

Healthcare Associated Infection Control and Prevention Report to NHS Lanarkshire Board. 27th October 2010.

Aim

The purpose of this paper is to update Board members on the 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

- Staphylococcus 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 October 2010

- The CNO (2010)1 letter – ‘ National Support Framework for NHS Boards ‘ published on the 29th September outlines the development of a national framework to support boards when responding to HAI incident/outbreaks, as well as HEI findings and surveillance exceedence. It is also intended to offer boards the assurance that support being asked for is appropriate for responding to the particular circumstance being faced. This framework is currently being tested through the provision of support to boards in the delivery of the additional 15% SAB target to be met by end March 2011(NHSL are not part of the framework test as those boards who met their HEAT target are not part of the testing process) The framework will be reviewed in 6 months time. This will allow for reflection on the lessons learned from application of the SAB support arrangements, as well as any incidents/outbreaks over the coming winter months and the ongoing programme of HEI visits.
- NHSL has agreed to test the Personal Protective Equipment element of the Health Protection Scotland Standard Infection Control Model Policy. Several wards have been identified and include maternity services, primary care and mental health services. A Model Infection Control Policy is an example plan for action, written to a high standard, to guide those wishing to develop, refine or compare their own policies, with a view to encouraging standardisation of policy across Scotland. Whilst these policies are not mandatory , they are intended to provide a common, evidence based approach to infection control
- Infection control week commenced on Monday 18th October 2010. NHSL have chosen Norovirus for this year’s theme and numerous stalls throughout the acute and primary care sites are promoting standard infection control precautions and raising awareness.

***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: *Staphylococcus aureus* :

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

Following achievement of previous 35% reduction of *Staphylococcus aureus* bacteraemia rates (SAB) by March 2010, NHSL continues to make good progress towards meeting its further 15% reduction of SAB to meet the HEAT target for 2010/2011

The HPS quarterly report on the surveillance of *Staphylococcus aureus* bacteraemias published on 6th October July showed that Lanarkshire had 145 *S.aureus* bacteraemias in the previous 12 months against a HEAT trajectory of 155. For the most recent quarter (April 10 – June 2010) the reported SAB rate was 0.194 episodes / 1000 AOBs (compared with 0.326 for NHS Scotland as a whole).

For MRSA bacteraemia the rate was 0.025 episodes / 1000 AOBs (vs. 0.061 for NHS Scotland) and for MSSA bacteraemia the rate was 0.169 cases / 1000 AOBs (compared with 0.265 for NHS Scotland).

Initiatives to Reduce *Staphylococcus aureus* bacteraemia

- The Area Drugs and Therapeutics committee has provided a steer on the financial sustainability around the provision of evidence based skin antisepsis prior to peripheral venous catheter insertion. Implementation of the recommendations is being taken forward.
- The National Tissue Viability Programme requires that Boards collect data on pressure ulcer incidence. A 3 month surveillance pilot is commencing on 11th October 2010 in the 3 acute hospitals. It is anticipated that this data and associated practices may provide invaluable information in further reducing SABs associated with skin/soft tissue damage.

- The roles of the Infection Control Teams in improving practices contributing to SABs is being explored to ensure a consistent approach to quality improvement across all sites.
- It has been established that 2 SABs in July/August have been associated with central venous catheters out with critical care areas at Hairmyres.

A meeting has been held with key individuals to ensure that optimum care is delivered to patients with central venous catheters in all areas.

MRSA Screening Programme-Progress of Implementation

The last national roll-out steering group meeting was held on the 14th October 2010 and no further policy decisions on the future of MRSA Screening will be made before November 2010. Given that boards will require time to respond to any possible revision in policy that may follow, funding to maintain and support implementation of the current policy has been extended to the end of March 2011. Information for care homes has been drafted in conjunction with the Care Commission but in order to avoid confusion, will not be issued until the final MRSA policy decision is made.

The MRSA screening programme and measurement of compliance continues. A manual database of compliance is maintained by the MRSA project team, from which figures 1 & 2 (below) are taken, with elective admissions $\geq 90\%$ and emergency admission $\geq 80\%$.

Fig.1 Compliance with screening all eligible elective admissions

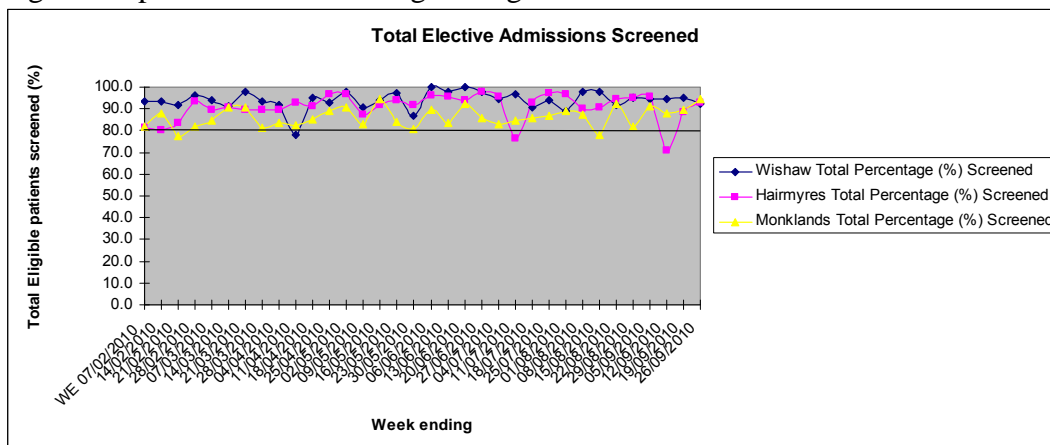
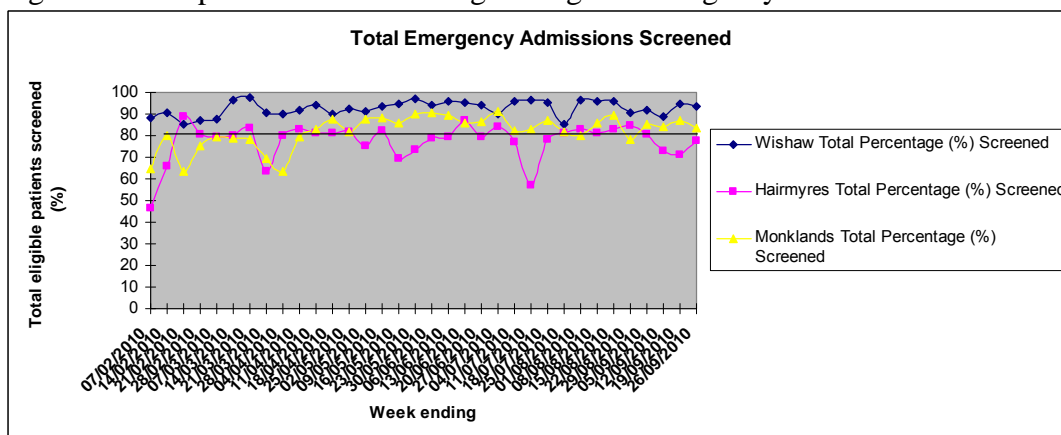


