

**NHS Board Meeting
26th October 2010**



Medical Director

Board Paper No. 10/43

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

Key Healthcare Associated Infection Headlines for October 2010

This is the first 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 nine 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 an Local Delivery Plan (LDP) HEAT target in relation to Staphylococcus aureus Bacteraemias (SABs) which required NHSGGC to reduce SABs by at least 35% by April 2010. This target has been achieved. In 2010 this target was extended by an additional 15%. Progress against this additional target will be included in future board reports.
- The National Report published July 2010 shows a further reduction in the rate of *C. difficile* within NHSGGC and clearly places the Board below the national mean (0.47 per 1000 Occupied Bed Days (OBD) in over 65s) and also below the 0.6 per 1000 OBD updated HEAT target for 2011. The rate for the most recent quarter reported (Jan- March 2010) is 0.34 per 1000 OBDs. This is a reduction from the previous quarter from 0.36 to 0.34 per 1000 OBD.
- The Surgical Site Infection rates in monitored procedures, for the last available quarter of 2010, remain below the national average for all categories apart from reduction of long bone fracture & repair of neck of femur procedures.
- 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 over 2000 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.nhs24.com/content/default.asp?page=s5_4&articleID=346

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

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

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

NHSGGC MRSA Screening Project

Last year the Scottish Government initiated a national plan to screen all elective patients for MRSA prior to or on admission and all emergency admissions to Vascular, Renal, Dermatology and Care of the Elderly. The aim of the project is to reduce the number of patients being admitted into hospital with colonised with MRSA to prevent further cross patient colonisation or infection. The deadline set for the implementation of targeted screening was the 31st January 2010.

The MRSA Screening Project Team developed a phased rollout across the board to ensure completion by the target date. The screening team have reported that all areas outlined in the project plan are now screening for MRSA prior to or on admission and the team are now carrying out local audit to measure compliance. The introduction of targeted screening will mean that GGC will process approximately 86,000 additional screens for MRSA per year.

Enhanced surveillance methodology in relation to MRSA/MSSA bacteraemias has been reviewed and amended and this programme has been re launched in July 2010. This will give NHSGGC vital information with regards to where and why these types of infections are occurring. In addition Pareto charts have been developed for directorates and this provides a visual representation as to where the potential 'hot spots' may be. All this information allows us to target appropriate interventions. Representative from each directorate review this information and plan strategies to prevent avoidable infections locally.

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.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridium difficile* infections can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277>

The National Report published July 2010 shows a further reduction in the rate of *C. difficile* within NHSGGC and clearly places the Board below the national mean (0.47 per 1000 OBD over 65s) and also below the 0.6 per 1000 OBD updated HEAT target for 2011. The rate for the most recent quarter reported (Jan- March 2010) is 0.34 per 1000 OBDs. This is a reduction from the previous quarter from 0.36 to 0.34 per 1000 OBD.

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

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%.

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.

HEI Inspection Report Glasgow Royal Infirmary

Glasgow Royal Infirmary was inspected in June 2010, the following the specific recommendations in relation to Cleaning and the healthcare Environment. An action plan to address these issues is in progress and will be returned to the Inspectorate in August.

- NHS Greater Glasgow and Clyde is required to ensure that there is adequate allocation of domestic staff to meet the needs of all areas in the hospital. This will ensure that levels of cleanliness in areas undergoing maintenance work likely to cause an increase in dust will be satisfactorily maintained.
- It is recommended that staff change curtains and vertical blinds in Ward 43 every time a patient in isolation is discharged to reduce the risk of transmission of infections.
- NHS Greater Glasgow and Clyde is required to maintain the healthcare environment within Glasgow Royal Infirmary in a way that minimises the risk of spreading infection. This will ensure that any infection risks posed by maintenance of refurbishment activities are managed or eliminated.
- It is recommended that NHS Greater Glasgow and Clyde begins mattress audits on patient trolleys that can be checked and puts in place a programme to replace those that cannot be checked.
- It is recommended that NHS Greater Glasgow and Clyde reviews the provision of en suite facilities in isolation rooms, incorporating these facilities where and when appropriate.
- It is recommended that NHS Greater Glasgow and Clyde ensures that the furniture in relatives' waiting room on Ward 43 be replaced with furniture that can be cleaned.

HEI Inspection Royal Alexandra Hospital

The Royal Alexandra Hospital was visited on the 24th & 25th August and an announced inspection report will be published at the start of October.

Outbreaks

In July & August there were three wards closed, at two different hospital sites, for between 4 & 7 days for suspected Norovirus.

One continuing care ward was also closed for control of a Group A streptococcal outbreak.

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.

The aims of the National Surgical Site Infection programme are:

- To collect surveillance data on surgical site infections to allow estimation of the magnitude of surgical site infection risk in hospitalised patients throughout Scotland.
- To analyse and report surgical site infection (SSI) data and describe trends in SSI rates throughout Scotland

Last available quarter (April-June 2010)

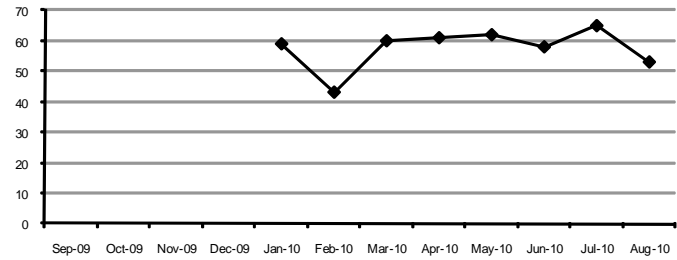
All SSI Rates are below national average, apart from Reduction of long bone fracture & Repair of neck of femur procedures. The SSI rates for these two operative procedure categories should be interpreted with due caution due to the low number of cases for the period.

Category of procedure	Operations	Infections	NHSGGC SSI rate (%)	National dataset SSI rate (%)
Caesarean section	1236	39	3.16	3.79
Hip arthroplasty	557	5	0.90	0.92
Knee arthroplasty	445	1	0.22	0.68
Reduction of long bone fracture	177	1	0.56	0.42
Repair of neck of femur	61	3	4.92	4.42

NHS Greater Glasgow & Clyde

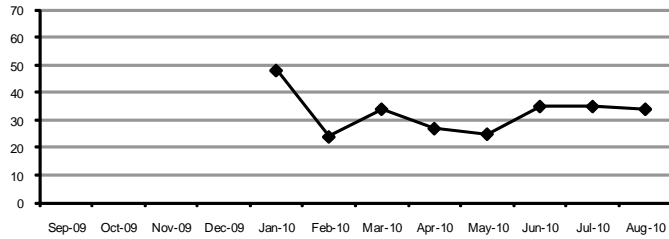
Data for *Clostridium difficile* Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus(MSSA) Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus(MRSA) Bacteraemia cases presented from January 2010 onwards. 2010 HEAT targets achieved. On course to meet 2011 revised targets. Hand Hygiene Compliance data presented from January 2010 onwards- monthly compliance across NHSGGC greater than 93%. Cleaning Compliance data available from September 2009 - monthly compliance across NHSGGC greater than 95%.

Clostridium difficile Infection Cases (ages 15 & over)



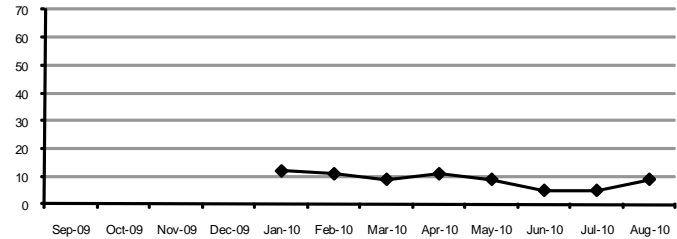
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				59	43	60	61	62	58	65	53

MSSA Bacteraemia Cases



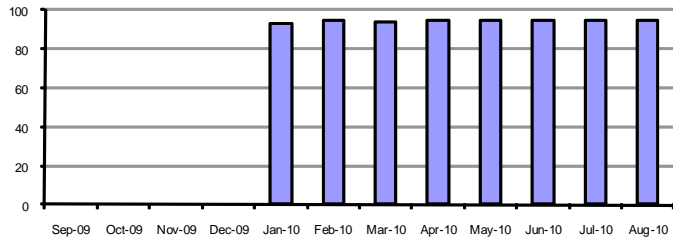
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				48	24	34	27	25	35	35	34

MRSA Bacteraemia Cases



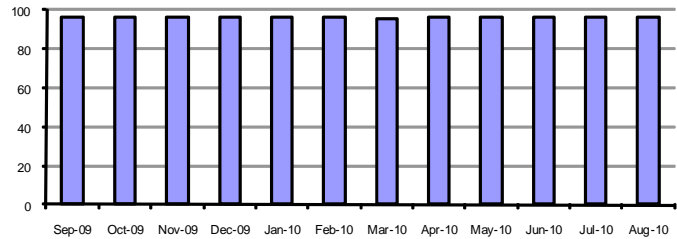
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				12	11	9	11	9	5	5	9

Hand Hygiene Compliance



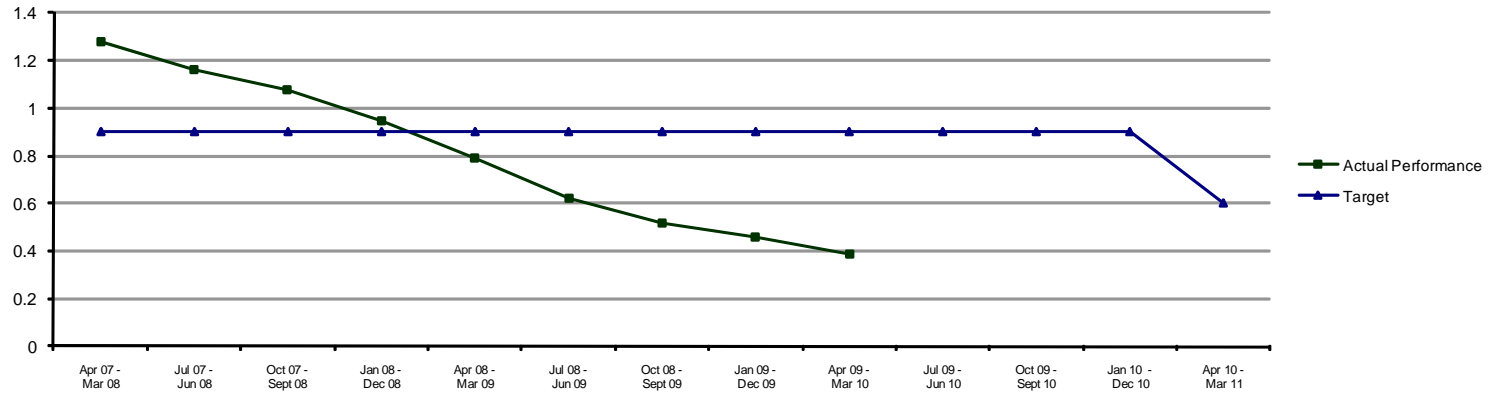
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				93.5	94.9	93.7	95.1	94.5	95	95.1	95

