



*DELAWARE HEALTH AND SOCIAL SERVICES*

Division of Public Health

Bureau of Epidemiology

## **Delaware Hospital Associated Infection Reporting Data: 2010**

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

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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.<sup>1</sup>

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.<sup>2</sup> 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<sup>2</sup>. As agreed by the HAIAC, a report summarizing SSI experience among Delaware hospitals will be prepared in the third quarter of 2011, after a full year’s reports are available within NHSN.

As required by law, all eight Delaware hospitals were enrolled in the NHSN system in 2010 (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

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<sup>1</sup> <http://www.cdc.gov/nhsn/>

<sup>2</sup> 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 2010, the eight hospitals collectively reported 34 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 CLBSIs 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 two, it was statistically higher 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 not statistically different than the NHSN ratio; in seven, it was statistically higher than the NHSN ratio.

The Department of Correction reported no cases of HAI to DHSS for 2010.

# Delaware Hospital Associated Infection Reporting Data: Report to the Delaware General Assembly for 2010

## 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. Some sources estimate that HAIs account for an estimated 2 million infections, 90,000 deaths, and \$4.5 billion in excess health care costs annually.<sup>3</sup>

The Delaware General Assembly passed House Bill 47 in 2007, establishing the “Hospital Infections Disclosure Act (Title 16 Chapter 10A of the *Delaware Code*).<sup>4</sup>” 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.<sup>5</sup> 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 2010. 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<sup>6</sup>, 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.<sup>7</sup> 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*.<sup>8</sup>

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<sup>3</sup> Guidance on public reporting of healthcare-associated infections: recommendations of the Healthcare Infection Control Practices Advisory Committee. McKibben et al., *Am J Infect Control* 2005;33:217-26.

<sup>4</sup> <http://delcode.delaware.gov/title16/c010a/index.shtml>

<sup>5</sup> <http://www.cdc.gov/nhsn/>

<sup>6</sup> <http://regulations.delaware.gov/documents/May2009c.pdf>

<sup>7</sup> 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.

<sup>8</sup> 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 will be prepared on SSIs, as the reporting time frame (during which hospitals complete data entry into NHSN) does not conclude till mid-August.

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.”<sup>9</sup>

## **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 2010. 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.<sup>10</sup>

As required by law, all eight Delaware hospitals were enrolled in the NHSN system in 2010 (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

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<sup>9</sup> Title 16 Chapter 10A of the *Delaware Code*

<sup>10</sup> <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 2010 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 (2010). 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.

The CLABSI rate and DU ratio 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 (2010)**

<b>Location</b>	<b>Description</b>	<b>Hospitals</b>
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 $\leq 18$ years old with medical and/or surgical conditions.	Al 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.<sup>11</sup> 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 CLABSI rate that is at the 75<sup>th</sup> 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 90<sup>th</sup> percentile and the central line

<sup>11</sup> 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.



utilization ratio is routinely between the 75<sup>th</sup> and 90<sup>th</sup> 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.<sup>12</sup>

### **Department of Correction**

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

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<sup>12</sup>National Healthcare Safety Network (NHSN) Report: data summary for 2006 through 2009, 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 rates are shown in Table 2, and utilization ratios are shown in Table 3 (page 13). Figures 1 and 2 (page 15) show, respectively, the CLABSI rates by hospital for years 2008-2010, and the utilization ratios by hospital for these same years.

**Table 2. Central Line Associated Bloodstream Infection (CLABSI) Rates in Intensive Care Units, Delaware (2010) and as reported by the National Healthcare Safety Network (2006-2008)**

Hospital	Number of Infections	Number of Central Line Days <sup>13</sup>	Hospital CLABSI Rate/1000 <sup>14</sup>	NHSH CLABSI Rate/1000 <sup>15</sup>	CLABSI Rate Percentile <sup>16</sup>	p Value <sup>17</sup>	Interpretation
A.I. DuPont Hospital for Children	4	3131	1.3	2.2	44%	0.1809	Rate is not statistically different than NHSN rate
Christiana Care Health System – Christiana Hospital	10	4564	2.2	2.2	59%	0.5760	Rate is not statistically different than NHSN rate
Christiana Care Health System – Wilmington Hospital	7	1219	5.7	1.7	96%	0.0055	Rate is statistically higher than NHSN rate
St. Francis Hospital	6	1451	4.1	1.6	90%	0.0290	Rate is statistically higher than NHSN rate
BayHealth Medical Center – Kent General Hospital	1	1598	0.6	1.4	58%	0.3397	Rate is not statistically different than NHSN rate
BayHealth Medical Center – Milford Memorial Hospital	0	873	0.0	1.4	50%	0.2906	Rate is not statistically different than NHSN rate
Beebe Medical Center	2	2068	1.0	1.4	64%	0.4397	Rate is not statistically different than NHSN rate
Nanticoke Memorial Hospital	4	1348	3.0	1.4	84%	0.1267	Rate is not statistically different than NHSN rate

<sup>13</sup> 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 (2008).