Figure 2 - Compliance with screening all eligible emergency admissions



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 are currently on trajectory to meet our HEAT target. Revision of the *Clostridium difficile* HEAT Target for 2011 in May 2010 now gives NHSL a HEAT Target to reduce the rate of *Clostridium difficile* infection in over 65 years old by at least 50% by 2011 (Target rate 1.00/1000 AOBs > 65 years old).

The HPS report published on 6th October quotes that Lanarkshire shows a significant decrease when a comparison of the yearly rates between July 2008-June 2009 and July 2009-June 2010 was made.

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

- The policy for the management of CDIs has been reviewed and endorsed by the LICC. An implementation and Monitoring Plan is being developed.
- A meeting has been held with HPS to ensure that NHSLs approach to enhanced CDI Surveillance is robust and aligned with a national view.
- A meeting to develop a CDI Driver Diagram and Change Package is to be held in October to ensure that focus is placed on high impact improvement processes to reduce current figures.
- Enhanced CDI Surveillance data is being further scrutinised to ensure that community associated cases are notified to the Primary Care Infection Control Team to determine potential contributing factors aimed at reducing such cases.

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 most recent national audit in September 2010 NHSL achieved a compliance of 93% this will be published in the November National Audit Report. 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 complete at Ladyholme, Kello and Kilsyth. Protocol commenced in all wards in Udston.
- Hand Hygiene education sessions in partnership with Ecolab are ongoing on a monthly basis. Sessions delivered at Udston Hospital in September and planned for Hairmyres in October.
- Discipline specific sessions delivered to Junior Doctors at Wishaw General and Hairmyres in August with a further session arranged for October 2010. Education also delivered to protected education sessions for medical staff at Hairmyres in September.
- Four afternoons of generic hand hygiene education sessions delivered in Wishaw for September 2010. Two afternoons of generic educations also arranged for Hairmyres for October 2010.
- Hand Hygiene poster replenishment undertaken and completed at Wishaw General Hospital.
- National hand hygiene audit for September /October 2010 now complete. Overall results 93% Medical Staff-74%, nursing staff-95%, AHP- 90%, Ancillary 92%.

- Signs for hospital entrances and A&E now received. Installation of flashing signs completed at Wishaw General and Hairmyres with some minor final adjustment at Monklands.
- Primary Care Products Implementation programme ongoing. Wishaw localities site survey complete, implemented August 2010.
- Screen saver concept complete, comments received and scheduled for October 2010.
- Standees of staff in new uniforms now on display.

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 Udston Hospital in September and scheduled for Coathill in October 2010.

Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

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

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

- Domestic performance scores recorded within the National Monitoring Framework continue to be above 95% achieving green status. The NHSScotland National Cleaning Services Specification Quarterly Compliance Report for Quarter 2 (Jul – Sept) is due to be published by Health Facilities Scotland (HFS) on November 25th 2010
- The Estates Monitoring Tool has been utilised across all NHS Boards since April 2010 albeit performance scores were not reported nationally for quarter 1 (April – June). Performance scores for Quarter 2 (Jul – Sept) are due to be published by Health Facilities Scotland (HFS) on November 25th 2010.
- Work is underway to develop standardised domestic work schedules across NHSL in consultation with PFI providers and Control of Infection.
- A development session was held in September 2010 attended by Domestic and Estates Supervisors & Managers addressing the implications of the

Estates Monitoring Tool & how PSSD report & respond to HEI related issues. Additionally, a representative from HFS delivered a presentation on common issues identified within the monitoring framework which supervisory staff found informative. An overview of the Helpdesk function and update /reporting feedback systems to users was also incorporated

- Alert Monitoring Clocks are in situ in public toilets within the three acute sites which demonstrate the frequency of cleans being undertaken to the public, patients and staff. Currently all these areas are checked every two hours and cleaned as required.
- Following a visit to Wishaw Hospital by the Healthcare Environment Inspectorate on September 28th & 29th a draft report is due to be issued on October 22nd. PSSD are represented at site HEI Group Meetings.
- Following the HEI inspection on the 25th/26th May at Hairmyres an action plan was developed. Work is underway in liaison with Control of Infection to ensure HAI-Scribe is being undertaken when appropriate for routine maintenance schemes.

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

There was an increased incidence of MRSA in the Neonatal Unit in the past month identified through routine monitoring. MRSA was isolated from three babies who had been associated with the unit; however, there were no related adverse clinical concerns for those patients identified. No further cases were detected following screening of other babies in the unit at the same time. The other patients in the unit have been screened on a further two occasions with no further cases identified. As a precaution, hand hygiene practices were re-enforced and environmental cleaning and practices re-assessed. There were no significant areas of concern identified.

An assessment using the Health Protection Scotland Hospital Infection Incident Assessment (HIAT) Tool (Watt Risk Matrix Replacement) calculated the impact as "Green" which stipulates that the situation can be managed within the board. The Consultant for Public Health Medicine was contacted by the Consultant Microbiologist and Health Protection Scotland (HPS) was contacted by the Infection Control Team. Both were content we had taken all the necessary action required. There have been no further cases detected. Ongoing routine monitoring of the unit continues and NHS Lanarkshire has agreed to test an HPS Draft MRSA Trigger Investigation Tool for Neonatal Units when available.

