

## Healthcare Associated Infection Control and Prevention Report to NHS Lanarkshire Board. 24<sup>TH</sup> August 2010

### Aim

The purpose of this paper is to update Board members of current status of Healthcare Associated Infections (HAI) and infection control measures, with particular reference to performance against HEAT targets and cleanliness monitoring

Key issues will include

- *Staph Aureus Bacteraemias*
- Clostridium difficile
- Hand hygiene compliance
- Cleanliness Monitoring
- Education
- Outbreaks

Other HAI activity such as surgical site surveillance and antimicrobial prescribing will also feature.

### Background

There is a national mandatory requirement for a Healthcare Associated Infection Control report to be presented to the Board on a bi -monthly basis utilising the template below. The HAI report will continue to be submitted to the board on a monthly basis as previously.

### Summary

This report highlights NHS Lanarkshire performance in relation to infection prevention and control. Site specific Information features in graph format at the end of the report

### Recommendation

The Board is asked to note this report.

For further information or clarification of any issues in this paper please contact:  
Dr Alison Graham, Medical Director, 14 Beckford Street, Hamilton, 01698 206385.

## Section 1 – Board Wide Issues

### Key Healthcare Associated Infection Headlines for August 2010

- Notice of SSIRS changes- The CEL 11 (2009) stated that from April 2009 it was mandatory for Caesarean section Surgical Site Infection (SSI) reporting to be carried out to 10 days post discharge.

HPS have highlighted that a number of SSI's are entered on SSIRS as readmissions and therefore are not included in the post discharge data.

In order to ensure that all SSI, following discharge are reported, as from 15<sup>th</sup> Sept 2010, the question '*Detection of SSI*' on the Caesarean section SSI form will only allow the answers 'During the admission period' and 'post discharge to be submitted

- Pilot of the EU point prevalence survey by the European Centre for Disease Prevention and Control ( ECDPC) , undertaken by Health Protection Scotland at Monklands Hospital complete .Early indication shows that there was very little incidence of HAI infection that met the ECDPC definition. Report to follow.
- Zero tolerance Policy reviewed and now requires further enforcement related to staff compliance with hand hygiene in NHSL. Policy to be considered at the next Joint Partnership Forum and agreement to be reached for the policy to be located in First port as part of Human resources policy documents
- Testing of a National SAB Investigation Tool by the Infection Control team concluded this month and findings relating to its use will be fed back to Health Protection Scotland

## ***Staphylococcus aureus* (including MRSA)**

*Staphylococcus aureus* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

*Staphylococcus aureus* :  
[http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=346](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346)

MRSA: [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=252](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252)

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

### **Current HEAT Status**

Following achievement of previous 35% reduction of *Staphylococcus aureus* bacteraemia rates (SAB) by March 2010, NHSL continues to make good progress towards meeting its further 15% reduction of SAB to meet the HEAT target for 2010/2011

Further National Context will be available in the September Board report

### **Initiatives to Reduce *Staphylococcus aureus* bacteraemia**

Key initiatives to support this work comprise the testing of a draft national SAB Driver Diagram and Change Package outlining the optimum pathway to achieve the HEAT Target.

This work is being undertaken in conjunction with the Nurse Consultant-HAI, NHS QIS as part of her Honorary Contract work with NHSL.

A report is to be considered by the Area Drugs and Therapeutic Committee this month to support financial sustainability around the provision of an evidence based skin antiseptic prior to insertion of Peripheral venous Cannulae.

Testing of a National SAB Investigation Tool has been undertaken and key elements will be identified for inclusion in an ongoing enhanced surveillance and improvement approach to further minimising of SABS.

Optimum blood culture techniques have been demonstrated to West of Scotland FY1 Doctors by Infection Control Nurse's in collaboration with Clinical Skills Facilitators.

The SAB/CDI Improvement Group continues to drive forward a consistent NHSL approach to SAB reduction.

## MRSA Screening Programme-Progress of Implementation

The MRSA screening programme has been underway in Lanarkshire for 6 months. Compliance for the elective element of the programme is generally greater than 80% on all 3 sites. Emergency screening on 2 sites has been  $\geq 80\%$  since the middle of April, with some fluctuation on the 3<sup>rd</sup> site.

A step back exercise is currently being conducted on all 3 sites to test how well the programme is embedded in to operational activity, and work to improve quality and delivery of screening is ongoing where possible. A manual database of compliance is maintained by the MRSA project team, from which figures 1 & 2 (below) are taken.

No further instruction has been received as yet from SGHD on the progression of the screening programme and no key performance indicators have yet been set by HPS.

Figure 1 Compliance with screening all eligible elective admissions

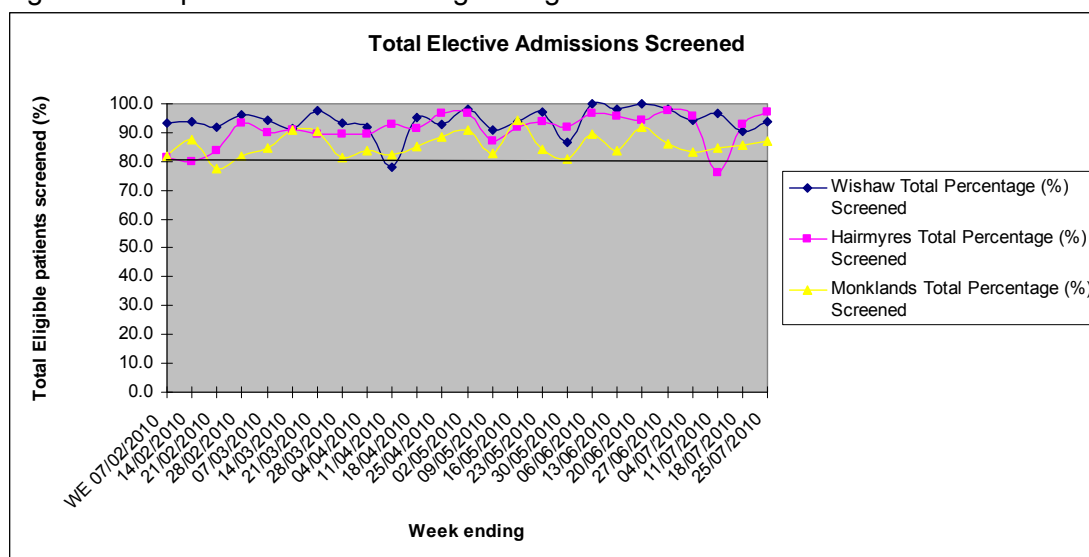
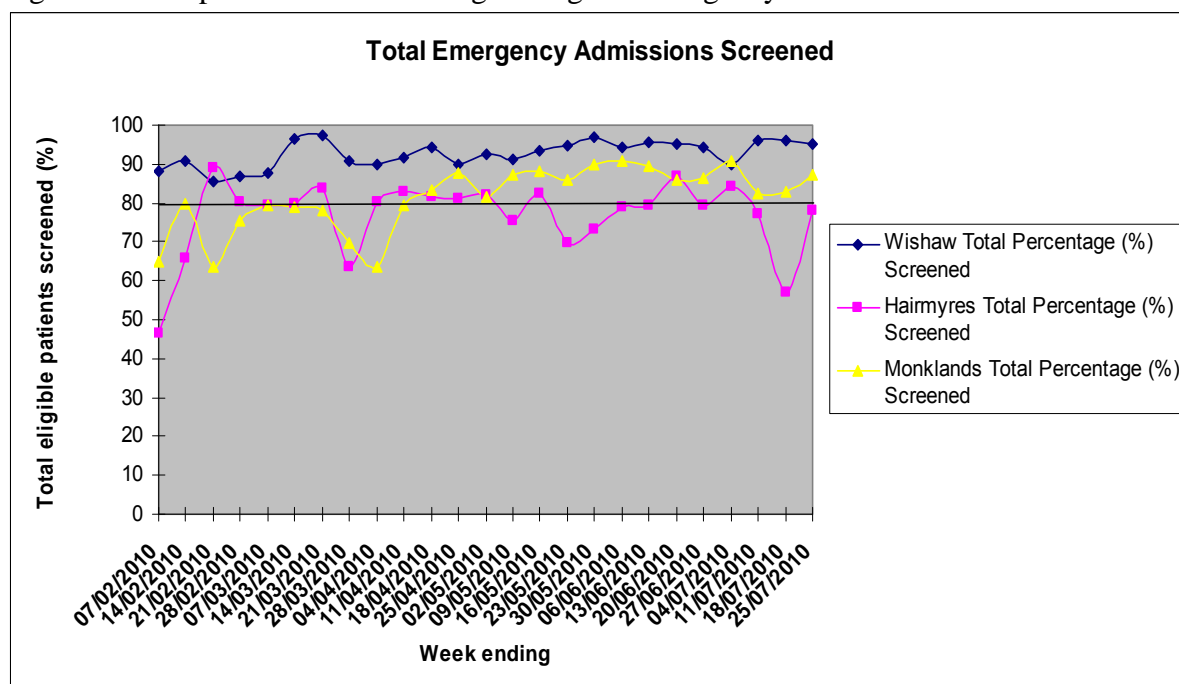


