

Meeting of Lanarkshire
NHS Board: 31 January 2018

Lanarkshire NHS Board
Kirklands
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SUBJECT: Healthcare Associated Infection (HCAI) Reporting Template

1. PURPOSE

This paper is coming to the NHS Lanarkshire (NHSL) Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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The purpose of this paper is to update NHSL Board Members on the current position against the Healthcare Association Infection (HAI) Standards 2015 with particular reference to NHSL Board performance against the Local Delivery plan (LDP) Targets.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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By the Head of Infection Prevention and Control (IPC) with approval by the Lanarkshire Infection Control Committee (LICC).

3. SUMMARY OF KEY ISSUES

The key performance headlines and improvement activity are noted on pages 4 – 5.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government Policy	<input type="checkbox"/>
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input checked="" type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

There is a national mandatory requirement for a report relating to IPC to be presented to the NHS Board using the Scottish Government Reporting Template (in Appendix 2).

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

- LDP Targets for *Staphylococcus aureus* bacteraemias (SABs)
- LDP Targets for *Clostridium difficile* Infections (CDIs)
- Key Performance Indicators for Meticillin Resistant *Staphylococcus Aureus* (MRSA) Screening
- Surveillance, Education, Engagement and Device (SEED) Monitoring Programme
- LICC Sub-Group updates on progress.

7. FINANCIAL IMPLICATIONS

The organisation incurs financial implications in the management of an HCAI depending on the length of stay of a patient, the associated treatment required and throughput of patients from a bed management perspective. Health Protection Scotland (HPS) make reference to a study¹ carried out in 2013 that estimated the inpatient costs of an HCAI in an NHS acute care hospital to be £137 million excluding the costs of those infections occurring outside hospital and highlights that the prevention of an HCAI in all healthcare settings is of paramount importance.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

- NHSL is working to achieve the LDP for SABs and CDIs by 31 March 2018.
- There has been no change to the SAB and CDI HEAT Targets 2017/2018 and therefore the organisation will continue to work to achieve the current targets in place.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input type="checkbox"/>	Equality	
Sustainability	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An Equality and Diversity Impact Assessment has been completed

¹ <http://www.hps.scot.nhs.uk/haic/sshaip/haiprevalencestudy.aspx>

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Yes *Please say where a copy can be obtained* No *Please say why not*

There has been no requirement to date to complete an Equality and Diversity Impact Assessment.

11. CONSULTATION AND ENGAGEMENT

Consultation and contributions have been derived from the following departments/personnel across acute and partnership services:

- Infection Prevention and Control Team (IPCT)
- Property and Support Services Division (PSSD)
- Antimicrobial Management Team (AMT)
- Healthcare Quality Assurance Improvement Committee (HQAIC)
- Lanarkshire Infection Control Committee (LICC) and Sub-groups

12. ACTIONS FOR THE BOARD

The NHS Board is asked to:

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>		

At the last Board meeting in October 2017, members raised two issues and the responses to both are set out below.

- Clarify the issue around national requirements for reporting on only 15 year olds and above patients.

Health Protection Scotland direct NHS Boards to record CDI data in two categories - from 15 - 64 years and 65 years and over. The data within the LDP is a combined figure of both categories. This is a national requirement.

- Update report to include data on deaths.

Infection Prevention and Control colleagues complete case reviews of all HCAI deaths where SAB and CDI are on death certificates and also all severe CDI cases. We will start reporting, from summer 2018. This will be reported quarterly in the HAIRT numbers of SAB & CDI HCAI deaths along with the numbers of case reviews. IPC colleagues will also use the opportunity to discuss/escalate any relevant lessons learned via the Local Infection Control Committees.

The NHS Board is asked to note this report and highlight any areas where further clarification or assurance is required.

The NHS Board is also asked to confirm whether the report provides sufficient assurance about the organisational performance on HCAI, and the arrangements in place for managing and monitoring HCAI.

13. FURTHER INFORMATION

For further more detailed information or clarification of any issues in this paper please contact:

- Anne Armstrong Acting Executive Director of Nursing, Midwifery and Allied Health Professionals (NMAHPs) (Telephone number: 01698 858089)
- Emer Shepherd, Head of Infection Prevention and Control (Telephone number: 01698 361100)

***Prepared by Emer Shepherd, Head of Infection Prevention and Control
Presented by Anne Armstrong Acting Executive Director of NMAHPs
17 January 2018***

NHS LANARKSHIRE PERFORMANCE – JULY TO SEPTEMBER 2017

Health Protection Scotland (HPS) Validated Data

Please note national validated data is provided 3 months in arrears from HPS which can result in delays in the IPCT reporting to the NHS Board due to the alignment of reporting schedules.

Staphylococcus aureus Bacteraemia (SABs)

Staphylococcus aureus (S. Aureus) is a gram positive bacterium which colonises the nasal cavity of about a quarter of the healthy population. An infection can occur if S. Aureus breaches the body's defence system and can cause a range of illnesses from minor skin infections to serious systematic infections such as bacteraemia.

LDP Target: To achieve 24 SAB cases or less per 100,000 AOBDB by 31 March 2018.

NHSL Performance (Jul-Sept 2017):

- 43 SAB cases (target not met)
- LDP target trajectory equates to no more than 106 cases per annum.
- Refer to Appendix 1 to see NHSL performance charts.

Clostridium difficile infection (CDI)

CDI is an important HCAI, which usually causes diarrhoea and contributes to a significant burden of morbidity and mortality. Prevention of CDI is therefore essential and an important patient safety issue.

LDP Target: To achieve 32 CDI cases or less per 100,000 AOCB in the aged 15 and over age group by 31 March 2018.

NHSL Performance (Jul-Sept 2017):

- 33 CDI cases (target not met)
- LDP target equates to no more than 160 cases per annum.
- Refer to Appendix 1 to see NHSL performance charts.

Surgical Site Infection

SSI is one of the most common HCAI and can cause increased morbidity and mortality and is estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. SSI can have a serious consequence for patients affected as they can result in increased pain, suffering and in some cases require additional surgical intervention.

NHSL Performance (Jul-Sept 2017):

- 4 C-Section SSIs from 379 procedures (0.01% infection rate)
- 0 Hip Arthroplasty SSIs from 99 procedures (0% infection rate)
- 1 Colorectal SSIs from 15 procedures (0.07% infection rate)
- 4 Vascular SSIs from 64 procedures (6.25% infection rate)

Hand Hygiene

Hand Hygiene is recognised as being the single most important indicator of safety and quality of care in healthcare settings because there is substantial evidence to demonstrate the correlation between good hand hygiene practices and low healthcare associated infection rates confirmed by the World Health Organisation (WHO).

