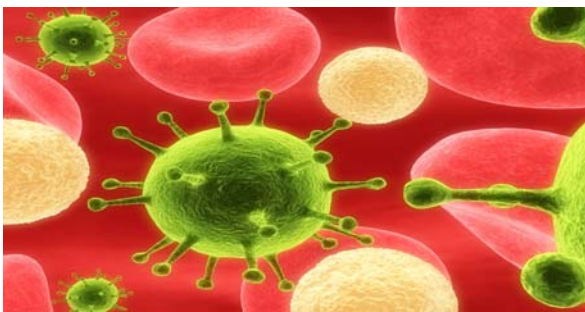




## **NHS Forth Valley Healthcare Associated Infection Reporting Template (HAIRT) May 09**



# **HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)**

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## **HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)**

### **1. PURPOSE OF REPORT**

The purpose of this report is to ensure regular and clear reporting to the public on Healthcare Associated Infection (HAI) within NHS Forth Valley. The Cabinet Secretary for Health and Community Care wants to make sure all NHS Boards report in public on a bi-monthly basis on key aspects of HAI. NHS Forth Valley has taken time to develop a report that is user friendly for the public which will help to answer questions as well as providing key information.

As part of the on-going development of the report, in this edition, we have included more statistical charts detailing the number of *Staphylococcus aureus* bacteraemia's (SAB's) and *Clostridium difficile* cases at a unit level within the Acute Hospitals. There are 3 main clinical units in the Acute hospitals; Surgical and Cancer Care Unit; Women and Children's Unit and Medical, Emergency Care and Rehabilitation Unit. As the report continues to develop community hospital areas will be included.

The report includes information on:

- *Clostridium difficile* associated disease ( CDAD)
- *Staphylococcus aureus* bacteraemias (SABs)
- Hand Hygiene programme
- Cleaning Services Specification Compliance
- Any significant HAI incidents/outbreaks and emerging threats
- Progress on compliance with the national HAI Programme – that is the 'RAG' report ( Red Amber, Green score according to the level of compliance achieved by a health board)
- Additional activities that reduce HAI- and what can the public do to help?

### **2. WHAT IS HEALTHCARE ASSOCIATED INFECTION?**

This is an infection that may affect people when they are receiving healthcare. Most healthcare associated infections are caused by germs that live normally on or in our bodies and usually do us no harm. Being ill or receiving treatment can make your natural defence system (immune system) weaker than usual.

You can catch an infection when at home or in the community, in hospitals, care homes or in doctor's surgery.

The most well known healthcare associated infections are caused by MRSA, *C.Difficile* and Norovirus which are each described below.

#### **2.1 What happens if you catch an HAI?**

This depends on the type of infection that you get and your general health. The health and social care staff looking after you will talk to you about the care and treatment you need. In hospital you may:- be put into a single room to prevent the infection from spreading to other people; need extra medicine, for example, antibiotics; receive advice about what you can do to stop the infection spreading.

### **3.1 Surveillance within NHS Forth Valley**

Surveillance is an important aspect of the control and management of infection. The Infection Control Team has surveillance systems in place to continually monitor and record all healthcare associated infections. These systems allow us to demonstrate compliance to nationally set targets to reduce certain types of HAI and importantly to evaluate the effectiveness of our procedures or processes that help reduce these infections. In this edition of the HAIRT, we have detailed the number of *S. aureus* bacteraemia's (SAB's) and *C. difficile* positive samples isolated within NHS Forth Valley.

Enhanced surveillance is where more information is collected to improve understanding of the cause of infections. Enhanced surveillance was started for SABs (see below) in August 2007 and for *C.diff* in August 2008.

We also have other surveillance systems in place including surgical site infection surveillance and antimicrobial resistance surveillance. Hand hygiene surveillance systems involve all staff that are involved throughout the patient care process. All these surveillance systems enable NHS Forth Valley to closely monitor any potential problem that may arise during your stay in hospital. Regular reporting enables a rapid response which minimizes the risk to patients

## **4.0 C. DIFFICILE**

### **4.1 *C. difficile*– what is it?**

*Clostridium difficile* (*C.diff*) is a germ (bacterium) that many people have naturally in their bowel. *C. diff* doesn't normally cause any problems in healthy people. Studies in hospitals show that 2 out of 10 people will normally have this in their gut and be fine.

### **4.2 CDAD what is it?**

This stands for *Clostridium Difficile* Associated Disease and is what happens when the germ causes problems. The symptoms include mild to severe diarrhoea and stomach pains. In many cases the infection is mild and will only last a few days and not require treatment. In a few cases the effects are more serious, lasting for several weeks and it will be necessary to treat the infection.

### **4.3 What are the main causes of CDAD?**

Alterations of natural bugs in the gut make it possible for the bug to cause problems. 90% of cases are thought to be related to the use of antibiotics as these alter the natural bugs in the gut. Certain antibiotics kill many of the 'good' bugs in the gut and therefore allow *C. diff* to cause an infection. It is, of course, important that patients are treated with antibiotics when they need them, and an unwanted effect of this is that the patient may then get CDAD. However, NHS Forth Valley has an Antibiotic Policy to make sure that the best antibiotics are used to treat the patient and lessen the risk of CDAD. Being elderly (85% of all cases are in the elderly) or very unwell can also alter the natural bugs in the gut, and unfortunately these are the individuals who often require antibiotics.

People will either have had the germ already in their own gut or they can pick it up from their environment. *C. diff* is passed out in the faeces of people who are infected and spreads to the environment. *C. diff* can survive a long time in the surroundings. People in the community, health care workers, visitors and patients can spread the infection to themselves and others by not washing their hands. You can have the infection more than once.

#### 4.4 How do you test for it?

A sample of faeces (bowel movement) is sent to a laboratory to be tested for the presence of a poison (toxin) the germ can produce.

