

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

A revised Healthcare Associated Infection Reporting Template (HAIRT) for use by all Boards has been issued. This is the first Board report using the new template. It is in two sections.

Section 1 covers Board wide infection prevention and control activity and actions. A report card summarising Board wide statistics can be found at the end of section 1.

Section 2 is a series of "Report Cards" which provide information for each acute hospital in the Board and for the community hospitals with each Community Health partnership(CHP) on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance.

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland.

The report contains the following subject areas:

- Staphylococcus Aureus Bacteraemias (SAB)
- Clostridium difficile
- Hand Hygiene
- Cleaning and the Healthcare Environment
- Significant HAI incidents / outbreaks, emerging threats
- Antimicrobial Prescribing
- Other HAI Related Activity taking place in the board

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 Risk Assessment

By risk assessing infection control practices, we will endeavour to minimise the risk of HAI to patients in the healthcare environment.

6 Impact Assessment

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

Liz McClurg
Interim Infection Control Manager

30 July 2010

NHS Highland Healthcare Associated Infection Report – August 2010

Section 1 – NHS Highland Board Wide Issues

Key Healthcare Associated Infection Headlines

- *Healthcare Environment Inspectorate visited Caithness General Hospital 8th & 9th July, 2010*
- *New target for Clostridium difficile (CDI) has been set by the Government.*

Staphylococcus aureus (including MRSA)

Staphylococcus aureus is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

Staphylococcus

http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

aureus :

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:

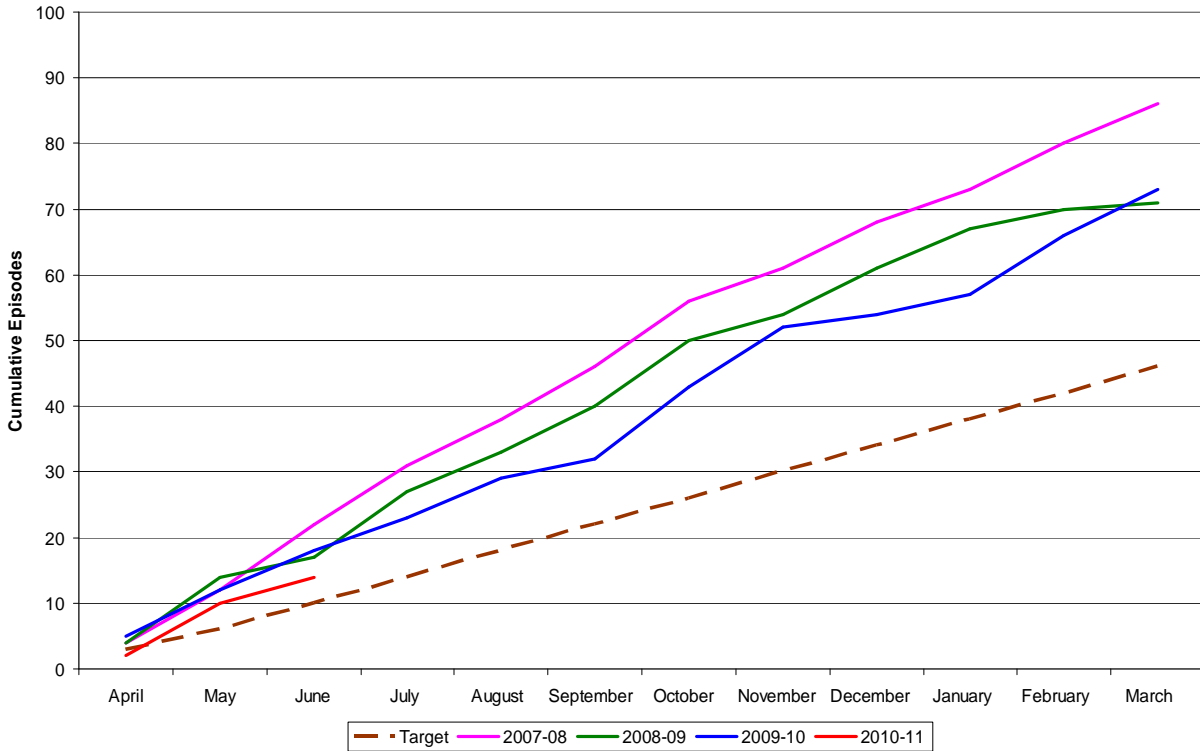
<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

Current HEAT status

The *Staphylococcus aureus* bacteraemia (SAB) target continues to be very challenging for the Board due to low numbers of infection and multiple different causes. All Boards have been asked to reduce SAB case numbers by 15% by March 2011 which means the target for NHS Highland is no more than 46. There have been 14 cases between April – June 2010 of which there was 1 MRSA and 13 MSSA.

Figure 1 shows the Cumulative SAB Rate against Target.

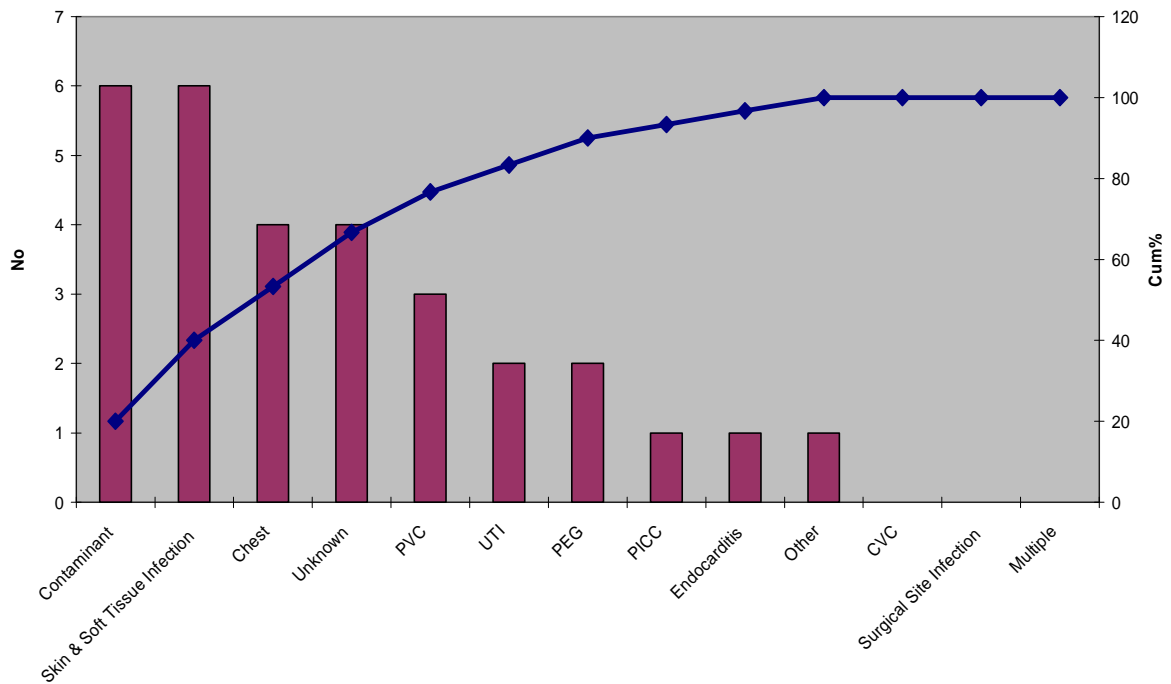
NHS Highland *Staph aureus* Bacteraemia: Cumulative Chart



A Root Cause Analysis has been carried out on each SABs since January 2010.

Figure 2 shows the sources of infection together with the number of each source.

Pareto Chart: NHS Highland SAB 01.01.2010 - 21.06.2010



National Context

NHS Highland SAB rate remains below that of the Scottish average and for the period January to March 2010 was the lowest per 1,000 AOBs of the mainland Health Boards.

NHS Highland SAB rate January to March 2010 was 0.250 per 1,000 AOBs. The Scottish average was 0.375 per 1,000 AOBs.

NHS Highland SAB rates January 2009 to December 2009 was 0.238 per 1,000 AOBs. The Scottish average for the same period was 0.388 per 1,000 AOBs.

Initiatives to Reduce Cases

Root Cause Analysis is undertaken on every SAB case and findings are being used to direct focus of activity to reduce infection.

Training and education is ongoing to all staff who are involved in taking blood cultures to ensure that the criteria for taking blood cultures is adhered to and the correct technique is used to avoid contamination.

Training and education continues on the care and maintenance of invasive devices such as PVC, CVC, PEG and urinary catheters using aseptic technique.

The Infection Control Team are working closely with The Scottish Patient Safety Programme using the improvement methodologies and tools to reduce infection and support frontline staff

NHS Quality Improvement Scotland (QIS) revisited NHS Highland in July 2010 to support NHS Highland in the successful implementation of its SAB Action Plan.

NHS QIS and Health Protection Scotland (HPS) will visit NHS Highland in August 2010 to review local data and agree further potential intervention and facilitate implementation in support of reducing the number of SAB cases.

MRSA Screening

The roll out of the MRSA screening programme continues. Work is being undertaken to make the existing systems easier to monitor compliance.

