DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Bureau of Epidemiology

Delaware Hospital Associated Infection Reporting Data: 2011

Delaware Health and Social Services
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Health Promotion and Disease Prevention
Bureau of Epidemiology

April 2012

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Executive Summary

Title 16 Chapter 10A of the *Delaware Code* established the "Hospital Infections Disclosure Act" in 2007. The law requires hospitals to report healthcare-acquired infections (HAIs) to the Department of Health and Social Services (DHSS) by using the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN). It also requires reports of HAIs by the Department of Correction directly to DHSS. The purpose of the law is to make information available to the public about the risk of HAIs in each of Delaware's hospitals and in the Department of Correction.

NHSN is an internet-based surveillance system that collects data from U.S. healthcare facilities. It provides facilities with risk-adjusted data that can be used for inter-facility comparisons and local quality improvement activities.[1]

As required by law, a Hospital Acquired Infections Advisory Committee (HAIAC) was created to oversee implementation of the "Hospital Infections Disclosure Act." The Committee determined that the first clinical device to be reported by hospitals would be central line associated blood stream infections (CLABSI) from one Intensive Care Unit (ICU) in each of Delaware's hospitals.

An estimated 248,000 bloodstream infections occur in U.S. hospitals each year, and a large proportion of these are thought to occur because of a central line.[2] A central line is a tube that is passed through a vein to end up in the chest portion of the large vein returning blood to the heart. Bloodstream infections are usually serious infections typically causing a prolonged hospital stay, increased cost and risk of death. CLABSIs can be prevented through proper management of the central line.

The HAIAC also determined that, for the year commencing July 1, 2010 and concluding June 30, 2011, surgical site infection (SSI) events would be reported for hip prosthesis or – for facilities where that procedure is not performed – hernia repair. SSI events are a priority for CDC, as they have been demonstrated to be a common healthcare associated infection[2]. As agreed by the HAIAC, a report summarizing SSI experience among Delaware hospitals was prepared in the third quarter of 2011 and is awaiting the approval of HAI advisory committee.

As required by law, all eight Delaware hospitals were enrolled in the NHSN system in 2011 (Veterans Administration Hospitals are not subject to state law). These are:

- AI duPont Hospital for Children
- BayHealth Medical Center – Kent General Hospital
- BayHealth Medical Center – Milford Memorial Hospital
- Beebe Medical Center
- Christiana Care Health System – Christiana Hospital
- Christiana Care Health System – Wilmington Hospital
- Nanticoke Memorial Hospital
- Saint Francis Hospital

[1] http://www.cdc.gov/nhsn/

[2] Klevens RM, Edward JR, et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. Public Health Reports 2007;122:160-166.

During 2011, the eight hospitals collectively reported 20 CLABSIs to NHSN. The rate of CLABSIs in each of the eight hospitals was compared to the rate in all NHSN hospitals reporting CLABSIs for inpatient locations of the same type. An inpatient location is where in the facility the patient was cared for when the infection was detected. This allows a fair comparison between the local hospital and the NHSN hospitals. While it is inappropriate to compare one hospital to another because of the differences in the patient populations and acuity, it is appropriate to evaluate each hospital against the NHSN hospital benchmark rates for like locations.

The CLABSI rate is calculated per 1000 central line-days by dividing the number of CLABSIs by the number of central line-days and multiplying the result by 1000.

> Results: In six of the eight hospitals, the CLABSI rate was not statistically different than the NHSN rate; in one, it was statistically higher than the NHSN rate and in one, it was statistically lower than the NHSN rate.

A second measure was evaluated, called a central line utilization ratio. This measure allows hospitals to determine if the use of central lines in their ICU setting is greater than, less than or equal to the NHSN benchmark usage rates for like units.

> Results: In one hospital, the central line utilization ratio was statistically lower than the NHSN ratio; in seven, it was statistically higher than the NHSN ratio.

A third measure was evaluated, called a Standardized Infection Ratio (SIR). The SIR provides an overall score for central line-associated bloodstream infections (CLABSIs) at each hospital based on the expected or predicted number of CLABSIs. This measure allows hospitals to determine if the number of CLABSIs observed is different than that expected based on the experience of the NHSN comparison population. One advantage of the SIR is that the observed and expected numbers can each be pooled to calculate an aggregate SIR for the entire state.

> Results: In one hospital, the standardized infection ratio was not calculated because number of CLABSIs was less than 1; in two hospitals the number of CLABSIs was statistically different than the expected (one hospital with number of infections statistically lower than the expected and one hospital with number of infections statistically higher than the expected); whereas in five hospitals, the number of CLABSIs was not statistically different than the expected. Considering the SIR for all eight hospitals of Delaware together, the number of CLABSI infections was statistically lower than the expected.

The Department of Correction reported no cases of HAI to DHSS for 2011.

Background

Healthcare-associated infections (HAIs) are infections that patients acquire during the course of receiving treatment for other conditions within a healthcare setting. These HAIs can worsen illnesses or prolong hospital stays. HAIs have an enormous impact on our society as one out of every 20 hospitalized patients in the nation contracts an HAI. The most recent official estimate indicated that 1.7 million patients in U. S. hospitals were infected with an HAI in a single year, accounting for nearly 99,000 deaths.[3]

The Delaware General Assembly passed House Bill 47 in 2007, establishing the "Hospital Infections Disclosure Act (Title 16 Chapter 10A of the *Delaware Code*).[4]" The law requires hospitals to report HAIs to the Department of Health and Social Services (DHSS) by using the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). NHSN is an internet-based surveillance system that collects data from U.S. healthcare facilities. It provides facilities with risk-adjusted data that can be used for inter-facility comparisons and local quality improvement activities.[5] Correctional facilities are mandated to report any HAIs directly to DHSS.

