NHS Board Meeting
26th June 2012

Board Medical Director **Board Paper No. 12/20**

Healthcare Associated Infection Reporting Template (HAIRT)

Recommendation:

The NHS Board is asked to note the latest 2 monthly report on HAI within NHSGGC

INTRODUCTION

The attached HAI report is the latest of the regular two monthly reports to NHS Board as required by the National HAI Task Force Action Plan. The report presents data on the performance of NHSGGC on a range of key HAI indicators at National and individual hospital site level.

This is a revised template as specified by the Scottish Government.

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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

NHS Greater Glasgow & Clyde

Key Healthcare Associated Infection Headlines for June 2012

This is the eleventh publication of the revised reporting template for submission to the NHS Board as required by the national HAI Action Plan.

Appendix 1 contains Statistical Process Control Charts (SPC) for eight of the Acute Hospitals within NHSGGC. These contain data on Hospital Acquired Meticillin Resistant *Staphylococcus aureus* (MRSA) & *Clostridium difficile* infections at hospital level. An explanatory text on how to interpret SPCs is also included.

- In 2007 the Scottish Government Health Directorates issued a Local Delivery Plan (LDP) HEAT target in relation to Staphylococcus aureus Bacteraemias (SABs) in which NHSGGC successfully reduced SABs by 35% by April 2010. This target was extended by an additional 15% reduction which was also successfully achieved by 31st March 2011. For the last available reporting quarter (October - December 2011) NHSGGC reported 0.296 cases per 1000 AOBDs, NHS Scotland reported 0.322 per 1000 AOBDs. The revised National HEAT target requires all Boards in Scotland to achieve a rate of 0.26 cases per 1000 acute occupied bed days (AOBDs) or lower by 31st March 2013. Subsequent HAIRT reports will update on our progress towards this challenging target.

- The National Report published in April 2012 (October - December 2011) shows the rate of *C. difficile* within NHSGGC as 0.21 per 1000 occupied bed days in over 65s and clearly places the Board below the national mean (0.28 per 1000 OBDs in over 65s) and also below the revised HEAT target, in patients aged 65 & over, to be attained by the 31st March 2013 of 0.39 cases per 1000 total occupied bed days. Subsequent HAIRT reports will update on our progress towards this target.

- SSI Rates for all procedure categories apart from reduction of long bone fracture remain below the national average.

- Cleanliness Champions Programme - The Cleanliness Champions Programme is part of the Scottish Government's Action Plan to combat Healthcare Associated Infection (HAI) within NHS Scotland. To date NHSGGC have supported 2687 members of staff who are now registered Cleanliness Champions.

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/haiic/sshaip/publicationsdetail.aspx?id=30248

NHSGGC MRSA Screening Project

On 23rd February 2011, the Scottish Government announced new National Minimum MRSA Screening recommendations. Targeted MRSA screening by specialty (implemented in Jan 2010) has now been replaced by universal clinical risk assessment (CRA) followed by a nose and perineal screen (if the patient answers yes to any of the questions within the CRA.). NHSGG&C met the deadline for implementation of the new programme by March 31st 2012 and await SGHD guidance on the introduction of Key Performance Indicators to measure compliance with the screening programme. These will be implemented in this financial year and will be reported nationally next year.

SAB HEAT Target 2013 Interventions

Infection Control enhanced surveillance methodology and reports in relation to MRSA/MSSA bacteraemia are being reviewed routinely in order to provide directorates with accurate information with regards to where and why these types of infections are occurring. The directorate reports utilise improvement methodology such as Pareto and run charts to allow directorates to target and plan areas for intervention. Multi disciplinary cross directorate representatives review this information and plan strategies to prevent avoidable infections locally.

Whilst the primary interventions were based in acute and this will continue, there is now a focused piece of work being progressed to investigate community onset HAIs (COHAI). It is hoped that targeted intervention in this area will reduce the incidence of MRSA/MSSA bacteraemia further.

Please note that the data presented in the following report cards are for *Staphylococcus aureus* bacteraemia infections only.

Clostridium difficile

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/haiic/sshaip/clostridiumdifficile.aspx?subjectid=79

The National Report published in April 2012 (October - December 2011) shows the rate of *C. difficile* within NHSGGC as 0.21 per 1000 occupied bed days in over 65s and clearly places the Board below the national mean (0.28 per 1000 OBDs in over 65s) and also below the revised HEAT target, to be attained by the 31st March 2013 of 0.39 cases per 1000 total occupied bed days.

Infection Control Teams in NHSGGC complete the Health Protection Scotland Trigger Tool if there are two or more linked HAI cases of CDI in any clinical area in a two week period. Part of this process includes the referral to the Antimicrobial Management Team who will review the use of antibiotics within the area.

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/haiic/ic/nationalhandhygienecampaign.aspx

NHSGGC has demonstrated a steady rise in Hand Hygiene compliance during the National Audit periods from a 62% baseline in February 2007 to achieve the 90% target in September 2008 and a current figure of 94% (LHBC Audits) reported in the March 2012 HPS report.

Hand Hygiene Compliance audits are carried out on a monthly basis in the majority of wards and departments in NHSGGC and these results populate the HAIRT. This information is used at local level to tackle issues that may affect staff practice. Results are fed back through Directorate based reporting mechanisms which allows management to view the progress of individual wards.

The audit process has been revised to reflect Combined Compliance, as well as opportunities taken. Combined compliance involves taking the opportunity and completing Hand Hygiene to a required standard. If this does not occur then the overall score awarded is a failure. Elements of these criteria include being bare below the elbows and following a six step technique that covers all areas of staff hands.

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

All areas within NHSGGC scored **green (>90%)** in the most recent report on the National Cleaning Specification. It should be noted that data has been combined for Inverclyde Royal & Inverclyde non-acute for the Inverclyde Hospital report card and data also combined for Southern General & Langlands Unit for the Southern General Hospital Report card. Estates compliance data available from April 2011 onwards.

N.B. Cleaning & Estates Compliance Scores are not currently available for April 2012 as Health Facilities Scotland are in the process of rolling out a new recording format.

HEI Unannounced Inspection – Victoria Infirmary

7th February 2012

Three requirements and one recommendation are to be actioned from the visit.

HEI Unannounced Inspection – Southern General Hospital

14th February 2012

Two requirements are to be actioned from the visit.

HEI Unannounced Inspection – Vale of Leven Hospital

7th June 2012

Report will be published in July.

All HEI reports for NHS Greater Glasgow and Clyde can be viewed by clicking on the following link:

http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/environment_inspectorate_hei/hei_reports.aspx

Outbreaks

Victoria Infirmary Ward 10 - MRAB

Two patients were identified as having multi-resistant *Acinetobacter baumanii* (MRAB). Following screening of all patients on the unit a further two cases were identified. The ward was closed on Friday 20/04/2012 but reopened on Monday 23/04/2012 when all patients remaining in the unit had been isolated. Infection control measures are in place including twice daily cleaning of the ward. Enhanced screening has been agreed and will include weekly screening of all patients, no further patients have been identified.. Last Outbreak Control Team meeting held Wednesday 09/05/2012. HAIIT assessed as amber.

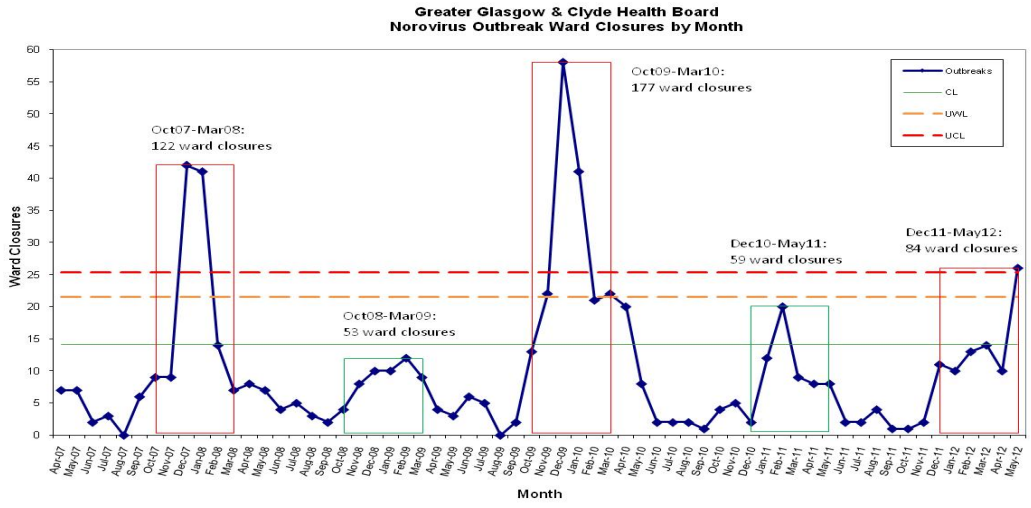
Western Infirmary – Level 7 Renal – Increased Incidence VRE

Increase in the number of patients with vancomycin-resistant enterococci (VRE) in the renal unit – 11 different strains identified. Action plan in place. HAIIT assessed as amber. AMT review and patient screening in place. Isolation of positive patients with loose stools. Clinical staff continue to meet with IC staff to review action plan and results of screening which was introduced as an action from this increase.

Norovirus

May 2012 saw 12 ward closures at the Royal Alexandra, 5 at Glasgow Royal, 5 at the Victoria Infirmary. Drumchapel, Lightburn, Inverclyde Royal and Vale of Leven hospitals all had one ward closure during this period. Outbreak Control Team meetings were held throughout May 2012.

Data on the numbers of wards closed due to confirmed or suspected norovirus is available from HPS on a weekly basis.
http://www.hps.scot.nhs.uk/haiic/ic/noroviruspointprev.aspx



Other HAI Related Activity

Surgical Site Infection (SSI) Surveillance

NHSGGC participates in the Surgical Site Infection (SSI) surveillance programme that is mandatory in all NHS boards in Scotland. All NHS boards are required to undertake surveillance for hip arthroplasty and caesarean section procedures as per the mandatory requirements of HDL (2006) 38 and CEL (11) 2009.

Readmission surveillance is carried out using prospective readmission data on all 4 Orthopaedic procedure categories under inpatient surveillance up to 30 days post operatively.

Post discharge surveillance until day 10 post operation is also carried out for all caesarean sections performed, with the assistance of our Community Midwifery colleagues.

Last available quarter (October - December 2011)

SSI Rates for all procedure categories apart from reduction of long bone fracture remain below the national average.

Category of procedure	Operations	Infections	NHSGGC SSI rate (%)	National dataset SSI rate (%)
Caesarean section	1263	10	0.8	1.8
Hip arthroplasty	445	3	0.7	1.0
Knee arthroplasty	447	0	0.0	0.1
Reduction of long bone fracture	292	1	0.3	0.3
Repair of neck of femur	228	0	0.0	0.6

Number of procedures and SSIs by procedure category for caesarean section (inpatient and post discharge to day 10), hip arthroplasty (inpatient and readmission to day 30), knee arthroplasty (inpatient), reduction of long bone fracture (inpatient) and repair of neck of femur (inpatient and readmission to day 30) procedures, 01/10/11-31/12/11.

NHS Greater Glasgow & Clyde

Data presented for Clostridium difficile Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus(MSSA) Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus(MRSA) Bacteraemia cases.HEAT target achieved for both 2011 revised CDI & SAB targets.

Hand Hygiene Compliance- monthly compliance across NHSGGC greater than 96%.

Cleaning Compliance -monthly compliance across NHSGGC greater than 94%.

April 2012 Cleaning & Estates Compliance not yet available as Health Facilities Scotland are currently in the process of rolling out a new recording format.

Hand Hygiene Monitoring Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
96	97	96	96	97	97	96	98	97	98	97	97

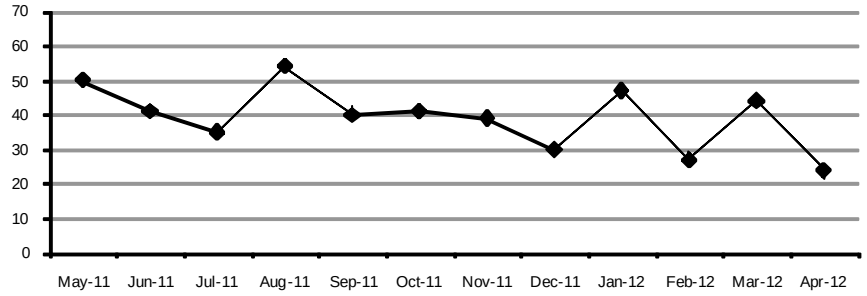
Cleaning Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
95.2	95.1	95.1	95.0	94.9	94.9	94.8	94.6	95.5	94.5	94.7	

Estates Monitoring Compliance (%)

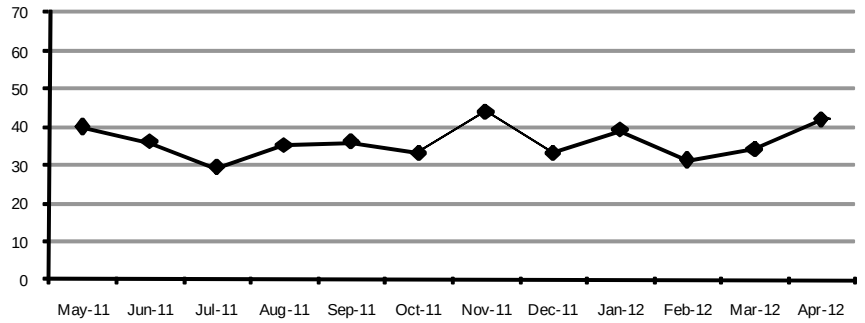
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
88.9	89.6	90.9	91.8	93.4	93.5	93.7	94.3	94.5	94.7	95.2	

Clostridium difficile Cases (ages 15 and over)