Clostridium difficile

Clostridium difficile is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

<http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital and community hospitals within each CHP in section 2. Information on the national surveillance programme for *Clostridium difficile* infections can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277>

Clostridium Difficile Infection (CDI)

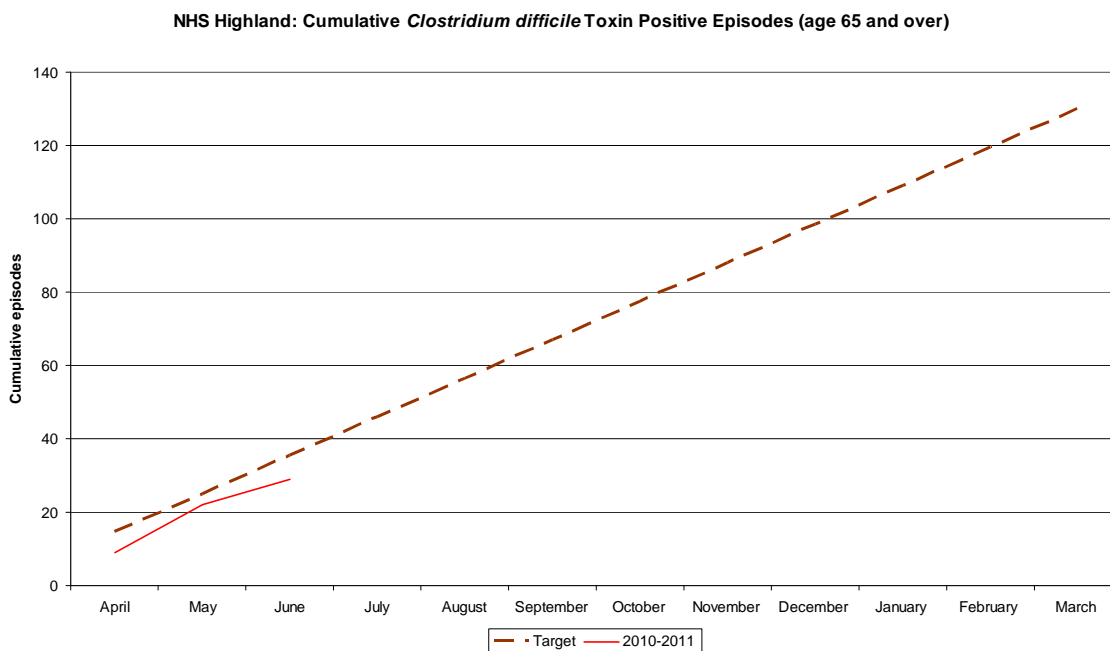
The reduction in CDI cases has been sustained in NHS Highland.

The CDI rate was 0.44 per 1,000 AOBs between January to March, 2010 in patients over the age of 65. The overall CDI rate for Scotland was 0.49 per 1,000 AOBs in patients over the age of 65.

The CDI case numbers nationally are now at their lowest level. The Government has announced that all Boards will now be expected to achieve a minimum of 50% rate reduction among patients age 65 and over by 31st March, 2011. In terms of numbers this means NHS Highland must not exceed 130 cases of CDI over the course of 2010/2011. From April to June 2010 there have been 28 cases.

There were 111 CDI cases in patients age 65 and over from April 2009 until March 2010.

Figure 3 shows the cumulative CDI episodes in patients age 65 and over from April 2010 against the new target.



Initiatives to reduce CDI Cases

- Promotion of good hand hygiene across all staff groups and general public.
- Attention to environmental cleanliness
- Antimicrobial prescribing

Enhanced surveillance is carried out on every CDI case with immediate feedback to staff concerned. Surveillance includes 30 day follow up from diagnosis for C.difficile. The Infection Control Team work closely with the Health Protection Team to ensure robust follow up in the community.

Antimicrobial Prescribing

Antimicrobial Quality Prescribing Indictors.

- Data on hospital-based empiric prescribing of antibiotics continues to be 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 from June 2010 shows improvement with 89% compliance overall, an increase from 77% in May 2010. The target of 95% compliance is to be achieved by the end of March 2011.

- Following meetings with the SPSP team in NHS Highland, data collection has begun on the surgical prophylaxis quality prescribing indicator. The initial focus is in orthopaedic surgery and vascular surgery as these areas are both currently covered by Infection Surveillance and the peri-operative work stream of SPSP. Results from June 2010 demonstrate compliance with local policy of 90% in orthopaedics and 100% in vascular surgery. Work on expanding the data collection to colorectal surgery is under discussion with the Infection Surveillance team along similar lines to orthopaedic trauma.
- In Primary Care, the quality prescribing indicator is based on reducing the seasonal variation in prescribing of the quinolone group of antibiotics to less than 5%. Data to March 2010 of 1.5% variation indicates NHS Highland continuing to meet this target. Prescribers in North Highland CHP are to be commended on reducing their prescribing of this group of antibiotics from over 18.5% to under 12.1% (now using 12% less of these antibiotics in the winter months compared to summer)

Antimicrobial Prescribing Audits

- Scottish National Audit Project for Community-Acquired Pneumonia (SNAP-CAP) data has been analysed. This shows improvement from a base line of 45% to 60%. The NHS Highland SNAP-CAP team is part of a small collaborative looking to employ improvement methodologies in this project.
- Point Prevalence Surveys of Antimicrobial use continue with audits in Caithness General and Belford Hospital completed. The report on prescribing in Caithness General has been discussed with the clinical teams. The Belford report will be discussed at a meeting in August 2010. Data collection has been completed in Argyll and Bute CHP hospitals; analysis is underway with support from Microbiology in NHS GGC.

Antimicrobial Utilisation Data

- eHealth is currently working on improving the reliability of the database used to monitor antimicrobial consumption. This revamp of the data base will incorporate recently published recommendations for monitoring antimicrobial consumption by the Scottish Antimicrobial Prescribing Group. Locally, data on the use of preferred agents vs. those associated with CDI will continue to be monitored.
- 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

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 intra-abdominal infections.

Education on Antimicrobial Prescribing

- Education opportunities at audit feedback sessions are used to highlight areas where prescribing could be improved.

Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non compliance. The hand hygiene compliance score for the Board can be found at the end of section 1 and for each hospital and community hospitals within each CHP in section 2. Information on national hand hygiene monitoring can be found at:

<http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

NHS Highland Hand Hygiene Rolling Audit Programme continues across all clinical areas. Compliance with taking opportunity for hand hygiene has been consistently 95% and over.

The NHS Hand Hygiene Campaign 8th Bi-Monthly Audit Report July 2010 shows a 94% compliance with taking the opportunity for hand hygiene across NHS Scotland. NHS Highland achieved a 96% compliance sustaining the same level of compliance as was measured in the 7th bi-monthly audit period.

The new hand hygiene training pack has been trialled in North, Mid and Argyll & Bute CHPs, feedback was positive and subject to small adaptations will be rolled out across NHS Highland. The purpose of the training pack is to ensure a standardised approach to hand hygiene training is taken throughout NHS Highland by local trainers.

Work is ongoing to develop an easy read hand hygiene poster for patients with learning disabilities.

Health Protection Scotland (HPS) have extended the Hand Hygiene Campaign to settings providing social and voluntary care such as “care at home” services provided by local authorities and will provide additional support by raising awareness of the importance of hand hygiene. Posters and leaflets containing guidance of applying the World Health Organisation’s 5 moments for hand hygiene are specifically designed for staff/volunteers in these settings. The posters/leaflets will become available at the end of July 2010.

Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital and community hospitals within each CHP in section 2. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/haic/>

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

Cleaning compliance has averaged over 95% during April to June 2010. The target compliance is 90%.

Current initiatives to improve cleaning

In addition to the monitoring carried out by Facilities Management, following HEI methodology, inspections are carried out at ward/department level. Senior Charge Nurses/Head of Department are responsible for ensuring any subsequent actions are carried out.

The Healthcare Environment Inspectorate (HEI)

The HEI visited Caithness General Hospital on the 8th and 9th July 2010. The initial feedback was positive with the HEI indicating the overall standard of cleanliness within the hospital is good. The HEI reported that the Senior Charge Nurses were well engaged in ensuring the environment is up to standard. The local Estates Team were praised for the close working relationship with Clinical and Domestic staff to ensure that maintenance is being completed in an efficient way.

The areas for improvement were highlighted as further developing NHS Highland approach to HAI mandatory training to ensure the needs of all staff are addressed, and improve systems for monitoring the rotation of stock.

The HEI will publish the full report towards the end of August 2010.

Outbreaks

There have been no outbreaks since the last Board report.

Other HAI Related Activity

Staff training

The Policy for Mandatory Training for Prevention and Control of Healthcare Associated Infection is now in 3rd draft. Further consultation is currently ongoing across all staff groups. HEI made recommendations on the policy which will be incorporated into the 4th draft.

