

Meeting of
Lanarkshire NHS Board
18 August 2008

Lanarkshire NHS Board
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HEALTHCARE ASSOCIATED INFECTION: UPDATE REPORT

1. PURPOSE

The attached paper aims to provide an update on the organisation's position regarding Healthcare Associated Infection.

2. BACKGROUND

Current Management and Governance Arrangements

The review of the organisation's Healthcare Associated Infection service is well underway and is on track to be completed by 30 September 2008. As identified in previous reports this will ensure NHS Lanarkshire continues to have the capacity and capability to meet the significant and growing agenda in this area of practice.

Progress to date includes the review of governance arrangements. To this effect the new Lanarkshire Infection Control Committee (Appendix 1) has been scheduled for September 2008. It is anticipated that the Committee's sub structure will be quickly established thereafter.

Work is well advanced in relation to the review of the Infection Control Nursing workforce, departmental structure, connectivity with operational units and the public.

A report outlining the findings of the review is planned by the end of September 2008.

3. SUMMARY OF KEY ISSUES

Meet the Health Efficiency Access and Treatment target to achieve a 30% reduction in Staphylococcus aureus bacteraemias by 2010.

Current performance against a trajectory of 48.26 cases for the period January to March 2008 is 64 cases and therefore, 24.6% (15.74 cases) higher than predicted.

However, whilst the trajectory has not been achieved the rates remain within the acceptable control limits set nationally. It is important to note that the performance target does not account for normal or seasonal variations nor shows that the Lanarkshire rate remains stable.

A sub group to the Lanarkshire Infection Control Committee has recently been established, chaired by the Medical Director with Executive responsibility for Healthcare Associated Infection. The group aims to ensure that the Health Efficiency Access and Treatment target is achieved by 2010.

NHS Lanarkshire continues to implement a package of measures intended to reduce the level of Staphylococcus aureus bacteraemias in hospitals. These include:-

- Recruitment of 2wte Antimicrobial Pharmacists by October 2008. These posts will focus on the implementation and audit of practice in relation to the Scottish Management of Antibimicrobial Resistance Action Plan (ScotMARAP).
- Ongoing implementation of enhanced Staphylococcus aureus bacteraemia surveillance.
- Implementation of the Scottish Patient Safety Programme to include the Peripheral Vascular Catheters, Central Venous Catheters and Hand Hygiene care bundles.
- Implementation of the national hand hygiene programme.
- Identification and replication of best practice identified across NHS in Scotland where appropriate.
- Identification of clinical areas that may have higher levels of *Staphylococcus aureus* bacteraemia due to the nature of clinical interventions and fitness of the patients within their care with a view to maximising the effectiveness of infection control mechanisms wherever possible.
- Establishment of a local database to identify trends with a view to identifying potential causes and sources of bacteraemias. Whilst the database is at an early stage of development discussions are underway with the Associate Nurse Directors about the implementation of the Peripheral Vascular Catheter care bundles within medical wards.

The impact of these actions will be monitored as part of the wider annual infection control work programme and form the basis of the recently established sub group's role and remit.

Improve hand hygiene compliance amongst NHS staff by meeting the target of at least 90% compliance by November 2008.

NHS Lanarkshire has recently completed the quarterly national Hand Hygiene Audit. A report outlining national compliance will be published later this year. Early indications highlight that the organisation has achieved the above target.

It is essential that the robust action plan outlined in the previous report continues to be implemented to enable consistent performance to be achieved. In support of this 2wte Hand Hygiene Co-ordinators will be employed for a fixed term period of one year. The recruitment process is well underway with interviews pending.

Implement care bundles associated with the Scottish Patient Safety Programme and other care bundles as they are developed.

The Infection Control Service continues to work closely with the Patient Safety Programme Co-ordinator and Acute Division to support the implementation of the Hand Hygiene audit. Roll out to a further 8 wards has been agreed over the next 3 month period. This work forms a key component of the organisations approach to continuing compliance with the national Hand Hygiene target, prevention and control of infection and achievement of the Health Efficiency Access and Treatment target of a 30% reduction in Staphylococcus aureus bacteraemias by 2010.

Implement surveillance programmes relating to General Medicine, Care of the Elderly and other areas as they are developed.

