



2014

## Healthcare-Associated Infections In Alabama

### **Annual Report**

Alabama Department of Public Health

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**This report has been prepared by the Alabama Department of Public Health.**

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*For a complete list of HAI Advisory Council members, please see Alabama Healthcare Data Advisory Council Members, pg. 51*



## Executive Summary

Alabama hospitals began reporting infection measures to the Alabama Department of Public Health (ADPH) in 2011: catheter-associated urinary tract infections (CAUTIs), central line-associated blood stream infections (CLABSIs), and surgical site infections (SSIs) associated with colon surgeries and abdominal hysterectomies. The legislation requires use of Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) for reporting; a secure internet-based surveillance system maintained by the CDC. Infection measure data is required to be reported to NHSN by each facility monthly. This 2014 Annual Report highlights Alabama's fourth year of reported infection measure data.

In 2014, 85 facilities met the criteria to report CAUTI data. In general, critical access and specialized hospitals in Alabama reported 721 CAUTIs associated with 423,582 catheter days. The standardized infection ratio (SIR) was 0.866 which indicates Alabama performed better again in 2014 than the national performance. Sixteen facilities were considered to have performed better than the national performance level, an increase from nine in 2013. As in 2013, four facilities performed below the national performance level in 2014.

In 2014, 292 CLABSIs associated with 207,776 central line days were reported by 71 Alabama hospitals that met the reporting criteria. Alabama performed better than the national performance level, with an SIR of 0.661. Ten hospitals performed better than the national performance. One hospital performed worse than the national average.

In the category of SSIs, Alabama hospitals performed better than the national performance in both abdominal hysterectomies as well as colon surgeries. For 5,702 colon procedures, 265 SSIs were identified, resulting in an SIR of 0.747. Among Alabama hospitals required to report SSIs, 70 facilities performed colon surgeries. Of these facilities, eleven facilities had statistically significantly fewer infections compared to the national performance. Three facilities performed worse than the national average.

Fifty-eight Alabama hospitals performed 6,683 abdominal hysterectomies in 2014. Fifty-eight SSIs associated with these procedures were reported, resulting in an SIR of 0.481, and a performance comparison that was better than the national performance. Four facilities had statistically fewer infections in 2014. Additionally, one facility performed worse compared to national average.



## Introduction

A healthcare-associated infection (HAI), also referred to as nosocomial, is a type of infection that patients acquire while receiving treatment in a healthcare setting that was not present or developing before admission to, or visiting, the facility. These healthcare settings may include hospitals, clinics, long-term care facilities, dialysis centers and rehabilitation facilities. The infection may be identified using tests such as blood cultures and/or signs and symptoms, such as fever that may indicate the presence of an infection. However, simply having an infection while in the hospital may not mean that the infection meets the criteria to be reported as an HAI. For the purposes of HAI reporting in Alabama, and most states, an HAI must meet the specific criteria described by the Centers of Disease Control and Prevention (CDC).

The Mike Denton Infection Reporting Act (SB98) was passed on August 1, 2009, by Alabama in an effort to combat HAIs. The Act requires the collection and reporting of certain HAI data by Alabama healthcare facilities. It designates the Alabama Department of Public Health (ADPH) as the agency responsible for the analysis of submitted data and creates a Healthcare Data Advisory Council to assist with development of the HAI reporting and prevention program. This Infection Reporting Act makes provisions for the development of certain rules and regulations and the development of public reports comparing the HAI data.

HAIs may be associated with a variety of causes, including, but not limited to, the use of medical devices such as catheters and ventilators, complications following a surgical procedure, the overuse of antibiotics, or non-adherence to infection control practices, such as hand washing.

Furthermore, consumer demand for information about the performance of healthcare providers has increased steadily over the past decade. Many state and national initiatives are underway to mandate or induce health care organizations to publicly disclose information regarding institutional performance. Mandatory public reporting of health care performance is intended to enable stakeholders, including consumers, to make more informed choices on health care issues.

Hospitals are meant to be places of healing, yet a survey conducted by the CDC found that **1 in 25** hospital patients has had at least one healthcare-associated infection. In 2011, there were an estimated 722,000 HAIs in the U.S. acute care hospitals. About 75,000 hospital patients with HAIs died during their hospitalizations. More than half of all HAIs occur outside of the intensive care unit<sup>1</sup>. The number of infections creates a burden to the population in terms of morbidity and mortality, as well as a monetary burden. A 2009 CDC report estimated that the annual medical costs attributable to HAIs in U.S. Hospitals to be between \$35.7 billion and \$45 billion.



For more details regarding the Advisory Council members, the Alabama State HAI Action Plan, Alabama Reporting Prevention Program, Rules and Regulations, and NHSN visit <http://www.ADPH.org/HAI>

<sup>1</sup> Centers for Disease Control and Prevention, Healthcare-associated Infections (HAIs), Data and Statistics. Available at: <http://www.cdc.gov/HAI/surveillance/>



## Healthcare Facilities Defined

In accordance with the Rules and Regulations supporting the Mike Denton Infection Reporting Act, healthcare facilities are defined as general, critical access, and specialized hospitals, including pediatric hospitals but excluding psychiatric, rehabilitation, long term care, and eye hospitals, licensed pursuant to Code of Alabama 1975, § 22-21-20.

*For a complete list of the healthcare facilities included in this report, please see Alabama General Critical Access Facilities, Pg 48.*

## Method of HAI Data Collection

National Healthcare Safety Network (NHSN) is a secure, internet-based surveillance system which is used for the collection and reporting of HAI data by trained infection preventionists (IPs) or other trained NHSN Users at each healthcare facility. The IP or designated NHSN User is required to enter the HAI data into NHSN no later than the last day of the subsequent month. For example, all January events should be entered by March 1. Each Alabama healthcare facility must grant permission within NHSN for ADPH HAI program staff to view and analyze the specified HAI data to compile reports for public reporting.

HAI data required to be reported in NHSN for Alabama include catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), and surgical site infections (SSIs) associated with colon surgeries and abdominal hysterectomies.



<sup>1</sup> Division of Healthcare Quality Promotion, Coordinating Center for Infectious Diseases, Centers for Disease Control and Prevention (2009). *The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention*. Scott, R. Douglas II. Retrieved on February 27, 2014, from [http://www.cdc.gov/hai/pdfs/hai/scott\\_costpaper.pdf](http://www.cdc.gov/hai/pdfs/hai/scott_costpaper.pdf)

<sup>2</sup> Agency for Healthcare Research and Quality (AHRQ). AHRQ's efforts to prevent and reduce health care-associated infections [fact sheet]. AHRQ Publication No. 09-P013, Rockville, MD: AHRQ; 2009 Sept. Available from: <http://www.ahrq.gov/qual/haiflyer.htm>

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



## Reporting Variables

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

A CAUTI is an infection associated with an indwelling urethral catheter. An indwelling urethral catheter, also referred to as a Foley catheter, is a urine drainage tube that is connected to a closed drainage system (bag). The catheter is inserted into the bladder through the urethra for the collection of urine over a period of time. A CAUTI must be reported if it occurs in a patient that has had an indwelling urethral catheter in place for greater than two calendar days before the onset of the UTI, according to CDC National Healthcare Safety Network (NHSN) established criteria. The patient may be with or without symptoms.

During 2014, Alabama hospitals were required to report CAUTIs that were attributed to medical wards, surgical wards, and medical surgical wards, adult, and pediatric critical care units. Facilities which do not have medical, surgical, or medical/surgical wards, as defined in NHSN using the 80/20 rule, shall report CAUTIs from mixed acuity wards and mixed age/mixed acuity wards. Hospitals were required to report CAUTI data using NHSN.

Facilities were also required to report the number of days each patient was admitted (patient days) and the number of days each patient had an indwelling urethral catheters (catheter days) from the above wards or units (locations) using NHSN monthly. The patient days and catheter days must be counted at the same time each day; however, the time of day for collection was based on facility preference.

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

A CLABSI is an infection that results from a central line catheter or umbilical catheter (if the patient is less than one year old). A central line is a catheter used for the administration of fluids, medications, intravenous nutrition, hemodynamic monitoring, and drawing blood that terminates into one of the great blood vessels, or near the heart. The central line also includes catheters used for infusions into the umbilical vein or artery in neonates. A CLABSI must be reported if it occurs in a patient that has had a central line or umbilical catheter in place at the time, or greater than two calendar days before, a laboratory-confirmed bloodstream infection event occurs, and the bloodstream infection is not caused by an infection at another site in the body.

During 2014, CLABSIs within adult, pediatric, and neonatal critical care units were required to be reported using NHSN. Facilities were also required to report the number of patients per day (patient days), and the number of patients per day with central lines (central line days) using NHSN each month from the above locations. The patient days and central line days must be tallied at the same time each day; however, the time of day for collection was based on facility preference.



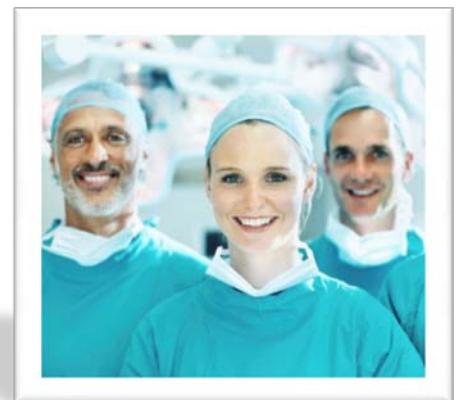
## Surgical Site Infection (SSI)

An SSI is a procedure-associated HAI, resulting from an inpatient or outpatient surgery, during which an incision was made through the skin or mucous membranes. An SSI is reportable if an infection occurs in a patient within 30 days of the operative procedure if no implant was left in place or within 90 days of the surgery if an implant was left in place, and the infection is not caused by an infection at another site in the body in accordance with NHSN criteria. ADPH only collects data on inpatient procedures, i.e., those in which the date of admission and date of discharge are different. In 2014, since SSI depths were not specified in the HAI Reporting Rule, the Council voted to only include reports which included deep tissue and organ space in order to mirror the Centers for Medicaid and Medicare Services reporting requirements. However, due to limitations in the reporting tools within NHSN for 2014, it was not possible for the Alabama Department of Public Health (ADPH) to exclude SSIs from superficial depths if reported by the facility.

