

Healthcare Associated Infection Control and Prevention Report to NHS Lanarkshire Board 29th June 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: Dr Alison Graham, Medical Director, 14 Beckford Street, Hamilton, 01698 206385.

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 is planned for September/October 2011. Data will be collected from 100% of acute hospitals and a 25% sample of non-acute hospitals and will be a joint collaboration between Infection Control and Antimicrobial Teams. NHSL data collectors have been identified and training organised by Health Protection Scotland commences on 07th July 2011.
- 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 and are now ready to test with frontline staff. NHSL is 1 of 4 Boards undertaking the testing in nationally agreed targeted areas. A meeting of key stakeholders is to be held on Tuesday 12th July 2011. Leading Better Care Facilitators, Patient Safety Quality Improvement Leads and Infection Control Specialists will support the implementation of this work.

***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

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/sshap/publicationsdetail.aspx?id=30248>

Current HEAT Status

***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 May there were 14 SABs.

Initiatives to Reduce *Staphylococcus aureus* bacteraemia

- Work to test processes aimed at the provision of optimum insertion and maintenance of CVCs out with critical care areas in a targeted manner at all 3 acute sites continues to progress. The SPSP Facilitators are driving this forward with input where required by Dr Sanjiv Chohan, Consultant Anaesthetist/SPSP Fellow and Infection Control Nurses.
- 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 is going to minimise SABs outwith SAB hotspot and high peripheral venous cannulae usage areas.
- 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.
- A new 6 month high impact frontline activities improvement plan has been developed to assist NHSL in meeting the SAB HEAT target for 2011/13. Focus is placed on the insertion and maintenance of invasive devices. A longer term plan is in draft form and progress will be overseen by the SAB/CDI Improvement Group.

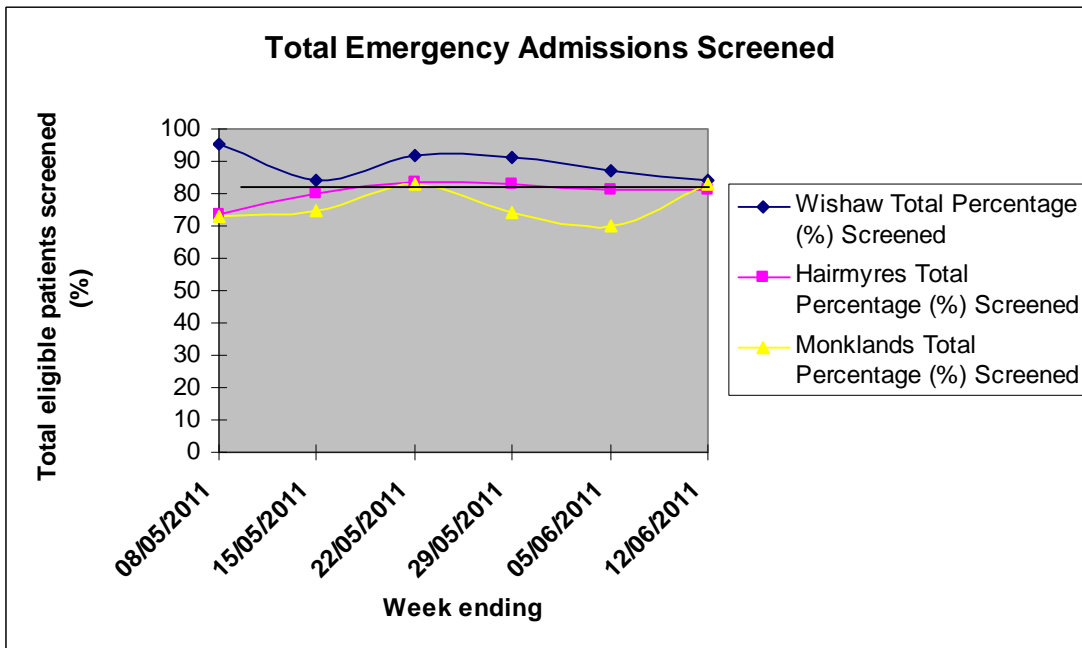
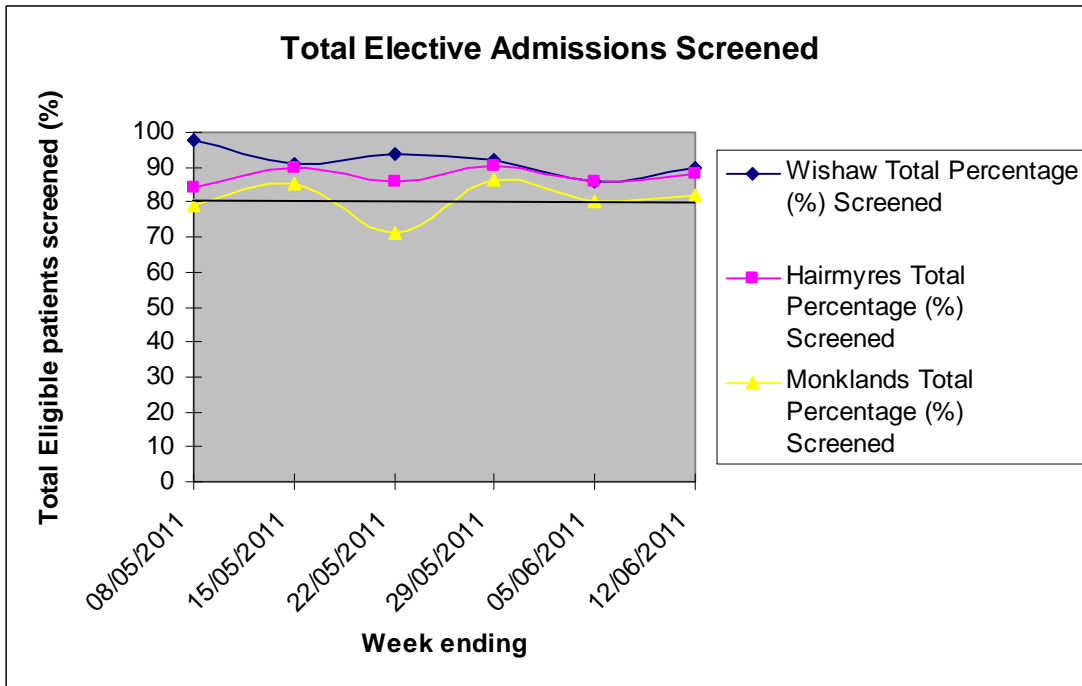
MRSA Screening Programme-Progress of Implementation

