

**Healthcare Associated Infection Control and Prevention Report to NHS Lanarkshire  
Board 24<sup>th</sup> August 2011.**

**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:

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## Section 1 – Board Wide Issues

### Key Healthcare Associated Infection Headlines for May 2011

- The Joint ECDC Europe wide Point Prevalence Survey of HAI and Antimicrobial Prescribing will be undertaken in September/October 2011. Data will be collected from 100% of acute hospitals and a 25% sample of non-acute hospitals (Udston and Kello have been selected by HPS). NHSL data collectors have been identified and training has been completed. A meeting of key stakeholders was held on the 02<sup>nd</sup> August 2011 to agree the planned approach and the survey will commence at Monklands week beginning 5<sup>th</sup> September.
- Ros Moore, Chief Nursing Officer, SGHD, has written to all Boards outlining temporary amendments to national surveillance requirements to allow staff to be freed up to contribute to the forthcoming Point Prevalence Survey (PPS) in September/October 2011. Antimicrobial Teams do not require to collect data for the two hospital prescribing indicators (empiric prescribing and surgical prophylaxis) as described in CMO (2011) 5 and SAPG communication of 13/4/11. The PPS will provide the necessary evidence for both of these. Boards are not required to undertake the voluntary SSI surveillance requirements of HDL (38) 2006 during the two quarters July to December 2011. Alternatively Boards may wish to continue surveillance using the SSI light methodology. Boards (subject to HPS agreement) may wish to participate in SSI light surveillance (in mandatory categories of hip arthroplasty and/or Caesarean section) in place of the usual mandatory surveillance methodology for the two quarters July to December 2011. The light SSI protocol will gather denominator data for each operation category plus detailed patient level data on each SSI as per the current methodology i.e. SSI forms will only be completed for SSIs diagnosed and not for all patients undergoing hip arthroplasty or Caesarean section procedures. It has been agreed that NHSL will follow the light protocol. The Post Discharge Surveillance requirements for these procedure categories remains the same i.e. readmission until day 30 post operatively for hip arthroplasty and until day 10 post operatively for c section procedures.
- Health Protection Scotland and Health Improvement Scotland have finalised a working draft of the standard Infection Control Precautions (SCIPS) Model Policy Implementation Portfolio. A meeting of key stakeholders was held on Tuesday 12<sup>th</sup> July 2011. Leading Better Care Facilitators, Patient Safety Quality Improvement Leads and Infection Control Specialists will support the implementation of this work. Testing in nationally agreed targeted areas commenced in NHSL between the 18<sup>th</sup> and 31<sup>st</sup> July. A further meeting to discuss findings and future progress is being held on the 18<sup>th</sup> August.
- A SAB 6 month high impact improvement plan (July 2011-December 2011) has been approved by NHSL's SAB/CDI Improvement Group. It aims to assist NHSL in meeting the SAB HEAT Target for 2011-13 focussing on invasive device management.

## ***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:

[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**

#### **3. *Staphylococcus aureus* (including MRSA):**

The target for 2011-2013 is for all Boards to reduce their rate of *Staphylococcus aureus* bacteraemias down to 0.26 or less cases per 1000 acute occupied bed days by year ending March 2013. Should Boards achieve a rolling year rate lower than 0.26 before year ending March 2013 they should aim to maintain that lower rate. However, Boards will be held to account against the 0.26 rate. The rate of 0.26 cases or less per 1000 acute occupied bed days was the "best in class" rate achieved by a single board in year ending March 2010; and is a rate that is considered to be achievable by all Boards.

As this is a rate based on data regarding acute occupied bed days being received from ISD, there will be a delay before an accurate comparison of performance can be made. However, if activity remains at a stable level, then an average of 10 SABs per month in NHS Lanarkshire will be an approximate target. In June there were 10 SABs.

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

- The SPSP Facilitators continue to test processes aimed at the provision of optimum insertion and maintenance of CVCs out with critical care areas at all 3 acute sites.
- A draft national peripheral vascular cannula insertion checklist continues to be tested in targeted areas at all 3 acute sites. This work is generated from a group developing national quality improvement tools and which NHSL Infection Control representation is integral.
- The testing of Clinnel (Chlorexidine 2%) wipes in targeted high peripheral venous cannulae usage areas is complete and the results awaited before considering further roll out.

- A revised ICP is being developed for use in level 1 Admission areas at all 3 acute sites comprising peripheral and central venous cannulae care bundle elements to further minimise SABs.
- A draft national blood culture sampling checklist is currently being considered for testing to identify practices leading to potential contamination.
- The Nurse Consultant, Infection Control, NHS QIS, has extended her Honorary Contract in NHSL and will continue membership of the SAB/CDI improvement Group, bringing additional quality improvement approaches to reducing SABs.
- An NHSL SAB Self Directed Learning Unit has been developed by the ICN's and will be tested at all 3 acute sites to improve staff knowledge of SAB contributory factors.

### **MRSA Screening Programme - Progress of Implementation**

A meeting of the NHS Scotland MRSA Screening National Rollout Working Group was held on 5 August 2011. Key performance indicators have been defined although the dataset has not been released. Key performance indicators will include both process and outcome indicators.

The MRSA project team to continue to test the PDSA cycle 1 in the following areas:

- Monklands – Wards 1, 5, 15, ITU, PAA, ERU, ENT and Cardiac
- Hairmyres – Wards 2 and 9, Cath Lab, ICU, HDU, CCU and PAA
- Wishaw – Wards 8, 18 and ECU

Cycle 2 is currently being planned and will commence in October 2011. Education continues in line with PDSA roll out.

