



**HEALTHCARE-ASSOCIATED  
INFECTIONS** IN ALABAMA  
ANNUAL REPORT  
2024

ALABAMA  
PUBLIC  
HEALTH

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## EXECUTIVE SUMMARY

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

Alabama hospitals began reporting four infection measures to the Alabama Department of Public Health (ADPH) in 2011: catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), and surgical site infections (SSIs) associated with colon surgeries and abdominal hysterectomies. Alabama law requires that hospitals report HAI data through the National Healthcare Safety Network (NHSN), a secure internet-based surveillance system maintained by the Centers for Disease Control and Prevention (CDC). This 2024 Annual Report highlights Alabama's fourteenth year of reporting infection measure data. All infection measures, except for colon SSIs, decreased highlighting improvements in patient care practices from 2023 to 2024.

In 2024, 77 facilities in Alabama reported CAUTI data.<sup>1</sup> These hospitals reported 236 CAUTIs over 373,355 catheter days [CAUTI Rate (per 1,000 catheter days): 0.63]. This demonstrates a decrease in CAUTIs from 2023, when 290 CAUTIs were reported by 89 hospitals, over 413,369 catheter days [CAUTI Rate (per 1,000 catheter days): 0.70]. The 2024 standardized infection ratio (SIR) was 0.50, indicating that Alabama hospitals had fewer infections than predicted based on the 2015 national baseline data for the fourteenth year in a row. Fourteen hospitals performed better than predicted, and none performed worse than the national baseline.

In 2024, 162 CLABSIs associated with 192,736 central line days [CLABSI Rate (per 1,000 central line days): 0.84] were reported by 61 Alabama hospitals that met the reporting criteria. Alabama's performance was better than the 2015 national baseline with an SIR of 0.70, which is a decrease from last year's SIR of 0.84. Six hospitals performed better than the national baseline, and one performed worse.

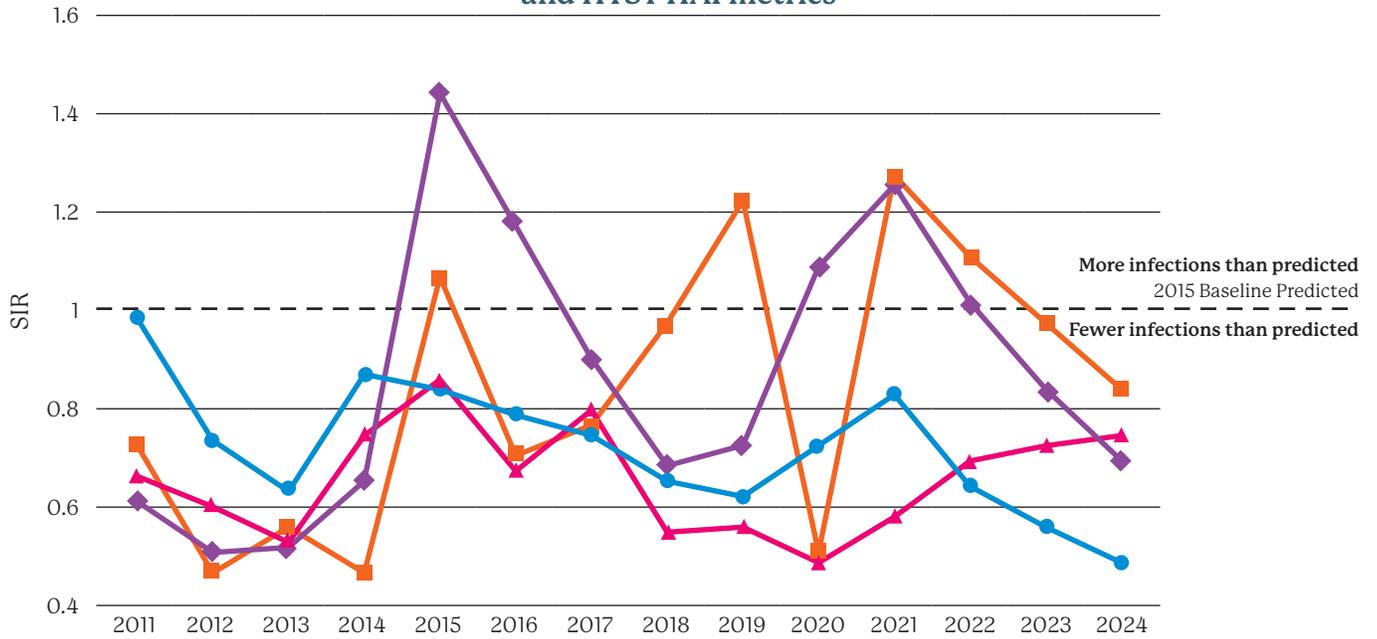
For colon SSIs, Alabama hospitals performed significantly better than the national baseline in adult procedures. For 5,980 adult colon procedures, 112 deep and organ-level SSIs were identified [SSI Rate (per 100 procedures): 1.87], resulting in an SIR of 0.75. The statewide adult SIR has been better than national performance for fourteen years in a row, even with this year's rate higher than last year's SIR of 0.73.

For abdominal hysterectomy SSIs, Alabama hospitals' performance was similar when compared to the national baseline in adult procedures. For 7,270 adult abdominal hysterectomies, 37 deep and organ-level SSIs were identified [SSI Rate (per 100 procedures): 0.51], resulting in an SIR of 0.84, which is a decrease from last year's SIR of 0.97.

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<sup>1</sup> Eleven facilities were excluded from state- and individual-level data due to zero catheter days, closure, facility type change, or temporary exemption

### In 2024 SIRs improved among CAUTI, CLABSI, and HYST HAI metrics



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
CAUTI SIRs	0.98	0.74	0.64	0.87	0.84	0.79	0.75	0.66	0.63	0.73	0.83	0.65	0.57	0.50
CLABSI SIRs	0.62	0.52	0.53	0.66	1.42	1.16	0.90	0.69	0.73	1.08	1.24	1.01	0.84	0.70
Adult Colon SSI SIRs	0.67	0.61	0.54	0.75	0.86	0.68	0.80	0.56	0.57	0.50	0.59	0.70	0.73	0.75
Adult Abdominal Hysterectomy SSI SIRs	0.73	0.48	0.57	0.48	1.06	0.71	0.77	0.97	1.21	0.52	1.26	1.10	0.97	0.84

## INTRODUCTION

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

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

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

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

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

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

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<sup>2</sup> Centers for Disease Control and Prevention, Healthcare-associated Infections (HAIs), Data and Statistics. Available at: <https://www.cdc.gov/healthcare-associated-infections/php/data/index.html>

<sup>3</sup> Scott, DR. The direct medical costs of healthcare-associated infections in US hospitals and the benefits of prevention. Centers for Disease Control and Prevention. March 2009. Available at: <https://stacks.cdc.gov/view/cdc/11550>



## Healthcare Facilities Defined

In accordance with the rules and regulations supporting the Mike Denton Infection Reporting Act, healthcare facilities are defined as general, critical access, and specialized hospitals (including pediatric hospitals, but excluding psychiatric, rehabilitation, long-term care, and eye hospitals) that are licensed pursuant to Code of Alabama 1975, § 22-21-20. This report only includes individual data on healthcare facilities open as of March 1, 2025, and those with 12 months of data in 2024.

*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 used by trained Infection Preventionist (IPs) or other trained NHSN Users at each healthcare facility to collect and report HAI data. The IP or designated NHSN User is required to enter the HAI data into NHSN no later than the last day of the subsequent month. For example, all January events should be entered by February 28. Each Alabama healthcare facility must grant permission within NHSN for ADPH HAI program staff to view and analyze the specified HAI data, so they may, in turn, compile summary data for public reporting.