Cleaning Compliance



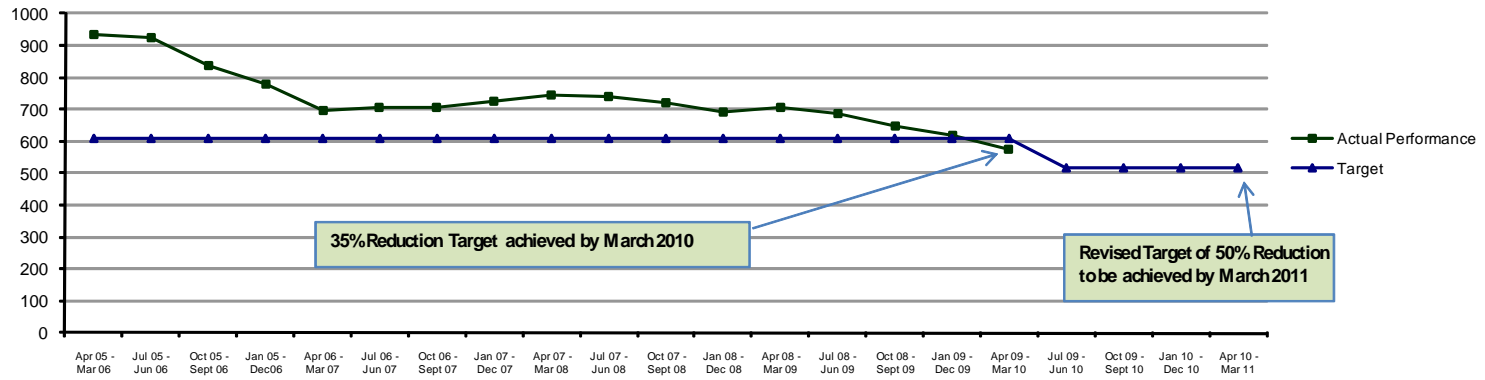
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	
	96.4	96.6	96.7	96.6	96.1	96.2	95.7	96.1	96.1	96	96.1	96.0

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



	Apr 07 - Mar 08	Jul 07 - Jun 08	Oct 07 - Sept 08	Jan 08 - Dec 08	Apr 08 - Mar 09	Jul 08 - Jun 09	Oct 08 - Sept 09	Jan 09 - Dec 09	Apr 09 - Mar 10	Jul 09 - Jun 10	Oct 09 - Sept 10	Jan 10 - Dec 10	Apr 10 - Mar 11
Actual Performance	1.28	1.16	1.08	0.95	0.79	0.62	0.52	0.46	0.39	0.90	0.90	0.90	0.60
Target	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.60

Quarterly rolling year Staphylococcus aureus Bacteraemia Cases for HEAT Target Measurement



	Apr 05 - Mar 06	Jul 05 - Jun 06	Oct 05 - Sept 06	Jan 05 - Dec 06	Apr 06 - Mar 07	Jul 06 - Jun 07	Oct 06 - Sept 07	Jan 07 - Dec 07	Apr 07 - Mar 08	Jul 07 - Jun 08	Oct 07 - Sept 08	Jan 08 - Dec 08	Apr 08 - Mar 09	Jul 08 - Jun 09	Oct 08 - Sept 09	Jan 09 - Dec 09	Apr 09 - Mar 10	Jul 09 - Jun 10	Oct 09 - Sept 10	Jan 10 - Dec 10	Apr 10 - Mar 11
Actual Performance	935	923	839	778	697	705	707	728	744	738	722	694	704	688	649	618	573	518	518	518	518
Target	609	609	609	609	609	609	609	609	609	609	609	609	609	609	609	609	609	609	609	518	518

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§ionID=1

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

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

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

Understanding the Report Cards – Hand Hygiene Compliance

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

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

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

Understanding the Report Cards – Cleaning Compliance

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

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

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

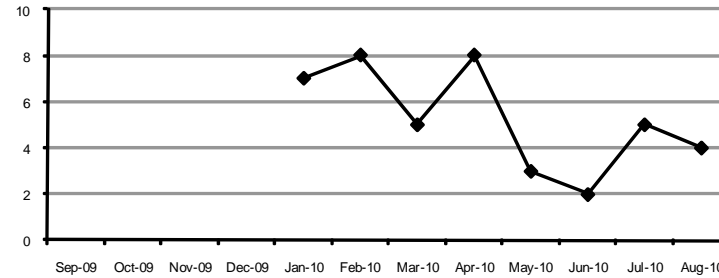
Understanding the Report Cards – 'Out of Hospital Infections'

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

Glasgow Royal Infirmary / Princess Royal Maternity

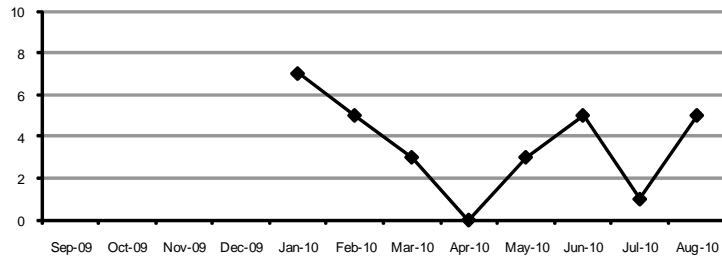
Data for *Clostridium difficile* Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus Bacteraemia cases presented from January 2010 onwards. 2010 HEAT targets achieved. On course to meet 2011 revised targets. Hand Hygiene Compliance data presented from January 2010 onwards- monthly compliance in GRI greater than 90%. Cleaning Compliance data available from September 2009 - monthly compliance in GRI greater than 94%.

Clostridium difficile Infection Cases



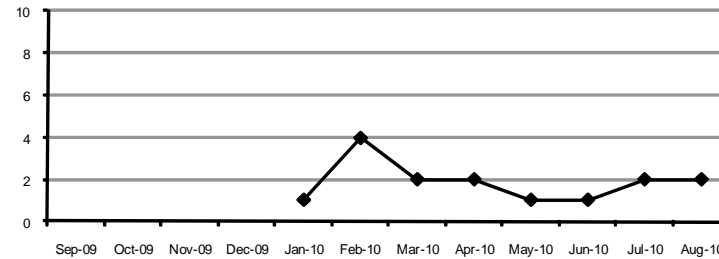
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				7	8	5	8	3	2	5	4

MSSA Bacteraemia Cases



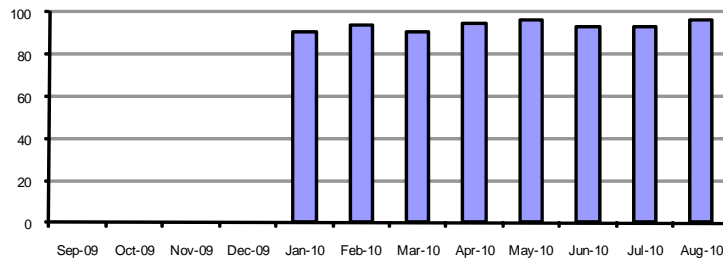
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				7	5	3	0	3	5	1	5

MRSA Bacteraemia Cases



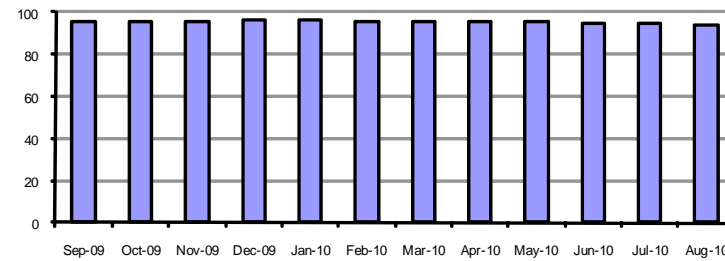
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				1	4	2	2	1	1	2	2

Hand Hygiene Compliance



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				91	93.8	90.4	94.9	96.5	93	93	96

Cleaning Compliance

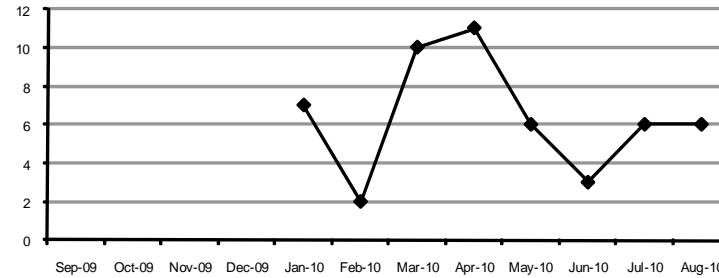


Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
95.6	95.7	95.9	96.2	96	95.9	95.2	95.6	95.5	94.9	94.5	94.2

Stobhill Hospitals

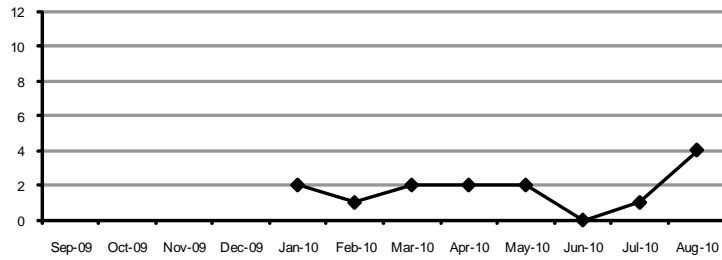
This report card includes data for Stobhill Hospital & Stobhill ACH. Data for *Clostridium difficile* Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus Bacteraemia cases presented from January 2010 onwards. 2010 HEAT targets achieved. On course to meet 2011 revised targets. Hand Hygiene Compliance data presented from January 2010 onwards- monthly compliance in Stobhill Hospitals greater than 95%. Cleaning Compliance data available from September 2009 - monthly compliance in Stobhill Hospitals greater than 94%.

Clostridium difficile Infection Cases



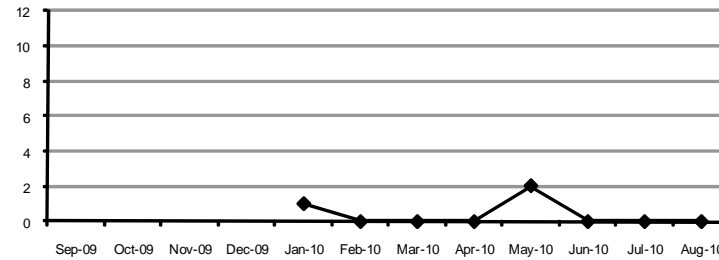
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				7	2	10	11	6	3	6	6

MSSA Bacteraemia Cases



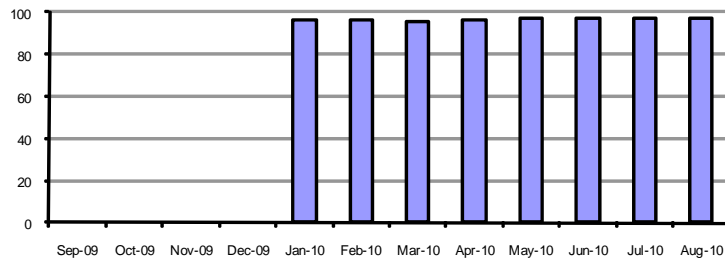
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				2	1	2	2	2	0	1	4

MRSA Bacteraemia Cases



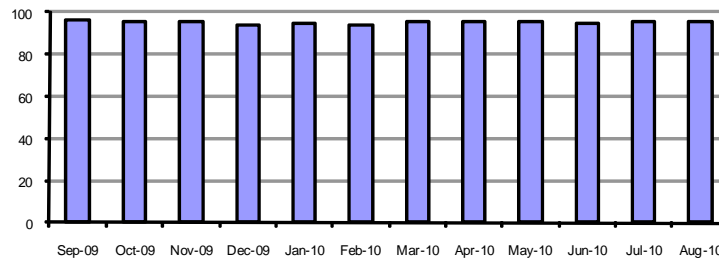
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				1	0	0	0	2	0	0	0

Hand Hygiene Compliance



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				96	96.3	95.7	96	96.8	97	97	97

