

INFECTION CONTROL REPORT

Report by Liz McClurg, Interim Infection Control Manager on behalf of Heidi May,
Board Nurse Director & 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.

2 HAI Reporting Template – NHS Highland Activity

The HAI Report Template has two components. 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)
- C. Difficile Infection.(CDI)
- Surgical Site Infections (SSI)
- ITU Surveillance
- Hand Hygiene Compliance
- Cleaning Services Specification Compliance
- Significant HAI incidents / outbreaks, emerging threats
- Antimicrobial Prescribing
- Horizon Scanning
- Progress on compliance with the Scottish Government HAI Action Plan
- Progress on the national HAI Programme

The NHS activity from 1st January 2010 – 28th February is reported in Appendix 1.

3 Contribution to Board Objectives

Our key objective is *“to reduce to an absolute minimum the chance of acquiring an 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.

4.5 Better Health, Better Care, Better Value

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

5 Impact Assessment

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

Liz McClurg
Interim Infection Control Manager

1 April 2010

Staph Aureus Bacteraemias (SAB)

1.1 Figure 1 illustrates the number of *Staph. Aureus* Bacteraemias by month from May 2007 to February 2010. This demonstrates the trend in SAB (both MRSA and MSSA) for NHS Highland, along with the target (30% reduction in baseline rate). February has seen an increase in the number of patients with SAB. (See the rest of this section and section 6 for details).

Figure 1

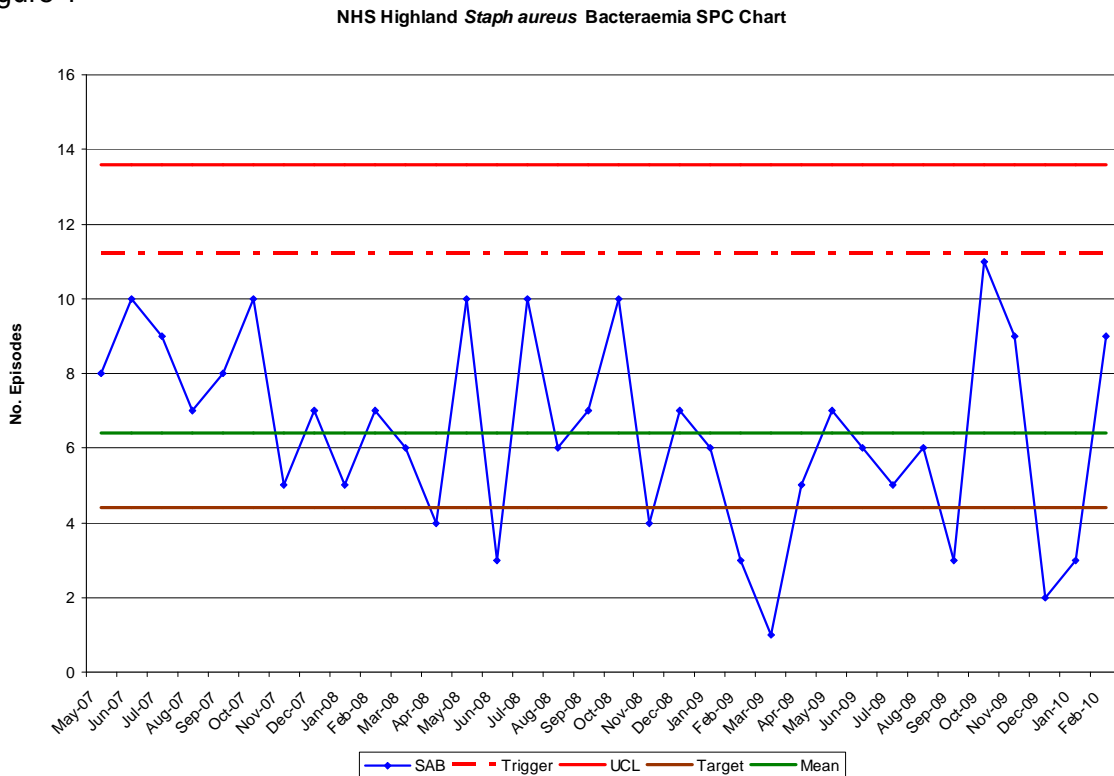


Figure 2: Division between MRSA/MSSA Bacteraemias

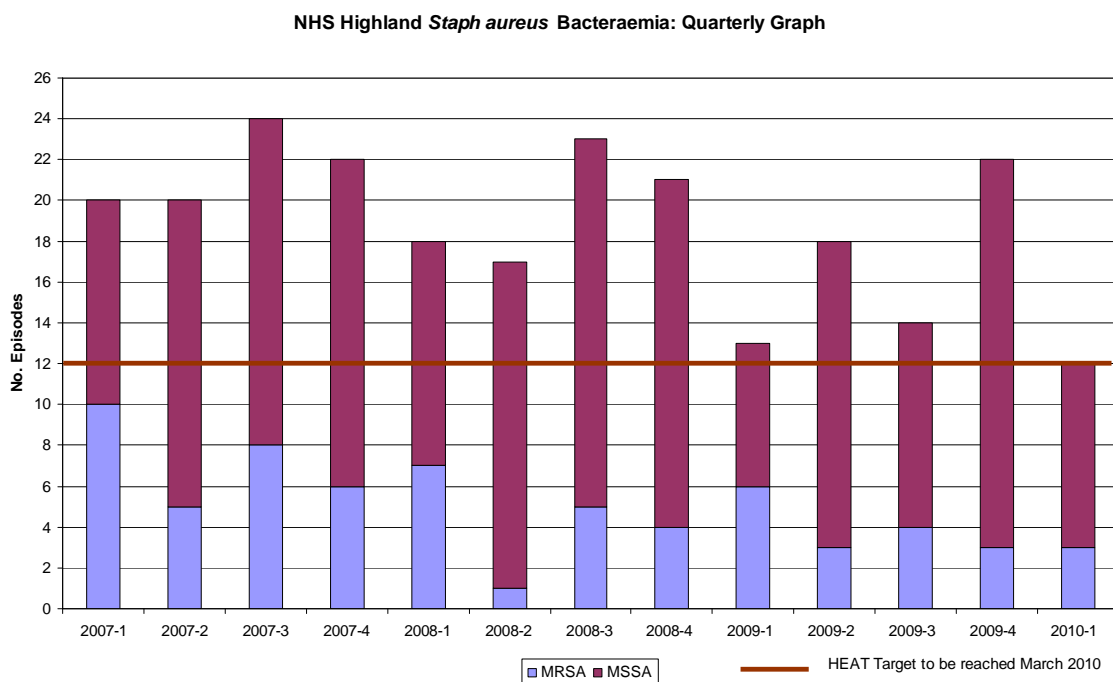
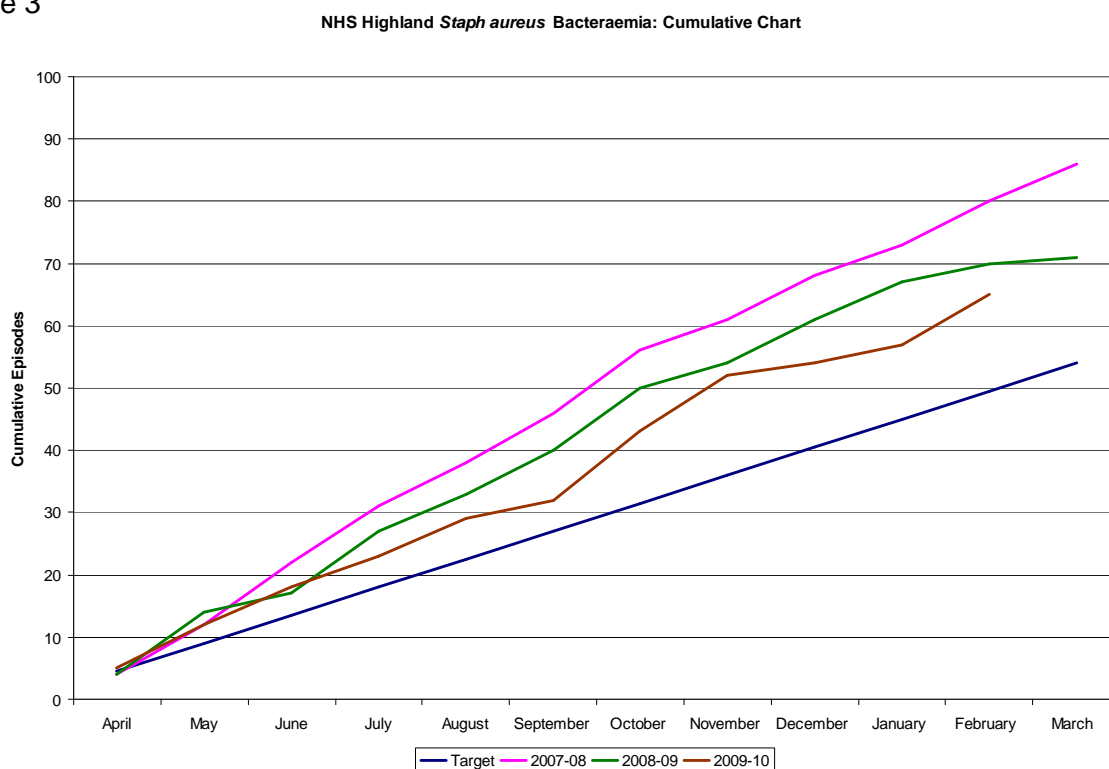


