HEALTHCARE-ASSOCIATED INFECTIONS IN ALABAMA

ANNUAL REPORT 2019

ALABAMA PUBLIC HEALTH

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EXECUTIVE SUMMARY

Healthcare-associated infections (HAIs) are infections that patients acquire while receiving care in a hospital or other healthcare facility. They can significantly delay recovery and sometimes even lead to debilitation or death. For these reasons, understanding the burden of HAIs in Alabama is important for our citizens, our healthcare facilities, and our government.

Alabama hospitals began reporting four infection measures to the Alabama Department of Public Health (ADPH) in 2011: catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), and surgical site infections (SSIs) associated with colon surgeries and abdominal hysterectomies. Alabama law requires that hospitals report HAI data through the National Healthcare Safety Network (NHSN), a secure internet-based surveillance system maintained by the Centers for Disease Control and Prevention (CDC). This 2019 Annual Report highlights Alabama's ninth year of reporting infection measure data. Prior reports compared Alabama's data to national baseline data from 2006-2009. This report marks the third year in which the national baseline data for comparison is from 2015. Therefore, SIRs will generally be higher than those from previous reports due to general improvement in infection control across the United States (see page 15 for more details). Because of the method of calculation used in NHSN, statewide SIRs exclude critical access hospitals.

In 2019, 91 facilities in Alabama reported CAUTI data. These hospitals reported 305 CAUTIs over 405,802 catheter days [CAUTI Rate (per 1,000 catheter days): 0.75]. This demonstrates a decrease in CAUTIs from 2018, when 318 CAUTIs were reported by 91 hospitals, over 408,014 catheter days [CAUTI Rate (per 1,000 catheter days): 0.78]. The 2019 standardized infection ratio (SIR) was 0.63, indicating that Alabama hospitals had significantly fewer infections than predicted based on the 2015 national baseline data for the fifth year in a row. Twelve hospitals performed better than predicted, and none performed worse.

In 2019, 170 CLABSIs associated with 204,698 central line days [CLABSI Rate (per 1,000 central line days): 0.83] were reported by 70 Alabama hospitals that met the reporting criteria. Alabama's performance was statistically better than the 2015 national baseline with an SIR of 0.73, which is a slight increase from last year's SIR of 0.69. Four hospitals performed better than the national baseline, and none performed worse.

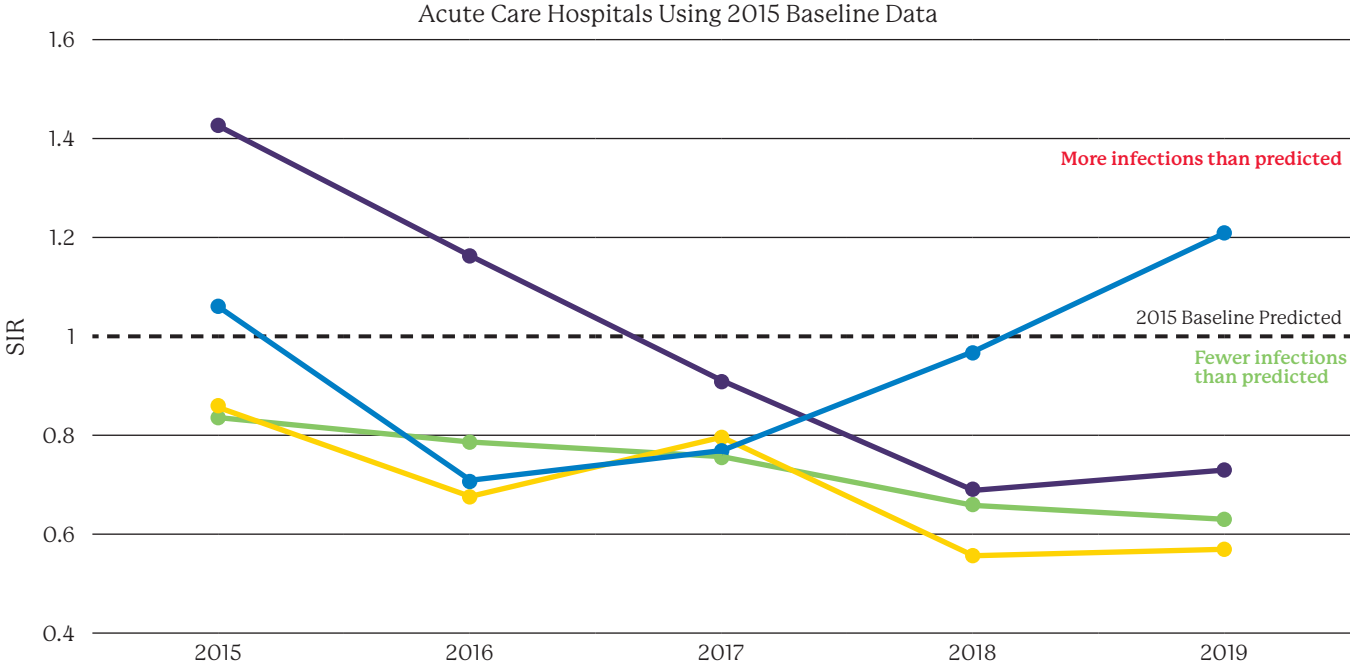
For colon SSIs, Alabama hospitals performed significantly better than the national baseline in adult procedures. For 5,975 adult colon procedures, 81 deep and organ-level SSIs were identified [SSI Rate (per 100 procedures): 1.36}, resulting in an SIR of 0.57. The statewide adult SIR has been better than national performance for five years in a row, with this year's just slightly higher than last year's SIR of 0.56.

For abdominal hysterectomy SSIs, Alabama hospitals' performance was similar to the national baseline in adult procedures. For 7,510 adult abdominal hysterectomies, 53 deep and organ-level SSIs were identified [SSI Rate (per 100 procedures): 0.71], resulting in an SIR of 1.21. The statewide adult SIR increased for the third year in a row.

[1] Two facilities were excluded from state- and individual-level data; one because of closure and one because zero catheter days were reported

Alabama SIRs by Year

Acute Care Hospitals Using 2015 Baseline Data



	2015	2016	2017	2018	2019
CAUTI SIRs	0.84	0.79	0.75	0.66	0.63
CLABSI SIRs	1.42	1.16	0.9	0.69	0.73
Adult Colon SSI SIRs	0.86	0.68	0.8	0.56	0.57
Adult Abdominal Hysterectomy SSI SIRs	1.06	0.71	0.77	0.97	1.21

INTRODUCTION

A healthcare-associated infection (HAI), formerly referred to as a nosocomial infection, is a type of infection patients acquire while receiving treatment in a healthcare setting. Healthcare settings may include hospitals, clinics, long-term care facilities, dialysis centers, and rehabilitation facilities. HAIs may be associated with a variety of conditions such as certain surgical procedures, overuse of antibiotics, and non-adherence to proper disinfection techniques like handwashing. Additionally, use of medical devices like urinary catheters, central lines, and ventilators increases patients' risk of HAIs.

Many criteria exist for evaluating the presence of HAIs. The infection's timing is important; HAIs must occur within a specific window of time in relation to a procedure or event. As such, not all infections that present while a patient is hospitalized meet the criteria for reporting as an HAI. Additionally, diagnostic tests and patient symptoms may be important to identify HAIs. Alabama, like most other states, uses specific criteria described by the Centers for Disease Control and Prevention (CDC) to determine whether an infection should be reported as an HAI.

The Mike Denton Infection Reporting Act (SB98) was passed on August 1, 2009, by the State of Alabama to better combat HAIs. The Act requires the collection and reporting of certain HAI data by specific Alabama healthcare facilities. It designated the Alabama Department of Public Health (ADPH) as the agency responsible for the analyzing submitted data and created a Healthcare Data Advisory Council (HDAC) to assist with development of the HAI reporting and prevention program. The Infection Reporting Act also made provisions for the development of certain rules and regulations, as well as the development of public reports comparing the HAI data.

Consumer demand for information about the performance of healthcare providers has increased steadily over the past decade. Data collected through the provisions of the Infection Reporting Act is of great interest to our communities. In response, many state and national initiatives now mandate health care organizations to publicly disclose information regarding institutional performance. Public reporting of health care performance enables stakeholders, including consumers, to make more informed choices on health care issues.

Although significant progress has been made in preventing HAIs, there is more work to be done. On any given day, about 1 in 31 hospital patients has an HAI. There were an estimated 687,000 HAIs in U.S. acute care hospitals in 2015. The same year, about 72,000 patients with HAIs died during their hospitalization.[2] The high number of HAIs imposes a significant, and unnecessary, burden on the population in terms of morbidity and mortality. Recent studies suggest that implementing existing prevention practices can reduce certain HAIs by as much as 70 percent reduction in certain HAIs. The financial benefit of using these prevention practices is estimated to be $25 billion to $31.5 billion in medical cost saving.[3]

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.alabamapublichealth.gov/HAI

[2] Centers for Disease Control and Prevention, Healthcare-associated Infections (HAIs), Data and Statistics. Available at: https://www.cdc.gov/hai/data/portal/index.html

[3] Scott, DR. The direct medical costs of healthcare-associated infections in US hospitals and the benefits of prevention. Centers for Disease Control and Prevention. March 2009. Available at: https://www.cdc.gov/HAI/pdfs/hai/Scott_CostPaper.pdf

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) that are licensed pursuant to Code of Alabama 1975, § 22-21-20. This report only includes individual data on healthcare facilities open as of March 1, 2020, and those with 12 months of data in 2019.

For a complete list of the healthcare facilities included in this report, please see Alabama Hospitals Reporting Data, p 51.

Method of HAI Data Collection

The National Healthcare Safety Network (NHSN) is a secure, internet-based surveillance system used by trained Infection Preventionist (IPs) or other trained NHSN Users at each healthcare facility to collect and report HAI data. 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 February 28. Each Alabama healthcare facility must grant permission within NHSN for ADPH HAI program staff to view and analyze the specified HAI data so they may, in turn, compile summary data for public reporting.

In the state of Alabama, HAI data required to be reported in NHSN 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.

REPORTING VARIABLES

Catheter-Associated Urinary Tract Infection (CAUTI)

A CAUTI is an infection associated with an indwelling urinary catheter. An indwelling urinary catheter, also referred to as a Foley catheter, is a urine drainage tube 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 who has had an indwelling urinary catheter in place for greater than two calendar days before the onset of the UTI, according to CDC's NHSN established criteria. The patient may or may not exhibit symptoms.