Infection Control Surveillance is currently focused on the implementation of the revised Framework for National Surveillance of Healthcare Associated Infection in Scotland HDL (2006) 38. This document outlined the organisational requirements in relation to Orthopedic Surgical Site, Staphylococcus aureus bacteraemia, clostridium difficile and Caesarean Section Surveillance. As previously reported with the exception of Caesarean Section Surveillance up to 30 day post discharge the organisation was fully compliant

From 1 August 2008 Caesarean Section 30 day post discharge surveillance has now been implemented enabling the organisation to fully comply with the aforementioned HDL.

Prevention and Management of Clostridium Difficile

The Healthcare Associated Infection Executive Action Group continues to focus on the prevention and management of clostridium difficile across the organisation. To this effect an action plan has been established to ensure the consistent implementation of good practice, (Appendix 2). Progress to date includes:

- Development and implementation of the NHS Lanarkshire Antimicrobial Prescribing Policy.
- Development of a weekly reporting mechanism to raise awareness and profile of clostridium difficile.
- Compliance with the national hand hygiene target.
- Audit of signage within the Acute Hospitals.
- Development of a draft communications strategy.
- Development of a draft risk assessment.
- Development of an enhanced clostridium difficile surveillance tool. Appointment of 1wte Surveillance Nurse has been progressed to facilitate the pilot of the surveillance tool at Hairmyres Hospital. It is anticipated that the pilot will commence in October 2008.

The action plan outlined in Appendix 2 is currently being reviewed to ensure the recommendations outlined in the independent review report into the Vale of Leven Hospital are fully incorporated.

4. NATIONAL REPORTS

There have been two recent publications on the issue of healthcare acquired infection. These are the "Independent Review of Clostridium Difficile Associated Disease at the Vale of Leven Hospital" and "Report on Review of Clostridium Difficile Associated Disease Cases and Mortality in all Acute Hospitals in Scotland, Health Protection Scotland 2008".

Each of these reports includes a set of recommendations applicable to NHS Scotland. The Medical Director will present to the NHS Board our current position and action plan to deliver these recommendations.

5. CONCLUSIONS

Whilst good progress is being made significant work is required to ensure the organisation is fully compliant with the national Healthcare Associated Infection agenda over the next 3 years. The NHS Lanarkshire Board is therefore asked to:-

- Note the report.
- Receive a two monthly progress report.

- Receive a presentation on the two recent national reports and NHS Lanarkshire's progress towards the recommendations.