The NHS Scotland MRSA Screening National Rollout Working Group Meeting was held on the 23rd May 2011. Key performance indicators have now been defined, the dataset has not been released. Introductory steps have been drafted by the Programme Manager and a PDSA has been commenced in Monklands Pre Admission Assessment Unit. Three further PDSAs are in the planning process. HPS are preparing a new patient information leaflet and an information sheet for staff to explain the change to nasal and perineal swabbing; this has still not been released. As an interim measure, the MRSA Team have designed a leaflet for utilisation in the PDSAs.

The current programme of nasal swabbing will continue until the clinical risk assessment (CRA) methodology is ready for roll out. The weekly and monthly compliance charts for the current programme will be discontinued at the end of June 2011. An alternative interim measurement will be introduced to monitor the activity of MRSA activity.

An educational presentation to accompany roll out has been designed. An article on MRSA screening is proposed for Julys Pulse to raise awareness.

Weekly comparison graph -Week ending 12/06/11



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 (reported by HPS) October 2010 – December 2010 are 33 episodes (>65 years old) giving a rate of 0.27 cases > 65 years old / 1000 OCBs for the quarter up to December 2010.

The annual figure reported on the ISD Directory Information System website is up to Dec 2010 (0.5 cases > 65 years old / 1000 OCBs). This compares with an original HEAT target of 1.00 case > 65 years old / 1000 OCBs in the 12 months up to March 2011

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.

- 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.
- The NHSL Norovirus escalation plan developed in alignment with national guidance has been presented to the Acute Clinical & Governance Risk Management Committee and to the Acute Divisional Management Team. The plan has been distributed to key stakeholders for action when required.
- 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 CDIs.

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 May/June 2011 is now complete. On this occasion NHS Lanarkshire obtained an overall score of 95% (still to be validated by HPS) and will be 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.

Revised Action Plans have been sent to areas with compliance below 90%, to be completed and returned to the Senior Nurse within 2 weeks.

Sustainability is recognised worldwide 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.

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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- Following the HEI unannounced visit to Hairmyres Hospital on Wednesday 13th April 2011, HEI issued the draft report to NHSL on Wednesday 4th May 2011 to allow a check for factual accuracy, with sign-off of the report and return to the HEI on Thursday 12th May 2011. The final report was published on Monday 23rd May 2011.
- The HAI Initiatives Services Providers meeting continues to be held on a fortnightly basis with representation from PSSD / ISS & Serco with action plans 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. Protocols are being developed by Domestic Services which, following consultation with Infection Control, will be implemented.
- PSSD have in consultation with Control of Infection and our PFI service Providers updated NHSL Cleaning Services Specification. This document details the scope of cleaning services provided to all premises within NHSL & will be launched via the HAI page on Firstport.
- In February, within the three acute sites, daily/ weekly cleaning records were introduced detailing which areas have been cleaned. The records are signed off by the Domestic Assistant undertaking the work, the Domestic Supervisor and the ward manager. Introduction of the sheets has ensured that any issues regarding cleaning are communicated and escalated appropriately.
- £43K has been released at Monklands for HEI works & PSSD continue to work with Senior Nursing staff and Infection Control to identify actions which would assist in delivering easier to clean/maintain areas. Works have commenced in ward 10 to improve storage in clinical areas, wall/door protection and flooring.
- Domestic Management are monitoring the level of calls being received through the helpdesk, relating to cleaning issues. 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.
- Problems continue to be experienced in relation to laundry bags not being labelled by wards/departments prior to uplift and dispatch to the laundry. Following an audit, 84% of bags received in the laundry were not labelled. NHS Lanarkshire's Control of Infection Manual, Section D Management of Linen clearly identifies staff responsibilities to ensure traceability of improperly segregated & bagged linen & this requirement has been re-enforced through the appropriate clinical forums. Further audits are planned by the laundry to monitor compliance.
- The Monitoring Framework for NHS Scotland National Cleaning Services Specification requires Public Peer Review (PPR) involvement once per year. However since April 2009 NHSL has carried out two PPR at each acute site. As a result of the HEI visit and the resulting action plan the frequency of PPR within the 3 acute sites has been increased further with Hairmyres & Wishaw monitored in April, May & June and Monklands monitored in April & June.

