

Lanarkshire NHS Board
29th July 2009

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SUBJECT: HAI UPDATE

PURPOSE

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

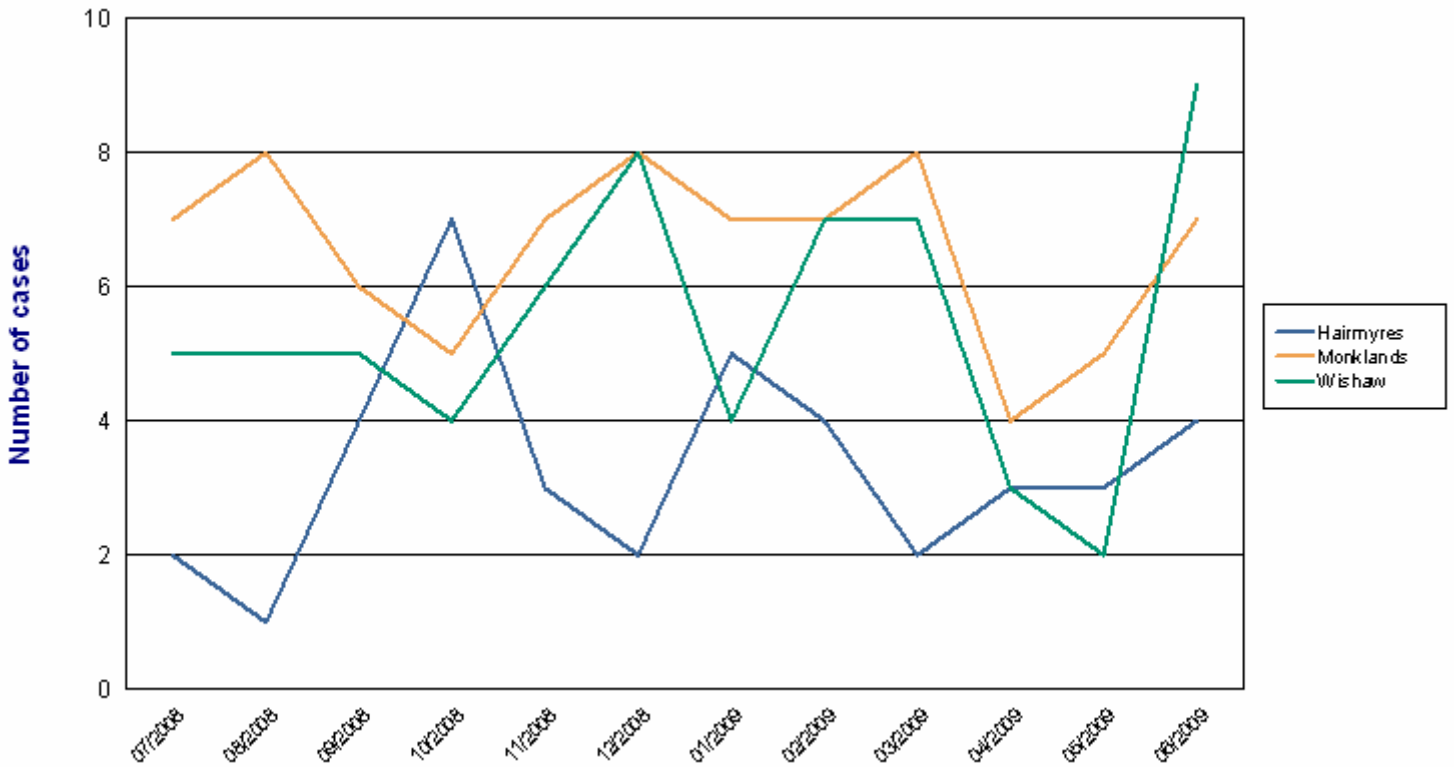
- Performance against Health Efficiency Access Targets
- Infection prevalence rates
- Cleanliness of clinical facilities
- Progress against national Clostridium Difficile action plan
- Progress against key issues within the HAI Task Force 3 year delivery plan
- Surgical Site Infection Surveillance
-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

1. STAPHYLOCOCCUS AUREUS BACTERAEMIAS (SAB)

1.1 Short/Medium/Long Term Trends in SAB, plus Methicillin Resistant Staphylococcus Aureus (MRSA), MSSA Bacteraemias

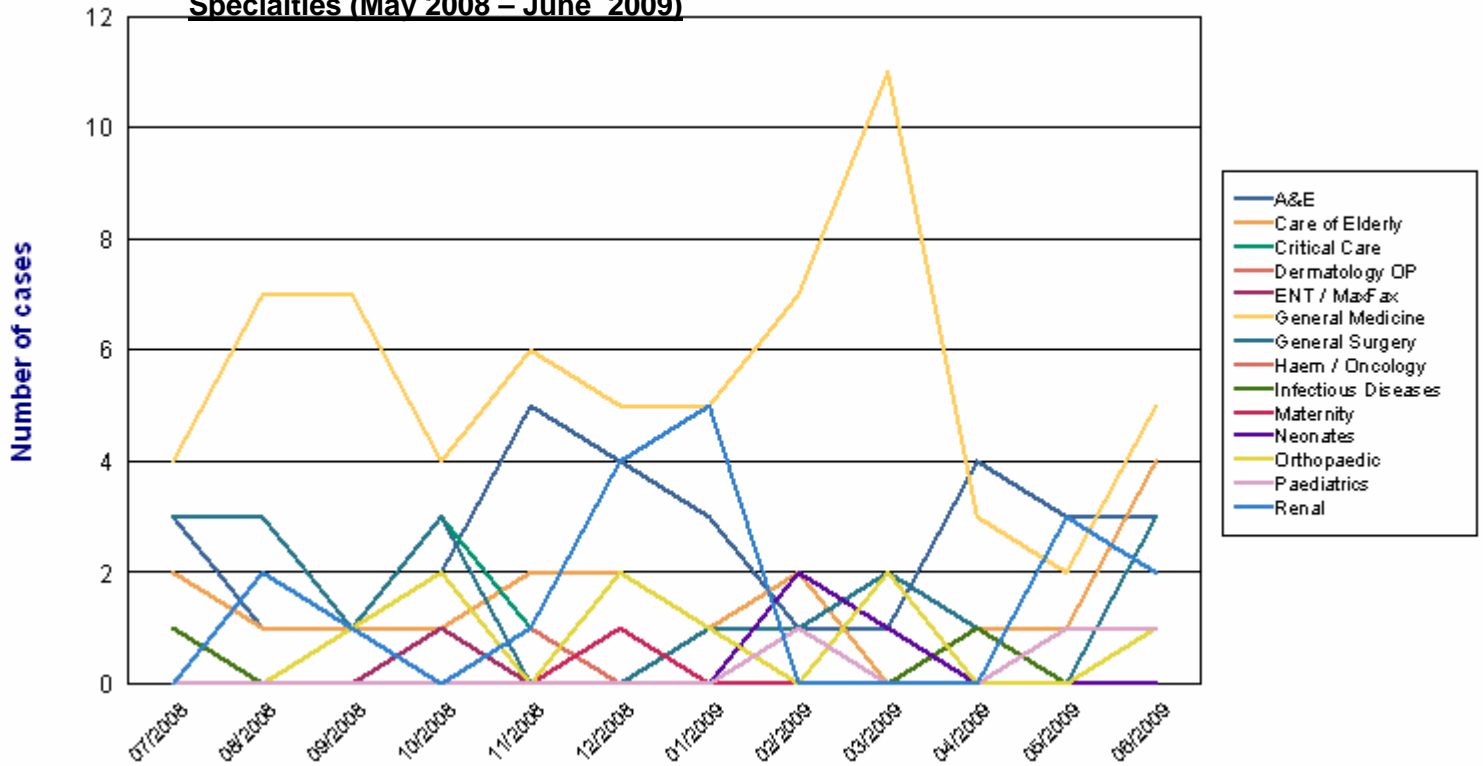
Tables 1 and 2 shows the trend and that the clinical areas with relatively high numbers of *Staphylococcus aureus* bacteraemias continue to be General Medicine, Accident and Emergency, General Surgery and Renal. This is in line with previous reports and the national picture that 70% of all MRSA bacteraemia are found within these clinical specialities and that infection prevention strategies are required to target these areas. Whilst it is disappointing to note an increase number of infections at Wishaw General, it is expected that there will be fluctuation and the overall quarterly report shows a downward trend. Those highlighted are being investigated by the infection control team