Nasal swabbing will continue until the clinical risk assessment (CRA) methodology is implemented. Discussion is ongoing with TrakCare to host the CRA and a presentation on this will be delivered to the MRSA Steering Group.

The MRSA Project Manager is attending the next Public Partnership Forum (PPF) meeting to provide an overview.

*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>

#### 4. *Clostridium difficile* infection (CDI):

NHS Lanarkshire remains on trajectory to meet our HEAT target. The target for 2011-2013 is for all Boards to reduce from their current rate of *Clostridium difficile* infections down to 0.39 or less cases per 1000 total occupied bed days in patients aged 65 and over by year ending March 2013. Should Boards achieve a rate lower than 0.39 ahead of the March 2013 then they should aim to at least maintain that lower rate; however formal achievement of the target will still be measured against the 0.39 rate.

Our exact figures for the most recent quarter (reported by HPS) January 2011 – March 2011 are 38 episodes (>65 years old) giving a rate of 0.29 cases > 65 years old / 1000 OCBDs for the quarter up to March 2011. The annual rate up to the end of December 2010 was 0.45 episodes >65 years old / 1000 OCBDs

#### Initiatives to reduce *Clostridium difficile* infection

- A national steer is still awaited on the development of a CDI Driver diagram and change package
- An NHSL draft CDI improvement plan has been developed to assist in meeting the CDI HEAT Target 2011/13. Progress will be overseen by the SAB/CDI Improvement Group.
- Enhanced CDI Surveillance data is being collected by the Infection Control Surveillance Nurses, supported by the Infection Control Teams locally
- The Enhanced surveillance data will undergo further analysis to determine improvements that can be made to clinical practice and minimise the acquisition of CDIs. Discussions have taken place with the Clinical Quality Department to progress as a matter of urgency.
- A set of standardised interventions for use in CDI potential hotspot areas and where there may be clusters of CDI patients is being developed. It will be subject to approval by the Acute Infection Control and Acute Divisional Management Team Committees.
- The public Inquiry into the 'Outbreak of *Clostridium difficile* in Northern Trust Hospitals - Northern Ireland" published in March 2011 is being scrutinised to identify any additional actions requiring to be taken by NHSL to further inform the improvement plan for 2011/13.

#### 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/haiic/ic/nationalhandhygienecampaign.aspx>

## **National Audit**

NHS Lanarkshire obtained an overall score of 95% and this was published in the July National Audit Report.

It should be noted that the current results are opportunity based only, and that as of December 2011, the score will be a combination of both opportunity and technique. It is possible that this may impact on the overall score in the future.

Sustainability is recognised as an on-going challenge. An initiative designed to encourage compliant areas will commence following this latest audit period. Compliant areas will be sent a letter of encouragement from Mrs James, Divisional Nurse Director (Acute), and an A4 laminated poster signed by Tim Davison, Chief Executive NHSL, will be displayed at the ward entrance for the ensuing two month period.

## **Scottish Patient Safety Programme (SPSP)**

The spread of SPSP ward self audit is nearing completion. Pioneering work has been completed in both Primary Care and Acute Dental Services.

## **Current Initiatives in Promoting Hand Hygiene**

- Hand Hygiene education sessions in partnership with Ecolab are ongoing on a monthly basis and a plan is outlined for the coming year.
- Further education sessions being developed for key staff groups.
- New awareness materials being developed for positioning at the front entrance of the three acute sites.
- Primary Care Products Implementation programme complete, Camglen and Rutherglen only areas to commence. Snagging nearing completion.
- Ecolab liaising with PSSD regarding progression of acute non clinical areas.

## **Healthcare Environment Inspection**

An announced Inspection was undertaken at Hairmyres Hospital on the 4<sup>th</sup> August. The inspection team visited several wards , interviewed key members of staff and undertook patient opinions via a questionnaire .Verbal feedback was positive with notable improvement highlighted since the unannounced visit on the 13<sup>th</sup> April 2011. A written report of any requirements or recommendations will be received by NHSL on the 24<sup>th</sup> August for comment prior to publication on the 1<sup>st</sup> September on the HEI website.

## 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:

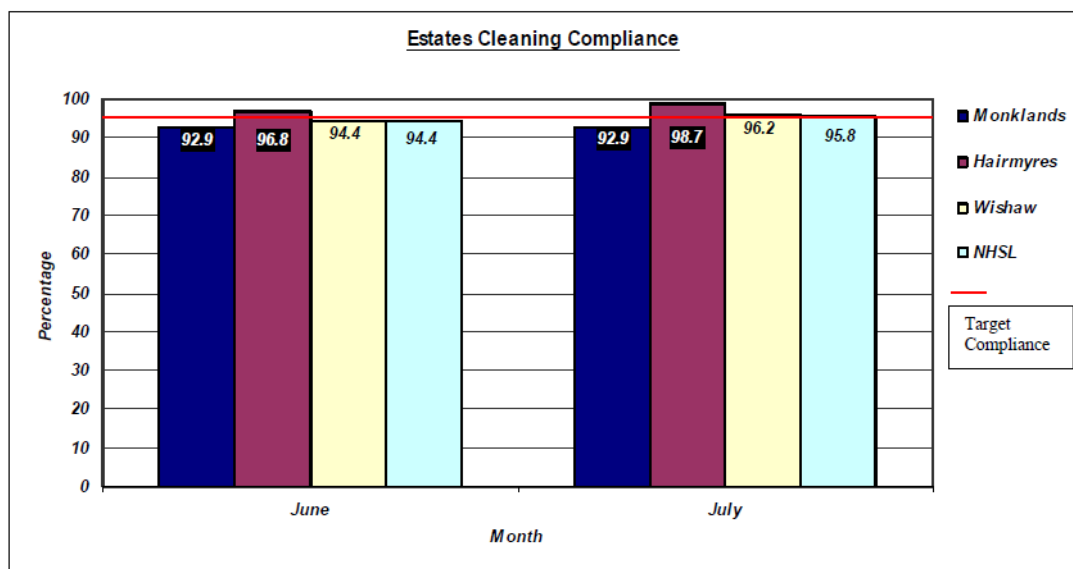
<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