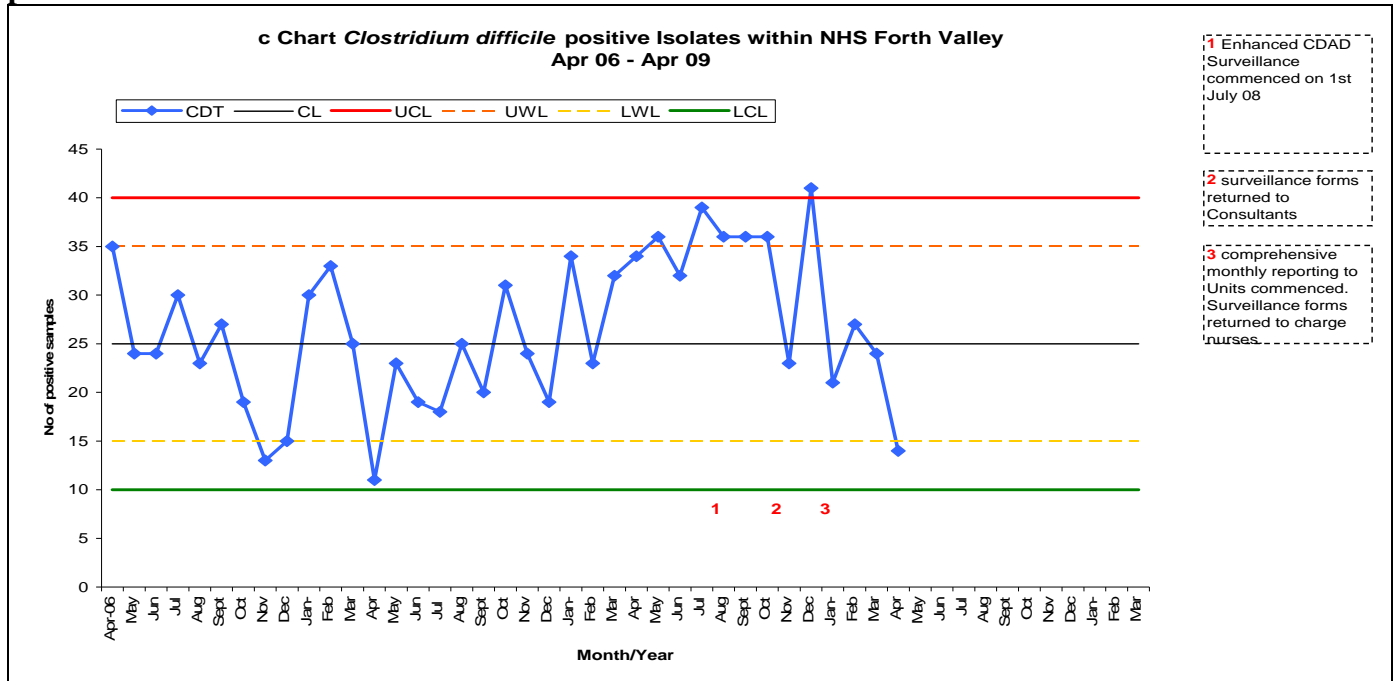
#### 4.5 How are we doing in NHS Forth Valley?

All samples that are positive for *C. diff* are recorded. They are divided into 4 categories depending on how much the patient is affected by having *C. diff* in their gut: - Not-affected; mild; moderate and severe (all of the last three together are called affected).

The usual number of *C. diff* positive patients found in patients in NHS Forth Valley in 2008 was 30 per month. Looking at the graph below ( Figure 1) you can see how we have been doing since 2006, which is the baseline year for the data, when we started collecting information. On the left hand side of the graph ‘amount’ means the average number of cases per month.

Figure 1 below illustrates that there has been a sharp reduction in the incidence of *C. difficile* positive isolates since December 2008.

**Figure 1: Chart showing the total number of C. diff positive samples in NHS FV from Apr 06 – present**



**Chart code:**

UCL = Upper control limit. LCL = Lower control limit. Crossing these lines indicates that something has happened within the system which is not due to chance and needs to be carefully looked at.

Infections come from the community as well as hospitals and other healthcare facilities. We have broken down this information for the last four months – January to April 2009, they are in the table below.

**Table 1 Source and category of *C.diff* positive samples**

Source of Infection	2008* Average per month	January 2009	February 2009	March 2009	April 2009
Community**	2	0	3	1	1
Healthcare***	4	2	3	2	2
Hospital****	21	19	14	12	11
<b>Category</b>					
Affected	8	12	12	17	7
Non-Affected	5	9	8	4	5

\*July – December 2008 (earlier average figures are also available)  
 \*\*community – stool sample is taken within 48 hours of admission to the hospital and the patient has had no contact with any part of the healthcare system i.e. GPs/District Nurse/Outpatients in the last month  
 \*\*\*health care – stool sample is taken <48 hours after admission or has been transferred from another hospital and receives regular care between community services/hospital services/regular care at an outpatient department  
 \*\*\*\*hospital - stool sample is taken >48 hours after admission to hospital

In March 17% (4/24) and in April 21% (3/14) of the cases had the infection for a second time. Patients can re-infect themselves if they do not have adequate hygiene. There have been no cases of person to person spread.

