NHS Board Meeting
20th August 2013

Board Medical Director **Board Paper No. 13/35**

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 August 2013

This is the eighteenth 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* Bacteraemia (SAB) 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. This target was extended once again and boards were required to achieve a rate of **26** cases per 100,000 acute occupied bed days (AOBDs), by April 2013. For the last available reporting quarter (January – March 2013) NHSGGC reported **26.8** cases per 100,000 AOBDs, NHS Scotland reported **30.1** per 100,000 AOBDs. NHSGGC has therefore failed to achieve the 26 cases per 100,000 AOBDs target for 2013; however this was extremely close to the National target of 26 and we were only 4 total patient cases over. This was our lowest ever AOBD rate to date and 4th lowest in total patient numbers. The revised National HEAT target requires all Boards in Scotland to achieve a rate of **24** cases per 100,000 AOBDs or lower by 31st March 2015. Subsequent HAIRT reports will update on our progress towards this challenging target.

- The National Report published in July 2013 (January – March 2013) shows the rate of *C. difficile* within NHSGGC as **21.6** per 100,000 occupied bed days (OCBDs) in over 65s. This clearly places the Board below the national mean of **24.2** per 100,000 OCBDs in over 65s. NHSGGC has therefore achieved the CDI 2013 HEAT target of less than **39** cases per 100,000 OCBDs in the over 65 age group. The revised HEAT target requires boards to achieve a rate of **25** cases per 100,000 total occupied bed days in all patients (previously the target only included patients 65 years and over) to be attained by the 31st March 2015. Subsequent HAIRT reports will update on our progress towards this target.

- For the last available quarter (January – March 2013), the SSI rate for Caesarean sections and Reduction of long bone fracture procedures were below the national average however the rate for Hip arthroplasty, Knee arthroplasty and Repair of neck of femur procedures were above the national average although all remain within 95% confidence intervals. Surveillance continues and there were no orthopaedic SSI's in April 2013.

- 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 **2948** 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. National Key Performance Indicators (KPIs) have now been announced with boards requiring to achieve 90% compliance with CRA completion. CRA Compliance for Q1 (Apr-Jun) is currently being collected across GG&C which HPS will publish as an aggregated score for NHS Scotland in the HPS HAI Annual Report (2014).
Individual board performance will be monitored quarterly by HPS who will contact boards with compliance lower than 90% to discuss what interventions are planned to increase compliance.

SAB HEAT Target 2013 Interventions

As was anticipated, NHSGGC were slightly above the March 2013 HEAT target for SABs at 26.8 cases per 100 000 Acute Occupied Bed Days (AOBDs). This was extremely close to the National target of 26 and we were only 4 total patient cases over. This was our lowest ever AOBD rate to date and 4th lowest in total patient numbers.

2015 HEAT Target SAB

A revised HEAT target of 24 cases per 100 000 Acute Occupied Bed Days is to be achieved by all Scottish NHS Boards by 31st March 2015. As the HEAT target is based on published ISD bed rates, we have locally estimated this to be approximately 75 patient cases per quarter. Each Acute Directorate now have further illustrative reductions plotted to monitor progress towards March 2015.

A monthly cross Directorate SAB report continues to be issued to all Acute Heads of Nursing for local clinical cascade and cumulative Directorate reports are published on a quarterly basis. An Acute Directorate SABs group is attended by each HoN and including representation from SPSP/Risk Management & Practice Development now meets every two months. This enables review & discussion around returned Clinical Review Tools and also facilitates shared organisational learning from the outcomes & experience gained.

Clinical Review Tool (CRT)

All SAB HAI cases and COHAI cases which are linked to an acute specialty e.g. renal, oncology, Surgical should have a Clinical Review Tool (CRT) completed by the local clinical team, responsible for the care of the patient. Details from returned CRTs available at time of monthly & quarterly report compilation is included for feedback. The tool offers clinical staff a template in which to record the treatment, causal critical issues and subsequent recommendations and action plan development. It is encouraging that the majority of CRTs are led by the Consultant in charge and include multidisciplinary input & review.

Practice Development- PVC and CVC Policy

Colleagues in Practice Development have led a group within the Acute Operating Division and have drafted a PVC/CVC Policy which supports the elements contained within the SPSP care bundles. This document will give staff some additional information in order to help support the implementation of the bundles and other aspects of insertion and maintenance of IV lines. This policy is currently out for consultation. Education on line management is available via Learnpro and specific educational courses delivered by practice development.

Compliance with the implementation of the PVC maintenance bundles is primarily via the SPSP process however, Infection Control have agreed at the request of the Acute Infection Control Committee to carry out ‘snap shot’ audits in theatre recovery areas and Accident and Emergency Departments.

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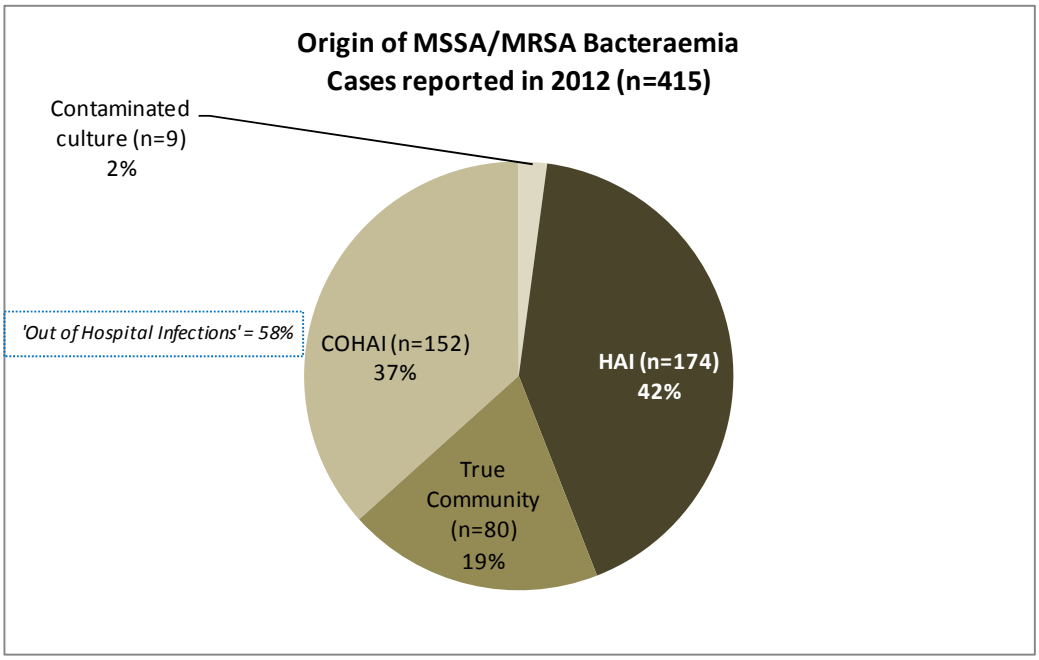
Year on year the total number of SABs has been decreasing, however, the proportion of cases now reported as ‘out of hospital’ is increasing. In 2012, 58% of MSSA/MRSA bacteraemia met this definition. This is an increase from 2011 when 55% were deemed ‘out of hospital’. Further stratification of ‘out of hospital’ cases is shown in the pie chart below.

Thirty seven per cent of all SAB cases have had some healthcare interaction (hospitalisation, invasive device management, wound management as an outpatient / community patient, or renal dialysis as an outpatient / community patient) within the previous 12 months and had a blood culture specimen taken on arrival to hospital or less than 48 hours after admission.



Targeted invasive device management interventions will also have an impact on reducing cases in patients receiving care out with the acute hospital environment, most notably in vascular access devices such as tunnelled central venous catheters in renal dialysis patients.

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 July 2013 (January – March 2013) shows the rate of *C. difficile* within NHSGGC as **21.6** per 100,000 occupied bed days (OCBDs) in over 65s, which clearly places the Board below the national mean of **24.2** per 100,000 OCBDs in over 65s. NHSGGC has therefore achieved the CDI 2013 HEAT target of less than **39** cases per 100,000 OCBDs in the over 65 age group. The revised HEAT target requires boards to achieve a rate of **25** cases per 100,000 total occupied bed days in all patients (previously the target only included patients 65 years and over) to be attained by the 31st March 2015. Subsequent HAIRT reports will update on our progress towards this target.

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 93% (LHBC Audits) as recorded in the 26th Bi-monthly Report (July 2013).

The HAI Policy Unit recently sought the Cabinet Secretary's view on future hand hygiene monitoring arrangements following the end of HPS' bi-monthly Hand Hygiene Monitoring Audit Reports.

The Cabinet Secretary agreed to a change to utilising existing local hand hygiene data collection and reporting processes to include "opportunity taken"; "correct technique"; and identification of staff groups and that local data to be reported via the HAIRT. This process is to be supported by HPS reporting national and board level Alcohol Based Hand Rub procurement across NHSScotland.

The HAI Policy Unit is currently in the process of determining timescales for local reporting and issues such as local governance and local quality assurance processes and aim to formally announce proposals to Boards by the end of July 2013.

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 a new recording format has been in use since April 2012 and data has been combined for Gartnavel General, Beatson Oncology & Homeopathic Hospital for the Gartnavel General report card and data combined for Southern General, Langlands Unit & the New South Glasgow Hospital for the Southern General Hospital report card.

Healthcare Environment Inspectorate (HEI) Announced Inspection

Southern General Hospital (SGH), 15th & 16th May 2013

Some Key Findings:

HEI reported that in the wards inspected in SGH:

- All staff on the wards inspected demonstrated a good understanding of infection control policies and procedures. Senior charge nurses demonstrated good leadership and staff were confident in their role to promote infection control practices and procedures.
- Across the hospital, staff spoken with said that they felt empowered to challenge other staff members if they were not complying with standard infection control precautions or the NHSScotland dress code. Staff said that they had seen an improvement in compliance with hand hygiene and dress code policies. Staff were aware of how and where to escalate if they had concerns about any issues of non-compliance.
- Ward staff spoke positively of the new housekeeper role introduced in some areas, saying that it freed up nursing staff time, allowing them to care for and spend more time with patients at their bedside.
- Information about infection rates and hand hygiene compliance was displayed on notice boards in the wards inspected.
- Results from infection control environmental audits were clearly displayed and there was evidence of actions taking place as a result of these audits.
- Information posters were displayed in wards to reinforce good practice in PVC care. These include prompting staff to date and time dressings and to consider whether a catheter still requires to be in place.
- Representatives from the NHS board's patient safety improvement programme and the practice development unit, who are responsible for supporting staff to implement improvement work such as the PVC care bundles, described the various methods used to engage clinical staff and support improvement in this work. This includes:
    - developing information posters to display in wards and departments
    - liaising with NHS National Procurement to improve the date and time strip on PVC dressings
    - teaching sessions on patient safety, including PVC management, with undergraduate medical and nursing students
    - educational input for healthcare support workers as part of cannulation and venepuncture teaching programmes
    - teaching sessions for junior medical staff as part of their induction programme
    - targeted support by clinical improvement and practice development staff at ward level
    - encouraging shared ownership at ward level of completing audits of PVC management, and

    - a nurse has been identified to support and promote improvement work in the theatre and anaesthetic departments.

- NHS Greater Glasgow and Clyde is piloting the Sepsis Six care bundle across all its accident and emergency departments and acute medical admissions/receiving units. This is a new national improvement initiative which helps staff identify and improve the management of sepsis, resulting in improved outcomes for patients. HEI saw evidence that the care bundle was in use in the acute medical receiving unit.
- HEI found good compliance with standard infection control precautions, such as use of personal protective equipment (aprons, gloves, eye protection), and management of sharps, waste and linen.
- During the inspection, there was good compliance by staff with washing their hands or using alcohol hand gels.
- Kitchen fridge temperature recording sheets were completed consistently to make sure that products within the fridges were being held at the correct temperature.
- HEI are assured that NHS Greater Glasgow and Clyde has good compliance with antimicrobial prescribing and continues to identify areas for improvement. Staff in ward areas had a good awareness of antimicrobial prescribing issues. Prescribing guideline posters were clearly displayed in ward areas.
- The antimicrobial pharmacist has worked with the NHS board's hand hygiene co-ordinator to produce a hand hygiene information guide for pharmacy staff. This is displayed in all pharmacy departments to encourage good compliance with hand hygiene and dress code. Hand hygiene practical sessions, developed with the help of the infection control team and hand hygiene co-ordinator, have also been held.
- HEI found that staff were aware of which patients had known infections and what precautions should be taken to isolate a patient with a known or potential infection.
- During this inspection, there was a good standard of cleanliness across the wards inspected. Most wards were in a satisfactory state of repair. HEI received positive comments and feedback from the patients spoke with about the standard of cleaning in the Southern General Hospital.
- HEI found that patient equipment was clean. Appropriate cleaning schedules were being completed by nursing staff. All commodes inspected were clean and had indicator tape showing that the commodes had been cleaned and were ready for use.
- A new estates reporting system has been introduced across the hospital. Ward staff spoke positively about this new system. A telephone helpdesk service is also available for ward staff if they need further information on outstanding jobs.
- HEI saw evidence of clear communication between the senior charge nurses, domestic staff and domestic supervisors. Staff were aware of how to escalate concerns about the standard of cleanliness.
- HEI noted good communication between ward staff, the infection control team and the antimicrobial pharmacy team.

- Throughout the hospital, there was a range of posters, signs and guidance for staff, patients and visitors on infection control and hand hygiene. Alcohol hand gel dispensers were available at the entrance to all wards.
- Patients with a pre-arranged admission to hospital received HAI information through the 'Coming into Hospital' information leaflet. As part of the bed space checklist, HAI leaflets are left at the patient bedside once the bed space has been cleaned ready for the next patient. Patients confirmed that they had seen these HAI information leaflets.

This inspection resulted in three recommendations.

