

# Tasmanian Acute Public Hospitals Healthcare Associated Infection Surveillance Report

March 2011

Report No: 8 (Period ending 31 December 2010)

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## Notes

- This report does not contain the methodology used to collect the data. Protocols relating to the surveillance programs are published on the TIPCU website, [www.dhhs.tas.gov.au/tipcu](http://www.dhhs.tas.gov.au/tipcu)
- An explanatory document is available on the TIPCU website. This document provides insight into understanding the surveillance report
- Data from previous reports should not be relied upon. Use the most to date report when quoting/using data.

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# Executive Summary

This surveillance report describes data relating to a number of key Healthcare Associated Infection (HAI) 'indicators'. It is the intention of the Tasmanian Infection Prevention and Control Unit (TIPCU) to publish this report quarterly. The TIPCU website ([www.dhhs.tas.gov.au/tipcu](http://www.dhhs.tas.gov.au/tipcu)) contains details of the surveillance program, including the rationale for the indicators surveyed and the methodologies used in data collection, validation and analysis. These details are not contained in this report but are freely available online should further information be required. In addition, an explanatory document has been developed to accompany this surveillance report.

Surveillance report No. 8 is the first Tasmanian HAI report to identify hospitals. **Any form of comparison between hospitals should be done with extreme caution and direct comparisons are not recommended. Information about how Tasmanian rates compare with those of other Australian States (and internationally), are provided in the Key Points sections of this report. A question and answer document and an explanatory document are also available on the TIPCU website ([www.dhhs.tas.gov.au/tipcu](http://www.dhhs.tas.gov.au/tipcu)).** The Appendices in this report contain more detailed information.

The key findings of this report are:

- The rates of healthcare associated *Staphylococcus aureus* bacteraemia have decreased since the introduction of the hand hygiene initiative. The rates of MRSA bacteraemia have also reduced and are low in comparison to a national indicator and in comparison to trends seen internationally.
- *Clostridium difficile* infection rates are now reported by excluding those aged less than two (in the numerator and denominator data), consistent with a national approach. The rate of CDI increased during 2010. Work is underway to explore this trend including examining the strains of *Clostridium difficile*.
- The number of cases of VRE identified in Tasmania remains steady and is low in comparison to other states.
- The rate of hand hygiene compliance remains steady and is very close to the national average with a significant increase in hand hygiene compliance seen since 2009.
- The rate of hand hygiene compliance varies significantly between Tasmania's acute public hospitals.
- As alluded to in previous reports:
  - The *Staphylococcus aureus* sensitivity surveillance program has been reviewed. A decision has been taken to report this indicator annually, as this surveillance program is only undertaken annually.
  - The manner in which VRE is reported has been reviewed and more information on how to understand this indicator is now provided in the Key Points section.



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\* Bed day activity data used is correct at the time of printing. It is however, subject to change, due to the implementation of a new patient administration system. The bed day data used is consistent with previous quarters and therefore if any change is required, it is expected to be very minor.

\*\* Bed day data for the Royal Hobart Hospital for June to December 2010 is unavailable at the time of developing the report. The average from the preceding 12 months has been used to calculate the denominator data. When data becomes available, the report will be updated.

# Staphylococcus aureus bacteraemia (bloodstream infection)

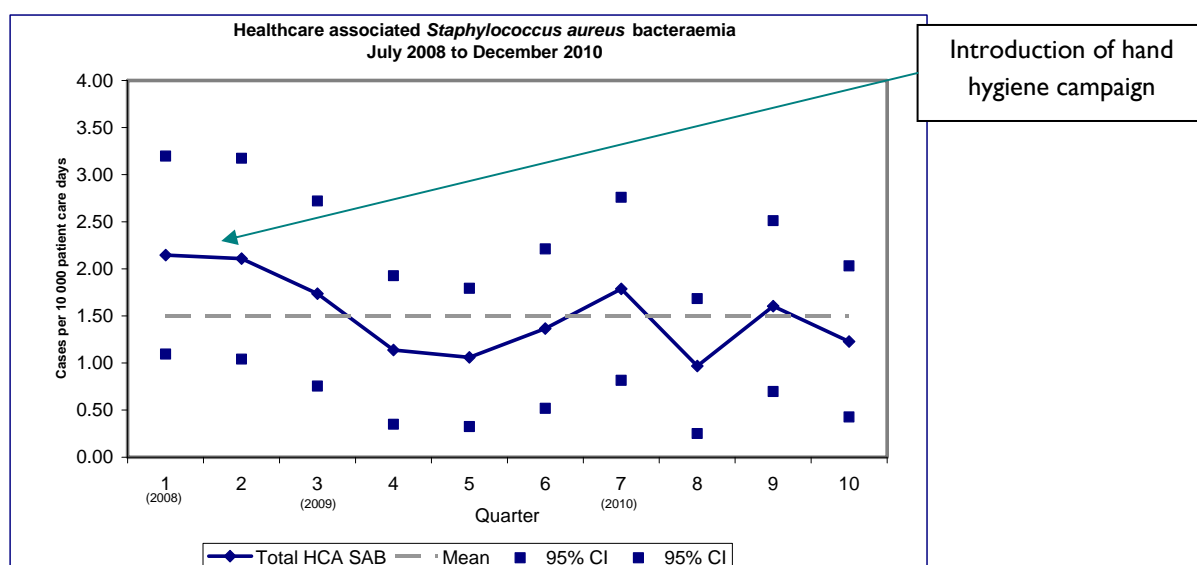
## Tasmanian Rates

Figures 1 and 2 (and tables contained in the Appendix) outline the Tasmanian rates of *Staphylococcus aureus* bacteraemia (all acute public hospitals combined).