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>

- The HFS System Design and Implementation Group (Inc Control of Infection Consultant) have introduced a new scoring system for the Domestic Monitoring Tool. The previous system recorded scores for individual rooms, however from April 2011; individual tasks are now being scored against a 5 x 5 matrix. As a result of this change, NHS Boards are now reporting a reduction of 1.5% - 2% against domestic scores previously recorded.
- Domestic NMF scores for NHSL premises during Apr-June 2011 produced an average score of 95.1%, this being a reduction of 0.8% on the previous quarter. Within the three acute sites, 479 audits were undertaken & 14 audits recorded a score below 90%. Within CHP sites, 182 audits were undertaken & 8 audits scored below 90%. All cleaning issues identified were rectified within 48 hours.
- National Monitoring Audits continue to be undertaken across all sites & ward Managers /Heads of Departments are encouraged to participate in the audit. On completion of the audit the auditor ensures the senior person in charge is made aware of audit findings and the cleaning standards achieved.
- Estates Monitoring Results are now reported quarterly by Health Facilities Scotland alongside the domestic services results. The first results published are for the 4<sup>th</sup> quarter Jan 11-March 11 and can be found at [www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)
- Estates NMF scores for NHSL premises during April –June 2011 produced an average score of 94.5%, a reduction of 2.1% on the previous quarter. Within the three acute sites, 475 audits were undertaken & 51 audits recorded a score below 90%. Within the CHP sites, 178 audits were undertaken & 24 audits scored below 90%. All issues identified are prioritised for action.
- All amber scores (below 90%) recorded in the NMF audits are discussed with service users, domestic staff, supervisors and, if appropriate, Control of Infection. Immediate actions are put in place by Domestic Managers to rectify the issues identified, with supervision being increased.
- Domestic Management continue to monitor the level of calls relating to cleaning issues being received through the helpdesk. To date, across the three acute sites there has not been a significant increase in the level of helpdesk calls being received requesting additional cleaning services.

- The HAI Initiatives Service Providers meeting continues to be held on a monthly basis with representation from PSSD / ISS & Serco with a single action plan in place to address a wide range of HAI / HEI related issues.
- Difficult to clean areas e.g. behind radiators, light pendants in Neonatal, theatres etc, have been identified across the three acute sites. In consultation with Control of Infection, taking account of the level of clinical risk, it is planned to review the cleaning frequency required for these areas and develop appropriate procedures.
- The NHSL Cleaning Services Specification has now been launched on the PSSD web page on Firstport, which details the scope of cleaning services to be provided within all ward / department & health centres.
- The Monitoring Framework for NHS Scotland National Cleaning Services Specification requires Public Peer Review (PPR) involvement once per year. NHSL have recruited 4 additional Public Peer Reviewers & are endeavouring to undertake Public Peer Reviews in the three acute sites on a monthly basis.
- Problems continue to be experienced in relation to laundry bags not being labelled by wards/departments prior to uplift and dispatch to the laundry. This is a breach of NHS Lanarkshire's Control of Infection Manual, Section D Management of Linen, which clearly identifies staff responsibilities to ensure traceability of improperly segregated & bagged linen & this requirement has been re-enforced through the appropriate clinical forums. This matter has previously been raised via LICC & has now been escalated to the HAI & Risk Manager. Consideration is being given to suspension of laundry uplifts where laundry bags have not been labelled which will impact significantly on the ability to deliver clinical services.



## Outbreaks/ Incidents

*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.*

- The ICT reported an increase in patients with *C. difficile* toxin positive results in Ward 6 Wishaw General Hospital over a 10 day period (ranging from 03/07/11 – 13/07/11). Six patients were reported *C. diff* toxin positive and further isolates sent to the reference lab were identified as 027 strains. HPS trigger tools were completed and Problem assessment groups were convened on the 19th and 26<sup>th</sup> July, with a plan of action to limit spread developed and implemented. Health Protection Scotland and the Scottish Government Health department was informed. Both were content that all appropriate control measures available had been put in place. NHSL have agreed to test a revised outbreak tool on behalf of HPS following these increased incidents.
- The primary care ICT reported an increase in patients with *C. difficile* toxin positive results in Lockhart Hospital between the 8<sup>th</sup> of June – 12<sup>th</sup> August. Five patients have been identified and Enhanced surveillance has been undertaken on all five patients, which has demonstrated possible links to antimicrobial prescribing. The HPS Trigger tool has been completed twice and did not highlight any areas of poor practice within the clinical area, however the trigger tool did highlight the lack of single room availability to assist isolation. and bed spacing issues. A Problem Assessment Group meeting has been convened by Dr. C. Mackintosh and is due to be held on the 17<sup>th</sup> August at 10.30.

A further verbal update will be provided to the Board on the 24<sup>th</sup> August

## Norovirus

| Date     | 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 |
|----------|-----------------------------------|---|--|--|---|
| 15/08/11 | NHS Ayrshire & Arran              | 0   | 0  | 0  | 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                   | 1   | 1  | 6  | 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   |
|          | <b>Total</b>                      | <b>1</b>  | <b>1</b>                                 | <b>6</b>   | <b>0</b>  |

Currently 1 NHS Board is reporting Norovirus activity in NHS Scotland. Lanarkshire have reported 1 hospital affected with 1 ward closed for this reporting period.

