

NHS Lothian

Board Meeting
28 September 2011

Director of Public Health & Health Policy

HEALTHCARE ASSOCIATED INFECTION UPDATE

1 Purpose of the Report

- 1.1 The purpose of this report is to update the Board on progress and actions to manage and reduce Healthcare Associated Infection across NHS Lothian. Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 The Board is recommended to support the following activities, under the overall direction of the Director of Public Health and Health Policy, in delivering the agenda to reduce and manage Healthcare Associated Infection:
- Maintain enhanced weekly surveillance of Meticillin Resistant *Staphylococcus aureus* (MRSA) and Meticillin Sensitive *Staphylococcus aureus* (MSSA) Bacteraemia to target resources for a sustained reduction and continue the roll-out of the of the MRSA screening programme.
 - Continuing communications to staff, patients and the public about the importance of hand hygiene, increasing the focus on visual communication as advised by the Healthcare Environment Inspectorate.
 - Increased compliance with best practice, as recommended by the Antimicrobial Management Team.
 - Recognise the need for ongoing work to maintain standards in anticipation of announced and unannounced Healthcare Environment Inspectorate visits.
 - Continued the provision of detailed reports to the public, as required by the Scottish Government.

3 Discussion of Key Issues

- 3.1 *Staphylococcus aureus* Bacteraemia: there were 26 episodes of *Staphylococcus aureus* Bacteraemia recorded in August 2011 (4 Meticillin Resistant *Staphylococcus aureus*, 22 Meticillin Sensitive *Staphylococcus aureus*), compared to 16 in July 2011 (1 Meticillin Resistant *Staphylococcus aureus*, 15 Meticillin Sensitive *Staphylococcus aureus*). Currently, NHS Lothian is on trajectory to achieve the Health Efficiency Access Treatment Target of 0.26 cases or fewer per 1000 acute occupied bed days by March 2013. This translates to no more than 265 cases of *Staphylococcus aureus* Bacteraemia in 2011-12 and no more than 213 in 2012-13.

- 3.2 *Clostridium difficile* Infection: there were 25 episodes of *Clostridium difficile* Infection in patients aged 65 or over in August 2011, compared to 23 in July 2011. Currently, NHS Lothian is on trajectory to achieve the Health Efficiency Access Treatment Target of 0.39 cases or fewer by 1000 acute bed days by March 2013. This translates to no more than 342 cases of *Clostridium difficile* Infection in patients aged 65 or over in 2011-12 and no more than 326 in 2012-13.
- 3.3 Hand hygiene: the 14th bi-monthly national hand hygiene audit report was published on 27/7/2011. This indicated that NHS Lothian is achieving a hand hygiene compliance of 96%, exceeding the overall national average compliance of 95%. Most staff groups continue to improve, achieving 97-100% compliance throughout this audit period. Ongoing work continues to focus on improving hand hygiene compliance amongst medical staff groups and areas of non-compliance. The 15th bi-monthly national hand hygiene audits have recently been undertaken. This report, which will be published on 28/9/2011, indicates an improvement in medical staff group compliance for NHS Lothian.
- 3.4 Meticillin Resistant *Staphylococcus aureus* National Screening Programme: all NHS Boards will be asked to ensure local delivery against the operating protocol by the end of March 2012. Transitional funding has been provided for 2011-12. NHS Lothian is continuing to transition to the new policy currently, with a focus on the following workstreams:
- 3.4.1 Screening activity: to date the Screening Programme has screened more than 400 patients and the results have been encouraging. We are achieving over 85% compliance with the use of the clinical risk assessment, 100% compliance with the screening of identified high risk patients and 45% compliance with the use of the perineal screen. The compliance with perineal screening has been lower due to the number of patients refusing this screen, primarily medicine for the elderly patients; however, all of this group has been appropriately screened using the alternative nose and throat swabs. A second wave of rollout has commenced (all of medicine for the elderly, Western General Hospital day surgery and Intensive Therapy Unit.) This will enable the system to be stress-tested for volume of samples and high numbers of elective patients and to further investigate the impact of the policy prior to the heavy demands of the winter season.
- 3.4.2 Process development: a TRAK version of the clinical risk assessment has been developed and deployed successfully to wards. This has greatly reduced the administration work for ward level nursing staff and enabled automated data collection and auditing that greatly reduces the surveillance workload. The surveillance database has also been updated to reflect the demands of the new policy and this will enable the automated generation of reports.
- 3.4.3 Communications: a presentation is to be delivered to several key user groups and a schedule for public partnership meetings has been established. A new wave of hospital based road shows for patients and staff will commence in September.
- 3.5 Mandatory Surveillance: from 1/7/2011, the mandatory surgical site surveillance has moved to the Health Protection Scotland Light Methodology to accommodate the Point Prevalence Surveillance which is being carried out during September and October 2011. The Point Prevalence Survey covers all acute areas within NHS Lothian and 25% of non-acute areas.

- 3.6 Healthcare Environment Inspectorate: the Healthcare Environment Inspectorate carried out an unannounced inspection at the Royal Infirmary of Edinburgh on 18/8/2011. During the inspection there were nine clinical areas inspected: Accident and Emergency; Ward 205; Ward 107; Ward 203; Combined Assessment Area; Ward 208; Ward 202; Ward 109; Ward 110. The draft report was received on 7/9/2011, with the Action Plan to be returned to the Healthcare Environment Inspectorate by 15/9/2011. The final report is expected to be published on 28/9/2011.
- 3.7 Antimicrobial Management Team update:
- 3.7.1 The Chief Medical Officer (2011)05 letter advised of revisions to the national antibiotic prescribing indicators that support the Health Efficiency Access Treatment Target for *Clostridium difficile* Infection.
- 3.7.2 The Scottish Antimicrobial Prescribing Group has made slight changes to the data to be collected. Since April 2011, the empirical prescribing indicator has focused on improving compliance with policy and documenting cases of non-compliance, allowing trends to be identified and addressed. In clinical areas where the Prescribing Indicator is measured, compliance with guidelines is at target level for the RIE and WGH but documentation of indication for antibiotic treatment is below target. For surgical prophylaxis, the data collection focused on colorectal surgery. Compliance with the Surgical Prophylaxis Policy is improving although not yet at target level. Administration of single dose antibiotic prophylaxis is currently at the target level.
- 3.7.3 Antimicrobial Stewardship: the principles of antimicrobial stewardship apply to antibiotic use in all areas. Currently, the national Prescribing Indicators stipulate minimum areas for measurement. NHS Lothian captures the required data: empiric prescribing indicators are captured in a 'front door' area on each acute site; surgical antibiotic prophylaxis is monitored in colorectal surgery; the primary care seasonal variation in quinolone use (National Prescribing Indicator) is monitored for each General Practice directly from PRISMS data. Prescribing Indicator compliance reports are fed back to the relevant Clinical Teams for discussion and action.
- 3.7.4 Additionally, NHS Lothian has three antibiotic related local prescribing indicators for prescribing in General Practice, with one having been updated. They measure total antibiotic use, co-amoxiclav use and combined quinolone and cephalosporin prescribing (new 2011/12).
- 3.7.5 Prescribing patterns and *Clostridium difficile* Infection: NHS Lothian currently monitors drugs (cephalosporins, co-amoxiclav, quinolones, clindamycin and piperacillin-tazobactam) identified by the Scottish Antimicrobial Prescribing Group as those where use should be restricted due to a high causative association with *Clostridium difficile* Infection. Use of these antibiotics has decreased during the last quarter, along with a decrease in the rate of *Clostridium difficile* Infection.
- 3.7.6 Antibiotic expenditure: the total expenditure for 2011/12 remains down 20% from the same period in 2010/11. There appears to be an increase in expenditure on oral agents and a decrease in parenteral agents. Reduced cannulation supports efforts to reduce *Staphylococcus aureus* Bacteraemias.
- 3.8 Domestic Services: Infection Control Toolbox talks have commenced for Domestic and Laundry Services across Lothian. Infection Prevention and Control Nurses have been involved in the composition and delivery of the Toolboxes. The Sign off sheet for domestic tasks that was introduced following the Healthcare Environment Inspectorate Inspection at the Western General Hospital has been updated to now include a daily

signature from the nurse in charge of the ward. This will be rolled out to all domestic services in NHS Lothian including PFI partner at the RIE.

