



Healthcare Associated Infection Board Report

**Infection Control Team
May 2009**

1.0 INTRODUCTION

This is the 3rd Healthcare Associated Infection (HAI) Board Report. The themes contained in these reports have been established by the Scottish Government Health Department (SGHD) who established a minimum dataset. These are:

- *Clostridium difficile* Associated Diarrhoea (CDAD) cases
- *Staphylococcus aureus* Bacteraemias
- Hand Hygiene Compliance
- Compliance with national Cleaning Specifications

NHS Ayrshire & Arran Infection Control Team (ICT) has been exploring ways of maximising the information presented to the Board beyond that required by the national dataset. The first version of this report included information presented in the form of Statistical Process Control (SPC) Charts following feedback from the Board the 2nd report used the Red Amber Green (RAG) methodology. This 2nd version generated further feedback and with the assistance of the Department of Policy, Planning & Performance a further revision was developed. This revised version is contained in Appendix 1 whilst the data has been also been presented in the previous format (Appendix 2) to allow the Board to make a direct comparison and identify which format best suits their needs.

The data on *Clostridium difficile* associated Disease (CDAD and *Staphylococcus aureus* bacteraemias (SABs) retains the SPC chart methodology. These are graphical ways of presenting data to show periods of natural monthly variation and when significant improvements or deteriorations are identified. SPC charts establish a mean over a 2 year period and then displays lower & upper warning limits at 2 standard deviations from the mean and upper and lower control limits at 3 standards deviations from the mean. Any monthly figure between the upper and lower control limits is considered to be natural variation and in statistical control. Any figure above the upper control limit is considered to be abnormal and requires further investigation as to the cause. Likewise any figure below the lower control limit is considered to be a significant improvement. Figures between the upper warning and control limits whilst considered normal variation can be used as trigger levels for early investigation and intervention.

For the purposes of this report the SPC Chart data has been converted into a Red, Amber & Green (RAG) report. This has the benefit of shortening the report considerably and allowing the CDAD & SAB data to be presented graphically in one page. The following thresholds have been set:

- Red = any figure above the Upper Warning Limit. This is a lower warning threshold than the Upper Control Limit

- Amber = any figure from the mean to the upper warning limit
- Green = any figure below the mean.

The HAI Board Report format will be continually reviewed in light of feedback from Board members and other key stakeholders as well as any increase in the national minimum dataset established for the reports.

Appendix 1
Revised layout

Clostridium Difficile Associated Disease				
	Identified	35	GREEN	▲
TOTAL (NHS A&A)	Acquired	28	GREEN	▲
ACH	Identified	3	GREEN	▼
	Acquired	3	GREEN	▼
Ayr Hospital	Identified	8	GREEN	▲
	Acquired	6	GREEN	▲
Biggart	Identified	2	GREEN	▲
	Acquired	2	GREEN	▲
Crosshouse	Identified	21	GREEN	▼
	Acquired	16	AMBER	▲
IC & ES	Identified	28	GREEN	▲
	Acquired	24	GREEN	▲
IC & PS	Identified	7	GREEN	▲
	Acquired	4	GREEN	▲
Mental Health	Identified	0	GREEN	▲
	Acquired	0	GREEN	▲
EACH	Identified	1	-	-
	Acquired	1	-	-

Staphylococcus Aureus Bacteraemias				
	Identified	13	AMBER	▼
TOTAL (NHS A&A)	Acquired	4	GREEN	▼
ACH	Identified	0	GREEN	▶
	Acquired	0	GREEN	▶
Ayr Hospital	Identified	9	RED	▼
	Acquired	3	AMBER	▼
AMU	Identified	0	GREEN	▲
	Acquired	0	GREEN	▲
Biggart	Identified	0	GREEN	▶
	Acquired	0	GREEN	▶
Crosshouse	Identified	4	GREEN	▲
	Acquired	1	GREEN	▲
IC & ES	Identified	10	AMBER	▼
	Acquired	2	GREEN	▼
IC & PS	Identified	3	AMBER	▶
	Acquired	2	AMBER	▶

