

Health Care Associated Infection (HAI) Bi-monthly Report to Board meeting- January 2010

Section 1: SGHD HAI Action Plan- RAGS Report, Internal Summary

Key:

COMPLETE – means that the action has been fully completed

GREEN – means that the action is on track and should be completed by the target date

AMBER – means there is a possibility of some slippage but the issues are being dealt with

RED – means that it is not considered feasible to meet the completion date

Action Point 2.1	All boards will empower their charge nurses to deliver against their responsibilities
Status:	Complete
Due Date:	October 2008
Comments:	Area Service Managers have responsibility for Health & Safety to include Infection Control at station level. This is supported by Divisional H&S Leads.
Action Point 2.2	Implement the recommendations in the Senior Charge Nurse Review
Status:	Not Relevant
Due Date:	December 2010
Comments:	.
Action Point 3.1	HAI SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment) sections 3 &4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection
Status:	(Not Relevant to ambulance stations but need to ensure ambulance interior is maintained to minimise the risk of infection as this is the patient care environment.) Complete
Due Date:	Aug 2008
Comments:	Infection control input is included in new ambulance evaluation. Infection Control requirements are included in ambulance specifications. Ambulances are maintained regularly and the patient care area and equipment within the saloon repaired

	<p>and/or replaced as required. Operations report additional repairs required to Divisional Fleet maintenance dept.</p> <p>Service cleaning schedule for stations, ambulances and patient care equipment notes that building fabric and equipment must be intact and in good conditions to ensure adequate cleaning can be achieved.</p> <p>HAI Scribe is applied to all major premises building projects.</p> <p>The Service is not intending to apply HAI Scribe to all existing estates (stations) as patients are not on the premises and no structure or resource is in place to complete this process for existing buildings.</p> <p>The service Infection Control/Health and Safety audit programme will also identify issues around the fabric of buildings and the interior of ambulances.</p>
Action Point 3.3	Planned preventative maintenance programmes reflect requirements of prevention and control of infection
Status:	Complete
Due Date:	October 2008
Comments:	<p>Estates department in conjunction with operating divisions develop a rolling programme of station upgrades and developments based upon the Service's estates strategy.</p> <p>Current planned programme of station upgrades. These upgrades will improve facilities to include changing, laundry and sluice facilities to meet requirements for prevention and control of infection.</p> <p>Ambulances are maintained regularly and the patient care area and equipment within the saloon repaired and/or replaced as required. Operations report additional repairs required to Divisional Fleet maintenance dept.</p> <p>Infection Control and Health & safety audit programme will highlight further issues that require to be addressed through a maintenance programme. H&S Representatives in each Division should highlight these issues to Senior Management.</p>
Action Point 4.1	NHS Boards to have zero tolerance to non-compliance with hand hygiene
Status:	Complete
Due Date:	January 2009
Comments:	<p>Zero Tolerance statement sent out to staff via a National Bulletin on 5th January and CE weekly update bulletin at the end of January.</p> <p>The requirement for zero tolerance has been communicated to staff in the latest hand hygiene audit</p>

	<p>report. Zero tolerance is included in the updated hand hygiene policy.</p> <p>Hand Hygiene Coordinator will challenge any poor practice observed during audits.</p> <p>Service National hand hygiene audit reports record compliance by Division. These are sent out to all General Managers for dissemination.</p>
Action Point 4.3	NHS Boards to report hand hygiene compliance (staff and visitors) and facilities on a hospital basis to 2 monthly Board meetings
Status:	Complete
Due Date:	January 2009
Comments:	<p>Hand hygiene compliance audits will be reported on a Divisional basis to the 2 monthly Board meetings from January.</p> <p>This will be for staff compliance only as visitors not relevant in the ambulance setting.</p>
Action Point 5.1	NHS Boards to ensure HAI budget requirements are reflected in capital, maintenance and operational programmes
Status:	Complete
Due Date:	April 2009
Comments:	<p>HAI budget requirements are requested annually and agreed funding is included as part of the Health and Safety annual budget.</p> <p>HAI requirements are being addressed through the current funded maintenance programme of station upgrades.</p> <p>HAI annual programme and plan will prioritise new HAI spending within the Service.</p> <p>Identified funding will be released by the H&S department to operational divisions upon the implementation of new processes</p>
Action Point 5.2	NHS Boards to have identified budget for urgent repairs and replacement equipment available to Charge Nurses
Status:	Complete
Due Date:	January 2009
Comments:	<p>Each Division has a limited budget that includes repairs and replacement of equipment, which is accessible by the local management team.</p> <p>Repairs costing significant amounts of money (in excess of annual budget for repairs) will require approval and release of funds at divisional and or national level.</p>

