

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 October 2010.

1. Board Wide Issues

Key Healthcare Associated Infection Headlines for September 2010

- The report of the European Centre Disease Prevention and Control (ECDC) Pilot Survey: Healthcare Associated Infection and Antimicrobial Prescribing Point Prevalence Survey undertaken by Health Protection Scotland at Monklands Hospital in July/August 2010 has been issued to NHSL. Further details can be found under "Other HAI Related Activity" at the end of this report
- The CNO letter dated 6th September 2010 confirms that Health Protection Scotland has submitted a final report on the MRSA Pathfinder Pilot to Scottish Government. The National MRSA Programme Board has recommended that NHSScotland should continue targeted screening in all remaining boards until the outcome of special studies is complete. Further policy decisions on the future of MRSA Screening will not be made before November 2010 and funding to maintain implementation of the current policy has been extended to the end of March 2011.

2. *Staphylococcus aureus* (including MRSA)

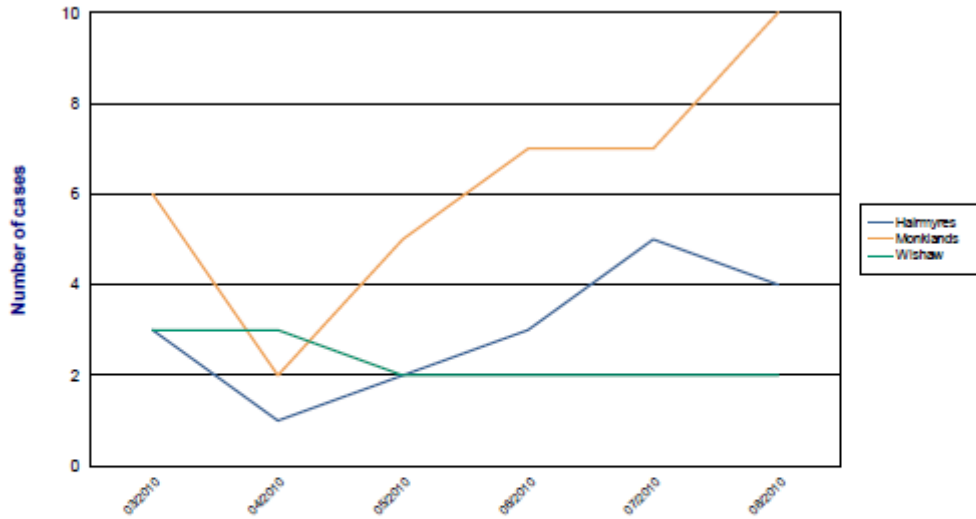
Current HEAT Status

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

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

***Staphylococcus aureus* bacteraemia cases by month and acute hospital (MRSA & MSSA),
Date range: 01/03/2010 - 31/08/2010**

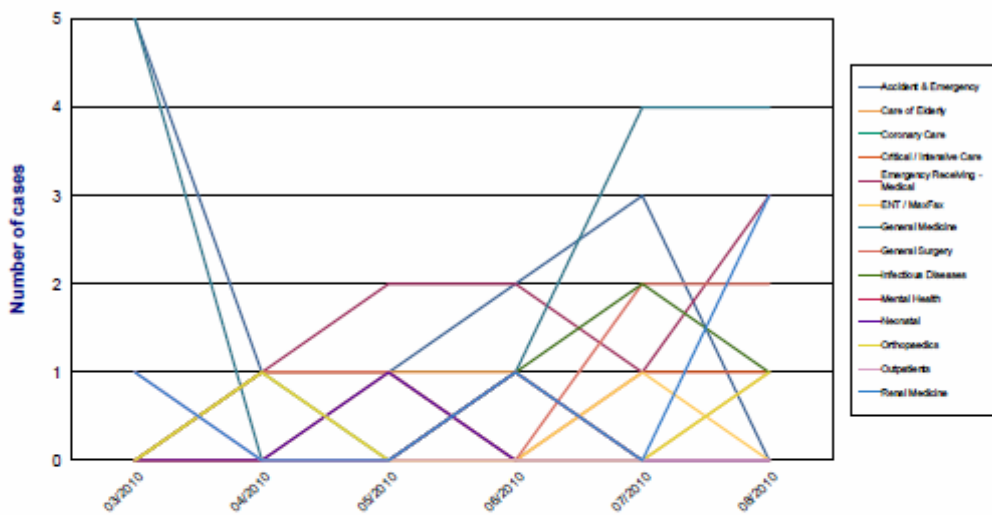
Staph. aureus Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)