Figure 2 - Compliance with screening all eligible emergency admissions



*Clostridium difficile* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

<http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridium difficile* infections can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277>

### ***Clostridium difficile***

NHS Lanarkshire are currently on trajectory to meet our HEAT target for CDI. Our exact figures for the most recent quarter are 66 episodes (>65 years old) giving a rate of 0.56 cases > 65 years old / 1000 OCBDs for the quarter up to March 2010 and an annual figure (up to Dec 09) of 0.60 cases > 65 years old / 1000 OCBDs. This compares with an original HEAT target of 1.00 cases > 65 years old / 1000 OCBDs or a revised target of 406 episodes (50% reduction) in the next 12 months.

Further National Context will be available in the September Board report

### **Initiatives to Reduce *Clostridium difficile* Infection**

The policy for Management of CDI, as contained within the Control of Infection Manual is currently out for consultation and for subsequent endorsement at the Lanarkshire Infection Control Committee on the 23<sup>rd</sup> August 2010.

A trial of recording the SPSP CDI Care Bundle on a Daily basis is complete and roll out to the remainder of NHSL will be considered through the SPSP Ward WorkStream Meetings.

A meeting is to be held with Health Protection Scotland –expertise input is to be held within the next month to scope further work which could be undertaken in NHSL to further reduce CDIs.

Driver Diagram and Change Package for CDIs is to be developed in conjunction with the Nurse Consultant-HAI NHS QIS as part of her Honorary Contract work with NHSL to further drive improvement.

Enhanced CDI surveillance continues and will be discussed further during the meeting with Health Protection Scotland.

## Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non compliance. The hand hygiene compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national hand hygiene monitoring can be found at:

<http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

### National Audit

Hand hygiene compliance has ranged between 90-95%. The most recent national audit in July 2010 NHSL achieved a compliance of 95% this will be published in Septembers National Audit. The sustainability of hand hygiene compliance remains a challenge with initiatives undertaken in the report.

### SPSP

The spread of SPSP Ward Self Audit continues. These figures remain above 90% compliance although are not compatible with national auditing.

### Current Initiatives in Promoting Hand Hygiene

The hand hygiene team continue to monitor the local SPSP audits on a weekly basis and alert senior nurses to non- return of data and reduction in compliance

- SPSP activity which includes local audit of hand hygiene continues with the Protocol complete at Ladyholme and Udston and Kilsyth commencing Audit
- Hand hygiene education sessions in partnership with Ecolab are ongoing on a monthly basis to be delivered at Wishaw General and Monklands in August.
- Discipline/area specific sessions delivered to new Doctors at Hairmyres. Further generic education sessions arranged for August at Wishaw.
- Signs for hospital entrances and A&E now received and work on implementing Flashing Signs commencing Monklands August 2010.
- Training on the “*NES Promoting Hand Hygiene in Healthcare Module*” has been delivered to Serco team leaders and customer service managers at WGH. This group of staff have now completed the module. LHBC mentored two sessions and further sessions were delivered, with Serco continuing training, meeting with Serco Manager August 2010 to discuss plans for quality assurance process.
- Primary Care Products Implementation programme ongoing. Wishaw localities site survey complete for implementation August 2010.
- Screen saver concept complete, graphics out for comment.
- Standees of staff in new uniforms now on display.

## Community Hospital's

Testing of hand hygiene audit tool has begun in 2 acute associated community hospitals and 4 primary care community hospitals. The PDSA improvement methodology, education and peer support has been utilised to introduce this process. Database access for primary care is currently being refined to allow the inputting and of data and accessing of run charts.

## Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

- All amber scores (below 90%) recorded in the National Monitoring Framework (NMF) audits are discussed with the 'users' of the service, Domestic Staff, Supervisors and ,if appropriate, Control of Infection. Immediate actions are put in place by Domestic Managers to rectify the shortfall, identifying any on-going issues that are making cleaning difficult. Supervision is also increased and the area monitored closely, users of the service are encouraged to participate in the increased monitoring.
- Alert cleaning monitor clocks are in place within the public toilets at Monklands, Hairmyres and Wishaw Hospitals. These clocks provide a visual display to members of the public of the time of the next inspection & scheduled clean along with a contact number to report any shortfall in cleanliness standards. Performance reporting is currently being standardised across the PFI / non PFI sites to track and demonstrate compliance of these areas.
- Scottish Govt Funding allowed the recruitment of additional domestic assistants & supervisors at Monklands Hospital and within CHP locations with an improvement noted in NMF results as follows:
  - Over the last 3 quarters, the overall cleanliness scores at Monklands have increased from 93.5% to 95.5%
  - Over the last 2 quarters, the overall cleanliness scores within CHP locations have increased from 94.25% to 96%.
  - The overall increase in the NMF cleanliness score for NHSL has been 1.75%
- Re-organisation of Domestic staff rotas has taken place in order to ensure that clinical areas continue to receive required coverage with each ward

having its own core complement of staff to ensure continuity of service.

- The Helpdesk service at Monklands hospital for both the Monklands Acute and CHP settings has been enhanced through an upgrade that is providing a 24/7 telephone contact for urgent tasks and a web enabled system for Users who have less urgent tasks. This has resulted in an improved 24/7
- arrangement permitting Users to request cleaning tasks at any time of the day or week.

