

SUBJECT: HAI EXCEPTION UPDATE

Aim

The purpose of this paper is to update Board members of the current status of Healthcare Associated Infections (HAIs) and any exceptions that need to be highlighted out with the bi monthly board report.

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 nationally agreed template. It has been agreed in NHSL that an exception report will be submitted alternately. The next full report will be submitted to the Board in February 2011.

1. Board Wide Issues

Key Healthcare Associated Infection Headlines for January 2011

- NHS Lanarkshire has experienced increased activity in relation to influenza and H1N1 within the acute hospitals. The Infection Control Teams have worked closely with Bed Managers and fully participated in daily conference calls, out of hour's on-call arrangements and data collection and collation.
These measures aim to facilitate appropriate patient placement and provide support with patient management.
- The NHSL HAI Services Manager has been invited to speak at the Scottish Antimicrobial Prescribing Group (SAPG) Conference on the 1st March. The aim of the session will be to share with others boards the success of integrated working between the Antimicrobial Management team and the Infection Control Service within Lanarkshire.
- Actichlor Plus implementation is now almost complete within the acute outlying and primary care wards. GP practices continue to run down existing stock levels prior to implementation within these areas.

2. Healthcare Environment Inspection (HEI) Wishaw General

An unannounced HEI Inspection was undertaken at Wishaw General on the 20th December 2010. Verbal feedback highlighted that whilst there had been notable improvement within maternity services, the issue of varying levels of *'dust and fluff'* remained a concern. The HEI will be sending written communication regarding the findings of the unannounced visit to the Chief Executive on the 19th January 2011. Some immediate actions have already been undertaken. In addition the 16 week review of the action plan following the announced Inspection in September is now due for return to the HEI by the 2nd February 2011. This is being co-ordinated by the HEI steering group.

3. *Staphylococcus aureus* (including MRSA)

There was a total of 137 *Staph.aureus* bacteraemias in the 12 months up to the end of December 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 104 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.

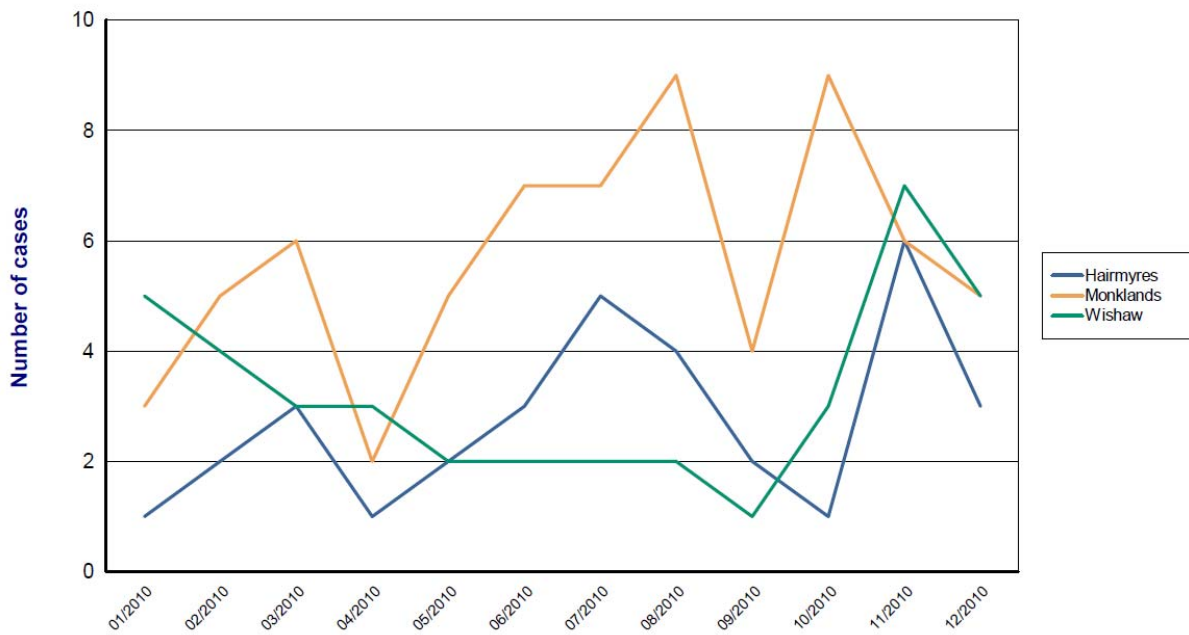
The rate of 0.26 cases or less per 1000 acute occupied bed days was the “best in class” rate achieved by a single board in year ending March 2010; and is a rate that is considered to be achievable by all Boards.

