

Healthcare Associated Infection Control and Prevention Report to NHS Lanarkshire Board 26th October 2011

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 May 2011

- The Joint ECDC Europe wide Point Prevalence Survey of HAI and Antimicrobial Prescribing is complete. A de-brief meeting of the data collectors has been arranged for the 10th November 2011 to review any lessons learned in the event this has to be completed annually. A report of the findings will be available early 2012.
- Scottish Television approached NHSL with the view to producing an article on their STV Health Centre website for the forthcoming Infection Prevention Society Infection Control Awareness week from 16th to 21st October 2011. Mary MacLean, Local Health Board Co-ordinator for Hand Hygiene, provided a demonstration of correct hand washing technique and answered questions relating to the need for, and purpose of, good hand hygiene.
- The Infection Control Team will be promoting *Infection Control Week* within NHSL on the week commencing the 31st October. Stalls promoting hand hygiene, Norovirus and MRSA screening will be available on the 3 acute sites and at Kirklands coffee shop, Cumbernauld Central Health Centre and Rutherglen Health Centre.
- Local initiatives to promote European Antibiotic Awareness Day on 18th November 2011 are in progress. These will aim to maximize public and staff awareness on the benefits of prudent prescribing and antimicrobial prescribing. As in 2010, events will span both acute and primary care.

***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

3. *Staphylococcus aureus* bacteraemias (including meticillin resistant *Staphylococcus aureus*):

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.

For the 12 months up to the end of June 2011, NHS Lanarkshire had a rate of 0.34 *Staphylococcus aureus* bacteraemias / 1000 acute occupied bed days. If activity remains at a stable level, an average of 10 *Staphylococcus aureus* bacteraemias per month in NHS Lanarkshire will be an approximate target. In September there were 12 *Staphylococcus aureus* bacteraemias, making a total of 87 since 1st April 2011.

Initiatives to Reduce *Staphylococcus aureus* bacteraemia

- The SPSP Facilitators continue to test processes aimed at the provision of optimum insertion and maintenance of CVCs out with critical care areas at all 3 acute sites.
- Piloting of PVC insertion bundle will start on the 31st of October at Wishaw A&E department. This is being led by the SCN and Consultant in that area and supported by SPSP coordinators and Infection Control
- The testing of Clinell (Chlorexidine 2%) wipes in targeted high peripheral venous cannulae usage areas is complete. The final report is to be discussed at the Scottish Patient Safety Ward Work stream Meeting before being considered for further roll out.
- Targeted visits by Infection Control Nurses to other Boards to look at approaches to further SAB reduction are being organised.
- The Nurse Consultant, Infection Control, Healthcare Improvement Scotland continues with her Honorary Contract in NHSL and will continue membership of the SAB/CDI improvement Group, bringing additional quality improvement approaches to reducing SABs.
- An NHSL SAB Self Directed Learning Unit has been developed by the Infection Control Nurses and was launched on 14th October 2011.
- A factsheet on *Staphylococcus aureus* Bacteraemias (SABs) has been developed and sent to the ADNs for dissemination to all staff
- The National HAI and AMP Point prevalence survey is now complete. A report will produce data and allow NHSL to ascertain invasive device usage across the board.
- Feedback process being established by acute sites for care home related SABs
- Centralisation of Chloraprep for CVC insertion out with Critical Care areas now complete at all sites

MRSA Screening Programme - Progress of Implementation

The MRSA project team to continue to test the PDSA cycle 1 in the following areas:

Areas for roll out include areas that have direct admissions or areas which receive patients within 24 hours of admission

69% of wards now working with new protocol

47% of high impact areas

- ❖ Wishaw – ACCU, ECU, PAA, CCU, 4, 9,10,18, PAA Cath Lab (Total 10)
 - ❖ Hairmyres – Cardiac Cath Lab, ICU, CCU, 2,3,9,10,11,12,13,14, PAA (Total 12)
 - ❖ Monklands – 1,4, 5, 14, 15, 19, 20, 21,22, ERU, ITU, PAA (Total 12)
- Nasal swabbing will continue until the clinical risk assessment (CRA) methodology is implemented.
 - The MRSA Project Manager attended provided an overview on the new Protocol at the Public Partnership Forum (PPF) meeting on the 30th August 2011.
 - The roll out of the Clinical Risk Assessment Tool has been progressed Sixty nine percent of wards and forty one percent of clinical areas are now undertaking this process.
 - Discussion with Ortho and Vascular to include them being included in the protocol roll out.
 - Development work is underway on the MRSA Clinical Risk Assessment Track care Screen. This will facilitate the collection of key performance indicators. Trial work has now been agreed and preliminary work undertaken.
 - Presentation delivered at “Effective Practitioners” day Hairmyres and Wishaw General.
 - Audits undertaken by MRSA Team in areas undertaking new Protocol continue.
 - HAI Manager and MRSA Project Manager carried out a walkround at the 3 site areas undertaking new protocol to raise awareness of compliance with clinical risk assessment and nasal/perineal screening.
 - Health Protection Scotland Posters are being disseminated to all areas.

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/haiic/sshaip/ssdetail.aspx?id=277>

4. *Clostridium difficile* infection (CDI):

NHS Lanarkshire remains 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.

In NHS Lanarkshire, there was a rate of 0.36 cases > 65 years old / 1000 acute occupied bed days for the 12 months up to the end of June 2011.

