

SUBJECT: HAI UPDATE

PURPOSE

This report provides a monthly update of performance in relation to health care associated infection using the national reporting template. Key issues covered include:-

- Performance against Health Efficiency Access Targets
- Infection prevalence rates
- Cleanliness of clinical facilities
- Progress against national *Clostridium Difficile* action plan
- Progress against key issues within the HAI Task Force 3 year delivery plan
- Surgical Site Infection Surveillance
- Antimicrobial prescribing
- MRSA National Screening Programme
- Healthcare Environment Inspection

1. STAPHYLOCOCCUS AUREUS BACTERAEMIAS (SAB)

1.1 Short/Medium/Long Term Trends in SAB, plus Meticillin Resistant Staphylococcus Aureus (MRSA), MSSA Bacteraemias

Tables 1 and 2 shows the trend and that the clinical areas with relatively high numbers of *Staphylococcus aureus* bacteraemias continue to be General Medicine, Accident and Emergency, General Surgery and Renal.

Infection prevention strategies are being implemented to target these areas.

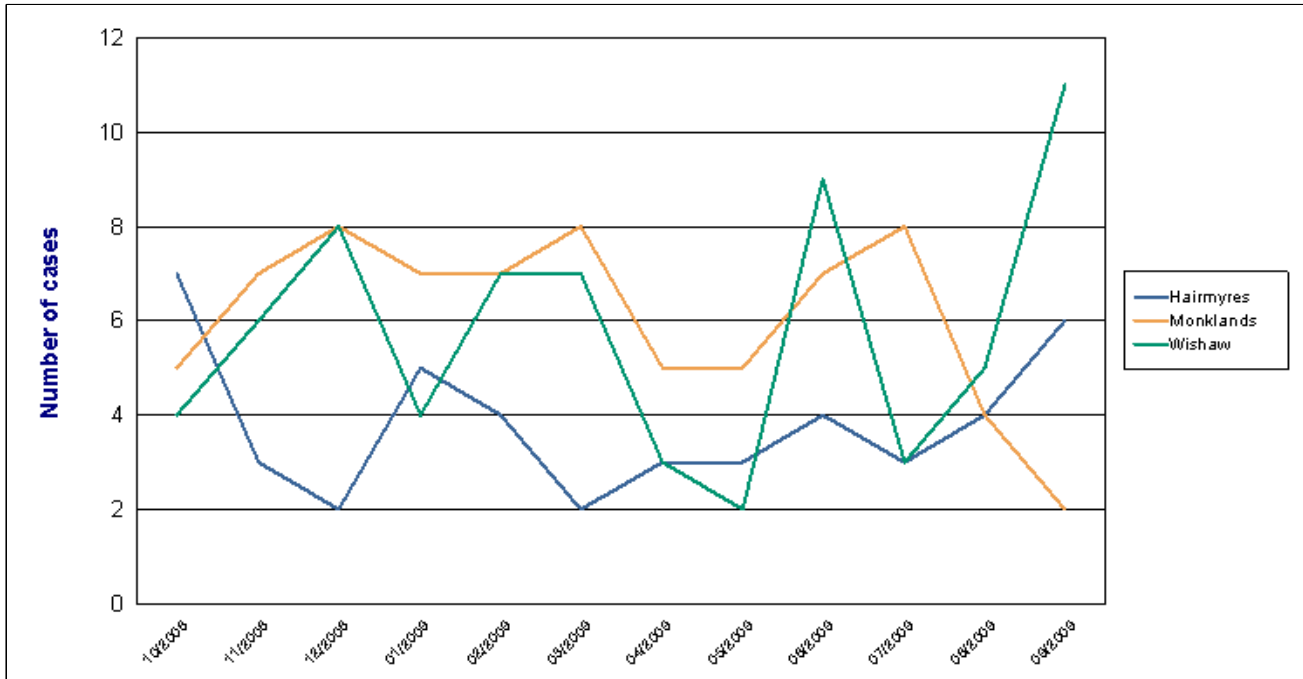
It is expected however that there will be fluctuation and there has been a reduction since the last reporting period in General Surgery The infection control team continue to investigate cases highlighted and recent development of the enhanced surveillance data base will produce results that can be attributed to improvement methodology related to clinical practice issues.

Table 1: Staphylococcus Aureus Bacteraemias by month and acute hospital

Staph. aureus

Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)

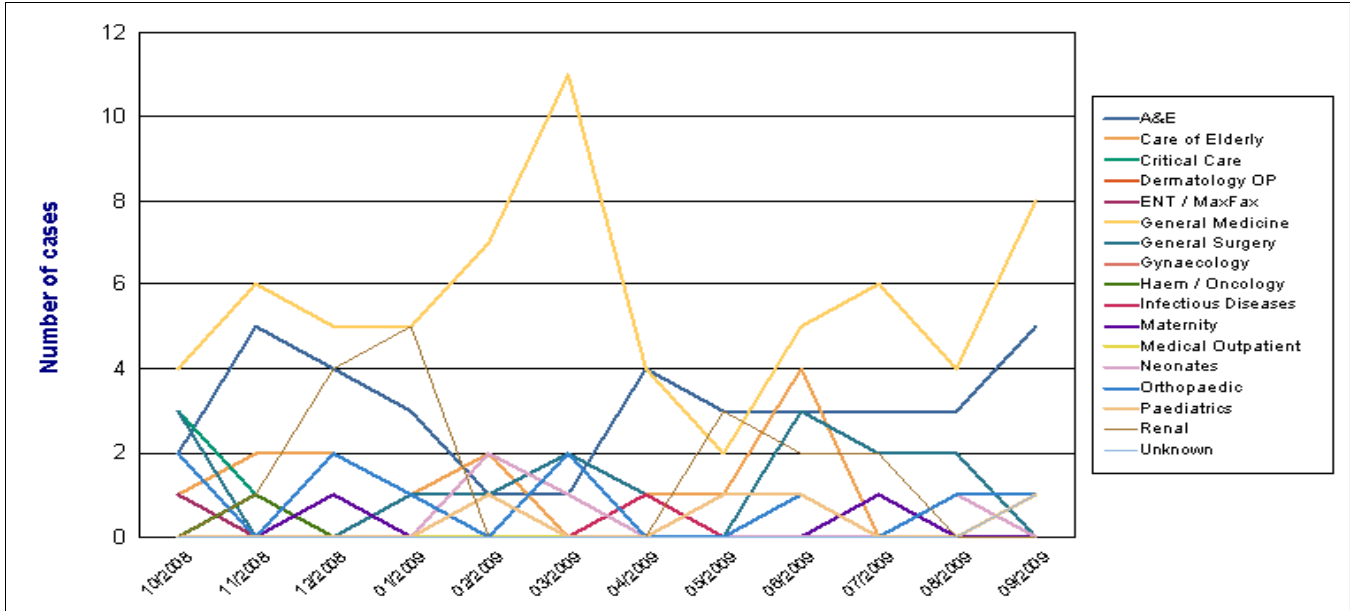
Date range: 01/10/2008 - 30/09/2009



	Hairmyres	Monklands	Wishaw	Totals
10/2008	7	5	4	16
11/2008	3	7	6	16
12/2008	2	8	8	18
01/2009	5	7	4	16
02/2009	4	7	7	18
03/2009	2	8	7	17
04/2009	3	4	3	10
05/2009	3	5	2	10
06/2009	4	7	9	20
07/2009	3	8	4	15
08/2009	4	4	5	13
09/2009	6	2	11	19
Totals	46	73	69	188

Table 2: *Staphylococcus aureus* bacteraemias (SAB) Numbers Showing Acute Specialties

