

Borders NHS Board



HEALTHCARE ASSOCIATED INFECTION CONTROL AND PREVENTION REPORT – December 2012

Aim

The purpose of this paper is to update Board members of the current status of Healthcare Associated Infections (HAI) and infection control measures in NHS Borders.

Background

In line with the NHS Scotland HAI Action Plan 2008, there is a requirement for a HAI report to be presented to the Board on a two monthly basis.

Summary

This report provides an overview for Borders NHS Board of Infection Prevention and Control with particular reference to the incidence of Healthcare Associated Infections (HAI) against Scottish Government HEAT targets, together with results from cleanliness monitoring and hand hygiene audit results.

Recommendation

The Board is asked to **note** this report

Policy/Strategy Implications	This report is in line with the NHS Scotland HAI Action Plan
Consultation	Not applicable
Consultation with Professional Committees	Not applicable
Risk Assessment	Not applicable
Compliance with Board Policy requirements on Equality and Diversity	Yes
Resource/Staffing Implications	None identified

Approved by

Name	Designation	Name	Designation
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Author(s)

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Healthcare Associated Infection Reporting Template (HAIRT)

Section 1 – Board Wide Issues

This section of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual hospitals, please refer to the 'Healthcare Associated Infection Report Cards' in Section 2.

A report card summarising Board wide statistics can be found at the end of section 1

Key Healthcare Associated Infection Headlines for October 2012

- NHS Borders is currently on target to achieve the *Staphylococcus aureus* Bacteraemia (SAB) 2013 HEAT target rate.
- NHS Borders currently has a *Clostridium difficile* infection (CDI) rate higher than the 2013 HEAT target rate.

Staphylococcus aureus (including MRSA)

Staphylococcus aureus is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

Staphylococcus aureus : <http://www.nhsinform.co.uk/Health-Library/Articles/S/staphylococcal-infections/introduction>

MRSA: <http://www.nhsinform.co.uk/Health-Library/Articles/M/mrsa/introduction>

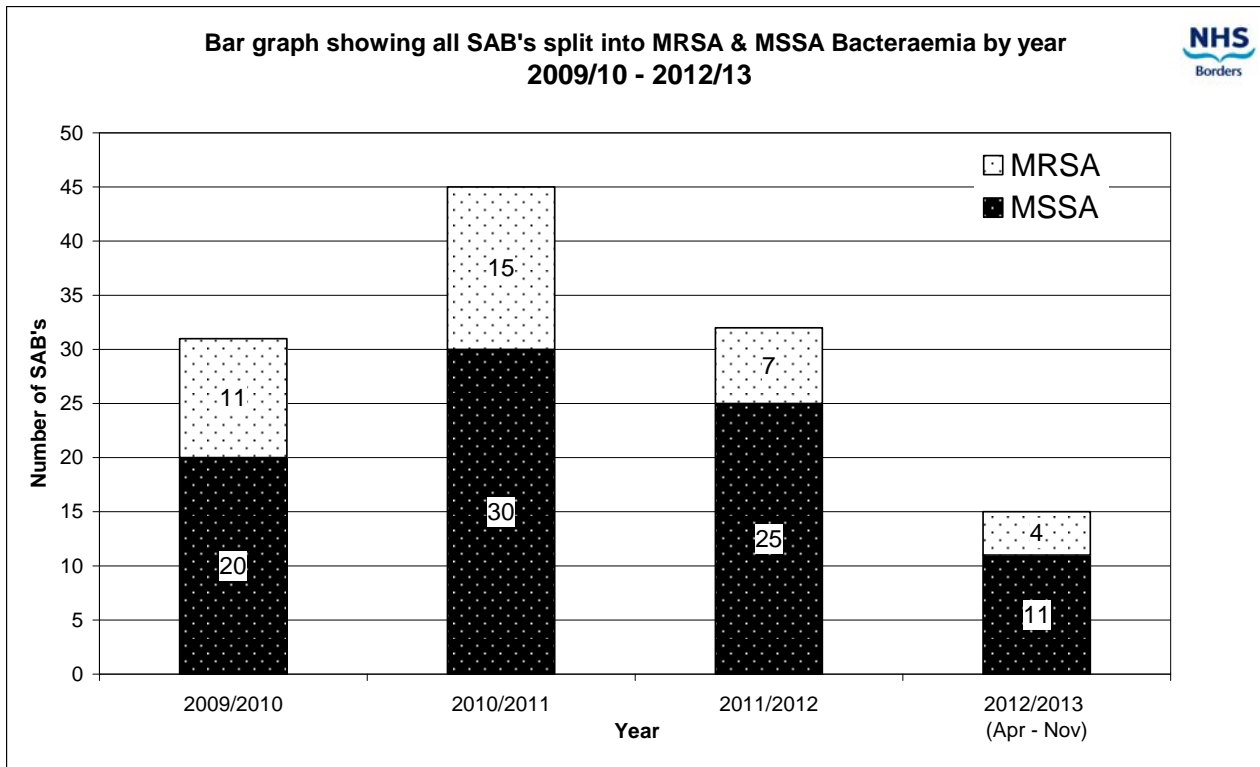
NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