Figure 3



1.2 Current HEAT status

The SAB target has been identified consistently as very challenging for the Board due to a low base rate of infection to begin with. The annual SAB target for NHS Highland is 54 cases in the year April 2009 to March 2010. In February 2010 NHS Highland registered its 66th case of SAB. The next National Report will be published in April 2010.

1.3 National context

It has been identified by the Scottish Government that all NHS Boards will be asked to further reduce SAB case numbers by 15% by March 2011, which means the target for NHS Highland for April 2010 to March 2011 is 46 cases. This target is based on the assumption that the 2009/10 target is achieved. This will not be the case for NHS Highland making the 2010/11 target even more challenging.

The Local Delivery Plan for 2010/11 has been submitted to the Scottish Government Health Department, with the trajectory for the Board to reach the SAB target.

1.4 Current/new initiatives to reduce cases

- Surveillance of SAB. Throughout NHS Highland a Root Cause Analysis is now undertaken on each SAB as a matter of routine. This is reported to the NHS Highland SAB Action Group, for monitoring and identification of trends.
- The NHS Highland SAB Action Group is now meeting twice a month. The purpose of which is to ensure that the SAB Action Plan is fully implemented by all staff and changes are made to improve practice, and reduce the risk of infection.

- The objectives of the SAB Action Plan which has been supported by QIS focus on the following:
 - All Charge Nurses to understand their role with regards to infection control specifically SAB prevention.
 - To reduce the number of contaminated blood cultures.
 - To reduce the number of PVC and CVC site infections.
 - To ensure the number of PICC and PEG site infections are reduced.
 - To focus on the wards with the highest SAB rates.
 - To reduce the number of community acquired SABs
- NHS Highland staff are following the QIS Infection Improvement & Implementation Programme (iiiP). The aim of the programme is to deliver transformational change, by working with Infection Control staff to increase their capacity and capability in improvement methodologies. In driving a culture of patient safety improvement within the infection prevention & control community, this will be fully aligned with the Scottish Patient Safety Programme (SPSP) approach, and is delivered in full collaboration with SPSP. It builds on existing work of SPSP by using tried and tested improvement techniques to maximise successful outcomes in reducing Hospital Associated Infection (HAI). This methodology is being used to focus on peripheral and central line care and hand hygiene
- Promotion of hand hygiene across all staff groups and general public. NHS Highland achieved 93% compliance with opportunity in the last National Hand Hygiene Audit and 85% with technique. Monthly audits continue in all clinical areas, and non compliance addressed immediately with repeat audits continued until compliance is achieved.
- The roll out of MRSA Screening in accordance with the NHS Scotland Pathfinder Programme Summary Interim Report continues to progress on time.
- Decolonisation (treatment) of patients who are found to be colonised with MRSA prior to admission are currently being treated by community nursing staff. Numbers are low. The Government are in negotiation with GPs for them to take over the role.

2 C. Difficile Infection (CDI)

2.1 Short / medium / long term trends in CDI

- In 2008 a significant reduction in CDI cases from the previous year was achieved and this low level has been maintained in 2009/2010.
- Figure 4 shows the monthly numbers of new cases of *Clostridium difficile* toxin positive episodes in NHS Highland, plus repeat episodes >28days plotted on a Statistical Process Control chart (SPC).
- Figures 5, 6 and 7 show the number of new cases within Raigmore, Belford and Caithness General Hospitals, including trigger levels.

