

INFECTION CONTROL REPORT

Report by Morag A Greenshields, Infection Control Manager on behalf of Heidi May,
Executive Lead for Infection Control

The Board is asked to:

- **Note** the contents of the report.

1 Background and Summary

In August 2008 the Scottish Government published the Independent Review of Clostridium difficile Associated Diseases at the Vale of Leven Hospital (December 2007 – June 2008). This report raised a number of infection control related issues which may be applicable to other NHS Boards in Scotland. To ensure a consistent approach was adopted nationally, the Scottish Government Health Directorates issued a 'Healthcare Associated Infection (HAI) General Action Plan'.

Item 1.2 of the Action Plan – *Governance*, required all NHS Boards to implement a nationally agreed reporting template, to be used as the framework to report progress against the Hospital Associated Infection Agenda to Board meetings on a two monthly basis. The implementation date for this reporting process was January 2009.

The key purpose of this report is to:

- Ensure visibility of HAI data and issues for Board members, facilitating awareness and action where indicated.
- Assist in creating and populating a routine NHS Board HAI data set to facilitate assurance, awareness and national reporting for various levels within the organisation.
- Placing more detailed local information on HAI's in the public domain in the context of an open Board meeting and on the Board website thereafter.

2 HAI Reporting Template – NHS Highland Activity

The HAI Report Template has two components (see Appendix 1 and 2). The first sets out local data in a spreadsheet by hospital and speciality/staff group. The second sets out the components appropriate to routine analysis and commentary on HAI for Board meetings as a standing item.

The report contains the following subject areas:

- Staphylococcus aureus bacteraemias (SAB)
- *Clostridium difficile* Associated Disease (CDAD)
- Surgical Site Infections (SSI)
- ITU Surveillance
- Hand Hygiene Compliance
- Cleaning Services Specification Compliance
- Significant HAI Incidents / Outbreaks, emerging threats
- Horizon Scanning
- Progress on compliance with the Scottish Government HAI Action Plan
- Progress on the national HAI Programme

The NHS activity from 1 March – 30 April 2009 is reported in Appendix 1 and 2.

3 Contribution to Board Objectives

Our key objective is *“to reduce to an absolute minimum the chance of acquiring and infection whilst receiving healthcare and ensure our hospitals are clean”*. This report presents a comprehensive view of HAI data and activities for scrutiny and feedback from the Board.

4 Governance Implications

4.1 Staff Governance

- As additional information is distributed more widely it will ensure staff are better informed in respect of current issues relating to Infection Control and the management of HAI in our healthcare premises - “HAI is Everybody’s Business”

4.2 Patient and Public Involvement

- The distribution of regular information to the patient / public sector will increase awareness and facilitate increased participation of patient / public representatives in the Infection Control agenda.

4.3 Clinical Governance

- By improving infection control practices, we will endeavour to provide a healthcare environment for patients that minimises the risk of HAI.

4.4 Financial Impact

- By reducing the incidence of HAI in our healthcare premises, financial savings could be achieved through lower rates of infection.

5 Impact Assessment

As Infection Control policies are updated they are impact-assessed for equality and diversity.

Morag A Greenshields
Infection Control Manager
Corporate Services

22 May 2009

APPENDIX 2

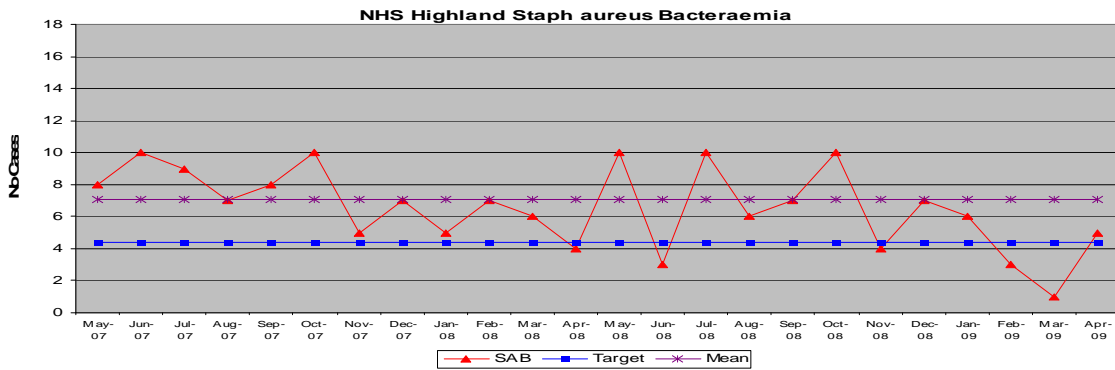
NHS Highland HAIRT Part 2 – June 2009

1 *Staph aureus* bacteraemias (SAB)

1.1 Short / medium / long term trends in SAB

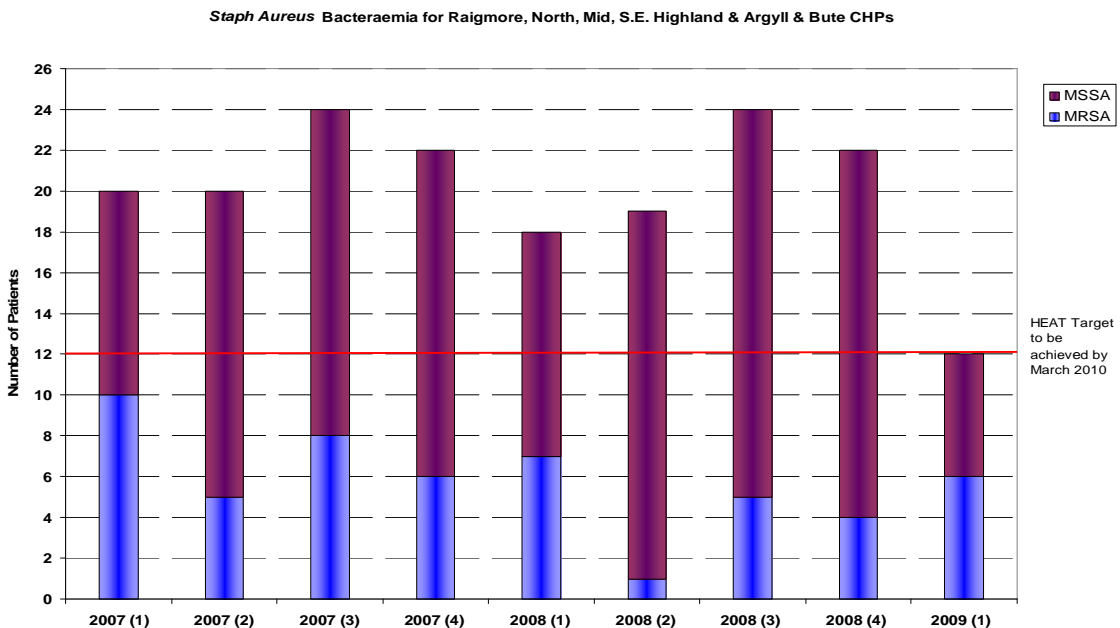
Figure 1 illustrates the number of *Staph. aureus* bacteraemias by month from May 2007 to April 2009. This demonstrates the trend in SAB (both MRSA and MSSA) for NHS Highland, along with the baseline rate and the target (30% reduction in baseline rate). SAB numbers for both February and March were below the target rate.