4 Key Risks

- 4.1 The key risks associated with failure to address the recommendations are:
- *Staphylococcus aureus* Bacteraemia has the potential to lead to a need for additional treatment and an extended stay in hospital.
 - Consideration of bed allocation and patient movement has to be given to those patients identified as colonised with MRSA as part of the MRSA Screening programme.
 - Failure to comply with hand hygiene increases the risk of transmission of infection.
 - Use of high risk antimicrobials has the potential to increase the risk of *Clostridium difficile* Infection.
 - There is the potential for Healthcare Environment Inspectorate inspectors to find adverse areas of cleanliness or standards of practice, which could lead to adverse publicity for NHS Lothian.

5 Risk Register

- 5.1 The Healthcare Associated Infection Corporate Risk Register is currently graded high. The risk register includes a series of general and specific controls. These include norovirus outbreaks and escalation, hand hygiene, Health Efficiency Access Treatment targets, Health Protection Scotland targets, decontamination issues and impact on reputation.

6 Impact on Health Inequalities

- 6.1 There are no new issues with the Equality Diversity Impact Assessment as this is a routine update. However, infection with the organisms used as markers for Healthcare Associated Infection is more common in patients with co-morbidities, diabetes and alcohol problems. As these are socio-economically patterned, reducing the burden of Healthcare Associated Infection will reduce the excess burden of avoidable disease in patients from these groups.

7 Impact on Inequalities

- 7.1 Healthcare Associated Infection is more common in patients with co-morbidities, diabetes and alcohol problems. Accordingly, changes made are reducing the burden of Healthcare Associated Infection.

8 Involving People

- 8.1 Patient public representatives are actively involved during the Healthcare Environment Inspectorate inspections, with one member sitting on the Healthcare Environment Inspectorate Steering Group. Other patient public representatives sit on the Infection Control Committees (Lothian Infection Control Advisory Committee, Acute and Community).

9 Resource Implications

- 9.1 The excess cost of each episode of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection is variable but estimated to be between £4,000 and £15,000. This is contributed to by increased length of stay and additional treatment required.

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13 September 2011
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List of Appendices

Appendix 1: Scottish Government Health Department Record Cards for NHS Lothian

NHS Lothian

SAB May to July 2011 recorded the lowest numbers for 2011 but in August 2011 there 26 cases recorded, highest number recorded in the last eight months.

CDI Since April 2011 CDI figures have remained stable with an average of 37 cases per month.

SAB HEAT Target Whilst NHS Lothian are not currently achieving the HEAT Target for SAB, there has been a considerable reduction during quarter 2 of 2011. With the continuation of this NHS Lothian should achieve the target by March 2013.

CDI HEAT Target for Patients aged 65 and over For the period October 10 to August 11 NHS Lothian have achieved the target set at a rate of 0.39 or less per 1000 OBDS. The challenge going forward is to maintain this or reduce even further.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 96% | 91% | 93% | 95% | 95% | 97% | 98% | 98% | 97% | 95% | 98% | 96% |

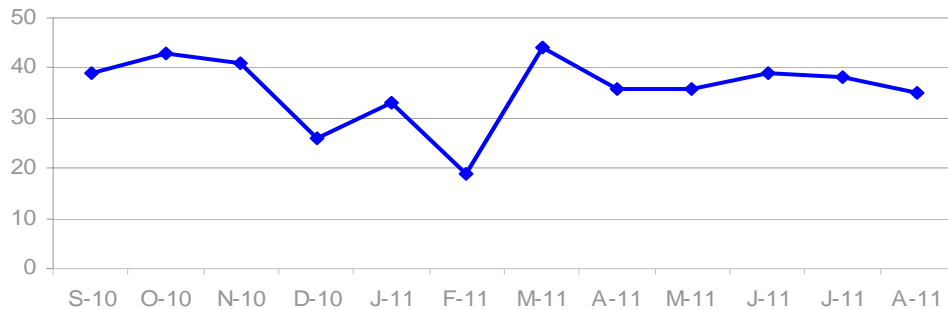
Cleaning Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 95% | 95% | 95% | 95% | 95% | 96% | 95% | 95% | 95% | 95% | 96% | na |

Estates Monitoring Compliance

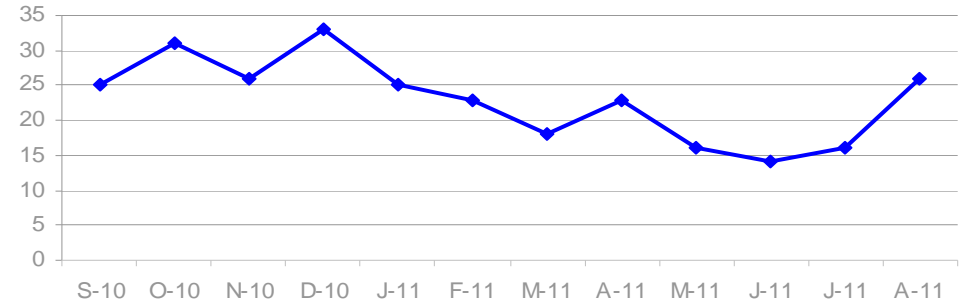
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 97% | 97% | 96% | 96% | 97% | 96% | 96% | 97% | 96% | 97% | 97% | na |

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



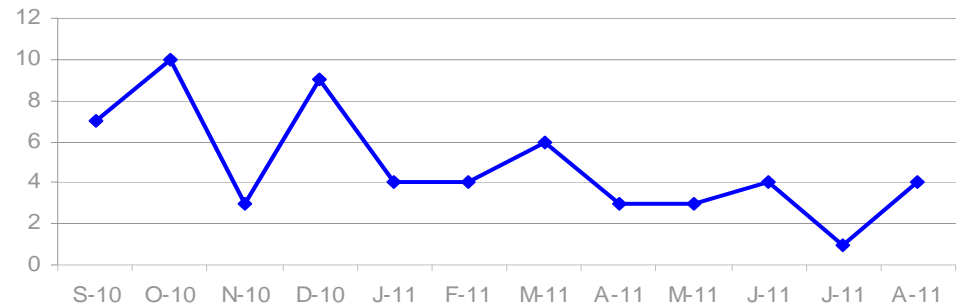
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 39 | 43 | 41 | 26 | 33 | 19 | 44 | 36 | 36 | 39 | 38 | 35 |