*This section should give details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none have taken place. Where there has been an outbreak then for most organisms as a minimum this section should state when it was declared, number of patients affected, number of deaths (if any), actions being taken to bring the outbreak under control and whether this was reported to the Scottish Government. For outbreaks of norovirus a more general outline of the outbreak may be more appropriate.*

## **Outbreaks**

Whilst there have been no outbreaks since the last report, there has been an increased incidence of SSIs in Caesarean section wounds in June and July 2010. An SBAR has been completed and a meeting has taken place comprising of the Infection Control Team, Hand Hygiene Coordinator, Surveillance Nurses, Nurse Consultant- HAI, the Lead ICD, an Obstetric Clinician and Senior Nurses to agree actions. Audits of the environment and practice have been undertaken. Further work is to be progressed through the Maternity Clinical Effectiveness Group and the Board will be updated of progress.

## **Norovirus**

A national report identifies the prevalence of Norovirus on a weekly basis in Scotland. It includes the number of Wards closed with confirmed or presumed Norovirus Infection on a weekly basis.

Date 16/08/10/10 NHS Board	Total number of hospitals with wards closed this Monday	Total number of wards closed this Monday	Total number of patients who are or have been affected in the wards closed this Monday	Total number of staff who are or have been affected in the wards closed this Monday
NHS Ayrshire & Arran	1	1	5	0
NHS Borders	0	0	0	0
NHS Dumfries & Galloway	0	0	0	0
NHS Fife	0	0	0	0
NHS Forth Valley	0	0	0	0
NHS Greater Glasgow & Clyde	0	0	0	0
NHS National Waiting Times Centre	0	0	0	0
NHS Grampian	0	0	0	0
NHS Highland	0	0	0	0
NHS Lanarkshire	0	0	0	0
NHS Lothian	0	0	0	0
NHS Tayside	0	0	0	0
NHS Orkney	0	0	0	0
NHS Shetland	0	0	0	0
NHS Western Isles	0	0	0	0
NHS State Hospital Carstairs	0	0	0	0
Total	1	1	5	0

Currently **1** NHS Board is reporting Norovirus activity in NHS Scotland. Lanarkshire have reported **0** hospitals affected or wards closed for this reporting period.

In the first report on 7/1/2008: 29 hospitals were affected and 47 wards closed. This Monday **16/08/2010** there was **1** hospital with **1** ward affected.

The NHSL Noro virus Outbreak Debriefing Exercise SBAR will be presented to the LICC on the 23<sup>rd</sup> August 2010.

## Other HAI Related Activity

### Surgical Site Infection Surveillance

NHS Lanarkshire participates in the Surgical Site Infection (SSI) surveillance programme that is mandatory in all NHS boards in Scotland. All NHS boards are required to undertake surveillance for hip arthroplasty and caesarean section procedures as per the mandatory requirements of HDL (2006) 38 and CEL (11) 2009.

Readmission surveillance is carried out using prospective readmission data on all hip arthroplasties under inpatient surveillance up to 30 days post operatively. Post discharge surveillance until day 10 post operation is also carried out for all caesarean sections performed. The aims of the Surgical Site Infection programme are:

- To collect surveillance data on surgical site infections to permit estimation of the magnitude of surgical site infection risk in hospitalised patients throughout Scotland.
- To analyse and report surgical site infection (SSI) data and describe trends in SSI rates throughout Scotland.

SSI Surveillance of elective and trauma hip arthroplasties and SSI Surveillance of elective and emergency caesarean section for the period period 1<sup>st</sup> June 2010 –30th 2010 is shown in the table below , with comparison to the National rate

Procedure	Total operations	Infections	SSI %	National SSI %
Hip Arthroplasty	53	2 (Superficial)	3.77	0.44
Caesarean Section	136	6 (5 Superficial) (1 deep)	4.41	3.09

Staff training to aid completion of surveillance forms is provided at maternity documentation study days and also informally to staff in their clinical areas.

### Education

The HAI Learning Strategy is in final draft for consideration at the Strategy Steering Group. The Strategy is focussed initially on learning activities to support the meeting of HAI HEAT Targets and the NHS QIS HAI Standards. The document is to be tabled at the September Staff Organisational Development Group prior to full implementation in December 2010.

### Antimicrobial Prescribing

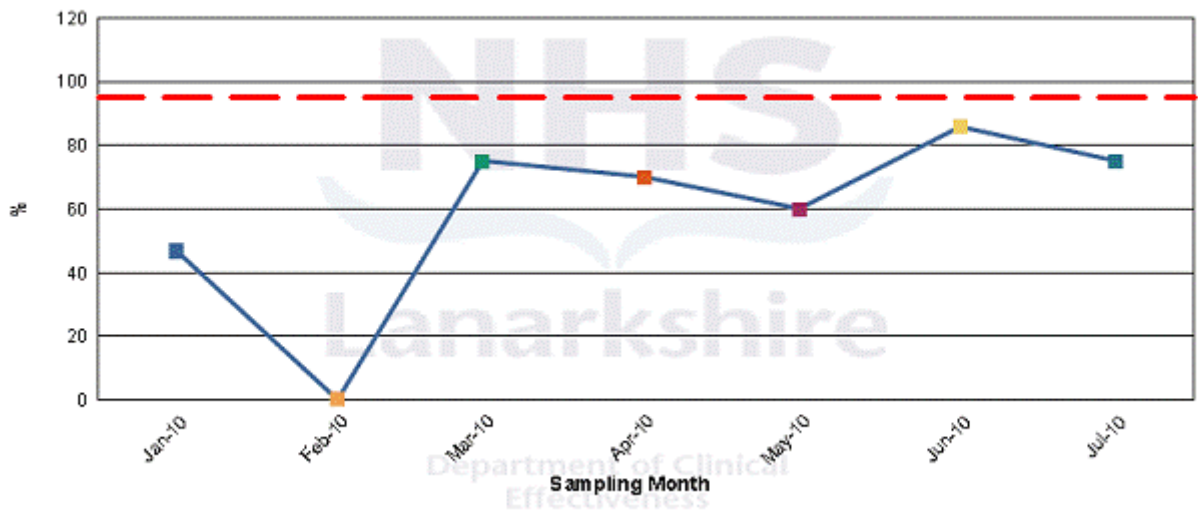
#### First Antibiotic Indicator – Empirical Prescribing

Data from Jan – July 2010 below for ERU admissions unit at Monklands & shows encouraging progress (no Board has yet achieved >95% consistently). Revised Acute Empirical Antibiotic Policy implemented across 3 sites week beginning 9<sup>th</sup> Aug – all front line clinical staff groups made aware of need to build on success of previous 2008 revision with respect to further reduction in CDI.

Laminated empirical antibiotic policy prompt cards will also be introduced this month within ERU admission unit bedside observation folder to enhance compliance & AMT is continuing with education of all new prescribers to raise awareness of individual responsibilities when prescribing antibiotics empirically.

With respect to other 2 sites, collection at Hairmyres admissions unit commences mid August and meetings have been scheduled with identified clinical leads at Wishaw General to embed process there ahead of HEI Inspection in September.

### Compliance relating to CEL 11 CDAD Heat Target



### Second Antibiotic Indicator – Surgical Prophylaxis

Surgical prophylaxis policies now all agreed with surgical leads and approved by Area Drugs and Therapeutics Committee. Implementation across 3 sites planned for 3<sup>rd</sup> week Sept 2010 after education at surgical, anaesthetic & nursing CME/SCN forums. Data collection on second indicator will then proceed, working closely with Scottish Patient Safety Programme, peri-operative personnel on all 3 sites as described in Antimicrobial Management Team HEAT target action plan.