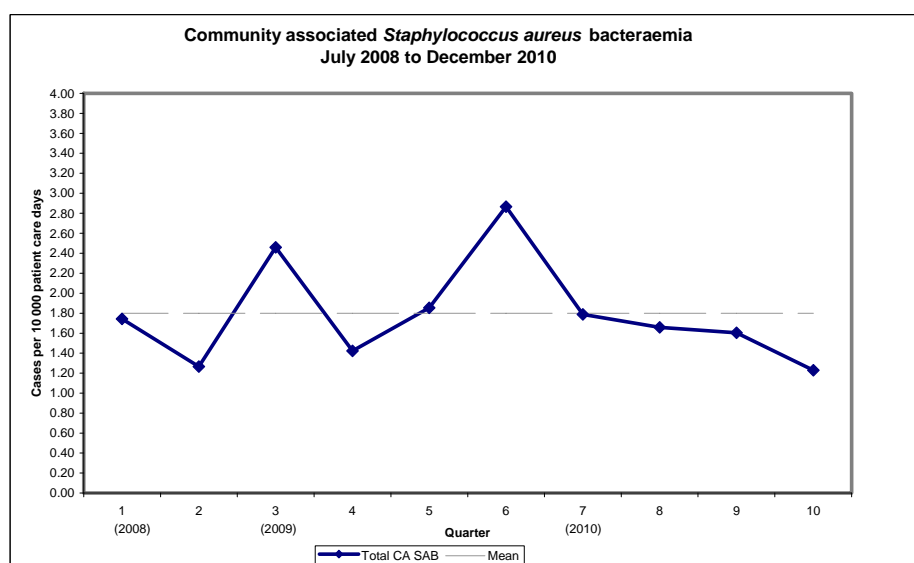
The average (mean) rate of healthcare associated *Staphylococcus aureus* bacteraemia is 0.45 per 1000 separations (95% CI 0.37–0.54) or 1.51 per 10 000 patient care days (95% CI 1.23–1.80) (Figure 1).

The average (mean) rate of community associated *Staphylococcus aureus* bacteraemia is 0.53 per 1000 separations (95% CI 0.44–0.62) or 1.79 per 10 000 patient care days (95% CI 1.48–2.10) (Figure 2).

**Figure 1 - Healthcare associated (HCA) *Staphylococcus aureus* bacteraemia**



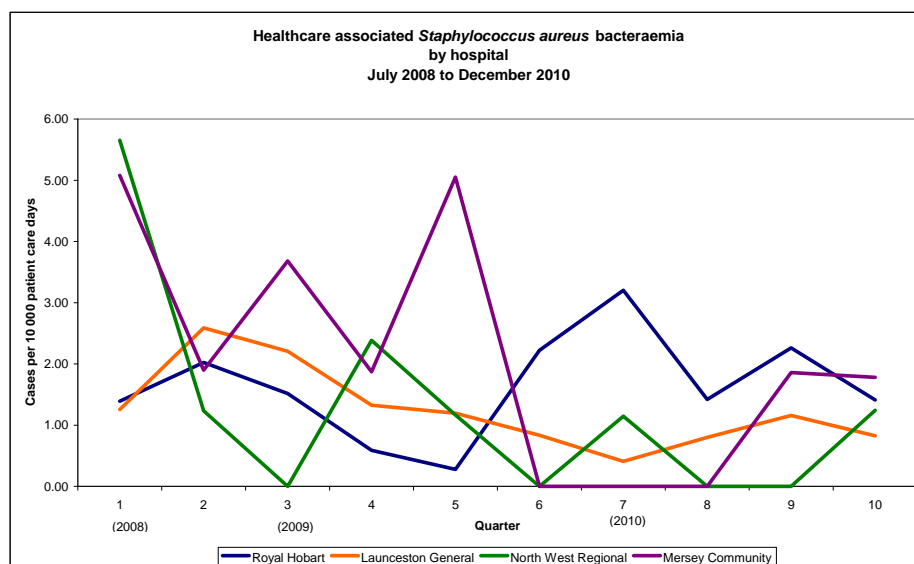
**Figure 2 - Community associated (CA) *Staphylococcus aureus* bacteraemia**



## Hospital Rates

Figure 3 (and tables contained in the Appendix) outlines the rate of *Staphylococcus aureus* bacteraemia in each of Tasmania's acute public hospitals.

**Figure 3 - Healthcare associated *Staphylococcus aureus* bacteraemia by acute public hospital**



## Key Points

- The Tasmanian rate of healthcare associated *Staphylococcus aureus* bacteraemia is 1.51 per 10 000 patient care days. This is comparable to other Australian states.
  - The rate of HCA SAB in Western Australia public hospitals (2007–10) was 1.05 per 10 000 bed days.<sup>1</sup>
  - The rate of HCA SAB in South Australia was 1.4 per 10 000 occupied bed days in 2008.<sup>2</sup>
  - The rate of hospital onset SAB in New South Wales is reported as 1.1 per 10 000 bed days in 2010<sup>3</sup>. 'Hospital onset' rates are an underestimate of the total HCA rate.
  - The rate of HCA SAB in the Australian Capital Territory was reported as 2.1 per 10 000 bed days in 2005.<sup>4</sup>
- The number of HCA MRSA bacteraemia cases has decreased since the introduction of the hand hygiene initiative. Tasmania has a lower rate of HCA Methicillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia than many other Australia states. Only one case of HCA MRSA bacteraemia was reported in 2009–10 compared to eight during in 2008–2009. As MRSA bacteraemia has a reported mortality of approximately 35 per cent, this reduction demonstrates an improvement, with potentially a number of lives being saved.
- The rate of HCA MRSA bacteraemia in the Tasmanian population for 2010 was 0.8 per 100 000 population, compared to a national average of 4.5–5.7 per 100 000 population<sup>5</sup>. The proportion of SAB that are MRSA is considerably lower than rates reported internationally.

<sup>1</sup>HISWA correspondence, 2011

<sup>2</sup>South Australian Healthcare Associated Infection Bloodstream Report 2006-2008

<sup>3</sup>NSW Health, NSW Healthcare Associated Infections.

