

Healthcare Associated Infection Control and Prevention Report to NHS Lanarkshire Board 25th January 2012

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

This section of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual hospitals, please refer to the 'Healthcare Associated Infection Report Cards' in Section 2.

A report card summarising Board wide statistics can be found at the end of section 1

Section 2- Key Healthcare Associated Infection Headlines for January 2012

- On the 20 December 2011 the Chief Nursing Officer released further guidance intended to assist NHS Boards with their mattress management regimes. http://www.nhsscotlandprocurement.scot.nhs.uk/images/files/general/position_statement_update_issue1.pdf The guidance makes it clear that it is imperative that the mattress cover is rinsed thoroughly and dried thoroughly following decontamination with a chlorine-releasing agent. This guidance had already been built into the Actichlor plus training within NHSL
- HPS have conducted a wider consultation exercise to inform national recommendations for the central vascular catheter insertion and blood culture quality improvement tools. The consultation closed on the 11th January 2012 and recommendations will follow.
- On the 13th January 2012 the Chief Nursing Officer released communication informing of the publication of the inaugural chapter of a National Infection Prevention and Control Manual for NHSScotland (HAI Task Force Delivery Plan 2008/11 and 2011 and beyond).
Boards are advised that they should utilise resources, such as Leading Better Care and Scottish Patient Safety Programme facilitators to support the processes for implementing and compliance monitoring in clinical areas as appropriate.
Continuous monitoring in line with the guidance provided in the Compliance and Quality Improvement Data Collection Tool is to be in **all care areas in hospital and community settings by 30th June 2012**. NHSL tested the policies and the tools in July 2011 across a wide selection of clinical areas and are convening a short life working group to scope out what is required in conjunction with existing audit tools.
- The HPS quarterly CDI report for Q3 2011 was published on the 11th January 2012. NHS Lanarkshire appears close to the upper 95% confidence limit in patients aged ≥65 years and also demonstrates an increase in incidence rates between Q2 and Q3 of 2011 in the same age group. For the 15-64 age group, 50 cases increased to 61 per year, and these include specimens coming from primary care.
The total AOBs used as the denominator has also decreased by over 6000 in the same period, which would increase the rate. There has been no change to the testing policy or method used by each lab. However, there has been a great deal of publicity around antibiotics and *C.difficile* locally which may have led to an increased awareness leading to improved recording of clinical details such as antibiotics on the laboratory request form. Also, with heightened awareness, more requests specifically for *C.difficile* testing may have been made. Either of these details on the request form would have led to a GP sample being tested for *C.difficile* toxin, whereas without these details the sample would not be tested. Monklands laboratory presently tests the

majority of GP specimen in Lanarkshire, so this may in part explain the greatest rise in numbers seen there.

It further suggests that there is scope to reduce variation in incidence rates between NHS boards and drive overall rates down further through ongoing efforts to control and prevent CDI. This includes local surveillance of CDI with timely feedback of results and restricted use of antimicrobials with a high risk of CDI. NHSL has a high impact improvement plan (Jan 2012-March 2013) and 2 debriefing plans (Lockhart and WGH) in place to further drive down CDI rates. Extensive work has been carried out with HPS to refine the NHSL *C.difficile* enhanced surveillance dataset. NHSL has now 2 years worth of data which is being migrated into LanQIP. The process for the testing of reports is to commence in January 2012.

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

Staphylococcus aureus : <http://www.nhsinform.co.uk/Health-Library/Articles/S/staphylococcal-infections/introduction>

MRSA: <http://www.nhsinform.co.uk/Health-Library/Articles/M/mrsa/introduction>

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>

Section-3 *Staphylococcus aureus* (including MRSA)

Current HEAT Status

***Staphylococcus Aureus* Bacteraemias (including Meticillin Resistant *Staphylococcus Aureus*):**

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.

The most recent HPS report on *S.aureus* bacteraemia was published on 11th January 2012. NHS Lanarkshire had a quarterly MRSA bacteraemia rate of 0.044 cases per 1000 acute occupied bed days compared to a rate of 0.038 cases per 1000 acute occupied bed days for NHS Scotland. For MSSA bacteraemia, NHS Lanarkshire has a quarterly rate of 0.361 cases per 1000 acute occupied bed days compared to a rate of 0.266 cases per 1000 acute occupied bed days for NHS Scotland. For the 12 months up to the end of September 2011, NHS Lanarkshire had a rate of 0.36 *Staphylococcus aureus* bacteraemias / 1000 acute

occupied bed days. If activity remains at a stable level, an average of 10 *Staphylococcus aureus* bacteraemias per month in NHS Lanarkshire will be an approximate target. In December there were 11 *Staphylococcus aureus* bacteraemias, making a total of 122 since 1st April 2011.

Initiatives to Reduce *Staphylococcus aureus* bacteraemia

- The Scottish Patient Safety Programme (SPSP) Facilitators have developed a Standing Operating Procedure designed to ensure that safe, effective and consistent practice, insertion and maintenance, is delivered to all patients who have a Central Vascular Catheter (CVC) in general ward areas.
- Testing of the national peripheral venous catheter (PVC) insertion bundle is ongoing in A&E at WGH. Testing is to commence in A&E at Hairmyres in February 2012 and A&E at Monklands in March 2012. Initial compliance data has been produced for WGH. This work is coordinated by A&E clinicians supported by the SPSP Facilitators and Infection Control.
- The testing of Clinell (Chlorhexidine 2%) wipes in targeted high peripheral venous cannulae usage areas is complete. No further roll out of the product is anticipated at this stage.
- Targeted visits by Infection Control Nurses to other Boards to look at approaches to further SAB reduction are being undertaken.
- The Nurse Consultant, Infection Control, Healthcare Improvement Scotland continues with her Honorary Contract in NHSL and will continue membership of the SAB/CDI improvement Group, bringing additional quality improvement approaches to reducing SABs.
- The NHSL SAB Self Directed Learning Unit has been developed by the Infection Control Nurses and was launched on 14th October 2011 and is being well received by frontline staff. Impact assessment processes are currently being scoped.
- A meeting is being held with the Care Home Liaison Nurses and the Senior Nurse Advisor – Communicable Diseases to determine how best to investigate SABs arising from patients in Care Homes.
- Work is nearing completion to have SAB enhanced data entered into LanQIP which will facilitate ease of analysis of local data. The testing process for producing reports is to commence week commencing 23rd January 2012
- The testing of a SAB SPSP learning set was carried out on Tuesday 13th December 2011 at Hairmyres Hospital to assist the process of shared learning using local scenarios. The event was well attended and evaluated positively. The exercise has received positive support from Health Protection Scotland and is to be repeated at the two other acute sites.
- A revised high impact SAB improvement plan (January 2012-March 2013) is currently in draft form for approval by the SAB/CDI improvement group.

