**NHS Board Meeting**
**21st August 2012**

**Board Medical Director** **Board Paper No. 12/34**

**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.


Author's name **Dr Jennifer Armstrong**
Title **Board Medical Director**
Contact tel. No. **64407**

# 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 2012

This is the twelfth 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 (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 (January – March 2012) NHSGGC reported 0.275 cases per 1000 AOBDs, NHS Scotland reported 0.292 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 July 2012 (January – March 2012) shows the rate of *C. difficile* within NHSGGC as 0.25 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 2760 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 July 2012 (January – March 2012) shows the rate of *C. difficile* within NHSGGC as 0.25 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 95% (LHBC Audits) reported in the July 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.

April - June 2012 Cleaning & Estates Monitoring Compliance scores are currently unavailable. Health Facilities Scotland is in the process of rolling out a new recording format.

## HEI Unannounced Inspection – Vale of Leven Hospital

## 7th June 2012

Three requirements and two recommendations are to be auctioned from the visit.

## HEI Inspection – Western Infirmary

## 24th July 2012

Appendix 2 is a copy of the NHSGGC generic HAI leaflet that is available for staff to order from general stores (cedar). The contents are based on the requirements set out in the Code of Practice for HAI and the requirements incumbent upon the board with regards to equality and diversity and the Patient Participation Standards.

Code of Practice for HAI suggests that core service user information about HAI must address the following:

- What is infection;
- That there is a risk of acquiring infections and of passing them on;
- That there are a range of sources from which infection comes, including staff, visitors, other service users, service users' own organisms, contaminated food and the environment;
- That risk may be increased by, for example, radiotherapy, chemotherapy, steroids and inappropriate use of antibiotics and this may lead to increased susceptibility to infection and the emergence of antibiotic resistance;
- That infection is not inevitable;
- What is being done to monitor and prevent HAI;
- Explain that the very young, the very old and those with long term health conditions are more likely than others to suffer from an HAI;
- Staff expectations of people as service users, carers or relatives;
- That the issue of food consumed in healthcare premises by service users, carers or relatives is a complex one, which should be addressed locally.

The GGC leaflet does not emphasise food as such because the board is so diverse and local policies apply; there is however a food hygiene policy to guide staff with regards to what food patients and relatives can bring into hospital.
In relation to the HEI requirement - the SOP for cleaning bed spaces includes the requirement to leave one of these PIL at the bed space when it has been cleaned prior to the next admission. This seems to be an operational issue that the IPCT will bring to the attention of the directorate HEI leads for local action.

**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**

Royal Alexandra Hospital, Ward 1 - *C. difficile* - Breached Upper Control Limit (1.6) May 2012

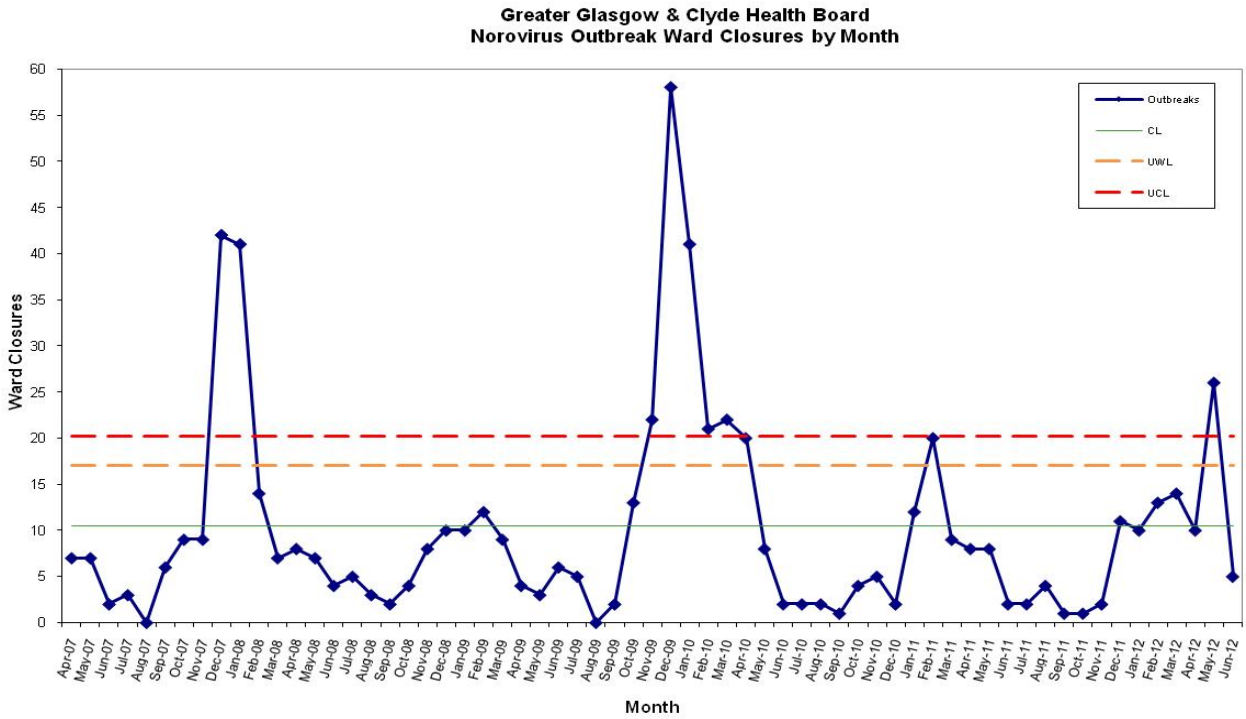
Two CDI patients were identified in Ward 1 RAH 14 days apart.
ICT advised transmission based precautions. Both patients had been on antibiotic therapy prior to identification of CDI.

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 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ward Closures (Norovirus) | 2 | 2 | 4 | 1 | 1 | 2 | 11 | 10 | 13 | 14 | 10 | 26 | 5 |



**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 (January – March 2012)

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 | 1240 | 12 | 1.0 | 2.1 |
| Hip arthroplasty | 512 | 3 | 0.6 | 0.8 |
| Knee arthroplasty | 551 | 0 | 0.0 | 0.1 |
| Reduction of long bone fracture | 231 | 1 | 0.4 | 0.3 |
| Repair of neck of femur | 201 | 1 | 0.5 | 0.8 |

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, 01/01/2012 - 31/03/2012.

# 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 - June 2012 Cleaning & Estates Monitoring Compliance scores are currently unavailable. Health Facilities Scotland are in the process of rolling out a new recording format.**

### *Hand Hygiene Monitoring Compliance (%)*

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

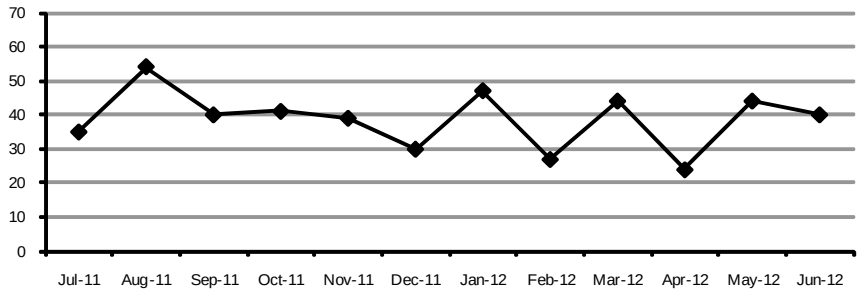
### *Cleaning Compliance (%)*

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

### *Estates Monitoring Compliance (%)*

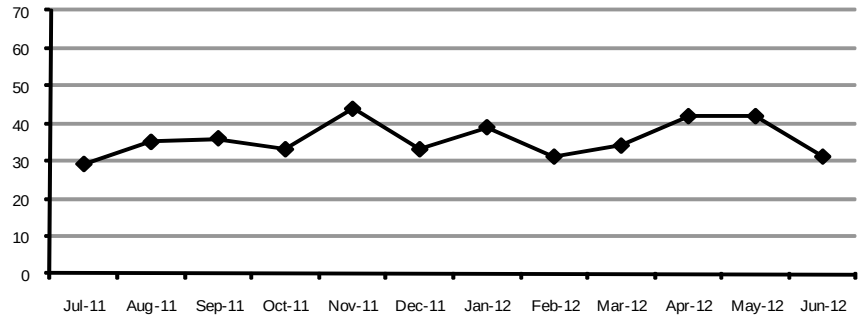
| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 90.9 | 91.8 | 93.4 | 93.5 | 93.7 | 94.3 | 94.5 | 94.7 | 95.2 | - | - | - |

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



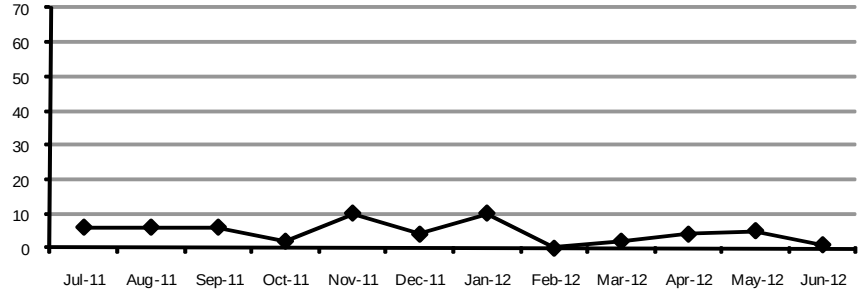

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 35 | 54 | 40 | 41 | 39 | 30 | 47 | 27 | 44 | 24 | 44 | 40 |

### Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



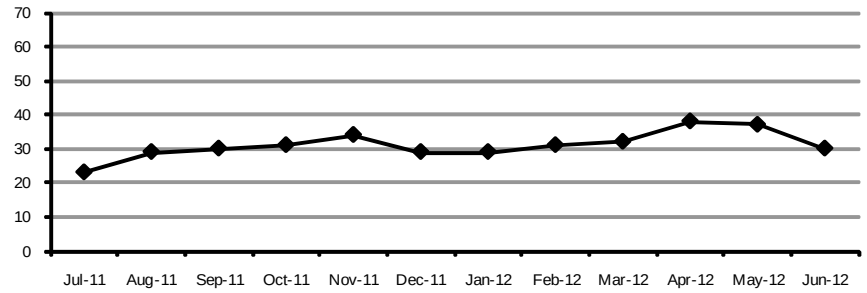

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 29 | 35 | 36 | 33 | 44 | 33 | 39 | 31 | 34 | 42 | 42 | 31 |

### MRSA Bacteraemia Cases (all ages)



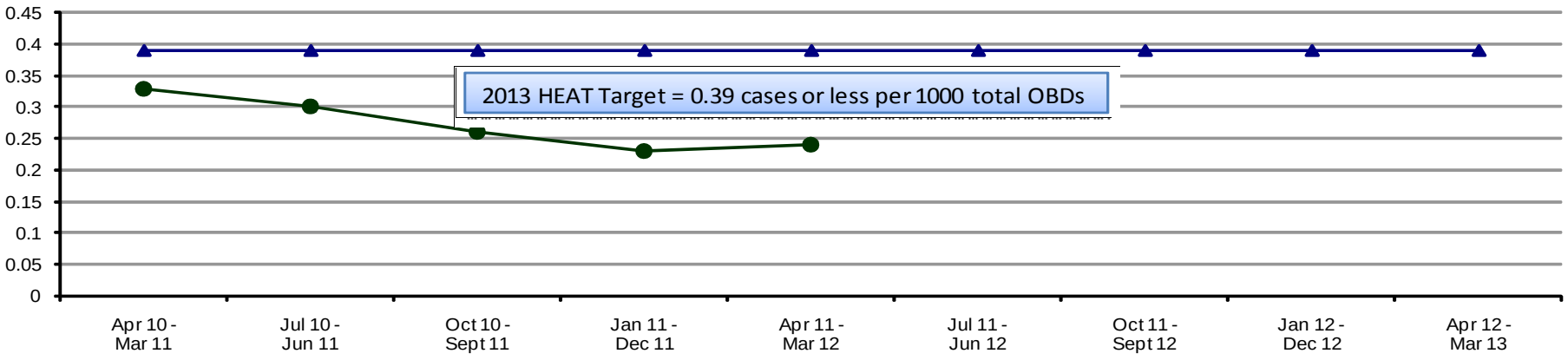

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | 6 | 6 | 2 | 10 | 4 | 10 | 0 | 2 | 4 | 5 | 1 |