During 2019, Alabama hospitals were required to report CAUTIs that were attributed to medical wards, surgical wards, medical/surgical wards, adult critical care units, and pediatric critical care units. Facilities that did not have these types of wards or critical care units (as defined by NHSN) reported 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 monthly the number of days each patient was admitted (patient days) and the number of days each patient had an indwelling urinary catheter (catheter days) from the above wards or units (locations) using NHSN. The patient days and catheter days were 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 that terminates into one of the great blood vessels or near the heart, and is used for the administration of fluids, medications, intravenous nutrition, hemodynamic monitoring, and drawing blood. Central lines also include 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 least 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 2019, CLABSIs occurring within adult, pediatric, and neonatal critical care units were required to be reported using NHSN. Facilities were also required to report the total 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 were tallied at the same time each day; however, the time of day for collection of data was based on facility preference.

Surgical Site Infection (SSI)

An SSI is a procedure-associated HAI that results from an inpatient or outpatient surgery that involved an incision through the skin or mucous membranes. An SSI is reportable if the 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 was 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, the HDAC voted to only report on SSIs occurring in deep tissue and organ space in order to mirror the Centers for Medicare and Medicaid Services reporting requirements. In compliance with this decision, superficial SSIs are excluded from this annual report.

Only SSIs resulting from inpatient colon surgeries and abdominal hysterectomies performed by an Alabama healthcare facility are required to be reported. A colon surgery is a surgical procedure in which a portion of the colon (i.e., large intestines) undergoes an operation, including incision, resection, or anastomosis (reconnection). 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. In addition to reporting SSIs for colon surgeries and abdominal hysterectomies, facilities were also required to report the total number of each procedure that was performed each month.

Volume (Low, Medium, and High)

A hospital's volume was determined based on the number of device days or procedures performed during the calendar year for each HAI measure (CAUTIs, CLABSIs, colon SSIs, and abdominal hysterectomy SSIs). The low-volume category consisted of the 25% of hospitals with the lowest device utilization days or procedures. Medium-volume consisted of the 50% of hospitals whose device utilization days or procedure counts were in the 2nd and 3rd quartiles, meaning they were in the middle. The high-volume category consisted of the 25% of hospitals whose device utilization days or procedure counts were the highest.

ACCURACY IN HAI REPORTING

ADPH Data Validation Program

Background: The Mike Denton Infection Reporting Act gave ADPH the responsibility and authority to evaluate the quality and accuracy of HAI reporting. The law also established the HDAC to advise the department regarding public reporting of HAIs. The Advisory Council agreed that annual validation of each healthcare facility's individual surveillance program was necessary to ensure that accurate, complete performance data is presented to the public.

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

1. Foster understanding of reporting expectations.
2. Improve reporting accuracy.
3. Provide opportunities for improving surveillance methods/resources.
4. Provide opportunities to correct errors prior to report publication.
5. Identify system issues affecting accurate reporting.
6. Engage/compel internal communication.
7. Minimize hospital reporting misconceptions.
8. Provide an educational opportunity rather than a regulatory visit (as 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 completed the minimum required NHSN training.
2. Ensuring each facility conferred rights to ADPH to view their data.
3. Reviewing Monthly Plans for each facility.
4. Notifying NHSN facility administrators of discrepancies for correction.

Reporting Validation: This procedure was performed for each facility, for each HAI category 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. Submitted monthly data was reviewed for consistency and completeness.
3. Facilities were notified via 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 and make comments to explain performance if desired.
5. In past years, ADPH used CDC's External Validation Guidance and Toolkit parameters to validate the hospitals' accuracy in reporting HAIs through NHSN. The site visits consisted of the following four components:
   a. Validating that the reported HAIs met the case criteria using case finding, laboratory notification, and data mining
   b. Assessing whether the IP applied the NHSN definitions correctly
   c. Assuring detection and verification of cases, and providing feedback on whether NHSN definitions were applied correctly (ensuring sensitivity and specificity of data)

d. Recommending ways for overall improvement, including strategies to advance infection control efforts and enhance data accuracy

The main data sources used in the validation process are hospital infection surveillance records, the NHSN line listing for the review period, and laboratory records. Following validation visits, the HAI Nurse Manager will provide verbal education regarding the correct application of NHSN definition of terms and CAUTI and CLABSI criteria for proficient identification and reporting at an exit interview. Written results are prepared and provided at a later date.

Due to the high volume of COVID-19 morbidity and mortality during 2020, in addition to the increased COVID-19-related reporting expectations placed on hospital staff, the ADPH HAI staff did not conduct site visits to review hospital infection surveillance records. On-site validation visits will resume at a later date as priority COVID-19 response activities allow.

PERFORMANCE MEASUREMENT

Risk Adjustment

Comparing data between different facilities with diverse patient populations can be difficult. Some patients will be at higher risk for an HAI because of factors beyond the control of healthcare facilities. For this reason, risk stratification is important when making comparisons in order to avoid penalizing facilities for performing surgeries or using medical devices in patients that may carry higher risk of infection or complications. For CAUTI and CLABSI surveillance, facility-specific unit locations (e.g., surgical intensive care unit, general medical ward) are used in risk adjustment. SSIs take into account the patient's pre-surgical medical status, length of surgery compared to similar surgeries, and the extent of the contamination of the surgical wound, after which logistic regression models are used to calculate the risk adjustment.

Standardized Infection Ratio

To determine how a hospital compares to other facilities nationally, the standardized infection ratio (SIR) is used. The SIR is the number of infections the facility reported for a given HAI category (CAUTI, CLABSI, colon SSI, and abdominal hysterectomy SSI), divided by the number of infections that were predicted using national baseline data. The predicted number of infections is adjusted for various risk factors within the facility, and is also influenced by the number of procedures performed (for SSIs) or the total device-days (for CLABSIs and CAUTIs).

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

- 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 greater than the predicted number.
- When the SIR is less than 1, the observed number of events is less than the predicted number.

Minimal Reporting Thresholds

When healthcare facilities perform a low volume of procedures or device placements at risk for HAIs, a relatively small number of infections may have a dramatic and sometimes misleading effect on their SIRs. For example, if a healthcare facility only performs a few colon surgeries in a year, the predicted number of SSIs related to colon surgeries could be calculated at 0.5 for that facility. Then, if one colon-related SSI is observed, their SIR would be 2 (1 divided by 0.5), indicating that they had considerably more infections than the national baseline. In contrast, 0 colon SSIs would make their SIR 0 (0 divided by 0.5), and they would compare very favorably to the national baseline. Neither of these SIRs would be very helpful in understanding the facility's true performance given the small amount of data that was available.

To minimize the risk of unfairly comparing healthcare facility SIRs due to low volume of procedures, the HDAC adopted CDC's NHSN minimum thresholds used in their Annual National HAI Report. Thus, in order to report an SIR for a facility, the minimum number of predicted events must be greater than or equal to 1.

Hospital Performance Compared to 2015 National Baseline Data

A facility's performance is compared to the 2015 national baseline data by calculating the 95 percent confidence interval of the SIR in order to distinguish between small differences based on chance and larger differences based on true disparity in performance. The upper and lower limits of the confidence interval represent the range within which the "true" SIR for a facility is likely to occur, with 95 percent confidence. If this range includes 1, then the difference between the facility's performance and the national baseline is not statistically significant. These facilities are classified as "Similar" to the national baseline.

If the confidence interval for a facility's SIR does not include 1, the facility's performance was significantly different than the national baseline, meaning they either performed significantly better or worse. If the high end of the confidence interval is less than one, the facility had significantly fewer infections than expected, and they are classified as "Better" than the national baseline. In contrast, if the lower end of a facility's confidence interval is greater than 1, the facility had significantly more infections than expected and is classified as "Worse."

When a facility's SIR is classified as "Worse" for a given procedure or device, patients with this procedure or device are at greater risk of HAIs here than at other hospitals across the nation. Facilities with "Better" SIRs present a lower risk of infection compared to the hospitals across the nation.

It is possible for two hospitals with similar SIR values to be classified differently ("Similar," "Better," or "Worse") compared to the national baseline. This is because of differences in their confidence intervals, which are influenced by the number of procedures or device-days that a particular hospital has for a particular HAI measure. For example, a hospital that does more colon surgeries will have a narrower confidence interval, which will make it easier to distinguish that hospital's performance from the national baseline (i.e., "Better" or "Worse"). A hospital that only performs a few colon surgeries will have a wider confidence interval, increasing the likelihood that the interval will contain 1 and the hospital will not be statistically different from the national baseline (i.e., "Similar").