In addition, the law requires DHSS to submit an annual report to the legislature. This report serves that purpose for HAIs reported in 2011. As required by law, this annual report is also published on the Division of Public Health website and will be made available to anyone upon request. In addition to the annual report, the law requires a report to be published quarterly.

A Hospital Acquired Infection Advisory Committee was appointed by the Secretary of DHSS in 2007 (Appendix A). The committee assisted DHSS in the development of regulations[6], reviewed the NHSN requirements, and selected the first medical event on which hospitals will be required to report.

The Advisory Committee selected central line-associated bloodstream infections (CLABSIs) as the first event to be reported under the "Hospital Infections Disclosure Act." An estimated 248,000 bloodstream infections occur in U.S. hospitals each year, and a large proportion of these are thought to occur because of a central line.[7] A central line is a tube that is passed through a vein to end up in the chest portion of the large vein returning blood to the heart. Bloodstream infections are usually serious infections typically causing a prolonged hospital stay and increased cost and risk of mortality. CLABSIs can be prevented through proper management of the central line. These techniques are addressed in the CDC's Healthcare Infection Control Practices Advisory Committee *Guidelines for the Prevention of Intravascular Catheter Related Infections.*[8]

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[3] Letter to Senate Appropriation Subcommittee Chairman from CSTE, SHEA and APIC.
[4] http://delcode.delaware.gov/title16/c010a/index.shtml
[5] http://www.cdc.gov/nhsn/
[6] http://regulations.delaware.gov/documents/May2009c.pdf
[7] Klevens RM, Edward JR, et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. Public Health Reports 2007;122:160-166.
[8] O'Grady NP, Alexander M, Dellinger EP, Gerberding JL, Heard SO, Maki DG, et al. Guidelines for the Prevention of intravascular catheter-related infections. MMWR 2002;51(No. RR-10:1-26).

Since patients who are treated in Intensive Care Units (ICUs) are at a higher risk for acquiring HAIs because of the seriousness of their illness and exposure to devices, the Advisory Committee selected ICUs as the reporting location of CLABSIs under this law.

The Committee also determined that hospitals would, beginning July 1, 2010 and continuing through June 30, 2011, report on surgical site infections (SSIs) occurring during hip prosthesis surgery or, for those hospitals where that procedure is not performed, during hernia repair. Both inpatient and outpatient sites of service were included. A separate report was prepared on SSIs in the third quarter of 2011 and is awaiting the approval of HAI advisory committee.

Appendix B is a description of each of the hospitals and correctional facilities required to report HAIs by the "Hospital Infections Disclosure Act." This profile is required by law.

Appendix C is reserved for "hospital comments on performance improvement and changes in patient population and risk factors." By law, these comments can be utilized by DHSS, but are "considered proprietary information and shall…not be made available in the Public Report and shall not be subject to disclosure under the State's Freedom of Information Act.[9]"

Methods

Central-Line Associated Bloodstream Infections (CLABSIs)

This report is on CLABSIs that occurred in one ICU in each of Delaware's hospitals during calendar year 2011. NHSN defines a CLABSI as a primary blood stream infection in a patient that had a central line in place at the time of or within 48-hours before the onset of infection.

This report will not detail all of the reporting criteria and methods required by NHSN. For that, the reader is referred to the NHSN website.[10]

As required by law, all eight Delaware hospitals were enrolled in the NHSN system in 2011 (Veterans Administration Hospitals are not subject to state law). These are:

- AI duPont Hospital for Children
- BayHealth Medical Center – Kent General Hospital
- BayHealth Medical Center – Milford Memorial Hospital
- Beebe Medical Center
- Christiana Care Health System – Christiana Hospital
- Christiana Care Health System – Wilmington Hospital
- Nanticoke Memorial Hospital
- Saint Francis Hospital

[9] Title 16 Chapter 10A of the *Delaware Code*
[10] http://www.cdc.gov/nhsn/

Before enrolling in or using the system, NHSN requires that each of its users complete a comprehensive NHSN training program. Once enrolled in the NHSN, each facility must:

- Use the NHSN Internet-based data entry interface and/or data import tools for reporting data to CDC.
- Successfully complete an annual survey for each component selected.
- Successfully complete one or more modules of the component selected. Successful completion requires the following:
  - For the selected component, submit a reporting plan each month to inform CDC which, if any, of the modules will be used for that month. Data for at least one module must be submitted for a minimum of six months of the calendar year to maintain active status.
  - Adhere to the selected module's protocol(s) exactly as described in the NHSN Manual during the months when one or more NHSN modules are used. This includes using surveillance methodology appropriate for the module and as described in the protocol.
  - Report adverse events/exposures and appropriate summary or denominator data as required for the module(s) indicated on the reporting plan to CDC within 30 days of the end of the month.
  - Pass quality control acceptance checks that assess the data for completeness and accuracy.

NHSN also required all facilities to enter a Monthly Report Plan prior to entering data. This plan informs NHSN which patient safety modules will be used, what procedure(s) will be reported, and from what location within the hospital the data will be collected each month. An annual survey is also completed to provide important facility-level demographic data. Both of these reports allow NHSN to select what aggregate data pool to use for comparison purposes.