### MSSA Bacteraemia Cases (all ages)



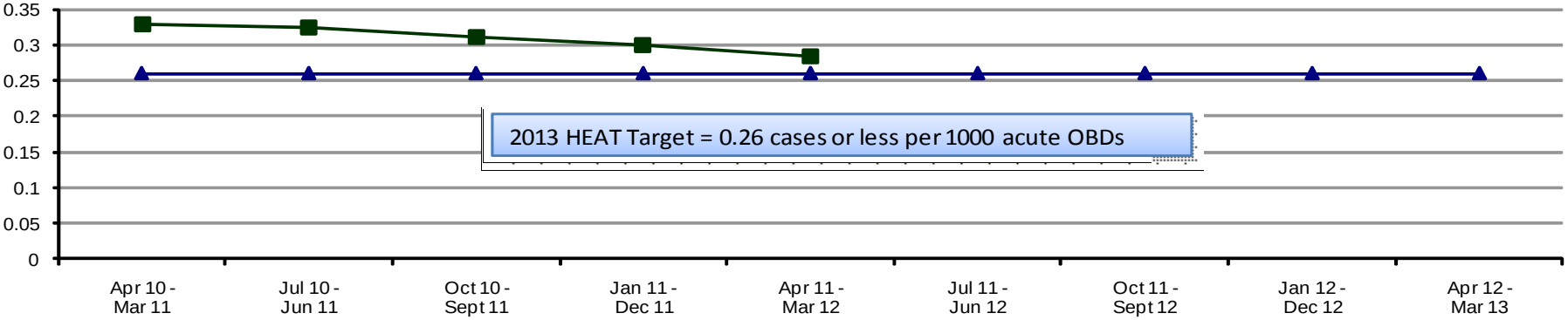

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 23 | 29 | 30 | 31 | 34 | 29 | 29 | 31 | 32 | 38 | 37 | 30 |

**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** | **0.24** | | | | |
| 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** | **0.283** | | | | |
| 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 - June 2012 Cleaning & Estates Monitoring Compliance scores are currently unavailable. Health Facilities Scotland are in the process of rolling out a new recording format.**

### *Hand Hygiene Monitoring Compliance (%)*

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

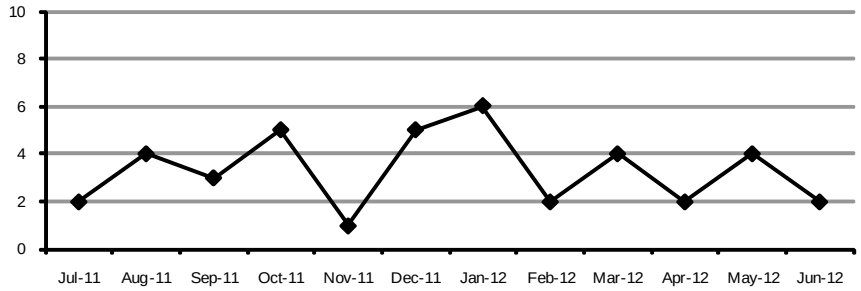
### *Cleaning Compliance (%)*

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

### *Estates Monitoring Compliance (%)*

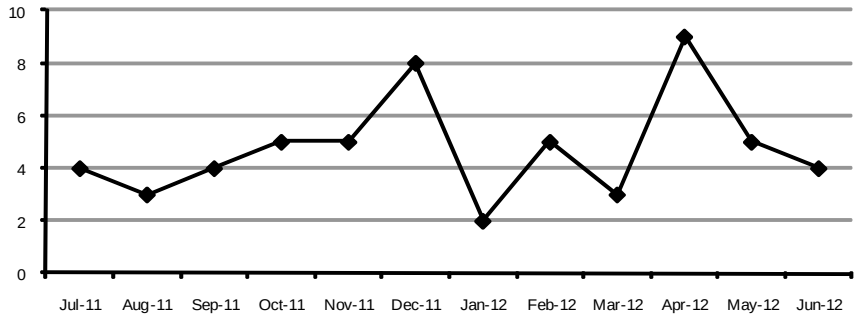
| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 92.9 | 95 | 93.7 | 95.6 | 96 | 95.8 | 96.5 | 96.5 | 96.4 | - | - | - |

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



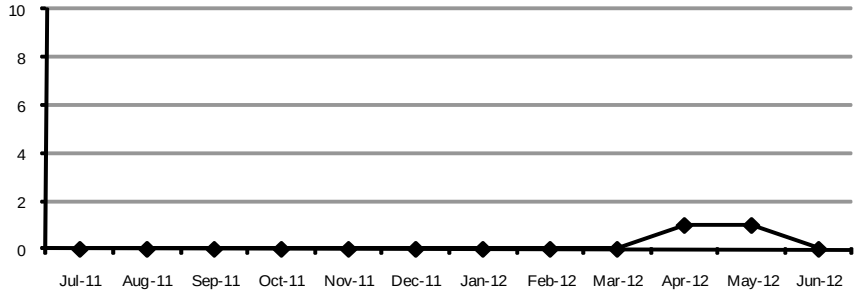

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 4 | 3 | 5 | 1 | 5 | 6 | 2 | 4 | 2 | 4 | 2 |

### Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



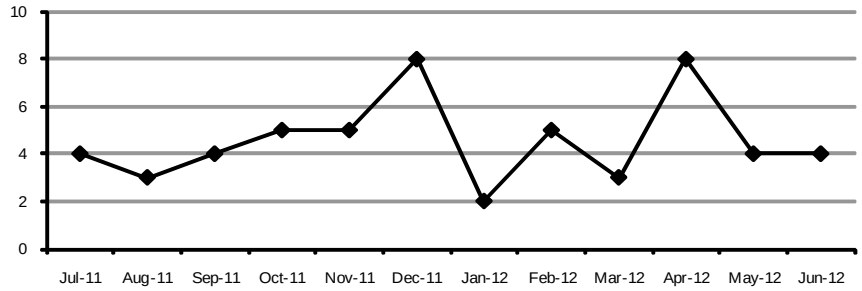

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 | 3 | 4 | 5 | 5 | 8 | 2 | 5 | 3 | 9 | 5 | 4 |

### MRSA Bacteraemia Cases (all ages)




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

### MSSA Bacteraemia Cases (all ages)




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

# 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 - June 2012 Cleaning & Estates Monitoring Compliance scores are currently unavailable. Health Facilities Scotland are in the process of rolling out a new recording format.**

### *Hand Hygiene Monitoring Compliance (%)*

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

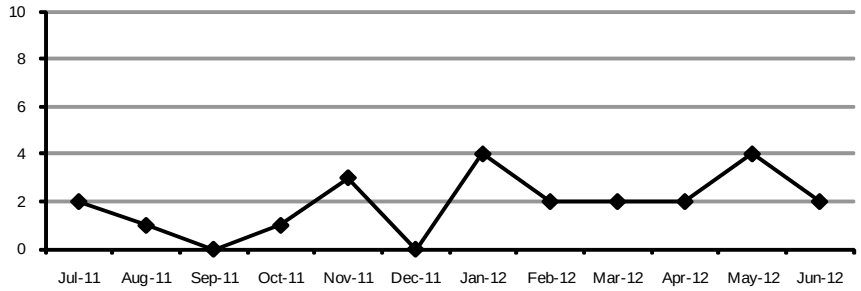
### *Cleaning Compliance (%)*

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

### *Estates Monitoring Compliance (%)*

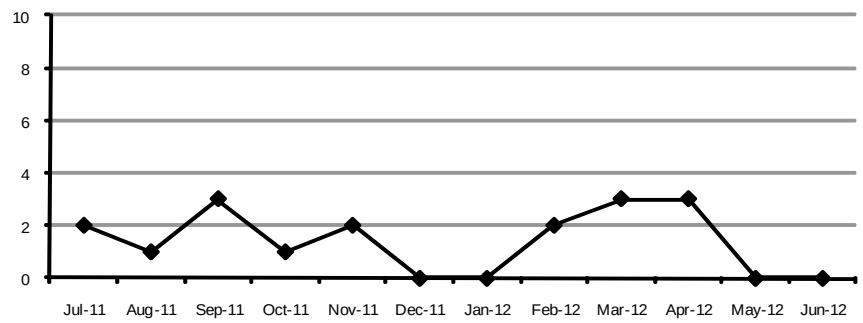
| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 92.7 | 92.6 | 96.7 | 93.2 | 94.4 | 93.7 | 94.2 | 95 | 97.4 | - | - | - |

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



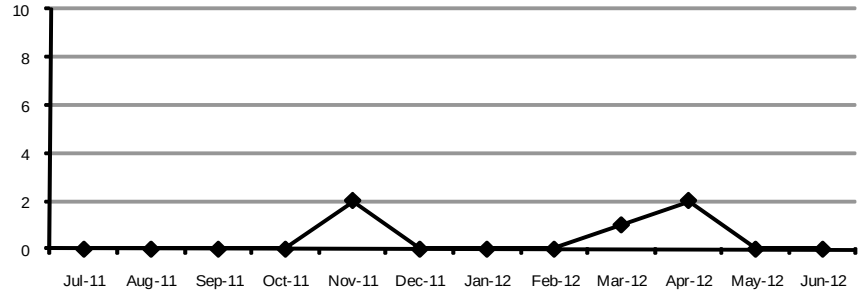

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 1 | 0 | 1 | 3 | 0 | 4 | 2 | 2 | 2 | 4 | 2 |

### Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



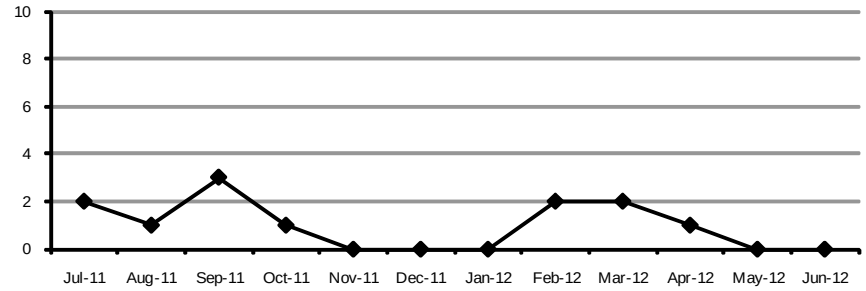

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 1 | 3 | 1 | 2 | 0 | 0 | 2 | 3 | 3 | 0 | 0 |

### MRSA Bacteraemia Cases (all ages)




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

### MSSA Bacteraemia Cases (all ages)




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

# 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 - June 2012 Cleaning & Estates Monitoring Compliance scores are currently unavailable. Health Facilities Scotland are in the process of rolling out a new recording format.**

### *Hand Hygiene Monitoring Compliance (%)*

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

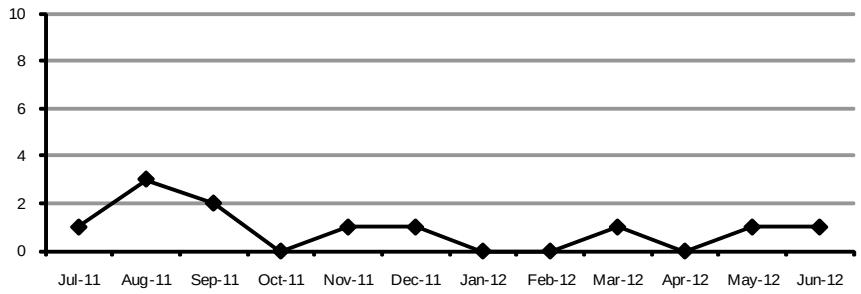
### *Cleaning Compliance (%)*

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

### *Estates Monitoring Compliance (%)*

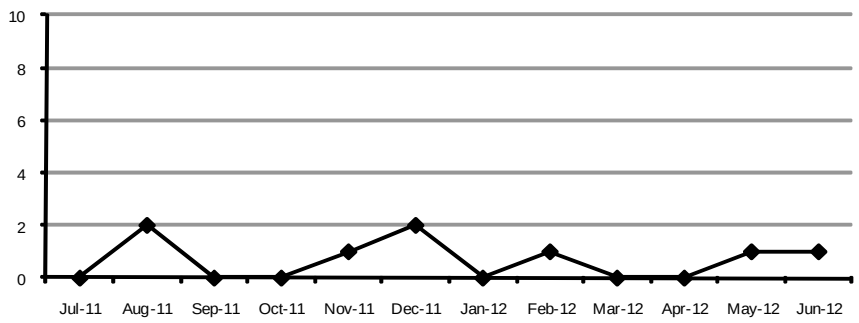
| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 92.1 | 92 | 91.8 | 91.6 | 91 | 92.1 | 90.9 | 91.5 | 92.5 | - | - | - |