Recommendations:

1. Ensure that staff are gathering information from consistent, reliable sources on PVC management in line with the NHS board's invasive devices policy. This will provide assurance that data is reliable to allow targeted improvement work and to demonstrate that the care provided to patients is safe, effective and consistent.
   Actions:
   - All staff have been reminded of the importance of compliance with the PVC maintenance bundle.

2. Ensure that domestic and nursing staff work together to ensure that any outstanding cleaning tasks in the surgical ITU are addressed. This will provide assurance to staff that these will be completed within an agreed period and that cleaning outcomes required by the national cleaning specifications are achieved.
   Actions:
   - Daily cleaning schedules reviewed by SCN and Domestic Services colleagues to discuss sign off and access arrangements within the Surgical ITU.
   - Hospital Facilities have agreed an additional monitoring and control process for ward Domestic Manuals. Domestic Team Leaders will monitor the manuals on a daily basis for any issues recorded therein including access to clean difficulties. Any issues will be reported to the Domestic Services Manager who will make contact with the Senior Charge Nurse to ensure an immediate resolution. The change in process will be discussed with nursing colleagues at forthcoming Clinical Interface Meetings.

3. Ensure that risk assessments developed as part of HAI-SCRIBE provide sufficient detail to reflect the guidance given from the infection control team. This will ensure that the appropriate controls are in place to minimise the risk of infection to staff, patients and visitors.
   Actions:
   - It has been agreed that all HAI Scribe Documents will be scrutinised at Senior Estates and Capital Planning levels prior to sign off to ensure sufficient detail of the Refurbishment/Major schemes has been included.

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/Exceptions

Norovirus

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

Month	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Ward Closures	13	14	10	26	5	1	0	5	9	21	32	27	11	20	17	6	1
Bed Days Lost	279	397	155	546	160	0	0	37	158	395	526	256	113	322	281	67	48

Lightburn Hospital - Ward 2 (RAD) - HAI Group A Streptococcus, June 2013

Four patients with Group A Streptococcus identified in Ward 2 in June 2013.

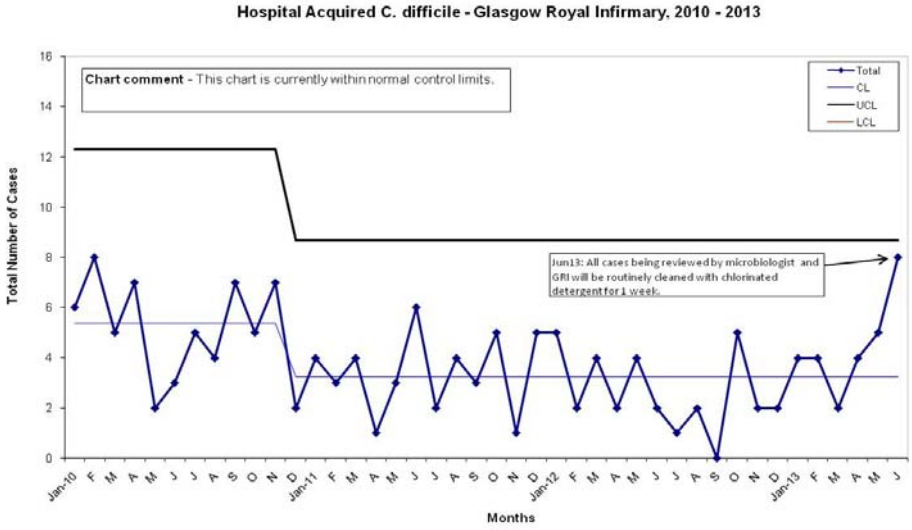
Actions:

- Ward closed to admissions/discharges to other Healthcare Facilities between 14/06/13 and 25/06/13.
- Outbreak Control Team meetings held.
- Press statement issued.
- All patients screened and staff checked for symptoms.
- Isolates sent for typing. Typing results indicate that the sample sent from staff member was different to the strain identified in the patients.
- Deep clean carried out at beginning and end of outbreak and twice daily cleaning in-between.

All patients were treated appropriately and have recovered.

Glasgow Royal Infirmary, *C. difficile* HAI SPC, June 2013

In June 2013 GRI had 8 cases of HAI CDI which was a higher number than they had identified in recent history. All cases were reviewed by IPCT and the following information is a summary of the findings.



Apart for the two patients in the same ward who were both previous cases and have been identified as having different ribotypes, the cases of CDI were spread throughout the hospital with no links in time or place. All infection control precautions were put in place and all patients were isolated. All cases were monitored by the infection prevention and control team, none of these cases were diagnosed as being severe cases. Facilities were asked to use chlorine based detergent for all routine cleaning for a week and this was carried out. Microbiology are reviewing the case notes of all the patients.

Type of Ward	Directorate	Comment
Medical Specialty	ECMS	Previous CDI 01/05/13 more than 28 days between samples Typing requested – 027 Discharged to NH.
Medicine for the Elderly	RAD	Recovered and discharged home.
Medicine for the Elderly	RAD	Previous CDI 10/03/13 Typing requested - 080 Recovered and discharged home
Medicine for the Elderly	RAD	Previous CDI 10/04/13 Typing requested - 002 Recovered and discharged home
Intensive Care	S&A	Recovered and discharged home
Medical Specialty	ECMS	Recovered and discharged home
Medical Specialty	ECMS	Recovered and discharged home
Medical Specialty	ECMS	Recovered and discharged home

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. 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.

HPS last available quarter (January - March 2013)

SSI Rates for 3 procedure categories are above the national average, however remain within the 95% confidence intervals. Local investigations have been ongoing on sites where the rates are above what is expected as a normal background. No specific infection prevention and control issues have been identified in any of the sites. Surveillance continues and there were no orthopaedic SSI's in April 2013.

Category of procedure	Operations	Infections	NHSGGC SSI rate (%)	NHSGGC 95% CI	National dataset SSI rate (%)	National 95% CI
Caesarean section	1183	14	**1.2**	0.7, 2.0	**1.3**	1.0, 1.7
Hip arthroplasty	396	5	**1.3**	0.5, 2.9	**1.0**	0.7, 1.6
Knee arthroplasty	403	1	**0.2**	0.0, 1.4	**0.1**	0.0, 0.4
Reduction of long bone fracture	252	0	**0.0**	0.0, 1.5	**0.3**	0.1, 1.9
Repair of neck of femur	234	4	**1.7**	0.7, 4.3	**1.5**	0.9, 2.6

The table above shows the SSI rates for Caesarean section (inpatient and PDS 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) procedures within NHS Greater Glasgow & Clyde, 01/01/2013 - 31/03/2013.

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 98%.
Cleaning Compliance -monthly compliance across NHSGGC greater than 93%.
Estates Monitoring -monthly compliance across NHSGGC greater than 95%.

Hand Hygiene Monitoring Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
98	98	99	98	99	98	98	98	99	98	98	99

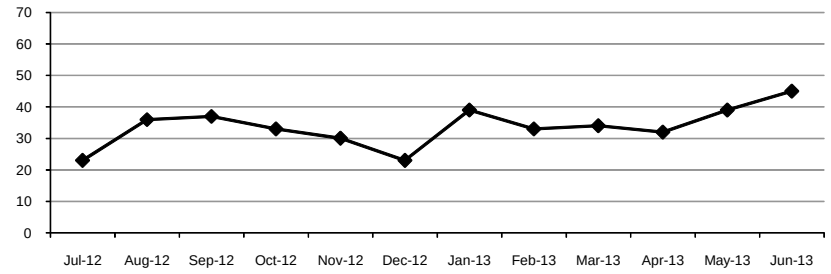
Cleaning Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
94.5	94.8	94.6	93.9	95	94	94	94.8	95.18	93.8	94.5	94.3

Estates Monitoring Compliance (%)

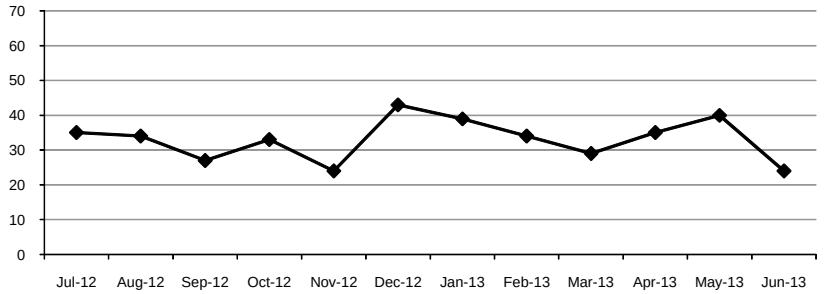
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
95.3	97.8	95.7	95.5	96.6	97.4	95.4	95.3	96.23	95.89	96.1	96.2

Clostridium difficile Cases (ages 15 and over)



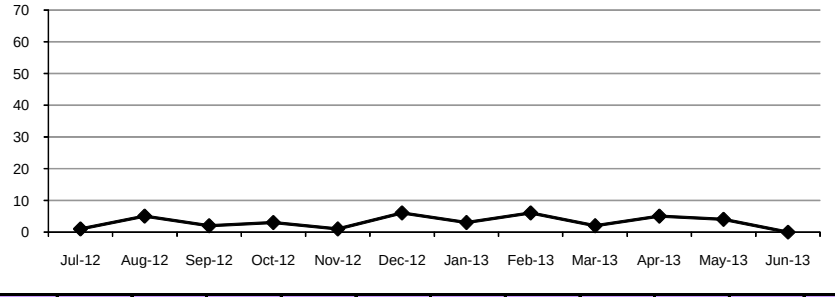
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
23	36	37	33	30	23	39	33	34	32	39	45

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



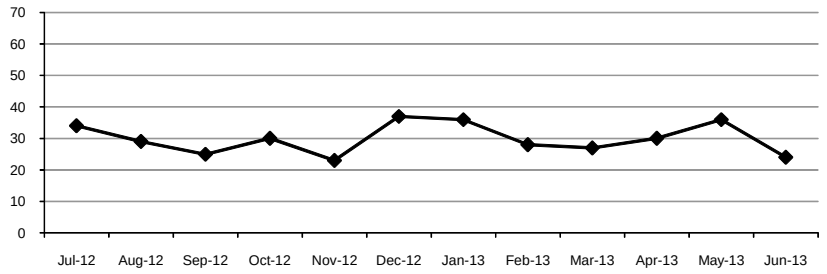
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
35	34	27	33	24	43	39	34	29	35	40	24

MRSA Bacteraemia Cases (all ages)



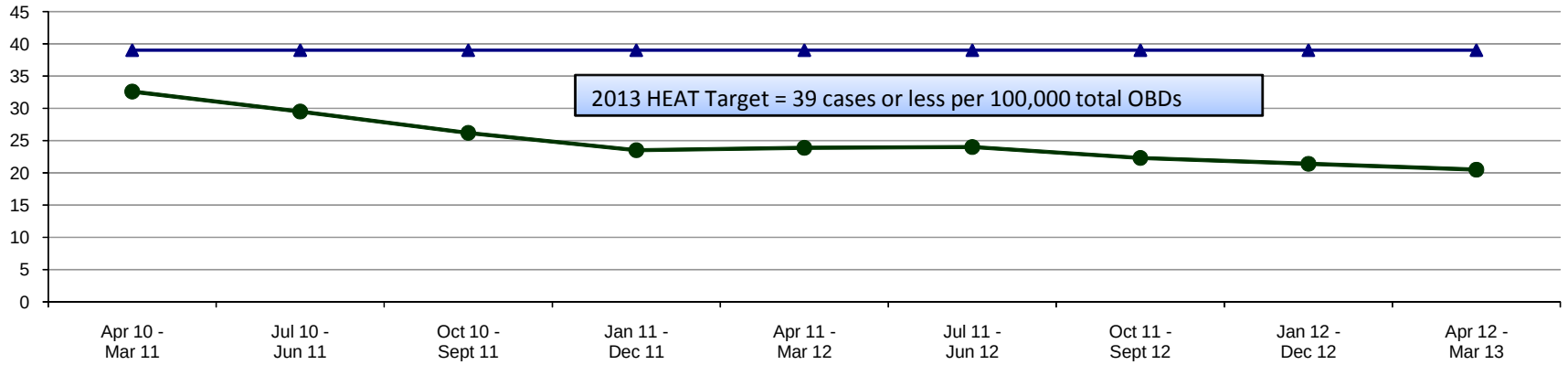
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	5	2	3	1	6	3	6	2	5	4	0

MSSA Bacteraemia Cases (all ages)



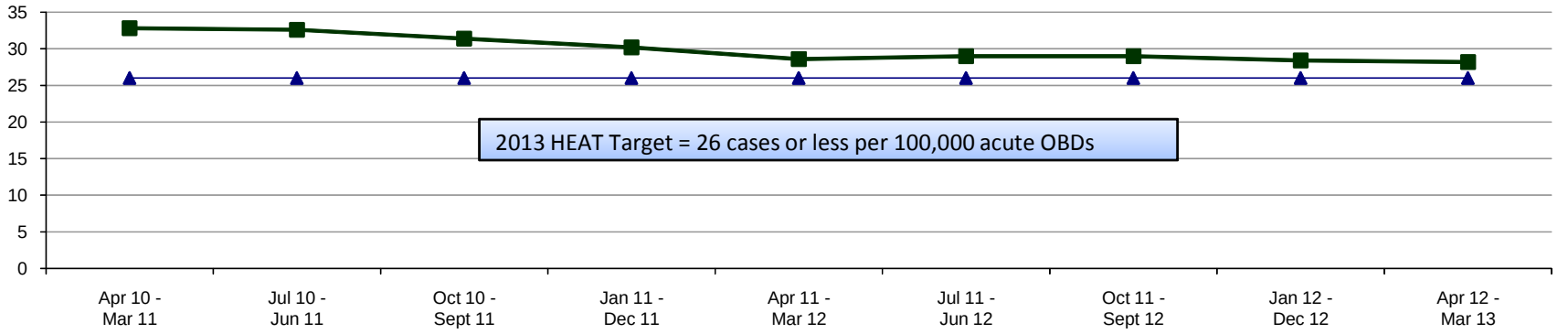
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
34	29	25	30	23	37	36	28	27	30	36	24

Quarterly rolling year *Clostridium difficile* Infection Cases per 100,000 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	**32.6**	**29.5**	**26.2**	**23.5**	**23.9**	**24.0**	**22.3**	**21.4**	**20.5**
Target	39	39	39	39	39	39	39	39	39

Quarterly rolling year *Staphylococcus aureus* Bacteraemia Rates per 100,000 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	**32.8**	**32.6**	**31.4**	**30.2**	**28.6**	**29.0**	**29.0**	**28.4**	**28.2**
Target	26	26	26	26	26	26	26	26	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 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 97%. Cleaning Compliance -monthly compliance greater than 94%.
Estates Monitoring -monthly compliance across NHSGGC greater than 95%.