<sup>14</sup> (Infections/device-days) x 1000

<sup>15</sup> 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).

<sup>16</sup> 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.

<sup>17</sup> The probability value from a significance test comparing the local hospital to the NHSN aggregate rate. Significance criteria is  $p < 0.05$  (95% confidence)

**Table 3. Central Line Utilization Rates in Intensive Care Units, Delaware (2010) and as reported by the National Healthcare Safety Network (2006-2008)**

Hospital	Number of Central Line Days <sup>18</sup>	Number of Patient Days <sup>19</sup>	Utilization Ratio <sup>20</sup>	NHSH Utilization Ratio <sup>21</sup>	Utilization Ratio Percentile <sup>22</sup>	p Value <sup>23</sup>	Interpretation
A.I. DuPont Hospital for Children	3131	5567	0.56	0.50	80%	0.0000	Utilization ratio is statistically higher than NHSN ratio
Christiana Care Health System – Christiana Hospital	4564	6618	0.69	0.62	73%	0.0000	Utilization ratio is statistically higher than NHSN ratio
Christiana Care Health System – Wilmington Hospital	1219	1891	0.64	0.58	53%	0.0000	Utilization ratio is statistically higher than NHSN ratio
St. Francis Hospital	1451	2574	0.56	0.43	74%	0.0000	Utilization ratio is statistically higher than NHSN ratio
BayHealth Medical Center – Kent General Hospital	1598	3931	0.41	0.39	59%	0.0077	Utilization ratio is statistically higher than NHSN ratio
BayHealth Medical Center – Milford Memorial Hospital	873	2162	0.40	0.39	59%	0.0634	Utilization ratio is not statistically different than NHSN ratio
Beebe Medical Center	2068	3364	0.61	0.39	85%	0.0000	Utilization ratio is statistically higher than NHSN ratio
Nanticoke Memorial Hospital	1348	2245	0.60	0.39	85%	0.0000	Utilization ratio is statistically higher than NHSN ratio

<sup>18</sup> 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 (2008).

<sup>19</sup> The total number of days that patients are in the location during the selected time period.

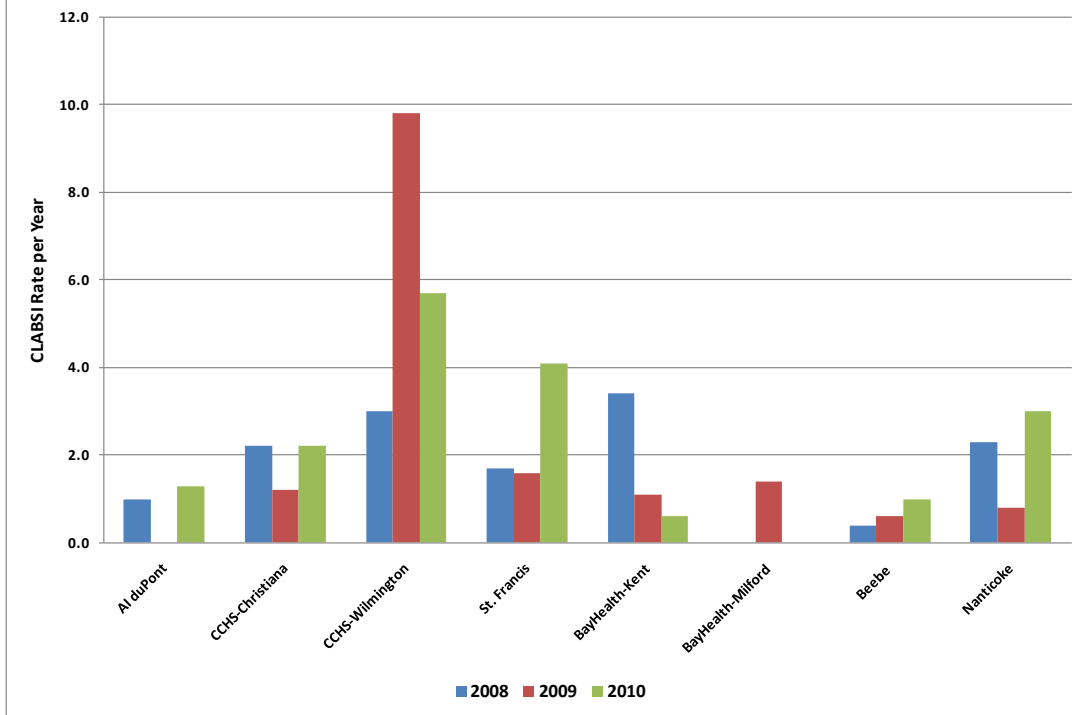
<sup>20</sup> Central line days/patient days

