

Lanarkshire NHS Board  
Kirklands Hospital  
Fallside Road  
Bothwell G71 8BB  
Telephone 01698 855500  
Fax 01698 858277  
[www.nhslanarkshire.org.uk](http://www.nhslanarkshire.org.uk)

25<sup>th</sup> MAY 2011.

**SUBJECT: HAI EXCEPTION UPDATE**

**Aim**

The purpose of this paper is to update Board members of the current status of Healthcare Associated Infections (HAIs) and any exceptions that need to be highlighted out with the bi monthly board report.

**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 nationally agreed template. It has been agreed in NHSL that an exception report will be submitted alternately. The next full report will be submitted to the Board in June 2011.

**1. Board Wide Issues**

**Key Healthcare Associated Infection Headlines for May 2011**

- The revised governance construct for the Task Force is close to completion, and an initial meeting of the Chairs of the National Policy Group, National Advisory Group and the Delivery Plan Implementation Group took place on 30 March. The initial meeting dates for all three groups have now been established, with the first being the National Advisory Group (NAG) on 12<sup>th</sup> May 2011.
- HAI Task Force Delivery Plan 2011 and beyond - the Delivery Plan is in final draft and has been circulated to Infection Control Managers and HAI Executive Leads for information. The Plan will be reviewed and signed off at the first meeting of the NAG on 12<sup>th</sup> May. This will include advising on the priority areas for the coming year.
- The Chief Nursing Officer has written to all Boards confirming the revised minimum policy requirements for MRSA Screening that are to be in place by end March 2012, the expectations of the timelines around the planning process and that funding will be made available. The funding is to support Boards with the transition from the interim MRSA screening policy to the new policy requirements. The National MRSA Screening Rollout Group, hosted by HPS will continue to meet to support Boards with this transition. It is anticipated that funding allocations for the first six months of the current year will be sent to Boards imminently.
- The review of the HAIRT is ongoing, and it is anticipated that changes to the existing template will be minimal. Due to the revision of the DMT and inclusion of estates issues in future HFS quarterly cleaning reports, it is proposed that the changes are incorporated in the revision of the HAIRT. Therefore, the revised template will now be issued to coincide with this new tool going live so that all changes can be implemented at the same time.

- SAPG has reviewed the 3 CDI supporting HEAT targets. Revised guidance has been sent to AMTs. These provide more emphasis on the rationale for the targets and that the targets are around prudent antimicrobial prescribing in the round, not solely for *Clostridium difficile* reduction. For the empirical prescribing indicator, the measures of indication in notes and compliance with policy have been retained, but not the combined measure. The surgical prophylaxis indicator will focus on elective colorectal surgery. The primary care quinolone indicator is to be retained for this year. A CNO letter detailing these changes will be issued in May.

## 2. Healthcare Environment Inspection (HEI)

Hairmyres Hospital was subject to an unannounced Inspection on the 13<sup>th</sup> April 2011. The report of the findings will be published on the HEI website on the 23<sup>rd</sup> May. There were 8 requirements and 1 recommendation from the visit and an action plan was returned to the HEI on the 12<sup>th</sup> May.

The main findings were that overall they found evidence that NHS Lanarkshire is complying with the majority of NHS QIS HAI standards to protect patients, staff and visitors from the risk of acquiring an infection. In particular:

- patients with known infections are being risk assessed and cared for appropriately in dedicated isolation facilities
- there was good compliance by nursing and domestic staff in adhering to the national dress code policy,
- and a new domestic cleaning schedule has been introduced which has strengthened working between domestic staff and nursing staff.

However, they did find that further improvement is required in the following areas:

- there was poor staff awareness of environmental audits being carried out and the associated action plans confirming the areas for improvement
- some sections of the manual were reported as not being in date despite currently being under review as reflected in the Health Protection Committee review process.
- there was some non-compliance by medical staff in adhering to the national dress code policy, and some staff were not adhering to the expected standard infection control precautions.