Hand Hygiene Monitoring Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
97	97	98	97	99	98	97	98	98	97	98	98

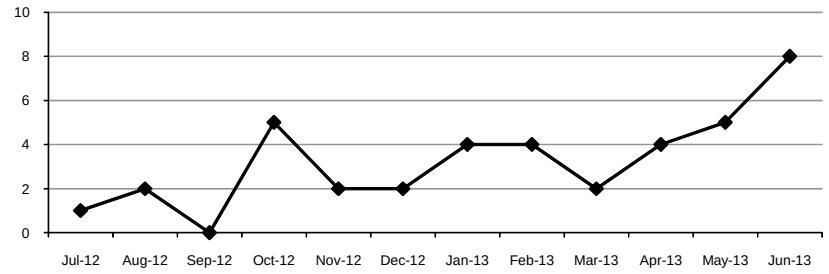
Cleaning Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
95.4	95.1	95.4	94.7	95	94.9	95	94.9	94.61	95.01	95	94.9

Estates Monitoring Compliance (%)

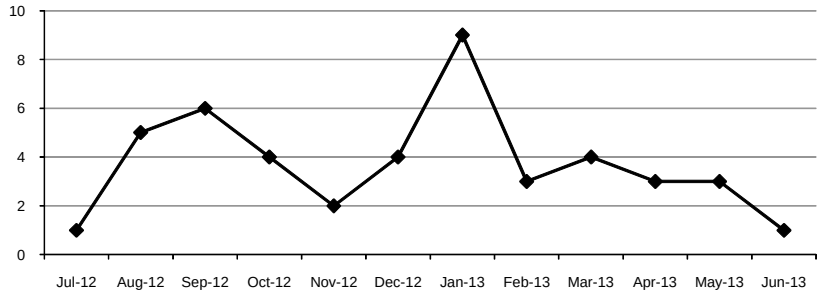
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
97.8	96.9	97.2	96.4	95.9	97.6	97.2	97.2	97.81	97.98	98.4	96.5

***Clostridium difficile* Cases (ages 15 and over)**



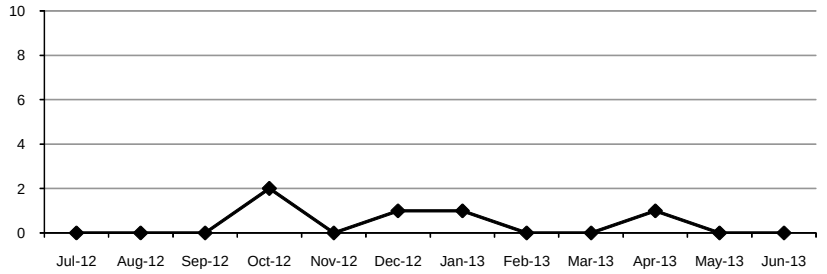
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	2	0	5	2	2	4	4	2	4	5	8

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



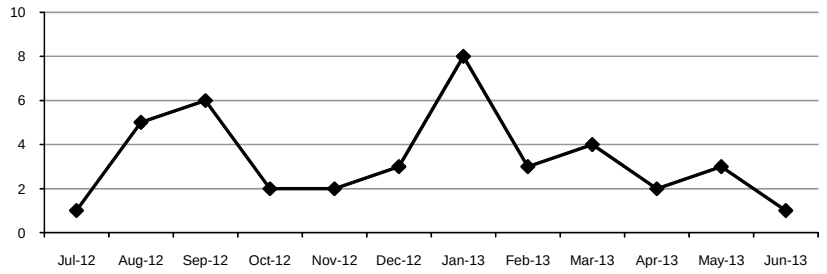
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	5	6	4	2	4	9	3	4	3	3	1

MRSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	2	0	1	1	0	0	1	0	0

MSSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	5	6	2	2	3	8	3	4	2	3	1

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 96%.
Cleaning Compliance -monthly compliance greater than 93%. Estates Monitoring - monthly compliance across NHSGGC greater than 97%.

Hand Hygiene Monitoring Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
96	97	98	97	98	98	97	98	99	98	98	98

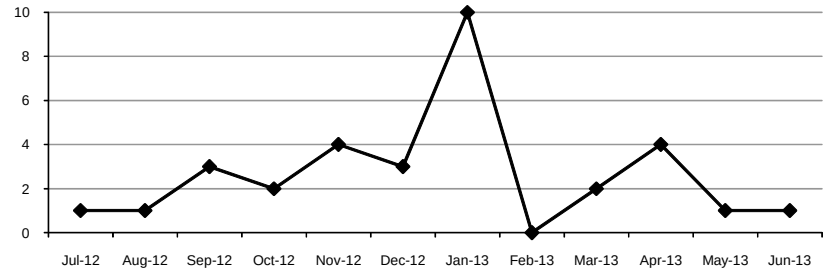
Cleaning Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
94.1	95.3	94.9	95.2	95.3	94.8	95.7	94.7	93.81	94.24	94.4	94.4

Estates Monitoring Compliance (%)

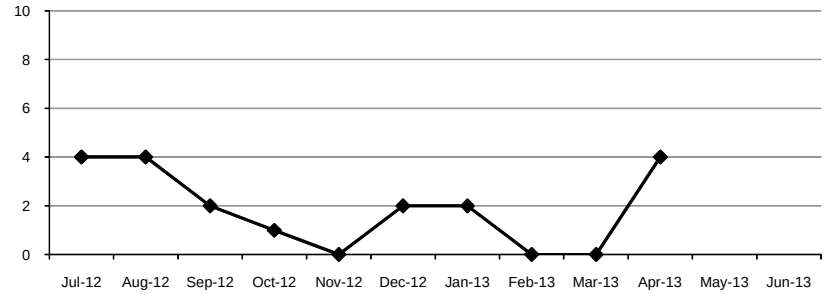
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
98.4	97.6	98.5	99.1	98.7	98.6	97.9	97.5	97.89	99.14	99.4	99.4

Clostridium difficile Cases (ages 15 and over)



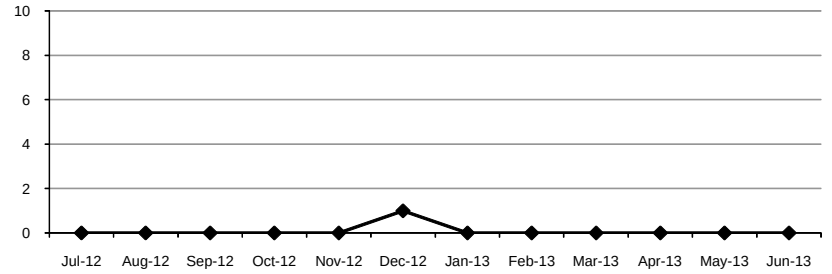
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	1	3	2	4	3	10	0	2	4	1	1

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



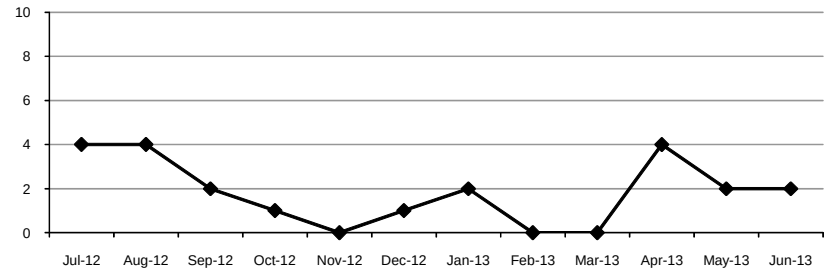
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
4	4	2	1	0	2	2	0	0	4		

MRSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	0	0	1	0	0	0	0	0	0

MSSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
4	4	2	1	0	1	2	0	0	4	2	2

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 98%.
Cleaning Compliance -monthly compliance greater than 93%.
Estates Monitoring -monthly compliance across NHSGGC greater than 94%.

Hand Hygiene Monitoring Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
99	99	98	99	100	100	99	99	99	99	99	99

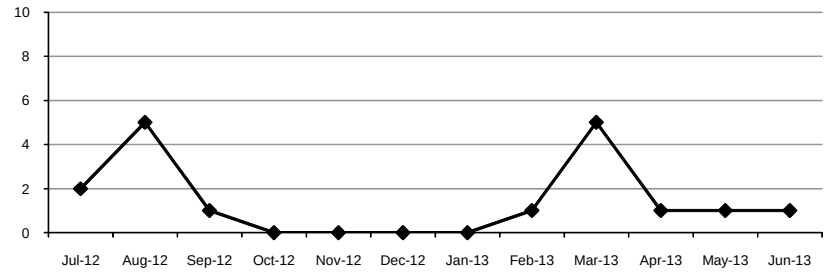
Cleaning Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
95.7	95.9	95	95.3	96.3	95.9	96.2	95.5	94.96	93.09	95.1	93.4

Estates Monitoring Compliance (%)

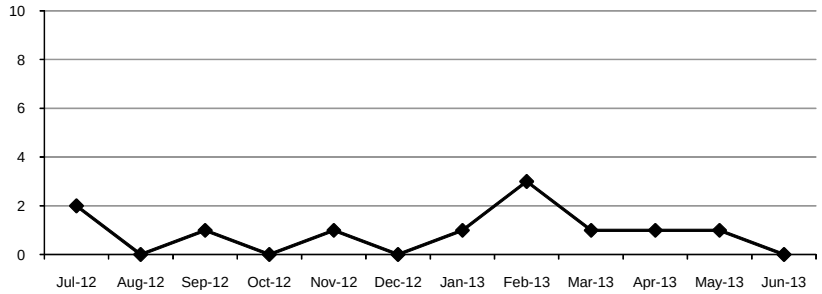
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
97	98.4	97.3	96.4	96.3	94.5	95.4	96.3	95.35	95.46	96.7	95.3

Clostridium difficile Cases (ages 15 and over)



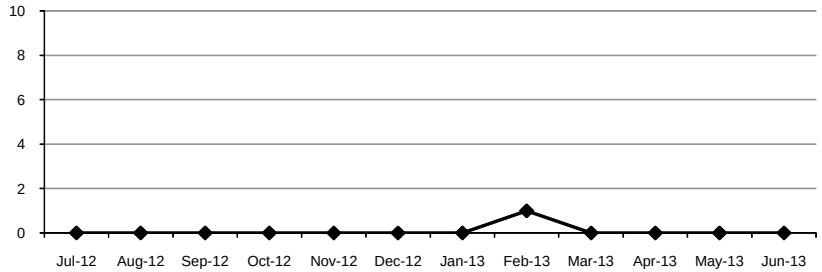
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
2	5	1	0	0	0	0	1	5	1	1	1

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



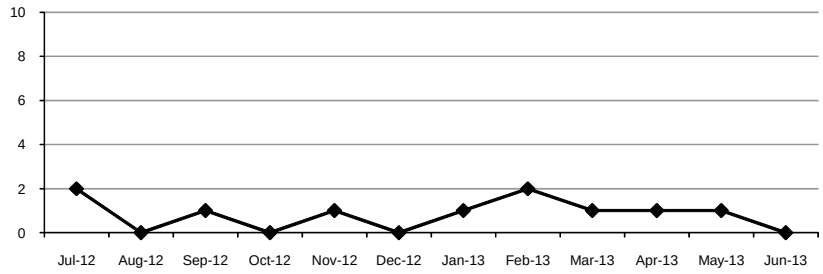
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
2	0	1	0	1	0	1	3	1	1	1	0

MRSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	0	0	0	0	1	0	0	0	0

MSSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
2	0	1	0	1	0	1	2	1	1	1	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 98%.
Cleaning Compliance -monthly compliance greater than 94%.
Estates Monitoring -monthly compliance across NHSGGC greater than 95%.