Date range: 01/10/2008 - 30/09/2009



	A&E	Care of Elderly	Critical Care	Dermatology OP	ENT / MaxFax	General Medicine	General Surgery	Gynaecology	Haem / Oncology	Infectious Diseases	Maternity	Medical Outpatient	Neonates	Orthopaedic	Paediatrics	Renal	Unknown	Totals
Oct-08	2	1	3	0	1	4	3	0	0	0	0	0	0	2	0	0	0	16
Nov-08	5	2	1	0	0	6	0	0	1	0	0	0	0	0	0	1	0	16
Dec-08	4	2	0	0	0	5	0	0	0	0	1	0	0	2	0	4	0	18
Jan-09	3	1	0	0	0	5	1	0	0	0	0	0	0	1	0	5	0	16
Feb-09	1	2	1	1	0	7	1	0	1	1	0	0	2	0	1	0	0	18
Mar-09	1	0	0	0	0	11	2	0	0	0	0	0	1	2	0	0	0	17
Apr-09	4	1	0	0	0	3	1	0	0	1	0	0	0	0	0	0	0	10
May-09	3	1	0	0	0	2	0	0	0	0	0	0	0	0	1	3	0	10
Jun-09	3	4	1	0	0	5	3	0	0	0	0	0	0	1	1	2	0	20
Jul-09	3	0	0	0	0	7	2	0	0	0	1	0	0	0	0	2	0	15
Aug-09	3	1	0	0	0	4	2	1	0	0	0	0	1	1	0	0	0	13
Sep-09	5	1	1	0	0	8	0	0	0	0	0	1	0	1	1	0	1	19
Totals	33	16	7	1	1	66	16	1	3	3	2	1	4	10	3	18	1	188

1.2 Current Health Efficiency Access Treatment Targets (HEAT) Status and National Context

To reduce all *Staphylococcus aureus* bacteraemia (including MRSA) by 30% by 2010; to introduce and comply with local antimicrobial policies by 2010;

The National Quarterly report was published on 07th October 2009. NHS Lanarkshire had a SAB rate of 03.78/1000 AOBs made up of 0.109 MRSA bacteraemias/1000 AOBs. This compares to 0.407 SABs/1000 AOBs for NHS Scotland, Made up of 0.111 MRSA bacteraemias/1000 AOBs and 0.296 MSSA bacteraemias/1000 AOBs. 190 SABS were reported in NHS Lanarkshire in the 12 months up to the end of June 2009, compared with 252 in the 12 months up to the end of June 2008.

1.3 Current and New Initiatives to Reduce *Staphylococcus aureus* bacteraemia Cases

The measures and systems currently in place or under development includes:

- Identification and targeting of priority areas for intervention continues
- Continuous roll out of PVC bundles in association with SAB/ Cdiff rates via the patient safety ward work stream.
- Roll out of hand hygiene audit tool in acute sites is nearing completion.
- Look back exercise of all SAB cases from A&E and ERU within NHSL since January 2009 is complete and the report of the findings to be considered by the SAB compliance group. Look back of all newly identified cases continues
- SAB awareness training at the induction session for all new FY1 medical staff will continue
- Trial of PVC sterile packs in ECU and A&E at Wishaw General Hospital commenced on 15th October and early indication shows that it has been well received
- Revised policy for the management of renal lines requires further development but will be implemented soon.
- PVC patient information leaflets have now been printed and will be launched in all acute sites as part of infection control week
- A pilot of a checklist to monitor compliance with peripheral venous cannulae insertion has been devised and there is now an implementation plan underway at Monklands hospital
- Following the August meeting of NHS QIS and NHSL SAB compliance group a continuous improvement action plan has been developed and NHS QIS will be returning in October to further review and support NHSL with the actions identified utilising improvement methodology

1.4 Pan-Board, Hospital Or Specialty Specific Problems Identified

There has been a higher than normal number of reported SABs at Wishaw general this month. The Infection control team continue to monitor trend analysis and continue a targeted approach in those areas identified.

1.4.1 **Actions Required**

- Continued Local review of data and practice via the SAB Compliance group
- Action plan based on NHS QIS guidance for implementation
- Evaluation of sterile PVC pack trial at Wishaw General Hospital
- Launch of PVC patient information leaflet.
- Roll out of Chloraprep (2% Chlorhexidine and Isopropyl alcohol) for decontaminating skin prior to inserting lines.

2. **CLOSTRIDIUM DIFFICILE INFECTION (CDI)**

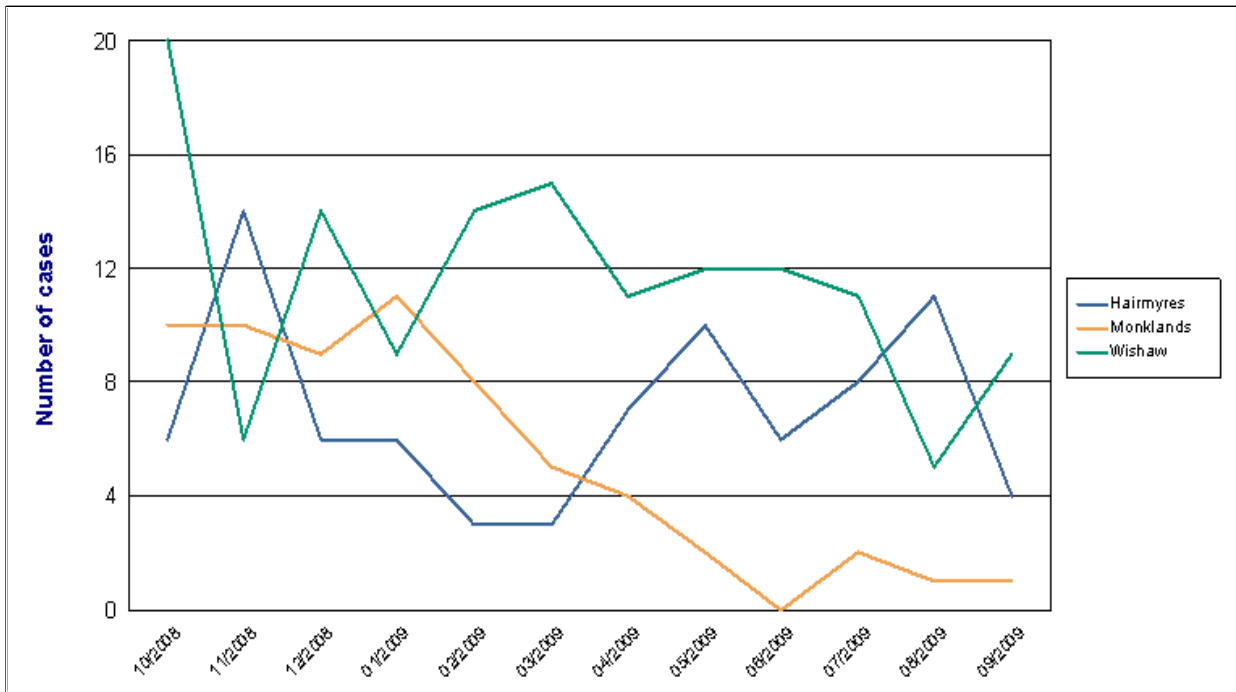
2.1 **Short/Medium/Long Term Trends in CDI – Number/Graphical Presentation.**

Cases of *Clostridium difficile* Infection in all 3 District General Hospitals is as outlined in Table 3 and *Clostridium difficile* Infection rates per Acute Specialities is outlined in Table 4 with General Medicine, Care Of the Elderly and General Surgery continuing to show the most cases which continues in line with national findings.

Whilst both Hairmyres and Monklands Hospitals have shown a reduction in their CDI levels for this reporting period, there is an increase at Wishaw Hospital which is still a natural variation and within the control limits

Community hospitals as outlined in table 5 continue to maintain a reduction with 1 episode for the reporting period of September at Udston Hospital.