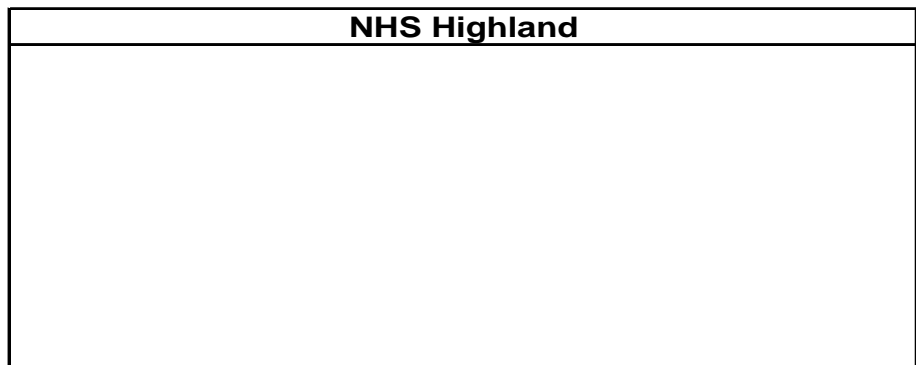
The Infection Control Teams pan Highland continue to deliver training which will be adapted once mandatory training is agreed. This will be linked to individual Personal Development Plans.

Decontamination

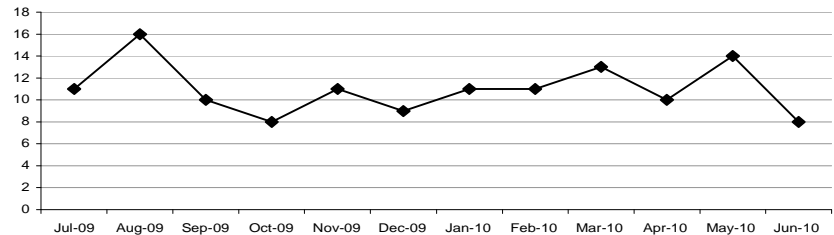
Compliance with the latest guidelines for the decontamination of medical devices in Primary Care will be reached following the completion of local decontamination units. Decontamination of dental and podiatry instruments will be carried out in compliant facilities in Culloden and Abban St Clinics, Inverness, Helmsdale, Bonar Bridge, Aness and Aviemore.

A programme for the development of compliant facilities in Argyll & Bute CHP is in place to ensure facilities are compliant with the Scottish Government's revised programme of December 2012.

PAN HIGHLAND DATA

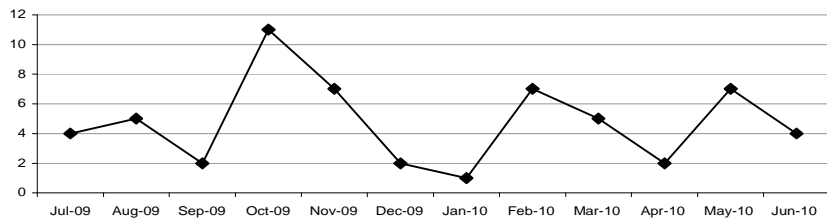


Clostridium difficile Infection Cases (all ages)



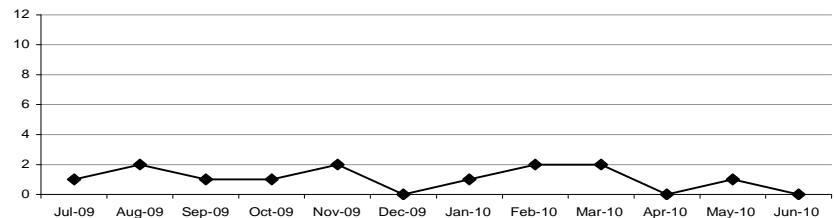
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
11	16	10	8	11	9	11	11	13	10	14	8

MSSA Bacteraemia Cases



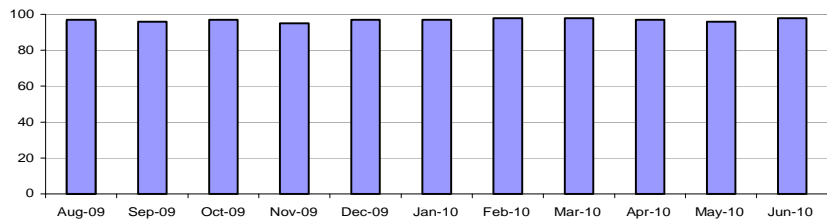
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
4	5	2	11	7	2	1	7	5	2	7	4

MRSA Bacteraemia Cases



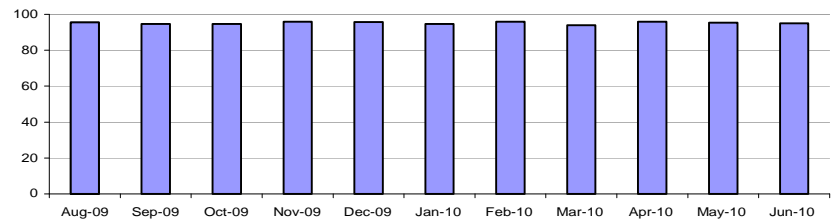
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
1	2	1	1	2	0	1	2	2	0	1	0

Hand Hygiene Compliance



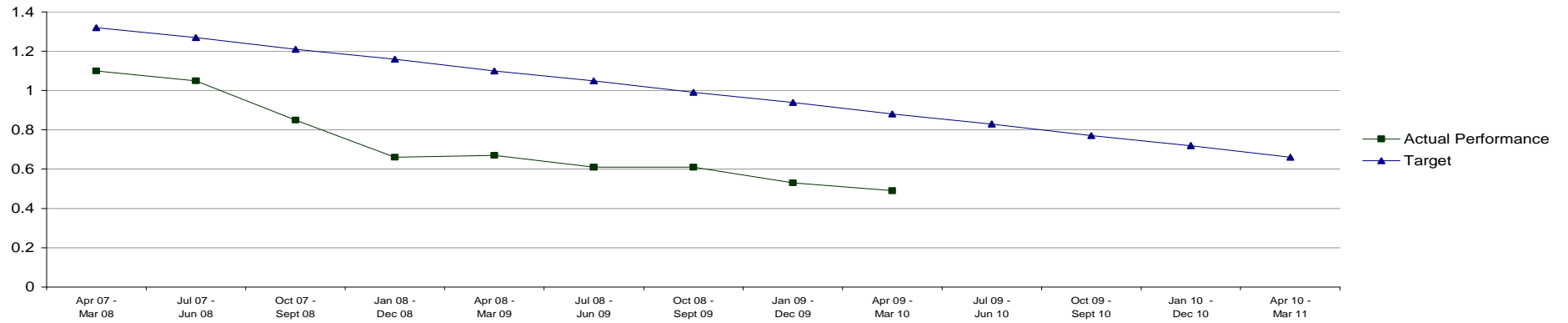
Aug-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
96	97	96	97	95	97	97	98	98	97	96	98

Cleaning Compliance



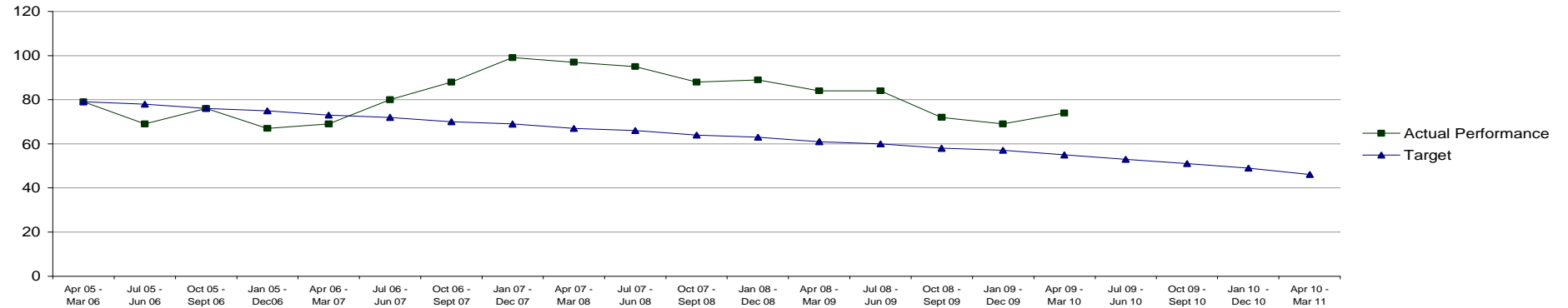
Aug-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
95.4	95.5	94.7	94.8	95.9	95.8	94.8	96	93.9	95.9	95.4	95

Quarterly rolling year *Clostridium difficile* Infection Cases in patients aged 65 and over per 1000 total occupied bed days for HEAT Target



	Apr 07 - Mar 08	Jul 07 - Jun 08	Oct 07 - Sept 08	Jan 08 - Dec 08	Apr 08 - Mar 09	Jul 08 - Jun 09	Oct 08 - Sept 09	Jan 09 - Dec 09	Apr 09 - Mar 10	Jul 09 - Jun 10	Oct 09 - Sept 10	Jan 10 - Dec 10	Apr 10 - Mar 11
Actual Performance	1.10	1.05	0.85	0.66	0.67	0.61	0.61	0.53	0.49	0.83	0.77	0.72	0.66
Target	1.32	1.27	1.21	1.16	1.10	1.05	0.99	0.94	0.88	0.83	0.77	0.72	0.66