Action Point 6.1	All patients to receive information on HAI
Status:	Complete
Due Date:	November 2008
Comments:	<p>HPS HAI and C.diff patient information leaflets plus MRSA information sheet is now available on the Service public website under Infection Control. There is also a link to HPS web site.</p> <p>HPS HAI information leaflets have now been received and have been sent out to all Divisions a few copies of this will be carried in patient transport ambulances.</p> <p>HAI assurance statement notices have been distributed to Divisional Fleet Managers to be placed on the interior saloon wall of all ambulances.</p>
Action Point 6.3	All information is available in a variety of formats that facilitates public understanding
Status:	Complete
Due Date:	November 2008
Comments:	The updated external website now informs the public that information is available in different languages and formats on request.
Action Point 7.1	NHS Boards to implements requirements of CEL 30(2008): Prudent Antimicrobial Prescribing: The Scottish Action Plan For Managing Antibiotic Resistance And Reducing Antibiotic Related Clostridium difficile Associated Disease.
Status:	Not Relevant
Due Date:	August 2008
Comments:	

Action Point 8.1	Scottish Patient Safety Programme (HAI elements) are integrated with HAI agenda at NHS Board level
Status:	Complete
Due Date:	January 2009
Comments:	<p>SAS was not involved in the Scottish Patient Safety Programme (SPSP) until recently. SPSP is being launched within the Service.</p> <p>Existing HAI care bundles are not relevant to the ambulance setting and need to be adapted. IC Manager working alongside Service lead for SPSP developing a care bundle/insertion checklist for PVC insertion. The Service in communication with HPS and National SPSP Coordinator regards this.</p> <p>Progress with HAI elements of SPSP is also reported to Service Infection Control Committee meetings, Risk Management and Patient Safety meetings.</p> <p>National Hand hygiene agenda is included in IC annual Programme. The programme also includes other work to ensure patient safety for example- move to single-use medical devices where there is difficulty achieving appropriate decontamination and implementation of cleaning standards for environment and equipment cleaning.</p>
Action Point 8.2	Progress on implementation of Scottish Patient Safety Programme (HAI elements) to be included in HAI reports to 2 monthly Board Safety Patient care bundles associated with HAI
Status:	Complete
Due Date:	January 2009
Comments:	<p>Progress with implementation included in HAI reports to 2 monthly Board meetings from January 09.</p> <p>Progress with this is also reported to Service Infection Control Committee meetings, Risk Management and Patient Safety meetings.</p> <p>SAS were not included in SPSP until recently. The existing Care bundles require to be adapted for the ambulance setting.</p>
Action Point 9.3.1	NHS Boards infection control policies include primary and community care
Status:	Not Relevant
Due Date:	December 2008
Comments:	

Action Point 10.1	Structure and resources to provide effective infection control service across NHS Board area (hospital and community) assessed and agreed by NHS Boards, including: <ul style="list-style-type: none"> • Human resources • Equipment • Budget
Status:	Complete
Due Date:	October 2008
Comments:	Funding has been secured to support implementation of NCSS and monitoring across the Service. Job descriptions have been banded and monitoring and administrative posts were advertised. Following recruitment of staff there will be a period of induction, training and then implementation. 3 x NCSS auditors took up post on 2nd November.
Action Point 11.2	NHS Boards policy/guidance on completing death certificates reviewed to include documenting death associated with HAI
Status:	Not Relevant
Due Date:	December 2008
Comments:	
Action Point 12.2	NHS Boards local surveillance to include setting of control limits and trajectories for reduction of rates / incidence of HAI
Status:	Not Relevant
Due Date:	December 2008
Comments:	
Action Point 13.1	NHS Boards Risk Register details HAI risks
Status:	Complete
Due Date:	September 2008
Comments:	The Service Risk Register includes all very high HAI risks. These are reviewed at Board Meetings. The Risk Management Steering Group reviews all very high risks quarterly. The Infection Control (HAI) risk log is reviewed and updated quarterly at ICC meetings.
Action Point 13.2	HAI incidents and issues recorded on NHS Boards Risk Register reporting systems and reported to 2 monthly Board meetings
Status:	Complete
Due Date:	January 2009
Comments:	Relevant HAI incidents will be reported to Board meetings from Jan 09. HAI incidents and issues are reported on Datix. These are

