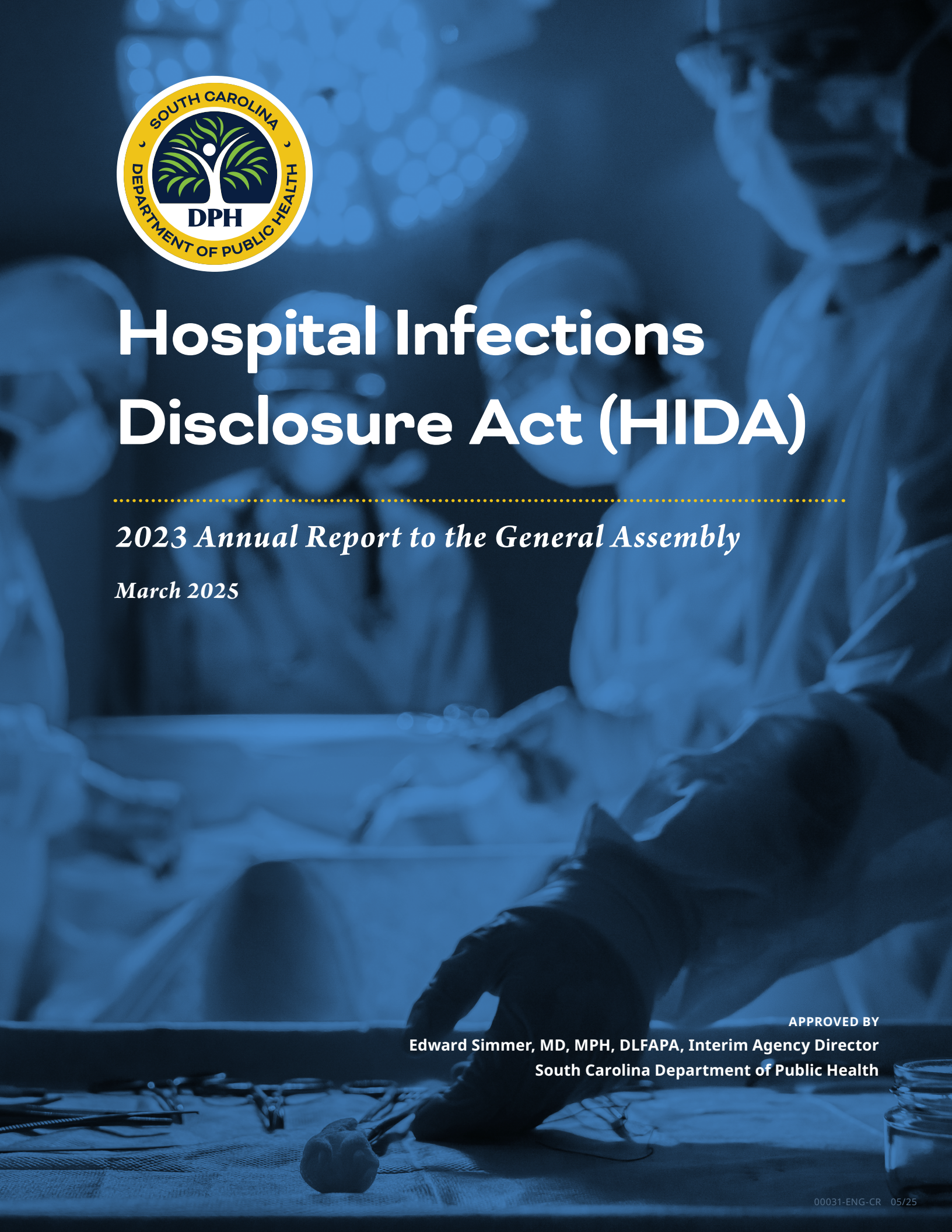

Hospital Infections Disclosure Act (HIDA)

2023 Annual Report to the General Assembly

March 2025

APPROVED BY
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Foreword

The South Carolina Department of Public Health (DPH) submits the 2023 Annual Report, which reflects the progress of implementing the South Carolina Hospital Infections Disclosure Act (HIDA). This document is submitted in compliance with S.C. Code Section 44-7-2440.

DPH gratefully acknowledges that the progress achieved through HIDA is possible because of the combined efforts of hospital infection preventionists across the state, health care facilities, the HIDA Advisory Committee, and DPH staff members.

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Contents

Abbreviations

ACH ..... Acute care hospital

AR ..... Admission/Readmission

BSI ..... Bloodstream infection

CAH ..... Critical access hospital

CAUTI ..... Catheter-associated urinary tract infection

CBGB ..... Coronary artery bypass graft (chest and donor site incisions)

CBGC..... Coronary artery bypass graft (chest incision only)

CDC ..... Centers for Disease Control and Prevention

CDI ..... *Clostridioides difficile* infection

CI..... Confidence Interval

CLABSI ..... Central line-associated bloodstream infection

CMS ..... Centers for Medicare and Medicaid Services

COLO ..... Colon surgery

COVID-19 .... Coronavirus Disease 2019 (also known as SARS-CoV-2)

DHHS ..... U. S. Department of Health and Human Services

DPH..... Department of Public Health

HAI ..... Health care-associated infection

HIDA ..... Hospital Infections Disclosure Act

HO ..... Health care facility-onset

HPRO ..... Hip arthroplasty (hip replacement)

HYST ..... Abdominal hysterectomy

IP ..... Infection Preventionist

ICU ..... Intensive care unit (used interchangeably with critical care unit)

IRF ..... Inpatient rehabilitation facility

IVAC ..... Infection-related ventilator-associated complication

KPRO ..... Knee arthroplasty (knee replacement)

LTACH ..... Long-term acute care hospital

MRSA ..... Methicillin-resistant *Staphylococcus aureus*

NHSN ..... National Healthcare Safety Network

NICU ..... Neonatal intensive care unit

SSI ..... Surgical site infection

SIR ..... Standardized infection ratio

VAE..... Ventilator-associated events

List of Tables and Figures

List of Tables

List of Figures

Executive Summary

Health care-associated infections (HAIs) are infections that are acquired in health care settings or as a result of medical procedures. In an effort to reduce HAIs, to protect the health of patients, and to promote transparency in health care across South Carolina, the Department of Public Health, with the support of an advisory committee, has enforced HAI reporting as mandated by the Hospital Infections Disclosure Act (HIDA) since 2006. This law requires the reporting of HAI data from acute care hospitals (ACHs), long-term acute care hospitals (LTACHs) inpatient rehabilitation facilities (IRFs), as well as critical access hospitals (CAHs), a subset of ACHs, to the public.

HAI monitoring plays a critical role in identifying opportunities to prevent infections and enhance patient safety within health care settings.

The 2023 HIDA Annual Report contains data from Jan. 1, 2023, through Dec. 31, 2023, for the following infections:

1. Central line-associated bloodstream infections (CLABSI) for the following inpatient locations:
    - ACH Adult and Pediatric Critical Care Locations
    - ACH Adult and Pediatric Ward Locations
    - ACH Adult and Pediatric Specialty Care Areas
    - ACH Neonatal Critical Care Unit (NICU) Levels II/III, III and IV Locations
    - LTACH Adult and Pediatric Critical Care Locations
    - LTACH Adult and Pediatric Ward Locations
    - IRF Adult and Pediatric Ward Locations
2. Laboratory-identified (LabID) Events in facility-wide inpatient locations in ACHs, LTACHs and IRFs for:
    - Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSI)
    - *Clostridioides difficile* infections (CDI)
3. Procedure-level and surgical site infections (SSI) for the following procedure types:
    - Abdominal hysterectomy (HYST)
    - Colon surgeries (COLO)
    - Coronary artery bypass grafts, chest, and donor incisions (CBGB)
    - Coronary artery bypass grafts, chest incision only (CBGC)
    - Hip replacements (HPRO)
    - Knee replacements (KPRO)

This report compiles data entered from 82 South Carolina hospitals for infections that occurred from Jan. 1, 2023, through Dec. 31, 2023. Data were summarized using the standardized infection ratio (SIR), a measure calculated by dividing the total number of observed HAIs for a specific category by the total number of predicted HAIs, based on benchmarks developed by the Centers for Disease Control and Prevention (CDC). The SIR adjusts for various facility and/or patient level factors that contribute to the risk for HAIs.

Table 1. National SIR Reduction Targets for 2020 and 2030

Measure	2020 Target Reduction / Target SIR	2030 Target Reduction / Target SIR
CLABSI	50% /.50	Removed
SSI	30% /.70	Removed
HO-CDI	30% /.70	30% /.70
HO-MRSA BSI	50% /.50	50% /.50

In this report, South Carolina's SIR is presented for CLABSI, SSI, MRSA BSI LabID, and CDI LabID Events, and is compared to the U.S. Department of Health and Human Services (DHHS) Healthy People national prevention targets for select HAIs in ACHs, seen in Table 1. While the Healthy People 2020 initiative targeted CLABSI, SSI, CDI, and MRSA BSI, the recently published Healthy People 2030 targets have a refined focus on prevention of health care facility-onset (HO) CDI and MRSA BSI.[1] The new objectives prioritize addressing emerging health concerns, promoting equity in health care, and achieving national health goals.

The Healthy People 2020 target for CLABSIs is a 50% reduction compared to the national baseline, which equates to an SIR of 0.50 and for SSIs, the target is a 30% reduction compared to the national baseline, or a target SIR of 0.70. MRSA BSI and CDI LabID Events are compared to newly published Healthy People 2030 targets for ACHs. In reference to LabID Events, the 2030 target SIR for MRSA is 0.50, which is a 50% reduction from the national baseline and the target for the CDI SIR is a 30% reduction compared to the national baseline, which equates to an SIR of 0.70.

South Carolina has made strides toward achieving the Healthy People targets for all reportable events. With SIRs below one (1.0), South Carolina ACHs performed better than predicted regarding CLABSI, SSI, MRSA BSI, and CDI events in 2023, indicating that there were fewer observed events than predicted events. However, opportunities for further improvement remain.

While below one, South Carolina's overall SSI SIR in 2023 was 0.88, which failed to achieve the Healthy People 2020 target of an SSI SIR at or below 0.70. The CLABSI SIRs for ACHs (0.60), IRFs (0.42), and LTACHs (0.51) performed better than predicted with SIRs below one; however, unlike IRFs, ACHs and LTACHs did not meet the 2020 target of a CLABSI SIR at or less than 0.50. The MRSA BSI SIRs for ACHs (0.90), IRFs (1.01), and LTACHs (0.75) failed to meet the 2030 target of 0.50. For CDI SIRs, ACHs (0.35), IRFs (0.45), and LTACHs (0.23) in South Carolina performed better than expected (SIRs <1). The CLABSI, MRSA BSI, and CDI SIRs for CAHs could not be calculated due to the number of predicted events being less than one.

Introduction

Health care-associated infections (HAIs) are a serious public health concern. Daily, approximately 1 in 31 patients in the United States contracts at least one infection in association with their health care.[2] In addition to causing sickness and death, HAIs pose a great financial burden, adding billions of dollars to health care costs each year.[3] Increased public awareness and understanding that HAIs are preventable has prompted consumers and policy makers to act. In 2006, South Carolina lawmakers passed the Hospital Infections Disclosure Act (HIDA) with the goal of providing fair, accurate and comparable information about hospital infections to consumers. HIDA has contributed to HAI prevention in South Carolina by allowing progress to be measured over time.

With the passing of HIDA, DPH established an advisory panel that focuses on evaluating and providing recommendations for the reporting and surveillance activities of HAIs within the state. The panel, also referred to as the HIDA Advisory Committee, is composed of health care consumer advocates, infection preventionists, hospital leaders, infectious disease physicians, health care quality improvement organizations and DPH representatives. A current list of HIDA Advisory Committee members is available in Appendix A.