Through the NHSN "Group" reporting feature, all hospitals have deferred rights to DHSS to review the monthly CLABSI data from the selected ICUs since DHSS serves as the NHSN Group Administrator. If any hospital were delinquent in reporting, DHSS could send a reminder to the facility. Once all of the data from January to December 2011 were entered, DHSS reviewed the twelve months of data and created reports directly from the NHSN website.

Hospital Infection Control Practitioners (ICPs) utilized NHSN definitions to determine if a CLABSI met the definition for reporting. ICPs entered the number of CLABSIs, the number of central-line days, and the total number of patient days into NHSN within 30 days of the end of each month. NHSN then calculated the following rate and ratio:

- *CLABSI Rate* - NHSN uses the number of CLABSIs, divided by device-days to calculate this rate. Device-days are the total number of days of exposure to the device (central line) by all of the patients in the selected population (ICU) during the selected time period (2011). The resulting number is multiplied by 1000 to obtain a rate per 1000 device days.
- *Device Utilization (DU) Ratio* – NHSN divides the number of device-days by the number of patient-days to determine the DU ratio. Patient-days are the total number of days that patients are in the location during the selected time period. The DU ratio measures the proportion of patient-days in which central lines were used.
- *Standardized Infection Ratio (SIR)* – NHSN calculates the ratio of the observed number of CLABSIs to the expected number of CLABSIs. The expected or predicted number of infections is calculated based on national-level data from the National Healthcare and Safety

Network (NHSN). Expected numbers are adjusted by type of patient-care location, hospital affiliation with a medical school and bed size of the location. The SIR is calculated only if the expected number of CLABSIs is greater than or equal to one. If the expected number is less than one, the central line count is too low to calculate an accurate SIR.

The CLABSI rate, DU ratio and SIRs were computed by NHSN for each hospital. These indicators were compared to all hospitals participating in the NHSN reporting on the same patient location. A patient location is the patient care area where a patient was assigned when exposed to the device that led to the development of an event (a CLABSI), and when the patient care practice under surveillance was performed. For example, even among ICUs there are many types of patient locations – pediatric, burn, cardiac, medical/surgical, etc. Locations may also be defined as teaching or non-teaching. The patient locations for each hospital are shown in Table 1.

Table 1. Patient Locations for Reporting of Central Line Associated Bloodstream Infection Rates, Delaware (2011)

Location	Description	Hospitals
Medical Critical Care	Critical care area for the care of patients who are being treated for non-surgical conditions.	St. Francis
Medical Major Teaching	Critical care area for the care of patients who are being treated for non-surgical conditions. Membership in the Council of Teaching Hospitals and Health Systems	Christiana
Medical/Surgical Critical Care	Critical care areas for the care of patients with medical and/or surgical conditions.	Nanticoke, Beebe, BayHealth Milford, BayHealth Kent
Medical/Surgical major Teaching	Critical care areas for the care of patients with medical and/or surgical conditions. Membership in the Council of Teaching Hospitals and Health Systems.	Wilmington
Pediatric Medical/Surgical Critical Care	Critical care area for the care of patients ≤18 years old with medical and/or surgical conditions.	AI duPont Hospital for Children

Because of the many types of locations and differences in patient populations, it is inappropriate to compare CLABSI rates and DU ratios among hospitals that reported on different patient locations. This is because patient locations differ with respect to the risk of infection. However, it is appropriate to compare these measures to all NHSN hospitals of the same location and patient type. NHSN rates and ratios (pooled means) are provided by NHSN for comparison for the years 2006 and 2007 combined.[11] Note that until open enrollment began in mid-2007, participation in NHSN was restricted to mostly larger facilities. The pooled means do not reflect data from smaller hospitals. Smaller hospitals will be reflected in the NHSN pooled means in the future.

NHSN also provides percentiles to estimate where a hospital's CLABSI rate or DU ratio falls on the distribution of all NHSN participating hospitals of that location type. A local hospital with a

[11] National Healthcare Safety Network (NHSN) Report: data summary for 2006 through 2008, issued December 2009. Edwards et al., Am J Infect Control 2009:37:783-305.

CLABSI rate that is at the 75th percentile, for example, means that 75% of the hospitals in NHSN with that location type have a lower CLABSI rate.

Statistical testing was also provided by NHSN to determine if a rate or ratio for the local hospital is statistically different from the NHSN rate.

Device-associated infection rates and device utilization ratios should be examined together so that preventive measures may be appropriately targeted. For example, a hospital may find that the CLABSI rate in an ICU is consistently above the 90th percentile and the central line utilization ratio is routinely between the 75th and 90th percentile. The hospital may want to target reducing the use of central lines or limiting the duration with which they are used in an effort to lower the CLABSI rate in that unit.[12]

Department of Correction

HAIs identified by the Department of Correction are to be reported directly to DHSS on a quarterly basis.

[12] National Healthcare Safety Network (NHSN) Report: data summary for 2006 through 2008, issued December, 2009. Edwards et al., Am J Infect Control 2009: 37:783-305.

Results

The Department of Correction reported no HAIs. Results for hospital CLABSI standardized infection ratios are shown on page 11, hospital CLABSI rates are shown on page 12 and the central line utilization ratios are shown page 13. Figures 1 and 2 (page 14) show respectively, the CLABSI rates by hospital for years 2008-2011, and the utilization ratios by hospital for these same years. Figure 3 (page 15) show CLABSI standardized infection ratio for each hospital during 2011.