MRSA Screening Programme - Progress of Implementation

Full rollout of MRSA Clinical Risk Assessment and Nasal and Perineal swabbing now implemented in all areas as outlined in National Protocol

- Discussion with Ortho and Vascular commenced December 2011/January 2012
- Development work on MRSA Clinical Risk Assessment Track care Screen ongoing. This will facilitate the collection of future key performance indicators. Trial work has now been agreed and preliminary work undertaken. Further development required.
- Pilot of data collection undertaken within NHSL for Health Protection Scotland. Evaluation complete and submitted.
- Audits undertaken by MRSA Team in areas undertaking new Protocol.
- Interim access database developed to capture data for local and national reporting.
- Health Protection Scotland Posters are being disseminated to all areas.
- Work now underway for MRSA Screen saver and banner to promote screening compliance
- Exit strategy discussions and planning ongoing. Project Surveillance Nurses scheduled exit by March 2012. Two of the three surveillance Nurses will have left the service by February 2012.
- Health Protection Scotland has requested costing on how Boards will monitor and improve compliance with the MRSA Screening Protocol 2012/2013. This information will be submitted to the Scottish Government.

Section-4 *Clostridium difficile* infection

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.nhsinform.co.uk/Health-Library/Articles/C/clostridium-difficile/introduction>

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/clostridiumdifficile.aspx?subjectid=79>

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

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

The most recent HPS report on C.difficile infection was published on 11th January 2012. In NHS Lanarkshire, there was a rate of 0.37 cases > 65 years old / 1000 acute occupied bed days for the 12 months up to the end of September 2011.

Initiatives to reduce *Clostridium difficile* infection

- 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.
- Debriefing improvement plans have been developed to address issues arising from Lockhart Hospital and WGH and to share lessons learned.
- A revision of the NHSL *Clostridium difficile* enhanced surveillance form has been undertaken in conjunction with Health Protection Scotland to ensure that optimum data is collected.
- All data collected to date is being migrated into LanQIP to allow optimum analysis capable of being used to minimise further cases. Testing of reports is to commence at the end of January 2012.
- CDI packs held at ward level have been reviewed and relaunched in December 2011.

Section- 5 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 November/December 2011 is now complete. On this occasion NHS Lanarkshire obtained an overall score of 93% (still to be validated by Health Protection Scotland). This figure has been sent to HPS for validation and will be published in the January 2012 National Audit Report.

It should be noted that the current results are Opportunity based only, and that as of March 2012, the score will be a combination of both Opportunity and Technique with the target raised to 95%.

In order to raise awareness of how the future results will be reported, the combined scores are also being distributed locally along with reported results in the current audit period.

Sustainability is recognised worldwide as an on-going challenge.

Scottish Patient Safety Programme (SPSP)

Whilst work is on-going in theatre suites the spread of SPSP ward self audit is almost complete.

Current Initiatives in Promoting Hand Hygiene

- Hand Hygiene education sessions, in partnership with Ecolab, continue on a monthly basis and a plan is outlined for 2012.
- Further targeted education sessions are being developed for key staff groups.
- An NHSL LearnPro Hand Hygiene module was launched in November 2011. 116 staff successfully completed the module from November until the end of December. Computer desktop wallpaper to promote the module is planned for week beginning the 20th of February.
- A video clip demonstrating correct hand washing technique, for use in wards and departments, is currently under preparation
- Alternative forms of delivery for education sessions are currently being explored

Section - 6 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>

- Domestic National Monitoring Framework (NMF) scores for NHSL premises during November 2011 produced an average score of 95.5% - this being an increase of 0.1% on the previous September & October results. Within the three acute sites, 167 audits were undertaken of which 11 audits recorded a score below 90%. Within CHP sites, 57 audits were undertaken of which 1 audit scored below 90%, which was Shotts health Centre at 88%. All domestic cleaning issues identified were rectified within 48 hours.
- Estates NMF scores for NHSL premises during November 2011 produced an average score of 96.4% - an increase of 0.8% on the previous September & October results. Within the three acute sites, 167 were undertaken & 5 audits recorded a score below 90%. Within the CHP sites, 50 audits were undertaken & 7 audits scored below 90%. All issues identified are prioritised for action.
- Monklands Hospital has had a reorganisation of the Domestic Management structure included as part of an Improvement Action Plan. This has been initiated to address

low and inconsistent scoring in NMF monitoring results. This is a short to medium term Action Plan that will address – work scheduling and content, systems review, training and structure.