NHSL Performance (Jul-Sept 2017):

- 87% against a national requirement of 95% (target not met)

Outbreak Incidence

The role of the IPC Team in healthcare is to prevent, prepare for, detect and manage outbreaks of infection.

NHSL Performance (Jul-Sept 2017):

- There were no ward closures or restrictions during the activity period.

Escherichia coli Bacteraemia (ECB)

Gram negative bacteria are now an emerging threat to health worldwide. Bacteraemia develops usually as a complication of other infections, including urinary tract infection (UTI), surgery and use of medical devices including urinary catheters and vascular access devices (VAD). Mandatory ECB enhanced surveillance was implemented April 2016. A number of initiatives are currently being explored at national level with a view to reducing incidence rates including introduction of a Scottish Government performance target.

NHSL Performance (Jul-Sept 2017):

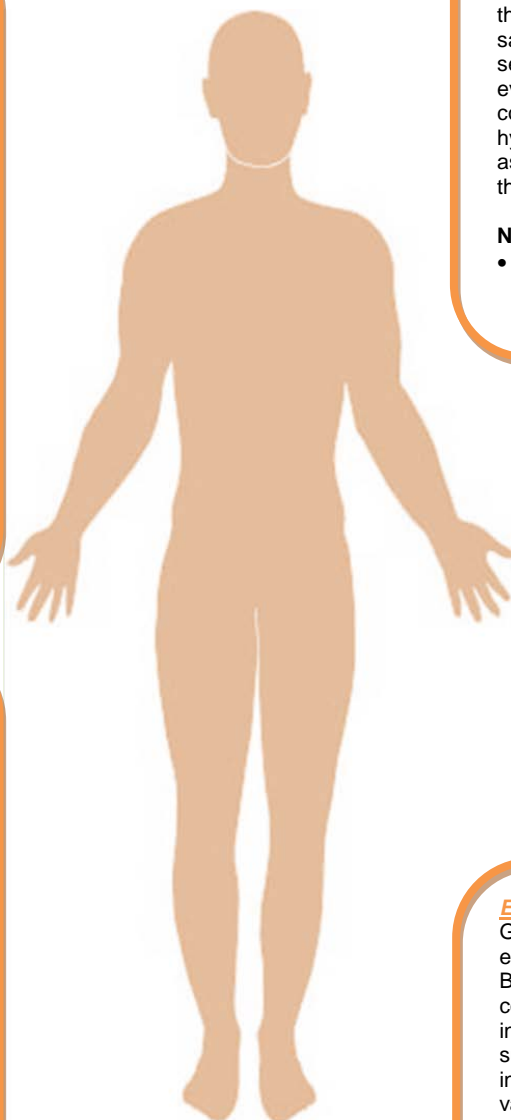
- 156 ECB cases

MRSA Screening

A clinical risk assessment (CRA) is completed for all acute inpatient admissions and against the screening policy identifies a subset of patients at high risk of MRSA colonisation or infection on admission to hospital who are then tested for MRSA.

NHSL Performance (Jul-Sept 2017):

- 96% against a national requirement of 90% (target met)





Key Achievements – July to September 2017

- The Infection Prevention and Control Team (IPCT) won the best poster award at the Infection Prevention Society at Manchester in September 2017 on ‘Vascular access device system assessment – a vital step before attempting system improvement’.



- There was an announced inspection at Udston Hospital during 20-21 September 2017. The initial feedback received was positive from the inspection team with no issues or concerns requiring escalation during the inspection. The final report was published 29 November 2017 with 1 requirement and no recommendations.
- A clinical skills laboratory was set up by the Infection Prevention and Control Team (IPCT) in Ward 18 at Hairmyres Hospital and used for training and education in monitoring and maintaining environmental cleanliness and decontamination of patient equipment. A total of 7 sessions were completed during August 2017 and September 2017. The sessions were well received by those in attendance which included Executive Directors and Non-Executive Directors.



Monitoring Programme

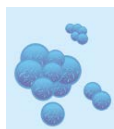
- Between July to September 2017, a total of 1,112 staff have received ward based training and education via the SEED (Surveillance, Education, Engagement, Devices) monitoring programme.
- The themes covered during these months included:

July 2017	National Education for Scotland (NES) Standard Infection Prevention and Control Education Pathway (SIPCEP); IPCT Firstport
August 2017	Appropriate patient placement and cleanliness of commodes.
September 2017	Norovirus awareness



Infection Related Intelligence Service (IRIS)

- There were 477 alert organisms reported via the laboratory for IPCT to monitor and manage throughout July to September 2017.
- There have been 117 visits to the high risk areas on all acute sites by the IPC nurses.



Staphylococcus aureus bacteraemia (SAB)

When *Staphylococcus aureus* (S. Aureus) breaches the body's defence mechanisms, it can cause a wide range of illness from minor skin infections to serious infections such as bacteraemia or bloodstream infection.

Local Delivery Plan (LDP) Target:

- All Scottish NHS Boards are required to achieve the SAB HEAT target of 24 cases or less per 100,000 acute occupied bed days (AOBD) by 31 March 2018.
- There were a total of 43 SAB cases during July to September 2017.
- The projected LDP target equates to no more than 106 cases per annum.
- NHSL performance against the target is shown in Appendix 1.

NHSL Performance (Jul – Sept 2017):

- 43 SAB cases
- 2 MRSA cases
- 41 MSSA cases



27 HCAI Cases



16 CAI Cases



Quality improvement and interventions in place to reduce SABs:

- The organisation has been working to achieve a 25% reduction in the number of Healthcare Associated Infections (HCAIs) SABs in the activity year as part of the Invasive Device Expert Advisory Group. A 9% reduction has been achieved between April to September 2017 with a total of 81 HCAI cases against 90 HCAI cases in the same time period in 2016.
- Enhanced surveillance and monitoring.
- The completion of mandatory acute inpatient screening on admission for MRSA via the National Clinical Risk Assessment (CRA) to support pre-emptive isolation and patient management.
- Completion SAB Rapid Reviews sharing learning via Hygiene Teams.
- Initiation of SAB multi-disciplinary investigations for patients with SAB noted on the death certificate began in August 2017. No investigations required during this activity period.
- Invasive Device Expert Advisory Group (IDEAG) to support SAB reduction strategies. A 'Stay Safe – Stay Connected' campaign is underway in relation to IV (intravenous) disconnection and associated risks. The 'awareness raising' sub-group has been progressing this work by taking into account the key principles and values outlined within the Lanarkshire Quality Approach and through the practical application of various quality improvement tools and techniques.