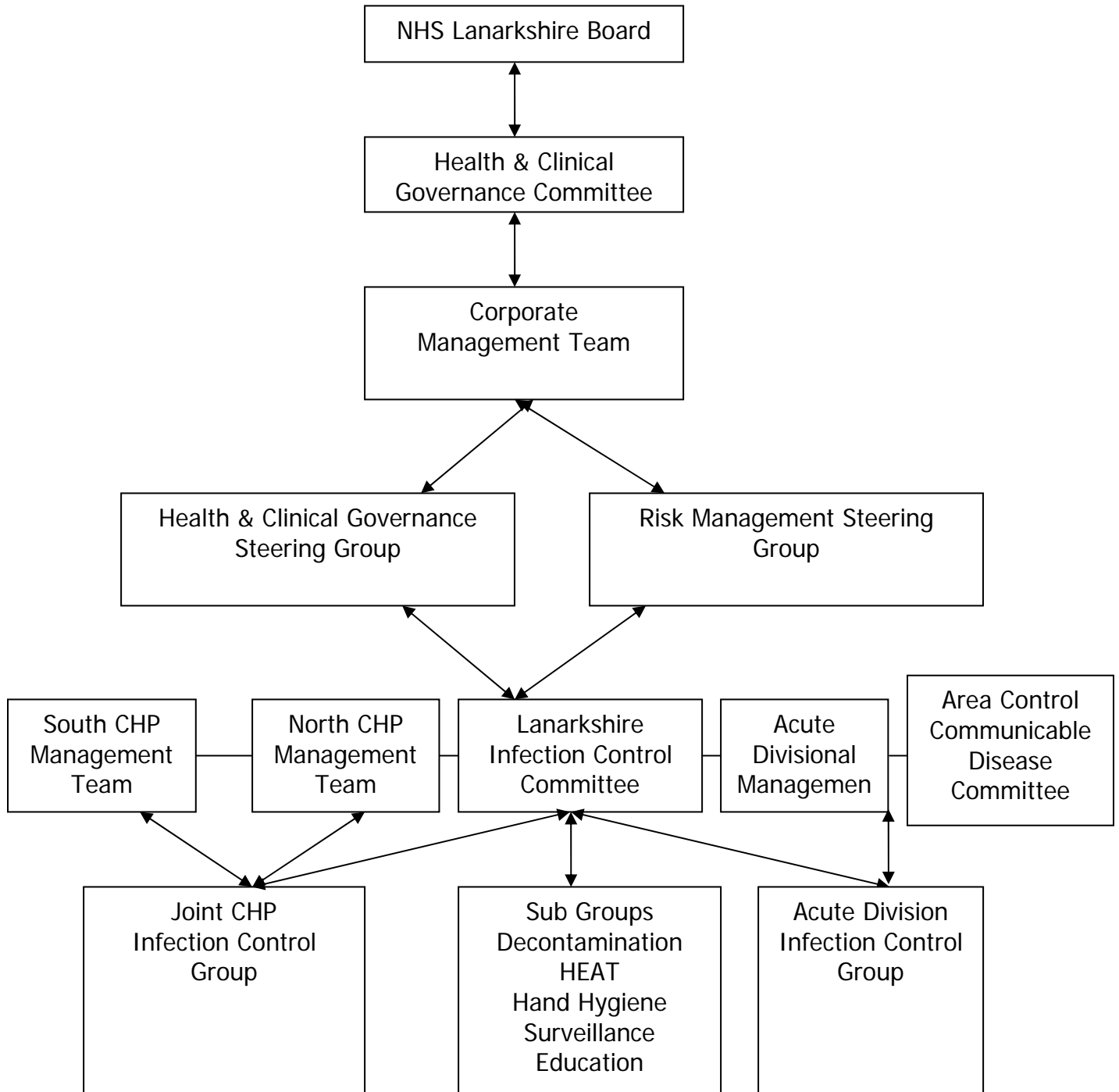
6. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact:
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21 August 2008

Appendix 1:

Proposed Healthcare Associated Infection Governance Structure



Appendix 2:

Action Plan: Clostridium Difficile

Issue	Action	Time Frame	Responsibility	Progress
<i>Data Collection & Analysis</i>				
Timeous availability of Core surveillance data from Laboratory Systems	Enable Laboratory data to be extracted & analysed to produce Monthly Surveillance Data Reports	14 July 08	Eric Carlyle	
Provision of Acute Hospital Surveillance report monthly to include:- <ul style="list-style-type: none"> • Clostridium difficile • Staphylococcus aureus bacteraemias 	Weekly reports to be provided to Corporate Management Teams, Divisional Management Team and Healthcare Associated Infection Team	18 August 08	Alison Graham	First draft monthly and weekly report produced. Further refinement required draft communication protocol developed.
Utilise data to improve practice	Support ward and Community Health Partnership staff to utilise data positively to bring about change	21 July 08 and Ongoing	Joan James Anne Armstrong Jan Clarkson	Issues relating to data collection and utilisation to be raised at Clinical Forums by Associate Directors of Nursing.

<p>Provision of Community Health Partnership and Continuing Care Surveillance report monthly to include:-</p> <ul style="list-style-type: none"> • Clostridium difficile • Staphylococcus aureus bacteraemias 	<p>Weekly reports to be provided to Corporate Management Teams, Community Health Partnership Management Teams and Healthcare Associated Infection Team</p>	<p>25 August 08</p>	<p>Alison Graham</p>	<p>This will be progressed on refinement of the Acute Hospitals monthly and weekly reports.</p>
<p>Timeous availability of data in relation to Clostridium difficile</p>	<p>Establish routine reporting of Clostridium difficile morbidity linked data</p>	<p>14 July 08 Weekly thereafter</p>	<p>Rosemary Lyness Joan James Anne Armstrong</p>	<ul style="list-style-type: none"> • Template for collection of data developed. • Letter to Divisional teams to raise awareness. • Letter to senior charge nurses/team leaders to advise process and rationale. • First tranch of data provided week commencing 14 July 2008.

