

Healthcare Associated Infection Control and Prevention Report to NHS Lanarkshire Board 23rd February 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 February 2011

- A letter was issued by CNO on 16 February 2011 addressed to all NHS Board Chief Executives Directors of Finance, Nurse Directors, Medical Directors, HAI Executive Leads and Infection Control Managers.

The letter confirmed continued funding in 2011/12 for the Infection Control Manager (ICM), Local Hand Hygiene Board Co-ordinator (LHBC), Antimicrobial Pharmacist (AP) and additional cleaner posts. This funding will be offered at the same levels as 2010/11 (plus uplift).

It has also been confirmed that funding for MRSA Screening will be provided for 2011/12 based on boards 2010/11 spend levels; and that further detail on screening policy requirements will follow shortly.

- The final meeting of the HAI Taskforce under its current construct took place on 8 February. Membership of the revised governance construct – comprising the National Policy Group (NPG), National Advisory Group (NAG), and Delivery Plan Implementation Group (DPIG) – is now being finalised.

A report on the outcomes secured through the current HAI Taskforce three year delivery programme of work is being finalised and publication is planned for early March.

- The revised mandatory Healthcare Associated Infection Reporting Template (HAIRT) has been in use by boards since summer 2010 and it was planned to review the format within a six month period to explore ways in which the format and content could be improved. The HAI Policy Team will work in conjunction with ICMs and other key stakeholders in order to review the template and identify potential changes. Once a revised template is developed it will be sent for wider consultation, with the aim to roll out any revisions in the summer of 2011.
- Following on from the National SAB video conferencing event held on 30th November 2010 by the CNO, a request has been sent to all Boards from the SGHD seeking individuals who are able to support other Boards requiring assistance in meeting their SAB HEAT target 2010/11. The individuals will be working 1 day per week for 10 weeks with national quality improvement individuals and central funding has been allocated to attain this support. NHSL's Nurse Consultant – HAI and the SPSP Facilitators have agreed to share this role which will afford NHSL the opportunity to share good practice, learn from other Boards and further raise the national profile of NHSL
- SAB HEAT Support Initiative Follow Up- Following the cancellation of the SAB HEAT Support Initiative event on the 19th January 2011 a follow up event is planned for 31st March 2011. This is a partnership event with HPS, QIS/SPSP and NES and will be led by Ros Moore, CNO using the same video-conferencing format as before, building on the action plans NHS Boards developed from the event on 30th November 2010

- NHSL is still awaiting the national testing methodology for the personal protective equipment element of the HPS Model Policies to be tested within selected wards within NHSL.

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

MRSA: 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>

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

Current HEAT Status

So far, there have been a total of 137 SABs reported in the 12 months up to the end of January 2010 and 114 SABs in the preceding 10 months. The NHS Lanarkshire HEAT target is 142 SABs for the 12 months up to the end of March 2011.

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.

In the most recent quarter (July 10 – September 2010), there was a SAB rate of 0.307 episodes / 1000 AOBs (compared with 0.348 for NHS Scotland as a whole). A reduction to 0.26 represents around a further 15% reduction.

Initiatives to reduce *Staphylococcus aureus* bacteraemia

- The 6 month high impact improvement plan continues to be on target to meet all actions aimed at further reducing SABs to assist NHSL in meeting the SAB HEAT target 2010/11. A further long-term plan is currently being developed for the HEAT target 2011/13. Progress will be overseen by the SAB/CDI Improvement Group
- The SAB investigation tool has been tested across the 3 acute hospitals to examine systems and processes which may have contributed towards to acquisition of SABs. This process has achieved some success but remains largely person dependant i.e. completed by the Infection Control Nurses. A multidisciplinary model of rapid investigation into all SABs as currently successfully carried out in NHS Fife is currently being considered for testing in NHSL
- A snapshot audit of invasive devices by ward has been carried out across sites and the results are being considered through the SPSP ward work stream and with the Infection Control Teams to consider where best to target interventions aimed at reducing invasive device related SABs
- Work is progressing well to test processes aimed at the provision of optimum insertion and maintenance of central venous catheters outwith critical care areas which have been associated with some recent SABs
- A draft national peripheral venous catheter insertion checklist is to be tested in NHSL allowing observation of compliance with optimum care
- The Infection Control Nurse at WGH has been invited to deliver an educational session to NHSL's paramedics on 1st March 2011 in the care and maintenance of PVCs and their association with SABs

MRSA Screening Programme-Progress of Implementation

A special meeting of the HAI Taskforce was held on 15 December to consider the MRSA National Programme Board recommendations for minimum screening practice and to agree next steps. Their recommendation was for all patients to be screened on admission or pre-admission using a three question Clinical Risk Assessment (CRA) tool. Those with one or more positive answers to the three questions posed would proceed to nasal and perineal swab based screening; and if in hospital would be prioritised for pre-emptive isolation/cohorting pending laboratory results.

The MRSA National Programme Board also recommended that all patients in four high impact specialties (renal, cardiothoracic/vascular, intensive care and orthopaedics) should be screened as a matter of course using nasal and perineal swabs, given the limitations that exist in identifying all potential MRSA positive cases through CRA alone and the high morbidity risk from infection within this patient cohort.

Further communication will be issued to board Chief Executives next week regarding Key Performance Indicators

Compliance for Wishaw continues to be greater than 85% for both elective and emergency screening. Monklands emergency screening dipped to 70% at the end of January; however, elective screening has been greater than 80% since mid December. Elective screening compliance at Hairmyres continued to show variability, however has been stable for the last few weeks (at greater than 80%). Emergency screening on this site has been below 70% since the end of November.

