

Healthcare Associated Infection Control and Prevention Report to NHS Lanarkshire Board 22nd December 2010.

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

Key Healthcare Associated Infection Headlines for December 2010

- NHSL's HAI Manager and Nurse Consultant HAI, presented an overview of progress made in Lanarkshire in the reduction of SABs at the 7th Scottish Patient Safety Programme Learning Session at the SECC in Glasgow on the 16th and 17th November 2010. Focus was placed on the collaborative working between the HAI Service and the Scottish Patient Safety Programme.
- NHSL have agreed to test the personal protective element of Health Protection Scotland's Standard Infection Control Model Policy and is still awaiting the testing methodology to be developed nationally.
- The HAI Service has participated in a national SAB event coordinated by NHS Education Scotland and Ros Moore, Chief Nursing Officer, SGHD, by videoconferencing on the 30th November 2010. The event comprising of all NHS Scotland Boards aimed to identify and share successes and challenges to support Boards in meeting the SAB HEAT Target 2010/11.
- The HEI Regional Inspector has written to the HAI Manager following his visit to Hairmyres on the 04th November 2010. He is encouraged to hear of the progress made. However, focus must still be placed on demonstrating effective implementation of improvements made. He has also requested a copy of the revised draft NHS Lanarkshire Dress Code/Uniform Policy when available in the New Year. From now on all matters pertaining to the Hairmyres Inspection have been passed to Gerry Kennedy, Regional HEI Inspector, who will be the main contact for NHSL.

***Staphylococcus aureus* (including MRSA)**

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:

http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252

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/sshaip/publicationsdetail.aspx?id=30248>

Current HEAT Status

There was a total of 135 *Staph.aureus* bacteraemias in the 12 months up to the end of November 2010. The NHS Lanarkshire HEAT target for 2010 / 2011 is 142 *S.aureus* bacteraemias for the 12 months up to the end of March 2011. So far, there have been 91 SABs since April 2010.

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.

In 2009/10 the rate was 0.38 cases or less per 1000 acute occupied bed days so reducing to a rate of 0.26 represents a 32 per cent reduction.

Initiatives to Reduce *Staphylococcus aureus* bacteraemia

- A 6 month High impact action plan has been developed to further focus activities aimed at reducing SABs. This action plan has been shared with NES in order to assist other NHS Boards with their progress against the HEAT target
- A SAB Investigation Tool and feedback form is currently being tested across the three acute hospitals to examine systems and practices which may have contributed towards the acquisition of SABs. The findings are shared and discussed with frontline and senior staff.
- A snap shot audit of the number of invasive devices by ward in the acute hospitals and off site beds is being undertaken to determine where to focus efforts to prevent associated SABs.
- Work is still ongoing to provide optimum care in the insertion and maintenance of central venous catheters (CVC's) out with critical care areas.
- Reporting of all non hospital associated SABs are made to the Primary Care Infection Control Team for further investigation.
- A Catheter associated urinary tract infection bundle is currently being tested in ward 7 at Monklands.
- Testing of the IIP SAB Driver Diagram and Change Package is being carried out.

MRSA Screening Programme-Progress of Implementation

Compliance on the Wishaw site remains good with compliance generally being above 90%. A bit of variability has been seen on the Monklands site, with recent drops below the 80% compliance mark in the emergency element of the programme. Hairmyres compliance continues to fluctuate between 60% and 80%. A contributory factor in the compliance reduction has been the recent level of sickness within the MRSA team at the Monklands and Hairmyres sites.

A policy announcement is expected mid January 2011, directing the future progress of MRSA screening across NHSScotland

Fig.1 Compliance with screening all eligible elective admissions

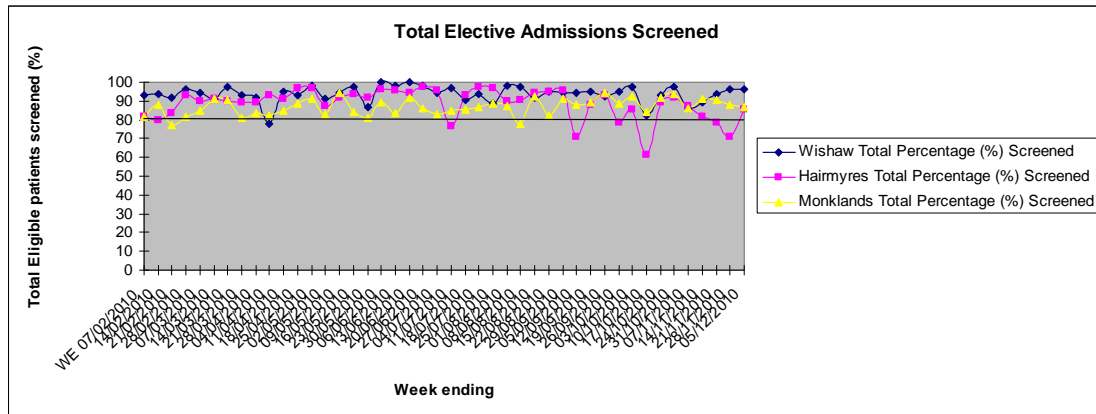
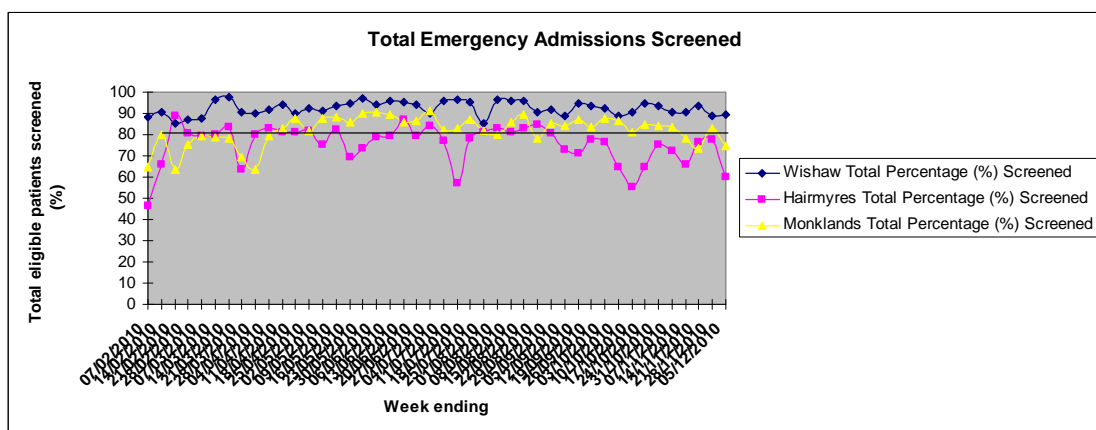


Fig. 2 Compliance with screening all eligible emergency admissions



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.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

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/ssdetail.aspx?id=277>

Clostridium difficile

NHS Lanarkshire remain on trajectory to meet our HEAT target. The target for 2011-2013 is for all Boards to reduce from their current rate of *Clostridium difficile* infections down to 0.39 or less cases per 1000 total occupied bed days in patients aged 65 and over by year ending March 2013.

Should Boards achieve a rate lower than 0.39 ahead of the March 2013 then they should aim to at least maintain that lower rate; however formal achievement of the target will still be measured against the 0.39 rate.

Our exact figures for the most recent quarter are 57 episodes (>65 years old) giving a rate of 0.47 cases > 65 years old / 1000 OCBDs for the quarter up to June 2010 and an annual figure (up to Dec 09) of 0.60 cases > 65 years old / 1000 OCBDs. This compares with an original HEAT target of 1.00 cases > 65 years old / 1000 OCBDs or a revised target of 406 episodes (50% reduction) in the next 12 months.

