Royal Victoria Eye & Ear Hospital

Infection Control Annual Report

2010

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Introduction

This is the 2010 annual report of the Infection Prevention and Control Team (IPCT) of the Royal Victoria Eye and Ear Hospital (RVEEH). The report will provide information on the progress and achievements of the IPCT and the processes in place to control healthcare associated infection (HCAI) at the RVEEH in the year 2010. The report will show the commitment to prevention and control of infection across clinical services and demonstrate good working relationships between directorates and the IPCT to achieve positive results. Our low rates of infection are accomplished by constantly monitoring our services, consulting with patients, visitors and staff, and modifying our services based on feedback, internal and external audits, regulations, standards, scientific studies and guidelines.

With on-going budgetary constraints, the Infection Prevention and Control Team (IPCT) endeavours to provide their services in an efficient and cost-effective manner. The IPCT consists of Dr Susan Knowles, Consultant Microbiologist, Ms Sinead Fitzgerald, Infection Control Nurse (0.5 WTE) and Ms Margie McCarthy, Infection Control Nurse (0.5 WTE).

The team meets twice weekly to discuss all matters relating to Infection Control in the hospital and the Infection Control Committee meets quarterly. Appendix 1 contains the annual work plan and programme for the IPCT.

For membership and terms of reference of the Infection Control Committee see Appendix 2. The infection control team is now represented on the Drugs and Therapeutics' committee, which is responsible for antimicrobial stewardship *inter alia*.

Surveillance

Surveillance involves a range of procedures including scientific, technical, communication, information/computer and data management, and quality control. A surveillance work plan is part of the Infection control programme set up annually by the IPCT and approved by the Infection Prevention and Control committee (IPCC)

The Health Service Executive (HSE) healthcare associated infection (HCAI) governance group has set the following goals and objectives: to reduce HCAI by 20%, to reduce MRSA infections by 30% and to reduce antibiotic consumption by 20%

Table 1: Targets/ key performance indicators for RVEEH.

***HCAI Key Performance Indicators (KPI)**	**Targets**	**RVEEH 2010 Result**
Rate of post-operative endophthalmitis	≤0.5%	0.06
Number of RVEEH acquired MRSA colonization	≤4	1
Number of RVEEH acquired MRSA infection	≤2	0
Number of MRSA blood stream infections	≤1	0
Vancomycin resistant enterococcus blood stream infections	≤1	0
Clostridium difficile Infections	≤2	1
Norovirus Outbreaks	≤1	0

Health Care Associated Infection (HCAI) is defined as any infection that was not present or incubating on admission

Surveillance in the RVEEH includes the following

- Antimicrobial resistance
- Surgical Site Infections
- Patient device related infections
- Notifiable infectious diseases
- Hospital acquired infections.

Table 2: Numbers of common transmissible organisms in RVEEH 2006-2010

Infection No's	2010	2009	2008	2007	2006
Adenovirus	36	14	29	44	11
Acanthamoeba	3	2	2	2	1
Campylobacter	0	1	1	0	1
Chlamydia	8	11	14	13	10
C. difficile	1	0	2	0	1
Gonorrhoea	1	1	0	2	1
Gp A Strep	8	12	15	8	9
Hepatitis B	0	1	0	0	1
Hepatitis C	1	1	0	0	1
MRSA (non-invasive)	50	77	91	94	75
MRSA (invasive)	0	*1	0	0	0
Mumps	1	4	3	1	4
Norovirus	1	0	0	1	0
Syphilis	1	3	0	0	0
Toxoplasmosis	0	2	0	0	0
TB Pulmonary	0	0	0	0	2
TB Non-pulmonary	0	**4	0	0	1
VRE	0	0	0	0	0
Total		**134**	**154**	**165**	**115**

* MRSA not acquired in RVEEH. **2 micro confirmed, 2 based on histology findings

MRSA

In 2010 749 patients were screened for MRSA. Of these, 50 were found to be positive (6.7%). There has been a reduction in the number of MRSA positive patients detected compared to previous years, although the number of patients screened increased. In 2010, fifteen were previously known carriers (30%) and one case was hospital acquired (2%). MRSA screening is requested prior to admission on all patients in the at risk category. MRSA de-colonisation was carried out on 38 patients in 2010 prior to their surgery. Eradication was not successful on fourteen patients (37%). However, for the majority of these patients surgery went ahead taking all infection control precautions.

Influenza A (H1NI) /Swine flu

The IPCT implemented the recommendations of the Health Protection Surveillance Centre (HPSC) during the month of December. There were no recorded cases of swine flu in the RVEEH. The Occupational Health department conducted the seasonal flu vaccination programme according to HSE directive.