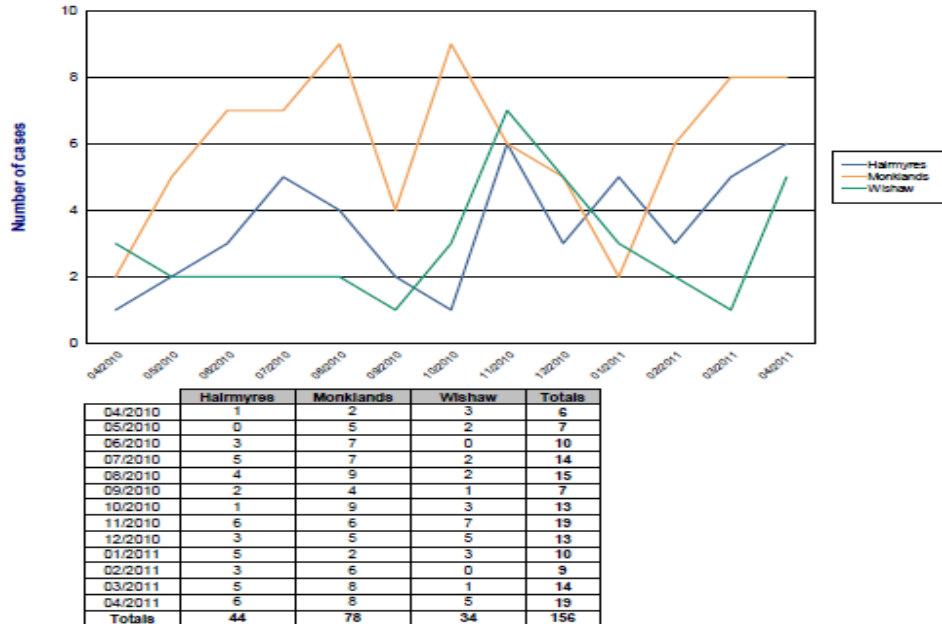
## 3. *Staphylococcus aureus* (including MRSA):

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 April there were 19 SABs, this being the highest figure since November 2010.

**Table 1: *Staphylococcus aureus* bacteraemia cases by month and acute hospital (MRSA & MSSA),  
Date range: 01/04/2010 – 30/04/2011**

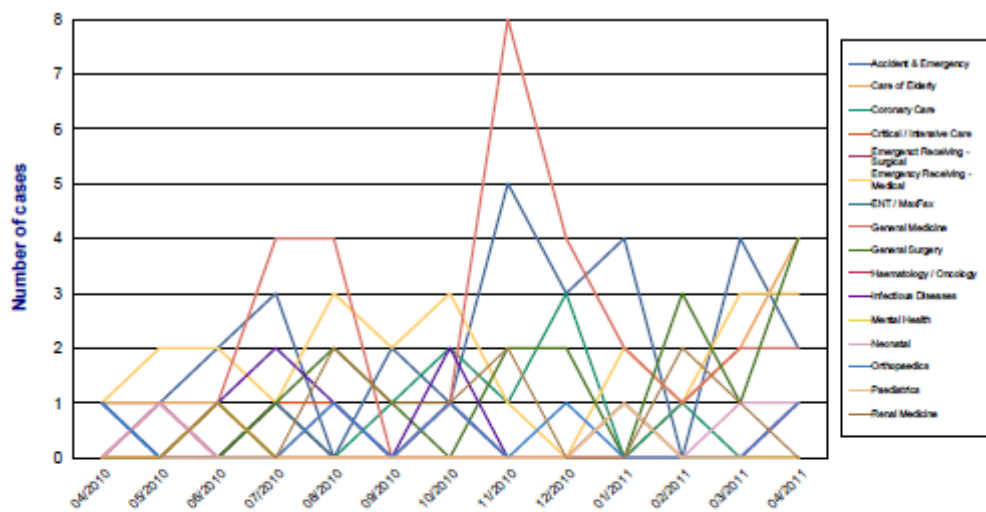
*Staph. aureus* Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)



**Table 1:** Highlights the number of *Staphylococcus aureus* bacteraemias (SABs) per acute hospital. There was an increase in the incidence of SAB's at all acute sites in April 2011.