Initiatives to Reduce *Clostridium difficile* Infection

- A meeting has been held to discuss the development of an NHSL CDI Driver Diagram and Change Package. A National Steer is awaited.
- Enhanced surveillance and feedback to clinical areas continues
- Enhanced surveillance data is being discussed at the Joint CHP Infection Control Meetings to identify potential contributing factors arising within the community settings.

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

Hand hygiene compliance has ranged between 90-95%. The results for September 2010 national audit was published in November 2010 National Audit Report. This result was of 93% and was published in the December report. The most recent national audit period was November 2010/December 2010. The period of audit was extended nationally in light of inclement weather and is now complete. Individual ward areas will be sent reports to Ward Managers and Senior Nurses before the end of December 2010, these results will be published by January 2011. The sustainability of hand hygiene compliance remains a challenge with initiatives undertaken reported below.

Scottish Patient Safety Programme (SPSP)

The spread of SPSP ward self audit continues. These figures remain above 90% compliance although are not compatible with national auditing findings.

Current Initiatives in Promoting Hand Hygiene

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.

- SPSP activity which includes local audit of hand hygiene continues with the protocol now complete at all Udston Care of the Elderly wards. First meeting held with Park Springs and Wester Moffat who will commence the protocol in January 2011. 1st audit carried out with Radiology at Monklands will continue Jan 2011.
- Version 4 of audit tool now cascaded to areas. Version checks in acute sites to be undertaken Dec 10/Jan 11.
- Hand Hygiene education sessions in partnership with Ecolab are ongoing on a monthly basis. Sessions delivered at Wishaw General in November. December session at Monklands was cancelled as result of inclement weather.
- Education session for dental staff December 2010
- Education session delivered to Junior Doctors October 2010.
- Education planning underway for February /March 2011
- Hand Hygiene poster replenishment planning work underway for February 2011
- Primary Care Products Implementation programme complete, Cam glen and Rutherglen only areas outstanding. All other areas complete. Snagging undertaken November 2010 in areas where products were previously installed.
- New screensaver on display December 2010

Community Hospitals

Testing of Hand hygiene Audit Tool is complete in 1 Acute Community Hospital, 1 Primary Care and in 3 Primary Care/ Community hospitals. The PDSA improvement methodology, education and peer support has been utilised to introduce this process. Education to support was delivered to both Udston and Coathill Hospitals. Sessions are planned for Lockhart and Wester Moffat

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>

- Following the recent visit to Wishaw General Hospital by the HEI Inspectorate on September 28th & 29th 2010 and subsequent issue of the final report, an action plan has been developed and returned to the HEI Inspectorate. PSSD are represented in the local operational management group to advance actions & record progress.
- Within the HEI Report there was a requirement to review the application of the monitoring processes within the National Cleaning Specification. An initial meeting was held with Health Facilities Scotland on December 6th, however due to adverse weather not all attendees were able to be present & another meeting is being scheduled.
- Vacuums have been delivered, supported by the appropriate staff training programme and have been introduced in all wards within Wishaw Hospital.
- HEI returned to Hairmyres Hospital to undertake a follow up visit on Thursday November 4th 2010. Discussion took place in relation to the requirements of the Hairmyres report and progress made against the action plan together with a review of all supporting evidence. Two wards were then chosen by NHSL for a quick visit, where staff were asked about some of the processes that had been introduced to ensure improvement in all aspects of the action plan.

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.

Outbreaks/Incidents

Increased Incidence of Caesarean Section Infection

A follow up meeting was held on the 24th November 2010 to discuss progress made relating to previously agreed actions. Key issues were identified for immediate improvement which includes ensuring compliance with the Antibiotic Prophylaxis for Gynecological and Obstetric Surgery in relation to the timing of administration. Standardisation of skin preparation was also agreed by the group as a requirement

Carbapenem Reduced Susceptibility Klebsiella

Throughout the United Kingdom in recent months, sporadic cases of highly antibiotic resistant bacteria called *Klebsiella pneumoniae* have been detected which have now become resistant to one or more carbapenems (a class of antibiotic which is often relied upon to treat infections due to multiply resistant bacteria). It is more difficult to treat with antibiotics when in its multiply resistant form. Using robust laboratory methods and surveillance methods recently advocated by the Chief Medical Officer, staff at Monklands Hospital detected a small cluster of patients harboring Carbapenem Resistant *Klebsiella pneumoniae* (CRKP) in the clinical haematology unit. This cluster is thought to be the first of its kind in the United Kingdom. An outbreak meeting was convened on the 22nd November and by actively using a multifaceted approach which combined targeted patient screening (to identify affected patients), enhanced ward cleaning and prudent antibiotic prescribing (tailored to make best use of the remaining antibiotics able to treat such infections), further spread of this organism has been halted. The infection control team and clinical haematologists at Monklands Hospital have been working closely together with the Department of Public Health in NHS Lanarkshire with specialist input from Health Protection Scotland (HPS) and the Health Protection Agency to minimize the impact of this organism on the hospital. Weekly screening continues within the unit, and no further cases have been detected.

Norovirus

Date 13/12/10	NHS Board	Total number of hospitals with wards closed this Monday	Total number of wards closed this Monday	Total number of patients who are or have been affected in the wards closed this Monday	Total number of staff who are or have been affected in the wards closed this Monday
	NHS Ayrshire & Arran	0	0	0	0
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	0	0	0	0
	NHS Fife	0	0	0	0
	NHS Forth Valley	0	0	0	0
	NHS Greater Glasgow & Clyde	0	0	0	0
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	0	0	0	0
	NHS Highland	0	0	0	0
	NHS Lanarkshire	0	0	0	0
	NHS Lothian	2	4	34	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	2	4	34	3

Currently 1 NHS Board is reporting Norovirus activity in NHS Scotland. Lanarkshire have reported 0 hospitals affected or wards closed for this reporting period.

In the first report on 7/1/2008: 29 hospitals were affected and 47 wards closed. This Monday 13/12/2010 there were 2 hospitals with 4 wards affected.

Other HAI Related Activity

Surgical Site Infection Surveillance

NHS Lanarkshire participates in the Surgical Site Infection (SSI) surveillance programme that is mandatory in all NHS boards in Scotland. All NHS boards are required to undertake surveillance for hip arthroplasty and caesarean section procedures as per the mandatory requirements of HDL (2006) 38 and CEL (11) 2009.

Readmission surveillance is carried out using prospective readmission data on all hip arthroplasties under inpatient surveillance up to 30 days post operatively. Post discharge surveillance until day 10 post operation is also carried out for all caesarean sections performed. 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.

Please note that due to the adverse weather conditions we have been unable to travel to Hairmyres and Monklands hospital resulting in 4 surveillance forms not being returned for the month of October. These numbers have not been included in our October figures.

The national figures are dependent on all health boards inputting their data in a timely manner therefore national SSI rates should be viewed with caution. In relation to orthopaedic procedures the denominators are small therefore the infection rates are higher in comparison to national figures.

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 2010 –30th September 2010 is shown in the table below, with comparison to the National rate

Procedure	Total operations	Infections	SSI %	National SSI %
Hip Arthroplasty	35	0	0.00	0.95
Repair of neck of femur	30	0	0.00	2.40
Knee Arthroplasty	29	0	0.00	1.62
Caesarean Section	127	9(Superficial)	7.09	3.77

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 2010 –31st October 2010 is shown in the table below, with comparison to the National rate

Procedure	Total operations	Infections	SSI %	National SSI %
Hip Arthroplasty	32	0	0.00	0.60
Repair of neck of femur	17	0	0.00	2.04
Knee Arthroplasty	47	1 (superficial)	2.13	0.38
Caesarean Section	109	4 (3 Superficial 1 deep)	3.67	2.16

Staff training to aid completion of surveillance forms is provided at maternity documentation study days and also informally to staff in their clinical areas.