Total Staphylococcus aureus Bacteraemia (SAB) Cases



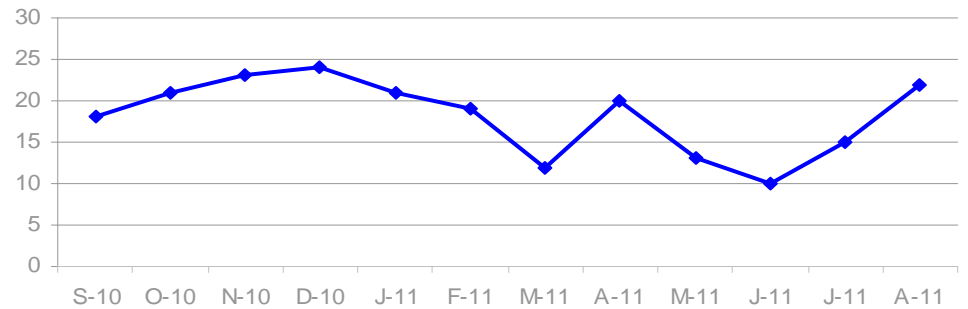
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 25 | 31 | 26 | 33 | 25 | 23 | 18 | 23 | 16 | 14 | 16 | 26 |

MRSA Bacteraemia Cases



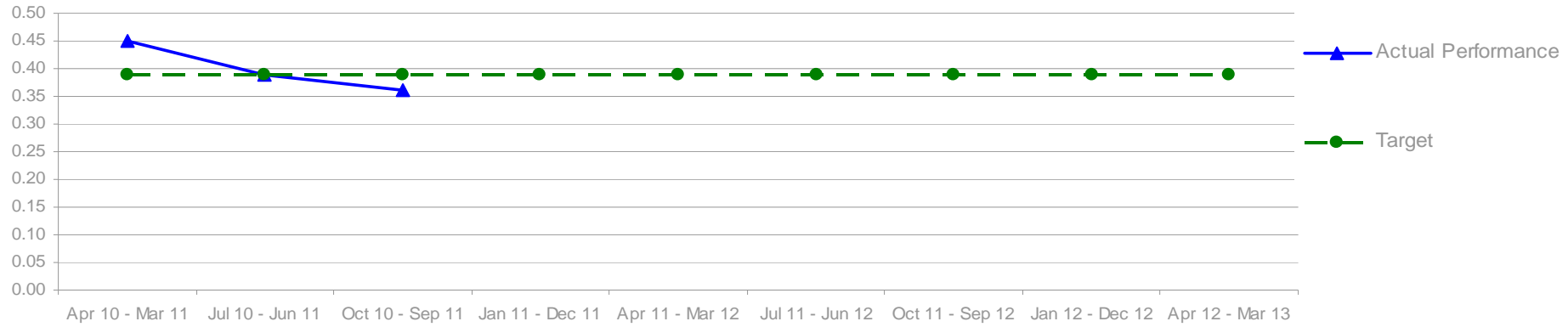
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 7 | 10 | 3 | 9 | 4 | 4 | 6 | 3 | 3 | 4 | 1 | 4 |

MSSA Bacteraemia Cases



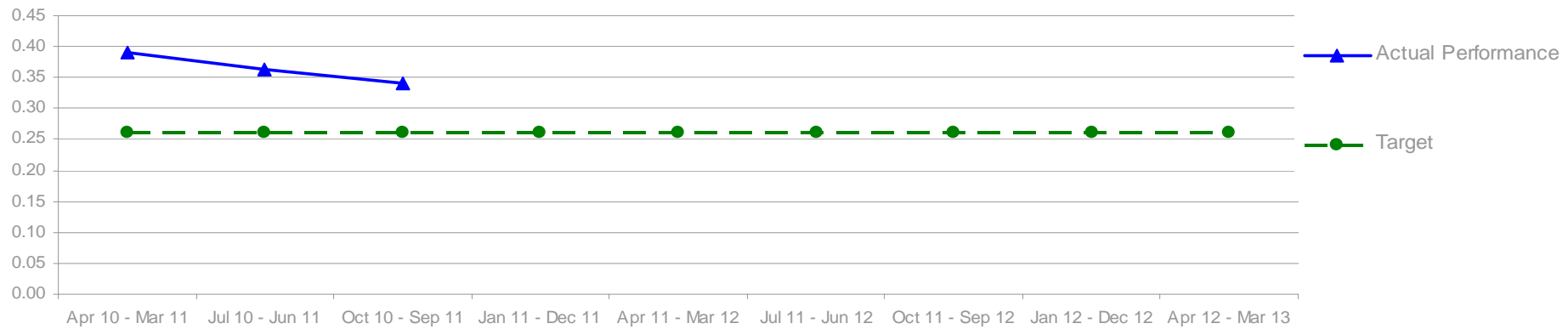
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 18 | 21 | 23 | 24 | 21 | 19 | 12 | 20 | 13 | 10 | 15 | 22 |

Quarterly Rolling Year *Clostridium difficile* Infection Cases per 1000 Total Occupied Bed Days for HEAT Target Measurement



| | Apr 10 - Mar 11 | Jul 10 - Jun 11 | Oct 10 - Sep 11 | Jan 11 - Dec 11 | Apr 11 - Mar 12 | Jul 11 - Jun 12 | Oct 11 - Sep 12 | Jan 12 - Dec 12 | Apr 12 - Mar 13 |
|--------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Actual Performance | 0.45 | 0.39 | 0.36 | | | | | | |
| 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 Cases for HEAT Target Measurement



| | Apr 10 - Mar 11 | Jul 10 - Jun 11 | Oct 10 - Sep 11 | Jan 11 - Dec 11 | Apr 11 - Mar 12 | Jul 11 - Jun 12 | Oct 11 - Sep 12 | Jan 12 - Dec 12 | Apr 12 - Mar 13 |
|--------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Actual Performance | 0.39 | 0.36 | 0.34 | | | | | | |
| Target | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 |

Royal Infirmary of Edinburgh

Staphylococcus aureus Bacteraemia (SAB)

There were 4 SAB during July 2011 and 6 SAB during August 2011.

Clostridium difficile Infection (CDI)

There were 11 CDI during July 2011 and 9 CDI during August 2011.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 93% | 93% | 91% | 95% | 94% | 93% | 95% | 93% | 94% | 95% | 94% | 95% |

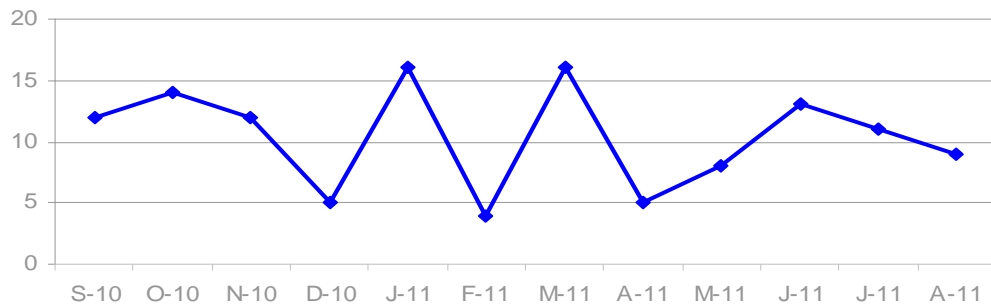
Cleaning Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 96% | 96% | 96% | 96% | 96% | 96% | 96% | 96% | 97% | 96% | 96% | na |