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

## REPORTING VARIABLES

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

A CAUTI is an infection associated with an indwelling urinary catheter. An indwelling urinary catheter, also referred to as a Foley catheter, is a urine drainage tube connected to a closed drainage system (bag). The catheter is inserted into the bladder through the urethra for the collection of urine over a period of time. A CAUTI must be reported if it occurs in a patient who has had an indwelling urinary catheter in place for greater than two calendar days before the onset of the UTI, according to CDC's NHSN established criteria. The patient may or may not exhibit symptoms.

During 2024, Alabama hospitals were required to report CAUTIs that were attributed to medical wards, surgical wards, medical/surgical wards, adult critical care units, and pediatric critical care units. Facilities that did not have these types of wards or critical care units (as defined by NHSN) reported CAUTIs from mixed acuity wards and mixed age/mixed acuity wards. Hospitals were required to report CAUTI data using NHSN.

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

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

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

During 2024, CLABSIs occurring within adult, pediatric, and neonatal critical care units were required to be reported using NHSN. Each month, facilities were also required to report the number of patients per day (patient days) and the number of patients per day with central lines (central line days) from the above locations. The patient days and central line days were tallied at the same time each day; however, the time of day for collection of data was based on facility preference.

## Surgical Site Infection (SSI)

An SSI is a procedure-associated HAI that results from an inpatient or outpatient surgery that involved an incision through the skin or mucous membranes. An SSI is reportable if the infection occurs in a patient within 30 days of the operative procedure if no implant was left in place or within 90 days of the surgery if an implant was left in place, and the infection was not caused by an infection at another site in the body in accordance with NHSN criteria. ADPH only collects data on inpatient procedures, i.e., those in which the date of admission and date of discharge are different. In 2014, the HDAC voted to only report on SSIs occurring in deep tissue and organ space in order to mirror the Centers for Medicare and Medicaid Services reporting requirements. In compliance with this decision, superficial SSIs are excluded from this annual report.

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

## Volume (Low, Medium, and High)

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



# ACCURACY IN HAI REPORTING

## ADPH Data Validation Program

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

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

1. Foster understanding of reporting expectations.
2. Improve reporting accuracy.
3. Provide opportunities for improving surveillance methods/resources.
4. Provide opportunities to correct errors prior to report publication.
5. Identify system issues affecting accurate reporting.
6. Engage/compel internal communication.
7. Minimize hospital reporting misconceptions.
8. Provide an educational opportunity rather than a regulatory visit (as regulatory visits are limited to willful and intentional failure to report).

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

1. Verifying that all facility administrators completed the minimum required NHSN training.
2. Ensuring each facility conferred rights to ADPH to view their data.
3. Reviewing Monthly Plans for each facility.
4. Notifying NHSN facility administrators of discrepancies for correction.

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

1. Submitted monthly data is reviewed for consistency and completeness.
2. Facilities are notified via e-mail or phone regarding missing, inconsistent, or duplicate data for the review period.
3. The annual data report is provided to each facility for 45 days to review and make comments to explain performance if desired.

## PERFORMANCE MEASUREMENT

### Risk Adjustment

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

### Standardized Infection Ratio

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

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

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

### Minimal Reporting Thresholds

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

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

## Hospital Performance Compared to 2015 National Baseline Data

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

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

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

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



# PATHOGENS INVOLVED IN SURGICAL SITE INFECTIONS, 2024

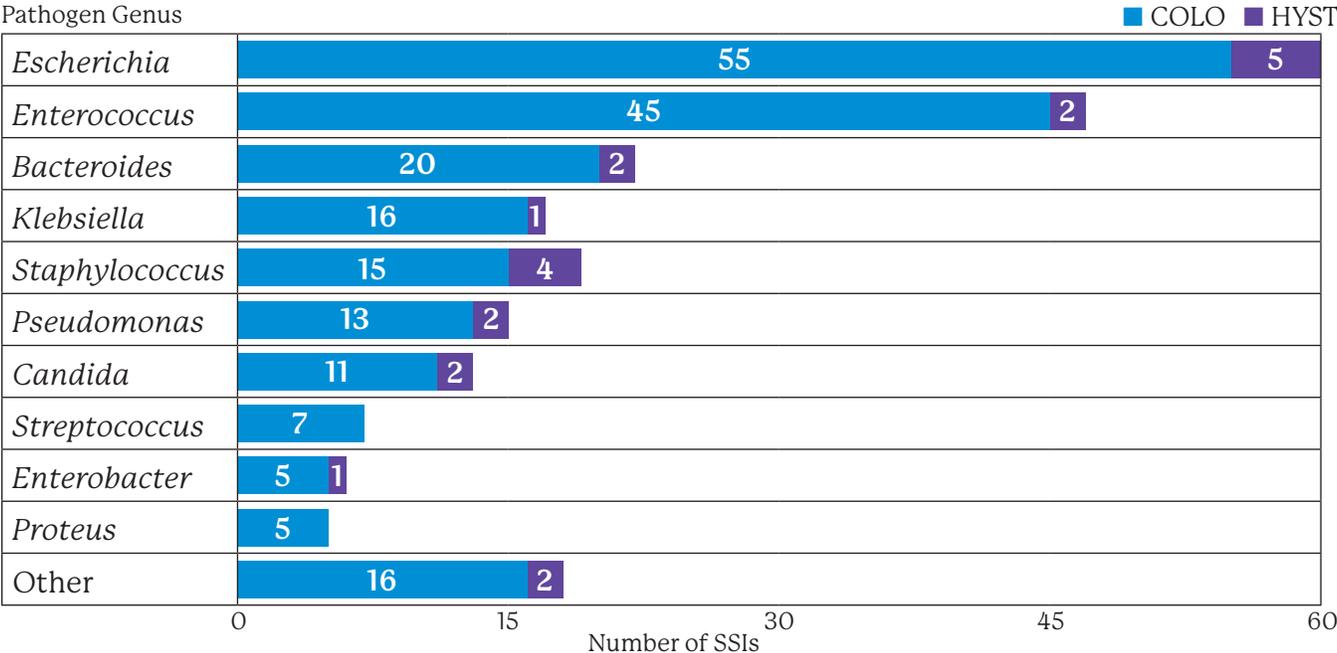
Despite the burden of HAIs in the state of Alabama and the growth of antibiotic drug-resistant pathogens, most HAIs are preventable. In addition to monitoring the number of HAIs in a facility, data is also collected on the types of pathogens associated with these infections. Below, data are presented for pathogens identified from deep- and organ-level SSIs in 2024. These data do not represent all SSIs because cultures are not always performed and submitted to identify causative organisms. Additionally, multiple pathogens may be isolated from a single infection.

In 2024, Alabama hospitals reported 208 positive cultures from deep- and organ-level SSIs associated with colon surgeries. *Escherichia* species were the most common pathogen identified in 2024. *Escherichia* accounted for 55 (26 percent) of identified pathogens among non-superficial SSIs, compared to 38 of 201 (19 percent) in 2023. *Enterococcus* species were the second most commonly identified pathogen, accounting for 45 (22 percent) in 2024 and 37 (18 percent) in 2023. *Bacteroides* were the third most common pathogens in 2024, with 20 infections (10 percent). Interestingly, the ten most common pathogens were the same in 2024 and 2023.

A total of 21 positive cultures were reported from deep- and organ-level abdominal hysterectomy SSIs in 2024. *Escherichia* infections were the most common in 2024 with 5 infections identified (24 percent), while *Staphylococcus* infections were the second most common with 4 (19 percent). In 2023, *Klebsiella* infections were the most common pathogen for deep- and organ-level abdominal hysterectomy SSIs with 4 infections identified (19 percent), while *Escherichia* infections were the second most common pathogen identified with 3 infections (14 percent).