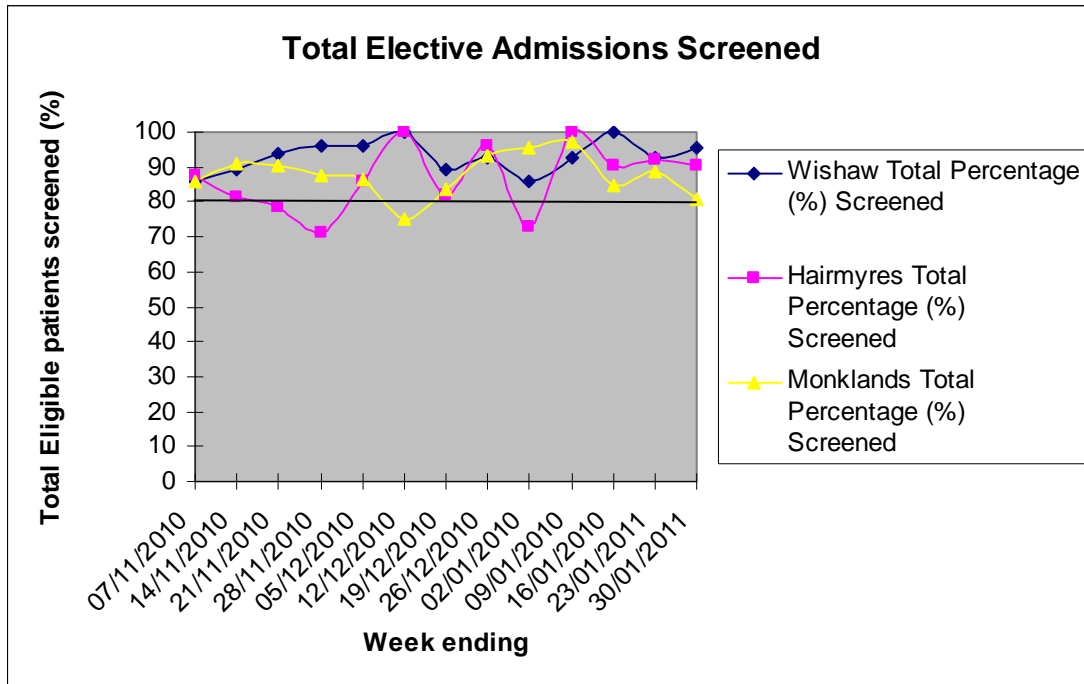


Figure 1- Compliance with screening of eligible elective admissions

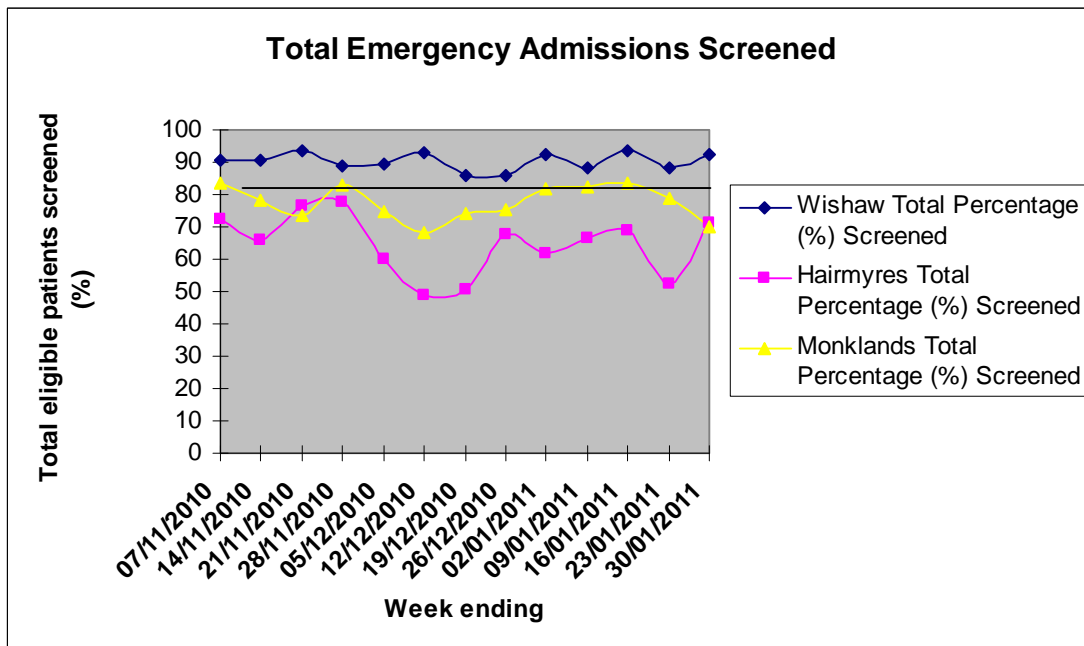


Figure 2- Compliance with screening of eligible emergency admissions

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 remain 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 are 64 episodes (>65 years old) giving a rate of 0.52 cases > 65 years old / 1000 OCBs for the quarter up to September 2010 and an annual figure (up to Dec 09) of 0.60 cases > 65 years old / 1000 OCBs. This compares with an original HEAT target of 1.00 cases > 65 years old / 1000 OCBs or a revised target of 406 episodes (50% reduction) in the 12 months up to March 2011.

Initiatives to reduce *Clostridium difficile* infection

- A national steer has been issued and 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
- A scoping exercise will be carried out to ensure that the critical elements of the CDI Enhanced Surveillance continue after the post holder's secondment ends in March 2011. This is critical to examining systems and processes which may have contributed towards to acquisition of a CDI.

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

National audit period for January February 2011 is now complete. NHS Lanarkshire obtained an overall score of 93%. This figure will be sent to HPS and published in the March national audit report.

Nationally use of the single audit tool to measure compliance with hand hygiene opportunity and technique has not progressed in some boards as well as previously thought. HPS and SPSP are working to revise the current HPS hand hygiene monitoring protocol to include measurement for both opportunity and technique. The aim is for the tool to be used in all clinical areas to monitor compliance with hand hygiene. This approach would support CEL 5 (2009) Zero Tolerance to Non Hand Hygiene Compliance. The data captured through use of the single tool will be collated and reported to the Board via the HAIRT.

In view of these developments consideration of the options for moving from national to local reporting will be put back until the outcome of testing of the revised protocol is known and national audit will continue.

Scottish Patient Safety Programme (SPSP)

The spread of SPSP ward self audit continues. These figures remain above 90% compliance although are not compatible with national auditing findings. National audit complete Jan/Feb 2011. Board total 93% -data sent to HPS for verification.

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 now complete at all Wester Moffat wards. SPSP activity now complete in the following areas:
 - Strathclyde Suite, Ward 2.
 - Wester Moffat, Montrose Ward
 - Lockhart
 - Outpatients Monklands Hospital
 - Radiology, Monklands Hospital

- 1st audit planned for Parkside, Strathclyde Suite Ward 1
- Introductory work underway in Dentistry.
- Version 4 of audit tool now cascaded to areas. Version checks in acute sites to have been undertaken Dec 10/Jan 11 and mopping up will commence in March 2011.
- Hand Hygiene education sessions in partnership with Ecolab are ongoing on a monthly basis and a plan is outlined for the coming year.
- Education session developed for Psychology and AHPs at Kirkland's
- Education session delivered to Nursing Staff in Lockhart Hospital
- Session planned for Hairmyres Feb 2011.
- Primary Care Products Implementation programme complete, Camglen and Rutherglen only areas outstanding. Further snagging commenced February 2011.
- Ecolab liaising with PSSD regarding progression of acute non clinical areas.