Clostridium difficile Infection (CDI)

CDI is an important HCAI, which usually causes diarrhoea and contributes to a significant burden of morbidity and mortality. Prevention of CDI is therefore essential and an important patient safety issue.

Local Delivery Plan (LDP) Target:

- All Scottish NHS Boards are required to achieve the CDI HEAT target of 32 cases or less per 100,000 AOB in the aged 15 and over age group by 31 March 2018.
- There were 33 CDI cases during July to September 2017.
- Following national validation by HPS, a further 2 additional community associated cases have been attributed to NHSL from samples tested in NHS Greater Glasgow and Clyde laboratory as the patients residence falls within the NHSL area. These cases do not count towards NHSL LDP target as confirmed by HPS.
- The projected LDP target equates to no more than 160 cases per annum.
- NHSL performance against the target is shown in Appendix 1.

NHSL Performance (Jul – Sept 2017):

Patients 15 years and above (total against the LDP target)

33 CDI cases

Patients aged 65 years and above

19 CDI Cases



18 HCAI Cases



6 CAI Cases



9 of Unknown Source



Quality Improvement and interventions to reduce CDIs:

- Enhanced surveillance and monitoring.
- CDI severe case review carried out by a multi-disciplinary team to support improvement in assessment / detection for early intervention and patient management.
- Good antimicrobial stewardship.
- Proactive isolation of patients by frontline staff.
- Antimicrobial Management Workbook.



Surgical Site Infection (SSI)

SSI is one of the most common HCAI and can cause increased morbidity and mortality. It is estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. SSI can have a serious consequence for patients affected as they can result in increased pain, suffering and in some cases require additional surgical intervention.

Caesarean Section

379 Procedures carried out
4 SSIs following procedure
0.01% Infection Rate

Hip Arthroplasty

99 Procedures carried out
0 SSIs following procedure
0% Infection Rate

Vascular

64 Procedures carried out
4 SSIs following procedure
6.25% Infection Rate
 Please note that national mandatory data collection began in April 2017.

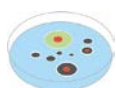
Colorectal

15 Procedures carried out
1 SSIs following procedure
0.06% Infection Rate
 Please note that national mandatory data collection began in April 2017.



Quality Improvement and interventions to reduce SSIs:

- Collaborative working.
- Development of new reporting procedure.
- Protocol to include new mandatory procedures.
- Communication with medical and nursing staff.
- DATIX Learning.

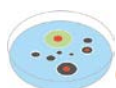


MRSA Acute Inpatient Admission Screening

A national MRSA acute inpatient admission screening policy has been in place throughout Scotland since March 2012. A clinical risk assessment (CRA) is completed for all acute inpatient admissions and against the screening policy identifies a subset of patients at high risk of MRSA colonisation or infection on admission to hospital who are then tested for MRSA. This method of screening reduces the number of patients who require to be laboratory tested for MRSA and allows high risk patients to be pre-emptively isolated whilst the results of the test are awaited.

Local Delivery Plan (LDP) Target:

- Overall compliance was 96% against a national requirement of 90% or above.
- NHSL Performance against the target is shown in Appendix 1.



Carbapenemase-producing enterobacteriaceae (CPE) National Screening Programme

CPE are a type of extremely antibiotic resistant bacteria. The Enterobacteriaceae are a family of Gram negative bacteria (sometimes called coliforms) which are part of the normal bacterial gut flora. They include common pathogens such as *E. coli*, *Klebsiella sp*, *Proteus sp* and *Enterobacter spp*. These organisms are some of the most common causes of many infections such as UTIs, intra-abdominal infections and bloodstream infections.

Progress with Screening Implementation:

- An implementation plan agreed by the LICC has been developed to take forward the delivery of the screening programme.
- Phase 1 - University Hospital Monklands between October to December 2017.
- Phase 2 – University Hospital Wishaw and Phase 3 – University Hospital Hairmyres scheduled for early 2018.

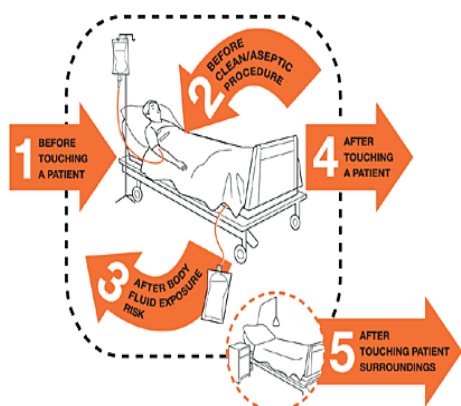


Hand Hygiene

Hand Hygiene is recognised as being the single most important indicator of safety and quality of care in healthcare settings.

Local Delivery Plan (LDP) Target:

- Overall compliance was 87% against a national requirement of 95% or above.
- NHSL Performance against the target is shown in Appendix 1.



Hand Hygiene is a term used to describe the decontamination of hands by various methods including routine hand washing and/or hand disinfection which includes the use of alcohol gels and rubs.

The 5 Moments for Hand Hygiene (as shown in the diagram) approach defines the key opportunities when health-care workers should perform hand hygiene.



Training and Education

Throughout July to September 2017, the IPCT completed 38 separate training and educational sessions across NHS Lanarkshire which included:

- 15 x Golden Hour/Nugget various training sessions
- 7 x Clinical Skills Laboratory, Hairmyres Hospital
- 6 x Corporate Induction
- 5 x Medical Induction/FY1 Workshop
- 2 x Wishaw General Hospital Attention to Detail Week
- 1 x Quality Nurse in Practice – University Hospital Monklands
- 1 x CPE Screening Training at CAAS Group
- 1 x SERCO Training



Outbreak Management



0 University Hospital Monklands



0 University Hospital Wishaw



0 University Hospital Hairmyres



H&SCPs



0 Bed days lost



0 Patients affected



0 staff affected

0 Ward Closures



0 Room Closures



Quality Improvement and interventions to support outbreak management:

- Completion of winter preparedness events across acute and H&SCPs.
- Host training and educational events.
- Engaging with staff to work proactively in managing patients / isolation / cohort to minimise effect.
- Apply learning from Incident Management Team and / or Outbreak Management Debriefs.



LICC and Sub-Group Progress

LICC

- The LICC workplan continues to progress LICC approval.
- The SEED Monitoring Programme began in July 2017 across NHSL carrying out various themed topics per month.
- The Decontamination Clinical Nurse Specialist is now in post.