Only SSIs resulting from inpatient colon surgeries or abdominal hysterectomies in an Alabama healthcare facility or post discharge are required to be reported. An abdominal hysterectomy is a surgical procedure in which the uterus is removed through an incision in the lower abdomen. It may include removal of one or both ovaries, fallopian tubes, and use of laparoscopic or robotic surgical approaches. A colon surgery is a surgical procedure in which a portion of the colon or intestine is operated on, including incision, resection, or anastomosis (reconnection) of the large intestine. Facilities were also required to report the total number of each procedure that was performed each month.

## Volume (Low, Medium, and High)

Volume was determined based on the number of device days or procedures performed during the calendar year. The low volume category consisted of hospitals whose device utilization days or procedure counts were within the lowest quartile in the state. Medium volume consisted of hospitals whose device utilization days or procedure counts were in the 2<sup>nd</sup> and 3<sup>rd</sup> quartiles (between 25% and 75%). The high volume category consisted of hospitals whose device utilization days or procedure counts were in the highest volume quartile.







# Accuracy in HAI Reporting

## ADPH Data Validation Program

**Background:** The Mike Denton Infection Reporting Act has assigned the Alabama Department of Public Health (ADPH) the responsibility and authority to evaluate the quality and accuracy of HAI reporting. As required in the law, the Healthcare Data Advisory Council was established to advise the Department regarding public reporting of HAIs. The Advisory Council agreed that validation of each healthcare facility's individual surveillance program was necessary to ensure that accurate data is presented to the public. Validation ensures that a program operates on correct and useful data.

**Purpose:** The purpose of the ADPH validation process is to:

1. Foster understanding of reporting expectations.
2. Improve reporting accuracy.
3. Provide opportunity for improving surveillance methods/resources.
4. Provide opportunity to correct errors prior to public report.
5. Identify system issues affecting accurate reporting.
6. Engage/compel internal communication.
7. Minimize hospital reporting misconceptions.
8. Provide an educational opportunity, not a regulatory visit (Regulatory visits are limited to willful and intentional failure to report).



**Methods:** A variety of methods were utilized to validate the different aspects of the reporting program. These methods included but were not limited to:

1. Verifying that all facility administrators (FA) completed the minimal required National Healthcare Safety Network (NHSN) and ADPH training.
2. Ensuring each facility granted ADPH permission to view the data, i.e., conferred rights.
3. Reviewing Monthly Plans for each facility.
4. Notifying NHSN FA of noted discrepancies for correction.

**Reporting Validation:** This procedure was performed for each facility, for each HAI category that is required to be reported.

1. A 9-month report of NHSN data was provided to each facility to identify discrepancies. Each facility was asked to verify the data and provide updates if needed.
2. Monthly data submitted was reviewed for consistency and completeness.
3. Facilities were notified through e-mail or phone regarding missing, inconsistent, or duplicate data for the review period.
4. The annual data report was provided to each facility for 45 days to review data and make comments to explain performance if desired.
5. ADPH used CDC's 2014 External Validation Guidance and Toolkit parameters to validate the hospitals accuracy in reporting HAIs through NHSN. The site visits consisted of four components:



- a. Validating that the reported HAIs met the case criteria (case finding, laboratory notification, and data mining).
- b. Assess whether the Infection Preventionist (IP) applied the NHSN definitions correctly.
- c. Assure cases were accurate and are detected. Providing feedback on whether NHSN definitions are applied correctly (sensitivity and specificity of data).
- d. Recommend ways of improvement and strategies to progress infection control efforts and accuracy.

The main information sources used in the validation process were hospital infection surveillance records, the NHSN line listing for the review period, and laboratory records. Facility representatives were debriefed at the end of the visit and feedback was provided later via a report.

ADPH validated the hospitals' 2014 CLABSI records. In accordance with the NHSN External Validation Guidance and Toolkit 2014, the State HAI Coordinator conducted site visits of 21 facilities in AlaHA regions which included a mixture of 3 medium and 18 high volume hospitals, using a random selection method.

Prior to the site visit hospital Infection Preventionist (IP) provided a list of positive blood cultures along with CLABSIs reported to NHSN. From these records a sample was taken using the Targeted Medical Record Selection Process. Records were randomly selected while targeting specific pathogens such as *candida*, *enterococcus*, *staphylococcus* and *klebsiella*. A maximum of 60 records were evaluated, an average of 46.5 per facility. Site visit consisted of record review using the 2014 CLABSI Medical Record Abstraction Tool v0220 from the toolkit. This method allowed for a structured medical review, to assess if the NHSN criterion for a CLABSI was accurately applied.

Of the records reviewed at the facilities, the NHSN CLABSI criterion was applied correctly 95% of the time (929 of 977 blood infections). One-third of the hospitals visited did not misidentify any CLABSI events. Following the visit, the State HAI Coordinator provided verbal results and additional education regarding the correct application of NHSN definition of terms and CLABSI criteria for proficient identification and reporting at an exit interview.



# Performance Measurement

## Minimal Reporting Thresholds

Healthcare facilities with low volume surgical procedures, central lines, or indwelling urinary catheters may have infection rates that appear high or low only because of the number of cases performed. For example, if a healthcare facility only performs two colon surgeries in a year and one results in a surgical-site infection (SSI), the facility's colon SSI rate would be 50%. However, a similar facility which performs two colon surgeries in a year with neither resulting in a colon SSI, would have a colon SSI rate of 0%.

To minimize the risk of unfairly comparing healthcare facility rates, the Healthcare Data Advisory Council adopted CDC's National Healthcare Safety Network (NHSN) minimum thresholds used in their Annual National Healthcare Associate-Illness (HAI) Report. The minimum thresholds indicate that standardized infection ratios (SIR), i.e., the comparison measure used for the report, will only be calculated if the predicted number of infections, based on the individual facility's total number of procedure counts or device days (denominator) and the national predicted rates for similar locations, is greater than or equal to one.

## Risk Adjustment

To ensure the process of determining facilities' performance compared to other facilities nationwide, statistical risk stratification was necessary. Risk stratification is important in comparisons to avoid penalizing facilities for performing procedures, or utilizing catheters or central lines, in patients that may carry higher risk of infection or complications. For catheter-associated urinary tract infection (CAUTI) and central-line associated bloodstream infection (CLABSI) surveillance, facility locations or wards/units (e.g., surgical intensive care units) are used in risk adjustment. For procedures, the patient's pre-surgical medical status, length of surgery compared to similar surgeries, and the extent of the contamination of the surgical wound are taken into account for risk adjustment. For SSIs, logistic regression models were used to calculate the risk adjustment.

## Standardized Infection Ratio

To determine the comparison of a facility to other facilities nationally, the standardized infection ratio (SIR) is used. The SIR is the number of infections the facility reported, over the number of infections that were predicted based on national averages. The predicted number of infections is determined by taking into account the "risk" of the event, and the number of events that occurred (e.g., the number of central-line days).

$$SIR = \frac{\textit{observed}}{\textit{predicted}}$$

- When an SIR is equal to 1, the observed number of events is the same as the predicted number.
- When the SIR is greater than 1, the observed number of events is more than the predicted number.
- When the SIR is less than 1, the observed number of events is fewer than the predicted number.

**Note:** The SIR is only calculated if the predicted number is greater than or equal to 1. Predicted numbers equal or less than one indicate too few procedures performed or device days to calculate a precise SIR and comparative statistics.

For more information regarding SIRs, please visit [http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN\\_NL\\_OCT\\_2010SE\\_final.pdf](http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf).



## Hospital Performance Compared to National

A facility's "performance compared to the national performance" is determined by calculating the 95% confidence interval of the SIR. Facilities that do not show a statistically significantly different infection number compared to the national average are considered to be 'Similar' to the national average. Facilities that show a statistically significantly higher number of infections are considered "Worse." Facilities that show a statistically significantly fewer number of infections will be considered "Better." A statistically significant number indicates an infection rate difference that is not likely due to chance.

The Comparison to the National Average is based on the SIR and its associated confidence interval. If the SIR has a confidence interval that includes the number one (one being considered no difference in risk), it is considered to not be statistically significant. The upper and lower limits of the confidence interval represent the range within which we are certain the true SIR lies, with 95% confidence. There remains a 5% chance that the true value of the SIR may be outside of that range.

Comparisons which are statistically significantly higher than the national average indicate a greater risk of infection compared to the hospitals across the nation. Comparisons which are statistically significantly lower than the national average indicate a lower risk of infection compared to the hospitals across the nation. These are based on a 95% confidence interval. If the observed number of infections was 15 and the predicted number based on similar hospitals was 3, the observed number is clearly higher than the number that was predicted (SIR is greater than 1, at 45.00)

**Note:** Because the comparison is based on SIRs *and* the 95% confidence interval, occasionally you may have facility considered 'similar to the national' or 'not statistically different', with an SIR that would appear similar to a facility that is considered 'statistically different'. This is because confidence intervals are related to the sample size.