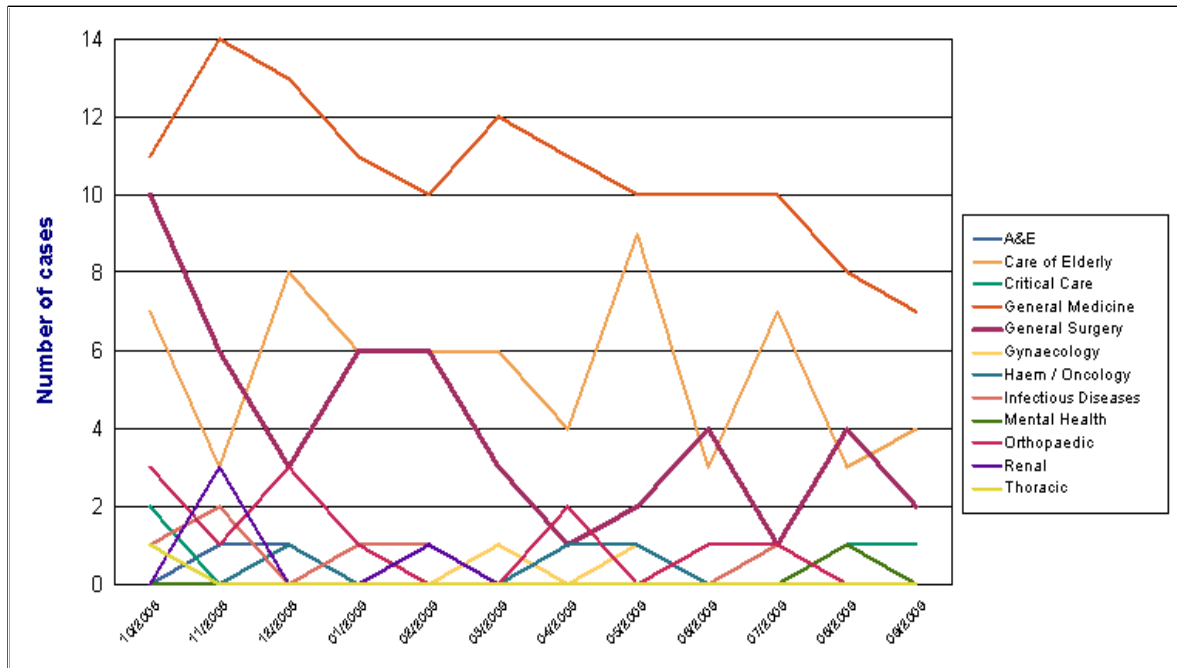
TABLE 3: C Difficile Cases by Month and Acute Hospital
Date range: 01/10/2008 - 30/09/2009



	Hairmyres	Monklands	Wishaw	Totals
10/2008	6	10	20	36
11/2008	14	10	6	30
12/2008	6	9	14	29
01/2009	6	11	8	25
02/2009	3	8	14	25
03/2009	3	5	14	22
04/2009	8	4	11	23
05/2009	10	2	13	25
06/2009	6	0	12	18
07/2009	8	2	11	21
08/2009	11	1	5	17
09/2009	4	1	9	14
Totals	84	63	138	285

Table 4: *Clostridium difficile* Infection Rates per Acute Specialities

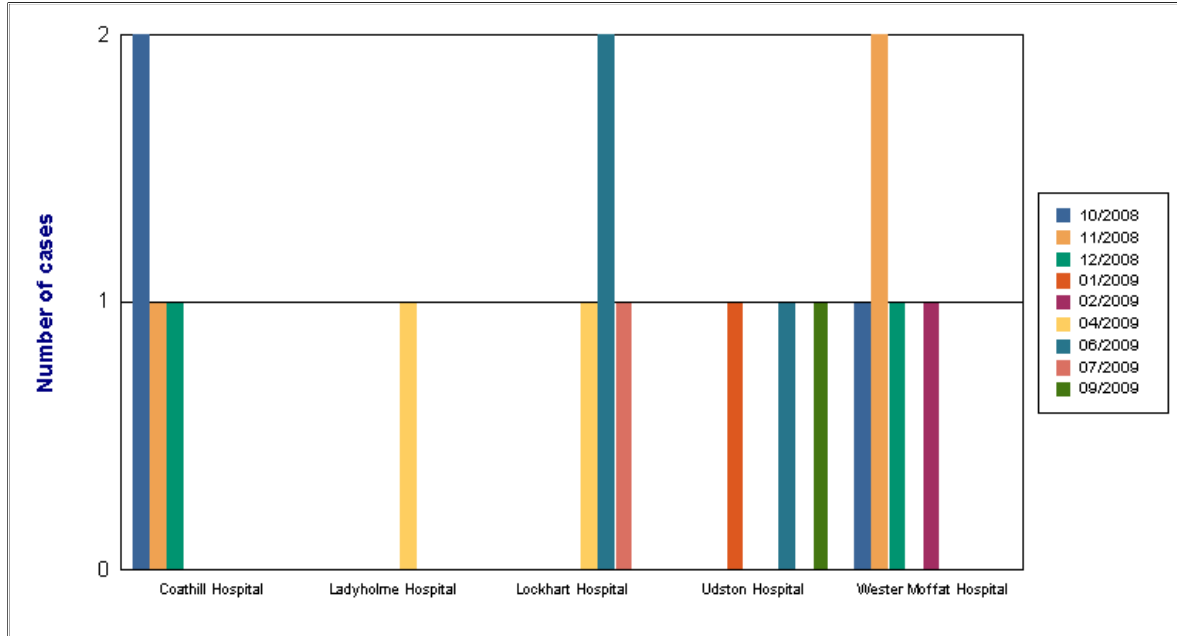
Date range: 01/10/2008 - 30/09/2009



	A&E	Care of Elderly	Critical Care	General Medicine	General Surgery	Gynaecology	Haem / Oncology	Infectious Diseases	Mental Health	Orthopaedic	Renal	Thoracic	Totals
10/2008	0	7	2	11	10	0	1	1	0	3	0	1	36
11/2008	1	3	0	14	6	0	0	2	0	1	3	0	30
12/2008	1	8	0	13	3	0	1	0	0	3	0	0	29
01/2009	0	6	0	11	6	0	0	1	0	1	0	0	25
02/2009	1	6	0	10	6	0	0	1	0	0	1	0	25
03/2009	0	6	0	12	3	1	0	0	0	0	0	0	22
04/2009	1	4	2	11	1	0	1	0	0	2	0	0	22
05/2009	1	9	0	10	2	1	1	0	0	0	0	0	24
06/2009	0	3	0	10	4	0	0	0	0	1	0	0	18
07/2009	1	7	0	10	1	0	0	1	0	1	0	0	21
08/2009	0	3	1	8	4	0	0	0	1	0	0	0	17
09/2009	0	4	1	7	2	0	0	0	0	0	0	0	14
Totals	6	66	6	127	48	2	4	6	1	12	4	1	283

Table 5: *Clostridium Difficile* Infection Rates per Community Hospital.

Date range: 01/10/2008 - 30/09//2009



	Coathill Hospital	Ladyholme Hospital	Lockhart Hospital	Roadmeetings Hospital	Stonehouse Hospital	Udston Hospital	Wester Moffat Hospital	Totals
10/2008	2	0	0	0	0	0	1	3
11/2008	1	0	0	0	0	0	2	3
12/2008	1	0	0	0	0	0	1	2
01/2009	0	0	0	0	0	1	0	1
02/2009	0	0	0	0	0	0	1	1
03/2009	0	0	0	0	0	0	0	0
04/2009	0	1	1	0	0	0	0	2
06/2009	0	0	2	0	0	1	0	3
07/2009	0	0	1	0	0	0	0	1
08/2009	0	0	0	0	0	0	0	0
09/2009	0	0	0	0	0	1	0	1
Totals	4	1	4	0	0	3	5	17

2.2 Current HEAT Status And National Context

To reduce rate of *Clostridium difficile* infection in over 65 years old by at least 30% by 2011 (Target rate 1.00/1000 AOBDS > 65 years old).

