

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 April 2011.

1. Board Wide Issues

Key Healthcare Associated Infection Headlines for March 2011

- The HAI Task Force Report on Delivery Programme 2008-2011 has now been published. The document can be accessed via the following link <http://www.scotland.gov.uk/Publications/2011/03/09143800/0>
- Following on from the SAB HEAT Support Initiative co-ordinated by the Chief Nursing Officer in November 2010, a follow up event is planned for the 31st March 2011 for all Boards to contribute via teleconference
- Central Venous Catheter (CVC) care bundles are now being tested in Hairmyres and Monklands in targeted wards out with critical care areas. Testing is to commence at Wishaw General Hospital. This work is aimed at further reducing invasive device related SABs.

2. Healthcare Environment Inspection (HEI) Wishaw General

The HEI Regional Inspector and the Associate Inspector met with the NHSL HAI Executive Lead and Director of Planning on the 1st March to discuss the action plan submitted from Wishaw General and general progress of NHSL against the actions submitted.

To date progress against the action plans submitted continues across all sites in preparation for future unannounced visits.

3. *Staphylococcus aureus* (including MRSA):

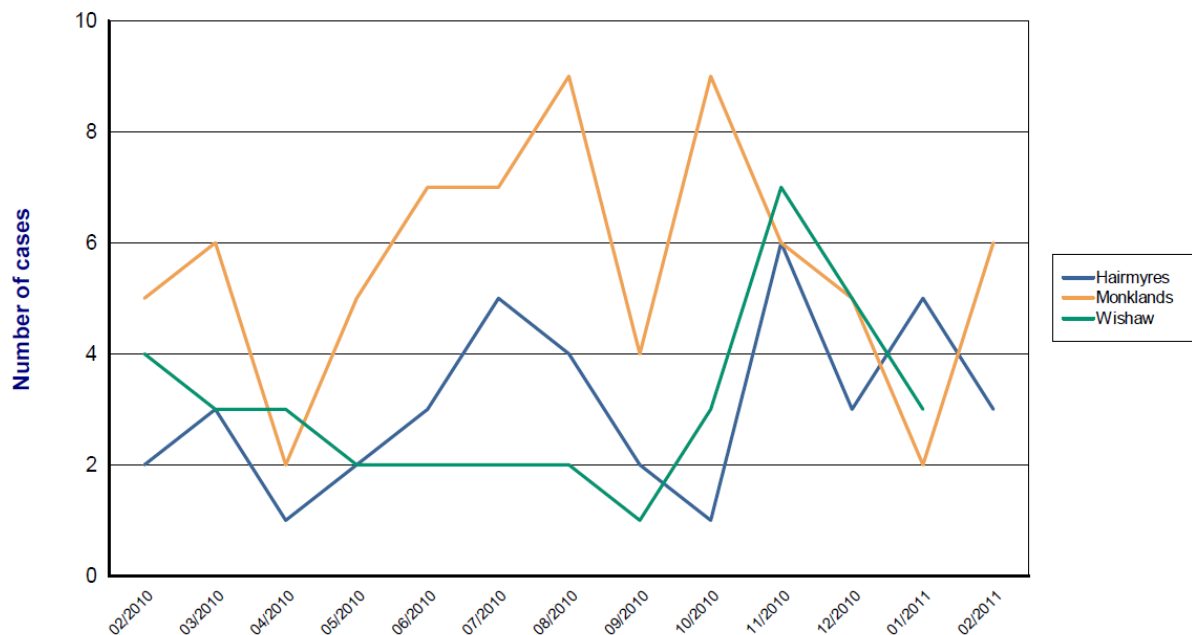
The NHS Lanarkshire HEAT target for 2010 / 2011 is 142 *S.aureus* bacteraemias for the 12 months up to the end of March 2011. So far, there have been 123 SABs since April 2010 and NHSL are still on trajectory to meet the 2011 target set by the Scottish Government Health Department.

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.