Standardized Infection Ratios (SIRs) with 95% Confidence Intervals for Central Line Associated Bloodstream Infections (CLABSIs) in Intensive Care Units

January – December, 2011 (Delaware statistics)

And as reported by the National Healthcare Safety Network (2009) (NHSN statistics)

Hospital	Number of Infections (CLABSIs)	Number of Central Line Days[13]	Expected Number of Infections[14]	SIR[15]	95% Confidence Interval[16]	P value[17]	Interpretation
A. I. DuPont Hospital for Children	2	3,524	10.57	0.19	0.02, 0.68	0.0017	# of infections is statistically lower than expected
Christiana Care Health System-Christiana Hospital	6	4,940	9.39	0.64	0.23, 1.39	0.1738	# of infections is not statistically different than expected
Christiana Care Health System – Wilmington Hospital	2	994	1.49	1.34	0.16, 4.85	0.4392	# of infections is not statistically different than expected
St. Francis Hospital	6	1,083	2.06	2.91	1.07, 6.34	0.0187	# of infections is statistically higher than expected
Bayhealth Medical Center – Kent General Hospital	1	1400	2.10	0.48	0.01, 2.65	0.3796	# of infections is not statistically different than expected
Bayhealth Medical Center-Milford Memorial Hospital	0	795	1.19	0.00	---, 3.09	0.3033	---
Beebe Medical Center	2	2,098	3.15	0.64	0.08, 2.30	0.3911	# of infections is not statistically different than expected
Nanticoke Memorial Hospital	1	1,189	1.78	0.56	0.01, 3.12	0.4676	# of infections is not statistically different than expected
All 8 Hospitals	**20**	**16,023**	**31.73**	**0.63**	**0.38, 0.97**	**0.0178**	**# of infections is statistically lower than expected**

[13] The total number of days of exposure to the device (central line) by all of the patients in the selected population (ICU) during the selected time period (January – December, 2011).
[14] Calculated by NHSN using pooled data from like hospitals
[15] The SIR is calculated only if the expected number of CLABSIs is greater than or equal to one. If the expected number is less than one, the central line day count is too low to calculate an accurate SIR.
[16] Lower and upper limits of 95% confidence interval. Lower limit is calculated only if number of infections is more than zero.
[17] The probability value from a significance test comparing the observed number of hospital infections to the expected number of infections. Significance criterion is $p<0.05$ (95% confidence)

Central Line Associated Bloodstream Infection (CLABSI) Rates in Intensive Care Units
January – December, 2011 (Delaware statistics)
And as reported by the National Healthcare Safety Network (2009) (NHSN statistics)

Hospital	Number of Infections	Number of Central Line Days[18]	Hospital CLABSI Rate[19]	NHSN CLABSI Rate/1000[20]	CLABSI Rate Percentile[21]	p value[22]	Interpretation[23]
A. I. DuPont Hospital for Children	2	3,524	0.6	1.8	35%	0.0526	Rate is statistically lower than NHSN rate
Christiana Care Health System-Christiana Hospital	6	4,940	1.2	1.8	42%	0.2296	Rate is not statistically different than NHSN rate
Christiana Care Health System – Wilmington Hospital	2	994	2.0	1.4	73%	0.3999	Rate is not statistically different than NHSN rate
St. Francis Hospital	6	1,083	5.5	1.3	98%	0.0035	Rate is statistically higher than NHSN rate
Bayhealth Medical Center – Kent General Hospital	1	1,400	0.7	1.1	64%	0.5507	Rate is not statistically different than NHSN rate
Bayhealth Medical Center – Milford Memorial Hospital	0	795	0.0	1.1	50%	0.4215	Rate is not statistically different than NHSN rate
Beebe Medical Center	2	2,098	0.9	1.0	55%	0.6268	Rate is not statistically different than NHSN rate
Nanticoke Memorial Hospital	1	1,189	0.8	1.1	66%	0.6296	Rate is not statistically different than NHSN rate

[18] The total number of days of exposure to the device (central line) by all of the patients in the selected population (ICU) during the selected time period (January – December, 2011).
[19] (Infections/device-days) x 1000
[20] Rate for all participating NHSN hospitals of that location type (the patient care area to which a patient is assigned while receiving care while in the facility).
[21] An estimate of where the local facility rate falls on the distribution of the rate for all NHSN facilities of that type of location. For example, a percentile of 75% means that 75% of NHSN hospitals were below this rate.
[22] The probability value from a significance test comparing the local hospital to the NHSN aggregate rate.
[23] Significance criterion is $p<0.05$ (95% confidence)

Central Line Utilization Ratios in Intensive Care Units
January – December, 2011 (Delaware statistics)
And as reported by the National Healthcare Safety Network (2009) (NHSN statistics)

Hospital	Number of Central Line Days[24]	Number of Patient Days[25]	Utilization Ratio[26]	NHSN Utilization Ratio[27]	Utilization Ratio Percentile[28]	P value[29]	Interpretation[30]
A. I. DuPont Hospital for Children	3,524	5,723	0.62	0.48	86%	0.0000	Utilization ratio is significantly higher than NHSN ratio
Christiana Care Health System-Christiana Hospital	4,940	7,244	0.68	0.61	73%	0.0000	Utilization ratio is significantly higher than NHSN ratio
Christiana Care Health System – Wilmington Hospital	994	1,999	0.50	0.58	36%	0.0000	Utilization ratio is significantly lower than NHSN ratio
St. Francis Hospital	1,083	1,899	0.57	0.44	75%	0.0000	Utilization ratio is significantly higher than NHSN ratio
Bayhealth Medical Center – Kent General Hospital	1,400	4,194	0.33	0.38	49%	0.0000	Utilization ratio is significantly lower than NHSN ratio
Bayhealth Medical Center – Milford Memorial Hospital	795	1,863	0.43	0.38	64%	0.0001	Utilization ratio is significantly higher than NHSN ratio
Beebe Medical Center	2,098	3,618	0.58	0.48	64%	0.0000	Utilization ratio is significantly higher than NHSN ratio
Nanticoke Memorial Hospital	1,189	1,771	0.67	0.38	91%	0.0000	Utilization ratio is significantly higher than NHSN ratio

