2015

Healthcare-Associated Infections in Alabama

Annual Report

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

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

Executive Summary

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 2015 Annual Report highlights Alabama's fifth year of reporting infection measure data.

In 2015, 91 facilities in Alabama reported CAUTI data. These hospitals reported 425 CAUTIs associated with 450,041 catheter days. This is a significant improvement over 2014, when 721 CAUTIs were reported by 85 hospitals, over 423,582 catheter days. The 2015 standardized infection ratio (SIR) was 0.469, indicating that Alabama hospitals had fewer infections than predicted based on the national performance measures. This SIR also compares favorably with 2014, where the SIR was 0.866. In 2015, 25 facilities performed better than the national baseline, a 56% increase compared to 2014. Only one facility performed worse than the national baseline, compared to four in 2014.

In 2015, 352 CLABSIs associated with 217,434 central line days were reported by 70 Alabama hospitals that met the reporting criteria. Alabama performed better than the national baseline with an SIR of 0.743. Ten hospitals performed better than the national baseline, while two hospitals performed worse. The 2014 CLABSI data indicated a similar SIR of 0.661 for the 292 CLABSIs and 207,776 central line days reported by 71 hospitals.

In the category of SSIs, Alabama hospitals performed similar to the national baseline in both abdominal hysterectomies and colon surgeries. For 5,910 colon procedures, 164 SSIs were identified (excluding superficial SSIs), resulting in an SIR of 0.900. Among Alabama hospitals required to report SSIs, 68 facilities performed colon surgeries. Of these facilities, five had significantly fewer infections compared to the national performance. Two facilities performed worse than the national baseline. For abdominal hysterectomies, 60 Alabama hospitals performed 6,820 in 2015. Fifty SSIs associated with these procedures were reported (excluding superficial SSIs), resulting in an SIR of 0.958. No facilities performed better than the national baseline, and one facility performed worse.

Introduction

A healthcare-associated infection (HAI), also referred to as a nosocomial infection, is a type of infection that 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 present while a patient is hospitalized qualify for reporting as HAIs. Additionally, diagnostic tests and/or patient symptoms may be important to identify HAIs. Alabama, and most other states, uses specific criteria described by the Centers of Disease Control and Prevention (CDC) in order to determine when 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 in an effort to combat HAIs. The Act requires the collection and reporting of certain HAI data by specific Alabama healthcare facilities. It designates the Alabama Department of Public Health (ADPH) as the agency responsible for the analysis of submitted data and creates a Healthcare Data Advisory Council to assist with development of the HAI reporting and prevention program. The Infection Reporting Act also makes provisions for the development of certain rules and regulations, as well as the development of public reports comparing the HAI data.

Data collected through the provisions of the Infection Reporting Act is of great interest to our communities. Consumer demand for information about the performance of healthcare providers has increased steadily over the past decade. In response, many state and national initiatives now mandate or induce 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.

Despite collective efforts to control healthcare-associated infections, **1 in 25** hospital patients has had at least one. In 2011, there were an estimated 722,000 HAIs in U.S. acute care hospitals. The same year, about 75,000 hospital patients with HAIs died during their hospitalizations[1]. The high number of healthcare-associated infections imposes a significant burden on the population in terms of morbidity and mortality. Financial impact is similarly substantial; a 2009 CDC report estimated the annual medical costs attributable to HAIs in U.S. hospitals to be between $35.7 billion and $45 billion[2].

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

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

[2] 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: http://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.

For a complete list of the healthcare facilities included in this report, please see Alabama Hospitals Reporting Data, p 48.

Method of HAI Data Collection

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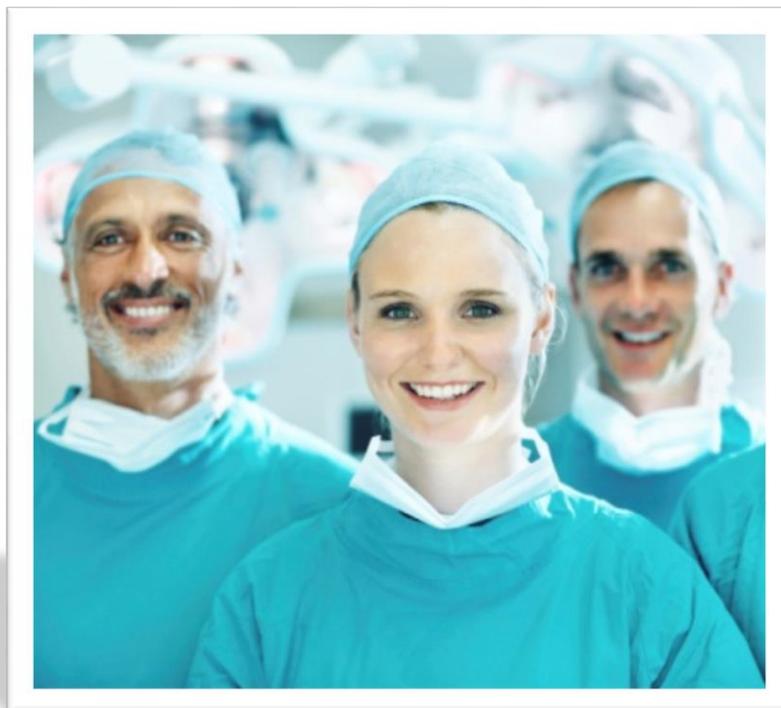
Reporting Variables

Catheter-Associated Urinary Tract Infection (CAUTI)

A catheter-associated urinary tract infection (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 National Healthcare Safety Network (NHSN) established criteria. The patient may be with or without symptoms.

During 2015, 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 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 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 monthly. 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 central line-associated bloodstream infection (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 2015, CLABSIs 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 was based on facility preference.

Surgical Site Infection (SSI)

A surgical site infection (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 Healthcare Data Advisory Council 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 (aka large intestine) 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 hospitals whose device utilization days or procedure counts were within the lowest quartile in the state (under 25%). Medium-volume consisted of hospitals whose device utilization days or procedure counts were in the 2nd and 3rd quartiles (between 25% and 75%). The high-volume category consisted of hospitals whose device utilization days or procedure counts were in the highest volume quartile (above 75%).