Norovirus

Date 11/10/10	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	1	1	6	9
	NHS National Waiting Times Centre	NR	NR	NR	NR
	NHS Grampian	0	0	0	0
	NHS Highland	0	0	0	0
	NHS Lanarkshire	0	0	0	0
	NHS Lothian	1	1	7	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	2	2	15	9

Currently **2** NHS Board are 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 **11/10/2010** there was **2** hospitals with **2** wards affected.

The NHSL Norovirus Debriefing Exercise SBAR was tabled at the LICC on the 23rd August 2010. An NHSL Norovirus Preparedness Action Plan has been compiled and submitted to the Winter Planning Group

Other HAI Related Activity

Healthcare Environment Inspection

Wishaw General underwent an announced Environmental Inspection on the 28th and 29th of September 2010.

During that time the Lead Inspector, two Associate Inspectors and representation from Patient /Public involvement visited 8 wards, talked to 17 patients and numerous members of staff.

In addition, staff within NHS Lanarkshire who perform specific HAI roles were identified for 1.1 interviews as well as a group discussion to discuss generic environmental and process issues within Wishaw General Hospital.

The areas reviewed for the inspection were as follows:

- Roles and Responsibilities.
- Audit/Surveillance.
- Policy and Procedure.
- Antimicrobial Prescribing.
- Risk Assessment and Patient Placement.
- Uniform Policy/Dress code.
- Patient Management.
- Cleaning.
- Procurement.
- Communication
- Public Involvement
- Education.

The final report will be received by NHSL on the 22nd October to enable an action plan of any recommendations or requirements to be developed.

A follow up visit by the HEI Team is planned for 04th November 2010 at Hairmyres to review improvement against the action plan submitted post inspection in June 2010.

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.

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

Procedure	Total operations	Infections	SSI %	National SSI %
Hip Arthroplasty	22	0	0.00	0.60
Repair of neck of femur	20	0	0.00	0.57
Knee Arthroplasty	7	0	0.00	0.62
Caesarean Section	132	8 (Superficial)	6.06	3.02

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

Procedure	Total operations	Infections	SSI %	National SSI %
Hip Arthroplasty	34	1 (1 deep)	2.94	0.91
Repair of neck of femur	27	2 (1 Superficial, 1 deep)	7.41	2.55
Knee Arthroplasty	13	1 (superficial)	7.69	1.89
Caesarean Section	141	3 (Superficial)	2.13	2.88

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 endorsed by the LICC on the 23rd September 2010 and by the Staff and Organisational Development Group on the 20th September 2010. It will be presented to the Risk Management and Clinical Governance Group and a plan developed to support implementation in December 2010.

Antimicrobial Prescribing

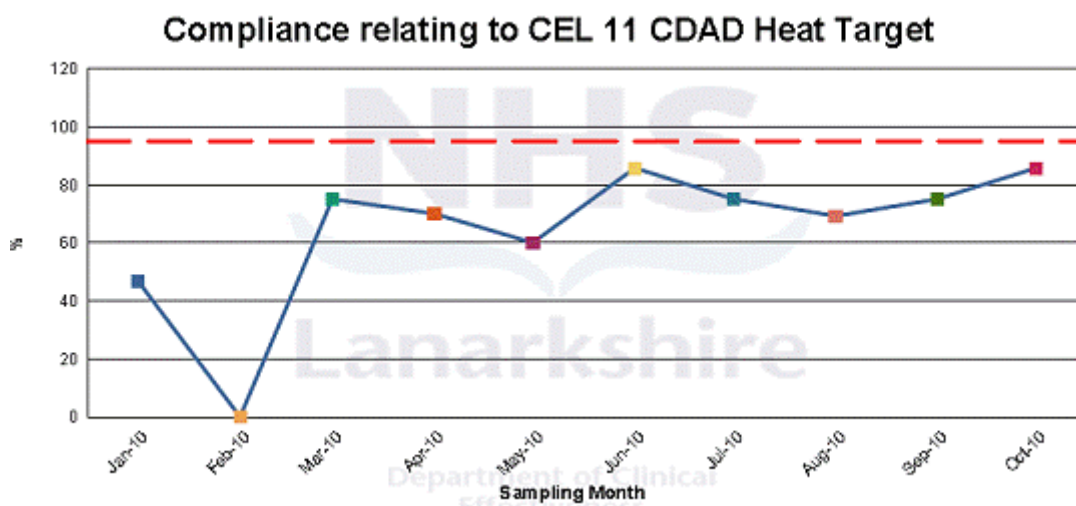
Update on progress made by NHSL AMT against the 3 CDI HEAT Target antibiotic indicators described in CEL 11, April 2009.

First CDI HEAT Target Antibiotic Indicator – Empirical Prescribing

Hospital-based empirical prescribing:

1. antibiotic prescriptions are compliant with the local antimicrobial policy
AND
2. the rationale for treatment is recorded in the clinical case note
In $\geq 95\%$ of sampled cases

Data from Jan – Oct 2010 for **Emergency Receiving Unit at Monklands** shows current HEAT target compliance measure for unit is **86%**.



NHSL AMT is continuing to work with front line clinical staff leads to raise awareness of individual responsibilities when prescribing antibiotics empirically.

Data collection has now been extended to both **Hairmyres** and **Wishaw General admission units**. Analysis of September data shows initial compliance to the combined HEAT Target measure of **81%** and **93%** respectively. Work is continuing to

identify and share best practice among the 3 sites in order to achieve HEAT target compliance > 95%.

As of June 2010, only one NHS Board (Grampian) in Scotland was consistently achieving the target of $\geq 95\%$ compliance with this combined HEAT Target measure. NHSL AMT is collaborating with counterparts from this board, again with the intention of identifying and spreading best practice.

Second CDI HEAT Target Antibiotic Indicator – Surgical Prophylaxis

Surgical Antibiotic Prophylaxis:

- 1. duration of surgical antibiotic prophylaxis is < 24 hours
AND**
- 2. compliant with local antimicrobial prescribing policy
In $\geq 95\%$ of sampled cases**

Newly revised surgical antibiotic prophylaxis policies were introduced across all 3 acute NHSL hospital sites during September 2010 with positive feedback from front line prescribing & nursing colleagues working in these surgical and theatre areas.

NHSL AMT is continuing to collaborate closely with Scottish Patient Safety Programme, peri-operative personnel and HPS Surgical Site Infection Surveillance Nurses on all 3 sites to develop processes which will allow robust data collection on this second antibiotic indicator.