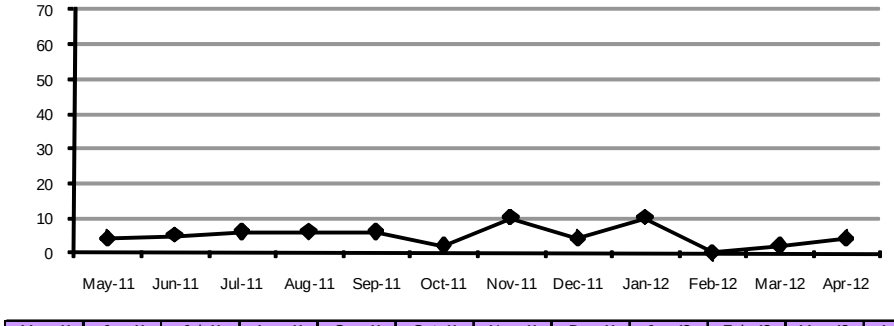
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
50	41	35	54	40	41	39	30	47	27	44	24

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



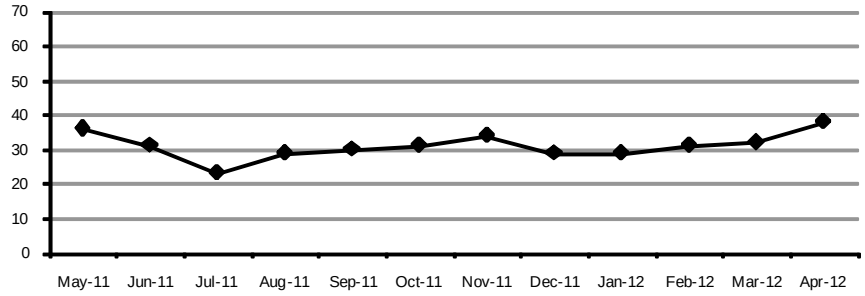
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
40	36	29	35	36	33	44	33	39	31	34	42

MRSA Bacteraemia Cases (all ages)



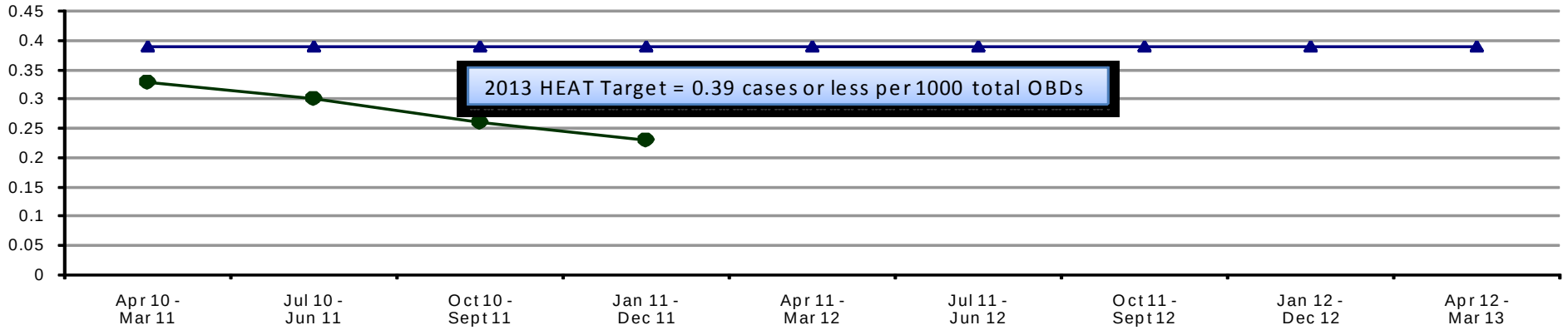
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
4	5	6	6	6	2	10	4	10	0	2	4

MSSA Bacteraemia Cases (all ages)



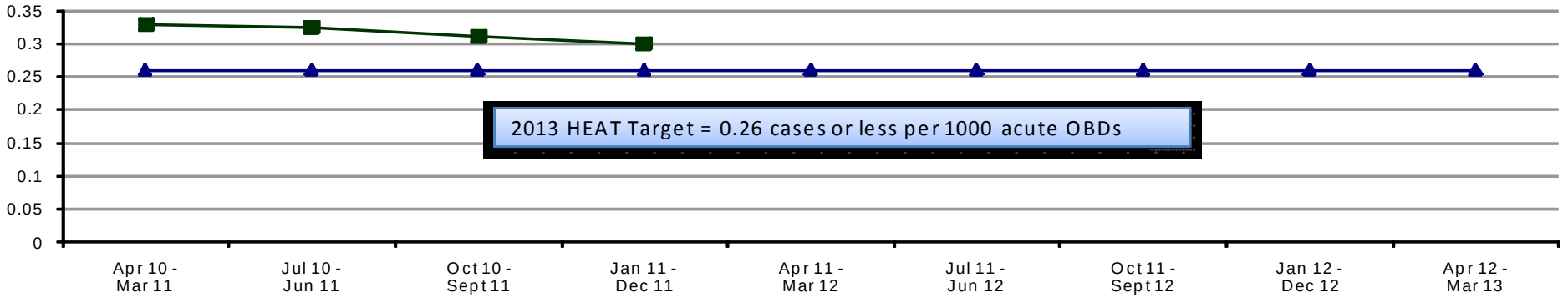
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
36	31	23	29	30	31	34	29	29	31	32	38

Quarterly rolling year *Clostridium difficile* Infection Cases per 1000 total occupied bed days for HEAT Target Measurement (Ages 65 & over)



	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	**0.33**	**0.30**	**0.26**	**0.23**					
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	**0.328**	**0.325**	**0.312**	**0.300**					
Target	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26

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 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&sectionID=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&sectionID=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 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 hospices. 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.

Glasgow Royal Infirmary / Princess Royal Maternity

Data presented for Clostridium difficile Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus(MSSA) Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus(MRSA) Bacteraemia cases.HEAT target achieved for both 2011 revised CDI & SAB targets. Hand Hygiene Compliance- monthly compliance greater than 94%. Cleaning Compliance - monthly compliance greater than 92%. **April 2012 Cleaning & Estates Compliance not yet available as Health Facilities Scotland are currently in the process of rolling out a new recording format.**

Hand Hygiene Monitoring Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
95	96	96	95	97	95	95	97	98	97	94	97

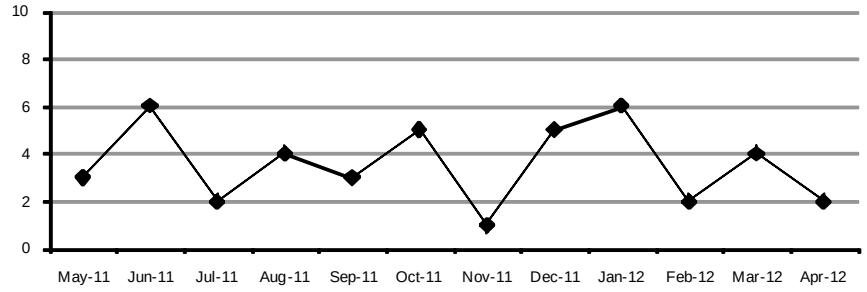
Cleaning Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
94.9	95.7	95.7	96.2	95.1	95.1	94.5	94.7	94.8	94.7	95	

Estates Monitoring Compliance (%)

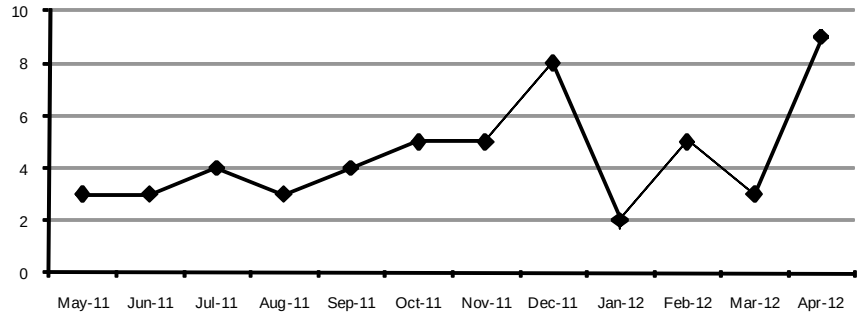
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
93	91.8	92.9	95	93.7	95.6	96	95.8	96.5	96.5	96.4	

Clostridium difficile Cases (ages 15 and over)



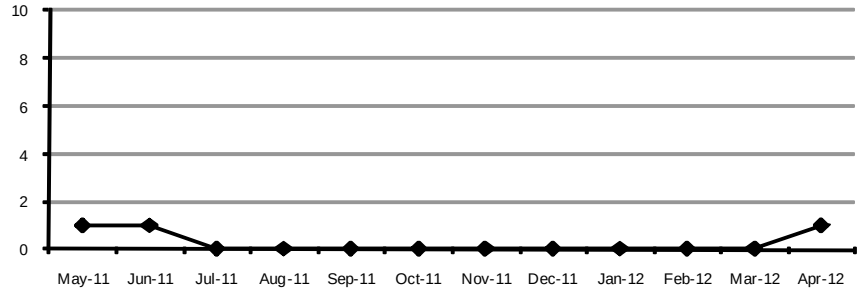
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
3	6	2	4	3	5	1	5	6	2	4	2

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



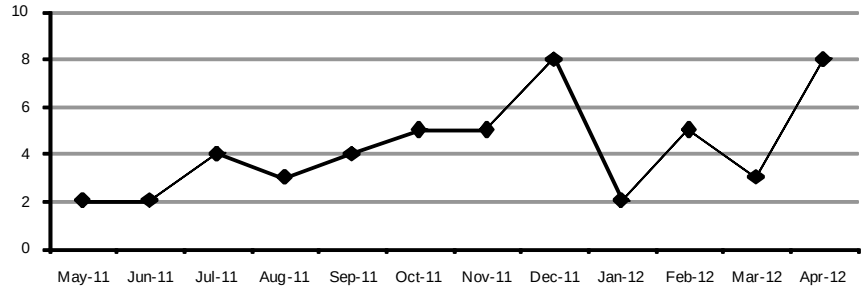
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
3	3	4	3	4	5	5	8	2	5	3	9

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)



May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
2	2	4	3	4	5	5	8	2	5	3	8

Royal Alexandra Hospital

Data presented for Clostridium difficile Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus(MSSA) Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus(MRSA) Bacteraemia cases.HEAT target achieved for both 2011 revised CDI & SAB targets. Hand Hygiene Compliance- monthly compliance greater than 93%. Cleaning Compliance - monthly compliance greater than 93%. **April 2012 Cleaning & Estates Compliance not yet available as Health Facilities Scotland are currently in the process of rolling out a new recording format.**

Hand Hygiene Monitoring Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
98	97	98	97	97	96	98	98	93	98	96	97

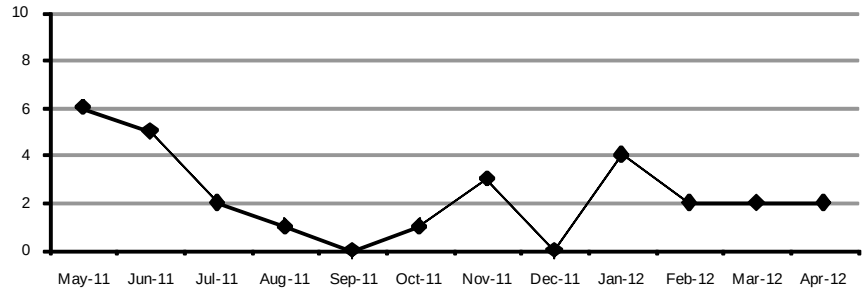
Cleaning Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
95.1	95.4	95.1	93.6	94.7	94.6	95	94.9	95	95.2	95.7	

Estates Monitoring Compliance (%)

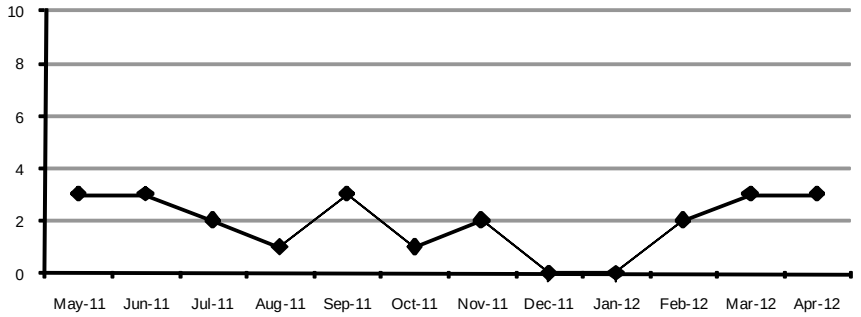
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
92.7	92.6	92.7	92.6	96.7	93.2	94.4	93.7	94.2	95	97.4	

Clostridium difficile Cases (ages 15 and over)



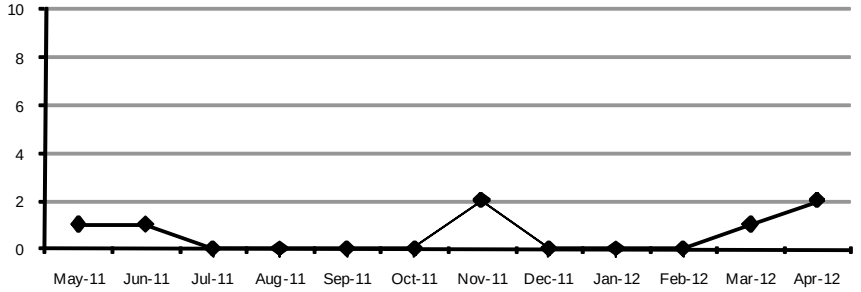
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
6	5	2	1	0	1	3	0	4	2	2	2