Using the CDC's National Healthcare Safety Network (NHSN) HAI surveillance definitions, the advisory panel recommends that all acute care, critical access, long-term acute care, and inpatient rehabilitation hospitals licensed by DPH report HAI data based on facility type and as presented in Table 2, below. HIDA allows for some flexibility in reporting requirements on the recommendation of the HIDA Advisory Committee. Catheter-Associated Urinary Tract events (CAUTI) and Ventilator-associated events (VAE), including pediatric VAE (PedVAE), are reportable to DPH; however, the HIDA Advisory Committee decided not to include these events in the annual HIDA report. This decision was based on three principal factors: 1) NHSN's definition for Infection-related Ventilator-Associated Complications (IVAC) Plus events penalize facilities for changing the antibiotic of a patient on a ventilator that has negative implications for antimicrobial stewardship; 2) there is not a sufficient tool available for the external validation of VAE; and 3) Centers for Medicare and Medicaid Services (CMS) has not released plans to require VAE reporting as previously expected. Nonetheless, having facilities report VAE and PedVAE provides DPH with the means to assist facilities in internal performance improvement efforts when requested. The HIDA Statute is available on the DPH website.

Table 2. Required Data Elements for HIDA, by Facility Type

HAI Type	ACH	LTACH	IRF
CAUTI	Adult and pediatric intensive care units (ICUs), general wards and specialty care areas	Adult and pediatric ICUs and general wards	Adult and pediatric rehabilitation wards
CLABSI	Neonatal intensive care units (NICUs); adult and pediatric intensive care units (ICUs), general wards and specialty care areas	Adult and pediatric ICUs and general wards	Adult and pediatric rehabilitation wards
MRSA Bacteremia LabID Events	Facility-wide inpatient locations, including emergency departments and 24-hr observation locations	Facility-wide inpatient locations	Facility-wide inpatient locations
CDI LabID Events	Facility-wide inpatient locations, including emergency departments and 24-hr observation locations	Facility-wide inpatient locations	Facility-wide inpatient locations
SSI	Procedure-level and SSI data for abdominal hysterectomy, colon, coronary artery bypass grafts (chest/donor sites and chest only), hip prosthesis and knee prosthesis procedures	N/A	N/A
PedVAE	Pediatric ICUs and wards	Pediatric ICUs and wards	Pediatric rehabilitation wards with ventilators
VAE	Adult ICUs and wards	Adult ICUs and wards	Adult rehabilitation wards with ventilators

Note. Abbreviations used in table include ACH: Acute care hospital; CAUTI: Catheter-Associated Urinary Tract Infection; CDI: *Clostridioides difficile* infection; CLABSI: Central line-associated blood stream infection; HAI: Health care-associated infection; ICU: Intensive care unit (used interchangeably with critical care unit); IRF: Inpatient rehabilitation facility; LabID: Laboratory-identified; LTACH: Long-term acute care hospital; MRSA: Methicillin-resistant *Staphylococcus aureus*; PedVAE: Pediatric ventilator-associated events; SSI: Surgical site infection; VAE: Ventilator-associated events..

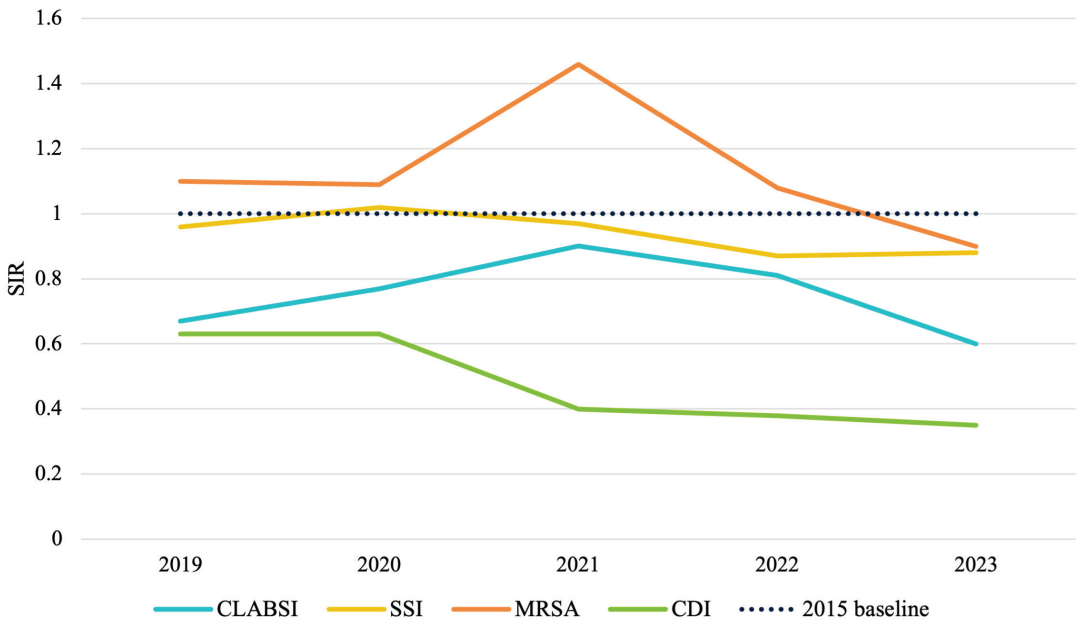
The HIDA Annual Report contains data from a full calendar year for which facilities have validated their data, including facility-specific HAI reports. All reports are made available to the public on the DPH's HIDA Public Reports webpage. The public availability of reports assists consumers in making informed choices about their health care and motivates facilities to reduce their infection rates.

Nationally, it has been estimated that roughly 687,000 HAIs occurred in 2015, resulting in 72,000 patient deaths.[4] This is a decrease from the 2011 data, which approximated 722,000 HAIs and 75,000 deaths.[5] Additionally, from 2011 to 2015, the HAI prevalence in hospitalized patients dropped approximately 16%, with 3.2% of patients having more than one HAI compared to 4.0% in 2011.[6] This demonstrated improvement and commitment to patient safety and forecasted more improvements to come with HAIs.

Based on the CDC HAI Progress Report data, the calendar year 2023 showed national progress in HAI improvement throughout ACHs, specifically for CLABSI, CAUTI, VAE, MRSA, CDI, COLO, and HYST. In 2023, 119,459 HAIs were observed and reported by 22,002 ACHs, including ICU, Ward, and NICU locations. In 2022, 138,530 HAIs were observed and reported by 22,028 ACHs. Compared to 2022 data, CLABSI (13%), CAUTI (11%), VAE (5%), MRSA (16%) and CDI (13%) all experienced decreases.[7] Notably, CAUTI, MRSA, and CDI SIRs are all below the pre-pandemic (2019) SIRs. For SSIs, HYST experienced an increase of 8% while COLO had no significant changes.[7]

Figure 1 depicts SC ACHs annual SIR changes for select HAI types, 2019 through 2023. The state experienced spikes in MRSA and CLABSI SIRs in 2020 and 2021, likely attributable to the increased use of invasive devices, higher patient acuity levels, longer patient length of stay, and continued changes to hospital practices during the COVID-19 pandemic.[8] These trends were observed in national SIR data over the same period.[9] Fluctuations are seen among the annual HAI SIRs, with notable decreases seen in 2022. In 2023, CLABSI, MRSA, CDI, and SSI were all below the 2015 national baseline.

Figure 1. Annual HAI SIRs in South Carolina ACHs, 2019 - 2023



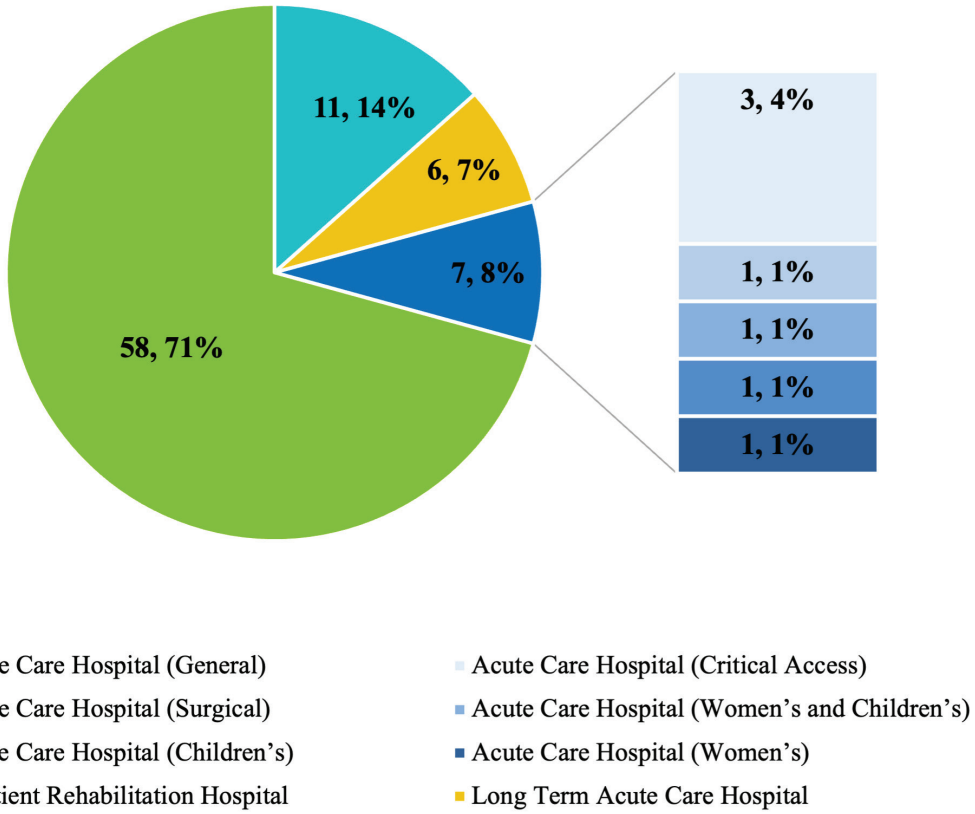
Methods

This report contains data entered from 82 South Carolina hospitals. It includes information regarding infections that occurred from Jan. 1, 2023, through Dec. 31, 2023.

Reporting Facility Information

Eighty-two hospitals of varying types were required to report HAI data to DPH via NHSN in 2023. Reporting facilities were comprised of 58 general hospitals, 11 inpatient rehabilitation hospitals (IRFs), six long-term acute care hospitals (LTACHs), three critical access hospitals (CAHs), one women's hospital, one children's hospital, one women and children's hospital and one surgical hospital (see Figure 2).

Figure 2. Summary of HIDA Reporting Hospital Types - 2023



National Healthcare Safety Network (NHSN)

All data are reported through the NHSN database, which is a secure, internet-based surveillance system that is maintained by the Division of Healthcare Quality Promotion (DHQP) at the CDC. To fulfill HIDA reporting requirements for the 2023 reporting period, the 82 South Carolina health care facilities granted DPH access to their data through NHSN. Hospitals must follow NHSN reporting definitions and procedures for all reportable HAIs. In addition to HIDA reporting, South

Carolina health care facilities also report their data to NHSN to fulfill the requirements of the CMS Hospital Inpatient Quality Reporting Program. The data are posted for public reporting on the DHHS Care Compare. It is important to note that the data presented on the CMS Hospital Compare webpage may differ from South Carolina HIDA data reports as the reporting requirements and data submission deadlines are different for CMS as compared to HIDA.

Data Quality Assurance

Reporting hospitals must ensure that their data are consistently and accurately reported as required by NHSN. To ensure data are reported correctly, DPH has implemented regular data checks to identify any data quality and completeness issues. Once data checks are completed, DPH alerts facilities of possible incomplete or incorrect data entries. Prior to publication of the HIDA data, facilities are provided with the opportunity to review and correct reporting lapses and/or discrepancies in the data they have submitted to NHSN for the report period. NHSN users can create reports of "missing" or "incomplete" data that require correction. This NHSN flagging capability allows users to resolve their data issues before data are submitted per HIDA and CMS reporting requirements.

Prior to the publication of the HIDA annual report, DPH provides each facility with preliminary reports showing the number of data records that were downloaded from NHSN for the given reporting period. Facilities are given a month to review their facility-specific preliminary reports and to make changes within NHSN as needed. All reporting facilities are expected to sign a standard attestation letter stating the data they submitted are complete and accurate. The letter must be submitted to DPH prior to the publication of the HIDA annual reports. An example of the letter can be found in Appendix B.

2023 HIDA Reporting Schedule And Data Deadlines

DPH publishes data from NHSN twice annually, once for the HIDA Healthcare Personnel Influenza Vaccination Report (providing facility-specific data on health care personnel vaccination for the previous influenza season) and once for the HIDA annual report (providing HAI data for the full calendar year). The most recent reports are published on the HIDA Public Reports webpage. Previous annual reports are available on the Past HIDA Reports webpage.