Average Hand Hygiene Compliance % (April 2009)					
	Nursing	Medical	AHP	Ancillary	Total
ACH	95%	90%	98%	75%	94%
Ailsa	96%	100%	n/a	83%	94%
AMU	96%	95%	100%	100%	97%
Arran	100%	100%	100%	100%	100%
Ayr	97%	93%	90%	84%	93%
Biggart	99%	99%	100%	98%	99%
Crosshouse	93%	89%	99%	86%	93%
Davidson	100%	100%	100%	33%	91%
EACH	100%	90%	100%	92%	96%
Kirklandside	97%	78%	45%	80%	88%
Lady Margaret	100%	n/a	n/a	n/a	100%

Cleaning Specification Compliance			
TOTAL (NHS A&A)	95.6%	GREEN	▼
Ailsa	96.5%	GREEN	▼
Arran War Memorial	96.8%	GREEN	▼
Arrol Park	96.8%	GREEN	▲
Ayr	95.0%	GREEN	▼
Ayrshire Central	95.3%	GREEN	▼
Biggart	97.8%	GREEN	▲
Crosshouse	94.8%	GREEN	▼
Davidson	98.4%	GREEN	▲
EACH	100.0%	GREEN	▲
Kirklandside	94.6%	GREEN	▼
Lady Margaret	98.7%	GREEN	▲

Key:
▲ Improving
▼ Worsening
▶ Maintaining

RED Above Upper Warning Limit
AMBER Between Mean and Upper Warning Limit
GREEN Mean or lower

Identified and Acquired Clostridium difficile associated disease cases in inpatients													
		May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09
NHS Ayrshire & Arran	Identified	60	51	61	44	44	42	44	45	35	48	44	35
	Performance Score	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN
	Performance Direction	-	▲	▼	▲	▶	▲	▼	▼	▲	▼	▲	▲
	Acquired	40	41	45	27	29	27	26	30	25	39	37	28
	Performance Score	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN
	Performance Direction	-	▼	▼	▲	▼	▲	▲	▼	▲	▼	▲	▲
ACH	Identified	4	3	3	3	3	3	5	3	1	5	1	3
	Performance Score	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER	GREEN	GREEN
	Performance Direction	-	▲	▶	▶	▶	▶	▼	▲	▲	▼	▲	▼
	Acquired	3	3	4	2	4	3	5	4	0	5	1	3
	Performance Score	GREEN	GREEN	AMBER	GREEN	AMBER	GREEN	AMBER	AMBER	GREEN	AMBER	GREEN	GREEN
	Performance Direction	-	▶	▼	▲	▼	▲	▼	▲	▲	▼	▲	▼
Ayr Hospital	Identified	9	14	19	17	14	15	15	15	18	16	14	8
	Performance Score	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN
	Performance Direction	-	▼	▼	▲	▲	▼	▶	▶	▼	▲	▲	▲
	Acquired	4	13	15	9	8	7	7	7	14	12	11	6
	Performance Score	GREEN	RED	RED	AMBER	AMBER	GREEN	GREEN	GREEN	RED	AMBER	AMBER	GREEN
	Performance Direction	-	▼	▼	▲	▲	▶	▶	▶	▼	▲	▲	▲
Biggart	Identified	10	4	6	6	3	5	1	7	2	6	7	2
	Performance Score	RED	AMBER	AMBER	AMBER	GREEN	AMBER	GREEN	AMBER	GREEN	AMBER	AMBER	GREEN
	Performance Direction	-	▲	▼	▶	▲	▼	▲	▼	▲	▼	▼	▲
	Acquired	9	4	4	6	3	5	3	5	2	6	6	2
	Performance Score	RED	AMBER	AMBER	AMBER	GREEN	AMBER	GREEN	AMBER	GREEN	AMBER	AMBER	GREEN
	Performance Direction	-	▲	▶	▼	▲	▼	▲	▼	▲	▼	▶	▲
Crosshouse	Identified	31	25	30	13	21	17	21	19	12	18	20	21
	Performance Score	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
	Performance Direction	-	▲	▼	▲	▼	▲	▼	▲	▲	▼	▼	▼
	Acquired	22	16	18	5	12	10	10	13	8	14	18	16
	Performance Score	AMBER	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER
	Performance Direction	-	▲	▼	▲	▼	▲	▶	▼	▲	▼	▼	▲
IC & ES	Identified	47	42	48	32	34	34	35	37	36	39	34	28
	Performance Score	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN
	Performance Direction	-	▲	▼	▲	▼	▶	▼	▼	▲	▼	▲	▲
	Acquired	32	34	34	22	23	22	22	24	23	32	29	24
	Performance Score	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN
	Performance Direction	-	▼	▶	▲	▼	▲	▶	▼	▲	▼	▲	▲
IC & PS	Identified	13	7	13	12	8	8	9	9	5	9	9	7
	Performance Score	AMBER	RED	AMBER	AMBER	GREEN	GREEN	AMBER	AMBER	GREEN	AMBER	AMBER	GREEN
	Performance Direction	-	▲	▼	▲	▲	▶	▼	▶	▲	▼	▶	▲
	Acquired	8	5	10	5	4	5	3	6	2	7	7	4
	Performance Score	AMBER	GREEN	RED	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	AMBER	AMBER	GREEN
	Performance Direction	-	▲	▼	▲	▲	▼	▲	▼	▲	▼	▶	▲
Mental Health	Identified	0	2	0	0	2	0	0	0	0	0	1	0
	Performance Score	GREEN	RED	GREEN	GREEN	RED	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN
	Performance Direction	-	▼	▲	▶	▼	▲	▶	▶	▶	▶	▼	▲
	Acquired	0	2	0	0	2	0	0	0	0	0	1	0
	Performance Score	AMBER	RED	GREEN	GREEN	RED	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN
	Performance Direction	-	▼	▲	▶	▼	▲	▶	▶	▶	▶	▼	▲