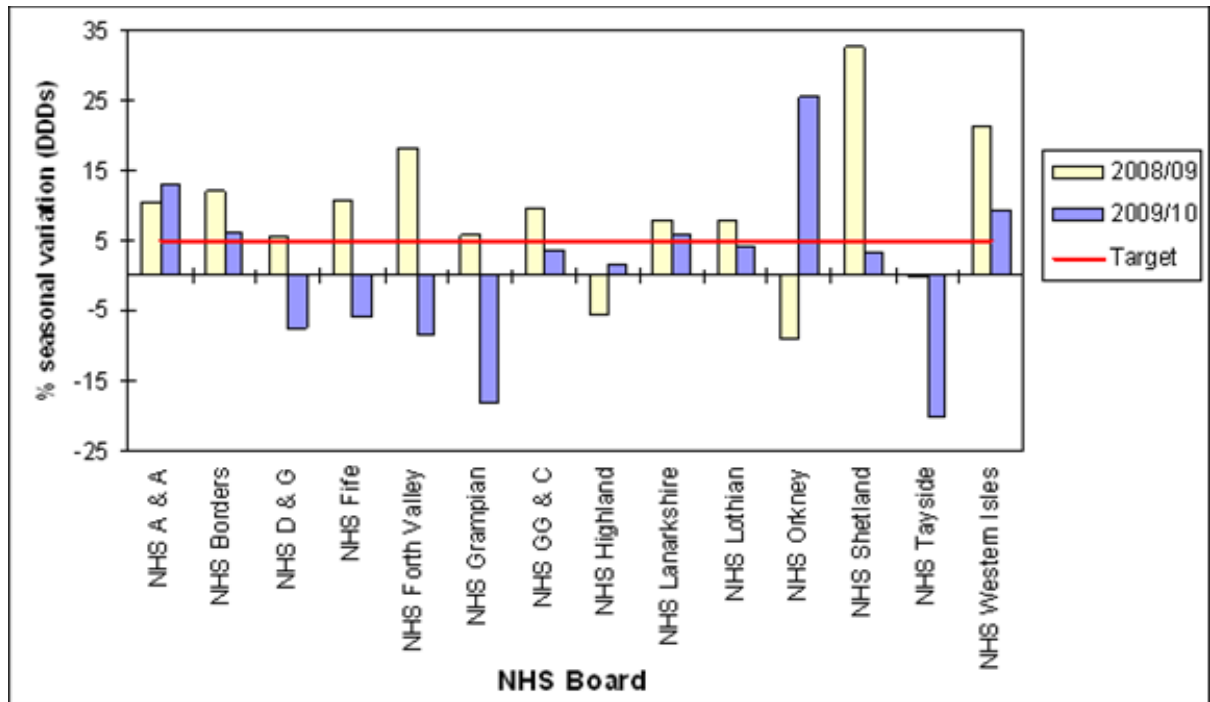
This approach has recently been endorsed as best practice by SAPG in the Surgical Antibiotic Prophylaxis Position Paper (Sept 2010).

Third CDI HEAT Target Antibiotic Indicator –Seasonal Quinolone Variance

Primary Care Empirical Prescribing:

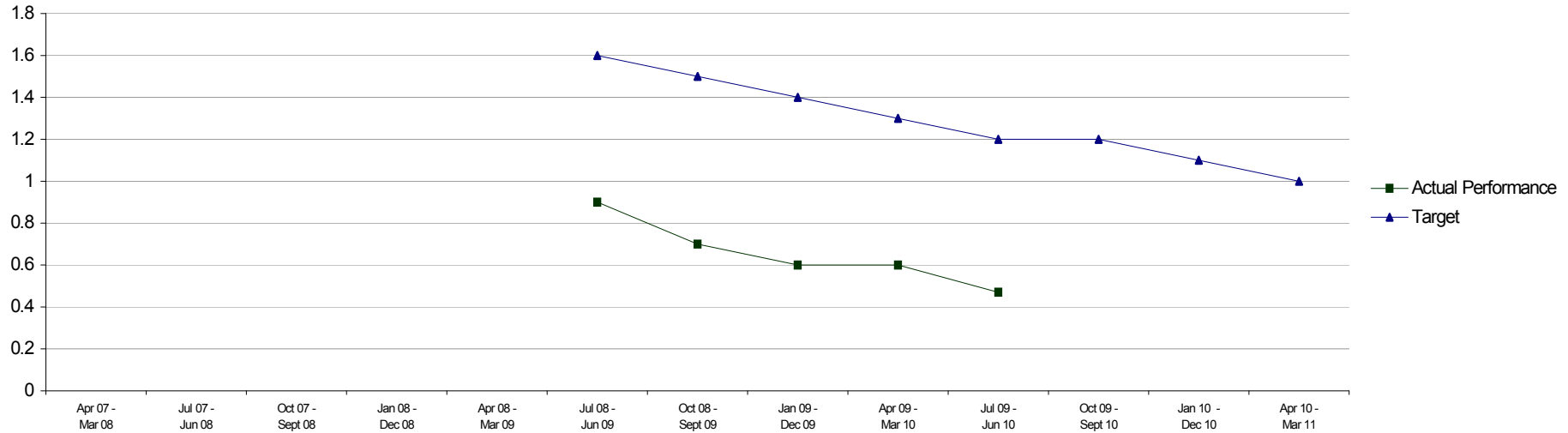
Seasonal variation in quinolone use (summer vs. winter months) is < 5% cases

NHSL variance for 2009-2010 is **5.8%** (target < 5%) – a reduction from almost 8% for the annual period. NHSL Primary Care Antibiotic Action Plan led by Dr C Mackintosh looks to build on this encouraging progress.