Standardized Infection Ratio And 95% Confidence Interval Calculations

The standardized infection ratio (SIR) is a summary measure to track HAIs at a national, state or local level over time. The SIR adjusts for various facility and/or patient level factors that contribute to HAI risk within each facility.[10] This metric serves as an indirect standardization method of summarizing the HAI experience across many stratified groups of data (e.g., health care facilities or unit types). The SIR is used to compare the incidence of HAIs in South Carolina hospitals to national HAI data, adjusting for several risk factors with a significant association to the incidence

of infections.11 In this annual report, the SIR metric will be presented for CLABSI, SSI, MRSA BSI LabID Event and CDI LabID Event data. The SIR is calculated by dividing the total number of observed HAIs for a specific category by the total number of predicted HAIs based on national benchmark data.

$$SIR = \frac{\text{Observed Infections}}{\text{Predicted Infections}}$$

To maintain statistical precision, SIRs are not calculated when the number of predicted infections is less than 1.0.

Interpreting the SIR:

- SIR is equal to 1: the observed number of infections is equal to the predicted number of infections.
- SIR is greater than 1: more infections were observed than predicted.
- SIR is less than 1: fewer infections were observed than predicted.

Each SIR has a calculated 95% confidence interval (CI), which is a statistical range to judge the significance of the SIR. If an SIR falls within the range of the CI, then it signifies the "true" SIR with 95% confidence. The 95% CI is not calculated if the predicted number of infections is ≥1 and the observed infections is 0. If the SIR's 95% CI includes the value of 1, then the observed number of infections is not significantly different from the number of predicted infections. However, the opposite is true if the SIR's 95% CI does not include the value of 1, meaning the observed number of infections is significantly different from the predicted number of infections.

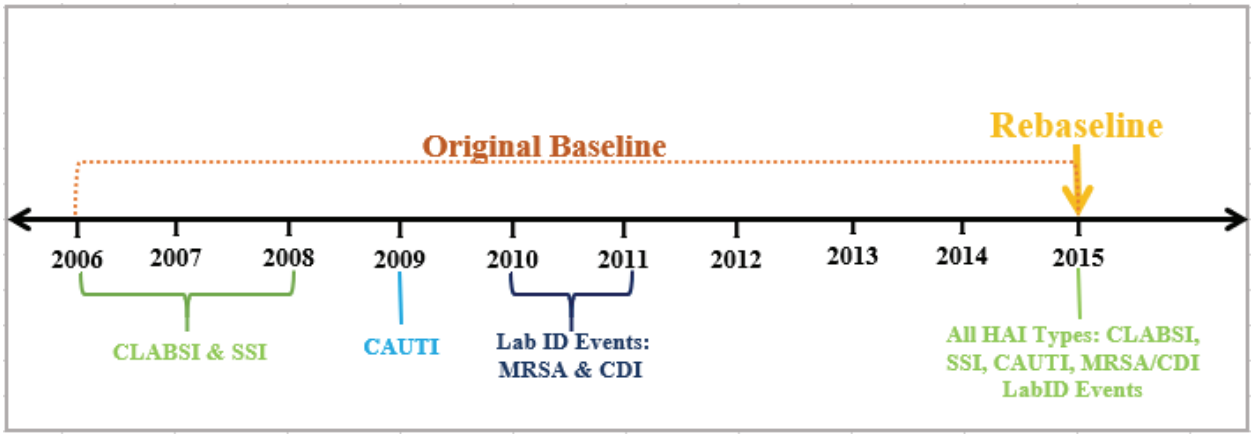
The 95% CI allows for comparison of the state's HAI SIRs over time for internal benchmarking, as well as for benchmarking against other state's SIRs and the national SIR. When the 95% confidence intervals overlap, it means no statistically significant difference in the SIRs. However, there is a statically significant difference (higher or lower) when the 95% conference intervals do not overlap.

Re-Baseline of SIR (2015)

"Re-baseline" is a term the CDC's National Healthcare Safety Network (NHSN) uses to describe updates to the original HAI baseline calculations. The 2015 re-baseline updated the source of collective data from across the country, as well as the risk adjustment methodology used to create the original baselines. Data for all HAI types were simultaneously re-baselined in 2015, as presented in Figure 3. However, this report will not include catheter-associated urinary tract infection (CAUTI) data.

Risk adjustment refers to the process used to account for differences in characteristics that may impact the number of infections reported by a hospital. For example, a hospital that treats many cancer patients may have a higher number of infections than a hospital without an oncology unit because patients undergoing cancer treatment are at higher risk for certain infections. When the data are risk-adjusted, comparisons between different hospitals can be made. In this report, the SIRs are adjusted for risk factors such as the type of patient care location, bed size of the hospital, patient age, and several other factors.[12] For this report, South Carolina hospital data will be compared to the 2015 National Baseline as a means for monitoring progress over time.

Figure 3. Original Baseline and 2015 Rebaseline of HAI Events



Central Line Associated Blood Stream Infections (CLABSI)

Calculating CLABSI SIRs

The CLABSI SIR is calculated by dividing the total number of observed CLABSI occurrences by the total number of predicted CLABSI occurrences based on 2015 collective data from across the country. To calculate the number of predicted CLABSI, a negative binomial regression model is used. This negative binomial regression model uses the 2015 national HAI aggregate data and is adjusted for each facility using variables found to be significant predictors of HAI incidence. The National Healthcare Safety Network (NHSN) calculates the predicted events for facilities. More information on calculating predicted events can be found in The NHSN Standardized Infection Ratio (SIR) Guide.

How to calculate a CLABSI SIR for a particular unit type:

Location Type	Number of CLABSIs (Observed)	Number of CLABSIs (Predicted)	Number of Central Line Days (Observed)	CLABSI Rate (National Baseline Data)
Medical Cardiac Unit	2	1.156	578	2 per 1,000 central line days

Calculating the SIR for the Medical Cardiac Unit:

$$\text{SIR} = \frac{\text{(Observed CLABSI)}}{\text{(Predicted CLABSI)}}$$

$$\text{SIR} = \frac{2}{1.156}$$

$$\text{SIR} = 1.7$$

CLABSI data from multiple locations can be combined into a single SIR by summing the total number of observed CLABSI and then dividing that number by the total number of predicted CLABSI for those locations.

CLABSI Results

Table 3 presents CLABSI SIRs reported in South Carolina during 2023. Per the HIDA law, CLABSI SIRs are reported for the following location types: adult and pediatric critical care, neonatal critical care, adult and pediatric wards, step down units, and adult and pediatric specialty care areas. An asterisk (*) indicates that an SIR or 95% Confidence Interval could not be calculated due to a

very low number of infections. The overall CLABSI SIR in South Carolina is less than one (1.0). This indicates that South Carolina experienced significantly lower CLABSI compared to the number of CLABSI infections predicted for 2023. However, South Carolina is still above the SIR national target of 0.50.

The CLASBI SIRs for South Carolina's acute care hospitals (ACHs) are significantly better than the national rate for critical care units, neonatal intensive care units, step down units, inpatient wards, oncology wards, and all combined location types. ACHs performed similarly to the national rate for specialty care units and rehabilitation wards. The SIR for oncology step down units could not be calculated because of the low number of CLABSI infections observed.

Table 3. CLABSI SIRs in ACHs by Location - 2023

Location	Central Line Days	Observed CLABSI	Predicted CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Care Units	119,712	88	131.99	0.67	0.538, 0.817	★ Better
Neonatal Intensive Care Unit	16,456	8	24.70	0.32	0.150, 0.615	★ Better
Specialty Care Units	2,698	4	3.20	1.25	0.397, 3.012	*Not Different*
Step Down Units	32,182	17	29.02	0.59	0.353, 0.919	★ Better
Oncology Step Down Unit	304	0	< 1.0	*	*	**No Conclusion**
Inpatient Wards	161,040	83	140.80	0.59	0.473, 0.727	★ Better
Oncology Ward	36,780	17	43.35	0.39	0.236, 0.615	★ Better
Rehabilitation Ward*	5,574	2	2.95	0.68	0.114, 2.237	*Not Different*
All Location Types	376,615	226	378.56	0.60	0.523, 0.679	★ Better

*Rehabilitation Ward not included in 'All Location Types'.

CLASBI SIRs for critical access, long-term acute care and inpatient rehabilitation hospitals are presented in Table 4, below. The CLABSI SIRs for critical access hospital locations could not be calculated due to the low number of observed infections. Long-term acute care hospitals (LTACHs) inpatient wards performed better than the national CLABSI SIR baseline, reflecting an SIR of 0.56. Inpatient rehabilitation and critical care units within LTACHs performed no different than the national baseline.

Table 4. CLABSI SIRs in CAHs, LTACHs, and IRFs by Location - 2023

Facility Type	Location	Central Line Days	Observed CLABSI	Predicted CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Access	Critical Care Units	42	0	< 1.0	*	*	**No Conclusion**
	Inpatient Wards	817	0	< 1.0	*	*	**No Conclusion**
	All Location Types	859	0	< 1.0	*	*	**No Conclusion**
Inpatient Rehabilitation	All Location Types	14,314	3	7.20	0.42	0.106, 1.134	*Not Different*
Long-term Acute Care	Critical Care Unit	2,742	2	5.82	0.34	0.058, 1.136	*Not Different*
	Inpatient Ward	19,715	11	19.67	0.56	0.294, 0.972	★ **Better**

CLABSI Microorganism Data

Figure 4 presents the microorganisms that were identified for all reported CLABSIs in ACHs, excluding neonatal intensive care units (NICUs), via their microorganism grouping. In 2023, Enterobacterales represented approximately 20.20% of the total isolates reported for CLABSI in acute care hospitals, excluding neonatal intensive care units. Staphylococci, Enterococci, and Yeast were the second, third and fourth most common organisms detected, comprising 23.45%, 19.22% and 18.89%, respectively. Other isolates reported for CLABSIs in ACHs, excluding neonatal intensive care units, included, Streptococci (5.21%), Other Gram-Negative Organisms (5.86%), Other Gram-Positive Organisms (4.89%), Other Anaerobic Organisms (1.95%), and Other Burkholderiales (0.33%).

Figure 4. Identified Microorganisms for All Reported CLABSIs in ACHs – 2023

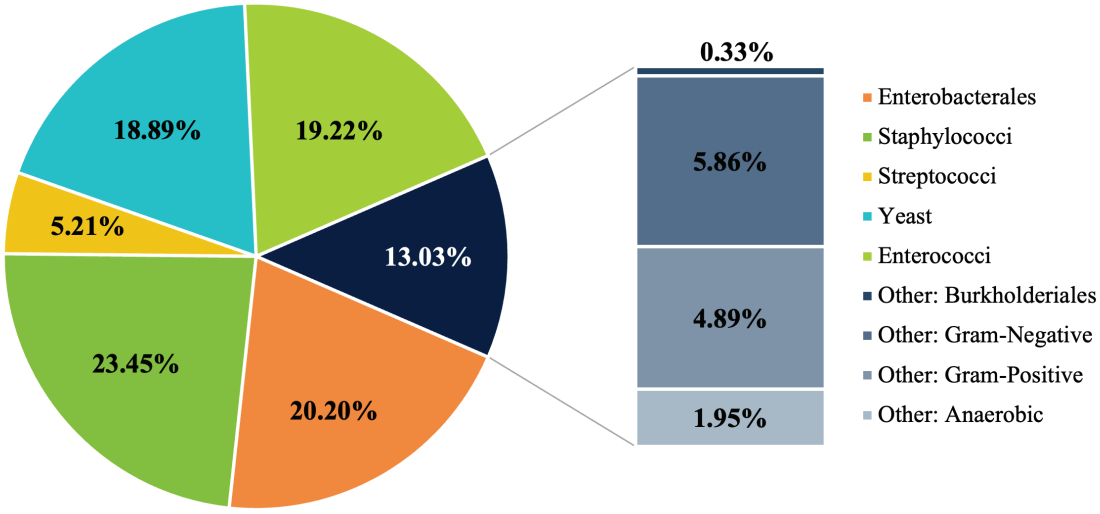


Figure 5 presents microorganisms that were identified for all reported CLABSIs in NICUs. In 2023, Enterobacterales, specifically *Serratia marcescens, Escherichia coli,* and *Citrobacter braakii*, were the most common isolates identified in NICU CLABSIs. These organisms accounted for 44.44% of the total isolates. Other isolates reported for NICU CLABSIs included Staphylococci: *Staphylococcus epidermidis (22.22%)* and *Staphylococcus aureus* (11.11%), Yeast: *Candida albicans* (11.11%), and Other Gram-Negative Organism: *Pseudomonas aeruginosa* (11.11%) totaling over 55.55% of the isolates identified in NICU CLABSIs.