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



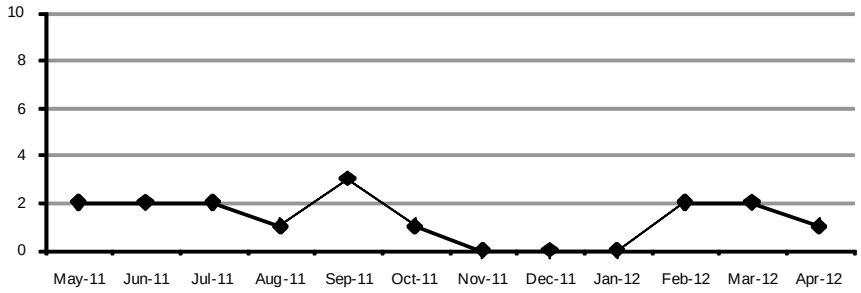
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
3	3	2	1	3	1	2	0	0	2	3	3

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)



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

Inverclyde Royal Hospital

This report card contains information for Inverclyde Royal Hospital including the Larkfield Unit.Data presented for Clostridium difficile Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus(MSSA) Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus(MRSA) Bacteraemia cases.HEAT target achieved for both 2011 revised CDI & SAB targets.Hand Hygiene Compliance- monthly compliance greater than 93%. Cleaning Compliance -monthly compliance greater than 95%. **April 2012 Cleaning & Estates Compliance not yet available as Health Facilities Scotland are currently in the process of rolling out a new recording format.**

Hand Hygiene Monitoring Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
95	93	98	98	95	95	93	98	98	99	98	99

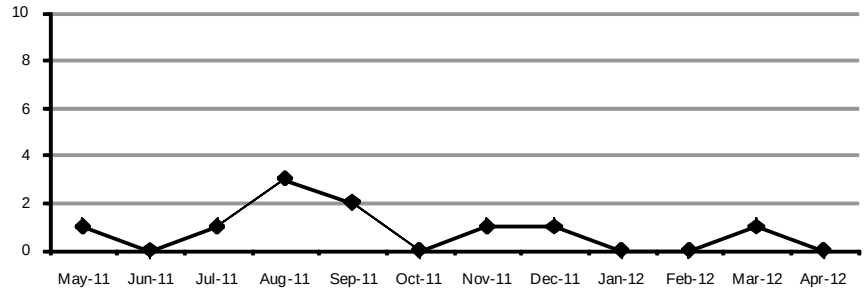
Cleaning Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
95.1	95.6	95.3	96	95.5	95.7	95.1	95.5	95.4	95.8	95.7	

Estates Monitoring Compliance (%)

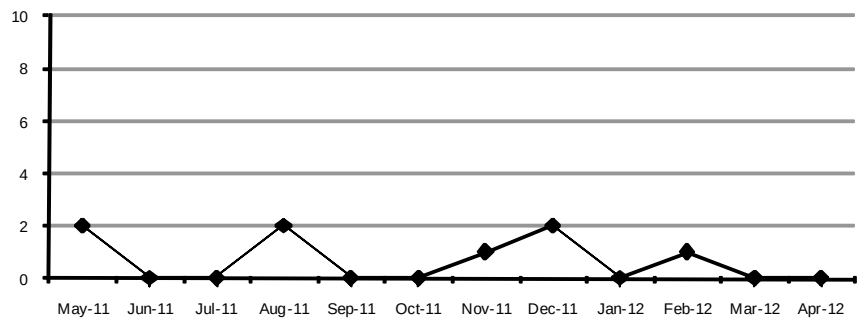
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
91	91.8	92.1	92	91.8	91.6	91	92.1	90.9	91.5	92.5	

Clostridium difficile Cases (ages 15 and over)



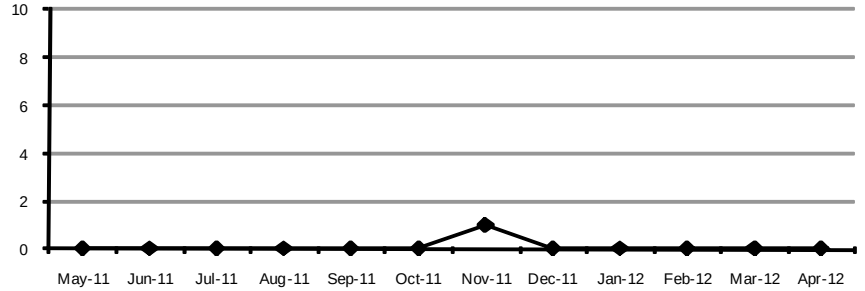
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
1	0	1	3	2	0	1	1	0	0	1	0

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



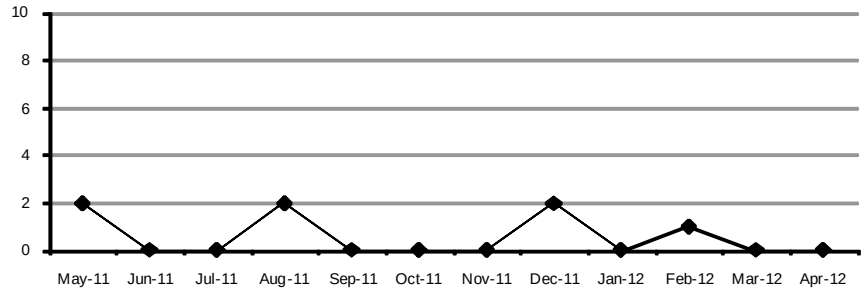
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
2	0	0	2	0	0	1	2	0	1	0	0

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)



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

Victoria Hospitals

This report card contains information for the Victoria Infirmary, New Victoria Hospital(ACAD)& the Mansionhouse Unit.Data presented for Clostridium difficile Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus(MSSA) Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus(MRSA) Bacteraemia cases. HEAT target achieved for both 2011 revised CDI & SAB targets.Hand Hygiene Compliance- monthly compliance greater than 91%. Cleaning Compliance -monthly compliance greater than 93%. **April 2012 Cleaning & Estates Compliance not yet available as Health Facilities Scotland are currently in the process of rolling out a new recording format.**

Hand Hygiene Monitoring Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
94	97	94	91	97	99	96	99	100	96	96	97

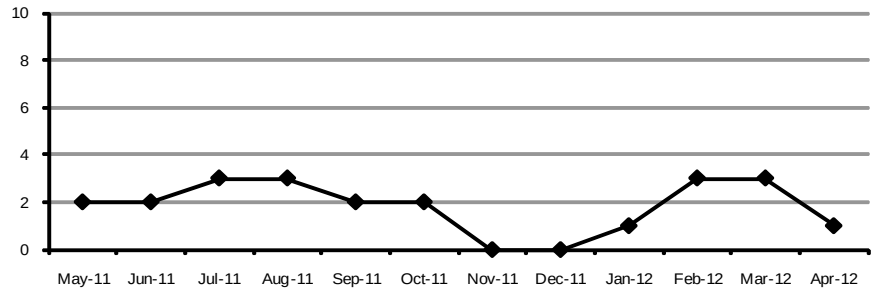
Cleaning Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
95.5	95.4	95.8	95.3	95.1	95.3	95.5	94.1	93.6	94	94.5	

Estates Monitoring Compliance (%)

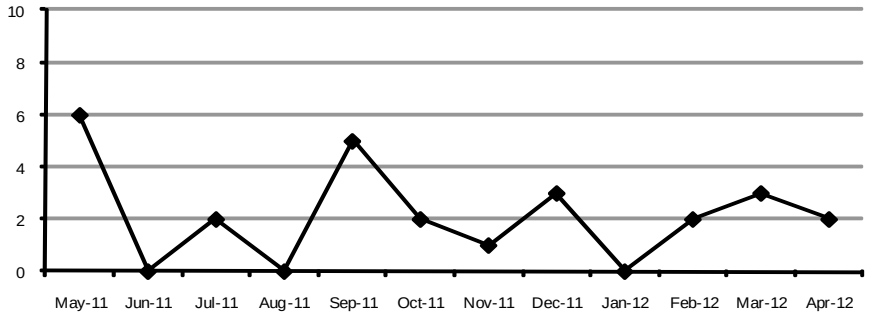
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
91.2	91.6	93.1	92.6	92.1	92.4	92.6	90.8	95.4	95.2	96.2	

Clostridium difficile Cases (ages 15 and over)



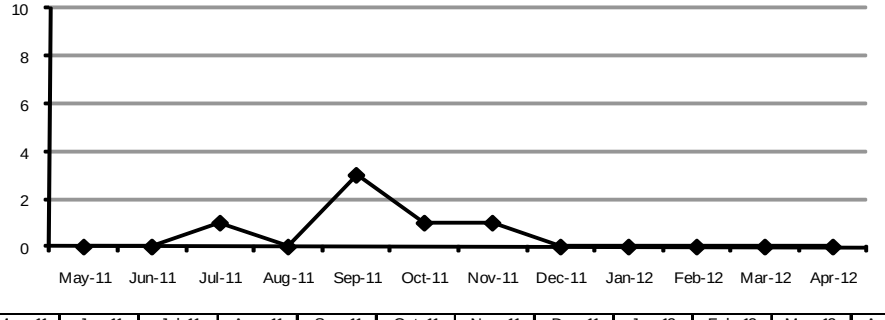
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
2	2	3	3	2	2	0	0	1	3	3	1

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



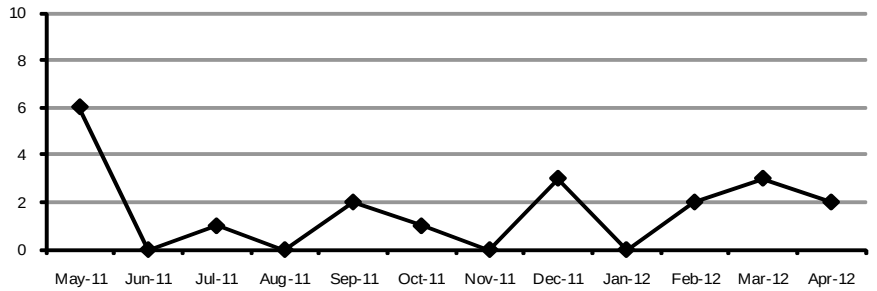
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
6	0	2	0	5	2	1	3	0	2	3	2

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)



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

Southern General Hospital

This report card contains information for the Southern General Hospital, including the Langlands Unit. Data presented for Clostridium difficile Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus(MSSA) Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus(MRSA) Bacteraemia cases.HEAT target achieved for both 2011 revised CDI & SAB targets.Hand Hygiene Compliance- monthly compliance greater than 95%. Cleaning Compliance -monthly compliance greater than 93%. **April 2012 Cleaning & Estates Compliance not yet available as Health Facilities Scotland are currently in the process of rolling out a new recording format.**

Hand Hygiene Monitoring Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
95	96	95	96	96	95	95	98	95	98	97	96

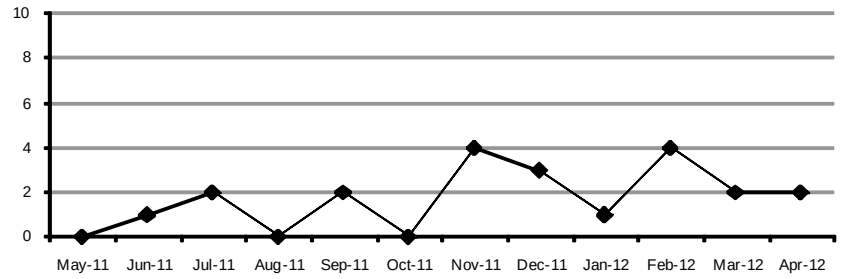
Cleaning Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
95.2	95.6	95.6	94.8	94.8	94.7	94.1	93.3	93.4	93.4	93.6	

Estates Monitoring Compliance (%)

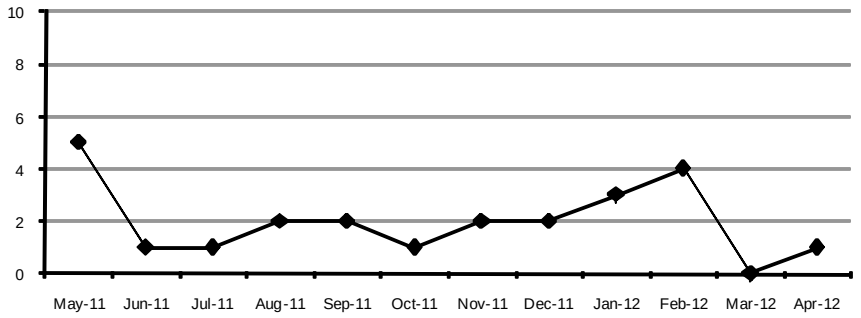
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
81	82.8	83.6	86	92.4	92.8	92.1	93.9	93.5	93.8	95.1	

Clostridium difficile Cases (ages 15 and over)



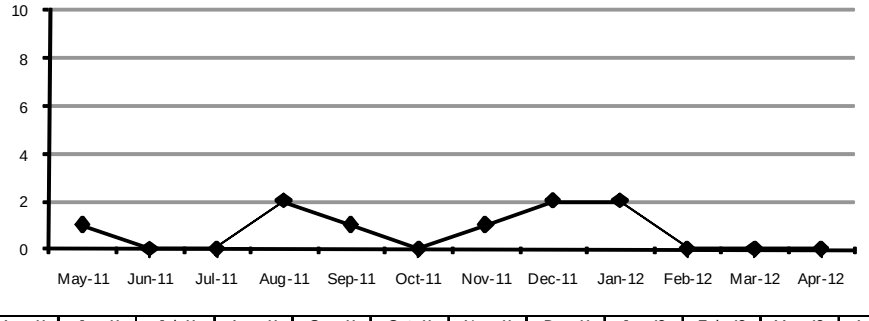
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
0	1	2	0	2	0	4	3	1	4	2	2