Community Hospitals

Testing of Hand hygiene Audit Tool is complete in 7 Acute Community Hospital Wards, 6 Primary Care / Community hospitals. The PDSA improvement methodology, education and peer support has been utilised to introduce this process. Education to support has been delivered at Lockhart and Wester Moffat Hospitals. Packs have been given out to 1 Acute and 1 Primary Care Community Hospital.

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>

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Cleaning and the Healthcare Environment

- HEI carried out an unannounced inspection at Wishaw General Hospital on Monday 20th December 2010. HEI gave verbal feedback that although there was some improvement in standards they still have concerns over the presence of dust and fluff in some areas within the hospital.
- HEI issued the draft letter/report to NHSL on Tuesday 18th January 2011 to allow a check for factual accuracy, with sign-off of the letter/report and return to the HEI by Tuesday 1st February 2011. NHSL submitted the updated action plan to HEI on 1st February 2011.
- NHSL's Director of Strategic Planning & PSSD Senior Managers have met with Directors from Summit Healthcare & Serco to discuss the findings from the visit and a further Action Plan has been developed to address the issues raised. PSSD local managers & the site Associate Director of Nursing have met with Summit & Serco with feedback via the local HEI Operational Group.
- Reduced staffing levels were experienced in the first two weeks of December due to the adverse weather and transport difficulties that staff encountered; this resulted in work needing to be prioritised to ensure essential cleaning duties were undertaken in clinical areas were maintained.
- Following the HEI visit at Wishaw, the frequency of audits has been increased at Monklands results of the audits are discussed with senior nursing staff/heads of departments to ensure that they are aware of the issues and to give 'users' of the service the opportunity to raise any issues that they have noted.
- Additional matting has been placed within the main entrances at Monklands to reduce the risk of floors becoming 'slippy' due to a build up of grit etc, following the snow and ice.
- Interviews have been held for current domestic assistant vacancies at Monklands & various community posts. It should be noted, due to the time taken to obtain references and Disclosure Scotland it is taking between 8-12 weeks before successful candidates are in post. This issue will be taken forward by PSSD in conjunction with HR.

- Cleaning performance scores across all NHSL premises during October - December 2010 produced an average score of 96%. For the three acute sites, 471 audits were undertaken, 9 audits failed, recording a score below 90%, for the CHP sites 192 audits were undertaken, 5 audits failed, recording a score below 90%. Hotel Services Management ensured these were rectified within 24 hours.
- 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 shortfall, identifying any on-going issues that are making cleaning difficult. Supervision is also increased and the area monitored closely.
- The Estates Monitoring Tool, introduced by Health Facilities Scotland, from April 10 has been live with the results of the Estates Monitoring being submitted to Health Facilities Scotland on a monthly basis. Estates performance scores have not yet been published by Health Facilities Scotland (HFS).
- An annual programme using steam cleaners within sanitary areas at Monklands and Community Hospitals has been populated and has commenced rollout. The plan will be incorporated in the cleaning schedules submitted to each identified area.
- In relation to expenditure of the £496k SGHD budget allocation in terms of HEI works, all works have now been completed with the exception of carpet replacement at Hairmyres. Access / decant arrangements require to be agreed & may influence the final completion date.
- Alert Monitoring Clocks are in situ in public toilets within the three acute sites which demonstrate to the public, patients and staff the frequency of cleans being undertaken. Currently all these areas are checked every two hours and cleaned as required. It should be noted that at Monklands these clocks are subject to regular vandalism.
- Work is now complete to revise / update the HAI SCRIBE Register which reflects one single register for all projects underway across NHSL. A protocol has been developed in conjunction with the Nurse Consultant HAI outlining the roles & responsibilities of all individuals associated with any refurbishment works being undertaken in areas/premises.

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/Incidents

A Norovirus escalation plan has been developed aligned with national national guidance. It is proposed that the plan will primarily be used by Infection Control Teams and others involved in outbreak management to provide a steer on the measures to undertaken and monitored in the event that outbreaks are not being contained within wards compromising business continuity. The plan is to be considered at the Acute Clinical Governance and Risk Management Committee to be held on 11th March 2011. The plan has been sent to NHSL's Health Protection Team for consideration to ensure alignment with Board Outbreak Plan.

Norovirus

Date 14/02/11	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	0	0	0	0
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	0	0	0	0
	NHS Fife	1	1	7	8
	NHS Forth Valley	0	0	0	0
	NHS Greater Glasgow & Clyde	4	5	43	1
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	1	1	2	0
	NHS Highland	0	0	0	0
	NHS Lanarkshire	0	0	0	0
	NHS Lothian	1	1	12	0
	NHS Tayside	1	1	10	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	8	9	74	9

Currently **5** 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 **14/12/2010** there were **8** hospitals with **9** wards affected.

The NHS Scotland Norovirus season start criterion is set at 2 or more wards in 2 or more boards. – Season start alert issued 23/11/10.

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.

The national figures are dependent on all health boards inputting their data in a timely manner therefore national SSI rates should be viewed with caution. In relation to orthopaedic procedures the denominators are small therefore the infection rates are higher in comparison to national figures.

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 1st November 2010 –30th November 2010 is shown in the table below, with comparison to the National rate

Procedure	Total operations	Infections	SSI %	National SSI %
Hip Arthroplasty	47	0	0.00	0.46
Repair of neck of femur	19	1 (Deep)	5.26	1.83
Knee Arthroplasty	56	1 (Deep)	1.79	0.32
Caesarean Section	123	6(Superficial 1 Deep)	7.88	3.27

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 1st December 2010 –31st December 2010 is shown in the table below, with comparison to the National rate

Procedure	Total operations	Infections	SSI %	National SSI %
Hip Arthroplasty	19	0	0.00	0.33
Repair of neck of femur	28	1 (superficial)	3.57	1.35
Knee Arthroplasty	38	1 (superficial)	2.63	1.08
Caesarean Section	132	1 (Superficial)	0.76	1.01

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 Infection Control teams continue to promote the Norovirus Self Directed Learning Unit (SDLU) across NHLS and blood borne virus sessions have been delivered within primary care .

