



Healthcare Associated Infection Board Report

**Infection Control Team
June 2009**

Clostridium difficile Associated Diarrhoea (CDAD)

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

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
Davidson Hospital	1	1

May 2009

Comment:

- Identified and acquired cases of CDAD in NHS Ayrshire & Arran at lowest level since September 2006.
- All areas have moved to green status for identified and acquired cases of CDAD with the exception of Mental Health. However this directorate experiences very low numbers of c. diff and as such the alert status is triggered by 1 case.
- IC & ES had 13 acquisitions. This is the lowest number of acquisitions since the current database was established in April 2006
- Action Plans developed for wards where increased incidence detected by alert organism surveillance programme

Staphylococcus aureus Bacteraemias (SABs)

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

Below the mean

Mean – Upper warning Limit

Above upper warning limits

Comment

- Sustained reduction in SABs remains difficult to achieve
- Roll out of revised peripheral vascular catheter (PVC) care bundle documentation and audit programme has taken place. Wards now begun process of auditing PVC care bundle compliance. Priority to be given to this over the coming months
- Finalising arrangements with Health Protection Scotland to provide support for case note review of SABs with an unknown cause. This accounts for approximately 1/3rd of all SABs in NHS A&A. The aim of the review is to identify additional areas for targeted intervention.

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

Hospital	Nursing (%)		Medical (%)		AHP (%)		Ancillary (%)		Total (%)	
	May 09	April 09	May 09	April 09	May 09	April 09	May	09	May 09	April 09
ACH	99	96	96	78	92	96	94	89	96	93
Ailsa	100	100	N/A	50	0	N/A	100	92	95	93
AMU	100	100	89	100	100	100	100	10	96	100
Arran	100	100	75	94	100	100	100	100	95	99
Ayr	99	90	93	87	96	81	90	81	95	90
Biggart	94	98	75	88	99	93	86	91	90	94
Crosshouse	92	92	79	84	88	91	80	78	88	91
Davidson	100	100	75	N/A	100	N/A	100	100	95	100
EACH	100	99	96	96	98	100	100	94	98	97
Kirklandside	100	99	63	77	100	75	84	91	95	98
Lady Margaret	N/A	100	N/A	100	N/A	100	N/A	100	N/A	100

Comments:

1. Revised programme of 'Local Level Hand Hygiene Audit Training' commenced which involves a 1hr 30mins theory session and 1hr per person practical session in their clinical area.
2. Current training schedule is due to run from Tuesday 9th June to Friday 3rd July 09.
3. Focused current schedule on areas not previously included in local audit programme. To date 8 theory sessions delivered involving 43 staff with 3 remaining sessions with 19 staff due to attend. In addition 11 staff have had a one-to-one practical basis with another 11 staff booked in.
4. Currently in process of organizing next audit training schedule which will run from approx Monday 3rd Aug to Friday 11th Sept 09 / intend to focus on new areas who did not attend the current scheduled programme and introduce to Ayrshire Central & Ailsa Hospital.
5. A Hand Hygiene stall was manned at the North CHP Public Partnership Forum

6. Ayrshire & Arran Hand Hygiene Co-ordinator was involved at the Royal Highland Show promoting hand hygiene to the public.
7. Hand hygiene training sessions ongoing at Ayr and Crosshouse for all Bank staff to attend. Both National and local audits identified bank staff group was high in h/h non compliance and had not attended h/h training.
8. H/H training in place for new wards now being audited as part of National HH audits prior to July National audit.
9. H/H training in place for Hotel Services staff at EACH
10. H/H on FY1/FY2 Induction programme at Ayr and Crosshouse July/August
11. Review of Cleanliness Champions Programme registration, mentoring and completion to increase uptake and in particular support completion of course.
12. H/H training/audit as support of action plans directed by ICNs and requested by Charge Nurses with non compliance issues raised from weekly h/h audits
13. AHP H/H training sessions ongoing
14. Light boxes from H/H Campaign distributed to all A&A hospitals for training sessions.

National Cleaning Specification Compliance

Hospital	Jun 08	Jul 08	Aug 08	Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09
Ailsa	97.3	97.5	97.2	96.5	96.3	97.3	97.0	96.4	96.8	97.6	96.5	96.8
Arran	98.1	98.5	98.5	94.2	96.5	97.3	95.7	95.6	96.6	97.0	96.8	97.2
Arrol Park	96.2	95.9	95.6	95.9	98.8	96.4	96.1	96.0	96.0	96.6	96.8	96.6
Ayr	95.8	96.1	96.4	96.5	96.4	96.9	94.0	94.3	94.3	95.5	95.0	94.8
Ayrshire Central	95.0	94.7	89.8	95.8	93.6	96.3	91.5	95.5	96.3	96.2	95.3	93.4
Biggart	96.5	97.8	97.7	96.6	96.3	98.0	98.3	98.0	98.1	95.9	97.8	97.1
Crosshouse	95.7	94.6	94.2	95.3	95.0	95.5	94.2	94.2	94.9	95.0	94.8	95.1
Davidson	98.4	97.1	99.5	92.8	98.5	98.6	97.3	96.8	97.2	95.7	98.4	98.1
EACH	99.3	99.1	99.4	99.7	98.2	99.4	99.7	99.7	99.5	99.5	100	99.5
Kirklandside	97.0	96.5	97.8	97.9	97.4	96.5	99.1	91.8	97.1	94.8	94.6	95.9
Lady Margaret	93.5	96.9	93.	96.6	96.4	97.1	95.8	97.7	95.7	97.6	98.7	98.3
All	96.6	96.8	96.3	96.2	96.7	97.2	96.3	96.0	95.6	96.5	95.6	95.5



Comment

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