[http://www.health.nsw.gov.au/resources/quality/hai/pdf/report\\_jan\\_mar\\_2010.pdf](http://www.health.nsw.gov.au/resources/quality/hai/pdf/report_jan_mar_2010.pdf)

<sup>4</sup>Collignon et al, MJA (2006) 184 (8) p.404-406.

<sup>5</sup>Collignon et al. (2008). Bloodstream Infections. *Reducing Harm to Patients from Healthcare Associated Infection: The Role of Surveillance*. M. Cruickshank, Ferguson, J. Sydney: Australian Commission on Safety & Quality in Healthcare: 53-89.

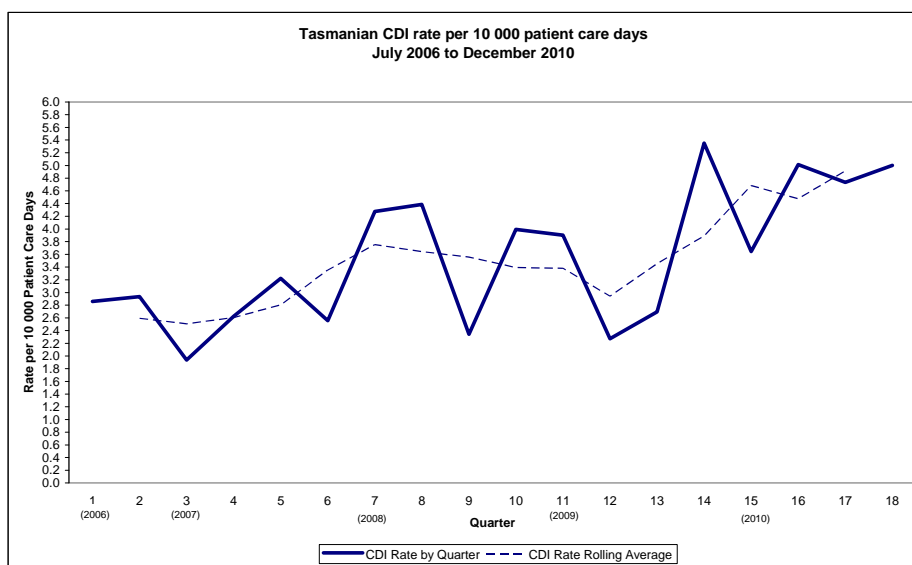
# Clostridium difficile Infection

(<2 year olds excluded in denominator and numerator data)

## Tasmanian Rate

Figure 4 (and tables contained in the Appendix) outlines the rate of *Clostridium difficile* infection (CDI) for patients presenting to or in each of Tasmania’s acute public hospitals. The average (mean) rate of *Clostridium difficile* infection is 3.56 per 10 000 patient care days (95% CI 3.37–3.75) or 1.02 per 1000 separations (95% CI 0.99–1.05).

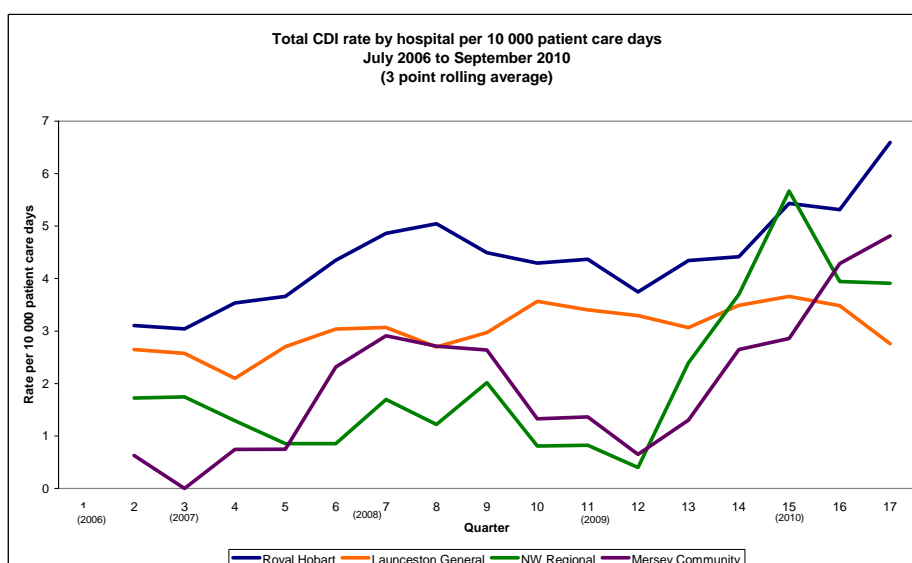
**Figure 4 – Clostridium difficile infection**



## Hospital Rates

Figure 5 (and tables contained in the Appendix) outlines the rate of *Clostridium difficile* infection in each of Tasmania’s acute public hospitals.

**Figure 5 – Rates of Clostridium difficile infection by acute public hospital**





## Key Points

- The rate of laboratory detection of CDI will be affected by how frequently laboratories test faecal samples for *Clostridium difficile* and the sensitivity of the laboratory techniques used to identify *Clostridium difficile*, which may vary. These two factors can impact on the number of *Clostridium difficile* cases identified and therefore the rate of CDI. Variations in laboratory testing methodology are not unique to Tasmania.
- Inconsistencies in the way CDI is diagnosed, classified and reported make benchmarking difficult, and potentially confound the ability to identify clear regional trends or outbreaks.
- TIPCU is working with interstate counterparts and the Australian Commission on Safety and Quality in Health Care (ACSQHC) in standardising the reporting and testing of CDI, allowing for improved benchmarking.
- Direct comparisons between Tasmanian hospitals are not recommended given the variations described above.
- The Tasmanian rate of CDI is 3.56 per 10 000 patient care days.
- While it remains difficult to compare CDI rates, it appears Tasmanian rates are slightly higher than in other parts of Australia, but generally lower than, or comparable to, those published internationally.
  - The rate of CDI in tertiary Western Australian hospitals is reported as 3.45 per 10 000 bed days or 1.84 per 10 000 bed days for all Western Australian hospitals in 2010.<sup>1</sup>
  - The rate of CDI in England was 9.1 per 10 000 bed days in 2007–2008.<sup>2</sup>