University Hospital Hairmyres Hygiene Group

- As at 30 September 2017, University Hospital Hairmyres were 451 days with no PVC related SABs.
- Good uptake on staff getting their flu jab early across the Hospital – staff identified to carry our peer immuniser role
- An announced HIS HEI inspection took place in September 2017 at Udston Hospital. This included Douglas Ward, which sits in Acute. This went very well, with only 1 requirement identified, around safe disposal of a spillage of blood / body fluid – an action plan is in place. Although this was an HEI inspection, the inspectors also commented very positively on the person centred care they had witnessed.

University Hospital Monklands Hygiene Group

- MRSA screening compliance continues to be monitored with improvement to date being maintained. There is ongoing work to ensure sustainability in the processes.
- SEED continues to be well received on the site with good engagement from staff.
- Work is progressing with the Short Life Working Group on management of outbreak situations.
- Work has commenced in relation to the reduction of PVC related SAB cases on site with 4 areas identified for improvement work.

University Hospital Wishaw Hygiene Group

- There is now a robust system of enhanced monitoring and escalation of cleanliness across the site.
- There are enhanced working relationships with SECRO and PSSD as a result of new reformed hygiene meeting.



LICC and Sub-Group Progress

North H&SCP Hygiene

- Improvements to the reporting template have been made and roles/responsibilities in report submission to hygiene group have been discussed within the group.
- Police custody suites require to be reviewed to assess the standards. IPCT are working with the respective team to progress this.
- Daily or twice daily walk rounds are being undertaken in several areas mainly Mental Health.

South H&SCP Hygiene

- Not all professions have completed risk assessments against the completion of the standard infection control precautions monitoring programme. This is being addressed.
- The cleaning directions and standard operating procedure for baby scales is being uploaded to webpage and it will continue to expand as new / updated information becomes available.
- There continues to be some refinement of LanQIP submissions and extracting of reports.

Antimicrobial Management Committee

- Input at Multi-disciplinary CDI severe case reviews.
- Delivered new staff antimicrobial induction across 3 acute sites.
- Launched new antimicrobial guidance e.g. vancomycin adult dosing policy supported by online dosage calculator on app platform and primary care empirical policy with e-version also available on app platform
- Delivered presentation "Management of high risk medicines – learning from Gentamicin" to NHSL Medicines Safety Sub Group chaired by Dr Lesley Anne Smith.

Appendix 1 – NHSL National and Local Performance Charts (July to September 2017)

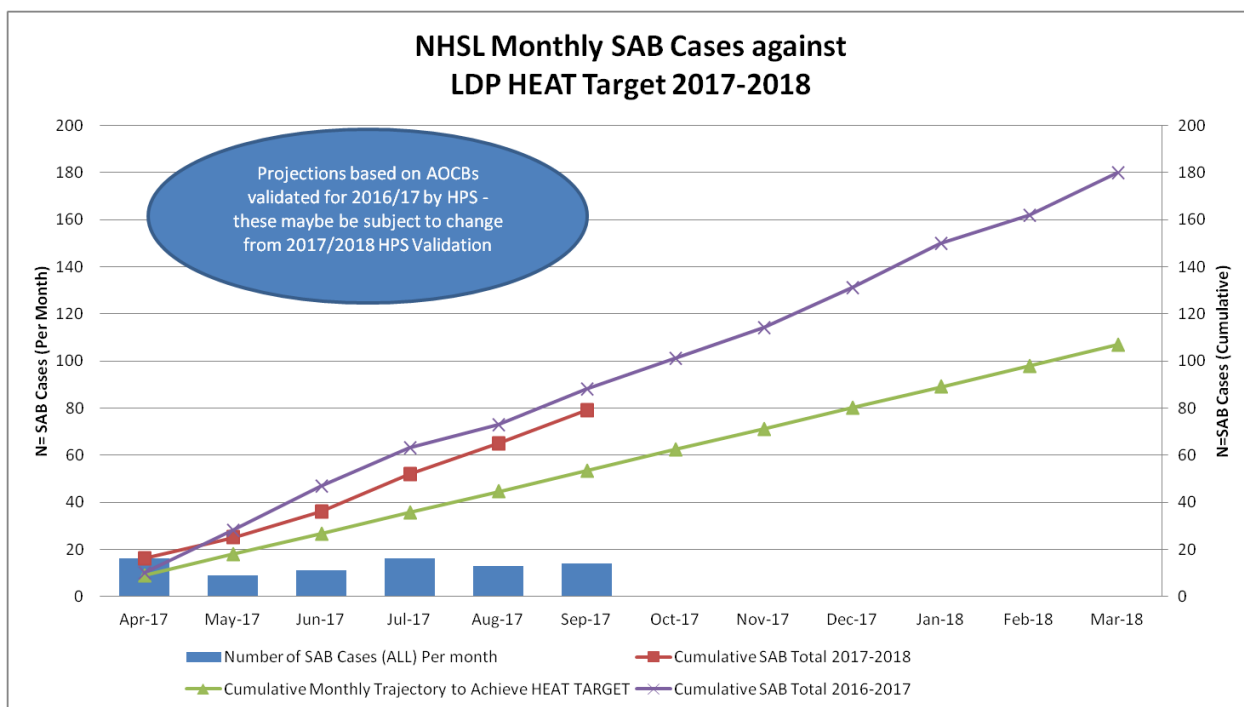


Chart 1 – LDP SAB Performance (July to September 2017)