Figure 4

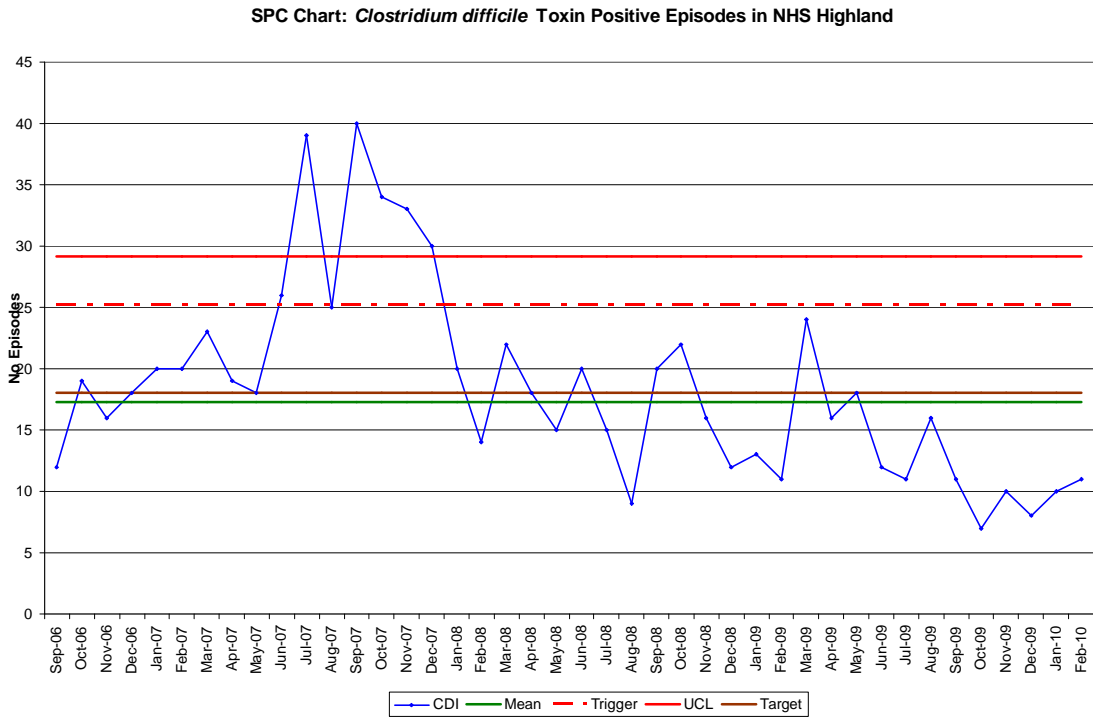


Figure 5

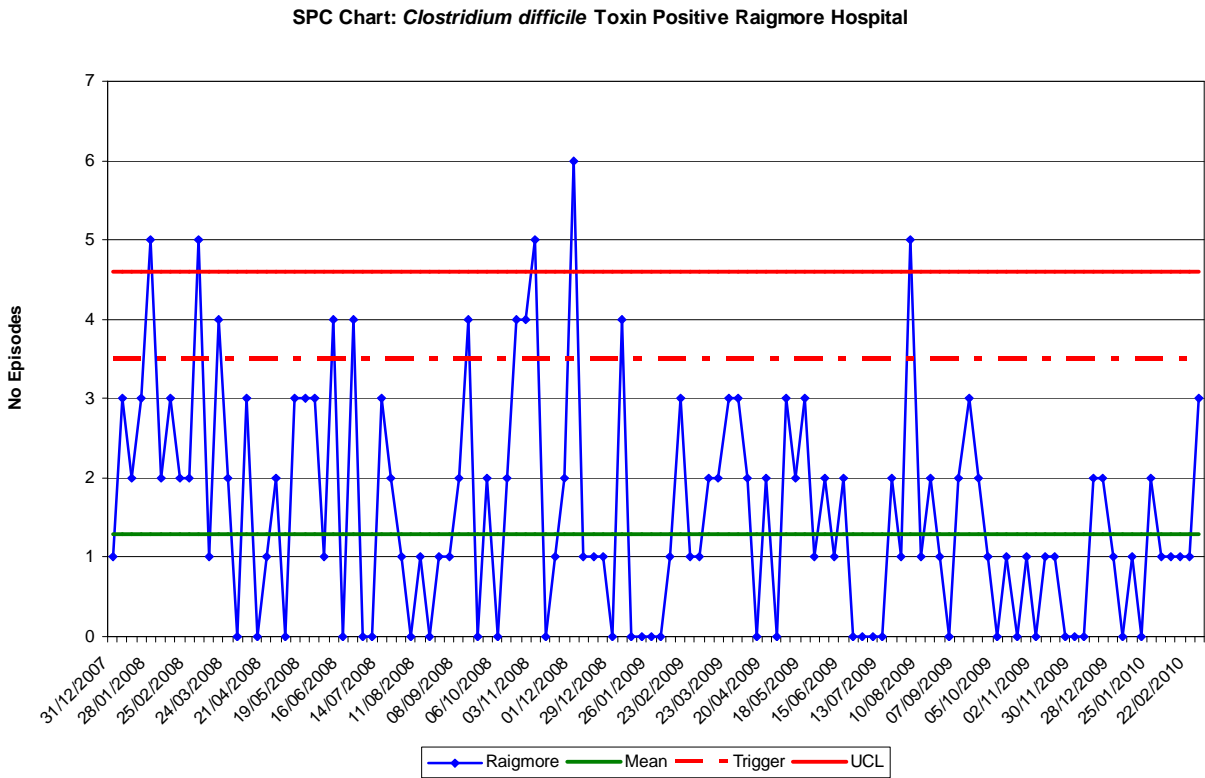


Figure 6

SPC Chart: *Clostridium difficile* Toxin Positive Episodes Belford Hospital

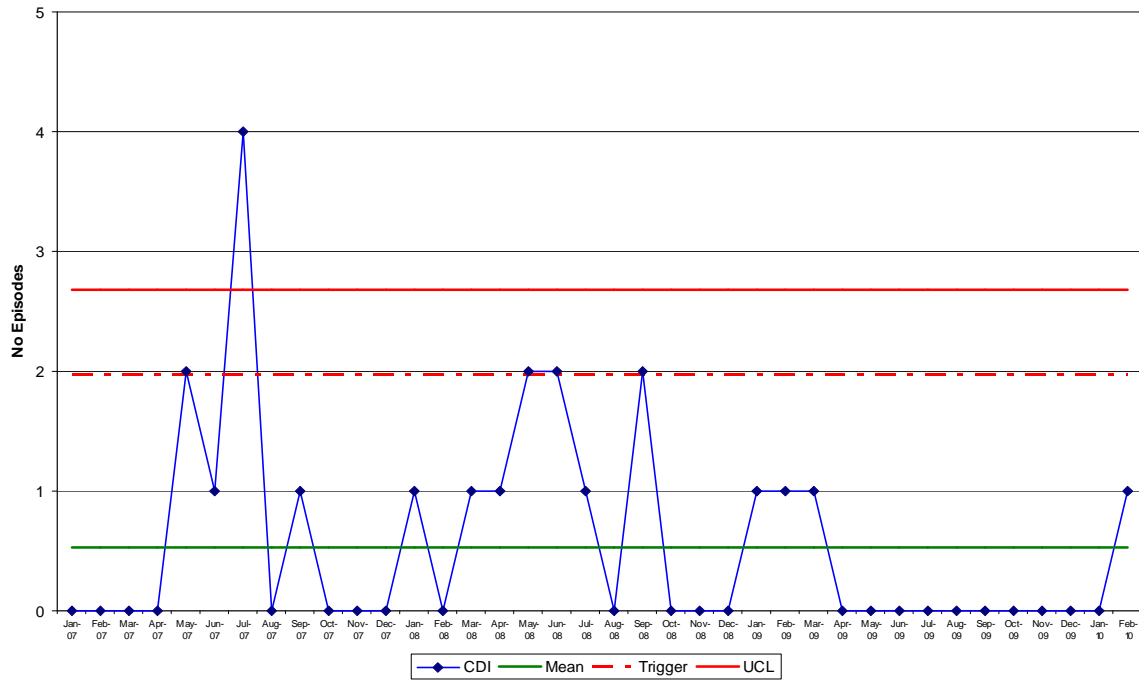


Figure 7

SPC Chart: *Clostridium difficile* Toxin Positive Episodes CGH

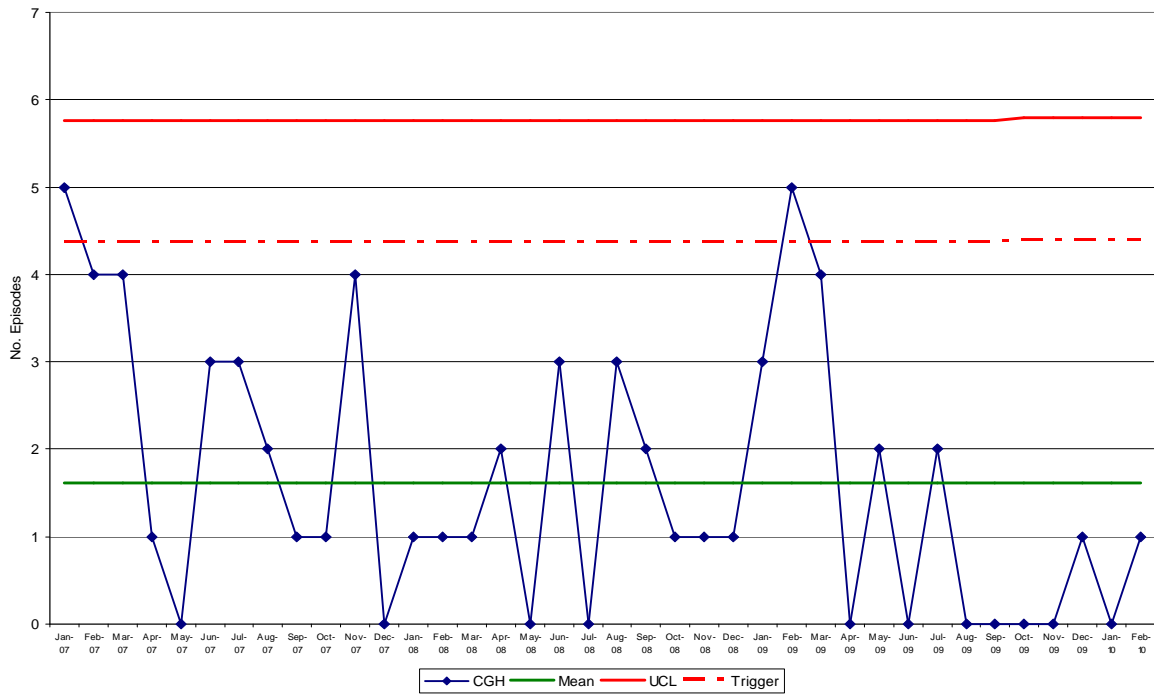
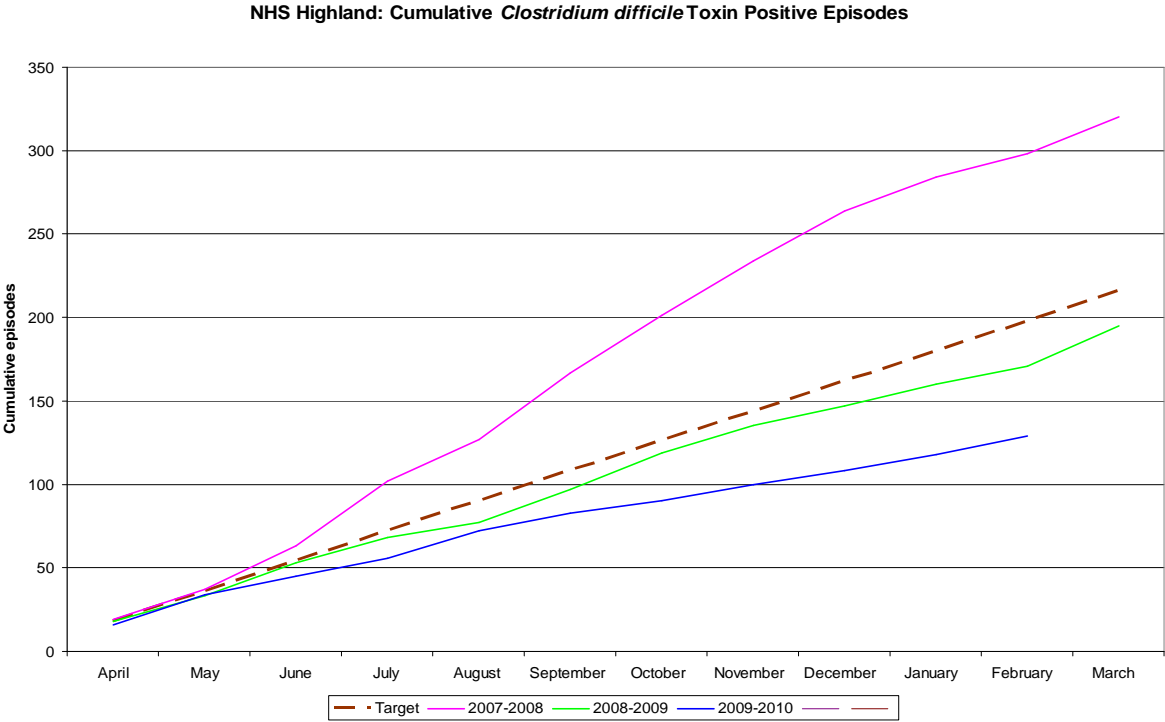


Figure 8



2.2 Current HEAT status

Table 1 below shows that the CDI rate in patients aged > 65 years is below that for all Scotland and that NHS Highland is on target to meet the HEAT target.

