



2013

Healthcare-Associated Infections In Alabama

Annual Report

Alabama Department of Public Health

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For a complete list of HAI Advisory Council members, please see Alabama Healthcare Data Advisory Council Members, pg. 50.



Executive Summary

Alabama hospitals began reporting infection measures to the Alabama Department of Public Health (ADPH) in 2011: catheter-associated urinary tract infections (CAUTI), central line-associated blood stream infections (CLABSI), surgical site infections (SSIs) associated with colon surgeries and abdominal hysterectomies. The legislation required use of the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) for reporting; a secure internet-based surveillance system maintained by the CDC. Infection measure data is required to be reported to NHSN each month. This 2013 Annual Report highlights Alabama's third year of infection measure data.

In 2013, 89 facilities met the criteria required to report CAUTI data. Alabama's general, critical access and specialized hospitals reported 201 CAUTIs associated with 183,259 catheter days (1.10 infections per 1,000 catheter days). This rate was a continued decrease from the previous two years: 1.68 in 2011 and 1.22 in 2012. The standardized infection ratio (SIR) in 2013 was 0.635; better (lower) than the national baseline and lower than the previous two years' SIRs: 0.959 in 2011 and 0.696 in 2012. These significant reductions demonstrate improvement towards the prevention of CAUTIs. Since 2011, there has also been a consistent decrease in the number of catheter days, which reduces the risk for CAUTIs. Using 95% confidence intervals, nine facilities were considered to have performed better than the national performance level in 2013. Four facilities performed below the national performance level, twice as many compared to the previous year.

In 2013, 127 CLABSIs associated with 120,765 central line days were reported by 72 Alabama hospitals that met the reporting criteria (1.05 per 1,000 central line days). This rate is an increase from 2012 when there were 110 CLABSIs associated with 115,203 central line days (0.95), but still better than 2011 when there were 145 CLABSIs associated with 118,423 central line days in 2011 (1.22). There were also more central line days in 2013 than in 2011 or 2012. For CLABSIs, Alabama performed better compared to the national performance, with an SIR of 0.528. The 2013 SIR is lower than the SIR from 2011 but higher than the SIR from 2012 (0.623 and 0.478, respectively). In addition, ten hospitals performed better than the national performance compared to eight hospitals in 2012. None of the facilities had a statistically significantly higher number of infections compared to national performance.

Alabama hospitals reported 5,756 colon surgery procedures; 187 SSIs were associated with these procedures (3.25 per 100 procedures). The rate of infections per 100 procedures was lower than in 2012 (3.77) and in 2011 (4.34). Overall, Alabama performed better than national performance (SIR = 0.535) in 2013. Among the hospitals required to report HAIs, 72 facilities performed colon surgeries. Of these, 15 facilities had statistically significantly fewer infections compared to the national performance. In 2013, three hospitals had a statistically significantly higher infection ratio compared to national performance.

Sixty Alabama hospitals performed 7,023 abdominal hysterectomies in 2013. There were 71 surgical site infections associated with these hysterectomy procedures, resulting in an SIR of 0.571, a rate of 1.01



infections per 100 abdominal hysterectomies, and a performance comparison that was better than the national performance. Although there were more abdominal hysterectomies (7,603) in 2012, the rate of infections (0.89) and SIR (0.528) were better than in 2013. However, the 2013 rate and SIR are an improvement compared to 2011 data when the rate of infections was 1.11 and the SIR was 0.654. Four facilities had a statistically significantly lower SIR in 2013, compared to the national performance. One facility had statistically significantly more infections compared to the national average in 2013.



Introduction

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

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

Healthcare in Alabama continues to make significant progress towards infection prevention. So much so, it has been highlighted in CDC's Annual Progress Report of Healthcare-Associated Infections Nationally and Statewide; released March 26, 2014. The report provided state-by-state analysis on four categories of infections reported to CDC's infection database. Alabama was one of only two states in the nation performing better than the national infection ratio in three of four infection categories (No state performed better than the national baseline in all four infection categories).

Every year an estimated 1.7 million Americans develop a healthcare-associated infection (HAI) while hospitalized and 99,000 patients will die from an HAI, according to the CDC and the Department of Health and Human Services.^{1, 2} These infections create a burden to the population in terms of morbidity and mortality, as well as a monetary burden. A 2009 CDC report estimated that the annual medical costs attributable to HAIs in U.S. Hospitals to be between \$35.7 and \$45 billion.

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

Healthcare Facilities Defined

In accordance with the rules and regulations supporting the Mike Denton Infection Reporting Act, healthcare facilities are defined as general, critical access, and specialized hospitals, including pediatric hospitals but excluding psychiatric, rehabilitation, long-term care, and eye hospitals, licensed pursuant to Code of Ala. 1975, § 22-21-20. *For a complete list of the healthcare facilities included in this report, please see Alabama General Critical Access Facilities.*



Method of HAI Data Collection

An HAI is an infection that a patient acquires while in a healthcare setting that was not present or developing before the patient was admitted to the facility. For the purposes of HAI reporting in Alabama, an HAI must meet specific criteria defined in CDC's National Healthcare Safety Network (NHSN). The criterion provides objective criteria for classifying an infection as Healthcare-Associated or not.

NHSN is a secure, internet-based surveillance system which is used for the collection and reporting of HAI data by trained infection preventionists (IPs) or other trained NHSN Users at each healthcare facility in Alabama. The IPs and other NHSN Users are required to enter the HAI data into NHSN no later than the last day of the subsequent month. Each Alabama healthcare facility grants ADPH HAI program staff permission to view and analyze the designated HAI data using NHSN to compile reports for public reporting.

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



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

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

³ Scott, RD. The direct medical costs of healthcare-associated infections in U.S. hospitals and the benefits of prevention. 2009; 1-16.



Reporting Variables

Catheter-Associated Urinary Tract Infections (CAUTI)

An indwelling urethral catheter, also referred to as a Foley catheter, is a urine drainage tube that is connected to a closed drainage system (bag). The catheter is inserted into the bladder through the urethra for the collection of urine over a period of time.

A CAUTI is an infection associated with an indwelling urethral catheter. A CAUTI must be reported if it occurs in a symptomatic patient that has had an indwelling urethral catheter in place for greater than two calendar days before the onset of the UTI. During 2013, Alabama hospitals were required to report CAUTIs in medical wards, surgical wards, and medical/surgical wards. The HAI reporting rules were amended for 2013 to require reporting from mixed acuity wards and mixed age/mixed acuity wards for hospitals that do not have medical, surgical, or medical/surgical wards as defined in NHSN using the 80/20 rule. The 80/20 rule states: if 80% of the patients are one type of patient, then the unit may be classified as that type of unit. Hospitals are to report CAUTI data using the CDC NHSN.

Facilities report the number of patients per day (patient days) and the number of days patients have indwelling urethral catheters (catheter days) in the above facility locations using NHSN. The patient days and catheter days must be assessed at the same time each day; however, the time of day for collection is based on facility preference.

Central Line-Associated Bloodstream Infection (CLABSI)

A central line is a catheter that is inserted into one of the great (large) blood vessels that terminates (ends) near the heart. Central line catheters are used for the administration of fluids, medication, intravenous nutrition, hemodynamic monitoring, and drawing blood for laboratory testing.

A CLABSI is an infection that results from a central line catheter or umbilical catheter (if patient is less than one-year old). A CLABSI must be reported if it meets NHSN established criteria and occurs in a patient that has had a central line or umbilical catheter in place within two calendar days of laboratory confirmation of a bloodstream infection and the bloodstream infection is not caused by an infection at another site in the body. During 2013, CLABSIs attributed to medical intensive care units (ICU), surgical ICUs, medical/surgical ICUs, and pediatric ICUs were required to be reported using NHSN. Facilities reported 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 must be tallied at the same time each day; however, the time of day for collection is at the facility's discretion.