Estates Monitoring Compliance

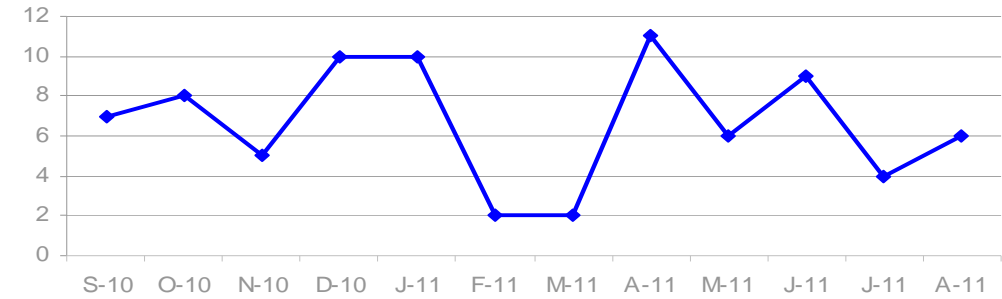
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 95% | 95% | 95% | 95% | 96% | 95% | 94% | 97% | 96% | 96% | 95% | na |

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



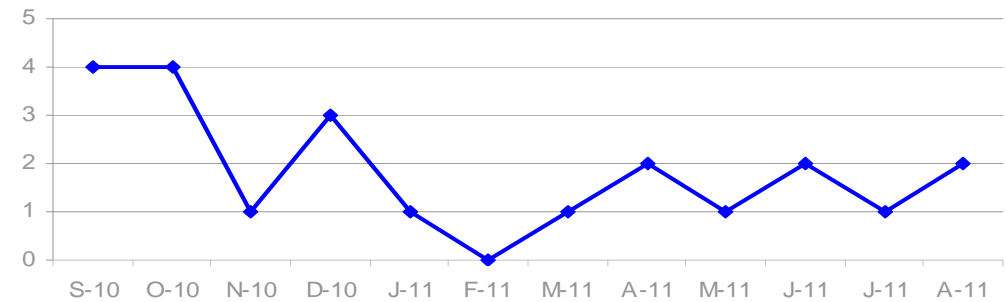
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 12 | 14 | 12 | 5 | 16 | 4 | 16 | 5 | 8 | 13 | 11 | 9 |

Total *Staphylococcus aureus* Bacteraemia (SAB) Cases



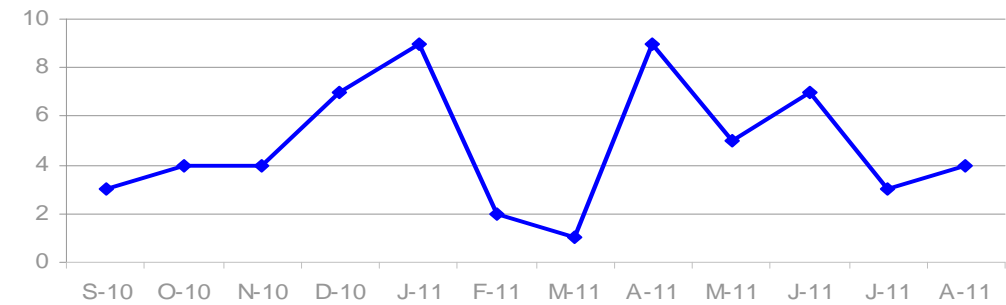
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 7 | 8 | 5 | 10 | 10 | 2 | 2 | 11 | 6 | 9 | 4 | 6 |

MRSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 4 | 4 | 1 | 3 | 1 | 0 | 1 | 2 | 1 | 2 | 1 | 2 |

MSSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 3 | 4 | 4 | 7 | 9 | 2 | 1 | 9 | 5 | 7 | 3 | 4 |

Western General Hospital

Staphylococcus aureus Bacteraemia (SAB)

There was 1 SAB recorded during July 2011 and 1 during August 2011.

Clostridium difficile Infection (CDI)

There were 16 CDI during July 2011 and 8 CDI during August 2011.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 91% | 92% | 94% | 93% | 93% | 92% | 94% | 95% | 94% | 95% | 94% | 95% |

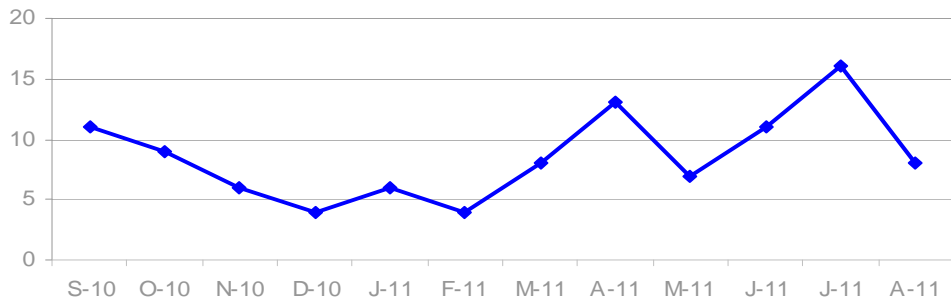
Cleaning Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 95% | 96% | 95% | 95% | 95% | 95% | 94% | 95% | 94% | 95% | 95% | na |

Estates Monitoring Compliance

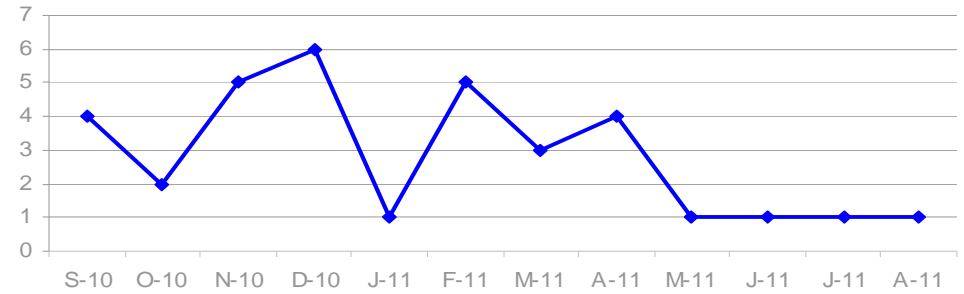
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 99% | 100% | 99% | 99% | 100% | 100% | 100% | 99% | 99% | 100% | 100% | na |

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



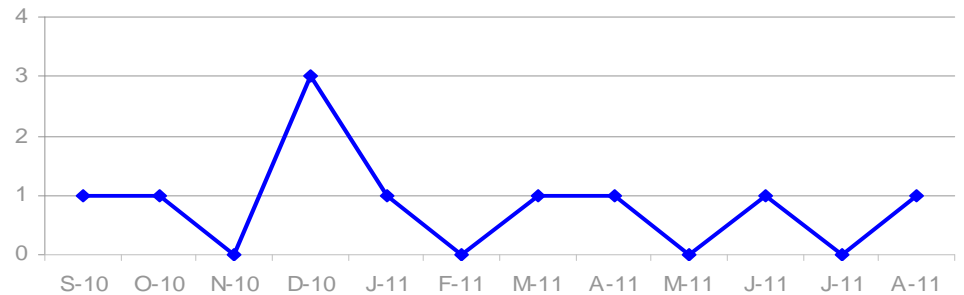
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 11 | 9 | 6 | 4 | 6 | 4 | 8 | 13 | 7 | 11 | 16 | 8 |

