



2012

Healthcare-Associated Infections In Alabama

Annual Report

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. 49



Executive Summary

In 2011, Alabama hospitals began reporting infection measures to the Alabama Department of Public Health (ADPH): catheter-associated urinary tract infections (CAUTI), central line-associated blood stream infections (CLABSI), surgical site infections (SSIs) associated with colon surgeries and SSI associated with abdominal hysterectomies. Infection measure data is required to be reported into the National Healthcare Safety Network (NHSN) each month. The 2012 Annual report highlights Alabama's second year that infection measure data has been reported.

In 2012, Alabama general, critical access, and specialized hospitals reported 235 CAUTIs associated with 193,056 catheter days; approximately 11% fewer than that reported in 2011. The standardized infection ratio (SIR) was 0.696, and is better than the national performance. Ninety facilities met the criteria required to report CAUTI data. Nine facilities were considered to have performed better than the national performance level, and two facilities performed below the national performance level with regard to the CAUTI infection numbers, as compared to last year.

In 2012, 110 CLABSIs associated with 115,203 central line days were reported by Alabama hospitals. Alabama performed better compared to national performance, with an SIR of 0.478. Seventy-two facilities met the criteria required to report CLABSI data. Of these, eight performed better than the national performance compared to ten facilities in 2011. No facilities had statistically significantly more infections compared to national.

Alabama hospitals reported 5,654 colon surgery procedures. There were 213 SSIs associated with these procedures. Overall, Alabama performed better than national performance (SIR = 0.605). Among the hospitals required to report HAIs, there were 73 facilities that performed colon surgeries. Of these, eight facilities had statistically significantly fewer infections compared to the national performance. In 2011, only five facilities had statistically significantly fewer infections. In 2012, one hospital had a statistically significantly higher infection rate compared to national performance, and performed below the national average.

Sixty-three Alabama hospitals performed 7,603 abdominal hysterectomies in 2012. There were 68 surgical site infections associated with these hysterectomy procedures, resulting in an SIR of 0.528, and a performance comparison that was better than the national performance. Three facilities had statistically significantly fewer infections compared to the national average. Additionally, no facilities had statistically significantly more infections compared to national average.



Introduction

The Centers for Disease Control and Prevention (CDC), has estimated that nearly 1.7 million patients in the United States each year will develop a healthcare-associated infection (HAI).¹ Approximately 99,000 deaths each year are caused by or associated with an HAI, a fatality count higher than any other notifiable condition.² This number of infections creates a burden to the population in terms of morbidity and mortality, as well as a monetary burden. An estimated \$28.4 - 45 billion of direct healthcare costs are attributable to HAIs each year in the United States.³

In an effort to combat HAIs, Alabama passed the Mike Denton Infection Reporting Act (SB98) on August 1, 2009, which requires the collection and reporting of certain HAI data by Alabama healthcare facilities. The Act 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.

Furthermore, consumer demand for health care information, including data about the performance of health care 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.

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>.

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 Ala. 1975, § 22-21-20.





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

Method of HAI Data Collection

An HAI describes an infection that a patient acquires while in a healthcare setting that was not present or developing before the patient was admitted to the facility. For the purposes of HAI reporting in Alabama, an HAI must meet specific criteria defined in CDC's National Health Surveillance Network (NHSN).

The 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 in Alabama. The IPs and NHSN Users are required to enter the HAI data into NHSN no later than the last day of the subsequent month. Each Alabama healthcare facility must grant permission for ADPH HAI program staff to view and analyze the designated HAI data using NHSN to compile reports for public reporting.



The HAI data required to be reported in NHSN for Alabama include certain Surgical Site Infections (SSIs), Catheter-Associated Urinary Tract Infections (CAUTIs), and Central Line-Associated Bloodstream Infections (CLABSIs).

¹ 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 July 24, 2013 from http://www.cdc.gov/hai/pdfs/hai/scott_costpaper.pdf

² 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>

³ Klevens, R.M., J. R. Edwards, C. L. Richards (2007). Estimating Health Care-Associated Infections and Deaths in U.S. Hospitals, 2002, *Public Health Reports*, Volume 122, pages 160-166. Retrieved on July 24, 2013 from http://www.cdc.gov/HAI/pdfs/hai/infections_deaths.pdf



Reporting Variables

Catheter-Associated Urinary Tract Infections (CAUTI)

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 is an infection associated with an indwelling urethral catheter. A CAUTI must be reported if it meets NHSN established criteria and occurs in a patient that has had an indwelling urethral catheter in place within 48 hours before the onset of the UTI. The patient must be symptomatic.

During 2012, Alabama hospitals were required to report CAUTIs that were attributed to medical wards, surgical wards, and medical surgical wards. The HAI reporting rules were amended for 2012 to require reporting from mixed acuity wards and mixed age/mixed acuity wards for hospitals which do not have medical, surgical, or medical/surgical wards as defined in NHSN using the 80/20 rule. Hospitals were required to report CAUTI data using the CDC National Healthcare Safety Network (NHSN).

Facilities were also required to report the number of patients (patient days) and the number of patients with indwelling urethral catheters (catheter days) from the above locations using NHSN on a monthly basis. The patient days and catheter days must be assessed 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 central line is a catheter that is inserted into one of the great (large) blood vessels that terminates near the heart. Central line catheters are used for the administration of fluids, medication, intravenous nutrition, hemodynamic monitoring, and drawing blood for laboratory testing.

A CLABSI is an infection that results from a central line catheter or umbilical catheter (if patient is less than one year old). A CLABSI must be reported if it meets NHSN established criteria and occurs in a patient that has had a central line or umbilical catheter in place at the time of, or within 48 hours 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 2012, CLABSIs attributed to medical intensive care units (ICU), surgical ICUs, medical/surgical ICUs, or pediatric ICUs 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 CDC's 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 reported if an infection occurs in a patient within 30 days of the operative procedure. If an implant was left in place during the operative procedure, the time frame in which an infection can be attributed to the procedure is expanded to within one year of the surgery. ADPH only collects data on inpatient procedures, i.e., those in which the date of admission and date of discharge are different.



During 2012, SSIs resulting from inpatient colon surgeries or abdominal hysterectomies in an Alabama healthcare facility or post discharge were required to be reported using CDC's National Healthcare Safety Network (NHSN). Facilities were also required to report the number of colon surgeries and abdominal hysterectomies that were performed each month using CDC's NHSN.

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. 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.

Volume (Low, Medium, and High)

Volume was based on the number of device days which was representative of number of procedures performed. Low volume consisted of hospitals whose device utilization days or procedure counts were within the lowest quartile. Medium volume consisted of hospitals whose device utilization days or procedure counts were in the 2nd and 3rd quartiles. And the high volume category consisted of hospitals whose device utilization days or procedure counts were in the highest 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 will be 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. Verified that all Facility Administrators (FA) completed the minimal required National Healthcare Safety Network (NHSN) and ADPH training.
2. Ensured each facility granted ADPH permission to view the data, i.e., conferred rights.
3. Reviewed Monthly Plans for each facility.
4. Notified 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 biannual report of NHSN data for each facility was provided to facilities to identify discrepancies.
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 facility had 45 days to verify the data and make corrections if needed.