Surgical Site Infection (SSI)

An SSI is a procedure-associated HAI, resulting from an inpatient or outpatient surgery, during which an incision was made through the skin or mucous membranes. An SSI is reported if an infection occurs in a patient within 30 days of the operative procedure for specified procedures. ADPH only collects data on inpatient procedures, i.e., those in which the date of admission and date of discharge are different.



During 2013, SSIs resulting from inpatient colon surgeries or abdominal hysterectomies in an Alabama healthcare facility or post discharge were required to be reported using NHSN. Facilities were also required to report the number of colon surgeries and abdominal hysterectomies performed, along with



patient's pre-surgical medical status, length of surgery compared to similar surgeries, and the extent of the contamination of the surgical wound.

A colon surgery is a surgical procedure in which a portion of the colon or intestine is operated on, including incision, resection, or anastomosis (reconnection) of the large intestine. 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 and/or the fallopian tubes and may use laparoscopic or robotic surgical approaches.

Volume (Low, Medium, and High)

Volume for each facility was category specific and was based on the number of device days or the number of procedures performed. Low-volume consisted of hospitals whose device utilization days or procedure counts were within the lowest quartile (lowest 25%). Medium-volume consisted of hospitals whose device utilization days or procedure counts were in the second and third quartiles (middle 50%). And, the high-volume category consisted of hospitals whose device utilization days or procedure counts were in the highest quartile (highest 25%).



Accuracy in HAI Reporting

ADPH Data Validation Program

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

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

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



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

1. Verified that all Facility Administrators (FA) completed the minimal required NHSN and ADPH training.
2. Ensured each facility granted ADPH permission to view the data, i.e., conferred rights.
3. Reviewed Monthly Plans for each facility.
4. Notified NHSN FA of noted discrepancies for correction.

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

1. A biannual report of NHSN data for each facility was provided to facilities to identify discrepancies.
2. Monthly data submitted was reviewed for consistency and completeness.
3. Facilities were notified through e-mail or phone regarding missing, inconsistent, or duplicate data for the review period.
4. The facility had 45 days to verify the data and make corrections if needed.



Site Visits: Site visits were made at the facility's request, for repeated errors, or to ensure a variety of hospitals were included, geographically and by volume. The site visit consisted of three components:

1. Validate HAIs met the case criteria (case finding, laboratory notification, and data mining).
2. Assess whether the Infection Preventionist (IP) applied the NHSN definitions accurately.
3. Ensure cases are detected and whether NHSN definitions are applied correctly. (Sensitivity and specificity of data).

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

In 2014, the State HAI Coordinator visited 19 facilities as part of the CAUTI validation in all seven of the Alabama Hospital Association (AlaHA) regions of the state (Birmingham, Central, North, Northeast, Southeast, Southwest, and West), which were comprised of low, medium, and high-volume hospitals. Prior to the scheduled visit, the State HAI Coordinator asked the Infection Preventionist (IP) for each facility to generate a positive urine culture line list for the calendar year 2013 (January 1 - December 31, 2013). Using the positive urine culture line list, five patient charts were selected for review at each of the 19 facilities for a total of 95 audited charts. These 95 audited charts represented patients hospitalized on various location types or units: 6 medical (6.3%), 52 medical-surgical (54.7%), 2 surgical (2.1%), 28 intensive/critical care (29.5%), 3 step-down (3.2%), 2 long-term care (2.1%), 1 labor and delivery (1%), and 1 psychiatric (1%).

The charts assessed for accurate application of NHSN key terms, definitions, and CAUTI criteria revealed that most IPs accurately applied NHSN key terms, definitions, and the CAUTI criteria: 93 of 95 events accurately categorized as CAUTI or non-CAUTI events, and NHSN key terms and definitions accurately applied during determination of events (97.9%). Only two events (2.1%) were inaccurately categorized as CAUTI or non-CAUTI events. In the two inaccurately categorized events, one IP misunderstood the NHSN definition of "present on admission (POA)", causing the IP to incorrectly categorize the event as a non-CAUTI, while the other IP incorrectly categorized an event as a CAUTI by failing to ensure that all elements of the CAUTI criteria were met without exceeding the one-day gap rule as stated in the NHSN CAUTI criteria.

During the 19 visits, each IP was asked whether their facility had an established internal validation process and to briefly describe the process. Fourteen IPs (73.7%) were able to describe some component of an appropriate internal validation process; while five IPs (26.3%) denied having an established internal validation process to ensure the accuracy of HAI data entered into the NHSN surveillance system. The State HAI Coordinator verbally provided results to each facility and additional on-site education to each facility with educational deficits. The State HAI Coordinator shared the educational issues identified during the validation site visits with the Project Supervisor of the Alabama Quality Assurance Foundation (AQAF) to ensure the development and implementation of educational materials to address the educational needs of the IPs. The State HAI Coordinator also asked the AQAF Project Supervisor to revise the NHSN training course to include key elements needed to establish an adequate internal review process to ensure the accuracy of facility level HAI data entered into the NHSN surveillance system.



Performance Measurement

Minimal Reporting Thresholds

Alabama healthcare facilities that perform low numbers of surgical procedures, or insert few central lines or indwelling urinary catheters may have infection rates that appear high or low only because of the number of cases performed.

To decrease the risk of unfairly comparing healthcare facility ratios, the Healthcare Data Advisory Council adopted CDC's NHSN minimum thresholds used in their Annual National HAI Report. The minimum thresholds indicate that SIRs, the comparison measure used for the report, will only be calculated if the predicted number of infections, based on the individual facility's volume of procedures or device days, the facility's locations, and the national comparison rates, are greater than or equal to one. For example, if a healthcare facility only performs two colon surgeries in a year and one of results in an SSI, the facility's colon SSI rate would be 50%. However, a similar facility which performs two colon surgeries in a year with neither resulting in an SSI, the SSI rate would be 0%.

Risk Adjustment

To ensure the process of determining a facility's performance compared to other facilities nationwide, statistical risk stratification was necessary. Risk stratification avoids penalizing facilities for performing procedures, or utilizing catheters or central lines, in patients that may carry higher risk of infection or complications. For CAUTI and CLABSI surveillance, facility locations or ward types (e.g., surgical ICU) are used in adjusting the predicted number of infections. For procedures, the patient's pre-surgical medical status, length of surgery compared to similar surgeries, and the extent of the contamination of the surgical wound are taken into account for risk adjustment. For SSIs, logistic regression models are used by NHSN to calculate the risk adjustment.

Standardized Infection Ratio

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

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

- When an SIR is equal to one (1.0), the number of observed events is the same as the number predicted.
- When the SIR is greater than one (> 1.0), the number of observed events is more than the number predicted, i.e., there were more observed events than were predicted.
- When the SIR is less than one (< 1.0), the number of observed events is less than the number predicted, i.e., there were fewer observed events than were predicted.



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

For more information regarding SIRs, please visit

http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf.

Hospital Performance Compared to National

A facility's "performance compared to the national performance" is determined by evaluating the 95% confidence interval of the SIR. NHSN uses the data from 2006-2008 as the baseline reference for the national performance (Alabama facilities, for the most part, were not reporting to NHSN during this reference period). If the confidence interval range for the SIR includes 1.0, then the facility's SIR is considered to be "Similar" to the national average because it is not statistically different than the national average. If the facility's infection rate was the same as the national rate, the SIR would equal 1.0. Facilities that show a statistically significantly greater number of infections will be considered "Worse" (i.e., the full range of the confidence interval is above 1.0 which means we are 95% confident that the facility's rate is actually higher than the national rate). Facilities that show a statistically significantly fewer number of infections will be considered "Better."