Figure 5. Identified Microorganisms for All Reported CLABSIs in NICUs – 2023

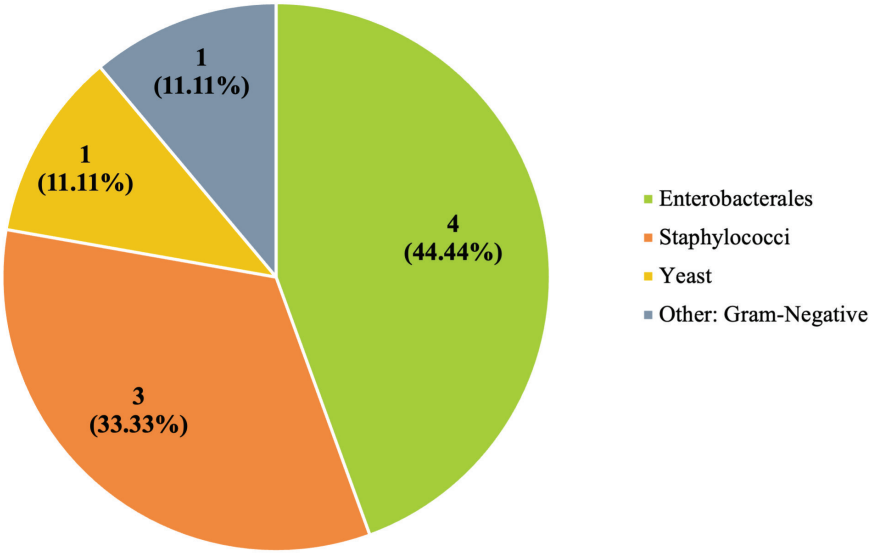
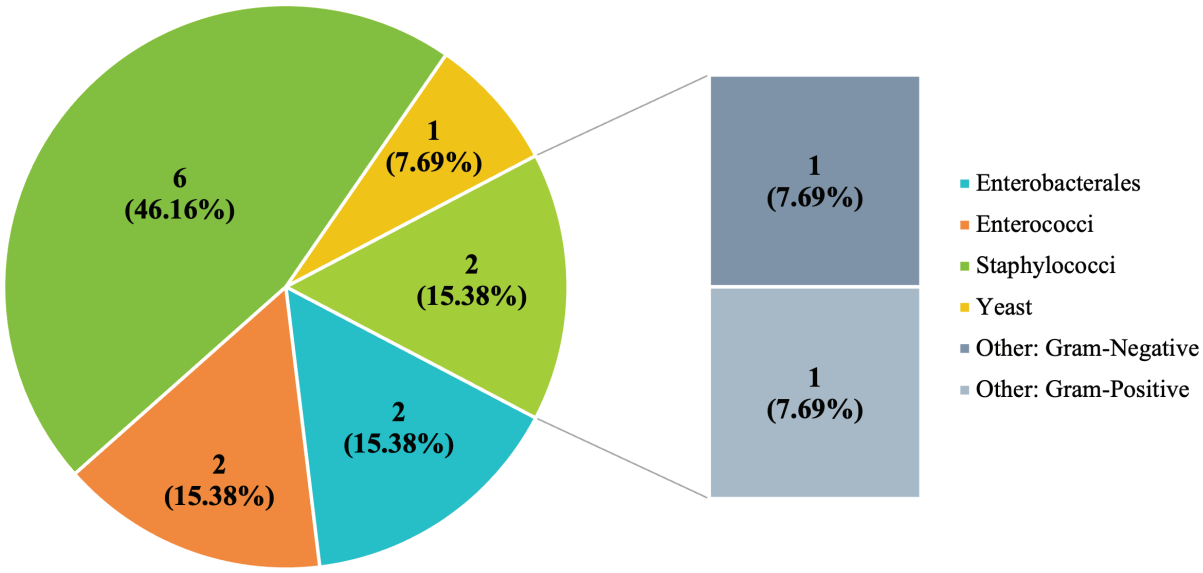


Figure 6 presents the identified microorganisms for all reported CLABSIs in LTACHs. In 2023, Staphylococci, including *Staphylococcus epidermidis* and *Staphylococcus aureus*, accounted for 46.16% of total isolates. Enterobacterales represented 15.38% of total isolates, including *Providencia stuartii* and *Escherichia coli.* Enterococci, including *Enterococcus faecalis*, also represented 15.38% of total isolates. Yeast, Other Gram-Negative Organisms, and Other Gram-Positive Organisms each comprised 7.69% of the total LTACH CLABSI isolates.

Figure 6. Identified Microorganisms for All Reported CLABSIs in LTACHs – 2023



Laboratory-Identified (LabID) Events

Unlike other statistical measures associated with inpatient facilities, LabID Events are not reported and stratified by location. LabID Events are reported facility-wide to include all inpatient locations. Outpatient emergency departments, adult and pediatric, and 24-hour observation locations are included in the facility-wide reporting of LabID Events for ACHs.

HO-MRSA BSI SIR Calculations And Results

The Methicillin-resistant *Staphylococcus aureus* (MRSA) Bloodstream Infection (BSI) LabID Event SIR is calculated by dividing the total number of observed health care facility-onset (HO) MRSA BSIs by the number of predicted HO-MRSA BSIs. The total number of observed HO-MRSA BSIs includes all unique blood source, MRSA-positive events for individual patients, occurring in a given month, which were identified in an inpatient location greater than three days after admission to the facility without being duplicated in the previous 14 days.

As presented in Table 5, there were 190 HO-MRSA BSI LabID Events reported in 2023 from ACHs, CAHs, IRFs and LTACHs across South Carolina. This is a decrease from the 228 HO-MRSA BSI LabID Events reported in 2022. The ACHs, IRFs, and LTACHs performed similarly to the national HO-MRSA BSI LabID Event rate. Zero HO-MRSA BSI LabID events were detected in CAHs, and the predicted infections were less than one; therefore, no SIR or 95% confidence interval could be calculated.

Table 5. HO-MRSA BSI LabID Events in South Carolina Hospitals – 2023

Hospital Type	Patient Days	Observed MRSA BSI LabID Events	Predicted MRSA BSI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,738,726	181	200.16	0.90	0.780, 1.043	*Not Different*
Critical Access	8,255	0	< 1.0	*	*	**No Conclusion**
Inpatient Rehabilitation	156,117	3	2.97	1.01	0.257, 2.750	*Not Different*
Long-Term Acute Care	61,511	6	7.97	0.75	0.305, 1.565	*Not Different*

HO-CDI SIR Calculations And Results

In South Carolina, all laboratory-identified *Clostridioides difficile* infections (CDIs) are mandated to be reported; however, CDI SIR calculations only reflect those that were health care facility-onset (HO). Table 6 displays a total of 481 HO-CDI LabID Events reported from South Carolina hospitals in 2023. This is a decrease from the 558 HO-CDI LabID Events that were reported in 2022. The SIRs for ACHs, IRFs and LTACHs were significantly better than the national HO-CDI LabID Event SIR, whereas CAHs performed similarly to the national baseline, with zero observed events and 1.82 predicted HO-CDI LabID events.

Table 6. HO-CDI LabID Events in South Carolina Hospitals - 2023

Facility Type	Patient Days	Observed CDI LabID Events	Predicted CDI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,530,359	440	1267.52	0.35	0.316, 0.381	★ Better
Critical Access	8,255	0	1.82	0.00	No Lower Bound, 1	**Not Different**
Inpatient Rehabilitation	156,117	29	63.97	0.45	0.309, 0.643	★ Better
Long-term Acute Care	61,511	12	52.38	0.23	0.124, 0.389	★ Better

Surgical Site Infections (SSI)

Calculating SSI SIRs

The SSI SIR is calculated by dividing the total number of observed SSI events by the total number of predicted events. Logistic regression models are used to determine how one or more independent variables (such as the American Society of Anesthesiologists classification of the patient's physical status, patient's body mass index and procedure duration) are related to the risk or probability of developing an infection. The logistic regression models are procedure-specific, allowing for risk adjustment of the patient and the procedure type. To determine the total number of predicted infections for a procedure type, the risks of infection for each procedure performed at the facility are added together for the specified period.

Facility-specific comparison of SSI reports are available for the following procedure types: coronary artery bypass graft (chest incision only), coronary artery bypass graft (chest and donor incisions), hip prosthesis, knee prosthesis, abdominal hysterectomy, and colon surgery. The SSI SIR model presented in this report is the Complex Admission/Readmission Surgical Site Infection (A/R SSI) model.

Complex A/R SSI Model Inclusion Criteria[13]:

- Includes only deep incisional primary SSIs and organ/space SSIs.
- Includes only SSIs identified on admission/readmission to facility where procedure was originally performed.
- Includes only inpatient procedures.
- Separate models for patient population (pediatric data is separate from adult data).

SSI Results

Table 7 presents the Complex A/R SSI SIR for each reportable procedure type for South Carolina in 2023. For five of the six procedure types, the number of infections in South Carolina was not significantly different from the number of infections across the country. Whereas colon surgery (COLO) procedures reflected a lower, statistically significant SIR of 0.72. The percentage of MRSA positive cultures from each SSI procedure type is reflected below. Of all SSIs reported, MRSA was detected in 15.94% of positive cultures, which is approximately a 12.71% decrease from the 2022 SSI data, where MRSA was found in 18.26% of cultures.

Table 7. South Carolina Complex A/R SSI SIR by Surgical Procedure – 2023

Procedure	Number of Procedures	Observed AR SSI	Expected AR SSI	Complex AR SIR	95% Confidence Interval	Statistical Interpretation	% MRSA Positive Culture
Coronary Bypass Graft (Chest & Donor Incision)	3,295	24	28.57	0.84	0.551, 1.231	*Not Different*	25.00%
Coronary Bypass Graft (Chest Only Incision)	224	2	1.58	1.27	0.212, 4.183	*Not Different*	0.00%
Abdominal Hysterectomy	5,118	28	34.64	0.81	0.548, 1.153	*Not Different*	0.00%
Hip Prosthesis (Replacement)	8,931	62	63.47	0.98	0.755, 1.244	*Not Different*	41.94%
Knee Prosthesis (Replacement)	11,540	50	41.10	1.22	0.913, 1.591	*Not Different*	34.00%
Colon Surgery	5,786	107	148.36	0.72	0.594, 0.868	★ Better	1.87%
All Procedures	43,592	320	364.40	0.88	0.786, 0.978	★ Better	15.94%