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



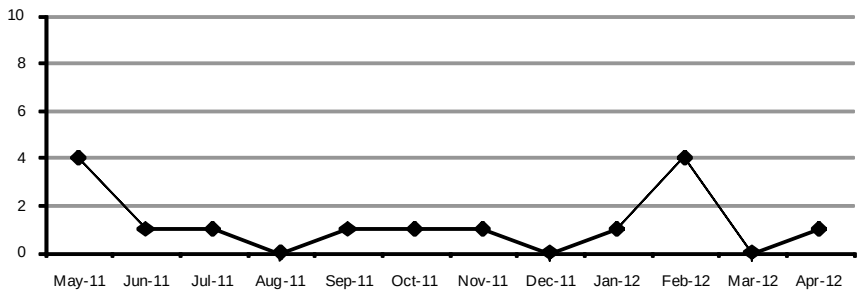
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
5	1	1	2	2	1	2	2	3	4	0	1

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)



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

Western Infirmary

Data presented for Clostridium difficile Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus(MSSA) Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus(MRSA) Bacteraemia cases.HEAT target achieved for both 2011 revised CDI & SAB targets.Hand Hygiene Compliance- monthly compliance greater than 91%. Cleaning Compliance - monthly compliance greater than 94%. **April 2012 Cleaning & Estates Compliance not yet available as Health Facilities Scotland are currently in the process of rolling out a new recording format.**

Hand Hygiene Monitoring Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
91	97	91	96	93	97	94	98	96	98	96	98

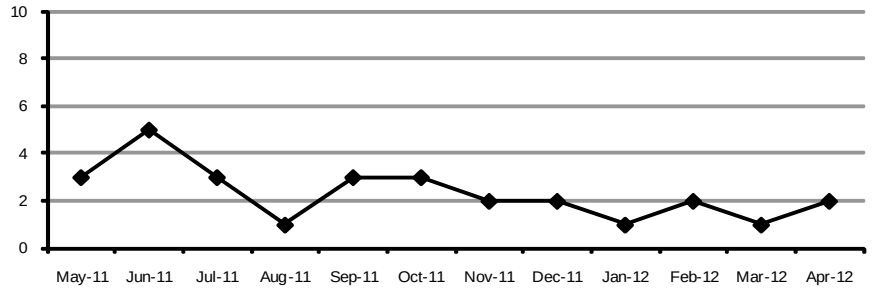
Cleaning Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
95.4	93.7	94.7	94.9	95.4	95.4	94.6	94.8	95.8	96.3	94.6	

Estates Monitoring Compliance (%)

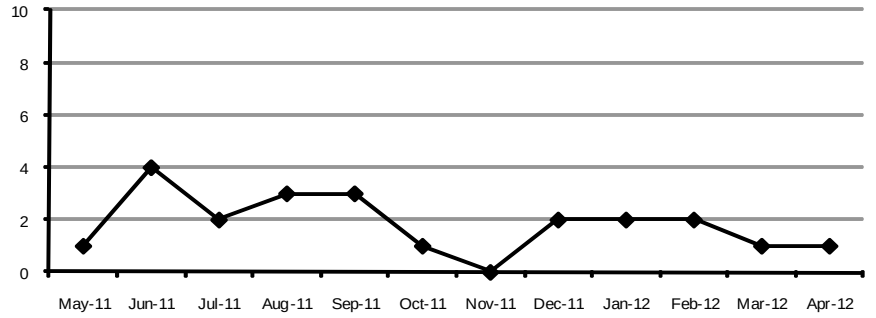
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
97.1	97.2	98.1	98.1	98.7	98.9	98.3	98.6	98.4	98.9	99	

Clostridium difficile Cases (ages 15 and over)



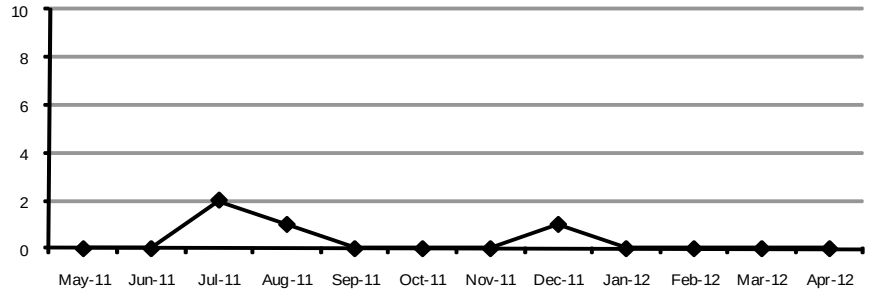
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
3	5	3	1	3	3	2	2	1	2	1	2

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



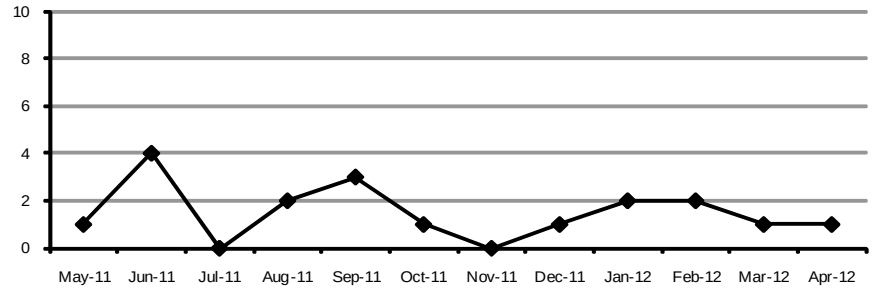
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
1	4	2	3	3	1	0	2	2	2	1	1

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)



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

Gartnavel General Hospital

Data presented for Clostridium difficile Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus(MSSA) Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus(MRSA) Bacteraemia cases..HEAT target achieved for both 2011 revised CDI & SAB targets.Hand Hygiene Compliance- monthly compliance greater than 95%. Cleaning Compliance - monthly compliance greater than 93%. **April 2012 Cleaning & Estates Compliance not yet available as Health Facilities Scotland are currently in the process of rolling out a new recording format.**

Hand Hygiene Monitoring Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
96	96	95	95	98	98	95	98	97	96	95	98

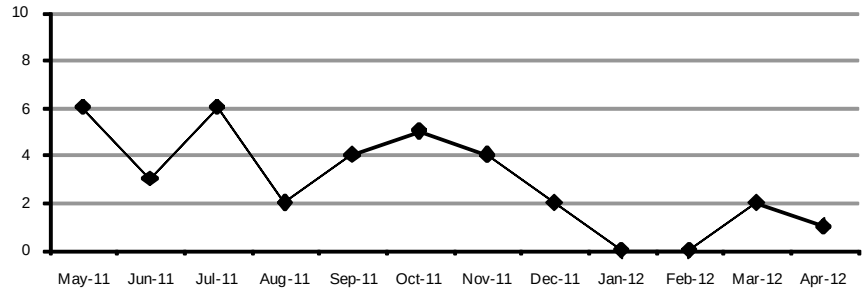
Cleaning Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
94.9	94	93.9	93.9	94.7	95.1	95.4	95.6	95.4	95	94.7	

Estates Monitoring Compliance (%)

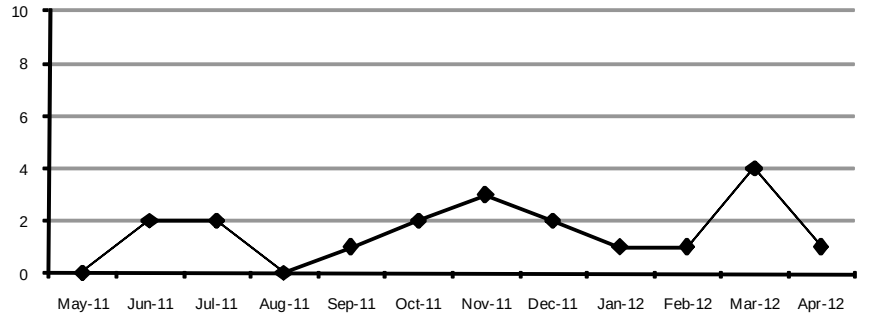
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
77.9	81.9	86	88	87.7	87.5	91.4	94.8	93.5	93.1	91.5	

Clostridium difficile Cases (ages 15 and over)



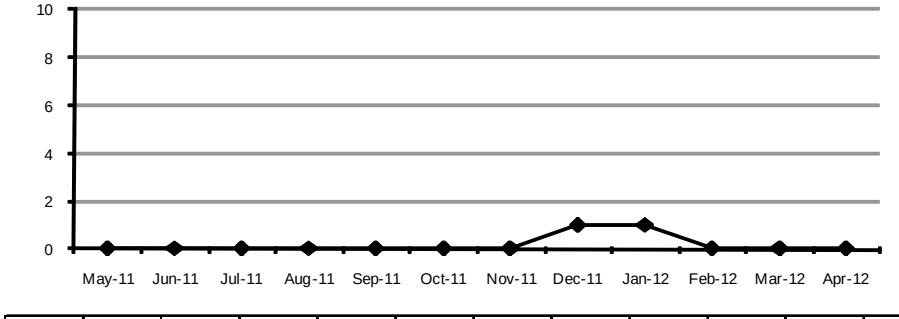
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
6	3	6	2	4	5	4	2	0	0	2	1

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



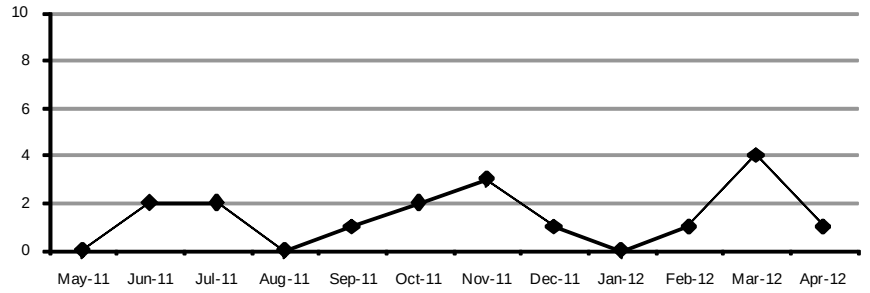
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
0	2	2	0	1	2	3	2	1	1	4	1

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)



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

Vale of Leven Hospital

Data presented for Clostridium difficile Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus(MSSA) Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus(MRSA) Bacteraemia cases..HEAT target achieved for both 2011 revised CDI & SAB targets.Hand Hygiene Compliance- monthly compliance across NHSGGC greater than 95%. Cleaning Compliance -monthly compliance across NHSGGC greater than 94%. **April 2012 Cleaning & Estates Compliance not yet available as Health Facilities Scotland are currently in the process of rolling out a new recording format.**

Hand Hygiene Monitoring Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
97	98	98	99	99	99	99	99	99	95	97	100

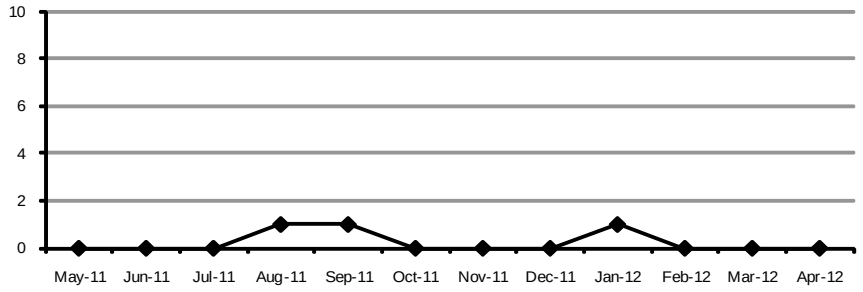
Cleaning Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
95.9	95.4	94.7	97.4	95.3	94.5	94.5	95	94.4	94.1	94.6	

Estates Monitoring Compliance (%)

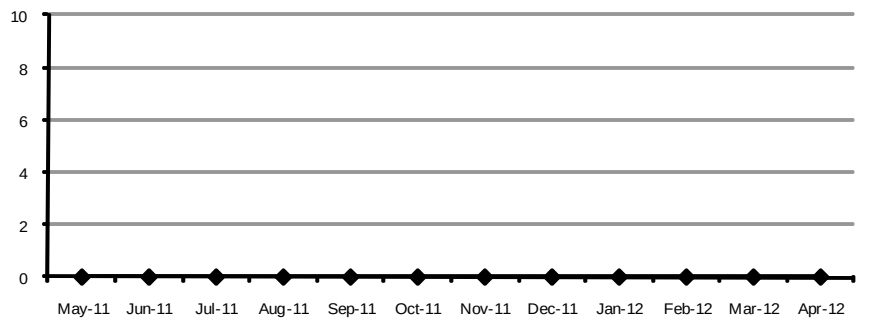
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
86.7	86.1	86.9	96.4	91	91	88	89.8	87.3	89.2	89.7	

Clostridium difficile Cases (ages 15 and over)



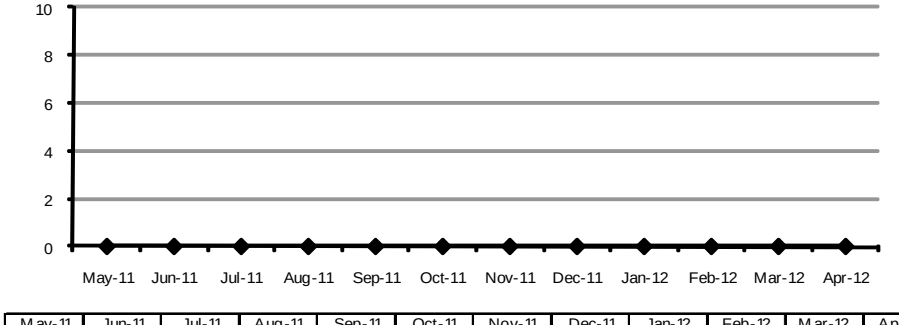
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
0	0	0	1	1	0	0	0	1	0	0	0