	Halmyres	Monklands	Wishaw	Totals
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	10	2	16
Totals	16	37	12	65

Table 2: *Staphylococcus aureus* bacteraemias (SABs) per acute specialties
Date range: 01/03/2010 - 31/08/2010

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



	Accident & Emergency	Care of Elderly	Coronary Care	Critical/Intensive Care	Emergency Receiving - Medical	ENT / Max/Fax	General Medicine	General Surgery	Infectious Diseases	Mental Health	Neonatal	Orthopaedics	Outpatients	Renal Medicine	Totals
03/2010	5	0	0	0	0	0	1	0	0	0	0	0	1	1	12
04/2010	1	1	0	0	1	0	0	1	1	0	0	1	0	0	6
05/2010	1	1	0	1	2	0	0	1	0	0	1	0	0	0	7
06/2010	2	1	1	0	2	0	1	0	1	1	0	0	0	1	10
07/2010	3	0	0	1	1	1	4	2	2	0	0	0	0	0	14
08/2010	0	1	0	1	3	0	4	2	1	0	0	1	0	3	16
Totals	12	4	1	3	9	1	14	6	5	1	1	2	1	5	65

Table 1 identifies a consistent rise in SABs reported at Monklands Hospital. The enhanced surveillance data is currently being reviewed to identify the potential primary sources of infection to ensure that action is taken where possible. Many of the cases were patients who were critically ill on admission with multiple risk factors. Discussions are ongoing with the Infection Control Team at Monklands to determine further potential contributing factors. There has been an increased drive by the critical care intensivists and the surviving sepsis campaign to obtain more blood cultures than in the past where there is moderate to severe sepsis. The SAB cases are all unrelated however the isolates have been sent for typing as part of the EARSS for SABs.

Table 2 highlights that the highest number of SABs reported since March 2010 are in General Medicine (14), Accident and Emergency (12), and Emergency Receiving (9). These figures 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. 3 SABs have been reported in Renal Medicine in August 2010 representing 60% of their total cases since March 2010. Discussions are ongoing with Monklands Infection Control Team to determine the associated factors for this rise.

3. *Clostridium difficile* infection (CDI)

NHS Lanarkshire are currently on trajectory to meet our HEAT target for CDI. Our exact figures for the most recent quarter are 66 episodes (>65 years old) giving a rate of 0.56 cases > 65 years old / 1000 OCBDs for the quarter up to March 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.

Table 3: *Clostridium difficile* by month and acute hospital
Date range: 01/03/2010 - 31/08/2010