	reviewed by the IC Team and followed up as necessary. Incidents or issues of concern are discussed at National Health and Safety and ICC meetings
Action Point 15.1	NHS Boards to self assess current compliance with QIS HAI Standards (March 2008)
Status:	Complete
Due Date:	December 2008
Comments:	A self assessment of current compliance was completed during January. QIS are to produce a web based self assessment tool.
Action Point 16.1	All healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance
Status:	Complete
Due Date:	April 2009
Comments:	Paramedic Clinical advisors working in the Emergency Dispatch Centres (EMDC) completed IC training delivered by the IC Team in April 09. IC team have developed learning materials on the risk of HAI associated with invasive procedures. This is now included in Paramedic course content. Technicians course includes a HAI training session and since April 09 the Cleanliness Champions Programme. ACAs basic training includes Infection Control and Hand hygiene. An induction programme for all staff (clinical & non-clinical) has been implemented this includes infection control and hand hygiene. This action is now complete.
Action Point 16.2	Infection Control staff undertake appropriate level of education and training
Status:	Complete
Due Date:	April 2009
Comments:	Infection Control staff attend relevant educational sessions as part of professional development. ICM and IC Advisor both have an infection control qualification.
Action Point 19.2	Cleaning matrix and schedule including discipline responsible for cleaning is available in all healthcare settings
Status:	Complete
Due Date:	September 2008
Comments:	Standard cleaning schedule/matrix for stations and vehicles based on NCSS has been developed and is now in place.

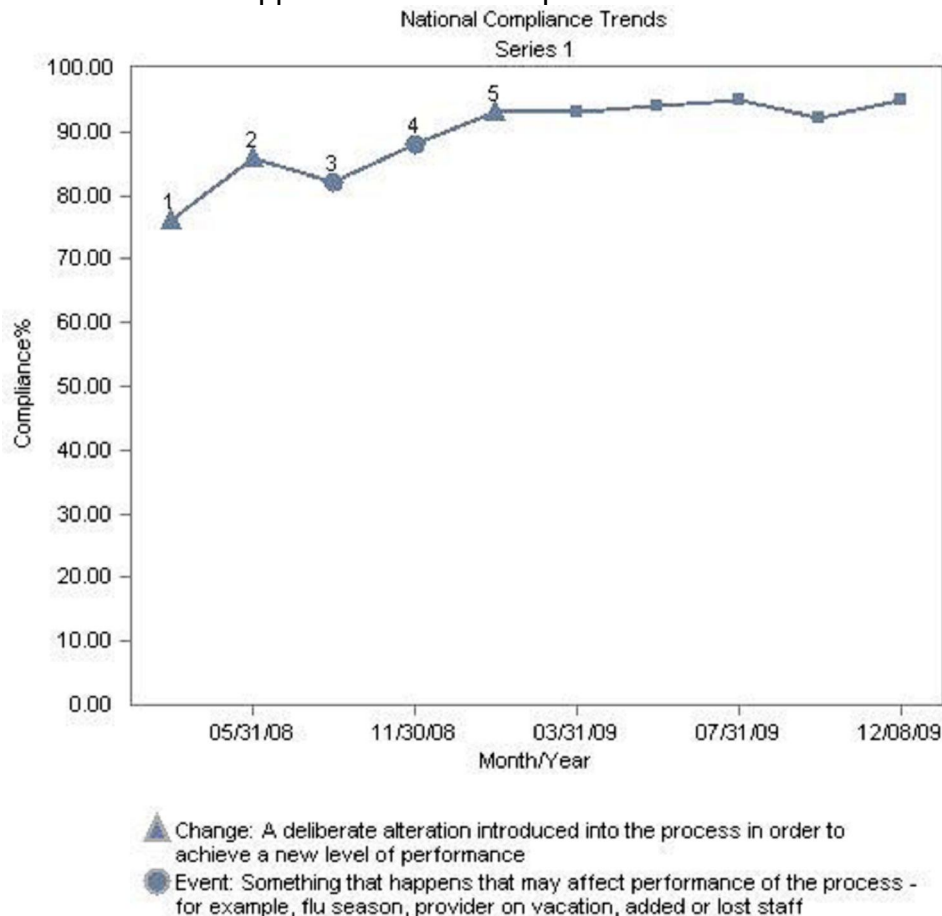
	<p>This also includes a cleaning matrix for re-usable patient equipment and devices.</p> <p>This document was added to policies and procedures in January. All stations were informed via a National Bulletin.</p>
Action Point 21.1	All staff to have HAI objective in annual professional development plans
Status:	Complete
Due Date:	April 2009
Comments:	<p>PDPs that include an HAI objective are being developed as part of KSF. This process is well underway for all Operational staff and will be completed in April with the exception of staff on long term sick leave.</p> <p>Divisional General Managers have HAI/Infection Control as one of their key objectives</p>

Section 2: HAI Reporting Template- Part 1

1 Hand Hygiene (HH) programme

The Twelfth National hand hygiene audits completed between 23rd November and 6th December 2009 showed an increase in hand hygiene compliance up to 95% from 92% in September. This brings compliance back up to the previous level achieved in July. This is again a very good result and demonstrates that staff awareness is high. However, there is still room for improvement and we continue to work towards zero tolerance.

