1. **Purpose of Paper**
A mandatory bimonthly report on Healthcare Associated Infection (HAI) trends and infection prevention initiatives in NHS Fife.

2. **Introduction/Background**
Scottish Government Health Directorates (SGHD) require this national template to be tabled for every Board meeting.

The report updates the Board on:
- a) Current HAI rates for NHS Fife, and progress against national targets
- b) Progress against Hand Hygiene targets
- c) NHS Scotland Cleaning Services Specification results
- d) Significant HAI incidents / outbreaks, emerging threats.

It has been prepared and approved by the Infection Control Committee and approved by the Strategic Management Team (SMT). It will be submitted to the Clinical Governance Committee (CGC) at their next meeting.

3. **Governance Requirements**
Addressed in the report

4. **Equality & Diversity**
No impact

5. **Service User and Public Involvement**
The Infection Control Committee and its subgroups include public representation.

6. **Risk Management**
Risks are highlighted where appropriate in the report.

7. **Recommendation**
The Board is asked to:
- **note** the Assessment of NHS Fife’s position as regards HAI and
- **note** the initiatives underway to reduce the incidence of HAI.

GEORGE J BRECHIN   GORDON BIRNIE
Chief Executive   Medical Director, Operational Division

DAVID A LIVINGSTONE
Infection Control Manager

22 February 2011
1. Summary

1.1 Achievements
The latest national *C difficile* Infection (CDI) data for Jul-Sep 2010 again confirms the NHS Fife position with one of the lowest rates for any Health Board, and 40% below the national average. Case numbers across Fife have remained at a low level since then. Results are well on track to meet the CDI HEAT target of 50% reduction by March 2011.

*Staph aureus* bloodstream infections (SAB) rates (including MRSA) in NHS Fife for the first ten months of 2010-11 are almost on track to achieve the current HEAT target but rose slightly above trajectory in Jan and work is in hand to ensure this is reduced. NHS Fife has achieved the greatest reduction in SAB rate of any Board this year.

With support from NHS Quality Improvement Scotland (QIS), an action plan to further reduce SAB rates is underway and NHS Fife has presented at national Quality Improvement meetings describing initiatives which have contributed to our results.

In the latest national hand hygiene audit published January 2011, NHS Fife compliance rose slightly to 98% (compared with 96% for Scotland overall) and it has remained above the national average for nearly two years.

1.2 Challenges
SAB rates are significantly down so far this year, but the anticipated seasonal rise has been seen in January and work is focused on minimising this.

Norovirus presented a serious challenge to all Health Boards last winter however initiatives in place for this year as part of Winter Planning initiatives have so far minimised the impact on service delivery.

1.3 Risks
If the recent seasonal rise in SAB rates is not reversed, there is a risk that NHS Fife will not achieve the March 2011 HEAT target (albeit by a small margin).

1.4 Forecast
Norovirus outbreak prevention and management *(ongoing)*

Further work with Scottish Patient Safety Programme (SPSP) and QIS to prevent hospital acquired SABs and exceed the new HEAT Target 2011-13. *(ongoing)*

Further work to prevent CDIs and exceed the new HEAT Target 2011-13. *(ongoing)*
2. **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:


MRSA: [http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252](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 (SAB) can be found at: [http://www.hps.scot.nhs.uk/haiic/sshaip/publicationsdetail.aspx?id=30248](http://www.hps.scot.nhs.uk/haiic/sshaip/publicationsdetail.aspx?id=30248)

### 2.1 Trends

- Following the anticipated seasonal rise in SABs in January, NHS Fife is slightly above trajectory to meet the March 2011 SAB HEAT target (achieve less than 83 cases/year) which equates to 6.9 cases per month. Fife in the first ten months of 2010-11 averaged 7.2 cases per month.

- For Jul-Sep 2010, NHS Fife had a rate of SABs 10% below the Scottish average (0.34 cases per 1000 Acute Occupied Bed Days (AOBD) as against a Scottish average of 0.35 for the quarter), and an MRSA SAB rate equal to the Scottish average (0.06).

- Work is underway to bring case numbers back on track to meet the target, with efforts particularly focused on preventing SABs associated with venous catheters and other vascular access devices.

- New SAB HEAT targets have been published which require all Boards to achieve a rate of 0.26 cases per 1000 AOBD or less by Mar 2013. For Fife this means a further 18% reduction on current published rates for 2010-11.