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



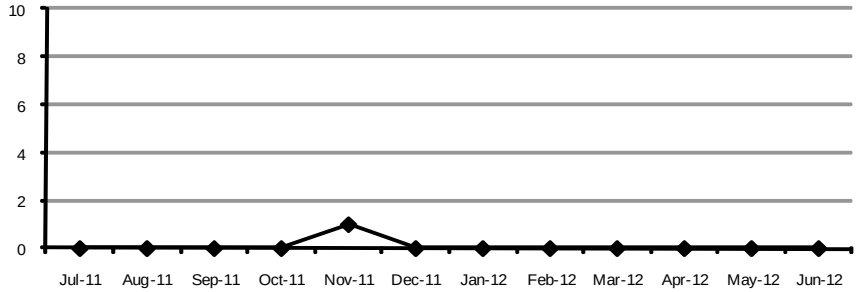

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3 | 2 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 1 |

### Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



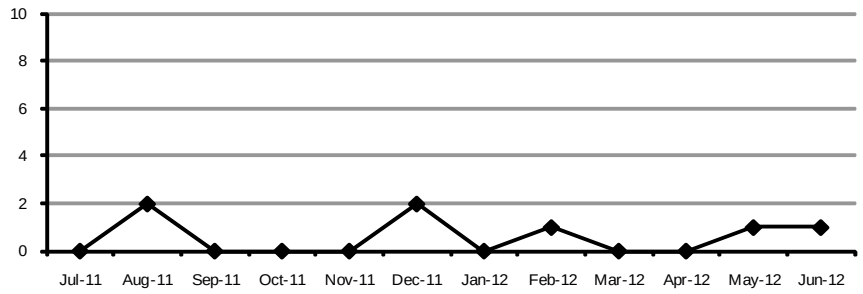

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 2 | 0 | 0 | 1 | 2 | 0 | 1 | 0 | 0 | 1 | 1 |

### MRSA Bacteraemia Cases (all ages)




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

### MSSA Bacteraemia Cases (all ages)




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

# 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 - June 2012 Cleaning & Estates Monitoring Compliance scores are currently unavailable. Health Facilities Scotland are in the process of rolling out a new recording format.**

### *Hand Hygiene Monitoring Compliance (%)*

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 94 | 91 | 97 | 99 | 96 | 99 | 100 | 96 | 96 | 97 | 98 | 98 |

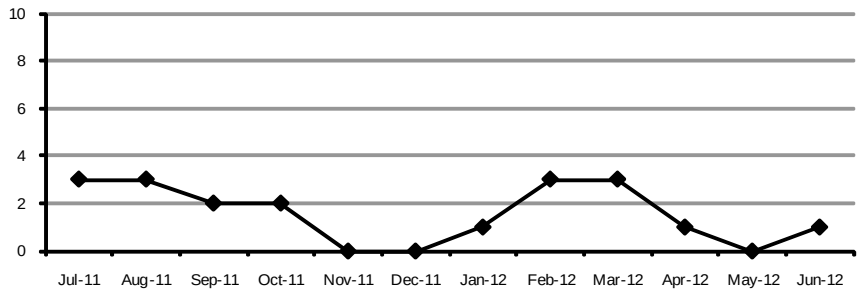
### *Cleaning Compliance (%)*

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

### *Estates Monitoring Compliance (%)*

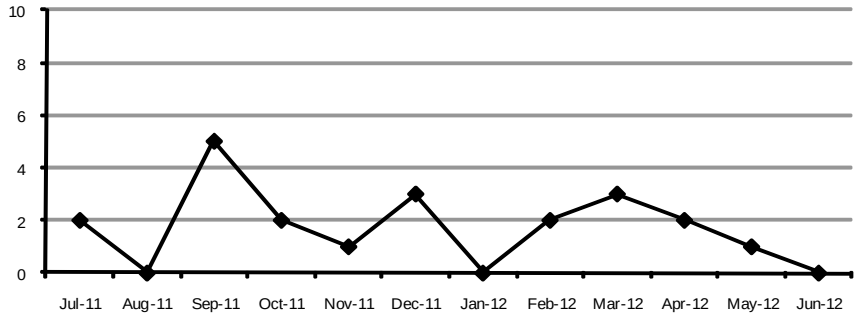
| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 93.1 | 92.6 | 92.1 | 92.4 | 92.6 | 90.8 | 95.4 | 95.2 | 96.2 | - | - | - |

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



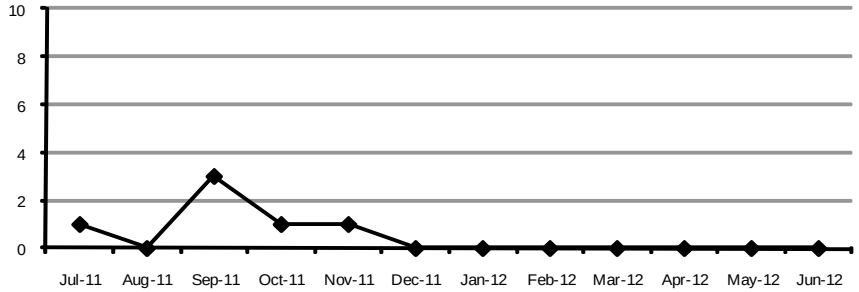

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 3 | 2 | 2 | 0 | 0 | 1 | 3 | 3 | 1 | 0 | 1 |

### Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



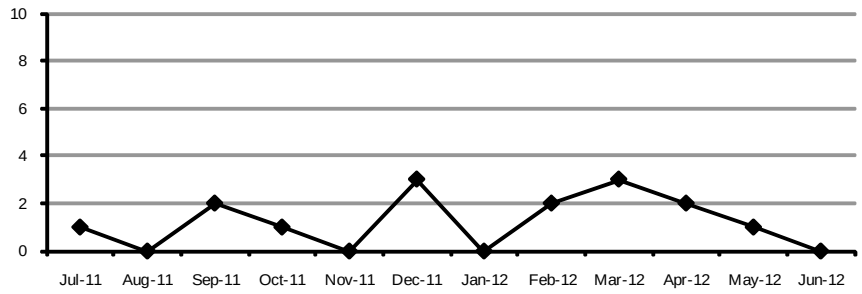

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 5 | 2 | 1 | 3 | 0 | 2 | 3 | 2 | 1 | 0 |

### MRSA Bacteraemia Cases (all ages)




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

### MSSA Bacteraemia Cases (all ages)




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

# 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 - June 2012 Cleaning & Estates Monitoring Compliance scores are currently unavailable. Health Facilities Scotland are in the process of rolling out a new recording format.**

### *Hand Hygiene Monitoring Compliance (%)*

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

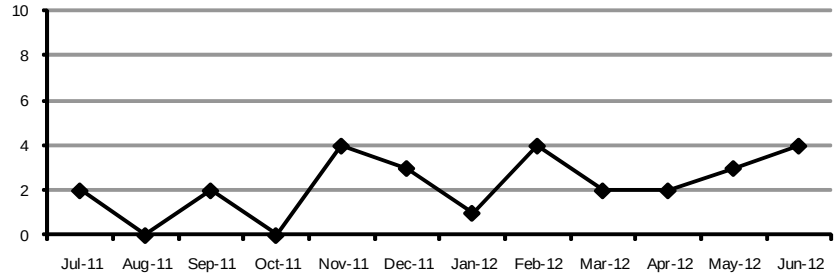
### *Cleaning Compliance (%)*

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

### *Estates Monitoring Compliance (%)*

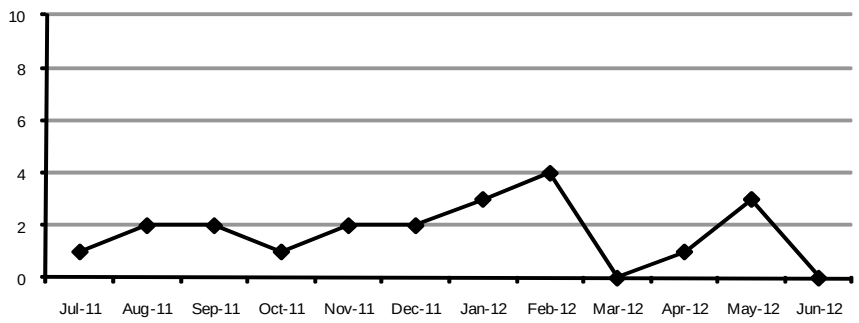
| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 83.6 | 86 | 92.4 | 92.8 | 92.1 | 93.9 | 93.5 | 93.8 | 95.1 | - | - | - |

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



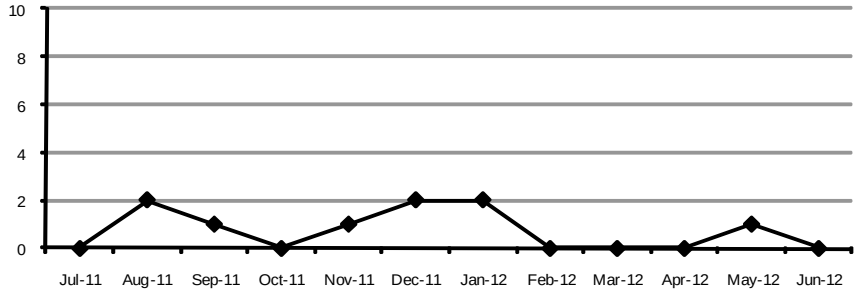

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 2 | 0 | 4 | 3 | 1 | 4 | 2 | 2 | 3 | 4 |

### Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



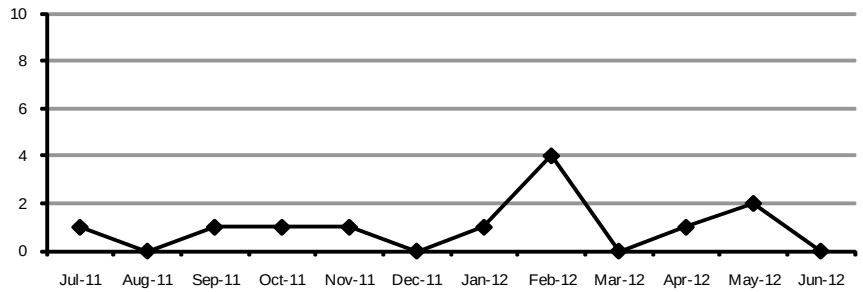

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 2 | 1 | 2 | 2 | 3 | 4 | 0 | 1 | 3 | 0 |

### MRSA Bacteraemia Cases (all ages)




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

### MSSA Bacteraemia Cases (all ages)




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

# 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 - June 2012 Cleaning & Estates Monitoring Compliance scores are currently unavailable. Health Facilities Scotland are in the process of rolling out a new recording format.**

### *Hand Hygiene Monitoring Compliance (%)*

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 91 | 96 | 93 | 97 | 94 | 98 | 96 | 98 | 96 | 98 | 96 | 95 |

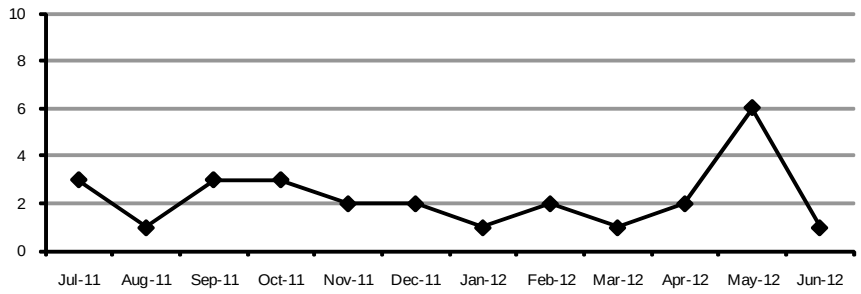
### *Cleaning Compliance (%)*

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

### *Estates Monitoring Compliance (%)*

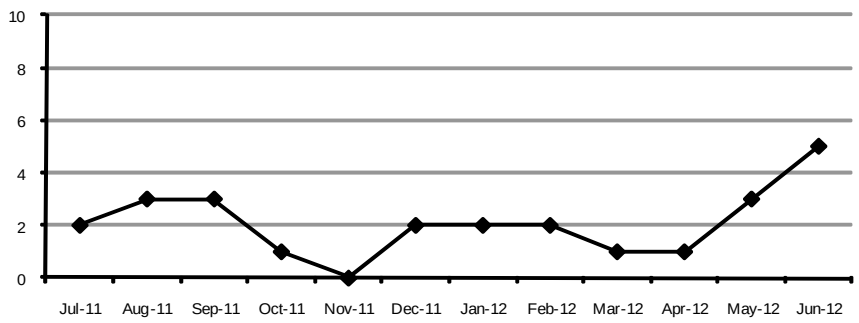
| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 98.1 | 98.1 | 98.7 | 98.9 | 98.3 | 98.6 | 98.4 | 98.9 | 99 | - | - | - |