NHS Borders has a Scottish Government HEAT target to achieve a rate of 0.26 *Staphylococcus aureus* Bacteraemia (SAB) cases per 1000 acute occupied bed days by 2013. This rate was the “best in class” rate achieved by a single Health Board in the year ending March 2010; and is a rate that is considered to be achievable by all Boards.

The graph on Page 7 gives an impression of NHS Borders currently having a SAB rate higher than the HEAT target. The latest data point on this graph (October 2011 – September 2012) is currently provisional and will be revised once official data is available from Health Protection Scotland.

However, significant improvements have been made in relation to SAB numbers with NHS Borders currently on target to achieve the HEAT target between April 2012 and March 2013. This improvement is better displayed when comparing full year numbers as shown in the graph below.



Every SAB case is subject to a rigorous Root Cause Analysis (RCA) which includes a feedback process to the clinicians caring for the patient. Any actions identified through this process are added to the SAB section of the Infection Control Work Plan.

The Prevention of SABs Group continues to meet every month to monitor the implementation of actions to reduce the risks associated with SABs. Each ward is regularly audited by the Infection Prevention and Control Team for compliance with best practice measures that have been implemented relating to the insertion and maintenance of peripheral venous catheters (PVCs). Work continues with clinical services to continue to improve compliance.

***Clostridium difficile* infection (CDI)**

Clostridium difficile is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:
<http://www.nhsinform.co.uk/Health-Library/Articles/C/clostridium-difficile/introduction>

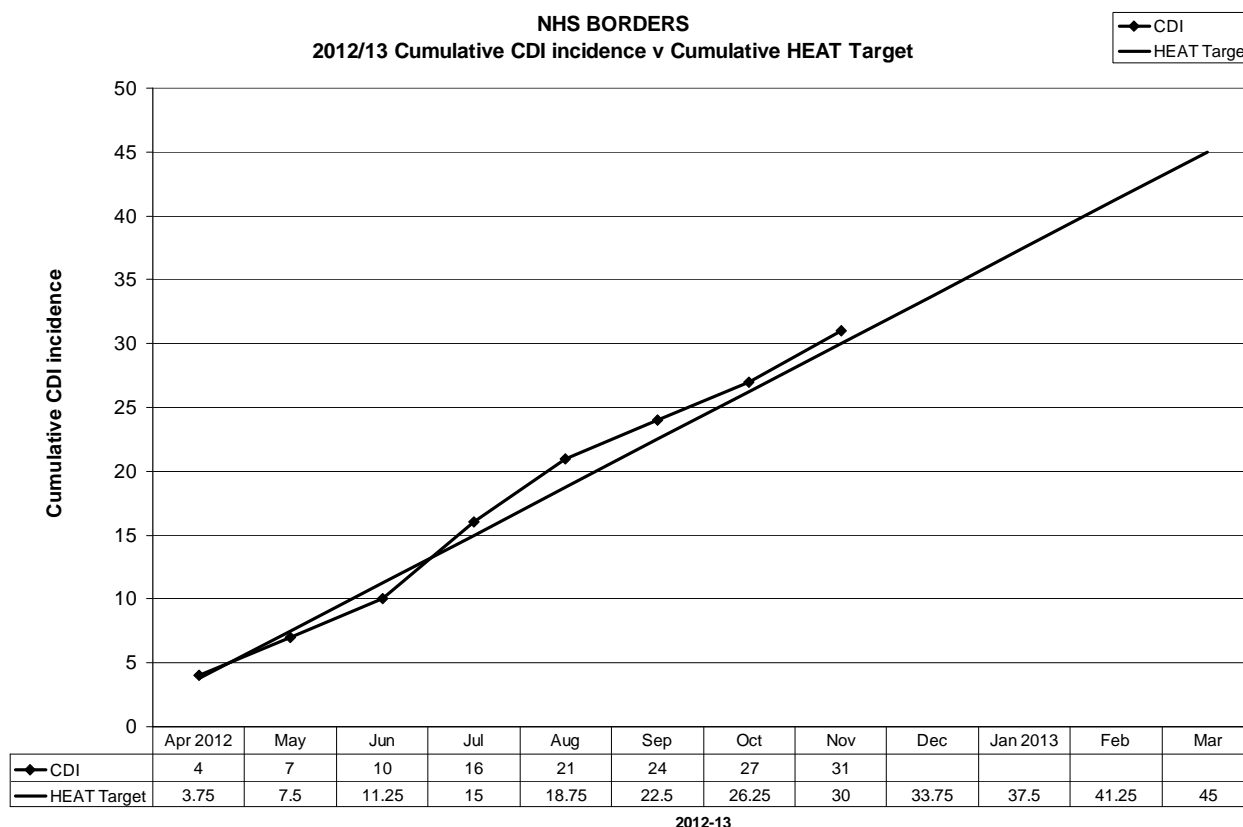
NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridium difficile* infections can be found at:
<http://www.hps.scot.nhs.uk/haic/sshaip/clostridiumdifficile.aspx?subjectid=79>