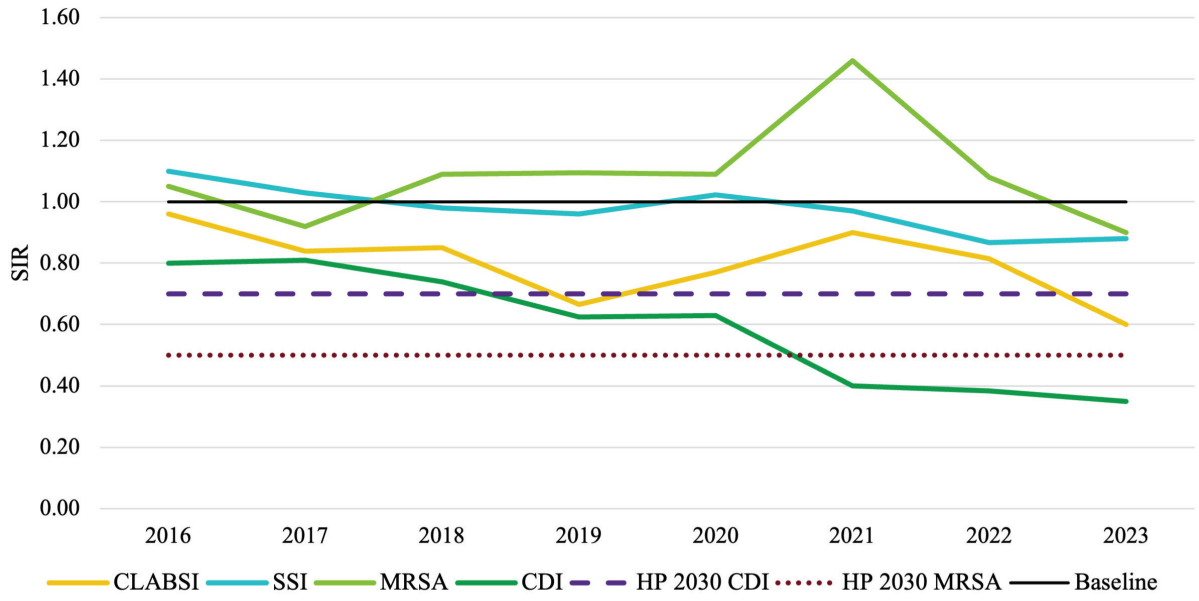
Conclusion

This report presents findings that indicate a positive trend in the reduction of HAIs among South Carolina ACHs. However, sustaining and advancing this progress requires a multifaceted approach. A robust infection prevention and control (IPC) program is essential. Core IPC practices, such as standard precautions, transmission-based precautions, hand hygiene, use of personal protective equipment, environmental cleaning, and injection safety, when consistently and effectively implemented, reduce the incidence of HAIs across health care settings.[14] Effective IPC programs require not only policy development, but also adequate staffing, leadership support, data-driven decisions, and ongoing training. Hospitals are encouraged to perform internal data quality checks to identify areas that may need improvement. It is important to note that fluctuations in the SIRs can result from multiple contributing factors, which is why data analysis and data-based, targeted interventions are key.

Key Findings:

South Carolina ACH statewide performance is compared to the Healthy People 2030 national targets for MRSA and CDI events in Figure 7. South Carolina has made strides to reach the Healthy People targets for all reportable events. CLABSI, SSI and CDI SIRs continued to be less than one (1.0), indicating that there were less observed events than predicted events. Notably, MRSA BSI SIRs were below the national baseline in 2023. Historically, MRSA BSI SIRs have been above one (1.0) since 2018.

Figure 7. South Carolina ACH Performance Compared to Healthy People Targets, 2016 – 2023



The Healthy People 2020 target for CLABSI SIR is a 50% reduction compared to the 2015 national baseline, which equates to an SIR of 0.50. The CLABSI SIR for IRFs was 0.42, which met the 2020 target, whereas ACHs and LTACHs failed to meet the target, with SIRs of 0.60, and 0.51, respectively. The 2023 CLABSI SIR for CAHs could not be calculated for South Carolina because the number of predicted events was less than one. For SSIs, the Healthy People 2020 target is a 30% reduction compared to the national baseline, or a target SIR of 0.70. In 2023, South Carolina's overall SSI SIR for ACHs did not meet the national target with an SIR of 0.88.

In reference to LabID Events, the Healthy People 2030 MRSA BSI SIR target is 0.50 and the CDI SIR target is 0.70, which is a 50% reduction for MRSA BSI and a 30% reduction for CDI from the 2015 Rebaseline. In 2023, the MRSA BSI SIR for ACHs (0.90), IRFs (1.01), and LTACHs (0.75) failed to meet the 2030 target of 0.50. The 2023 CDI SIR for ACHs (0.35), IRFs (0.45), and LTACHs (0.23) in South Carolina achieved the national target. South Carolina's MRSA BSI SIR and CDI SIR for CAHs could not be calculated due to the number of predicated events being less than one.

Limitations:

There are two limitations presented in this report. First, the HIDA report does not include CAUTI, VAE, or PedVAE data, which may influence the perception of facilities in South Carolina and their true standing in regard to HAIs. Second, the 2015 NHSN HAI Rebaseline SIRs, which serve as a comparative metric, are based on 2015 data and may not reflect more recent HAI data trends. The 2022 NHSN HAI Rebaseline, which includes updated calculations and risk adjustment models for the SIR and SUR, are still under development by the CDC and are anticipated to be launched in late 2025.

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Appendix A: List of HIDA Advisory Committee Members

DPH Representatives

- Abdoulaye Diedhiou, M.D., PhD, Communicable Disease Epidemiology Section Director
- Alison Jamison-Haggwood, Healthcare-Associated Infections Unit Manager
- Anna-Kathryn Burch, M.D., Infectious Disease Medical Consultant
- Autumn Avila, Healthcare-Associated Infections Epidemiologist II
- Linda Bell, M.D., State Epidemiologist
- Patricia Kopp, Healthcare-Associated Infections Coordinator
- Rebecca Walker, Nurse Consultant
- Carman Graham, ARLN Lab/EPI Coordinator, Clinical Microbiology
- William D. Britt, Chief Counsel for Public Health, Office of General Council

APIC Palmetto Infection Preventionist Representatives

- Kathy Ward, Infection Preventionist, Roper St. Francis Hospital
- Michelle Bushey, Manager Infection Prevention, Shriners Hospital for Children
- Scott Bernshausen, Infection Prevention/Director of Quality and Patient Safety, MUSC
- Beth Smith, Infection Preventionist, Greenville Memorial Hospital

Infectious Disease Physician Representatives

- Majdi N. Al-Hasan, M.D., USC School of Medicine
- Pamela Bailey, DO, MPH, Prisma Health

Pharmacy Representatives:

- Kayla Antosz, PharmD, Antimicrobial Stewardship Pharmacist, USC College of Pharmacy

South Carolina Hospital Association Representatives

- Beth Morgan, Quality Improvements Project Manager

Consumer Representatives

- Kathy Bradley, American Association of Retired Persons (AARP)
- Jon Ruoff, Founder, The Ruoff Group
- Jerry Alewine, Ed.D, RRT, RCP, South Carolina Society for Respiratory Care

SC Revenue and Fiscal Affairs Office

- Julie Royer, Statistician

Constellation Quality Health Representatives

- Kristine Williamson, Quality Improvement Specialist

Appendix B: Standard Attestation Letter

Date: _____

Facility: _____

To ensure the accuracy and timeliness of individual Hospital Infections Disclosure Act (HIDA) facility reports, and to allow for a more concrete way to evaluate the quality and accuracy of hospital information reported under SC Code of Laws Section 44-7-2410 et seq., infection preventionists must sign below, affirming they have reviewed and made corrections, if needed, to their facility's 2023 HIDA Annual Report.

Please note that if a facility does not submit a signed version of this letter or notify us of any discrepancy in the report by Friday, Oct. 25, 2024, the facility's report will be posted on the SC Department of Public Health's HIDA Public Reports webpage, and marked with an asterisk to note that the facility failed to confirm the accuracy of their report prior to the publish date. The intent of this statement is to ensure facilities are accountable for their data in a timely fashion and to avoid any unnecessary delays caused by last minute change requests.

STATEMENT OF REVIEW AND CORRECTION:

To the best of my knowledge, my facility's preliminary HIDA reports, containing central line associated bloodstream infection data, surgical site infection data, multi drug-resistant organism laboratory identified event, Clostridioides difficile infections, and laboratory identified events data from January – December 2023 is accurate. Errors that may have been identified during the review process have been corrected within the National Healthcare Safety Network.

Infection Preventionist Name (Printed): _____

Infection Preventionist Signature: _____

Please copy this letter on facility letterhead and email/scan a signed form to Autumn Avila by Friday, Oct. 25, 2024.

Email: avilaam@dph.sc.gov

Fax: (803) 898 - 0897

Appendix C: Facility-Level Data

Central Line-Associated Bloodstream Infections (CLABSIs) in South Carolina's Acute Care, Critical Access, Long-term Acute Care and Inpatient Rehabilitation Hospitals
Jan. 1, 2023 – Dec. 31, 2023

South Carolina collects CLABSI data from adult and pediatric intensive care units (ICUs), neonatal ICUs (NICUs), adult and pediatric wards, and adult and pediatric specialty care units. Only those unit types from which data have been reported and/or that are present in the facility will be shown in the table below.

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience. N/A equals Data not shown for hospitals or units with fewer than 50 central line days. N/C equals Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Critical Care Unit	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Aiken Regional Medical Center	Critical Care Units	2	2.85	0.70	0.680	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	2	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	1.85	0.54	0.607	= Same
Allendale County Hospital	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Cannon	Critical Care Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Anmed Health Medical Center	Critical Care Units	3	6.09	0.49	0.201	= Same
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	6	6.97	0.86	0.760	= Same
Anmed Health Rehabilitation	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Womens and Children	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort County Memorial Hospital	Critical Care Units	2	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	1.47	0.68	0.798	= Same
Bon Secours St. Francis Eastside	Step Down Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Critical Care Units	2	3.39	0.59	0.489	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	3	7.80	0.38	0.064	= Same
Bon Secours St. Francis Xavier Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	1.03	0.00	0.356	= Same
	Oncology Step Down Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Columbia Medical Center Northeast	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Continue Care Hosptial At Prisma Health Baptist	Inpatient Ward	2	2.41	0.83	0.875	= Same
Conway Medical Center	Critical Care Units	3	1.11	2.70	0.129	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	1.69	0.00	0.185	= Same
East Cooper Regional Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Edgefield County Hospital	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital of Bluffton	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital of Columbia	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital of Florence	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital of Greenville	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital of Rock Hill	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Grand Strand Regional Medical Center	Critical Care Units	3	5.31	0.57	0.325	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	1.42	0.00	0.243	= Same
	Inpatient Wards	2	4.49	0.45	0.237	= Same
Greenwood Regional Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Regional Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Kershawhealth	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Critical Care Units	3	6.01	0.50	0.212	= Same
	Step Down Units	3	4.28	0.70	0.579	= Same
	Inpatient Wards	3	11.10	0.27	0.006	★ Better
	Oncology Ward	0	4.76	0.00	0.009	★ Better
McLeod Health Cheraw	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Clarendon	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Loris	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
McLeod Regional Medical Center	Critical Care Units	4	11.28	0.36	0.017	★ Better
	Neonatal Intensive Care Unit	0	1.58	0.00	0.207	= Same
	Specialty Care Units	4	3.20	1.25	0.618	= Same
	Step Down Units	2	2.12	0.94	1.000	= Same
	Inpatient Wards	0	4.64	0.00	0.010	★ Better
	Oncology Ward	0	1.75	0.00	0.174	= Same
McLeod Seacoast	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	1.37	0.00	0.254	= Same
Medical University Hospital Authority (MUSC)	Critical Care Units	24	23.01	1.04	0.813	= Same
	Neonatal Intensive Care Unit	2	6.14	0.33	0.071	= Same
	Step Down Units	3	4.86	0.62	0.423	= Same
	Inpatient Wards	20	20.53	0.97	0.936	= Same
	Oncology Ward	12	17.32	0.69	0.193	= Same
Midlands Regional Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Mount Pleasant Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Chester Regional Medical Center	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Columbia Medical Center Downtown	Critical Care Units	2	1.83	1.09	0.826	= Same
	Inpatient Wards	1	2.28	0.44	0.438	= Same
MUSC Health Florence Medical Center	Critical Care Units	3	2.23	1.35	0.571	= Same
	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	6	2.14	2.80	0.029	⊗ Worse