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



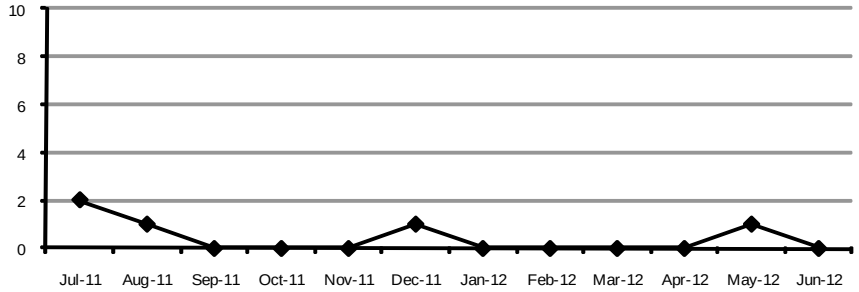

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 1 | 3 | 3 | 2 | 2 | 1 | 2 | 1 | 2 | 6 | 1 |

### Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



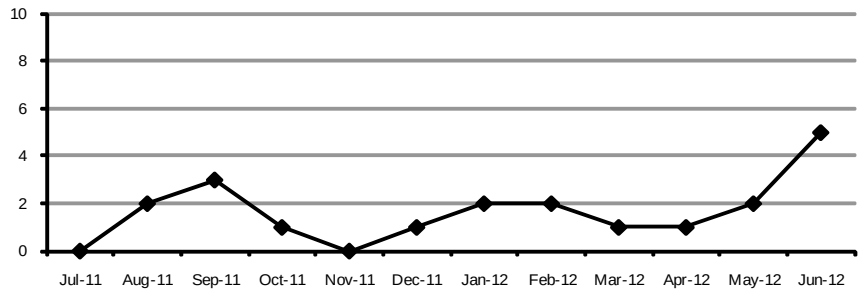

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 3 | 3 | 1 | 0 | 2 | 2 | 2 | 1 | 1 | 3 | 5 |

### MRSA Bacteraemia Cases (all ages)




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

### MSSA Bacteraemia Cases (all ages)




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

# 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 - June 2012 Cleaning & Estates Monitoring Compliance scores are currently unavailable. Health Facilities Scotland are in the process of rolling out a new recording format.**

### *Hand Hygiene Monitoring Compliance (%)*

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 95 | 95 | 98 | 98 | 95 | 98 | 97 | 96 | 95 | 98 | 99 | 98 |

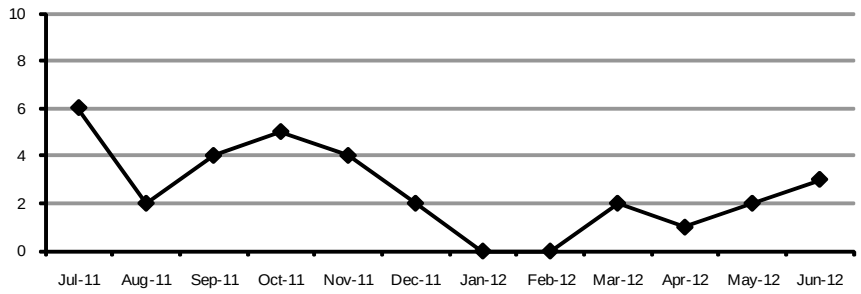
### *Cleaning Compliance (%)*

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

### *Estates Monitoring Compliance (%)*

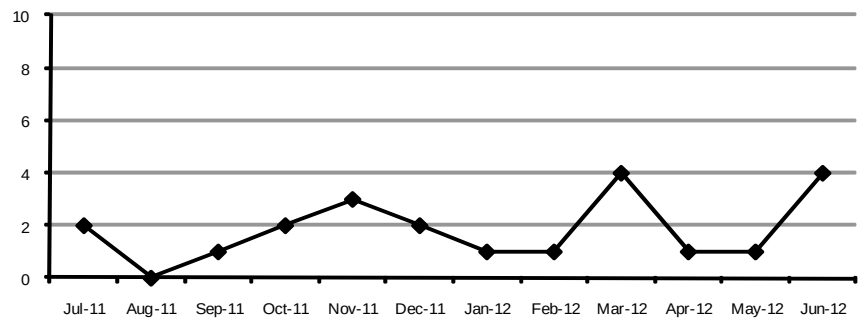
| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 86 | 88 | 87.7 | 87.5 | 91.4 | 94.8 | 93.5 | 93.1 | 91.5 | - | - | - |

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



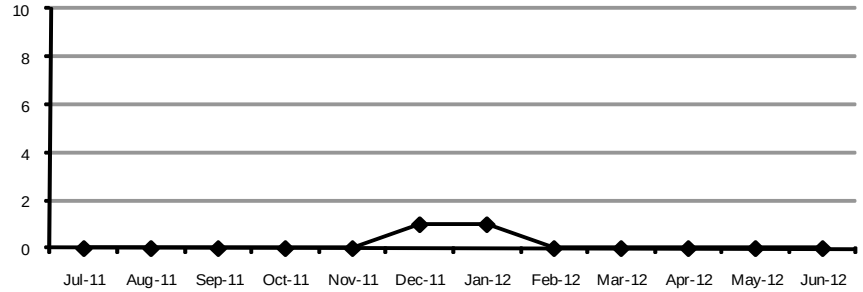

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | 2 | 4 | 5 | 4 | 2 | 0 | 0 | 2 | 1 | 2 | 3 |

### Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



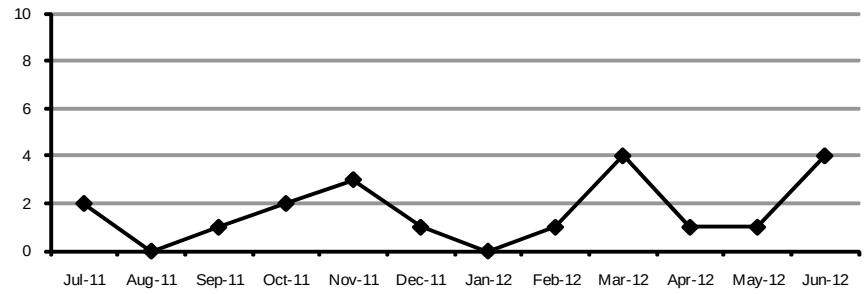

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 1 | 2 | 3 | 2 | 1 | 1 | 4 | 1 | 1 | 4 |

### MRSA Bacteraemia Cases (all ages)




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

### MSSA Bacteraemia Cases (all ages)




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

# 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 - June 2012 Cleaning & Estates Monitoring Compliance scores are currently unavailable. Health Facilities Scotland are in the process of rolling out a new recording format.**

### *Hand Hygiene Monitoring Compliance (%)*

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

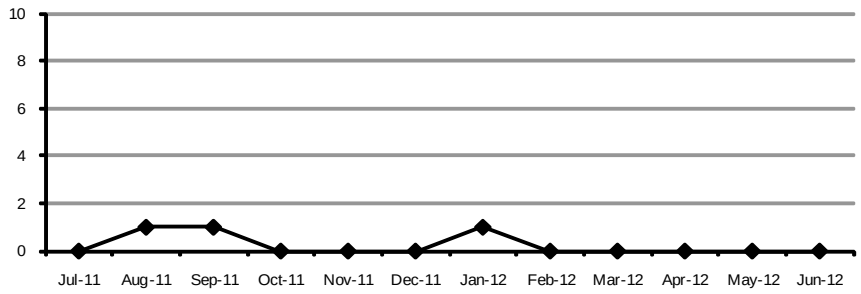
### *Cleaning Compliance (%)*

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

### *Estates Monitoring Compliance (%)*

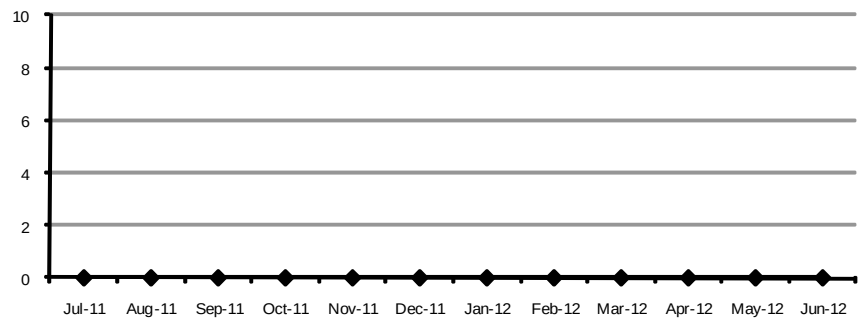
| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 86.9 | 96.4 | 91 | 91 | 88 | 89.8 | 87.3 | 89.2 | 89.7 | - | - | - |

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



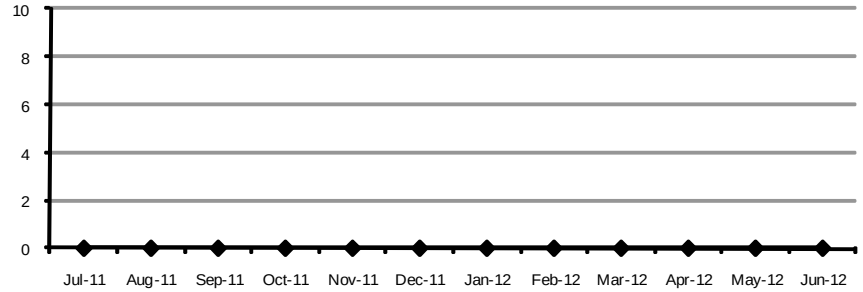

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |

### Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



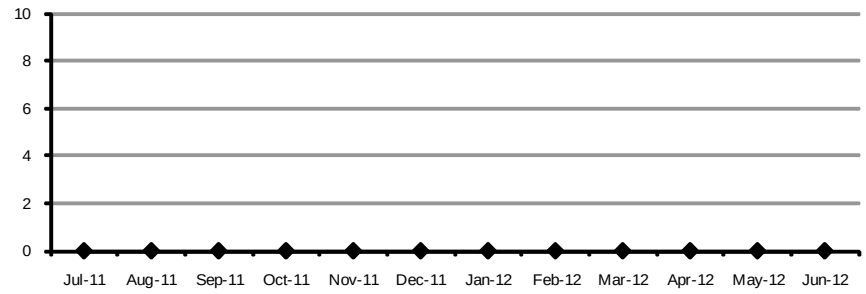

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

### MRSA Bacteraemia Cases (all ages)




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

### MSSA Bacteraemia Cases (all ages)




| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-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 - June 2012 Cleaning & Estates Monitoring Compliance scores are currently unavailable. Health Facilities Scotland are in the process of rolling out a new recording format.**

### *Hand Hygiene Monitoring Compliance (%)*

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

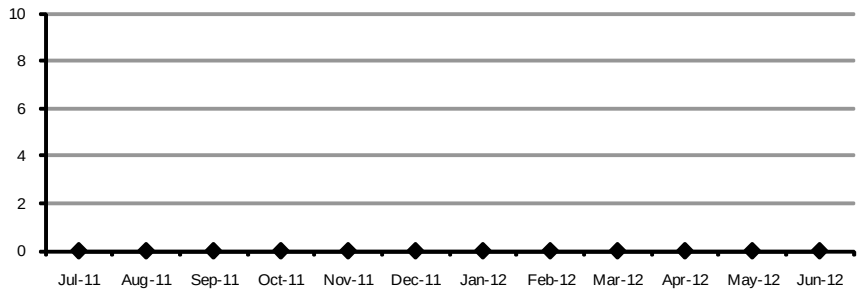
### *Cleaning Compliance (%)*

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

### *Estates Monitoring Compliance (%)*

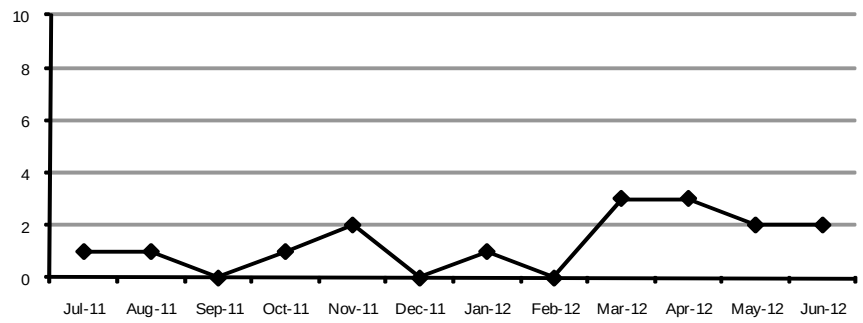
| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 98.2 | 96.4 | 96.3 | 97.2 | 98.5 | 98.3 | 98.7 | 97.8 | 97.5 | - | - | - |