Accuracy in HAI Reporting

ADPH Data Validation Program

Background: The Mike Denton Infection Reporting Act gave the Alabama Department of Public Health (ADPH) the responsibility and authority to evaluate the quality and accuracy of HAI reporting. The law also established the Healthcare Data Advisory Council 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)
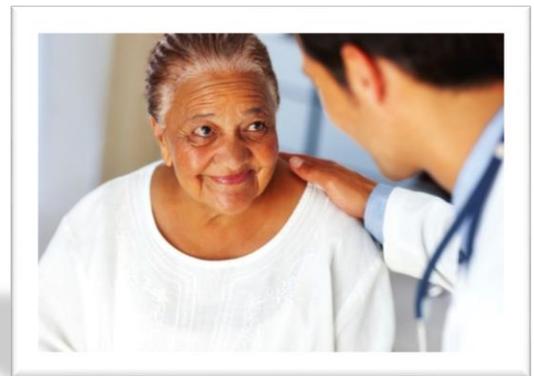
Methods: A variety of methods were utilized to validate the different aspects of the reporting program. These methods included but were not limited to:

1. Verifying that all facility administrators completed the minimal required National Healthcare Safety Network (NHSN) and ADPH 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 that was 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 through e-mail or phone regarding missing, inconsistent, or duplicate data for the review period.
4. The annual data report was provided to each facility for 45 days to review data and make comments to explain performance if desired.

5. ADPH used CDC's 2015 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 Infection Preventionist (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 information sources used in the validation process were hospital infection surveillance records, the NHSN line listing for the review period, and laboratory records. Following validation visits, the State HAI Coordinator provided verbal results and additional education regarding the correct application of NHSN definition of terms and CLABSI criteria for proficient identification and reporting at an exit interview.

For this annual report, ADPH validated the hospitals' 2015 CLABSI records. In accordance with the NHSN 2015 External Validation Guidance and Toolkit, the State HAI Coordinator and Healthcare Infection and Prevention Nurse Manager conducted site visits of 22 facilities in the Alabama Hospital Association (AlaHA) regions using a targeted selection method.   The selected facilities included a mixture of 1 low-volume, 2 medium-volume, and 19 high-volume hospitals.

Prior to the site visit, the hospital IP provided a list of positive blood cultures along with CLABSIs reported to NHSN. From these records a sample was taken using the Targeted Medical Record Selection Process. Records were randomly selected while targeting specific pathogens such as *Candida* spp., *Enterococcus* spp., *Staphylococcus* spp., and *Klebsiella* spp. An average of 44 records were evaluated per facility, with a range of 14-60. Site visits consisted of record review using the 2015 CLABSI Medical Record Abstraction Tool from the toolkit. This method allowed for a structured medical review to assess if the NHSN criterion for a CLABSI was accurately applied.

Of the records reviewed at the facilities, the NHSN CLABSI criterion was applied correctly 99% of the time, compared with 95% in 2014. Most (68%) of the hospitals visited did not misidentify any CLABSI events. Additionally, two-thirds of discrepancies were due to hospitals incorrectly classifying an infection as a CLABSI, while only one-third were due to failure to identify a CLABSI.

CLABSI Validation Summary:

Year	# Records Reviewed	# CLABSIs Over-Reported	# CLABSIs Under-Reported	Total Discrepancies	Accuracy
2014	977	16	30	46	95%
2015	975	8	4	12	99%

Performance Measurement

Risk Adjustment

Comparing data between different facilities with diverse patient populations can be difficult. Some patients will be at higher risk for a healthcare-associated infection 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 catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infection (CLABSI) surveillance, facility locations (e.g., surgical intensive care unit, general medical ward) are used in risk adjustment. Surgical site infections (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 it 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 (0/0.5), 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 how little data they were based on.

To minimize the risk of unfairly comparing healthcare facility SIRs due to low volume of procedures, the Healthcare Data Advisory Council adopted CDC's National Healthcare Safety Network (NHSN) minimum thresholds used in their Annual National Healthcare Associate-Illness (HAI) Report. 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 National Baseline Data

A facility's performance is compared to the national baseline data by calculating the 95% 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% 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 healthcare-associated infections 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 due to 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 broader confidence interval, increasing the likelihood that the interval will contain one and the hospital will not be statistically different from the national baseline (i.e., "Similar").

Pathogens Involved in Surgical Site Infections, 2015

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 surgical site infections (SSIs) in 2015. These data do not represent all SSIs because cultures are not always performed and submitted to identify causative organisms. Also, due to the available data, SSI events could not be separated by the depth of the infection, so counts below may include superficial, deep, and organ level SSIs.

In Alabama hospitals in 2015, 348 pathogens were identified in 223 colon SSIs. *Enterococcus* species were the most common pathogens identified in colon surgery SSIs; they were also most common for colon SSIs last year. *Enterococcus* accounted for 76 (22%) of identified pathogens among SSIs, compared to 73 of 331 (22%) in 2014. *Escherichia* species were identified in 68 (20%) colon SSI cultures in 2015, and *Staphylococcus* species were identified in 43 (12%). Interestingly, the ten most common pathogens were the same as last year, with the top five ranked identically (in descending order: *Enterococcus, Escherichia, Staphylococcus, Bacteroides,* and *Pseudomonas*).

A total of 84 pathogens were identified in 53 abdominal hysterectomy SSIs in 2015. Similarly to last year, Alabama hospitals reported *Staphylococcus* as the most common pathogen genus associated with abdominal hysterectomy SSIs, accounting for 20% of pathogens identified compared to 34% in 2014 and 23% in 2013. *Escherichia* species were again the second most commonly reported group of pathogens identified at 15%, compared to 18% in 2014 and 17% in 2013. Also like last year, *Enterococcus* remained 3rd most common.

Pathogens identified in the "other" group consisted of several different genera including *Propionibacterium*, *Acinetobacter*, *Prevotella*, *Clostridium,* and many other bacteria, as well as non-*Candida* yeasts.