Surgical Site Infection/Patient Device infection:

Table 3: Total surgeries indicating number of infections

	2008			2009			2010		
EYE SURGERY	Total	Infected	%	Total	Infected	%	**Total**	**Infected**	**%**
Cataract Surgery	1439	2 Hampton	0.14	1448	0	0%	**1887**	**1**	**0.06%**
Other Eye Surgery	4538	0	0	2759	1	0.03%	**4127**	**0**	**0%**
Total eye surgery	**5977**	**2**	**0.03**	**4207**	**1**	**0.02%**	**6014**	**1**	**0.01%**
ENT SURGERY									
Thyroidectomy	49	0		27	0	0%	**37**	**0**	**0%**
Parotectomy	17	1	5.9%	15	0	0%		**0**	**0%**
Neck Dissection	10	1	10%	3	1	33%	**5**	**0**	**0%**
Laryngectomy	4	0		1	0	0%	**0**	**0**	**0%**
Mastoid Exploration	63	1	1.6%	65	0	0%	**48**	**0**	**0%**
Septoplasty	35	1	2.9%	45	0	0%	**13**	**0**	**0%**
Tympanoplasty	25	1	4%	26	0	0%	**51**	**1**	**1.9%**
Submandibular gland excission	21	0	0%				**14**	**0**	**0%**
Other ENT surgery	1618	0	0%	1547	0		**1531**	**0**	**0%**
Total ENT surgery	**1842**	**5**	**0.27 %**	**1756**	**1**	**0.06%**	**1699**	**0**	**0%**

There was one surgical site infection reported in 2010. There were two reported cases of peripheral Intravenous (IV) device related infections. There were no other medical device related infections in the year 2010.

EARS-Net

The RVEEH Microbiology Laboratory contributes information to the European Antimicrobial Resistance Surveillance System (EARSS) which has been renamed EARS-Net (European Antimicrobial Resistance Surveillance Network).

Internal Audits

The Infection Control Team, in conjunction with the Hygiene Services Team developed new hygiene and Infection control audits in 2010. There are ten audit teams comprising two staff members, clinical and non-clinical. In all fourteen areas of the hospital are audited. These include waste management, linen, sharps management, personal grooming, training effectiveness and facilities. The results are fed back to each department head via the HST meetings and results are also available on the hospital's intranet. It is hoped these audits will capture and correct any deficiencies as soon as possible. See appendix 3 for audit results.

External Audits

The Health Information Quality Authority (HIQA) visited the hospital in June 2010 to carry out a hygiene audit. The report following this audit was returned on Thursday 29th July. The hospital received an overall score of FAIR. The areas which scored poorly were as follows:

Waste management:

- *Non conformance to C1 Destruction certificates*
- *Non adherence to bin cleaning*
- *Floor in waste holding area was dirty and the back door of holding area did no display any "hazard" signs.*

Sinks and Hand Hygiene:

- *Many of the sinks not meeting HTM64 standards,*
- *No documentation or evidence of hand hygiene lectures given to administration/clerical staff throughout the hospital*

Organisation's physical environment:

- *Dust was found on blinds in the A&E department*
- *Fly screens throughout the hospital were dirty*
- *Toilets in the areas visited were unclean and grouting was in poor repair*

Where possible, these deficiencies have been addressed and corrected. The upgrading of the sinks is a gradual project pending funding. A total of twelve sinks which are HTM 64 compliant have been installed. It is anticipated that any new sinks installed in the hospital during future works will be compliant.

Hand Hygiene

Observational hand hygiene audits are carried out bi-annually. Reports from hand hygiene audits are fed back to the Health Protection Surveillance Centre (HPSC) and strict criteria as to acceptable results will be applied.

Hand hygiene observational audits were carried out in June 2010 and October 2010 by the IPCT using the newly developed HPSC audit tool. The overall rate of compliance for the hospital was 64% in June and 75% in October which was more positive. Compliance among the nursing staff was over 90% and 63% for the medical staff.

In an effort to highlight the importance of hand hygiene and to raise awareness, the IPCT organised a Hand hygiene awareness day in November. An ultraviolet light cabinet was used to demonstrate hand hygiene technique to staff from all disciplines. Approx. 50 staff members took part, questionnaires were distributed and feedback requested. Hand Hygiene badges encouraging service users to ask health care workers if their hands were clean were distributed. For 2011, the HSE has set 75% compliance as acceptable. However acceptable compliance targets will increase each year. Each ward and department will be re-audited in early 2011.

HCAI Quality Improvement Plans (QIPs)

There are 57 completed quality improvement plans (QIPs) and16 outstanding QIPs to be completed from the HIQA health care associated infections (HCAI) standards that were published in 2009. The QIPs are constantly being updated. Most of the outstanding items are in areas that require structural work or funding.