Performances which are worse than the national performance indicate a greater risk of infection compared to the risk at hospitals across the nation. Performances which are better than the national performance indicate a lower risk of infection compared to hospitals across the nation. These are based on a 95% confidence interval.

Note: Because the performance comparison is based on the observed number of infections per location/ward type, the predicted number of infections by location/ward type, and the 95% confidence interval for the SIR, occasionally two facilities that may appear to have similar volumes and similar SIRs are classified differently, like 'similar' and 'not statistically different' than the national performance. The difference is because the predicted number of infections and the width of the confidence intervals are dependent on the variety of locations/wards included in the evaluation at each facility.



HAI Data, Statewide

In 2013, 89 Alabama hospitals reported 201 catheter-associated urinary tract infections in general, critical access, and specialized hospitals. The SIR (0.635) was considered to be better than the national performance.

Stratifying by hospital volume did not change the comparison to the national performance rating; low, medium, and high-volume hospitals performed better than the national level.

Catheter-Associated Urinary Tract Infections				
	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Alabama-89 Hospitals	183,259	201	0.635	Better
Low-Volume Hospitals (less than 538 catheter days)	6,804	1	0.102	Better
Medium-Volume Hospitals (538-3,294 catheter days)	58,946	67	0.672	Better
High-Volume Hospitals (more than 3,294 catheter days)	117,509	133	0.642	Better

Data pulled: March 19, 2014

In 2013, Alabama hospitals reported 127 CLABSIs and 120,765 central line days. Alabama had a performance of better when compared to the national performance level, with an SIR of 0.528. Stratification by volume shows that low-volume hospitals did not have any CLABSIs associated with their 126 central line days. Medium-volume hospitals were no longer significantly better than the national performance. Alabama's high-volume hospitals with more than 2,291 central line days performed better than national when compared collectively.



Central Line-Associated Blood Stream Infections				
	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Alabama-72 Hospitals	120,765	127	0.528	Better
Low-Volume Hospitals (less than 126 central line days)	990	0	0	Similar
Medium-Volume Hospitals (126-2,291 central line days)	32,007	43	0.751	Similar
High-Volume Hospitals (more than 2,291 central line days)	87,775	84	0.459	Better

Data pulled: March 6, 2014

Alabama hospitals performed 5,756 colon surgery procedures. One hundred eighty-seven surgical site infections associated with these procedures were reported. Overall, Alabama had fewer infections compared to the national average.

Surgical Site Infections Associated with Colon Surgeries				
	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Alabama-72 Hospitals	5,756	187	0.535	Better
Low-Volume Hospitals (less than 11 procedures)	101	6	0.969	Similar
Medium-Volume Hospitals (11-127 procedures)	1,825	69	0.646	Better
High-Volume Hospitals (more than 127 procedures)	3,829	112	0.469	Better

Data pulled: February 28, 2014

Alabama hospitals reported 71 surgical site infections associated with abdominal hysterectomy procedures, resulting in a SIR of 0.571, better than national performance. Three infections were associated with the 154 procedures performed by Alabama's low-volume hospitals. Medium and high-volume hospitals performed better than predicted showing statistically significantly fewer infections compared to the national averages.



Surgical Site Infections Associated with Abdominal Hysterectomies				
	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Alabama-60 Hospitals	7,023	71	0.571	Better
Low-Volume Hospitals (less than 17 procedures)	154	3	0.724	Similar
Medium-Volume Hospitals (17-115 procedures)	1,429	23	0.756	Similar
High-Volume Hospitals (more than 115 procedures)	5,440	45	0.495	Better

Data pulled: February 28, 2014



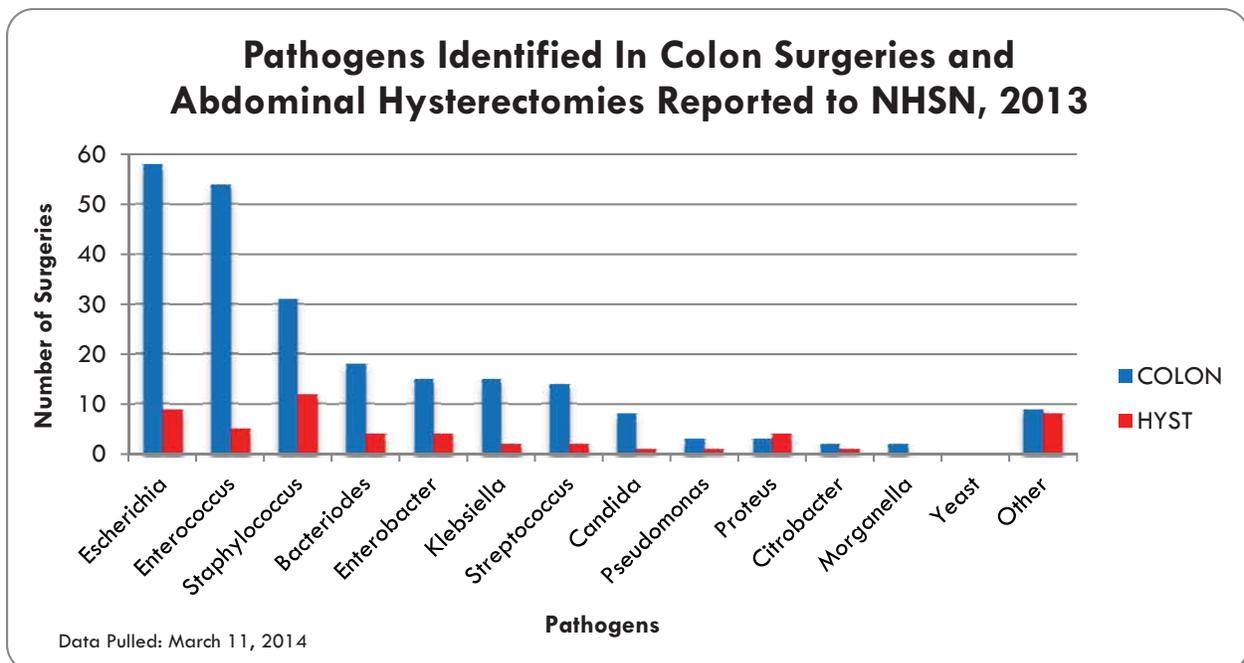
Pathogens Involved in Surgical Site Infections, 2013

Despite the burden of HAIs in the state of Alabama and the growth of antibiotic drug resistant pathogens, most HAIs are preventable. Alabama healthcare facilities, reporting through NHSN, have made great strides in reducing the incidence of HAIs. Collectively, hospitals experienced an 11.8% decrease in the number of pathogens identified from surgical site infections from 2012 to 2013.

Escherichia species were the most common pathogens identified in colon surgical site infections, whereas last year *Enterococcus* species were the most commonly identified pathogen. Pathogens were identified in 187 colon surgeries. *Escherichia* species accounted for 58 of 232 (24.8%) identified pathogens among colon surgeries in 2013, compared to 46 of 254 (18.1%) in 2012. *Enterococcus* species were identified in 23% and *Staphylococcus* 13% in 2013, compared to 22 % and 14%, respectively of colon surgery SSIs in 2012.

Additionally, pathogens were identified in 71 abdominal hysterectomies. For abdominal hysterectomy infections, *Staphylococcus* species accounted for 12 of 53 (22.6%) identified pathogens among abdominal hysterectomies in 2013, compared to 17 of 69 (24.6%) in 2012; the most common pathogen among abdominal hysterectomies. *Escherichia* species were the second most commonly reported (17%) group of pathogens identified.

Pathogens identified within the “other” group largely consisted of several types of *prevotella*, *clostridium*, and *diphtheroids* species.