- A programme to refurbish Domestic Service Rooms at Monklands, replacing sanitary ware, flooring, and shelving has been approved and is due to be completed by March 31st 2012.
- Monies have been released to replace clinical wash hand basins at CHP hospitals. The scope of work has been developed in consultation with Control of Infection and is programmed to be completed by March 2012
- Additional Domestic Supervisors have been recruited at Monklands and have commenced employment in January 2012. This action will improve the levels of supervision ensuring the department is able to deliver consistent service.
- Monies have been released for the purchase of additional domestic equipment to replace condemned equipment at Monklands and CHP sites which will assist in improving and maintaining cleaning standards.
- Domestic Management continue to monitor the level of calls relating to cleaning issues being received through the helpdesk. To date, across the three acute sites there has not been a significant increase in the level of helpdesk calls being received requesting additional cleaning services.
- Following HEI visits to NHSL sites it was identified that clarity was required in relation to roles & responsibilities of domestic & nursing staff regarding bed cleaning. Currently NHSL do not have a definitive procedure agreed with nursing and domestic management regarding bed cleaning. A working group was set up in May 2011 chaired by the Associate Director of Nursing at Wishaw with representation from Nursing, Infection Control, and PSSD & Partnership. The objective of the group is to produce an easily understood document with pictograms/photographs which clearly identifies the bed parts to be cleaned by both nursing & domestic staff. An amended SBAR was issued in November 2011 to which all parties provided comments. The latest update from the ADN at Wishaw confirms final approval is awaited from partnership prior to roll out.
- Problems continue to be experienced in relation to the non- labelling of linen being returned to the West of Scotland Laundry. 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 & Infection Control Teams continue to work in conjunction with clinical staff to monitor compliance with policy. Further compliance audits of segregation / labelling are currently underway to which further detail will be provided in the next update.

Healthcare Environment Inspection.

An unannounced Inspection was undertaken at Monklands Hospital on the Monday 16th January 2012. The final report will be published on the 27th February 2012. The NHSL HEI steering group will continue to oversee the appropriate actions in response to any requirements identified.

Section- 7 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.

- An outbreak of Norovirus occurred at Monklands Hospital on 27th November 2011 and ending on 22nd December 2011. In total 16 wards were closed with 150 patients and 61 staff affected. Health Protection Scotland and the SGHD were kept fully informed of the situation. A local debriefing exercise was undertaken on the 11th January 2012 and an exercise conducted by the HAI Executive Group is to follow.

Norovirus

Date 16/01/12 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	2	11	6
NHS Forth Valley	0	0	0	0
NHS Greater Glasgow & Clyde	1	1	13	8
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	1	2	21	3
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	5	45	17

1 additional SHORS outbreak reported in a Care Home.

Currently 3 NHS Boards are reporting Norovirus activity in NHS Scotland. Lanarkshire have reported 0 hospitals affected for this reporting period.

In the first report on 7/1/2008: 29 hospitals were affected and 47 wards closed. This Monday 16/01/2012 there was 3 hospitals with 5 wards affected.

Section- 8 Other HAI Related Activity

Infection Control Surveillance

NHS Lanarkshire is participating in the light protocol for SSI surveillance of mandatory categories for hip Arthroplasty and caesarean section procedures commenced 1st July 2011 in place of the usual methodology for the two quarters July to December 2011.

It is anticipated that from January 2012 NHSL will continue to carry our light surveillance for all procedures.

Confirmation is awaited from HPS on the formatting of the new reports for the denominator data.

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 September 2011 –30th September 2011 is shown in the table below.

Procedure	Total operations	Infections	SSI %	National SSI %
Hip Arthroplasty	31	0	0.00	
Repair of neck of femur	28	2 (1 Deep, MK, 1 Organ/space HM)	7.14	
Knee Arthroplasty	42	1 (Superficial HM)	2.38	
Caesarean Section	119	0	0.00	

- Enhanced surveillance is completed on all confirmed infections for any comparisons.

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 October 2011 – 31st October 2011 is shown in the table below.

Procedure	Total operations	Infections	SSI %	National SSI %
Hip Arthroplasty	34	0	0.00	
Repair of neck of femur	25	0	0.00	
Knee Arthroplasty	28	0	0.00	
Caesarean Section	119	4 (1 Deep, 3 Superficial)	3.36	

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 2011 – 30th November 2011 is shown in the table below.

Procedure	Total operations	Infections	SSI %	National SSI %
Hip Arthroplasty	42	0	0.00	
Repair of neck of femur	23	0	0.00	
Knee Arthroplasty	43	0	0.00	
Caesarean Section	130	3 (Superficial)	2.31	

Enhanced surveillance is completed on all confirmed infections for any comparisons.

The Nurse Consultant, Infection Control, Healthcare Improvement Scotland, has agreed to focus as part of her honorary contract within NHSL to support the work of the Infection Control Surveillance Nurses in relation to demonstrating quality improvement. A meeting has been arranged for the 24th January to scope potential work to be undertaken.

- Surveillance team continue to follow Enhanced Cdiff surveillance across Lanarkshire. Monthly reports are sent to all ADN's, Senior Nurses and Senior Charge Nurses and the findings discussed with Infection Control teams supporting processes for improvements.
- Monthly CS and Ortho SSI rates are sent to Clinical Quality for reports issued for the Maternity Dashboard and the Scottish Safety Programme which are now attended on a monthly basis.
- Collaborative working with Maternity, Theatres and Infection Control with regards to possible changes to caesarean section dressings and other potential quality improvements to enhance clinical outcomes.

Antimicrobial Prescribing

A report will be given on the above for the Board Meeting on 28th March 2011

NHS Lanarkshire

NHSL have seen a slight reduction in Staphylococcus Aureus Bacteraemias, whilst incidence of Clostridium Difficile has increased. All cases of Clostridium Difficile continue to be subject to enhanced surveillance. Hand hygiene remains static at 99% and cleaning remains static at 95%.