Table 1: Staphylococcus Aureus Bacteraemias by month and acute hospital



	Hairmyres	Monklands	Wishaw	Totals
07/2008	2	7	5	14
08/2008	1	8	5	14
09/2008	4	6	5	15
10/2008	7	5	4	16
11/2008	3	7	6	16
12/2008	2	8	8	18
01/2009	5	7	4	16
02/2009	4	7	7	18
03/2009	2	8	7	17
04/2009	3	4	3	10
05/2009	3	5	2	10
06/2009	4	7	9	20
Totals	40	79	65	184

Table 2: *Staphylococcus aureus* bacteraemias (SAB) Numbers Showing Acute Specialties (May 2008 – June 2009)



	A&E	Care of Elderly	Critical Care	Dermatology OP	ENT / MaxFax	General Medicine	General Surgery	Haem / Oncology	Infectious Diseases	Maternity	Neonates	Orthopaedic	Paediatrics	Renal	Totals
07/2008	3	2	0	0	0	4	3	1	1	0	0	0	0	0	14
08/2008	1	1	0	0	0	7	3	0	0	0	0	0	0	2	14
09/2008	1	1	1	0	0	7	1	1	1	0	0	1	0	1	15
10/2008	2	1	3	0	1	4	3	0	0	0	0	2	0	0	16
11/2008	5	2	1	0	0	6	0	1	0	0	0	0	0	1	16
12/2008	4	2	0	0	0	5	0	0	0	1	0	2	0	4	18
01/2009	3	1	0	0	0	5	1	0	0	0	0	1	0	5	16
02/2009	1	2	1	1	0	7	1	1	1	0	2	0	1	0	18
03/2009	1	0	0	0	0	11	2	0	0	0	1	2	0	0	17
04/2009	4	1	0	0	0	3	1	0	1	0	0	0	0	0	10
05/2009	3	1	0	0	0	2	0	0	0	0	0	0	1	3	10
06/2009	3	4	1	0	0	5	3	0	0	0	0	1	1	2	20
Totals	31	18	7	1	1	66	18	4	4	1	3	9	3	18	184

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;

Quarterly report on *Staphylococcus aureus* Bacteremia in Scotland, January 2009-March 2009

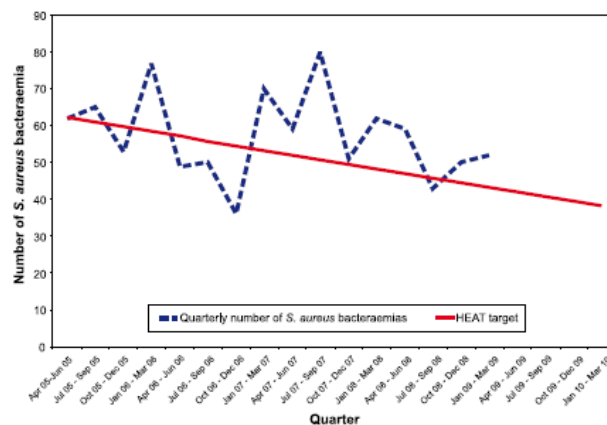
This quarterly report demonstrates that nationally a significant reduction in the MRSA bacteraemia rate for Scotland has been achieved, with the last 8 quarters all below the average rate for the whole of the surveillance period.

In NHSL the rate has been below the centre line for the last 4 quarters and this may be an early sign of improved performance

Figures have been updated since the last report to the Board and give the most recent 12-monthly SAB figure of 204 in the 12 months up to March 2009. NHSL are slightly above the average though local data collected through our clinical effectiveness department which is yet to be ratified by Health Protection Scotland shows a further reduction to the end of June with a SAB figure of 184 which brings NHSL closer to the trajectory figure of 179 for that reporting period

Figure 21 shows the quarterly number of *S. aureus* bacteraemia in NHS Lanarkshire from 1 April 2005 to 31 March 2009 as a run chart with the HEAT trajectory line from 1 April 2005 to HEAT target end of 31 March 2010.

Figure 21: Run chart of quarterly number of *S. aureus* bacteraemia in NHS Lanarkshire, 1 April 2005 to 31 March 2009 with HEAT target trajectory to 31 March 2010.



The annual number of *S. aureus* bacteraemia reported in NHS Lanarkshire has fallen by 3.4% per year (95% CI -3.4% to 9.8%) since the HEAT baseline of 1 April 2005 to 31 March 2006.

Figure 22 represents the MRSA bacteraemia rate per 1000 AOBs for NHS Lanarkshire as a Statistical Process Control (p) chart. This chart has control limits set at 3 sd from the mean, warning limits set at 2 sd from the mean and highlight limits set at 1 sd from the mean. The centre line is the mean of all results to date.

NHS Scotland Rate per Acute Occupied Bed Day

Table 6: Rate per Acute Occupied Bed Day

Organism	NHS Scotland Rates / Acute Occupied Bed Days	NHS Lanarkshire Rates / Acute Occupied Bed Days
MRSA	0.12	0.12
MSSA	0.28	0.32
SAB	0.40	0.44

1.3 Current and New Initiatives to Reduce *Staphylococcus aureus* bacteraemia Cases

The measures and systems currently in place or under development includes:

- On going monitoring of the new Zero Tolerance Hand Hygiene policy, revised Hand Hygiene Policy and Uniform and Dress Code policy
- Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP). On going
- Development of enhanced SAB data base
- Review of the Venepuncture and Peripheral Intravenous Cannulation Workbooks and the procedure for obtaining blood cultures
- Audit of Peripheral Vascular Cannulae planned for Hairmyres and Wishaw
- Link with the Scottish Vascular Access Network ongoing
- Increased Infection Control representation at all SPSP Workstream meetings
- Invitation to NHS QIS to attend SAB compliance group to assist with continuous improvement in this area

1.4 Pan-Board, Hospital Or Specialty Specific Problems Identified

No new specialty problems have been identified. 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 on *Staphylococcus aureus* bacteraemia data collection surveillance forms to identify potential sources.