Cleaning Compliance

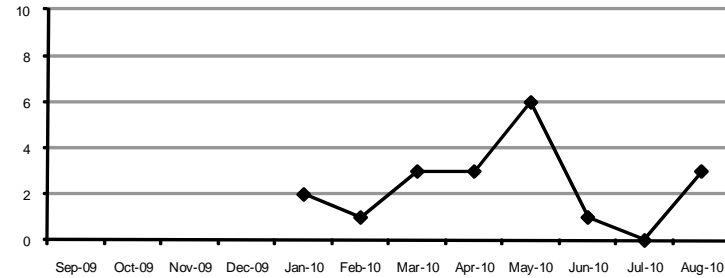


Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
96	95.8	95.6	94.2	94.4	94	95.2	95.6	95.5	95.1	95.9	95.2

Royal Alexandra Hospital

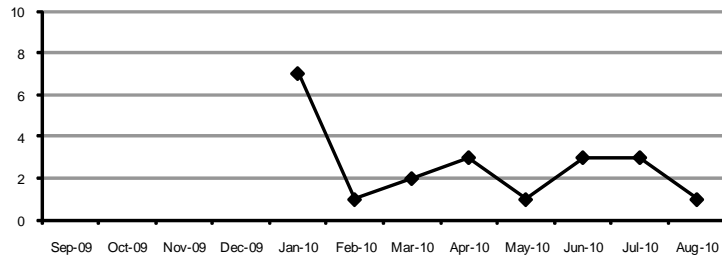
Data for *Clostridium difficile* Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus Bacteraemia cases presented from January 2010 onwards. 2010 HEAT targets achieved. On course to meet 2011 revised targets. Hand Hygiene Compliance data presented from January 2010 onwards- monthly compliance in RAH greater than 89%. Cleaning Compliance data available from September 2009 - monthly compliance in RAH greater than 94%.

Clostridium difficile Infection Cases



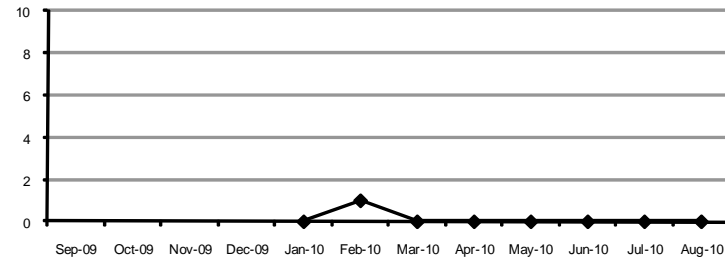
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				2	1	3	3	6	1	0	3

MSSA Bacteraemia Cases



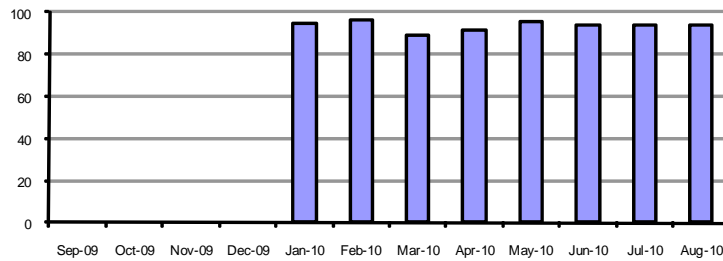
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				7	1	2	3	1	3	3	1

MRSA Bacteraemia Cases



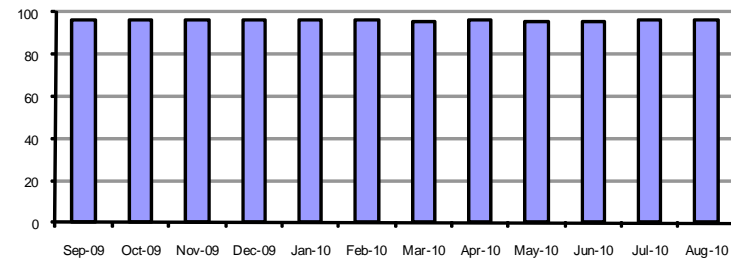
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				0	1	0	0	0	0	0	0

Hand Hygiene Compliance



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				94.8	96	89.3	91.8	95.3	93.7	94	94

Cleaning Compliance

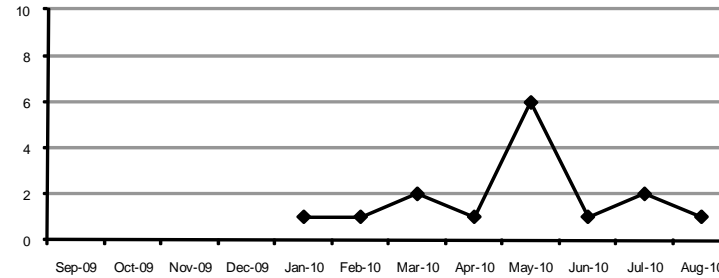


Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
96.5	96.3	96.3	96.6	96.6	96.4	95.5	96.1	95.8	95.8	96.3	96.4

Inverclyde Royal Hospital

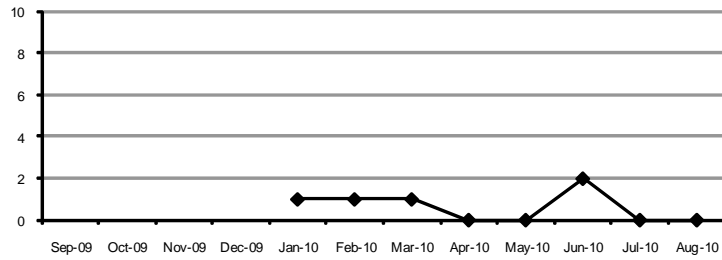
Data for *Clostridium difficile* Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus Bacteraemia cases presented from January 2010 onwards. 2010 HEAT targets achieved. On course to meet 2011 revised targets. Hand Hygiene Compliance data presented from January 2010 onwards- monthly compliance in IRH greater than 89%. Cleaning Compliance data available from September 2009 - monthly compliance in IRH greater than 97%.

Clostridium difficile Infection Cases



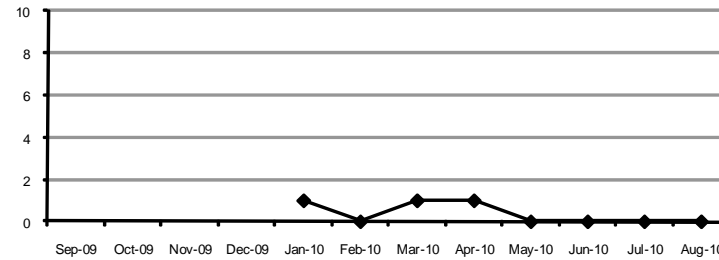
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				1	1	2	1	6	1	2	1

MSSA Bacteraemia Cases



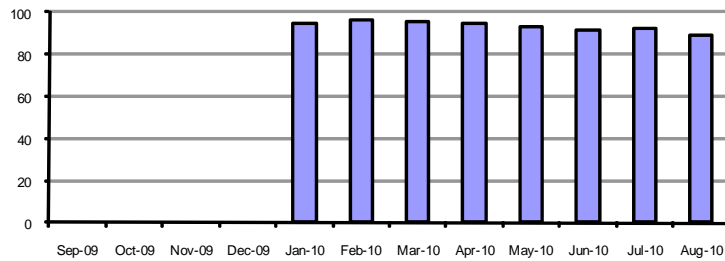
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				1	1	1	0	0	2	0	0

MRSA Bacteraemia Cases



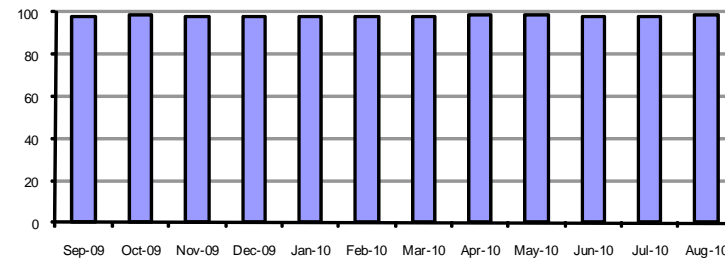
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				1	0	1	1	0	0	0	0

Hand Hygiene Compliance



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				94.5	96.2	95.4	94.8	93.3	91.3	92	89

Cleaning Compliance

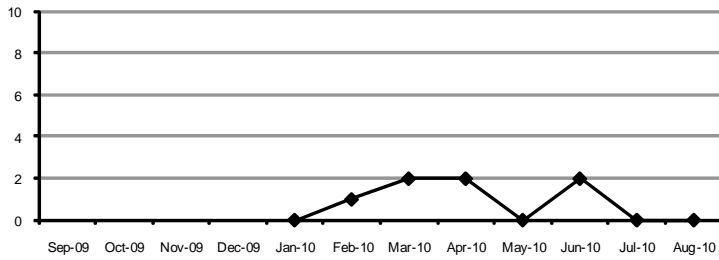


Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
98.3	98.6	98.2	98.1	98.3	98.1	97.8	98.4	98.5	98.2	98.3	98.4

Victoria Hospitals

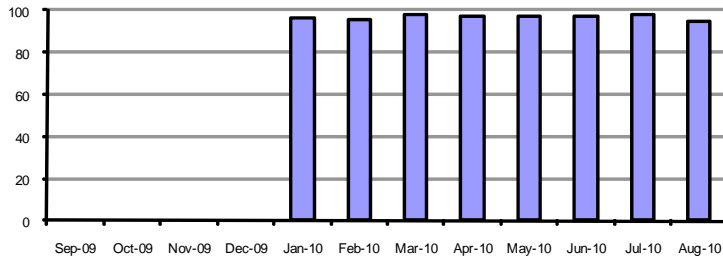
This report card includes data for the Victoria Infirmary, Victoria ACH & the Mansionhouse Unit. Data for *Clostridium difficile* Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus Bacteraemia cases presented from January 2010 onwards. 2010 HEAT targets achieved. On course to meet 2011 revised targets. Hand Hygiene Compliance data presented from January 2010 onwards- monthly compliance in Victoria Hospitals greater than 95%. Cleaning Compliance data available from September 2009 - monthly compliance in Victoria Hospitals greater than 96%.

