

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 HAIs 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 for March/April 2010 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
Corporate Services

21 May 2010

Staph aureus bacteraemias (SAB)

Figure 1

Illustrates the number of *Staph. Aureus* Bacteraemias by month from May 2007 to April 2010. This demonstrates the trend in SAB (both MRSA and MSSA) for NHS Highland, along with the target (30% reduction in baseline rate). There were 2 SAB cases in April 2010.

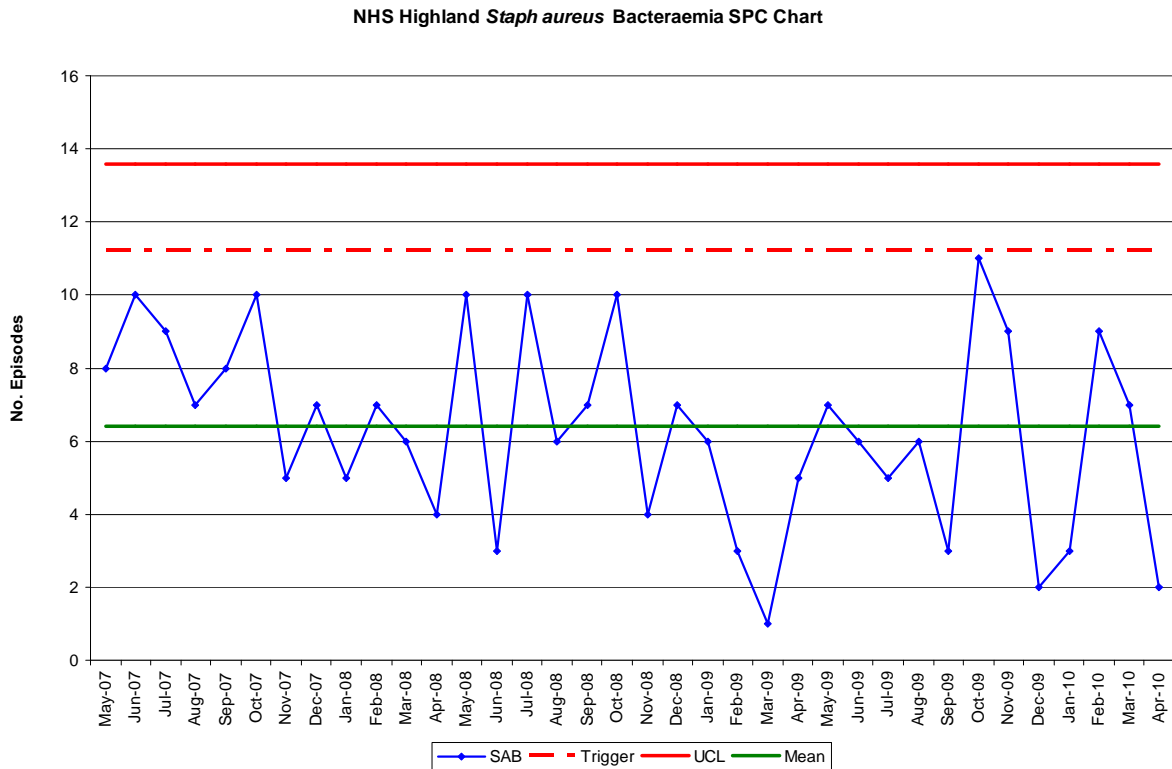


Figure 2:
Division between MRSA/MSSA bacteraemias

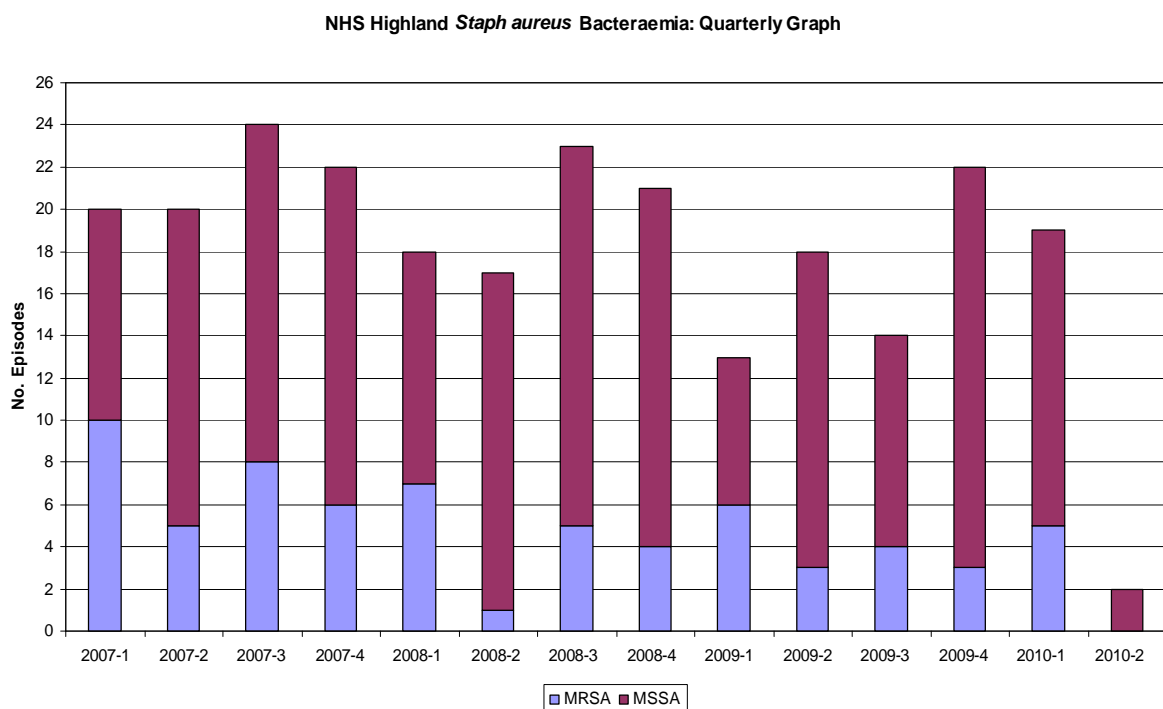
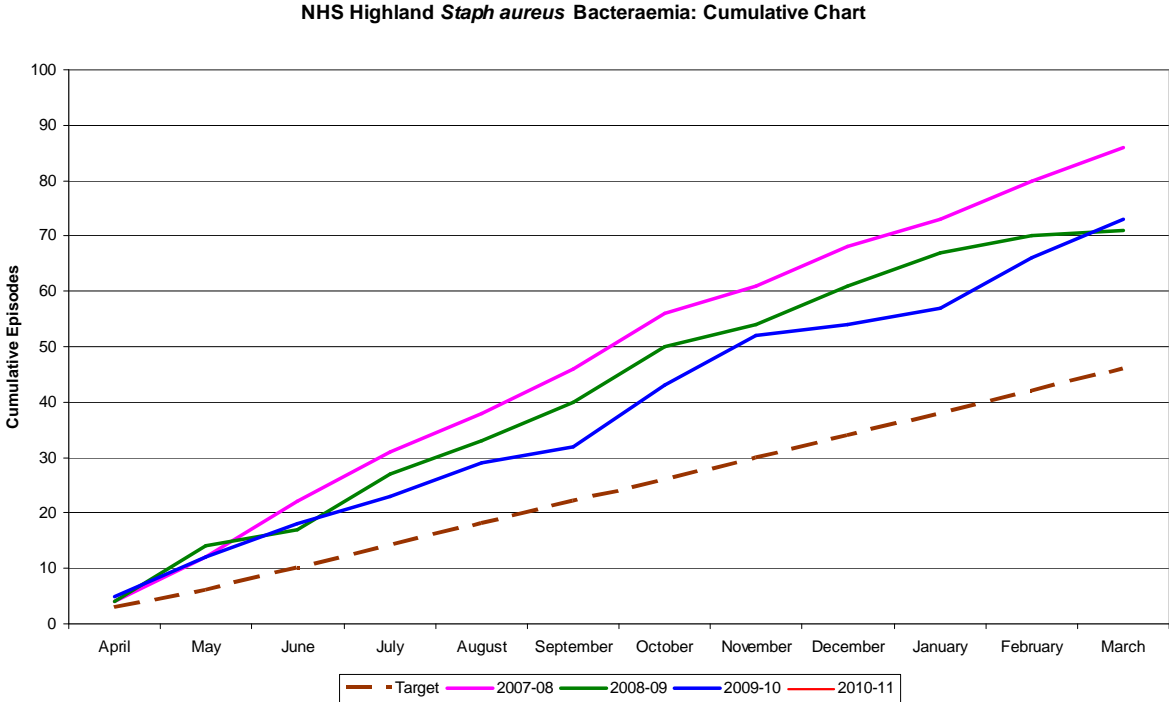


Figure 3



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 was 54 cases in the year April 2009 to March 2010. By the end of March 2010 NHS Highland registered its 73rd case of SAB.