Alcohol hand gel consumption

The HPSC audits the usage of alcohol hand gel in all hospitals quarterly. This is used as an indication of compliance with hand hygiene and usage is compared with other hospitals by use of a decile score. The total usage for the RVEEH for 2010 was 231 litres. This represented an increase of 67 litres on the figure for 2009 and compares favourably with other hospitals in our network. See Appendix 8

Antimicrobial Consumption Data Audit

The RVEEH reports data on antimicrobial consumption to the HPSC annually. The table shows antimicrobial consumption in RVEEH from 2007-1010. See Appendix 4 for additional data. In summary, apart from a sharp increase in an antibiotic consumption in the third quarter of 2009, there is a downward trend in antibiotic consumption from Q1 2007 to Q2 2010. Data for Q3 and Q4 2010 is not available at time of writing this report.

Hospital Name	**Measure**	**2007**	**2008**	**2009**	**2010 (Q1 & Q2)**
RVEEH	DDD*/100BDU**	75.63	62	79	54

***DDD**-daily defined doses. ****BDU**-bed days used

Occupational Blood and Body Fluid Exposures (OBEs)

There were 10 reported cases of Occupational blood and body fluid exposures in 2010. All of these cases were followed up in accordance with the hospital's policy on Occupational blood and body fluid exposure. All staff are reminded of the importance of adhering to the hospital policy on the safe handling and disposal of sharps at all times in order to reduce the risk of injury and infection.

Facilities

Upgrading work was carried out in many areas of the hospital in 2010.

- Ward 15 and 16 were redecorated and upgraded. The wooden floors were replaced with a washable surface and the sink was replaced with a HTM64 standard sink was installed in both areas.
- The Day Care Unit was upgraded and redecorated to comply with HIQA standards. The carpet was removed from the hallways and replaced with a washable surface.
- The day care sitting room and adjoining room was converted to a Minor Procedure Room. The IPCT provided recommendations on all the standards that were to be adhered to. The procedure room

meets with Strategy for the control of Antimicrobial Resistance in Ireland (SARI) Infection Prevention and Control Building Guidelines for Acute Hospitals in Ireland (2009).An air exchange unit which provides 20-25 air exchanges per hour was fitted and is working well.

- A photographic clinic room was refurbished and converted to an injection room used by the oncology Ophthalmic Oncology consultant.
- An instrument traceability system was installed into the two Operating Theatres in December 2010. All sets and surgical instruments will have a unique bar code identification. The system is due to go live in January 2011 and will be introduced in two phases. This is a major improvement on the current system and greatly improves the area' compliance with HIQA decontamination standards.

Environmental Monitoring

Water Quality & Legionella Prevention

The Health Protection Surveillance Centre (HPSC) published National Guidelines for the Control of Legionellosis in Ireland in 2009. The new guidelines recommend environmental monitoring. This is carried out quarterly in the RVEEH. Water tests returned in March 2010 showed a positive result for legionella. All appropriate action was taken. A full legionella risk assessment was carried out in April 2010 and recommendations were made. All tank covers were replaced with new covers in 2010.Weekly monitoring of water temperatures is carried out in the hospital and temperatures out of accepted ranges are acted on without delay. Regular hyperchlorination occurs. Environmental monitoring is an agenda item for the quarterly infection control committee meeting.

Policies, Procedures and Guidelines updated in 2010

- Antimicrobial Guidelines- Annual update
- C.Difficile Management Guidelines
- Endoscope Reprocessing Guideline
- Enteral Tube Feeding Guidelines
- Hand Hygiene Policy
- Laundry Management Policy
- Policy on patients requiring transmission based precautions
- Total Parenteral Nutrition IV management policy

- Tracheostomy Care Policy
- Management of Vancomycin Resistant Enterococci

Major areas of concern to the IPCT

Ventilation in OT

The ventilation system in the operating theatres does not meet internationally recognised standards. This increases the risk of post-operative infection. The situation has been highlighted to the Hospital Management Group (HMG) and the Medical Board numerous times in the past. No funding has been made available. The IPCT recommends that all Operating Theatres should have appropriate ventilation with a minimum of 20 air changes per hour. The instrument set-up area should be dedicated for use, have 35 air changes per hour and an appropriate pressure differential with adjacent rooms.

Hand Hygiene Facilities

Many areas in the hospital do not have the appropriate number of hand hygiene sinks as recommended by the Strategy for Control of Antimicrobial Resistance in Ireland (SARI) Guidelines for Hand Hygiene in the Irish Health Care Setting (2007). Furthermore, some existing sinks do not conform to an appropriate design standard for sinks in healthcare settings. Funding has been requested from the HSE for a sink upgrade project. The IPCT recommends the use of alcohol hand gel in areas where there are insufficient hand washing sinks.