Education

The HAI Learning Strategy was implemented on 13th December 2010 .The Strategy comprises of a Framework of high impact HAI learning opportunities for staff focusing on the achievement of HAI national standards and HEAT targets and is aligned with NHSL's Organisational Development's Learning Strategy 2008-2011. The Framework is succinct in the first instance to allow testing of the learning processes aimed at enabling sustainability and the contents are not considered exhaustive. Through the use of the Knowledge and Skills Framework and Personal Development Plans, each member of staff requires undertaking elements of HAI learning commensurate with their activities and as such the Strategy provides supports. The Strategy has received much positive attention from the NHS QIS Healthcare Environment Inspectors during recent inspections to NHSL and staff will be questioned about its application during future unannounced inspections. A plan has been developed to support the implementation of the Strategy through key stakeholders and a range of fora over the next few weeks and a monitoring plan is currently under development.

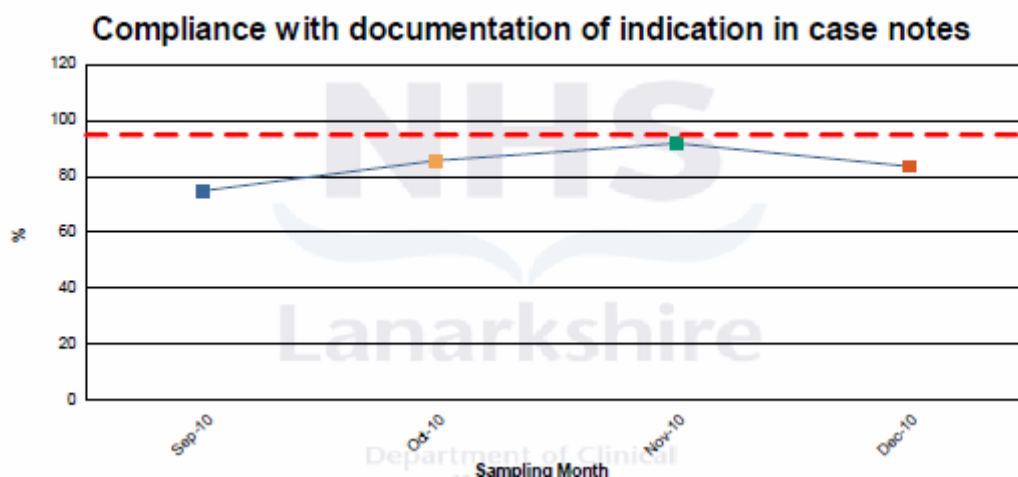
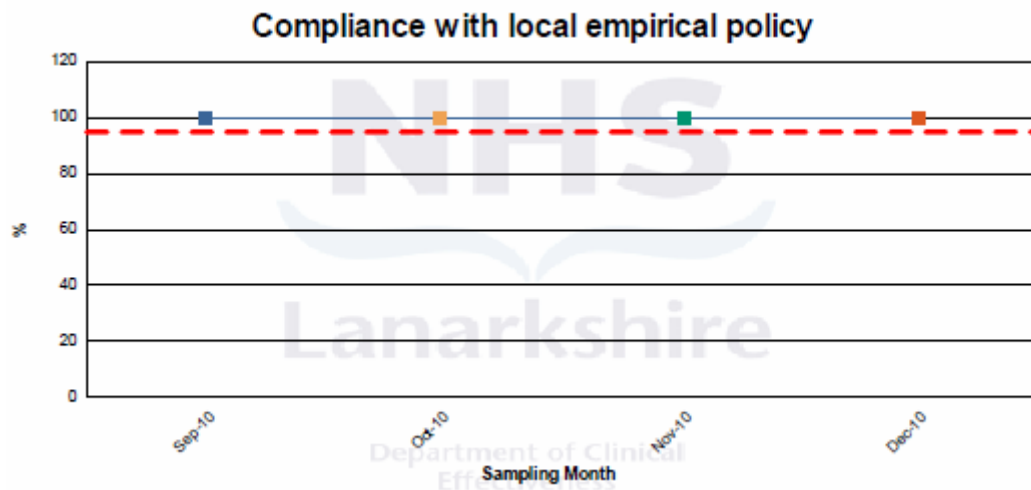
The Strategy can be located on First Port within the HAI Services site and can be directly accessed via the following web link:
<http://firstport/sites/hai/Educational%20Materials/HAI%20Learning%20Strategy%202010.pdf>

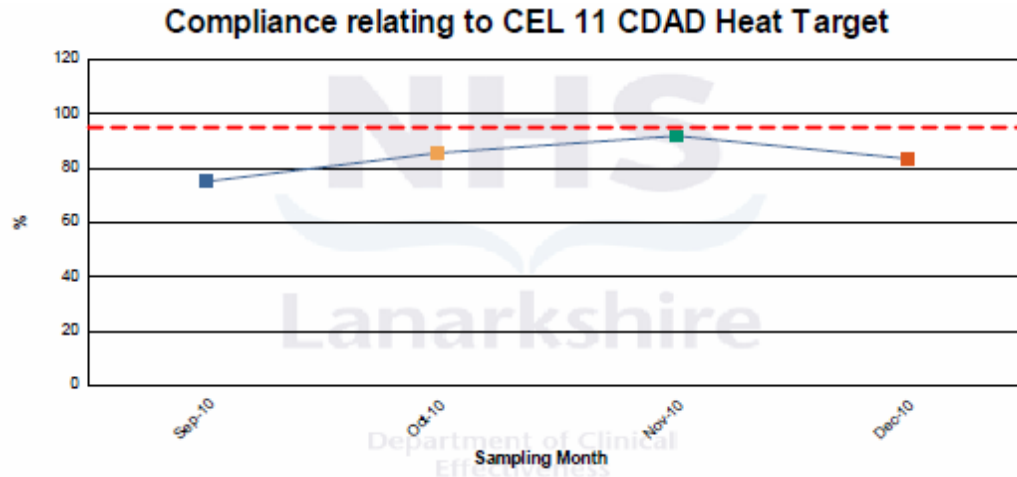
Antimicrobial Prescribing

First Antibiotic Indicator – Empirical Prescribing

Data from September - December 2010 below for ERU admissions unit at Monklands, shows encouraging progress. Choice of empirical antibiotics has been consistently 100% for the last 4 months. Only slight improvement in documentation of indication is required to allow sustained achievement of > 95% target.

New laminated empirical antibiotic policy prompt cards are being introduced in the first quarter of 2011 within ERU admission unit bedside observation folder to enhance compliance and the Antimicrobial Management Team (AMT) is continuing with education of all new prescribers to raise awareness of individual responsibilities when prescribing antibiotics empirically. The AMT is also pursuing possibility of adapting the new West of Scotland drug cardex to include written prompts to encourage prescribers to document both indication for antibiotic and duration of antibiotic course.





Second Antibiotic Indicator – Surgical Prophylaxis

Surgical prophylaxis policies are now in place at all 3 acute sites. Snapshot audit of compliance for hip & knee arthroplasty procedures shows an overall baseline compliance rate of 83% with regard to choice of agent prescribed. Further data collection to facilitate regular monitoring of the second indicator is progressing via close collaboration with Scottish Patient Safety Programme and peri-operative personnel on all 3 sites as described in Antimicrobial Management Team HEAT target action plan.