- 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 always asks the senior person in charge if there have been any issues with the cleaning standards, discusses the findings of the audit undertaken and the individual along with the auditor signs off the sheet. This ensures that everyone is aware of the standards being achieved.
- Cleaning performance scores across all NHSL premises during Jan - March 2011 produced an average score of 95.9%. During March in the three acute sites, 143 audits were undertaken, 1 audit failed, recording a score below 90%. Within the CHP sites 58 audits were undertaken, with no failures.
- 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 Services Monitoring Results are now being reported quarterly alongside the domestic services results. The first results published are for the 4th quarter Jan 11-March 11.
- HFS System Design and Implementation Group (inc Control of Infection Consultant) has introduced a new scoring system for the Domestic monitoring tool. Previously scores were against rooms this has now changed and scores are against the tasks. All NHS Boards submitted previous month's scores to allow comparison of scores prior to it going live in April 11.

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 4 patients with *C. diff* toxin positive results in Ward 9 Wishaw General Hospital over a 22 day period (ranging from 18/03/11 – 08/04/11). The HPS *C. diff* Trigger Tool (2009) was completed by the ICN on site to promptly identify any errors in the care of

patients or in antimicrobial prescribing and thereby decrease the risk of patients becoming susceptible to CDI. No obvious links relating to cross-infection were identified on the initial investigation. All four isolates were sent to Reference laboratory for typing. Another 3 patients have tested positive in ward 9 since 08/04/2011 and in total 4 of the 7 samples are the same type.

- A Problem Assessment Group has overseen remedial actions taken, these being supported by Health Protection Scotland. There are no immediate causes for concern.

Norovirus

Date 20/06/11	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	1	1	6	1
	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	2	2	15	4
	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	3	3	21	5

Currently 2 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 20/06/2011 there were 3 hospitals with 3 wards affected.

Other HAI Related Activity

Education

The HAI Learning Strategy continues to be implemented through a variety of fora to provide awareness of education activities aimed at reducing HAIs. A presentation has been made to the North and South PPFs and the Antimicrobial Management Committee. A review of Organisational Developments Learning Strategy is to be undertaken which will incorporate Practice Development and Medical Education. The HAI Education Lead will work in collaboration with the Staff and

Organisational Development Group to ensure the HAI Strategy remains aligned with that of Organisational Development.

Antimicrobial Prescribing

First Antibiotic Indicator – Empirical Prescribing

Data from the latest national Scottish Antimicrobial Prescribing Group (SAPG) indicator report published in April 2011 contains extremely encouraging messages for NHS Lanarkshire (NHSL).

For the period ending March 2011, NHSL continues to sustain an overall level of HEAT compliance (combined measure: 75%) comparable with other mainland Health Boards.

In addition, **NHSL achieved “best in class” national status (90%)** with respect to the more important single measure i.e. compliance with local empirical policy for this time period.

It is this measure which effectively gauges avoidance where ever possible of antibiotics most associated with clostridium difficile infection and so this data is of great significance and assurance for patients accessing care at all 3 medical admission units across NHSL.

From April 2011 SAPG has decided to modify its empirical antibiotic indicator process and this single measure will become the main focus of surveillance activity in relation to empirical prescribing rather than the combined measure.

AMT staff are continuing to work in close collaboration with lead consultants and front line clinical prescribers to consolidate this excellent clinical practice and incorporate the newly modified surveillance process to all acute site admission units (i.e. including surgical admissions).

Other significant initiative progress - NHSL AMT has successfully campaigned for the development of a new West of Scotland drug cardex which includes specific written prompts to encourage prescribers to document both indication for antibiotic & duration of antibiotic course. It is anticipated that this cardex will be in operation across NHSL by August 2011 further promoting quality in relation to empirical antimicrobial management and achievement of HEAT indicator compliance.

Summary of Board-Level Data

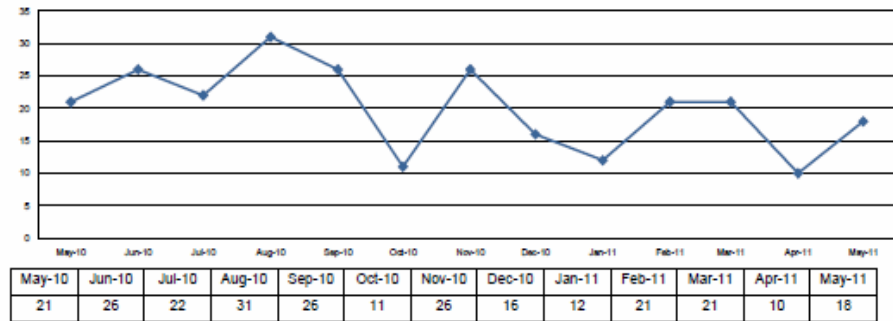
The table shows the median results aggregated at Board level for each of the three hospital-based empirical prescribing measures and the time period over which data were collected. National data for each measure is also included and the % increase or % decrease in median compliance since February 2011 report is listed in brackets.