The National Quarterly report was published on the 07th October 2009. The rate of CDI in over 65 years old was 0.64/1000 AOBDS. This compares with a rate of 0.65 in the previous quarter and an annual rate of 1.62 cases/1000 AOBDS > 65 years old in the year up to September 2008. NHS Scotland has an overall rate of 0.78 cases/1000 AOBDS > 65 years old in the most recent quarter.

2.2.1 Pan-Board, Hospital or Specialty Specific Problems Identified

No specific problems identified. The enhanced surveillance nurse continues to work in partnership with the ICN's, antimicrobial pharmacist and ward staff to review all cases identified.

2.3 Current and New Initiatives To Reduce Cases

- Ongoing Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP)
- Development of Enhanced surveillance of *Clostridium difficile* to Primary Care Hospitals ongoing
- Continued promotion delivery of the NHSL self directed *Clostridium difficile* learning unit with a total of 945 members of staff having undertaken this across all sites
- *Clostridium difficile* care plan fully implemented on all sites
- Implementation of the *Clostridium difficile* national trigger and severe cases tools
- *Clostridium difficile* starter packs, containing essential documentation have been implemented in Hairmyres Hospital and following evaluation are to be rolled out to the other acute sites

2.4 Pan-Board, Hospital Or Specialty Specific Problems Identified

No specialty problems identified at present.

2.4.1 Actions Required

- Continued weekly and monthly monitoring reports identifying trends and areas of high risk.
- On going Monitoring of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies.

- Launch phase 2 of Hand Hygiene Zero Tolerance policy for visitors
- Evaluation of *Clostridium difficile* national trigger and severe cases tools
- Evaluation of *Clostridium difficile* starter pack

2.5 Norovirus

A national report identifies the prevalence of Norovirus on a weekly basis in Scotland. It includes the number of Wards closed with confirmed or presumed Norovirus Infection for the period June 2008 to 12th October 2009 as outlined in the table below.

Table 6: Hospitals with Wards Closed Due To Norovirus across NHS Scotland 12th October 2009

Date 12/10/09	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	3	5	65	19
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	1	1	10	0
	NHS Fife	0	0	0	0
	NHS Forth Valley	0	0	0	0
	NHS Greater Glasgow & Clyde	2	3	28	18
	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	0	0	0	0
	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	6	9	103	35

Currently 3 NHS Boards is reporting Noro virus activity in NHS Scotland. Lanarkshire have reported no ward closures or norovirus activity in this reporting period.

In the first report on 7/1/2008: 29 hospitals were affected and 47 wards closed; this has fallen to 6 hospitals with 9 wards affected.

3. HAND HYGIENE (HH) PROGRAMME

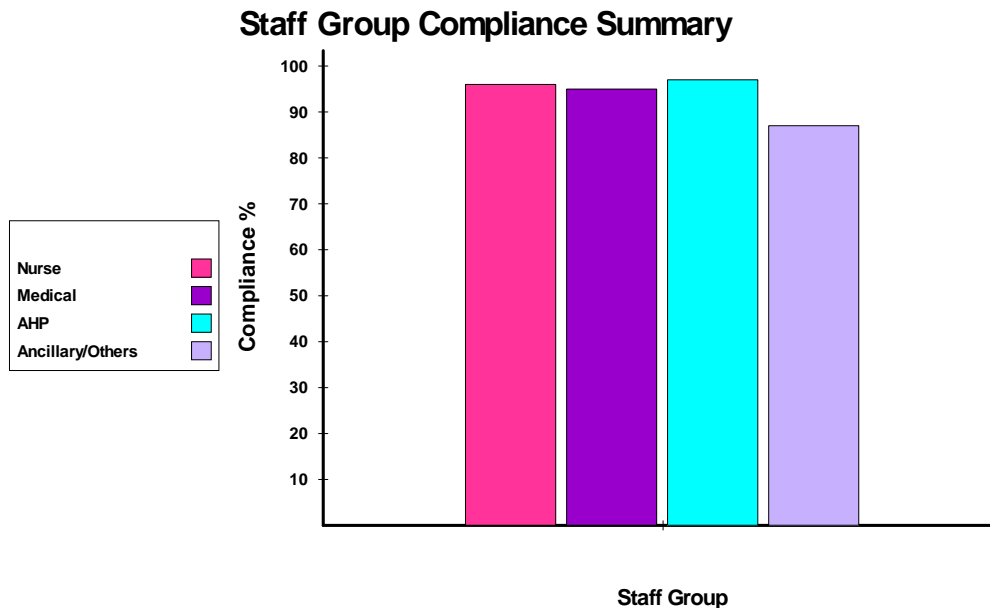
3.1 NHS Lanarkshire Trends In Compliance National Context

The next national report will be in the December Board report

Table 7: Staff Group Compliance Summary September/ October 2009

Audit results for NHSL, which includes all clinical settings and reviews compliance scores from opportunities observed by staff groups for the reporting period 21/09/2009 to 02/10/2009 were as follows;

Nursing Staff: 96% of 191 opportunities observed)
Medical Staff 95% of 44 opportunities observed)
Allied Health Professionals: 97% of 34 opportunities observed)
Ancillary/Others: 87% of 31 opportunities observed)

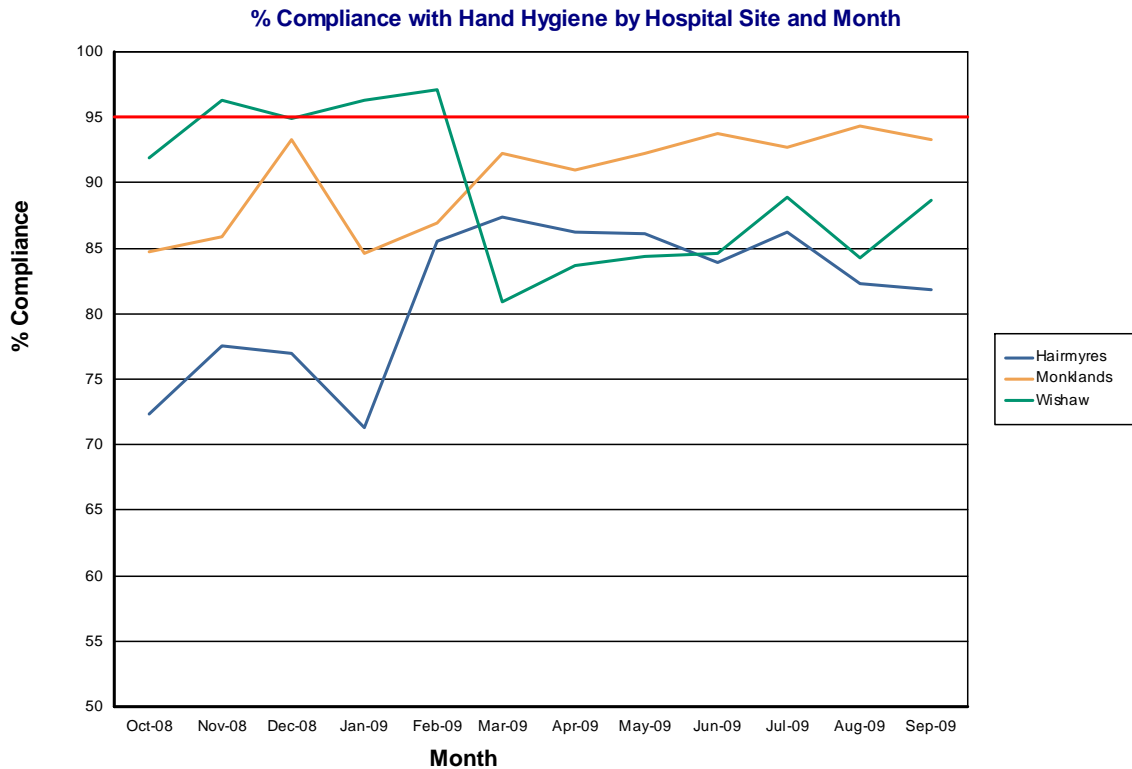


NHS Lanarkshire obtained 93.75% in the recent bi-monthly national audit undertaken for September which is an increase of 3.75% from the previous nationally reported figure. Sustainability and improvement of compliance remains the challenge. The September /October audit figures will be published as part of the National Campaign audit report in November.