Hand Hygiene Monitoring Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
98	98	99	99	99	98	98	99	98	98	98	98

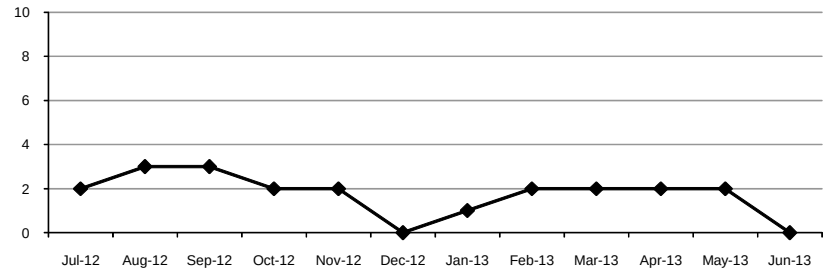
Cleaning Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
94.7	93.2	94.5	94.3	95	94.9	94.9	94.7	94.65	93.61	94.8	95.4

Estates Monitoring Compliance (%)

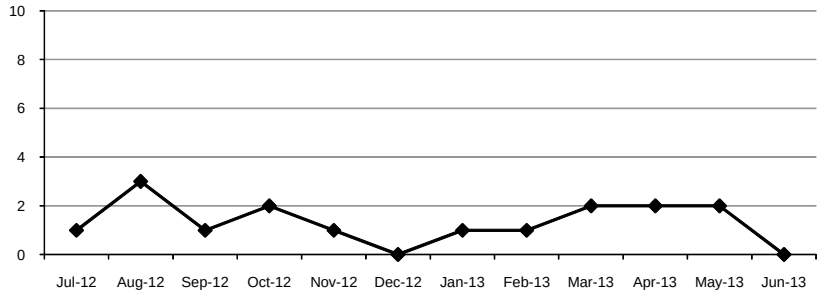
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
98.5	97.2	98.8	98.4	98.1	98.3	98.1	97.4	97.79	95.03	98.1	98.1

Clostridium difficile Cases (ages 15 and over)



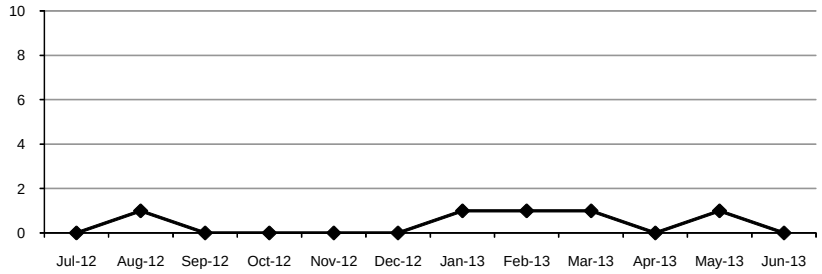
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
2	3	3	2	2	0	1	2	2	2	2	0

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



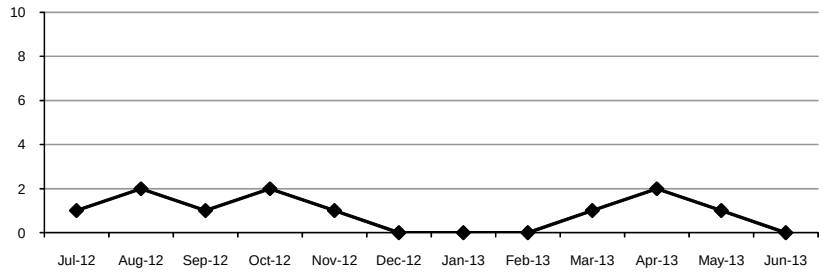
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	3	1	2	1	0	1	1	2	2	2	0

MRSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	1	0	0	0	0	1	1	1	0	1	0

MSSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	2	1	2	1	0	0	0	1	2	1	0

Southern General Hospital

This report card contains information for the Southern General Hospital, including the Langlands Unit & New South Glasgow Hospitals. 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 97%. Cleaning Compliance -monthly compliance greater than 93%. Estates Monitoring -monthly compliance across NHSGGC greater than 96%.

Hand Hygiene Monitoring Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
97	98	98	98	97	98	98	98	98	98	98	98

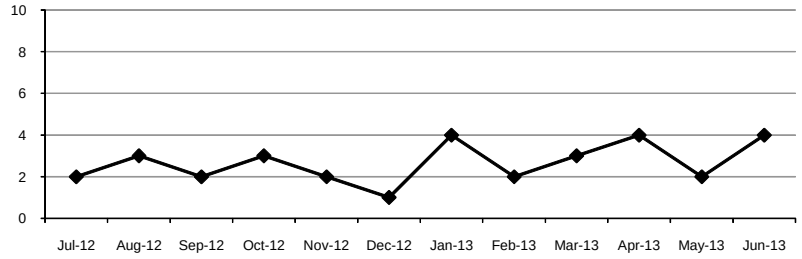
Cleaning Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
93.4	95.5	94.3	94	95.1	94.8	95.6	95.3	95.24	93.32	95.4	93.3

Estates Monitoring Compliance (%)

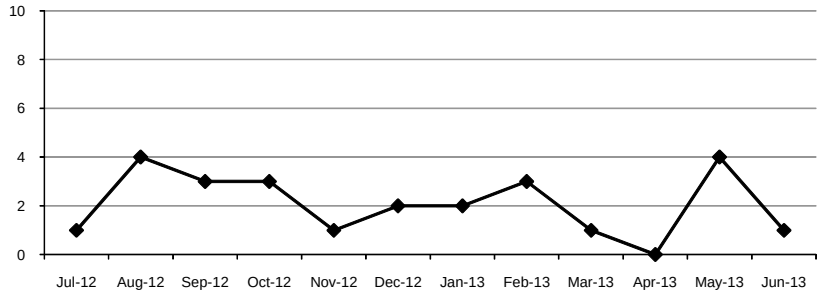
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
98.6	99.4	99.1	97.4	96.6	97.8	97.9	98.6	99.12	98.14	99.3	98.5

Clostridium difficile Cases (ages 15 and over)



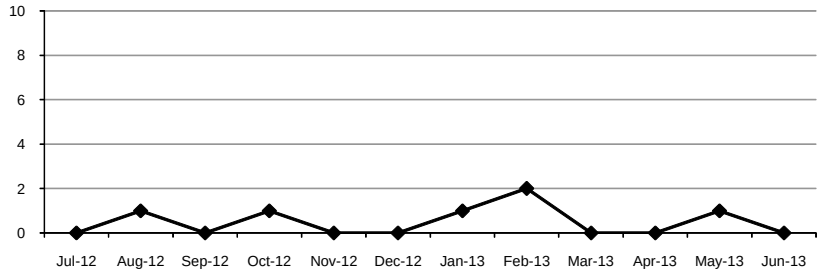
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
2	3	2	3	2	1	4	2	3	4	2	4

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



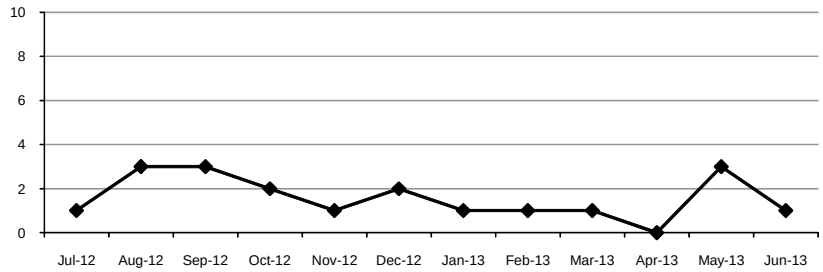
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	4	3	3	1	2	2	3	1	0	4	1

MRSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	1	0	1	0	0	1	2	0	0	1	0

MSSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	3	3	2	1	2	1	1	1	0	3	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 97%.
Cleaning Compliance -monthly compliance greater than 94%.
Estates Monitoring -monthly compliance across NHSGGC greater than 95%.

Hand Hygiene Monitoring Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
97	97	98	98	99	99	97	97	99	97	99	98

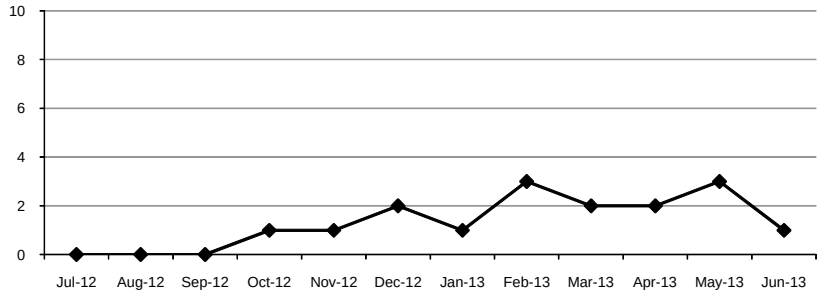
Cleaning Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
94.8	95.5	95.5	95.4	95.8	95.2	94.9	95.8	95.34	95.8	95.6	95

Estates Monitoring Compliance (%)

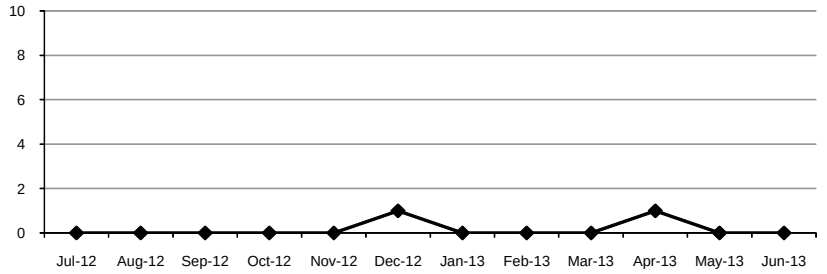
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
95.5	98.2	97.4	97.1	98.4	98	97.6	98.8	97.94	98.72	98.1	97.8

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



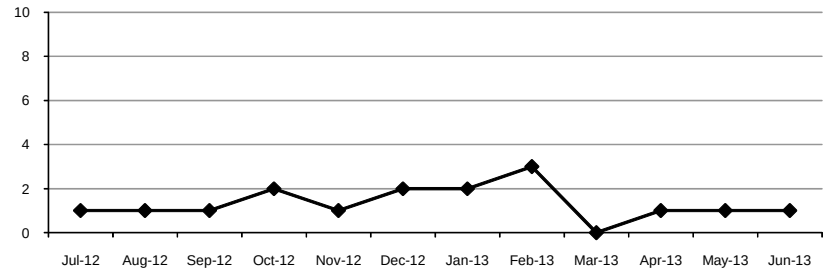
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	1	1	2	1	3	2	2	3	1

MRSA Bacteraemia Cases (all ages)



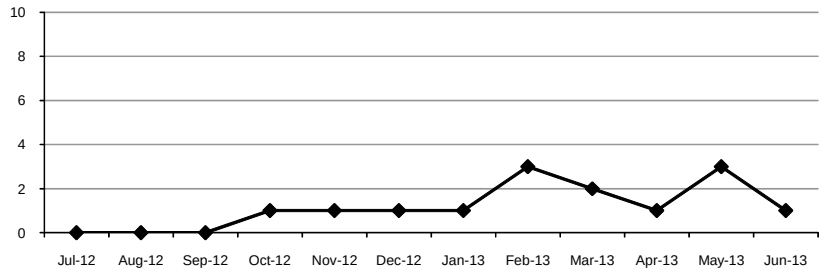
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	0	0	1	0	0	0	1	0	0

***Clostridium difficile* Cases (ages 15 and over)**



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	1	1	2	1	2	2	3	0	1	1	1

MSSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	1	1	1	1	3	2	1	3	1

Gartnavel General Hospital

This report card contains information for Gartnavel General Hospital, including the Bestson Oncology & Homeopathic 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 96%. Cleaning Compliance -monthly compliance greater than 95%. Estates Monitoring - monthly compliance across NHSGGC greater than 94%.

Hand Hygiene Monitoring Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
98	99	99	98	99	96	98	98	98	99	98	98

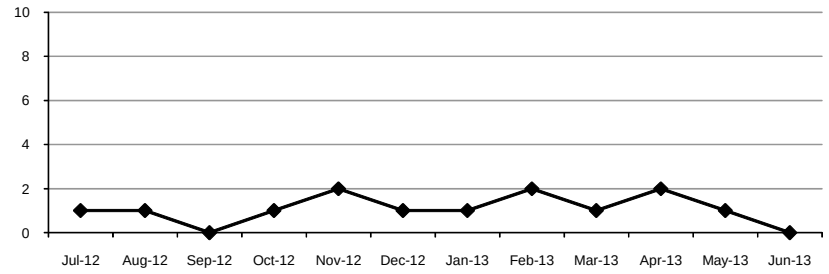
Cleaning Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
95.9	96	95.8	95.1	95.7	95.3	95.3	95.5	95.76	96.2	95	96.1

Estates Monitoring Compliance (%)

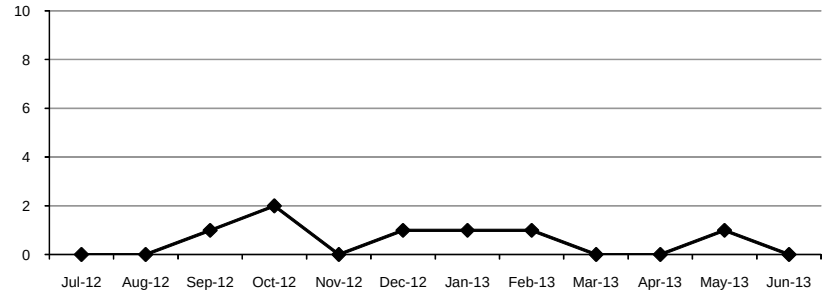
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
95.1	94.2	95.7	96.4	96.4	98.5	94.1	96.9	94.93	95.37	95.9	97.3

Clostridium difficile Cases (ages 15 and over)



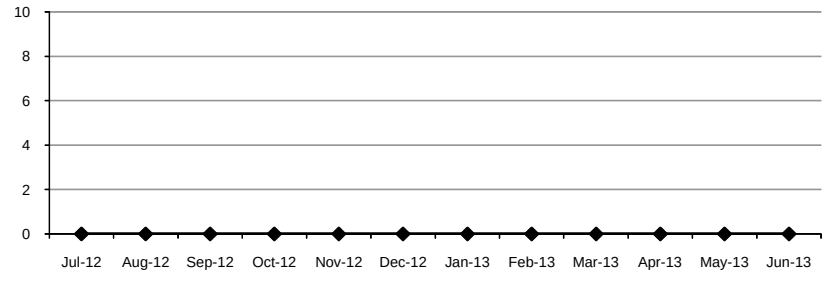
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	1	0	1	2	1	1	2	1	2	1	0

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



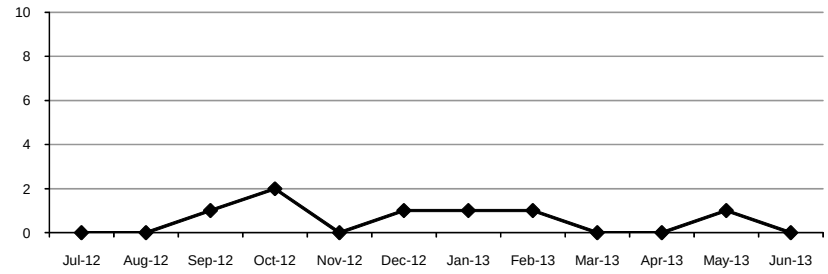
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	1	2	0	1	1	1	0	0	1	0

MRSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	0	0	0	0	0	0	0	0	0

MSSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	1	2	0	1	1	1	0	0	1	0

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 97%.
Cleaning Compliance -monthly compliance across NHSGGC greater than 94%.
Estates Monitoring -monthly compliance across NHSGGC greater than 93%.