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



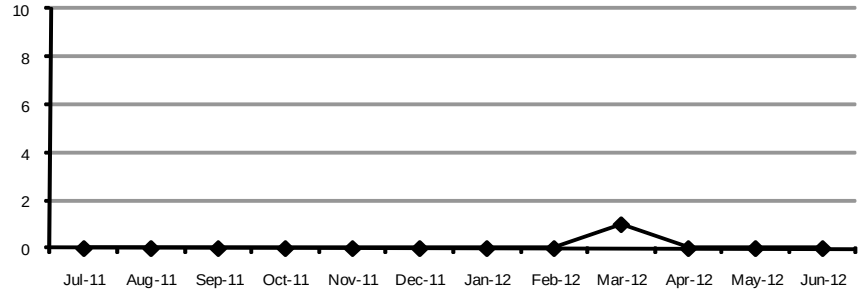

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

### Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



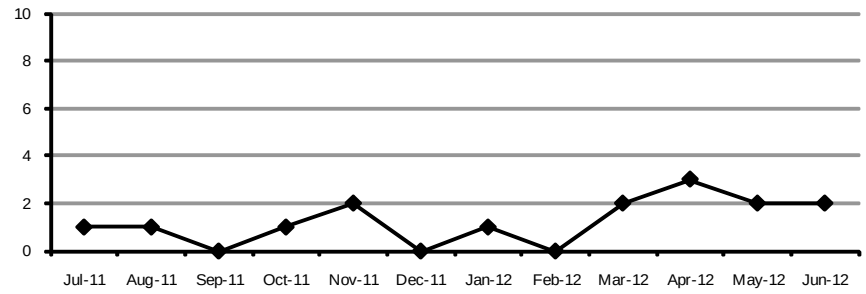

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 1 | 2 | 0 | 1 | 0 | 3 | 3 | 2 | 2 |

### MRSA Bacteraemia Cases (all ages)




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

### MSSA Bacteraemia Cases (all ages)

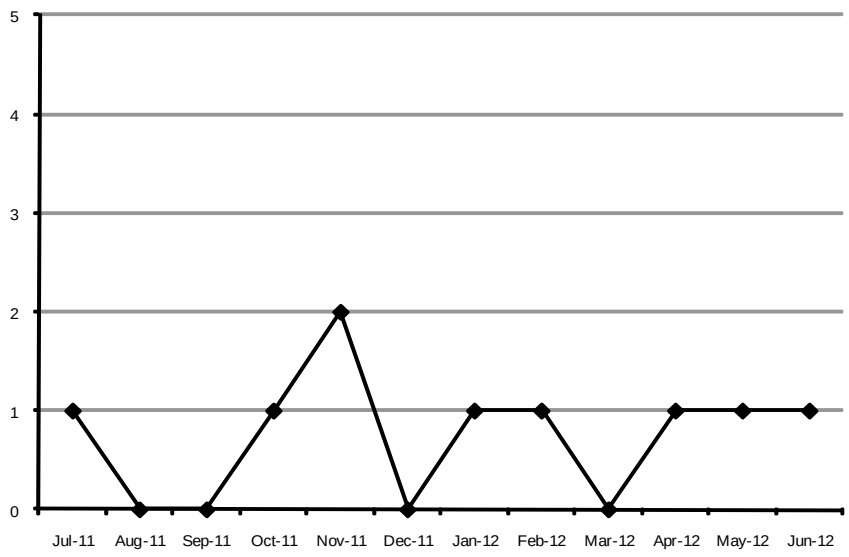



| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 1 | 2 | 0 | 1 | 0 | 2 | 3 | 2 | 2 |

## Community Hospitals [Non Acute & Mental Health Hospitals]

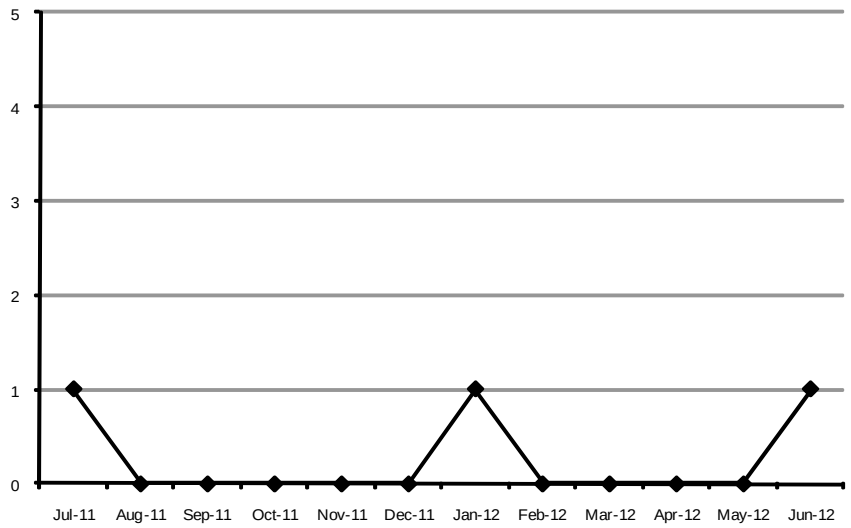
This is an amalgamation of data from the following hospitals: Lightburn,Drumchapel,Gartnavel Royal, Parkhead, Ravenscraig, Blawarthill, Leverndale, Johnstone, Mearnskirk, Dykebar Hospitals and as of May 2011, Stobhill Hospital. These hospitals are non acute hospitals & mental health hospitals and have 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



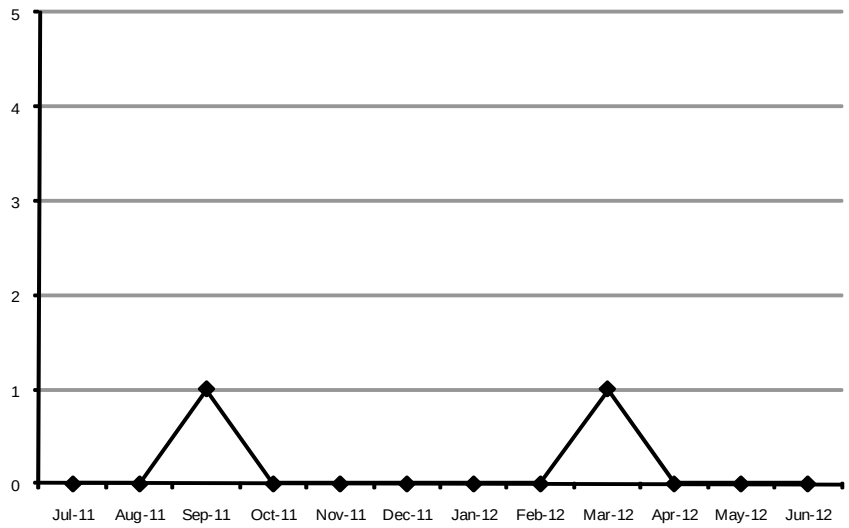

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 1 | 2 | 0 | 1 | 1 | 0 | 1 | 1 | 1 |

### MSSA Bacteraemia Cases




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

### MRSA Bacteraemia Cases




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

# Out of Hospital Infections

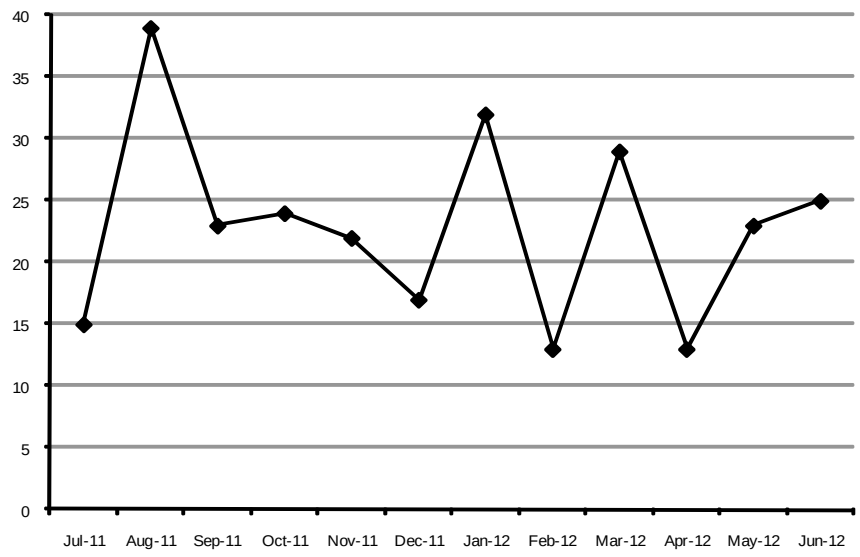
Data for Clostridium difficile Infection cases in ages 15 & over:

**59.1% of all CDI cases reported in NHSGGC July 2011 to June 2012 are attributed as Out of Hospital infections.**

**Out of Hospital MSSA bacteraemias account for 57.1% of all cases from July 2011 to June 2012. Out of Hospital MRSA bacteraemias make up 42.9% of all cases for the same timeframe.**

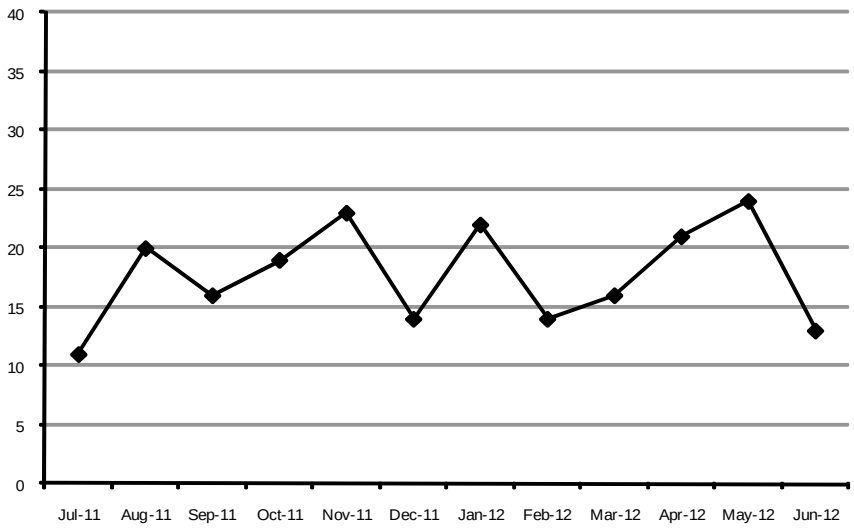
**This equates to 55.2% of all *Staphylococcus aureus* Bacteraemia cases being Out of Hospital infections.**

## *Clostridium difficile* Infection Cases



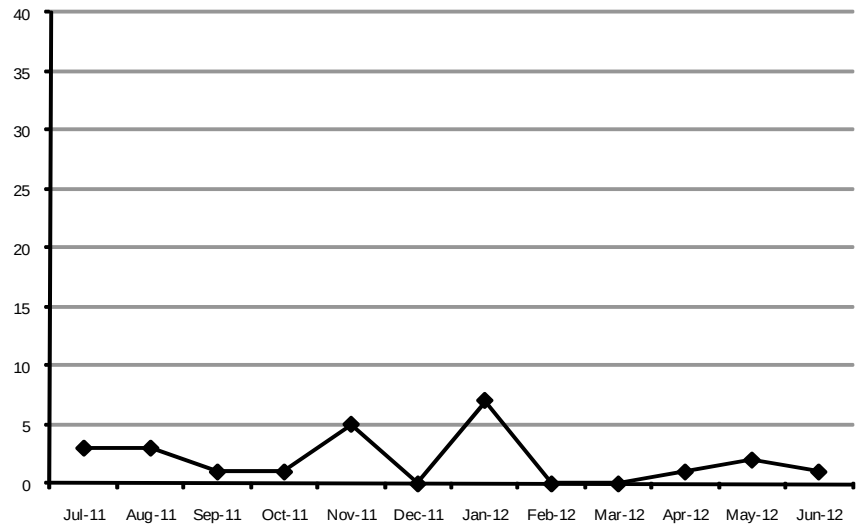

| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | 39 | 23 | 24 | 22 | 17 | 32 | 13 | 29 | 13 | 23 | 25 |

## MSSA Bacteraemia Cases




| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | 20 | 16 | 19 | 23 | 14 | 22 | 14 | 16 | 21 | 24 | 13 |

## MRSA Bacteraemia Cases




| Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 3 | 1 | 1 | 5 | 0 | 7 | 0 | 0 | 1 | 2 | 1 |

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

**This section includes Hospital level SPCs for acute sites in NHSGGC**

The SPCs include data on

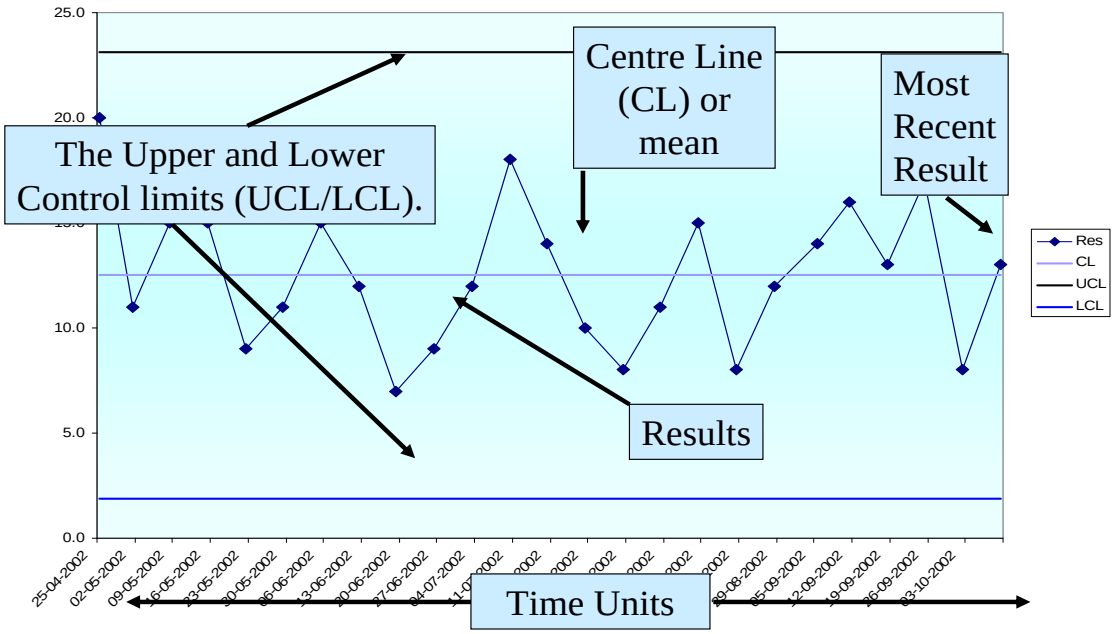
- Hospital Acquired MRSA cases (includes wound swabs, sputum & urine samples etc.)
- Hospital Acquired Clostridium difficile cases

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.