Quarterly rolling year *Staphylococcus aureus* Bacteraemia Cases for HEAT Target



	Apr 05 - Mar 06	Jul 05 - Jun 06	Oct 05 - Sept 06	Jan 05 - Dec 06	Apr 06 - Mar 07	Jul 06 - Jun 07	Oct 06 - Sept 07	Jan 07 - Dec 07	Apr 07 - Mar 08	Jul 07 - Jun 08	Oct 07 - Sept 08	Jan 08 - Dec 08	Apr 08 - Mar 09	Jul 08 - Jun 09	Oct 08 - Sept 09	Jan 09 - Dec 09	Apr 09 - Mar 10	Jul 09 - Jun 10	Oct 09 - Sept 10	Jan 10 - Dec 10	Apr 10 - Mar 11
Actual Performance	79	69	76	67	69	80	88	99	97	95	88	89	84	84	72	69	74				
Target	79	78	76	75	73	72	70	69	67	66	64	63	61	60	58	57	55	53	51	49	46

Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' which provide information for each acute hospital (Raigmore, Caithness General, Belford and Lorn & Islands), and the community hospitals within each CHP. The information includes the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections. Hand hygiene and cleaning compliance completes the report card.

The out of hospital infections report card identifies infections as having been contracted from outwith hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

Clostridium difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month and the community hospitals within each CHP. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). Data are presented as both a graph and a table giving case numbers. More information on these organisms can be found on the NHS24 website:

Clostridium difficile : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139§ionID=1

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252§ionID=1

For each acute hospital and community hospitals in each CHP, the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

Understanding the Report Cards – Hand Hygiene Compliance

Good hand hygiene is crucial for infection prevention and control. More information can be found from the Health Protection Scotland's national hand hygiene campaign website:
<http://www.washyourhandsofthem.com/>

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. The first page of each hospital/CHP report card presents the percentage of hand hygiene compliance for all staff in both graph and table form.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

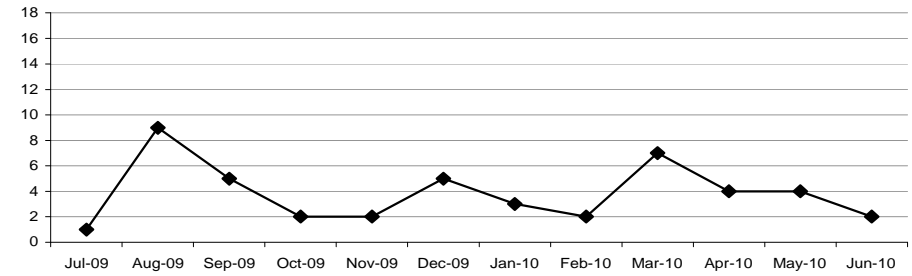
The Report Cards show the hospitals cleaning compliance percentage in both graph and table form.

Understanding the Report Cards – ‘Out of Hospital Infections’

Clostridium difficile infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries, care homes and the community itself. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital. Given the complex variety of sources for these infections it is not possible to break this data down in any more detail.

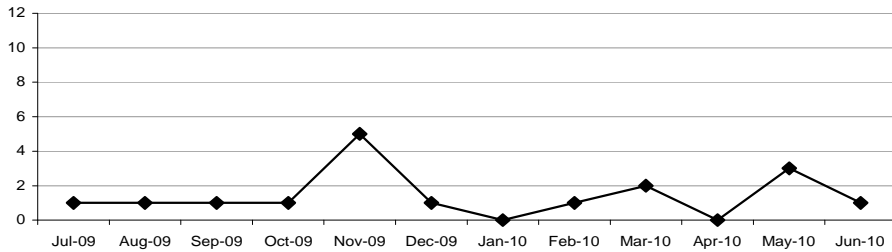
Raigmore Hospital

Clostridium difficile Infection Cases (all ages)



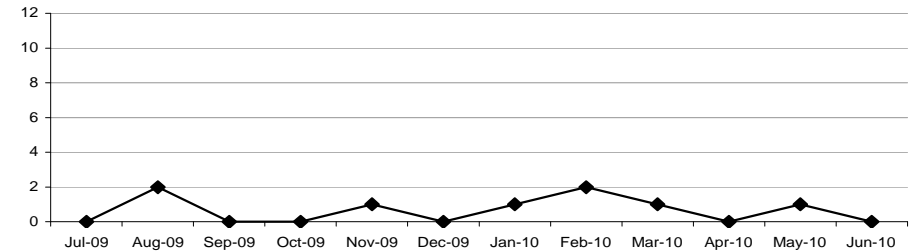
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
1	9	5	2	2	5	3	2	7	4	4	2

MSSA Bacteraemia Cases



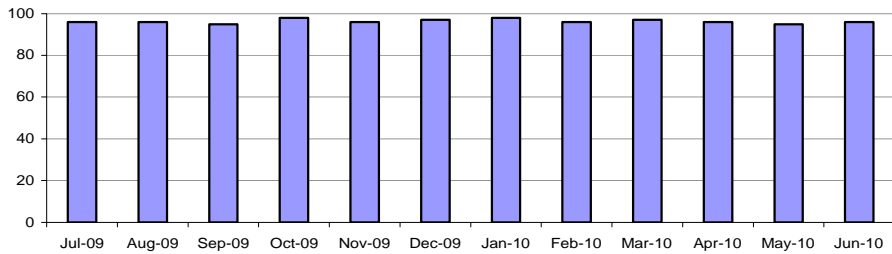
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
1	1	1	1	5	1	0	1	2	0	3	1

MRSA Bacteraemia Cases



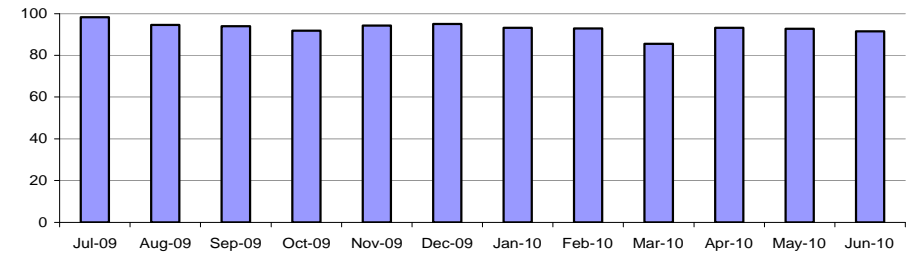
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	2	0	0	1	0	1	2	1	0	1	0

Hand Hygiene Compliance



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
96	96	95	98	96	97	98	96	97	96	95	96

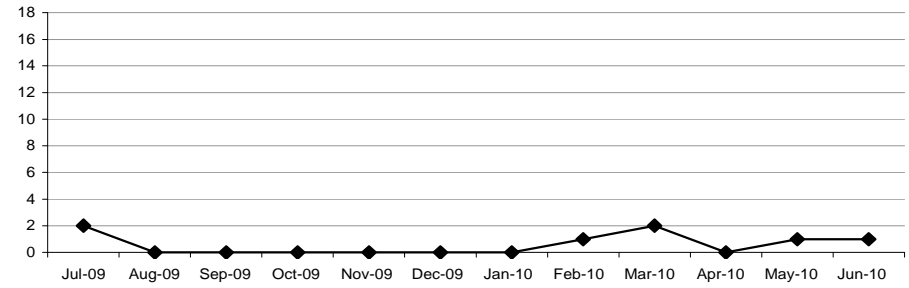
Cleaning Compliance



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
98.2	94.6	94.1	91.9	94.3	95.2	93.2	93	85.5	93.3	92.8	91.7

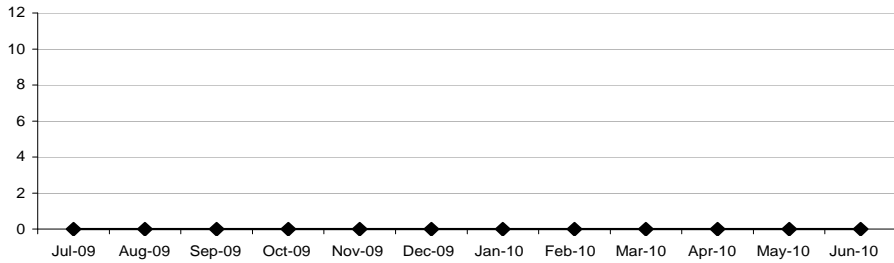
Caithness General Hospital

Clostridium difficile Infection Cases (all ages)