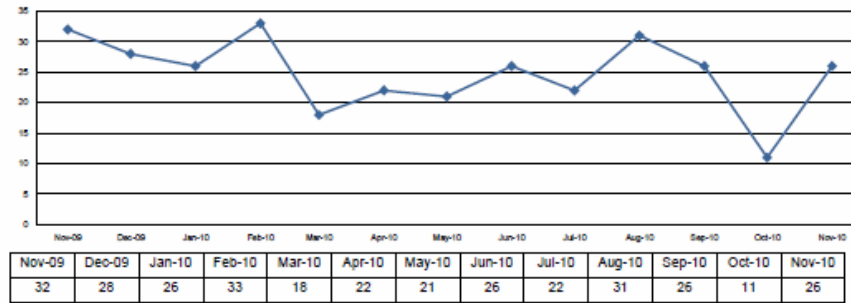
Third Antibiotic Indicator – Seasonal Primary Care Quinolone Variance (April 2009 – March 2010)

NHSL variance currently sits at 5.8% (target < 5%) – reduction from almost 8% previous period. Primary Care Antibiotic Action Plan led by Dr C Mackintosh looking to build on this encouraging progress.

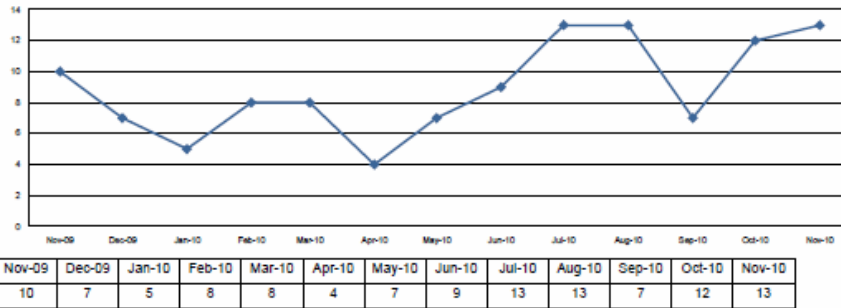
NHS Lanarkshire

NHS Lanarkshire has shown an increase in Staph Aureus Bacteraemias for this reporting period, and the highest level reported since November 2009. Enhanced surveillance has shown that 4 out of the 13 MSSA cases were acquired out of hospital. Despite the increase, NHSL are currently on trajectory to meet the HEAT target. Despite an increase in Clostridium difficile cases, levels are still within control limits and all cases continued to be reviewed by the Enhanced Surveillance Team and findings reported back to clinical areas.

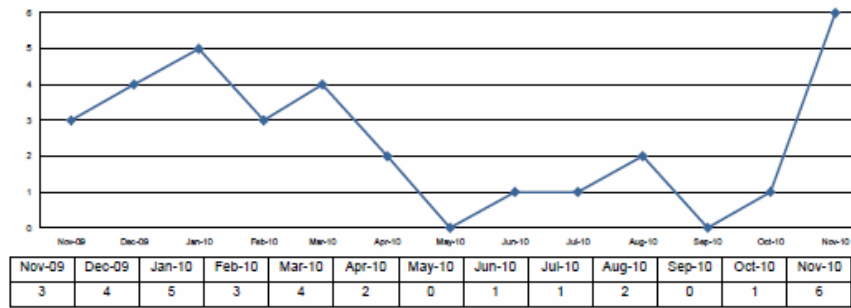
Clostridium difficile Infection Cases (all ages)