Hospital Sterile Services Department

The hospitals sterile services department is located in the operating theatre. As far as is possible with current space restrictions a one way flow system from “clean” to “dirty” is maintained. However, there is no physical separation of clean and dirty tasks. In addition, sterile services are located in an area in which instrument set-up occurs. Sterile services should be re-located adjacent to but separate from the OT. Clean and dirty tasks must be physically segregated in separate locations.

Endoscope Reprocessing

The IPCT would once again like to point out that the decontamination of endoscopes is not being carried out in accordance with international best practice guidelines. Decontamination of used endoscopes should be carried out in a centralised, dedicated area in the hospital, separate from patient treatment areas. All endoscopes should be reprocessed using an automated endoscope reprocessor (AER) and should be stored in appropriate units after decontamination. Current facilities and practices are of concern and should be addressed as a matter of urgency. This issue has been brought many times to the HMG.

Isolation room

The RVEEH does not have a single room with en-suite facilities to use for isolation purposes. Funding has been requested and the matter has been brought to the attention of HMG. The IPCT reiterates the importance of proper isolation facilities in preventing the spread of infection in the hospital environment.

Appendix 1

Infection Prevention & Control (IPC) Plan for 2011
Royal Victoria Eye & Ear Hospital

Target	Action	Action by
To provide infection prevention and control education for staff and students in the Hospital	1.Participate in IV Study Days 2. Mandatory Infection Control lecture- all Staff 3. Hand Hygiene lectures 4. Provide advice and updates on matters relating to IPC.	SF, MMcC
Develop and review infection control policies, procedures and guidelines in accordance with legislation and evidence-based practice.	• Antimicrobials Guidelines (annual update) • Audit Schedule Policy (annual update) • Aspergillus Management • Avian Influenza • Decontamination Guidelines • Development of Policies • Diabetic blood monitoring • Intravascular catheter management • Legionella Control • Medical Induction • MRSA • Norovirus • Occupational Health: Blood body fluid exposure • Outbreak management • RIMDs • Scabies • SARS • Single use instruments • Standard Precautions • TSEs • Urinary Catheter Care • Waste	SF, MMcC, & SK.
Infection Control Audits of practice and facilities	On-going programme of audit HST audits of facilities (See audit schedule for 2011) Develop QIP to bridge the gaps identified. Distribute results and feedback of the audits to all relevant CNMs and Heads of Departments. Do Observational hand hygiene audits and send results to HSE, re-audit where necessary	SF, MMcC, pharmacy
Monitor and report rates of infection, healthcare associated infections, notifiable diseases antimicrobial resistance, antimicrobial consumption and alcohol gel usage.	1. Daily ward based and laboratory surveillance 2. Collect, analyse and report post-operative endothalmitis infection rates. 3. Collect, analyse and report data on infections and antibiotic resistant organisms 4. Collect and report data on statutory notifiable diseases 5. Collect and report data to the European	SF, MMcC, SK SF, MMcC, SK SF, MMcC, SK, PD SK

	Antimicrobial Resistance Surveillance System (EARSS) 6. Collect and report data on alcohol gel use. 7. Collect and report data on antibiotic consumption. 8. Distribute quarterly surveillance reports to Infection Control Committee 9. Distribute quarterly or as required surveillance reports to all relevant clinical staff.	PD Pharmacy, SF, MMcC Pharmacy SF, MMcC SF, MMcC
Investigate and lead on outbreak management	Monitor and control outbreaks in a timely manner. Provide information to staff and patients as required.	SF, MMcC, SK, others as required
Identify infection risks and advise on appropriate action to prevent or minimize these risks	Liaise with patients, GPs and medical teams regarding patients colonized and infected with transmissible diseases or organisms. Analyse Infection Control related incidents and follow up to prevent these risks occurring in the future.	SF, MMcC, SK
Provide advice and support regarding infection prevention and control policy and related issues	• Patient isolation • Antimicrobial utilisation and antimicrobial resistance • Decontamination • Facilities and engineering, including new facilities, renovation, ventilation and water • Catering services • Household service • Laundry service • Waste management	SF, MMcC, SK
Attend regular meetings and educational seminars relevant to infection prevention and control	• Infection Control Committee • Infection Control Team meetings • Hygiene Committee • Sterivigilance Committee • Quality, H&S and Risk • Antimicrobial stewardship committee • Envirnoment monitoring committee • Policies and Procedures committee • IPS Conference • HPSC Study Day • Other relevant conferences	SF, MMcC, SK SF, MMcC, SK SF, MMcC SF, MMcC, SK SF, MMcC, SK, DP SF, MMcC, SK, SF, MMcC SF, MMcC SF, MMcC SF,MMcC SK
Produce an annual work plan and annual report	IPC Work Plan 2011 IPC annual report 2010	SF, MMcC, SK SF, MMcC, SK