Table 8: Compliance with Hand Hygiene by acute Hospital Site and Month

These figures demonstrate local audit figures and are real time audit of practice for improvement purposes as part of the SPSP work .In the last year Hairmyres have increased from 2 wards auditing hand hygiene compliance to 13 wards auditing compliance. These audits are part of improvement methodology and should not be confused with the national reporting mechanism which is a snap shot in time.

Date range: 01/10/2008 - 30/09/2009



	Hairmyres	Monklands	Wishaw
10/2008	72	85	92
11/2008	78	86	96
12/2008	77	93	95
01/2009	71	85	96
02/2009	85	87	97
03/2009	87	92	79
04/2009	86	91	83
05/2009	86	92	84
06/2009	84	94	84
07/2009	86	93	89
08/2009	82	94	85
09/2009	82	93	89

Current and New Initiatives in Promoting Hand Hygiene

These include:

- SPSP activity which includes local audit of hand hygiene continues and rollout is as follows;
Monklands - All wards on the general work stream have completed the protocol
Further audit training has now been delivered to areas which were included in the action plan devised as a result a drop in the national audit figures for July 2009.
- Wishaw General All wards on the general work stream have completed the protocol
- Hairmyres - 8 Wards have now completed the protocol,
6 wards are at various stages of implementation and 2 wards are about to begin
- All ward areas included in the September/October 2009 national audit will be sent results and ward action plans to complete.
- Hand hygiene education is now complete for FY1s on all 3 sites.
- Medical education is scheduled to be delivered to Hairmyres ACCU in October 2009.
- Implementation of new hand hygiene products – snagging list to be completed at Hairmyres. Site surveys for off site acute care of the elderly beds complete and implementation have commenced.
- 2nd meeting of Hand Hygiene products group for primary care has taken place, draft communication strategy compiled and letter sent to Service Development managers advising of forthcoming implementation. Site survey underway in Clydesdale Locality.
- The rotation of the 4 sets of large cut outs depicting staff and promoting good hand hygiene practice continues.
- Training on the “*NES Promoting Hand Hygiene in Healthcare Module*” has been delivered to Serco team leaders and customer service managers at WGH. Once this group of staff has completed the module, they will deliver the agreed training presentation to all domestic staff in WGH. LHBC will attend PSSD Domestic Managers forum with a view to cascading this.
- Meeting arranged for October 2009 with Director of Allied Health Professionals to discuss cascading the above programme within this group of staff.
- . Further screen savers promoting the zero tolerance and hand hygiene message will be designed later on in the year.

- A paper with recommendations to improve zero tolerance and hand hygiene compliance amongst staff groups and visitors was presented to the Corporate Management Team for approval.
- Drop in sessions to promote the zero tolerance message on going

3.2 Pan-Board, Hospital or Staff Group Specific Problems Identified

The hand hygiene team continue to monitor the local SPSP audits on a weekly basis and alert senior nurses to non- return of data and reduction in compliance.

A quality assurance exercise was undertaken within a ward at Monklands which resulted in reduced compliance due to discrepancies with the local audit process. This has now been rectified.

Both SPSP and Infection Control audits have identified issues with the failure of medical staff to perform hand hygiene at some key moments this issue has been taken to the appropriate managers of this staff group

The national audit also highlighted the issue of staff wearing jewellery and again this was communicated to the appropriate manager.

4. NATIONAL CLEANING SERVICES SPECIFICATION COMPLIANCE

4.1 Compliance – September

- Cleaning performance scores for September 2009 continue to operate within an average range of 93.9 - 97.7% across NHSL sites. A small number of individual locations within sites are below this average & these areas are focused upon by management to address any shortfalls. Improvements in cleaning standards have been noted across several locations as follows:
- Monklands Hospital - an increase from 95.9% in August to 96.2% in September. Cleaning standards have consistently improved month on month, notably from 91.7% in April 2009 to the current 96.2%. This increase in performance has been primarily as a result of the secondment of a senior domestic manager to focus on basic cleaning specification requirements, increased domestic supervision and increased monitoring of performance standards with team feedback to all domestic-staff.
- Hairmyres Hospital - an increase from 97.2% in August to 97.7% in September.
- Cleland Locality - an increase from 94.1% in August to 95.6% in September
- Airdrie & Coatbridge Locality - an increase from 96.4% to 96.9% in September.
- The above increases in cleaning performance have been primarily as a result of increased monitoring & domestic supervision.

National Context

The NHS Scotland National Cleaning Services Specification Quarterly Compliance Report for Quarter 2, July – September 2009 is due for publication by Health Facilities Scotland in late November 2009.

- There has been no further update from Health Facilities Scotland (HFS) in relation to the procurement of an independent auditor to undertake an audit of cleaning standards across NHS Scotland Hospitals and healthcare premises. The audit was originally planned to commence during October with a report completed November / December 2009. Further detail will be provided in the November HAI Board Report.
- Guidance from Health Facilities Scotland in relation to the introduction, commissioning & use of steam cleaners is not yet issued. On receipt of guidance, an update will be provided in future reports.

4.2 Current and New Initiatives to improve cleaning performance standards

- A programme of visits to hospitals continues attended by the Director of Strategic Implementation, Performance & Planning, General Manager PSSD, Clinical Lead PSSD, Head of Hotel Services. Since the September HAI Board Report, visits have taken place to Lockhart Hospital & Park Springs Care Home. These visits allow cleaning, maintenance and other operational issues to be discussed with clinical managers and where appropriate, action taken to remedy identified problems.
- SGHD funding of £474,851 for 2009 / 2010 supported the recruitment of additional 25.72 wte domestic staff (42 headcount). Taking account of NHSL budget requirements this will provide 17.08 wte at Monklands Hospital & 8.64 wte across primary care locations.
- Of the 17.08 wte posts at Monklands, 6 wte are in post. The remaining 11.08 wte will commence employment during October.
- All 6.4 wte posts within Health Centres have been offered & will be in post by October 30th. The appointment of these posts will provide an increase in domestic supervision to ensure cleaning standards are consistently maintained.
- Following a review of the skill mix at Monklands & community locations, a realignment of domestic assistant & supervisors' hours has been undertaken to ensure appropriate levels of supervision are in place.
- The installation of "alert cleaning monitor clocks" in public toilets at Monklands Hospital is scheduled for October 2009. These clocks will be located within 15 public toilet areas & will provide a visual display to the public of the time of the next scheduled clean along with a contact number to report any shortfall in cleanliness standards.
- Planning for the Healthcare Environment Inspectorate schedule of visits commencing with Monklands Hospital on November 18th 2009 continues in conjunction with the HAI Team, Clinical Governance, and PSSD & Senior Nursing Staff.

- A half day training event is being held on October 30th for all Domestic Supervisors from all NHSL locations including representation from both PFI Consortia at Hairmyres & Wishaw Hospitals. The aim of this event is to increase the awareness of HAI Initiatives & the forthcoming HEI schedule of visits.

Summary

The above actions detail the wide range of activities & initiatives underway to improve domestic cleaning standards. These actions are monitored closely by the Head of Hotel Services, Head of PFI Contracts and Head of Support Services via local meetings, site visits and departmental meetings. The GM PSSD monitors progress on a monthly basis.

4.3 Pan-Board, Hospital or Specialty Specific Problems Identified

Nil specific to report at this time

5 SIGNIFICANT HEALTHCARE ASSOCIATED INFECTION INCIDENTS/ OUTBREAKS/EMERGING THREATS.

There have been no significant associated incidents /outbreaks or emerging threats for this reporting period

6 PROGRESS ON COMPLIANCE WITH NATIONAL HEALTHCARE ASSOCIATED INFECTION PROGRAMME

6.1 Red Amber Green System (RAGS) Status on Healthcare Associated Infection Action Plan

Progress against the Scottish Government Health Department Healthcare Associated Infection Action Plan was provided at the last meeting of the Board. We have since completed another action point and continue with progress towards the remainder.