C. Difficile cases by Month and Acute Hospital

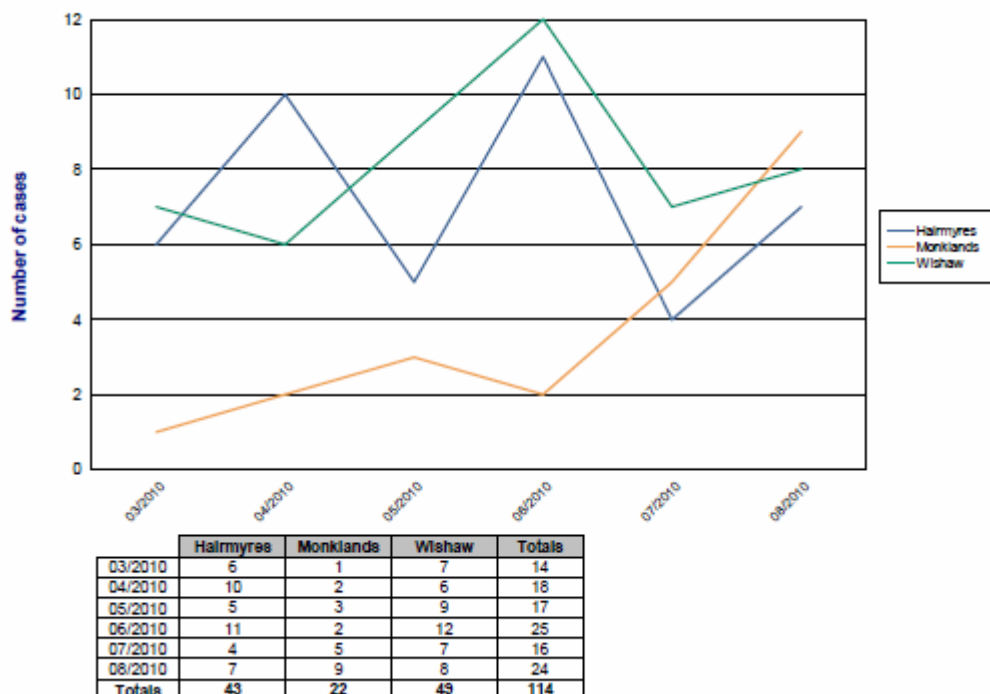
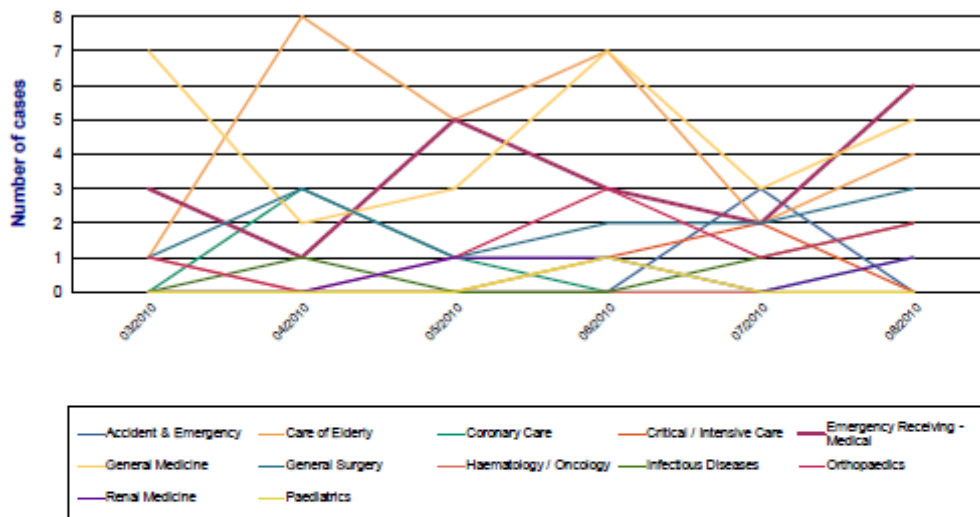


Table 4: Clostridium difficile infection rates per acute specialities
Date range: 01/03/2010 - 31/08/2010