Hand Hygiene Monitoring Compliance (%)

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

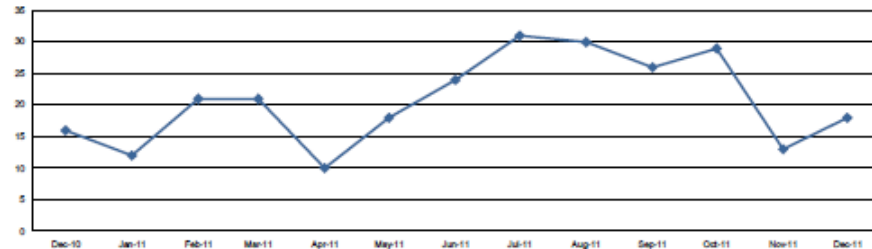
Cleaning Compliance (%)

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

Estates Monitoring Compliance (%)

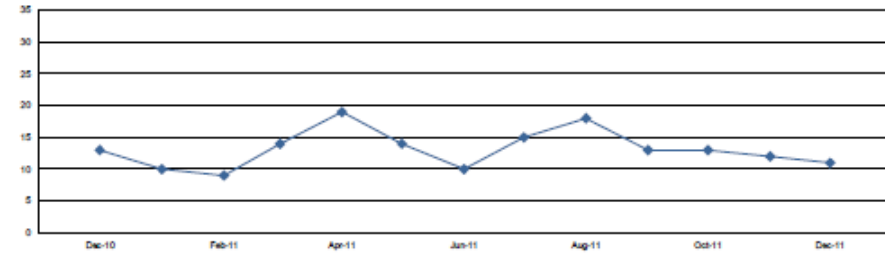
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
95	96	96	96	96	97	97

Clostridium difficile Infection Cases (ages 15 and over)



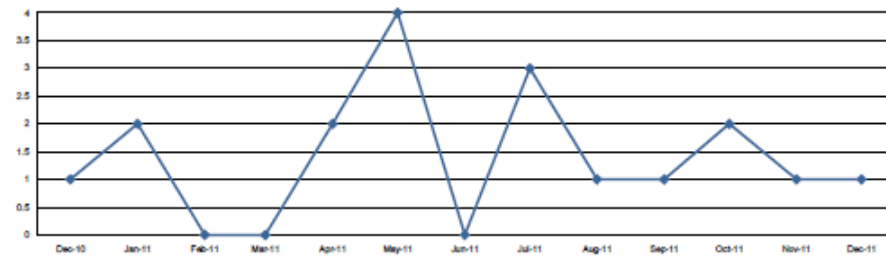
Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
16	12	21	21	10	18	24	31	30	26	29	13	18

Total Staphylococcus aureus Bacteraemia Cases (all ages)



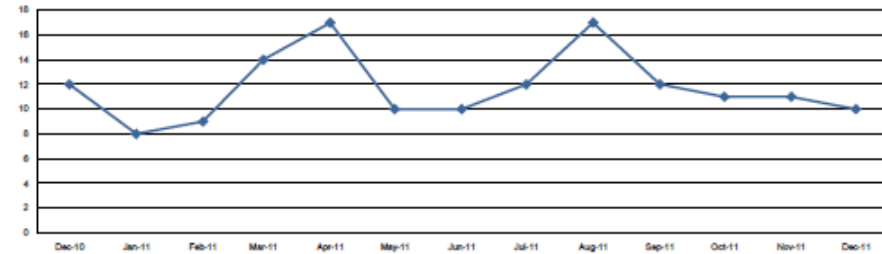
Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
13	10	9	14	19	14	10	15	18	13	13	12	11

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)



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

Hairmyres

Cases of Staphylococcus aureus bacteraemias have remained static since November 2011. Whilst Clostridium difficile has seen a slight reduction. Hand hygiene and cleaning compliance has remained static.

Hand Hygiene Monitoring Compliance (%)

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

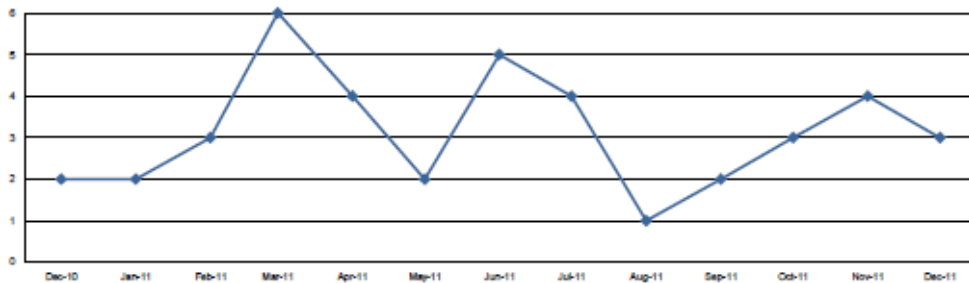
Cleaning Compliance (%)

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

Estates Monitoring Compliance (%)

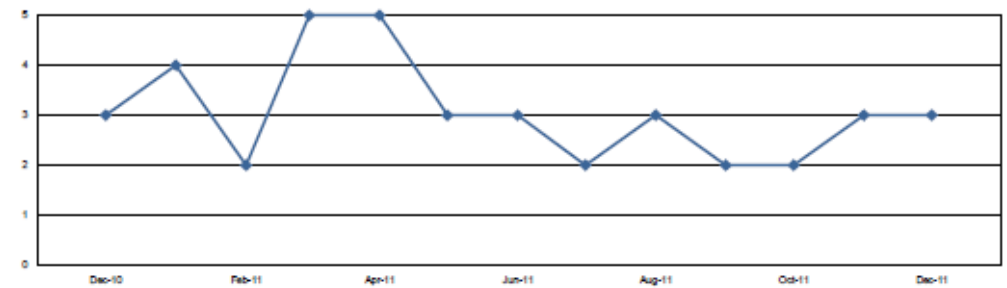
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
97	99	99	99	99	99	100

Clostridium difficile Infection Cases (ages 15 and over)