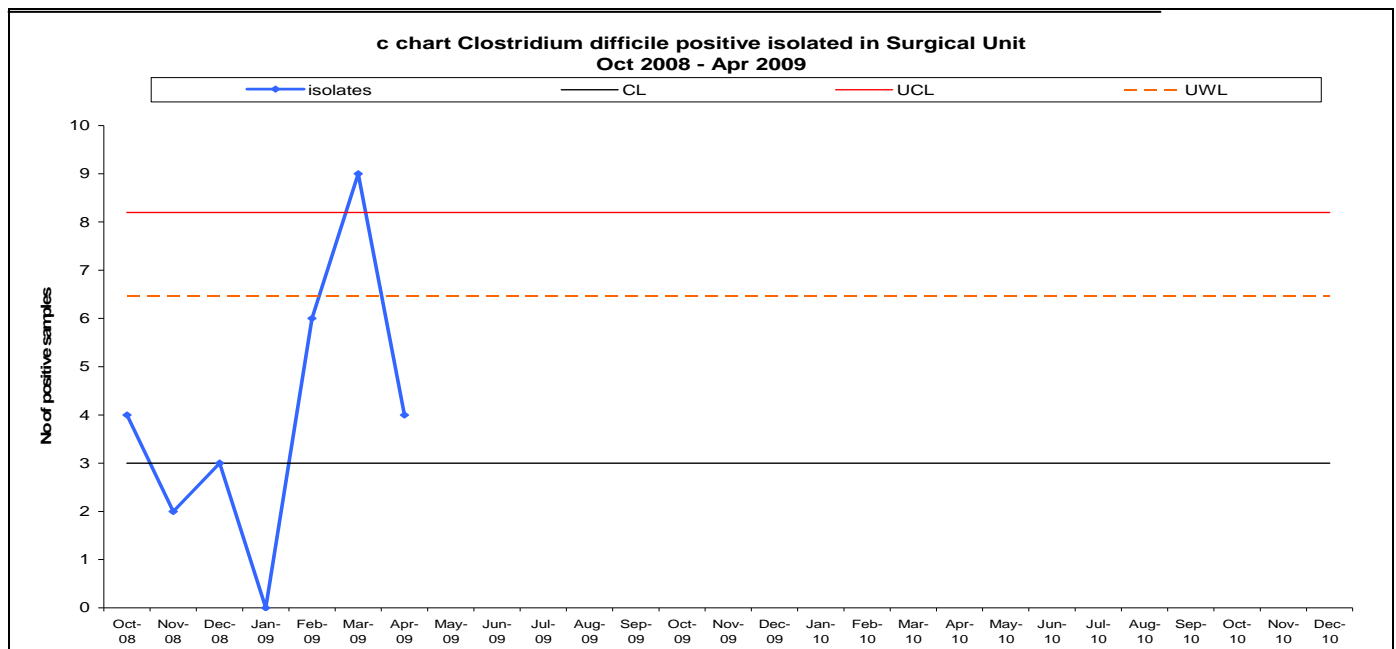
As part of the on-going development of the report, we have detailed the number of *C.diff* cases per month per unit of the Acute hospitals. The units are:-

- The Surgical and Cancer Care Unit
- The Women and Children’s Unit
- The Medical, Emergency Care and Rehabilitation Unit

**Surgical and Cancer Care Unit**

Figure 2 below shows that following a sharp increase in February and March the number of positive samples has decreased in April. The majority of Surgical & Cancer care unit isolates are hospital acquired.

**Figure 2: Chart Showing number of *C.diff* positive samples in Surgical Unit from Oct 2008 – Apr 2009**



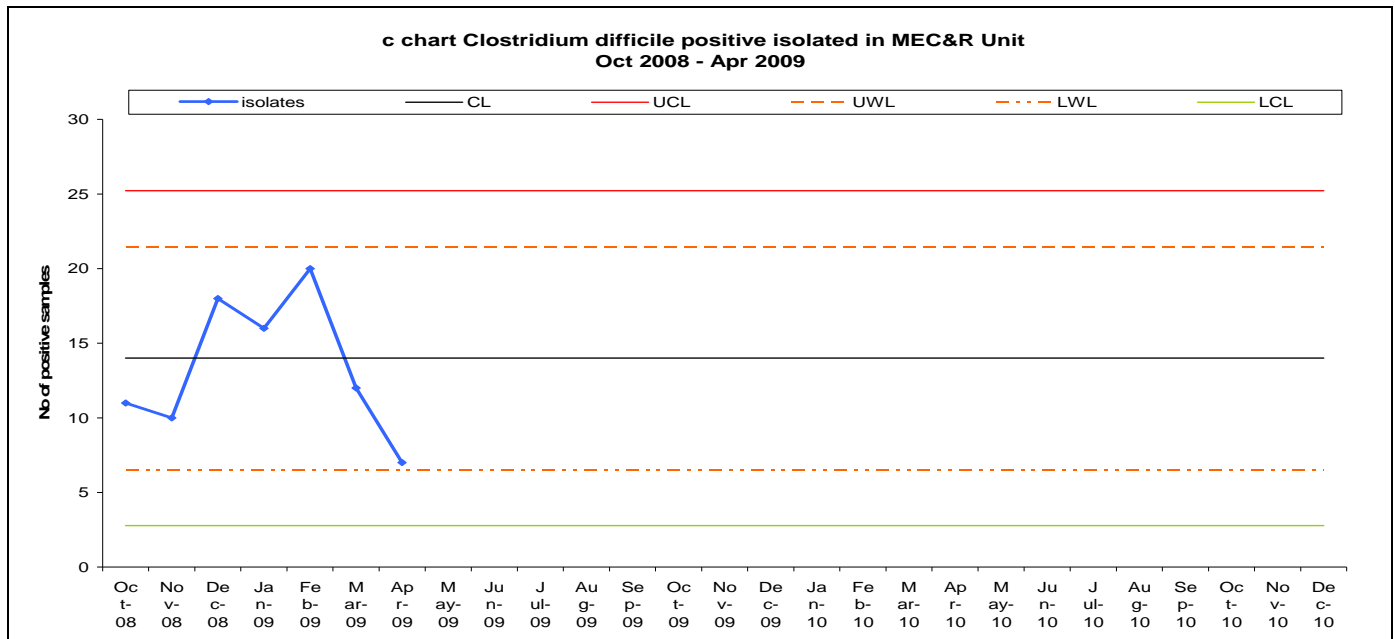
## Women and Children's Unit

No cases have been reported since the start of the enhanced surveillance in August 2008

## Medical, Emergency Care and Rehabilitation Unit (MEC&R)

**Figure 3: Chart showing number of *C. diff* positive samples in MEC&R unit from Oct 2008 – Apr 2009**

The statistical process chart below shows that the number of cases of *C. diff* within the MEC&R Unit has reduced over the past 2 months. This area has the highest number of *C. diff* cases due to the fact there is a higher percentage of older people within the Unit.



### **4.6 What are we aiming for?**

Our target in Forth Valley is to reduce problems from *C.Diff* to as low a level as possible. It will be impossible to completely stop them as we cannot remove the bug from all the environments in which we live. However we do have a target to reduce our *C. diff* cases to 17 per month by December 2009 which is part of the national target.