1.4.1 Actions Required

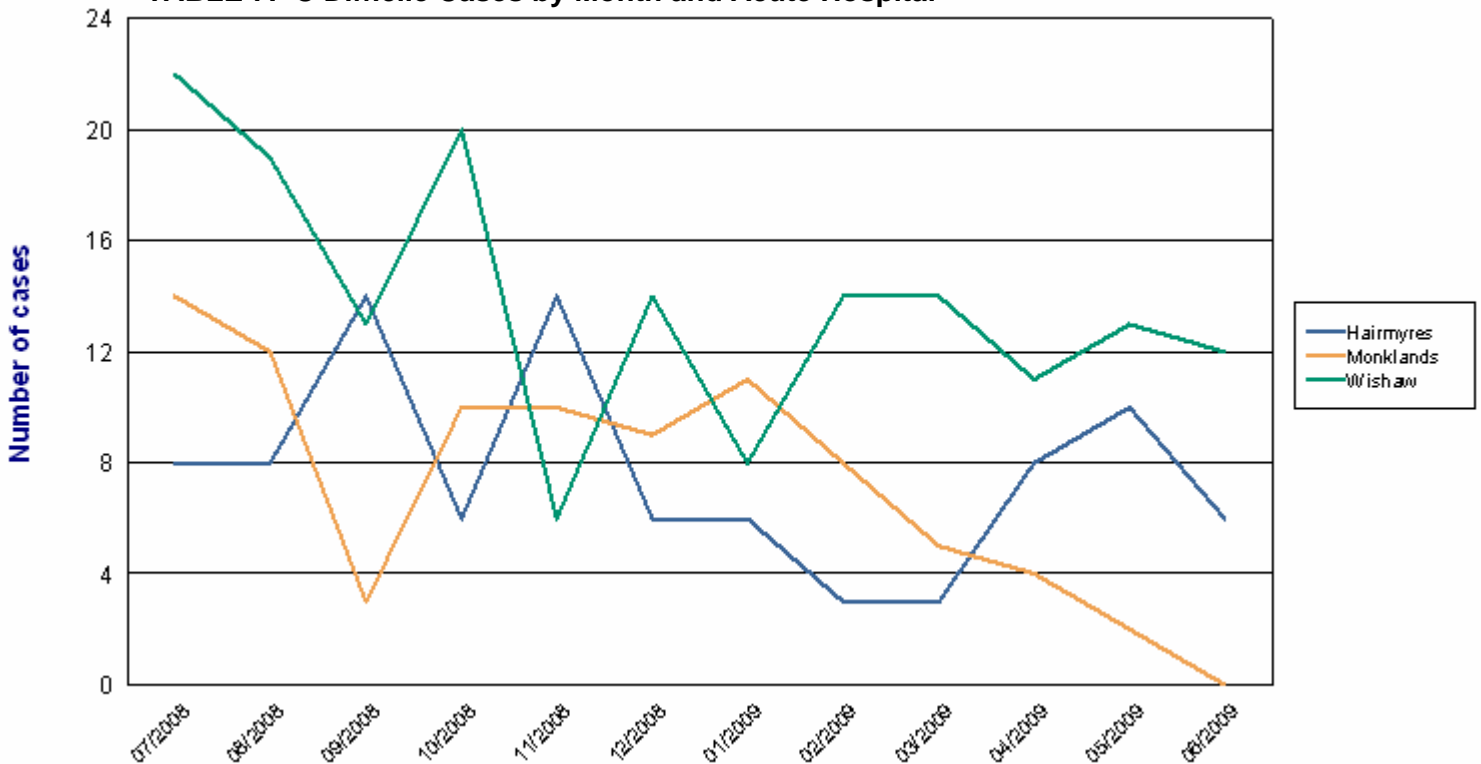
- Implementation of Health Protection Scotland Peripheral Venous Cannulae Care Bundles to continue in all high risk areas and other areas identified by the SPSP Ward Workstream Group
- Corrective Action plans to be formulated based on the PVC audit undertaken at Monklands
- Local review of data and practice via the SAB Compliance group to continue.
- Action plan based on NHS QIS guidance to be formulated
- Implementation of the revised Venepuncture and Peripheral Intravenous Cannulation Workbooks and the procedure for obtaining blood cultures

2. CLOSTRIDIUM DIFFICILE ASSOCIATED DISEASE (CDAD)

2.1 Short/Medium/Long Term Trends in CDAD – Number/Graphical Presentation.

Cases of *Clostridium difficile* Associated Disease in all 3 District General Hospitals as outlined in Table 7 and community hospitals as outlined in table 8 continues to fall, with Monklands showing no episodes for the reporting period of June which again indicates a move towards sustained improvement

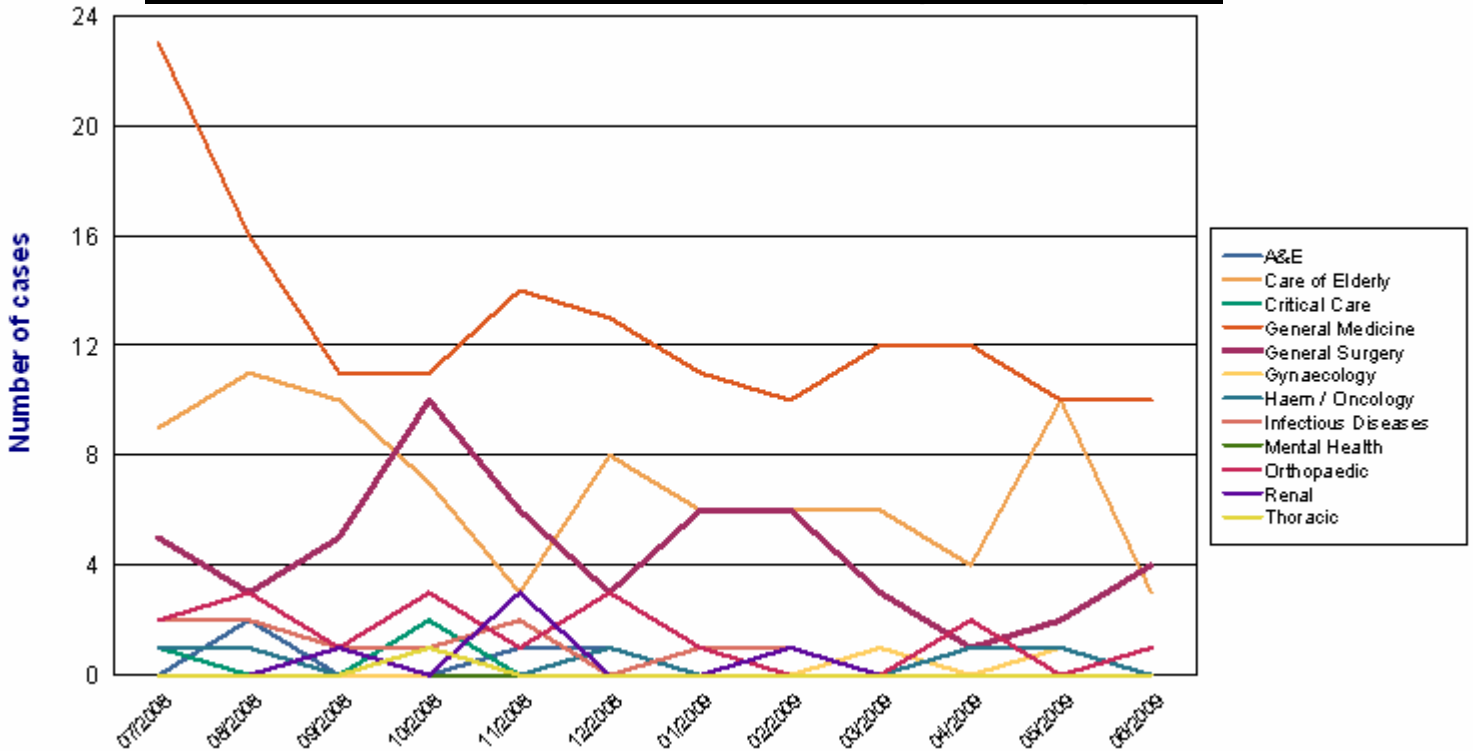
TABLE 7: C Difficile Cases by Month and Acute Hospital