In the year July 2009 – June 2010 the rate was 0.302 cases or less per 1000 acute occupied bed days so reducing to a rate of 0.26 represents a further 14 per cent reduction.

Table 1: *Staphylococcus aureus* bacteraemias by month and acute hospital

***Staphylococcus aureus* bacteraemia cases by month and acute hospital (MRSA & MSSA), Date range: 01/01/2010 - 31/12/2010**

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

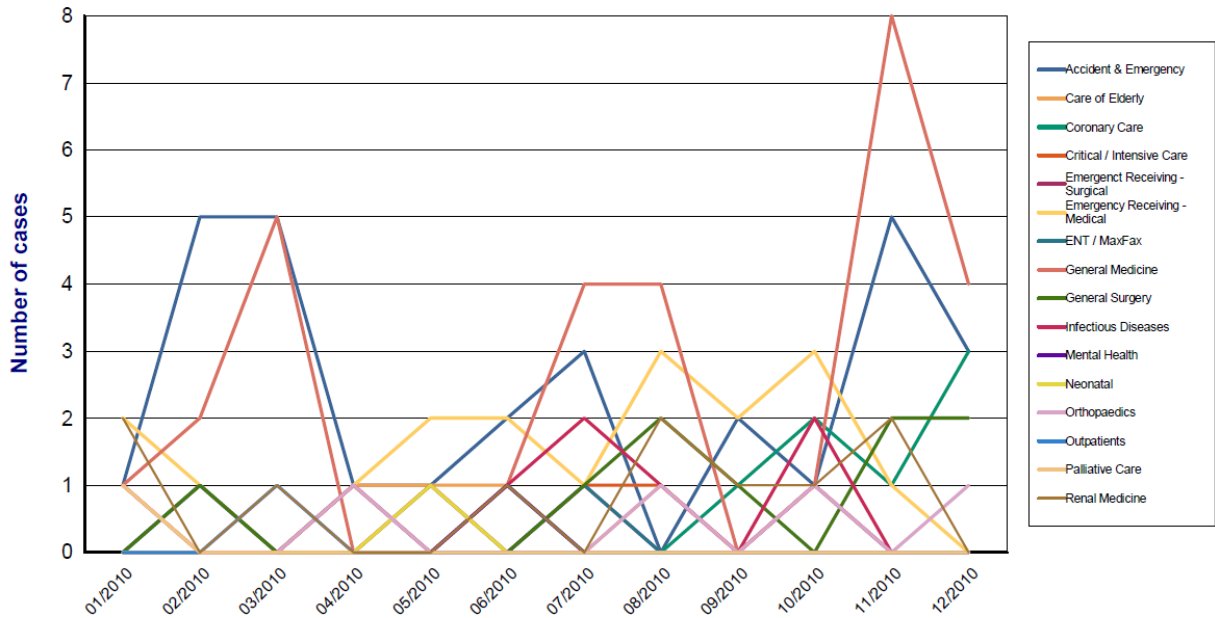


| | Hairmyres | Monklands | Wishaw | Totals |
|---------------|-----------|-----------|-----------|------------|
| 01/2010 | 1 | 3 | 5 | 9 |
| 02/2010 | 2 | 5 | 4 | 11 |
| 03/2010 | 3 | 6 | 3 | 12 |
| 04/2010 | 1 | 2 | 3 | 6 |
| 05/2010 | 0 | 5 | 2 | 7 |
| 06/2010 | 3 | 7 | 0 | 10 |
| 07/2010 | 5 | 7 | 2 | 14 |
| 08/2010 | 4 | 9 | 2 | 15 |
| 09/2010 | 2 | 4 | 1 | 7 |
| 10/2010 | 1 | 9 | 3 | 13 |
| 11/2010 | 6 | 6 | 7 | 19 |
| 12/2010 | 3 | 5 | 5 | 13 |
| Totals | 31 | 68 | 37 | 136 |

Table 1: Highlights that the number of *Staphylococcus aureus* bacteraemia (SAB'S) per acute hospital. There was a decrease in the incidence of SAB's at all acute sites in December All but one case were MSSA. The enhanced surveillance data continues to identify the potential primary sources of infection and contributing factors in order to feedback to the ward staff and to ensure that action where required is taken