Site Visits: Site visits were made at the facility's request, for repeated errors, or as part of a random validation process. The site visit consisted of three components:

1. Validated the HAIs that were reported met the case criteria (case finding, laboratory notification, and data mining).
2. Assessed whether the Infection Preventionist (IP) applied the NHSN definitions correctly.
3. Assured cases are detected and whether NHSN definitions are applied correctly. (Sensitivity and specificity of data).

Each hospital's infection surveillance program's records and the NHSN line listing for the review period were the main information sources used in this portion of the validation process. Laboratory results and data mining results in some cases were also incorporated. Facility representatives were debriefed at the end of the visit.

In 2012, the State HAI Coordinator conducted site visits to 16 facilities in the Birmingham, Central, Northeast, Southeast, and West Hospital Regions which included a mixture of low, medium, and high volume hospitals. A review of 73 patient charts for accurate application of NHSN CAUTI criteria revealed that most Infection Preventionists (IP) accurately applied the NHSN CAUTI criteria (65 of 73 events accurately categorized as CAUTI and non-CAUTI events, 89%). The State HAI Coordinator provided results to each facility and additional education to four facilities regarding the application of NHSN definition of terms and CAUTI criteria for proficient identification and reporting of CAUTIs.



Performance Measurement

Minimal Reporting Thresholds

Alabama healthcare facilities that perform low numbers of surgical procedures, or insert few 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, one of which results in a colon 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 calculate a colon SSI rate of 0%.

To decrease the risk of unfairly comparing healthcare facility rates, the Healthcare Data Advisory Council adopted CDC's NHSN minimum thresholds used in their Annual National HAI Report. The minimum thresholds indicate that standardized infection ratios (the comparison measure used for the report) will only be calculated if the predicted number of infections, based on the individual facility's denominator data (procedure counts or device days) and the national rates, are 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 CAUTI and CLABSI surveillance, facility locations or wards (e.g. surgical ICU) 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 the number one, the observed number of events is the same as the predicted number.
- When the SIR is greater than the number one, the observed number of events is more than the predicted number.
- When the SIR is less than one, the observed number of events is less 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.

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 high number of infections will be considered "Worse." Facilities that show a statistically significantly lower number of infections will be considered "Better." A statistically significant number indicates an infection rate 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. If the SIR has a confidence interval that does not include the number one, then it is considered to be statistically significant, or, not likely due to chance.

Comparisons which are statistically significantly higher than the national average indicate a greater risk of infection compared to the average of hospitals across the nation. Comparisons which are statistically significantly lower than the national average indicate a lower risk of infection compared to the average of hospitals across the nation. These are based on a 95% confidence interval.

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.



HAI Data, Statewide

In 2012, Alabama hospitals reported 235 catheter-associated urinary tract infections in general, critical access, and specialized hospitals. The SIR was 0.696, and was considered to be better than the national performance.

The SIR for low volume Hospitals was 0.510, and performance was considered better than the national performance level. Hospitals of medium volume, those that had 446 to 2,824 catheter days, also performed better compared to national performance. Likewise, high volume facilities performed better than the national.

Catheter-Associated Urinary Tract Infections					
	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Alabama-90 Hospitals	193,056	235	0.696	Better	Similar
Low Volume Hospitals (less than 446 catheter days)					
	6,156	5	0.510	Better	Better
Medium Volume Hospitals (446-2,824 catheter days)					
	64,134	68	0.625	Better	Similar
High Volume Hospitals (more than 2,824 catheter days)					
	122,766	162	0.752	Better	Similar

Data pulled: July 11, 2013

In 2012, Alabama hospitals reported 110 CLABSIs and 115,203 central line days. Alabama had a performance of better when compared to the national performance level, with an SIR of 0.478. Alabama's high volume hospitals were those with more than 2,253 central line days, and also performed better than national collectively. Low volume hospitals performed similar to national in regard to CLABSI infection surveillance, whereas medium and high volume hospitals performed better.



Central-Line Associated Blood Stream Infections					
	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Alabama-72 Hospitals	115, 203	110	0.478	Better	Better
Low Volume Hospitals (less than 169 central line days)	1,643	0	0	Similar	Similar
Medium Volume Hospitals (169-2,253 central line days)	28,317	17	0.333	Better	Similar
High Volume Hospitals (more than 2,253 central line days)	85,243	93	0.528	Better	Better

Data pulled: July 11, 2013

Alabama hospitals performed a total of 5,654 colon surgery procedures. Two hundred thirteen surgical site infections associated with these procedures were reported. Overall, Alabama had fewer infections compared to the national average.

Surgical Site Infections Associated with Colon Surgeries					
	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Alabama-73 Hospitals	5,654	213	0.605	Better	Better
Low Volume Hospitals (less than 10 procedures)	105	3	0.520	Similar	Similar
Medium Volume Hospitals (10-114 procedures)	1,752	67	0.674	Better	Better
High Volume Hospitals (more than 114 procedures)	3,797	143	0.582	Better	Better

Data pulled: July 11, 2013



Alabama hospitals reported 68 surgical site infections associated with abdominal hysterectomy procedures, resulting in a Standardized Infection Ratio of 0.528, better than national performance. No infections associated with the 96 procedures performed by Alabama’s low volume hospitals were reported. Both medium and high volume hospitals performed better than expected showing statistically significantly fewer infections compared to the national averages.

Surgical Site Infections Associated with Abdominal Hysterectomies					
	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Alabama-63 Hospitals	7,603	68	0.528	Better	Better
Low Volume Hospitals (less than 10 procedures)	96	0	0	Similar	Similar
Medium Volume Hospitals (10-114 procedures)	1,853	23	0.599	Better	Better
High Volume Hospitals (more than 114 procedures)	5,654	45	0.513	Better	Better