NHS Board	Date Range	Compliance with Policy Median (% change since February 2011)	Indication Documented Median (% change since February 2011)	Combined Measure Median (% change since February 2011)
National	Sept 09 – Mar 11	83 (+1)	93 (0)	80 (+1)
Lanarkshire	Dec 09 – Mar 11	90 (-1)	86 (+1)	75 (0)

NHS Lanarkshire

There has been an increase in Clostridium difficile cases, all cases continue to be investigated by the surveillance Team in conjunction with the Infection Control and Antimicrobial Teams. A decrease in Staphylococcus aureus bacteraemias is evident in May and an increase in MRSA bacteraemias was reported. Hand hygiene remains static. Please note: that the cleaning compliance data for May is not included in the Annex B reports as it is not yet available, due to issues with data discs which are used to compile cleaning compliance data. We have been advised that the May data should be available by the end of June. Things should be back to normal with the June data being available mid July in time for the next HAI reporting period.

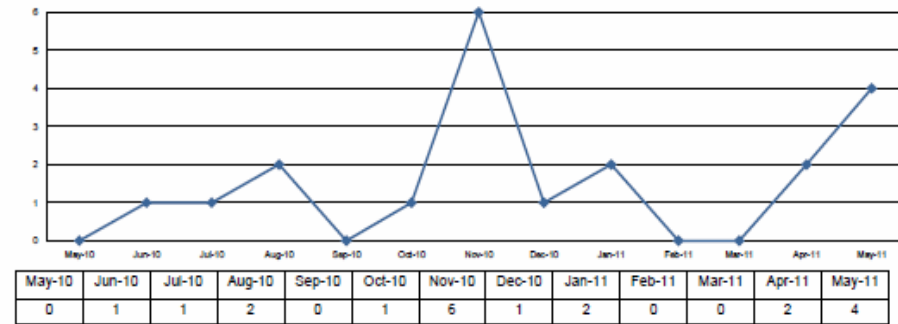
Clostridium difficile Infection Cases (all ages)