NHS Borders has a HEAT target to achieve a rate of 0.39 or less cases of *Clostridium difficile* infections (CDI) per 1000 total occupied bed days in patients aged 65 and over by the year ending March 2013.

The rate of 0.39 is based on the best performing board as measured in the year ending March 2010, demonstrating that this rate should be achievable by all boards.

Following an increase in cases in July and August 2012, NHS Borders CDI rate is currently above the HEAT target rate at 0.44. The latest data point on this graph (October 2011 – September 12) is currently provisional and may be revised once official data is available from Health Protection Scotland.

The HEAT target rate equates to a total of 45 cases per year. The graph below shows the cumulative number of cases since April 2012 against the HEAT target.



Each case of CDI is subject to a review including compliance with policies of any prescribed antimicrobials. This process includes discussion and feedback between the Consultant Microbiologist and the relevant doctor.

The Antimicrobial Management Team continues to monitor antimicrobial prescribing rates in both acute and community Clinical Boards. The Consultant Microbiologist continues to prioritise visits to GP Practices prescribing higher levels of antibiotics more associated with *clostridium difficile*.

NHS Scotland has seen huge success in the prevention and control of *C. difficile* infections. However recent surveillance has been showing a levelling of the previous downward trend. In December 2012 the Chief Nursing Officer advised NHS Boards of a revised protocol for microbiology laboratories. This is being implemented within NHS Borders

Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non compliance. The hand hygiene compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national hand hygiene monitoring can be found at:

<http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

The hand hygiene data in the data tables on page 6 and 9 within this report are generated from wards conducting self-audits.

NHS Borders also continues to participate in national hand hygiene audits which are conducted every other month. The most recent published report is from November 2012. During the audit period (24th September 2012 – 5th October 2012) NHS Borders achieved an overall compliance rate of 100%.

Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

High levels of cleanliness continue to be recorded through the monitoring process across NHS Borders estate. The data presented is an average figure across the sites using the new national cleaning and estates monitoring tool that was implemented in April 2012.

Infection Incidents

There continues to be high incidence of Norovirus across the UK and Borders General Hospital continues to be affected by cases of Norovirus. The situation is being managed by the Infection Prevention and Control Team and Hospital Executive Team with support from frontline colleagues.

A range of measures have been implemented to reduce the risk of cross transmission. A Strategic Outbreak Control Group continues to monitor progress and oversee the implementation of control measures as well as review communications to raise awareness with staff, patients, visitors and the wider public.

Other HAI Related Activity

Staff training

- An Infection Control e-learning module has been developed and introduced in NHS Borders focussed on Standard Infection Control Precautions. To date, 85% of all staff have completed this training with compliance monitored via the Performance Scorecards. Work continues with Service and Operational Managers to increase the uptake of this training.