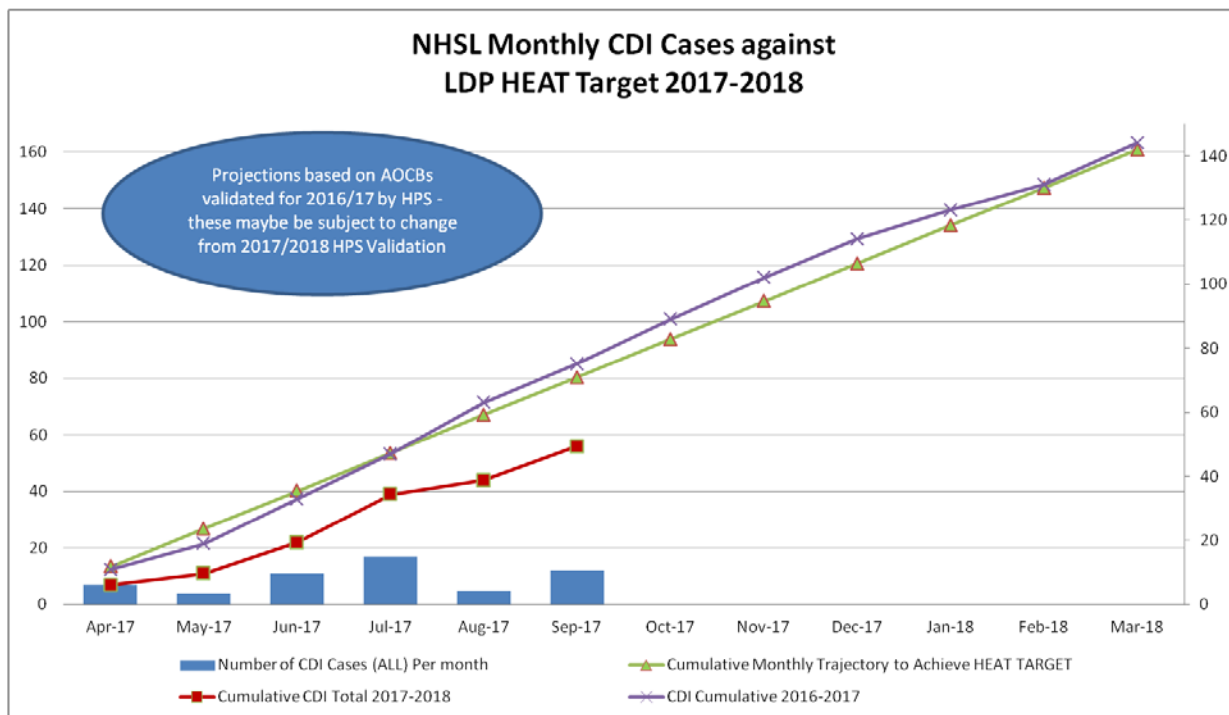


Chart 2 – LDP CDI Performance (July to September 2017)

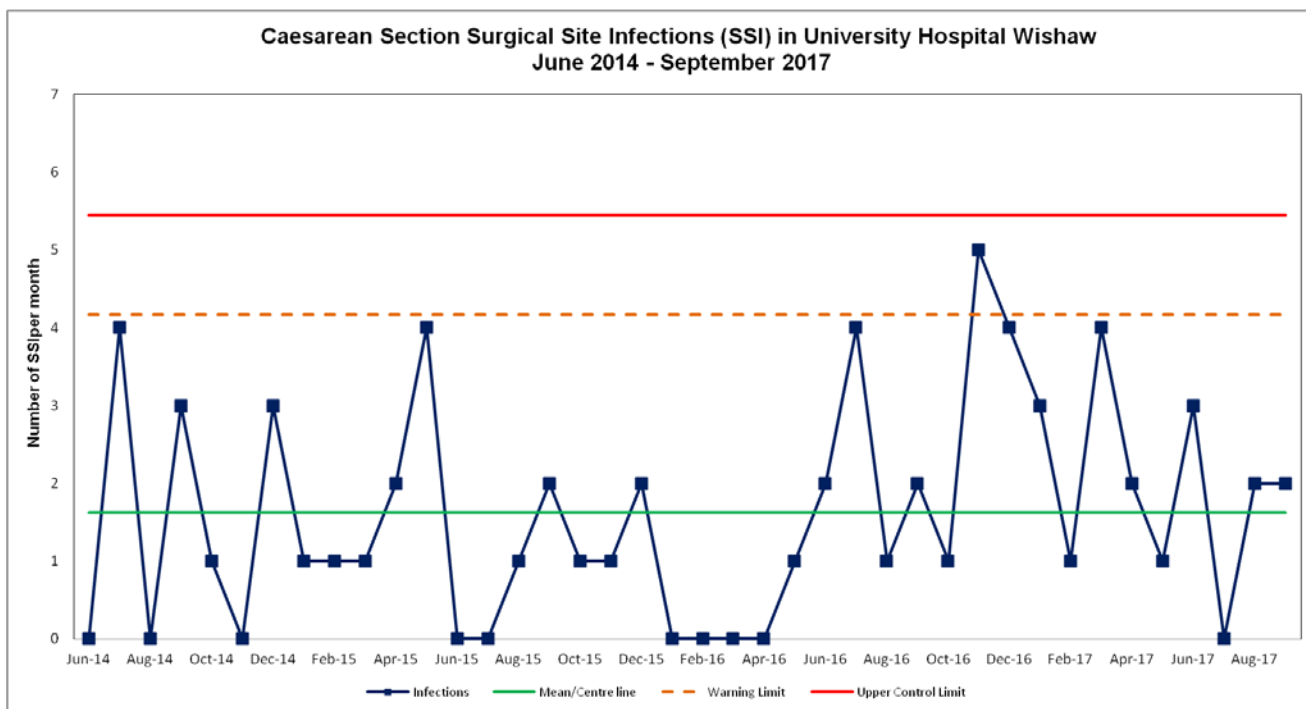


Chart 3 – C-Section Surgical Site Infection (June 2014 to September 2017)