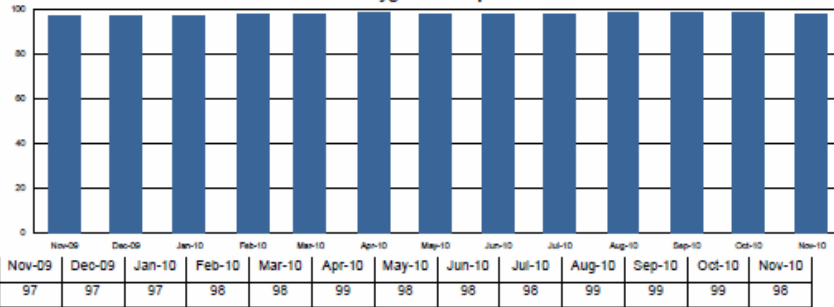
MSSA Bacteraemia Cases



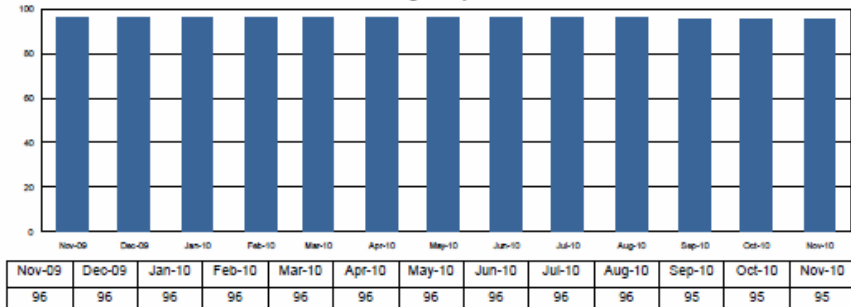
MRSA Bacteraemia Cases



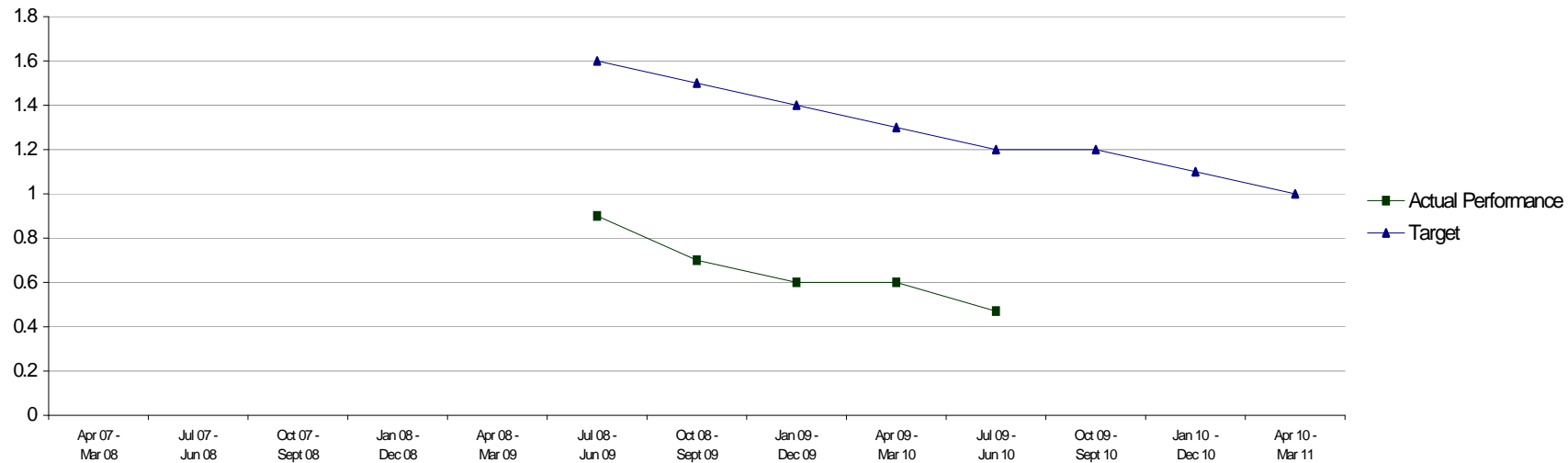
Hand Hygiene Compliance



Cleaning Compliance

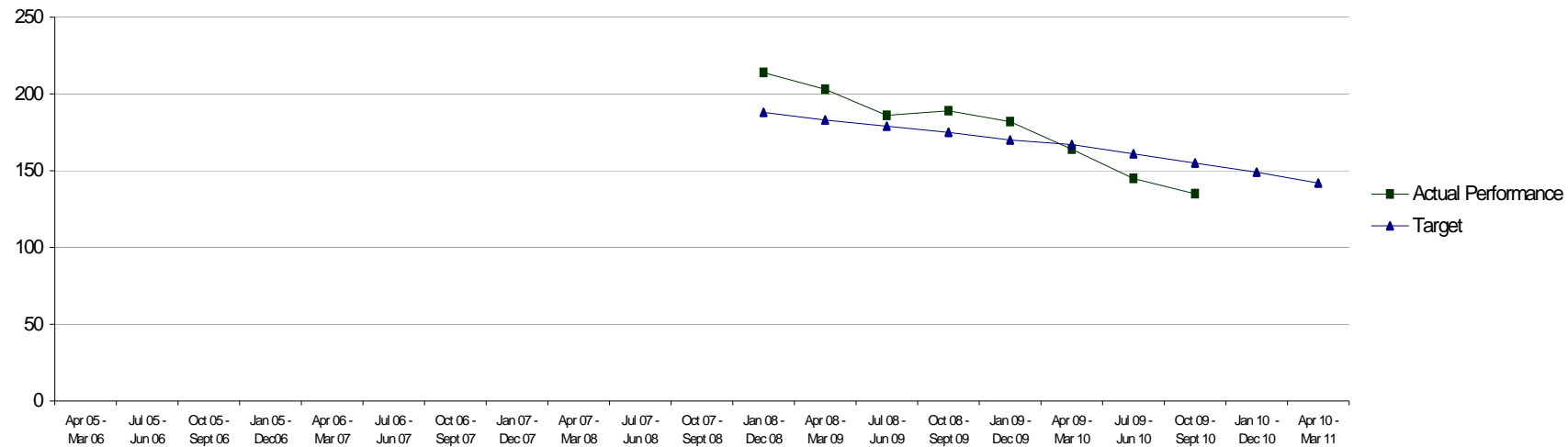


Quarterly rolling year *Clostridium difficile* Infection Cases in patients aged 65 and over per 1000 total occupied bed days for HEAT Target



	Apr 07 - Mar 08	Jul 07 - Jun 08	Oct 07 - Sept 08	Jan 08 - Dec 08	Apr 08 - Mar 09	Jul 08 - Jun 09	Oct 08 - Sept 09	Jan 09 - Dec 09	Apr 09 - Mar 10	Jul 09 - Jun 10	Oct 09 - Sept 10	Jan 10 - Dec 10	Apr 10 - Mar 11
Actual Performance						0.90	0.70	0.60	0.60	0.47			
Target						1.60	1.50	1.40	1.30	1.20	1.20	1.10	1.00

Quarterly rolling year *Staphylococcus aureus* Bacteraemia Cases for HEAT Target



	Apr 05 - Mar 06	Jul 05 - Jun 06	Oct 05 - Sept 06	Jan 05 - Dec 06	Apr 06 - Mar 07	Jul 06 - Jun 07	Oct 06 - Sept 07	Jan 07 - Dec 07	Apr 07 - Mar 08	Jul 07 - Jun 08	Oct 07 - Sept 08	Jan 08 - Dec 08	Apr 08 - Mar 09	Jul 08 - Jun 09	Oct 08 - Sept 09	Jan 09 - Dec 09	Apr 09 - Mar 10	Jul 09 - Jun 10	Oct 09 - Sept 10	Jan 10 - Dec 10	Apr 10 - Mar 11
Actual Performance												214	203	186	189	182	164	145	135		
Target												188	183	179	175	170	167	161	155	149	142

Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

Clostridium difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). Data are presented as both a graph and a table giving case numbers. More information on these organisms can be found on the NHS24 website:

Clostridium difficile :

http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139§ionID=1

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&article=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252§ionID=1

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will

be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the “out of hospital” report card.

Understanding the Report Cards – Hand Hygiene Compliance

Good hand hygiene is crucial for infection prevention and control. More information can be found from the Health Protection Scotland’s national hand hygiene campaign website:

<http://www.washyourhandsofthem.com/>

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. The first page of each hospital report card presents the percentage of hand hygiene compliance for all staff in both graph and table form.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

The first page of each hospital Report Card gives the hospitals cleaning compliance percentage in both graph and table form.

Understanding the Report Cards – ‘Out of Hospital Infections’

Clostridium difficile infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes and. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital. Given the complex variety of sources for these infections it is not possible to break this data down in any more detail.

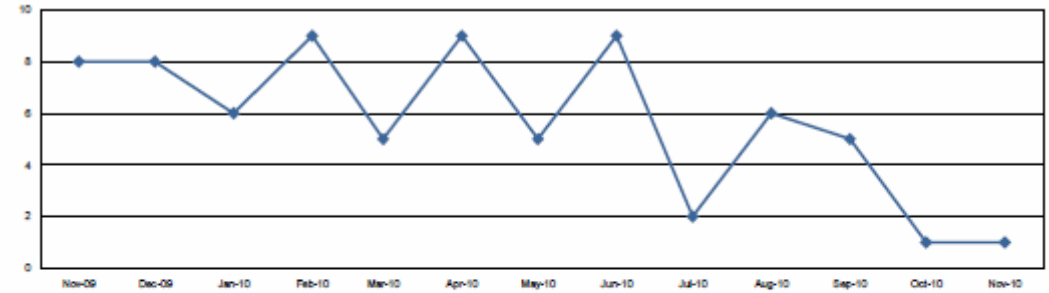
Hairmyres

Hairmyres hospital has maintained low levels of Clostridium difficile since September 2010.

All sites have seen an increase in Staph Aureus Bacteraemias this month and the Enhanced Surveillance Team continue to review all cases in conjunction with the Infection Control Team and Clinical areas.

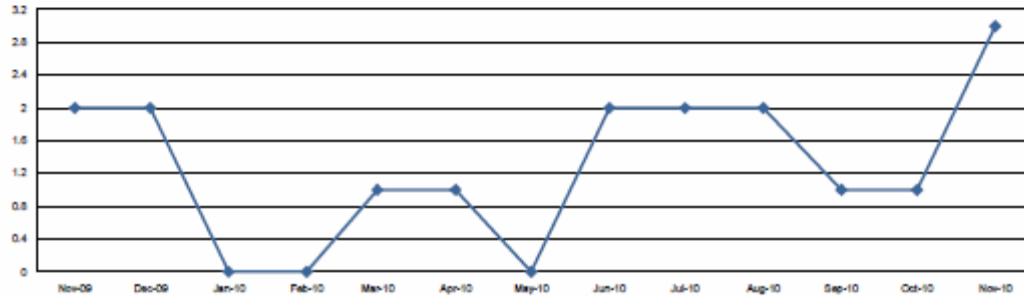
Cleaning and hand hygiene compliance remains stable > 98%.