Pathogens identified in the “other” group in 2024 consisted of several different genera including *Citrobacter*, *Lactobacillus*, *Clostridium*, *Acinetobacter*, *Prevotella*, *Eubacterium*, and *Fusobacterium*.

**Pathogens Identified in Deep and Organ-Level Surgical Site Infections following Colon Surgeries and Abdominal Hysterectomies in NHSN: Alabama, 2024**



Data acquired from NHSN December 2025, based on surgeries performed in 2024.

## HAI DATA, STATEWIDE

Seventy-seven Alabama hospitals reported 236 CAUTIs in 2024, associated with 373,355 catheter days [CAUTI Rate (per 1,000 catheter days): 0.63]. The SIR, which does not include critical access facilities, was 0.50. The SIR, number of CAUTIs, and catheter days reported were less than those reported in 2023 and Alabama performed better than the national performance. Medium- and high-volume hospitals performed better compared to the national performance with SIRs of 0.61 and 0.48, respectively, while low volume hospitals performed similarly with an SIR of 1.64.

2024 Catheter-Associated Urinary Tract Infections (CAUTIs)*				
	Number of CAUTIs	Number of Catheter Days	Ratio of Observed to Predicted Infections (SIR)*	2024 Hospital Performance compared to National Performance (2015)*
<b>Alabama Hospitals Reporting: 77</b>	236	373,355	0.50	Better
<b>Low-Volume Hospitals</b> (Fewer than 415 catheter days)	5	4,496	1.64	Similar
<b>Medium-Volume Hospitals</b> (415 to 7,264 catheter days)	45	95,439	0.61	Better
<b>High-Volume Hospitals</b> (More than 7,264 catheter days)	186	273,420	0.48	Better

Data acquired from NHSN September 12, 2025

\*Does not include Critical Access Hospitals

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

**CAUTI:** urinary tract infection associated with an indwelling catheter

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

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

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

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

In 2024, 61 Alabama hospitals reported 162 CLABSIs over 192,736 central line days [CLABSI Rate (per 1,000 central line days): 0.84]. Alabama performed better than the national performance level, with an SIR of 0.70. Six hospitals performed better than the national baseline, and one performed worse. Medium- and high-volume hospitals performed better than the national performance with SIRs of 0.68 and 0.69 respectively. Low-volume hospitals did not have enough central line days to compare to the national baseline, but they reported 6 infections.

2024 Central Line-Associated Bloodstream Infections (CLABSIs)*				
	Number of CLABSIs	Number of Central Line Days	Ratio of Observed to Predicted Infections (SIR)*	2024 Hospital Performance compared to National Performance (2015)*
<b>Alabama Hospitals Reporting: 61</b>	162	192,736	0.70	Better
<b>Low-Volume Hospitals</b> (Fewer than 209 central line days)	6	1,414	N/A	-
<b>Medium-Volume Hospitals</b> (209 to 3,527 central line days)	26	41,685	0.68	Better
<b>High-Volume Hospitals</b> (More than 3,527 central line days)	130	149,637	0.69	Better

Data acquired from NHSN: July 15, 2025

\*Does not include Critical Access Hospitals

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

**CLABSI:** a bloodstream infection associated with a central line

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

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

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

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

In 2024, 66 Alabama hospitals reported 6,124 colon procedures, with 113 deep- or organ-level SSIs associated with these procedures [SSI Rate (per 100 colon procedures): 1.85]. Overall, Alabama had an SIR of 0.75 for procedures in adults, indicating performance was better compared to the national baseline data. The SIR for pediatric procedures (i.e., those in patients less than 18 years of age) was 0.36, indicating a performance similar to baseline. Of the hospitals that performed colon surgeries, three performed better than the national baseline, and one performed worse. Medium-, and high-volume hospitals performed better in adult procedures compared to national baseline data. Additionally, low-volume hospitals reported no SSIs in adult and pediatric procedures.

2024 Surgical Site Infections (SSIs) Associated with Colon Surgeries*					
	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Alabama Hospitals Reporting: 66</b>	Adult	112	5,981	0.75	Better
	Pediatric	1	143	0.36	Similar
<b>Low-Volume Hospitals</b> (Fewer than 18 total procedures)	Adult	0	49	N/A	-
	Pediatric	0	15	N/A	-
<b>Medium-Volume Hospitals</b> (18 to 130 total procedures)	Adult	25	1,853	0.64	Better
	Pediatric	1	96	0.70	Similar
<b>High-Volume Hospitals</b> (More than 130 total procedures)	Adult	87	4,079	0.83	Better
	Pediatric	0	32	0	Similar

Data acquired from NHSN: June 26, 2025

\*Does not include superficial SSIs

**Procedures:** the number of inpatient colon surgeries performed in 2024

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

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

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

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

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

Sixty-five Alabama hospitals performed 7,270 abdominal hysterectomies in 2024. Thirty-seven deep- and organ-level SSIs were associated with these procedures in adults [SSI Rate (per 100 adult abdominal hysterectomy procedures): 0.51]. No pediatric abdominal hysterectomies were performed. The adult SIR of 0.84 was similar to the national baseline data with one facility having statistically more infections than predicted. Medium- and high-volume hospitals performed similarly in adult procedures compared to national baseline data. Additionally, low-volume hospitals reported no SSIs in adult procedures.

2024 Surgical Site Infections (SSIs) Associated with Abdominal Hysterectomies*					
	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Alabama Hospitals Reporting: 65</b>	Adult	37	7,270	0.84	Similar
<b>Low-Volume Hospitals</b> (Fewer than 19 procedures)	Adult	0	87	N/A	-
<b>Medium-Volume Hospitals</b> (19 to 249 procedures)	Adult	13	2,036	1.02	Similar
<b>High-Volume Hospitals</b> (More than 249 procedures)	Adult	24	5,147	0.79	Similar

Data acquired from NHSN: September 18, 2025

\*Does not include superficial SSIs

**Procedures:** the number of inpatient abdominal hysterectomy surgeries performed in 2024

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

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

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

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

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

## HAI DATA, HOSPITAL-SPECIFIC

The tables on the following pages list individual hospital performance in each of the four infection measures: CAUTIs, CLABSIs, colon SSIs, and abdominal hysterectomy SSIs. The hospitals are grouped by the geographical regions in which they are located. The region boundary is designated by the AlaHA regions. Hospitals are then grouped by volume of device days or procedures performed.

## HAI REPORTING REGIONS



## Birmingham Region

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

January 1, 2024- December 31, 2024

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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 415 catheter days)</b>				
-	-	-	-	-
<b>Medium-Volume Hospitals (415 – 7,264 catheter days)</b>				
Children’s of Alabama	2	1,914	0.47	Similar
University of Alabama at Birmingham Highlands	3	4,983	0.59	Similar
Walker Baptist Medical Center	2	4,077	0.70	Similar
<b>High-Volume Hospitals (more than 7,264 catheter days)</b>				
Brookwood Baptist Medical Center	4	8,844	0.47	Similar
Grandview Medical Center	7	13,439	0.30	Similar
Medical West	6	7,568	0.76	Similar
Princeton Baptist Medical Center	6	12,802	0.37	Better
Shelby Baptist Medical Center	7	8,416	1.12	Similar
University of Alabama at Birmingham Hospital	48	45,703	0.53	Better