Table 2: *Staphylococcus aureus* bacteraemias (SABs) per acute specialties
Date range: 01/01/2010 - 31/12/2010

Staph. aureus Bacteraemia cases by Month and Acute Specialty (MRSA & MSSA)



| | Accident & Emergency | Care of Elderly | Coronary Care | Critical / Intensive Care | Emergent Receiving - Surgical | Emergency Receiving - Medical | ENT / MaxFax | General Medicine | General Surgery | Infectious Diseases | Mental Health | Neonatal | Orthopaedics | Outpatients | Palliative Care | Renal Medicine | Totals |
|---------------|----------------------|-----------------|---------------|---------------------------|-------------------------------|-------------------------------|--------------|------------------|-----------------|---------------------|---------------|----------|--------------|-------------|-----------------|----------------|------------|
| 01/2010 | 1 | 1 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 10 |
| 02/2010 | 5 | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 |
| 03/2010 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 12 |
| 04/2010 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 6 |
| 05/2010 | 1 | 1 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 7 |
| 06/2010 | 2 | 1 | 1 | 0 | 0 | 2 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 10 |
| 07/2010 | 3 | 0 | 0 | 1 | 1 | 1 | 1 | 4 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |
| 08/2010 | 0 | 1 | 0 | 1 | 0 | 3 | 0 | 4 | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 2 | 15 |
| 09/2010 | 2 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 7 |
| 10/2010 | 1 | 0 | 2 | 1 | 1 | 3 | 0 | 1 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 1 | 13 |
| 11/2010 | 5 | 0 | 1 | 0 | 0 | 1 | 0 | 8 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 19 |
| 12/2010 | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 13 |
| Totals | 29 | 5 | 8 | 5 | 4 | 18 | 2 | 30 | 10 | 7 | 1 | 1 | 5 | 1 | 1 | 10 | 137 |

Table 2: Highlights the number of *Staphylococcus aureus* bacteraemia per acute specialty reported since January 2010. The highest numbers are in General Medicine (30) Accident and Emergency (29) and Emergency Receiving (18). These figures are in keeping with national findings and reflect where the specimens were obtained, and not necessarily where the SABs were acquired. The enhanced surveillance data continues to be reviewed to determine hospital or community association and is presented in the bi monthly HAIRT template

4. Clostridium difficile infection (CDI)

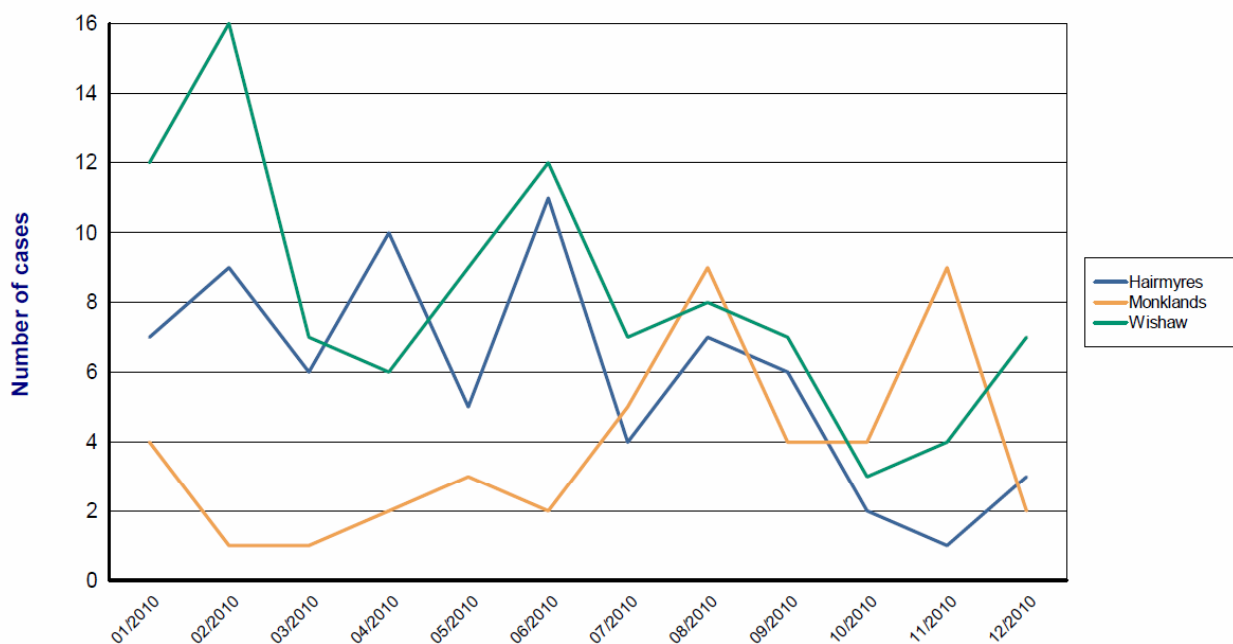
NHS Lanarkshire remain on trajectory to meet our HEAT target. The target for 2011-2013 is for all Boards to reduce from their current rate of *Clostridium difficile* infections down to 0.39 or less cases per 1000 total occupied bed days in patients aged 65 and over by year ending March 2013.