**Table 2: *Staphylococcus aureus* bacteraemias (SABs) per acute specialties**  
Date range: 01/04/2010 – 30/04/2011

*Staph. aureus* Bacteraemia cases by Month and Acute Specialty (MRSA & MSSA)



	Accident & Emergency	Care of Elderly	Coronary Care	Critical / Intensive Care	Emergency Receiving - Surgical	Emergency Receiving - Medical	ENT / Max/Fax	General Medicine	General Surgery	Haematology / Oncology	Infectious Diseases	Mental Health	Neonatal	Orthopaedics	Paediatrics	Renal Medicine	Totals
04/2010	1	1	0	0	0	1	0	0	1	0	1	0	0	1	0	0	6
05/2010	1	1	0	1	1	2	0	0	0	0	0	0	1	0	0	0	7
06/2010	2	1	1	0	0	2	0	1	0	0	1	1	0	0	0	1	10
07/2010	3	0	0	1	1	1	1	4	1	0	2	0	0	0	0	0	14
08/2010	0	1	0	1	0	3	0	4	2	0	1	0	0	1	0	2	15
09/2010	2	0	1	0	0	2	0	0	1	0	0	0	0	0	0	1	7
10/2010	1	0	2	1	1	3	0	1	0	0	2	0	0	1	0	1	13
11/2010	5	0	1	0	0	1	0	8	2	0	0	0	0	0	0	2	19
12/2010	3	0	3	0	0	0	0	4	2	0	0	0	0	1	0	0	13
01/2011	4	0	0	0	0	2	0	2	0	0	1	0	0	0	1	0	10
02/2011	0	1	1	0	0	1	0	1	3	0	0	0	0	0	0	2	9
03/2011	4	2	0	0	0	3	0	2	1	0	0	0	1	0	0	1	14
04/2011	2	4	0	1	0	3	0	2	4	1	0	0	1	1	0	0	19
<b>Totals</b>	<b>28</b>	<b>11</b>	<b>9</b>	<b>5</b>	<b>3</b>	<b>24</b>	<b>1</b>	<b>29</b>	<b>17</b>	<b>1</b>	<b>8</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>10</b>	<b>156</b>

**Table 2:** Highlights the number of *Staphylococcus aureus* bacteraemias per acute specialty reported since April 2010. The highest numbers are in General Medicine (29) Accident and Emergency (28) and Emergency Receiving (24). These figures are in keeping with national findings and reflect where the specimens were obtained, and not necessarily where the SABs were acquired.

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

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 OCBDs). This compares with an original HEAT target of 1.00 case > 65 years old / 1000 OCBDs in the 12 months up to March 2011