Data acquired from NHSN: September 12, 2025

**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, 2024 - December 31, 2024

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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 415 catheter days)</b>				
Elmore Community Hospital	0	315	N/A	-
<b>Medium-Volume Hospitals 415 – 7,264 catheter days)</b>				
Community Hospital	0	415	N/A	-
Crenshaw Community Hospital	0	415	N/A	-
East Alabama Medical Center	5	6,860	0.59	Similar
Jack Hughston Memorial Hospital	0	702	N/A	-
Lake Martin Community Hospital	0	553	N/A	-
Prattville Baptist Hospital	3	2,748	2.14	Similar
Regional Medical Center of Central Alabama	0	856	N/A	-
Russell Medical Center	1	2,120	0.80	Similar
Vaughan Regional Medical Center	0	2,300	0	Similar
<b>High-Volume Hospitals (more than 7,264 catheter days)</b>				
Baptist Medical Center East	10	7,351	1.31	Similar
Baptist Medical Center South	20	18,325	0.59	Better
Jackson Hospital & Clinic	9	10,443	0.69	Similar

Data acquired from NHSN: September 12, 2025

**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, 2024 - December 31, 2024

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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 415 catheter days)</b>				
Lakeland Community Hospital	0	199	N/A	-
Lawrence Medical Center	0	331	N/A	-
North Mississippi Medical Center - Hamilton	1	246	N/A	-
Red Bay Hospital	0	205	N/A	-
North Alabama Shoals Hospital	0	142	N/A	-
<b>Medium-Volume Hospitals (415 – 7,264 catheter days)</b>				
Athens Limestone Hospital	2	3,930	0.96	Similar
Crestwood Medical Center	0	2,899	0	Better
Cullman Regional Medical Center	2	6,423	0.44	Similar
Helen Keller Hospital	0	4,466	0	Better
Highlands Medical Center	2	1,556	N/A	-
Marshall Medical Center North	2	2,671	N/A	-
Marshall Medical Center South	1	3,896	0.49	Similar
Russellville Hospital	0	1,272	N/A	-
<b>High-Volume Hospitals (more than 7,264 catheter days)</b>				
Decatur Morgan Hospital - Decatur Campus	1	8,041	0.14	Better
Huntsville Hospital	30	32,119	0.76	Similar
North Alabama Medical Center	0	7,484	0	Better

Data acquired from NHSN: September 12, 2025

**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, 2024 - December 31, 2024

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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 415 catheter days)</b>				
Atrium Health Floyd Cherokee Medical Center	0	148	N/A	-
Clay County Hospital	2	358	N/A	-
Tanner Health System	0	120	N/A	-
<b>Medium-Volume Hospitals (415 – 7,264 catheter days)</b>				
Citizens Baptist Medical Center	0	803	N/A	-
Coosa Valley Medical Center	0	2,552	0	Similar
DeKalb Regional Medical Center	3	2,246	1.96	Similar
Northeast Alabama Regional Medical Center	1	3,924	0.26	Similar
<b>High-Volume Hospitals (more than 7,264 catheter days)</b>				
Gadsden Regional Medical Center	1	7,481	0.15	Better
Riverview Regional Medical Center	0	8,409	0	Better

Data acquired from NHSN: September 12, 2025

**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

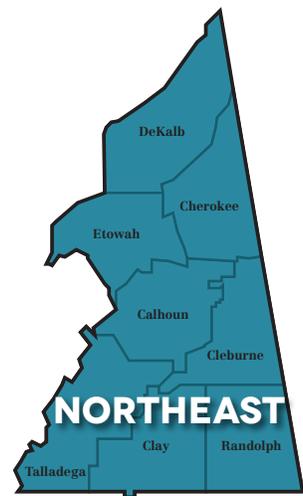
**CAUTI:** urinary tract infections associated with indwelling urinary catheters

**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, 2024- December 31, 2024

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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 415 catheter days)</b>				
Wiregrass Medical Center	0	160	N/A	-
<b>Medium-Volume Hospitals (415 – 7,264 catheter days)</b>				
Andalusia Health	0	1,186	0	-
Dale Medical Center	0	684	N/A	-
Medical Center Barbour	0	895	N/A	-
Medical Center Enterprise	0	1,591	N/A	-
Mizell Memorial Hospital	1	1,402	N/A	-
Troy Regional Medical Center	0	962	N/A	-
<b>High-Volume Hospitals (more than 7,264 catheter days)</b>				
Flowers Hospital	0	8,673	0	Better
Southeast Health	2	16,255	0.09	Better

Data acquired from NHSN: September 12, 2025

**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)



<b>Southwest Region</b> Catheter-Associated Urinary Tract Infections (CAUTIs) January 1, 2024 - December 31, 2024 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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 415 catheter days)</b>				
Choctaw General Hospital	1	63	N/A	-
Evergreen Medical Center	0	278	N/A	-
Grove Hill Memorial Hospital	0	184	N/A	-
Jackson Medical Center	0	161	N/A	-
John Paul Jones Hospital	0	25	N/A	-
University of South Alabama Children's & Women's Hospital	0	353	N/A	-
<b>Medium-Volume Hospitals (415 – 7,264 catheter days)</b>				
Atmore Community Hospital	0	498	N/A	-
D.W. McMillan Memorial Hospital	0	807	N/A	-
Monroe County Hospital	0	883	N/A	-
North Baldwin Infirmary	0	761	N/A	-
South Baldwin Regional Medical Center	2	4,083	0.46	Similar
Springhill Medical Center	1	4,002	0.35	Similar
Thomas Hospital	10	7,235	1.55	Similar
Washington County Hospital	0	557	N/A	-
<b>High-Volume Hospitals (more than 7,264 catheter days)</b>				
Mobile Infirmary Medical Center	15	14,502	0.63	Similar
University of South Alabama Providence Hospital	4	7,730	0.38	Better
University of South Alabama Medical Center	8	11,402	0.35	Better

Data acquired from NHSN: September 12, 2025

**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, 2024 - December 31, 2024

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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 415 catheter days)</b>				
Fayette Medical Center	1	372	N/A	-
Hale County Hospital	0	33	N/A	-
<b>Medium-Volume Hospitals (415 – 7,264 catheter days)</b>				
Bibb Medical Center	1	566	N/A	-
Northport Medical Center	1	2,765	0.35	Similar
Northwest Medical Center	0	851	N/A	-
Whitfield Regional Hospital	0	1,933	N/A	-
<b>High-Volume Hospitals (more than 7,264 catheter days)</b>				
DCH Regional Medical Center	6	18,515	0.24	Better

Data acquired from NHSN: September 12, 2025

**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, 2024 - December 31, 2024

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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 209 central line days)</b>				
-	-	-	-	-
<b>Medium-Volume Hospitals (209 – 3,527 central line days)</b>				
Shelby Baptist Medical Center	4	3,095	1.72	Similar
University of Alabama at Birmingham Highlands	0	680	N/A	-
Walker Baptist Medical Center	0	758	N/A	-
<b>High-Volume Hospitals (more than 3,527 central line days)</b>				
Brookwood Medical Center	0	4,699	0	Better
Children's of Alabama	19	17,385	0.79	Similar
Grandview Medical Center	1	10,837	0.08	Better
Medical West	1	3,584	0.29	Similar
Princeton Baptist Medical Center	2	6,843	0.26	Better
University of Alabama at Birmingham Hospital	29	37,295	0.60	Better

Data acquired from NHSN: July 15, 2025

**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, 2024 - December 31, 2024

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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 209 central line days)</b>				
Regional Medical Center of Central Alabama	0	97	N/A	-
Russell Medical Center	1	206	N/A	-
<b>Medium-Volume Hospitals (209 – 3,527 central line days)</b>				
Baptist Medical Center East	7	3,231	1.76	Similar
East Alabama Medical Center	3	3,220	0.83	Similar
Prattville Baptist Medical Center	0	312	N/A	-
Vaughan Regional Medical Center	0	569	N/A	-
<b>High-Volume Hospitals (more than 3,527 central line days)</b>				
Baptist Medical Center South	13	10,339	0.99	Similar
Jackson Hospital & Clinic	9	3,579	2.23	Worse

Data acquired from NHSN: July 15, 2025

Comment provided by Jackson Hospital & Clinic after review of the 2024 CLABSI data: During 2024, we noted the increase in our CLABSI SIR amid decreasing device days. We brought in a team to assess our care and maintenance performance. They detected some gaps in practice and deficiencies in our maintenance kit. We addressed the gaps with changes in our care protocol and instituted educational training for staff including both e-learning modules and hands on bedside training. We have since brought in a new maintenance kit and are currently having better results. As a commitment to decreasing CLABSI, Jackson Hospital is currently participating in the AHRQ Safety Program for HAI Prevention – CLABSI cohort.