THE 2015 REBASELINE AND ANNUAL PROGRESS COMPARISONS

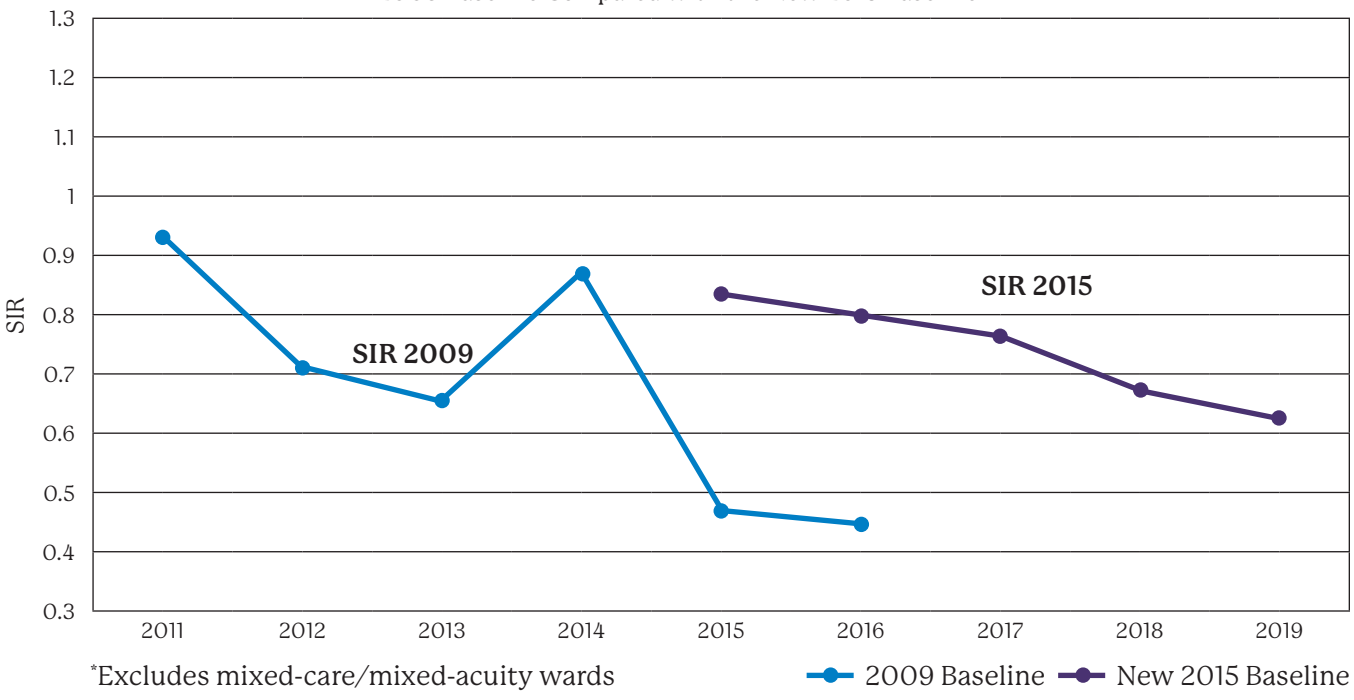
When healthcare facilities in Alabama enter HAI data into NHSN, CDC uses that data to calculate the SIR for each reporting state and facility. The SIR compares the number of infections that occurred in a facility or state to the number of infections that were "predicted" based on previous years of data reported nationally (i.e., baseline data). In Alabama's annual reports before 2017, the national baseline data for CAUTIs was based on estimates from 2009, while the national baseline data for CLABSIs, abdominal hysterectomy SSIs, and colon surgery SSIs was based on estimates from 2006-2008.

Beginning in 2017, CDC updated NHSN to use a new 2015 baseline for all infection measures, a process known as the "rebaseline." Since national rates of HAIs have declined over the past several years, most hospitals will compare less favorably to the national performance under the 2015 baseline than they did under the previous baseline, meaning that SIRs will increase. Risk adjustment methodology, including inclusion and exclusion criteria, was also updated with the rebaseline. NHSN allows data analysis using the old baseline for years 2011-2016, while the new baseline can be used for 2015 and later. This year is the third year that Alabama's annual report is using the new baseline.

SIRs calculated with different baselines are not directly comparable. For example, non-mixed units from acute care hospitals in Alabama reported 417 CAUTIs and 445,224 catheter days in 2015. Based on the 2009 baseline, NHSN predicted 892 CAUTIs for that time period, making the SIR 0.47. In contrast, using the new 2015 baseline, NHSN predicted considerably fewer CAUTIs (500) for an SIR of 0.83.

Alabama CAUTI SIRs by Year, Acute Care Hospitals*

2009 Baseline Compared with the New 2015 Baseline



*Excludes mixed-care/mixed-acuity wards

To summarize, SIRs in this report may be higher than those in previous reports, but this change is an artificial result of the new comparison baseline.

PATHOGENS INVOLVED IN SURGICAL SITE INFECTIONS, 2019

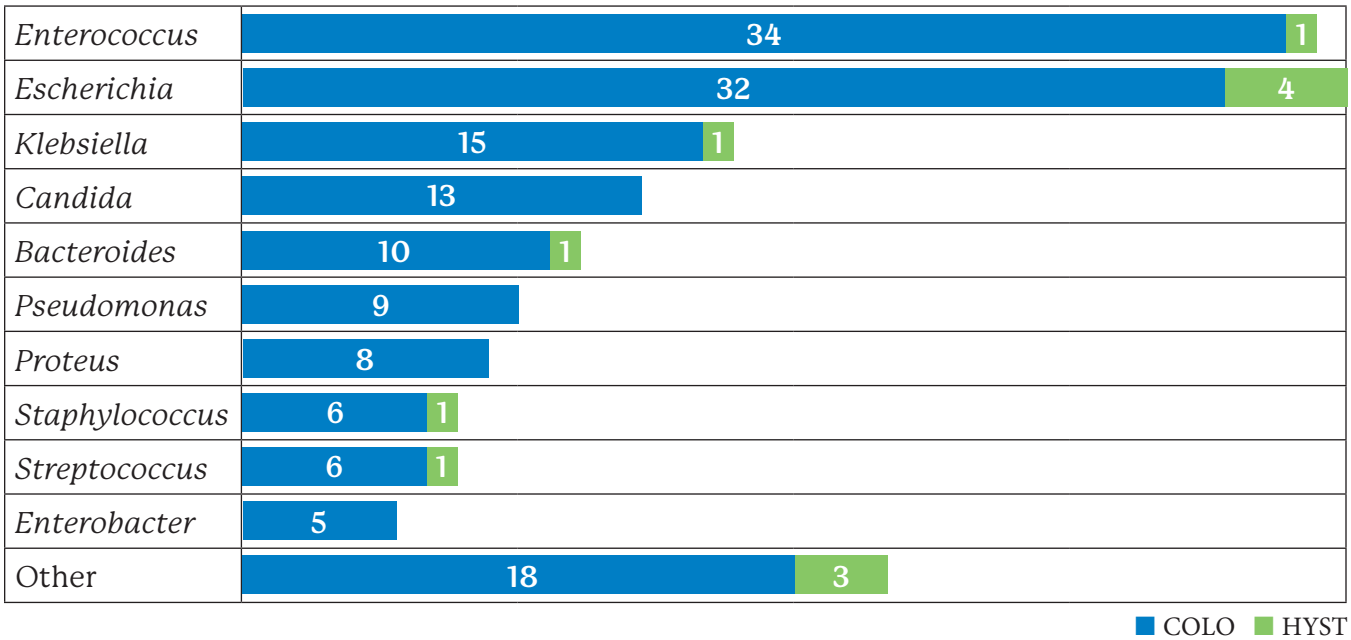
Despite the burden of HAIs in the state of Alabama and the growth of antibiotic drug resistant pathogens, most HAIs are preventable. In addition to monitoring the number of HAIs in a facility, data is also collected on the types of pathogens associated with these infections. Below, data are presented for pathogens identified from deep- and organ-level SSIs in 2019. These data do not represent all SSIs because cultures are not always performed and submitted to identify causative organisms. Additionally, multiple pathogens may be isolated from a single infection.

In 2019, Alabama hospitals reported 156 positive cultures from deep- and organ-level SSIs associated with colon surgeries. *Enterococcus* species were the most common pathogens identified in 2019. Enterococcus accounted for 34 (22 percent) of identified pathogens among non-superficial SSIs, compared to 32 of 159 (20 percent) in 2018. *Escherichia* species were the second most commonly identified in 2019, accounting for 32 (21 percent) and 37 (23 percent) in 2018. While *Staphylococcus* was the third most common pathogen in 2018, *Klebsiella* was third in 2019 with 15 infections (10 percent). Interestingly, the ten most common pathogens were the same in 2019 and 2018.

A total of 12 positive cultures were reported from deep- and organ-level abdominal hysterectomy SSIs in 2019. *Escherichia* was the most common pathogen isolated in 2019 with 4 infections identified (33 percent), while *Enterococcus, Klebsiella,* and *Bacteroides* among other pathogens were identified once (8 percent). In contrast, *Bacteroides* was the most common for deep- and organ-level abdominal hysterectomy SSIs in 2018 with 4 (16 percent), and *Enterococcus* was second with 3 (12 percent). Reports from prior years that included superficial SSI pathogens typically found *Staphylococcus* most commonly, but with superficial SSIs excluded, this pathogen was only identified once in 2019 (8 percent).

Pathogens identified in the "other" group in 2019 consisted of several different genera including *Citrobacter, Clostridium, Morganella,* as well as unspecified yeasts.

Pathogens Identified in Deep- and Organ-Level Surgical Site Infections following Colon Surgeries (COLO) and Abdominal Hysterectomies (HYST) in NHSN: Alabama, 2019



Data acquired from NHSN November 18, 2020

HAI DATA, STATEWIDE

Ninety-one Alabama hospitals reported 305 CAUTIs in 2019, associated with 405,802 catheter days [CAUTI Rate (per 1,000 catheter days): 0.75]. The SIR, which does not include critical access facilities, was 0.63. The SIR, number of CAUTIs, and catheter days reported were lower than those reported in 2018. Alabama performed better than the national performance. Medium- and high-volume hospitals performed better compared to the national performance with SIRs of 0.66 and 0.62, respectively, while low-volume hospitals performed worse with an SIR of 3.6. Although there were no individual low volume hospitals that performed worse than predicted, when grouped together the total number of observed infections was statistically significantly higher than predicted when compared to national performance.

2019 Catheter-Associated Urinary Tract Infections (CAUTIs)				
	Number of CAUTIs	Total Number of Catheter Days	Ratio of Observed to Predicted Infections (SIR)*	2019 Hospital Performance compared to National Performance (2015)*
Alabama Hospitals Reporting: 91	305	405,802	0.63	Better
Low-Volume Hospitals (Fewer than 335 catheter days)	5	2,725	3.60	Worse
Medium-Volume Hospitals (335 to 5,572 catheter days)	46	97,662	0.66	Better
High-Volume Hospitals (More than 6,249 catheter days)	254	304,656	0.62	Better

Data acquired from NHSN: December 28, 2020 *Does not include Critical Access Hospitals

Catheter days: the sum of patients per day with an indwelling urinary catheter in medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

CAUTI: urinary tract infection associated with an indwelling catheter

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using urinary catheter patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to the national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

In 2019, 70 Alabama hospitals reported 170 CLABSIs over 204,698 central line days [CLABSI Rate (per 1,000 central line days): 0.83]. Alabama performed better than the national performance level, with an SIR of 0.73. Four hospitals performed better than the national baseline, and none performed worse. Medium-volume hospitals performed similar to the national performance with an SIR of 0.99, while high-volume hospitals performed better than the national performance with an SIR of 0.68. Low-volume hospitals did not have enough central line days to compare to the national baseline, but they reported 1 infection.