SK=Susan Knowles, Consultant Microbiologist, SF = Sinead Fitzgerald, Infection Control Nurse; MMcC = Margie McCarthy, Infection Control Nurse, SK = PD = Paula Devine, Senior Scientist Microbiology, MA = Michael Ahearn, Director of Finance and Operations

Appendix 2

Membership of Infection Control Committee

Acting Chief Executive Officer Marie Tighe

Consultant Microbiologist Dr Susan Knowles

Infection Control Nurse Sinead Fitzgerald

Infection Control Nurse Margie McCarthy

Risk Manager Sarah McCarthy

Health and Safety Officer Deirdre Kelly

Theatre Manager Ann Prunty

Pharmacist Jane Anne O Connor

Surveillance Scientist Meriel Matheson

HSSD Manager Carol Gaskin

Catering Supervisor Ann Gillick

Infection control link nurse Mary McAree

Assistant DON Mary Casey

Facilities manager Michelle Kelleher

Quality Officer Aoife Duggan

Appendix 3

Royal Victoria Eye & Ear Hospital

Infection Control Committee

Terms of reference

- To support and monitor the implementation of national policies and guidelines
- Review and approve the annual infection prevention and control programme
- Advise and support the infection prevention and control team (IPCT) in the implementation of the programme
- Advise on resource requirements for the infection prevention & control programme
- To produce an annual report on Infection Prevention & Control
- To produce and review Infection Prevention & Control policies and guidelines regularly
- To audit the implementation of infection control policies and guidelines
- To promote and facilitate the education of all grades of hospital staff in infection prevention and control
- To participate in national healthcare associated infection surveillance schemes, in addition to locally agreed surveillance programs including alert organism surveillance
- To provide advice and support during outbreaks and review outcomes
- To review and approve all infection prevention and control aspects of decontamination policies
- To provide relevant reports to Quality, Risk, Health & Safety

Appendix 4
Antimicrobial Consumption Data
Section B1. Total Consumption

Antibiotics (DDD/100BDU)

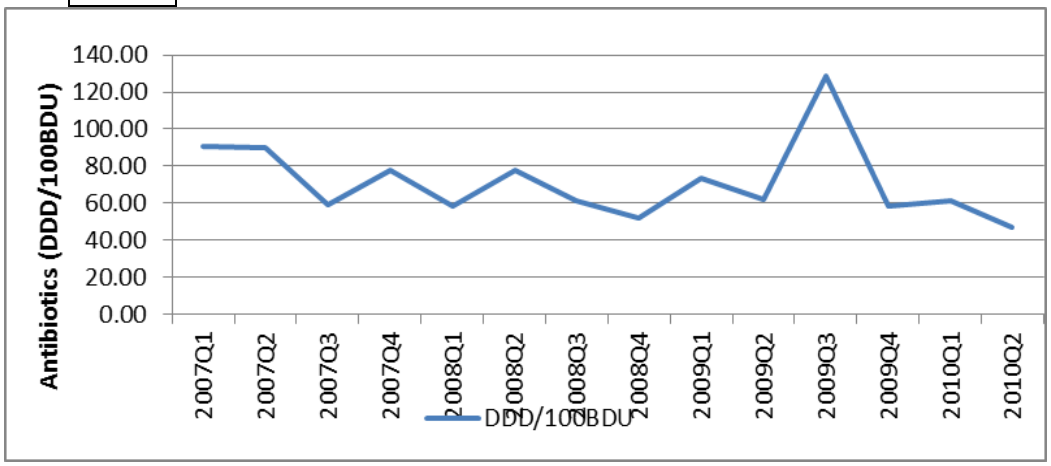
Rate is DDD per 100 bed-days used

2010 is Q1 & Q2 data only

HospGroup	Measure	2007	2008	2009	2010	Difference	
G_H17	DDD/100BDU	78.53	62.52	78.91	54.11	-31%	*Difference between 2009 and 2010Q1Q2*

HospGroup	Measure	2007	2008	2009	2010	
G_H17	ABDecile		2	6	2	*Decile scores*
G_H17	ABNatCount		41	42	42	*Number of hospitals with valid data*
G_H17	ABNatMedian		77.05	77.10	76.11	*National medians*

HospGroup	Measure	Period	DDD/100BDU
G_H17	DDD/100BDU	2007Q1	90.34
G_H17	DDD/100BDU	2007Q2	90.24
G_H17	DDD/100BDU	2007Q3	59.09
G_H17	DDD/100BDU	2007Q4	77.57
G_H17	DDD/100BDU	2008Q1	58.17
G_H17	DDD/100BDU	2008Q2	78.04
G_H17	DDD/100BDU	2008Q3	61.35
G_H17	DDD/100BDU	2008Q4	52.12
G_H17	DDD/100BDU	2009Q1	73.47
G_H17	DDD/100BDU	2009Q2	62.06
G_H17	DDD/100BDU	2009Q3	128.73
G_H17	DDD/100BDU	2009Q4	58.42
G_H17	DDD/100BDU	2010Q1	61.47
G_H17	DDD/100BDU	2010Q2	47.20