**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, 2024 - December 31, 2024

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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 209 central line days)</b>				
Russellville Hospital	0	115	N/A	-
<b>Medium-Volume Hospitals (209 – 3,527 central line days)</b>				
Athens Limestone Hospital	0	426	N/A	-
Crestwood Medical Center	1	1,372	0.76	Similar
Cullman Regional Medical Center	1	915	N/A	-
Decatur Morgan Hospital - Decatur Campus	0	2,039	0	Similar
Helen Keller Hospital	0	491	N/A	-
Highlands Medical Center	1	314	N/A	-
Marshall Medical Center North	0	577	N/A	-
Marshall Medical Center South	1	834	N/A	-
North Alabama Medical Center	0	3,370	0	Better
<b>High-Volume Hospitals (more than 3,527 central line days)</b>				
Huntsville Hospital	20	17,342	1.05	

Data acquired from NHSN: July 15, 2025

**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)



<b>Northeast Region</b> Central Line-Associated Bloodstream Infections (CLABSIs) January 1, 2024 - December 31, 2024 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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 209 central line days)</b>				
Clay County Hospital	0	3	N/A	-
<b>Medium-Volume Hospitals (209 – 3,527 central line days)</b>				
Citizens Baptist Medical Center	0	217	N/A	-
Coosa Valley Medical Center	0	475	N/A	-
DeKalb Regional Medical Center	0	305	N/A	-
Gadsden Regional Medical Center	5	3,116	1.83	Similar
Northeast Alabama Regional Medical Center	0	1,596	0	Similar
Riverview Regional Medical Center	0	2,249	0	Similar
<b>High-Volume Hospitals (more than 3,527 central line days)</b>				
-	-	-	-	-

Data acquired from NHSN: July 15, 2025

**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

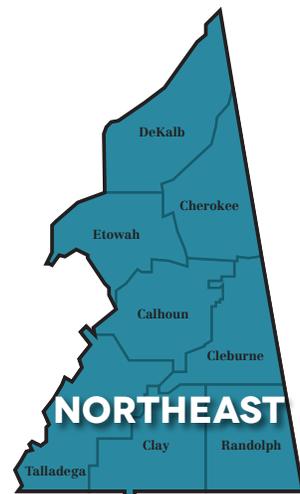
**CLABSI:** a bloodstream infection associated with a central line

**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, 2024 - December 31, 2024

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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 209 central line days)</b>				
Andalusia Health	1	106	N/A	-
Dale Medical Center	1	102	N/A	-
Medical Center Barbour	1	133	N/A	-
Medical Center Enterprise	0	183	N/A	-
Mizell Memorial Hospital	0	130	N/A	-
Troy Regional Medical Center	0	111	N/A	-
<b>Medium-Volume Hospitals (209 – 3,527 central line days)</b>				
Flowers Hospital	0	2,122	0	Similar
<b>High-Volume Hospitals (more than 3,527 central line days)</b>				
Southeast Health	2	4,746	0.37	Similar

Data acquired from NHSN: July 15, 2025

**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, 2024- December 31, 2024				
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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 209 central line days)</b>				
D.W. McMillan Memorial Hospital	0	89	N/A	-
Monroe County Hospital	0	67	N/A	-
North Baldwin Infirmary	0	66	N/A	-
<b>Medium-Volume Hospitals (209 – 3,527 central line days)</b>				
South Baldwin Regional Medical Center	0	1,158	0	Similar
Springhill Medical Center	1	2,883	0.46	Similar
Thomas Hospital	1	3,019	0.38	Similar
<b>High-Volume Hospitals (more than 3,527 central line days)</b>				
Mobile Infirmary Medical Center	2	6,916	0.26	Better
University of South Alabama Providence Hospital	4	4,057	0.98	Similar
University of South Alabama Children's & Women's Hospital	7	7,123	0.56	Similar
University of South Alabama Medical Center	14	8,400	0.99	Similar

Data acquired from NHSN: July 15, 2025

**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, 2024 - December 31, 2024

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)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 209 central line days)</b>				
Fayette Medical Center	0	5	N/A	-
Northwest Medical Center	0	1	N/A	-
<b>Medium-Volume Hospitals (209 – 3,527 central line days)</b>				
Northport Medical Center	1	1,678	0.56	Similar
Whitfield Regional Hospital	0	664	N/A	-
<b>High-Volume Hospitals (more than 3,527 central line days)</b>				
DCH Regional Medical Center	8	6,489	1.09	Similar

Data acquired from NHSN: July 15, 2025

**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, 2024 - December 31, 2024

Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 18 procedures)</b>					
-	-	-	-	-	-
<b>Medium-Volume Hospitals (18 - 130 procedures)</b>					
Children's of Alabama	Pediatric	1	94	0.71	Similar
Medical West	Adult	2	88	1.19	Similar
Princeton Baptist Medical Center	Adult	3	130	0.98	Similar
Shelby Baptist Medical Center	Adult	0	103	0	Similar
University of Alabama at Birmingham Highlands	Adult	1	20	N/A	-
Walker Baptist Medical Center	Adult	0	55	N/A	-
<b>High-Volume Hospitals (more than 130 procedures)</b>					
Brookwood Medical Center	Adult	2	165	0.95	Similar
Grandview Medical Center	Adult	8	478	0.83	Similar
	Pediatric	0	1	N/A	-
University of Alabama at Birmingham Hospital	Adult	16	1,110	0.40	Better
	Pediatric	0	3	N/A	-

Data acquired from NHSN: June 26, 2025

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

**Procedures:** the number of inpatient colon surgeries performed in 2024

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

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

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

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

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



<b>Central Region</b> Surgical Site Infections (SSIs) - Colon Surgeries January 1, 2024- December 31, 2024					
Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 18 procedures)</b>					
-	-	-	-	-	-
<b>Medium-Volume Hospitals (18 – 130 procedures)</b>					
Russell Medical Center	Adult	1	19	N/A	-
<b>High-Volume Hospitals (more than 130 procedures)</b>					
Baptist Medical Center East	Adult	0	169	0	Better
Baptist Medical Center South	Adult	6	186	1.12	Similar
	Pediatric	0	6	N/A	-
East Alabama Medical Center	Adult	9	184	1.58	Similar
Baptist Medical Center South	Adult	2	131	0.69	Similar
	Pediatric	0	1	N/A	-

Data acquired from NHSN: June 26, 2025

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

**Procedures:** the number of inpatient colon surgeries performed in 2024

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

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

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

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

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



North Region					
Surgical Site Infections (SSIs) - Colon Surgeries					
January 1, 2024 - December 31, 2024					
Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 18 procedures)</b>					
Highlands Medical Center	Adult	0	4	N/A	-
North Alabama Shoals Hospital	Adult	0	1	N/A	-
Russellville Hospital	Adult	2	6	N/A	-
<b>Medium-Volume Hospitals (18 – 130 procedures)</b>					
Athens Limestone Hospital	Adult	1	39	N/A	-
Crestwood Medical Center	Adult	3	130	1.07	Similar
Cullman Regional Medical Center	Adult	0	79	0	Similar
Decatur Morgan Hospital – Decatur Campus	Adult	0	106	0	Similar
Helen Keller Hospital	Adult	1	40	N/A	-
Marshall Medical Center North	Adult	1	37	N/A	-
Marshall Medical Center South	Adult	0	44	N/A	-
North Alabama Medical Center	Adult	0	92	0	Similar
<b>High-Volume Hospitals (more than 130 procedures)</b>					
Huntsville Hospital	Adult	14	510	1.06	Similar
	Pediatric	0	17	N/A	-