The graphical presentation below shows the trend in the Service hand hygiene compliance rates over the last ten national audit periods since the introduction of staff training, personal alcohol based hand rub dispensers and a zero tolerance approach to non-compliance.



1 awareness training had been introduced

2 Personal ABHR (alcohol based hand rub) had been issued

3 not all staff carrying personal Alcohol Based Hand Rub (ABHR) dispensers

4 All staff still not carrying ABHR

5 Zero tolerance announced

This latest National audit covered 3 Divisions- South East, South West and West Central. The individual overall hand hygiene compliance score for each Division was as follows:

South East Division - 96%

South West Division - 95%

West Central Division - 94%

The following stations were audited within each Division:

South East - Edinburgh, Hawick and Kelso

South West - Greenock and Cumnock

West Central - Glasgow East and Kirkintilloch.

It should be noted that 3 of the stations (Greenock, Hawick and Cumnock) had never been included in the hand hygiene audits before and despite this demonstrated good awareness and compliance with hand hygiene opportunities as recommended by the World Health Organisations (WHO) 5 moments for Hand Hygiene.

Further to this When a hand hygiene opportunity did take place the hand hygiene technique applied was observed and this also scored well with the technique performed correctly 90% of the time.

1.1 Current/new initiatives in promoting Hand Hygiene

- In between the bi-monthly programme of national audits the Hand Hygiene Coordinator completes local audits across the service. These audits include PTS staff who are not part of the National audits. These local audits are conducted in Hospital out-patient/A&E Depts. The local audits support the HAI requirements of the Scottish Patient Safety programme and the recommendations within CEL 5 (2009) concerning zero tolerance policies.

Local audits were completed during December in South East Division, Borders stations. **(see results under local hand hygiene audits documented in part 2 – HAI Reporting Template)**

The local audits relate to observation of ambulance staff going in and out of main hospital departments within a Division and look at compliance with opportunities for hand hygiene, the hand hygiene technique applied and whether staff comply with uniform policy in relation to jewellery, nails etc. Some territorial health boards also include ambulance staff as part of their local hand hygiene audit processes.

1.2 Specific issues:

- The Hand Hygiene Coordinator is looking at developing public involvement in Hand hygiene monitoring. Consideration needs to be given as to how best the Service achieve this.

2 Cleaning Services Specification Compliance

2.1 National Monitoring

- The monitoring results from stations in Lothian and GG&C are submitted monthly to Health Facilities Scotland (HFS) and published in HFS quarterly national reports. **(see results for October and November documented in part 2 - HAI reporting template)**

Over the latest 2 months all stations have met the minimum required target of > 90%. The one Glasgow station that for 2 months in the previous quarter July-Sept only reached amber status scoring between 88.5% and 89% has now had an action plan implemented to address the issues identified with the cleaning service which has resulted in improved compliance for October and November.

- Health Facilities Scotland (HFS) requires full implementation of monitoring against the National Cleaning Services Specification (NCSS) across the Service by the end of March. 3 regional NCSS auditors are now in post and completing a programme of induction and training.

- **National Cleaning Specifications - Independent Audit 2009**

This independent cleaning audit has been commissioned by Health Facilities Scotland (HFS) Tribal Consulting are conducting the audit. To date only one audit of SAS premises has been completed (Aberdeen station) one further audit will be conducted at another station in the New Year.

Aberdeen station audited well for cleanliness of the ambulances but the station cleaning requires some improvement. Local Managers have addressed this with the company who provide the cleaning service with guidance from the Infection Control Team.

The audit monitors that the principles of the National Cleaning Services Specification (NCSS) are being met. This includes national monitoring with peer and public review. HFS is aware that we are still rolling the monitoring out across the Service at present.

- **National HAI Estates Monitoring:**

HFS is to roll out the new HAI Domestic/Estates monitoring system over the next few months. Initially this will be completed as part of the Domestic Cleaning monitoring with the monitoring tool being adapted to include a separate scoring system for Estates issues. Awareness sessions have been held and attended by all Health Boards. Further training sessions will be held during January. Monitoring and Estates staff are required to attend this training. For the ambulance setting the Domestic/Estate monitoring will include both the ambulance station and the ambulances. Fleet department therefore also require to be involved to address maintenance issues raised during monitoring in connection with the ambulance fabric/furniture.