MSSA Bacteraemia Cases



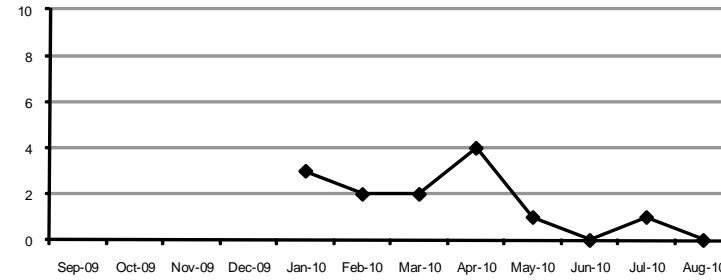
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				0	1	2	2	0	2	0	0

Hand Hygiene Compliance



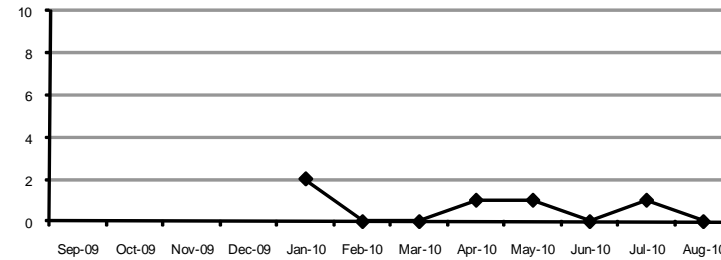
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				96.7	95.7	98.3	97	97.3	97	98	95

Clostridium difficile Infection Cases



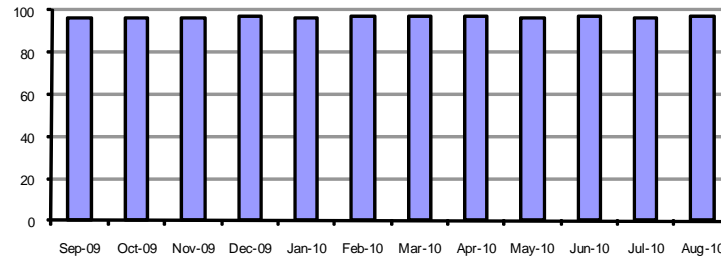
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				3	2	2	4	1	0	1	0

MRSA Bacteraemia Cases



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				2	0	0	1	1	0	1	0

Cleaning Compliance

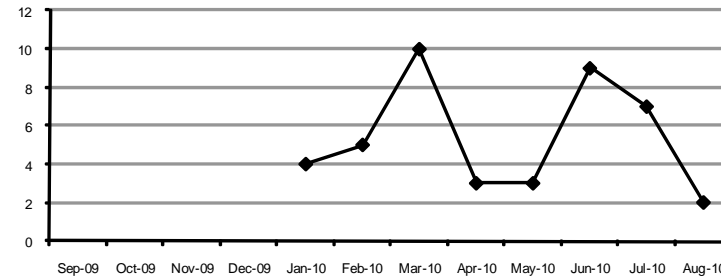


Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
96.3	96.3	96.4	97	96.3	97	96.9	96.8	96.5	96.8	96.3	96.8

Southern General Hospital

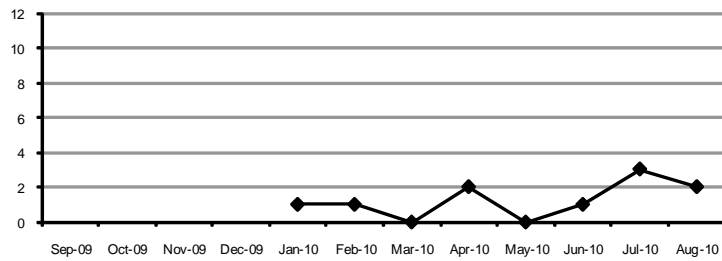
Data for *Clostridium difficile* Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus Bacteraemia cases presented from January 2010 onwards. 2010 HEAT targets achieved. On course to meet 2011 revised targets. Hand Hygiene Compliance data presented from January 2010 onwards- monthly compliance in SGH greater than 92%. Cleaning Compliance data available from September 2009 - monthly compliance in SGH greater than 95%.

Clostridium difficile Infection Cases



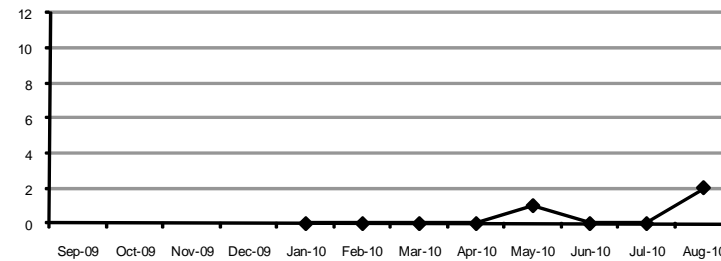
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				4	5	10	3	3	9	7	2

MSSA Bacteraemia Cases



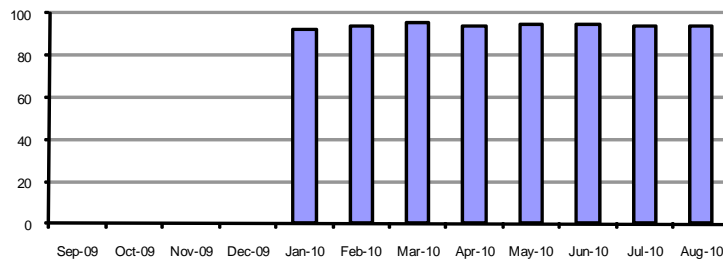
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				1	1	0	2	0	1	3	2

MRSA Bacteraemia Cases



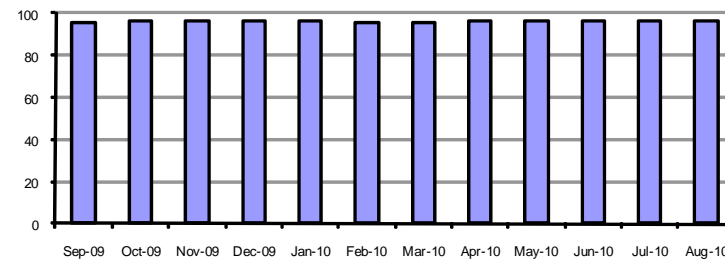
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				0	0	0	0	1	0	0	2

Hand Hygiene Compliance



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				92.1	94	95.6	94	94.4	94.5	94	94

Cleaning Compliance

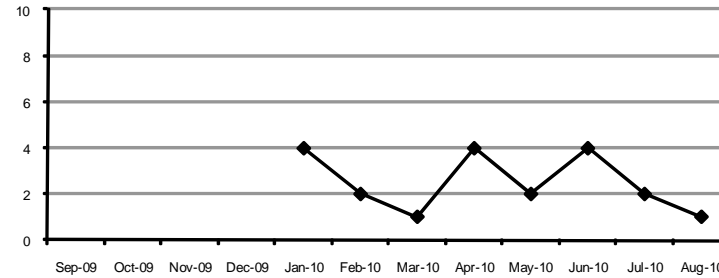


Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
95.9	96.3	96.3	96.2	96.3	95.9	95.5	96.2	96.4	96.5	96.3	96.2

Western Infirmary

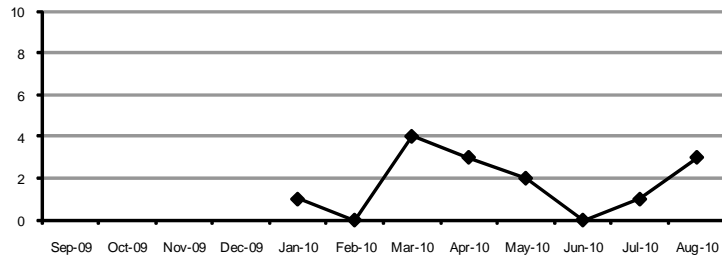
Data for *Clostridium difficile* Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus Bacteraemia cases presented from January 2010 onwards. 2010 HEAT targets achieved. On course to meet 2011 revised targets. Hand Hygiene Compliance data presented from January 2010 onwards- monthly compliance in WIG greater than 86%. Cleaning Compliance data available from September 2009 - monthly compliance in WIG greater than 94%.

Clostridium difficile Infection Cases



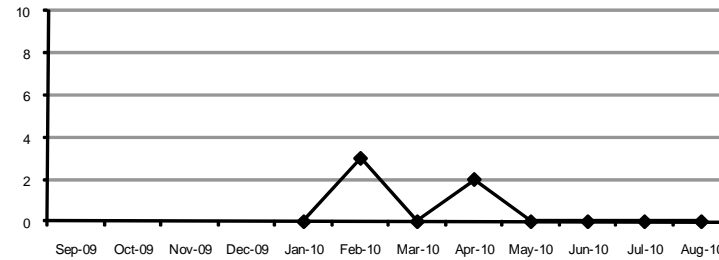
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				4	2	1	4	2	4	2	1

MSSA Bacteraemia Cases



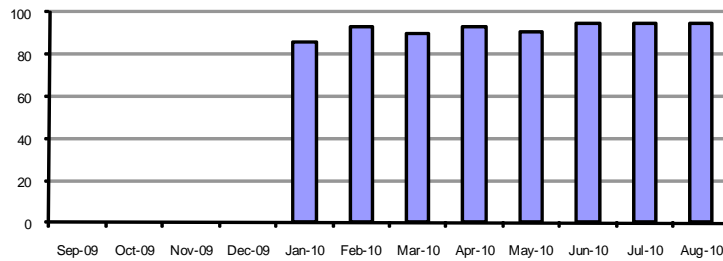
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				1	0	4	3	2	0	1	3

MRSA Bacteraemia Cases



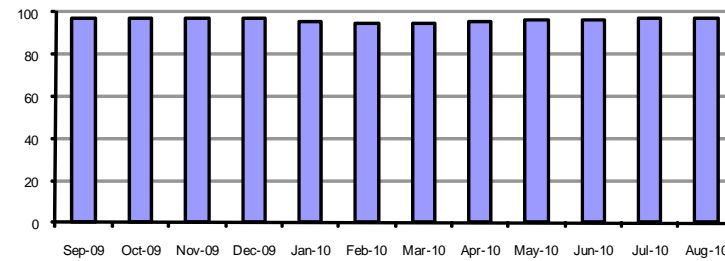
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				0	3	0	2	0	0	0	0

Hand Hygiene Compliance



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				86	92.8	90	93.5	91	95	95	95

Cleaning Compliance

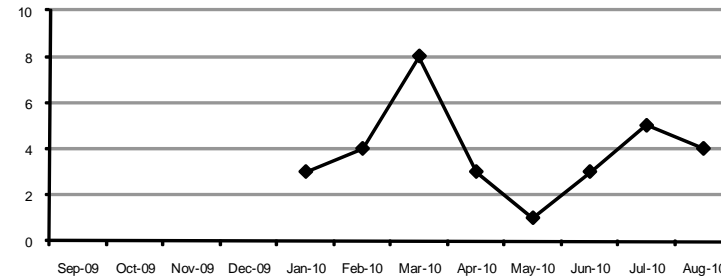


Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
97.2	97.2	97.1	96.9	95.4	94.9	95.1	95.7	96.4	96.7	96.9	96.8

Gartnaveil General Hospital

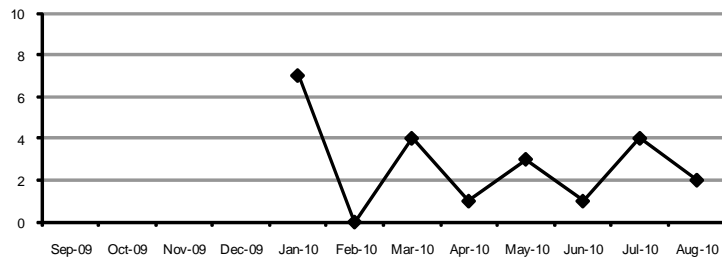
This report card includes data for Gartnaveil General Hospital & the Beatson West of Scotland Cancer Centre. Data for *Clostridium difficile* Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus Bacteraemia cases presented from January 2010 onwards. 2010 HEAT targets achieved. On course to meet 2011 revised targets. Hand Hygiene Compliance data presented from January 2010 onwards- monthly compliance across NHSGGC greater than 92%. Cleaning Compliance data available from September 2009 - monthly compliance across NHSGGC greater than 95%.