Pathogens Identified in Colon Surgeries and Abdominal Hysterectomies to NHSN, 2015
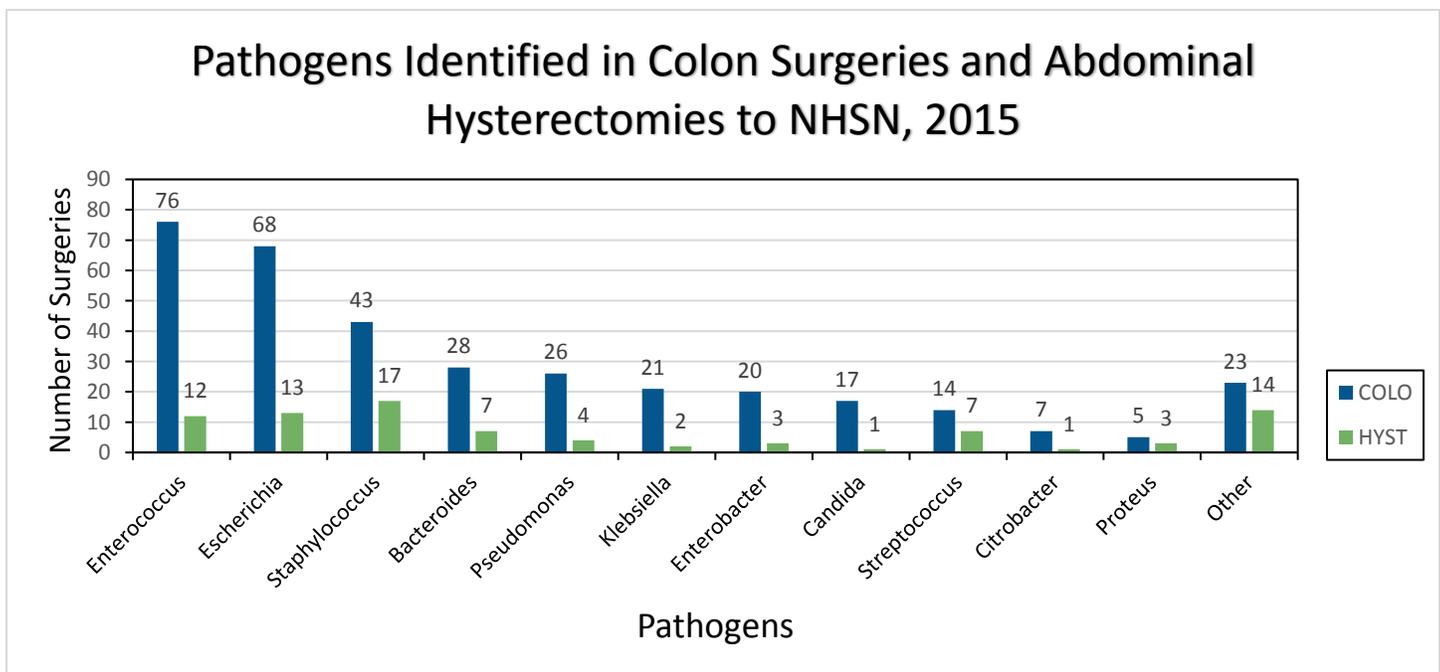
Data acquired from NHSN November 2, 2016

HAI Data, Statewide

Ninety-one Alabama hospitals reported 425 catheter-associated urinary tract infections (CAUTIs) in 2015, associated with 450,041 catheter days. The SIR, which does not include mixed acuity facilities, was 0.469. Both the SIR and number of CAUTIs reported were lower than in 2014. Alabama performed better than the national performance. Low-volume hospitals performed similarly to the national performance with an SIR of 0.447, while medium- and high-volume hospitals performed better compared to the national performance with SIRs of 0.449 and 0.476 respectively.

2015 Catheter-Associated Urinary Tract Infections (CAUTIs)				
	Number of CAUTIs	Total Number of Catheter Days	Ratio of Observed to Predicted Infections (SIR)*	Hospital Performance 2015 compared to National Performance (2009)
Alabama Hospitals Reporting: 91	425	450,041	0.469*	Better
Low-Volume Hospitals (Fewer than 512 catheter days)	8	5,609	0.447*	Similar
Medium-Volume Hospitals (512 – 7,519 catheter days)	94	121,373	0.449*	Better
High-Volume Hospitals (More than 7,519 catheter days)	323	323,059	0.476	Better

Data acquired from NHSN: November 21, 2016
*Does not include Mixed Acuity facilities; Greene County Hospital data also not factored into SIR due to their method of submission

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

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 2015, 70 Alabama hospitals reported 352 central line-associated bloodstream infections (CLABSIs) over 217,434 central line days. Alabama performed better than the national performance level, with an SIR of 0.743. Like last year, ten hospitals performed better than the national baseline. Two hospitals performed worse than the national baseline, compared to one hospital last year. Medium- and high-volume hospitals, again, performed better than the national performance with SIRs of 0.744 and 0.745 respectively. Low-volume hospitals performed similar when compared to the national performance, as in 2012-2014. Although the performance was similar, there weren't any CLABSIs reported within 2015.

2015 Central Line-Associated Bloodstream Infections (CLABSIs)				
	Number of CLABSIs	Number of Central Line Days	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Alabama Hospitals Reporting: 70	352	217,434	0.743	Better
Low-Volume Hospitals (Fewer than 152 central line days)	0	863	0	Similar
Medium-Volume Hospitals (152 to 3,226 central line days)	54	39,085	0.744	Better
High-Volume Hospitals (More than 3,226 central line days)	298	177,486	0.745	Better

Data acquired from NHSN: November 2, 2016

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 2015, 68 Alabama hospitals reported 5,910 colon procedures, with 164 surgical site infections (SSIs) associated with these procedures (excluding superficial SSIs). Overall, Alabama had an SIR of 0.900, indicating performance was similar to national baseline data. Of the hospitals that performed colon surgeries, five had significantly fewer infections compared to the national baseline. Only two facilities performed worse than the national baseline. Low-, medium-, and high-volume categories performed similarly when compared to national baseline with SIRs of 0, 0.796, and 0.966, respectively.