Hand Hygiene Monitoring Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
98	99	100	99	99	97	99	100	100	99	98	99

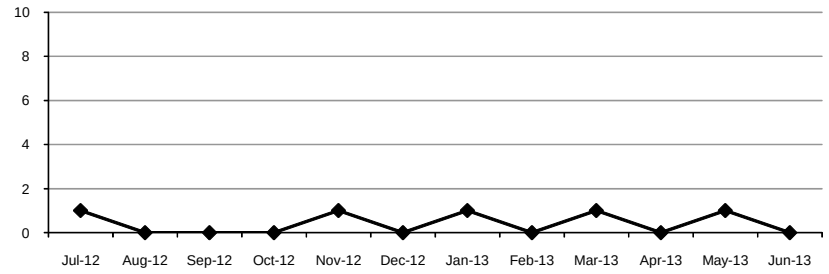
Cleaning Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
94.7	95.1	94.9	95.4	95.6	94.8	95.2	94	96.24	94.49	95.6	95.6

Estates Monitoring Compliance (%)

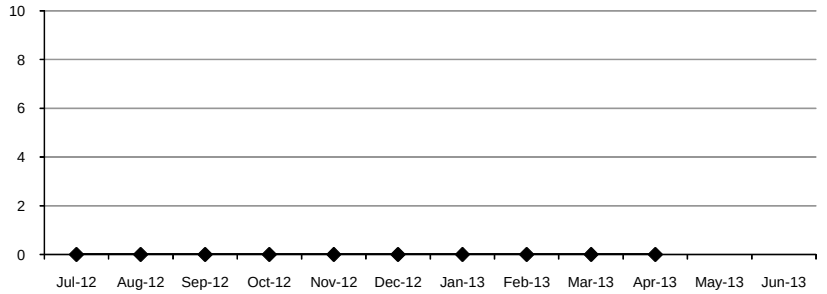
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
97.3	99.1	98.2	97.5	98.4	98	97.2	93.9	91.68	93.25	91.9	97.1

***Clostridium difficile* Cases (ages 15 and over)**



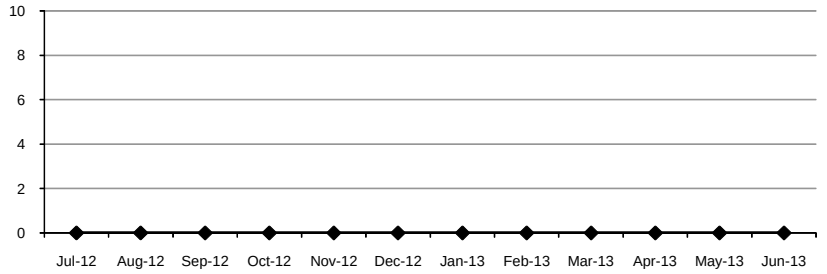
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	0	0	0	1	0	1	0	1	0	1	0

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



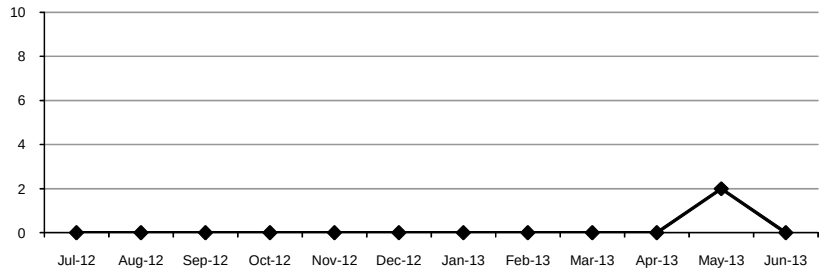
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	0	0	0	0	0	0	0		

MRSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	0	0	0	0	0	0	0	0	0

MSSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	0	0	0	0	0	0	0	2	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 97%.
Cleaning Compliance -monthly compliance greater than 93%.
Estates Monitoring -monthly compliance across NHSGGC greater than 97%.

Hand Hygiene Monitoring Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
100	97	98	98	99	98	99	97	98	99	99	99

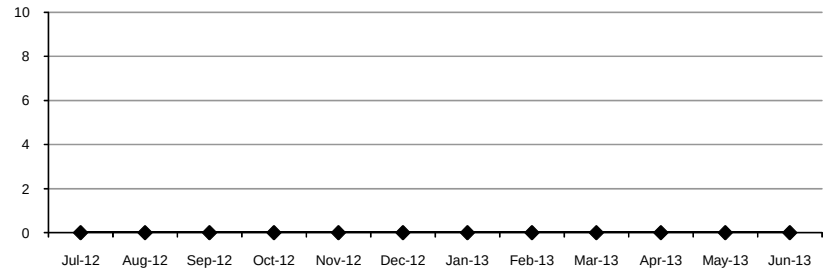
Cleaning Compliance (%)

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
95.4	96.2	94.8	93.5	94.2	94.4	95.4	95.6	95.36	95.69	95.8	94.6

Estates Monitoring Compliance (%)

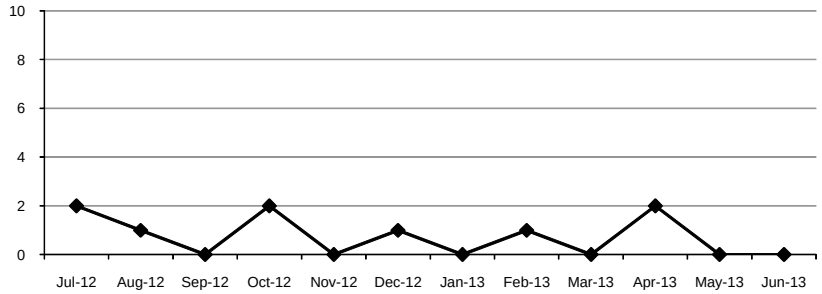
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
98.2	98.8	97.1	97.4	98.6	98.1	98.3	98.5	98.5	98.65	98.7	97.8

Clostridium difficile Cases (ages 15 and over)



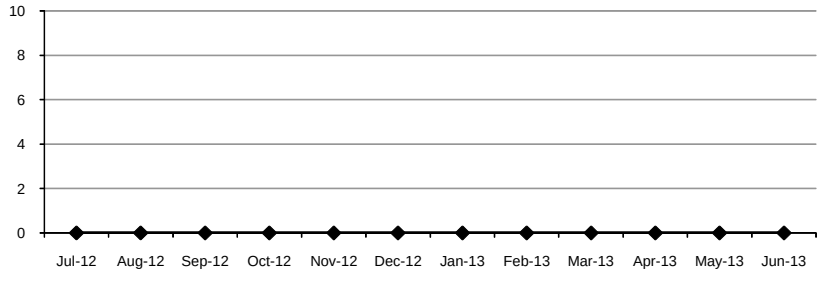
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	0	0	0	0	0	0	0	0	0

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



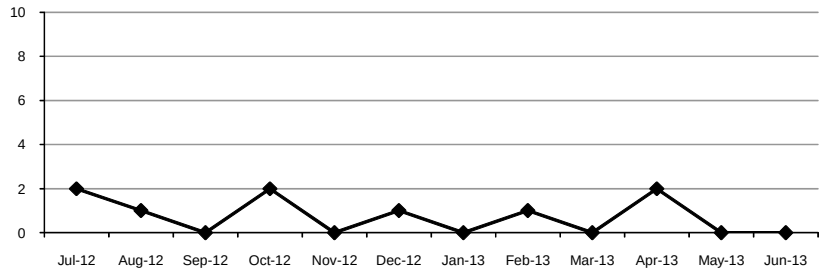
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
2	1	0	2	0	1	0	1	0	2	0	0

MRSA Bacteraemia Cases (all ages)



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	0	0	0	0	0	0	0	0	0

MSSA Bacteraemia Cases (all ages)

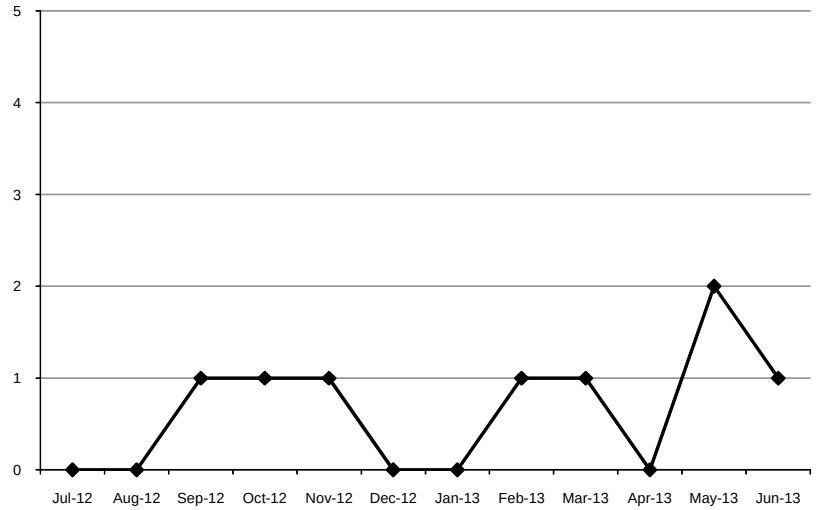


Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
2	1	0	2	0	1	0	1	0	2	0	0

Community Hospitals [Non Acute & Mental Health Hospitals]

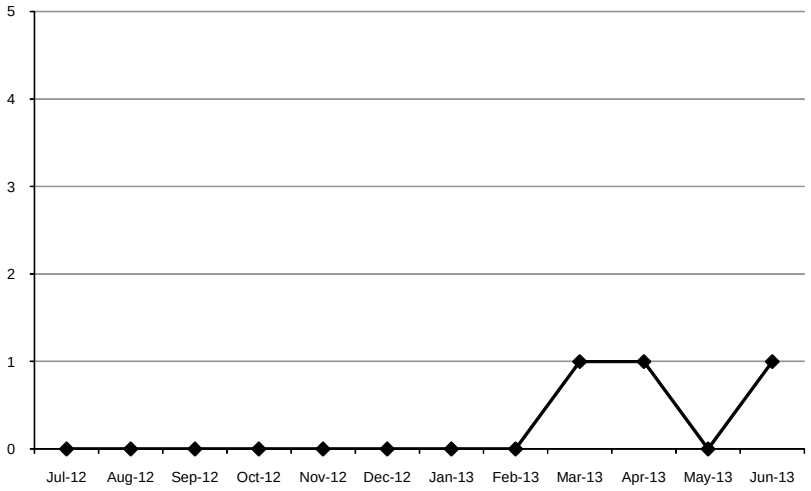
This is an amalgamation of data from the following hospitals: Lightburn,Drumchapel,Gartnavel Royal, Parkhead, Ravenscraig, Leverndale, Johnstone, Mearnskirk, Dykebar Hospitals and Stobhill Hospital. These hospitals are non acute hospitals & mental health hospitals and have very few cases to report.
Data for Clostridium difficile Infection cases in ages 15 & over, Data presented for Meticillin Sensitive Staphylococcus aureus Bacteraemia cases & Meticillin Resistant Staphylococcus aureus Bacteraemia cases.

Clostridium difficile Infection Cases



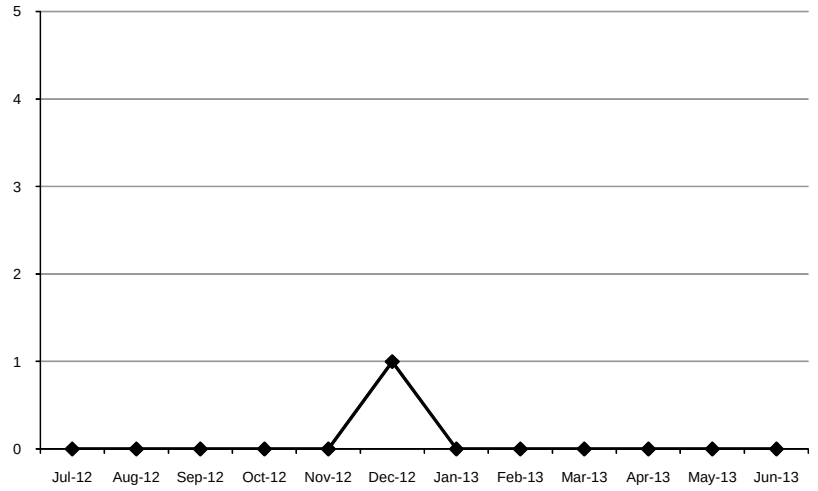
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	1	1	1	0	0	1	1	0	2	1

MSSA Bacteraemia Cases



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	0	0	0	0	0	1	1	0	1

MRSA Bacteraemia Cases



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
0	0	0	0	0	1	0	0	0	0	0	0

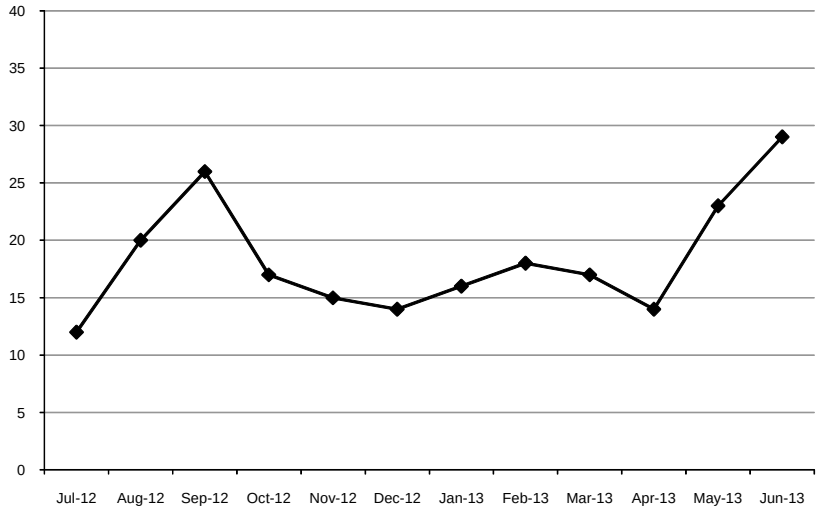
Out of Hospital Infections

Data for Clostridium difficile Infection cases in ages 15 & over:
54.7% of all CDI cases reported in NHSGGC July 2012 to June 2013 are attributed as Out of Hospital infections.