Clostridium difficile Infection Cases



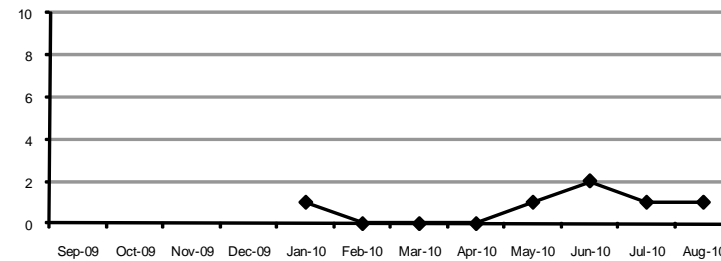
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				3	4	8	3	1	3	5	4

MSSA Bacteraemia Cases



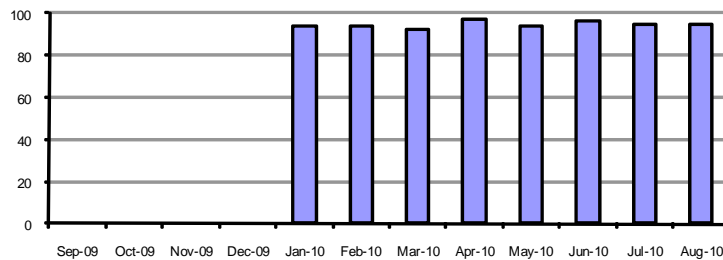
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				7	0	4	1	3	1	4	2

MRSA Bacteraemia Cases



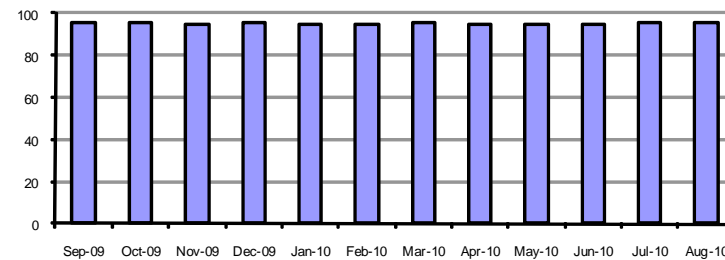
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				1	0	0	0	1	2	1	1

Hand Hygiene Compliance



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				94.3	93.8	92	97.4	93.8	96.4	95	95

Cleaning Compliance

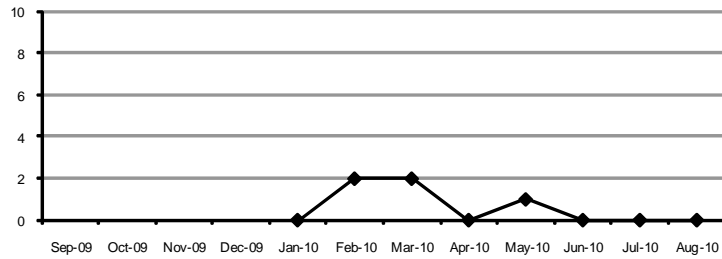


Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
95.6	95.5	95.1	95.3	95.1	94.4	95.2	94.8	95	95	95.9	95.4

Vale of Leven Hospital

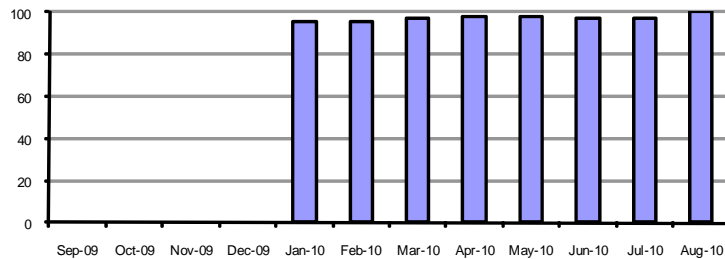
Data for *Clostridium difficile* Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus Bacteraemia cases presented from January 2010 onwards. 2010 HEAT targets achieved. On course to meet 2011 revised targets. Hand Hygiene Compliance data presented from January 2010 onwards- overall compliance in VOL greater than 95%. Monthly compliance for August 2010 was 100%. Cleaning Compliance data available from September 2009 - monthly compliance in VOL greater than 95%.

MSSA Bacteraemia Cases



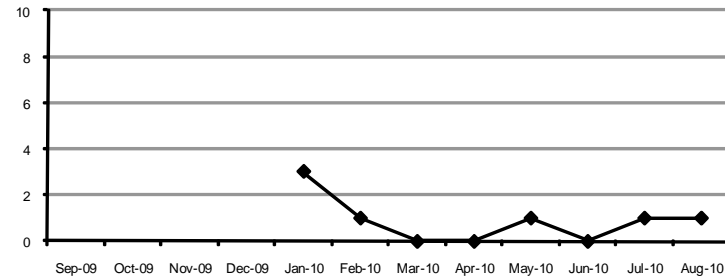
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				0	2	2	0	1	0	0	0

Hand Hygiene Compliance



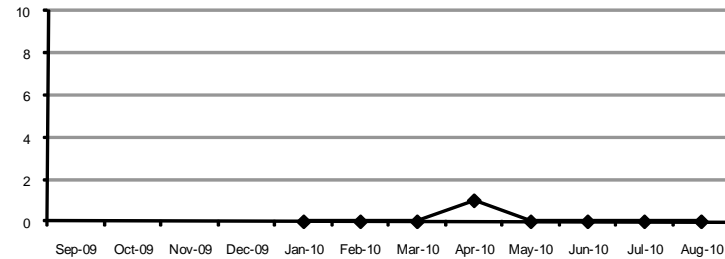
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				95.8	95.3	96.8	98.3	97.8	96.8	97	100

Clostridium difficile Infection Cases



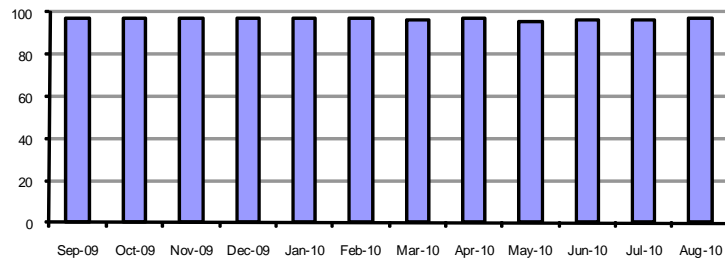
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				3	1	0	0	1	0	1	1

MRSA Bacteraemia Cases



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				0	0	0	1	0	0	0	0

Cleaning Compliance

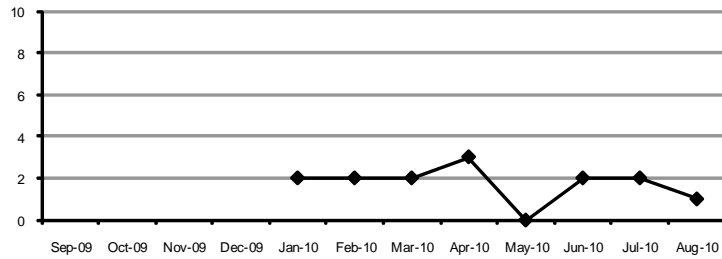


Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	
	97.4	97.5	97.5	97.3	97	96.8	96.3	97	95.8	96.5	96.3	97.1

Yorkhill Hospital

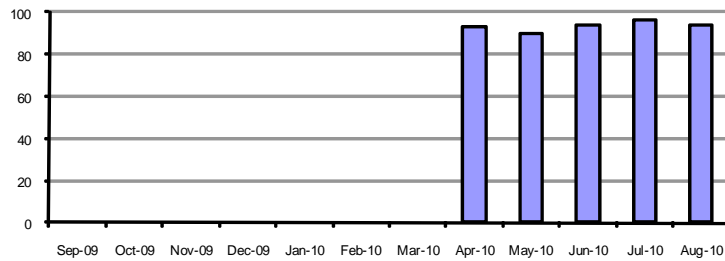
Data for *Clostridium difficile* Infection cases in ages 15 & over, therefore no cases for this site. Meticillin Sensitive Staphylococcus Aureus Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus Bacteraemia cases presented from January 2010 onwards. 2010 HEAT targets achieved. On course to meet 2011 revised targets. Hand Hygiene Compliance data presented from April 2010 onwards- monthly compliance in Yorkhill Hospital greater than 90%. Cleaning Compliance data available from September 2009 - monthly compliance in Yorkhill Hospital greater than 96%.

MSSA Bacteraemia Cases



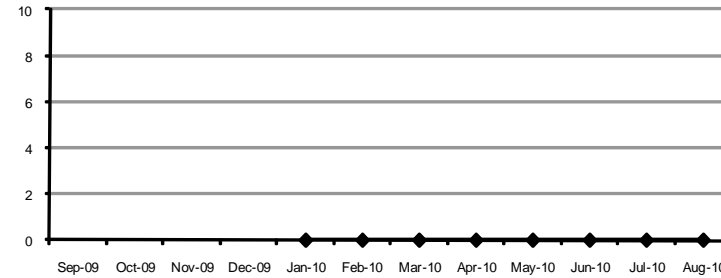
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				2	2	2	3	0	2	2	1

Hand Hygiene Compliance



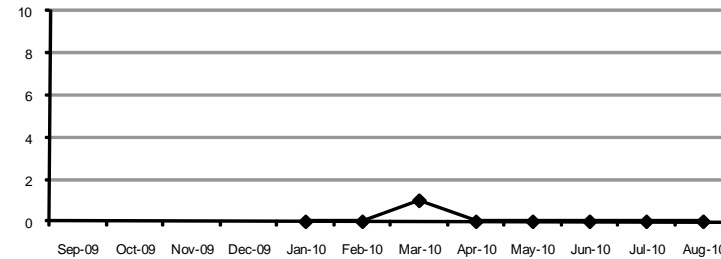
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
							93	90	94	96	94

Clostridium difficile Infection Cases



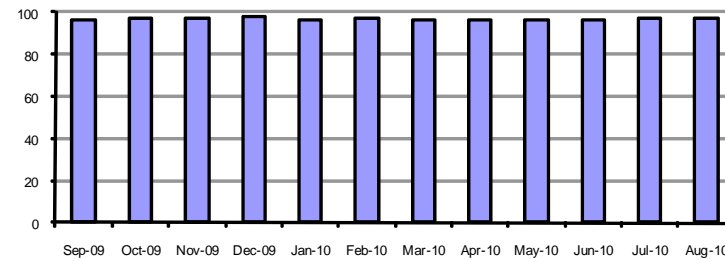
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				0	0	1	0	0	0	0	0

Cleaning Compliance

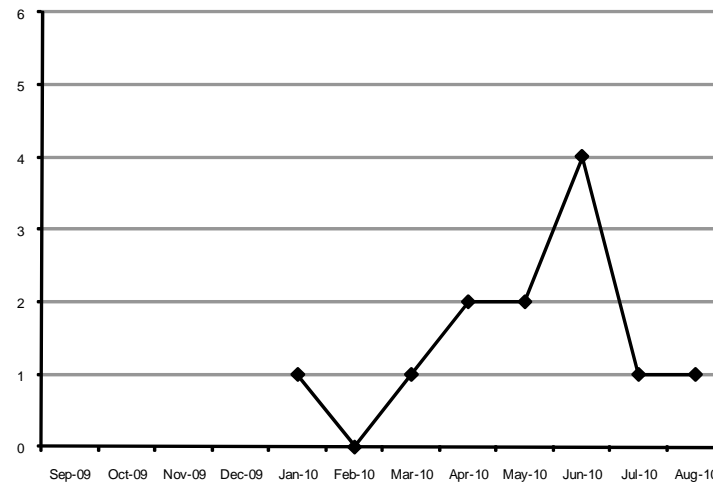


Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	
	96.5	97	96.8	97.8	96.5	97.2	96.2	96.4	96.6	96.5	97.4	96.9

Community Hospitals [Non Acute & Mental Health Hospitals]

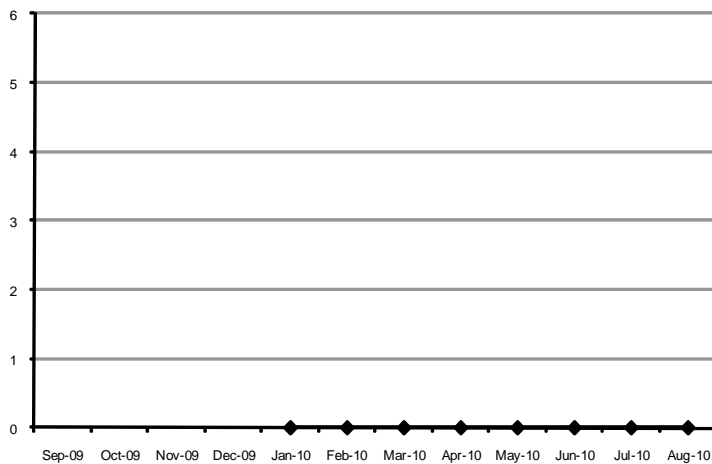
This is an amalgamation of data from the following hospitals: Lightburn, Drumchapel, Gartnavel Royal, Parkhead, Ravenscraig, Blawarthill, Leverdale, Johnstone, Mearns Kirk & Dykebar Hospitals. These hospitals are non acute hospitals & mental health hospitals and have very few cases to report. Data for Clostridium difficile Infection cases in ages 15 & over, Meticillin Sensitive Staphylococcus Aureus Bacteraemia cases & Meticillin Resistant Staphylococcus Aureus Bacteraemia cases presented from January 2010 onwards. 2010 HEAT targets achieved. On course to meet 2011 revised targets.