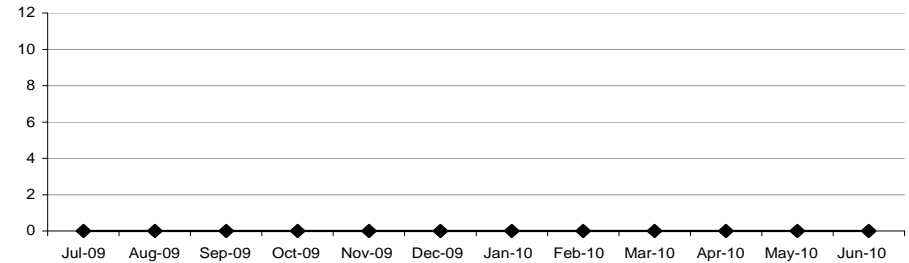
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
2	0	0	0	0	0	0	1	2	0	1	1

MSSA Bacteraemia Cases



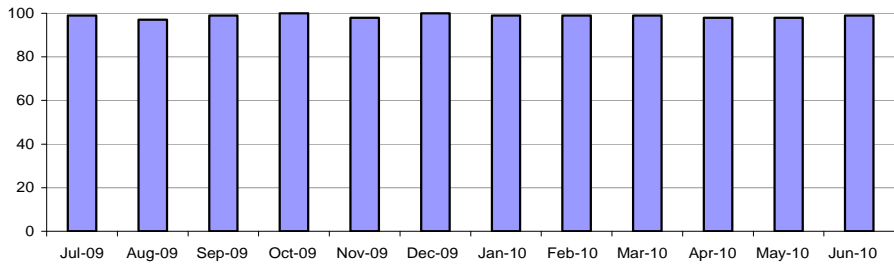
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases



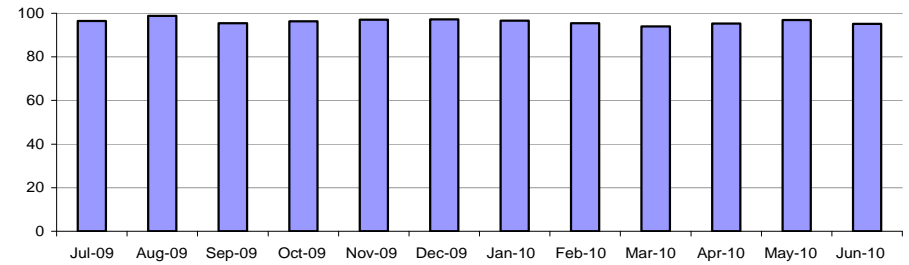
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	0	0

Hand Hygiene Compliance



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
99	97	99	100	98	100	99	99	99	98	98	99

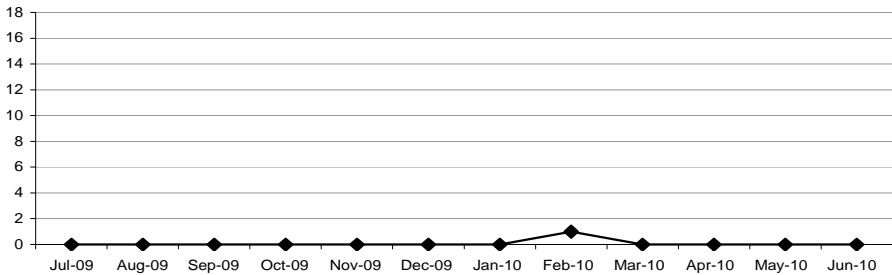
Cleaning Compliance



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
96.5	98.9	95.4	96.3	97	97.2	96.6	95.5	94.1	95.3	96.9	95.2

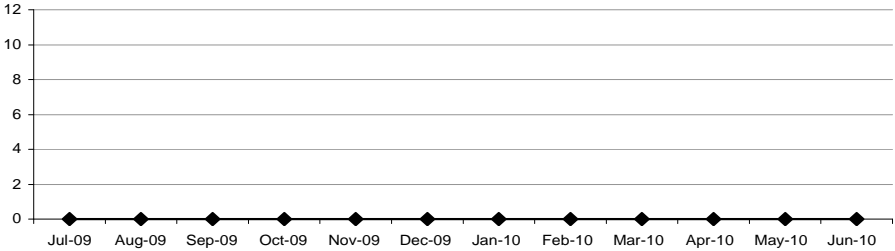
Belford Hospital

Clostridium difficile Infection Cases (all ages)



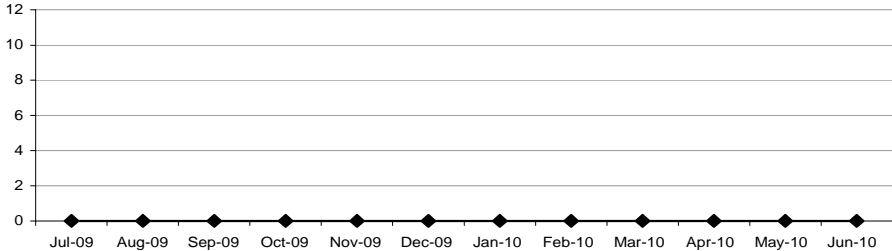
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	1	0	0	0	0

MSSA Bacteraemia Cases



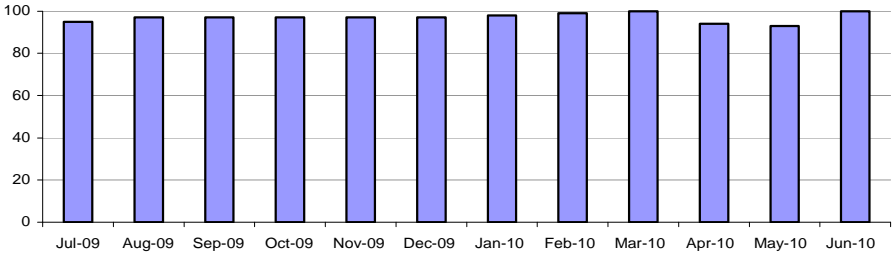
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases



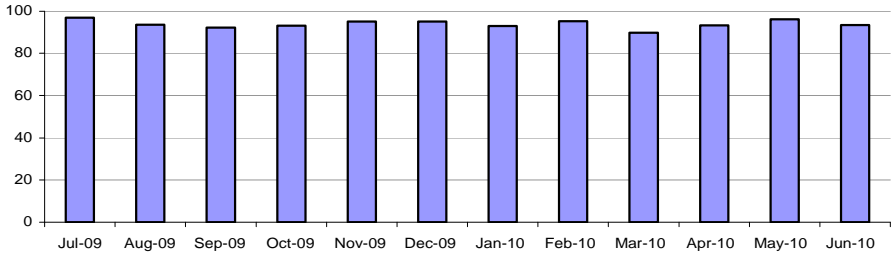
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	0	0

Hand Hygiene Compliance



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
95	97	97	97	97	97	98	99	100	94	93	100

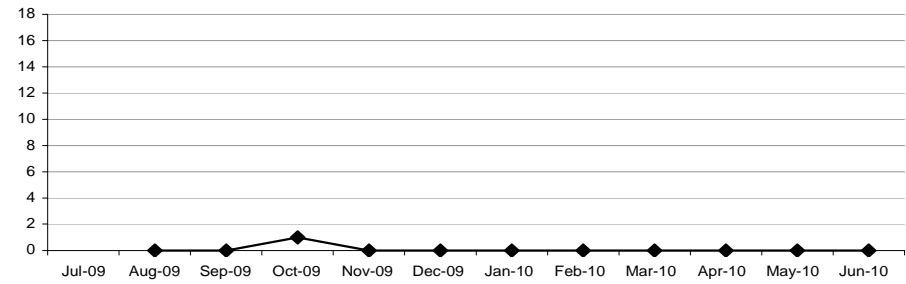
Cleaning Compliance



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
96.9	93.5	92.2	93.1	95.1	95.2	93	95.3	89.7	93.3	96.2	93.4

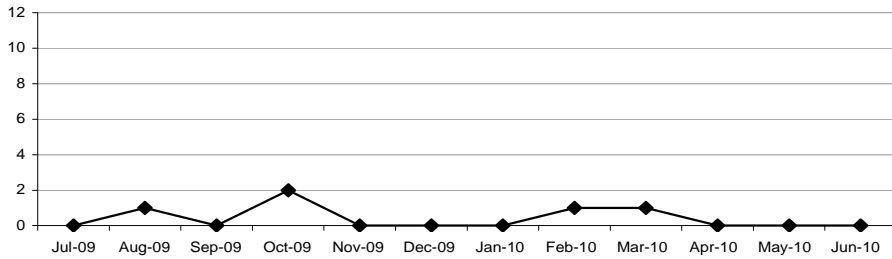
Lorn & Islands Hospital

Clostridium difficile Infection Cases (all ages)



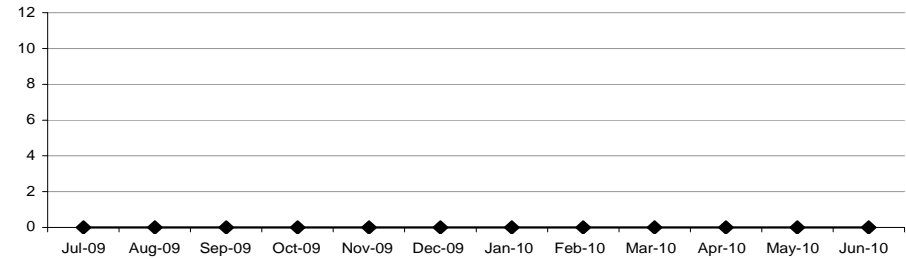
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	1	0	0	0	0	0	0	0	0

