

## **SUBJECT: HAI UPDATE**

### **PURPOSE**

This report provides a monthly update of performance in relation to health care associated infection utilising the national reporting template. Key issues covered include:-

- Performance against Health Efficiency Access targets
- Infection prevalence rates
- Cleanliness of clinical facilities
- Progress against national Clostridium Difficile action plan
- Progress against key issues within the Task Force 3 year delivery plan
- Surgical Site Infection Surveillance
- Antimicrobial prescribing

### **1. STAPHYLOCOCCUS AUREUS BACTERAEMIAS (SAB)**

#### **1.1 Short/Medium/Long Term Trends in SAB, plus Meticillin Resistant Staphylococcus Aureus (MRSA), MSSA Bacteraemias – number/graphical presentation, SPC chart**

Table 5 highlights the key clinical areas continuing to show the highest numbers of Staphylococcus Aureus Bacteraemias are General Medicine, Accident and Emergency, General Surgery and Renal. This is in line with national findings. As outlined in previous reports links have been established with the Scottish Patient Safety Programme to target the implementation of appropriate care bundles within these areas of practice in the first instance. However, further surveillance is required to identify potential source of infection.

**Table 1: Staphylococcus Aureus Bacteraemia Rates per 1000 Acute Occupied Bed Days, Hairmyres Hospital (December 2007 – March 2009)**

**Episodes of S.Aureus Bacteraemias in NHS Lanarkshire Acute Hospital Wards**

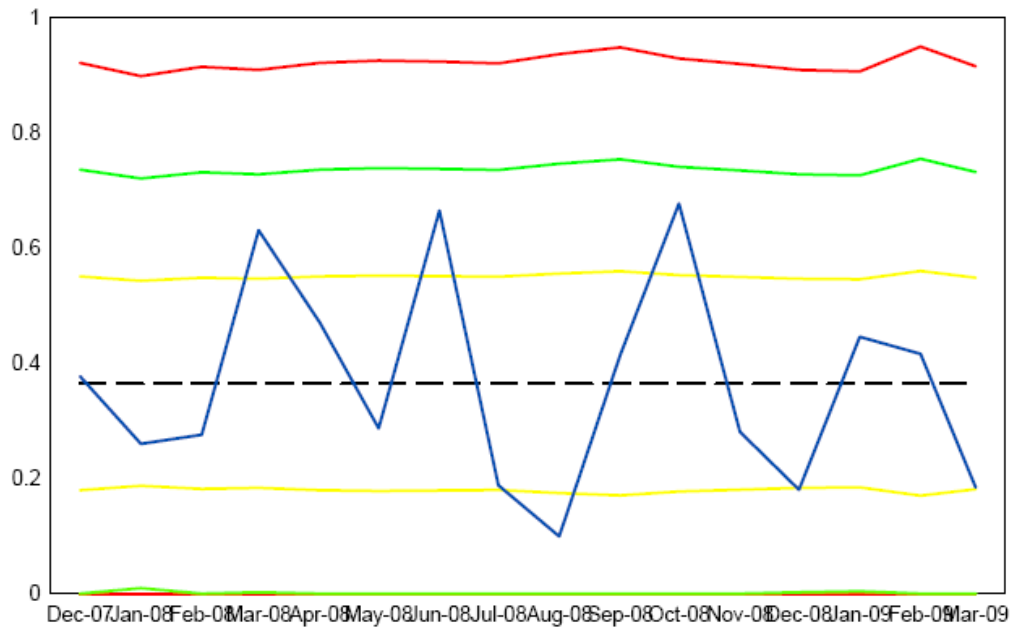
**MONTHLY REPORT**

**Date Range: 01/12/2007 to 31/03/2009**



- SAB patient episodes are defined as the total number of patients from whom blood culture sets collected during the time period grew staph. aureus
- A blood culture set is defined as a sample arising from a single venepuncture, irrespective of the number of bottles tested.
- Patients are counted once even if they have multiple positive tests. However, patients with a positive blood culture set after a 14-day gap with no positive blood culture sets will be counted as a new episode.
- The data reported is all derived from NHS Lanarkshire laboratory data.
- The data reported is inclusive of all incidences irrespective of where they are acquired

**S.Aureus Bacteraemia rates per 1000 Acute Occupied Bed Days - HAIRMYRES HOSPITAL**



- Rate of SABs per 1000 AOBs
- Upper & Lower Control Limits set at 3 sd
- Median
- Upper & Lower Warning Limits set at 2 sd
- Upper & Lower Highlight Limits set at 1 sd

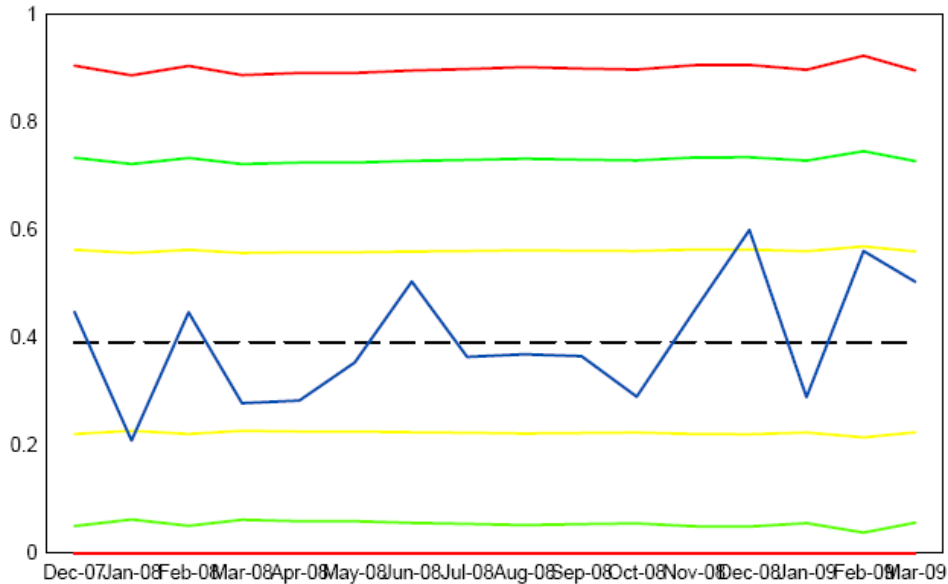
**Table 2: Staphylococcus Aureus Bacteraemia Rates per 1000 Acute Occupied Bed Days, Wishaw Hospital (December 2007 – March 2009)**

**Episodes of S.Aureus Bacteraemias in NHS Lanarkshire Acute Hospital Wards**  
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**S.Aureus Bacteraemia rates per 1000 Acute Occupied Bed Days - WISHAW GENERAL HOSPITAL**



— (Blue line)	Rate of SABs per 1000 AOBs	— (Red line)	Upper & Lower Control Limits set at 3 sd
- - - (Dashed line)	Median	— (Green line)	Upper & Lower Warning Limits set at 2 sd
		— (Yellow line)	Upper & Lower Highlight Limits set at 1 sd

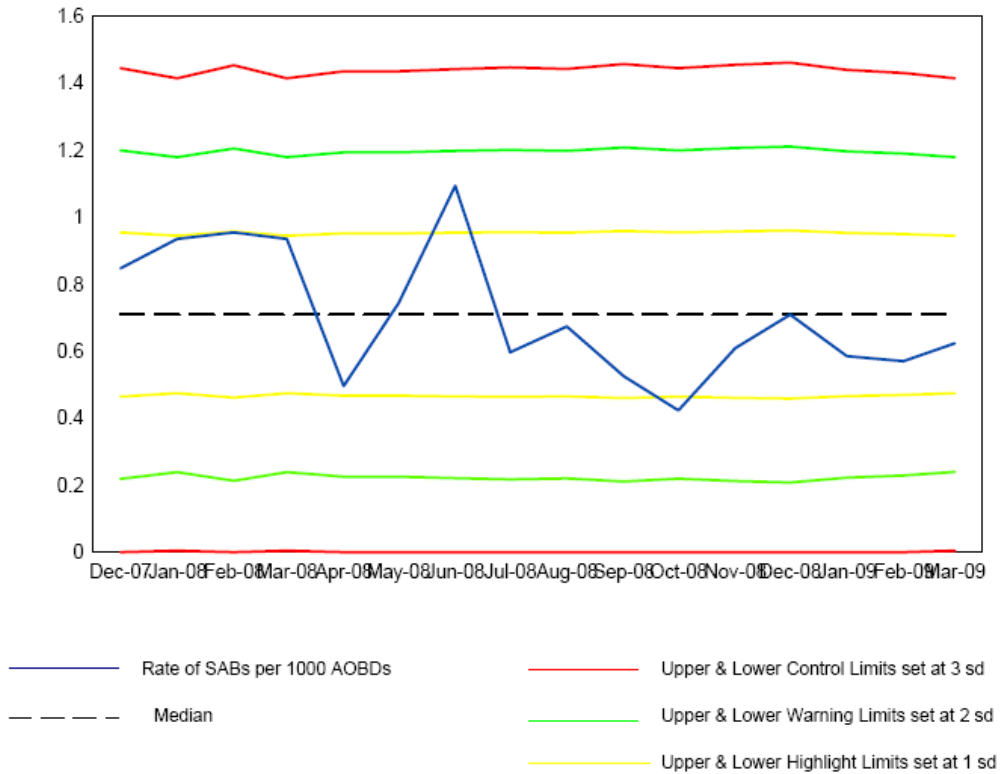
**Table 3: Staphylococcus Aureus Bacteraemia Rates per 1000 Acute Occupied Bed Days, Monklands Hospital (December 2007 – March 2009).**