**Table 3: *Clostridium difficile* by month and acute hospital**  
Date range: 01/04/2010 – 30/04/2011

*C. Difficile* cases by Month and Acute Hospital

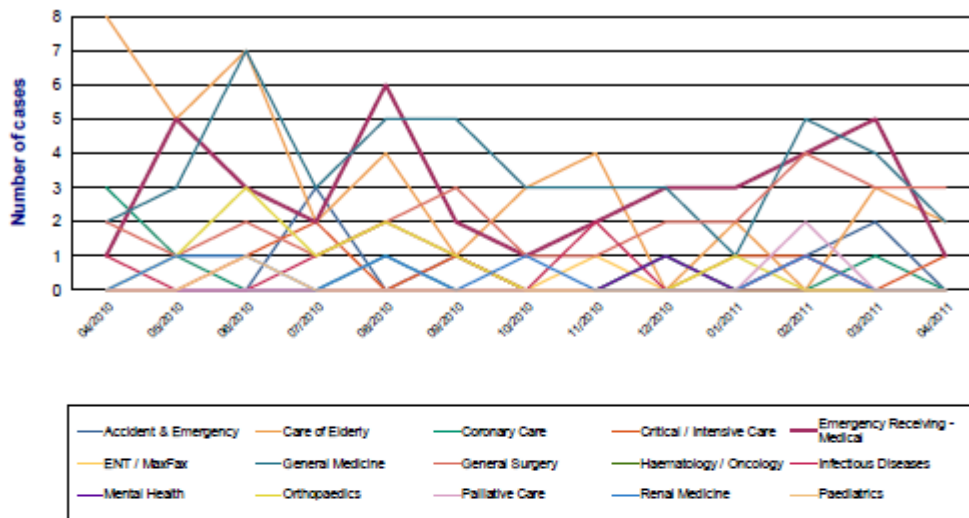


	Halmyres	Monklands	Wishaw	Totals
04/2010	10	2	6	18
05/2010	5	3	9	17
06/2010	11	2	12	25
07/2010	4	5	7	16
08/2010	7	9	8	24
09/2010	6	4	7	17
10/2010	2	4	3	9
11/2010	1	9	4	14
12/2010	3	2	7	12
01/2011	3	4	3	10
02/2011	5	4	10	19
03/2011	7	3	8	18
04/2011	4	1	4	9
<b>Totals</b>	<b>68</b>	<b>52</b>	<b>88</b>	<b>208</b>

**Table 3:** above shows *Clostridium difficile* by month and acute hospital. All sites have seen a decrease in cases for this reporting period. The ICT and enhanced surveillance continue to review all cases.

**Table 4: Clostridium difficile infection rates per acute specialities**  
**Date range: 01/04/2010 – 30/04/2011**

*C. Difficile cases by Month and Acute Speciality*



	Accident & Emergency	Care of Elderly	Coronary Care	Critical / Intensive Care	Emergency Receiving - Medical	ENT / MaxFax	General Medicine	General Surgery	Haematology / Oncology	Infectious Diseases	Mental Health	Orthopaedics	Palliative Care	Renal Medicine	Paediatrics	Totals
04/2010	0	8	3	0	1	0	2	2	0	1	0	0	0	0	0	17
05/2010	0	5	1	0	5	0	3	1	0	0	0	1	0	1	0	17
06/2010	0	7	0	1	3	0	7	2	0	0	0	3	0	1	1	25
07/2010	3	2	0	2	2	0	3	1	0	1	0	1	0	0	0	15
08/2010	0	4	1	0	6	0	5	2	0	2	0	2	0	1	0	23
09/2010	1	1	0	1	2	0	5	3	0	1	0	1	0	0	0	15
10/2010	0	3	0	0	1	0	3	1	0	0	0	0	0	1	0	9
11/2010	0	4	0	0	2	1	3	1	0	2	0	0	0	0	0	13
12/2010	1	0	0	0	3	0	3	2	1	0	1	0	0	0	0	11
01/2011	0	2	0	1	3	0	1	2	0	0	0	1	0	0	0	10
02/2011	1	0	0	1	4	0	5	4	0	1	0	0	2	1	0	19
03/2011	2	3	1	0	5	0	4	3	0	0	0	0	0	0	0	18
04/2011	0	2	0	1	1	0	2	3	0	0	0	0	0	0	0	9
<b>Totals</b>	<b>8</b>	<b>41</b>	<b>6</b>	<b>7</b>	<b>38</b>	<b>1</b>	<b>46</b>	<b>27</b>	<b>1</b>	<b>8</b>	<b>1</b>	<b>9</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>201</b>

**Table 4:** above shows *Clostridium difficile* infection rates per acute specialities and continues to demonstrate that the population most at risk of acquiring CDIs are within the General Medical wards, Care of the Elderly and Emergency Receiving, with all areas showing a reduction since last report in March 2011.

The figures report where the episode was identified and not necessarily where the likely cause originated.

**Clostridium difficile Infection Rates - Community Hospitals**

There have been 0 cases of *Clostridium difficile* reported in the community setting since December 2010.