Out of Hospital MSSA bacteraemias account for 61.8% of all cases from July 2012 to June 2013. Out of Hospital MRSA bacteraemias make up 44.7% of all cases for the same timeframe.

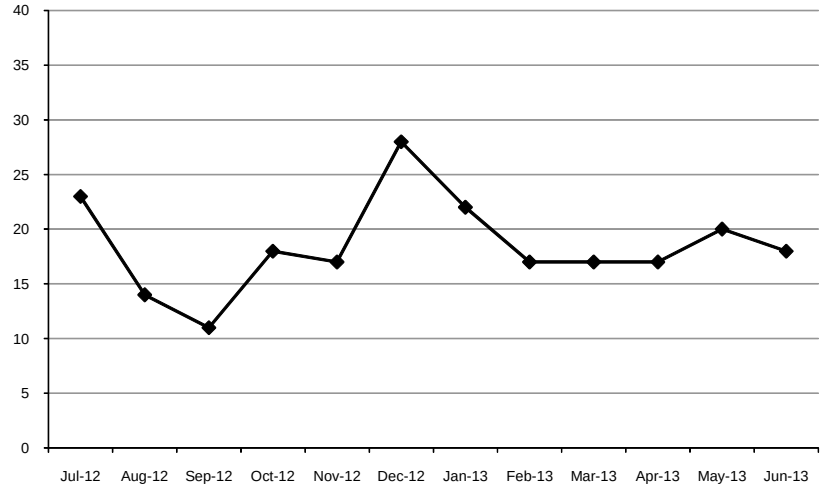
This equates to 60.2% of all *Staphylococcus aureus* Bacteraemia cases being Out of Hospital infections.

Clostridium difficile Infection Cases



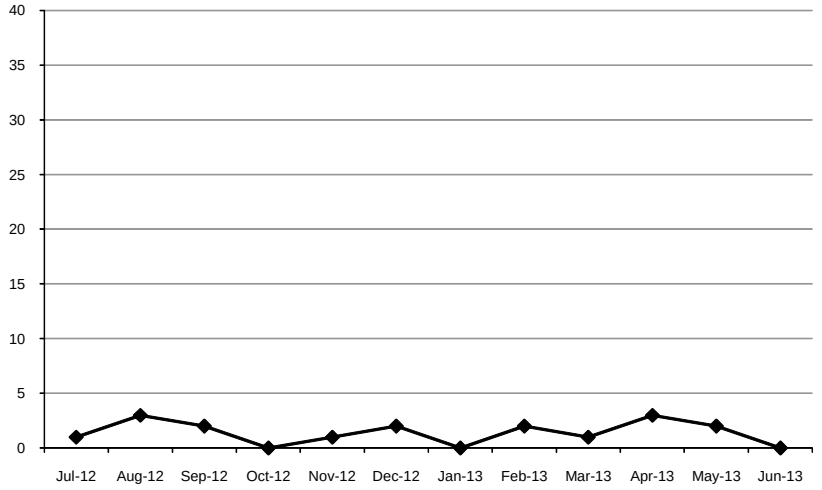
Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
12	20	26	17	15	14	16	18	17	14	23	29

MSSA Bacteraemia Cases



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
23	14	11	18	17	28	22	17	17	17	20	18

MRSA Bacteraemia Cases



Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	3	2	0	1	2	0	2	1	3	2	0

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

This section includes Hospital level SPCs for acute sites in NHSGGC

The SPCs include data on

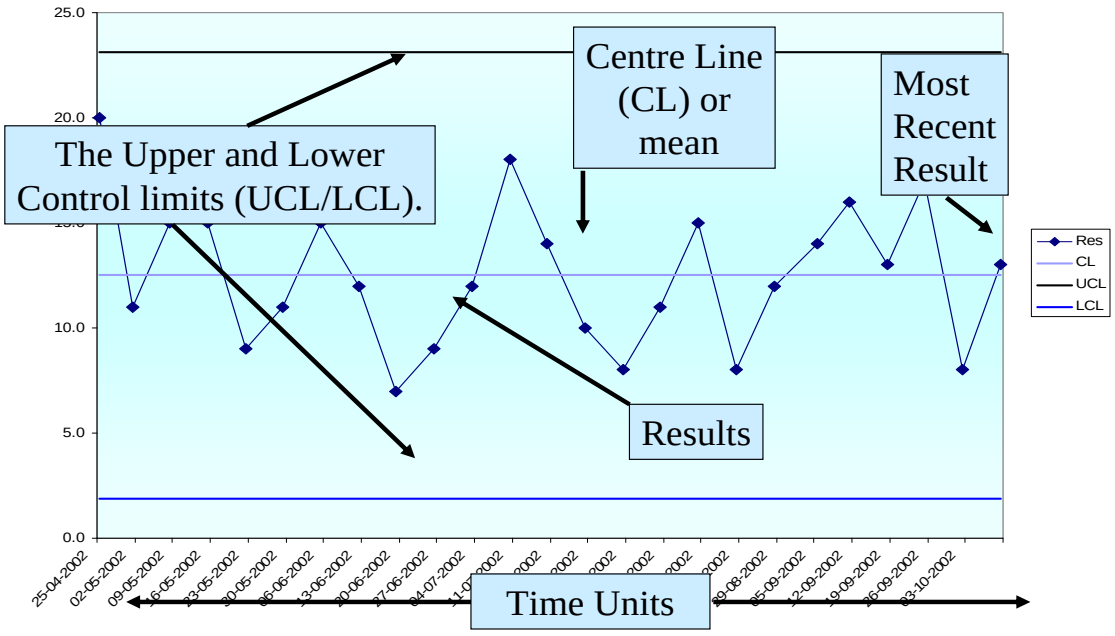
- Hospital Acquired MRSA cases (includes wound swabs, sputum & urine samples etc.)
- Hospital Acquired Clostridium difficile cases

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.

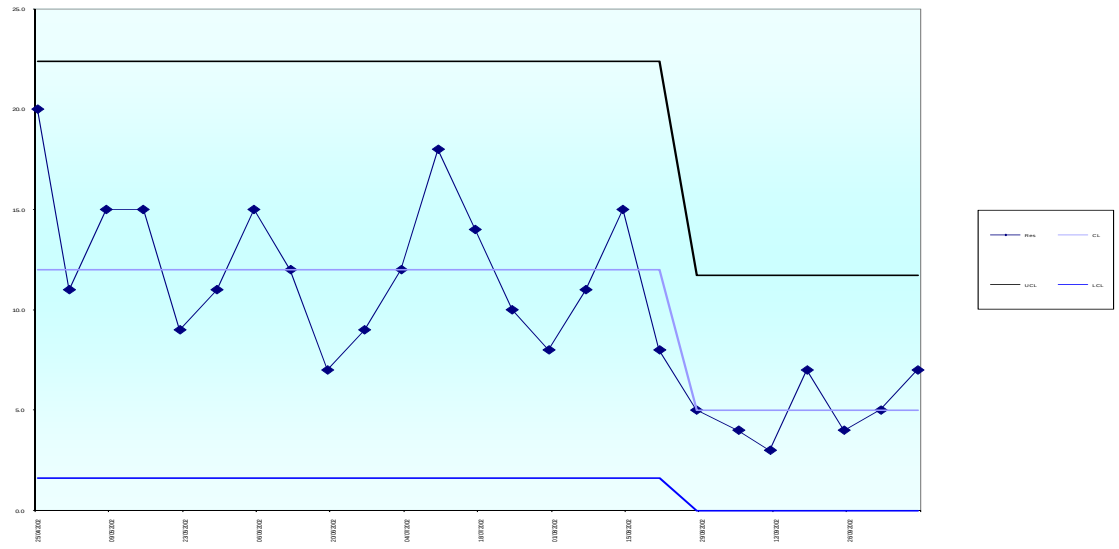
Statistical Process Control Charts (SPCs) are the application of statistical theory to Quality Control. They show process data chronologically (per month in most cases). Some examples of where they have been used in healthcare include; queuing analysis of appointment access and delays and forecasting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



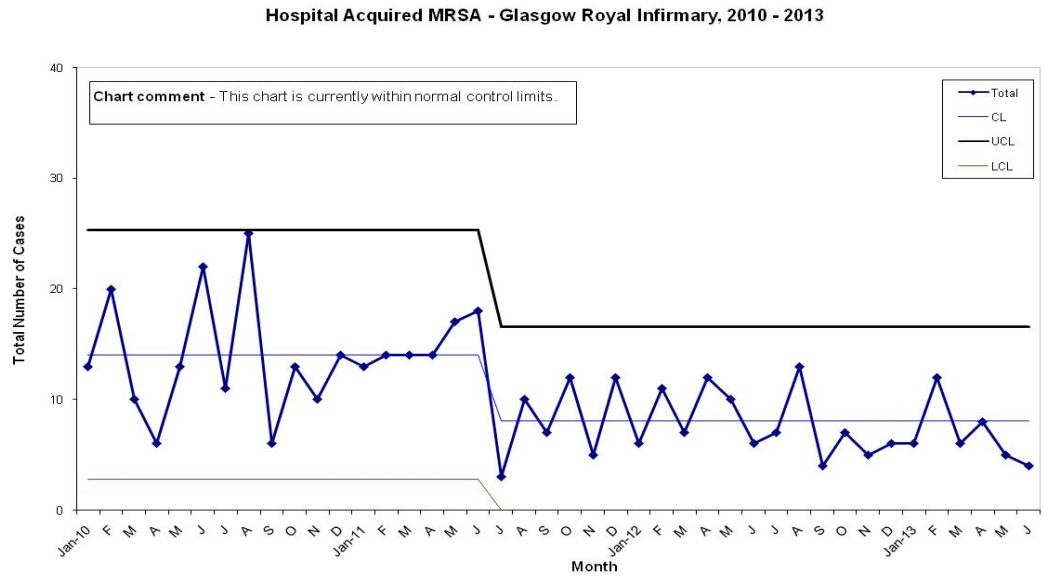
This chart demonstrates that infection control practice on a ward has improved. This in turn has resulted in fewer cases and the mean for this ward has been reduced to reflect this. Now that SPC's are available across the whole of NHSGGC we will be actively targeting improvements in areas with historically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

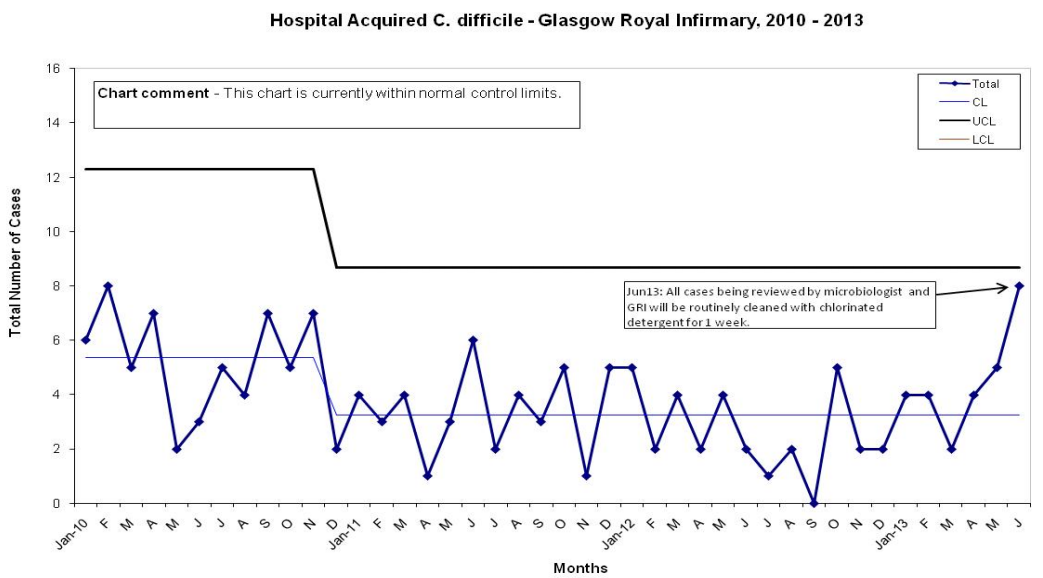
Trigger Events/Charts that Breach the Upper Control Limits

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.