HAI Data, Hospital Specific

The following tables list individual hospital performance in each of the four infection measures: CAUTI (pages 19-25), CLABSI (pages 26-32), Colon Surgery SSI (pages 33-39), and Abdominal Hysterectomy SSI (pages 40-46). The hospitals are arranged by geographical region in which the hospital is located. The region boundary is designated by the AlaHA regions. Hospitals are then grouped by number of device days or procedures performed.

HAI Reporting Regions





BIRMINGHAM REGION				
Alabama Catheter-Associated Urinary Tract Infections (CAUTI)				
January 1, 2013-December 31, 2013				
CAUTI Locations: General medical, surgical, and medical/surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.				
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 538 catheter days)				
St. Vincent's Blount	268	1	2.332	N/A
Medium-Volume Hospitals (538-3,294 catheter days)				
Brookwood Medical Center	1,514	4	1.439	Similar
Medical West	2,390	3	0.680	Similar
St. Vincent's St. Clair	1,134	1	0.464	Similar
Trinity Medical Center	1,155	4	2.165	Similar
High-Volume Hospitals (more than 3,294 catheter days)				
Princeton Baptist Medical Center	8,074	8	0.530	Similar
Shelby Baptist Medical Center	5,241	5	0.596	Similar
St. Vincent's Hospital Birmingham	7,889	6	0.408	Better
St. Vincent's East	4,138	2	0.302	Better
University of Alabama Birmingham Hospital	3,401	4	0.686	Similar
Walker Baptist Medical Center	3,422	3	0.501	Similar

Data pulled: March 19, 2014

N/A: Hospital submitted data though number of catheter days was too few for national performance comparisons to be accurately calculated.

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

CAUTI: Urinary tract infections resulting from indwelling catheters.

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

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

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

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





CENTRAL REGION				
Alabama Catheter-Associated Urinary Tract Infections (CAUTI)				
January 1, 2013-December 31, 2013				
CAUTI Locations: General medical, surgical, and medical/surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.				
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 538 catheter days)				
Bullock County Hospital	231	0	0	N/A
Crenshaw Community Hospital	287	0	0	N/A
Elmore Community Hospital*	132	0	0	N/A*
Georgiana Hospital	215	0	0	N/A
Lake Martin Community Hospital	335	0	0	N/A
LV Stabler Memorial Hospital	316	0	0	N/A
Medium-Volume Hospitals (538-3,294 catheter days)				
Baptist Medical Center South	3,294	3	0.487	Similar
Community Hospital	821	0	0	Similar
East Alabama Medical Center-Lanier	1,086	1	0.485	Similar
Jack Hughston Memorial Hospital*	901	0	0	N/A*
Prattville Baptist Hospital	1,594	1	0.392	Similar
Vaughan Regional Medical Center	2,818	2	0.444	Similar
High-Volume Hospitals (more than 3,294 catheter days)				
Baptist Medical Center East	3,352	2	0.319	Similar
East Alabama Medical Center	3,423	4	0.688	Similar
Jackson Hospital & Clinic	5,263	5	0.594	Similar
Russell Medical Center	5,839	2	0.214	Better

Data pulled: March 19, 2014

N/A: Hospital submitted data though number of catheter days was too few for national performance comparisons to be accurately calculated.

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

CAUTI: Urinary tract infections resulting from indwelling catheters.

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

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

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

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

* Facility's data includes mixed acuity locations during 2013; SIRs are not available for locations with mixed acuity locations because the National Comparison data is not available.





NORTH REGION				
Alabama Catheter-Associated Urinary Tract Infections (CAUTI)				
January 1, 2013-December 31, 2013				
CAUTI Locations: General medical, surgical, and medical/surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.				
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 538 catheter days)				
North Mississippi Medical Center-Hamilton	496	0	0	N/A
Red Bay Hospital	291	0	0	N/A
Medium-Volume Hospitals (538-3,294 catheter days)				
Athens Limestone Hospital	2,320	1	0.246	Similar
Decatur Morgan Hospital-Parkway Campus	864	0	0	Similar
Highlands Medical Center	1,866	7	2.023	Similar
Lakeland Community Hospital	690	0	0	Similar
Lawrence Medical Center	669	0	0	Similar
Marshall Medical Center North	2,280	2	0.548	Similar
Marshall Medical Center South	1,649	2	0.703	Similar
Russellville Hospital	1,048	2	1.165	Similar
Shoals Hospital	1,265	4	1.664	Similar
High-Volume Hospitals (more than 3,294 catheter days)				
Crestwood Medical Center	3,827	3	0.420	Similar
Cullman Regional Medical Center	4,556	1	0.118	Better
Decatur Morgan Hospital-Decatur Campus	4,534	1	0.128	Better
Eliza Coffee Memorial Hospital	4,438	0	0	Better
Helen Keller Hospital	5,102	0	0	Better
Huntsville Hospital	7,176	21	1.582	Worse

Data pulled: March 19, 2014

N/A: Hospital submitted data though number of catheter days was too few for national performance comparisons to be accurately calculated.

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

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NORTHEAST REGION				
Alabama Catheter-Associated Urinary Tract Infections (CAUTI)				
January 1, 2013-December 31, 2013				
CAUTI Locations: General medical, surgical, and medical/surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.				
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 538 catheter days)				
Cherokee Medical Center*	153	0	0	N/A*
Clay County Hospital	401	0	0	N/A
Regional Medical Center-Jacksonville	454	0	0	N/A
Medium-Volume Hospitals (538-3,294 catheter days)				
Citizens Baptist Medical Center	594	0	0	N/A
Coosa Valley Medical Center	1,439	0	0	Similar
DeKalb Regional Medical Center	1,566	0	0	Similar
Northeast Alabama Regional Medical Center	3,092	2	0.351	Similar
Stringfellow Memorial Hospital	1,119	1	0.559	Similar
Wedowee Hospital	670	0	0	Similar
High-Volume Hospitals (more than 3,294 catheter days)				
Gadsden Regional Medical Center	6,462	5	0.460	Similar
Riverview Regional Medical Center	3,400	2	0.343	Similar

Data pulled: March 19, 2014

N/A: Hospital submitted data though number of catheter days was too few for national performance comparisons to be accurately calculated.

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

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SOUTHEAST REGION				
Alabama Catheter-Associated Urinary Tract Infections (CAUTI)				
January 1, 2013-December 31, 2013				
CAUTI Locations: General medical, surgical, and medical/surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.				
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 538 catheter days)				
Wiregrass Medical Center	431	0	0	N/A
Medium-Volume Hospitals (538-3,294 catheter days)				
Andalusia Regional Hospital	708	0	0	Similar
Dale Medical Center	1,330	0	0	Similar
Medical Center Barbour	745	0	0	Similar
Medical Center Enterprise	1,342	0	0	Similar
Mizell Memorial Hospital	550	0	0	Similar
Southeast Alabama Medical Center	2,522	3	0.626	Similar
Troy Regional Medical Center	553	0	0	N/A
High-Volume Hospitals (more than 3,294 catheter days)				
Flowers Hospital	4,034	5	0.666	Similar

Data pulled: March 19, 2014

N/A: Hospital submitted data though number of catheter days was too few for national performance comparisons to be accurately calculated.

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

CAUTI: Urinary tract infections resulting from indwelling catheters.

