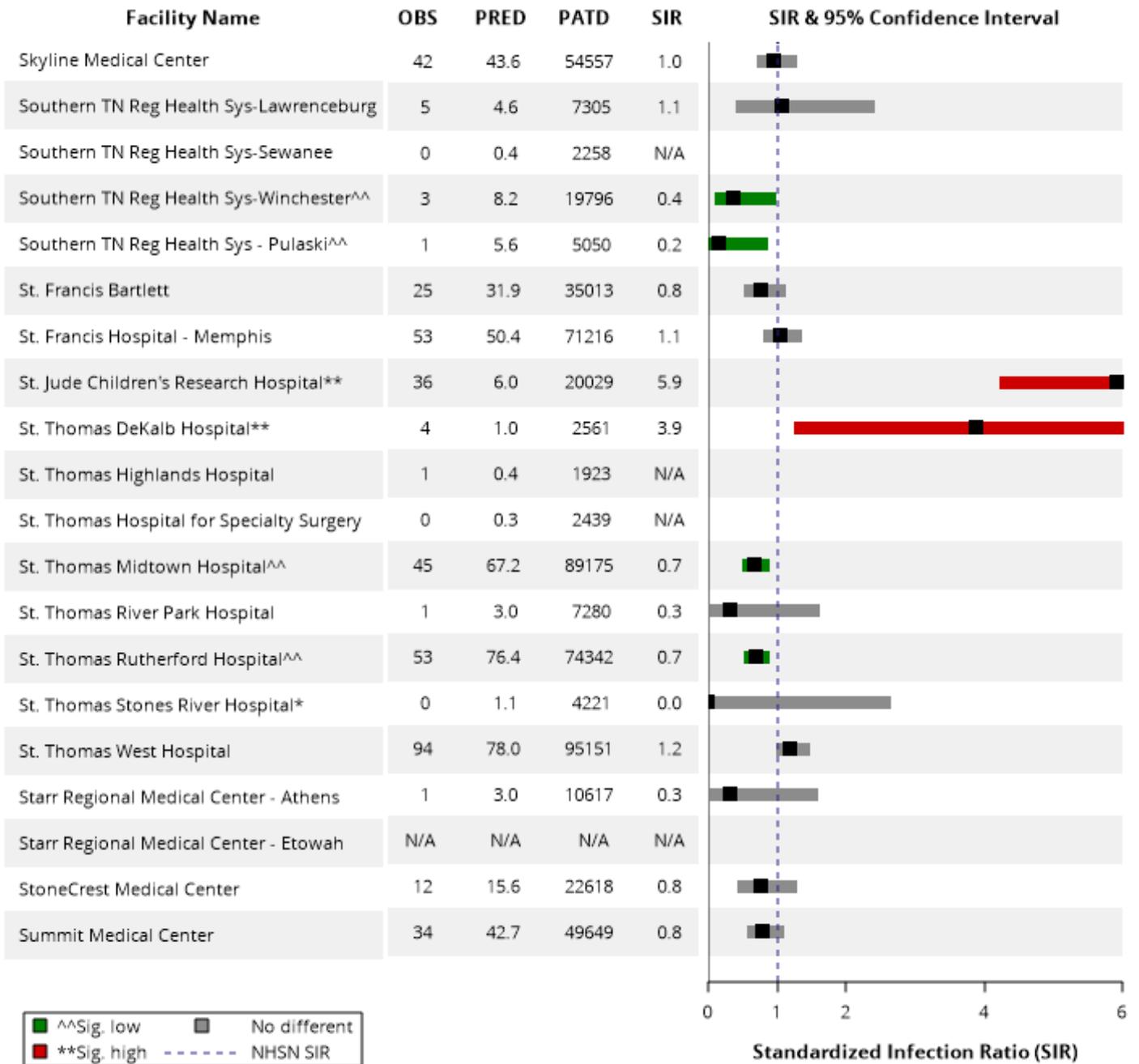
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 94 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

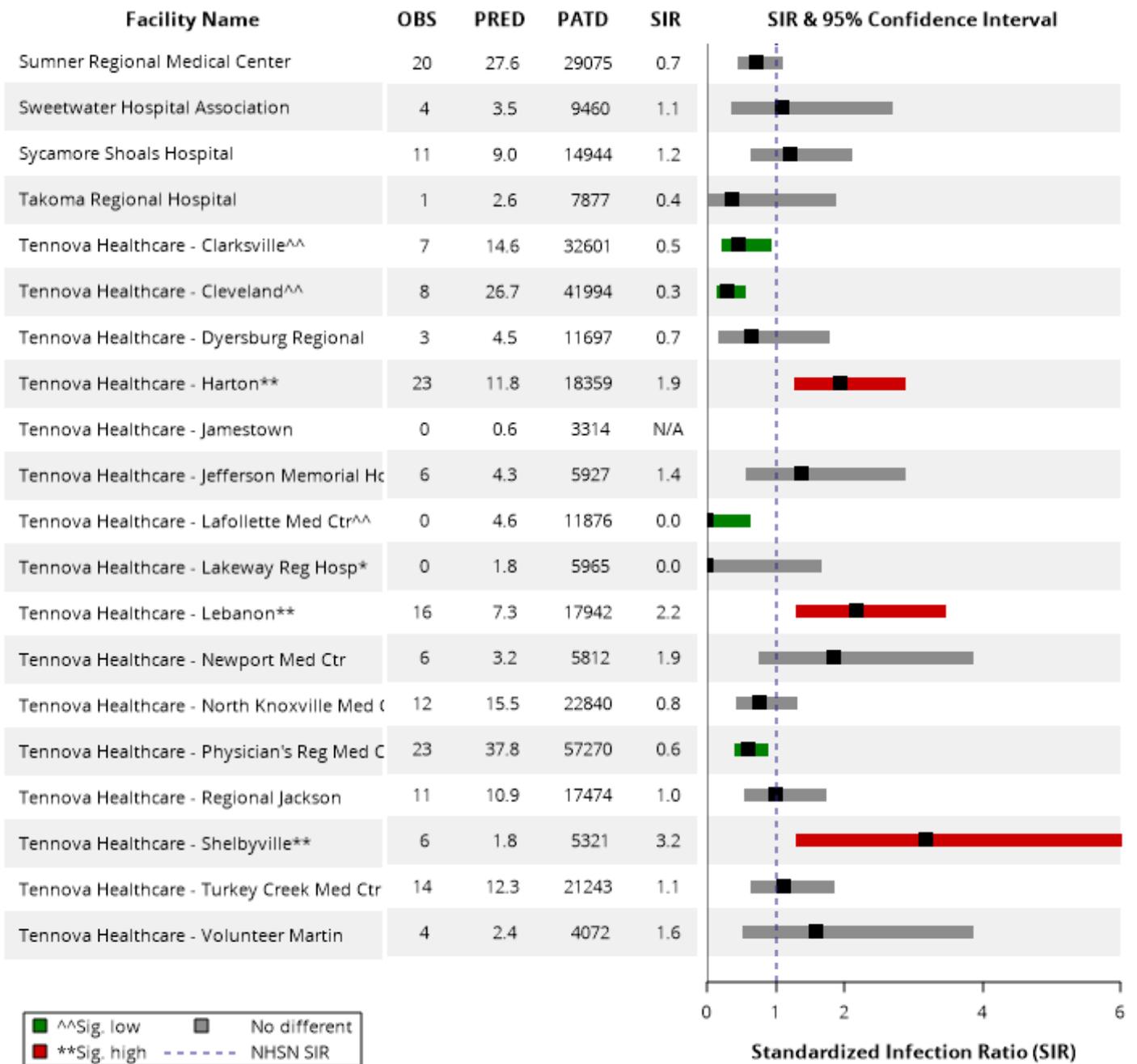
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

Figure 94 (cont'd)



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

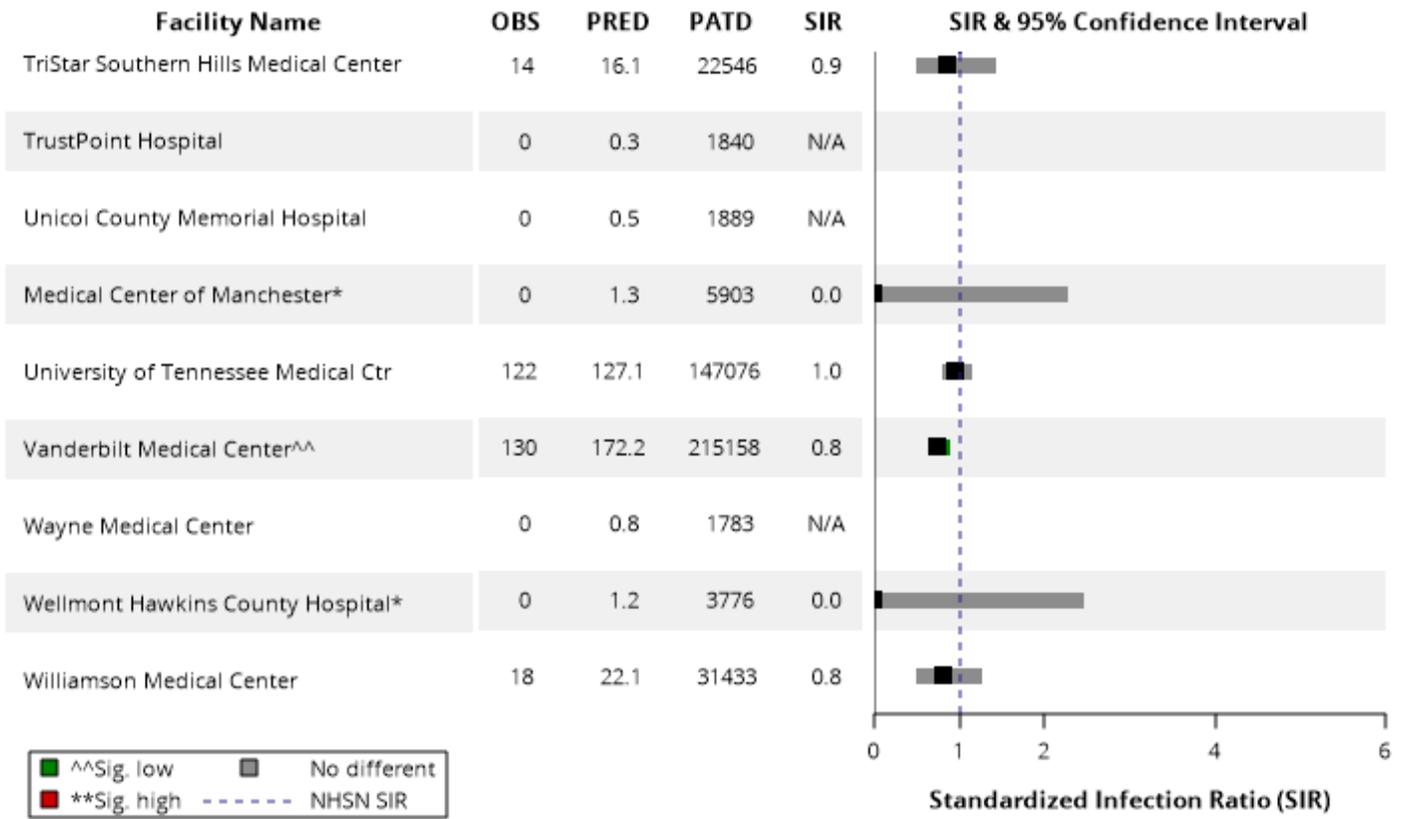
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 94 (cont'd)**



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

# *C. difficile* Infection (CDI) Laboratory-Identified Events

*Long-term Acute Care (LTAC) Hospitals*

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

**Total number of facilities reporting from January-December 2015: 9**

**Total number of facilities reporting from January-December 2016: 10**

### **SIRs by Quarter (Figure 95)**

- From January-March 2015 to October-December 2015, the overall healthcare facility-onset CDI LabID SIR in long-term acute care hospitals in Tennessee increased from 0.61 to 1.23, above the U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>37</sup> prevention target of SIR = 0.70. From October-December 2015 to January-March 2016 the CDI LabID SIR decreased to 0.64. From April-June 2016 to October-December 2016 the SIR fluctuated from a high of 0.81 to a low of 0.62.

### **Key percentiles for Tennessee SIRs (Table 53, Table 54)**

- The overall healthcare facility-onset CDI LabID SIR for long-term acute care hospitals in Tennessee from January-December 2015 was not statistically significantly different than the national SIR of 1 (SIR=0.90; 95% CI: 0.74, 1.09). The overall healthcare facility-onset CDI LabID SIR for long-term acute care hospitals in Tennessee from January-December 2016 was statistically significantly lower than the national SIR of 1 (SIR=0.71 95% CI: 0.57, 0.87).
- From January-December 2015, the median healthcare facility-onset CDI LabID SIR for long-term acute care hospitals was 0.79, indicating that half of reporting facilities with at least 1 predicted infection had a healthcare facility-onset CDI LabID SIR at or below 0.79. From January-December 2016, the median healthcare facility-onset CDI LabID SIR for long-term acute care hospitals was 0.66.

### **Healthcare Facility-Onset and Community-Onset CDI LabID Rates (Figure 96)**

- From July-September 2010 to October-December 2016 the incidence of healthcare facility-onset CDI LabID events has fluctuated from 5.2 to 17.2 events per 10,000 patient-days, with a peak of 17.2 events per 10,000 patient-days in January-March 2011. The prevalence of community-onset CDI LabID events fluctuated from 0 to 8.1 events per 1,000 admissions from July-September 2010 to October-December 2016. There was no significant change in the prevalence of community-onset healthcare facility-associated CDI LabID events from July-September 2010 to October-December 2016.

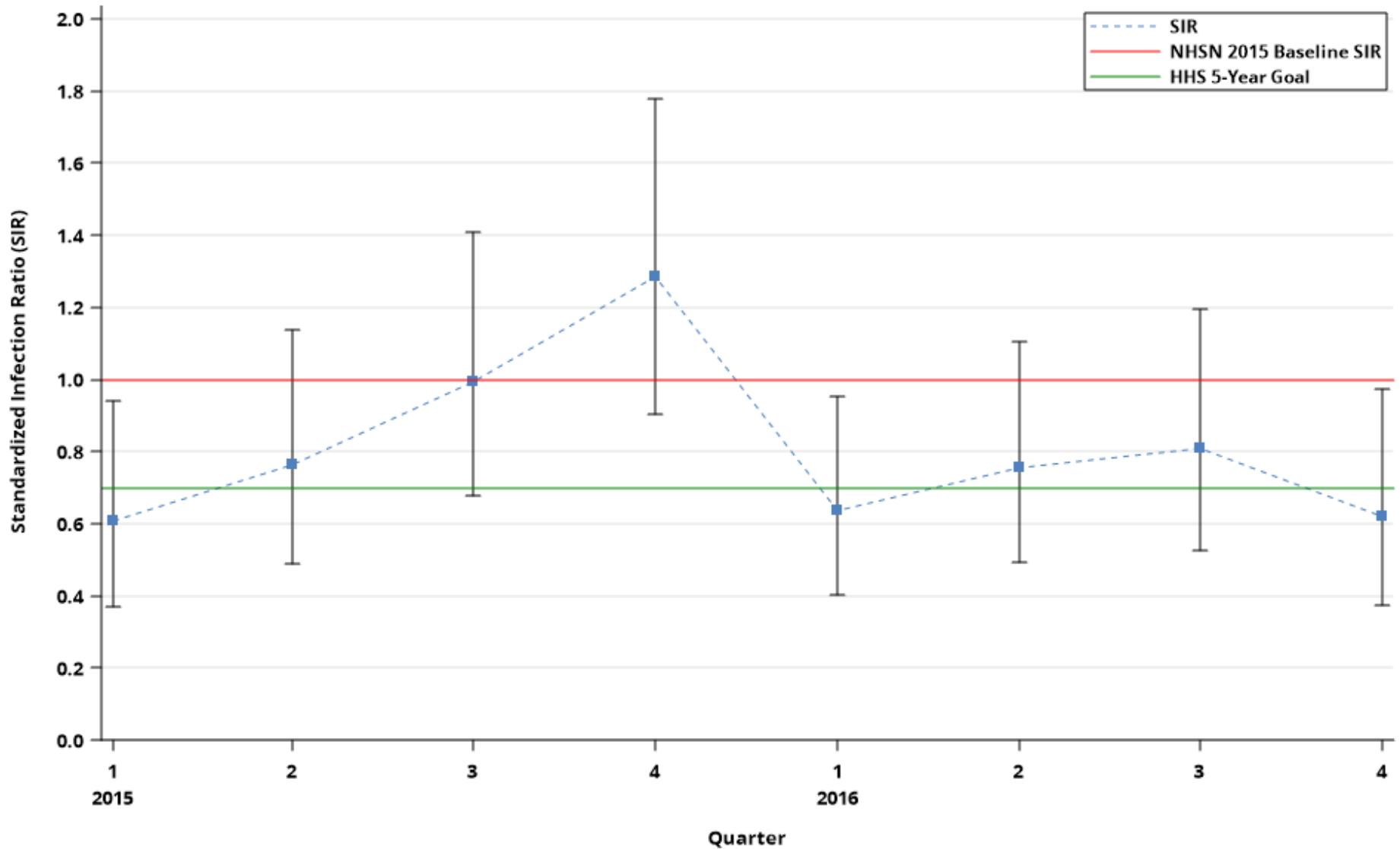
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<sup>37</sup> [http://www.health.gov/hai/prevent\\_hai.asp](http://www.health.gov/hai/prevent_hai.asp)

### **Facility-Specific SIRs (Figure 97, Figure 98)**

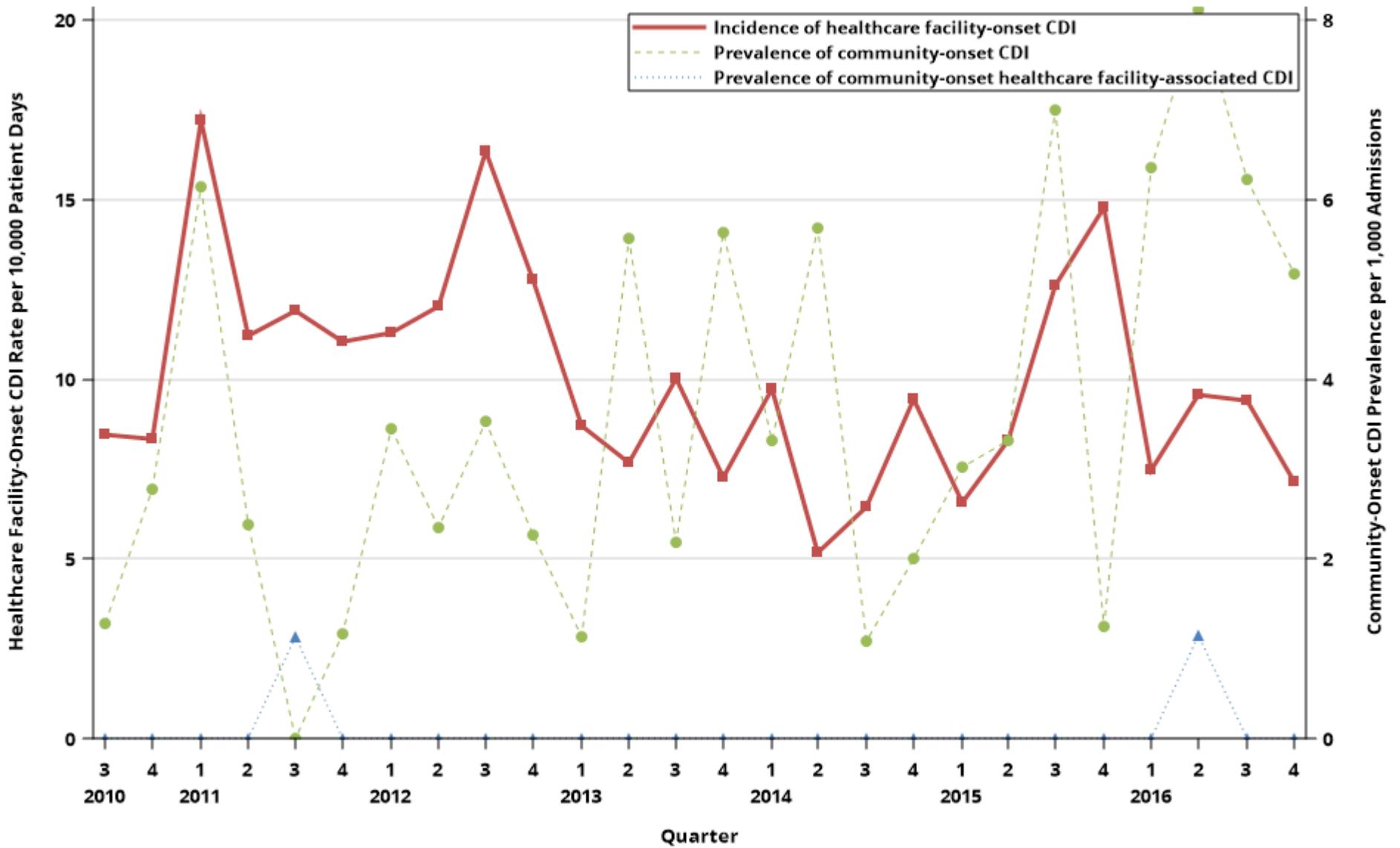
- The healthcare facility-onset CDI LabID event SIR for January-December 2015 and January-December 2016 for each long-term acute care hospital is displayed in [Figure 99](#) and [Figure 100](#). The bar representing the confidence interval is green if the was significantly lower than the 2015 national SIR of 1 and red if the SIR was significantly higher than 1. Some hospitals reported zero events (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of patient days.
- In 2015, one facility had a healthcare facility-onset CDI LabID event SIR that was statistically significantly higher than the 2015 national baseline SIR of 1 and 3 facilities had a SIR that was statistically significantly lower than the baseline. In 2016, 4 facilities had a SIR that was statistically significantly lower than the baseline and no facility had a healthcare facility-onset CDI LabID event SIR that was statistically significantly higher than the 2015 national baseline SIR of 1.

Figure 95 : Standardized Infection Ratio (SIR) for Healthcare-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events for Long-Term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



Data Reported as of November 13, 2017

Figure 96 : *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Long-term Acute Care (LTAC) Hospitals by Quarter, Tennessee, 07/01/2010-12/31/2016



Data Reported as of November 13, 2017

**Table 53 : Healthcare-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Standardized Infection Ratio (SIR) in Long-Term Acute Care (LTAC) Hospitals by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	PAT DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	10	101,992	85	120.65	0.71	0.57	0.87	10	4	40%	0	0%	0.12	0.30	0.66	1.03	1.18	
	2015	9	101,245	103	114.03	0.90	0.74	1.09	9	3	33%	1	11%	0.28	0.35	0.79	0.98	2.07	

Data reported as of November 13, 2017

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 54 : *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Long-term Acute Care (LTAC) Hospitals by Year, Tennessee, 01/01/2015 - 12/31/2016**

			Healthcare Facility-Onset Incidence Rate <sup>1</sup>	Community-Onset Prevalence Rate <sup>2</sup>	
STATE	YEAR	No.	POOLED MEAN	CO POOLED MEAN	CO-HFA POOLED MEAN
Tennessee	2016	10	8.40	6.51	0.30
	2015	10	10.46	2.92	0.00

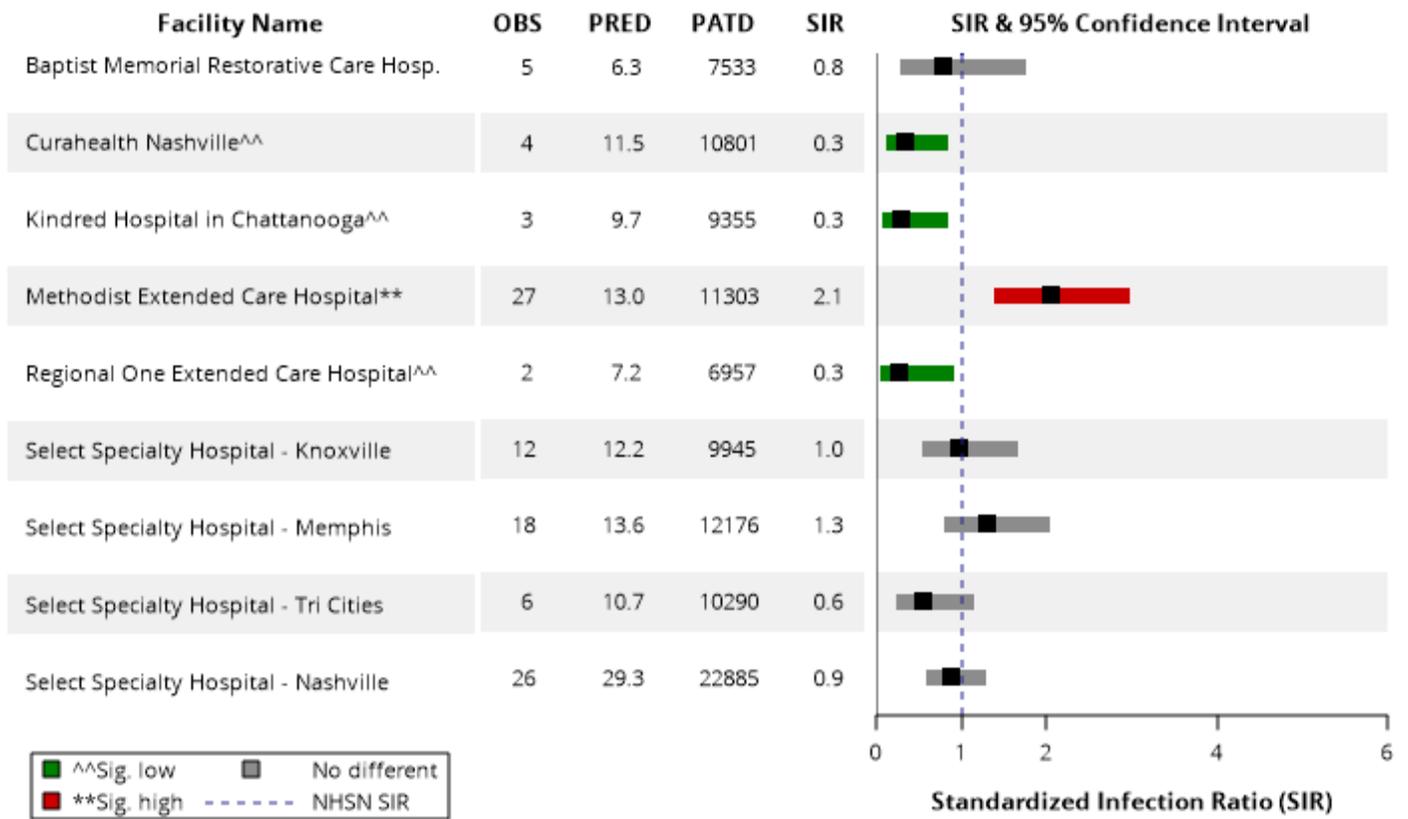
Data reported as of November 13, 2017

No. = number of facilities reporting; CO = community-onset; CO-HFA = community-onset healthcare facility-associated

<sup>1</sup>Events per 10,000 patient days

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

**Figure 97 : Healthcare Facility-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Long-term Acute Care Hospitals, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

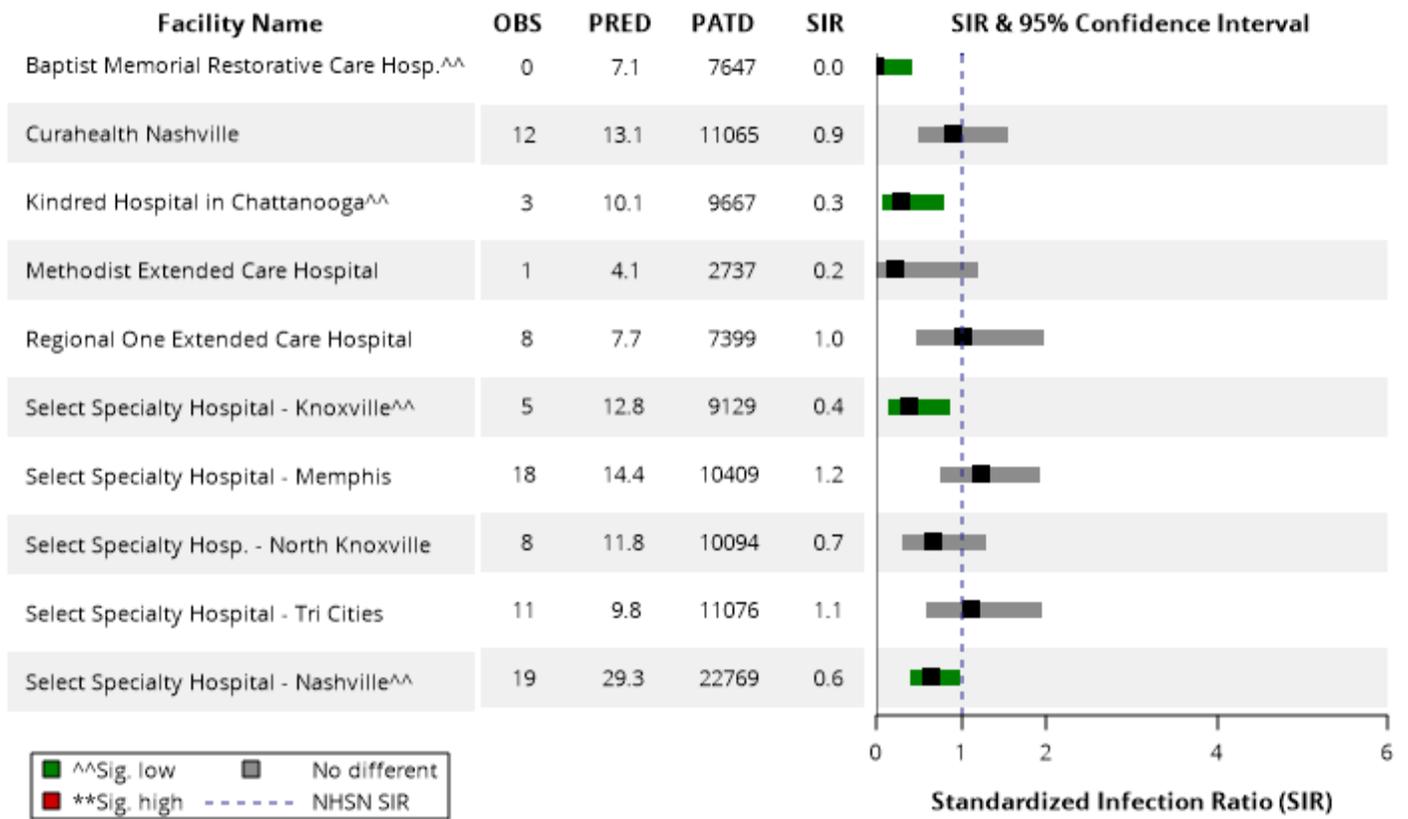
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 98 : Healthcare Facility-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Long-term Acute Care Hospitals, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

*C. difficile* Infection (CDI) Laboratory-Identified Events  
*Inpatient Rehabilitation Facilities (IRF)*

## CDI LabID Events in Inpatient Rehabilitation Facilities:

**Total number of facilities reporting from January-December 2015: 30**

**Total number of facilities reporting from January-December 2016: 30**

### **SIRs by Quarter (Figure 99)**

- From January-March 2015 to October-December 2015, the overall healthcare facility-onset CDI LabID SIR in inpatient rehabilitation facilities in Tennessee decreased from 0.90 to 0.65 ending slightly below the U.S. Department of Health and Human Services' [National Action Plan to Prevent Healthcare-Associated Infections](#)<sup>38</sup> prevention target of SIR = 0.70. From January-March 2016 to October-December 2016, the overall healthcare facility-onset CDI LabID SIR in inpatient rehabilitation facilities in Tennessee fluctuated from 0.52 to 0.71.

### **Key percentiles for Tennessee SIRs (Table 55, Table 56)**

- The overall healthcare facility-onset CDI LabID SIR for IRFs in Tennessee from January-December 2015 was statistically significantly lower than the national SIR of 1 (SIR=0.78; 95% CI: 0.62, 0.97). The overall healthcare facility-onset CDI LabID SIR for IRFs in Tennessee from January-December 2016 was statistically significantly lower than the national SIR of 1 (SIR=0.61; 95% CI: 0.47, 0.78).
- From January-December 2015, the median healthcare facility-onset CDI LabID SIR for IRFs was 0.58, indicating that half of reporting facilities with at least 1 predicted infection had a healthcare facility-onset CDI LabID SIR at or below 0.58. From January-December 2016, the median healthcare facility-onset CDI LabID SIR for IRFs was 0.54.

### **Healthcare Facility-Onset and Community-Onset CDI LabID Rates (Figure 100)**

- From January-March 2015 to July-September 2016 the incidence of healthcare facility-onset CDI LabID events decreased from 3.5 to 2.5 events per 10,000 patient-days, with a slight increase from October-December 2016 to 3.4 events per 10,000 patient-days. The prevalence of community-onset CDI LabID events decreased from 1.4 to 0.24 events per 1,000 admissions from January-March 2015 to October-December 2016. There was no significant change in the prevalence of community-onset healthcare facility-associated CDI LabID events from January-March 2015 to October-December 2016.

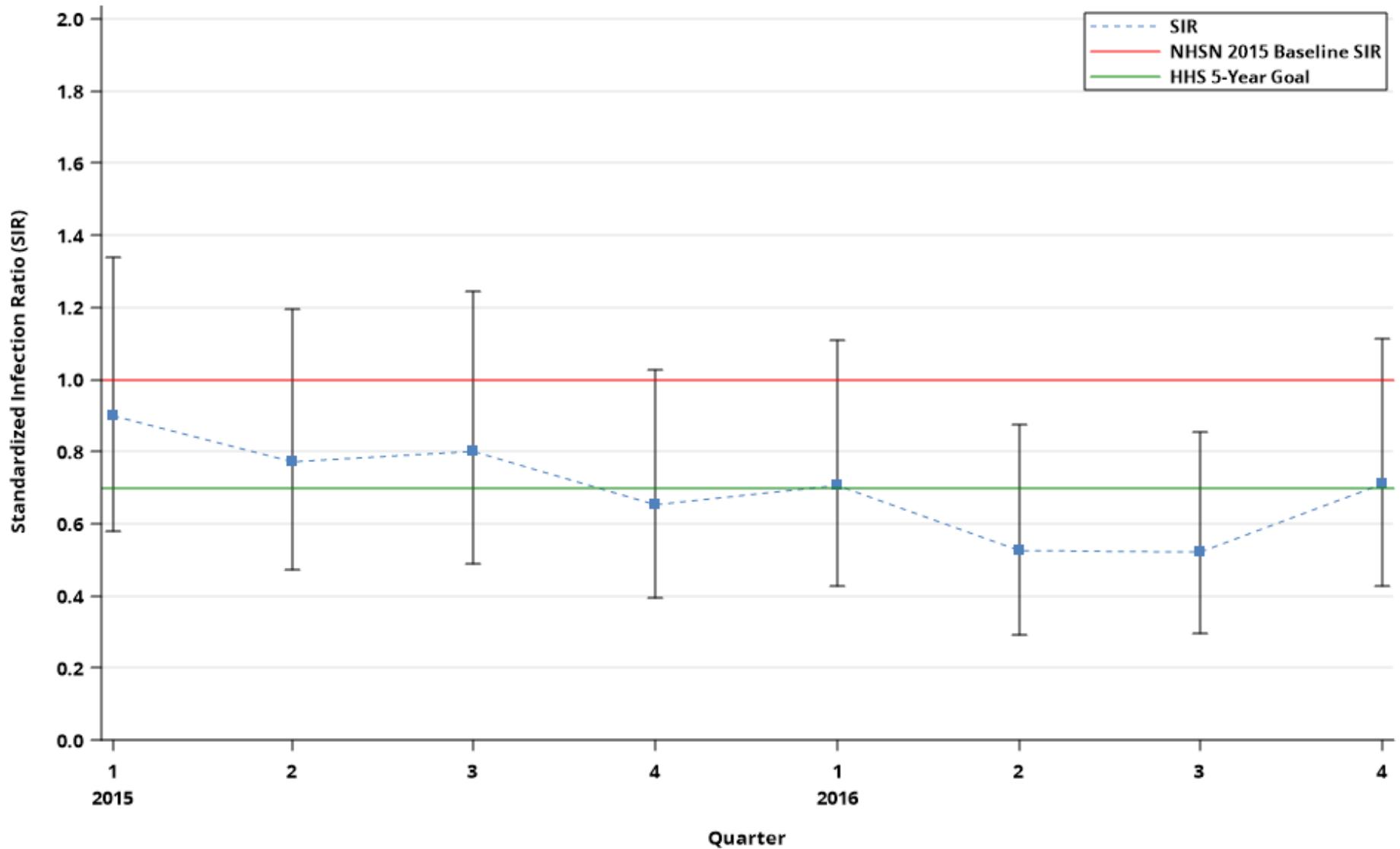
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<sup>38</sup> [http://www.health.gov/hai/prevent\\_hai.asp](http://www.health.gov/hai/prevent_hai.asp)

### **Facility-Specific SIRs ([Figure 101](#), [Figure 102](#))**

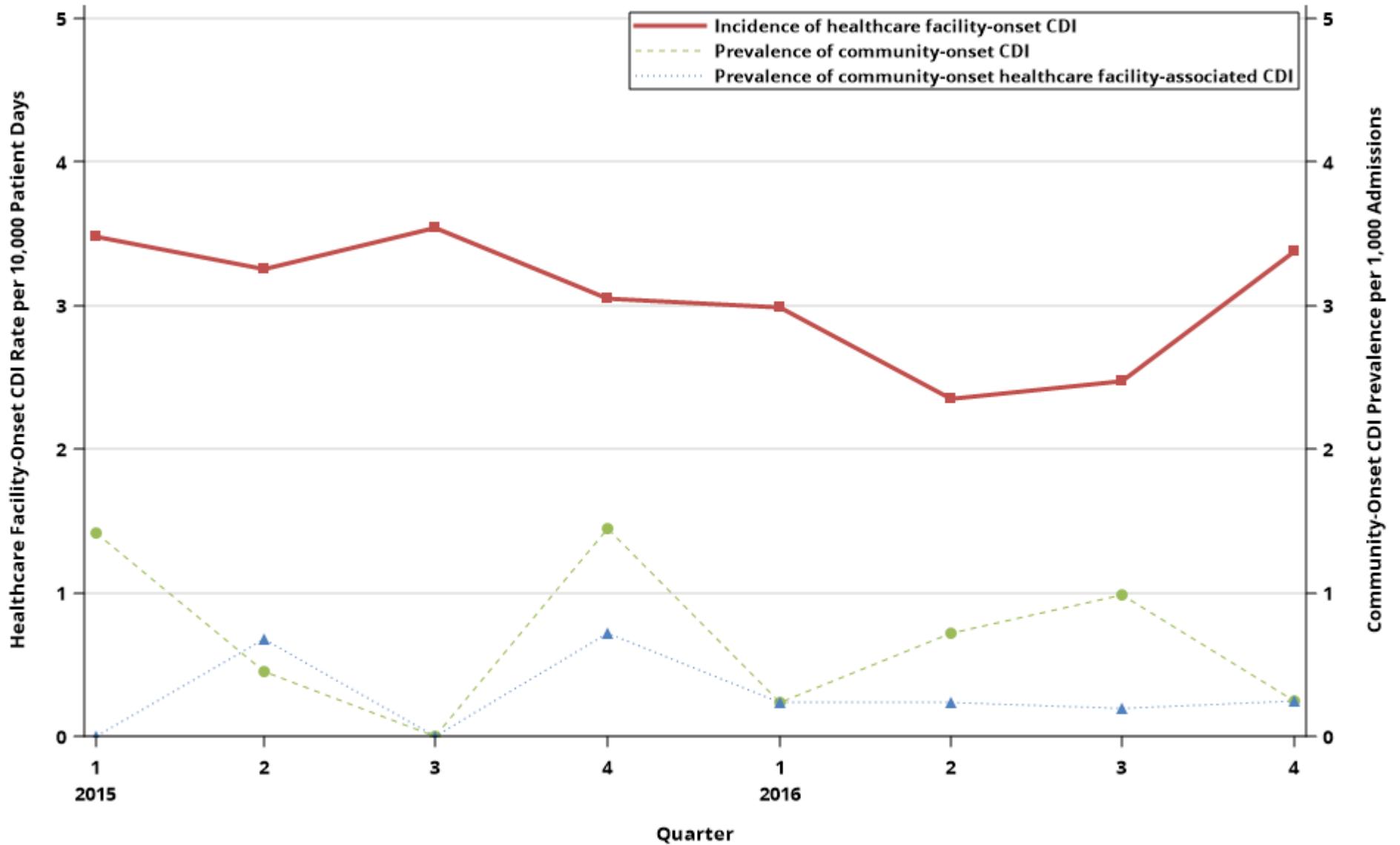
- The healthcare facility-onset CDI LabID event SIR for January-December 2015 and January-December 2016 for each inpatient rehabilitation facility is displayed in [Figure 101](#) and [Figure 102](#). The bar representing the confidence interval is green if the was significantly lower than the 2015 national SIR of 1 and red if the SIR was significantly higher than 1. Some hospitals reported zero events (indicated with an asterisk), although the facility's SIR may not be statistically significant due to a relatively small number of patient days.
- In 2015, one facility had a healthcare facility-onset CDI LabID event SIR that was statistically significantly higher than the 2015 national baseline SIR of 1 and 4 facilities had a SIR that was statistically significantly lower than the baseline. In 2016, 6 facilities had a SIR that was statistically significantly lower than the baseline and no facility had a healthcare facility-onset CDI LabID event SIR that was statistically significantly higher than the 2015 national baseline SIR of 1.

Figure 99 : Standardized Infection Ratio (SIR) for Healthcare-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events for Inpatient Rehabilitation Facilities (IRF) by Quarter, Tennessee, 01/01/2015–12/31/2016 [Reference standard: National Healthcare Safety Network (NHSN), 2015]



Data Reported as of November 13, 2017

Figure 100 : *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Inpatient Rehabilitation Facilities (IRF) by Quarter, Tennessee, 01/01/2015-12/31/2016



Data Reported as of November 13, 2017

**Table 55 : Healthcare-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Standardized Infection Ratio (SIR) in Inpatient Rehabilitation Facilities (IRF) by Reporting Year, Tennessee, 01/01/2015 - 12/31/2016**

									DISTRIBUTION OF FACILITY-SPECIFIC SIRs										
				No. of INFECTIONS		SIR AND 95% CONFIDENCE INTERVAL					No. of FACS WITH SIR SIG. <1.0		No. of FACS WITH SIR SIG. >1.0						
STATE	YEAR	No.	PAT DAYS	OBS	PRED	SIR	LOWER LIMIT	UPPER LIMIT	No. of FACS WITH ≥1 PRED INFECTION	N	%	N	%	10%	25%	50%	75%	90%	
Tennessee	2016	30	225,084	61	99.44	0.61	0.47	0.78	22	6	27%	0	0%	0.00	0.20	0.54	1.10	1.57	
	2015	30	224,931	75	96.19	0.78	0.62	0.97	21	4	19%	1	5%	0.00	0.27	0.58	1.17	1.42	

Data reported as of November 13, 2017

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

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

Key percentiles include facilities with at least one predicted infection

Red highlighting indicates SIR for reporting period is significantly higher than national 2015 SIR of 1.0

Green highlighting indicates SIR for reporting period is significantly lower than national 2015 SIR of 1.0

**Table 56 : *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Events Pooled Mean Incidence and Prevalence Rates in Inpatient Rehabilitation Facilities (IRF) by Year, Tennessee, 01/01/2015 - 12/31/2016**

			Healthcare Facility-Onset Incidence Rate <sup>1</sup>	Community-Onset Prevalence Rate <sup>2</sup>	
STATE	YEAR	No.	POOLED MEAN	CO POOLED MEAN	CO-HFA POOLED MEAN
Tennessee	2016	30	2.80	0.57	0.23
	2015	30	3.33	0.82	0.35

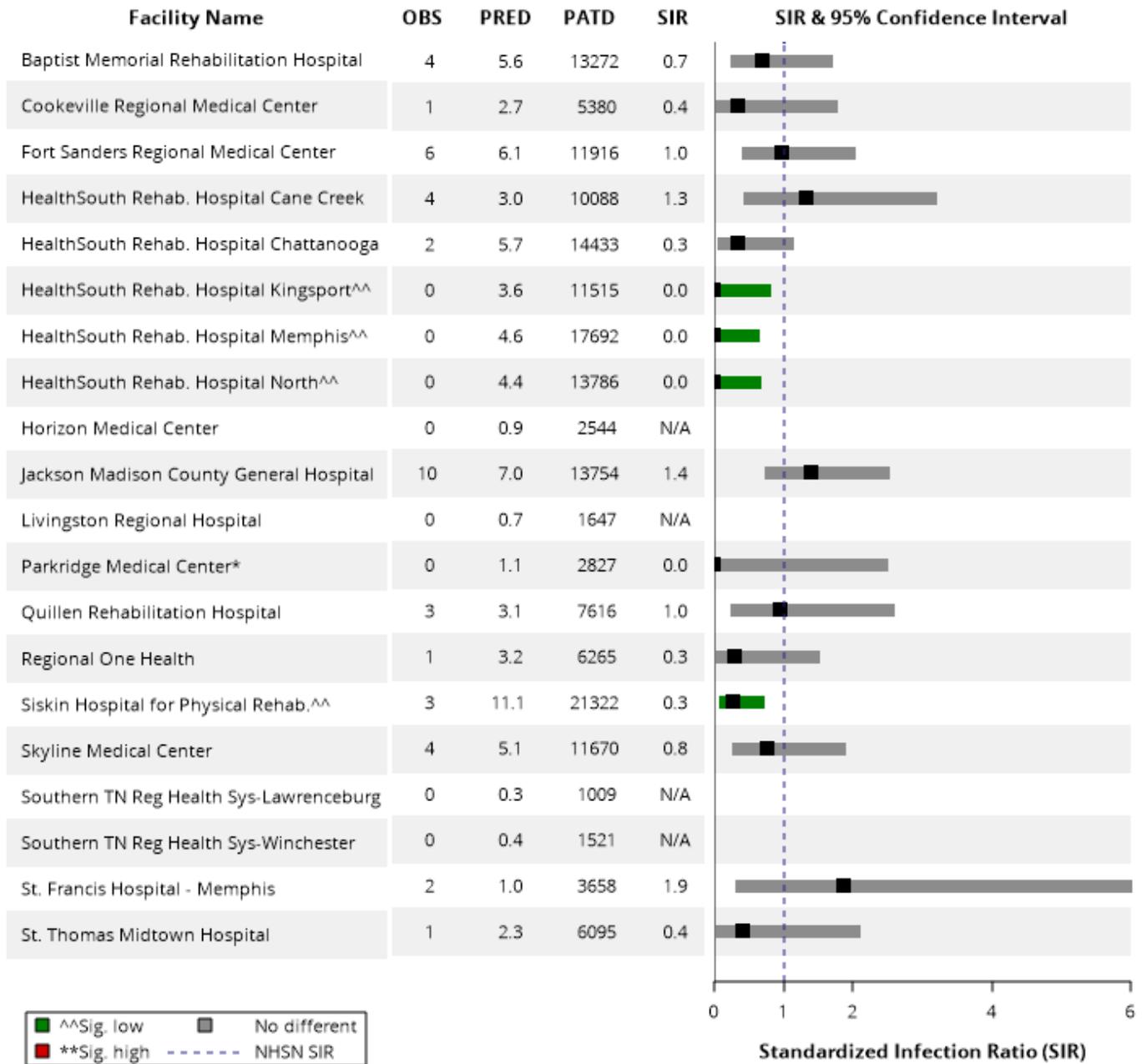
Data reported as of November 13, 2017

No. = number of facilities reporting; CO = community-onset; CO-HFA = community-onset healthcare facility-associated

<sup>1</sup>Events per 10,000 patient days

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

**Figure 101 : Healthcare Facility-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Inpatient Rehabilitation Facilities, Tennessee, 01/01/2015 – 12/31/2015**



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

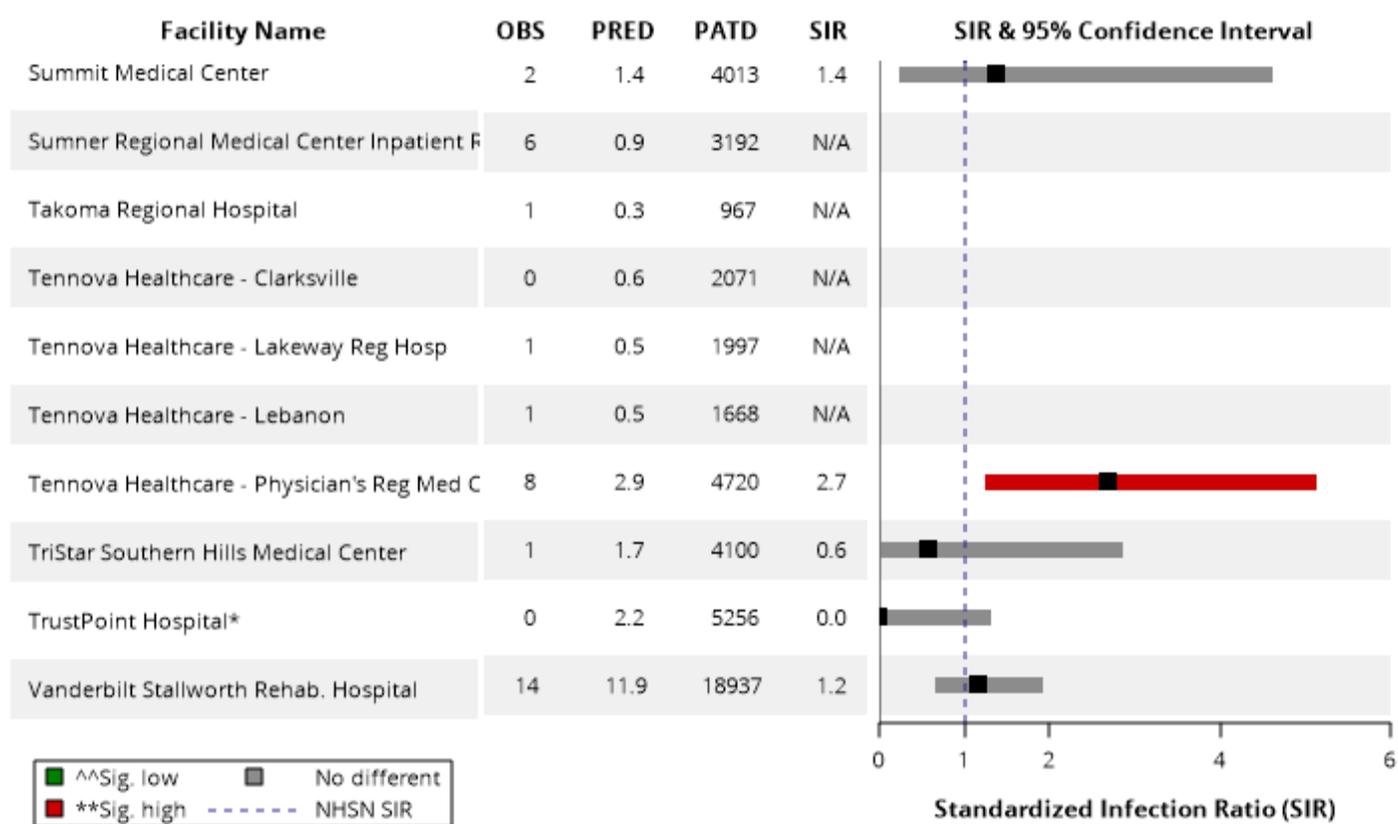
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 101 (cont'd)**



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

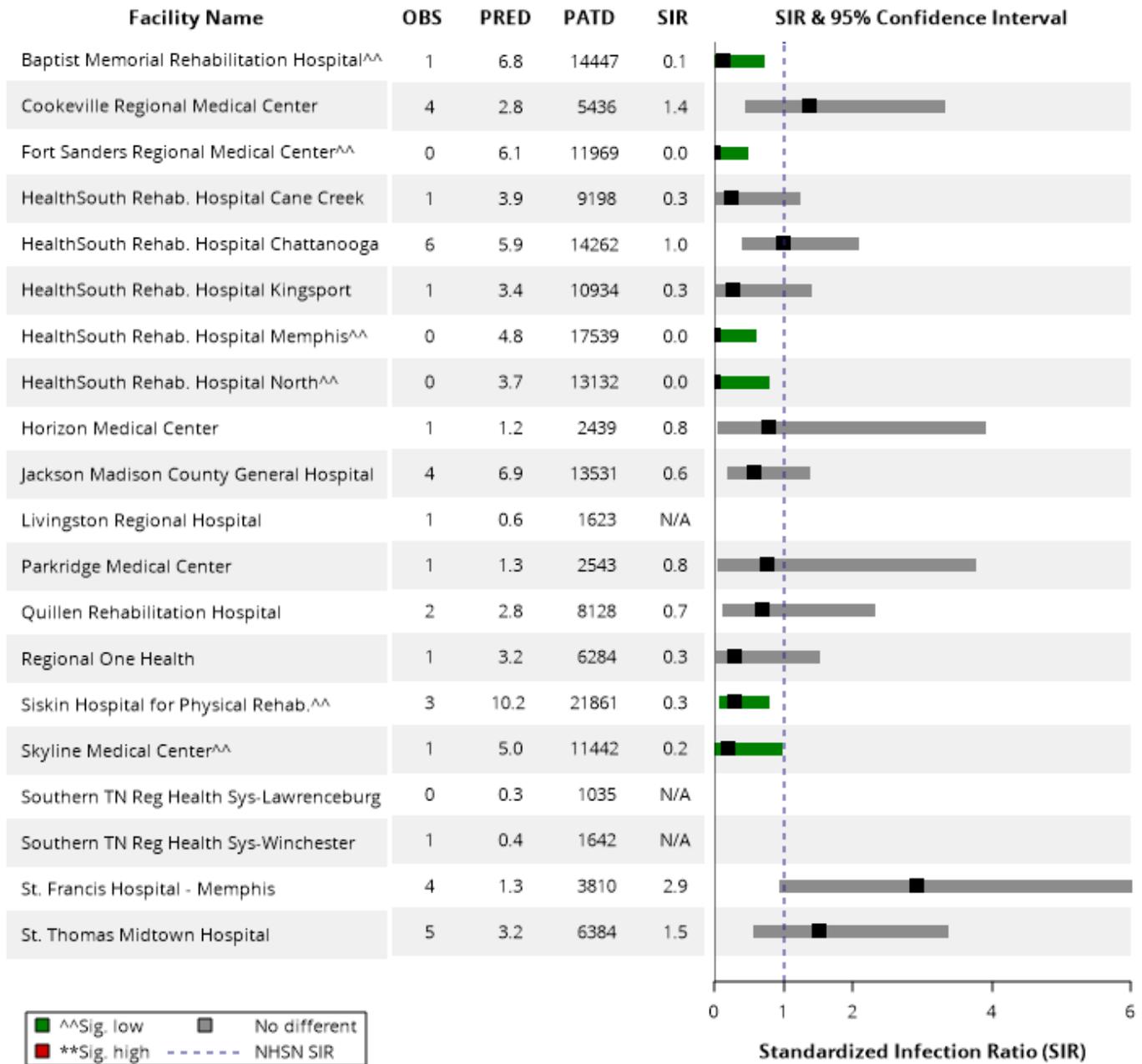
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 102 : Healthcare Facility-Onset *C. difficile* Infection (CDI) Laboratory-Identified (LabID) Event Standardized Infection Ratios (SIRs) in Inpatient Rehabilitation Facilities, Tennessee, 01/01/2016 – 12/31/2016**



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

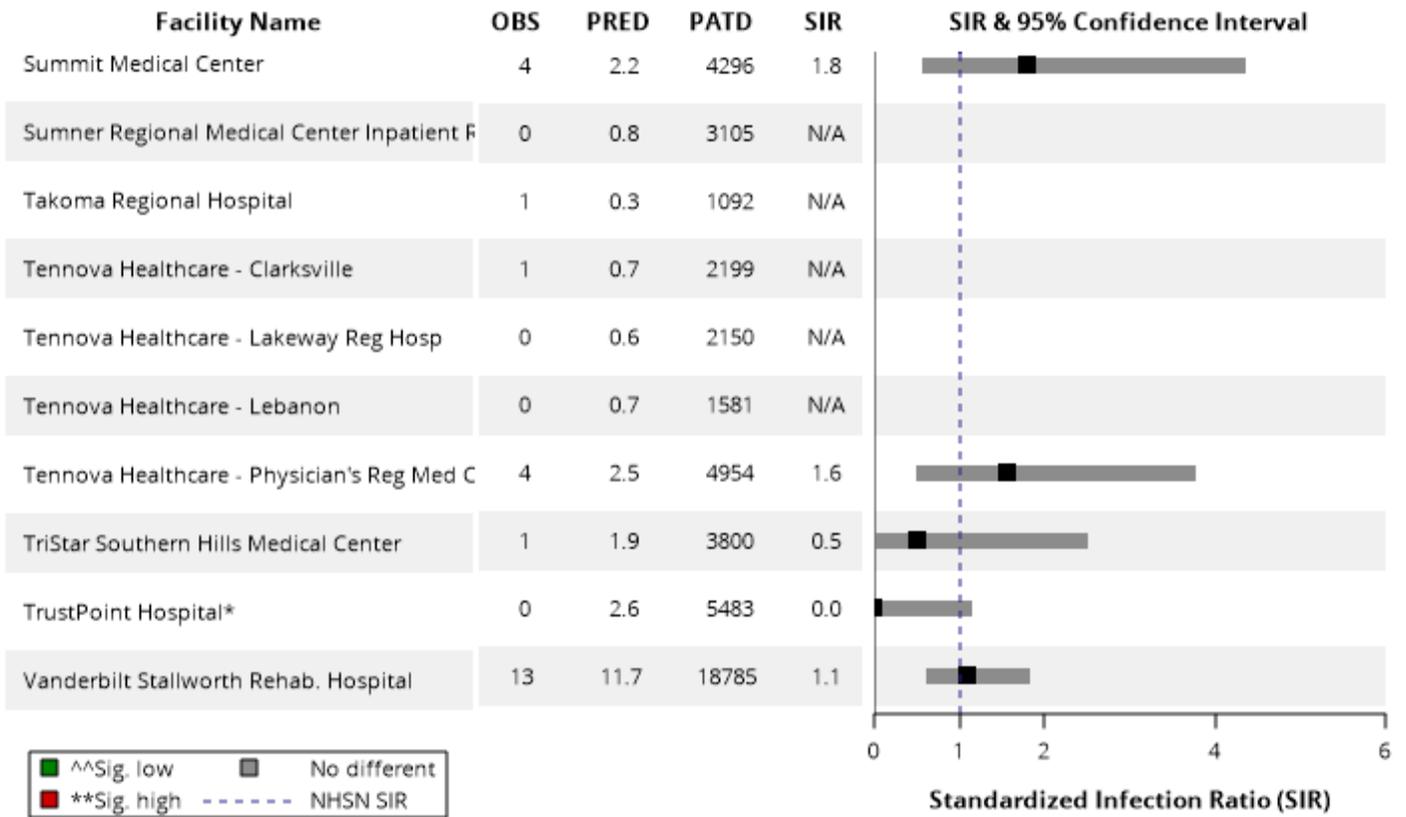
N/A = SIR not calculated for facilities with <1 predicted infection

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

**Figure 102 (cont'd)**



Data Reported as of November 13, 2017

N = number of types of units reporting

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

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

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

PATD = number of patient days

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

\*\* Significantly higher than 2015 national baseline

^^ Significantly lower than 2015 national baseline

\* Zero events, but not statistically significant

# Healthcare Personnel Influenza Vaccination

## ***Healthcare Personnel Influenza Vaccination***

Influenza can be a serious disease that can lead to hospitalization and sometimes even death. Older adults, pregnant women, and very young children, as well as people with certain long-term medical conditions, are at high risk of serious complications from the flu. The Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. healthcare workers, including those not directly involved in patient care, are vaccinated against influenza every year. By getting vaccinated, healthcare workers can help protect themselves, their families, and their patients, especially those who cannot receive influenza vaccination (see [Influenza Vaccination Information for Health Care Workers](#))<sup>39</sup>.

### **Reporting Requirements**

Healthcare personnel influenza summary data have been reportable to TDH from acute care hospitals beginning with the 2012-2013 influenza season and reportable from long-term acute care hospitals and inpatient rehabilitation facilities since the 2014-2015 influenza season.

To comply with these reporting requirements, facilities are required to follow the [NHSN Healthcare Personnel Vaccination Module: Influenza Vaccination Summary Protocol](#)<sup>40</sup>, which is updated each year with reporting instructions. Facilities must report the number of healthcare personnel who were physically present in their facility for one working day or more during the reporting period (October 1 through March 31), stratified by personnel category (Employees, Licensed Independent Practitioners (LIPs), Adult Students/Trainees and Volunteers, and Other Contract Personnel (optional)), in addition to the number of each who:

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

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<sup>39</sup> <http://www.cdc.gov/flu/healthcareworkers.htm>

<sup>40</sup> <http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf>

## Healthcare Personnel Influenza Vaccination Rates

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

# Healthcare Personnel Influenza Vaccination

## *Acute Care Hospitals*

## Healthcare Personnel Influenza Vaccination in Acute Care Hospitals:

**Total number of facilities reporting from October 2015 – March 2016: 109**

**Total number of facilities reporting from October 2016 – March 2017: 108**

### **Healthcare Personnel Influenza Vaccination Rates ([Table 57](#))**

- The mean facility-specific overall healthcare personnel vaccination rate at Tennessee acute care hospitals was 85.8% for the 2015/2016 influenza season (October 2015-March 2016), below the [HHS Healthy People](#)<sup>41</sup> 2020 Goal of 90% vaccination. The mean facility-specific overall healthcare personnel vaccination rate at Tennessee acute care hospitals was 88.3% for the 2016/2017 influenza season (October 2016-March 2017), below the [HHS Healthy People](#)<sup>42</sup> 2020 Goal of 90% vaccination.
- The median facility-specific overall healthcare personnel vaccination rate was 86.9%, indicating that half of all Tennessee acute care hospitals documented at least 86.9% of their healthcare personnel received influenza vaccination for the 2015/2016 influenza season. The median facility-specific overall healthcare personnel vaccination rate was 93% for the 2016/2017 influenza season, indicating that half of all Tennessee acute care hospitals documented at least 93% of their healthcare personnel received influenza vaccination for the 2016/2017 influenza season.
- Tennessee 2015/2016 mean facility-specific influenza vaccination rates were the lowest for licensed independent practitioners (71.3%) and the highest for employees (87.8%) and students/trainees/volunteers (90.7%). Tennessee 2016/2017 mean facility-specific influenza vaccination rates were the lowest for licensed independent practitioners (77.6%) and the highest for employees (89.7%) and students/trainees/volunteers (90.9%).

### **Facility-Specific Healthcare Personnel Influenza Vaccination Rates ([Figure 103](#), [Figure 104](#))**

- The overall percent of healthcare personnel with documented influenza vaccination for each facility for the 2015/2016 and 2016/2017 influenza seasons are displayed in [Figure 103](#) and [Figure 104](#).

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<sup>41</sup> <http://www.healthypeople.gov/>

<sup>42</sup> <http://www.healthypeople.gov/>

**Table 57 : Healthcare Personnel Influenza Vaccination Rate and Key Percentiles by Healthcare Personnel Category by Influenza Season in Acute Care Hospitals, Tennessee, 10/01/2015 - 03/31/2017**

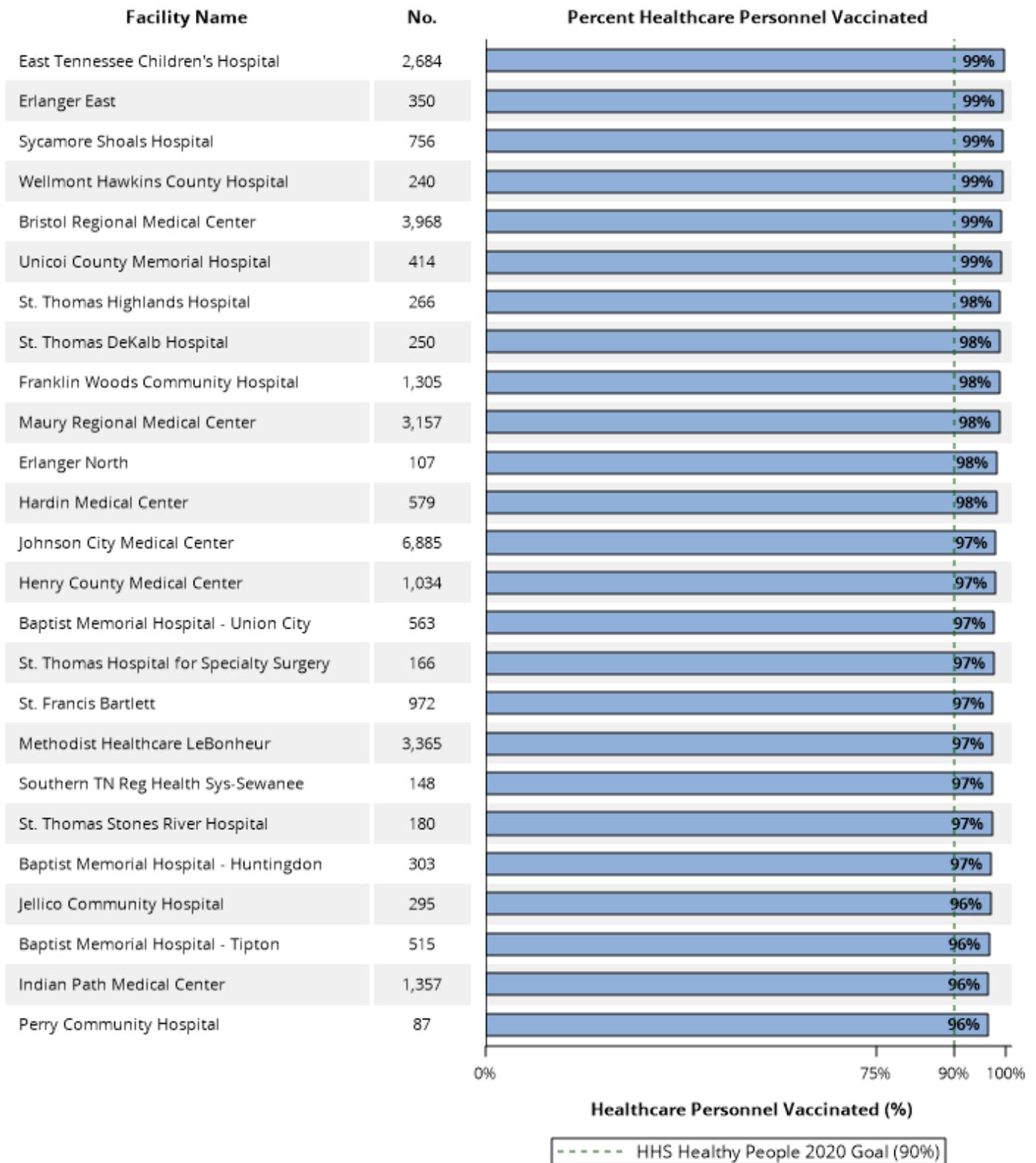
STATE	FLU SEASON	HEALTHCARE PERSONNEL CATEGORY	No.	MEAN HCP VACCINATION RATE	DISTRIBUTION OF HCP VACCINATION RATE				
					10%	25%	50%	75%	90%
Tennessee	2016/2017	Employees	108	89.7%	72.0%	85.7%	95.2%	97.8%	99.2%
		Licensed Independent Practitioners	108	77.6%	44.4%	65.6%	80.9%	95.8%	99.0%
		Students/Trainees/Volunteers	108	90.9%	66.0%	92.9%	98.8%	100%	100%
		<b>Overall</b>	<b>108</b>	<b>88.3%</b>	<b>72.5%</b>	<b>80.9%</b>	<b>93.0%</b>	<b>96.9%</b>	<b>98.0%</b>
	2015/2016	Employees	109	87.8%	70.2%	81.6%	90.8%	97.9%	99.1%
		Licensed Independent Practitioners	109	71.3%	33.2%	52.5%	80.0%	94.3%	100%
		Students/Trainees/Volunteers	109	90.7%	69.0%	88.9%	98.5%	100%	100%
		<b>Overall</b>	<b>109</b>	<b>85.8%</b>	<b>71.0%</b>	<b>78.1%</b>	<b>86.9%</b>	<b>95.9%</b>	<b>98.1%</b>

Data reported as of September 18, 2017

No. = number of facilities reporting

HCP = Healthcare Personnel

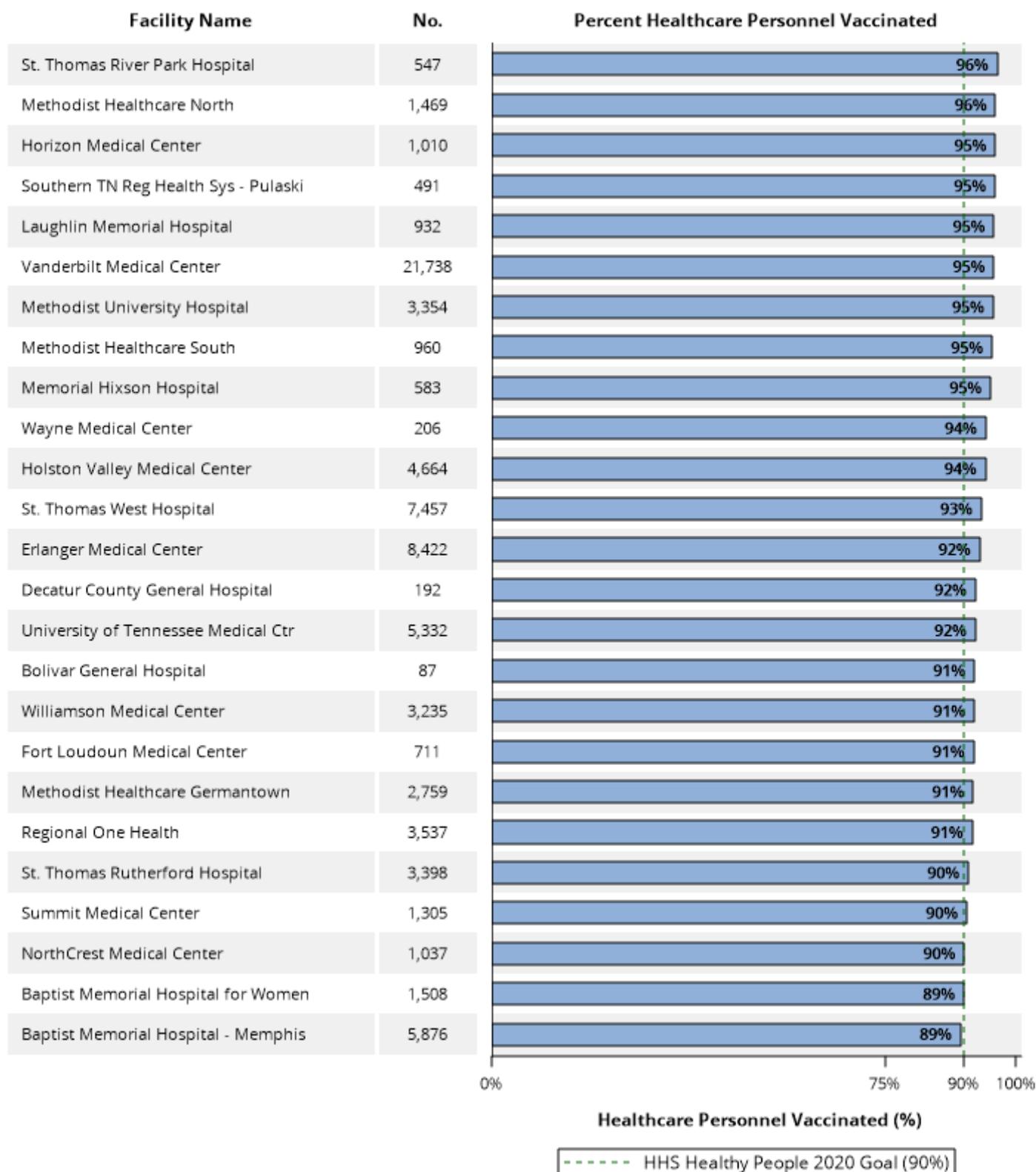
**Figure 103 : Healthcare Personnel Influenza Vaccination in Acute Care Hospitals, Tennessee, 2015/2016 Influenza Season (10/01/2015-03/31/2016)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2015 and March 31, 2016

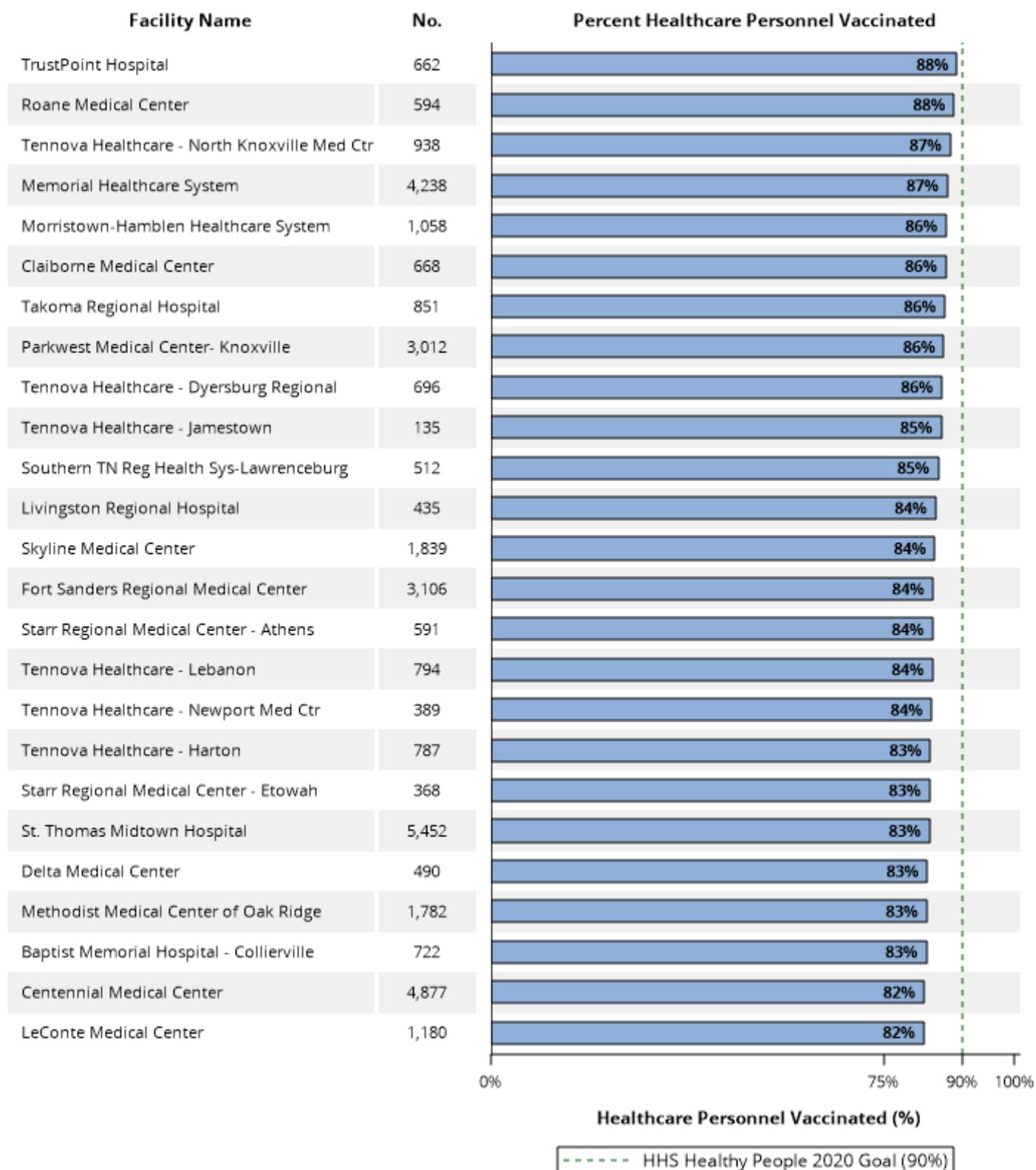
**Figure 103 (cont'd)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2015 and March 31, 2016

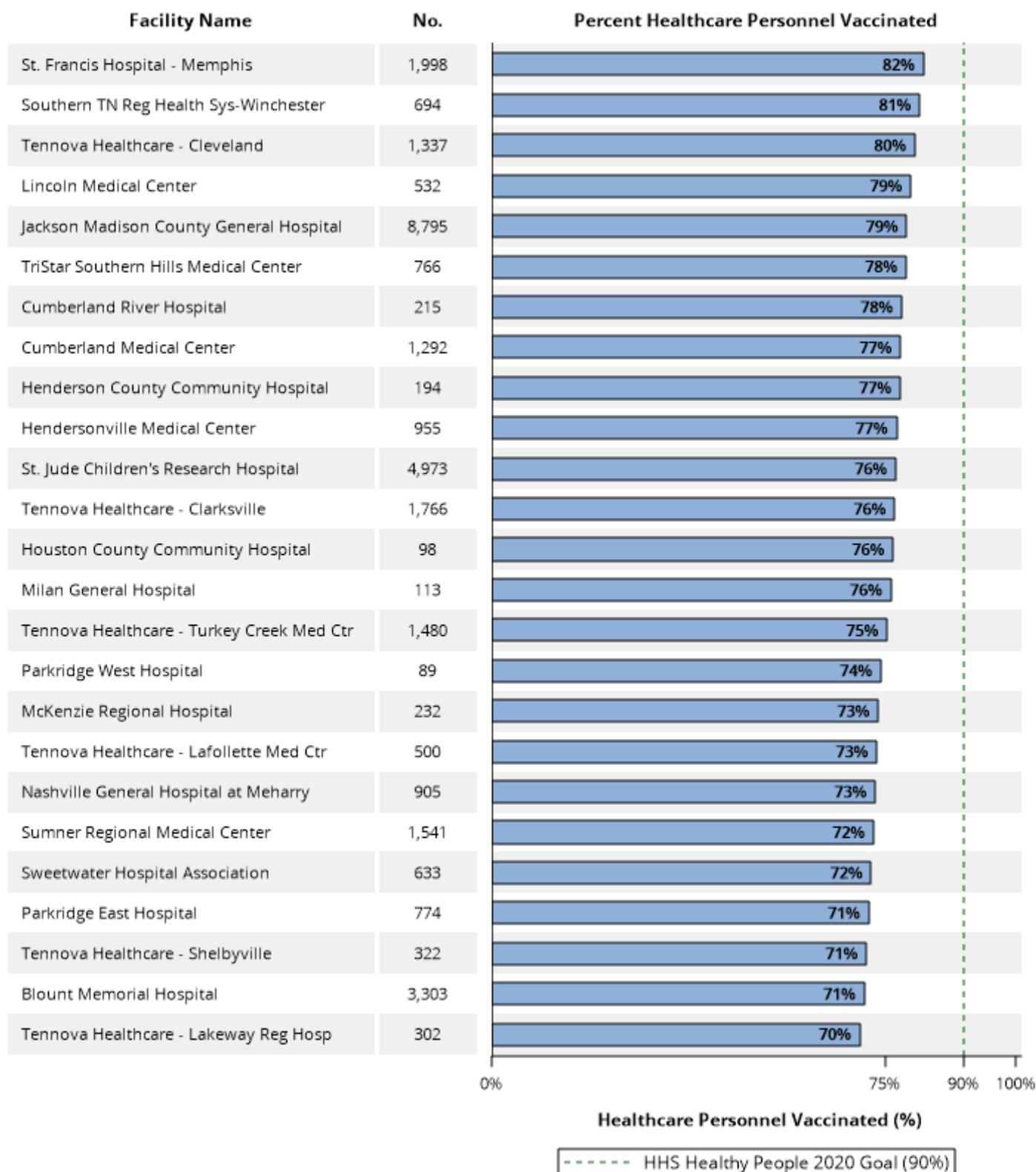
**Figure 103 (cont'd)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2015 and March 31, 2016

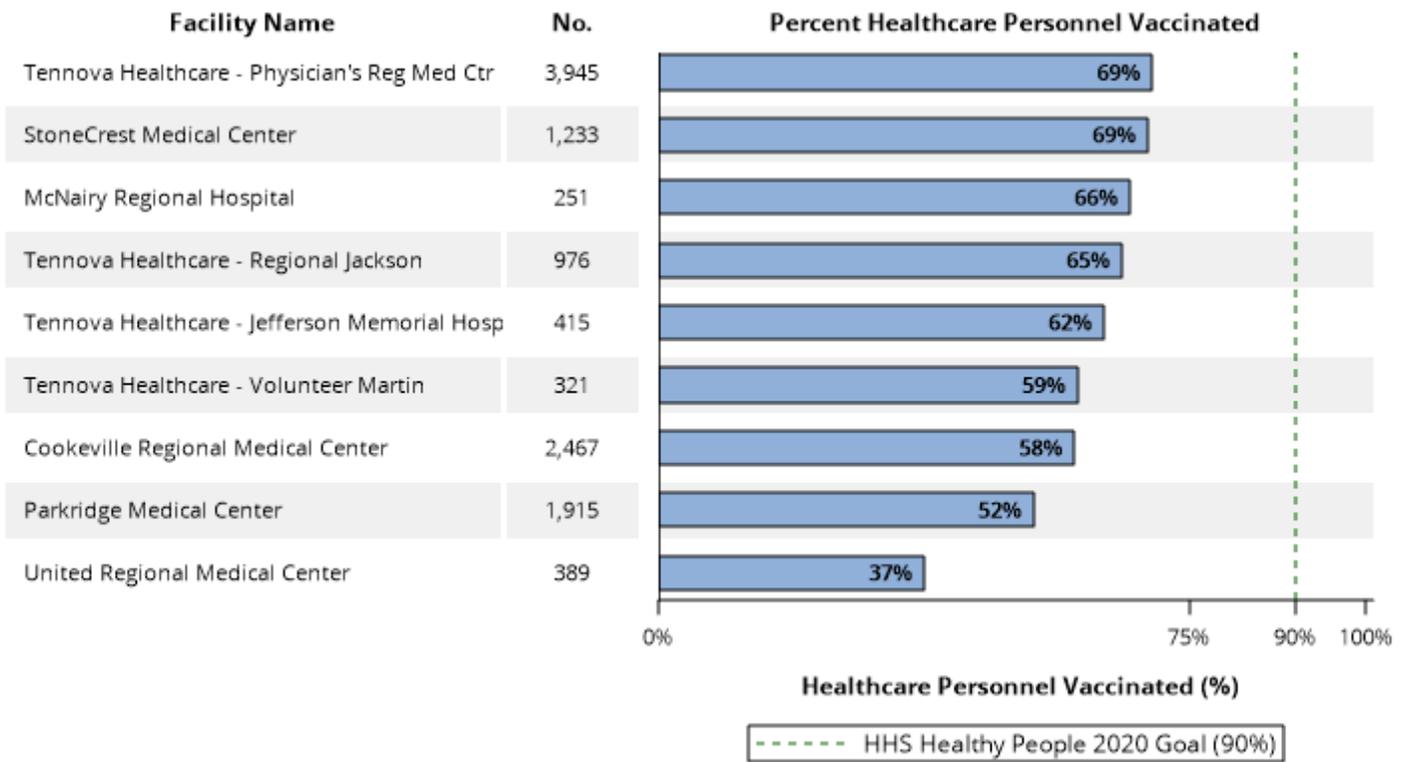
**Figure 103 (cont'd)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2015 and March 31, 2016

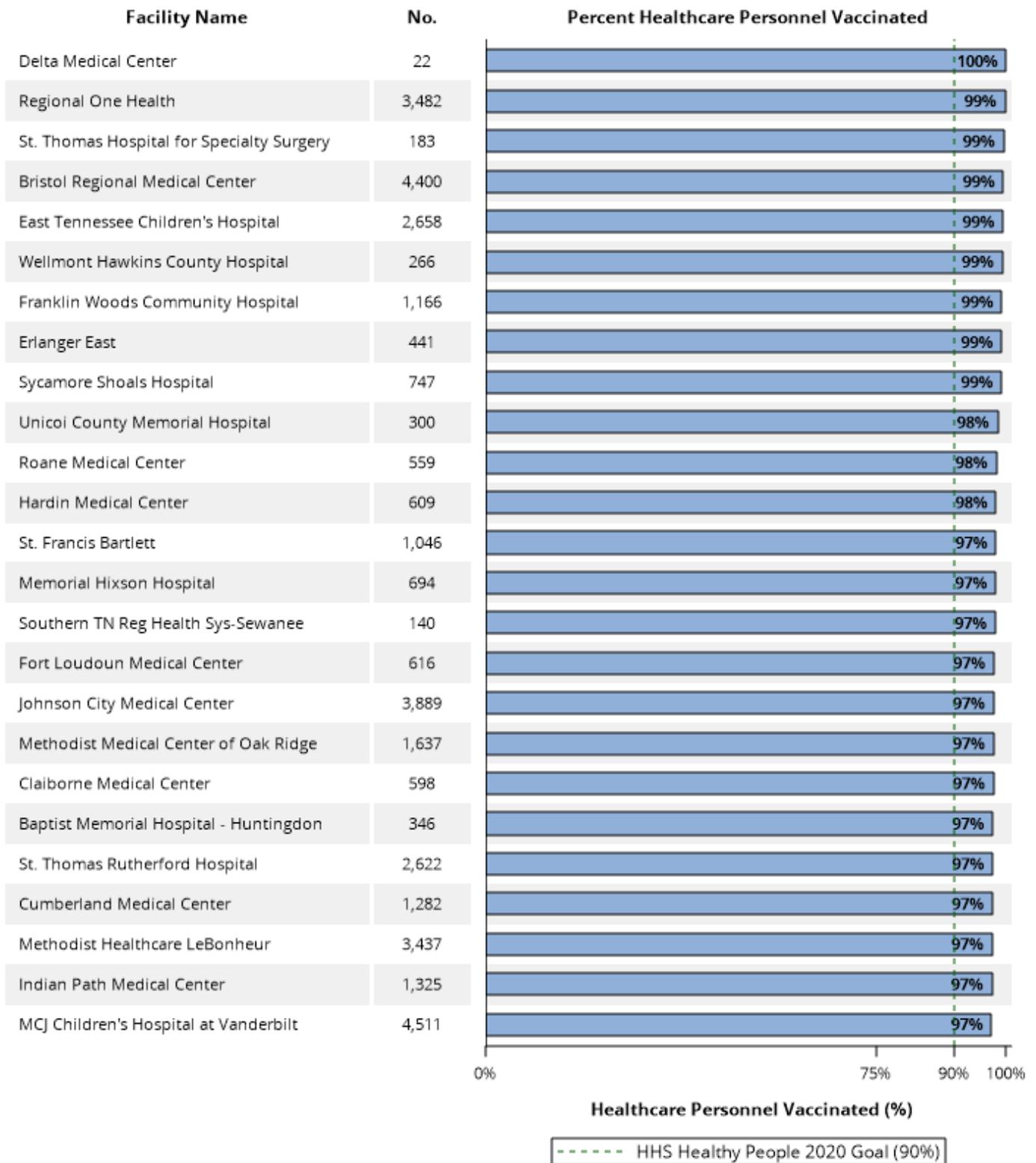
**Figure 103 (cont'd)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2015 and March 31, 2016

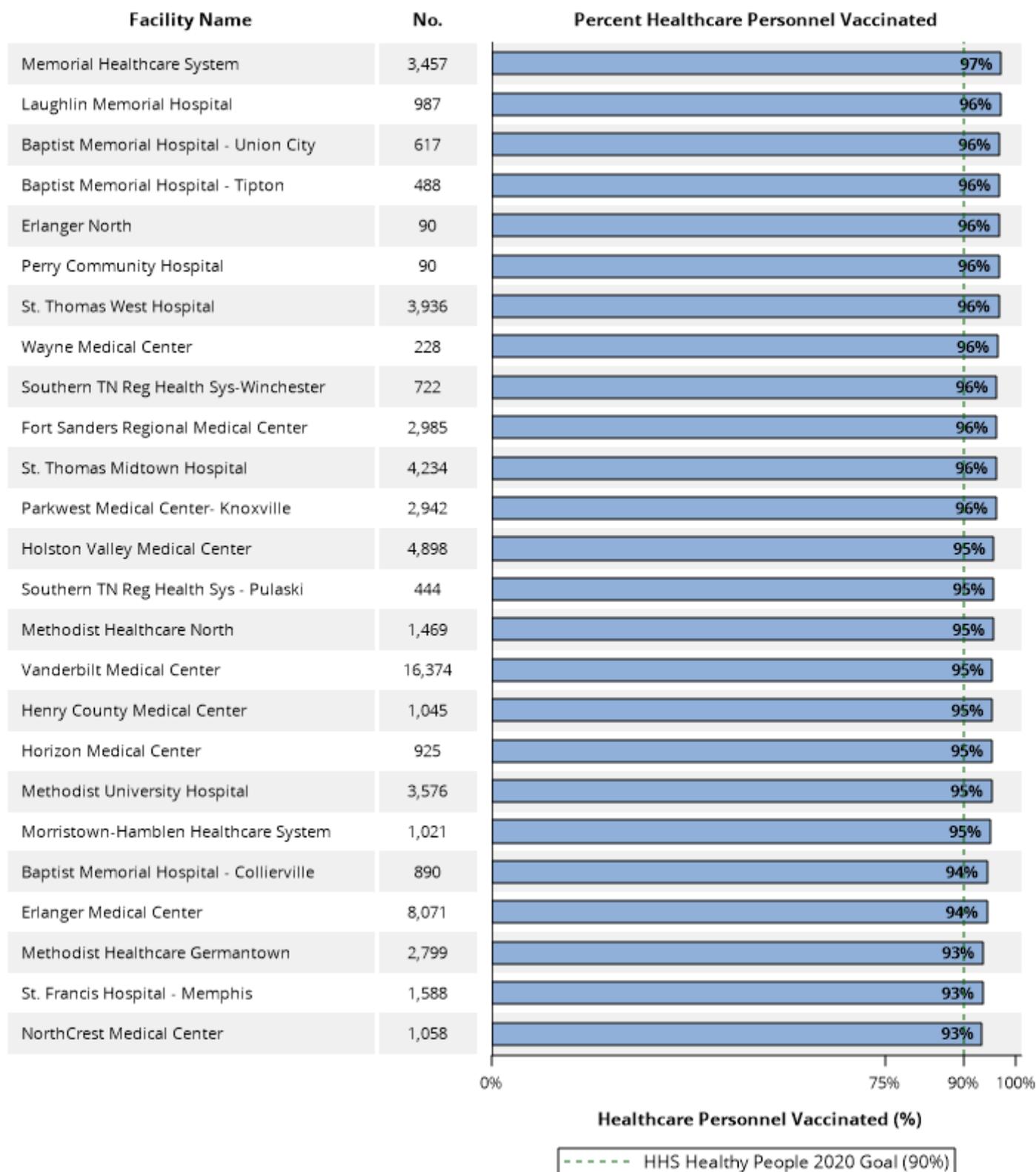
**Figure 104 : Healthcare Personnel Influenza Vaccination in Acute Care Hospitals, Tennessee, 2016/2017 Influenza Season (10/01/2016-03/31/2017)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2016 and March 31, 2017

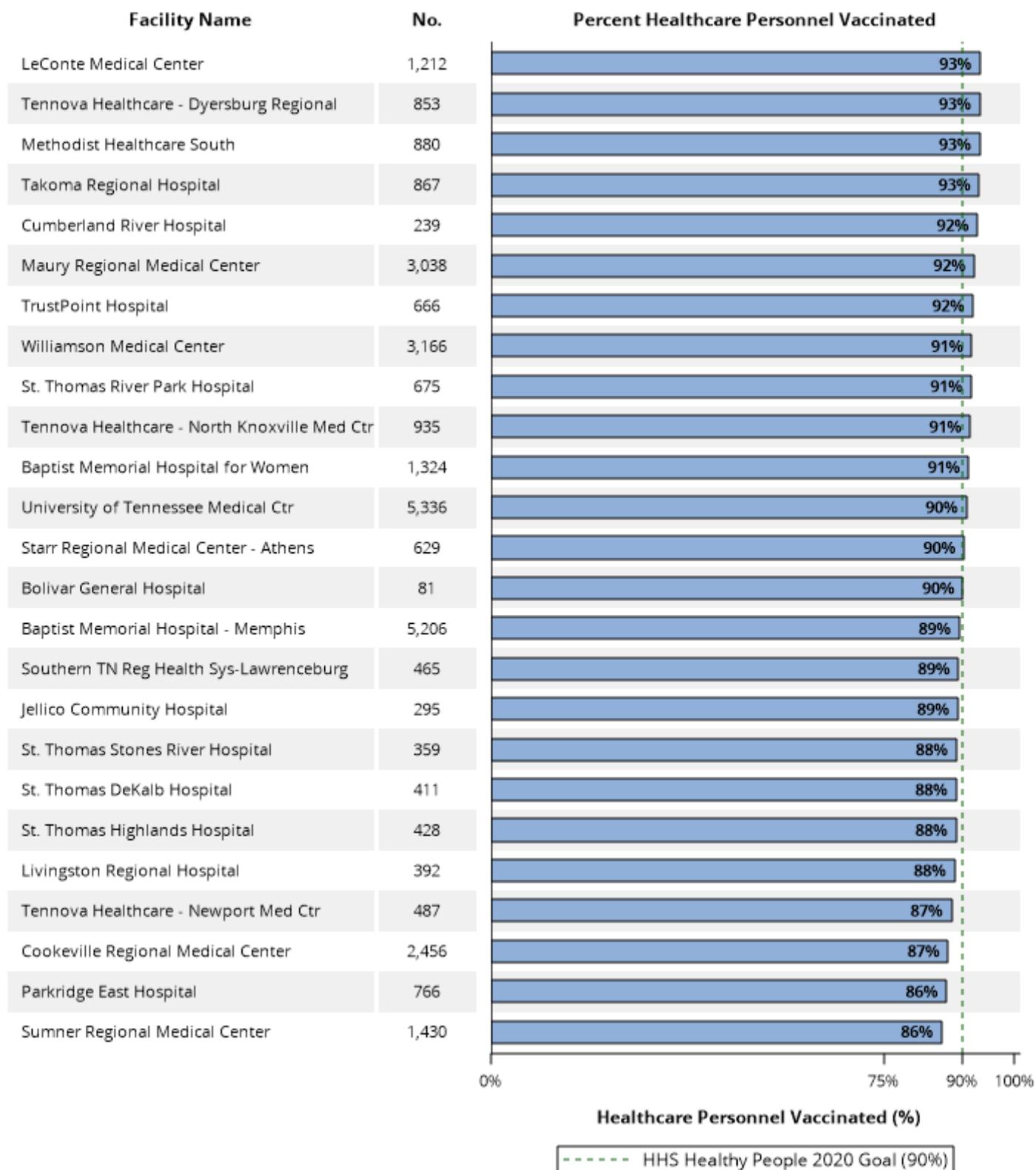
**Figure 104 (cont'd)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2016 and March 31, 2017

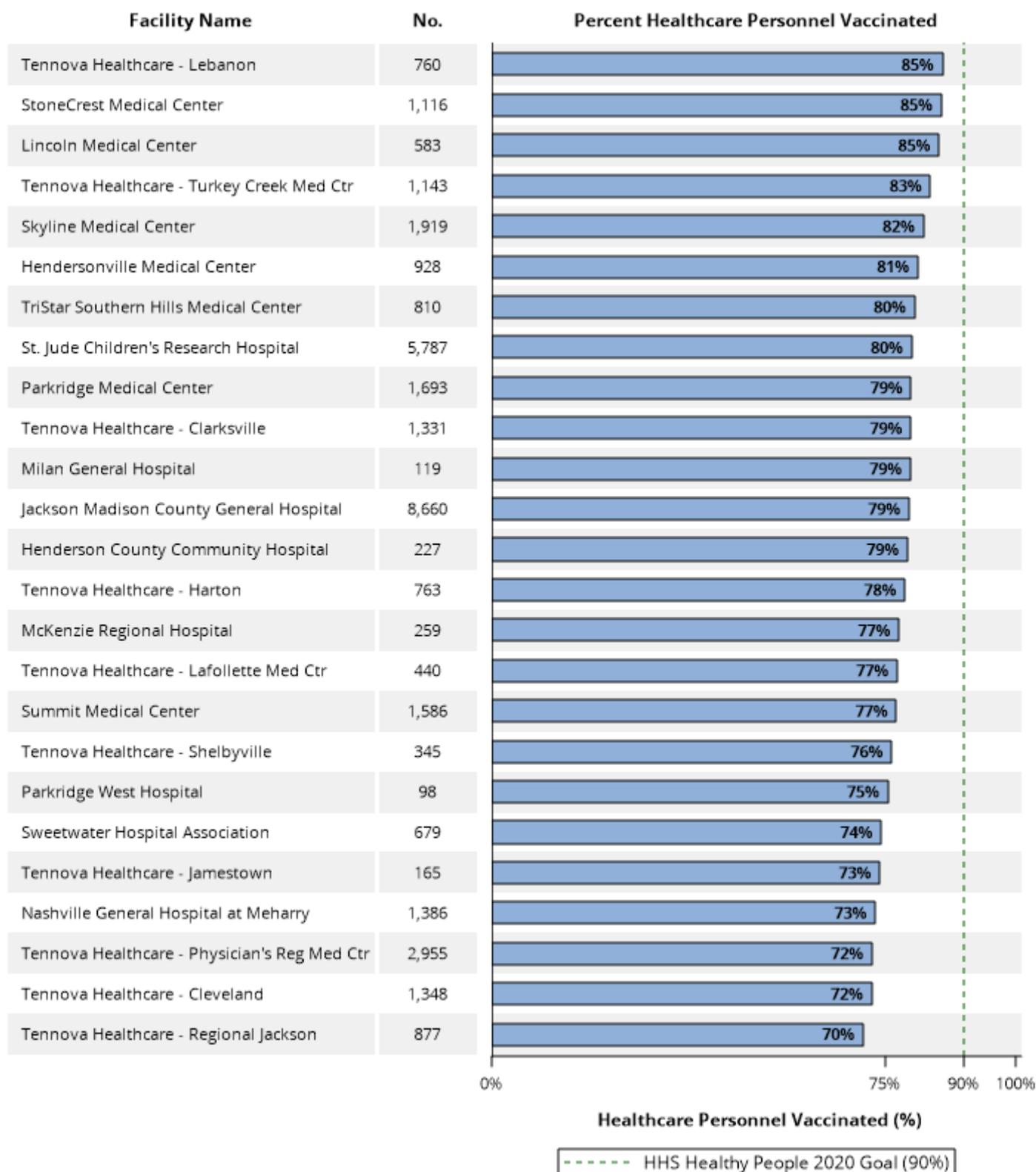
**Figure 104 (cont'd)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2016 and March 31, 2017

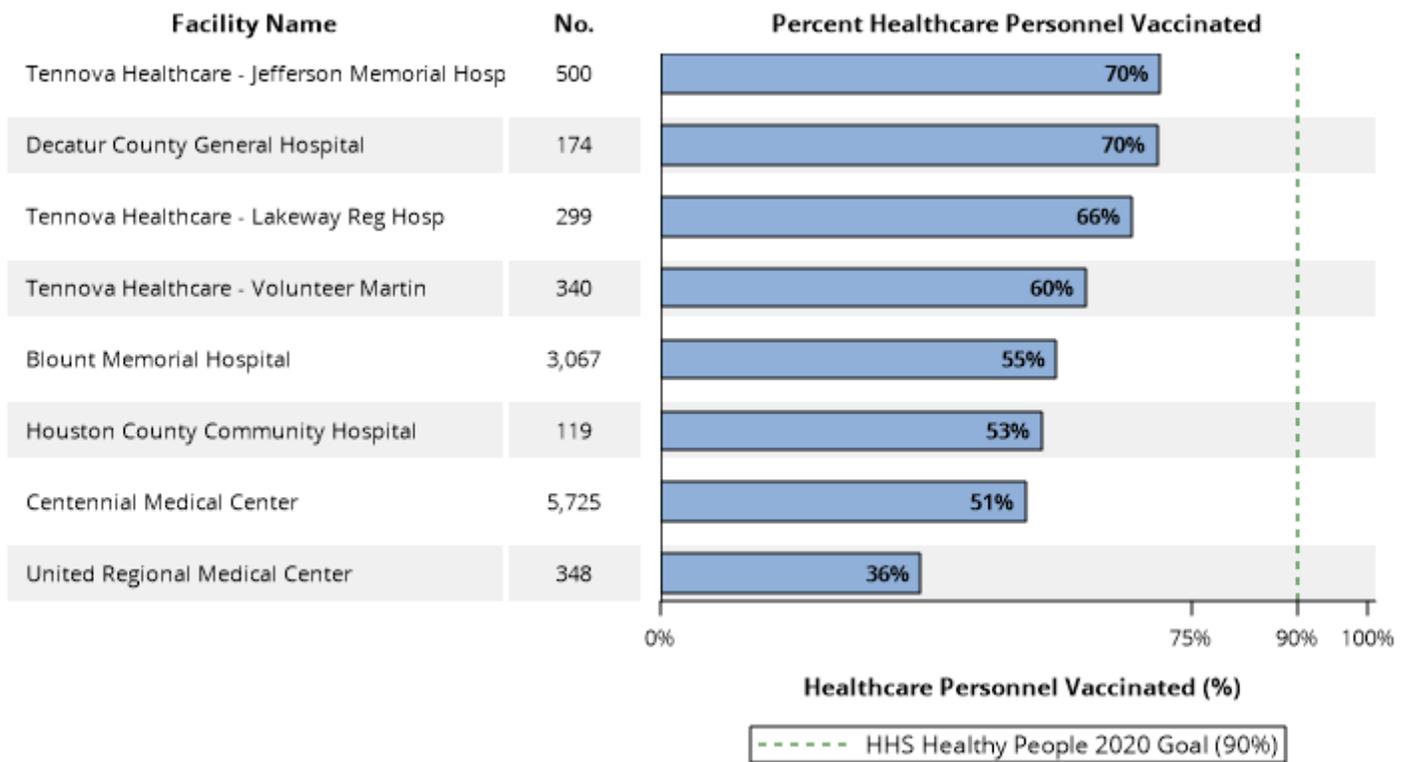
**Figure 104 (cont'd)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2016 and March 31, 2017

**Figure 104 (cont'd)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2016 and March 31, 2017

# Healthcare Personnel Influenza Vaccination

*Long-term Acute Care (LTAC) Hospitals*

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

**Total number of facilities reporting from October 2015 – March 2016: 10**

**Total number of facilities reporting from October 2016 – March 2017: 9**

### **Healthcare Personnel Influenza Vaccination Rates ([Table 58](#))**

- The mean facility-specific overall healthcare personnel vaccination rate in Tennessee long-term acute care hospitals was 80.7% for the 2015/2016 influenza season (October 2015-March 2016), below the [HHS Healthy People](#)<sup>43</sup> 2020 Goal of 90%. The mean facility-specific overall healthcare personnel vaccination rate in Tennessee long-term acute care hospitals was 83.7% for the 2016/2017 influenza season (October 2016-March 2017), below the [HHS Healthy People](#)<sup>44</sup> 2020 Goal of 90%.
- The median facility-specific overall healthcare personnel vaccination rate was 82.7%, indicating that half of all Tennessee long-term acute care hospitals documented at least 82.7% of their healthcare personnel received influenza vaccination for the 2015/2016 influenza season. The median facility-specific overall healthcare personnel vaccination rate was 91.4%, indicating that half of all Tennessee long-term acute care hospitals documented at least 91.4% of their healthcare personnel received influenza vaccination for the 2016/2017 influenza season.
- Tennessee 2015/2016 mean facility-specific influenza vaccination rates were the lowest for licensed independent practitioners (75.1%) and the highest for employees (85.3%) and adult students/trainees/volunteers (99.1%). Tennessee 2016/2017 mean facility-specific influenza vaccination rates were the lowest for licensed independent practitioners (78.8%) and the highest for employees (84.1%) and adult students/trainees/volunteers (92.8%).

### **Facility-Specific Healthcare Personnel Influenza Vaccination Rates ([Figure 105](#), [Figure 106](#))**

- The overall percent of healthcare personnel with documented influenza vaccination for each facility for the 2015/2016 and 2016/2017 influenza seasons are displayed in [Figure 105](#) and [Figure 106](#).

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<sup>43</sup> <http://www.healthypeople.gov/>

<sup>44</sup> <http://www.healthypeople.gov/>

**Table 58 : Healthcare Personnel Influenza Vaccination Rate and Key Percentiles by Healthcare Personnel Category by Influenza Season in Long-Term Acute Care (LTAC) Hospitals, Tennessee, 10/01/2016 - 03/31/2017**

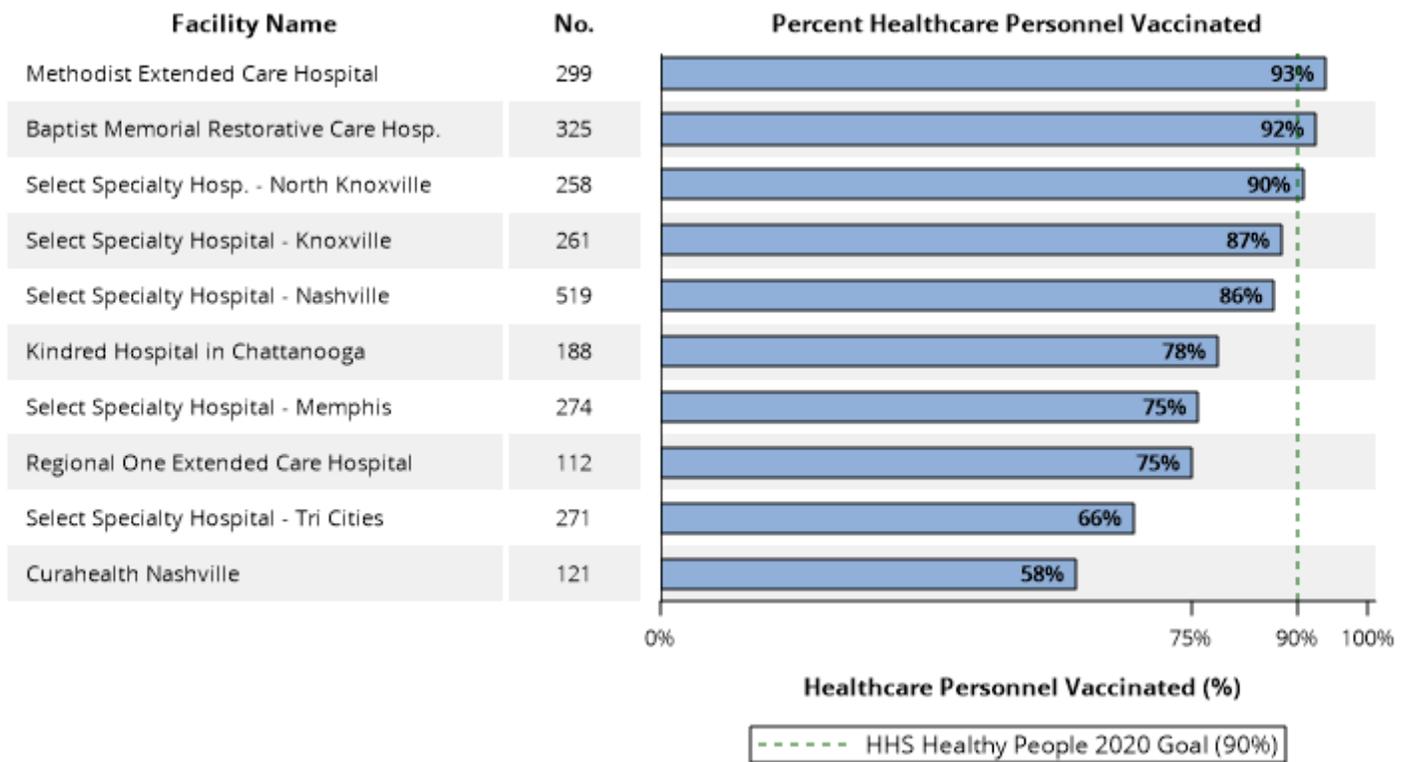
STATE	FLU SEASON	HEALTHCARE PERSONNEL CATEGORY	No.	MEAN HCP VACCINATION RATE	DISTRIBUTION OF HCP VACCINATION RATE				
					10%	25%	50%	75%	90%
Tennessee	2016/2017	Employees	9	84.1%	21.3%	90.1%	91.0%	94.0%	99.2%
		Licensed Independent Practitioners	9	78.8%	18.2%	68.9%	89.8%	97.3%	100%
		Students/Trainees/Volunteers	9	92.8%	75.0%	92.3%	96.9%	100%	100%
		<b>Overall</b>	<b>9</b>	<b>83.7%</b>	<b>28.8%</b>	<b>85.3%</b>	<b>91.4%</b>	<b>91.7%</b>	<b>99.2%</b>
	2015/2016	Employees	10	85.3%	65.8%	79.4%	87.9%	95.7%	99.0%
		Licensed Independent Practitioners	10	75.1%	32.3%	64.4%	82.1%	89.9%	100%
		Students/Trainees/Volunteers	10	99.1%	97.1%	97.4%	100%	100%	100%
		<b>Overall</b>	<b>10</b>	<b>80.7%</b>	<b>62.7%</b>	<b>75.0%</b>	<b>82.7%</b>	<b>90.7%</b>	<b>93.3%</b>

Data reported as of September 18, 2017

No. = number of facilities reporting

HCP = Healthcare Personnel

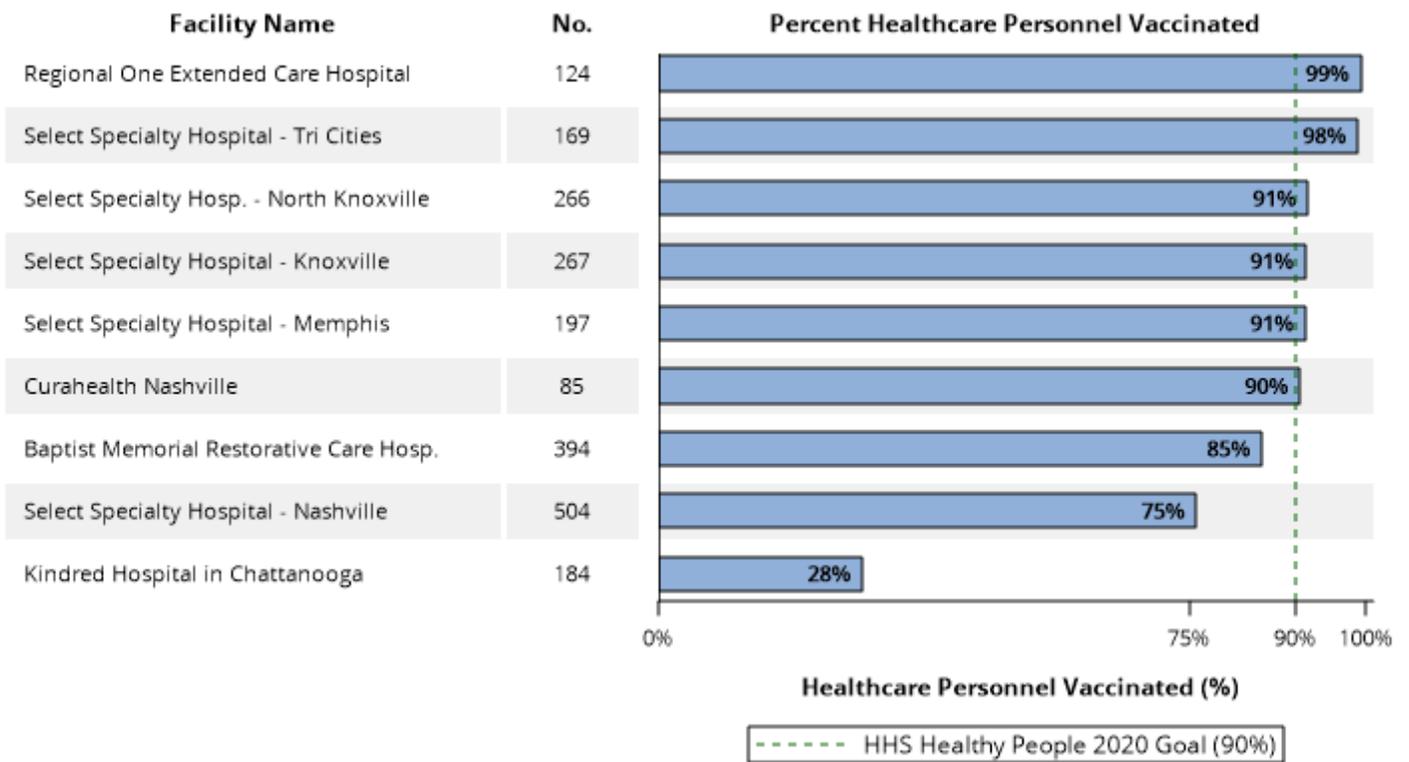
**Figure 105 : Healthcare Personnel Influenza Vaccination in Long-Term Acute Care (LTAC) Hospitals, Tennessee, 2015/2016 Influenza Season (10/01/2015-03/31/2016)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2015 and March 31, 2016

**Figure 106 : Healthcare Personnel Influenza Vaccination in Long-Term Acute Care (LTAC) Hospitals, Tennessee, 2016/2017 Influenza Season (10/01/2016-03/31/2017)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2016 and March 31, 2017

# Healthcare Personnel Influenza Vaccination

## *Inpatient Rehabilitation Facilities*

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

**Total number of facilities reporting from October 2015 – March 2016: 30**

**Total number of facilities reporting from October 2016 – March 2017: 30**

### **Healthcare Personnel Influenza Vaccination Rates ([Table 59](#))**

- The mean facility-specific overall healthcare personnel vaccination rate in Tennessee inpatient rehabilitation facilities was 80.3% for the 2015/2016 influenza season (October 2015-March 2016), below the [HHS Healthy People](#)<sup>45</sup> 2020 Goal of 90%. The mean facility-specific overall healthcare personnel vaccination rate in Tennessee inpatient rehabilitation facilities was 88.8% for the 2016/2017 influenza season (October 2016-March 2017), below the [HHS Healthy People](#)<sup>46</sup> 2020 Goal of 90%.
- The median facility-specific overall healthcare personnel vaccination rate was 83.2%, indicating that half of all Tennessee inpatient rehabilitation facilities documented at least 83.2% of their healthcare personnel received influenza vaccination for the 2015/2016 influenza season. The median facility-specific overall healthcare personnel vaccination rate was 90.7%, indicating that half of all Tennessee inpatient rehabilitation facilities documented at least 90.7% of their healthcare personnel received influenza vaccination for the 2016/2017 influenza season.
- Tennessee 2015/2016 mean facility-specific influenza vaccination rates were the lowest for licensed independent practitioners (67.1%) and the highest for employees (82.1%) and adult students/trainees/volunteers (88.7%). Tennessee 2016/2017 mean facility-specific influenza vaccination rates were the lowest for licensed independent practitioners (79.7%) and the highest for employees (89.3%) and adult students/trainees/volunteers (94.1%).

### **Facility-Specific Healthcare Personnel Influenza Vaccination Rates ([Figure 107](#) and [Figure 108](#))**

- The overall percent of healthcare personnel with documented influenza vaccination for each facility for the 2015/2016 and 2016/2017 influenza seasons are displayed in [Figure 107](#) and [Figure 108](#).