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 64 episodes (>65 years old) giving a rate of 0.52 cases > 65 years old / 1000 OCBDs for the quarter up to September 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 12 months up to March 2011.

Table 3: Clostridium difficile by month and acute hospital
Date range: 01/01/2010 - 31/12/2010

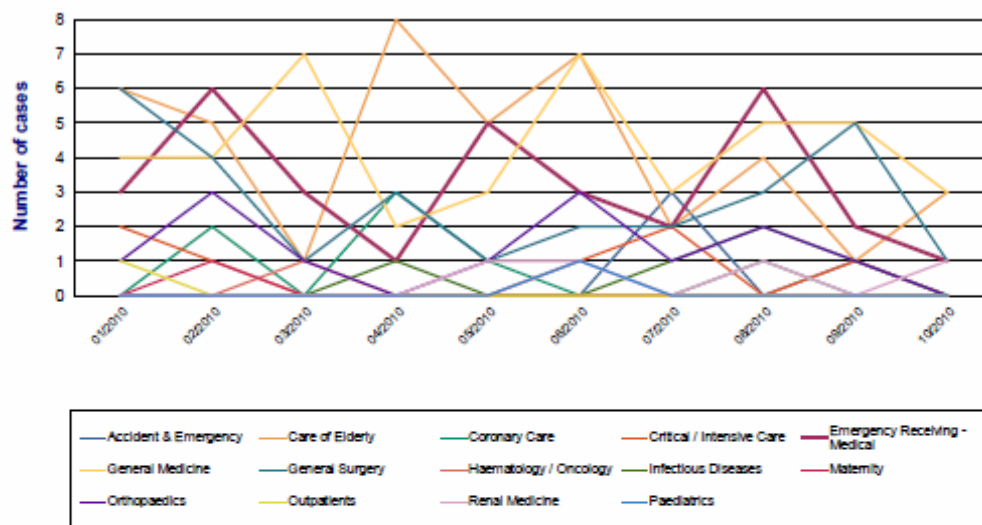
C. Difficile cases by Month and Acute Hospital



| | Hairmyres | Monklands | Wishaw | Totals |
|---------------|-----------|-----------|-----------|------------|
| 01/2010 | 7 | 4 | 12 | 23 |
| 02/2010 | 9 | 1 | 16 | 26 |
| 03/2010 | 6 | 1 | 7 | 14 |
| 04/2010 | 10 | 2 | 6 | 18 |
| 05/2010 | 5 | 3 | 9 | 17 |
| 06/2010 | 11 | 2 | 12 | 25 |
| 07/2010 | 4 | 5 | 7 | 16 |
| 08/2010 | 7 | 9 | 8 | 24 |
| 09/2010 | 6 | 4 | 7 | 17 |
| 10/2010 | 2 | 4 | 3 | 9 |
| 11/2010 | 1 | 9 | 4 | 14 |
| 12/2010 | 3 | 2 | 7 | 12 |
| Totals | 71 | 46 | 98 | 215 |

Table 4: Clostridium difficile infection rates per acute specialities
Date range: 01/01/2010 - 31/12/2010