	Hairmyres	Monklands	Wishaw	Totals
07/2008	8	14	22	44
08/2008	8	12	19	39
09/2008	14	3	13	30
10/2008	6	10	20	36
11/2008	14	10	6	30
12/2008	6	9	14	29
01/2009	6	11	8	25
02/2009	3	8	14	25
03/2009	3	5	14	22
04/2009	8	4	11	23
05/2009	10	2	13	25
06/2009	6	0	12	18
Totals	92	88	166	346

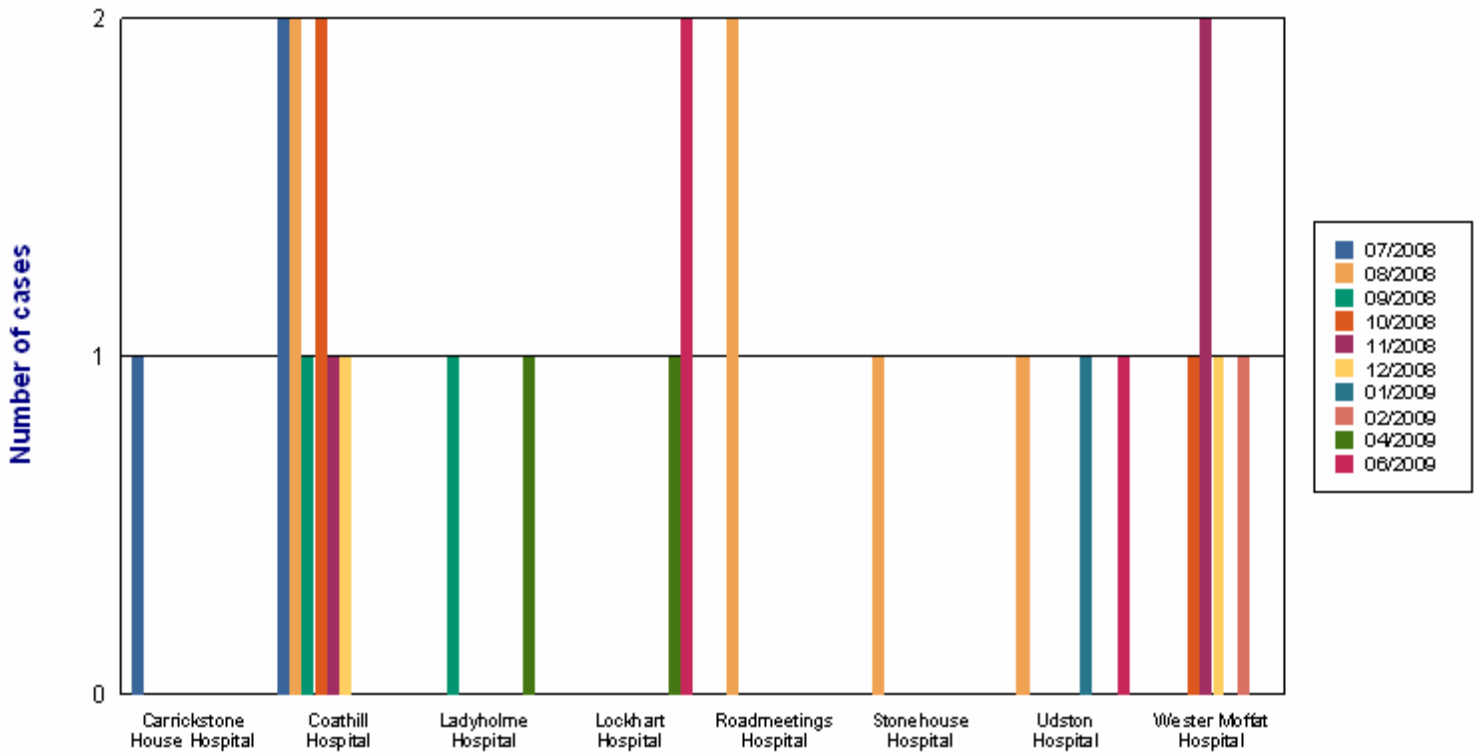
Table 8 continues to highlight General Medicine, Care Of the Elderly and General Surgery with the most cases of Clostridium Difficile. This is in line with national findings.

Table 8: Clostridium difficile Associated Disease Rates per Acute Specialities



	A&E	Care of Elderly	Critical Care	General Medicine	General Surgery	Gynaecology	Haem / Oncology	Infectious Diseases	Mental Health	Orthopaedic	Renal	Thoracic	Totals
07/2008	0	9	1	23	5	1	1	2	0	2	0	0	44
08/2008	2	11	0	16	3	1	1	2	0	3	0	0	39
09/2008	0	10	0	11	5	0	0	1	1	1	1	0	30
10/2008	0	7	2	11	10	0	1	1	0	3	0	1	36
11/2008	1	3	0	14	6	0	0	2	0	1	3	0	30
12/2008	1	8	0	13	3	0	1	0	0	3	0	0	29
01/2009	0	6	0	11	6	0	0	1	0	1	0	0	25
02/2009	1	6	0	10	6	0	0	1	0	0	1	0	25
03/2009	0	6	0	12	3	1	0	0	0	0	0	0	22
04/2009	1	4	2	12	1	0	1	0	0	2	0	0	23
05/2009	1	10	0	10	2	1	1	0	0	0	0	0	25
06/2009	0	3	0	10	4	0	0	0	0	1	0	0	18
Totals	7	83	5	153	54	4	6	10	1	17	5	1	346

Table 9: Clostridium Difficile Associated Disease Rates per Community Hospital.



	Carrickstone House Hospital	Coathill Hospital	Ladyholme Hospital	Lockhart Hospital	Roadmeetings Hospital	Stonehouse Hospital	Udston Hospital	Wester Moffat Hospital	Totals
<u>07/2008</u>	1	2	0	0	0	0	0	0	3
<u>108/2008</u>	0	2	0	0	2	1	1	0	6
<u>09/2008</u>	0	1	1	0	0	0	0	0	2
<u>10/2008</u>	0	2	0	0	0	0	0	1	3
<u>11/2008</u>	0	1	0	0	0	0	0	2	3
<u>12/2008</u>	0	1	0	0	0	0	0	1	2
<u>01/2009</u>	0	0	0	0	0	0	1	0	1
<u>02/2009</u>	0	0	0	0	0	0	0	1	1
<u>04/2009</u>	0	0	1	1	0	0	0	0	2
<u>06/2009</u>	0	0	0	2	0	0	1	0	3
<u>Totals</u>	1	9	2	3	2	1	3	5	26

2.2 Current HEAT Status And National Context

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

Quarterly report on the surveillance of *Clostridium difficile* associated disease (CDAD) in Scotland, January 2009-March 2009

This report provides CDAD data for the first quarter of 2009 (January 2009-March 2009) in 14 NHS boards. Results in patients aged 65 and over are compared to previous quarters, including comparison with annual rates. For this reporting period NHSL are actually below the trajectory (interim HEAT target of 1.52 with NHSL annual rate of 1.09 CDAD episodes / 1000 AOBs over 65 years old in the 12 months up to the end of March 2009

The report states that the rates in NHSL continue to decrease and feature as one of 8 NHS boards which has met their interim target rates for this quarter, and are likely to achieve their HEAT target if the trend continues. The link to the report is as follows:

<http://www.hps.scot.nhs.uk/ewr/article.aspx>

2.2.1 Pan-Board, Hospital or Specialty Specific Problems Identified

No specific problems identified.