NB Not all hospitals have their data reported individually SPC format due to relatively low numbers and are therefore are not included in the RAG table. Please see below

Hospital	Identified cases of CDAD	Acquired cases of CDAD
East Ayrshire Community Hospital	1	1

April 2009

Comment:

- All Hospitals below mean for identified and acquired cases of CDAD except Crosshouse which was slightly above the mean for acquired cases.
- Thirty-one percent of Crosshouse acquired cases were in 5E which also experienced suspected Norovirus Outbreak in April. Norovirus outbreaks result in increased sampling of faecal specimens. This can lead to increased identification of *Clostridium difficile*. It is not possible to determine if all cases of C. diff identified during a Norovirus Outbreak are genuine cases of C. diff or cases of Norovirus with an incidental finding of c. diff as this can be present in the bowel without causing disease

Cases of SABs and hospital/healthcare aquired SABs													
		May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09
NHS Ayrshire & Arran	Cases of SABs	12	10	9	6	12	9	8	12	12	8	7	13
	Performance Score	AMBER	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	AMBER
	Performance Direction	-	▲	▲	▲	▼	▲	▲	▼	▶	▲	▲	▼
	Cases of acquired SABs	9	8	5	3	8	7	3	3	7	3	3	4
	Performance Score	AMBER	AMBER	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN
Performance Direction	-	▲	▲	▲	▼	▲	▲	▶	▼	▲	▶	▼	
ACH	Cases of SABs	0	0	1	1	0	0	0	1	0	0	0	0
	Performance Score	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN
	Performance Direction	-	▶	▼	▶	▲	▶	▶	▼	▲	▶	▶	▶
	Cases of acquired SABs	0	0	1	1	1	0	0	1	0	0	0	0
	Performance Score	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Performance Direction	-	▶	▼	▶	▶	▲	▶	▼	▲	▶	▶	▶	
Ayr Hospital	Cases of SABs	4	3	2	3	4	4	1	2	8	1	3	9
	Performance Score	AMBER	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	RED	GREEN	GREEN	RED
	Performance Direction	-	▲	▲	▼	▼	▶	▲	▼	▼	▲	▼	▼
	Cases of acquired SABs	4	3	1	1	2	2	0	0	3	0	1	3
	Performance Score	RED	AMBER	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER
Performance Direction	-	▲	▲	▶	▼	▶	▲	▶	▼	▲	▼	▼	
AMU	Cases of SABs	0	0	0	0	0	0	0	1	1	0	1	0
	Performance Score	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	RED	RED	GREEN	RED	GREEN
	Performance Direction	-	▶	▶	▶	▶	▶	▶	▼	▶	▲	▼	▲
	Cases of acquired SABs	0	0	0	0	0	0	0	1	1	0	1	0
	Performance Score	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	RED	RED	GREEN	RED	GREEN
Performance Direction	-	▶	▶	▶	▶	▶	▶	▼	▶	▲	▼	▲	
Biggart	Cases of SABs	0	1	0	0	0	1	0	1	0	0	0	0
	Performance Score	GREEN	AMBER	GREEN	GREEN	GREEN	AMBER	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN
	Performance Direction	-	▼	▲	▶	▶	▼	▲	▼	▲	▶	▶	▶
	Cases of acquired SABs	0	0	0	0	0	1	0	0	0	0	0	0
	Performance Score	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Performance Direction	-	▶	▶	▶	▶	▼	▲	▶	▶	▶	▶	▶	