C. Difficile cases by Month and Acute Speciality



| | Accident & Emergency | Care of Elderly | Coronary Care | Critical / Intensive Care | Emergency Receiving - Medical | General Medicine | General Surgery | Haematology / Oncology | Infectious Diseases | Maternity | Orthopaedics | Outpatients | Renal Medicine | Paediatrics | Totals |
|---------------|----------------------|-----------------|---------------|---------------------------|-------------------------------|------------------|-----------------|------------------------|---------------------|-----------|--------------|-------------|----------------|-------------|------------|
| 01/2010 | 0 | 6 | 0 | 2 | 3 | 4 | 6 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 23 |
| 02/2010 | 0 | 5 | 2 | 1 | 6 | 4 | 4 | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 26 |
| 03/2010 | 0 | 1 | 0 | 0 | 3 | 7 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 14 |
| 04/2010 | 0 | 8 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 18 |
| 05/2010 | 0 | 5 | 1 | 0 | 5 | 3 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 17 |
| 06/2010 | 0 | 7 | 0 | 1 | 3 | 7 | 2 | 0 | 0 | 0 | 3 | 0 | 1 | 1 | 25 |
| 07/2010 | 3 | 2 | 0 | 2 | 2 | 3 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 15 |
| 08/2010 | 0 | 4 | 1 | 0 | 6 | 5 | 3 | 0 | 2 | 0 | 2 | 0 | 1 | 0 | 24 |
| 09/2010 | 1 | 1 | 0 | 1 | 2 | 5 | 5 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 17 |
| 10/2010 | 0 | 3 | 0 | 0 | 1 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 9 |
| Totals | 4 | 42 | 7 | 7 | 32 | 43 | 28 | 1 | 5 | 1 | 13 | 1 | 4 | 1 | 189 |

Table 3 above shows *Clostridium difficile* by month and acute hospital. Monklands Hospital has shown a marked reduction in their CDI cases in December 2010, whilst Hairmyres Hospital and Wishaw General have seen a slight increase. Enhanced surveillance data confirms that of the 12 cases identified in December 4 of these were community associated.

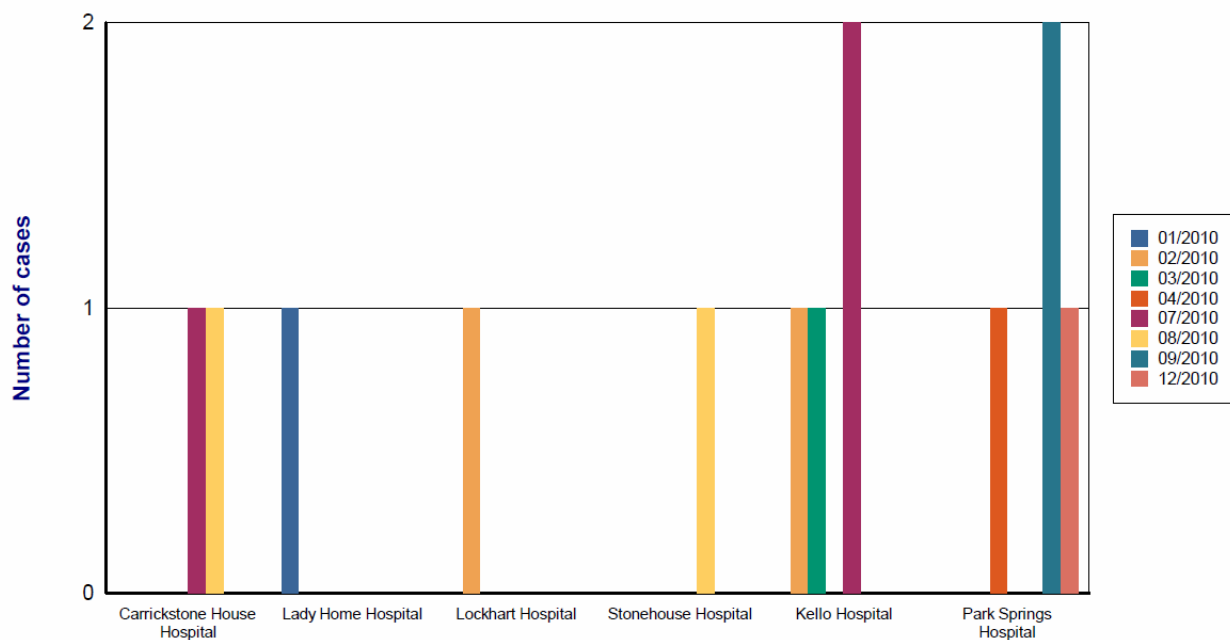
Table 4: above shows *Clostridium difficile* infection rates per acute specialities and continues to demonstrate that the population most at risk of acquiring CDIs are within the General Medical wards and Care of the Elderly

The figures report where the episode was identified and not necessarily where the cause originated. The enhanced surveillance data continues to be reviewed to determine if the CDIs were hospital or community associated and action taken where necessary to prevent further cases. This information is presented in the bi-monthly HAIRT report.