Infection Control Audits

- Since November 2012, the infection control audit programme has been temporarily suspended to enable the prioritisation by the Infection Prevention and Control Team of outbreak management. This has also released capacity to undertake some specific audits relating to the Norovirus outbreak. The Infection Prevention and Control Team will return to full capacity in January with the appointment of a new Infection Control Nurse. At that time the planned audit programme will resume.

2012/13 Infection Control Work Plan

- Work is progressing well on a range of issues identified in the 2012/13 Infection Control Work Plan. There are currently 4 actions overdue for completion with supporting measures in place to mitigate the risk arising from the delay.

Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each acute hospital [and key community hospitals – *delete if appropriate*] in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from outwith hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

Clostridium difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). Data are presented as both a graph and a table giving case numbers. More information on these organisms can be found on the NHS24 website:

Clostridium difficile : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139§ionID=1

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252§ionID=1

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

Understanding the Report Cards – Hand Hygiene Compliance

Good hand hygiene is crucial for infection prevention and control. More information can be found from the Health Protection Scotland's national hand hygiene campaign website:

<http://www.washyourhandsofthem.com/>

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. The first page of each hospital report card presents the percentage of hand hygiene compliance for all staff in both graph and table form.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

The first page of each hospital Report Card gives the hospitals cleaning compliance percentage in both graph and table form.

Understanding the Report Cards – 'Out of Hospital Infections'

Clostridium difficile infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes and. The final Report Card report in this section covers 'Out of Hospital Infections' and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital. Given the complex variety of sources for these infections it is not possible to break this data down in any more detail.

NHS Borders Board Report Card

The HEAT target graphs on the following page have been adjusted to include the new targets to be achieved by 31st March 2013. The new targets are a rate of 0.39 cases of CDI per 1000 occupied bed days for patients aged 65+, and a rate of 0.26 SAB cases per 1000 acute occupied bed days. The last data point on these graphs (Oct 11 - Sep12) is currently provisional and will be revised once official data is available from Health Protection Scotland.

The hand hygiene compliance data in these report cards is based on monthly patient safety audit. The hand hygiene, cleaning and estates data in this report card reflect overall compliance across acute, primary care and mental health sites.

Hand Hygiene Monitoring Compliance (%)

Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
96.4	94.7	96.4	96.2	98.7	97.8	96.8	98.9	98.7	99.4	99.5	97.9

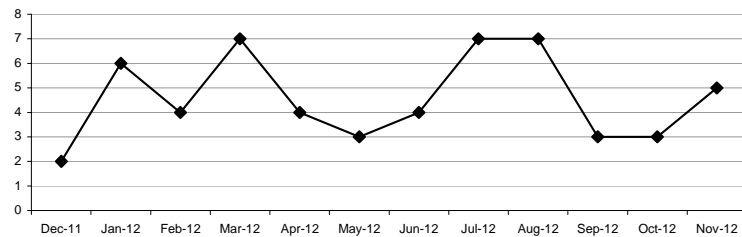
Cleaning Compliance (%)

Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
97.3	96.6	95.6	96.2	N/A	96.2	97.6	97.1	98.0	96.7	96.1	96.4

Estates Monitoring Compliance (%)

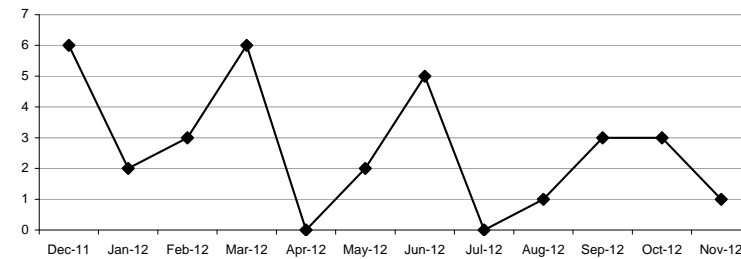
Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
96.5	97.1	97.1	97.6	N/A	98.4	98.5	97.3	98.4	97.5	98.5	96.4

Clostridium difficile Cases (ages 15 and over)