	Actions
PURPLE (complete)	19
GREEN (on track to complete by the deadline)	1
AMBER (substantially complete but either awaiting national materials or with some possibility of slippage beyond the deadline)	1
RED (unable to complete by the deadline)	0

One area remains in amber. This is;

- Implementation of HAI SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment) sections 3 &4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection. National Guidance is still awaited from Health Facilities Scotland regarding this and a short life working group with representation from all board Infection Control Teams met on the 17th and 24th September and a report of this work is to be circulated in due course.

6.2 Compliance With Healthcare Associated Infection Task Force Programme – Outstanding Issues

The organisation remains on track to deliver against the Task Force programme.

6.2.1 Actions Required And Timescales For Implementation

The work of the short life working group convened to review the format of HAIRT (Healthcare Associated Infection Reporting Template) is ongoing

7 SURGICAL SITE SURVEILLANCE

The aims of the Surgical Site Infection programme are:

- To collect surveillance data on surgical site infections to permit estimation of the magnitude of surgical site infection risk in hospitalised patients throughout Scotland.
- To analyse and report surgical site infection (SSI) data and describe trends in SSI rates throughout Scotland.

7.1 Orthopaedic Surveillance

SSI Surveillance of elective and trauma hip arthroplasties for the period 1st August – 31st August 2009 has shown 66 operations with no incidence of infection.

7.1.1 Elective Presentation

A total of 37 operations performed with no infections identified

7.1.2 Emergency Presentation

A total of 29 operations performed with no infections identified...

7.1.3 Infection Types

No infections for this period.

7.2 Caesarean Section

SSI Surveillance of elective and emergency caesarean sections for the period from 1st August 2009 – 31st August 2009 has shown 123 operations with 2 incidences of Infection which give an SSI rate of 1.63%

7.2.1 Elective Presentation

A total of 35 operations performed with no reported infections

7.2.2 Emergency Presentation

A total of 88 operations performed, 2 infections occurred which gives an SSI rate Of 2.27%.

7.2.3 Infection Types

2 emergency admissions developed 1 superficial and 1 deep infection which gives an SSI rate of 1.63%

7.3 SSHAIP Surgical Site Infection Surveillance Quarterly Exceptions Report

There were no exceptions this reporting period.

7.4 Pan-Board, Hospital or Specialty Specific Problems Identified

Further to the immediate review of all surgical procedures and processes NHSL have revised the governance arrangements in place in partnership with our contacted decontamination provider. Weekly operational meetings supported by monthly governance meetings will review trends, training requirements and wider infection control and surveillance issues.

7.4.1 Actions Required and Timescales for Implementation

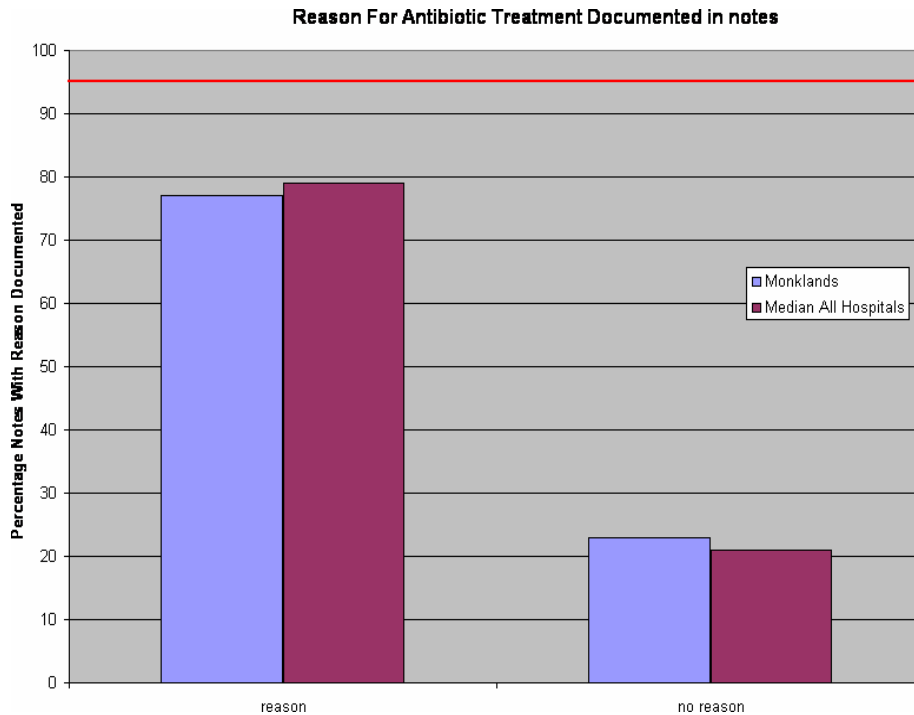
The SSI rates across the three acute sites in Lanarkshire continue to be monitored with active surveillance being carried out by both the Infection Control Nurses and the HAI surveillance nurses

8 ANTIMICROBIAL PRESCRIBING

ESAC Point Prevalence 2009

Data from Monklands site on 16th June 09 now available from ESAC/HPS and gives a snap shot of local antimicrobial use compared to national median. Table 9 demonstrates NHSL comparison

Table 9



Key Findings

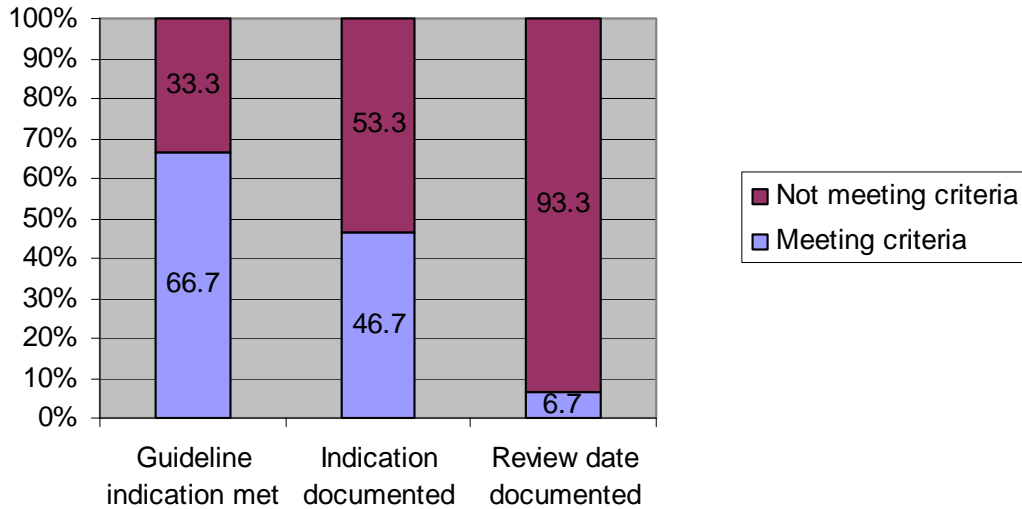
- Encouraging rate of documentation as to why patients were prescribed antimicrobial treatment – 78%
- Still need to improve practice to achieve HEAT compliance of Empirical prescribing indicator – set at 95%
- Other hospitals across Scotland have similar improvements to make (red column)
- Surveillance infrastructure to assess & improve compliance to be set up as matter of urgency
- Other key indicator – compliance with local policy – not reported back from ESAC yet however local analysis of data shows 47% compliance with local policy so much improvement required here.