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* bacteraemia cases by month and acute hospital (MRSA & MSSA),
Date range: 01/02/2010 – 28/02/2011

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

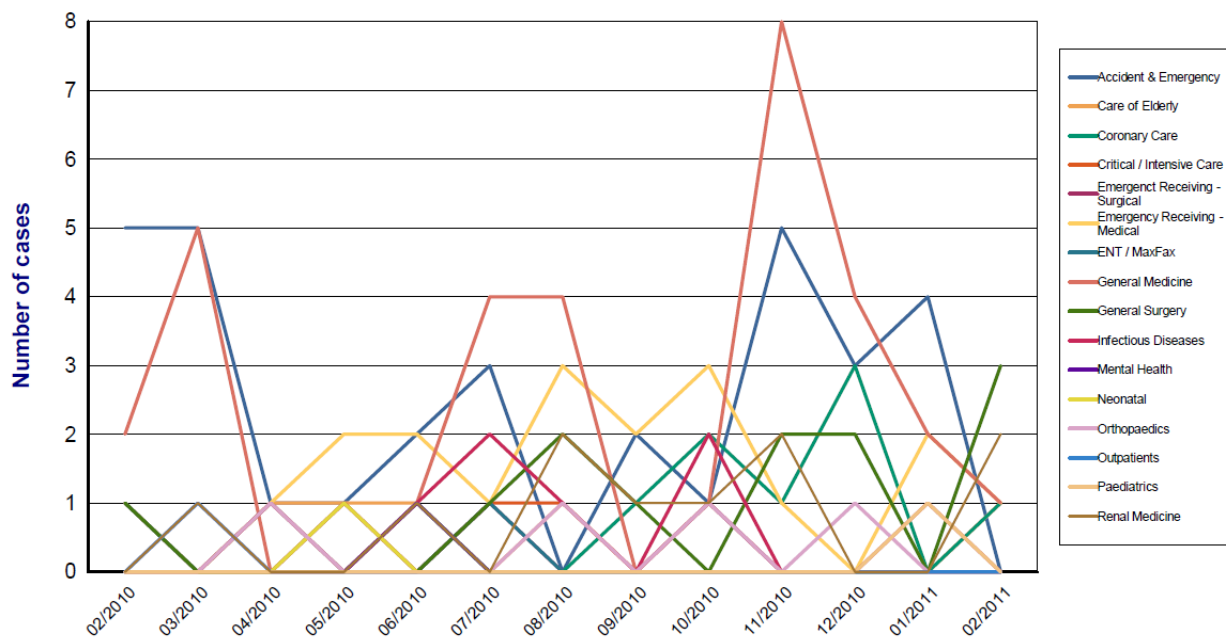


	Hairmyres	Monklands	Wishaw	Totals
02/2010	2	5	4	11
03/2010	3	6	3	12
04/2010	1	2	3	6
05/2010	0	5	2	7
06/2010	3	7	0	10
07/2010	5	7	2	14
08/2010	4	9	2	15
09/2010	2	4	1	7
10/2010	1	9	3	13
11/2010	6	6	7	19
12/2010	3	5	5	13
01/2011	5	2	3	10
02/2011	3	6	0	9
Totals	38	73	35	146

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 February with 0 cases reported at Wishaw General for this reporting period.

Table 2: *Staphylococcus aureus* bacteraemias (SABs) per acute specialties
Date range: 01/02/2010 – 28/02/2011

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	Paediatrics	Renal Medicine	Totals
02/2010	5	0	0	0	1	1	1	1	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
01/2011	4	0	0	0	0	2	0	2	0	1	0	0	0	0	1	0	10
02/2011	0	1	1	0	0	1	0	1	3	0	0	0	0	0	0	2	9
Totals	32	5	9	4	4	19	2	32	13	8	1	1	4	1	1	10	146

Table 2: Highlights the number of *Staphylococcus aureus* bacteraemia per acute specialty reported since February 2010. The highest numbers are in General Medicine (32) Accident and Emergency (32) and Emergency Receiving (19). These figures are in keeping with national findings and reflect where the specimens were obtained, and not necessarily where the SABs were acquired. The neonatal unit has reported 0 cases for 9 consecutive months critical care has reported 0 cases in for 4 consecutive months. 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):