In the first report on 7/1/2008: 29 hospitals were affected and 47 wards closed. This Monday **15/08/2011** there was 1 hospital with 1 ward affected.

### Other HAI Related Activity

#### Surgical Site Infection Surveillance

The Nurse Consultant, Infection Control, NHS QIS, has agreed to focus on supporting the work of the Infection Control Surveillance Nurses in relation to demonstrating quality improvement. The first meeting has been arranged to scope potential work to be undertaken for the 23<sup>rd</sup> August

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.

SSI Surveillance of elective hip and knee arthroplasties, repair of neck of femur, (hemi arthroplasties) and SSI Surveillance of elective and emergency caesarean section for the period 1<sup>st</sup> May 2011 –31<sup>st</sup> May 2011 is shown in the table below, with comparison to the National rate

| Procedure               | Total operations | Infections               | SSI % | National SSI % |
|-------------------------|------------------|--------------------------|-------|----------------|
| Hip Arthroplasty        | 47               | 2 (Superficial) (MK, HM) | 4.26  | 0.42           |
| Repair of neck of femur | 26               | 1 (Deep) (MK)            | 3.85  | 1.14           |
| Knee Arthroplasty       | 39               | 0                        | 0.00  | 0.00           |
| Caesarean Section       | 124              | 2 (Superficial)          | 1.61  | 2.21           |

SSI Surveillance of elective hip and knee arthroplasties, repair of neck of femur, (hemi arthroplasties) and SSI Surveillance of elective and emergency caesarean section for the period 1<sup>st</sup> June 2011 –30<sup>th</sup> June 2011 is shown in the table below, with comparison to the National rate

| Procedure               | Total operations | Infections                 | SSI % | National SSI % |
|-------------------------|------------------|----------------------------|-------|----------------|
| Hip Arthroplasty        | 43               | 1 (Deep) (WG)              | 2.33  | 0.48           |
| Repair of neck of femur | 26               | 0                          | 0.00  | 0.79           |
| Knee Arthroplasty       | 32               | 0                          | 0.    | 0.37           |
| Caesarean Section       | 127              | 2(Superficial)<br>1 (Deep) | 1.57  | 2.08           |

Staff training to aid completion of surveillance forms is provided informally to staff in their clinical areas.

## **Education**

The HAI Learning Strategy continues to be implemented through a variety of fora and will be due for review by the nurse consultant in November 2011.

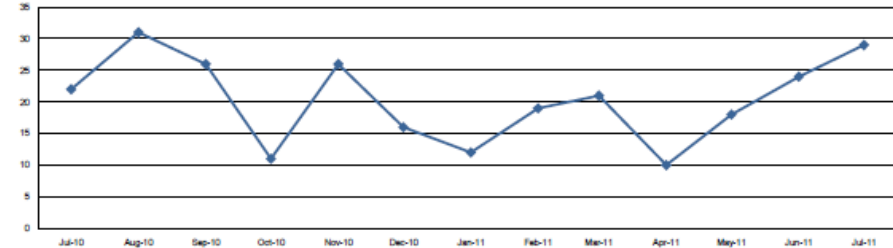
NHS Education Scotland has developed a decontamination education matrix to support staff involved in the re-processing of endoscopes. The ICT will undertake the e-learning module and then act as mentors to other staff groups who undertake the training in the future.

The infection control Teams are currently reviewing the winter preparation education sessions for roll out in October, in advance of increased incidence of Norovirus

## NHS Lanarkshire

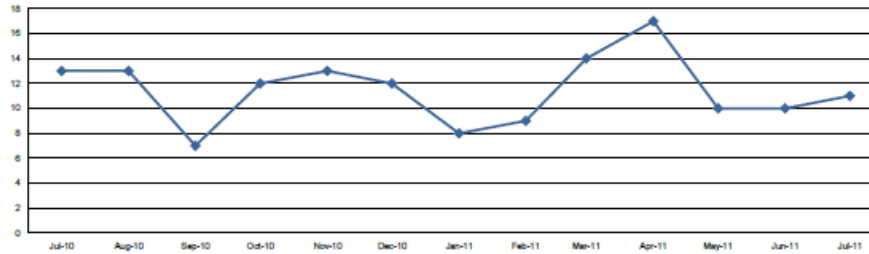
There has been an increased incidence of Clostridium Difficile cases for this reporting period. Enhanced surveillance has shown that 13 cases were acquired out with hospital. In addition there has been an overall increase in cases of MSSA, though less than for the same reporting period in 2010, and an increase in MRSA cases. Enhanced Surveillance have reviewed all the cases identified and provided feedback to the relevant Clinicians.

### Clostridium difficile Infection Cases (all ages)



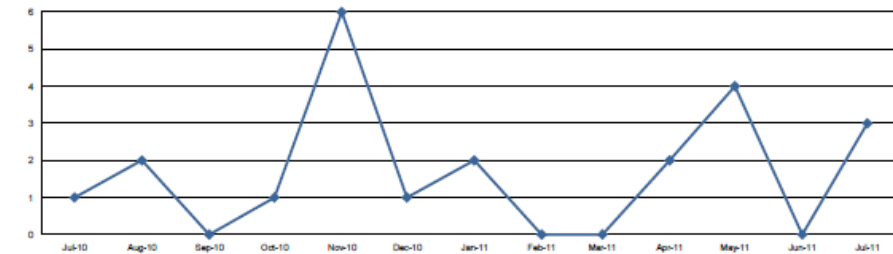
| Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 22     | 31     | 26     | 11     | 26     | 16     | 12     | 19     | 21     | 10     | 18     | 24     | 29     |