Antimicrobial Prescribing

First Antibiotic Indicator – Empirical Prescribing

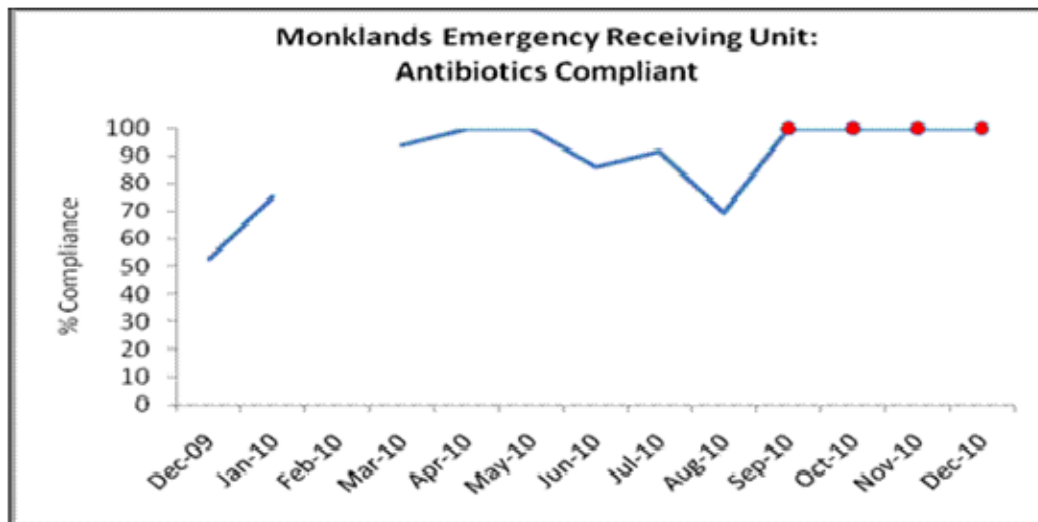
The latest national report from the Scottish Antimicrobial Prescribing Group (SAPG) on the hospital-based empirical prescribing indicator, as outlined in the Clostridium *difficile* Infection (CDI) HEAT Target (CEL 11, April 2009), was released on 3rd February 2011 and includes data from September 2009 to December 2010.

The median compliance for NHS Lanarkshire for each of the three measures compared to national median is shown in table below:

NHS Board	Date Range	Compliance with Policy Median	Indication Documented Median	Combined Measure Median
Lanarkshire	Dec 09 – Dec 10	91%	85%	75%
National	Sept 09 – Dec 10	82%	93%	79%

Good Practice

Monklands emergency receiving unit has achieved **100% compliance** with the measure *Antibiotics compliant with local policy* in at least 3 consecutive months between September 2010 and December 2010.



New laminated empirical antibiotic policy prompt cards are being introduced in the first quarter of 2011 within the ERU admission unit bedside observation folders to enhance compliance. The Antimicrobial Management Team (AMT) is continuing with education of all new prescribers to raise awareness of individual responsibilities when prescribing antibiotics empirically. The AMT is also pursuing the possibility of adapting the new West of Scotland drug cardex to include written prompts to encourage prescribers to document both indication for antibiotic and duration of antibiotic course and so build on this good clinical practice.

Second Antibiotic Indicator – Surgical Prophylaxis

Surgical prophylaxis policies are now in place at all 3 acute sites. A Snapshot audit of compliance for hip & knee arthroplasty procedures shows an overall baseline compliance rate of 83% with regard to choice of agent prescribed. Further data collection to facilitate regular monitoring of the second indicator is progressing via close collaboration with Scottish Patient Safety Programme and peri-operative personnel on all 3 sites as described in Antimicrobial Management Team HEAT target action plan.

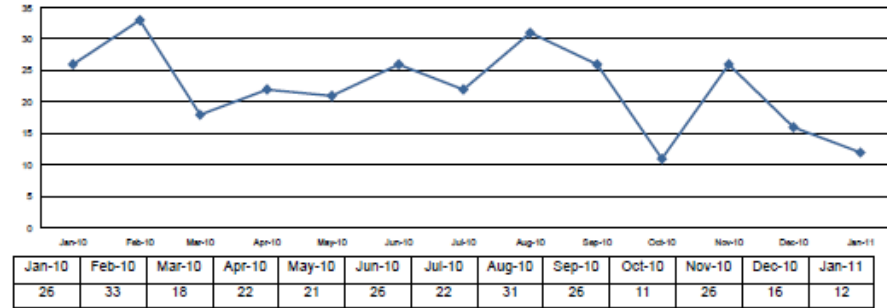
Third Antibiotic Indicator – Seasonal Primary Care Quinolone Variance (April 2009 – March 2010)

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

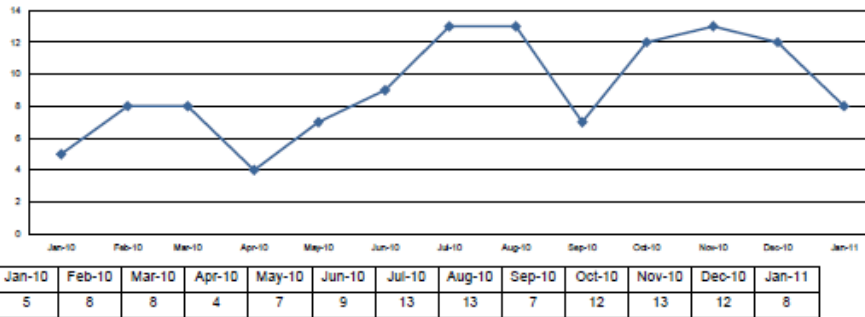
NHS Lanarkshire

NHS Lanarkshire has shown a decrease in Staph Aureus Bacteraemias for this reporting period and the lowest level reported since September 2010. Enhanced Surveillance has show that 2 out of the 8 MSSA cases were acquired out of hospital. NHSL remain on trajectory to meet the HEAT targets for both SABS and CDIFF. The Clostridium Infection cases have also reduced for this reporting period and are showing > 50% reduction since November 2010.