Data pulled: July 11, 2013

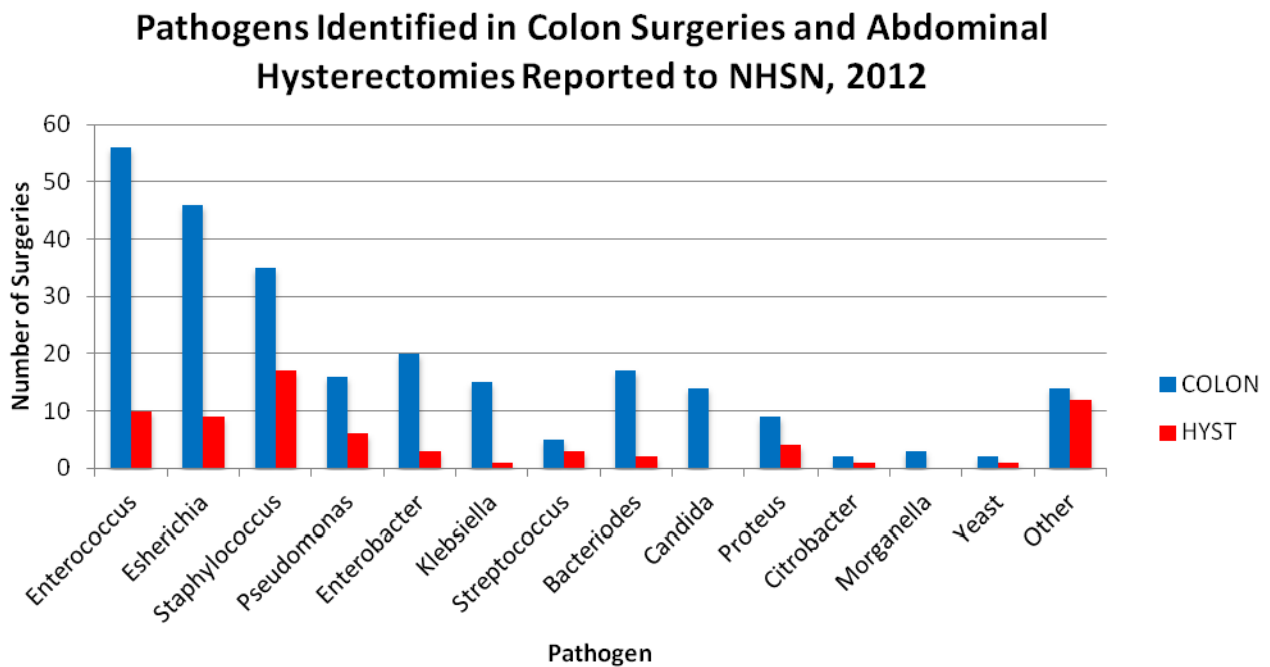


Pathogens involved in Surgical Site Infections, 2012

Alabama did experience a decline in pathogens identified in surgical site infections for 2012. The decline in surgeries did yield a higher percentage of identified pathogens compared to last year's data, in which there were more surgeries performed identifying pathogens.

In Alabama hospitals in 2012, *Enterococcus* species were the most common pathogens identified in colon surgery SSIs. Pathogens were identified in 254 colon surgeries. *Enterococcus* species accounted for 56 identified pathogens among colon surgeries (22%), compared to 70 out of 289 (24.2%) in 2011. *Escherichia* species were identified in 18% and *Staphylococcus* 14%, compared to 17.2 % and 15.8%, respectively of colon surgery SSIs in 2011.

Alabama hospitals reported *Staphylococcus* species as the most common pathogen associated with abdominal hysterectomy SSIs, 24.6% of pathogens identified. *Enterococcus* species were the second most commonly reported (14.5%) group of pathogens identified. Pathogens identified within the "other" group largely consisted of several types of *clostridium*, *acinetobacter*, and *anaerobe* species.



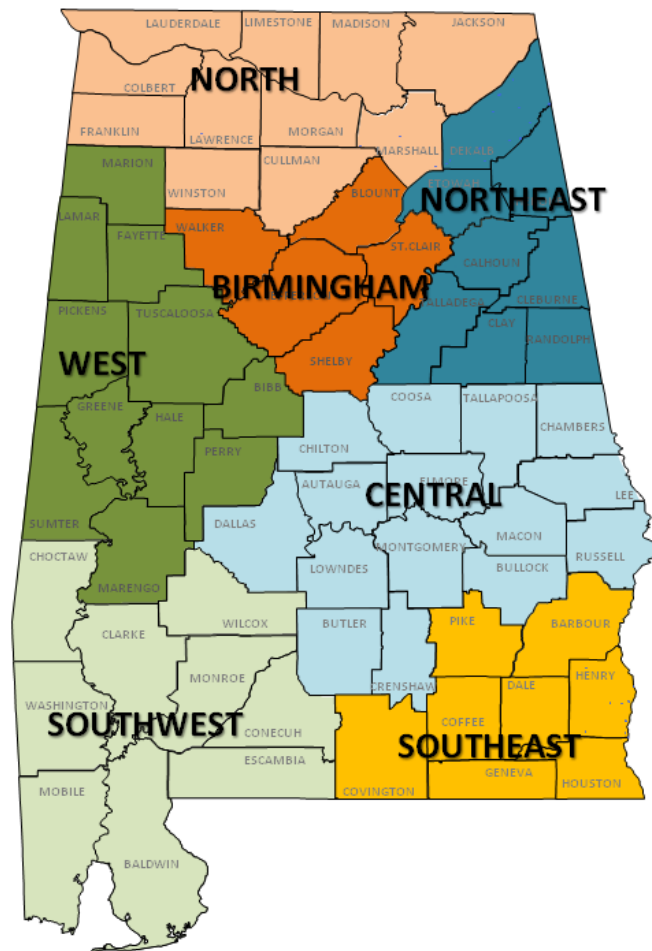
Data pulled: July 11,, 2013



HAI Data, Hospital Specific

The following tables list individual hospital performance in each of the four infection measures: CAUTI (pages 18-24), CLABSI (pages 25-31), Colon SSI (pages 32-38), and Abdominal Hysterectomy SSI (pages 39-45). 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 number of device days or procedures performed.

HAI Reporting Regions





BIRMINGHAM REGION					
Alabama Catheter-Associated Urinary Tract Infections (CAUTI)					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 446 catheter days)					
St. Vincent's Blount	303	1	N/A	N/A	N/A
Medium Volume Hospitals (446-2,824 catheter days)					
Brookwood Medical Center	2,235	1	0.243	Similar	Similar
Medical West	1,814	0	0	Similar	Similar
St. Vincent's St. Clair	1,013	3	1.558	Similar	N/A
Trinity Medical Center	1,564	2	0.799	Similar	Similar
High Volume Hospitals (more than 2,824 catheter days)					
Princeton Baptist Medical Center	9,384	9	0.513	Better	Similar
Shelby Baptist Medical Center	6,262	8	0.798	Similar	Similar
St. Vincent's Birmingham	6,835	1	0.078	Better	Similar
St. Vincent's East	4,046	2	0.309	Similar	Similar
University of Alabama Birmingham Hospital	4,287	2	0.268	Better	Similar
Walker Baptist Medical Center	4,616	4	0.500	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of catheter days was too few for SIR and 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.

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

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, 2012-December 31, 2012					
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 446 catheter days)					
Bullock County Hospital	272	0	N/A	N/A	N/A
Elmore Community Hospital*	208	0	N/A	N/A	N/A
Georgiana Hospital	314	0	N/A	N/A	N/A
Lake Martin Community Hospital	441	0	N/A	N/A	N/A
LV Stabler Memorial Hospital	363	0	N/A	N/A	N/A
Medium Volume Hospitals (446-2,824 catheter days)					
Baptist Medical Center East	2,787	1	0.192	Similar	Better
Community Hospital	953	0	0	Similar	Similar
Crenshaw Community Hospital	447	0	N/A	N/A	Similar
George H. Lanier Memorial Hospital	1,603	3	0.985	Similar	Similar
Jack Houghston Memorial Hospital*	963	0	N/A	N/A	N/A
Prattville Baptist Hospital	1,435	1	0.436	Similar	Similar
Vaughan Regional Medical Center	2,495	1	0.251	Similar	Similar
High Volume Hospitals (more than 2,824 catheter days)					
Baptist Medical Center South	2,948	2	0.363	Similar	Similar
East Alabama Medical Center	3,762	7	1.082	Similar	Similar
Jackson Hospital & Clinic	5,938	0	0	Better	Similar
Russell Medical Center	5,164	1	0.121	Better	Better

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of catheter days was too few for SIR and 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.