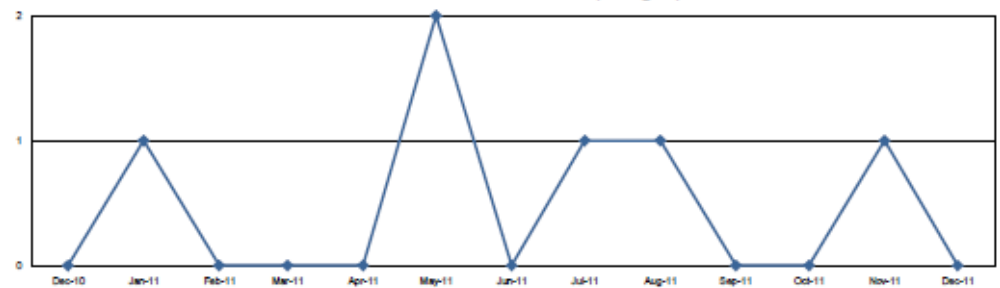
Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
2	2	3	6	4	2	5	4	1	2	3	4	3

Total Staphylococcus aureus Bacteraemia Cases (all ages)



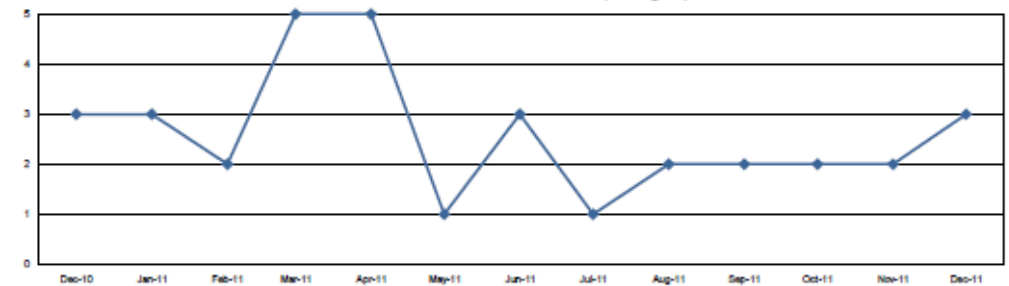
Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
3	4	2	5	5	3	3	2	3	2	2	3	3

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)



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

Wishaw

There has been a slight decrease Staphylococcus Aureus Bacteraemias and the lowest level of Meticilin Sensitive Staphylococcus Aureus Bacteraemias (0) since February 2011. All Staphylococcus Aureus Bacteraemias are subject to enhanced surveillance. Clostridium Difficile has increased slightly this reporting period. Hand hygiene has remained static and cleaning compliance dropped slightly by 1%.

Hand Hygiene Monitoring Compliance (%)

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

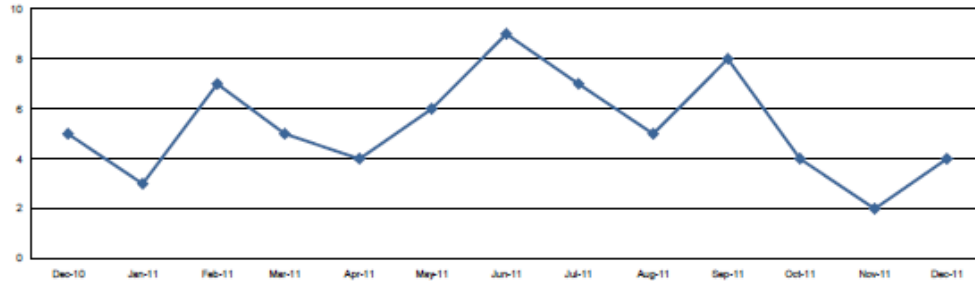
Cleaning Compliance (%)

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

Estates Monitoring Compliance (%)

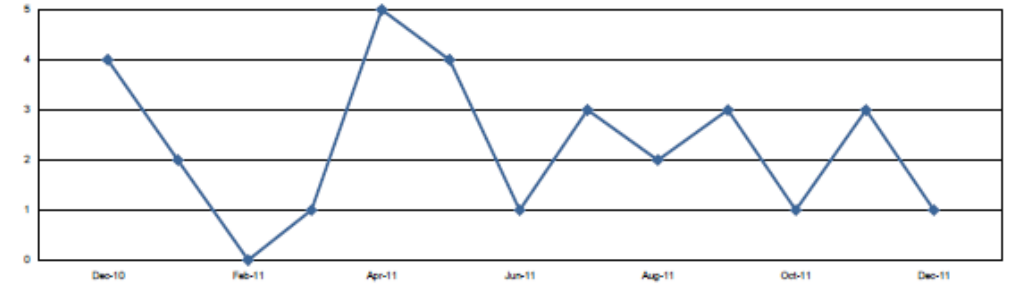
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
94	96	96	96	94	96	96

Clostridium difficile Infection Cases (ages 15 and over)



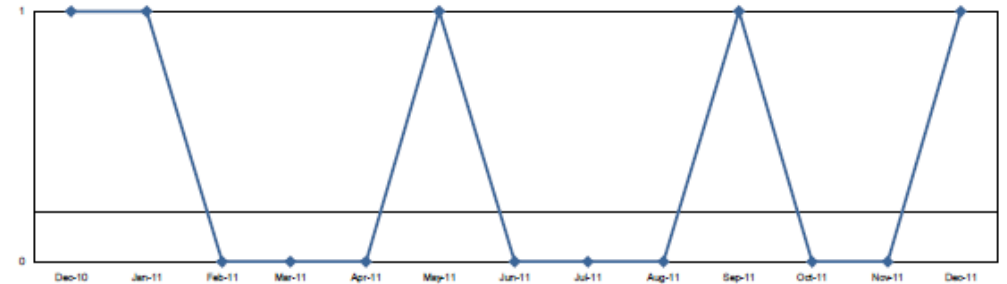
Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
5	3	7	5	4	6	9	7	5	8	4	2	4

Total Staphylococcus aureus Bacteraemia Cases (all ages)