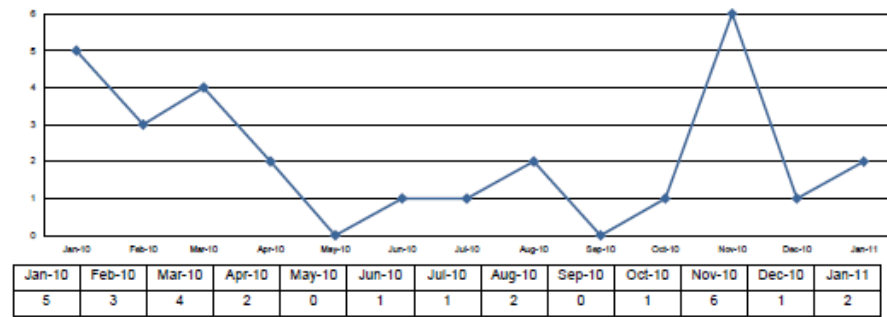
Clostridium difficile Infection Cases (all ages)



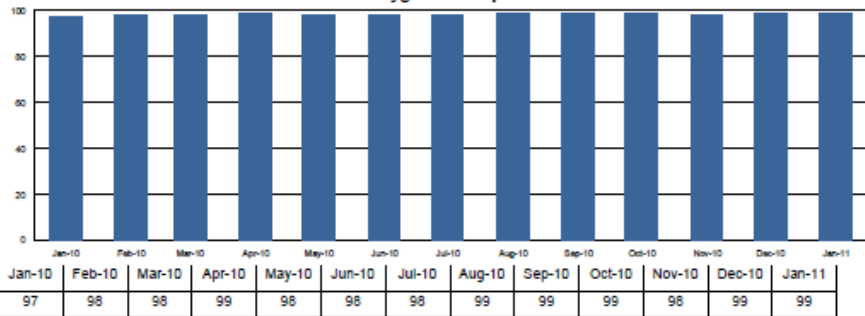
MSSA Bacteraemia Cases



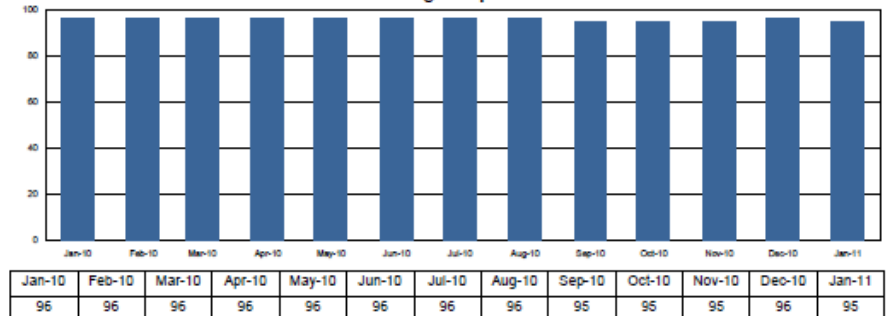
MRSA Bacteraemia Cases



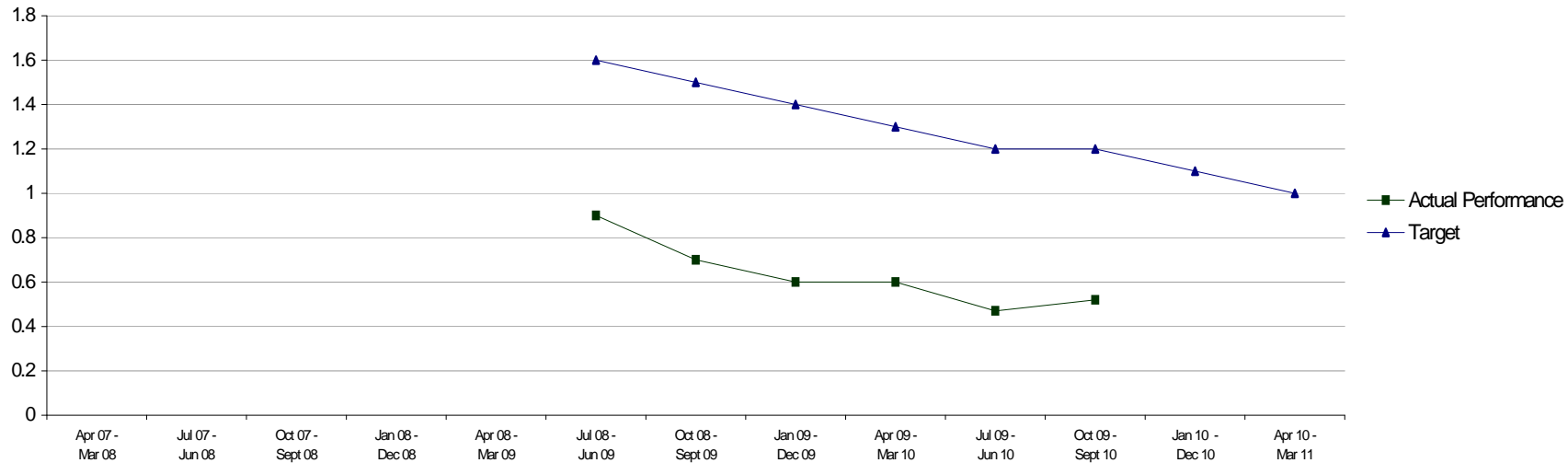
Hand Hygiene Compliance



Cleaning Compliance

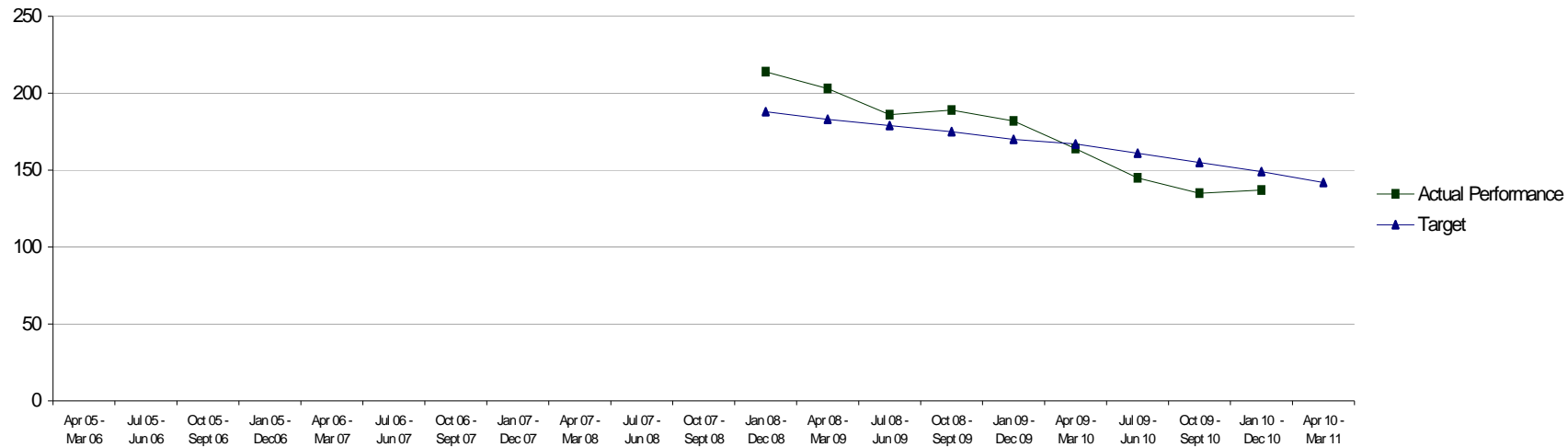


Quarterly rolling year *Clostridium difficile* Infection Cases in patients aged 65 and over per 1000 total occupied bed days for HEAT Target



	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		
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	
Target												188	183	179	175	170	167	161	155	149	142

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 out with 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§ionID=1

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&article=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252§ionID=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.