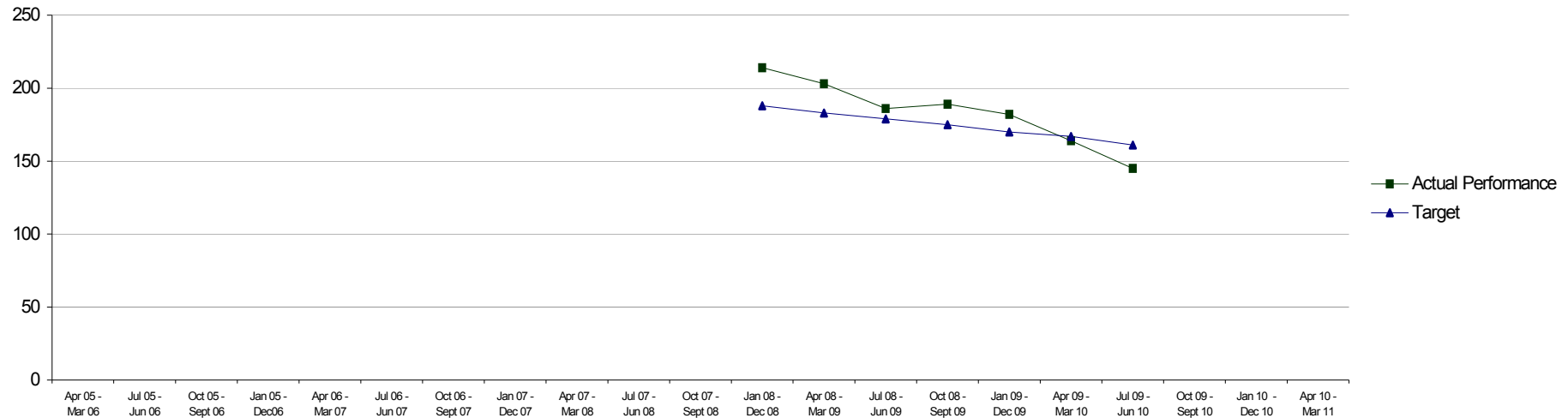
NHS Scotland NHS Board, % seasonal variation of quinolones (DDD) 2008-09/2009-10

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			
Target												188	183	179	175	170	167	161			

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.

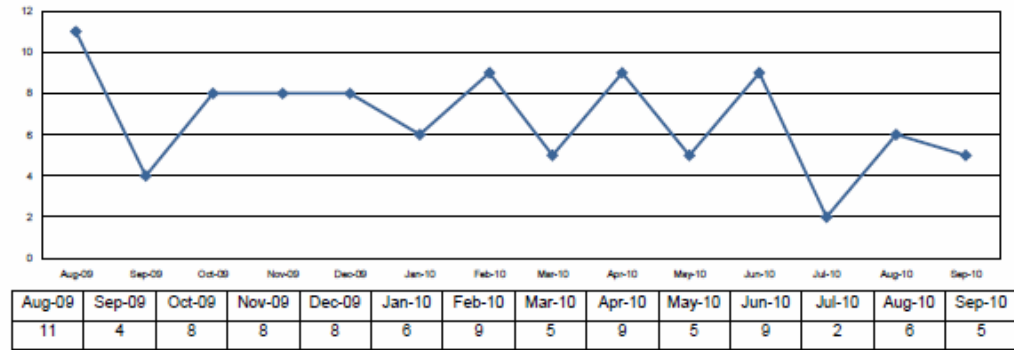
Understanding the Report Cards – ‘Out of Hospital Infections’

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.

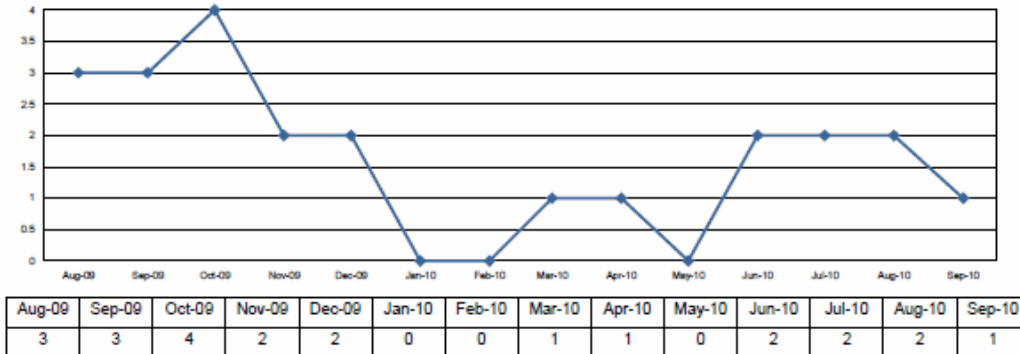
Hairmyres

Hairmyres has seen a slight reduction in both Staph aureus bacteraemias and Clostridium difficile since last month. Enhanced surveillance continues for all cases. MSSA has reduced and there were 0 cases associated to MRSA. Both hand hygiene and cleaning have remained stable at 98%.

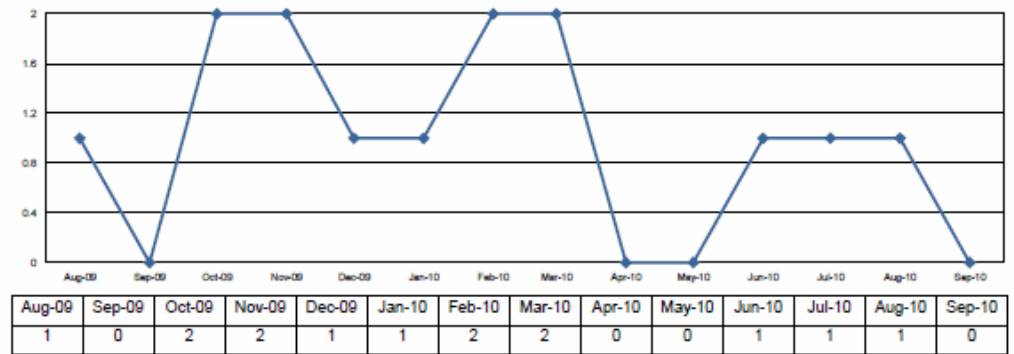
Clostridium difficile Infection Cases (all ages)