NHS Board	Overall Annual Rate (Apr 08-March 09)	HEAT Target (March 2011)
Highland	0.67 (95% CI 0.57, 0.79)	0.77
Total Scotland	1.09 (95% CI 1.07, 1.12)	0.90

2.3 National context

The next Health Protection Scotland CDI quarterly national report is due in April 2010.

2.4 Current/new initiatives to reduce CDI 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.

Actions from the CDI Action Plan continue to be monitored through the Infection Control Implementation Group.

- Antimicrobial prescribing with particular emphasis on reduction of Ceftriaxone prescribing - Ceftriaxone prescribing remains at low levels in Raigmore, Caithness General and Belford with prescriptions being monitored. Data for Lorn and Islands Hospital is awaited from NHS GGC. NHS Highland Antimicrobial Management

Team now monitors antimicrobial prescribing in terms of preferred antibiotics compared with CDI associated antibiotics and restricted agents. Point prevalence audit results comment on appropriate use of high CDI risk drugs.

- Enhanced analysis of every CDI case with immediate feedback locally, with trends monitored. Surveillance has been expanded to include 30 day follow up from diagnosis for *C. Difficile*. A Root Cause Analysis is completed for all patients who die with *C. Difficile* or who are seriously ill with it.

3 Surgical Site Infections

The Board currently undertakes surveillance in the following:

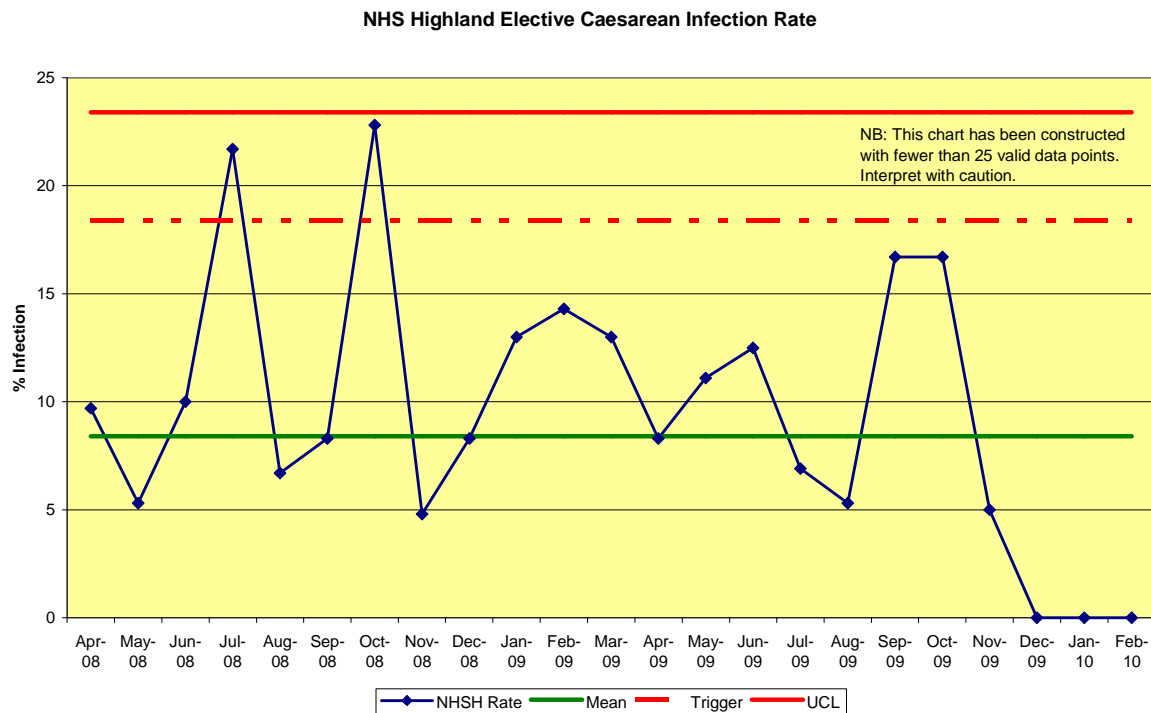
Surgical Site Infection:

- Emergency and elective caesarean sections (including up to 10 days post discharge)
- Total hip replacement (including 30 days re-admission).
- Hemiarthroplasty and Dynamic Hip Screw (DHS) (including 30 days re-admission)

Intensive Care Unit HAI:

- Central Venous Catheters
- Ventilator Associated Pneumonia
- Alert organism
- *Clostridium Difficile* Infection (CDI)
- *Staphylococcus Aureus* Bacteraemia (SAB)
- Empiric antimicrobial utilisation (Monitoring that the treatment with an antibiotic is recorded in patient medical record and antibiotic choice is compliant with local Antimicrobial Prescribing Policy)

Figure 9: Surveillance figures for NHS Highland



The Surgical Site Infection Action Plan for Elective Caesarean Section NHSH Raigmore and Caithness

Focuses on surveillance, peri and post operative care, clinical practice and implementation of national guidance. There have been no cases of elective caesarean infections since November 2009, in Raigmore Hospital.

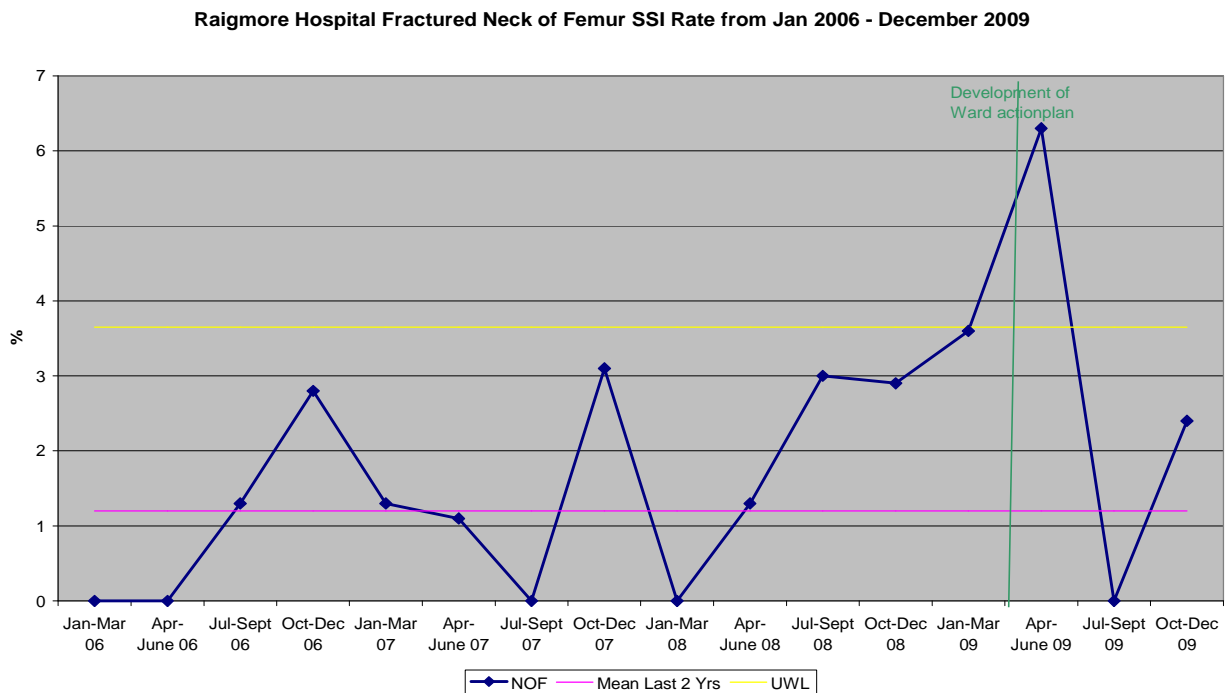
Table 2

Infection rates for emergency caesarean sections have been monitored since October 2009, and are currently showing a 3.8% infection rate.