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



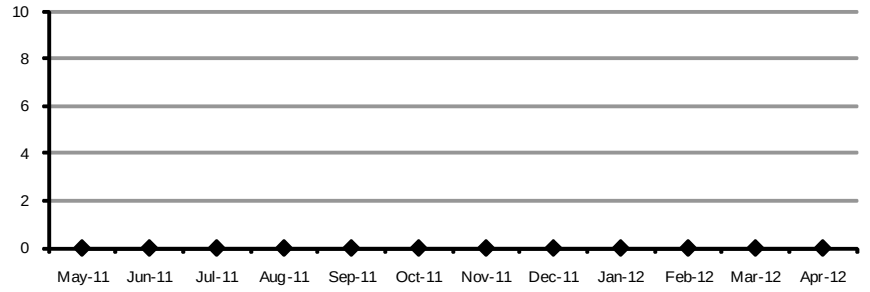
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
0	0	0	0	0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)



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

Royal Hospital for Sick Children(Yorkhill)

Data presented for Clostridium difficile Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus(MSSA) Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus(MRSA) Bacteraemia cases. HEAT target achieved for both 2011 revised CDI & SAB targets.Hand Hygiene Compliance - monthly compliance greater than 93%. Cleaning Compliance - monthly compliance greater than 93%. **April 2012 Cleaning & Estates Compliance not yet available as Health Facilities Scotland are currently in the process of rolling out a new recording format.**

Hand Hygiene Monitoring Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
98	98	94	N/A	99	98	97	99	97	96	97	93

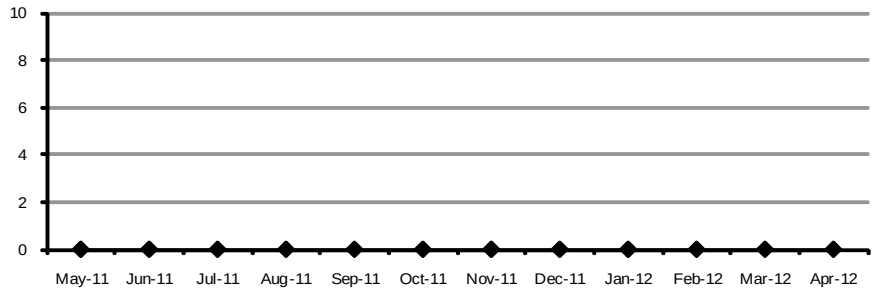
Cleaning Compliance (%)

May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
96	95	95.9	96.4	96.1	94.9	95.2	94.7	94.8	94.2	93.9	

Estates Monitoring Compliance (%)

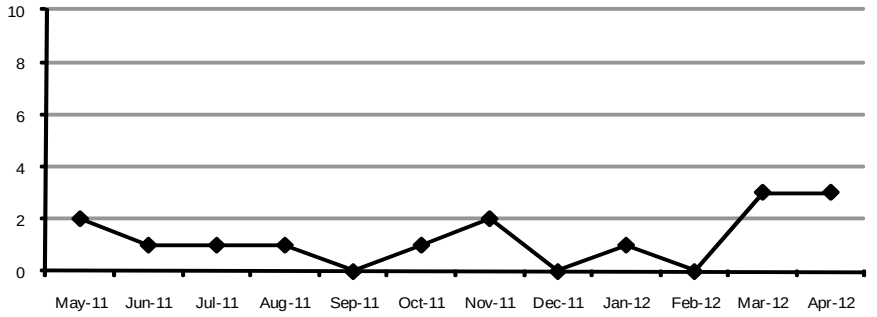
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
96	96.6	98.2	96.4	96.3	97.2	98.5	98.3	98.7	97.8	97.5	

Clostridium difficile Cases (ages 15 and over)



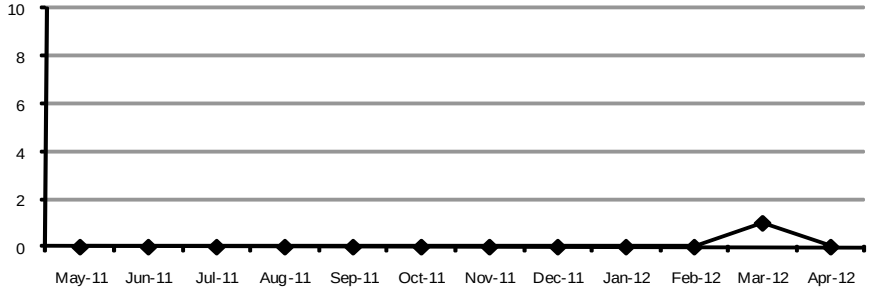
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
0	0	0	0	0	0	0	0	0	0	0	0

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



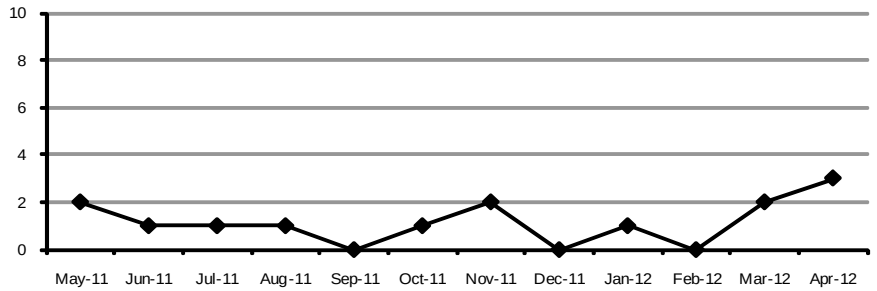
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
2	1	1	1	0	1	2	0	1	0	3	3

MRSA Bacteraemia Cases (all ages)



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

MSSA Bacteraemia Cases (all ages)

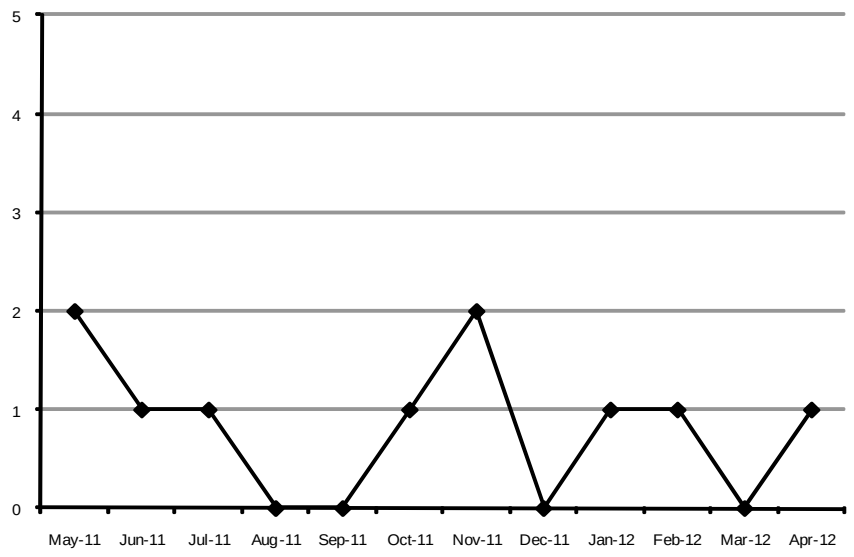


May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
2	1	1	1	0	1	2	0	1	0	2	3

Community Hospitals [Non Acute & Mental Health Hospitals]

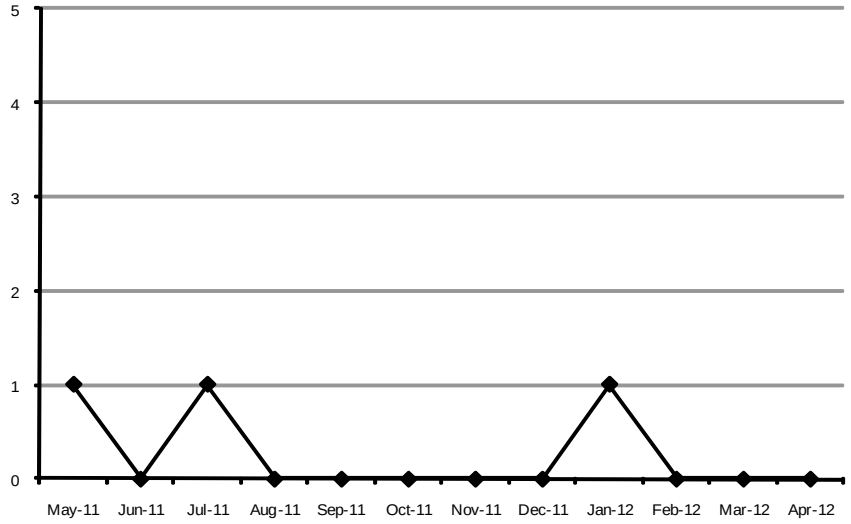
This is an amalgamation of data from the following hospitals: Lightburn,Drumchapel,Gartnavel Royal, Parkhead, Ravenscraig, Blawarthill,Leverndale,Johnstone,Mearnskirk, Dykebar Hospitals& as of May 2011 , Stobhill Hospital. These hospitals are non acute hospitals & mental health hospitals and have very few cases to report. Data for Clostridium difficile Infection cases in ages 15 & over, Data presented for Meticillin Sensitive Staphylococcus Aureus Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus Bacteraemia cases. NHSGGC successfully achieved both HEAT target requirements by 31st March 2011.

Clostridium difficile Infection Cases



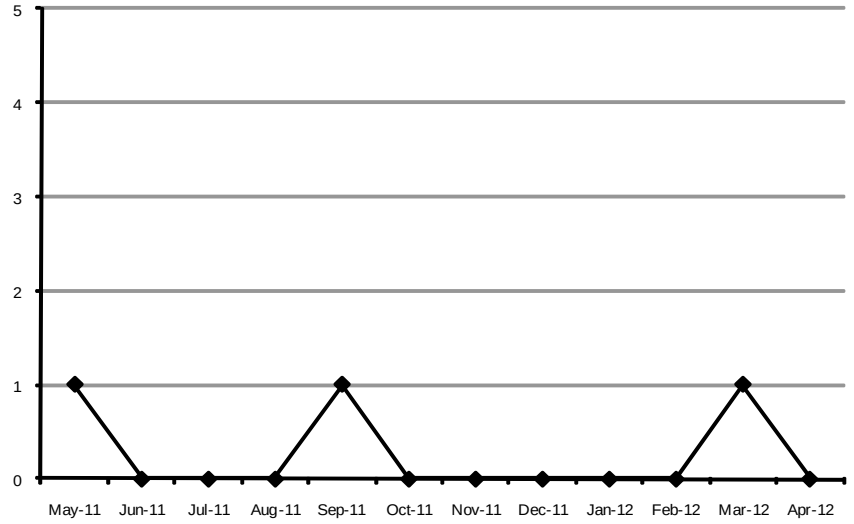
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
2	1	1	0	0	1	2	0	1	1	0	1

MSSA Bacteraemia Cases



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

MRSA Bacteraemia Cases



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

Out of Hospital Infections

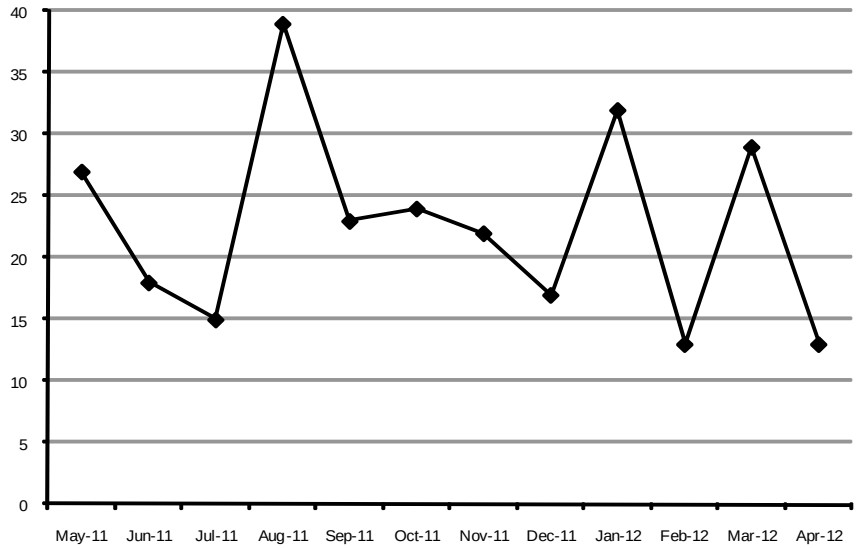
Data for Clostridium difficile Infection cases in ages 15 & over:

57.6% of all CDI cases reported in NHSGGC May 2011 to April 2012 are attributed as Out of Hospital infections.

Out of Hospital MSSA bacteraemias account for 56.6% of all cases from May 2011 to April 2012. Out of Hospital MRSA bacteraemias make up 40.7% of all cases for the same timeframe.

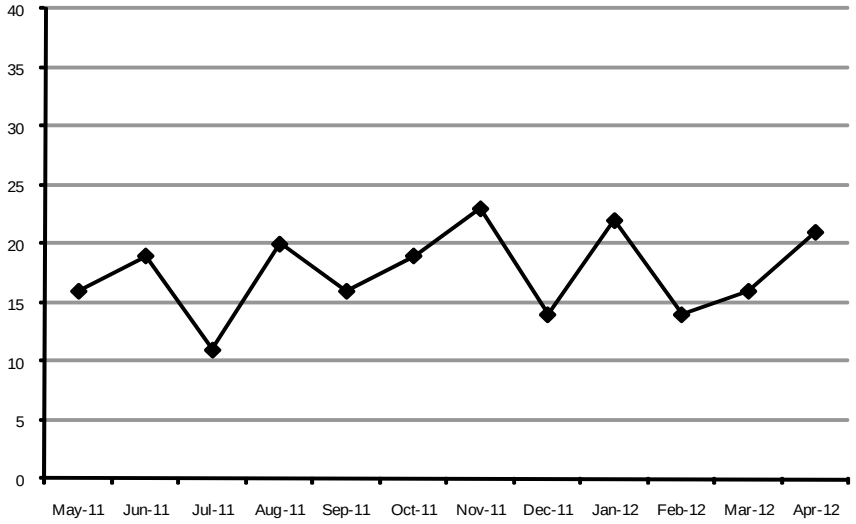
This equates to 54.4% of all Staphylococcus aureus Bacteraemia cases being Out of Hospital infections.