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<sup>45</sup> <http://www.healthypeople.gov/>

<sup>46</sup> <http://www.healthypeople.gov/>

**Table 59 : Healthcare Personnel Influenza Vaccination Rate and Key Percentiles by Healthcare Personnel Category by Influenza Season in Inpatient Rehabilitation Facilities, Tennessee, 10/01/2016 - 03/31/2017**

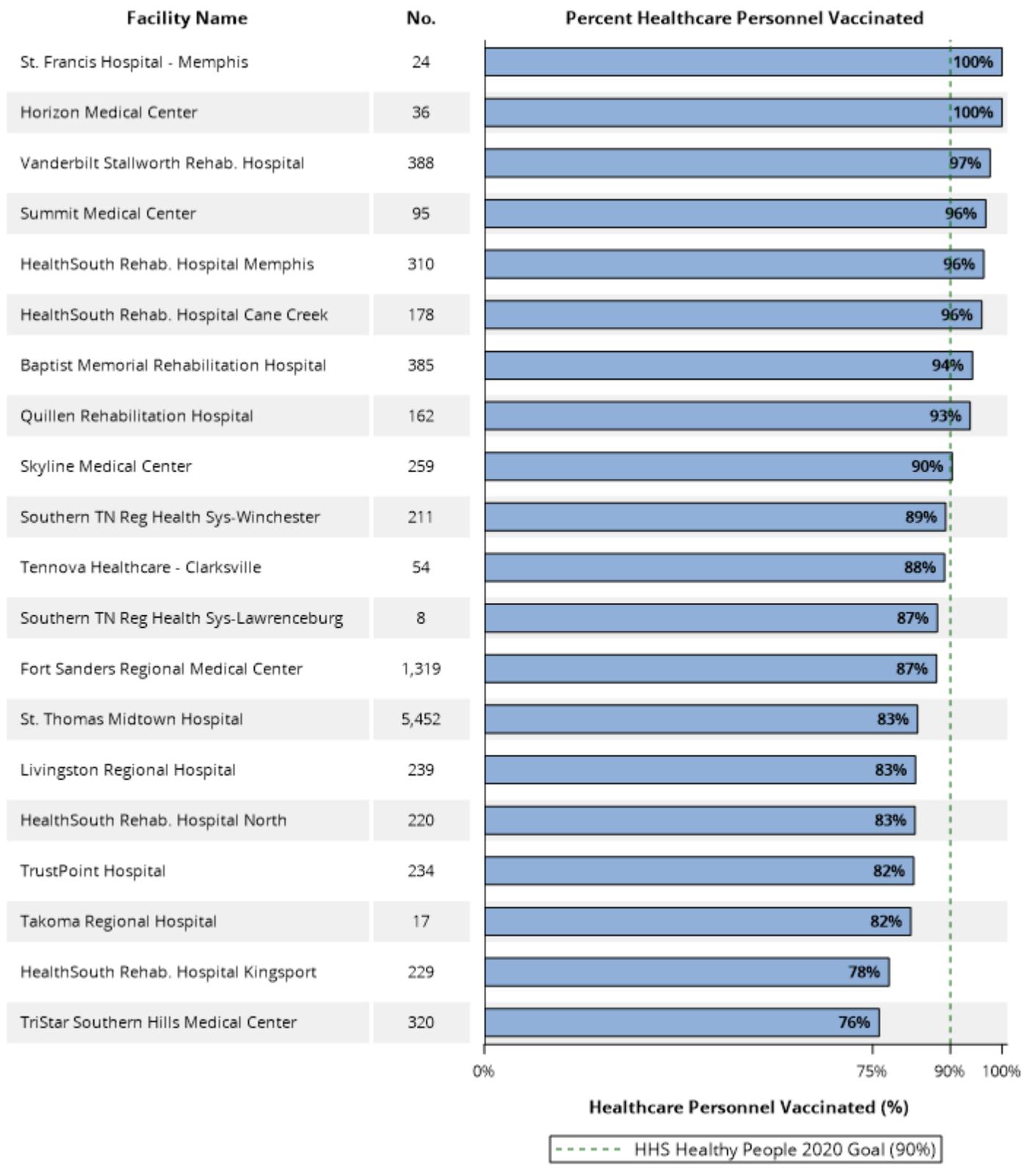
STATE	FLU SEASON	HEALTHCARE PERSONNEL CATEGORY	No.	MEAN HCP VACCINATION RATE	DISTRIBUTION OF HCP VACCINATION RATE				
					10%	25%	50%	75%	90%
Tennessee	2016/2017	Employees	30	89.3%	75.8%	82.9%	92.0%	97.2%	100%
		Licensed Independent Practitioners	30	79.7%	12.5%	78.3%	95.0%	100%	100%
		Students/Trainees/Volunteers	30	94.1%	77.6%	97.1%	100%	100%	100%
		<b>Overall</b>	<b>30</b>	<b>88.8%</b>	<b>76.6%</b>	<b>82.7%</b>	<b>90.7%</b>	<b>97.1%</b>	<b>100%</b>
	2015/2016	Employees	30	82.1%	62.6%	71.8%	84.2%	95.6%	96.9%
		Licensed Independent Practitioners	30	67.1%	3.7%	37.5%	78.6%	100%	100%
		Students/Trainees/Volunteers	30	88.7%	48.3%	87.2%	100%	100%	100%
		<b>Overall</b>	<b>30</b>	<b>80.3%</b>	<b>60.0%</b>	<b>72.0%</b>	<b>83.2%</b>	<b>93.8%</b>	<b>97.3%</b>

Data reported as of September 18, 2017

No. = number of facilities reporting

HCP = Healthcare Personnel

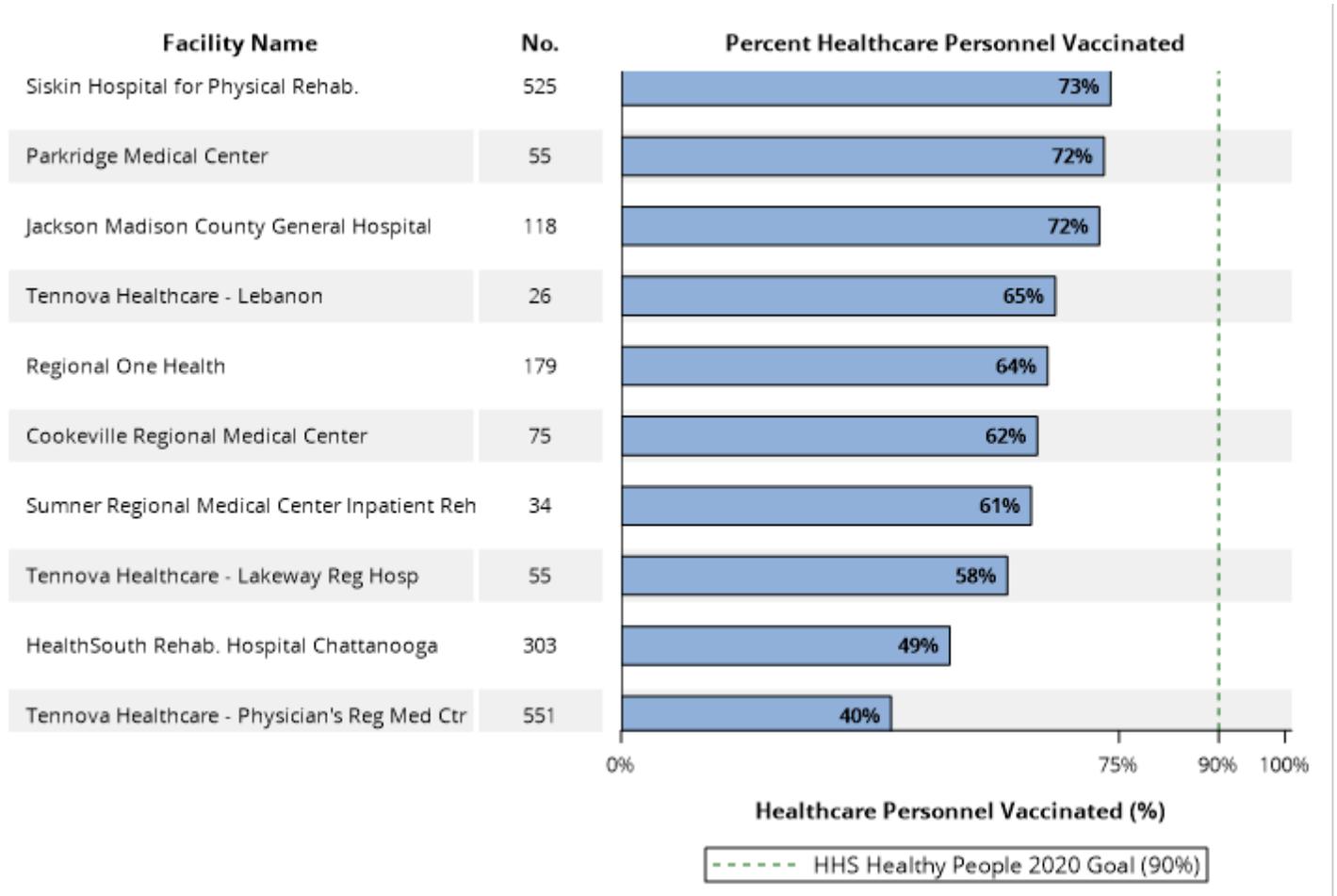
**Figure 107 : Healthcare Personnel Influenza Vaccination in Inpatient Rehabilitation Facilities (IRF), Tennessee, 2015/2016 Influenza Season (10/01/2015-03/31/2016)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2015 and March 31, 2016

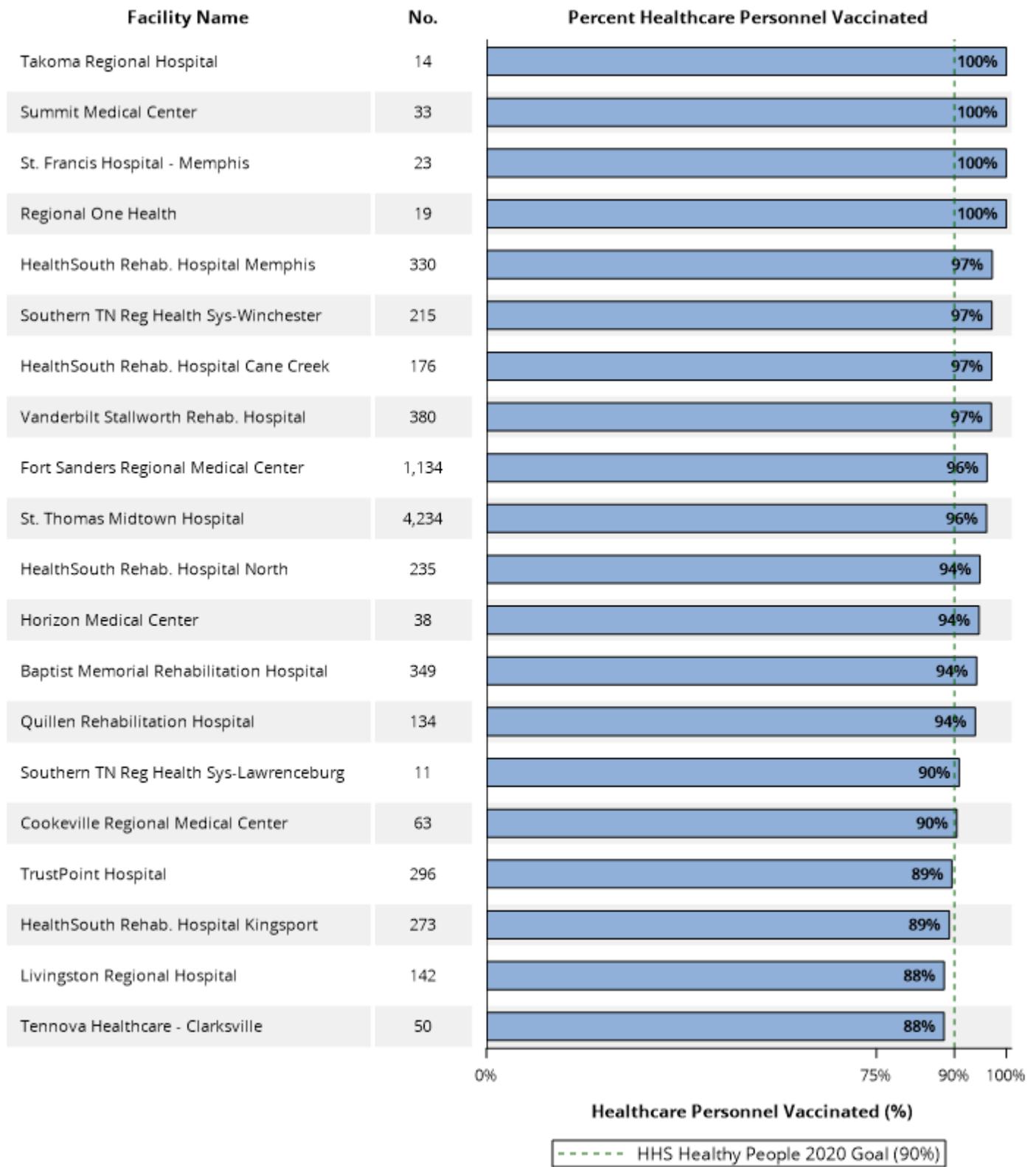
Figure 107 (cont'd)



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2015 and March 31, 2016

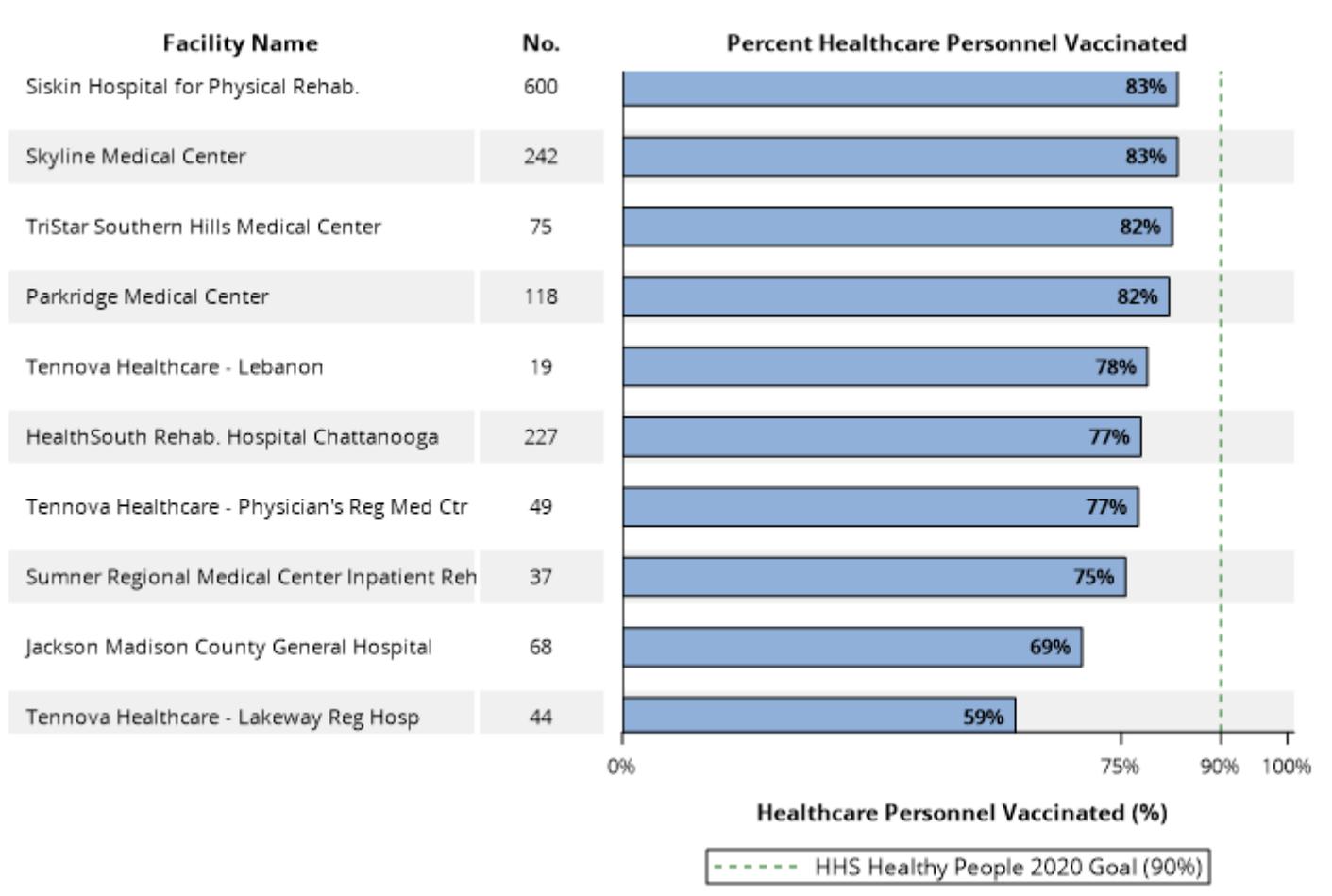
**Figure 108 : Healthcare Personnel Influenza Vaccination in Inpatient Rehabilitation Facilities (IRF), Tennessee, 2016/2017 Influenza Season (10/01/2016-03/31/2017)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2016 and March 31, 2017

**Figure 108 (cont'd)**



Data Reported as of September 18, 2017

No. = total number of healthcare personnel who worked at least one day between October 1, 2016 and March 31, 2017

## Facility Specific Summary Pages

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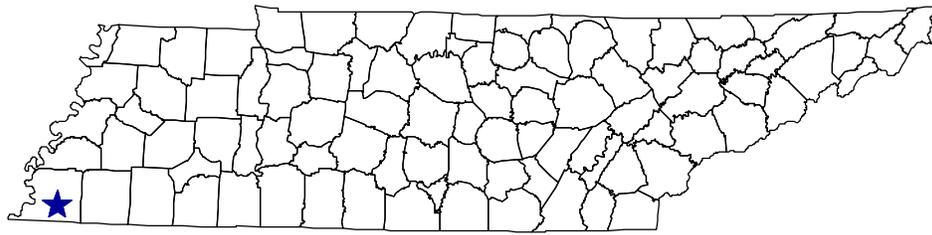
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## Baptist Memorial Hospital - Memphis, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	20	12.0	10658	<b>1.66</b>	<b>( 1.04, 2.52 )</b>	0.88
	Adult/Pediatric Ward	15	12.9	13273	1.16	( 0.67, 1.87 )	0.80
CAUTI	Adult/Pediatric ICU	15	18.0	9885	0.83	( 0.48, 1.34 )	1.06
	Adult/Pediatric Ward	9	9.1	7700	0.98	( 0.48, 1.80 )	0.70
SSI	Colon surgery	14	9.3	339	1.50	( 0.86, 2.46 )	0.85
	Abdominal hysterectomy	1	0.9	108	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	13	19.0	174728	0.68	( 0.38, 1.14 )	1.26
	C. difficile infection	167	141.8	174728	<b>1.18</b>	<b>( 1.01, 1.37 )</b>	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

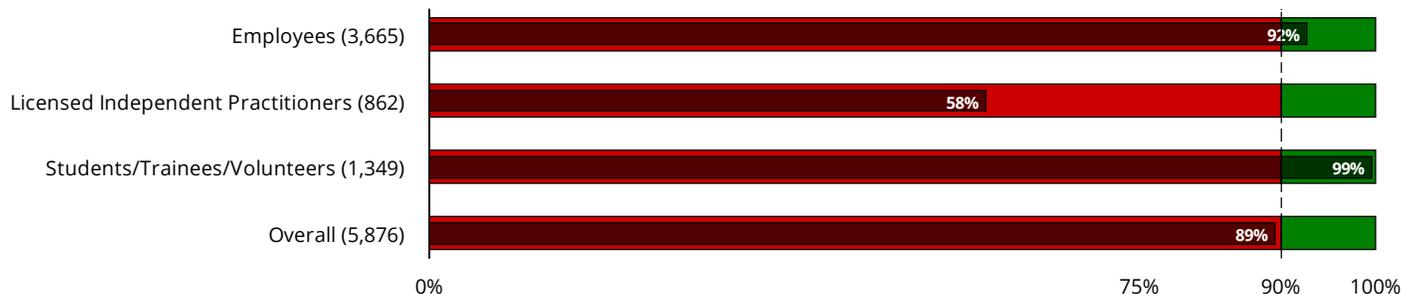
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Baptist Memorial Hospital - Memphis*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



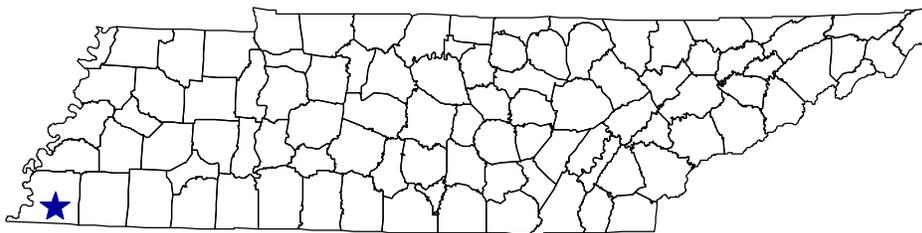
#### Healthcare Personnel Vaccinated (%)

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

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

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	8	11.6	10299	0.69	( 0.32, 1.31 )	0.84
	Adult/Pediatric Ward	8	12.2	12574	0.65	( 0.30, 1.24 )	0.75
CAUTI	Adult/Pediatric ICU	11	12.5	6974	0.88	( 0.46, 1.53 )	0.96
	Adult/Pediatric Ward	3	6.4	5464	0.47	( 0.12, 1.26 )	0.72
SSI	Colon surgery	8	9.7	351	0.82	( 0.38, 1.56 )	0.92
	Abdominal hysterectomy	3	1.6	189	1.87	( 0.48, 5.09 )	1.04
LabID	MRSA bacteremia	21	16.6	165164	1.26	( 0.80, 1.90 )	1.33
	C. difficile infection	170	133.6	165164	1.27	( 1.09, 1.48 )	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

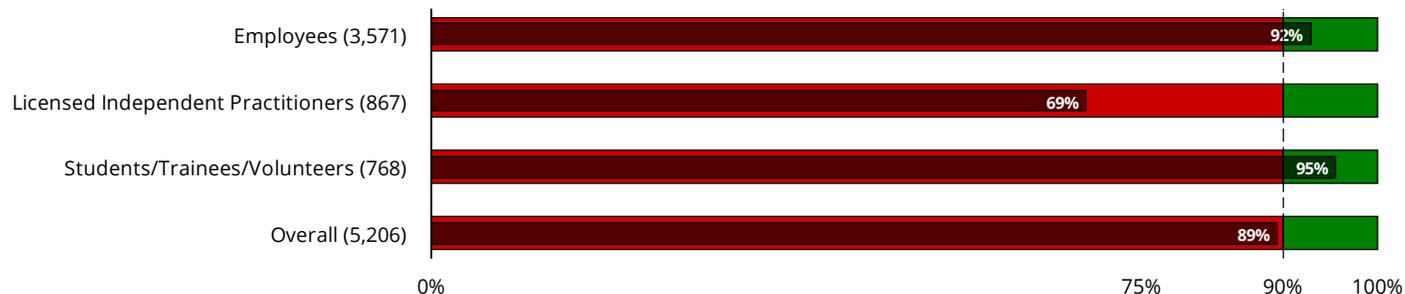
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

See page 3 for more detailed information about HAIs at Baptist Memorial Hospital - Memphis

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



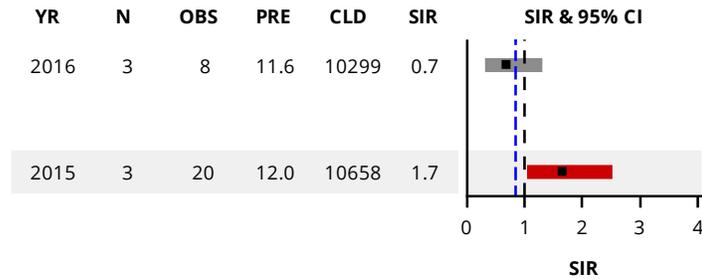
#### Healthcare Personnel Vaccinated (%)

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

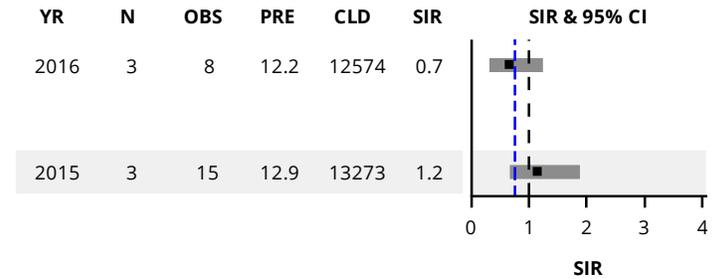
# Baptist Memorial Hospital - Memphis, Memphis, Shelby County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

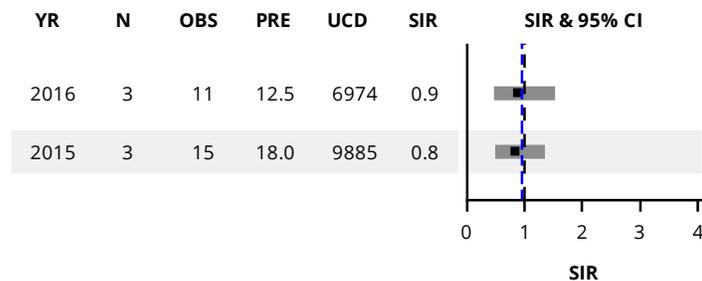


### CLABSI - Adult/Pediatric Wards

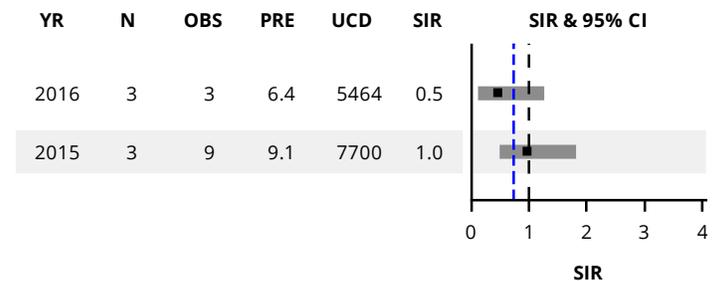


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

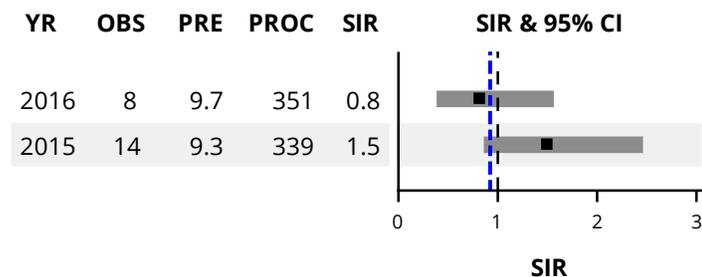


### CAUTI - Adult/Pediatric Wards

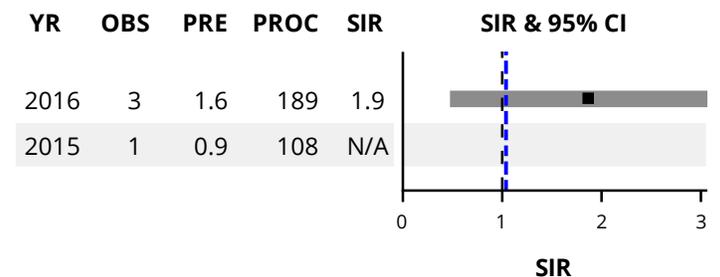


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

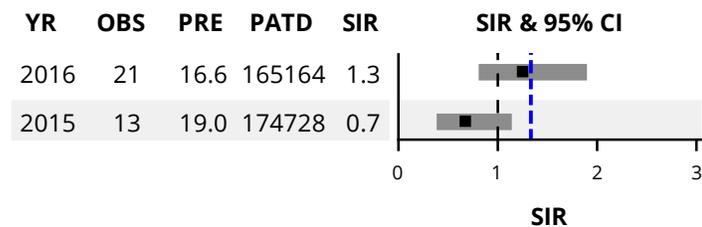


### SSI - Abdominal Hysterectomy

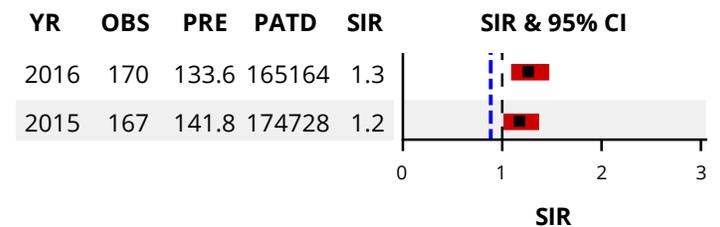


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

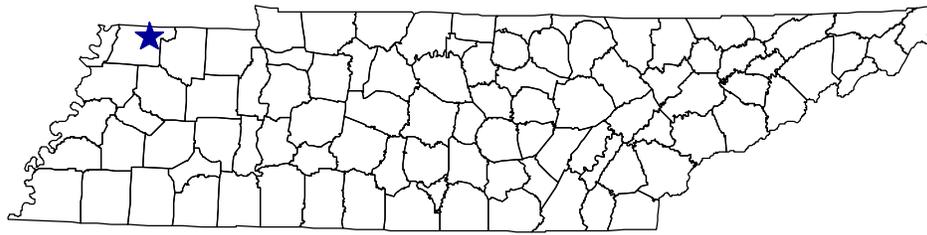
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Baptist Memorial Hospital - Union City, Union City, Obion County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	206	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.2	399	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.3	558	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.5	985	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	0	0.1	29	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.3	9826	N/A	N/A	1.26
	C. difficile infection	8	7.0	9279	1.14	(0.53, 2.17)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

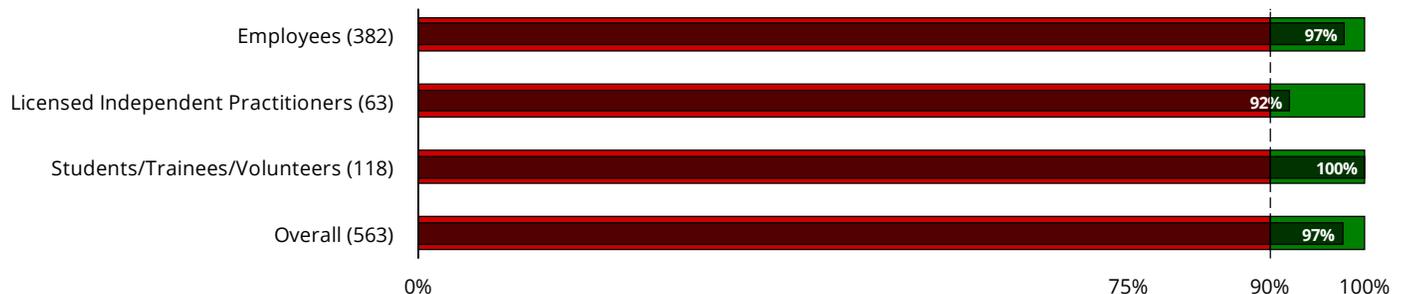
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Baptist Memorial Hospital - Union City*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



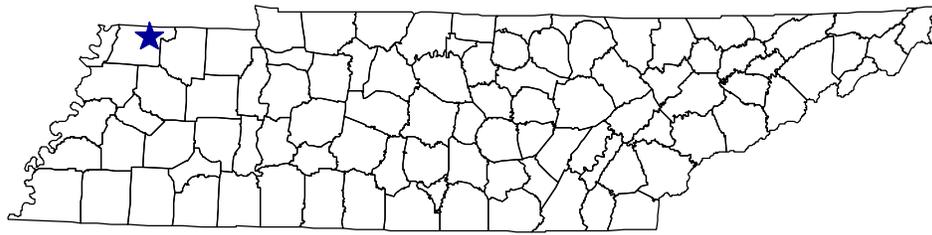
#### Healthcare Personnel Vaccinated (%)

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

## Baptist Memorial Hospital - Union City, Union City, Obion County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	216	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.2	466	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.3	656	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.5	1094	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	0	0.2	34	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.3	10658	N/A	N/A	1.33
	C. difficile infection	2	6.5	9923	0.30	( 0.05, 1.00 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

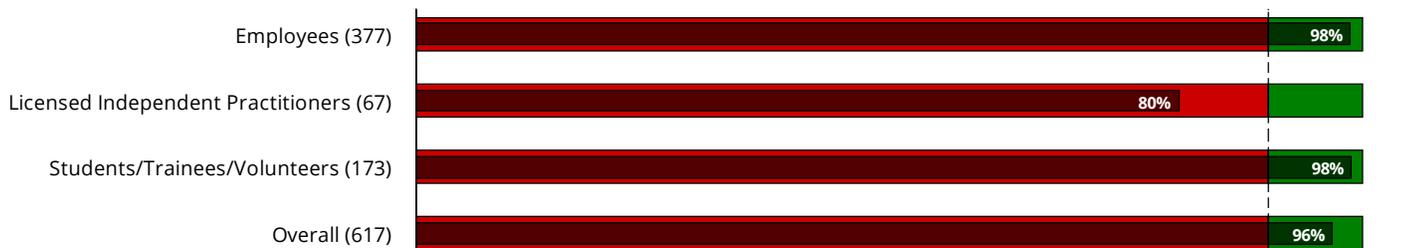
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Baptist Memorial Hospital - Union City*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



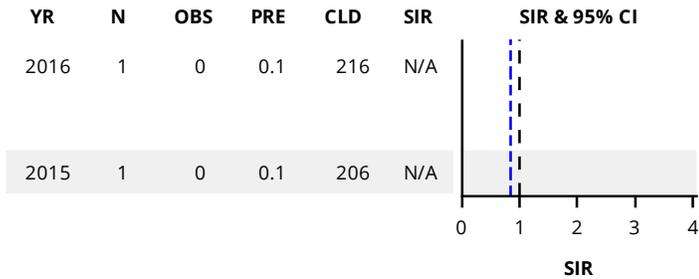
#### Healthcare Personnel Vaccinated (%)

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

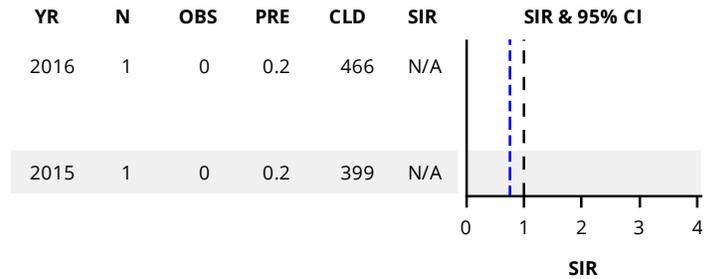
# Baptist Memorial Hospital - Union City, Union City, Obion County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

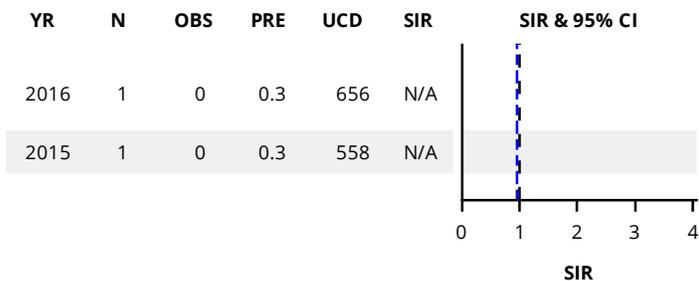


### CLABSI - Adult/Pediatric Wards

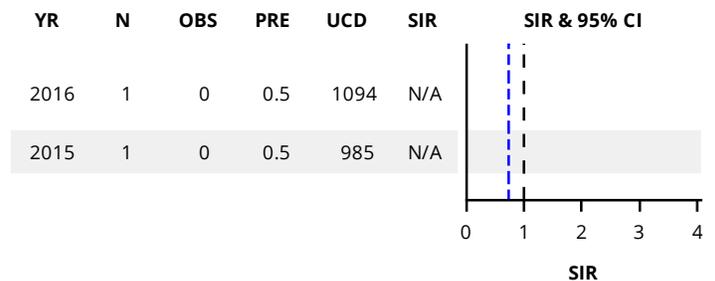


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

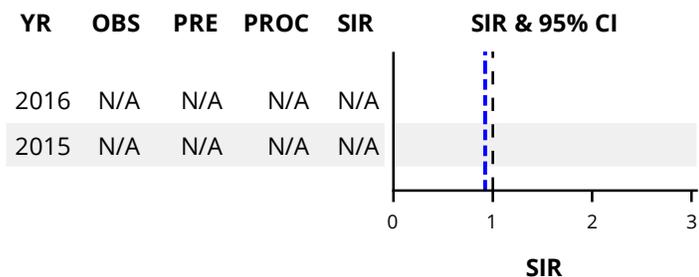


### CAUTI - Adult/Pediatric Wards

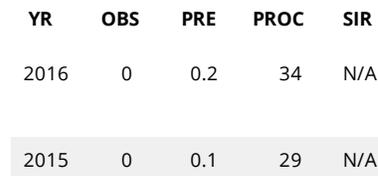


## Surgical Site Infections (SSI)

### SSI - Colon Surgery



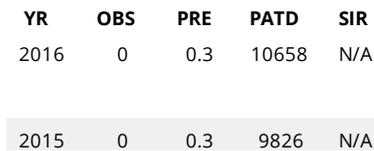
### SSI - Abdominal Hysterectomy



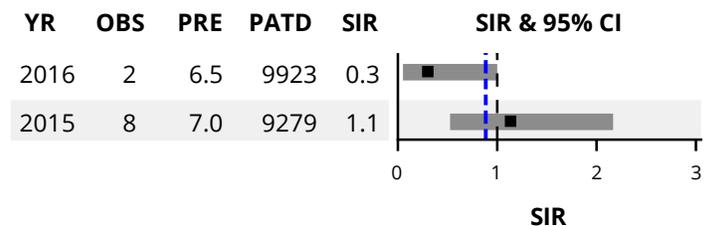
N/A: Number of predicted infections <1; no SIR calculated

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

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



### LabID - *C. difficile* Infection (CDI)



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

Data reported as of November 13, 2017

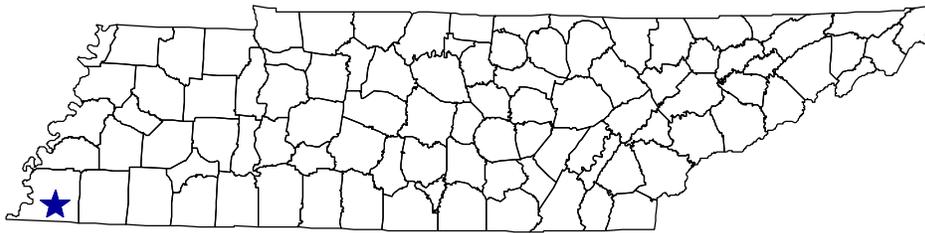
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Baptist Memorial Hospital for Women, Memphis, Shelby County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Neonatal ICU	1	4.2	3257	0.24	( 0.01, 1.16 )	0.92
	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	2	2.9	542	0.69	( 0.12, 2.28 )	1.14
LabID	MRSA bacteremia	2	0.5	22408	N/A	N/A	1.26
	C. difficile infection	0	4.9	19658	0.00	( 0.00, 0.60 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

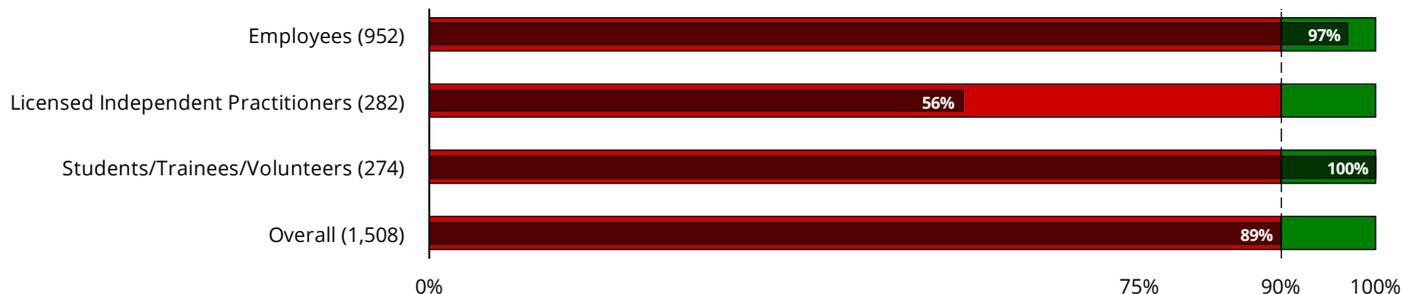
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Baptist Memorial Hospital for Women*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



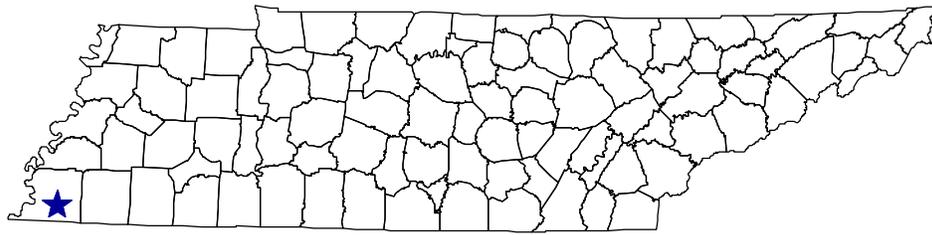
#### Healthcare Personnel Vaccinated (%)

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

# Baptist Memorial Hospital for Women, Memphis, Shelby County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Neonatal ICU	4	4.8	3633	0.82	( 0.26, 1.98 )	0.63
	Adult/Pediatric Ward	0	0.0	71	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	2	3.3	671	0.60	( 0.10, 1.97 )	1.04
LabID	MRSA bacteremia	1	0.3	18567	N/A	N/A	1.33
	C. difficile infection	0	4.5	18567	0.00	( 0.00, 0.66 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

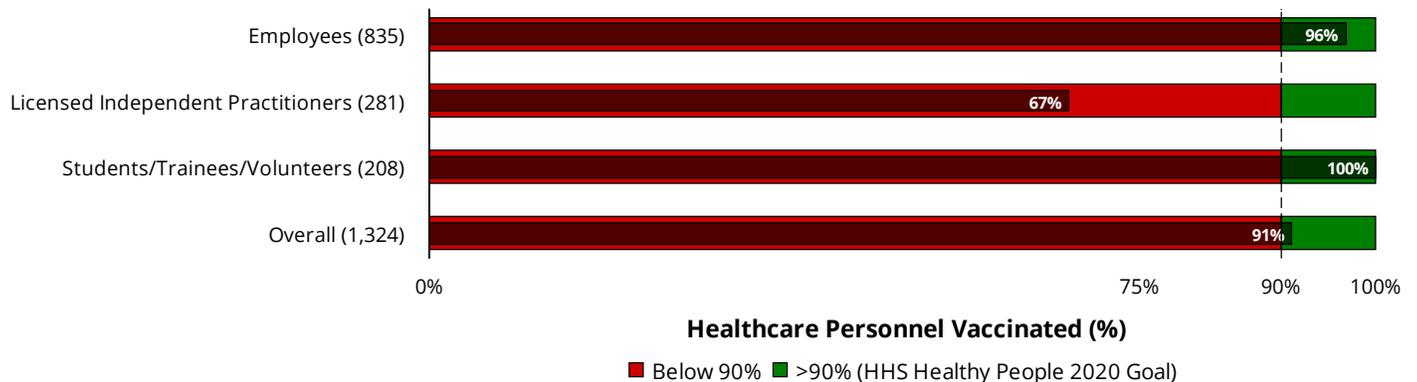
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Baptist Memorial Hospital for Women*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

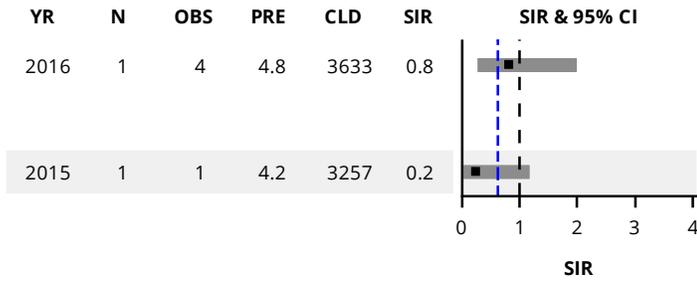
### Healthcare Personnel Category (Total)



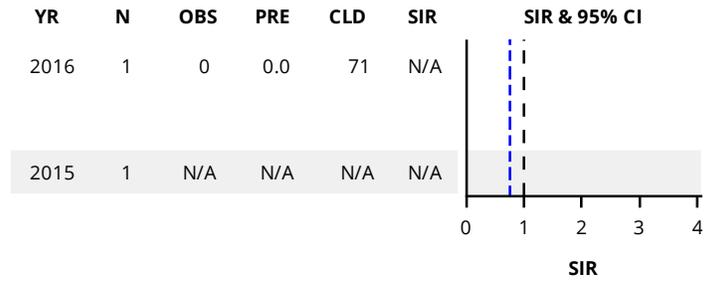
# Baptist Memorial Hospital for Women, Memphis, Shelby County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Neonatal ICUs

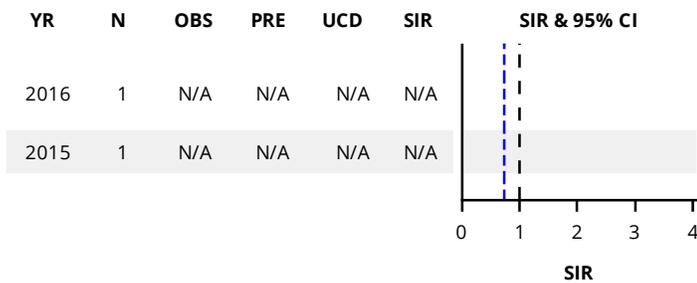


### CLABSI - Adult/Pediatric Wards



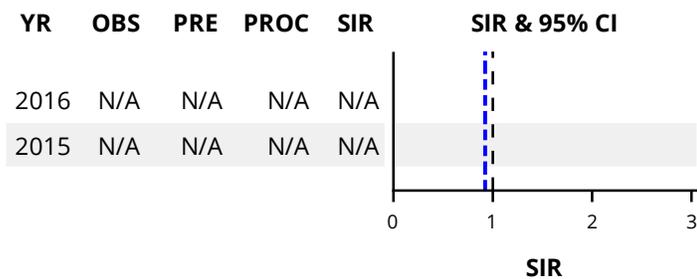
## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric Wards

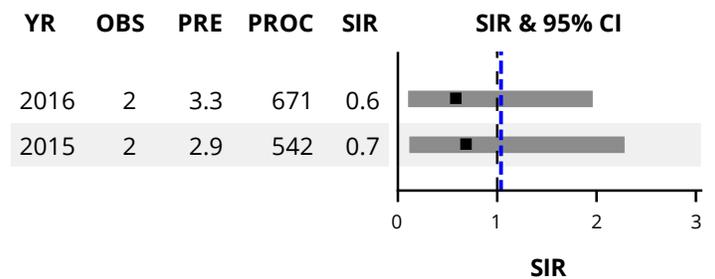


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

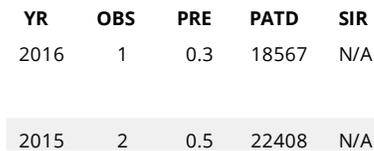


### SSI - Abdominal Hysterectomy

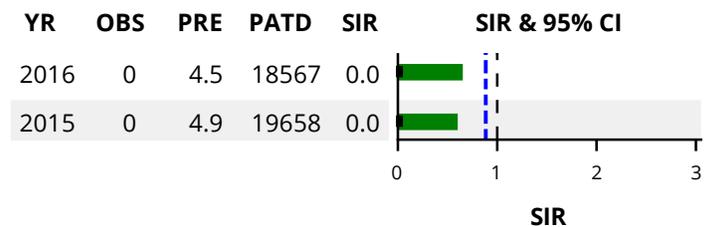


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



### LabID - *C. difficile* Infection (CDI)



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

Data reported as of November 13, 2017

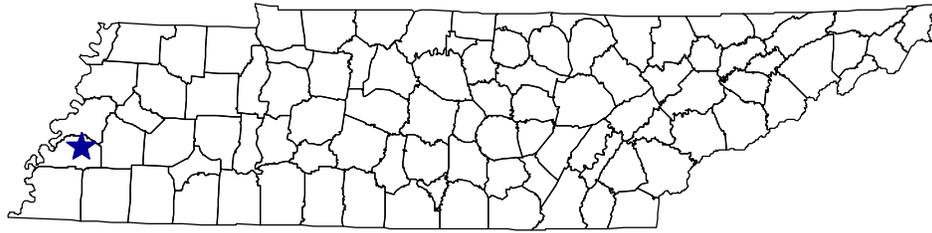
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Baptist Memorial Hospital -Tipton, Covington, Tipton County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.0	83	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.1	180	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.2	480	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	0	0.1	25	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	3317	N/A	N/A	1.26
	C. difficile infection	0	1.0	3317	0.00	( 0.00, 2.90 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Baptist Memorial Hospital -Tipton*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



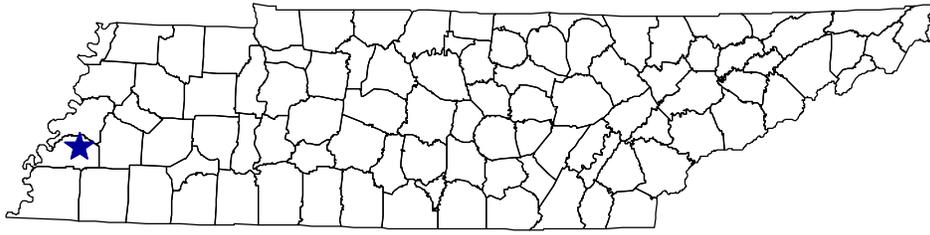
#### Healthcare Personnel Vaccinated (%)

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

## Baptist Memorial Hospital -Tipton, Covington, Tipton County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.84
	Adult/Pediatric Ward	1	0.0	77	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.0	80	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.1	388	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	0	0.1	26	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.0	2855	N/A	N/A	1.33
	C. difficile infection	1	0.9	2855	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

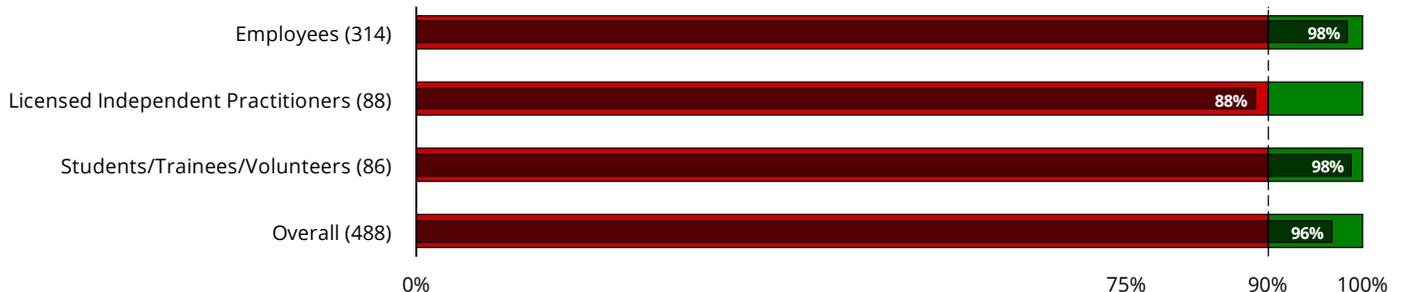
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Baptist Memorial Hospital -Tipton*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

# Baptist Memorial Hospital -Tipton, Covington, Tipton County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

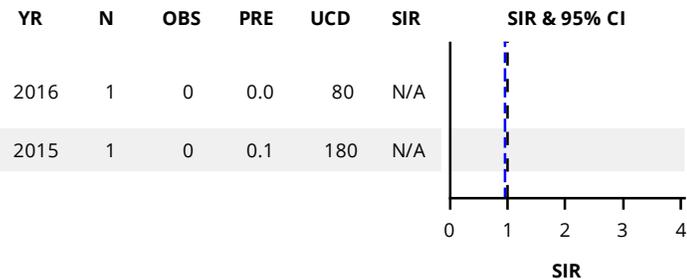
YR	N	OBS	PRE	CLD	SIR
2016	1	1	0.0	77	N/A

2015	1	0	0.0	83	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs



### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.1	388	N/A
2015	1	0	0.2	480	N/A

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

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	0	0.1	26	N/A

2015	0	0.1	25	N/A
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N/A: Number of predicted infections <1; no SIR calculated

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

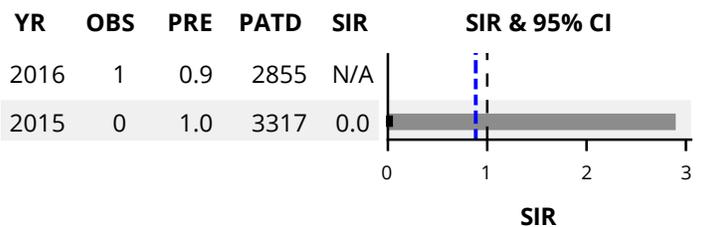
### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	2855	N/A

2015	0	0.0	3317	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

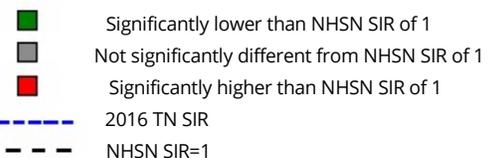
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data

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

**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

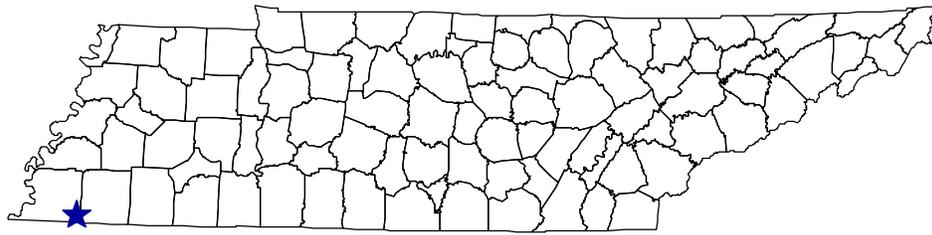
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



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

Medical School Affiliation: Major teaching

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.2	291	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.5	784	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.5	659	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.9	1271	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.3	8102	N/A	N/A	1.26
	C. difficile infection	4	4.4	8102	0.89	(0.28, 2.16)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Baptist Memorial Hospital - Collierville*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



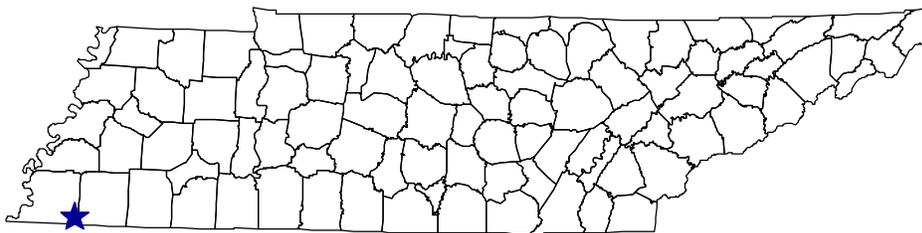
#### Healthcare Personnel Vaccinated (%)

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

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

Medical School Affiliation: Major teaching

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.4	484	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.5	701	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	1	0.6	844	N/A	N/A	0.96
	Adult/Pediatric Ward	1	0.7	1091	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.3	7393	N/A	N/A	1.33
	C. difficile infection	1	6.2	7393	0.16	(0.01, 0.79)	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

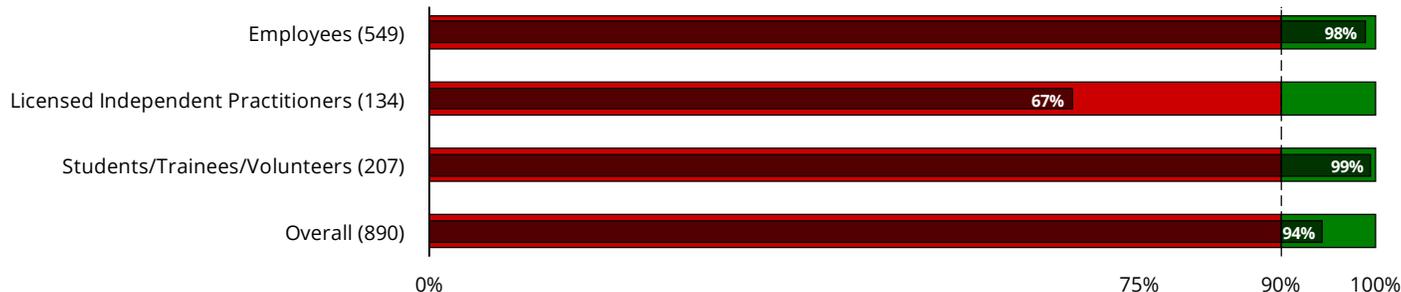
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

See page 3 for more detailed information about HAIs at Baptist Memorial Hospital - Collierville

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



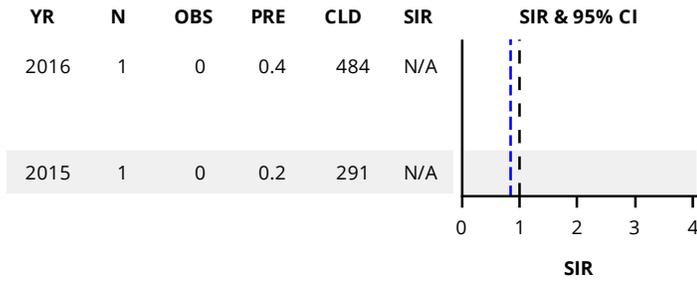
#### Healthcare Personnel Vaccinated (%)

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

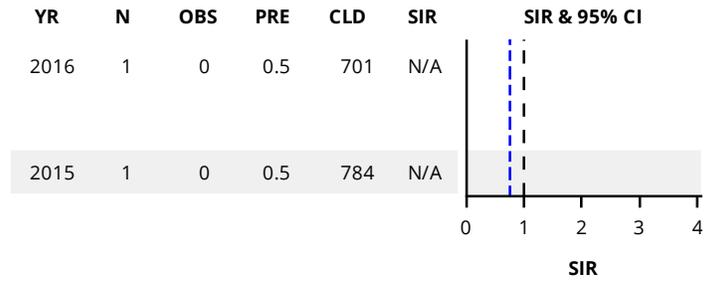
# Baptist Memorial Hospital - Collierville, Collierville, Shelby County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

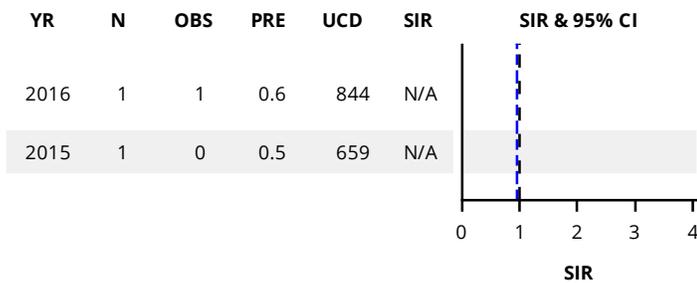


### CLABSI - Adult/Pediatric Wards

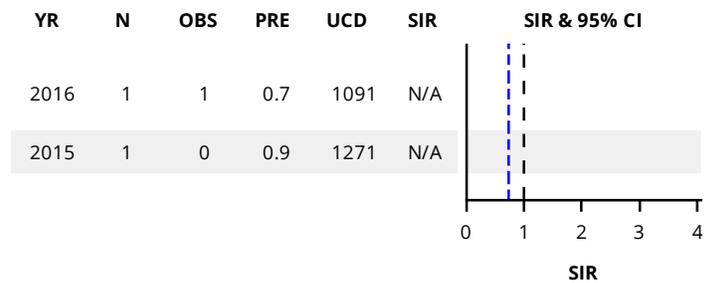


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

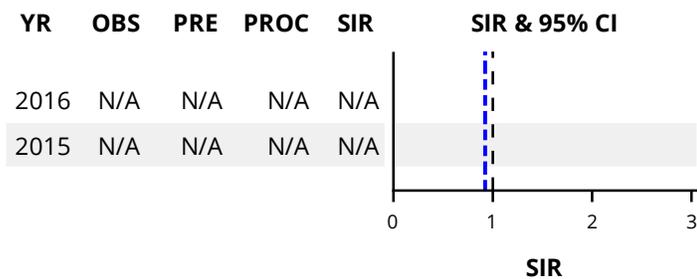


### CAUTI - Adult/Pediatric Wards

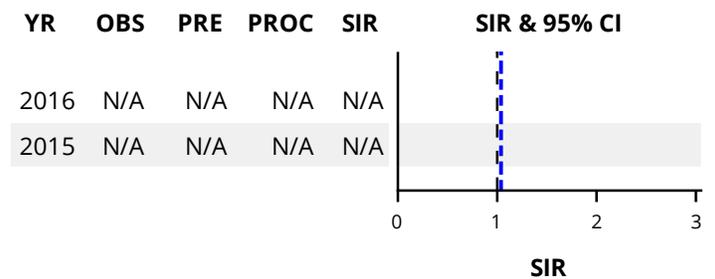


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

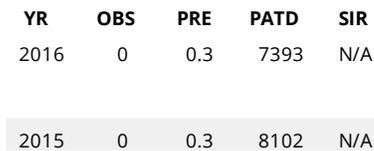


### SSI - Abdominal Hysterectomy

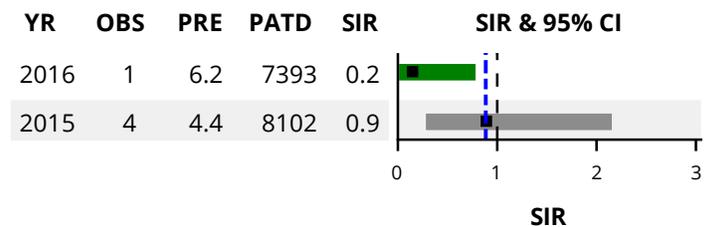


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



### LabID - *C. difficile* Infection (CDI)



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

Data reported as of November 13, 2017

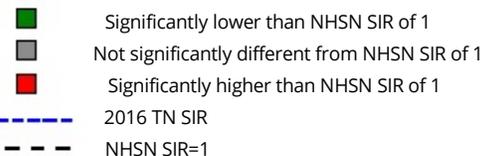
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRE = statistically 'predicted' number of infections, based on NHSN national baseline data

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

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

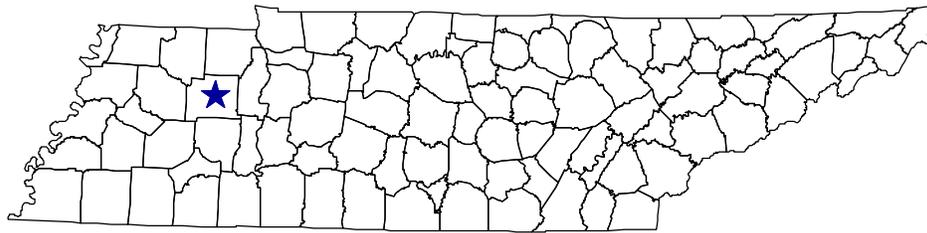
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



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

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.0	101	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.1	184	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.1	303	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.2	452	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	4381	N/A	N/A	1.26
	C. difficile infection	3	2.0	4381	1.44	( 0.37, 3.91 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

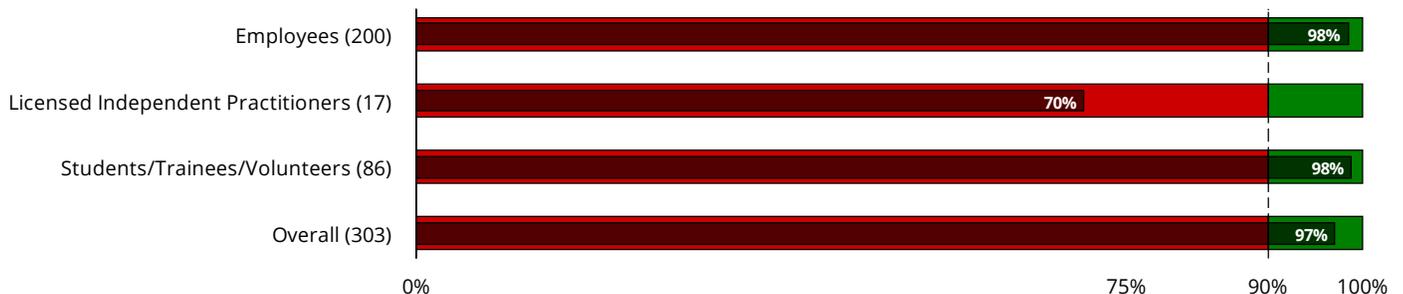
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Baptist Memorial Hospital - Huntington*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



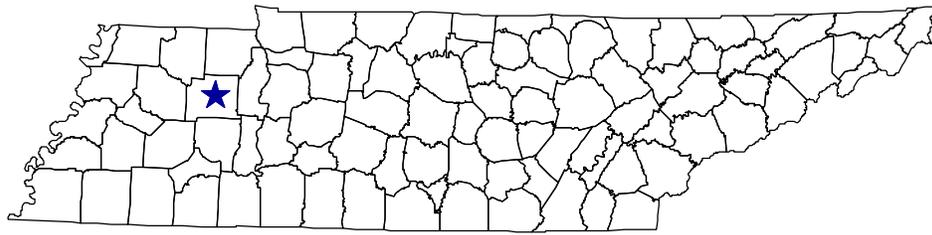
#### Healthcare Personnel Vaccinated (%)

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

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

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.0	80	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.1	198	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.1	206	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.2	479	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.1	4271	N/A	N/A	1.33
	C. difficile infection	4	2.7	4271	1.46	( 0.46, 3.52 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

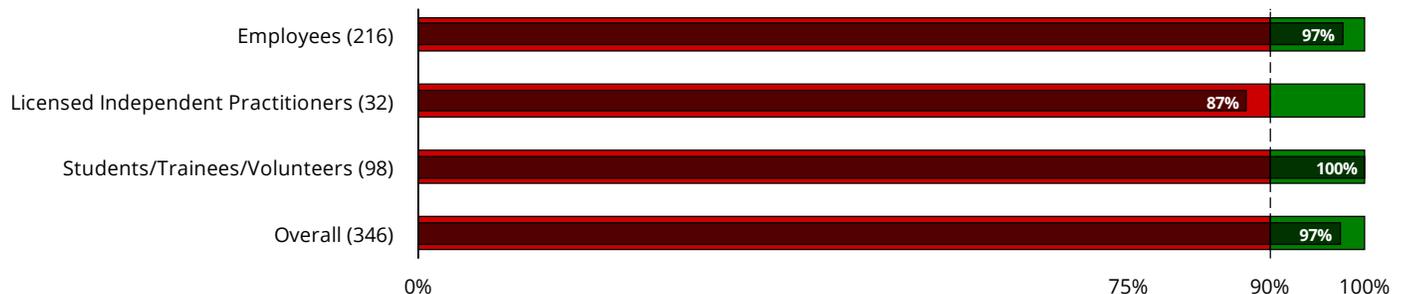
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Baptist Memorial Hospital - Huntington*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

# Baptist Memorial Hospital - Huntington, Huntington, Carroll County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.0	80	N/A

2015	1	0	0.0	101	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.1	198	N/A

2015	1	0	0.1	184	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.1	206	N/A

2015	1	0	0.1	303	N/A
------	---	---	-----	-----	-----

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

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.2	479	N/A

2015	1	0	0.2	452	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
------	-----	-----	-----	-----

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

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

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

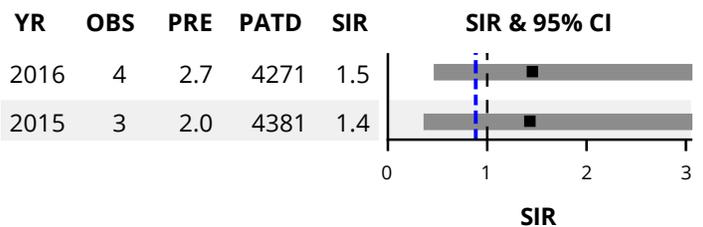
### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.1	4271	N/A

2015	0	0.0	4381	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

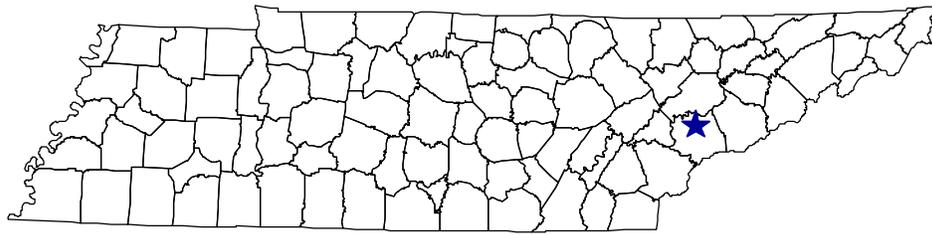
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Blount Memorial Hospital, Maryville, Blount County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	4	1.9	2216	2.06	( 0.66, 4.98 )	0.88
	Adult/Pediatric Ward	5	3.5	4660	1.43	( 0.53, 3.17 )	0.80
CAUTI	Adult/Pediatric ICU	3	3.9	3867	0.76	( 0.19, 2.07 )	1.06
	Adult/Pediatric Ward	2	5.1	5502	0.39	( 0.07, 1.30 )	0.70
SSI	Colon surgery	5	2.5	112	1.99	( 0.73, 4.42 )	0.85
	Abdominal hysterectomy	0	0.3	45	N/A	N/A	1.14
LabID	MRSA bacteremia	3	2.6	49226	1.13	( 0.29, 3.07 )	1.26
	C. difficile infection	58	42.1	48087	1.38	( 1.06, 1.77 )	0.97

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

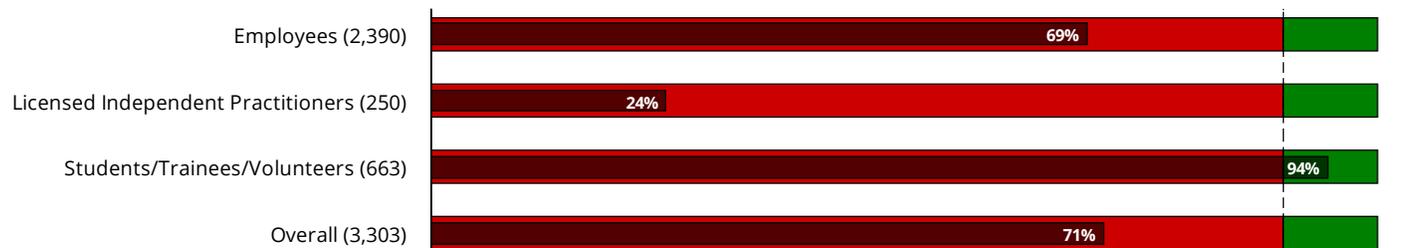
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

See page 3 for more detailed information about HAIs at Blount Memorial Hospital

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



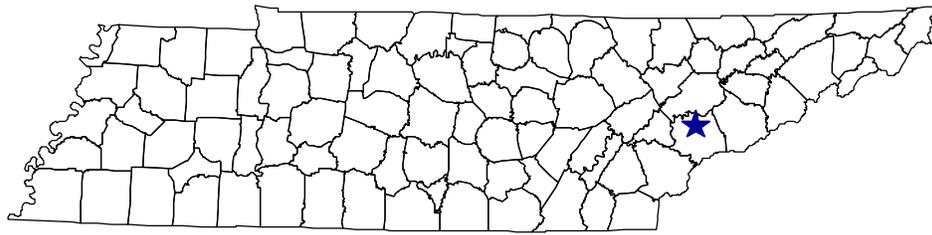
#### Healthcare Personnel Vaccinated (%)

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

## Blount Memorial Hospital, Maryville, Blount County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	1.8	2128	1.07	( 0.18, 3.55 )	0.84
	Adult/Pediatric Ward	4	3.4	4593	1.18	( 0.37, 2.83 )	0.75
CAUTI	Adult/Pediatric ICU	1	3.5	3485	0.28	( 0.01, 1.39 )	0.96
	Adult/Pediatric Ward	5	4.5	4905	1.11	( 0.41, 2.45 )	0.72
SSI	Colon surgery	1	3.2	135	0.30	( 0.02, 1.50 )	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	3	1.9	47607	1.50	( 0.38, 4.08 )	1.33
	C. difficile infection	38	31.3	46394	1.21	( 0.87, 1.65 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Blount Memorial Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



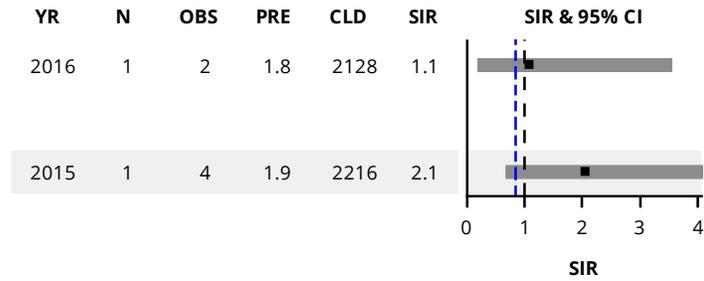
#### Healthcare Personnel Vaccinated (%)

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

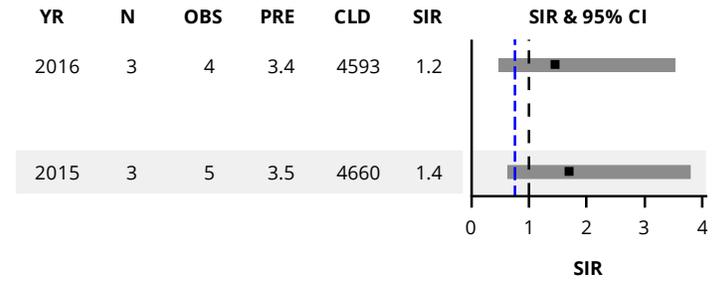
# Blount Memorial Hospital, Maryville, Blount County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

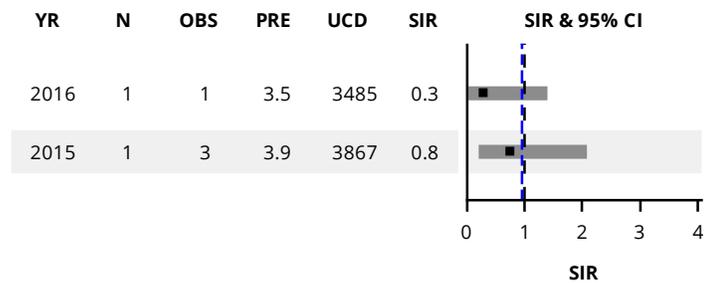


### CLABSI - Adult/Pediatric Wards

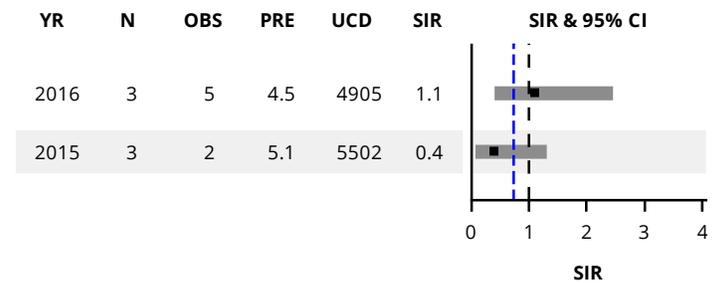


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

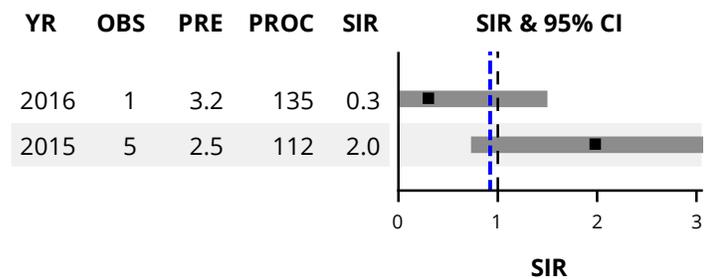


### CAUTI - Adult/Pediatric Wards

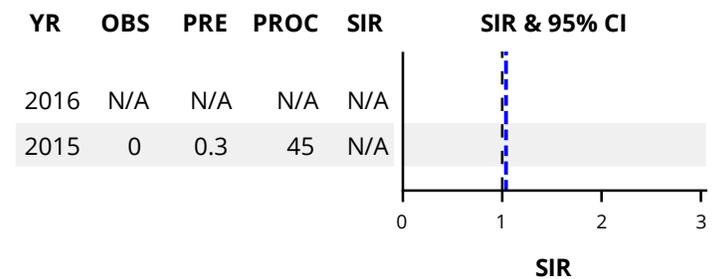


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

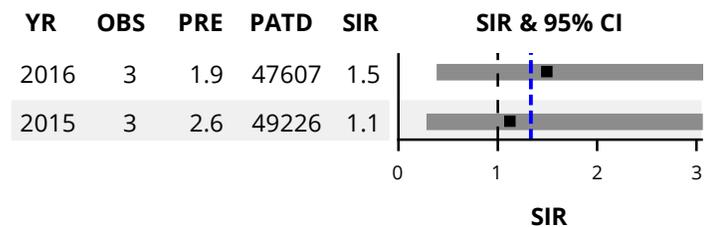


### SSI - Abdominal Hysterectomy

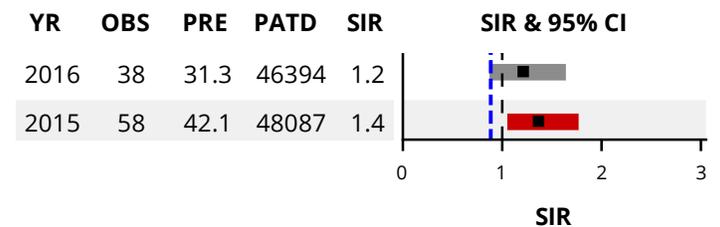


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

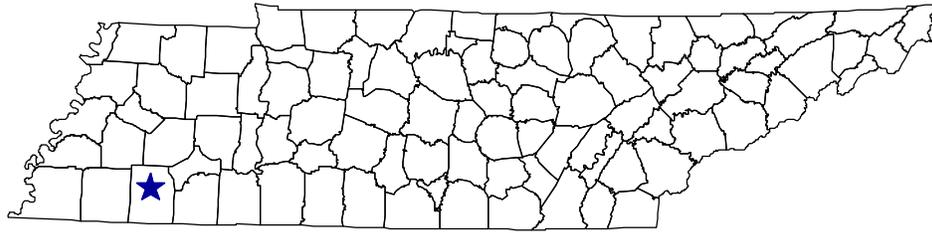
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Bolivar General Hospital, Bolivar, Hardeman County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.70
LabID	MRSA bacteremia	0	0.0	961	N/A	N/A	1.26
	C. difficile infection	0	0.2	961	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

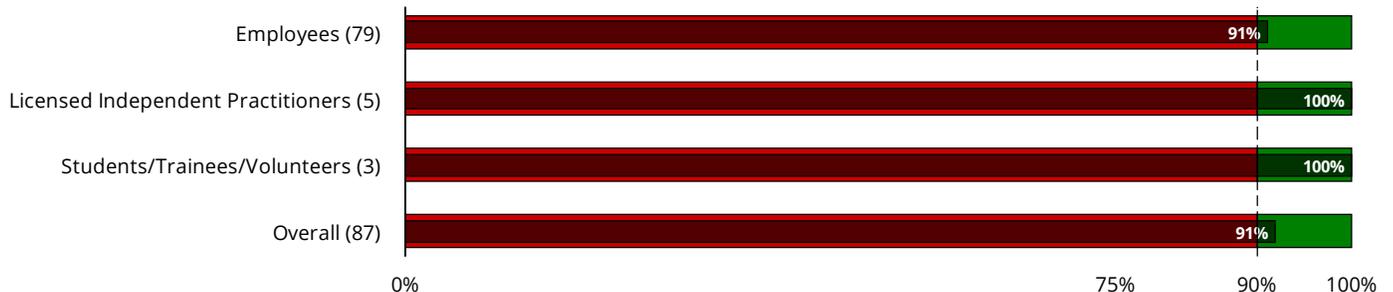
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Bolivar General Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



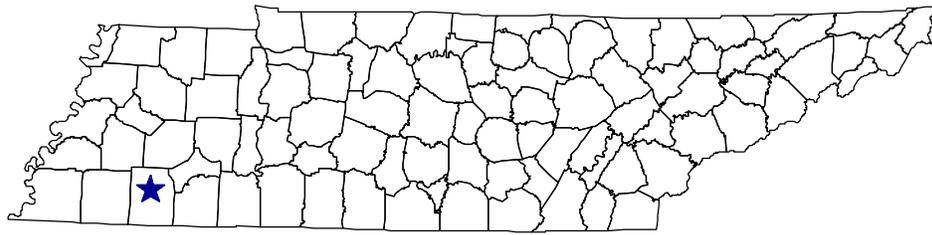
#### Healthcare Personnel Vaccinated (%)

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

## Bolivar General Hospital, Bolivar, Hardeman County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.72
LabID	MRSA bacteremia	0	0.0	893	N/A	N/A	1.33
	C. difficile infection	0	0.2	893	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

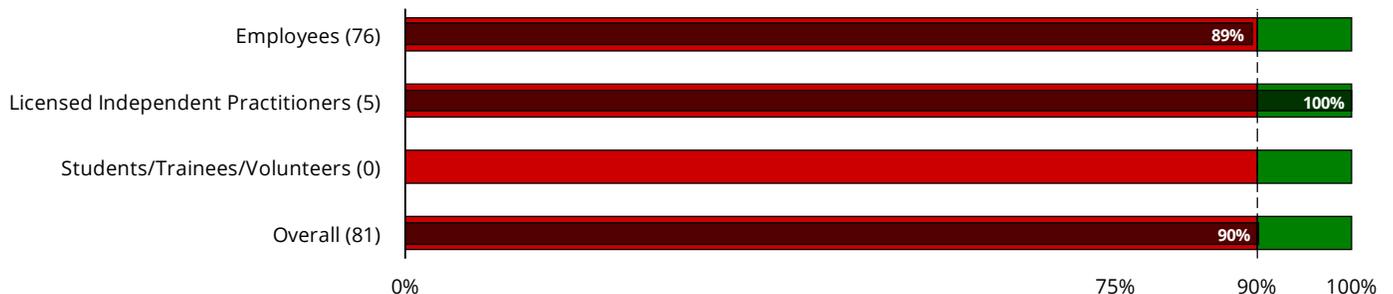
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Bolivar General Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

# Bolivar General Hospital, Bolivar, Hardeman County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	N/A	N/A	N/A	N/A
------	---	-----	-----	-----	-----

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

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

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

YR	OBS	PRE	PATD	SIR
2016	0	0.0	893	N/A

2015	0	0.0	961	N/A
------	---	-----	-----	-----

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

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	0.2	893	N/A

2015	0	0.2	961	N/A
------	---	-----	-----	-----

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

Data reported as of November 13, 2017

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

**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data

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

**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

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



Significantly lower than NHSN SIR of 1



Not significantly different from NHSN SIR of 1



Significantly higher than NHSN SIR of 1



2016 TN SIR

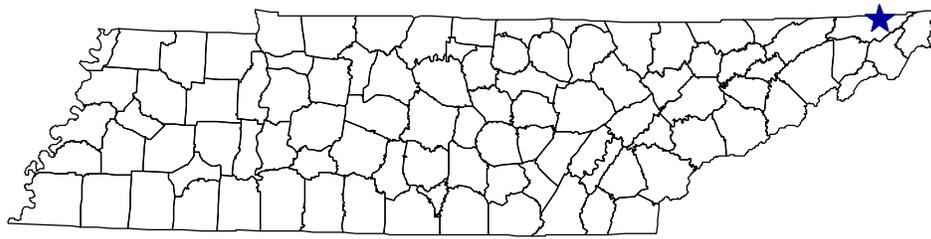


NHSN SIR=1

## Bristol Regional Medical Center, Bristol, Sullivan County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	7	4.7	4245	1.46	( 0.64, 2.89 )	0.88
	Adult/Pediatric Ward	5	5.4	5567	0.92	( 0.34, 2.04 )	0.80
CAUTI	Adult/Pediatric ICU	6	9.0	6921	0.67	( 0.27, 1.38 )	1.06
	Adult/Pediatric Ward	4	9.1	7858	0.44	( 0.14, 1.06 )	0.70
SSI	Colon surgery	2	3.2	157	0.61	( 0.10, 2.01 )	0.85
	Abdominal hysterectomy	0	0.7	111	N/A	N/A	1.14
LabID	MRSA bacteremia	4	5.1	68898	0.78	( 0.25, 1.89 )	1.26
	C. difficile infection	51	39.1	66366	1.30	( 0.98, 1.70 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

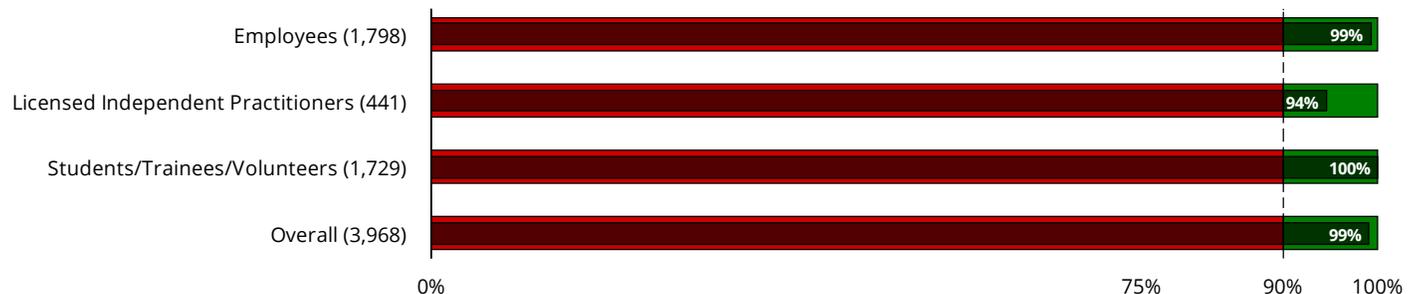
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Bristol Regional Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



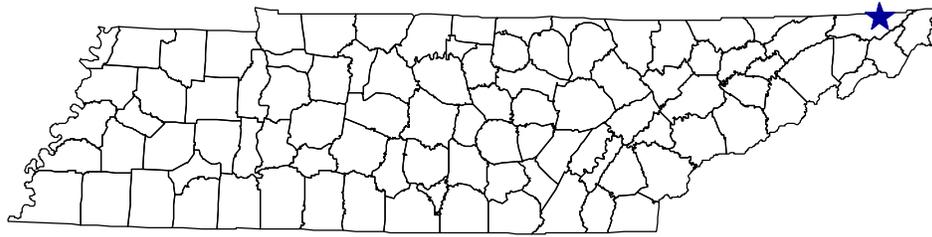
#### Healthcare Personnel Vaccinated (%)

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

## Bristol Regional Medical Center, Bristol, Sullivan County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	3	4.8	4307	0.62	( 0.16, 1.68 )	0.84
	Adult/Pediatric Ward	9	5.5	5645	1.64	( 0.80, 3.00 )	0.75
CAUTI	Adult/Pediatric ICU	7	10.1	7761	0.69	( 0.30, 1.37 )	0.96
	Adult/Pediatric Ward	8	10.0	8611	0.80	( 0.37, 1.52 )	0.72
SSI	Colon surgery	0	3.3	159	0.00	( 0.00, 0.91 )	0.92
	Abdominal hysterectomy	0	0.2	48	N/A	N/A	1.04
LabID	MRSA bacteremia	4	5.2	73840	0.77	( 0.24, 1.85 )	1.33
	C. difficile infection	46	45.5	71546	1.01	( 0.75, 1.34 )	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

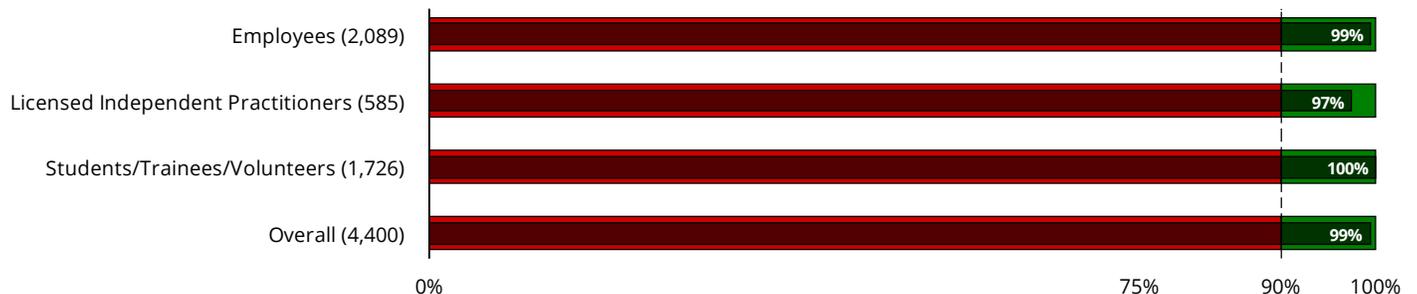
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

See page 3 for more detailed information about HAIs at Bristol Regional Medical Center

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



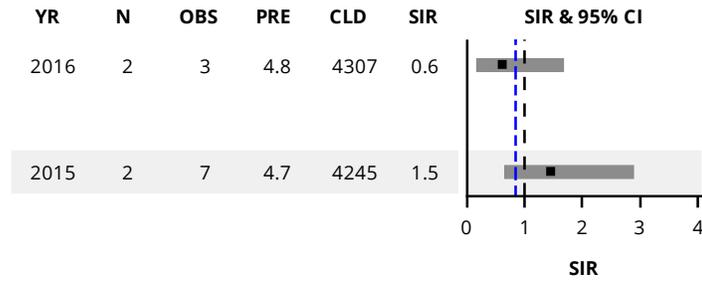
#### Healthcare Personnel Vaccinated (%)

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

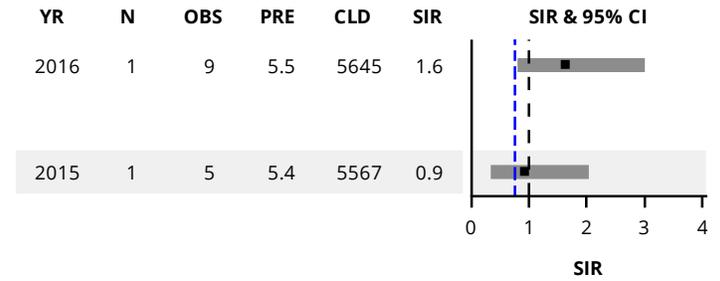
# Bristol Regional Medical Center, Bristol, Sullivan County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

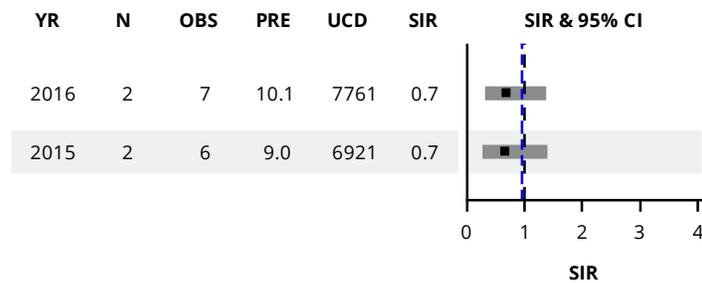


### CLABSI - Adult/Pediatric Wards

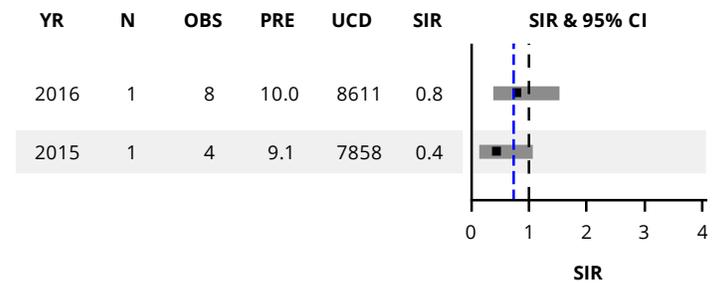


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

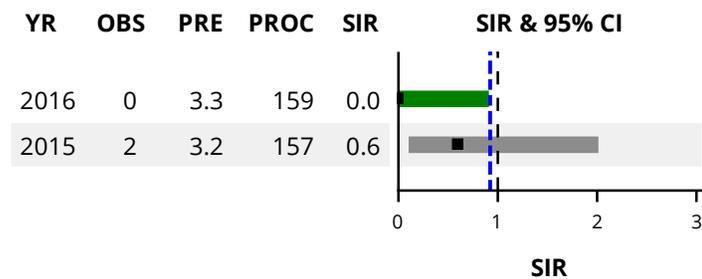


### CAUTI - Adult/Pediatric Wards

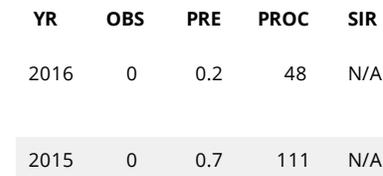


## Surgical Site Infections (SSI)

### SSI - Colon Surgery



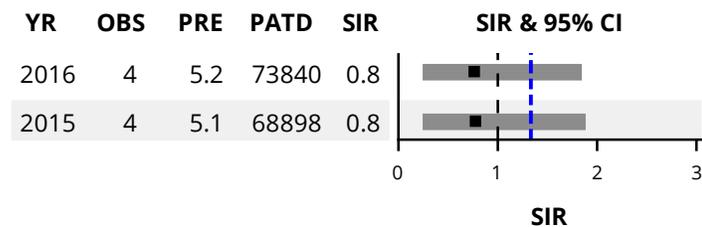
### SSI - Abdominal Hysterectomy



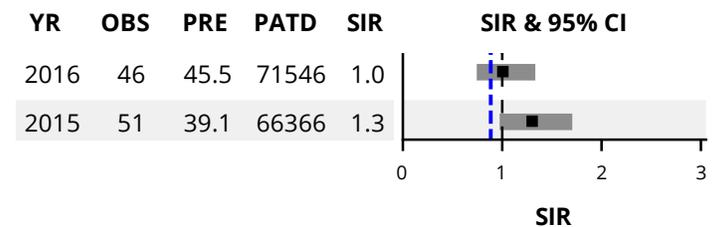
N/A: Number of predicted infections <1; no SIR calculated

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

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



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

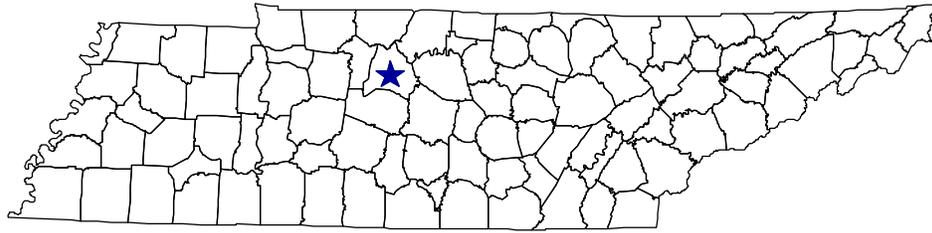
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Centennial Medical Center, Nashville, Davidson County

Medical School Affiliation: Graduate teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	6	8.8	10108	0.68	( 0.28, 1.41 )	0.88
	Neonatal ICU	3	5.0	3791	0.60	( 0.15, 1.63 )	0.92
	Adult/Pediatric Ward	10	6.6	8918	1.49	( 0.76, 2.66 )	0.80
CAUTI	Adult/Pediatric ICU	10	11.9	10854	0.84	( 0.43, 1.50 )	1.06
	Adult/Pediatric Ward	9	11.4	14068	0.79	( 0.38, 1.45 )	0.70
SSI	Colon surgery	8	6.3	263	1.27	( 0.59, 2.40 )	0.85
	Abdominal hysterectomy	21	7.2	1397	<b>2.90</b>	<b>( 1.85, 4.36 )</b>	1.14
LabID	MRSA bacteremia	15	9.5	145097	1.57	( 0.91, 2.53 )	1.26
	C. difficile infection	122	98.5	119375	<b>1.24</b>	<b>( 1.03, 1.47 )</b>	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

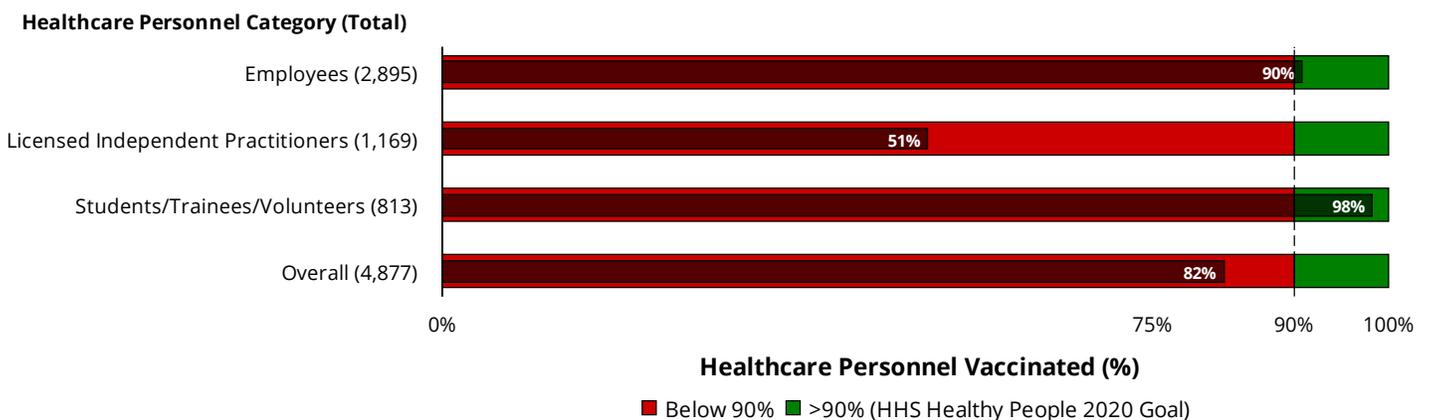
**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Centennial Medical Center*

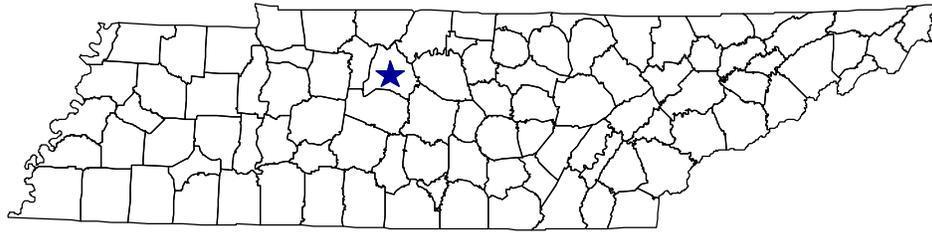
### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season



## Centennial Medical Center, Nashville, Davidson County

Medical School Affiliation: Graduate teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	16	11.4	11310	1.39	( 0.82, 2.21 )	0.84
	Neonatal ICU	6	7.0	4772	0.85	( 0.34, 1.76 )	0.63
	Adult/Pediatric Ward	16	8.3	9594	<b>1.91</b>	<b>( 1.13, 3.04 )</b>	0.75
CAUTI	Adult/Pediatric ICU	11	15.0	11803	0.73	( 0.39, 1.27 )	0.96
	Adult/Pediatric Ward	9	10.1	11003	0.88	( 0.43, 1.62 )	0.72
SSI	Colon surgery	15	6.5	275	<b>2.29</b>	<b>( 1.33, 3.70 )</b>	0.92
	Abdominal hysterectomy	19	7.8	1470	<b>2.41</b>	<b>( 1.49, 3.69 )</b>	1.04
LabID	MRSA bacteremia	17	13.6	144226	1.25	( 0.75, 1.96 )	1.33
	C. difficile infection	137	105.8	122220	<b>1.30</b>	<b>( 1.09, 1.53 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

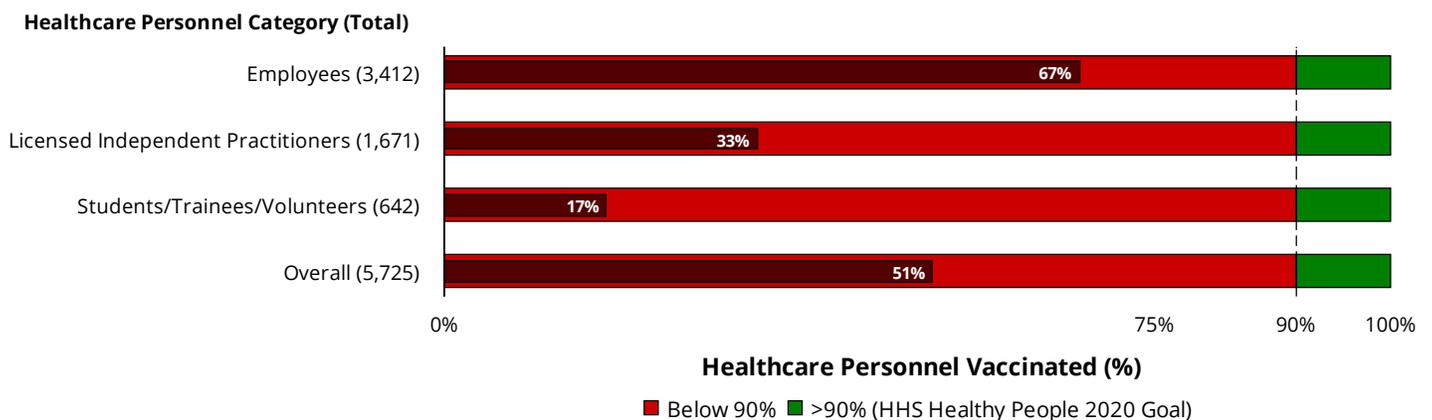
**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

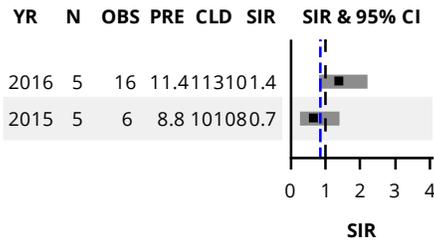
*See page 3 for more detailed information about HAIs at Centennial Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

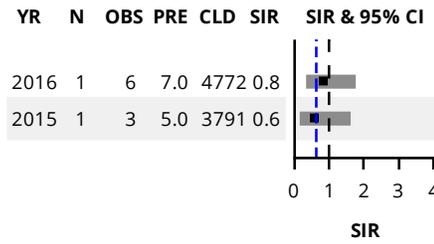


Central Line-Associated Bloodstream Infections (CLABSI)

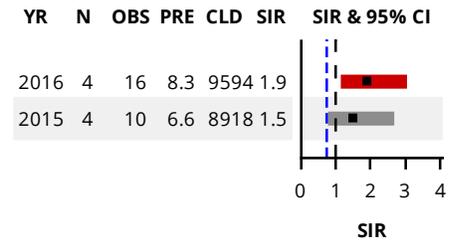
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

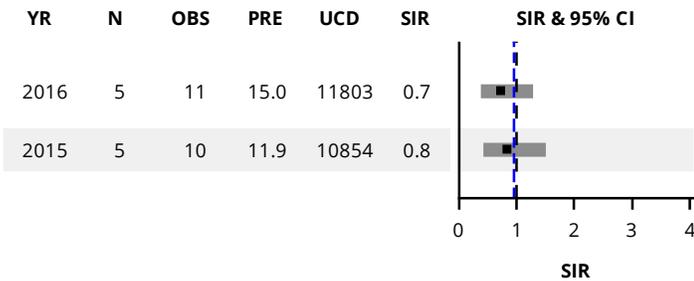


CLABSI - Adult/Pediatric Wards

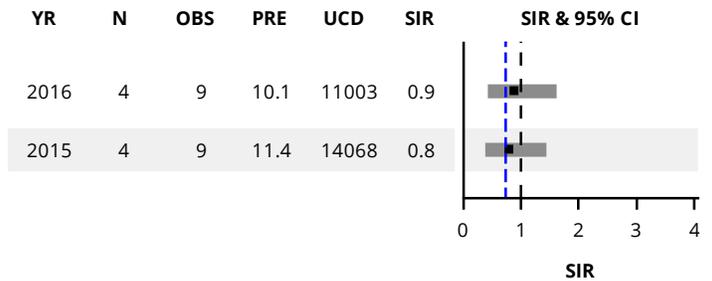


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

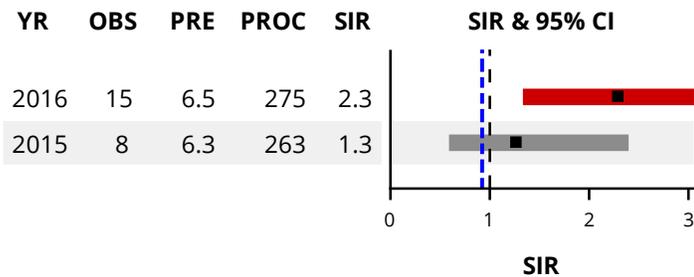


CAUTI - Adult/Pediatric Wards

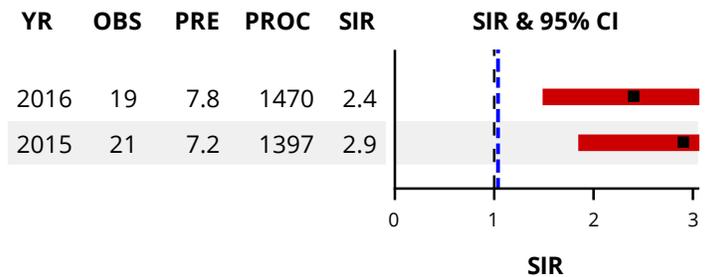


Surgical Site Infections (SSI)

SSI - Colon Surgery

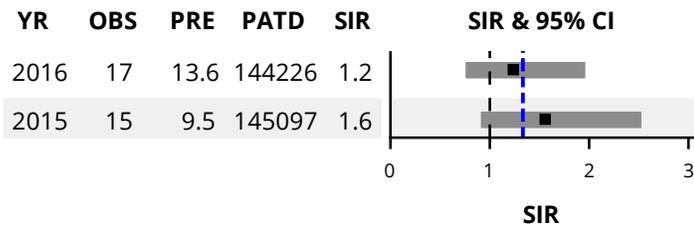


SSI - Abdominal Hysterectomy

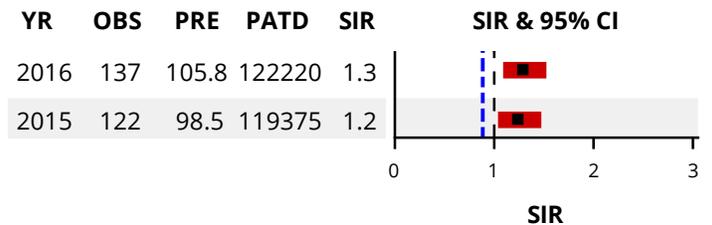


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

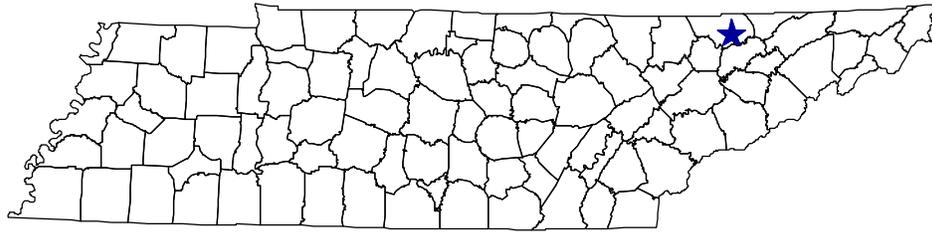
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Claiborne Medical Center, Tazewell, Claiborne County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	151	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.1	240	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	1	0.2	535	N/A	N/A	1.06
	Adult/Pediatric Ward	1	0.4	827	N/A	N/A	0.70
SSI	Colon surgery	0	0.3	22	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.1	5729	N/A	N/A	1.26
	C. difficile infection	3	2.5	5729	1.17	(0.30, 3.19)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

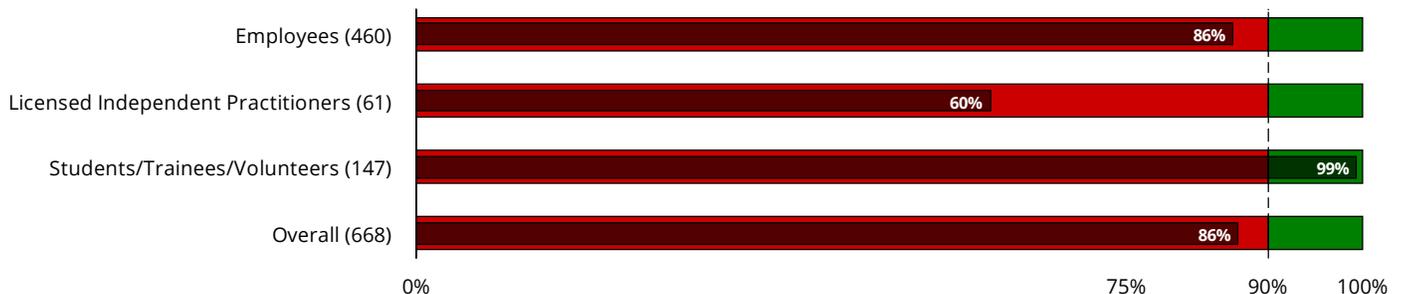
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Claiborne Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



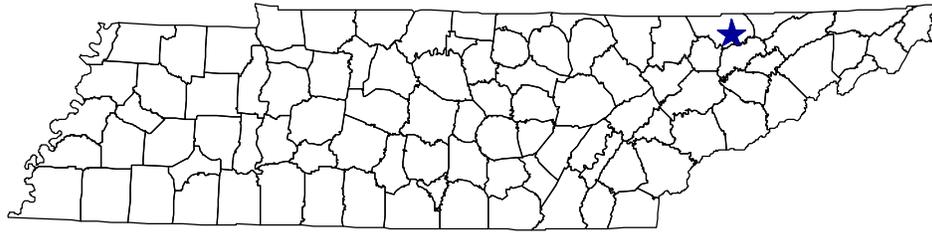
#### Healthcare Personnel Vaccinated (%)

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

## Claiborne Medical Center, Tazewell, Claiborne County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.0	146	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.1	304	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.2	498	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.2	525	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	1	0.1	5314	N/A	N/A	1.33
	C. difficile infection	2	2.8	5314	0.69	(0.12, 2.29)	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

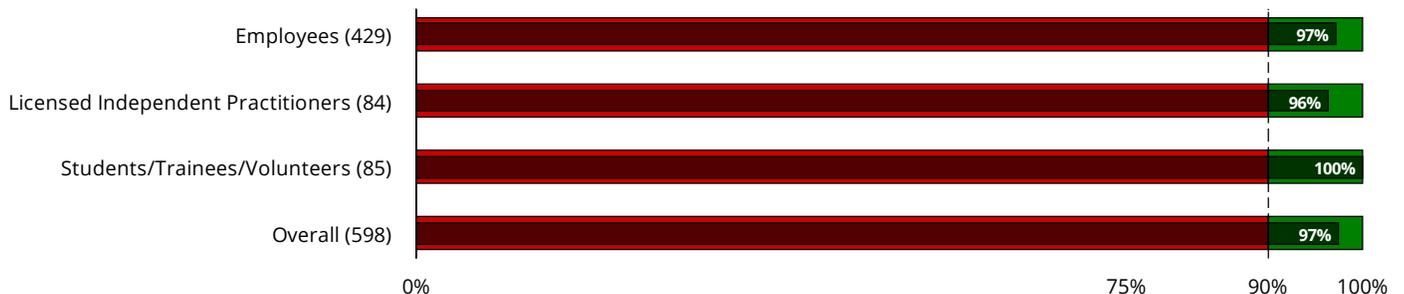
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Claiborne Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

# Claiborne Medical Center, Tazewell, Claiborne County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.0	146	N/A

2015	1	0	0.1	151	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	2	0	0.1	304	N/A

2015	2	0	0.1	240	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.2	498	N/A

2015	1	1	0.2	535	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	2	0	0.2	525	N/A

2015	2	1	0.4	827	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	0	0.3	22	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

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

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

YR	OBS	PRE	PATD	SIR
2016	1	0.1	5314	N/A

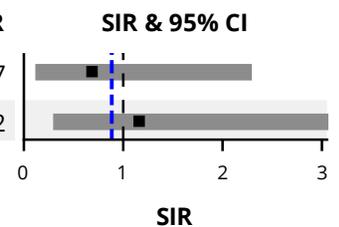
2015	0	0.1	5729	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	2	2.8	5314	0.7

2015	3	2.5	5729	1.2
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Data reported as of November 13, 2017

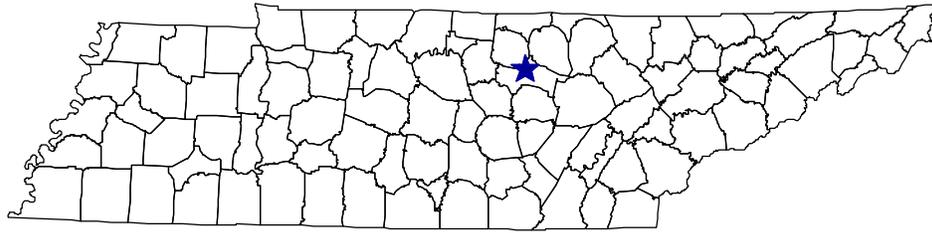
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Cookeville Regional Medical Center, Cookeville, Putnam County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	8	4.0	4612	2.00	( 0.93, 3.80 )	0.88
	Adult/Pediatric Ward	5	3.9	5291	1.26	( 0.46, 2.79 )	0.80
CAUTI	Adult/Pediatric ICU	3	6.1	6880	0.49	( 0.12, 1.33 )	1.06
	Adult/Pediatric Ward	4	10.0	12045	<b>0.40</b>	<b>( 0.13, 0.96 )</b>	0.70
SSI	Colon surgery	0	2.1	106	0.00	( 0.00, 1.40 )	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	6	3.6	55006	1.66	( 0.67, 3.45 )	1.26
	C. difficile infection	45	43.0	52970	1.05	( 0.77, 1.39 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

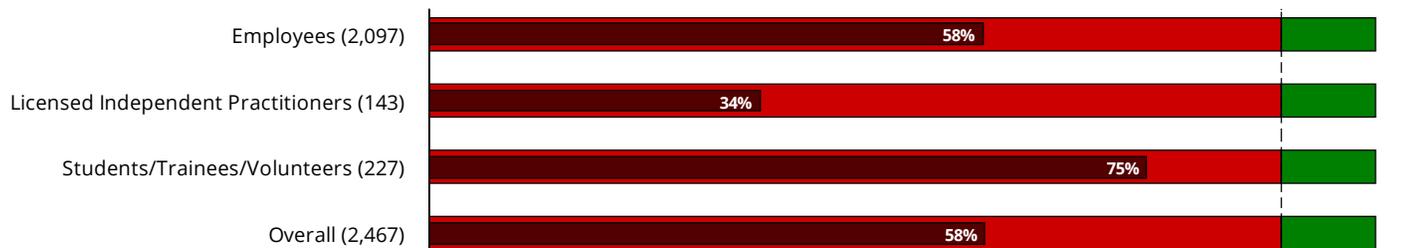
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Cookeville Regional Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



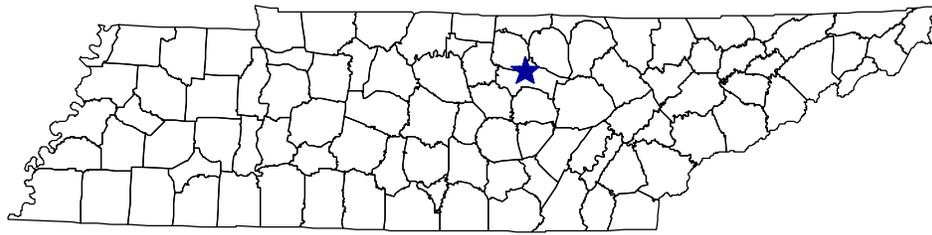
#### Healthcare Personnel Vaccinated (%)

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

## Cookeville Regional Medical Center, Cookeville, Putnam County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	4.8	5574	0.21	(0.01, 1.02)	0.84
	Adult/Pediatric Ward	3	3.8	5069	0.79	(0.20, 2.15)	0.75
CAUTI	Adult/Pediatric ICU	3	6.7	7581	0.44	(0.11, 1.20)	0.96
	Adult/Pediatric Ward	4	9.4	11406	0.42	(0.13, 1.02)	0.72
SSI	Colon surgery	0	2.0	108	0.00	(0.00, 1.44)	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	1	3.5	54742	0.28	(0.01, 1.40)	1.33
	C. difficile infection	46	39.6	52146	1.16	(0.86, 1.54)	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

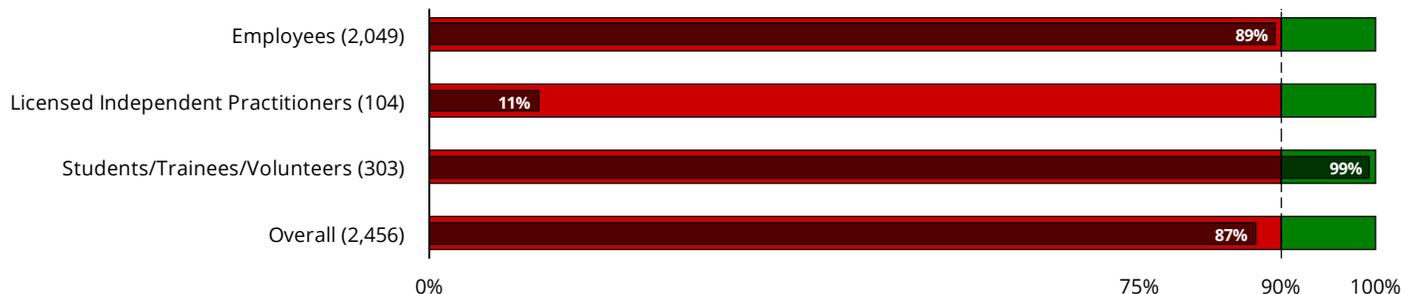
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Cookeville Regional Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

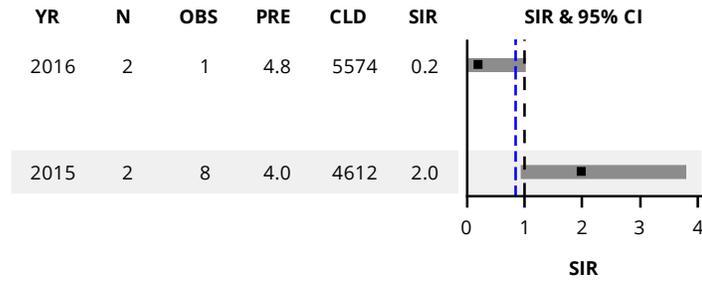


#### Healthcare Personnel Vaccinated (%)

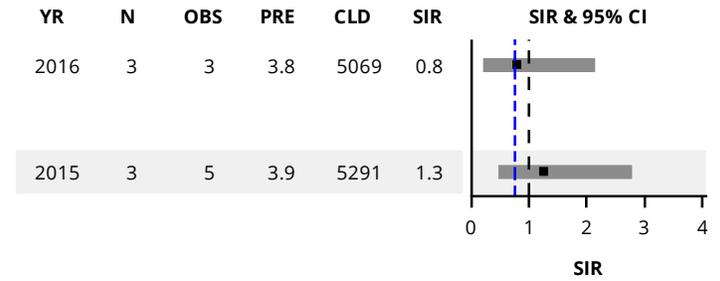
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

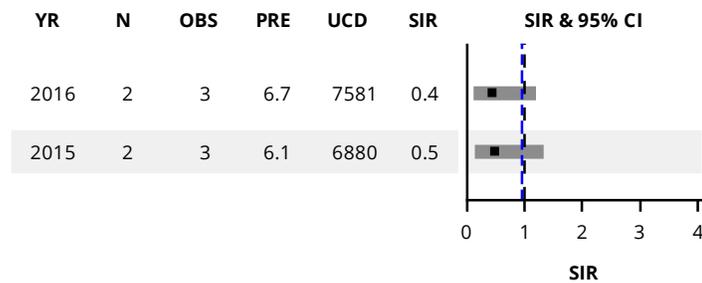


CLABSI - Adult/Pediatric Wards

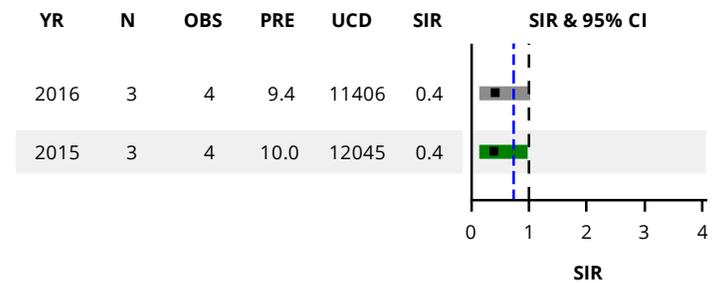


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

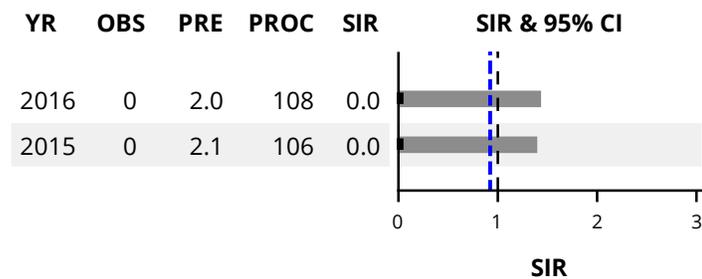


CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery



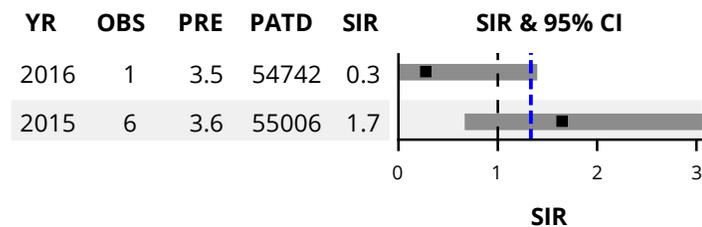
SSI - Abdominal Hysterectomy



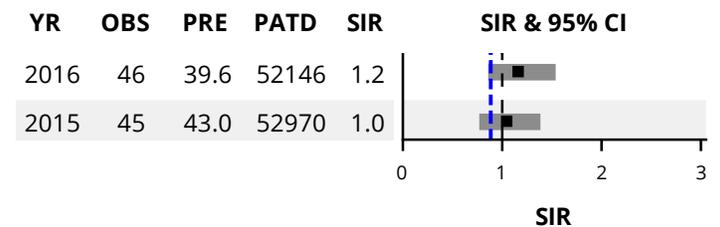
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

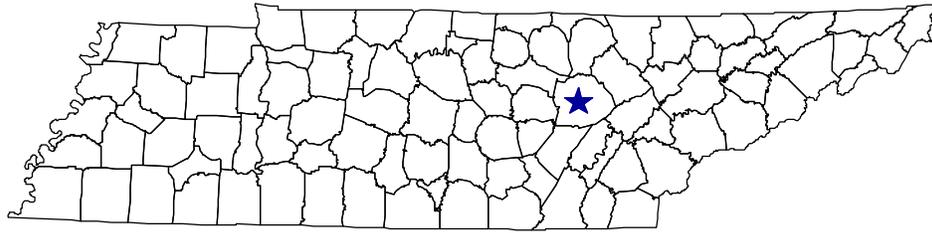
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Cumberland Medical Center, Crossville, Cumberland County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	0.8	1101	N/A	N/A	0.88
	Adult/Pediatric Ward	0	1.0	1675	0.00	( 0.00, 2.75 )	0.80
CAUTI	Adult/Pediatric ICU	0	1.5	2134	0.00	( 0.00, 1.92 )	1.06
	Adult/Pediatric Ward	0	2.9	4169	0.00	( 0.00, 1.00 )	0.70
SSI	Colon surgery	1	0.7	33	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	3	1.1	21298	2.64	( 0.67, 7.20 )	1.26
	C. difficile infection	14	16.2	20171	0.86	( 0.49, 1.41 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

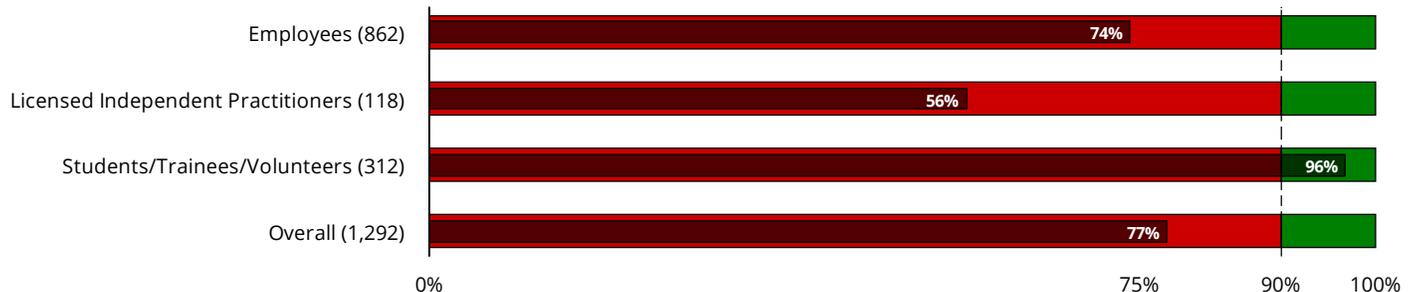
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Cumberland Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



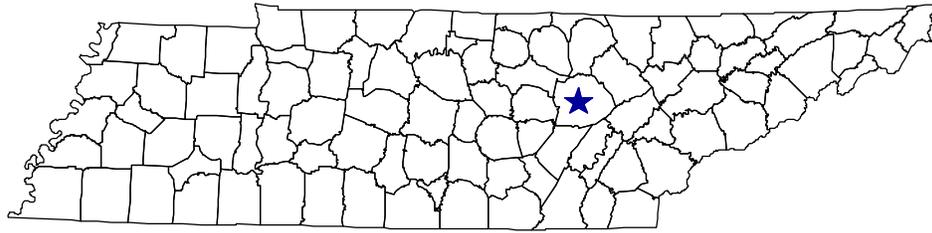
#### Healthcare Personnel Vaccinated (%)

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

## Cumberland Medical Center, Crossville, Cumberland County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.7	933	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.8	1332	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	1	1.3	1814	0.75	( 0.04, 3.72 )	0.96
	Adult/Pediatric Ward	1	2.2	3288	0.44	( 0.02, 2.16 )	0.72
SSI	Colon surgery	0	0.7	34	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.9	18292	N/A	N/A	1.33
	C. difficile infection	4	14.3	16664	0.28	( 0.09, 0.67 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

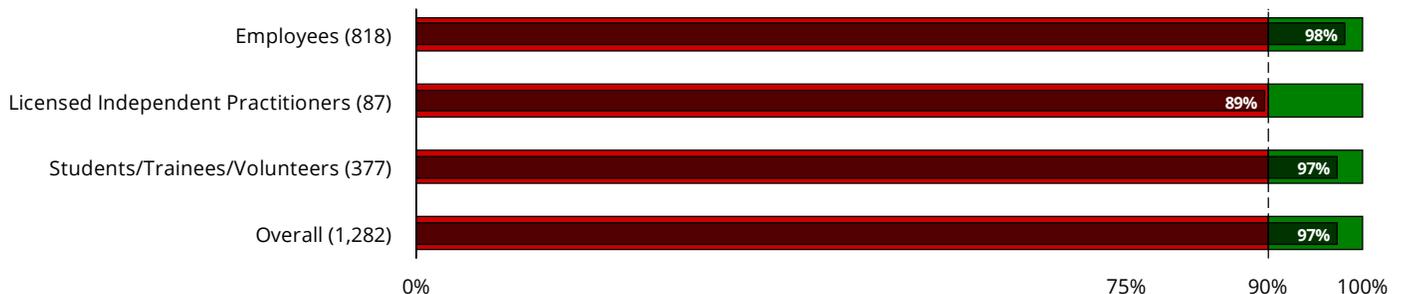
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Cumberland Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



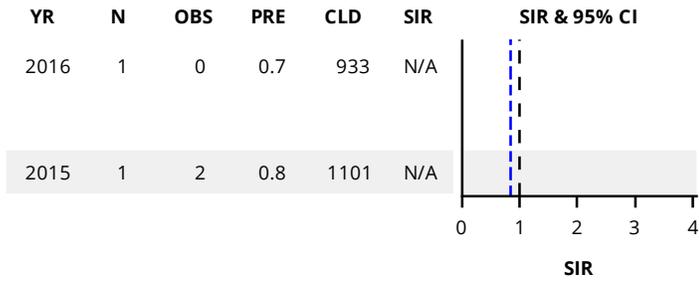
#### Healthcare Personnel Vaccinated (%)

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

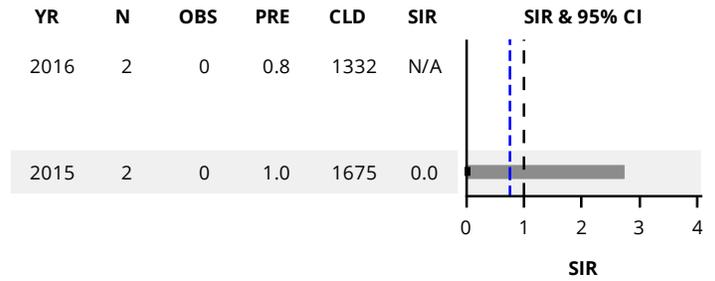
# Cumberland Medical Center, Crossville, Cumberland County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

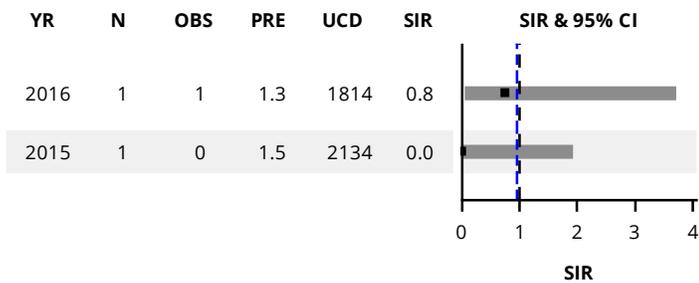


### CLABSI - Adult/Pediatric Wards

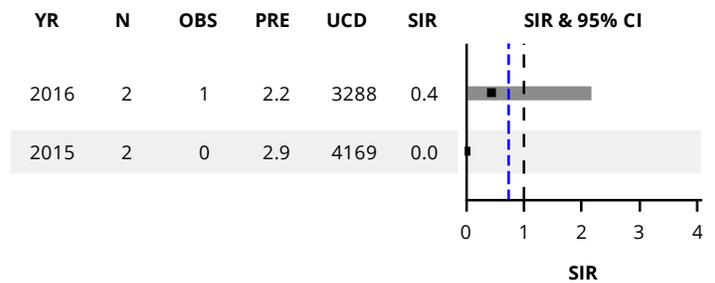


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs



### CAUTI - Adult/Pediatric Wards

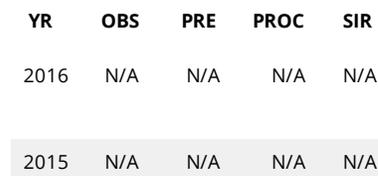


## Surgical Site Infections (SSI)

### SSI - Colon Surgery



### SSI - Abdominal Hysterectomy

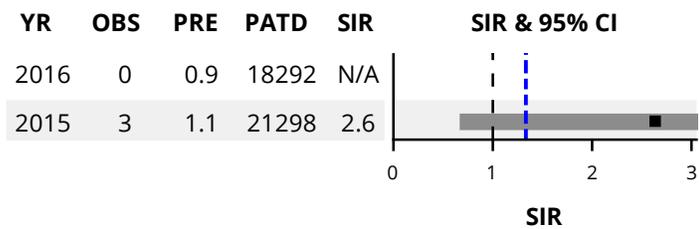


N/A: Number of predicted infections <1; no SIR calculated

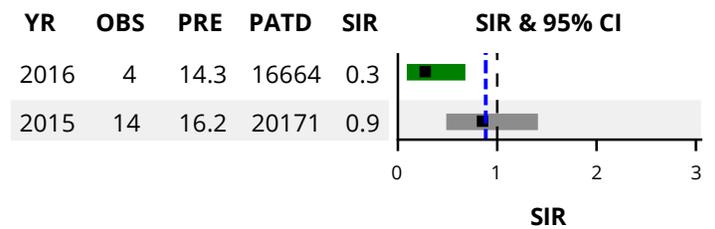
N/A: Number of predicted infections <1; no SIR calculated

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

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



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

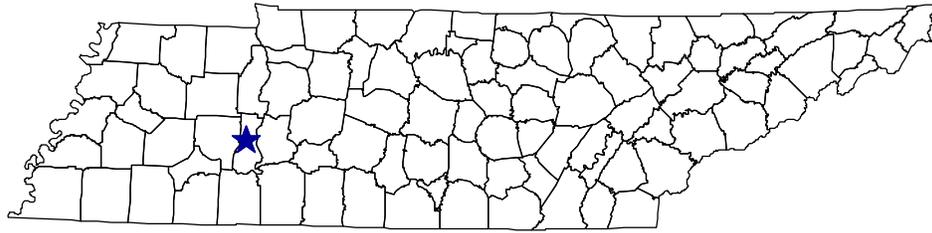
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
■ Not significantly different from NHSN SIR of 1  
■ Significantly higher than NHSN SIR of 1  
- - - 2016 TN SIR  
- - - NHSN SIR=1

# Decatur County General Hospital, Parsons, Decatur County

Medical School Affiliation: None

Bed Size Category: <50 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	1	0.2	459	N/A	N/A	0.70
LabID	MRSA bacteremia	0	0.0	2295	N/A	N/A	1.26
	C. difficile infection	1	0.6	2295	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

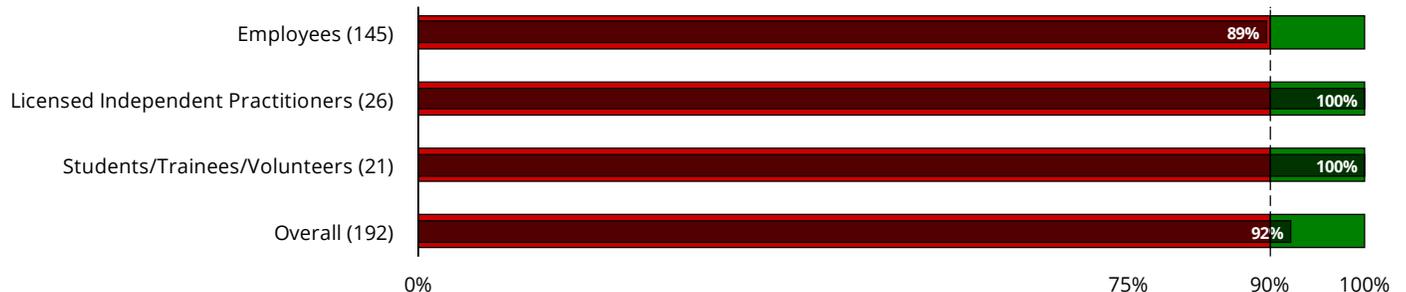
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Decatur County General Hospital*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



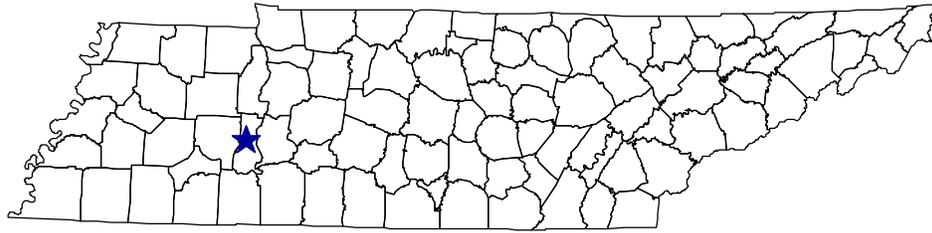
### Healthcare Personnel Vaccinated (%)

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

## Decatur County General Hospital, Parsons, Decatur County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.0	61	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.2	471	N/A	N/A	0.72
LabID	MRSA bacteremia	0	0.0	1893	N/A	N/A	1.33
	C. difficile infection	1	0.5	1893	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

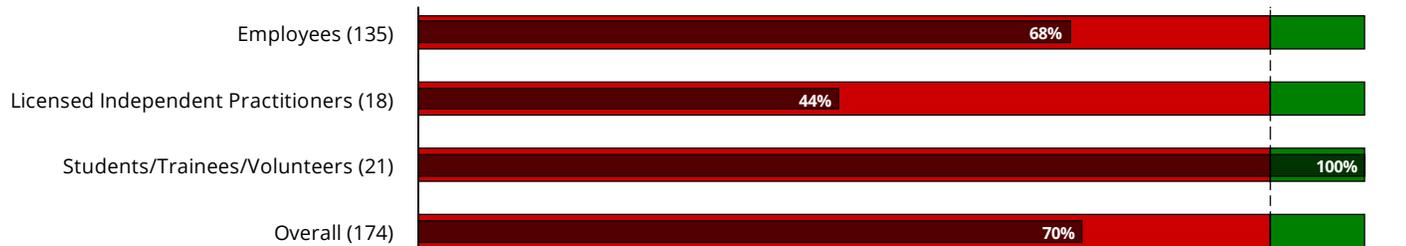
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Decatur County General Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

# Decatur County General Hospital, Parsons, Decatur County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.0	61	N/A

2015	1	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.2	471	N/A

2015	1	1	0.2	459	N/A
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N/A: Number of predicted infections <1; no SIR calculated

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

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

YR	OBS	PRE	PATD	SIR
2016	0	0.0	1893	N/A

2015	0	0.0	2295	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	1	0.5	1893	N/A

2015	1	0.6	2295	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

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

**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data

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

**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

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



Significantly lower than NHSN SIR of 1



Not significantly different from NHSN SIR of 1



Significantly higher than NHSN SIR of 1



2016 TN SIR

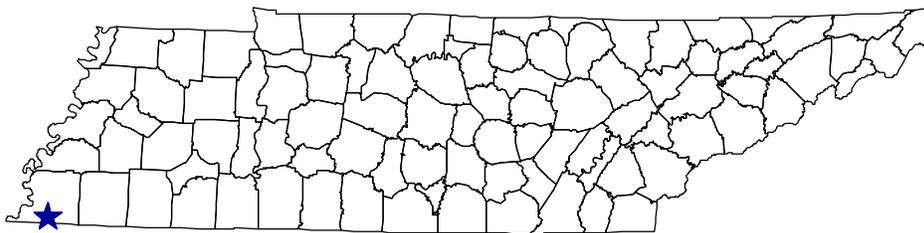


NHSN SIR=1

## Delta Medical Center, Memphis, Shelby County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	2	0.5	883	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	1	0.3	609	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	1.0	44170	0.00	( 0.00, 2.90 )	1.26
	C. difficile infection	3	8.2	44170	0.36	( 0.09, 0.99 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

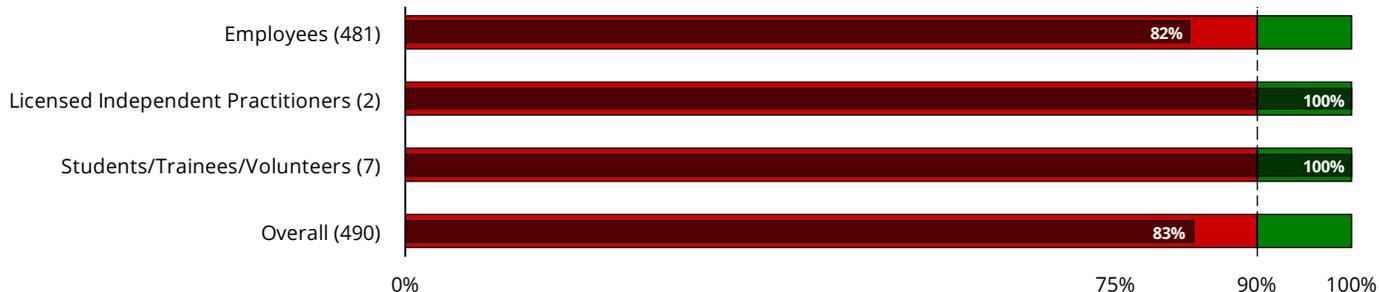
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Delta Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



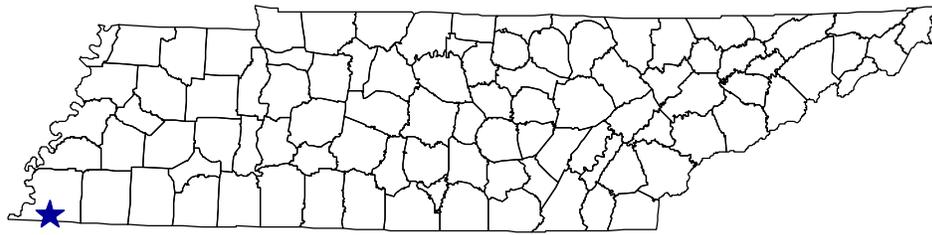
#### Healthcare Personnel Vaccinated (%)

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

## Delta Medical Center, Memphis, Shelby County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.2	358	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	1	0.2	309	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.8	37640	N/A	N/A	1.33
	C. difficile infection	0	7.0	37640	0.00	(0.00, 0.43)	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

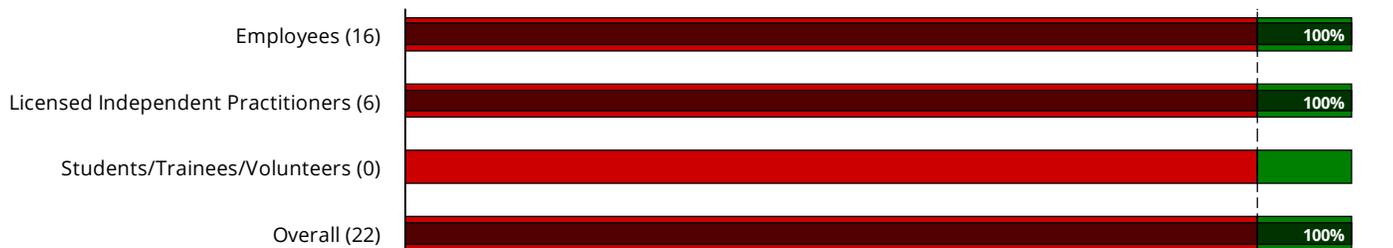
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Delta Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

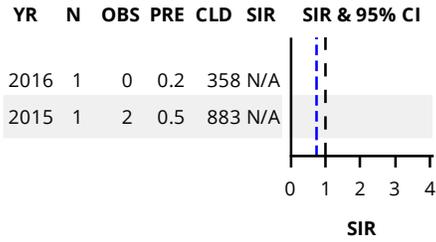


#### Healthcare Personnel Vaccinated (%)

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

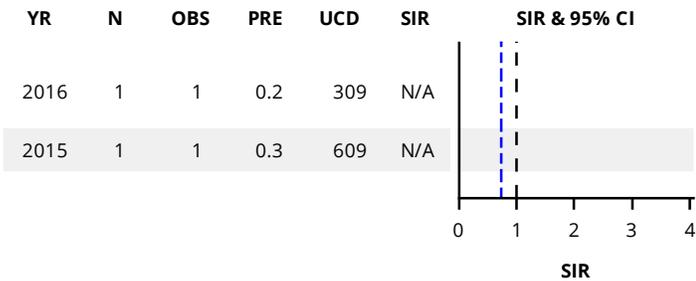
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric Wards



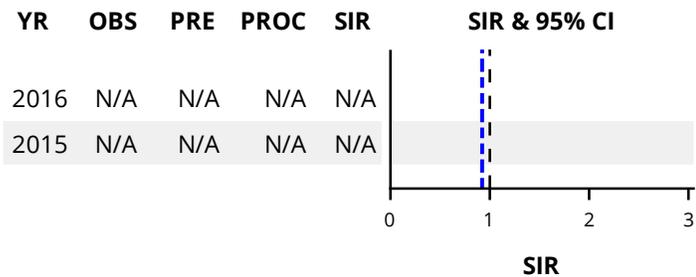
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric Wards

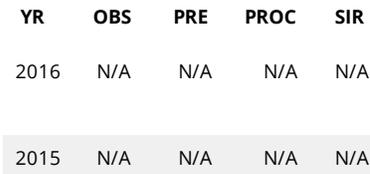


Surgical Site Infections (SSI)

SSI - Colon Surgery



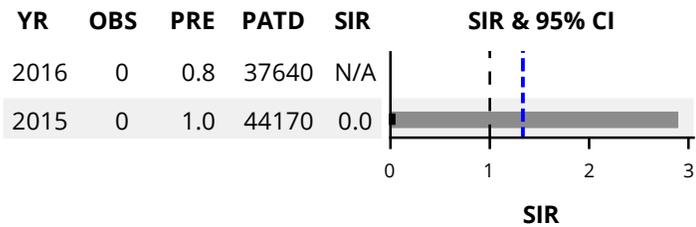
SSI - Abdominal Hysterectomy



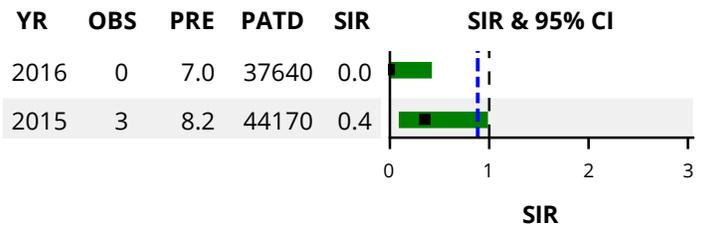
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

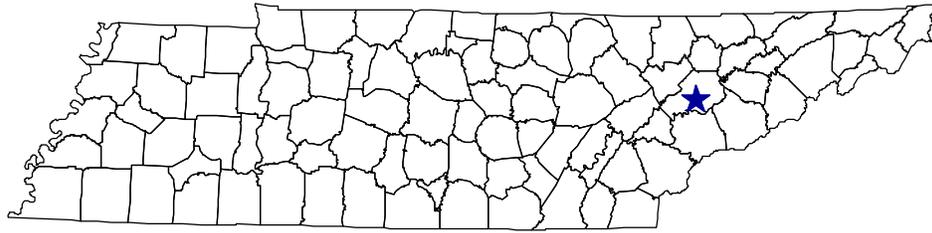
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## East Tennessee Children's Hospital, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	1.1	1069	0.00	( 0.00, 2.53 )	0.88
	Neonatal ICU	6	2.9	2710	2.06	( 0.84, 4.29 )	0.92
	Adult/Pediatric Ward	0	2.8	3733	0.00	( 0.00, 1.06 )	0.80
CAUTI	Adult/Pediatric ICU	0	0.4	457	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.3	519	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	2	1.0	34318	1.92	( 0.32, 6.33 )	1.26
	C. difficile infection	1	5.8	18872	0.17	( 0.01, 0.85 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

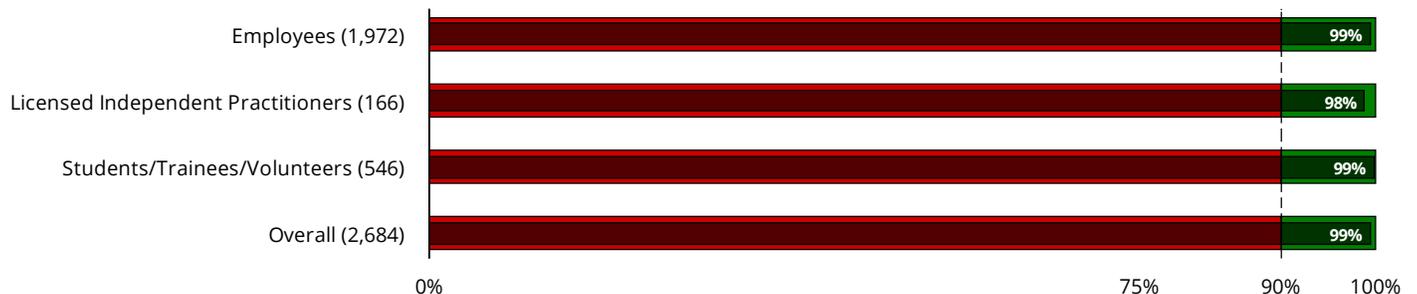
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at East Tennessee Children's Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



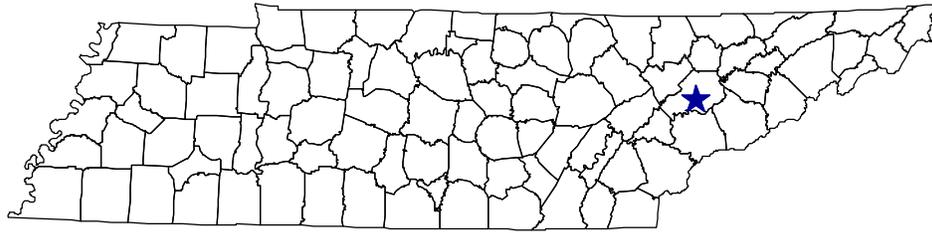
#### Healthcare Personnel Vaccinated (%)

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

## East Tennessee Children's Hospital, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	1.5	1394	0.00	( 0.00, 1.94 )	0.84
	Neonatal ICU	1	3.5	2659	0.28	( 0.01, 1.40 )	0.63
	Adult/Pediatric Ward	1	3.2	4254	0.31	( 0.02, 1.54 )	0.75
CAUTI	Adult/Pediatric ICU	1	0.7	731	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.3	453	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	2	1.2	35302	1.65	( 0.28, 5.44 )	1.33
	C. difficile infection	8	7.4	18264	1.07	( 0.50, 2.04 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

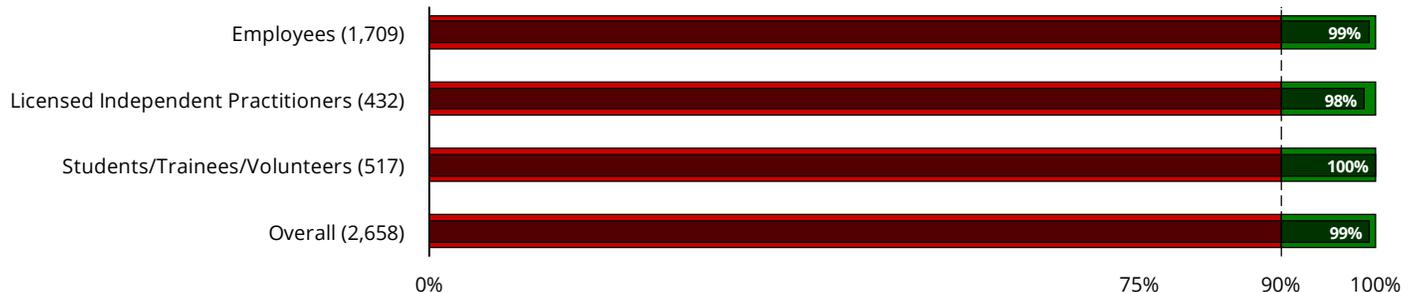
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at East Tennessee Children's Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