Figure 1



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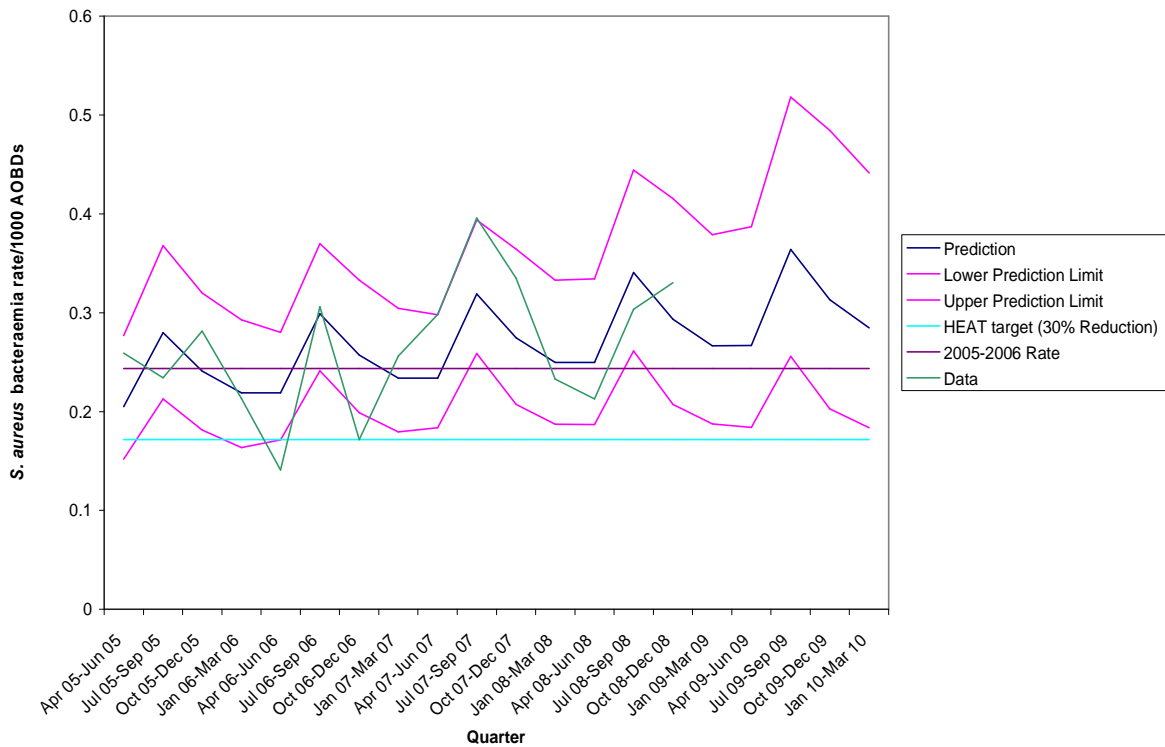
Figure 2: Division between MRSA/MSSA bacteraemias – quarterly figures



1.2 Current HEAT status

NHS Highland HEAT target for *Staph.aureus* bacteraemia reduction is **30%** by 2010. Projections from Health Protection Scotland suggest that NHS Highland is unlikely to achieve the 30% reduction required in the HEAT target by 2010 as the target line is not within prediction limits. Action Plan agreed with Health protection Scotland and being implemented.

Figure 3: S. aureus bacteraemia per 1000 Acute Occupied Bed Days (AOBD) in NHS Highland showing the HEAT target, predicted rates and prediction limits.



1.3 National context

Our current MRSA bacteraemia rate is **below** the national average. This rate has remained stable throughout the period 1st January 2003 to 31st December 2008 with no quarterly rates out with the control limits.

The SAB rates for the first quarter of 2009 are not yet available, however it is noted that our total SAB numbers are down for the first quarter period of 2009.

Figure 4 Staph aureus / MRSA Bacteraemia Rates for NHS Highland and Scotland 2008

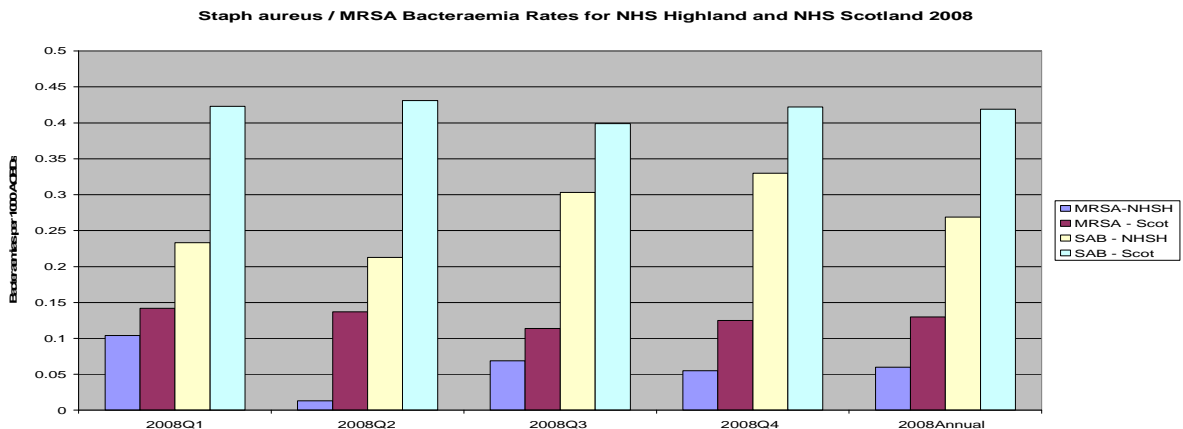
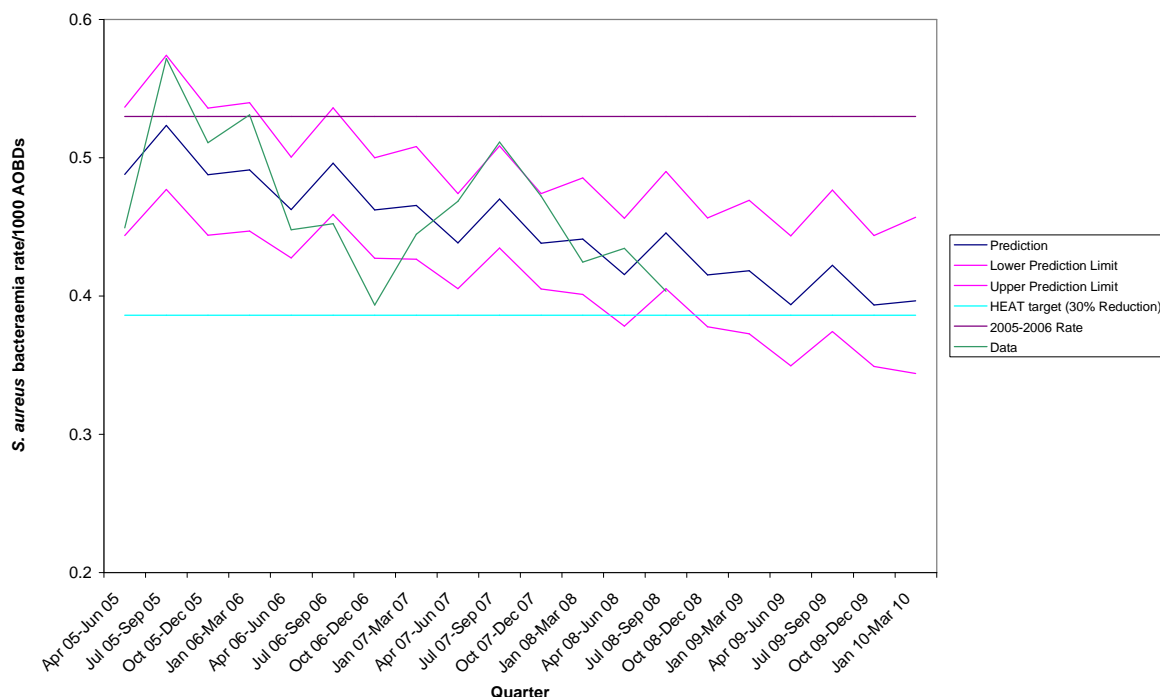