[24] The total number of days of exposure to the device (central line) by all of the patients in the selected population (ICU) during the selected time period (January – December, 2011).
[25] The total number of days that patients are in the location during the selected time period.
[26] Central line days/patient days
[27] Ratio for all participating NHSN hospitals of that location type (the patient care area to which a patient is assigned while receiving care while in the facility).
[28] An estimate of where the local facility ratio falls on the distribution of the ratio for all facilities of that type of location. For example, a percentile of 75% means that 75% of NHSN hospitals were below this ratio.
[29] The probability value from a significance test comparing the local hospital to the NHSN aggregate ratio.
[30] Significance criterion is $p<0.05$ (95% confidence)

Figure1- CLABSI rate per 1000 Device Days, DE 2008-2011

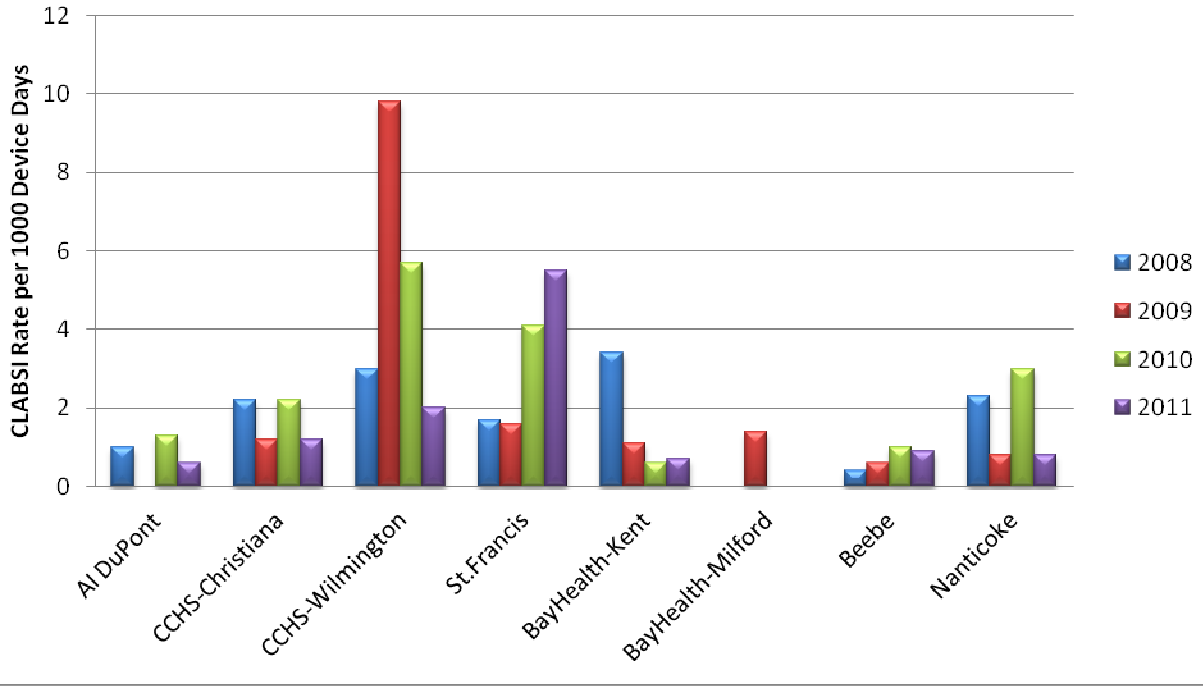
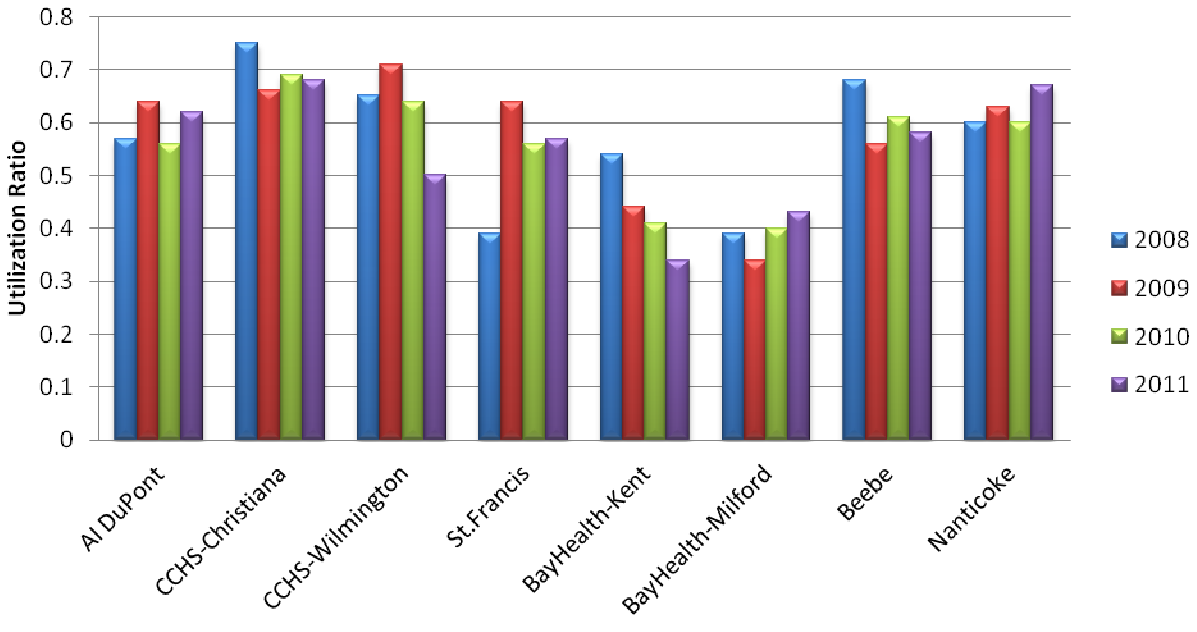
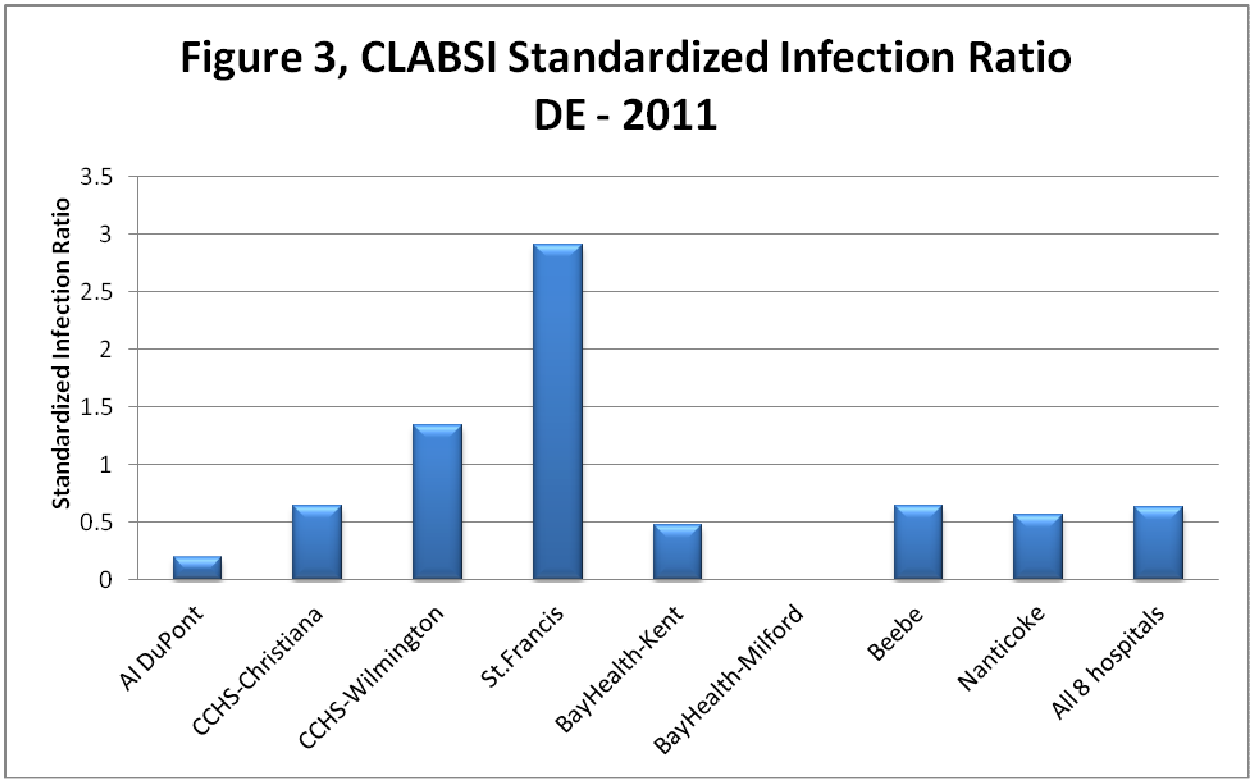