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

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).

* Facility's data includes mixed acuity locations during 2012; SIRs are not available for locations with mixed acuity locations because the National Comparison data is not available.





NORTH REGION					
Alabama Catheter-Associated Urinary Tract Infections (CAUTI)					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 446 catheter days)					
Lakeland Community Hospital	303	0	N/A	N/A	N/A
North Mississippi Medical Center-Hamilton	374	0	N/A	N/A	N/A
Red Bay Hospital	421	0	N/A	N/A	N/A
Medium Volume Hospitals (446-2,824 catheter days)					
Athens Limestone Hospital	2,442	0	0	Better	Better
Decatur Morgan Hospital-Parkway Campus	1,674	2	0.747	Similar	Similar
Highlands Medical Center	1,805	7	2.048	Similar	Similar
Lawrence Medical Center	940	1	0.665	Similar	Similar
Marshall Medical Center North	2,282	7	1.917	Similar	Similar
Marshall Medical Center South	2,532	4	0.922	Similar	Similar
Russellville Hospital	1,759	0	0	Similar	Similar
Shoals Hospital	1,244	2	0.846	Similar	Better
High Volume Hospitals (more than 2,824 catheter days)					
Crestwood Medical Center	4,196	9	1.145	Similar	Worse
Cullman Regional Medical Center	5,275	6	0.612	Similar	Better
Decatur Morgan Hospital-Decatur Campus	5,181	5	0.568	Similar	Similar
Eliza Coffee Memorial Hospital	4,995	3	0.325	Better	Similar
Helen Keller Hospital	5,137	3	0.314	Better	Better
Huntsville Hospital	8,208	23	1.514	Similar	Worse

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of catheter days was too few for SIR and 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.

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

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).





NORTHEAST REGION					
Alabama Catheter-Associated Urinary Tract Infections (CAUTI)					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 446 catheter days)					
Cherokee Medical Center*	212	1	N/A	N/A	N/A
Clay County Hospital	302	0	N/A	N/A	Similar
Jacksonville Medical Center	369	1	N/A	N/A	N/A
Medium Volume Hospitals (446-2,824 catheter days)					
Citizens Baptist Medical Center	465	0	N/A	N/A	N/A
Coosa Valley Medical Center	1,436	0	0	Similar	Similar
DeKalb Regional Medical Center	1,621	0	0	Similar	Similar
Northeast Alabama Regional Medical Center	2,693	9	1.812	Similar	Worse
Riverview Regional Medical Center	2,633	5	1.112	Similar	Similar
Stringfellow Memorial Hospital	1,054	1	0.593	Similar	Similar
Wedowee Hospital	648	0	0	Similar	Similar
High Volume Hospitals (more than 2,824 catheter days)					
Gadsden Regional Medical Center	5,977	9	0.891	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of catheter days was too few for SIR and 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.

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

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).

* Facility's data includes mixed acuity locations during 2012; SIRs are not available for locations with mixed acuity locations because the National Comparison data is not available.





SOUTHEAST REGION					
Alabama Catheter-Associated Urinary Tract Infections (CAUTI)					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 446 catheter days)					
Floral Memorial Hospital	106	0	N/A	N/A	N/A
Medium Volume Hospitals (446-2,824 catheter days)					
Andalusia Regional Hospital	960	0	0	Similar	Similar
Dale Medical Center	1,221	0	0	Similar	Similar
Medical Center Barbour	839	0	0	Similar	Similar
Medical Center Enterprise	1,787	1	0.331	Similar	Similar
Mizell Memorial Hospital	948	1	0.555	Similar	Similar
Southeast Alabama Medical Center	2,758	0	0	Better	Similar
Troy Regional Medical Center	641	2	1.949	Similar	Similar
Wiregrass Medical Center	492	0	N/A	N/A	N/A
High Volume Hospitals (more than 2,824 catheter days)					
Flowers Hospital	4,634	6	0.695	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of catheter days was too few for SIR and 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.

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

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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, 2012-December 31, 2012					
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 446 catheter days)					
Grove Hill Memorial Hospital*	443	0	N/A	N/A	N/A
J. Paul Jones Hospital	127	0	N/A	N/A	N/A
North Baldwin Infirmary	400	0	N/A	N/A	N/A
Washington County Hospital*	310	2	N/A	N/A	N/A
Medium Volume Hospitals (446-2,824 catheter days)					
Atmore Community Hospital	600	0	N/A	N/A	Similar
D.W. McMillan Memorial Hospital	930	1	0.672	Similar	Similar
Evergreen Medical Center	621	1	N/A	N/A	N/A
Jackson Medical Center	456	0	N/A	N/A	N/A
Monroe County Hospital	448	0	N/A	N/A	N/A
South Baldwin Regional Medical Center	1,418	1	0.441	Similar	Similar
Springhill Medical Center	1,272	3	1.474	Similar	Similar
Thomas Hospital	2,241	11	2.818	Worse	Similar
High Volume Hospitals (more than 2,824 catheter days)					
Mobile Infirmary Medical Center	4,178	11	1.645	Similar	Similar
Providence Hospital	6,363	6	0.563	Similar	Similar
University of South Alabama Medical Center	2,825	13	2.876	Worse	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of catheter days was too few for SIR and 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.

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

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).

* Facility's data includes mixed acuity locations during 2012; SIRs are not available for locations with mixed acuity locations because the National Comparison data is not available.





WEST REGION					
Alabama Catheter-Associated Urinary Tract Infections (CAUTI)					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 446 catheter days)					
Bibb Medical Center	307	0	N/A	N/A	N/A
Greene County Hospital	227	0	N/A	N/A	N/A
Hale County Hospital	119	0	N/A	N/A	N/A
Hill Hospital*	21	0	N/A	N/A	N/A
Medium Volume Hospitals (446-2,824 catheter days)					
Bryan W. Whitfield Memorial Hospital	670	1	0.933	Similar	Similar
Fayette Medical Center	1,097	1	0.570	Similar	Similar
Northwest Medical Center	1,162	0	0	Similar	Similar
Pickens County Hospital	659	0	0	Similar	Similar
High Volume Hospitals (more than 2,824 catheter days)					
DCH Regional Medical Center	9,411	24	1.378	Similar	Worse
Northport Medical Center	3,144	8	1.590	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of catheter days was too few for SIR and 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.

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

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).

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

* Facility's data includes mixed acuity locations during 2012; SIRs are not available for locations with mixed acuity locations because the National Comparison data is not available.