MSSA Bacteraemia Cases



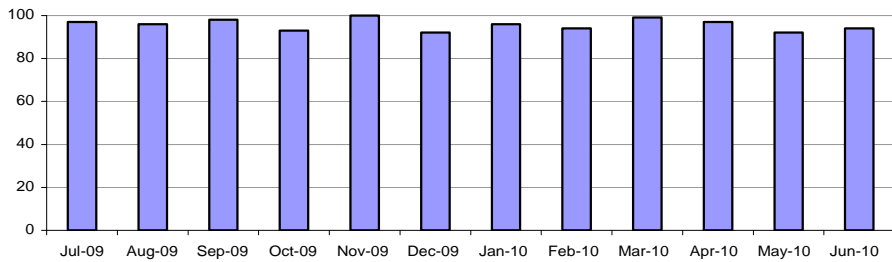
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	1	0	2	0	0	0	1	1	0	0	0

MRSA Bacteraemia Cases



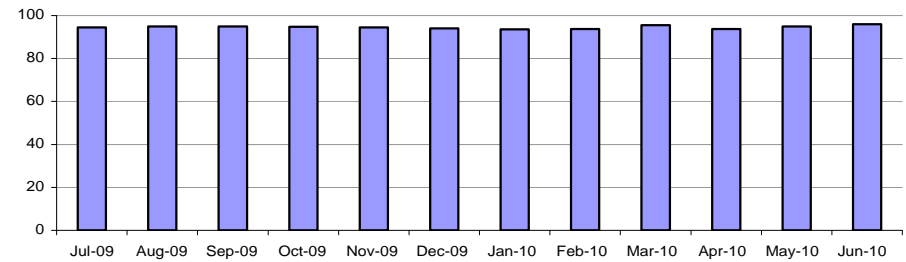
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	0	0

Hand Hygiene Compliance



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
97	96	98	93	100	92	96	94	99	97	92	94

Cleaning Compliance

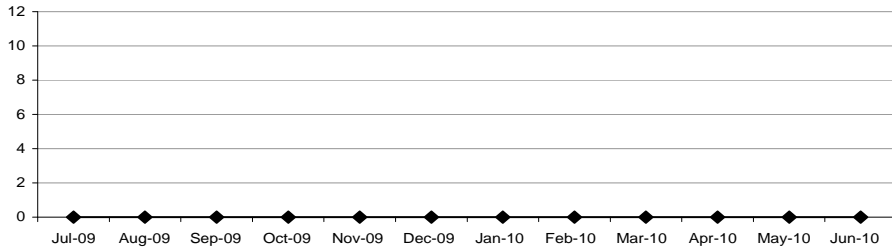


Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
94.4	94.9	94.9	94.7	94.4	94	93.5	93.7	95.6	93.6	94.9	96

North CHP Community Hospitals

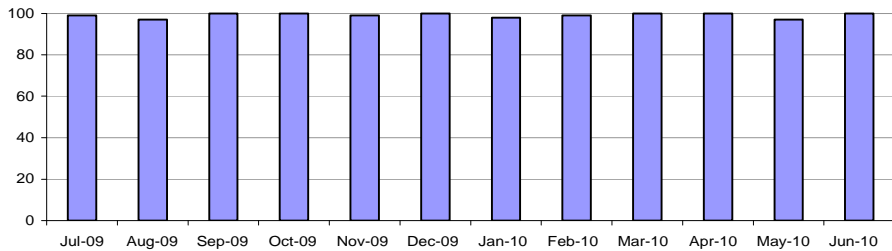
North CHP Community Hospitals include Dunbar Hospital, Thurso; Town & County Wick; Lawson Memorial Hospital, Golspie; Migdale Hospital, Bonar Bridge

MSSA Bacteraemia Cases



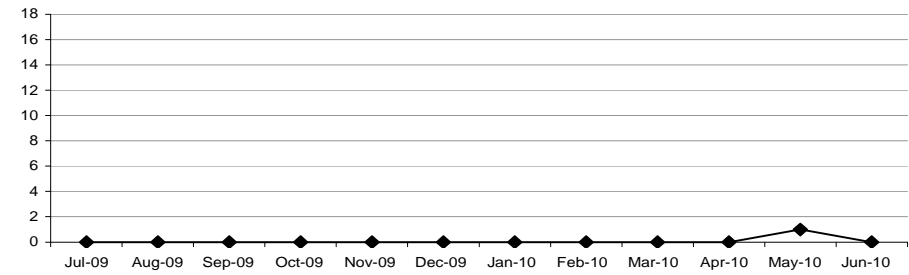
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	0	0

Hand Hygiene Compliance



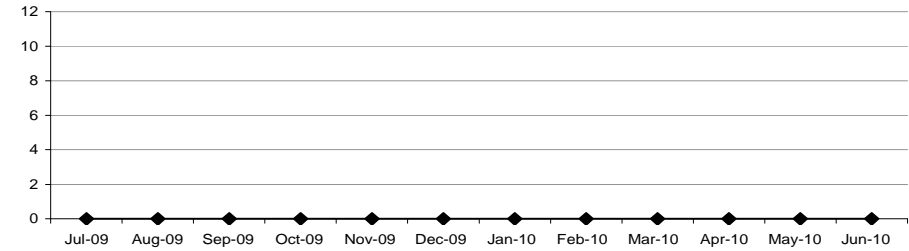
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
99	97	100	100	99	100	98	99	100	100	97	100

Clostridium difficile Infection Cases (all ages)



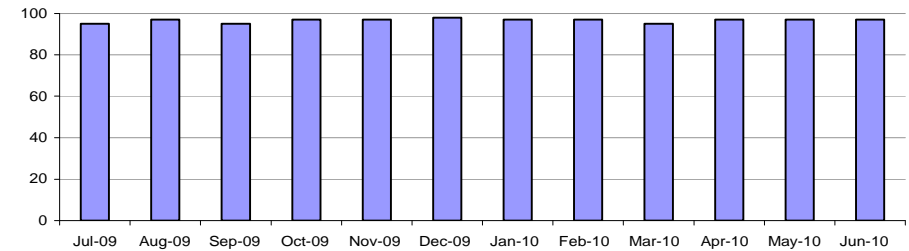
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	1	0

MRSA Bacteraemia Cases



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	0	0

Cleaning Compliance

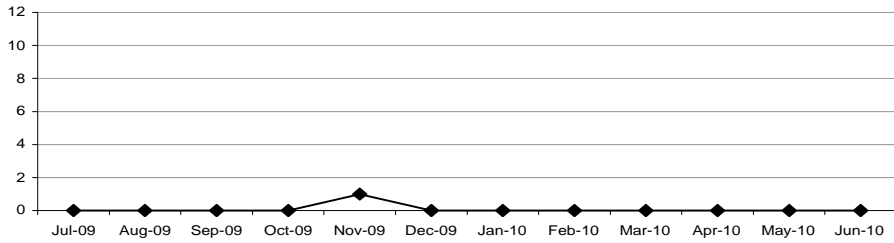


Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
95	97	95	97	97	98	97	97	95	97	97	97

Mid CHP Community Hospitals

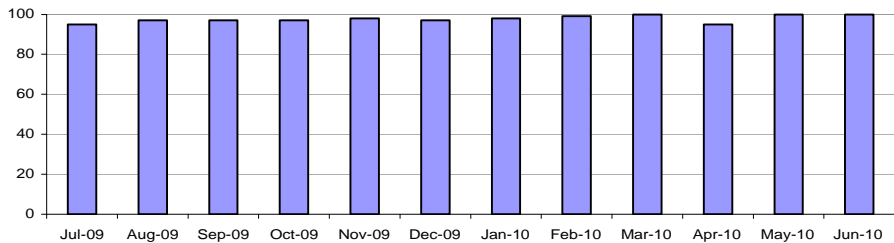
Mid CHP Community Hospitals include Ross Memorial Hospital, Dingwall; County Community Hospital, Invergordon; MacKinnon Memorial Hospital, Broad & Portree Hospital, Isle of Skye

MSSA Bacteraemia Cases



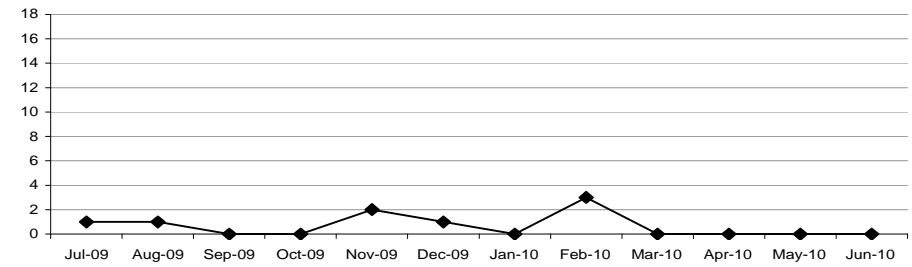
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	1	0	0	0	0	0	0	0

