

Meeting of Lanarkshire NHS Board
Lanarkshire

23rd November 2011

NHS Board Kirklands
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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 on the 25th January 2011

1. Board Wide Issues

Key Healthcare Associated Infection Headlines for September 2011

- A debrief meeting was held on the 10th November 2011 to review lessons learned from undertaking the Joint ECDC Europe wide Point Prevalence Survey of HAI and Antimicrobial Prescribing. An SBAR outlining the key lessons learned will be completed and presented at the Lanarkshire Infection Control Committee on the 12th December 2011.
- A debriefing exercise has been completed to identify lessons learned from the Lockhart Hospital increased incidence of *Clostridium difficile* infection. The findings will be presented at the next Joint CHP Infection Control Committee on the 21st November 2011.

2. Healthcare Environment Inspection (HEI)

There have been no further unannounced inspections to date within NHSL and the HEI steering group continues to drive improvement through local hygiene groups

3. *Staphylococcus aureus* (including MRSA):

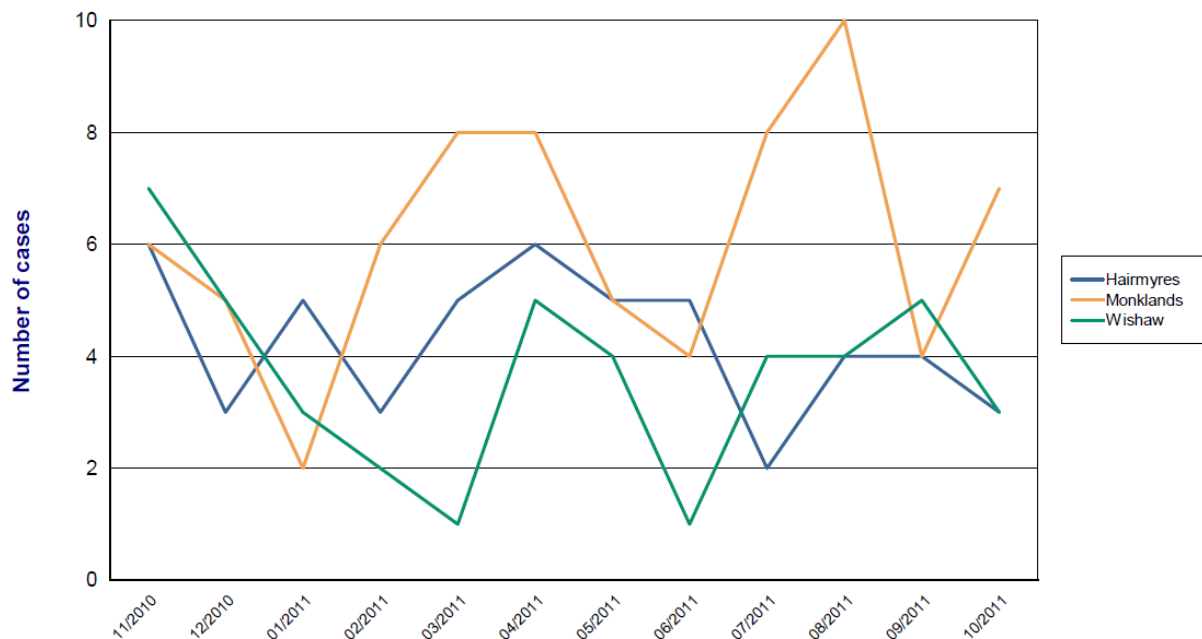
The target for 2011-2013 is for all Boards to reduce their rate of *Staphylococcus aureus* bacteraemias down to 0.26 or less cases per 1000 acute occupied bed days by year ending March 2013. Should Boards achieve a rolling year rate lower than 0.26 before year ending March 2013 they should aim to maintain 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.

As this is a rate based on data regarding acute occupied bed days being received from ISD, there will be a delay before an accurate comparison of performance can be made. However, if activity remains at a stable level, then an average of 10 SABs per month in NHS Lanarkshire will be an approximate target. In October there were 13 SABs, the same number as in the month before.