Clostridium difficile Infection Cases



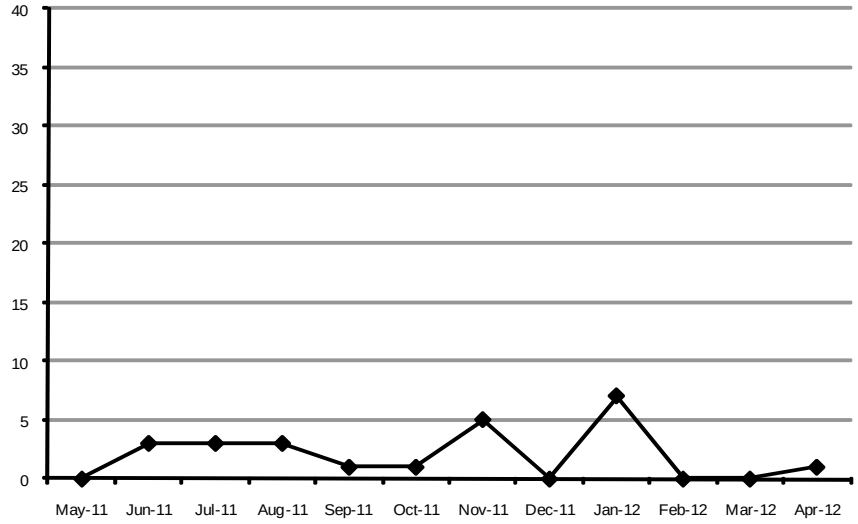
May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
27	18	15	39	23	24	22	17	32	13	29	13

MSSA Bacteraemia Cases



May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
16	19	11	20	16	19	23	14	22	14	16	21

MRSA Bacteraemia Cases



May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
0	3	3	3	1	1	5	0	7	0	0	1

Statistical Process Chart (SPC) **Appendix 1**

This section includes Hospital level SPCs for acute sites in NHSGGC

The SPCs include data on

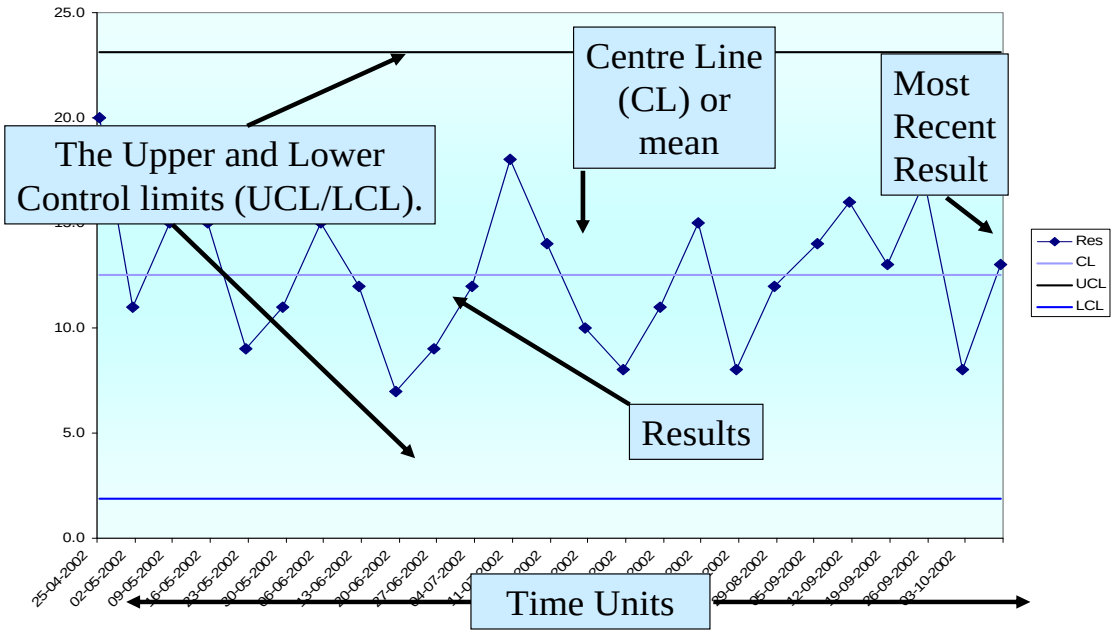
- Hospital Acquired MRSA cases (includes wound swabs, sputum & urine samples etc.)
- Hospital Acquired Clostridium difficile cases

Surveillance data can be used to detect any change in the incidence of disease, which in turn facilitates the early identification outbreaks of infection and leads to prompt initiation of preventive measures. It also allows local infection control teams to focus their interventions in areas where the greatest benefit to patients can be achieved.

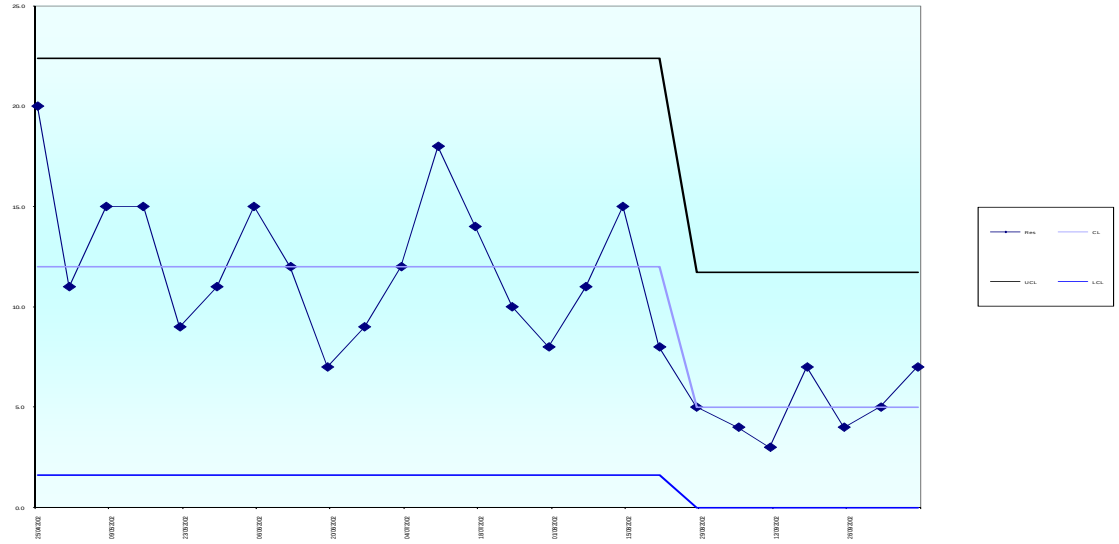
Statistical Process Control Charts (SPCs) are the application of statistical theory to Quality Control. They show process data chronologically (per month in most cases). Some examples of where they have been used in healthcare include; queuing analysis of appointment access and delays and forecasting bed needs.

The most common use for SPCs in infection control practice is in relation to healthcare acquired MRSA and *C. difficile* infections. Calculations are made based upon the ward/unit's historical infection rate to produce 3 lines, the upper and lower control limits and the centre line (mean). The setting of the upper control limits allows the local teams to 'trigger' actions promptly in response to any increase in the number of patients identified.

This is an SPC showing only Natural Variation
(*Note on this chart all the results are within the control limits)*



Although SPCs are a method of viewing what is going on at a local level the SPC can also be used to drive improvements in care. This is shown by reducing the mean (centre line) which indicates that fewer patients are acquiring infection in our wards and hospitals.



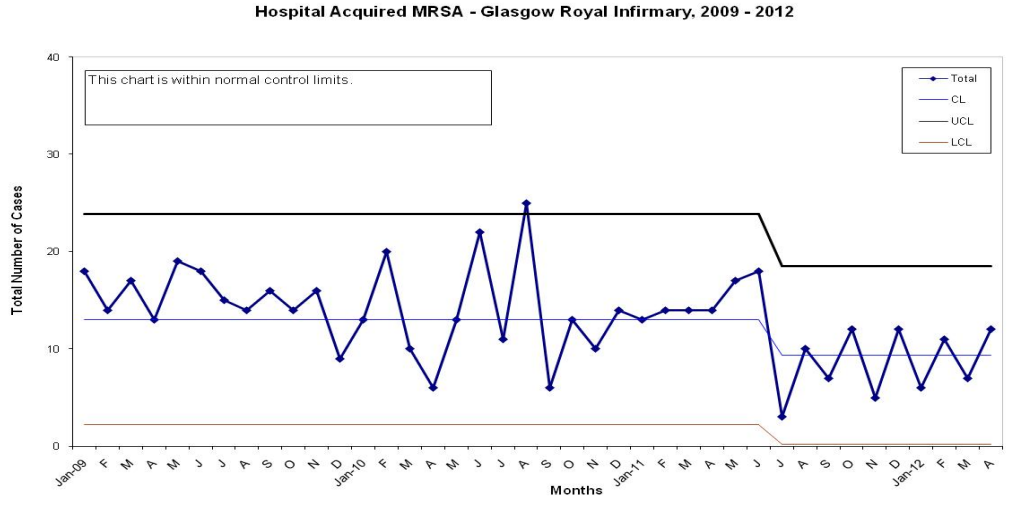
This chart demonstrates that infection control practice on a ward has improved. This in turn has resulted in fewer cases and the mean for this ward has been reduced to reflect this. Now that SPC's are available across the whole of NHSGGC we will be actively targeting improvements in areas with historically high levels of infection and sustaining improvements in areas with low infection rates.

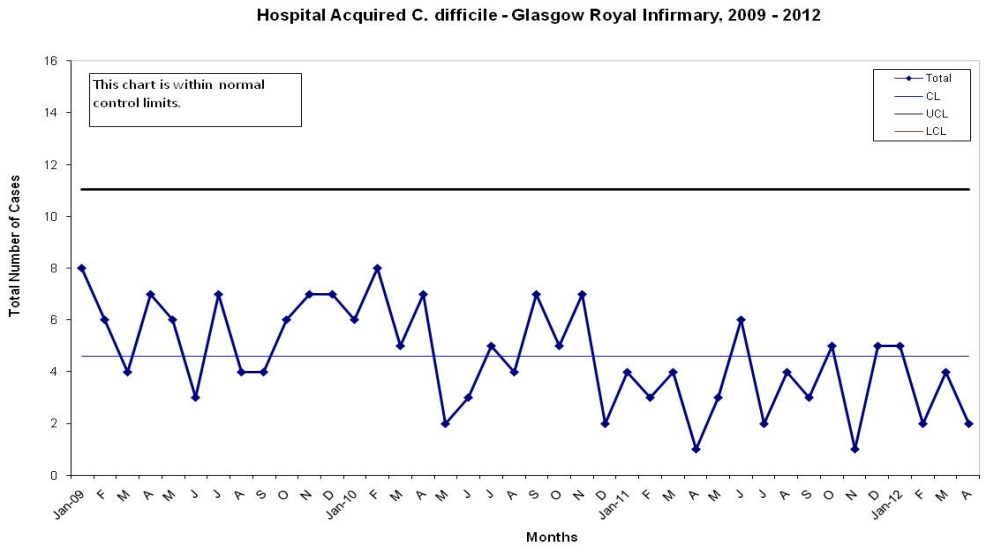
Trigger Events/Charts that Breach the Upper Control Limits

An SPC will only identify that a problem exists – it will not identify what is causing the problem. If a chart is seen to be above the upper control limit the ICT with the local clinical team will review the area to determine the likely cause and develop appropriate action plans.

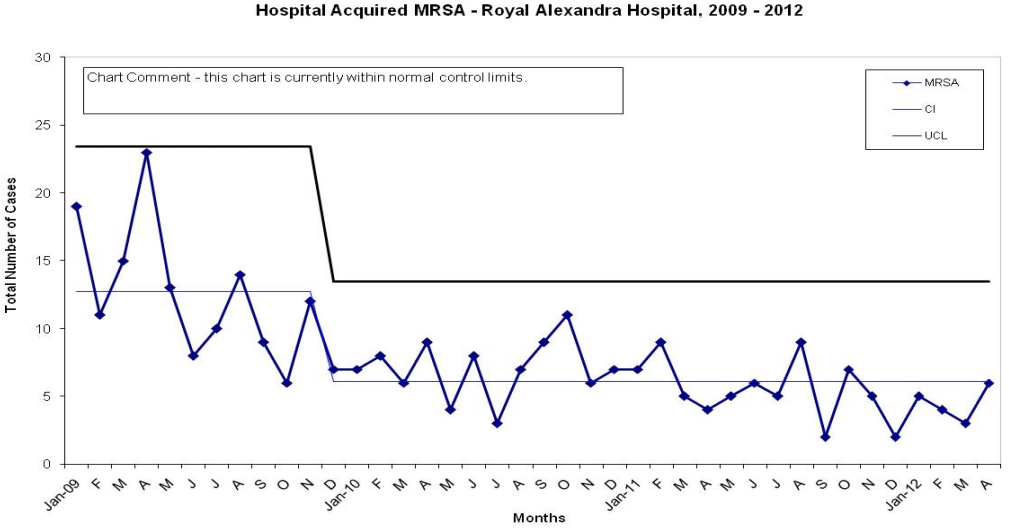
All Hospital Level Statistical Process Control Charts remain within normal control limits.