Clostridium difficile Infection Cases (all ages)



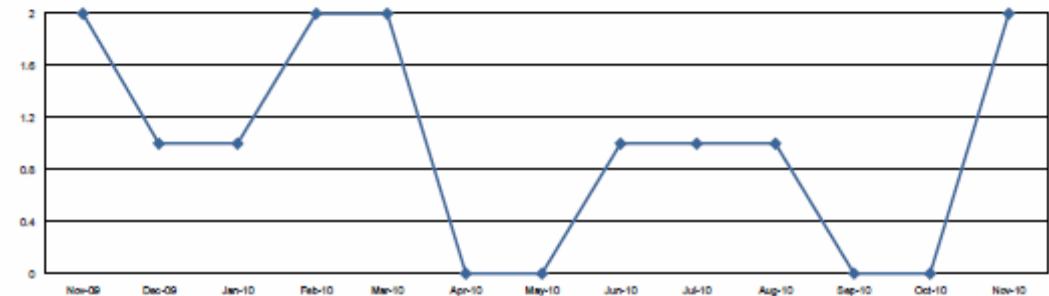
Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
8	8	6	9	5	9	5	9	2	6	5	1	1

MSSA Bacteraemia Cases



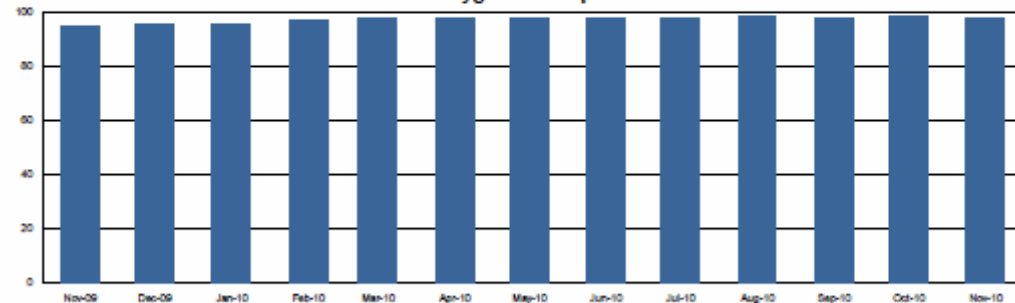
Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
2	2	0	0	1	1	0	2	2	2	1	1	3

MRSA Bacteraemia Cases



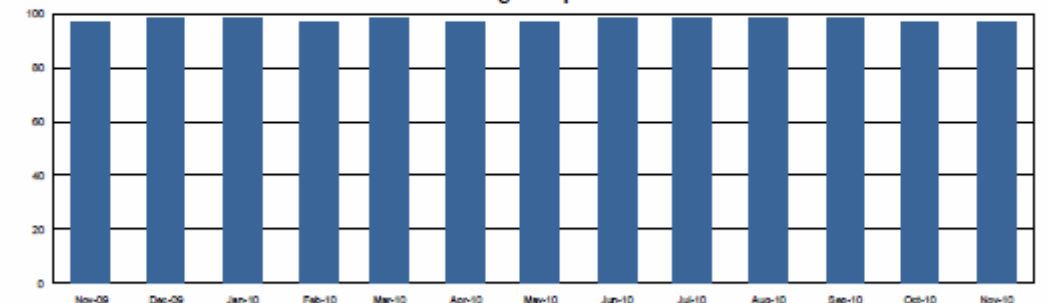
Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
2	1	1	2	2	0	0	1	1	1	0	0	2

Hand Hygiene Compliance



Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
95	96	96	97	98	98	98	98	98	99	98	99	98

Cleaning Compliance

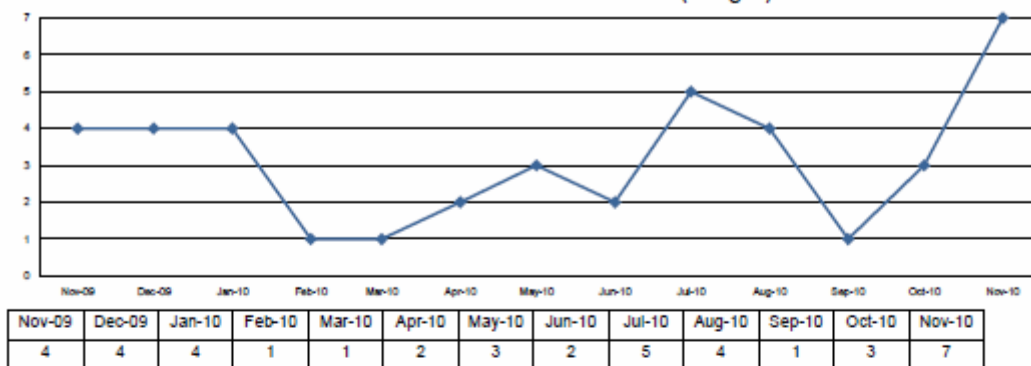


Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
97	98	98	97	98	97	97	98	98	98	98	97	97

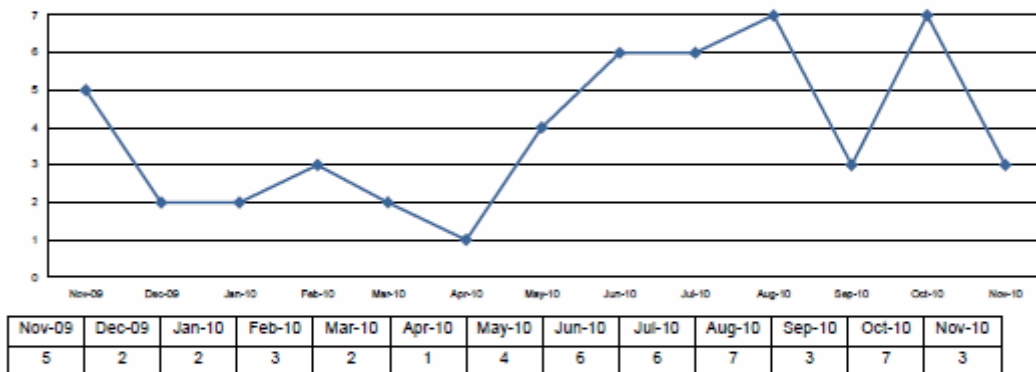
Monklands

There has been an increase in Clostridium difficile cases at Monklands this month, though enhanced surveillance has shown no clusters of cross contamination. There have been 3 cases of MRSA for this reporting period following a period of 7 consecutive months with 0 cases. All cases are subject to review by the Enhanced Surveillance Team and Infection Control Team. Hand hygiene has been sustained at 99% and cleaning at 94%.

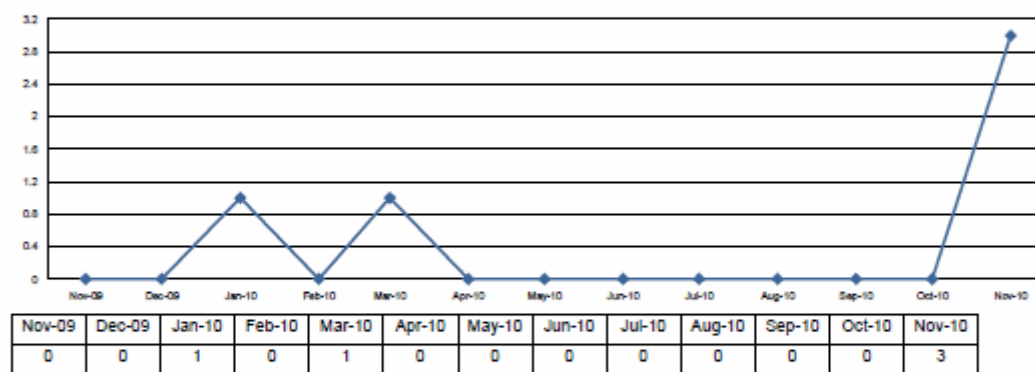
Clostridium difficile Infection Cases (all ages)