Hand Hygiene Compliance



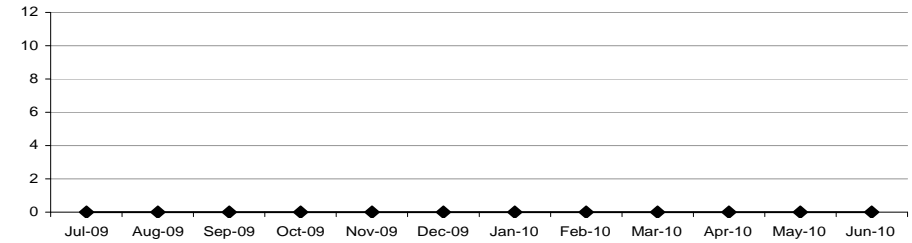
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
95	97	97	97	98	97	98	99	100	95	100	100

Clostridium difficile Infection Cases (all ages)



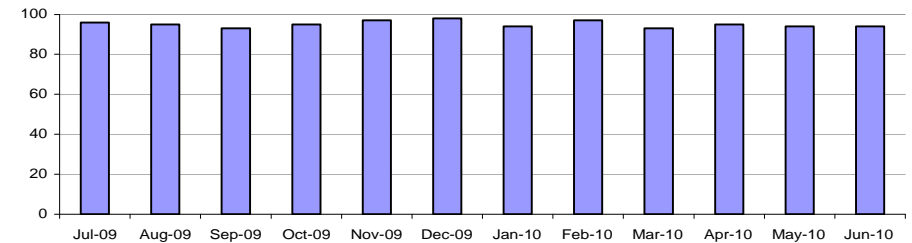
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
1	1	0	0	2	1	0	3	0	0	0	0

MRSA Bacteraemia Cases



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	0	0

Cleaning Compliance

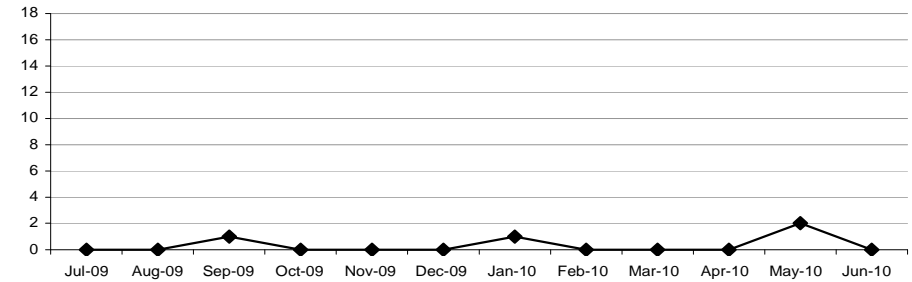


Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
96	95	93	95	97	98	94	97	93	95	94	94

South CHP Community Hospitals

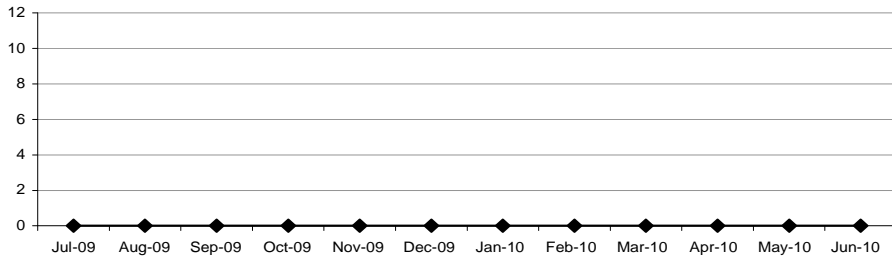
For the purposes of monitoring New Craigs Psychiatric Hospital is included in this report card. Other Hospitals included are : R & I Community Hospital, Inverness; Town & County Hospital Nairn; Ian Charles Community Hospital, Grantown on Spey; St. Vincents Hospital, Kingussie.

Clostridium difficile Infection Cases (all ages)



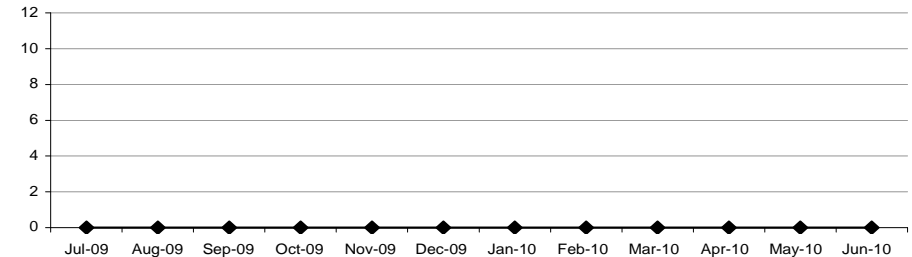
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	1	0	0	0	1	0	0	0	2	0

MSSA Bacteraemia Cases



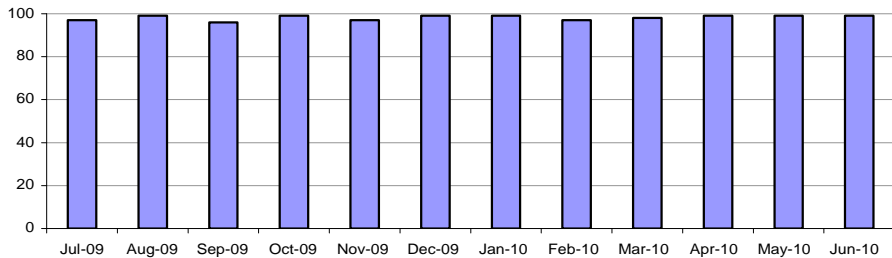
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases



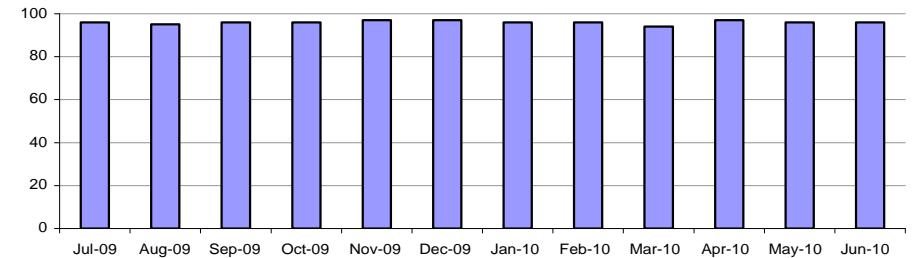
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	0	0

Hand Hygiene Compliance



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
97	99	96	99	97	99	99	97	98	99	99	99

Cleaning Compliance

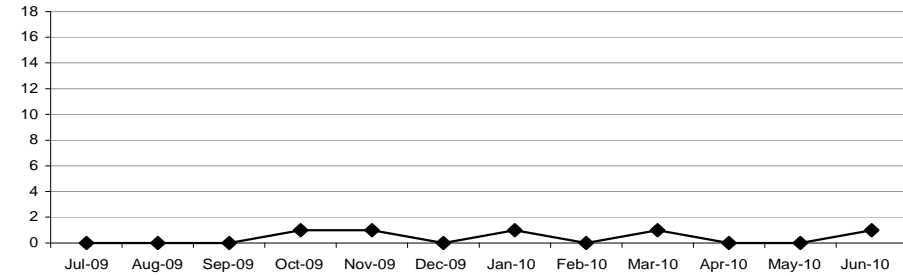


Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
96	95	96	96	97	97	96	96	94	97	96	96

Argyll & Bute Community Hospitals

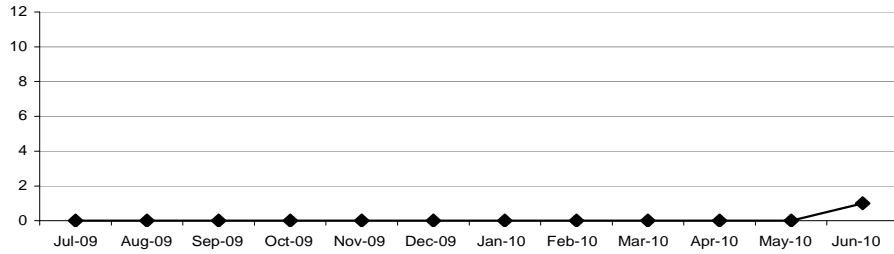
Argyll & Bute Community Hospitals include Argyll & Bute Hospital; Lochgilphead; Campbelltown Hospital; Cowal Community Hospital, Dunoon; Dunaros Community Hospital, Isle of Mull; Islay Hospital; Mid Argyll Community Hospital & Integrated Care Centre, Lochgilphead; Victoria Hospital & Annex, Rothesay

Clostridium difficile Infection Cases (all ages)