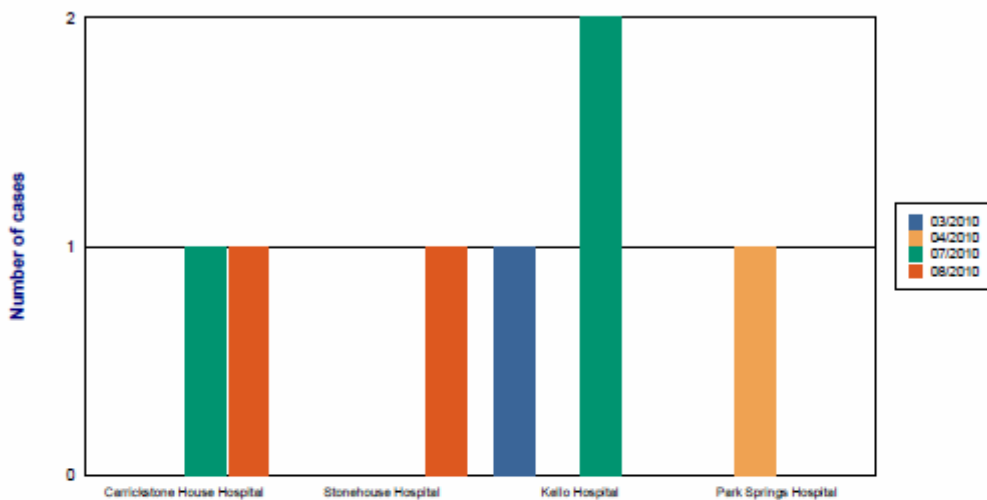
C. Difficile cases by Month and Acute Specialty



	Accident & Emergency	Care of Elderly	Coronary Care	Critical / Intensive Care	Emergency Receiving - Medical	General Medicine	General Surgery	Haematology / Oncology	Infectious Diseases	Orthopaedics	Renal Medicine	Paediatrics	Totals
03/2010	0	1	0	0	3	7	1	1	0	1	0	0	14
04/2010	0	8	3	0	1	2	3	0	1	0	0	0	18
05/2010	0	5	1	0	5	3	1	0	0	1	1	0	17
06/2010	0	7	0	1	5	7	2	0	0	3	1	1	25
07/2010	3	2	0	2	2	3	2	0	1	1	0	0	16
08/2010	0	4	1	0	6	5	3	0	2	2	1	0	24
Totals	3	27	5	3	20	27	12	1	4	8	3	1	114

Table 5: Clostridium difficile infection rates by month - Community Hospitals
Date range: 01/03/2010 - 31/08/2010

D. Difficile cases by Month and Community Hospital



	Carrickstone House Hospital	Stonehouse Hospital	Kello Hospital	Park Springs Hospital	Totals
03/2010	0	0	1	0	1
04/2010	0	0	0	1	1
07/2010	1	0	2	0	3
08/2010	1	1	0	0	2
Totals	2	1	3	1	7

Table 3 shows that Monklands Hospital has reported 9 CDI cases in August 2010, however, enhanced data confirms that 5 of these were community associated. Three CDI cases were reported in Ward 12 (Respiratory) at Hairmyres Hospital during August and although no common link identified there was deemed to be an increased environmental load of *Clostridium difficile* in the ward and a terminal clean of the area and other measures aimed at reducing further cases have been instigated.

Table 4 continues to show the population most at risk of acquiring CDIs are within the Care of the Elderly and Medical wards

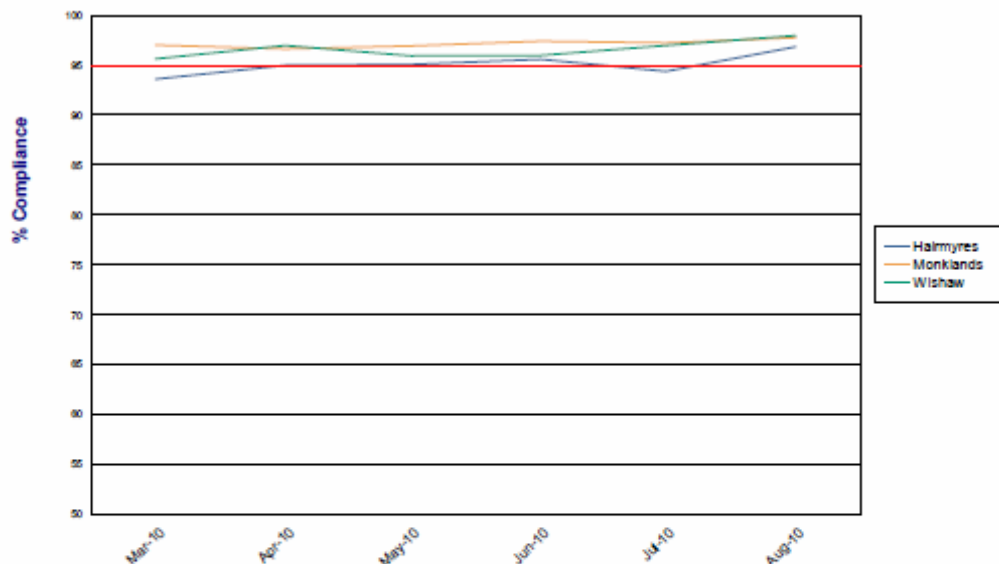
The figures report where the episode was identified and not necessarily where the cause originated. The enhanced surveillance data continues to be reviewed to determine if the CDIs were hospital or community associated and action taken where necessary to prevent further cases