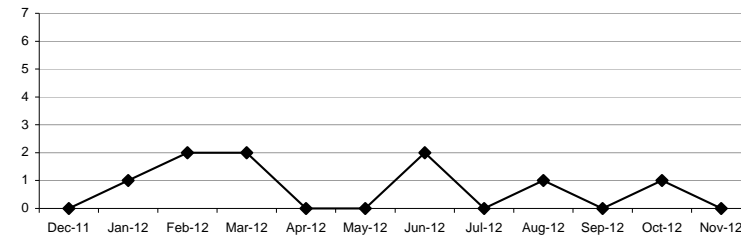
Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
2	6	4	7	4	3	4	7	7	3	3	5

Total Staphylococcus aureus Bacteraemia Cases (all ages)



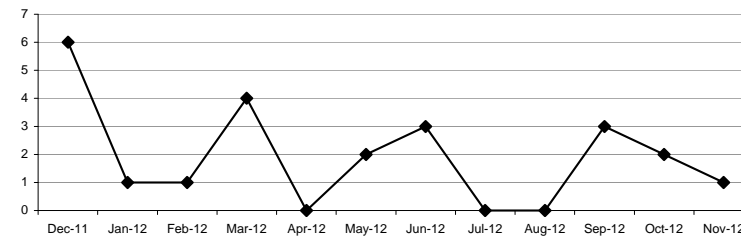
Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
6	2	3	6	0	2	5	0	1	3	3	1

MRSA Bacteraemia Cases (all ages)



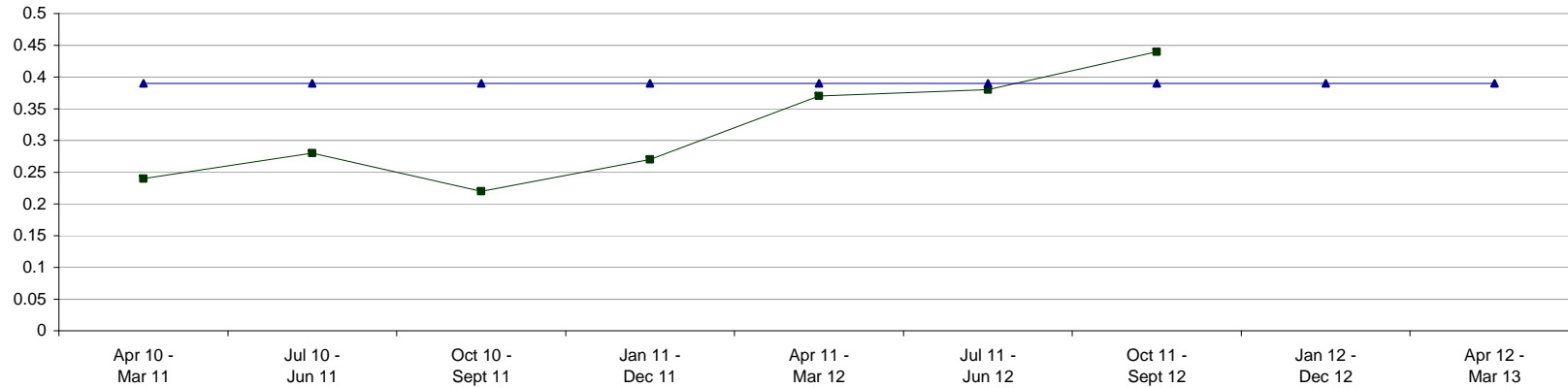
Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
0	1	2	2	0	0	2	0	1	0	1	0

MSSA Bacteraemia Cases (all ages)



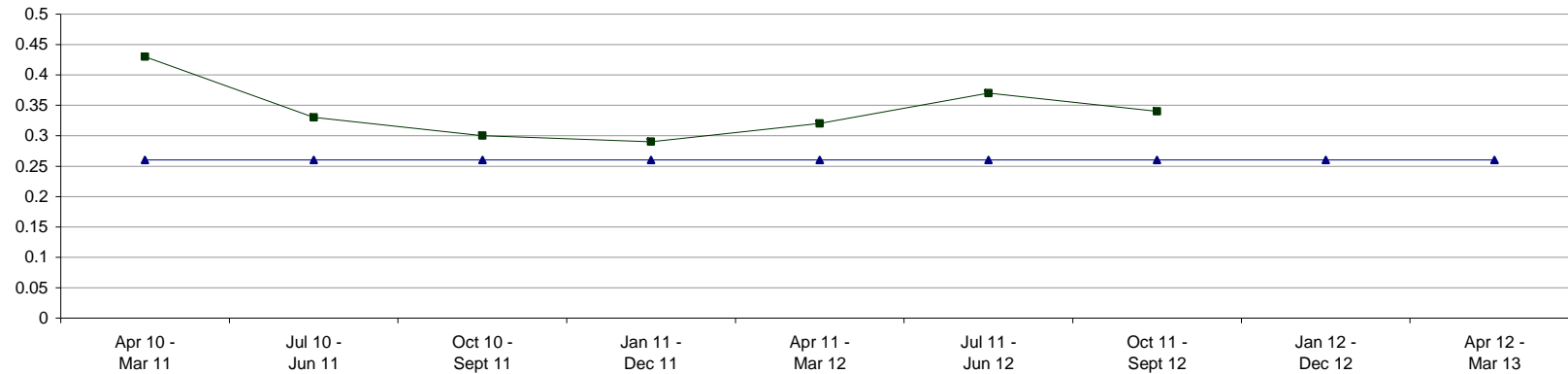
Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
6	1	1	4	0	2	3	0	0	3	2	1