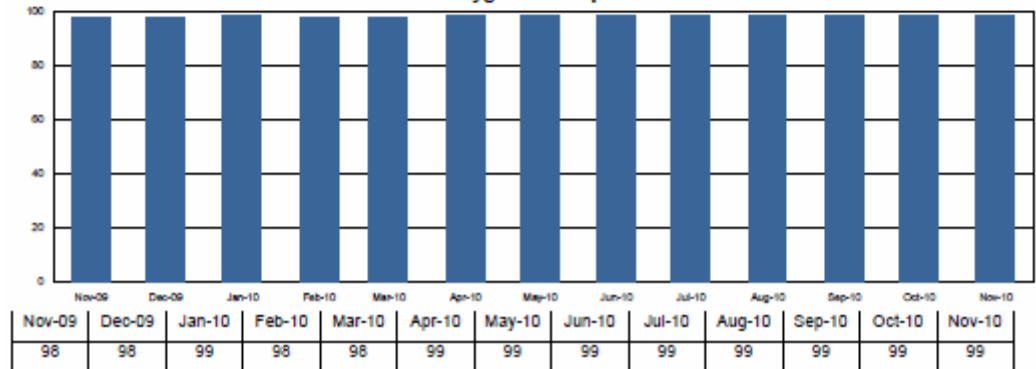
MSSA Bacteraemia Cases



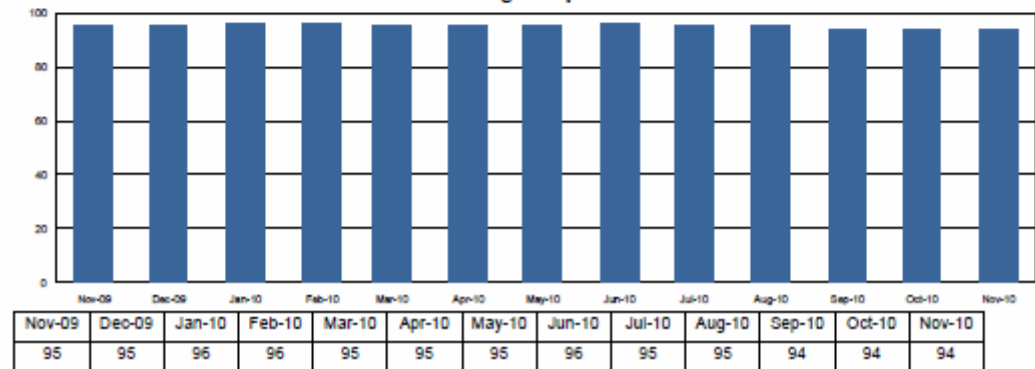
MRSA Bacteraemia Cases



Hand Hygiene Compliance



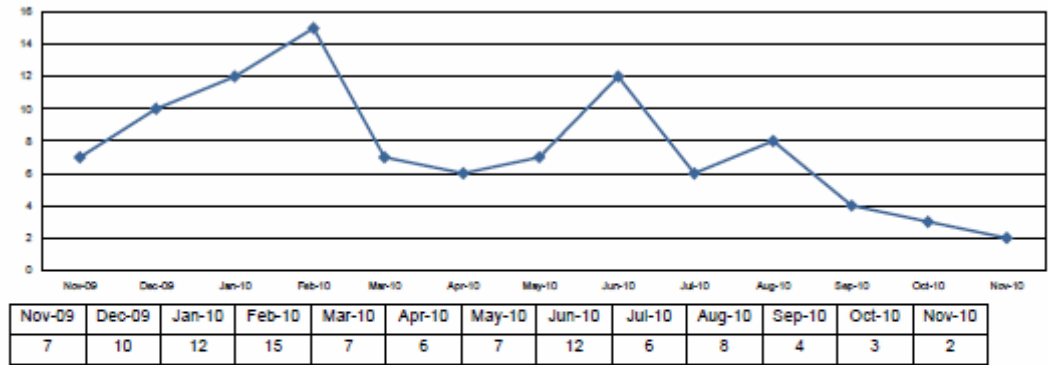
Cleaning Compliance



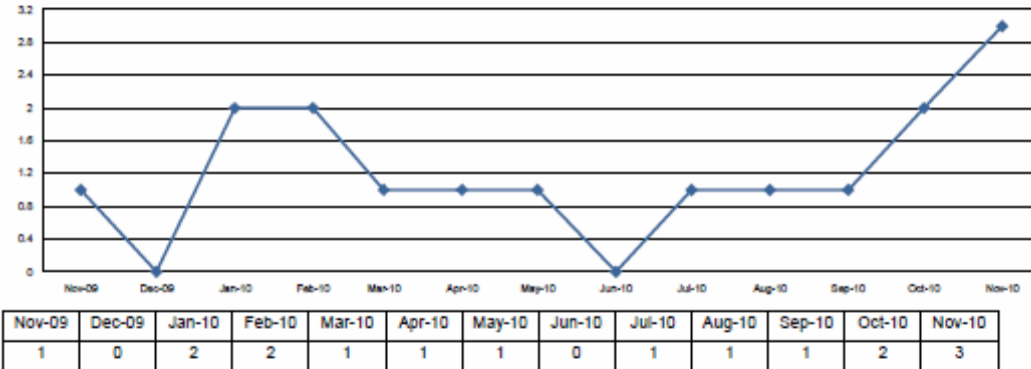
Wishaw

Wishaw Hospital has seen a slight reduction in Clostridium difficile cases this month, and a slight increase in Staph Aureus Bacteraemias. Hand hygiene compliance has dropped slightly from 99% to 98%, whilst cleaning compliance has increased from 95% to 96%.

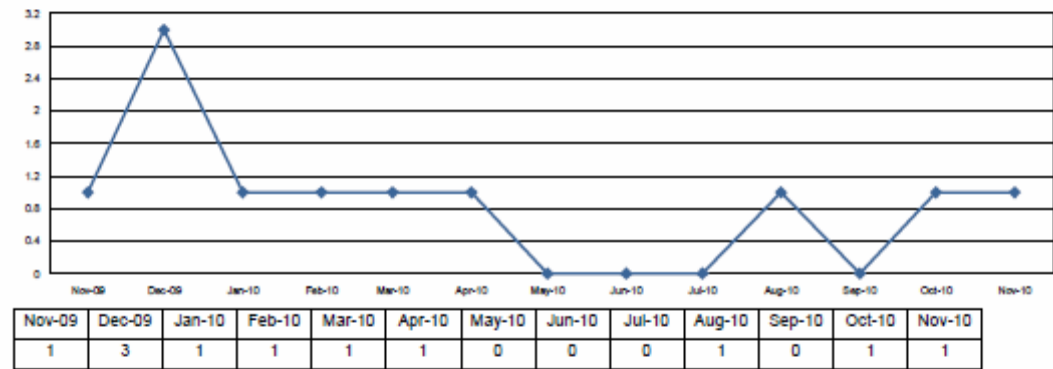
Clostridium difficile Infection Cases (all ages)