Initiatives to reduce *Clostridium difficile* infection

- An NHSL draft CDI improvement plan has been developed to assist in meeting the CDI HEAT Target 2011/13. Progress will be overseen by the SAB/CDI Improvement Group.
- Health Protection Scotland has coordinated debriefing exercises to look at learning from the increased incidences of CDI at Wishaw General Hospital and Lockhart Hospital.
- A set of interventions for use in CDI potential hotspot areas and where there may be clusters of CDI patients has been developed, and has been approved for use by the SAB/CDI Improvement Group.
- CDI paper work held at ward level currently under review. Revised copies will be housed on first port to ensure appropriate version control and will be re launched through the staff brief by the end of December
- Transcripts from the Vale of Leven enquiry are to be scrutinised to identify learning points.

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

National audit period for September/October 2011 is now complete. On this occasion NHS Lanarkshire obtained an overall score of 91% (still to be validated by Health Protection Scotland). This figure has been sent to HPS for validation and will be published in the November National Audit Report.

It should be noted that the current results are Opportunity based only, and that as of December 2011, the score will be a combination of both Opportunity and Technique with the target raised to 95%. It is possible that this may negatively affect the overall result. In order to raise awareness of how the future results will be reported, the combined scores are also being distributed locally along with reported results in the current audit period.

Sustainability is recognised worldwide as an on-going challenge. An initiative designed to encourage compliant areas commenced in June. Compliant areas are sent a letter of encouragement from Mrs James, Divisional Nurse Director (Acute), and an A4 laminated poster signed by Tim Davison, Chief Executive NHSL, is displayed at the ward entrance for the ensuing two month period. Feedback from staff has been positive.

Scottish Patient Safety Programme (SPSP)

Whilst work is on-going in theatre suites and some Primary Care mental health areas, the spread of SPSP ward self audit is nearing completion.

Current Initiatives in Promoting Hand Hygiene

- Hand Hygiene education sessions, in partnership with Ecolab, continue on a monthly basis and a plan is outlined for the coming year.
- Further targeted education sessions are being developed for key staff groups.
- An NHSL LearnPro Hand Hygiene module is due for launch in November 2011
- Alternative forms of delivery for education sessions are currently being explored
- Ecolab has completed installation in acute hospital non clinical areas.

Healthcare Environment Inspection.

There have been no further announced or unannounced inspections undertaken within NHSL since the last unannounced visit at Hairmyres Hospital on the 4th August. An updated self assessment was submitted to the HEI in September 2011 and a further update has been requested by the end of November 2011. The HEI steering group continues to drive the improvement action plans and preparation for future inspections.

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>

Cleaning and the Healthcare Environment

- The Health Facilities Scotland System Design and Implementation Group (Inc Control of Infection Consultant) have introduced a new scoring system for the Domestic Monitoring Tool. The previous system recorded scores for individual rooms; however from April 2011 individual tasks are now being scored against a 5 x 5 matrix. As a result of this change, NHS Boards are now reporting a reduction of 1.5-2% in the domestic scores previously recorded.
- National Monitoring Audits continue to be undertaken across all sites & ward Managers /Heads of Departments are encouraged to participate in the audit. On completion of the audit the auditor ensures the senior person in charge is made aware of audit findings and the cleaning standards achieved.
- The NHSL Cleaning Services Specification has now been launched on the PSSD web page on First port, which details the scope of cleaning services to be provided within all ward / department & health centres.
- Domestic Management continue to monitor the level of calls relating to cleaning issues being received through the helpdesk. To date, across the three acute sites there has not been a significant increase in the level of helpdesk calls being received requesting additional cleaning services.
- Domestic National Monitoring Framework scores for NHSL premises during July- Aug 2011 produced an average score of 95.4%, this being an increase of 0.3%, on the previous quarter. Within the three acute sites, 333 audits were undertaken & 17 audits recorded a score below 90%. Within CHP sites, 117 audits were undertaken & 9 audits scored below 90%. All cleaning issues identified were rectified within 48 hours.
- The National Monitoring Framework scores have seen an increased number of area failures against the codes due to a more focused approach by all during the inspection process.
- The Steam Cleaners have been withdrawn from use due to the failure of the pressure releasing valve to activate. Health Facilities Scotland has been informed as this is a notifiable incident.
- All amber scores (below 90%) recorded in the National Monitoring Framework audits are discussed with service users, domestic staff, supervisors and, if appropriate, Control of Infection. Immediate actions are put in place by Domestic Managers to rectify the issues identified, with supervision being increased.
- The HAI Initiatives Service Providers meeting continues to be held on a monthly basis with representation from PSSD / ISS & Serco with a single action plan in place to address a wide range of HAI / HEI related issues.
- Difficult to clean areas e.g. behind radiators, light pendants in Neonatal, theatres etc, have been identified across the three acute sites. In consultation with Control of Infection, taking account of the level of clinical risk, it is planned to review the cleaning frequency required for these areas and develop appropriate procedures.
- Estates National Monitoring Framework scores for NHSL premises during July- Aug 2011 produced an average score of 95.4%, an increase of 0.9% on the previous quarter. Within the three acute sites, 384 were undertaken & 17 audits recorded a score below

90%. Within the CHP sites, 117 audits were undertaken & 9 audits scored below 90%. All issues identified are prioritised for action.

- The Monitoring Framework for NHS Scotland National Cleaning Services Specification requires Public Peer Review (PPR) involvement once per year. NHSL have recruited 4 additional Public Peer Reviewers & are endeavouring to undertake Public Peer Reviews in the three acute sites on a monthly basis.