Results for 2010 Q1 & Q2

HospGroup	Category	Median	Count	Level	Units	Decile
G_H17	Antibiotic	76.11	42	54.11	DDD/100BDU	2
G_H17	Antifungal	1.22	42	4.10	DDD/100BDU	8
G_H17	A_AntiGPosAgents	1.74	42	0.29	DDD/100BDU	1
G_H17	B_Gen2Cephs	1.92	42	1.75	DDD/100BDU	5
G_H17	C_Gen3Cephs	1.36	42	1.43	DDD/100BDU	7
G_H17	D_fQs	5.22	42	11.96	DDD/100BDU	10
G_H17	E_BroadSpecPens	23.04	42	12.07	DDD/100BDU	2
G_H17	F_Carbapens	0.95	42	0.30	DDD/100BDU	1
G_H17	G_Clinda	0.51	41	2.19	DDD/100BDU	10
G_H17	All IV/Total	45.5%	42	57.1%	Proportion	8
G_H17	Switch IV/Total	7.5%	42	19.9%	Proportion	10

Results for 2009

Median	Count	Level	Units	Decile
77.10	42	78.91	DDD/100BDU	6
1.35	42	1.39	DDD/100BDU	6
2.14	42	0.76	DDD/100BDU	3
2.16	42	1.84	DDD/100BDU	4
1.39	42	2.01	DDD/100BDU	8
6.34	42	17.74	DDD/100BDU	10
22.51	42	18.73	DDD/100BDU	3
0.40	41	2.49	DDD/100BDU	10
0.47	42	0.46	Proportion	5
0.08	42	0.17	Proportion	10

Median is the national median for all hospitals with valid data for each category

Count is the number of hospitals with valid data for each category

Level is the rate or the proportion for your hospital for each category

Please see accompanied explanatory notes

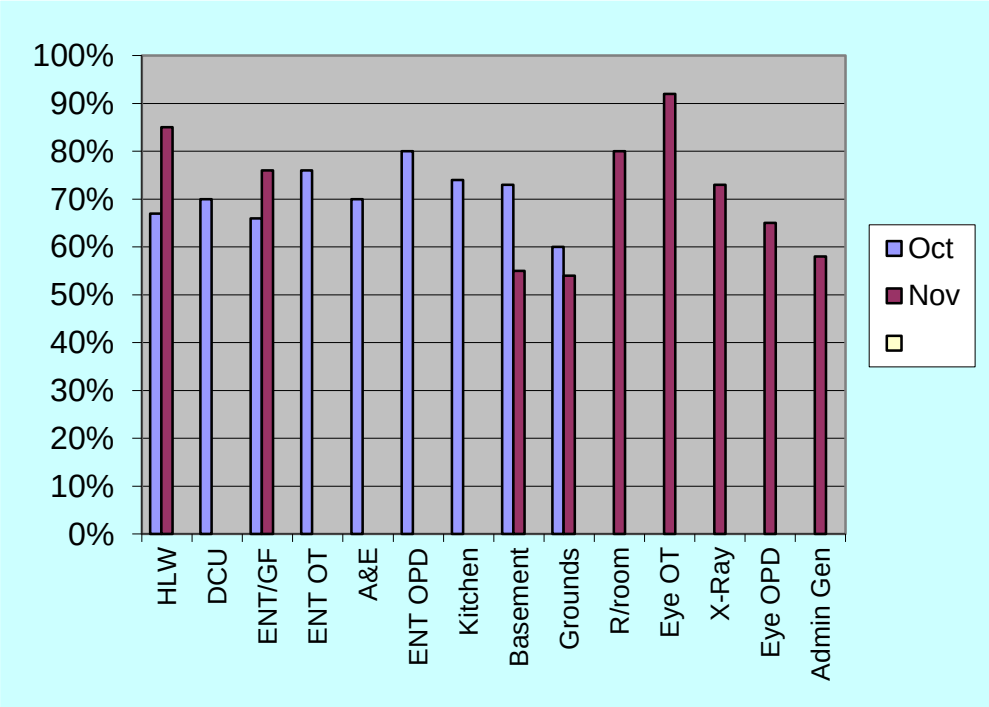
For category	See sheet
Antibiotic	*SecB1 Total Antibiotics Use*
Antifungal	*SecB2 Total Antifungals Use*
A_AntiGPosAgents	
…	*SecC1 Main Alerts*
G_Clinda	
All IV/Total	*SecD IV*
Switch IV/Total	*SecD IV*