Table 1: *Staphylococcus aureus* bacteraemia cases by month and acute hospital (MRSA & MSSA),

Date range: 01/11/2010 – 31/10/2011

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



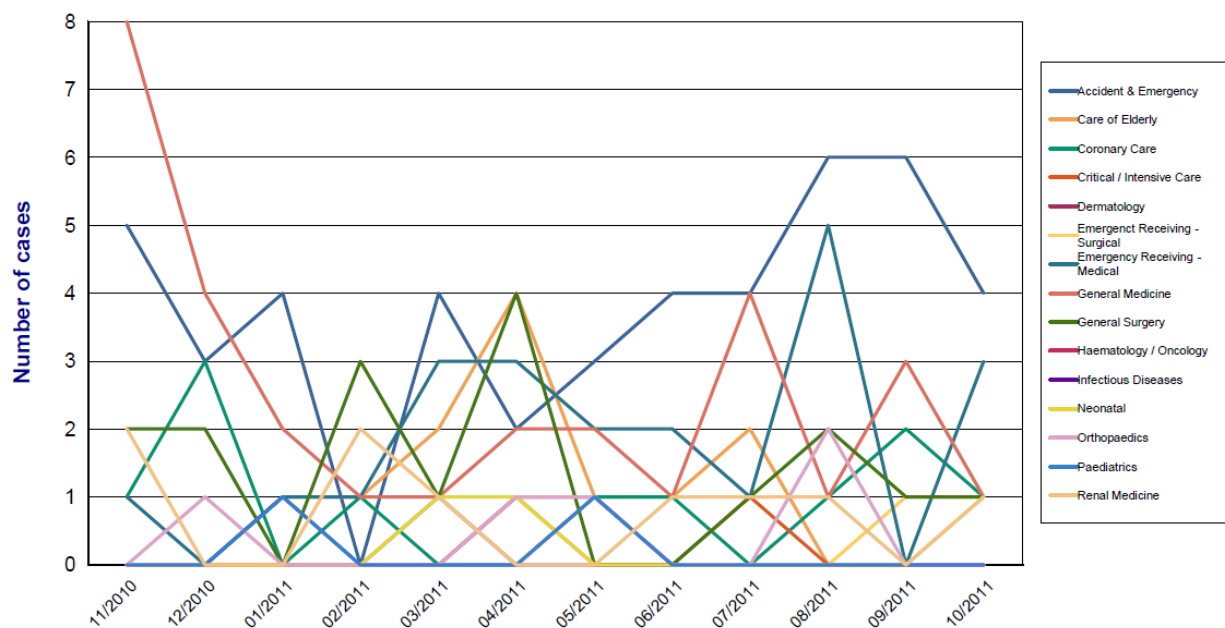
	Hairmyres	Monklands	Wishaw	Totals
11/2010	6	6	7	19
12/2010	3	5	5	13
01/2011	5	2	3	10
02/2011	3	6	0	9
03/2011	5	8	1	14
04/2011	6	8	5	19
05/2011	5	5	4	14
06/2011	5	4	1	10
07/2011	2	8	4	14
08/2011	4	10	4	18
09/2011	4	4	5	13
10/2011	3	7	3	13
Totals	51	73	42	166

Table 1: Highlights the number of *Staphylococcus aureus* bacteraemias (SABs) per acute hospital. There was an increase in the incidence of SABs at Monklands since September 2011 with Wishaw and Hairmyres showing a decrease from Octobers reporting period. The Infection Control teams continue to carry out enhanced surveillance of all SABs. Of the 13 SABs they are considered associated to hospital (2), healthcare (7), Community (3) and nursing home (1). Potentially contributing factors continue to be fed back to Senior Charge Nurses and other key stakeholders.