2019 Central Line-Associated Bloodstream Infections (CLABSIs)				
	Number of CLABSIs	Number of Central Line Days	Ratio of Observed to Predicted Infections (SIR)*	2019 Hospital Performance compared to National Performance (2015)*
Alabama Hospitals Reporting: 70	170	204,698	0.73	Better
Low-Volume Hospitals (Fewer than 97 central line days)	1	574	N/A	-
Medium-Volume Hospitals (97 to 3,519 central line days)	34	37,267	0.99	Similar
High-Volume Hospitals (More than 3,519 central line days)	135	166,816	0.68	Better

Data acquired from NHSN: December 28, 2020 *Does not include Critical Access Hospitals

Central line days: the sum of patients per day with a central line in adult, pediatric, and neonatal critical care units

CLABSI: a bloodstream infection associated with a central line

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using central line patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

In 2019, 66 Alabama hospitals reported 6,125 colon procedures, with 83 deep- or organ-level SSIs associated with these procedures [SSI Rate (per 100 colon procedures): 1.36]. Overall, Alabama had an SIR of 0.57 for procedures in adults, indicating performance was better compared to the national baseline data. The SIR for pediatric procedures (i.e., those in patients less than 18 years of age) was 0.77, indicating performance was similar to baseline. Of the hospitals that performed colon surgeries, 6 had significantly fewer infections in adults compared to the national baseline. No facilities performed worse than the national baseline. Medium-, and high-volume hospitals performed better in adult procedures compared to national baseline data. Additionally, high-volume hospitals reported no SSIs in pediatric procedures.

2019 Surgical Site Infections (SSIs) Associated with Colon Surgeries*

	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)*
Alabama Hospitals Reporting: 66	Adult	81	5,975	0.57	Better
	Pediatric	2	150	0.77	Similar
Low-Volume Hospitals (Fewer than 10 total procedures)	Adult	2	69	1.35	Similar
Medium-Volume Hospitals (10 to 150 total procedures)	Adult	15	1,523	0.49	Better
	Pediatric	2	117	1.11	Similar
High-Volume Hospitals (More than 150 total procedures)	Adult	64	4,383	0.59	Better
	Pediatric	0	33	N/A	-

Data acquired from NHSN: December 28, 2020

*Does not include superficial SSIs

Procedures: the number of inpatient colon surgeries performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient colon surgery; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using colon surgical procedures with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Fifty-four Alabama hospitals performed 7,515 abdominal hysterectomies in 2019. Fifty-three deep- and organ-level SSIs were associated with these procedures in adults [SSI Rate (per 100 adult abdominal hysterectomy procedures): 0.71]. Five pediatric abdominal hysterectomies were performed. The adult SIR of 1.21 was similar to national baseline data and three facilities had statistically more infections than predicted.

2019 Surgical Site Infections (SSIs) Associated with Abdominal Hysterectomies*					
	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)*
Alabama Hospitals Reporting: 54	Adult	53	7,510	1.21	Similar
	Pediatric	0	5	N/A	-
Low-Volume Hospitals (Fewer than 7 procedures)	Adult	0	34	N/A	-
Medium-Volume Hospitals (7 to 175 procedures)	Adult	14	1,662	1.27	Similar
	Pediatric	0	1	N/A	-
High-Volume Hospitals (More than 175 procedures)	Adult	39	5,814	1.20	Similar
	Pediatric	0	4	N/A	-

Data acquired from NHSN: December 28, 2020 *Does not include superficial SSIs

Procedures: the number of inpatient abdominal hysterectomy surgeries performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient abdominal hysterectomy; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using abdominal hysterectomy procedures with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

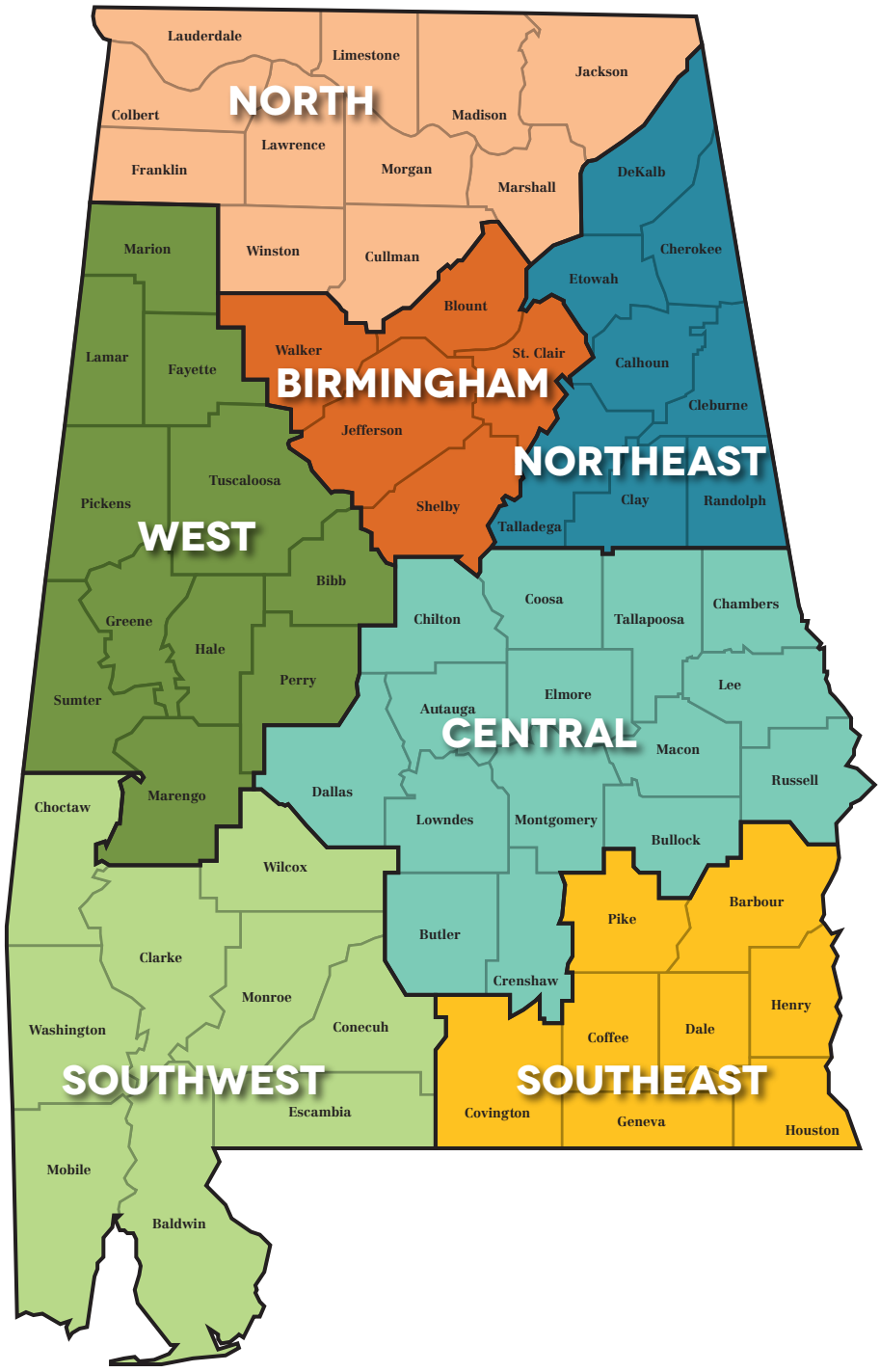
Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (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: CAUTIs, CLABSIs, colon SSIs, and abdominal hysterectomy SSIs. The hospitals are grouped by the geographical regions in which they are located. The region boundary is designated by the AlaHA regions. Hospitals are then grouped by volume of device days or procedures performed.

HAI REPORTING REGIONS



Birmingham Region

Catheter-Associated Urinary Tract Infections (CAUTIs)
January 1, 2019 - December 31, 2019

CAUTI locations: medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

Hospital Name	Number of CAUTIs	Number of Catheter Days	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 335 catheter days)				
-	-	-	-	-
Medium-Volume Hospitals (335 – 5,572 catheter days)				
Brookwood Medical Center	6	5,439	1.00	Similar
Children's Health System	3	1,759	1.05	Similar
St. Vincent's Blount	0	367	N/A	-
St. Vincent's St. Clair	0	1,297	N/A	-
University of Alabama at Birmingham Highlands	4	4,704	0.84	Similar
Walker Baptist Medical Center	1	4,204	0.34	Similar
High-Volume Hospitals (more than 5,572 catheter days)				
Grandview Medical Center	30	18,004	0.99	Similar
Medical West	7	9,269	0.76	Similar
Princeton Baptist Medical Center	6	14,301	0.34	Better
Shelby Baptist Medical Center	3	9,486	0.36	Better
St. Vincent's Birmingham	8	15,119	0.52	Better
St. Vincent's East	9	11,694	0.60	Similar
University of Alabama at Birmingham Hospital	36	39,653	0.44	Better

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Catheter days: the sum of patients per day with an indwelling urinary catheter in medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

CAUTI: urinary tract infections associated with indwelling urinary catheters

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using urinary catheter patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Central Region

Catheter-Associated Urinary Tract Infections (CAUTIs)
January 1, 2019 - December 31, 2019

CAUTI locations: medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

Hospital Name	Number of CAUTIs	Number of Catheter Days	Ratio of Observed to Predicted Infections (SIR)*	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 335 catheter days)				
Bullock County Hospital	0	54	N/A	-
Crenshaw Community Hospital	2	284	N/A	-
East Alabama Medical Center - Lanier	0	195	N/A	-
Elmore Community Hospital	0	190	N/A	-
St. Vincent's Chilton	0	281	N/A	-
Medium-Volume Hospitals (335 – 5,572 catheter days)				
Community Hospital	0	502	N/A	-
Jack Hughston Memorial Hospital	1	647	N/A	-
Lake Martin Community Hospital	0	346	N/A	-
Prattville Baptist Hospital	2	2,157	1.83	Similar
Regional Medical Center of Central Alabama	0	818	N/A	-
Russell Medical Center	0	2,465	0	Similar
Vaughan Regional Medical Center	0	2,414	0	Similar
High-Volume Hospitals (more than 5,572 catheter days)				
Baptist Medical Center East	9	5,972	1.45	Similar
Baptist Medical Center South	33	16,880	1.12	Similar
East Alabama Medical Center	1	6,918	0.17	Better
Jackson Hospital & Clinic	11	11,491	1.10	Similar