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 is 46.

1.3 National context

The overall *S. aureus* bacteraemia rate for Scotland during this quarter was 0.368 per 1000 AOBs. The NHS Highland rate for this quarter was 0.313 per 1000 AOBs

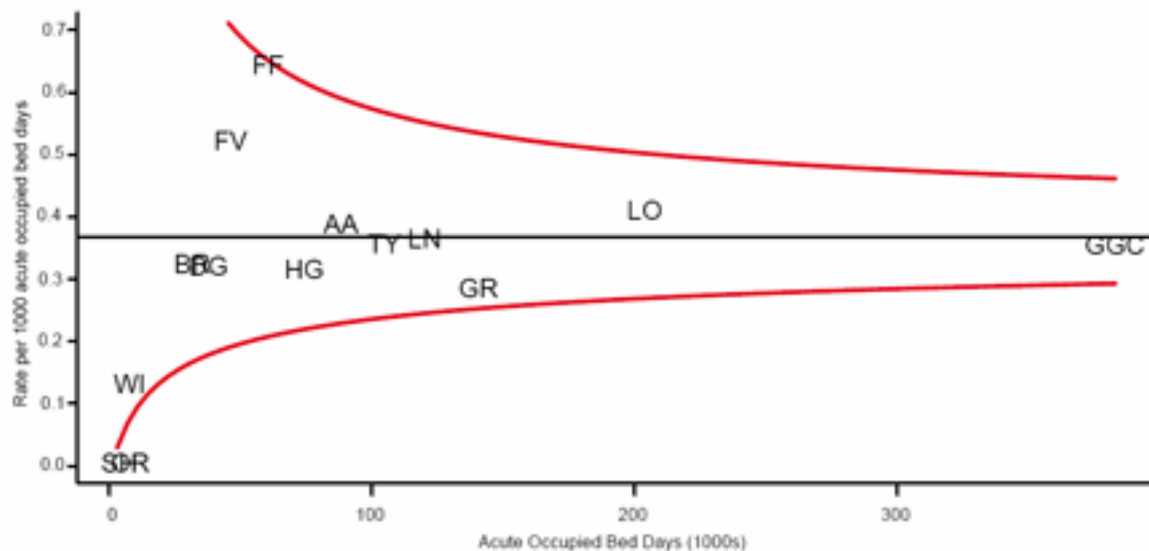
Table 1.

Total number of *S. aureus* bacteraemia cases this quarter and annual rates of *S. aureus* bacteraemia in 14 NHS Boards in Scotland.

NHS board	October to December 2009			October 2008 to September 2009		
	AOBDS	<i>S. aureus</i> bacteraemias (n)	<i>S. aureus</i> bacteraemia rate per 1000 AOBDS	AOBDS	<i>S. aureus</i> bacteraemias (n)	<i>S. aureus</i> bacteraemia rate per 1000 AOBDS
Ayrshire & Arran	88375	34	0.385	362629	125	0.345
Borders	28169	9	0.320	117644	25	0.213
Dumfries & Galloway	37854	12	0.317	147975	60	0.405
Fife	62527	40	0.640	252143	142	0.563
Forth Valley	46299	24	0.518	204486	98	0.479
Grampian	138634	39	0.281	570676	194	0.340
Greater Glasgow & Clyde	382815	134	0.350	1545243	653	0.423
Highland	70371	22	0.313	291015	72	0.247
Lanarkshire	122117	44	0.360	475720	189	0.397
Lothian	204182	83	0.407	818869	370	0.452
Orkney	4374	0	0.000	18440	6	0.325
Shetland	3097	0	0.000	12671	6	0.474
Tayside	105936	37	0.349	422724	186	0.440
Western Isles	7839	1	0.128	31626	2	0.063
Scotland	1302589	479	0.368	5271861	2128	0.404

Figure 4.