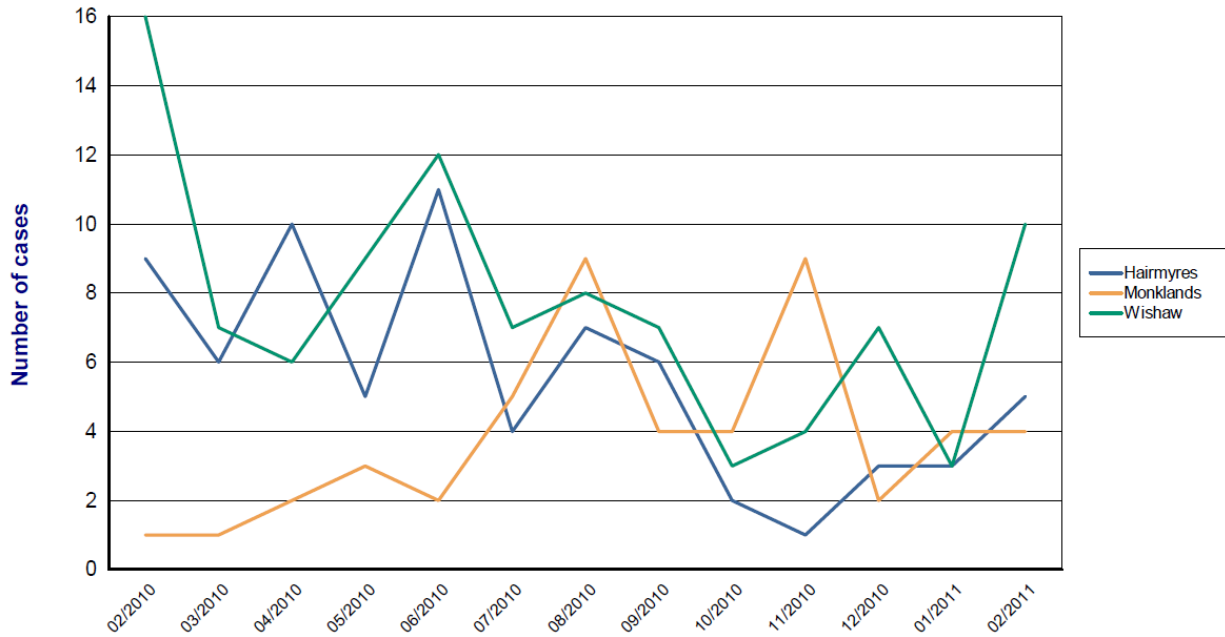
NHS Lanarkshire remains on trajectory to meet our HEAT target for March 2011. The target for 2011-2013 is for all Boards to reduce from their current rate of *Clostridium difficile* infections down to 0.39 or less cases per 1000 total occupied bed days in patients aged 65 and over by year ending March 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: 01/02/2010 – 28/02/2011