<sup>1</sup>HISWA Aggregate Report No.21

<sup>2</sup>Health Protection Agency. Results of the voluntary reporting scheme for *Clostridium difficile*, England, Wales and Northern Ireland, 2009

# Vancomycin Resistant Enterococcus (VRE)

## Tasmanian Numbers

Table 1 – Number of people identified with VRE per quarter

Year	Quarter	Colonisation	Infection	Total*
2006 <sup>^</sup>	N/A	Unknown	Unknown	1
2007 <sup>^</sup>	N/A	Unknown	Unknown	7
2008	1	12	1	13
	2	27	4	32
	3	10	2	12
	4	16	2	18
2009	5	7	0	9
	6	13	1	14
	7	3	1	4
	8	5	0	5
2010	9	2	0	2
	10	4	1	5
	11	13	1	14
	12	6	2	8

\* Total does not necessarily equal colonisation plus infection due to unknown cases

<sup>^</sup> Calendar year.

## Hospital Numbers

Table 2 – Number of people identified with VRE by acute public hospital

Quarter	Royal Hobart		Launceston General		NW Regional		Mersey Community		
	Col	Inf	Col	Inf	Col	Inf	Col	Inf	
2008	1	10	1	-	-	-	-	-	-
	2	15	2	6	-	6	1	-	-
	3	1	-	1	-	8	2	-	-
	4	2	1	8	1	5	-	-	-
2009	5	-	-	4	-	3	-	2	-
	6	7	1	-	-	2	-	4	-
	7	1	-	-	-	-	1	2	-
	8	2	-	2	-	1	-	-	-
2010	9	1	-	1	-	-	-	-	-
	10	4	-	-	-	-	-	-	1
	11	10	-	-	-	2	-	1	1
	12	3	0	0	0	1	0	1	2

Col - colonisation

Inf - infection

## Key Points

- It is important to note that Table 2 provides information on which hospital **identified** VRE. **This does not necessarily mean that VRE was acquired at this hospital.**
- The numbers of VRE identified are affected by the amount of screening undertaken by hospitals. There is a minimum standard for screening developed by TIPCU, however some hospitals may be more aggressive in their approach and hence are likely to identify more VRE.
- The TIPCU data reflects both colonisation and infection with VRE. VRE infection is of more clinical concern than colonisation.
- The absolute number of VRE infections identified in Tasmania is lower than many other Australian states.
  - Four VRE infections were reported in Tasmania during 2010.
  - In Victoria, a total of 221 infections (including blood stream infections) were reported during 2007.<sup>1</sup>
- TIPCU is working with the Tasmanian HAI Advisory Group and Tasmanian HAI Steering Committee in improving the way VRE is reported, to make it more meaningful at a hospital level.

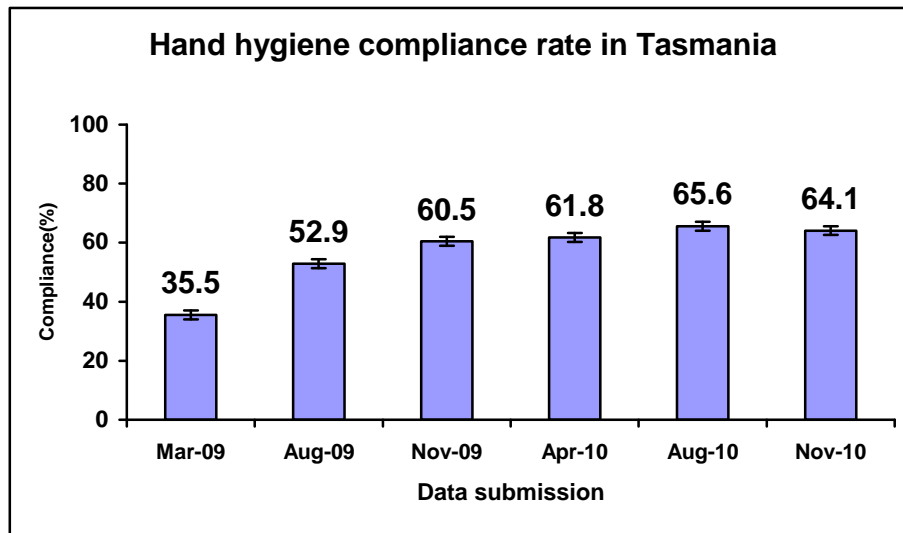
<sup>1</sup>VRE in Victorian Health Facilities. <http://www.health.vic.gov.au/infectionprevention/downloads/vre-report.pdf>

# Hand Hygiene Compliance Data

Data is based on the 6<sup>th</sup> Hand Hygiene Data Submission, November 2010.