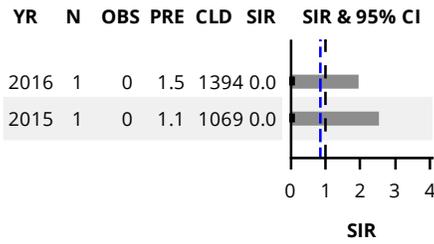


#### Healthcare Personnel Vaccinated (%)

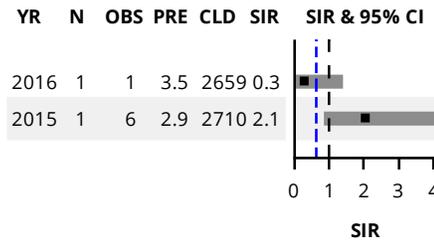
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

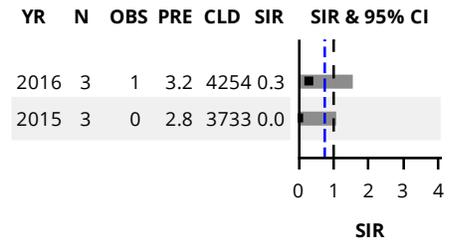
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

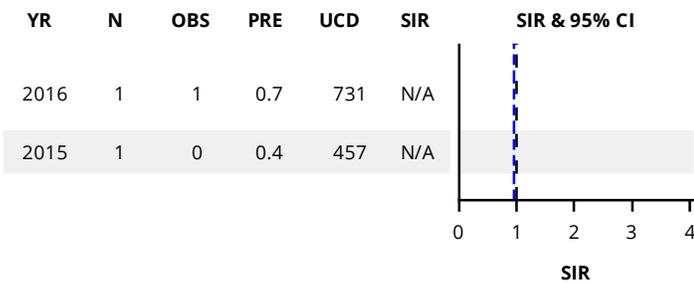


CLABSI - Adult/Pediatric Wards

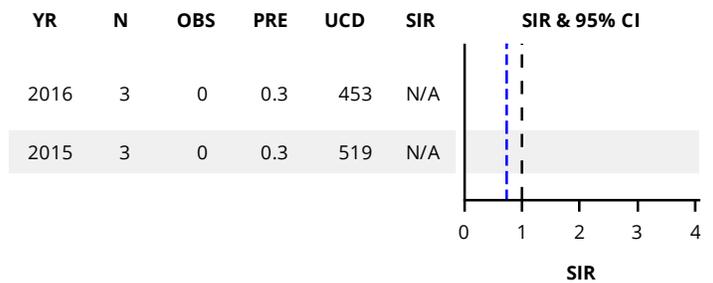


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

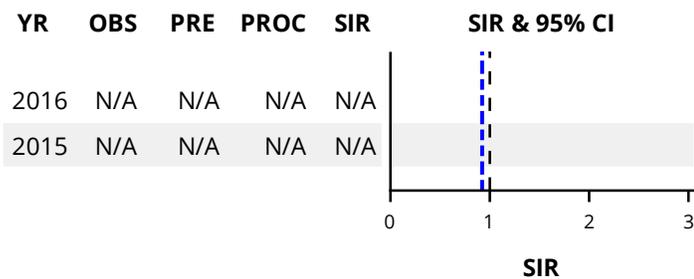


CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery



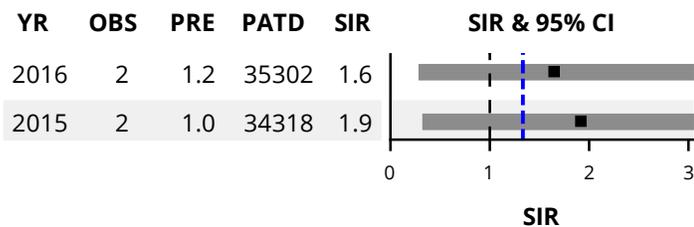
SSI - Abdominal Hysterectomy



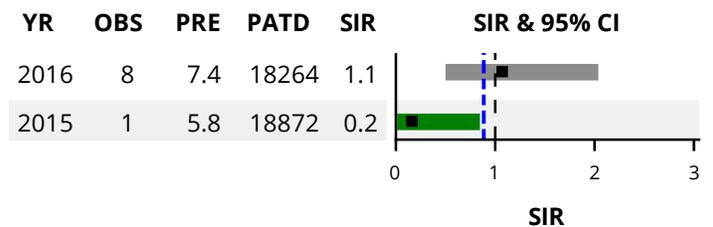
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

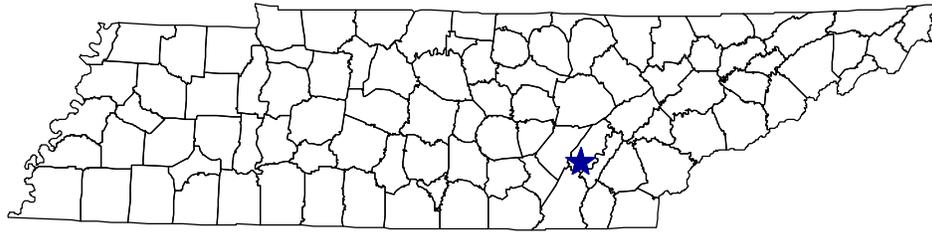
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Erlanger East, Chattanooga, Hamilton County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.0	126	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	1	0.7	172	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.1	7379	N/A	N/A	1.26
	C. difficile infection	0	1.8	7379	0.00	( 0.00, 1.58 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Erlanger East*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



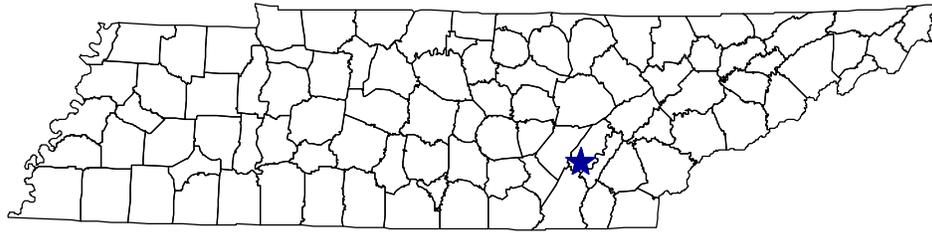
#### Healthcare Personnel Vaccinated (%)

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

## Erlanger East, Chattanooga, Hamilton County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.0	67	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	1	0.0	139	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	0	0.9	233	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.2	9507	N/A	N/A	1.33
	C. difficile infection	0	2.5	9322	0.00	( 0.00, 1.19 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Erlanger East*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

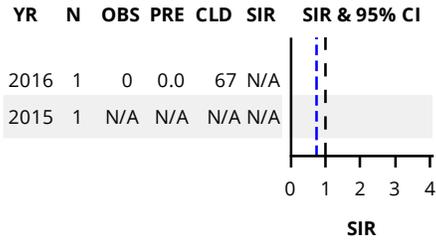


#### Healthcare Personnel Vaccinated (%)

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

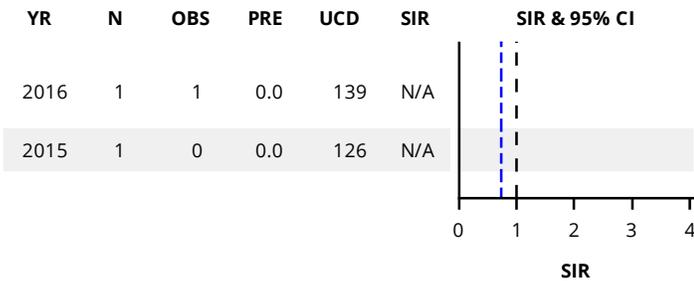
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric Wards



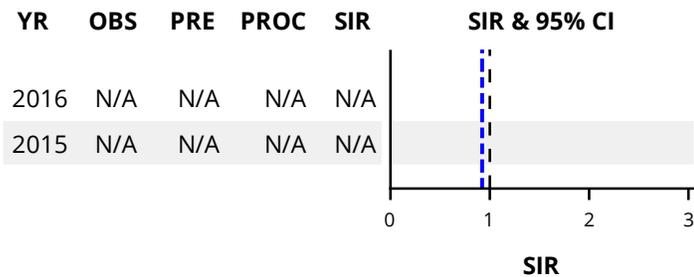
Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric Wards

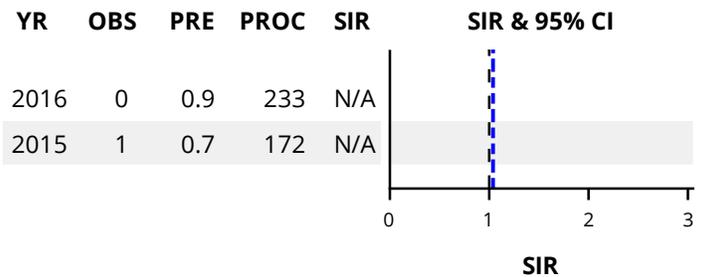


Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

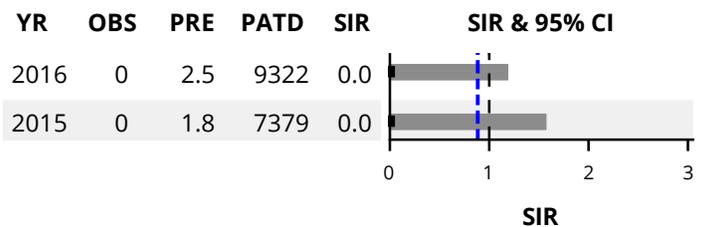


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

YR	OBS	PRE	PATD	SIR
2016	0	0.2	9507	N/A
2015	0	0.1	7379	N/A

LabID - *C. difficile* Infection (CDI)



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

Data reported as of November 13, 2017

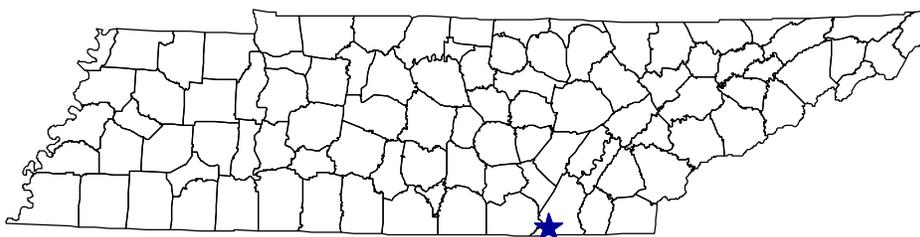
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Erlanger Medical Center, Chattanooga, Hamilton County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	9	13.0	11343	0.69	( 0.34, 1.27 )	0.88
	Neonatal ICU	10	6.5	4121	1.53	( 0.78, 2.73 )	0.92
	Adult/Pediatric Ward	10	15.0	15454	0.66	( 0.34, 1.18 )	0.80
CAUTI	Adult/Pediatric ICU	44	30.0	14729	<b>1.47</b>	<b>( 1.08, 1.95 )</b>	1.06
	Adult/Pediatric Ward	3	7.0	5877	0.43	( 0.11, 1.16 )	0.70
SSI	Colon surgery	6	8.8	234	0.68	( 0.28, 1.42 )	0.85
	Abdominal hysterectomy	2	2.5	267	0.79	( 0.13, 2.62 )	1.14
LabID	MRSA bacteremia	18	10.2	158537	<b>1.76</b>	<b>( 1.07, 2.72 )</b>	1.26
	C. difficile infection	99	107.3	136466	0.92	( 0.75, 1.12 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

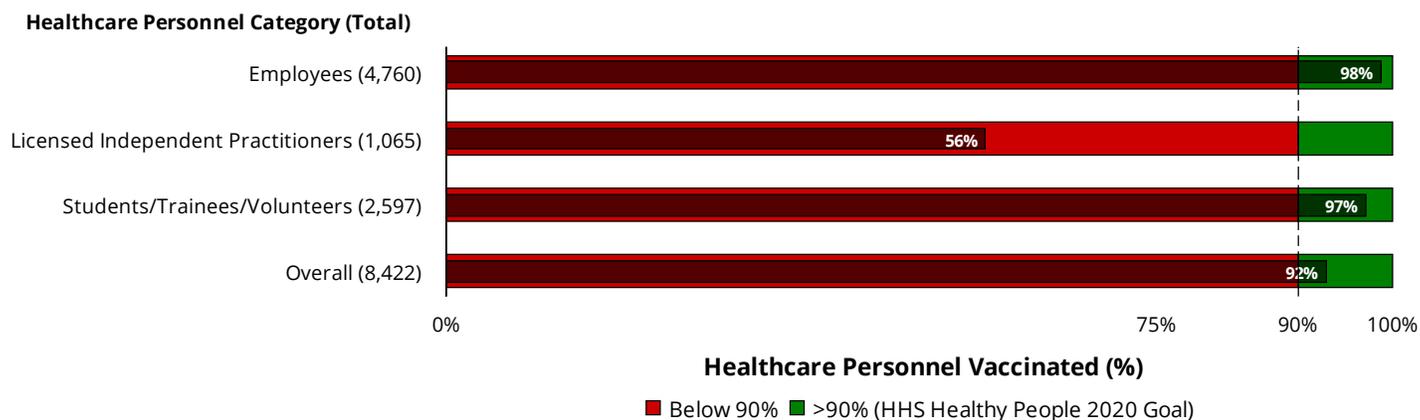
**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Erlanger Medical Center*

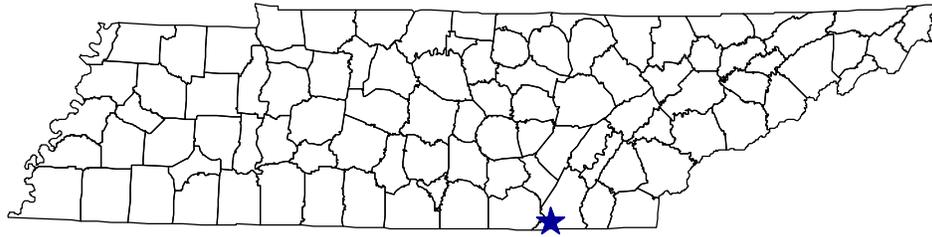
### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season



## Erlanger Medical Center, Chattanooga, Hamilton County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	15	12.7	11093	1.18	(0.69, 1.90)	0.84
	Neonatal ICU	7	5.1	3090	1.37	(0.60, 2.71)	0.63
	Adult/Pediatric Ward	6	13.7	14052	<b>0.44</b>	<b>(0.18, 0.91)</b>	0.75
CAUTI	Adult/Pediatric ICU	41	28.9	14643	<b>1.42</b>	<b>(1.03, 1.90)</b>	0.96
	Adult/Pediatric Ward	6	7.4	6229	0.80	(0.33, 1.67)	0.72
SSI	Colon surgery	7	8.6	241	0.81	(0.35, 1.60)	0.92
	Abdominal hysterectomy	2	2.3	280	0.85	(0.14, 2.81)	1.04
LabID	MRSA bacteremia	23	11.2	163519	<b>2.04</b>	<b>(1.33, 3.01)</b>	1.33
	C. difficile infection	94	107.6	141803	0.87	(0.71, 1.06)	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

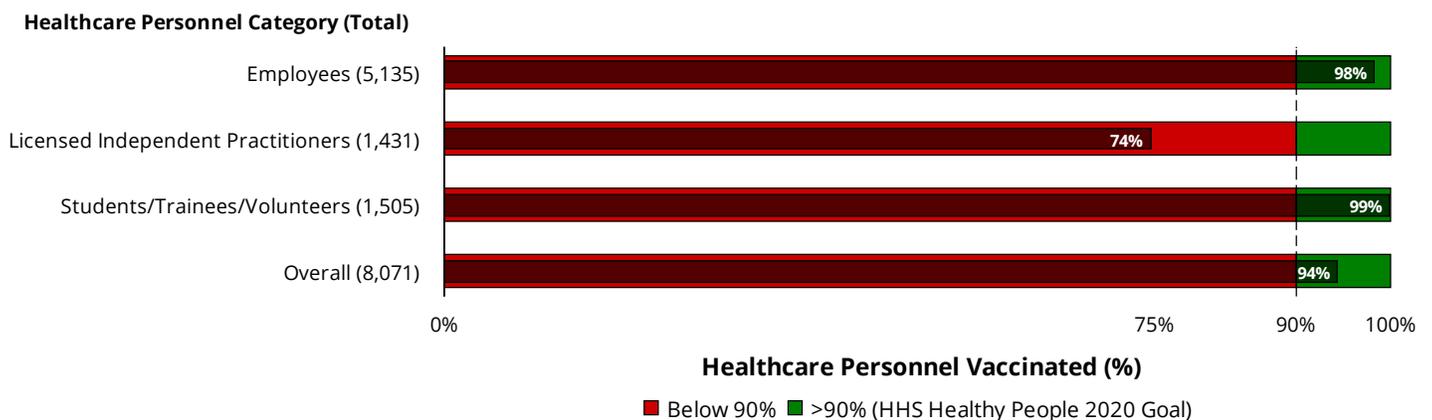
**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Erlanger Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

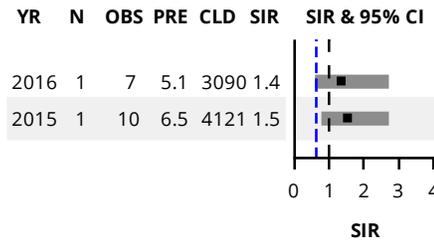


Central Line-Associated Bloodstream Infections (CLABSI)

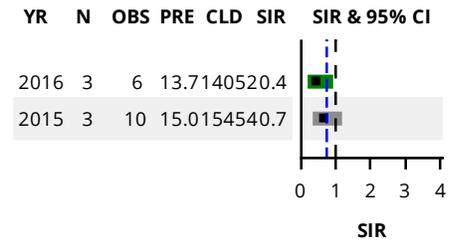
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

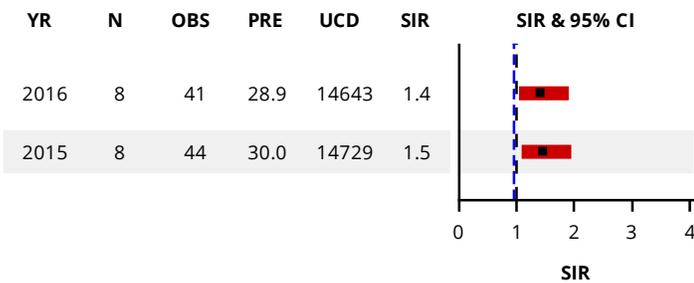


CLABSI - Adult/Pediatric Wards

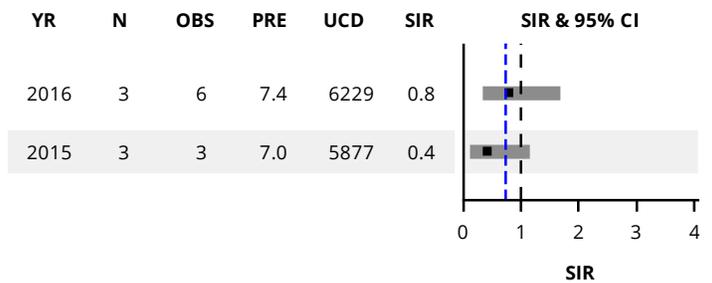


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

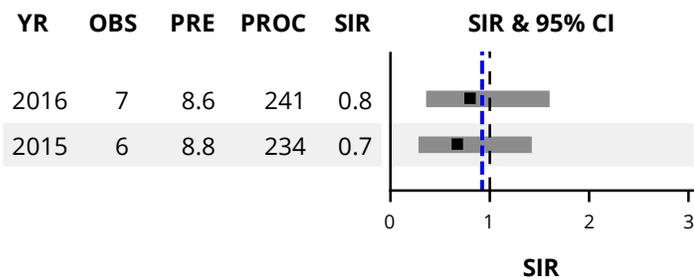


CAUTI - Adult/Pediatric Wards

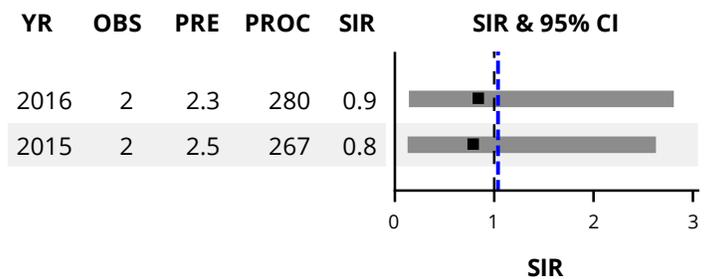


Surgical Site Infections (SSI)

SSI - Colon Surgery

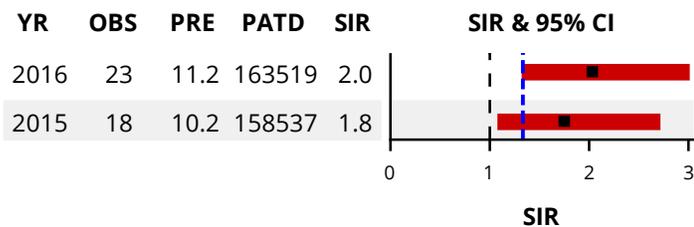


SSI - Abdominal Hysterectomy

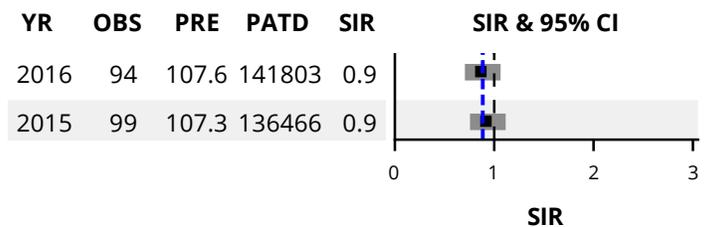


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

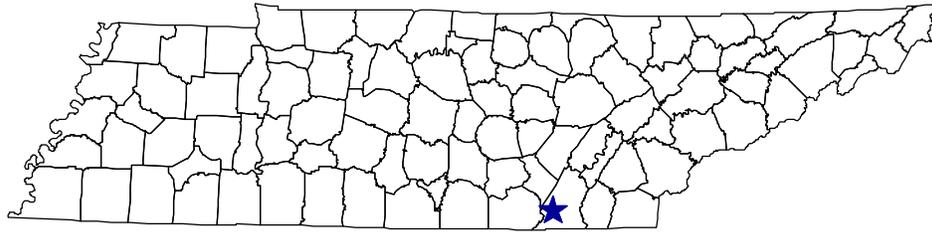
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Erlanger North, Chattanooga, Hamilton County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric Ward	1	0.0	169	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.0	70	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.1	5038	N/A	N/A	1.26
	C. difficile infection	4	1.2	5038	3.27	(1.04, 7.88)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Erlanger North*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



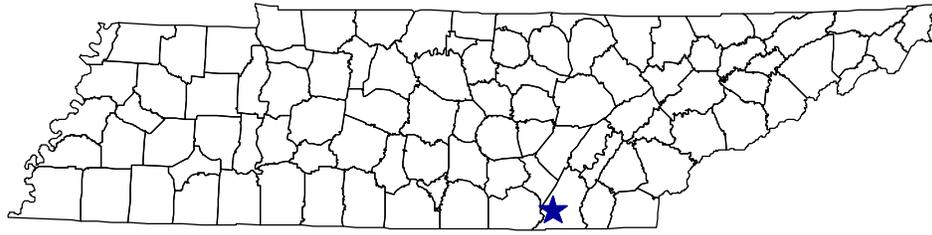
#### Healthcare Personnel Vaccinated (%)

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

## Erlanger North, Chattanooga, Hamilton County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.4	843	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.1	361	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.1	7522	N/A	N/A	1.33
	C. difficile infection	1	2.6	7522	0.38	( 0.02, 1.87 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Erlanger North*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.4	843	N/A

2015	1	1	0.0	169	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.1	361	N/A

2015	1	0	0.0	70	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

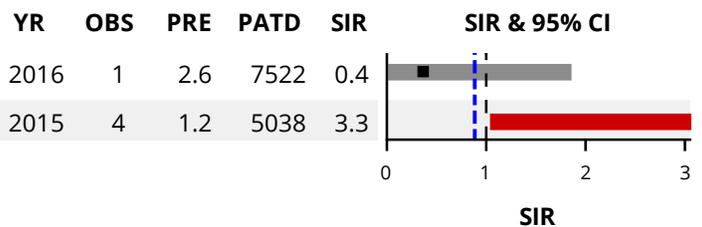
LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.1	7522	N/A

2015	0	0.1	5038	N/A
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N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

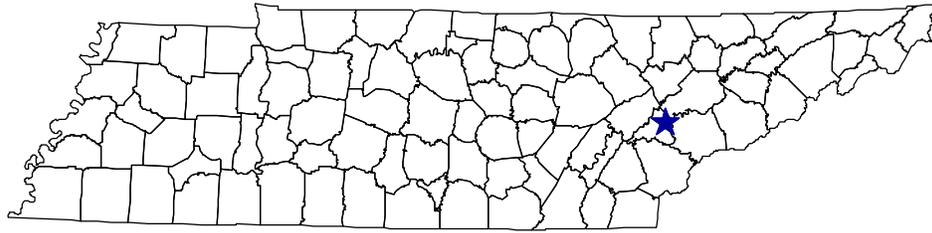
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Fort Loudoun Medical Center, Lenoir City, Loudon County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.2	331	N/A	N/A	0.88
	Adult/Pediatric Ward	1	0.5	988	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	1	0.3	657	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.6	1326	N/A	N/A	0.70
SSI	Colon surgery	0	0.5	34	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.2	8155	N/A	N/A	1.26
	C. difficile infection	4	7.8	8155	0.51	(0.16, 1.23)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

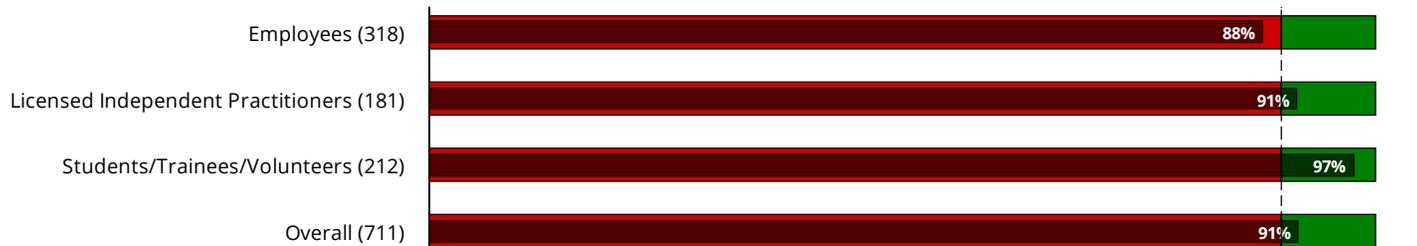
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

**See page 3 for more detailed information about HAIs at Fort Loudoun Medical Center**

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



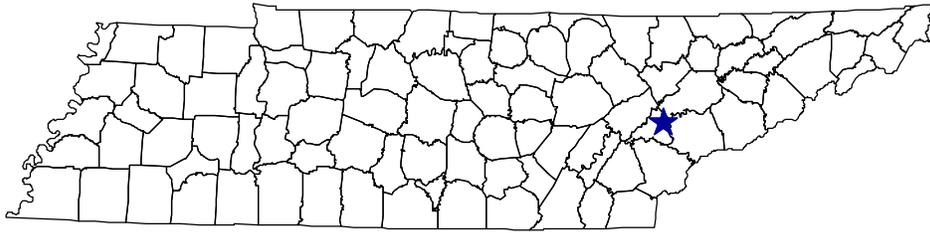
#### Healthcare Personnel Vaccinated (%)

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

## Fort Loudoun Medical Center, Lenoir City, Loudon County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.3	487	N/A	N/A	0.84
	Adult/Pediatric Ward	1	0.8	1399	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.3	700	N/A	N/A	0.96
	Adult/Pediatric Ward	1	0.6	1424	N/A	N/A	0.72
SSI	Colon surgery	1	0.5	38	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.2	9370	N/A	N/A	1.33
	C. difficile infection	4	5.8	9370	0.68	( 0.22, 1.65 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

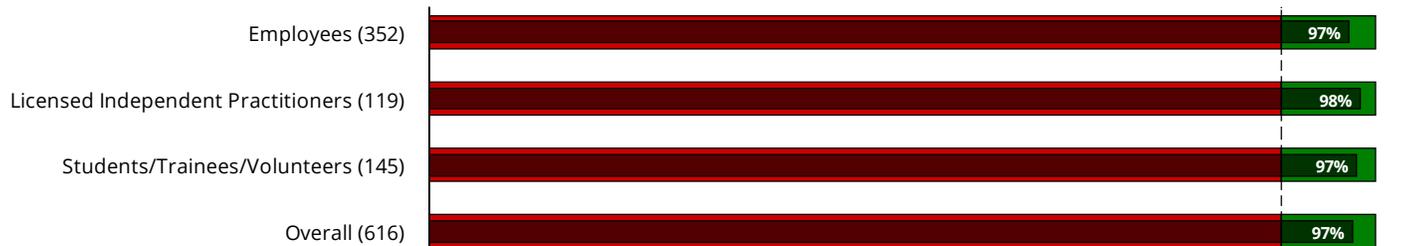
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

**See page 3 for more detailed information about HAIs at Fort Loudoun Medical Center**

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

# Fort Loudoun Medical Center, Lenoir City, Loudon County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.3	487	N/A

2015	1	0	0.2	331	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	1	0.8	1399	N/A

2015	1	1	0.5	988	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.3	700	N/A

2015	1	1	0.3	657	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	1	0.6	1424	N/A

2015	1	0	0.6	1326	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	1	0.5	38	N/A

2015	0	0.5	34	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

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

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

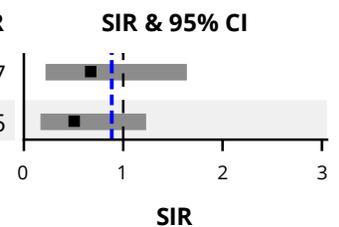
YR	OBS	PRE	PATD	SIR
2016	0	0.2	9370	N/A

2015	0	0.2	8155	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	4	5.8	9370	0.7
2015	4	7.8	8155	0.5



Data reported as of November 13, 2017

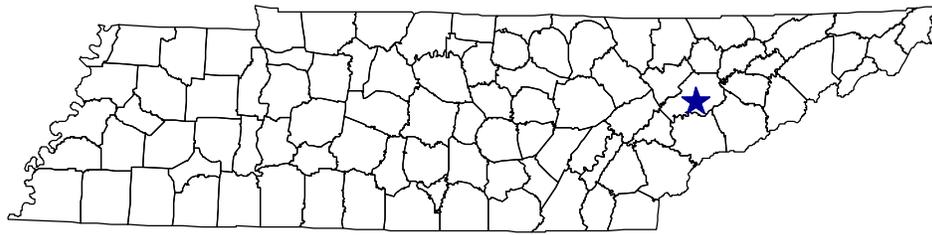
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Fort Sanders Regional Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	3	3.2	3716	0.93	( 0.24, 2.53 )	0.88
	Adult/Pediatric Ward	6	4.3	5819	1.38	( 0.56, 2.86 )	0.80
CAUTI	Adult/Pediatric ICU	5	6.7	4818	0.74	( 0.27, 1.64 )	1.06
	Adult/Pediatric Ward	5	5.8	6971	0.86	( 0.31, 1.90 )	0.70
SSI	Colon surgery	3	6.1	248	0.49	( 0.13, 1.33 )	0.85
	Abdominal hysterectomy	0	1.1	159	0.00	( 0.00, 2.66 )	1.14
LabID	MRSA bacteremia	5	5.3	84745	0.94	( 0.34, 2.08 )	1.26
	C. difficile infection	47	69.1	80243	<b>0.68</b>	<b>( 0.51, 0.90 )</b>	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

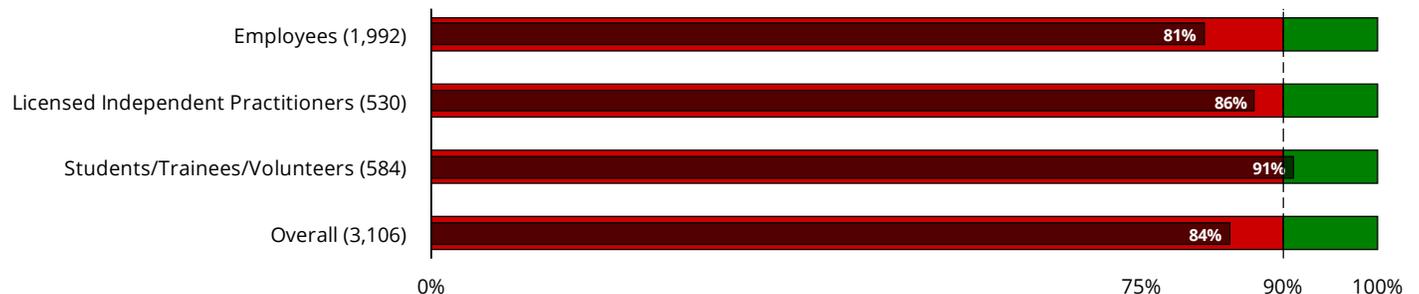
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Fort Sanders Regional Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



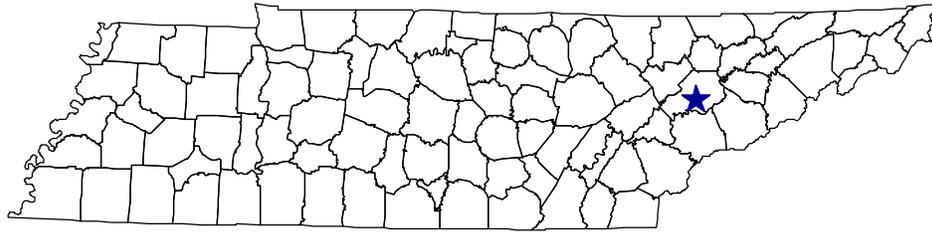
#### Healthcare Personnel Vaccinated (%)

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

## Fort Sanders Regional Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	4	3.7	4267	1.08	( 0.34, 2.61 )	0.84
	Adult/Pediatric Ward	2	4.4	5989	0.45	( 0.08, 1.47 )	0.75
CAUTI	Adult/Pediatric ICU	7	8.4	6003	0.83	( 0.36, 1.65 )	0.96
	Adult/Pediatric Ward	6	6.7	8006	0.89	( 0.36, 1.86 )	0.72
SSI	Colon surgery	5	5.9	251	0.84	( 0.31, 1.86 )	0.92
	Abdominal hysterectomy	1	1.1	175	0.87	( 0.04, 4.30 )	1.04
LabID	MRSA bacteremia	8	6.1	88060	1.30	( 0.60, 2.47 )	1.33
	C. difficile infection	22	59.7	82572	<b>0.37</b>	<b>( 0.24, 0.55 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

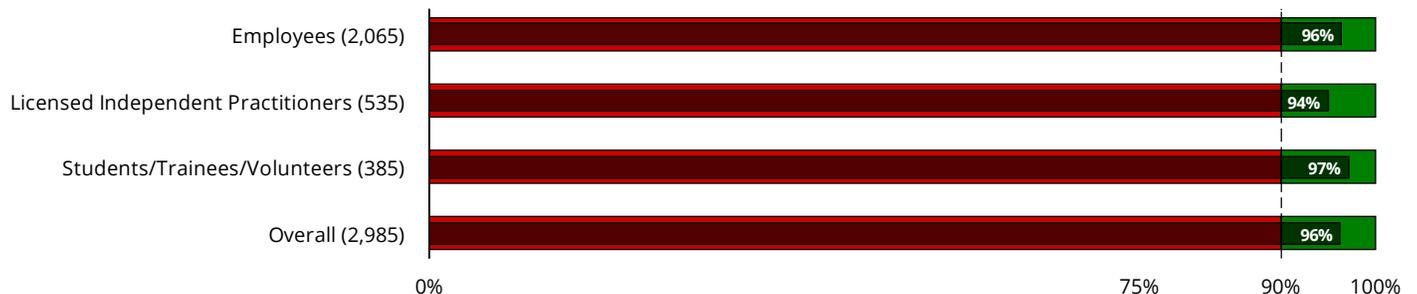
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Fort Sanders Regional Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



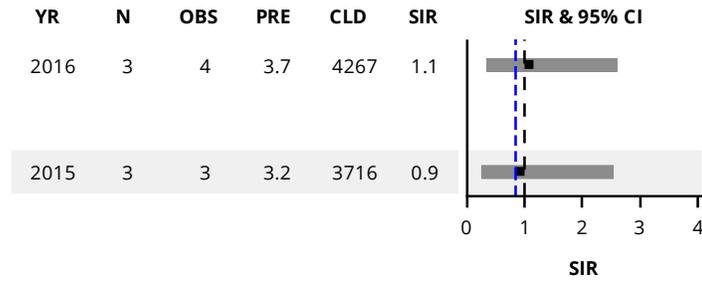
#### Healthcare Personnel Vaccinated (%)

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

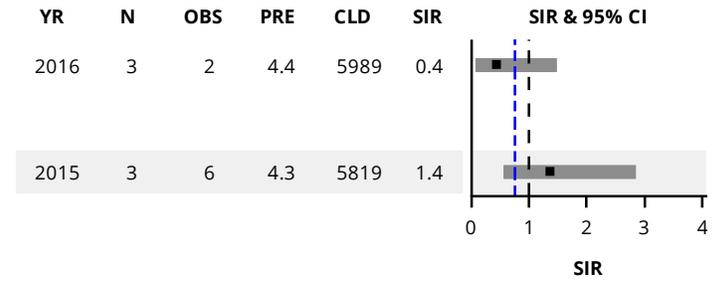
# Fort Sanders Regional Medical Center, Knoxville, Knox County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

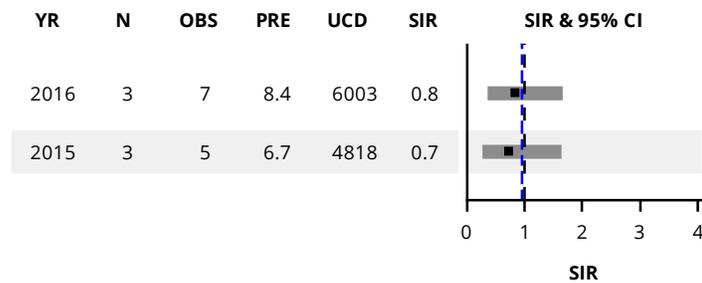


### CLABSI - Adult/Pediatric Wards

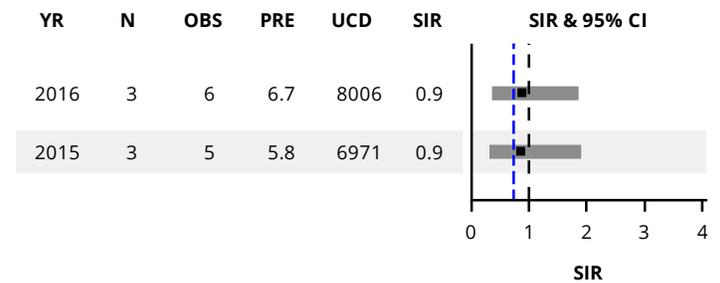


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

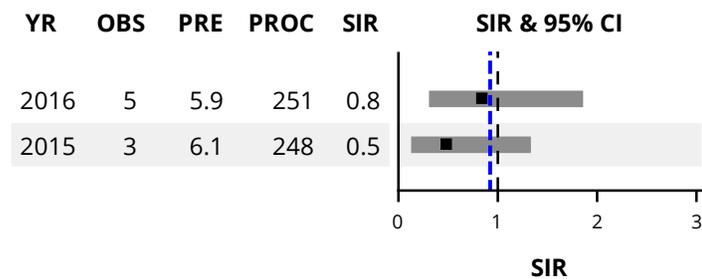


### CAUTI - Adult/Pediatric Wards

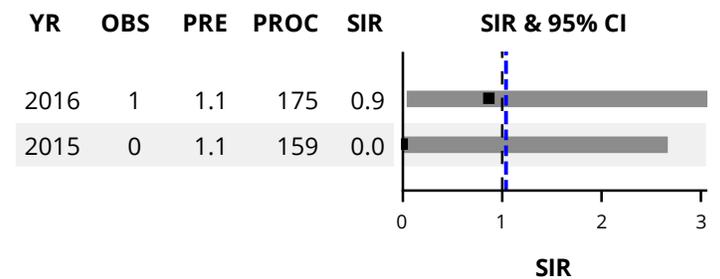


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

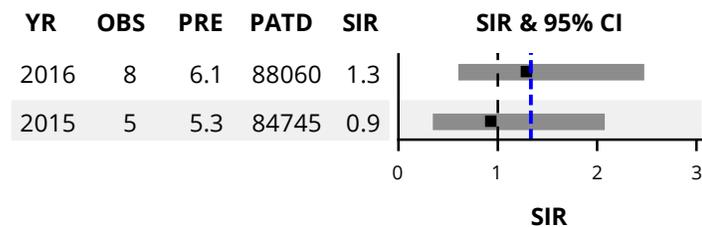


### SSI - Abdominal Hysterectomy

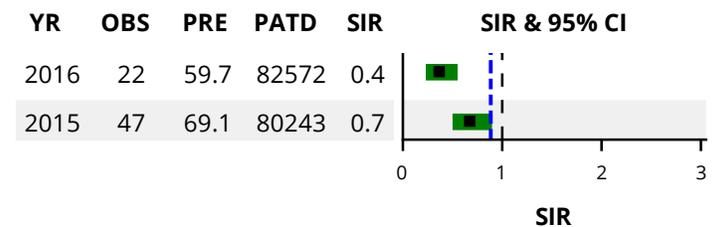


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

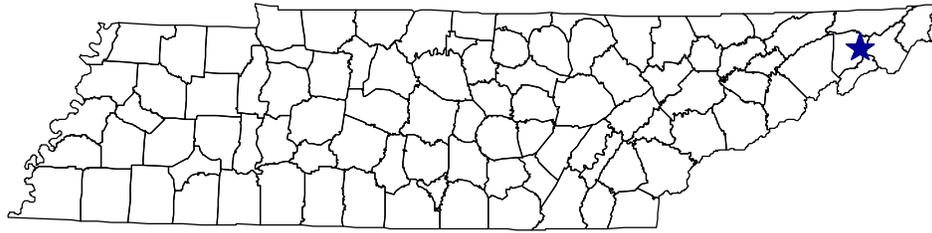
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# Franklin Woods Community Hospital, Johnson City, Washington County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.6	953	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.4	700	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	1	0.5	991	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.6	1344	N/A	N/A	0.70
SSI	Colon surgery	1	2.1	129	0.46	( 0.02, 2.25 )	0.85
	Abdominal hysterectomy	0	0.7	176	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.8	23316	N/A	N/A	1.26
	C. difficile infection	8	11.5	20958	0.69	( 0.32, 1.32 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Franklin Woods Community Hospital*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



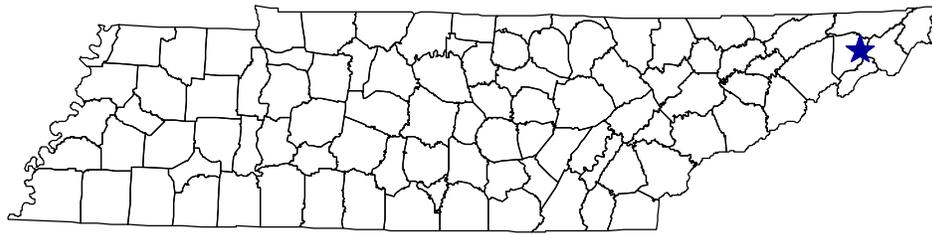
### Healthcare Personnel Vaccinated (%)

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

## Franklin Woods Community Hospital, Johnson City, Washington County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections			Standardized Infection Ratio (SIR)		
		Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.5	798	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.3	586	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.4	800	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.7	1451	N/A	N/A	0.72
SSI	Colon surgery	3	2.3	132	1.25	( 0.32, 3.41 )	0.92
	Abdominal hysterectomy	0	0.5	140	N/A	N/A	1.04
LabID	MRSA bacteremia	1	0.9	25615	N/A	N/A	1.33
	C. difficile infection	7	13.2	23319	0.53	( 0.23, 1.04 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

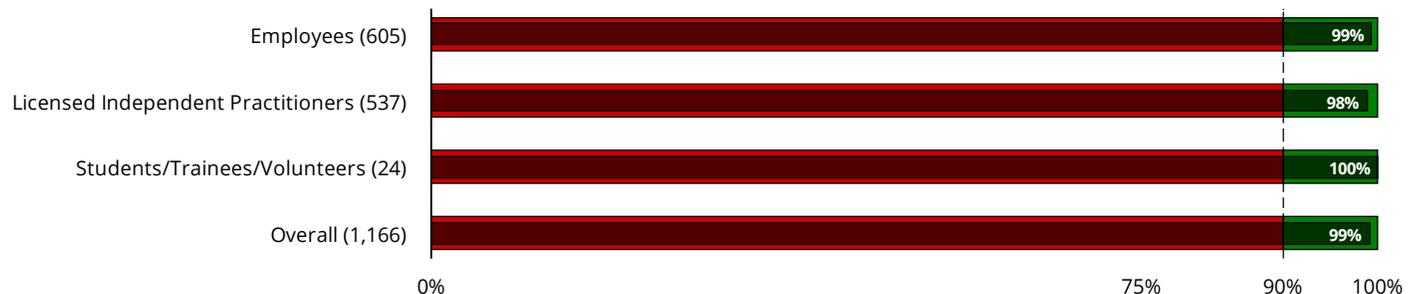
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Franklin Woods Community Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



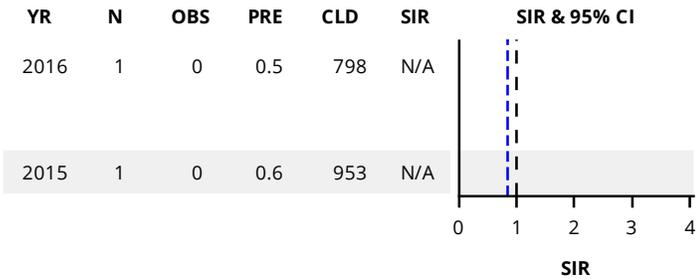
#### Healthcare Personnel Vaccinated (%)

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

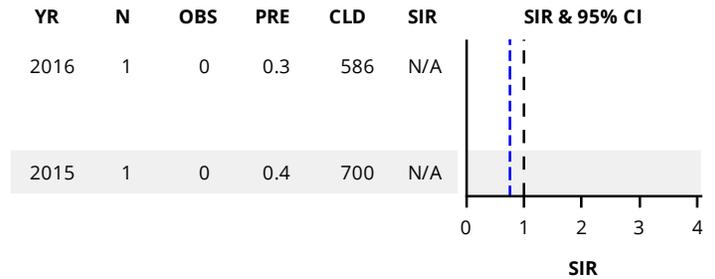
# Franklin Woods Community Hospital, Johnson City, Washington County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

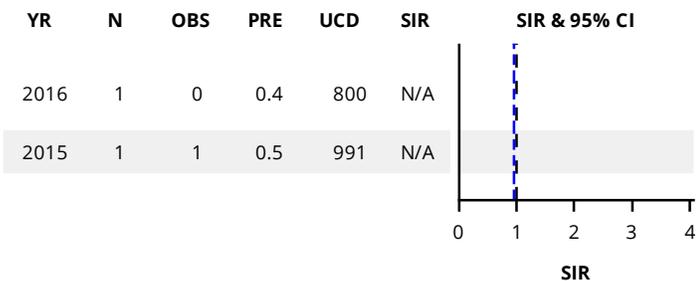


### CLABSI - Adult/Pediatric Wards

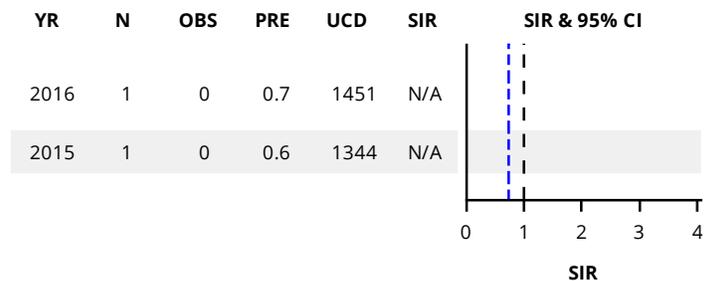


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

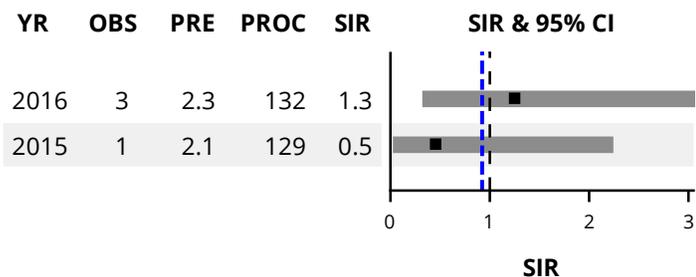


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



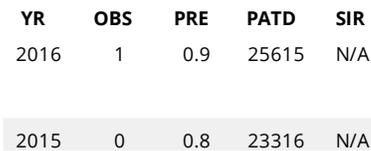
### SSI - Abdominal Hysterectomy



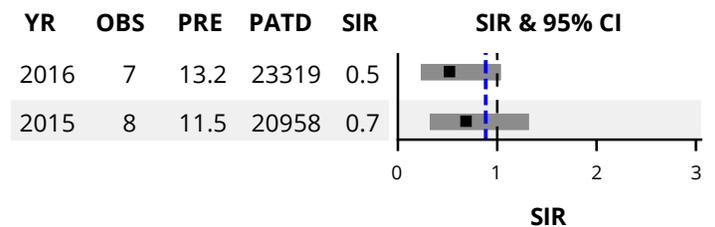
N/A: Number of predicted infections <1; no SIR calculated

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

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



### LabID - *C. difficile* Infection (CDI)



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

Data reported as of November 13, 2017

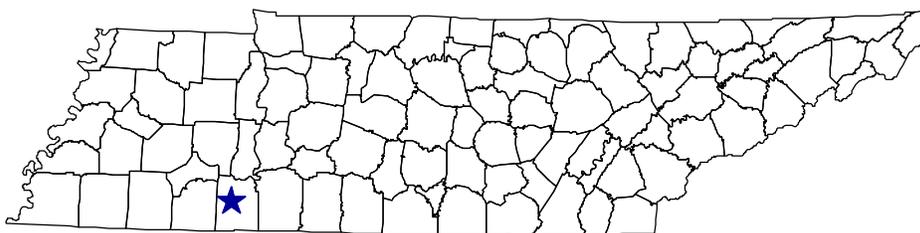
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Hardin Medical Center, Savannah, Hardin County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.1	174	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.4	902	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.1	6036	N/A	N/A	1.26
	C. difficile infection	2	1.5	6036	1.28	( 0.22, 4.24 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

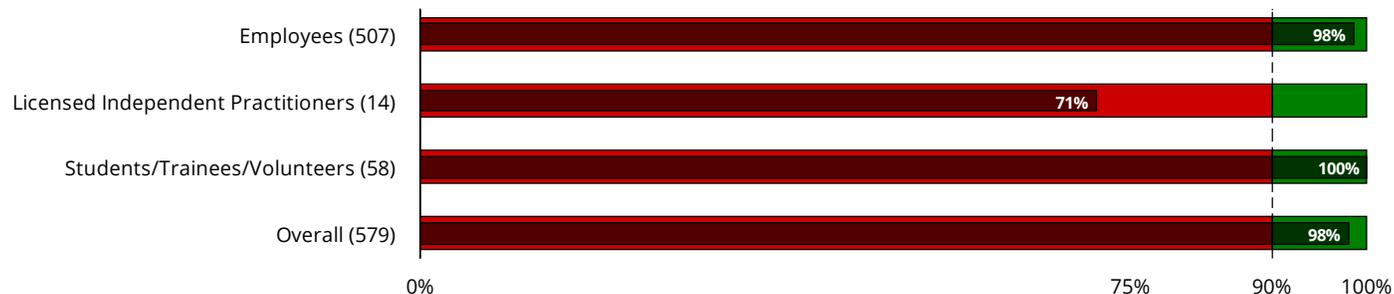
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Hardin Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



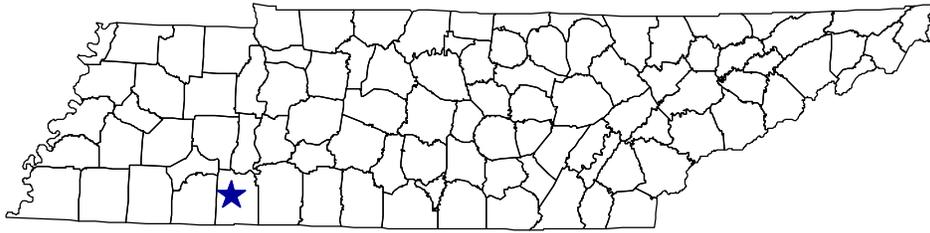
#### Healthcare Personnel Vaccinated (%)

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

## Hardin Medical Center, Savannah, Hardin County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.0	153	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.3	788	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	0	0.1	25	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.1	5823	N/A	N/A	1.33
	C. difficile infection	4	1.1	5823	3.35	(1.06, 8.08)	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Hardin Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

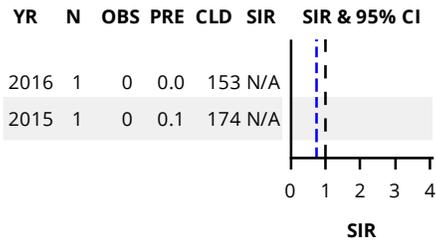


#### Healthcare Personnel Vaccinated (%)

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

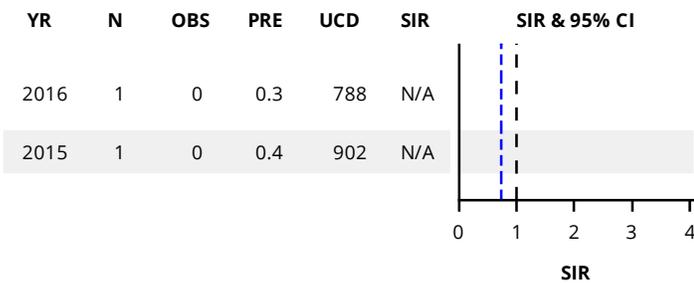
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric Wards



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	0	0.1	25	N/A
2015	N/A	N/A	N/A	N/A

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

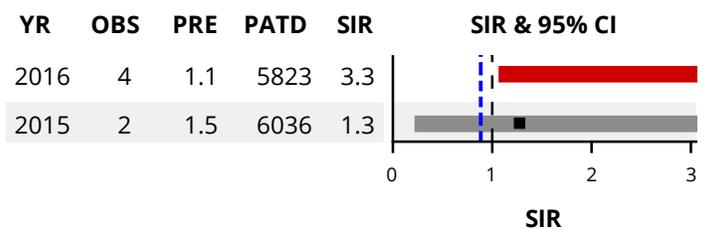
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

YR	OBS	PRE	PATD	SIR
2016	0	0.1	5823	N/A
2015	0	0.1	6036	N/A

LabID - *C. difficile* Infection (CDI)



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

Data reported as of November 13, 2017

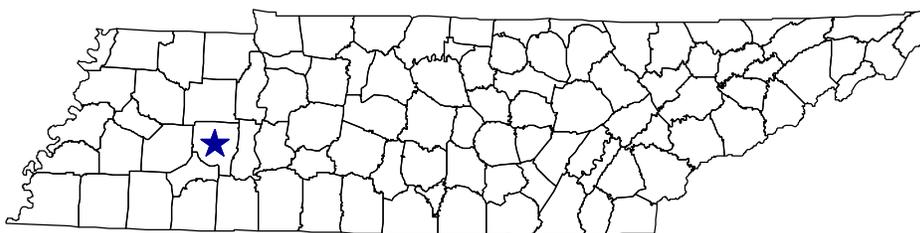
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**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Henderson County Community Hospital, Lexington, Henderson County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.0	71	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.1	290	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	1013	N/A	N/A	1.26
	C. difficile infection	0	0.2	813	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

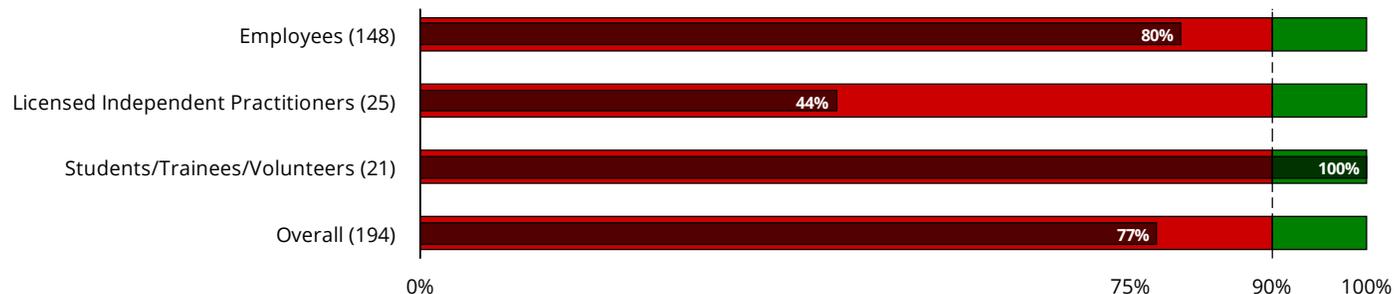
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Henderson County Community Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



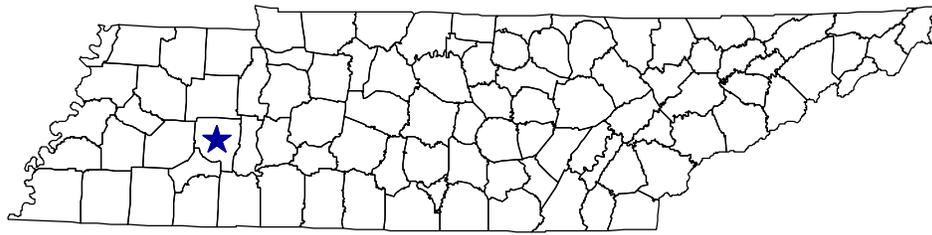
#### Healthcare Personnel Vaccinated (%)

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

## Henderson County Community Hospital, Lexington, Henderson County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.1	215	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.0	1222	N/A	N/A	1.33
	C. difficile infection	1	0.4	1222	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

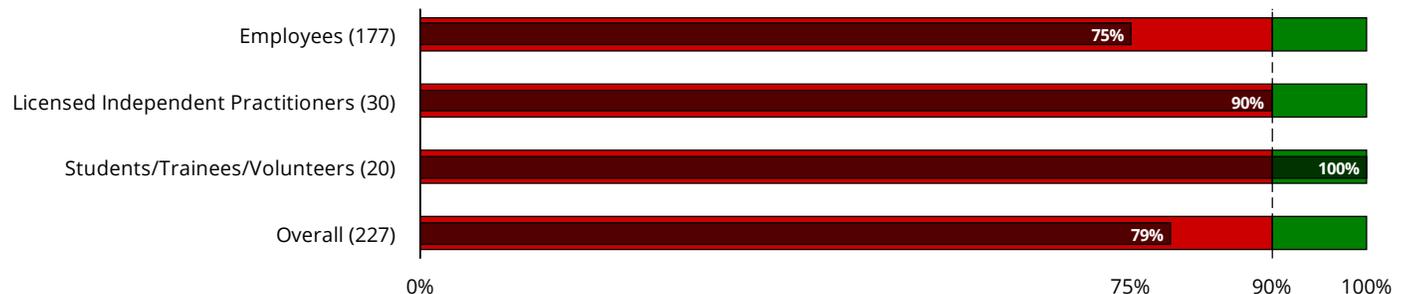
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Henderson County Community Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

# Henderson County Community Hospital, Lexington, Henderson County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	0	0.0	71	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.1	215	N/A

2015	1	0	0.1	290	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
------	-----	-----	-----	-----

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

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

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

YR	OBS	PRE	PATD	SIR
2016	0	0.0	1222	N/A

2015	0	0.0	1013	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	1	0.4	1222	N/A

2015	0	0.2	813	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

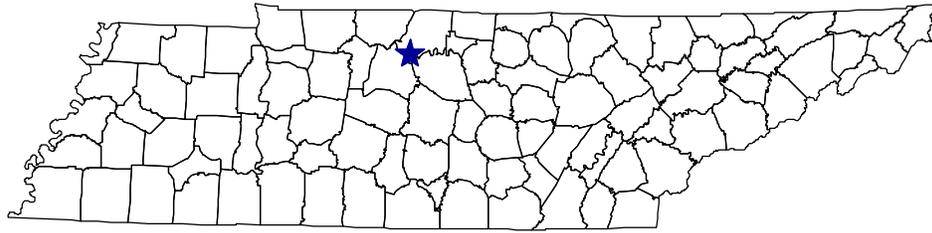
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

 Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Hendersonville Medical Center, Hendersonville, Sumner County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	1.1	1541	0.86	( 0.04, 4.25 )	0.88
	Adult/Pediatric Ward	2	1.4	2233	1.38	( 0.23, 4.55 )	0.80
CAUTI	Adult/Pediatric ICU	1	2.1	2912	0.47	( 0.02, 2.32 )	1.06
	Adult/Pediatric Ward	0	2.5	3859	0.00	( 0.00, 1.19 )	0.70
SSI	Colon surgery	1	1.1	67	0.85	( 0.04, 4.18 )	0.85
	Abdominal hysterectomy	1	0.3	61	N/A	N/A	1.14
LabID	MRSA bacteremia	1	0.6	20941	N/A	N/A	1.26
	C. difficile infection	19	17.8	20941	1.06	( 0.66, 1.63 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

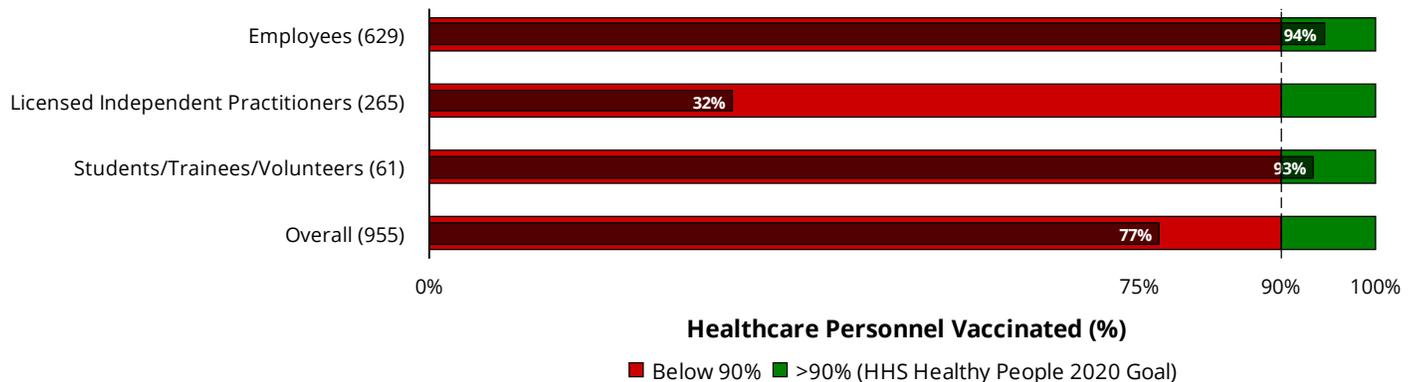
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Hendersonville Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

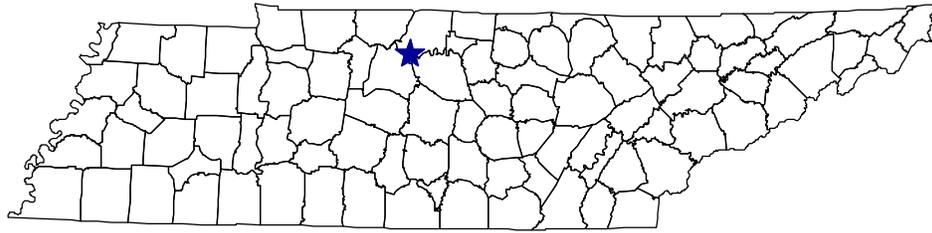
#### Healthcare Personnel Category (Total)



## Hendersonville Medical Center, Hendersonville, Sumner County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections			Standardized Infection Ratio (SIR)		
		Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.9	1218	N/A	N/A	0.84
	Adult/Pediatric Ward	0	1.3	2057	0.00	(0.00, 2.24)	0.75
CAUTI	Adult/Pediatric ICU	1	1.4	1947	0.70	(0.04, 3.46)	0.96
	Adult/Pediatric Ward	3	2.3	3523	1.30	(0.33, 3.55)	0.72
SSI	Colon surgery	2	1.4	64	1.41	(0.24, 4.66)	0.92
	Abdominal hysterectomy	0	0.8	130	N/A	N/A	1.04
LabID	MRSA bacteremia	1	1.0	22874	0.94	(0.05, 4.61)	1.33
	C. difficile infection	20	18.0	21853	1.11	(0.70, 1.68)	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

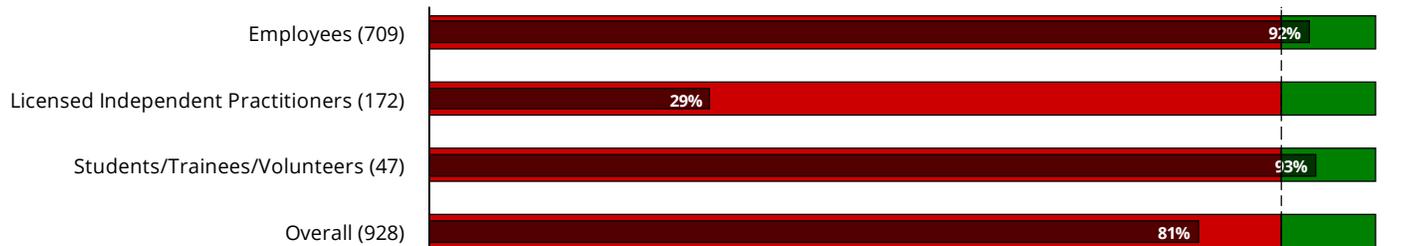
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Hendersonville Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



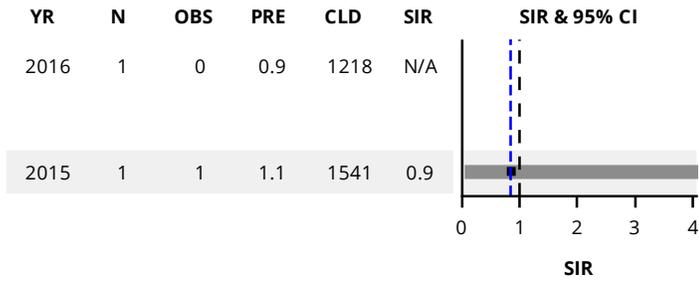
#### Healthcare Personnel Vaccinated (%)

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

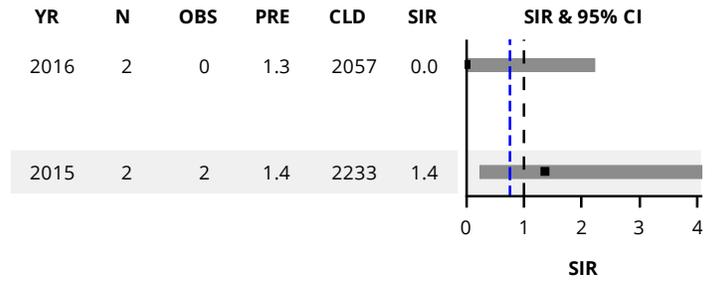
# Hendersonville Medical Center, Hendersonville, Sumner County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

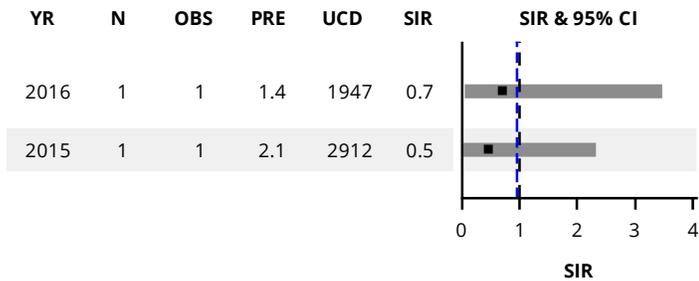


### CLABSI - Adult/Pediatric Wards

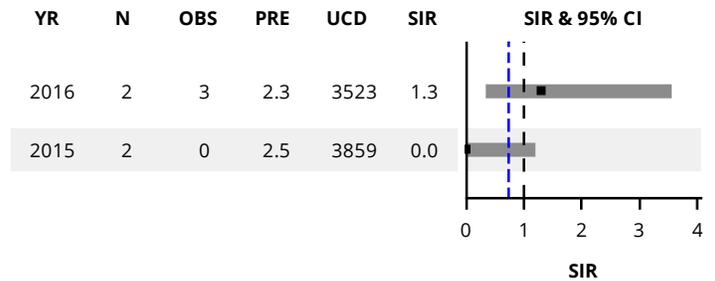


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

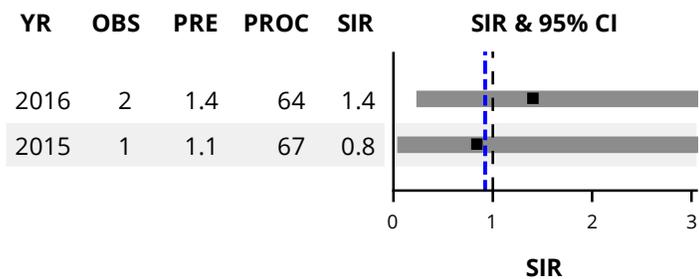


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



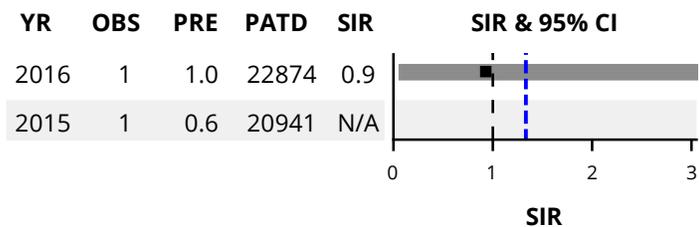
### SSI - Abdominal Hysterectomy



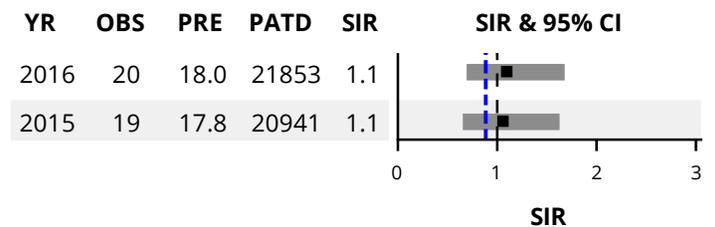
N/A: Number of predicted infections <1; no SIR calculated

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

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



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

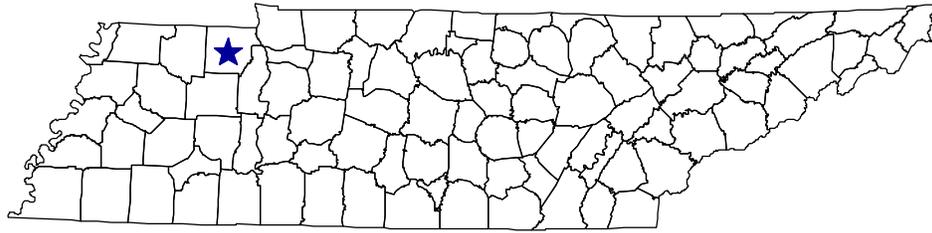
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Henry County Medical Center, Paris, Henry County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	192	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.4	718	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.4	649	N/A	N/A	1.06
	Adult/Pediatric Ward	1	1.1	1792	0.85	( 0.04, 4.21 )	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	1	0.5	12210	N/A	N/A	1.26
	C. difficile infection	2	4.1	11447	0.48	( 0.08, 1.58 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

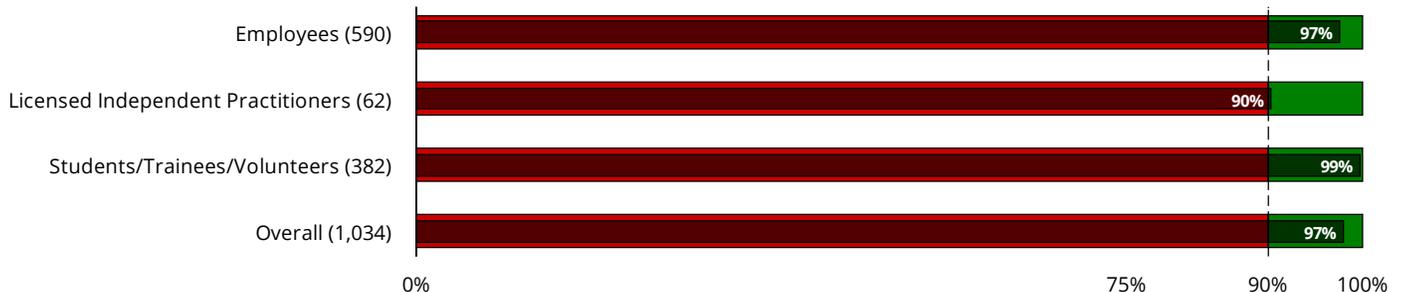
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Henry County Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



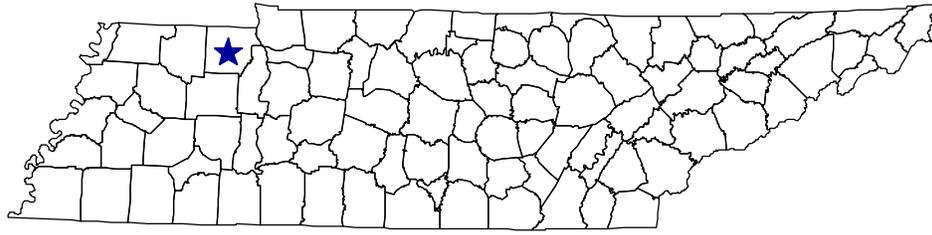
#### Healthcare Personnel Vaccinated (%)

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

## Henry County Medical Center, Paris, Henry County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.0	126	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.3	608	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	1	0.5	711	N/A	N/A	0.96
	Adult/Pediatric Ward	2	1.3	2023	1.51	( 0.25, 5.00 )	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.4	12783	N/A	N/A	1.33
	C. difficile infection	0	4.0	12070	0.00	( 0.00, 0.75 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

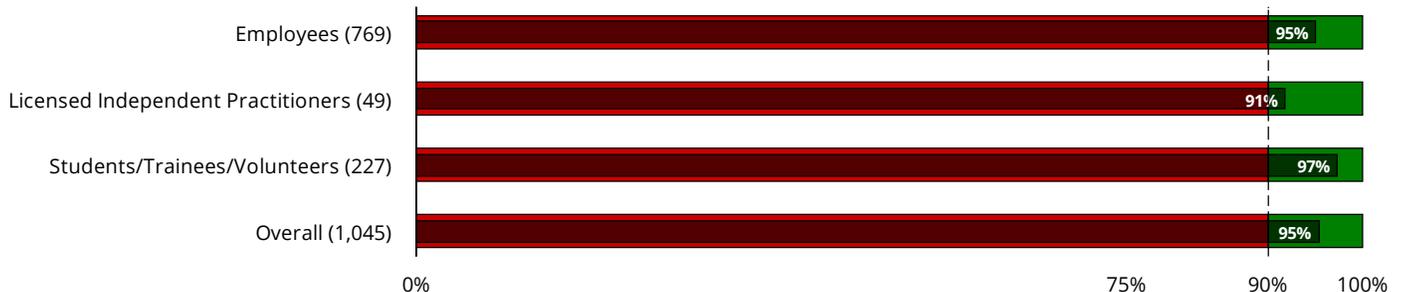
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

**See page 3 for more detailed information about HAIs at Henry County Medical Center**

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

# Henry County Medical Center, Paris, Henry County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.0	126	N/A

2015	1	0	0.1	192	N/A
------	---	---	-----	-----	-----

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

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.3	608	N/A

2015	1	0	0.4	718	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

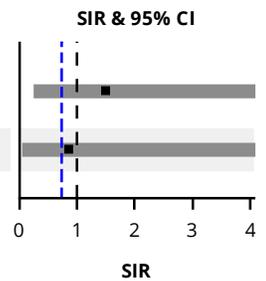
YR	N	OBS	PRE	UCD	SIR
2016	1	1	0.5	711	N/A

2015	1	0	0.4	649	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	2	1.3	2023	1.5
2015	1	1	1.1	1792	0.9



## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
------	-----	-----	-----	-----

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

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

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

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

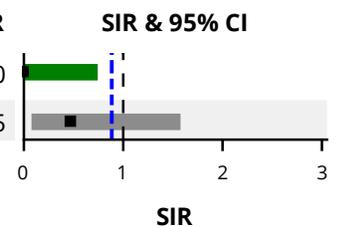
YR	OBS	PRE	PATD	SIR
2016	0	0.4	12783	N/A

2015	1	0.5	12210	N/A
------	---	-----	-------	-----

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

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	4.0	12070	0.0
2015	2	4.1	11447	0.5



Data reported as of November 13, 2017

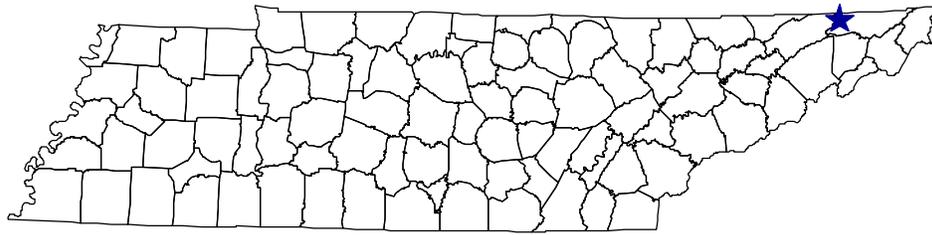
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Holston Valley Medical Center, Kingsport, Sullivan County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	6.6	5860	0.45	( 0.12, 1.24 )	0.88
	Neonatal ICU	1	1.3	1338	0.76	( 0.04, 3.74 )	0.92
	Adult/Pediatric Ward	11	7.1	7318	1.54	( 0.81, 2.68 )	0.80
CAUTI	Adult/Pediatric ICU	11	13.8	8687	0.79	( 0.42, 1.38 )	1.06
	Adult/Pediatric Ward	4	8.3	6642	0.48	( 0.15, 1.16 )	0.70
SSI	Colon surgery	5	6.1	233	0.81	( 0.30, 1.81 )	0.85
	Abdominal hysterectomy	0	1.8	302	0.00	( 0.00, 1.59 )	1.14
LabID	MRSA bacteremia	6	8.2	83734	0.73	( 0.30, 1.52 )	1.26
	C. difficile infection	38	40.6	79978	0.94	( 0.67, 1.27 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

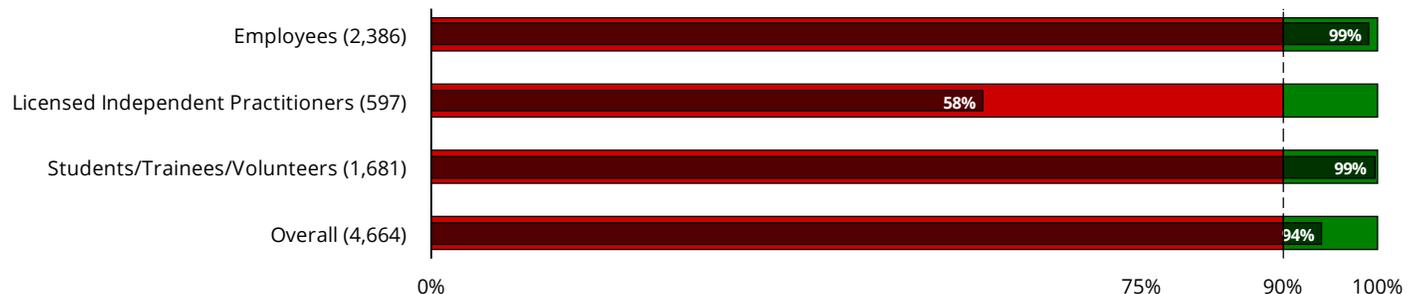
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Holston Valley Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



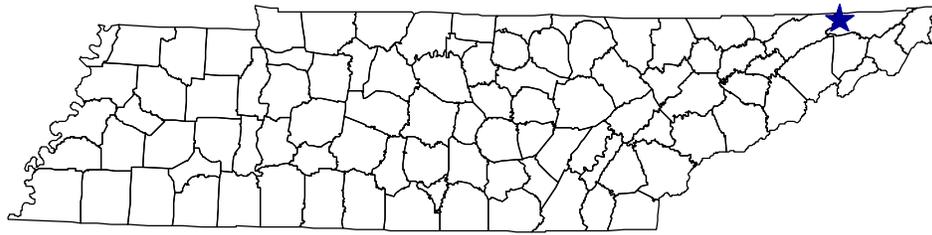
#### Healthcare Personnel Vaccinated (%)

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

## Holston Valley Medical Center, Kingsport, Sullivan County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	5	6.1	5441	0.82	( 0.30, 1.81 )	0.84
	Neonatal ICU	0	0.4	496	N/A	N/A	0.63
	Adult/Pediatric Ward	4	5.5	5724	0.72	( 0.23, 1.73 )	0.75
CAUTI	Adult/Pediatric ICU	13	15.0	9031	0.86	( 0.48, 1.44 )	0.96
	Adult/Pediatric Ward	1	7.0	5636	<b>0.14</b>	<b>( 0.01, 0.70 )</b>	0.72
SSI	Colon surgery	0	6.0	214	<b>0.00</b>	<b>( 0.00, 0.49 )</b>	0.92
	Abdominal hysterectomy	1	1.3	195	0.72	( 0.04, 3.54 )	1.04
LabID	MRSA bacteremia	2	8.0	80149	<b>0.25</b>	<b>( 0.04, 0.82 )</b>	1.33
	C. difficile infection	62	43.8	77590	<b>1.42</b>	<b>( 1.09, 1.80 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

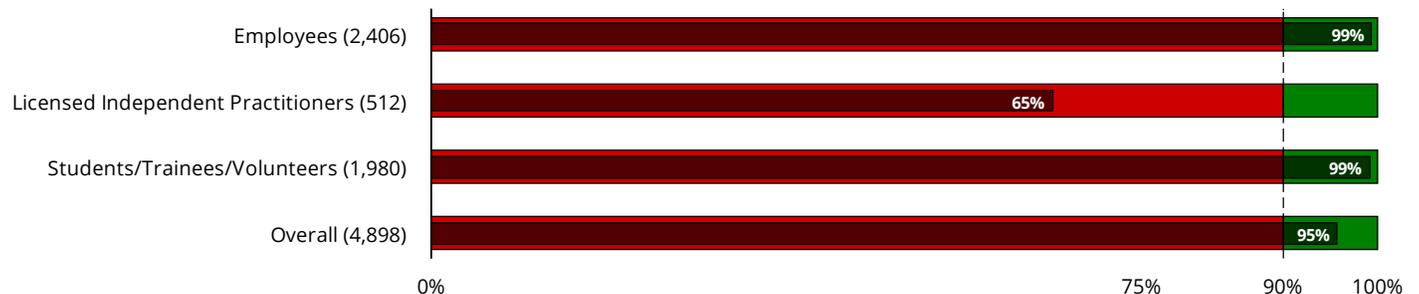
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Holston Valley Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

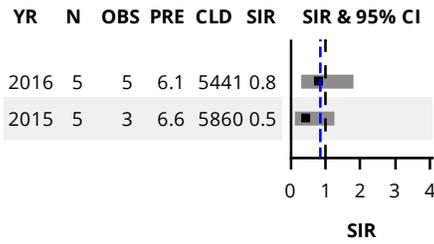


#### Healthcare Personnel Vaccinated (%)

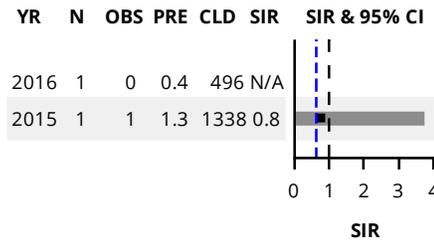
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

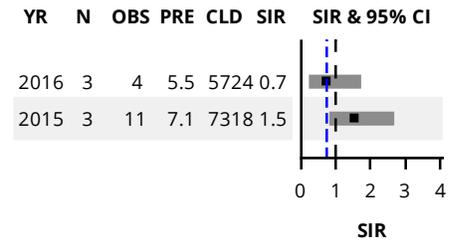
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

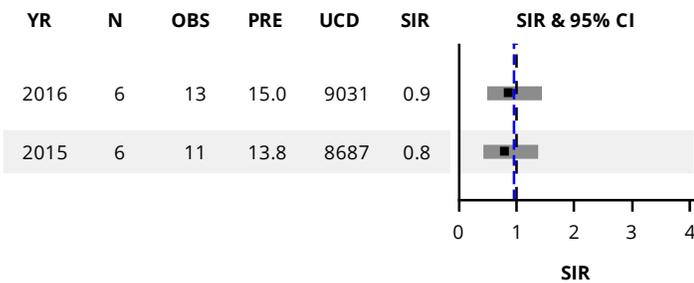


CLABSI - Adult/Pediatric Wards

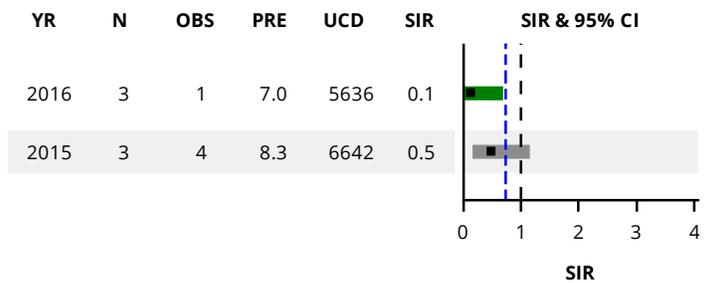


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

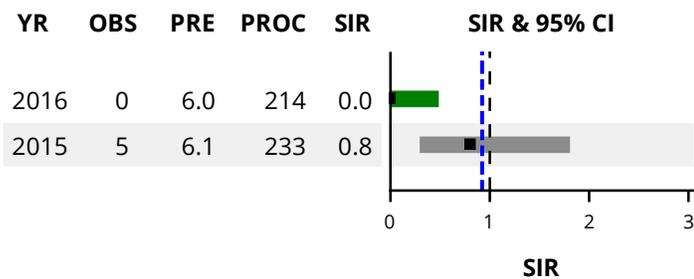


CAUTI - Adult/Pediatric Wards

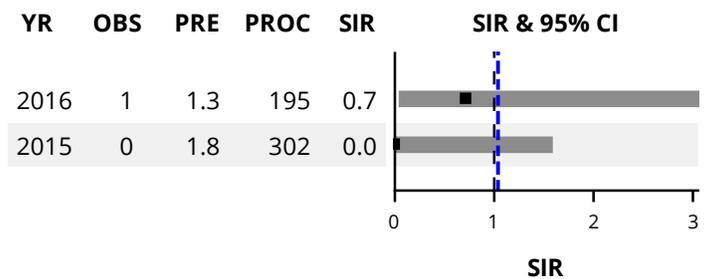


Surgical Site Infections (SSI)

SSI - Colon Surgery

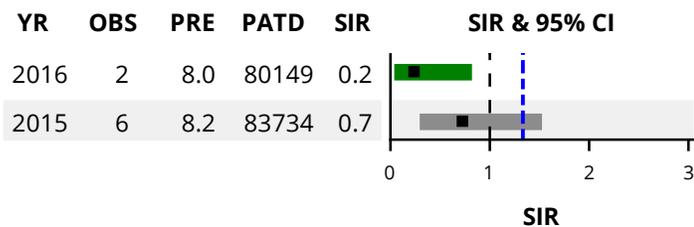


SSI - Abdominal Hysterectomy

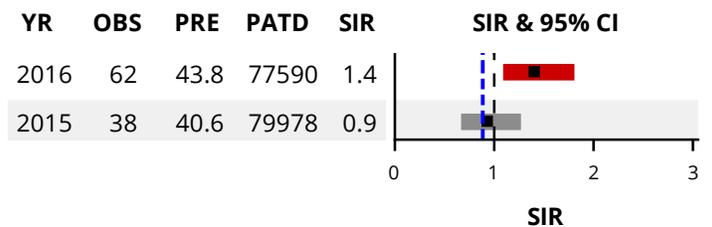


Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

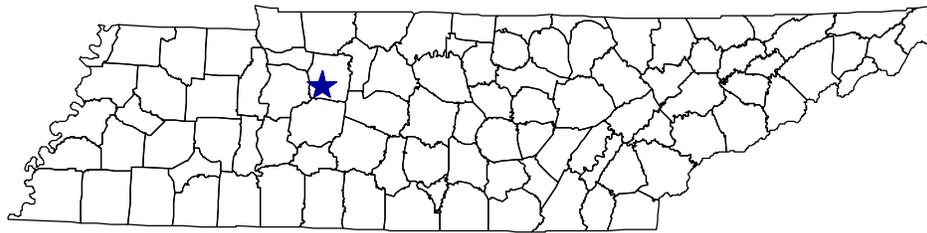
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Horizon Medical Center, Dickson, Dickson County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.3	574	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.6	1069	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	1	0.5	1049	N/A	N/A	1.06
	Adult/Pediatric Ward	2	0.8	1592	N/A	N/A	0.70
SSI	Colon surgery	0	0.3	22	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.4	18381	N/A	N/A	1.26
	C. difficile infection	14	11.3	17561	1.23	( 0.70, 2.02 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

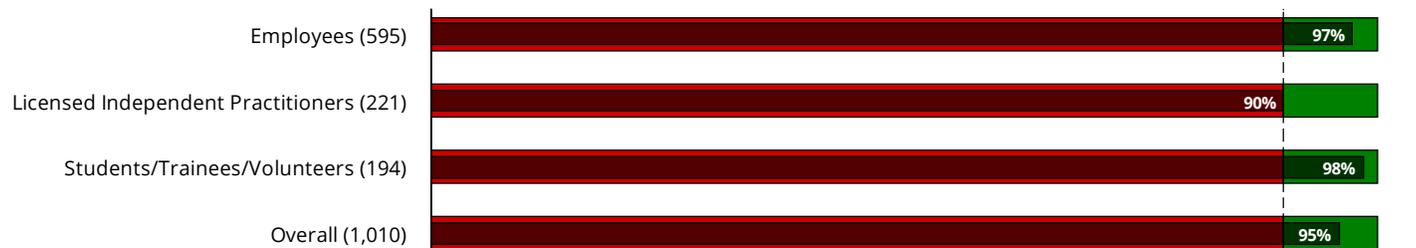
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Horizon Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



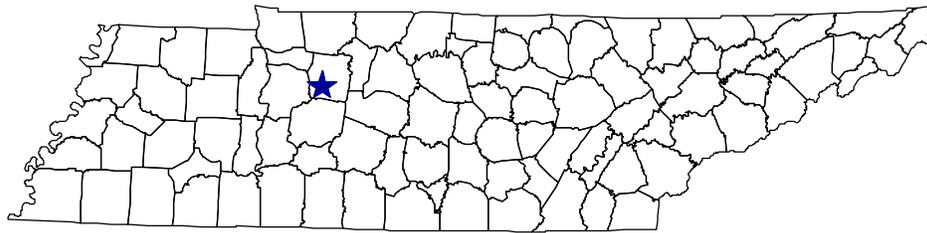
#### Healthcare Personnel Vaccinated (%)

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

## Horizon Medical Center, Dickson, Dickson County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.4	566	N/A	N/A	0.84
	Adult/Pediatric Ward	1	0.6	1038	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.7	1049	N/A	N/A	0.96
	Adult/Pediatric Ward	3	1.0	1509	2.94	( 0.75, 8.00 )	0.72
SSI	Colon surgery	0	0.8	43	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.5	18644	N/A	N/A	1.33
	C. difficile infection	6	10.5	17856	0.57	( 0.23, 1.19 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

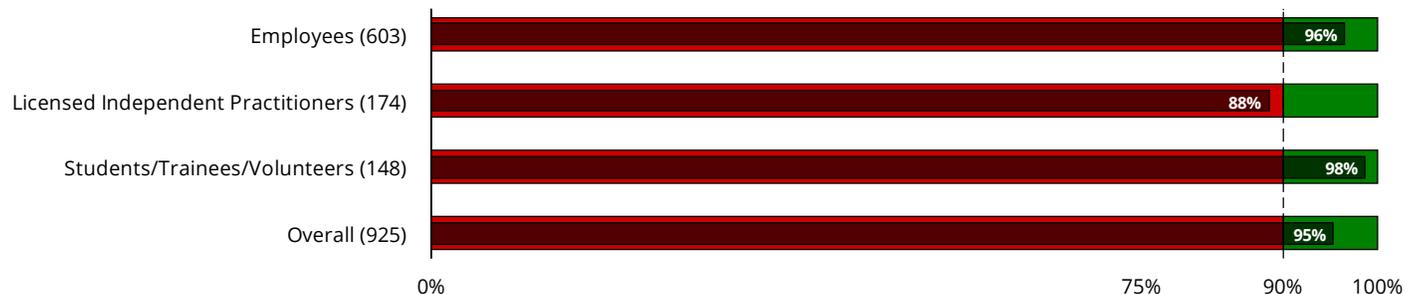
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Horizon Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	1	0.4	566	N/A

2015	1	0	0.3	574	N/A
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N/A: Number of predicted infections <1; no SIR calculated

CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	2	1	0.6	1038	N/A

2015	2	0	0.6	1069	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

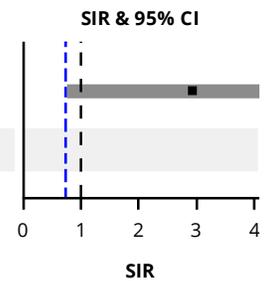
YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.7	1049	N/A

2015	1	1	0.5	1049	N/A
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N/A: Number of predicted infections <1; no SIR calculated

CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	2	3	1.0	1509	2.9
2015	2	2	0.8	1592	N/A



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	0	0.8	43	N/A

2015	0	0.3	22	N/A
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N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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

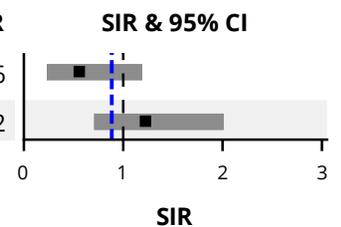
YR	OBS	PRE	PATD	SIR
2016	0	0.5	18644	N/A

2015	0	0.4	18381	N/A
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N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	6	10.5	17856	0.6
2015	14	11.3	17561	1.2



Data reported as of November 13, 2017

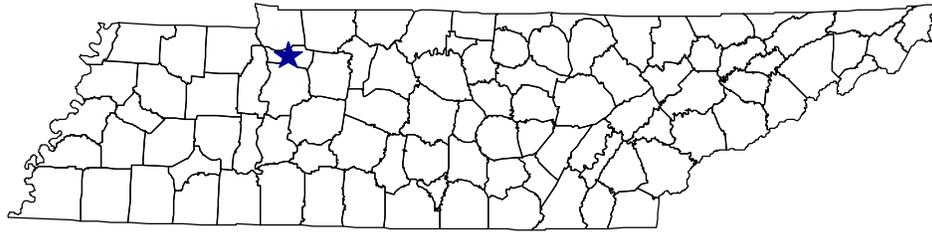
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Houston County Community Hospital, Erin, Houston County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.1	390	N/A	N/A	0.70
LabID	MRSA bacteremia	0	0.0	1772	N/A	N/A	1.26
	C. difficile infection	0	0.3	1772	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

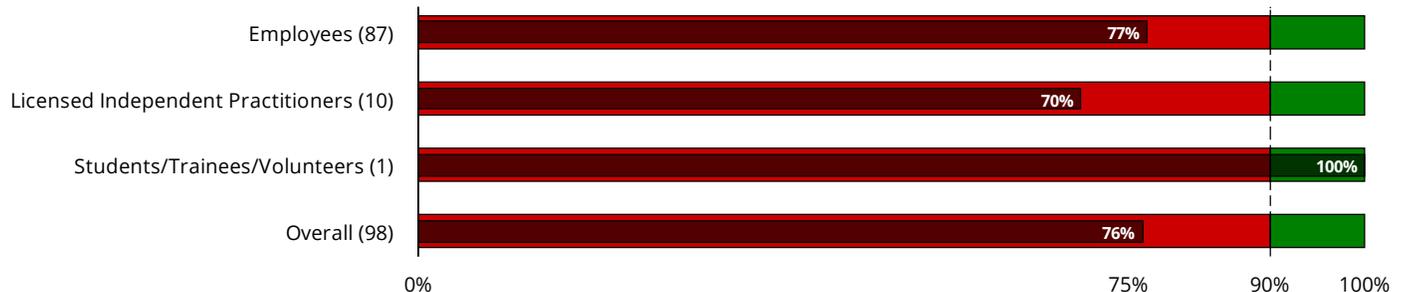
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Houston County Community Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



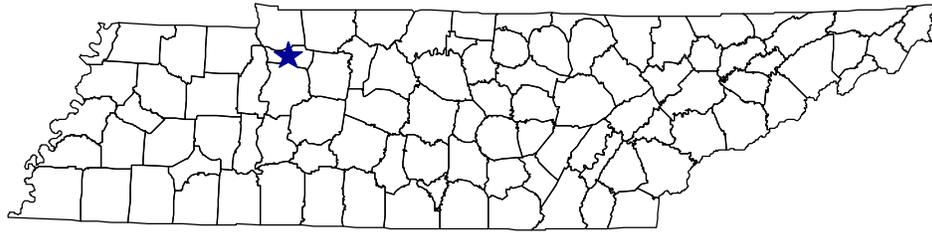
#### Healthcare Personnel Vaccinated (%)

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

## Houston County Community Hospital, Erin, Houston County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.1	384	N/A	N/A	0.72
LabID	MRSA bacteremia	0	0.0	1471	N/A	N/A	1.33
	C. difficile infection	0	0.3	1471	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

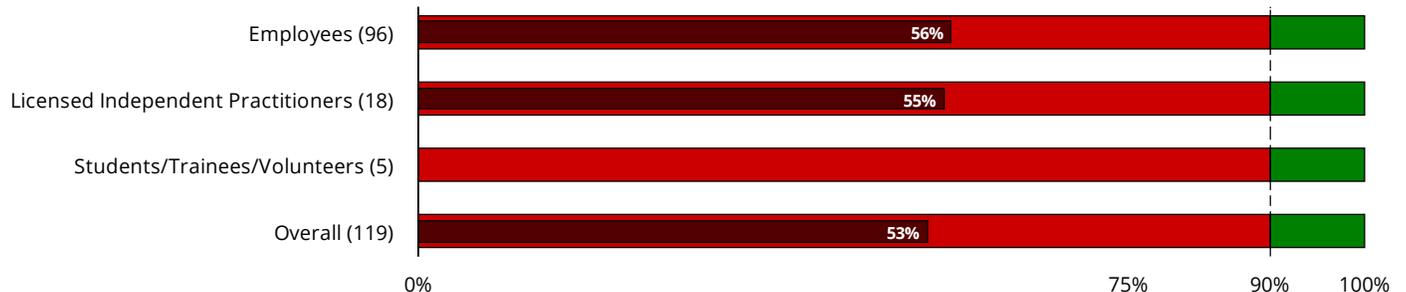
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Houston County Community Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

# Houston County Community Hospital, Erin, Houston County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.1	384	N/A

2015	1	0	0.1	390	N/A
------	---	---	-----	-----	-----

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

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

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

YR	OBS	PRE	PATD	SIR
2016	0	0.0	1471	N/A

2015	0	0.0	1772	N/A
------	---	-----	------	-----

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

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	0.3	1471	N/A

2015	0	0.3	1772	N/A
------	---	-----	------	-----

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

Data reported as of November 13, 2017

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

**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data

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

**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

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



Significantly lower than NHSN SIR of 1



Not significantly different from NHSN SIR of 1



Significantly higher than NHSN SIR of 1



2016 TN SIR

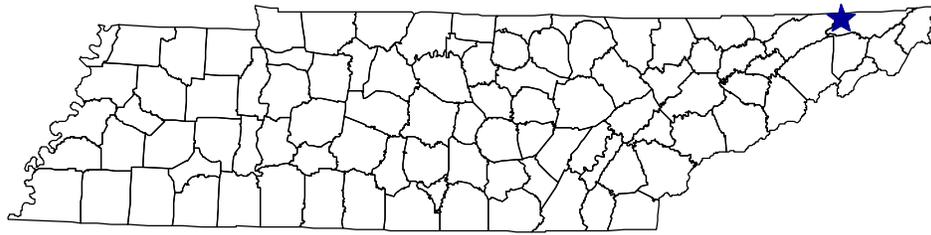


NHSN SIR=1

## Indian Path Medical Center, Kingsport, Sullivan County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	1.4	1412	1.41	( 0.24, 4.65 )	0.88
	Adult/Pediatric Ward	0	1.5	1798	0.00	( 0.00, 1.91 )	0.80
CAUTI	Adult/Pediatric ICU	0	2.0	1975	0.00	( 0.00, 1.49 )	1.06
	Adult/Pediatric Ward	1	2.0	2296	0.48	( 0.02, 2.35 )	0.70
SSI	Colon surgery	0	1.4	74	0.00	( 0.00, 2.13 )	0.85
	Abdominal hysterectomy	0	0.1	21	N/A	N/A	1.14
LabID	MRSA bacteremia	2	1.1	27833	1.70	( 0.29, 5.61 )	1.26
	C. difficile infection	12	10.8	26487	1.11	( 0.60, 1.88 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

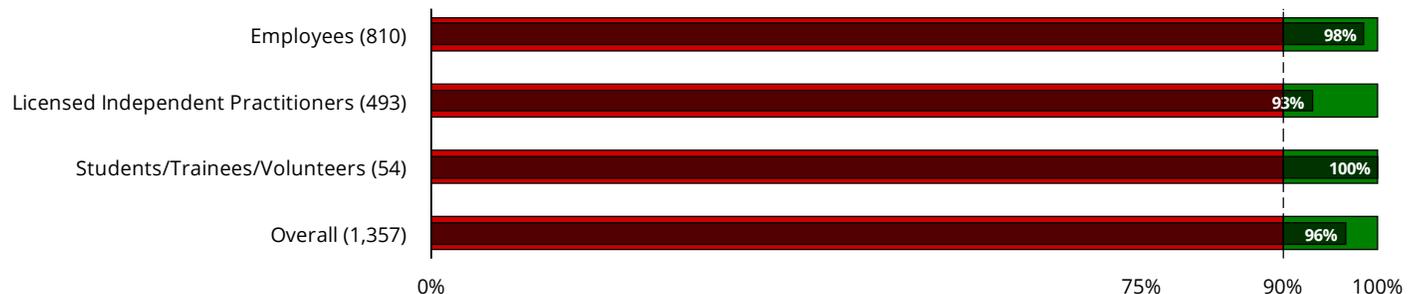
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Indian Path Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



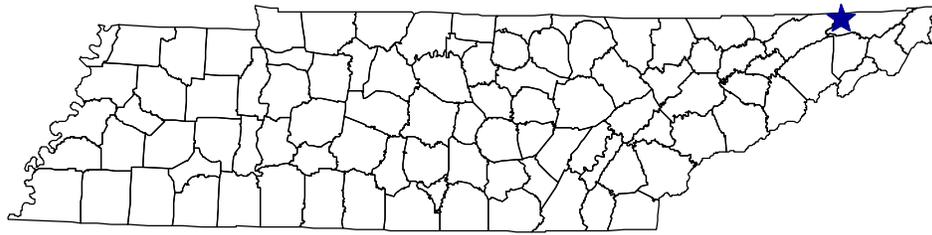
#### Healthcare Personnel Vaccinated (%)

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

## Indian Path Medical Center, Kingsport, Sullivan County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	1.2	1234	0.80	( 0.04, 3.97 )	0.84
	Adult/Pediatric Ward	0	0.8	965	<b>N/A</b>	<b>N/A</b>	0.75
CAUTI	Adult/Pediatric ICU	1	1.7	1713	0.57	( 0.03, 2.82 )	0.96
	Adult/Pediatric Ward	0	1.4	1591	0.00	( 0.00, 2.06 )	0.72
SSI	Colon surgery	0	1.5	80	0.00	( 0.00, 1.99 )	0.92
	Abdominal hysterectomy	1	0.2	29	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	1	1.0	23708	0.93	( 0.05, 4.59 )	1.33
	C. difficile infection	21	12.2	22016	<b>1.72</b>	<b>( 1.09, 2.58 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

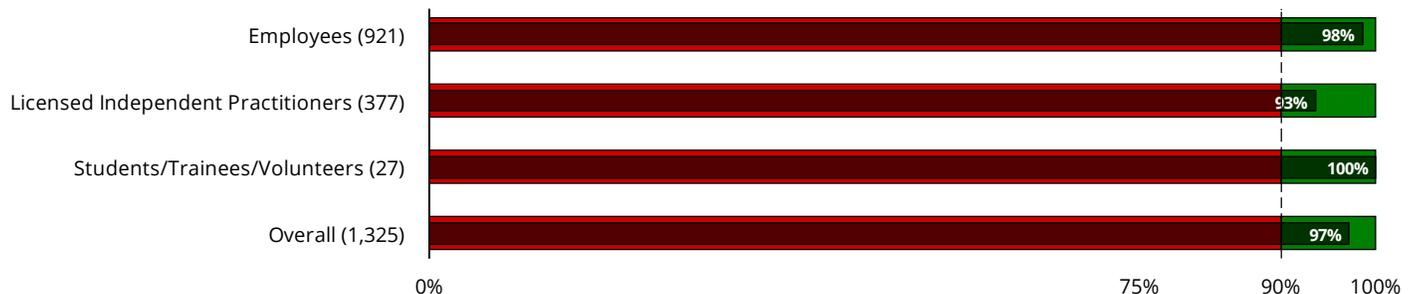
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Indian Path Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



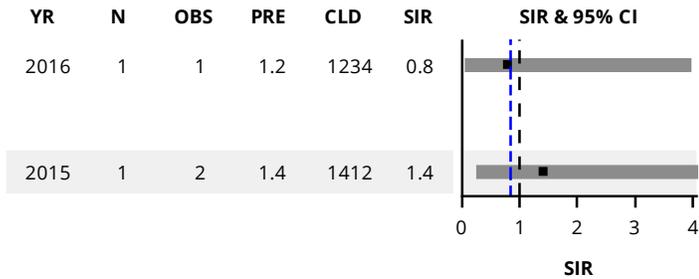
#### Healthcare Personnel Vaccinated (%)

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

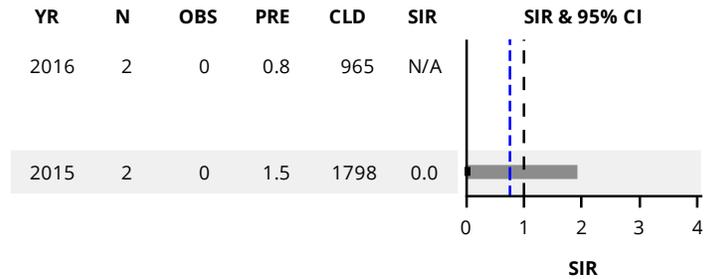
# Indian Path Medical Center, Kingsport, Sullivan County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

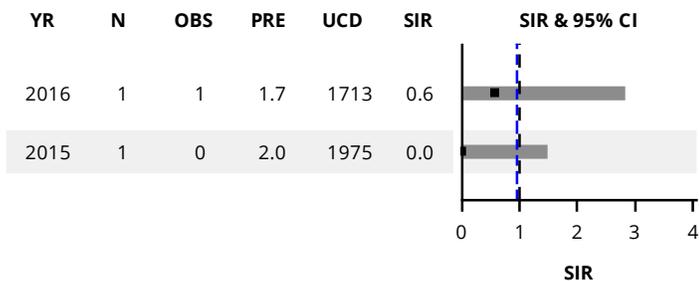


### CLABSI - Adult/Pediatric Wards

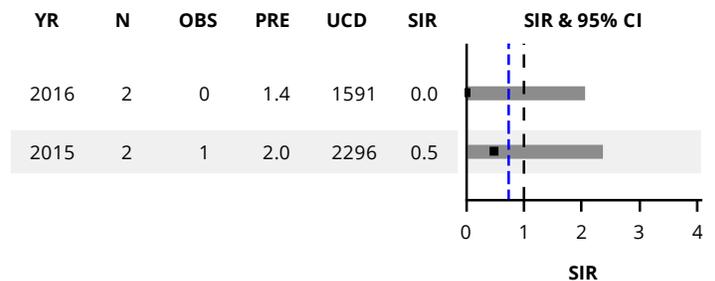


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

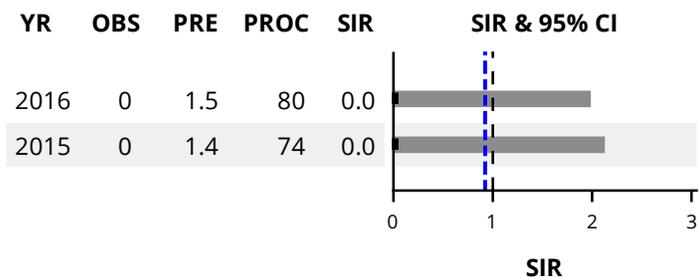


### CAUTI - Adult/Pediatric Wards

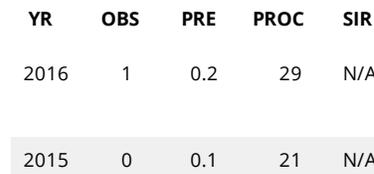


## Surgical Site Infections (SSI)

### SSI - Colon Surgery



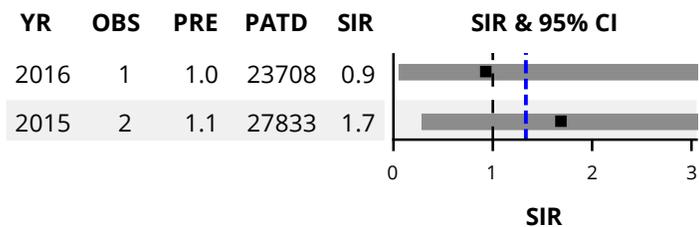
### SSI - Abdominal Hysterectomy



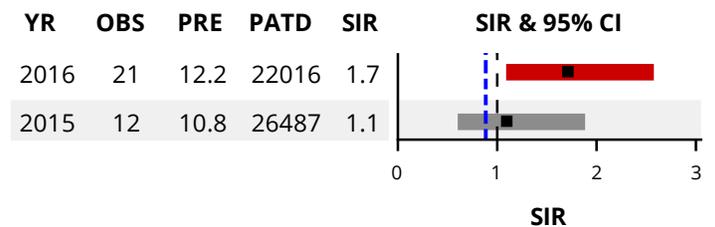
N/A: Number of predicted infections <1; no SIR calculated

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

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



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

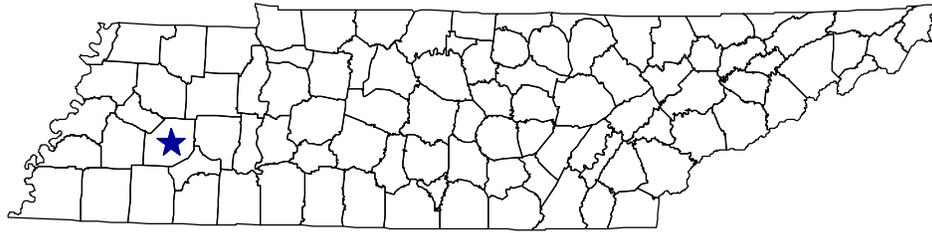
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Jackson Madison County General Hosp., Jackson, Madison County

Medical School Affiliation: Graduate teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	7	10.8	12503	0.65	( 0.28, 1.28 )	0.88
	Neonatal ICU	1	0.8	491	<b>N/A</b>	<b>N/A</b>	0.92
	Adult/Pediatric Ward	3	9.1	12219	<b>0.33</b>	<b>( 0.08, 0.89 )</b>	0.80
CAUTI	Adult/Pediatric ICU	13	17.0	14297	0.76	( 0.43, 1.27 )	1.06
	Adult/Pediatric Ward	10	9.8	11755	1.02	( 0.52, 1.82 )	0.70
SSI	Colon surgery	4	7.7	310	0.52	( 0.16, 1.25 )	0.85
	Abdominal hysterectomy	0	1.9	301	0.00	( 0.00, 1.51 )	1.14
LabID	MRSA bacteremia	10	13.4	160511	0.74	( 0.38, 1.32 )	1.26
	C. difficile infection	139	145.2	149036	0.96	( 0.81, 1.13 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

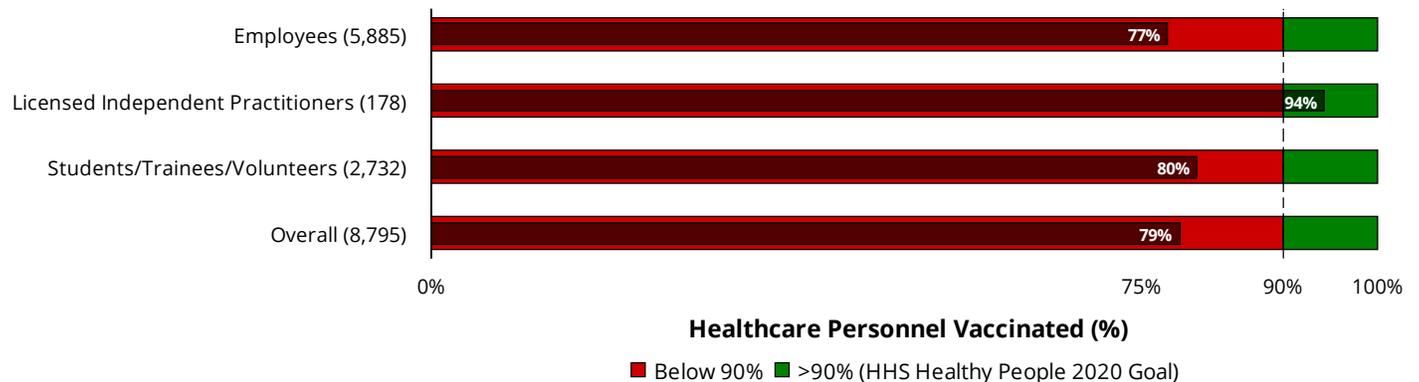
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Jackson Madison County General Hosp.*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

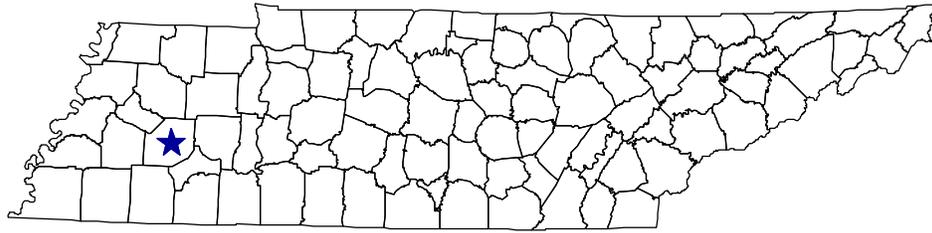
#### Healthcare Personnel Category (Total)



## Jackson Madison County General Hosp., Jackson, Madison County

Medical School Affiliation: Graduate teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	14	12.5	12449	1.12	( 0.64, 1.83 )	0.84
	Neonatal ICU	1	1.0	616	0.97	( 0.05, 4.77 )	0.63
	Adult/Pediatric Ward	13	12.0	13814	1.08	( 0.60, 1.80 )	0.75
CAUTI	Adult/Pediatric ICU	19	18.5	13771	1.03	( 0.64, 1.57 )	0.96
	Adult/Pediatric Ward	13	12.3	12980	1.06	( 0.59, 1.76 )	0.72
SSI	Colon surgery	5	8.3	341	0.60	( 0.22, 1.33 )	0.92
	Abdominal hysterectomy	1	2.2	326	0.44	( 0.02, 2.17 )	1.04
LabID	MRSA bacteremia	18	14.4	165934	1.24	( 0.76, 1.92 )	1.33
	C. difficile infection	142	144.5	154091	0.98	( 0.83, 1.15 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

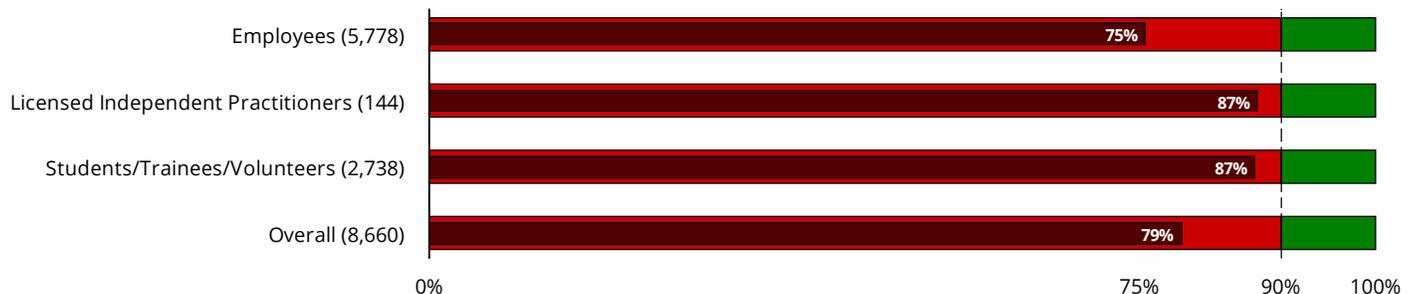
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Jackson Madison County General Hosp.*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



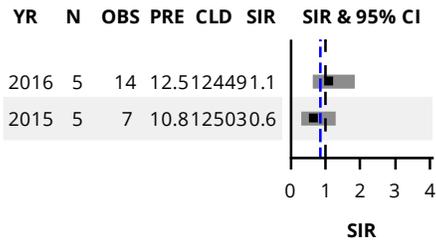
#### Healthcare Personnel Vaccinated (%)

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

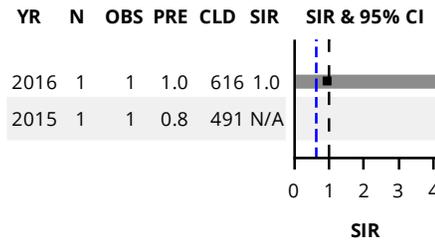
# Jackson Madison County General Hosp., Jackson, Madison County

## Central Line-Associated Bloodstream Infections (CLABSI)

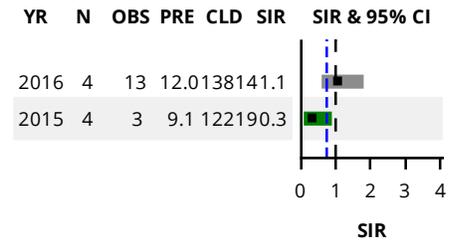
### CLABSI - Adult/Pediatric ICUs



### CLABSI - Neonatal ICUs

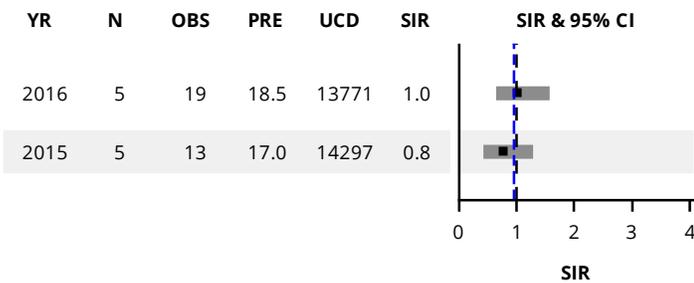


### CLABSI - Adult/Pediatric Wards

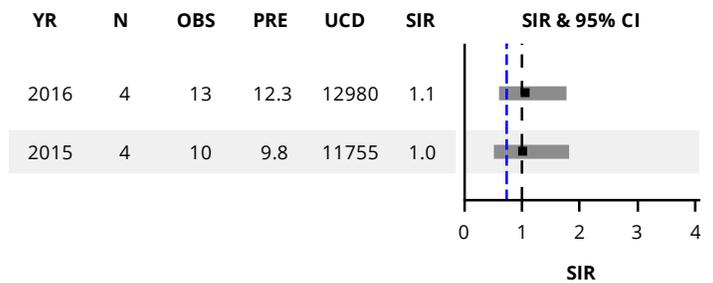


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

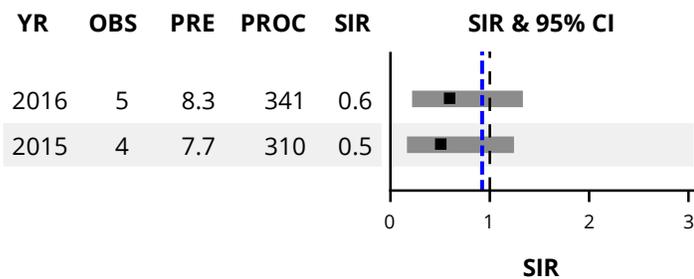


### CAUTI - Adult/Pediatric Wards

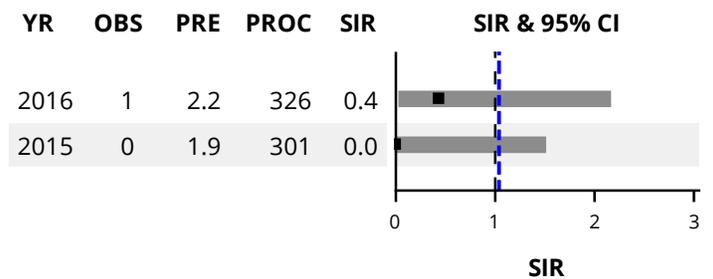


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

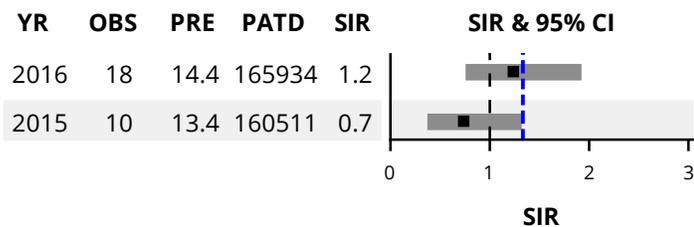


### SSI - Abdominal Hysterectomy

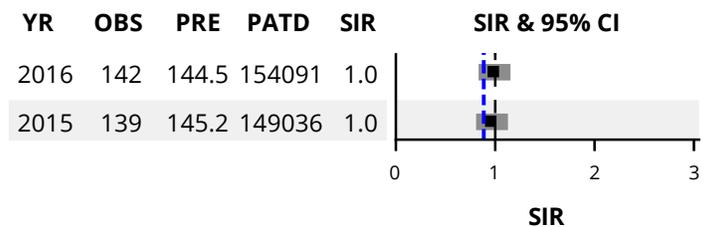


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

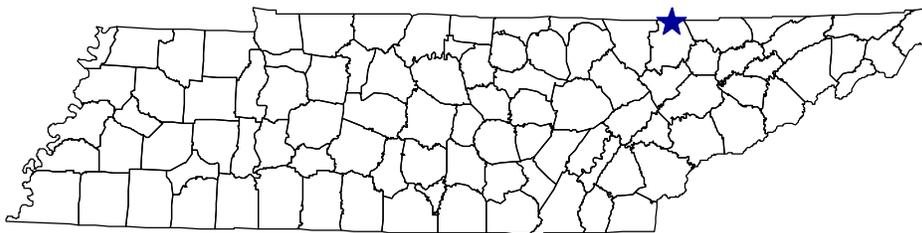
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
■ Not significantly different from NHSN SIR of 1  
■ Significantly higher than NHSN SIR of 1  
- - - 2016 TN SIR  
- - - NHSN SIR=1

## Jellico Community Hospital, Jellico, Campbell County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.0	130	N/A	N/A	0.88
	Adult/Pediatric Ward	1	0.1	240	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.2	542	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.2	549	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	4586	N/A	N/A	1.26
	C. difficile infection	1	2.0	4145	0.48	( 0.02, 2.37 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

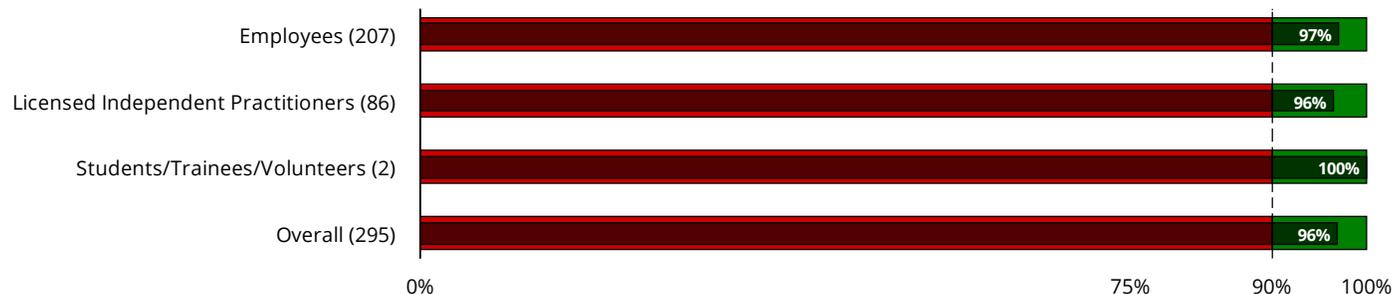
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Jellico Community Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



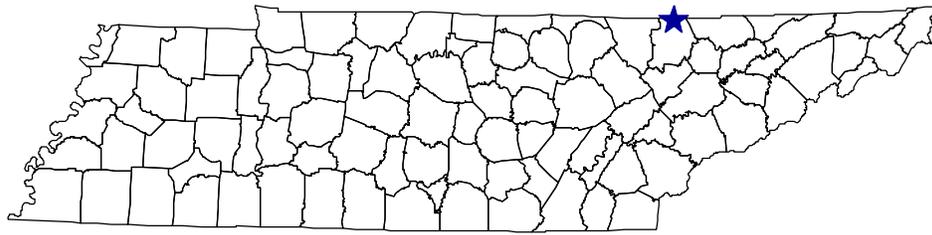
#### Healthcare Personnel Vaccinated (%)

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

## Jellico Community Hospital, Jellico, Campbell County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.0	103	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.0	86	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.2	374	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.1	385	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.0	3646	N/A	N/A	1.33
	C. difficile infection	1	1.6	3226	0.62	( 0.03, 3.07 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

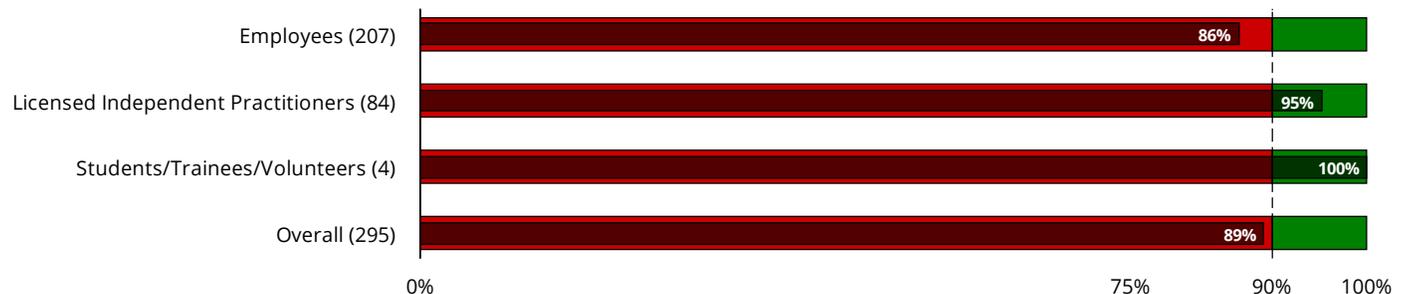
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Jellico Community Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

# Jellico Community Hospital, Jellico, Campbell County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.0	103	N/A

2015	1	0	0.0	130	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.0	86	N/A

2015	1	1	0.1	240	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.2	374	N/A

2015	1	0	0.2	542	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.1	385	N/A

2015	1	0	0.2	549	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

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

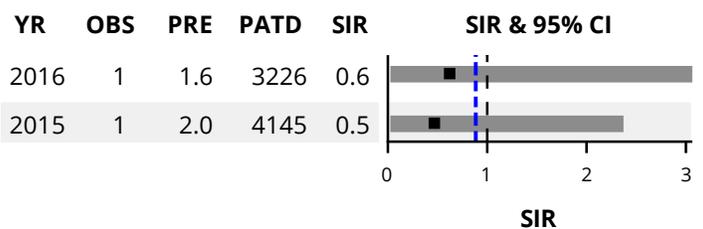
### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	3646	N/A

2015	0	0.0	4586	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

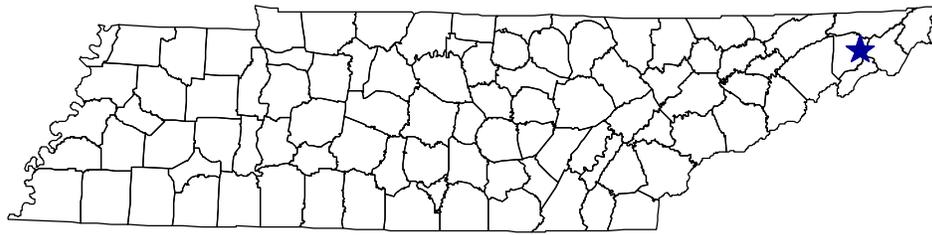
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Johnson City Medical Center, Johnson City, Washington County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	6	10.0	8666	0.60	( 0.24, 1.24 )	0.88
	Neonatal ICU	2	3.2	2219	0.62	( 0.11, 2.06 )	0.92
	Adult/Pediatric Ward	0	3.6	3765	<b>0.00</b>	<b>( 0.00, 0.82 )</b>	0.80
CAUTI	Adult/Pediatric ICU	8	11.8	9073	0.67	( 0.31, 1.28 )	1.06
	Adult/Pediatric Ward	3	4.4	3671	0.68	( 0.17, 1.85 )	0.70
SSI	Colon surgery	1	4.0	147	0.25	( 0.01, 1.22 )	0.85
	Abdominal hysterectomy	3	0.6	76	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	8	11.4	147104	0.70	( 0.33, 1.33 )	1.26
	C. difficile infection	85	102.1	133227	0.83	( 0.67, 1.02 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

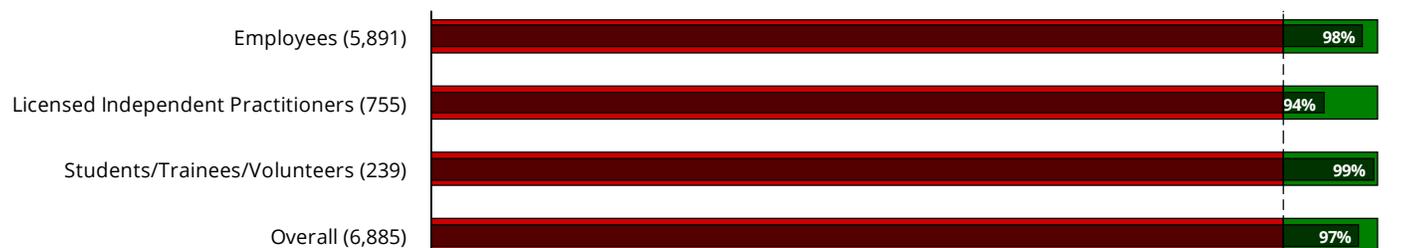
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Johnson City Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



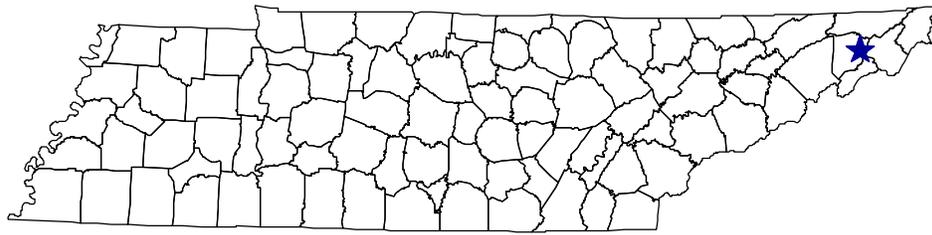
#### Healthcare Personnel Vaccinated (%)