Figure 5: S. aureus bacteraemia per 1000 Acute Occupied Bed Days in Scotland showing HEAT Target and predicted rates with prediction limits.



1.4 Current / new initiatives to reduce cases

Activity	Progress
Education on how to prevent SAB.	A self teaching package has been developed and is being rolled out to front line staff. 177 staff have now completed this package.
Surveillance of SAB and feedback to front line staff.	Weekly reports issued to frontline staff. Ongoing activity.
Hand Hygiene	Tested mobile sinks and auditory systems and agreement secured in NHS Highland Control of Infection Committee to roll out auditory systems across named hospitals.
Implement Health Protection Scotland (HPS) central venous catheter (CVC) insertion checklist	Implemented in ITU, Raigmore Initial meeting held with Paediatricians regarding implementation in neonatal unit.
Implement Scottish Patient Safety Programme (SPSP) CVC maintenance bundle	Implemented in ITU Raigmore Initial meeting held with Paediatricians regarding implementation in neonatal unit
Implementation of the peripheral venous catheter (PVC) bundle.	Implementation ongoing in pilot sites. Compliance of the bundle is currently being tested within an additional three wards in Raigmore in accordance with the SPSP methodology. Regular audit of compliance with all aspects of the bundle is being undertaken in these areas.

1.5 Pan-Board, hospital or specialty specific problems identified

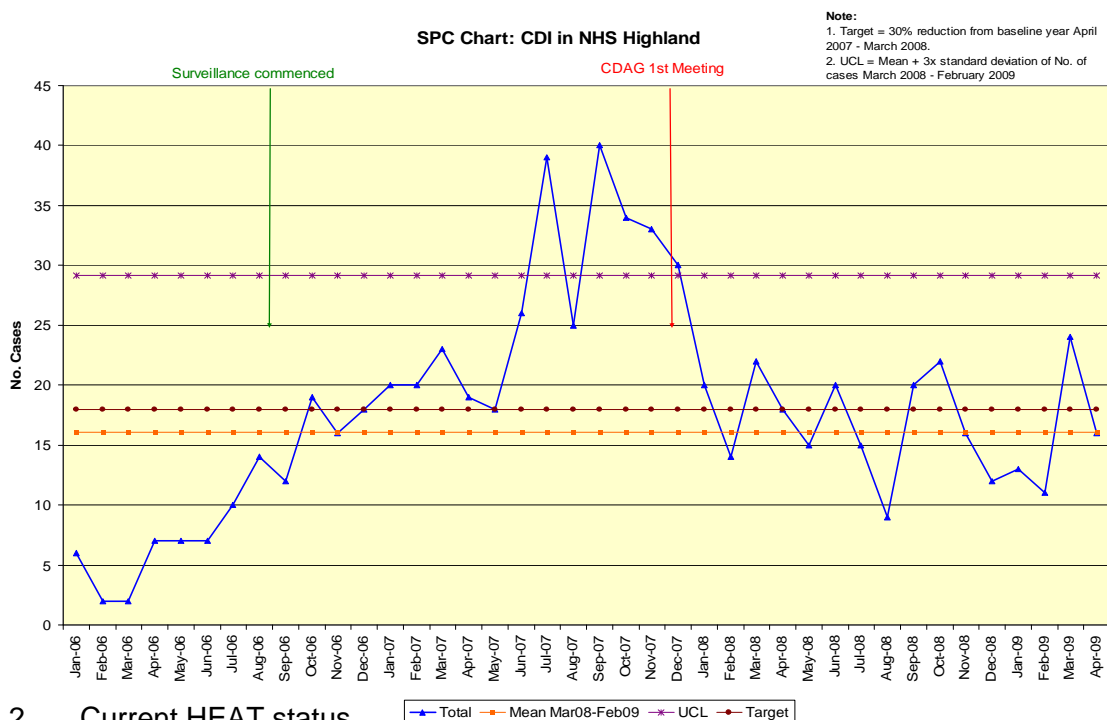
- Efforts to reduce SAB will be applied throughout NHS highland but with an emphasis on Raigmore Hospital, where the majority of cases occur.

2 ***Clostridium difficile* Associated Disease (CDAD)**

2.1 Short / medium / long term trends in CDAD

- The past year has shown a significant reduction in CDI cases from the previous year and this low level has been maintained.

Figure 6: Monthly numbers of new cases of *Clostridium difficile* plus repeat episodes >28days in NHS Highland



2.2 Current HEAT status

- The new HEAT target is to reduce *Clostridium difficile* infections in hospitals by at least 30% by 2011. The baseline period of April 2007 to March 2008 will be used. In addition, the Scottish Government expect all boards to reduce rates below 1 case of *clostridium difficile* associated disease per 1,000 total occupied bed days in patients aged 65 and over.
- In 2008-2009 there were 197 cases, representing a reduction of 38% in actual numbers
- The Control of Infection Committee will monitor progress to ensure that the low level is maintained throughout NHS Highland.

2.3 National context – most recent HPS quarterly national report

- Rates of *Clostridium difficile* infection in NHS Highland are currently well below the national average. The following graphs illustrate NHS Highland rates comparative to the other Scottish Health Boards.

Figure 1. Rates of CDAD per 1000 total OCBDs in acute and non-acute hospitals in 14 NHS Boards in Scotland.