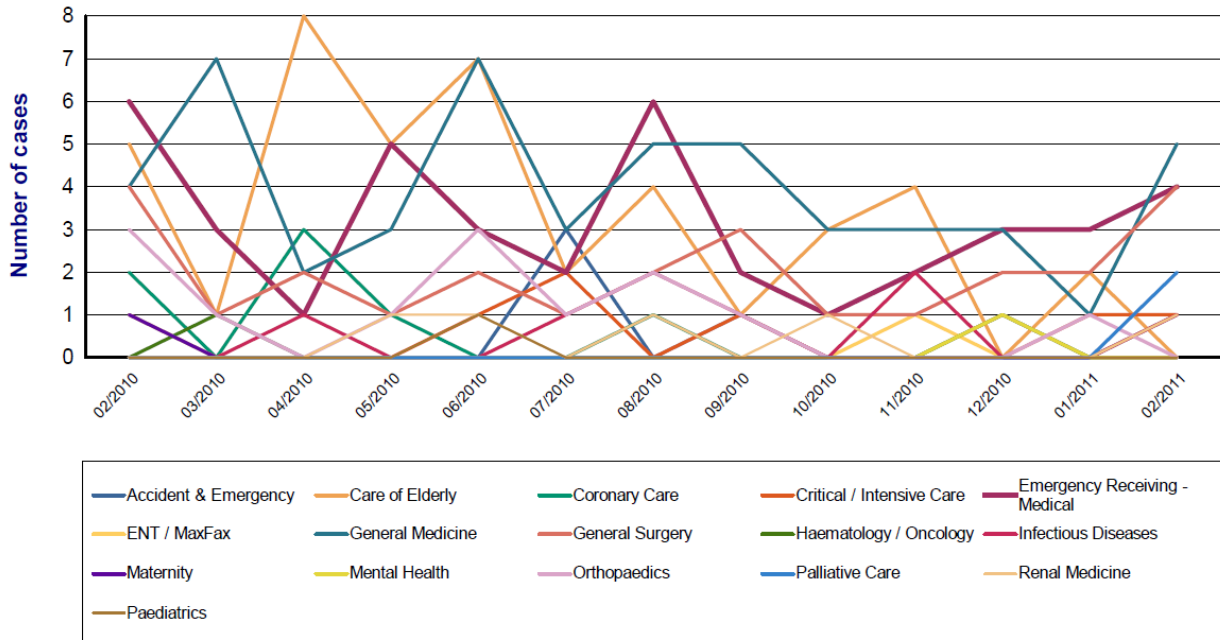
C. Difficile cases by Month and Acute Hospital



	Hairmyres	Monklands	Wishaw	Totals
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
01/2011	3	4	3	10
02/2011	5	4	10	19
Totals	72	50	99	221

Table 3 above shows *Clostridium difficile* by month and acute hospital. Wishaw General have seen an increase in cases for this reporting period. The ICT and enhanced surveillance have reviewed all cases and there were no issues related to cross contamination or identified clusters. 3 of the cases reported were identified as being true community cases and not HAI associated.

Table 4: *Clostridium difficile* infection rates per acute specialities
Date range: 01/02/2010 - 28/02/2011



	Accident & Emergency	Care of Elderly	Coronary Care	Critical / Intensive Care	Emergency Receiving - Medical	ENT / MaxFax	General Medicine	General Surgery	Haematology / Oncology	Infectious Diseases	Maternity	Mental Health	Orthopaedics	Palliative Care	Renal Medicine	Paediatrics	Totals
02/2010	0	5	2	1	6	0	4	4	0	0	1	0	3	0	0	0	26
03/2010	0	1	0	0	3	0	7	1	1	0	0	0	1	0	0	0	14
04/2010	0	8	3	0	1	0	2	2	0	1	0	0	0	0	0	0	17
05/2010	0	5	1	0	5	0	3	1	0	0	0	0	1	0	1	0	17
06/2010	0	7	0	1	3	0	7	2	0	0	0	0	3	0	1	1	25
07/2010	3	2	0	2	2	0	3	1	0	1	0	0	1	0	0	0	15
08/2010	0	4	1	0	6	0	5	2	0	2	0	0	2	0	1	0	23
09/2010	1	1	0	1	2	0	5	3	0	1	0	0	1	0	0	0	15
10/2010	0	3	0	0	1	0	3	1	0	0	0	0	0	0	1	0	9
11/2010	0	4	0	0	2	1	3	1	0	2	0	0	0	0	0	0	13
12/2010	1	0	0	0	3	0	3	2	1	0	0	1	0	0	0	0	11
01/2011	0	2	0	1	3	0	1	2	0	0	0	0	1	0	0	0	10
02/2011	1	0	0	1	4	0	5	4	0	1	0	0	0	2	1	0	19
Totals	6	42	7	7	41	1	51	26	2	8	1	1	13	2	5	1	214

Table 4: above shows *Clostridium difficile* infection rates per acute specialties and continues to demonstrate that the population most at risk of acquiring CDIs are within the General 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. This information is presented in the bi-monthly HAIRT report.