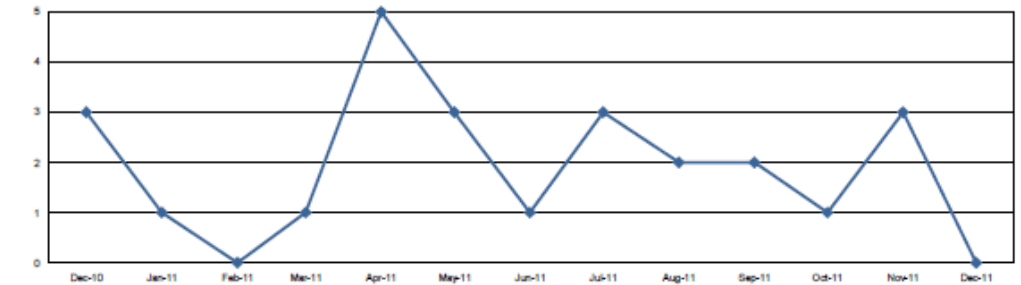
Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
4	2	0	1	5	4	1	3	2	3	1	3	1

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)



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

Monklands

Monklands has maintained reductions in both Meticilin Resistant Staphylococcus Aureus Bacteraemias and Meticilin Sensitive Staphylococcus Aureus Bacteraemias for November 2012 and December 2012. Cases of Clostridium Difficile have remained static since September 2011 and are all subject to enhanced surveillance. Hand hygiene has remained static at 99% and cleaning compliance has increased by 1%.

Hand Hygiene Monitoring Compliance (%)

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

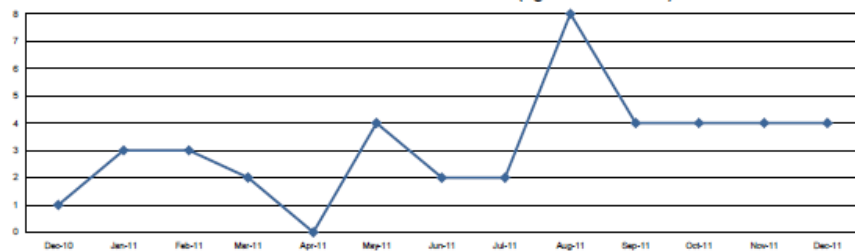
Cleaning Compliance (%)

Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
95	94	94	94	93	93	93	92	93	93	93	92	93

Estates Monitoring Compliance (%)

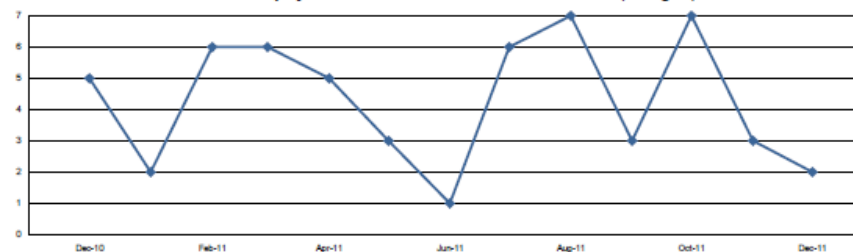
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
93	93	93	94	95	96	96

Clostridium difficile Infection Cases (ages 15 and over)



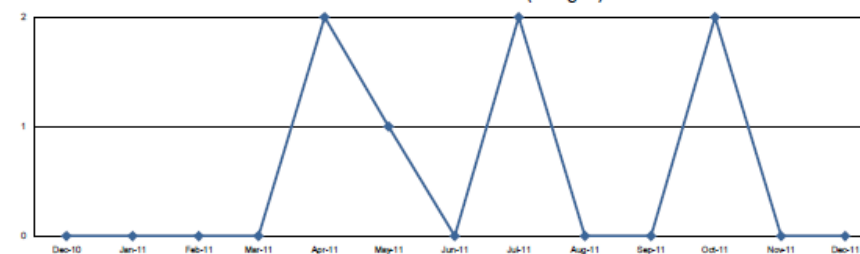
Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
1	3	3	2	0	4	2	2	8	4	4	4	4

Total Staphylococcus aureus Bacteraemia Cases (all ages)



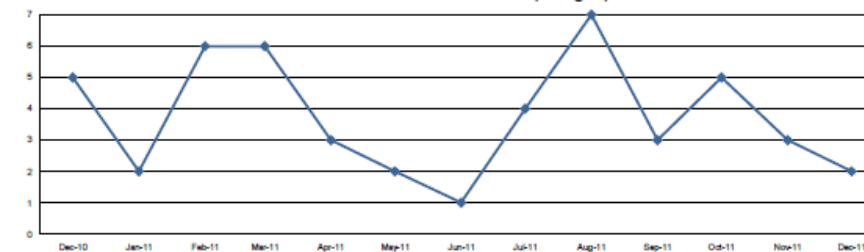
Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
5	2	6	6	5	3	1	6	7	3	7	3	2

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)