2.3 Current New Initiatives To Reduce Cases

- On going Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP)
- Development of Enhanced surveillance of *Clostridium difficile* to Primary Care Hospitals ongoing
- Enhanced surveillance reports presented at Infection Control subgroup meetings and findings discussed
- Action plan to correct non compliance with hand washing facilities at Monklands and out lying hospitals.
- Continued delivery of the NHSL self directed *Clostridium difficile* training module
- On going development of *Clostridium difficile* ICP – a care guideline.
- Ensure that robust mechanisms are in place to implement the national trigger and severe cases tools

2.4 Pan-Board, Hospital Or Specialty Specific Problems Identified

No specialty problems identified at present.

2.4.1 Actions Required

- Continued weekly and monthly monitoring reports identifying trends and areas of high risk.
- Monitoring implementation of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies.

2.5 Norovirus

A national report identifies the prevalence of Norovirus on a weekly basis in Scotland. It includes the number of Wards closed with confirmed or presumed Norovirus Infection for the period June 2008 to 13 July 2009 as outlined in the table below.

Table 9: Hospitals with Wards Closed Due To Norovirus across NHS Scotland July 2009

Date 13/07/09	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	0	0	0	0
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	No Return			
	NHS Fife	0	0	0	0
	NHS Forth Valley	0	0	0	0
	NHS Greater Glasgow & Clyde	1	1	3	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	0	0	0	0
	NHS Tayside	1	1	11	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	14	0

Currently 2 NHS Boards are reporting Norovirus activity in NHSScotland. Lanarkshire have reported no ward closures or norovirus activity in this reporting period.

In the first report on 7/1/2008: 29 hospitals were affected and 47 wards closed; this has fallen to 2 hospitals with 2 wards affected.

3. HAND HYGIENE (HH) PROGRAMME

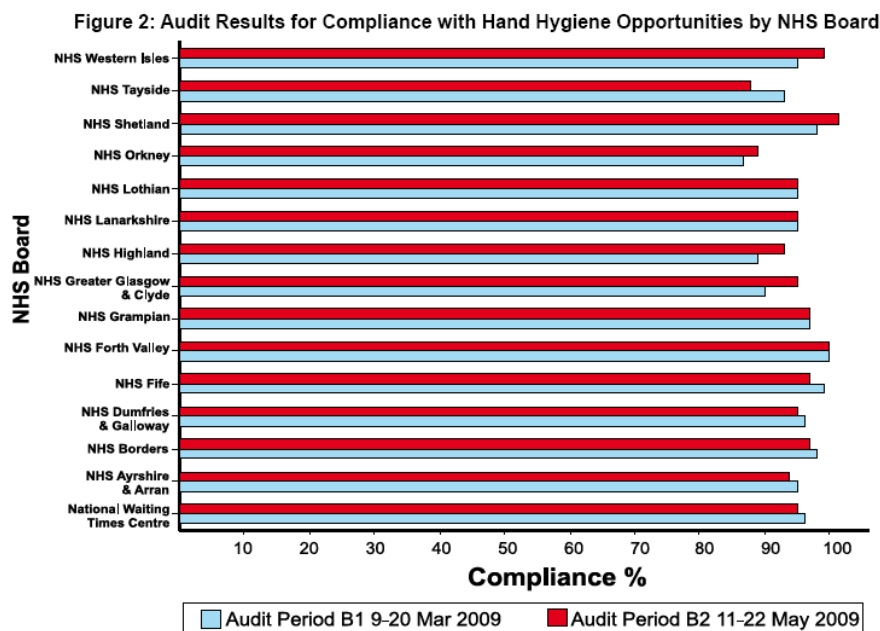
3.1 NHS Lanarkshire Trends In Compliance National Context

The recently published report from Health Protection Scotland identified that our Board has again achieved at least 90% compliance, **sustaining compliance of 93% against the national average of 92%**. The next national Audit is scheduled for July 2009.

Table 10: Compliance Opportunities

3.2 Audit Results for Compliance with Hand Hygiene Opportunities by NHS Board

Audit results for compliance with hand hygiene opportunities have been established for each NHS Board for the 1st and 2nd bi-monthly audit periods.

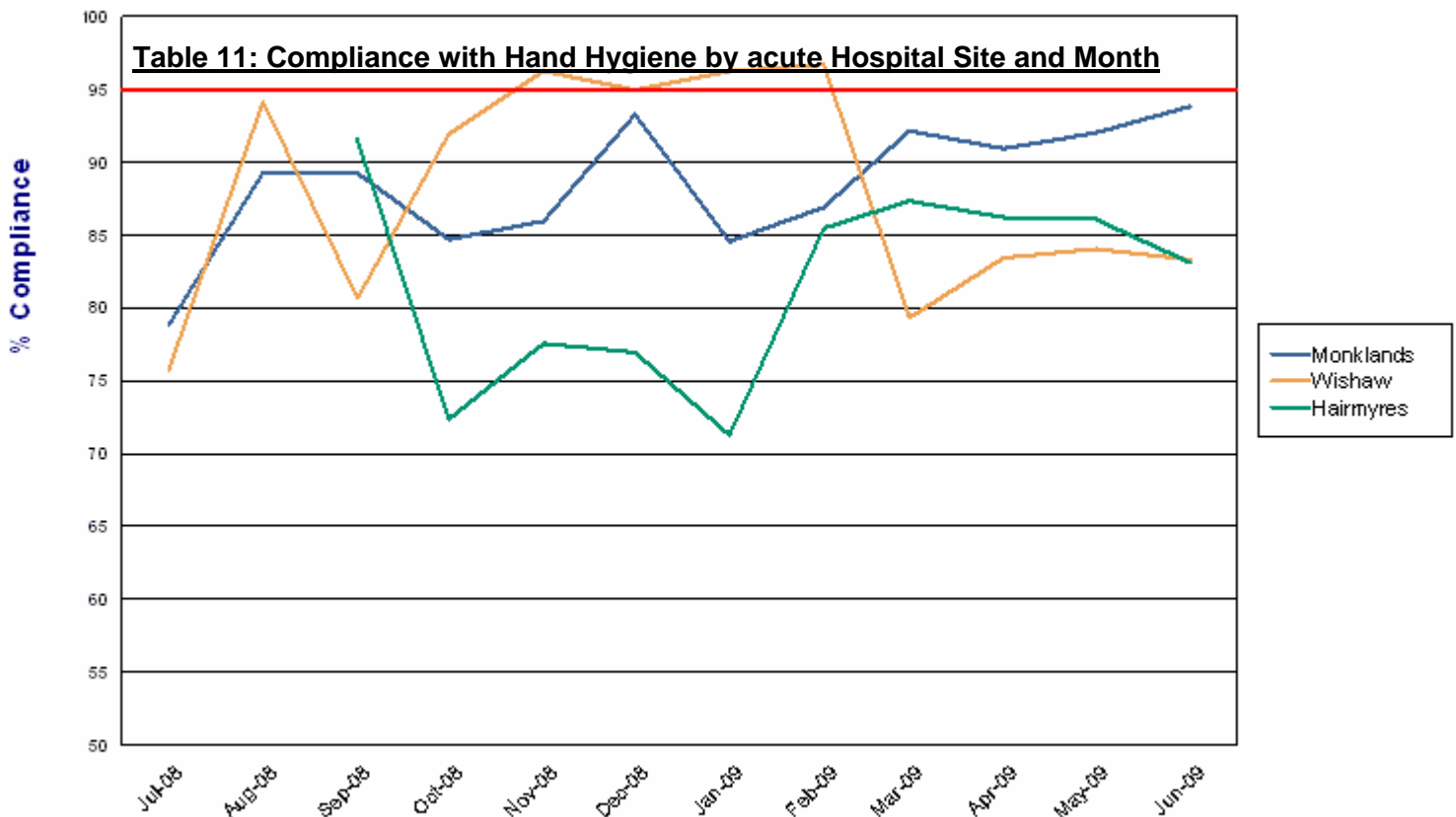


Current and New Initiatives in Promoting Hand Hygiene

These include:

- Direct involvement of Hand Hygiene Team with Scottish Patient Safety Programme The audit tool is firmly embedded in Monklands, will be complete by July/Aug 09 at WGH and Hairmyres have 2 wards who have completed the protocol 2 at stage 3 of the protocol and, 1 at stage 1 and 4 with packs who will commence in the next cycle at the end of July 09.
- Table 11 below demonstrates local audit figures within Lanarkshire. **These figures are not comparable to national audit as they are real time audits for improvement.** National audit is a snapshot audit for measurement.
- Education programmes continue with intense education targeted at Hairmyres to support the spread of the SPSA hand hygiene audit tool.

- Implementation of new Hand Hygiene products complete at Wishaw General Hospital with snagging being addressed. Monklands Hospital is scheduled for completion and is almost complete. Site survey has taken place at Hairmyres and roll out will commence on the 3rd August and then acute outlying sites will be included
- A new hand hygiene implementation group is to be convened to plan the implementation of hand hygiene products to primary care and will be meeting in August
- Large front-of-hospital signs to support and encourage good hand hygiene for both staff and visitors to be provided by hand hygiene products contractor. The signage presentation has been agreed by the HAI Signage Group.
- One set of life-size cardboard cut outs of nursing staff advising staff and visitors to stop and carry out hand washing, currently being used at Wishaw General Hospital. These have been expanded to include all disciplines i.e. medical staff, AHPs etc
- The HAI Products/Signage group has collected information with regard to installing further flashing signs throughout the acute division.
- SBAR report has been devised Hand Hygiene Team outlining actions and activities required to continue to meet national targets.



	Hairmyres	Monklands	Wishaw
07/2008	0	79	76
08/2008	0	89	94
09/2008	92	89	81
10/2008	72	85	92
11/2008	78	86	96
12/2008	77	93	95
01/2009	71	85	96
02/2009	85	87	97
03/2009	87	92	79
04/2009	86	91	83
05/2009	86	92	84
06/2009	83	94	83

3.2 Pan-Board, Hospital or Staff Group Specific Problems Identified

Medical staff compliance remains problematic, the hand hygiene team along with Infection Control Manager and Nurse Consultant HAI to explore how to address this.

Greater engagement with medical staff is required if improvement with compliance is to be successful,

4. NATIONAL CLEANING SERVICES SPECIFICATION COMPLIANCE

4.1 Compliance – May / June

- Cleaning performance scores for June 2009 continue to operate within the range of 92.7% - 97.6% across all NHSL sites .Improvement in cleaning standards have been noted across several locations as follows:

Cleland / Motherwell - increase from 93.8% in May to 95.8% in June
Hamilton / East Kilbride - increase from 92.7% in May to 93.8%in June.
This increase in performance as been primarily as a result of regular monitoring, increased domestic supervision and recruitment to vacant posts.

Monklands Hospital - increase from 91.7% in April to 93.5% in May, marginal decrease to 93.3% in June

NB. The NHS Scotland National Cleaning Services Specification Quarterly Compliance Report for April – June 2009 is due for publication by Health Facilities Scotland in late August 2009.

4.2 Current and New Initiatives to improve cleaning performance standards

- A programme of visits to hospitals is in place attended by the Director of Strategic Implementation, Performance & Planning, General Manager PSSD, Clinical Lead PSSD, Head of Hotel Services together with representatives from the PFI Consortia at Hairmyres & Wishaw Hospitals. These visits allow cleaning, maintenance and other operational issues to be discussed with clinical managers and where appropriate, action taken to remedy identified problems. Examples of operational issues identified include the removal of carpets with replacement vinyl flooring to clinical areas and the replacement of a sluice master both at Udston Hospital. Locations visited include Monklands, Hairmyres, Wishaw, Cleland & Udston Hospitals with visits scheduled to other locations over the coming months.
- Following the Steam Cleaner demonstration & training session from Osprey on May 26th/27th 2009 a meeting has been scheduled by the HAI Team to take place on August 6th to consider where steam cleaners will be utilised across NHSL adopting a risk management approach. This approach is in line with guidance within the revised National Cleaning Services Specification (June 2009). This meeting will be attended by representatives from the HAI Team, PSSD & Nursing. Thereafter, a programme of training, distribution and on site commissioning of the allocated steam cleaners will follow, co-ordinated by the HAI Team in conjunction with Osprey with the steam cleaner being put in to use thereafter.
- The CMT at its meeting on June 25th 2009 approved the proposal from PSSD to allocate the SGHD funding of £474,851 for 2009 / 2010 to support the recruitment of additional 38 wte domestic staff (66 headcount) This will provide 18.50 wte at Monklands Hospital & 8.64wte across primary care locations. This is in line with NHSL's budget requirements inclusive of ER costs, annual & sick leave and some enhancement relief.
- Property & Support Services & the HAI Team have identified those areas across NHS Lanarkshire which has achieved a lower % performance measurement in cleaning standards. These are predominantly at Monklands Hospitals and some community hospitals. It is proposed that the funding is utilised within these locations to recruit additional domestic staff as required by the SGHD.
- In preparation for the appointment of additional domestic assistants, the Hotel Services Department have undertaken interviews via local Job Centres and have a list of suitable candidates which can be appointed to posts following receipt of Disclosure Scotland Forms. It is anticipated all staff will be in post by August 31st 2009.
- Monthly meetings continue with the Director of Strategic Implementation, Performance & Planning / GM PSSD / Head of Support Services / Clinical Lead PSSD & the Head of HR to monitor & review management actions taken in terms of sickness absence in line with NHS Lanarkshire's Management of Sickness Absence Policy. This reduced sickness level assists in ensuring the required domestic input hours are provided.