Crosshouse	Cases of SABs	8	6	6	2	8	4	7	7	3	7	5	4
	Performance Score	AMBER	GREEN	GREEN	GREEN	AMBER	GREEN	AMBER	AMBER	GREEN	AMBER	GREEN	GREEN
	Performance Direction	-	▲	▶	▲	▼	▲	▼	▶	▲	▼	▲	▲
	Cases of acquired SABs	5	4	2	0	5	4	3	1	3	2	2	1
	Performance Score	AMBER	AMBER	GREEN	GREEN	AMBER	AMBER	AMBER	GREEN	AMBER	GREEN	GREEN	GREEN
Performance Direction	-	▲	▲	▲	▼	▲	▲	▲	▼	▲	▶	▲	
IC & ES	Cases of SABs	8	8	6	5	11	6	6	10	7	7	4	10
	Performance Score	AMBER	AMBER	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	AMBER
	Performance Direction	-	▶	▲	▲	▼	▲	▶	▼	▲	▶	▲	▼
	Cases of acquired SABs	7	6	2	1	7	3	1	1	1	0	1	2
	Performance Score	RED	AMBER	GREEN	GREEN	RED	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Performance Direction	-	▲	▲	▲	▼	▲	▲	▶	▶	▲	▼	▼	
IC & PS	Cases of SABs	4	2	3	1	1	3	2	2	5	1	3	3
	Performance Score	AMBER	GREEN	AMBER	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER	GREEN	AMBER	AMBER
	Performance Direction	-	▲	▼	▲	▶	▼	▲	▶	▼	▲	▼	▶
	Cases of acquired SABs	2	1	2	1	1	4	2	2	6	2	2	2
	Performance Score	AMBER	GREEN	AMBER	GREEN	GREEN	AMBER	AMBER	AMBER	RED	AMBER	AMBER	AMBER
Performance Direction	-	▲	▼	▲	▶	▼	▲	▶	▼	▲	▶	▶	

Comment

- The overall number of SABs increased in April to the highest total recorded in the last 12 months
- This was primarily related to an increase in patients with community and nursing home acquired SABs admitted to Ayr Hospital
- The overall number of hospital and healthcare associated SABs remained below the mean for the 3rd consecutive months and for 5 of the last 6 months
- Ayr Hospital acquired SABs were slightly above the mean

Average Hand Hygiene Compliance %

	Nursing		Medical		AHP		Ancillary		Total	
	Apr-09	Mar-09	Apr-09	Mar-09	Apr-09	Mar-09	Apr-09	Mar-09	Apr-09	Mar-09
ACH	95%	95%	90%	91%	98%	87%	75%	90%	94%	94%
Ailsa	96%	100%	100%	100%	n/a	n/a	83%	100%	94%	94%
AMU	96%	100%	95%	100%	100%	100%	100%	100%	97%	97%
Arran	100%	100%	100%	100%	100%	100%	100%	n/a	100%	100%
Ayr	97%	98%	93%	87%	90%	91%	84%	83%	93%	93%
Biggart	99%	99%	99%	94%	100%	100%	98%	84%	99%	99%
Crosshouse	93%	92%	89%	81%	99%	94%	86%	85%	93%	93%
Davidson	100%	100%	100%	67%	100%	50%	33%	100%	91%	91%
EACH	100%	100%	90%	95%	100%	100%	92%	97%	96%	96%
Kirklandside	97%	95%	78%	79%	45%	90%	80%	61%	88%	88%
Lady Margaret	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100%	100%

Comments:

- In March 172 (143 previous month) local audits of hand hygiene compliance were undertaken compared with 143 the previous month
- These covered 59 separate clinical areas compared with 55 the previous month
- The number of audits in each area ranged from 1 – 5 per month
- The new Hand Hygiene Co-ordinator took up post on the 20/4/09 with a remit to extend the roll out of local hand hygiene auditing

Appendix 2

Previous Layout

Clostridium difficile Associated Diarrhoea (CDAD)