Clostridium difficile Infection Cases



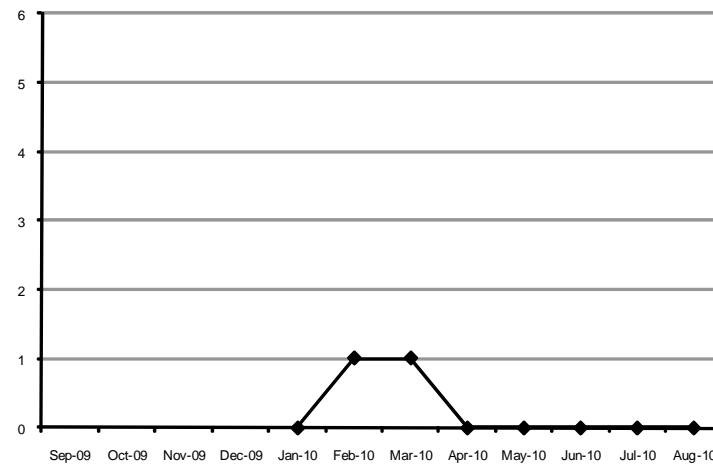
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				1	0	1	2	2	4	1	1

MSSA Bacteraemia Cases



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				0	1	1	0	0	0	0	0

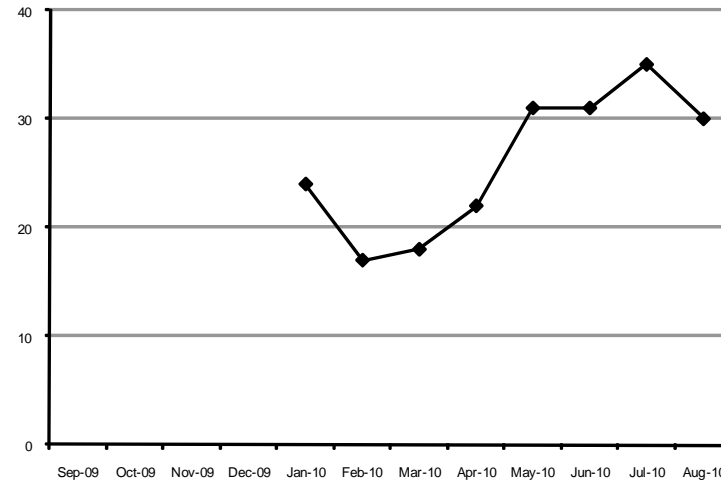
Out of Hospital Infections

Data for Clostridium difficile Infection cases in ages 15 & over : Out of Hospital CDIs account for 45.1% of all CDI cases reported in NHSGGC January to August 2010.

Meticillin Sensitive Staphylococcus Aureus Bacteraemia(MSSA) cases & Meticillin Resistant Staphylococcus Aureus (MRSA)Bacteraemia cases presented from January 2010 onwards.

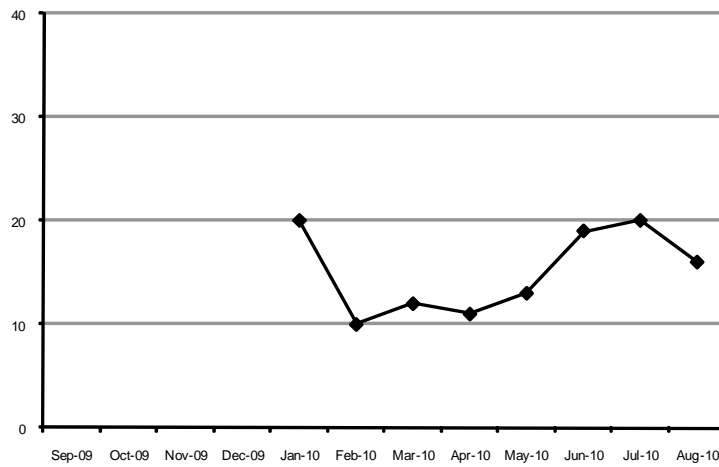
Out of Hospital MSSA bacteraemias account for 46.2% of all cases from January to August 2010. Out of Hospital MRSA bacteraemias make up 36.6% of all cases for the same timeframe.

Clostridium difficile Infection Cases



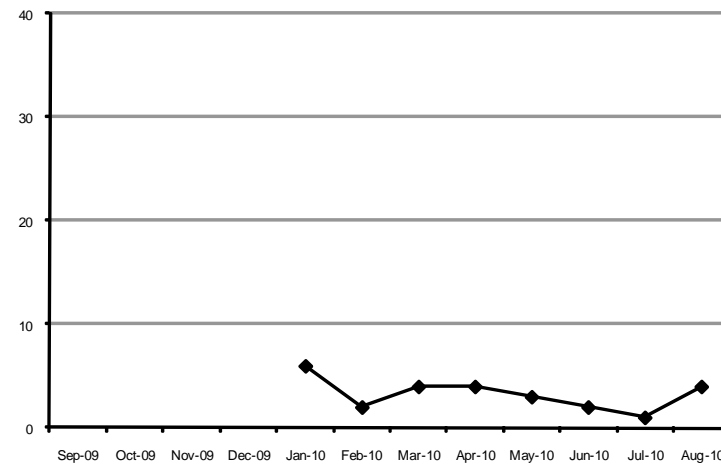
Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				24	17	18	22	31	31	35	30

MSSA Bacteraemia Cases



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				20	10	12	11	13	19	20	16

MRSA Bacteraemia Cases



Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
				6	2	4	4	3	2	1	4

This section includes Hospital level SPCs for acute sites in NHSGGC

The SPCs include data on

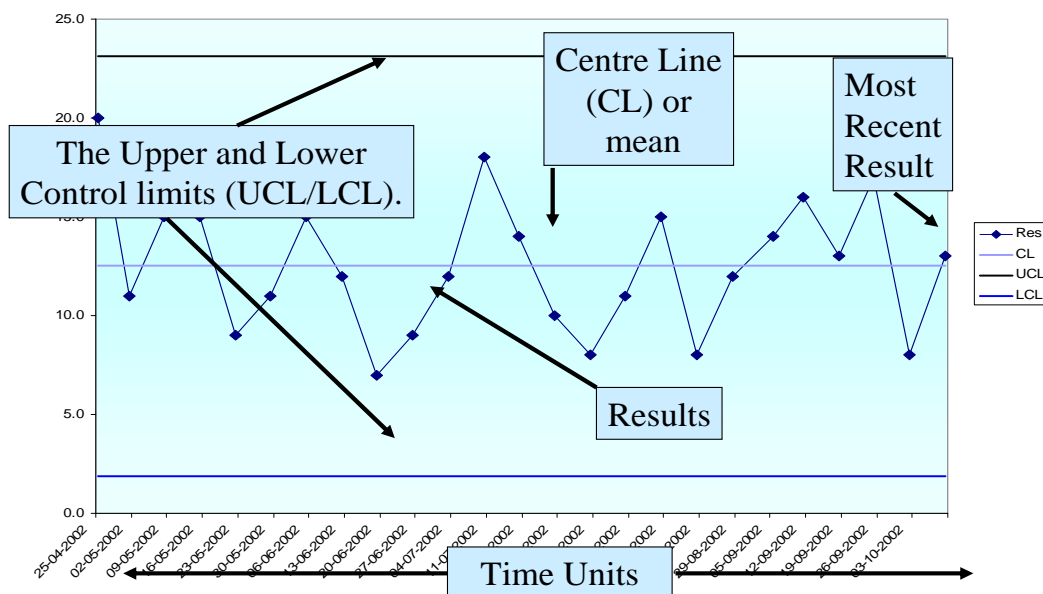
- Hospital Acquired MRSA cases (includes wound swabs, sputum & urine samples etc.)
- Hospital Acquired Clostridium difficile cases

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.

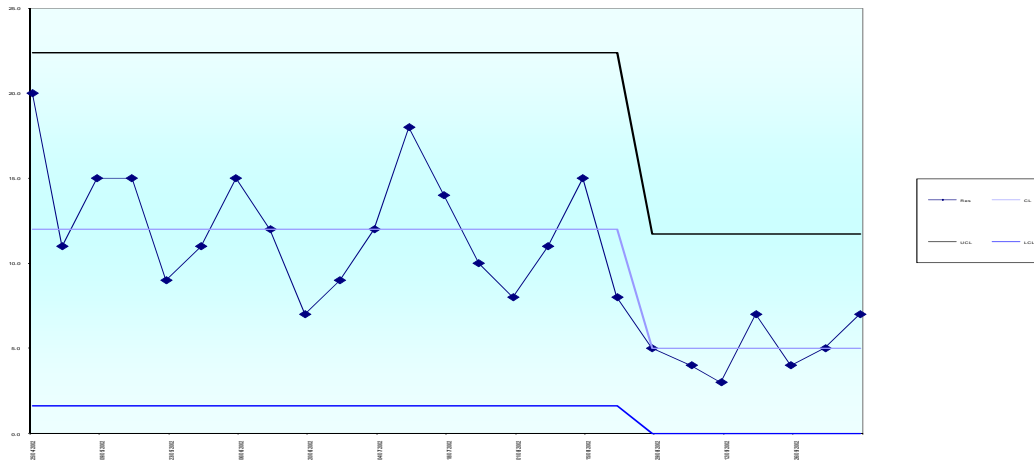
Statistical Process Control Charts (SPCs) are the application of statistical theory to Quality Control. They show process data chronologically (per month in most cases). Some examples of where they have been used in healthcare include; queuing analysis of appointment access and delays and forecasting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