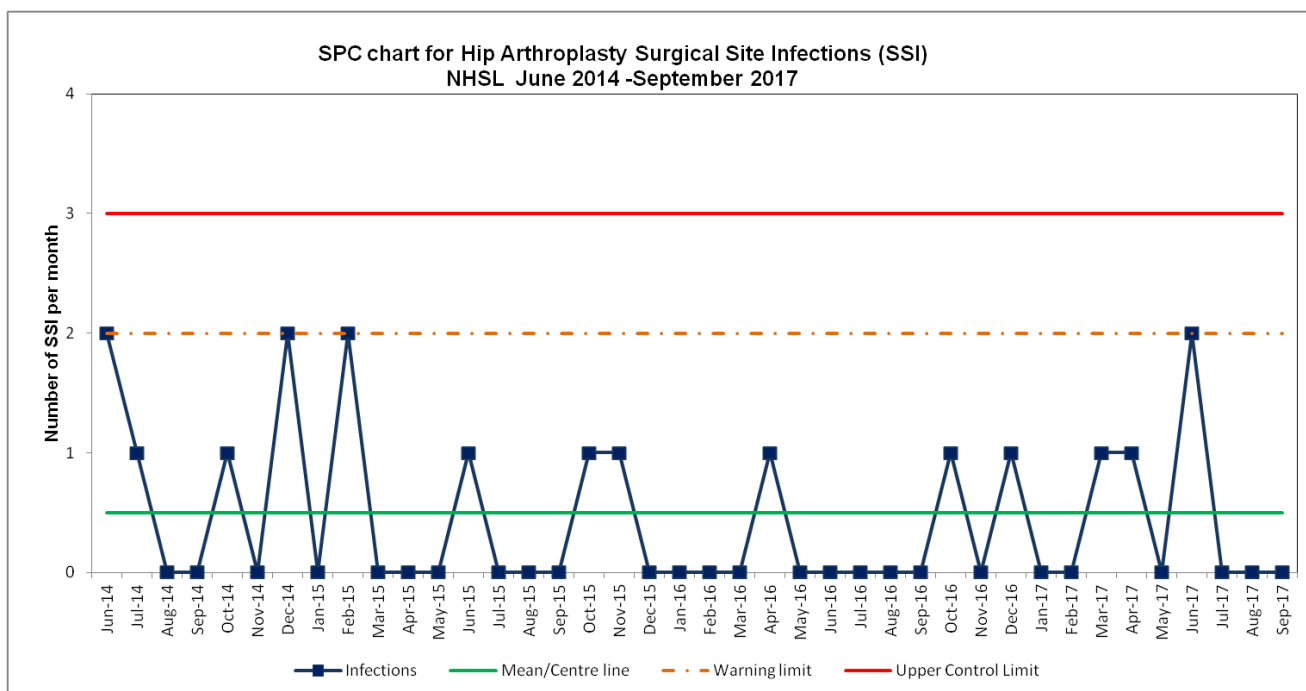


Chart 4 – Hip Arthroplasty SSI (June 2014 to September 2017)

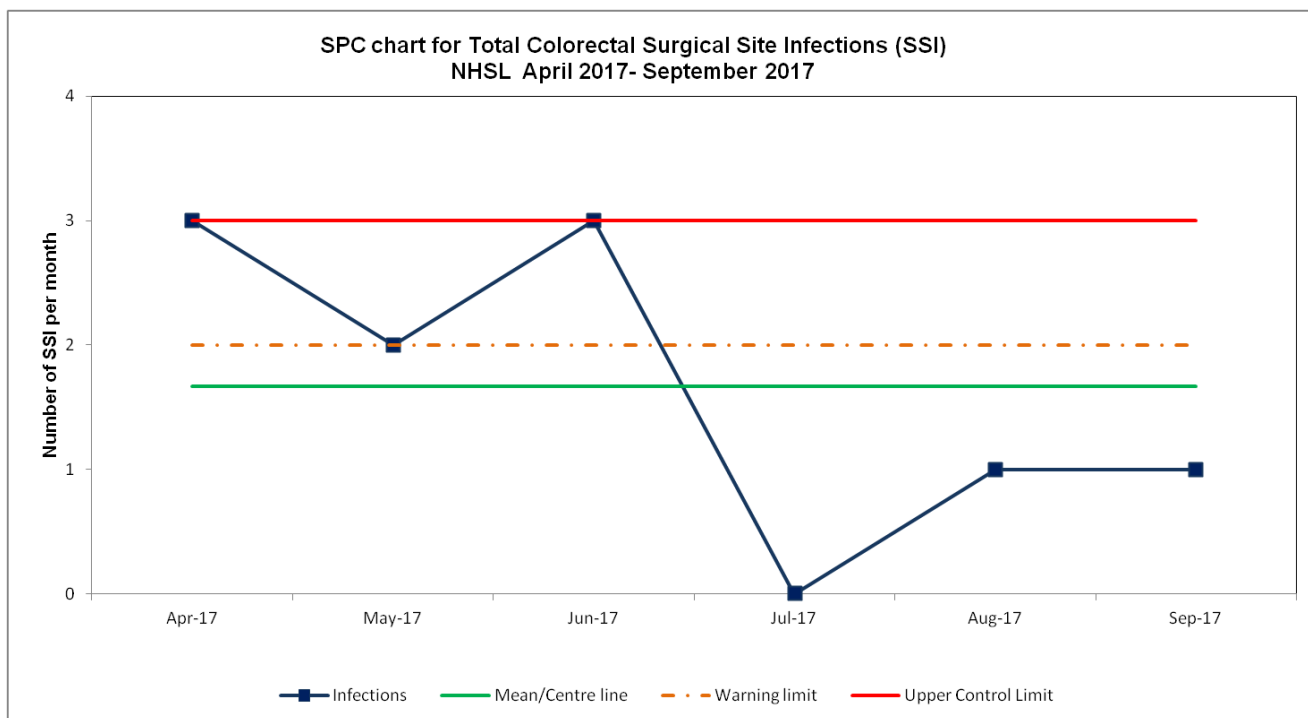


Chart 5 – Colorectal SSI (April to September 2017)