**Table 5: Norovirus**

**Date Range 09/05/2011**

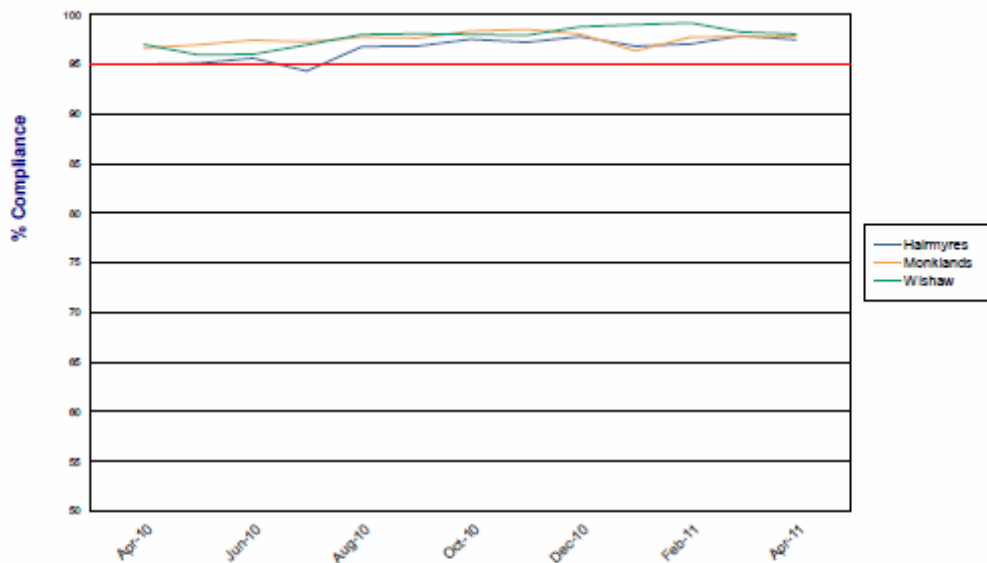
Date 09/05/11	NHS Board	Total number of hospitals with wards closed this Monday	Total number of wards closed this Monday	Total number of patients who are or have been affected in the wards closed this Monday	Total number of staff who are or have been affected in the wards closed this Monday
	NHS Ayrshire & Arran	0	0	0	0
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	0	0	0	0
	NHS Fife	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	1	1	6	0
	NHS Highland	0	0	0	0
	NHS Lanarkshire	0	0	0	0
	NHS Lothian	1	1	4	0
	NHS Tayside	1	1	9	1
	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>3</b>	<b>3</b>	<b>19</b>	<b>1</b>

**Table 5:** shows the HPS weekly point prevalence survey for the week beginning the 09<sup>th</sup> May 2011 which shows that there are currently 3 Boards reporting Norovirus activity, with 3 hospitals reporting 3 wards affected. NHS Lanarkshire is reporting no wards or hospitals affected for this reporting period.

**Table 6: Hand Hygiene Compliance Acute Hospital**

**Date range: 01/04/2010 – 30/04/2011**

*% Compliance with Hand Hygiene by Acute Hospital Site and Month*



Note: where 0% compliance is displayed in the table, this indicates that no data exists for this time period.

	Hairmyres			Monklands			Wishaw		
	Total Observations	Total Performed Correctly	% Compliance	Total Observations	Total Performed Correctly	% Compliance	Total Observations	Total Performed Correctly	% Compliance
04/2010	1559	1481	95	1898	1834	97	2325	2255	97
05/2010	1973	1876	95	2275	2205	97	2489	2388	96
06/2010	1863	1781	96	2068	2014	97	2497	2397	96
07/2010	2071	1953	94	2165	2105	97	2531	2453	97
08/2010	2242	2169	97	2566	2507	98	2857	2799	98
09/2010	2137	2069	97	2292	2238	98	2624	2573	98
10/2010	2229	2173	97	2260	2222	98	2684	2630	98
11/2010	2641	2567	97	2520	2482	98	2773	2714	98
12/2010	2385	2331	98	2405	2357	98	2844	2809	99
01/2011	2379	2303	97	2620	2524	96	2867	2837	99

**Table 6:** above shows Hairmyres with 97% Hand Hygiene compliance which showed an increase for this month, Monklands and Wishaw remained static at 98%.