Clostridium difficile Infection Rates - Community Hospitals

There have been 0 cases of *Clostridium difficile* reported in the community setting since December 201

Norovirus

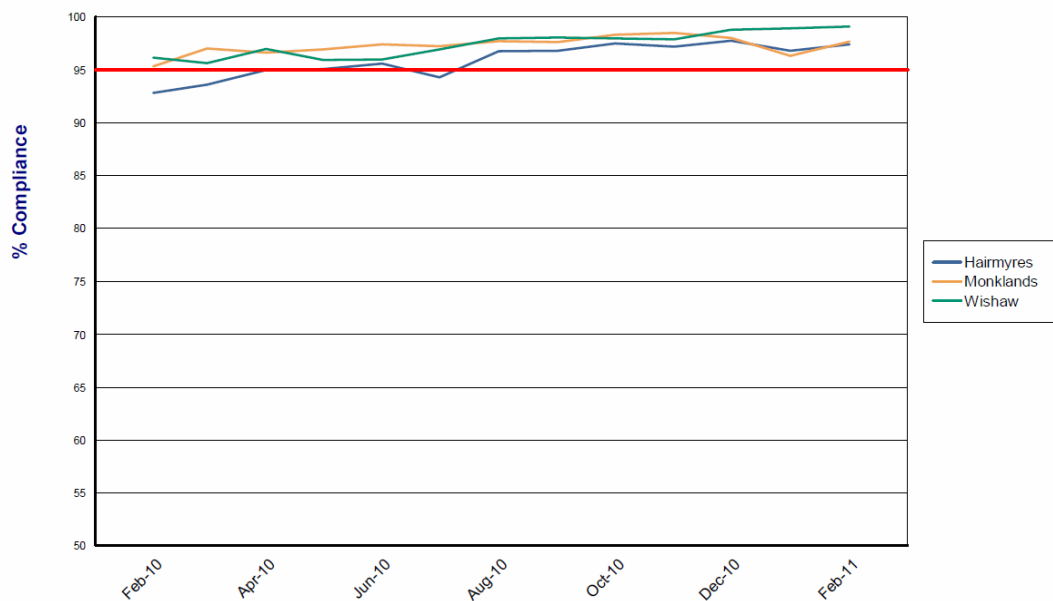
The HPS weekly point prevalence survey for the week beginning the 07th March 2011 shows that there are currently 5 Boards reporting Norovirus activity, with 10 hospitals reporting 13 wards affected. NHS Lanarkshire is reporting no wards or hospitals affected for this reporting period.

Date 07/03/11	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	3	3	17	7
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	2	3	16	2
	NHS Highland	0	0	0	0
	NHS Lanarkshire	1	1	10	4
	NHS Lothian	3	4	37	2
	NHS Tayside	1	2	17	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	10	13	97	15

Table 6: Hand Hygiene Compliance Acute Hospital

Date range: 01/02/2010 – 28/02/2011

% 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
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	2088	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	2684	2630	98
11/2010	2641	2567	97	2520	2482	98	2773	2714	98
12/2010	2385	2331	98	2405	2357	98	2843	2809	99
01/2011	2379	2303	97	2621	2525	96	2786	2756	99
02/2011	2306	2246	97	2330	2276	98	2537	2514	99

Table 6: above shows Hairmyres with 97% Hand Hygiene compliance, Monklands 98%, and Wishaw highest at 99%.

5. Hand Hygiene

National Hand Hygiene audit shows 93% compliance. All reports have been disseminated and action plans are awaited.