Table 2: *Staphylococcus aureus* bacteraemias (SABs) per acute specialties

Date range: 01/11/2010 – 31/10/2011

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



	Accident & Emergency	Care of Elderly	Coronary Care	Critical / Intensive Care	Dermatology	Emergency Receiving - Surgical	Emergency Receiving - Medical	General Medicine	General Surgery	Haematology / Oncology	Infectious Diseases	Neonatal	Orthopaedics	Paediatrics	Renal Medicine	Totals
11/2010	5	0	1	0	0	0	1	8	2	0	0	0	0	0	2	19
12/2010	3	0	3	0	0	0	0	4	2	0	0	0	1	0	0	13
01/2011	4	1	0	0	0	0	1	2	0	0	1	0	0	1	0	10
02/2011	0	1	1	0	0	0	1	1	3	0	0	0	0	0	2	9
03/2011	4	2	0	0	1	0	3	1	1	0	0	1	0	0	1	14
04/2011	2	4	0	1	0	0	3	2	4	1	0	1	1	0	0	19
05/2011	3	1	1	0	1	1	2	2	0	1	0	0	1	1	0	14
06/2011	4	1	1	0	0	0	2	1	0	0	0	0	0	0	1	10
07/2011	4	2	0	1	0	0	1	4	1	0	0	0	0	0	1	14
08/2011	6	0	1	0	0	0	5	1	2	0	0	0	2	0	1	18
09/2011	6	0	2	0	0	1	0	3	1	0	0	0	0	0	0	13
10/2011	4	0	1	0	0	1	3	1	1	0	0	1	0	0	1	13
Totals	45	12	11	2	2	3	22	30	17	2	1	3	5	2	9	166

Table 2: Highlights the number of *Staphylococcus aureus* bacteraemias per acute specialty reported since November 2010. The highest numbers are in Accident and Emergency (45), General Medicine (30) and Emergency Receiving Medical (22). These figures are in keeping with national findings and reflect where the specimens were obtained, and not necessarily where the SABs were acquired.

4. Clostridium difficile infection (CDI):

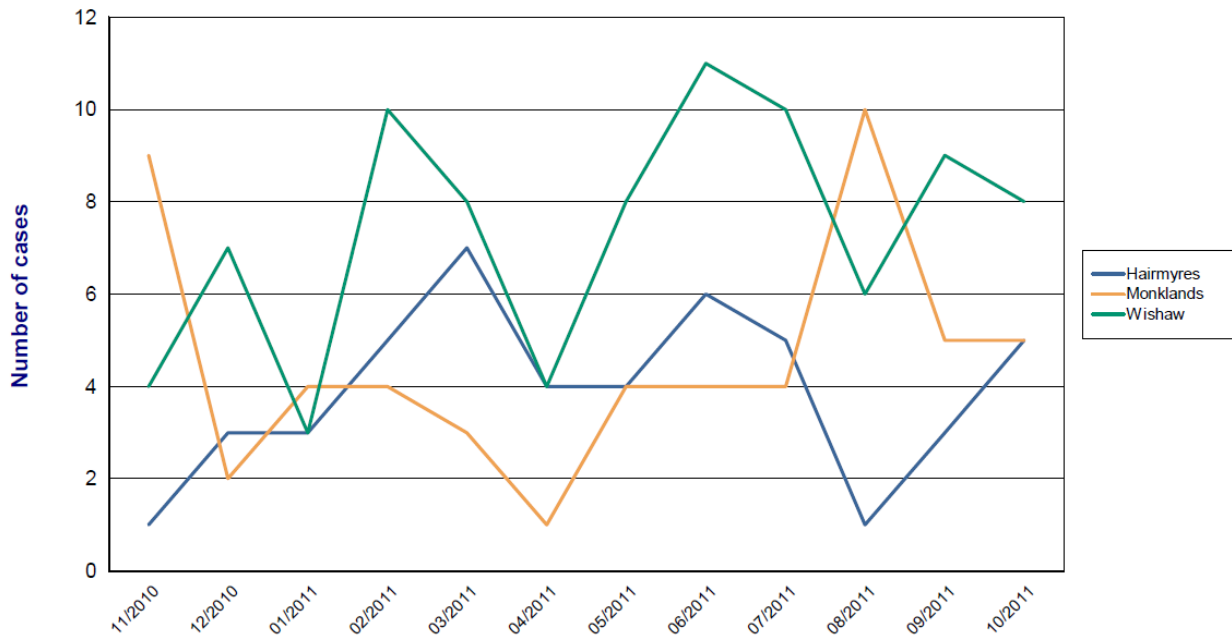
NHS Lanarkshire remains on trajectory to meet our HEAT target. The target for 2011-2013 is for all Boards to reduce from their current rate of *Clostridium difficile* infections down to 0.39 or less cases per 1000 total occupied bed days in patients aged 65 and over by year ending March 2013. Should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

Our exact figures for the most recent quarter (reported by HPS on 5th October) April 2011 – June 2011 are 43 episodes (>65 years old) giving a rate of 0.35 cases > 65 years old / 1000 OCBDs for the quarter up to March 2011.