2015 Surgical Site Infections (SSIs) Associated with Colon Surgeries*				
	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Alabama Hospitals Reporting: 68	164	5,910	0.900	Similar
Low-Volume Hospitals (Fewer than 11 procedures)	0	90	0	Similar
Medium-Volume Hospitals (11 to 126 procedures)	44	1,912	0.796	Similar
High-Volume Hospitals (More than 126 procedures)	120	3,908	0.966	Similar

Data acquired from NHSN: November 2, 2016
*Does not include superficial SSIs

Procedures: the number of in-patient colon surgeries performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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)

Sixty Alabama hospitals performed 6,820 abdominal hysterectomies in 2015. Fifty surgical site infections (SSIs) were associated with these procedures (excluding superficial SSIs), resulting in an SIR of 0.958, a performance comparison that was similar to the national baseline data. No facilities had statistically fewer infections than predicted by national data in 2015, compared to four in 2014. As in 2014, one facility performed worse than the national baseline.

2015 Surgical Site Infections (SSIs) Associated with Abdominal Hysterectomies*				
	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Alabama Hospitals Reporting: 60	50	6,820	0.958	Similar
Low-Volume Hospitals (Fewer than 9 procedures)	1	51	-	-
Medium-Volume Hospitals (9 to 107 procedures)	11	1,381	0.913	Similar
High-Volume Hospitals (More than 107 procedures)	38	5,388	0.819	Similar

Data acquired from NHSN: November 2, 2016
*Does not include superficial SSIs

Procedures: the number of in-patient abdominal hysterectomy surgeries performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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: CAUTI, CLABSI, Colon SSI, and Abdominal Hysterectomy SSI. The hospitals are grouped by the geographical region in which they are located. The region boundary is designated by the Alabama Hospital Association (AlaHA) regions. Hospitals are then grouped by volume of device days or procedures performed.

HAI Reporting Regions
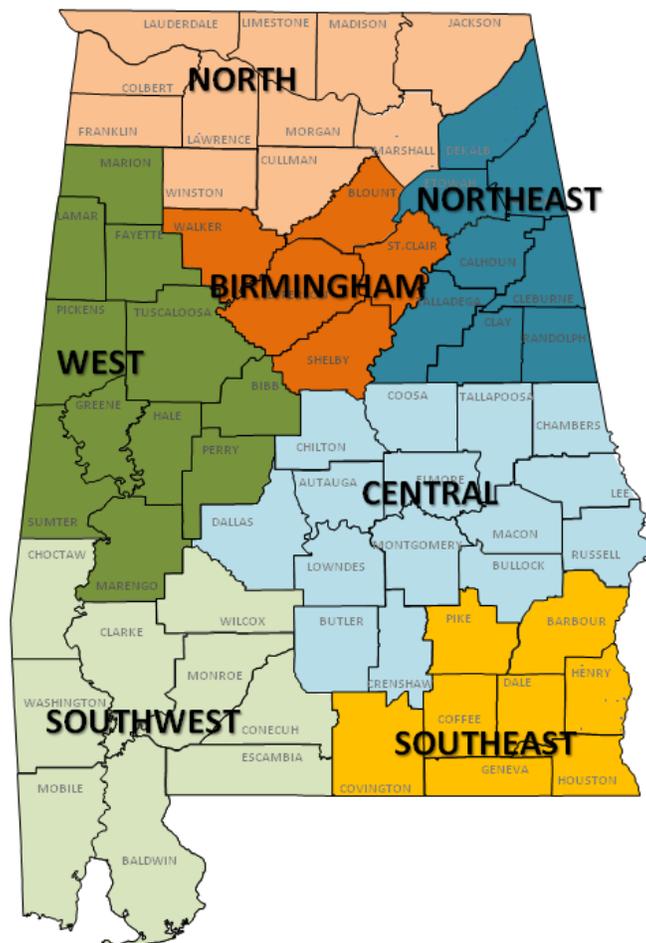
Birmingham Region
Catheter-Associated Urinary Tract Infections (CAUTIs)
January 1, 2015 - December 31, 2015

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)	Hospital Performance 2015 compared to National Performance (2009)
Low-Volume Hospitals (fewer than 512 catheter days)				
St. Vincent's Blount	0	166	N/A	-
Medium-Volume Hospitals (512 to 7,519 catheter days)				
Brookwood Medical Center	3	7,483	0.204	Better
Children's Health System	1	2,308	0.156	Better
St. Vincent's St. Clair	0	1,308	0	Similar
Walker Baptist Medical Center	2	5,178	0.244	Better
High-Volume Hospitals (more than 7,519 catheter days)				
Grandview Medical Center	12	9,398	0.522	Better
Medical West	14	7,619	0.950	Similar
Princeton Baptist Medical Center	26	17,681	0.683	Better
Shelby Baptist Medical Center	8	11,592	0.351	Better
St. Vincent's Birmingham	8	18,227	0.241	Better
St. Vincent's East	10	12,891	0.365	Better
UAB Hospital	40	45,864	0.308	Better

Data acquired from NHSN: November 2, 2016

*SIRs are not available for facilities reporting mixed acuity wards because National Comparison Data is not available.