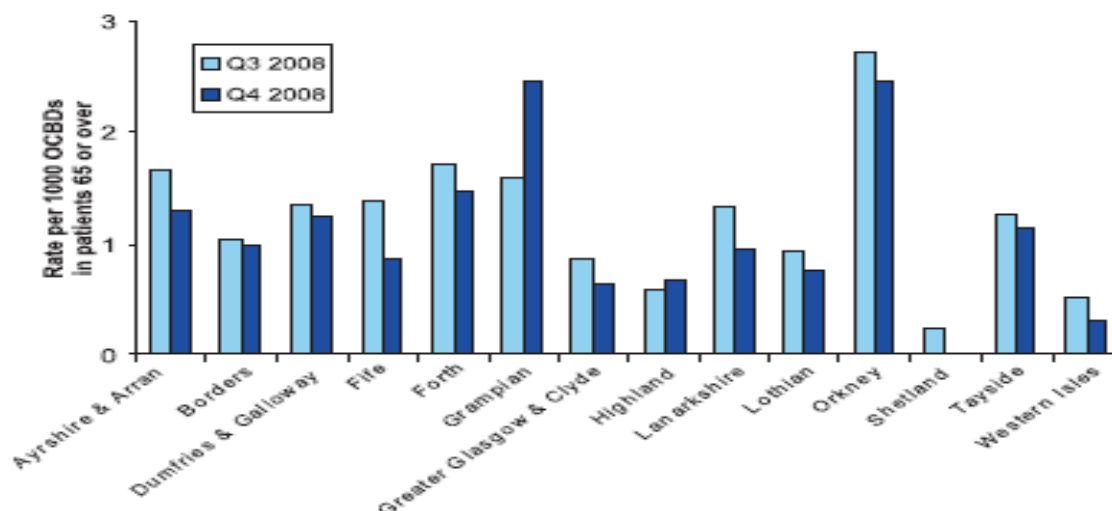
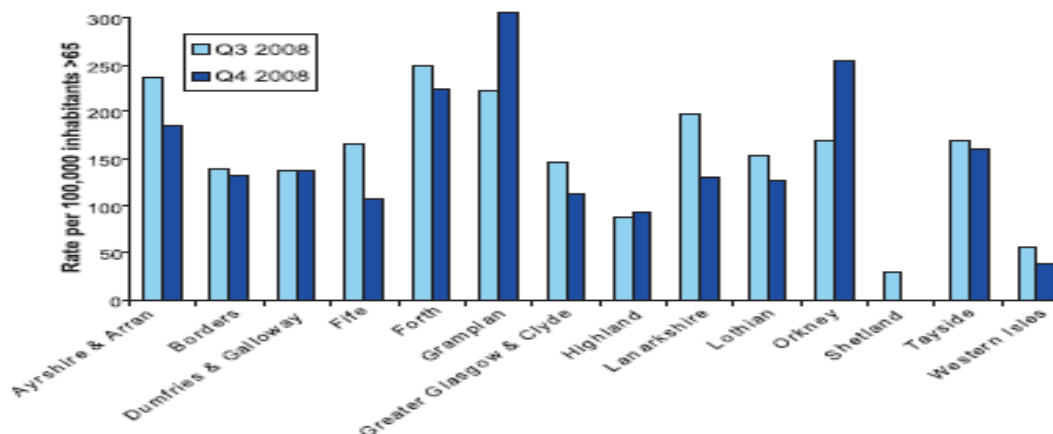


Figure 2. Rates of CDAD per 100,000 inhabitants ≥ 65 years old in 14 NHS Boards in Scotland.



2.4 Current / new initiatives to reduce cases

A multi disciplinary group was convened in 2007 with the specific aim of reducing CDAD/CDI. The group developed and implemented a nine point action plan based on the 2004 Department of Health Guidelines for control of CDAD. An update on key areas of activity is detailed below:-

Activity	Progress
Antimicrobial prescribing with particular emphasis on reduction of Ceftriaxone prescribing.	Within Raigmore, Ceftriaxone prescribing is currently <10 Defined Daily Doses (DDD) per 1,000 occupied bed days. This compares with >40 DDD per 1,000 occupied bed days in 2007.
Enhanced Environmental Cleaning	A programme of observational audits of commodes implemented by Infection Control Nurses. Progressive improvements in cleanliness recorded.

Provision of Personal Protective Equipment	The implementation of colour coded aprons in accordance with the National colour coding scheme for hospital cleaning materials and equipment is being progressed.
Staff Education and Training	Presentations on antimicrobial management provided to clinical staff in Raigmore, Caithness and Belford Hospitals.
Isolation of Infected patients	Programme of converting single room usage to clinical activity completed.
Surveillance	A weekly report has been developed and is distributed to key operational staff.

2.5 Pan-Board, hospital or specialty specific problems identified and solutions:

- A heightened number of CDI cases were identified in Caithness General Hospital over the period January – March 2009. A detailed report is provided in Item 7 – Significant HAI Incidents / Outbreaks, emerging threats.
- It is accepted that there is a need to improve antimicrobial prescribing practices. This requires accurate and timely information to be provided to clinical staff. To facilitate this, the Board has appointed a second Antimicrobial Pharmacist who will focus on prudent antimicrobial use in Raigmore Hospital. This will enable the Area Antimicrobial Pharmacist to progress work in the other Rural District General and Community Hospitals. A baseline measurement is to be undertaken regarding GP prescribing; trigger alerts for higher than anticipated antimicrobial prescribing (primary and secondary care) are being developed.
- A national Antimicrobial Point Prevalence Survey will be undertaken in June 2009 with provisional results expected in September 2009.
- The Scottish Medicines Consortium, in collaboration with the Scottish Antimicrobial Prescribing Group, have proposed three supporting quality prescribing indicators for HEAT CDAD target of reducing rates of infection with *Clostridium difficile* by 30% by 2011. They include Hospital based empirical prescribing; surgical antibiotic prophylaxis and Primary Care empirical prescribing.
- The proposed hospital indicators involve data collection on antibiotic use in admission areas and surgical specialties. In order to ensure consistent collection and analysis of data without placing additional burden on clinical teams it is proposed to appoint a data collection officer. Frontline clinical teams would then focus on developing and implementing strategies to improve the quality of antimicrobial prescribing. Funding is currently being sourced.
- The microbiology laboratory at Raigmore currently operates a 5 day testing service for CDAD sampling. It is proposed to increase this to a 7 day testing service.

3 Surgical Site Infections (SSI)

3.1 SSI Numbers by Hospital and Clinical Setting.

- NHS Highland participates in the mandatory Surgical Site Infection (SSI) surveillance, in line with Health Protection Scotland methodology. Operation categories include hip replacement, knee replacement, repair of fracture neck of femur, elective caesarean section, abdominal hysterectomy and major vascular.
- The SSI surveillance is undertaken at two sites, Raigmore Hospital, Inverness and Caithness General Hospital, Wick.
- SSI surveillance is undertaken for all relevant inpatients and includes post discharge surveillance for elective caesarean section patients only.
- The mandatory requirement, for the post operation surveillance period for caesarean sections has been reduced from 30 days to 10 days.
- NHS Highland SSI rates are expressed as a percentage per calendar year. The NHS Scotland rates are presented for the period April 2002 – June 2007 (last available published figures). The Board is broadly in line with national rates, with one exception, knee replacement. The Orthopaedic Department has implemented a series of measures looking at their practice and the theatres.
- The post elective Caesarean section rates - please refer to Item 7 - Significant HAI incidents / outbreaks, emerging threats.

4 Intensive Therapy Unit (ITU) Surveillance

- ITU surveillance within NHS Highland is undertaken for both Central Venous Catheter (CVC) infections and Ventilator Associated Pneumonia (VAP). See Figures 7 and 8.
- ITU surveillance, which is undertaken by the Infection control surveillance nurses, provides high level outcomes measurements for Raigmore as part of the Scottish Patient Safety Programme.