Quarterly rolling year *Clostridium difficile* Infection Cases per 1000 total occupied bed days for HEAT Target Measurement



	Apr 10 - Mar 11	Jul 10 - Jun 11	Oct 10 - Sept 11	Jan 11 - Dec 11	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sept 12	Jan 12 - Dec 12	Apr 12 - Mar 13
Actual Performance	0.24	0.28	0.22	0.27	0.37	0.38	0.44		
Target	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39

Quarterly rolling year *Staphylococcus aureus* Bacteraemia Rates per 1000 Acute Occupied Bed Days for HEAT Target Measurement



	Apr 10 - Mar 11	Jul 10 - Jun 11	Oct 10 - Sept 11	Jan 11 - Dec 11	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sept 12	Jan 12 - Dec 12	Apr 12 - Mar 13
Actual Performance	0.43	0.33	0.30	0.29	0.32	0.37	0.34		
Target	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26

Borders General Hospital Report Card

The hand hygiene data in this report card is based on monthly patient safety audits conducted by each ward.

The hand hygiene, cleaning and estates data in this report card reflect overall compliance in Borders General Hospital.

Hand Hygiene Monitoring Compliance (%)

Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
96.4	94.7	96.4	97.4	98.7	97.2	98.7	99.0	98.7	99.4	99.4	97.7

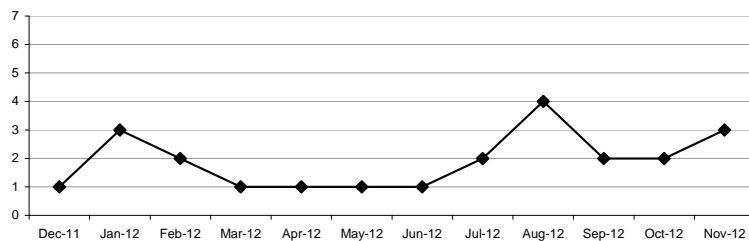
Cleaning Compliance (%)

Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
97.3	96.6	95.6	95.9	N/A	97.8	97.5	97.3	98.0	97.2	97.2	97.0

Estates Monitoring Compliance (%)

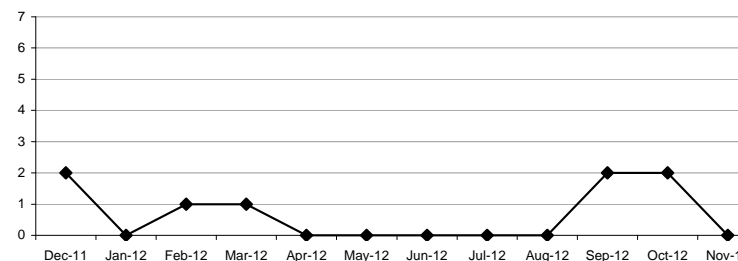
Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
96.5	97.1	97.1	97.9	N/A	98.7	97.8	97.3	98.5	98.3	98.4	98.0

Clostridium difficile Cases (ages 15 and over)