### **4.7 Antibiotic prescribing policy**

We are working within NHS FV to make sure that patients only get antibiotics when they are needed and that they get the best one for the bug they have. A new policy on antibiotic prescribing was started at the end of March 2009. A second antimicrobial pharmacist has started working in NHS FV to help guide doctors on the best antibiotics to prescribe.

### **4.8 Surveillance**

As highlighted earlier surveillance is an important aspect of the control and management of infection. *C.diff*, surveillance involves the monitoring of the number of *C.diff* positive samples each month alongside the collection of information on each patient. Analysing this information and discussing it with health care workers allows them to see if the actions they are taking to reduce infections are being effective.

Enhanced surveillance is where more information is collected to improve understanding of the cause of infections. Enhanced surveillance was started for *C.diff* in August 2008.

## **5.0 STAPHYLOCOCCUS AUREUS BACTERAEEMIA (SABS)**

### **5.1 SAB - What is it?**

*Staphylococcus aureus* bacteraemias (SABs) are infections of the blood stream caused by the *Staphylococcus aureus* (SA) bug. SA lives on the skin, nose, or mouth of 3 out of 10 healthy people. SA only becomes a problem to people who are vulnerable to infection (for example, the elderly, the very young and those with conditions such as diabetes or kidney disease). The germ is more likely to cause infection if it is able to enter the body, such as through wounds, or tubes (for example, catheters) placed in the body for treatment.

### **5.2 What is MRSA?**

MRSA describes the *Staphylococcus aureus* germ which cannot be killed by certain antibiotics. MRSA stands for Meticillin Resistant *Staphylococcus aureus* it can only be killed by some antibiotics. MRSA is one of the bugs often referred to in the papers as a “Super Bug”

### **5.3 What is MSSA?**

MSSA also describes the *Staphylococcus aureus* germ, but the difference is it can be killed by many antibiotics. MSSA stands for Meticillin Sensitive *Staphylococcus aureus*.

### **5.4 How are we doing in NHS Forth Valley?**

The usual number of SABs found in patients in NHS Forth Valley in 2008 was 10 per month. Looking at the graph below (Figure 4) you can see how we have been doing since 2006. (Going back further NHS FV has actually had little change in rates since 2001).

### **5.5 What are the main causes of SABs?**

In hospitals the main cause is the necessary use of intravenous devices (tubes that enter into veins from outside the body) although infection through wounds and broken skin are also major causes. In the community the more common causes are intravenous drug use, septic arthritis and healthcare practises which break the skin or enter a body cavity.

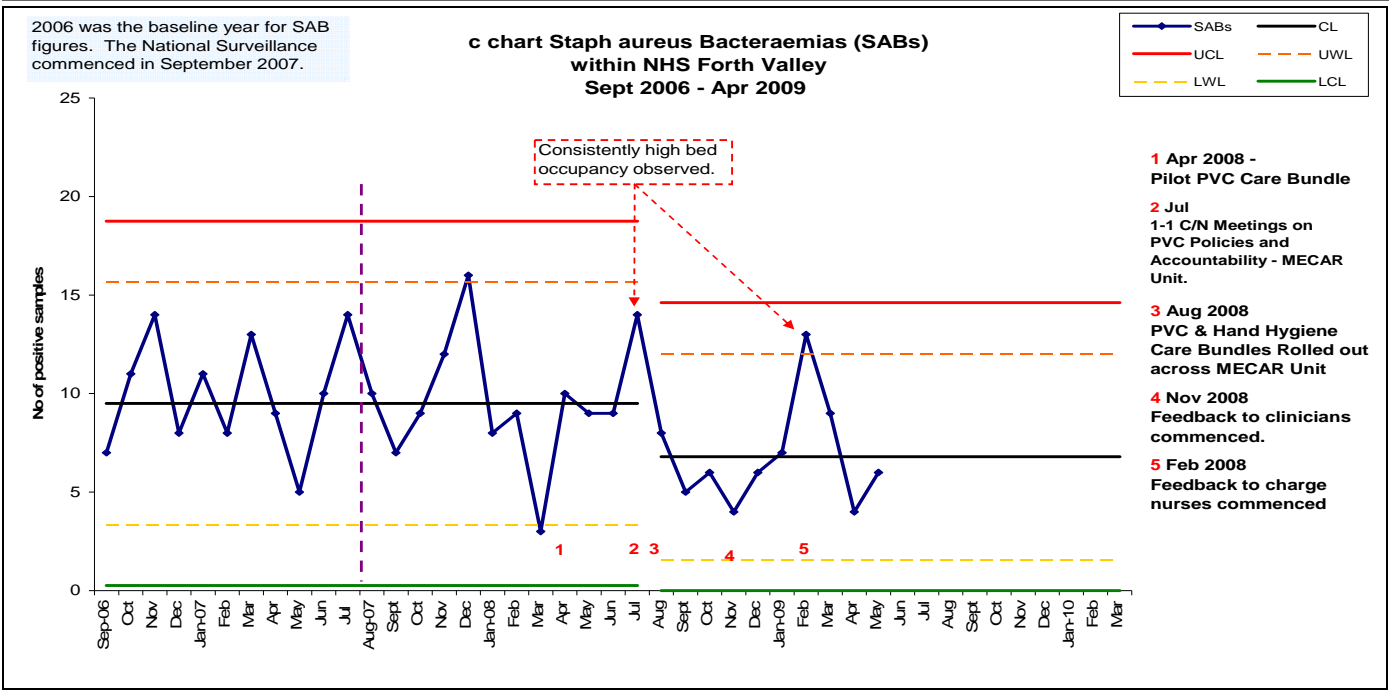
The infection control team involving the nurse specialists and the infection control doctor meet to review individual patient cases to identify the root cause of the infection or source of the SAB and identify whether the infection is making the patient unwell. SABs are then divided into 2 categories, significant and non-significant, depending on how affected the patient is by the SAB. The category non significant is used when the patient is not unwell from the presence of the bug. These SABs are probably a result of contamination of the blood sample when it was taken rather than a true bacteraemia.