	Apr 09	Mar 09	Feb 09	Jan 09	Dec 08	Nov 08	Oct 08	Sept 08	Aug 08	Jul 08	Jun 08	May 08
1. NHS A&A cases of CDAD identified in inpatients	35	44	48	35	45	44	42	44	44	61	51	60
2. NHS A&A cases of hospital acquired CDADs in inpatients	28	37	39	25	30	26	27	29	27	45	41	40
3. ACH - Cases of CDAD identified in inpatients	3	1	5	1	3	5	3	3	3	3	3	4
4. ACH - Cases of hospital acquired CDADs in inpatients	3	1	5	0	4	5	3	4	2	4	3	3
5. Ayr - Cases of CDAD identified in inpatients	8	14	16	18	15	15	15	14	17	19	14	9
6. Ayr – Cases of hospital acquired CDADs in inpatients	6	11	12	14	7	7	7	8	9	15	13	4
7. Biggart - Cases of CDAD identified in inpatients	2	7	6	2	7	1	5	3	6	6	4	10
8. Biggart – Cases hospital acquired CDADs in inpatients	2	6	6	2	5	3	5	3	6	4	4	9
9. Crosshouse - Cases of CDAD identified in inpatients	21	20	18	12	19	21	17	21	13	30	25	31
10. Crosshouse – Cases hospital acquired CDADs in inpatients	16	18	14	8	13	10	10	12	5	18	16	22
11. IC & ES - Cases of CDAD identified in inpatients	28	34	39	36	37	35	34	34	32	48	42	47
12. IC & ES – Cases hospital acquired CDADs in inpatients	24	29	32	23	24	22	22	23	22	34	34	32
13. IC & PS - Cases of CDAD identified in inpatients	7	9	9	5	9	9	8	8	12	13	7	13
14. IC & PS – Cases hospital acquired CDADs in inpatients	4	7	7	2	6	3	5	4	5	10	5	8
15. Mental Health - Cases of CDAD identified in inpatients	0	1	0	0	0	0	0	2	0	0	2	0
16. Mental Health – Cases hospital acquired CDADs in inpatients	0	1	0	0	0	0	0	2	0	0	2	0

Below the mean

Mean – Upper warning Limit

Above upper warning limits

NB Not all hospitals have their data reported individually SPC format due to relatively low numbers and are therefore are not included in the RAG table. Please see below

Hospital	Identified cases of CDAD	Acquired cases of CDAD
East Ayrshire Community Hospital	1	1

April 2009

Comment:

- All Hospitals below mean for identified and acquired cases of CDAD except Crosshouse which was slightly above the mean for acquired cases.
- Thirty-one percent of Crosshouse acquired cases were in 5E which also experienced suspected Norovirus Outbreak in April. Norovirus outbreaks result in increased sampling of faecal specimens. This can lead to increased identification of *Clostridium difficile*. It is not possible to determine if all cases of C. diff identified during a Norovirus Outbreak are genuine cases of C. diff or cases of Norovirus with an incidental finding of c. diff as this can be present in the bowel without causing disease

Staphylococcus aureus Bacteraemias (SABs)

	Apr 09	Mar 09	Feb 09	Jan 09	Dec 08	Nov 08	Oct 08	Sept 08	Aug 08	Jul 08	Jun 08	May 08
1. NHS A&A cases of SAB	13	7	8	12	12	8	9	12	6	9	10	12
2. NHS A&A cases of hospital/healthcare acquired SABs	4	3	3	7	3	3	7	8	3	5	8	9
3. ACH - Cases of SAB	0	0	0	0	1	0	0	0	1	1	0	0
4. ACH - Cases of hospital/healthcare acquired SABs	0	0	0	0	1	0	0	1	1	1	0	0
5. Ayr - Cases of SAB	9	3	1	8	2	1	4	4	3	2	3	4
6. Ayr – Cases of hospital/healthcare acquired SABs	3	1	0	3	0	0	2	2	1	1	3	4
7. AMU - Cases of SABs	0	1	0	1	1	0	0	0	0	0	0	0
8. AMU – Cases hospital/healthcare acquired SABs	0	1	0	1	1	0	0	0	0	0	0	0
8. Biggart - Cases of SABs	0	0	0	0	1	0	1	0	0	0	1	0
9. Biggart – Cases hospital/healthcare acquired SABs	0	0	0	0	0	0	1	0	0	0	0	0
10. Crosshouse - Cases of SABs	4	5	7	3	7	7	4	8	2	6	6	8
11. Crosshouse – Cases hospital/healthcare acquired SABs	1	2	2	3	1	3	4	5	0	2	4	5
12. IC & ES - Cases of SABs	10	4	7	7	10	6	6	11	5	6	8	8
13. IC & ES – Cases hospital/healthcare acquired SABs	2	1	0	1	1	1	3	7	1	2	6	7
14. IC & PS - Cases of SAB	3	3	1	5	2	2	3	1	1	3	2	4
15. IC & PS – Cases hospital/healthcare acquired SABs	2	2	2	6	2	2	4	1	1	2	1	2