The annual figure reported on the ISD Directory Information System website is up to 30th June 2011 (0.36 cases > 65 years old / 1000 OCBDs). This compares with a trajectory HEAT target of 0.55 cases > 65 years old / 1000 OCBDs in the 12 months up to the end of June 2011 (deviation = -34.5%).

Table 3: *Clostridium difficile* by month and acute hospital
Date range: 01/11/2010 – 31/10/2011

C. Difficile cases by Month and Acute Hospital

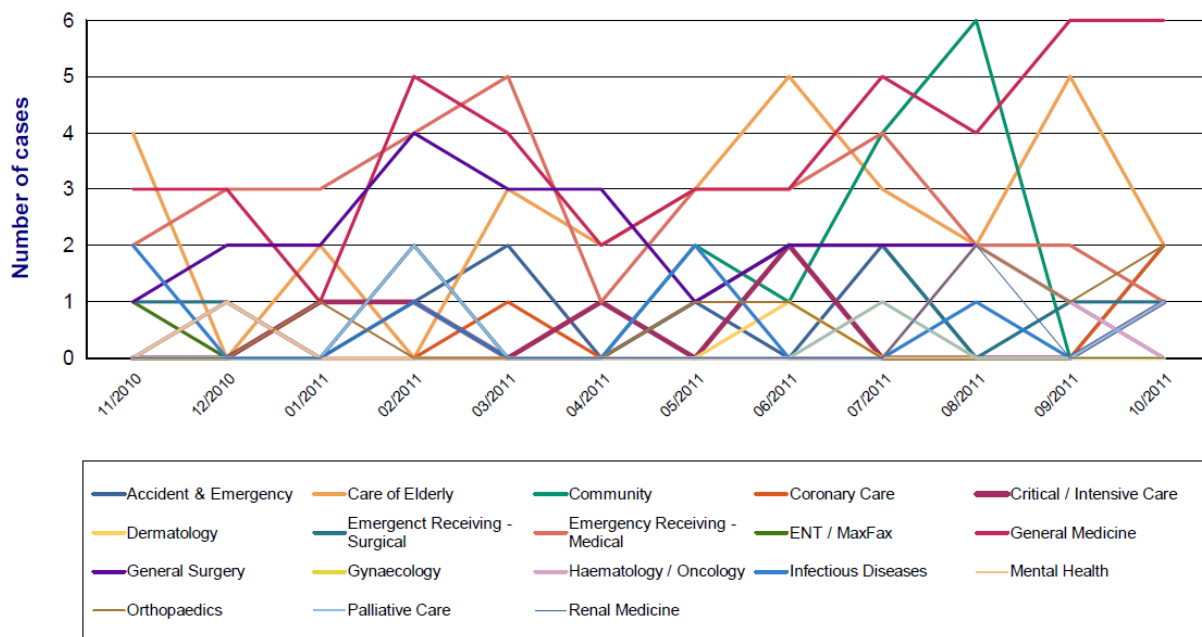


	Hairmyres	Monklands	Wishaw	Totals
11/2010	1	9	4	14
12/2010	3	2	7	12
01/2011	3	4	3	10
02/2011	5	4	10	19
03/2011	7	3	8	18
04/2011	4	1	4	9
05/2011	4	4	8	16
06/2011	6	4	11	21
07/2011	5	4	10	19
08/2011	1	10	6	17
09/2011	3	5	9	17
10/2011	5	5	8	18
Totals	47	55	88	190

Table 3: above shows *Clostridium difficile* by month and acute hospital. Whilst Hairmyres has shown an increase for this reporting period, Wishaw has seen a slight reduction and Monklands has remained static. The Surveillance Nurses in conjunction with the antimicrobial and ward pharmacists continue to undertake enhanced surveillance and review all cases.