6. Cleaning and the Healthcare Environment

- Following the HEI unannounced visit at Wishaw in December 2010, fortnightly service provider meetings are now in place with representation from PSSD, ISS & Serco. The group identified the requirement for standardising all domestic records across the sites. Some sites already operated a Daily/Weekly Cleaning Record Sheet that was signed off daily by domestic staff. The record sheet was redesigned to include sign off by nursing staff in all clinical areas. The new sheets were introduced across the three acute sites from the 14th February 2011.
- Domestic Supervisors/Managers are identifying on a daily basis, any areas that domestic staff have been unable to access for cleaning. An escalation process has been introduced to ensure all areas are cleaned promptly when the areas become available.
- Domestic Management are monitoring the level of calls being received through the helpdesk, relating to domestic issues. To date there has been no significant increase in calls being received
- Steam Cleaners are now being used in sanitary areas at Monklands with improvement noted in the overall appearance of shower walls, floors and sanitary fittings.
- Problems continue to be experienced in relation to laundry bags not being labelled by wards/departments prior to uplift and 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. The laundry will continue to monitor non-compliance and it will be raised at all local HAI meetings.
- The Monitoring Framework for NHS Scotland National Cleaning Services Specification requires Public Peer Review (PPR) involvement once per year. However since April 2009 NHSL has carried out two PPR at each acute site. As a result of the HEI visit and the resulting action plan the frequency of PPR at Wishaw, was increased to weekly during the month of February. Due to the limited availability of Public Peer Reviewers it has not been possible to sustain this level of PPR for any period of time. It is therefore the intention to carry out a PPR visits at each of the 3 acute sites in March and in April. Steps are underway to recruit additional Public Peer Reviewers utilising the volunteer network (meeting scheduled for 16/3/11 with Head of Patient Affairs). Thereafter the intention, subject to successful recruitment, is to carry out PPR visits at each of the 3 acute sites 6 times per year.

7. MRSA Screening

Since the announcement of the National Policy decision to introduce Clinical Risk assessment for MRSA screening (and perineal swabbing for those who fit the criteria), and the continuation of funding for the project team, further discussion has been taking place regarding implementation by March 2012. The NHSL MRSA Steering Group will continue to oversee the progress of this initiative. The Key Performance Indicators have not been released to NHS Boards yet as they are still being aligned by Health Protection Scotland and the SGHD.

The figures below show compliance for elective and emergency admissions with Wishaw, Hairmyres and Monklands continuing to be $\geq 80\%$ for elective admissions screened. Emergency admissions show Wishaw and Monklands to be $\geq 80\%$ while Hairmyres has been between 70% and 80% which shows improvement since January 2011.

New paperwork has been introduced at Hairmyres as well as increased education sessions and observation by the MRSA Surveillance Nurse.