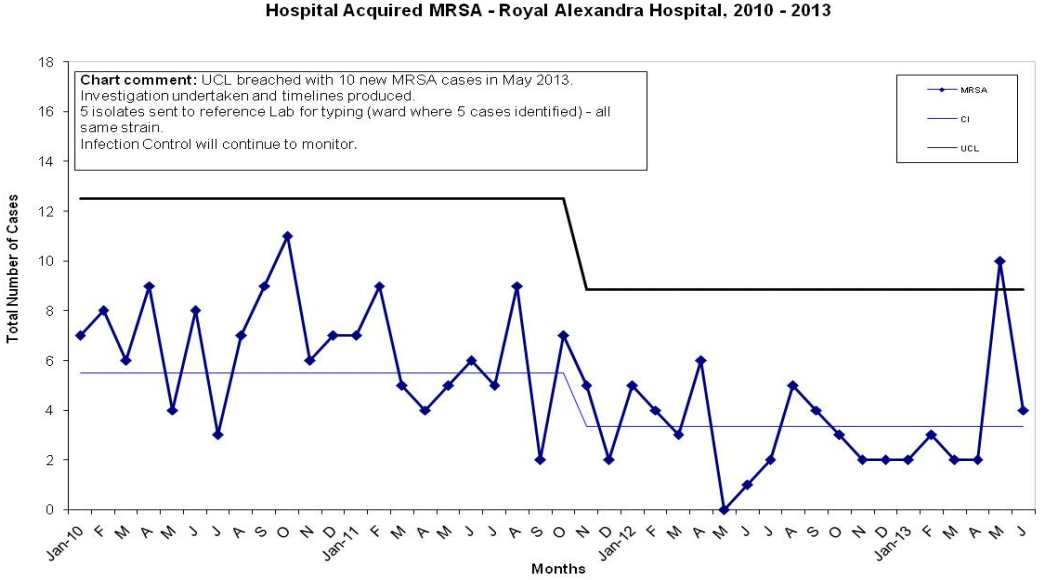
All Hospital Level Statistical Process Control Charts remain within normal control limits.