Table 5: Clostridium difficile infection rates by month - Community Hospitals

Date range: 01/03/2010 - 31/12/2010

C. Difficile cases by Month and Community Hospital



| | Carrickstone House Hospital | Lady Home Hospital | Lockhart Hospital | Stonehouse Hospital | Kello Hospital | Park Springs Hospital | Totals |
|---------------|-----------------------------|--------------------|-------------------|---------------------|----------------|-----------------------|-----------|
| 01/2010 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| 02/2010 | 0 | 0 | 1 | 0 | 1 | 0 | 2 |
| 03/2010 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 04/2010 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 07/2010 | 1 | 0 | 0 | 0 | 2 | 0 | 3 |
| 08/2010 | 1 | 0 | 0 | 1 | 0 | 0 | 2 |
| 09/2010 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| 12/2010 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Totals | 2 | 1 | 1 | 1 | 4 | 4 | 13 |

Table 5 above shows *Clostridium difficile* infection rates by month for Community Hospitals since January 2010 and demonstrates no data for October or November 2010 as there were no cases identified. There was one case identified at Park springs, which is a recurrent case known to the primary care infection control team.

Norovirus

The HPS weekly point prevalence survey for the week beginning the 17th January 2011 shows that there are currently 4 Boards reporting Norovirus activity, with 10 hospitals reporting 13 wards affected. NHS Lanarkshire are reporting no wards or hospitals affected.

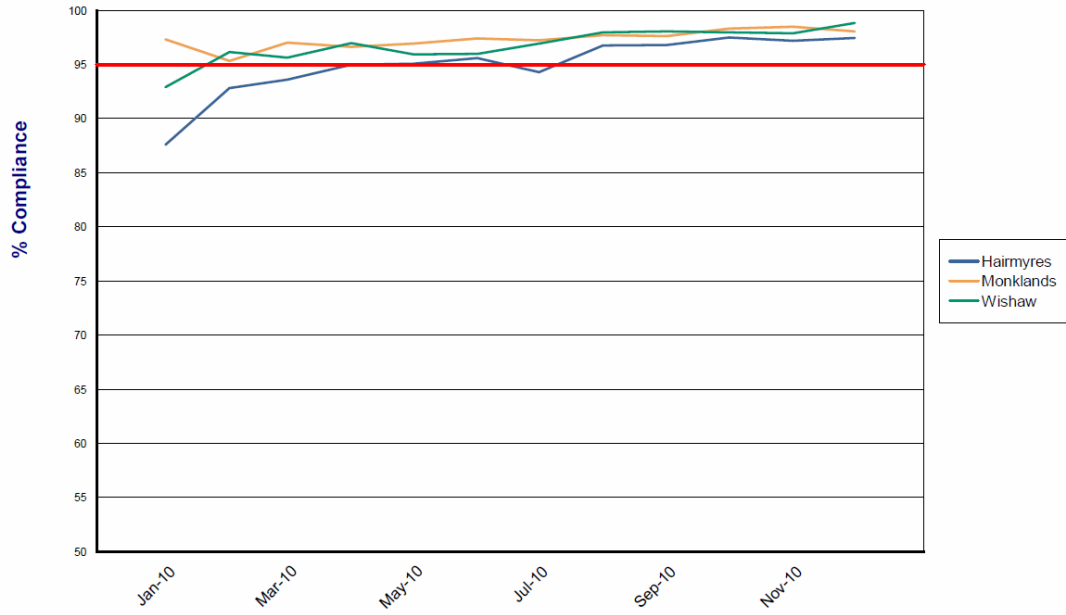
| Date 17/01/11 | NHS Board | Total number of hospitals with wards closed this Monday | Total number of wards closed this Monday | Total number of patients who are or have been affected in the wards closed this Monday | Total number of staff who are or have been affected in the wards closed this Monday |
|---------------|-----------------------------------|---|--|--|---|
| | 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 | 4 | 0 |
| | NHS National Waiting Times Centre | 0 | 0 | 0 | 0 |
| | NHS Grampian | 2 | 2 | 10 | 1 |
| | NHS Highland | 0 | 0 | 0 | 0 |
| | NHS Lanarkshire | 0 | 0 | 0 | 0 |
| | NHS Lothian | 5 | 8 | 52 | 9 |
| | NHS Tayside | 2 | 2 | 12 | 2 |
| | 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 | 10 | 13 | 78 | 12 |