Issue	Action	Time Frame	Responsibility	Progress
<i>Data Analysis Reporting And Utilisation</i>				
Availability of accurate data in relation to Clostridium difficile	Educate Junior Medical staff about the rationale for the appearance of Clostridium difficile as an underlying or contributory cause on Death Certificates	18 July 08	Barry Vallance	Letter sent to all medical staff.
National Clostridium difficile data collection tool / protocol	Implementation of national Clostridium difficile data tool/protocol	18 July 08	Alison Graham	Data requirements and analysis submitted timorously.
Provision of special cause reporting	Introduce explicit reporting of special cause variation	18 August 08	Eleanor Anderson	<p>In contact with Health Protection Scotland re applying statistical process control to our datasets- they are happy to help.</p> <p>Laura Donnelly has been in contact with Robert Hill and is in the process of applying tools provided.</p> <p>Meeting being arranged to discuss and support completion of this work.</p>

Improve surveillance	Test Clostridium difficile enhanced surveillance in Hairmyres Hospital	28 July 08	Jan Clarkson Pia Kirkpatrick	Enhanced surveillance tool developed Tool tested out in 9 wards in Hairmyres
Improve surveillance	Pilot Clostridium difficile enhanced surveillance in Hairmyres Hospital		Jan Clarkson Pia Kirkpatrick	Workload requirements to fully pilot in Hairmyres identified and funding approved. Recruitment process commenced.
Improve surveillance and identify non compliance to best practice	Fully implement Clostridium difficile enhanced surveillance across the organisation		Jan Clarkson Pia Kirkpatrick	Update to be provided on completion of the Hairmyres pilot.
Improve surveillance and identify non compliance to best practice	Roll out revised referral data collection and enhanced practice reporting	October 08	Jan Clarkson	
Ensure surveillance workforce capacity	Review manpower in support of surveillance	25 August 08	Anne Armstrong Jan Clarkson	Workforce planning process currently underway across all nursing functions of the specialist Infection Control Team to be completed by 30 September 08.

				Funding for 1wte I year fixed term post being actively recruited to enable implementation of advanced surveillance clostridium difficile.
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Issue	Action	Time Frame	Responsibility	Progress
<i>Healthcare Associated Infection Definitions</i>				
Agree Lanarkshire Baseline of Clostridium difficile for each area	Analyse retrospective data to determine baseline Clostridium difficile for each area	18 August 08	Tom Gillespie Deirdre Harris Jan Clarkson	This work will be completed following discussions re statistical process control previously outlined in this report.
Establish effective management of exceedance	Produce a protocol for dealing with exceedance	4 August 08	Eleanor Anderson	<p>When an exceedance occurs the NHS Lanarkshire HAI Outbreak plan should be followed (can be updated to incorporate this specific situation).</p> <p>An OCT will be held usually chaired by ICD and HAI nurse consultant present for advice etc- the Watt matrix level agreed and the communication chain required which is suitable for this level of outbreak.</p> <p>In Glasgow cause and effect charts are used for CDAD and MRSA – as a basis for the required interventions plus or minus any that the OCT agrees. Maybe Tom or Jan will want to lead on the detailed plan for this but I think this should be the general idea.</p>

				Draft protocol for dealing with exceedance developed.
Clarification of outbreak and cluster definitions	Written definition & explanation provided on surveillance reports	18 August 08	Tom Gillespie Deirdre Harris Jan Clarkson	This work will be completed following discussions re statistical process control previously outlined in this report.
	Clarify high level "outbreak" reporting and define the term outbreak in this context	18 August 08	Alison Graham	

Issue	Action	Time Frame	Responsibility	Progress
<i>Maximise Communication</i>				
Improve communication across the organisation in relation to Healthcare Associated Infection	Confirm single source of information Regarding media inquiries.	7 July 08	Alison Graham Anne Armstrong	All media inquiries to be signed off via Alison Graham and Anne Armstrong.
Improve communication across the organisation in relation to Healthcare Associated Infection	Healthcare Acquired Infection quarterly reports to be a standing agenda item on Divisional Management Teams & Community Health Partnership Management Team Meetings.	7 July 08	Rosemary Lyness Colin Sloey Alan Lawrie	Healthcare Associated Infection scheduled as a quarterly standing agenda item.
Improve communication across the organisation in relation to Healthcare Associated Infection	Quarterly Healthcare Associated Infection progress reports to be submitted to & presented to Divisional & Community Health Partnership Management Teams	August 2008	Deidre Harris Anne Armstrong	Healthcare Associated Infection report to NHS Lanarkshire Board also reported at Acute Division and Community Health Partnership Management Team meeting. Healthcare Associated Infection Presentations being scheduled in for each of the Community Health Partnership Management team meetings.