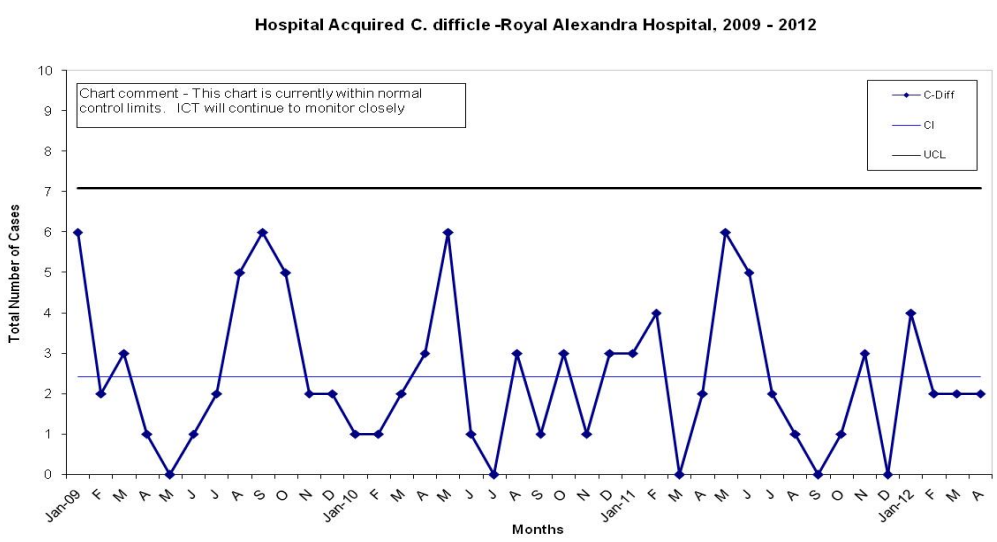
Glasgow Royal Infirmary



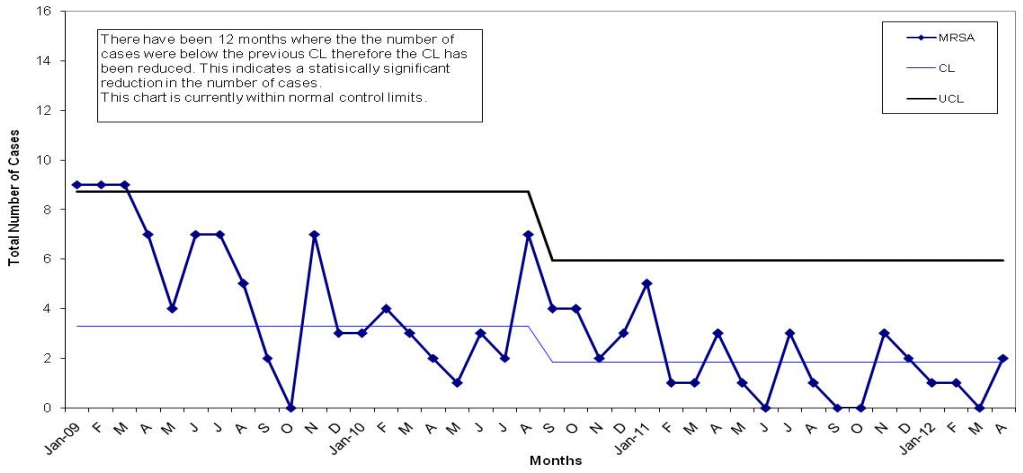


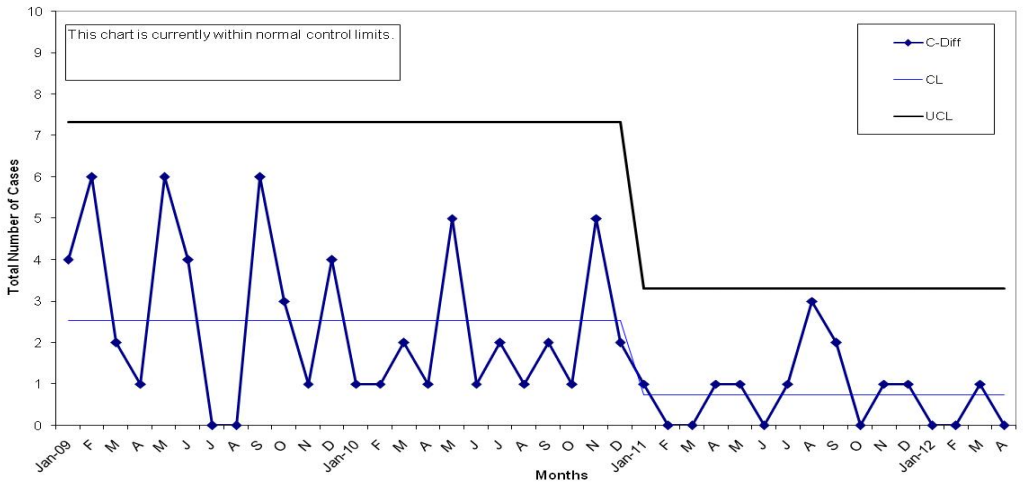
Royal Alexandra Hospital



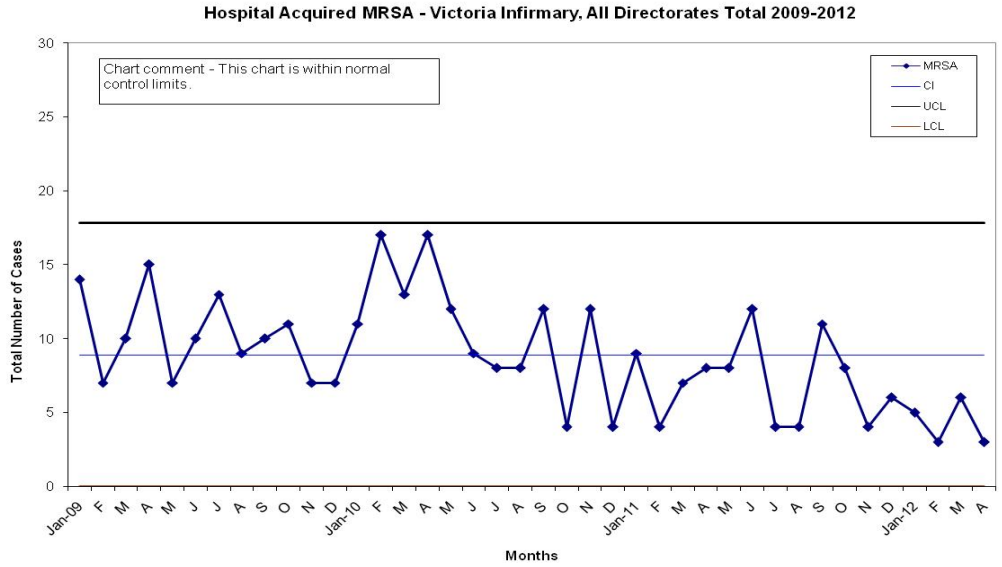


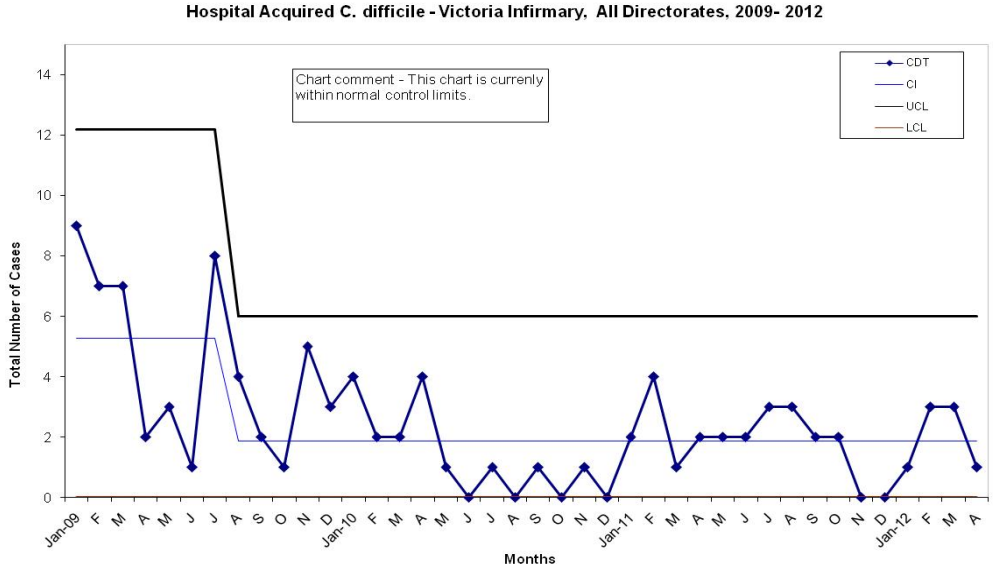
Inverclyde Royal Hospital



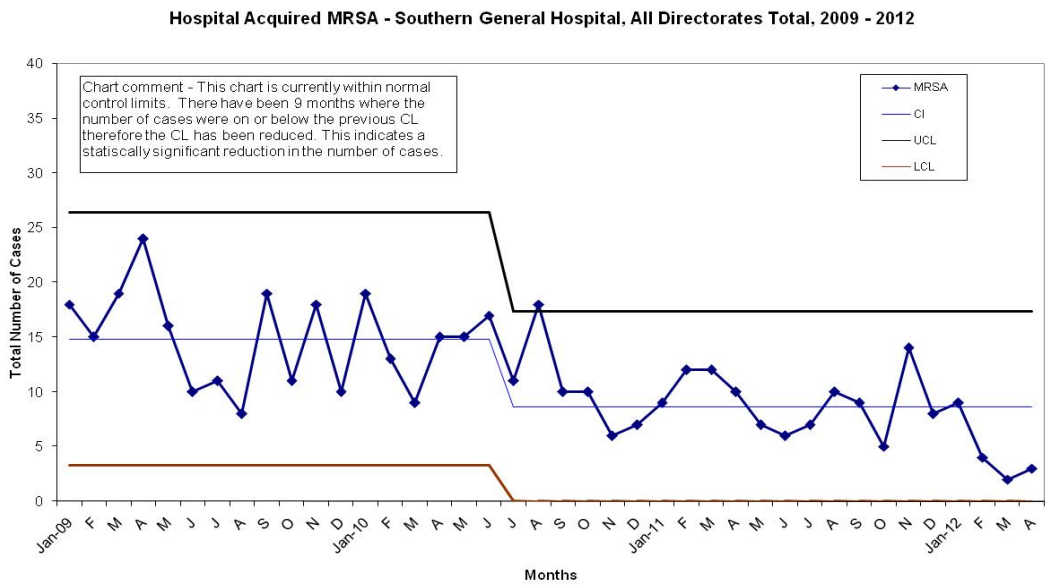


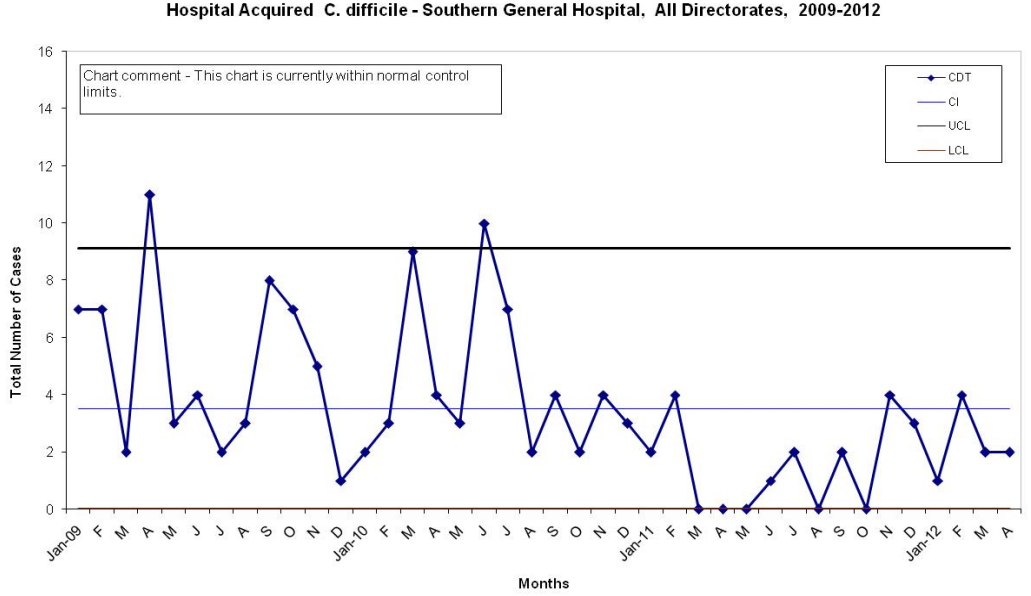
Victoria Infirmary



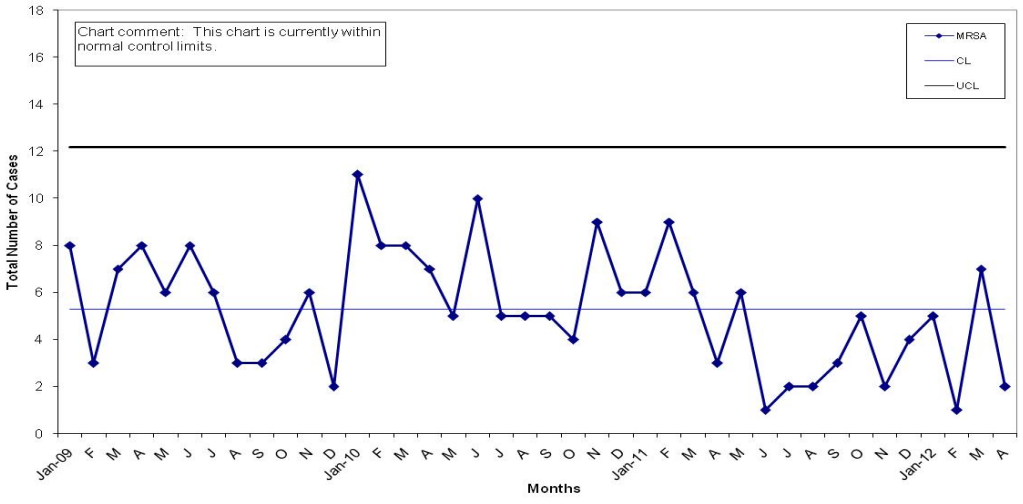


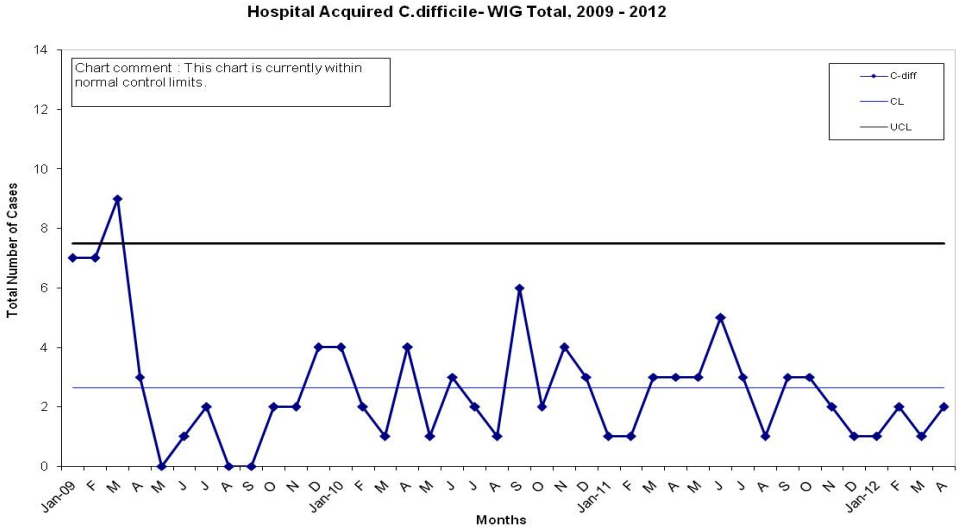
Southern General Hospital



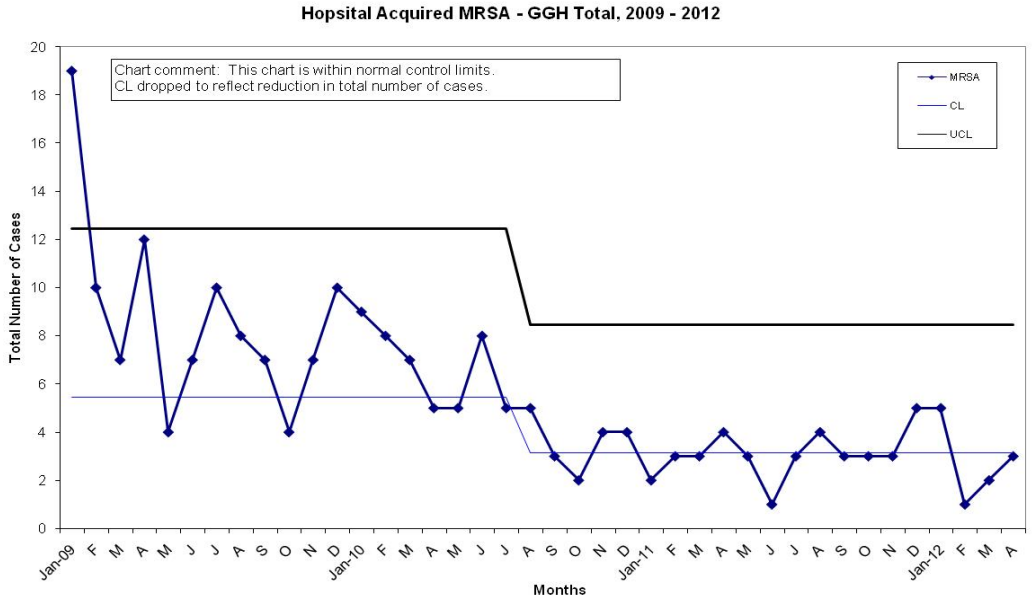


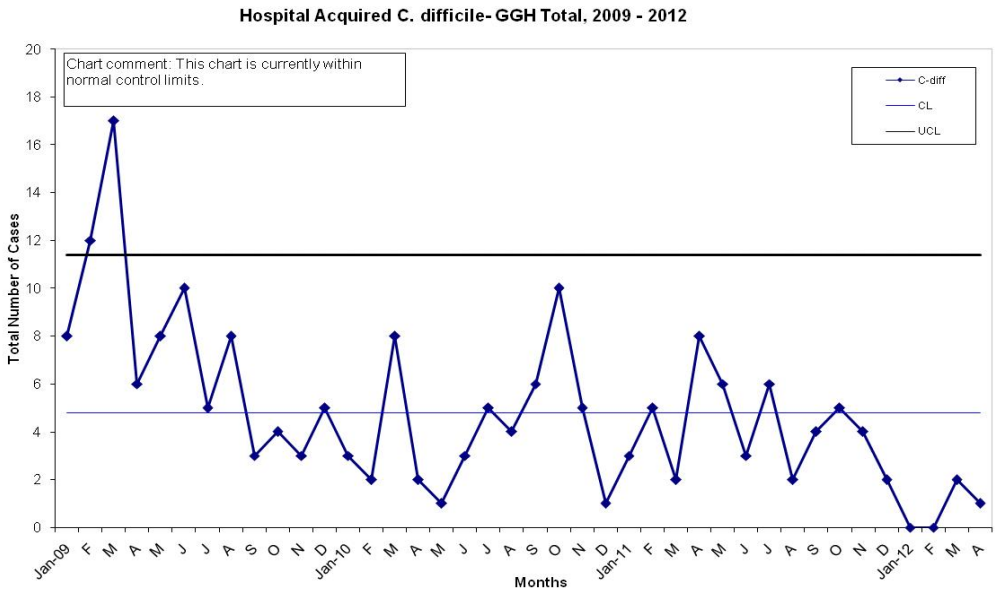
Western Infirmary



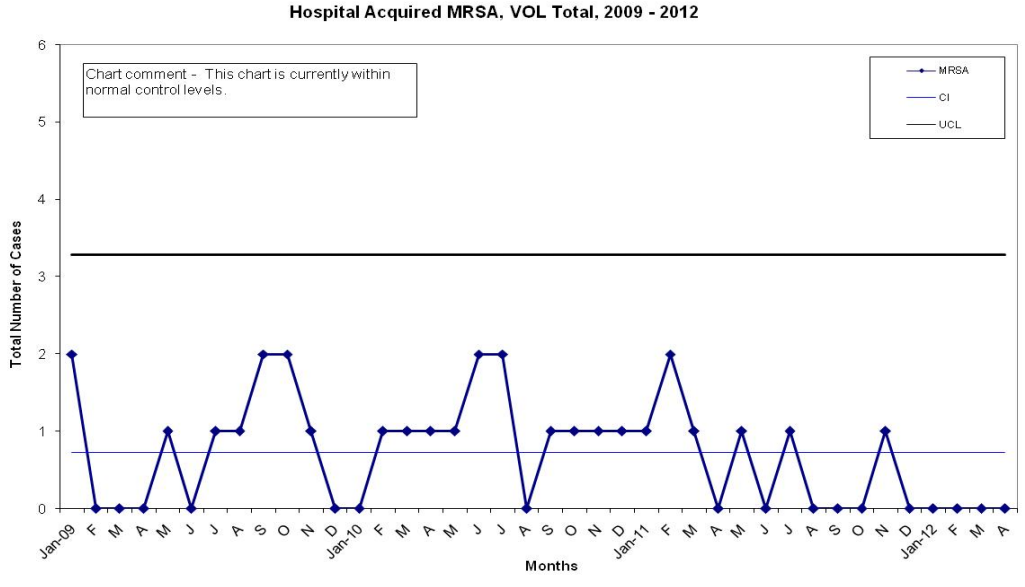


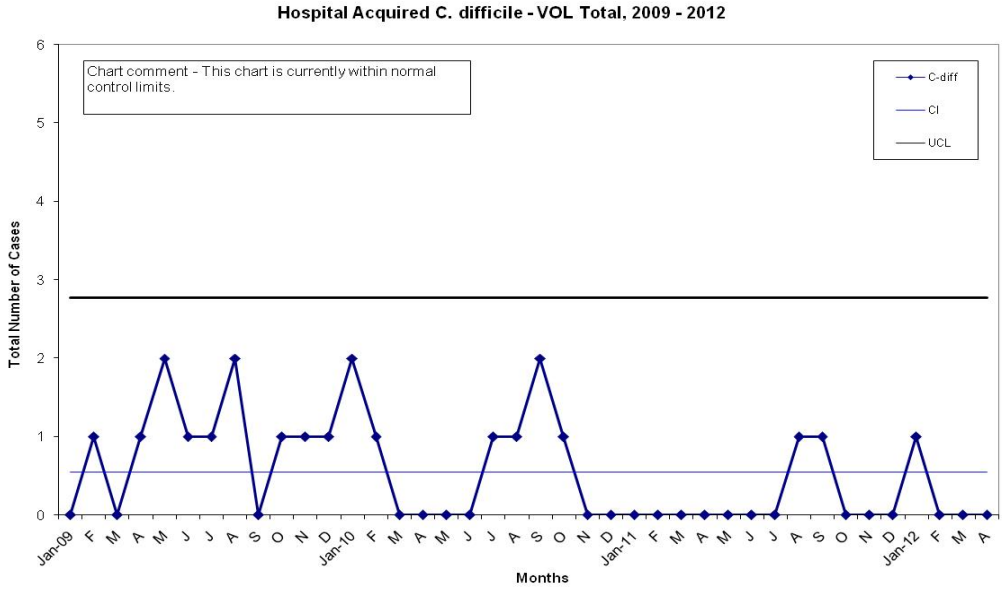
Gartnavel General Hospital





Vale of Leven Hospital





GLOSSARY

ACDP	**Advisory Committee on Dangerous Pathogens**
AMT	**Antimicrobial Management Team**
AOD	**Acute Operating Division**
Alert organism alert condition	Any of a number of organisms or infections that could indicate, or cause, outbreaks of infection in the hospital or community.
Bacteraemia	Infection in the blood. Also known as Blood Stream Infection (BSI).
BICC	**Board Infection Control Committee**
CDAD	***Clostridium difficile*** Associated Disease
CDI	***Clostridium difficile*** Infection
CEL	**Chief Executive Letter** issued by Scottish Government Health Directorates (SGHD)
CMO	**Chief Medical Officer**
CVC	**Central Vascular Catheter**
C. difficile	***Clostridium difficile*** also referred to as ***C. diff*** (or ***C-diff***) is a Gram-positive spore-forming anaerobic bacteria. C. *difficile* is the commonest cause of gastro-intestinal infection in hospitals. It causes two conditions; antibiotic associated diarrhoea and the more severe and occasionally life-threatening pseudomembranous colitis. Control of the organism can be problematic due to the formation of spores and difficulty in removing them. Patients who have had antibiotics within the last eight weeks are most at risk of acquisition of the organism.
Cleanliness Champion	**Cleanliness Champion** A Ministerial led initiative to offer a specific education programme to HCWs. http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/19529/19322