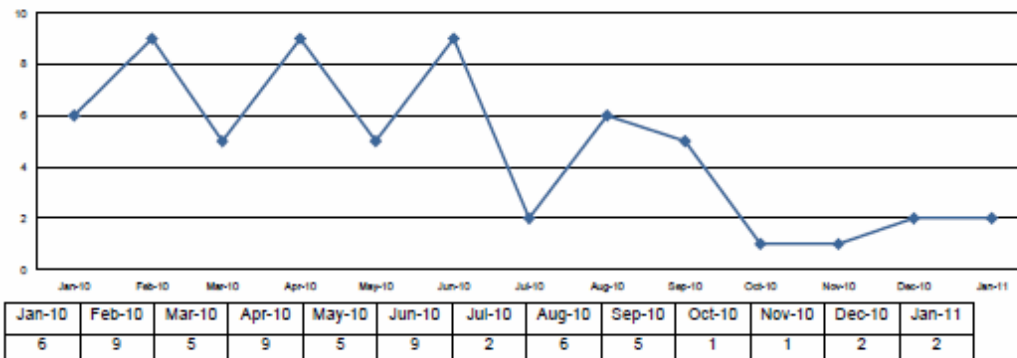
Understanding the Report Cards – ‘Out of Hospital Infections’

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

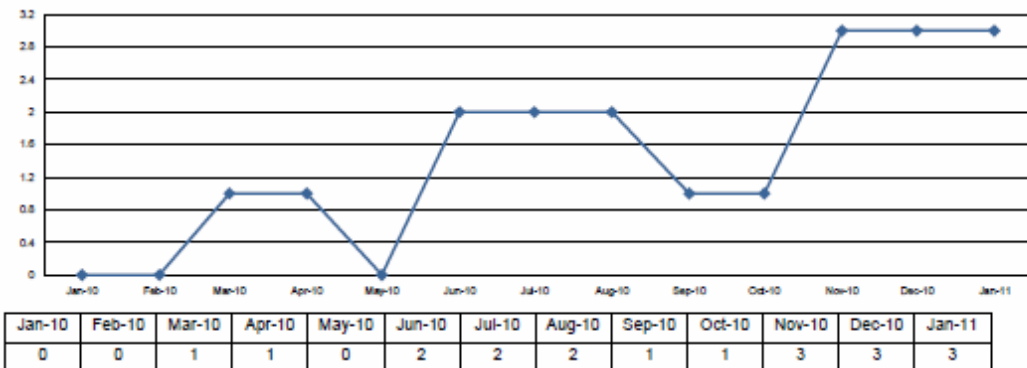
Hairmyres

Clostridium Difficile and MSSA cases have remained static since last reporting period and there has been 1 MRSA case reported this month. Enhanced surveillance has been undertaken for all identified cases. Hand hygiene and cleaning compliance have both increased for the reporting period.

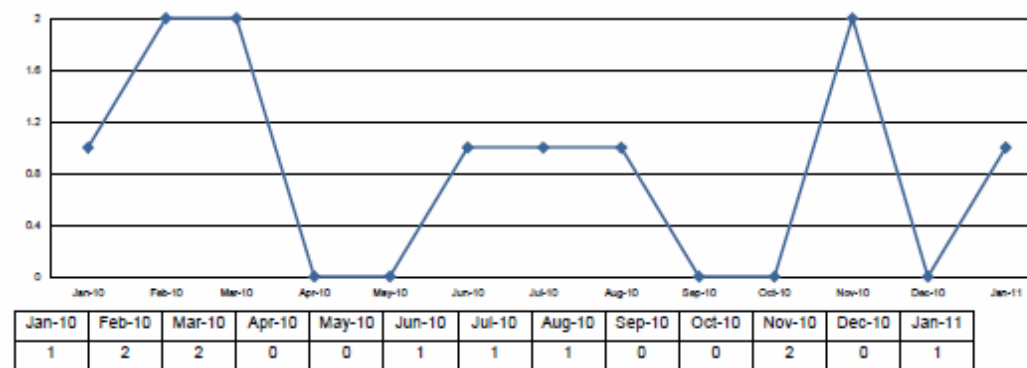
Clostridium difficile Infection Cases (all ages)