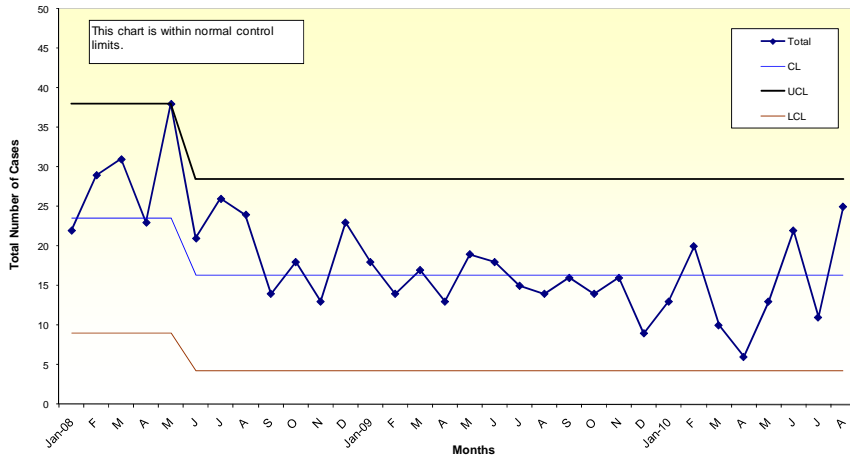
This chart demonstrates that infection control practice on a ward has improved. This in turn has resulted in fewer cases and the mean for this ward has been reduced to reflect this. Now that SPC's are available across the whole of NHSGHC we will be actively targeting improvements in areas with historically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

Trigger Events/Charts that Breach the Upper Control Limits

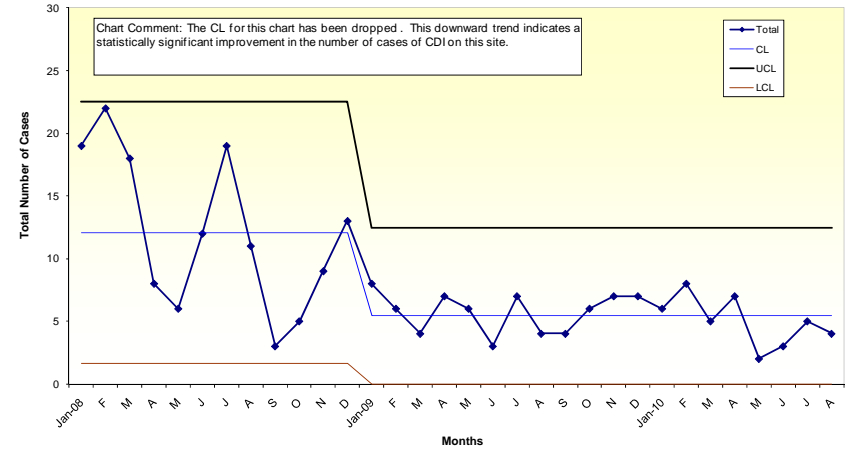
An SPC will only identify that a problem exists – it will not identify what is causing the problem. If a chart is seen to be above the upper control limit the ICT with the local clinical team will review the area to determine the likely cause and develop appropriate