## 5. Hand Hygiene

National Hand Hygiene audit undertaken 23<sup>rd</sup> March–1<sup>st</sup> April 2011 shows 87% compliance (target is 90%) over 15 areas in NHSL. 9 of the areas were compliant.

All reports have been disseminated to relevant personnel and Action Plans from non-complaint areas returned to the Senior Nurses.

### Actions resulting

- Common themes have been identified, disseminated to DN, ADNs and Senior Nurses and discussed at monthly NHSL SPSP meeting.
- LHBC has met with Catie Paton (Acting Clinical Skills Development Specialist) regarding including Hand Hygiene education in medical staff training.
- To allow appropriate targeting of resources; a revised Report distribution list has been compiled to include Senior nurses and the Acting Clinical Skills Development Specialist. Reporting templates, based on SPSP report methodology, which clearly demonstrate areas requiring additional assistance and highlight areas of good practice are currently under revision in order to ensure relevancy to each area, the LHBC and a Senior Nurse are currently reviewing the Ward Action Plans
- Monthly education sessions continue. Alternative approaches to educational sessions being explored.
- NHSL Communications department will facilitate a screen banner and screen saver to encourage staff to use a simple, fun, online game which raises awareness of the World Health Organization's (WHO) Five Moments for hand hygiene approach.
- To encourage staff in compliant areas, A4 size laminated posters are being devised to display, after audit periods, outside areas.

## 6. Cleaning and the Healthcare Environment May 2011

- Following the HEI unannounced visit to Hairmyres Hospital on Wednesday 13<sup>th</sup> April 2011, HEI gave verbal feedback that although there was an improvement in standards, they had concerns with the standard of cleanliness within ward 2.
- HEI have issued the draft report to NHSL on Wednesday 4<sup>th</sup> May 2011 to allow a check for factual accuracy, with sign-off of the report and return to the HEI by 9am on Thursday 12<sup>th</sup> May 2011. The final report will be published on Monday 23<sup>rd</sup> May 2011.
- The HEI Steering Group met on Thursday 5<sup>th</sup> May 2011 to discuss the draft report from the unannounced inspection at Hairmyres. The eight requirements and one recommendation were discussed. For each requirement and recommendation the responsibility was agreed for developing the improvement action plan. This would also be sent to the HEI by 12<sup>th</sup> May. It was agreed that PSSD would jointly action requirement 7 along with the Associate Directors of Nursing.
- HEI issued a letter on Monday 11<sup>th</sup> April requesting an update on the progress of the action plan from the Wishaw Unannounced Inspection by the 25<sup>th</sup> April. A comprehensive updated action plan was sent on 21<sup>st</sup> April 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.
- Monies have been released at Monklands for HEI works and PSSD are working with Senior Nursing staff and Infection Control to identify, prioritise and agree the programme of work.
- 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 & following consultation with Infection Control these will then be implemented.
- Work is underway to review & update the NHSL Cleaning Services Specification detailing the level of cleaning services provided across premises in NHSL. Following consultation with Infection Control this document will be launched via Firstport allowing access to all ward / department & health centre managers.

## 7. MRSA Screening

The next meeting of NHS Scotland Roll out Working Group is scheduled for the 23<sup>rd</sup> May 2011. The announcement of Key Performance Indicators to NHS Boards is awaited. Introductory steps including PDSA of clinical risk assessment, nasal and perineal swabbing is being devised by the MRSA Team. Work on an educational presentation for the Clinical Risk Assessment and perineal swabbing is also underway. The MRSA Team has attended the SPSP Ward Workstream and site meetings to raise awareness of the forth coming introduction of the clinical risk assessment methodology.

The current programme of nasal swabbing continues. Information Management have tested the downloads and the compilation of compliance data re commenced week ending 08/05/2011. The MRSA Nurses on site continue to work in partnership with staff to improve compliance.