Table 6: Hand Hygiene Compliance Acute Hospital

Date range: 01/01/2010 – 31/12/2010

LIFECHARTS

% Compliance with Hand Hygiene by Acute Hospital Site and Month



Note: where 0% compliance is displayed in the table, this indicates that no data exists for this time period.

| | Hairmyres | | | Monklands | | | Wishaw | | |
|---------|--------------------|---------------------------|--------------|--------------------|---------------------------|--------------|--------------------|---------------------------|--------------|
| | Total Observations | Total Performed Correctly | % Compliance | Total Observations | Total Performed Correctly | % Compliance | Total Observations | Total Performed Correctly | % Compliance |
| 01/2010 | 1420 | 1244 | 88 | 1424 | 1386 | 97 | 1888 | 1754 | 93 |
| 02/2010 | 1474 | 1368 | 93 | 1755 | 1673 | 95 | 2070 | 1990 | 96 |
| 03/2010 | 1766 | 1653 | 94 | 2191 | 2126 | 97 | 2435 | 2329 | 96 |
| 04/2010 | 1559 | 1481 | 95 | 1898 | 1834 | 97 | 2325 | 2255 | 97 |
| 05/2010 | 1973 | 1876 | 95 | 2275 | 2205 | 97 | 2489 | 2388 | 96 |
| 06/2010 | 1863 | 1781 | 96 | 2068 | 2014 | 97 | 2497 | 2397 | 96 |
| 07/2010 | 2071 | 1953 | 94 | 2165 | 2105 | 97 | 2531 | 2453 | 97 |
| 08/2010 | 2242 | 2169 | 97 | 2566 | 2507 | 98 | 2857 | 2799 | 98 |
| 09/2010 | 2137 | 2069 | 97 | 2292 | 2238 | 98 | 2624 | 2573 | 98 |
| 10/2010 | 2229 | 2173 | 97 | 2260 | 2222 | 98 | 2664 | 2610 | 98 |
| 11/2010 | 2643 | 2569 | 97 | 2440 | 2403 | 98 | 2652 | 2596 | 98 |
| 12/2010 | 2374 | 2313 | 97 | 2327 | 2282 | 98 | 2604 | 2574 | 99 |

5. Hand Hygiene

Hand Hygiene compliance has remained static on all sites and is 94% compliant. There are no exceptions to report and a full update on initiatives will be presented in the February HAIRT. The National Hand Hygiene Report will be published on the 26th January

6. Cleaning and the Healthcare Environment

- NHSL's Director of Strategic Planning & PSSD Senior Managers have met with Directors from Summit Healthcare & Serco to discuss the findings from the unannounced HEI visit at Wishaw general and an action plan has been developed to address the issues raised. PSSD local managers & the site Associate Director of Nursing have met with Summit & Serco with feedback via the local HEI Operational Group.
- West of Scotland Laundry have recently advised the NHS Boards who use their service, that problems are being experienced in relation to appropriate labelling of laundry bags by wards / departments prior to uplift & dispatch to the laundry. NHS Lanarkshire's Control of Infection Manual Section D Management of Linen clearly identifies staff responsibilities to ensure traceability of improperly segregated & bagged linen. This poor practice has resulted in an increase in both foul / infected linen & foreign objects being identified in linen & exposes laundry staff to unnecessary risks. The ICT within Lanarkshire have representation on the West of Scotland Laundry Health and Safety committee and have been reiterating compliance within the clinical areas as part of the audit process and spot check visits.
- The recent inclement winter weather has led to a number of domestic staff being unable to attend work. To ensure cleaning standards in clinical areas were maintained the level of cleaning services in non-clinical areas was reduced.

7. MRSA Screening

Emergency screening continues to be $\geq 85\%$ at Wishaw, with Monklands generally achieving $>70\%$. Hairmyres compliance continues to be lower with a large drop in the middle of December. Screening for the elective element mostly been greater than 80% on all 3 sites. A policy decision was expected mid January from the SGHD, however, the national rollout meeting which was organised for the 19th, to coincide with the announcement has been cancelled. The project team continue to influence compliance and await a national policy decision.