Glasgow Royal Infirmary

Hospital Acquired MRSA - Glasgow Royal Infirmary, 2008 - 2010

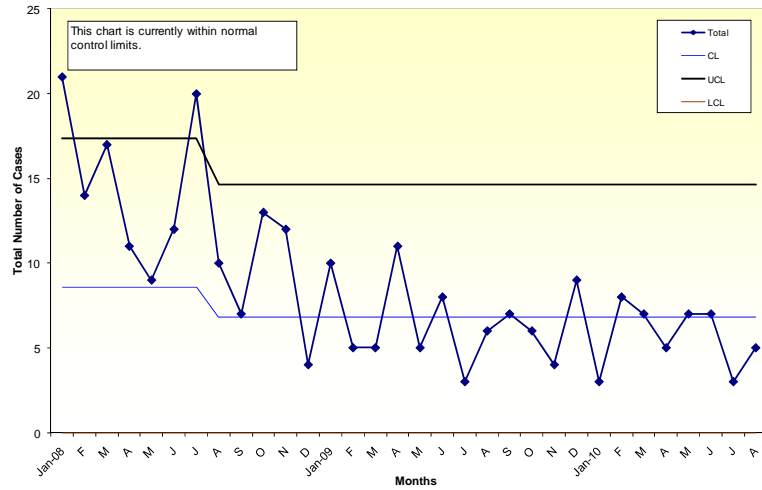


Hospital Acquired C. difficile - Glasgow Royal Infirmary, 2008 - 2010

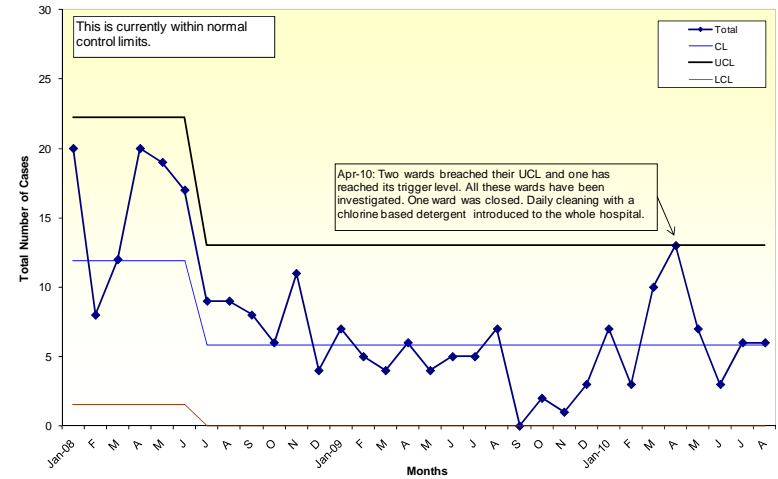


Stobhill Hospital

Hospital Acquired MRSA - Stobhill, 2008-2010

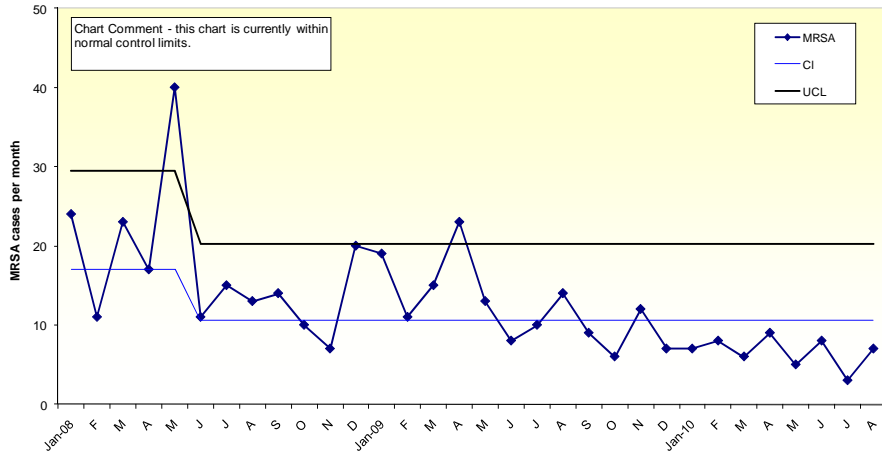


Hospital Acquired C.difficile - Stobhill, 2008-2010

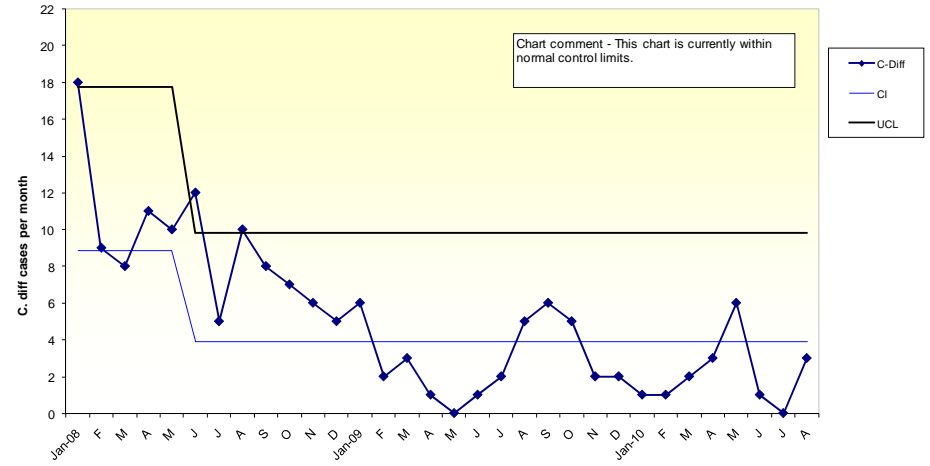


Royal Alexandra Hospital

Hospital Acquired - MRSA, 2008- 2010, RAH

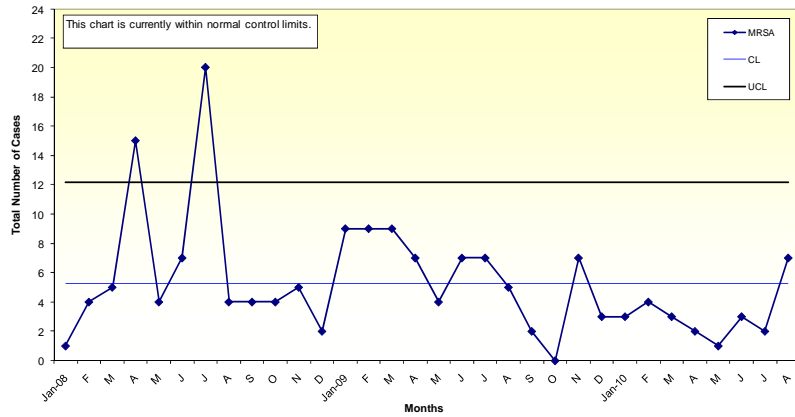


Hospital Acquired - C-Diff, 2008 - 2010, RAH

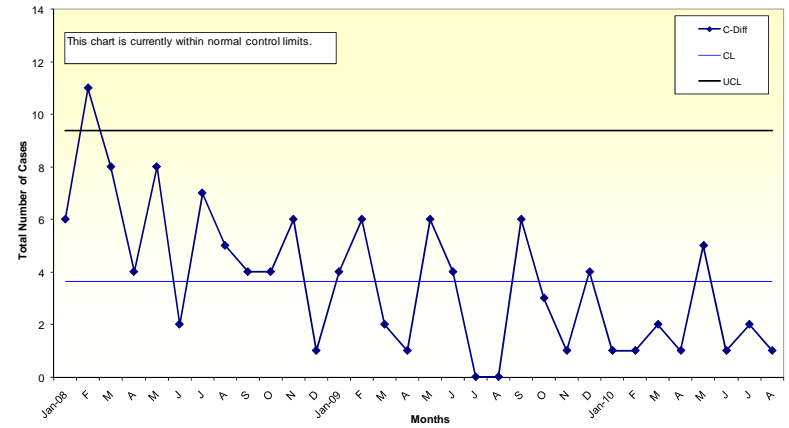


Inverclyde Royal Hospital

Hospital Acquired MRSA - Inverclyde Royal Hospital, 2008 - 2010

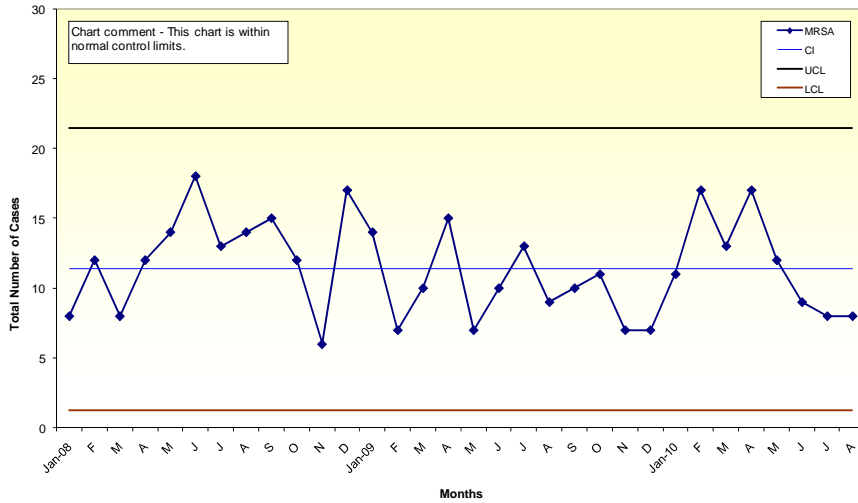


Hospital Acquired C. difficile - Inverclyde Royal Hospital, 2008 - 2010

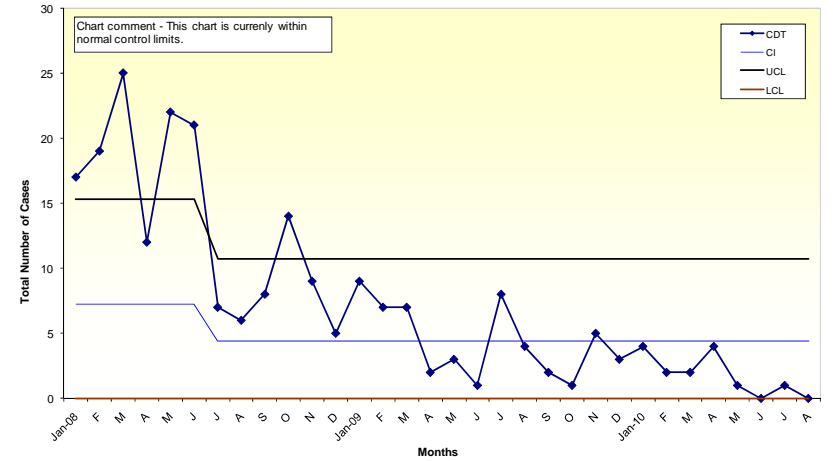


Victoria Infirmary

Hospital Acquired MRSA - Victoria Infirmary, All Directorates Total 2008-2010

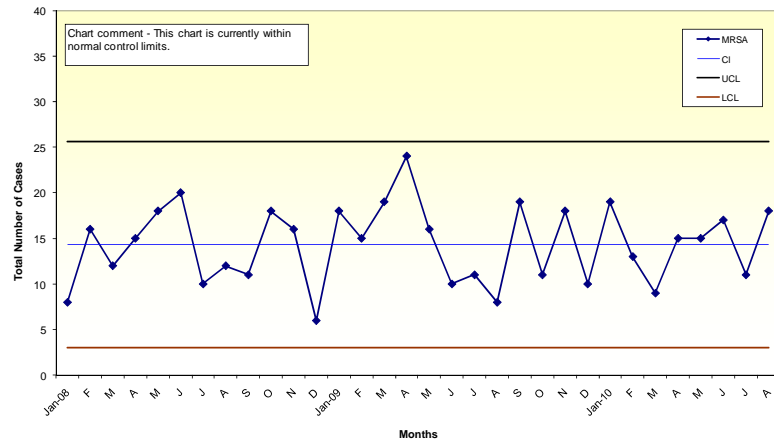


Hospital Acquired C. difficile - Victoria Infirmary, All Directorates, 2008-2010

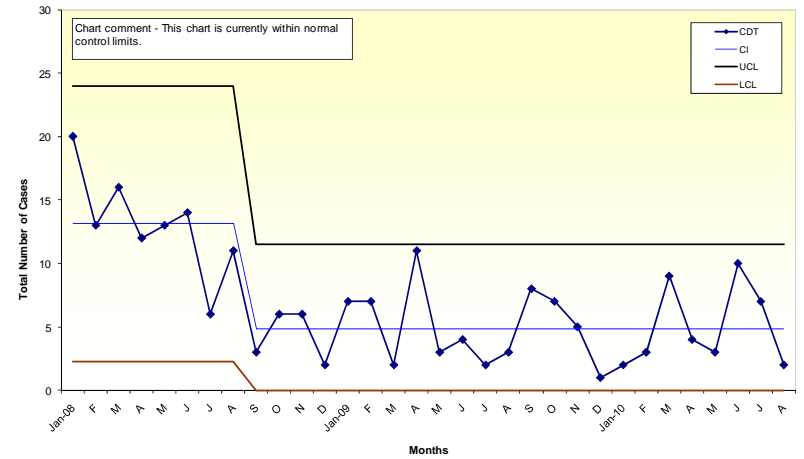


Southern General Hospital

Hospital Acquired MRSA - Southern General Hospital, All Directorates Total, 2008 - 2010

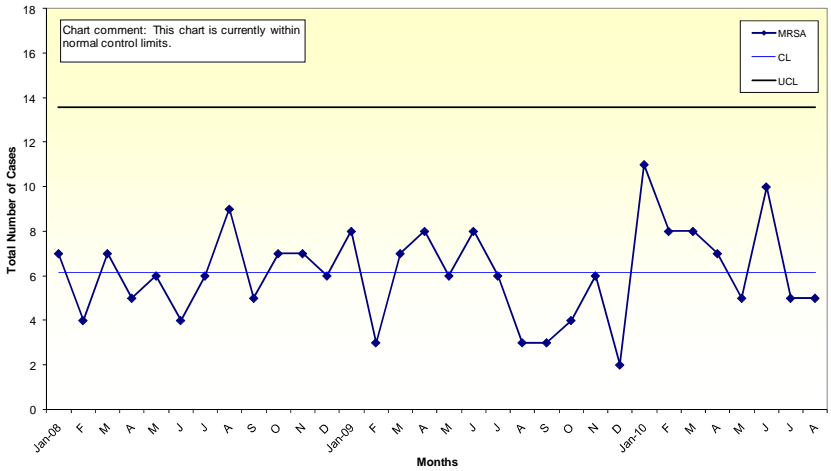


Hospital Acquired C. difficile - Southern General Hospital, All Directorates, 2008-2010

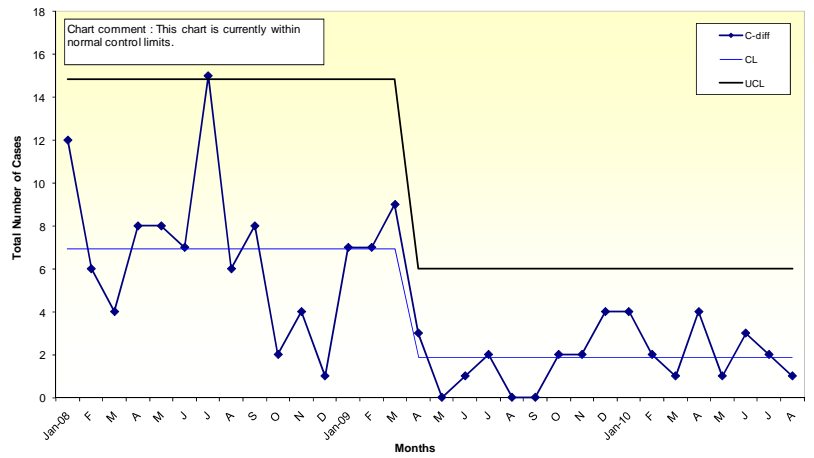


Western Infirmary

Hospital Acquired MRSA - WIG Total, 2008 - 2010

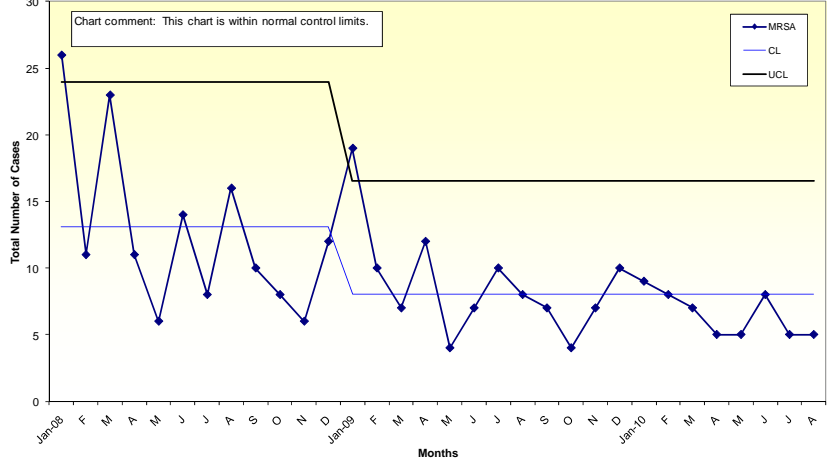


Hospital Acquired C.difficile- WIG Total, 2008 - 2010

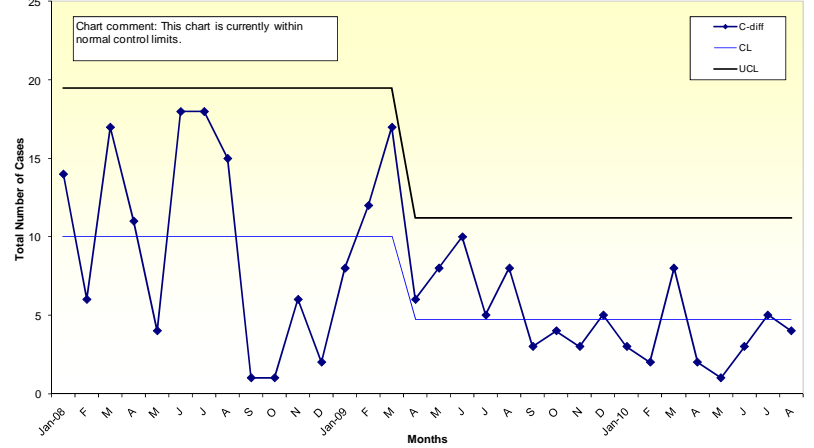


Gartnavel General Hospital

Hospital Acquired MRSA - GGH Total, 2008 - 2010

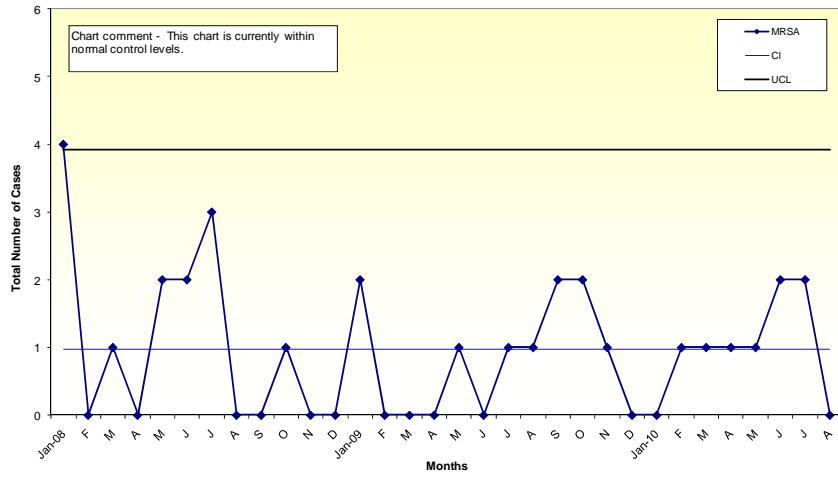


Hospital Acquired C. difficile- GGH Total, 2008 - 2010



Vale of Leven Hospital

Hospital Acquired MRSA, VOL Total, 2008-2010



Hospital Acquired C. difficile - VOL Total, 2008-2010