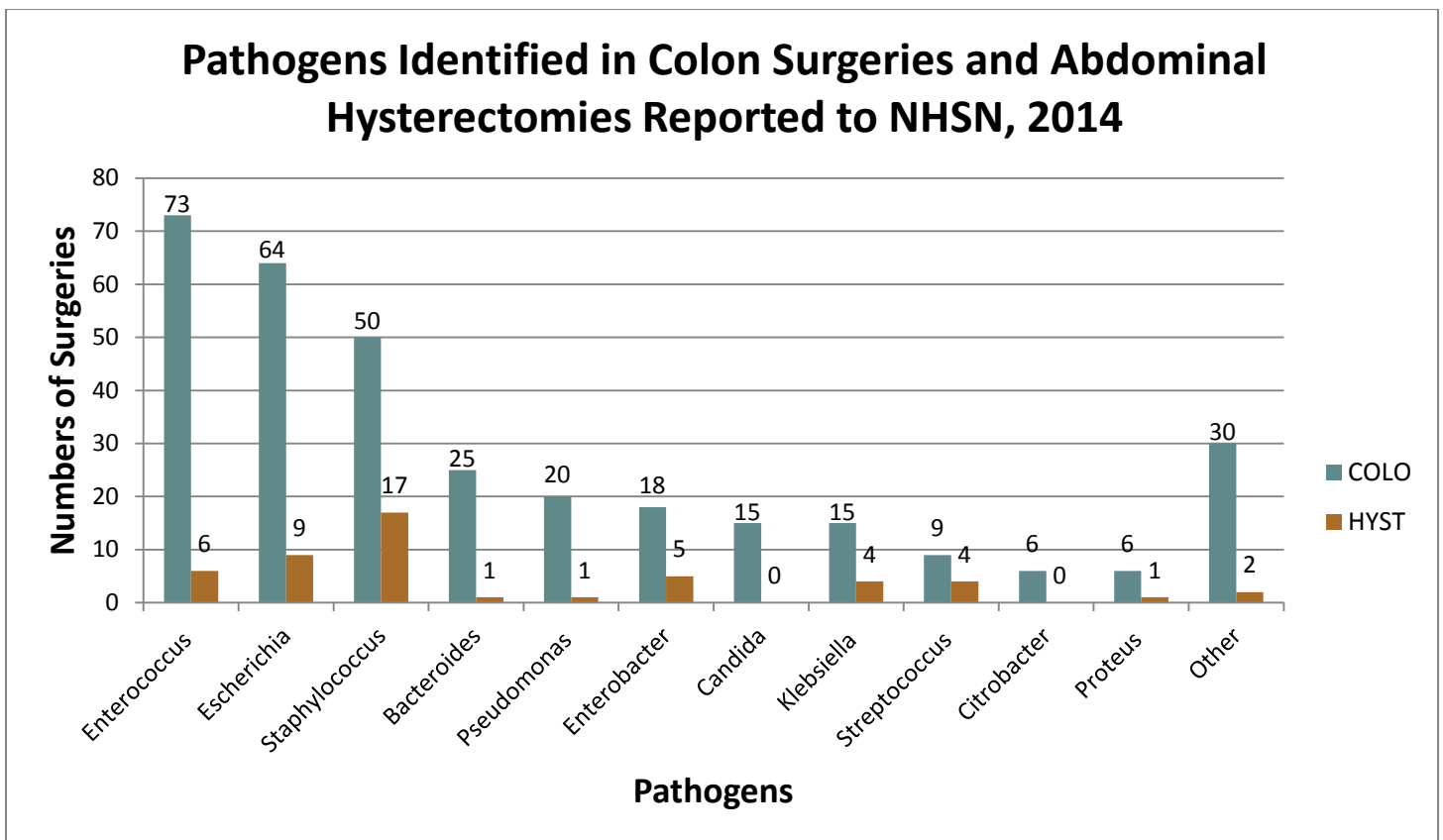
## Pathogens Involved in Surgical Site Infections, 2014

Despite the burden of HAIs in the state of Alabama and the growth of antibiotic drug resistant pathogens, most HAIs are preventable. Alabama healthcare facilities, reporting through NHSN, have made great strides in reducing the incidence of HAIs. Collectively the hospitals experienced an increase in the number of pathogens identified from 2013. This could be accounted for by the increase in reporting locations in 2014.

In Alabama hospitals in 2014, *Enterococcus* species were the most common pathogens identified in colon surgery SSIs whereas *Escherichia* species were the most common species in 2013. Pathogens were identified in 331 colon surgeries. *Enterococcus* accounted for 73 (22.1%) identified pathogens among colon surgeries and *Escherichia* species accounted for 64 (19.3%), compared to 58 of 232 (24.8%) in 2013. *Staphylococcus* was identified in 15.1% of the pathogens identified compared to 13% in 2013 and *Bacteroides* 7.6% in 2014.

Alabama hospitals reported *Staphylococcus* as the most common pathogen associated with abdominal hysterectomy SSIs; 34% of pathogens identified compared to 22.6% in 2013 and 24.6% in 2012. *Escherichia* species were again the second most commonly reported (18%) group of pathogens identified compared to 17.2% in 2013.

Pathogens identified in the “other” group consisted of several different species such as *Acinetobacter*, *Clostridium*, *Morganella*, and yeast.



Data pulled November 23, 2015



## HAI Data, Statewide

Eighty-five Alabama hospitals reported 721 catheter-associated urinary tract infections in 2014. The SIR was .866. Alabama performed better compared to the national performance. Low and medium volume hospitals performed better than the national performance with SIRs of 0.470 and 0.545, whereas the high volume performed similar when compared to the national performance.

2014 Catheter-Associated Urinary Tract Infections (CAUTI)				
	Number of CAUTI	Number of Catheter Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2009)
<b>Alabama Hospitals Reporting: 85</b>	721	423,582	0.866	Better
<b>Low- Volume Hospitals</b> (Fewer than 672 catheter days)	6	7,021	0.470	Better
<b>Medium- Volume Hospitals</b> (672 – 6,604 catheter days)	105	114,656	0.545	Better
<b>High-Volume Hospitals</b> (More than 6,604 catheter days)	610	301,905	0.973	Similar

Data pulled: October 2, 2015

**Catheter days:** The sum of patients per day with an indwelling catheter in general medical, surgical, and medical/surgical wards, or mixed age and mixed age/mixed acuity wards for facilities without general medical or surgical wards.

**CAUTI:** Urinary tract infections resulting from indwelling catheters.

**SIR:** The standardized infection ratio is the ration of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on 95% confidence intervals).

**Worse:** Indicates a facility that has a statistically, significantly more infections compared to national averages (based on a 95% confidence interval).



In 2014, 292 CLABSIs associated with 207,776 central line days were reported by 71 Alabama hospitals. Alabama performed better than the national performance level demonstrating progress towards preventing HAIs, with an SIR of 0.66. Ten hospitals performed better than the national performance which was no change from 2013. With an increase from 2013, one hospital performed worse than the national average. Medium and high volume hospitals performed better than the national performance with SIRs of 0.709 and 0.650. In contrast the low volume performed similar when compared to the national performance, no change from 2012 and 2013.

2014 Central Line-Associated Blood Stream Infections (CLABSI)				
	Number of CLABSI	Number of Central- Line Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Alabama Hospitals Reporting: 71</b>	292	207,776	0.661	Better
<b>Low- Volume Hospitals</b> (Fewer than 158 central-line days)	1	830	0.782	Similar
<b>Medium- Volume Hospitals</b> (158 - 3,915 central-line days)	51	41,558	0.709	Better
<b>High-Volume Hospitals</b> (More than 3,915 central-line days)	241	165,397	0.650	Better

Data pulled: October 2, 2015

**Central-line days:** The sum of patients per day with a central line in medical, surgical, medical/ surgical ICU's. and pediatric ICU's.

**SIR:** The standardized infection ratio is the ration of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on 95% confidence intervals).

**Worse:** Indicates a facility that has a statistically, significantly more infections compared to national averages (based on a 95% confidence interval).



Alabama hospitals reported 5,702 colon procedures with 265 SSIs associated with these procedures. Overall Alabama had an SIR of 0.747 in 2014. Seventy hospitals performed colon surgeries, of these; eleven had statistically significant fewer infections compared to the national performance. Three facilities in 2014 performed worse than the national average. The high volume hospitals performed better than the national performance with a SIRs of 0.698. In contrast the low and medium volume performed similar when compared to the national performance, low having no change from 2012 & 2013.

2014 Surgical Site Infections (SSI) Associated with Colon Surgeries				
	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Alabama Hospitals Reporting: 71</b>	265	5,701	0.747	Better
<b>Low- Volume Hospitals</b> (Fewer than 11 procedures)	3	83	0.557	Similar
<b>Medium- Volume Hospitals</b> (11 - 118 procedures)	92	1,771	0.868	Similar
<b>High-Volume Hospitals</b> (More than 118 procedures)	170	3,848	0.698	Better

Data pulled: October 2, 2015

**Procedures:** The number of in-patient colon surgeries performed in 2014.

**SSI:** Infections that occur after in-patient abdominal hysterectomy surgeries and are related to the surgery.

**SIR:** The standardized infection ratio is the ration of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on 95% confidence intervals).

**Worse:** Indicates a facility that has a statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





Fifty-eight Alabama hospitals performed 6,683 abdominal hysterectomies in 2014. Fifty-eight surgical site infections were associated with these procedures, resulting in an SIR of 0.481, and a performance comparison that was better than the national performance. Consistent with 2013, four facilities had statistically fewer infections in 2013, compared to three in 2012 and only one in 2011. Additionally, one facility performed worse compared to national average in 2013, compared to zero in 2012.

2014 Surgical Site Infections (SSI) Associated with Abdominal Hysterectomies				
	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>58 Alabama Hospitals</b>	58	6,668	0.481	Better
<b>Low- Volume Hospitals</b> (Fewer than 11 procedures)	3	78	1.704	Similar
<b>Medium- Volume Hospitals</b> (11-109 procedures)	13	1,509	0.409	Better
<b>High-Volume Hospitals</b> (More than 109 procedures)	42	5,060	0.488	Better

Data pulled: October 2, 2015

**Procedures:** The number of in-patient abdominal hysterectomy surgeries performed in 2014.

**SSI:** Infections that occur after in-patient abdominal hysterectomy surgeries and are related to the surgery.

**SIR:** The standardized infection ratio is the ration of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on 95% confidence intervals).