Outbreaks/ Incidents

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.

- The Primary Care ICT reported an increase in patients with C. difficile toxin positive results in Lockhart Hospital between the 8th of June – 12th August. Five patients were identified and enhanced surveillance has been undertaken on all five patients, which has demonstrated possible links to antimicrobial prescribing. The HPS CDI Trigger tool has been completed twice and did not highlight any areas of poor practice within the clinical area, however the trigger tool did highlight the lack of single room availability to assist isolation and bed spacing issues. Problem Assessment Group meetings were held and a debrief meeting is to be held on the 17th October 2011.
- The Infection Control Team was notified by Public Health that three cases of TB had been identified in the same family within NHSL. Problem Assessment Group meetings were convened by Public Health and attended by members of the Infection Control Team. There were no further issues to address within the acute setting following a look back of potential close contacts identified by the TB service.

Norovirus

Date 17/10/11	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	1	1	10	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	1	1	5	1
	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	1

Currently 2 NHS Boards are reporting Norovirus activity in NHS Scotland. Lanarkshire have reported 0 hospitals affected for this reporting period.

In the first report on 7/1/2008: 29 hospitals were affected and 47 wards closed. This Monday 17/10/2011 there was 2 hospitals with 2 wards affected.

Other HAI Related Activity

Surgical Site Infection Surveillance

The Nurse Consultant, Infection Control, Healthcare Improvement Scotland, has agreed to focus as part of her honorary contract within NHSL to support the work of the Infection Control Surveillance Nurses in relation to demonstrating quality improvement. A meeting has been arranged for the 25th October to scope potential work to be undertaken.

Following the annual meeting of the European network for the surveillance of healthcare-associated infections (HAI-Net) in June 2010 a unit light version of the SSI surveillance protocol was developed by the European Centre for Disease Control and Prevention. NHS Lanarkshire is participating in the light protocol for SSI surveillance of mandatory categories for hip Arthroplasty and caesarean section procedures commenced 1st July 2011 in place of the usual methodology for the two quarters July to December 2011.

The light SSI protocol will gather denominator data for each operation category plus detailed patient level data on each SSI as per the current methodology i.e. SSI forms will only be completed for SSI's diagnosed and not for all patients undergoing hip/knee Arthroplasty or c section procedures.

The protocol is intended to allow the calculation of the main indicators for SSI surveillance as in the current methodology and to reduce the resources required by hospitals in term of data collection and collation.

HPS are still formalizing the format of the new reports for the denominator data which will probably be completed in December.

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 2011 –31st July 2011 is shown in the table below.

Procedure	Total operations	Infections	SSI %	National SSI %
Hip Arthroplasty	17	0	0.00	
Repair of neck of femur	21	1 (Deep) (HM)	4.76	
Knee Arthroplasty	21	0	0.00	
Caesarean Section	119	0	0.00	

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 2011 –31st August 2011 is shown in the table below.

Procedure	Total operations	Infections	SSI %	National SSI %
Hip Arthroplasty	36	0	0.00	
Repair of neck of femur	23	0	0.00	
Knee Arthroplasty	42	1 (Superficial), (HM)	2.38	
Caesarean Section	132	0	0.00	

Education

The HAI Learning Strategy continues to be implemented through a variety of fora and will be due for review by the Nurse Consultant in November 2011.

The infection control Teams are currently continuing to raise awareness of winter preparation education sessions in advance of increased incidence of Norovirus.

Antimicrobial Prescribing

CDI HEAT TARGET PRESCRIBING INDICATORS

Hospital – based empirical prescribing: Antibiotic prescriptions are compliant with the local antimicrobial policy and the rationale for treatment is recorded in the clinical case note in ≥95% of sampled cases.

Data collection is well established in the medical receiving units at Monklands, Wishaw and Hairmyres Hospitals. Wishaw Hospital receiving unit consistently achieves the target with compliance in >95% of sampled cases. NHSL overall compliance is improving and in the most recent SAPG report we achieved 93% compliance against the target (see table on second page).

A method for data collection in the surgical receiving units has been agreed at all three sites. In 2010 data collection was initiated in the surgical receiving unit at Wishaw Hospital, however as collection is dependant on the clinical team return has been incomplete. In September of 2011 the site antimicrobial pharmacists linked with the clinical teams on each site to progress data collection.

1. Surgical prophylaxis: A single dose of a policy compliant antibiotic is given to elective colorectal patients requiring surgical prophylaxis in ≥95% of sampled cases

A method for data collection has been agreed with the colorectal teams in all sites. In September of 2011 the on site antimicrobial pharmacists initiated data collection with the colorectal clinical teams enabling data return to SAPG. Antibiotic prophylaxis compliance will now be included within the SPSP peri operative data collection and the process for this work has been defined.

2. Primary Care: Consumption of quinolones in winter months is ≤5% greater than consumption in summer months.

NHSL has achieved this target in the most recent SAPG Primary Care Prescribing Indicators report (report confidential until publication on 25th October 2011).