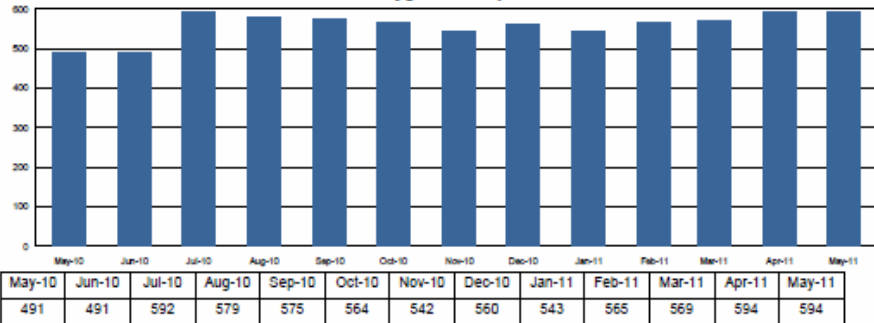
MSSA Bacteraemia Cases



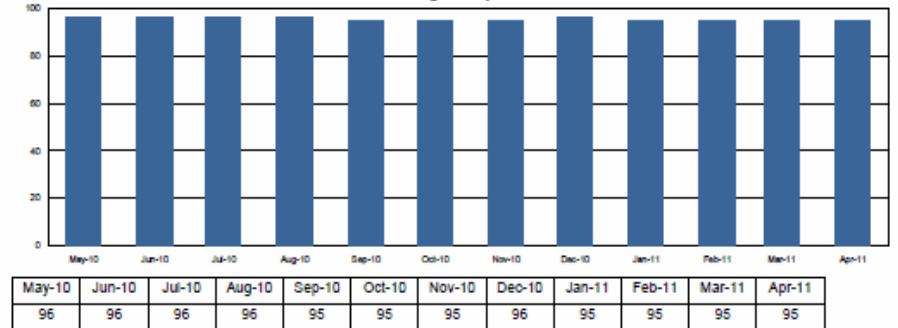
MRSA Bacteraemia Cases



Hand Hygiene Compliance



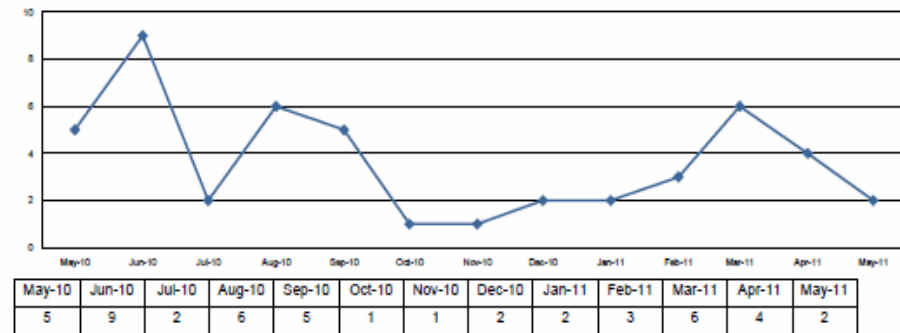
Cleaning Compliance



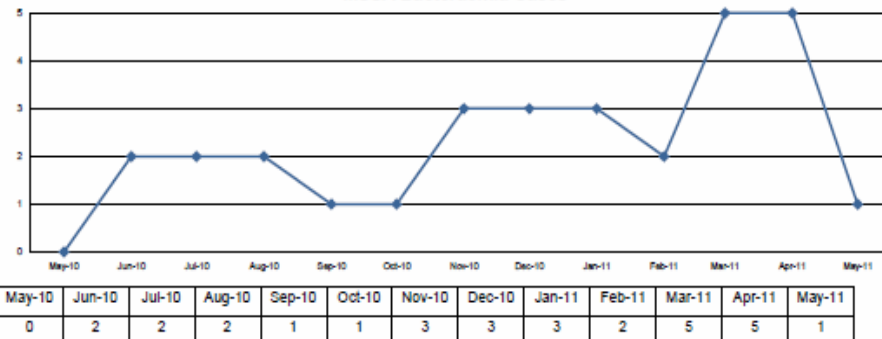
Hairmyres

There has been a decrease in Clostridium difficile, the lowest since January 2011. Staphylococcus aureus bacteraemias have also decreased since April although an increase in MRSA bacteraemias is evident.

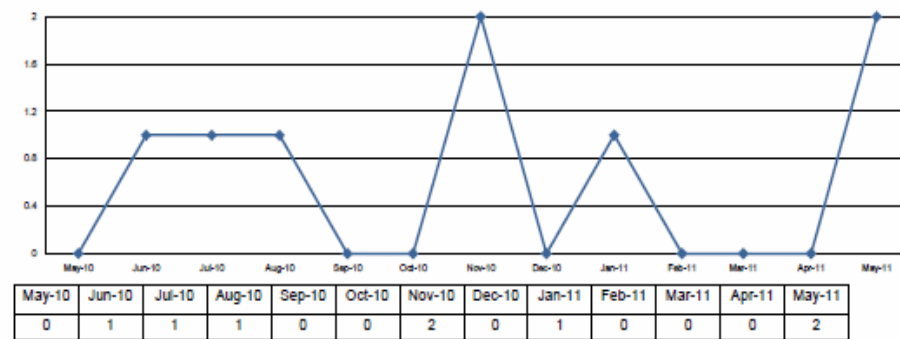
Clostridium difficile Infection Cases (all ages)