Table 4: Clostridium difficile infection rates per acute specialities
Date range: 01/11/2010 – 31/10/2011

All C. Difficile cases by Month and Specialty



	Accident & Emergency	Care of Elderly	Community	Coronary Care	Critical / Intensive Care	Dermatology	Emergent Receiving - Surgical	Emergency Receiving - Medical	ENT / MaxFax	General Medicine	General Surgery	Gynaecology	Haematology / Oncology	Infectious Diseases	Mental Health	Orthopaedics	Palliative Care	Renal Medicine	Totals
11/2010	0	4	0	0	0	0	1	2	1	3	1	0	0	2	0	0	0	0	14
12/2010	1	0	1	0	0	0	1	3	0	3	2	0	1	0	1	0	0	0	13
01/2011	0	2	0	0	1	0	0	3	0	1	2	0	0	0	0	1	0	0	10
02/2011	1	0	0	0	1	0	2	4	0	5	4	0	0	1	0	0	2	1	21
03/2011	2	3	0	1	0	0	0	5	0	4	3	0	0	0	0	0	0	0	18
04/2011	0	2	0	0	1	0	0	1	0	2	3	0	0	0	0	0	0	0	9
05/2011	1	3	2	1	0	0	1	3	0	3	1	0	0	2	0	1	0	0	18
06/2011	0	5	1	2	2	1	2	3	0	3	2	0	0	0	0	1	0	0	22
07/2011	2	3	4	0	0	0	2	4	0	5	2	1	0	0	0	0	1	0	24
08/2011	0	2	6	0	0	0	0	2	0	4	2	0	2	1	0	2	0	2	23
09/2011	0	5	0	0	0	0	1	2	0	6	1	0	1	0	0	1	0	0	17
10/2011	1	2	2	2	1	0	1	1	1	6	0	0	0	1	0	2	1	0	21
Totals	8	31	16	6	6	1	11	33	2	45	23	1	4	7	1	8	4	3	210

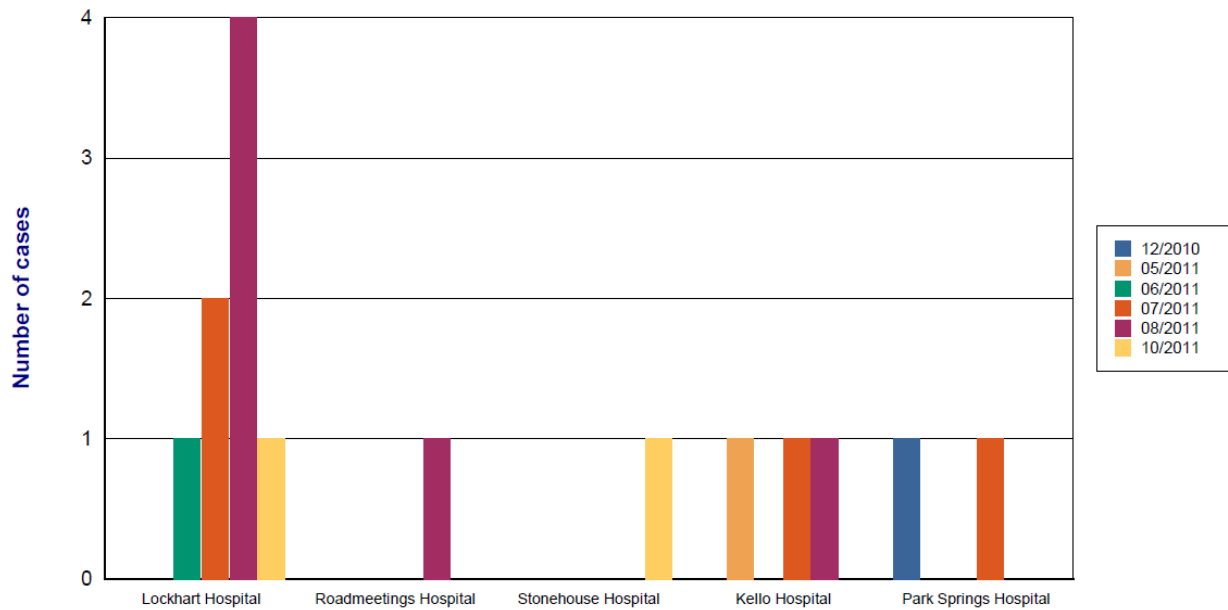
Table 4: above shows Clostridium difficile infection rates per acute specialities and continues to show that the highest numbers are in General Medicine (45), Emergency Receiving Medical (33) and Care of the Elderly. Haematology/ Oncology and Renal Medicine are reporting a decrease since last report in August 2011.