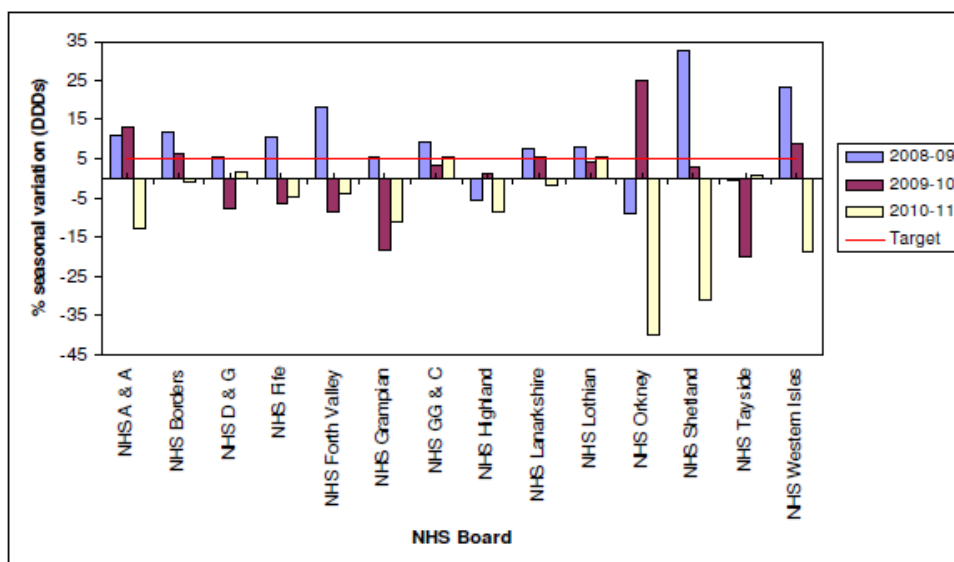


Figure 2: NHS Scotland use of antibacterials in primary care by NHS Board, % seasonal variation of fluoroquinolones (DDD) 2008-09 – 2010-11

SAPG Empirical Prescribing Data April-June 2011

Additional key antimicrobial initiatives:

As part of the recent mandatory national HAI Antimicrobial Point Prevalence Study, NHS Lanarkshire's Antimicrobial Management Team and HAI team combined with great success to audit all 3 acute site beds and 25% of community hospital beds within NHS Lanarkshire in less than 3 weeks during October 2011. Data has been submitted to HPS and results are expected early 2012.

	Indication Documented			Policy Compliant		
	Sample Size	% Compliance	>=95%	Sample Size	% Compliance	>=95%
Ayrshire and Arran	91	100%	Yes	90	91%	
Borders	60	100%	Yes	60	85%	
Dumfries and Galloway	55	100%	Yes	54	74%	
Fife	41	100%	Yes	41	88%	
Forth Valley**	96	94%		93	88%	
Grampian	50	100%	Yes	49	80%	
Greater Glasgow and Clyde	360	98%	Yes	351	93%	
Highland	55	100%	Yes	55	100%	Yes
Lanarkshire	162	93%		151	93%	
Lothian	154	97%	Yes	150	83%	
Orkney	30	100%	Yes	29	100%	Yes
Shetland	40	100%	Yes	40	100%	Yes
Tayside	97	90%		89	97%	Yes
Western Isles	77	93%		73	79%	
Submitting Data = 14/14	1368	100%	10 of 14	1174	90%	4 of 14
	Total Number of Patients	Median Compliance	Boards Achieving Target	Total Number of Patients	Median Compliance	Boards Achieving Target

NHS Lanarkshire

NHS Lanarkshire have seen a reduction in both Staphylococcus aureus bacteraemia and Clostridium difficile for this reporting period.
Hand hygiene compliance remains static at 99% as does estates monitoring at 96%.
Cleaning compliance has dropped slightly by 1% since the last reporting period.

Hand Hygiene Monitoring Compliance (%)

Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
99	99	98	99	99	98	98	99	99	99	99	99	99

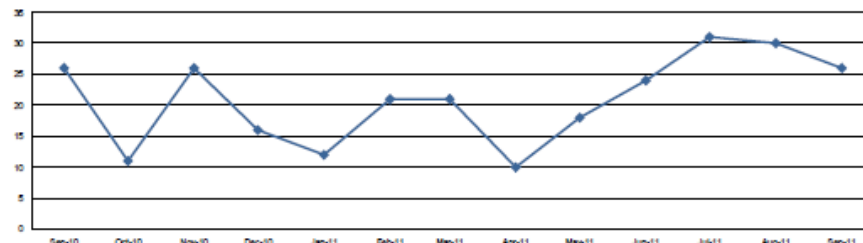
Cleaning Compliance (%)

Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
96	96	96	96	95	96	96	95	95	95	95	96	95

Estates Monitoring Compliance (%)

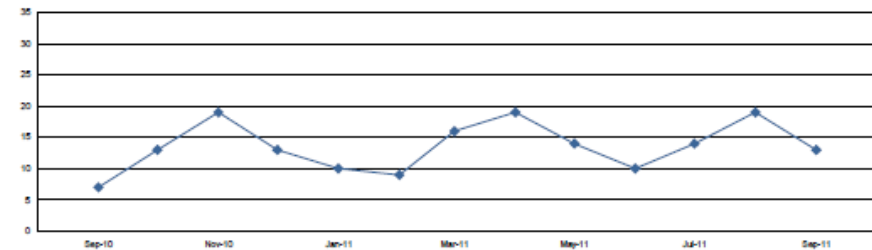
Jun-11	Jul-11	Aug-11	Sep-11
96	96	96	96

Clostridium difficile Infection Cases (all ages)