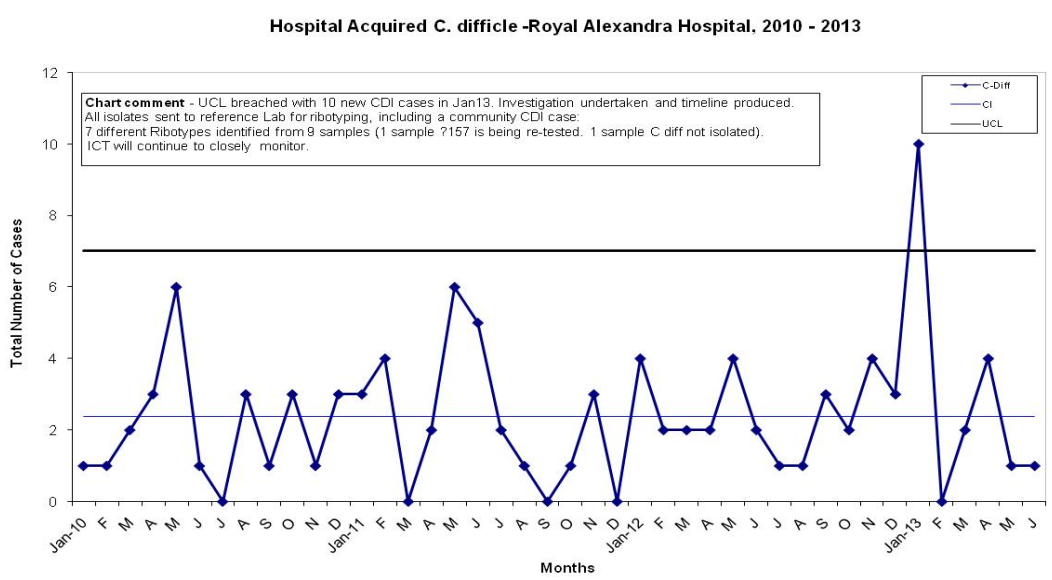
Glasgow Royal Infirmary



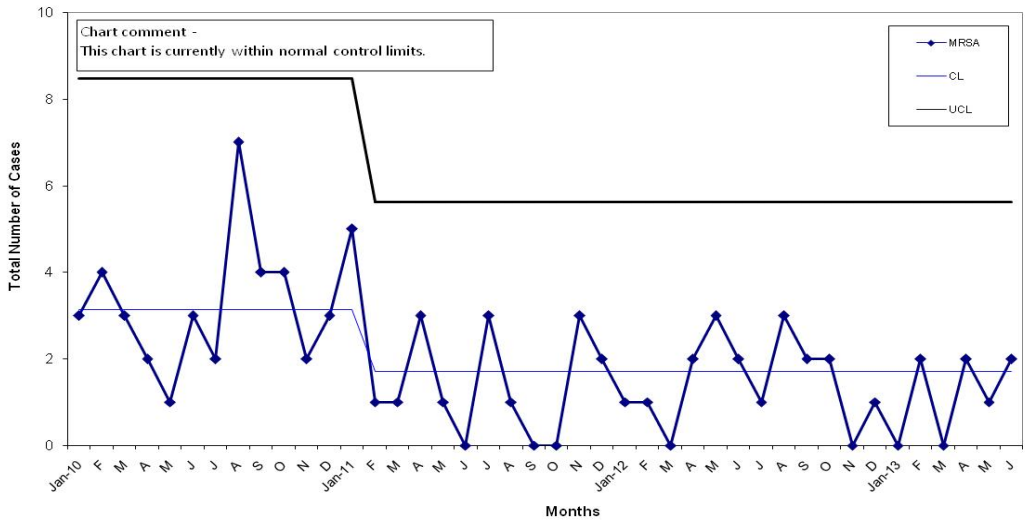


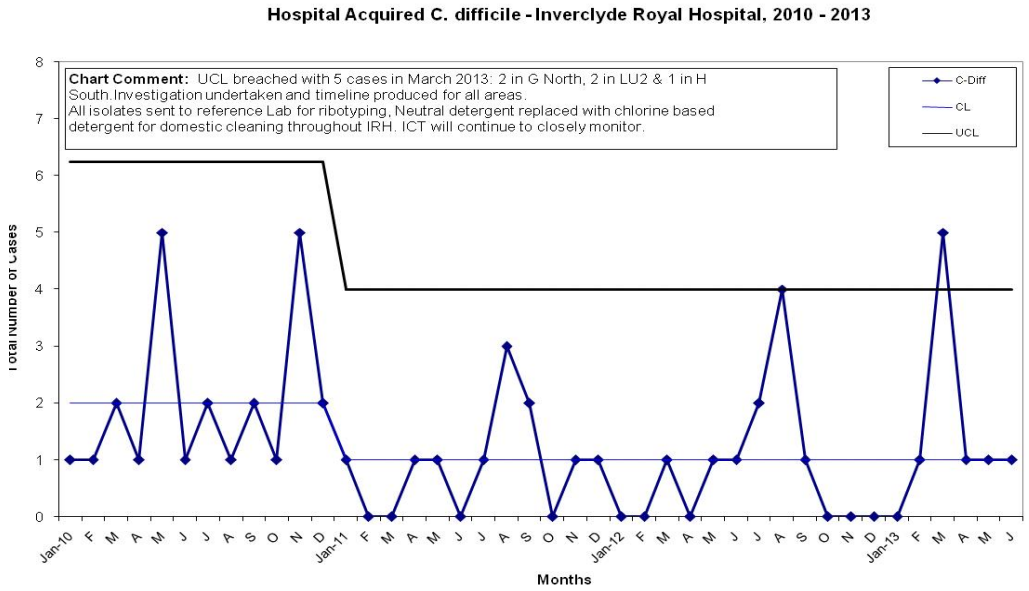
Royal Alexandra Hospital



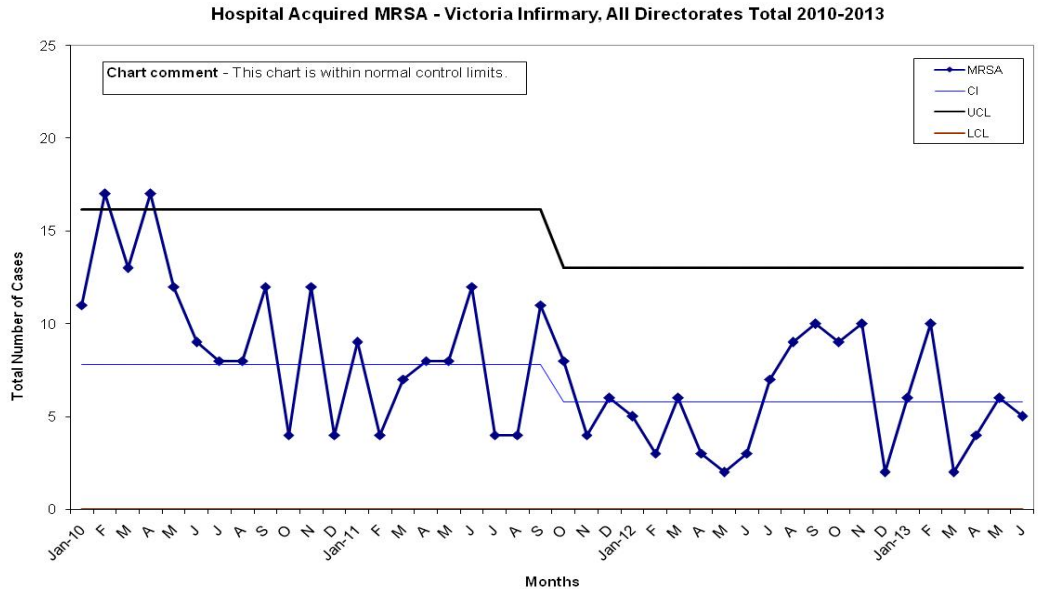


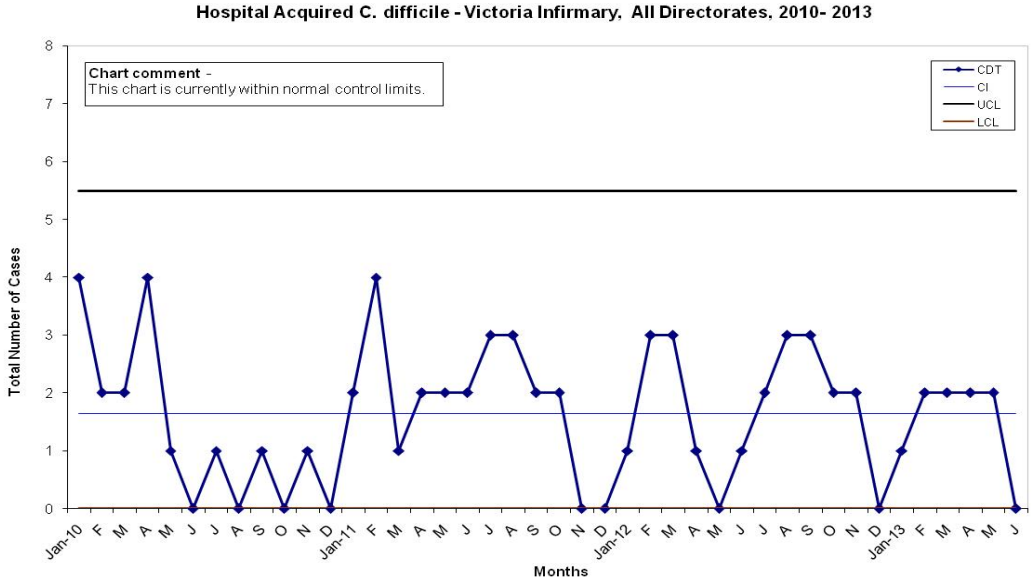
Inverclyde Royal Hospital





Victoria Infirmary





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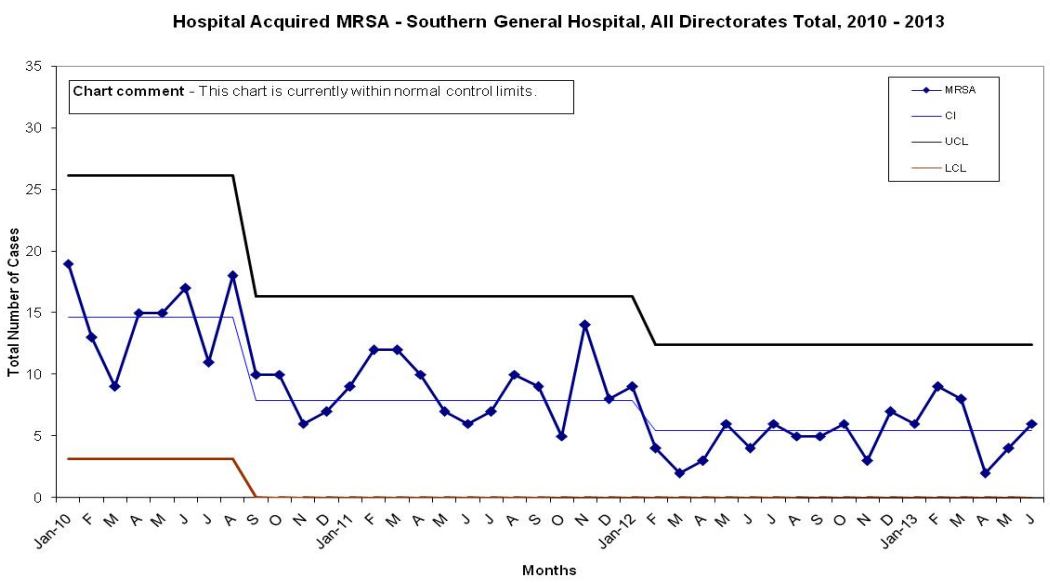
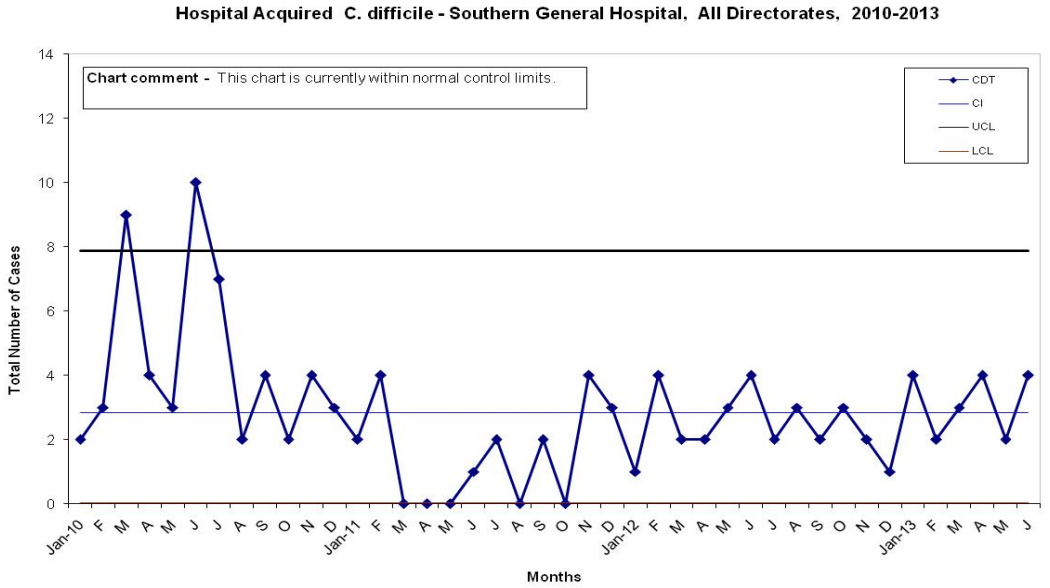
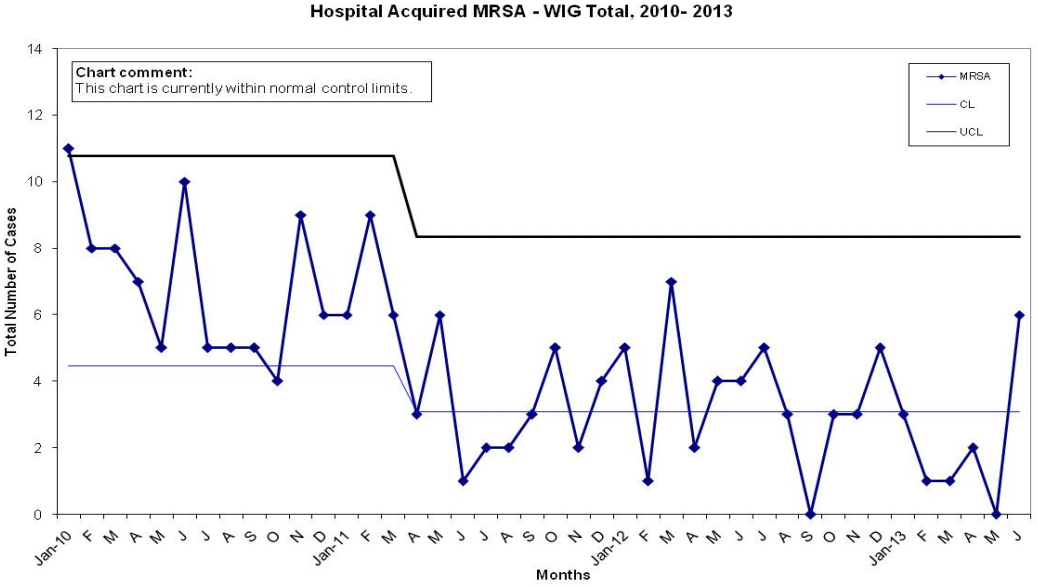
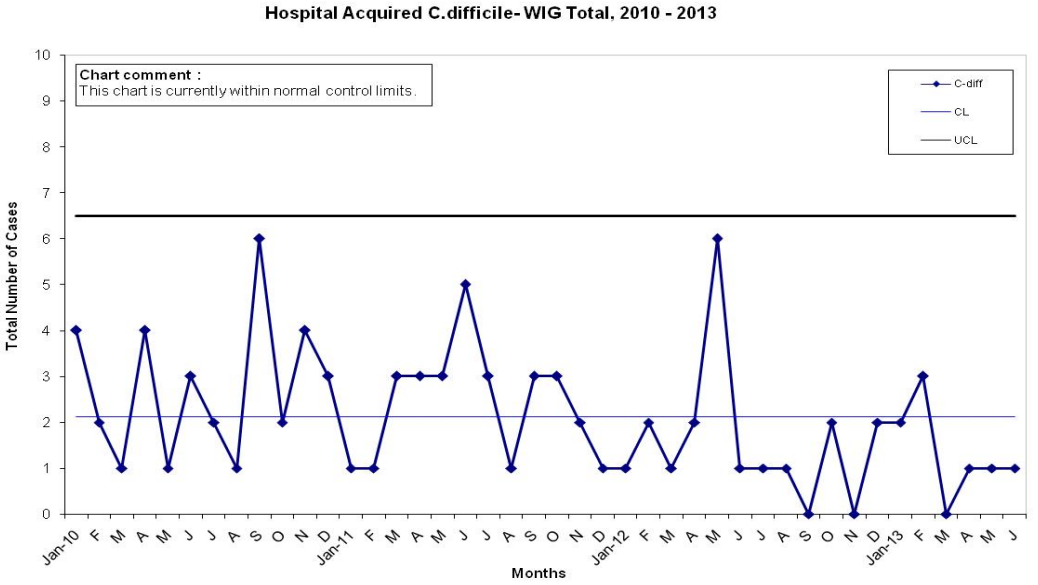


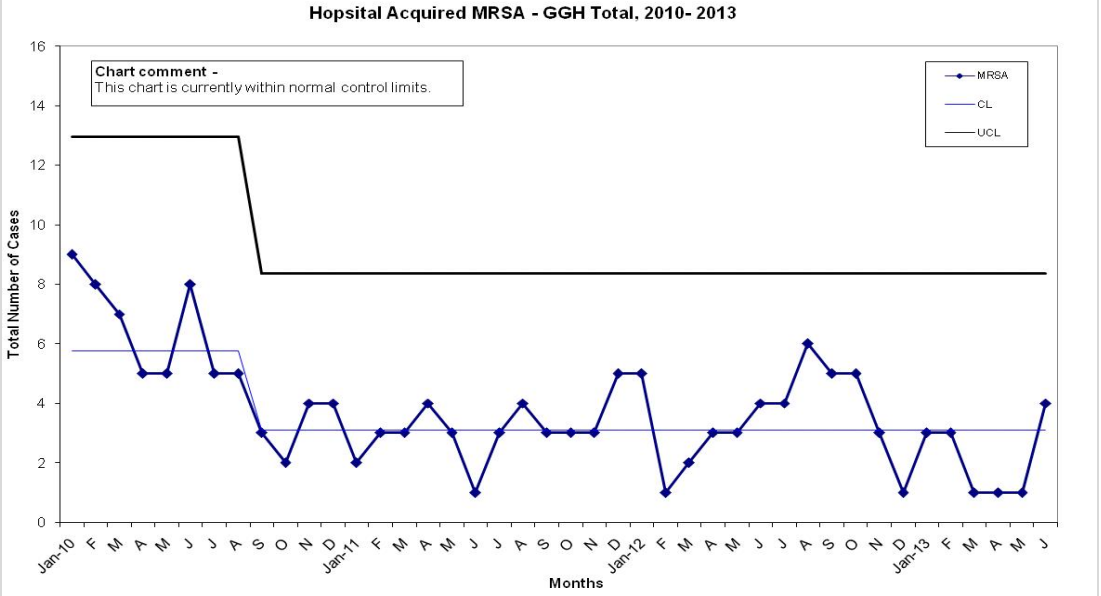


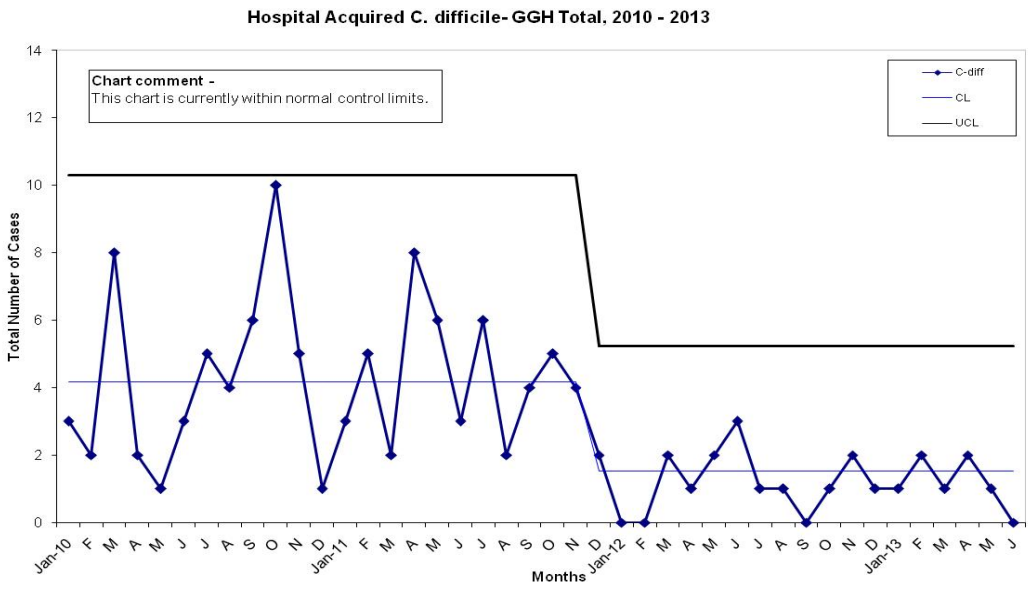
Western Infirmary



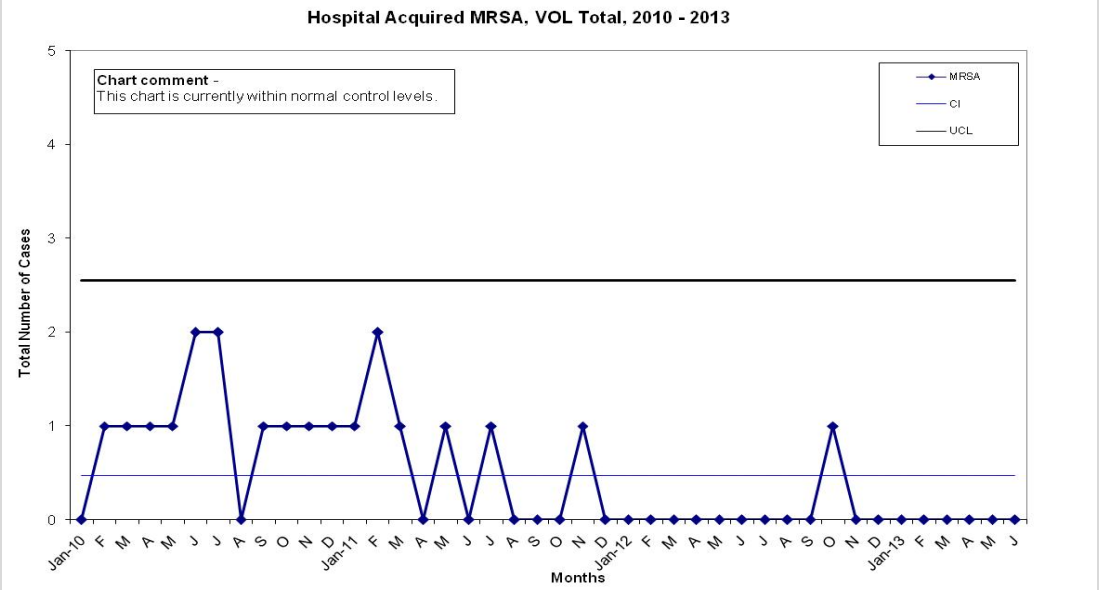


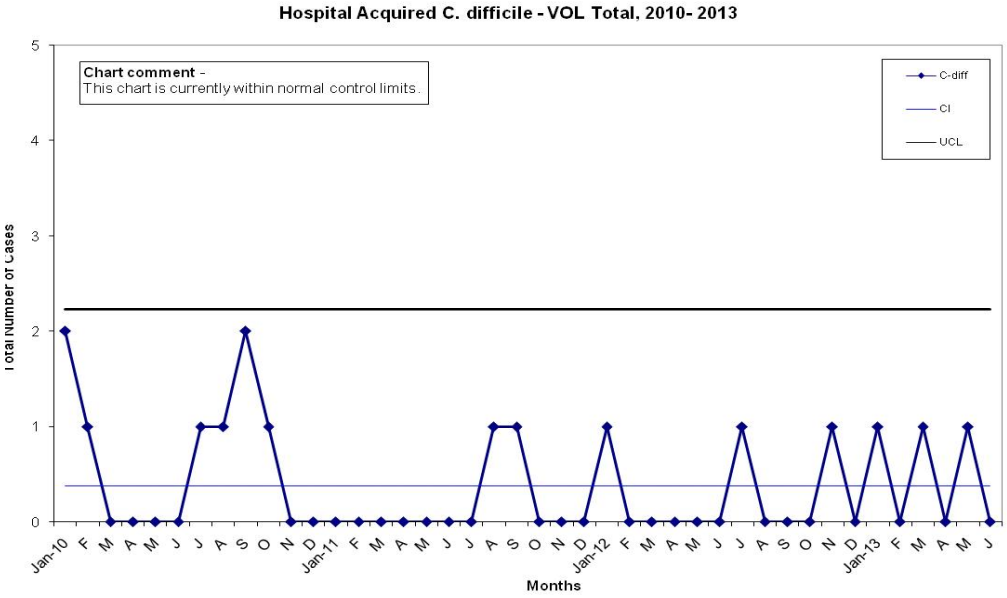
Gartnavel General Hospital





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.