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

## Johnson City Medical Center, Johnson City, Washington County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	9.4	8229	0.53	( 0.20, 1.18 )	0.84
	Neonatal ICU	4	2.3	1804	1.71	( 0.54, 4.13 )	0.63
	Adult/Pediatric Ward	2	3.3	3456	0.59	( 0.10, 1.96 )	0.75
CAUTI	Adult/Pediatric ICU	13	11.0	8422	1.18	( 0.66, 1.97 )	0.96
	Adult/Pediatric Ward	0	4.1	3435	<b>0.00</b>	<b>( 0.00, 0.72 )</b>	0.72
SSI	Colon surgery	4	3.8	143	1.05	( 0.33, 2.54 )	0.92
	Abdominal hysterectomy	1	0.6	76	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	11	10.2	146645	1.07	( 0.56, 1.86 )	1.33
	C. difficile infection	65	100.9	132723	<b>0.64</b>	<b>( 0.50, 0.82 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

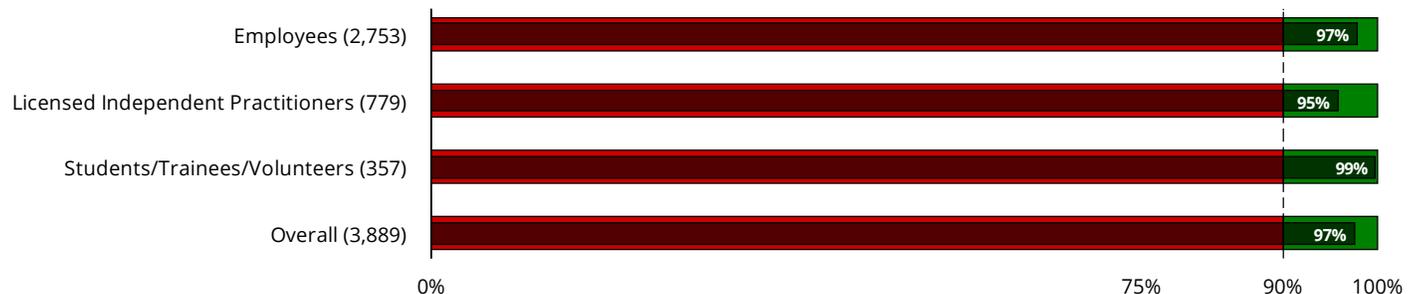
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Johnson City Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



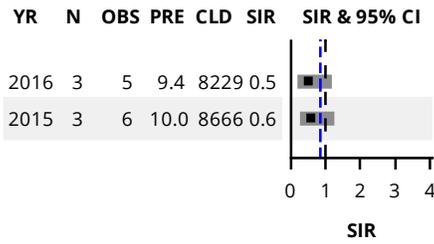
#### Healthcare Personnel Vaccinated (%)

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

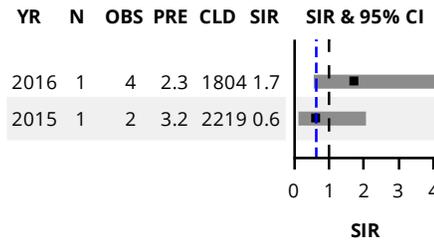
# Johnson City Medical Center, Johnson City, Washington County

## Central Line-Associated Bloodstream Infections (CLABSI)

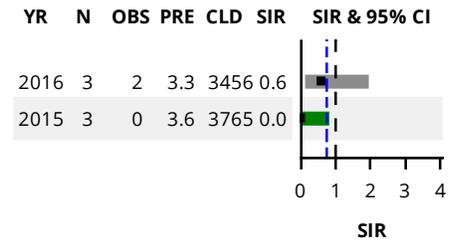
### CLABSI - Adult/Pediatric ICUs



### CLABSI - Neonatal ICUs

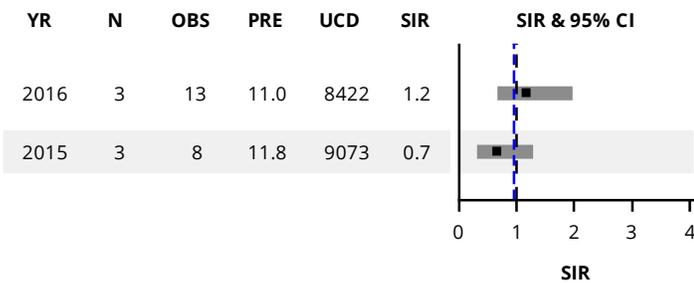


### CLABSI - Adult/Pediatric Wards

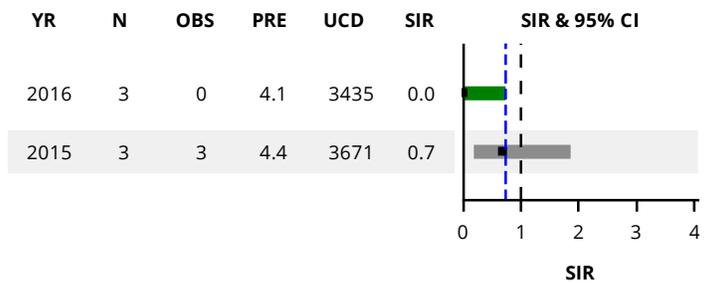


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

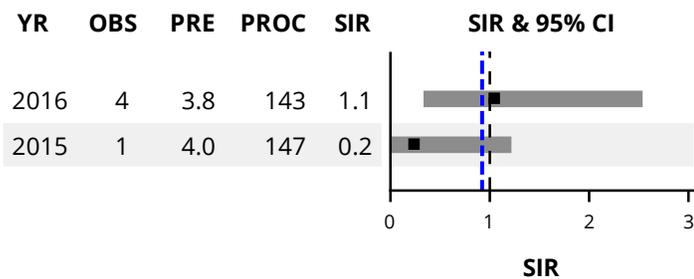


### CAUTI - Adult/Pediatric Wards

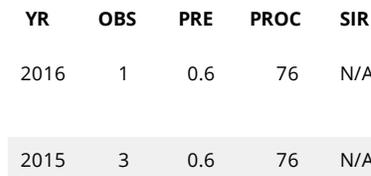


## Surgical Site Infections (SSI)

### SSI - Colon Surgery



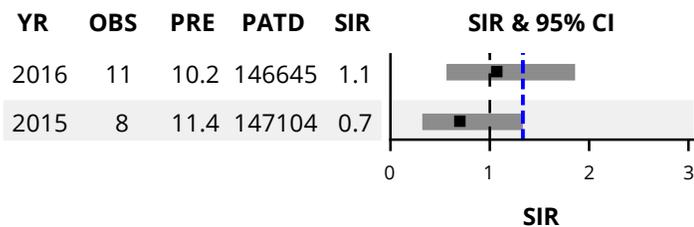
### SSI - Abdominal Hysterectomy



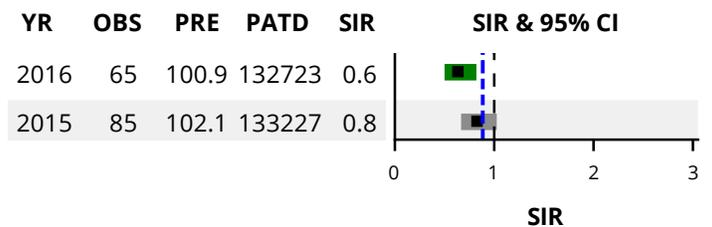
N/A: Number of predicted infections <1; no SIR calculated

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

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



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

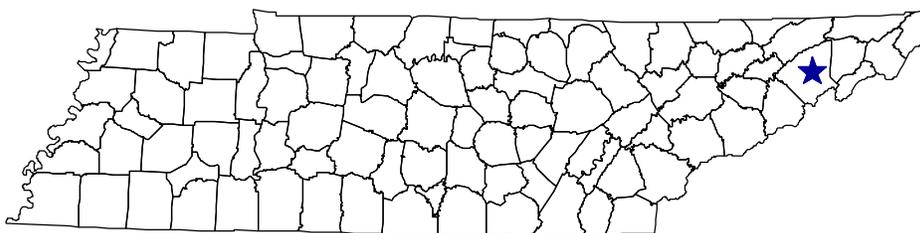
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Laughlin Memorial Hospital, Greeneville, Greene County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.2	372	N/A	N/A	0.88
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.92
	Adult/Pediatric Ward	0	0.6	957	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.8	1187	N/A	N/A	1.06
	Adult/Pediatric Ward	0	1.6	2565	0.00	( 0.00, 1.79 )	0.70
SSI	Colon surgery	0	1.1	51	0.00	( 0.00, 2.51 )	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.6	16220	N/A	N/A	1.26
	C. difficile infection	3	6.0	15658	0.50	( 0.13, 1.35 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

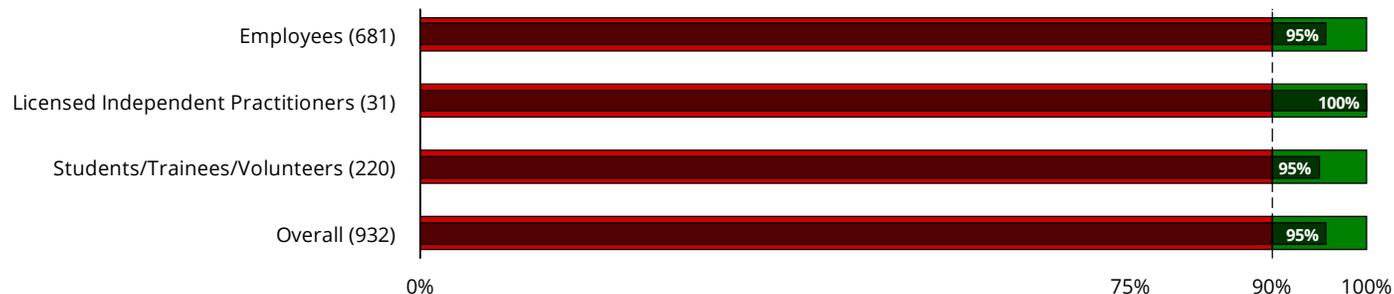
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Laughlin Memorial Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



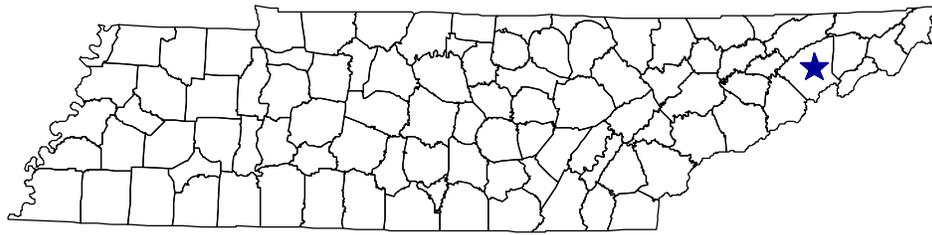
#### Healthcare Personnel Vaccinated (%)

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

## Laughlin Memorial Hospital, Greeneville, Greene County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.3	410	N/A	N/A	0.84
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.63
	Adult/Pediatric Ward	0	0.5	897	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.9	1235	N/A	N/A	0.96
	Adult/Pediatric Ward	0	1.6	2535	0.00	( 0.00, 1.81 )	0.72
SSI	Colon surgery	1	0.8	43	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.6	16039	N/A	N/A	1.33
	C. difficile infection	7	6.0	15341	1.16	( 0.51, 2.30 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

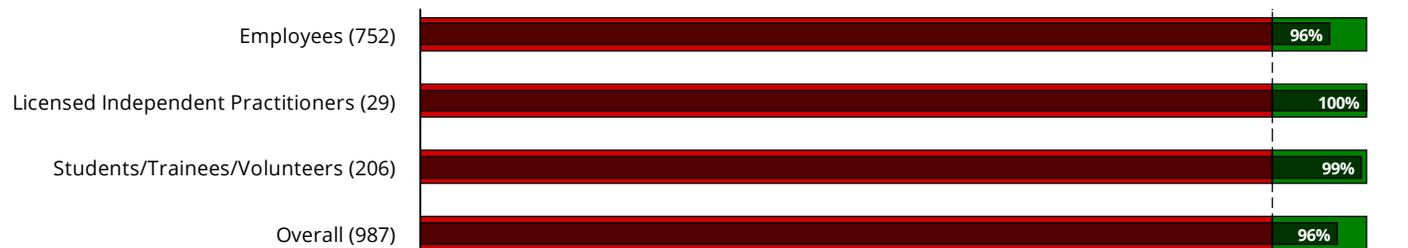
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Laughlin Memorial Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

# Laughlin Memorial Hospital, Greeneville, Greene County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.3	410	N/A

2015	1	0	0.2	372	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Neonatal ICUs

YR	N	OBS	PRE	CLD	SIR
2016	3	0	0.5	897	N/A

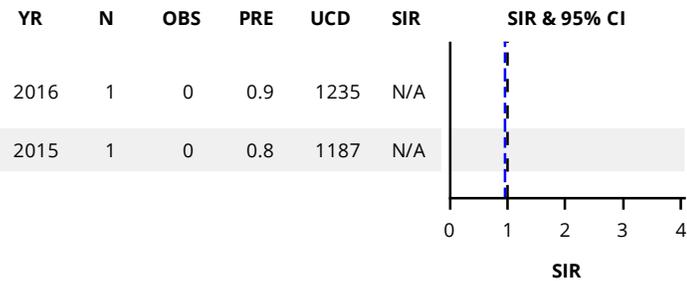
2015	3	0	0.6	957	N/A
------	---	---	-----	-----	-----

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

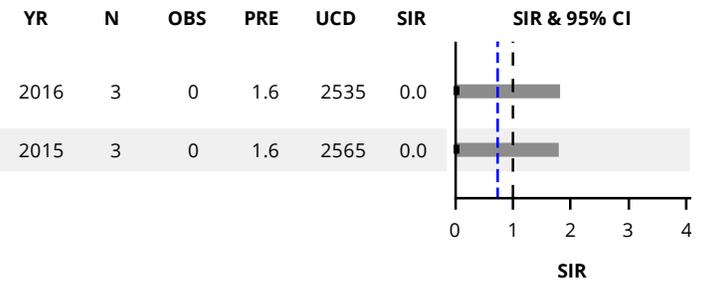
### CLABSI - Adult/Pediatric Wards

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

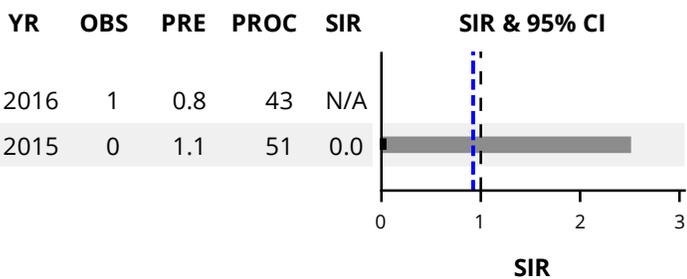


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

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

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

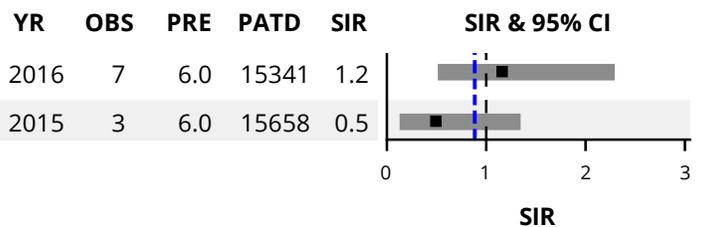
### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.6	16039	N/A

2015	0	0.6	16220	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

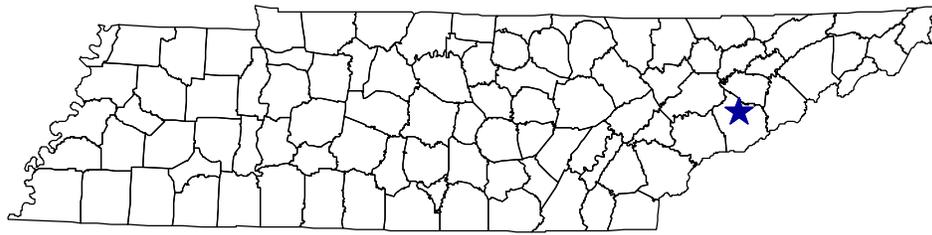
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## LeConte Medical Center, Sevierville, Sevier County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.7	1176	N/A	N/A	0.88
	Adult/Pediatric Ward	3	0.6	1147	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	1	0.9	1762	N/A	N/A	1.06
	Adult/Pediatric Ward	2	1.1	2292	1.78	( 0.30, 5.88 )	0.70
SSI	Colon surgery	0	0.5	29	N/A	N/A	0.85
	Abdominal hysterectomy	0	0.3	54	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.7	19649	N/A	N/A	1.26
	C. difficile infection	8	12.4	18365	0.64	( 0.30, 1.22 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

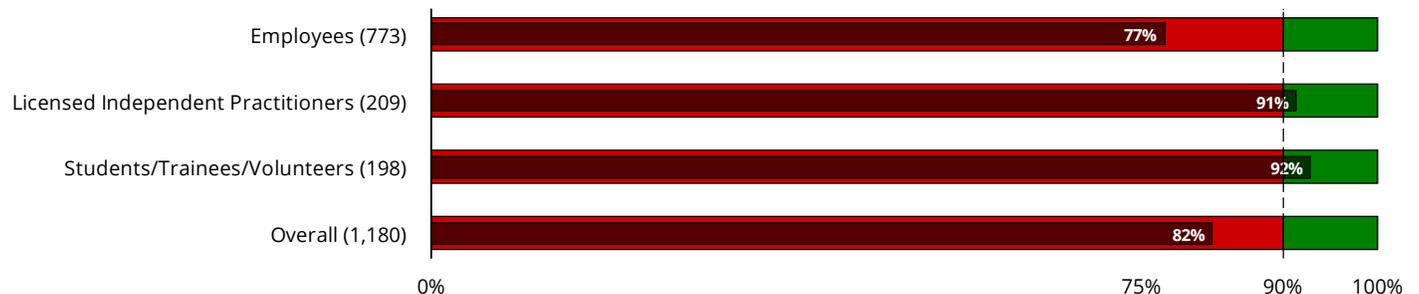
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at LeConte Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



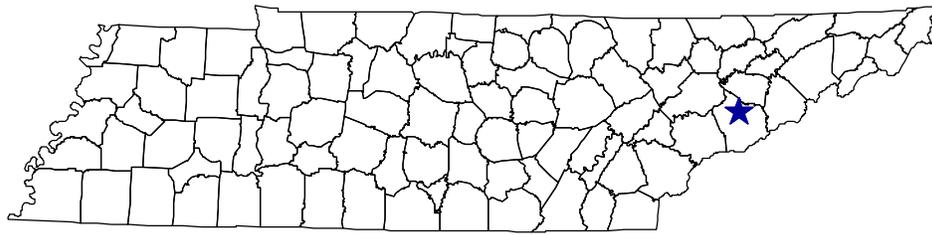
#### Healthcare Personnel Vaccinated (%)

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

## LeConte Medical Center, Sevierville, Sevier County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.5	882	N/A	N/A	0.84
	Adult/Pediatric Ward	1	0.4	832	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	1.0	1846	0.00	( 0.00, 2.96 )	0.96
	Adult/Pediatric Ward	1	0.9	2035	N/A	N/A	0.72
SSI	Colon surgery	1	0.6	33	N/A	N/A	0.92
	Abdominal hysterectomy	0	0.2	40	N/A	N/A	1.04
LabID	MRSA bacteremia	0	1.0	21459	0.00	( 0.00, 2.95 )	1.33
	C. difficile infection	5	10.1	20081	0.49	( 0.18, 1.10 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

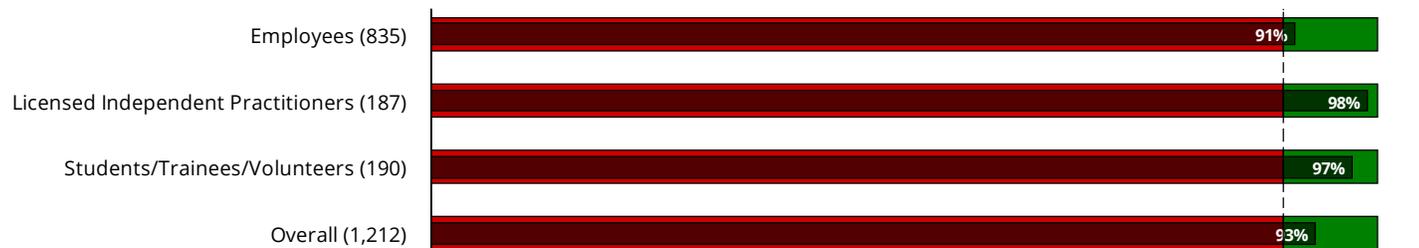
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at LeConte Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

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

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.5	882	N/A

2015	1	1	0.7	1176	N/A
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N/A: Number of predicted infections <1; no SIR calculated

CLABSI - Adult/Pediatric Wards

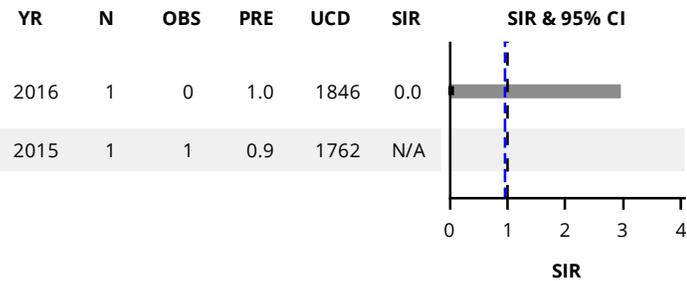
YR	N	OBS	PRE	CLD	SIR
2016	1	1	0.4	832	N/A

2015	1	3	0.6	1147	N/A
------	---	---	-----	------	-----

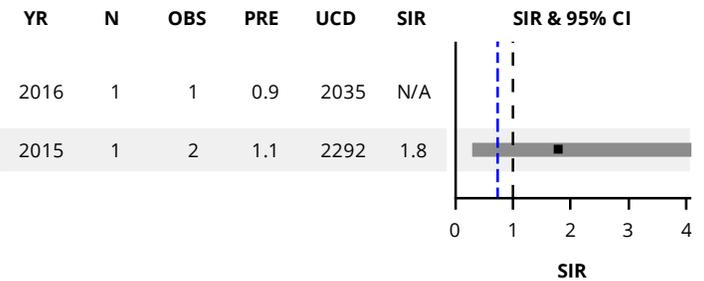
N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	1	0.6	33	N/A

2015	0	0.5	29	N/A
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N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

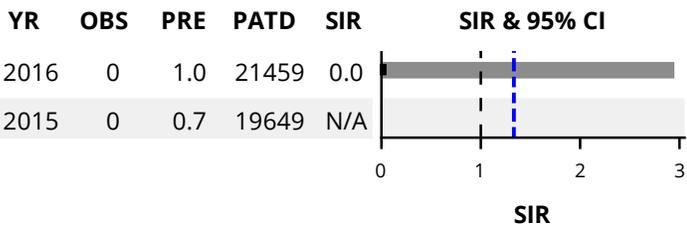
YR	OBS	PRE	PROC	SIR
2016	0	0.2	40	N/A

2015	0	0.3	54	N/A
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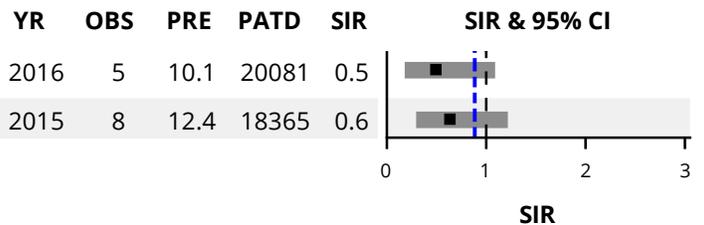
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

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



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

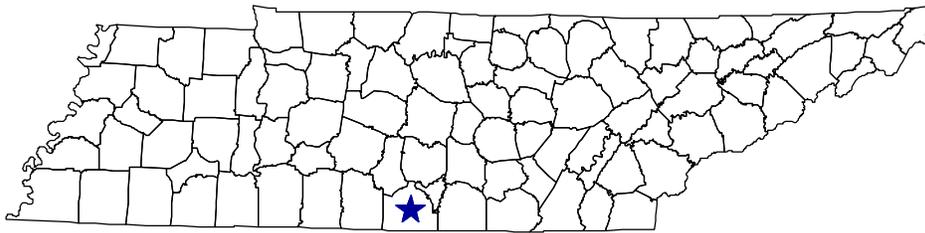
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Lincoln Medical Center, Fayetteville, Lincoln County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	208	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.1	216	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.4	784	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.3	792	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.1	5262	N/A	N/A	1.26
	C. difficile infection	2	2.4	5262	0.82	( 0.14, 2.72 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

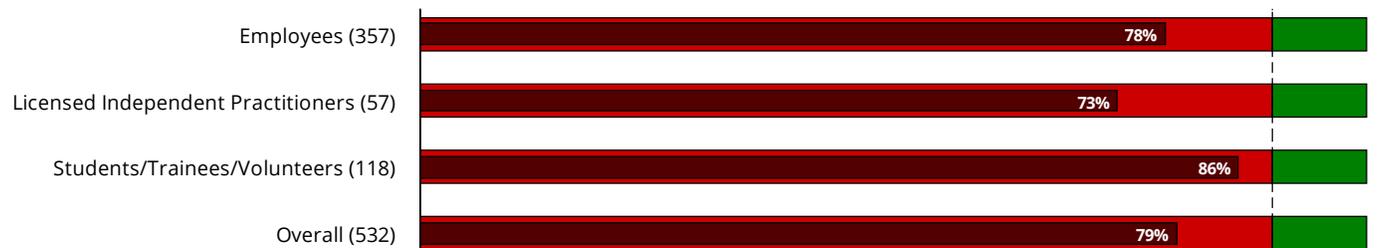
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

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

*See page 3 for more detailed information about HAIs at Lincoln Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



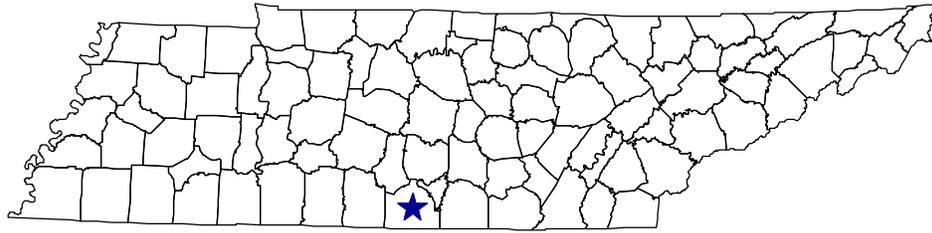
#### Healthcare Personnel Vaccinated (%)

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

## Lincoln Medical Center, Fayetteville, Lincoln County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.0	139	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.0	158	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.3	629	N/A	N/A	0.96
	Adult/Pediatric Ward	1	0.2	561	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	1	0.1	26	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.1	6863	N/A	N/A	1.33
	C. difficile infection	3	3.5	6863	0.85	( 0.22, 2.30 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

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

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

*See page 3 for more detailed information about HAIs at Lincoln Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

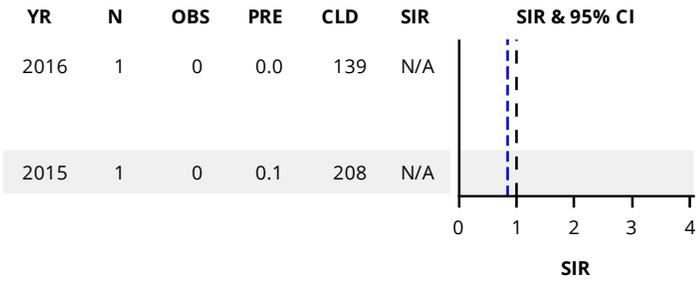


#### Healthcare Personnel Vaccinated (%)

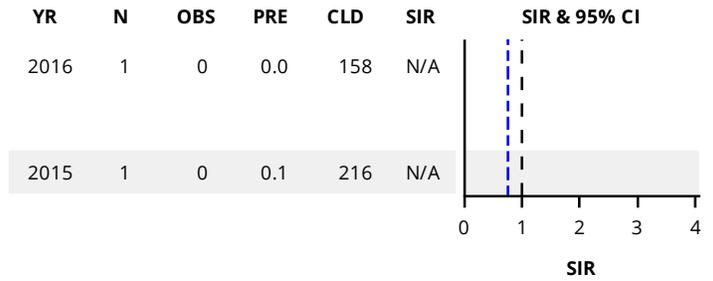
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

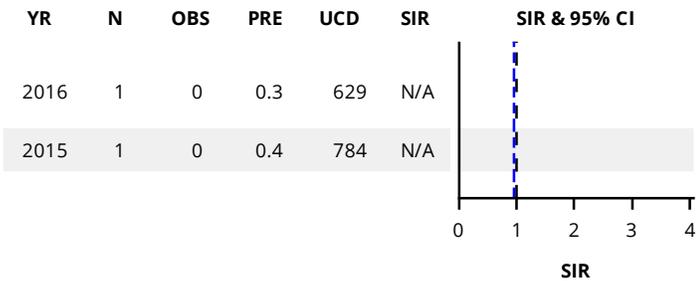


CLABSI - Adult/Pediatric Wards

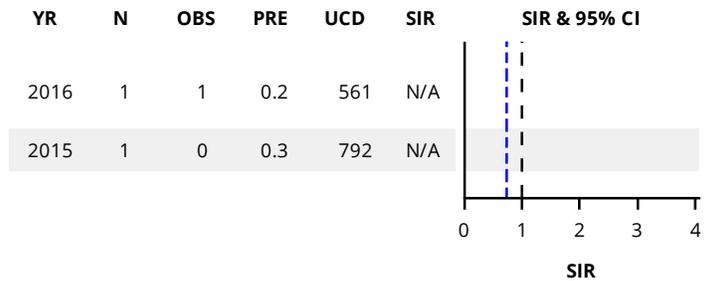


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

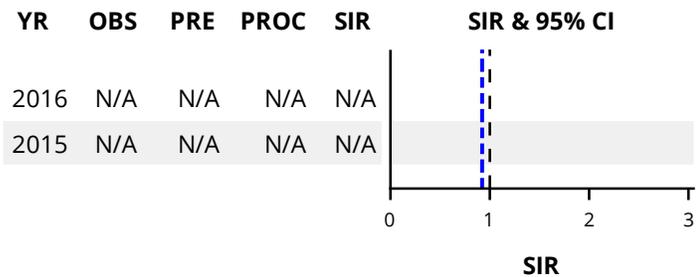


CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery



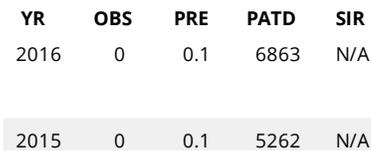
SSI - Abdominal Hysterectomy



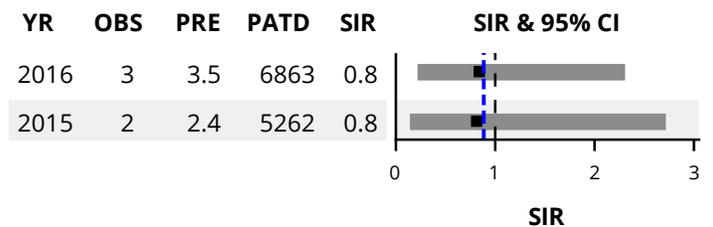
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

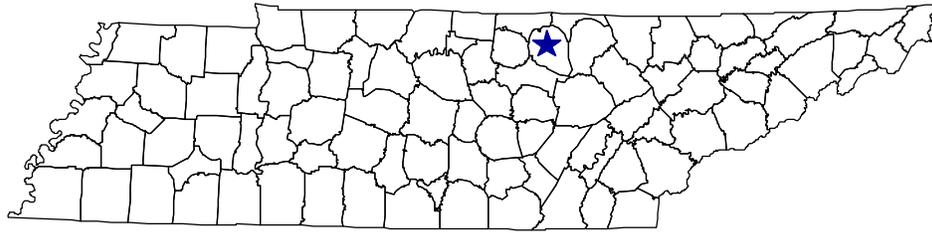
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# Livingston Regional Hospital, Livingston, Overton County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.0	143	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.1	212	N/A	N/A	1.06
	Adult/Pediatric Ward	2	1.0	1683	1.82	( 0.31, 6.01 )	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	1	0.3	11341	N/A	N/A	1.26
	C. difficile infection	7	7.1	11341	0.98	( 0.43, 1.94 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

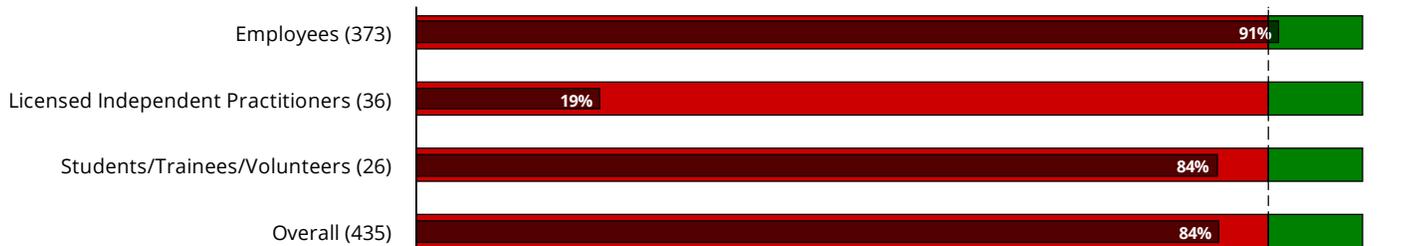
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Livingston Regional Hospital*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



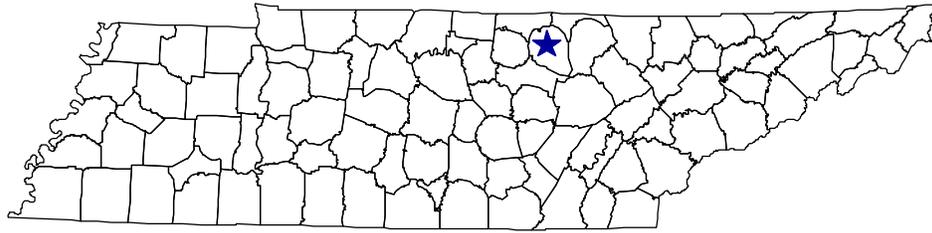
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Livingston Regional Hospital, Livingston, Overton County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.0	128	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	1	0.0	112	N/A	N/A	0.96
	Adult/Pediatric Ward	6	1.0	1553	5.92	( 2.40,12.30 )	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.1	8486	N/A	N/A	1.33
	C. difficile infection	12	5.4	8020	2.19	( 1.18, 3.72 )	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

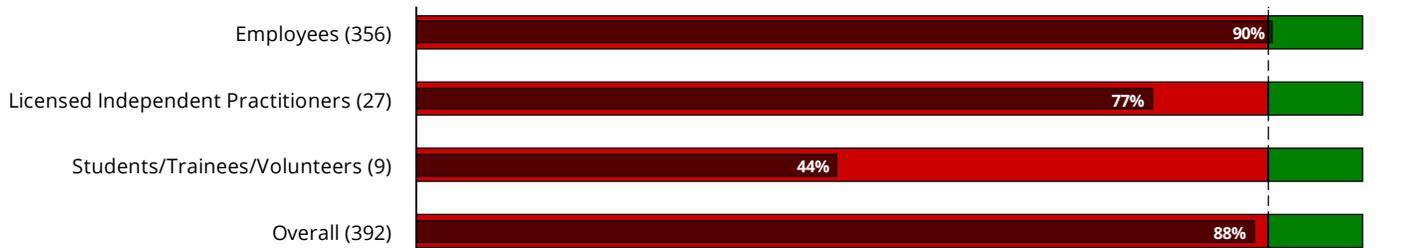
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Livingston Regional Hospital

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)

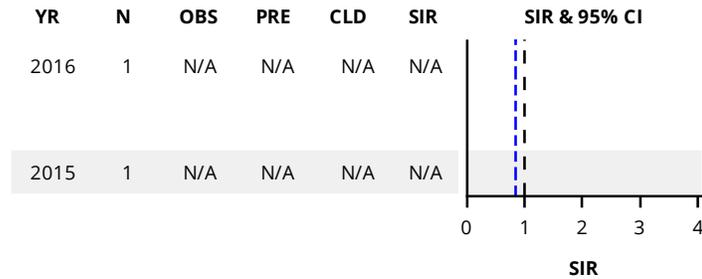


### Healthcare Personnel Vaccinated (%)

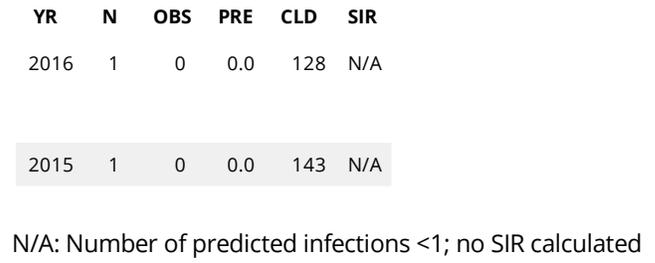
Below 90% >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

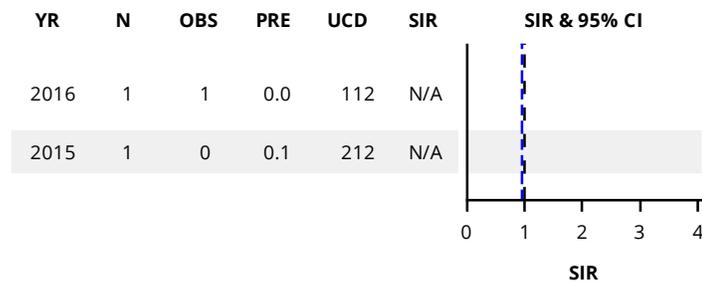


CLABSI - Adult/Pediatric Wards

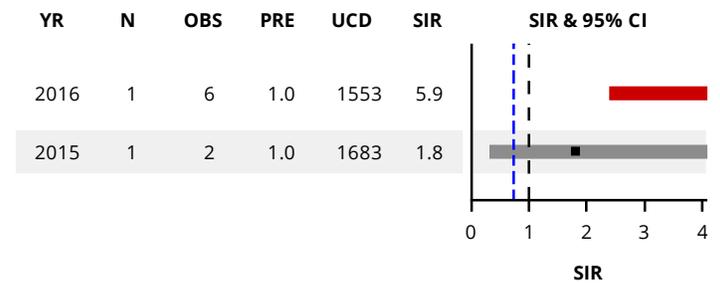


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



CAUTI - Adult/Pediatric Wards

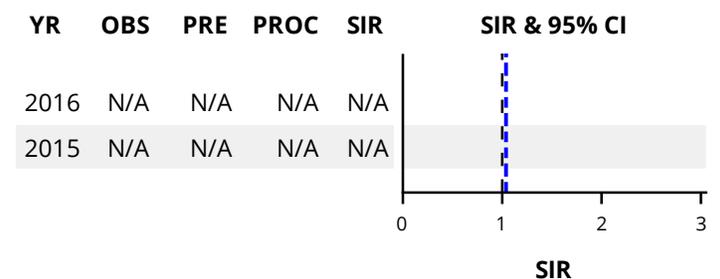


Surgical Site Infections (SSI)

SSI - Colon Surgery



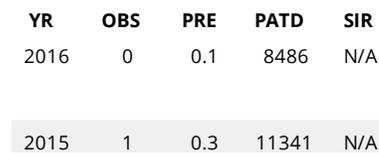
SSI - Abdominal Hysterectomy



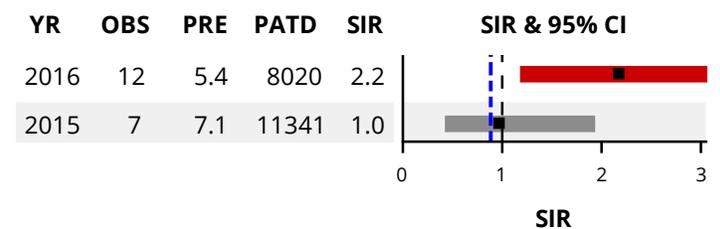
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

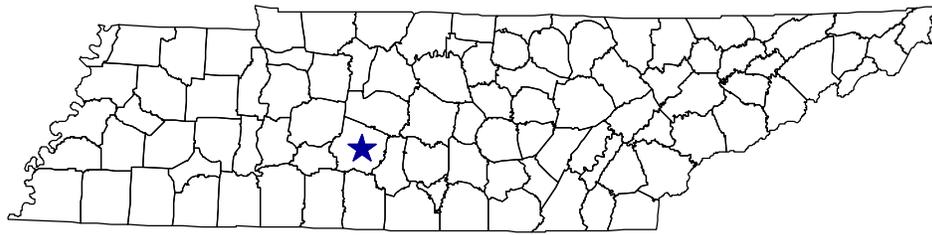
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Maury Regional Medical Center, Columbia, Maury County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	2	3.3	3852	0.60	( 0.10, 1.98 )	0.88
	Neonatal ICU	0	0.0	60	N/A	N/A	0.92
	Adult/Pediatric Ward	0	1.4	1941	0.00	( 0.00, 2.06 )	0.80
CAUTI	Adult/Pediatric ICU	0	4.6	5227	<b>0.00</b>	<b>( 0.00, 0.64 )</b>	1.06
	Adult/Pediatric Ward	5	2.5	3022	1.96	( 0.72, 4.34 )	0.70
SSI	Colon surgery	4	3.9	165	1.02	( 0.32, 2.45 )	0.85
	Abdominal hysterectomy	0	0.7	93	N/A	N/A	1.14
LabID	MRSA bacteremia	1	2.5	51137	0.39	( 0.02, 1.92 )	1.26
	C. difficile infection	30	39.6	47301	0.76	( 0.52, 1.07 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

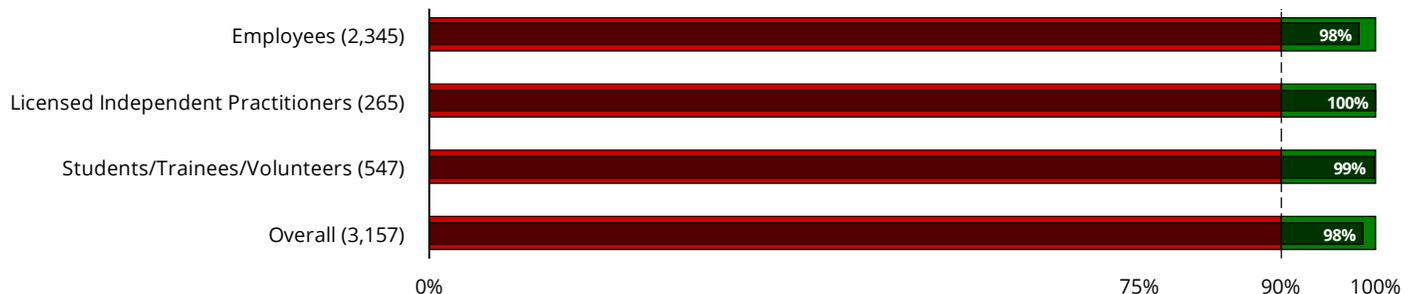
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Maury Regional Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



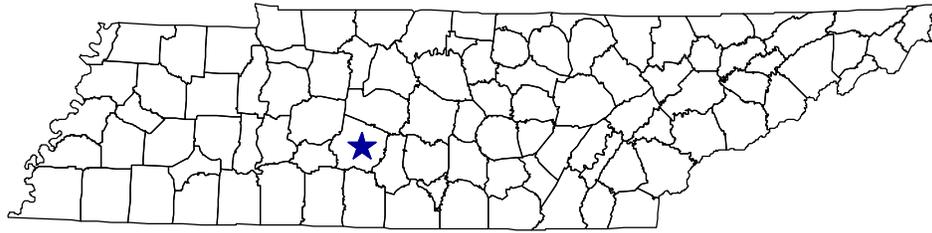
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Maury Regional Medical Center, Columbia, Maury County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	3.3	3881	0.59	( 0.10, 1.96 )	0.84
	Neonatal ICU	0	0.0	70	<b>N/A</b>	<b>N/A</b>	0.63
	Adult/Pediatric Ward	1	1.4	1994	0.67	( 0.03, 3.30 )	0.75
CAUTI	Adult/Pediatric ICU	0	4.4	4989	<b>0.00</b>	<b>( 0.00, 0.67 )</b>	0.96
	Adult/Pediatric Ward	0	2.6	3116	0.00	( 0.00, 1.13 )	0.72
SSI	Colon surgery	4	4.5	188	0.88	( 0.28, 2.12 )	0.92
	Abdominal hysterectomy	0	1.0	142	0.00	( 0.00, 2.83 )	1.04
LabID	MRSA bacteremia	2	3.0	53808	0.65	( 0.11, 2.15 )	1.33
	C. difficile infection	25	35.3	50528	0.71	( 0.47, 1.03 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

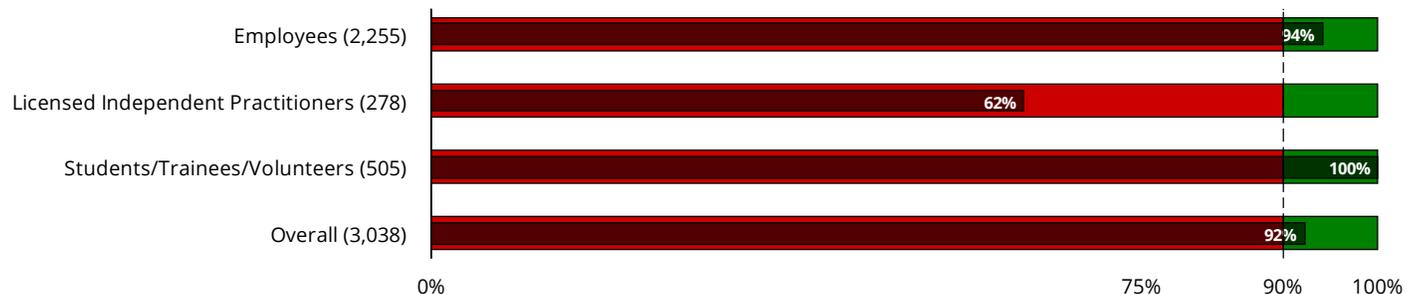
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Maury Regional Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

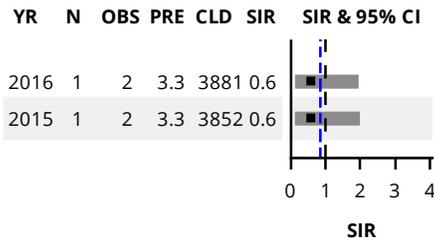


#### Healthcare Personnel Vaccinated (%)

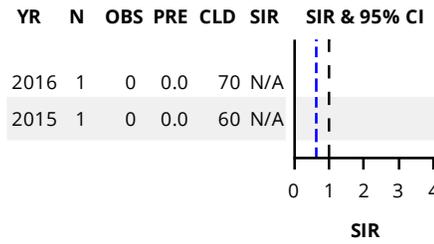
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

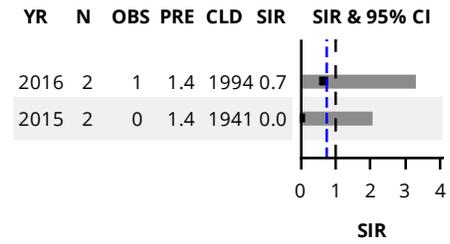
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

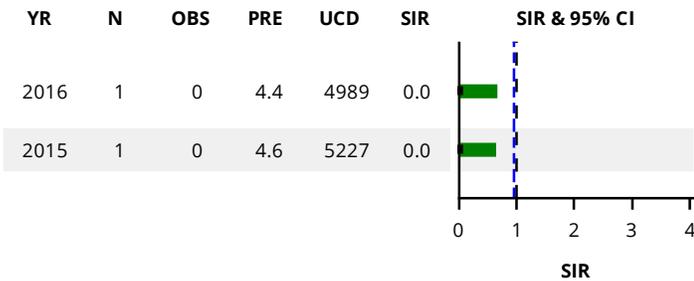


CLABSI - Adult/Pediatric Wards

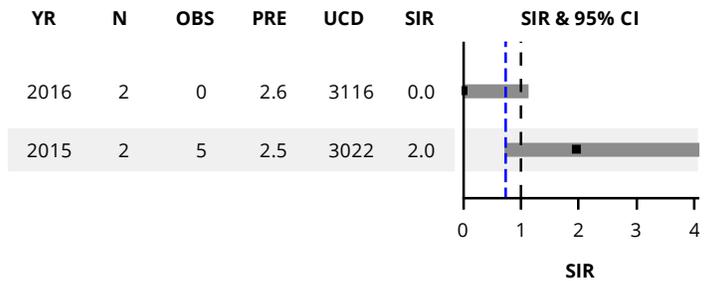


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

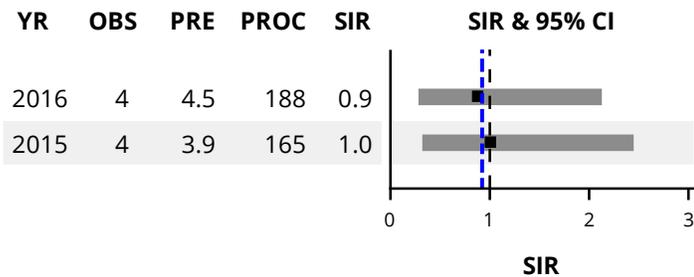


CAUTI - Adult/Pediatric Wards

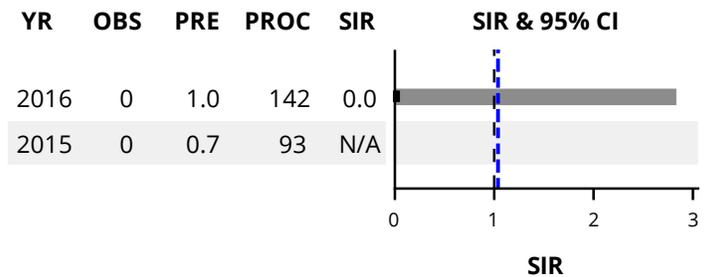


Surgical Site Infections (SSI)

SSI - Colon Surgery

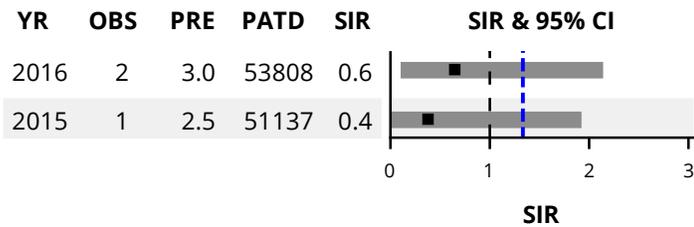


SSI - Abdominal Hysterectomy

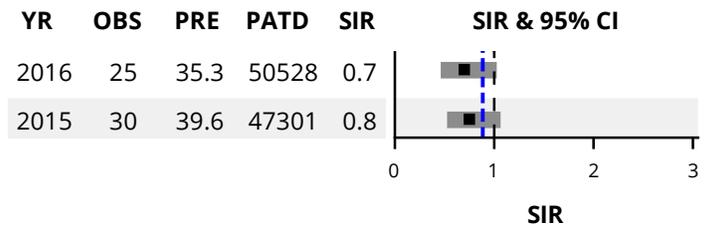


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

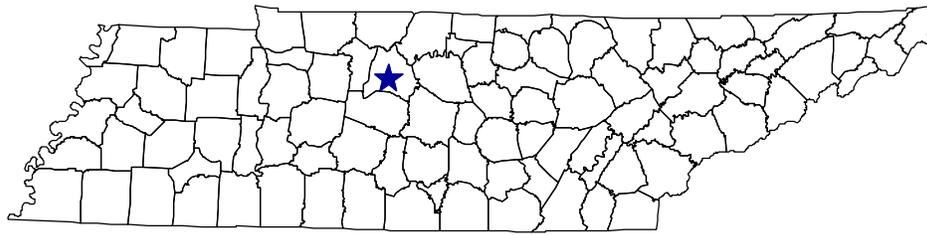
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

# MCJ Children's Hospital at Vanderbilt, Nashville, Davidson County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	9	12.4	8647	0.72	( 0.35, 1.33 )	0.84
	Neonatal ICU	3	11.4	8895	<b>0.26</b>	<b>( 0.07, 0.71 )</b>	0.63
	Adult/Pediatric Ward	12	8.5	8648	1.41	( 0.76, 2.39 )	0.75
CAUTI	Adult/Pediatric ICU	0	2.5	1985	0.00	( 0.00, 1.17 )	0.96
	Adult/Pediatric Ward	0	0.6	856	<b>N/A</b>	<b>N/A</b>	0.72
LabID	MRSA bacteremia	4	4.7	96888	0.84	( 0.27, 2.02 )	1.33
	C. difficile infection	9	36.2	57893	<b>0.25</b>	<b>( 0.12, 0.46 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

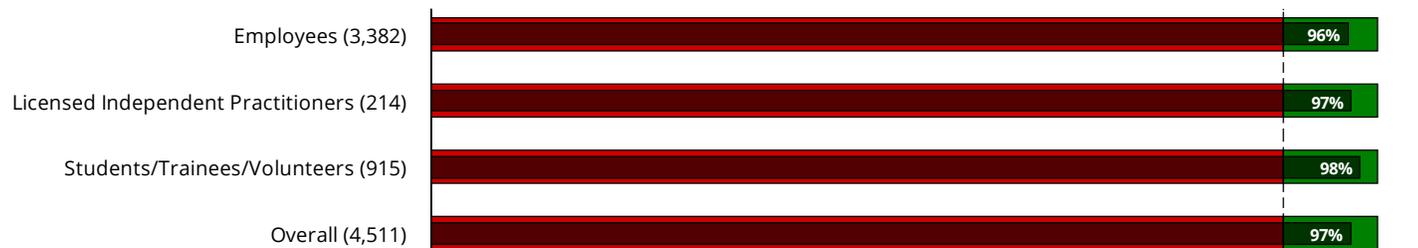
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at MCJ Children's Hospital at Vanderbilt*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)



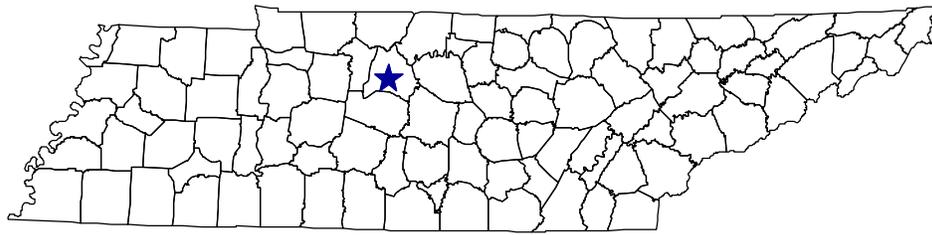
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# MCJ Children's Hospital at Vanderbilt, Nashville, Davidson County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	9	12.4	8647	0.72	( 0.35, 1.33 )	0.84
	Neonatal ICU	3	11.4	8895	<b>0.26</b>	<b>( 0.07, 0.71 )</b>	0.63
	Adult/Pediatric Ward	12	8.5	8648	1.41	( 0.76, 2.39 )	0.75
CAUTI	Adult/Pediatric ICU	0	2.5	1985	0.00	( 0.00, 1.17 )	0.96
	Adult/Pediatric Ward	0	0.6	856	<b>N/A</b>	<b>N/A</b>	0.72
LabID	MRSA bacteremia	4	4.7	96888	0.84	( 0.27, 2.02 )	1.33
	C. difficile infection	9	36.2	57893	<b>0.25</b>	<b>( 0.12, 0.46 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

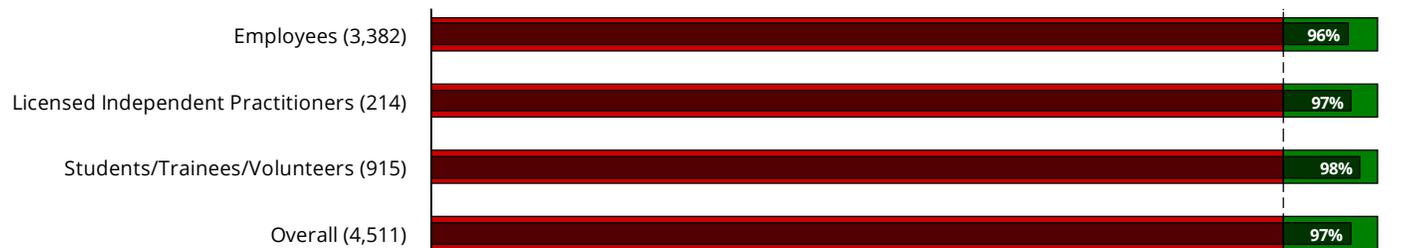
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at MCJ Children's Hospital at Vanderbilt*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)

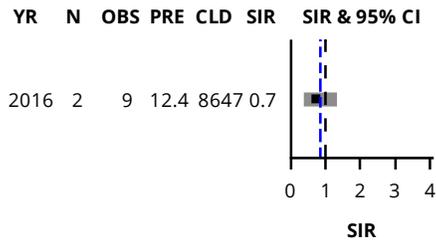


### Healthcare Personnel Vaccinated (%)

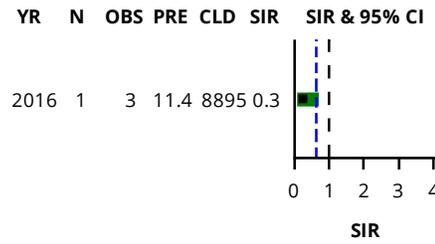
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

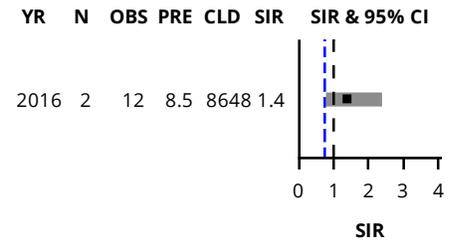
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

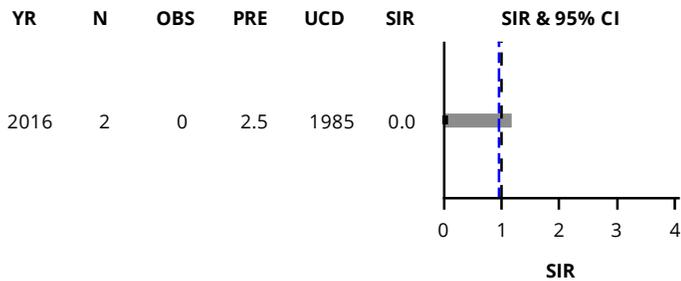


CLABSI - Adult/Pediatric Wards

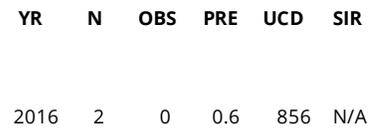


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



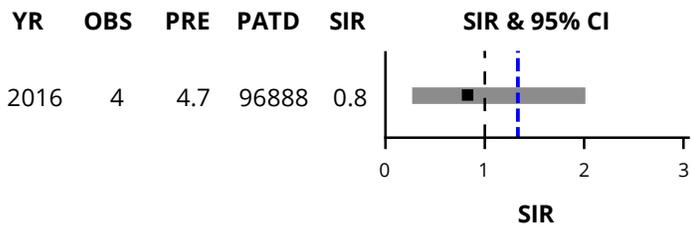
CAUTI - Adult/Pediatric Wards



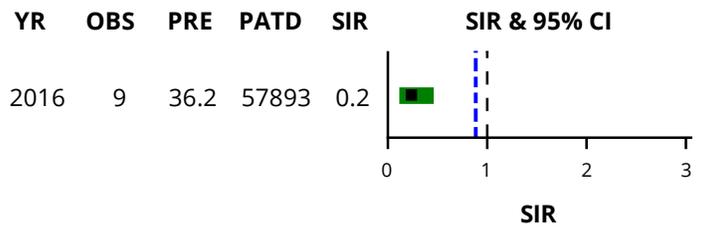
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

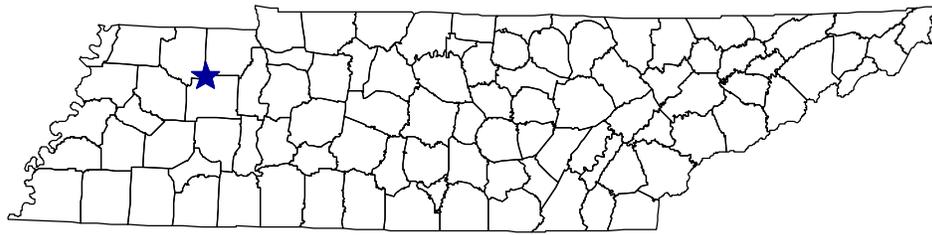
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## McKenzie Regional Hospital, McKenzie, Carroll County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.3	665	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	0	0.2	38	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	1936	N/A	N/A	1.26
	C. difficile infection	0	0.5	1940	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

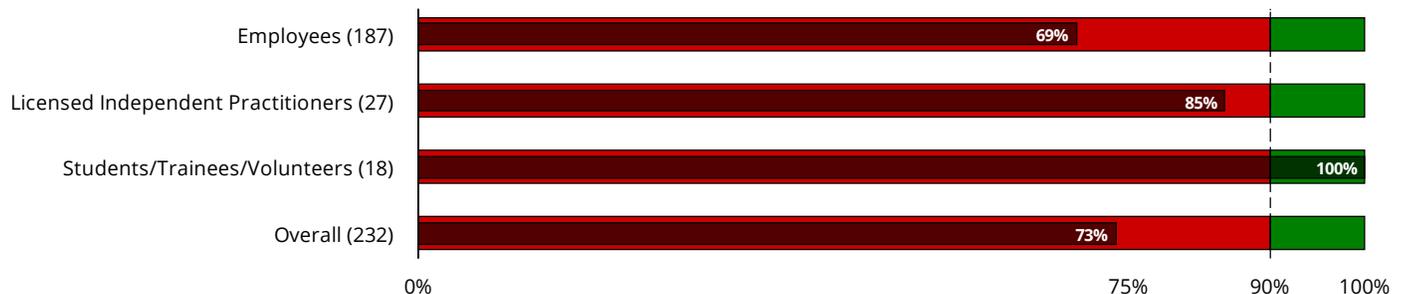
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at McKenzie Regional Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



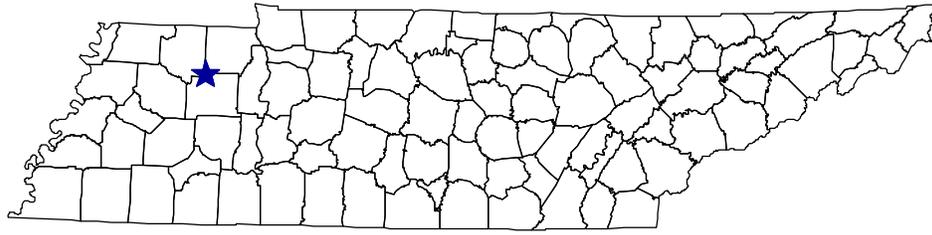
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## McKenzie Regional Hospital, McKenzie, Carroll County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.3	798	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	0	0.3	54	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.0	4109	N/A	N/A	1.33
	C. difficile infection	0	0.8	4109	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at McKenzie Regional Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# McKenzie Regional Hospital, McKenzie, Carroll County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.3	798	N/A

2015	1	0	0.3	665	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	0	0.3	54	N/A

2015	0	0.2	38	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	4109	N/A

2015	0	0.0	1936	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	0.8	4109	N/A

2015	0	0.5	1940	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

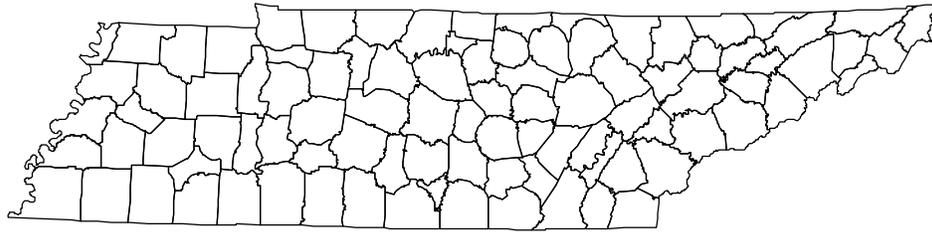
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

 Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

# McNairy Regional Hospital, , County

Medical School Affiliation:

Bed Size Category:



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.0	63	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.1	219	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	1655	N/A	N/A	1.26
	C. difficile infection	0	0.3	1475	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

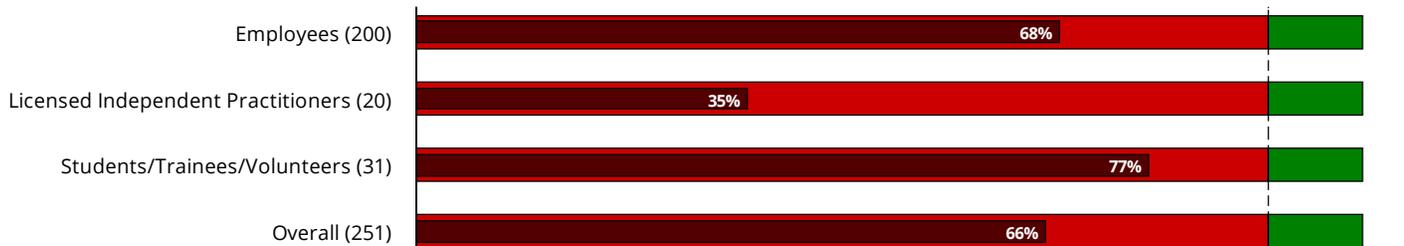
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at McNairy Regional Hospital*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



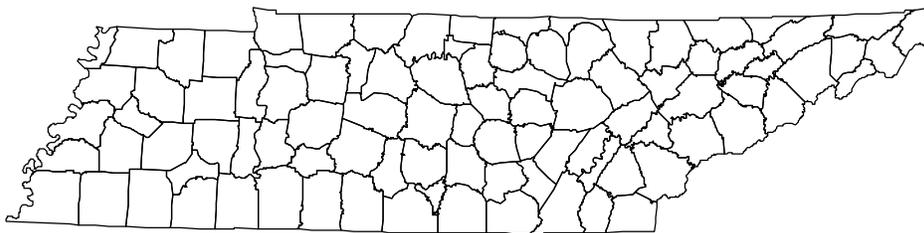
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## McNairy Regional Hospital, , County

Medical School Affiliation:

Bed Size Category:



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.0	284	N/A	N/A	1.33
	C. difficile infection	0	0.1	240	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

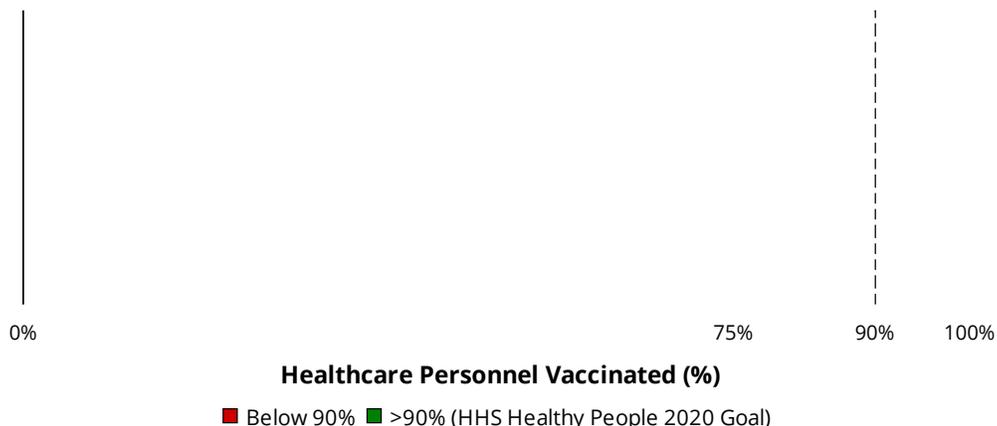
**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at McNairy Regional Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season



Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	0	0.0	63	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	0	0.1	219	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
------	-----	-----	-----	-----

N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	284	N/A

2015	0	0.0	1655	N/A
------	---	-----	------	-----

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	0.1	240	N/A

2015	0	0.3	1475	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

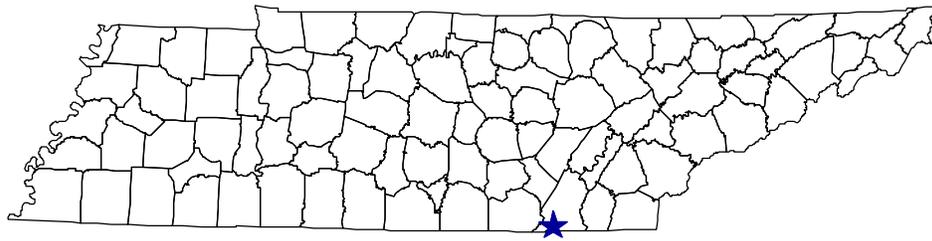
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

 Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

# Memorial Healthcare System, Chattanooga, Hamilton County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	6	6.7	7827	0.88	( 0.36, 1.84 )	0.88
	Adult/Pediatric Ward	2	9.8	13135	<b>0.20</b>	<b>( 0.03, 0.67 )</b>	0.80
CAUTI	Adult/Pediatric ICU	23	8.5	8878	<b>2.71</b>	<b>( 1.76, 3.99 )</b>	1.06
	Adult/Pediatric Ward	7	7.8	9624	0.89	( 0.39, 1.77 )	0.70
SSI	Colon surgery	13	5.9	270	<b>2.17</b>	<b>( 1.21, 3.63 )</b>	0.85
	Abdominal hysterectomy	1	0.7	94	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	7	5.6	96302	1.24	( 0.54, 2.45 )	1.26
	C. difficile infection	90	85.9	96302	1.05	( 0.85, 1.28 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

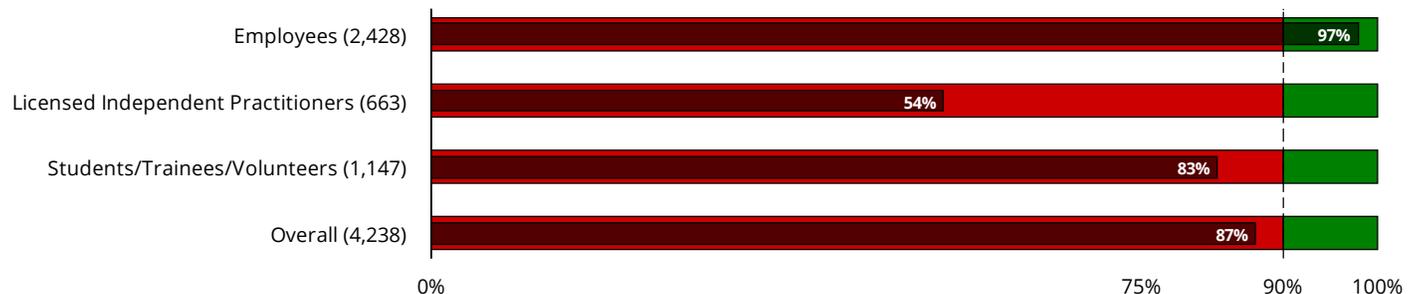
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Memorial Healthcare System*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



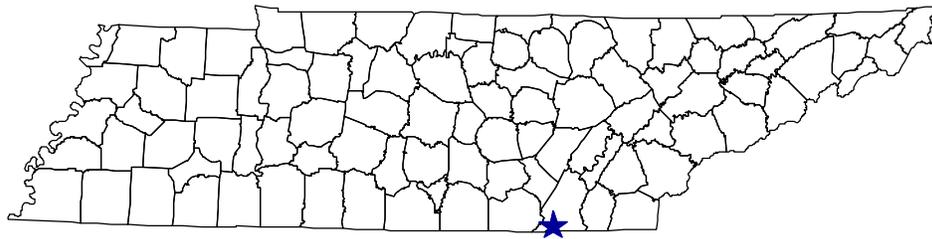
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Memorial Healthcare System, Chattanooga, Hamilton County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	5	7.5	8718	0.66	( 0.24, 1.47 )	0.84
	Adult/Pediatric Ward	1	10.3	13790	<b>0.10</b>	<b>( 0.01, 0.48 )</b>	0.75
CAUTI	Adult/Pediatric ICU	26	8.4	8883	<b>3.07</b>	<b>( 2.05, 4.44 )</b>	0.96
	Adult/Pediatric Ward	1	8.8	10829	<b>0.11</b>	<b>( 0.01, 0.56 )</b>	0.72
SSI	Colon surgery	6	7.3	333	0.81	( 0.33, 1.69 )	0.92
	Abdominal hysterectomy	0	0.9	124	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	2	6.0	93547	0.33	( 0.06, 1.10 )	1.33
	C. difficile infection	69	97.5	93547	<b>0.71</b>	<b>( 0.56, 0.89 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

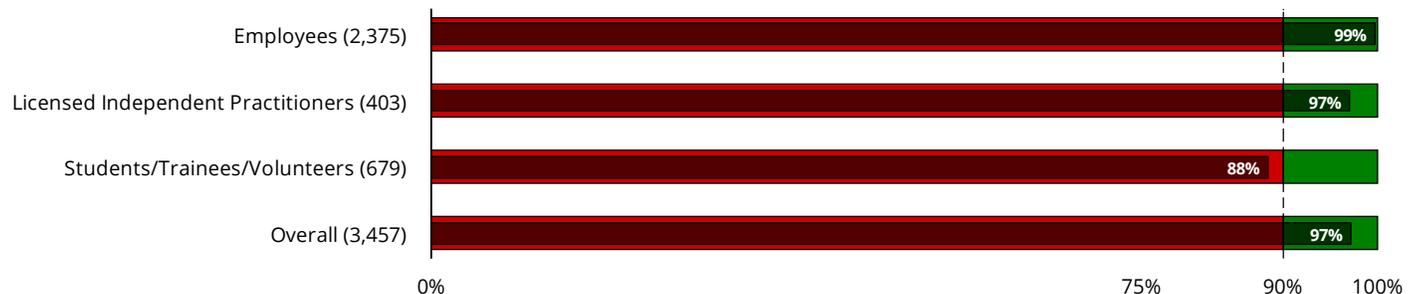
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Memorial Healthcare System*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



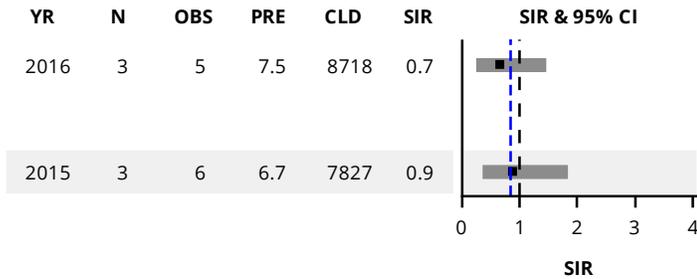
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

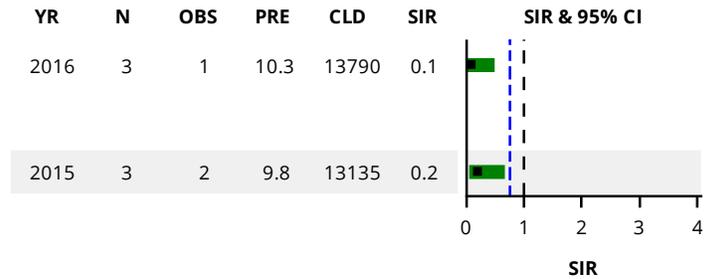
# Memorial Healthcare System, Chattanooga, Hamilton County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

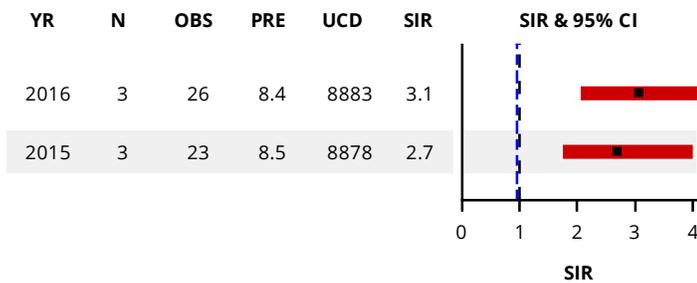


### CLABSI - Adult/Pediatric Wards

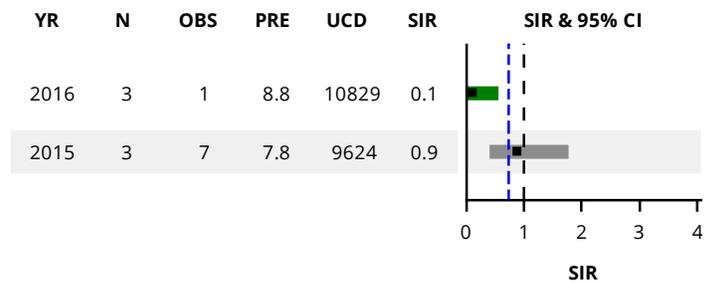


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

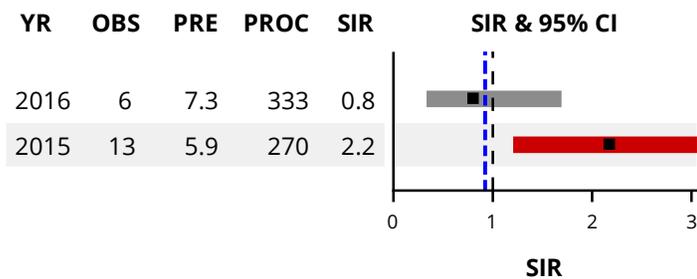


### CAUTI - Adult/Pediatric Wards

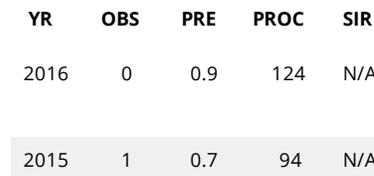


## Surgical Site Infections (SSI)

### SSI - Colon Surgery



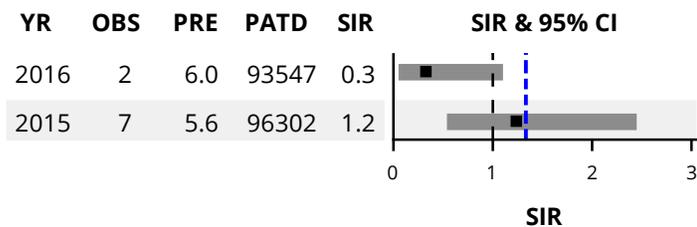
### SSI - Abdominal Hysterectomy



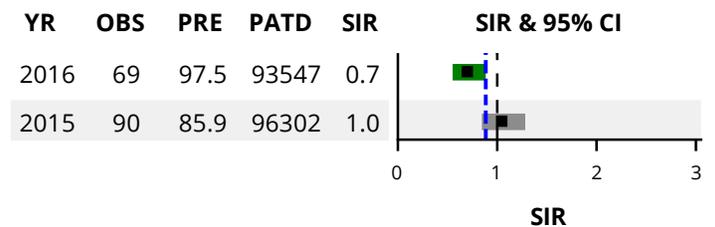
N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

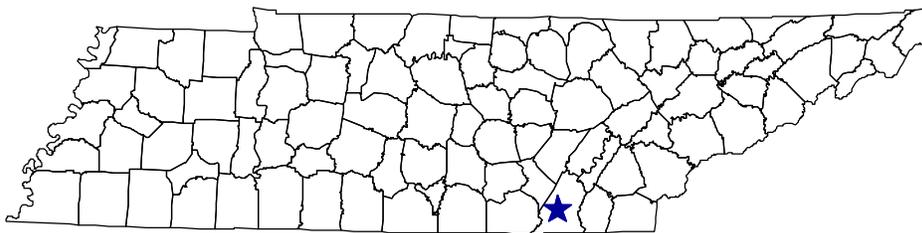
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Memorial Hixson Hospital, Hixson, Hamilton County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.4	637	N/A	N/A	0.88
	Adult/Pediatric Ward	0	2.5	4461	0.00	( 0.00, 1.16 )	0.80
CAUTI	Adult/Pediatric ICU	1	0.6	1243	N/A	N/A	1.06
	Adult/Pediatric Ward	1	1.8	3674	0.53	( 0.03, 2.60 )	0.70
SSI	Colon surgery	0	0.5	34	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.9	19119	N/A	N/A	1.26
	C. difficile infection	12	16.7	19119	0.72	( 0.39, 1.22 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

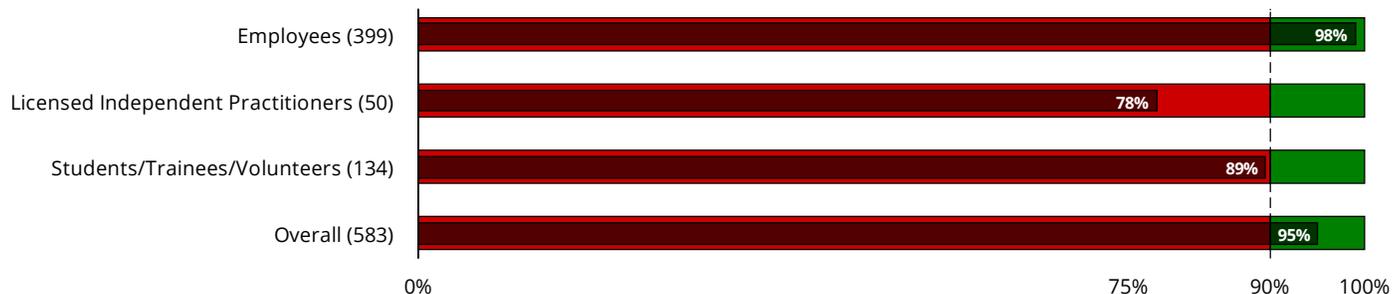
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

**See page 3 for more detailed information about HAIs at Memorial Hixson Hospital**

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



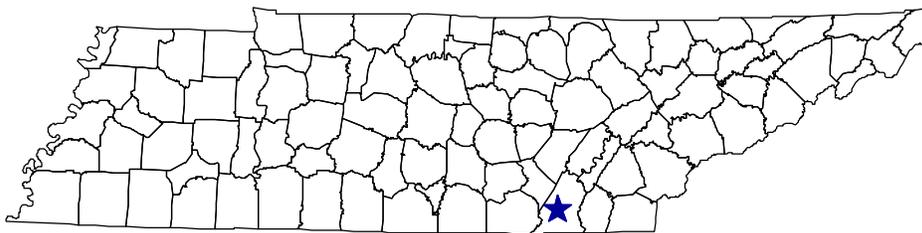
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Memorial Hixson Hospital, Hixson, Hamilton County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.4	725	N/A	N/A	0.84
	Adult/Pediatric Ward	0	3.1	5488	0.00	(0.00, 0.94)	0.75
CAUTI	Adult/Pediatric ICU	0	0.5	1053	N/A	N/A	0.96
	Adult/Pediatric Ward	3	2.3	4565	1.27	(0.32, 3.46)	0.72
SSI	Colon surgery	1	0.5	33	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.7	18222	N/A	N/A	1.33
	C. difficile infection	13	18.2	18222	0.71	(0.40, 1.19)	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Memorial Hixson Hospital

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



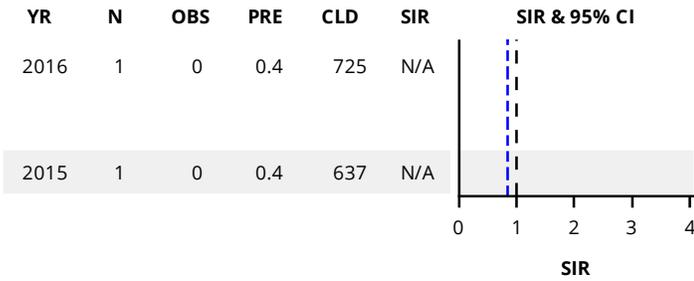
#### Healthcare Personnel Vaccinated (%)

Below 90% >90% (HHS Healthy People 2020 Goal)

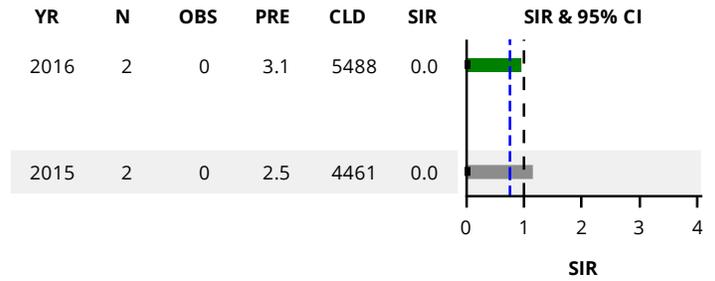
# Memorial Hixson Hospital, Hixson, Hamilton County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

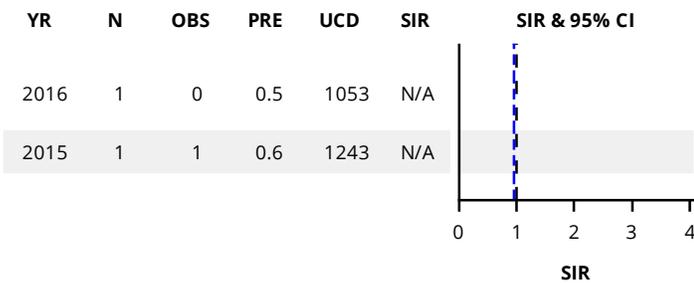


### CLABSI - Adult/Pediatric Wards

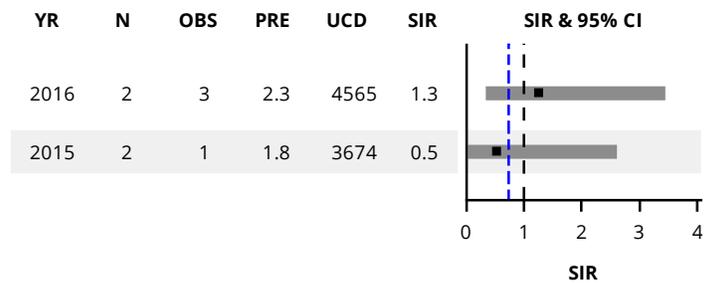


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

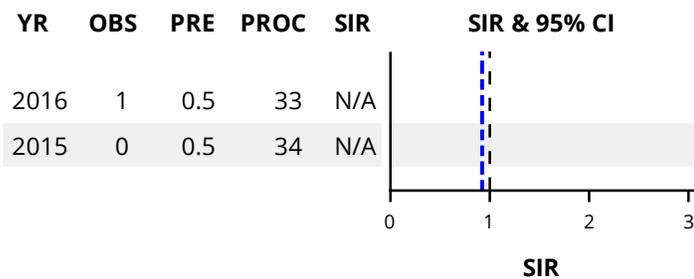


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



### SSI - Abdominal Hysterectomy



N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

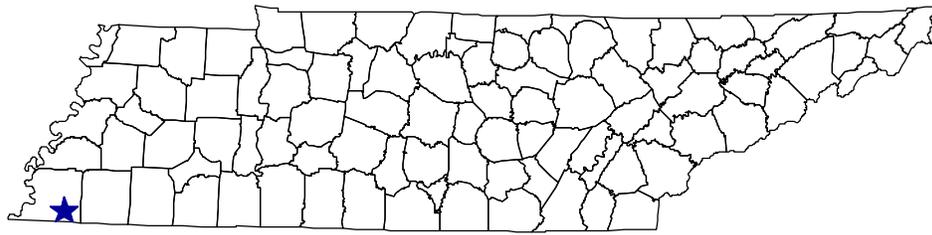
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
■ Not significantly different from NHSN SIR of 1  
■ Significantly higher than NHSN SIR of 1  
- - - 2016 TN SIR  
- - - NHSN SIR=1

## Methodist Healthcare Germantown, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	5.2	4681	0.00	(0.00, 0.57)	0.88
	Neonatal ICU	0	1.4	858	0.00	(0.00, 2.07)	0.92
	Adult/Pediatric Ward	0	5.6	5811	0.00	(0.00, 0.53)	0.80
CAUTI	Adult/Pediatric ICU	0	5.2	3993	0.00	(0.00, 0.58)	1.06
	Adult/Pediatric Ward	0	6.6	5716	0.00	(0.00, 0.45)	0.70
SSI	Colon surgery	9	9.9	379	0.90	(0.44, 1.66)	0.85
	Abdominal hysterectomy	6	5.8	911	1.03	(0.42, 2.14)	1.14
LabID	MRSA bacteremia	5	4.4	86248	1.14	(0.42, 2.52)	1.26
	C. difficile infection	51	51.6	67972	0.99	(0.74, 1.29)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

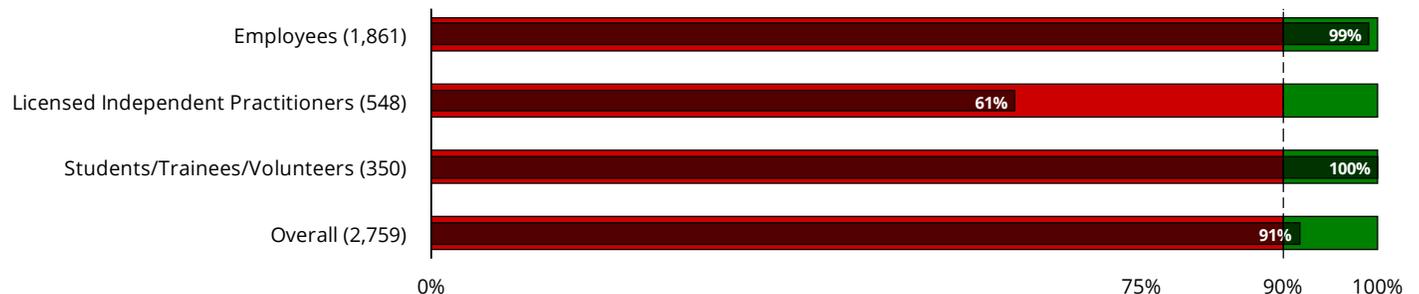
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Methodist Healthcare Germantown

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



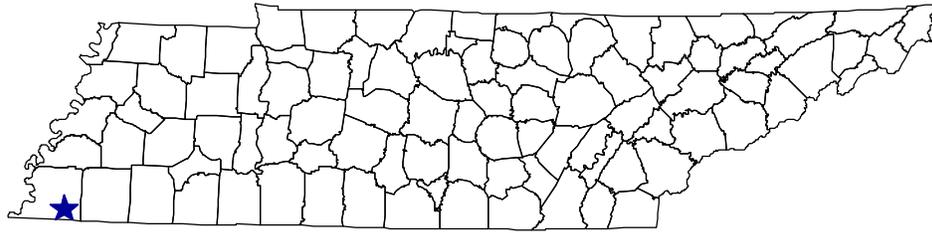
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Methodist Healthcare Germantown, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	3	5.2	4630	0.57	( 0.15, 1.56 )	0.84
	Neonatal ICU	0	1.5	957	0.00	( 0.00, 1.96 )	0.63
	Adult/Pediatric Ward	1	5.4	5546	<b>0.19</b>	<b>( 0.01, 0.91 )</b>	0.75
CAUTI	Adult/Pediatric ICU	4	5.1	3980	0.77	( 0.25, 1.86 )	0.96
	Adult/Pediatric Ward	2	6.4	5535	0.31	( 0.05, 1.02 )	0.72
SSI	Colon surgery	4	8.6	362	0.46	( 0.15, 1.12 )	0.92
	Abdominal hysterectomy	5	5.5	916	0.90	( 0.33, 2.00 )	1.04
LabID	MRSA bacteremia	7	5.5	88480	1.27	( 0.56, 2.51 )	1.33
	C. difficile infection	46	54.2	69424	0.85	( 0.63, 1.12 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

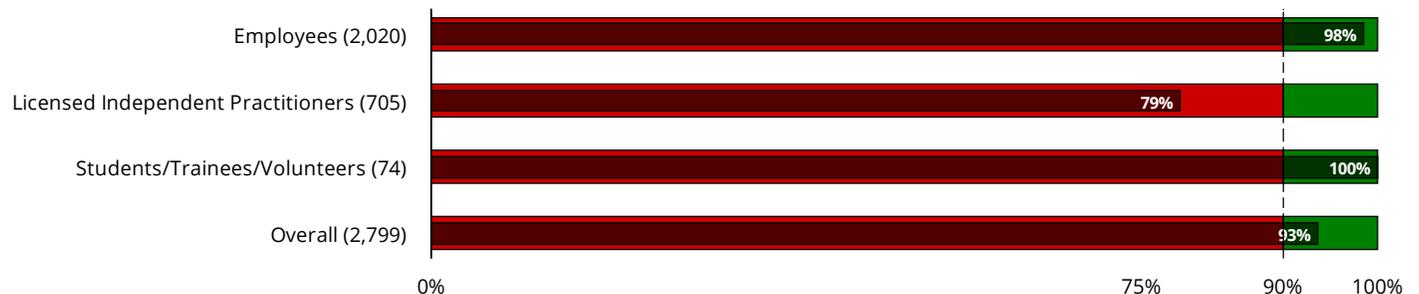
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Methodist Healthcare Germantown

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



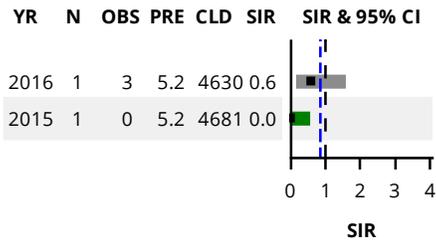
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

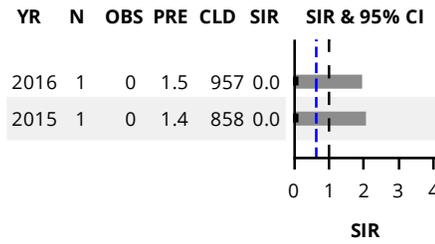
# Methodist Healthcare Germantown, Memphis, Shelby County

## Central Line-Associated Bloodstream Infections (CLABSI)

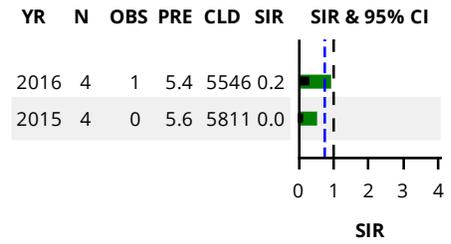
### CLABSI - Adult/Pediatric ICUs



### CLABSI - Neonatal ICUs

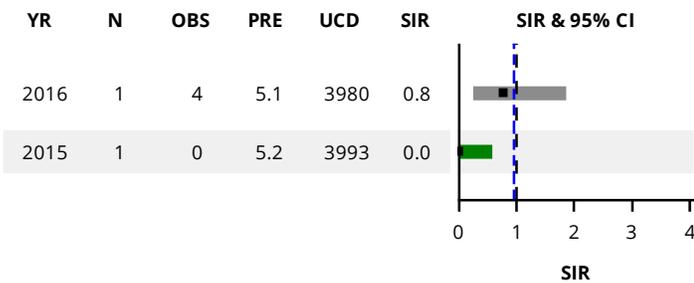


### CLABSI - Adult/Pediatric Wards

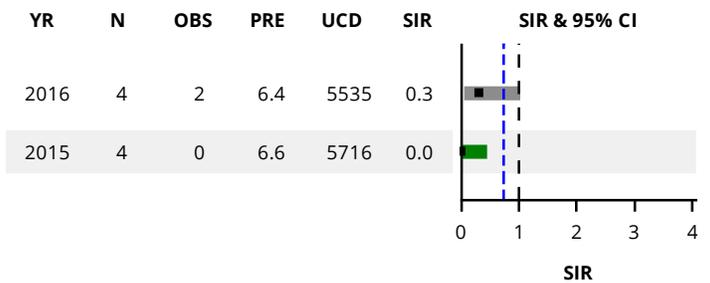


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

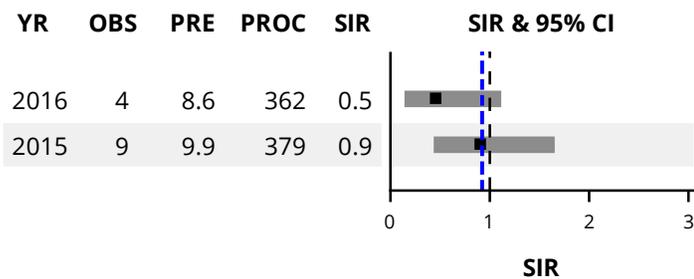


### CAUTI - Adult/Pediatric Wards

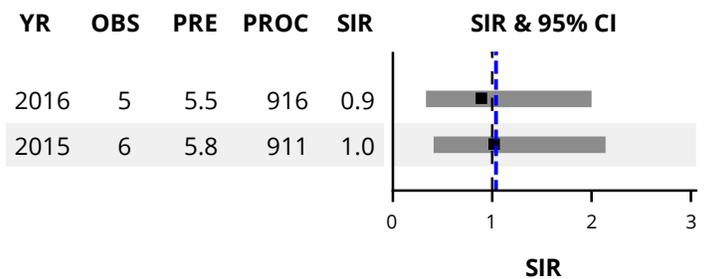


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

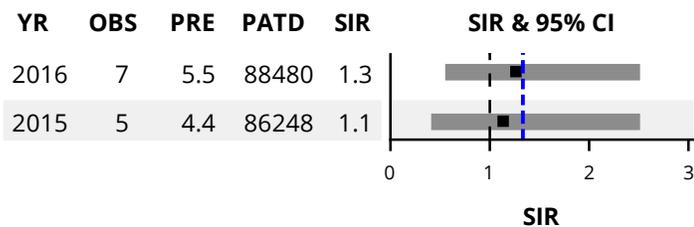


### SSI - Abdominal Hysterectomy

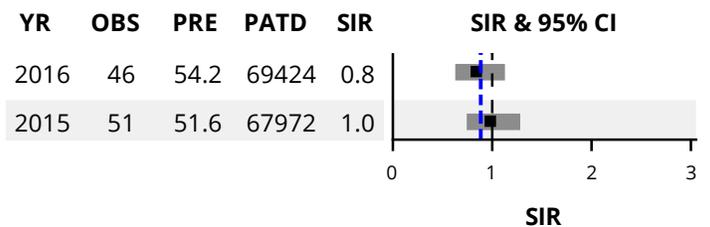


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

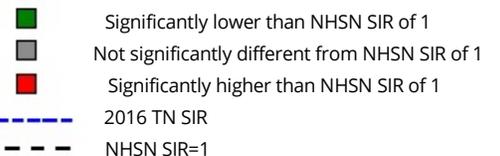
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRE = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

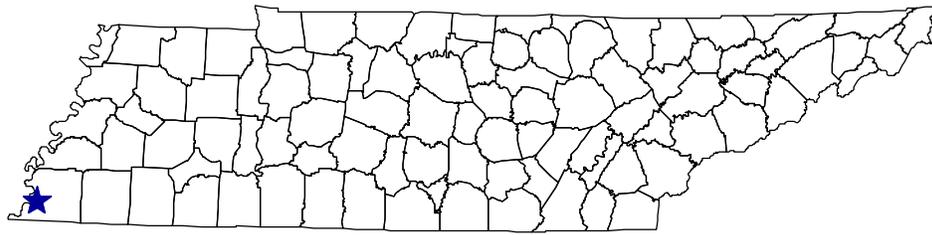
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



## Methodist Healthcare LeBonheur, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	7	8.4	5107	0.83	( 0.36, 1.63 )	0.88
	Neonatal ICU	12	11.3	7911	1.05	( 0.57, 1.79 )	0.92
	Adult/Pediatric Ward	5	5.8	5177	0.85	( 0.31, 1.88 )	0.80
CAUTI	Adult/Pediatric ICU	5	3.7	2301	1.32	( 0.48, 2.93 )	1.06
	Adult/Pediatric Ward	0	0.5	673	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	5	2.8	77294	1.73	( 0.63, 3.83 )	1.26
	C. difficile infection	20	32.5	58550	0.61	( 0.39, 0.93 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

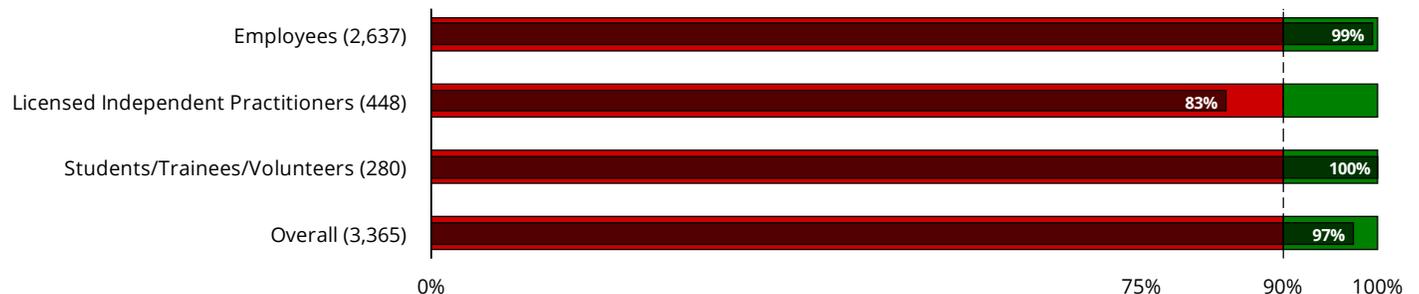
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Methodist Healthcare LeBonheur*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)

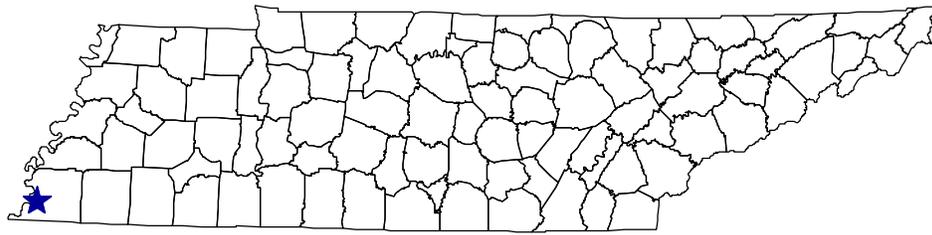


Healthcare Personnel Vaccinated (%)  
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Methodist Healthcare LeBonheur, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	14	9.0	5435	1.55	( 0.88, 2.54 )	0.84
	Neonatal ICU	0	9.1	6311	<b>0.00</b>	<b>( 0.00, 0.33 )</b>	0.63
	Adult/Pediatric Ward	3	5.0	4470	0.59	( 0.15, 1.61 )	0.75
CAUTI	Adult/Pediatric ICU	1	3.1	1990	0.31	( 0.02, 1.55 )	0.96
	Adult/Pediatric Ward	0	0.8	943	<b>N/A</b>	<b>N/A</b>	0.72
SSI	Colon surgery	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	6	3.6	71148	1.65	( 0.67, 3.44 )	1.33
	C. difficile infection	8	23.4	55556	<b>0.34</b>	<b>( 0.16, 0.65 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

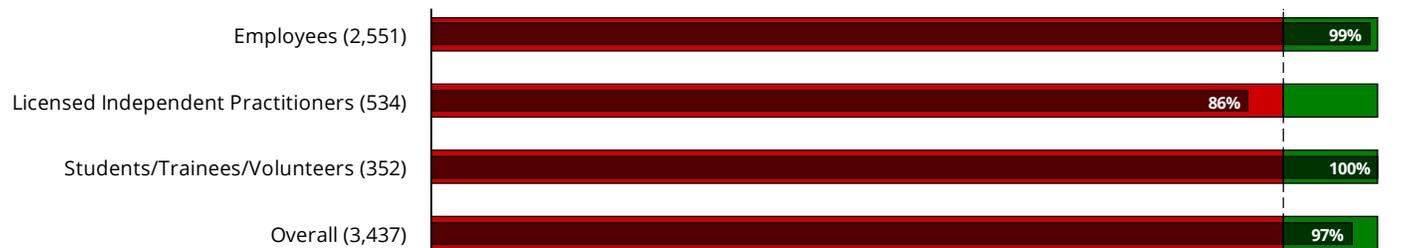
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Methodist Healthcare LeBonheur*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

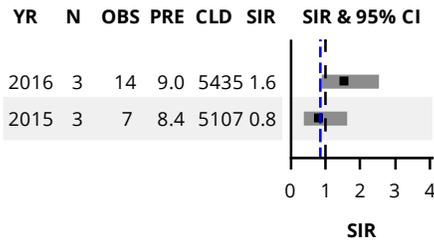


#### Healthcare Personnel Vaccinated (%)

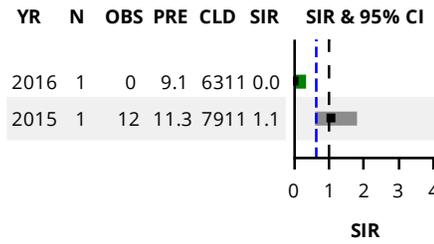
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

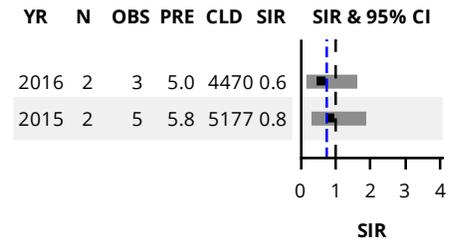
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

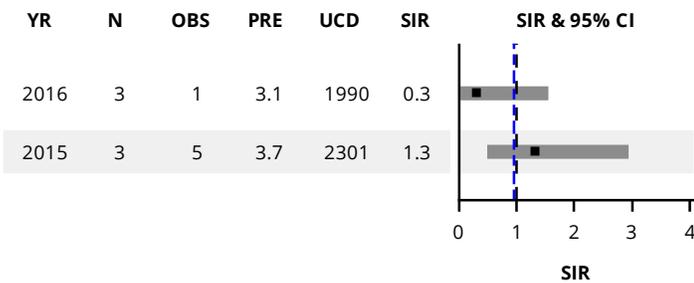


CLABSI - Adult/Pediatric Wards

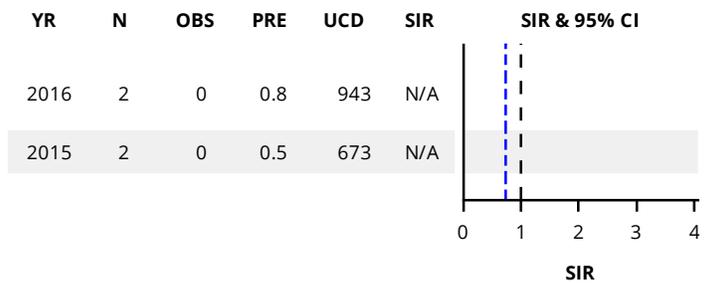


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

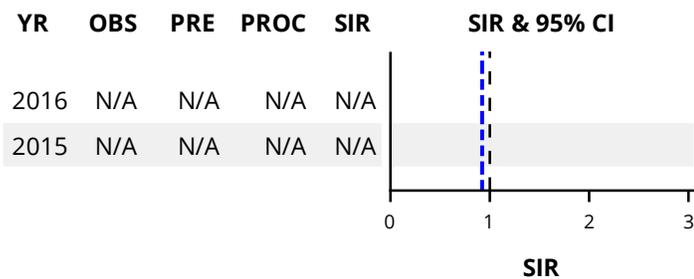


CAUTI - Adult/Pediatric Wards

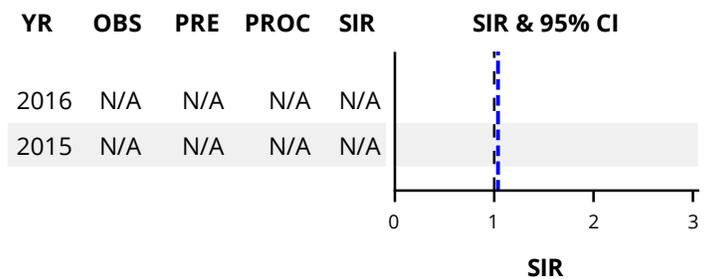


Surgical Site Infections (SSI)

SSI - Colon Surgery

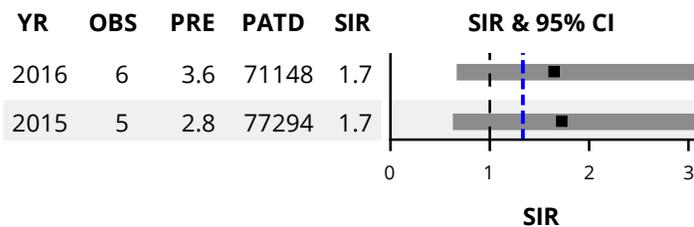


SSI - Abdominal Hysterectomy

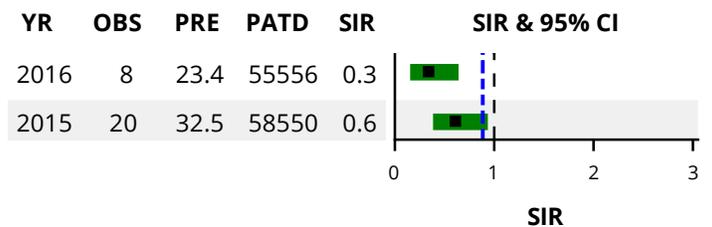


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

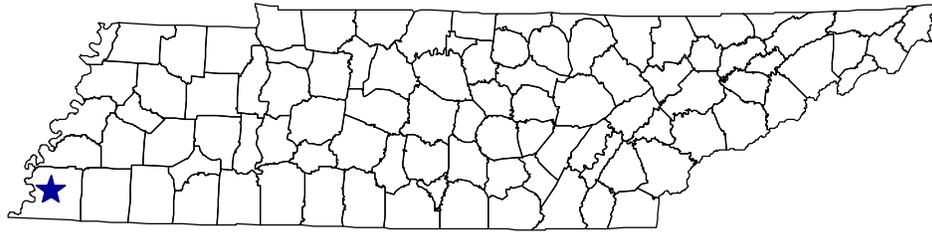
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# Methodist Healthcare North, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	6.0	5345	0.33	( 0.06, 1.10 )	0.88
	Adult/Pediatric Ward	1	4.4	4539	0.23	( 0.01, 1.11 )	0.80
CAUTI	Adult/Pediatric ICU	1	3.0	2296	0.33	( 0.02, 1.63 )	1.06
	Adult/Pediatric Ward	0	1.9	1606	0.00	( 0.00, 1.54 )	0.70
SSI	Colon surgery	1	1.1	49	0.91	( 0.05, 4.48 )	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	9	3.5	54597	<b>2.57</b>	<b>( 1.25, 4.71 )</b>	1.26
	C. difficile infection	70	50.0	54597	<b>1.40</b>	<b>( 1.10, 1.76 )</b>	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Methodist Healthcare North*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



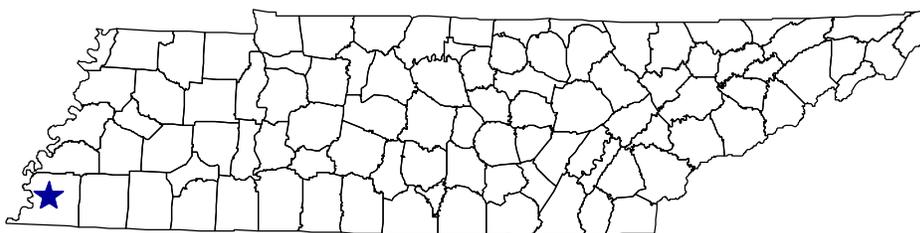
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Methodist Healthcare North, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	1	6.3	5606	0.16	(0.01, 0.78)	0.84
	Adult/Pediatric Ward	0	4.3	4415	0.00	(0.00, 0.70)	0.75
CAUTI	Adult/Pediatric ICU	1	3.3	2606	0.30	(0.02, 1.45)	0.96
	Adult/Pediatric Ward	1	1.9	1603	0.51	(0.03, 2.52)	0.72
SSI	Colon surgery	1	1.4	67	0.67	(0.03, 3.31)	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	14	3.3	49669	4.24	(2.41, 6.94)	1.33
	C. difficile infection	29	41.3	49669	0.70	(0.48, 0.99)	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

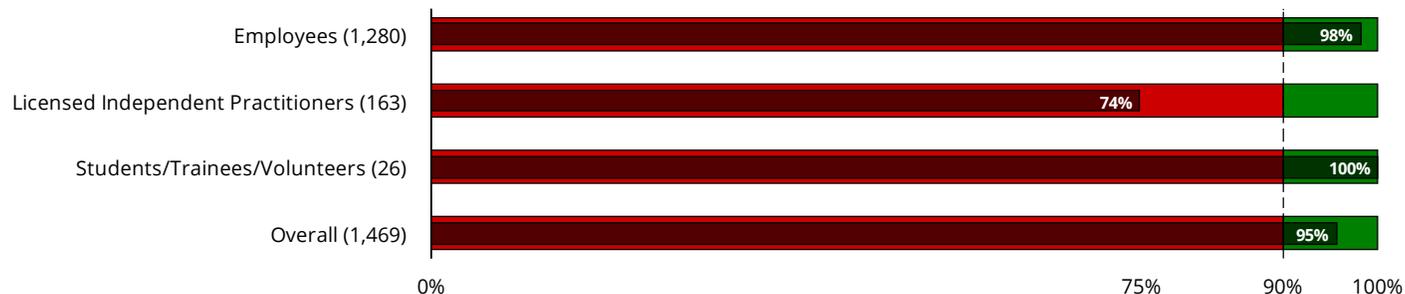
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Methodist Healthcare North

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



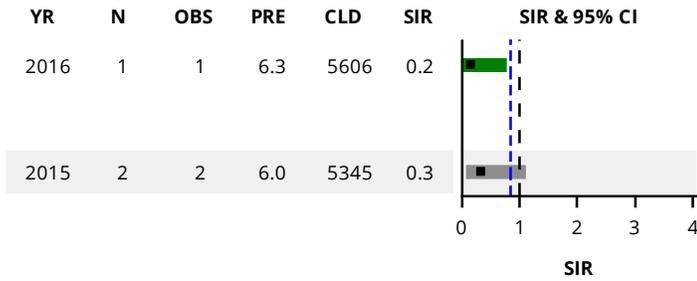
#### Healthcare Personnel Vaccinated (%)

Below 90% >90% (HHS Healthy People 2020 Goal)

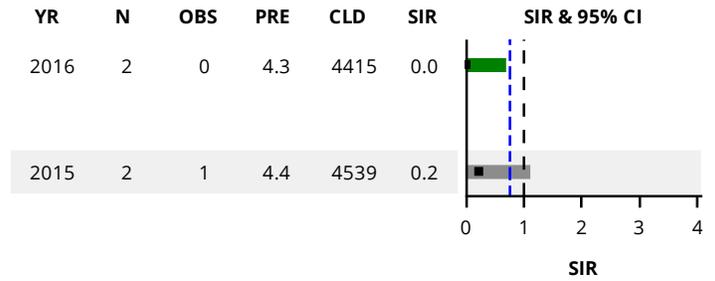
# Methodist Healthcare North, Memphis, Shelby County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

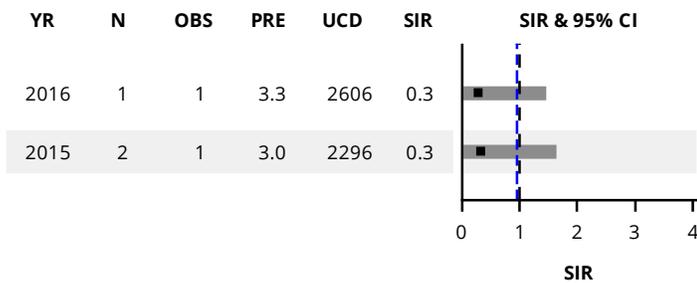


### CLABSI - Adult/Pediatric Wards

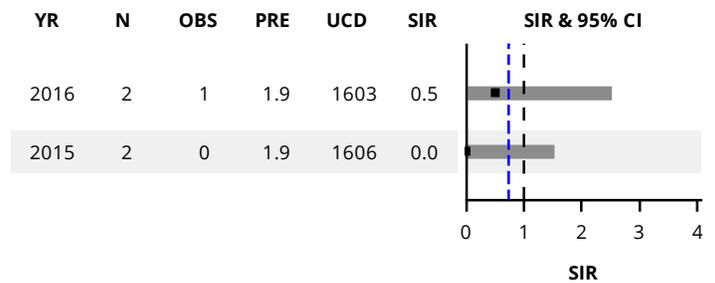


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

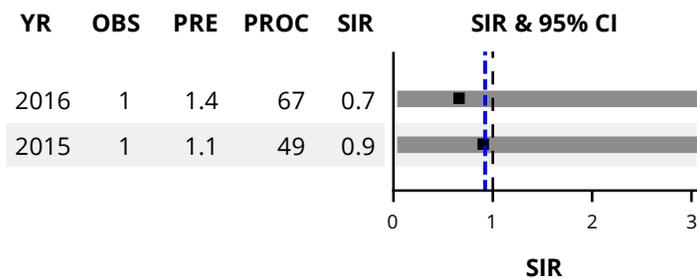


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



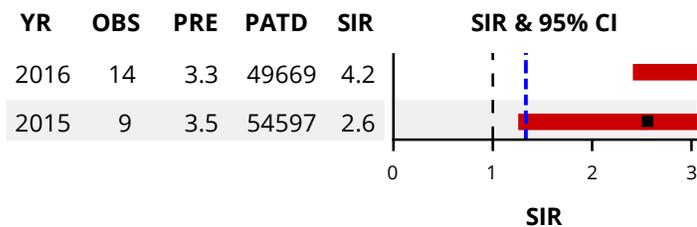
### SSI - Abdominal Hysterectomy



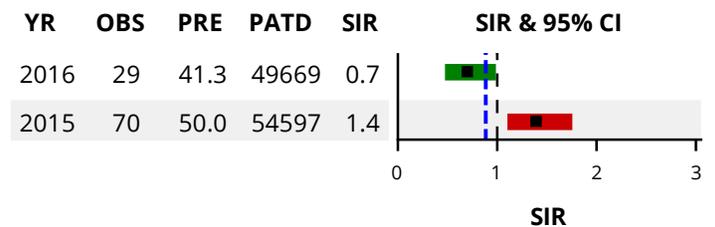
N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

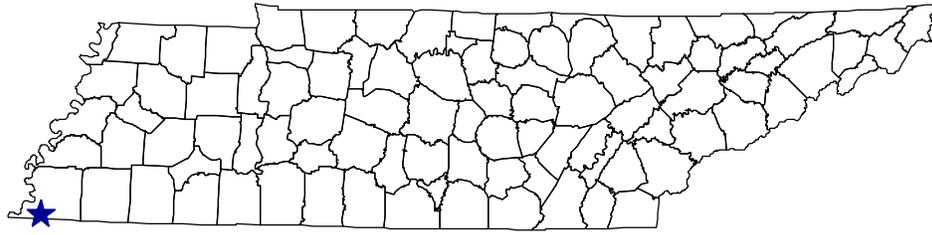
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Methodist Healthcare South, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	1.6	1731	0.00	( 0.00, 1.77 )	0.88
	Neonatal ICU	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	0.92
	Adult/Pediatric Ward	0	1.8	2198	0.00	( 0.00, 1.61 )	0.80
CAUTI	Adult/Pediatric ICU	0	1.3	1231	0.00	( 0.00, 2.29 )	1.06
	Adult/Pediatric Ward	0	1.3	1452	0.00	( 0.00, 2.17 )	0.70
SSI	Colon surgery	1	1.2	56	0.83	( 0.04, 4.11 )	0.85
	Abdominal hysterectomy	0	0.3	64	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	2	1.2	24884	1.63	( 0.27, 5.37 )	1.26
	C. difficile infection	20	15.5	22950	1.28	( 0.81, 1.95 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

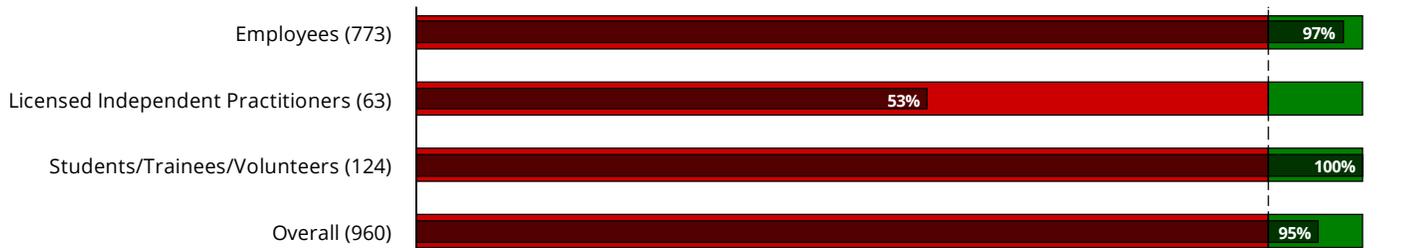
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Methodist Healthcare South*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



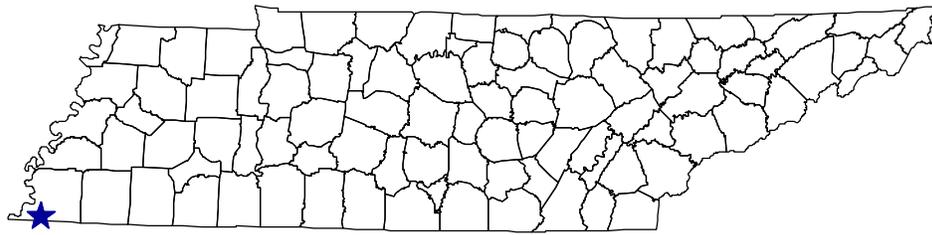
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Methodist Healthcare South, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	1.8	1846	1.11	( 0.19, 3.65 )	0.84
	Neonatal ICU	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	0.63
	Adult/Pediatric Ward	0	1.9	2323	0.00	( 0.00, 1.52 )	0.75
CAUTI	Adult/Pediatric ICU	0	1.2	1161	0.00	( 0.00, 2.43 )	0.96
	Adult/Pediatric Ward	1	1.4	1539	0.68	( 0.03, 3.37 )	0.72
SSI	Colon surgery	1	1.2	53	0.83	( 0.04, 4.11 )	0.92
	Abdominal hysterectomy	0	0.5	83	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	2	1.1	23819	1.75	( 0.29, 5.79 )	1.33
	C. difficile infection	15	14.9	21844	1.00	( 0.58, 1.62 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

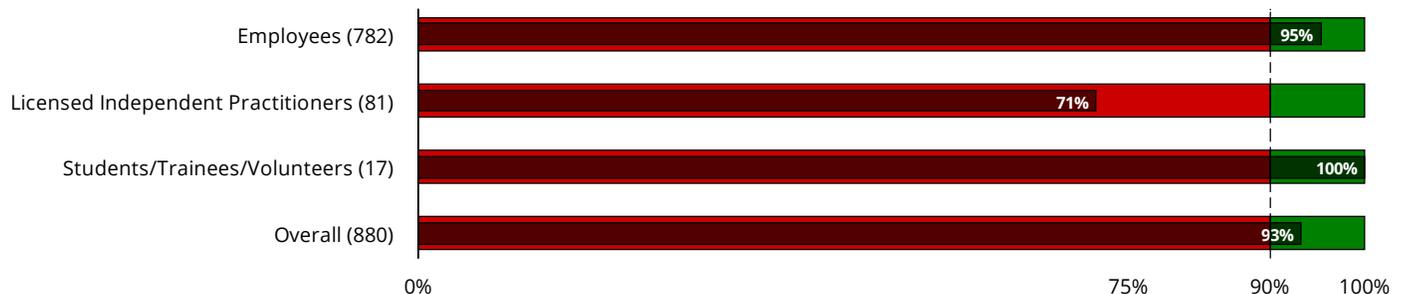
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

**See page 3 for more detailed information about HAIs at Methodist Healthcare South**

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

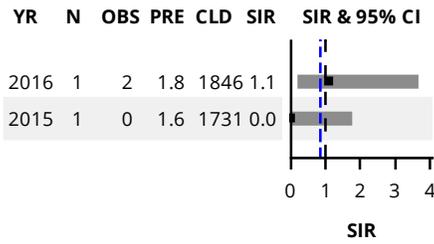


#### Healthcare Personnel Vaccinated (%)

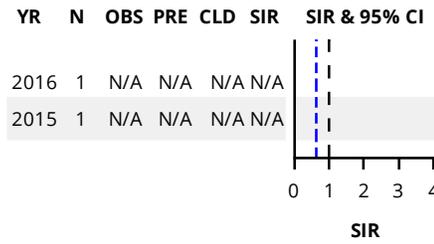
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

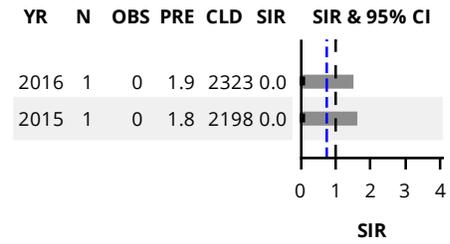
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

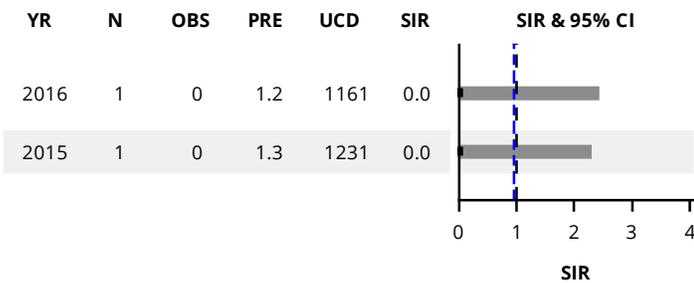


CLABSI - Adult/Pediatric Wards

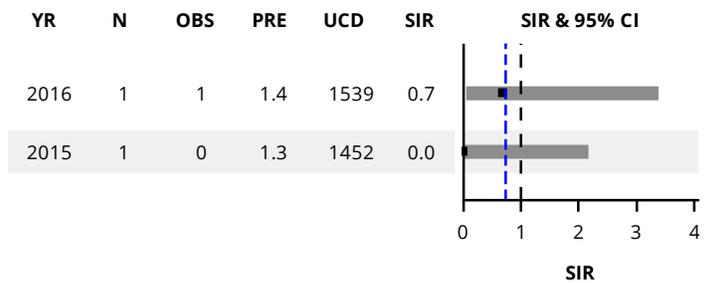


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

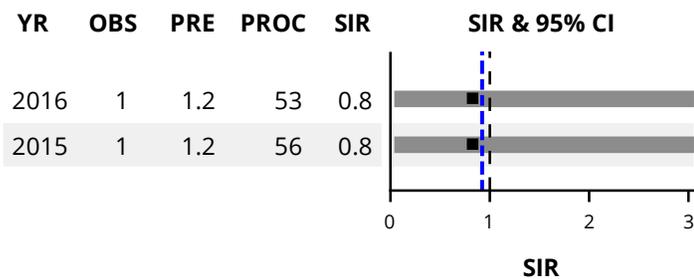


CAUTI - Adult/Pediatric Wards

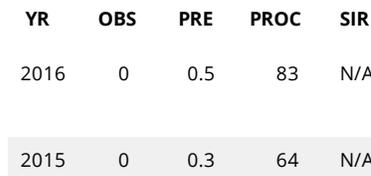


Surgical Site Infections (SSI)

SSI - Colon Surgery



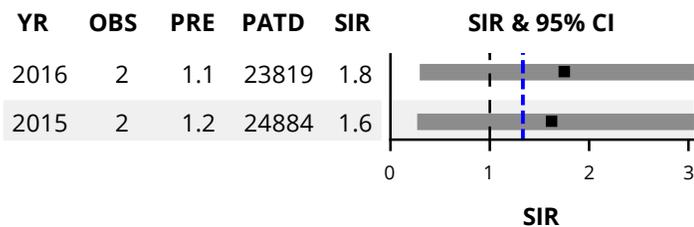
SSI - Abdominal Hysterectomy



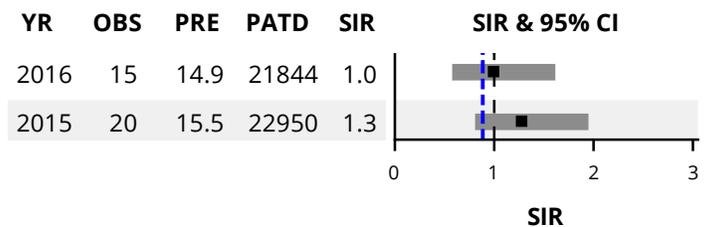
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

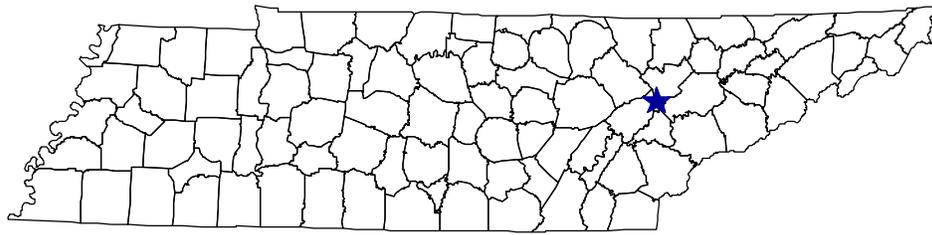
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Methodist Medical Center of Oak Ridge, Oak Ridge, Anderson County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	3.1	3627	1.59	( 0.58, 3.52 )	0.88
	Adult/Pediatric Ward	5	3.4	4612	1.45	( 0.53, 3.21 )	0.80
CAUTI	Adult/Pediatric ICU	5	4.4	4943	1.13	( 0.41, 2.50 )	1.06
	Adult/Pediatric Ward	6	6.4	7765	0.93	( 0.38, 1.94 )	0.70
SSI	Colon surgery	2	2.6	122	0.76	( 0.13, 2.52 )	0.85
	Abdominal hysterectomy	1	0.2	47	N/A	N/A	1.14
LabID	MRSA bacteremia	5	2.9	51290	1.70	( 0.62, 3.77 )	1.26
	C. difficile infection	48	44.8	50322	1.07	( 0.80, 1.41 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

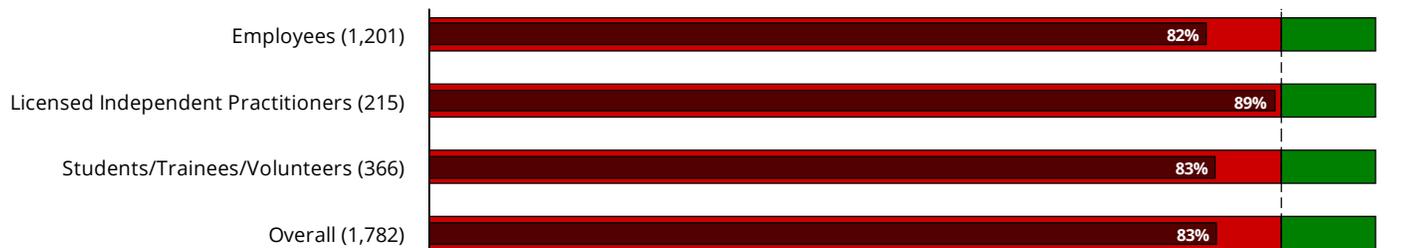
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Methodist Medical Center of Oak Ridge*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



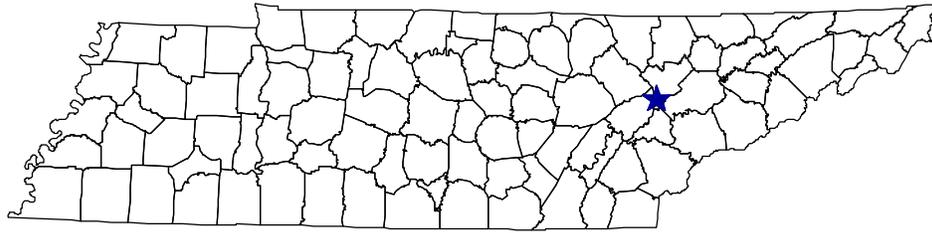
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Methodist Medical Center of Oak Ridge, Oak Ridge, Anderson County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	3.0	3560	1.62	( 0.59, 3.59 )	0.84
	Adult/Pediatric Ward	1	3.4	4608	0.29	( 0.01, 1.43 )	0.75
CAUTI	Adult/Pediatric ICU	6	5.5	6177	1.08	( 0.44, 2.26 )	0.96
	Adult/Pediatric Ward	1	6.8	8245	<b>0.15</b>	<b>( 0.01, 0.72 )</b>	0.72
SSI	Colon surgery	4	2.1	98	1.88	( 0.60, 4.53 )	0.92
	Abdominal hysterectomy	0	0.1	29	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	1	2.9	50259	0.34	( 0.02, 1.65 )	1.33
	C. difficile infection	22	38.3	49229	<b>0.57</b>	<b>( 0.37, 0.86 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

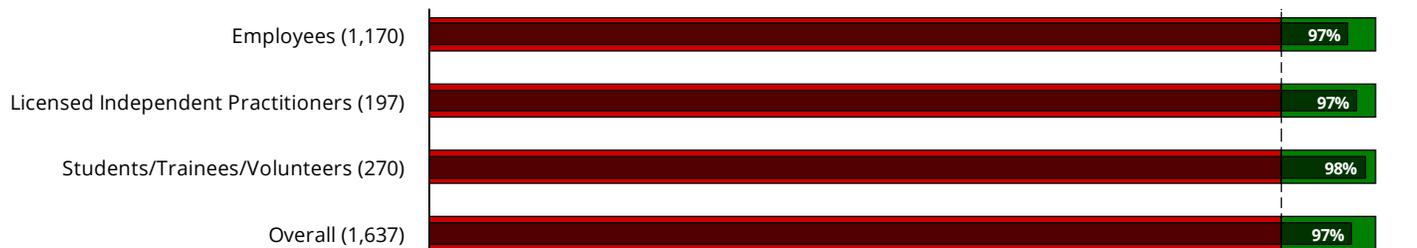
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Methodist Medical Center of Oak Ridge*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