### MSSA Bacteraemia Cases



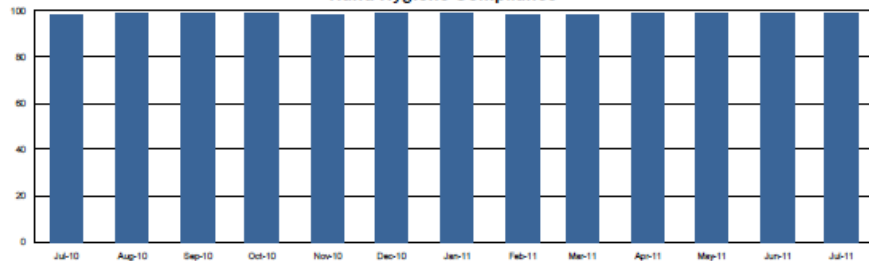
| Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 13     | 13     | 7      | 12     | 13     | 12     | 8      | 9      | 14     | 17     | 10     | 10     | 11     |

### MRSA Bacteraemia Cases



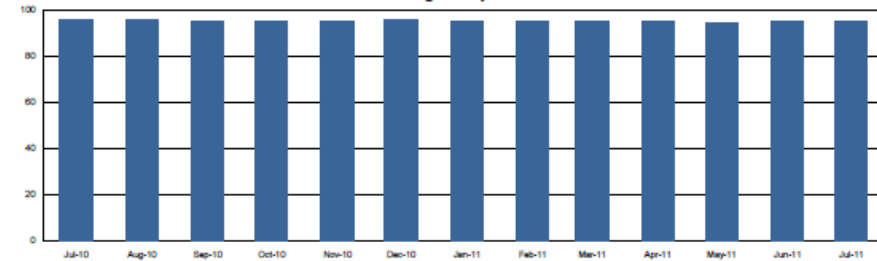
| Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1      | 2      | 0      | 1      | 6      | 1      | 2      | 0      | 0      | 2      | 4      | 0      | 3      |

### Hand Hygiene Compliance



| Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 98     | 99     | 99     | 99     | 98     | 99     | 99     | 98     | 98     | 99     | 99     | 99     | 99     |

### Cleaning Compliance

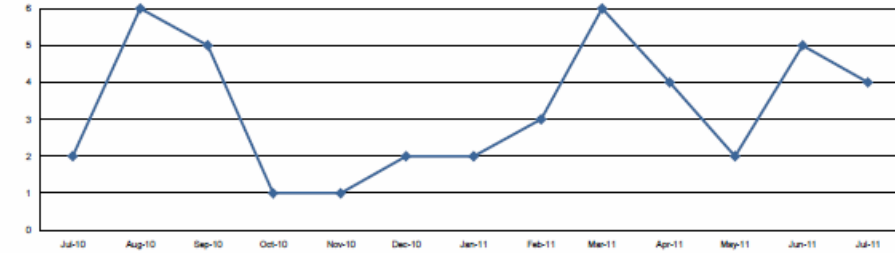


| Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 96     | 96     | 95     | 95     | 95     | 96     | 95     | 95     | 95     | 95     | 94     | 95     | 95     |

## Hairmyres

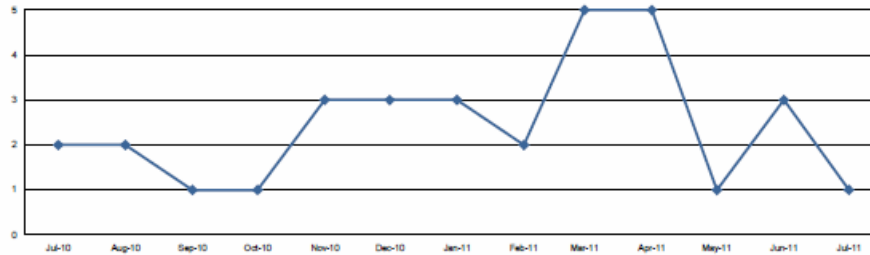
Hairmyres has seen a slight decrease in Clostridium difficile and MSSA cases. 1 case of MRSA is reported and is subject to enhanced surveillance by the Infection Control Team. Both hand hygiene and cleaning compliance has increased since the last reporting period.

### Clostridium difficile Infection Cases (all ages)



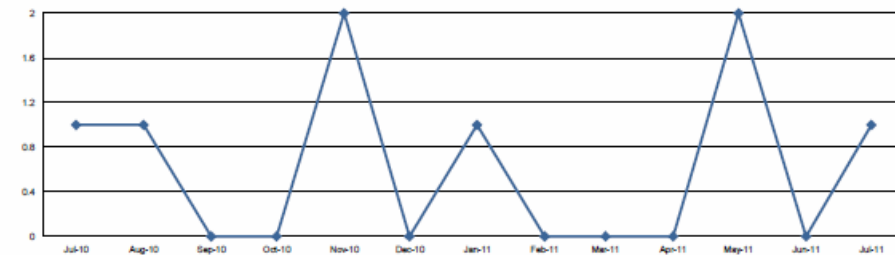
| Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 2      | 6      | 5      | 1      | 1      | 2      | 2      | 3      | 6      | 4      | 2      | 5      | 4      |