An Estates HAI monitoring tool (SCART) is currently being developed by HFS

Significant HAI incidents / outbreaks

- Paisley ambulance station have reported a number of staff off sick with diarrhoea and vomiting on two occasions; initially in November and again between late December and January. This resolved quickly on both occasions. Affected staff were advised to stay off sick until they had 48 hours free of symptoms and enhanced station cleaning was implemented. Staff were also reminded about the importance of good hand hygiene. The probable cause is thought to be viral infection possibly Norovirus which is circulating widely in the community at present.
- Data is received from HPS on the current activity with Norovirus in other Health boards.
- Datix incident reports are reviewed weekly by IC Team for specific Infection Control/HAI incidents and followed up as necessary.

3 Progress on compliance with national HAI programme

3.1 RAG status on HAI Action Plan. (see summary report on front page)

19 of the 24 actions within the HAI action plan are relevant to the Ambulance Service. We are now reporting as complete on all 19.

3.2 Compliance with HAI Task Force Delivery Plan .

The initial self assessment which is the 1st phase of the Healthcare Environment Inspectorate was completed and submitted on 19th June. This requires to be updated on a regular basis. The service is not included in the first round of announced inspections this year.

Scottish Patient Safety Program (SPSP) (HAI elements)

- Work continues with the promotion of improved hand hygiene compliance as noted under hand hygiene programme on page 1 .
- Work is also ongoing to roll out NCSS and Monitoring across the Service as noted previously under Cleaning Service Specification Compliance. The set up of this across the Service will provide assurance that the ambulance patient care area is being cleaned to a high standard.
- Implementation of Care Bundles- The epacer system now includes a section that records whether the Peripheral Vascular Cannula (PVC) insertion checklist/care bundle has been applied. Staff awareness and training in the application of the checklist/care bundle is covered on the

Paramedic training course and this years annual Post Proficiency Training for relevant staff.

HAI Education:

- An updated version of the Service HAI e-learning module is now available on the learning zone of Samson.
- Ambulance Technicians who wish to advance into Paramedic training are now required to complete the Cleanliness Champions programme as part of the pre-entry preparations.
- Since April 2009 Technician Probationers are also required to complete the Cleanliness Champions Programme.

Infection Control Policies:

- Further updated draft policies covering Standard Infection Control precautions to include: Personal Protective Equipment, Environmental (station and ambulance) Cleaning, Patient Care Equipment Cleaning, Prevention and Management of Occupational Exposure (blood/body fluids & Inoculation injury), Management of Blood & Body Fluid Spillages and Patient Placement. As well as updated policies on MRSA and Tuberculosis have gone out to the Infection Control Committee for consultation. Once finalised these will be added to Samson.

Susan Wilson

Infection Control Manager

07/01/2010

Part 2: HAI Reporting Template– Core Data

HAI REPORTING TEMPLATE							
Part 2 : Core data							
BOARD: NHS Scottish Ambulance Service							
Report for: January 2010							
	Board Total	Divisions					
	BOARD TOTAL	South East Div.	South West Div.	East Central Div.	West Central Div.	West	East North Division
Hand Hygiene Programme							
National audit Compliance score- Dec 09/Jan 2010	95%	96%	95%		96%		
Number of observations . Dec 09/Jan 2010	300	120	80		100		
National audits only include A&E staff. The audit tool has been adapted for use locally with both A&E and PTS staff. Results of local audits for April are indicated below.							
Local hand hygiene audit scores per Division for December 09		95%				-	
N.B. The local audit scores are an overall total for compliance with WHO 5 moments for hand hygiene opportunity, hand hygiene technique, and compliance with proper dress code (jewellery, nails etc)							
	Board Total	Divisions					
	BOARD TOTAL	South East Div.	South West Div.	East Central Div.	West Central Div.	West	East North Division
Cleaning Service Specification Monitoring Results							
Compliance rate for Oct & Nov 09	96%	97%	96%		94%		
Number of audits Oct& Nov 09 (2 months)	35	15	6		14		
Compliance rate previous quarter- July-Sept 09	94%	92%	96%		95%		
Number of audits previous quarter- July-Sept 09 (3 months)	48	18	9		21		
The recent figures above only include a 2 month period- October and November. December not available at the time of compiling the report.							
National Cleaning Services Specification (NCSS) and Monitoring Framework is being implemented across the Service. To date only stations within Lothian & GG&C boundaries have implemented the national monitoring. Monitoring data is submitted to HFS for publication in Quarterly compliance reports.							