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, 2015 - December 31, 2015			
	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)	Hospital Performance 2015 compared to National Performance (2009)
Low-Volume Hospitals (fewer than 512 catheter days)				
Bullock County Hospital	0	104	N/A	-
Crenshaw Community Hospital	2	215	N/A	-
Elmore Community Hospital*	0	359	N/A	-
Georgiana Hospital	0	258	N/A	-
Lake Martin Community Hospital	0	233	N/A	-
Medium-Volume Hospitals (512 – 7,519 catheter days)				
Baptist Medical Center East	1	5,638	0.092	Better
Community Hospital	1	1,012	0.659	Similar
EAMC - Lanier	0	1,323	0	Similar
Jack Hughston Memorial Hospital*	0	596	N/A	-
L. V. Stabler Memorial Hospital	0	656	N/A	-
Prattville Baptist Hospital	0	2,686	0	Better
Vaughan Regional Medical Center	2	4,256	0.321	Similar
High-Volume Hospitals (more than 7,519 catheter days)				
Baptist Medical Center South	32	16,374	0.773	Similar
East Alabama Medical Center	5	8,213	0.402	Better
Jackson Hospital & Clinic	10	9,986	0.705	Similar
Russell Medical Center	0	10,160	0	Better

Data acquired from NHSN: November 21, 2016

*SIRs are not available for facilities reporting mixed acuity wards because National Comparison Data is not available.

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, 2015 - December 31, 2015

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)	Hospital Performance 2015 compared to National Performance (2009)
Low-Volume Hospitals (fewer than 512 catheter days)				
North Mississippi Medical Center - Hamilton	0	475	N/A	-
Red Bay Hospital	0	483	N/A	-
Medium-Volume Hospitals (512 – 7,519 catheter days)				
Athens Limestone Hospital	4	3,644	0.697	Similar
Crestwood Medical Center	8	5,091	1.039	Similar
Cullman Regional Medical Center	7	7,519	0.491	Better
Helen Keller Hospital	1	6,523	0.089	Better
Highlands Medical Center	4	2,595	0.910	Similar
Lakeland Community Hospital	0	512	N/A	-
Lawrence Medical Center	0	682	0	Similar
Marshall Medical Center North	2	3,639	0.371	Similar
Marshall Medical Center South	3	3,729	0.538	Similar
Russellville Hospital	0	1,438	0	Similar
Shoals Hospital	1	1,515	0.339	Similar
High-Volume Hospitals (more than 7,519 catheter days)				
Decatur Morgan Hospital - Decatur Campus	6	9,885	0.396	Better
Eliza Coffee Memorial Hospital	13	11,638	0.639	Similar
Huntsville Hospital	34	25,667	0.571	Better

Data acquired from NHSN: November 2, 2016

*SIRs are not available for facilities reporting mixed acuity wards because National Comparison Data is not available.

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, 2015 - December 31, 2015

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)	Hospital Performance 2015 compared to National Performance (2009)
Low-Volume Hospitals (fewer than 512 catheter days)				
Cherokee Medical Center	0	421	N/A	-
RMC - Jacksonville	1	421	N/A	-
Wedowee Hospital	0	110	N/A	-
Medium-Volume Hospitals (512 – 7,519 catheter days)				
Citizens Baptist Medical Center	0	1,201	0	Similar
Clay County Hospital	1	568	0.899	Similar
Coosa Valley Medical Center	0	2,489	0	Better
DeKalb Regional Medical Center	0	2,972	0	Better
Stringfellow Memorial Hospital	3	2,288	0.868	Similar
High-Volume Hospitals (more than 7,519 catheter days)				
Gadsden Regional Medical Center	4	15,065	0.148	Better
Northeast Alabama Regional Medical Center	8	7,665	0.66	Similar
Riverview Regional Medical Center	15	8,299	1.231	Similar

Data acquired from NHSN: November 2, 2016
*SIRs are not available for facilities reporting mixed acuity wards because National Comparison Data is not available.

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)

Southeast Region
Catheter-Associated Urinary Tract Infections (CAUTIs)
January 1, 2015 - December 31, 2015

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)	Hospital Performance 2015 compared to National Performance (2009)
Low-Volume Hospitals (fewer than 512 catheter days)				
-	-	-	-	-
Medium-Volume Hospitals (512 – 7,519 catheter days)				
Andalusia Regional Hospital	0	1,646	0	Similar
Dale Medical Center	0	1,313	0	Similar
Medical Center Barbour	1	1,192	0.568	Similar
Medical Center Enterprise	0	1,582	0	Similar
Mizell Memorial Hospital	0	693	0	Similar
Southeast Alabama Medical Center	19	6,502	2.435	Worse
Troy Regional Medical Center	0	1,225	0	Similar
Wiregrass Medical Center	1	524	N/A	-
High-Volume Hospitals (more than 7,519 catheter days)				
Flowers Hospital	12	8,321	0.704	Similar

Data acquired from NHSN: November 2, 2016

*SIRs are not available for facilities reporting mixed acuity wards because National Comparison Data is not available.

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, 2015 - December 31, 2015

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)	Hospital Performance 2015 compared to National Performance (2009)
Low-Volume Hospitals (fewer than 512 catheter days)				
Choctaw General Hospital	0	157	N/A	-
Evergreen Medical Center	1	243	N/A	-
Grove Hill Memorial Hospital	0	216	N/A	-
Jackson Medical Center	0	183	N/A	-
John Paul Jones Hospital	0	71	N/A	-
USA Children's & Women's Hospital	0	493	0	Similar
Washington County Hospital*	1	283	N/A	-
Medium-Volume Hospitals (512 – 7,519 catheter days)				
Atmore Community Hospital	0	864	0	Similar
D.W. McMillan Memorial Hospital	2	1,260	1.111	Similar
Monroe County Hospital	0	829	0	Similar
North Baldwin Infirmary	1	826	0.619	Similar
South Baldwin Regional Medical Center	1	3,823	0.182	Better
Thomas Hospital	6	6,466	0.466	Better
USA Medical Center	12	6,781	0.634	Similar
High-Volume Hospitals (more than 7,519 catheter days)				
Mobile Infirmary Medical Center	20	20,089	0.434	Better
Providence Hospital	8	13,649	0.250	Better
Springhill Medical Center	15	9,401	1.131	Similar

Data acquired from NHSN: November 2, 2016

*SIRs are not available for facilities reporting mixed acuity wards because National Comparison Data is not available.