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Florence Women's Pavilion	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Lancaster Medical Center	Critical Care Units	2	1.32	1.52	0.527	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	1.47	0.00	0.230	= Same
MUSC Health Marion Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Black River Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Memorial Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health System	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Critical Care Units	0	2.61	0.00	0.074	= Same
	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	1.71	0.00	0.181	= Same
Prisma Health Baptist	Critical Care Units	0	1.08	0.00	0.338	= Same
	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	3	2.31	1.30	0.611	= Same
	Oncology Ward	1	1.78	0.56	0.638	= Same
Prisma Health Baptist Easley Hosptial	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Greenville Memorial Hospital	Critical Care Units	9	16.98	0.53	0.039	★ Better
	Neonatal Intensive Care Unit	3	8.46	0.36	0.041	★ Better
	Rehabilitation Ward	0	< 1.00	N/C	N/C	No Conclusion
	Step Down Units	1	< 1.00	N/C	N/C	No Conclusion
	Inpatient Wards	10	17.23	0.58	0.067	= Same
	Oncology Ward	2	7.76	0.26	0.020	★ Better
Prisma Health Greer Memorial Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No Conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No Conclusion
Prisma Health Hillcrest Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No Conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No Conclusion
Prisma Health Laurens County Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No Conclusion
	Step Down Units	0	< 1.00	N/C	N/C	No Conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No Conclusion
Prisma Health North Greenville Hospital	Critical Care Unit	0	2.76	0.00	0.063	= Same
	Inpatient Ward	0	4.14	0.00	0.016	★ Better
Prisma Health Oconee Memorial Hospital	Critical Care Units	1	< 1.00	N/C	N/C	No Conclusion
	Inpatient Wards	0	1.76	0.00	0.172	= Same
Prisma Health Parkridge	Critical Care Units	0	< 1.00	N/C	N/C	No Conclusion
	Inpatient Wards	2	1.25	1.60	0.486	= Same
Prisma Health Patewood Hospital	Inpatient Wards	0	< 1.00	N/C	N/C	No Conclusion
Prisma Health Richland	Critical Care Units	13	15.98	0.81	0.470	= Same
	Neonatal Intensive Care Unit	2	5.66	0.35	0.102	= Same
	Inpatient Wards	17	13.67	1.24	0.366	= Same
	Oncology Ward	1	1.83	0.55	0.614	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Tuomey	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	1.28	0.00	0.278	= Same
	Oncology Ward	0	1.17	0.00	0.309	= Same
Piedmont Medical Center Fort Mill	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Regency Hospital of Florence	Inpatient Ward	4	3.89	1.03	0.894	= Same
Regency Hospital of Greenville	Inpatient Ward	0	1.83	0.00	0.160	= Same
Regional Medical Center of Orangeburg and Calhoun	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	2	1.44	1.38	0.601	= Same
Roper Hospital	Critical Care Units	1	3.30	0.30	0.195	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	3.99	0.25	0.111	= Same
	Inpatient Wards	0	2.98	0.00	0.051	= Same
	Oncology Ward	1	3.35	0.30	0.188	= Same
Roper St. Francis Hospital Berkeley	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Critical Care Units	2	3.31	0.60	0.515	= Same
	Neonatal Intensive Care Unit	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	1.08	0.00	0.339	= Same
	Inpatient Wards	0	1.62	0.00	0.198	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Shriners Hospitals For Children	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
Spartanburg Hospital For Restorative Care	Critical Care Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Ward	2	3.42	0.59	0.481	= Same
Spartanburg Medial Center Mary Black Campus	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center	Critical Care Units	0	8.84	0.00	0.000	★ Better
	Neonatal Intensive Care Unit	0	1.90	0.00	0.150	= Same
	Step Down Units	0	2.23	0.00	0.108	= Same
	Inpatient Wards	1	12.00	0.08	0.000	★ Better
	Oncology Ward	0	3.62	0.00	0.027	★ Better
Spartanburg Rehabiliation Institute	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	1.15	0.87	0.999	= Same
Tidelands Georgetown Memorial Hospital	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Health Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Critical Care Units	4	4.50	0.89	0.875	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	2.68	0.37	0.320	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Union Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra Charleston	Critical Care Unit	2	2.59	0.77	0.790	= Same
	Inpatient Ward	3	3.99	0.75	0.677	= Same

Surgical Site Infections (SSIs) from Colon Surgery in South Carolina's Acute Care Hospitals
Jan. 1, 2023 – Dec. 31, 2023
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience. N/A equals Data not shown for hospitals with fewer than 20 procedures. N/C equals Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Colon Surgery	3	N/A	N/A	N/A	N/A	**No Conclusion**
Aiken Regional Medical Center	Colon Surgery	116	2	2.20	0.91	0.980	= Same
Anmed Health Cannon	Colon Surgery	2	N/A	N/A	N/A	N/A	**No Conclusion**
Anmed Health Medical Center	Colon Surgery	241	1	5.52	0.18	0.030	★ Better
Beaufort County Memorial Hospital	Colon Surgery	90	0	1.84	0.00	0.159	= Same
Bon Secours St. Francis Eastside	Colon Surgery	34	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Colon Surgery	170	5	4.44	1.13	0.744	= Same
Bon Secours St. Francis Xavier Hospital	Colon Surgery	84	4	2.44	1.64	0.330	= Same
Carolina Pines Regional Medical Center	Colon Surgery	28	1	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Colon Surgery	21	1	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Medical Center	Colon Surgery	43	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Colon Surgery	25	1	< 1.00	N/C	N/C	**No Conclusion**
Columbia Medical Center Northeast	Colon Surgery	9	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Conway Medical Center	Colon Surgery	100	1	1.76	0.57	0.646	= Same
East Cooper Regional Medical Center	Colon Surgery	38	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Colon Surgery	225	8	6.14	1.30	0.443	= Same
Hampton Regional Medical Center	Colon Surgery	2	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Regional Medical Center	Colon Surgery	83	2	1.20	1.67	0.457	= Same
Kershawhealth	Colon Surgery	27	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Colon Surgery	500	2	12.11	0.17	0.001	★ Better
McLeod Health Cheraw	Colon Surgery	4	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health Clarendon	Colon Surgery	15	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Loris	Colon Surgery	8	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Medical Center - Dillon	Colon Surgery	4	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Colon Surgery	279	8	9.09	0.88	0.758	= Same
McLeod Seacoast	Colon Surgery	104	1	2.57	0.39	0.351	= Same
Medical University Hospital Authority (MUSC)	Colon Surgery	473	13	16.35	0.80	0.418	= Same
Mount Pleasant Hospital	Colon Surgery	139	1	2.55	0.39	0.355	= Same
MUSC Health Chester Regional Medical Center	Colon Surgery	33	1	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Columbia Medical Center Downtown	Colon Surgery	82	1	2.02	0.50	0.533	= Same
MUSC Health Florence Medical Center	Colon Surgery	124	7	2.88	2.43	0.037	⊗ Worse
MUSC Health Lancaster Medical Center	Colon Surgery	55	1	1.43	0.70	0.822	= Same
MUSC Health Marion Medical Center	Colon Surgery	2	N/A	N/A	N/A	N/A	**No Conclusion**
Newberry County Memorial Hospital	Colon Surgery	23	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health System	Colon Surgery	51	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Colon Surgery	111	2	2.34	0.85	0.905	= Same
Prisma Health Baptist	Colon Surgery	148	3	3.47	0.86	0.868	= Same

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Baptist Easley Hosptial	Colon Surgery	38	2	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Colon Surgery	500	10	15.84	0.63	0.130	= Same
Prisma Health Greer Memorial Hospital	Colon Surgery	38	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Hillcrest Hospital	Colon Surgery	38	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Laurens County Hospital	Colon Surgery	11	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Oconee Memorial Hospital	Colon Surgery	54	0	1.37	0.00	0.253	= Same
Prisma Health Parkridge	Colon Surgery	24	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Colon Surgery	170	2	5.80	0.35	0.092	= Same
Prisma Health Tuomey	Colon Surgery	64	1	1.25	0.80	0.931	= Same
Piedmont Medical Center fort Mill	Colon Surgery	64	0	1.27	0.00	0.282	= Same
Regional Medical Center of Orangeburg and Calho	Colon Surgery	57	2	1.05	1.91	0.372	= Same
Roper Hospital	Colon Surgery	299	3	6.20	0.48	0.188	= Same
Roper St. Francis Hospital Berkeley	Colon Surgery	43	1	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Colon Surgery	147	2	3.79	0.53	0.379	= Same
Spartanburg Medial Center Mary Black Campus	Colon Surgery	30	1	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center	Colon Surgery	371	8	11.46	0.70	0.310	= Same
Summerville Medical Center	Colon Surgery	81	1	2.13	0.47	0.490	= Same
Tidelands Georgetown Memorial Hospital	Colon Surgery	24	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	Colon Surgery	100	0	2.06	0.00	0.127	= Same
Trident Medical Center	Colon Surgery	137	7	3.42	2.05	0.083	= Same

Surgical Site Infections (SSIs) from Abdominal Hysterectomy in South Carolina's Acute Care Hospitals
Jan. 1, 2023 – Dec. 31, 2023
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A equals Data not shown for hospitals with fewer than 20 procedures. N/C equals Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Abdominal Hysterectomy	119	1	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Medical Center	Abdominal Hysterectomy	155	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Womens and Children	Abdominal Hysterectomy	65	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort County Memorial Hospital	Abdominal Hysterectomy	69	1	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Eastside	Abdominal Hysterectomy	177	1	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Abdominal Hysterectomy	67	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Xavier Hospital	Abdominal Hysterectomy	140	1	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines Regional Medical Center	Abdominal Hysterectomy	25	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Abdominal Hysterectomy	9	N/A	N/A	N/A	N/A	**No Conclusion**
Coastal Carolina Medical Center	Abdominal Hysterectomy	89	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Abdominal Hysterectomy	30	1	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Conway Medical Center	Abdominal Hysterectomy	161	0	< 1.00	N/C	N/C	**No Conclusion**
East Cooper Regional Medical Center	Abdominal Hysterectomy	59	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Abdominal Hysterectomy	96	0	< 1.00	N/C	N/C	**No Conclusion**
Kershawhealth	Abdominal Hysterectomy	34	1	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Abdominal Hysterectomy	570	3	4.33	0.69	0.565	= Same
McLeod Health Clarendon	Abdominal Hysterectomy	63	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Loris	Abdominal Hysterectomy	26	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Abdominal Hysterectomy	38	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	Abdominal Hysterectomy	80	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Seacoast	Abdominal Hysterectomy	68	0	< 1.00	N/C	N/C	**No Conclusion**
Medical University Hospital Authority (MUSC)	Abdominal Hysterectomy	420	3	4.80	0.63	0.438	= Same
Mount Pleasant Hospital	Abdominal Hysterectomy	11	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Columbia Medical Center Downtown	Abdominal Hysterectomy	2	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence Medical Center	Abdominal Hysterectomy	40	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	Abdominal Hysterectomy	27	1	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health System	Abdominal Hysterectomy	6	N/A	N/A	N/A	N/A	**No Conclusion**
Piedmont Medical Center	Abdominal Hysterectomy	12	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Baptist	Abdominal Hysterectomy	204	3	1.19	2.53	0.150	= Same
Prisma Health Baptist Easley Hosptial	Abdominal Hysterectomy	2	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Abdominal Hysterectomy	627	1	4.52	0.22	0.071	= Same
Prisma Health Greer Memorial Hospital	Abdominal Hysterectomy	107	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Laurens County Hospital	Abdominal Hysterectomy	18	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Oconee Memorial Hospital	Abdominal Hysterectomy	45	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Parkridge	Abdominal Hysterectomy	84	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Patewood Hospital	Abdominal Hysterectomy	104	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Abdominal Hysterectomy	202	3	1.64	1.83	0.310	= Same
Prisma Health Tuomey	Abdominal Hysterectomy	101	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center fort Mill	Abdominal Hysterectomy	2	N/A	N/A	N/A	N/A	**No Conclusion**
Regional Medical Center of Orangeburg and Calhoun	Abdominal Hysterectomy	84	2	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Abdominal Hysterectomy	143	1	< 1.00	N/C	N/C	**No Conclusion**
Roper St. Francis Hospital Berkeley	Abdominal Hysterectomy	67	0	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Abdominal Hysterectomy	134	0	1.08	0.00	0.338	= Same
Spartanburg Medial Center Mary Black Campus	Abdominal Hysterectomy	3	N/A	N/A	N/A	N/A	**No Conclusion**
Spartanburg Medical Center	Abdominal Hysterectomy	84	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	Abdominal Hysterectomy	145	1	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Georgetown Memorial Hospital	Abdominal Hysterectomy	28	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	Abdominal Hysterectomy	39	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Abdominal Hysterectomy	237	1	1.42	0.70	0.826	= Same