Total Staphylococcus aureus Bacteraemia (SAB) Cases



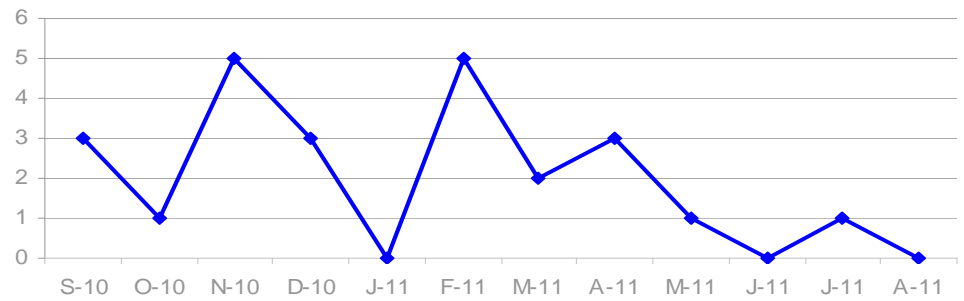
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 4 | 2 | 5 | 6 | 1 | 5 | 3 | 4 | 1 | 1 | 1 | 1 |

MRSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 1 | 1 | 0 | 3 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 1 |

MSSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 3 | 1 | 5 | 3 | 0 | 5 | 2 | 3 | 1 | 0 | 1 | 0 |

St Johns Hospital

Staphylococcus aureus Bacteraemia (SAB)

There were 2 SAB recorded during July and 2 during August 2011.

Clostridium difficile Infection (CDI)

There was 1 CDI recorded during July and 5 during August 2011.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 98% | 98% | 97% | 98% | 96% | 96% | 97% | 97% | 97% | 96% | 94% | 98% |

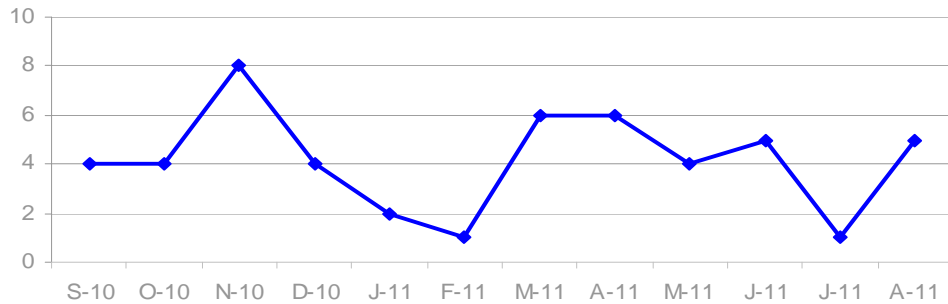
Cleaning Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 95% | 96% | 95% | 95% | 95% | 95% | 94% | 95% | 94% | 95% | 95% | na |

Estates Monitoring Compliance

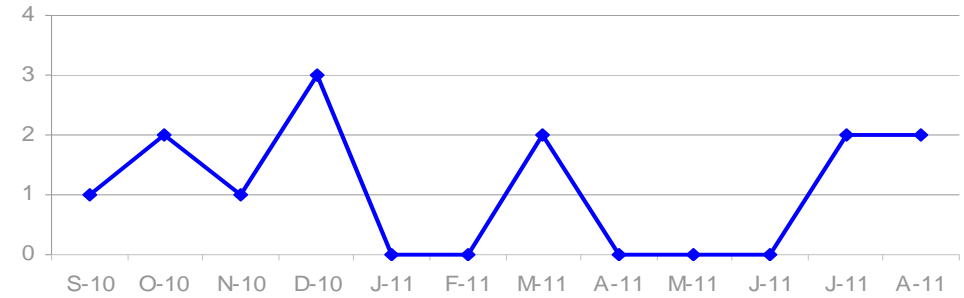
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 96% | 96% | 95% | 96% | 97% | 97% | 96% | 97% | 97% | 97% | 97% | na |

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



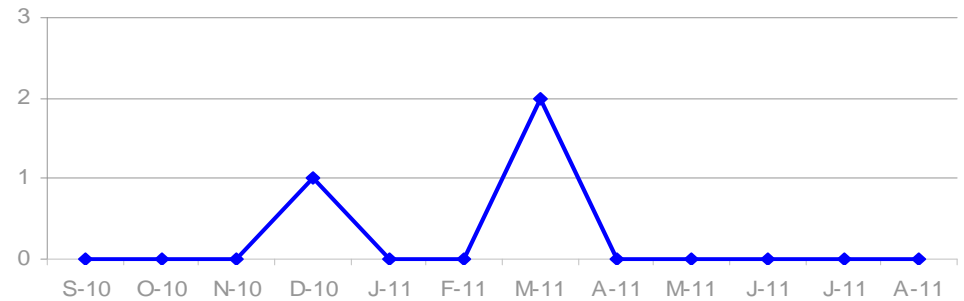
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 4 | 4 | 8 | 4 | 2 | 1 | 6 | 6 | 4 | 5 | 1 | 5 |

Total Staphylococcus aureus Bacteraemia (SAB) Cases



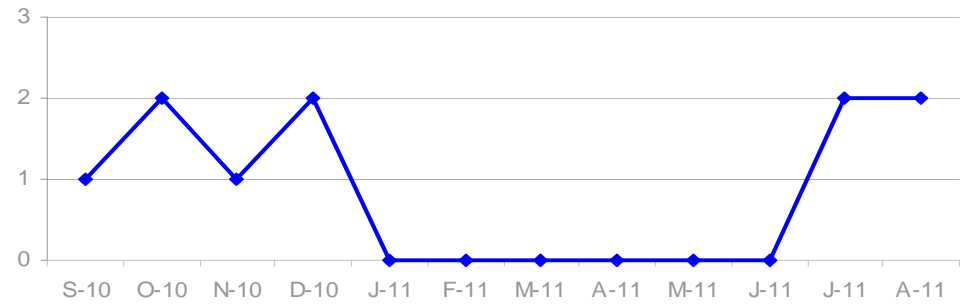
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 1 | 2 | 1 | 3 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 2 |

MRSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |

MSSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 1 | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |

Liberton Hospital

Staphylococcus aureus Bacteraemia (SAB)

There were NO SAB recorded during July and 1 SAB during August 2011.

Clostridium difficile Infection (CDI)

There was 1 CDI recorded during July and 1 CDI during August 2011.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 97% | 99% | 99% | 99% | 98% | 96% | 98% | 99% | 99% | 98% | 96% | 99% |

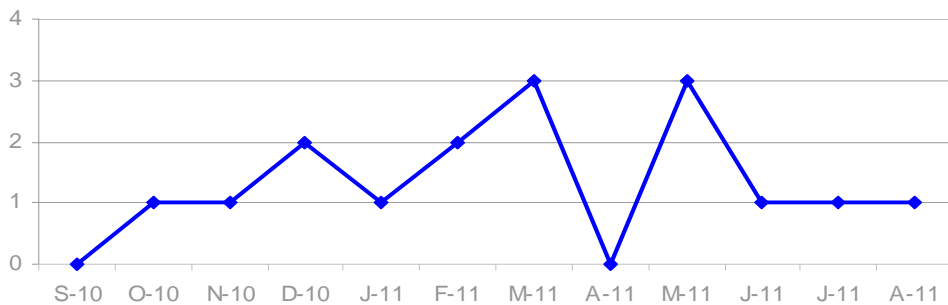
Cleaning Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 95% | 95% | 95% | 97% | 97% | 95% | 96% | 95% | 94% | 96% | 96% | na |