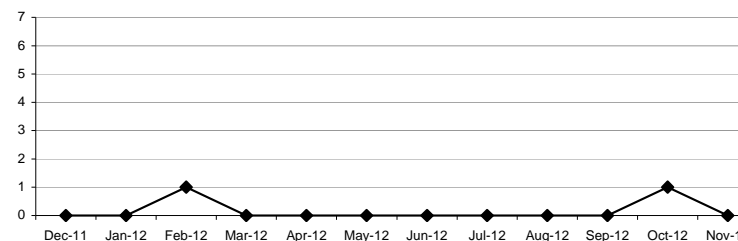
Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
1	3	2	1	1	1	1	2	4	2	2	3

Total Staphylococcus aureus Bacteraemia Cases (all ages)



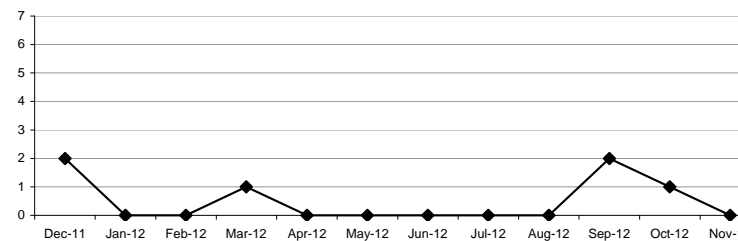
Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
2	0	1	1	0	0	0	0	0	2	2	0

MRSA Bacteraemia Cases (all ages)



Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
0	0	1	0	0	0	0	0	0	0	1	0

MSSA Bacteraemia Cases (all ages)

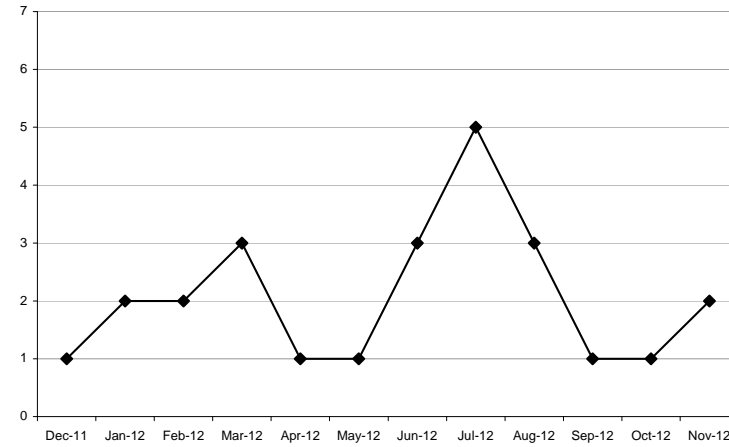


Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
2	0	0	1	0	0	0	0	0	2	1	0

Out of Hospital Infections

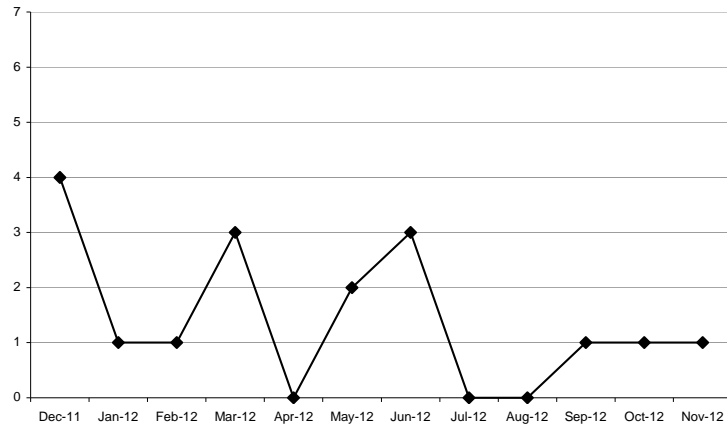
Out of Hospital and Community Hospital CDI cases increased in March 2012

Clostridium difficile Infection Cases



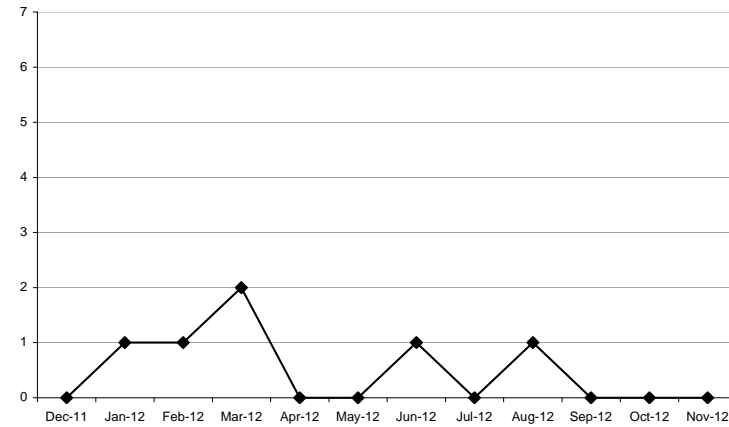
Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
1	2	2	3	1	1	3	5	3	1	1	2