Figure 2, Central Line Utilization Ratio by Hospital DE 2008-2011





Note:
-As number of CLABSIs was 0 for the BayHealth-Milford hospital during 2011, the SIR calculated for the hospital was 0.00

Appendix A
Delaware Healthcare-associated Infections Advisory Committee

Name	Type of Appointment[31]
Donna Anderson	ICP – Beebe Medical Center
Steven D. Brash	ICP - A I DuPont Hospital for Children
Carol Briody	ICP – Wilmington Hospital
Joel Chua, MD	Infectious Disease Physician
Michele Dennis	Direct Care Nursing Staff
Margaretta Dorey	Patient Safety - Quality Insights of Delaware
Marci Drees, MD	Infectious Disease Physician
Lydia Edwards	ICP - A I DuPont Hospital for Children
Kelly Gardner	ICP – BayHealth Hospitals
Joann Hasse	Other (Member of Public)
Brenda Johnson	ICP – Nanticoke Memorial Hospital
Joel Klein, MD	Infectious Disease Physician
Thomas Mulhern	Employer – Limestone Medical Center, Inc.
Omo Olurin, MD	Health Insurer
Mary Peterson	DPH/Office of Facilities Licensing/Certification
Marjorie Shannon	Public Health Specialist/DPH/State Epidemiologist
Jean Stipe	ICP – VA Hospital
Ramesh Vemulapalli, MD	Other (Private Practice)
Yrene Waldron	Delaware Healthcare Facilities Association
Floetta Watson	ICP - St. Francis Hospital
Jim Welch (interim)	Department of Correction
Kathleen Wroten (Chair)	ICP – Christiana Hospital

[31]As defined by Title 16 Chapter 10A of the Delaware Code. Other categories specified in legislation are: Direct Care Nursing staff, Academic Researchers, Consumer Organizations, Health Insurers, Health Maintenance Organizations, Organized Labor, and Purchasers of Health Insurance, such as employers.