Estates Monitoring Compliance

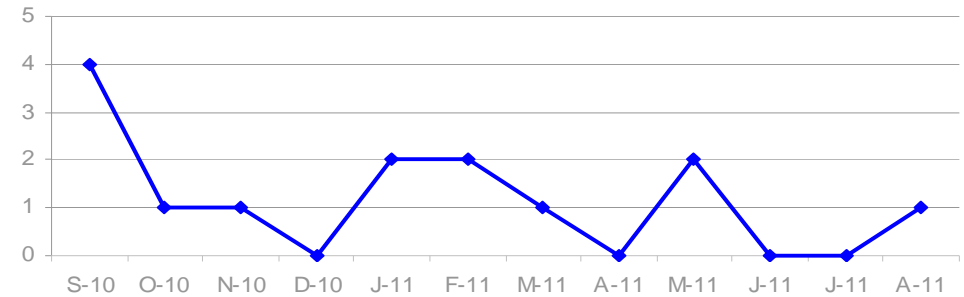
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 87% | 93% | 94% | 93% | 93% | 91% | 95% | 95% | 95% | 94% | 95% | na |

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



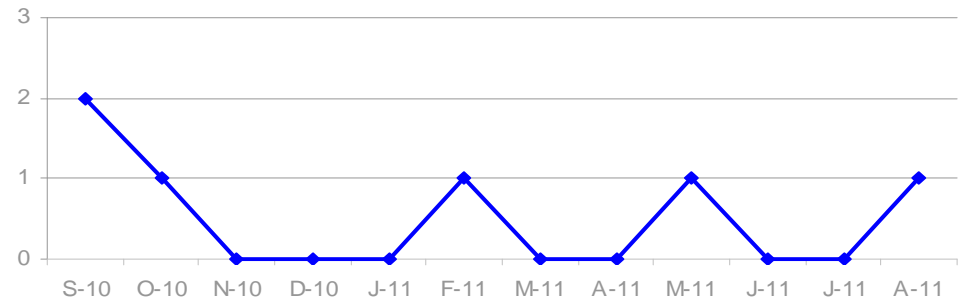
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 0 | 1 | 1 | 2 | 1 | 2 | 3 | 0 | 3 | 1 | 1 | 1 |

Total *Staphylococcus aureus* Bacteraemia (SAB) Cases



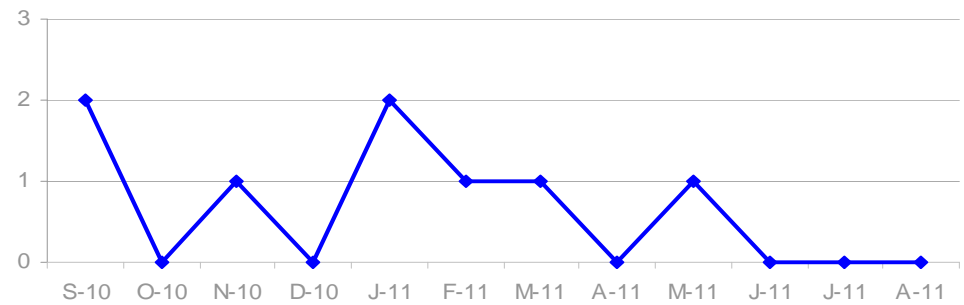
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 4 | 1 | 1 | 0 | 2 | 2 | 1 | 0 | 2 | 0 | 0 | 1 |

MRSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 2 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 |

MSSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 2 | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 1 | 0 | 0 | 0 |

Royal Hospital for Sick Children

Staphylococcus aureus Bacteraemia (SAB)

There were NO SAB recorded in July and 1 in August 2011.

Clostridium difficile Infection (CDI)

There were NO CDI recorded in the last 12 month period.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 95% | 91% | 93% | 97% | 96% | 95% | 94% | 95% | 96% | 98% | 95% | 96% |

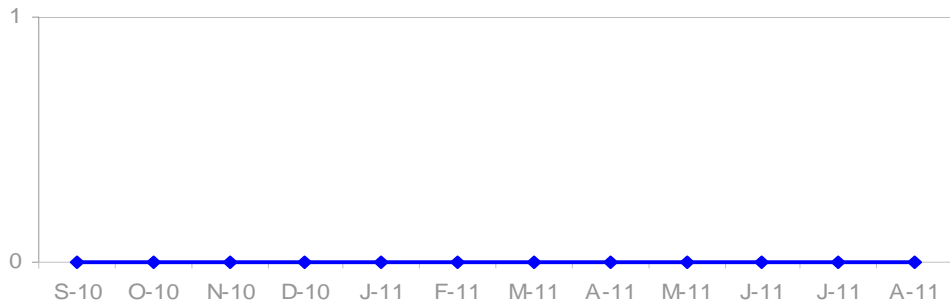
Cleaning Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 96% | 97% | 95% | 92% | 95% | 94% | 95% | 95% | 96% | 95% | 96% | na |

Estates Monitoring Compliance

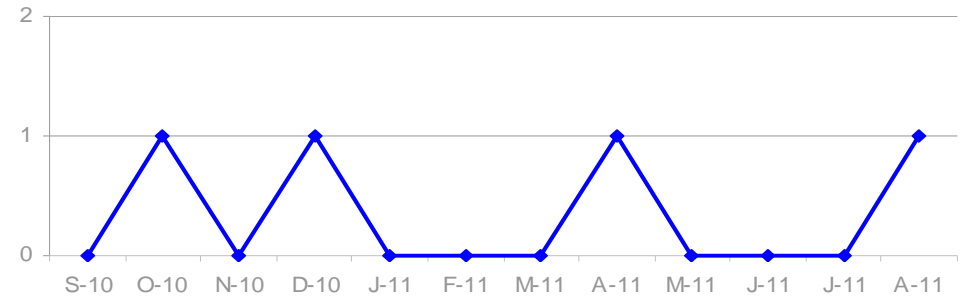
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 100% | 99% | 99% | 96% | 99% | 99% | 98% | 99% | 99% | 99% | 99% | na |

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



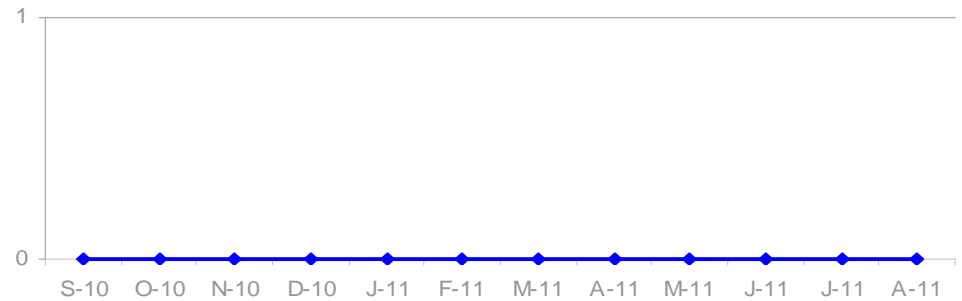
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Total Staphylococcus aureus Bacteraemia (SAB) Cases



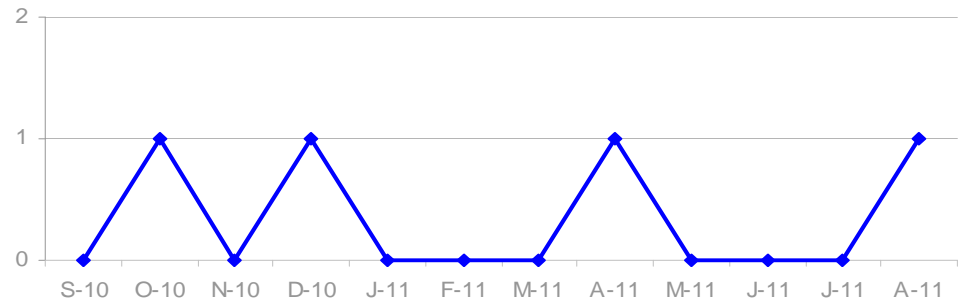
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |

MRSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

MSSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |

Royal Victoria Hospital

Staphylococcus aureus Bacteraemia (SAB)

There was 1 SAB recorded during July and NO SAB during August 2011.