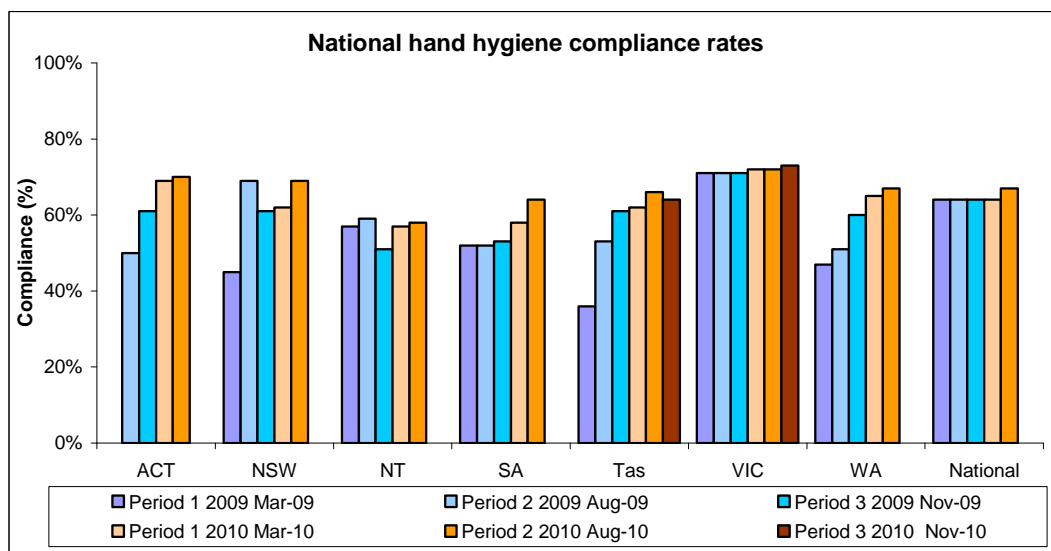
## Tasmanian Rates

Figure 6 - Hand hygiene compliance rate in Tasmanian public hospitals



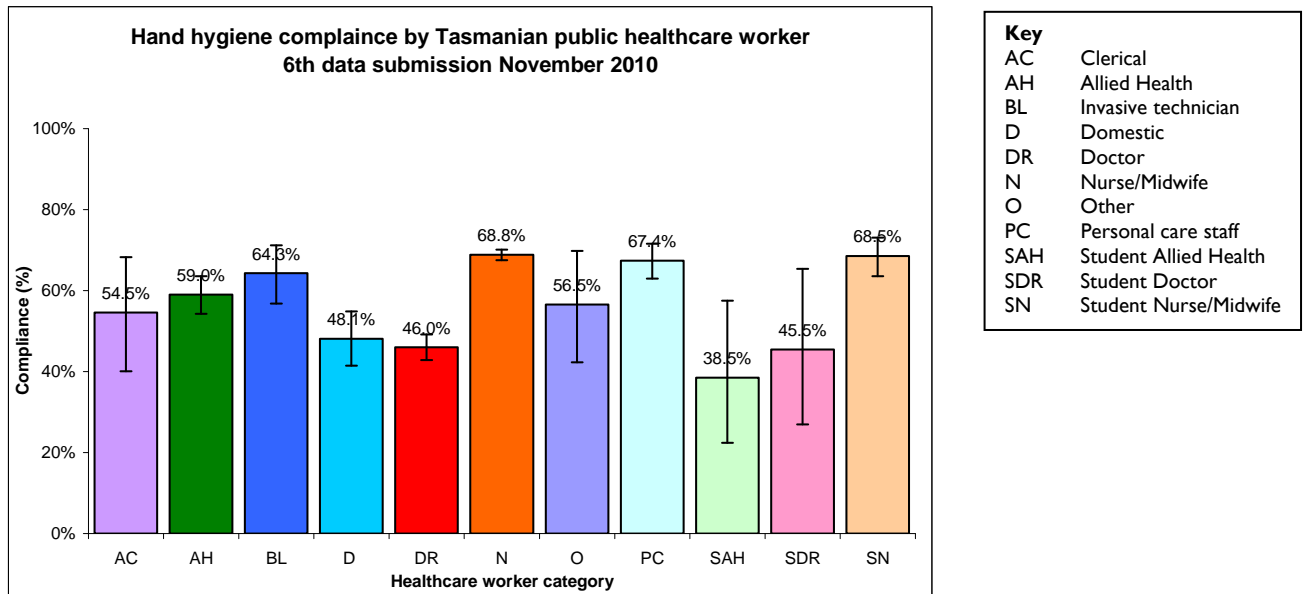
Includes all Tasmanian public hospitals

Figure 7 - Hand hygiene compliance rate by state/territory \*

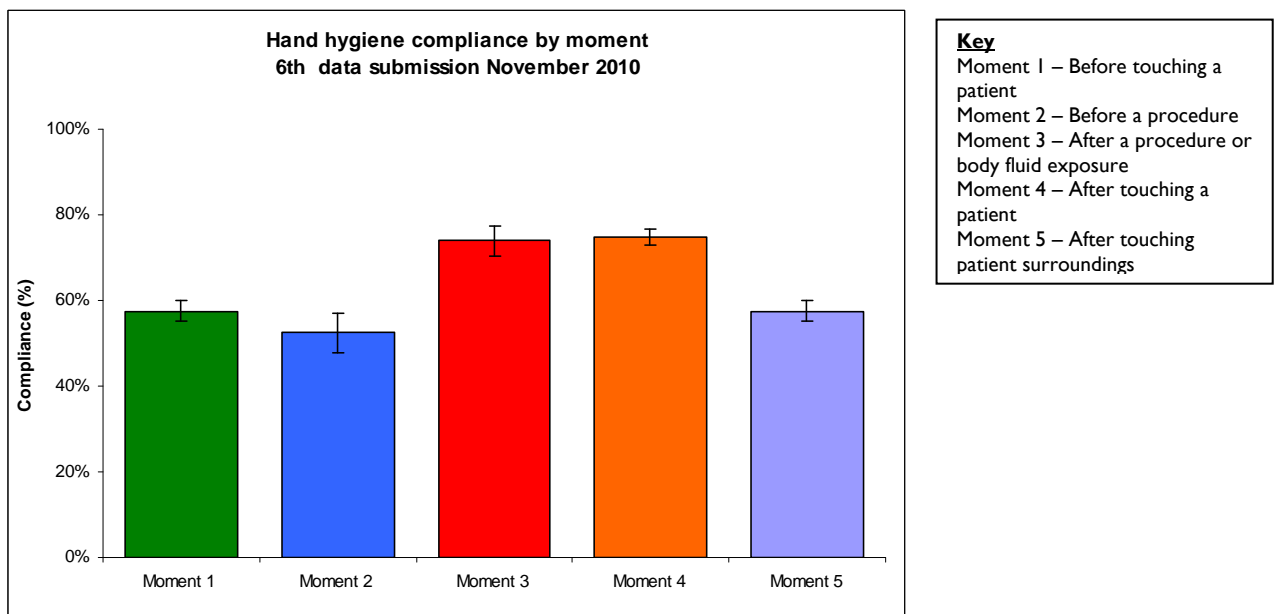


\* ACSQHC Windows into Safety and Quality in Health Care 2010

**Figure 8 - Hand hygiene compliance by healthcare worker**

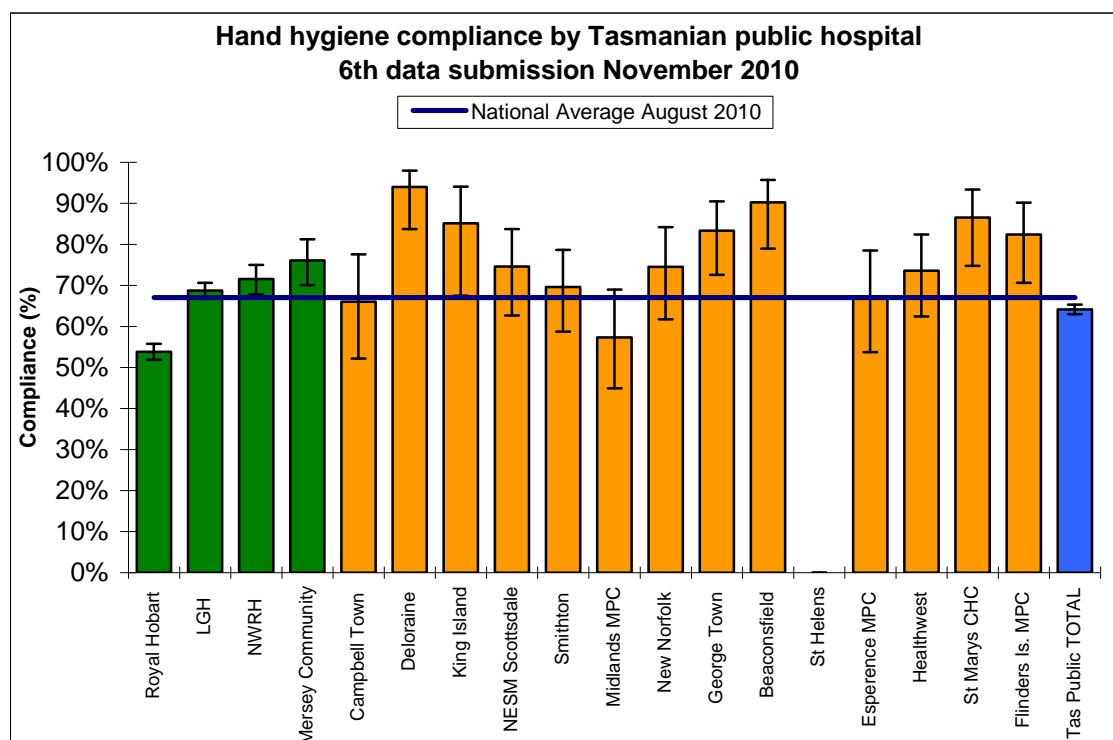


**Figure 9 - Hand hygiene compliance by moment**



## Hospital Rates

Figure 10 - Hand hygiene compliance rate by hospital



\* Please note: rural hospitals audit considerably less moments.

## Key Points

- Rural hospitals do not collect as much data as the four acute public hospitals, so comparisons between rural and acute hospitals are not recommended.
- The overall rate of Tasmanian hand hygiene compliance has increased from 35.5 per cent in March 2009 (baseline) to 64.1 per cent in the latest report (November 2010).
- The rate of hand hygiene compliance in Tasmania is comparable to that of other states.
- The rate of hand hygiene compliance varies significantly between Tasmania's acute public hospitals.
- Hand hygiene compliance before touching a patient (Moment 1), undertaking a procedure (Moment 2) and after touching patient surroundings (Moment 5) are lower than those reported after undertaking a procedure (Moment 3) or after touching a patient (Moment 4). This trend is reflected in other Australian and international data.

# **Antibiotic Utilisation Surveillance**

## **Future Reports**

Future reports will also include the rates of antibiotic utilisation in acute hospitals.

# Acknowledgements

The production of this report is the culmination of work from a number of different organisations. In particular, we would like to acknowledge:

- Launceston General Hospital Infection Control Team and Director of Nursing
- Royal Hobart Hospital Infection Control Team and Executive Director of Nursing
- North West Area Health Service Infection Control Team and Executive Director of Nursing
- Microbiology Departments at the Royal Hobart Hospital, Launceston General Hospital, DSPL and Gribbles Pathology
- Hand Hygiene Australia
- Communicable Disease Prevention Unit, Population Health
- Contributing Primary Health Sites
- Epidemiology Unit, Population Health.