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Catheter days: the sum of patients per day with an indwelling urinary catheter in medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

CAUTI: urinary tract infections associated with indwelling urinary catheters

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using urinary catheter patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

North Region

Catheter-Associated Urinary Tract Infections (CAUTIs)
January 1, 2019 - December 31, 2019

CAUTI locations: medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

Hospital Name	Number of CAUTIs	Number of Catheter Days	Ratio of Observed to Predicted Infections (SIR)*	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 335 catheter days)				
Lawrence Medical Center	1	327	N/A	-
North Mississippi Medical Center-Hamilton	0	130	N/A	-
Red Bay Hospital	0	111	N/A	-
Shoals Hospital	1	195	N/A	-
Medium-Volume Hospitals (335 – 5,572 catheter days)				
Athens Limestone Hospital	3	3,370	1.67	Similar
Crestwood Medical Center	1	4,925	0.29	Similar
Decatur Morgan Hospital - Parkway Campus	1	1,181	N/A	-
Helen Keller Hospital	1	4,912	0.29	Similar
Highlands Medical Center	1	1,485	N/A	-
Lakeland Community Hospital	0	391	N/A	-
Marshall Medical Center North	4	2,890	2.99	Similar
Marshall Medical Center South	1	5,038	0.37	Similar
Russellville Hospital	0	1,382	N/A	-
High-Volume Hospitals (more than 5,572 catheter days)				
Cullman Regional Medical Center	3	7,042	0.60	Similar
Decatur Morgan Hospital - Decatur Campus	4	9,105	0.51	Similar
Huntsville Hospital	21	25,064	0.52	Better
Eliza Coffee Memorial Hospital	2	10,175	0.22	Better

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Catheter days: the sum of patients per day with an indwelling urinary catheter in medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

CAUTI: urinary tract infections associated with indwelling urinary catheters

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using urinary catheter patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Northeast Region

Catheter-Associated Urinary Tract Infections (CAUTIs)
January 1, 2019 - December 31, 2019

CAUTI locations: medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

Hospital Name	Number of CAUTIs	Number of Catheter Days	Ratio of Observed to Predicted Infections (SIR)*	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 335 catheter days)				
Floyd Cherokee Medical Center	0	135	N/A	-
Tanner Medical Center - East Alabama	0	152	N/A	-
Medium-Volume Hospitals (335 – 5,572 catheter days)				
Citizens Baptist Medical Center	1	1,312	N/A	-
Clay County Hospital	1	337	N/A	-
Coosa Valley Medical Center	0	2,471	0	Similar
DeKalb Regional Medical Center	0	2,729	0	Similar
Northeast Alabama Regional Medical Center	5	5,420	1.47	Similar
Riverview Regional Medical Center	0	5,156	0	Better
Stringfellow Memorial Hospital	1	1,822	N/A	-
High-Volume Hospitals (more than 5,572 catheter days)				
Gadsden Regional Medical Center	2	13,031	0.16	Better

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Catheter days: the sum of patients per day with an indwelling urinary catheter in medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

CAUTI: urinary tract infections associated with indwelling urinary catheters

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using urinary catheter patients with similar risks)

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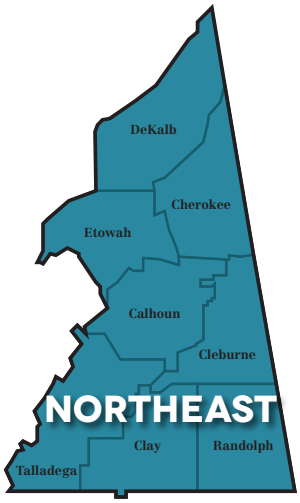
Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)



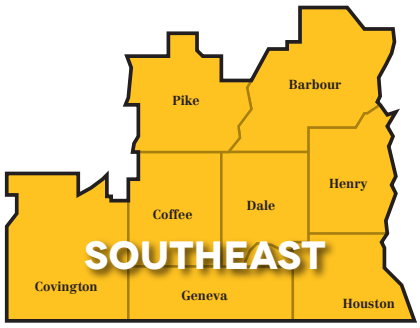
Southeast Region

Catheter-Associated Urinary Tract Infections (CAUTIs)
January 1, 2019 - December 31, 2019

CAUTI locations: medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

Hospital Name	Number of CAUTIs	Number of Catheter Days	Ratio of Observed to Predicted Infections (SIR)*	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 335 catheter days)				
-	-	-	-	-
Medium-Volume Hospitals (335 – 5,572 catheter days)				
Andalusia Regional Hospital	0	2,099	0	Similar
Dale Medical Center	0	547	N/A	-
Medical Center Barbour	0	833	N/A	-
Medical Center Enterprise	0	1,964	0	Similar
Mizell Memorial Hospital	0	928	N/A	-
Troy Regional Medical Center	0	965	N/A	-
Wiregrass Medical Center	0	588	N/A	-
High-Volume Hospitals (more than 5,572 catheter days)				
Flowers Hospital	10	11,205	0.96	Similar
Southeast Health	3	6,890	0.27	Better

Data acquired from NHSN: December 28, 2020



N/A: number of predicted events did not meet minimum threshold for calculating SIR

Catheter days: the sum of patients per day with an indwelling urinary catheter in medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

CAUTI: urinary tract infections associated with indwelling urinary catheters

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using urinary catheter patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Southwest Region

Catheter-Associated Urinary Tract Infections (CAUTIs)
January 1, 2019 - December 31, 2019

CAUTI locations: medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

Hospital Name	Number of CAUTIs	Number of Catheter Days	Ratio of Observed to Predicted Infections (SIR)*	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 335 catheter days)				
Choctaw General Hospital	0	235	N/A	-
Evergreen Medical Center	0	126	N/A	-
Grove Hill Memorial Hospital	1	269	N/A	-
Jackson Medical Center	0	279	N/A	-
John Paul Jones Hospital	0	59	N/A	-
Washington County Hospital	0	262	N/A	-
Medium-Volume Hospitals (335 – 5,572 catheter days)				
Atmore Community Hospital	0	588	N/A	-
D.W. McMillan Memorial Hospital	0	873	N/A	-
Monroe County Hospital	0	568	N/A	-
North Baldwin Infirmary	1	706	N/A	-
South Baldwin Regional Medical Center	1	3,681	0.27	Similar
Springhill Medical Center	3	5,269	0.79	Similar
University of South Alabama Children's & Women's Hospital	0	458	N/A	-
High-Volume Hospitals (more than 5,572 catheter days)				
Mobile Infirmary Medical Center	19	16,839	0.92	Similar
Providence Hospital	0	7,955	0	Better
Thomas Hospital	3	6,532	0.59	Similar
University of South Alabama Medical Center	5	7,959	0.32	Better

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Catheter days: the sum of patients per day with an indwelling urinary catheter in medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

CAUTI: urinary tract infections associated with indwelling urinary catheters

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using urinary catheter patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

West Region

Catheter-Associated Urinary Tract Infections (CAUTIs)
January 1, 2019 - December 31, 2019

CAUTI locations: medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

Hospital Name	Number of CAUTIs	Number of Catheter Days	Ratio of Observed to Predicted Infections (SIR)*	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 335 catheter days)				
Greene County Hospital	0	24	N/A	-
Hale County Hospital	0	24	N/A	-
Pickens County Medical Center	0	152	N/A	-
Medium-Volume Hospitals (335 – 5,572 catheter days)				
Bibb Medical Center	1	418	N/A	-
Fayette Medical Center	1	384	N/A	-
Northport Medical Center	2	3,420	0.58	Similar
Northwest Medical Center	0	621	N/A	-
Whitfield Regional Hospital	0	812	N/A	-
High-Volume Hospitals (more than 5,572 catheter days)				
DCH Regional Medical Center	29	24,072	0.87	Similar

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Catheter days: the sum of patients per day with an indwelling urinary catheter in medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards

CAUTI: urinary tract infections associated with indwelling urinary catheters

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using urinary catheter patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Birmingham Region

Central Line-Associated Bloodstream Infections (CLABSIs)
January 1, 2019 - December 31, 2019

CLABSI Locations: Adult, Pediatric, and Neonatal Critical Care Units

Hospital Name	Number of CLABSIs	Number of Central Line Days	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 97 central line days)				
St. Vincent's Blount	0	41	N/A	-
Medium-Volume Hospitals (97 – 3,519 central line days)				
Brookwood Medical Center	4	3,495	1.01	Similar
St. Vincent's St. Clair	0	241	N/A	-
University of Alabama at Birmingham Highlands	1	606	N/A	-
Walker Baptist Medical Center	1	700	N/A	-
High-Volume Hospitals (more than 3,519 central line days)				
Children's Health System	20	16,565	0.81	Similar
Grandview Medical Center	2	10,421	0.17	Better
Medical West	3	4,082	0.73	Similar
Princeton Baptist Medical Center	3	7,345	0.41	Similar
Shelby Baptist Medical Center	0	3,543	0	Better
St. Vincent's Birmingham	7	7,685	0.88	Similar
St. Vincent's East	5	7,441	0.60	Similar
University of Alabama at Birmingham Hospital	21	33,950	0.49	Better

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Central line days: the sum of patients per day with a central line in adult, pediatric, and neonatal critical care units

CLABSI: a bloodstream infection associated with a central line

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using central line patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Central Region

Central Line-Associated Bloodstream Infections (CLABSIs)
January 1, 2019 - December 31, 2019

CLABSI Locations: Adult, Pediatric, and Neonatal Critical Care Units

Hospital Name	Number of CLABSIs	Number of Central Line Days	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 97 central line days)				
Regional Medical Center of Central Alabama	0	53	N/A	-
St. Vincent's Chilton	0	19	N/A	-
Medium-Volume Hospitals (97 – 3,519 central line days)				
Baptist Medical Center East	7	2,488	2.18	Similar
East Alabama Medical Center	0	2,975	0	Similar
Prattville Baptist Hospital	0	179	N/A	-
Russell Medical Center	0	120	N/A	-
Vaughan Regional Medical Center	0	413	N/A	-
High-Volume Hospitals (more than 3,519 central line days)				
Baptist Medical Center South	11	7,870	1.07	Similar
Jackson Hospital & Clinic	4	5,918	0.78	Similar