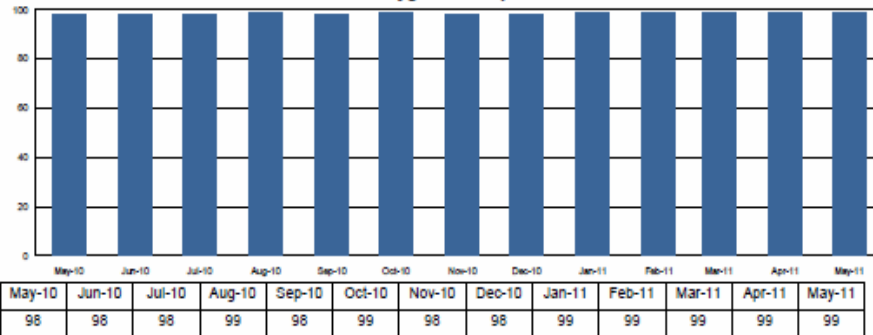
MSSA Bacteraemia Cases



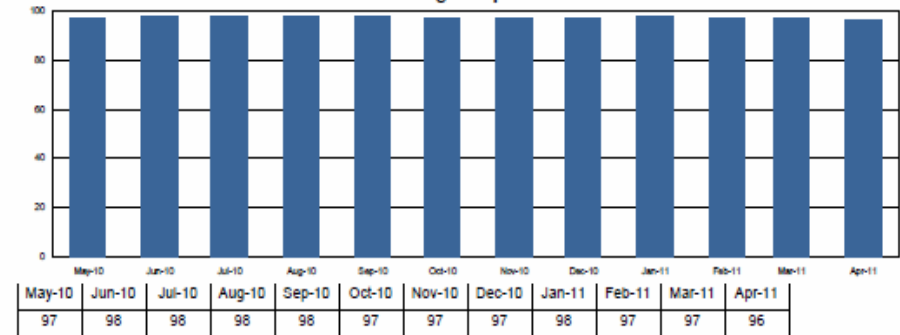
MRSA Bacteraemia Cases



Hand Hygiene Compliance



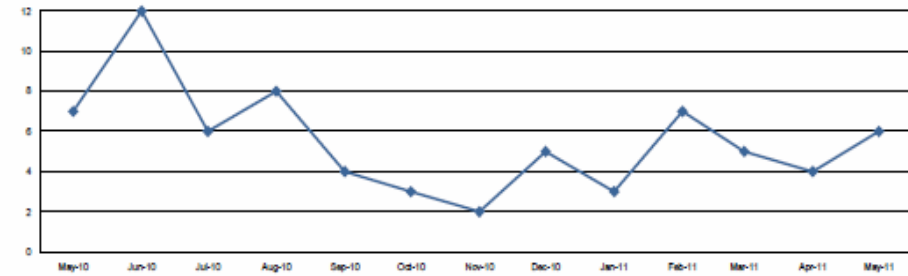
Cleaning Compliance



Wishaw

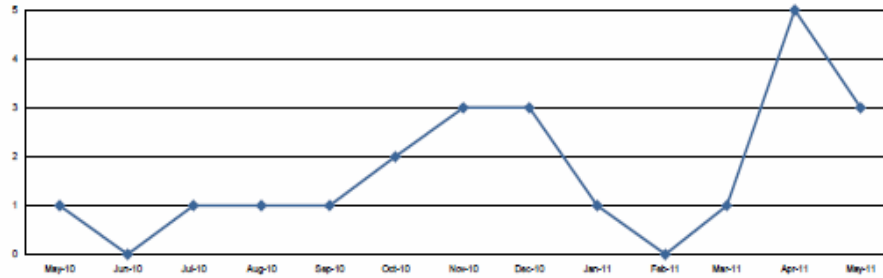
There has been a slight increase in the number of Clostridium difficile cases and an overall decrease in Staphylococcus bacteraemia cases since April 2011. An increase in MRSA bacteraemia cases is evident.

Clostridium difficile Infection Cases (all ages)



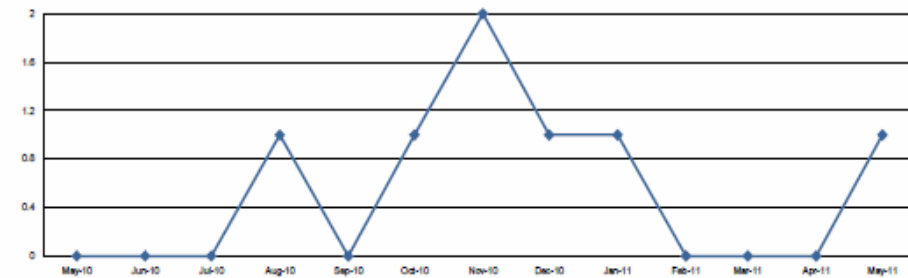
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11
7	12	6	8	4	3	2	5	3	7	5	4	6

MSSA Bacteraemia Cases



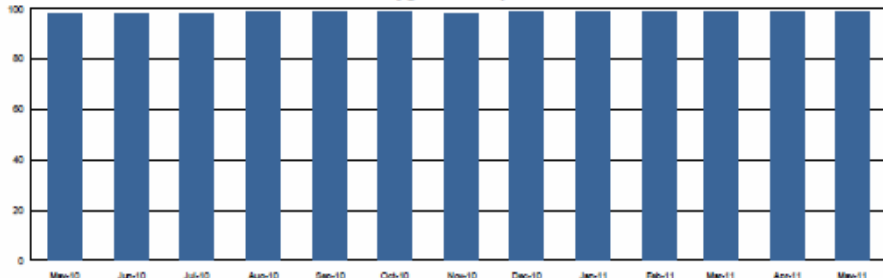
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11
1	0	1	1	1	2	3	3	1	0	1	5	3

MRSA Bacteraemia Cases



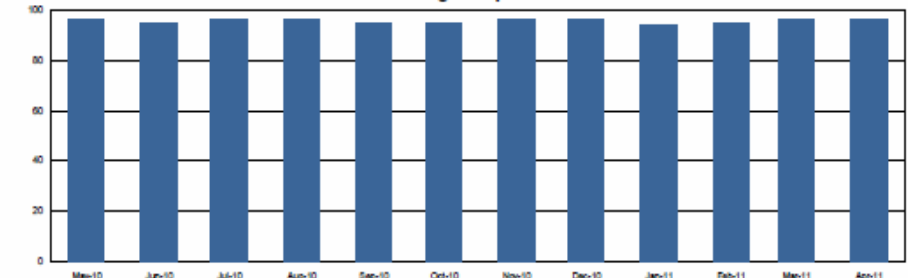
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11
0	0	0	1	0	1	2	1	1	0	0	0	1