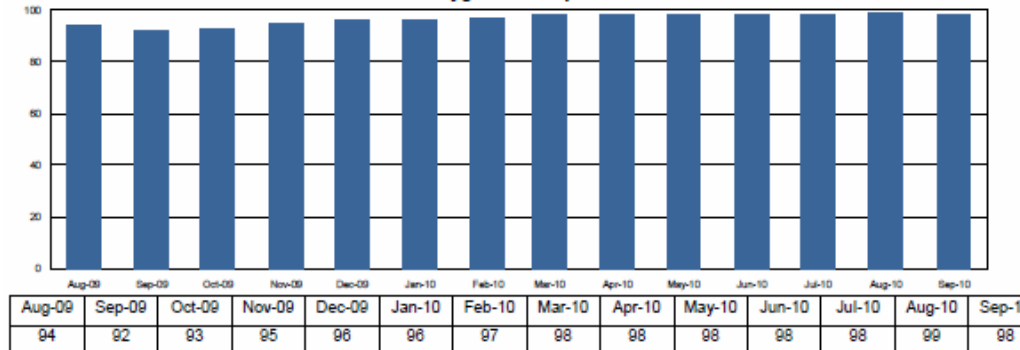
MSSA Bacteraemia Cases



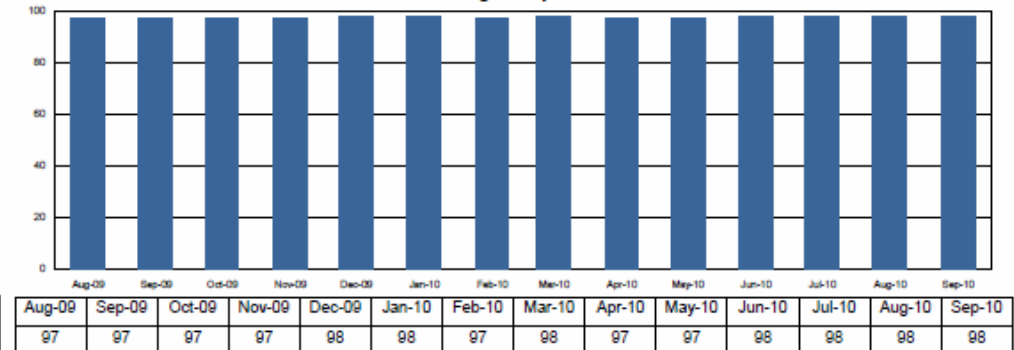
MRSA Bacteraemia Cases



Hand Hygiene Compliance



Cleaning Compliance



Monklands

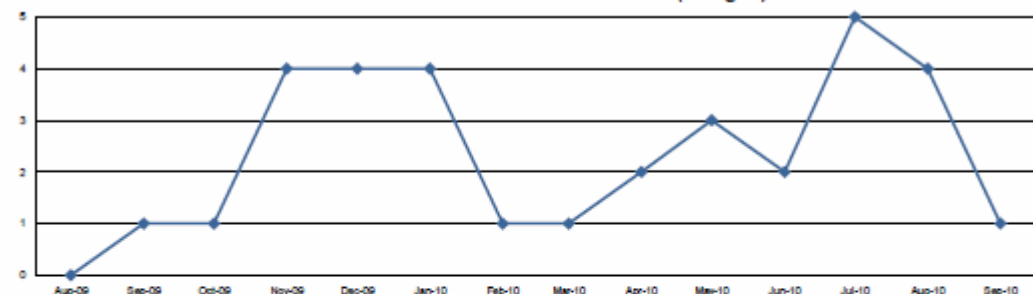
Monklands have seen a reduction in both Staph aureus bacteraemias and Clostridium difficile since last month.

Enhanced surveillance continues for all cases.

MSSA has reduced since last month and there were no cases associated to MRSA.

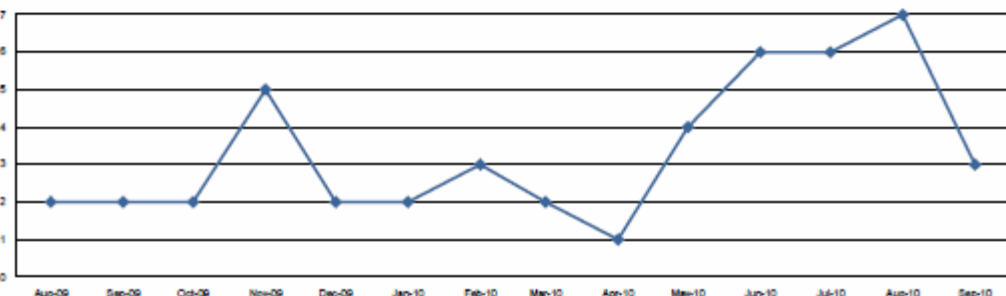
Hand hygiene has been sustained at 99% and cleaning has reduced slightly to 94%.

Clostridium difficile Infection Cases (all ages)



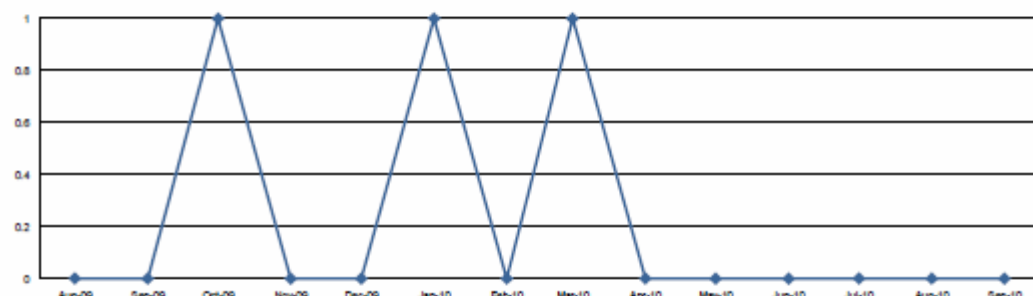
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
0	1	1	4	4	4	1	1	2	3	2	5	4	1

MSSA Bacteraemia Cases



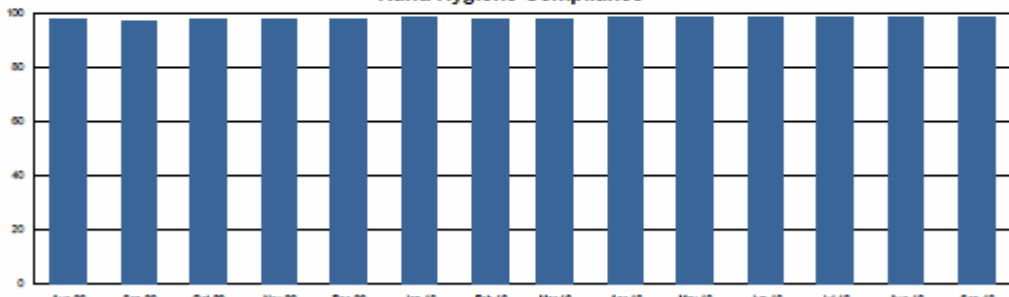
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
2	2	2	5	2	2	3	2	1	4	6	6	7	3