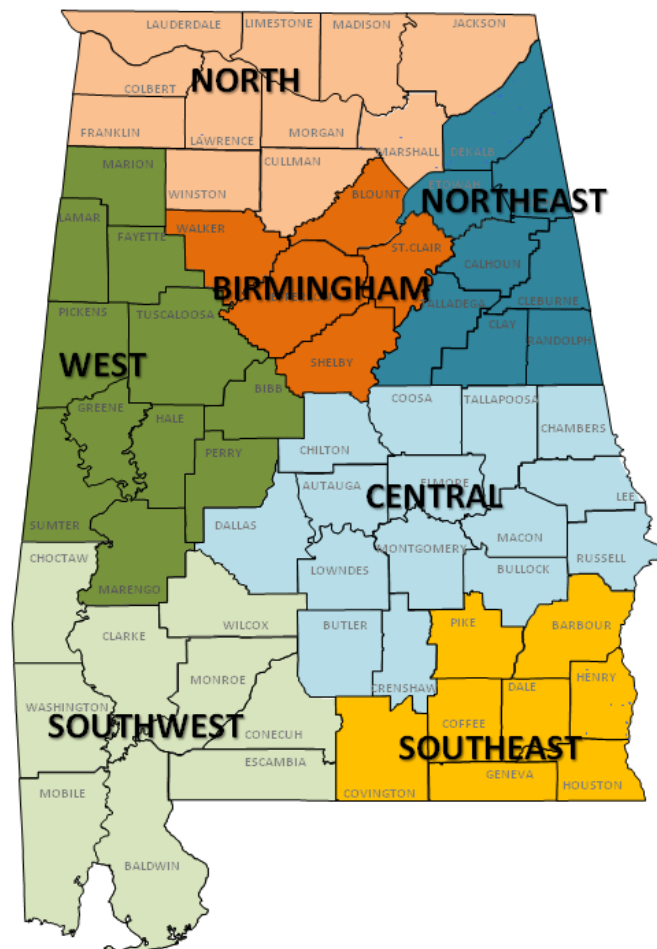
**Worse:** Indicates a facility that has a statistically, significantly more infections compared to national averages (based on a 95% confidence interval).



## HAI Data, Hospital Specific

The tables on the following pages list individual hospital performance in each of the four infection measures: CAUTI, CLABSI, Colon SSI, and Abdominal Hysterectomy SSI. The hospitals are arranged by geographical region in which the hospital is located. The region boundary is designated by the Alabama Hospital Association (AlaHA) regions. Hospitals are then grouped by volume of device days or procedures performed.

## HAI Reporting Regions





### Birmingham Region

Alabama Catheter- Associated Urinary Tract Infections (CAUTI)

January 1, 2014 - December 31, 2014

CAUTI Locations: General medical, Surgical, and Medical/ surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.

Hospital Name	Number of CAUTI	Number of Catheter Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2009 )
<b>Low-Volume Hospitals (fewer than 672 catheter days)</b>				
St. Vincent's Blount	2	421	0	N/A
<b>Medium-Volume Hospitals (672 - 6,604 catheter days)</b>				
Children's of Alabama	1	2,440	0.148	Better
Medical West	14	5,705	1.258	Similar
St. Vincent's St. Clair	0	1,708	0	Better
Walker Baptist Medical Center	5	5,255	0.6	Similar
<b>High-Volume Hospitals (more than 6,604 catheter days)</b>				
Brookwood Medical Center	20	7,850	1.285	Similar
Princeton Baptist Medical Center	33	17,158	0.889	Similar
Shelby Baptist Medical Center	13	11,419	0.577	Better
St. Vincent's Hospital	12	13,688	0.491	Better
St. Vincent's East	20	14,007	0.679	Similar
Trinity Medical Center	16	9,775	0.714	Similar
UAB Hospital	146	40,767	1.266	Worse

Data pulled: October 2, 2015

**N/A:** Number of catheter days was too few for national performance comparisons to be accurately calculated.

**Catheter days:** The sum of patients per day with an indwelling catheter in general medical, surgical, and medical/surgical wards, or mixed age and mixed age/mixed acuity wards for facilities without general medical or surgical wards.

**CAUTI:** Urinary tract infections resulting from indwelling catheters.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





### Central Region

Alabama Catheter- Associated Urinary Tract Infections (CAUTI)  
January 1, 2014 - December 31, 2014

**CAUTI Locations: General medical, Surgical, and Medical/ surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.**

Hospital Name	Number of CAUTI	Number of Catheter Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2009)
<b>Low-Volume Hospitals (fewer than 672 catheter days)</b>				
Bullock County Hospital	0	176	0	N/A
Crenshaw Community Hospital	0	263	0	N/A
Elmore Community Hospital*	0	266	0	N/A*
Georgiana Hospital	0	209	0	N/A
Lake Martin Community Hospital	0	218	0	N/A
<b>Medium-Volume Hospitals (672-6604 catheter days)</b>				
Baptist Medical Center East	4	4,913	0.422	Similar
Community Hospital	0	1,267	0	Similar
East Alabama Medical Center- Lanier	3	1,109	1.424	Similar
LV Stabler Memorial Hospital	0	708	0	Similar
Prattville Baptist Hospital	0	2,241	0	Better
Vaughan Regional Medical Center	1	4,914	0.141	Better
<b>High-Volume Hospitals (more than 6604 catheter days)</b>				
Baptist Medical Center South	18	13,428	0.545	Better
East Alabama Medical Center	10	9,167	0.72	Similar
Jackson Hospital & Clinic	20	10,915	1.262	Similar
Russell Medical Center	1	10,988	0.063	Better

Data pulled: October 2, 2015

**N/A:** Number of catheter days was too few for national performance comparisons to be accurately calculated.

**Catheter days:** The sum of patients per day with an indwelling catheter in general medical, surgical, and medical/surgical wards, or mixed age and mixed age/mixed acuity wards for facilities without general medical or surgical wards.

**CAUTI:** Urinary tract infections resulting from indwelling catheters.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).

\* Facilities data includes mixed acuity locations during 2014; SIRs are not available for locations with mixed acuity locations because National Comparison Data is not available.





**North Region**  
Alabama Catheter- Associated Urinary Tract Infections (CAUTI)  
January 1, 2014 - December 31, 2014

**CAUTI Locations: General medical, Surgical, and Medical/ surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.**

Hospital Name	Number of CAUTI	Number of Catheter Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2009)
<b>Low-Volume Hospitals (fewer than 672 catheter days)</b>				
Decatur Morgan Hospital - Parkway Campus	0	173	0	N/A
Lakeland Community Hospital	1	583	0	N/A
Lawrence Medical Center	1	514	0	N/A
North Mississippi Medical Center-Hamilton	0	284	0	N/A
Red Bay Hospital	0	577	0	N/A
<b>Medium-Volume Hospitals (672-6604 catheter days)</b>				
Athens Limestone Hospital	6	4,040	0.937	Similar
Crestwood Medical Center	12	5,553	1.379	Similar
Cullman Regional Medical Center	9	6,604	0.719	Similar
Helen Keller Hospital	0	6,237	0	Better
Highlands Medical Center	2	2,766	0.431	Similar
Marshall Medical Center North	2	3,619	0.37	Similar
Marshall Medical Center South	3	3,045	0.664	Similar
Russellville Hospital	1	1,691	0.406	Similar
Shoals Hospital	0	1,217	0	Similar
<b>High-Volume Hospitals (more than 6604 catheter days)</b>				
Decatur Morgan Hospital - Decatur Campus	2	8,903	0.145	Better
Eliza Coffee Memorial Hospital	8	10,598	0.434	Better
Huntsville Hospital	57	23,442	1.026	Similar

Data pulled: October 2, 2015

**N/A:** Number of catheter days was too few for national performance comparisons to be accurately calculated.

**Catheter days:** The sum of patients per day with an indwelling catheter in general medical, surgical, and medical/surgical wards, or mixed age and mixed age/mixed acuity wards for facilities without general medical or surgical wards.

**CAUTI:** Urinary tract infections resulting from indwelling catheters.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





<b>Northeast Region</b>				
Alabama Catheter- Associated Urinary Tract Infections (CAUTI)				
January 1, 2014 - December 31, 2014				
CAUTI Locations: General medical, Surgical, and Medical/ surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.				
Hospital Name	Number of CAUTI	Number of Catheter Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2009)
<b>Low-Volume Hospitals (fewer than 672 catheter days)</b>				
Cherokee Medical Center*	0	122	0	N/A*
Clay County Hospital	0	508	0	N/A
Regional Medical Center- Jacksonville	0	360	0	N/A
Wedowee Hospital	0	436	0	N/A
<b>Medium-Volume Hospitals (672-6604 catheter days)</b>				
Citizens Baptist Medical Center	0	1,374	0	Similar
Coosa Valley Medical Center	0	2,750	0	Better
DeKalb Regional Medical Center	1	3,046	0.228	Similar
Northeast Alabama Regional Medical Center	11	6,513	1.092	Similar
Stringfellow Memorial Hospital	4	1,756	1.517	Similar
<b>High-Volume Hospitals (more than 6604 catheter days)</b>				
Gadsden Regional Medical Center	6	15,156	0.221	Better
Riverview Regional Medical Center	8	8,448	0.654	Similar

Data pulled: October 2, 2015

**N/A:** Number of catheter days was too few for national performance comparisons to be accurately calculated.

**Catheter days:** The sum of patients per day with an indwelling catheter in general medical, surgical, and medical/surgical wards, or mixed age and mixed age/mixed acuity wards for facilities without general medical or surgical wards.

**CAUTI:** Urinary tract infections resulting from indwelling catheters.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).

\* Facilities data includes mixed acuity locations during 2014; SIRs are not available for locations with mixed acuity locations because National Comparison Data is not available.