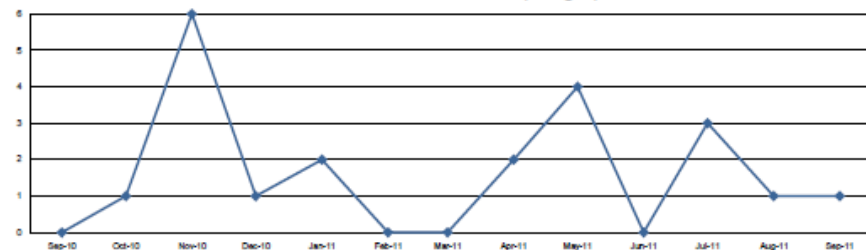
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
26	11	26	16	12	21	21	10	18	24	31	30	26

Total Staphylococcus aureus Bacteraemia Cases (all ages)



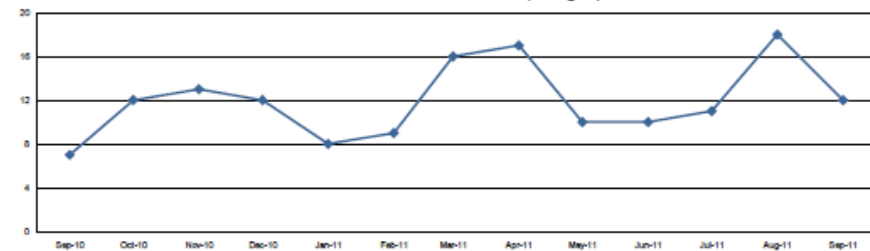
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
7	13	19	13	10	9	16	19	14	10	14	19	13

MRSA Bacteraemia Cases (all ages)



Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
0	1	6	1	2	0	0	2	4	0	3	1	1

MSSA Bacteraemia Cases (all ages)



Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
7	12	13	12	8	9	16	17	10	10	11	18	12

Hairmyres

Hairmyres has seen a slight reduction in the total number of Staphylococcus Bacteraemias for this reporting period. Clostridium difficile and hand hygiene have remained static. Cleaning compliance has dropped slightly by 1% since the last reporting period.

Hand Hygiene Monitoring Compliance (%)

Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
98	99	98	98	99	99	99	99	99	99	100	99	99

Cleaning Compliance (%)

Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
98	97	98	98	98	98	98	97	96	96	97	98	97

Estates Monitoring Compliance (%)

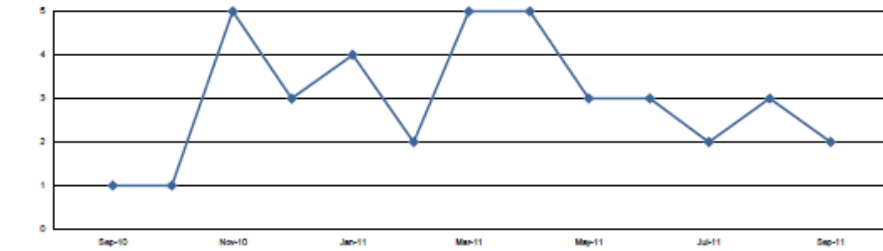
Jun-11	Jul-11	Aug-11	Sep-11
97	99	99	99

Clostridium difficile Infection Cases (all ages)



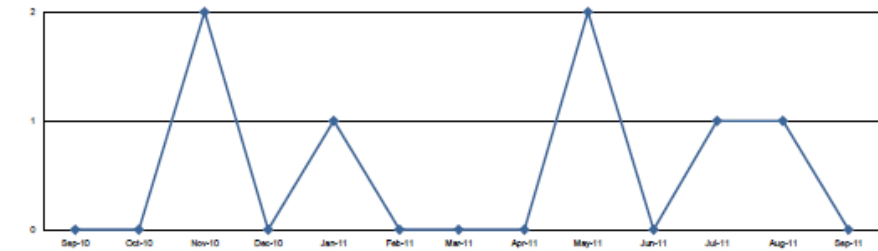
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
5	1	1	2	2	3	6	4	2	5	4	1	1

Total Staphylococcus aureus Bacteraemia Cases (all ages)



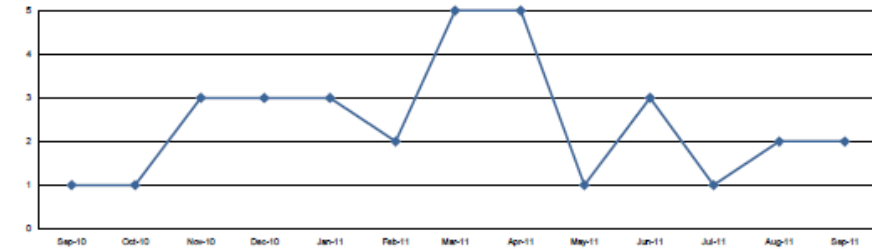
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
1	1	5	3	4	2	5	5	3	3	2	3	2

MRSA Bacteraemia Cases (all ages)



Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
0	0	2	0	1	0	0	0	2	0	1	1	0

MSSA Bacteraemia Cases (all ages)



Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
1	1	3	3	3	2	5	5	1	3	1	2	2

Wishaw

There has been a slight increase in Staphylococcus bacteraemias, 1 of which has MRSA the first reported since May 2011, and will be subject to review by the Infection Control Team. There was also a slight increase in Clostridium difficile which was reviewed by the Infection Control Team. Hand hygiene and estates monitoring compliance remain static. Cleaning compliance has dropped by 1% for this reporting period.