MSSA Bacteraemia Cases



Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
4	1	1	3	0	2	3	0	0	1	1	1

MRSA Bacteraemia Cases

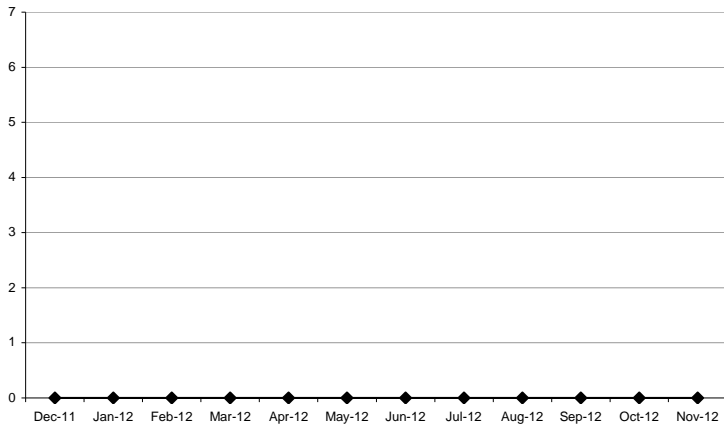


Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
0	1	1	2	0	0	1	0	1	0	0	0

Community Hospitals

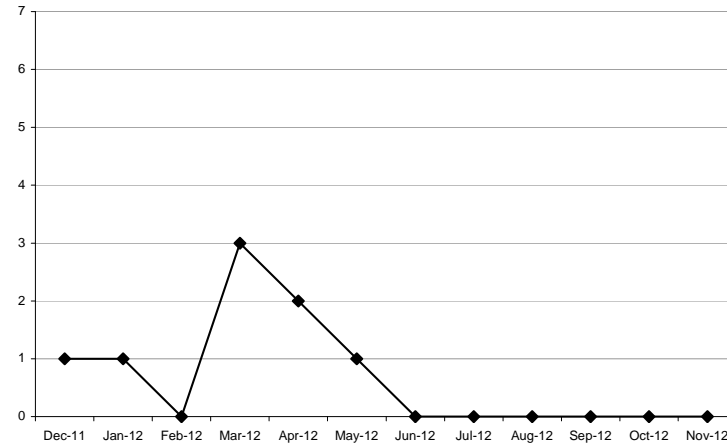
The one case of MRSA bacteraemia came from a patient admitted from a Care Home. All cases of MSSA bacteraemia were admitted via A&E, blood cultures were taken within 48 hours of admittance.

MSSA Bacteraemia Cases



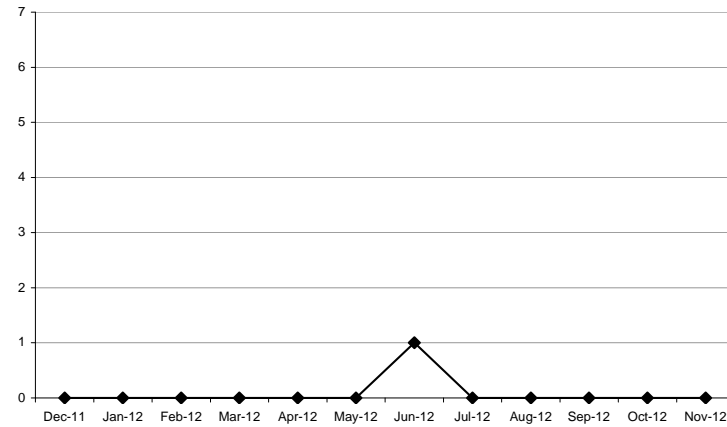
Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
0	0	0	0	0	0	0	0	0	0	0	0

Clostridium difficile Infection Cases



Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
1	1	0	3	2	1	0	0	0	0	0	0

MRSA Bacteraemia Cases



Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
0	0	0	0	0	0	1	0	0	0	0	0