### MSSA Bacteraemia Cases



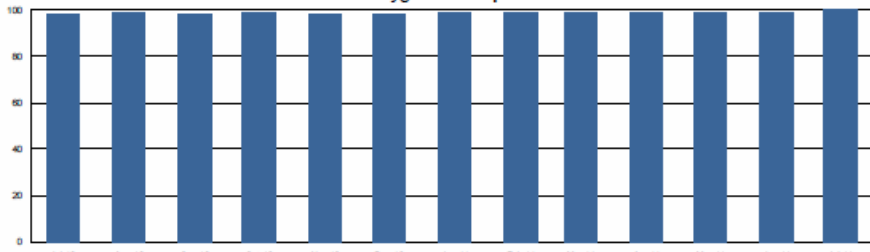
| Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 2      | 2      | 1      | 1      | 3      | 3      | 3      | 2      | 5      | 5      | 1      | 3      | 1      |

### MRSA Bacteraemia Cases



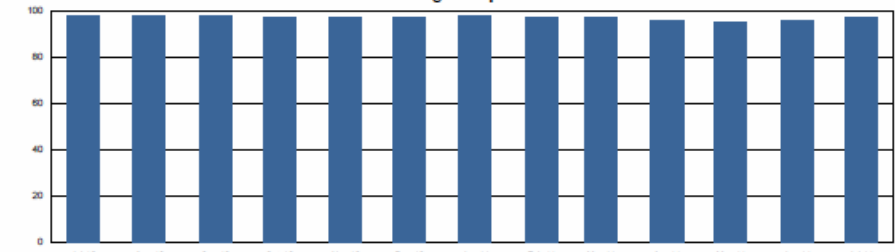
| Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1      | 1      | 0      | 0      | 2      | 0      | 1      | 0      | 0      | 0      | 2      | 0      | 1      |

### Hand Hygiene Compliance



| Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 98     | 99     | 98     | 99     | 98     | 98     | 99     | 99     | 99     | 99     | 99     | 99     | 100    |

### Cleaning Compliance

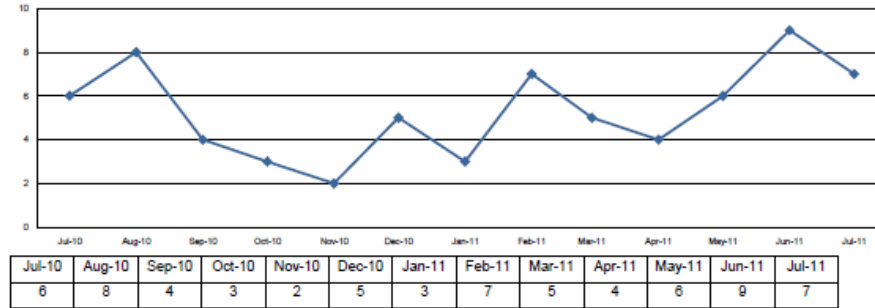


| Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 98     | 98     | 98     | 97     | 97     | 97     | 98     | 97     | 97     | 96     | 95     | 96     | 97     |

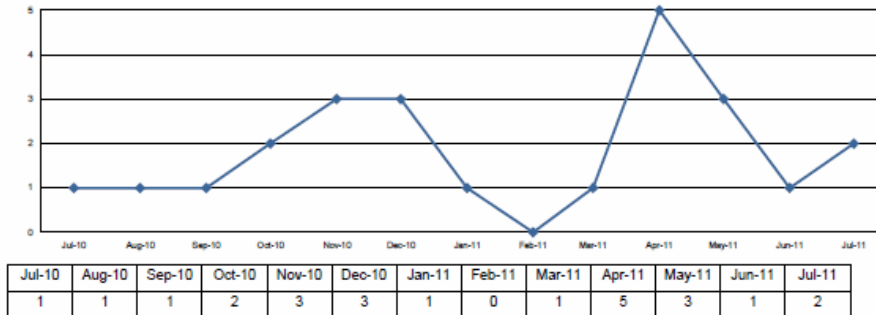
## Wishaw

There has been a slight decrease in cases of Clostridium difficile this month, all cases have been subject to review by the infection Control Team. Whilst MSSA cases have increased slightly, there have been 0 reported MRSA cases since May 2011. Cleaning and hand hygiene remains static.

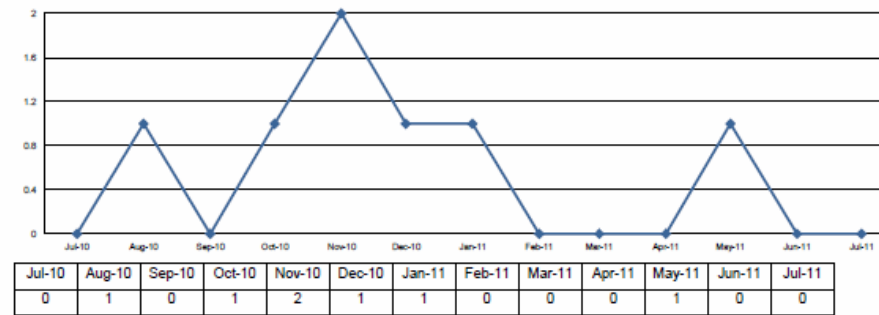
### Clostridium difficile Infection Cases (all ages)