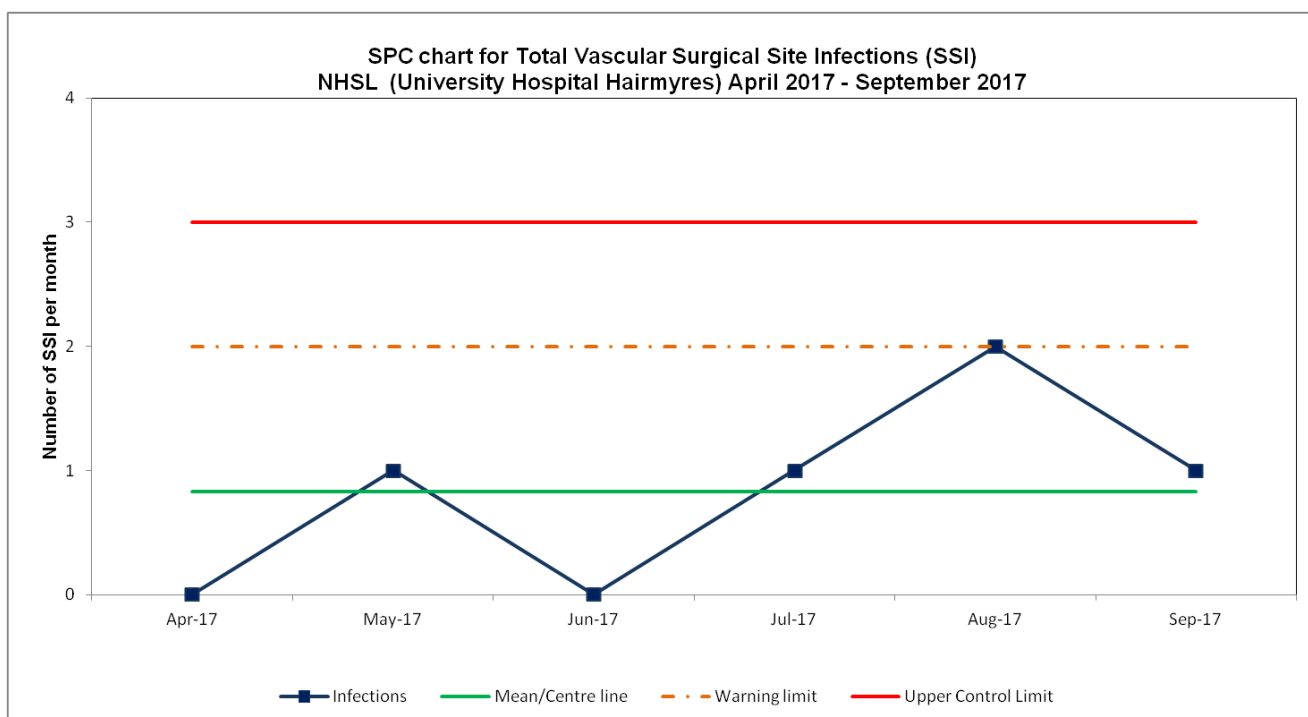


Chart 6 – Vascular SSI (April to September 2017)

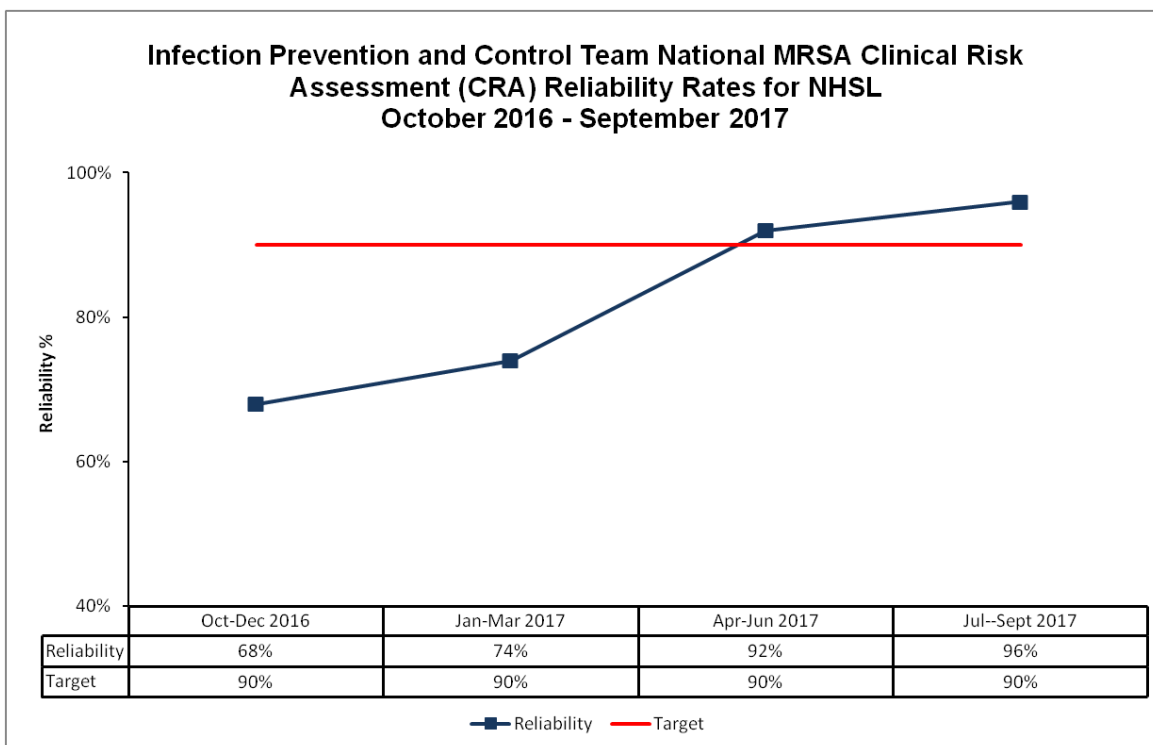


Chart 7 – MRSA Screening (October 2016 to September 2017)

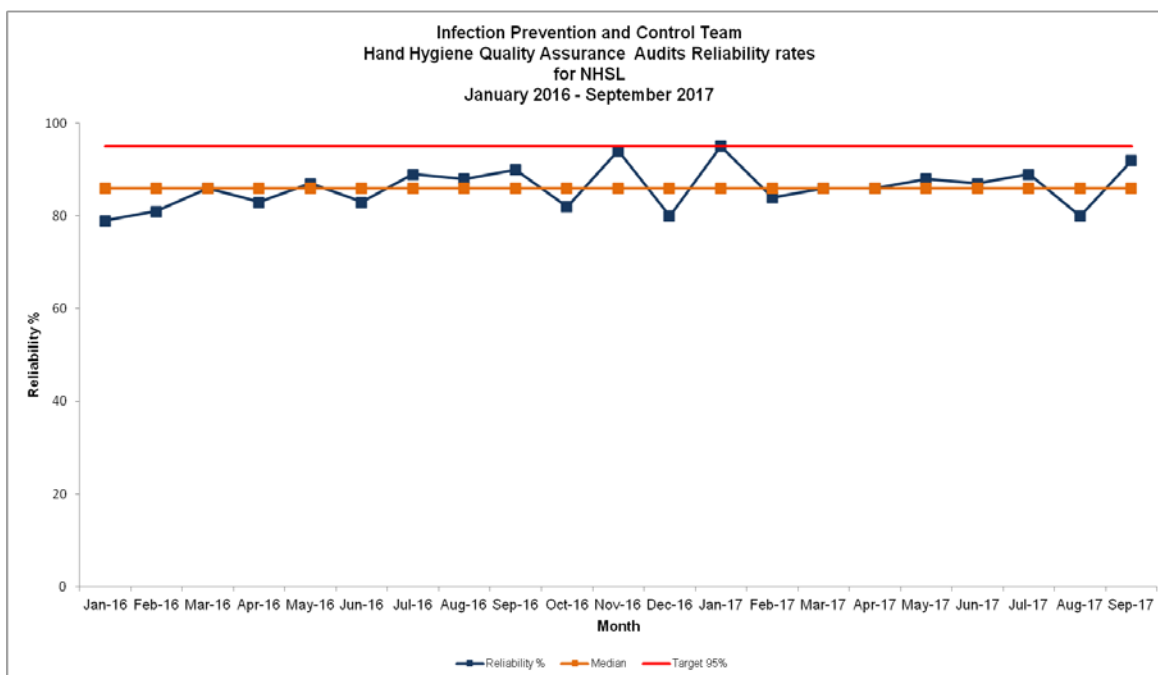


Chart 8 – Hand Hygiene (January 2016 to September 2017)

Appendix 2 - National Mandatory Reporting Requirement

It is a national mandatory requirement to include this HAI reporting template in NHS Board reports by the Scottish Government.