<b>Southeast Region</b>				
Alabama Catheter- Associated Urinary Tract Infections (CAUTI)				
January 1, 2014 - December 31, 2014				
CAUTI Locations: General medical, Surgical, and Medical/ surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.				
Hospital Name	Number of CAUTI	Number of Catheter Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2009)
Low-Volume Hospitals (fewer than 672 catheter days)				
Wiregrass Medical Center	0	346	0	N/A
Medium-Volume Hospitals (672-6604 catheter days)				
Andalusia Regional Hospital	1	1,788	0.369	Similar
Dale Medical Center	1	1,669	0.409	Similar
Medical Center Barbour	0	824	0	Similar
Medical Center Enterprise	1	1,708	0.384	Similar
Mizell Memorial Hospital	1	672	0.674	Similar
Troy Regional Medical Center	0	1,429	0	Similar
High-Volume Hospitals (more than 6604 catheter days)				
Flowers Hospital	19	7,865	1.187	Similar
Southeast Alabama Medical Center	37	9,156	3.011	Worse

Data pulled: October 2, 2015

**N/A:** Number of catheter days was too few for national performance comparisons to be accurately calculated.

**Catheter days:** The sum of patients per day with an indwelling catheter in general medical, surgical, and medical/surgical wards, or mixed age and mixed age/mixed acuity wards for facilities without general medical or surgical wards.

**CAUTI:** Urinary tract infections resulting from indwelling catheters.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).







**Southwest Region**  
Alabama Catheter- Associated Urinary Tract Infections (CAUTI)  
January 1, 2014 - December 31, 2014

CAUTI Locations: General medical, Surgical, and Medical/ surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.

Hospital Name	Number of CAUTI	Number of Catheter Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2009)
<b>Low-Volume Hospitals (fewer than 672 catheter days)</b>				
Evergreen Medical Center	1	260	0	N/A
John Paul Jones Hospital	0	54	0	N/A
Jackson Medical Center	0	266	0	N/A
USA Children's & Women's Hospital	0	543	0	Similar
Washington County Hospital*	0	288	0	N/A*
<b>Medium-Volume Hospitals (672-6604 catheter days)</b>				
Atmore Community Hospital	0	1,007	0	Similar
D.W. McMillan Memorial Hospital	3	1,598	1.298	Similar
Monroe County Hospital	0	708	0	Similar
North Baldwin Infirmary	0	690	0	Similar
Providence Hospital	1	4,154	0.15	Better
South Baldwin Regional Medical Center	0	5,169	0	Better
Thomas Hospital	4	5,903	0.337	Better
<b>High-Volume Hospitals (more than 6604 catheter days)</b>				
Mobile Infirmary Medical Center	44	20,204	0.957	Similar
Springhill Medical Center	25	9,794	1.82	Worse
University of South Alabama Medical Center	35	7,225	1.766	Worse

Data pulled: October 2, 2015

**N/A:** Number of catheter days was too few for national performance comparisons to be accurately calculated.

**Catheter days:** The sum of patients per day with an indwelling catheter in general medical, surgical, and medical/surgical wards, or mixed age and mixed age/mixed acuity wards for facilities without general medical or surgical wards.

**CAUTI:** Urinary tract infections resulting from indwelling catheters.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).

\* Facilities data includes mixed acuity locations during 2014; SIRs are not available for locations with mixed acuity locations because National Comparison Data is not available.







West Region				
Alabama Catheter- Associated Urinary Tract Infections (CAUTI)				
January 1, 2014 - December 31, 2014				
CAUTI Locations: General medical, Surgical, and Medical/ surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.				
Hospital Name	Number of CAUTI	Number of Catheter Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2009)
<b>Low-Volume Hospitals (fewer than 672 catheter days)</b>				
Bibb Medical Center	0	379	0	N/A
Greene County Hospital	1	178	0	N/A
Hale County Hospital	0	81	0	N/A
Hill Hospital*	0	3	0	N/A*
Pickens County Medical Center	0	192	0	N/A
<b>Medium-Volume Hospitals (672-6604 catheter days)</b>				
Bryan W. Whitfield Memorial Hospital	0	856	0	Similar
Fayette Medical Center	1	925	.688	Similar
Northport Medical Center	10	3,753	1.455	Similar
Northwest Medical Center	3	1,322	1.479	Similar
<b>High-Volume Hospitals (more than 6604 catheter days)</b>				
DCH Regional Medical Center	60	21,952	1.294	Similar

Data pulled: October 2, 2015

**N/A:** Number of catheter days was too few for national performance comparisons to be accurately calculated.

**Catheter days:** The sum of patients per day with an indwelling catheter in general medical, surgical, and medical/surgical wards, or mixed age and mixed age/mixed acuity wards for facilities without general medical or surgical wards.

**CAUTI:** Urinary tract infections resulting from indwelling catheters.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).

\* Facilities data includes mixed acuity locations during 2014; SIRs are not available for locations with mixed acuity locations because National Comparison Data is not available.





<b>Birmingham Region</b>				
Alabama Central-Line Associated Blood Stream Infections (CLABSI)				
January 1, 2014 - December 31, 2014				
CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs				
Hospital Name	Number of CLABSI	Number of Central-Line Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 158 central line days)</b>				
St. Vincent's Blount	0	36	0	N/A
<b>Medium-Volume Hospitals (158-3915 central line days)</b>				
Medical West	4	2,418	0.871	Similar
St. Vincent's St. Clair	0	361	0	N/A
Walker Baptist Medical Center	1	602	0	N/A
<b>High-Volume Hospitals (more than 3915 central line days)</b>				
Brookwood Medical Center	14	7,300	0.933	Similar
Children's of Alabama	31	18,020	0.648	Better
Princeton Baptist Medical Center	10	9,122	0.603	Similar
Shelby Baptist Medical Center	5	4,876	0.545	Similar
St. Vincent's Hospital	5	5,607	0.494	Similar
St. Vincent's East	8	7,559	0.466	Better
Trinity Medical Center	4	6,518	0.313	Better
UAB Hospital	46	30,276	0.621	Better

Data pulled: October 2, 2015

**N/A:** Number of catheter days was too few for national performance comparisons to be accurately calculated.

**Central line days:** The sum of patients per day with a central line in medical, surgical, medical/surgical ICUs, and pediatric ICUs.

**CLABSI:** Blood stream infections resulting from the use of central lines.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





### Central Region

Alabama Central-Line Associated Blood Stream Infections (CLABSI)  
January 1, 2014 - December 31, 2014

**CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs**

Hospital Name	Number of CLABSI	Number of Central-Line Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 158 central line days)</b>				
Community Hospital	0	88	0	N/A
LV Stabler Memorial Hospital	0	32	0	N/A
<b>Medium-Volume Hospitals (158-3915 central line days)</b>				
Baptist Medical Center East	1	2,387	0.214	Similar
East Alabama Medical Center	8	3,915	1.388	Similar
East Alabama Medical Center- Lanier	1	297	0	N/A
Prattville Baptist Hospital	0	271	0	N/A
Russell Medical Center	0	729	0	Similar
Vaughan Regional Medical Center	1	1,519	0.439	Similar
<b>High-Volume Hospitals (more than 3915 central line days)</b>				
Baptist Medical Center South	22	10,091	0.86	Similar
Jackson Hospital & Clinic	6	6,040	0.673	Similar

Data pulled: October 2, 2015

**N/A:** Number of central line days was too few for national performance comparisons to be accurately calculated.

**Central line days:** The sum of patients per day with a central line in medical, surgical, medical/surgical ICUs, and pediatric ICUs.

**CLABSI:** Blood stream infections resulting from the use of central lines.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





**North Region**  
Alabama Central-Line Associated Blood Stream Infections (CLABSI)  
January 1, 2014 - December 31, 2014  
**CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs**

Hospital Name	Number of CLABSI	Number of Central-Line Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2009)
<b>Low-Volume Hospitals (fewer than 158 central line days)</b>				
Decatur Morgan Hospital- Parkway Campus	0	2	0	N/A
Lakeland Community Hospital	0	6	0	N/A
North Mississippi Medical Center- Hamilton	0	0	0	N/A
Russellville Hospital	1	109	0	N/A
<b>Medium-Volume Hospitals (158-3915 central line days)</b>				
Athens Limestone Hospital	2	663	0	N/A
Crestwood Medical Center	3	1,368	1.462	Similar
Cullman Regional Medical Center	0	943	0	Similar
Decatur Morgan Hospital- Decatur Campus	1	1,398	.477	Similar
Helen Keller Hospital	0	769	0	Similar
Highlands Medical Center	0	284	0	N/A
Marshall Medical Center North	2	408	0	N/A
Marshall Medical Center South	2	462	0	N/A
Shoals Hospital	0	299	0	N/A
<b>High-Volume Hospitals (more than 3915 central line days)</b>				
Eliza Coffee Memorial Hospital	5	5,122	.592	Similar
Huntsville Hospital	21	11,577	.875	Similar

Data pulled: October 2, 2015

**N/A:** Number of central line days was too few for national performance comparisons to be accurately calculated.

**Central line days:** The sum of patients per day with a central line in medical, surgical, medical/surgical ICUs, and pediatric ICUs.

**CLABSI:** Blood stream infections resulting from the use of central lines.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





<b>Northeast Region</b>				
Alabama Central-Line Associated Blood Stream Infections (CLABSI)				
January 1, 2014 - December 31, 2014				
CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs				
Hospital Name	Number of CLABSI	Number of Central-Line Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 158 central line days)</b>				
Cherokee Medical Center*	0	47	0	N/A
Clay County Hospital	0	0	0	N/A
Regional Medical Center- Jacksonville	0	0	0	N/A
<b>Medium-Volume Hospitals (158-3915 central line days)</b>				
Citizens Baptist Medical Center	2	298	0	N/A
Coosa Valley Medical Center	0	442	0	N/A
DeKalb Regional Medical Center	0	302	0	N/A
Northeast Alabama Regional Medical Center	2	2,351	0.576	Similar
Riverview Regional Medical Center	2	2,647	0.504	Similar
Stringfellow Memorial Hospital	1	298	0	N/A
<b>High-Volume Hospitals (more than 3915 central line days)</b>				
Gadsden Regional Medical Center	1	5,230	0.099	Better

Data pulled: October 2, 2015

**N/A:** Number of central line days was too few for national performance comparisons to be accurately calculated.

**Central line days:** The sum of patients per day with a central line in medical, surgical, medical/surgical ICUs, and pediatric ICUs.