MRSA Bacteraemia Cases



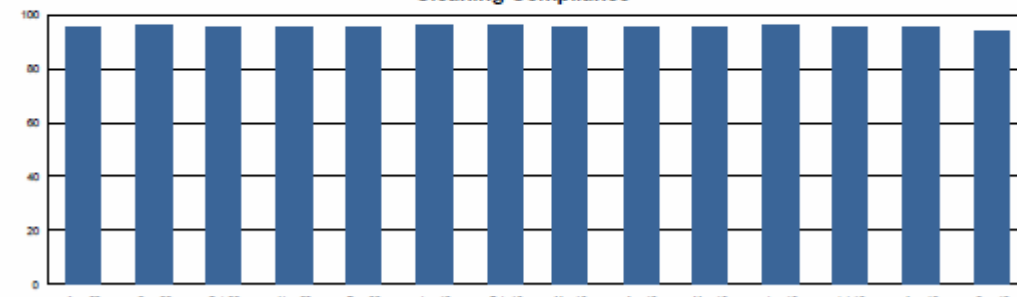
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
0	0	1	0	0	1	0	1	0	0	0	0	0	0

Hand Hygiene Compliance



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

Cleaning Compliance

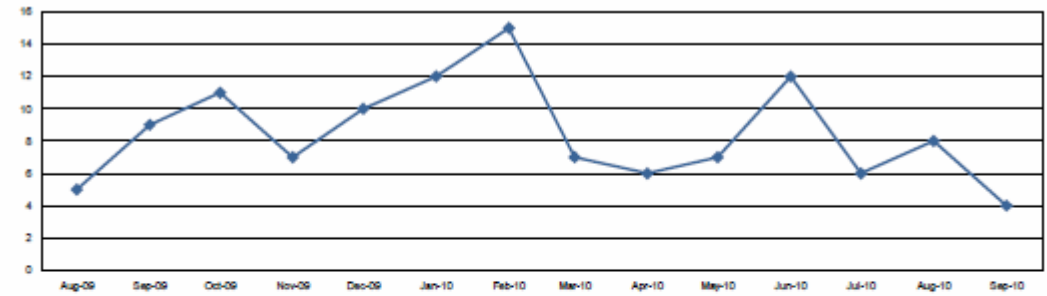


Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
95	96	95	95	95	96	96	95	95	95	96	95	95	94

Wishaw

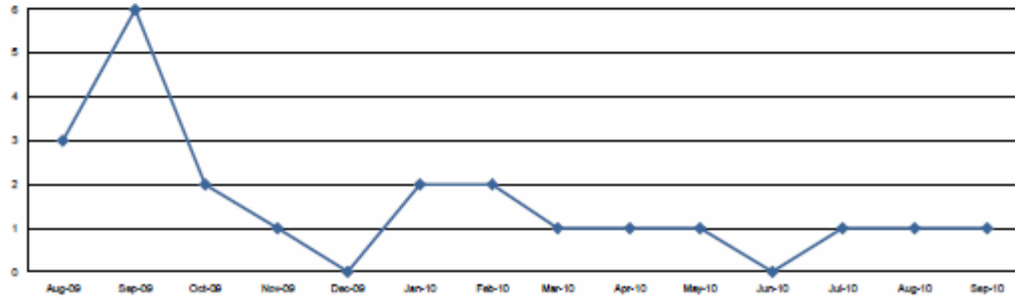
Wishaw has seen a reduction in Clostridium difficile infection since last month and a slight reduction in Staph Aureus Bacteraemias with only 1 MSSA case reported and 0 cases associated with MRSA. Since the last reporting period Hand hygiene compliance has been sustained at 99% and cleaning has shown a slight reduction to 95%.

Clostridium difficile Infection Cases (all ages)



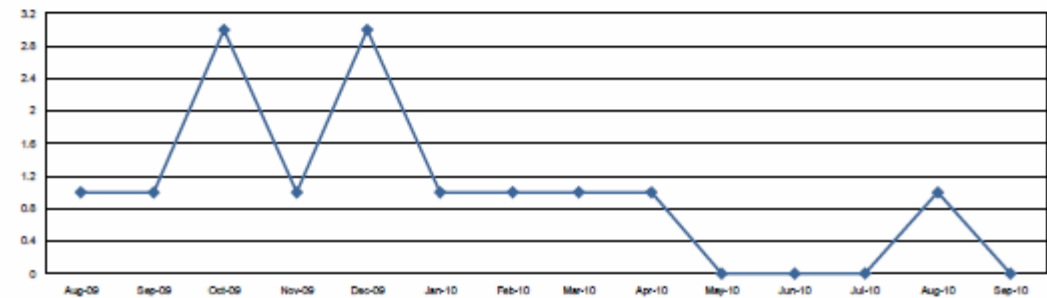
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
5	9	11	7	10	12	15	7	6	7	12	6	8	4

MSSA Bacteraemia Cases



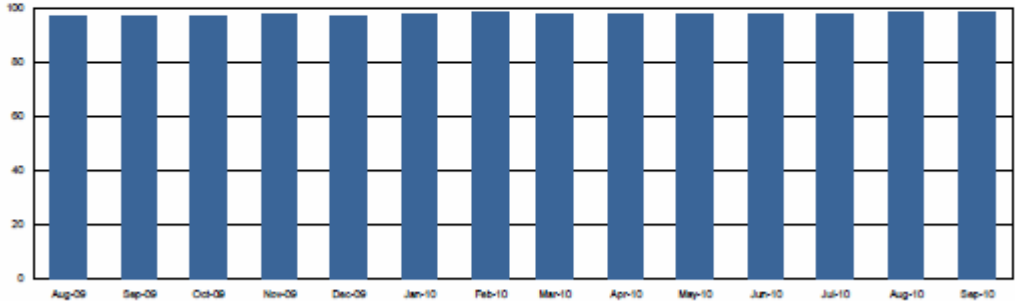
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
3	6	2	1	0	2	2	1	1	1	0	1	1	1