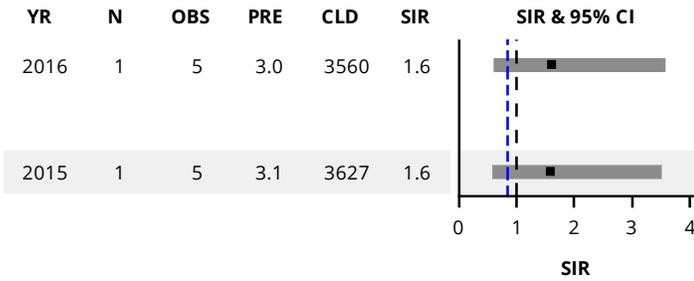
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

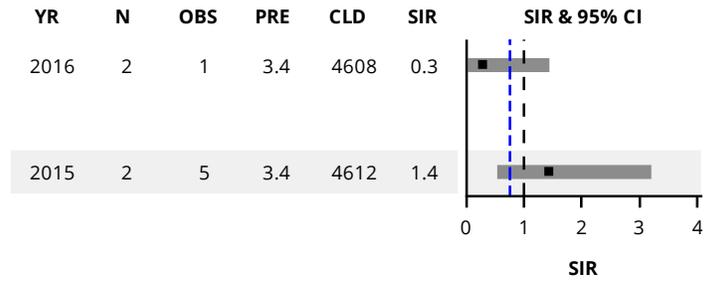
# Methodist Medical Center of Oak Ridge, Oak Ridge, Anderson County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

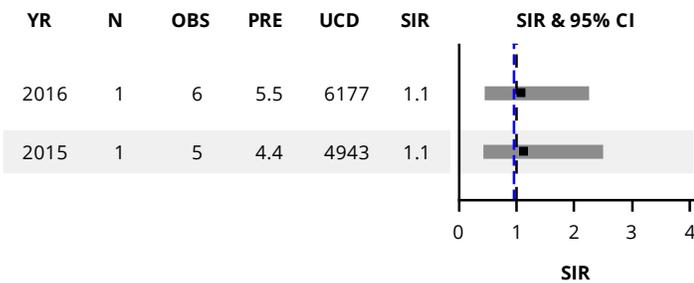


### CLABSI - Adult/Pediatric Wards

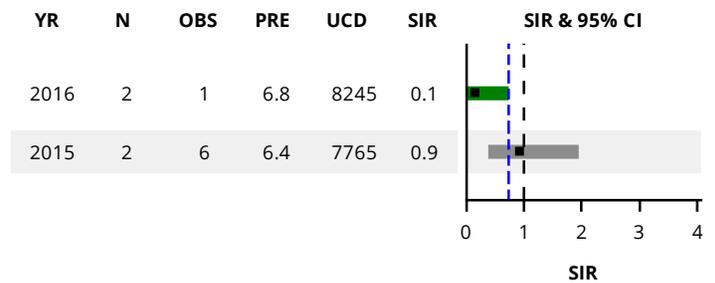


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

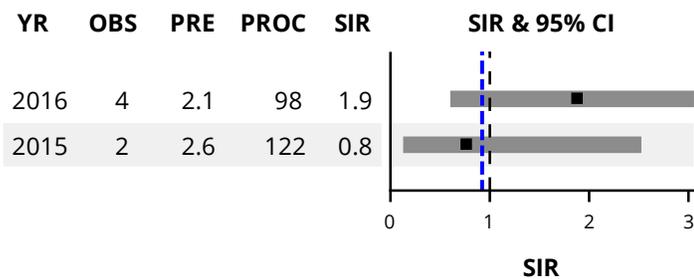


### CAUTI - Adult/Pediatric Wards

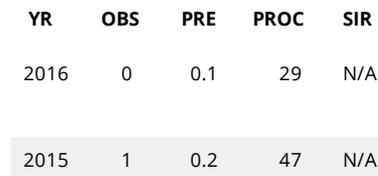


## Surgical Site Infections (SSI)

### SSI - Colon Surgery



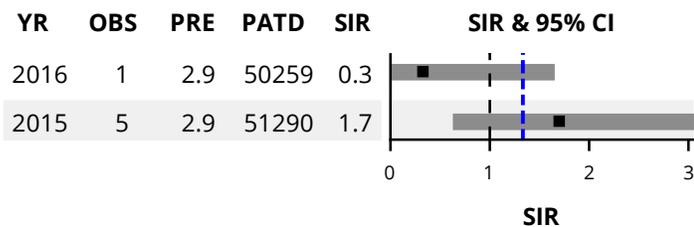
### SSI - Abdominal Hysterectomy



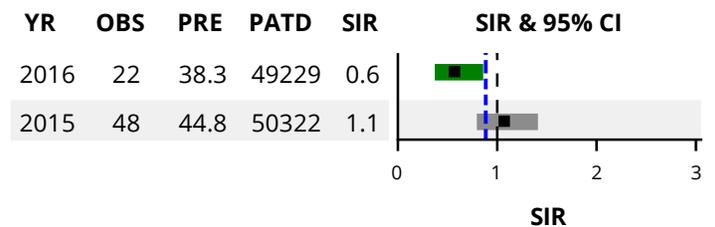
N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

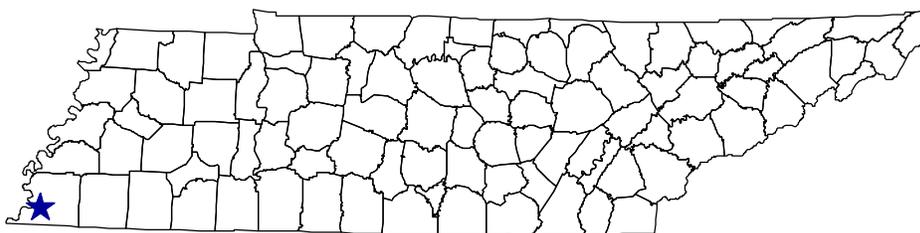
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
■ Not significantly different from NHSN SIR of 1  
■ Significantly higher than NHSN SIR of 1  
- - - 2016 TN SIR  
- - - NHSN SIR=1

## Methodist University Hospital, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	16.1	14323	0.00	(0.00, 0.19)	0.88
	Adult/Pediatric Ward	3	19.5	20086	0.15	(0.04, 0.42)	0.80
CAUTI	Adult/Pediatric ICU	12	21.0	10762	0.57	(0.31, 0.97)	1.06
	Adult/Pediatric Ward	9	11.5	9770	0.78	(0.38, 1.43)	0.70
SSI	Colon surgery	6	5.5	172	1.08	(0.44, 2.24)	0.85
	Abdominal hysterectomy	1	2.0	285	0.49	(0.02, 2.39)	1.14
LabID	MRSA bacteremia	27	11.9	109741	2.26	(1.52, 3.24)	1.26
	C. difficile infection	121	85.5	109741	1.42	(1.18, 1.69)	0.97

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

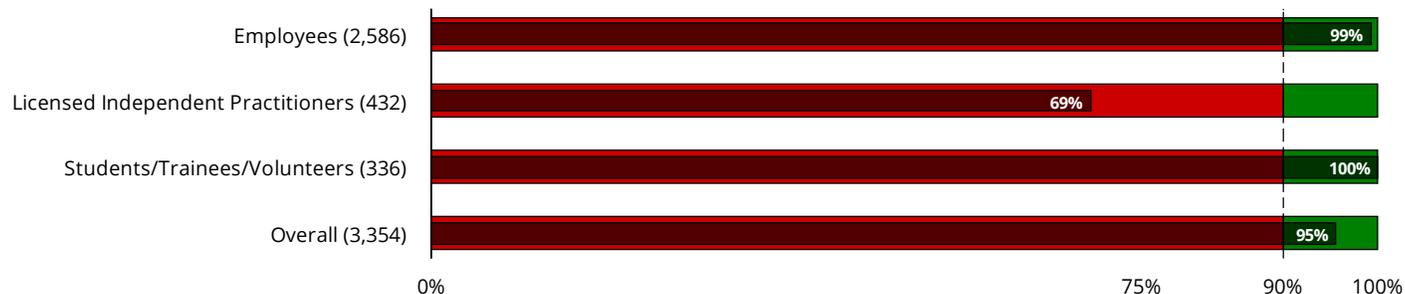
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Methodist University Hospital

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



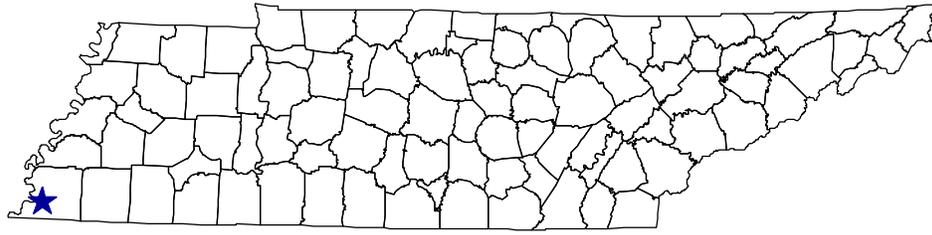
#### Healthcare Personnel Vaccinated (%)

Below 90% >90% (HHS Healthy People 2020 Goal)

# Methodist University Hospital, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	5	16.2	14410	0.31	(0.11, 0.68)	0.84
	Adult/Pediatric Ward	6	16.3	16753	0.37	(0.15, 0.76)	0.75
CAUTI	Adult/Pediatric ICU	9	22.3	11312	0.40	(0.20, 0.74)	0.96
	Adult/Pediatric Ward	6	10.6	8886	0.57	(0.23, 1.18)	0.72
SSI	Colon surgery	7	8.8	257	0.79	(0.35, 1.57)	0.92
	Abdominal hysterectomy	0	1.9	254	0.00	(0.00, 1.57)	1.04
LabID	MRSA bacteremia	41	12.7	117470	3.21	(2.33, 4.31)	1.33
	C. difficile infection	105	87.8	117470	1.20	(0.98, 1.44)	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Methodist University Hospital

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)



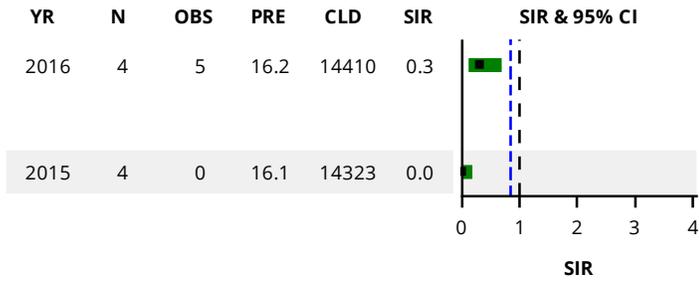
### Healthcare Personnel Vaccinated (%)

Below 90% >90% (HHS Healthy People 2020 Goal)

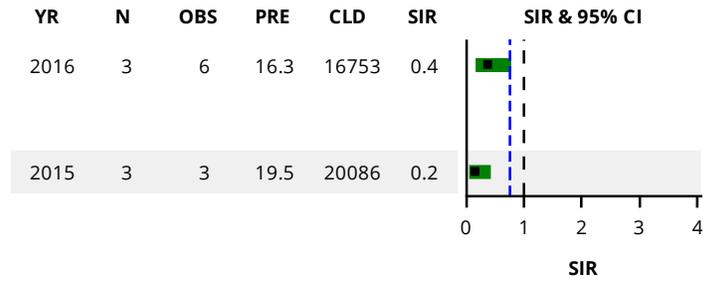
# Methodist University Hospital, Memphis, Shelby County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

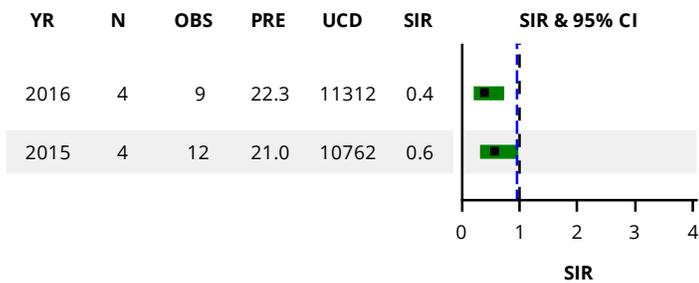


### CLABSI - Adult/Pediatric Wards

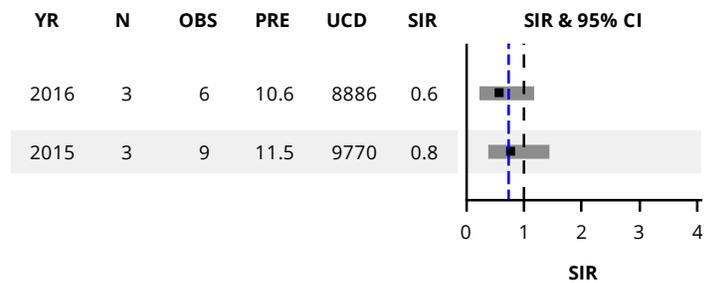


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

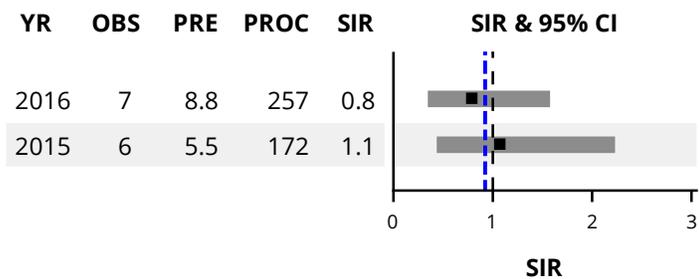


### CAUTI - Adult/Pediatric Wards

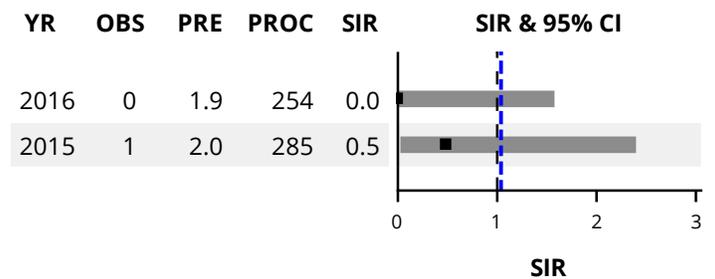


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

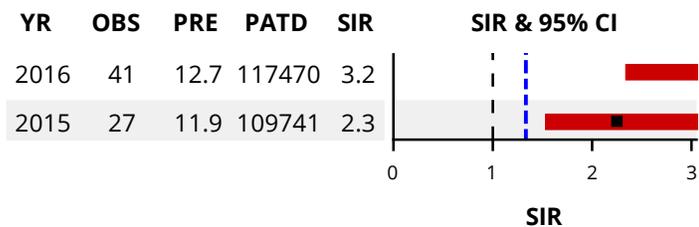


### SSI - Abdominal Hysterectomy

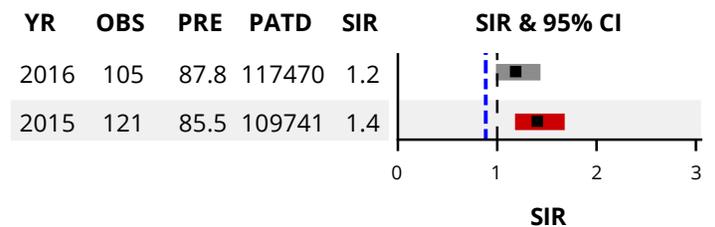


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

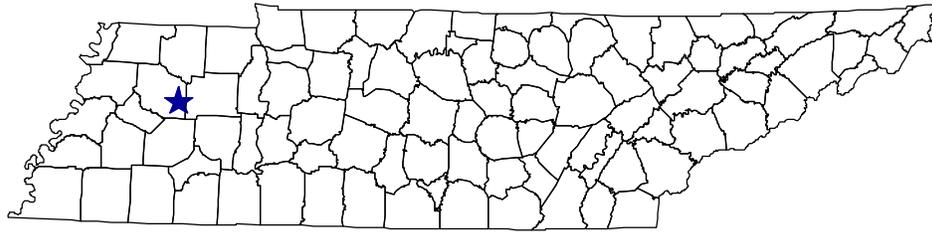
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Milan General Hospital, Milan, Gibson County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.1	245	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.0	80	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.2	409	N/A	N/A	0.70
SSI	Colon surgery	0	0.6	32	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	2115	N/A	N/A	1.26
	C. difficile infection	0	0.4	2115	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

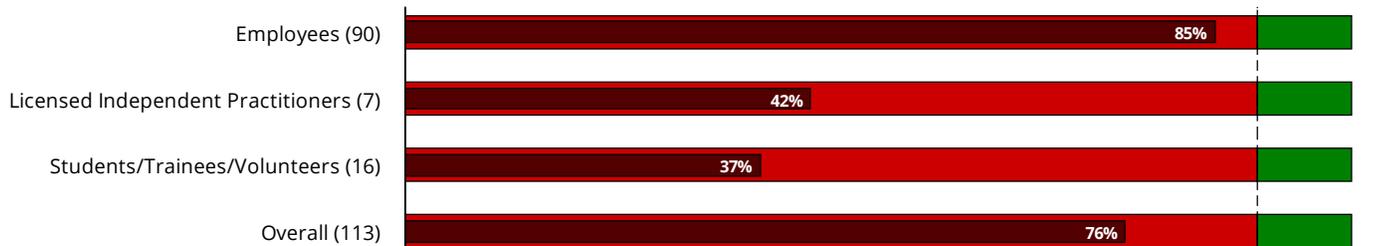
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Milan General Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



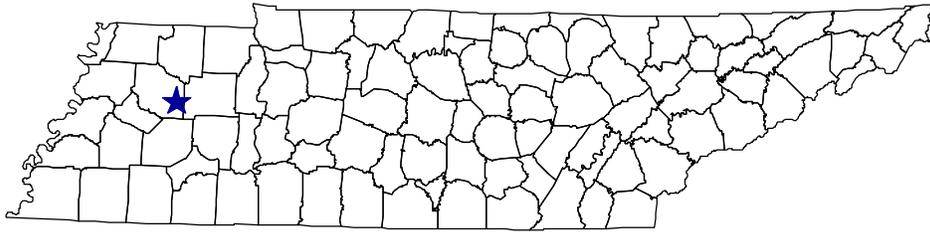
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Milan General Hospital, Milan, Gibson County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.0	96	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.0	69	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.2	534	N/A	N/A	0.72
SSI	Colon surgery	0	0.3	25	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.0	1475	N/A	N/A	1.33
	C. difficile infection	0	0.3	1475	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

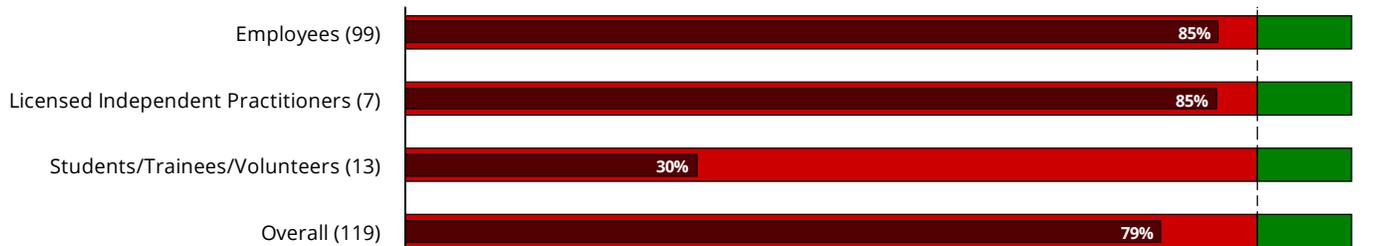
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Milan General Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Milan General Hospital, Milan, Gibson County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	N/A	N/A	N/A	N/A
------	---	-----	-----	-----	-----

N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.0	96	N/A

2015	1	0	0.1	245	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.0	69	N/A

2015	1	0	0.0	80	N/A
------	---	---	-----	----	-----

N/A: Number of predicted infections <1; no SIR calculated

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.2	534	N/A

2015	1	0	0.2	409	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	0	0.3	25	N/A

2015	0	0.6	32	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
------	-----	-----	-----	-----

N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	1475	N/A

2015	0	0.0	2115	N/A
------	---	-----	------	-----

N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	0.3	1475	N/A

2015	0	0.4	2115	N/A
------	---	-----	------	-----

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

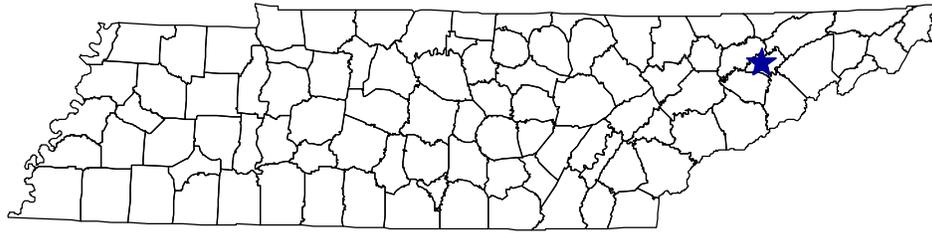
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

<span style="color: green;">■</span>	Significantly lower than NHSN SIR of 1
<span style="color: gray;">■</span>	Not significantly different from NHSN SIR of 1
<span style="color: red;">■</span>	Significantly higher than NHSN SIR of 1
<span style="color: blue;">---</span>	2016 TN SIR
<span style="color: black;">---</span>	NHSN SIR=1

# Morristown-Hamblen Healthcare System, Morristown, Hamblen County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.7	903	N/A	N/A	0.88
	Adult/Pediatric Ward	1	1.5	2064	0.64	(0.03, 3.16)	0.80
CAUTI	Adult/Pediatric ICU	1	1.7	2146	0.56	(0.03, 2.76)	1.06
	Adult/Pediatric Ward	0	2.7	3654	0.00	(0.00, 1.10)	0.70
SSI	Colon surgery	1	1.0	46	0.96	(0.05, 4.72)	0.85
	Abdominal hysterectomy	0	0.2	56	N/A	N/A	1.14
LabID	MRSA bacteremia	0	1.4	24882	0.00	(0.00, 2.11)	1.26
	C. difficile infection	15	16.2	23053	0.93	(0.54, 1.49)	0.97

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Morristown-Hamblen Healthcare System

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



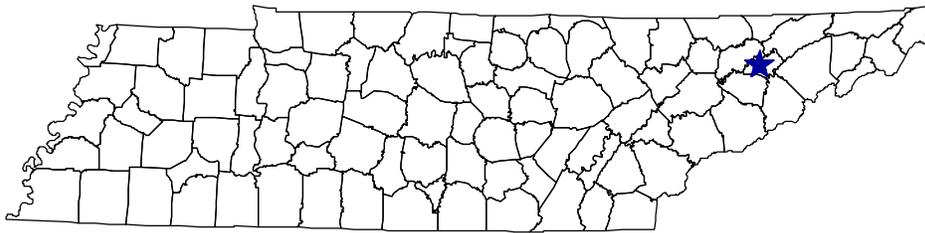
### Healthcare Personnel Vaccinated (%)

Below 90% (Red) | >90% (HHS Healthy People 2020 Goal) (Green)

## Morristown-Hamblen Healthcare System, Morristown, Hamblen County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	1.1	1365	0.00	( 0.00, 2.51 )	0.84
	Adult/Pediatric Ward	0	1.5	2077	0.00	( 0.00, 1.91 )	0.75
CAUTI	Adult/Pediatric ICU	0	2.1	2552	0.00	( 0.00, 1.41 )	0.96
	Adult/Pediatric Ward	0	2.4	3346	0.00	( 0.00, 1.20 )	0.72
SSI	Colon surgery	0	0.8	36	N/A	N/A	0.92
	Abdominal hysterectomy	0	0.3	42	N/A	N/A	1.04
LabID	MRSA bacteremia	0	1.3	24410	0.00	( 0.00, 2.15 )	1.33
	C. difficile infection	12	12.7	22530	0.94	( 0.51, 1.60 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

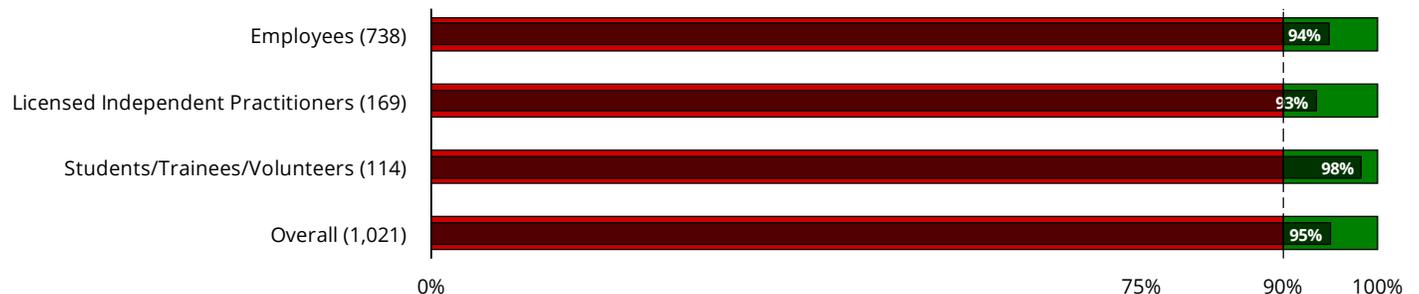
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Morristown-Hamblen Healthcare System*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



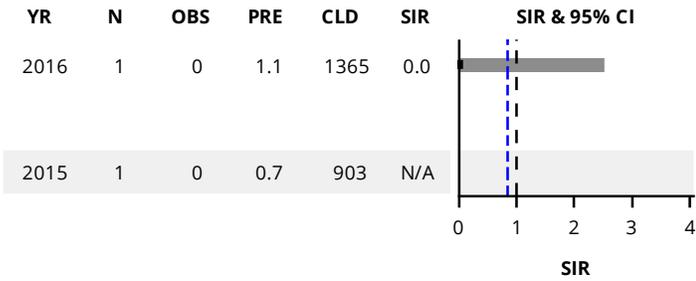
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

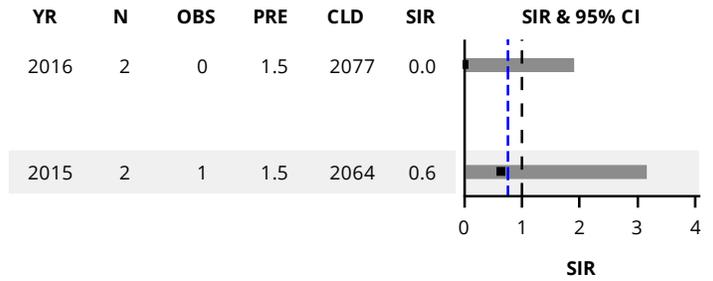
# Morristown-Hamblen Healthcare System, Morristown, Hamblen County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

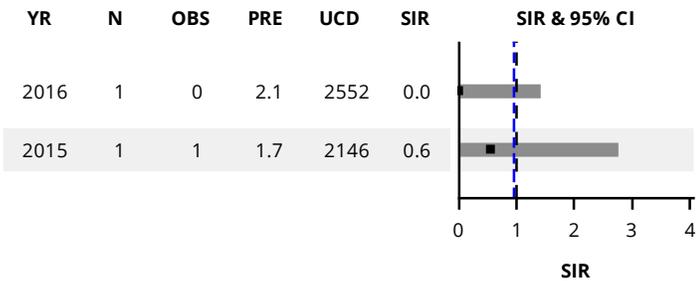


### CLABSI - Adult/Pediatric Wards

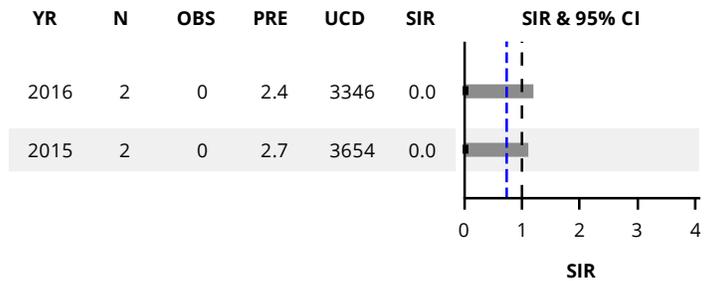


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

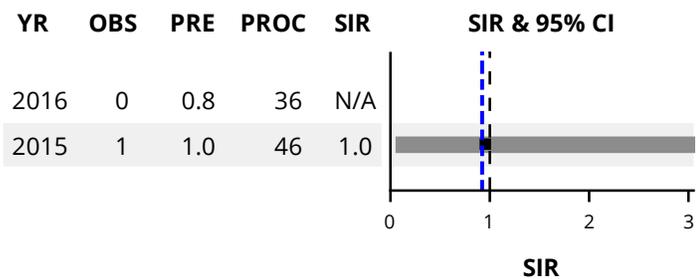


### CAUTI - Adult/Pediatric Wards

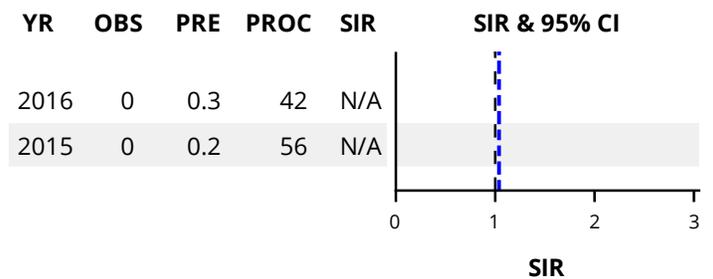


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

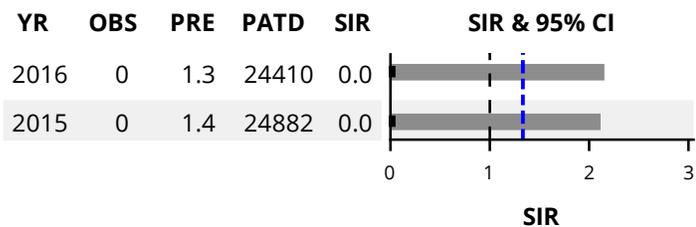


### SSI - Abdominal Hysterectomy

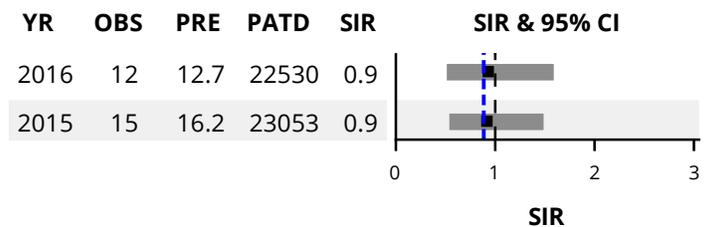


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

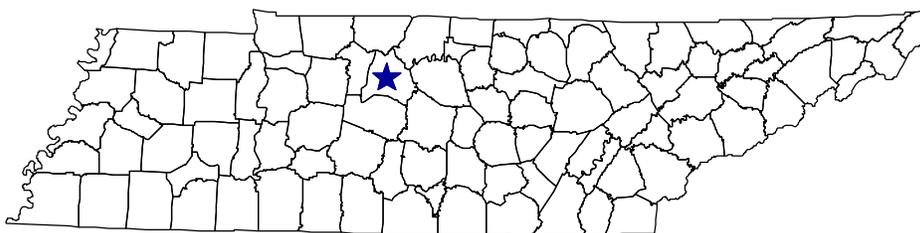
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Nashville General Hospital at Meharry, Nashville, Davidson County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	7	0.9	986	N/A	N/A	0.88
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.92
	Adult/Pediatric Ward	1	0.7	845	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	3	1.1	1098	2.57	( 0.65, 6.99 )	1.06
	Adult/Pediatric Ward	3	0.8	852	N/A	N/A	0.70
SSI	Colon surgery	2	1.5	43	1.33	( 0.22, 4.38 )	0.85
	Abdominal hysterectomy	1	0.2	27	N/A	N/A	1.14
LabID	MRSA bacteremia	4	0.9	17203	N/A	N/A	1.26
	C. difficile infection	3	7.3	16406	0.41	( 0.10, 1.11 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

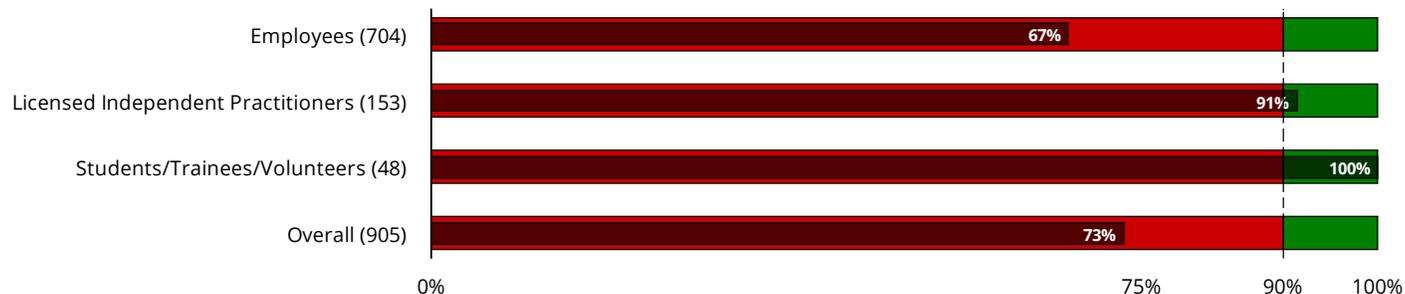
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Nashville General Hospital at Meharry*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



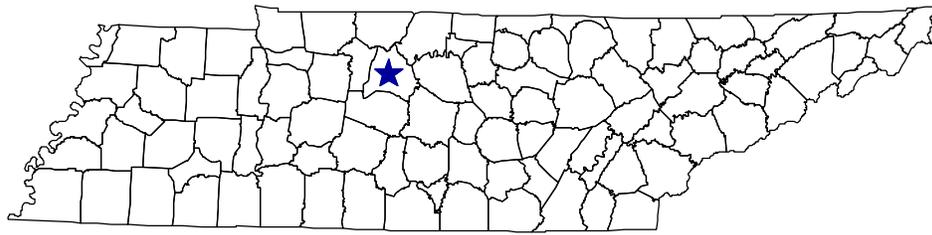
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Nashville General Hospital at Meharry, Nashville, Davidson County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	1	1.1	1219	0.84	( 0.04, 4.13 )	0.84
	Neonatal ICU	N/A	N/A	N/A	N/A	N/A	0.63
	Adult/Pediatric Ward	0	0.8	1050	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	1.7	1607	0.00	( 0.00, 1.75 )	0.96
	Adult/Pediatric Ward	2	0.8	907	N/A	N/A	0.72
SSI	Colon surgery	1	1.7	53	0.56	( 0.03, 2.74 )	0.92
	Abdominal hysterectomy	1	0.3	38	N/A	N/A	1.04
LabID	MRSA bacteremia	1	1.0	17112	0.96	( 0.05, 4.74 )	1.33
	C. difficile infection	1	7.5	16495	0.13	( 0.01, 0.65 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

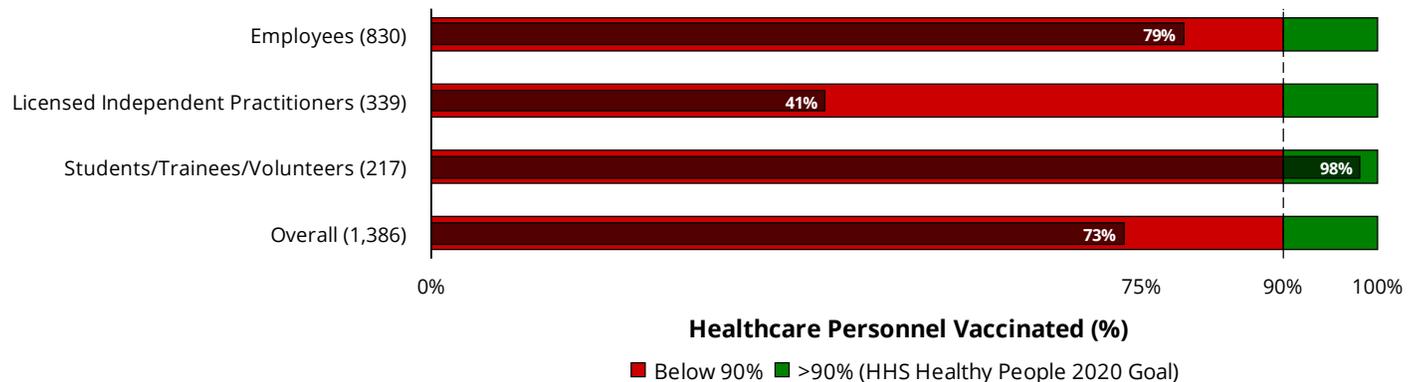
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Nashville General Hospital at Meharry*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

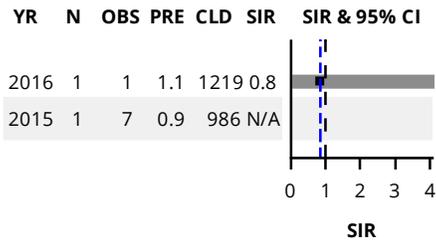
#### Healthcare Personnel Category (Total)



# Nashville General Hospital at Meharry, Nashville, Davidson County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs



### CLABSI - Neonatal ICUs

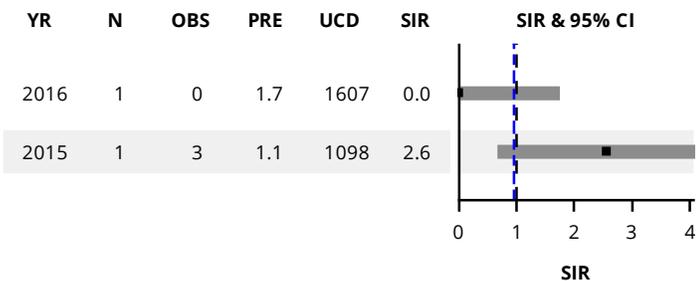
### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	2	0	0.8	1050	N/A
2015	2	1	0.7	845	N/A

N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs



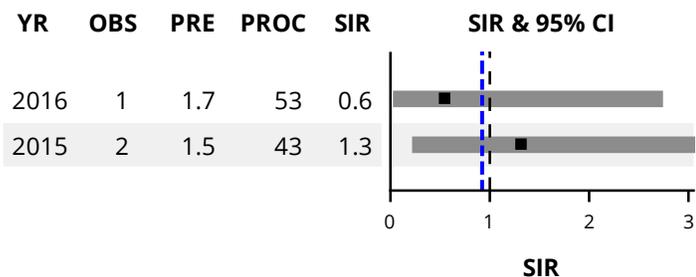
### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	2	2	0.8	907	N/A
2015	2	3	0.8	852	N/A

N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery



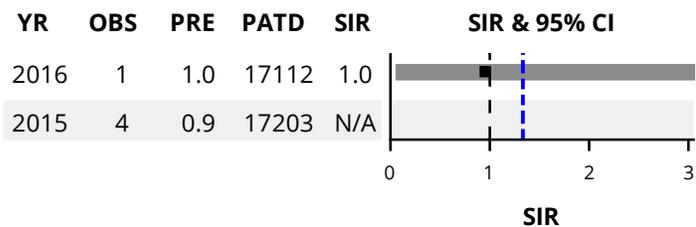
### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	1	0.3	38	N/A
2015	1	0.2	27	N/A

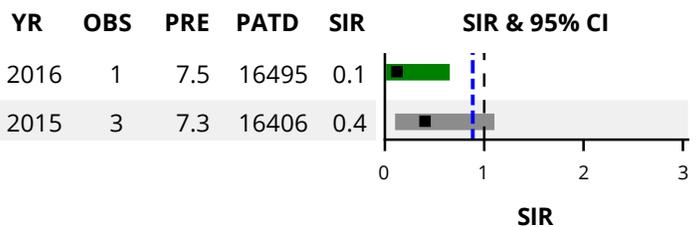
N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

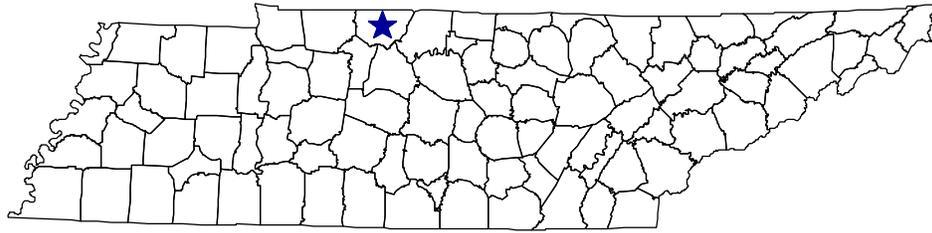
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## NorthCrest Medical Center, Springfield, Robertson County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.4	629	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.8	1256	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.8	1160	N/A	N/A	1.06
	Adult/Pediatric Ward	1	1.0	1496	0.97	( 0.05, 4.78 )	0.70
SSI	Colon surgery	0	0.6	26	N/A	N/A	0.85
	Abdominal hysterectomy	0	0.1	31	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.7	17221	N/A	N/A	1.26
	C. difficile infection	7	5.4	16086	1.27	( 0.56, 2.52 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

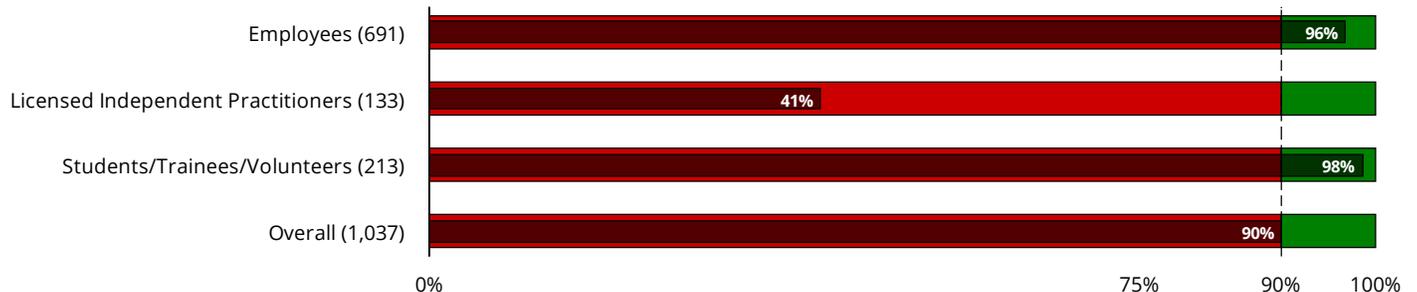
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at NorthCrest Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



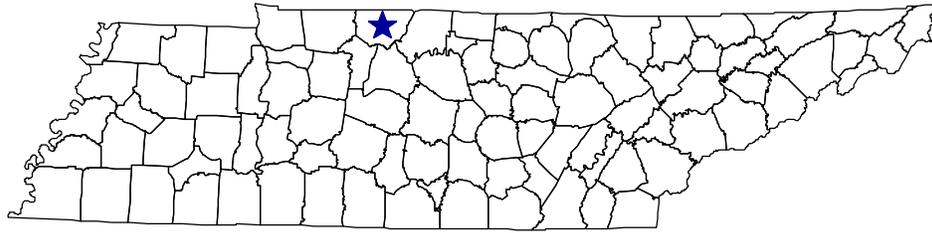
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# NorthCrest Medical Center, Springfield, Robertson County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.8	1113	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.8	1376	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	1	1.0	1454	0.92	( 0.05, 4.56 )	0.96
	Adult/Pediatric Ward	1	0.9	1379	N/A	N/A	0.72
SSI	Colon surgery	0	0.7	33	N/A	N/A	0.92
	Abdominal hysterectomy	0	0.2	61	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.6	16886	N/A	N/A	1.33
	C. difficile infection	3	7.0	15615	0.42	( 0.11, 1.15 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at NorthCrest Medical Center*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)



### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# NorthCrest Medical Center, Springfield, Robertson County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.8	1113	N/A

2015	1	0	0.4	629	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

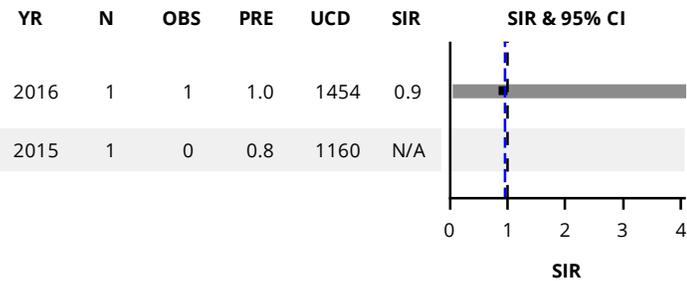
YR	N	OBS	PRE	CLD	SIR
2016	2	0	0.8	1376	N/A

2015	2	0	0.8	1256	N/A
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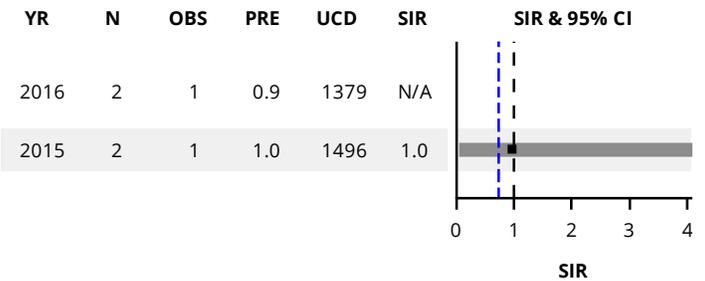
N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs



### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	0	0.7	33	N/A

2015	0	0.6	26	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	0	0.2	61	N/A

2015	0	0.1	31	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

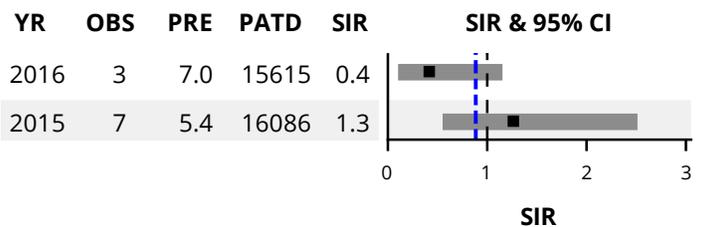
### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.6	16886	N/A

2015	0	0.7	17221	N/A
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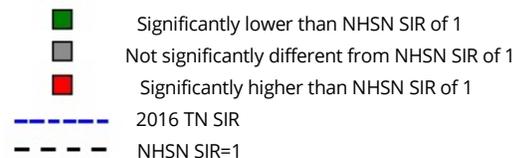
N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

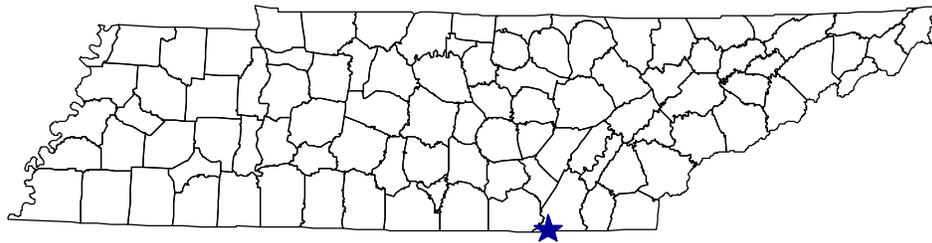
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



## Parkridge East Hospital, Chattanooga, Hamilton County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections			Standardized Infection Ratio (SIR)		
		Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.3	399	N/A	N/A	0.88
	Neonatal ICU	1	0.3	238	N/A	N/A	0.92
	Adult/Pediatric Ward	0	0.3	545	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	1	0.8	1210	N/A	N/A	1.06
	Adult/Pediatric Ward	1	1.0	1539	1.00	( 0.05, 4.91 )	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	0	1.6	379	0.00	( 0.00, 1.83 )	1.14
LabID	MRSA bacteremia	1	0.9	22398	N/A	N/A	1.26
	C. difficile infection	9	13.2	20954	0.68	( 0.33, 1.25 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

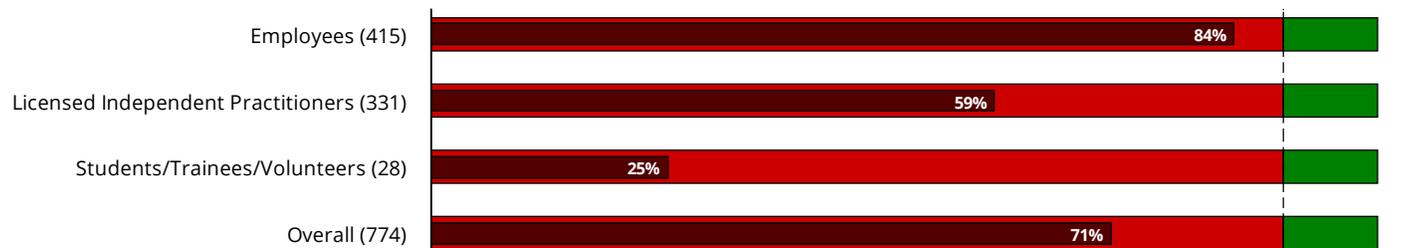
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Parkridge East Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



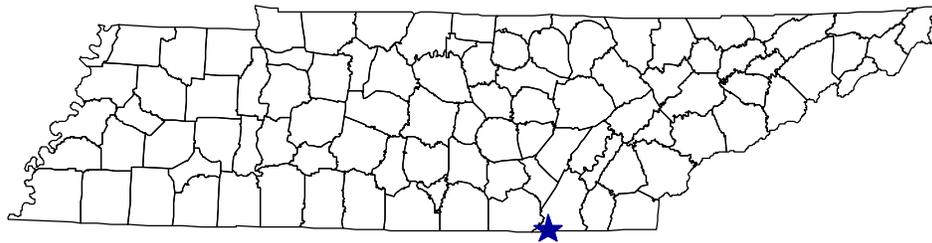
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Parkridge East Hospital, Chattanooga, Hamilton County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.4	533	N/A	N/A	0.84
	Neonatal ICU	0	0.3	204	N/A	N/A	0.63
	Adult/Pediatric Ward	0	0.3	508	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	1	0.9	1283	N/A	N/A	0.96
	Adult/Pediatric Ward	2	0.8	1374	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	0	1.5	346	0.00	( 0.00, 1.92 )	1.04
LabID	MRSA bacteremia	2	0.6	19556	N/A	N/A	1.33
	C. difficile infection	5	10.4	16521	0.48	( 0.18, 1.06 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

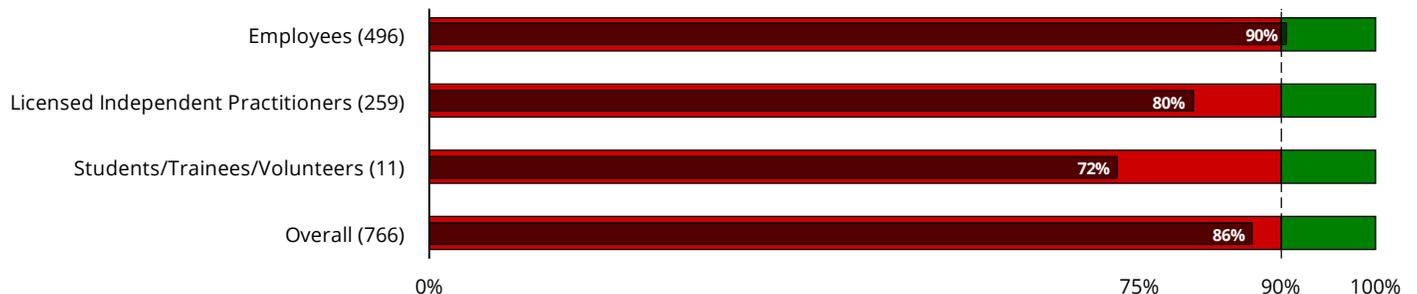
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Parkridge East Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Parkridge East Hospital, Chattanooga, Hamilton County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	1	0.4	533	N/A

2015	1	1	0.3	399	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Neonatal ICUs

YR	N	OBS	PRE	CLD	SIR
2016	2	0	0.3	508	N/A

2015	2	0	0.3	545	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

## Catheter-Associated Urinary Tract Infections (CAUTI)

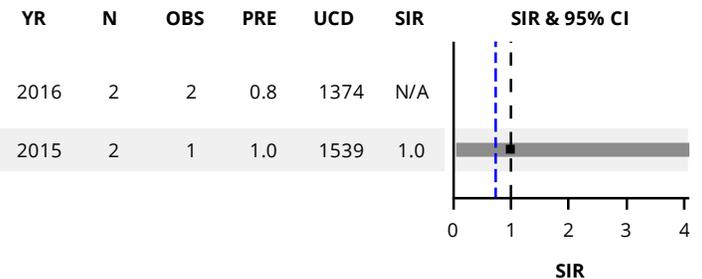
### CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRE	UCD	SIR
2016	1	1	0.9	1283	N/A

2015	1	1	0.8	1210	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

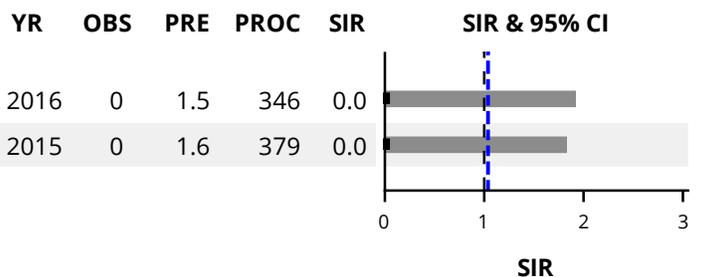
### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy



## Healthcare Facility-Onset Laboratory Identified (LabID) Events

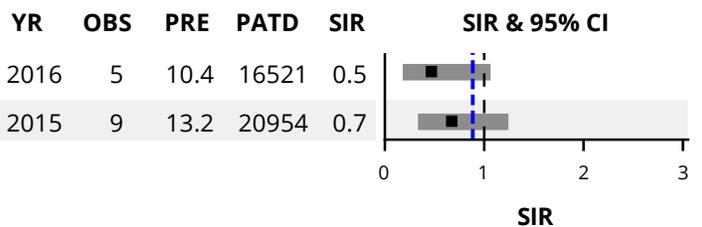
### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	2	0.6	19556	N/A

2015	1	0.9	22398	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

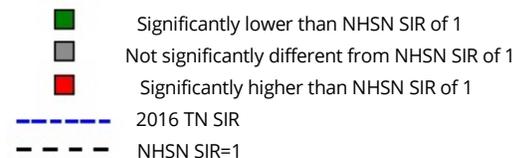
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

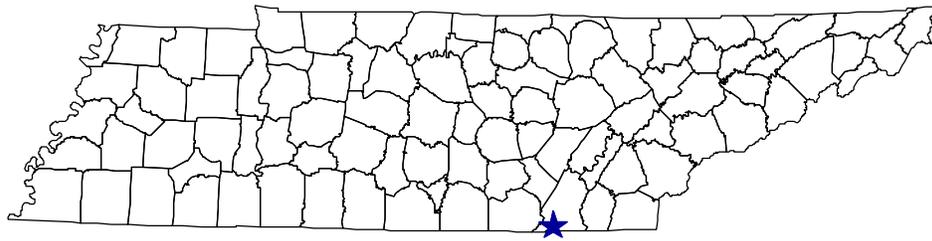
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



## Parkridge Medical Center, Chattanooga, Hamilton County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	8	3.0	3500	<b>2.63</b>	<b>( 1.22, 5.00 )</b>	0.88
	Adult/Pediatric Ward	4	2.7	3706	1.44	( 0.46, 3.47 )	0.80
CAUTI	Adult/Pediatric ICU	4	5.6	5204	0.70	( 0.22, 1.70 )	1.06
	Adult/Pediatric Ward	3	3.9	4680	0.77	( 0.20, 2.09 )	0.70
SSI	Colon surgery	3	1.3	68	2.25	( 0.57, 6.12 )	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	3	1.8	38123	1.64	( 0.42, 4.46 )	1.26
	C. difficile infection	31	27.1	38123	1.14	( 0.79, 1.60 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

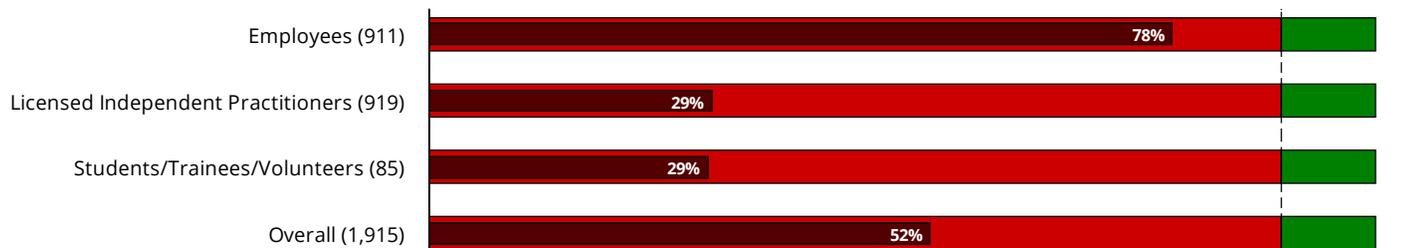
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Parkridge Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



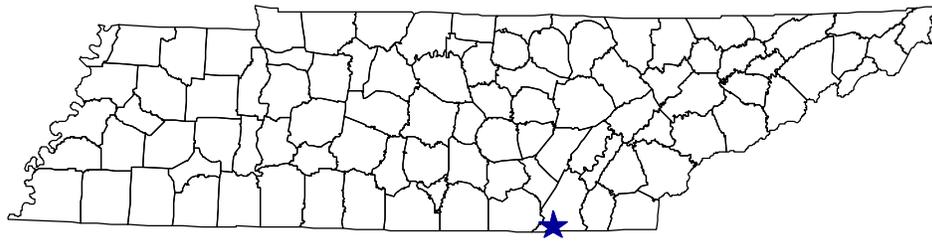
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Parkridge Medical Center, Chattanooga, Hamilton County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	5	2.7	3221	1.79	( 0.66, 3.97 )	0.84
	Adult/Pediatric Ward	6	2.3	3079	<b>2.60</b>	<b>( 1.05, 5.41 )</b>	0.75
CAUTI	Adult/Pediatric ICU	10	4.9	4536	<b>2.01</b>	<b>( 1.02, 3.59 )</b>	0.96
	Adult/Pediatric Ward	4	3.7	4536	1.06	( 0.34, 2.56 )	0.72
SSI	Colon surgery	1	1.6	81	0.59	( 0.03, 2.91 )	0.92
	Abdominal hysterectomy	0	0.2	40	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	3	1.6	32767	1.82	( 0.46, 4.95 )	1.33
	C. difficile infection	25	20.4	32767	1.23	( 0.81, 1.78 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

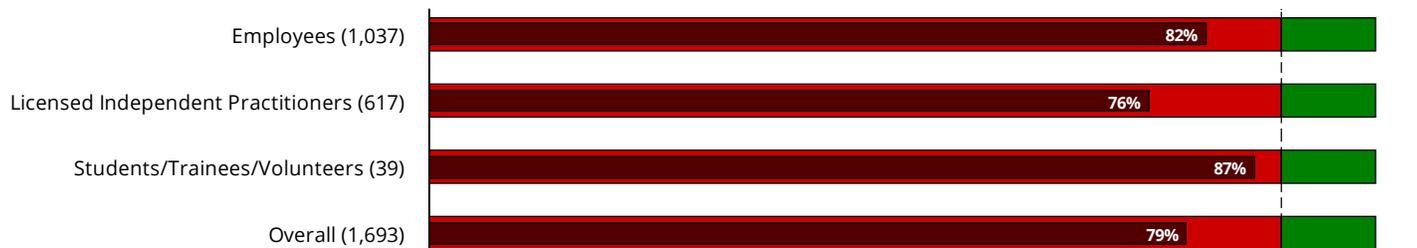
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Parkridge Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



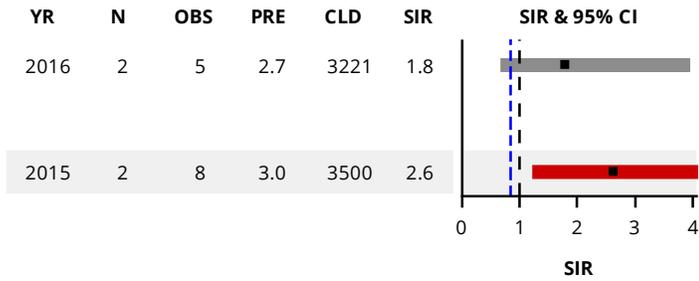
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

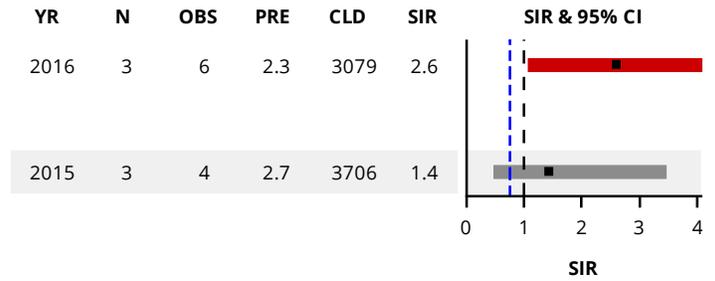
# Parkridge Medical Center, Chattanooga, Hamilton County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

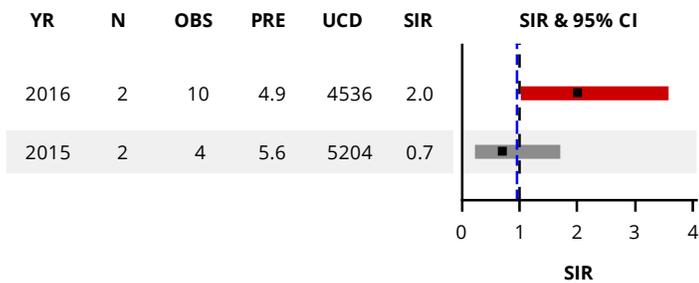


### CLABSI - Adult/Pediatric Wards

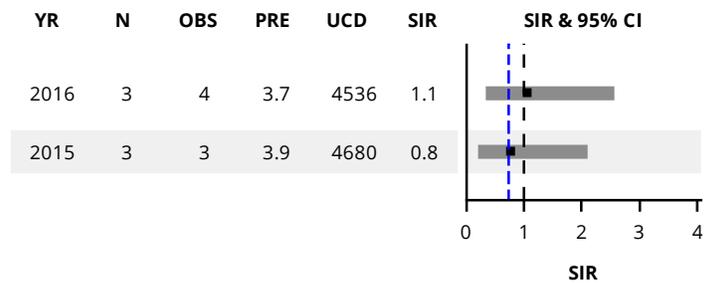


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

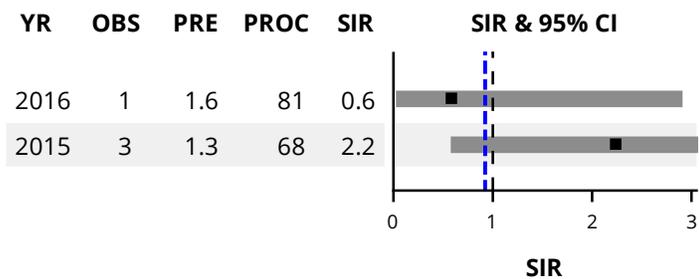


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



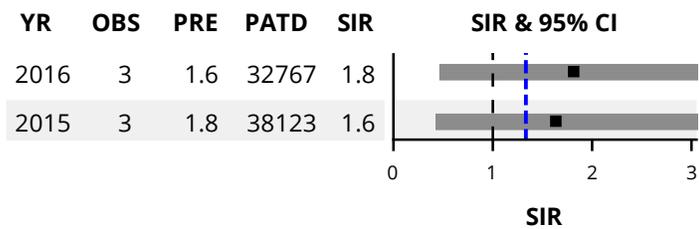
### SSI - Abdominal Hysterectomy



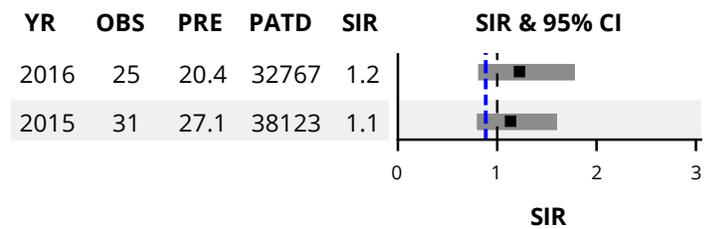
N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

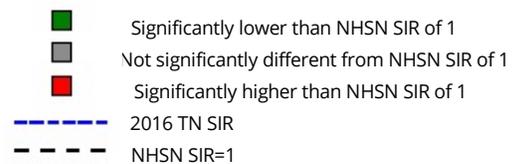
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRE = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

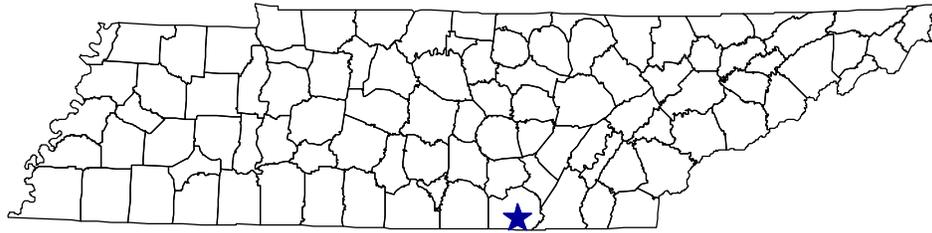
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



## Parkridge West Hospital (Grandview Medical Center), Jasper, Marion County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.88
	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.0	57	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	1368	N/A	N/A	1.26
	C. difficile infection	0	0.8	3378	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

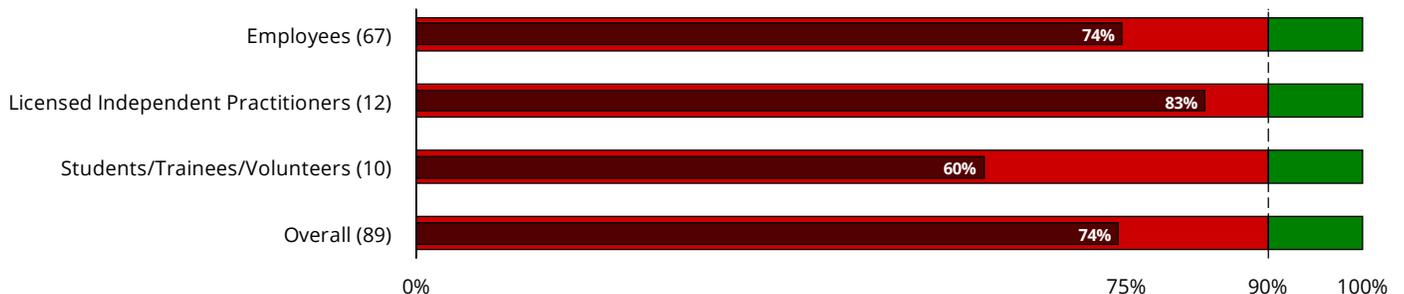
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Parkridge West Hospital (Grandview Medical Center)*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



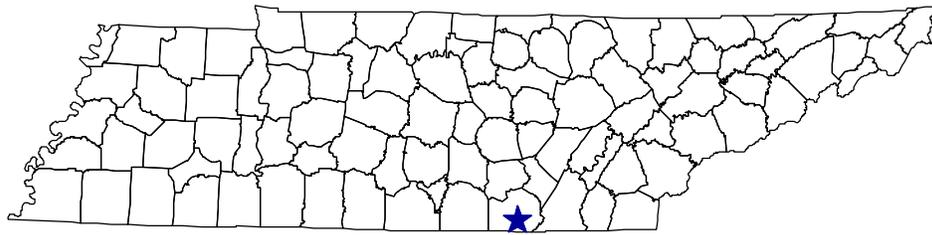
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Parkridge West Hospital (Grandview Medical Center), Jasper, Marion County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
LabID	MRSA bacteremia	0	0.0	3104	N/A	N/A	1.33
	C. difficile infection	0	0.7	3104	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

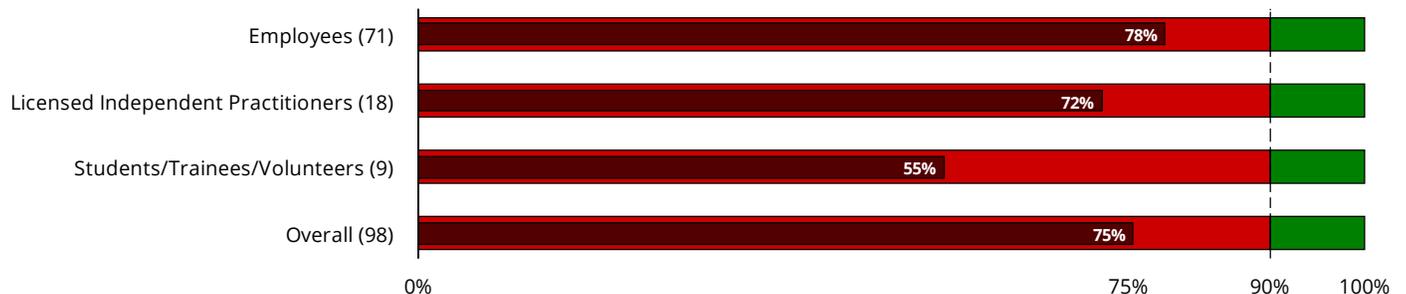
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Parkridge West Hospital (Grandview Medical Center)*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Parkridge West Hospital (Grandview Medical Center), Jasper, Marion County

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	0.0	3104	N/A
2015	0	0.0	1368	N/A

YR	OBS	PRE	PATD	SIR
2016	0	0.7	3104	N/A
2015	0	0.8	3378	N/A

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

**YR** = reporting year; **N** = number of units reporting (CLABS/CAUTI); **OBS** = observed number of infections

**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

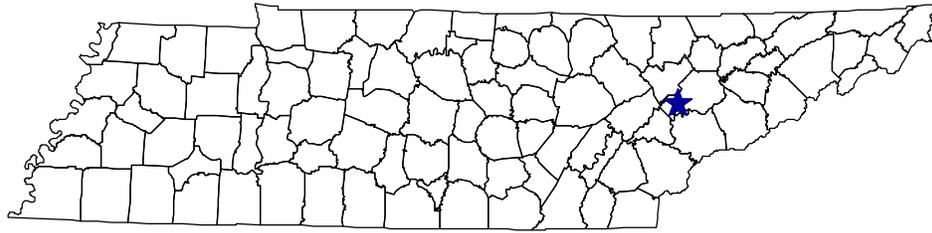
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- 2016 TN SIR
- NHSN SIR=1

## Parkwest Medical Center- Knoxville, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	3	4.3	4971	0.70	( 0.18, 1.89 )	0.88
	Adult/Pediatric Ward	4	5.6	7472	0.71	( 0.23, 1.72 )	0.80
CAUTI	Adult/Pediatric ICU	7	4.8	5405	1.45	( 0.63, 2.86 )	1.06
	Adult/Pediatric Ward	4	5.6	6882	0.70	( 0.22, 1.70 )	0.70
SSI	Colon surgery	0	3.8	193	<b>0.00</b>	<b>( 0.00, 0.78 )</b>	0.85
	Abdominal hysterectomy	5	1.9	337	2.60	( 0.95, 5.77 )	1.14
LabID	MRSA bacteremia	4	4.1	79134	0.96	( 0.30, 2.31 )	1.26
	C. difficile infection	49	61.5	77079	0.80	( 0.60, 1.05 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

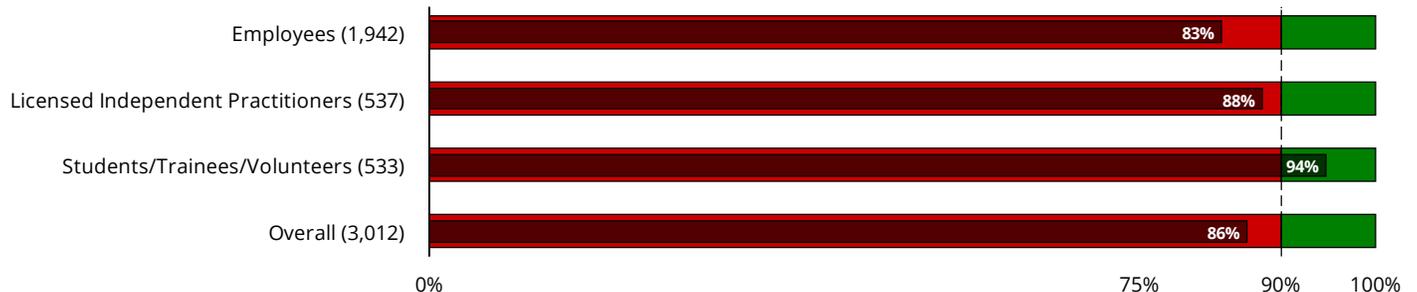
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Parkwest Medical Center- Knoxville*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



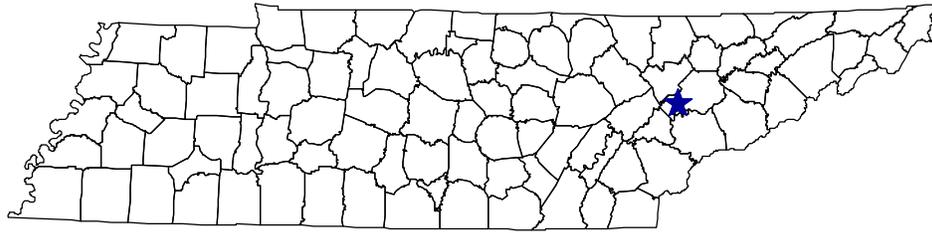
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Parkwest Medical Center- Knoxville, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	4.1	4815	0.48	( 0.08, 1.58 )	0.84
	Adult/Pediatric Ward	6	5.0	6778	1.18	( 0.48, 2.46 )	0.75
CAUTI	Adult/Pediatric ICU	6	5.5	6149	1.09	( 0.44, 2.27 )	0.96
	Adult/Pediatric Ward	6	5.7	6974	1.04	( 0.42, 2.17 )	0.72
SSI	Colon surgery	1	4.1	209	0.24	( 0.01, 1.19 )	0.92
	Abdominal hysterectomy	2	2.0	362	0.98	( 0.17, 3.24 )	1.04
LabID	MRSA bacteremia	10	4.0	82894	<b>2.49</b>	<b>( 1.27, 4.44 )</b>	1.33
	C. difficile infection	40	58.4	80087	<b>0.68</b>	<b>( 0.50, 0.92 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Parkwest Medical Center- Knoxville*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



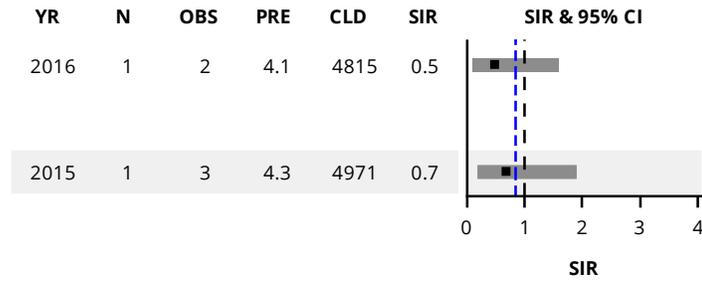
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

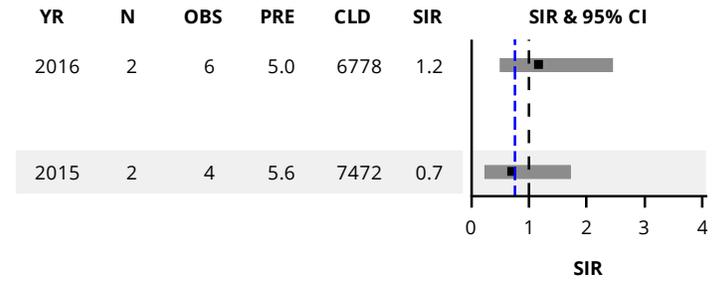
# Parkwest Medical Center- Knoxville, Knoxville, Knox County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

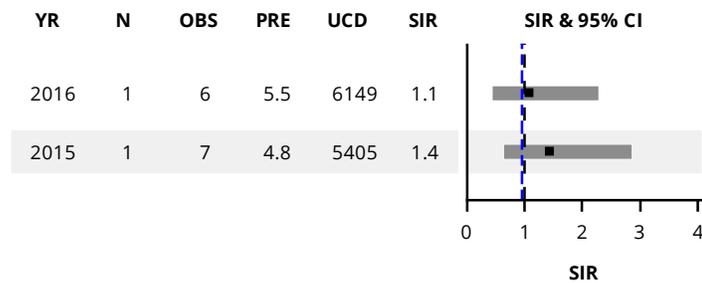


### CLABSI - Adult/Pediatric Wards

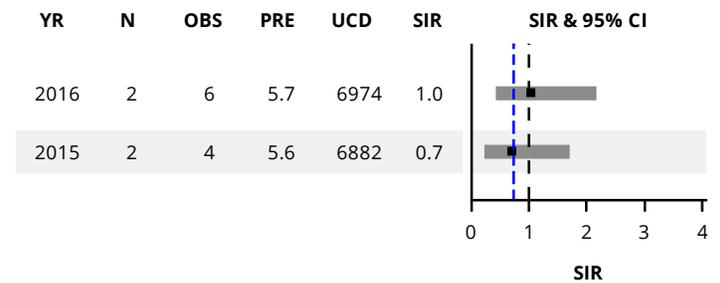


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

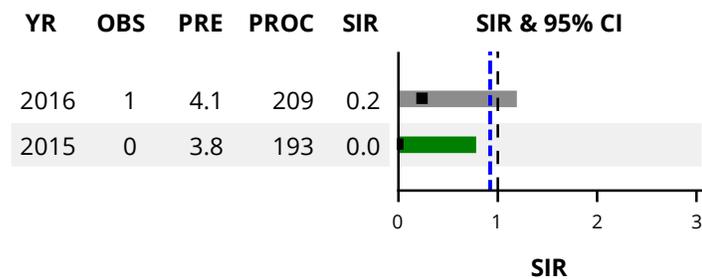


### CAUTI - Adult/Pediatric Wards

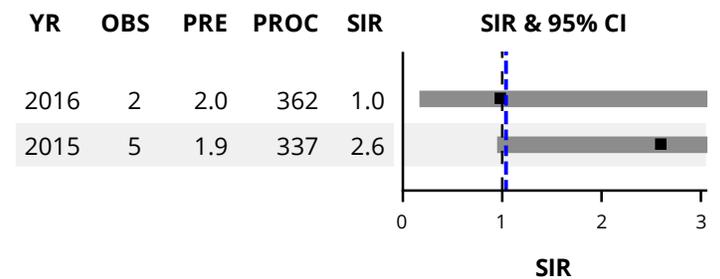


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

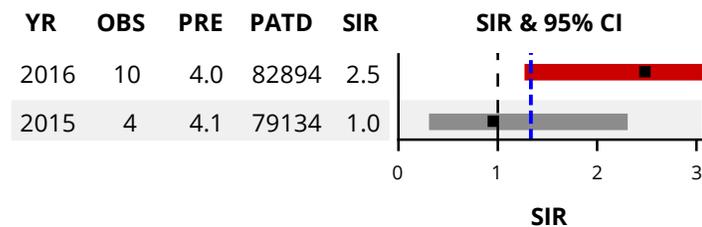


### SSI - Abdominal Hysterectomy

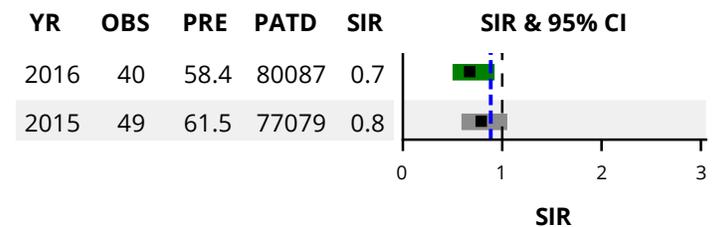


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

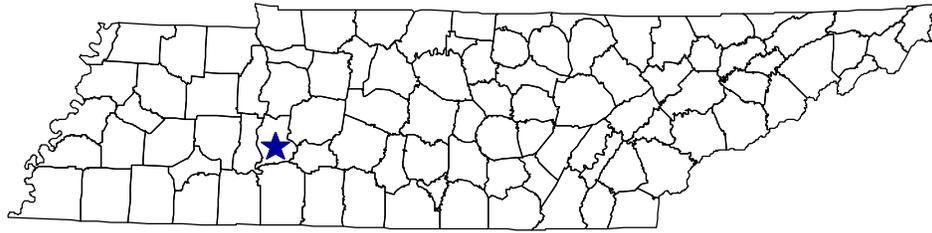
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Perry Community Hospital, Linden, Perry County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.0	76	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.5	939	N/A	N/A	0.70
LabID	MRSA bacteremia	1	0.0	2149	N/A	N/A	1.26
	C. difficile infection	2	0.7	2149	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

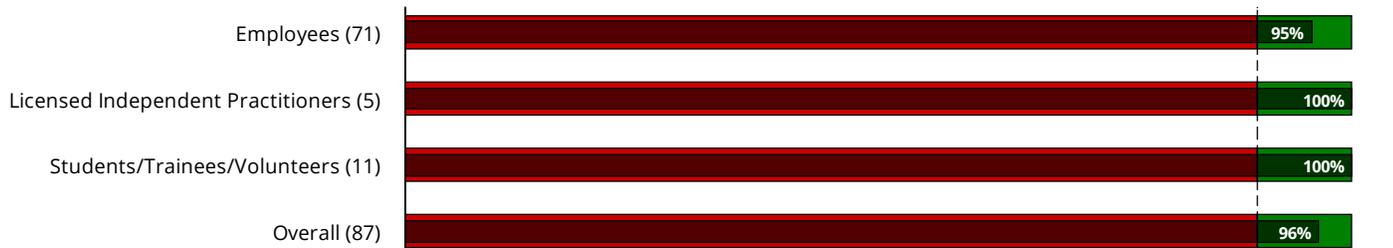
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Perry Community Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



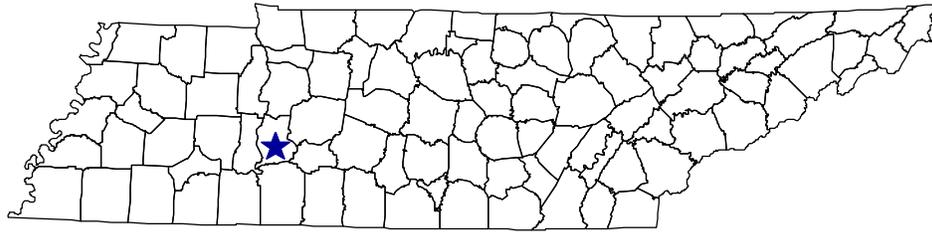
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Perry Community Hospital, Linden, Perry County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.4	895	N/A	N/A	0.72
LabID	MRSA bacteremia	0	0.0	1844	N/A	N/A	1.33
	C. difficile infection	1	0.3	1844	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

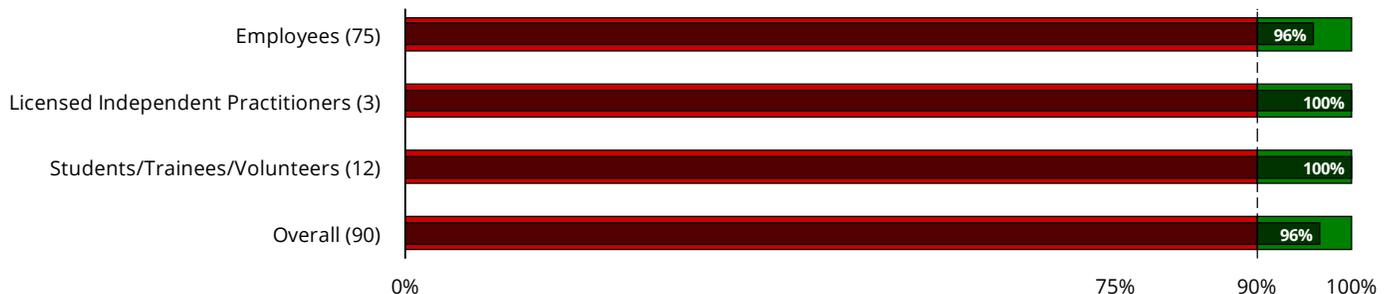
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Perry Community Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Perry Community Hospital, Linden, Perry County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	0	0.0	76	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.4	895	N/A

2015	1	0	0.5	939	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	1844	N/A

2015	1	0.0	2149	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	1	0.3	1844	N/A

2015	2	0.7	2149	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



Significantly lower than NHSN SIR of 1



Not significantly different from NHSN SIR of 1



Significantly higher than NHSN SIR of 1



2016 TN SIR

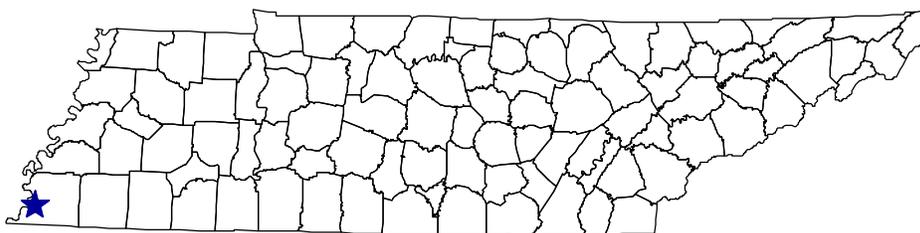


NHSN SIR=1

## Regional One Health (Reg. Med.Ctr Memphis), Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	12	4.0	3548	<b>3.00</b>	<b>( 1.62, 5.10 )</b>	0.88
	Neonatal ICU	7	6.1	3463	1.13	( 0.50, 2.24 )	0.92
	Adult/Pediatric Ward	1	2.9	3017	0.34	( 0.02, 1.68 )	0.80
CAUTI	Adult/Pediatric ICU	81	27.7	11465	<b>2.92</b>	<b>( 2.33, 3.61 )</b>	1.06
	Adult/Pediatric Ward	3	1.9	1683	1.53	( 0.39, 4.17 )	0.70
SSI	Colon surgery	15	7.7	146	<b>1.93</b>	<b>( 1.12, 3.11 )</b>	0.85
	Abdominal hysterectomy	1	0.7	60	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	31	7.1	88557	<b>4.31</b>	<b>( 2.98, 6.04 )</b>	1.26
	C. difficile infection	37	46.9	69910	0.79	( 0.56, 1.07 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

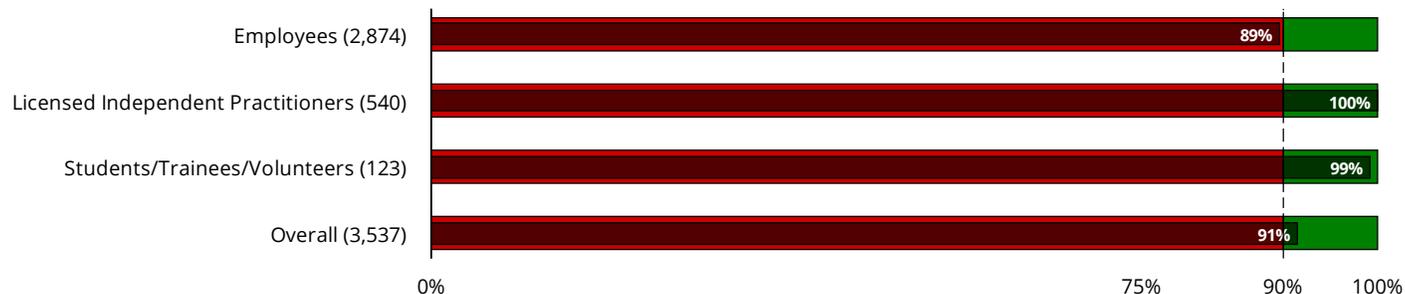
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Regional One Health (Reg. Med.Ctr Memphis)

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



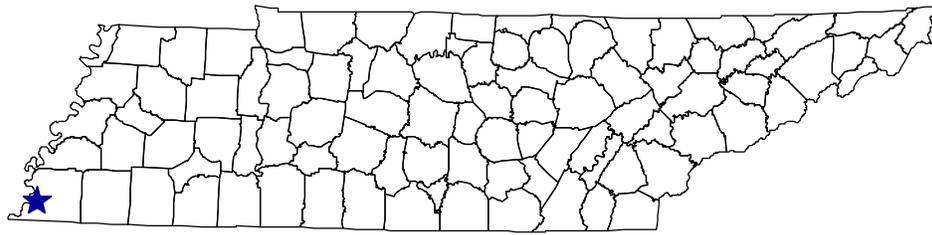
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Regional One Health (Reg. Med.Ctr Memphis), Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	10	4.3	3855	<b>2.30</b>	<b>(1.17, 4.10)</b>	0.84
	Neonatal ICU	7	4.2	2338	1.65	(0.72, 3.26)	0.63
	Adult/Pediatric Ward	3	3.0	3163	0.97	(0.25, 2.65)	0.75
CAUTI	Adult/Pediatric ICU	48	26.5	11243	<b>1.81</b>	<b>(1.35, 2.37)</b>	0.96
	Adult/Pediatric Ward	3	1.9	1715	1.50	(0.38, 4.09)	0.72
SSI	Colon surgery	18	10.5	243	<b>1.71</b>	<b>(1.04, 2.64)</b>	0.92
	Abdominal hysterectomy	2	0.6	53	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	26	9.1	88795	<b>2.85</b>	<b>(1.90, 4.11)</b>	1.33
	C. difficile infection	32	48.5	68882	<b>0.66</b>	<b>(0.46, 0.92)</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

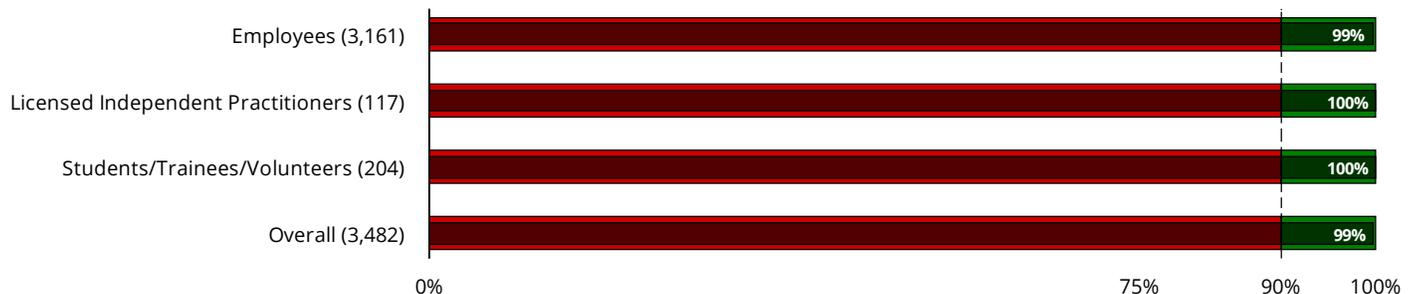
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Regional One Health (Reg. Med.Ctr Memphis)*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



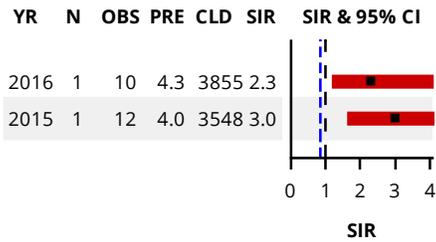
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

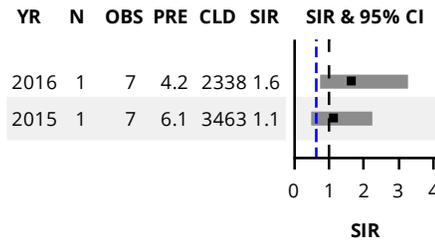
# Regional One Health (Reg. Med.Ctr Memphis), Memphis, Shelby County

## Central Line-Associated Bloodstream Infections (CLABSI)

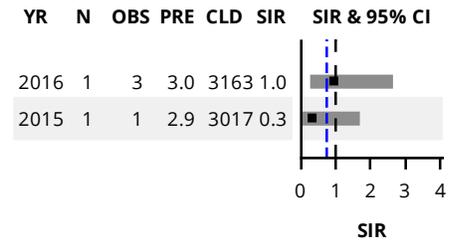
### CLABSI - Adult/Pediatric ICUs



### CLABSI - Neonatal ICUs

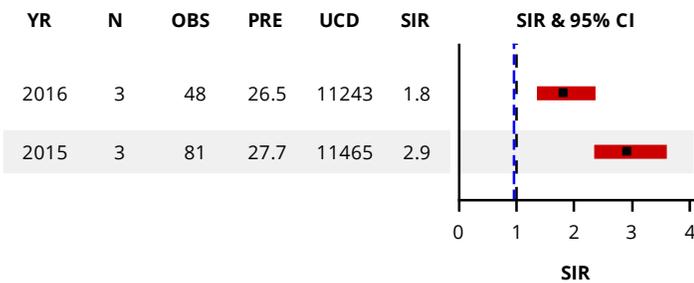


### CLABSI - Adult/Pediatric Wards

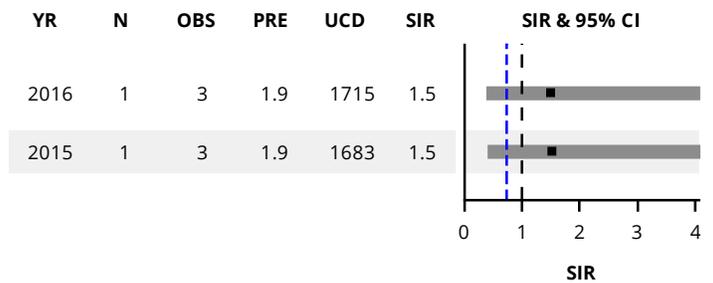


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

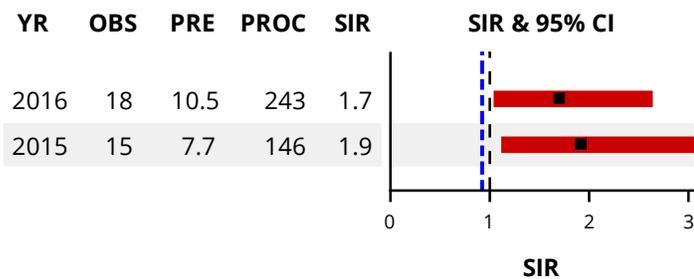


### CAUTI - Adult/Pediatric Wards

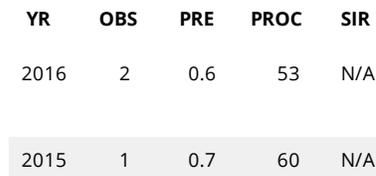


## Surgical Site Infections (SSI)

### SSI - Colon Surgery



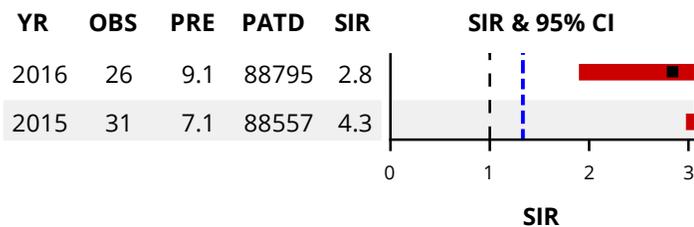
### SSI - Abdominal Hysterectomy



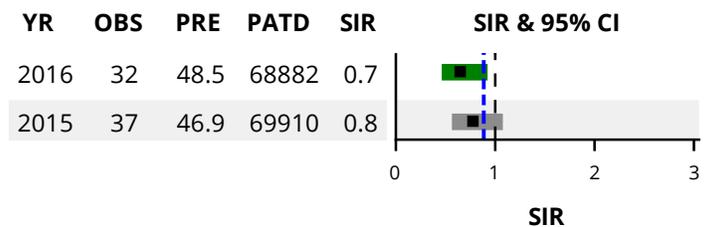
N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

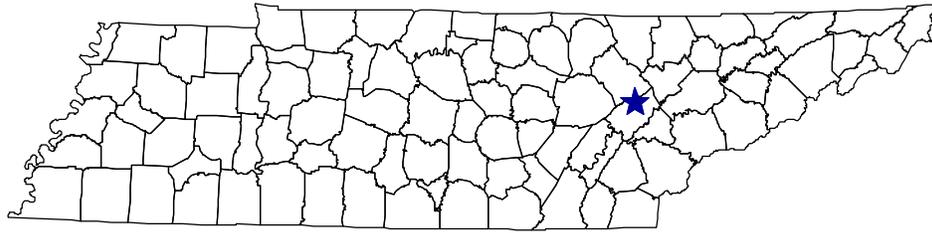
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Roane Medical Center, Harriman, Roane County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.3	485	N/A	N/A	0.88
	Adult/Pediatric Ward	1	0.5	941	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.3	660	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.3	812	N/A	N/A	0.70
SSI	Colon surgery	0	0.7	37	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	1	0.2	10177	N/A	N/A	1.26
	C. difficile infection	8	6.1	10177	1.31	(0.61, 2.48)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

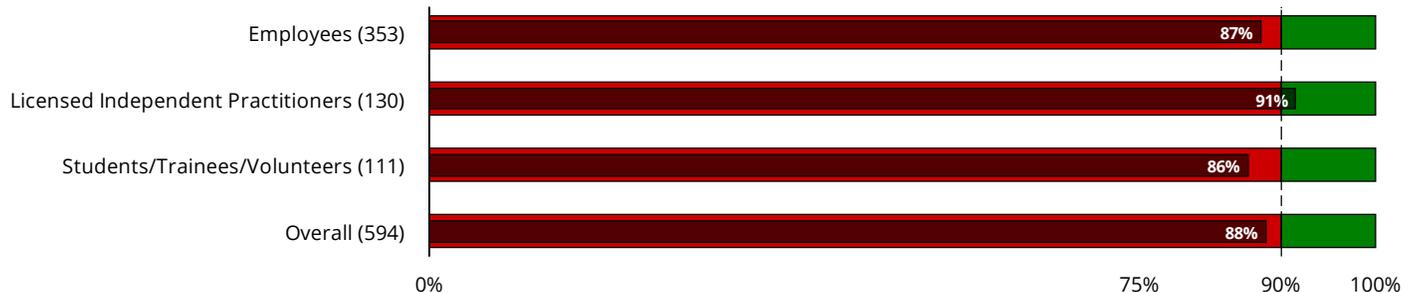
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Roane Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



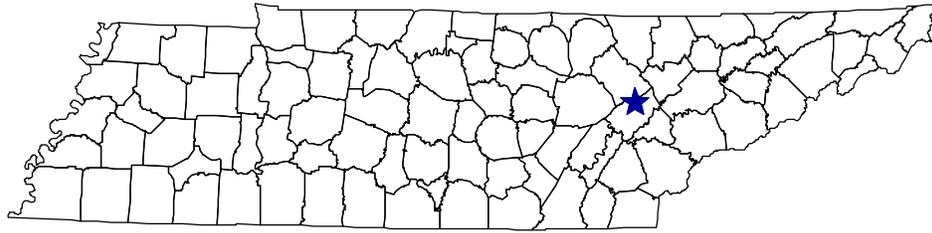
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Roane Medical Center, Harriman, Roane County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.4	696	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.5	991	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.4	809	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.3	810	N/A	N/A	0.72
SSI	Colon surgery	0	0.6	39	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.2	9283	N/A	N/A	1.33
	C. difficile infection	6	6.2	9283	0.95	( 0.39, 1.98 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

**See page 3 for more detailed information about HAIs at Roane Medical Center**

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

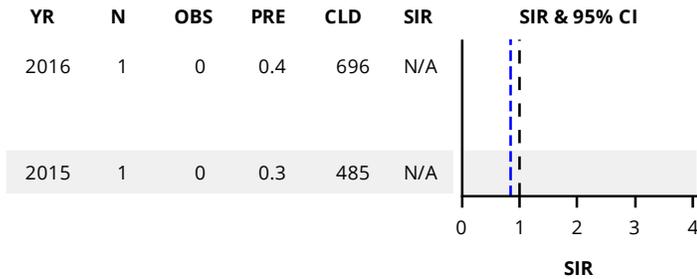


#### Healthcare Personnel Vaccinated (%)

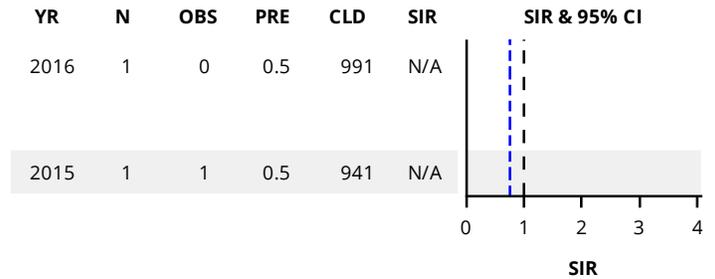
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

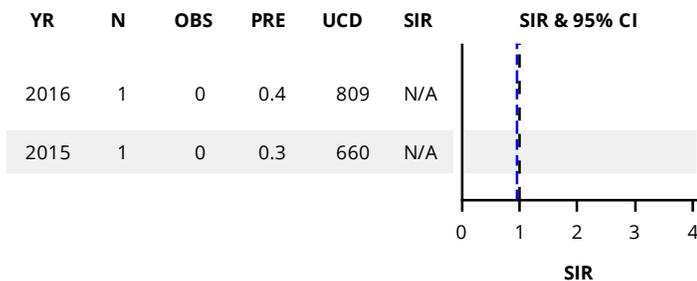


CLABSI - Adult/Pediatric Wards

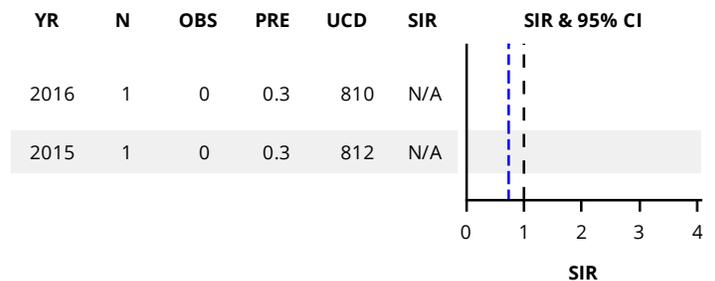


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

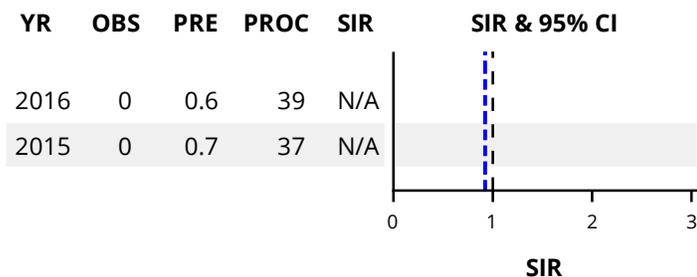


CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery



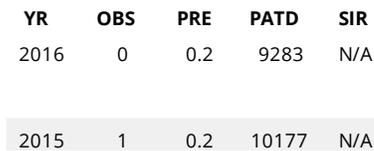
SSI - Abdominal Hysterectomy



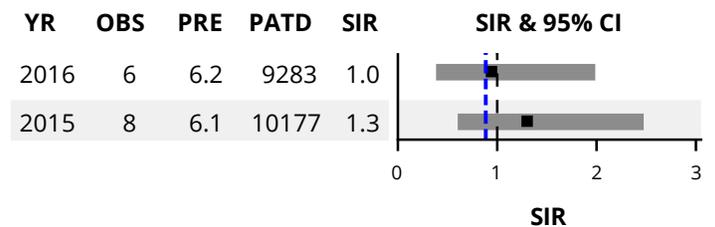
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

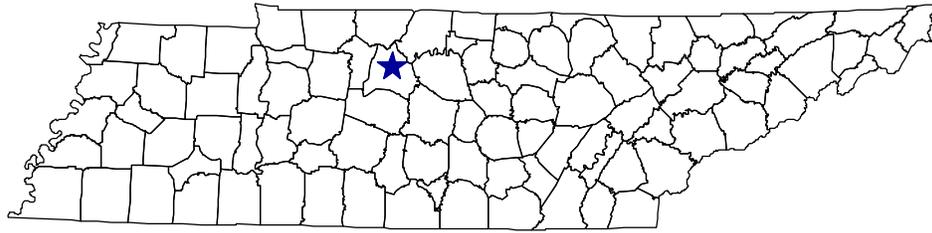
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Skyline Medical Center, Nashville, Davidson County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	4.3	4959	0.47	( 0.08, 1.54 )	0.88
	Adult/Pediatric Ward	2	2.3	3162	0.84	( 0.14, 2.79 )	0.80
CAUTI	Adult/Pediatric ICU	20	11.6	7778	<b>1.72</b>	<b>( 1.08, 2.61 )</b>	1.06
	Adult/Pediatric Ward	4	3.5	4253	1.12	( 0.36, 2.70 )	0.70
SSI	Colon surgery	3	1.7	93	1.67	( 0.43, 4.55 )	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	4	3.8	55318	1.03	( 0.33, 2.50 )	1.26
	C. difficile infection	55	47.6	54269	1.16	( 0.88, 1.49 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Skyline Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



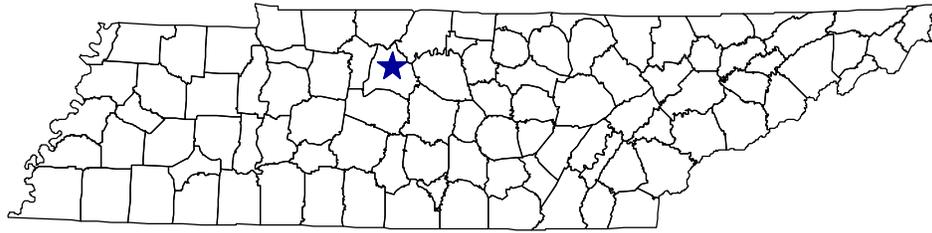
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Skyline Medical Center, Nashville, Davidson County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	3	4.4	5145	0.67	( 0.17, 1.83 )	0.84
	Adult/Pediatric Ward	2	2.6	3555	0.75	( 0.13, 2.48 )	0.75
CAUTI	Adult/Pediatric ICU	28	10.3	6886	<b>2.71</b>	<b>( 1.84, 3.86 )</b>	0.96
	Adult/Pediatric Ward	3	1.6	1998	1.80	( 0.46, 4.89 )	0.72
SSI	Colon surgery	8	2.4	120	<b>3.33</b>	<b>( 1.55, 6.32 )</b>	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	4	4.2	54557	0.93	( 0.30, 2.25 )	1.33
	C. difficile infection	42	43.6	54557	0.96	( 0.70, 1.29 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

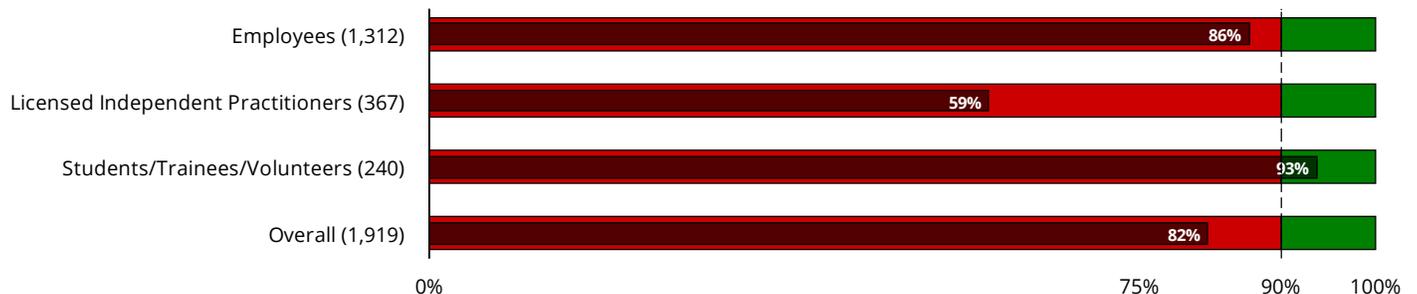
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Skyline Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

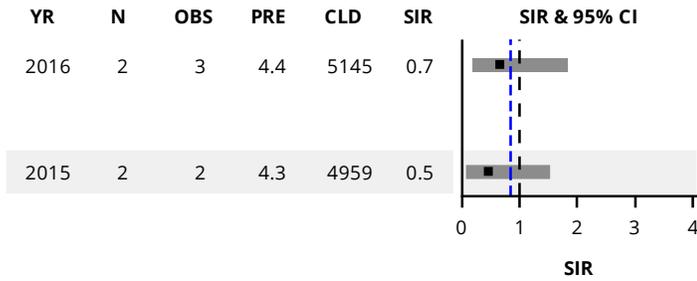


#### Healthcare Personnel Vaccinated (%)

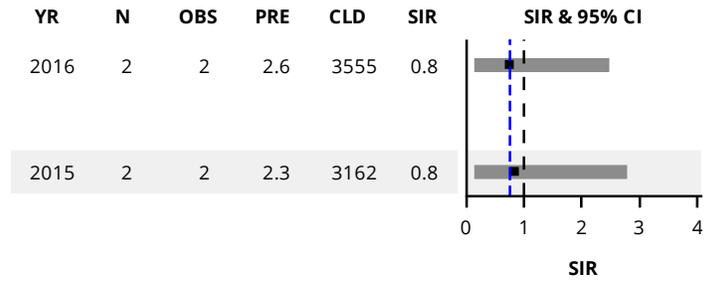
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

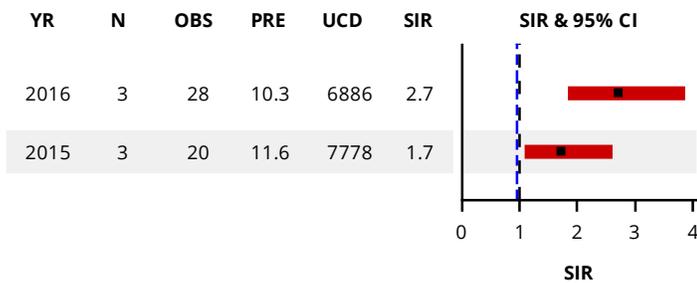


CLABSI - Adult/Pediatric Wards

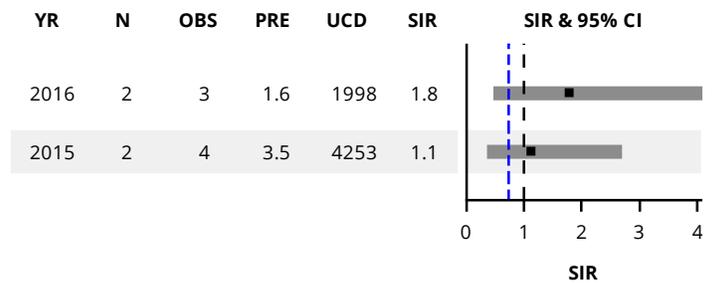


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

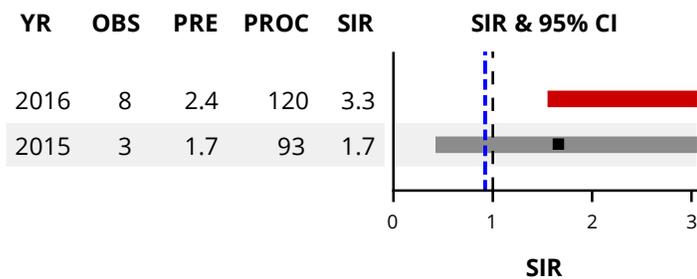


CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery



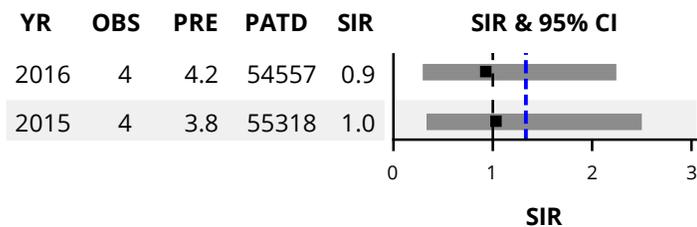
SSI - Abdominal Hysterectomy



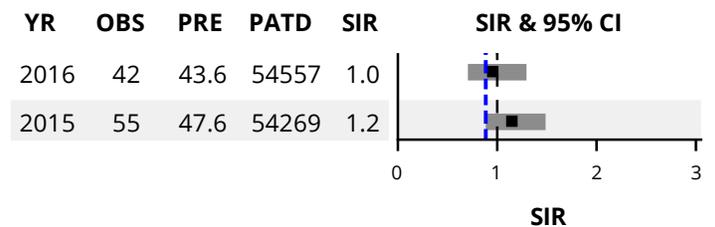
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

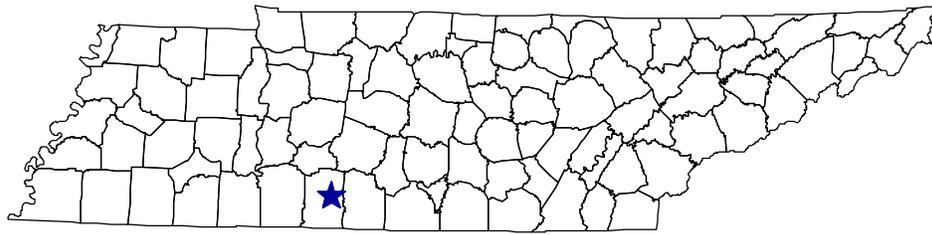
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

# Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp), Lawrenceburg, Lawrence County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.1	186	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.2	480	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.3	575	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.3	794	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.1	7607	N/A	N/A	1.26
	C. difficile infection	2	3.9	7607	0.50	( 0.08, 1.66 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

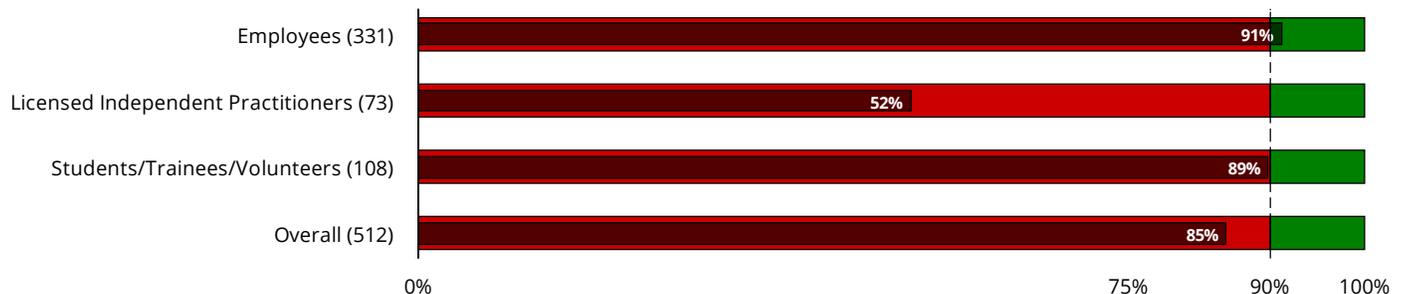
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp)*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



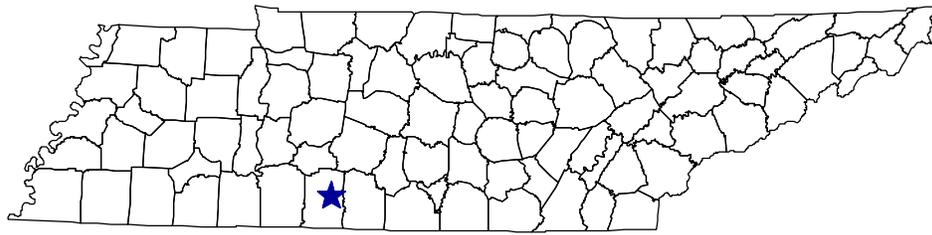
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp), Lawrenceburg, Lawrence County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.1	271	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.3	527	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.3	664	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.3	740	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.1	7305	N/A	N/A	1.33
	C. difficile infection	5	4.6	7305	1.09	( 0.40, 2.40 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

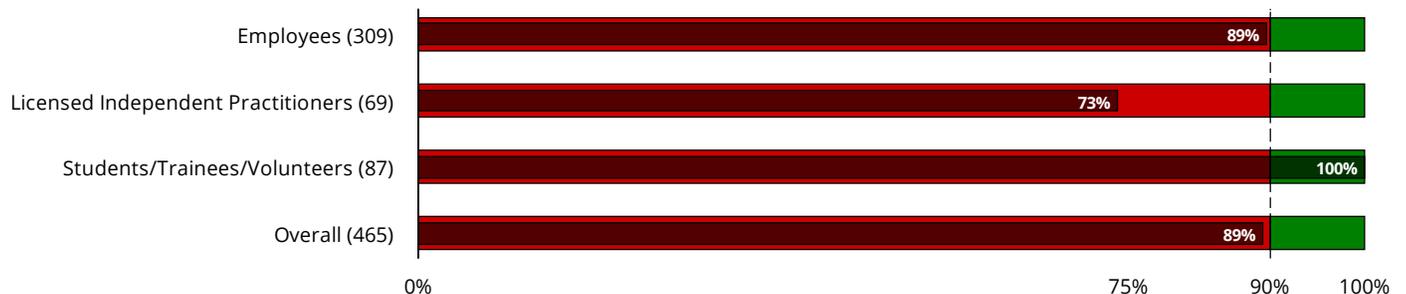
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Southern TN Reg. Health System - Lawrenceburg (Crockett Hosp)*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)

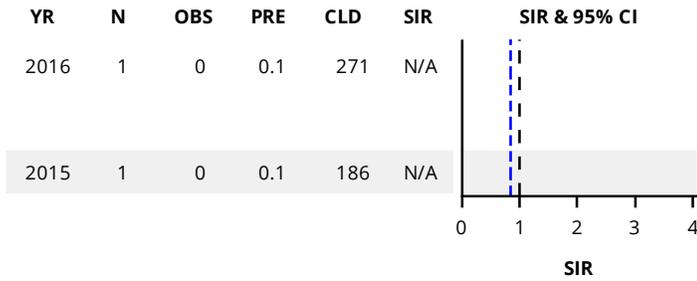


### Healthcare Personnel Vaccinated (%)

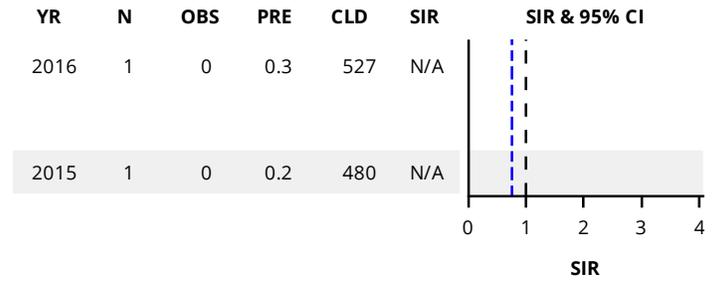
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

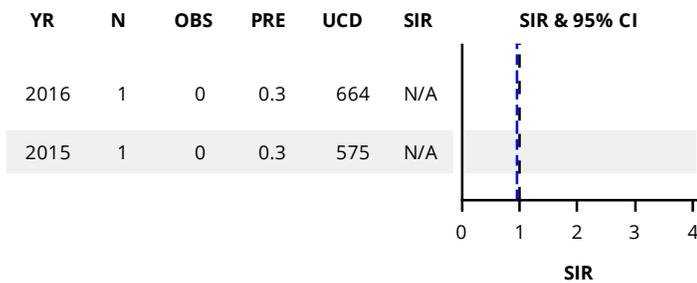


CLABSI - Adult/Pediatric Wards

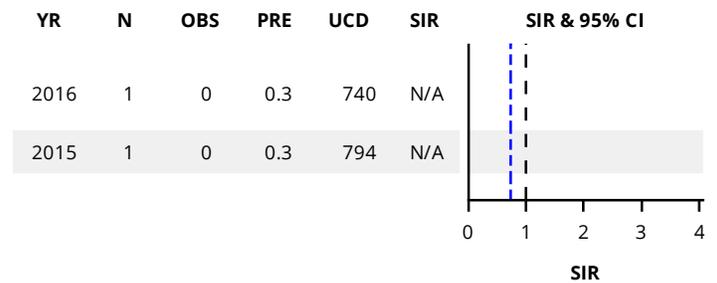


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

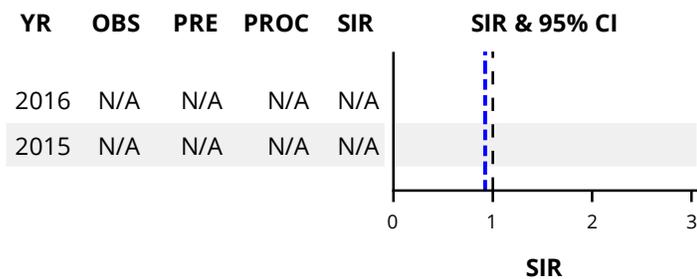


CAUTI - Adult/Pediatric Wards

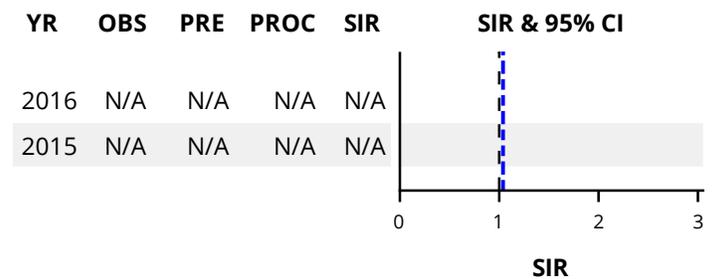


Surgical Site Infections (SSI)

SSI - Colon Surgery

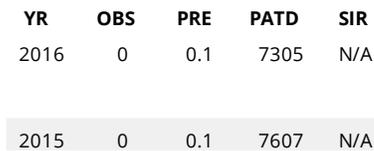


SSI - Abdominal Hysterectomy



Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

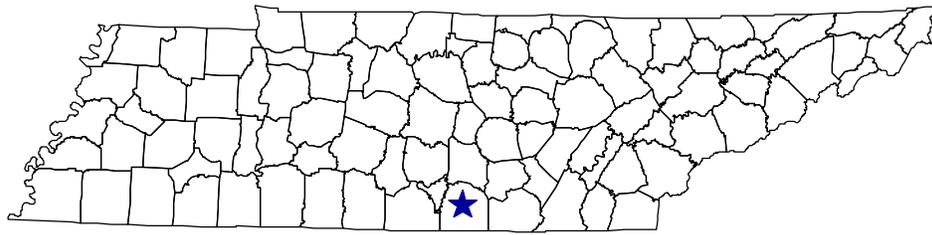
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# Southern TN Reg. Health System - Winchester (Southern TN Med Ctr), Winchester, Franklin County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.2	326	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.3	468	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	2	0.5	711	N/A	N/A	1.06
	Adult/Pediatric Ward	1	1.7	2693	0.57	( 0.03, 2.80 )	0.70
SSI	Colon surgery	0	1.3	44	0.00	( 0.00, 2.17 )	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	1.3	22230	0.00	( 0.00, 2.21 )	1.26
	C. difficile infection	5	10.1	21452	0.49	( 0.18, 1.09 )	0.97

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

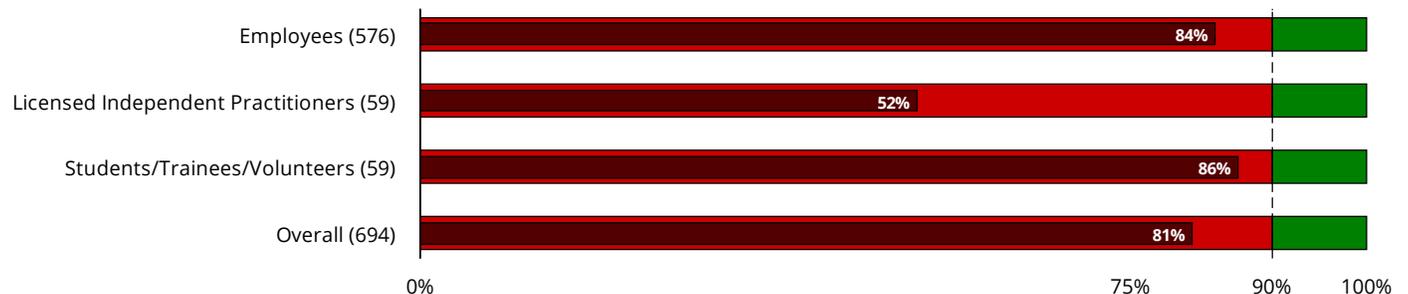
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Southern TN Reg. Health System - Winchester (Southern TN Med Ctr)

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



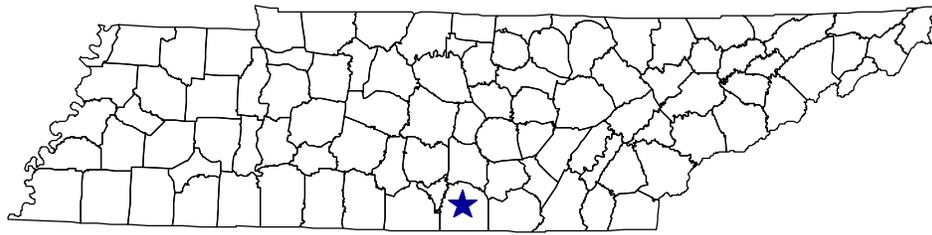
### Healthcare Personnel Vaccinated (%)

Below 90% >90% (HHS Healthy People 2020 Goal)

## Southern TN Reg. Health System - Winchester (Southern TN Med Ctr), Winchester, Franklin County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.1	204	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.2	426	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.4	592	N/A	N/A	0.96
	Adult/Pediatric Ward	1	0.6	969	N/A	N/A	0.72
SSI	Colon surgery	0	0.7	31	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.8	20627	N/A	N/A	1.33
	C. difficile infection	3	8.2	19796	0.37	(0.09, 0.99)	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

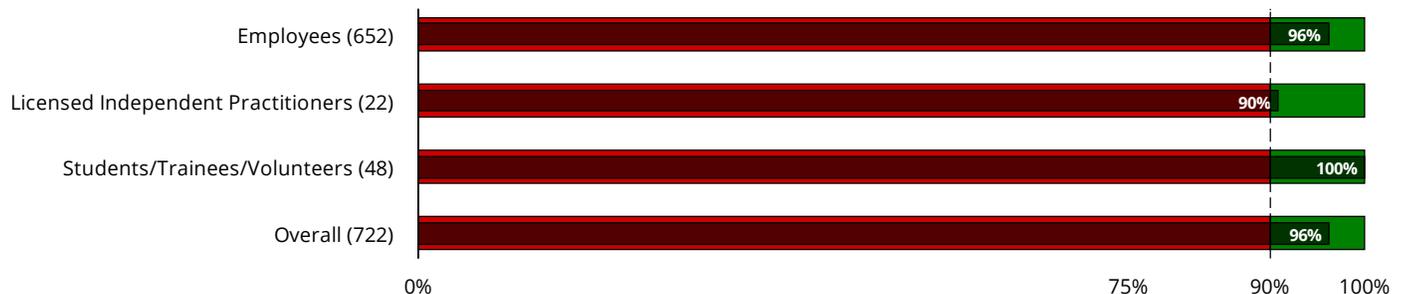
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Southern TN Reg. Health System - Winchester (Southern TN Med Ctr)

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.1	204	N/A

2015	1	0	0.2	326	N/A
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N/A: Number of predicted infections <1; no SIR calculated

CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.2	426	N/A

2015	1	0	0.3	468	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.4	592	N/A

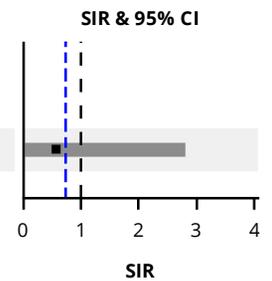
2015	1	2	0.5	711	N/A
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N/A: Number of predicted infections <1; no SIR calculated

CAUTI - Adult/Pediatric Wards

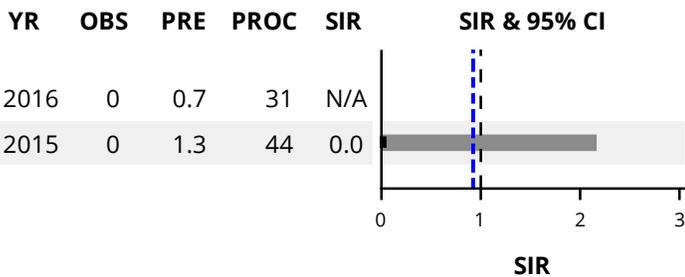
YR	N	OBS	PRE	UCD	SIR
2016	1	1	0.6	969	N/A

2015	1	1	1.7	2693	0.6
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Surgical Site Infections (SSI)

SSI - Colon Surgery



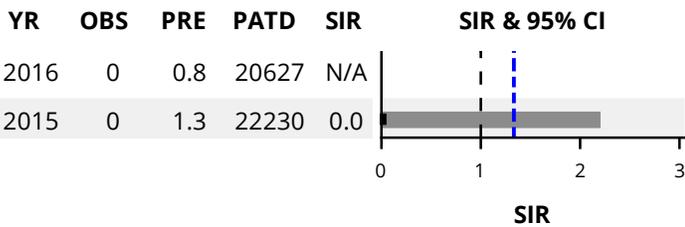
SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

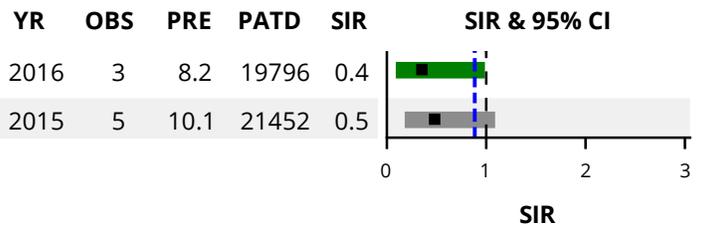
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

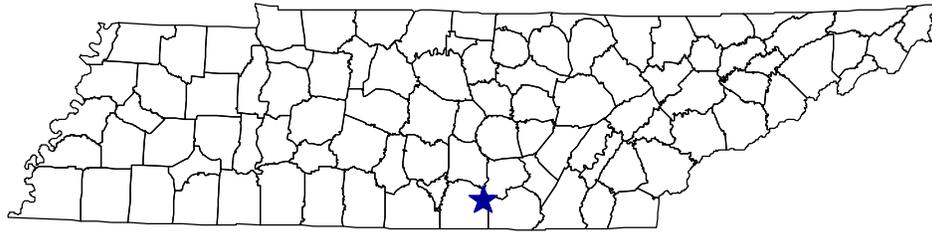
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp), Sewanee, Franklin County

Medical School Affiliation: None

Bed Size Category: <50 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.1	306	N/A	N/A	0.70
LabID	MRSA bacteremia	0	0.0	3164	N/A	N/A	1.26
	C. difficile infection	1	0.7	3164	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp)*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



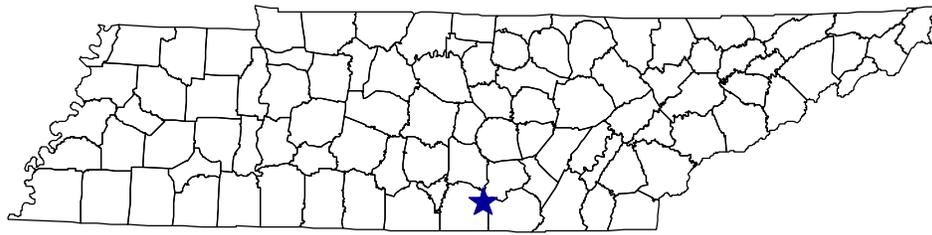
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp), Sewanee, Franklin County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	N/A	N/A	N/A	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.0	155	N/A	N/A	0.72
LabID	MRSA bacteremia	0	0.0	2258	N/A	N/A	1.33
	C. difficile infection	0	0.4	2258	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

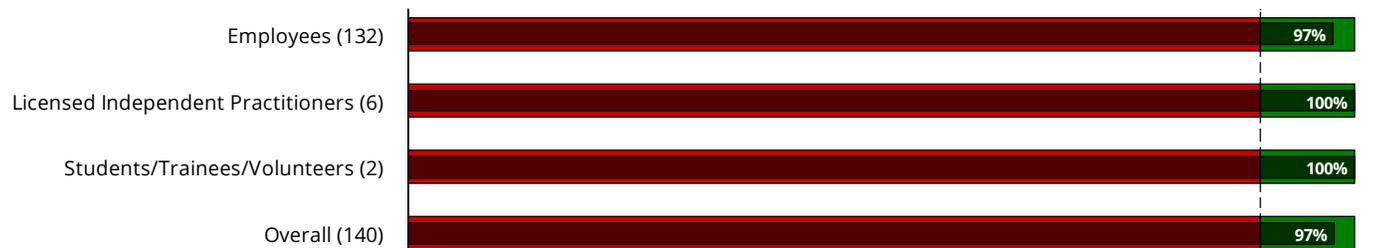
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Southern TN Reg. Health System - Sewanee (Emerald-Hodgson Hosp)*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.0	155	N/A