**CLABSI:** Blood stream infections resulting from the use of central lines.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).

\* Facilities data includes mixed acuity locations during 2014; SIRs are not available for locations with mixed acuity locations because National Comparison Data is not available.





<b>Southeast Region</b>				
Alabama Central-Line Associated Blood Stream Infections (CLABSI)				
January 1, 2014 - December 31, 2014				
CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs				
Hospital Name	Number of CLABSI	Number of Central-Line Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 158 central line days)</b>				
Medical Center Barbour	0	108	0	N/A
Medical Center Enterprise	0	66	0	N/A
Mizell Memorial Hospital	0	41	0	N/A
Wiregrass Medical Center	0	20	0	N/A
<b>Medium-Volume Hospitals (158-3915 central line days)</b>				
Andalusia Regional Hospital	0	158	0	N/A
Dale Medical Center	1	204	0	N/A
Flowers Hospital	2	3,428	0.291	Better
Southeast Alabama Medical Center	12	2,258	3.543	Worse
Troy Regional Medical Center	0	355	0	N/A
<b>High-Volume Hospitals (more than 3915 central line days)</b>				
N/A	N/A	N/A	N/A	N/A

Data pulled: October 2, 2015

**N/A:** Number of central line days was too few for national performance comparisons to be accurately calculated.

**Central line days:** The sum of patients per day with a central line in medical, surgical, medical/surgical ICUs, and pediatric ICUs.

**CLABSI:** Blood stream infections resulting from the use of central lines.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





<b>Southwest Region</b>				
Alabama Central-Line Associated Blood Stream Infections (CLABSI)				
January 1, 2014 - December 31, 2014				
CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs				
Hospital Name	Number of CLABSI	Number of Central-Line Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 158 central line days)</b>				
Atmore Community Hospital	0	117	0	N/A
Monroe County Hospital	0	41	0	N/A
<b>Medium-Volume Hospitals (158-3915 central line days)</b>				
D.W. McMillan Memorial Hospital	1	244	0	N/A
North Baldwin Infirmary	0	194	0	N/A
Providence Hospital	0	3,773	0	Better
South Baldwin Regional Medical Center	0	1,161	0	Similar
Thomas Hospital	1	2,530	0.188	Better
<b>High-Volume Hospitals (more than 3915 central line days)</b>				
Mobile Infirmary Medical Center	11	9,806	0.513	Better
Springhill Medical Center	4	6,393	0.424	Similar
University of South Alabama Medical Center	12	4,252	0.788	Similar
USA Children's & Women's Hosp.	26	6,933	1.322	Similar

Data pulled: October 2, 2015

**N/A:** Number of central line days was too few for national performance comparisons to be accurately calculated.

**Central line days:** The sum of patients per day with a central line in medical, surgical, medical/surgical ICUs, and pediatric ICUs.

**CLABSI:** Blood stream infections resulting from the use of central lines.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).







<b>West Region</b>				
Alabama Central-Line Associated Blood Stream Infections (CLABSI)				
January 1, 2014 - December 31, 2014				
CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs				
Hospital Name	Number of CLABSI	Number of Central-Line Days	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 158 central line days)</b>				
Bryan W. Whitfield Memorial Hospital	0	37	0	N/A
Fayette Medical Center	0	55	0	N/A
Northwest Medical Center	0	72	0	N/A
<b>Medium-Volume Hospitals (158-3915 central line days)</b>				
Northport Medical Center	1	1,813	0.256	Similar
<b>High-Volume Hospitals (more than 3915 central line days)</b>				
DCH Regional Medical Center	9	10,675	0.356	Better

Data pulled: October 2, 2015

**N/A:** Number of central line days was too few for national performance comparisons to be accurately calculated.

**Central line days:** The sum of patients per day with a central line in medical, surgical, medical/surgical ICUs, and pediatric ICUs.

**CLABSI:** Blood stream infections resulting from the use of central lines.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).







<b>Birmingham Region</b>				
Alabama Surgical Site Infections (SSI) - Colon Surgeries January 1, 2014 - December 31, 2014				
Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
St. Vincent's Blount	1	3	0	N/A
<b>Medium-Volume Hospitals (11-118 procedures)</b>				
Children's of Alabama	1	87	0.19	Better
Medical West	8	65	2.37	Worse
St. Vincent's St. Clair	1	16	0	N/A
Walker Baptist Medical Center	0	42	0	Similar
<b>High-Volume Hospitals (more than 118 procedures)</b>				
Brookwood Medical Center	7	184	0.575	Similar
Princeton Baptist Medical Center	8	178	0.884	Similar
Shelby Baptist Medical Center	7	193	0.69	Similar
St. Vincent Hospital	8	285	0.554	Similar
St. Vincent's East	9	142	1.251	Similar
Trinity Medical Center	1	135	0.158	Better
UAB Hospital	24	517	0.575	Better

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient colon surgeries performed in 2014.

**SSI:** Infections that occur after in-patient colon surgery and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





### Central Region

Alabama Surgical Site Infections (SSI) - Colon Surgeries  
January 1, 2014 - December 31, 2014

Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
Jack Hughston Memorial Hospital	0	4	0	N/A
LV Stabler Memorial Hospital	0	2	0	N/A
<b>Medium-Volume Hospitals (11-118 procedures)</b>				
Baptist Medical Center East	0	105	0	Better
Baptist Medical Center South	10	107	1.812	Similar
Community Hospital	1	11	0	N/A
East Alabama Medical Center- Lanier	1	13	0	N/A
Prattville Baptist Hospital	0	26	0	Similar
Russell Medical Center	1	17	0.928	Similar
Vaughan Regional Medical Center	2	38	0.86	Similar
<b>High-Volume Hospitals (more than 118 procedures)</b>				
East Alabama Medical Center	9	173	1.132	Similar
Jackson Hospital & Clinic	6	164	0.618	Similar

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient colon surgeries performed in 2014.

**SSI:** Infections that occur after in-patient colon surgery and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





<b>North Region</b>				
Alabama Surgical Site Infections (SSI) - Colon Surgeries				
January 1, 2014 - December 31, 2014				
Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
Highlands Medical Center	0	7	0	N/A
<b>Medium-Volume Hospitals (11-118 procedures)</b>				
Athens Limestone Hospital	2	17	1.877	Similar
Crestwood Medical Center	1	107	0.153	Better
Cullman Regional Medical Center	8	61	2.106	Similar
Eliza Coffee Memorial Hospital	15	94	2.725	Worse
Helen Keller Hospital	1	71	0.231	Similar
Marshall Medical Center North	1	43	0.447	Similar
Marshall Medical Center South	0	49	0	Similar
Russellville Hospital	2	15	1.853	Similar
Shoals Hospital	1	21	0.768	Similar
<b>High-Volume Hospitals (more than 118 procedures)</b>				
Decatur Morgan Hospital- Decatur Campus	1	145	0.117	Better
Huntsville Hospital	27	565	0.69	Better

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient colon surgeries performed in 2014.

**SSI:** Infections that occur after in-patient colon surgery and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





<b>Northeast Region</b>				
Alabama Surgical Site Infections (SSI) - Colon Surgeries January 1, 2014 - December 31, 2014				
Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
Citizens Baptist Medical Center	0	10	0	N/A
Clay County Hospital	0	4	0	N/A
Regional Medical Center- Jacksonville	0	1	0	N/A
<b>Medium-Volume Hospitals (11-118 procedures)</b>				
Coosa Valley Medical Center	0	37	0	Similar
DeKalb Regional Medical Center	1	17	0.839	Similar
Riverview Regional Medical Center	0	83	0	Better
Stringfellow Memorial Hospital	0	23	0	Similar
<b>High-Volume Hospitals (more than 118 procedures)</b>				
Gadsden Regional Medical Center	0	133	0	Better
Northeast Alabama Regional Medical Center	5	124	0.856	Similar

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient colon surgeries performed in 2014.

**SSI:** Infections that occur after in-patient colon surgery and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





<b>Southeast Region</b>				
Alabama Surgical Site Infections (SSI) - Colon Surgeries January 1, 2014 - December 31, 2014				
Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
Dale Medical Center	0	8	0	N/A
Medical Center Barbour	0	1	0	N/A
Mizell Memorial Hospital	0	6	0	N/A
Troy Regional Medical Center	0	6	0	N/A
Wiregrass Medical Center	0	3	0	N/A
<b>Medium-Volume Hospitals (11-118 procedures)</b>				
Andalusia Regional Hospital	0	17	0	N/A
Flowers Hospital	7	118	0.973	Similar
Medical Center Enterprise	7	26	4.797	Worse
<b>High-Volume Hospitals (more than 118 procedures)</b>				
Southeast Alabama Medical Center	4	177	0.359	Better

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient colon surgeries performed in 2014.