Monthly Emergency C. Section Procedures and Surgical Site Infection October 2009- February 2010

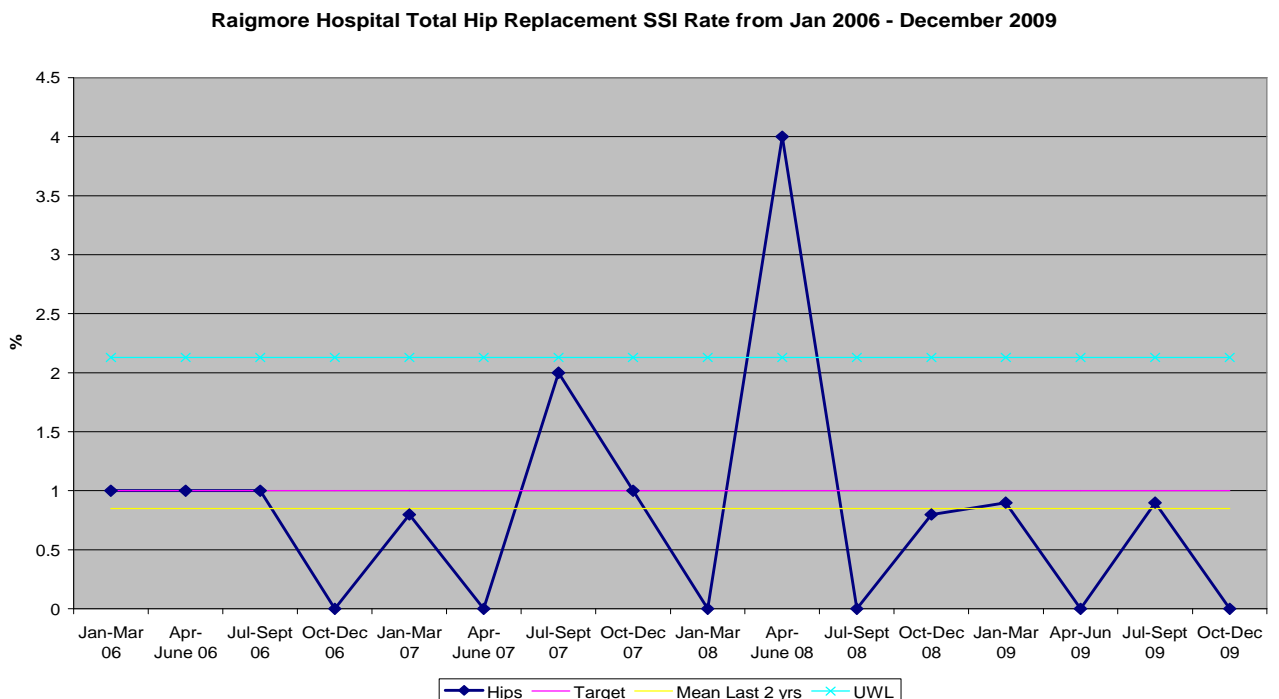
Area	October 2009		November 2009		December 2009		January 2010		February 2010		SSI Running Total
	No. of ops.	No. of SSI	No. of ops.	No. of SSI	No. of ops.	No. of SSI	No. of ops.	No. of SSI	No. of ops.	No. of SSI	
Raigmore	22	0	33	2	22	1	25	2	27	0	5
CGH	1	0	0	0	1	0	2	0	1	0	0
NHSH	23	0	33	2	23	1	27	2	28	0	5

Figure 10



Surveillance was carried out on 82 Fractured Neck of Femurs in this last quarter (October-December 09). There were 2 infections diagnosed in this period which gives a rate of 2.4%. Owing to high rates in the first two quarters of 2009 overall rates for the year may well be in excess of the Scottish average. However the impact of the Action Plan produced in March 2009 has seen the infection rates for the last two quarters in 2009 return to previous good rates.

Figure 11



Intensive Therapy Unit (ITU) Surveillance

Figure 12: No of Days between CVC Infections

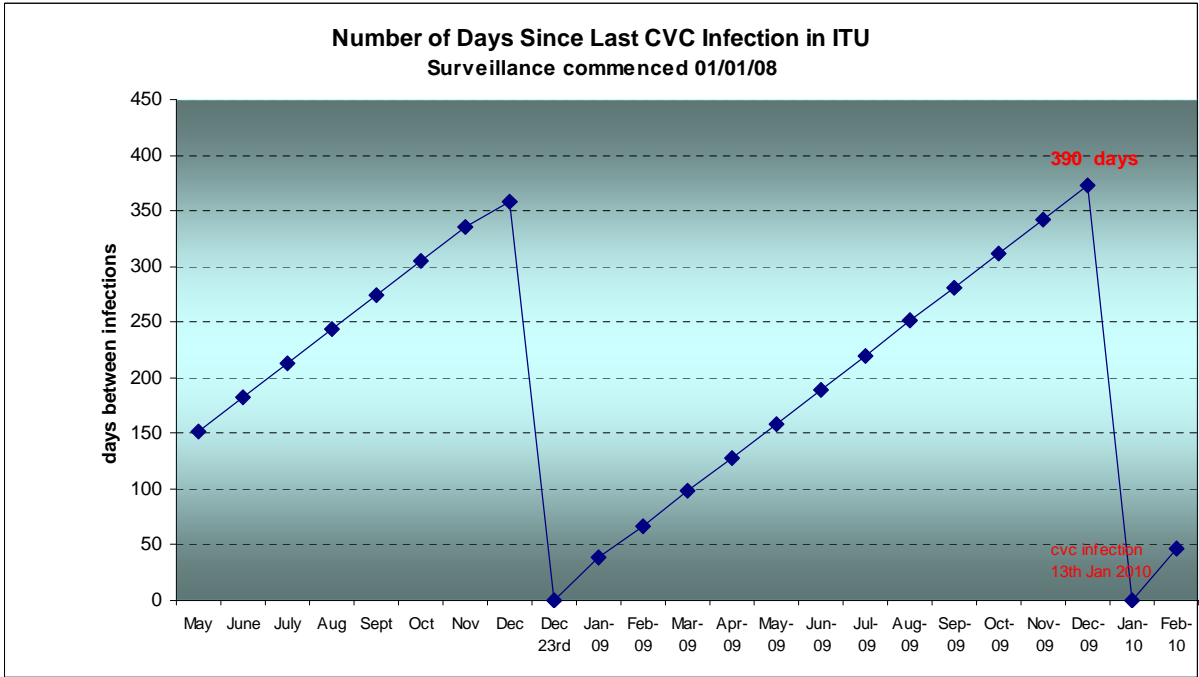
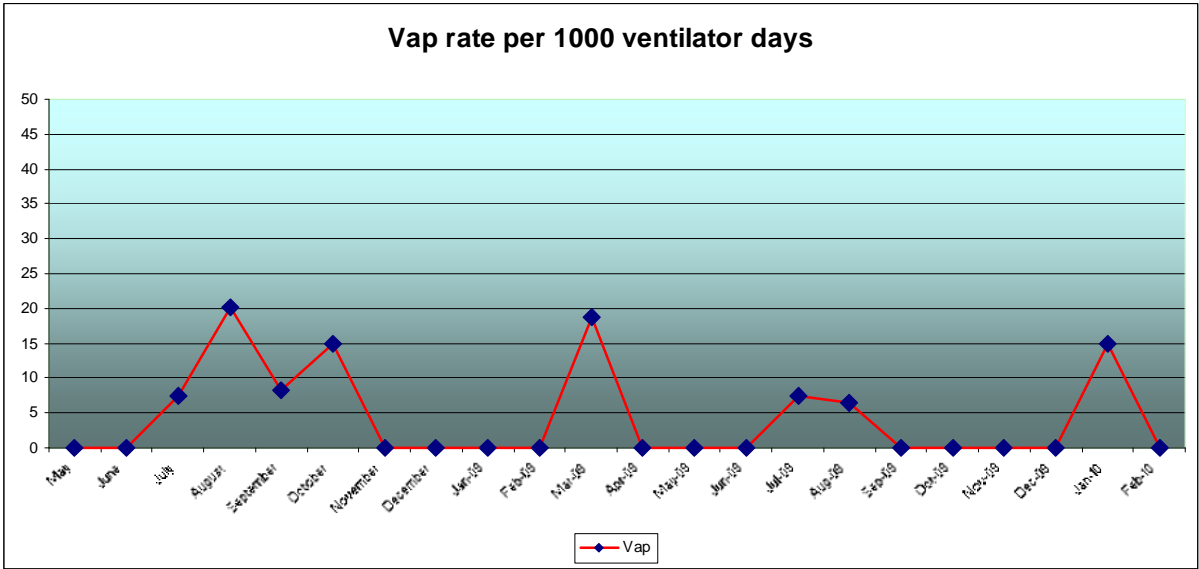