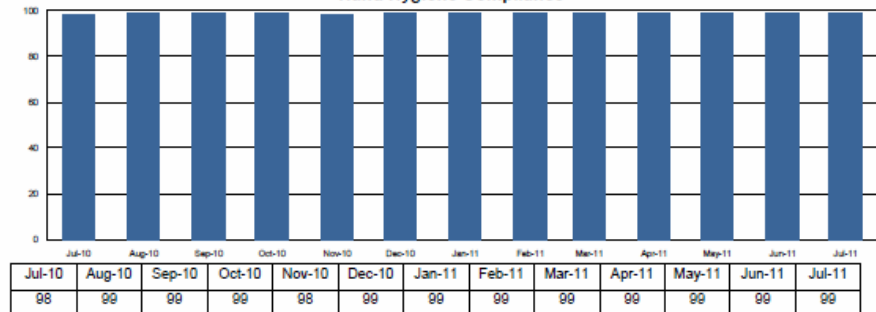
### MSSA Bacteraemia Cases



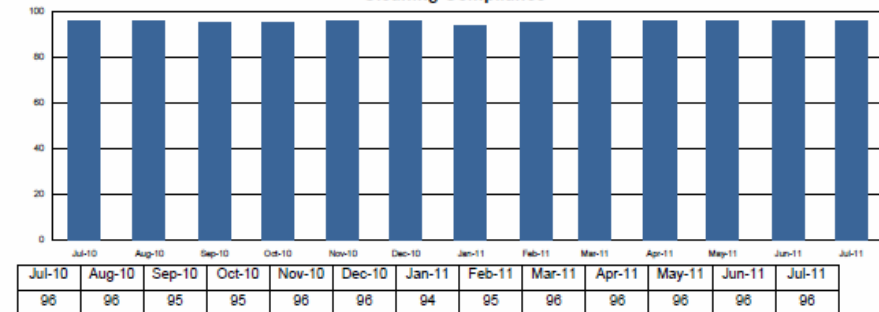
### MRSA Bacteraemia Cases



### Hand Hygiene Compliance



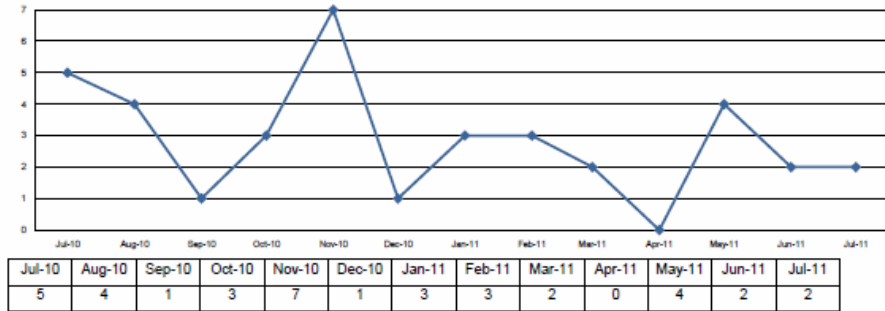
### Cleaning Compliance



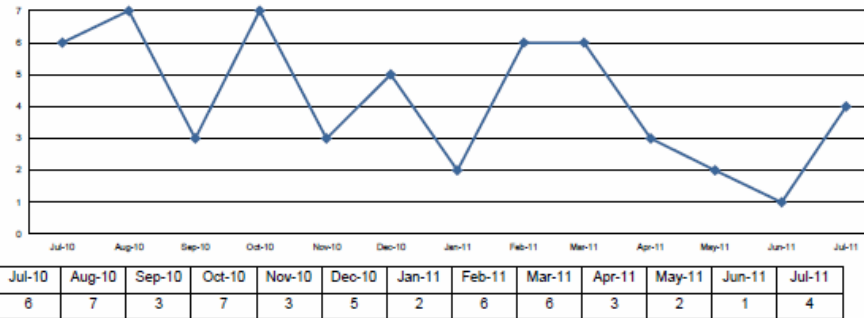
## Monklands

Monklands has shown the same number of Clostridium difficile for this reporting period as June 2011. Cases of both MRSA and MSSA have increased and are subject to enhanced surveillance by the Infection Control Team. Hand Hygiene and Cleaning compliance remains static since last reporting period in June 2011.

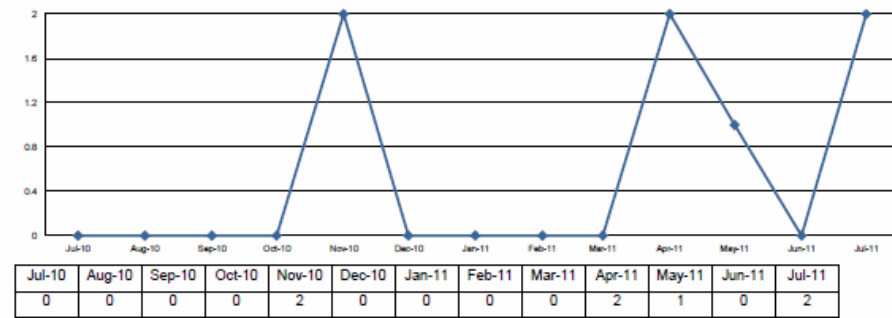
### Clostridium difficile Infection Cases (all ages)