**SSI:** Infections that occur after in-patient colon surgery and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





Southwest Region				
Alabama Surgical Site Infections (SSI) - Colon Surgeries				
January 1, 2014 - December 31, 2014				
Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
Atmore Community Hospital	1	4	0	N/A
Monroe County Hospital	0	6	0	N/A
North Baldwin Infirmary	0	10	0	N/A
<b>Medium-Volume Hospitals (11-118 procedures)</b>				
D.W. McMillan Memorial Hospital	3	29	1.951	Similar
South Baldwin Regional Medical Center	0	27	0	Similar
Springhill Medical Center	9	111	1.395	Similar
Thomas Hospital	6	118	0.976	Similar
University of South Alabama Medical Center	3	115	0.327	Better
USA Children's & Women's Hosp.	0	23	0	Similar
<b>High-Volume Hospitals (more than 118 procedures)</b>				
Mobile Infirmary Medical Center	16	255	0.775	Similar
Providence Hospital	8	144	1.013	Similar

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient colon surgeries performed in 2014.

**SSI:** Infections that occur after in-patient colon surgery and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





<b>West Region</b>				
Alabama Surgical Site Infections (SSI) - Colon Surgeries January 1, 2014 - December 31, 2014				
Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
Bryan W. Whitfield Memorial Hospital	0	2	0	N/A
Northwest Medical Center	1	1	0	N/A
Pickens County Medical Center	0	4	0	N/A
<b>Medium-Volume Hospitals (11-118 procedures)</b>				
Fayette Medical Center	0	11	0	N/A
Northport Medical Center	0	11	0	N/A
<b>High-Volume Hospitals (more than 118 procedures)</b>				
DCH Regional Medical Center	30	334	1.275	Similar

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient colon surgeries performed in 2014.

**SSI:** Infections that occur after in-patient colon surgery and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





### Birmingham Region

Alabama Surgical Site Infections (SSI) - Abdominal Hysterectomies  
January 1, 2014 - December 31, 2014

Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
St. Vincent's Blount	0	6	0	N/A
Walker Baptist Medical Center	1	6	0	N/A
<b>Medium-Volume Hospitals (11-109 procedures)</b>				
Medical West	0	62	0	Similar
Princeton Baptist Medical Center	0	62	0	Similar
Shelby Baptist Medical Center	0	84	0	Similar
Trinity Medical Center	0	66	0	Similar
<b>High-Volume Hospitals (more than 109 procedures)</b>				
Brookwood Medical Center	2	875	0.202	Better
St. Vincent's Hospital- Birmingham	2	564	0.282	Better
St. Vincent's East	2	125	1.082	Similar
UAB Hospital	14	805	0.717	Similar

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient abdominal hysterectomy surgeries performed in 2014.

**SSI:** Infections that occur after in-patient abdominal hysterectomy surgeries and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).







### Central Region

Alabama Surgical Site Infections (SSI) - Abdominal Hysterectomies  
January 1, 2014 - December 31, 2014

Hospital Name	Number of Procedures	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
Russell Medical Center	0	4	0	N/A
<b>Medium-Volume Hospitals (11-109 procedures)</b>				
Baptist Medical Center South	0	93	0	Similar
East Alabama Medical Center- Lanier	0	16	0	N/A
Vaughan Regional Medical Center	0	36	0	Similar
<b>High-Volume Hospitals (more than 109 procedures)</b>				
Baptist Medical Center East	6	506	0.667	Similar
East Alabama Medical Center	1	356	0.213	Similar
Jackson Hospital & Clinic	0	178	0	Similar

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient abdominal hysterectomy surgeries performed in 2014.

**SSI:** Infections that occur after in-patient abdominal hysterectomy surgeries and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





<b>North Region</b>				
Alabama Surgical Site Infections (SSI) - Abdominal Hysterectomies				
January 1, 2014 - December 31, 2014				
Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
Marshall Medical Center North	0	5	0	N/A
North Mississippi Medical Center-Hamilton	0	2	0	N/A
Shoals Hospital	2	7	0	N/A
<b>Medium-Volume Hospitals (11-109 procedures)</b>				
Athens Limestone Hospital	0	26	0	N/A
Crestwood Medical Center	2	75	1.362	Similar
Cullman Regional Medical Center	0	54	0	N/A
Eliza Coffee Memorial Hospital	2	109	0.865	Similar
Helen Keller Hospital	0	38	0	N/A
Highlands Medical Center	0	22	0	N/A
Marshall Medical Center South	0	31	0	N/A
<b>High-Volume Hospitals (more than 109 procedures)</b>				
Decatur Morgan Hospital- Decatur Campus	2	150	0.881	Similar
Huntsville Hospital	3	588	0.253	Better

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient abdominal hysterectomy surgeries performed in 2014.

**SSI:** Infections that occur after in-patient abdominal hysterectomy surgeries and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





<b>Northeast Region</b>				
Alabama Surgical Site Infections (SSI) - Abdominal Hysterectomies				
January 1, 2014 - December 31, 2014				
Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
Regional Medical Center- Jacksonville	0	5	0	N/A
Riverview Regional Medical Center	0	9	0	N/A
Stringfellow Memorial Hospital	0	8	0	N/A
<b>Medium-Volume Hospitals (11-109 procedures)</b>				
Citizens Baptist Medical Center	0	11	0	N/A
Coosa Valley Medical Center	0	17	0	N/A
DeKalb Regional Medical Center	0	20	0	N/A
Northeast Alabama Regional Medical Center	1	77	0.607	Similar
<b>High-Volume Hospitals (more than 109 procedures)</b>				
Gadsden Regional Medical Center	0	118	0	Similar

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient abdominal hysterectomy surgeries performed in 2014.

**SSI:** Infections that occur after in-patient abdominal hysterectomy surgeries and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





<b>Southeast Region</b>				
Alabama Surgical Site Infections (SSI) - Abdominal Hysterectomies January 1, 2014 - December 31, 2014				
Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
Wiregrass Medical Center	0	2	0	N/A
<b>Medium-Volume Hospitals (11-109 procedures)</b>				
Andalusia Regional Hospital	0	14	0	N/A
Medical Center Enterprise	2	101	0.931	Similar
Southeast Alabama Medical Center	2	62	1.204	Similar
Troy Regional Medical Center	0	37	0	N/A
<b>High-Volume Hospitals (more than 109 procedures)</b>				
Flowers Hospital	1	182	0.246	Similar

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient abdominal hysterectomy surgeries performed in 2014.

**SSI:** Infections that occur after in-patient abdominal hysterectomy surgeries and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





Southwest Region				
Alabama Surgical Site Infections (SSI) - Abdominal Hysterectomies				
January 1, 2014 - December 31, 2014				
Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
D.W. McMillan Memorial Hospital	0	8	0	N/A
University of South Alabama Medical Center	0	3	0	N/A
<b>Medium-Volume Hospitals (11-109 procedures)</b>				
Grove Hill Memorial Hospital	1	17	0	N/A
North Baldwin Infirmary	0	13	0	N/A
South Baldwin Regional Medical Center	0	60	0	Similar
Springhill Medical Center	0	74	0	Similar
Thomas Hospital	0	109	0	Similar
<b>High-Volume Hospitals (more than 109 procedures)</b>				
Mobile Infirmary Medical Center	0	169	0	Similar
Providence Hospital	0	234	0	Better

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient abdominal hysterectomy surgeries performed in 2014.

**SSI:** Infections that occur after in-patient abdominal hysterectomy surgeries and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





<b>West Region</b>				
Alabama Surgical Site Infections (SSI) - Abdominal Hysterectomies January 1, 2014 - December 31, 2014				
Hospital Name	Number of SSI	Number of Procedures	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2014 compared to National Performance (2006-2008)
<b>Low-Volume Hospitals (fewer than 11 procedures)</b>				
Northwest Medical Center	0	10	0	N/A
Pickens County Medical Center	0	3	0	N/A
<b>Medium-Volume Hospitals (11-109 procedures)</b>				
Bryan W. Whitfield Memorial Hospital	1	11	0	N/A
DCH Regional Medical Center	1	96	0.523	Similar
Northport Medical Center	1	37	0	N/A
<b>High-Volume Hospitals (more than 109 procedures)</b>				
N/A	N/A	N/A	N/A	N/A

Data pulled: October 2, 2015

**N/A:** Number of procedures was too few for national performance comparisons to be accurately calculated.

**Procedures:** The number of in-patient abdominal hysterectomy surgeries performed in 2013.

**SSI:** Infections that occur after in-patient abdominal hysterectomy surgeries and are related to the surgery.

**SIR:** The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the procedures (based on national data).

**Better:** Indicates a facility that has statistically, significantly fewer infections compared to national averages (based on a 95% confidence interval).

**Similar:** Indicates a facility that does not have statistically, significantly different infections compared to national averages (based on a 95% confidence interval).

**Worse:** Indicates a facility that has statistically, significantly more infections compared to national averages (based on a 95% confidence interval).