Hand Hygiene Compliance



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

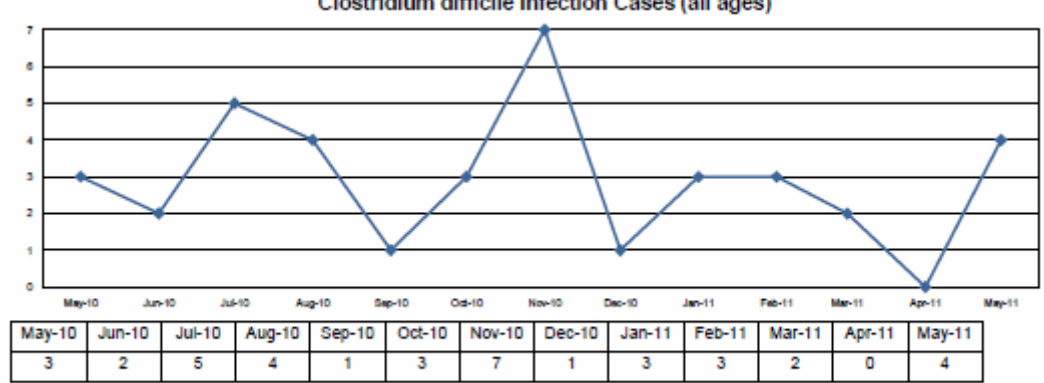
Cleaning Compliance



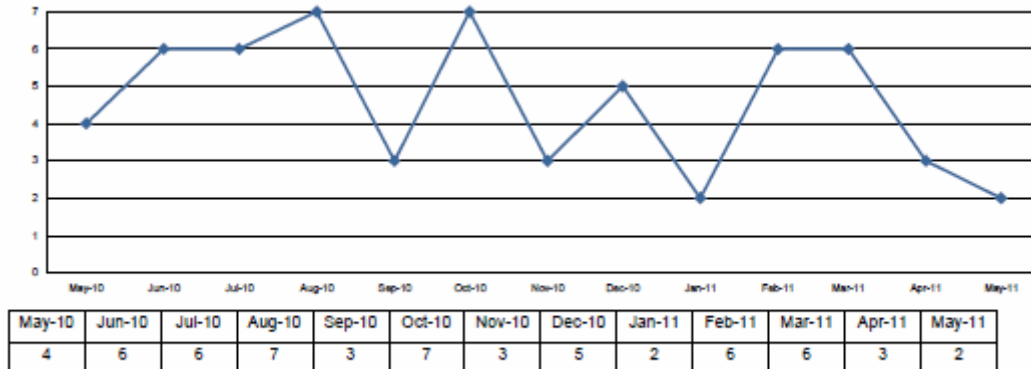
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
96	95	96	96	95	95	96	96	94	95	96	96

Monklands

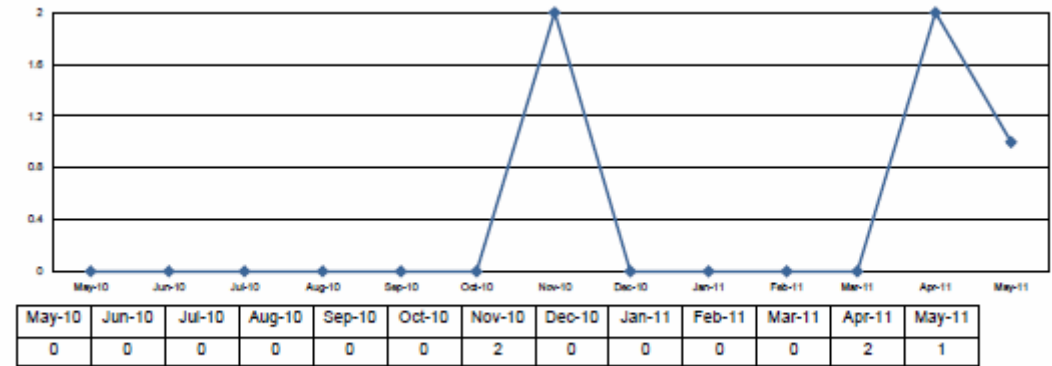
There has been an increase in Clostridium difficile cases since April 2011, the highest number since November 2010. A decrease in Staphylococcus aureus bacteraemias is evident.