BIRMINGHAM REGION					
Alabama Central Line-Associated Blood Stream Infections (CLABSI)					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Medium Volume Hospitals (169 -2,253 central line days)					
Medical West	1,981	0	0	Better	Similar
St. Vincent's Blount	180	0	N/A	N/A	N/A
St. Vincent's St. Clair	270	0	N/A	N/A	N/A
Walker Baptist Medical Center	753	0	0	Similar	N/A
High Volume Hospitals (more than 2,253 central line days)					
Brookwood Medical Center	5,252	4	0.385	Better	Better
Children's Health System	2,254	4	0.592	Similar	Similar
Princeton Baptist Medical Center	5,579	3	0.261	Better	Similar
Shelby Baptist Medical Center	3,599	0	0	Better	Better
St. Vincent's Birmingham	4,623	3	0.373	Similar	Similar
St. Vincent's East	6,052	11	0.943	Similar	Similar
Trinity Medical Center	3,283	3	0.434	Similar	Better
University of Alabama Birmingham Hospital	10,882	25	0.935	Similar	Better

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of catheter days was too few for SIR and 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.

Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.

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).

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CENTRAL REGION					
Alabama Central Line-Associated Blood Stream Infections (CLABSI)					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 169 central line days)					
Community Hospital	78	0	N/A	N/A	N/A
LV Stabler Memorial Hospital	29	0	N/A	N/A	N/A
Medium Volume Hospitals (169 -2,253 central line days)					
Baptist Medical Center East	1,095	1	0.481	Similar	Similar
Baptist Medical Center South	1,487	2	0.708	Similar	Similar
George H. Lanier Memorial Hospital	497	0	N/A	N/A	Similar
Prattville Baptist Hospital	427	0	N/A	N/A	N/A
Russell Medical Center	977	0	0	Similar	Similar
Vaughan Regional Medical Center	1,542	0	0	Similar	Similar
High Volume Hospitals (more than 2,253 central line days)					
East Alabama Medical Center	2,556	4	1.043	Similar	Better
Jackson Hospital & Clinic	3,541	7	1.318	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of central line days was too few for SIR and 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.

Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.

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NORTH REGION					
Alabama Central Line-Associated Blood Stream Infections (CLABSI)					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 169 central line days)					
Lakeland Community Hospital	24	0	N/A	N/A	N/A
North Mississippi Medical Center-Hamilton	49	0	N/A	N/A	N/A
Medium Volume Hospitals (169 -2,253 central line days)					
Athens Limestone Hospital	578	0	N/A	N/A	N/A
Crestwood Medical Center	1,248	3	1.603	Similar	Similar
Cullman Regional Medical Center	654	0	N/A	N/A	Similar
Decatur Morgan Hospital-Decatur Campus	805	1	0.828	Similar	Similar
Decatur Morgan Hospital-Parkway Campus	200	0	N/A	N/A	N/A
Eliza Coffee Memorial Hospital	1,833	1	0.364	Similar	Similar
Helen Keller Hospital	626	0	N/A	N/A	N/A
Highlands Medical Center	344	0	N/A	N/A	N/A
Marshall Medical Center North	357	0	N/A	N/A	N/A
Marshall Medical Center South	392	0	N/A	N/A	N/A
Russellville Hospital	197	0	N/A	N/A	N/A
Shoals Hospital	208	0	N/A	N/A	N/A
High Volume Hospitals (more than 2,253 central line days)					
Huntsville Hospital	4,696	14	1.358	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of central line days was too few for SIR and 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.

Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.

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NORTHEAST REGION					
Alabama Central Line-Associated Blood Stream Infections (CLABSI)					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 169 central line days)					
Citizens Baptist Medical Center	147	0	N/A	N/A	N/A
Clay County Hospital	8	0	N/A	N/A	N/A
Jacksonville Medical Center	48	0	N/A	N/A	N/A
Medium Volume Hospitals (169 -2,253 central line days)					
Coosa Valley Medical Center	479	0	N/A	N/A	N/A
DeKalb Regional Medical Center	343	0	N/A	N/A	N/A
Northeast Alabama Regional Medical Center	1,324	0	0	Similar	Similar
Riverview Regional Medical Center	1,379	0	0	Similar	Better
Stringfellow Memorial Hospital	304	0	N/A	N/A	N/A
High Volume Hospitals (more than 2,253 central line days)					
Gadsden Regional Medical Center	5,053	2	0.205	Better	Better

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of central line days was too few for SIR and 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.

Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.

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





SOUTHEAST REGION					
Alabama Central Line-Associated Blood Stream Infections (CLABSI)					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 169 central line days)					
Medical Center Barbour	120	0	N/A	N/A	N/A
Mizell Memorial Hospital	25	0	N/A	N/A	N/A
Troy Regional Medical Center	165	0	N/A	N/A	N/A
Wiregrass Medical Center	74	0	N/A	N/A	N/A
Medium Volume Hospitals (169 -2,253 central line days)					
Andalusia Regional Hospital	178	0	N/A	N/A	N/A
Dale Medical Center	190	0	N/A	N/A	N/A
Medical Center Enterprise	205	0	N/A	N/A	N/A
High Volume Hospitals (more than 2,253 central line days)					
Flowers Hospital	2,344	1	0.207	Similar	Better
Southeast Alabama Medical Center	3,341	2	0.399	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of central line days was too few for SIR and 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.

Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.

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).

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SOUTHWEST REGION					
Alabama Central Line-Associated Blood Stream Infections (CLABSI)					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 169 central line days)					
Atmore Community Hospital	168	0	N/A	N/A	N/A
Monroe County Hospital	80	0	N/A	N/A	N/A
North Baldwin Infirmary	155	0	N/A	N/A	N/A
Medium Volume Hospitals (169 -2,253 central line days)					
D.W. McMillan Memorial Hospital	324	0	N/A	N/A	N/A
South Baldwin Regional Medical Center	956	1	0.697	Similar	Similar
Thomas Hospital	838	0	0	Similar	Similar
University of South Alabama Medical Center	1,506	3	0.948	Similar	Similar
USA Children's & Women's Hospital	2,078	5	0.802	Similar	Similar
High Volume Hospitals (more than 2,253 central line days)					
Mobile Infirmary Medical Center	7,161	2	0.129	Better	Better
Providence Hospital	4,532	0	0	Better	Better
Springhill Medical Center	3,629	3	0.551	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of central line days was too few for SIR and 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.

Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.

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





WEST REGION					
Alabama Central Line-Associated Blood Stream Infections (CLABSI)					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 169 central line days)					
Bryan W. Whitfield Memorial Hospital	16	0	N/A	N/A	N/A
Fayette Medical Center	155	0	N/A	N/A	N/A
Northwest Medical Center	161	0	N/A	N/A	N/A
Pickens County Hospital	46	0	N/A	N/A	N/A
Medium Volume Hospitals (169 -2,253 central line days)					
Northport Medical Center	433	0	0	Similar	Similar
High Volume Hospitals (more than 2,253 central line days)					
DCH Regional Medical Center	6,866	5	0.292	Better	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of central line days was too few for SIR and 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.

Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.

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).