Surgical Site Infections (SSIs) from Hip Prosthesis (Replacement) in South Carolina's Acute Care Hospitals
January 1, 2023 - December 31, 2023
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A equals Data not shown for hospitals with fewer than 20 procedures. N/C equals Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Hip Prosthesis (Replacement)	130	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Cannon	Hip Prosthesis (Replacement)	3	N/A	N/A	N/A	N/A	**No Conclusion**
Anmed Health Medical Center	Hip Prosthesis (Replacement)	189	1	1.42	0.71	0.829	= Same
Anmed Health Womens and Children	Hip Prosthesis (Replacement)	41	1	< 1.00	N/C	N/C	**No Conclusion**
Beaufort County Memorial Hospital	Hip Prosthesis (Replacement)	338	0	1.47	0.00	0.230	= Same
Bon Secours St. Francis Eastside	Hip Prosthesis (Replacement)	384	2	2.02	0.99	1.000	= Same
Bon Secours St. Francis Hospital - Downtown	Hip Prosthesis (Replacement)	136	3	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Xavier Hospital	Hip Prosthesis (Replacement)	12	N/A	N/A	N/A	N/A	**No Conclusion**
Carolina Pines Regional Medical Center	Hip Prosthesis (Replacement)	70	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Hip Prosthesis (Replacement)	16	N/A	N/A	N/A	N/A	**No Conclusion**
Coastal Carolina Medical Center	Hip Prosthesis (Replacement)	20	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Hip Prosthesis (Replacement)	25	0	< 1.00	N/C	N/C	**No Conclusion**
Columbia Medical Center Northeast	Hip Prosthesis (Replacement)	307	0	1.46	0.00	0.232	= Same
Conway Medical Center	Hip Prosthesis (Replacement)	114	1	< 1.00	N/C	N/C	**No Conclusion**
East Cooper Regional Medical Center	Hip Prosthesis (Replacement)	207	0	1.14	0.00	0.318	= Same
Grand Strand Regional Medical Center	Hip Prosthesis (Replacement)	275	2	2.55	0.78	0.806	= Same
Hampton Regional Medical Center	Hip Prosthesis (Replacement)	5	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Regional Medical Center	Hip Prosthesis (Replacement)	148	0	< 1.00	N/C	N/C	**No Conclusion**
Kershawhealth	Hip Prosthesis (Replacement)	49	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Hip Prosthesis (Replacement)	558	2	4.16	0.48	0.297	= Same
McLeod Health Cheraw	Hip Prosthesis (Replacement)	20	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Clarendon	Hip Prosthesis (Replacement)	44	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Hip Prosthesis (Replacement)	65	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	Hip Prosthesis (Replacement)	300	5	2.91	1.72	0.245	= Same
McLeod Seacoast	Hip Prosthesis (Replacement)	265	2	1.80	1.11	0.804	= Same
Medical University Hospital Authority (MUSC)	Hip Prosthesis (Replacement)	420	6	4.66	1.29	0.513	= Same
Mount Pleasant Hospital	Hip Prosthesis (Replacement)	230	1	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Chester Regional Medical Center	Hip Prosthesis (Replacement)	25	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Columbia Medical Center Downtown	Hip Prosthesis (Replacement)	24	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Medical Center	Hip Prosthesis (Replacement)	38	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	Hip Prosthesis (Replacement)	62	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Newberry County Memorial Hospital	Hip Prosthesis (Replacement)	182	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health System	Hip Prosthesis (Replacement)	191	1	1.13	0.89	1.000	= Same
Piedmont Medical Center	Hip Prosthesis (Replacement)	121	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Baptist	Hip Prosthesis (Replacement)	362	3	3.38	0.89	0.906	= Same
Prisma Health Baptist Easley Hosptial	Hip Prosthesis (Replacement)	136	1	1.08	0.93	1.000	= Same
Prisma Health Greenville Memorial Hospital	Hip Prosthesis (Replacement)	263	3	3.45	0.87	0.876	= Same
Prisma Health Greer Memorial Hospital	Hip Prosthesis (Replacement)	7	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Oconee Memorial Hospital	Hip Prosthesis (Replacement)	290	3	1.92	1.56	0.431	= Same
Prisma Health Parkridge	Hip Prosthesis (Replacement)	66	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Patewood Hospital	Hip Prosthesis (Replacement)	712	5	4.00	1.25	0.585	= Same
Prisma Health Richland	Hip Prosthesis (Replacement)	61	2	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Tuomey	Hip Prosthesis (Replacement)	106	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center fort Mill	Hip Prosthesis (Replacement)	7	N/A	N/A	N/A	N/A	**No Conclusion**
Regional Medical Center of Orangeburg and Calho	Hip Prosthesis (Replacement)	101	1	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Hip Prosthesis (Replacement)	302	3	1.36	2.20	0.207	= Same
Roper St. Francis Hospital Berkeley	Hip Prosthesis (Replacement)	122	2	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Hip Prosthesis (Replacement)	268	3	2.06	1.46	0.491	= Same
Spartanburg Medial Center Mary Black Campus	Hip Prosthesis (Replacement)	419	4	2.79	1.43	0.457	= Same
Spartanburg Medical Center	Hip Prosthesis (Replacement)	201	3	2.57	1.17	0.730	= Same
Summerville Medical Center	Hip Prosthesis (Replacement)	69	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Tidelands Georgetown Memorial Hospital	Hip Prosthesis (Replacement)	24	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	Hip Prosthesis (Replacement)	138	1	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Hip Prosthesis (Replacement)	263	1	2.46	0.41	0.380	= Same

Surgical Site Infections (SSIs) from Knee Prosthesis (Replacement) in South Carolina's Acute Care Hospitals
January 1, 2023 - December 31, 2023
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A equals Data not shown for hospitals with fewer than 20 procedures. N/C equals Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Knee Prosthesis (Replacement)	48	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Cannon	Knee Prosthesis (Replacement)	4	N/A	N/A	N/A	N/A	**No Conclusion**
Anmed Health Medical Center	Knee Prosthesis (Replacement)	100	1	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Womens and Children	Knee Prosthesis (Replacement)	78	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort County Memorial Hospital	Knee Prosthesis (Replacement)	504	2	1.49	1.35	0.626	= Same
Bon Secours St. Francis Eastside	Knee Prosthesis (Replacement)	731	2	2.01	0.99	1.000	= Same
Bon Secours St. Francis Hospital - Downtown	Knee Prosthesis (Replacement)	67	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Xavier Hospital	Knee Prosthesis (Replacement)	1	N/A	N/A	N/A	N/A	**No Conclusion**
Carolina Pines Regional Medical Center	Knee Prosthesis (Replacement)	181	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	Knee Prosthesis (Replacement)	29	0	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Medical Center	Knee Prosthesis (Replacement)	3	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Knee Prosthesis (Replacement)	61	2	< 1.00	N/C	N/C	**No Conclusion**
Columbia Medical Center Northeast	Knee Prosthesis (Replacement)	281	2	< 1.00	N/C	N/C	**No Conclusion**
Conway Medical Center	Knee Prosthesis (Replacement)	112	1	< 1.00	N/C	N/C	**No Conclusion**
East Cooper Regional Medical Center	Knee Prosthesis (Replacement)	332	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Knee Prosthesis (Replacement)	193	2	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	Knee Prosthesis (Replacement)	19	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Regional Medical Center	Knee Prosthesis (Replacement)	124	0	< 1.00	N/C	N/C	**No Conclusion**
Kershawhealth	Knee Prosthesis (Replacement)	50	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Knee Prosthesis (Replacement)	755	1	2.85	0.35	0.281	= Same
McLeod Health Cheraw	Knee Prosthesis (Replacement)	9	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health Clarendon	Knee Prosthesis (Replacement)	83	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	Knee Prosthesis (Replacement)	131	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	Knee Prosthesis (Replacement)	287	1	1.47	0.68	0.798	= Same
McLeod Seacoast	Knee Prosthesis (Replacement)	371	0	1.69	0.00	0.185	= Same
Medical University Hospital Authority (MUSC)	Knee Prosthesis (Replacement)	306	1	2.31	0.43	0.427	= Same
Mount Pleasant Hospital	Knee Prosthesis (Replacement)	392	1	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Chester Regional Medical Center	Knee Prosthesis (Replacement)	63	2	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Columbia Medical Center Downtown	Knee Prosthesis (Replacement)	5	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence Medical Center	Knee Prosthesis (Replacement)	85	1	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	Knee Prosthesis (Replacement)	88	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Marion Medical Center	Knee Prosthesis (Replacement)	5	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Black River Medical Center	Knee Prosthesis (Replacement)	47	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Memorial Hospital	Knee Prosthesis (Replacement)	260	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health System	Knee Prosthesis (Replacement)	264	1	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Knee Prosthesis (Replacement)	41	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Baptist	Knee Prosthesis (Replacement)	544	2	2.70	0.74	0.743	= Same
Prisma Health Baptist Easley Hosptial	Knee Prosthesis (Replacement)	80	4	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Knee Prosthesis (Replacement)	15	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Greer Memorial Hospital	Knee Prosthesis (Replacement)	116	1	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Oconee Memorial Hospital	Knee Prosthesis (Replacement)	527	2	1.98	1.01	0.906	= Same
Prisma Health Parkridge	Knee Prosthesis (Replacement)	59	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Patewood Hospital	Knee Prosthesis (Replacement)	1,192	2	3.23	0.62	0.542	= Same
Prisma Health Richland	Knee Prosthesis (Replacement)	8	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Tuomey	Knee Prosthesis (Replacement)	214	1	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center fort Mill	Knee Prosthesis (Replacement)	20	0	< 1.00	N/C	N/C	**No Conclusion**
Regional Medical Center of Orangeburg and Calho	Knee Prosthesis (Replacement)	157	1	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Knee Prosthesis (Replacement)	589	1	1.40	0.72	0.841	= Same
Roper St. Francis Hospital Berkeley	Knee Prosthesis (Replacement)	164	1	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	Knee Prosthesis (Replacement)	330	1	1.60	0.63	0.730	= Same

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Spartanburg Medial Center Mary Black Campus	Knee Prosthesis (Replacement)	856	7	3.69	1.90	0.116	= Same
Spartanburg Medical Center	Knee Prosthesis (Replacement)	35	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	Knee Prosthesis (Replacement)	105	1	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Georgetown Memorial Hospital	Knee Prosthesis (Replacement)	21	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	Knee Prosthesis (Replacement)	124	2	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Knee Prosthesis (Replacement)	274	2	1.43	1.40	0.595	= Same

Surgical Site Infections (SSIs) from Coronary Bypass Graft (Chest Only Incision) in South Carolina's Acute Care Hospitals
January 1, 2023 - December 31, 2023
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A equals Data not shown for hospitals with fewer than 20 procedures. N/C equals Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	⊗	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Anmed Health Medical Center	Coronary Bypass Graft (Chest Only Incision)	3	N/A	N/A	N/A	N/A	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest Only Incision)	5	N/A	N/A	N/A	N/A	**No Conclusion**
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	5	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	51	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Coronary Bypass Graft (Chest Only Incision)	7	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	8	N/A	N/A	N/A	N/A	**No Conclusion**
Medical University Hospital Authority (MUSC)	Coronary Bypass Graft (Chest Only Incision)	29	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Columbia Medical Center Downtown	Coronary Bypass Graft (Chest Only Incision)	21	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence Medical Center	Coronary Bypass Graft (Chest Only Incision)	2	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Piedmont Medical Center	Coronary Bypass Graft (Chest Only Incision)	21	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Coronary Bypass Graft (Chest Only Incision)	12	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Richland	Coronary Bypass Graft (Chest Only Incision)	9	N/A	N/A	N/A	N/A	**No Conclusion**
Roper Hospital	Coronary Bypass Graft (Chest Only Incision)	18	N/A	N/A	N/A	N/A	**No Conclusion**
Self Regional Healthcare	Coronary Bypass Graft (Chest Only Incision)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Spartanburg Medical Center	Coronary Bypass Graft (Chest Only Incision)	27	1	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Coronary Bypass Graft (Chest Only Incision)	4	N/A	N/A	N/A	N/A	**No Conclusion**

Surgical Site Infections (SSIs) from Coronary Bypass Graft (Chest and Donor Incision) in South Carolina's Acute Care Hospitals

January 1, 2023 - December 31, 2023

Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.