- Review of National Cleaning Services Specification minimum inputs against current staffing levels is continuing. Staff rosters continue to be reviewed to ensure that the cleaning service is being undertaken at a time that compliments the clinical services.
- Domestic Staff PDP's have been completed, identifying specific training needs for individual staff to which appropriate training is being delivered.
- Poor performance of staff continues to be managed and monitored, identifying individuals and the circumstances contributing towards poor performance. Training needs & equipment issues are addressed within this process. A number of individuals are being managed in line with NHS Lanarkshire's Employee Conduct Policy.
- Provision of IT equipment to facilitate recording of audit findings by the audit team is being investigated. This will improve efficiency of reporting system, reduction in paperwork/ time & resources.
- Partnering with ISS Mediclean at Hairmyres Hospital, allowing the transfer of the domestic manager at Monklands Hospital & domestic supervisors between Hairmyres & Monklands Hospitals. This initiative is designed to compare working practices & procedures with the aim of identifying best practice and developing better understanding of processes & procedures, equipment utilization, documentation, supervisory and communication matters. Specific focus on staff training arrangements between the two sites will be a priority to identify any opportunity to develop the skill base & performance of domestic managers, supervisors & staff at Monklands Hospital.
- The replacement of domestic floor cleaning equipment at Monklands Hospital is planned with delivery expected in September / October 2009. This will replace equipment which is five years old and will improve reliability & availability of equipment for use by domestic staff.
- All scheduled PPM job cards issued to maintenance staff for equipment with an associated HAI risk including sluice masters, domestic cleaning equipment, and air handling equipment now have a risk rating attached, together with a statement advising of the need for strict hand hygiene processes.
- Introduction of cleaning schedules for clinical staff to enhance cleaning of clinical equipment is being led by the Director of NMAHP's in conjunction with the HAI Team and is currently nearing implementation.

Summary

The above actions detail the wide range of activities & initiatives underway to improve domestic cleaning standards. These actions are monitored closely by the Head of Hotel Services, Head of PFI Contracts and Head of Support Services via local meetings, site visits and departmental meetings. The GM PSSD monitors progress on a monthly basis.

4.3 **Pan-Board, Hospital or Specialty Specific Problems Identified**

Clarification required about the use of terminology for 'deep clean' and 'terminal clean' to ensure there is no confusion about requirement for areas that need to be cleaned to a higher level

4.3.1 **Actions Required**

HAI team in conjunction with PSSD to ensure appropriate policy in place that defines the process of a deep clean versus a terminal clean

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

There have been no significant associated incidents /outbreaks or emerging threats for this reporting period

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 provided at the last meeting of the Board.

	Actions
PURPLE (complete)	18
GREEN (on track to complete by the deadline)	2
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. **National Guidance is still awaited from Health Facilities Scotland regarding this.**

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

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

6.2.1 Actions Required And Timescales For Implementation

NHS Quality Improvement Scotland Healthcare Associated Infection Self assessment Tool was submitted to the Scottish Government on the 22nd June.

7 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.

7.1 Orthopaedic Surveillance

SSI Surveillance of elective and trauma hip arthroplasties for the period 1 May-31st May 2009 has shown 1 incidence of infection.

7.1.1 Elective Presentation

A total of 59 operations, 1 infection, which gives an SSI rate of 1.69%. 41 were elective, none of which had an infection.

7.1.2 Emergency Presentation

A total of 18 operations and 1 of those had an infection which gives an SSI rate of 5.56%.

7.1.3 Infection Types

There was 1 deep infection, an SSI rate of 1.69%

7.2 Caesarean Section

SSI Surveillance of elective and emergency caesarean sections for the period from 1 May - 31st May 2009 has shown.

7.2.1 Elective Presentation

A total of 104 operations, 5 infections which give an SSI rate 4.81%. 48 were elective with no incidences of infection.

7.2.2 Emergency Presentation

A total of 56 operations were undertaken within this category and 5 of those had an infection which provides an SSI rate of 8.93%

7.2.3 Infection Types

There were 5 superficial infections, giving an overall SSI rate of 4.81%.

7.3 SSHAIP Surgical Site Infection Surveillance Quarterly Exceptions Report

There were no exceptions this reporting period.

7.4 Pan-Board, Hospital or Specialty Specific Problems Identified

The hip arthroplasty SSI rates in Hairmyres continue to be monitored with active surveillance being carried out by ICN's and Surveillance staff.

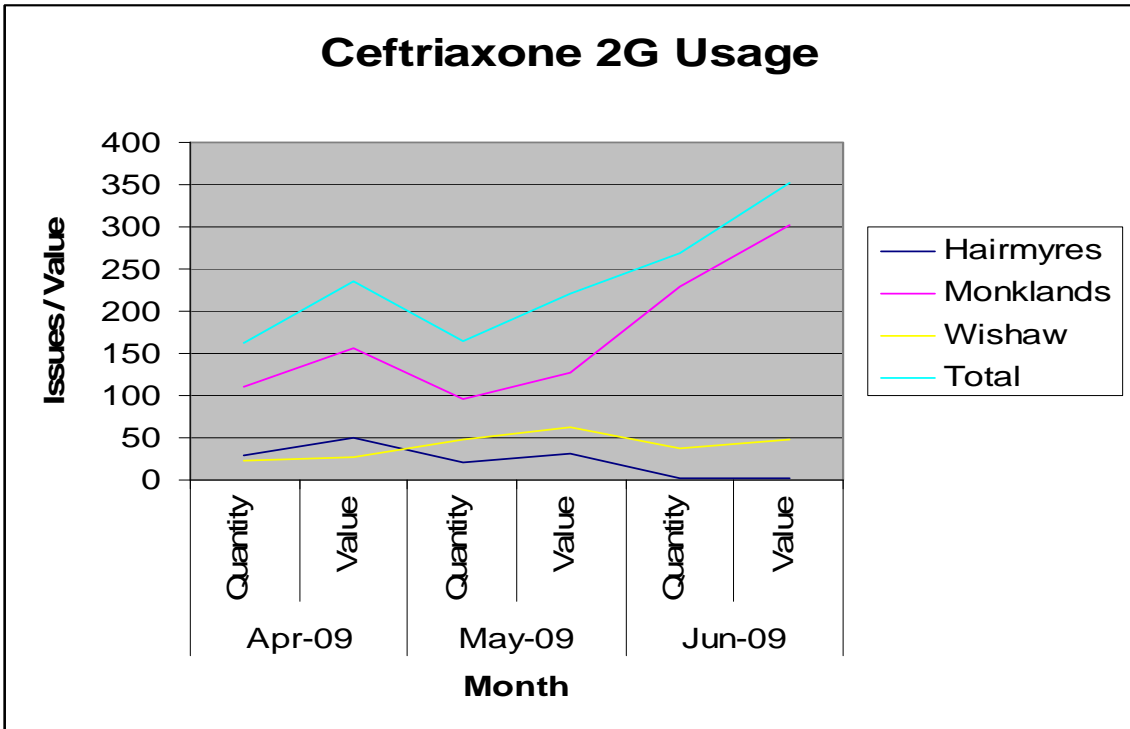
7.4.1 Actions Required and Timescales for Implementation

Discussion on going with regards one hospital to undertake a pilot of knee joint replacement and fractured neck of femur as an additional voluntary SSI Surveillance procedure, as yet the site has still to be chosen.