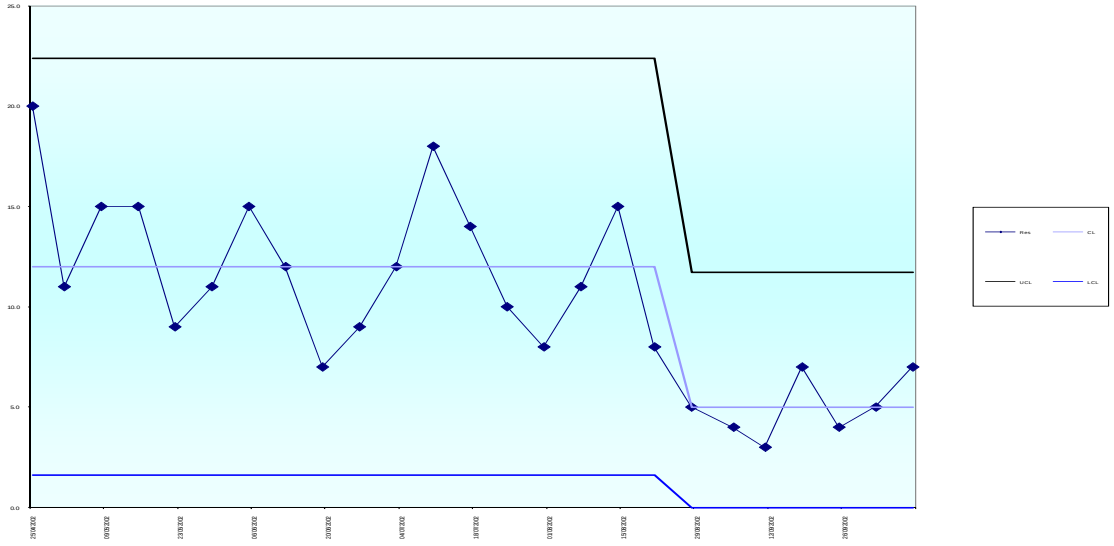
Statistical Process Control Charts (SPCs) are the application of statistical theory to Quality Control. They show process data chronologically (per month in most cases). Some examples of where they have been used in healthcare include; queuing analysis of appointment access and delays and forecasting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



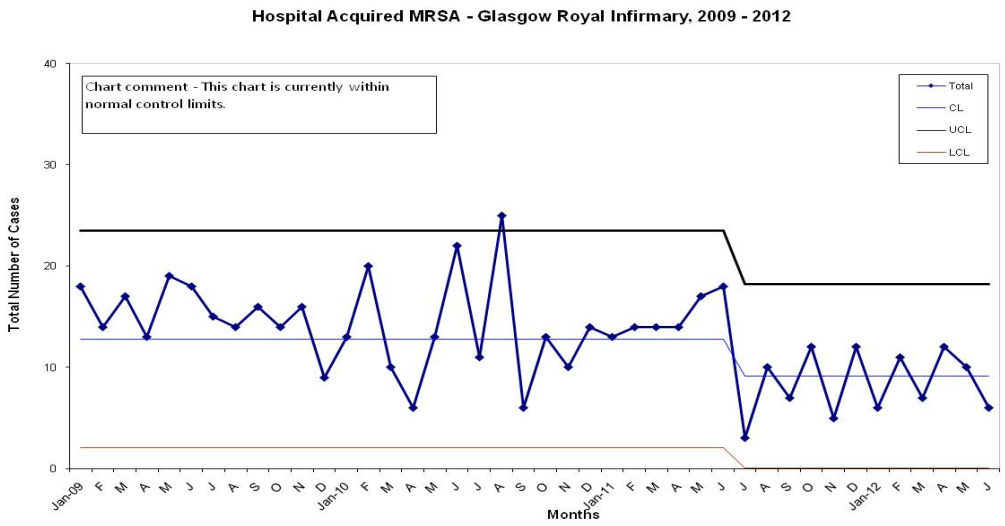

This chart demonstrates that infection control practice on a ward has improved. This in turn has resulted in fewer cases and the mean for this ward has been reduced to reflect this. Now that SPC's are available across the whole of NHSGGC we will be actively targeting improvements in areas with historically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

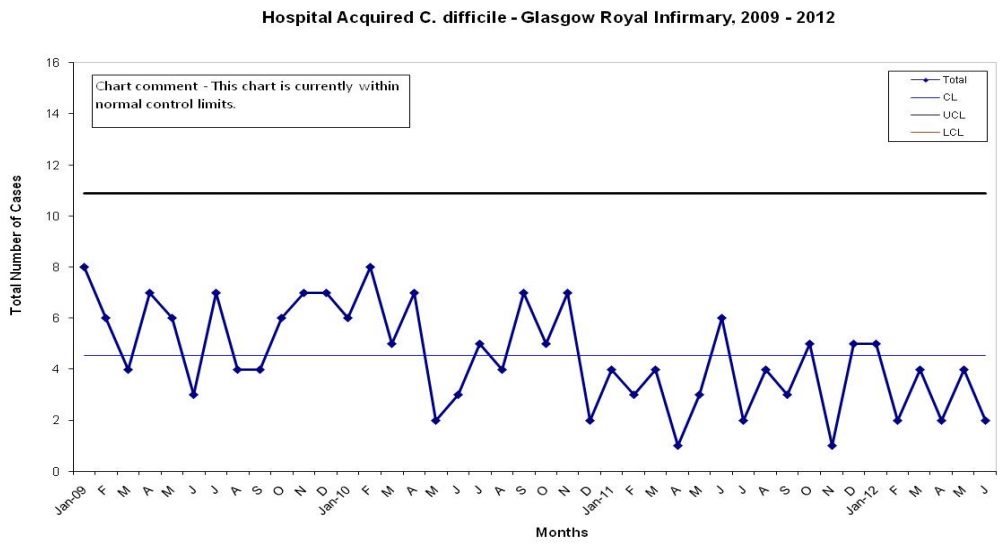
**Trigger Events/Charts that Breach the Upper Control Limits**

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.

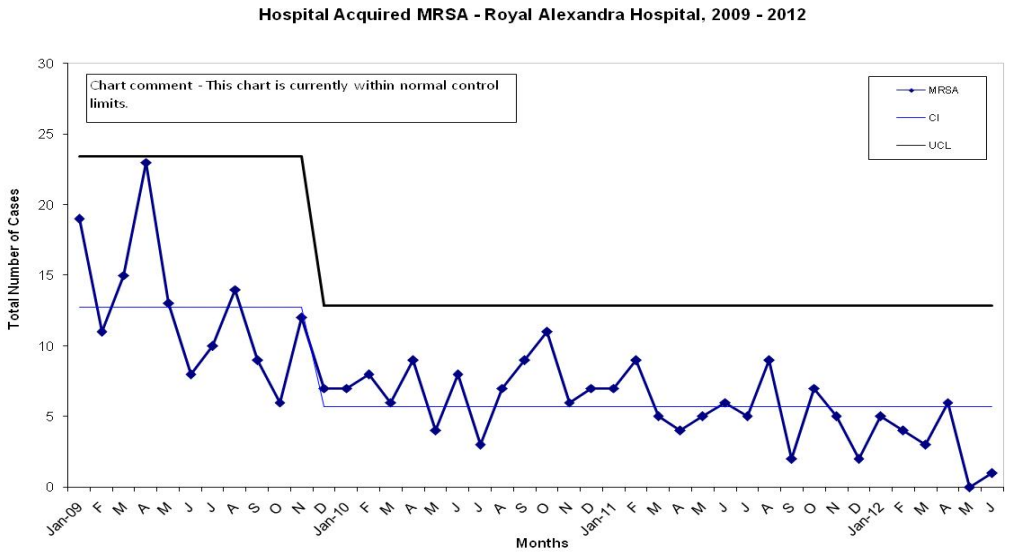
**All Hospital Level Statistical Process Control Charts remain within normal control limits.**