2015	1	0	0.1	306	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	2258	N/A

2015	0	0.0	3164	N/A
------	---	-----	------	-----

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	0.4	2258	N/A

2015	1	0.7	3164	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

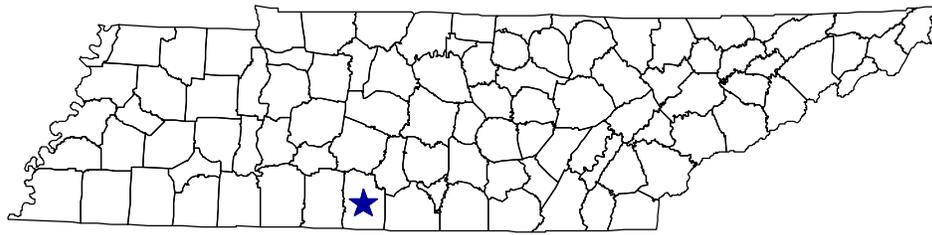
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

 Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Southern TN Regional Health System - Pulaski (Hillside Hospital), Pulaski, Giles County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.1	190	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.2	385	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.2	398	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.2	424	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.1	4713	N/A	N/A	1.26
	C. difficile infection	2	5.1	4400	0.39	( 0.07, 1.29 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

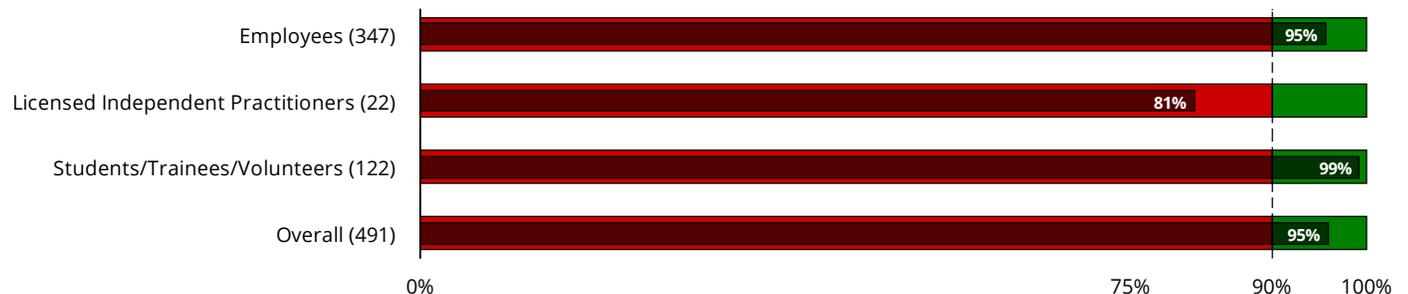
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Southern TN Regional Health System - Pulaski (Hillside Hospital)*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



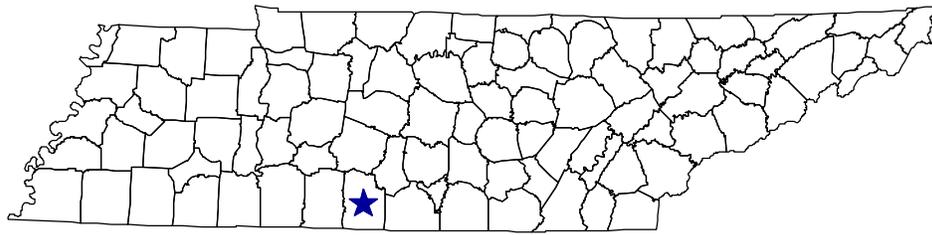
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Southern TN Regional Health System - Pulaski (Hillside Hospital), Pulaski, Giles County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.0	144	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.2	395	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.2	415	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.1	406	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.1	5340	N/A	N/A	1.33
	C. difficile infection	1	5.6	5050	0.18	(0.01, 0.87)	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

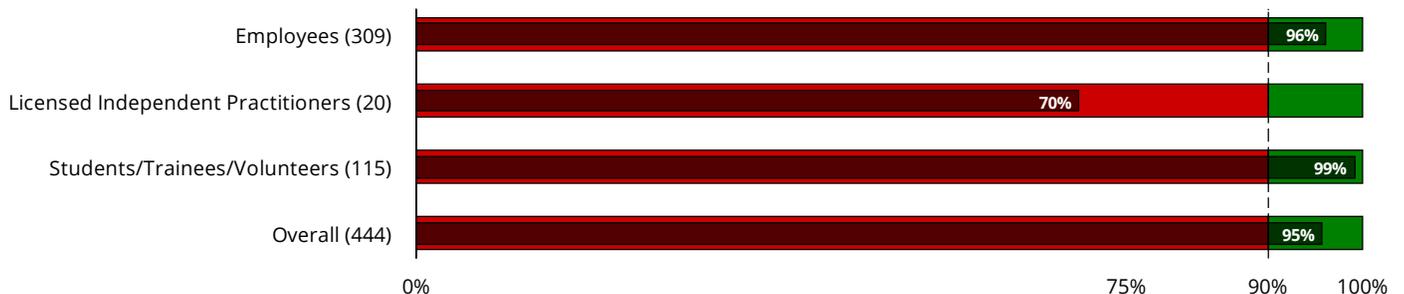
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Southern TN Regional Health System - Pulaski (Hillside Hospital)

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)



### Healthcare Personnel Vaccinated (%)

Below 90% >90% (HHS Healthy People 2020 Goal)

# Southern TN Regional Health System - Pulaski (Hillside Hospital), Pulaski, Giles County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.0	144	N/A

2015	1	0	0.1	190	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.2	395	N/A

2015	1	0	0.2	385	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.2	415	N/A

2015	1	0	0.2	398	N/A
------	---	---	-----	-----	-----

N/A: Number of predicted infections <1; no SIR calculated

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.1	406	N/A

2015	1	0	0.2	424	N/A
------	---	---	-----	-----	-----

N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
------	-----	-----	-----	-----

N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

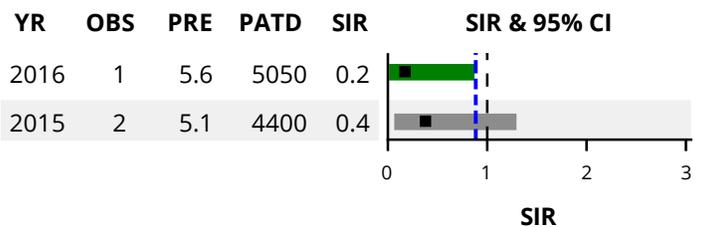
### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.1	5340	N/A

2015	0	0.1	4713	N/A
------	---	-----	------	-----

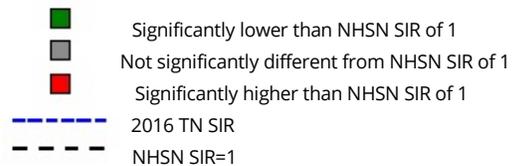
N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

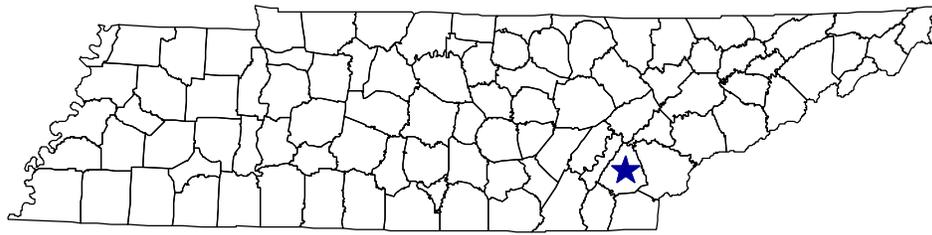
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



## Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.), Athens, McMinn County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	227	N/A	N/A	0.88
	Adult/Pediatric Ward	1	0.1	318	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.3	626	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.5	1027	N/A	N/A	0.70
SSI	Colon surgery	0	0.8	42	N/A	N/A	0.85
	Abdominal hysterectomy	0	0.2	25	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.4	11807	N/A	N/A	1.26
	C. difficile infection	0	3.3	10754	0.00	(0.00, 0.89)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

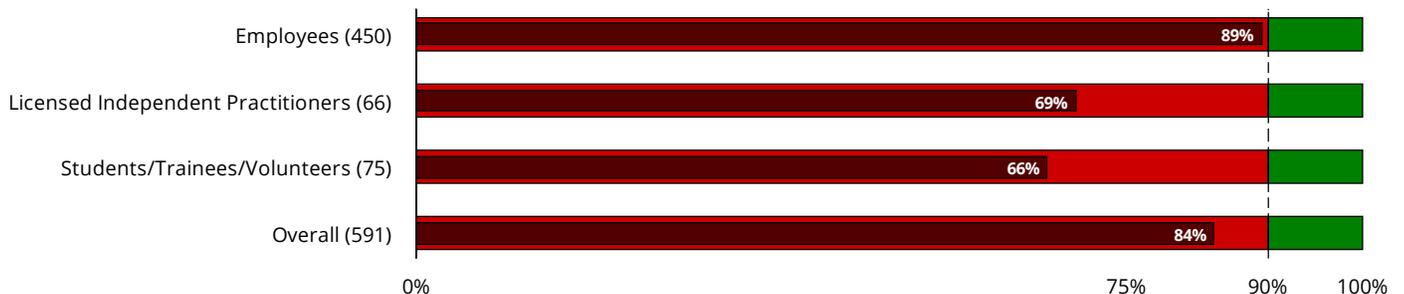
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.)*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



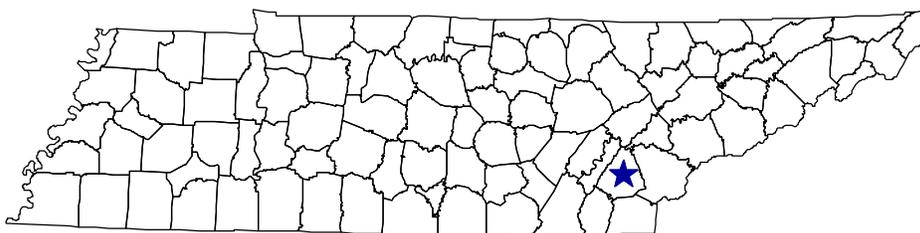
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.), Athens, McMinn County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	179	N/A	N/A	0.84
	Adult/Pediatric Ward	1	0.2	387	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	1	0.3	645	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.4	992	N/A	N/A	0.72
SSI	Colon surgery	0	0.3	20	N/A	N/A	0.92
	Abdominal hysterectomy	0	0.1	23	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.4	11535	N/A	N/A	1.33
	C. difficile infection	1	3.0	10617	0.32	( 0.02, 1.59 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

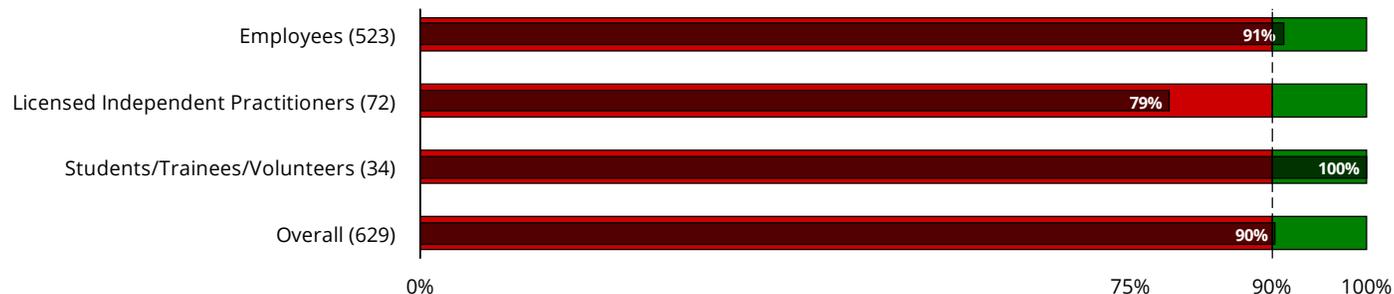
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.)*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Starr Regional Med. Center-Athens (Athens Reg. Med. Ctr.), Athens, McMinn County

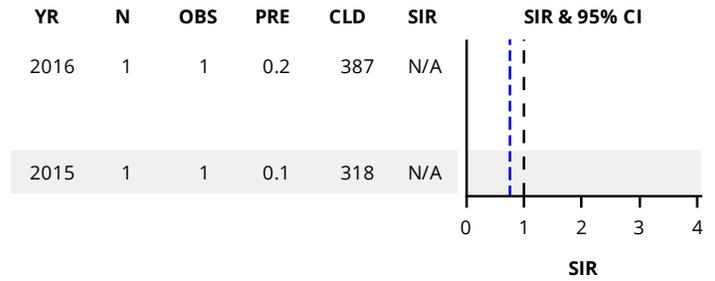
## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.1	179	N/A
2015	1	0	0.1	227	N/A

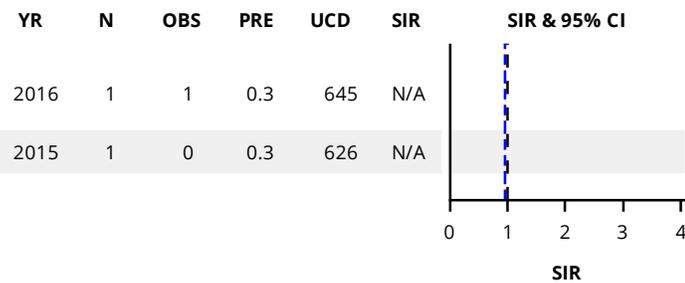
N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

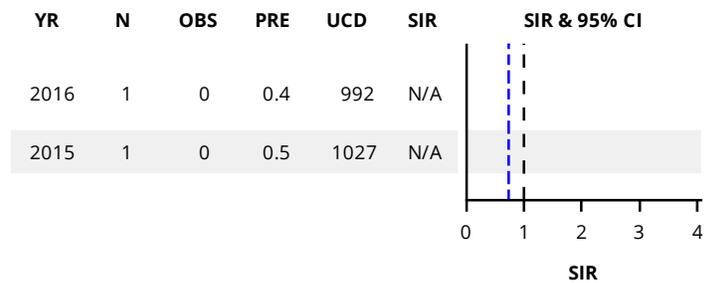


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

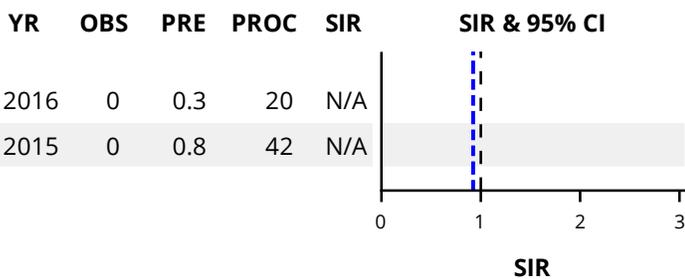


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	0	0.1	23	N/A
2015	0	0.2	25	N/A

N/A: Number of predicted infections <1; no SIR calculated

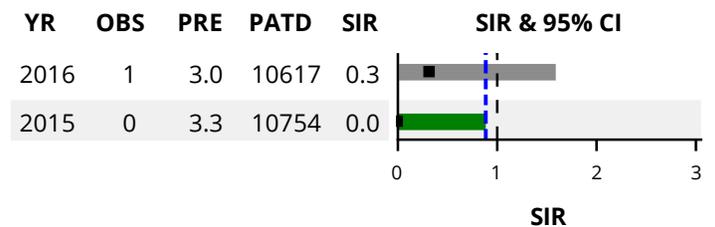
## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.4	11535	N/A
2015	0	0.4	11807	N/A

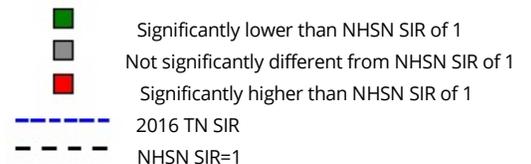
N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

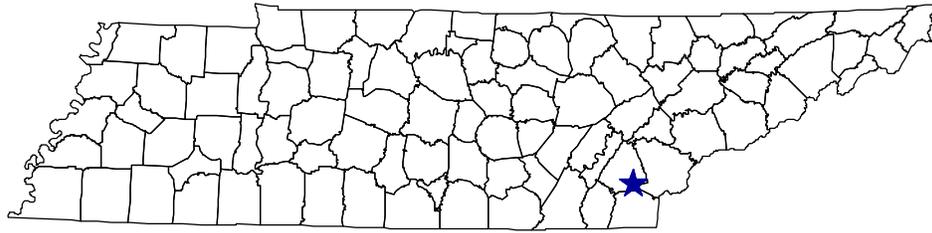
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



## Starr Regional Med. Center-Etowah (Woods Memorial Hosp.), Etowah, McMinn County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	3124	N/A	N/A	1.26
	C. difficile infection	0	0.5	3124	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

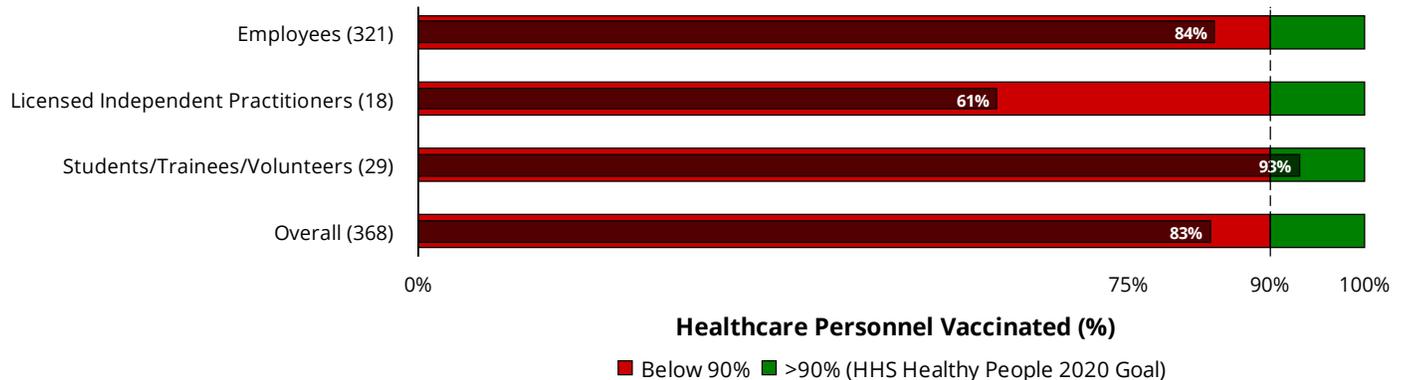
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Starr Regional Med. Center-Etowah (Woods Memorial Hosp.)*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

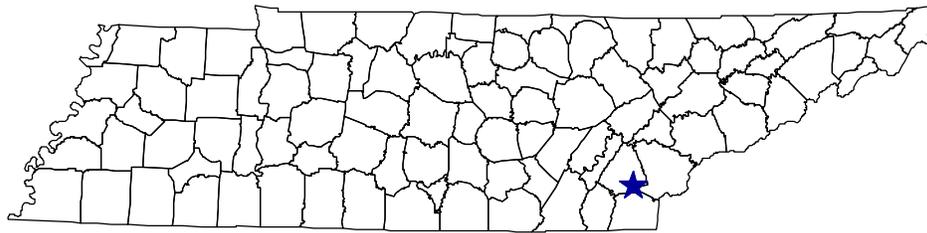
#### Healthcare Personnel Category (Total)



## Starr Regional Med. Center-Etowah (Woods Memorial Hosp.), Etowah, McMinn County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections			Standardized Infection Ratio (SIR)		
		Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	N/A	N/A	N/A	N/A	N/A	1.33
	C. difficile infection	N/A	N/A	N/A	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

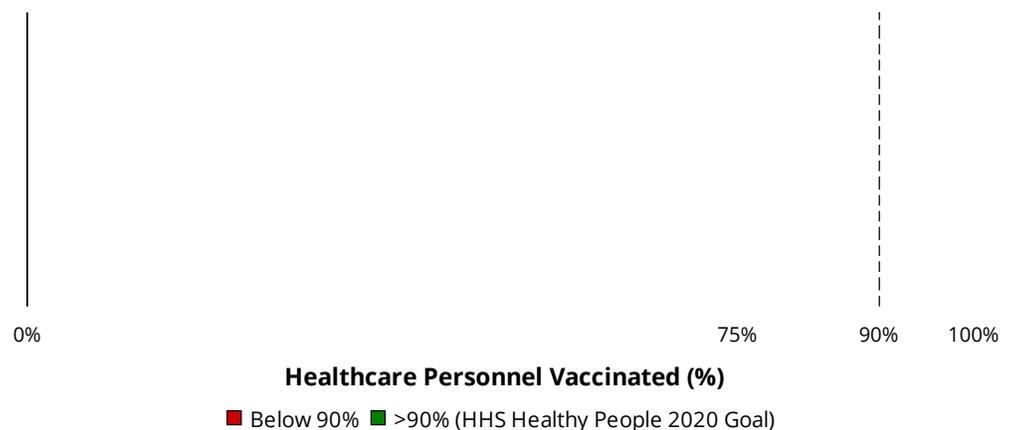
**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

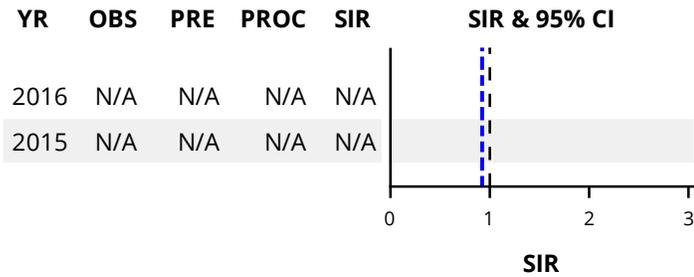
**See page 3 for more detailed information about HAIs at Starr Regional Med. Center-Etowah (Woods Memorial Hosp.)**

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season



**Surgical Site Infections (SSI)**

**SSI - Colon Surgery**



**SSI - Abdominal Hysterectomy**

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

**Healthcare Facility-Onset Laboratory Identified (LabID) Events**

**LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia**

YR	OBS	PRE	PATD	SIR
2016	N/A	N/A	N/A	N/A
2015	0	0.0	3124	N/A

N/A: Number of predicted infections <1; no SIR calculated

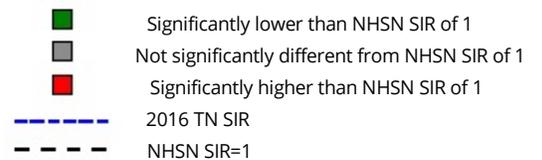
**LabID - *C. difficile* Infection (CDI)**

YR	OBS	PRE	PATD	SIR
2016	N/A	N/A	N/A	N/A
2015	0	0.5	3124	N/A

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

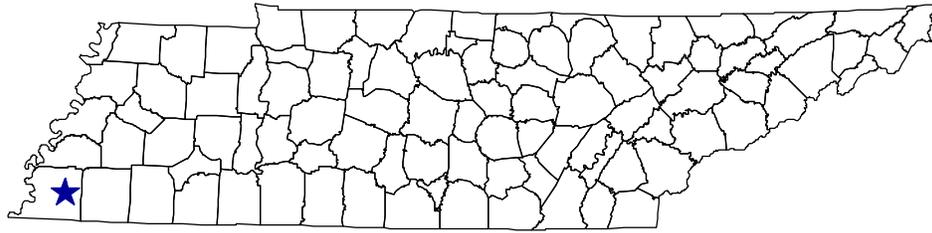
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



## St. Francis Bartlett, Bartlett, Shelby County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	2.2	3008	0.00	( 0.00, 1.32 )	0.88
	Neonatal ICU	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	0.92
	Adult/Pediatric Ward	0	1.8	2826	0.00	( 0.00, 1.63 )	0.80
CAUTI	Adult/Pediatric ICU	0	2.6	3583	0.00	( 0.00, 1.14 )	1.06
	Adult/Pediatric Ward	0	2.1	3300	0.00	( 0.00, 1.39 )	0.70
SSI	Colon surgery	0	1.3	67	0.00	( 0.00, 2.22 )	0.85
	Abdominal hysterectomy	0	0.2	51	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	1	1.7	35096	0.57	( 0.03, 2.82 )	1.26
	C. difficile infection	11	16.5	33981	0.67	( 0.35, 1.16 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

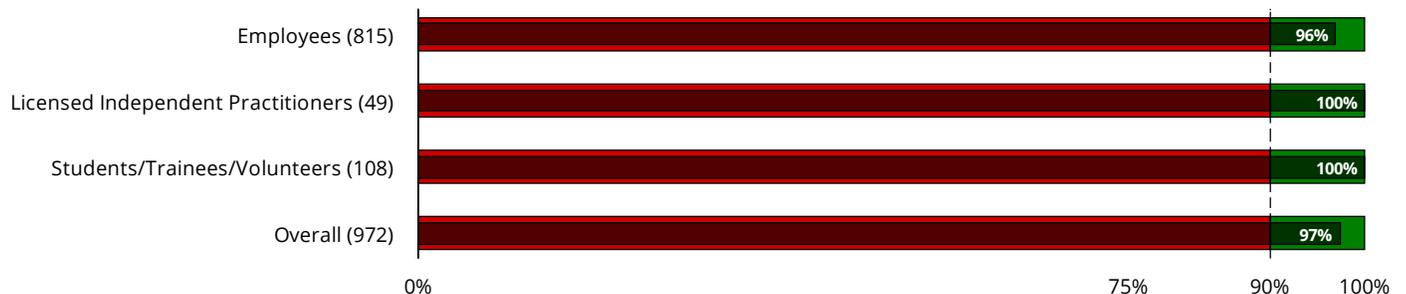
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Francis Bartlett*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



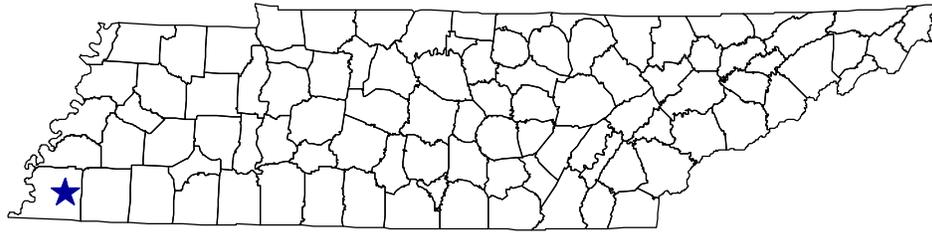
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## St. Francis Bartlett, Bartlett, Shelby County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	6	2.3	3184	<b>2.50</b>	<b>( 1.01, 5.20 )</b>	0.84
	Neonatal ICU	0	0.0	55	<b>N/A</b>	<b>N/A</b>	0.63
	Adult/Pediatric Ward	3	1.9	2959	1.56	( 0.40, 4.24 )	0.75
CAUTI	Adult/Pediatric ICU	2	2.7	3716	0.74	( 0.12, 2.43 )	0.96
	Adult/Pediatric Ward	4	1.6	2598	2.36	( 0.75, 5.69 )	0.72
SSI	Colon surgery	1	1.4	69	0.69	( 0.04, 3.42 )	0.92
	Abdominal hysterectomy	0	0.5	95	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	0	1.9	36125	0.00	( 0.00, 1.50 )	1.33
	C. difficile infection	25	31.9	35013	0.78	( 0.52, 1.14 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

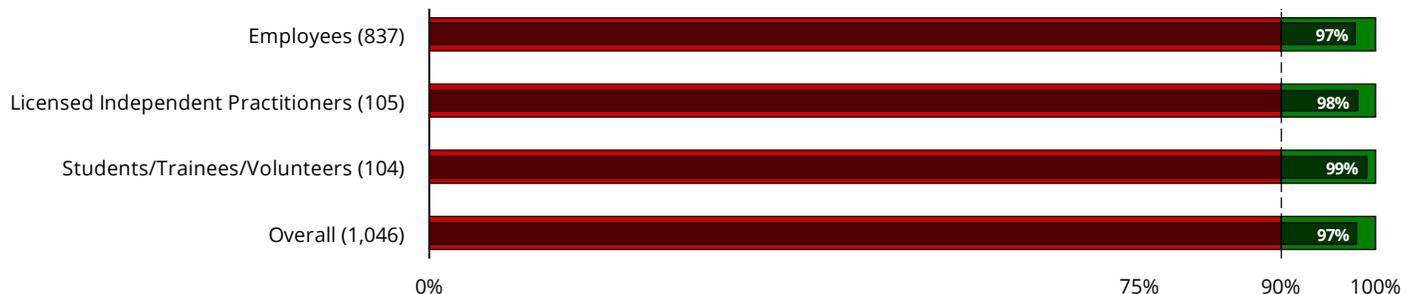
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at St. Francis Bartlett

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

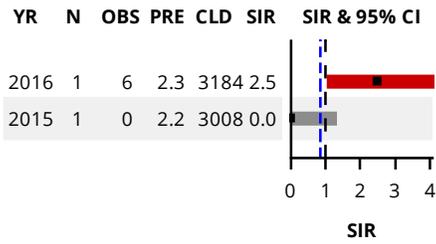


#### Healthcare Personnel Vaccinated (%)

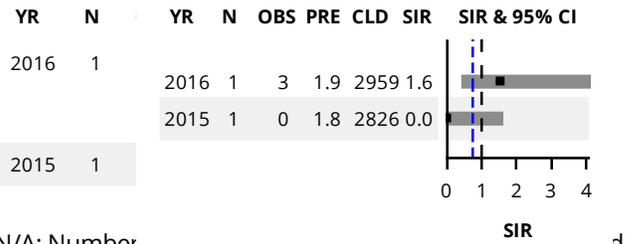
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs



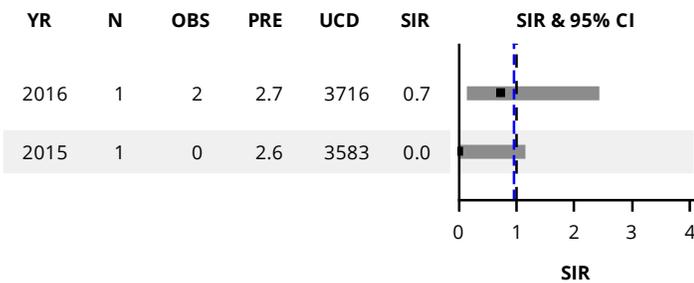
CLABSI - Neonatal ICUs



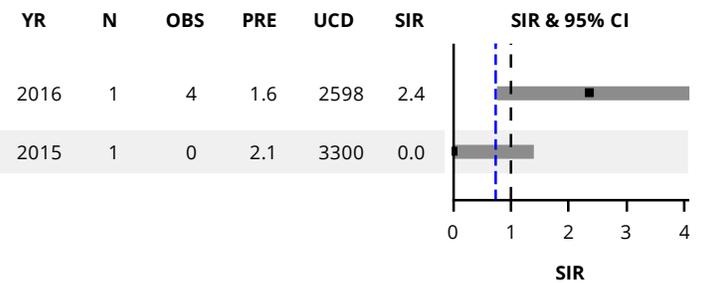
CLABSI - Adult/Pediatric Wards

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

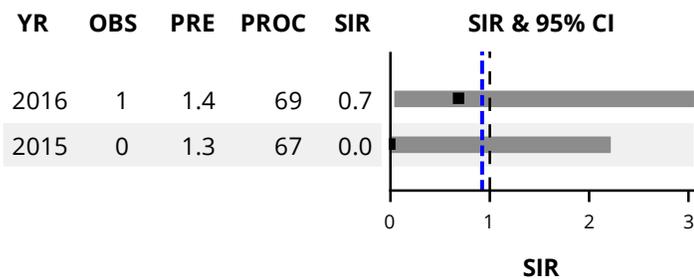


CAUTI - Adult/Pediatric Wards

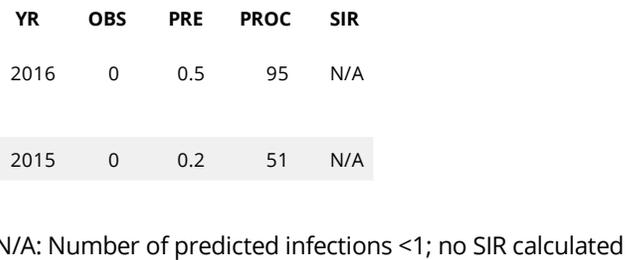


Surgical Site Infections (SSI)

SSI - Colon Surgery

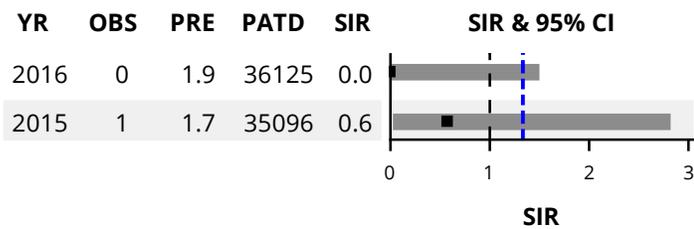


SSI - Abdominal Hysterectomy

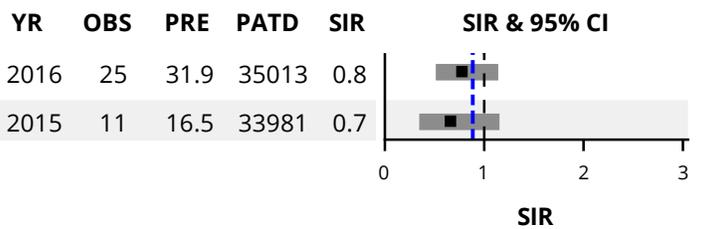


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

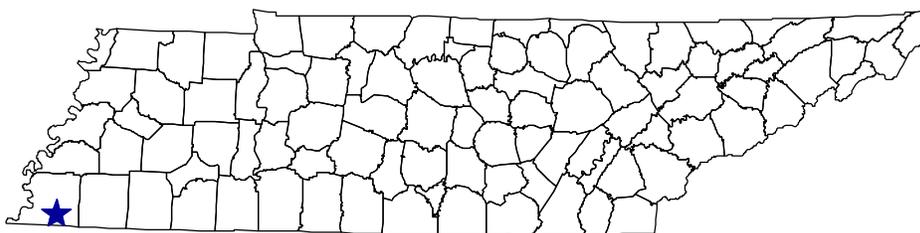
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## St. Francis Hospital - Memphis, Memphis, Shelby County

Medical School Affiliation: Graduate teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	9	5.2	5218	1.71	( 0.84, 3.14 )	0.88
	Neonatal ICU	0	0.0	72	N/A	N/A	0.92
	Adult/Pediatric Ward	7	3.3	3891	2.07	( 0.90, 4.09 )	0.80
CAUTI	Adult/Pediatric ICU	6	8.7	5937	0.68	( 0.28, 1.42 )	1.06
	Adult/Pediatric Ward	0	3.1	3429	0.00	( 0.00, 0.96 )	0.70
SSI	Colon surgery	1	3.1	116	0.32	( 0.02, 1.58 )	0.85
	Abdominal hysterectomy	0	0.9	112	N/A	N/A	1.14
LabID	MRSA bacteremia	4	4.6	77937	0.85	( 0.27, 2.06 )	1.26
	C. difficile infection	30	40.8	74599	0.73	( 0.51, 1.04 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

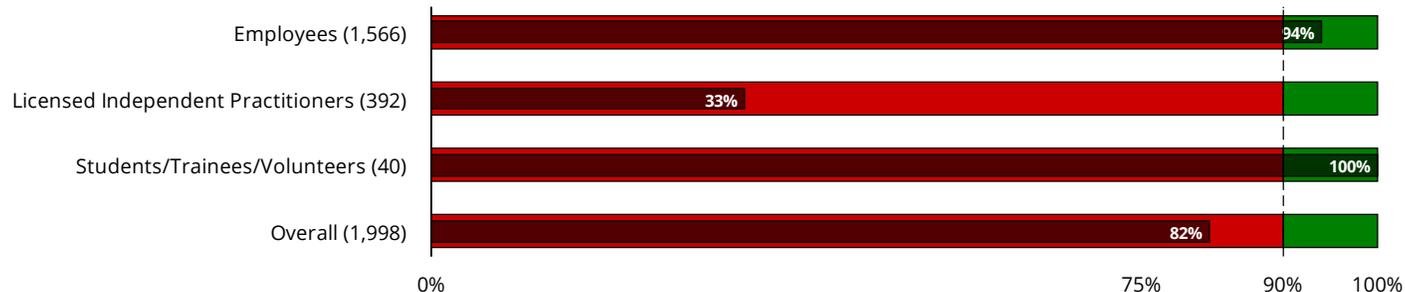
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Francis Hospital - Memphis*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



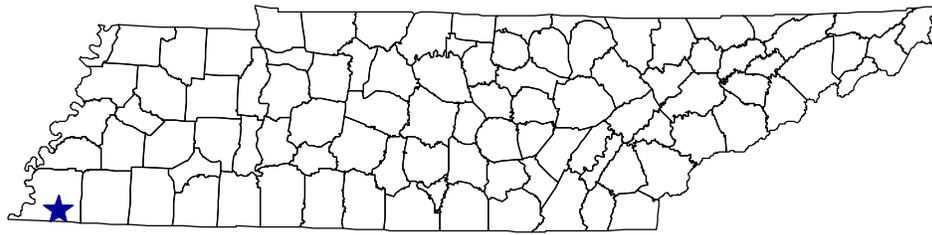
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## St. Francis Hospital - Memphis, Memphis, Shelby County

Medical School Affiliation: Graduate teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	9	5.2	5219	1.71	( 0.84, 3.14 )	0.84
	Neonatal ICU	0	0.1	128	N/A	N/A	0.63
	Adult/Pediatric Ward	3	2.7	3172	1.09	( 0.28, 2.96 )	0.75
CAUTI	Adult/Pediatric ICU	6	6.6	4572	0.91	( 0.37, 1.89 )	0.96
	Adult/Pediatric Ward	3	2.7	2980	1.10	( 0.28, 3.00 )	0.72
SSI	Colon surgery	8	3.4	133	<b>2.30</b>	<b>( 1.07, 4.36 )</b>	0.92
	Abdominal hysterectomy	0	0.5	61	N/A	N/A	1.04
LabID	MRSA bacteremia	7	4.1	74464	1.69	( 0.74, 3.35 )	1.33
	C. difficile infection	53	50.4	71216	1.05	( 0.79, 1.36 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

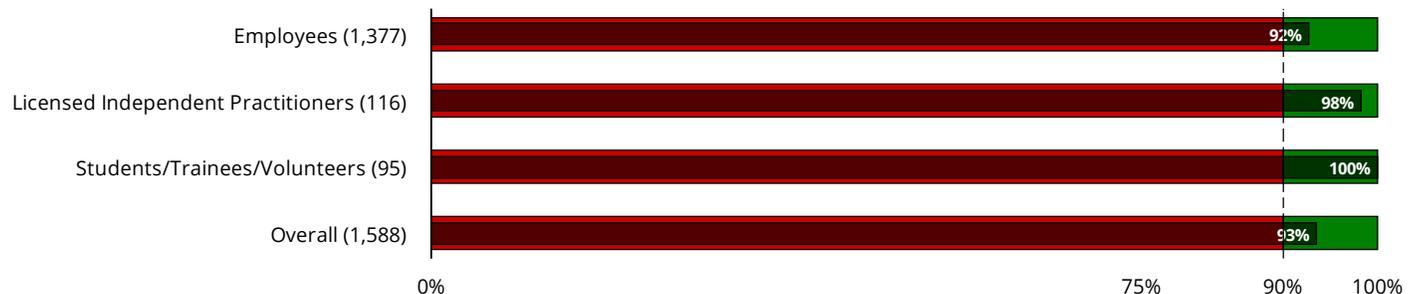
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Francis Hospital - Memphis*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

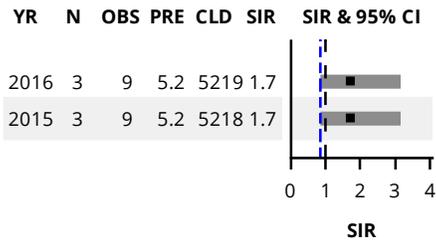


#### Healthcare Personnel Vaccinated (%)

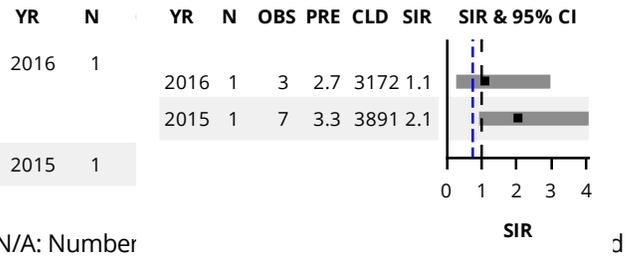
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs



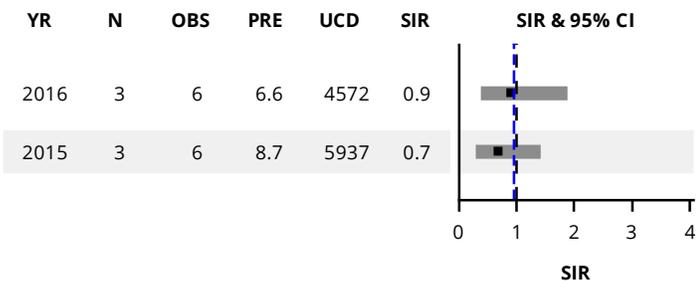
CLABSI - Neonatal ICUs



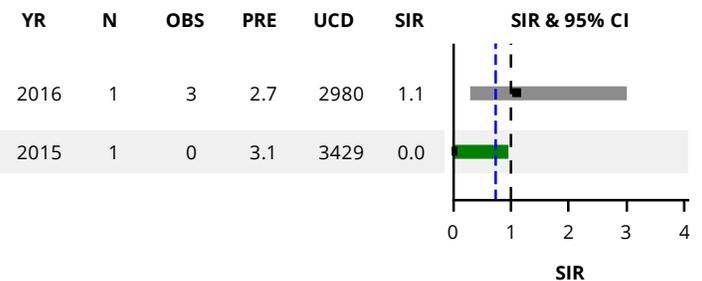
CLABSI - Adult/Pediatric Wards

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

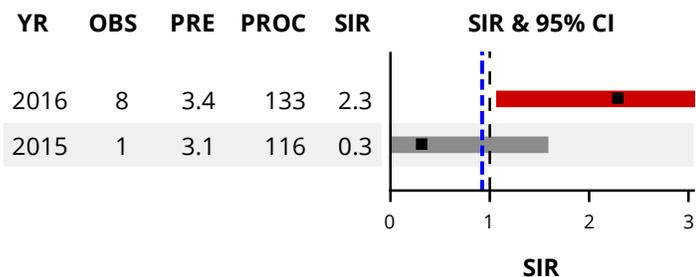


CAUTI - Adult/Pediatric Wards

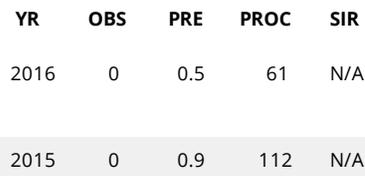


Surgical Site Infections (SSI)

SSI - Colon Surgery

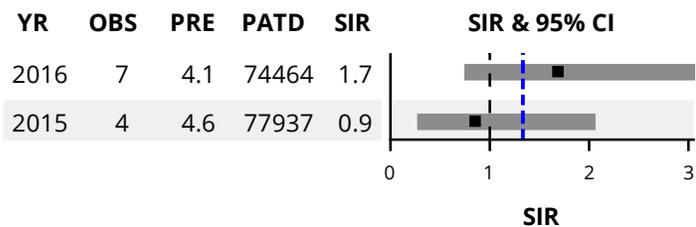


SSI - Abdominal Hysterectomy

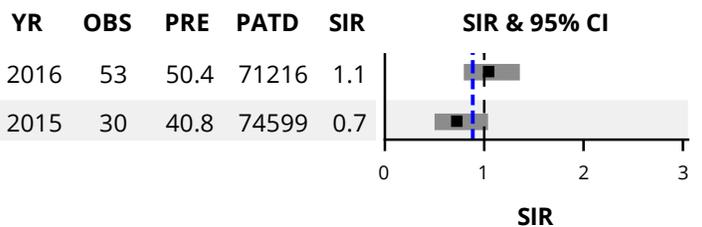


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

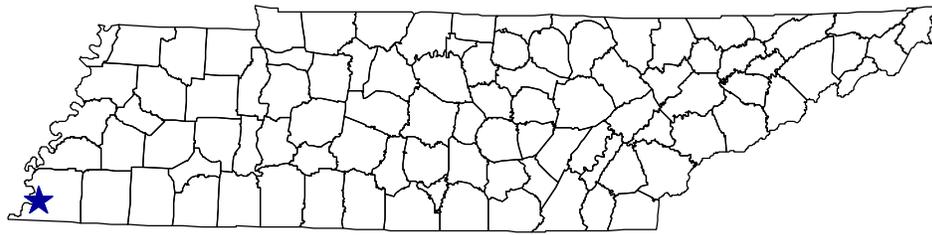
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## St. Jude Children's Research Hospital, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.7	17770	N/A	N/A	1.26
	C. difficile infection	34	6.6	17770	5.11	(3.60, 7.06)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

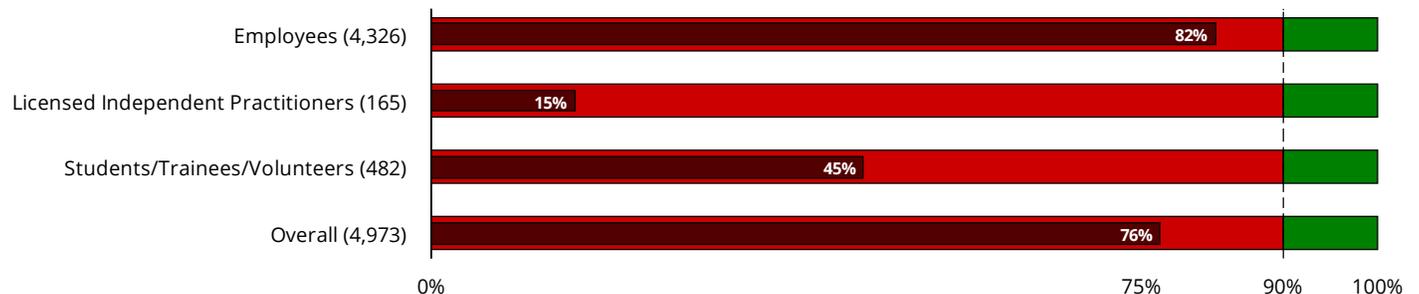
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Jude Children's Research Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



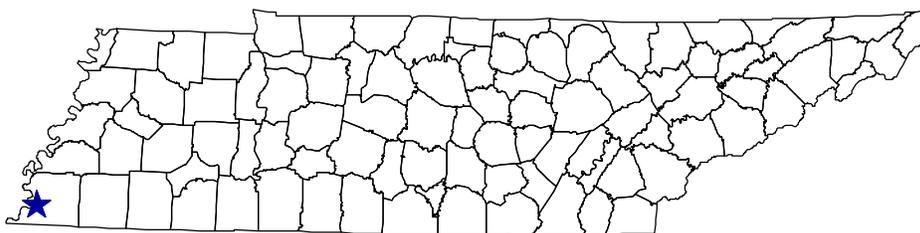
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## St. Jude Children's Research Hospital, Memphis, Shelby County

Medical School Affiliation: Major teaching

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.7	20029	N/A	N/A	1.33
	C. difficile infection	36	6.0	20029	5.92	(4.21, 8.11)	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

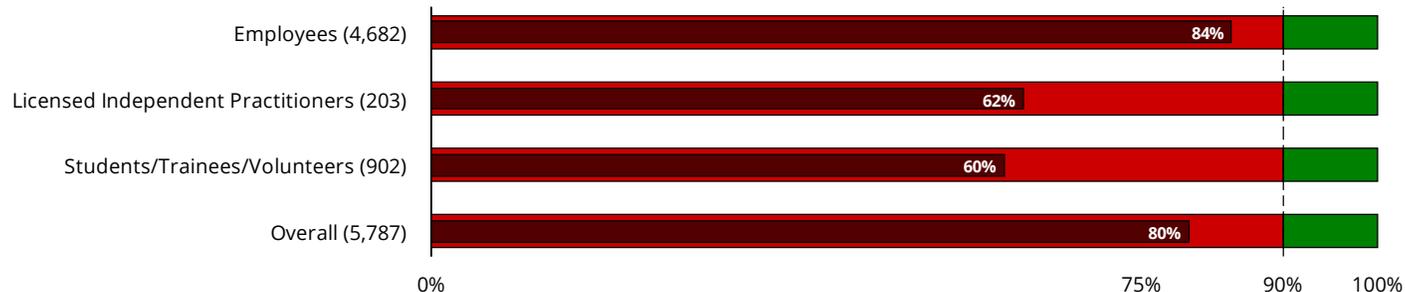
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Jude Children's Research Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

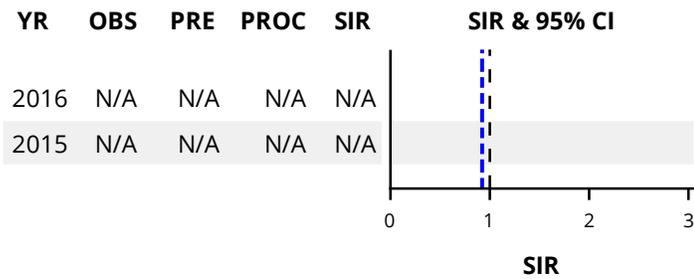


#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

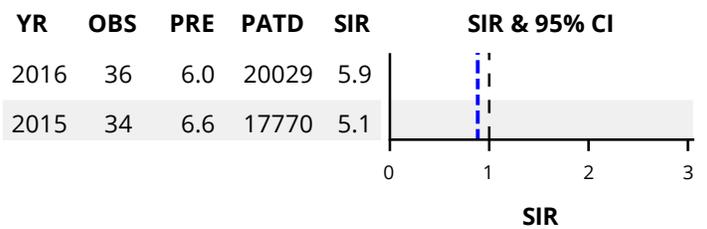
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.7	20029	N/A
2015	0	0.7	17770	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

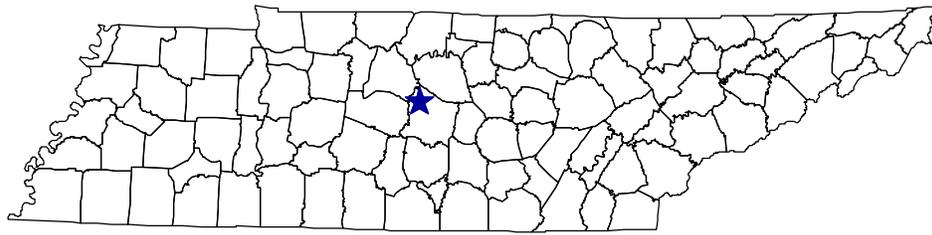
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - - 2016 TN SIR  
 - - - - NHSN SIR=1

## StoneCrest Medical Center, Smyrna, Rutherford County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.7	940	N/A	N/A	0.88
	Adult/Pediatric Ward	3	1.2	1849	2.49	(0.63, 6.78)	0.80
CAUTI	Adult/Pediatric ICU	0	1.0	1380	0.00	(0.00, 2.92)	1.06
	Adult/Pediatric Ward	1	1.5	2301	0.67	(0.03, 3.28)	0.70
SSI	Colon surgery	1	0.8	31	N/A	N/A	0.85
	Abdominal hysterectomy	0	0.6	103	N/A	N/A	1.14
LabID	MRSA bacteremia	0	1.0	25851	0.00	(0.00, 2.87)	1.26
	C. difficile infection	16	13.8	22256	1.15	(0.68, 1.83)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

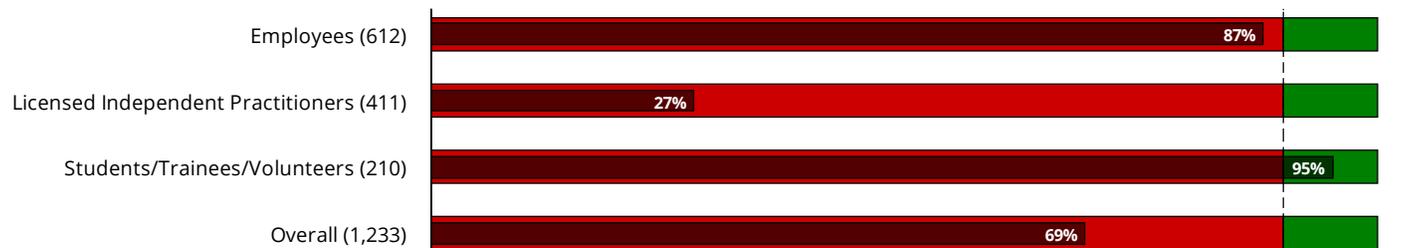
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at StoneCrest Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



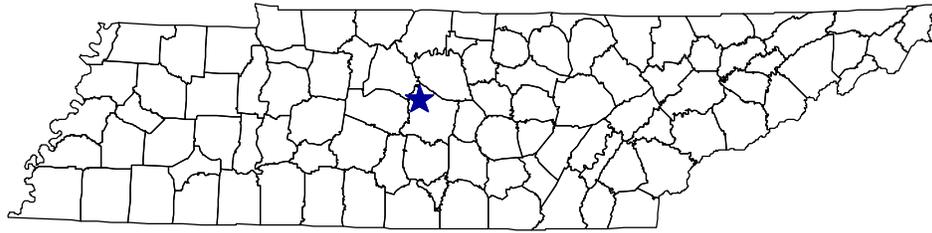
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## StoneCrest Medical Center, Smyrna, Rutherford County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.6	875	N/A	N/A	0.84
	Adult/Pediatric Ward	1	1.1	1836	0.84	(0.04, 4.13)	0.75
CAUTI	Adult/Pediatric ICU	1	1.0	1450	0.93	(0.05, 4.57)	0.96
	Adult/Pediatric Ward	3	1.3	2112	2.18	(0.55, 5.92)	0.72
SSI	Colon surgery	0	1.5	59	0.00	(0.00, 1.97)	0.92
	Abdominal hysterectomy	0	0.7	143	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.9	25924	N/A	N/A	1.33
	C. difficile infection	12	15.6	22618	0.77	(0.41, 1.30)	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at StoneCrest Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

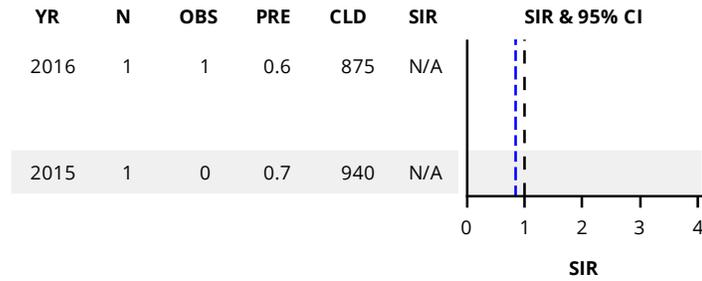


#### Healthcare Personnel Vaccinated (%)

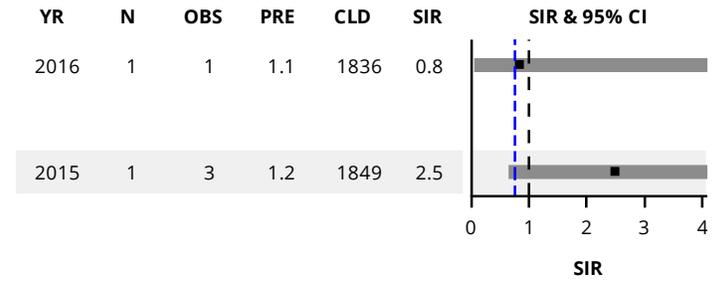
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

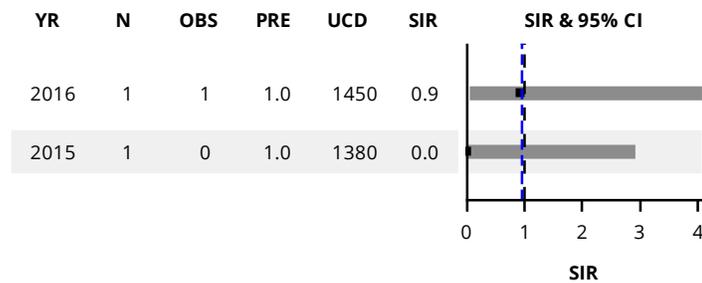


CLABSI - Adult/Pediatric Wards

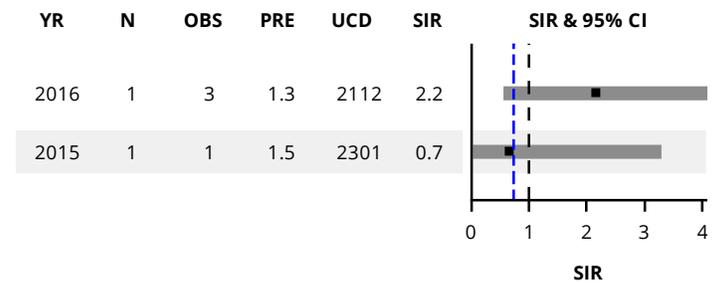


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

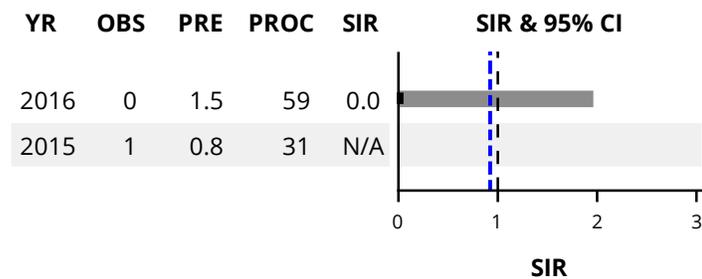


CAUTI - Adult/Pediatric Wards

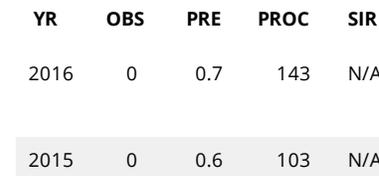


Surgical Site Infections (SSI)

SSI - Colon Surgery



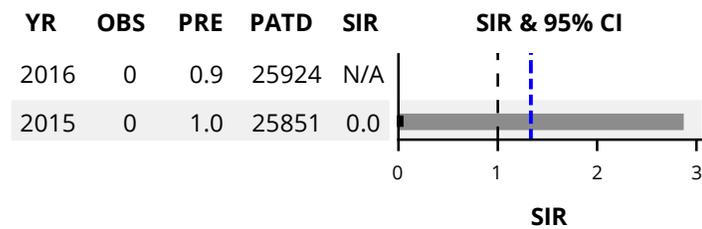
SSI - Abdominal Hysterectomy



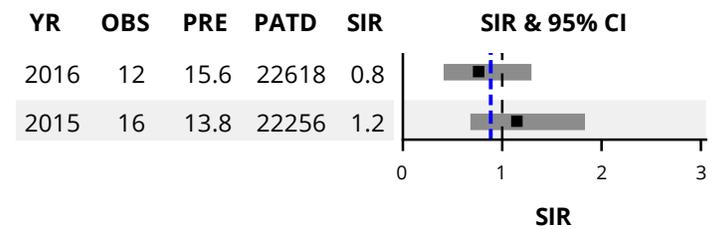
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

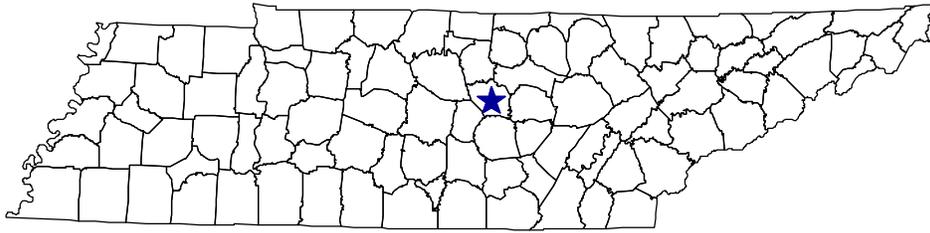
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## St. Thomas DeKalb Hospital, Smithville, DeKalb County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.1	242	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.0	78	N/A	N/A	1.06
	Adult/Pediatric Ward	1	0.2	537	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	1	0.0	3349	N/A	N/A	1.26
	C. difficile infection	2	1.1	3349	1.80	( 0.30, 5.95 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

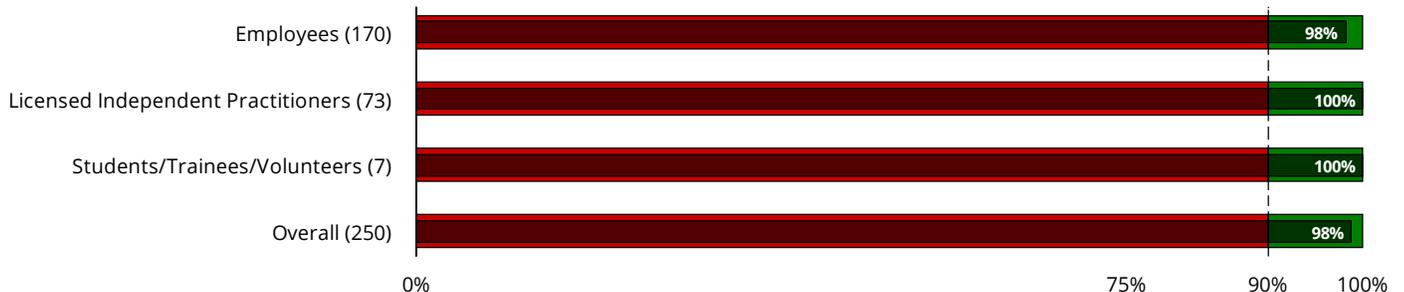
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas DeKalb Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



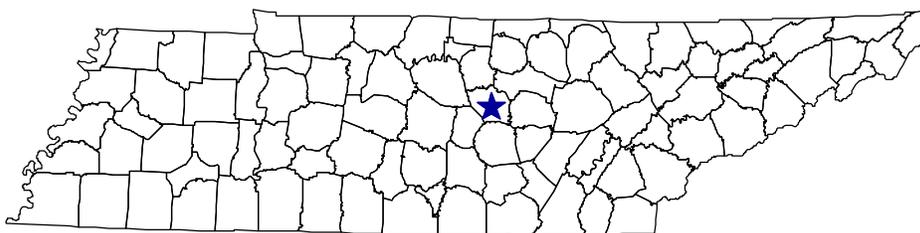
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## St. Thomas DeKalb Hospital, Smithville, DeKalb County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.0	169	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.0	79	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.1	349	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.0	2561	N/A	N/A	1.33
	C. difficile infection	4	1.0	2561	3.89	(1.24, 9.39)	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

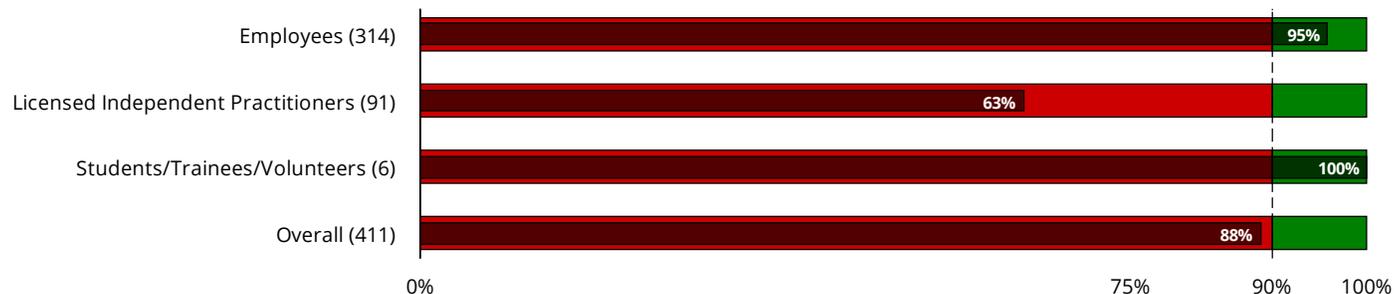
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas DeKalb Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# St. Thomas DeKalb Hospital, Smithville, DeKalb County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.0	169	N/A

2015	1	0	0.1	242	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.0	79	N/A

2015	1	0	0.0	78	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.1	349	N/A

2015	1	1	0.2	537	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	2561	N/A

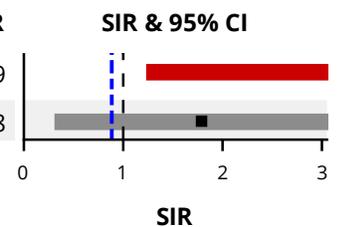
2015	1	0.0	3349	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	4	1.0	2561	3.9

2015	2	1.1	3349	1.8
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Data reported as of November 13, 2017

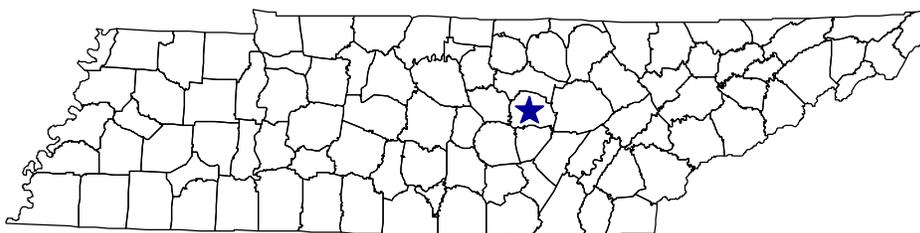
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## St. Thomas Highlands Hospital, Sparta, White County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.0	105	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.1	224	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.4	925	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	0	0.2	46	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	2227	N/A	N/A	1.26
	C. difficile infection	0	0.5	2227	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

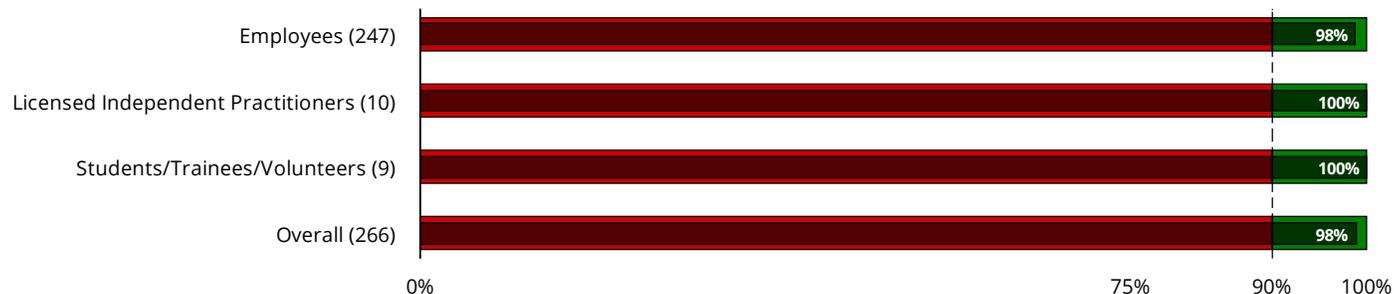
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas Highlands Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



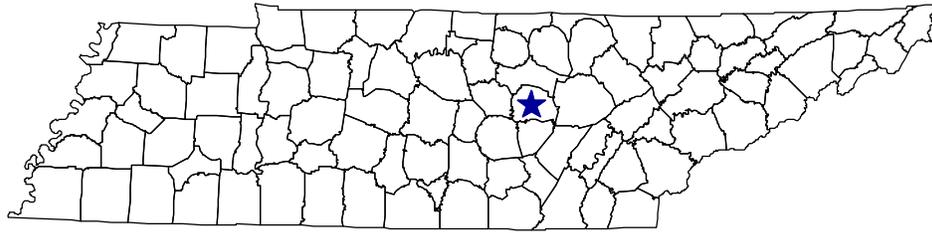
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## St. Thomas Highlands Hospital, Sparta, White County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.0	103	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	1	0.1	192	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.3	697	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	0	0.2	36	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.0	1923	N/A	N/A	1.33
	C. difficile infection	1	0.4	1923	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

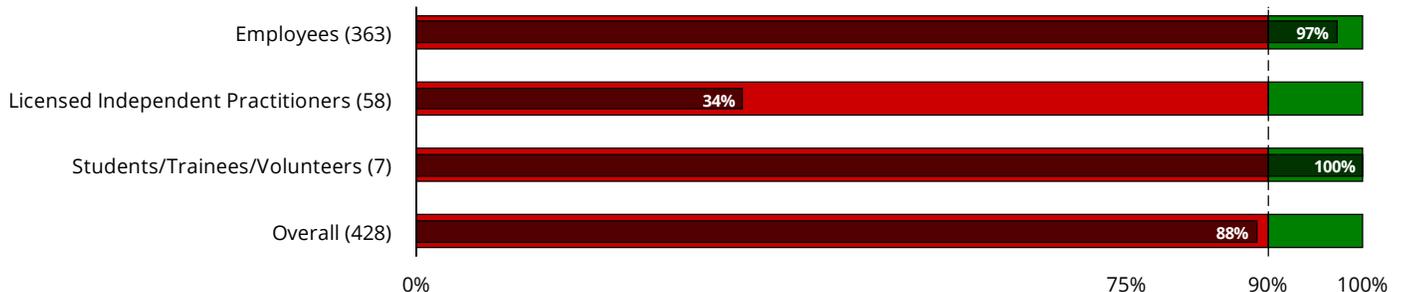
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas Highlands Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# St. Thomas Highlands Hospital, Sparta, White County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	N/A	N/A	N/A	N/A

2015	1	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.0	103	N/A

2015	1	0	0.0	105	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRE	UCD	SIR
2016	1	1	0.1	192	N/A

2015	1	0	0.1	224	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.3	697	N/A

2015	1	0	0.4	925	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	0	0.2	36	N/A

2015	0	0.2	46	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	1923	N/A

2015	0	0.0	2227	N/A
------	---	-----	------	-----

N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	1	0.4	1923	N/A

2015	0	0.5	2227	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

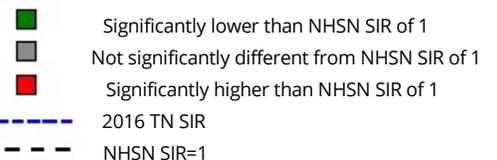
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

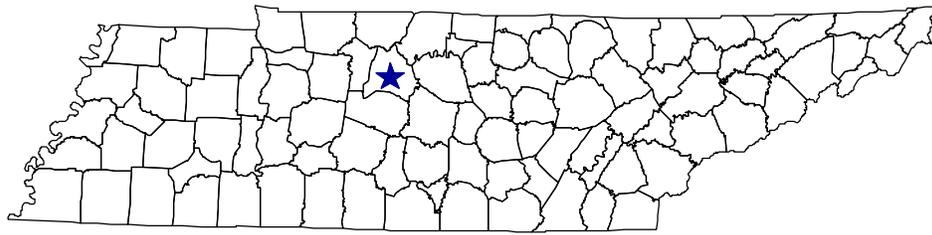
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



## St. Thomas Hospital for Specialty Surgery, Nashville, Davidson County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	2199	N/A	N/A	1.26
	C. difficile infection	0	0.3	2199	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

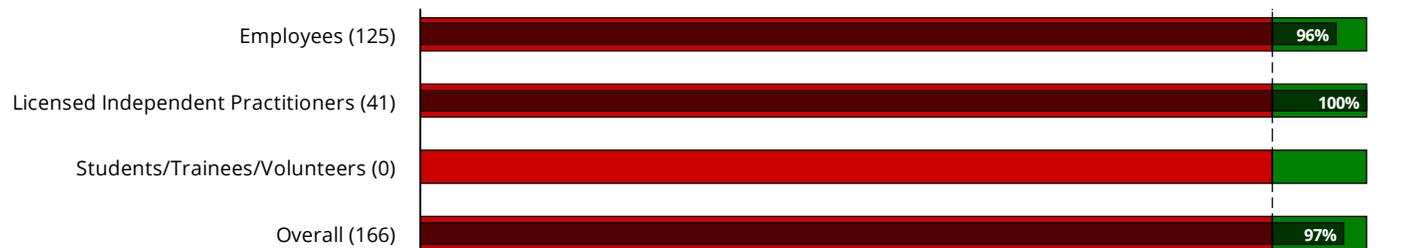
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas Hospital for Specialty Surgery*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



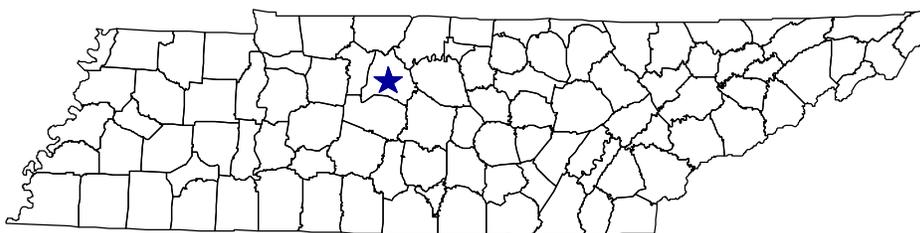
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## St. Thomas Hospital for Specialty Surgery, Nashville, Davidson County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.0	2439	N/A	N/A	1.33
	C. difficile infection	0	0.3	2439	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

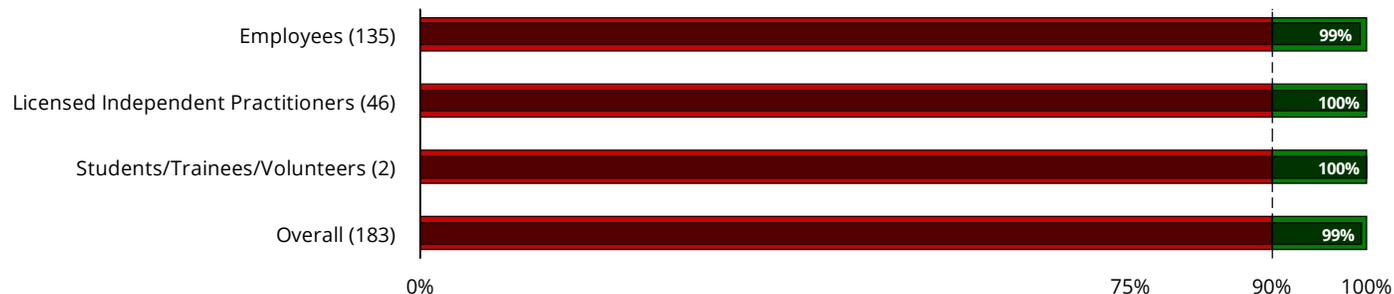
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas Hospital for Specialty Surgery*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# St. Thomas Hospital for Specialty Surgery, Nashville, Davidson County

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	2439	N/A
2015	0	0.0	2199	N/A

N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	0.3	2439	N/A
2015	0	0.3	2199	N/A

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

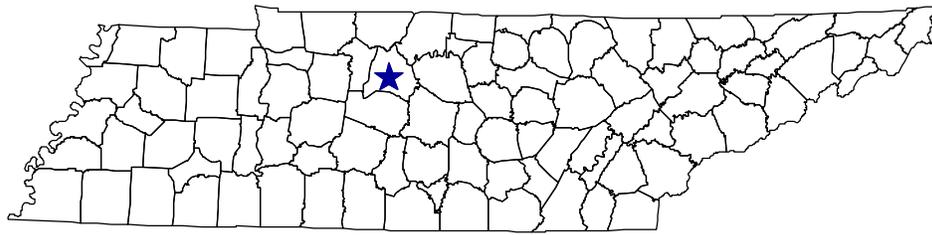
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

 Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## St. Thomas Midtown (Baptist Hospital- Nashville), Nashville, Davidson County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	3	3.9	3535	0.77	( 0.20, 2.09 )	0.88
	Neonatal ICU	0	1.8	1333	0.00	( 0.00, 1.65 )	0.92
	Adult/Pediatric Ward	9	5.9	6132	1.53	( 0.74, 2.80 )	0.80
CAUTI	Adult/Pediatric ICU	4	4.2	4151	0.93	( 0.30, 2.25 )	1.06
	Adult/Pediatric Ward	1	6.3	6792	<b>0.16</b>	<b>( 0.01, 0.78 )</b>	0.70
SSI	Colon surgery	6	7.4	294	0.80	( 0.33, 1.67 )	0.85
	Abdominal hysterectomy	2	3.0	475	0.66	( 0.11, 2.18 )	1.14
LabID	MRSA bacteremia	9	7.7	111298	1.16	( 0.57, 2.14 )	1.26
	C. difficile infection	51	48.4	87505	1.05	( 0.79, 1.37 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

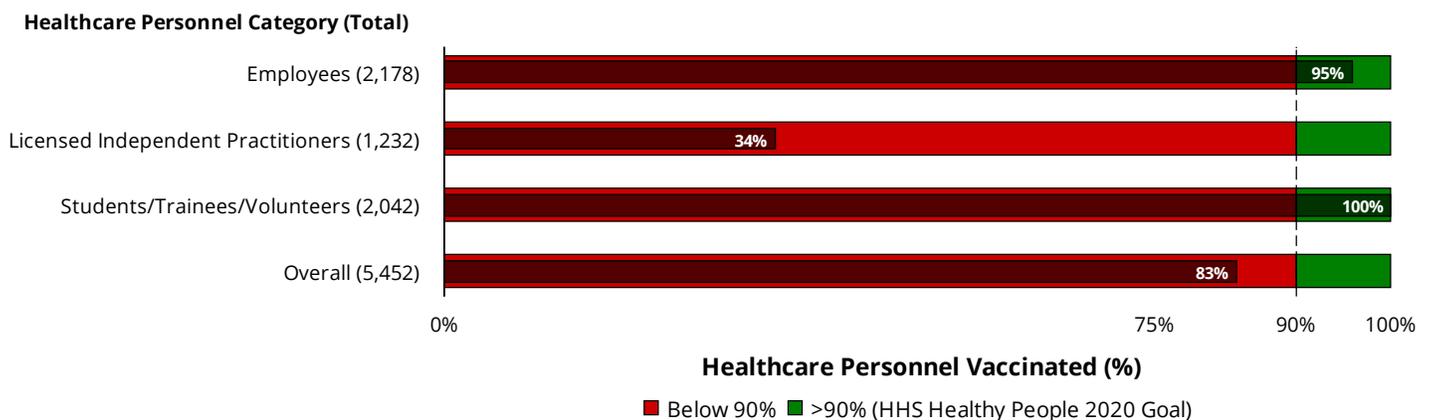
**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas Midtown (Baptist Hospital- Nashville)*

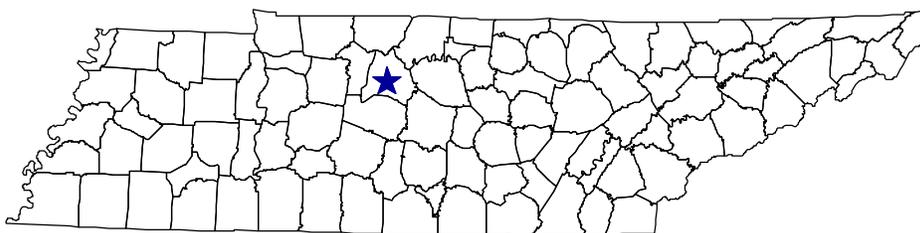
### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season



## St. Thomas Midtown (Baptist Hospital- Nashville), Nashville, Davidson County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	3.7	3281	0.54	(0.09, 1.79)	0.84
	Neonatal ICU	3	3.0	2061	0.97	(0.25, 2.64)	0.63
	Adult/Pediatric Ward	4	4.6	4774	0.86	(0.27, 2.07)	0.75
CAUTI	Adult/Pediatric ICU	3	5.0	3845	0.59	(0.15, 1.61)	0.96
	Adult/Pediatric Ward	5	5.7	4819	0.87	(0.32, 1.93)	0.72
SSI	Colon surgery	11	8.8	309	1.25	(0.66, 2.17)	0.92
	Abdominal hysterectomy	2	3.4	567	0.58	(0.10, 1.91)	1.04
LabID	MRSA bacteremia	6	7.8	113299	0.77	(0.31, 1.60)	1.33
	C. difficile infection	45	67.2	89175	<b>0.67</b>	<b>(0.49, 0.89)</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas Midtown (Baptist Hospital- Nashville)*

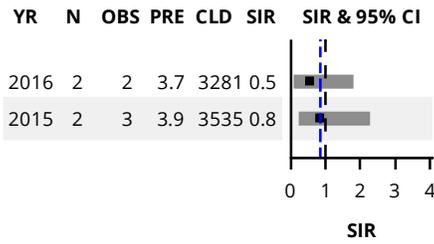
### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season



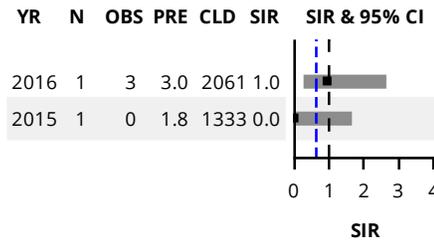
# St. Thomas Midtown (Baptist Hospital- Nashville), Nashville, Davidson County

## Central Line-Associated Bloodstream Infections (CLABSI)

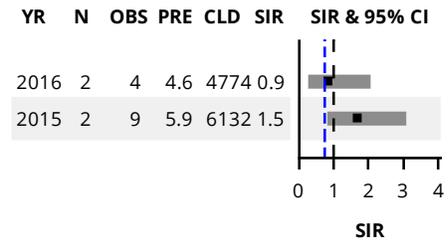
### CLABSI - Adult/Pediatric ICUs



### CLABSI - Neonatal ICUs

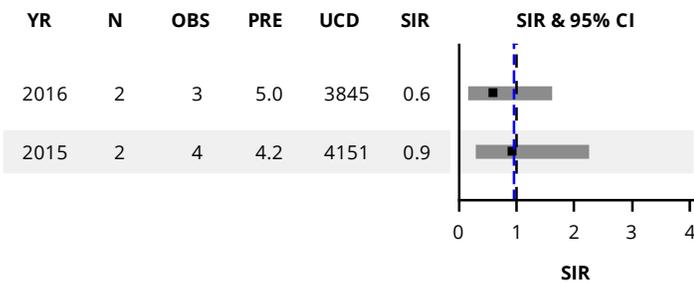


### CLABSI - Adult/Pediatric Wards

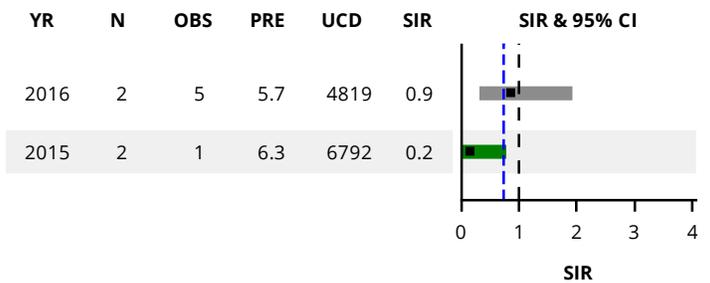


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

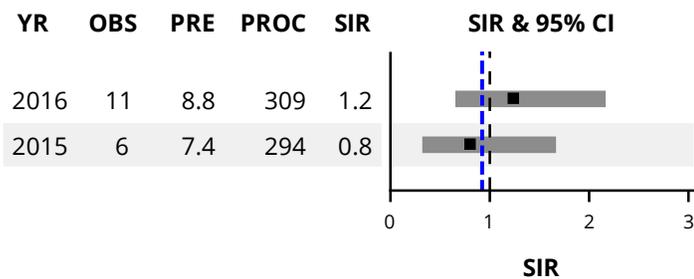


### CAUTI - Adult/Pediatric Wards

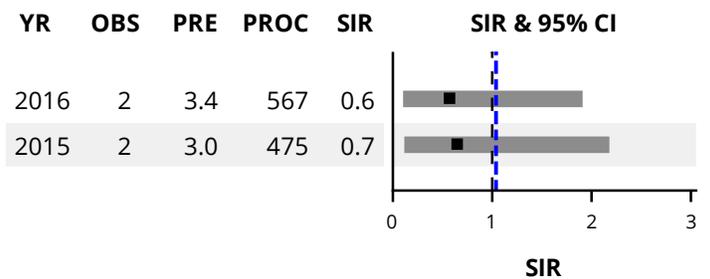


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

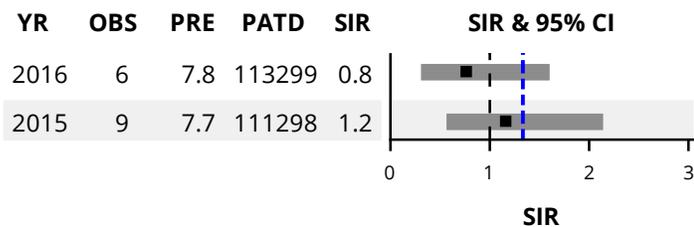


### SSI - Abdominal Hysterectomy

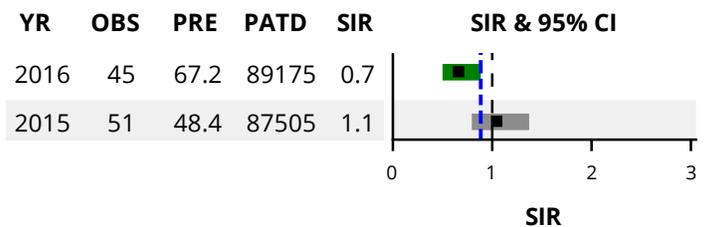


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

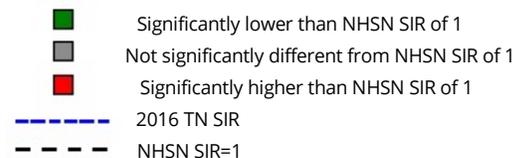
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRE = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

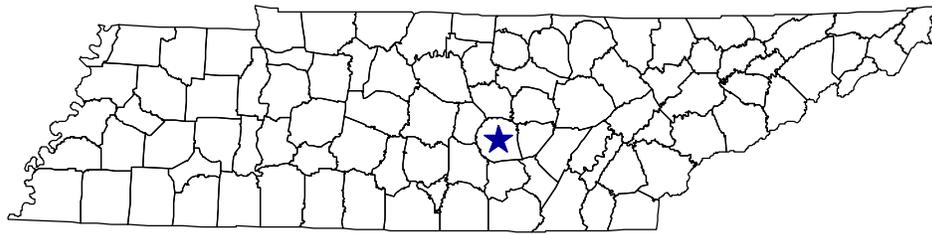
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



## St. Thomas River Park Hospital, Mc Minnville, Warren County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	270	N/A	N/A	0.88
CAUTI	Adult/Pediatric ICU	0	0.3	698	N/A	N/A	1.06
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.2	4109	N/A	N/A	1.26
	C. difficile infection	5	1.9	4109	2.58	(0.95, 5.72)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

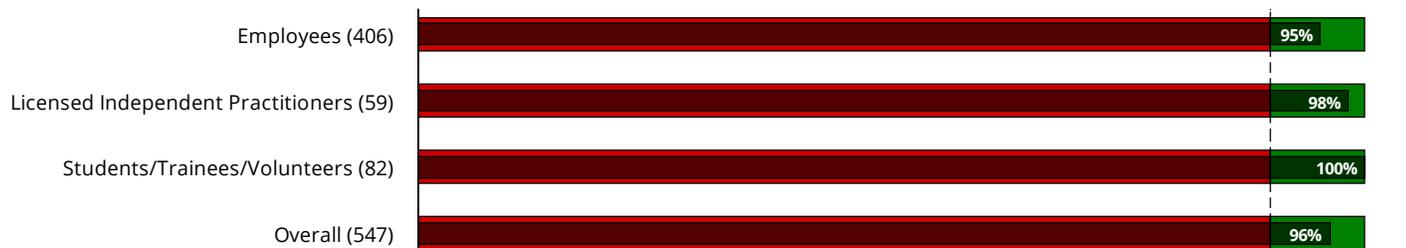
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas River Park Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



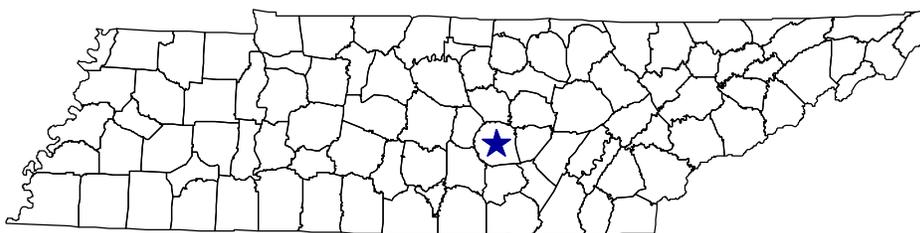
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## St. Thomas River Park Hospital, Mc Minnville, Warren County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.0	128	N/A	N/A	0.84
CAUTI	Adult/Pediatric ICU	1	0.3	539	N/A	N/A	0.96
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.3	7320	N/A	N/A	1.33
	C. difficile infection	1	3.0	7280	0.33	( 0.02, 1.61 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

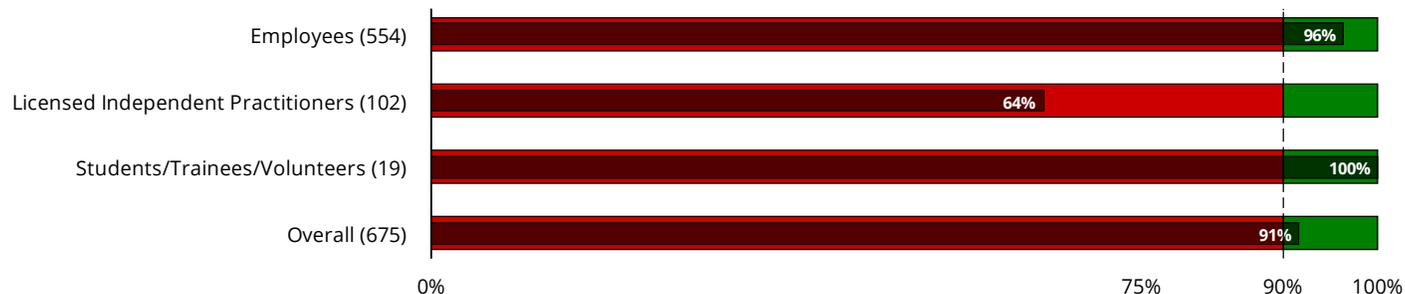
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas River Park Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



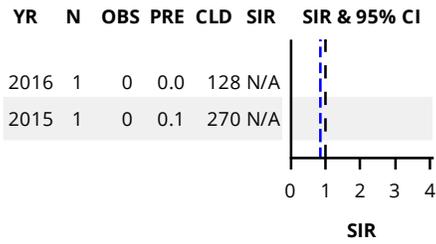
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# St. Thomas River Park Hospital, Mc Minnville, Warren County

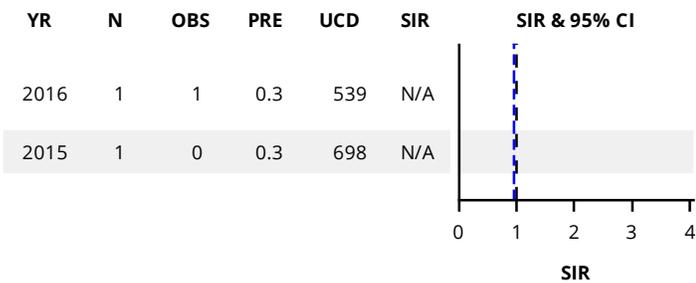
## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs



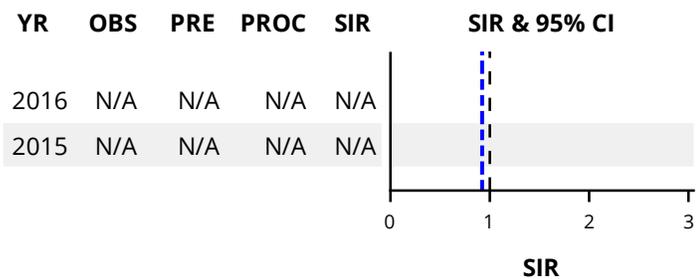
## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

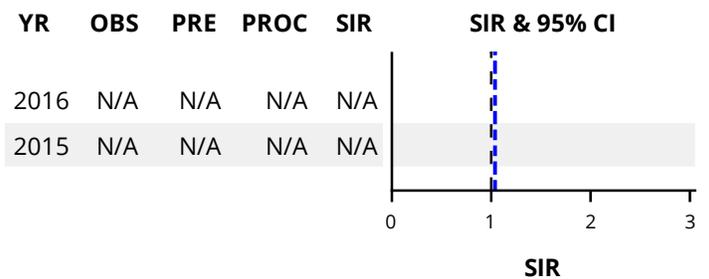


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

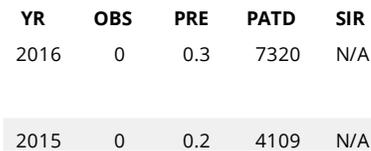


### SSI - Abdominal Hysterectomy

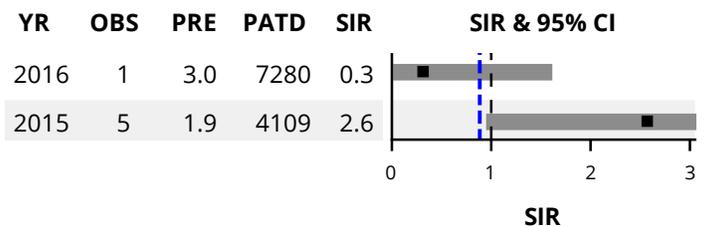


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

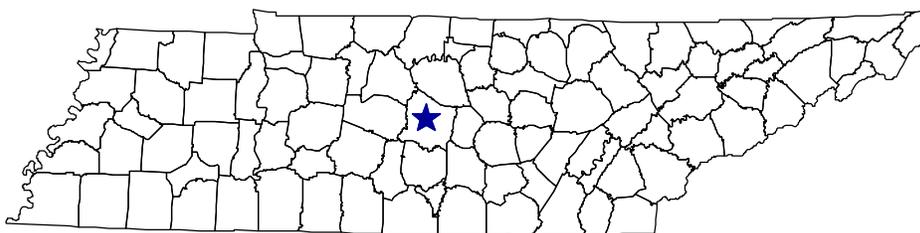
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# St. Thomas Rutherford Hospital (Middle TN Med. Ctr), Murfreesboro, Rutherford County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	5	3.5	3138	1.43	(0.52, 3.17)	0.88
	Neonatal ICU	0	0.3	331	N/A	N/A	0.92
	Adult/Pediatric Ward	4	6.6	6836	0.61	(0.19, 1.46)	0.80
CAUTI	Adult/Pediatric ICU	5	4.9	4852	1.01	(0.37, 2.24)	1.06
	Adult/Pediatric Ward	4	9.1	10037	0.44	(0.14, 1.05)	0.70
SSI	Colon surgery	5	3.7	181	1.35	(0.49, 2.98)	0.85
	Abdominal hysterectomy	1	0.9	163	N/A	N/A	1.14
LabID	MRSA bacteremia	3	3.6	67081	0.82	(0.21, 2.22)	1.26
	C. difficile infection	67	64.9	64083	1.03	(0.81, 1.30)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

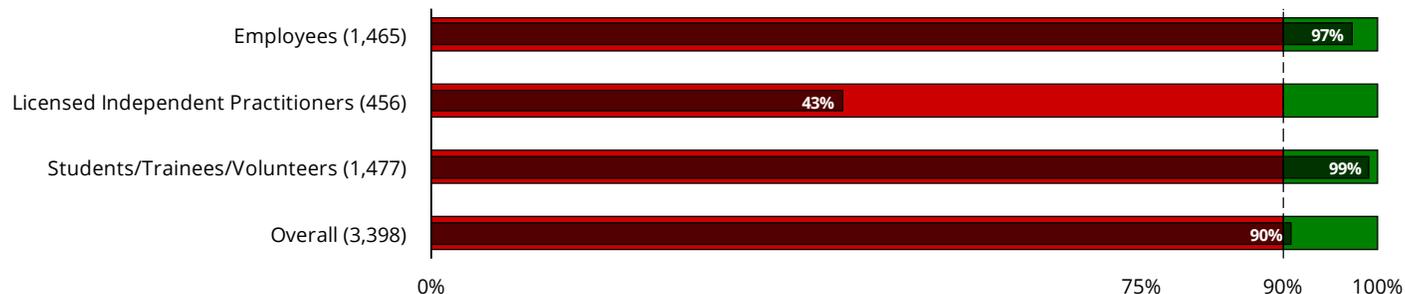
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas Rutherford Hospital (Middle TN Med. Ctr)*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



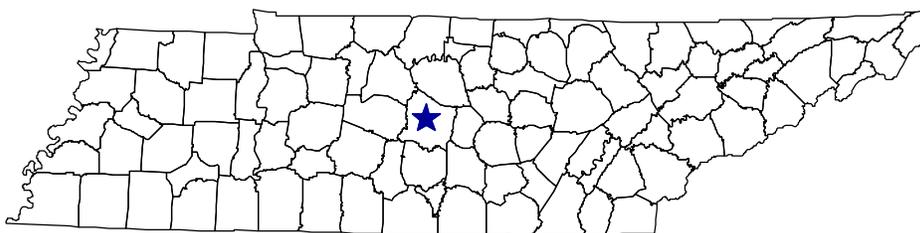
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## St. Thomas Rutherford Hospital (Middle TN Med. Ctr), Murfreesboro, Rutherford County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	3	3.6	3261	0.83	( 0.19, 2.29 )	0.84
	Neonatal ICU	0	0.2	308	N/A	N/A	0.63
	Adult/Pediatric Ward	3	7.5	7730	0.40	( 0.10, 1.09 )	0.75
CAUTI	Adult/Pediatric ICU	2	5.2	5102	0.38	( 0.06, 1.27 )	0.96
	Adult/Pediatric Ward	4	10.5	11594	<b>0.38</b>	<b>( 0.12, 0.91 )</b>	0.72
SSI	Colon surgery	4	4.1	186	0.97	( 0.31, 2.33 )	0.92
	Abdominal hysterectomy	0	0.7	129	N/A	N/A	1.04
LabID	MRSA bacteremia	4	5.0	79660	0.79	( 0.25, 1.91 )	1.33
	C. difficile infection	53	76.4	74342	<b>0.69</b>	<b>( 0.53, 0.90 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

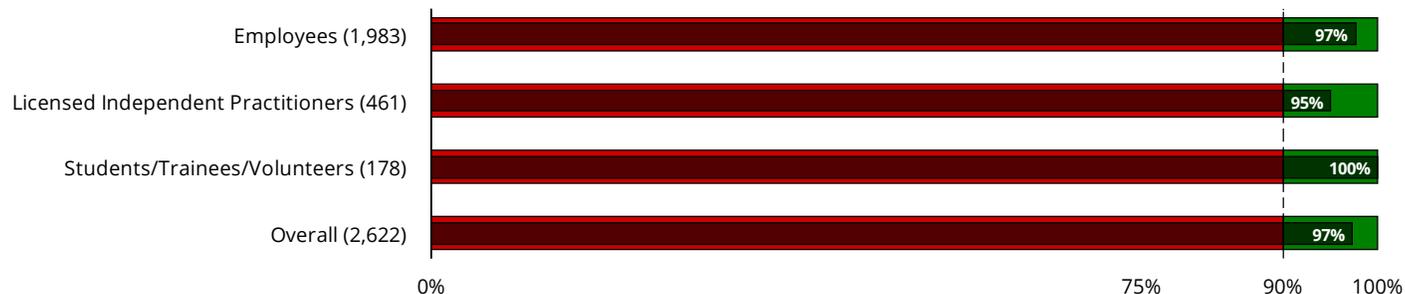
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas Rutherford Hospital (Middle TN Med. Ctr)*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

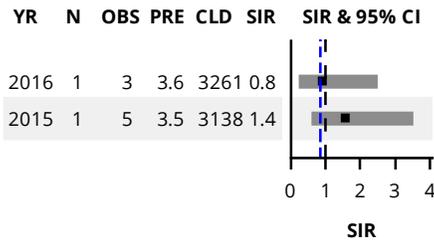


#### Healthcare Personnel Vaccinated (%)

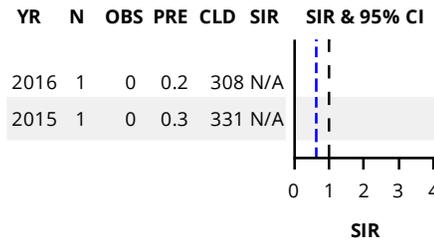
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

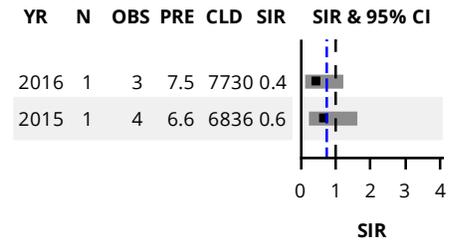
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

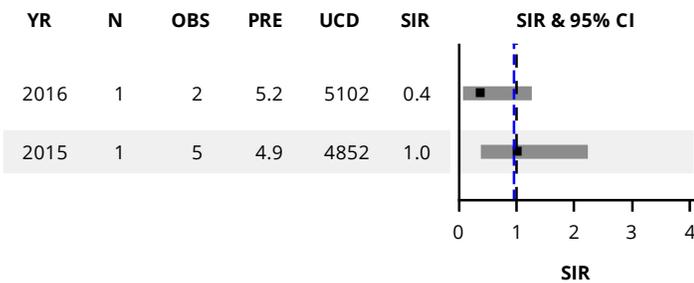


CLABSI - Adult/Pediatric Wards

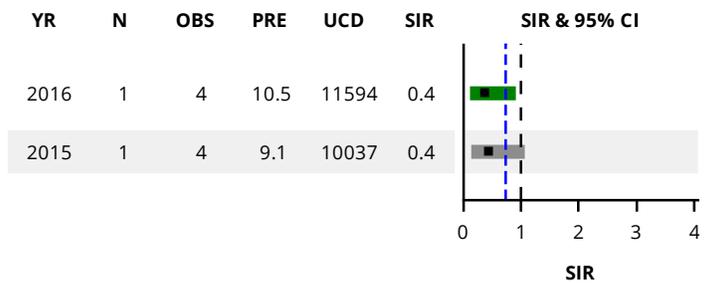


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

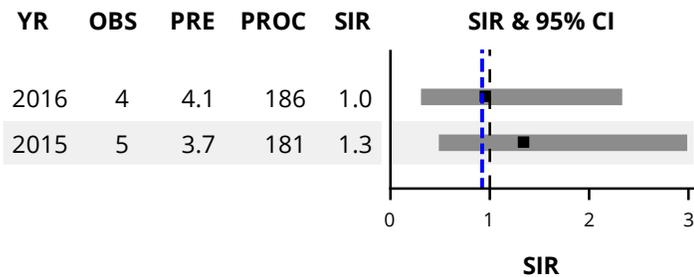


CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery

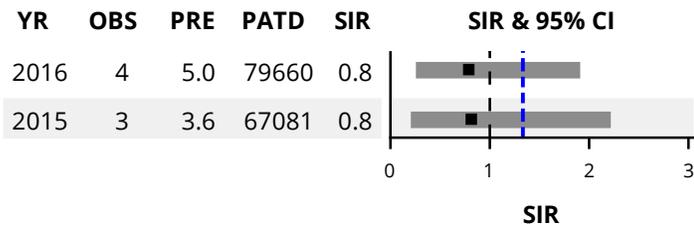


SSI - Abdominal Hysterectomy

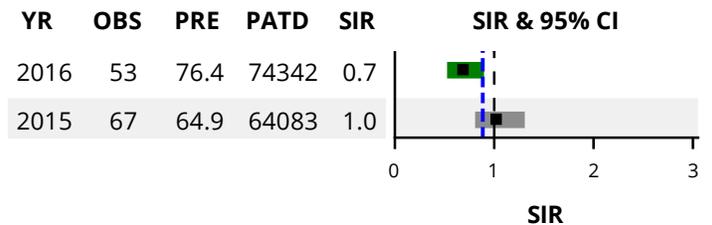


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

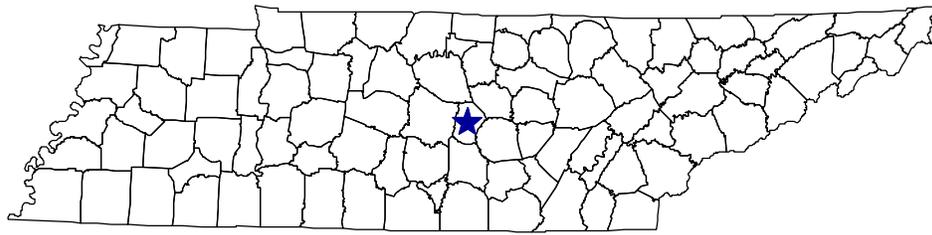
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## St. Thomas Stones River Hospital, Woodbury, Cannon County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.0	114	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.2	482	N/A	N/A	0.70
LabID	MRSA bacteremia	0	0.0	1879	N/A	N/A	1.26
	C. difficile infection	0	0.8	1879	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

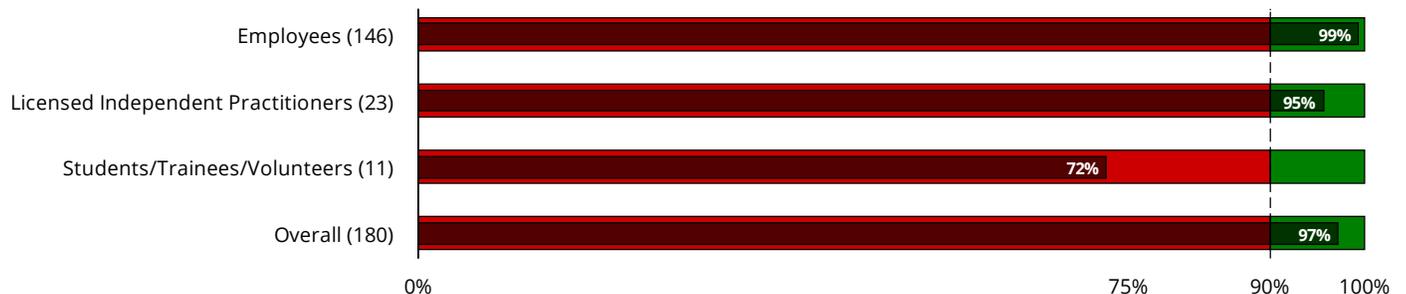
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas Stones River Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



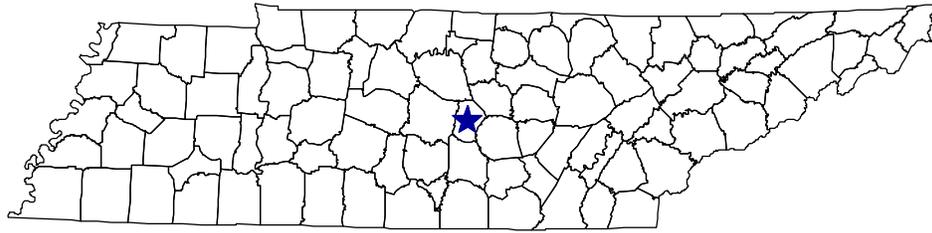
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## St. Thomas Stones River Hospital, Woodbury, Cannon County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.1	210	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.2	469	N/A	N/A	0.72
LabID	MRSA bacteremia	0	0.1	4221	N/A	N/A	1.33
	C. difficile infection	0	1.1	4221	0.00	( 0.00, 2.65 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

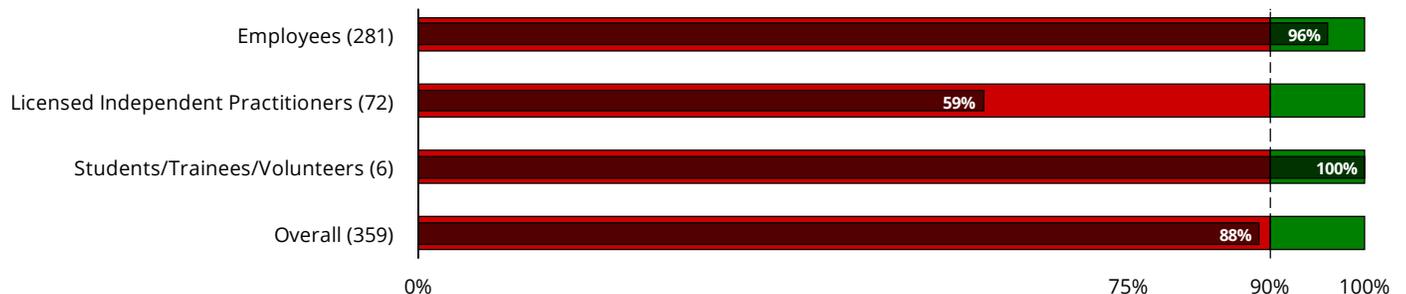
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas Stones River Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# St. Thomas Stones River Hospital, Woodbury, Cannon County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.1	210	N/A

2015	1	0	0.0	114	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.2	469	N/A

2015	1	0	0.2	482	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

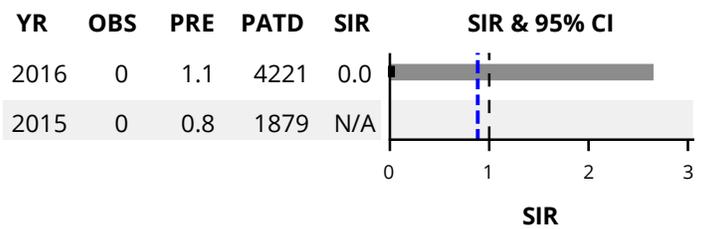
### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.1	4221	N/A

2015	0	0.0	1879	N/A
------	---	-----	------	-----

N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRE = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

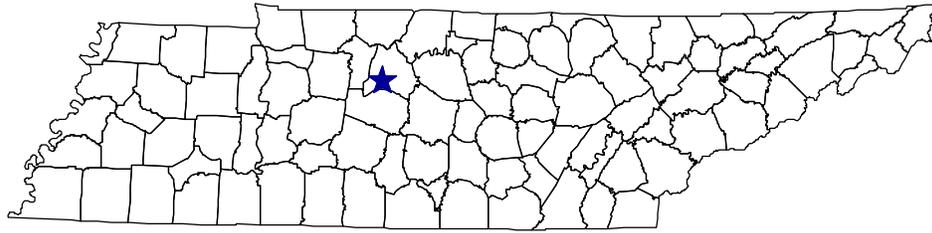
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- - - - 2016 TN SIR
- - - - NHSN SIR=1

## St. Thomas West Hospital, Nashville, Davidson County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	3	9.5	8439	<b>0.32</b>	<b>( 0.08, 0.86 )</b>	0.88
	Adult/Pediatric Ward	7	10.8	11163	0.65	( 0.32, 1.43 )	0.80
CAUTI	Adult/Pediatric ICU	10	10.1	9890	0.99	( 0.50, 1.76 )	1.06
	Adult/Pediatric Ward	5	6.2	6775	0.80	( 0.30, 1.78 )	0.70
SSI	Colon surgery	8	5.7	218	1.39	( 0.64, 2.63 )	0.85
	Abdominal hysterectomy	2	0.9	141	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	4	6.2	88786	0.64	( 0.20, 1.54 )	1.26
	C. difficile infection	97	90.6	88786	1.07	( 0.87, 1.30 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

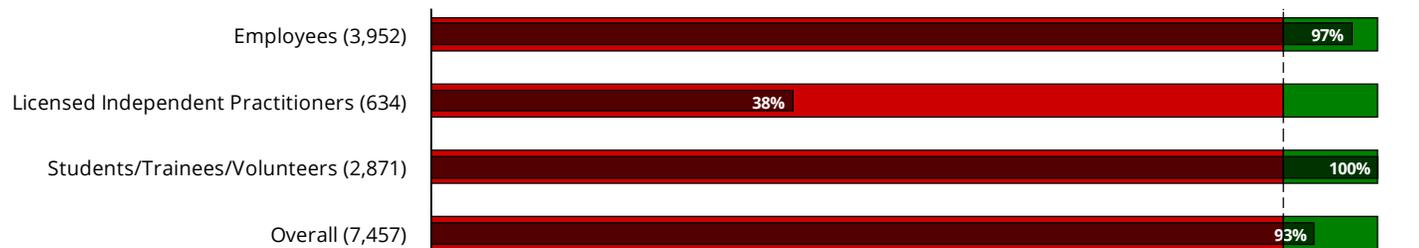
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas West Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



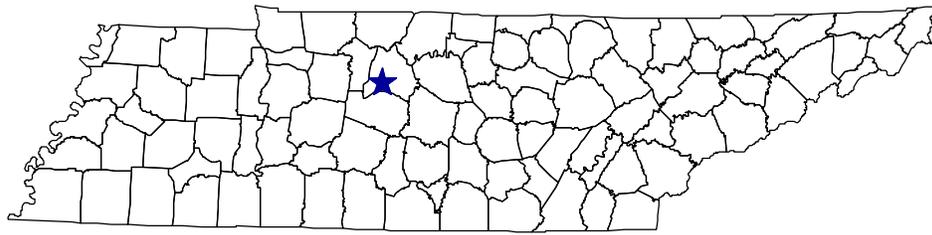
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## St. Thomas West Hospital, Nashville, Davidson County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	7	10.4	9269	0.67	( 0.29, 1.33 )	0.84
	Adult/Pediatric Ward	8	11.7	12060	0.68	( 0.32, 1.30 )	0.75
CAUTI	Adult/Pediatric ICU	13	9.9	9781	1.30	( 0.72, 2.17 )	0.96
	Adult/Pediatric Ward	4	5.7	6266	0.70	( 0.22, 1.69 )	0.72
SSI	Colon surgery	9	6.1	277	1.46	( 0.71, 2.67 )	0.92
	Abdominal hysterectomy	3	1.0	138	2.99	( 0.76, 8.12 )	1.04
LabID	MRSA bacteremia	11	8.0	95151	1.36	( 0.72, 2.36 )	1.33
	C. difficile infection	94	78.0	95151	1.21	( 0.98, 1.47 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

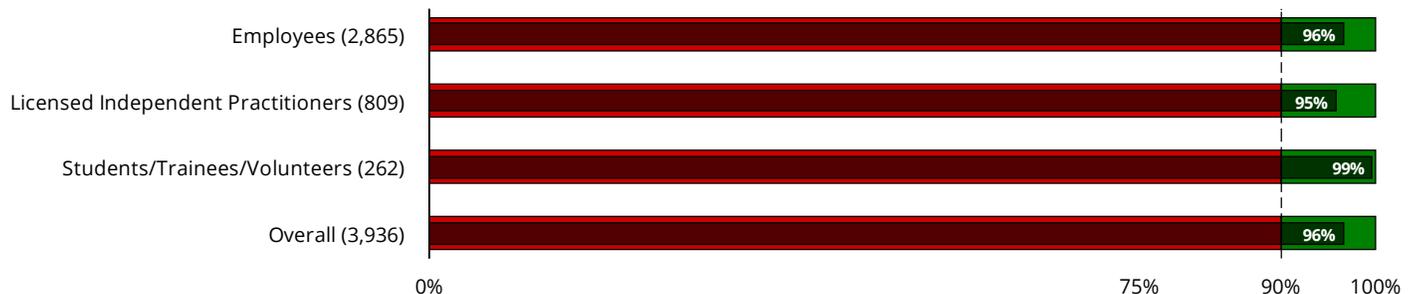
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at St. Thomas West Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

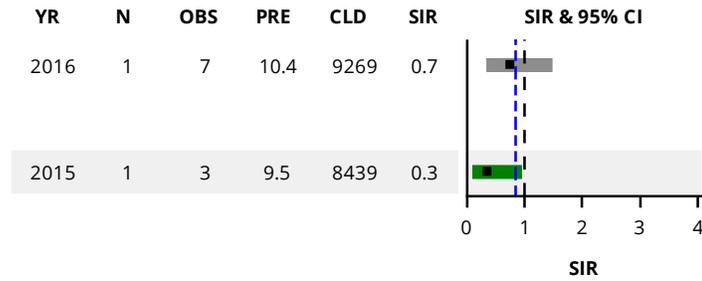


#### Healthcare Personnel Vaccinated (%)

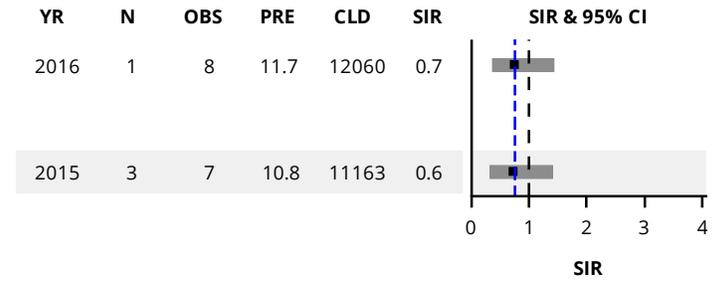
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

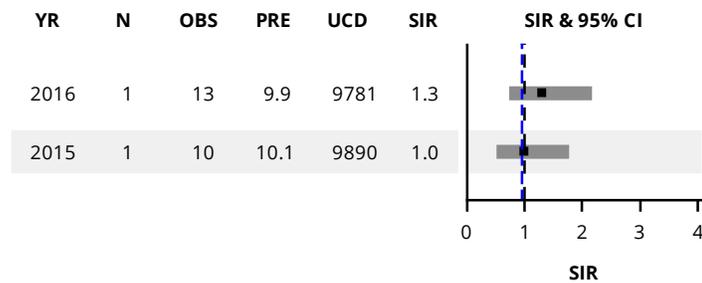


CLABSI - Adult/Pediatric Wards

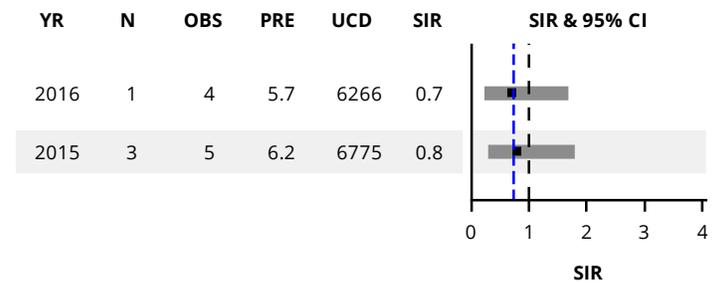


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

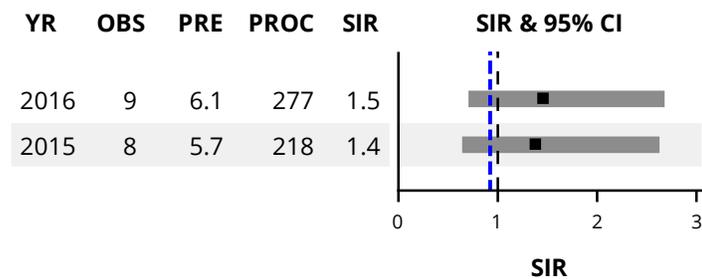


CAUTI - Adult/Pediatric Wards

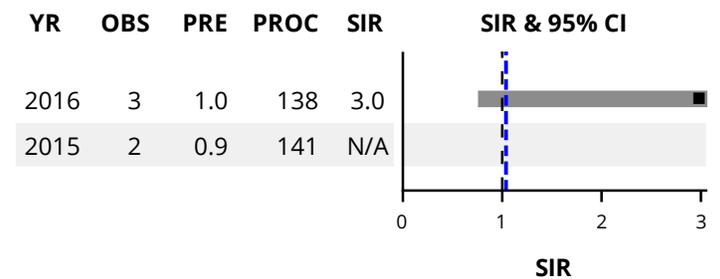


Surgical Site Infections (SSI)

SSI - Colon Surgery

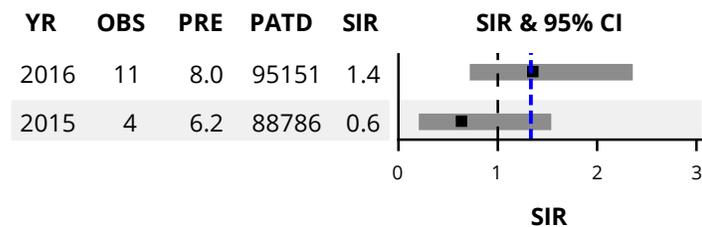


SSI - Abdominal Hysterectomy

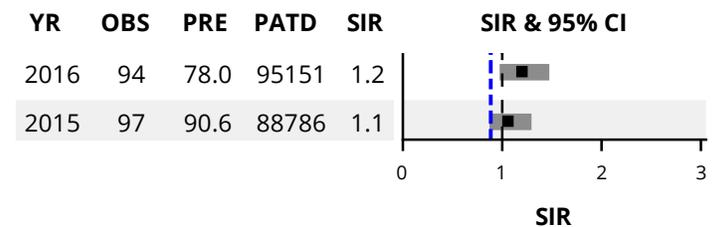


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

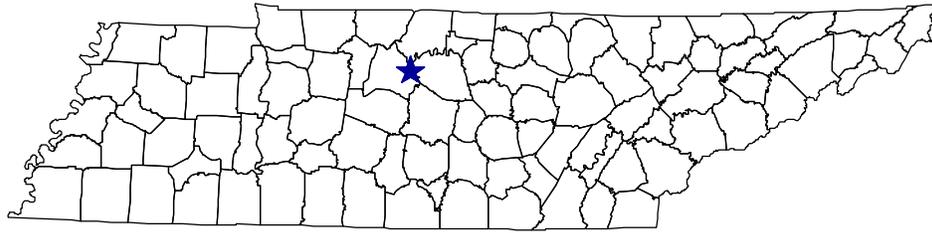
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Summit Medical Center, Hermitage, Davidson County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	1	1.8	2398	0.55	( 0.03, 2.73 )	0.88
	Neonatal ICU	0	0.1	177	N/A	N/A	0.92
	Adult/Pediatric Ward	3	2.0	3185	1.45	( 0.37, 3.94 )	0.80
CAUTI	Adult/Pediatric ICU	6	3.5	3916	1.71	( 0.70, 3.57 )	1.06
	Adult/Pediatric Ward	1	3.3	5073	0.30	( 0.02, 1.49 )	0.70
SSI	Colon surgery	3	2.4	133	1.21	( 0.31, 3.29 )	0.85
	Abdominal hysterectomy	2	0.3	70	N/A	N/A	1.14
LabID	MRSA bacteremia	1	2.1	52218	0.46	( 0.02, 2.28 )	1.26
	C. difficile infection	28	40.9	48775	<b>0.68</b>	<b>( 0.46, 0.98 )</b>	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

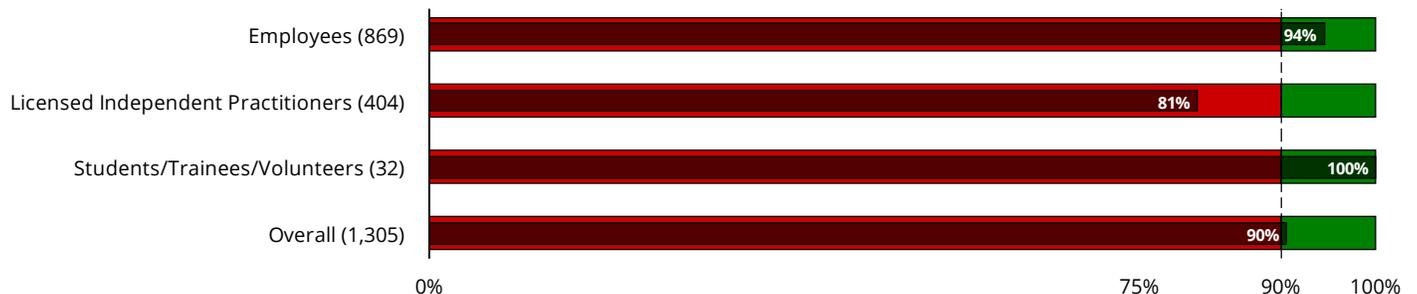
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Summit Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



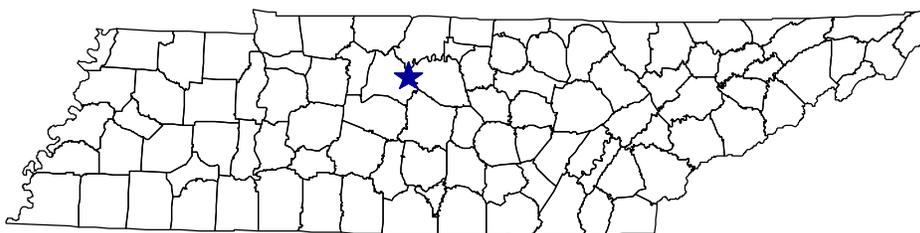
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Summit Medical Center, Hermitage, Davidson County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	2.2	2548	0.00	( 0.00, 1.36 )	0.84
	Neonatal ICU	0	0.1	183	<b>N/A</b>	<b>N/A</b>	0.63
	Adult/Pediatric Ward	0	2.0	2761	0.00	( 0.00, 1.45 )	0.75
CAUTI	Adult/Pediatric ICU	4	4.0	3738	0.98	( 0.31, 2.36 )	0.96
	Adult/Pediatric Ward	1	2.7	3415	0.37	( 0.02, 1.81 )	0.72
SSI	Colon surgery	0	2.0	114	0.00	( 0.00, 1.44 )	0.92
	Abdominal hysterectomy	2	0.5	92	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	3	2.8	53399	1.06	( 0.27, 2.87 )	1.33
	C. difficile infection	34	42.7	49649	0.80	( 0.56, 1.10 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

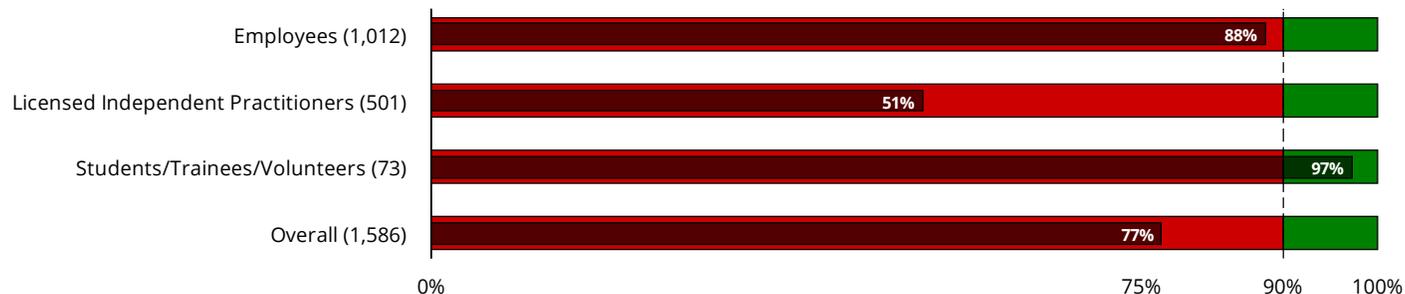
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Summit Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

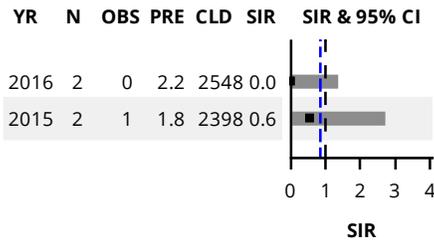


#### Healthcare Personnel Vaccinated (%)

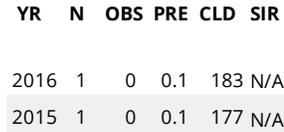
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

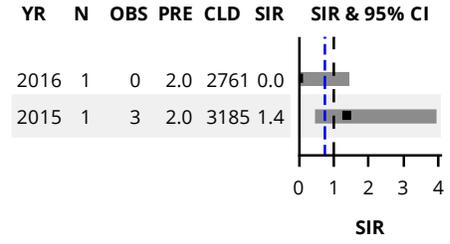
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

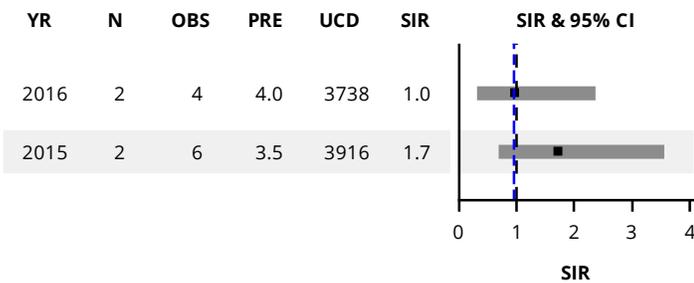


CLABSI - Adult/Pediatric Wards

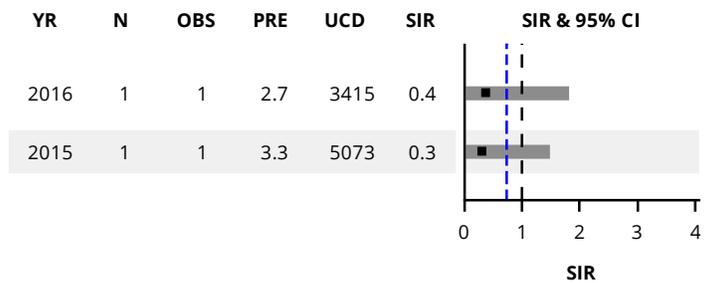


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

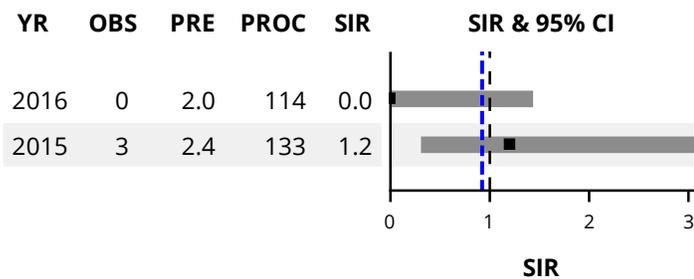


CAUTI - Adult/Pediatric Wards

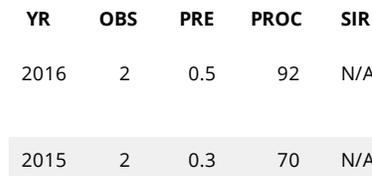


Surgical Site Infections (SSI)

SSI - Colon Surgery



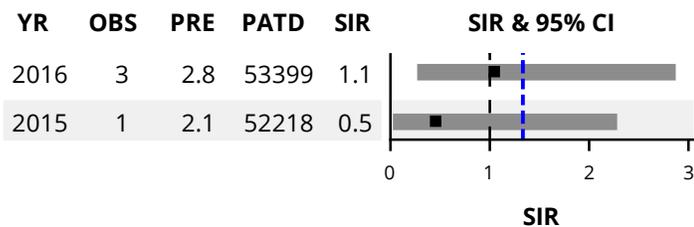
SSI - Abdominal Hysterectomy



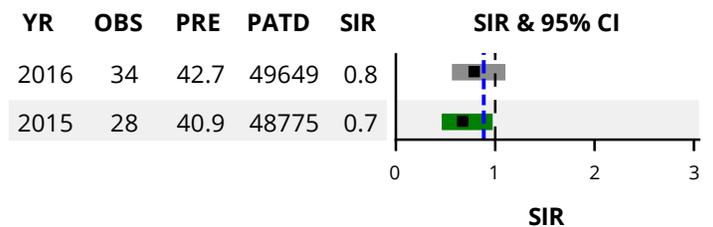
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

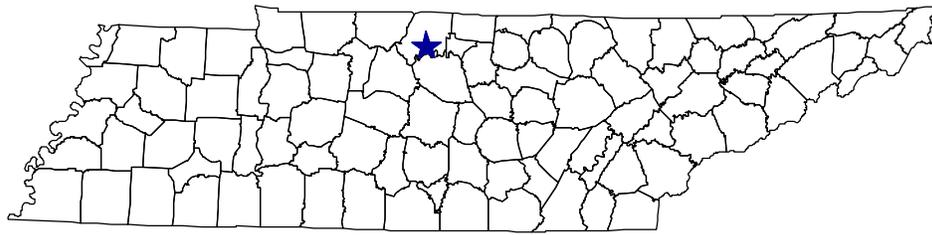
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Sumner Regional Medical Center, Gallatin, Sumner County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections			Standardized Infection Ratio (SIR)		
		Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	4	1.2	1661	<b>3.19</b>	<b>( 1.01, 7.70 )</b>	0.88
	Adult/Pediatric Ward	0	1.2	1976	0.00	( 0.00, 2.33 )	0.80
CAUTI	Adult/Pediatric ICU	0	2.4	3379	0.00	( 0.00, 1.21 )	1.06
	Adult/Pediatric Ward	5	2.4	3668	2.01	( 0.74, 4.46 )	0.70
SSI	Colon surgery	2	0.9	47	<b>N/A</b>	<b>N/A</b>	0.85
	Abdominal hysterectomy	0	0.3	58	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	3	1.4	34545	2.08	( 0.53, 5.67 )	1.26
	C. difficile infection	27	29.2	33869	0.92	( 0.62, 1.32 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