Funnel plot of *S. aureus* bacteraemia rates for all NHS Boards in Scotland against acute occupied bed days (x1000), October to December 2009.



HG = Highland

1.4 Current/new initiatives to reduce cases

- Surveillance of SAB. Throughout NHS Highland a Root Cause Analysis is now undertaken on each SAB case. This is reported to the NHS Highland SAB Action Group.

The outcome to-date has focused on:-

- Ensuring the criteria for taking of Blood cultures is adhered to and the correct technique is used when taking Blood Cultures to avoid contamination.
 - The care and maintenance of invasive devices such as PVC, CVC, PEG and urinary catheters
- Promotion of hand hygiene across all staff groups and general public. NHS Highland achieved 96% compliance with opportunity in the February 2010. National Hand Hygiene Audit and 81% 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.
 - The SAB Action Group continues to meet twice a month to oversee the implementation of the SAB Action Plan and monitor impact. This is led by Dr Andrew Hay, Infection Control Lead for NHS Highland.

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 5 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 6, 7 and 8 show the number of new cases within Raigmore, Belford and Caithness General Hospitals, including trigger levels. Lorn & Islands SPC Chart will be available for the next Board meeting.

Figure 5

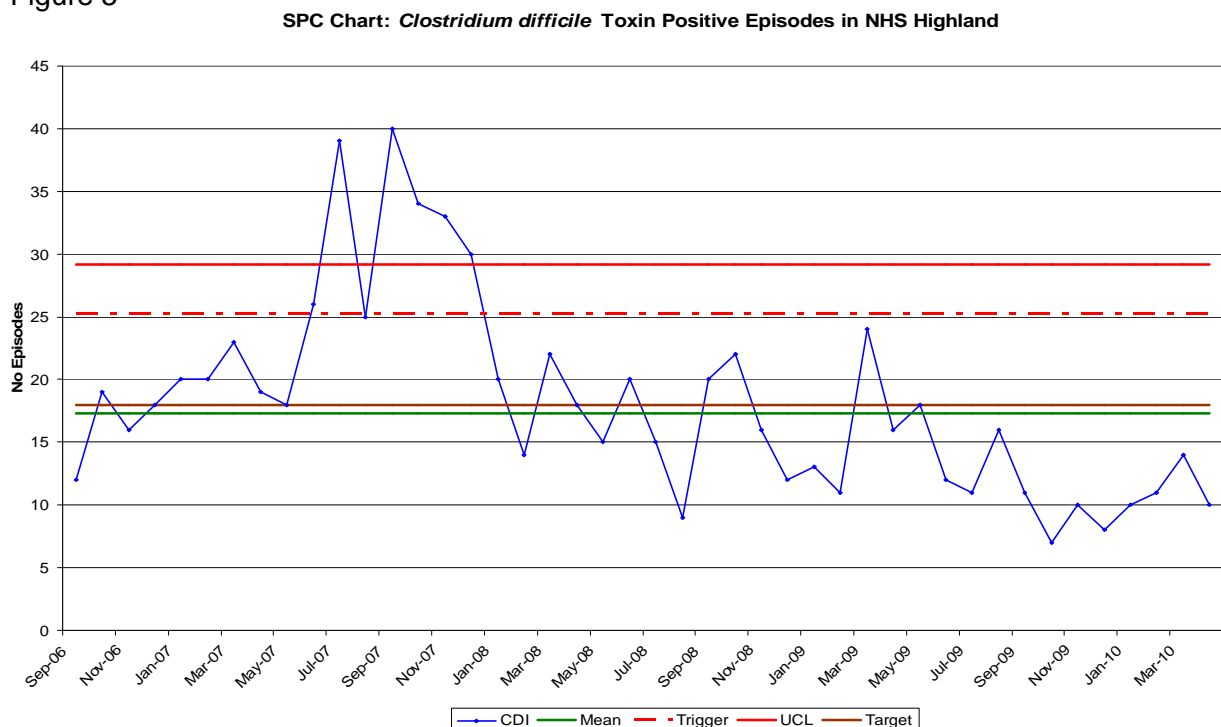


Figure 6

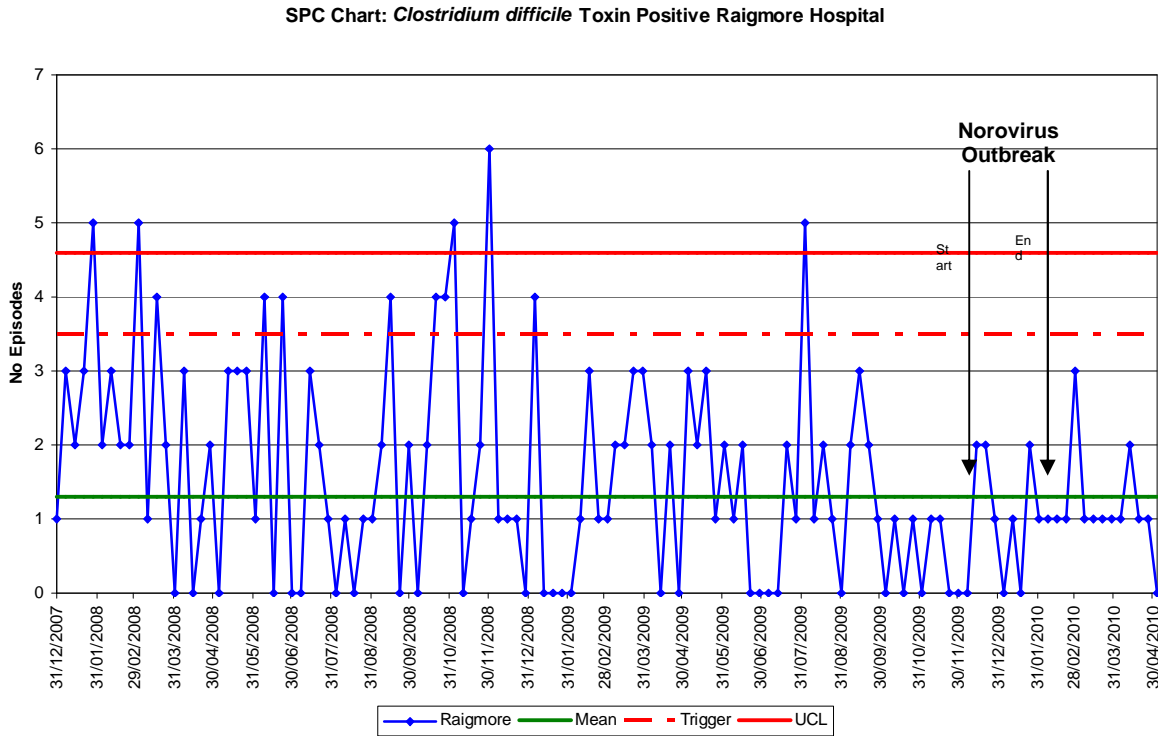


Figure 7

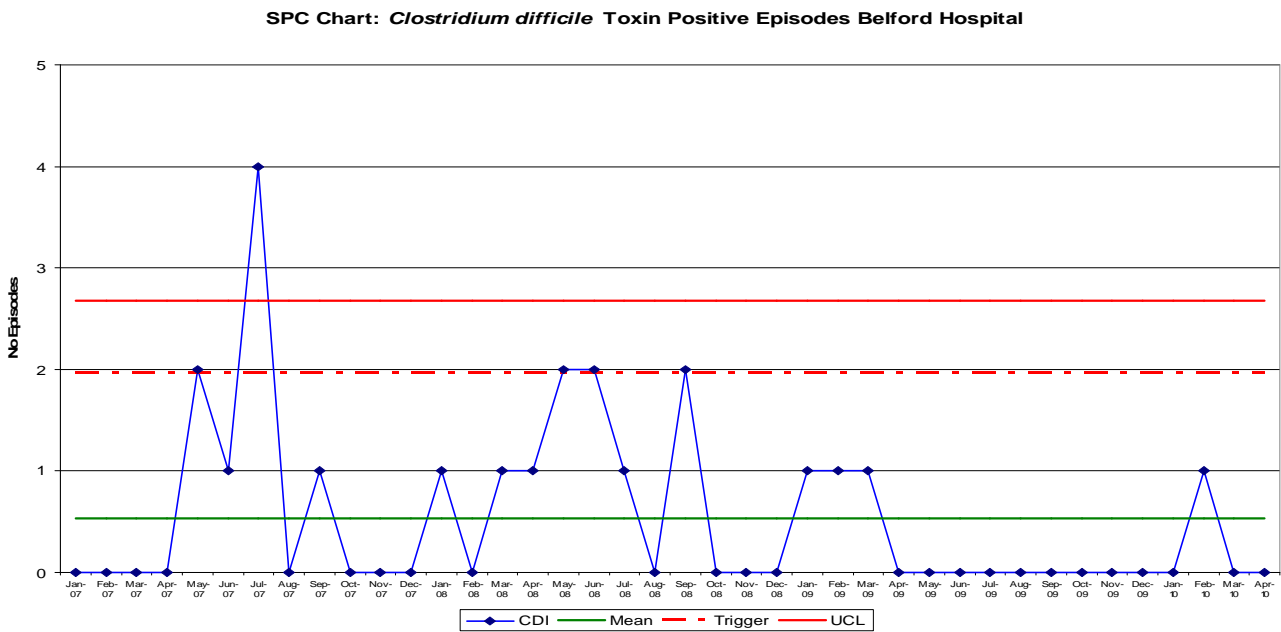


Figure 8

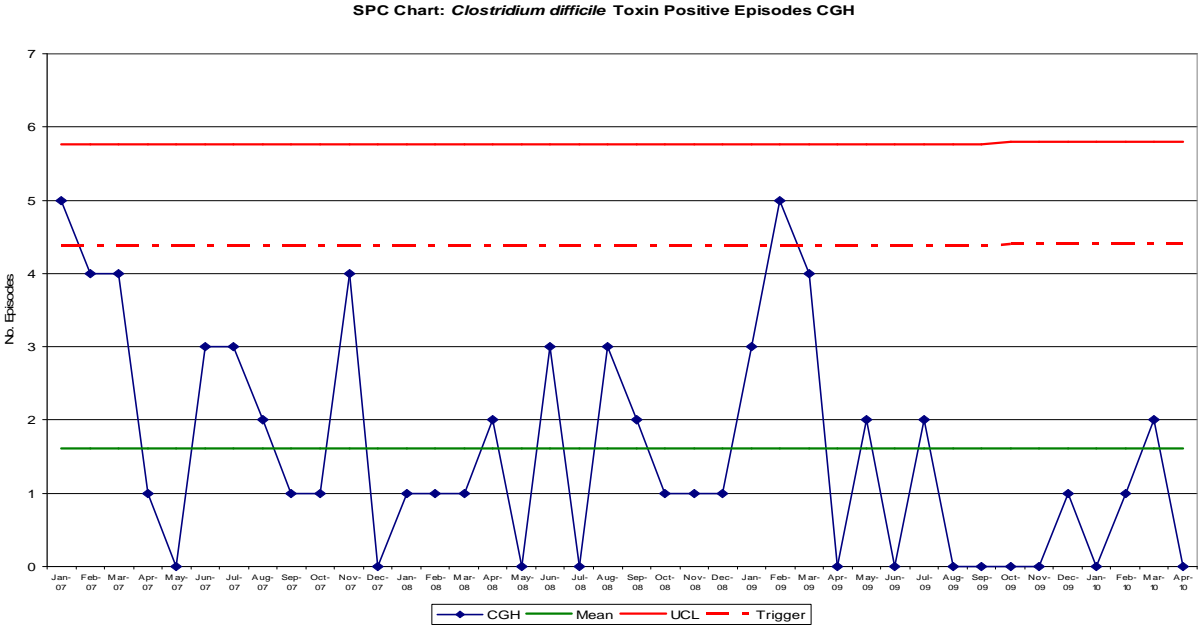
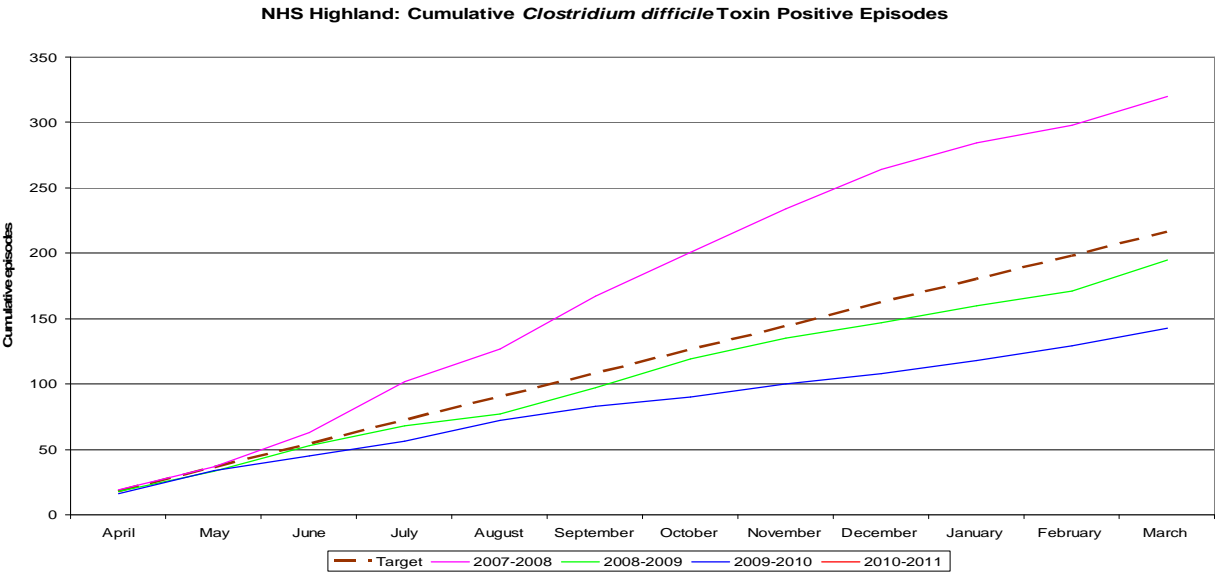