### 2.2 National MRSA screening programme

- NHS Fife now screens most elective admissions and target emergency admissions for MRSA colonisation (i.e., organism present on the skin but no infection. An average of six hundred patients per month are screened, with a very low rate (3%) testing positive and going forward for decolonisation therapy.

### 2.3 Current initiatives

- NHS Fife has been working with a Quality Improvement Team from Health Protection Scotland (HPS) and NHS Quality Improvement Scotland (QIS) to identify additional ways to reduce SABs associated with invasive devices. This work has already contributed to this year’s significant downturn in SAB numbers.
3. 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: 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: www.hps.scot.nhs.uk/haiic/sshaip/ssdetail.aspx?id=277

3.1 Trends
- *C difficile* cases in Fife have remained at a consistently very low level for nearly two years. This picture is mirrored in both QMH and VHK.
- The Jul - Sep 2010 figures were published in Jan, showing for NHS Fife that the case rate in over-65s is 0.28 cases per 1000 Occupied Bed Days, which is well on track to meet our current HEAT target (0.68 or less by March 2011). Once again this is the third lowest rate for mainland Boards and 40% below the national average.

3.2 Current initiatives
- Gathering and analysis of antibiotic prescribing data from hospital and primary care is underway to support monitoring of compliance.
- Enhanced surveillance/case reviews are being conducted for *C difficile* cases both in hospital and the community.

4. 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

4.1 Trends
National Hand Hygiene Audit data published in January showed Fife rising slightly to a compliance rate of 98% ‘opportunities taken’. This again exceeded the national average of 95% and has been consistently above it for two years.

4.2 Current initiatives
Work is underway to integrate the National Hand Hygiene campaign & audits with the hand hygiene elements of the Scottish Patient Safety Programme (SPSP)
5. 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

5.1 Trends

- All hospitals and health centres throughout NHS Fife have participated in the National Monitoring Framework for NHS Scotland National Cleaning Services Specification. Since April 2006 all wards and departments have been regularly monitored with quarterly reports being produced through Health Facilities Scotland (HFS).

- No new results have been published since the last report to the Board. Results for Oct – Dec 2010 were submitted on 15 Jan 2011 and the official figures are not yet available.

- As previously reported, the National Cleaning Services Specification quarterly compliance report for Jul – Sep 2010 showed NHS Fife achieving GREEN status with all NHS Fife Hospitals scored over 90% and all Hospitals having Peer Audits some with Public Involvement.

5.2 Current initiatives

- No Fife hospital result this quarter fell below 90%

- The Health Facilities Scotland (HFS) Domestic / Estates Monitoring tool is currently being rolled out.

6. Outbreaks

This section should give details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none have taken place. Where there has been an outbreak then for most organisms as a minimum this section should state when it was declared, number of patients affected, number of deaths (if any), actions being taken to bring the outbreak under control and whether this was reported to the Scottish Government. For outbreaks of norovirus a more general outline of the outbreak may be more appropriate.

6.1 Five ward closures have occurred due to norovirus since the last report, with four in Queen Margaret and one in Cameron hospitals.

One ward was closed for seven days from 3 January due to Influenza A H1N1 in Queen Margaret Hospital. There were two confirmed cases of H1N1 and three suspected.

In all of the above, Infection Control precautions were quickly deployed and the situations were resolved without incident.
7. ASSESSMENT

- Significant efforts are being expended to ensure NHS Fife achieves current HEAT targets and downward trend in SAB case numbers reflects the impact of Quality Improvement programmes in place.

- The sustained low levels of *C difficile* indicate that the initiatives in place to reduce infection rates are working long-term.

- New HEAT targets for 2011-13 will be challenging but work is underway to ensure they are achieved.

- The norovirus season has started across Scotland and NHS Fife is geared up to ensure that this has minimum impact on patient care.
For *C. difficile*, NHS Fife again has maintained one of the lowest rates for any mainland Health Board. Case numbers across Fife have remained at a sustained low level for over a year.

For *Staph aureus* bacteraemia, the significant decline in numbers since March have been maintained and Fife is below the national average rate for SABs. Efforts are directed to maintaining this.

In the latest published national hand hygiene audit NHS Fife compliance rose to 98% (compared with 95% for Scotland overall). (Bimonthly national audits are shown in red, local audits in intervening months are in black.)