**Table 3 SABs Significant and non-significant**

	<b>2008 Average</b>	<b>January 2009</b>	<b>February 2009</b>	<b>March 2009</b>	<b>April 2009</b>
Significant infection	7	7	7	6	3
Not significant	1	0	1	0	1
Still to be reviewed			4	0	0

Figure 4 below shows that since August 2008 there has been a statistically significant decrease in the numbers of SABs reported due to effective measures to reduce HAI within the hospitals. This has led to lowering our expected numbers on the graph as shown below to make sure there is continual improvement in performance.

**Figure 4: Chart showing total number of SABs in Forth Valley from Sept 2006 – Apr 2009**



**Chart code:**

UCL = Upper control limit. LCL = Lower control limit. Crossing these lines indicates that something has happened within the system which is not due to chance and needs to be carefully looked at.

Infections start in different places, in the community or in healthcare premises or in hospitals and we count them depending on where they started. We have broken this information down for the last four months – January to 1<sup>st</sup> April 2009, they are in the Table 2 below.

**Table 2 Source and Type of SAB**

Source	2008 Average	January 2009	February 2009	March 2009	April 2009
Community*	2	3	5	5	0
Healthcare**	2	2	2	2	1
Hospital***	4	2	5	6	3
<b>Type</b>					
MRSA	2	1	7	4	1
MSSA	5	6	5	5	3

\*community – blood culture was taken within 48 hours of admission to the hospital and the patient has had no contact with any part of the healthcare system within the last month  
 \*\*healthcare – blood culture is taken <48 hours after admission or has been transferred from another hospital and receives regular community care services/hospital services/regular care at an outpatient department  
 \*\*\*hospital – blood culture was taken >48 hours after admission to hospital

As part of the on-going development of the report, we have detailed the number of SABs per month per Unit of the Acute hospitals.

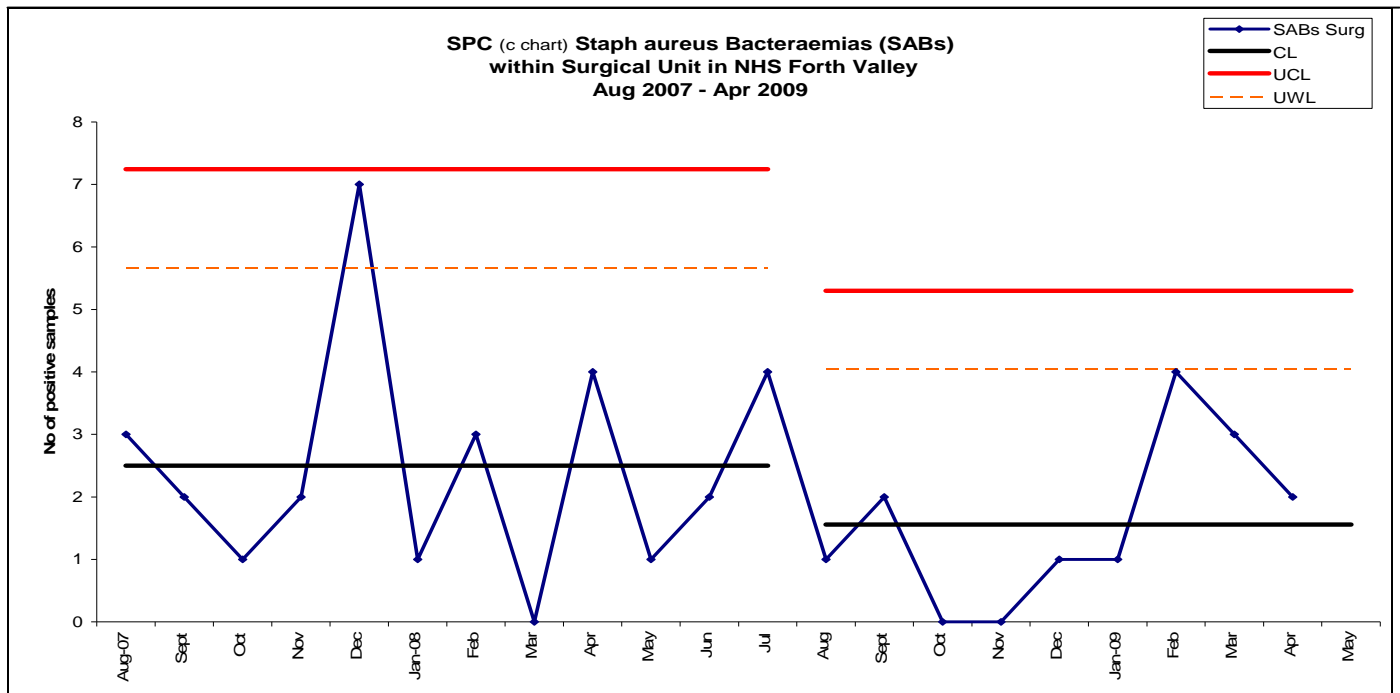
These include:-

- The Surgical and Cancer Care Unit
- The Women and Children’s Unit
- The Medical, Emergency Care and Rehabilitation Unit

**Surgical and Cancer Care Unit**

The surgical and cancer care unit has been very successful in reducing the number of SABs Since August 2008 there has been a statistically significant decrease in the numbers of SABs reported due to improved performances within the Unit. This has led to lowering our expected numbers on the graph.