Figure 13: VAP Rate per 1000 Ventilator Days



4 Hand Hygiene (HH) Programme

- 4.1 National context – national audits continue every two months. January 2010 audit confirmed that NHS Highland achieved a compliance rate of 93% with opportunity and 85% compliance with technique.
- 4.2 NHS Highland Rolling Audit Programme – CEL5 (2009) requires Boards to report on compliance with Hand Hygiene across all clinical areas and ensure that audits are undertaken on a minimum monthly basis.

Table 3 NHS Highland rolling Audit Compliance % across NHS Highland January/February 2010

	Opps	Tech	Possible	Opps %	Tech %
A&B	4849	4542.35	5080	95%	89%
MID	2243	1841.2	2340	96%	79%
New Craigs	2371	2225.52	2460	96%	90%
North	3010	2881	3060	98%	94%
Raigmore	5394.8	4900.562	5660	95%	87%
SE	1214	1117.63	1240	98%	90%
Totals	19081.8	17508.262	19840	96%	88%

	Opps%	Technique %
Rolling Totals	96%	88%

Figure 14: Audit Results for Compliance with Hand Hygiene Opportunities by NHS Boards

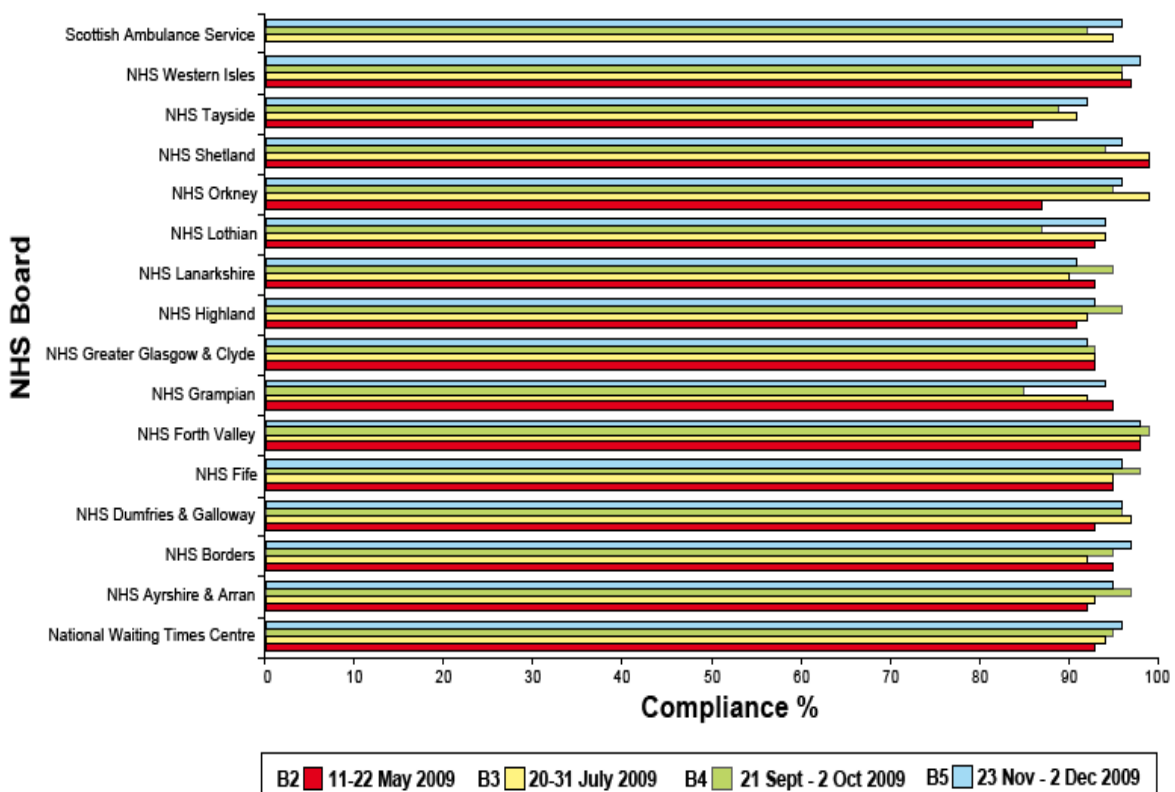


Figure 14 indicates that compliance percentages for the 2nd National bi-monthly audit period ranged from 86% to 99% (mean 93%) for each NHS Boards whilst for the 3rd and 4th bi-monthly audit periods overall compliance with hand hygiene ranged from 90% to 99% (mean 93%) and 85% to 99% (mean 92%) respectively. In the 5th bi-monthly audit period compliance percentages for each Board ranged from 91% to 98% (mean 94%).

4.3 Current/new initiatives in promoting Hand Hygiene

- The NHH Hand Hygiene awareness pack has been agreed through the Hand Hygiene group and is currently being tested in line with SPSP methodology in Raigmore and the CHPs.
- A Hand Hygiene audit tool is being developed for local audit monitoring in conjunction with National Hand Hygiene, iiiP and SPSP Programmes, which will replace the current tool.
- Global Hand Hygiene day is held on 5th May 2010. Local activities planned will be discussed at the next Hand Hygiene group.

5 **Cleaning Services Specification Compliance**

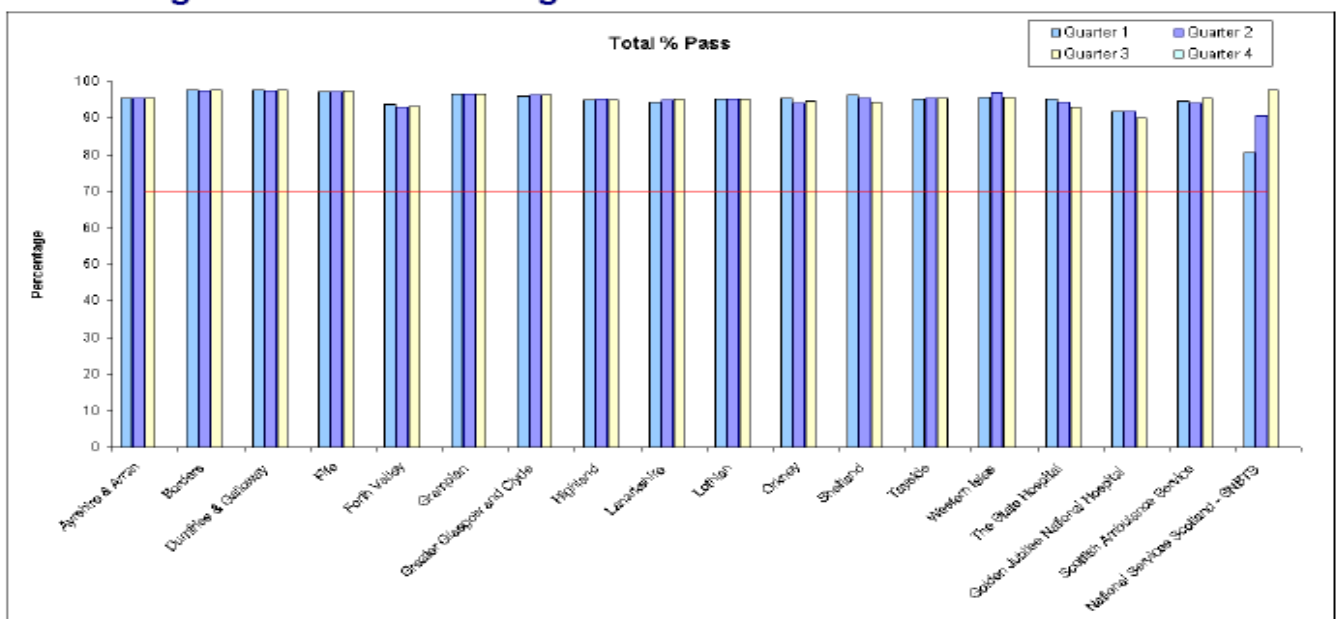
5.1 Short / medium / long term trends and compliance.