Fig. Compliance with screening all eligible elective admissions up to 27/02/2011

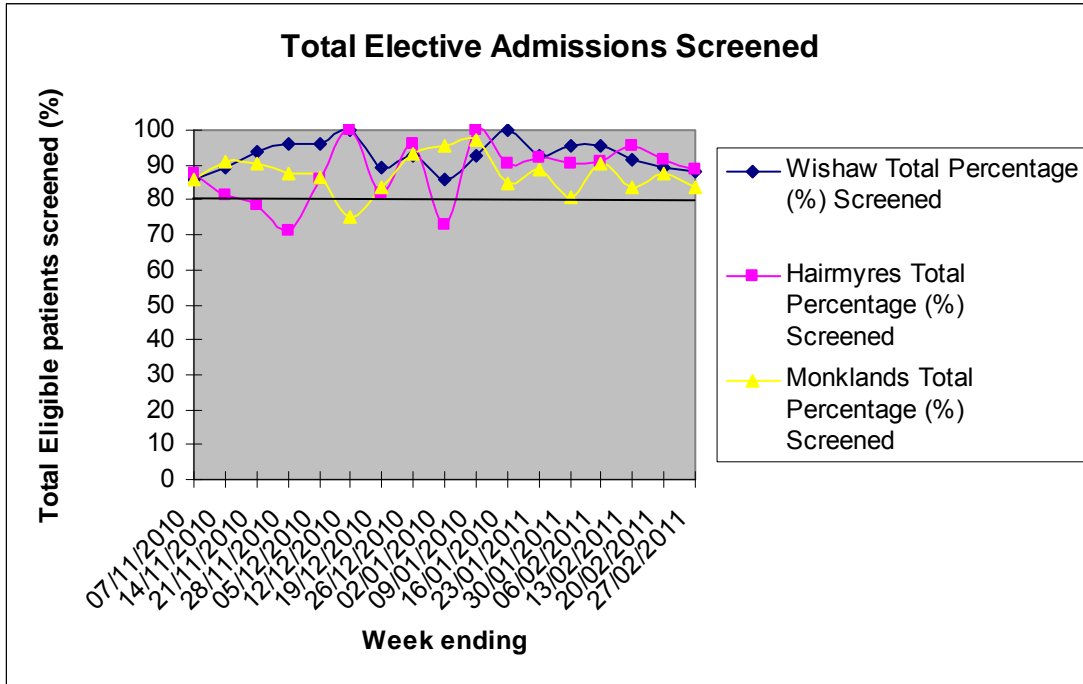
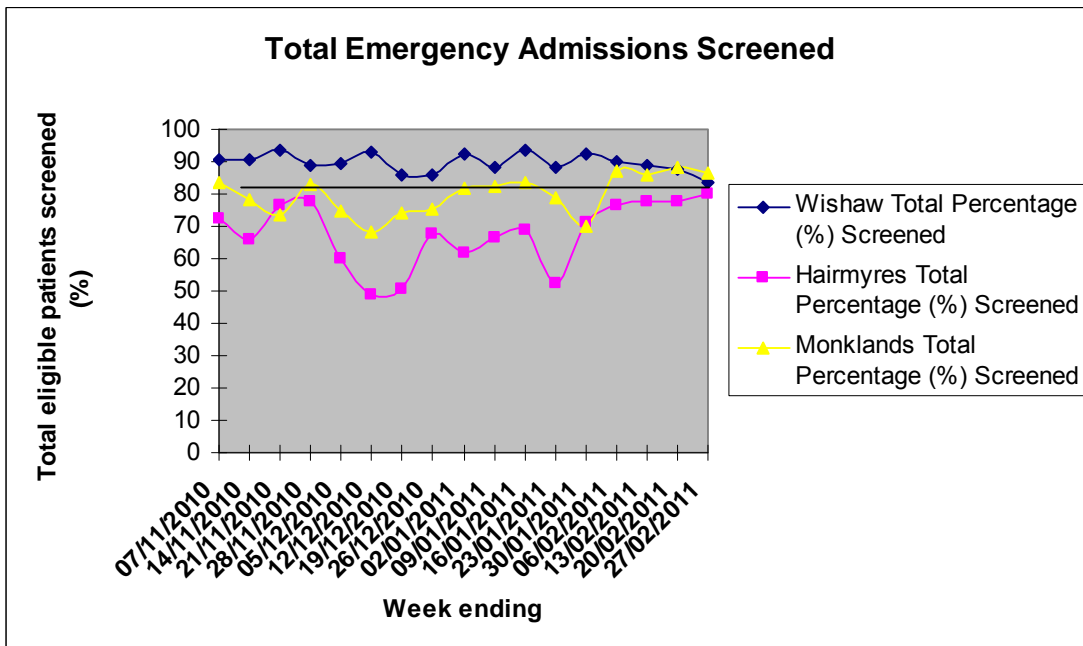


Fig. Compliance with screening all eligible emergency admissions up to 27/02/2011



8. Outbreaks/Incidents:

Increased Incidence of Infections

The caesarean section SSI rates continue to be monitored with active surveillance being carried out by Infection Control Nurse's and Surveillance staff. Caesarean section SSI rates have been declining and presently the small working group representing microbiology, infection control and surveillance nurses, theatre and maternity will be updated with the outcome of antibiotic prophylaxis timing following discussion at the next Clinical Effectiveness Maternity Subgroup meeting.

Surveillance has shown that 2 superficial infections were diagnosed post discharge (within 10 days of discharge) and 1 deep infection reported as an inpatient for January 2011.

Surveillance of Orthopaedic procedures for January 2011 has shown no infections within the 30 days surveillance however 1 superficial infection in Hip Arthroplasty and 1 deep infection in Repair of Neck of femur have been detected on patient's readmission to Wishaw in February and March 2011 respectively. However these infections were out with the surveillance period and will not be reported nationally.

The surveillance team are presently working on a look back exercise for Orthopaedic patients with regards to the infection rates in February. Conversations have been held with the microbiologists, Infection Control Nurses on site and also with the Theatre Manager and Orthopaedic ward Sister to discuss the infections. A SBAR has been compiled and recommendations are being formulated.

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.