Clostridium difficile Infection (CDI)

There was 1 CDI recorded during July and NO CDI during August 2011.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 97% | 93% | 96% | 96% | 95% | 95% | 96% | 98% | 95% | 95% | 97% | 96% |

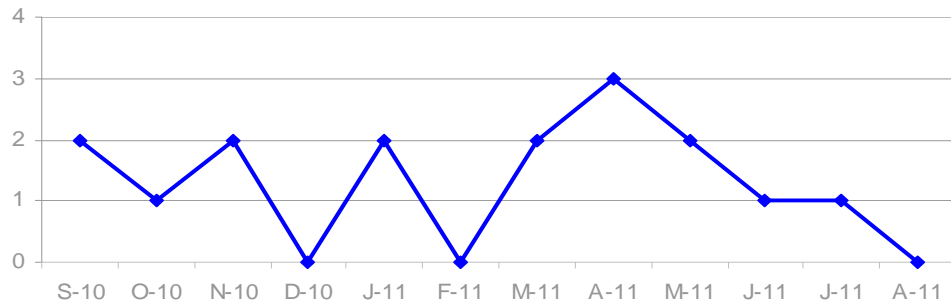
Cleaning Compliance

| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 94% | 94% | 93% | 93% | 93% | 93% | 91% | 93% | 93% | 92% | 94% | na |

Estates Monitoring Compliance

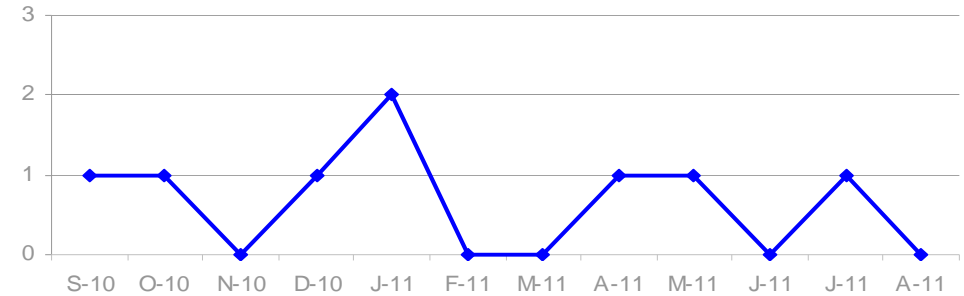
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 99% | 99% | 100% | 100% | 97% | 100% | 97% | 98% | 98% | 98% | 99% | na |

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



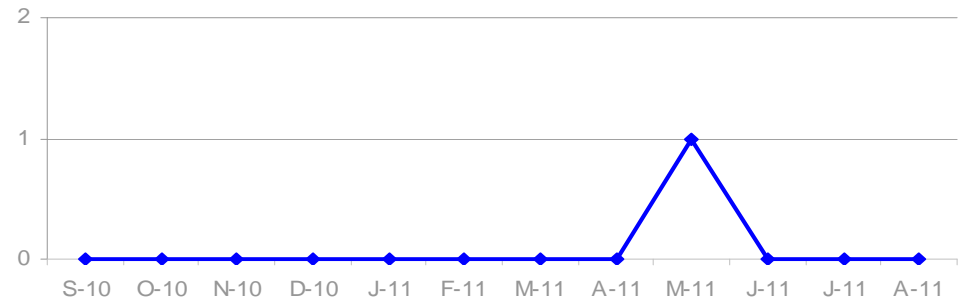
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 2 | 1 | 2 | 0 | 2 | 0 | 2 | 3 | 2 | 1 | 1 | 0 |

Total Staphylococcus aureus Bacteraemia (SAB) Cases



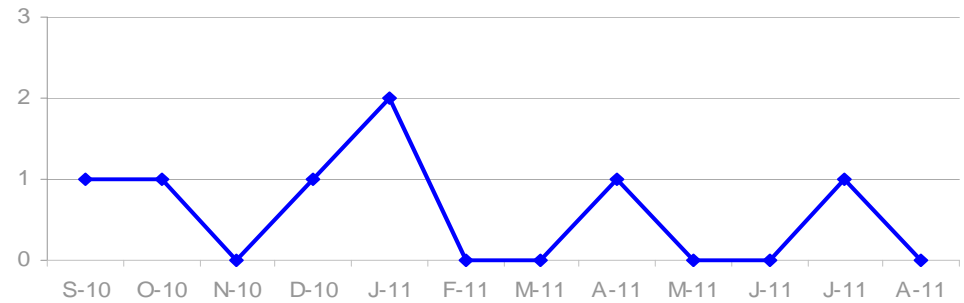
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 1 | 1 | 0 | 1 | 2 | 0 | 0 | 1 | 1 | 0 | 1 | 0 |

MRSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |

MSSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 1 | 1 | 0 | 1 | 2 | 0 | 0 | 1 | 0 | 0 | 1 | 0 |

Community Hospitals

***Staphylococcus aureus* Bacteraemia (SAB)**

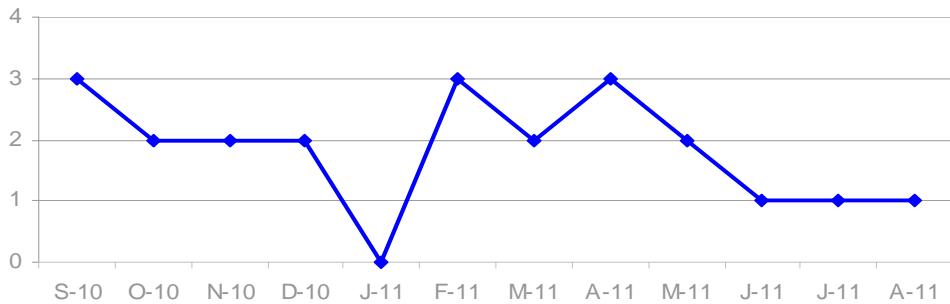
There were only 2 SAB recorded in the last 12 month period.

***Clostridium difficile* Infection (CDI)**

There was 1 CDI recorded during July 2011 and 1 CDI during August 2011.