The Hotel Services Manager (Quality and Training) monitors performance 2 monthly across NHS Highland. An Action Plan is developed for areas which do not come up to specification. (See Appendix 1 for Cleaning Specification Compliance).

5.2 National context

Figure 15

Cleaning Services Monitoring Tool – NHS Boards' Performance



5.3 Current/new initiatives in improving cleaning

- Sixteen Steam Cleaners have been distributed throughout Highland. The Domestic staff are being taught how to use the cleaners which are used as an additional tool to remove debris on some surfaces and equipment
- Additional funding has been provided by the Government for approximately 22 WTE Domestic staff through out NHS Highland. Recruitment is well underway. Each area has identified how the resource will be used to gain maximum benefit, for example increasing the cover of Domestic staff out of hours and at weekends, creating Estates Maintenance posts to clean radiators and light fittings etc and creating a cleaning "Hit Squad".

5.3 Statutory Compliance Audit and Reporting Tool (SCART).

- The Scottish Government Health Department require a monitoring system to establish each Boards compliance on Estate matters following the Vale of Leven report. Health Facilities Scotland have set up a working group with each Board represented to design and implement a system. The system is being developed in two strands, the first is utilising the already established Domestic Services Monitoring RAG report which has been slightly modified to produce an Estates score. The first reports are being completed this month; the first national report will be published in early August 2010. This will provide detail on every Boards performance. The second strand is a development of the Statutory Compliance and Audit Tool (SCART) developed as a national reporting tool for Estates. This will contain question sets on more detailed infection related issues and governance of the built environment. The implementation of this process will be a huge task. The details of how this will be implemented are still being addressed. These question sets will produce a risk rated score, the risk ratings have been agreed with a group consisting of Infection control Nurses, Doctors and Estates Professionals nationally. The intention is to provide a web based monitoring tool that will cover all ward inspections and simplify the current process.

6 **Significant HAI incidents / outbreaks / emerging threats**

6.1 Outbreaks

There have been seven hospitals in NHS Highland affected by diarrhoea and vomiting since January 2010.

Table 4

Hospital	Number of Wards	Number of Patient (s) affected	Number of Staff affected
Belford Combined Assessment Unit	1	1	3
Ross Memorial Hospital	1	2	2
RNI	1	5	1
Campbeltown Community Hospital	1	8	9
Invergordon Community Hospital	2	5	3
Raigmore Hospital	9	149	135
Caithness General Hospital	3	14	8

Norovirus Outbreak at Raigmore Hospital February/March 2010.

- From 22/02/10 Raigmore saw a total of 149 patients and 135 staff infected with Norovirus following an increased number of cases in the community.
- A total of 9 wards were affected at different times during this period.
- Noroviruses cause gastrointestinal infection which is characterised by acute onset of non bloody watery diarrhoea with or without vomiting which if present is often projectile. Incubation period is usually 12 - 48 hours and the infectious dose is very small. Most Norovirus symptoms usually resolve within 2 - 3 days. Affected people should be considered infectious whilst they are symptomatic and until free of symptoms for 48 hours or stools have returned for 48 hours to their normal (pre-infection) pattern. In the escalation of outbreak control measures, this will rise to 72 hours.
- Outbreak meetings were held twice a day (minimum). Each patient with active symptoms, patient contacts and recovered patients were mapped across the hospital, isolated and nursed in a cohort or discharged according to status.
- Staff movement was minimised across the hospital.
- 33 patients had their elective surgery postponed during this period following full assessment by the relevant Consultant. Emergency and cancer cases continued as normal.
- Cleaning Teams were supported by Infection Control/ Senior Nurses following Standard Operating Procedures for deep cleaning all affected areas.
- Raigmore worked with GPs, rural general hospitals and community hospitals to reduce admissions to Raigmore to a minimum and to facilitate speedy discharge of well patients.
- Ongoing support was given to staff regarding isolation precautions and hand hygiene.
- Health Protection Scotland and the Scottish Government Health Department were kept fully informed during the outbreak.
- The press were updated regularly and the public supported restricted visiting in the affected wards.
- Debrief meetings are planned to analyse and debate any changes which would be made to the management of situations in the future.
- There has been no new spread since 22/03/2010 although patients with symptoms continue to be admitted to Raigmore. The risk of increased cases continues whilst Norovirus remains in the community

The pan Scotland position regarding Norovirus is detailed below:

Other Health Boards in Scotland have also been affected by Norovirus as demonstrated by the HPS Monday Point Prevalence Norovirus in Scotland.



Week 11 2010

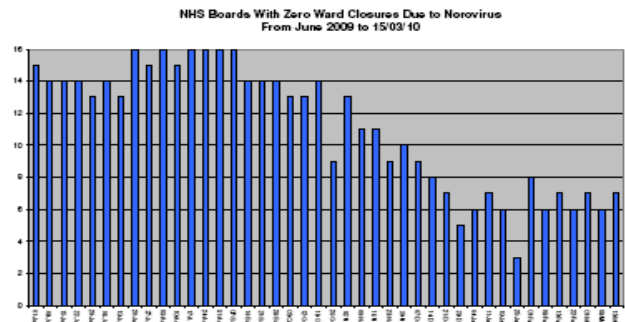
Norovirus Monday Point Prevalence in NHS Scotland



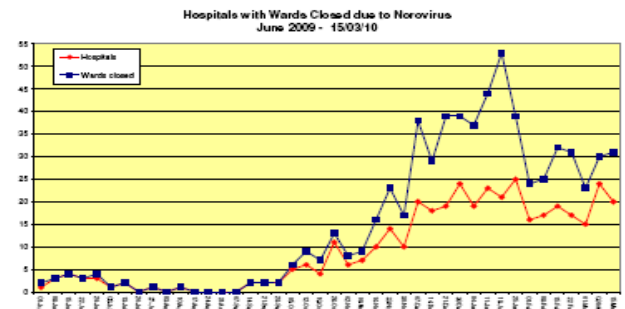
Please find below the weekly point prevalence of the numbers of wards closed with confirmed or presumed Norovirus infection on Monday 15/03/2010 from NHS Boards in Scotland. All NHS Boards have reported and currently 9 NHS Boards are reporting Norovirus activity in NHSScotland. The first report on 7/1/2008: 29 hospitals affected and 47 wards closed; this Monday there were 20 hospitals affected and 31 wards affected.

Interpretation: Information for Awareness

These data represent the prevalence of Norovirus activity in NHS Boards in Scotland in close to real time. They are not, and should not be interpreted as data for benchmarking or judgement. For NHS Boards the data can be used for the assessment of risk and Norovirus outbreak preparedness.



Date 15/03/10	NHS Board	Total number of hospitals with wards closed this Monday	Total number of wards closed this Monday	Total number of patients who are or have been affected in the wards closed this Monday	Total number of staff who are or have been affected in the wards closed this Monday
	NHS Argyre & Arran	2	3	26	1
	NHS Borders	1	2	5	0
	NHS Dumfries & Galloway	0	0	0	0
	NHS Fife	3	3	22	9
	NHS Forth Valley	0	0	0	0
	NHS Greater Glasgow & Clyde	2	3	36	9
	NHS Highland	0	0	0	0
	NHS Grampian	2	2	9	2
	NHS Highland	1	5	17	5
	NHS Lothian	3	4	53	8
	NHS Lothian	4	8	51	12
	NHS Tayside	2	3	39	13
	NHS Orkney	0	0	0	0
	NHS Shetland	0	0	0	0
	NHS Western Isles	0	0	0	0
	NHS State Hospital Carstairs	0	0	0	0
	Total	20	31	267	59



HAI Related Deaths or Severe CDAD cases

The routine surveillance programme for the period 1st December –12th March 2010 identified 3 cases where a patient had died within 30 days following diagnosis of Clostridium Difficile Infection and where it was recorded as either a primary or major contributory factor on the death certificate. Two cases were in Cowal Community Hospital Dunoon (one in December 2009 and one in January 2010) and one in Caithness General Hospital (March 2010). The Scottish Government Health Directorate and Health Protection Scotland were informed at the time. Investigation and Root Cause Analysis have shown no links between the two patients in Cowal Community Hospital.