				Infection Control Manager providing report to the Acute Divisional Management Team meeting.
Improve communication across the organisation in relation to Healthcare Associated Infection	Healthcare Acquired Infection hotspots to be a standing item at Acute Clinical Board meetings	18 August 08	Jan Clarkson Barry Vallance	
Improve communication across the organisation in relation to Healthcare Associated Infection	Establish mechanism to capture details of Healthcare Acquired Infection hotspots	18 August 08	Jan Clarkson	

Issue	Action	Time Frame	Responsibility	Progress
<i>Maximise Communication</i>				
Improve communication across the organisation in relation to Healthcare Associated Infection	Review healthcare associated infection governance and operational communication structure	14 July 08	Alison Graham Anne Armstrong	Development event for LICC to review structure complete and report produced. Revised draft governance structure and terms of reference consulted and amended. First meeting of the new LICC being established September 2008.
Cross representation between the infection control committee and antimicrobial management team	Review healthcare associated infection governance and operational communication structure	14 July 08	Alison Graham Anne Armstrong	Representation from the Lanarkshire Antimicrobial Team on the Lanarkshire Infection Control Committee.
Improve communication across the organisation in relation to Healthcare Associated Infection	Develop communications strategy to increase awareness of effective infection control and prevention	14 July 08	Karen Hamilton Calvin Brown	Draft communications strategy developed.

Issue	Action	Time Frame	Responsibility	Progress
<i>Interventions</i>				
Implementation of Clostridium difficile and peripheral vascular catheter Care Bundle	Full implementation of Clostridium difficile and peripheral vascular catheter Care Bundles within Care of the Elderly and Medicine		Joan James Diane Campbell	Timelines to be identified and agreed.
Clostridium difficile Care Pathway	Further develop the Clostridium difficile Care Pathway and agree pilot areas	September 08	Jan Clarkson Pia Kirkpatrick	
Clostridium difficile Check List	Undertake a table top assessment of compliance against Health Protection Scotland's Clostridium difficile Check List	8 September 08	Anne Armstrong Jan Clarkson Joan James Deirdre Harris Christine Browning.	Meeting currently being arranged.
Appropriate use of Cetriaxone is intended to minimise	Develop criteria for appropriate use. Issue letter to clinicians	23 June 08	Tom Gillespie Barry Vallance	
Across NHSL the inappropriate use of Antibiotics	Develop an Antibiotic Prescribing Protocol for Lanarkshire drawing on the extant Glasgow Policy	21 July 08	Tom Gillespie	Draft antibiotic prescribing protocol developed. Implementation commences August 08.

Minimise inappropriate use of Antibiotics	Roll out the Lanarkshire Antibiotic Prescribing Protocol and confirm the explicit role of Pharmacy	26 August 08	Alison Graham	New NHS Lanarkshire Antibiotic Prescribing Protocol being launched and implemented in line with the new intake of junior medical staff August 2008.
Minimise inappropriate use of Antibiotics	Implementation of Scottish Management of Antibimicrobial Resistance Action Plan (ScotMARAP). over a 3 year period in line with Healthcare Associated Infection Task Force 2008 – 11	Commencing March 08	Stephanie Dundas	NHS Lanarkshire revised First Line Empirical Antibiotic Policy implemented August 2008. Revised IV to Oral Antibiotic Switch Policy implemented August 2008. Alert Antimicrobial Policy to be implemented in acute division in 2008. LAIG evolved to fulfil the role of an Antimicrobial Management Team for NHS Lanarkshire, with PA funding for a Lead Clinician and microbiologist. Stephanie Dundas to provide Alison Graham with job description.
Minimise inappropriate use of Antibiotics	Medical and nursing education in August and September to coincide with the implementation		Stephanie Dundas	Time line to be identified

	of the new policies.			
Minimise inappropriate use of Antibiotics	Revision of Primary Care Empirical Antibiotic policy with guidance to GP's in 2008.		Stephanie Dundas	Time line to be identified