**Episodes of S.Aureus Bacteraemias in NHS Lanarkshire Acute Hospital Wards**  
**MONTHLY REPORT**                      **Date Range: 01/12/2007 to 31/03/2009**

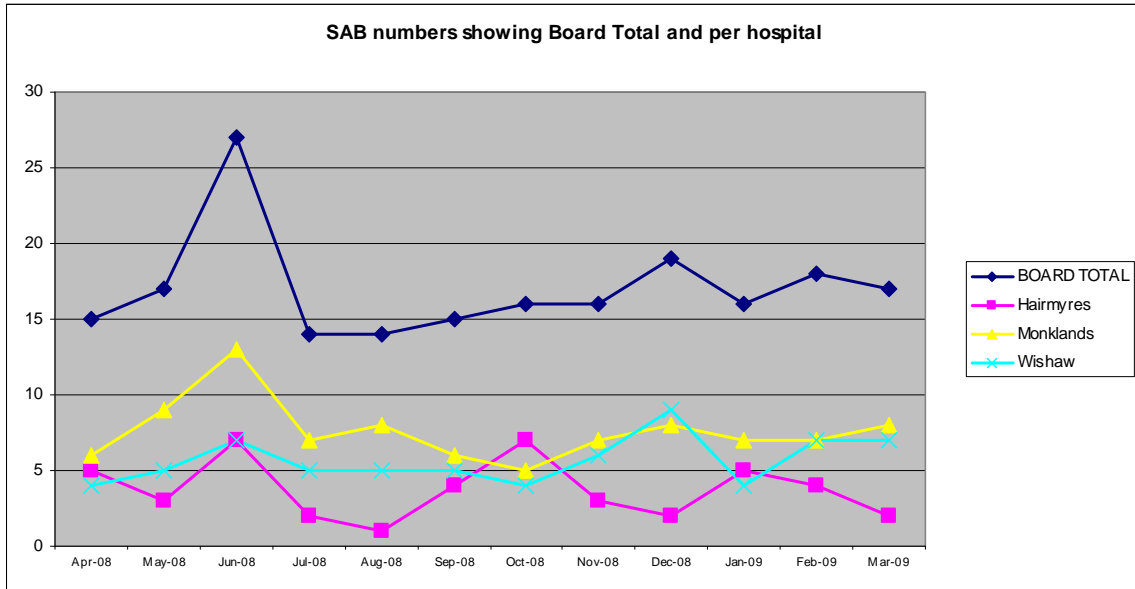


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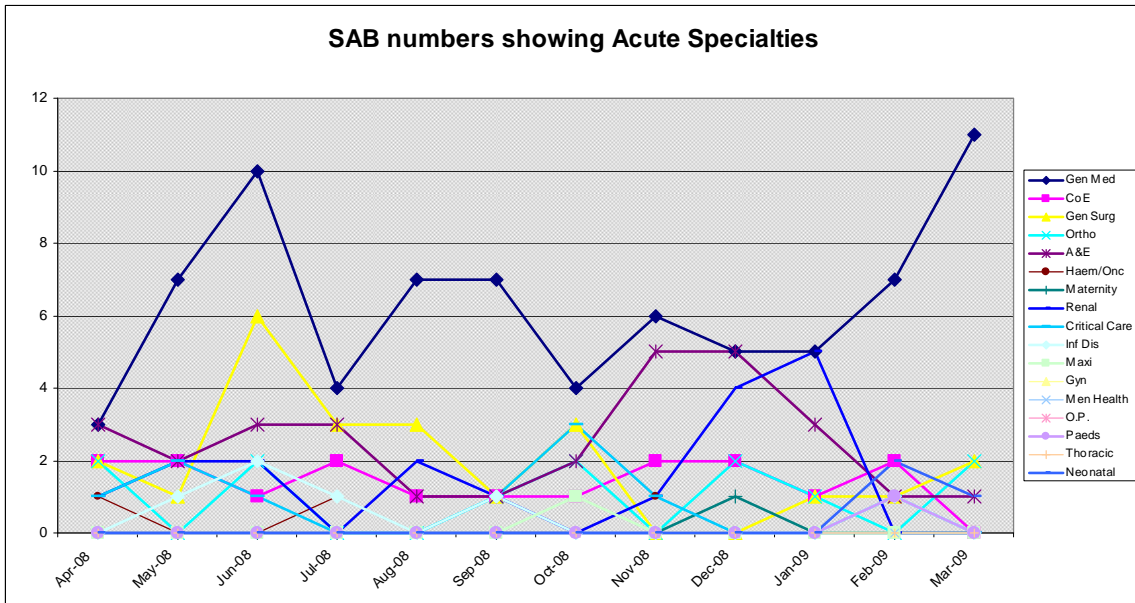
**S.Aureus Bacteraemia rates per 1000 Acute Occupied Bed Days - MONKLANDS HOSPITAL**



**Table 4: Staphylococcus Aureus Bacteraemias (SAB) Numbers Showing Boards and Hospitals Totals (February 2008 – March 2009)**



**Table 5: Staphylococcus Aureus Bacteraemias (SAB) Numbers Showing Acute Specialties (February 2008 – March 2009)**



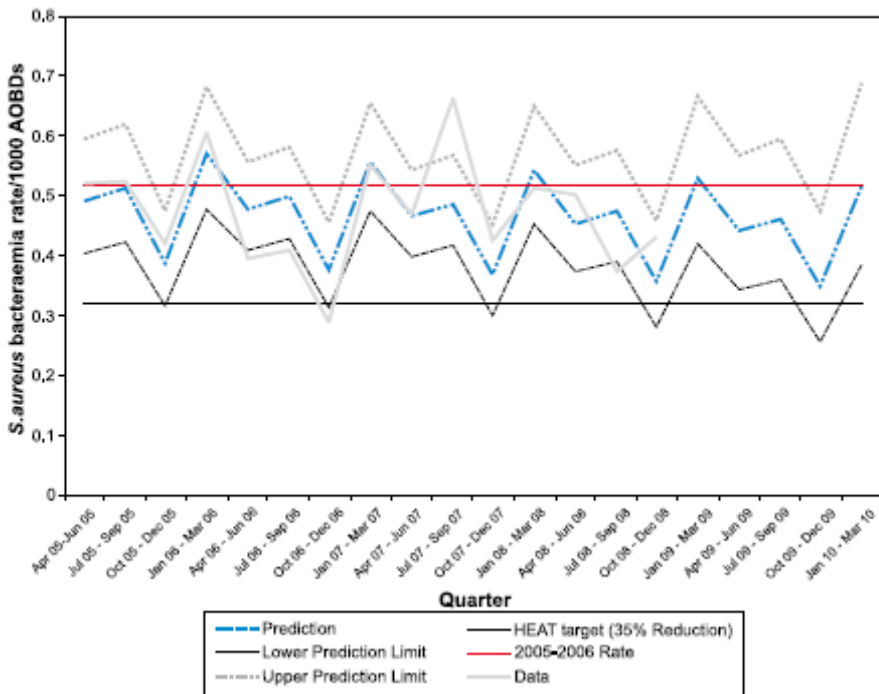
## 1.2 Current Health Efficiency Access Treatment Targets (HEAT) Status and National Context

**To reduce all Staphylococcus Aureus Bacteraemia (including MRSA) by 30% by 2010; to introduce and comply with local antimicrobial policies by 2010;**

The recent Health Protection Scotland quarterly reports published in April 2009 identified that the annual number of Staphylococcus Aureus Bacteraemia reported in NHS Lanarkshire had fallen by 2.0% per year (95% CI -5.5% to 9.0%) since the HEAT baseline of 1 April 2005 to 31 March 2006 .

There is no evidence that this is lower than the HEAT target of an 8% yearly reduction.

**Figure 31:** *S. aureus* bacteraemia per 1000 AOBs in NHS Lanarkshire showing the HEAT target, predicted rates and prediction limits.



### **Table 6: Rate per Acute Occupied Bed Day**

Figures have been updated since the last report to the Board and give the most recent 12-monthly SAB figure of 214 in the 12 months up to Dec 08

<b>Organism</b>	<b>NHS Scotland Rates / Acute Occupied Bed Days</b>	<b>NHS Lanarkshire Rates / Acute Occupied Bed Days</b>
MRSA	0.118	0.075
MSSA	0.239	0.344
SAB	0.411	0.420

### **1.3 Current and New Initiatives to Reduce Staphylococcus Aureus Bacteraemia Cases**

Action is underway to ensure the prevalence continues to be reduced ensuring the HEAT target for Staphylococcus Aureus Bacteraemias is achieved. There are many measures and systems currently in place or under development to ensure that Senior Managers and Clinicians are aware of trends, clusters and high risk areas. This includes:

- Launch of Zero Tolerance Hand Hygiene policy and new Infection Control Hand Hygiene Policy May 2009.
- Antimicrobial Pharmacist facilitating training to promote the implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP) and support system.
- Implementation of Health Protection Scotland's Peripheral Venous Cannula Care Bundles continues to be phased out to identified areas across all acute sites.