<sup>21</sup> 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).

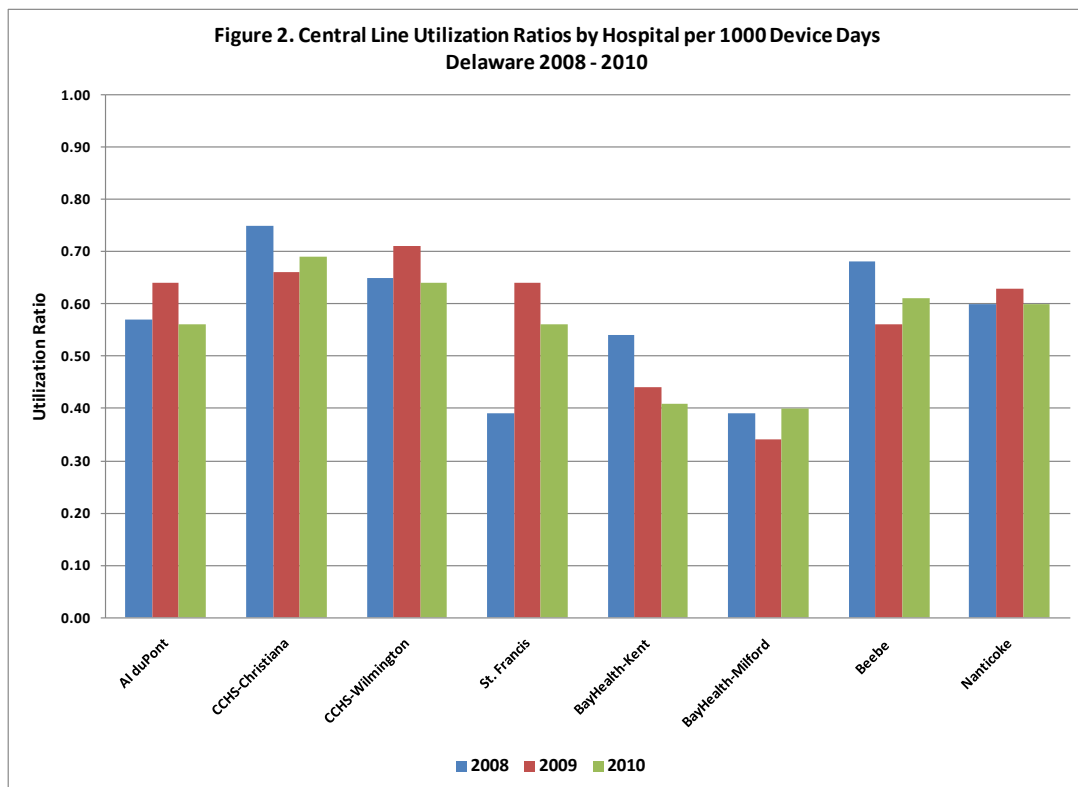
<sup>22</sup> An estimate of where the local facility ratio falls on the distribution of the ratio for all facilities of that type of location. For example, a percentile of 75% means that 75% of NHSN hospitals were below this ratio.