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Central line days: the sum of patients per day with a central line in adult, pediatric, and neonatal critical care units

CLABSI: a bloodstream infection associated with a central line

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using central line patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

North Region

Central Line-Associated Bloodstream Infections (CLABSIs)
January 1, 2019 - December 31, 2019

CLABSI Locations: Adult, Pediatric, and Neonatal Critical Care Units

Hospital Name	Number of CLABSIs	Number of Central Line Days	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 97 central line days)				
Decatur Morgan Hospital - Parkway Campus	0	24	N/A	-
Lakeland Community Hospital	0	3	N/A	-
North Mississippi Medical Center - Hamilton	0	19	N/A	-
Shoals Hospital	0	28	N/A	-
Medium-Volume Hospitals (97 – 3,519 central line days)				
Athens Limestone Hospital	1	506	N/A	-
Crestwood Medical Center	1	1,018	N/A	-
Cullman Regional Medical Center	0	1,141	N/A	-
Decatur Morgan Hospital - Decatur Campus	3	1,976	1.75	Similar
Helen Keller Hospital	2	668	N/A	-
Highlands Medical Center	0	251	N/A	-
Marshall Medical Center North	0	304	N/A	-
Marshall Medical Center South	0	628	N/A	-
North Alabama Medical Center	0	3,187	0	Similar
Russellville Hospital	0	170	N/A	-
High-Volume Hospitals (more than 3,519 central line days)				
Huntsville Hospital	13	13,856	0.77	Similar

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Central line days: the sum of patients per day with a central line in adult, pediatric, and neonatal critical care units

CLABSI: a bloodstream infection associated with a central line

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using central line patients with similar risks)

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Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Northeast Region

Central Line-Associated Bloodstream Infections (CLABSIs)
January 1, 2019 - December 31, 2019

CLABSI Locations: Adult, Pediatric, and Neonatal Critical Care Units

Hospital Name	Number of CLABSIs	Number of Central Line Days	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 97 central line days)				
Clay County Hospital	0	4	N/A	-
Medium-Volume Hospitals (97 – 3,519 central line days)				
Citizens Baptist Medical Center	0	232	N/A	-
Coosa Valley Medical Center	0	291	N/A	-
DeKalb Regional Medical Center	0	357	N/A	-
Northeast Alabama Regional Medical Center	3	1,439	2.77	Similar
Riverview Regional Medical Center	1	1,372	0.97	Similar
Stringfellow Memorial Hospital	0	350	N/A	-
High-Volume Hospitals (more than 3,519 central line days)				
Gadsden Regional Medical Center	2	3,716	0.62	Similar

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Central line days: the sum of patients per day with a central line in adult, pediatric, and neonatal critical care units

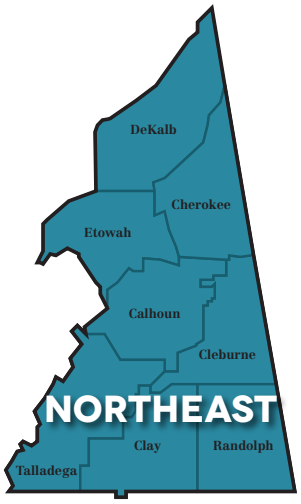
CLABSI: a bloodstream infection associated with a central line

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using central line patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)



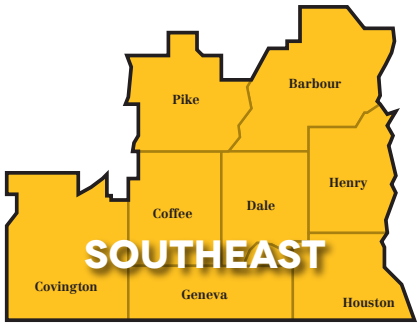
Southeast Region

Central Line-Associated Bloodstream Infections (CLABSIs)
January 1, 2019 - December 31, 2019

CLABSI Locations: Adult, Pediatric, and Neonatal Critical Care Units

Hospital Name	Number of CLABSIs	Number of Central Line Days	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 97 central line days)				
Andalusia Regional Hospital	0	28	N/A	-
Medical Center Barbour	0	96	N/A	-
Mizell Memorial Hospital	0	67	N/A	-
Wiregrass Medical Center	0	41	N/A	-
Medium-Volume Hospitals (97 – 3,519 central line days)				
Dale Medical Center	0	200	N/A	-
Flowers Hospital	1	2,380	0.48	Similar
Medical Center Enterprise	1	169	N/A	-
Southeast Health	3	2,844	0.94	Similar
Troy Regional Medical Center	0	318	N/A	-
High-Volume Hospitals (more than 3,519 central line days)				
-	-	-	-	-

Data acquired from NHSN: December 28, 2020



N/A: number of predicted events did not meet minimum threshold for calculating SIR

Central line days: the sum of patients per day with a central line in adult, pediatric, and neonatal critical care units

CLABSI: a bloodstream infection associated with a central line

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using central line patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Southwest Region

Central Line-Associated Bloodstream Infections (CLABSIs)
January 1, 2019 - December 31, 2019

CLABSI Locations: Adult, Pediatric, and Neonatal Critical Care Units

Hospital Name	Number of CLABSIs	Number of Central Line Days	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 97 central line days)				
D.W. McMillan Memorial Hospital	1	78	N/A	-
Monroe County Hospital	0	51	N/A	-
Medium-Volume Hospitals (97 – 3,519 central line days)				
Atmore Community Hospital	0	99	N/A	-
North Baldwin Infirmary	0	111	N/A	-
South Baldwin Regional Medical Center	0	1,148	0	Similar
Thomas Hospital	2	2,511	1.06	Similar
High-Volume Hospitals (more than 3,519 central line days)				
Mobile Infirmary Medical Center	12	10,915	1.27	Similar
Providence Hospital	3	4,689	0.74	Similar
Springhill Medical Center	5	5,198	1.28	Similar
University of South Alabama Children's & Women's Hospital	15	7,524	1.14	Similar
University of South Alabama Medical Center	5	5,100	0.61	Similar

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Central line days: the sum of patients per day with a central line in adult, pediatric, and neonatal critical care units

CLABSI: a bloodstream infection associated with a central line

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using central line patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

West Region

Central Line-Associated Bloodstream Infections (CLABSIs)
January 1, 2019 - December 31, 2019

CLABSI Locations: Adult, Pediatric, and Neonatal Critical Care Units

Hospital Name	Number of CLABSIs	Number of Central Line Days	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 97 central line days)				
Fayette Medical Center	0	10	N/A	-
Northwest Medical Center	0	8	N/A	-
Whitfield Regional Hospital	0	45	N/A	-
Medium-Volume Hospitals (97 – 3,519 central line days)				
Northport Medical Center	3	2,380	1.02	Similar
High-Volume Hospitals (more than 3,519 central line days)				
DCH Regional Medical Center	4	10,998	0.31	Better

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Central line days: the sum of patients per day with a central line in adult, pediatric, and neonatal critical care units

CLABSI: a bloodstream infection associated with a central line

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using central line patients with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Birmingham Region Surgical Site Infections (SSIs) - Colon Surgeries January 1, 2019 - December 31, 2019					
Hospital Name	**Age Group**	**Number of SSIs**	**Number of Procedures**	**Ratio of Observed to Predicted Infections (SIR)**	**2019 Hospital Performance compared to National Performance (2015)**
Low-Volume Hospitals (fewer than 10 procedures)					
University of Alabama at Birmingham Highlands	Adult	1	4	N/A	-
Medium-Volume Hospitals (10 – 150 procedures)					
Children's Health System	Adult	0	5	N/A	-
	Pediatric	2	90	1.48	Similar
Medical West	Adult	1	76	0.65	Similar
St. Vincent's St. Clair	Adult	0	11	N/A	-
Walker Baptist Medical Center	Adult	0	36	N/A	-
High-Volume Hospitals (more than 150 procedures)					
Brookwood Medical Center	Adult	3	176	1.01	Similar
Grandview Medical Center	Adult	2	254	0.38	Similar
Princeton Baptist Medical Center	Adult	1	180	0.26	Similar
Shelby Baptist Medical Center	Adult	0	154	0	Better
St. Vincent's Birmingham	Adult	2	381	0.26	Better
St. Vincent's East	Adult	3	157	0.91	Similar
University of Alabama at Birmingham Hospital	Adult	12	711	0.57	Better
	Pediatric	0	2	N/A	-

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient colon surgeries performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient colon surgery; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using colon surgical procedures with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Central Region

Surgical Site Infections (SSIs) - Colon Surgeries
January 1, 2019 - December 31, 2019

Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 10 procedures)					
Community Hospital	Adult	0	2	N/A	-
Jack Hughston Memorial Hospital	Adult	0	3	N/A	-
Regional Medical Center of Central Alabama	Adult	0	8	N/A	-
St. Vincent's Chilton	Adult	0	1	N/A	-
Medium-Volume Hospitals (10 – 150 procedures)					
East Alabama Medical Center - Lanier	Adult	1	15	N/A	-
Russell Medical Center	Adult	0	11	N/A	-
Vaughan Regional Medical Center	Adult	0	17	N/A	-
High-Volume Hospitals (more than 150 procedures)					
Baptist Medical Center East	Adult	0	190	0	Better
Baptist Medical Center South	Adult	5	150	1.33	Similar
	Pediatric	0	2	N/A	-
East Alabama Medical Center	Adult	5	160	1.55	Similar
	Pediatric	0	1	N/A	-
Jackson Hospital & Clinic	Adult	1	178	0.26	Similar

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient colon surgeries performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient colon surgery; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using colon surgical procedures with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

North Region

Surgical Site Infections (SSIs) - Colon Surgeries
January 1, 2019 - December 31, 2019

Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 10 procedures)					
Highlands Medical Center	Adult	0	4	N/A	-
Medium-Volume Hospitals (10 – 150 procedures)					
Athens Limestone Hospital	Adult	0	41	N/A	-
	Pediatric	0	1	N/A	-
Crestwood Medical Center	Adult	0	94	0	Similar
Cullman Regional Medical Center	Adult	0	45	0	Similar
Decatur Morgan Hospital - Decatur Campus	Adult	1	146	0.31	Similar
Helen Keller Hospital	Adult	0	48	N/A	-
Marshall Medical Center North	Adult	1	37	N/A	-
Marshall Medical Center South	Adult	0	35	N/A	-
North Alabama Medical Center	Adult	2	89	1.02	Similar
	Pediatric	0	1	N/A	-
Russellville Hospital	Adult	0	16	N/A	-
High-Volume Hospitals (more than 150 procedures)					
Huntsville Hospital	Adult	10	568	0.69	Similar
	Pediatric	0	23	N/A	-