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





SOUTHWEST REGION				
Alabama Catheter-Associated Urinary Tract Infections (CAUTI)				
January 1, 2013-December 31, 2013				
CAUTI Locations: General medical, surgical, and medical/surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.				
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 538 catheter days)				
Evergreen Medical Center	412	0	0	N/A
Grove Hill Memorial Hospital*	368	0	0	N/A*
Jackson Medical Center	149	0	0	N/A
J. Paul Jones Hospital	198	0	0	N/A
Monroe County Hospital	235	0	0	N/A
Washington County Hospital*	360	0	0	N/A*
Medium-Volume Hospitals (538-3,294 catheter days)				
Atmore Community Hospital	572	1	1.093	N/A
D.W. McMillan Memorial Hospital	715	1	0.874	Similar
North Baldwin Infirmary	538	0	0	Similar
South Baldwin Regional Medical Center	2,458	0	0	Better
Springhill Medical Center	1,233	4	2.028	Similar
Thomas Hospital	2,462	2	0.469	Similar
University of South Alabama Medical Center	2,512	14	3.483	Worse
High-Volume Hospitals (more than 3,294 catheter days)				
Mobile Infirmary Medical Center	4,796	22	2.524	Worse
Providence Hospital	7,133	3	0.253	Better

Data pulled: March 19, 2014

N/A: Hospital submitted data though number of catheter days was too few for national performance comparisons to be accurately calculated.

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

CAUTI: Urinary tract infections resulting from indwelling catheters.

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* Facility's data includes mixed acuity locations during 2013; SIRs are not available for locations with mixed acuity locations because the National Comparison data is not available.





WEST REGION				
Alabama Catheter-Associated Urinary Tract Infections (CAUTI)				
January 1, 2013-December 31, 2013				
CAUTI Locations: General medical, surgical, and medical/surgical wards, or mixed age and mixed acuity wards for facilities without general medical or surgical wards.				
Hospital Name	Number of Catheter Days	Number of CAUTI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 538 catheter days)				
Bibb Medical Center	263	0	0	N/A
Greene County Health System	197	0	0	N/A
Hale County Hospital	99	0	0	N/A
Hill Hospital*	15	0	0	N/A*
Pickens County Hospital	498	0	0	N/A
Medium-Volume Hospitals (538-3,294 catheter days)				
Bryan W. Whitfield Memorial Hospital	875	0	0	Similar
Fayette Medical Center	822	0	0	Similar
Northwest Medical Center	1,171	2	1.067	Similar
High-Volume Hospitals (more than 3,294 catheter days)				
DCH Regional Medical Center	8,638	26	1.628	Worse
Northport Medical Center	3,371	3	0.556	Similar

Data pulled: March 19, 2014

N/A: Hospital submitted data though number of catheter days was too few for national performance comparisons to be accurately calculated.

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

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BIRMINGHAM REGION				
Alabama Central Line-Associated Blood Stream Infections (CLABSI)				
January 1, 2013-December 31, 2013				
CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.				
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 134 central line days)				
St. Vincent's Blount	54	0	0	N/A
Medium-Volume Hospitals (134-2,291 central line days)				
St. Vincent's St. Clair	354	0	0	N/A
Walker Baptist Medical Center	483	0	0	N/A
High-Volume Hospitals (more than 2,291 central line days)				
Brookwood Medical Center	5,000	7	0.711	Similar
Children's Health System	2,292	2	0.291	Better
Medical West	2,469	1	0.213	Similar
Princeton Baptist Medical Center	5,429	2	0.177	Better
Shelby Baptist Medical Center	3,753	1	0.131	Better
St. Vincent's Birmingham	5,257	3	0.325	Better
St. Vincent's East	6,278	12	0.816	Similar
Trinity Medical Center	3,416	2	0.278	Better
University of Alabama Birmingham Hospital	10,748	25	0.947	Similar

Data pulled: March 6, 2014

N/A: Hospital submitted data though number of catheter days was too few for national performance comparisons to be accurately calculated.

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

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

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

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

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CENTRAL REGION				
Alabama Central Line-Associated Blood Stream Infections (CLABSI)				
January 1, 2013-December 31, 2013				
CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.				
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 126 central line days)				
LV Stabler Memorial Hospital	8	0	0	N/A
Medium-Volume Hospitals (126-2,291 central line days)				
Baptist Medical Center East	1,187	0	0	Similar
Community Hospital	126	0	0	N/A
East Alabama Medical Center	2,201	5	1.514	Similar
East Alabama Medical Center-Lanier	359	1	1.466	N/A
Prattville Baptist Hospital	385	0	0	N/A
Russell Medical Center	916	0	0	Similar
Vaughan Regional Medical Center	1,546	0	0	Similar
High-Volume Hospitals (more than 2,291 central line days)				
Baptist Medical Center South	2,944	2	0.399	Similar
Jackson Hospital & Clinic	3,561	5	0.936	Similar

Data pulled: March 6, 2014

N/A: Hospital submitted data though number of central line days was too few for national performance comparisons to be accurately calculated.

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

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

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NORTH REGION				
Alabama Central Line-Associated Blood Stream Infections (CLABSI)				
January 1, 2013-December 31, 2013				
CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.				
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 126 central line days)				
Decatur Morgan Hospital-Parkway Campus	50	0	0	N/A
Lakeland Community Hospital	7	0	0	N/A
North Mississippi Medical Center-Hamilton	22	0	0	N/A
Medium-Volume Hospitals (126-2,291 central line days)				
Athens Limestone Hospital	627	3	3.190	N/A
Crestwood Medical Center	1,548	4	1.723	Similar
Cullman Regional Medical Center	622	0	0	Similar
Decatur Morgan Hospital-Decatur Campus	1,247	1	0.535	Similar
Eliza Coffee Memorial Hospital	2,234	2	0.597	Similar
Helen Keller Hospital	744	1	0.896	Similar
Highlands Medical Center	217	0	0	N/A
Marshall Medical Center North	379	0	0	N/A
Marshall Medical Center South	477	0	0	N/A
Russellville Hospital	154	0	0	N/A
Shoals Hospital	337	1	1.562	N/A
High-Volume Hospitals (more than 2,291 central line days)				
Huntsville Hospital	4,357	4	0.420	Similar

Data pulled: March 6, 2014

N/A: Hospital submitted data though number of central line days was too few for national performance comparisons to be accurately calculated.

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

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

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NORTHEAST REGION				
Alabama Central Line-Associated Blood Stream Infections (CLABSI)				
January 1, 2013-December 31, 2013				
CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.				
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 126 central line days)				
Clay County Hospital	7	0	0	N/A
Regional Medical Center-Jacksonville	57	0	0	N/A
Medium-Volume Hospitals (126-2,291 central line days)				
Citizens Baptist Medical Center	305	0	0	N/A
Coosa Valley Medical Center	683	0	0	Similar
DeKalb Regional Medical Center	249	0	0	N/A
Northeast Alabama Regional Medical Center	1,952	2	0.683	Similar
Riverview Regional Medical Center	2,110	7	2.212	Similar
Stringfellow Memorial Hospital	325	0	0	N/A
High-Volume Hospitals (more than 2,291 central line days)				
Gadsden Regional Medical Center	4,914	2	0.207	Better

Data pulled: March 6, 2014

N/A: Hospital submitted data though number of central line days was too few for national performance comparisons to be accurately calculated.

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

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

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SOUTHEAST REGION				
Alabama Central Line-Associated Blood Stream Infections (CLABSI)				
January 1, 2013-December 31, 2013				
CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.				
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 126 central line days)				
Medical Center Enterprise	119	0	0	N/A
Mizell Memorial Hospital	15	0	0	N/A
Troy Regional Medical Center	125	0	0	N/A
Wiregrass Medical Center	63	0	0	N/A
Medium-Volume Hospitals (126-2,291 central line days)				
Andalusia Regional Hospital	134	0	0	N/A
Dale Medical Center	275	0	0	N/A
Flowers Hospital	2,277	5	1.055	Similar
Medical Center Barbour	172	0	0	N/A
High-Volume Hospitals (more than 2,291 central line days)				
Southeast Alabama Medical Center	2,857	7	1.633	Similar

Data pulled: March 6, 2014

N/A: Hospital submitted data though number of central line days was too few for national performance comparisons to be accurately calculated.