Issue	Action	Time Frame	Responsibility	Progress
<i>Interventions</i>				
Minimise inappropriate use of Antibiotics	Recruit 2wte Antimicrobial Pharmacists to facilitate the implementation of ScotMARAP by audit and improving practice	14 October 08	Christine Gilmour Stephanie Dundas	Posts advertised and interviews scheduled.
Minimise inappropriate use of Antibiotics	Audit adherence to antibiotic policy and provide regular reports to the Antimicrobial Team, Lanarkshire Infection Control Committee Divisional and CHP management Teams, Clinical Governance and Risk Management Steering Group, Corporate Management team		Stephanie Dundas	Audit process will begin when antimicrobial pharmacists in post.
Improve hand hygiene compliance	Increase staff resource to support hand hygiene and environmental audit	18 August 08	Alison Graham Joan James	2wte Hand Hygiene Co-ordinators being recruited. Interview date set. Hand Hygiene audit currently being undertaken. 92% achieved at mid point.

Improve hand hygiene compliance	Implement self audit in all Wards	Ongoing	Joan James Carrie McCulloch	Process currently being rolled out to a further 8 Wards by October 2008.
Improve hand hygiene compliance	Complete national audit quarterly achieving at least 90% compliance with national audit tool	August 08 November 08	Jan Clarkson Carrie McCulloch	August audit underway commencing 4 th August for 2 weeks. To date 92% achieved at mid way point. November audit planned in partnership with Acute Division. Plan of action agreed.

Issue	Action	Time Frame	Responsibility	Progress
<i>Maximise profile and awareness of effective prevention and management of infection</i>				
Educate relatives and visitors about the crucial importance of hand hygiene.	Pilot nursing presence at Ward entrances to encourage visitors to wash their hands	14 July	Rosemary Lyness Joan James	Process underway.
Improve awareness of prevention and infection control	Audit signage within the 3 Acute Hospitals	4 August 08	Rosemary Lyness Joan James	Audit complete and report produced.
Improve awareness of prevention and infection control	Improve Healthcare Associated Infection signage within the Acute Division		David Browning	Timeline to be agreed
Improve awareness of prevention and infection control	Audit signage within the Community Health Partnerships	1 September 08	Anne Armstrong Christine Browning	Methodology utilised within the Acute Division will be implemented.
Improve awareness of prevention and infection control	Improve Healthcare Associated Infection signage within the Community Health Partnerships		David Browning	Timeline to be agreed
Improve awareness of prevention and infection control	Improve visibility of hand hygiene stations within all healthcare facilities		David Browning Jan Clarkson	New Alco gel products and signage being trailed within the Acute Division.

Issue	Action	Time Frame	Responsibility	Progress
<i>Flexible And Responsive Workforce</i>				
Ensure Infection Control Nursing workforce capacity	Review and produce workforce plan.	15 September 08	Anne Armstrong Jan Clarkson	Workforce planning process currently underway across all nursing functions of the specialist Infection Control Team to be completed by 30 September 2008.
Ensure Infection Control Nursing workforce flexibility	Align Infection Control Nurses to Wards and Community Services ensuring appropriate cover arrangements are in place	18 August 08	Deirdre Harris	<p>Named Infection Control Nurse per Hospital site, (6wte).</p> <p>2wt Infection Control Nurse covers all Community Services.</p> <p>Cover process to be reviewed.</p>
<i>Education</i>				
Provision of infection prevention and control education programmes	<p>Review Healthcare Associated Infection Control Education programme to include as a minimum:</p> <ul style="list-style-type: none"> • Hand hygiene • Isolation • Cleaning / decontamination procedures 	December 2008	Deirdre Harris Jan Clarkson	<p>Pan Lanarkshire Healthcare Associated Infection Group established to develop education strategy.</p> <p>University of the West of Scotland undertaking a critical review of current Healthcare Associated Infection training benchmarking against and recommending future requirements.</p>

<i>Risk Management</i>				
Effective risk management	Include Clostridium difficile related antibiotic Diarrhoea on NHS Board Risk Register	11 August 08	Deirdre Harris Carol McGhee	Draft risk assessment produced and circulated for comment.
<i>Clinical Equipment</i>				
Sufficient resources available to support effective prevention and management of Clostridium difficile supporting its subsequent reduction.	<ul style="list-style-type: none"> • Availability of single rooms • Commodes • Hand Hygiene Facilities • Decontamination equipment • Chlorine based solution 			Estates equipment reviewed.