### **1.4 Pan-Board, Hospital Or Specialty Specific Problems Identified**

No specialty problems identified at present. As previously outlined in section 1.1 General Medicine, Accident and Emergency General Surgery and Renal continue to record the highest number of cases in line with national findings. Further trend analysis is being undertaken via Staphylococcus Aureus Bacteraemia data collection surveillance forms to identify potential sources.

*Figure 31 indicates that if current trends are maintained NHS Lanarkshire could achieve the level required in the HEAT target by 2010, however with the prediction interval only just overlapping with the heat line, it is possible that Lanarkshire could miss this target*

#### **1.4.1 Actions Required**

- Escalation of the implementation of Health Protection Scotland Peripheral Venous Cannula Care Bundles to commence to all high risk areas.
- A meeting of senior managers and clinicians is arranged to conduct a local review of data and how to identify areas with high incidence of Staphylococcus Aureus Bacteraemia and identify where improvements can be made( May 2009).

## **2. CLOSTRIDIUM DIFFICILE ASSOCIATED DISEASE (CDAD)**

### **2.1 Short/Medium/Long Term Trends in CDAD – Number/Graphical Presentation, SPC Chart**

Cases of Clostridium Difficile Associated Disease in all 3 District General Hospitals as outlined in Table 7 to 10 continues to fall. Table 11 continues to highlight General Medicine, Care Of the Elderly and General Surgery with the most cases of Clostridium Difficile. This is in line with national findings.

Implementation of the appropriate care bundles as part of the Scottish Patient Safety Programme will be targeted to these areas in the first instance. In reviewing the data it is clear that there are some weeks where zero values have been reported. This shows a significant deviation from the mean supporting a move towards sustainable improvement.

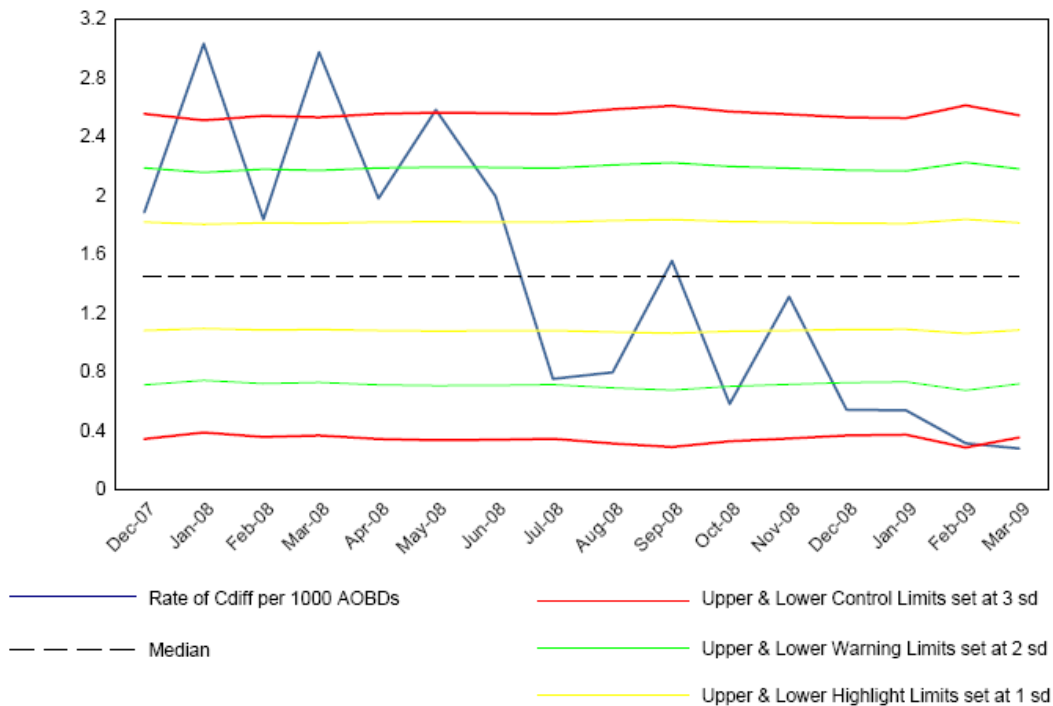
**Table 7: Clostridium Difficile Associated Disease Rates per 1000 Acute Occupied Bed Days, Hairmyres Hospital (December 2007 – March 2009)**

**Episodes of C. difficile in NHS Lanarkshire Acute Hospital Wards**  
**MONTHLY REPORT**      **Date Range: 01/12/2007 to 31/03/2009**



- An episode is defined as a C. difficile toxin positive stool sample.
- Patients are counted once even if they have multiple positive tests. However, patients with a C. difficile toxin positive stool sample after a 28-day gap with no positive toxin tests will be counted as a new episode.
- The data reported is all derived from NHS Lanarkshire laboratory data.
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**C. difficile Incidence rates per 1000 Acute Occupied Bed Days - HAIRMYRES HOSPITAL**



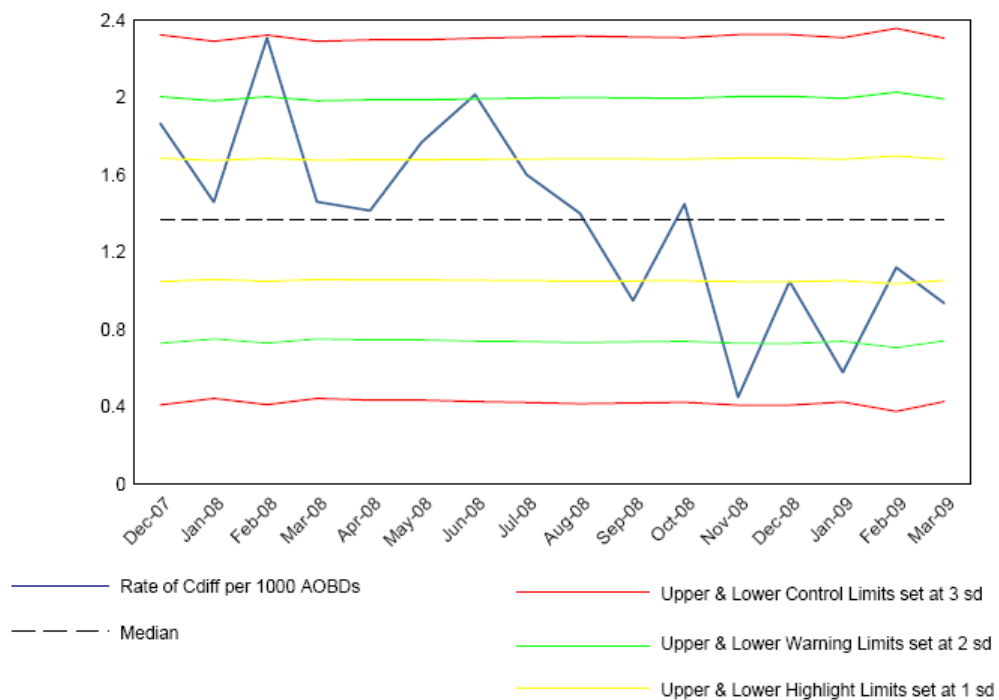
**Table 8: Clostridium Difficile Associated Disease Rates per 1000 Acute Occupied Bed Days, Wishaw Hospital (December 2007 – March 2009)**

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**C. difficile Incidence rates per 1000 Acute Occupied Bed Days - WISHAW GENERAL HOSPITAL**



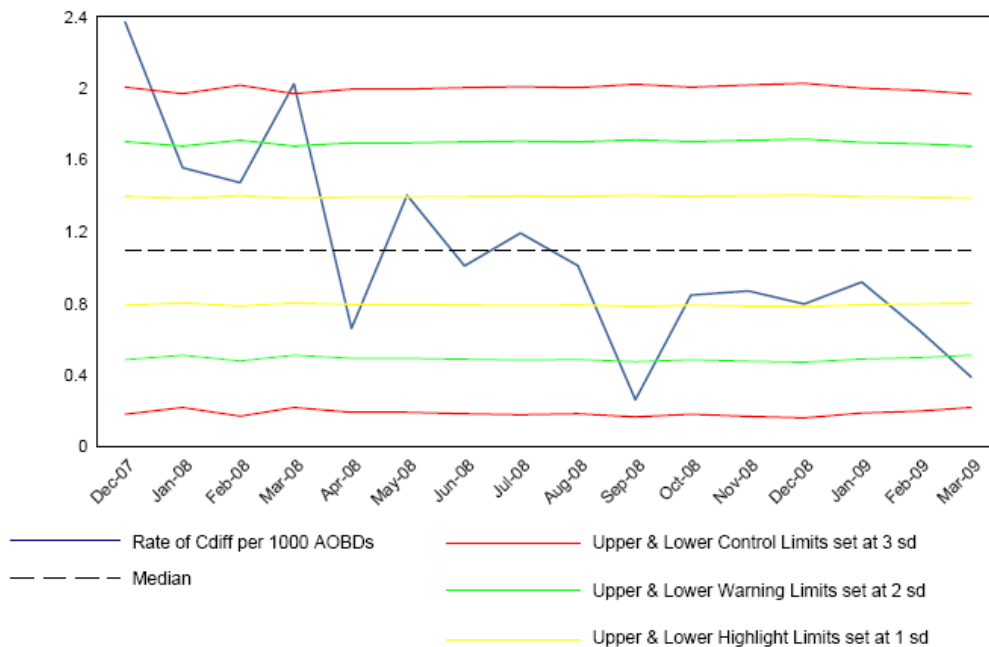
**Table 9: Clostridium Difficile Associated Disease Rates per 1000 Acute Occupied Bed Days, Monklands Hospital (December 2007 – March 2009)**