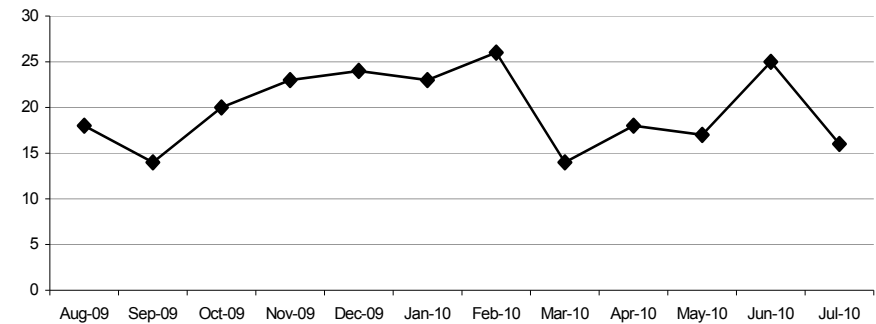
### Third Antibiotic Indicator – Seasonal Primary Care Quinolone Variance (April 2009 – March 2010)

NHSL variance currently sits at 5.8% (target < 5%) – reduction from almost 8% previous period. Primary Care Antibiotic Action Plan led by Dr C Mackintosh looking to build on this encouraging progress.

## NHS Board

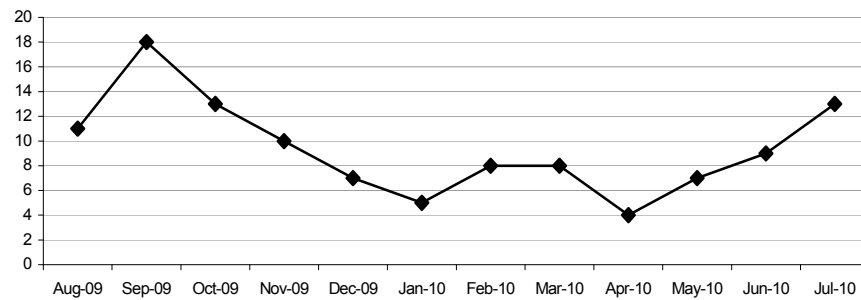
NHS Lanarkshire have shown an increase in their *Staph Aureus Bacteraemias* since May 2010, however are still currently on trajectory to meet the HEAT Target for March 2011. Enhanced Surveillance has shown that of the 14 cases reported this month 2 were associated to being acquired out of hospital. *Clostridium difficile* infections have decreased since the last reporting period in June 2010. Hand hygiene and cleaning compliance both remain >96%

## Clostridium difficile Infection Cases (all ages)



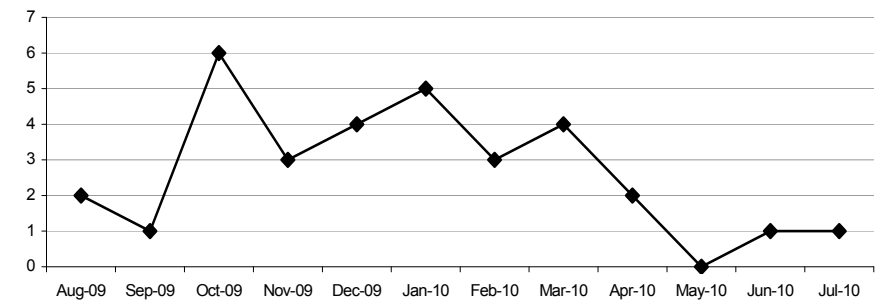
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
18	14	20	23	24	23	26	14	18	17	25	16

## MSSA Bacteraemia Cases



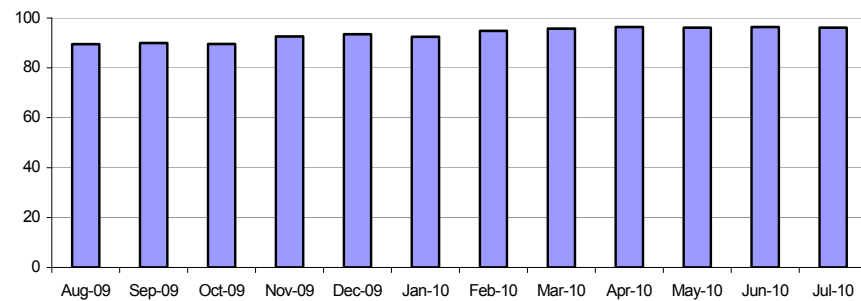
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
11	18	13	10	7	5	8	8	4	7	9	13

## MRSA Bacteraemia Cases



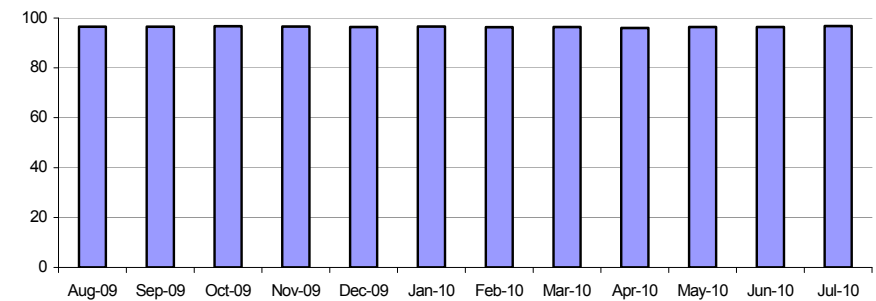
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
2	1	6	3	4	5	3	4	2	0	1	1

## Hand Hygiene Compliance



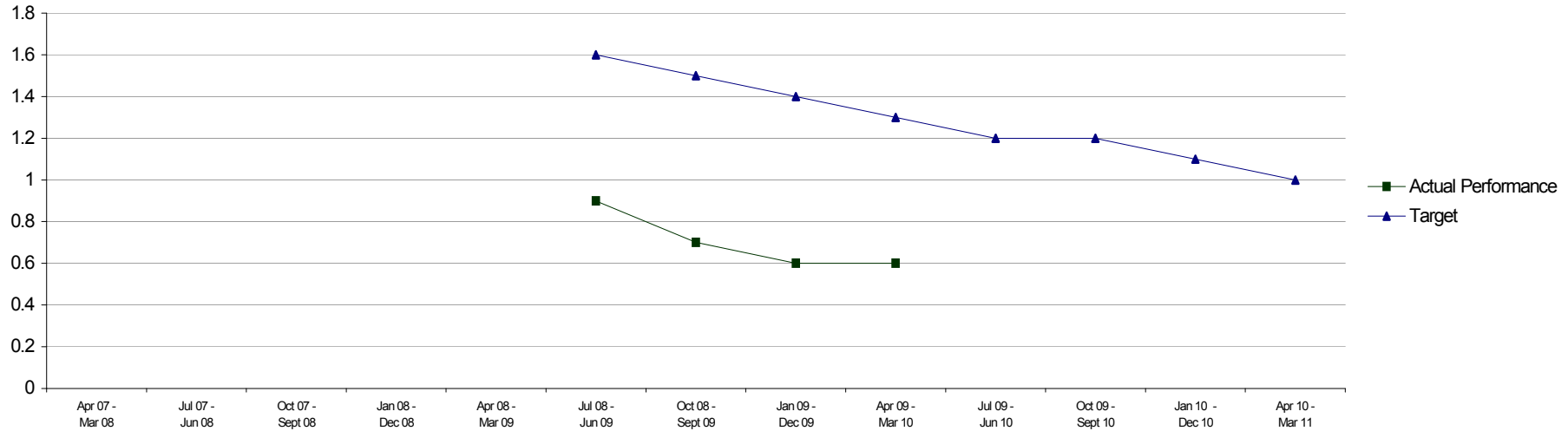
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
89.49	89.98	89.61	92.58	93.44	92.46	94.84	95.69	96.34	96.13	96.4	96.11