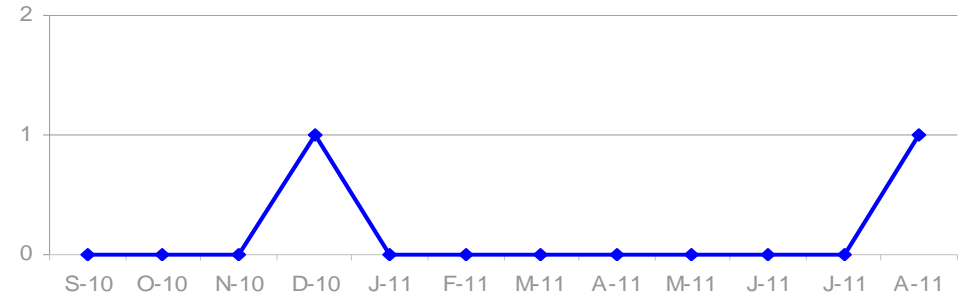
This is the new Report Card Format introduced by Scottish Government July 2011

***Clostridium difficile* Infection (CDI) Cases in Patients ages 15 and over**



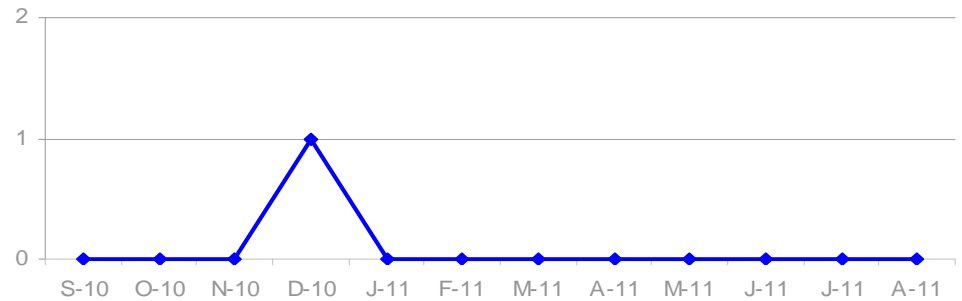
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 3 | 2 | 2 | 2 | 0 | 3 | 2 | 3 | 2 | 1 | 1 | 1 |

Total *Staphylococcus aureus* Bacteraemia (SAB) Cases



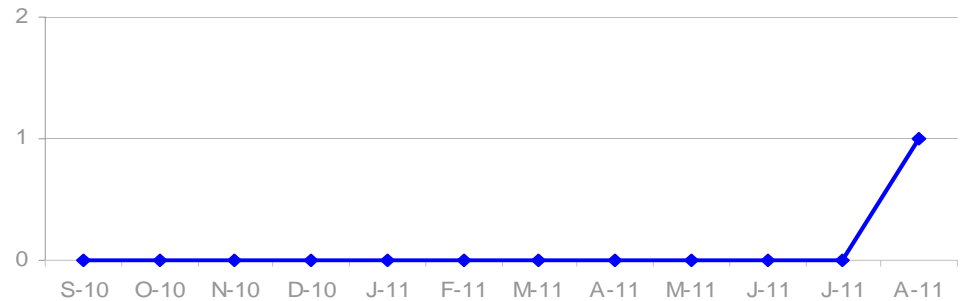
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

MRSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

MSSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

Out of Hospital Infections

Staphylococcus aureus Bacteraemia (SAB)

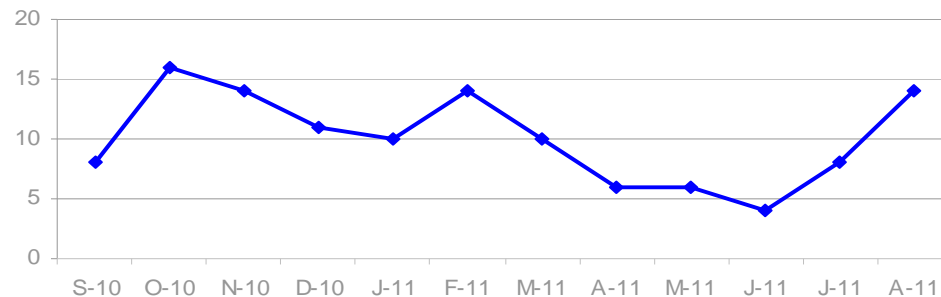
There were 8 SAB recorded during July and 14 SAB during August 2011 that were identified as Out of Hospital Infections.

Clostridium difficile Infection (CDI)

There were 7 CDI recorded during July and 11 CDI during August 2011 that were identified as Out of Hospital Infections.

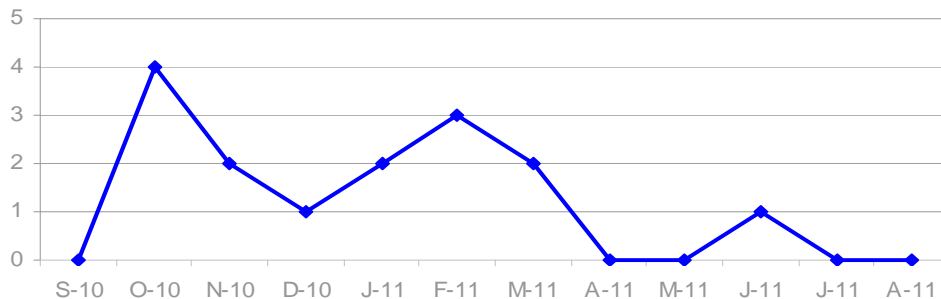
This is the new Report Card Format introduced by Scottish Government July 2011

Total *Staphylococcus aureus* Bacteraemia (SAB) Cases



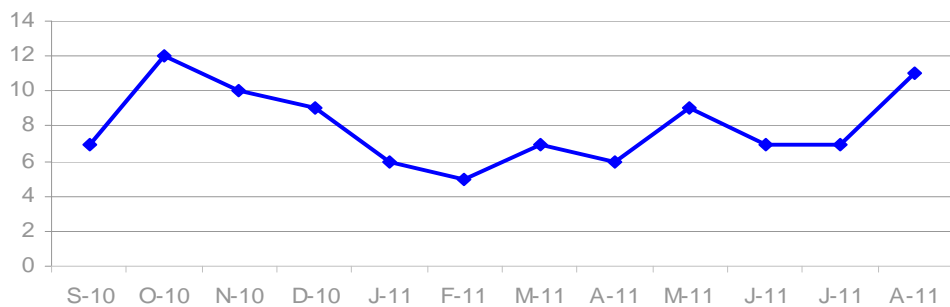
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 8 | 16 | 14 | 11 | 10 | 14 | 10 | 6 | 6 | 4 | 8 | 14 |

MRSA Bacteraemia Cases



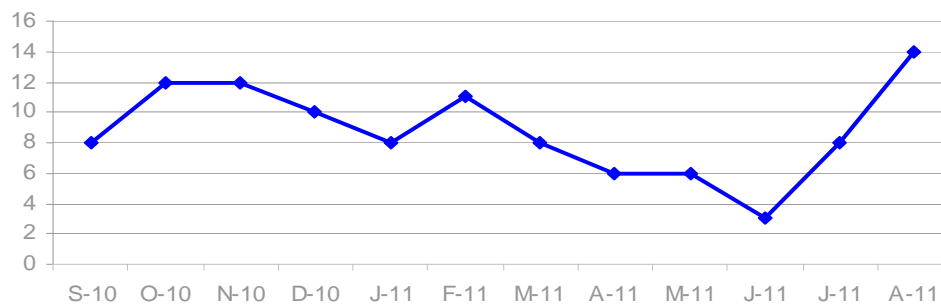
| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 0 | 4 | 2 | 1 | 2 | 3 | 2 | 0 | 0 | 1 | 0 | 0 |

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 7 | 12 | 10 | 9 | 6 | 5 | 7 | 6 | 9 | 7 | 7 | 11 |

MSSA Bacteraemia Cases



| S-10 | O-10 | N-10 | D-10 | J-11 | F-11 | M-11 | A-11 | M-11 | J-11 | J-11 | A-11 |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 8 | 12 | 12 | 10 | 8 | 11 | 8 | 6 | 6 | 3 | 8 | 14 |