Data acquired from NHSN: June 26, 2025

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

**Procedures:** the number of inpatient colon surgeries performed in 2024

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

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

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

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

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



Northeast Region					
Surgical Site Infections (SSIs) - Colon Surgeries					
January 1, 2024 - December 31, 2024					
Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 18 procedures)</b>					
Citizens Baptist Medical Center	Adult	0	1	N/A	-
<b>Medium-Volume Hospitals (18 – 130 procedures)</b>					
Coosa Valley Medical Center	Adult	0	22	N/A	-
DeKalb Regional Medical Center	Adult	0	18	N/A	-
	Pediatric	0	1	N/A	-
Gadsden Regional Medical Center	Adult	0	123	0	Better
Northeast Alabama Regional Medical Center	Adult	0	79	0	Similar
Riverview Regional Medical Center	Adult	0	31	N/A	-
<b>High-Volume Hospitals (more than 130 procedures)</b>					
-	-	-	-	-	-

Data acquired from NHSN: June 26, 2025

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

**Procedures:** the number of inpatient colon surgeries performed in 2024

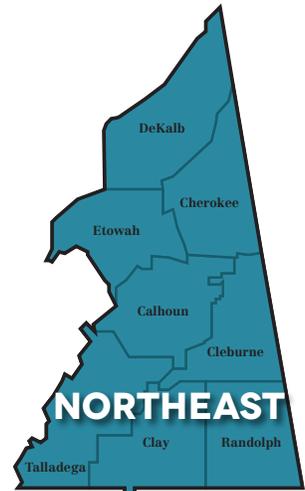
**SSI:** a deep- or organ-level infection associated with an inpatient colon surgery; superficial SSIs excluded from analysis

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

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

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

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



<b>Southeast Region</b> Surgical Site Infections (SSIs) - Colon Surgeries January 1, 2024 - December 31, 2024					
Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 18 procedures)</b>					
Dale Medical Center	Adult	0	3	N/A	-
Medical Center Barbour	Adult	0	14	N/A	-
Mizell Memorial Hospital	Adult	0	4	N/A	-
Troy Regional Medical Center	Adult	0	5	N/A	-
Wiregrass Medical Center	Adult	0	1	N/A	-
<b>Medium-Volume Hospitals (18 - 130 procedures)</b>					
Andalusia Health	Adult	0	19	N/A	-
Flowers Hospital	Adult	0	89	0	Similar
Medical Center Enterprise	Adult	0	22	N/A	-
<b>High-Volume Hospitals (more than 130 procedures)</b>					
Southeast Health	Adult	2	228	0.34	Similar

Data acquired from NHSN: June 26, 2025

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

**Procedures:** the number of inpatient colon surgeries performed in 2024

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

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

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

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

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



Southwest Region					
Surgical Site Infections (SSIs) - Colon Surgeries					
January 1, 2024 - December 31, 2024					
Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 18 procedures)</b>					
Atmore Community Hospital	Adult	0	2	N/A	-
D.W. McMillan Memorial Hospital	Adult	0	12	N/A	-
Monroe County Hospital	Adult	0	1	N/A	-
<b>Medium-Volume Hospitals (18 – 130 procedures)</b>					
North Baldwin Infirmery	Adult	1	18	N/A	-
	Pediatric	0	1	N/A	-
South Baldwin Regional Medical Center	Adult	0	121	0	Similar
Springhill Medical Center	Adult	1	116	0.47	Similar
Thomas Hospital	Adult	6	130	2.74	Worse
University of South Alabama Children's & Women's Hospital	Adult	0	7	N/A	-
	Pediatric	0	15	N/A	-
University of South Alabama Health Providence	Adult	1	114	0.41	Similar
Vaughn Regional Medical Center	Adult	0	27	N/A	-
<b>High-Volume Hospitals (more than 130 procedures)</b>					
University of South Alabama Medical Center	Adult	7	191	1.06	Similar
	Pediatric	0	3	N/A	-

Data acquired from NHSN: June 26, 2024

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

**Procedures:** the number of inpatient colon surgeries performed in 2024

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

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

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

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

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



West Region					
Surgical Site Infections (SSIs) - Colon Surgeries					
January 1, 2024 - December 31, 2024					
Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 18 procedures)</b>					
Northwest Medical Center	Adult	0	2	N/A	-
<b>Medium-Volume Hospitals (18 – 130 procedures)</b>					
Northport Medical Center	Adult	0	18	N/A	-
Whitfield Regional Hospital	Adult	2	22	N/A	-
<b>High-Volume Hospitals (more than 130 procedures)</b>					
DCH Regional Medical Center	Adult	8	265	1.27	Similar
	Pediatric	0	1	N/A	-

Data acquired from NHSN: June 26, 2024

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

**Procedures:** the number of inpatient colon surgeries performed in 2024

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

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

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

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

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



<b>Birmingham Region</b> Surgical Site Infections (SSIs) - Abdominal Hysterectomies January 1, 2024 - December 31, 2024					
Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 19 procedures)</b>					
Medical West	Adult	0	12	N/A	-
University of Alabama at Birmingham Highlands	Adult	0	10	N/A	-
<b>Medium-Volume Hospitals (19 – 249 procedures)</b>					
Grandview Medical Center	Adult	1	249	0.76	Similar
Princeton Baptist Medical Center	Adult	2	49	N/A	-
Walker Baptist Medical Center	Adult	0	97	N/A	-
<b>High-Volume Hospitals (more than 249 procedures)</b>					
Brookwood Medical Center	Adult	1	903	0.23	Similar
University of Alabama at Birmingham Hospital	Adult	4	545	0.82	Similar

Data acquired from NHSN: September 18, 2025

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

**Procedures:** the number of inpatient hysterectomies performed in 2024

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

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

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

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

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



## Central Region

Surgical Site Infections (SSIs) - Abdominal Hysterectomies  
January 1, 2024 - December 31, 2024

Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 19 procedures)</b>					
Vaughan Regional Medical Center	Adult	0	9	N/A	-
<b>Medium-Volume Hospitals (19 – 249 procedures)</b>					
Baptist Medical Center South	Adult	1	77	N/A	-
Jackson Hospital & Clinic	Adult	0	40	N/A	-
East Alabama Medical Center	Adult	3	249	1.43	Similar
<b>High-Volume Hospitals (more than 249 procedures)</b>					
Baptist Medical Center East	Adult	3	670	0.84	Similar

Data acquired from NHSN: September 18, 2025

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

**Procedures:** the number of inpatient hysterectomies performed in 2024

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

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

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

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

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



## North Region

Surgical Site Infections (SSIs) - Abdominal Hysterectomies  
January 1, 2024 - December 31, 2024

Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 19 procedures)</b>					
Cullman Regional Medical Center	Adult	0	7	N/A	-
Highlands Medical Center	Adult	0	15	N/A	-
<b>Medium-Volume Hospitals (19 – 249 procedures)</b>					
Athens Limestone Hospital	Adult	1	29	N/A	-
Decatur Morgan Hospital - Decatur Campus	Adult	0	40	N/A	-
Helen Keller Hospital	Adult	2	98	N/A	-
Marshall Medical Center North	Adult	0	22	N/A	-
Marshall Medical Center South	Adult	0	35	N/A	-
North Alabama Medical Center	Adult	0	225	0	Similar
<b>High-Volume Hospitals (more than 249 procedures)</b>					
Crestwood Medical Center	Adult	1	329	0.73	Similar
Huntsville Hospital	Adult	5	1049	0.84	Similar