Appendix B
Hospital Profiles

Hospital Profile

Hospital Name: A.I. duPont Hospital for Children and Pediatric Children's Clinics/Nemours

Address: 1600 Rockland Road Wilmington, Delaware 19803 Telephone: 302-651-4000 County: New Castle County Link to Facility Website Homepage: http://home.nemours.org/index.html	Hospital Type: Pediatric Medical/Surgical Annual Admissions 2011: 9,063 Number of Licensed Beds 2010: 200

Hospital Services/Characteristics:

Service		Service Available (Yes or No)
Adult Open Heart		NA
Bariatric Services		Yes
Blood & Bone Marrow Transplant Unit		Yes
Burn Unit		No
Comprehensive Cancer Services		Yes
Critical Care/Intensive Care Services		Yes
Dialysis		Yes
Emergency Services		Yes
Extended Rehabilitation Care		Yes
Inpatient Acute Care		Yes
Inpatient Pediatrics Unit		Yes
Mental Health		Yes
Neonatal Intensive Care Unit (NICU)		Yes
Organ Transplant		Yes
Pediatric Open Heart		Yes
Primary Stroke Center		NA
Surgical Services		Yes
Teaching Hospital		Yes
Trauma Center		Yes
Women's Health/Maternity		NA
Wound Care Center		No

Hospital Profile

Hospital Name: Christiana Health Care System – Christiana Hospital

Address: 4755 Ogletown–Stanton Rd Newark, Delaware 19718 **Telephone:** 302-733-1000 **County:** New Castle **Link to Facility Website Homepage:** www.christianacare.org	**Hospital Type:** Major Teaching Medical/Surgical **Annual Admissions 2011:** 43,085 **Adult:** 42,396 **Pediatric:** 689 **Number of Licensed Beds 2011:** 903

Hospital Services/Characteristics:

Service		Service Available (Yes or No)
Adult Open Heart		Yes
Bariatric Services		Yes
Blood & Bone Marrow Transplant Unit		Yes
Burn Unit		No
Comprehensive Cancer Services		Yes
Critical Care/Intensive Care Services		Yes
Dialysis		Yes
Emergency Services		Yes
Extended Rehabilitation Care		Yes
Inpatient Acute Care		Yes
Inpatient Pediatrics Unit		Yes
Mental Health		No
Neonatal Intensive Care Unit (NICU)		Yes
Organ Transplant		Yes
Pediatric Open Heart		No
Primary Stroke Center		Yes
Surgical Services		Yes
Teaching Hospital		Yes
Trauma Center		Yes
Women's Health/Maternity		Yes
Wound Care Center		No

Hospital Profile

Hospital Name: Christiana Health Care System - Wilmington Hospital

Address: 501 W 14th St. Wilmington Delaware, 19801 **Telephone:** 302-733-1000 **County:** New Castle **Link to Facility Website Homepage:** www.christianacare.org	**Hospital Type:** Major Teaching Medical/Surgical **Annual Admissions 2011:** 9,799 **Adult:** 9,799 **Number of Licensed Beds 2011:** 240

Hospital Services/Characteristics:

Service		Service Available (Yes or No)
Adult Open Heart		No
Bariatric Services		No
Blood & Bone Marrow Transplant Unit		No
Burn Unit		No
Comprehensive Cancer Services		No
Critical Care/Intensive Care Services		Yes
Dialysis		Yes
Emergency Services		Yes
Extended Rehabilitation Care		Yes
Inpatient Acute Care		Yes
Inpatient Pediatrics Unit		No
Mental Health		Yes
Neonatal Intensive Care Unit (NICU)		No
Organ Transplant		No
Pediatric Open Heart		No
Primary Stroke Center		No
Surgical Services		Yes
Teaching Hospital		Yes
Trauma Center		Yes
Women's Health/Maternity		Yes
Wound Care Center		No

Hospital Profile

Hospital Name: St. Francis Hospital

Address: 701 N Clayton St Wilmington, De 19805 Telephone: 302-421-4100 County: New Castle Link to Facility Website Homepage: http://www.stfrancishealthcare.org/	Hospital Type: Medical/Surgical Annual Admissions 2011: 6,859 Adult: 6,137 Pediatric: 722 Number of Licensed Beds 2011: 395

Hospital Services/Characteristics:

Service		Service Available (Yes or No)
Adult Open Heart		Yes
Bariatric Services		Yes
Blood & Bone Marrow Transplant Unit		No
Burn Unit		No
Comprehensive Cancer Services		Yes
Critical Care/Intensive Care Services		Yes
Dialysis		Yes
Emergency Services		Yes
Extended Rehabilitation Care		Yes
Inpatient Acute Care		Yes
Inpatient Pediatrics Unit		No
Mental Health		No
Neonatal Intensive Care Unit (NICU)		Yes
Organ Transplant		No
Pediatric Open Heart		No
Primary Stroke Center		No
Surgical Services		Yes
Teaching Hospital		Yes
Trauma Center		No
Women's Health/Maternity		Yes
Wound Care Center		Yes

