#### HealthSouth Rehabilitation Hospital of Rock Hill

#### Reported by: South Carolina Department of Health and Environmental Control

#### Hospital Infections Disclosure Act Report

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

## Data Collected: 01/01/2016 - 06/30/2016

This type of facility does not perform surgical procedures.

## Central Line Associated Blood Stream Infection (CLABSI) Rate

#### Data Collected: 01/01/2016 - 06/30/2016

| Location <sup>a</sup>                                | No. of Infections | No. of Central Line Days <sup>b,c</sup> | Infection Rate<br>(per 1000 Central Line<br>Days) |
|------------------------------------------------------|-------------------|-----------------------------------------|---------------------------------------------------|
|                                                      | _                 |                                         |                                                   |
| Inpatient Rehabilitation Ward- Freestanding Facility | 0                 | 430                                     | 0.0                                               |

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

# Methicillin-resistant Staphylococcus aureus bloodstream infection (MRSA BSI) LabID Event Data

## Facility Wide Inpatient Data Collected: 01/01/2016 - 06/30/2016

| Hospital Onset MRSA BSI LabID Event Data                    |                  |                                                                       |  |  |
|-------------------------------------------------------------|------------------|-----------------------------------------------------------------------|--|--|
| No.<br>Hospital Onset MRSA BSI LabID<br>Events <sup>a</sup> | No. Patient Days | MRSA BSI Incidence Density Rate<br>per 1000 Patient Days <sup>b</sup> |  |  |
|                                                             |                  |                                                                       |  |  |
| 0                                                           | 7871             | 0.000                                                                 |  |  |

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)

b. MRSA BSI Infection Incidence Density Rate = (No. of Hospital Onset MRSA BSI labID events/ No. of patient days of the facility) x 1000

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## **Clostridium Difficile Infections(CDI) LabID Event Data**

#### Facility Wide Inpatient Data Collected: 01/01/2016 - 06/30/2016

| Hospital Onset CDI LabID Event Data                      |      |                                                               |  |  |
|----------------------------------------------------------|------|---------------------------------------------------------------|--|--|
| No.HO CHospital Onset CDI LabID Events aNo. Patient Days |      | HO CDI Incidence Rate per 10,000<br>patient days <sup>b</sup> |  |  |
|                                                          |      |                                                               |  |  |
| 1                                                        | 7871 | 1.270                                                         |  |  |

a. Hospital Onset: LabID event specimen collected as an inpatient >3 days after admission to the facility (i.e., on or after day 4)

b. Facility CDI Healthcare facility Onset Incidence Rate = (No. of all Incident HO CDI LabID events/ No. of patient days for the facility) x 10,000

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## Ventilator Associated Events(VAE) Rate

## Data Collected: 01/01/2016 - 06/30/2016

a. IVAC-plus Events: All Ventilator associated events meeting the Infection-related Ventilator Associated Complications (IVAC) and Possible Ventilator-associated pneumonia (PVAP) definitions
b. IVAC-plus Rate = (No. of events meeting at least the IVAC definition/ No. of ventilator days for the facility) x 1000