# Appendix

## *Staphylococcus aureus* bacteraemia

**Table 3 - Tasmanian numbers and rates of *Staphylococcus aureus* bacteraemia (July 2008 to December 2010)**

Quarter	HCA total		HCA inpatients		HCA non inpatients		HCA MRSA		Community	
	Total patients	Rate	Total patients	Rate	Total patients	Rate	Total patients	Rate	Total patients	Rate
Q3 2008	16	2.15	11	1.48	5	0.67	3	0.40	13	1.74
Q4 2008	15	2.11	10	1.41	5	0.70	2	0.28	9	1.26
Q1 2009	12	1.74	6	0.87	6	0.87	2	0.29	17	2.46
Q2 2009	8	1.14	3	0.43	5	0.71	1	0.14	10	1.42
Q3 2009	8	1.06	5	0.66	3	0.40	1	0.13	14	1.85
Q4 2009	10	1.36	7	0.96	3	0.41	0	0.00	21	2.87
Q1 2010	13	1.79	8	1.10	5	0.69	0	0.00	13	1.79
Q2 2010	7	0.97	5	0.69	2	0.28	0	0.00	12	1.66
Q3 2010	12	1.60	9	1.20	3	0.40	1	0.13	12	1.60
Q4 2010	9	1.23	6	0.82	3	0.41	3	0.41	9	1.23

\* Rate is the number of patients per 10 000 patient care days

**Table 4 - Royal Hobart Hospital numbers and rates of *Staphylococcus aureus* bacteraemia (July 2008 to December 2010)**

Quarter	HCA total		HCA inpatients		HCA Non inpatients		HCA MRSA		Community	
	Total patients	Rate	Total patients	Rate	Total patients	Rate	Total patients	Rate	Total patients	Rate*
Q3 2008	5	1.39	5	1.39	0	0.00	2	0.56	6	1.67
Q4 2008	7	2.02	5	1.44	2	0.58	1	0.29	4	1.16
Q1 2009	5	1.52	2	0.61	3	0.91	1	0.30	4	1.21
Q2 2009	2	0.59	2	0.59	0	0.00	1	0.29	1	0.29
Q3 2009	1	0.28	1	0.28	0	0.00	0	0	7	1.95
Q4 2009	8	2.22	5	1.39	3	0.83	0	0	6	1.67
Q1 2010	11	3.20	6	1.75	5	1.46	0	0	2	0.58
Q2 2010	5	1.42	3	0.85	2	0.57	0	0	5	1.42
Q3 2010	8	2.26	7	1.98	1	0.28	1	0.28	4	1.13
Q4 2010	5	1.41	4	1.13	1	0.28	1	0.28	5	1.41

\* Rate is the number of patients per 10 000 patient care days

**Table 5 - Launceston General Hospital numbers and rates of *Staphylococcus aureus* bacteraemia (July 2008 to December 2010)**

Quarter	HCA total		HCA inpatients		HCA non Inpatients		HCA MRSA		Community	
	Total patients	Rate	Total patients	Rate	Total patients	Rate	Total patients	Rate	Total patients	Rate*
Q3 2008	3	1.25	0	0.00	3	1.25	1	0.42	3	1.25
Q4 2008	6	2.59	3	1.29	3	1.29	1	0.43	2	0.86
Q1 2009	5	2.21	3	1.32	2	0.88	1	0.44	8	3.53
Q2 2009	3	1.33	1	0.44	2	0.88	0	0.00	6	2.65
Q3 2009	3	1.20	1	0.40	2	0.80	1	0.40	4	1.59
Q4 2009	2	0.83	2	0.83	0	0.00	0	0.00	12	5.00
Q1 2010	1	0.41	1	0.41	0	0.00	0	0.00	8	3.27
Q2 2010	2	0.80	2	0.80	0	0.00	0	0.00	2	0.80
Q3 2010	3	1.16	2	0.77	1	0.39	0	0.00	2	0.77
Q4 2010	2	0.83	2	0.83	0	0.00	2	0.83	2	0.83

\* Rate is the number of patients per 10 000 patient care days

**Table 6 - North West Regional Hospital numbers and rates of *Staphylococcus aureus* bacteraemia (July 2008 to December 2010)**

Quarter	HCA total		HCA inpatients		HCA non inpatients		HCA MRSA		Community	
	Total patients	Rate	Total patients	Rate	Total patients	Rate	Total patients	Rate	Total patients	Rate*
Q3 2008	5	5.65	3	3.39	2	2.26	0	0.00	1	1.13
Q4 2008	1	1.24	1	1.24	0	0.00	0	0.00	1	1.24
Q1 2009	0	0.00	0	0.00	0	0.00	0	0.00	4	4.97
Q2 2009	2	2.38	0	0.00	2	2.38	0	0.00	3	3.58
Q3 2009	1	1.17	0	0.00	1	1.17	0	0.00	2	2.33
Q4 2009	0	0.00	0	0.00	0	0.00	0	0.00	2	2.50
Q1 2010	1	1.15	1	1.15	0	0.00	0	0.00	2	2.29
Q2 2010	0	0.00	0	0.00	0	0.00	0	0.00	2	2.71
Q3 2010	0	0.00	0	0.00	0	0.00	0	0.00	4	4.91
Q4 2010	1	1.24	0	0.00	1	1.24	0	0.00	2	2.49

\* Rate is the number of patients per 10 000 patient care days

**Table 7 - Mersey Community Hospital numbers and rates of *Staphylococcus aureus* bacteraemia (July 2008 to December 2010)**

Quarter	HCA total		HCA inpatients		HCA non inpatients		HCA MRSA		Community	
	Total patients	Rate	Total patients	Rate	Total patients	Rate	Total patients	Rate	Total patients	Rate
Q3 2008	3	5.08	3	5.08	0	0.00	0	0.00	3	5.08
Q4 2008	1	1.90	1	1.90	0	0.00	0	0.00	2	3.80
Q1 2009	2	3.68	1	1.84	1	1.84	0	0.00	1	1.84
Q2 2009	1	1.87	0	0.00	1	1.87	0	0.00	0	0.00
Q3 2009	3	5.05	3	5.05	0	0.00	0	0.00	1	1.68
Q4 2009	0	0.00	0	0.00	0	0.00	0	0.00	1	1.91
Q1 2010	0	0.00	0	0.00	0	0.00	0	0.00	1	1.92
Q2 2010	0	0.00	0	0.00	0	0.00	0	0.00	3	6.32
Q3 2010	1	1.86	0	0.00	1	1.86	0	0.00	2	3.72
Q4 2010	1	1.78	0	0.00	1	1.78	0	0.00	0	0.00