Audit of Tazocin use in NHSL Surgical Directorate

Data was collected across 3 acute sites last 2 weeks in July 09 with 19 wards invited to contribute and data received from 12

Table 10

Compliance with audit criteria



Criteria	Local Antibiotic Policy Compliance i.e. Guideline indication met	Indication stated in patient medical notes or cardex	Review date stated in patients medical notes or cardex
Patients meeting criteria (%)	20/30 (66.7%)	14/30 (46.7%)	2/30 (6.7%)

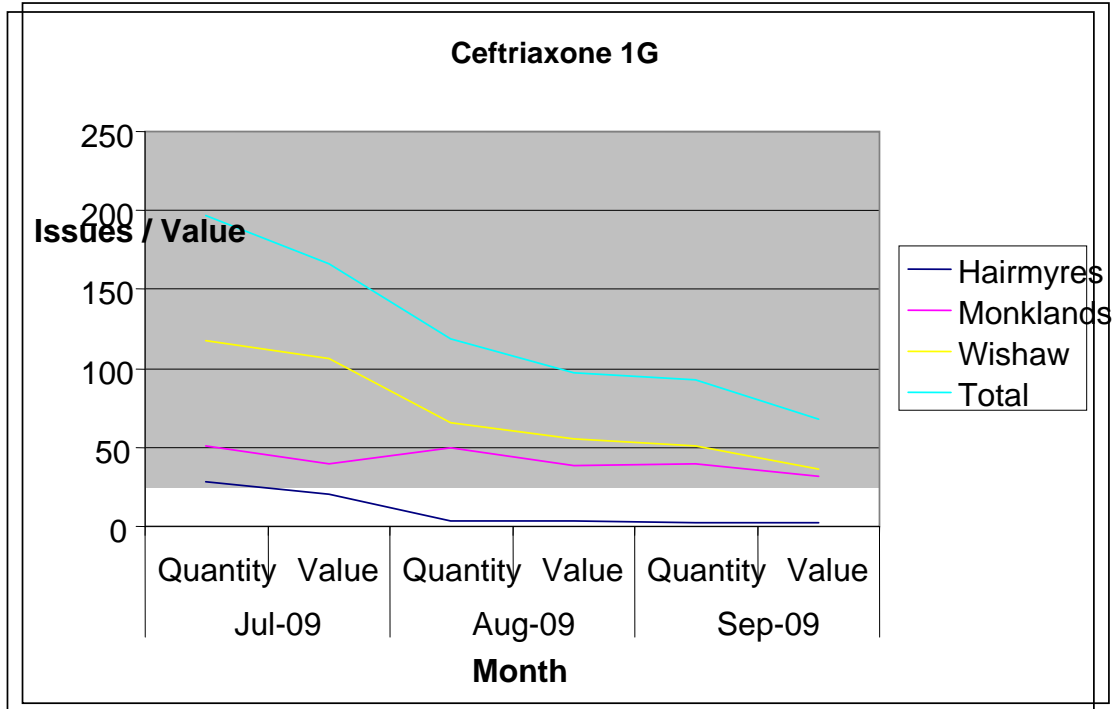
Key points

- CDI HEAT Target – sets a compliance target of 95% for both compliance with local policy & documenting indication in notes
- Clearly still a lot of work required to improve both aspects above particularly as to why patients are receiving antibiotic therapy
- Review dates are vital in minimising unnecessary prolongation of antibiotic therapy – this needs to become embedded in clinical practice to prompt safe efficient antimicrobial usage across NHSL.

Antimicrobial Usage Report – Ceftriaxone 1G

- Usage down from previous month, at all 3 sites
- Usage at Hairmyres still lower than other 2 sites – speciality driven
- All procurement area's & clinical pharmacists continue to appropriately challenge indication for use.

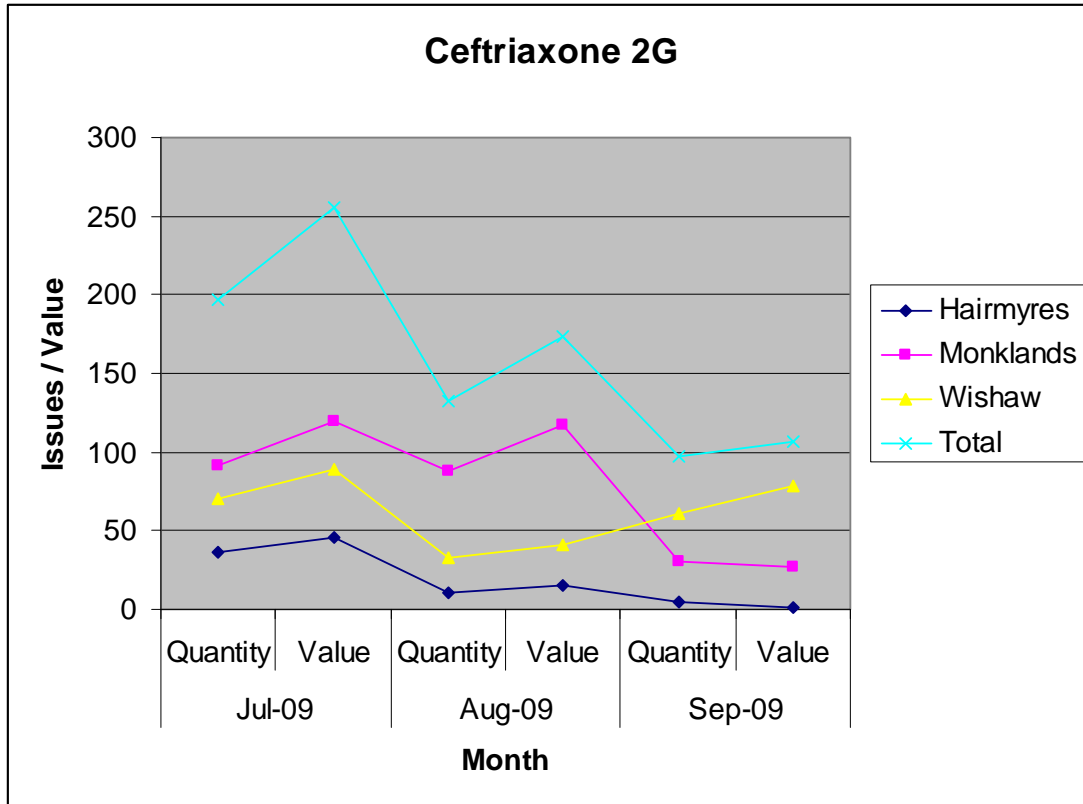
Table 11



Antimicrobial Usage Report – Ceftriaxone 2G

- Overall NHSL usage down again from previous month
- Wishaw General increase use - why – trace analysis with follow up
- Usage at Hairmyres still lower than other 2 sites – speciality driven
- All procurement area's & clinical pharmacists reminded of importance to appropriately challenge indication for use