Figure 7: The number of days between CVC infections within ITU since commencing surveillance on 1st January 2008.

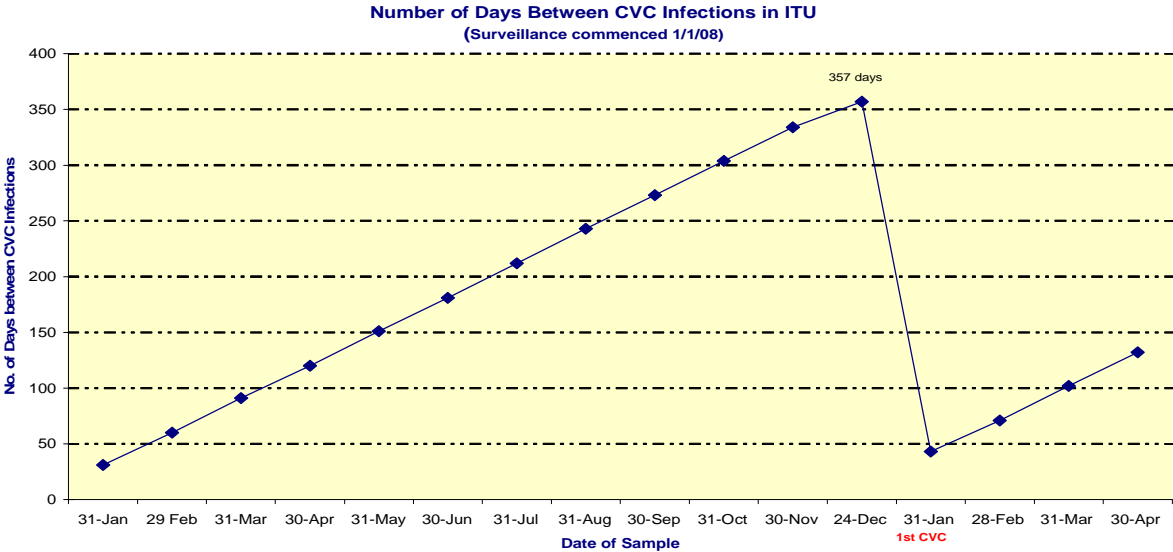
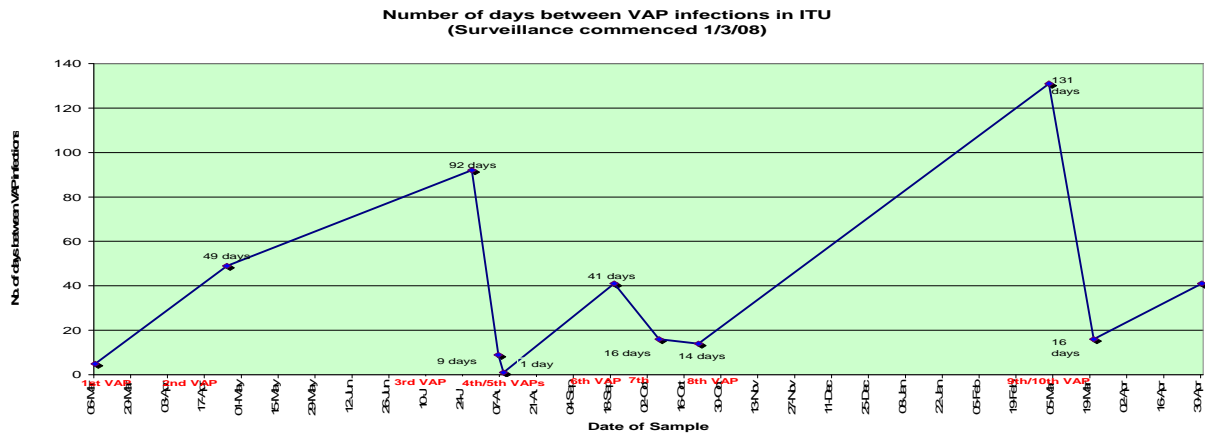


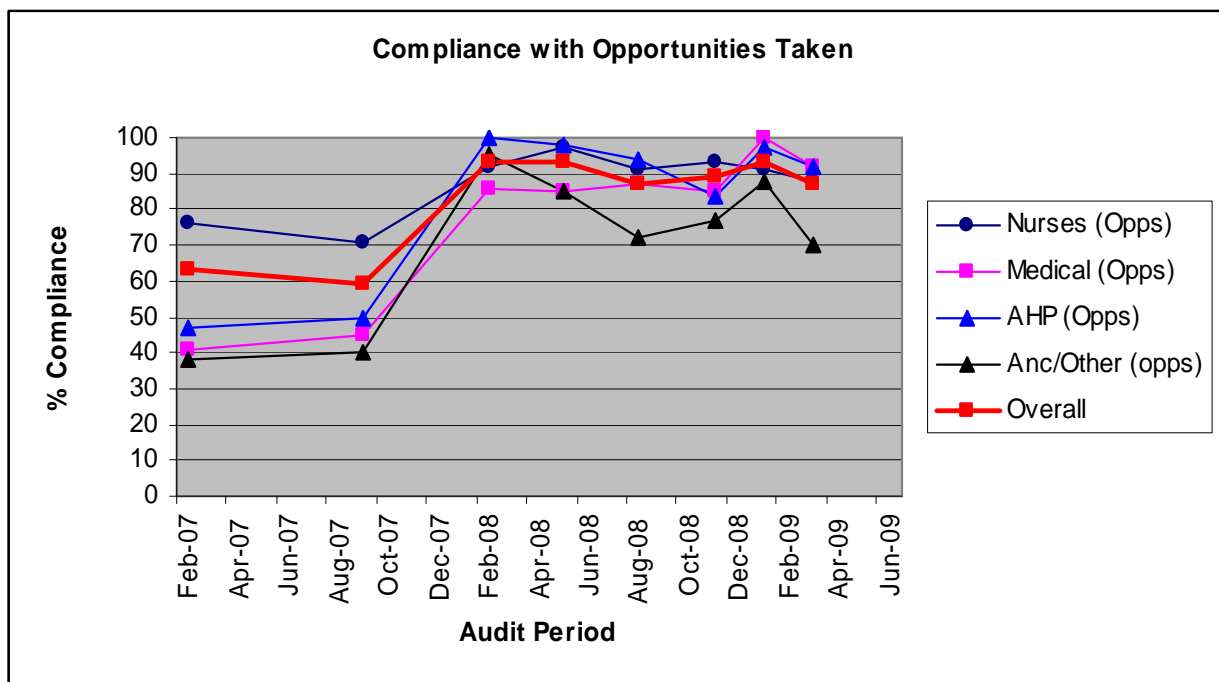
Figure 8: The number of days between VAP within ITU since commencing surveillance on 1st March 2008