## Definitions and Acronyms

<b>ADPH:</b>	Alabama Department of Public Health
<b>AlaHA</b>	Alabama Hospital Association
<b>CAUTI:</b>	Catheter- Associated Urinary Tract Infection
<b>CDC:</b>	Centers for Disease Control and Prevention
<b>CLABSI:</b>	Central-Line Associated Bloodstream Infection
<b>COLO:</b>	Colon Surgery
<b>FA:</b>	Facility Administrator
<b>HAI:</b>	Healthcare Associated Illness
<b>HYST:</b>	Abdominal Hysterectomy
<b>IP:</b>	Infection Preventionist
<b>N/A:</b>	Number of catheter days was too few for national performance comparisons to be accurately calculated.
<b>NHSN:</b>	National Healthcare Safety Network
<b>SIR:</b>	Standard Infection Ration
<b>SSI:</b>	Surgical-Site Infection



## Alabama General Acute Care Hospitals

<b>FACILITY</b>	<b>REGION</b>	<b>PAGES</b>
<u>ANDALUSIA REGIONAL HOSPITAL</u>	Southeast Region	23, 30, 37, 44
<u>ATHENS LIMESTONE HOSPITAL</u>	North Region	21, 28, 35, 42
<u>ATMORE COMMUNITY HOSPITAL</u>	Southwest Region	24, 31, 38
<u>BAPTIST MEDICAL CENTER EAST</u>	Central Region	20, 27, 34, 41
<u>BAPTIST MEDICAL CENTER SOUTH</u>	Central Region	20, 27, 34, 41
<u>BIBB MEDICAL CENTER</u>	West Region	25
<u>BROOKWOOD MEDICAL CENTER</u>	Birmingham	19, 26, 33, 40
<u>BRYAN W. WHITFIELD MEMORIAL HOSPITAL</u>	West Region	25, 32,39,46
<u>BULLOCK COUNTY HOSPITAL</u>	Central Region	20
<u>CHEROKEE MEDICAL CENTER</u>	Northeast Region	22, 29
<u>CHILDREN'S OF ALABAMA</u>	Birmingham	19,26, 33
<u>CITIZENS BAPTIST MEDICAL CENTER</u>	Northeast Region	22, 29, 36, 43
<u>CLAY COUNTY HOSPITAL</u>	Northeast Region	22, 29,36
<u>COMMUNITY HOSPITAL</u>	Central Region	20, 27, 34
<u>COOSA VALLEY MEDICAL CENTER</u>	Northeast Region	22, 29, 43
<u>CRENSHAW COMMUNITY HOSPITAL</u>	Central Region	20
<u>CRESTWOOD MEDICAL CENTER</u>	North Region	21, 28, 35, 42
<u>CULLMAN REGIONAL MEDICAL CENTER</u>	North Region	21, 28, 35, 42
<u>D.W. MCMILLAN MEMORIAL HOSPITAL</u>	Southwest Region	24, 31, 38, 45
<u>DALE MEDICAL CENTER</u>	Southeast Region	23, 30, 37
<u>DCH REGIONAL MEDICAL CENTER</u>	West Region	25, 32, 39, 46
<u>DECATUR MORGAN HOSPITAL- DECATUR CAMPAUS</u>	North Region	21, 28, 35, 42
<u>DECATUR MORGAN HOSPITAL- PARKWAY CAMPAUS</u>	North Region	21, 28
<u>DEKALB REGIONAL MEDICAL CENTER</u>	Northeast Region	22, 29, 36, 43
<u>EAST ALABAMA MEDICAL CENTER</u>	Central Region	20, 27, 34, 41
<u>EAST ALABAMA MEDICAL CENTER- LANIER</u>	Central Region	20, 27, 34, 41
<u>ELIZA COFFEE MEMORIAL HOSPITAL (NORTH ALABAMA MEDICAL CENTER- COFFEE CAMPUS)</u>	North Region	21, 28, 35, 42
<u>ELMORE COMMUNITY HOSPITAL</u>	Central Region	20
<u>EVERGREEN MEDICAL CENTER</u>	Southwest Region	24
<u>FAYETTE MEDICAL CENTER</u>	West Region	25, 32, 39
<u>FLOWERS HOSPITAL</u>	Southeast Region	23, 30, 37, 44
<u>GADSDEN REGIONAL MEDICAL CENTER</u>	Northeast Region	22, 29, 36, 43
<u>GREENE COUNTY HOSPITAL</u>	West Region	25
<u>GEORGIANA HOSPITAL</u>	Central Region	20
<u>GROVE HILL MEMORIAL HOSPITAL</u>	Southwest Region	45
<u>HALE COUNTY HOSPITAL</u>	West Region	25
<u>HELEN KELLER HOSPITAL</u>	North Region	21, 28, 35, 42
<u>HIGHLANDS MEDICAL CENTER</u>	North Region	21, 28, 35,42





<u>HILL HOSPITAL OF SUMTER COUNTY</u>	West Region	25
<u>HUNTSVILLE HOSPITAL</u>	North Region	21, 28, 35, 42
<u>JOHN PAUL JONES HOSPITAL</u>	Southwest Region	24
<u>JACK HUGHSTON MEMORIAL HOSPITAL</u>	Central Region	34
<u>JACKSON HOSPITAL &amp; CLINIC</u>	Central Region	20, 27, 34, 41
<u>JACKSON MEDICAL CENTER</u>	Southwest Region	24
<u>LAKE MARTIN COMMUNITY HOSPITAL</u>	Central Region	20
<u>LAKELAND COMMUNITY HOSPITAL</u>	North Region	21, 28
<u>LAWRENCE MEDICAL CENTER</u>	North Region	21
<u>LV STABLER MEMORIAL HOSPITAL</u>	Central Region	21, 27, 34
<u>MARSHALL MEDICAL CENTER NORTH</u>	North Region	21, 28, 35, 42
<u>MARSHALL MEDICAL CENTER SOUTH</u>	North Region	21, 28, 35, 42
<u>MEDICAL CENTER BARBOUR</u>	Southeast Region	23, 30, 37
<u>MEDICAL CENTER ENTERPRISE</u>	Southeast Region	23, 30, 37, 44
<u>MEDICAL WEST</u>	Birmingham	19, 26, 33, 40
<u>MIZELL MEMORIAL HOSPITAL</u>	Southeast Region	23, 30, 37
<u>MOBILE INFIRMARY MEDICAL CENTER</u>	Southwest Region	24, 31, 38, 45
<u>MONROE COUNTY HOSPITAL</u>	Southwest Region	24, 31, 38
<u>NORTH BALDWIN INFIRMARY</u>	Southwest Region	24, 31, 38, 45
<u>NORTH MISSISSIPPI MEDICAL CENTER-HAMILTON</u>	North Region	21, 28, 35, 42
<u>NORTHEAST ALABAMA REGIONAL MEDICAL CENTER</u>	Northeast Region	22, 29, 36, 43
<u>NORTHPORT MEDICAL CENTER</u>	West Region	25, 32, 39, 46
<u>NORTHWEST MEDICAL CENTER</u>	West Region	25, 32, 39, 46
<u>PICKENS COUNTY MEDICAL CENTER</u>	West Region	25, 32, 39, 46
<u>PRATTVILLE BAPTIST HOSPITAL</u>	Central Region	20, 27, 34
<u>PRINCETON BAPTIST MEDICAL CENTER</u>	Birmingham	19, 26, 33, 40
<u>PROVIDENCE HOSPITAL</u>	Southwest Region	24, 31, 38, 45
<u>RED BAY HOSPITAL</u>	North Region	21
<u>REGIONAL MEDICAL CENTER- JACKSONVILLE</u>	Northeast Region	22, 29, 36, 43
<u>RIVERVIEW REGIONAL MEDICAL CENTER</u>	Northeast Region	22, 29, 36, 43
<u>RUSSELL MEDICAL CENTER</u>	Central Region	20, 27, 24, 41
<u>RUSSELLVILLE HOSPITAL</u>	North Region	21, 28, 35
<u>SHELBY BAPTIST MEDICAL CENTER</u>	Birmingham	19, 26, 33, 40
<u>SHOALS HOSPITAL (NORTH ALABAMA MEDICAL CENTER- SHOALS CAMPUS)</u>	North Region	21, 28, 35, 42
<u>SOUTH BALDWIN REGIONAL MEDICAL CENTER</u>	Southwest Region	24, 31, 38, 45
<u>SOUTHEAST ALABAMA MEDICAL CENTER</u>	Southeast Region	23, 30, 37, 44
<u>SPRINGHILL MEDICAL CENTER</u>	Southwest Region	24, 31, 38, 45
<u>ST. VINCENT'S HOSPITAL-BIRMINGHAM</u>	Birmingham	19, 26, 33, 40
<u>ST. VINCENT'S BLOUNT</u>	Birmingham	19, 26, 33, 40
<u>ST. VINCENT'S EAST</u>	Birmingham	19, 26, 33, 40
<u>ST. VINCENT'S ST. CLAIR</u>	Birmingham	19, 26, 33
<u>STRINGFELLOW MEMORIAL HOSPITAL</u>	Northeast Region	22, 29, 36, 43



<u>THOMAS HOSPITAL</u>	Southwest Region	24, 31, 38, 45
<u>TRINITY MEDICAL CENTER (GRANDVIEW MEDICAL CENTER)</u>	Birmingham	19, 26, 33, 40
<u>TROY REGIONAL MEDICAL CENTER</u>	Southeast Region	23, 30, 37, 44
<u>UNIVERSITY OF ALABAMA AT BIRMINGHAM (UAB)</u>	Birmingham	19, 26, 33, 40
<u>UNIVERSITY OF SOUTH ALABAMA (USA) CHILDREN'S &amp; WOMEN'S HOSPITAL</u>	Southwest Region	24, 31, 38
<u>UNIVERSITY OF SOUTH ALABAMA (USA) MEDICAL CENTER</u>	Southwest Region	24, 31, 38, 45
<u>VAUGHAN REGIONAL MEDICAL CENTER</u>	Central Region	20, 27, 34, 41
<u>WALKER BAPTIST MEDICAL CENTER</u>	Birmingham	19, 26, 33, 40
<u>WASHINGTON COUNTY HOSPITAL</u>	Southwest Region	24
<u>WEDOWEE HOSPITAL</u>	Northeast Region	22
<u>WIREGRASS MEDICAL CENTER</u>	Southeast Region	23, 30, 37, 44



# Alabama Healthcare Data Advisory Council Members 2014

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Beth Goodall, Epidemiology Director, DCH Regional Medical Center

Laura Bell, Director of Clinical Effectiveness, East Alabama Medical Center

Linda Jordan, Administrator, Clay County Hospital

Keith Granger, President/CEO, Trinity Medical Center

Patty Miller, Manager of Infection Control and Prevention, Baptist Medical Center South

### **Business Council of Alabama Appointees**

Foster Ware, Alabama Power

Rick Finch, Drummond Co., Inc.

### **Mineral District Medical Society**

William McCollum, M.D.

### **Governor Appointed Consumer Member**

TBA

### **Blue Cross and Blue Shield of Alabama Appointee**

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### **Alabama Association of Health Plans Appointee**

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### **State Health Officer Appointed Member from the Association for Professionals in Infection Control and Epidemiology**

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