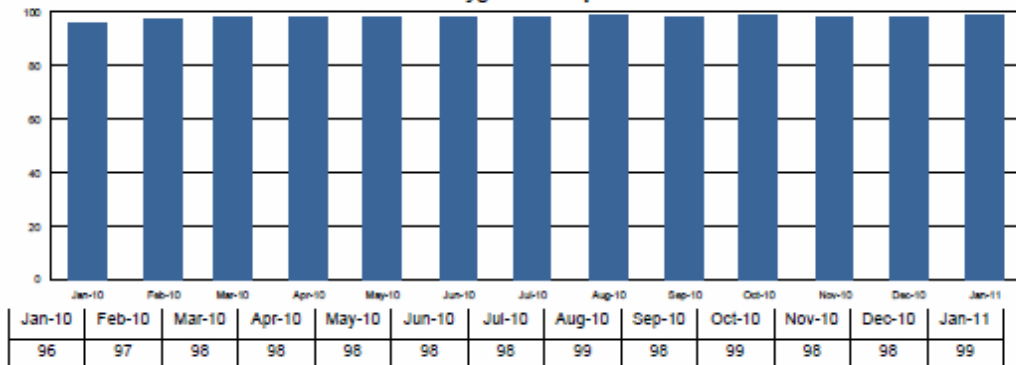
MSSA Bacteraemia Cases



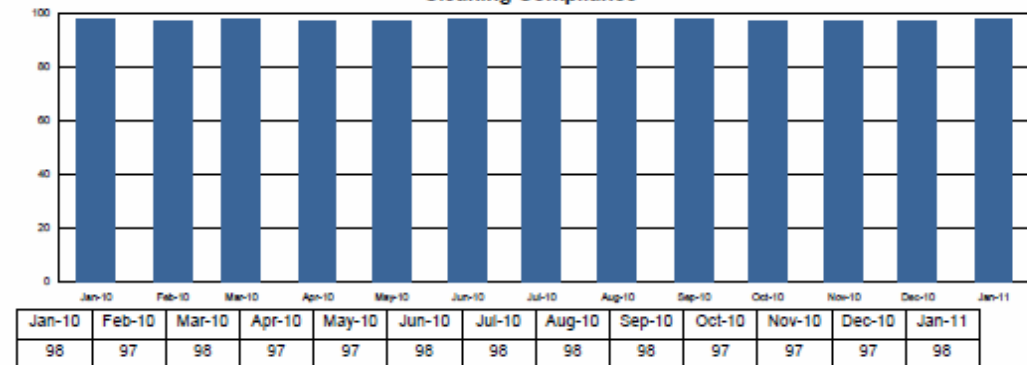
MRSA Bacteraemia Cases



Hand Hygiene Compliance



Cleaning Compliance

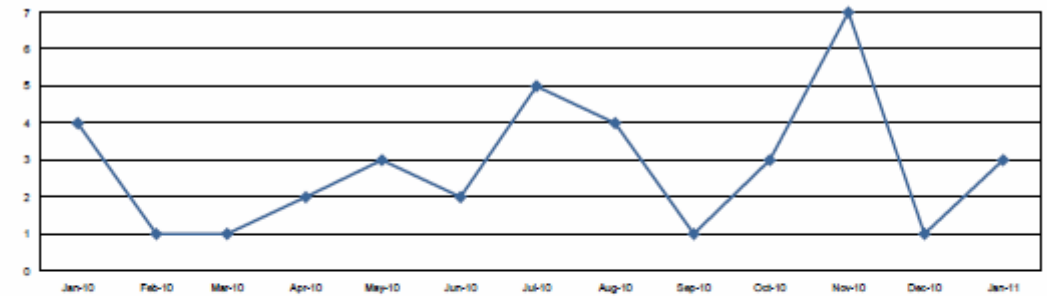


Monklands

There has been a decrease in MSSA bacteraemias this month, and the lowest level reported since March 2010. There has been a slight increase in Clostridium difficile cases this month though enhanced surveillance has shown no clusters or cross contamination.

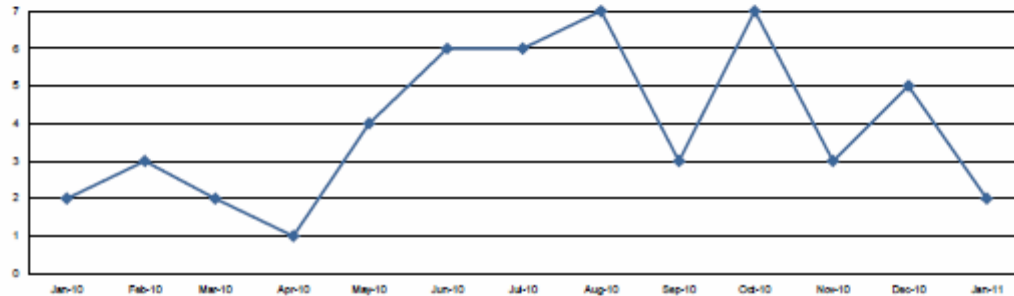
Hand hygiene has remained static at 99% and cleaning compliance has dropped slightly to 93%

Clostridium difficile Infection Cases (all ages)



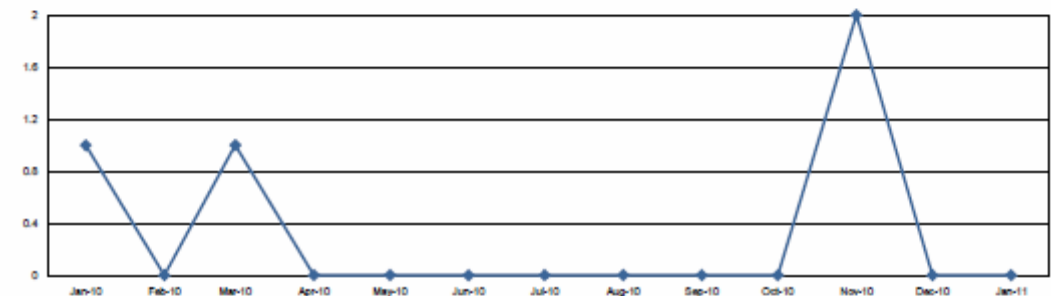
Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11
4	1	1	2	3	2	5	4	1	3	7	1	3

MSSA Bacteraemia Cases



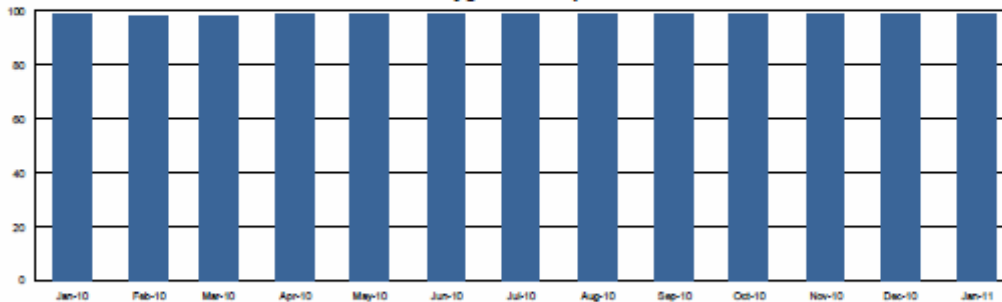
Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11
2	3	2	1	4	6	6	7	3	7	3	5	2

MRSA Bacteraemia Cases



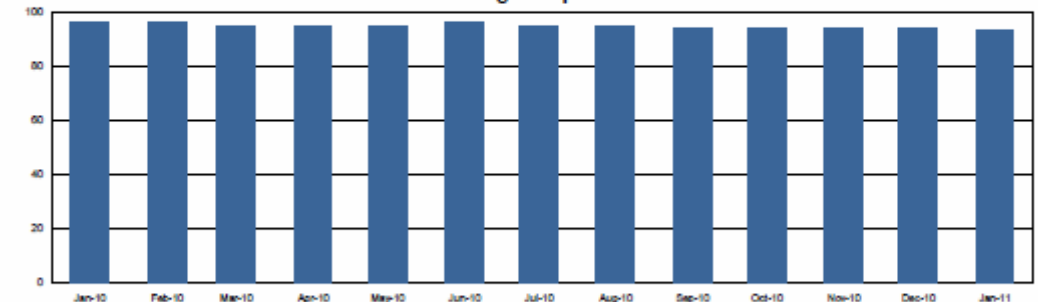
Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11
1	0	1	0	0	0	0	0	0	0	2	0	0