Fig. 1. Compliance with screening all eligible elective admissions

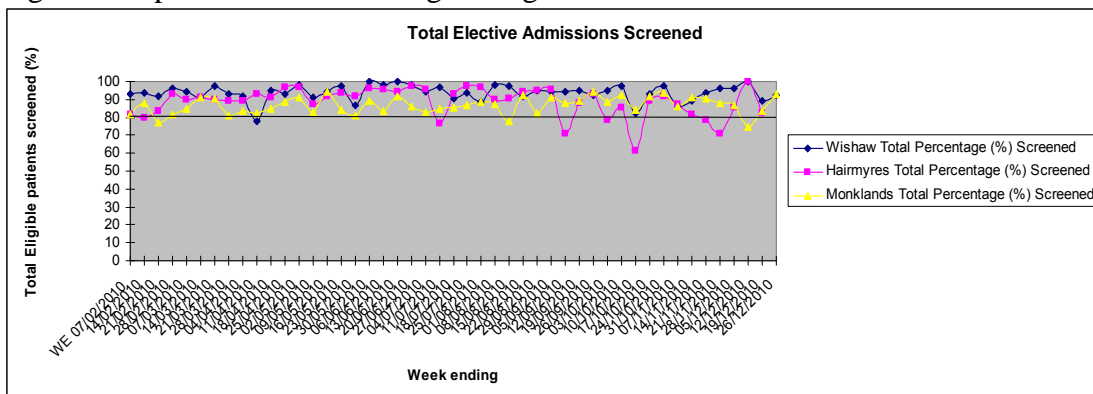
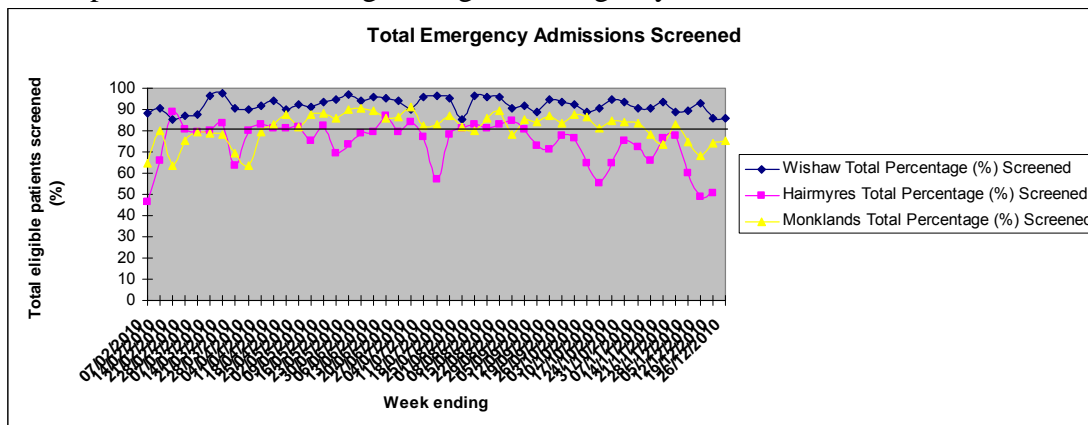


Fig.2 Compliance with screening all eligible emergency admissions



8. Outbreaks/Incidents

- Work is still progressing with the Wishaw General Surveillance Team, Infection Control Nurses, Microbiologist, Hand hygiene and key staff within the Maternity to monitor the increased incidence of SSI's in Caesarean section wounds. Surveillance has shown that all of the 5 superficial and 1 deep infection reported for November 2010 were diagnosed post discharge (within 10 days of discharge). The next meeting will be held on Wednesday 26th January.
- Ward 8, Haematology, Monklands Hospital has reported an increasing number of patients symptomatic with flu like illness and neutropenic patients testing positive for influenza .An outbreak meeting was convened on Friday 07th January 2011 and 2 subsequent meetings have been held, there have been 4 confirmed influenza patients, 3 of whom were H1N1. Oseltamiuir resistance has been reported in some cases. A number of key measures put in place include; transmission –based droplet precautions, enhanced environmental cleaning, fit testing of FFP3 masks for staff not already fitted, vaccination offered to unvaccinated staff and patients. Prophylactic Antiviral regime for all patients in Ward 8 and transfer of asymptomatic patients to newly refurbished Ward 16 to facilitate segregation. Health protection Scotland and the SGHD were notified as per the Hospital Incident Assessment Tool (HIIAT) and the communications department was informed.

Recommendation

The Board is asked to note this report.

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