## Cleaning Compliance



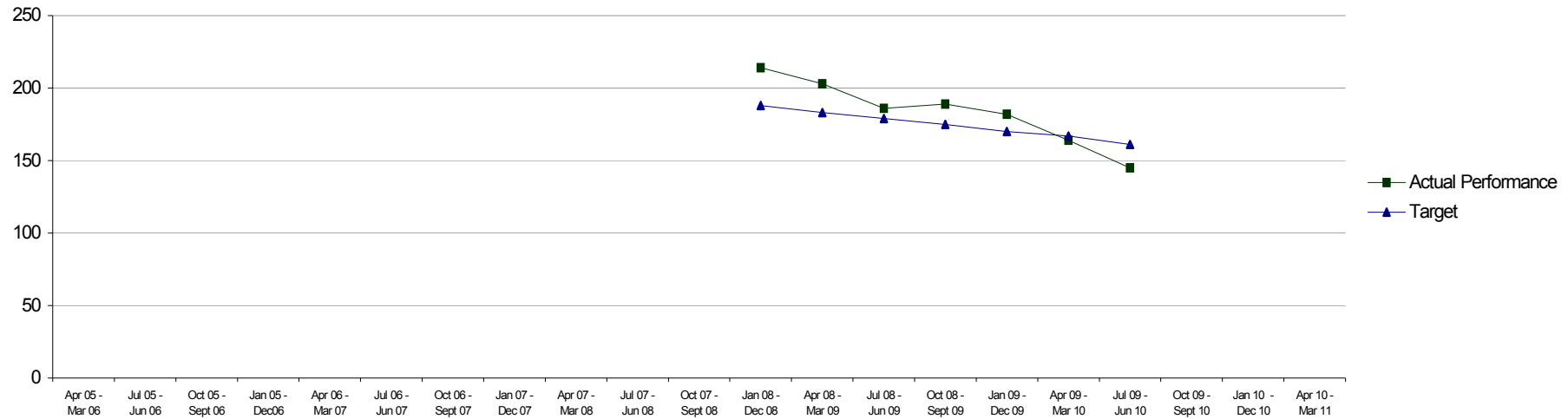
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
96.5	96.5	96.7	96.6	96.4	96.6	96.3	96.4	96	96.4	96.4	96.8

Quarterly rolling year *Clostridium difficile* Infection Cases in patients aged 65 and over per 1000 total occupied bed days for HEAT Target



	Apr 07 - Mar 08	Jul 07 - Jun 08	Oct 07 - Sept 08	Jan 08 - Dec 08	Apr 08 - Mar 09	Jul 08 - Jun 09	Oct 08 - Sept 09	Jan 09 - Dec 09	Apr 09 - Mar 10	Jul 09 - Jun 10	Oct 09 - Sept 10	Jan 10 - Dec 10	Apr 10 - Mar 11
Actual Performance						0.90	0.70	0.60	0.60				
Target						1.60	1.50	1.40	1.30	1.20	1.20	1.10	1.00

Quarterly rolling year *Staphylococcus aureus* Bacteraemia Cases for HEAT Target



	Apr 05 - Mar 06	Jul 05 - Jun 06	Oct 05 - Sept 06	Jan 05 - Dec 06	Apr 06 - Mar 07	Jul 06 - Jun 07	Oct 06 - Sept 07	Jan 07 - Dec 07	Apr 07 - Mar 08	Jul 07 - Jun 08	Oct 07 - Sept 08	Jan 08 - Dec 08	Apr 08 - Mar 09	Jul 08 - Jun 09	Oct 08 - Sept 09	Jan 09 - Dec 09	Apr 09 - Mar 10	Jul 09 - Jun 10	Oct 09 - Sept 10	Jan 10 - Dec 10	Apr 10 - Mar 11
Actual Performance												214	203	186	189	182	164	145			
Target												188	183	179	175	170	167	161			

## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from outwith hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

#### Understanding the Report Cards – Infection Case Numbers

*Clostridium difficile* infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). Data are presented as both a graph and a table giving case numbers. More information on these organisms can be found on the NHS24 website:

*Clostridium difficile* : [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=2139&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1)

*Staphylococcus aureus* : [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=346](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346)

MRSA: [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=252&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=1)

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

#### Understanding the Report Cards – Hand Hygiene Compliance

Good hand hygiene is crucial for infection prevention and control. More information can be found from the Health Protection Scotland's national hand hygiene campaign website:

<http://www.washyourhandsofthem.com/>

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. The first page of each hospital report card presents the percentage of hand hygiene compliance for all staff in both graph and table form.

### **Understanding the Report Cards – Cleaning Compliance**

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

The first page of each hospital Report Card gives the hospitals cleaning compliance percentage in both graph and table form.

### **Understanding the Report Cards – ‘Out of Hospital Infections’**

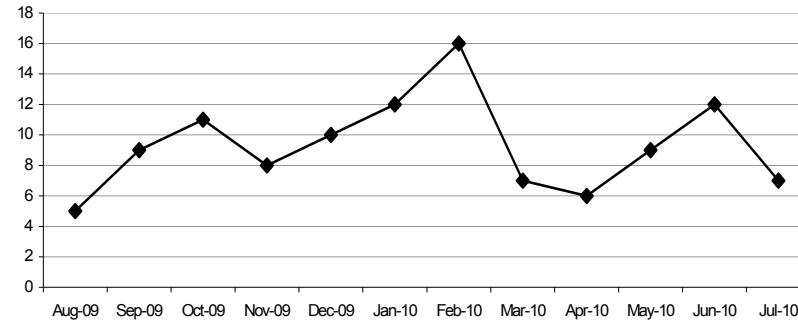
*Clostridium difficile* infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes and. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital. Given the complex variety of sources for these infections it is not possible to break this data down in any more detail.

## Wishaw General

Wishaw General have seen a 42% decrease of their *Clostridium difficile* infections since the last reporting period in June 2010, reporting 7 cases compared to 12 for June.