8. ANTIMICROBIAL PRESCRIBING

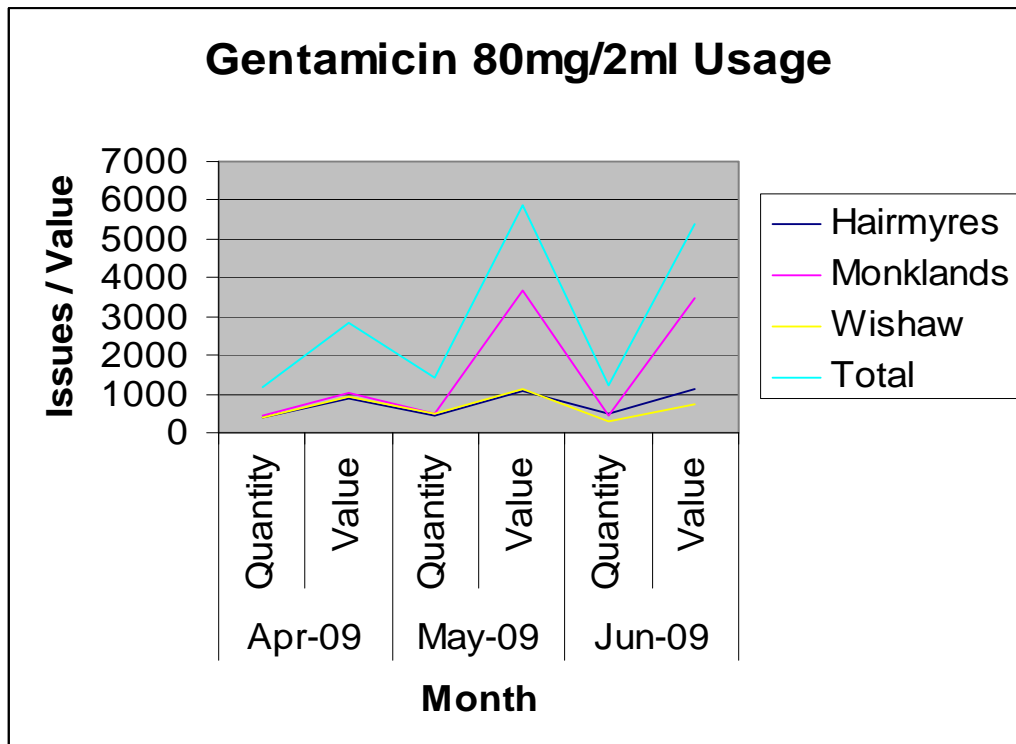
Ceftriaxone 2g Usage Report June 2009

Overall Ceftriaxone usage in NHSL increased during June 2009 this was due to the doubling of usage at Monklands compared to the previous month. Wishaw General and Hairmyres continue to maintain significantly lower usage compared to Monklands. Previous review has shown higher usage in certain specialities specific to the Monklands site as reason for disproportionate cross site usage as neither Wishaw or Hairmyres have Infectious Diseases, out-patient parenteral antibiotic therapy or renal services. Analysis for June has shown that ward 2 accounted for 198 of 229 uses at Monklands, and the The European Society Antimicrobial Consumption Point Prevalence Study 2009 conducted at Monklands on June 16th found 4 patients on ward 2 on Ceftraixone that day, with all 4 appropriately prescribed as per local guidelines. Its is however worth noting that this upturn in trend is still significantly below pre HAI antibiotic policy usage figures [e.g. total quantity for Jul 08 = 1054].



Gentamicin 80mg/2ml Usage (June 2009)

Overall Gentamicin usage in NHSL has increased steadily since the new HAI antibiotic policy was introduced in August 2008, with current usage now at a plateau of approx 300-500 units/site/month. The European Society Antimicrobial Consumption Point Prevalence Study 2009 conducted at Monklands on June 16th still suggests under use. The delivery of Gentamicin Risk Management teaching sessions to ward staff is ongoing, incorporating a clear message urging staff to use gentamicin when appropriate. A new Gentamicin Prescription, Administration & Monitoring form is pending and currently awaiting LAIG approval & trust roll out in time for new FY1s in Aug with aim of improving safety & quality of gentamicin usage across NHSL

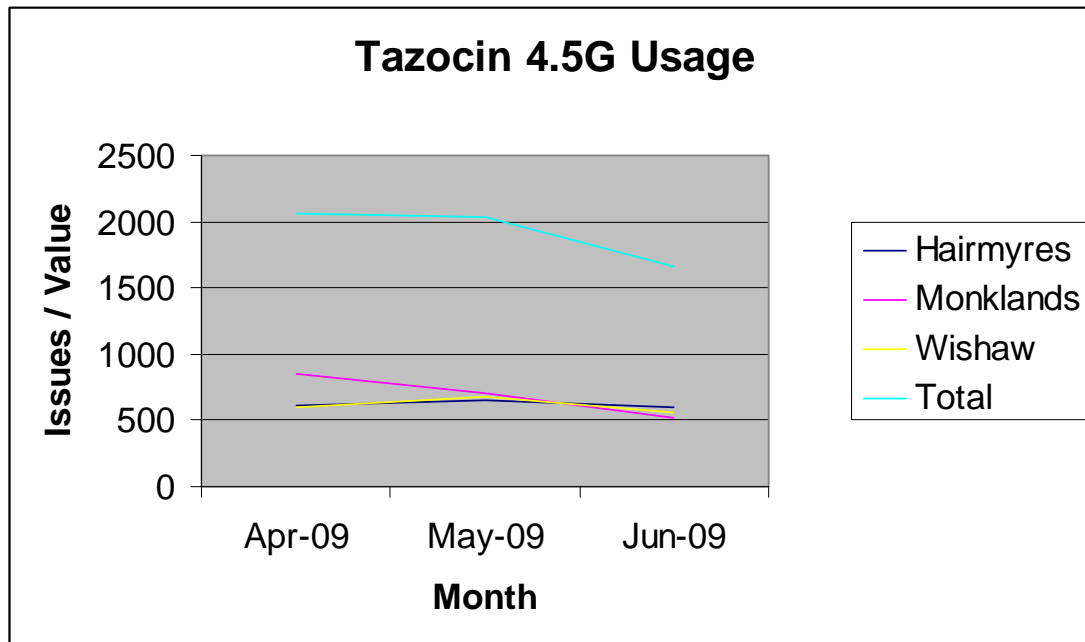


Tazocin 4.5G Usage Report (June 2009)

The overall usage for NHSL decreased in June with a reduction observed at all 3 acute sites. An audit to assess appropriateness of usage in surgical wards across all 3 sites is planned for the end of July 09.

ALERT antibiotic policy implementation should further restrict inappropriate use with the pilot ongoing in one ward per site for July with full NHSL roll out anticipated Aug 09. There was a zero spend in June for the 2.25G strength vial

TAZOCIN 4.5 g Injection + Tazocin 4.5g (New Formulation) + Piperacillin/Tazobactam 4.5g Injection (Generic Formulation)			
Location	Apr-09	May-09	Jun-09
Hairmyres	618	653	598
Monklands	848	706	512
Wishaw	599	677	557
Total	2065	2036	1667



9 HORIZON SCANNING

- The stakeholder event was held on the 22nd June 2009 to inform NHSL about the National MRSA screening programme implementation and was well received. A summary of the discussion from the workstreams will be used to influence and shape a patient care pathway for Lanarkshire by the steering group
- The Scottish Government have issued a 'ready reckoner' and Project Initiation Document to scope funding requirements to implement the screening programme. This is to be returned by the 27th July and funding should be allocated very quickly thereafter. A sub group of the MRSA steering group in Lanarkshire have been co-coordinating a response
- We are pleased to have appointed Lynsey Turner who has been seconded to us by the Microbiology Department at Wishaw General where she worked as a Senior BMS to the post of MRSA Project Lead. Lynne will commence on Monday the 20th July 2009 and we look forward to welcoming her to the Team.
- Revision to Annex J of the Transmissible spongiform encephalopathy (TSE) Infection Control guidance now advises that patients who are due to have high risk surgery or neuro-endoscopy should be asked whether they have received transfusions of blood or blood components from 80 or more donors since 1980. A surgical pre assessment form that has to be implemented will be evaluated in the future and the sub acute infection control group will be looking at its implementation

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:
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