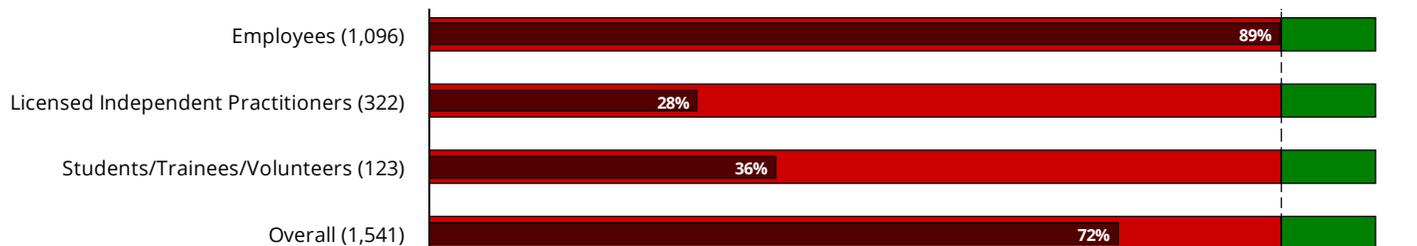
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Sumner Regional Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



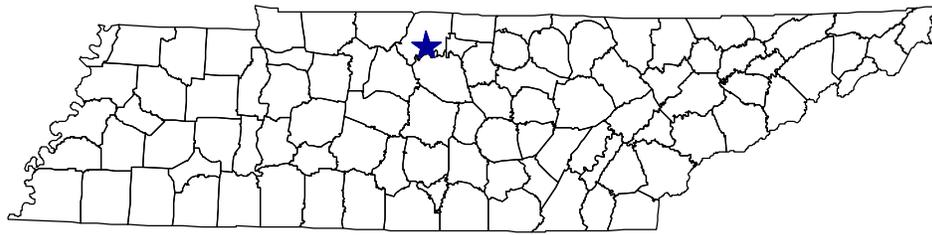
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Sumner Regional Medical Center, Gallatin, Sumner County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections			Standardized Infection Ratio (SIR)		
		Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.9	1251	N/A	N/A	0.84
	Adult/Pediatric Ward	2	1.0	1604	1.91	(0.32, 6.32)	0.75
CAUTI	Adult/Pediatric ICU	0	2.3	3266	0.00	(0.00, 1.25)	0.96
	Adult/Pediatric Ward	5	2.4	3584	2.07	(0.76, 4.59)	0.72
SSI	Colon surgery	1	1.1	58	0.86	(0.04, 4.23)	0.92
	Abdominal hysterectomy	0	0.2	51	N/A	N/A	1.04
LabID	MRSA bacteremia	4	1.2	30681	3.24	(1.03, 7.80)	1.33
	C. difficile infection	20	27.6	29075	0.73	(0.46, 1.10)	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

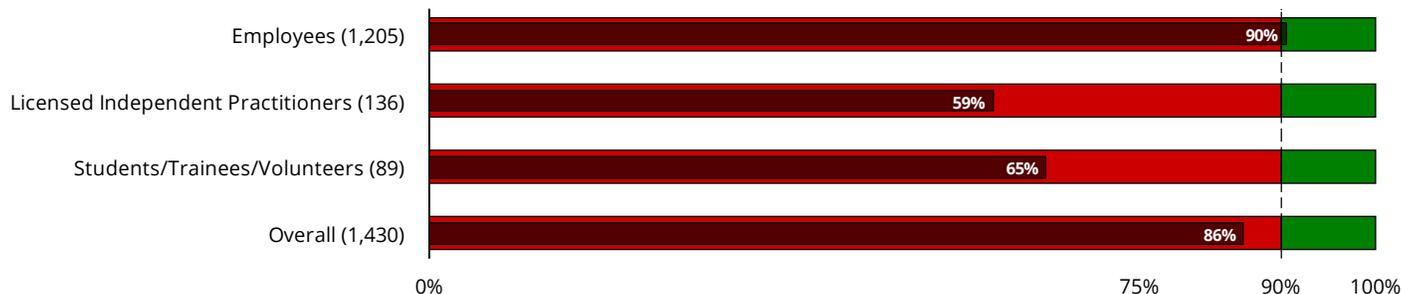
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Sumner Regional Medical Center

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



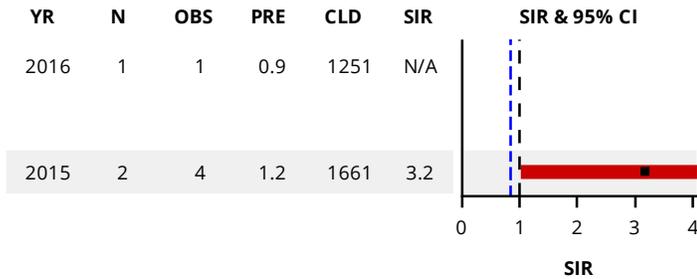
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

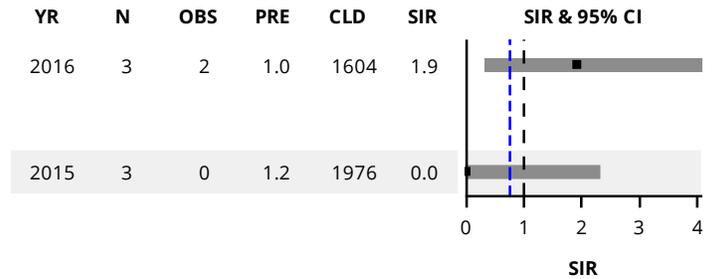
# Sumner Regional Medical Center, Gallatin, Sumner County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

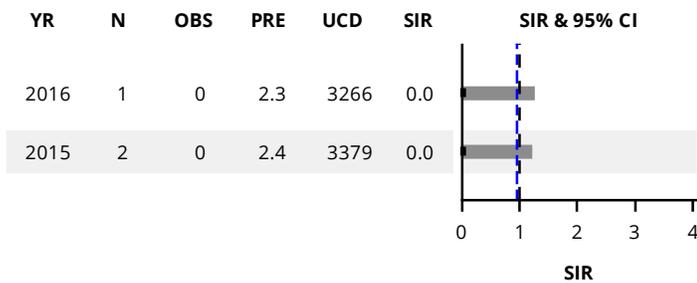


### CLABSI - Adult/Pediatric Wards

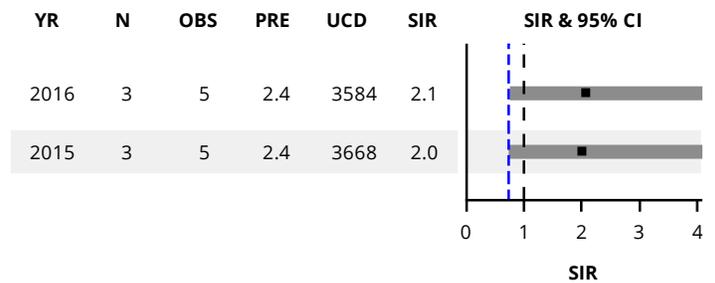


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

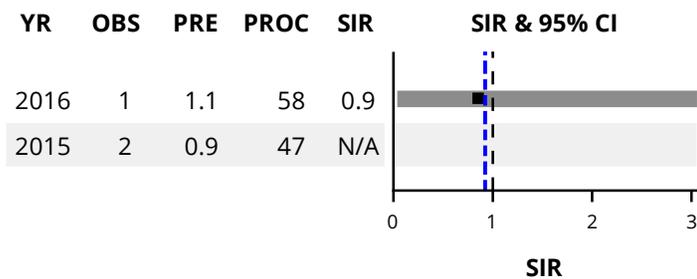


### CAUTI - Adult/Pediatric Wards

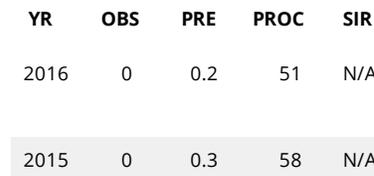


## Surgical Site Infections (SSI)

### SSI - Colon Surgery



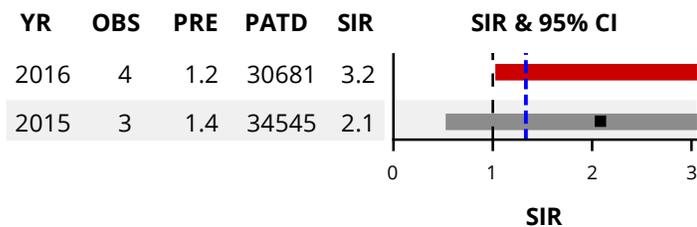
### SSI - Abdominal Hysterectomy



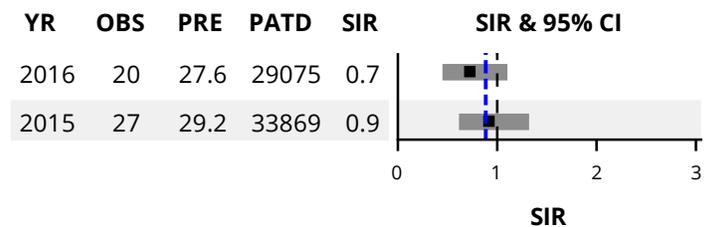
N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

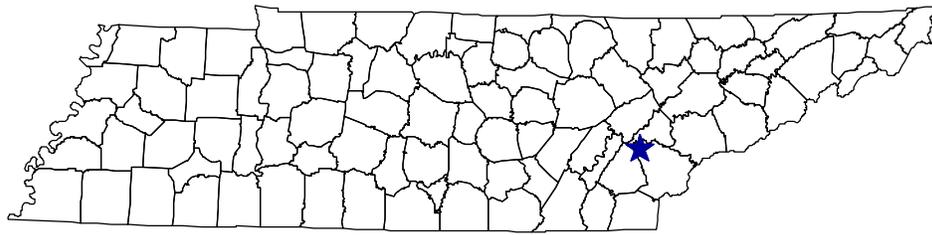
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Sweetwater Hospital Association, Sweetwater, Monroe County

Medical School Affiliation: Graduate teaching

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	170	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.4	599	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	1	0.4	717	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.7	1236	N/A	N/A	0.70
SSI	Colon surgery	0	0.4	31	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.6	9772	N/A	N/A	1.26
	C. difficile infection	6	4.4	9423	1.34	( 0.54, 2.78 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

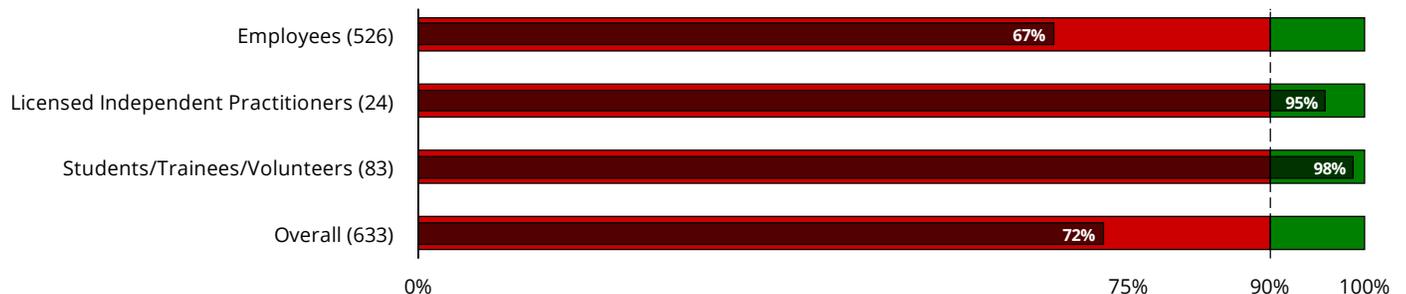
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Sweetwater Hospital Association*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



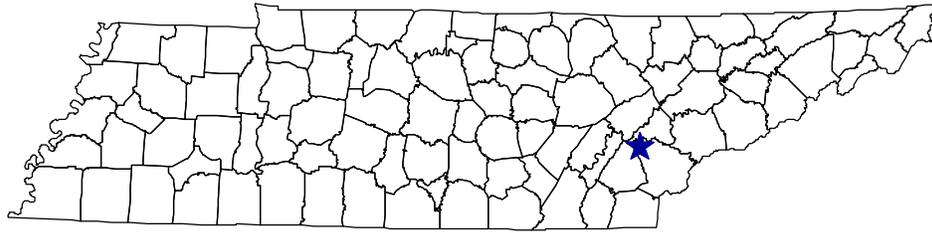
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Sweetwater Hospital Association, Sweetwater, Monroe County

Medical School Affiliation: Graduate teaching

Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	203	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.3	457	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.4	779	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.8	1342	N/A	N/A	0.72
SSI	Colon surgery	0	0.2	20	N/A	N/A	0.92
	Abdominal hysterectomy	1	0.0	27	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.5	9771	N/A	N/A	1.33
	C. difficile infection	4	3.5	9460	1.11	( 0.35, 2.68 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

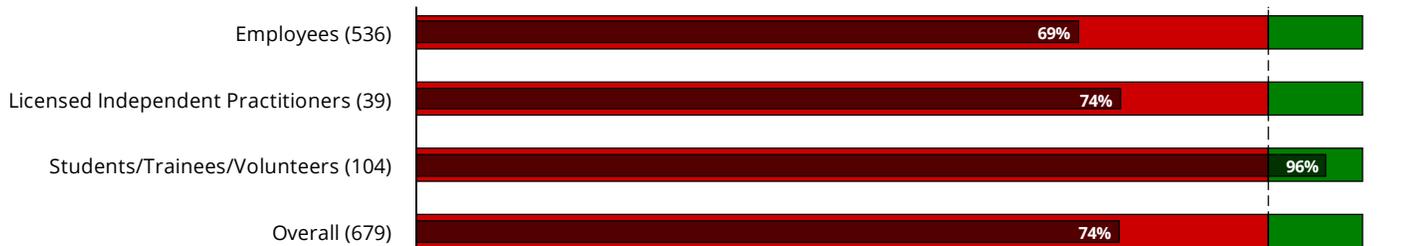
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Sweetwater Hospital Association*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)



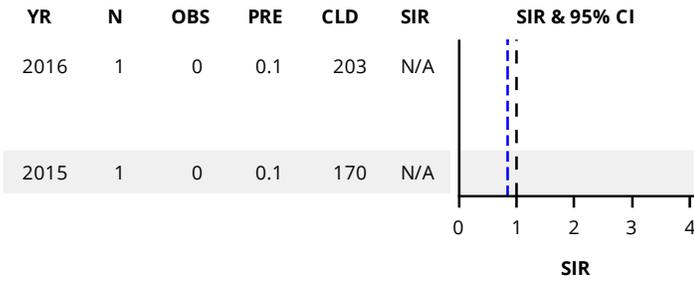
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

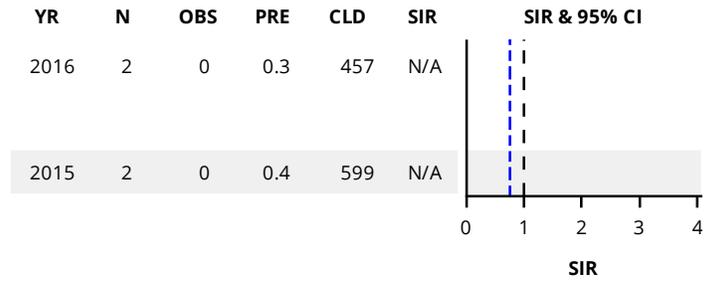
# Sweetwater Hospital Association, Sweetwater, Monroe County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

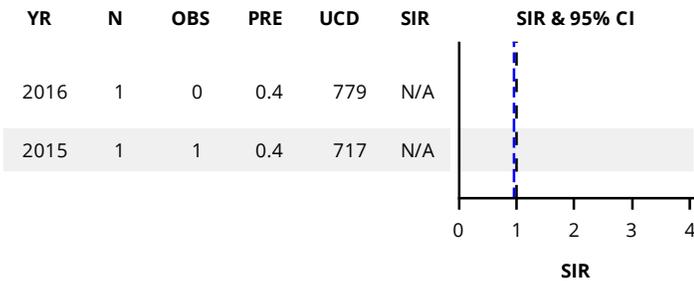


### CLABSI - Adult/Pediatric Wards

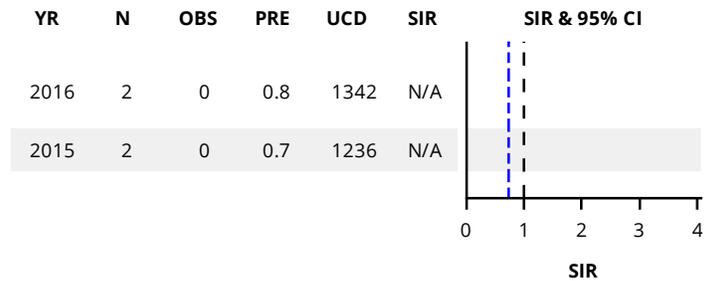


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

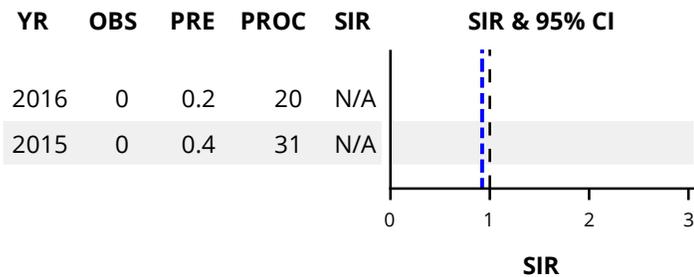


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



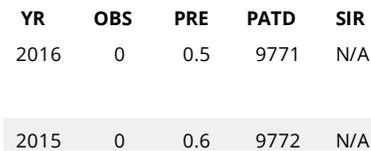
### SSI - Abdominal Hysterectomy



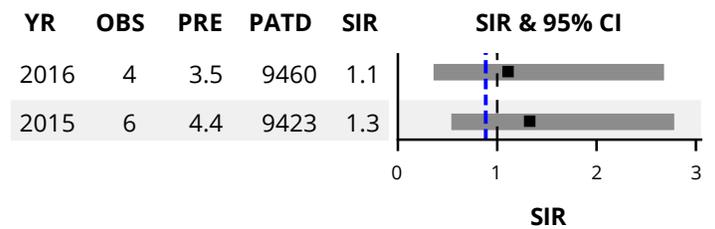
N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

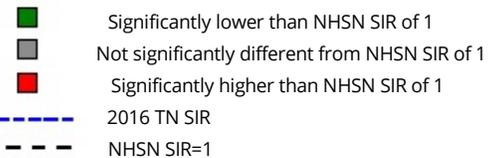
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRE = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

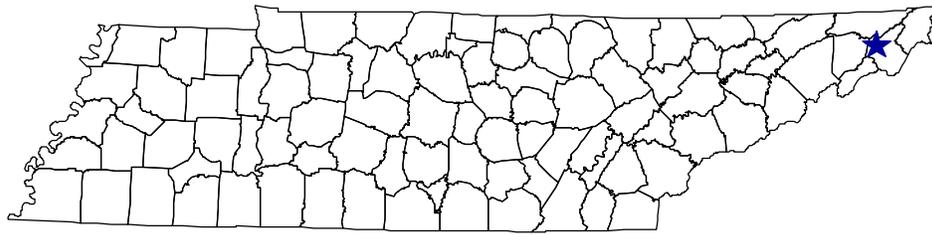
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



## Sycamore Shoals Hospital, Elizabethton, Carter County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.4	547	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.2	436	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.9	1235	N/A	N/A	1.06
	Adult/Pediatric Ward	1	0.7	1203	N/A	N/A	0.70
SSI	Colon surgery	0	0.5	21	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.5	15154	N/A	N/A	1.26
	C. difficile infection	11	6.5	15154	1.69	( 0.89, 2.94 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

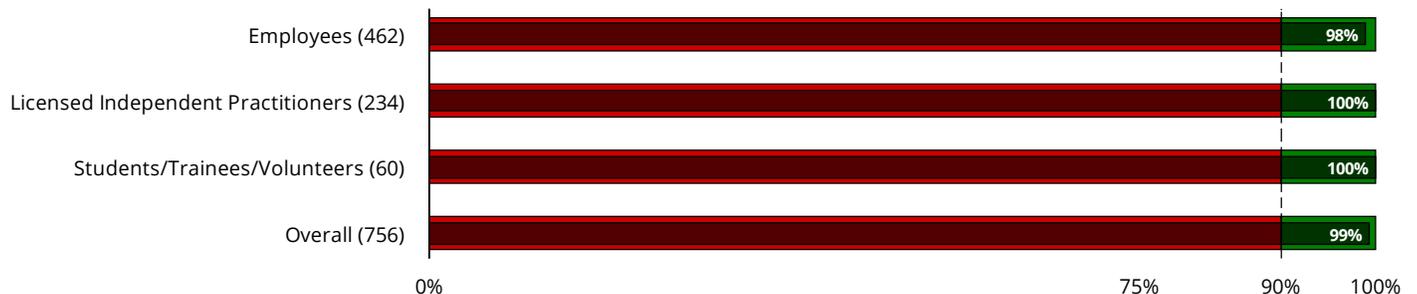
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Sycamore Shoals Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



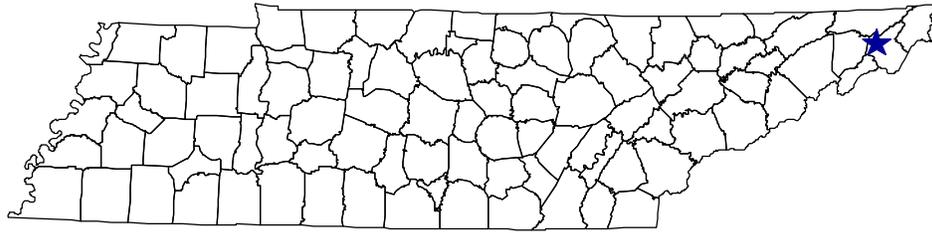
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Sycamore Shoals Hospital, Elizabethton, Carter County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	1	0.5	699	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.2	330	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	1.0	1407	0.00	( 0.00, 2.91 )	0.96
	Adult/Pediatric Ward	0	0.6	951	N/A	N/A	0.72
SSI	Colon surgery	0	0.7	30	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	1	0.7	14944	N/A	N/A	1.33
	C. difficile infection	11	9.0	14944	1.21	( 0.64, 2.10 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Sycamore Shoals Hospital*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)



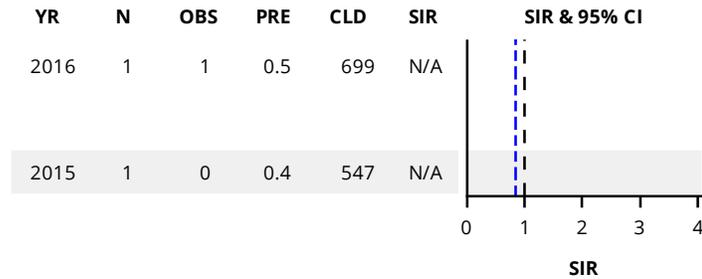
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Sycamore Shoals Hospital, Elizabethton, Carter County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs



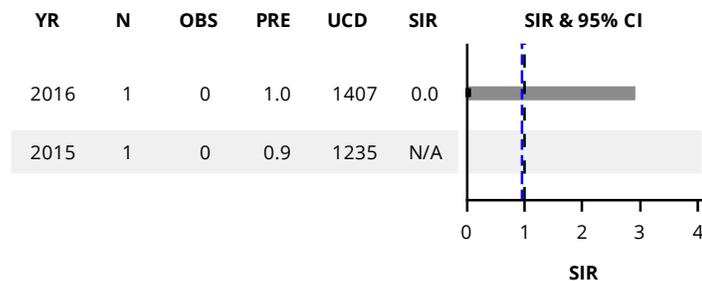
### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.2	330	N/A
2015	1	0	0.2	436	N/A

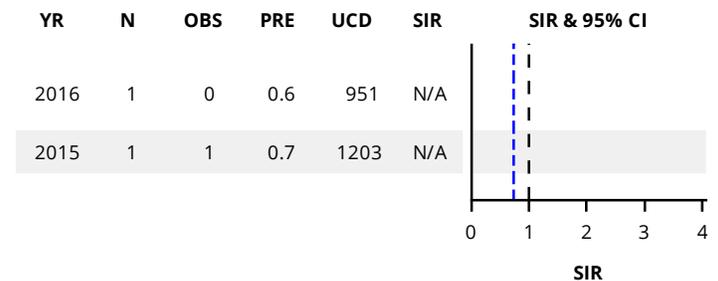
N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

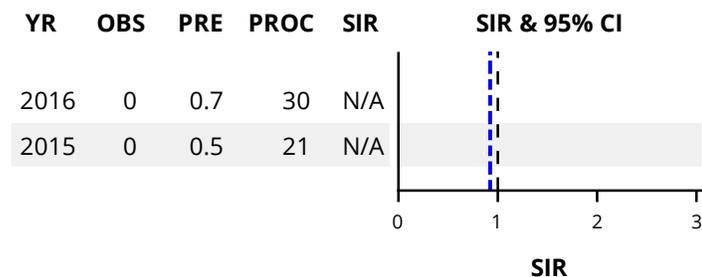


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

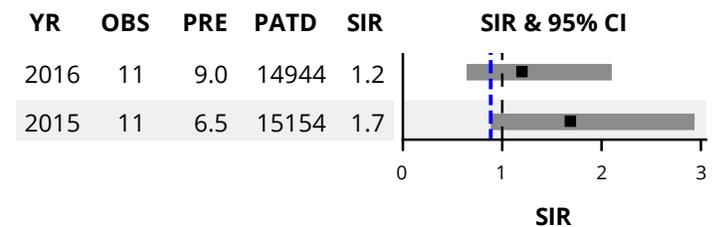
## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	1	0.7	14944	N/A
2015	0	0.5	15154	N/A

N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

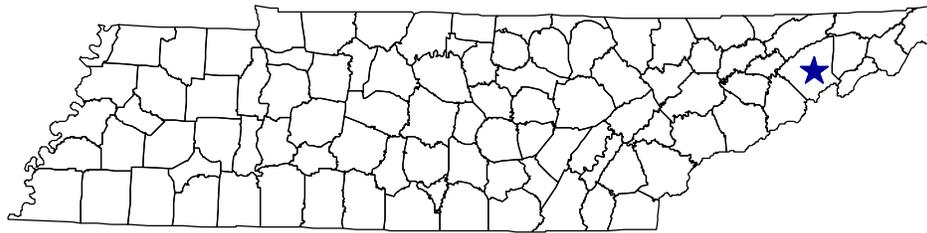
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Takoma Regional Hospital, Greeneville, Greene County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.3	423	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.5	676	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	1	0.7	954	N/A	N/A	1.06
	Adult/Pediatric Ward	1	1.1	1578	0.85	( 0.04, 4.20 )	0.70
SSI	Colon surgery	0	0.9	56	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.2	10479	N/A	N/A	1.26
	C. difficile infection	1	3.7	9808	0.27	( 0.01, 1.33 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

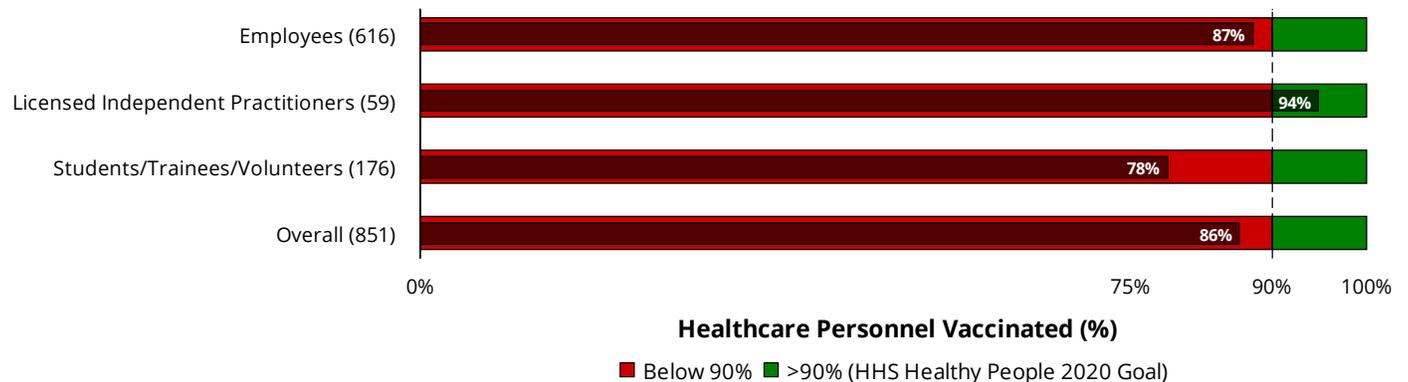
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Takoma Regional Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

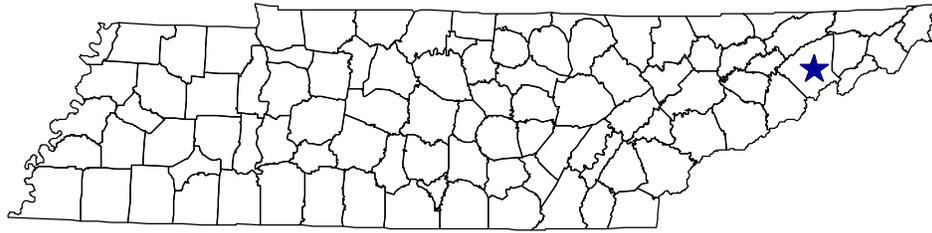
#### Healthcare Personnel Category (Total)



# Takoma Regional Hospital, Greeneville, Greene County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.3	369	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.3	500	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.7	910	N/A	N/A	0.96
	Adult/Pediatric Ward	1	1.1	1537	0.87	( 0.04, 4.31 )	0.72
SSI	Colon surgery	0	0.9	53	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.2	8672	N/A	N/A	1.33
	C. difficile infection	1	2.6	7877	0.38	( 0.02, 1.87 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

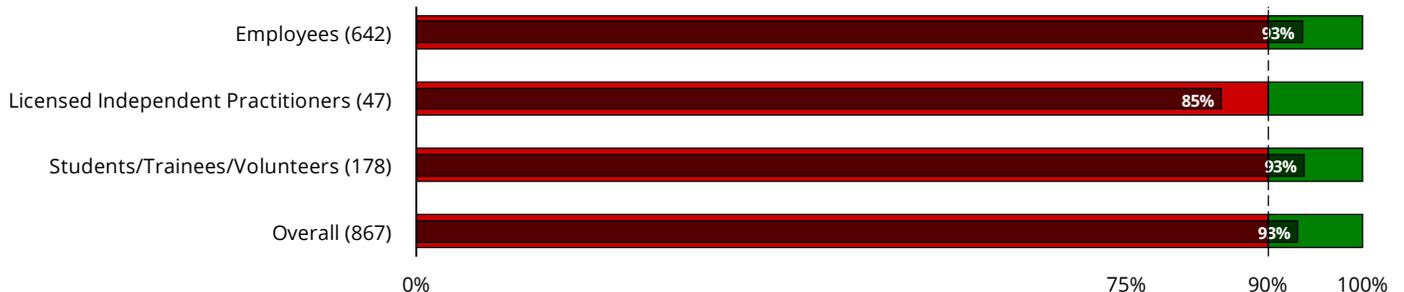
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Takoma Regional Hospital*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)



### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Takoma Regional Hospital, Greenville, Greene County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.3	369	N/A

2015	1	0	0.3	423	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

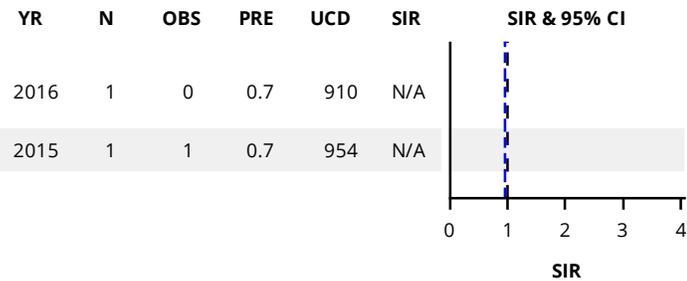
YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.3	500	N/A

2015	1	0	0.5	676	N/A
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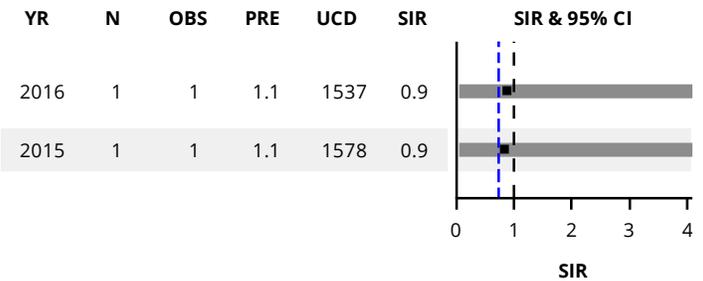
N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs



### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	0	0.9	53	N/A

2015	0	0.9	56	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

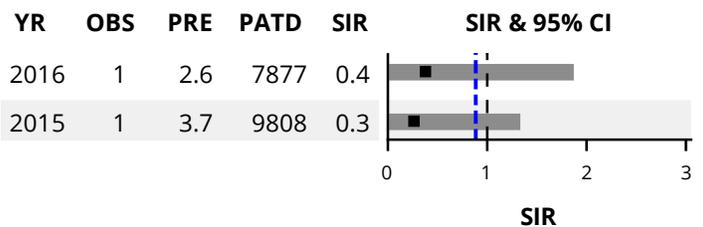
### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.2	8672	N/A

2015	0	0.2	10479	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

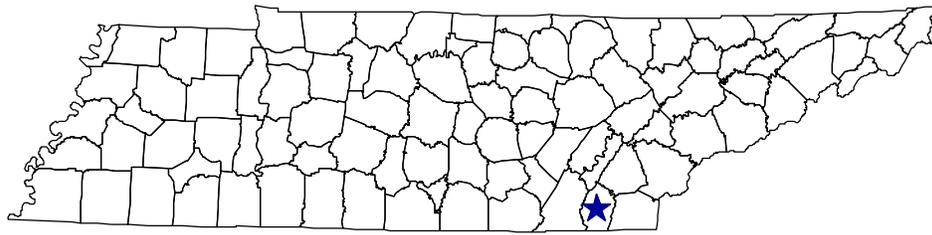
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

# Tennova Healthcare - Cleveland (SkyRidge Medical Center), Cleveland, Bradley County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	2	2.1	2447	0.94	(0.16, 3.11)	0.88
	Adult/Pediatric Ward	1	1.1	1570	0.85	(0.04, 4.19)	0.80
CAUTI	Adult/Pediatric ICU	2	4.8	4521	0.42	(0.07, 1.37)	1.06
	Adult/Pediatric Ward	2	2.5	2982	0.80	(0.13, 2.63)	0.70
SSI	Colon surgery	1	1.9	73	0.51	(0.03, 2.51)	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	4	1.9	41765	2.05	(0.65, 4.95)	1.26
	C. difficile infection	9	17.4	39517	0.52	(0.25, 0.95)	0.97

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

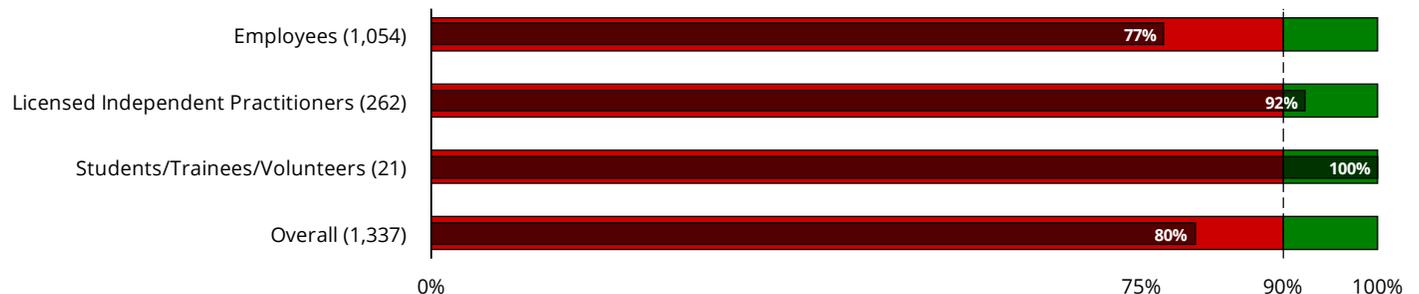
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Tennova Healthcare - Cleveland (SkyRidge Medical Center)

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



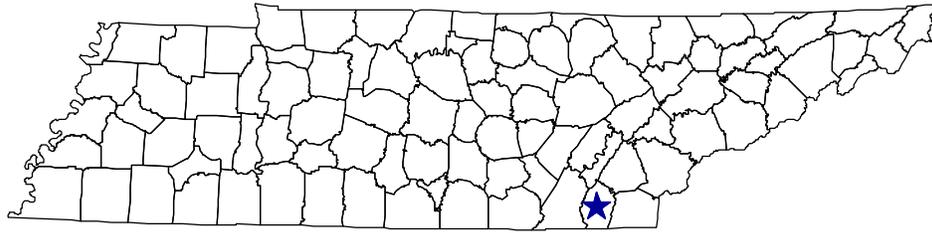
### Healthcare Personnel Vaccinated (%)

Below 90% >90% (HHS Healthy People 2020 Goal)

# Tennova Healthcare - Cleveland (SkyRidge Medical Center), Cleveland, Bradley County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	4	1.3	1759	3.02	( 0.96, 7.28 )	0.84
	Adult/Pediatric Ward	2	1.0	1601	1.92	( 0.32, 6.34 )	0.75
CAUTI	Adult/Pediatric ICU	5	4.0	4629	1.24	( 0.45, 2.74 )	0.96
	Adult/Pediatric Ward	5	2.0	2985	2.44	( 0.89, 5.40 )	0.72
SSI	Colon surgery	1	2.3	90	0.43	( 0.02, 2.14 )	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	2	2.5	44174	0.79	( 0.13, 2.61 )	1.33
	C. difficile infection	8	26.7	41994	0.30	( 0.14, 0.57 )	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Tennova Healthcare - Cleveland (SkyRidge Medical Center)

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)



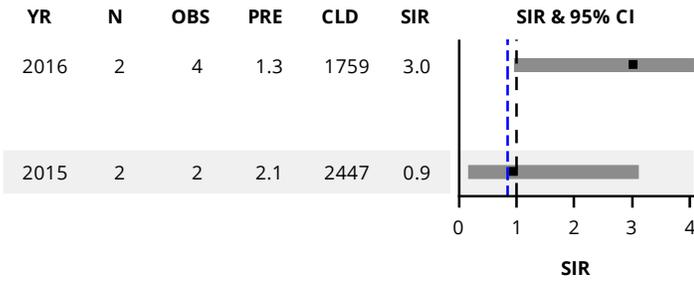
### Healthcare Personnel Vaccinated (%)

Below 90% >90% (HHS Healthy People 2020 Goal)

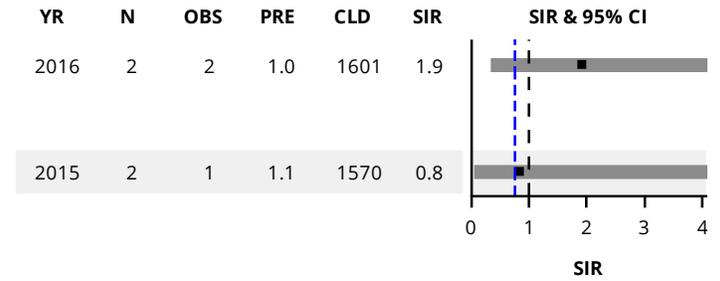
# Tennova Healthcare - Cleveland (SkyRidge Medical Center), Cleveland, Bradley County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

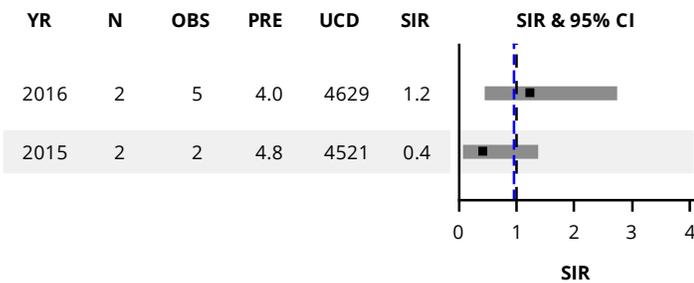


### CLABSI - Adult/Pediatric Wards

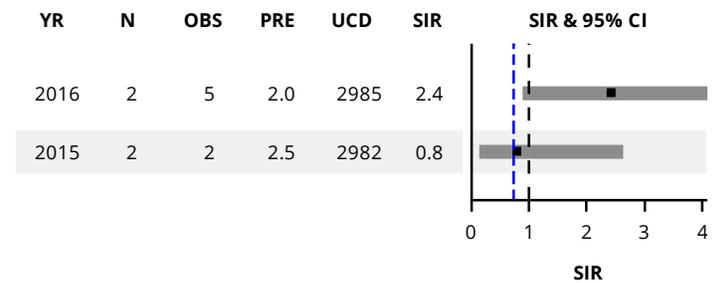


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

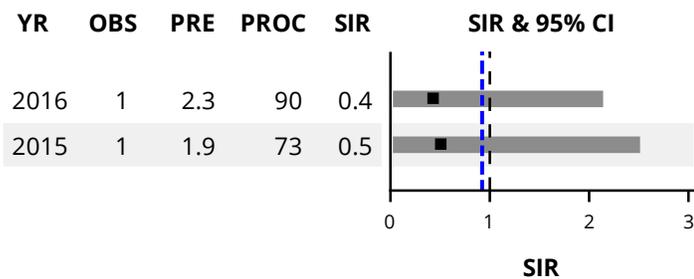


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



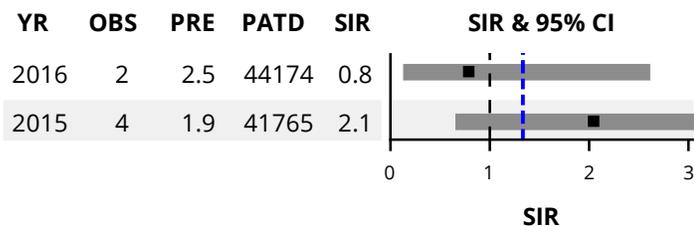
### SSI - Abdominal Hysterectomy



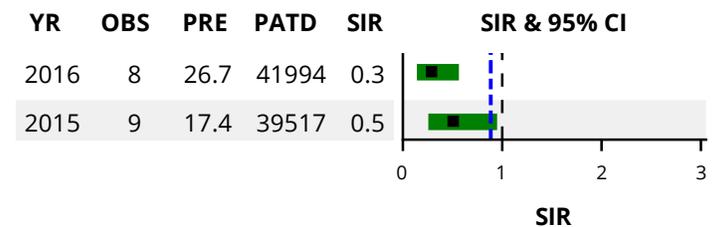
N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

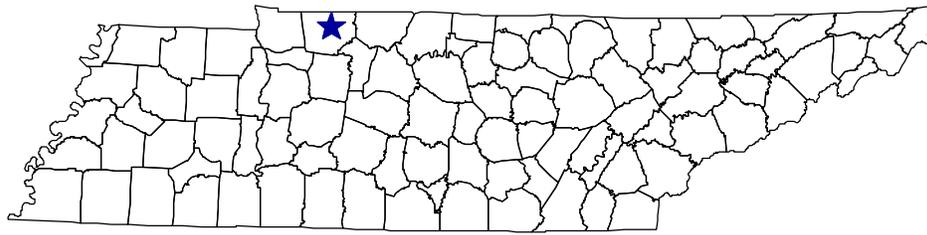
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# Tennova Healthcare - Clarksville (Gateway Med Ctr), Clarksville, Montgomery County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	1	1.3	1582	0.73	( 0.04, 3.59 )	0.88
	Neonatal ICU	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	0.92
	Adult/Pediatric Ward	1	1.2	1630	0.82	( 0.04, 4.04 )	0.80
CAUTI	Adult/Pediatric ICU	0	2.0	2287	0.00	( 0.00, 1.46 )	1.06
	Adult/Pediatric Ward	2	1.4	1699	1.41	( 0.24, 4.65 )	0.70
SSI	Colon surgery	1	1.4	61	0.71	( 0.04, 3.52 )	0.85
	Abdominal hysterectomy	1	0.9	153	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	1	1.5	41880	0.64	( 0.03, 3.14 )	1.26
	C. difficile infection	13	16.4	37291	0.79	( 0.44, 1.32 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

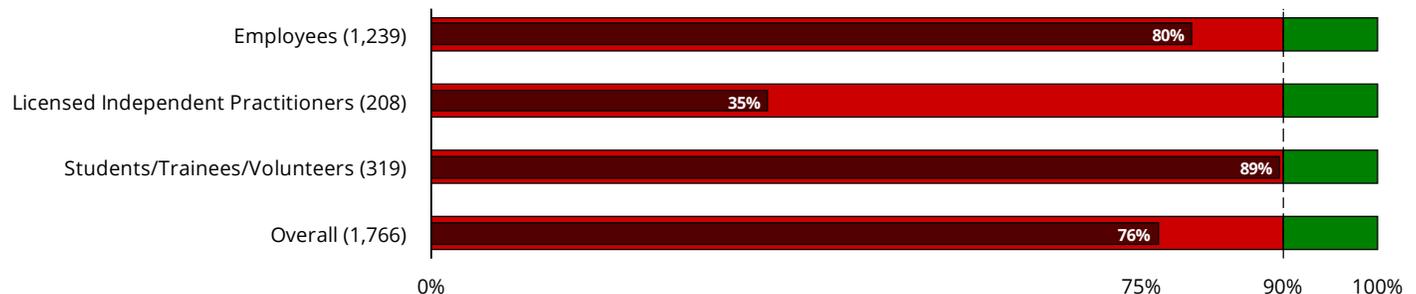
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Clarksville (Gateway Med Ctr)*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



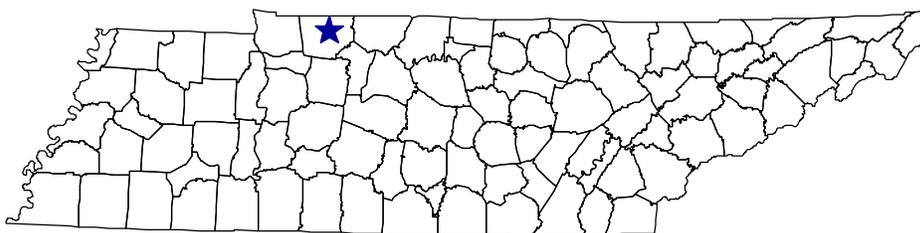
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Tennova Healthcare - Clarksville (Gateway Med Ctr), Clarksville, Montgomery County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	1	1.5	1837	0.63	( 0.03, 3.09 )	0.84
	Neonatal ICU	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	0.63
	Adult/Pediatric Ward	3	1.0	1406	2.85	( 0.72, 7.74 )	0.75
CAUTI	Adult/Pediatric ICU	1	2.4	2740	0.41	( 0.02, 2.01 )	0.96
	Adult/Pediatric Ward	1	1.4	1730	0.69	( 0.03, 3.39 )	0.72
SSI	Colon surgery	1	1.0	56	0.92	( 0.05, 4.55 )	0.92
	Abdominal hysterectomy	1	0.9	162	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	3	1.8	37256	1.66	( 0.42, 4.53 )	1.33
	C. difficile infection	7	14.6	32601	<b>0.48</b>	<b>( 0.21, 0.95 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

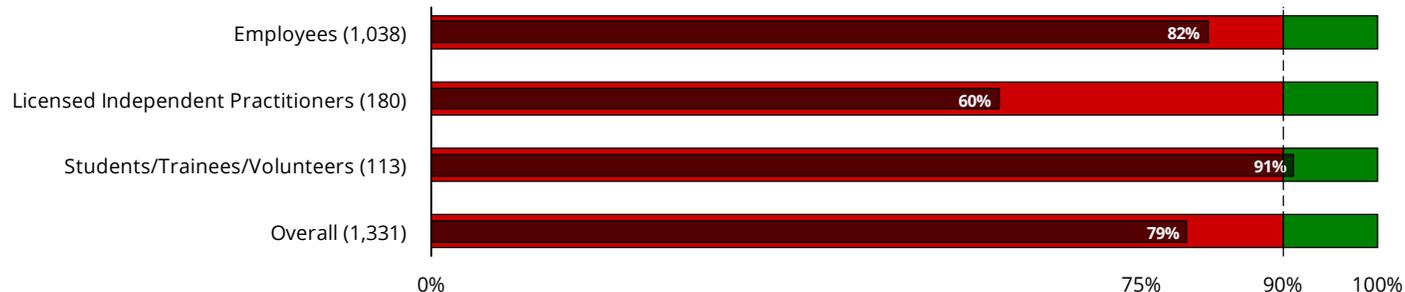
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Clarksville (Gateway Med Ctr)*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

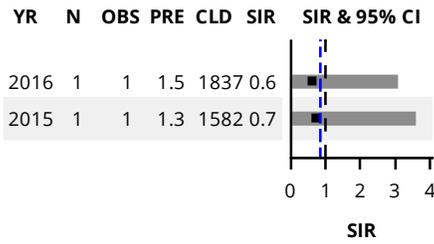


#### Healthcare Personnel Vaccinated (%)

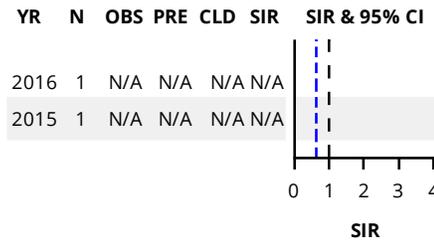
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

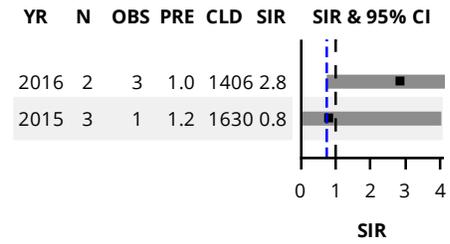
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

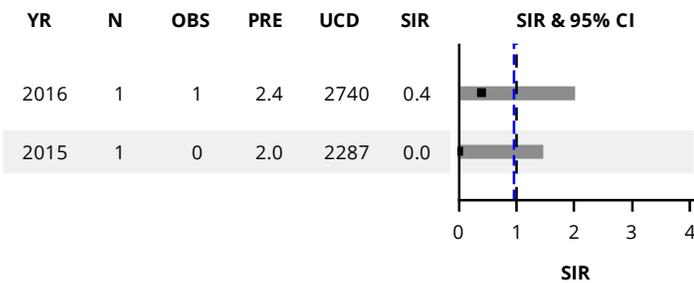


CLABSI - Adult/Pediatric Wards

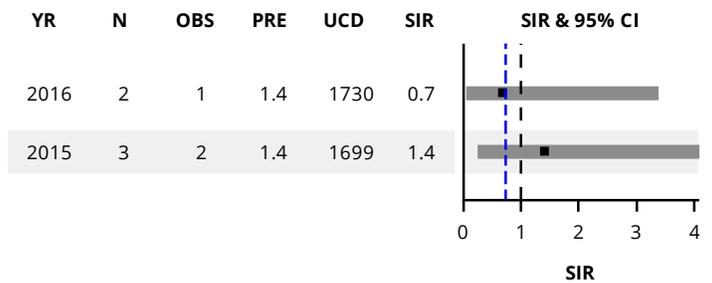


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

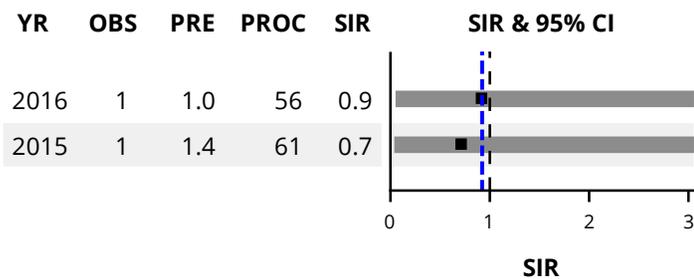


CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery



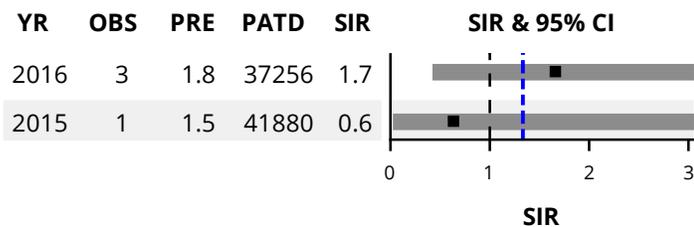
SSI - Abdominal Hysterectomy



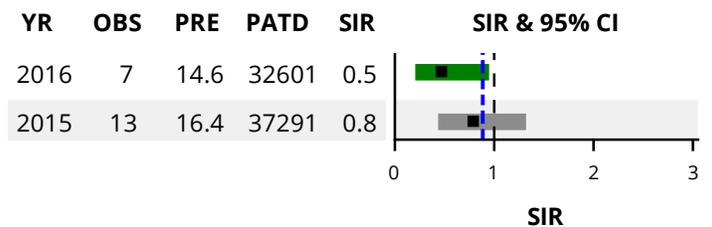
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

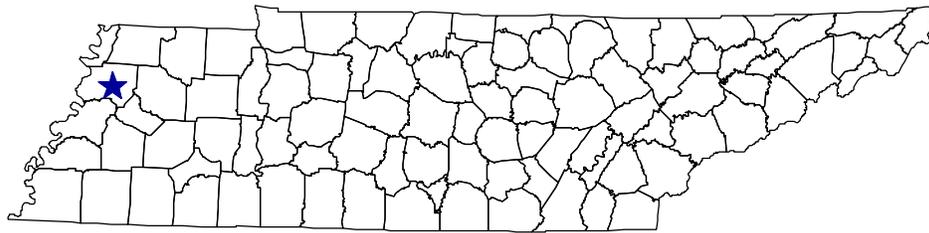
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 --- 2016 TN SIR  
 - - - NHSN SIR=1

## Tennova Healthcare - Dyersburg Regional, Dyersburg, Dyer County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.3	388	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.8	1093	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	1.1	1281	0.00	( 0.00, 2.57 )	1.06
	Adult/Pediatric Ward	2	3.0	3487	0.67	( 0.11, 2.20 )	0.70
SSI	Colon surgery	0	0.6	25	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	2	0.5	13849	N/A	N/A	1.26
	C. difficile infection	4	6.2	12943	0.64	( 0.20, 1.55 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

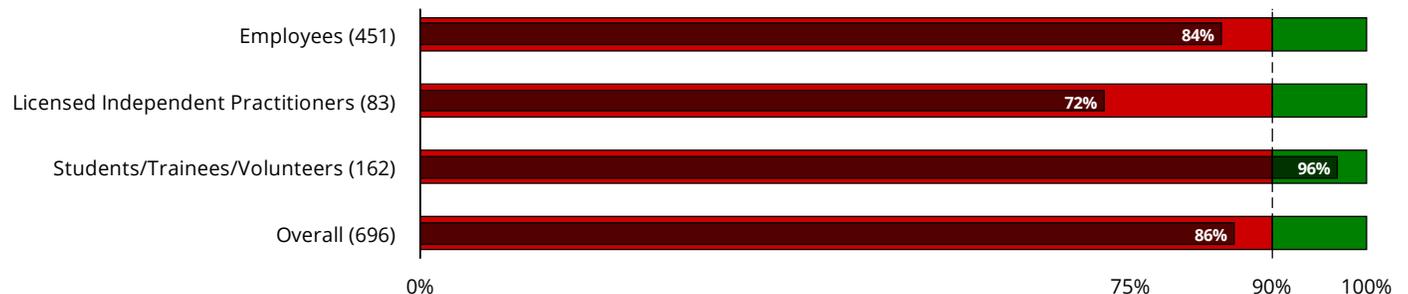
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Dyersburg Regional*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



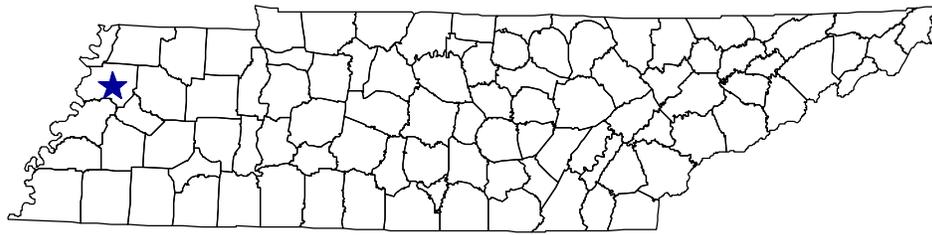
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Tennova Healthcare - Dyersburg Regional, Dyersburg, Dyer County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.3	437	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.6	879	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	1.0	1187	0.00	( 0.00, 2.77 )	0.96
	Adult/Pediatric Ward	0	2.8	3333	0.00	( 0.00, 1.04 )	0.72
SSI	Colon surgery	0	0.6	25	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	2	0.5	12457	N/A	N/A	1.33
	C. difficile infection	3	4.5	11697	0.66	( 0.17, 1.79 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

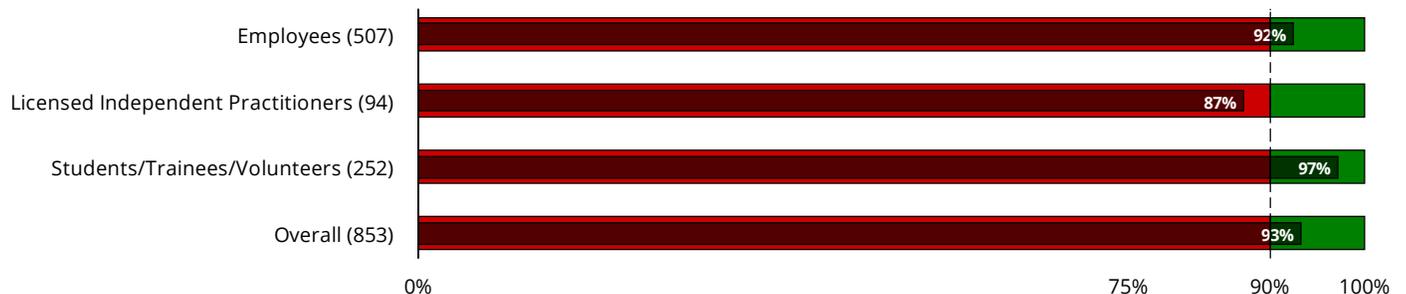
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Dyersburg Regional*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Tennova Healthcare - Dyersburg Regional, Dyersburg, Dyer County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.3	437	N/A

2015	1	0	0.3	388	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

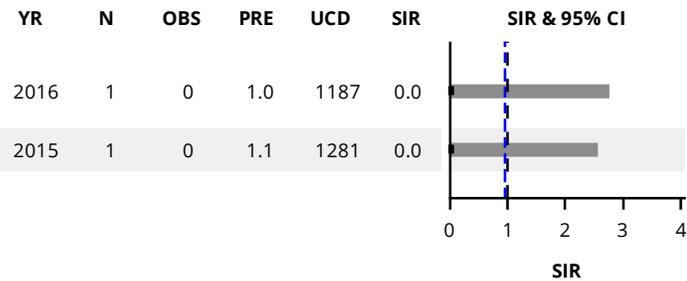
YR	N	OBS	PRE	CLD	SIR
2016	2	0	0.6	879	N/A

2015	2	0	0.8	1093	N/A
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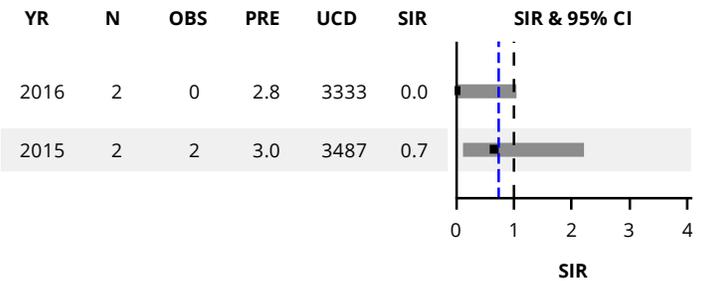
N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs



### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	0	0.6	25	N/A

2015	0	0.6	25	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

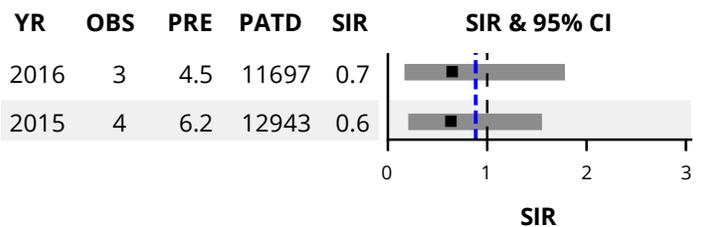
### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	2	0.5	12457	N/A

2015	2	0.5	13849	N/A
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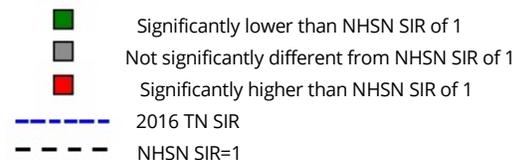
N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

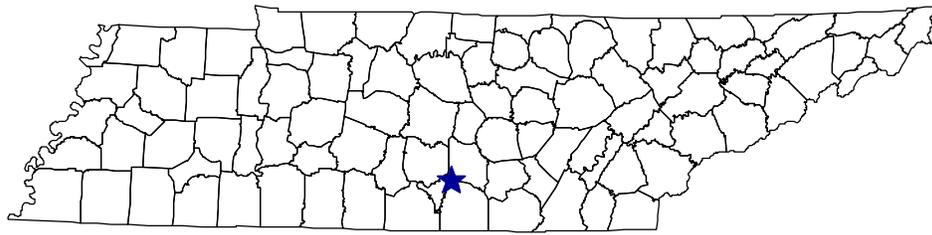
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



## Tennova Healthcare - Harton (Harton Reg Med Ctr), Tullahoma, Coffee County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.6	908	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.5	917	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	3	1.1	1546	2.65	( 0.68, 7.22 )	1.06
	Adult/Pediatric Ward	4	1.0	1654	<b>3.70</b>	<b>( 1.18, 8.93 )</b>	0.70
SSI	Colon surgery	1	1.4	56	0.70	( 0.04, 3.47 )	0.85
	Abdominal hysterectomy	0	0.2	27	N/A	N/A	1.14
LabID	MRSA bacteremia	2	0.8	20550	N/A	N/A	1.26
	C. difficile infection	32	15.6	20548	<b>2.04</b>	<b>( 1.42, 2.85 )</b>	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

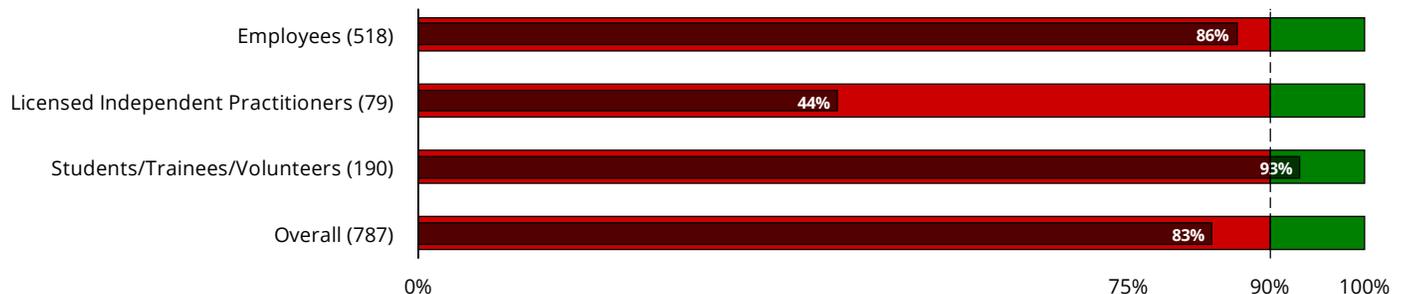
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Harton (Harton Reg Med Ctr)*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



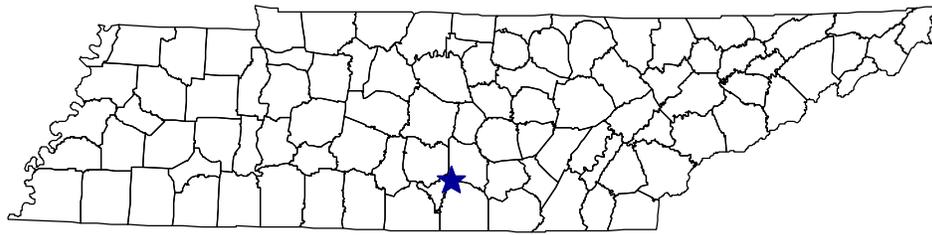
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Tennova Healthcare - Harton (Harton Reg Med Ctr), Tullahoma, Coffee County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.6	913	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.4	697	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	1	1.2	1761	0.78	( 0.04, 3.83 )	0.96
	Adult/Pediatric Ward	1	0.9	1386	N/A	N/A	0.72
SSI	Colon surgery	1	1.1	46	0.89	( 0.05, 4.41 )	0.92
	Abdominal hysterectomy	0	0.1	23	N/A	N/A	1.04
LabID	MRSA bacteremia	1	0.7	18359	N/A	N/A	1.33
	C. difficile infection	23	11.8	18359	1.95	( 1.26, 2.87 )	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

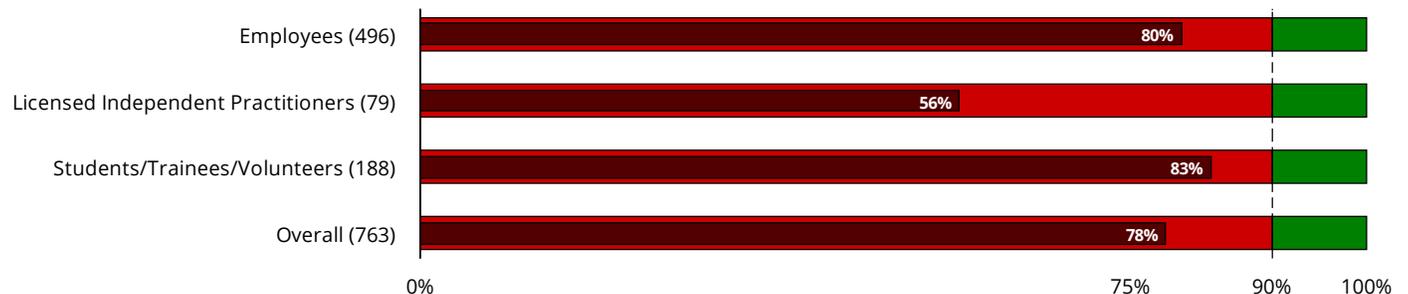
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Tennova Healthcare - Harton (Harton Reg Med Ctr)

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

Below 90% >90% (HHS Healthy People 2020 Goal)

# Tennova Healthcare - Harton (Harton Reg Med Ctr), Tullahoma, Coffee County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.6	913	N/A

2015	1	0	0.6	908	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

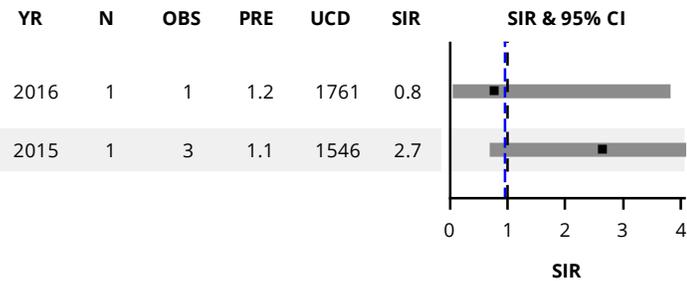
YR	N	OBS	PRE	CLD	SIR
2016	2	0	0.4	697	N/A

2015	2	0	0.5	917	N/A
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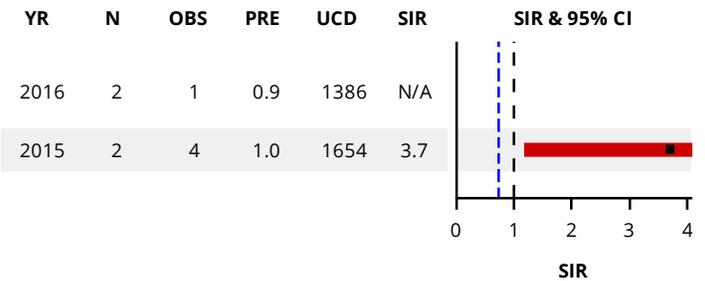
N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

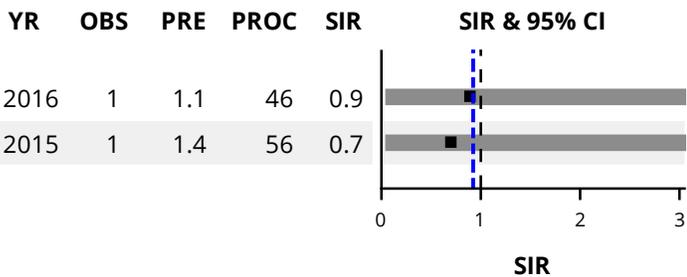


### CAUTI - Adult/Pediatric Wards

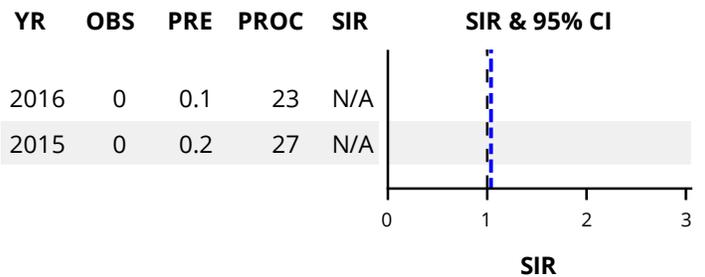


## Surgical Site Infections (SSI)

### SSI - Colon Surgery



### SSI - Abdominal Hysterectomy



## Healthcare Facility-Onset Laboratory Identified (LabID) Events

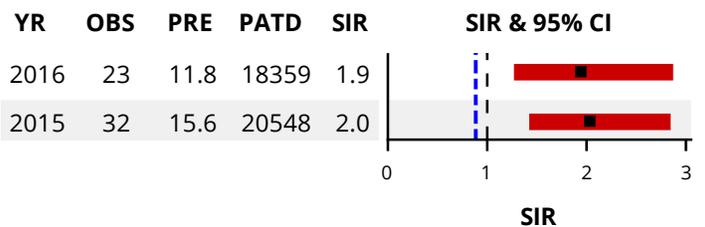
### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	1	0.7	18359	N/A

2015	2	0.8	20550	N/A
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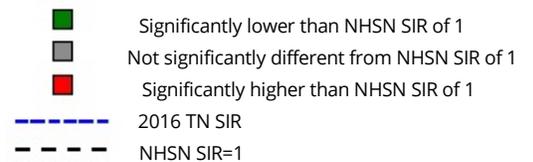
N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

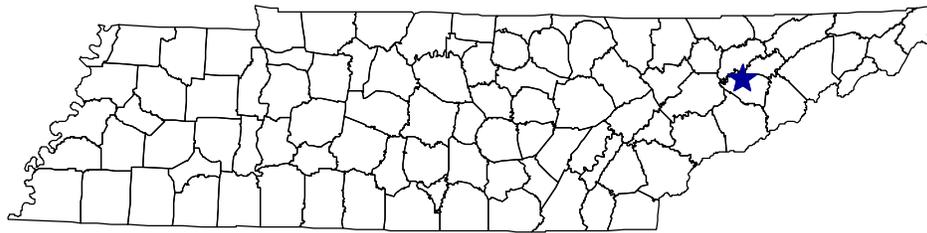
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



# Tennova Healthcare - Jefferson Memorial Hospital, Jefferson City, Jefferson County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.1	211	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.1	201	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.4	789	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.6	1356	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	1	0.2	7610	N/A	N/A	1.26
	C. difficile infection	3	5.6	7268	0.53	( 0.14, 1.44 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

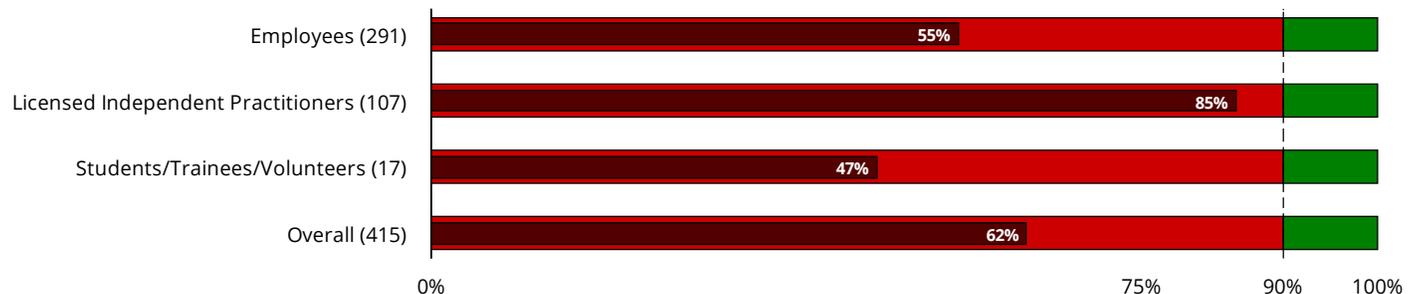
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Jefferson Memorial Hospital*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



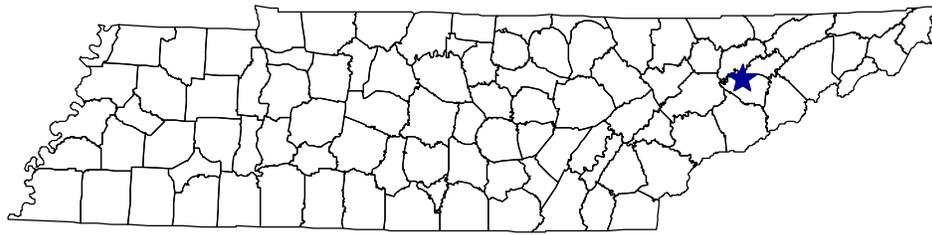
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Tennova Healthcare - Jefferson Memorial Hospital, Jefferson City, Jefferson County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.0	107	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.1	174	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.2	463	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.5	1045	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	0	0.1	39	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.1	5927	N/A	N/A	1.33
	C. difficile infection	6	4.3	5927	1.39	( 0.56, 2.88 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

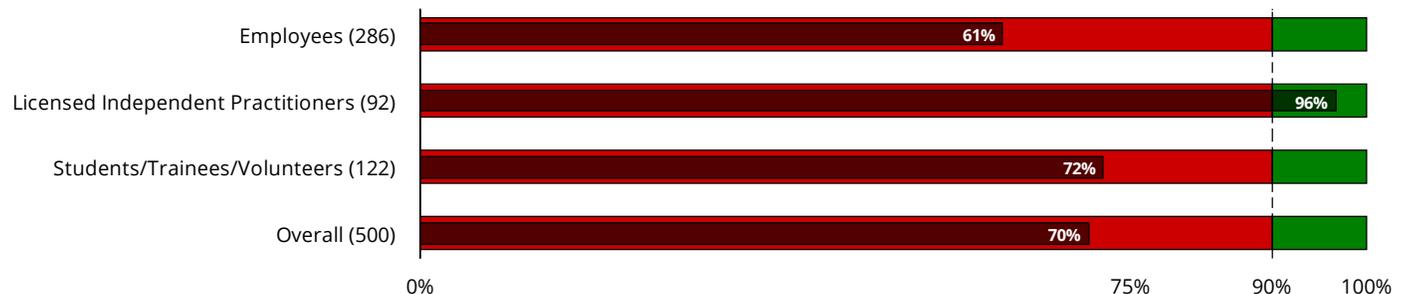
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Jefferson Memorial Hospital*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

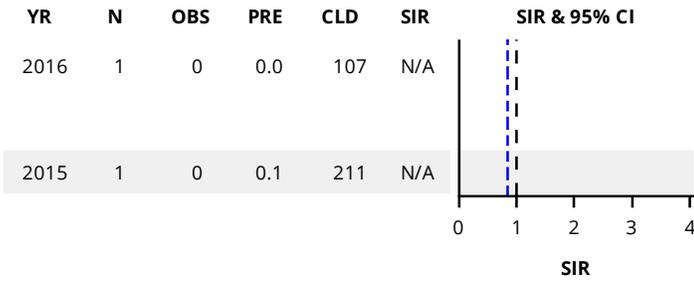
### Healthcare Personnel Category (Total)



**Healthcare Personnel Vaccinated (%)**  
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs



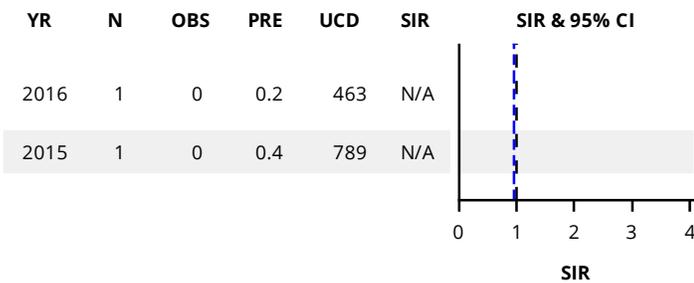
CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.1	174	N/A
2015	1	0	0.1	201	N/A

N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



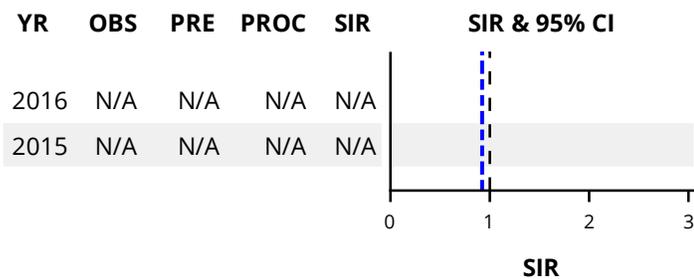
CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.5	1045	N/A
2015	1	0	0.6	1356	N/A

N/A: Number of predicted infections <1; no SIR calculated

Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	0	0.1	39	N/A
2015	N/A	N/A	N/A	N/A

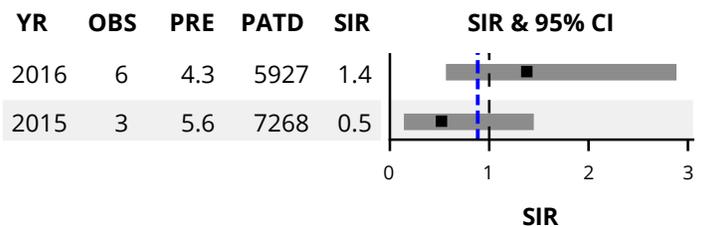
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.1	5927	N/A
2015	1	0.2	7610	N/A

LabID - *C. difficile* Infection (CDI)



N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

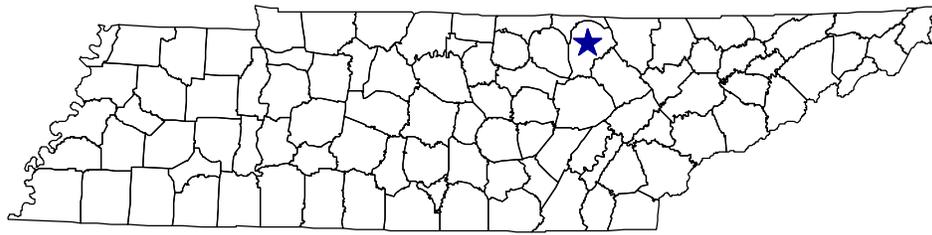
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# Tennova Healthcare - Jamestown (Jamestown Reg Med Ctr), Jamestown, Fentress County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric Ward	0	3.1	5458	0.00	( 0.00, 0.95 )	0.80
CAUTI	Adult/Pediatric Ward	0	2.6	5458	0.00	( 0.00, 1.12 )	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.1	5056	N/A	N/A	1.26
	C. difficile infection	0	0.9	5056	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

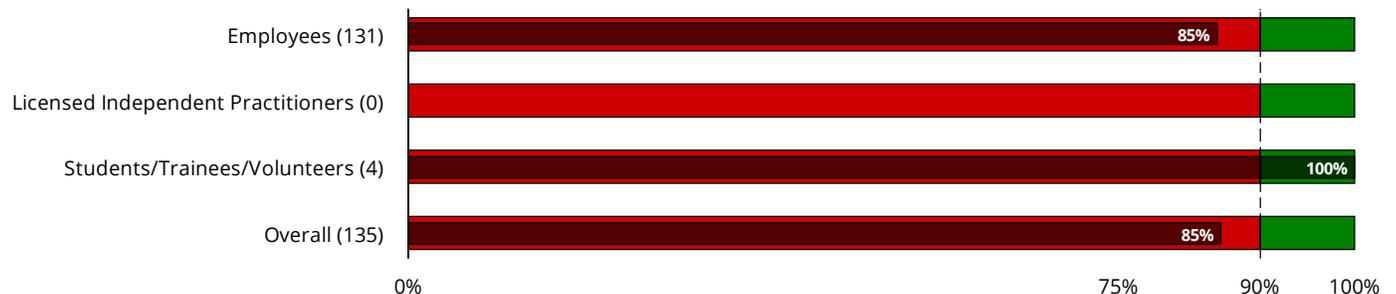
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Jamestown (Jamestown Reg Med Ctr)*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



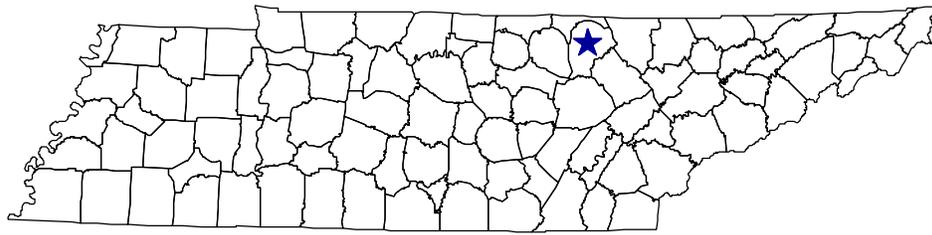
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Tennova Healthcare - Jamestown (Jamestown Reg Med Ctr), Jamestown, Fentress County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	1.9	3314	0.00	( 0.00, 1.56 )	0.75
CAUTI	Adult/Pediatric Ward	0	1.6	3314	0.00	( 0.00, 1.84 )	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.0	3314	N/A	N/A	1.33
	C. difficile infection	0	0.6	3314	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

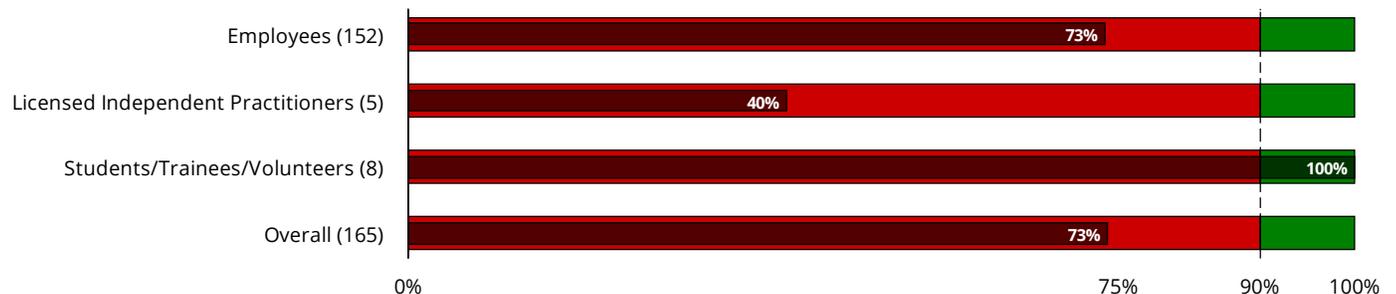
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Jamestown (Jamestown Reg Med Ctr)*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)

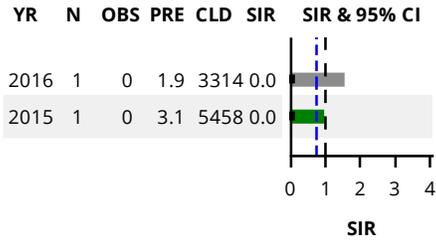


### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

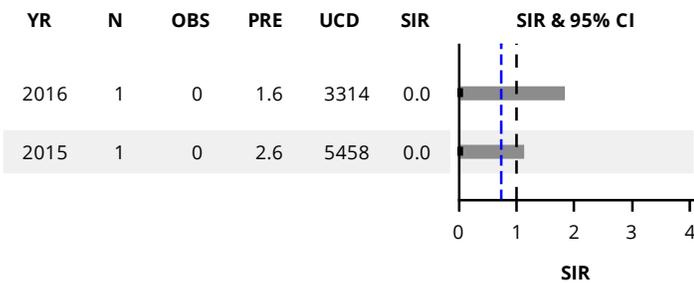
Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric Wards



Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	3314	N/A
2015	0	0.1	5056	N/A

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	0.6	3314	N/A
2015	0	0.9	5056	N/A

N/A: Number of predicted infections <1; no SIR calculated

N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

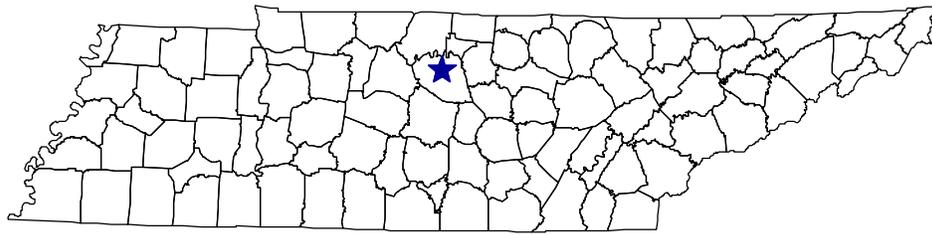
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

# Tennova Healthcare - Lebanon (University Med Ctr- Lebanon), Lebanon, Wilson County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	1.2	1675	0.00	( 0.00, 2.37 )	0.88
	Adult/Pediatric Ward	0	1.1	1832	0.00	( 0.00, 2.51 )	0.80
CAUTI	Adult/Pediatric ICU	1	1.6	2305	0.59	( 0.03, 2.93 )	1.06
	Adult/Pediatric Ward	3	1.7	2537	1.74	( 0.44, 4.73 )	0.70
SSI	Colon surgery	0	0.6	33	N/A	N/A	0.85
	Abdominal hysterectomy	0	0.5	86	N/A	N/A	1.14
LabID	MRSA bacteremia	1	1.0	23032	0.92	( 0.05, 4.52 )	1.26
	C. difficile infection	13	10.5	21569	1.24	( 0.69, 2.06 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

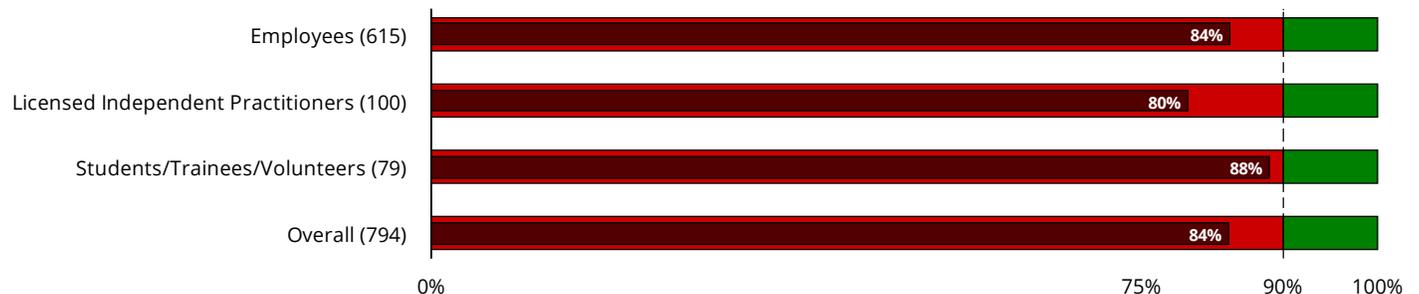
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Lebanon (University Med Ctr- Lebanon)*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



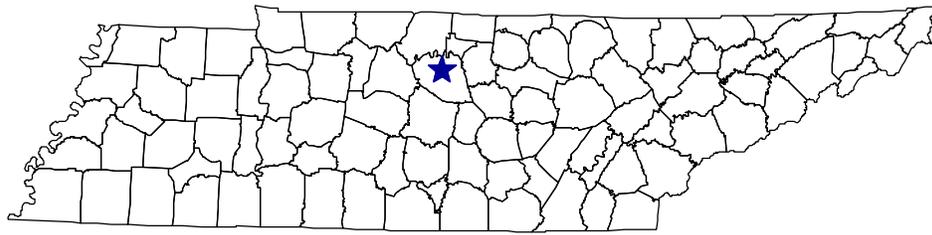
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Tennova Healthcare - Lebanon (University Med Ctr- Lebanon), Lebanon, Wilson County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	1.1	1539	0.00	( 0.00, 2.58 )	0.84
	Adult/Pediatric Ward	6	0.6	934	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	4	1.7	2439	2.24	( 0.71, 5.41 )	0.96
	Adult/Pediatric Ward	4	1.2	1921	3.16	( 1.00, 7.62 )	0.72
SSI	Colon surgery	0	0.3	26	N/A	N/A	0.92
	Abdominal hysterectomy	0	0.4	67	N/A	N/A	1.04
LabID	MRSA bacteremia	1	0.9	19173	N/A	N/A	1.33
	C. difficile infection	16	7.3	17942	2.19	( 1.30, 3.48 )	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

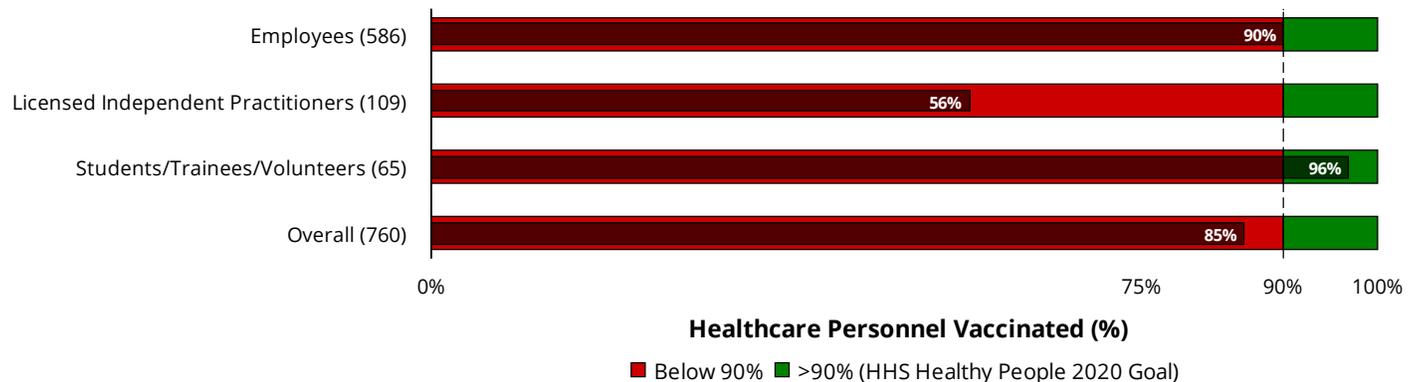
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Tennova Healthcare - Lebanon (University Med Ctr- Lebanon)

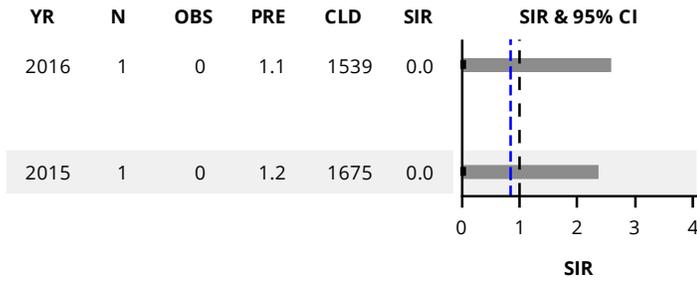
## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)

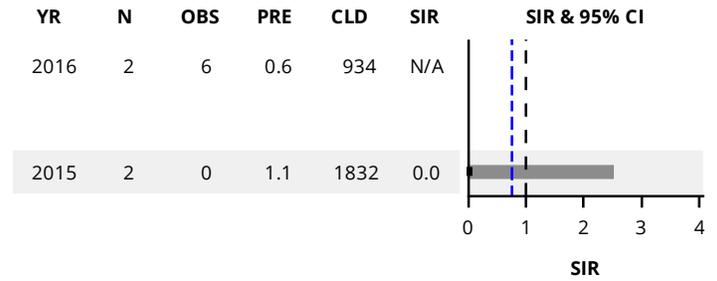


Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

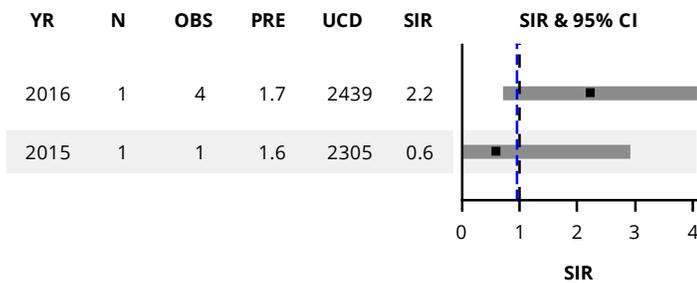


CLABSI - Adult/Pediatric Wards

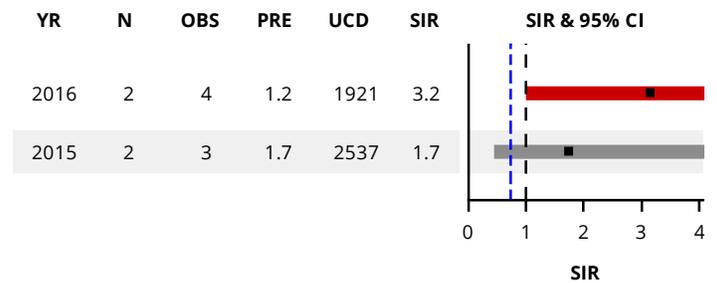


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

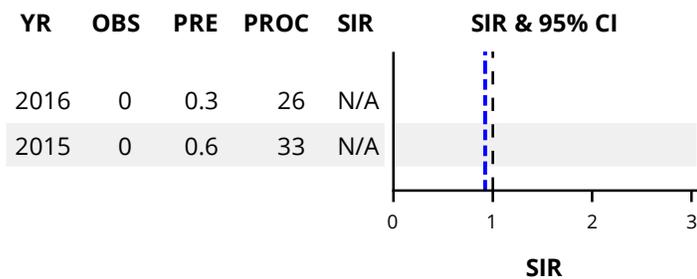


CAUTI - Adult/Pediatric Wards

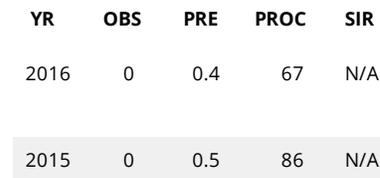


Surgical Site Infections (SSI)

SSI - Colon Surgery



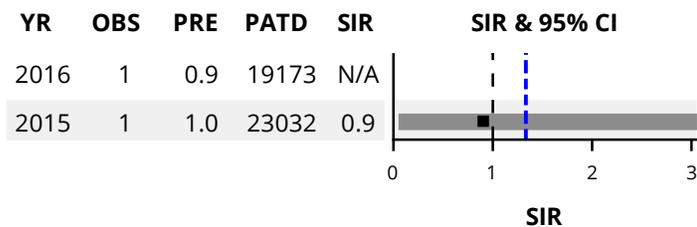
SSI - Abdominal Hysterectomy



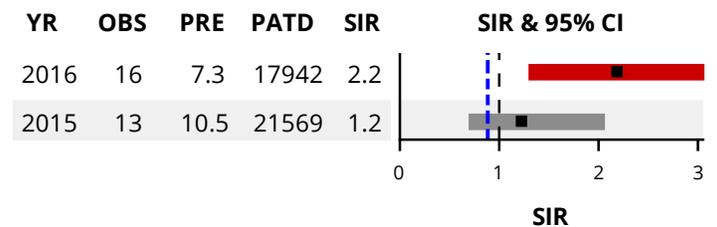
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

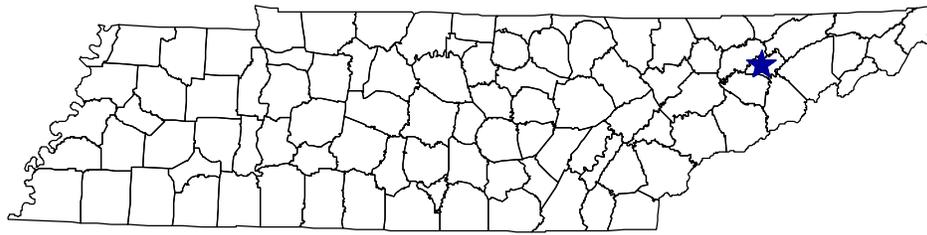
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# Tennova Healthcare - Lakeway Regional Hospital, Morristown, Hamblen County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.1	138	N/A	N/A	0.88
	Adult/Pediatric Ward	1	0.0	96	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.5	628	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.7	1066	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	1	0.2	7005	N/A	N/A	1.26
	C. difficile infection	0	2.7	7147	0.00	( 0.00, 1.10 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

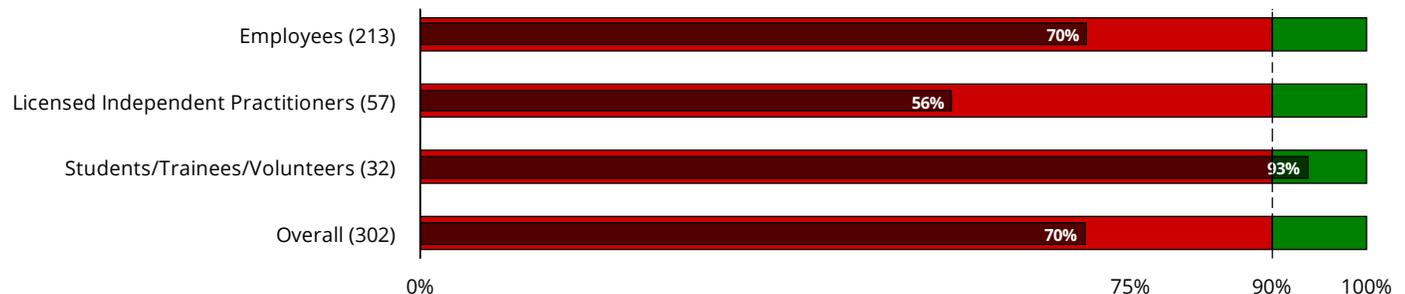
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Lakeway Regional Hospital*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



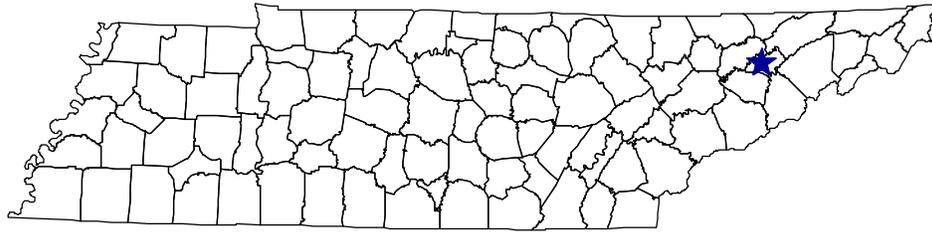
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Tennova Healthcare - Lakeway Regional Hospital, Morristown, Hamblen County

Medical School Affiliation: Graduate teaching

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections			Standardized Infection Ratio (SIR)		
		Observed	Predicted	Device Days/Procedures Performed/Patient Days	SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.0	72	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.0	119	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.2	293	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.7	987	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.2	5965	N/A	N/A	1.33
	C. difficile infection	0	1.8	5965	0.00	( 0.00, 1.66 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

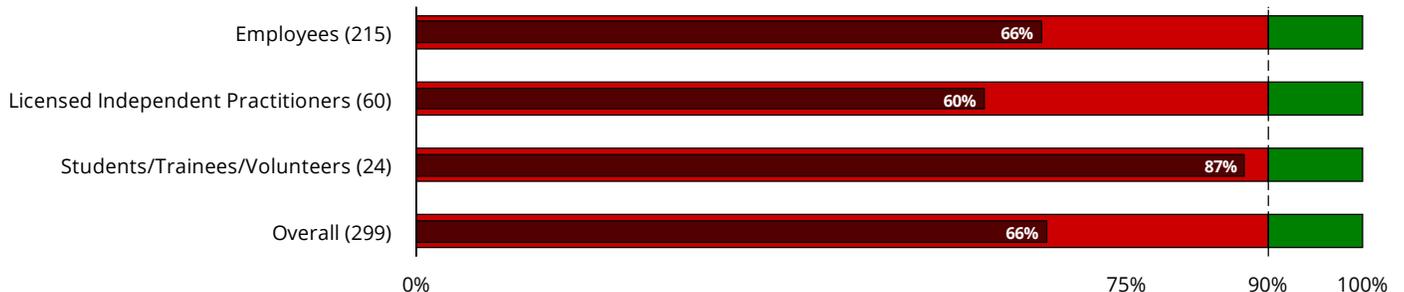
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Lakeway Regional Hospital*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)



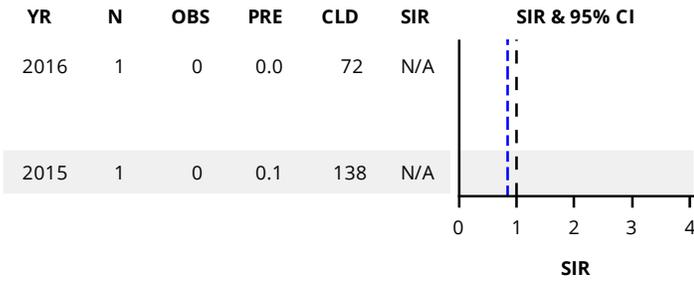
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

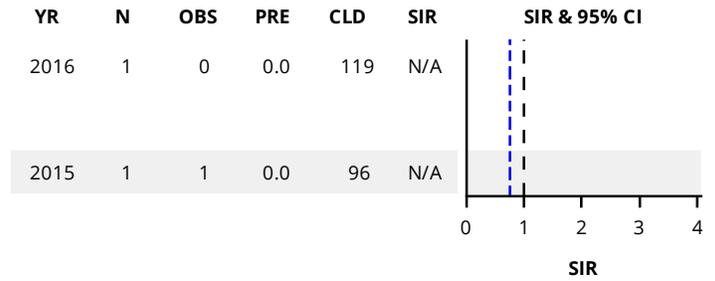
# Tennova Healthcare - Lakeway Regional Hospital, Morristown, Hamblen County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

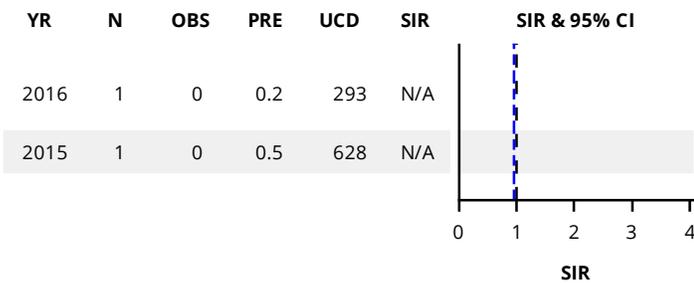


### CLABSI - Adult/Pediatric Wards

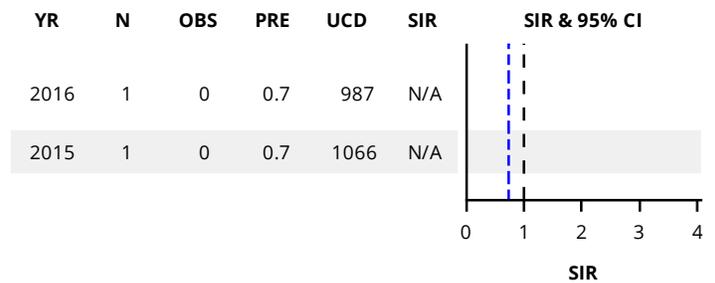


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

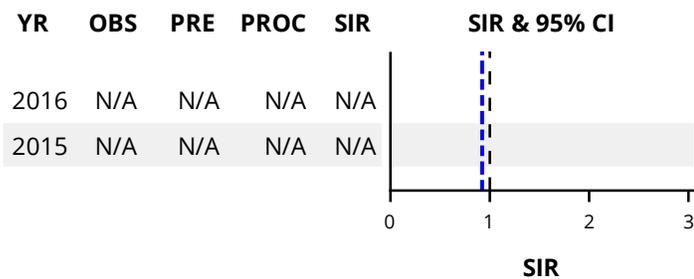


### CAUTI - Adult/Pediatric Wards

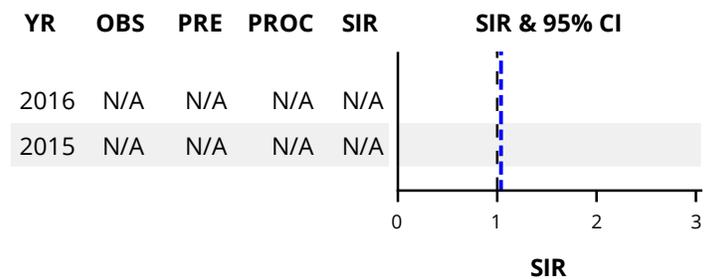


## Surgical Site Infections (SSI)

### SSI - Colon Surgery

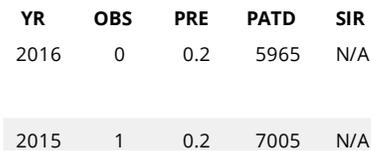


### SSI - Abdominal Hysterectomy

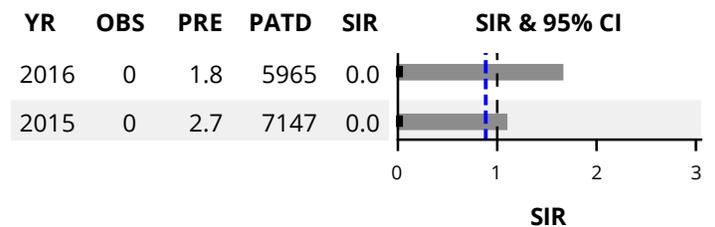


## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

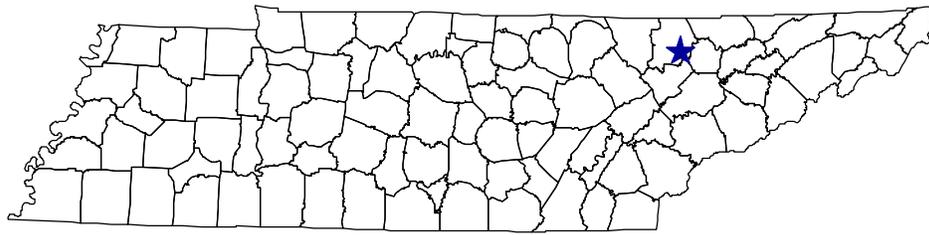
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Tennova Healthcare - Lafollette Medical Center, Lafollette, Campbell County

Medical School Affiliation: Graduate teaching

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.2	328	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.3	574	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.7	1445	N/A	N/A	1.06
	Adult/Pediatric Ward	0	1.0	1978	0.00	( 0.00, 2.98 )	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.2	11309	N/A	N/A	1.26
	C. difficile infection	0	4.3	11291	0.00	( 0.00, 0.70 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

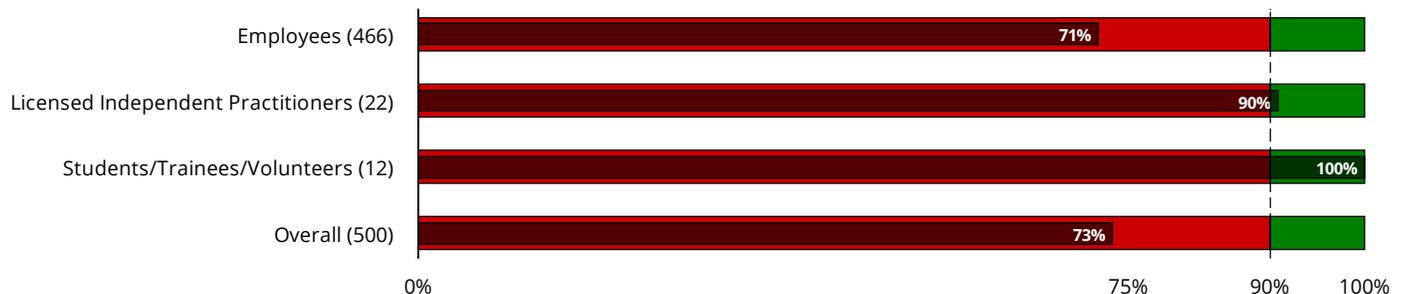
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Lafollette Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



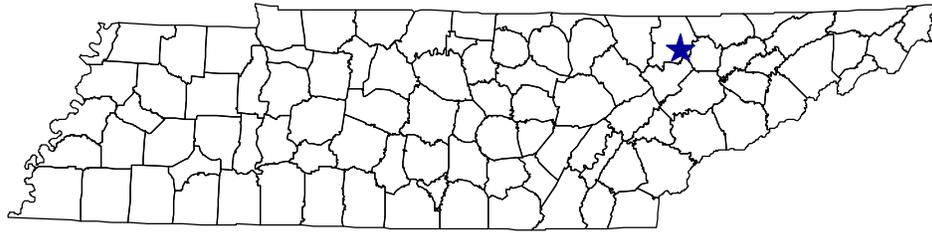
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Tennova Healthcare - Lafollette Medical Center, Lafollette, Campbell County

Medical School Affiliation: Graduate teaching

Bed Size Category: 50-99 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.1	168	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.3	461	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.7	1164	N/A	N/A	0.96
	Adult/Pediatric Ward	0	1.2	2135	0.00	( 0.00, 2.44 )	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.3	11876	N/A	N/A	1.33
	C. difficile infection	0	4.6	11876	0.00	( 0.00, 0.64 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

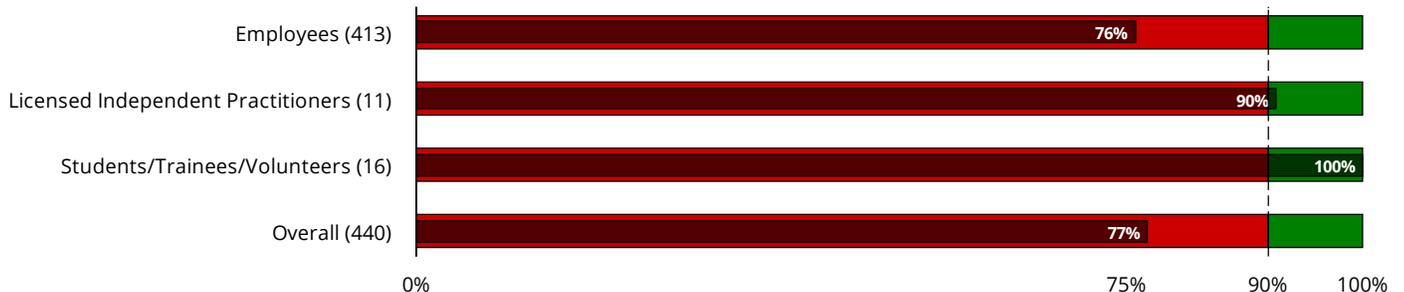
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Lafollette Medical Center*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)



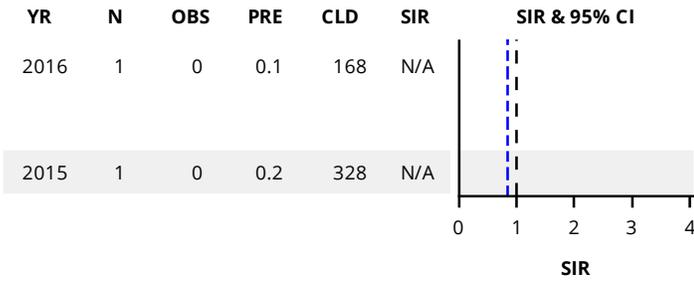
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

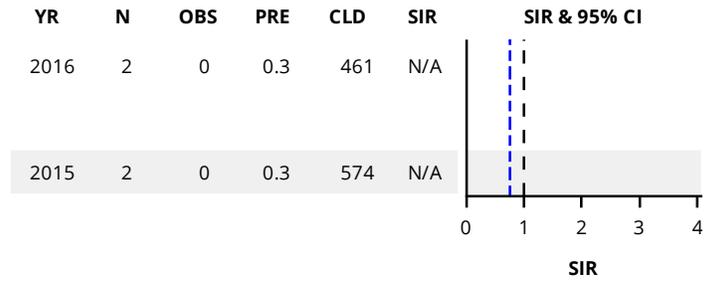
# Tennova Healthcare - Lafollette Medical Center, Lafollette, Campbell County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

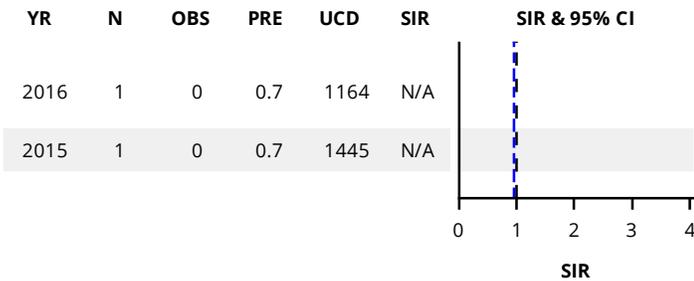


### CLABSI - Adult/Pediatric Wards

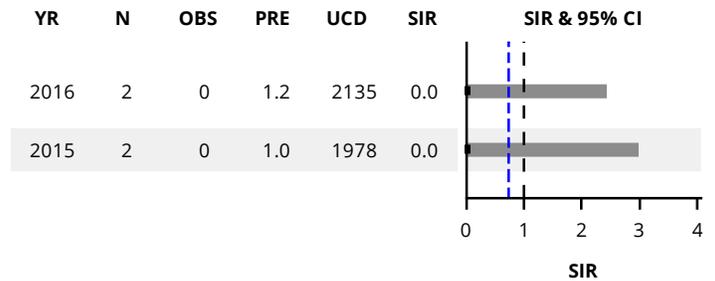


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

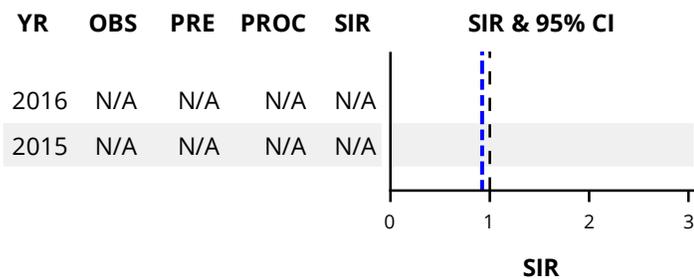


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



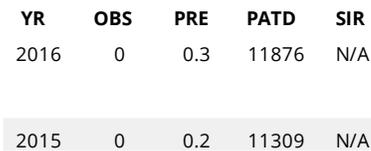
### SSI - Abdominal Hysterectomy



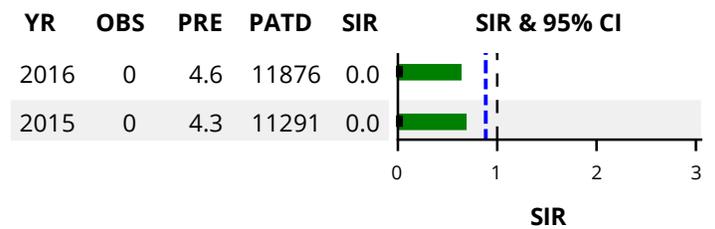
N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

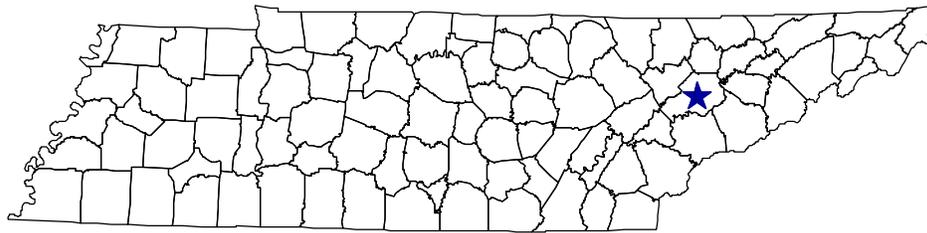
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Tennova Healthcare - North Knoxville Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	2	0.8	1337	N/A	N/A	0.88
	Adult/Pediatric Ward	2	1.7	3072	1.12	(0.19, 3.71)	0.80
CAUTI	Adult/Pediatric ICU	2	0.9	1760	N/A	N/A	1.06
	Adult/Pediatric Ward	1	1.1	2094	0.89	(0.04, 4.39)	0.70
SSI	Colon surgery	2	1.5	94	1.28	(0.21, 4.22)	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	6	0.9	21757	N/A	N/A	1.26
	C. difficile infection	10	13.0	21757	0.77	(0.39, 1.37)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

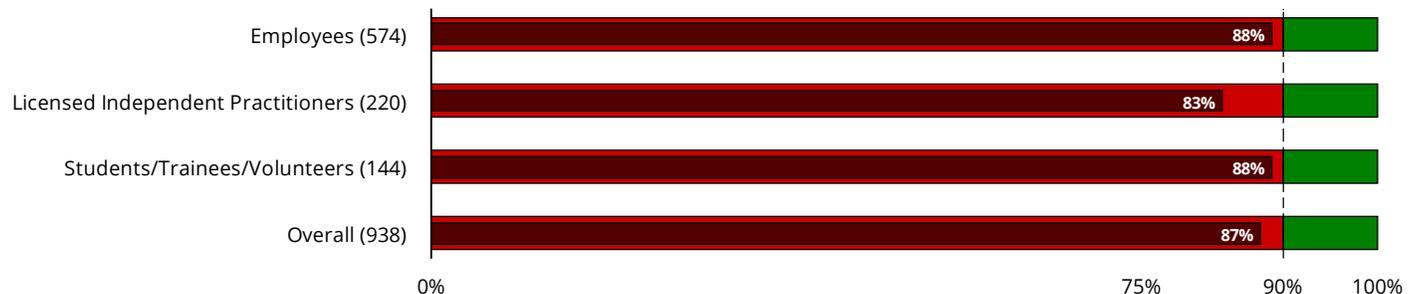
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - North Knoxville Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



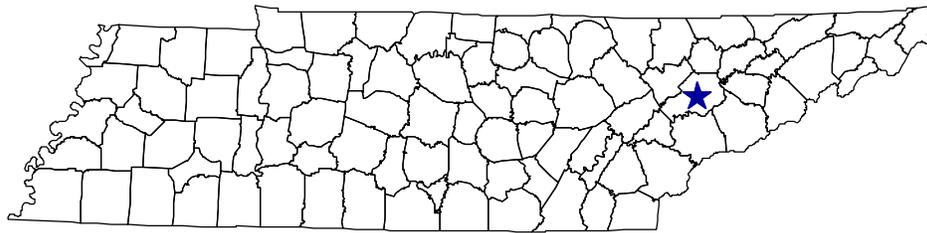
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Tennova Healthcare - North Knoxville Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.7	1103	N/A	N/A	0.84
	Adult/Pediatric Ward	4	1.5	2625	2.63	( 0.84, 6.34 )	0.75
CAUTI	Adult/Pediatric ICU	2	0.8	1504	N/A	N/A	0.96
	Adult/Pediatric Ward	1	0.9	1701	N/A	N/A	0.72
SSI	Colon surgery	1	1.3	75	0.72	( 0.04, 3.54 )	0.92
	Abdominal hysterectomy	0	0.1	35	N/A	N/A	1.04
LabID	MRSA bacteremia	3	0.9	22840	N/A	N/A	1.33
	C. difficile infection	12	15.5	22840	0.77	( 0.42, 1.32 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

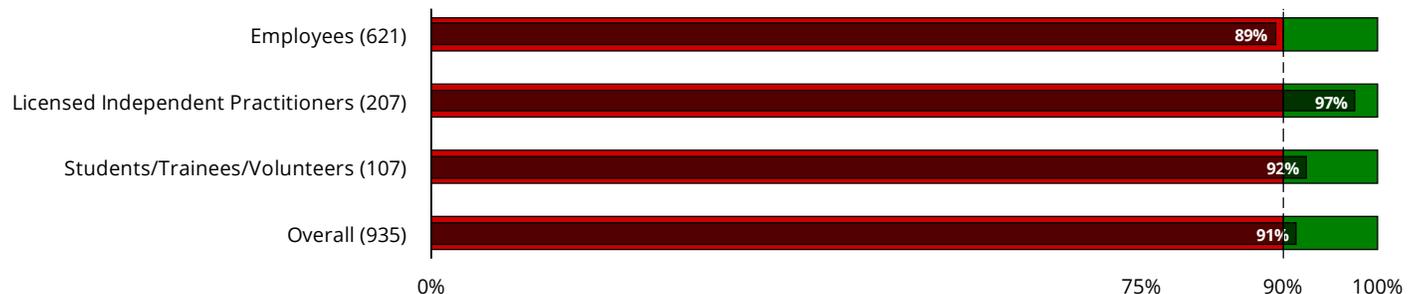
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - North Knoxville Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Tennova Healthcare - North Knoxville Medical Center, Knoxville, Knox County

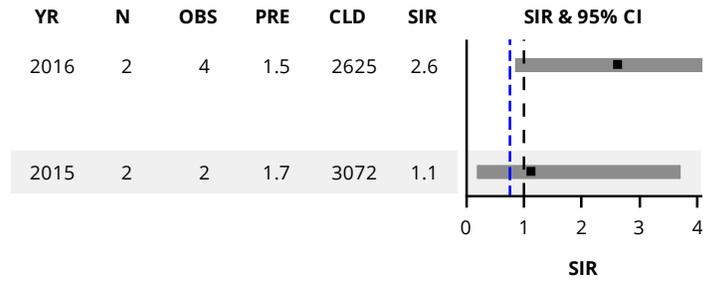
## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.7	1103	N/A
2015	1	2	0.8	1337	N/A

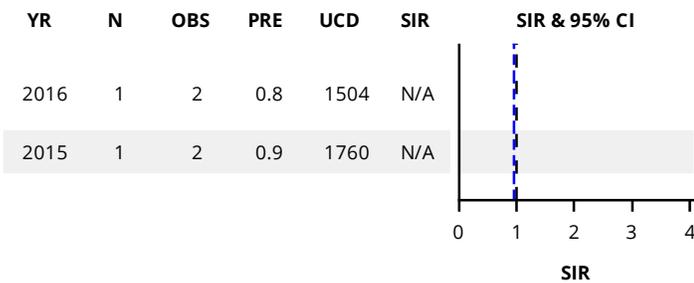
N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

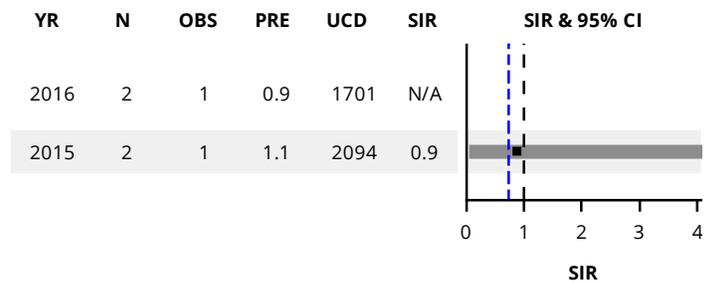


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

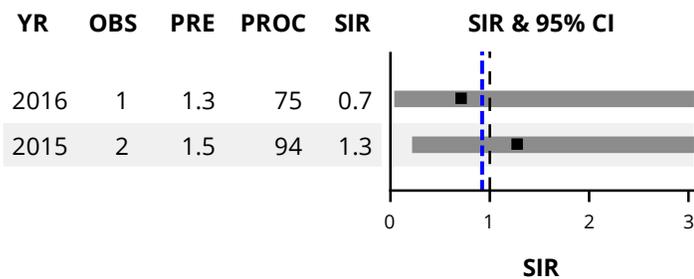


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	0	0.1	35	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

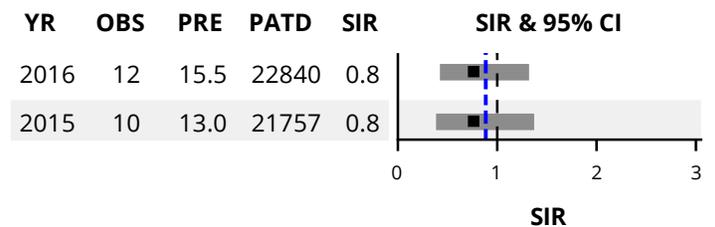
## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	3	0.9	22840	N/A
2015	6	0.9	21757	N/A

N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

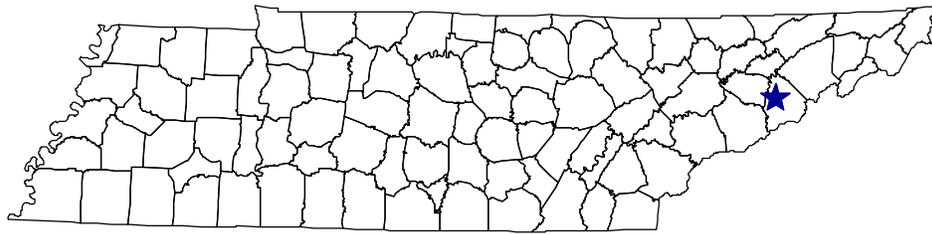
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Tennova Healthcare - Newport Medical Center, Newport, Cocke County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.0	88	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.1	268	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.2	531	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.5	968	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.1	6591	N/A	N/A	1.26
	C. difficile infection	5	4.4	6028	1.12	(0.41, 2.49)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

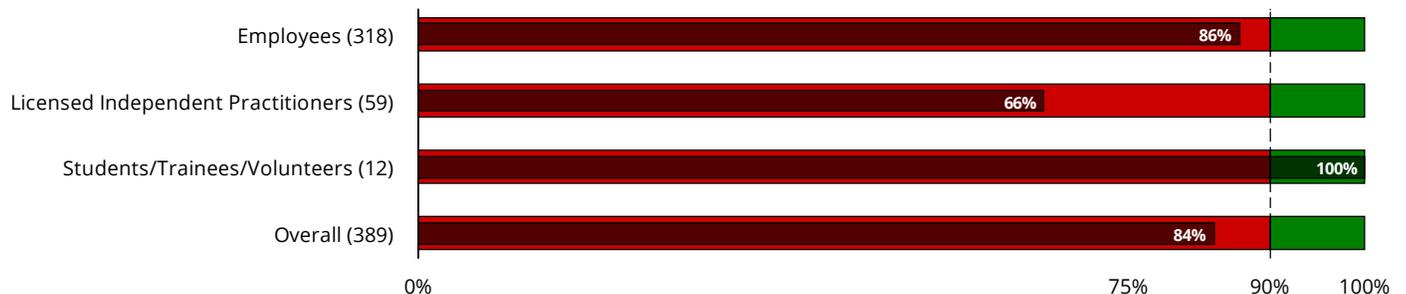
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Newport Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



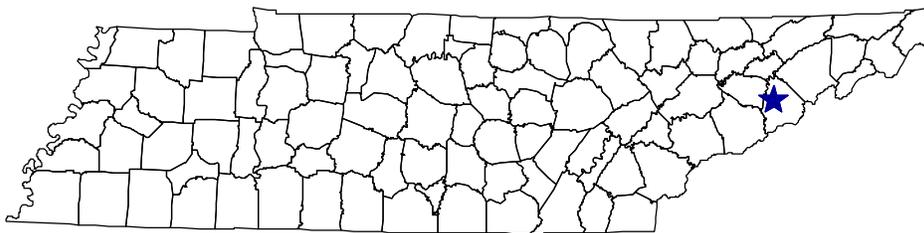
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Tennova Healthcare - Newport Medical Center, Newport, Cocke County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.1	158	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.1	280	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	1	0.3	675	N/A	N/A	0.96
	Adult/Pediatric Ward	1	0.5	984	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.1	6121	N/A	N/A	1.33
	C. difficile infection	6	3.2	5812	1.86	(0.75, 3.87)	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

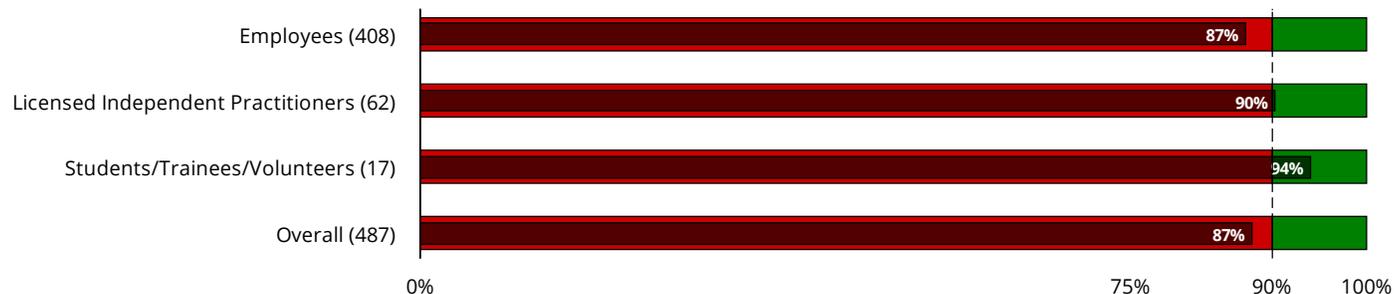
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Newport Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Tennova Healthcare - Newport Medical Center, Newport, Cocke County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.1	158	N/A

2015	1	0	0.0	88	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.1	280	N/A

2015	1	0	0.1	268	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRE	UCD	SIR
2016	1	1	0.3	675	N/A

2015	1	0	0.2	531	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	1	0.5	984	N/A

2015	1	0	0.5	968	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.1	6121	N/A

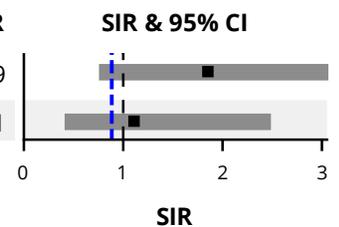
2015	0	0.1	6591	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	6	3.2	5812	1.9

2015	5	4.4	6028	1.1
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Data reported as of November 13, 2017

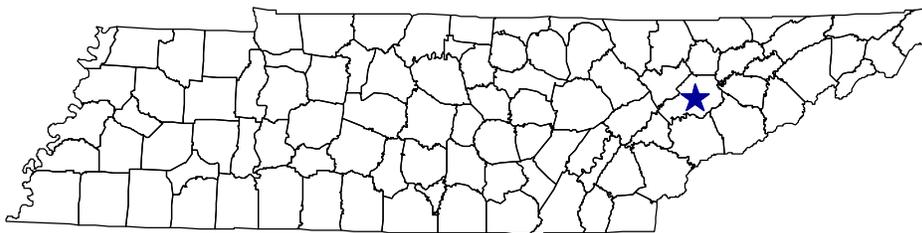
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# Tennova Healthcare - Physician's Regional Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	9	3.5	4060	<b>2.56</b>	<b>( 1.25, 4.69 )</b>	0.88
	Neonatal ICU	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	0.92
	Adult/Pediatric Ward	6	2.3	3151	<b>2.54</b>	<b>( 1.03, 5.28 )</b>	0.80
CAUTI	Adult/Pediatric ICU	17	6.4	5940	<b>2.63</b>	<b>( 1.59, 4.13 )</b>	1.06
	Adult/Pediatric Ward	4	2.1	2621	1.83	( 0.58, 4.42 )	0.70
SSI	Colon surgery	1	2.0	93	0.49	( 0.03, 2.44 )	0.85
	Abdominal hysterectomy	0	0.2	35	<b>N/A</b>	<b>N/A</b>	1.14
LabID	MRSA bacteremia	14	3.5	65204	<b>3.96</b>	<b>( 2.26, 6.49 )</b>	1.26
	C. difficile infection	41	39.1	60614	1.05	( 0.76, 1.41 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

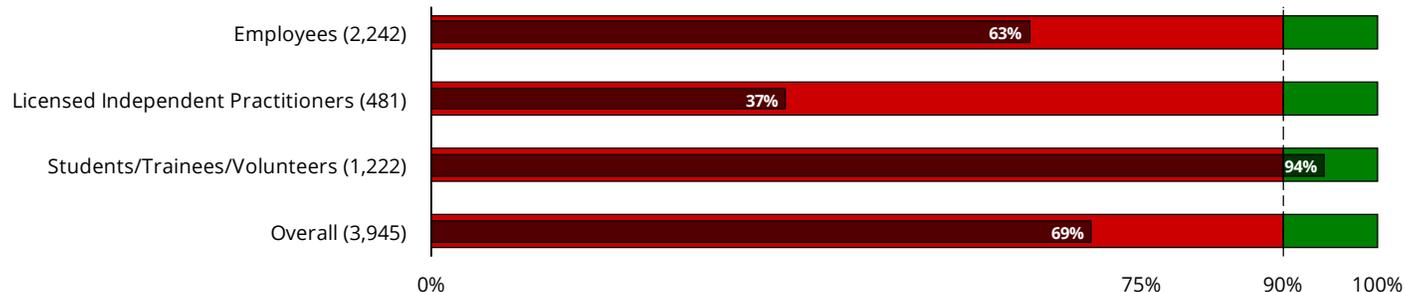
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Physician's Regional Medical Center*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