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BIRMINGHAM REGION					
Alabama Surgical Site Infections (SSI)-Colon Surgeries January 1, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 10 procedures)					
St. Vincent's Blount	9	0	N/A	N/A	N/A
Medium Volume Hospitals (10-114 procedures)					
Children's Health System	85	1	0.218	Similar	Similar
Medical West	82	4	0.968	Similar	Similar
Trinity Medical Center	110	0	0	Better	Similar
Walker Baptist Medical Center	48	2	0.616	Similar	Similar
High Volume Hospitals (more than 114 procedures)					
Brookwood Medical Center	258	8	0.460	Better	Similar
Princeton Baptist Medical Center	161	4	0.493	Similar	Better
Shelby Baptist Medical Center	179	13	1.385	Similar	Similar
St. Vincent's Birmingham	220	7	0.620	Similar	Similar
St. Vincent's East	192	2	0.154	Better	Similar
University of Alabama Birmingham Hospital	535	15	0.354	Better	Better

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient colon surgeries performed in 2012.

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, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 10 procedures)					
Jack Houghston Memorial Hospital	2	1	N/A	N/A	N/A
Medium Volume Hospitals (10-114 procedures)					
Baptist Medical Center East	111	0	0	Better	Better
Community Hospital	21	0	0	Similar	N/A
George H. Lanier Memorial Hospital	21	1	0.842	Similar	Similar
LV Stabler Memorial Hospital	12	0	N/A	N/A	N/A
Prattville Baptist Hospital	20	1	0.813	Similar	Similar
Russell Medical Center	27	2	1.148	Similar	Similar
Vaughan Regional Medical Center	55	1	0.297	Similar	Similar
High Volume Hospitals (more than 114 procedures)					
Baptist Medical Center South	138	2	0.298	Similar	Similar
East Alabama Medical Center	145	4	0.534	Similar	Similar
Jackson Hospital & Clinic	140	4	0.466	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient colon surgeries performed in 2012.

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).

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





NORTH REGION					
Alabama Surgical Site Infections (SSI)-Colon Surgeries					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 10 procedures)					
Highlands Medical Center	7	1	N/A	N/A	N/A
Lakeland Community Hospital	8	0	N/A	N/A	N/A
North Mississippi Medical Center-Hamilton	7	1	N/A	N/A	N/A
Medium Volume Hospitals (10-114 procedures)					
Athens Limestone Hospital	18	0	0	Similar	Similar
Crestwood Medical Center	89	2	0.350	Similar	Similar
Cullman Regional Medical Center	75	2	0.487	Similar	Similar
Decatur Morgan Hospital-Parkway Campus	28	0	0	Similar	Similar
Eliza Coffee Memorial Hospital	67	4	0.971	Similar	Similar
Helen Keller Hospital	80	0	0	Better	Similar
Marshall Medical Center North	51	4	1.564	Similar	Similar
Marshall Medical Center South	45	1	0.397	Similar	Similar
Russellville Hospital	20	1	0.856	Similar	Similar
Shoals Hospital	26	6	3.904	Worse	Similar
High Volume Hospitals (more than 114 procedures)					
Decatur Morgan Hospital-Decatur Campus	115	4	0.619	Similar	Similar
Huntsville Hospital	526	30	0.794	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient colon surgeries performed in 2012.

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).





NORTHEAST REGION					
Alabama Surgical Site Infections (SSI)-Colon Surgeries					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 10 procedures)					
Cherokee Medical Center	2	0	N/A	N/A	N/A
Jacksonville Medical Center	7	0	N/A	N/A	N/A
Medium Volume Hospitals (10-114 procedures)					
Citizens Baptist Medical Center	15	0	0	Similar	N/A
Clay County Hospital	55	1	0.297	Similar	N/A
Coosa Valley Medical Center	38	0	0	Similar	Similar
DeKalb Regional Medical Center	20	0	0	Similar	N/A
Riverview Regional Medical Center	47	1	0.395	Similar	Similar
Stringfellow Memorial Hospital	35	0	0	Similar	Similar
High Volume Hospitals (more than 114 procedures)					
Gadsden Regional Medical Center	116	0	0	Better	Better
Northeast Alabama Regional Medical Center	117	11	1.689	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient colon surgeries performed in 2012.

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).





SOUTHEAST REGION					
Alabama Surgical Site Infections (SSI)-Colon Surgeries					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 10 procedures)					
Dale Medical Center	6	0	N/A	N/A	N/A
Medical Center Barbour	7	0	N/A	N/A	N/A
Mizell Memorial Hospital	8	0	N/A	N/A	N/A
Troy Regional Medical Center	5	0	N/A	N/A	N/A
Wiregrass Medical Center	2	0	N/A	N/A	N/A
Medium Volume Hospitals (10-114 procedures)					
Andalusia Regional Medical Center	21	1	0.788	Similar	Similar
Flowers Hospital	93	5	0.910	Similar	Similar
Medical Center Enterprise	30	2	1.197	Similar	Similar
High Volume Hospitals (more than 114 procedures)					
Southeast Alabama Medical Center	119	6	0.838	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient colon surgeries performed in 2012.

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, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 10 procedures)					
Atmore Community Hospital	6	0	N/A	N/A	N/A
Monroe County Hospital	5	0	N/A	N/A	N/A
USA Children's & Women's Hospital	9	0	N/A	N/A	N/A
Medium Volume Hospitals (10-114 procedures)					
D.W. McMillan Memorial Hospital	27	4	2.549	Similar	Similar
North Baldwin Infirmary	11	2	N/A	N/A	N/A
South Baldwin Regional Medical Center	66	4	1.076	Similar	Similar
Thomas Hospital	111	11	1.997	Similar	Similar
University of South Alabama Medical Center	43	2	0.603	Similar	Similar
High Volume Hospitals (more than 114 procedures)					
Mobile Infirmary Medical Center	305	15	0.659	Similar	Better
Providence Hospital	153	7	0.752	Similar	Similar
Springhill Medical Center	115	3	0.503	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient colon surgeries performed in 2012.

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).





WEST REGION					
Alabama Surgical Site Infections (SSI)-Colon Surgeries					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 10 procedures)					
Bryan W. Whitfield Memorial Hospital	4	0	N/A	N/A	N/A
Northwest Medical Center	6	0	N/A	N/A	N/A
Pickens County Medical Center	5	0	N/A	N/A	Similar
Medium Volume Hospitals (10-114 procedures)					
Fayette Medical Center	11	0	N/A	N/A	N/A
Northport Medical Center	35	2	1.140	Similar	Similar
High Volume Hospitals (more than 114 procedures)					
DCH Regional Medical Center	263	8	0.429	Better	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient colon surgeries performed in 2012.

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, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 11 procedures)					
St. Vincent's Blount	6	0	N/A	N/A	N/A
Walker Baptist Medical Center	7	0	N/A	N/A	N/A
Medium Volume Hospitals (11-140 procedures)					
Medical West	44	0	0	Similar	Similar
Princeton Baptist Medical Center	115	1	0.339	Similar	Similar
Shelby Baptist Medical Center	117	1	0.456	Similar	Similar
Trinity Medical Center	32	0	N/A	N/A	N/A
High Volume Hospitals (more than 140 procedures)					
Brookwood Medical Center	996	2	0.174	Better	Better
St. Vincent's Birmingham	559	0	0	Better	Similar
St. Vincent's East	175	1	0.310	Similar	Similar
University of Alabama Birmingham Hospital	623	9	0.686	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient abdominal hysterectomy surgeries performed in 2012.