Data acquired from NHSN: September 18, 2025

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

**Procedures:** the number of inpatient hysterectomies performed in 2024

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

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

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

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

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



Northeast Region					
Surgical Site Infections (SSIs) - Abdominal Hysterectomies					
January 1, 2024 - December 31, 2024					
Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 19 procedures)</b>					
Riverview Regional Medical Center	Adult	0	1	N/A	-
<b>Medium-Volume Hospitals (19 – 249 procedures)</b>					
Coosa Valley Medical Center	Adult	0	58	N/A	-
DeKalb Regional Medical Center	Adult	1	38	N/A	-
Gadsden Regional Medical Center	Adult	0	105	N/A	-
Northeast Alabama Regional Medical Center	Adult	0	85	N/A	-
<b>High-Volume Hospitals (more than 249 procedures)</b>					
-	-	-	-	-	-

Data acquired from NHSN: September 18, 2025

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

**Procedures:** the number of inpatient hysterectomies performed in 2024

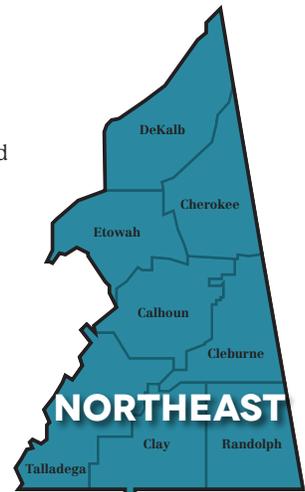
**SSI:** a deep- or organ-level infection associated with an inpatient hysterectomy; superficial SSIs excluded from analysis

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

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

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

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



<b>Southeast Region</b> Surgical Site Infections (SSIs) - Abdominal Hysterectomies January 1, 2024 - December 31, 2024					
Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 19 procedures)</b>					
Andalusia Health	Adult	0	7	N/A	-
Medical Center Barbour	Adult	0	5	N/A	-
Wiregrass Medical Center	Adult	0	5	N/A	-
<b>Medium-Volume Hospitals (19 – 249 procedures)</b>					
Medical Center Enterprise	Adult	0	48	N/A	-
Southeast Health	Adult	1	96	N/A	-
<b>High-Volume Hospitals (more than 249 procedures)</b>					
Flowers Hospital	Adult	0	304	0	Similar

Data acquired from NHSN: September 18, 2025

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

**Procedures:** the number of inpatient hysterectomies performed in 2024

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

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

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

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

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



Southwest Region					
Surgical Site Infections (SSIs) - Abdominal Hysterectomies					
January 1, 2024 - December 31, 2024					
Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
<b>Low-Volume Hospitals (fewer than 19 procedures)</b>					
Grove Hill Memorial Hospital	Adult	0	9	N/A	-
University of South Alabama Medical Center	Adult	0	7	N/A	-
<b>Medium-Volume Hospitals (19 – 249 procedures)</b>					
D.W. McMillan Memorial Hospital	Adult	0	19	N/A	-
North Baldwin Infirmary	Adult	1	68	N/A	-
South Baldwin Regional Medical Center	Adult	0	81	N/A	-
Thomas Hospital	Adult	0	93	N/A	-
University of South Alabama Health Providence Hospital	Adult	0	68	N/A	-
<b>High-Volume Hospitals (more than 249 procedures)</b>					
Mobile Infirmary Medical Center	Adult	2	295	1.09	Similar
Springhill Medical Center	Adult	0	340	0	Similar
University of South Alabama Children's & Women's Hospital	Adult	3	446	0.89	Similar

Data acquired from NHSN: September 18, 2025

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

**Procedures:** the number of inpatient hysterectomies performed in 2024

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

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

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

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

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



West Region					
Surgical Site Infections (SSIs) - Abdominal Hysterectomies					
January 1, 2024 - December 31, 2024					
Hospital Name	Age Group	Number of SSIs	Number of Procedures	Ratio of Observed to Predicted Infections (SIR)	2024 Hospital Performance compared to National Performance (2015)
Low-Volume Hospitals (fewer than 19 procedures)					
-	-	-	-	-	-
Medium-Volume Hospitals (19 – 249 procedures)					
Northport Medical Center	Adult	0	67	N/A	-
High-Volume Hospitals (more than 249 procedures)					
DCH Regional Medical Center	Adult	5	266	3.02	Worse

Data acquired from NHSN: September 18, 2025

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

**Procedures:** the number of inpatient hysterectomies performed in 2024

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

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

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

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

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



## **DEFINITIONS AND ACRONYMS**

**ADPH:** Alabama Department of Public Health

**AlaHA:** Alabama Hospital Association

**CAUTI:** Catheter-Associated Urinary Tract Infection

**CDC:** Centers for Disease Control and Prevention

**CLABSI:** Central Line-Associated Bloodstream Infection

**COLO:** Colon Surgery

**HAI:** Healthcare-Associated Infection

**HDAC:** Healthcare Data Advisory Council

**HYST:** Abdominal Hysterectomy

**IP:** Infection Preventionist

**N/A:** Not Applicable

**NHSN:** National Healthcare Safety Network

**SIR:** Standardized Infection Ratio

**SSI:** Surgical Site Infection

## ALABAMA HOSPITALS REPORTING DATA

Facility	Region	Pages
ANDALUSIA HEALTH	Southeast Region	<a href="#">24</a> , <a href="#">31</a> , <a href="#">38</a> , <a href="#">45</a>
ATHENS LIMESTONE HOSPITAL	North Region	<a href="#">22</a> , <a href="#">29</a> , <a href="#">36</a> , <a href="#">43</a>
ATMORE COMMUNITY HOSPITAL	Southwest Region	<a href="#">25</a> , <a href="#">32</a> , <a href="#">39</a>
BAPTIST MEDICAL CENTER EAST	Central Region	<a href="#">21</a> , <a href="#">28</a> , <a href="#">35</a> , <a href="#">42</a>
BAPTIST MEDICAL CENTER SOUTH	Central Region	<a href="#">21</a> , <a href="#">28</a> , <a href="#">35</a> , <a href="#">42</a>
BIBB MEDICAL CENTER	West Region	<a href="#">26</a>
BROOKWOOD MEDICAL CENTER	Birmingham	<a href="#">20</a> , <a href="#">27</a> , <a href="#">34</a> , <a href="#">41</a>
CHILDREN'S HEALTH SYSTEM OF ALABAMA	Birmingham	<a href="#">20</a> , <a href="#">27</a> , <a href="#">34</a>
CHOCTAW GENERAL HOSPITAL	Southwest Region	<a href="#">25</a>
CITIZENS BAPTIST MEDICAL CENTER	Northeast Region	<a href="#">23</a> , <a href="#">30</a> , <a href="#">37</a>
CLAY COUNTY HOSPITAL	Northeast Region	<a href="#">23</a> , <a href="#">30</a> , <a href="#">37</a>
COMMUNITY HOSPITAL	Central Region	<a href="#">21</a>
COOSA VALLEY MEDICAL CENTER	Northeast Region	<a href="#">23</a> , <a href="#">30</a> , <a href="#">37</a> , <a href="#">44</a>
CRENSHAW COMMUNITY HOSPITAL	Central Region	<a href="#">21</a>
CRESTWOOD MEDICAL CENTER	North Region	<a href="#">22</a> , <a href="#">29</a> , <a href="#">36</a> , <a href="#">43</a>
CULLMAN REGIONAL MEDICAL CENTER	North Region	<a href="#">22</a> , <a href="#">29</a> , <a href="#">36</a> , <a href="#">43</a>
D.W. MCMILLAN MEMORIAL HOSPITAL	Southwest Region	<a href="#">25</a> , <a href="#">32</a> , <a href="#">39</a> , <a href="#">46</a>
DALE MEDICAL CENTER	Southeast Region	<a href="#">24</a> , <a href="#">31</a> , <a href="#">38</a>
DCH REGIONAL MEDICAL CENTER	West Region	<a href="#">26</a> , <a href="#">33</a> , <a href="#">40</a> , <a href="#">47</a>
DECATUR MORGAN HOSPITAL - DECATUR CAMPUS	North Region	<a href="#">22</a> , <a href="#">29</a> , <a href="#">36</a> , <a href="#">43</a>
DEKALB REGIONAL MEDICAL CENTER	Northeast Region	<a href="#">23</a> , <a href="#">30</a> , <a href="#">37</a> , <a href="#">44</a>
EAST ALABAMA MEDICAL CENTER	Central Region	<a href="#">21</a> , <a href="#">28</a> , <a href="#">35</a> , <a href="#">42</a>
ELMORE COMMUNITY HOSPITAL	Central Region	<a href="#">21</a>
EVERGREEN MEDICAL CENTER	Southwest Region	<a href="#">25</a>
FAYETTE MEDICAL CENTER	West Region	<a href="#">26</a> , <a href="#">33</a>
FLOWERS HOSPITAL	Southeast Region	<a href="#">24</a> , <a href="#">31</a> , <a href="#">38</a> , <a href="#">45</a>
FLOYD CHEROKEE MEDICAL CENTER	Northeast Region	<a href="#">23</a>
GADSDEN REGIONAL MEDICAL CENTER	Northeast Region	<a href="#">23</a> , <a href="#">30</a> , <a href="#">37</a> , <a href="#">44</a>
GRANDVIEW MEDICAL CENTER	Birmingham	<a href="#">20</a> , <a href="#">27</a> , <a href="#">34</a> , <a href="#">41</a>
GROVE HILL MEMORIAL HOSPITAL	Southwest Region	<a href="#">25</a> , <a href="#">46</a>