Results for 2008

Median	Count	Level	Units	Decile
77.05	41	62.52	DDD/100BDU	2
1.32	41	0.67	DDD/100BDU	3
1.83	41	1.22	DDD/100BDU	4
2.11	41	0.96	DDD/100BDU	2
1.31	41	1.10	DDD/100BDU	4
7.93	41	9.69	DDD/100BDU	7
21.52	41	21.11	DDD/100BDU	5
0.51	40	0.37	DDD/100BDU	3
0.28	41	0.38	DDD/100BDU	6
0.41	41	38.5%	Proportion	3
0.10	41	12.0%	Proportion	9

Appendix 5

Results of new hygiene audits based on the HIQA audit tool developed in Oct 2010.



Appendix 6

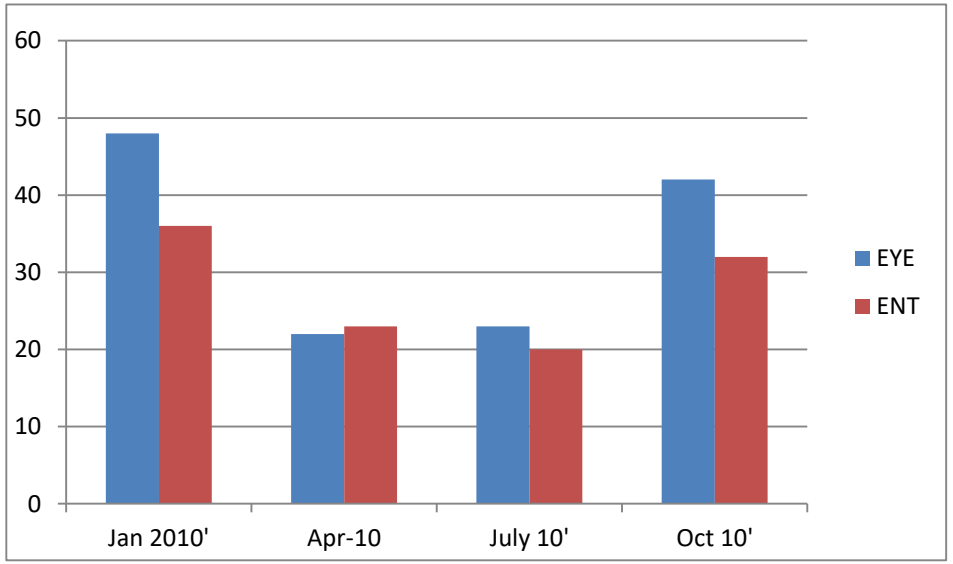
	DCU	HLW	ENT W	GF	ENT OPD	A&E	E&E OPD	R/Room	OT
Waste Handling and Disposal Audit	80%	89%	88%	91%	91%	87%	84%	86%	96%
Linen Audit	70%	75%	90%	70%	n/a	n/a	n/a	80%	------
Handling and Disposal of Sharps Audit	91%	92%	96%	96%	96%	85%	96%	93%	100%
Hand Hygiene Audit	75%	86%	86%	79%	90%	75%	64%	96%	------
Use of Personal Protective Equipment Audit	83%	90%	90%	90%	90%	73%	67%	90%	93%
Management of Patient Equipment Audit	92%	91%	90%	96%	95%	89%	82%	98%	98%
Care of Peripheral Intravenous Lines Audit	94%	86%	86%	86%	100%	94%	100%	100%	90%
Avg % Compliance	**83%**	**87%**	**90%**	**87%**	**94%**	**84%**	**82%**	**92%**	**95%**

February 2010 infection control audits carried out.