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient colon surgeries performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient colon surgery; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using colon surgical procedures with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Northeast Region Surgical Site Infections (SSIs) - Colon Surgeries January 1, 2019 - December 31, 2019					
Hospital Name	**Age Group**	**Number of SSIs**	**Number of Procedures**	**Ratio of Observed to Predicted Infections (SIR)**	**2019 Hospital Performance compared to National Performance (2015)**
Low-Volume Hospitals (fewer than 10 procedures)					
Citizens Baptist Medical Center	Adult	0	3	N/A	-
DeKalb Regional Medical Center	Adult	1	8	N/A	-
Medium-Volume Hospitals (10 – 150 procedures)					
Coosa Valley Medical Center	Adult	0	19	N/A	-
Gadsden Regional Medical Center	Adult	0	125	0	Similar
	Pediatric	0	1	N/A	-
Riverview Regional Medical Center	Adult	1	42	N/A	-
Stringfellow Memorial Hospital	Adult	0	11	N/A	-
High-Volume Hospitals (more than 150 procedures)					
Northeast Alabama Regional Medical Center	Adult	4	157	1.21	Similar

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient colon surgeries performed in 2019

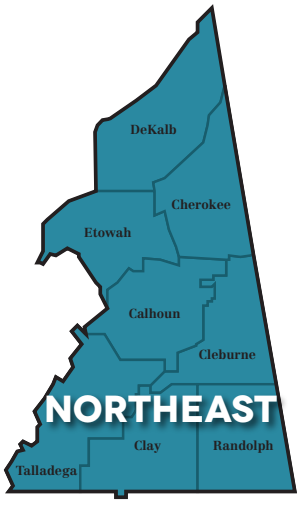
SSI: a deep- or organ-level infection associated with an inpatient colon surgery; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using colon surgical procedures with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)



Southeast Region Surgical Site Infections (SSIs) - Colon Surgeries January 1, 2019 - December 31, 2019					
Hospital Name	**Age Group**	**Number of SSIs**	**Number of Procedures**	**Ratio of Observed to Predicted Infections (SIR)**	**2019 Hospital Performance compared to National Performance (2015)**
Low-Volume Hospitals (fewer than 10 procedures)					
Medical Center Barbour	Adult	0	4	N/A	-
Mizell Memorial Hospital	Adult	0	7	N/A	-
Wiregrass Medical Center	Adult	0	5	N/A	-
Medium-Volume Hospitals (10 – 150 procedures)					
Andalusia Regional Hospital	Adult	0	12	N/A	-
Dale Medical Center	Adult	0	10	N/A	-
Flowers Hospital	Adult	1	88	0.58	Similar
Medical Center Enterprise	Adult	0	26	N/A	-
Troy Regional Medical Center	Adult	0	19	N/A	-
High-Volume Hospitals (more than 150 procedures)					
Southeast Health	Adult	3	165	0.77	Similar
	Pediatric	0	1	N/A	-

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient colon surgeries performed in 2019

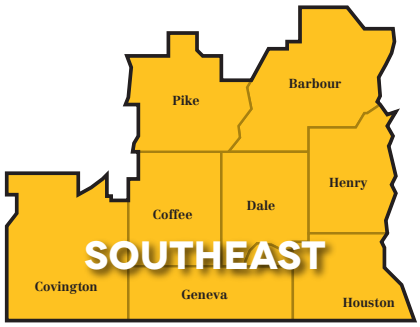
SSI: a deep- or organ-level infection associated with an inpatient colon surgery; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using colon surgical procedures with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)



Southwest Region

Surgical Site Infections (SSIs) - Colon Surgeries
January 1, 2019 - December 31, 2019

Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 10 procedures)					
Atmore Community Hospital	Adult	0	6	N/A	-
Monroe County Hospital	Adult	0	2	N/A	-
Medium-Volume Hospitals (10 – 150 procedures)					
D.W. McMillan Memorial Hospital	Adult	1	25	N/A	-
North Baldwin Infirmary	Adult	2	19	N/A	-
Providence Hospital	Adult	0	116	0	Similar
	Pediatric	0	1	N/A	-
South Baldwin Regional Medical Center	Adult	0	35	N/A	-
Springhill Medical Center	Adult	0	123	0.45	Similar
Thomas Hospital	Adult	1	117	0.46	Similar
University of South Alabama Children's & Women's Hospital	Adult	0	3	N/A	-
	Pediatric	0	23	N/A	-
High-Volume Hospitals (more than 150 procedures)					
Mobile Infirmary Medical Center	Adult	8	277	1.12	Similar
University of South Alabama Medical Center	Adult	2	248	0.20	Better
	Pediatric	0	1	N/A	-

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient colon surgeries performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient colon surgery; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using colon surgical procedures with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

West Region Surgical Site Infections (SSIs) - Colon Surgeries January 1, 2019 - December 31, 2019					
Hospital Name	**Age Group**	**Number of SSIs**	**Number of Procedures**	**Ratio of Observed to Predicted Infections (SIR)**	**2019 Hospital Performance compared to National Performance (2015)**
Low-Volume Hospitals (fewer than 10 procedures)					
Fayette Medical Center	Adult	0	4	N/A	-
Northwest Medical Center	Adult	0	3	N/A	-
Whitfield Regional Hospital	Adult	0	5	N/A	-
Medium-Volume Hospitals (10 – 150 procedures)					
Northport Medical Center	Adult	0	11	N/A	-
High-Volume Hospitals (more than 150 procedures)					
DCH Regional Medical Center	Adult	3	277	0.36	Better
	Pediatric	0	2	N/A	-

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient colon surgeries performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient colon surgery; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using colon surgical procedures with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Birmingham Region Surgical Site Infections (SSIs) - Abdominal Hysterectomies January 1, 2019 - December 31, 2019					
Hospital Name	**Age Group**	**Number of SSIs**	**Number of Procedures**	**Ratio of Observed to Predicted Infections (SIR)**	**2019 Hospital Performance compared to National Performance (2015)**
Low-Volume Hospitals (fewer than 7 procedures)					
St. Vincent's St. Clair	Adult	0	2	N/A	-
University of Alabama at Birmingham Highlands	Adult	0	6	N/A	-
Medium-Volume Hospitals (7 – 175 procedures)					
Medical West	Adult	0	10	N/A	-
Princeton Baptist Medical Center	Adult	1	45	N/A	-
Shelby Baptist Medical Center	Adult	0	69	N/A	-
St. Vincent's East	Adult	1	65	N/A	-
Walker Baptist Medical Center	Adult	0	83	N/A	-
High-Volume Hospitals (more than 175 procedures)					
Brookwood Medical Center	Adult	2	892	0.50	Similar
Grandview Medical Center	Adult	1	176	0.99	Similar
St. Vincent's Birmingham	Adult	1	433	0.39	Similar
University of Alabama at Birmingham Hospital	Adult	7	802	1.11	Similar

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient hysterectomies performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient hysterectomy; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using hysterectomies with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Central Region

Surgical Site Infections (SSIs) - Abdominal Hysterectomies
January 1, 2019 - December 31, 2019

Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 7 procedures)					
Russell Medical Center	Adult	0	3	N/A	-
Medium-Volume Hospitals (7 – 175 procedures)					
Baptist Medical Center South	Adult	3	75	N/A	-
Jackson Hospital & Clinic	Adult	0	75	N/A	-
Vaughan Regional Medical Center	Adult	1	40	N/A	-
High-Volume Hospitals (more than 175 procedures)					
Baptist Medical Center East	Adult	4	537	1.72	Similar
East Alabama Medical Center	Adult	1	383	0.56	Similar
	Pediatric	0	1	N/A	-

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient hysterectomies performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient hysterectomy; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using hysterectomies with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

North Region

Surgical Site Infections (SSIs) - Abdominal Hysterectomies
January 1, 2019 - December 31, 2019

Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 7 procedures)					
Marshall Medical Center North	Adult	0	1	N/A	-
Russellville Hospital	Adult	0	2	N/A	-
Medium-Volume Hospitals (7 – 175 procedures)					
Athens Limestone Hospital	Adult	1	45	N/A	-
Cullman Regional Medical Center	Adult	0	37	N/A	-
Decatur Morgan Hospital - Decatur Campus	Adult	0	29	N/A	-
Helen Keller Hospital	Adult	0	42	N/A	-
Highlands Medical Center	Adult	0	16	N/A	-
Marshall Medical Center South	Adult	0	30	N/A	-
North Alabama Medical Center	Adult	0	64	N/A	-
	Pediatric	0	1	N/A	-
High-Volume Hospitals (more than 175 procedures)					
Crestwood Medical Center	Adult	8	205	4.90	Worse
Huntsville Hospital	Adult	1	786	0.20	Similar
	Pediatric	0	2	N/A	-

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient hysterectomies performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient hysterectomy; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using hysterectomies with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Northeast Region Surgical Site Infections (SSIs) - Abdominal Hysterectomies January 1, 2019 - December 31, 2019					
Hospital Name	**Age Group**	**Number of SSIs**	**Number of Procedures**	**Ratio of Observed to Predicted Infections (SIR)**	**2019 Hospital Performance compared to National Performance (2015)**
Low-Volume Hospitals (fewer than 7 procedures)					
Riverview Regional Medical Center	Adult	0	3	N/A	-
Stringfellow Memorial Hospital	Adult	0	1	N/A	-
Medium-Volume Hospitals (7 – 175 procedures)					
Coosa Valley Medical Center	Adult	0	29	N/A	-
DeKalb Regional Medical Center	Adult	0	29	N/A	-
Gadsden Regional Medical Center	Adult	0	40	N/A	-
Northeast Alabama Regional Medical Center	Adult	0	174	0	Similar
High-Volume Hospitals (more than 175 procedures)					
-	-	-	-	-	-

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient hysterectomies performed in 2019