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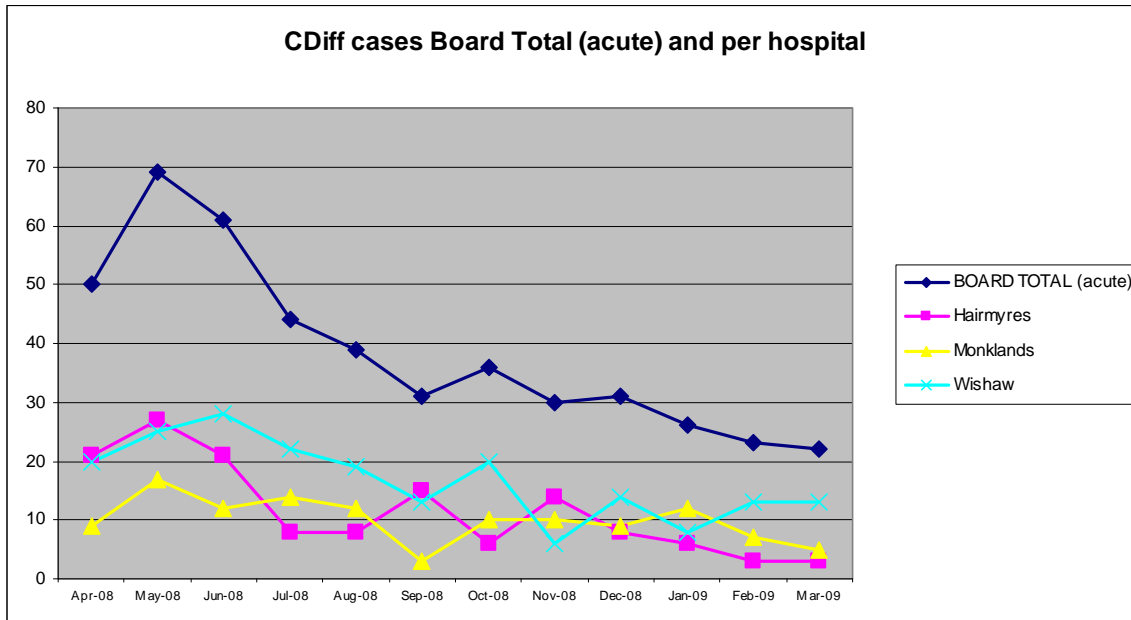


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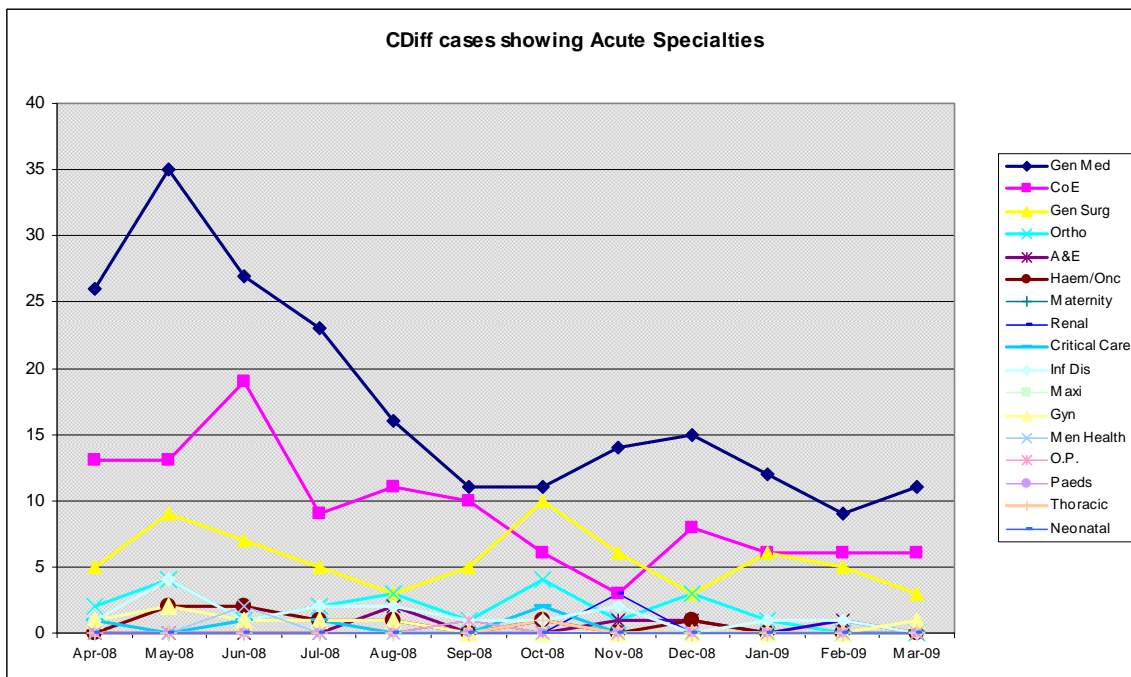
**C. difficile Incidence rates per 1000 Acute Occupied Bed Days - MONKLANDS HOSPITAL**



**Table 10: Clostridium Difficile Associated Disease Cases per Hospital (February 2008 – March 2009)**



**Table 11: Clostridium Difficile Associated Disease Cases Showing Acute Specialties (February 2008 – March 2009)**



## 2.2 Current HEAT Status And National Context

### ***To reduce rate of Clostridium Difficile infection in Hospitals by at least 30% by 2011***

The latest report from HPS covers the 4th quarter of 2008 for data collected to December 2008. There were a total of 1299 cases in persons aged 65 yrs and over identified in this period, which corresponds to a 9% decrease in comparison with the previous quarter.

The overall rate for Scotland was 1.02 cases per 1000 OCBD's showing an 11% decrease. The baseline figures provided in December 2008 were marked as provisional and there were errors in the trajectories. These have now been confirmed and a decision has been reached to use the baseline period of April 2007 to March 2008.

NHSL has seen a large reduction in Clostridium Difficile since early summer 2008 and the most recent quarterly rate for Lanarkshire (up to Dec 08) is 0.95 / 1000 AOBs in persons > 65 years old. This is already below the HEAT target.

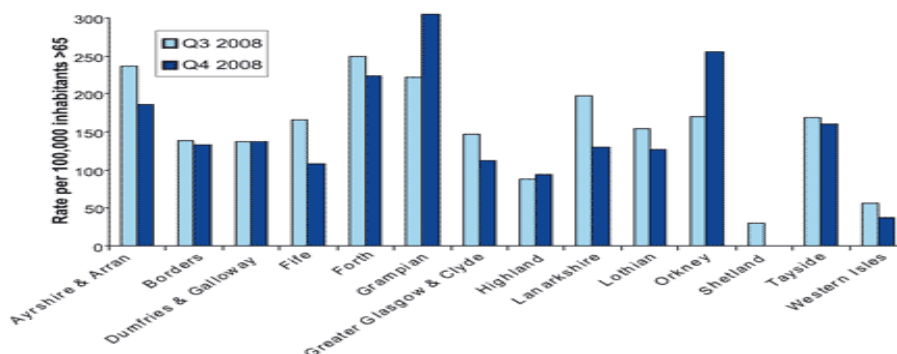
### **2.2.1 Pan-Board, Hospital or Specialty Specific Problems Identified**

The target as defined is a **minimum** reduction in rates by 30 per cent and further expectation is for all boards to reduce rates below 1 case of clostridium difficile associated disease per 1000 total occupied bed days in patients aged 65 and over.

NHSL have therefore had variable percentage reductions applied, informed by the baseline data now being used and gives a reduction target of **46%**

This is in keeping with NHS Lanarkshire information reported in the previous section suggesting sustainable change has been achieved during this period. As a result of the efforts of staff and the interventions that have been made, the Infection Control Doctor remains confident that this HEAT target will be achieved within, if not before, the timescale.

Figure 2. Rates of CDAD per 100,000 inhabitants ≥ 65 years old in 14 NHS Boards in Scotland.