Figure 9



2.2 Current HEAT status

Table 2

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

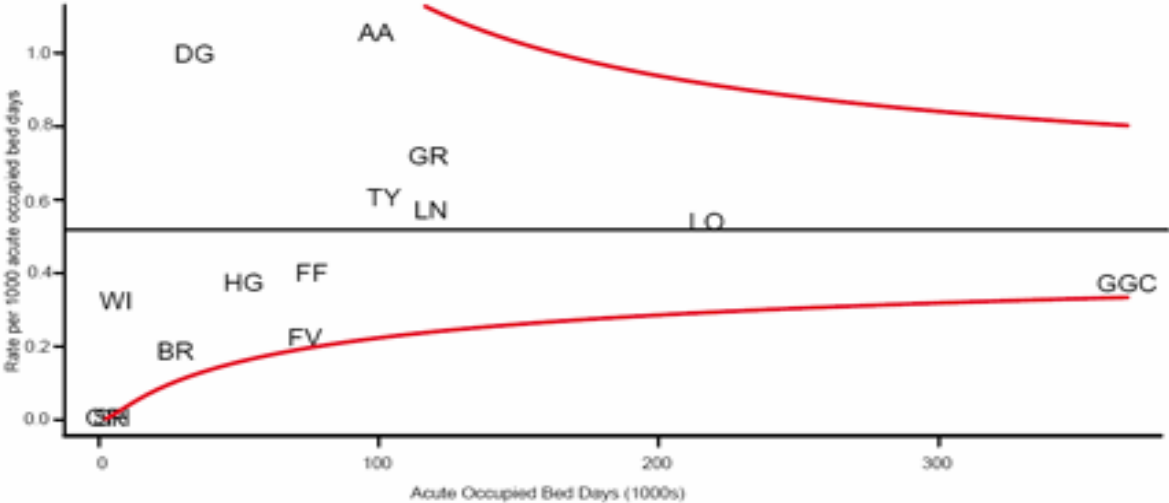
NHS board	Overall rate (Oct – Dec 09)	HEAT target (March 2011)
Highland	0.37	0.77
Total Scotland	0.52	0.90

2.3 National context

The overall rate for Scotland in persons aged 65 and over, was 0.52 cases of CDI per 1000 total occupied bed days (OCBDs) which is a decrease of 21% compared to the previous quarters rate of 0.66 per 1000 OCBDs. This is the seventh consecutive drop in rates since the beginning of the mandatory surveillance.

Figure10

Funnel plot of rates of CDI for all NHS Boards in Scotland in patients aged 65 and over against total occupied bed days (x1000) for the period October – December 2009. Concave lines represent 95% confidence limits and the horizontal line the mean rate of CDI.



HG = Highland

Figure 11

Rates of CDI per 1000 total OCBDs in patients aged 65 or over in acute and non-acute hospitals in 14 NHS Boards in Scotland. Note that NHS Orkney does not provide a non-acute (overnight) specialty in elderly care.