MRSA Bacteraemia Cases



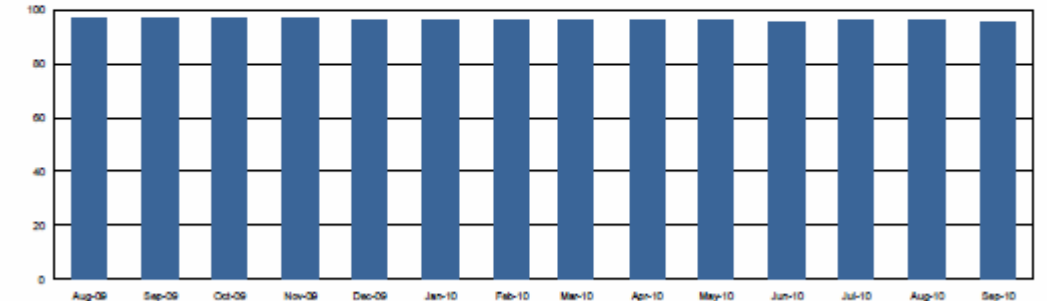
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
1	1	3	1	3	1	1	1	1	0	0	0	1	0

Hand Hygiene Compliance



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

Cleaning Compliance

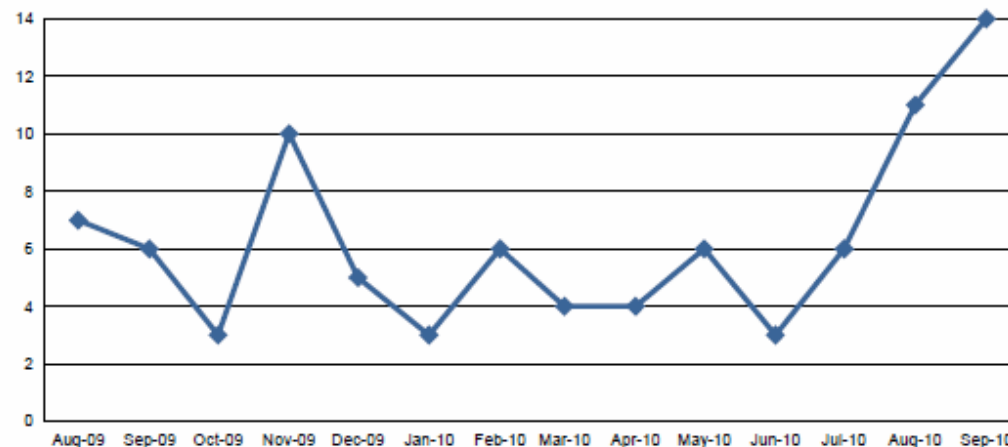


Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
97	97	97	97	96	96	96	96	96	96	95	96	96	95

Out of Hospital Infections

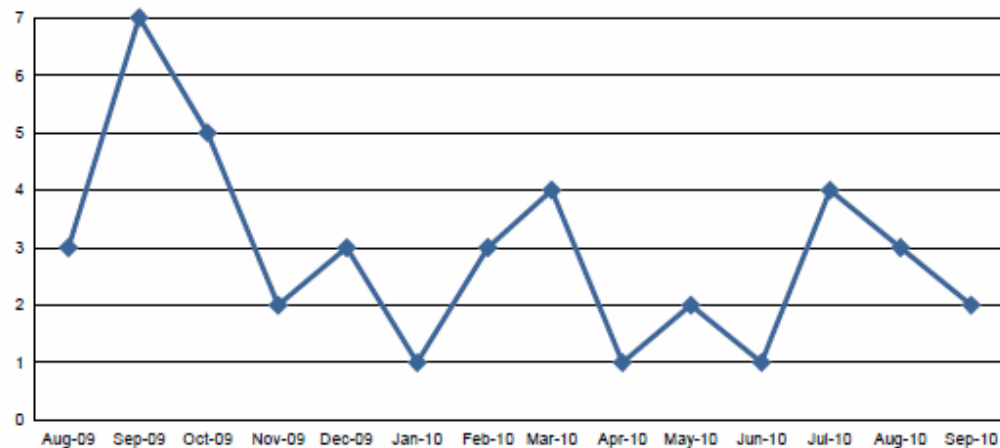
These report cards represent cases either from GPs or samples collected within 48 hours of hospital admission and therefore fit the Scottish Governments definition section as "arising out of hospital". These show a slight reduction in Staph Aureus Bacteraemias for this reporting period, however an increase in Clostridium difficile cases.

Clostridium difficile Infection Cases (all ages)



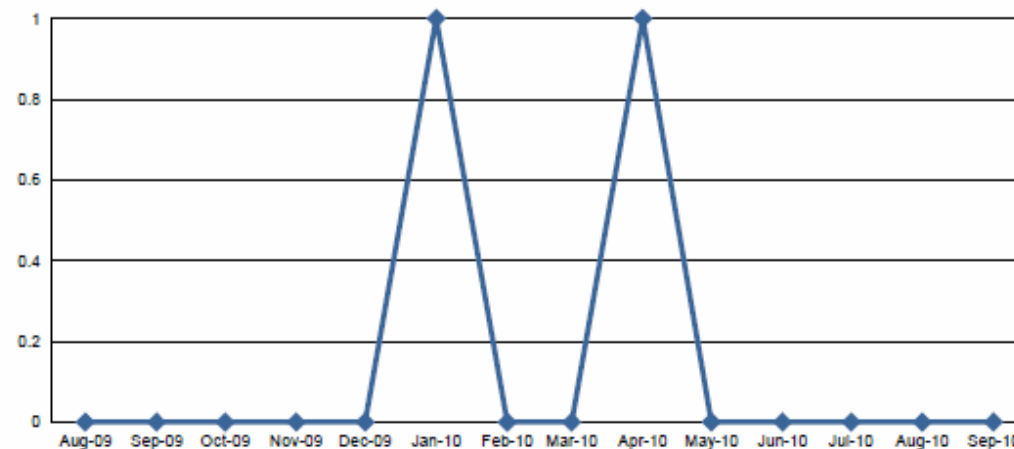
Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
7	6	3	10	5	3	6	4	4	6	3	6	11	14

MSSA Bacteraemia Cases



Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
3	7	5	2	3	1	3	4	1	2	1	4	3	2

MRSA Bacteraemia Cases



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