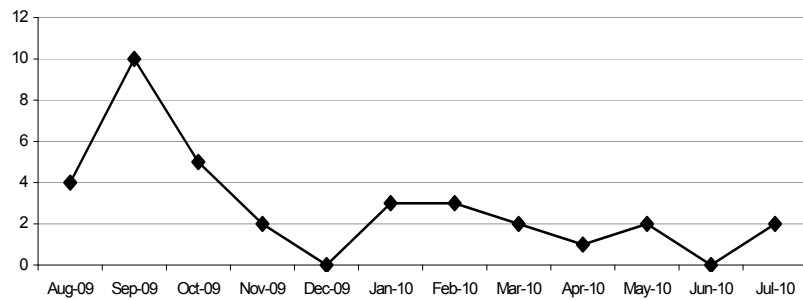
MSSA has showed a slight increase since the last reporting period which is refelected accross the Acute sites, but still within the HEAT Trajectory. Both hand hygiene and cleaning compliance continues to be reported >95%

## Clostridium difficile Infection Cases (all ages)



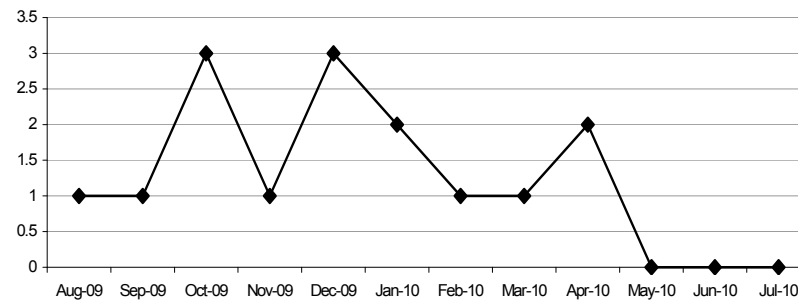
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
5	9	11	8	10	12	16	7	6	9	12	7

## MSSA Bacteraemia Cases



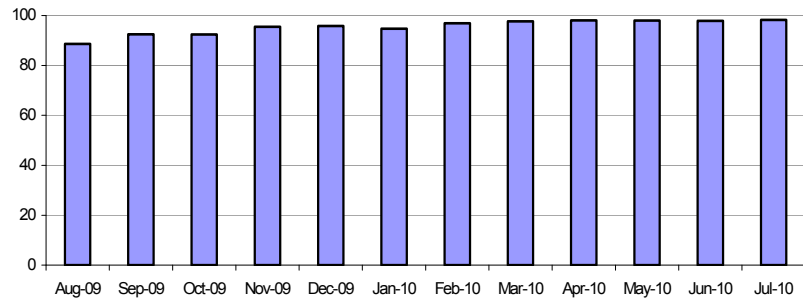
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
4	10	5	2	0	3	3	2	1	2	0	2

## MRSA Bacteraemia Cases



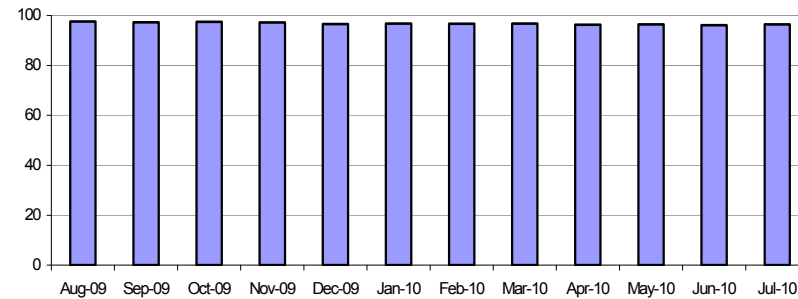
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
1	1	3	1	3	2	1	1	2	0	0	0

## Hand Hygiene Compliance



Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
88.67	92.46	92.42	95.51	95.85	94.69	96.92	97.71	98.08	98	97.89	98.28

## Cleaning Compliance



Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
97.6	97.3	97.5	97.2	96.6	96.8	96.7	96.8	96.4	96.5	96.2	96.5

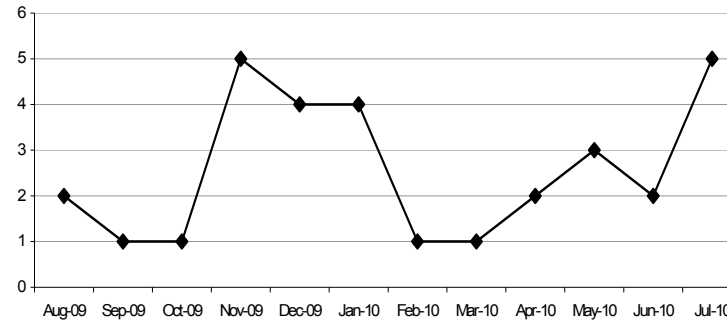
## Monklands

Monklands have seen a slight increase in their *Clostridium difficile* infections since last month, reporting 5 cases compared to 2 for June. All cases are subject to enhanced surveillance

MSSA has remained static since the last reporting period, but Staph aureus bacteraemias still within the HEAT Target Trajectory.

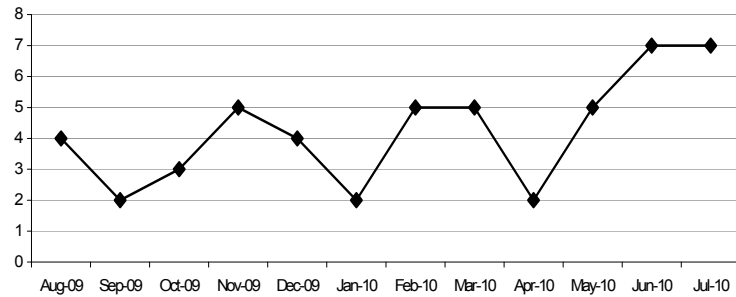
Both hand hygiene and cleaning compliance continues to be reported >95%.

## *Clostridium difficile* Infection Cases (all ages)



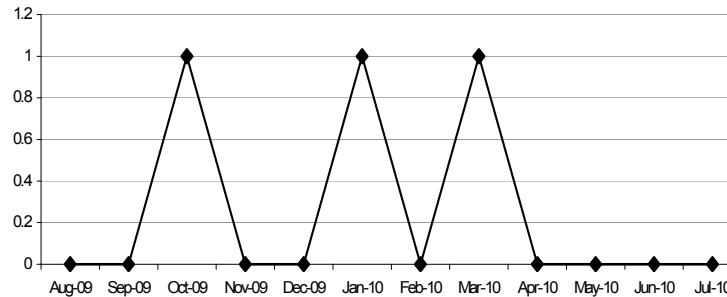
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
2	1	1	5	4	4	1	1	2	3	2	5

## MSSA Bacteraemia Cases



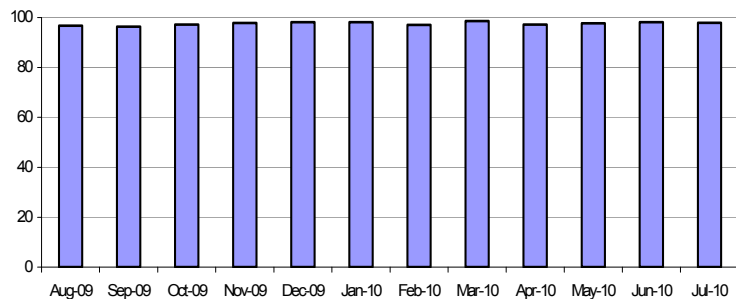
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
4	2	3	5	4	2	5	5	2	5	7	7

## MRSA Bacteraemia Cases



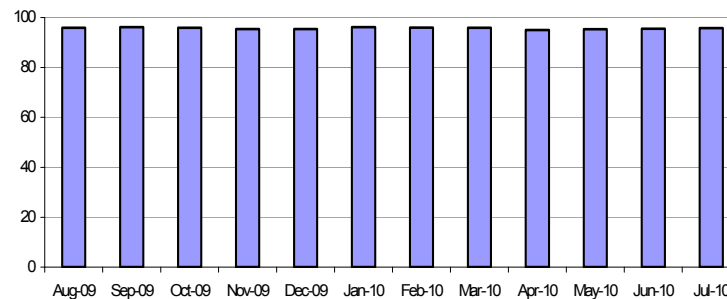
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
0	0	1	0	0	1	0	1	0	0	0	0