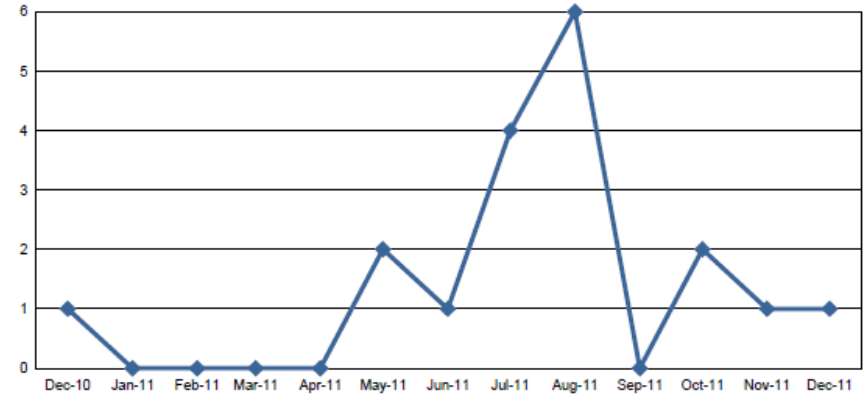


Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
5	2	6	6	3	2	1	4	7	3	5	3	2

Community Hospitals

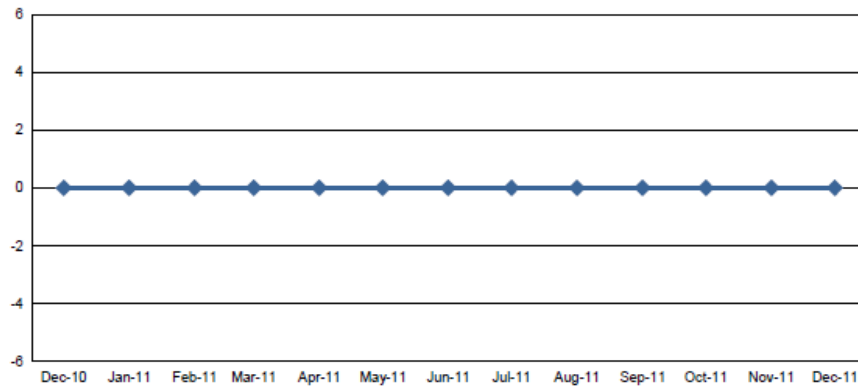
There has been 1 case of Clostridium Difficile reported within the Strathclyde Suite and was subject to enhanced surveillance. Meticilin Resistant Staphylococcus aureus Bacteraemias and Meticillin Sensitive Staphylococcus aureus Bacteraemias have remained at 0 since

Clostridium difficile Infection Cases (ages 15 and over)



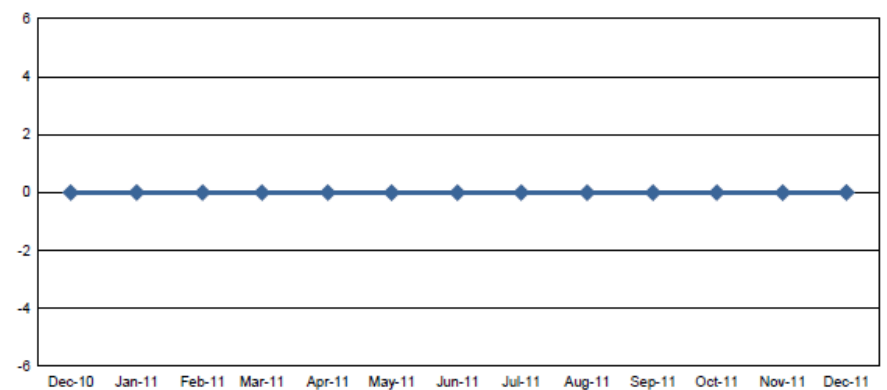
Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
1	0	0	0	0	2	1	4	6	0	2	1	1

MSSA Bacteraemia Cases



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

MRSA Bacteraemia Cases

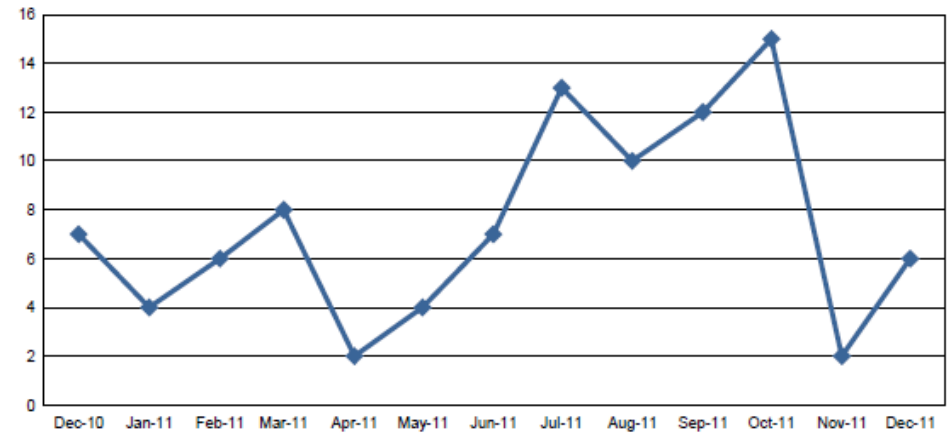


Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
0	0	0	0	0	0	0	0	0	0	0	0	0

Out of Hospital Infections

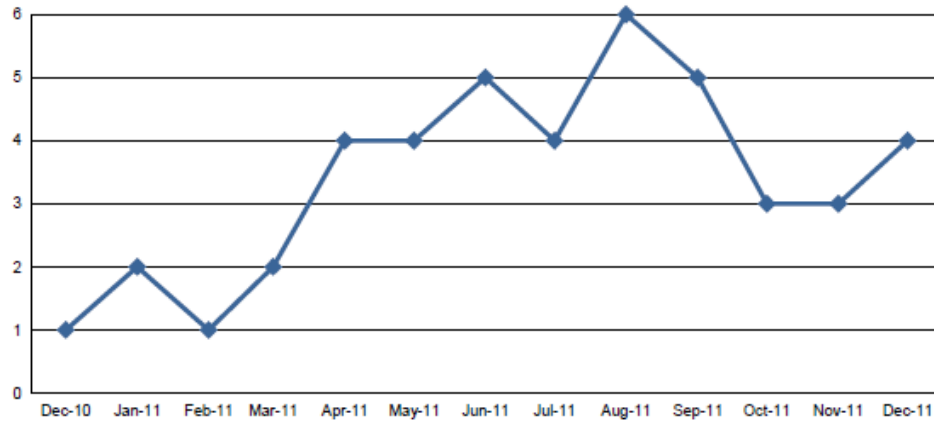
Enhanced surveillance has shown that 6 of the total Clostridium Difficile reported were attributed to arising out of hospital, a slight increase from November 2011. There has been a very slight increase in MSSA and each incidence has been subject to enhanced surveillance. There have been no cases of Meticillin Resistant Staphylococcus Bacteraemias reported out of hospital since December 2011.