Fig. Compliance with screening all eligible elective admissions

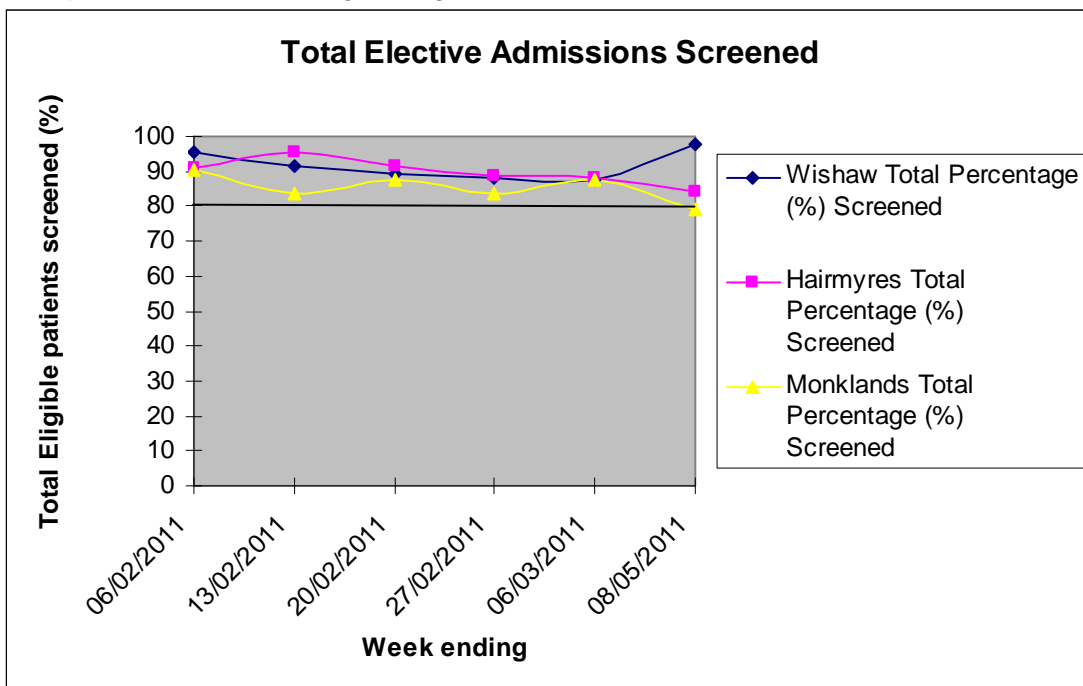
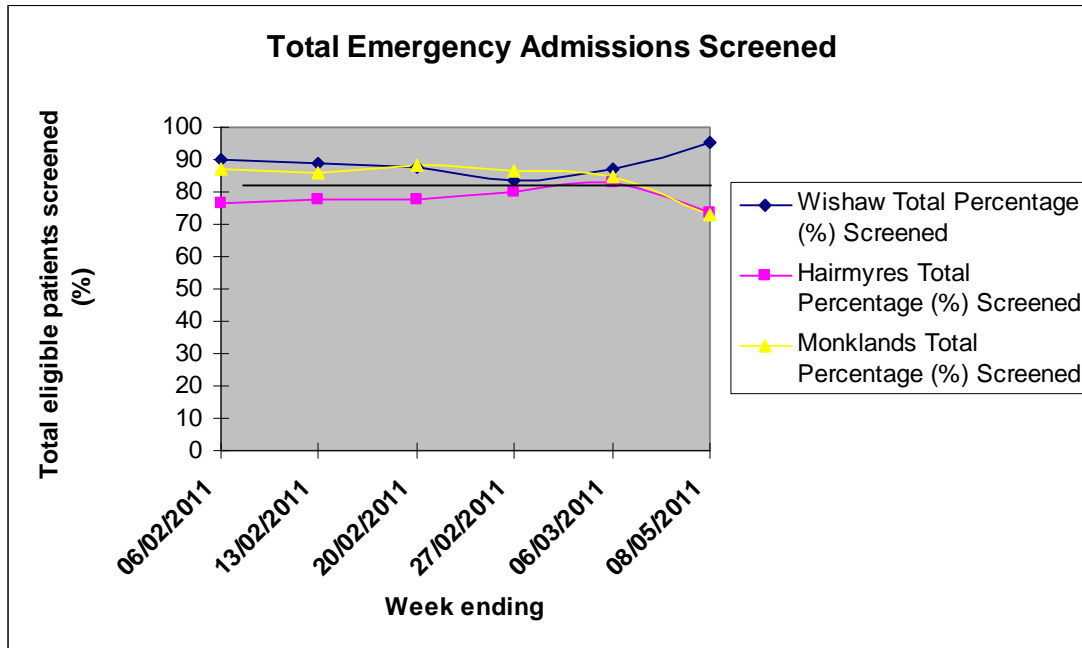