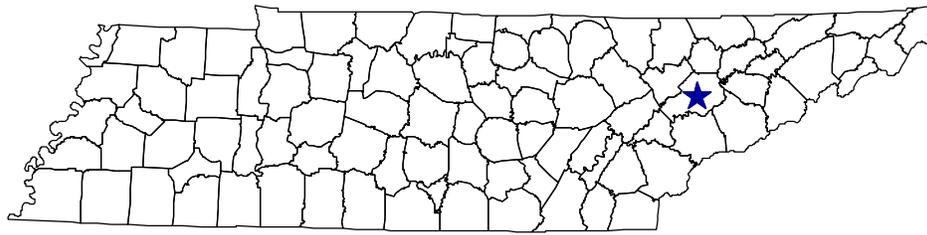
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Tennova Healthcare - Physician's Regional Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	7	3.1	3632	2.22	( 0.97, 4.39 )	0.84
	Neonatal ICU	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	0.63
	Adult/Pediatric Ward	3	1.5	2100	1.91	( 0.49, 5.19 )	0.75
CAUTI	Adult/Pediatric ICU	6	5.9	5226	1.01	( 0.41, 2.09 )	0.96
	Adult/Pediatric Ward	2	1.4	1784	1.35	( 0.23, 4.44 )	0.72
SSI	Colon surgery	1	1.5	74	0.65	( 0.03, 3.22 )	0.92
	Abdominal hysterectomy	1	0.2	38	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	7	3.3	61413	2.11	( 0.92, 4.17 )	1.33
	C. difficile infection	23	37.8	57270	<b>0.61</b>	<b>( 0.40, 0.90 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

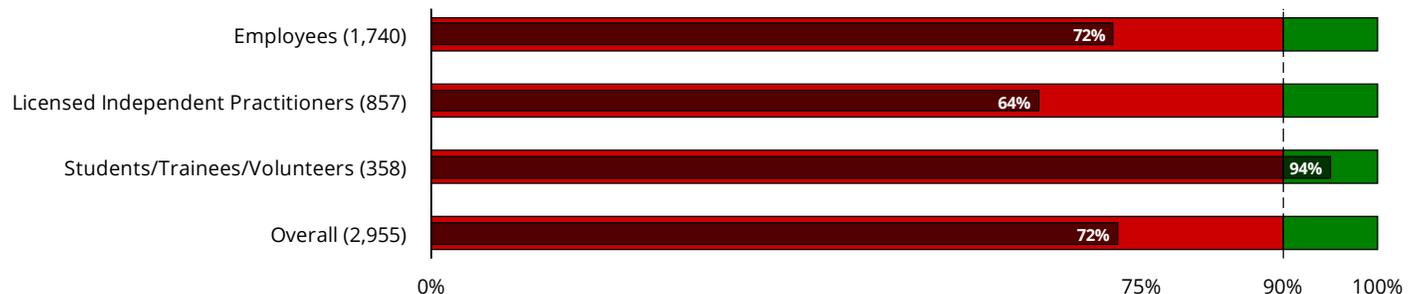
**N/A**: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Physician's Regional Medical Center*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)

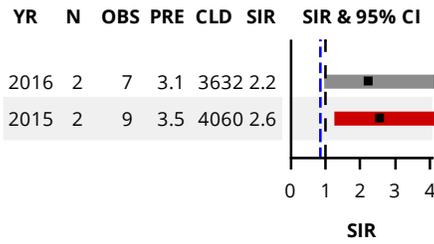


### Healthcare Personnel Vaccinated (%)

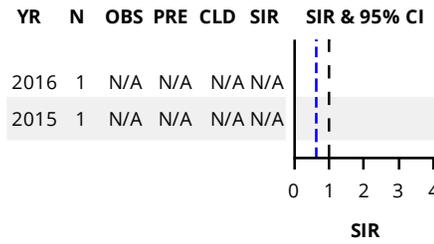
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

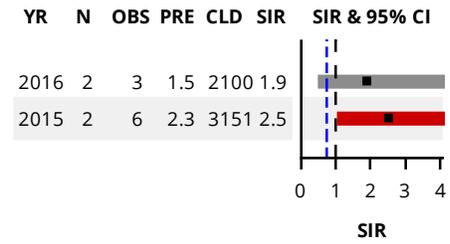
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

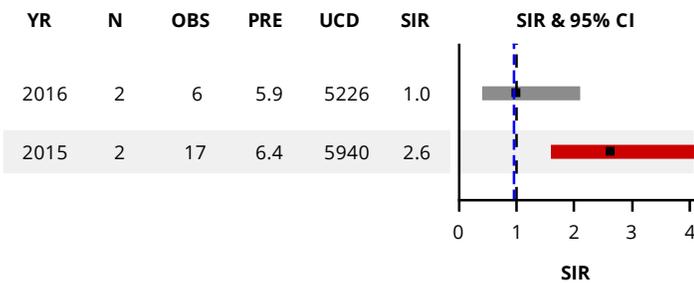


CLABSI - Adult/Pediatric Wards

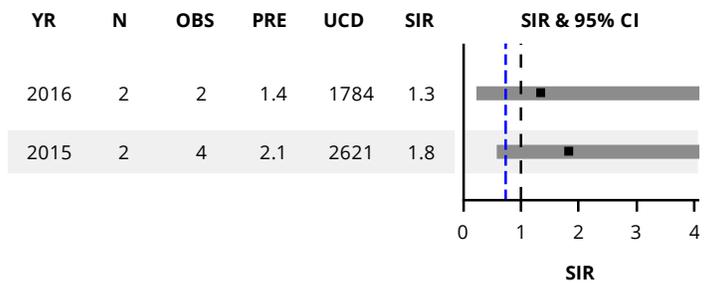


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

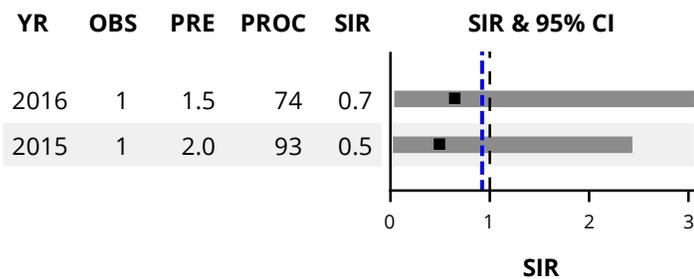


CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery



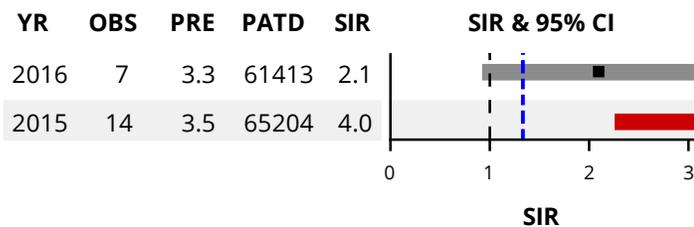
SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	1	0.2	38	N/A
2015	0	0.2	35	N/A

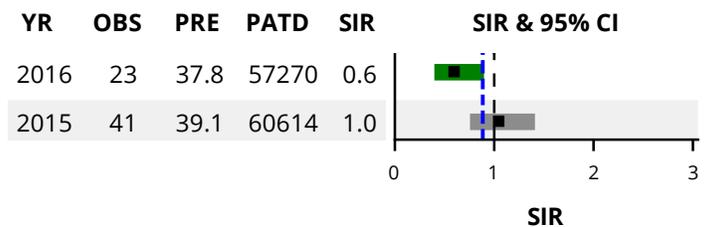
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

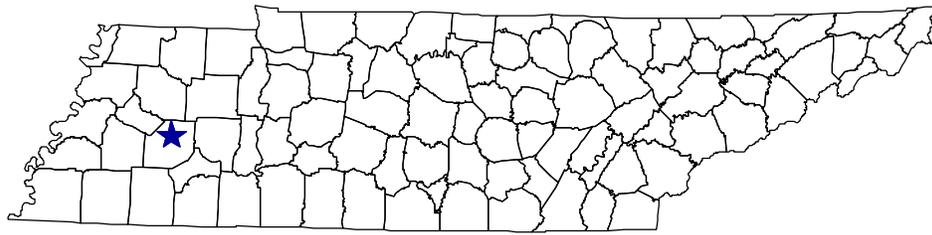
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Tennova Healthcare - Regional Jackson, Jackson, Madison County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	1	0.9	1285	N/A	N/A	0.88
	Adult/Pediatric Ward	0	1.7	2692	0.00	(0.00, 1.71)	0.80
CAUTI	Adult/Pediatric ICU	1	1.5	2168	0.63	(0.03, 3.11)	1.06
	Adult/Pediatric Ward	1	2.1	3157	0.46	(0.02, 2.25)	0.70
SSI	Colon surgery	0	1.7	73	0.00	(0.00, 1.67)	0.85
	Abdominal hysterectomy	0	0.2	36	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.7	21579	N/A	N/A	1.26
	C. difficile infection	11	12.5	20968	0.87	(0.46, 1.52)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

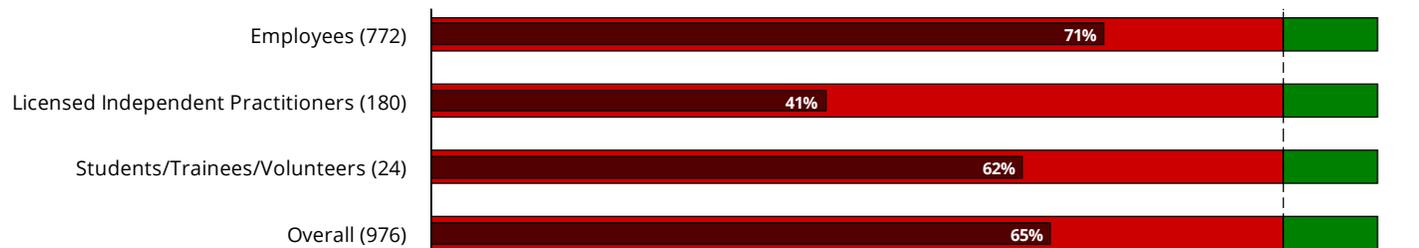
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Regional Jackson*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



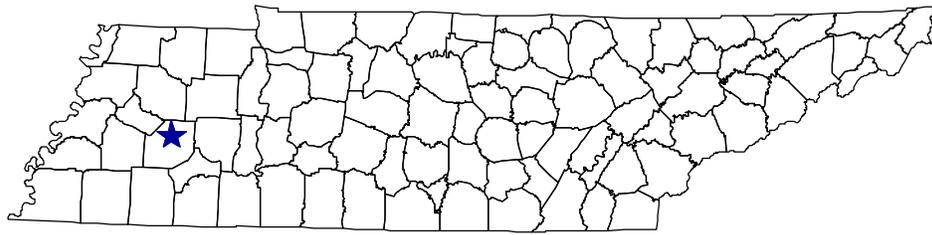
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Tennova Healthcare - Regional Jackson, Jackson, Madison County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	3	0.9	1266	N/A	N/A	0.84
	Adult/Pediatric Ward	0	1.0	1683	0.00	(0.00, 2.73)	0.75
CAUTI	Adult/Pediatric ICU	1	1.3	1858	0.74	(0.04, 3.63)	0.96
	Adult/Pediatric Ward	1	1.4	2054	0.70	(0.04, 3.44)	0.72
SSI	Colon surgery	1	1.5	69	0.63	(0.03, 3.11)	0.92
	Abdominal hysterectomy	0	0.2	36	N/A	N/A	1.04
LabID	MRSA bacteremia	1	0.6	18108	N/A	N/A	1.33
	C. difficile infection	11	10.9	17474	1.00	(0.53, 1.75)	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

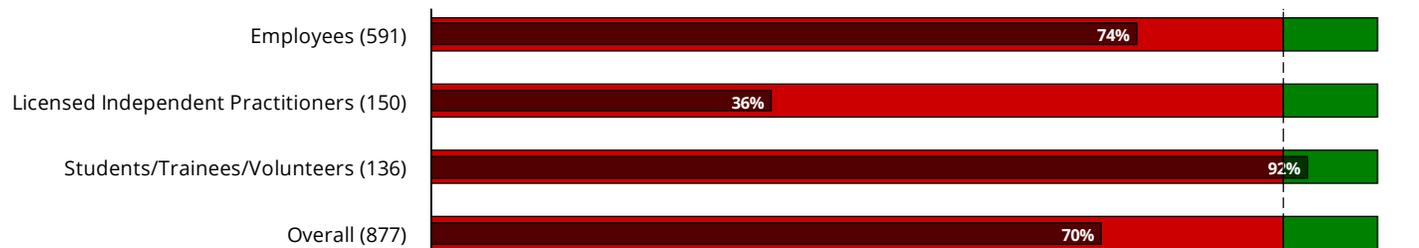
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Regional Jackson*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



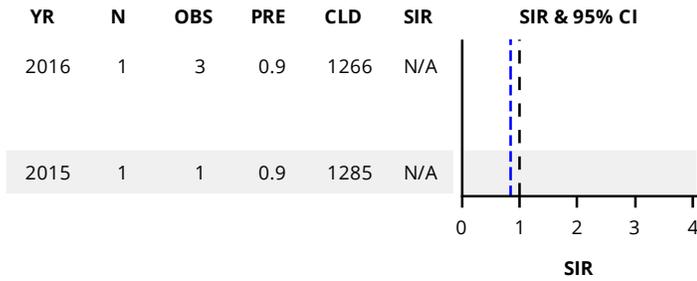
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

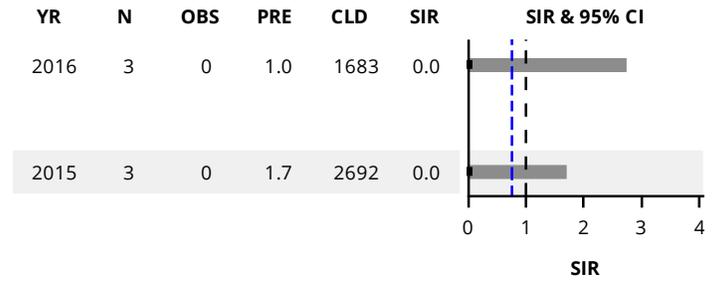
# Tennova Healthcare - Regional Jackson, Jackson, Madison County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

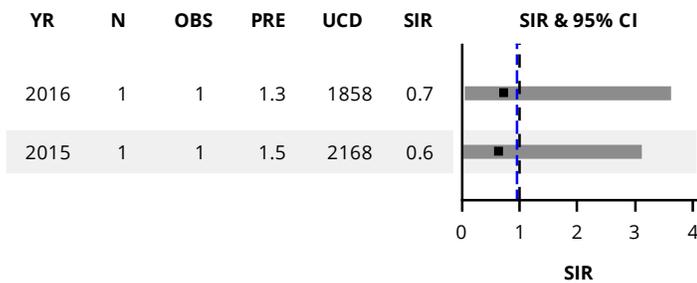


### CLABSI - Adult/Pediatric Wards

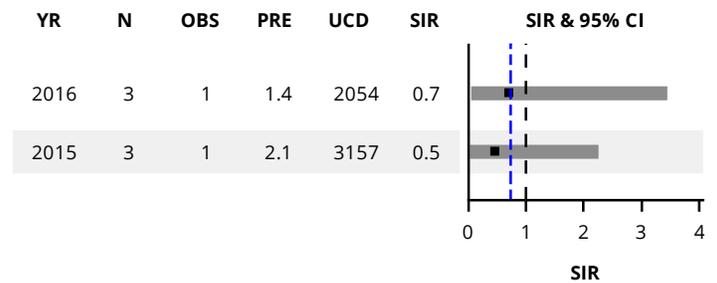


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

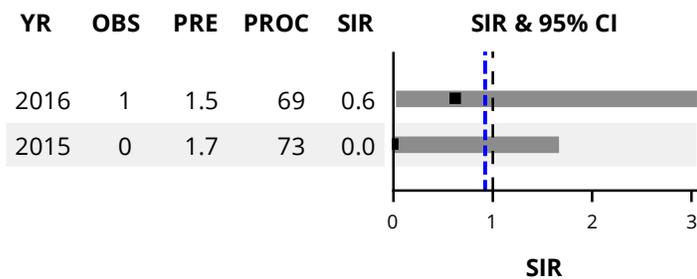


### CAUTI - Adult/Pediatric Wards

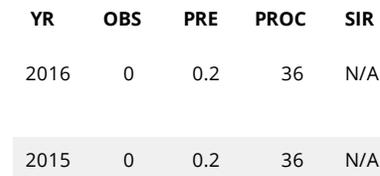


## Surgical Site Infections (SSI)

### SSI - Colon Surgery



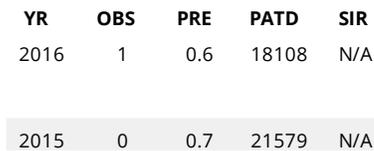
### SSI - Abdominal Hysterectomy



N/A: Number of predicted infections <1; no SIR calculated

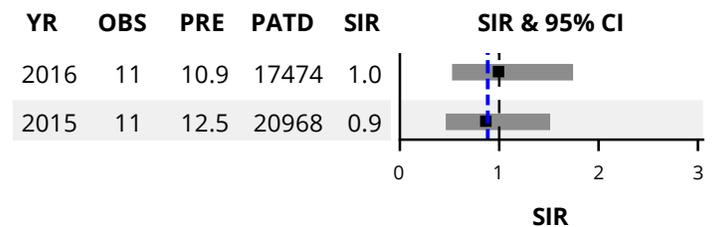
## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

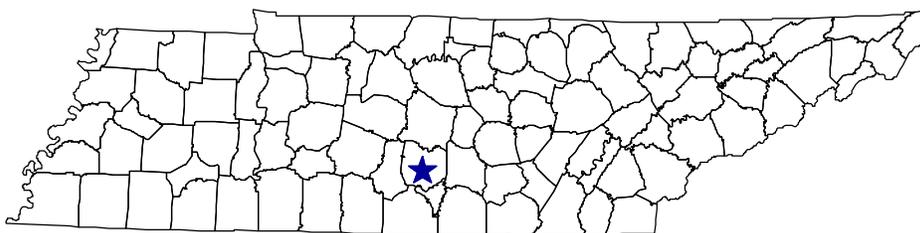
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Tennova Healthcare - Shelbyville (Heritage Med Ctr), Shelbyville, Bedford County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.5	763	N/A	N/A	0.88
	Adult/Pediatric Ward	2	0.4	706	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.6	1214	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.5	1093	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	2	0.2	6525	N/A	N/A	1.26
	C. difficile infection	3	2.3	6525	1.27	(0.32, 3.46)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Shelbyville (Heritage Med Ctr)*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



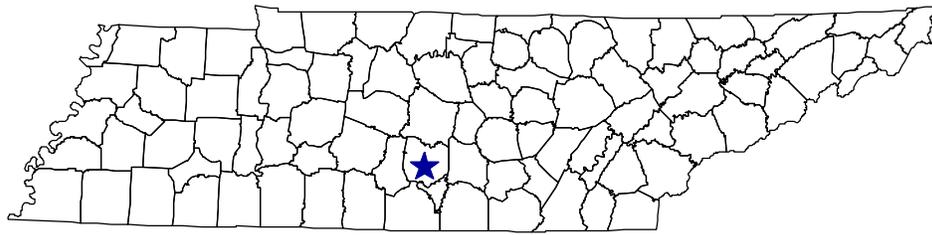
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Tennova Healthcare - Shelbyville (Heritage Med Ctr), Shelbyville, Bedford County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.4	608	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.3	555	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.5	975	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.3	810	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	2	0.1	5321	N/A	N/A	1.33
	C. difficile infection	6	1.8	5321	3.19	(1.29, 6.63)	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

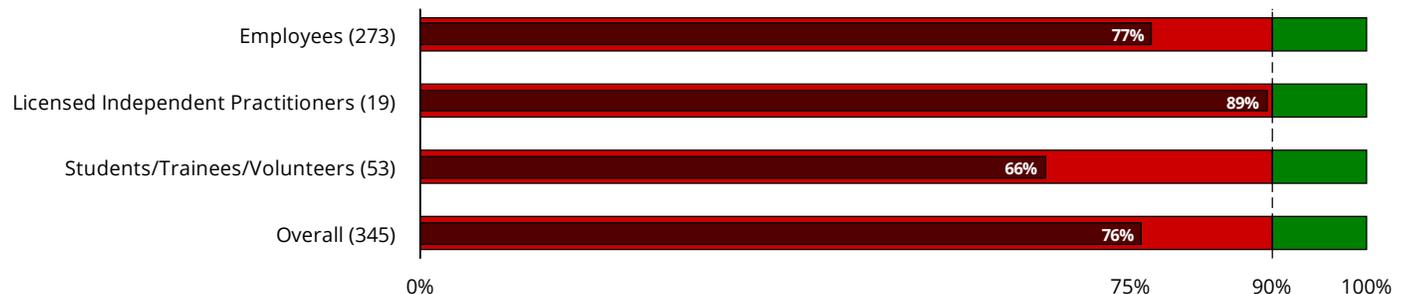
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Tennova Healthcare - Shelbyville (Heritage Med Ctr)

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



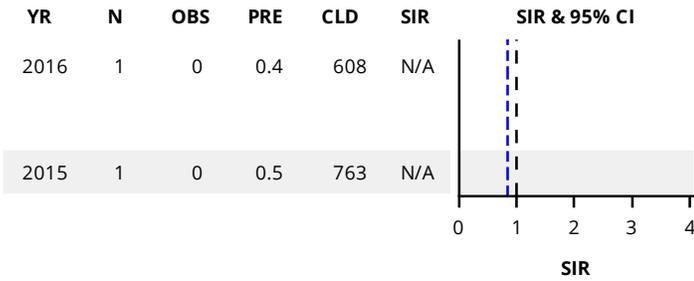
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

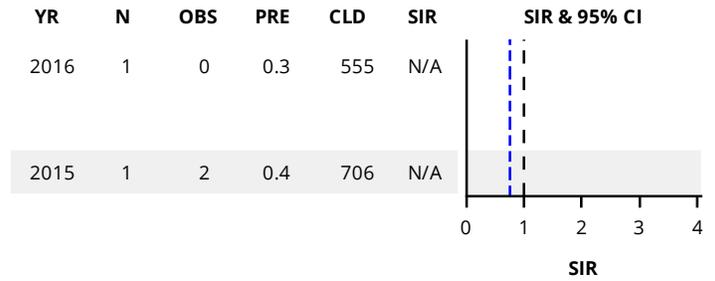
# Tennova Healthcare - Shelbyville (Heritage Med Ctr), Shelbyville, Bedford County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

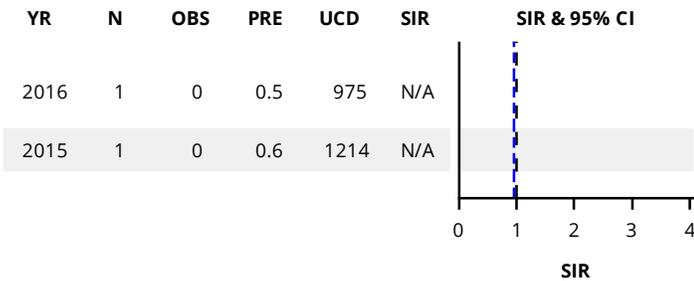


### CLABSI - Adult/Pediatric Wards

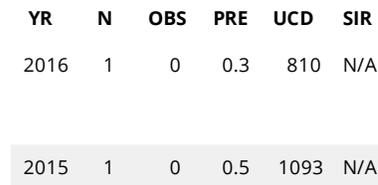


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs



### CAUTI - Adult/Pediatric Wards



N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

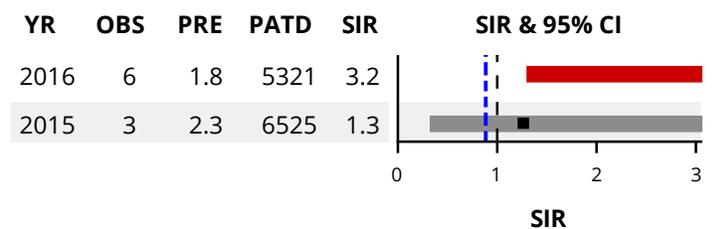
## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	2	0.1	5321	N/A
2015	2	0.2	6525	N/A

N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

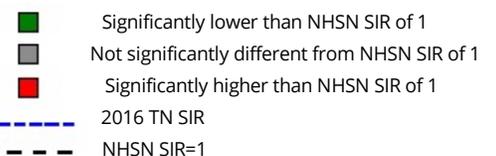
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections

PRE = statistically 'predicted' number of infections, based on NHSN national baseline data

SIR = standardized infection ratio (observed/predicted number of infections)

CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;

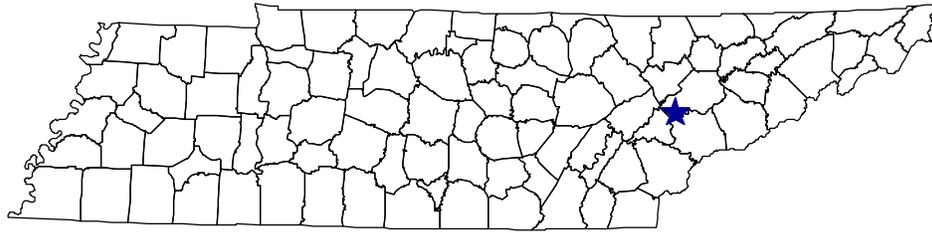
N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted



## Tennova Healthcare - Turkey Creek Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	1	0.9	1266	N/A	N/A	0.88
	Adult/Pediatric Ward	3	1.2	1911	2.41	(0.61, 6.56)	0.80
CAUTI	Adult/Pediatric ICU	2	1.1	1610	1.70	(0.29, 5.61)	1.06
	Adult/Pediatric Ward	1	0.7	1075	N/A	N/A	0.70
SSI	Colon surgery	4	3.8	145	1.03	(0.33, 2.48)	0.85
	Abdominal hysterectomy	0	0.5	105	N/A	N/A	1.14
LabID	MRSA bacteremia	4	1.2	22022	3.32	(1.06, 8.01)	1.26
	C. difficile infection	12	11.5	20878	1.04	(0.56, 1.76)	0.97

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

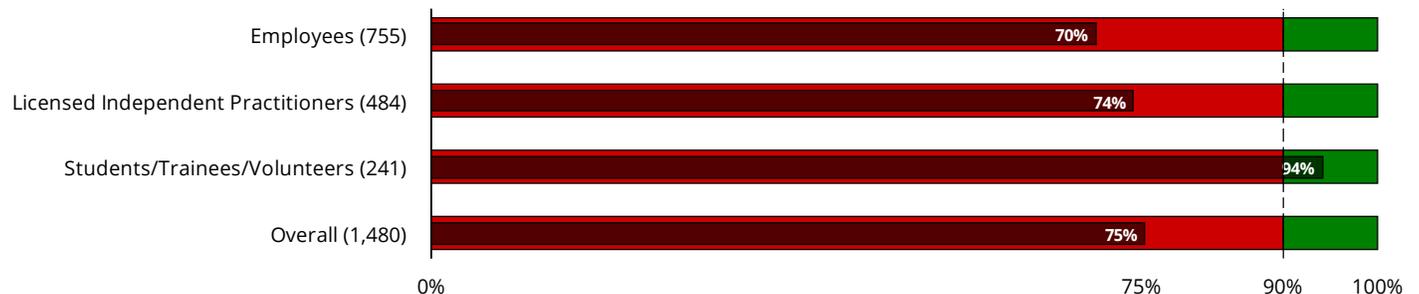
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Tennova Healthcare - Turkey Creek Medical Center

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



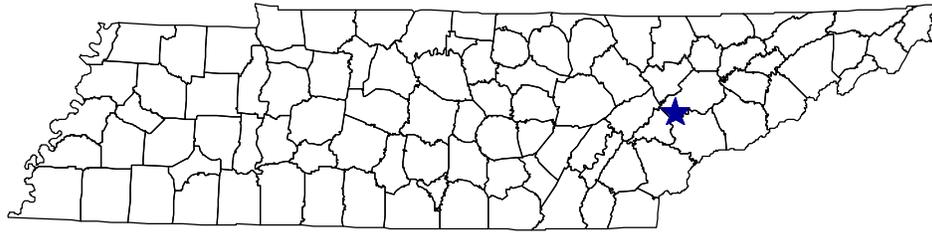
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Tennova Healthcare - Turkey Creek Medical Center, Knoxville, Knox County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	2	1.0	1346	1.97	( 0.33, 6.52 )	0.84
	Adult/Pediatric Ward	3	0.9	1483	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	3	1.0	1429	2.87	( 0.73, 7.81 )	0.96
	Adult/Pediatric Ward	0	0.4	739	N/A	N/A	0.72
SSI	Colon surgery	1	4.2	167	0.24	( 0.01, 1.17 )	0.92
	Abdominal hysterectomy	1	0.5	117	N/A	N/A	1.04
LabID	MRSA bacteremia	3	1.0	22453	2.98	( 0.76, 8.12 )	1.33
	C. difficile infection	14	12.3	21243	1.13	( 0.64, 1.85 )	0.88

Green highlighting indicates an SIR significantly LOWER than the 2015 national baseline

Red highlighting indicates an SIR significantly HIGHER than the 2015 national baseline

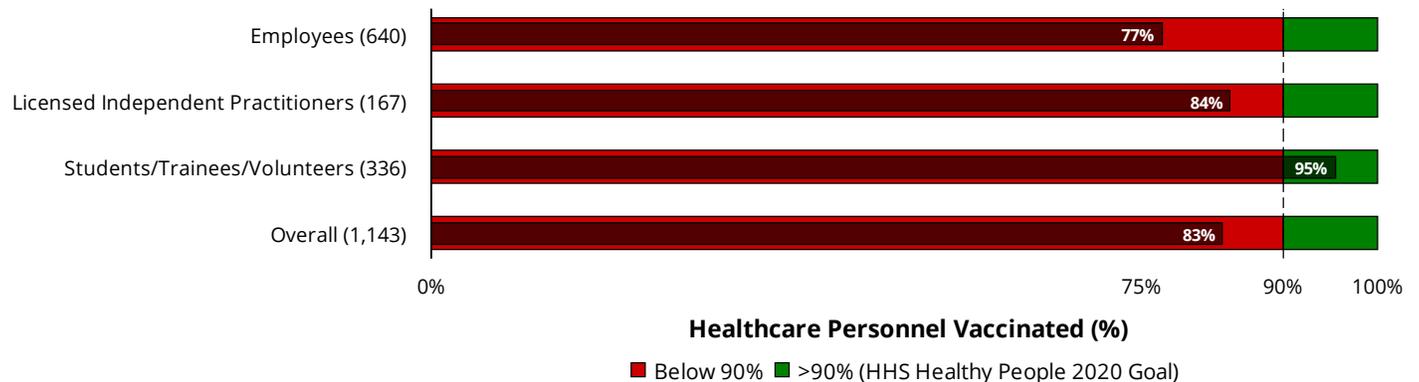
N/A: Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at Tennova Healthcare - Turkey Creek Medical Center

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

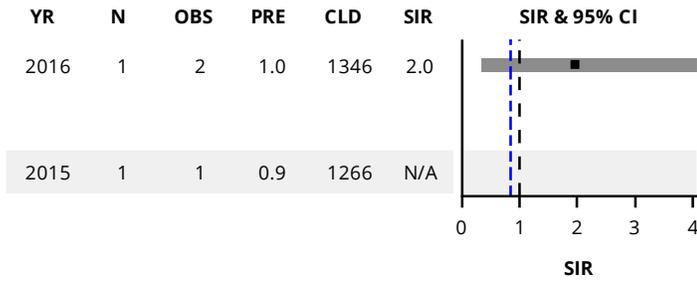
#### Healthcare Personnel Category (Total)



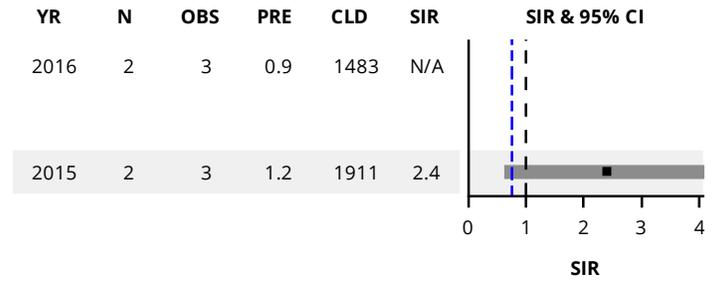
# Tennova Healthcare - Turkey Creek Medical Center, Knoxville, Knox County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

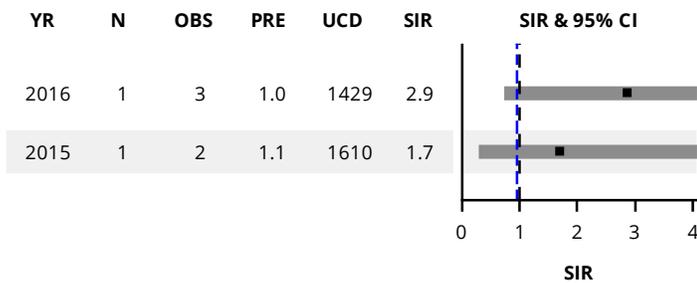


### CLABSI - Adult/Pediatric Wards

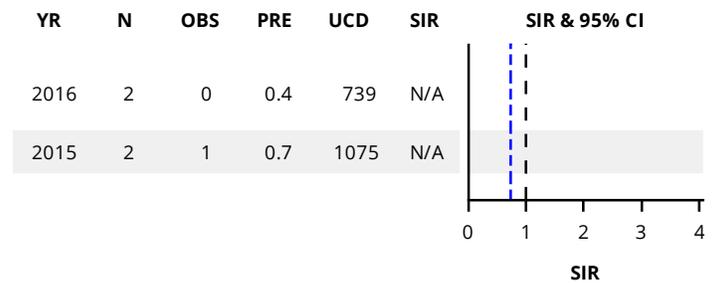


## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

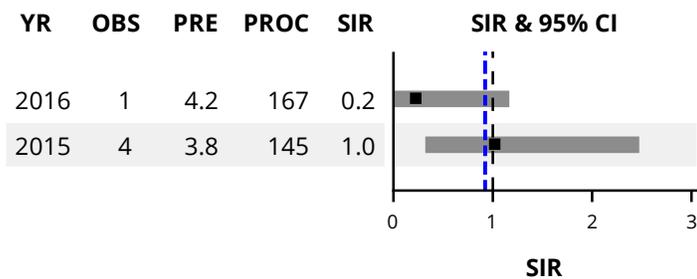


### CAUTI - Adult/Pediatric Wards



## Surgical Site Infections (SSI)

### SSI - Colon Surgery



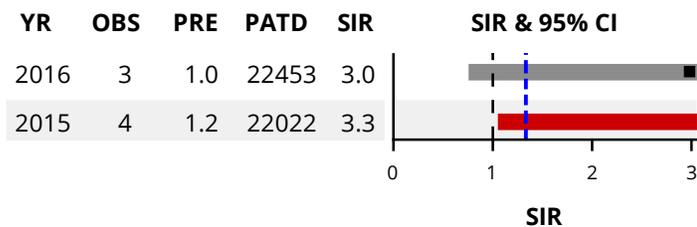
### SSI - Abdominal Hysterectomy



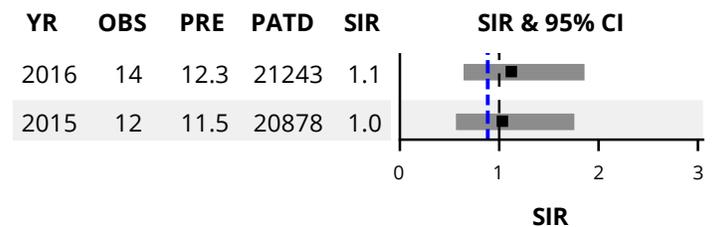
N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

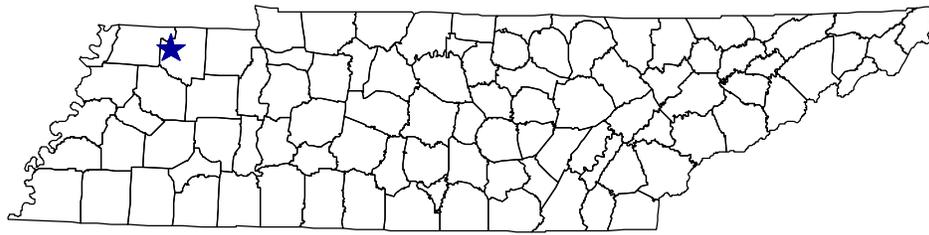
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# Tennova Healthcare - Volunteer Martin (Volunteer Community Hosp), Martin, Weakley County

Medical School Affiliation: None

Bed Size Category: <50 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.0	102	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.1	204	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	0.3	593	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.6	1335	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	4565	N/A	N/A	1.26
	C. difficile infection	5	2.1	4565	2.36	( 0.87, 5.23 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

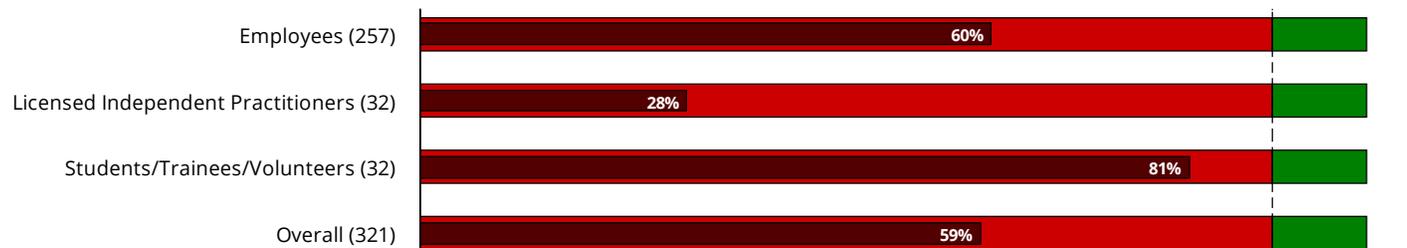
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Volunteer Martin (Volunteer Community Hosp)*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



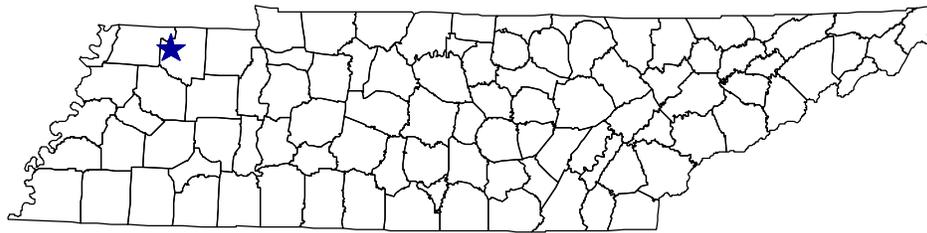
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Tennova Healthcare - Volunteer Martin (Volunteer Community Hosp), Martin, Weakley County

Medical School Affiliation: None

Bed Size Category: <50 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	0.0	108	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.1	200	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.3	644	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.4	995	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.0	4072	N/A	N/A	1.33
	C. difficile infection	4	2.4	4072	1.60	(0.51, 3.86)	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

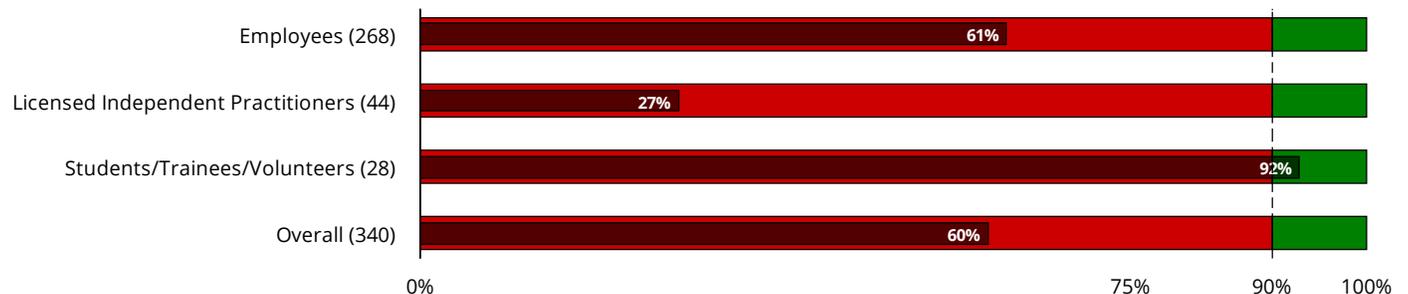
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Tennova Healthcare - Volunteer Martin (Volunteer Community Hosp)*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)

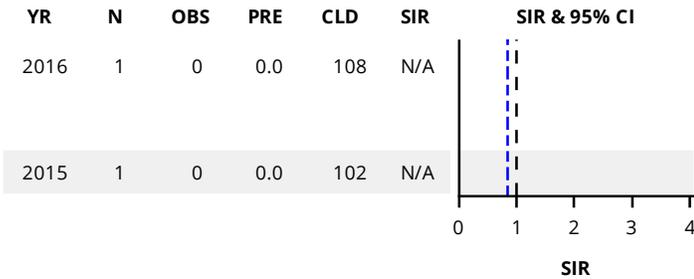


### Healthcare Personnel Vaccinated (%)

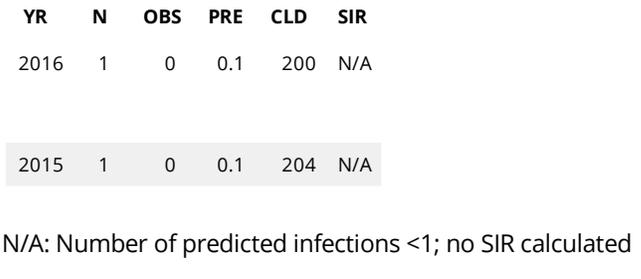
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

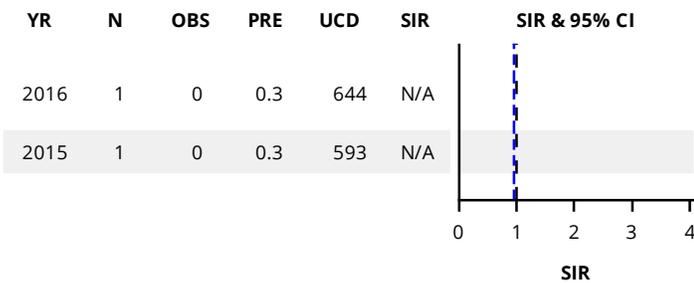


CLABSI - Adult/Pediatric Wards

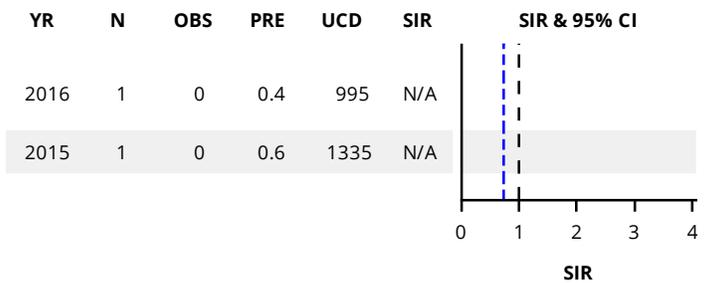


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs



CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

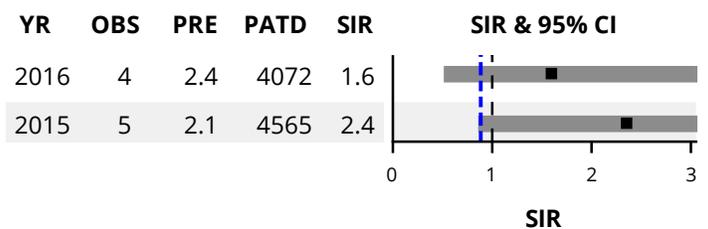
Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	4072	N/A
2015	0	0.0	4565	N/A

N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

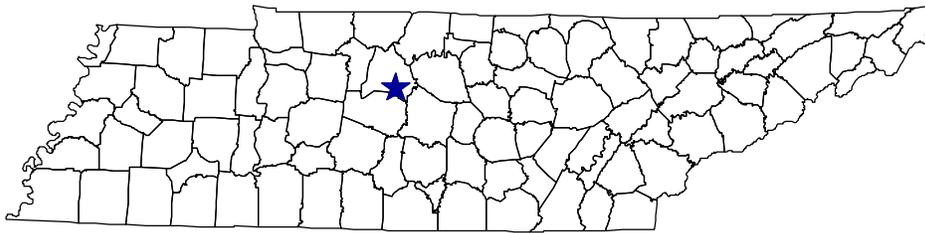
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## TriStar Southern Hills Medical Center, Nashville, Davidson County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	1	1.1	1718	0.87	( 0.04, 4.28 )	0.88
	Adult/Pediatric Ward	0	0.8	1473	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	0	2.3	2401	0.00	( 0.00, 1.28 )	1.06
	Adult/Pediatric Ward	1	1.8	2689	0.54	( 0.03, 2.68 )	0.70
SSI	Colon surgery	1	1.2	62	0.82	( 0.04, 4.05 )	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	1	0.8	21303	N/A	N/A	1.26
	C. difficile infection	8	13.9	21303	0.58	( 0.27, 1.09 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

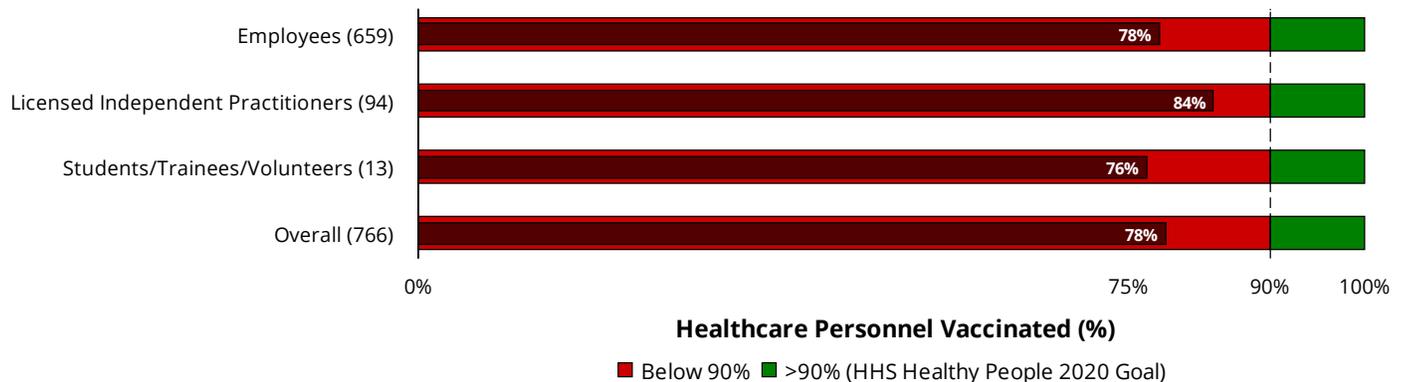
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at TriStar Southern Hills Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

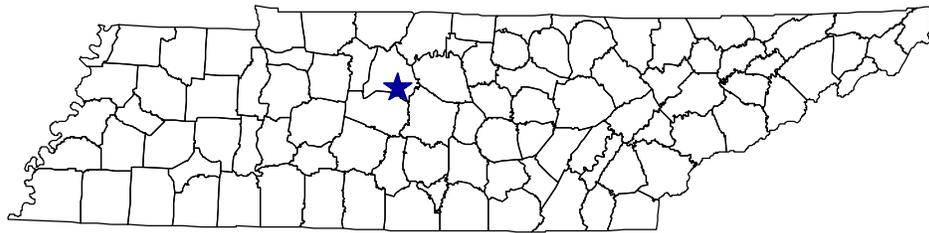
#### Healthcare Personnel Category (Total)



## TriStar Southern Hills Medical Center, Nashville, Davidson County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	1.1	1748	0.00	( 0.00, 2.55 )	0.84
	Adult/Pediatric Ward	1	0.9	1586	<b>N/A</b>	<b>N/A</b>	0.75
CAUTI	Adult/Pediatric ICU	3	2.3	2604	1.26	( 0.32, 3.43 )	0.96
	Adult/Pediatric Ward	1	1.8	2645	0.55	( 0.03, 2.72 )	0.72
SSI	Colon surgery	1	1.2	58	0.78	( 0.04, 3.82 )	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>	1.04
LabID	MRSA bacteremia	1	1.1	22546	0.91	( 0.05, 4.47 )	1.33
	C. difficile infection	14	16.1	22546	0.87	( 0.49, 1.42 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

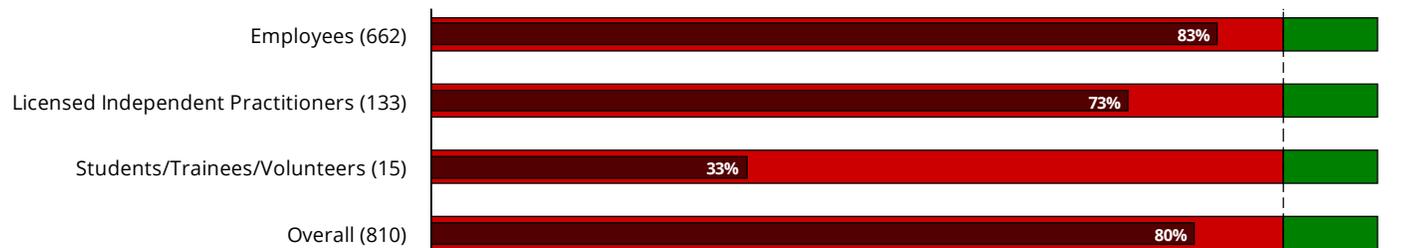
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at TriStar Southern Hills Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

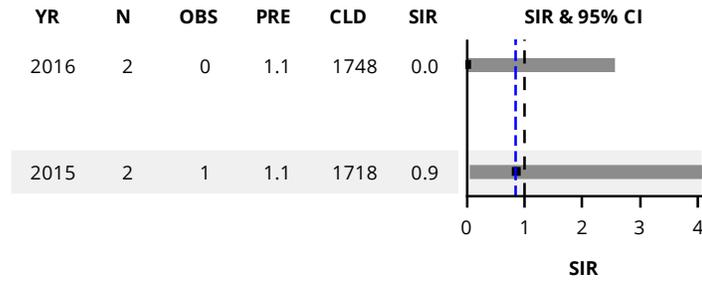


#### Healthcare Personnel Vaccinated (%)

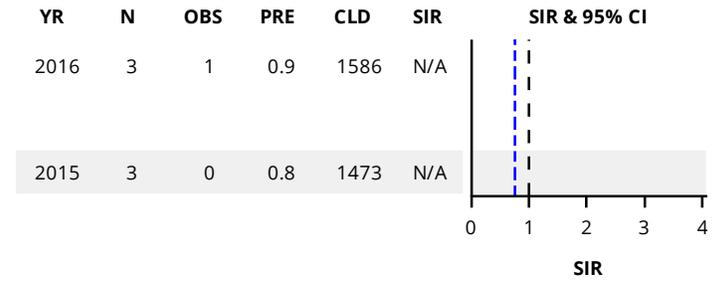
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

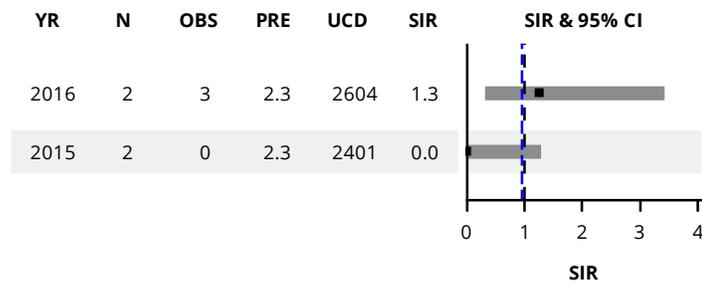


CLABSI - Adult/Pediatric Wards

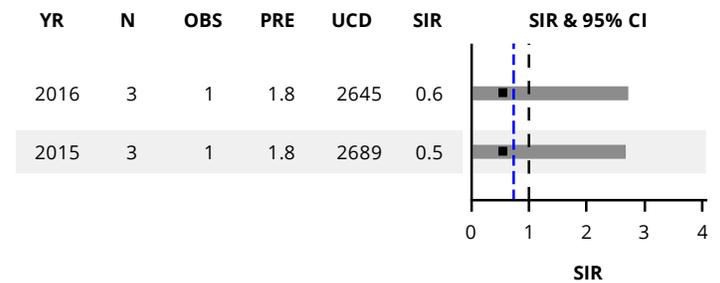


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

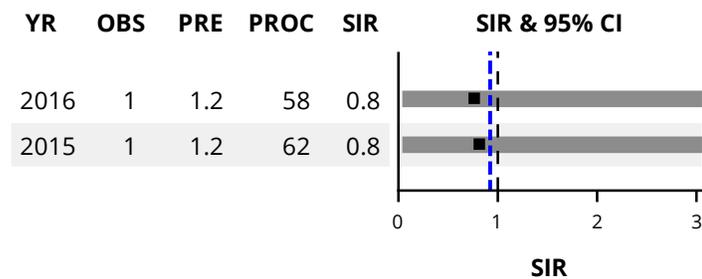


CAUTI - Adult/Pediatric Wards



Surgical Site Infections (SSI)

SSI - Colon Surgery



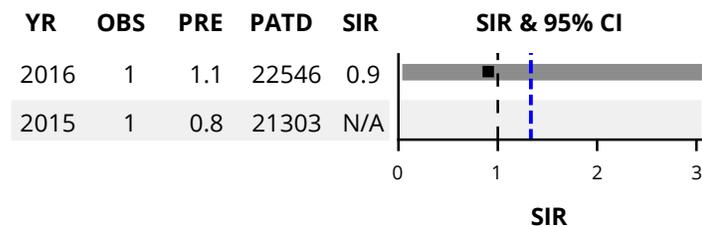
SSI - Abdominal Hysterectomy



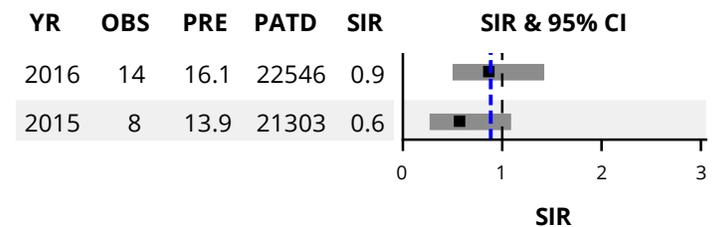
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

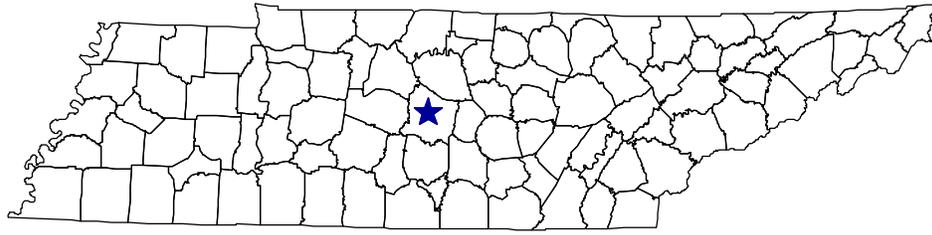
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# TrustPoint Hospital, Murfreesboro, Rutherford County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.1	201	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.1	139	N/A	N/A	0.70
LabID	MRSA bacteremia	0	0.0	2064	N/A	N/A	1.26
	C. difficile infection	2	0.3	2064	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at TrustPoint Hospital*

## Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

### Healthcare Personnel Category (Total)



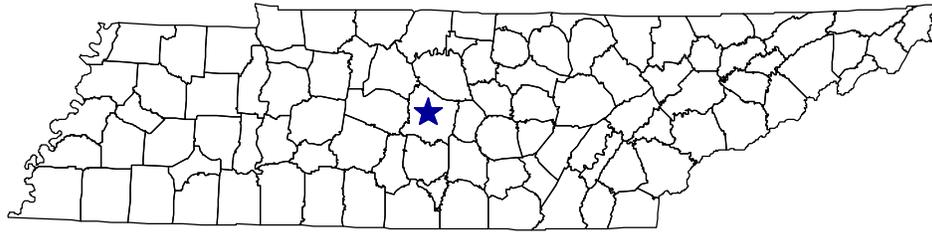
### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# TrustPoint Hospital, Murfreesboro, Rutherford County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



## Healthcare-Associated Infections (HAI) Summary

### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.1	245	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.1	188	N/A	N/A	0.72
LabID	MRSA bacteremia	0	0.0	1840	N/A	N/A	1.33
	C. difficile infection	0	0.3	1840	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

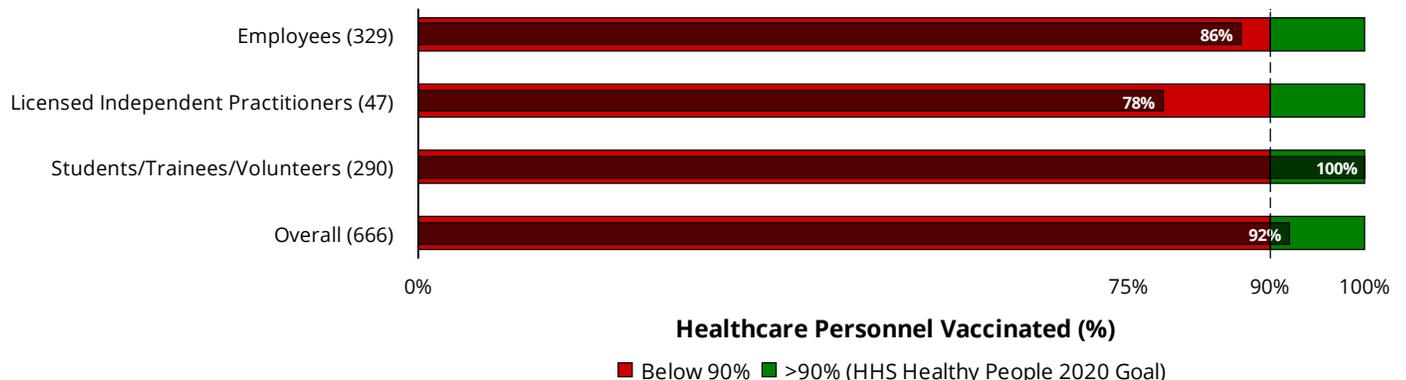
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at TrustPoint Hospital*

## Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

### Healthcare Personnel Category (Total)



Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.1	245	N/A

2015	1	0	0.1	201	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.1	188	N/A

2015	1	0	0.1	139	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	1840	N/A

2015	0	0.0	2064	N/A
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N/A: Number of predicted infections <1; no SIR calculated

LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	0.3	1840	N/A

2015	2	0.3	2064	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

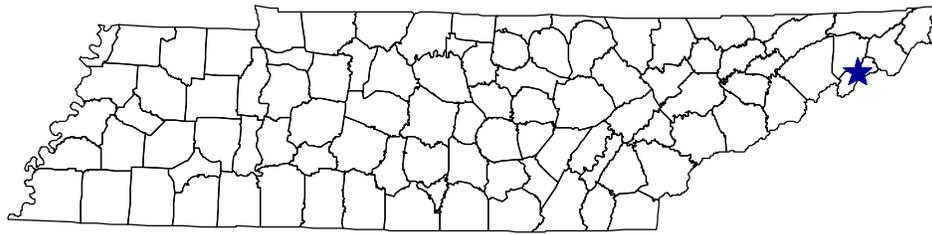
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

 Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Unicoi County Memorial Hospital, Erwin, Unicoi County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.88
	Adult/Pediatric Ward	0	0.0	88	N/A	N/A	0.80
CAUTI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	1.06
	Adult/Pediatric Ward	0	0.2	418	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	2541	N/A	N/A	1.26
	C. difficile infection	0	0.6	2541	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

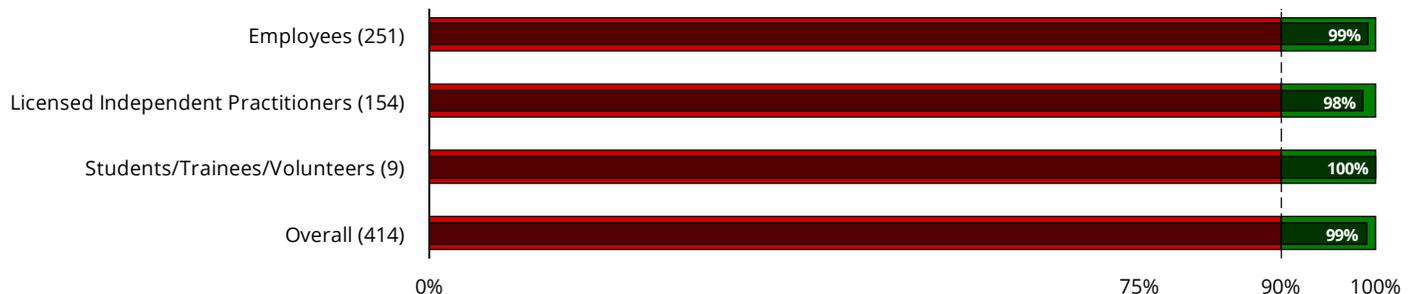
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Unicoi County Memorial Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



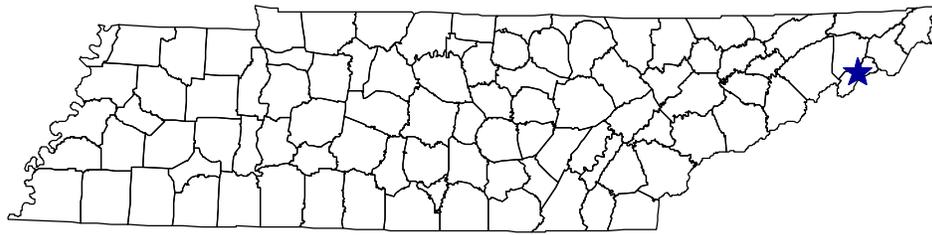
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Unicoi County Memorial Hospital, Erwin, Unicoi County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.1	228	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.2	523	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.0	1889	N/A	N/A	1.33
	C. difficile infection	0	0.5	1889	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

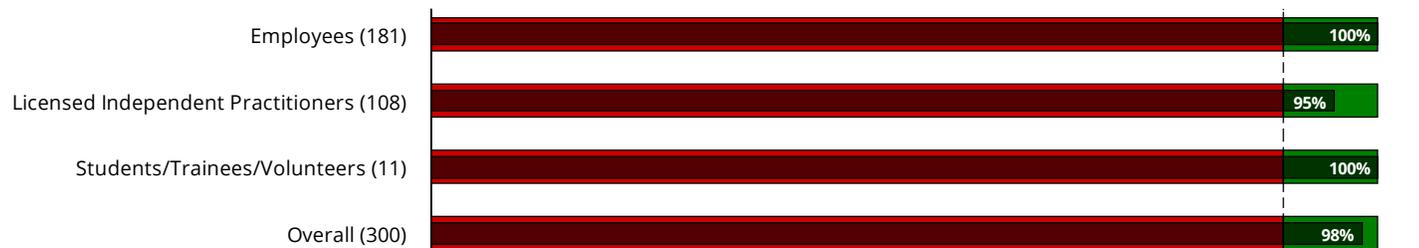
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Unicoi County Memorial Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Unicoi County Memorial Hospital, Erwin, Unicoi County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.1	228	N/A

2015	1	0	0.0	88	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.2	523	N/A

2015	1	0	0.2	418	N/A
------	---	---	-----	-----	-----

N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
------	-----	-----	-----	-----

N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	1889	N/A

2015	0	0.0	2541	N/A
------	---	-----	------	-----

N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	0.5	1889	N/A

2015	0	0.6	2541	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

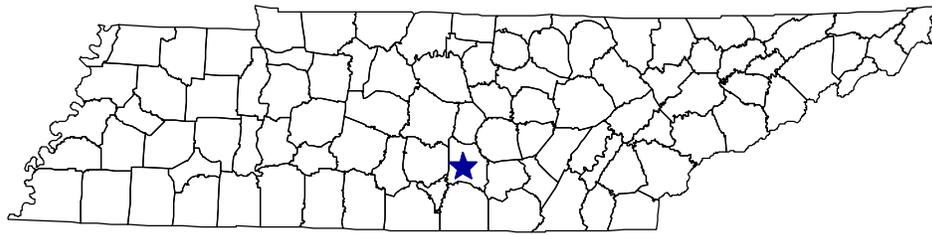
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

 Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Unity Medical Center, Manchester, Coffee County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.1	183	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.2	493	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	1	0.1	4252	N/A	N/A	1.26
	C. difficile infection	2	1.3	4252	1.45	(0.24, 4.80)	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

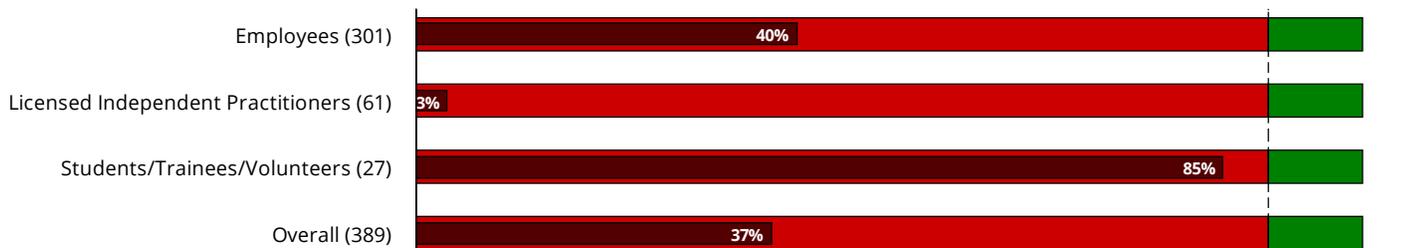
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Unity Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



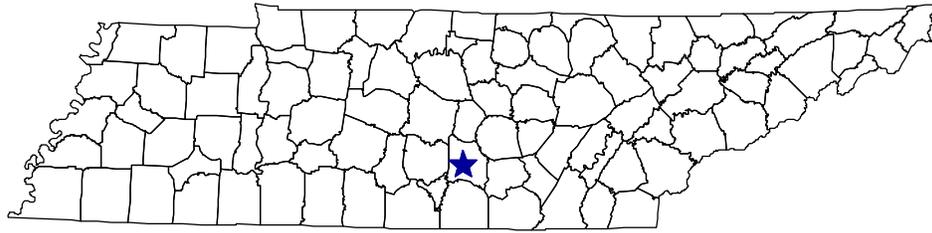
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Unity Medical Center, Manchester, Coffee County

Medical School Affiliation: None

Bed Size Category: <50 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.0	149	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.3	697	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.1	5903	N/A	N/A	1.33
	C. difficile infection	0	1.3	5903	0.00	( 0.00, 2.27 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

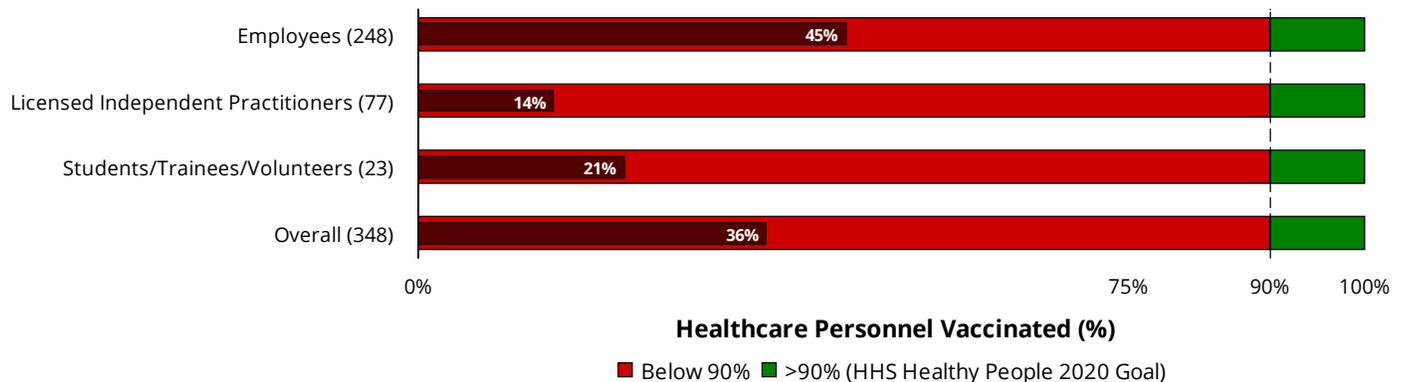
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Unity Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



# Unity Medical Center, Manchester, Coffee County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.0	149	N/A

2015	1	0	0.1	183	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.3	697	N/A

2015	1	0	0.2	493	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A

2015	N/A	N/A	N/A	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

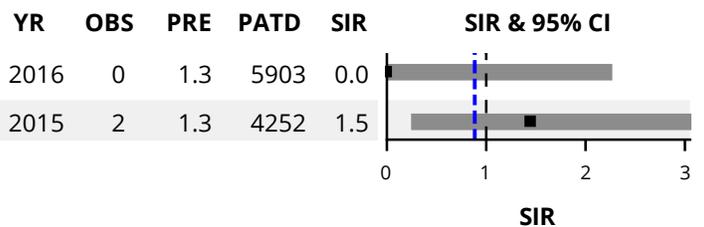
### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.1	5903	N/A

2015	1	0.1	4252	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

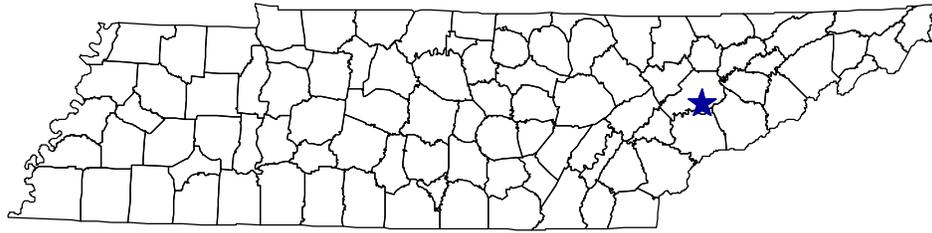
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## University of Tennessee Medical Ctr, Knoxville, Knox County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	5	9.0	7988	0.55	( 0.20, 1.23 )	0.88
	Neonatal ICU	7	4.9	3553	1.42	( 0.62, 2.80 )	0.92
	Adult/Pediatric Ward	3	8.6	8829	<b>0.35</b>	<b>( 0.09, 0.95 )</b>	0.80
CAUTI	Adult/Pediatric ICU	24	29.9	15099	0.80	( 0.53, 1.17 )	1.06
	Adult/Pediatric Ward	4	7.4	6120	0.53	( 0.17, 1.29 )	0.70
SSI	Colon surgery	6	10.9	333	0.55	( 0.22, 1.14 )	0.85
	Abdominal hysterectomy	3	2.1	343	1.37	( 0.35, 3.72 )	1.14
LabID	MRSA bacteremia	11	18.1	166335	0.61	( 0.32, 1.06 )	1.26
	C. difficile infection	91	99.0	141573	0.92	( 0.74, 1.12 )	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

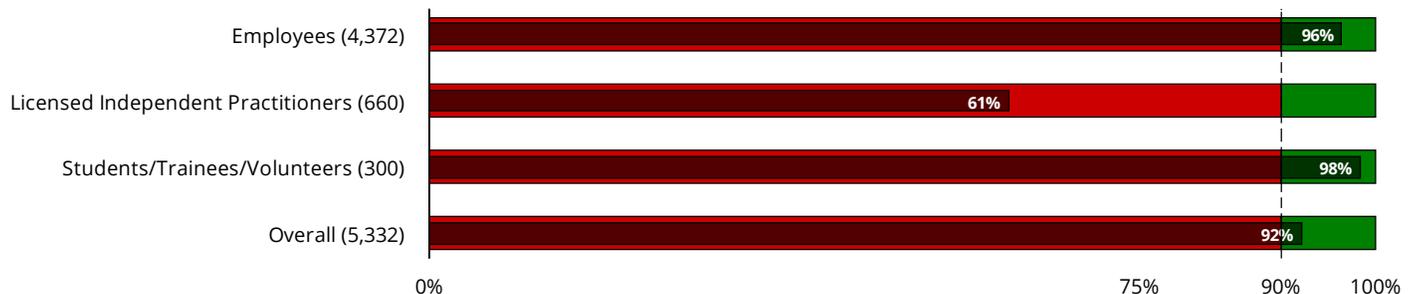
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

See page 3 for more detailed information about HAIs at University of Tennessee Medical Ctr

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



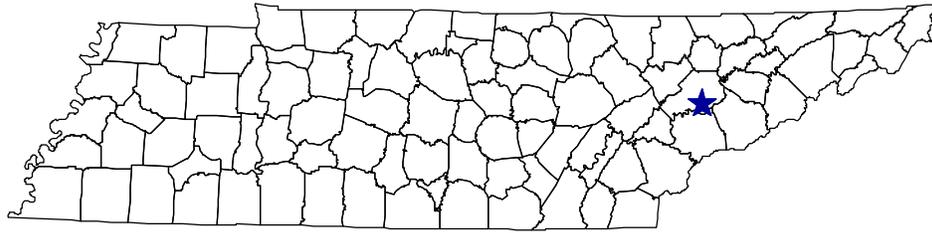
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## University of Tennessee Medical Ctr, Knoxville, Knox County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	0	8.4	7473	<b>0.00</b>	<b>( 0.00, 0.36 )</b>	0.84
	Neonatal ICU	1	3.9	2830	0.25	( 0.01, 1.25 )	0.63
	Adult/Pediatric Ward	5	9.0	9272	0.55	( 0.20, 1.23 )	0.75
CAUTI	Adult/Pediatric ICU	17	28.4	14392	<b>0.60</b>	<b>( 0.36, 0.94 )</b>	0.96
	Adult/Pediatric Ward	5	7.3	6003	0.68	( 0.25, 1.51 )	0.72
SSI	Colon surgery	10	12.2	380	0.82	( 0.42, 1.46 )	0.92
	Abdominal hysterectomy	4	2.6	454	1.53	( 0.49, 3.70 )	1.04
LabID	MRSA bacteremia	9	18.2	168042	<b>0.49</b>	<b>( 0.24, 0.90 )</b>	1.33
	C. difficile infection	122	127.1	147076	0.96	( 0.80, 1.14 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

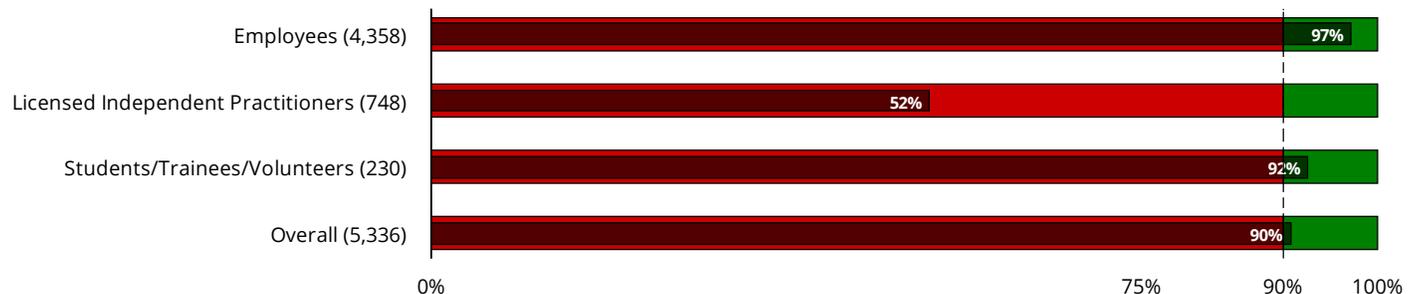
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at University of Tennessee Medical Ctr*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

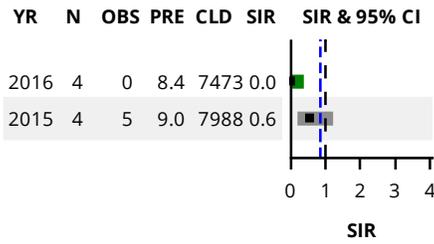


#### Healthcare Personnel Vaccinated (%)

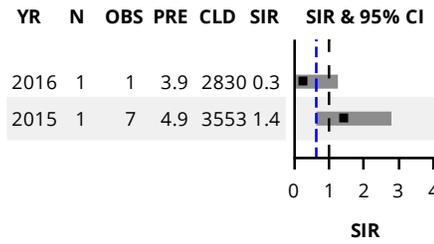
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

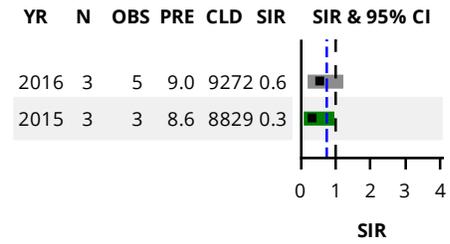
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

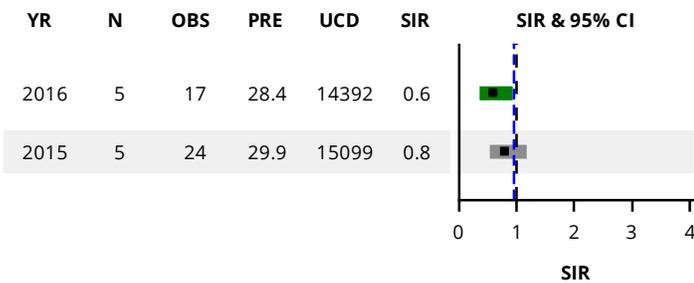


CLABSI - Adult/Pediatric Wards

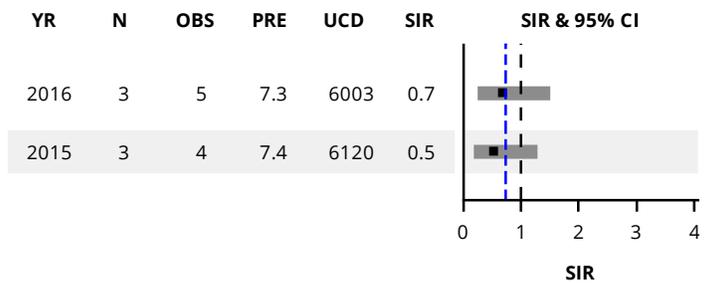


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

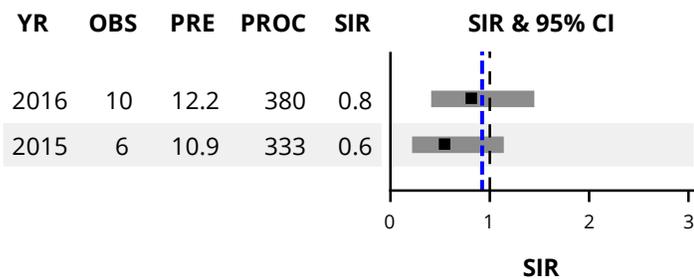


CAUTI - Adult/Pediatric Wards

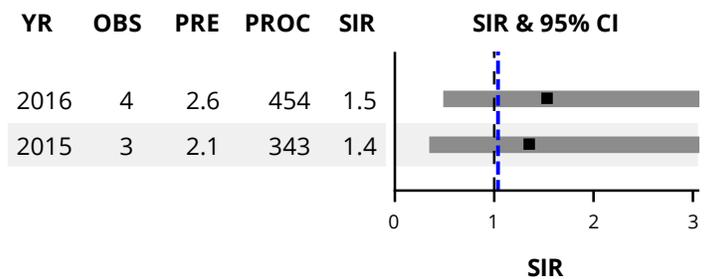


Surgical Site Infections (SSI)

SSI - Colon Surgery

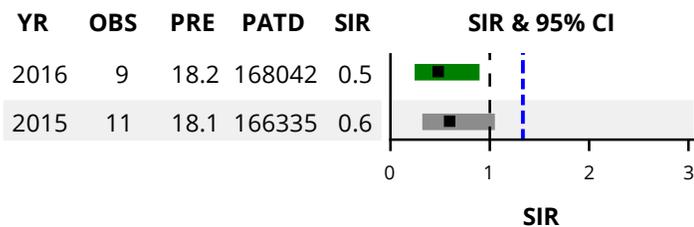


SSI - Abdominal Hysterectomy

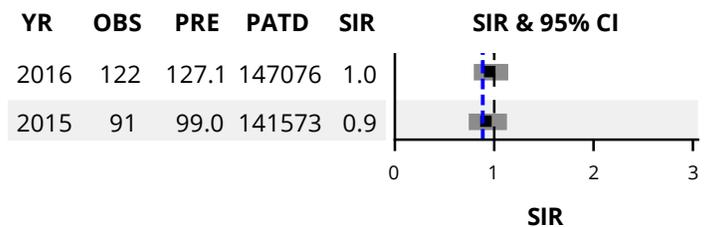


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

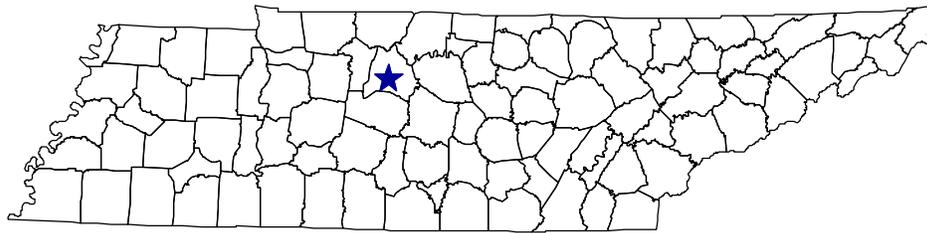
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Vanderbilt Medical Center, Nashville, Davidson County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	26	30.6	25179	0.85	(0.57, 1.23)	0.88
	Neonatal ICU	6	11.3	8815	0.53	(0.22, 1.10)	0.92
	Adult/Pediatric Ward	29	22.8	23389	1.27	(0.86, 1.80)	0.80
CAUTI	Adult/Pediatric ICU	41	45.3	23401	0.90	(0.66, 1.21)	1.06
	Adult/Pediatric Ward	17	11.6	9752	1.47	(0.88, 2.30)	0.70
SSI	Colon surgery	13	20.0	496	0.65	(0.36, 1.08)	0.85
	Abdominal hysterectomy	3	3.3	347	0.89	(0.23, 2.42)	1.14
LabID	MRSA bacteremia	32	28.0	309640	1.14	(0.79, 1.59)	1.26
	C. difficile infection	143	211.9	270675	<b>0.68</b>	<b>(0.57, 0.79)</b>	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

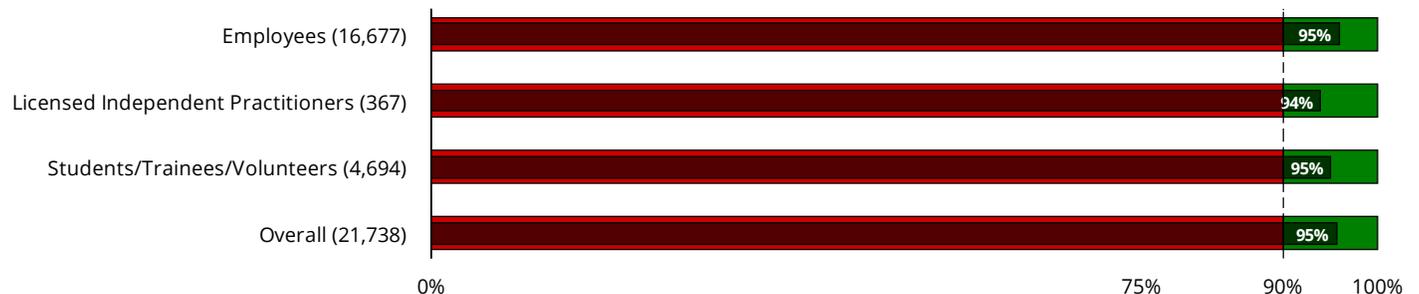
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Vanderbilt Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



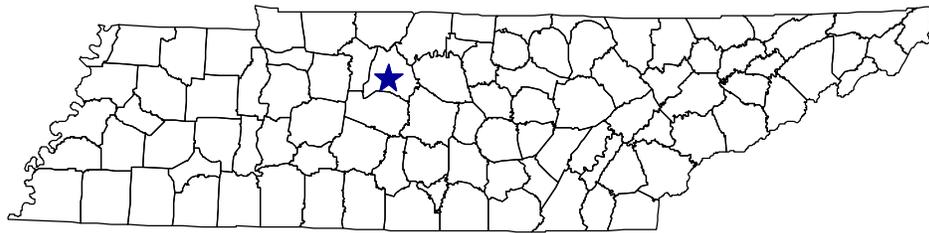
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Vanderbilt Medical Center, Nashville, Davidson County

Medical School Affiliation: Major teaching

Bed Size Category: 400+ beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		TN SIR
		Observed	Predicted		SIR*	95% CI	
CLABSI	Adult/Pediatric ICU	14	20.2	17966	0.69	( 0.39, 1.13 )	0.84
	Adult/Pediatric Ward	8	13.7	14138	0.58	( 0.27, 1.10 )	0.75
CAUTI	Adult/Pediatric ICU	23	43.1	21964	<b>0.53</b>	<b>( 0.35, 0.79 )</b>	0.96
	Adult/Pediatric Ward	7	11.5	9407	0.61	( 0.27, 1.20 )	0.72
SSI	Colon surgery	30	22.9	580	1.31	( 0.90, 1.84 )	0.92
	Abdominal hysterectomy	3	3.6	346	0.83	( 0.21, 2.27 )	1.04
LabID	MRSA bacteremia	34	19.4	215158	<b>1.74</b>	<b>( 1.23, 2.41 )</b>	1.33
	C. difficile infection	130	172.2	215158	<b>0.76</b>	<b>( 0.63, 0.89 )</b>	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

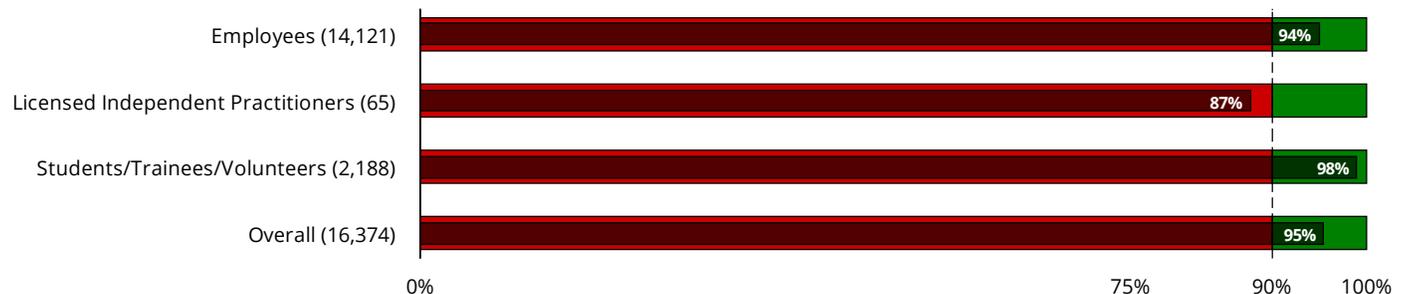
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Vanderbilt Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

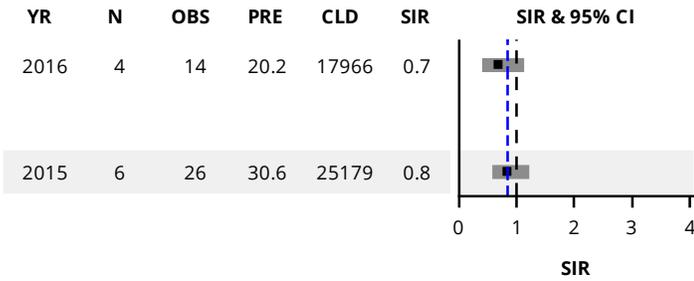


#### Healthcare Personnel Vaccinated (%)

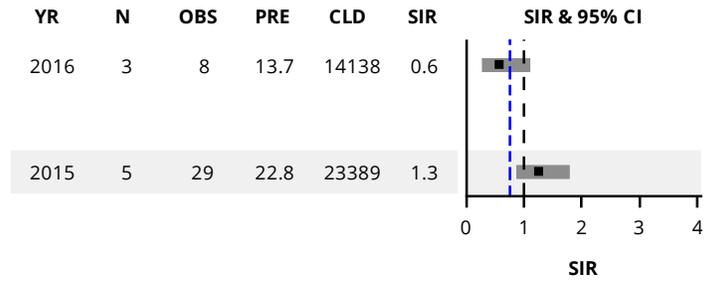
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

CLABSI - Adult/Pediatric ICUs

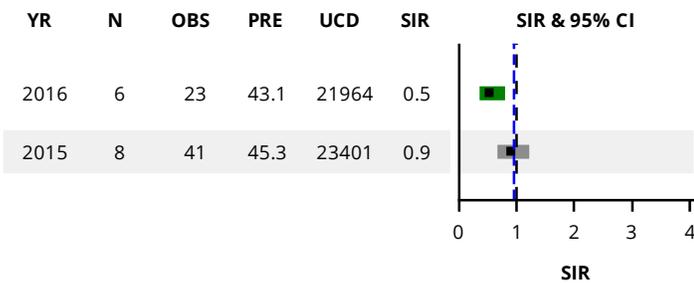


CLABSI - Adult/Pediatric Wards

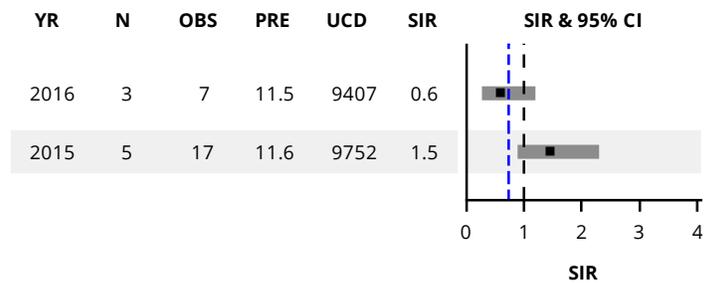


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

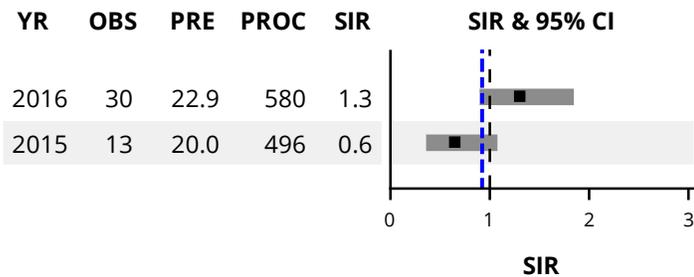


CAUTI - Adult/Pediatric Wards

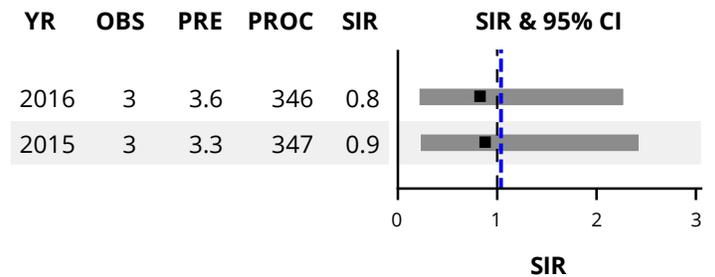


Surgical Site Infections (SSI)

SSI - Colon Surgery

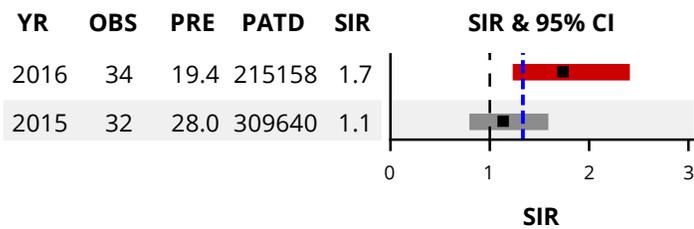


SSI - Abdominal Hysterectomy

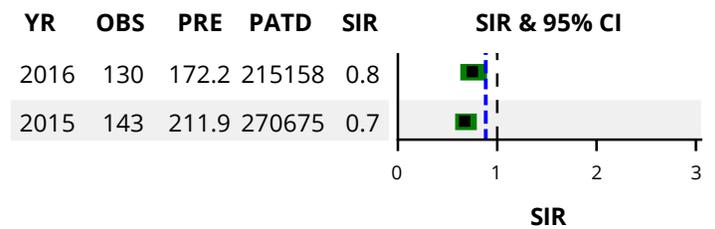


Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

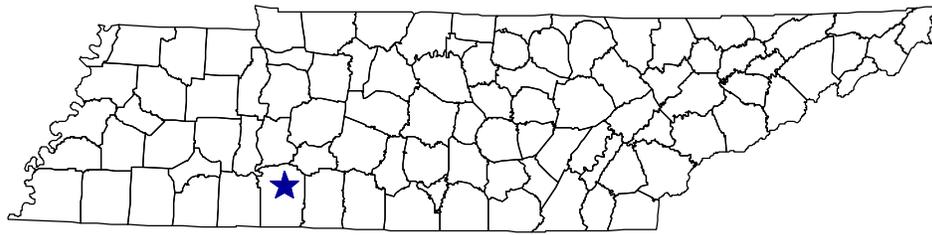
YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

Significantly lower than NHSN SIR of 1  
 Not significantly different from NHSN SIR of 1  
 Significantly higher than NHSN SIR of 1  
 2016 TN SIR  
 NHSN SIR=1

## Wayne Medical Center, Waynesboro, Wayne County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.0	159	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	1	0.2	589	N/A	N/A	0.70
LabID	MRSA bacteremia	0	0.0	1833	N/A	N/A	1.26
	C. difficile infection	0	0.3	1414	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

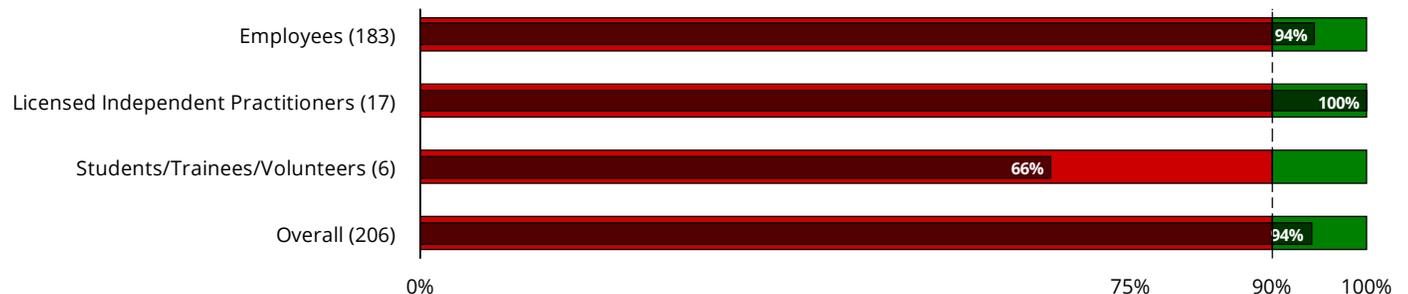
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Wayne Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



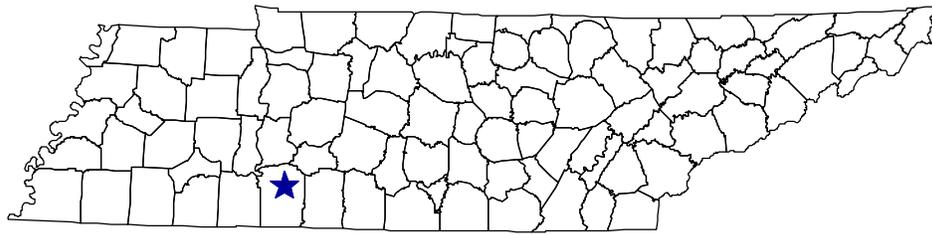
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Wayne Medical Center, Waynesboro, Wayne County

Medical School Affiliation: None

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.1	193	N/A	N/A	0.75
CAUTI	Adult/Pediatric Ward	0	0.2	560	N/A	N/A	0.72
LabID	MRSA bacteremia	0	0.0	1783	N/A	N/A	1.33
	C. difficile infection	0	0.8	1783	N/A	N/A	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

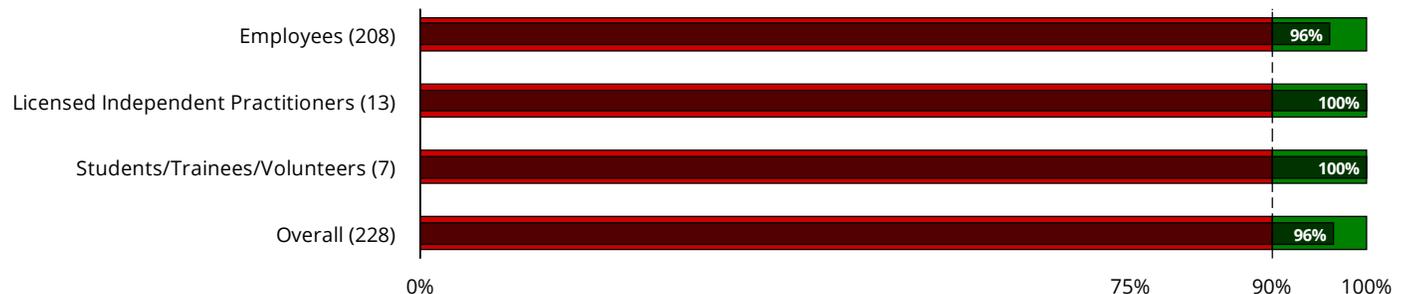
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Wayne Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Wayne Medical Center, Waynesboro, Wayne County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.1	193	N/A

2015	1	0	0.0	159	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.2	560	N/A

2015	1	1	0.2	589	N/A
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N/A: Number of predicted infections <1; no SIR calculated

## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.0	1783	N/A

2015	0	0.0	1833	N/A
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N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)

YR	OBS	PRE	PATD	SIR
2016	0	0.8	1783	N/A

2015	0	0.3	1414	N/A
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N/A: Number of predicted infections <1; no SIR calculated

Data reported as of November 13, 2017

**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections

**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data

**SIR** = standardized infection ratio (observed/predicted number of infections)

**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;

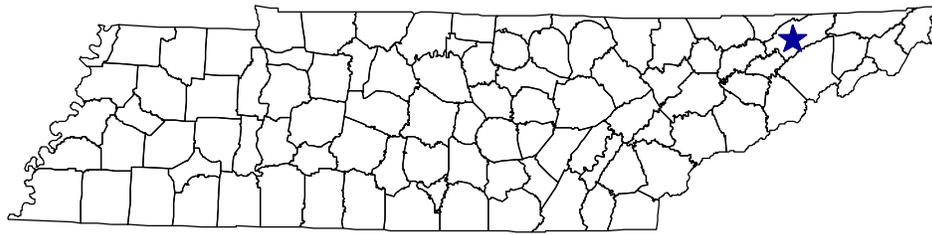
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

- Significantly lower than NHSN SIR of 1
- Not significantly different from NHSN SIR of 1
- Significantly higher than NHSN SIR of 1
- 2016 TN SIR
- NHSN SIR=1

## Wellmont Hawkins County Hospital, Rogersville, Hawkins County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric Ward	0	0.2	419	N/A	N/A	0.80
CAUTI	Adult/Pediatric Ward	0	0.2	484	N/A	N/A	0.70
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.85
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.14
LabID	MRSA bacteremia	0	0.0	4247	N/A	N/A	1.26
	C. difficile infection	1	0.9	4247	N/A	N/A	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

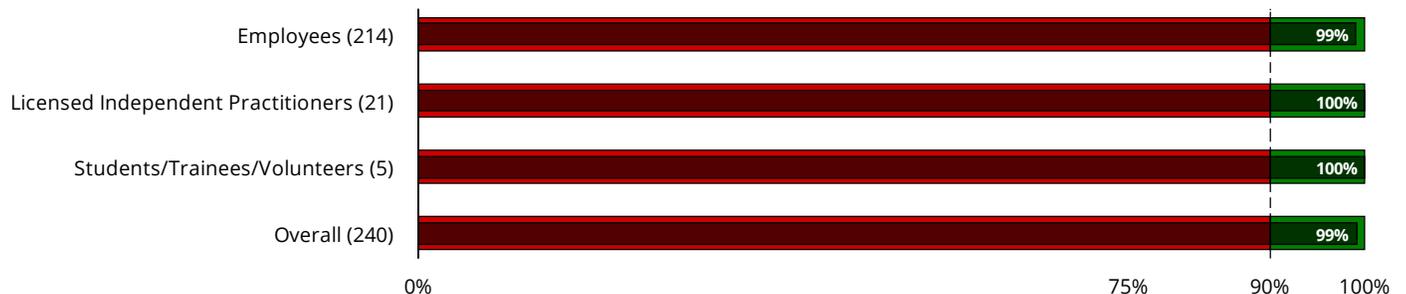
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Wellmont Hawkins County Hospital*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



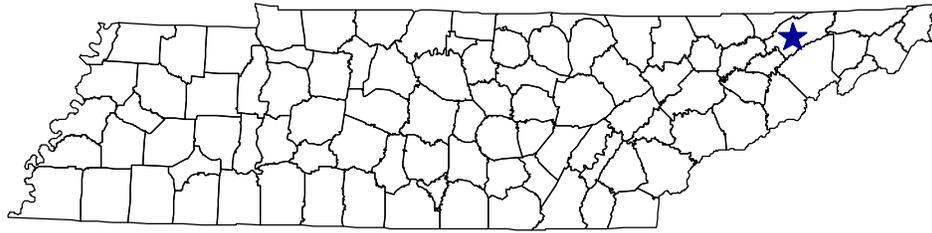
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Wellmont Hawkins County Hospital, Rogersville, Hawkins County

Medical School Affiliation: Undergraduate teaching

Bed Size Category: 50-99 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	N/A	N/A	N/A	N/A	N/A	0.84
	Adult/Pediatric Ward	0	0.0	143	N/A	N/A	0.75
CAUTI	Adult/Pediatric ICU	0	0.0	72	N/A	N/A	0.96
	Adult/Pediatric Ward	0	0.1	371	N/A	N/A	0.72
SSI	Colon surgery	N/A	N/A	N/A	N/A	N/A	0.92
	Abdominal hysterectomy	N/A	N/A	N/A	N/A	N/A	1.04
LabID	MRSA bacteremia	0	0.1	3776	N/A	N/A	1.33
	C. difficile infection	0	1.2	3776	0.00	( 0.00, 2.45 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Wellmont Hawkins County Hospital*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)



#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

# Wellmont Hawkins County Hospital, Rogersville, Hawkins County

## Central Line-Associated Bloodstream Infections (CLABSI)

### CLABSI - Adult/Pediatric ICUs

YR	N	OBS	PRE	CLD	SIR
2016	1	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

### CLABSI - Adult/Pediatric Wards

YR	N	OBS	PRE	CLD	SIR
2016	1	0	0.0	143	N/A
2015	1	0	0.2	419	N/A

N/A: Number of predicted infections <1; no SIR calculated

## Catheter-Associated Urinary Tract Infections (CAUTI)

### CAUTI - Adult/Pediatric ICUs

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.0	72	N/A

N/A: Number of predicted infections <1; no SIR calculated

### CAUTI - Adult/Pediatric Wards

YR	N	OBS	PRE	UCD	SIR
2016	1	0	0.1	371	N/A
2015	1	0	0.2	484	N/A

N/A: Number of predicted infections <1; no SIR calculated

## Surgical Site Infections (SSI)

### SSI - Colon Surgery

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

### SSI - Abdominal Hysterectomy

YR	OBS	PRE	PROC	SIR
2016	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A

N/A: Number of predicted infections <1; no SIR calculated

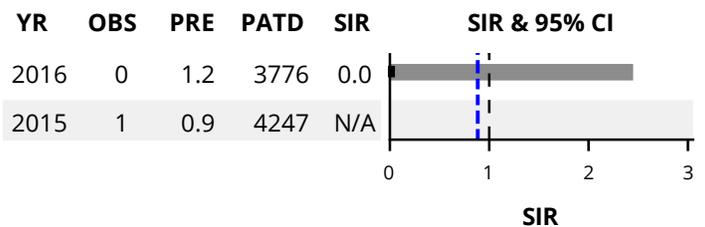
## Healthcare Facility-Onset Laboratory Identified (LabID) Events

### LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia

YR	OBS	PRE	PATD	SIR
2016	0	0.1	3776	N/A
2015	0	0.0	4247	N/A

N/A: Number of predicted infections <1; no SIR calculated

### LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

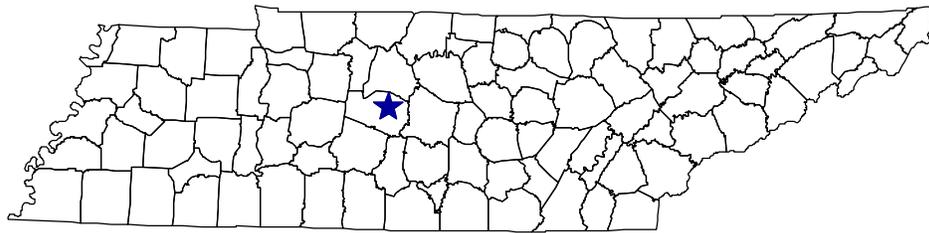
**YR** = reporting year; **N** = number of units reporting (CLABSI/CAUTI); **OBS** = observed number of infections  
**PRE** = statistically 'predicted' number of infections, based on NHSN national baseline data  
**SIR** = standardized infection ratio (observed/predicted number of infections)  
**CLD** = central line days; **UCD** = urinary catheter days; **PROC** = procedures performed; **PATD** = patient days;  
**N/A** = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

## Williamson Medical Center, Franklin, Williamson County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2015-12/31/2015

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	0	0.9	1324	N/A	N/A	0.88
	Neonatal ICU	0	0.1	210	N/A	N/A	0.92
	Adult/Pediatric Ward	1	1.3	2018	0.76	( 0.04, 3.75 )	0.80
CAUTI	Adult/Pediatric ICU	0	1.8	2507	0.00	( 0.00, 1.61 )	1.06
	Adult/Pediatric Ward	0	2.3	3566	0.00	( 0.00, 1.29 )	0.70
SSI	Colon surgery	0	1.7	80	0.00	( 0.00, 1.68 )	0.85
	Abdominal hysterectomy	0	0.1	35	N/A	N/A	1.14
LabID	MRSA bacteremia	1	1.5	36515	0.64	( 0.03, 3.16 )	1.26
	C. difficile infection	16	25.7	32493	<b>0.62</b>	<b>( 0.37, 0.99 )</b>	0.97

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

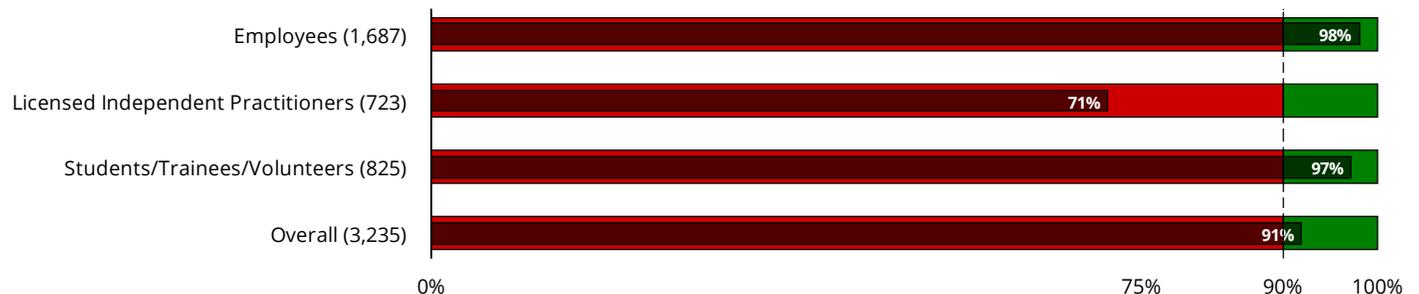
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Williamson Medical Center*

### Healthcare Personnel Influenza Vaccination - 2015/2016 Influenza Season

#### Healthcare Personnel Category (Total)



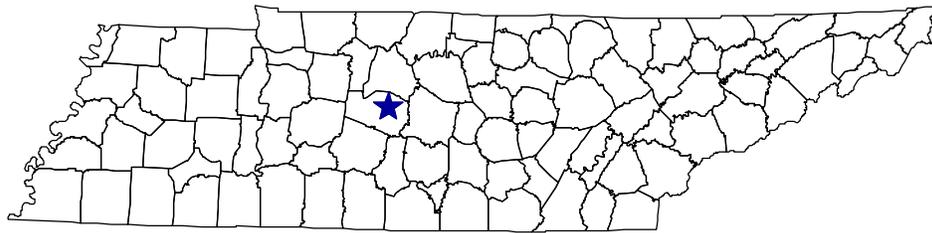
#### Healthcare Personnel Vaccinated (%)

■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

## Williamson Medical Center, Franklin, Williamson County

Medical School Affiliation: None

Bed Size Category: 100-399 beds



### Healthcare-Associated Infections (HAI) Summary

#### Standardized Infection Ratio (SIR) by Infection Type, 01/01/2016-12/31/2016

HAI	Type/Unit	Infections		Device Days/Procedures Performed/Patient Days	Standardized Infection Ratio (SIR)		
		Observed	Predicted		SIR*	95% CI	TN SIR
CLABSI	Adult/Pediatric ICU	2	1.1	1518	1.75	( 0.29, 5.78 )	0.84
	Neonatal ICU	0	0.1	176	N/A	N/A	0.63
	Adult/Pediatric Ward	1	1.3	2003	0.77	( 0.04, 3.78 )	0.75
CAUTI	Adult/Pediatric ICU	0	1.9	2555	0.00	( 0.00, 1.58 )	0.96
	Adult/Pediatric Ward	0	2.2	3453	0.00	( 0.00, 1.33 )	0.72
SSI	Colon surgery	0	1.1	53	0.00	( 0.00, 2.60 )	0.92
	Abdominal hysterectomy	0	0.1	39	N/A	N/A	1.04
LabID	MRSA bacteremia	1	1.3	36329	0.74	( 0.04, 3.64 )	1.33
	C. difficile infection	18	22.1	31433	0.81	( 0.50, 1.26 )	0.88

**Green highlighting** indicates an SIR significantly **LOWER** than the 2015 national baseline

**Red highlighting** indicates an SIR significantly **HIGHER** than the 2015 national baseline

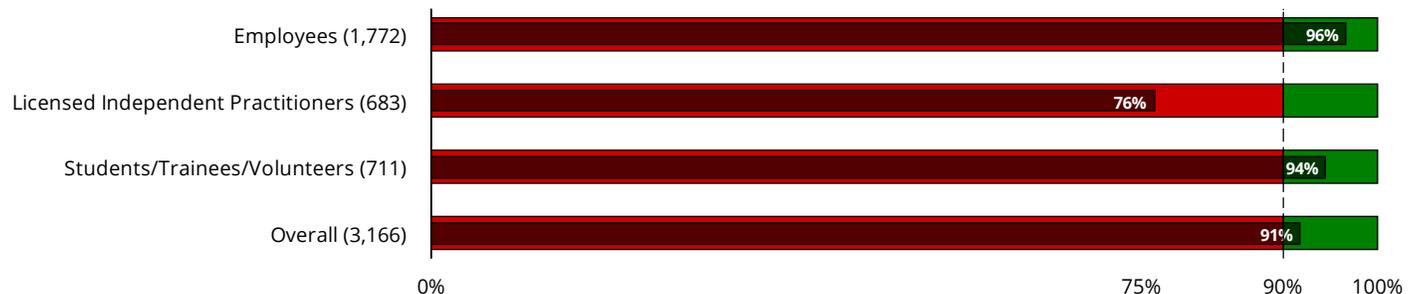
**N/A:** Data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

\*Complex Admission/Readmission SIRs are presented for surgical site infections (SSI)

*See page 3 for more detailed information about HAIs at Williamson Medical Center*

### Healthcare Personnel Influenza Vaccination - 2016/2017 Influenza Season

#### Healthcare Personnel Category (Total)

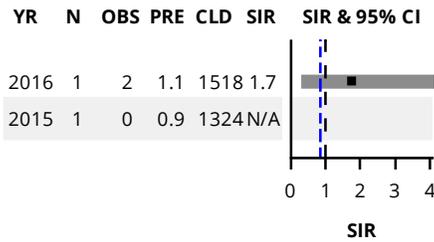


#### Healthcare Personnel Vaccinated (%)

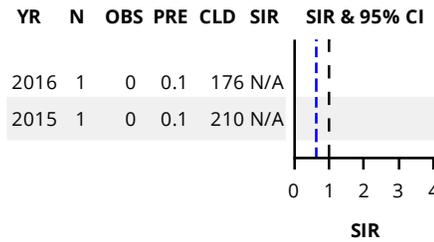
■ Below 90% ■ >90% (HHS Healthy People 2020 Goal)

Central Line-Associated Bloodstream Infections (CLABSI)

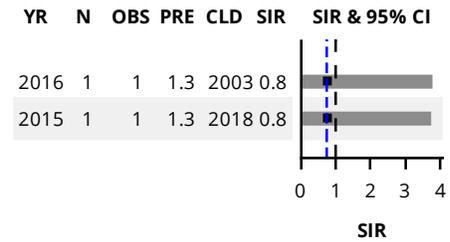
CLABSI - Adult/Pediatric ICUs



CLABSI - Neonatal ICUs

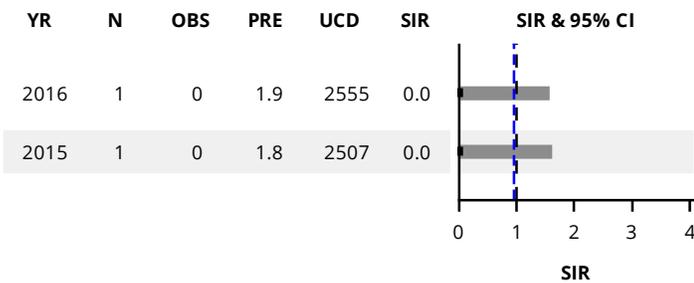


CLABSI - Adult/Pediatric Wards

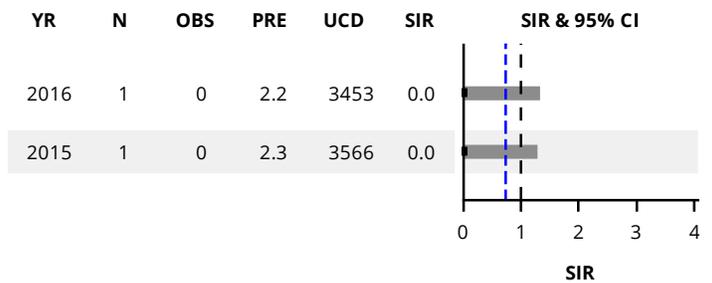


Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI - Adult/Pediatric ICUs

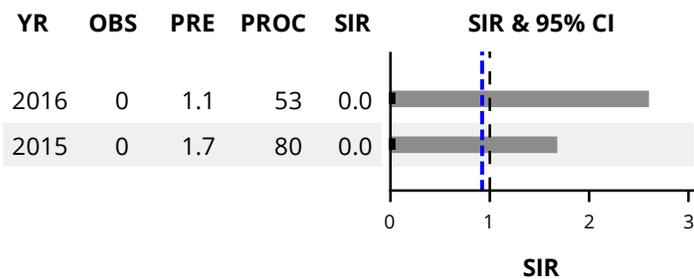


CAUTI - Adult/Pediatric Wards

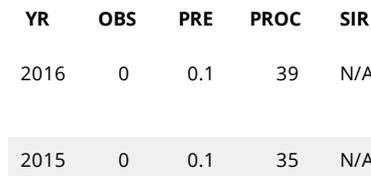


Surgical Site Infections (SSI)

SSI - Colon Surgery



SSI - Abdominal Hysterectomy



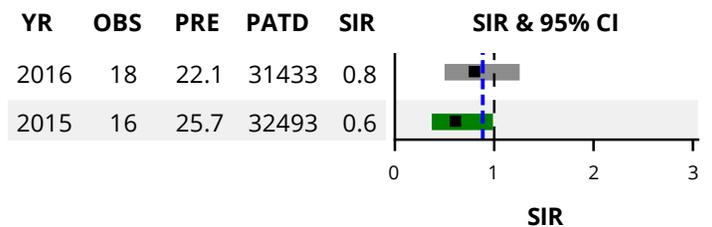
N/A: Number of predicted infections <1; no SIR calculated

Healthcare Facility-Onset Laboratory Identified (LabID) Events

LabID - Methicillin-resistant *S. aureus* (MRSA) Bacteremia



LabID - *C. difficile* Infection (CDI)



Data reported as of November 13, 2017

YR = reporting year; N = number of units reporting (CLABSI/CAUTI); OBS = observed number of infections  
 PRE = statistically 'predicted' number of infections, based on NHSN national baseline data  
 SIR = standardized infection ratio (observed/predicted number of infections)  
 CLD = central line days; UCD = urinary catheter days; PROC = procedures performed; PATD = patient days;  
 N/A = data not shown for <50 device days or <20 procedures / SIR not calculated when <1 infection predicted

■ Significantly lower than NHSN SIR of 1  
 ■ Not significantly different from NHSN SIR of 1  
 ■ Significantly higher than NHSN SIR of 1  
 - - - 2016 TN SIR  
 - - - NHSN SIR=1

# Appendices

## Appendix A. Definitions

**Abdominal hysterectomy (HYST):** Hysterectomy performed through the abdomen; includes laparoscopic procedures.

**All Surgical Site Infection Standardized Infection Ratio (All SSI SIR):** (See Standardized Infection Ratio.) A standardized infection ratio calculated by NHSN for surgical site infections, which includes all inpatient and outpatient procedures and all primary SSIs identified during admission, readmission, or post-discharge surveillance, as defined in the NHSN Patient Safety Component Manual.

**ASA Score:** Assessment by the anesthesiologist of the patient's preoperative physical condition using the American Society of Anesthesiologists' (ASA) Classification of Physical Status. Patient is assigned one of the following which is used as one element of the SSI Basic Risk index:

- 1 -- Normally healthy patient
- 2 -- Patient with mild systemic disease
- 3 -- Patient with severe systemic disease that is not incapacitating
- 4 -- Patient with an incapacitating systemic disease that is a constant threat to life
- 5 -- Moribund patient who is not expected to survive for 24 hours with or without the operation

**Catheter-associated urinary tract infection (CAUTI):** When a patient develops a urinary tract infection while having a urinary catheter in place or within 48 hours of urinary catheter removal, the infection is considered a CAUTI (see [Patient Guide to CAUTI](#)<sup>47</sup>).

**CAUTI infection rate:** The total number of catheter-associated urinary tract infections divided by the number of urinary catheter-days, multiplied by 1,000.

**Central line:** A flexible tube that is inserted in a patient's blood vessel and terminates at or close to the heart or in one of the large vessels near the heart. A central line (or an umbilical line for newborns) can be used to give fluids, antibiotics, medical treatments such as chemotherapy, and/or liquid food. If a central line is inserted incorrectly or not cared for properly, it can lead to dangerous bloodstream infections (see [Patient Guide to CLABSI](#)<sup>48</sup>). Central lines are also sometimes called central venous lines or central venous catheters.

**Central line-associated bloodstream infection (CLABSI):** When a patient develops a bloodstream infection while having a central line in place or within 48 hours of central line removal, the infection is considered a CLABSI (see [Patient Guide to CLABSI](#)<sup>49</sup>).

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<sup>47</sup> [http://www.cdc.gov/hai/pdfs/uti/CA-UTI\\_tagged.pdf](http://www.cdc.gov/hai/pdfs/uti/CA-UTI_tagged.pdf)

<sup>48</sup> [http://www.cdc.gov/hai/pdfs/bsi/BSI\\_tagged.pdf](http://www.cdc.gov/hai/pdfs/bsi/BSI_tagged.pdf)

<sup>49</sup> [http://www.cdc.gov/hai/pdfs/bsi/BSI\\_tagged.pdf](http://www.cdc.gov/hai/pdfs/bsi/BSI_tagged.pdf)

**Central line-days:** The total number of days a central line is in place for patients in a particular unit. The count is performed at the same time each day. Each patient with one or more central lines at the time the count is performed is counted as one central line day. In specialty care areas, central line-days are collected separately for permanent and temporary central lines (see “Central line” definition). If a patient has both a permanent and a temporary central line, the day is recorded as a temporary central line-day.

Example: 5 patients on the first day of the month had one or more central lines in place. Similarly, 5 patients on day two, 2 patients on day three, 5 patients on day four, 3 patients on day five, 4 patients on day six, and 4 patients on day seven had central lines in place. Adding the number of patients with central lines on days one through seven, we would have  $5 + 5 + 2 + 5 + 3 + 4 + 4 = 28$  central line-days for the first week. The number of central line-days for the month is the sum of the daily counts.

**Central line-associated bloodstream infection (CLABSI) rate:** This rate is the total number of central line-associated bloodstream infections divided by the number of central line-days, multiplied by 1,000.

**Central line utilization ratio:** See Device Utilization Ratio

**Clostridioides difficile:** A bacterium that naturally resides in the bowels of some people without symptoms of infection. *Clostridioides difficile* (*C. difficile*) is responsible for a spectrum of *C. difficile* infections (CDI), including gastrointestinal illness which can lead to severe complications including sepsis and death. CDI can occur when *C. difficile* spores are transferred to patients via the hands of healthcare personnel or other contaminated surfaces or items (See [Patient Guide on C. difficile Infection](#)<sup>50</sup>).

**Colon surgery (COLO):** Procedure performed on the large intestine; does not include rectal operations.

**Community-onset (CO):** LabID event specimen collected as an outpatient or an inpatient  $\leq 3$  days after admission to the facility (i.e., days 1, 2, or 3 of admission).

**Community-onset healthcare facility-associated (CO-HFA):** Community-onset (CO) LabID event specimen collected from a patient who was discharged from the facility  $\leq 4$  weeks prior to the current date of stool specimen collection (*Clostridioides difficile* infection LabID events only).

**Complex Admission/Readmission Standardized Infection Ratio (Complex A/R SIR):** (See Standardized Infection Ratio) A standardized infection ratio calculated by NHSN for surgical site infections, which only includes inpatient procedures and deep incisional primary and organ/space SSIs identified during admission or readmission to the reporting facility, as defined in the NHSN Patient Safety Component Manual.

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<sup>50</sup> [http://www.cdc.gov/HAI/pdfs/cdiff/Cdiff\\_tagged.pdf](http://www.cdc.gov/HAI/pdfs/cdiff/Cdiff_tagged.pdf)

**Confidence intervals:** Confidence intervals describe the reliability of a point estimate, such as a standardized infection ratio or infection rate. If TDH mentions a confidence interval of 95%, it means that the TDH is 95% confident that the hospital's precise infection rate (the point estimate) falls within the range given. In this report, the confidence interval is based on the number of infections observed and the number of central line-days accumulated during the specified time period.

If two hospitals have different infection rates, but the confidence intervals for the two rates overlap, then it is reasonably possible that the true rates are the same (see [Discussion of Confidence Intervals](#)<sup>51</sup>).

**Coronary Artery Bypass Graft (CBGB/C):** *Coronary artery bypass graft with both chest and donor site incisions (CBGB):* Chest procedure to perform direct revascularization of the heart; includes obtaining suitable vein from donor site for grafting.

*Coronary artery bypasses graft with chest incision only (CBGC):* Chest procedure to perform direct vascularization of the heart using, for example, the internal mammary (thoracic) artery.

**Deep incisional SSI:** A surgical site infection that involves the deep soft tissues (e.g., fascial and muscle layers) of the incision and meets the NHSN criteria for a deep incisional SSI as described in the NHSN Patient Safety Manual. A deep incisional SSI can be either 1) *primary* – identified in the primary incision in a patient that had an operation with one or more incisions (e.g., chest incision in a CBGB) or 2) *secondary* – identified in the secondary incision in a patient that had an operation with more than one incision (e.g., donor site (leg) incision in a CBGB).

**Device Utilization (DU) Ratio:** This ratio is the number of device (central line or urinary catheter) days divided by the number of patient-days (see also: central line utilization ratio and urinary catheter utilization ratio).

**Healthcare-associated infection (HAI):** For an infection to be considered healthcare-associated, there must be no evidence that the infection was present or incubating at the time of hospital admission. An HAI may be confined to one area of the body (localized) or be spread throughout (systemic). It is the body's adverse reaction to the presence of an infectious agent(s) or its toxin(s).

**Healthcare facility-onset (HO):** LabID event specimen collected >3 days after admission to the facility (i.e., on or after day 4).

**Hip prosthesis (HPRO):** In HPRO surgery (also called a "hip arthroplasty"), all or part of a diseased hip joint is removed and replaced with an artificial joint.

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<sup>51</sup> <https://www.scdhec.gov/sites/default/files/docs/Health/docs/CIs%20explained%20-final2.pdf>

**Infection control/prevention processes:** These are routine measures that can be used in all healthcare settings to prevent infections. These steps or principles can be expanded to meet the needs of specialized types of hospitals. Examples include:

- Diligent hand cleaning
- Use of personal protective equipment such as gloves, gowns, and/or masks when caring for patients in select situations to prevent the spread of infections
- Use of an infection prevention checklist when inserting central lines. The list reminds healthcare workers to clean their hands thoroughly; clean the patient's skin with the appropriate type of disinfectant before insertion; wear the recommended sterile gown, gloves and mask; and place sterile barriers around the insertion site.
- Monitoring staff to ensure that they are following proper infection prevention procedures

**Infection preventionist (IPs):** Health professionals with special training in infection prevention and monitoring.

**Intensive care unit (ICU) (also called a "critical care unit"):** ICUs are hospital units that provide intensive observation and treatment for patients either dealing with, or at risk of developing, life-threatening problems. Smaller hospitals typically care for both medical and surgical patients in a combined medical-surgical ICU. Larger hospitals often have separate ICUs for medical patients and surgical patients.

**Inpatient:** As defined by NHSN, a patient whose date of admission to the healthcare facility and the date of discharge are different calendar days

**Laboratory-identified (LabID) event:** A monitoring method for multidrug-resistant organisms which relies almost exclusively on data obtained from the laboratory. Surveillance is performed using the [NHSN MDRO/CDI Module Protocol](#)<sup>52</sup>.

**Long-Term Acute Care (LTAC) Facility:** LTACs provide evaluation, treatment, and management of patients suffering medically complex conditions, or who have suffered recent catastrophic illness or injury, and require and extended stay in an acute care environment.

**Methicillin-Resistant *Staphylococcus aureus*:** Methicillin-Resistant *Staphylococcus aureus* (MRSA) is a type of *Staphylococcus* bacteria that is resistant to certain antibiotics including methicillin. MRSA can be spread via contaminated surfaces or equipment and on the hands of healthcare personnel. MRSA infections can be severe and life threatening and treatment options are often limited and expensive (see [Patient Guide on MRSA](#)<sup>53</sup>).

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<sup>52</sup> [http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO\\_CDADcurrent.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf)

<sup>53</sup> [http://www.cdc.gov/mrsa/pdf/SHEA-mrsa\\_tagged.pdf](http://www.cdc.gov/mrsa/pdf/SHEA-mrsa_tagged.pdf)

**National Healthcare Safety Network (NHSN):** This is the online system that Tennessee hospitals must use to report HAI data to the Tennessee Department of Health. NHSN is a secure, internet-based surveillance (monitoring and reporting) system. Among other features, the network offers integrated patient and healthcare worker safety surveillance systems. NHSN is managed by CDC's Division of Healthcare Quality Promotion. In NHSN, hospitals submit information that is needed to calculate HAI rates and standardized infection ratios (SIRs). Hospitals must confer rights to TDH in order for TDH to collect data from NHSN and report the information to the public.

**NHSN Patient Safety Component Manual:** This manual contains standardized surveillance definitions and data collection methods that are essential for fair reporting of HAIs. Surveillance definitions are updated annually; [current protocols](#)<sup>54</sup> are available online.

**NHSN operative procedure:** A procedure that:

- 1) Is performed on a patient who is an NHSN inpatient or an NHSN outpatient
- 2) Takes place during an operation where a surgeon makes at least one incision through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the operating room, and
- 3) That is included in Table 1, Chapter 9 of the NHSN Patient Safety Manual

**Operation:** A single trip to the operating room (OR) where a surgeon makes at least one incision through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the OR.

**Organ/space SSI:** A surgical site infection that involves any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure (e.g., osteomyelitis).

**Outpatient:** As defined by NHSN, a patient whose date of admission to the healthcare facility and the date of discharge are the same calendar day.

**Standardized infection ratio (SIR):** The SIR is a summary measure used to compare infection data from one population to data from a "standard" population. For HAI reports, the standard population comes from data reported from U.S. hospitals that report to NHSN. The SIR is calculated by dividing the observed number of infections by the predicted (or statistically expected) number of infections, which is calculated using data from the standard population. See Methods section for more information.

**Superficial incisional SSI:** A surgical site infection that involves only skin and soft tissue layers of the incision and meets the NHSN criteria for a superficial incisional SSI as described in the NHSN Patient Safety Manual. A incisional SSI can be either 1) *primary* – identified in the primary incision in a patient that had an operation with one or more incisions (e.g., chest incision in a CBGB) or 2) *secondary* – identified in the secondary incision in a patient that had an operation with more than one incision (e.g., donor site (leg) incision in a CBGB).

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<sup>54</sup> [https://www.cdc.gov/nhsn/pdfs/pscmanual/pscmanual\\_current.pdf](https://www.cdc.gov/nhsn/pdfs/pscmanual/pscmanual_current.pdf)

**Surgical Site Infection (SSI):** An infection found after an operation in the part of the body where the surgery was performed (see [Patient Guide to SSI](#)<sup>55</sup>).

**Surveillance:** The process of finding and documenting infections.

- Active surveillance: This includes, but is not limited to, active, patient-based, prospective surveillance by a trained infection preventionist (IP). The IP seeks out infections during a patient's stay by screening a variety of data sources. The sources may include patient charts and laboratory, pharmacy, radiology/imaging, admission/discharge/transfer, and pathology databases. The complete definition of surveillance, including how to capture denominator data to calculate infection rates, is found in each module of the NHSN Patient Safety Component Manual (see above).
- Post-discharge surveillance: This is the process IPs use to seek out infections after patients have been discharged from the hospital. Post-discharge surveillance includes screening data sources such as re-admission and emergency department visit records.

**Urinary catheter:** A drainage tube that is inserted into the urinary bladder through the urethra, left in place, and connected to a closed collection system.

**Urinary catheter days:** The total number of days a urinary catheter is in place for patients in a particular unit. The count is performed at the same time each day. Each patient with urinary catheter in place at the time the count is performed is counted as one urinary catheter day.

Example: 5 patients on the first day of the month had a urinary catheter in place. Similarly, 5 patients on day two, 2 patients on day three, 5 patients on day four, 3 patients on day five, 4 patients on day six, and 4 patients on day seven had urinary catheters in place. Adding the number of patients with urinary catheters on days one through seven, we would have  $5 + 5 + 2 + 5 + 3 + 4 + 4 = 28$  urinary catheter-days for the first week. The number of urinary catheter days for the month is the sum of the daily counts.

**Urinary catheter utilization ratio:** See Device Utilization Ratio

**Validation:** Validation is the process of making sure that HAI data reported to NHSN are complete and accurate to:

- Assess the accuracy and quality of data submitted to NHSN
- Provide hospitals with information to help them correctly use the NHSN application
- Provide education to IPs and other hospital staff to improve data accuracy and quality, if necessary
- Teach IPs how to confirm the accuracy of written or electronic data they receive from hospital departments
- Look for unreported HAIs
- Assess selected infection control processes
- Make recommendations for improvements if data accuracy and/or quality issues are discovered

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<sup>55</sup> [http://www.cdc.gov/HAI/pdfs/ssi/SSI\\_tagged.pdf](http://www.cdc.gov/HAI/pdfs/ssi/SSI_tagged.pdf)

## **Appendix B. Acronyms**

A/R – admission/readmission  
ASA – American Society of Anesthesiologists  
CAUTI – catheter-associated urinary tract infection  
CBGB – coronary artery bypass graft surgery: both chest and donor site incisions  
CBGC – coronary artery bypass graft surgery: chest incision only  
CCU – critical care unit (used interchangeably with intensive care unit (ICU))  
CDC – Centers for Disease Control and Prevention  
CDI – *C. difficile* infection  
CI – confidence interval  
CLD – central line-days  
CLABSI – central line-associated bloodstream infection  
CMS – Centers for Medicare and Medicaid Services  
CO – community onset  
COLO – colon surgery  
DD – device days  
DIP – deep incisional primary SSI  
DIS – deep incisional secondary SSI  
DU ratio – device utilization ratio  
HAI – healthcare-associated infection  
HO – healthcare facility onset  
HYST – abdominal hysterectomy  
IP – infection preventionist  
ICU – intensive care unit (use interchangeably with critical care unit (CCU))  
LTAC – long-term acute care  
MRSA – methicillin-resistant *Staphylococcus aureus*  
NHSN – National Healthcare Safety Network  
NICU – neonatal intensive care unit  
OR – operating room  
PROC – surgical procedures  
SIP – superficial incisional primary SSI  
SIR – standardized infection ratio  
SIS – superficial incisional secondary SSI  
SSI – surgical site infection  
TDH – Tennessee Department of Health  
TN – Tennessee  
UCD – Urinary catheter days  
VRE – vancomycin-resistant *Enterococcus*