Hand Hygiene Monitoring Compliance (%)

Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
99	99	98	99	99	99	99	99	99	99	99	99	99

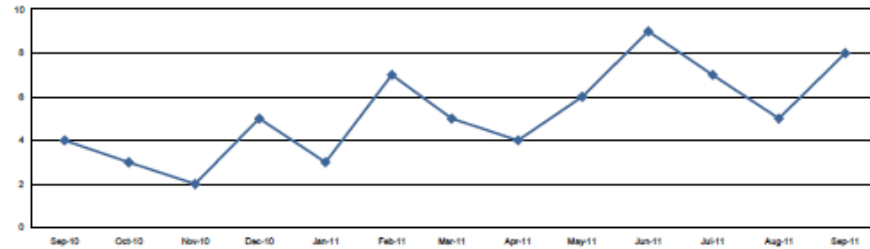
Cleaning Compliance (%)

Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
96	95	96	96	95	96	96	96	96	97	97	97	96

Estates Monitoring Compliance (%)

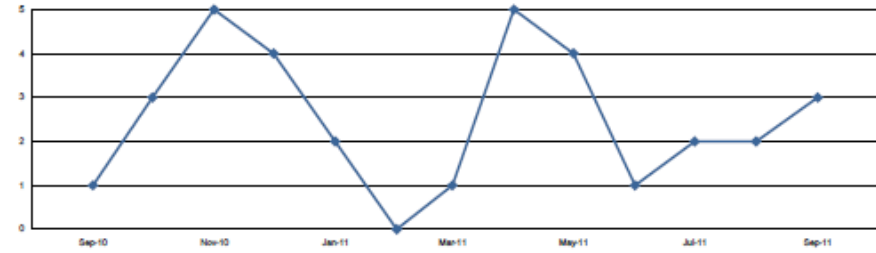
Jun-11	Jul-11	Aug-11	Sep-11
94	96	96	96

Clostridium difficile Infection Cases (all ages)



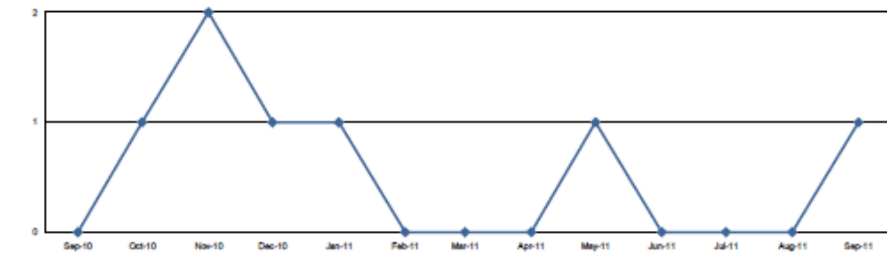
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
4	3	2	5	3	7	5	4	6	9	7	5	8

Total Staphylococcus aureus Bacteraemia Cases (all ages)



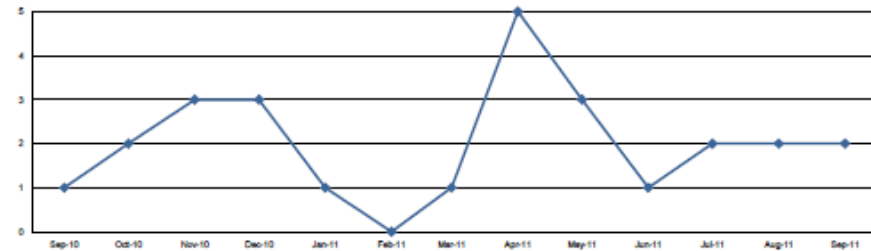
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
1	3	5	4	2	0	1	5	4	1	2	2	3

MRSA Bacteraemia Cases (all ages)



Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
0	1	2	1	1	0	0	0	1	0	0	0	1

MSSA Bacteraemia Cases (all ages)



Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
1	2	3	3	1	0	1	5	3	1	2	2	2

Monklands

Monklands have seen a marked reduction in Staphylococcus bacteraemias for this reporting period and 0 cases of MRSA have been reported since July 2011. Clostridium difficile has reduced by 5%. Hand hygiene and cleaning compliance remains static. Estates monitoring compliance shows an increase of 1%.

Hand Hygiene Monitoring Compliance (%)

Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
99	99	99	99	99	99	99	98	98	99	99	99	99

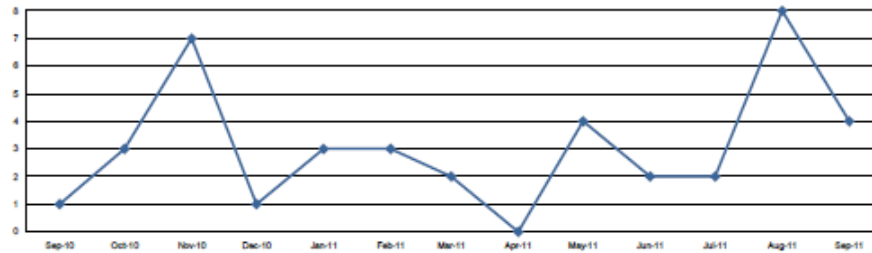
Cleaning Compliance (%)

Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
94	95	95	95	94	94	94	93	93	93	92	93	93

Estates Monitoring Compliance (%)