Fig. Compliance with screening all eligible emergency admissions



**8. Outbreaks/Incidents:**

Ward 9 (Care of the Elderly) Wishaw General Hospital:

Four *Clostridium difficile* positive results have been identified within a 22 day period (18/03/2011–08/04/2011). The trigger is set 2 positive results within a 4 week period. Enhanced surveillance likely attributed 3 of the 4 cases to ward 9. Previously there had been no positive cases since October 2010. Initial investigative approach comprised the completion of an SBAR, full utilisation of the Health Protection Scotland CDI Trigger Tool, ward and Infection Control action plans. Subsequently 3 of the 4 cases are confirmed as being *Clostridium difficile* 027.

The HPS Epidemiologist is content with the approaches taken to date and imminent meeting is to take place to complete the lessons learned and potential systems changes associated with the increase in cases. There are currently no immediate concerns at this stage and ongoing monitoring continues.

Ward 5 (General Surgical) Hairmyres

Enhanced surveillance data suggests that 4 *Clostridium difficile* toxin patients (Ribotype 020) have epidemiological links to ward 5. The samples were obtained in January (1), March (1) and in April 2011 (2). This ribotype is common in mainland Europe and is the first incident involving this ribotype in Scotland. Two meetings comprising key stakeholders have been held in Hairmyres and an SBAR completed. Health Protection Scotland and the SGHD are aware of and are content with current actions being taken at Hairmyres.

**10. Increased Incidence of Infections:**

The caesarean section SSI rates continue to be monitored with active surveillance being carried out by ICN's and Surveillance staff. Following discussion at the Clinical Effectiveness Maternity Subgroup meeting in March 2011 the decision was made to change the timing of antibiotic prophylaxis for caesarean section patients from after the cord is clamped to prior to skin incision.

No commencement date has been given and the maternity guideline is in the process of being amended to incorporate this change in practice.

From April 1<sup>st</sup> 2011 ChloroPrep (chlorhexidine 2% and alcohol) is being used as perioperative skin prep for caesarean section patients and is to be evaluated after a 6 month period.

A look back exercise has been carried out following identification of 4 orthopaedic patients (2 elective and 2 emergency admissions) having developed SSIs following hip and hemi arthroplasty procedures in January and February 2011 in Wishaw necessitating reoperation in February and March 2011. All of the patients fall within the mandatory elements of the SSI surveillance programme however 2 of the SSI's detected on readmission were out with 30 day post operation surveillance period. No obvious common links were found in relation to microbiology, surgeons, theatre staff and wards.

A look back exercise was undertaken in Hairmyres following an increased incidence in SSI in orthopaedics following 5 procedures (3 hip arthroplasties, 1 forearm fracture fixation and 1 patella tendon repair) carried out in February and March 2011. 1 patient fell within the mandatory elements of the SSI surveillance programme. Sensitivities of organisms as well as timing of hospitalisation of the patients did not indicate an outbreak. No obvious common links were found in relation to surgeons, theatre staff and wards.

### **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.