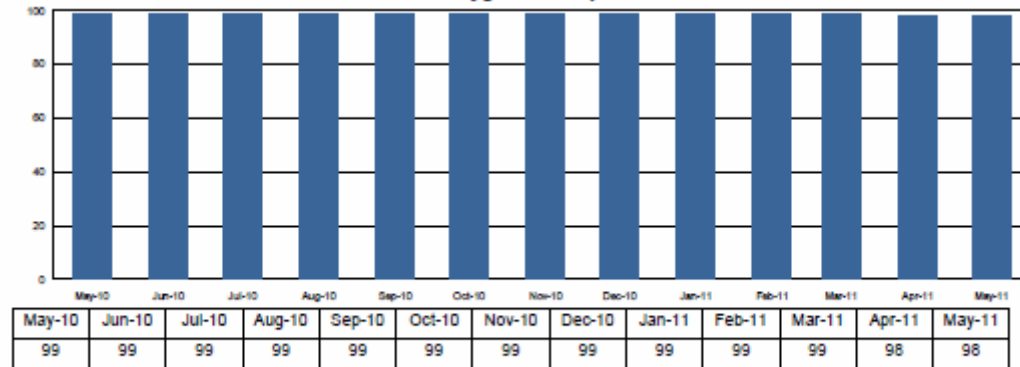
MSSA Bacteraemia Cases



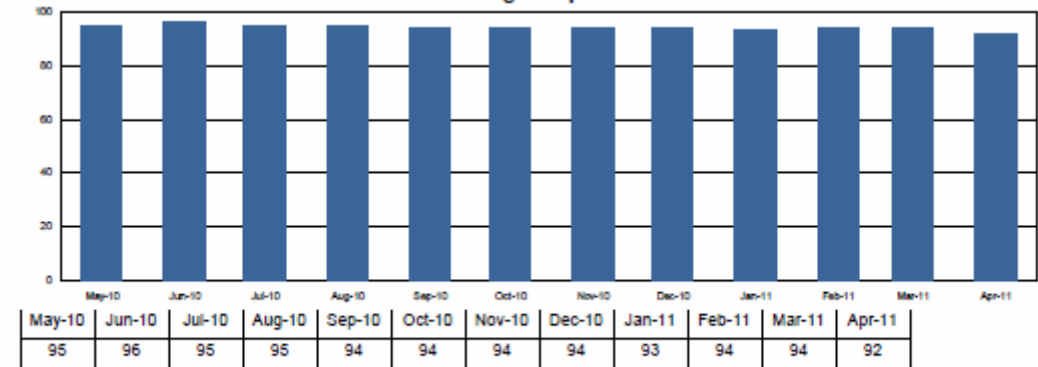
MRSA Bacteraemia Cases



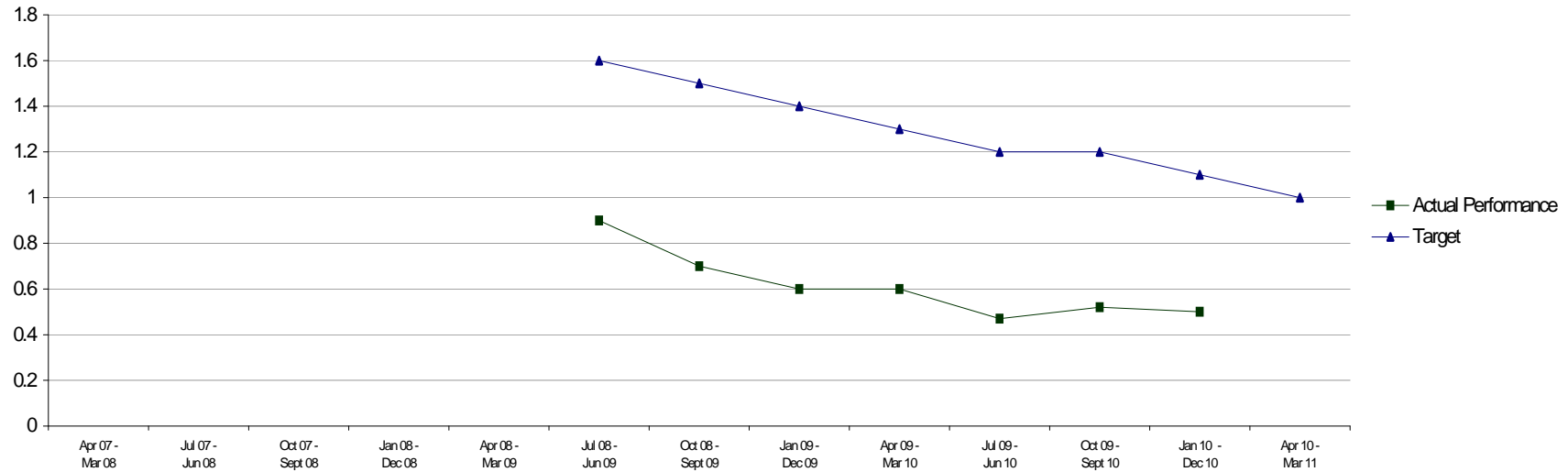
Hand Hygiene Compliance



Cleaning Compliance

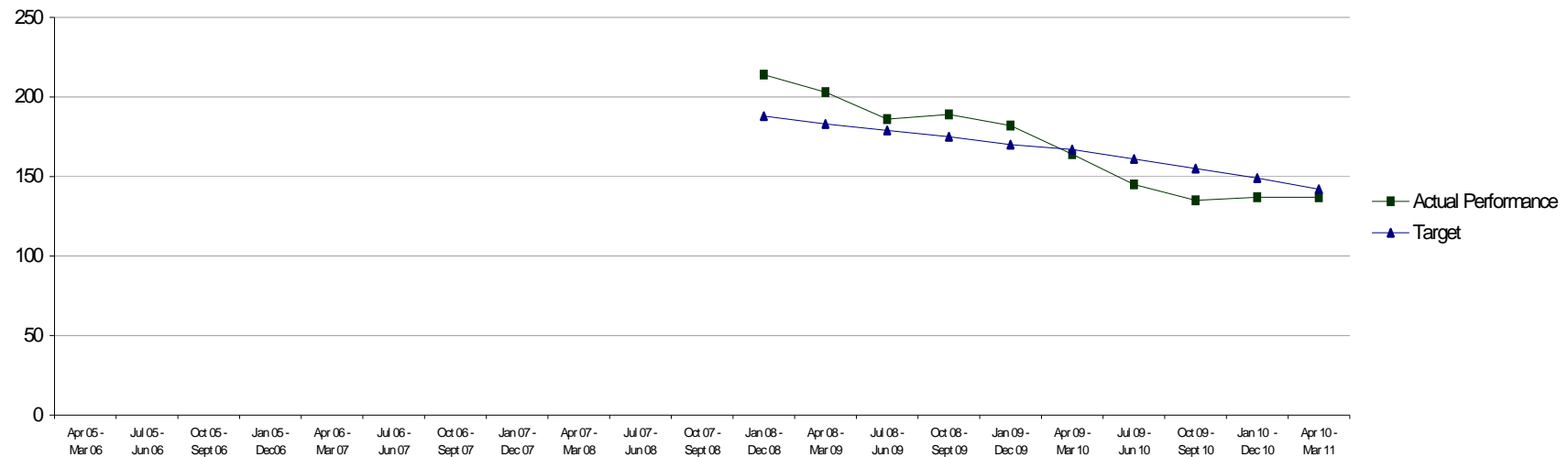


Quarterly rolling year *Clostridium difficile* Infection Cases in patients aged 65 and over per 1000 total occupied bed days for HEAT Target



	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	
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