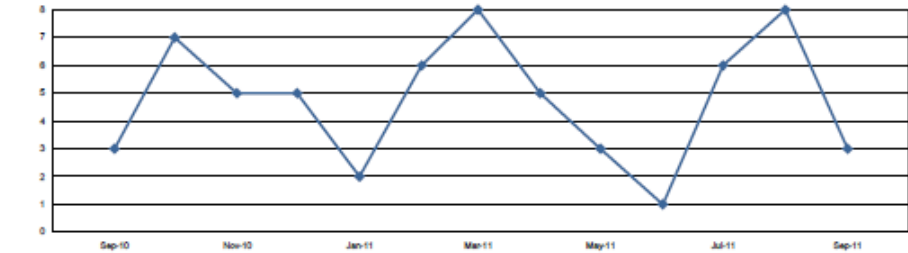
Jun-11	Jul-11	Aug-11	Sep-11
93	93	93	94

Clostridium difficile Infection Cases (all ages)



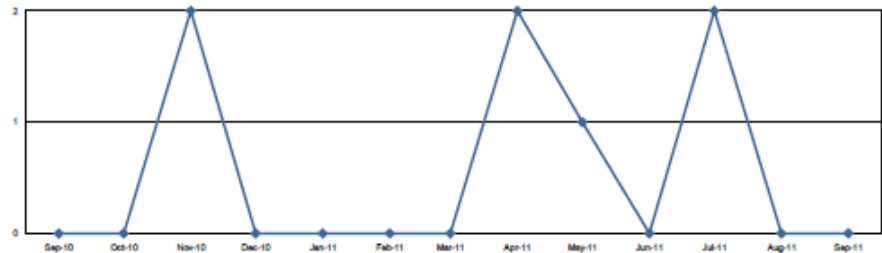
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
1	3	7	1	3	3	2	0	4	2	2	8	4

Total Staphylococcus aureus Bacteraemia Cases (all ages)



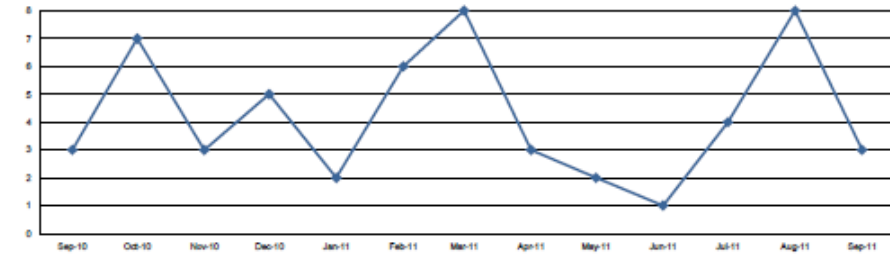
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
3	7	5	5	2	6	8	5	3	1	6	8	3

MRSA Bacteraemia Cases (all ages)



Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
0	0	2	0	0	0	0	2	1	0	2	0	0

MSSA Bacteraemia Cases (all ages)

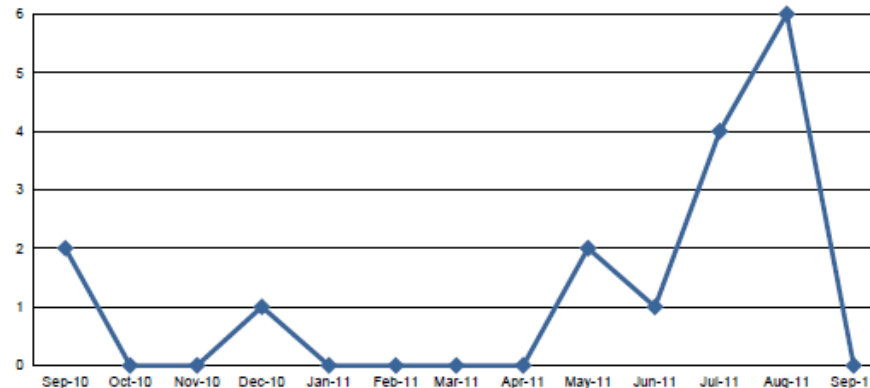


Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
3	7	3	5	2	6	8	3	2	1	4	8	3

Community Hospitals

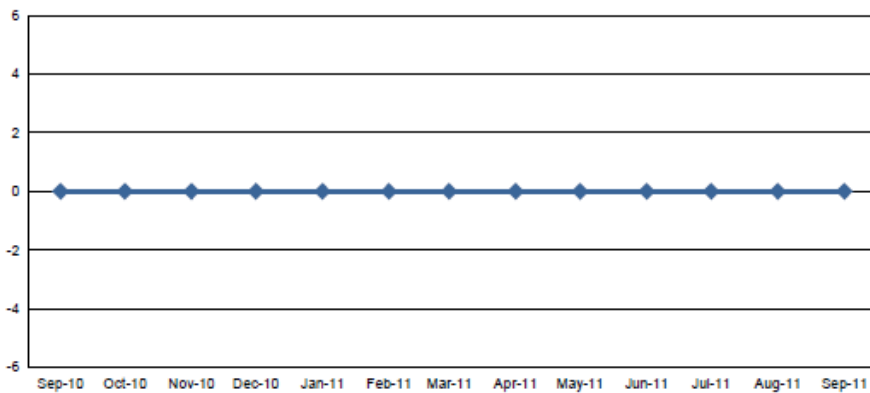
Following an outbreak of Clostridium difficile within a Community hospital, in July/August 2011, there have been 0 cases for this reporting period. Cases of MSSA and MRSA remain static at 0 incidence since 2010.