N/A equals Data not shown for hospitals with fewer than 20 procedures. N/C equals Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	36	1	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	86	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest & Donor Incision)	235	4	2.90	1.38	0.498	= Same
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	271	1	2.33	0.43	0.420	= Same
Lexington Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	298	2	2.42	0.83	0.870	= Same
McLeod Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	278	2	2.74	0.73	0.728	= Same
Medical University Hospital Authority (MUSC)	Coronary Bypass Graft (Chest & Donor Incision)	269	1	2.51	0.40	0.366	= Same
MUSC Health Columbia Medical Center Downtown	Coronary Bypass Graft (Chest & Donor Incision)	177	1	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Florence Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	15	N/A	N/A	N/A	N/A	**No Conclusion**
Piedmont Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	136	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Greenville Memorial Hospital	Coronary Bypass Graft (Chest & Donor Incision)	423	3	4.06	0.74	0.651	= Same
Prisma Health Richland	Coronary Bypass Graft (Chest & Donor Incision)	243	6	2.51	2.39	0.057	= Same
Roper Hospital	Coronary Bypass Graft (Chest & Donor Incision)	285	0	1.94	0.00	0.144	= Same
Self Regional Healthcare	Coronary Bypass Graft (Chest & Donor Incision)	98	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	285	1	2.65	0.38	0.328	= Same
Trident Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	160	2	1.35	1.48	0.547	= Same

Clostridium difficile (CDI) Events in South Carolina's Acute Care, Critical Access, Long-term Acute Care, and Inpatient Rehabilitation Hospitals
January 1, 2023 - December 31, 2023

This includes hospital-onset laboratory-identified events.

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.

N/A equals Data not shown for hospitals with fewer than 50 patient days. N/C equals Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	×	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Aiken Regional Medical Center	5	22.93	0.22	0.000	★ **Better**
Anmed Health Cannon	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Medical Center	17	41.84	0.41	0.000	★ **Better**
Anmed Health Rehabilitation	8	6.49	1.23	0.533	= **Same**
Anmed Health Womens and Children	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort County Memorial Hospital	12	17.22	0.70	0.201	= **Same**
Bon Secours St. Francis Eastside	0	8.64	0.00	0.000	★ **Better**
Bon Secours St. Francis Hospital - Downtown	14	47.98	0.29	0.000	★ **Better**
Bon Secours St. Francis Xavier Hospital	10	22.62	0.44	0.004	★ **Better**
Carolina Pines Regional Medical Center	1	4.34	0.23	0.083	= **Same**
Cherokee Medical Center	2	2.49	0.80	0.835	= **Same**
Coastal Carolina Medical Center	1	4.25	0.24	0.089	= **Same**

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	2	3.57	0.56	0.438	= Same
Columbia Medical Center Northeast	0	1.56	0.00	0.211	= Same
Continue Care Hosptial At Prisma Health Baptist	0	5.55	0.00	0.004	★ Better
Conway Medical Center	9	21.27	0.42	0.003	★ Better
East Cooper Regional Medical Center	0	4.55	0.00	0.011	★ Better
Edgefield County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital of Bluffton	3	4.12	0.73	0.631	= Same
Encompass Rehabilitation Hospital of Columbia	1	9.86	0.10	0.001	★ Better
Encompass Rehabilitation Hospital of Florence	1	7.07	0.14	0.008	★ Better
Encompass Rehabilitation Hospital of Greenville	0	5.29	0.00	0.005	★ Better
Encompass Rehabilitation Hospital of Rock Hill	2	9.99	0.20	0.003	★ Better
Grand Strand Regional Medical Center	15	48.10	0.31	0.000	★ Better
Greenwood Regional Rehabilitation Hospital	0	3.14	0.00	0.043	★ Better
Hampton Regional Medical Center	0	1.29	0.00	0.274	= Same
Hilton Head Regional Medical Center	3	9.94	0.30	0.014	★ Better
Kershawhealth	4	7.25	0.55	0.221	= Same
Lexington Medical Center	38	116.41	0.33	0.000	★ Better
McLeod Health Cheraw	0	3.08	0.00	0.046	★ Better
McLeod Health Clarendon	0	2.86	0.00	0.057	= Same
McLeod Loris	0	5.83	0.00	0.003	★ Better
McLeod Medical Center - Dillon	0	2.33	0.00	0.097	= Same
McLeod Regional Medical Center	26	66.24	0.39	0.000	★ Better
McLeod Seacoast	5	18.32	0.27	0.000	★ Better
Medical University Hospital Authority (MUSC)	60	132.30	0.45	0.000	★ Better
Midlands Regional Rehabilitation Hospital	2	3.76	0.53	0.386	= Same
Mount Pleasant Hospital	2	8.30	0.24	0.013	★ Better

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Chester Regional Medical Center	0	2.19	0.00	0.112	= Same
MUSC Health Columbia Medical Center Downtown	2	18.78	0.11	0.000	★ Better
MUSC Health Florence Medical Center	10	23.33	0.43	0.002	★ Better
MUSC Health Florence Women's Pavilion	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	0	10.85	0.00	0.000	★ Better
MUSC Health Marion Medical Center	0	1.09	0.00	0.337	= Same
MUSC Health Rehabilitation Hospital	8	5.96	1.34	0.399	= Same
MUSC Health Black River Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Memorial Hospital	1	1.60	0.63	0.727	= Same
Pelham Health System	2	2.65	0.75	0.763	= Same
Piedmont Medical Center	6	43.29	0.14	0.000	★ Better
Prisma Health Baptist	2	23.01	0.09	0.000	★ Better
Prisma Health Baptist Easley Hosptial	1	8.32	0.12	0.003	★ Better
Prisma Health Greenville Memorial Hospital	44	107.39	0.41	0.000	★ Better
Prisma Health Greer Memorial Hospital	2	9.85	0.20	0.004	★ Better
Prisma Health Hillcrest Hospital	2	3.82	0.52	0.372	= Same
Prisma Health Laurens County Hospital	3	4.65	0.65	0.476	= Same
Prisma Health North Greenville Hospital	1	8.82	0.11	0.002	★ Better
Prisma Health Oconee Memorial Hospital	1	12.76	0.08	0.000	★ Better
Prisma Health Parkridge	0	7.57	0.00	0.001	★ Better
Prisma Health Patewood Hospital	0	1.98	0.00	0.138	= Same
Prisma Health Richland	16	76.05	0.21	0.000	★ Better
Prisma Health Tuomey	4	14.58	0.27	0.002	★ Better
Piedmont Medical Center fort Mill	1	6.54	0.15	0.012	★ Better
Regency Hospital of Florence	4	12.77	0.31	0.006	★ Better
Regency Hospital of Greenville	1	7.64	0.13	0.005	★ Better

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Regional Medical Center of Orangeburg and Calho	14	20.67	0.68	0.131	= Same
Roper Hospital	24	41.27	0.58	0.004	★ Better
Roper St. Francis Hospital Berkeley	5	6.65	0.75	0.554	= Same
Self Regional Healthcare	9	28.16	0.32	0.000	★ Better
Shriners Hospitals for Children	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Hospital for Restorative Care	1	8.35	0.12	0.002	★ Better
Spartanburg Medial Center Mary Black Campus	5	15.94	0.31	0.002	★ Better
Spartanburg Medical Center	34	79.09	0.43	0.000	★ Better
Spartanburg Rehabiliation Institute	4	3.23	1.24	0.630	= Same
Summerville Medical Center	5	12.04	0.42	0.027	★ Better
Tidelands Georgetown Memorial Hospital	1	7.93	0.13	0.004	★ Better
Tidelands Health Rehabilitation Hospital	0	4.59	0.00	0.010	★ Better
Tidelands Waccamaw Community Hospital	1	10.16	0.10	0.001	★ Better
Trident Medical Center	17	36.16	0.47	0.001	★ Better
Union Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Vibra Charleston	5	9.26	0.54	0.147	= Same

Methicillin-Resistant Staphylococcus aureus (MRSA) Events in South Carolina's Acute Care, Critical Access, Long-term Acute Care, and Inpatient Rehabilitation Hospitals
January 1, 2023 - December 31, 2023

This includes hospital-onset laboratory-identified bacteremia (blood infection) events.

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.

N/A equals Data not shown for hospitals with fewer than 50 patient days. N/C equals Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	×	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, **no conclusion** can be made.
*National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Aiken Regional Medical Center	1	3.17	0.32	0.218	= Same
Anmed Health Cannon	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Medical Center	3	7.19	0.42	0.098	= Same
Anmed Health Rehabilitation	0	< 1.00	N/C	N/C	**No Conclusion**
Anmed Health Womens and Children	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort County Memorial Hospital	3	1.28	2.34	0.181	= Same
Bon Secours St. Francis Eastside	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	9	5.53	1.63	0.164	= Same
Bon Secours St. Francis Xavier Hospital	4	2.01	1.99	0.200	= Same
Carolina Pines Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Cherokee Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Columbia Medical Center Northeast	0	< 1.00	N/C	N/C	**No Conclusion**
Continue Care Hosptial At Prisma Health Baptist	0	< 1.00	N/C	N/C	**No Conclusion**
Conway Medical Center	3	2.17	1.39	0.542	= Same
East Cooper Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Edgefield County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital of Bluffton	2	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital of Columbia	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital of Florence	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital of Greenville	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Rehabilitation Hospital of Rock Hill	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	4	7.56	0.53	0.185	= Same
Greenwood Regional Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Regional Medical Center	3	< 1.00	N/C	N/C	**No Conclusion**
Kershawhealth	0	1.02	0.00	0.361	= Same
Lexington Medical Center	6	11.46	0.52	0.090	= Same
McLeod Health Cheraw	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Clarendon	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Loris	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Medical Center - Dillon	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Regional Medical Center	25	15.22	1.64	0.021	⊗ Worse
McLeod Seacoast	1	2.96	0.34	0.258	= Same
Medical University Hospital Authority (MUSC)	28	28.74	0.97	0.914	= Same
Midlands Regional Rehabilitation Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Mount Pleasant Hospital	1	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Chester Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Columbia Medical Center Downtown	3	2.15	1.39	0.536	= Same
MUSC Health Florence Medical Center	1	3.31	0.30	0.194	= Same
MUSC Health Florence Women's Pavilion	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster Medical Center	2	1.03	1.95	0.359	= Same
MUSC Health Marion Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Black River Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Memorial Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Pelham Health System	1	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	4	4.80	0.83	0.771	= Same
Prisma Health Baptist	1	4.59	0.22	0.067	= Same
Prisma Health Baptist Easley Hosptial	3	1.21	2.49	0.157	= Same
Prisma Health Greenville Memorial Hospital	18	22.61	0.80	0.335	= Same
Prisma Health Greer Memorial Hospital	0	1.18	0.00	0.306	= Same
Prisma Health Hillcrest Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Laurens County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health North Greenville Hospital	2	1.56	1.28	0.669	= Same
Prisma Health Oconee Memorial Hospital	1	1.82	0.55	0.619	= Same
Prisma Health Parkridge	1	1.02	0.98	1.000	= Same
Prisma Health Patewood Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	19	18.32	1.04	0.845	= Same
Prisma Health Tuomey	1	2.52	0.40	0.362	= Same
Piedmont Medical Center fort Mill	0	< 1.00	N/C	N/C	**No Conclusion**
Regency Hospital of Florence	2	2.11	0.95	1.000	= Same
Regency Hospital of Greenville	0	1.12	0.00	0.327	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Regional Medical Center of Orangeburg and Calho	4	2.87	1.40	0.486	= Same
Roper Hospital	2	3.95	0.51	0.340	= Same
Roper St. Francis Hospital Berkeley	0	< 1.00	N/C	N/C	**No Conclusion**
Self Regional Healthcare	3	3.82	0.79	0.735	= Same
Shriners Hospitals for Children	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Hospital for Restorative Care	0	1.04	0.00	0.355	= Same
Spartanburg Medial Center Mary Black Campus	1	2.17	0.46	0.476	= Same
Spartanburg Medical Center	16	14.85	1.08	0.738	= Same
Spartanburg Rehabiliation Institute	0	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	0	1.54	0.00	0.214	= Same
Tidelands Georgetown Memorial Hospital	3	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Health Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw Community Hospital	1	1.47	0.68	0.800	= Same
Trident Medical Center	3	6.34	0.47	0.172	= Same
Union Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra Charleston	2	1.22	1.64	0.470	= Same