

Meeting of
Lanarkshire NHS Board
24 September 2008

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HEALTHCARE ASSOCIATED INFECTION: UPDATE REPORT

1. PURPOSE

The 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. A full report on the review will be presented to the Board in November.

Progress to date includes the review of governance arrangements and the new Lanarkshire Infection Control Committee had its first meeting on the 12 September 2008. The Committee's sub structure is also being established and work to progress the HEAT targets and hospital / community structure established.

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

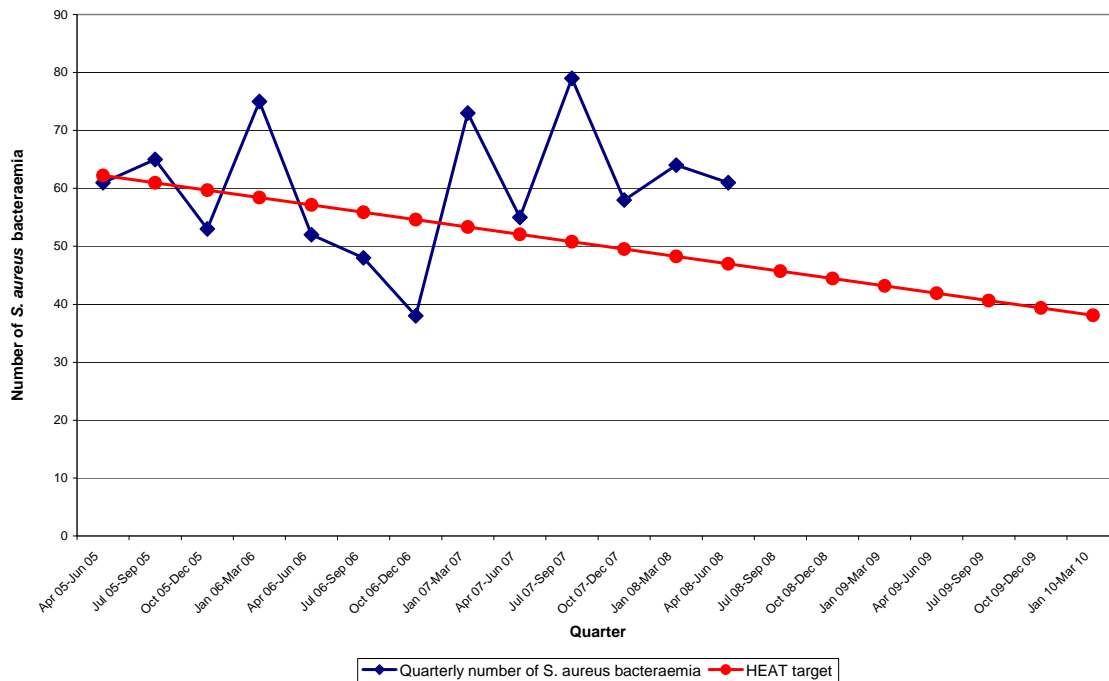
3. SUMMARY OF KEY ISSUES

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 April to June 2008 is 61 cases and therefore, 23% (13 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.



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.

February 2007

Nurses	Medics	AHP	Ancillary	Compliance
59%	40%	65%	50%	55%

August 2008

Nurses	Medics	AHP	Ancillary	Compliance
92%	83%	93%	91%	91%

Overall Improvement – 36%

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, and is used as a working document. Through this we have taken on board all the recommendations that have emerged from the recent Health Protection Scotland report, and the report from the Independent Review of the Vale of Leven (attached). Progress to date includes:

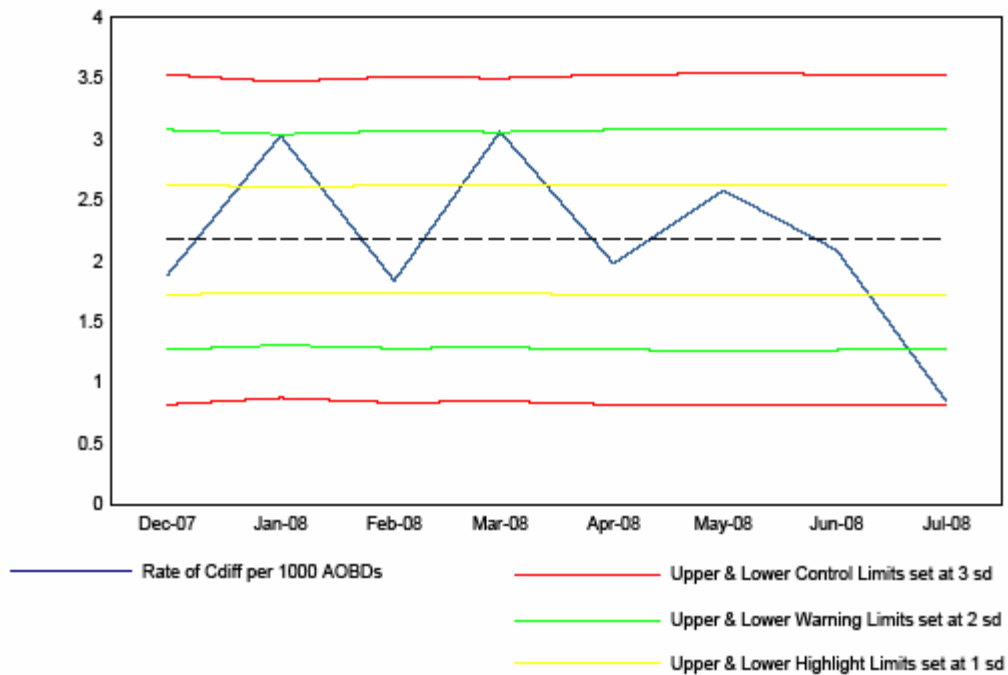
- Development and implementation of the NHS Lanarkshire Antimicrobial Prescribing Policy.
- Development of a weekly reporting mechanism to raise awareness and profile of clostridium difficile.
- Compliance with the national hand hygiene target.
- Audit of signage within the Acute Hospitals.
- Development of a communications strategy.
- Development of a 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.

Rules for detecting "within limit" signals

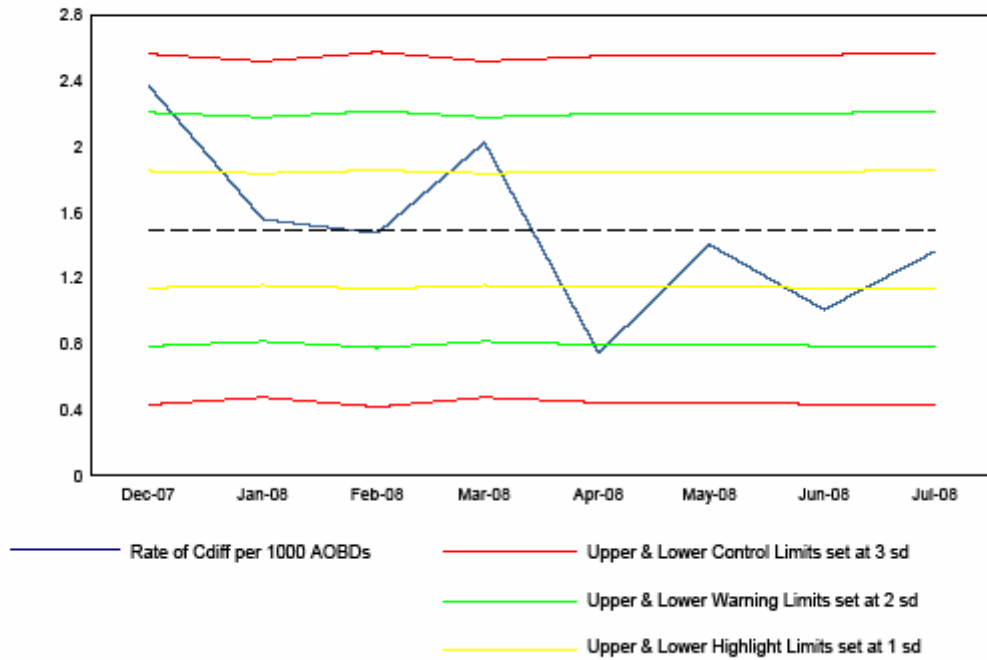
The following eight criteria should be used when interpreting the run-charts, to assess whether a statistically significant change or unnatural variation has occurred:

1. One value either above the upper control limit or below the lower control limit.
2. Eight consecutive values on the same side of the central line (or mean).
3. Any 12 of 14 consecutive values on the same side of the central line (or mean).
4. Three consecutive values in either the top third or bottom third of the expected range.
5. Five consecutive values in the top two-thirds or bottom two-thirds of the expected range.
6. Thirteen consecutive values in the middle thirds of the expected range.
7. Eight consecutive values either increasing or decreasing.

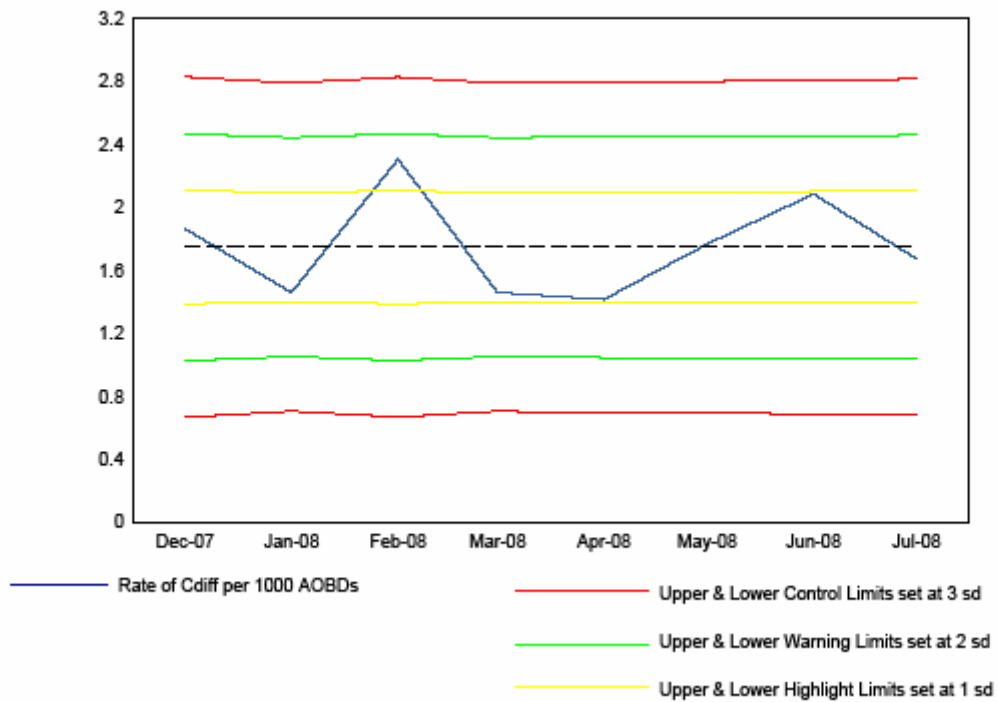
C. difficile Incidence rates per 1000 Acute Occupied Bed Days - HAIRMYRES HOSPITAL



C. difficile Incidence rates per 1000 Acute Occupied Bed Days - MONKLANDS HOSPITAL



C. difficile Incidence rates per 1000 Acute Occupied Bed Days - WISHAW GENERAL HOSPITAL



National Cleaning Services Compliance

This report provides data on compliance with the requirements set out in the NHS Scotland National Cleaning Services Specification for Apr-June 08. This is the local detail behind the information issued by Health Facilities Scotland in their National Cleaning Services Specification: Quarterly Compliance Report.

The report indicates the status of each site/acute area using a traffic light system of Red (compliance below 70%), Amber (compliance between 70% and 90%), and Green (compliance above 90%). Sites/acute areas which receive an Amber or Red compliance rating must develop an action plan to address the issues identified through the monitoring process.

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 presented to the NHS Board in August, 2008 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.

6. FURTHER INFORMATION

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