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

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

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

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





SOUTHWEST REGION				
Alabama Central Line-Associated Blood Stream Infections (CLABSI)				
January 1, 2013-December 31, 2013				
CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.				
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 126 central line days)				
Atmore Community Hospital	87	0	0	N/A
Monroe County Hospital	34	0	0	N/A
North Baldwin Infirmary	121	0	0	N/A
Medium-Volume Hospitals (126-2,291 central line days)				
D.W. McMillan Memorial Hospital	181	0	0	N/A
South Baldwin Regional Medical Center	1,378	0	0	Similar
Thomas Hospital	2,220	1	0.214	Similar
University of South Alabama Medical Center	1,216	3	1.175	Similar
USA Children's & Women's Hospital	1,806	7	1.292	Similar
High-Volume Hospitals (more than 2,291 central line days)				
Mobile Infirmary Medical Center	7,163	2	0.128	Better
Providence Hospital	4,297	1	0.110	Better
Springhill Medical Center	5,859	2	0.228	Better

Data pulled: March 6, 2014

N/A: Hospital submitted data though number of central line days was too few for national performance comparisons to be accurately calculated.

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

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

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

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WEST REGION				
Alabama Central Line-Associated Blood Stream Infections (CLABSI)				
January 1, 2013-December 31, 2013				
CLABSI Locations: Medical, surgical, medical/surgical ICUs, and pediatric ICUs.				
Hospital Name	Number of Central Line Days	Number of CLABSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 126 central line days)				
Bryan W. Whitfield Memorial Hospital	8	0	0	N/A
Fayette Medical Center	105	0	0	N/A
Northwest Medical Center	75	0	0	N/A
Pickens County Hospital	26	0	0	N/A
Medium-Volume Hospitals (126-2,291 central line days)				
Northport Medical Center	581	0	0	Similar
High-Volume Hospitals (more than 2,291 central line days)				
DCH Regional Medical Center	7,181	4	0.224	Better

Data pulled: March 6, 2014

N/A: Hospital submitted data though number of central line days was too few for national performance comparisons to be accurately calculated.

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

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

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BIRMINGHAM REGION				
Alabama Surgical Site Infections (SSI)-Colon Surgeries				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 11 procedures)				
St. Vincent's Blount	2	0	0	N/A
Medium-Volume Hospitals (11-127 procedures)				
Children's Health System	93	0	0	Better
Medical West	77	9	2.305	Worse
Walker Baptist Medical Center	40	0	0	Similar
High-Volume Hospitals (more than 127 procedures)				
Brookwood Medical Center	233	7	0.579	Similar
Princeton Baptist Medical Center	188	3	0.321	Better
Shelby Baptist Medical Center	200	7	0.615	Similar
St. Vincent's Hospital Birmingham	233	13	1.071	Similar
St. Vincent's East	185	3	0.298	Better
Trinity Medical Center	137	1	0.156	Better
University of Alabama Birmingham Hospital	502	14	0.350	Better

Data pulled: February 28, 2014

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

Procedures: The number of in-patient colon surgeries performed in 2013.

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

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

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

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

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





CENTRAL REGION				
Alabama Surgical Site Infections (SSI)-Colon Surgeries				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 11 procedures)				
Community Hospital	5	0	0	N/A
Jack Hughston Memorial Hospital	5	0	0	N/A
LV Stabler Memorial Hospital	7	0	0	N/A
Medium-Volume Hospitals (11-127 procedures)				
East Alabama Medical Center-Lanier	31	1	0.523	Similar
Prattville Baptist Hospital	29	0	0	Similar
Russell Medical Center	31	4	2.175	Similar
Vaughan Regional Medical Center	46	2	0.743	Similar
High-Volume Hospitals (more than 127 procedures)				
Baptist Medical Center East	128	0	0	Better
Baptist Medical Center South	156	7	0.923	Similar
East Alabama Medical Center	138	1	0.134	Better
Jackson Hospital & Clinic	129	3	0.373	Similar

Data pulled: February 28, 2014

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

Procedures: The number of in-patient colon surgeries performed in 2013.

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

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

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

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

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





NORTH REGION				
Alabama Surgical Site Infections (SSI)-Colon Surgeries				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 11 procedures)				
Decatur Morgan Hospital-Parkway Campus	5	0	0	N/A
Highlands Medical Center	8	0	0	N/A
Lakeland Community Hospital	2	0	0	N/A
North Mississippi Medical Center-Hamilton	2	0	0	N/A
Medium-Volume Hospitals (11-127 procedures)				
Athens Limestone Hospital	27	0	0	Similar
Crestwood Medical Center	100	1	0.157	Better
Cullman Regional Medical Center	69	1	0.262	Similar
Decatur Morgan Hospital-Decatur Campus	120	1	0.140	Better
Eliza Coffee Memorial Hospital	97	11	2.048	Worse
Helen Keller Hospital	78	1	0.200	Better
Marshall Medical Center North	49	1	0.388	Similar
Marshall Medical Center South	37	1	0.504	Similar
Russellville Hospital	12	2	2.339	N/A
Shoals Hospital	27	2	1.198	Similar
High-Volume Hospitals (more than 127 procedures)				
Huntsville Hospital	527	13	0.355	Better

Data pulled: February 28, 2014

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

Procedures: The number of in-patient colon surgeries performed in 2013.

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

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

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

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

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





NORTHEAST REGION				
Alabama Surgical Site Infections (SSI)-Colon Surgeries				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 11 procedures)				
Clay County Hospital	1	0	0	N/A
Regional Medical Center-Jacksonville	5	1	3.731	N/A
Medium-Volume Hospitals (11-127 procedures)				
Citizens Baptist Medical Center	11	0	0	N/A
Coosa Valley Medical Center	25	0	0	Similar
DeKalb Regional Medical Center	37	1	0.383	Similar
Gadsden Regional Medical Center	119	0	0	Better
Northeast Alabama Regional Medical Center	124	5	0.842	Similar
Riverview Regional Medical Center	61	0	0	Better
Stringfellow Memorial Hospital	26	0	0	Similar

Data pulled: February 28, 2014

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

Procedures: The number of in-patient colon surgeries performed in 2013.

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

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

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

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

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





SOUTHEAST REGION				
Alabama Surgical Site Infections (SSI)-Colon Surgeries				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 11 procedures)				
Dale Medical Center	8	0	0	N/A
Medical Center Barbour	2	0	0	N/A
Mizell Memorial Hospital	10	1	1.869	N/A
Medium-Volume Hospitals (11-127 procedures)				
Andalusia Regional Medical Center	25	1	0.801	Similar
Flowers Hospital	94	4	0.702	Similar
Medical Center Enterprise	41	4	1.716	Similar
Troy Regional Medical Center	12	0	0	N/A
Wiregrass Medical Center	12	0	0	N/A
High-Volume Hospitals (more than 127 procedures)				
Southeast Alabama Medical Center	149	1	0.111	Better

Data pulled: February 28, 2014

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

Procedures: The number of in-patient colon surgeries performed in 2013.