### 2.3 Current New Initiatives To Reduce Cases

**Whilst surveillance, effective reporting mechanisms and increased awareness raising are strengthening the current capacity to embed HAI programmes of work within NHSL, other action is underway to move towards sustainable improvement**

The following initiatives are being undertaken:

- Antimicrobial Pharmacists facilitating the implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP).
- Enhanced surveillance of *Clostridium difficile* cases has been rolled out to all 3 Acute Hospitals. Roll out to be commenced to Primary Care Hospitals.
- Gap analysis completed in relation to hand washing facilities within Monklands and Primary Care Operating Division Hospitals to ensure compliance with current guidance. The report has been taken to the HAI Executive Group for consideration. A similar exercise is being considered for targeted areas within Health Centres and clinics.
- Participation in Health Protection Scotland 'CDAD snapshot' typing programme ongoing.
- Full implementation of the CDAD Care Bundle.
- Gap analysis being undertaken of the Health Protection Scotland "Checklist for Preventing and Controlling *Clostridium difficile* Associated Disease".
- Trial of the Health Protection Scotland/NHS Quality Improvement Scotland "*Clostridium difficile* Associated Disease (CDAD) – Guidance Framework and Severe Case Investigation Tool".
- In excess of 200 staff have completed an NHSL designed self-directed learning unit relating to *Clostridium difficile*.
- Plan for *Clostridium difficile* Study Day in NHSL in September 2009.
- *Clostridium difficile* Care Plan in place.
- Development of *Clostridium difficile* ICP.
- Revision of patients leaflets – Laundering clothes at home.

## 2.4 Pan-Board, Hospital Or Specialty Specific Problems Identified

No specialty problems identified at present. As outlined in section 2.1 and Table 11 General Medicine, Care Of the Elderly and General Surgery have the most cases of Clostridium Difficile. This is in line with national findings. Currently analysing trends and potential sources via weekly and monthly monitoring reports and this will be reviewed by the Lanarkshire Infection Control Committee and The Healthcare Associated Infection Executive Action Group.

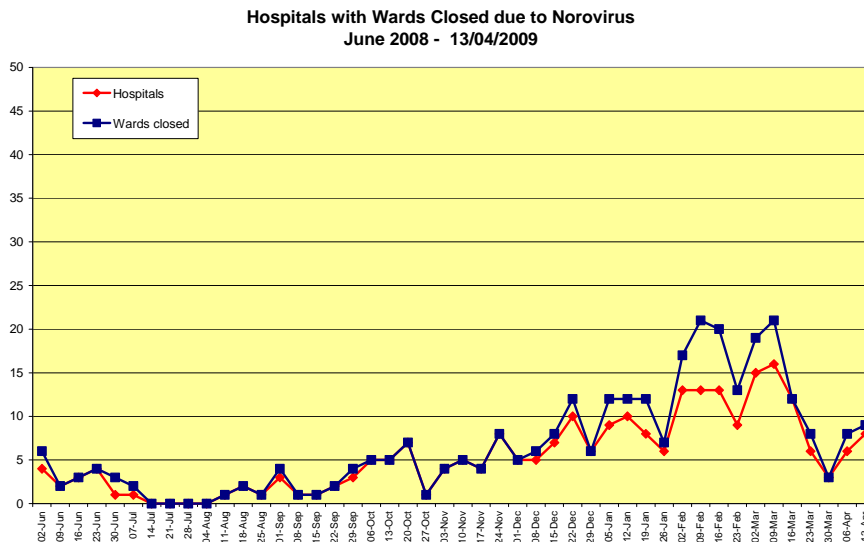
Results of any typing by reference laboratory have shown no cross infection episodes or hyper virulent 027 strains

### 2.4.1 Actions Required

- Continued weekly and monthly monitoring reports identifying trends and areas of high risk (ongoing).
- Launch new Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies. (18<sup>th</sup> May 2009).
- The Scottish Patient Safety Clostridium Difficile Associated Disease Care Bundle has been launched across all in-patient areas.

## 2.5 Norovirus Point Prevalence NHS Scotland

This national report identifies the prevalence of Norovirus on a weekly basis in Scotland in close to real time. This includes the number of Wards closed with confirmed or presumed Norovirus Infection for the period June 2008 to 13<sup>TH</sup> April 2009 as outlined in the table below.



**Table 12: Hospitals with Wards Closed Due To Norovirus across NHS Scotland June 2008 – 9<sup>th</sup> March 2009**

.All NHS Boards have reported and currently 5 NHS Boards are reporting Norovirus activity in NHSScotland.

Lanarkshire have no cases to report at this time.

The first report on 7/1/2008: 29 hospitals affected and 47 wards closed; this Monday there are 8 hospitals with 9 wards affected.

**Table 13: Norovirus Activity per NHS Board, June 2008 – 13th April 2009**

Date 13/04/09	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	5	0
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	0	0	0	0
	NHS Fife	2	2	16	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	2	2	11	5
	NHS Highland	0	0	0	0
	NHS Lanarkshire	0	0	0	0
	NHS Lothian	2	3	27	7
	NHS Tayside	1	1	12	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	8	9	71	12

### 3. HAND HYGIENE (HH) PROGRAMME

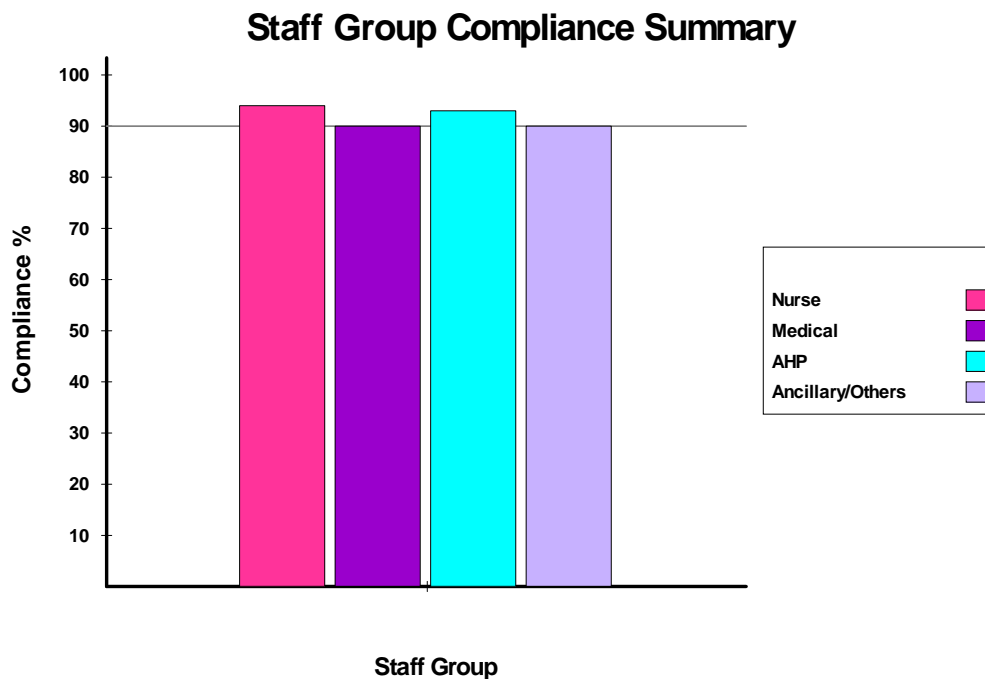
#### 3.1 Short / Medium / Long Term Trends In Compliance – Number/Graphical Presentation

Analysis of hand hygiene audit data undertaken in March 2009 identifies that in the main the average compliance levels across a number of disciplines is on or above 90% - see below

#### 3.2 Audits for board "Lanarkshire" including all clinical settings from 14/03/2009 to 17/04/2009

Compliance scores from opportunities from the staff groups were:

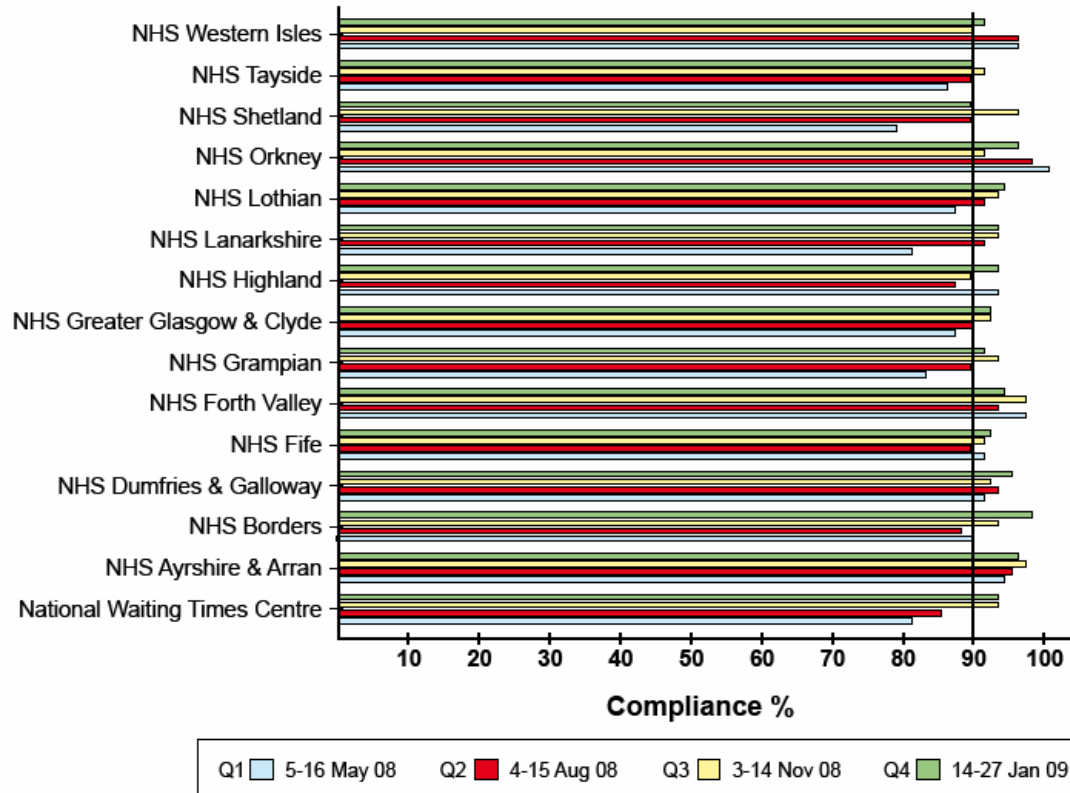
- Nurse : 94% of 175 opportunities observed.
- Medical : 90% of 55 opportunities observed.
- AHP : 93% of 60 opportunities observed.
- Ancillary/Others : 90% of 50 opportunities observed.