## Hand Hygiene Compliance



Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
96.73	96.34	97.18	97.84	98.18	98.13	97.03	98.6	97.16	97.68	98.15	97.91

## Cleaning Compliance

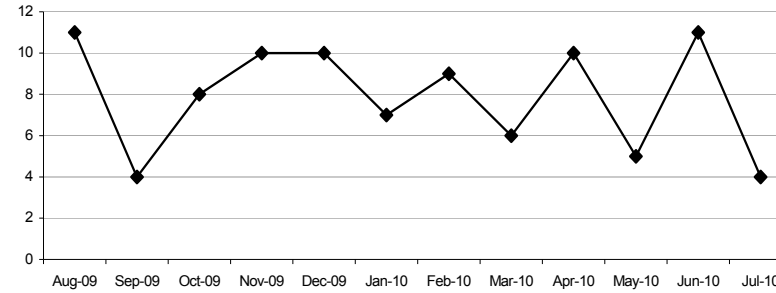


Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
95.9	96.2	95.9	95.4	95.4	96.2	96	95.9	95	95.3	96.5	95.8

## Hairmyres

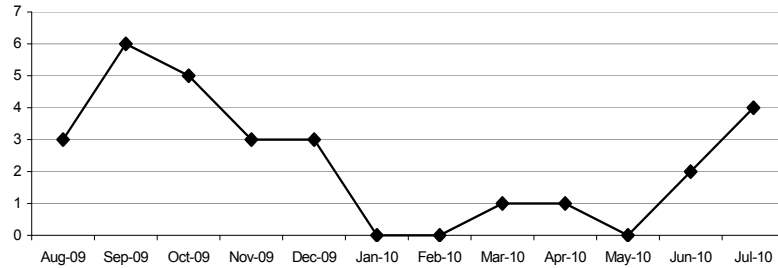
Hairmyres have seen a 64% reduction in their *Clostridium difficile* infections since last month, reporting 4 cases compared to 11 for June. There has been a slight increase in MSSA which is reflected across the 3 Acute sites but still within the HEAT Target Trajectory. Both hand hygiene and cleaning compliance continues to be reported >95%.

## *Clostridium difficile* Infection Cases (all ages)



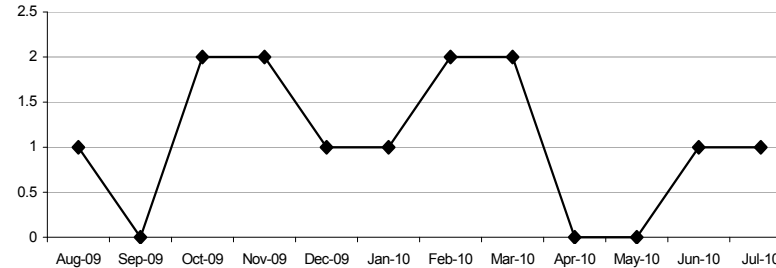
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
11	4	8	10	10	7	9	6	10	5	11	4

## MSSA Bacteraemia Cases



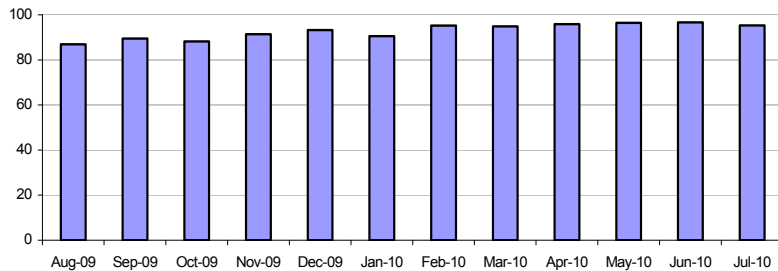
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
3	6	5	3	3	0	0	1	1	0	2	4

## MRSA Bacteraemia Cases



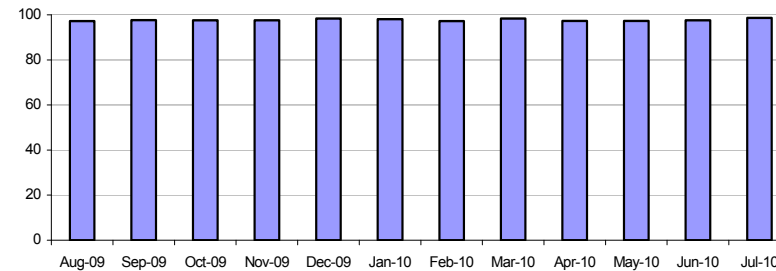
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
1	0	2	2	1	1	2	2	0	0	1	1

## Hand Hygiene Compliance



Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
86.95	89.54	88.17	91.44	93.29	90.59	95.22	94.9	95.93	96.42	96.7	95.3

## Cleaning Compliance

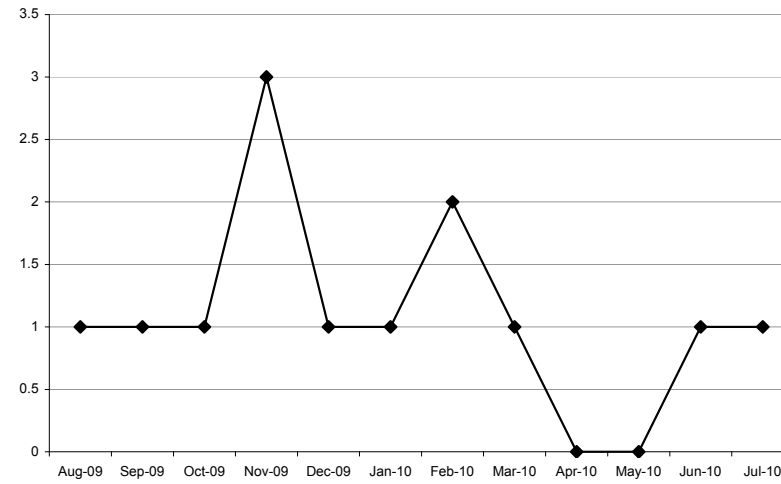


Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
97.2	97.7	97.6	97.6	98.4	98.1	97.2	98.4	97.3	97.3	97.6	98.7

## Community Hospitals

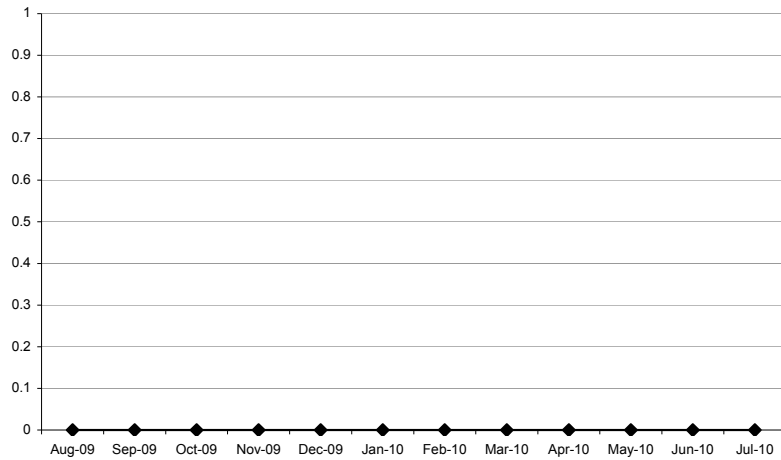
Community Hospitals continue to demonstrate very low levels of *Clostridium difficile* and in the last 12 months have had no cases of Staph aureus bacteraemia. Carrick stone reported one case of *Clostridium difficile* for July and the other 5 Community hospitals have reported 0 cases for the last 3 consecutive months