Clostridium difficile Infection Cases (ages 15 and over)



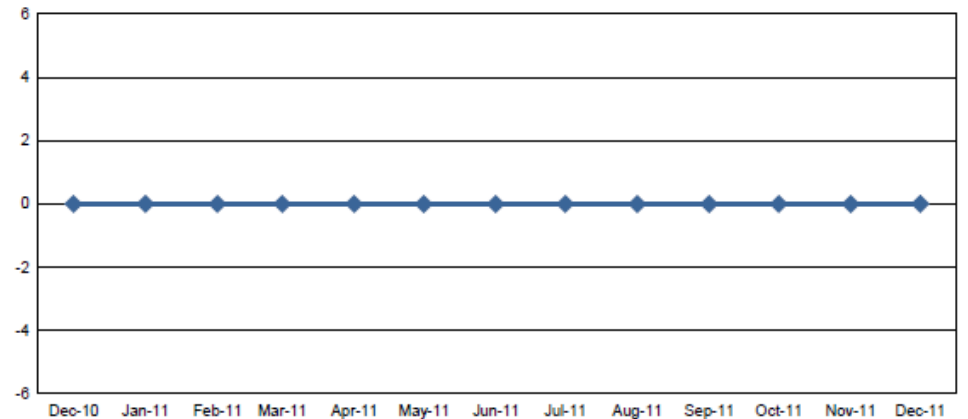
Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
7	4	6	8	2	4	7	13	10	12	15	2	6

MSSA Bacteraemia Cases



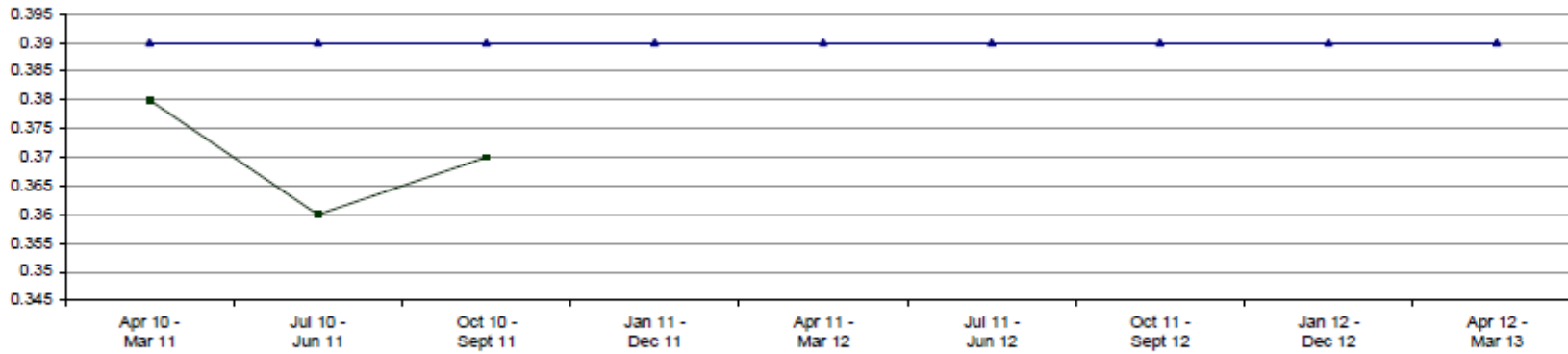
Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
1	2	1	2	4	4	5	4	6	5	3	3	4

MRSA Bacteraemia Cases



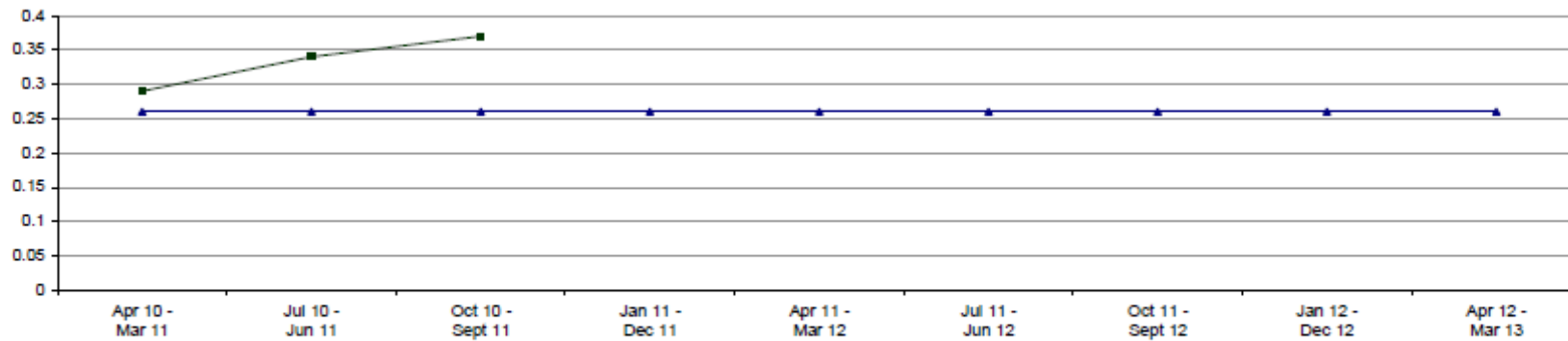
Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
0	0	0	0	0	0	0	0	0	0	0	0	0

Quarterly rolling year *Clostridium difficile* Infection Cases per 1000 total occupied bed days for HEAT Target Measurement



	Apr 10 - Mar 11	Jul 10 - Jun 11	Oct 10 - Sept 11	Jan 11 - Dec 11	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sept 12	Jan 12 - Dec 12	Apr 12 - Mar 13
Actual Performance	0.38	0.36	0.37	-	-	-	-	-	-
Target	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39

Quarterly rolling year *Staphylococcus aureus* Bacteraemia Rates per 1000 Acute Occupied Bed Days for HEAT Target Measurement



	Apr 10 - Mar 11	Jul 10 - Jun 11	Oct 10 - Sept 11	Jan 11 - Dec 11	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sept 12	Jan 12 - Dec 12	Apr 12 - Mar 13
Actual Performance	0.29	0.34	0.37	-	-	-	-	-	-
Target	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25