## National Context

The recently published report from Health Protection Scotland identified that our Board has again achieved the at least 90% compliance improving from 91% to 93% compliance. The next national Audit figures are due for publication in May 2009

**Figure 2: Audit Results for Compliance with Hand Hygiene Opportunities by NHS board**



## Current and New Initiatives in Promoting Hand Hygiene

These include:

- Direct involvement of Hand Hygiene Co-ordinators with Scottish Patient Safety Programme Hand Hygiene bundle rollout continues and is currently underway at Wishaw General.
- Implementation of new Hand Hygiene products complete at Wishaw General Hospital with the planned installation in Monklands being 11<sup>th</sup> May 2009 lasting 3 weeks. Hairmyres Hospital installation will commence in June/July 2009.
- Review of Healthcare Associated Infection signage aimed at improving compliance nearing completion. Awareness raising includes life-size card board cut outs of nursing staff advising staff and visitors to stop and carry out hand washing, Baby lona posters to raise the caring aspect surrounding the reason for hand hygiene and get well cards which carry the hand hygiene message.

- Implementation of flashing signs mounted above ward entry hand sanitizers ongoing.
- National Hand Hygiene Campaign materials were distributed to all sites week commencing 10<sup>th</sup> April.

### **3.3 Pan-Board, Hospital or Staff Group Specific Problems Identified**

Implementation of the Hand Hygiene Care Bundle continues to support improved compliance along side the implementation of a communication strategy to support a zero tolerance approach to non compliance with Hand Hygiene.

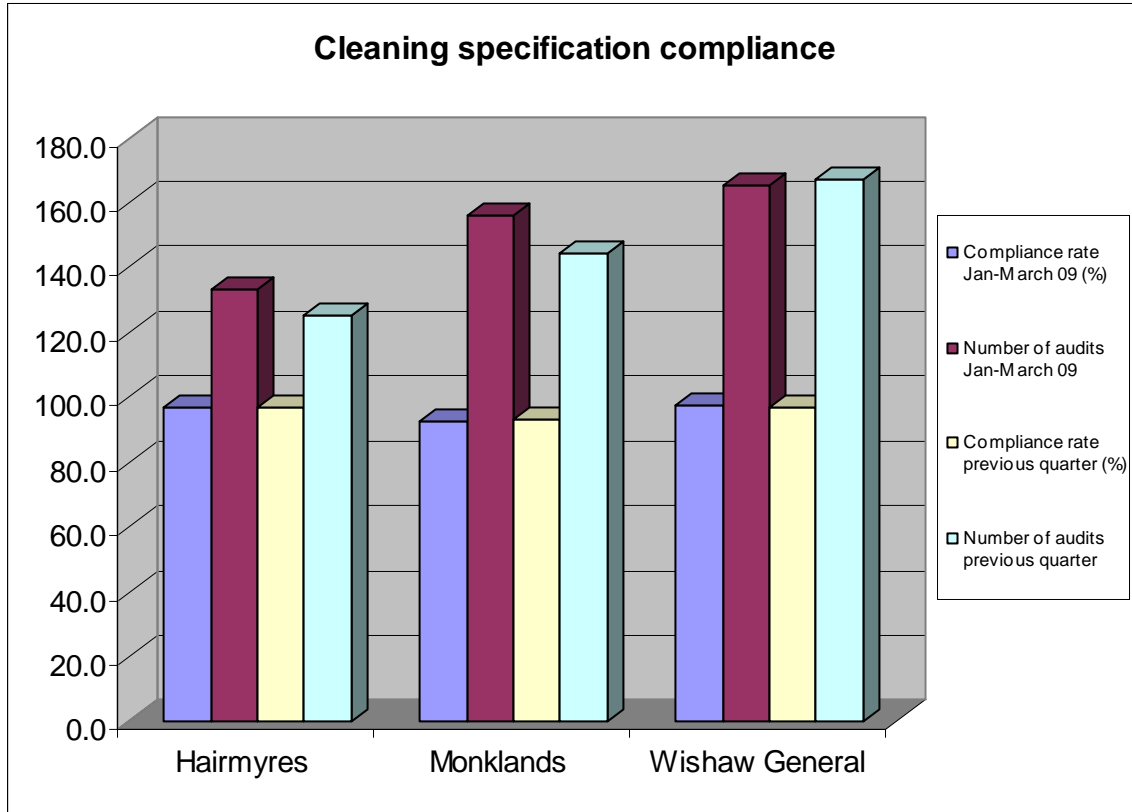
Some NHS boards reporting difficulties with recent national hand hygiene campaign materials, due to printing issues at source which impacted on adequate numbers of resources being delivered on time to some NHS Boards, also the method of securing posters raised some concerns re compliance with PFI arrangements.

## **4. CLEANING SERVICES SPECIFICATION COMPLIANCE**

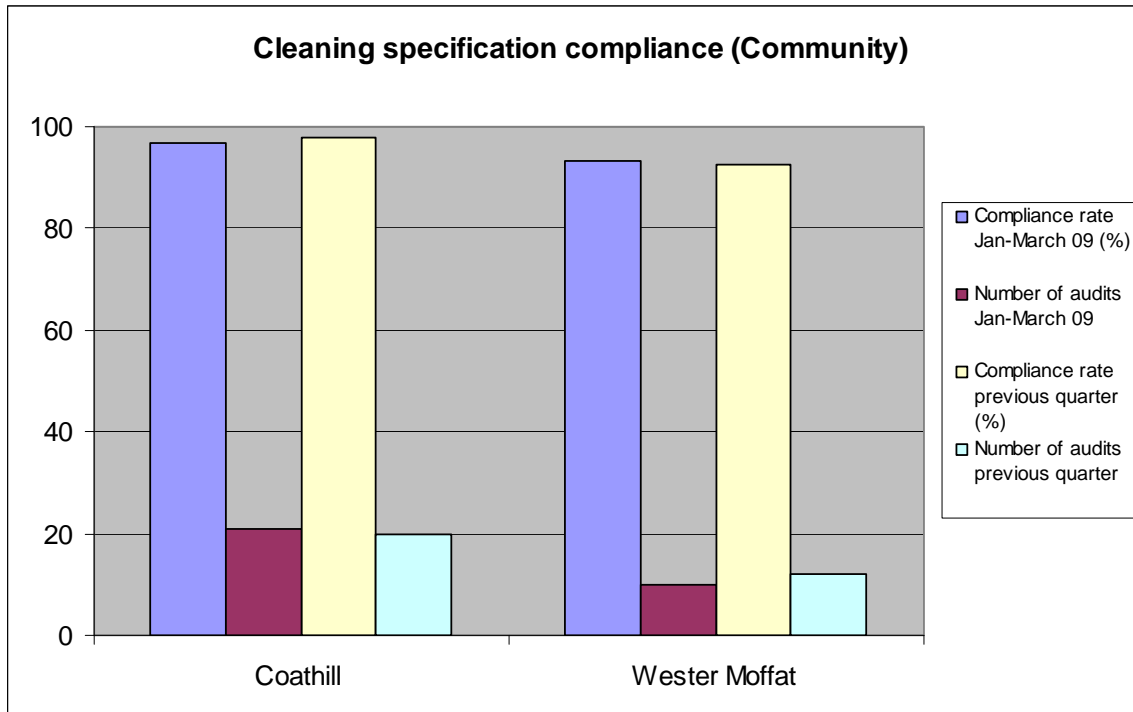
### **4.1 Short/Medium/Long Term Trends in Compliance – Number/Graphical Presentation**

Month to month performance continues to fluctuate within a reasonably tight band. Tables 17 and 18 identify that compliance levels have been made with the exception of Monklands Hospital which whilst not improving has remained consistent at the 92.3% threshold .Airdrie and Coatbridge has increased to 93% compliance within the most recent reporting quarter and this has been due to increased supervision and regular monitoring to ensure all staff are appropriately prioritising the workload.

**Table 17: Cleaning Services Specification Compliance per District General Hospital March 2009**



**Table 18: Cleaning Services Specification Compliance, Community: March 2009**



**4.2 National Context – Most Recent Health Facilities Scotland Quarterly National Report**

Scotland's overall total compliance for the reporting Quarter 3 was 95.5%, with all 14 Health Boards having received an overall Green compliance rate (above 90%).