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, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 11 procedures)					
Russell Medical Center	10	0	N/A	N/A	N/A
Medium Volume Hospitals (11-140 procedures)					
Baptist Medical Center South	129	3	1.087	Similar	Similar
George H. Lanier Memorial Hospital	50	1	N/A	N/A	N/A
Vaughan Regional Medical Center	48	0	0	Similar	Similar
High Volume Hospitals (more than 140 procedures)					
Baptist Medical Center East	393	1	0.178	Better	Similar
East Alabama Medical Center	310	3	0.708	Similar	Similar
Jackson Hospital & Clinic	185	0	0	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient abdominal hysterectomy surgeries performed in 2012.

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).





NORTH REGION					
Alabama Surgical Site Infections (SSI)-Abdominal Hysterectomies					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 11 procedures)					
Lakeland Community Hospital	4	0	N/A	N/A	N/A
Russellville Hospital	4	0	N/A	N/A	N/A
Medium Volume Hospitals (11-140 procedures)					
Athens Limestone Hospital	14	0	N/A	N/A	N/A
Crestwood Medical Center	80	0	0	Similar	N/A
Cullman Regional Medical Center	86	3	1.664	Similar	Similar
Decatur Morgan Hospital-Parkway Campus	20	0	N/A	N/A	N/A
Eliza Coffee Memorial Hospital	36	4	N/A	N/A	Similar
Helen Keller Hospital	41	1	N/A	N/A	N/A
Highlands Medical Center	25	2	N/A	N/A	N/A
Marshall Medical Center North	25	1	N/A	N/A	N/A
Marshall Medical Center South	54	2	1.754	Similar	Similar
High Volume Hospitals (more than 140 procedures)					
Decatur Morgan Hospital-Decatur Campus	163	2	0.848	Similar	Similar
Huntsville Hospital	718	6	0.475	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient abdominal hysterectomy surgeries performed in 2012.

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).





NORTHEAST REGION					
Alabama Surgical Site Infections (SSI)-Abdominal Hysterectomies					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 11 procedures)					
Stringfellow Memorial Hospital	5	0	N/A	N/A	N/A
Medium Volume Hospitals (11-140 procedures)					
Citizens Baptist Medical Center	22	0	N/A	N/A	N/A
Clay County Hospital	48	0	0	Similar	N/A
Coosa Valley Medical Center	15	0	N/A	N/A	N/A
DeKalb Regional Medical Center	60	0	0	Similar	N/A
Gadsden Regional Medical Center	78	0	0	Similar	Similar
Jacksonville Medical Center	13	0	N/A	N/A	N/A
Northeast Alabama Regional Medical Center	101	0	0	Similar	Similar
Riverview Regional Medical Center	13	0	N/A	N/A	N/A

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient abdominal hysterectomy surgeries performed in 2012.

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

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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).





SOUTHEAST REGION					
Alabama Surgical Site Infections (SSI)-Abdominal Hysterectomies					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 11 procedures)					
Andalusia Regional Hospital	10	0	N/A	N/A	N/A
Medical Center Barbour	5	0	N/A	N/A	N/A
Mizell Memorial Hospital	4	0	N/A	N/A	N/A
Troy Regional Medical Center	9	0	N/A	N/A	N/A
Wiregrass Medical Center	4	0	N/A	N/A	N/A
Medium Volume Hospitals (11-140 procedures)					
Medical Center Enterprise	136	3	1.091	Similar	Similar
Southeast Alabama Medical Center	107	1	0.394	Similar	Similar
High Volume Hospitals (more than 140 procedures)					
Flowers Hospital	231	5	1.276	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient abdominal hysterectomy surgeries performed in 2012.

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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, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 11 procedures)					
D.W. McMillan Memorial Hospital	6	0	N/A	N/A	N/A
Grove Hill Memorial Hospital	10	0	N/A	N/A	N/A
North Baldwin Infirmary	4	0	N/A	N/A	N/A
University of South Alabama Medical Center	4	0	N/A	N/A	N/A
Medium Volume Hospitals (11-140 procedures)					
Monroe County Hospital	19	0	N/A	N/A	N/A
South Baldwin Regional Medical Center	110	0	0	Similar	Similar
Springhill Medical Center	87	0	0	Similar	Similar
High Volume Hospitals (more than 140 procedures)					
Mobile Infirmary Medical Center	232	3	0.896	Similar	Similar
Providence Hospital	251	1	0.235	Similar	Similar
Thomas Hospital	266	2	0.752	Similar	Similar
USA Children's & Women's Hospital	380	8	0.866	Similar	Worse

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient abdominal hysterectomy surgeries performed in 2012.

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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).

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





WEST REGION					
Alabama Surgical Site Infections (SSI)-Abdominal Hysterectomies					
January 1, 2012-December 31, 2012					
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance Compared to National Performance	
				2012	2011
Low Volume Hospitals (fewer than 11 procedures)					
Pickens County Hospital	3	0	N/A	N/A	N/A
Medium Volume Hospitals (11-140 procedures)					
Bryan W. Whitfield Memorial Hospital	28	0	N/A	N/A	N/A
Northport Medical Center	52	0	0	Similar	Similar
Northwest Medical Center	48	0	N/A	N/A	Similar
High Volume Hospitals (more than 140 procedures)					
DCH Regional Medical Center	171	2	0.775	Similar	Similar

Data pulled: April 24, 2013

N/A: Hospital submitted data though number of procedures was too few for SIR and performance comparisons to be accurately calculated.

Procedures: The number of in-patient abdominal hysterectomy surgeries performed in 2012.