5 Hand Hygiene (HH) Programme

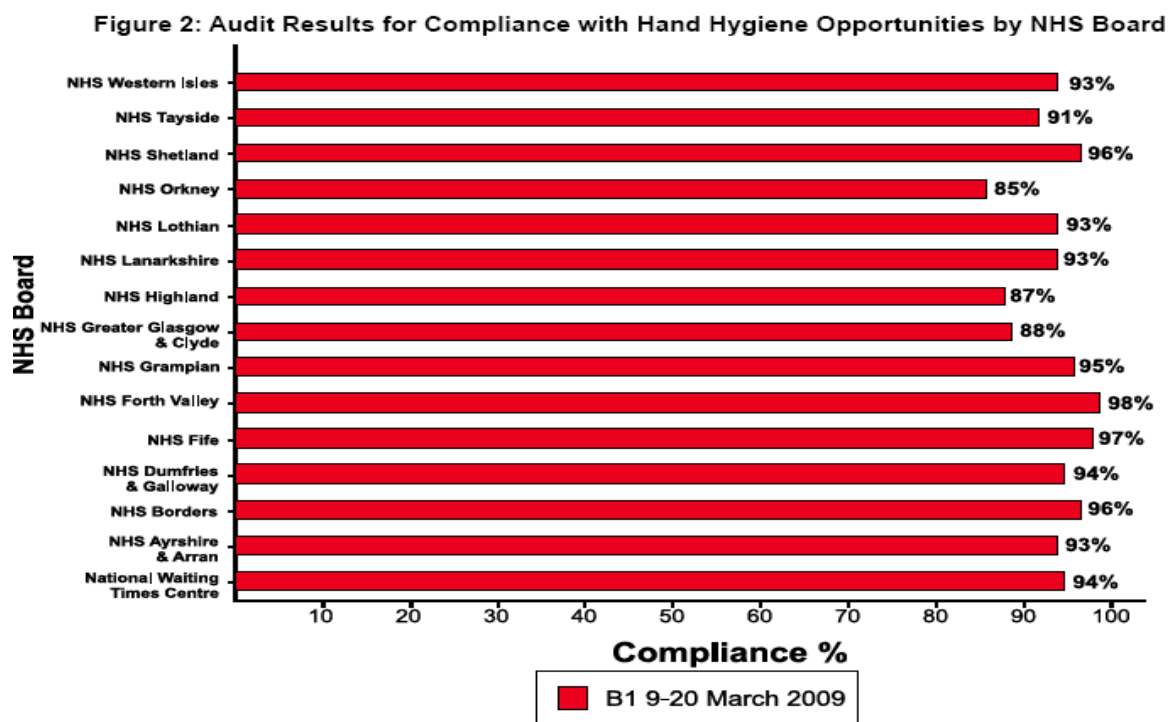
5.1 The graph below denotes the Boards performance in the National Hand Hygiene Audits from February 2007 to March 2009. The data has been broken down to show the compliance rates between the four staff groups and the overall compliance rate.

Figure 9



5.2 National context – most recent Health Protection Scotland national report

Figure 10 Is an extract from the National Hand Hygiene Audit Report (May 2009)



NHS Highland is currently achieving a compliance rate of 87% (as at March 2009). This compares with a compliance rate for NHS Scotland of 92%

5.3 Current / New initiatives in promoting Hand Hygiene

- There is a range of activities that are on-going within NHS Highland in respect of Hand Hygiene.
- Health Protection Scotland has provided an additional sixty glow boxes to NHS Highland to facilitate local training initiatives.
- The draft “Zero Tolerance” Policy has been drafted and consulted on and is being submitted to the June Board for sign off.
- As part of the National Hand Hygiene Campaign, a standard form of signage has been introduced to all NHS Boards in Scotland, the aim of which is to increase awareness amongst staff, patients and public of the need for good hand hygiene. The signage will complement NHS Highland’s existing signage.
- 5 Key Moments pocket cards have been distributed internally and to the local authority Home Care staff.

5.4 Pan-Board, hospital or staff group specific problems identified and solutions

- NHS Highland has made significant progress in raising awareness amongst staff, patients and public of the importance of good hand hygiene practice and improving clinical practices at ward level. Many wards are now achieving the 90% target and above, however maintaining the standard remains a significant challenge for the Board.
- The recording of monthly ward hand hygiene audit data and production of reports has proved challenging across the wide geographical area; however this is well underway. An on-line reporting system is currently being developed.

- Cascade training is applied to both Hand Hygiene Awareness and the use of the Hand Hygiene Audit Tool. It is essential to ensure a uniform and high standard is maintained at all times. To facilitate that, quality assurance checks are being implemented.
- A tremendous amount of effort and resource has been put into the provision of hand hygiene training. In response to feedback from staff there is a need to clarify the final content and format of hand hygiene training. The Hand Hygiene Action Group will undertake this review.
- Improved awareness is required regarding the use of Personal Protective Equipment (PPE) with specific reference to hand hygiene.

6. Cleaning Services Specification Compliance

6.1 Short / medium / long term trends in compliance – number/graphical presentation

NHS Highland has maintained a consistent standard over the last four quarterly periods reported and compares favourably with other NHS Boards.

Figure 11 – Extract from the Health Facilities Scotland quarterly national report

Health Board	4th quarter Jan – March 2007 / 2008 Total % Pass	1 st quarter April – June 2008 / 2009 Total % Pass	2 nd quarter July – Sept 2008 / 2009 Total % Pass	3 rd quarter Oct-Dec 2008/2009 Total % Pass
Scotland	96.1	96.1	96.0	95.5
Highland	95.3	95.1	95.3	95.5

6.2 National context – most recent Health Facilities Scotland quarterly national report

- Our Board reporting is consistently reflecting the rigour which is applied to the monitoring process across all sites in NHS Highland.

6.3 Current / new initiatives in improving cleaning.

- The Scottish Government has provided funding to NHS Boards for the purchase of Steam Cleaners to facilitate improved cleaning standards in healthcare premises. This is based on the use of dry steam vapour cleaning technology for the cleaning and disinfection of medical devices such as patient beds, mattresses, privacy curtains etc. NHS Highland will receive an allocation of 16 steam cleaners which will be distributed at various locations in Highland.
- The Scottish Government has provided additional funding to NHS Boards to support the recruitment of additional cleaners for NHS Scotland. The NHS Highland allocation is £270,604 (2009/10) and £324,725 (2010/11). The priority areas of need are currently being identified.