Below the mean

Mean – Upper warning Limit

Above upper warning limits

Comment

- The overall number of SABs increased in April to the highest total recorded in the last 12 months
- This was primarily related to an increase in patients with community and nursing home acquired SABs admitted to Ayr Hospital
- The overall number of hospital and healthcare associated SABs remained below the mean for the 3rd consecutive months and for 5 of the last 6 months
- Ayr Hospital acquired SABs were slightly above the mean

Average Hand Hygiene Compliance with Opportunities Taken - Local Audit Results April 2009

Hospital	Nursing (%)		Medical (%)		AHP (%)		Ancillary (%)		Total (%)	
	April 09	March 09	April 09	March 09	April 09	March 09	April 09	March 09	April 09	March 09
ACH	95	95	90	91	98	87	75	90	94	93
Ailsa	96	100	100	100	N/A	N/A	83	100	94	95
AMU	96	100	95	100	100	100	100	100	97	100
Arran	100	100	100	100	100	100	100	N/A	100	100
Ayr	97	98	93	87	90	91	84	83	93	94
Biggart	99	99	99	94	100	100	98	84	99	96
Crosshouse	93	92	89	81	99	94	86	85	93	90
Davidson	100	100	100	67	100	50	33	100	91	87
EACH	100	100	90	95	100	100	92	97	96	98
Kirklandside	97	95	78	79	45	90	80	61	88	93
Lady Margaret	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	N/A

Comments:

- In March 172 (143 previous month) local audits of hand hygiene compliance were undertaken compared with 143 the previous month
- These covered 59 separate clinical areas compared with 55 the previous month
- The number of audits in each area ranged from 1 – 5 per month
- The new Hand Hygiene Co-ordinator took up post on the 20/4/09 with a remit to extend the roll out of local hand hygiene auditing

National Cleaning Specification Compliance

Hospital	May 08	Jun 08	Jul 08	Aug 08	Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09
Ailsa	96.3	97.3	97.5	97.2	96.5	96.3	97.3	97.0	96.4	96.8	97.6	96.5
Arran	97.3	98.1	98.5	98.5	94.2	96.5	97.3	95.7	95.6	96.6	97.0	96.8
Arrol Park	96.2	96.2	95.9	95.6	95.9	98.8	96.4	96.1	96.0	96.0	96.6	96.8
Ayr	95.6	95.8	96.1	96.4	96.5	96.4	96.9	94.0	94.3	94.3	95.5	95.0
Ayrshire Central	97.1	95.0	94.7	89.8	95.8	93.6	96.3	91.5	95.5	96.3	96.2	95.3
Biggart	97.3	96.5	97.8	97.7	96.6	96.3	98.0	98.3	98.0	98.1	95.9	97.8
Crosshouse	96.2	95.7	94.6	94.2	95.3	95.0	95.5	94.2	94.2	94.9	95.0	94.8
Davidson	98.7	98.4	97.1	99.5	92.8	98.5	98.6	97.3	96.8	97.2	95.7	98.4
EACH	99.3	99.3	99.1	99.4	99.7	98.2	99.4	99.7	99.7	99.5	99.5	100
Kirklandside	95.4	97.0	96.5	97.8	97.9	97.4	96.5	99.1	91.8	97.1	94.8	94.6
Lady Margaret	95.9	93.5	96.9	93.	96.6	96.4	97.1	95.8	97.7	95.7	97.6	98.7
All	96.7	96.6	96.8	96.3	96.2	96.7	97.2	96.3	96.0	95.6	96.5	95.6



Comment

All Hospitals achieved green status for compliance with the National Cleaning Specifications in April 2009