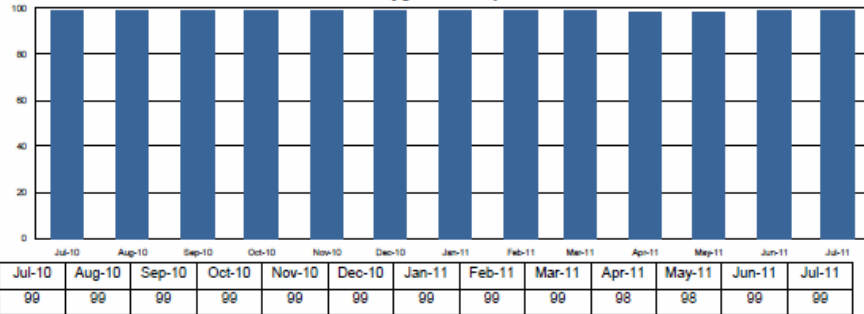
### MSSA Bacteraemia Cases



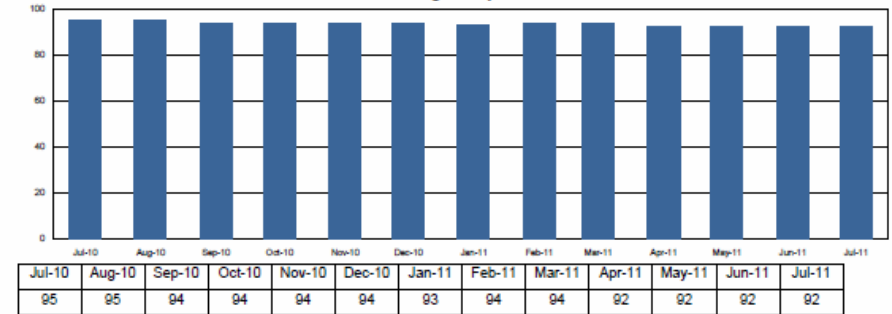
### MRSA Bacteraemia Cases



### Hand Hygiene Compliance



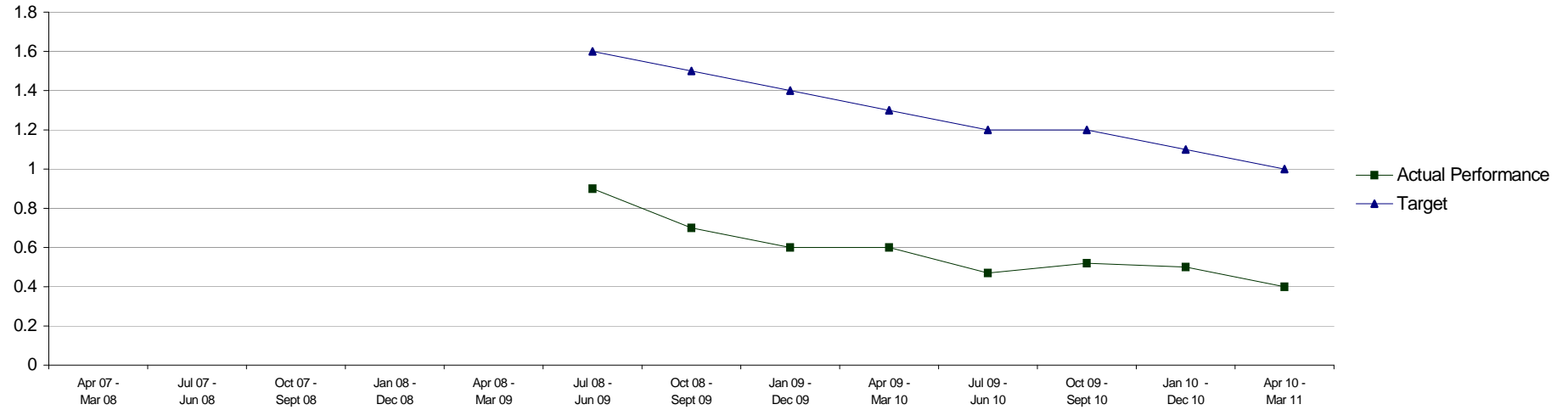
### Cleaning Compliance





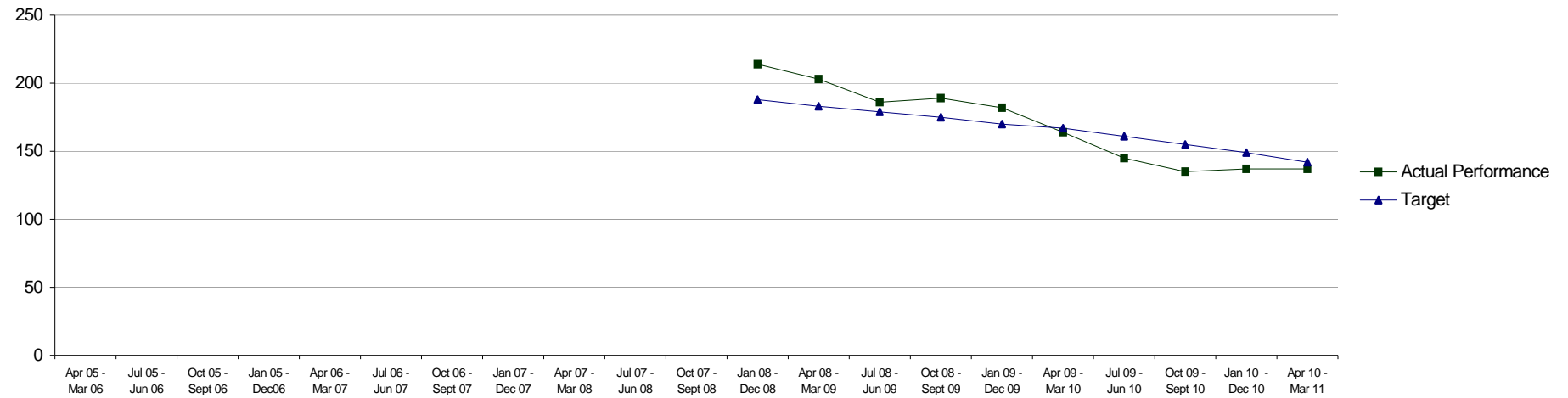


Quarterly rolling year *Clostridium difficile* Infection Cases in patients aged 65 and over per 1000 total occupied bed days for HEAT Target



|                    | 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            | 0.47            | 0.52             | 0.50            | 0.40            |
| 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             | 135              | 137             | 137             |
| Target             |                 |                 |                  |                 |                 |                 |                  |                 |                 |                 |                  | 188             | 183             | 179             | 175              | 170             | 167             | 161             | 155              | 149             | 142             |



