

Dear Colleague

**A REVISED FRAMEWORK FOR NATIONAL SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTION AND THE INTRODUCTION OF A NEW HEALTH EFFICIENCY AND ACCESS TO TREATMENT (HEAT) TARGET FOR CLOSTRIDIUM DIFFICILE ASSOCIATED DISEASE (CDAD) FOR NHS SCOTLAND**

1. The purpose of this letter is to confirm:

- the terms of the HEAT target for *Clostridium difficile* Associated Disease (CDAD);
- the terms of the extension of mandatory surveillance of *Clostridium difficile* Associated Disease (CDAD);
- the changes to surveillance of Caesarean sections.

**Heat target to reduce CDAD in the 65 and over age group including complementary Local Delivery Plan (LPD) milestone regarding compliance with local antimicrobial policies**

Defining the HEAT target

2. The new target is defined as being to reduce the **rate** of *Clostridium difficile* Associated Disease among patients aged 65 and over by at least 30% by 31 March 2011. The target will measure the rate of CDAD reported from acute hospitals, non-acute hospitals, and community settings per 1000 occupied bed days in Scotland.
3. This is the rate published in the HPS quarterly CDAD reports and these data will be used to measure progress towards the target.
4. The Scottish Government Health Delivery Directorate Performance Management Division issued a letter on 13 March 2009 setting the baseline for achievement of the target as April 2007 to March 2008 and the target rates should be achieved from the period April 2010 to March 2011. This letter also confirmed baseline and target rates and trajectories.

**CEL 11 (2009)**

**8 April 2009**

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**Addresses**

For action

Chief Executives NHS Boards  
Medical Directors - to advise all doctors, (including GPs) of the content of this letter

For information

Chief Executives NHS Special Boards and NHS National Services Scotland  
Chief Executive, Health Facilities Scotland  
Director of Pharmacy  
Directors of Public Health  
Chief Executive, NHS 24  
Nurse Directors  
Human Resources Directors  
Finance Directors  
Members, Scottish Partnership Forum  
Members, Scottish Workforce and Staff Governance Committee

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Complimentary Local Delivery Plan (LDP) milestone: compliance with local antimicrobial policies

5. Reducing the use of broad spectrum antibiotics is likely to be a significant influencing factor in reducing cases of CDAD.
6. The ScotMARAP (Scottish Antimicrobial Resistance Action Plan) programme currently being implemented by the Scottish Antimicrobial Prescribing Group (SAPG) details the national programme for tackling antimicrobial resistance and prudent prescribing over the next five years in primary and secondary care; and sets out the tasks for various health agencies. Chapters 10 to 13 refer directly to the responsibilities of NHS Boards.
7. We would remind you that all NHS Boards should have an antibiotic prescribing policy and formulary which covers both hospital and primary care prescribing. This formulary should be subject to regular review and monitoring and exception prescribing should be monitored (eg target is to review formulary annually or as clinical circumstances dictate). The Scottish Government and SAPG have agreed three supporting antimicrobial indicators related to prescribing, which are:
  - **Hospital-based empirical prescribing:** antibiotic prescriptions are compliant with the local antimicrobial policy **and** the rationale for treatment is recorded in the clinical case note in  $\geq 95\%$  of sampled cases
  - **Surgical antibiotic prophylaxis:** duration of surgical antibiotic prophylaxis is  $< 24$  hours **and** compliant with local antimicrobial prescribing policy in  $\geq 95\%$  of sampled cases
  - **Primary Care empirical prescribing:** seasonal variation in quinolone use (summer months vs. winter months) is  $\leq 5\%$ , calculated from PRISMS data held by NHS Boards.
8. NHS Boards will be required to report compliance with these indicators. The reporting system will be web based via the Institute for Healthcare Improvement (IHI) extranet, which is already in use for several other projects within NHS Scotland. This will allow NHS Board Antimicrobial Management Teams (AMTs) to enter aggregated data on the indicators and receive instant feedback. The extranet will also allow SAPG to access data from all Boards to provide reports on the national picture.
9. The extranet reporting system should be available by August 2009. Boards AMTs will be updated by SAPG when the extranet is available. In the interim Boards AMTs should develop local systems to collect the required data.

**Extending surveillance of *Clostridium difficile* Associated Disease to include patients aged 15 and over.**

10. Increasing rates of *Clostridium difficile* in healthcare settings prompted the introduction of a mandatory national surveillance programme for Scotland; and since September 2006 it has been a requirement for all NHS laboratories to report all cases of CDAD from mild diarrhoea to severe cases in patients aged 65 and over. These data are published by Health Protection Scotland (HPS) in quarterly national reports.

11. From April 2009 the mandatory national surveillance programme is to be extended to include patients aged 15 and over. It should however be noted this additional group will not be included in the CDAD HEAT target. Please refer to HPS guidance found on their website at:

<http://www.hps.scot.nhs.uk/haic/sshaip/guidelinedetail.aspx?id=40899>

### **Changes to Caesarean section surveillance**

12. The mandatory requirements for surveillance of inpatient surgical site infection (SSI) set out in [HDL\(2006\)38](#) remain unchanged, except that the post operation surveillance period for caesarean sections has been reduced from 30 to 10 days.
13. This change is being implemented to reflect the operational difficulties experienced by some NHS Boards in ensuring high quality surveillance information for a full 30 days in every case; and covers the period when most SSIs become apparent in this group of patients.
14. As before, if Boards do not perform one or either of the two mandatory procedures (hip arthroplasty and caesarean section), then they should substitute from the list within the current Scottish Surveillance of Healthcare Associated Infection Programme (SSHAIP) surgical site infection surveillance protocol:

<http://www.hps.scot.nhs.uk/haic/sshaip/guidelines.aspx>

### **Voluntary elements of surveillance**

15. In addition to mandatory requirements for surveillance, all clinical and infection control teams should also target local Healthcare Associated Infection (HAI) surveillance to priority areas. Whenever possible, this surveillance should be carried out using HPS surveillance protocols.
16. NHS Boards are encouraged to implement as many of the 'voluntary' list of SSI surveillance topics as possible, and a minimum of two in addition to the compulsory elements.

### **Summary**

17. As NHS Boards are required to implement the revised systems from 1 April 2009, we would ask that you immediately draw this letter to the attention of Consultant Microbiologists; Infection Control Teams; Antimicrobial Management Teams; and Infection Control, Clinical Governance and Risk Management Committees.
18. It should also be noted that the requirement for all NHS Boards to meet the HEAT target to reduce all Staphylococcus aureus bacteraemias (SAB) by 30% by March 2010 will remain. This continues to be an important proxy measure for the incidence of HAIs generally and is an indicator of success with improving hand hygiene compliance and other infection control interventions. Reporting under the Health Protection Scotland SSHAIP protocol will continue.

19. A copy of this letter has been sent to Professor Dilip Nathwani, Chair of SAPG and Professor Jacqui Reilly, Consultant Nurse Epidemiologist, Health Protection Scotland for information.

Yours sincerely

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