The figures should be interpreted with caution as they report where the episode was identified and not necessarily where the likely cause originated.

Table 5: Clostridium difficile Infection Rates - Community Hospitals:

Date range: 01/11/2010 – 31/10/2011

C. Difficile cases by Month and Community Hospital



	Lockhart Hospital	Roadmeetings Hospital	Stonehouse Hospital	Kello Hospital	Park Springs Hospital	Totals
12/2010	0	0	0	0	1	1
05/2011	0	0	0	1	0	1
06/2011	1	0	0	0	0	1
07/2011	2	0	0	1	1	4
08/2011	4	1	0	1	0	6
10/2011	1	0	1	0	0	2
Totals	8	1	1	3	2	15

Table 5: above shows the Clostridium *difficile* reported in the community setting since December 2010, there were 15 cases in total reported in the Community from December 2010 until October 2011. Lockhart hospital and Stonehouse hospital both reported 1 case in October 2011 .

Table 6: Norovirus:

Date: 14/11/2011

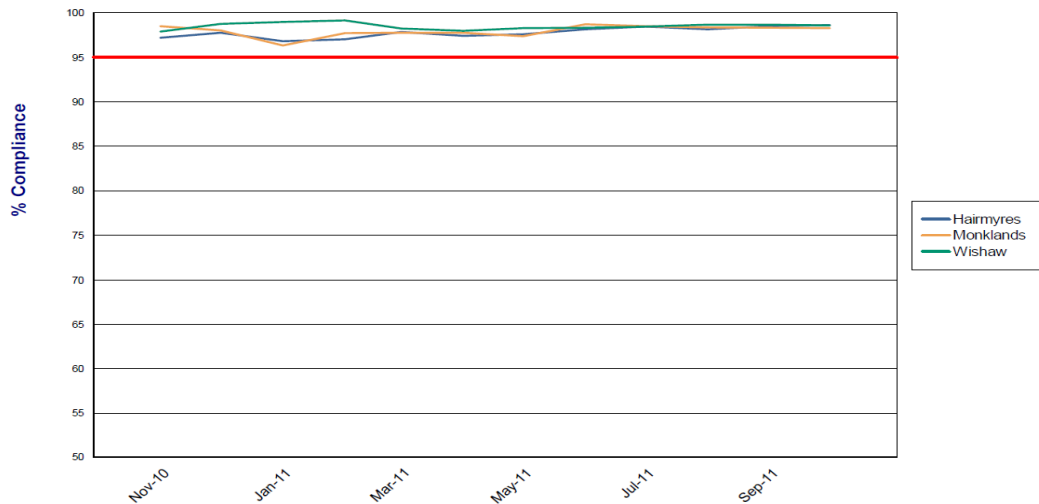
Date 14/11/11 NHS Board	Total number of hospitals with wards closed this Monday	Total number of wards closed this Monday	Total number of patients who are or have been affected in the wards closed this Monday	Total number of staff who are or have been affected in the wards closed this Monday
NHS Ayrshire & 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	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	4	0
NHS Tayside	1	1	13	5
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	17	5

Table 6: shows the HPS weekly point prevalence survey for the week beginning the 14th November 2011 which shows that there are currently **2** Boards reporting Norovirus activity, with **2** hospitals with **2** wards affected. NHS Lanarkshire has reported no wards or hospitals affected for this reporting period.

