Report and action plan in response to Clostridioides difficile infection (CDI) exception

Quarterly epidemiological data on Clostridioides difficile infection, Escherichia coli bacteraemia, Staphylococcus aureus bacteraemia and Surgical Site infection in Scotland QX YYYY

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| State | Description |
| --- | --- |
| **Situation** | Use data provided in the exception report issued by ARHAI |
| **Background** | Cite any local changes that may have occurred before or during the quarter being examined |
| **Assessment** | Assessment locally of a boards higher than expected CDI rates may include the following;  **Analysis of data**   * Ensure data reported correctly reflects the local CDI rate for the reported quarter. * Check denominator data. * Check sample sources i.e. testing has been performed on diarrhoea stools only. * Ensuring the national mandatory surveillance definition has been followed to establish whether CDI has been confirmed for all cases. * Check data validation carried out. * Assessing whether local SPCs (or other statistical analysis) have shown any particular areas to be a problem (including healthcare-associated and community-associated CDI). * Identifying what links (if any) are there in terms of time, place, person, including consideration given to ward/hospital transfers. * Carrying out an assessment on the number of recurrent CDI, deaths and/or severe cases.   **Infection Control**   * Carrying out or assessing audits for SICPs/TBPs * Carrying out HIIAT assessment.   **Typing**   * Sending isolates to the *C. difficile* Reference Laboratory according to the laboratory submission criteria. * Assessing whether local knowledge of typing identifies any unusual types or possible links. * Consider contacting the Reference Laboratory to discuss further subtyping.   **Prescribing**   * Carrying out local audits of prescribing and adherence to local prescribing policies within hospital and including GP practices. |
| **Recommendations (action plan)** | A local action plan is developed in collaboration between clinicians and the infection prevention team that will detail actions areas of responsibility and timescales This could include:   * Carry out a HIIAT assessment * Local audit to obtain knowledge of processes or procedures. * Involve clinical teams, management and where relevant community teams in the improvement plan. * Request that ARHAI provide further data analysis or other support. * Develop communication strategy. |