NHS Lanarkshire Board Report

This report includes all CDI episodes including GP samples with no other exclusions and SAB episodes with no exclusions.

SAB monthly case numbers

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
MRSA	0	2	0	0	1	1	1	0	0	0	1	1
MSSA	13	11	17	19	11	17	15	9	11	16	12	13
TOTAL	13	13	17	19	12	18	16	9	11	16	13	14

CDI monthly case numbers

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Age 15-64	4	1	2	9	2	3	3	1	3	9	3	2
Ages 65+	10	12	10	3	6	10	4	4	9	7	2	10
Ages 15+	14	13	12	6	8	13	7	5	12	16	5	12

Hand Hygiene Monitoring Compliance (n= %)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
AHP	97	97	95	96	87	95	88	90	93	88	92	93
Ancillary	76	90	100	89	85	90	90	90	86	91	88	88
Medical	94	87	91	84	86	87	88	87	83	87	89	88
Nurse	97	97	99	98	94	95	95	95	95	95	95	95

Cleaning compliance (n= %)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Board	96	96	96	95	95	95	95	96	93	96	96	96

Estates Monitoring Compliance (n= %)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Board	97	98	97	98	99	99	99	99	99	98	98	98

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Hairmyres Hospital Report Card

This report identifies all healthcare associated and unknown CDI episodes for Hairmyres Hospital and all hospital associated SAB episodes

SABs monthly case numbers

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
MRSA	0	0	0	0	1	0	1	0	0	0	0	0
MSSA	2	0	2	2	0	2	3	1	2	6	1	3
TOTAL	2	0	2	2	1	2	4	1	2	6	1	3

CDI monthly case numbers

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Age 15-64	2	0	0	0	0	0	2	0	0	0	0	1
Ages 65+	2	0	3	0	1	3	1	0	1	0	0	2
Ages 15+	4	0	3	0	1	3	3	0	1	0	0	3

Hand Hygiene Monitoring Compliance (n= %)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
AHP	100	100	100	100	62	92	92	88	100	83	94	84
Ancillary	100	100	100		75	70	100	87	89	83	62	69
Medical	95	91	94	93	80	82	90	87	86	91	93	87
Nurse	98	97	98	99	95	92	95	97	96	97	93	96

Cleaning compliance (n= %)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Board	94	94	94	94	94	94	94	95	94	95	95	95

Estates Monitoring Compliance (n= %)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Board	98	99	99	99	99	99	100	99	99	99	99	99

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Monklands District General Hospital Report Card

This report identifies all healthcare associated and unknown CDI episodes for Monklands Hospital and all hospital associated SAB episodes

SABs monthly case numbers

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
MRSA	0	1	0	0	0	1	0	0	0	0	0	0
MSSA	3	4	7	6	4	6	4	2	1	3	6	3
TOTAL	3	5	7	6	4	7	4	2	1	3	6	3

CDI monthly case numbers

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Age 15-64	0	1	0	1	0	0	0	0	1	2	1	1
Ages 65+	3	2	0	1	0	2	1	0	0	2	0	3
Ages 15+	3	3	0	2	0	2	1	0	1	4	1	4

Hand Hygiene Monitoring Compliance (n= %)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
AHP	88	80	80	100	100	100	88	95	95	88	88	93
Ancillary	100	60	100	100	75	50	79	90	84	95	79	88
Medical	95	82	84	75	91	93	96	91	84	91	88	86
Nurse	96	96	98	97	92	99	96	95	96	95	98	96

Cleaning compliance (n= %)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Board	95	96	95	95	95	95	95	95	95	95	95	96

Estates Monitoring Compliance (n= %)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Board	96	97	97	97	97	98	98	97	98	97	96	96

ITEM 9

Wishaw General Hospital Report Card

This report identifies all healthcare associated and unknown CDI episodes for Wishaw General Hospital and all hospital associated SAB episodes

SABs monthly case numbers

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	1	0	5	1	8	5	3	4	2	1	2
TOTAL	0	1	0	5	1	8	5	3	4	2	1	2

CDI monthly case numbers

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Age 15-64	1	0	1	1	1	0	0	0	1	3	0	0
Ages 65+	3	3	1	1	2	1	0	0	2	1	1	3
Ages 15+	4	3	2	2	3	1	0	0	3	4	1	3

Hand Hygiene Monitoring Compliance (n= %)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
AHP	100	100	95	95	95	94	82	86	87	89	97	100
Ancillary	83	100	100	75	83	100	89	92	84	96	93	94
Medical	88	80	90	81	84	86	79	82	79	80	86	92
Nurse	95	94	99	97	92	96	92	92	91	93	94	94

Cleaning compliance (n= %)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Board	96	96	97	96	96	96	96	96	92	97	97	97

Estates Monitoring Compliance (n= %)

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Board	98	97	97	98	99	99	100	99	99	99	99	99

ITEM 9

Out of Hospital Report Card

This report identifies all community associated CDI episodes including GP samples and all SAB episodes associated with the community such as nursing homes and community sources such as GP surgeries.

SAB monthly case numbers

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
MRSA	0	1	0	0	0	1	0	0	0	0	0	0
MSSA	5	5	4	4	3	6	3	3	4	5	4	5
TOTAL	5	6	4	4	3	7	3	3	4	5	4	5

CDI monthly case numbers

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Age 15-64	1	0	1	4	4	2	0	0	0	4	2	2
Ages 65+	2	7	6	1	4	4	2	1	5	4	1	1
Ages 15+	3	7	7	5	0	6	2	1	5	8	3	3

Community Hospital Report Card

This report identifies all healthcare associated CDI episodes and all SAB episodes associated to the community hospitals listed below:

- Cleland
- Coathill
- Kello
- Kilsyth
- Kirklands
- Lockhart
- Udston
- Wester Moffat

SAB monthly case numbers

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

CDI monthly case numbers

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Age 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65+	0	0	0	0	0	0	0	0	0	0	0	1
Ages 15+	0	0	0	0	0	0	0	0	0	0	0	1