The National Cleaning Services Specification – quarterly compliance for Jul - Sep 2010 (the latest published) rose to 97.7% with NHS Fife again achieving GREEN status. This compares with a national average of 95.6% for the same period.
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 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](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](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](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/](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/](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.

National comparative data does not form part of the template and has been added at Annexe A

For the NHS Fife report
Queen Margaret Hospital

The Board-wide trends are mirrored in QMH, with *C. difficile* case numbers maintained at a low level for over a year.

For SABs, the decline seen in these since March, particularly with MRSA SABs has been maintained, reflecting the significant effort being put into controlling risk factors, especially Vascular Access Devices (VAD).

Monthly Hand Hygiene audits are conducted in all wards in line with CEL 5 (2009).
Victoria Hospital

As with QMH, the Board-wide trends are mirrored in VHK, with C difficile case numbers maintained at a low level for over a year.

For SABs similarly, numbers have been very low for the last year (with only one recorded MRSA SAB), reflecting the effort being put into controlling risk factors, particularly Vascular Access Devices (VAD).

Monthly Hand Hygiene audits are conducted in all wards in line with CEL 5 (2009).

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**Clostridium difficile Cases (All ages)**

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**MSSA Bacteraemia Cases**

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**MRSA Bacteraemia Cases**

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**Bimonthly Hand Hygiene Compliance**

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**Quarterly Cleaning Compliance**

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NHS Fife
Feb 2011
For Forth Park Maternity Hospital, *C. difficile* and SAB case numbers have been historically very low.

Monthly Hand Hygiene audits are conducted in all wards in line with CEL 5 (2009).
Community Hospitals

Community hospital data includes

QMH - Queen Margaret Hospital wards 1-4
LH - Lynebank Hospital
WBH - Whyteman's Brae Hospital
RWH - Randolph Wemys Hospital
CH - Cameron Hospital
GH - Glenrothes Hospital
SH - Stratheden Hospital
AH - Adamson Hospital
SACH - St Andrews Community Hospital
NH - Netherlea Hospital

**Clostridium difficile Infection Cases (all ages)**

**MSSA Bacteraemia Cases**

**MRSA Bacteraemia Cases**
Out of Hospital Infections

For *C. difficile*, these are infections which have arisen in the community, but may have been treated in the community or in hospital. Rapid Event Investigation (REI) is taking place for cases treated in the community in the same way it is conducted for hospital associated cases.

For bacteraemias (SABs) these are infections which have arisen in the community but will have been identified and treated when the patient was admitted to hospital. These may be related to previous healthcare interventions, or may be community acquired. Enhanced Surveillance follow-up is conducted for every case to identify, where possible, the likely cause so that community initiatives can be developed to reduce these.

MSSA Bacteraemia Cases

MRSA Bacteraemia Cases

*Clostridium difficile* Infection Cases (all ages)
National Statistics

National surveillance data for *C difficile* and for SABs (including data for MRSA) has been published by Health Protection Scotland (HPS) for the period up to September 2010.

For *C difficile*, the NHS Fife quarterly rate was 0.28 cases per 1000 Occupied Bed Days (OBD) as against a Scottish average of 0.47.

For total SABs the NHS Fife quarterly rate was 0.34 cases per 1000 Acute Occupied Bed Days (AOBD) as against a Scottish average of 0.35.

For MRSA SABs, NHS Fife quarterly rate was 0.06 per 1000 AOBD which is near the Scottish average.

MSSA bacteraemia Jul-Sep 2010
NHS Fife is shown as FF (*on the centre line*).

MRSA bacteraemia Jul-Sep 2010
NHS Fife is shown as FF (*on the centre line*).
## Monthly Healthcare Associated Infection Case Numbers for NHS Fife - February 2011

### Monthly Number of *Clostridium difficile* Infection (CDI) cases in patients aged 65 and over.

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### Monthly Number of *Clostridium difficile* Infection (CDI) cases in patients aged 15-64.

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* Community hospitals should be reported as a single total  
** For the purposes of this report, patients identified within 48 hours of admission with a SAB or *Clostridium difficile* infection (CDI) will be included as part of the ‘Out of Hospital Infections’ total. This total will also include infections from community sources, such as GPs and Care Homes.