## Clostridium difficile Infection Cases (all ages)



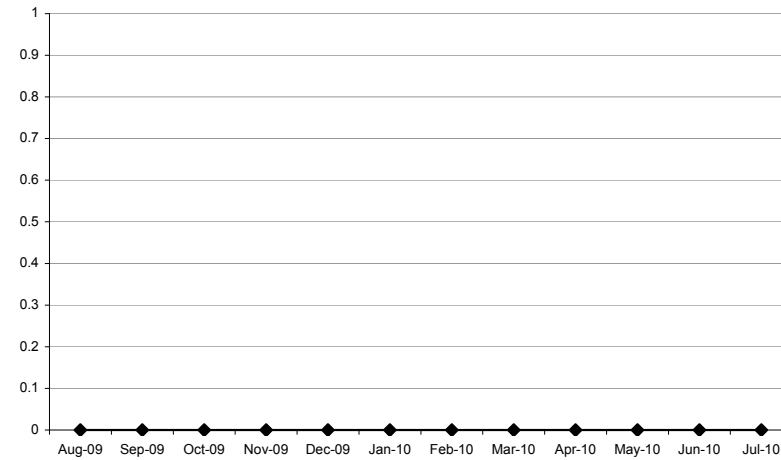
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
1	1	1	3	1	1	2	1	0	0	1	1

## MSSA Bacteraemia Cases



Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
0	0	0	0	0	0	0	0	0	0	0	0

## MRSA Bacteraemia Cases

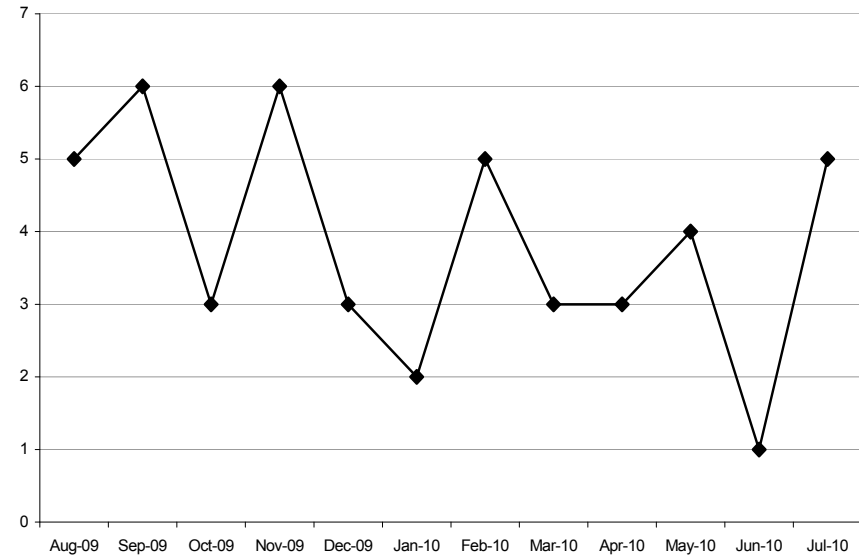


Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
0	0	0	0	0	0	0	0	0	0	0	0

## Out of Hospital Infections

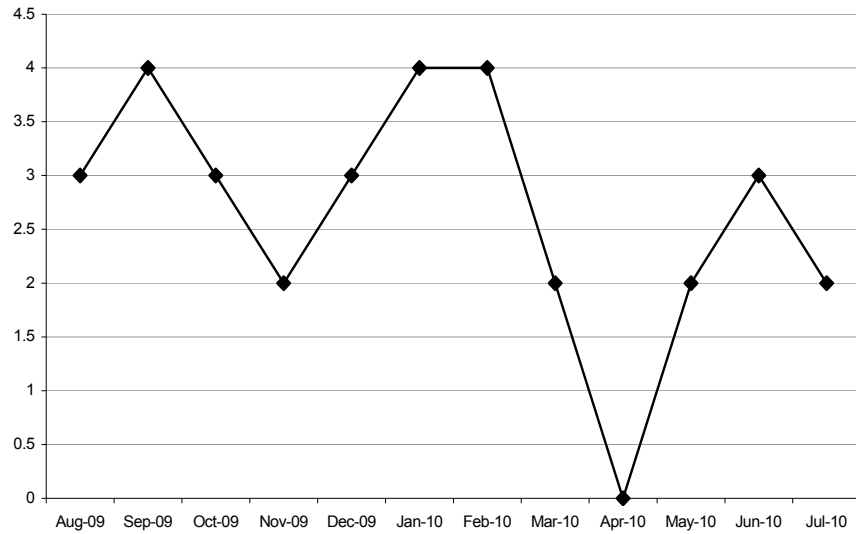
These report cards for out of hospital cases show *Clostridium difficile* positive cases from Lab data where the Lab source code does not match any of the Acute or Community Hospitals and are therefore presumed to be from GPs and not hospital associated. Further enhanced surveillance shows that none of the patients have had recent clinical interventions within NHS Lanarkshire hospitals.

## *Clostridium difficile* Infection Cases (all ages)



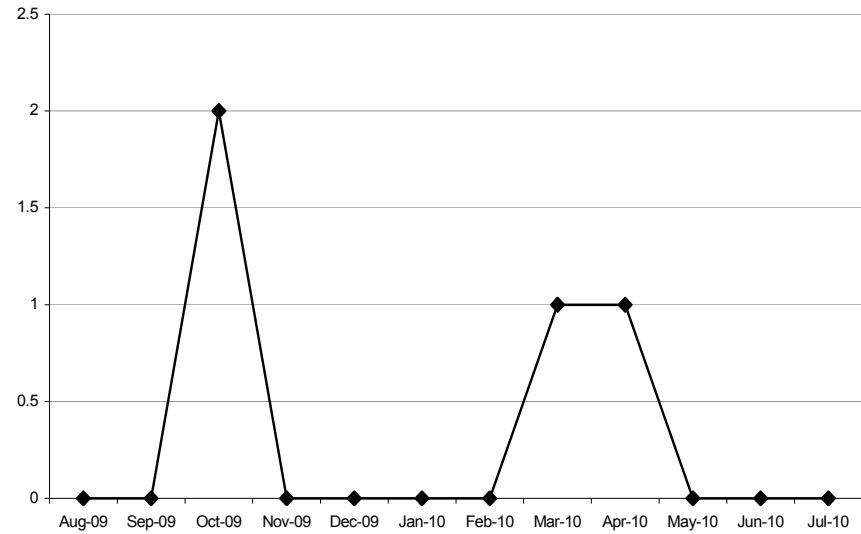
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
5	6	3	6	3	2	5	3	3	4	1	5

## MSSA Bacteraemia Cases



Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
3	4	3	2	3	4	4	2	0	2	3	2

## MRSA Bacteraemia Cases



Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
0	0	2	0	0	0	0	1	1	0	0	0