Clostridium difficile Infection Cases (all ages)



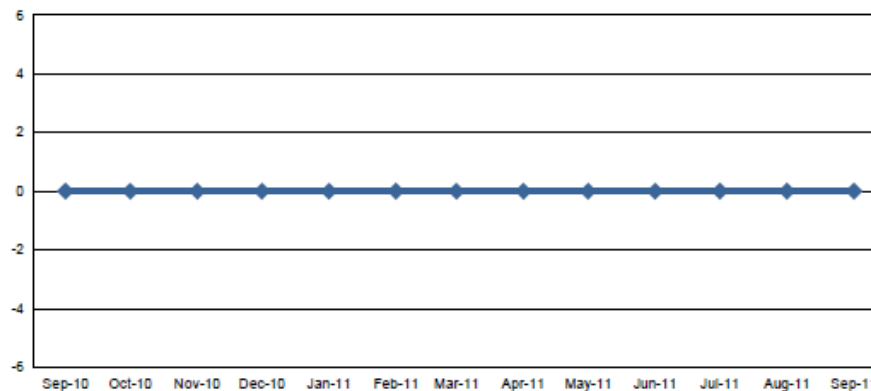
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
2	0	0	1	0	0	0	0	2	1	4	6	0

MSSA Bacteraemia Cases



Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
0	0	0	0	0	0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases

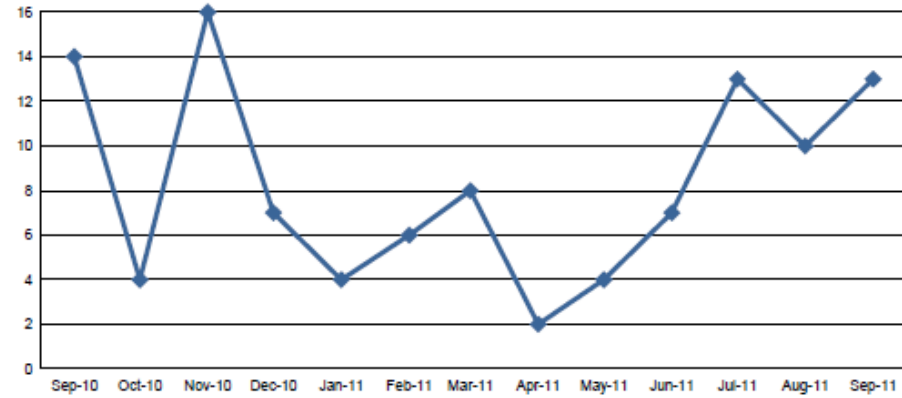


Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
0	0	0	0	0	0	0	0	0	0	0	0	0

Out of Hospital Infections

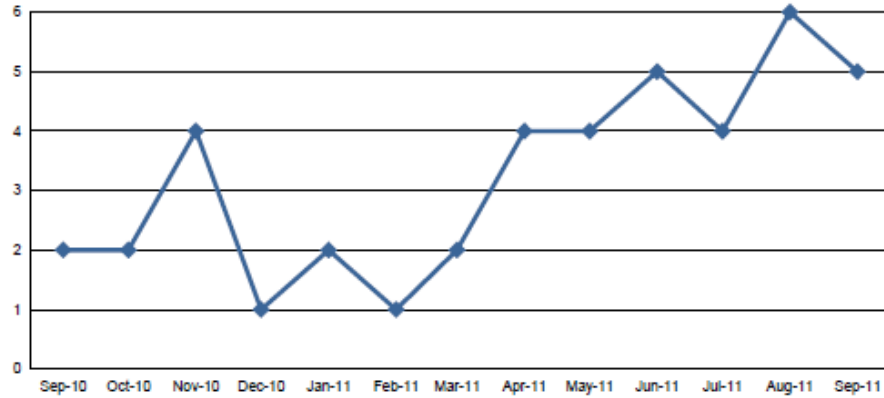
Enhanced surveillance has shown that 13 of the total Clostridium difficile reported were attributed to "arising out of hospital", a slight increase from the last reporting period. There has been a slight decrease in MSSA and a reported incidence of MRSA since 2010. The SAB/CDI Improvement Group will be reviewing enhanced surveillance of identified MSSA Bacteraemia cases in order to address impairment.

Clostridium difficile Infection Cases (all ages)



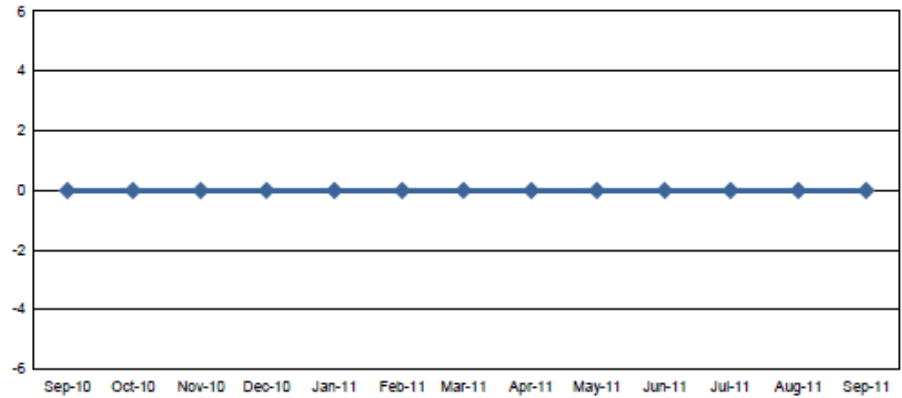
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
14	4	16	7	4	6	8	2	4	7	13	10	13

MSSA Bacteraemia Cases



Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
2	2	4	1	2	1	2	4	4	5	4	6	5

MRSA Bacteraemia Cases



Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
0	0	0	0	0	0	0	0	0	0	0	0	0