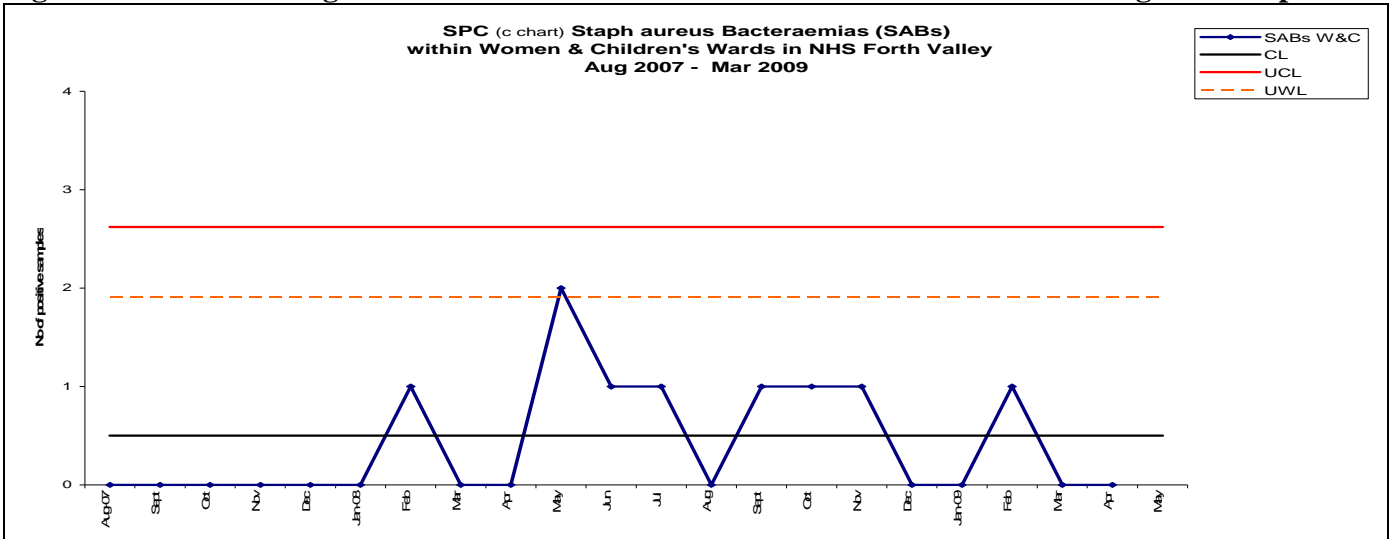
**Figure 5: Chart showing number of SABs within surgical unit from Aug 2007 – Apr 2009**



**Women and Children’s Unit**

Figure 6 below indicates that acquiring SAB in the Women and Children’s unit happens only very occasionally, with the most being one per month.

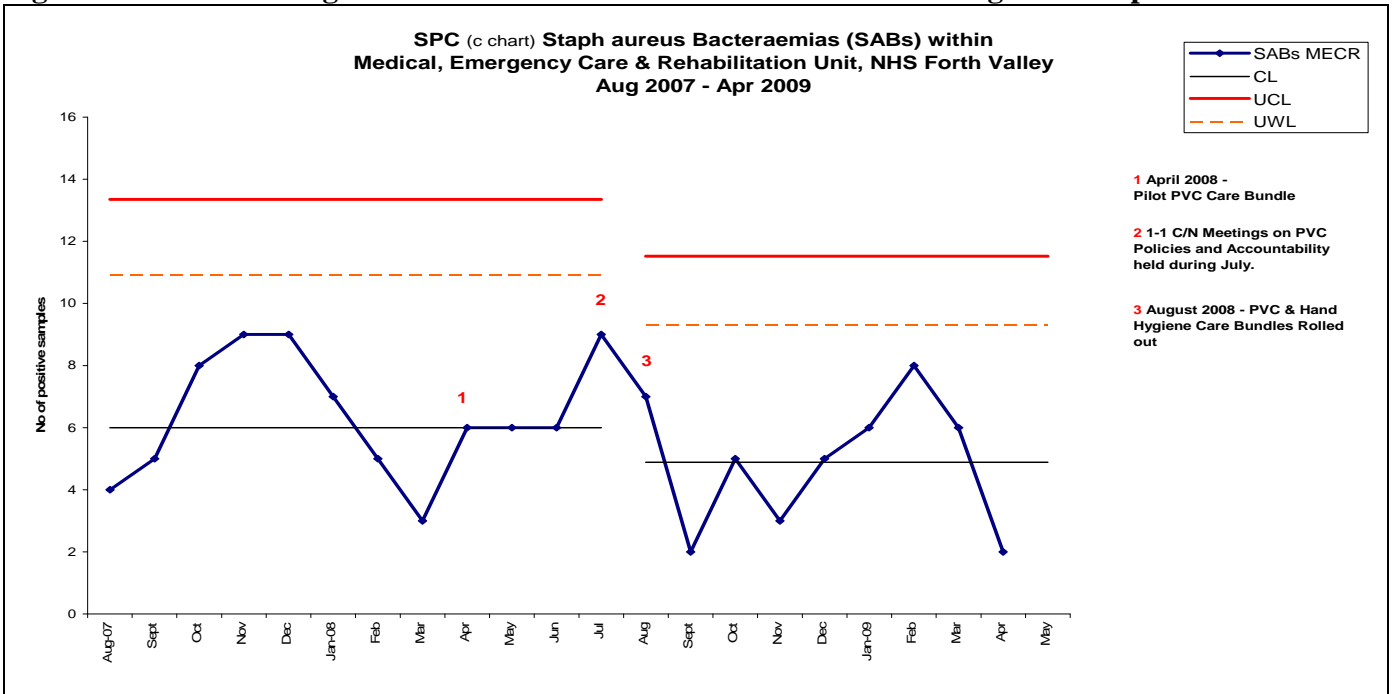
**Figure 6: Chart showing number of SABs within Women and Children's wards Aug 2007 – Apr 2009**



**Medical, Emergency Care and Rehabilitation Unit**

Figure seven shows that the MEC&R unit has also been successful in reducing SABs.

**Figure 7: Chart showing number of SABs within MEC&R unit from Aug 2007 – Apr 2009**



**5.6 What are we aiming for?**

Our target in Forth Valley is to reduce infections as far as possible. We have a government set target to reduce all SABs to 7 per month by December 2009 (that is reducing by 30% from 2007 to 2010) but in FV we aim to reduce SABs still further.

## **5.7 Surveillance**

As noted in Para 3.0 surveillance is an important aspect of the control and management of infection. SABs, surveillance involves the monitoring of the number of SABs each month alongside the collection of information on each patient. Analysing this information and discussing it with health care workers allows them to see if the actions they are taking to reduce infections are being effective.

Enhanced surveillance is where more information is collected to improve understanding of the cause of infections. Enhanced surveillance was started for SABs in August 2007.