Code of Practice	**Code of Practice** The NHS Scotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection issued 2004 contains the components that must be complied with by all NHS HCWs in Scotland. http://www.scotland.gov.uk/Publications/2004/05/19315/36624
GRO	**General Registers Office**
HAI	Originally used to mean hospital acquired infection, the official 'Scottish Government' term is now **Healthcare Associated Infection**. These are considered to be infections that were not incubating prior to contact with a healthcare facility or undergoing a healthcare intervention. It must be noted that HAI infection is not always an avoidable infection.
HAI SCRIBE &HBN 30	Scottish Health Facilities Note 30: version 3. Infection Control in Built Environment: Design and Planning.
HCW	**Healthcare Worker**
HDL	**Health Department Letter**
HEAT Target	**Health Efficiency and Access to Treatment**. Targets set by the Scottish Government.
HH	**Hand Hygiene**
HPS	**Health Protection Scotland**
ICN/T/O/D/M	**Infection Control Nurse / Team / Officer / Doctor / Manager**
ICP	**Infection Control Programme**
KPI	**Key Performance Indicator**
LHBC	**Local Health Board Co-ordinator** (Hand Hygiene)
MRSA	**Meticillin resistant *Staphylococcus aureus.*** A *Staphylococcus aureus* resistant to first line antibiotics; most commonly known as a hospital acquired organism.
MSSA	**Meticillin Sensitive *Staphylococcus aureus***
NCIC	**Nurse Consultant Infection Control**
PCAT	**Primary Care Audit Tool**
PFPI	**Public Focus Patient Involvement**
PHPU	**Public Health Protection Unit**
PPI	**Public Partners Involvement**
PVC	**Peripheral Vascular Catheter**
QIS	**Quality Improvement Scotland**
SIRN	**Scottish Infection Research Network**
SOP	**Standard Operating Procedure**
SPC	**Statistical Process Control Charts**
SPSP	**Scottish Patient Safety Programme**
SSI	**Surgical Site Infection**
VRE	**Vancomycin resistant enterococcus** - an alert organism A common organism that can be inherently resistant to Vancomycin but can also acquire (and transfer resistance) to other organisms. Has caused outbreaks reported in the literature in a variety of high-risk settings, e.g. renal or bone marrow transplant units.