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, 2015 - December 31, 2015

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)	Hospital Performance 2015 compared to National Performance (2009)
Low-Volume Hospitals (fewer than 512 catheter days)				
Bibb Medical Center	0	311	N/A	-
Greene County Hospital**	0	118	N/A	-
Hale County Hospital	0	109	N/A	-
Hill Hospital of Sumter County*	3	14	N/A	-
Pickens County Medical Center	0	166	N/A	-
Medium-Volume Hospitals (512 – 7,519 catheter days)				
Bryan W. Whitfield Memorial Hospital	0	825	0	Similar
Fayette Medical Center	2	1,110	1.146	Similar
Northport Medical Center	2	3,504	0.309	Similar
Northwest Medical Center	3	1,559	1.257	Similar
High-Volume Hospitals (more than 7,519 catheter days)				
DCH Regional Medical Center	23	25,375	0.437	Better

Data acquired from NHSN: November 2, 2016

*SIRs are not available for facilities reporting mixed acuity wards because National Comparison Data is not available.

**Data not submitted through NHSN

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, 2015 - December 31, 2015				
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)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 152 central line days)				
St. Vincent's Blount	0	86	N/A	-
Medium-Volume Hospitals (152 – 3,226 central line days)				
Medical West	8	2,534	1.662	Similar
St. Vincent's St. Clair	0	214	N/A	-
Walker Baptist Medical Center	1	759	0.878	Similar
High-Volume Hospitals (more than 3,226 central line days)				
Brookwood Medical Center	12	6,812	0.849	Similar
Children's Health System	35	17,820	0.712	Better
Grandview Medical Center	2	5,681	0.156	Better
Princeton Baptist Medical Center	26	8,890	1.597	Worse
Shelby Baptist Medical Center	2	4,557	0.236	Better
St. Vincent's Birmingham	7	8,507	0.441	Better
St. Vincent's East	6	7,844	0.347	Better
UAB Hospital	66	36,121	0.741	Better

Data acquired from NHSN: November 2, 2016

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, 2015 - December 31, 2015 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)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 152 central line days)				
Community Hospital	0	51	N/A	–
L. V. Stabler Memorial Hospital	0	37	N/A	–
Medium-Volume Hospitals (152 – 3,226 central line days)				
Baptist Medical Center East	2	2,760	0.362	Similar
EAMC - Lanier	0	284	N/A	–
East Alabama Medical Center	6	2,914	1.397	Similar
Prattville Baptist Hospital	0	237	N/A	–
Russell Medical Center	0	653	N/A	–
Vaughan Regional Medical Center	1	983	0.678	Similar
High-Volume Hospitals (more than 3,226 central line days)				
Baptist Medical Center South	23	10,832	0.761	Similar
Jackson Hospital & Clinic	11	5,124	1.456	Similar

Data acquired from NHSN: November 2, 2016

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, 2015 - December 31, 2015 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)	Hospital Performance 2015 compared to National Performance (2009)
Low-Volume Hospitals (fewer than 152 central line days)				
Lakeland Community Hospital	0	9	N/A	-
North Mississippi Medical Center - Hamilton	0	0	N/A	-
Russellville Hospital	0	108	N/A	-
Medium-Volume Hospitals (152 – 3,226 central line days)				
Athens Limestone Hospital	2	591	N/A	-
Crestwood Medical Center	2	1,642	0.812	Similar
Cullman Regional Medical Center	0	1,073	0	Similar
Decatur Morgan Hospital - Decatur Campus	0	1,438	0	Similar
Helen Keller Hospital	1	739	0.902	Similar
Highlands Medical Center	0	356	N/A	-
Marshall Medical Center North	1	499	N/A	-
Marshall Medical Center South	0	529	N/A	-
Shoals Hospital	0	289	N/A	-
High-Volume Hospitals (more than 3,226 central line days)				
Eliza Coffee Memorial Hospital	4	5,377	0.443	Similar
Huntsville Hospital	31	12,070	1.279	Similar

Data acquired from NHSN: November 2, 2016

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)

Northeast Region Central Line-Associated Bloodstream Infections (CLABSIs) January 1, 2015 - December 31, 2015				
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)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 152 central line days)				
Clay County Hospital	0	11	N/A	-
RMC - Jacksonville	0	0	N/A	-
Medium-Volume Hospitals (152 – 3,226 central line days)				
Citizens Baptist Medical Center	0	271	N/A	-
Coosa Valley Medical Center	0	536	N/A	-
DeKalb Regional Medical Center	0	214	N/A	-
Northeast Alabama Regional Medical Center	0	2,296	0	Better
Riverview Regional Medical Center	0	1,840	0	Similar
Stringfellow Memorial Hospital	0	184	N/A	-
High-Volume Hospitals (more than 3,226 central line days)				
Gadsden Regional Medical Center	2	4,496	0.231	Better

Data acquired from NHSN: November 2, 2016

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, 2015 - December 31, 2015				
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)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 152 central line days)				
Dale Medical Center	0	127	N/A	-
Medical Center Enterprise	0	85	N/A	-
Mizell Memorial Hospital	0	48	N/A	-
Wiregrass Medical Center	0	54	N/A	-
Medium-Volume Hospitals (152 – 3,226 central line days)				
Andalusia Regional Hospital	0	152	N/A	-
Flowers Hospital	3	3,226	0.461	Similar
Medical Center Barbour	0	152	N/A	-
Southeast Alabama Medical Center	8	2,191	2.434	Worse
Troy Regional Medical Center	0	358	N/A	-
High-Volume Hospitals (more than 3,226 central line days)				
-	-	-	-	-

Data acquired from NHSN: November 2, 2016

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, 2015 - December 31, 2015				
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)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 152 central line days)				
Atmore Community Hospital	0	89	N/A	-
Monroe County Hospital	0	46	N/A	-
Medium-Volume Hospitals (152 – 3,226 central line days)				
D.W. McMillan Memorial Hospital	1	200	N/A	-
North Baldwin Infirmary	2	161	N/A	-
South Baldwin Regional Medical Center	0	1,311	0	Similar
Thomas Hospital	2	2,349	0.401	Similar
USA Medical Center	10	3,197	0.914	Similar
High-Volume Hospitals (more than 3,226 central line days)				
Mobile Infirmary Medical Center	16	9,857	0.741	Similar
Providence Hospital	8	7,849	0.512	Better
Springhill Medical Center	4	6,450	0.422	Similar
USA Children's & Women's Hospital	33	9,382	1.215	Similar