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

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

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

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

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





SOUTHWEST REGION				
Alabama Surgical Site Infections (SSI)-Colon Surgeries				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 11 procedures)				
Atmore Community Hospital	8	0	0	N/A
Monroe County Hospital	4	0	0	N/A
Medium-Volume Hospitals (11-127 procedures)				
D.W. McMillan Memorial Hospital	26	7	5.132	Worse
North Baldwin Infirmary	19	1	0.855	Similar
South Baldwin Regional Medical Center	18	0	0	Similar
Springhill Medical Center	126	7	1.013	Similar
University of South Alabama Medical Center	51	1	0.273	Similar
USA Children's & Women's Hospital	17	0	0	N/A
High-Volume Hospitals (more than 127 procedures)				
Mobile Infirmary Medical Center	328	13	0.516	Better
Providence Hospital	146	5	0.631	Similar
Thomas Hospital	156	5	0.635	Similar

Data pulled: February 28, 2014

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

Procedures: The number of in-patient colon surgeries performed in 2013.

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

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

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

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

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





WEST REGION				
Alabama Surgical Site Infections (SSI)-Colon Surgeries				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 11 procedures)				
Bryan W. Whitfield Memorial Hospital	5	0	0	N/A
Fayette Medical Center	5	2	8.130	N/A
Northwest Medical Center	10	2	3.096	N/A
Pickens County Medical Center	8	0	0	N/A
Medium-Volume Hospitals (11-127 procedures)				
Northport Medical Center	18	1	1.140	N/A
High-Volume Hospitals (more than 127 procedures)				
DCH Regional Medical Center	294	16	0.771	Similar

Data pulled: February 28, 2014

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

Procedures: The number of in-patient colon surgeries performed in 2013.

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

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

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

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

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





BIRMINGHAM REGION				
Alabama Surgical Site Infections (SSI)-Abdominal Hysterectomies				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 17 procedures)				
St. Vincent's Blount	10	0	0	N/A
Walker Baptist Medical Center	16	0	0	N/A
Medium-Volume Hospitals (17-115 procedures)				
Medical West	61	3	2.123	Similar
Princeton Baptist Medical Center	55	1	0.751	Similar
Trinity Medical Center	56	0	0	N/A
High-Volume Hospitals (more than 115 procedures)				
Brookwood Medical Center	958	4	0.290	Better
Shelby Baptist Medical Center	116	1	0.507	Similar
St. Vincent's Hospital Birmingham	594	1	0.138	Better
St. Vincent's East	159	1	0.377	Similar
University of Alabama Birmingham Hospital	650	11	0.738	Similar

Data pulled: February 28, 2014

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

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

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

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

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

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

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





CENTRAL REGION				
Alabama Surgical Site Infections (SSI)-Abdominal Hysterectomies				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 17 procedures)				
Russell Medical Center	5	0	0	N/A
Medium-Volume Hospitals (17-115 procedures)				
Baptist Medical Center South	83	2	1.095	Similar
East Alabama Medical Center-Lanier	36	1	1.182	N/A
Vaughan Regional Medical Center	53	1	0.823	Similar
High-Volume Hospitals (more than 115 procedures)				
Baptist Medical Center East	470	2	0.254	Better
East Alabama Medical Center	335	3	0.677	Similar
Jackson Hospital & Clinic	164	0	0	Similar

Data pulled: February 28, 2014

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

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

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

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

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

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

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





NORTH REGION				
Alabama Surgical Site Infections (SSI)-Abdominal Hysterectomies				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 17 procedures)				
Lakeland Community Hospital	4	2	12.987	N/A
Russellville Hospital	5	0	0	N/A
Shoals Hospital	6	0	0	N/A
Medium-Volume Hospitals (17-115 procedures)				
Athens Limestone Hospital	29	0	0	N/A
Crestwood Medical Center	81	1	0.677	Similar
Cullman Regional Medical Center	37	0	0	N/A
Eliza Coffee Memorial Hospital	72	8	5.274	Worse
Helen Keller Hospital	59	0	0	Similar
Highlands Medical Center	28	0	0	N/A
Marshall Medical Center North	18	0	0	N/A
Marshall Medical Center South	50	0	0	Similar
High-Volume Hospitals (more than 115 procedures)				
Decatur General-Decatur Campus	147	0	0	Similar
Huntsville Hospital	661	12	0.931	Similar

Data pulled: February 28, 2014

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

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

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

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





NORTHEAST REGION				
Alabama Surgical Site Infections (SSI)-Abdominal Hysterectomies				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 17 procedures)				
Citizens Baptist Medical Center	16	0	0	N/A
Regional Medical Center-Jacksonville	10	0	0	N/A
Riverview Regional Medical Center	12	0	0	N/A
Stringfellow Memorial Hospital	3	0	0	N/A
Medium-Volume Hospitals (17-115 procedures)				
Coosa Valley Medical Center	21	0	0	N/A
DeKalb Regional Medical Center	54	1	0.992	Similar
Gadsden Regional Medical Center	93	0	0	Similar
Northeast Alabama Regional Medical Center	87	1	0.533	Similar

Data pulled: February 28, 2014

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

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

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

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





SOUTHWEST REGION				
Alabama Surgical Site Infections (SSI)-Abdominal Hysterectomies				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Low-Volume Hospitals (fewer than 17 procedures)				
D.W. McMillan Memorial Hospital	10	0	0	N/A
Grove Hill Memorial Hospital	15	0	0	N/A
North Baldwin Infirmary	16	1	2.228	N/A
Monroe County Hospital	11	0	0	N/A
University of South Alabama Medical Center	3	0	0	N/A
Medium-Volume Hospitals (17-115 procedures)				
South Baldwin Regional Medical Center	58	0	0	Similar
Springhill Medical Center	95	2	1.192	Similar
High-Volume Hospitals (more than 115 procedures)				
Mobile Infirmary Medical Center	221	2	0.579	Similar
Providence Hospital	240	1	0.241	Similar
Thomas Hospital	220	1	0.460	Similar
USA Children's & Women's Hospital	224	5	0.947	Similar

Data pulled: February 28, 2014

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

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

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

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





WEST REGION				
Alabama Surgical Site Infections (SSI)-Abdominal Hysterectomies				
January 1, 2013-December 31, 2013				
Hospital Name	Number of Procedures	Number of SSI	Ratio of Actual to Predicted Infections (SIR)	Hospital Performance 2013 Compared to National Performance 2006-2008
Medium-Volume Hospitals (17-115 procedures)				
Bryan W. Whitfield Memorial Hospital	21	0	0	N/A
Northport Medical Center	45	1	1.217	N/A
Northwest Medical Center	51	0	0	N/A
High-Volume Hospitals (more than 115 procedures)				
DCH Regional Medical Center	116	1	0.540	Similar

Data pulled: February 28, 2014

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

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

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

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Alabama General Critical Access Facilities