4. Hand Hygiene

Table 6: Hand Hygiene Compliance per Acute Hospital

Date range: 01/03/2010 - 31/08/2010

% 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
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	2051	1936	94	2165	2105	97	2511	2435	97
08/2010	2101	2035	97	2526	2469	98	2851	2793	98

Table 6 demonstrate a consistent improvement in hand hygiene compliance and technique across all 3 acute sites.

National hand hygiene audit commences 13th of September 2010 and will be reported in October report.

5. Cleaning and the Healthcare Environment

There are a number of challenges and successes relating to the domestic team and the maintenance of compliant levels of cleanliness, they include:

- Crisis clinics being introduced in the CHP and Monklands, have impacted on access to clean

- The introduction of the National Monitoring Framework Estates tool has resulted in a more focused reaction to remedial action
- The Government funded initiative to increase domestic labour has resulted in an increase in the scores for the areas where the resources were deployed.

Within the Laundry there is a discrete project for the monitoring of cleanliness throughout the production process at Critical Control points using the HACCP tool. This is being implemented and has included the assistance of both Domestic management and the local Infection Control Nurse.

The Technical Services team report that there are issues with late and urgent requests to pick up redundant and scrap equipment that has been stored for some time Board wide, this indirectly impacts on the cleanliness of the environment.

6. Outbreaks

No outbreaks to report.

Work is still progressing with the Wishaw General Infection Control Team, Surveillance Nurses and key staff within the maternity setting to monitor the increased incidence of SSIs in Caesarean section wounds in June and July 2010 and address any areas identified as requiring improvement.

7. Other HAI related activities

Level 1 Hip arthroplasty surveillance pilot study

Health Protection Scotland (HPS) has provided some advance notice to Boards of a pilot study which will be commencing in Jan 2011 for a three month period. HPS will be requesting volunteers to conduct a pilot study to explore collecting denominator data and SSI data only for hip arthroplasty procedures. The pilot is being conducted across Europe and is coordinated by European Centre for Disease Prevention and Control (ECDC) and volunteer Boards will be requested.

European Centre Disease Prevention and Control Pilot Survey: Healthcare Associated Infection and Antimicrobial Prescribing Point Prevalence Survey

A programme to reduce HAIs and antimicrobial resistance (AMR) is currently underway in Europe. The ECDC plans to roll out a Europe-wide prevalence survey of HAI and antimicrobial prescribing in 2011. Shona Cairns, Senior HAI Epidemiologist, HPS, undertook a pilot of the ECDC protocol at Monklands Hospital between 26th July to 12th August 2010. The prevalence of HAI reported in this pilot at Monklands Hospital was 2.70%. The prevalence for Monklands Hospital as reported during the Scottish national survey in 2005/2006 was 13.5%.

A report has been received and requires to be discussed amongst key stakeholders in NHS Lanarkshire. Shona Cairns will present an overview of the results at the national HAI Steering Group meeting on 23rd September 2010.

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.