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

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





Alabama General Critical Access Facilities

FACILITY	REGION	PAGES
ANDALUSIA REGIONAL HOSPITAL	Southeast Region	22, 29, 36, 43
ATHENS LIMESTONE HOSPITAL	North Region	20, 27, 34, 41
ATMORE COMMUNITY HOSPITAL	Southwest Region	23, 30, 37
BAPTIST MEDICAL CENTER EAST	Central Region	19, 26, 33, 40
BAPTIST MEDICAL CENTER SOUTH	Central Region	19, 26, 33, 40
BIBB MEDICAL CENTER	West Region	24
BROOKWOOD MEDICAL CENTER	Birmingham	18, 25, 32, 39
BRYAN W. WHITFIELD MEMORIAL HOSPITAL	West Region	24, 31
BULLOCK COUNTY HOSPITAL	Central Region	19
CHEROKEE MEDICAL CENTER	Northeast Region	21, 35
CHILDREN'S HEALTH SYSTEM	Birmingham	25, 32
CHILTON MEDICAL CENTER	Central Region	<i>Closed October 2012</i>
CITIZENS BAPTIST MEDICAL CENTER	Northeast Region	21, 28, 35, 42
CLAY COUNTY HOSPITAL	Northeast Region	21, 28
COMMUNITY HOSPITAL	Central Region	19, 26, 33
COOPER GREEN MERCY HOSPITAL	Birmingham	<i>Closed December 2012</i>
COOSA VALLEY MEDICAL CENTER	Northeast Region	28, 35, 42
CRENSHAW COMMUNITY HOSPITAL	Central Region	19
CRESTWOOD MEDICAL CENTER	North Region	20, 27, 34, 41
CULLMAN REGIONAL MEDICAL CENTER	North Region	20, 27, 34, 41
D.W. MCMILLAN MEMORIAL HOSPITAL	Southwest Region	23, 30, 37, 44
DALE MEDICAL CENTER	Southeast Region	22, 29, 36
DCH REGIONAL MEDICAL CENTER	West Region	24, 31, 38, 45
DECATUR GENERAL	North Region	<i>See Decatur Morgan Hospital- Decatur Campus</i>
DECATUR MORGAN HOSPITAL- DECATUR CAMPAUS	North Region	20, 27, 34, 41
DECATUR MORGAN HOSPITAL- PARKWAY CAMPAUS	North Region	20, 27, 34, 41
DEKALB REGIONAL MEDICAL CENTER	Northeast Region	21, 28, 35, 42
EAST ALABAMA MEDICAL CENTER	Central Region	19, 26, 33, 40
ELBA GENERAL HOSPITAL	Southeast Region	<i>Closed February 2013</i>
ELIZA COFFEE MEMORIAL HOSPITAL	North Region	20, 27, 34, 41
ELMORE COMMUNITY HOSPITAL	Central Region	19
FLORALA MEMORIAL HOSPITAL	Southeast Region	22
FLOWERS HOSPITAL	Southeast Region	22, 29, 36, 43
GADSDEN REGIONAL MEDICAL CENTER	Northeast Region	21, 28, 35, 42



GEORGE H. LANIER MEMORIAL HOSPITAL	Central Region	19, 26, 33, 40
GREENE COUNTY HOSPITAL	West Region	24
GEORGIANA HOSPITAL	Central Region	19
GROVE HILL MEMORIAL HOSPITAL	Southwest Region	23
HALE COUNTY HOSPITAL	West Region	24
HARTSELLE MEDICAL CENTER	North Region	<i>Closed February 2012</i>
HELEN KELLER HOSPITAL	North Region	20, 27, 34, 41
HIGHLANDS MEDICAL CENTER	North Region	20, 27, 34
HILL HOSPITAL	West Region	24
HUNTSVILLE HOSPITAL	North Region	20, 27, 34, 41
INFIRMARY WEST	Southwest Region	<i>Closed November 2012</i>
J. PAUL JONES HOSPITAL	Southwest Region	23
JACK HUGHSTON MEMORIAL HOSPITAL	Central Region	19
JACKSON HOSPITAL & CLINIC	Central Region	19, 26, 33, 40
JACKSON MEDICAL CENTER	Southwest Region	23
JACKSONVILLE MEDICAL CENTER	Northeast Region	21, 28, 25, 42
LAKE MARTIN COMMUNITY HOSPITAL	Central Region	19
LAKELAND COMMUNITY HOSPITAL	North Region	20, 27, 34, 41
LAWRENCE MEDICAL CENTER	North Region	20
LV STABLER MEMORIAL HOSPITAL	Central Region	19, 26, 33, 40
MARSHALL MEDICAL CENTER NORTH	North Region	20, 27, 34, 41
MARSHALL MEDICAL CENTER SOUTH	North Region	20, 27, 34, 41
MEDICAL CENTER BARBOUR	Southeast Region	22, 29, 36, 43
MEDICAL CENTER ENTERPRISE	Southeast Region	22, 29, 36, 43
MEDICAL WEST	Birmingham	18, 25, 32, 39
MIZELL MEMORIAL HOSPITAL	Southeast Region	22, 29, 36, 43
MOBILE INFIRMARY MEDICAL CENTER	Southwest Region	23, 30, 37, 44
MONROE COUNTY HOSPITAL	Southwest Region	23, 30, 37, 44
NORTH BALDWIN INFIRMARY	Southwest Region	23, 30, 37, 44
NORTH MISSISSIPPI MEDICAL CENTER-HAMILTON	North Region	20, 27, 34, 41
NORTHPORT MEDICAL CENTER	West Region	24, 31, 38, 45
NORTHWEST MEDICAL CENTER	West Region	24, 31, 38, 45
PARKWAY MEDICAL CENTER	North Region	<i>See Decatur Morgan Hospital-Parkway Campus</i>
PICKENS COUNTY MEDICAL CENTER	West Region	24, 31, 38, 45
PRATTVILLE BAPTIST HOSPITAL	Central Region	19, 26, 33, 40
PRINCETON BAPTIST MEDICAL CENTER	Birmingham	18, 25, 32, 39
PROVIDENCE HOSPITAL	Southwest Region	23, 30, 37, 44
RED BAY HOSPITAL	North Region	20



RIVERVIEW REGIONAL MEDICAL CENTER	Northeast Region	21, 28, 35, 42
RUSSELL MEDICAL CENTER	Central Region	19, 26, 33, 40
RUSSELLVILLE HOSPITAL	North Region	20, 27, 34, 41
SHELBY BAPTIST MEDICAL CENTER	Birmingham	18, 25, 32, 39
SHOALS HOSPITAL	North Region	20, 27, 34, 41
SOUTH BALDWIN REGIONAL MEDICAL CENTER	Southwest Region	23, 30, 37, 44
SOUTHEAST ALABAMA MEDICAL CENTER	Southeast Region	22, 29, 36, 43
SPRINGHILL MEDICAL CENTER	Southwest Region	23, 30, 37, 44
ST. VINCENT'S HOSPITAL-BIRMINGHAM	Birmingham	18, 25, 32, 39
ST. VINCENT'S BLOUNT	Birmingham	18, 25, 32, 39
ST. VINCENT'S EAST	Birmingham	18, 25, 32, 39
ST. VINCENT'S ST. CLAIR	Birmingham	18, 25
STRINGFELLOW MEMORIAL HOSPITAL	Northeast Region	21, 28, 35, 42
THOMAS HOSPITAL	Southwest Region	23, 30, 37, 44
TRINITY MEDICAL CENTER	Birmingham	18, 25, 32, 39
TROY REGIONAL MEDICAL CENTER	Southeast Region	22, 29, 36
UNIVERSITY OF ALABAMA AT BIRMINGHAM (UAB)	Birmingham	18, 25, 32, 39
UNIVERSITY OF SOUTH ALABAMA (USA) CHILDREN'S & WOMEN'S HOSPITAL	Southwest Region	30, 37, 44
UNIVERSITY OF SOUTH ALABAMA (USA) MEDICAL CENTER	Southwest Region	23, 30, 37, 44
VAUGHAN REGIONAL MEDICAL CENTER	Central Region	19, 26, 33, 40
WALKER BAPTIST MEDICAL CENTER	Birmingham	18, 25, 32, 39
WASHINGTON COUNTY HOSPITAL	Southwest Region	23
WEDOWEE HOSPITAL	Northeast Region	21
WIREGRASS MEDICAL CENTER	Southeast Region	22, 39, 36, 43



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Beth Goodall, Epidemiology Director, DCH Regional Medical Center

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Linda Jordan, Administrator, Clay County Hospital

Keith Granger, President/CEO, Trinity Medical Center

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