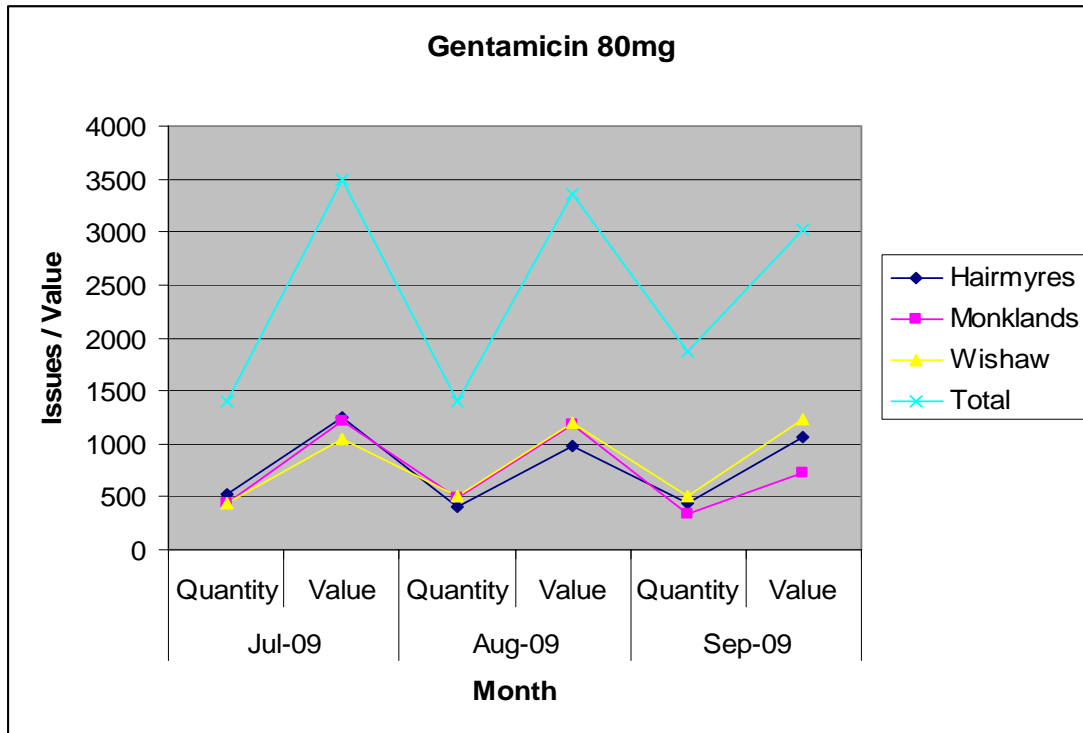
Table 12



Antimicrobial Usage Report – Gentamicin 80mg

- Use paediatric strength minimal use except Wishaw General
- Adult strength uniform & relatively stable across all 3 sites
- Safety issues
- Bulletin style update ready for dissemination to prescribers & nursing staff highlighting good practice
- New prescription form - Implementation pending
- Supply issue – manufacturers problem Sept 09

Table 13

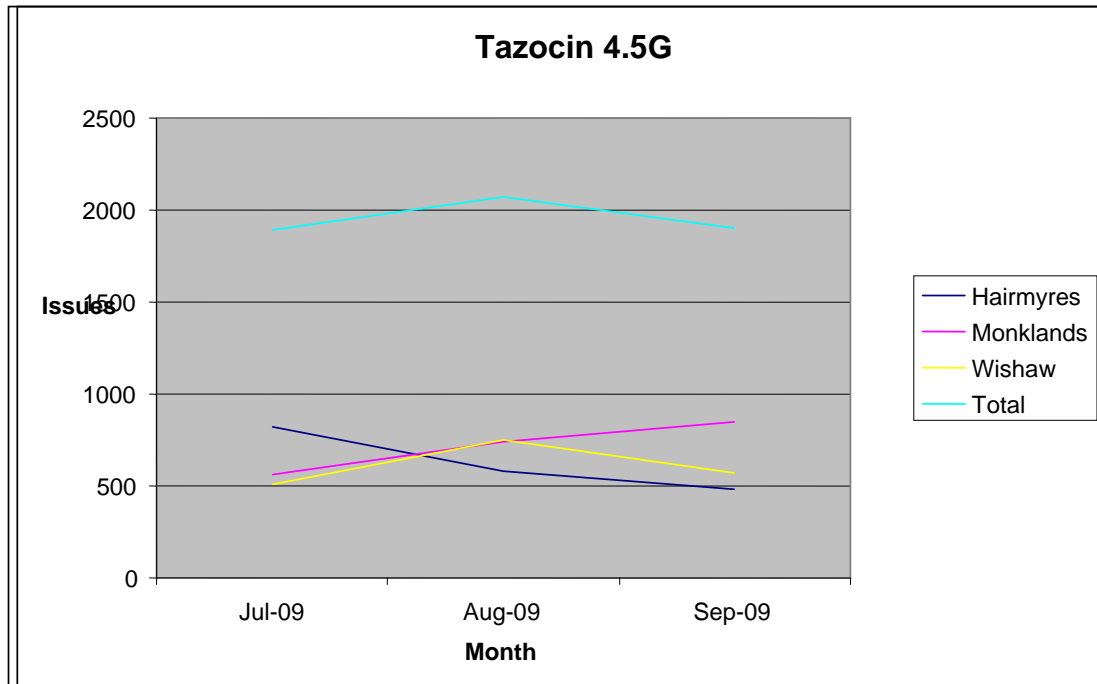


Antimicrobial Usage Report – Tazocin 4.5G

Location	Jul-09	Aug-09	Sep-09
Hairmyres	825	577	483
Monklands	562	745	847
Wishaw	505	746	569
Total	1892	2068	1899

- NHSL usage lower than previous month
- Monklands up but both Wishaw and Hairmyres down on previous month
- Monklands trace analysis with follow up
- Surgical Audit completed showed 2/3 appropriate
- ALERT roll out to Haematology, ACCU, SRU, ERU in progress

Table 14



9 HORIZON SCANNING

- NHSL are on track to implement the National MRSA screening programme by 31st January 2010
Interviews for most posts have now been conducted and suitable staff appointed and planned to be in post early November 2009.
The monthly assurance reporting process to the Scottish Government continues to provide feed back on project milestones and spend plan update .The second RAG submission from NHSL for September has again reported GREEN status.
A PDSA of the elective pathway will be undertaken at Hairmyres Hospital on the 2nd November. There are still some issues related to the supply of decolonization prescriptions for the wider implementation however for the purpose of the PDSA named prescribers have been identified in order to allow testing of the process.
Continued update on progress will be submitted to the board.
- Next year all NHS Boards will be asked to further reduce SAB case numbers by 15% by 31 March 2011 achievement of this additional 15% target will be measured using the existing end March 2010 target projection.

As the final report on the MRSA Pathfinder Boards will not be available until December 2009, the Scottish Government view is that the 2010/11 SAB Target be restricted to one year only; and in doing so that the 2010 calendar year will be used to fully assess the likely impact of MRSA screening in supporting or otherwise the achievement of national targets. This will also provide the necessary time to further consult with NHS Boards and all other relevant stakeholders on how a longer term target might be constructed; and also provide

the opportunity to consider whether any future target should differentiate between hospital and community acquired, which I know is a particular concern.

Given that actual baseline data for 2010/11 will not be available until June/July 2010 it has been assumed that the current SAB target trajectories for 2009/10, currently being worked to by each NHS Board, will be achieved.

- The Healthcare Environment Inspections have commenced across NHS Scotland with the 1st announced inspection in Lanarkshire taking place at Monklands Hospital on the 18th November 2009. followed by Hairmyres Hospital on the 25th May 2010 and Wishaw General on the 30th Sept 2010.

A steering group led by Dr Alison Graham Medical Director has been convened to oversee preparations. This group directly links to a multidisciplinary action group at Monklands who have undertaken some 'mock' audits in order to prepare staff for the inspection process and an action plan of recommended improvements is being driven by this group for action by the clinical areas. The HEI inspection team will use HEI audit tools for inspecting public areas wards and units within hospitals. The audit tools and further information about the visits are available at www.nhshealthquality.org/nhsqis/6710.140.1366.html, The HAI Manager will be attending a meeting with her Forth Valley equivalent to discuss their inspection experience and any lessons learned.

- It is Infection Prevention Awareness Week from the 19th – 23rd October. The theme this year is "Coughs and Sneezes Spreads Diseases". Local Infection control teams will be holding awareness raising stands on the following days.

- ❖ Wishaw General Hospital: - 21st at the main entrance for 1pm.
- ❖ Monklands Hospital: - 19th & 20th at the main entrance.
- ❖ Hairmyres: - 21st at the lecture theatre in the afternoon.
- ❖ Motherwell Heath Centre: -20th from 9 – 12.
- ❖ Cumbernauld Central Health Centre: - 23rd from 10 – 12 & 1 – 3.
- ❖ Lanark Health Centre: - 22nd 10 – 2.

The stands are aimed at both members of the public and staff. The Infection Control Teams will be there to answer questions in relation to influenza and any other infection control related issues

10 CONCLUSION

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.
- Continue to receive a monthly progress report.

11 FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact:
Dr Alison Graham, Medical Director, 14 Beckford Street, Hamilton, 01698 206385.