FACILITY	REGION	PAGES
ANDALUSIA REGIONAL HOSPITAL	Southeast Region	23, 30, 37, 44
ATHENS LIMESTONE HOSPITAL	North Region	21, 28, 35, 42
ATMORE COMMUNITY HOSPITAL	Southwest Region	24, 31, 38
BAPTIST MEDICAL CENTER EAST	Central Region	20, 27, 34, 41
BAPTIST MEDICAL CENTER SOUTH	Central Region	20, 27, 34, 41
BIBB MEDICAL CENTER	West Region	25
BROOKWOOD MEDICAL CENTER	Birmingham	19, 26, 33, 40
BRYAN W. WHITFIELD MEMORIAL HOSPITAL	West Region	25, 32
BULLOCK COUNTY HOSPITAL	Central Region	20
CHEROKEE MEDICAL CENTER	Northeast Region	22, 36
CHILDREN'S HEALTH SYSTEM	Birmingham	26, 33
CHILTON MEDICAL CENTER	Central Region	<i>Closed October 2013</i>
CITIZENS BAPTIST MEDICAL CENTER	Northeast Region	22, 29, 36, 43
CLAY COUNTY HOSPITAL	Northeast Region	22, 29
COMMUNITY HOSPITAL	Central Region	20, 26, 34
COOPER GREEN MERCY HOSPITAL	Birmingham	<i>Closed December 2013</i>
COOSA VALLEY MEDICAL CENTER	Northeast Region	29, 36, 43
CRENSHAW COMMUNITY HOSPITAL	Central Region	20
CRESTWOOD MEDICAL CENTER	North Region	21, 28, 35, 42
CULLMAN REGIONAL MEDICAL CENTER	North Region	21, 28, 35, 42
D.W. MCMILLAN MEMORIAL HOSPITAL	Southwest Region	24, 31, 38, 45
DALE MEDICAL CENTER	Southeast Region	23, 30, 37
DCH REGIONAL MEDICAL CENTER	West Region	25, 32, 39, 46
DECATUR GENERAL	North Region	<i>See Decatur Morgan Hospital- Decatur Campus</i>
DECATUR MORGAN HOSPITAL-DECATUR CAMPAUS	North Region	21, 28, 35, 42
DECATUR MORGAN HOSPITAL-PARKWAY CAMPAUS	North Region	21, 28, 35, 42
DEKALB REGIONAL MEDICAL CENTER	Northeast Region	22, 29, 36, 43
EAST ALABAMA MEDICAL CENTER	Central Region	20, 27, 34, 41
EAST ALABAMA MEDICAL CENTER-LANIER	Central Region	20, 27, 34, 41
ELBA GENERAL HOSPITAL	Southeast Region	<i>Closed February 2013</i>
ELIZA COFFEE MEMORIAL HOSPITAL	North Region	21, 28, 35, 42
ELMORE COMMUNITY HOSPITAL	Central Region	20
FLORALA MEMORIAL HOSPITAL	Southeast Region	<i>Closed December 2013</i>
EVERGREEN MEDICAL CENTER	Southwest Region	24
FAYETTE MEDICAL CENTER	West Region	25, 32, 39
FLOWERS HOSPITAL	Southeast Region	23, 30, 37, 44
GADSDEN REGIONAL MEDICAL CENTER	Northeast Region	22, 29, 36, 43
GEORGE H. LANIER MEMORIAL HOSPITAL	Central Region	<i>Name Change: See EAMC-Lanier</i>



GREENE COUNTY HOSPITAL	West Region	<i>Name Change: See Greene County Health System</i>
GREENE COUNTY HEALTH SYSTEM	West Region	25
GEORGIANA HOSPITAL	Central Region	20
GROVE HILL MEMORIAL HOSPITAL	Southwest Region	24
HALE COUNTY HOSPITAL	West Region	25
HARTSELLE MEDICAL CENTER	North Region	<i>Closed February 2013</i>
HELEN KELLER HOSPITAL	North Region	21, 28, 35, 42
HIGHLANDS MEDICAL CENTER	North Region	21, 28, 35
HILL HOSPITAL	West Region	25
HUNTSVILLE HOSPITAL	North Region	21, 28, 35, 42
INFIRMARY WEST	Southwest Region	<i>Closed November 2013</i>
J. PAUL JONES HOSPITAL	Southwest Region	24
JACK HUGHSTON MEMORIAL HOSPITAL	Central Region	20
JACKSON HOSPITAL & CLINIC	Central Region	20, 27, 34, 41
JACKSON MEDICAL CENTER	Southwest Region	24
JACKSONVILLE MEDICAL CENTER	Northeast Region	<i>Name Change: See RMC-Jacksonville</i>
LAKE MARTIN COMMUNITY HOSPITAL	Central Region	20
LAKELAND COMMUNITY HOSPITAL	North Region	21, 28, 35, 42
LAWRENCE MEDICAL CENTER	North Region	21
LV STABLER MEMORIAL HOSPITAL	Central Region	21, 27, 34
MARSHALL MEDICAL CENTER NORTH	North Region	21, 28, 35, 42
MARSHALL MEDICAL CENTER SOUTH	North Region	21, 28, 35, 42
MEDICAL CENTER BARBOUR	Southeast Region	23, 30, 37, 44
MEDICAL CENTER ENTERPRISE	Southeast Region	23, 30, 37, 44
MEDICAL WEST	Birmingham	19, 26, 33, 40
MIZELL MEMORIAL HOSPITAL	Southeast Region	23, 30, 37, 44
MOBILE INFIRMARY MEDICAL CENTER	Southwest Region	24, 31, 38, 45
MONROE COUNTY HOSPITAL	Southwest Region	24, 31, 38, 45
NORTH BALDWIN INFIRMARY	Southwest Region	24, 31, 38, 45
NORTH MISSISSIPPI MEDICAL CENTER-HAMILTON	North Region	21, 28, 35, 42
NORTHPORT MEDICAL CENTER	West Region	25, 32, 39, 46
NORTHWEST MEDICAL CENTER	West Region	25, 32, 39, 46
PARKWAY MEDICAL CENTER	North Region	<i>See Decatur Morgan Hospital-Parkway Campus</i>
PICKENS COUNTY MEDICAL CENTER	West Region	25, 32, 39, 46
PRATTVILLE BAPTIST HOSPITAL	Central Region	20, 27, 34
PRINCETON BAPTIST MEDICAL CENTER	Birmingham	19, 26, 33, 40
PROVIDENCE HOSPITAL	Southwest Region	24, 31, 38, 45
RED BAY HOSPITAL	North Region	21
REGIONAL MEDICAL CENTER-JACKSONVILLE	Northeast Region	22, 29, 26, 43
RIVERVIEW REGIONAL MEDICAL CENTER	Northeast Region	22, 29, 36, 43
RUSSELL MEDICAL CENTER	Central Region	20, 27, 24, 41



RUSSELLVILLE HOSPITAL	North Region	21, 28, 35, 42
SHELBY BAPTIST MEDICAL CENTER	Birmingham	19, 26, 33, 40
SHOALS HOSPITAL	North Region	21, 28, 35, 42
SOUTH BALDWIN REGIONAL MEDICAL CENTER	Southwest Region	24, 31, 38, 45
SOUTHEAST ALABAMA MEDICAL CENTER	Southeast Region	23, 30, 37, 44
SPRINGHILL MEDICAL CENTER	Southwest Region	24, 31, 38, 45
ST. VINCENT'S HOSPITAL-BIRMINGHAM	Birmingham	19, 26, 33, 40
ST. VINCENT'S BLOUNT	Birmingham	19, 26, 33, 40
ST. VINCENT'S EAST	Birmingham	19, 26, 33, 40
ST. VINCENT'S ST. CLAIR	Birmingham	19, 26
STRINGFELLOW MEMORIAL HOSPITAL	Northeast Region	22, 29, 36, 43
THOMAS HOSPITAL	Southwest Region	24, 31, 38, 45
TRINTY MEDICAL CENTER	Birmingham	19, 26, 33, 40
TROY REGIONAL MEDICAL CENTER	Southeast Region	23, 30, 37
UNIVERSITY OF ALABAMA AT BIRMINGHAM (UAB)	Birmingham	19, 26, 33, 40
UNIVERSITY OF SOUTH ALABAMA (USA) CHILDREN'S & WOMEN'S HOSPITAL	Southwest Region	31, 38, 45
UNIVERSITY OF SOUTH ALABAMA (USA) MEDICAL CENTER	Southwest Region	24, 31, 38, 45
VAUGHAN REGIONAL MEDICAL CENTER	Central Region	20, 27, 34, 41
WALKER BAPTIST MEDICAL CENTER	Birmingham	19, 26, 33, 40
WASHINGTON COUNTY HOSPITAL	Southwest Region	24
WEDOWEE HOSPITAL	Northeast Region	22
WIREGRASS MEDICAL CENTER	Southeast Region	23, 30, 37, 44



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