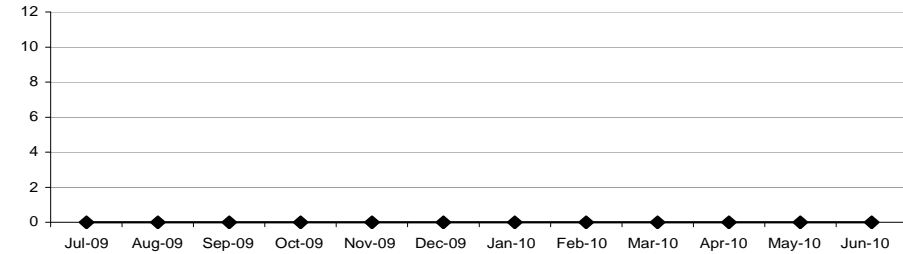
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	1	1	0	1	0	1	0	0	1

MSSA Bacteraemia Cases



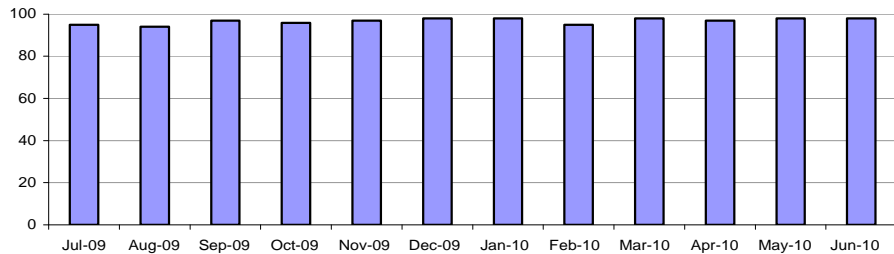
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	0	1

MRSA Bacteraemia Cases



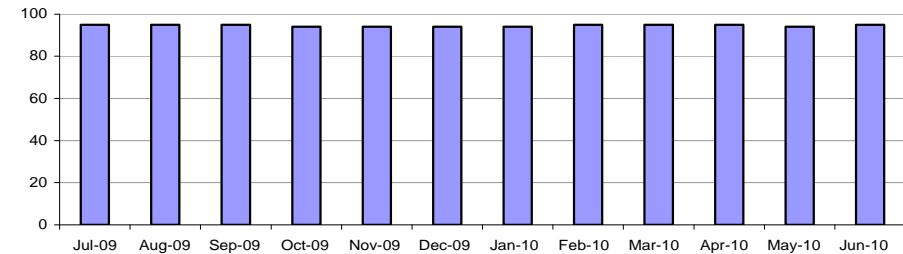
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
0	0	0	0	0	0	0	0	0	0	0	0

Hand Hygiene Compliance



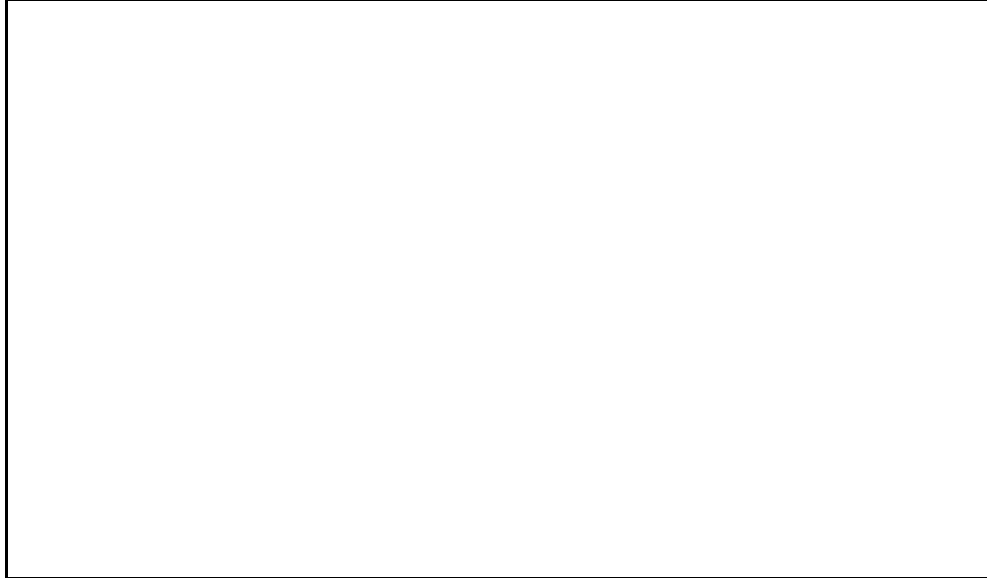
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
95	94	97	96	97	98	98	95	98	97	98	98

Cleaning Compliance

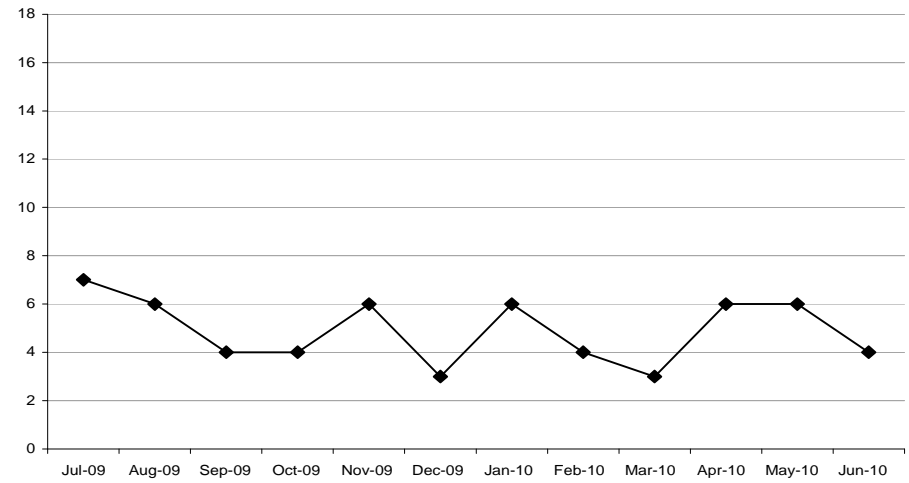


Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
95	95	95	94	94	94	94	95	95	95	94	95

Out of Hospital Infections

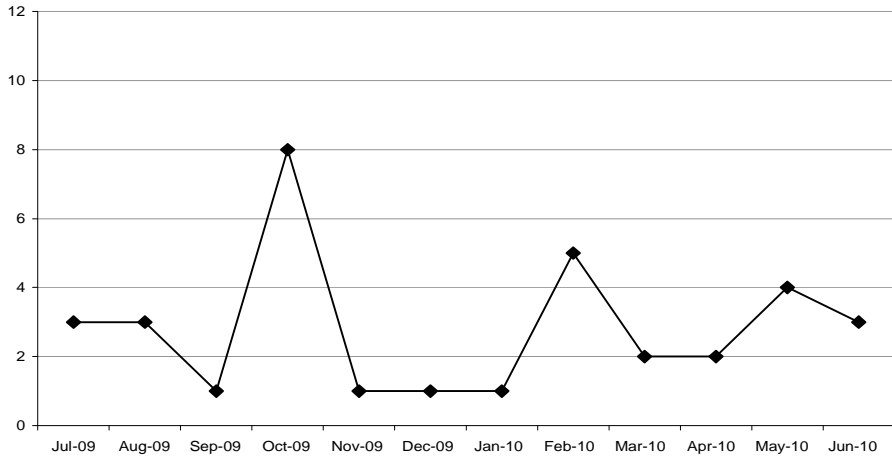


Clostridium difficile Infection Cases (all ages)



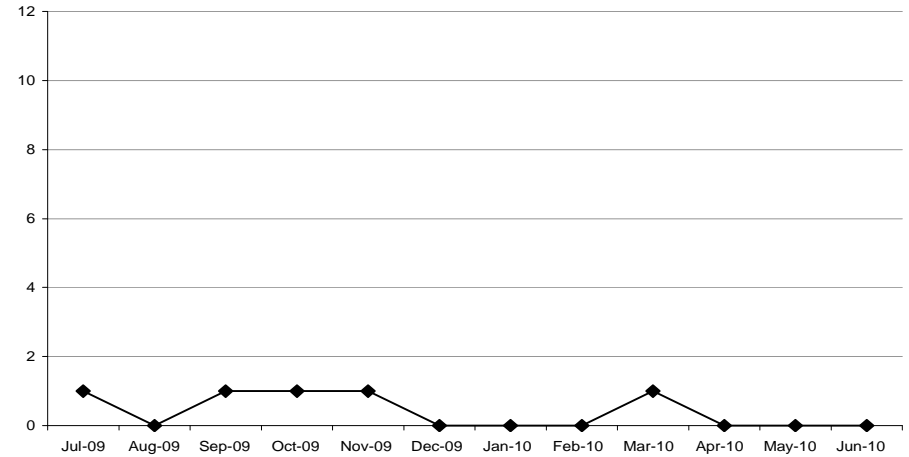
Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
7	6	4	4	6	3	6	4	3	6	6	4

MSSA Bacteraemia Cases



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
3	3	1	8	1	1	1	5	2	2	4	3

MRSA Bacteraemia Cases



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
1	0	1	1	1	0	0	0	1	0	0	0