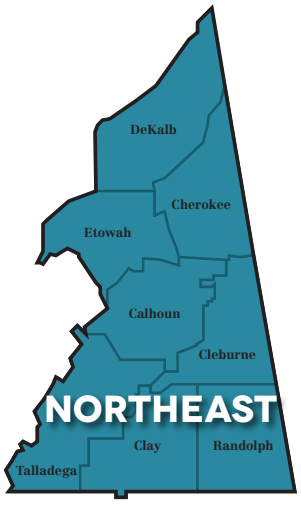
SSI: a deep- or organ-level infection associated with an inpatient hysterectomy; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using hysterectomies with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)



Southeast Region

Surgical Site Infections (SSIs) - Abdominal Hysterectomies
January 1, 2019 - December 31, 2019

Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 7 procedures)					
Andalusia Regional Hospital	Adult	0	2	N/A	-
Medical Center Barbour	Adult	0	1	N/A	-
Wiregrass Medical Center	Adult	0	2	N/A	-
Medium-Volume Hospitals (7 – 175 procedures)					
Medical Center Enterprise	Adult	2	107	N/A	-
Troy Regional Medical Center	Adult	0	7	N/A	-
High-Volume Hospitals (more than 175 procedures)					
Flowers Hospital	Adult	0	262	0	Similar
Southeast Health	Adult	0	211	0	Similar
	Pediatric	0	1	N/A	-

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient hysterectomies performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient hysterectomy; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using hysterectomies with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

Southwest Region

Surgical Site Infections (SSIs) - Abdominal Hysterectomies
January 1, 2019 - December 31, 2019

Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2019 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 7 procedures)					
Grove Hill Memorial Hospital	Adult	0	5	N/A	-
South Baldwin Regional Medical Center	Adult	0	2	N/A	-
Medium-Volume Hospitals (7 – 175 procedures)					
D.W. McMillan Memorial Hospital	Adult	0	34	N/A	-
North Baldwin Infirmary	Adult	0	38	N/A	-
Providence Hospital	Adult	0	165	N/A	-
University of South Alabama Children's & Women's Hospital	Adult	2	147	1.51	Similar
University of South Alabama Medical Center	Adult	3	68	N/A	-
High-Volume Hospitals (more than 175 procedures)					
Mobile Infirmary Medical Center	Adult	8	233	5.97	Worse
Springhill Medical Center	Adult	1	316	0.63	Similar
Thomas Hospital	Adult	0	214	N/A	-

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient hysterectomies performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient hysterectomy; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using hysterectomies with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

West Region Surgical Site Infections (SSIs) - Abdominal Hysterectomies January 1, 2019 - December 31, 2019					
Hospital Name	**Age Group**	**Number of SSIs**	**Number of Procedures**	**Ratio of Observed to Predicted Infections (SIR)**	**2019 Hospital Performance compared to National Performance (2015)**
Low-Volume Hospitals (fewer than 7 procedures)					
Northwest Medical Center	Adult	0	4	N/A	-
Medium-Volume Hospitals (7 – 175 procedures)					
Northport Medical Center	Adult	0	99	N/A	-
High-Volume Hospitals (more than 175 procedures)					
DCH Regional Medical Center	Adult	5	269	2.94	Worse

Data acquired from NHSN: December 28, 2020

N/A: number of predicted events did not meet minimum threshold for calculating SIR

Procedures: the number of inpatient hysterectomies performed in 2019

SSI: a deep- or organ-level infection associated with an inpatient hysterectomy; superficial SSIs excluded from analysis

SIR: the standardized infection ratio, i.e., the ratio of observed infections to predicted infections (calculated from national data using hysterectomies with similar risks)

Better: indicates a facility has significantly fewer infections compared to national baseline data (based on a 95% confidence interval)

Similar: indicates a facility does not have significantly more or less infections compared to national baseline data (based on a 95% confidence interval)

Worse: indicates a facility has significantly more infections compared to national baseline data (based on a 95% confidence interval)

DEFINITIONS AND ACRONYMS

ADPH: Alabama Department of Public Health

AlaHA: Alabama Hospital Association

CAUTI: Catheter-Associated Urinary Tract Infection

CDC: Centers for Disease Control and Prevention

CLABSI: Central Line-Associated Bloodstream Infection

COLO: Colon Surgery

HAI: Healthcare-Associated Infection

HDAC: Healthcare Data Advisory Council

HYST: Abdominal Hysterectomy

IP: Infection Preventionist

N/A: Not Applicable

NHSN: National Healthcare Safety Network

SIR: Standardized Infection Ratio

SSI: Surgical Site Infection

ALABAMA HOSPITALS REPORTING DATA

Facility	Region	Pages
Andalusia Regional Hospital	Southeast Region	24, 31, 38, 45
Athens Limestone Hospital	North Region	22, 29, 36, 43
Atmore Community Hospital	Southwest Region	25, 32, 39
Baptist Medical Center East	Central Region	21, 28, 35, 42
Baptist Medical Center South	Central Region	21, 28, 35, 42
Bibb Medical Center	West Region	26
Brookwood Medical Center	Birmingham	20, 27, 34, 41
Bullock County Hospital	Central Region	21
Children's Health System of Alabama	Birmingham	20, 27, 34
Choctaw General Hospital	Southwest	25
Citizens Baptist Medical Center	Northeast Region	23, 30, 37, 44
Clay County Hospital	Northeast Region	23, 30
Community Hospital	Central Region	21, 35
Coosa Valley Medical Center	Northeast Region	23, 30, 37, 44
Crenshaw Community Hospital	Central Region	21
Crestwood Medical Center	North Region	22, 29, 36, 43
Cullman Regional Medical Center	North Region	22, 29, 36, 43
D.W. Mcmillan Memorial Hospital	Southwest Region	25, 32, 39, 46
Dale Medical Center	Southeast Region	24, 31, 38
DCH Regional Medical Center	West Region	26, 33, 40, 47
Decatur Morgan Hospital - Decatur Campus	North Region	22, 29, 36, 43
Decatur Morgan Hospital - Parkway Campus	North Region	22, 29, 43
Dekalb Regional Medical Center	Northeast Region	23, 30, 37
East Alabama Medical Center	Central Region	21, 28, 35, 42
East Alabama Medical Center (EAMC) - Lanier	Central Region	21, 28, 35
Elmore Community Hospital	Central Region	21
Evergreen Medical Center	Southwest Region	25
Fayette Medical Center	West Region	26, 33, 40
Flowers Hospital	Southeast Region	24, 31, 38, 45
Floyd Cherokee Medical Center	Northeast Region	23

Gadsden Regional Medical Center	Northeast Region	23, 30, 37, 44
Greene County Hospital	West Region	26
Grandview Medical Center	Birmingham	20, 27, 34, 41
Grove Hill Memorial Hospital	Southwest Region	25, 46
Hale County Hospital	West Region	26
Helen Keller Hospital	North Region	22, 29, 36, 43
Highlands Medical Center	North Region	22, 29, 36, 43
Huntsville Hospital	North Region	22, 29, 36, 43
John Paul Jones Hospital	Southwest Region	25
Jack Hughston Memorial Hospital	Central Region	21, 35
Jackson Hospital & Clinic	Central Region	21, 28, 35, 42
Jackson Medical Center	Southwest Region	25
Lake Martin Community Hospital	Central Region	21
Lakeland Community Hospital	North Region	22
Lawrence Medical Center	North Region	22
Marshall Medical Center North	North Region	22, 29, 36, 43
Marshall Medical Center South	North Region	22, 29, 36, 43
Medical Center Barbour	Southeast Region	24, 31, 45
Medical Center Enterprise	Southeast Region	24, 31, 38, 45
Medical West	Birmingham	20, 27, 34, 41
Mizell Memorial Hospital	Southeast Region	24, 31, 38
Mobile Infirmary Medical Center	Southwest Region	25, 32, 39, 46
Monroe County Hospital	Southwest Region	25, 32, 39
North Alabama Medical Center	North Region	22, 29, 36, 43
North Baldwin Infirmary	Southwest Region	25, 32, 39, 46
North Mississippi Medical Center - Hamilton	North Region	20
Northeast Alabama Regional Medical Center	Northeast Region	23, 30, 37, 44
Northport Medical Center	West Region	26, 33, 40, 47
Northwest Medical Center	West Region	26, 40, 47
Pickens County Medical Center	West Region	26
Prattville Baptist Hospital	Central Region	21, 28
Princeton Baptist Medical Center	Birmingham	20, 27, 34, 41
Providence Hospital	Southwest Region	25, 32, 39, 46

Red Bay Hospital	North Region	22
Regional Medical Center of Central Alabama	Central Region	21, 28, 35
Riverview Regional Medical Center	Northeast Region	23, 30, 37, 44
Russell Medical Center	Central Region	21, 28, 35
Russellville Hospital	North Region	22, 29, 36, 43
Shelby Baptist Medical Center	Birmingham	20, 27, 34, 41
Shoals Hospital	North Region	22, 29, 36
South Baldwin Regional Medical Center	Southwest Region	25, 32, 39, 46
Southeast Health	Southeast Region	24, 31, 38, 45
Springhill Medical Center	Southwest Region	25, 32, 39, 46
St. Vincent's Birmingham	Birmingham	20, 27, 34, 41
St. Vincent's Blount	Birmingham	20, 27
St. Vincent's Chilton	Birmingham	21, 28, 35
St. Vincent's East	Birmingham	20, 27, 34, 41
St. Vincent's St. Clair	Birmingham	20, 27, 34, 41
Stringfellow Memorial Hospital	Northeast Region	23, 30, 37, 44
Tanner Medical Center/East Alabama	Northeast Region	23
Thomas Hospital	Southwest Region	25, 32, 39, 46
Troy Regional Medical Center	Southeast Region	24, 31, 38, 45
University of Alabama st Birmingham (UAB) Hospital	Birmingham	20, 27, 34, 41
University of Alabama st Birmingham (UAB) Highlands	Birmingham	20, 27, 34, 41
University of South Alabama (USA) Children's & Women's Hospital	Southwest Region	25, 32, 39, 46
University Of South Alabama (USA) Medical Center	Southwest Region	25, 32, 39, 46
Vaughan Regional Medical Center	Central Region	21, 28, 35, 42
Walker Baptist Medical Center	Birmingham	20, 27, 34, 41
Washington County Hospital	Southwest Region	25
Whitfield Memorial Hospital	West Region	26, 33
Wiregrass Medical Center	Southeast Region	24, 31, 38, 45

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