Data acquired from NHSN: November 2, 2016

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, 2015 - December 31, 2015				
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)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 152 central line days)				
Bryan W. Whitfield Memorial Hospital	0	36	N/A	-
Fayette Medical Center	0	29	N/A	-
Northwest Medical Center	0	47	N/A	-
Medium-Volume Hospitals (152 – 3,226 central line days)				
Northport Medical Center	4	1,953	0.905	Similar
High-Volume Hospitals (more than 3,226 central line days)				
DCH Regional Medical Center	10	9,817	0.428	Better

Data acquired from NHSN: November 2, 2016

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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 11 procedures)				
-	-	-	-	-
Medium-Volume Hospitals (11 – 126 procedures)				
Children's Health System	2	105	0.635	Similar
Grandview Medical Center	0	125	0	Better
Medical West	5	91	1.986	Similar
St. Vincent's St. Clair	0	16	N/A	-
Walker Baptist Medical Center	0	31	N/A	-
High-Volume Hospitals (more than 126 procedures)				
Brookwood Medical Center	9	200	1.559	Similar
Princeton Baptist Medical Center	1	172	0.206	Similar
Shelby Baptist Medical Center	4	212	0.651	Similar
St. Vincent's Birmingham	3	284	0.344	Better
St. Vincent's East	9	189	1.617	Similar
UAB Hospital	23	587	1.069	Similar

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient colon surgeries performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 11 procedures)				
Community Hospital	0	5	N/A	-
Jack Hughston Memorial Hospital	0	5	N/A	-
Medium-Volume Hospitals (11 – 126 procedures)				
Baptist Medical Center East	0	88	0	Similar
Baptist Medical Center South	4	91	1.666	Similar
EAMC - Lanier	0	11	N/A	-
L. V. Stabler Memorial Hospital	0	11	N/A	-
Prattville Baptist Hospital	0	34	0	Similar
Russell Medical Center	0	13	N/A	-
Vaughan Regional Medical Center	0	31	N/A	-
High-Volume Hospitals (more than 126 procedures)				
East Alabama Medical Center	2	163	0.510	Similar
Jackson Hospital & Clinic	3	140	0.622	Similar

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient colon surgeries performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 11 procedures)				
Highlands Medical Center	0	8	N/A	-
Russellville Hospital	0	8	N/A	-
Medium-Volume Hospitals (11 – 126 procedures)				
Athens Limestone Hospital	0	39	0	Similar
Crestwood Medical Center	3	110	0.842	Similar
Cullman Regional Medical Center	0	49	0	Similar
Eliza Coffee Memorial Hospital	0	94	0	Better
Helen Keller Hospital	1	72	0.502	Similar
Marshall Medical Center North	1	41	N/A	-
Marshall Medical Center South	0	36	N/A	-
Shoals Hospital	0	33	N/A	-
High-Volume Hospitals (more than 126 procedures)				
Decatur Morgan Hospital - Decatur Campus	8	158	1.784	Similar
Huntsville Hospital	29	581	1.670	Worse

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient colon surgeries performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 11 procedures)				
Clay County Hospital	0	3	N/A	-
Medium-Volume Hospitals (11 – 126 procedures)				
Citizens Baptist Medical Center	0	13	N/A	-
Coosa Valley Medical Center	0	57	0	Similar
DeKalb Regional Medical Center	0	19	N/A	-
Riverview Regional Medical Center	0	53	0	Similar
Stringfellow Memorial Hospital	1	26	N/A	-
High-Volume Hospitals (more than 126 procedures)				
Gadsden Regional Medical Center	0	155	0	Better
Northeast Alabama Regional Medical Center	0	144	0	Better

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient colon surgeries performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 11 procedures)				
Andalusia Regional Hospital	0	10	N/A	-
Medical Center Barbour	0	10	N/A	-
Troy Regional Medical Center	0	2	N/A	-
Wiregrass Medical Center	0	6	N/A	-
Medium-Volume Hospitals (11 – 126 procedures)				
Dale Medical Center	0	12	N/A	-
Flowers Hospital	4	120	0.959	Similar
Medical Center Enterprise	0	12	N/A	-
Mizell Memorial Hospital	0	11	N/A	-
High-Volume Hospitals (more than 126 procedures)				
Southeast Alabama Medical Center	10	158	1.646	Similar

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient colon surgeries performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 11 procedures)				
Atmore Community Hospital	0	6	N/A	-
Monroe County Hospital	0	4	N/A	-
Medium-Volume Hospitals (11 – 126 procedures)				
D.W. McMillan Memorial Hospital	0	27	N/A	-
North Baldwin Infirmary	2	15	N/A	-
South Baldwin Regional Medical Center	2	53	1.207	Similar
Springhill Medical Center	5	110	1.699	Similar
Thomas Hospital	2	109	0.813	Similar
USA Children's & Women's Hospital	1	28	N/A	-
USA Medical Center	11	126	2.338	Worse
High-Volume Hospitals (more than 126 procedures)				
Mobile Infirmary Medical Center	8	305	0.688	Similar
Providence Hospital	2	143	0.483	Similar

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient colon surgeries performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 11 procedures)				
Bryan W. Whitfield Memorial Hospital	0	2	N/A	-
Fayette Medical Center	0	9	N/A	-
Northport Medical Center	0	10	N/A	-
Northwest Medical Center	0	1	N/A	-
Pickens County Medical Center	0	1	N/A	-
Medium-Volume Hospitals (11 – 126 procedures)				
-	-	-	-	-
High-Volume Hospitals (more than 126 procedures)				
DCH Regional Medical Center	9	317	0.879	Similar