Staph Aureus Bacteraemias

There has been an increased number of patients with Staph Aureus Bacteraemia in Raigmore Hospital during January / February 2010. The trigger has not been breached and following investigation there is no evidence of cross infection. Multiple causes of the infections have been identified through Root Cause Analysis and included line infections and community acquired infection.

Staph Aureus was noted on the death certificate of four cases. These patients were very sick with multiple co morbidities.

7 Horizon Scanning

- The main focus for 2010/11 will be to reduce the number of Staph Aureus Bacteraemias. The NHS Highland SAB Action Group will continue to lead direct and involve all staff to work towards achieving the HEAT target.
- The Infection Control Manager role has now been reviewed, consultation led by the Board Nurse Director. A proposal will be presented to Corporate Team shortly.

8 Healthcare Environment Inspectorate

The Healthcare Environment Inspectorate (HEI) undertook an announced inspection in Raigmore Hospital on Tuesday 15th and Wednesday 16th December 2009. The Inspectors visited A&E, Out Patient Department, Wards 3C, 5C, 7C and AMAU. The report detailed 3 requirements and 8 recommendations to compliance with NHS QIS HAI standards. (Please see Board report on the visit and updated Action Plan). The Inspectorate will visit Caithness General Hospital on 7th and 8th July 2010.

9 Pandemic Flu

Most GPs have completed the vaccination of healthy children from 6 months up to five years of age as required in Phase 2. Uptake data is being collated by Health Protection Scotland from General Practice Systems. The offer of vaccination over the spring and summer is to continue for those in Phase 1 priority groups which is:

- All people aged over 6 months and in a clinical risk group
- Household contacts of immunocompromised people
- Pregnant women
- Frontline health and social care workers

Reporting of uptake for Phase 1 indicates that uptake in NHS Highland is in line with the National uptake.

Table 5 Data from GPASS and EMIS to 14/03/2010 indicate the following:

% uptake under 65's at risk	NHS Highland	55.3	NHS Scotland	54.5
% uptake over 65's at risk	NHS Highland	55.1	NHS Scotland	57.0
% uptake pregnant women	NHS Highland	53.1	NHS Scotland	46.7
% of staff uptake	NHS Highland	66.6	Not available	
% of Social Care Staff uptake	NHS Highland	32.9	Not available	

There have been no inpatient cases of H1N1 within NHS Highland since 27th January 2010.

10 Progress on Compliance with National HAI Programme

10.1 RAG status on HAI Action Plan

	Actions
PURPLE (complete)	21
GREEN (on track to complete by the deadline)	1
AMBER (substantially complete but either awaiting national materials or with some possibility of slippage beyond the deadline)	1
RED (unable to complete by the deadline)	1

10.2 Compliance with HAI Task Force programme – outstanding issues

- Implement the recommendations with Senior Charge Nurse Review.
- Healthcare Associated Infection System for Controlling Risk in the Environment (HAI SCRIBE) see section 3 of this report.
- NHS Board policy / guidance on completing death certificates reviewed to include documenting death associated with HAI.

10.3 Actions required and timescales for implementation

- Implement the recommendations in the Senior Charge Nurse Review.
To date 70 Senior Charge Nurses have completed the Development Programme. Infection control and the Charge Nurse's responsibility regarding the Control of Infection has been incorporated into the programme.
- Generic guidance on completing Death Certificates has been given to all doctors by Heads of Service and educational supervisors. This includes the instruction that deaths associated with CDAD must be categorised as attributable or contributory and adequately recorded on the death certificate. Adherence to the guidance will be audited over the coming months.
- The Control of Infection Committee has requested a stock take of the Board's current progress with the HAI Action Plan. This is due to staff turnover, service development and audit results, and will be led by the Infection Control Manager and the Infection Control Lead Clinician.

11 Antimicrobial Prescribing

11.1 Antimicrobial Quality Prescribing Indicators.

- Data on hospital based empiric prescribing of antibiotics is collected in the Acute Medical Admissions Unit (AMAU) and Ward 4A (Surgical Emergency Receiving Ward) in Raigmore Hospital. SPSP methodology is used by sampling five patients each week and auditing compliance with empiric prescribing guidelines in these areas. Recent data shows improvement with 85% compliance with a target of 95% to be achieved by the end of March 2011.

- The Scottish Antimicrobial Prescribing Group (SAPG) has discussed data collection for surgical prophylaxis indicator with SPSP. As a result, SPSP have agreed to include SAPG requirements within peri-operative workstream data collection.

11.2 Antimicrobial Prescribing Audits

- Data collection continues for Scottish National Audit Project for Community-Acquired Pneumonia (SNAP-CAP).
- Point Prevalence Surveys of Antimicrobial Use. Following the NHS Highland-wide survey in June 2009, a rolling programme of smaller audits is in progress with the results being fed back to all staff groups for action. Further audits are planned for Caithness General, Belford and all hospitals in Argyll and Bute CHP over the next 3 months.

11.3 Management of Infection Guidance

- Sections of the guidance continue to be updated on a rolling basis. Sections under review at present include the treatment of systemic and other infections such as osteomyelitis.

11.4 Antimicrobial Utilisation Data

- Data showing the use of preferred agent's vs. those associated with CDI is now available down to directorate level in Raigmore. Data to the end of January 2010 shows a peak in antibiotic use in November, coinciding with the increase in cases of suspected infection with H1N1 Influenza. Antibiotic use has fallen to pre November levels in December and January. Further analysis of this rise indicates a predominance of agents associated with the treatment of respiratory tract infections. This rise is mirrored in Caithness General and Belford Hospitals.
- Use of 'alert' or restricted agents, for example Ceftriaxone, continues to be scrutinised by clinical pharmacists prior to supply. The use of these agents is further monitored by the utilisation data, showing low levels of prescribing across Raigmore, Belford and Caithness General Hospitals.

11.5 Education on Antimicrobial Prescribing

- Education opportunities at audit feed back sessions are used to highlight areas where prescribing could be improved. Most recently, this was reflected in point prevalence survey feed back to the Medical Directorate clinical teams in Raigmore Hospital. The audit data highlighted the need to improve prescribing for the treatment of respiratory tract infections so an update on the newly revised guidance and the SNAP CAP audit were delivered at the same meeting.

12 Decontamination

Work is progressing with the development of local decontamination units to process dental and podiatry instruments. A programme is in place to have sites in Argyll and Bute compliant with the mandatory NHS Scotland standards. SGHD's revised timescale is April 2010.

Liz McClurg
Interim Infection Control Manager

1 April 2010

Acronyms

AMT	Antimicrobial Management Team
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 ealth Improvement; E fficiency; A ccess to Services; T reatment appropriate for patient
HH	Hand Hygiene
HFS	Health Facilities Scotland
HPS	Health Protection Scotland
MRSA	Meticillin resistant Staphylococcus aureus
MSSA	Meticillin Sensitive Staphylococcus aureus
PPE	Personal Protective Equipment
PVC	Peripheral venous catheter
PRAG	P urple, R ed, A mber, G reen
QIS	Quality Improvement Scotland
SAB	Staphylococcus aureus bacteraemia
SGHD	Scottish Government Health Directorate
SPSP	Scottish Patient Safety Programme
SSI	Surgical Site Infection
SPC	Statistical Process Control
VAP	Ventilator Associated Pneumonia
DHS	Dynamic Hip Screw
ITU	Intensive Therapy Unit
GPASS	General Practice Administration System for Scotland
EMIS	Egton Medical Information System

	Ancillary/other	Allied Health Professionals	Medical	Nurse	Duneros, Mill	Victoria Annex, Isle of Bute	Victoria, Isle of Bute	Victoria Infirmary, Helensburgh	Islay	Mid Argyll Community, Loch	Argyll & Bute, Lochgillichiehead	Campbeltown	Dunoon	New Craigs, Inverness	Invergordon	Ross Memorial, Dingwall	Portree, Skye	Dr Mackinnon Memorial, S	St Vincent's, Kinrossie	Ian Charles, Grantown	Town & County, Nairn	R.N.I, Inverness	Migdale, Ardgay	Lawson Memorial, Golspie	Town & County, Wick	Dunbar, Thurso	Lorn & Islands, Oban	Belford, Fort William	Cairness General	Rainrose, Inverness	BOARD TOTAL								
4	National Hand Hygiene Audits																																						
	Compliance score January 2010													100		100					90	100	95							93	91.5								
	No of observations January 2010													75	89	95					78	100	83.5							85	83.25								