## **6.0 SIGNIFICANT HAI INCIDENTS / OUTBREAKS**

During the months of March and April 2009 there were three incidences of Norovirus. The outbreak management plan was fully implemented and control measures, such as closure of wards were successfully applied. There were some staffing pressures as staff were also affected by norovirus. A weekly update from Health Protection Scotland can be found at: <http://www.hps.scot.nhs.uk/>.

### **6.1 What are noroviruses?**

Noroviruses are a group of viruses that cause gastroenteritis (a tummy bug). They are commonly called winter vomiting virus.

### **6.2 What are the symptoms of illness caused by noroviruses?**

The symptoms of norovirus illness usually include nausea, vomiting, diarrhea, and some stomach cramping. In most people the illness is self-limiting with symptoms lasting for about 1 or 2 days. Problems with dehydration are usually only seen among the very young, the elderly, and persons with weakened immune systems.

### **6.3 How do you get noroviruses?**

Noroviruses are found in the stool or vomit of infected people. People can become infected with the virus in several ways, including:

- eating food or drinking liquids that are contaminated with norovirus;
- touching surfaces or objects contaminated with norovirus, and then placing their hand in their mouth;
- having direct contact with another person who is infected and showing symptoms.

This virus is very contagious and can spread rapidly throughout environments.

People infected with norovirus are contagious from the moment they begin feeling ill to at least 3 days after recovery. Some people may be contagious for as long as 2 weeks after recovery. Therefore, it is particularly important for people to use good hand washing and other hygienic practices to prevent spread.

### **6.4 What treatment is available for people with norovirus infection?**

There is no specific treatment at present, except supportive care.

## **7.0 HAND HYGIENE (HH) PROGRAMME**

Hand hygiene is essential for both staff and patients to prevent spread of infection.

### **Audits**

From March 2009 Local Health Boards were asked to change some aspects of the bimonthly audits of hand hygiene compliance:- Fifteen staff members are now required to be audited bi-monthly. and the number of possible clinical areas to be reviewed has increased from 6 to 17. Smaller Health Boards like Forth Valley do not ,however, have some of the highly specialist clinical areas which have been specified or wards such as cardiothoracic surgery and neurosurgery and so we are obviously exempt from requirements to audit in these areas.

Staff compliance with hand hygiene during the audit period in March 2009 was a commendable 98%.

### **Hand Hygiene Facilities**

During March and April the estates staff completed the first phase of upgrading older wash hand basins in Stirling Royal Infirmary and new basins for public use were put in outside two of the medical wards.

New liquid soap and hand sanitiser (alcohol based hand gel) dispensers have been installed at the Falkirk & District Royal Infirmary site as part of an upgrading exercise linked to a new national hand hygiene product contract. Moisturising hand cream has been provided for clinical staff to alleviate any dryness linked to increased hand washing. A Hand Hygiene Group has overseen this work and is fortunate to have strong representation from the Patient Panel.

### **Hand Hygiene Awareness**

Posters and signage are currently being reviewed and refreshed to assist patients and visitors identify hand hygiene facilities. Visual and audible message prompts have appeared to prove effective in reminding people to wash their hands: hand gel uptake has increased! A visitor and patient feedback exercise was undertaken in March and April to gain further information.



## **8.0 CLEANING SERVICES SPECIFICATION COMPLIANCE**

There are national cleaning specifications on how to clean different areas in healthcare establishments effectively. There is a compliance target of 95%. Local results for the cleaning monitoring tool in March and April 2009 are for 3 separate areas across NHS FV: (1) Falkirk Royal Infirmary, (2) Stirling Royal Infirmary (3) Primary Care : health centres and community hospitals. These are in table 4 below

**Table 4 Cleaning services specification compliance in NHS FV**

	<b>Percentage pass in March 2009</b>	<b>Percentage pass in April 2009</b>
<b>Falkirk Royal Infirmary</b>	94.5	95.7
<b>Stirling Royal Infirmary</b>	91.4	93.2
<b>Health centres and community hospitals</b>	91.9	92.9

### **National table for acute hospitals in Health Boards**

A national table for cleaning compliance in acute hospitals can be seen in table 5. Along with other health boards NHS FV performs its cleaning duties well

**Table 5 Compliance with cleaning specification by board**

<i>Health Board</i>	<i>3rd quarter Oct-Dec 2007/2008</i>	<i>4th quarter Jan-March 2007/2008</i>	<i>1st quarter April-June 2008/2009</i>	<i>2nd quarter July-Sept 2008/2009</i>
	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>
<b>SCOTLAND</b>	<b>96.0</b>	<b>96.1</b>	<b>96.1</b>	<b>96.0</b>
Ayrshire and Arran	96.1	96.4	96.4	95.9
Borders	97.6	97.1	97.8	97.2
Dumfries and Galloway	97.7	97.3	97.3	97.4
Fife	96.4	96.5	96.5	97.0
Forth Valley	95.0	95.3	95.5	94.7
Grampian	97.6	97.3	97.2	97.1
Greater Glasgow and Clyde	96.0	96.3	96.2	96.4
Highland	95.1	95.3	95.1	95.3
Lanarkshire	95.6	96.0	95.5	94.8
Lothian	94.8	94.6	94.7	94.5
Orkney	97.7	95.2	92.8	96.1
Shetland	98.3	97.8	97.8	97.1
Tayside	95.5	95.8	96.1	95.9
Western Isles	96.0	95.6	95.9	95.6
The State Hospitals Board for Scotland	91.8	93.6	93.8	94.0
Golden Jubilee National Hospital	93.2	93.6	93.4	93.4
Blood Transfusion Services				98.6

## **9.0 PROGRESS ON COMPLIANCE WITH A NATIONAL HAI PROGRAMME (THE RAG REPORT)**

In November 2008 the government asked each health board for a monthly report back on how they are meeting several targets concerning reducing HAI. There are 24 targets in total. Progress is marked by a colour code against the target:-

- Purple - achieved
- Green - on track, to be completed as expected
- Amber - nearly complete but a few issues outstanding
- Red - not reached

**Table 6 Progress on compliance with a national HAI programme**

<b>Code</b>	<b>Progress</b>
Purple	19
Green	4
Amber	0
Red	1

The one 'red' issue is to do with applying standards to buildings that help to reduce HAI. There is still clarity required for all health boards around the detail of this issue and it has been raised nationally with the government and a response is currently awaited.