Appendix 7

Bacterial counts

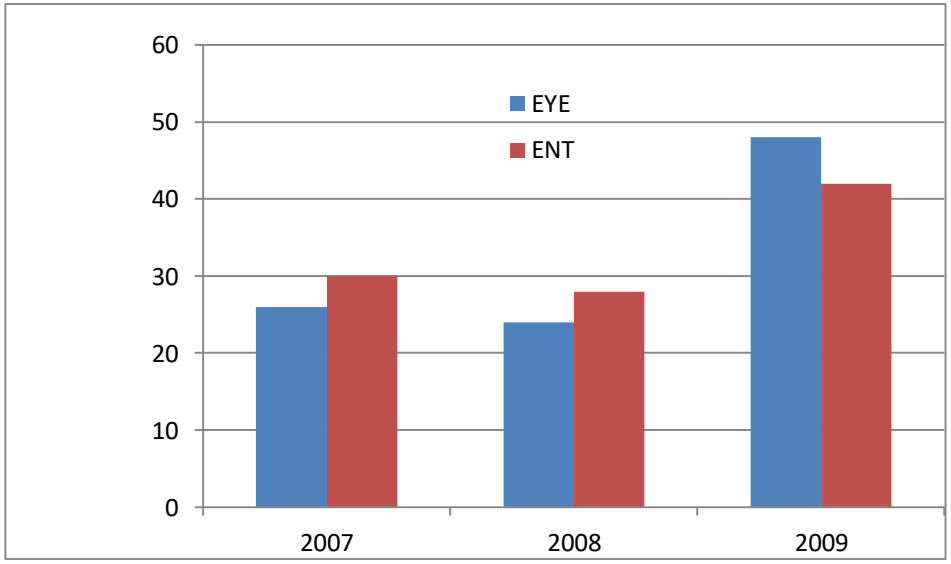
All 5 operating theatres remain without conventional ventilation. Air conditioning is provided. This is unacceptable and increases the risk of post-operative infection. The ICT recommends that all Operating Theatres should have appropriate ventilation with a minimum of 20 air changes per hour. Microbial monitoring occurs quarterly and the average counts were 29cfu These counts are within the acceptable range. However, in the absence of appropriate ventilation, these counts cannot be relied upon as achievement of adequate standards of ventilation

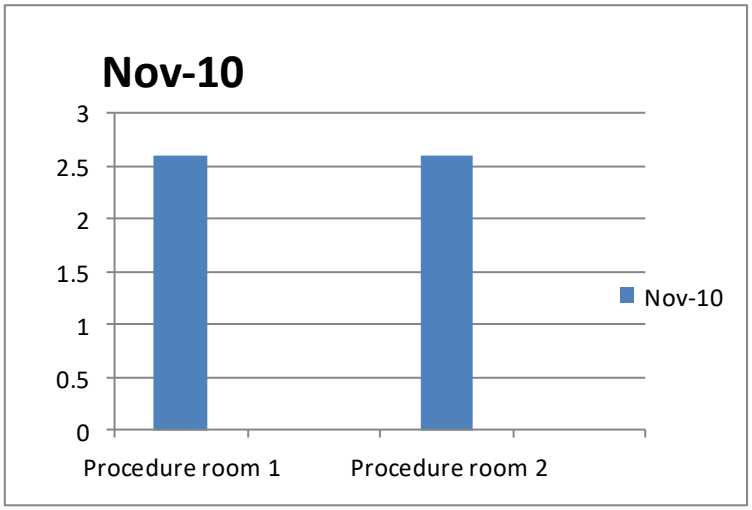


Bacterial Counts: (CFU) colony forming units for 2010

5-60 (cfu) acceptable

Bacterial counts (average) from 2007 to 2010





5-60 (cfu) acceptable

New procedure/minor op room has conventional ventilation

With 15-20 air changes per minute.

During winter months bacterial counts have been seen to increase. The air conditioning being switched off accounts for this. Staff in OT have been advised to keep air conditioning on at all times.

Appendix 8 Alcohol Hand Rub Consumption in Acute Irish Hospitals Report

	Previous years			Previous four quarters			
	2007	**2008**	**2009**	**2010 Q1**	**2010 Q2**	**2010 Q3**	**2010 Q4**
No. of participating hospitals	**50**	**50**	**50**				
Bed Days used (BDU's)	**8,824**	**10,932**					
Total vol hand rub used	**311**	**181**	**164**	**50**	**33**	**55**	**93**
(a) Quarterly rate vol/1000BDU	**35.3**	**16.5**	**22.9**	**29.3**			
National Median vol/1000BDU's	**15**	**18.7**					
(b) Your decile score	**1**	**7**	**4**				
% of Hospitals used for decile score	**100%**	**100%**	**100%**				
(c) Rolling avg rate							

67.6 litres of alcohol rub were used in Q4 09' in the RVEEH.

a. The quarterly rate of usage is the total volume of alcohol hand rub consumed in the current quarter (in litres) per 1,000 bed days used.
b. To get the **decile score**, the total number of hospitals are sorted by their quarterly rate and then divided into 10 groupings. Hospitals with a decile score of 10 have the lowest consumption rate and 1 have the highest rates in the sample. All decile scores above 8 are highlighted in **RED** – These indicate a low consumption rate compared to the national sample taken. Please note that different numbers of hospitals were used to estimate the decile score over time, therefore decile scores across years not directly comparable.
c. The **rolling average rate** is calculated as the average rate of hand rub usage over the previous four quarters to smooth out short-term variances and highlight longer term trends. This average could only be calculated from Q4 2008 onwards because of data availability.

Report Sign Off Section :

Signature: _____

Signature: _____

Title : _____

Title : _____

Date _____

Date _____