HALE COUNTY HOSPITAL	West Region	<a href="#">26</a>
HELEN KELLER HOSPITAL	North Region	<a href="#">22, 29, 36, 43</a>
HIGHLANDS MEDICAL CENTER	North Region	<a href="#">22, 29, 36, 43</a>
HUNTSVILLE HOSPITAL	North Region	<a href="#">22, 29, 36, 43</a>
JACK HUGHSTON MEMORIAL HOSPITAL	Central Region	<a href="#">21</a>
JACKSON HOSPITAL & CLINIC	Central Region	<a href="#">21, 28, 35, 42</a>
JACKSON MEDICAL CENTER	Southwest Region	<a href="#">25</a>
JOHN PAUL JONES HOSPITAL	Southwest Region	<a href="#">25</a>
LAKE MARTIN COMMUNITY HOSPITAL	Central Region	<a href="#">21</a>
LAKELAND COMMUNITY HOSPITAL	North Region	<a href="#">22</a>
LAWRENCE MEDICAL CENTER	North Region	<a href="#">22</a>
MARSHALL MEDICAL CENTER NORTH	North Region	<a href="#">22, 29, 36, 43</a>
MARSHALL MEDICAL CENTER SOUTH	North Region	<a href="#">22, 29, 36, 43</a>
MEDICAL CENTER BARBOUR	Southeast Region	<a href="#">24, 31, 38, 45</a>
MEDICAL CENTER ENTERPRISE	Southeast Region	<a href="#">24, 31, 38, 45</a>
MEDICAL WEST	Birmingham	<a href="#">20, 27, 34, 41</a>
MIZELL MEMORIAL HOSPITAL	Southeast Region	<a href="#">24, 31, 38</a>
MOBILE INFIRMARY MEDICAL CENTER	Southwest Region	<a href="#">25, 32, 46</a>
MONROE COUNTY HOSPITAL	Southwest Region	<a href="#">25, 32, 39</a>
NORTH ALABAMA MEDICAL CENTER	North Region	<a href="#">22, 29, 36, 43</a>
NORTH BALDWIN INFIRMARY	Southwest Region	<a href="#">25, 32, 39, 46</a>
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	North Region	<a href="#">22</a>
NORTHEAST ALABAMA REGIONAL MEDICAL CENTER	Northeast Region	<a href="#">23, 30, 37, 44</a>
NORTHPORT MEDICAL CENTER	West Region	<a href="#">26, 33, 40, 47</a>
NORTHWEST MEDICAL CENTER	West Region	<a href="#">26, 33, 40</a>
PRATTVILLE BAPTIST HOSPITAL	Central Region	<a href="#">21, 28</a>
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RED BAY HOSPITAL	North Region	<a href="#">22</a>
REGIONAL MEDICAL CENTER OF CENTRAL ALABAMA	Central Region	<a href="#">21, 28</a>
RIVERVIEW REGIONAL MEDICAL CENTER	Northeast Region	<a href="#">23, 30, 37, 44</a>
RUSSELL MEDICAL CENTER	Central Region	<a href="#">21, 28, 35</a>
RUSSELLVILLE HOSPITAL	North Region	<a href="#">22, 29, 36</a>

SHELBY BAPTIST MEDICAL CENTER	Birmingham	<a href="#">20</a> , <a href="#">27</a> , <a href="#">34</a>
SHOALS HOSPITAL	North Region	<a href="#">22</a> , <a href="#">36</a>
SOUTH BALDWIN REGIONAL MEDICAL CENTER	Southwest Region	<a href="#">24</a> , <a href="#">31</a> , <a href="#">38</a> , <a href="#">45</a>
SOUTHEAST HEALTH	Southeast Region	<a href="#">24</a> , <a href="#">31</a> , <a href="#">38</a> , <a href="#">45</a>
SPRINGHILL MEDICAL CENTER	Southwest Region	<a href="#">25</a> , <a href="#">32</a> , <a href="#">39</a> , <a href="#">46</a>
TANNER MEDICAL CENTER-EAST ALABAMA	Northeast Region	<a href="#">23</a>
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TROY REGIONAL MEDICAL CENTER	Southeast Region	<a href="#">24</a> , <a href="#">31</a> , <a href="#">38</a>
UNIVERSITY OF ALABAMA AT BIRMINGHAM HOSPITAL	Birmingham	<a href="#">20</a> , <a href="#">27</a> , <a href="#">34</a> , <a href="#">41</a>
UNIVERSITY OF ALABAMA AT BIRMINGHAM HIGHLANDS	Birmingham	<a href="#">20</a> , <a href="#">27</a> , <a href="#">34</a> , <a href="#">41</a>
UNIVERSITY OF SOUTH ALABAMA CHILDREN'S & WOMEN'S HOSPITAL	Southwest Region	<a href="#">25</a> , <a href="#">32</a> , <a href="#">39</a> , <a href="#">46</a>
UNIVERSITY OF SOUTH ALABAMA MEDICAL CENTER	Southwest Region	<a href="#">25</a> , <a href="#">32</a> , <a href="#">39</a> , <a href="#">46</a>
VAUGHAN REGIONAL MEDICAL CENTER	Central Region	<a href="#">21</a> , <a href="#">28</a> , <a href="#">42</a>
WALKER BAPTIST MEDICAL CENTER	Birmingham	<a href="#">20</a> , <a href="#">27</a> , <a href="#">34</a> , <a href="#">41</a>
WASHINGTON COUNTY HOSPITAL	Southwest Region	<a href="#">25</a>
WHITFIELD REGIONAL HOSPITAL	West Region	<a href="#">26</a> , <a href="#">33</a> , <a href="#">40</a>
WIREGRASS MEDICAL CENTER	Southeast Region	<a href="#">24</a> , <a href="#">38</a> , <a href="#">45</a>

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