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient colon surgeries performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 9 procedures)				
St. Vincent's St. Clair	0	2	N/A	-
Medium-Volume Hospitals (9 – 107 procedures)				
Grandview Medical Center	0	61	N/A	-
Medical West	0	42	N/A	-
Princeton Baptist Medical Center	0	66	N/A	-
Shelby Baptist Medical Center	1	91	N/A	-
St. Vincent's Blount	1	9	N/A	-
Walker Baptist Medical Center	0	27	N/A	-
High-Volume Hospitals (more than 107 procedures)				
Brookwood Medical Center	4	955	0.876	Similar
St. Vincent's Birmingham	4	518	1.124	Similar
St. Vincent's East	0	119	N/A	-
UAB Hospital	8	777	1.185	Similar

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient hysterectomies performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 9 procedures)				
EAMC - Lanier	0	7	N/A	-
Russell Medical Center	1	3	N/A	-
Medium-Volume Hospitals (9 – 107 procedures)				
Baptist Medical Center South	1	87	N/A	-
Vaughan Regional Medical Center	0	42	N/A	-
High-Volume Hospitals (more than 107 procedures)				
Baptist Medical Center East	3	507	0.678	Similar
East Alabama Medical Center	4	401	1.633	Similar
Jackson Hospital & Clinic	4	146	3.363	Worse

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient hysterectomies performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 9 procedures)				
Russellville Hospital	0	5	N/A	-
Shoals Hospital	0	5	N/A	-
Medium-Volume Hospitals (9 – 107 procedures)				
Athens Limestone Hospital	0	33	N/A	-
Cullman Regional Medical Center	0	38	N/A	-
Decatur Morgan Hospital - Decatur Campus	0	107	N/A	-
Decatur Morgan Hospital - Parkway Campus	0	23	N/A	-
Eliza Coffee Memorial Hospital	2	55	N/A	-
Helen Keller Hospital	1	26	N/A	-
Highlands Medical Center	2	43	N/A	-
Marshall Medical Center North	0	9	N/A	-
Marshall Medical Center South	0	34	N/A	-
High-Volume Hospitals (more than 107 procedures)				
Crestwood Medical Center	0	150	0	Similar
Huntsville Hospital	4	693	0.787	Similar

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient hysterectomies performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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)

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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 Surgical Site Infections (SSIs) - Abdominal Hysterectomies January 1, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 9 procedures)				
Citizens Baptist Medical Center	0	3	N/A	-
DeKalb Regional Medical Center	0	4	N/A	-
Riverview Regional Medical Center	0	4	N/A	-
RMC - Jacksonville	0	2	N/A	-
Stringfellow Memorial Hospital	0	4	N/A	-
Medium-Volume Hospitals (9 – 107 procedures)				
Coosa Valley Medical Center	0	22	N/A	-
Gadsden Regional Medical Center	0	103	N/A	-
Northeast Alabama Regional Medical Center	0	77	N/A	-
High-Volume Hospitals (more than 107 procedures)				
-	-	-	-	-

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient hysterectomies performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 9 procedures)				
Andalusia Regional Hospital	0	5	N/A	-
Medical Center Barbour	0	2	N/A	-
Wiregrass Medical Center	0	2	N/A	-
Medium-Volume Hospitals (9 – 107 procedures)				
Medical Center Enterprise	1	81	N/A	-
Troy Regional Medical Center	0	27	N/A	-
High-Volume Hospitals (more than 107 procedures)				
Flowers Hospital	2	220	1.021	Similar
Southeast Alabama Medical Center	0	155	0	Similar

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient hysterectomies performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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)

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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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 9 procedures)				
USA Medical Center	0	2	N/A	-
Medium-Volume Hospitals (9 – 107 procedures)				
D.W. McMillan Memorial Hospital	0	16	N/A	-
Grove Hill Memorial Hospital	0	9	N/A	-
North Baldwin Infirmary	0	9	N/A	-
South Baldwin Regional Medical Center	0	24	N/A	-
Springhill Medical Center	1	85	N/A	-
Thomas Hospital	1	70	N/A	-
High-Volume Hospitals (more than 107 procedures)				
Mobile Infirmary Medical Center	2	130	N/A	-
Providence Hospital	0	250	0	Similar
USA Children's & Women's Hospital	2	226	0.960	Similar

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient hysterectomies performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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, 2015 - December 31, 2015				
Hospital Name	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	Hospital Performance 2015 compared to National Performance (2006-2008)
Low-Volume Hospitals (fewer than 9 procedures)				
Pickens County Medical Center	0	1	N/A	-
Medium-Volume Hospitals (9 – 107 procedures)				
Northport Medical Center	0	22	N/A	-
Northwest Medical Center	0	43	N/A	-
High-Volume Hospitals (more than 107 procedures)				
DCH Regional Medical Center	1	141	N/A	-

Data acquired from NHSN: November 2, 2016

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

Procedures: the number of in-patient hysterectomies performed in 2015

SSI: a deep- or organ-level infection associated with an in-patient 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

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

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

STRINGFELLOW MEMORIAL HOSPITAL	Northeast Region	22, 29, 36, 43
THOMAS HOSPITAL	Southwest Region	24, 31, 38, 45
TRINITY MEDICAL CENTER	Birmingham	See Grandview Medical Center
TROY REGIONAL MEDICAL CENTER	Southeast Region	23, 30, 37, 44
UNIVERSITY OF ALABAMA AT BIRMINGHAM (UAB) HOSPITAL	Birmingham	19, 26, 33, 40
UNIVERSITY OF SOUTH ALABAMA (USA) CHILDREN'S & WOMEN'S HOSPITAL	Southwest Region	24, 31, 38, 45
UNIVERSITY OF SOUTH ALABAMA (USA) MEDICAL CENTER	Southwest Region	24, 31, 38, 45
VAUGHAN REGIONAL MEDICAL CENTER	Central Region	20, 27, 34, 41
WALKER BAPTIST MEDICAL CENTER	Birmingham	19, 26, 33, 40
WASHINGTON COUNTY HOSPITAL	Southwest Region	24
WEDOWEE HOSPITAL	Northeast Region	22
WIREGRASS MEDICAL CENTER	Southeast Region	23, 30, 37, 44

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