7 Significant HAI incidents / outbreaks, emerging threats

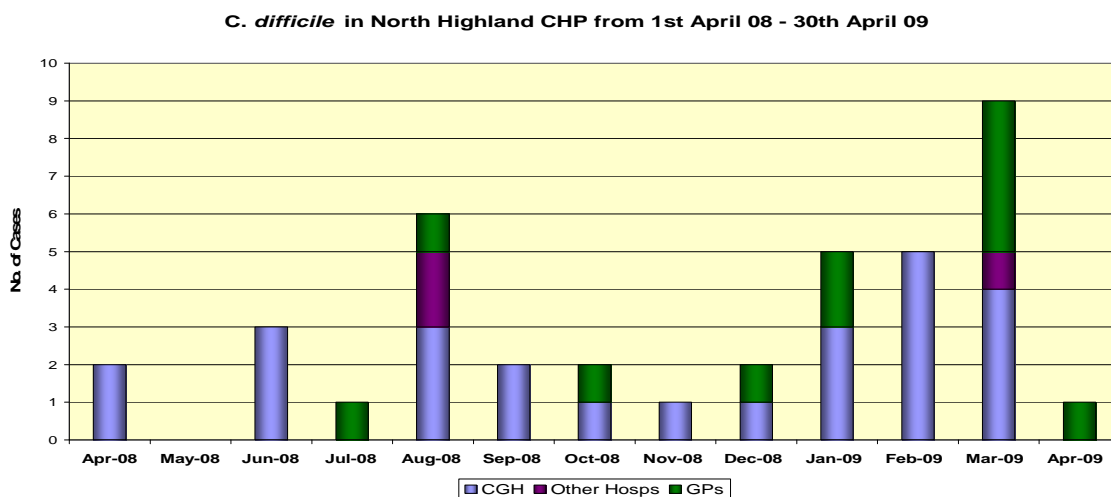
7.11 *Clostridium difficile* Associated Disease – Caithness General Hospital

Through our weekly *C difficile*/SAB monitoring system, in the first three months of this year the Infection Control Team noted a heightened number of cases of *Clostridium difficile* infection (CDI) in Caithness General Hospital, concentrated on one ward. To put the figures in context the numbers from the hospital in the last period have been:

Month	Number of Cases
September 2008	2
October 2008	1
November 2008	1
December 2008	1
January 2009	3
February 2009	5
March 2009	4
April 2009	0

As part of the scheduled national “snapshot” programme for *C difficile* typing, two of four isolates from Caithness General Hospital, typed as the hyper-virulent strain O27. This prompted an immediate retrospective review of cases at Caithness General Hospital. Of the 9 cases of *C difficile* in February and March this year at Caithness General Hospital, 7 isolates were obtained for typing, five have returned as type O27. 3 patients who died during this period had *C difficile* noted as a contributory factor.

Figure 12 *Clostridium difficile* in North Highland CHP (1st April 2008 – 30th April 2009)



A number of actions were put into place to address this situation:

- All *C difficile* positive patients were placed on the *C difficile* Patient Pathway
- Patients with *C difficile* nursed in single rooms
- Informal retrospective review of *C difficile* patient case notes conducted by the Lead Nurse to identify patient movements within the hospital and patient contacts. No causal factor identified
- Dr Andrew Hay visited Caithness at the beginning of February to discuss antimicrobial prescribing with the medical clinicians. This has resulted in a significant reduction in the local prescribing of third generation cephalosporins
- A visit to the Queen Elizabeth Ward by the Infection Control Team led to a series of recommended changes to the ward environment being made on the 19th March 2009 which the Lead Nurse (Infection Control Lead) for the North Highland CHP is leading on delivery.
- In addition to this, the 9 point *C difficile* Action Plan developed in 2007 by NHS Highland to address increasing numbers of *C difficile* in Highland at the time (with a subsequent 42% reduction in cases seen), and used by all CHPs and Raigmore as local action plans was reviewed by the North CHP Lead Nurse.
- In April, Dr Andrew Hay (Clinical Lead Infection Control) and Gillian McCreath (Non Executive Director) visited the hospital to support staff and monitor the environment.

An incident review team, led by Dr Andrew Hay, met on the 7th May 2009 with the following remit:

1. Review incident
2. Review actions and agree a clear timescale for completion for those not yet completed.
3. Learn lessons.

Health Protection Scotland (HPS) and Quality Improvement Scotland (QIS) participated in this meeting by teleconference.

On 12th May 2009 QIS met with NHS Highland at Caithness General Hospital for the purposes of shared learning meeting. The meeting was constructive with a range of key areas being discussed. Pending the final report from QIS, Action Plans have been implemented to ensure any action points are progressed in a timely manner. These will be monitored by the Clinical Governance and Control of Infection Committees.

The next meeting of the Incident Management Team will take place on 21st May 2009 at Caithness General Hospital.

7.12 Norovirus

There have been two outbreaks of diarrhoea and vomiting within NHS Highland over March and April 2009. (see table below) Each of these outbreaks were suggestive of Norovirus, however this was not laboratory confirmed due to insufficient numbers of patient samples submitted for virological testing. Both outbreaks were managed by restricting patient movement and additional environmental cleaning.

Hospital	Number of Patients affected	Number of Staff affected
Migdale	14	5
Raigmore	8	3

7.13 Surgical Site Infection – Post Elective Caesarean Section

The Board has reported an increase in the SSI rates for post elective caesarean section in the last year compared to that recorded when the surveillance commenced in January 2007. There is no national data currently available from Health protection Scotland to monitor our position against. Within the literature, figures of 8 -11% are quoted.

A QUAD Audit and review of current practice in respect of the 2008 NICE Guideline 74 on the prevention and treatment of surgical site infection has been completed for Raigmore Hospital. A similar exercise will be completed for Caithness General in June 2009.

Action Plans for Raigmore and Caithness General Hospitals have been implemented. The Lead Nurses for each Hospital and Lead Midwife are working closely with the Obstetric Department to ensure improved outcomes. This is being monitored by the Infection Control Professional Advisory Group and Control of Infection Committee.

7.2 Horizon scanning

CEL 54 (2008) – New Funding for Local Surveillance Systems (£128,000)

CEL 55 (2008) - New Funding for the National MRSA Screening Programme (£77,700)

- Additional funding from SGHD has enabled the laboratory to extend surveillance of CDI to include all diarrhoeal stool samples from patients >15 years of age from 1st April 2009.
- The Infection control team and the microbiology laboratory are examining the feasibility of implementing additional MRSA screening initially within renal, vascular surgery, dermatology and care of the elderly in accordance with the NHS Scotland Pathfinder Programme Summary Interim Report.
- The Infection control team and the microbiology laboratory are examining the feasibility of implementing MRSA screening for all acute hospital inpatients excluding paediatrics, obstetrics and day cases in accordance with national requirements.
- The additional staff resources required to implement the programme is currently being put in place.

8 Progress on compliance with National HAI programme

8.1 RAG status on Scottish Government Health Department HAI Action Plan

	Actions
PURPLE (complete)	16
GREEN (on track to complete by the deadline)	2
AMBER (substantially complete but either awaiting national materials or with some possibility of slippage beyond the deadline)	4
RED (unable to complete by the deadline)	2

8.2 Compliance with National HAI Programmes – outstanding issues

- Implement the recommendations in the Senior Charge Nurse Review.
- Healthcare Associated Infection System for Controlling Risk in the Environment (HAI SCRIBE) – National Guidance is awaited regarding existing buildings.
- NHS Boards to have “zero tolerance” to non-compliance with hand hygiene.

- NHS Boards to report hand hygiene compliance (staff and visitors) and facilities on a hospital basis to 2 monthly Board meetings.
- NHS Board policy/guidance on completing death certificates. Reviewed to include documenting death associated with HAI. National Guidance is awaited.
- All healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance.
- All staff to have HAI objective in annual professional development plans.
- The Boards Compliance with all national and local guidance will be reviewed and updated as appropriate to reflect recent developments.