Hospital Profile

Hospital Name: BayHealth Medical Center-Kent Campus

Address: 640 South State Street, Dover DE, 19901	**Hospital Type:** Medical/Surgical
Telephone: 302-744-7023	**Annual Admissions 2011:** 20,361
County: Kent	**Number of Licensed Beds 2011:** 221
Link to Facility Website Homepage: www.Bayhealth.org	

Hospital Services/Characteristics:

Service		Service Available (Yes or No)
Adult Open Heart		Yes
Bariatric Services		No
Blood & Bone Marrow Transplant Unit		No
Burn Unit		No
Comprehensive Cancer Services		Yes
Critical Care/Intensive Care Services		Yes
Dialysis		Yes
Emergency Services		Yes
Extended Rehabilitation Care		No
Inpatient Acute Care		Yes
Inpatient Pediatrics Unit		Yes
Mental Health		No
Neonatal Intensive Care Unit (NICU)		Yes
Organ Transplant		No
Pediatric Open Heart		No
Primary Stroke Center		Yes
Surgical Services		Yes
Teaching Hospital		No
Trauma Center		Yes
Women's Health/Maternity		Yes
Wound Care Center		Yes

Hospital Profile

Hospital Name: BayHealth Medical Center-Milford Campus

Address: 21 West Clark Ave, Milford DE, 19963 Telephone: 302-422-3311 County: Sussex Link to Facility Website Homepage: www.Bayhealth.org	Hospital Type: Medical/Surgical Annual Admissions 2011: 8,824 Number of Licensed Beds 2011: 168

Hospital Services/Characteristics:

Service		Service Available (Yes or No)
Adult Open Heart		No
Bariatric Services		Yes
Blood & Bone Marrow Transplant Unit		No
Burn Unit		No
Comprehensive Cancer Services		Yes
Critical Care/Intensive Care Services		Yes
Dialysis		Yes
Emergency Services		Yes
Extended Rehabilitation Care		Yes
Inpatient Acute Care		Yes
Inpatient Pediatrics Unit		Yes
Mental Health		No
Neonatal Intensive Care Unit (NICU)		No
Organ Transplant		No
Pediatric Open Heart		No
Primary Stroke Center		No
Surgical Services		Yes
Teaching Hospital		No
Trauma Center		Yes
Women's Health/Maternity		Yes
Wound Care Center		No

Hospital Profile

Hospital Name: Beebe Medical Center

Address: 424 Savannah Road
Lewes, DE 19958

Telephone: 302-645-3300

County: Sussex

Link to Facility Website Homepage:
http://www.beebemed.org

Hospital Type: Medical/Surgical

Annual Admissions 2011: 8,617
Adult: 8,526
Pediatric: 91

Number of Licensed Beds 2011: 210

Hospital Services/Characteristics:

Service		Service Available (Yes or No)
Adult Open Heart		Yes
Bariatric Services		Yes
Blood & Bone Marrow Transplant Unit		No
Burn Unit		No
Comprehensive Cancer Services		Yes
Critical Care/Intensive Care Services		Yes
Dialysis		Yes
Emergency Services		Yes
Extended Rehabilitation Care		No
Inpatient Acute Care		Yes
Inpatient Pediatrics Unit		Yes
Mental Health		No
Neonatal Intensive Care Unit (NICU)		No
Organ Transplant		No
Pediatric Open Heart		No
Primary Stroke Center		No
Surgical Services		Yes
Teaching Hospital		No
Trauma Center		Yes
Women's Health/Maternity		Yes
Wound Care Center		Yes

Hospital Profile

Hospital Name: Nanticoke Memorial Hospital

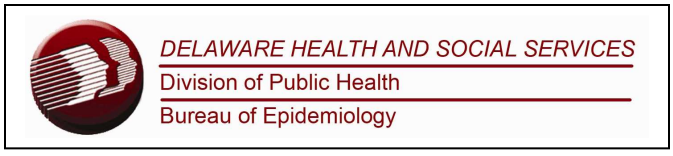
Address: 801 Middleford Road Seaford, DE 19973	**Hospital Type:** Medical/Surgical
Telephone: 302-629-6611	**Annual Admissions 2011:** 5,107 **Adult:** 4,958 **Pediatric:** 149
County: Sussex	
Link to Facility Website Homepage: http://www.nanticoke.org/	**Number of Licensed Beds 2011:** 139

Hospital Services/Characteristics:

Service		Service Available (Yes or No)
Adult Open Heart		No
Bariatric Services		No
Blood & Bone Marrow Transplant Unit		No
Burn Unit		No
Comprehensive Cancer Services		Yes
Critical Care/Intensive Care Services		Yes
Dialysis		Yes
Emergency Services		Yes
Extended Rehabilitation Care		Yes
Inpatient Acute Care		Yes
Inpatient Pediatrics Unit		Yes
Mental Health		No
Neonatal Intensive Care Unit (NICU)		No
Organ Transplant		No
Pediatric Open Heart		No
Primary Stroke Center		Yes
Surgical Services		Yes
Teaching Hospital		No
Trauma Center		Yes
Women's Health/Maternity		Yes
Wound Care Center		Yes

Appendix C
Hospital Comments[32]
(Not for Publication)

[32] Title 16 Chapter 10A of the Delaware Code "allows hospitals to comment on performance improvement and changes in patient population and risk factors. The information contained in this report shall be considered proprietary information and shall be used by the Department {of Health and Social Services} and shall not be made available in the Public Report and shall not be subject to disclosure under the State's Freedom of Information Act."



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