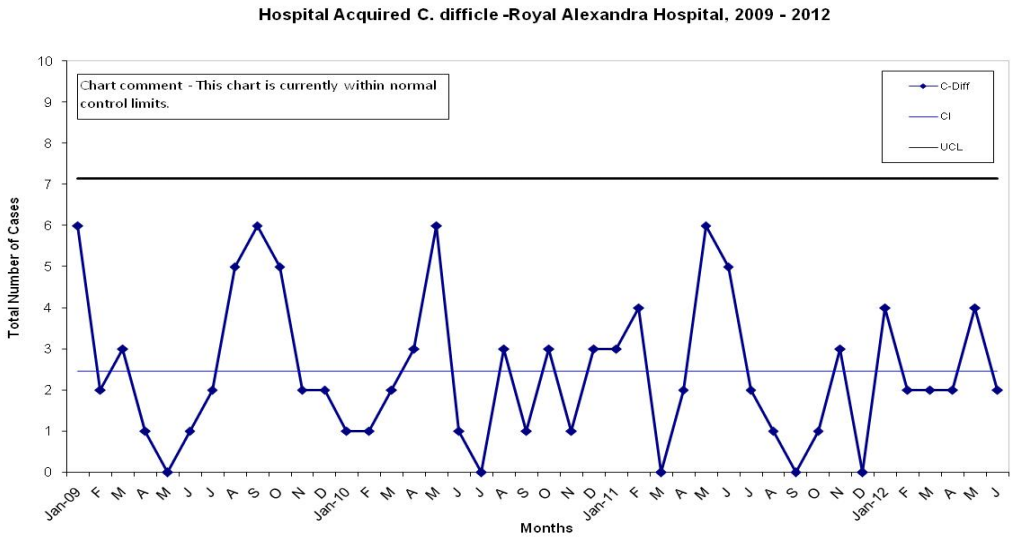
# Glasgow Royal Infirmary



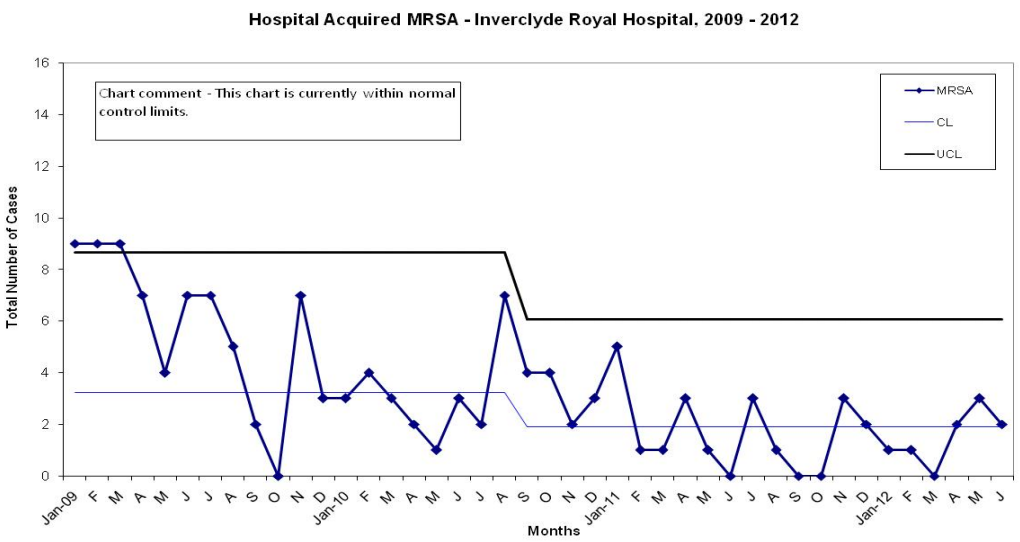



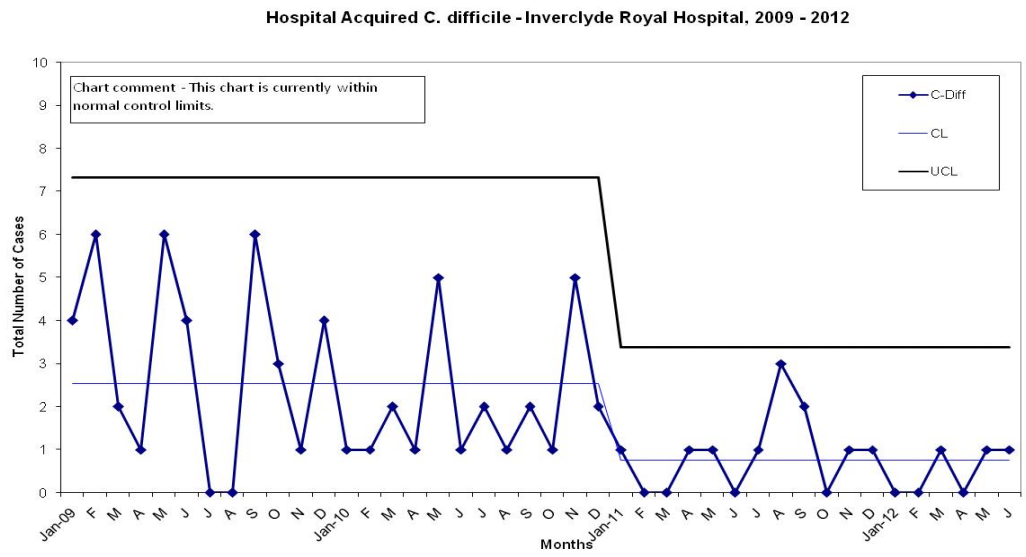

# Royal Alexandra Hospital



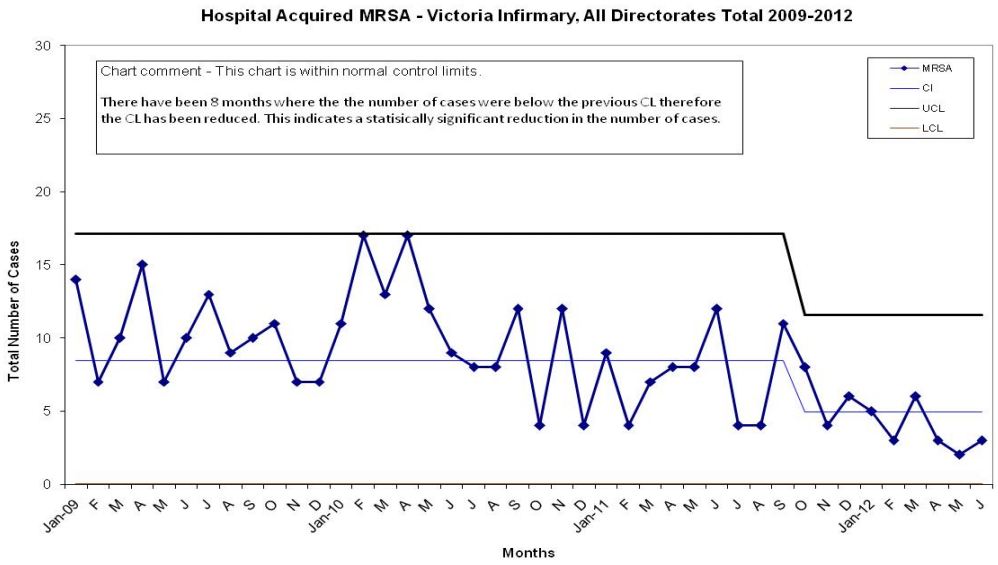



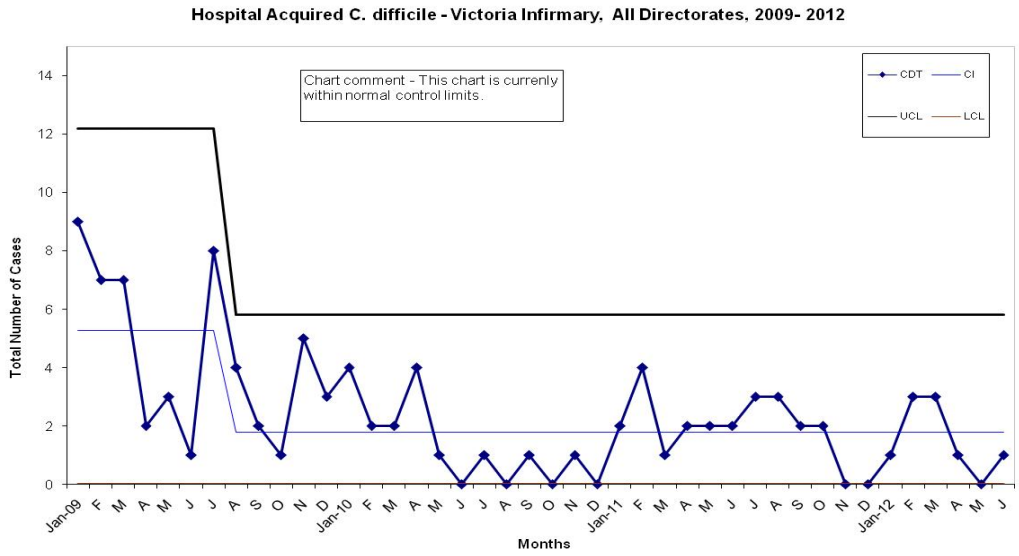
# Inverclyde Royal Hospital



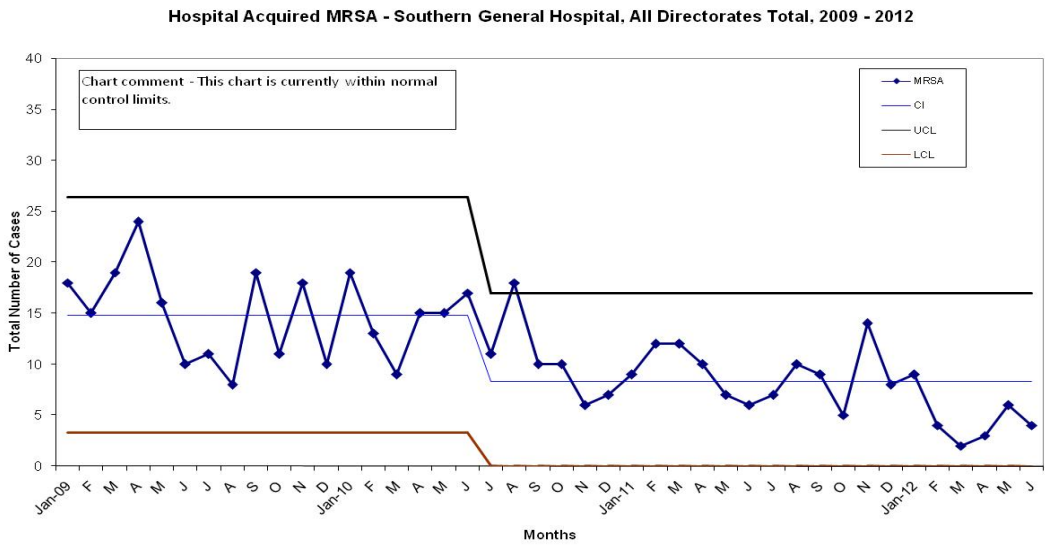



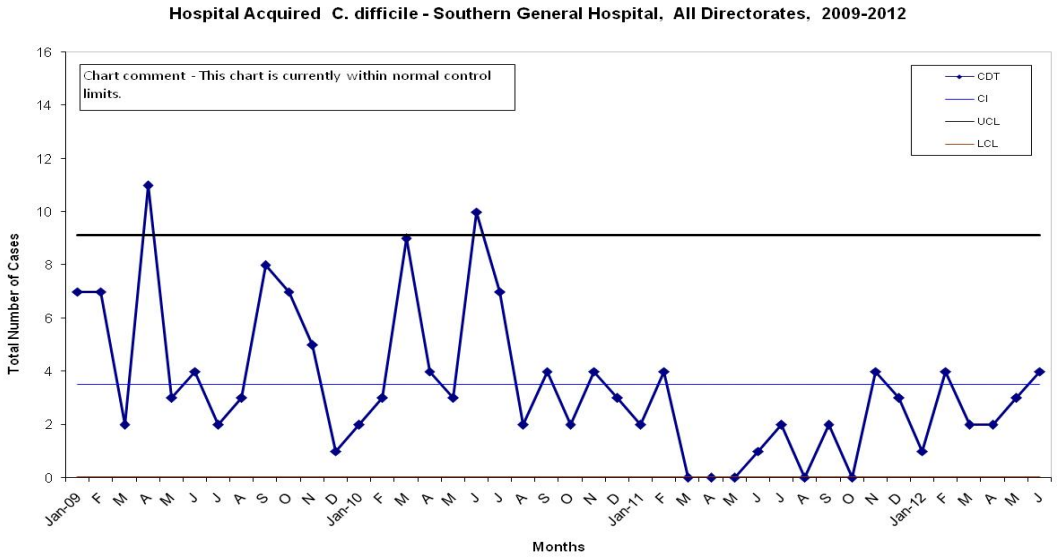

# Victoria Infirmary



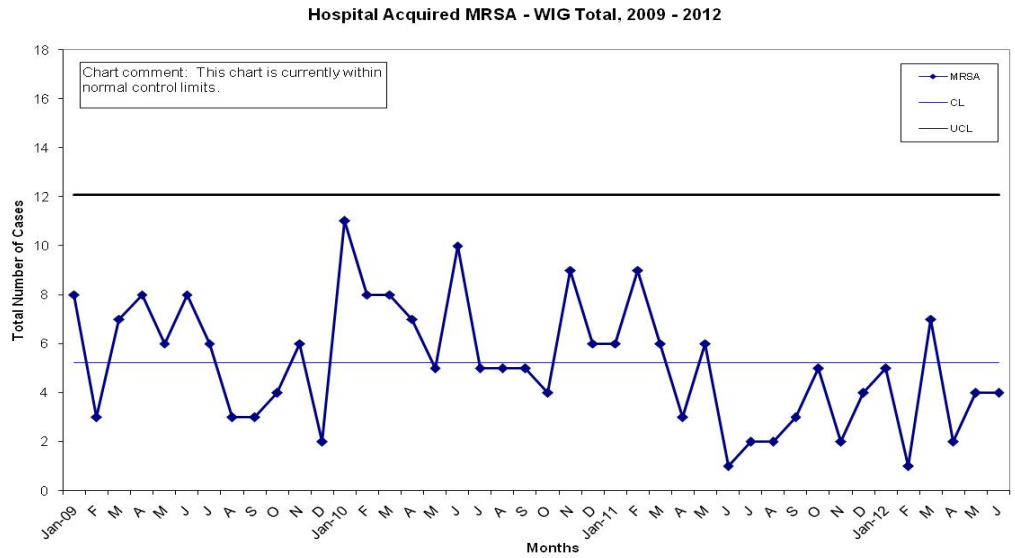



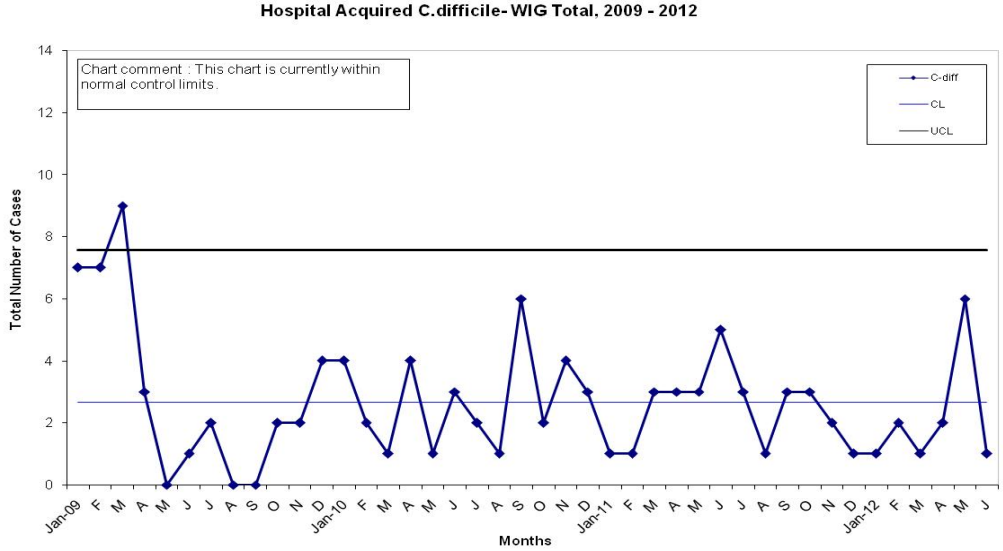
# Southern General Hospital



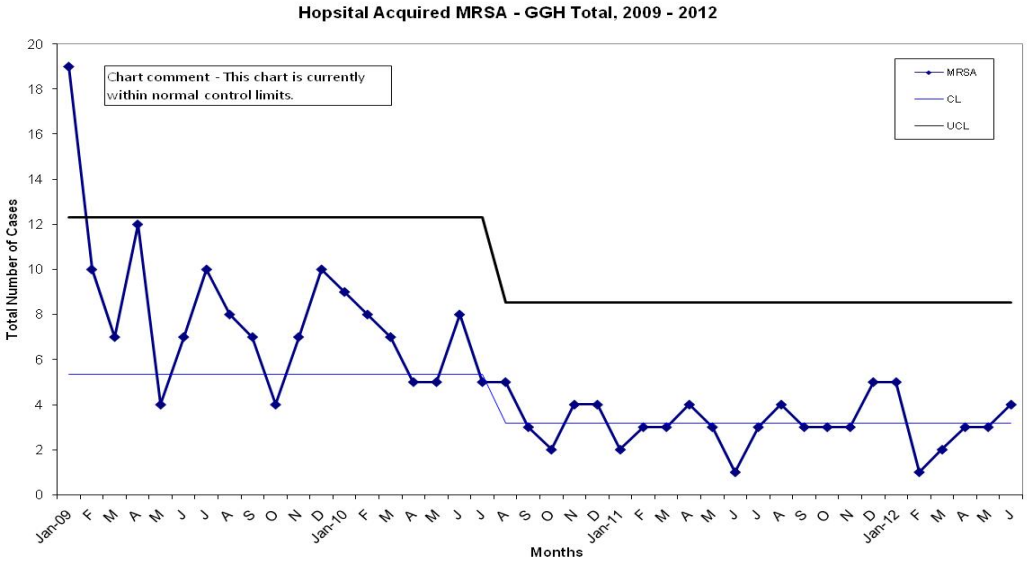



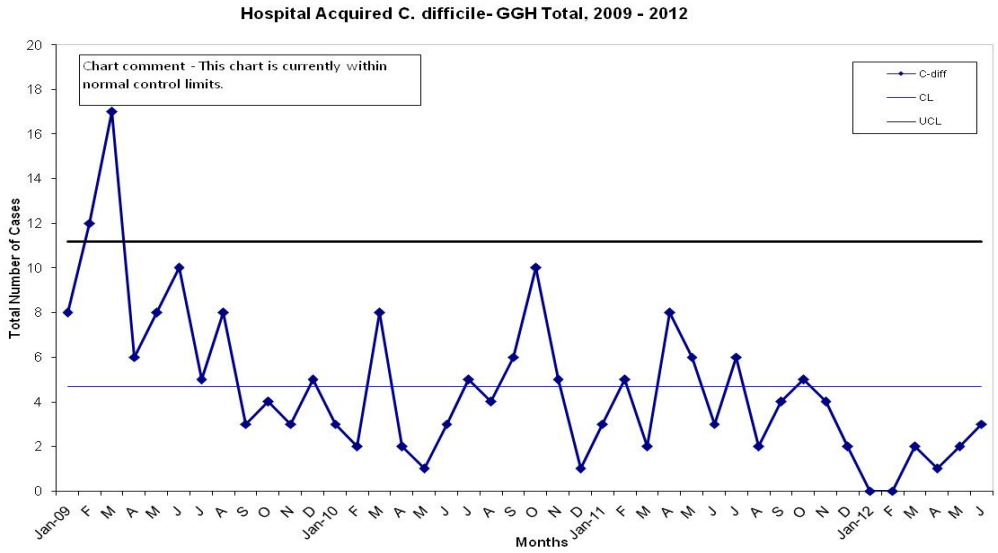

# Western Infirmary



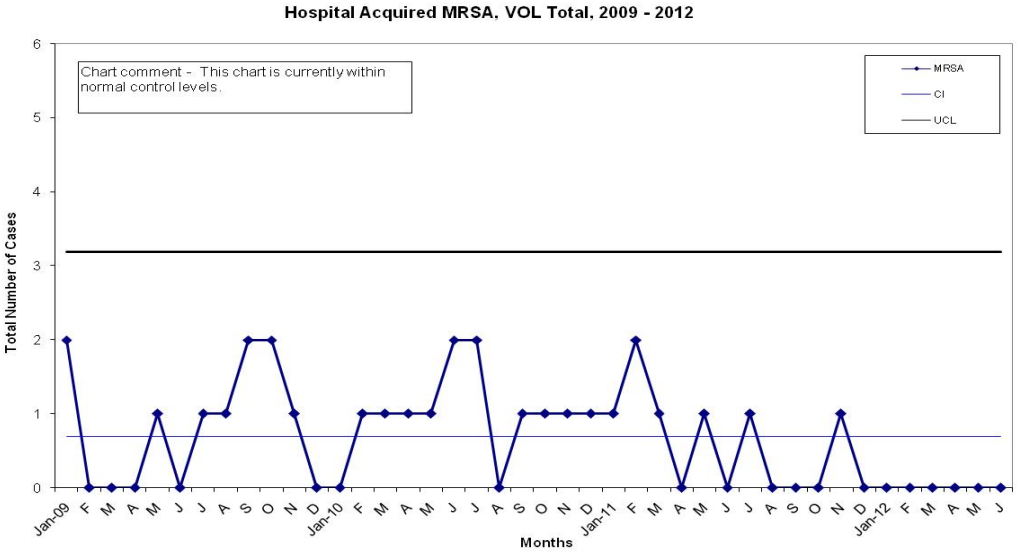



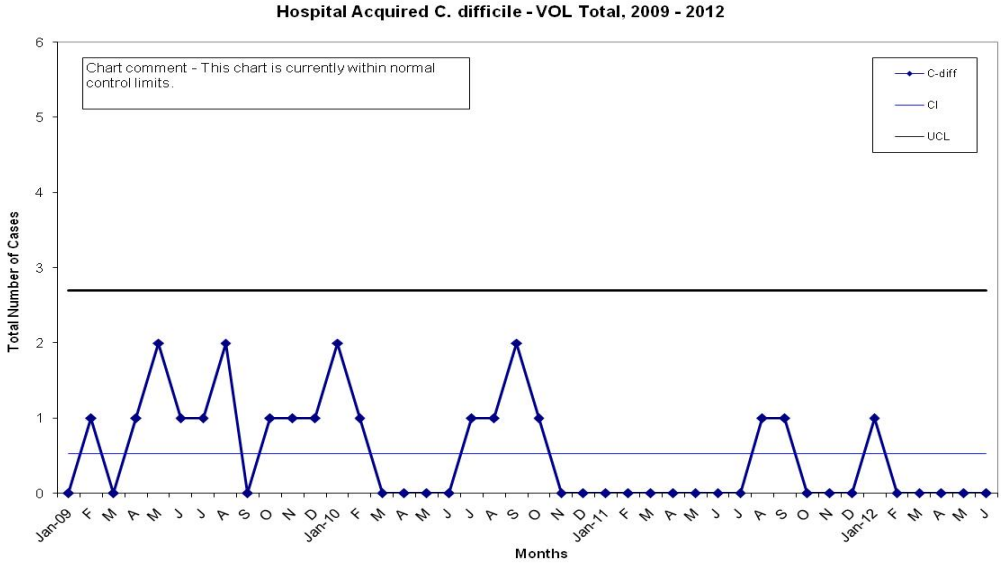
# Gartnavel General Hospital




# Vale of Leven Hospital



## Appendix 2 - NHS GG&C HAI Leaflet

### Our Promise

NHS Staff are dedicated to your wellbeing.

They know infection prevention and control is their responsibility.

In healthcare premises you can expect to see clean wards or departments and staff performing hand hygiene regularly.

### What can you do?

If you intend to visit someone in a healthcare setting and you or someone at home has a cold or has been feeling unwell (especially if it's diarrhoea) stay away until you are better.

When visiting, be careful what you do – don't sit on the bed and keep the number of visitors to a minimum at any one time.

As a visitor, the most important thing you can do is make sure your hands are clean before going into the ward. Use the alcohol hand gel provided at the ward door or bedside.

Never touch dressings, drips or other equipment around the bed.

If you have any concerns never be afraid to raise them with staff.

Guide dogs can accompany visitors into our clinical areas but no other animals will be permitted unless permission is given by the local infection control team.

**Thank you for your help.**

### Where can I get more information?

**Health Protection Scotland**
www.hps.scot.nhs.uk

**The Health Protection Agency**
www.hpa.org.uk

**The Centers for Disease Control, Atlanta, USA**
www.cdc.gov

Further advice can be obtained by contacting the local Infection Control Team. Leaflets are available in other languages and in large print version from the following website:

www.nhsggc.org.uk/infectioncontrol

**NHS Greater Glasgow & Clyde**
0141 211 2677

NHS
Greater Glasgow and Clyde

**Information for Patients, Relatives and Carers on**

# The Prevention and Control of Infection

**Minimising the risk of infection for patients, visitors and staff is a top priority for NHS Greater Glasgow and Clyde (NHSGGC), and this leaflet tells you what we are doing about it, and how you can help.**

## What's the problem?

An infection picked up by a patient while receiving healthcare is called a Healthcare Associated Infection (HAI).

The vast majority of patients will never pick up an HAI but it is impossible to totally eliminate the risk. Every procedure poses a small risk of infection. This is because many procedures, especially during surgery, will break the skin or the body's other natural defences against infection.