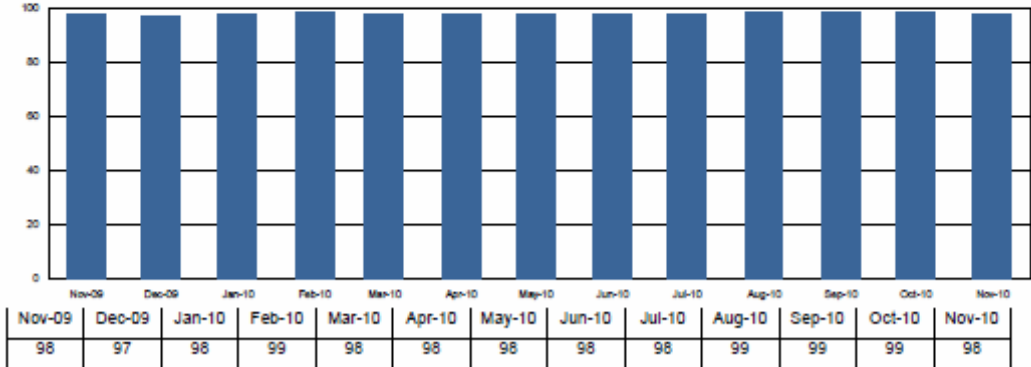
MSSA Bacteraemia Cases



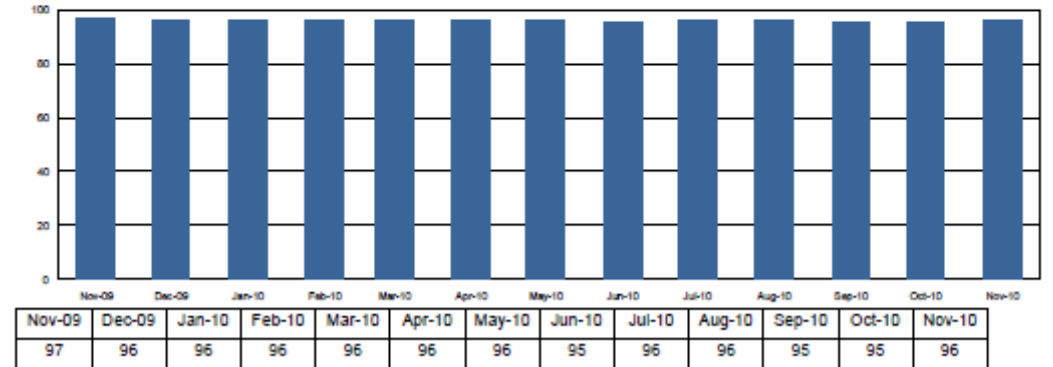
MRSA Bacteraemia Cases



Hand Hygiene Compliance



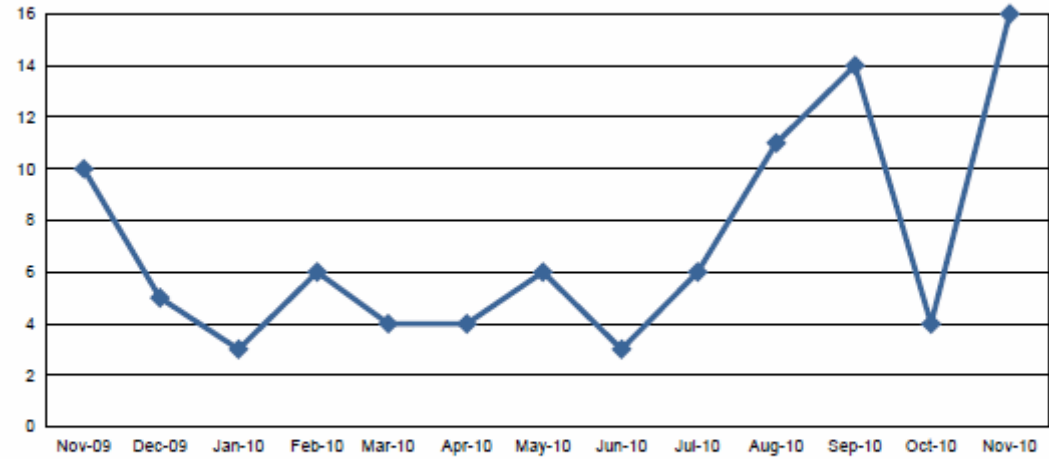
Cleaning Compliance



Out of Hospital Infections

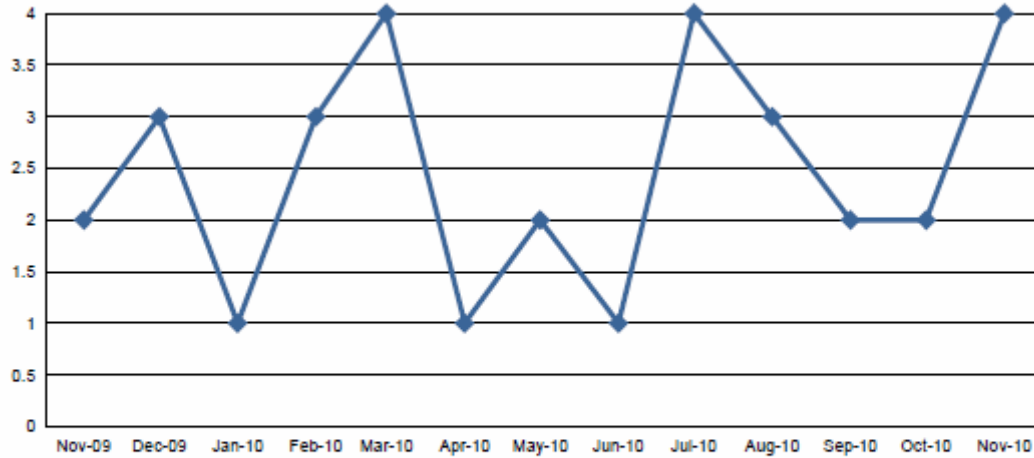
Data presented is taken from GP samples or those samples collected within 48 hours of admission to hospital and fit the SGHD definition of " arising out of hospital". There has been a slight increase in MSSA bacteraemias for this reporting period and an increase in Clostridium difficile in all ages of the out of hospital surveillance . There was a similar increase for the same reporting period last year and seasonal variation cannot be ruled out.

Clostridium difficile Infection Cases (all ages)



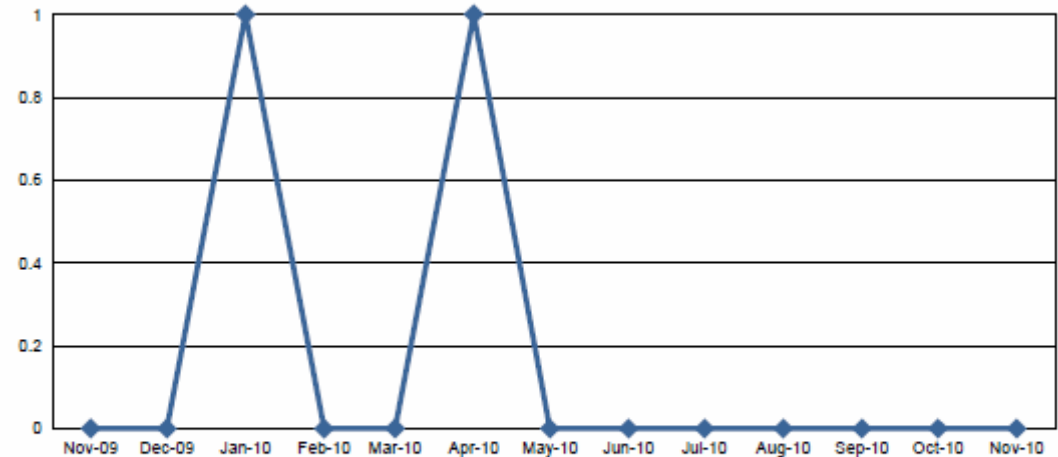
Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
10	5	3	6	4	4	6	3	6	11	14	4	16

MSSA Bacteraemia Cases



Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
2	3	1	3	4	1	2	1	4	3	2	2	4

MRSA Bacteraemia Cases



Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
0	0	1	0	0	1	0	0	0	0	0	0	0