**Table 19: Cleaning Service Specification Performance Nationally (October 2007 – December 2009)**

Health Board	4th quarter	1st quarter	2nd quarter	3rd quarter
	Jan-March 2007/2008	April-June 2008/2009	July-Sept 2008/2009	Oct-Dec 2008/2009
	Total % Pass	Total % Pass	Total % Pass	Total % Pass
<b>SCOTLAND</b>	<b>96.1</b>	<b>96.1</b>	<b>96.0</b>	<b>95.5</b>
Ayrshire and Arran	96.4	96.4	95.9	95.9
Borders	97.1	97.8	97.2	96.9
Dumfries and Galloway	97.3	97.3	97.4	97.2
Fife	96.5	96.5	97.0	97.2
Forth Valley	95.3	95.5	94.7	92.9
Grampian	97.3	97.2	97.1	96.2
Greater Glasgow and Clyde	96.3	96.2	96.4	96.4
Highland	95.3	95.1	95.3	95.5
Lanarkshire	96.0	95.5	94.8	95.0
Lothian	94.6	94.7	94.5	94.9
Orkney	95.2	92.8	96.1	93.0
Shetland	97.8	97.8	97.1	98.0
Tayside	95.8	96.1	95.9	95.7
Western Isles	95.6	95.9	95.6	95.7
The State Hospitals Board for Scotland	93.6	93.8	94.0	92.7
Golden Jubilee National Hospital	93.6	93.4	93.4	92.2
NSS Blood Transfusion Services			98.6	98.8
Scottish Ambulance Service				94.7

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#### **4.3 Current New Initiatives In Improving Cleaning**

- Weekly visits to areas demonstrating poor performance by the Head of Planning, General Manager PSD, and Clinical lead PSD and the Head of Hotel Services to ascertain cleaning difficulties in these areas and look at resolution.
- Increased supervision and monitoring of locations where scores fell below 90% compliance to ensure standards maintained.
- Steam cleaners to enhance existing cleaning practices - awaiting commissioning of equipment to commence training and national steer from SG re usage.
- Retraining of all domestic staff, management, supervisory and operational to ensure improved cleanliness levels.
- Monthly meetings with the Director of Strategic Planning / GM PSSD / Head of Support Services / Business Support Manager and HR to monitor & review management actions being taken in terms of sickness absence in line with NHS Lanarkshire's Management of Sickness Absence Policy ( ongoing).

#### **4.4 Pan-Board, Hospital or Specialty Specific Problems Identified**

Issues identified during support visits is the lack of knowledge from Nursing staff about actual cleaning responsibilities and further discussion is underway with HAI Services regarding the progression of cleaning schedules for clinical areas and clinical staff

##### **4.4.1 Actions Required [Timescales]**

- Vacancies being managed in line with recruitment policy. Interviews commenced in all areas with vacancies due to be filled end April.
- Review of all staff rosters ongoing [May 2009].
- Review of resource allocation within domestic services particularly in relation to peak leave periods and cover for sickness being undertaken. Staff representative meeting arranged to agree policy for planned leave and allocation of same.
- Review of National Cleaning Services Specification minimum inputs against current staffing levels continues to be on schedule for completion may 2009.
- Pro active sickness absence management in conjunction with HR / Occupational Health [Ongoing].
- Production of monthly report detailing sickness absence details, management action taken across all Hotel Services Disciplines [Ongoing].
- 60% of domestic staff have received refresher training on the Domestic Assistant Workbook.
- Staff competency has improved with 80% of Domestic Assistants and 98% of supervisors being retrained to improve cleaning and monitoring standards. All managers have received training in the RAG tool.
- 99% of Domestic staff have completed PDP's. Some specific training needs have been identified through this process and will be actioned as appropriate.

#### **5 SIGNIFICANT HEALTHCARE ASSOCIATED INFECTION INCIDENTS/OUTBREAKS/EMERGING THREATS.**

Progress against all critical actions arising from the Healthcare Associated Infection Risk Assessment has been reported to the Lanarkshire Infection Control Committee. All are on track for completion.

All Managers have been asked to include a Healthcare Associated Infection general statement of risk within local Risk Registers identifying current and further control measures required. Progress will be monitored via the Acute Division and Joint Community Health Partnership Operational Infection Control Groups.

There will be communication to staff to remind them of the use of the datix system and what requires to be recorded via this system to enhance control measures.

## **6 PROGRESS ON COMPLIANCE WITH NATIONAL HEALTHCARE ASSOCIATED INFECTION PROGRAMME**

### **6.1 Red Amber Green System (RAGS) Status on Healthcare Associated Infection Action Plan**

Progress against the Scottish Government Health Department Healthcare Associated Infection Action Plan was circulated at last meeting.

	Actions
PURPLE (complete)	18
GREEN (on track to complete by the deadline)	3
AMBER (substantially complete but either awaiting national materials or with some possibility of slippage beyond the deadline)	1
RED (unable to complete by the deadline)	0

One area remains in amber. This is;

- Implementation of HAI SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment) sections 3 &4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection.

### **7.1 Compliance With Healthcare Associated Infection Task Force Programme – Outstanding Issues**

The organisation remains on track to deliver against the Task Force programme.

### **7.2 Actions Required And Timescales For Implementation**

Self assessment against the new NHS Quality Improvement Scotland Healthcare Associated Infection Standards has been completed by the Nurse Consultant – Healthcare Associated Infection. An Action plan has been developed to address any areas of non compliance. It is the intention to endorse this work at the next Lanarkshire Infection Control Committee.

### **7.3 Surgical Site Surveillance**

**The aims of the Surgical Site Infection programme are:**

- To collect surveillance data on surgical site infections to permit estimation of the magnitude of surgical site infection risk in hospitalised patients throughout Scotland.

- To analyse and report surgical site infection (SSI) data and describe trends in SSI rates throughout Scotland.

#### **7.4.1 Orthopaedic Surveillance**

SSI Surveillance of elective and trauma hip arthroplasties for the period 1<sup>st</sup> Jan–March 2009 has shown no incidence of infection.

#### **7.4.2 Caesarean Section**

SSI Surveillance of elective and emergency caesarean sections for the period from January 2009-13<sup>th</sup> March 2009 has shown.

##### **Elective Presentation**

A total of 284 operations, 31 infections which give an SSI rate 10.92%.  
102 were elective and 15 of those had infections which is an SSI rate of 14.71%.

##### **Emergency Presentation**

A total of 182 operations, and 16 of those had infections which gives an SSI rate of 8.79%

##### **Infection Types**

There were 284 superficial infections and 1 presentation of widespread sepsis.

#### **7.4.3 SSHAIP Surgical Site Infection Surveillance Quarterly Exceptions Report**

Nil exceptions this reporting period.

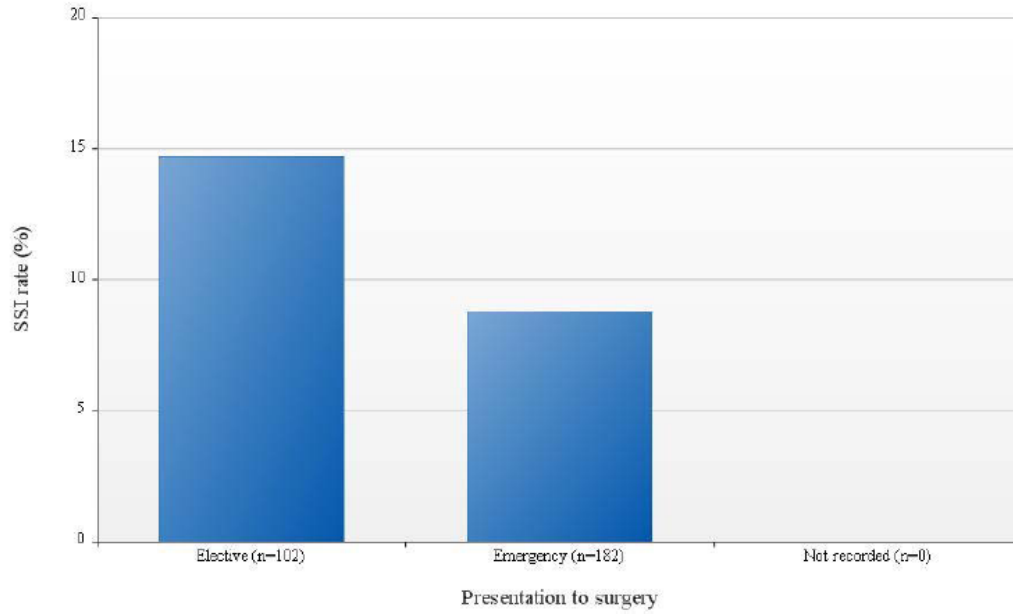
#### **7.4.4 Pan-Board, Hospital or Specialty Specific Problems Identified**

Nil to report.

#### **Actions Required and Timescales for Implementation**

- Consider further voluntary surveillance criteria with a minimum of 2 to be met.
- Surveillance staff currently reviewing capacity in light of reduction in Caesarian surveillance.