Hand Hygiene Compliance



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

Cleaning Compliance

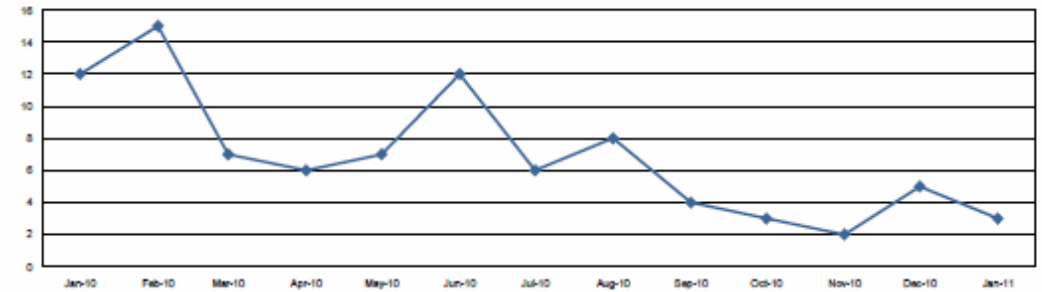


Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11
96	96	95	95	95	96	95	95	94	94	94	94	93

Wishaw

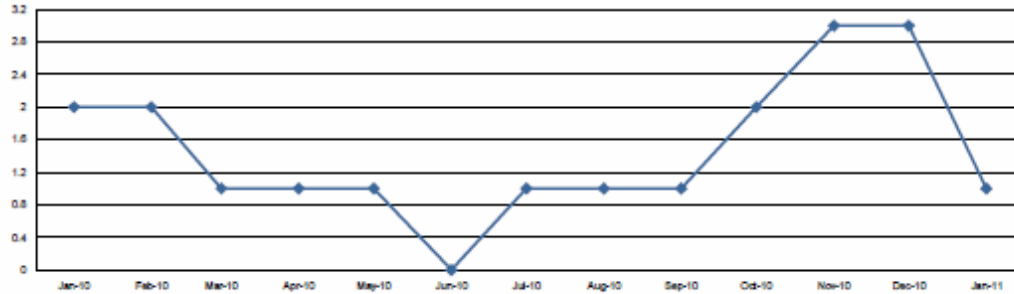
Wishaw hospital has seen a reduction in both Clostridium Difficile and Staph Aureus Bacteraemias for this reporting period. Hand hygiene has remained static at 99% whilst cleaning compliance has reduced slightly to 94% from 96%.

Clostridium difficile Infection Cases (all ages)



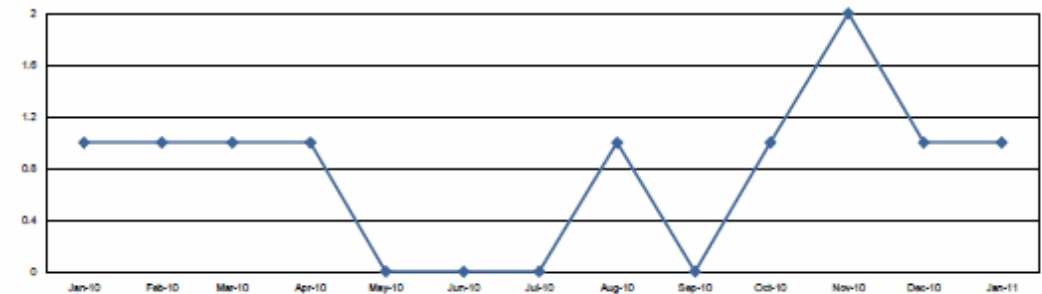
Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11
12	15	7	6	7	12	6	8	4	3	2	5	3

MSSA Bacteraemia Cases



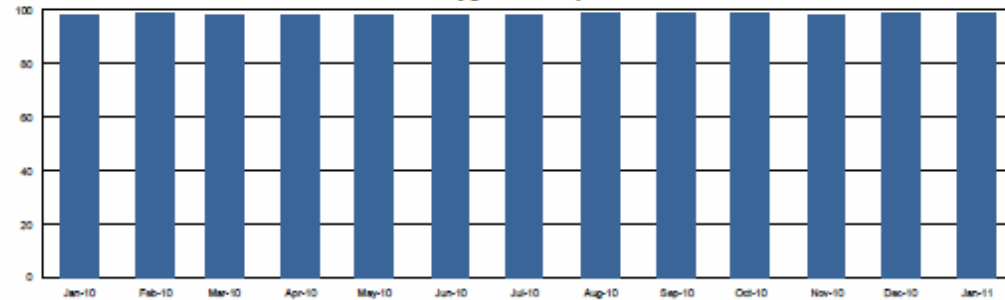
Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11
2	2	1	1	1	0	1	1	1	2	3	3	1

MRSA Bacteraemia Cases



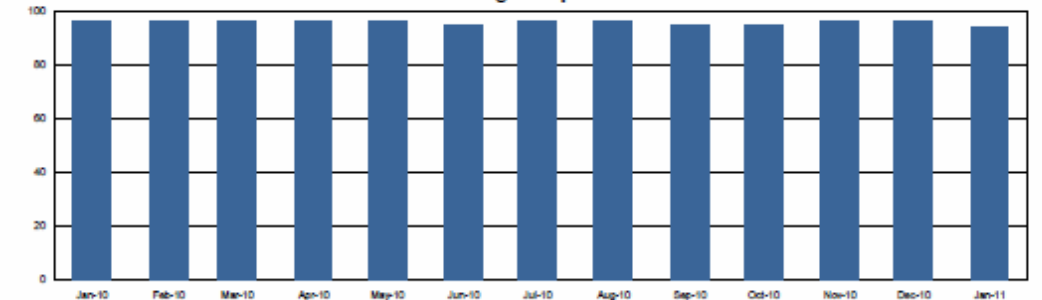
Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11
1	1	1	1	0	0	0	1	0	1	2	1	1

Hand Hygiene Compliance



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

Cleaning Compliance



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