\* Rate is the number of patients per 10 000 patient care days

## ***Clostridium difficile* Infection**

**Table 8 - Numbers and rates of *Clostridium difficile* infection (July 2006 to December 2010)**

Quarter	Total patients	Rate
Q3 2006	20	2.9
Q4 2006	19	2.9
Q1 2007	12	1.9
Q2 2007	17	2.6
Q3 2007	21	3.2
Q4 2007	16	2.6
Q1 2008	27	4.3
Q2 2008	29	4.4
Q3 2008	16	2.3
Q4 2008	26	4.0
Q1 2009	25	3.9
Q2 2009	15	2.3
Q3 2009	19	2.7
Q4 2009	37	5.3
Q1 2010	24	3.6
Q2 2010	34	5.0
Q3 2010	34	4.7
Q4 2010	35	5.0

^ Total patients of  $\geq 2$  years old

\* Rate is the number of patients per 10 000 patient care days

**Table 9 – Hospital numbers and rates of *Clostridium difficile* infection (July 2006 to December 2010)**

Quarter	Royal Hobart		Launceston General		NW Regional		Mersey Community	
	Total patients	Rate	Total patients	Rate	Total patients	Rate	Total patients	Rate
Q3 2006	13	4.0	6	2.6	0	0.0	1	1.6
Q4 2006	11	3.6	6	2.8	2	2.6	0	0.0
Q1 2007	5	1.7	5	2.5	2	2.7	0	0.0
Q2 2007	12	3.8	5	2.4	0	0.0	0	0.0
Q3 2007	16	5.1	3	1.4	1	1.3	1	2.3
Q4 2007	6	2.0	9	4.3	1	1.3	0	0.0
Q1 2008	18	5.9	7	3.4	0	0.0	2	4.6
Q2 2008	21	6.5	3	1.4	3	3.7	2	3.9
Q3 2008	9	2.8	7	3.2	0	0.0	0	0.0
Q4 2008	13	4.2	9	4.2	2	2.5	2	4.2
Q1 2009	18	6.1	7	3.3	0	0.0	0	0.0
Q2 2009	9	2.9	6	2.7	0	0.0	0	0.0
Q3 2009	8	2.4	9	3.9	1	1.2	1	1.8
Q4 2009	25	7.6	6	2.6	5	6.1	1	2.0
Q1 2010	10	3.2	9	4.0	3	3.9	2	4.3
Q2 2010	18	5.4	10	4.4	5	7.0	1	2.3
Q3 2010	25	7.1	5	2.1	1	1.2	3	6.0
Q4 2010	25	7.2	4	1.8	3	3.8	3	5.7

^ Total patients of  $\geq 2$  years old

\* Rate is the number of patients per 10 000 patient care days

## Hand Hygiene Compliance Data (November 2010)

Table 10 – Hand hygiene compliance rates by Tasmanian hospital and state level

Hospital	Hand Hygiene Compliance Rate	Lower 95% Confidence	Upper 95% Confidence
Royal Hobart	53.8%	51.9%	55.8%
Launceston General	68.7%	66.7%	70.7%
NW Regional	71.5%	67.8%	75.0%
Mersey Community	76.1%	70.1%	81.3%
Campbell Town	66%	52.2%	77.6%
Deloraine	94.0%	83.8%	97.9%
King Island	85.2%	67.5%	94.1%
Scottsdale	74.6%	62.7%	83.7%
Smithton	69.6%	58.8%	78.7%
Midlands (Oatlands)	57.4%	44.9%	69.0%
New Norfolk	74.5%	61.7%	84.2%
George Town	83.3%	72.6%	90.4%
Beaconsfield	90.2%	79.0%	95.7%
St Helens	No data submitted	No data submitted	No data submitted
Esperance (Dover)	67.3%	53.8%	78.5%
Queenstown	73.6%	62.4%	82.4%
St Marys	86.5%	74.7%	93.3%
Flinders Island	82.5%	70.6%	90.2%
<b>Tasmanian Rate</b>	<b>64.1%</b>	<b>62.9%</b>	<b>65.3%</b>

**Table 11 – Tasmanian hand hygiene compliance rates by healthcare worker**

<b>Healthcare worker code</b>	<b>Healthcare worker</b>	<b>Hand hygiene compliance rate</b>	<b>Lower 95% confidence</b>	<b>Upper 95% confidence</b>
<b>AC</b>	Clerical	54.5%	40.1%	68.3%
<b>AH</b>	Allied Health	59.0%	54.3%	63.5%
<b>BL</b>	Invasive technician	64.3%	56.8%	71.1%
<b>D</b>	Domestic	48.1%	41.4%	54.8%
<b>DR</b>	Doctor	46.0%	42.9%	49.1%
<b>N</b>	Nurse/midwife	68.8%	67.5%	70.1%
<b>O</b>	Other	56.5%	42.2%	69.8%
<b>PC</b>	Personal care staff	67.4%	62.9%	71.6%
<b>SAH</b>	Student Allied Health	38.5%	22.4%	57.5%
<b>SDR</b>	Student doctor	45.5%	26.9%	65.3%
<b>SN</b>	Student nurse/midwife	68.5%	63.6%	73.1%

**Table 12 – Tasmanian hand hygiene compliance rates by moment**

<b>Moment</b>	<b>Hand hygiene compliance rate</b>	<b>Lower 95% confidence</b>	<b>Upper 95% confidence</b>
1	57.5%	55.0%	59.9%
2	52.6%	47.9%	57.2%
3	73.9%	70.3%	77.3%
4	74.9%	73.0%	76.8%
5	57.6%	55.1%	59.9%



**Tasmania**  
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**TASMANIAN INFECTION PREVENTION  
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**Division of Population Health**

**Department of Health and Human Services**

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