<sup>23</sup> The probability value from a significance test comparing the local hospital to the NHSN aggregate ratio. Significance criteria is  $p < 0.05$  (95% confidence)

**Figure 1. Central Line Blood Stream Infection Rates by Hospital, per 1000 Device Days  
Delaware 2008 - 2010**



**Figure 2. Central Line Utilization Ratios by Hospital per 1000 Device Days  
Delaware 2008 - 2010**



**Appendix A**  
**Delaware Healthcare-associated Infections Advisory Committee**

<b>Name</b>	<b>Type of Appointment<sup>26</sup></b>
Donna Anderson	ICP – Beebe Medical Center
Steven D. Brash	ICP - duPont Hospital for Children
Michele Dennis	Direct Care Nursing Staff
Margaretta Dorey	Patient Safety - Quality Insights of Delaware
Marci Drees, MD	Infectious Disease Physician
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

<sup>26</sup>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	
<b>Hospital Name:</b> A.I. duPont Hospital for Children and Pediatric Children's Clinics/Nemours	
<b>Address:</b> 1600 Rockland Road Wilmington, Delaware 19803  <b>Telephone:</b> 302-651-4000  <b>County:</b> New Castle County  <b>Link to Facility Website Homepage:</b> <a href="http://home.nemours.org/index.html">http://home.nemours.org/index.html</a>	<b>Hospital Type:</b> Pediatric Medical/Surgical  <b>Annual Admissions 2010:</b> 8,191 <b>Adult (NHSN definition: age 19+):</b> 169 <b>Pediatric:</b> 8,022  <b>Number of Licensed Beds 2010:</b> 200
<b>Hospital Services/Characteristics:</b>	
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	
<b>Hospital Name:</b> Christiana Health Care System – Christiana Hospital	
<b>Address:</b> 4755 Ogletown–Stanton Rd Newark, Delaware 19718  <b>Telephone:</b> 302-733-1000  <b>County:</b> New Castle  <b>Link to Facility Website Homepage:</b> <a href="http://www.christianacare.org">www.christianacare.org</a>	<b>Hospital Type:</b> Major Teaching Medical/Surgical  <b>Annual Admissions 2010:</b> 43,941 <b>Adult:</b> 43,314 <b>Pediatric:</b> 627  <b>Number of Licensed Beds 2010:</b> 906
<b>Hospital Services/Characteristics:</b>	
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 14<sup>th</sup> St.  
Wilmington Delaware, 19801

**Telephone:** 302-733-1000

**County:** New Castle

**Link to Facility Website Homepage:**  
[www.christianacare.org](http://www.christianacare.org)

**Hospital Type:** Major Teaching  
Medical/Surgical

**Annual Admissions 2010:** 9,953  
**Adult:** 9,953

**Number of Licensed Beds 2010:** 241

### 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

<b>Hospital Name: St. Francis Hospital</b>	
<b>Address:</b> 701 N Clayton St Wilmington, De 19805  <b>Telephone:</b> 302-421-4100  <b>County:</b> New Castle  <b>Link to Facility Website Homepage:</b> <a href="http://www.stfrancishealthcare.org/">http://www.stfrancishealthcare.org/</a>	<b>Hospital Type:</b> Medical/Surgical  <b>Annual Admissions 2010:</b> 7,317 <b>Adult:</b> 6,585 <b>Pediatric:</b> 849  <b>Number of Licensed Beds 2010:</b> 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 2010:** 17,061

**County:** Kent

**Number of Licensed Beds 2010:** 221

**Link to Facility Website Homepage:**  
[www.Bayhealth.org](http://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	No
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

**Hospital Type:** Medical/Surgical

**Telephone:** 302-422-3311

**Annual Admissions 2010:** 7,342

**County:** Sussex

**Number of Licensed Beds 2010:** 168

**Link to Facility Website Homepage:**

[www.Bayhealth.org](http://www.Bayhealth.org)

### 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	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 2010:** 9,076  
Adult: 8,927  
Pediatric: 149

**Number of Licensed Beds 2010:** 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 2010:** 4,818

**Adult:** 4,705

**Pediatric:** 113

**County:** Sussex

**Link to Facility Website Homepage:**

<http://www.nanticoke.org/>

**Number of Licensed Beds 2010:** 139

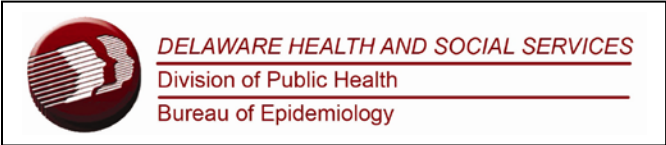
### Hospital Services/Characteristics:

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	No
Women's Health/Maternity	Yes
Wound Care Center	Yes



**Appendix C**  
**Hospital Comments<sup>24</sup>**  
**(Not for Publication)**

<sup>24</sup> 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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