## **10.0 SCOTTISH PATIENT SAFETY PROGRAMME( SPSP)**

### **10.1 What is the Scottish Patient Safety Programme?**

The Scottish Patient Safety Programme (SPSP) has been developed in partnership with Scotland's NHS professionals. Its approach is very practical involving frontline staff. The methods to be used are tried and tested and change how patients are cared for. We are continually measuring the impact of the changes that are made.

There are programme of goals between 2008 and 2011. The programme is being started within acute hospitals but as the programme develops it will start in other service areas and involve community settings and Primary care services too.

### **10.2 How is the SPSP working in Forth Valley?**

A Patient Safety Steering Group Chaired by the Chief Executive is in place to oversee the delivery of the programme. NHS Forth Valley has successfully achieved each milestone so far.

A number of areas in the programme focus specifically on reducing healthcare associated infection in theatres, general wards and in critical care units and work is currently underway in pilot areas within in both Stirling and Falkirk hospitals with a timetable to roll this out to all areas of the acute hospitals by January 2011. The work of the SPSP is integrated with all of the other actions described in this report that are being taken forward in NHS Forth Valley to reduce HAI.

Three examples of the work to reduce healthcare associated infection are:- preventing ventilator associated pneumonia and catheter related blood stream infections in critical care and increasing hand hygiene in wards.

### **10.3 Ventilator associated pneumonia (VAP)**

Ventilator associated pneumonia (VAP) is a known risk for patients being cared for in critical care units who need the support of a ventilator to support their breathing. Staff in the critical care unit have been working to reduce the risk of VAP for a number of years and the Scottish Patient Safety Programme is building on the success of this previous work. The target for the SPSP is to reduce VAPs to 0% or 300 days between infections occurring. The numbers of VAPs have been significantly reduced to only 2 cases in the first 4 months of 2009.

### **10.4 Catheter related blood stream infection**

Catheter related blood stream infection is a known risk for patients being cared for in critical care units who need to have a central line (or drip) inserted into a large blood vessel as part of their care. Staff in the critical care unit have been working to reduce the risk of these infections. The target for the SPSP is to reduce CBSI to 0% or 300 days between infections occurring. There has been outstanding success in this part of the programme and staff have been able to achieve as of the 19<sup>th</sup> May that there has not been a CSBI infection for 520 days.

### **10.5 Hand hygiene**

The hand hygiene part of the programme involves staff in the ward checking staff hand hygiene all of the time rather than only as part of an audit. Information on how well they are doing is fed back to them. These checks are in addition to the National hand hygiene audits.

### **10.6 Next steps with reporting the SPSP**

This report only highlights some of the areas of work being undertaken by staff. Further HAI elements of the Scottish patient Safety Programme will be included in future reports.

## **11.0 WHAT ELSE ARE WE DOING TO PREVENT INFECTION IN NHS FORTH VALLEY?**

NHS FV has an Area Prevention of Infection Control team which oversees all that is going on. Our infection control policies include hospital and community healthcare. In NHS Forth Valley we comply with statutory government requirements including the:

- Government HAI Task Force Action Plan
- Quality Improvement Scotland's standards for HAI 2008
- Scottish Patient Safety Programme  
[www.patientsafetyalliance.scot.nhs.uk/programme](http://www.patientsafetyalliance.scot.nhs.uk/programme)
- National Hand Hygiene Campaign  
[www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx](http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx)  
<http://www.washyourhandsofthem.com/>
- National Cleaning Services Specification

### ***Local Infection Control Team***

NHS FV has an Infection Control Team which:

- Advises and trains staff in how to prevent infection and to ensure no transfer of infection occurs.
- Develop infection control programmes, e.g. hand hygiene.

### ***Public and Patient Involvement***

Forth Valley is fortunate to have a committed patient and public involvement through the Patient Public Forums in the 3 CHPs and the Public Patient Panel who are actively engaged in improving healthcare services including preventing HAI and monitoring domestic services.

### ***Horizon Scanning***

At the moment 3 Health Boards are piloting MRSA Screening some groups of patients coming into hospital (see section SABs pg 6) It is anticipated that this will become a national programme and be started in NHS Forth Valley late 2009/2010.

### ***Risk Management***

The risks around managing HAI are considered at every clinical level and included in Risk Registers held in departments. HAI also features in two different sections of the Corporate Risk Register (CRR). The CRR is reviewed every month to make sure all actions to manage any risks are being taken.

## **12.0 WHAT CAN THE PUBLIC DO TO HELP REDUCE AND CONTROL INFECTION?**

There is a lot that members of the public friends and relatives can do to prevent HAI, such as:-

- Think about keeping patients safe before you visit someone in hospital or a Carehome - If you, or someone you live with has a cold or diarrhoea, or if you feel unwell, try not to visit friends or relatives in hospital until you're better.
- Wash and dry your hands before visiting a hospital or care home. Always wash your hands after going to the toilet. If there is alcohol hand gel provided at the ward door or at the bedside, use it. Please also wash your hands when directed by ward staff.
- Ask ward staff for advice before you bring in food or drink for someone you are visiting in hospital.
- If you visit someone in hospital,
  - don't sit on their bed
  - keep the number of visitors to a minimum at any one time.
  - never touch dressings, drips, or other equipment around the bed.
- If you think NHS premises are not as clean as they should be, let the sister or charge nurse know.
- If you think a healthcare worker has forgotten to wash their hands, remind them about this.

Specifics about laundry. The risk of infection from laundry is low but staff will put clothes in a plastic bag that they will secure. At home remove items from bag and put them directly into the washing machine at the highest temperature suitable for the garment. More advice is available from <http://www.documents.hps.scot.nhs.uk/hai/infection-control/publications/washing-clothes-home.pdf> Advice leaflets are available in ward areas and provided by staff along with advice given as to whether the item is soiled or not.

For further information please contact:

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