Table 7: Hand Hygiene Compliance Acute Hospital

Date range: 01/11/2010 – 31/10/2011

% 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
11/2010	2641	2567	97	2520	2482	98	2773	2714	98
12/2010	2385	2331	98	2405	2357	98	2844	2809	99
01/2011	2379	2303	97	2620	2524	96	2867	2837	99
02/2011	2375	2304	97	2370	2316	98	2677	2654	99
03/2011	2500	2446	98	2680	2620	98	2839	2789	98
04/2011	2270	2211	97	2473	2417	98	2740	2684	98
05/2011	2656	2592	98	2717	2645	97	3053	3000	98
06/2011	2298	2255	98	2799	2763	99	2856	2808	98
07/2011	2400	2363	98	2508	2470	98	2772	2729	98
08/2011	2456	2410	98	2837	2790	98	3022	2981	99
09/2011	2352	2316	98	2641	2597	98	2788	2751	99
10/2011	2368	2335	99	2692	2646	98	2903	2862	99

Table 7: above shows Hairmyres and Wishaw with 99% hand hygiene compliance, whilst Monklands remained static with 98% hand hygiene compliance.

5. Hand Hygiene

National Hand Hygiene audits undertaken between 26th September – 7th October 2011 shows 91% compliance (unvalidated) for Opportunity only (target is 90%) over 15 areas in NHSL. 11 of the areas were compliant.

It should be noted that HPS have a target of 95% Compliance (combined Opportunity **and** Technique) in the near future. At 84% the combined score for the period would fall below the 95% target. All reports have been disseminated to relevant personnel and Action Plans from non-complaint areas are to be returned to the Senior Nurses.

Monthly education sessions continue and work is complete on an on-line self-directed study module on Learn Pro which was launched during Infection Control week on week commencing 31st October 2011.

6. Cleaning and the Healthcare Environment

- Following the HEI Unannounced Inspection to Hairmyres on 4th August 2011, there was a requirement to ensure domestic staff consistently implement the Health Facilities Scotland colour coding system. Refresher training via tool box talks was instigated and completed in October 2011.
- There has been an increase in needle stick injuries to ISS staff members as a result of the inappropriate disposal of needles by NHSL staff. This has resulted in 3 compensation claims being made against NHS Lanarkshire in September 2011. Section G of the Infection Control Manual (Sharps disposal etc) is currently being reviewed as part of the recent HSE visit to NHSL and has resulted in a draft policy being produced by Occupational Health which will be added to Section G as an addendum. The matter will also be discussed at the next OHSMG meeting on the 21st November 2011
- A programme to refurbish Domestic Service Rooms at Monklands, replacing sanitary ware, flooring, shelving has been improved and will commence in November
- Monies have been released to replace sanitary ware at CHP sites. The scope of work is being developed in consultation with Control of Infection.
- Additional Domestic Supervisors are being recruited at Monklands to improve levels of supervision and ensure consistency of service.
- Monies have been released to purchase Domestic Equipment at Monklands and CHP sites which will assist in maintaining & improving cleaning standards further
- Steam cleaning equipment was found to be non compliant with pressure system regulations. This was quickly resolved by PSSD and the Authorising Engineer (Pressure Systems). The equipment fault was notified to Health Facilities Scotland's Incident Reporting and Investigation Centre to ensure that other Boards using this equipment are made aware.

7. MRSA Screening

The MRSA clinical risk assessment (CRA) is being assimilated to Trackcare; modification is required and is dependant on rollout of Mobile Clinical Assistants. Discussions are ongoing with regards to this and the Steering Group continue to support the project used to drive implementation.

8. Outbreaks/Incidents:

There are no outbreaks or incidents to report during this period.

Increased Incidence of Infections

The caesarean section surgical site infection (SSI) SSI rates continue to be monitored with active surveillance being carried out by Infection Control Nurses and Surveillance staff. Caesarean section SSI rates have been declining. Surveillance has shown that no infections were diagnosed post discharge (within 10 days of discharge) for September 2011.

Surveillance of Orthopaedic procedures for September 2011 has shown 3 infections within the 30 days surveillance on superficial infection in Knee Arthroplasty detected as an inpatient at Hairmyres, 1 deep infection in Repair of Neck of Femur detected on readmission to Monklands and 1 organ/space infection detected as an inpatient in Hairmyres.

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, NHS Lanarkshire Board Headquarters, Kirklands Fallside Road, Bothwell, G71 8BB, 01698 858192