SSI rate by Presentation to surgery between 01 January 2009 and 13 March 2009 in Wishaw for Caesarean section



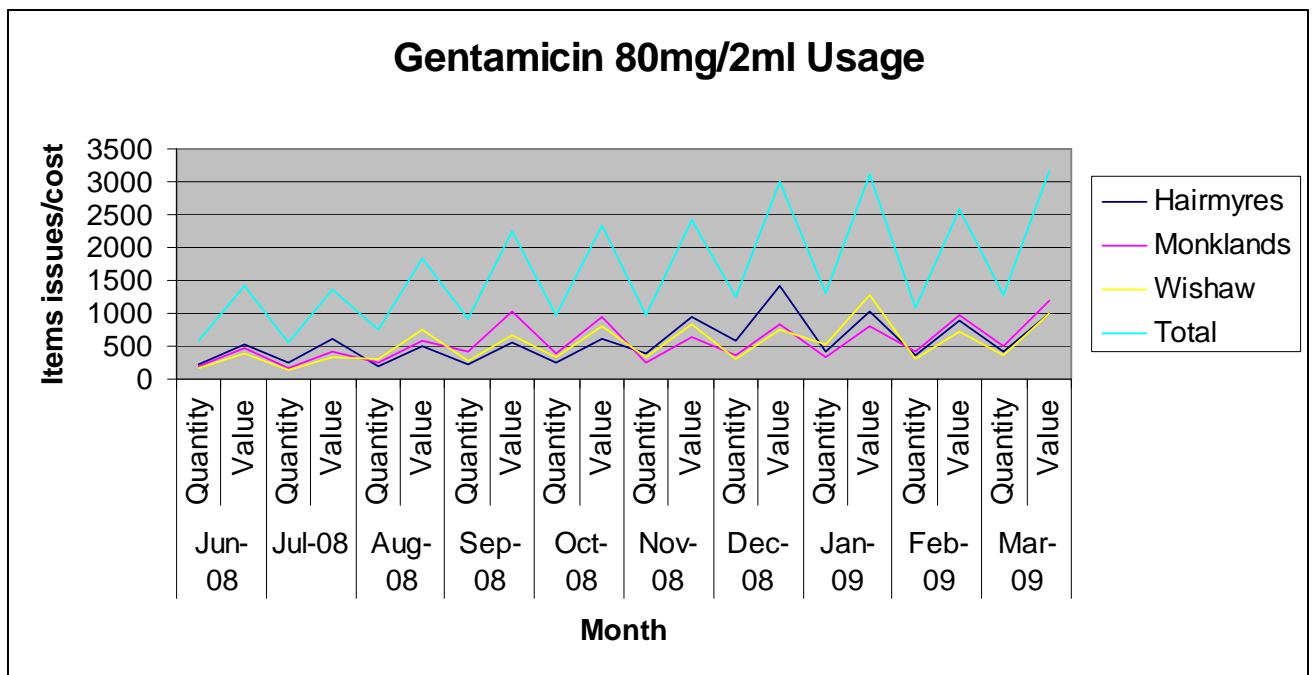
Presentation to surgery	Operations	Infections	SSI rate (%)
Elective	102	15	14.71
Emergency	182	16	8.79
Not recorded	0	0	0.00
Total	284	31	10.92

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8 ANTIMICROBIAL PRESCRIBING

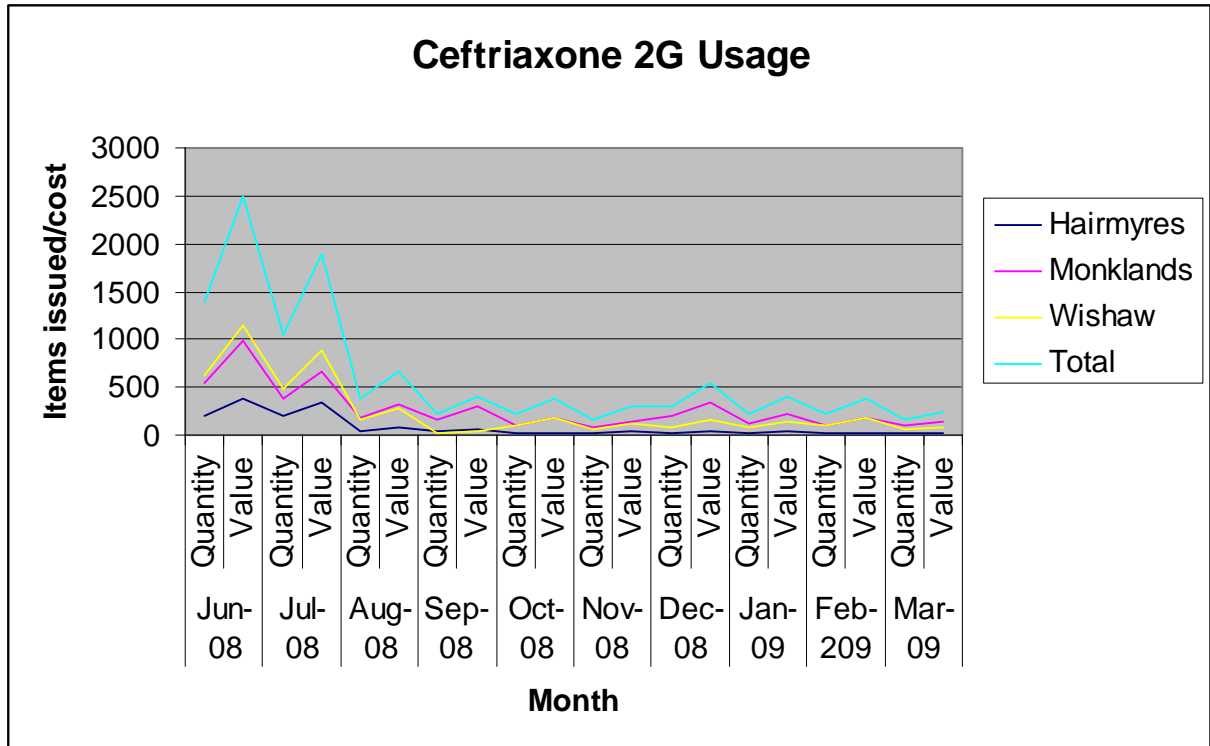
**Gentamicin 80mg/2ml Usage (March 2009)**

- Overall usage at all 3 sites increasing steadily since Aug 08 (new antibiotic policy introduced).
- Audit of adult empirical prescribing policy at MK suggests underuse.
- Results disseminated to MK prescribers 10<sup>th</sup> March.
- Increased use seen at MK for March c.f. previous months.
- WG & HM also show slight increase c.f. previous month.



## Ceftriaxone 2g Usage Report (March 2009)

- Overall Ceftriaxone usage in NHSL decreased during March 09.
- WG & HM both saw definite decreases while MK use remained static.
- Encouraging indicator of empirical prescribing policy compliance.



## **9.1 Horizon Scanning**

### **CEL 11- Revised Framework for National Surveillance of HAI and the Introduction of New HEAT Target for Clostridium Difficile Associated Disease ( CDAD) for NHS Scotland**

- The new target is defined as reducing the rate of CDAD amongst patients aged 65yrs and over by at least 30% by 31<sup>st</sup> march 2011 and will measure the rate of CDAD reported from acute hospitals, non-acute hospitals and community settings per 1000 occupied bed days in Scotland.
- Extending surveillance of CDAD to include patients over 15yrs of age, however, this group surveillance will not be included in the CDAD HEAT target.
- Changes to Caesarean Section Surveillance – post operative surveillance will reduce from 30 days to 10 days.
- Voluntary Elements of Surveillance – NHS Boards should implement as many voluntary elements of Surgical site surveillance topics as possible and a minimum of two in addition to the compulsory elements.

## **9.2 Additional Cleaners**

The Cabinet Secretary for Health and Well Being has announced later the allocation of over £5 million in 2009/10 to support recruitment of an additional 600 cleaners for NHS Scotland. The aim of this extra investment is to support Boards in ensuring the highest possible standards of cleaning are met as part of the Government's drive to tackle hospital infections.

This level of recurring spend will be made available from SGHD general allocations using the NRAC allocation formula; and the funding to be made available in the current year will be predicated on the assumption that additional domestic staff will be appointed on or after 1<sup>st</sup> June 2009 at the earliest. The cost assumptions are based on each whole time equivalent domestic member of staff costing (on average) £15000 (including employer costs); and the numbers of staff have been calculated using a ratio of complement to headcount (1:1.68), based on figures provided by Information Statistics Division (ISD).

## **9.3 Self Assessment in relation to HAI Hospital Inspection**

Training will be provided this month to two members of NHSL to undertake training requirements to collect data produced from the utilization of the self assessment tool. The Infection Control Manager and a member of staff from Clinical Effectiveness will be attending.

## **9.4 NHSL HAI Review**

The review of HAI services has now reached completion. The revised model was presented at the recent meeting of the CMT for consideration prior to being submitted to the Board for consideration at a future date.

## **10 CONCLUSION**

Whilst good progress is being made, significant work is required to ensure the organisation is fully compliant with the national Healthcare Associated Infection agenda over the next 3 years. The NHS Lanarkshire Board is therefore asked to:-

- Note the report.
- Continue to receive a monthly progress report.

## **11 FURTHER INFORMATION**

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