8.3 Actions required and timescales for implementation

- Implement the recommendations in the Senior Charge Nurse Review. This is currently on target for completion by December 2010.
- HAI SCRIBE – Subject to availability of national guidance, it is proposed to complete all audits of existing premises by July 2009.
- NHS Boards to have “zero tolerance” to non-compliance with hand hygiene. The final document will be submitted to the Board for approval on 2nd June 2009.
- NHS Boards to report hand hygiene compliance (staff and visitors) and facilities on a hospital basis to 2 monthly Board meetings. The monthly ward audit programme has been implemented and quality assurance checks are being undertaken.
- Death Certificate Completion – A policy document will be prepared to incorporate relevant national guidance, with training and awareness sessions put into place to support implementation. A draft document has been prepared however national guidance is awaited.
- The Infection Control Education Programme requires to be reviewed in line with the Quality Assurance Framework for the Delivery of HAI education in NHS Scotland (2005) NES. Proposed completion date of the review is May 2009.
- Multi Disciplinary Personal Development Plans – All plans have to be completed by the end of March 2009 and are to incorporate an HAI related objective. Thereafter an audit will be conducted to ensure compliance.
- The Boards compliance with all national and local guidance will be reviewed by the end of June 2009.

Acronyms

AOBD	Acute Occupied Bed Days
CDAD	<i>Clostridium difficile</i> Associated Disease
CDI	<i>Clostridium difficile</i> Infection
CVC	Central Venous Catheter

HAI	Hospital Associated Infection
HAI SCRIBE	Healthcare Associated Infection System for Controlling Risk in the Environment
HEAT	H Health Improvement; E fficiency; A ccess to Services; T reatment appropriate for patient
HH	Hand Hygiene
HPS	Health Protection Scotland
MRSA	Meticillin resistant Staphylococcus aureus
MSSA	Meticillin Sensitive Staphylococcus aureus
PPE	Personal Protective Equipment
PVC	Peripheral venous catheter
RAG	R ed, A mber , G reen
SAB	Staphylococcus aureus bacteraemia
SGHD	Scottish Government Health Directorate
SPSP	Scottish Patient Safety Programme
SSI	Surgical Site Infection

APPENDIX 1

HAI REPORTING TEMPLATE
PART 1: Core data

BOARD: NHS HIGHLAND

Report for: 2nd June 2009

NB data are provisional and may change

	Activity	Board Total	Community Hospitals																	Staff Group													
			Acute Hospital				Community Hospitals													Nurse	Medical	Allied Health Professionals	Ancillary/other										
		BOARD TOTAL	Rainnmore, Inverness	Cairness General	Belford, Fort William	Lorn & Islands, Oban	Dunbar, Thurso	Town & County, Wick	Lawson Memorial, Golspie	Migdale, Ardgay	R.N.I. Inverness	Town & County, Nairn	Ian Charles, Grantown	St Vincent's, Kingussie	Dr Mackinnon Memorial, Strye	Portree, Skye	Ross Memorial, Dingwall	Invergordon	New Craig, Inverness	Dunoon	Campbeltown	Argyll & Bute, Lochligthead	Mild Argyll Community, Lochligthead	Islay	Victoria Infirmary, Helensburgh	Victoria, Isle of Bute	Victoria Annex, Isle of Bute	Dunrobin, Mull					
1	Staph.aureus bacteraemias																																
	SAB numbers April 09	5*	4																														
	SAB numbers March 09	1	1																														
	Mean monthly SAB March 08 - Feb 09	6.8																															
	MRSA numbers Apr 09	1	1																														
	MRSA numbers March 09	0																															
	MSSA numbers Apr 09	4*	3																														
	MSSA numbers Mar 09	1	1																														
2	Cdifficile associated disease																																
	CDAD episodes April 09	9	8														1																
	CDAD episodes March 09	15	8	4	1	1		1																									
	Mean monthly CDAD March 08 - Feb 09	12.8																															
3	Hand hygiene programme																																
	Compliance score March 09	87	85	100				85		90									90														
	No of observations March 09	300	160	40				20		20									40														
4	Cleaning specification compliance																																
	Compliance rate March - April 09	95.1	93.75	94.4	95.1	95.8	96.2	95	97.4	95.3	94.2	96.8	95.7	94.4	97.4	96.6	94.1	94	97.5	94.7	93.9	96.5	98.5	90.5	94.25	90.95	90.95	0					
	Number of Items inspected March - April 09	97596	25676	6471	3825	5818	931	649	3002	1292	1949	2702	2143	1623	3362	2822	2374	3762	9042	1908	5620	3582	4927	310	4116	3107	3107	0					
	Compliance rate previous 2 month report (Jan - Feb 09)	95.9	94.9	96.1	94.6	94.3	97.2	97.8	98	98	93.7	97.2	96.3	96.4	97.7	97.7	94.2	96.6	97.1	96.9	93.7	96.2	98.6			94.2	94	94					
	No. of items inspected previous 2 months	94382	21803	3638	3212	5650	961	2131	1815	560	2622	2131	2011	1799	3030	2646	3622	2996	9402	3055	4954	8543	8543			3548	4253	4253					

The CDAD figures do not include GP Practices. The Mean Monthly figure is calculated on

Note 1: hospital cases only.

Note 2 * One case in Highland Hospice

HAI REPORTING TEMPLATE
PART 1: Core data

BOARD: NHS HIGHLAND

Report for: 2 June 2009

NB data are provisional and may change

	Activity	Board Total	Acute Hospital													Community Hospital													
			Rainbow, Inverness	Caitness General	Belford, Fort William	Lom & Islands, Oban	Dunbar, Thurso	Town & County, Wick	Lawson Memorial, Golspie	Migdale, Ardgay	R.N.I. Inverness	Town & County, Nairn	Ian Charles, Grantown	St Vincent's, Kingussie	Dr Mackinnon Memorial, Skye	Portree, Skye	Ross Memorial, Dingwall	Invergordon	New Craigs, Inverness	Duroon	Campbeltown	Argyll & Bute, Lochgilphead	Mid Argyll Community, Lochgilphead	Islay	Victoria Infirmary, Helensburgh	Victoria, Isle of Bute	Victoria Annex, Isle of Bute	Dunroes, Mull	
		BOARD TOTAL																											
1	Alert Organisms (excluding MRSA & CDAD)																												
	AAFB (includes <i>M. tuberculosis</i>)	5	5																										
	Campylobacter species (Campyl)	1		1																									
	<i>Cryptosporidium</i>																												
	E coli (0157)																												
	Extended spectrum beta lactamase producing coliforms (ESBL)																												
	Glycopeptide Resistant Enterococci (GRE)	1	1																										
	Group A Streptococcus	5	4		1																								
	Listeria																												
	Neisseria meningitidis (N.mening)																												
	Salmonella species (Salmon)																												
2	Surgical Site Infections																												
	Hip Replacement																												
	Knee Replacement																												
	Fractured neck of femur																												
	Post discharge Caesarean Section	13.00%																											
	Abdominal Hysterectomy																												
	Major Vascular																												

Surveillance figures are shown for March only as there is a 30 day time lapse for orthopaedic