If someone is already suffering from a serious condition (e.g. diabetes, kidney failure or another long-term illness), or their immune system is not working properly for any reason, they will tend to be more at risk to possible infection.

No-one can prevent all HAIs but there are many ways in which the risk of infection can be reduced.

## What are NHSGGC doing to reduce the risk of you or your relative developing an infection?

### Infection Control Teams

Every healthcare facility has an Infection Control Team. Their job is to make sure that systems are in place and standards are met to reduce the risk of HAI.

They do this by:

- sharing good examples of practice with staff
- inspecting wards and departments for cleanliness
- educating staff in procedures, systems and standards
- monitoring the number of cases of infection
- developing programmes to reflect current Government Policies and Priorities

You can speak to a member of the local Infection Control Team if you have any concerns about HAI.

The work of Infection Control Teams is managed by the NHSGGC Board Infection Control Committee.

### All staff

All staff are committed to the prevention and control of HAI. They work closely with the local Infection Control Teams to make sure all available resources are used effectively to minimise the risk of infection.

### Informing New Staff

New staff undergo an induction programme that emphasises all of the key elements that are important in the prevention and control of infection, e.g. hand hygiene.

### Hand Hygiene

We encourage visitors and staff to clean their hands on entering and leaving a ward. Staff must carry out hand hygiene procedures at five key moments:

- Before touching a patient
- Before any procedures
- If they touch blood or body fluids
- When they leave a patient
- After contact with a patients surroundings

There is an ongoing National Hand Hygiene Campaign and hand hygiene audits are carried out frequently.

### Cleaning Services

Cleaning standards are routinely reviewed by Cleaning Services Managers, Infection Control Teams and members of the public.

NHSGGC has implemented the National Cleaning Services Monitoring Framework.

### Cleanliness Champions

A high percentage of staff have undertaken a training programme to become Cleanliness Champions.

This training programme provides them with knowledge of infection prevention and control practices. Staff undertaking this programme are supported by their local Infection Control Teams.

### Education

We have a range of staff education programmes, including mandatory courses. These help staff develop infection prevention and control skills. We also have online training that is accessible to all staff in NHSGGC.

### Infection Prevention and Control Policies

NHSGGC has a manual which sets out the latest, proven best practice in infection prevention and control. It is available to all healthcare staff.

# 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**<br>A Ministerial led initiative to offer a specific education programme to HCWs.<br>http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/19529/19322 |
| Code of Practice | **Code of Practice**<br>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.<br>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<br>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. |