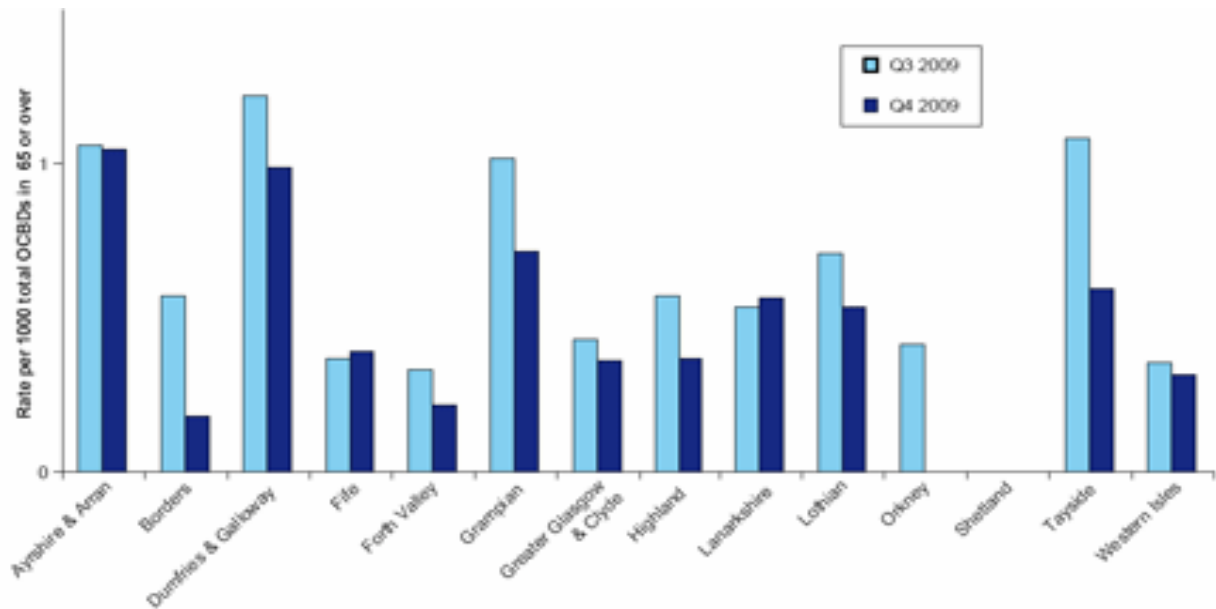


Table 3.

Total number of cases in the age groups 65 and over 15-64 for this quarter vs. annual rates of CDI in 14 NHS Boards in Scotland.

	Total number of cases October-December 2009		Rates per 1000 total/acute OCBD		
	65 or over	15-64	65 or over	15-64	Annual (2009)*
NHS Ayrshire & Arran	104	37	1.05	1.45	1.15
NHS Borders	5	2	0.18	0.27	0.62
NHS Dumfries & Galloway	34	8	0.99	0.94	1.20
NHS Fife	30	6	0.39	0.33	0.43
NHS Forth Valley	16	4	0.22	0.26	0.45
NHS Grampian	84	31	0.71	0.80	1.25
NHS Greater Glasgow & Clyde	134	55	0.36	0.46	0.46
NHS Highland	19	7	0.37	0.41	0.53
NHS Lanarkshire	67	14	0.56	0.37	0.60
NHS Lothian	116	47	0.53	0.75	0.74
NHS Orkney	0	2	0.00	3.78	2.17
NHS Shetland	0	0	0.00	0.00	0.05
NHS Tayside	61	20	0.60	0.71	0.98
NHS Western Isles	2	2	0.32	1.34	0.30
Scotland (overall)	672	235	0.52	0.62	0.71

*Note that annual rates (2009) are based on data collected from January-December 2009 and apply only to the age group 65 and over.

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. The system for obtaining data for Lorn and Islands Hospital is through a service level agreement with 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 surveillance is carried out on every CDI case with immediate feedback to all levels of the organisation. Surveillance has been expanded to include 30 day follow up from diagnosis for C. Difficile. A Root Cause Analysis is completed for C. Difficile on patients who die or severe cases.

3 Surgical Site Infections

The Board currently undertakes surveillance in the following:

Surgical Site Infection:

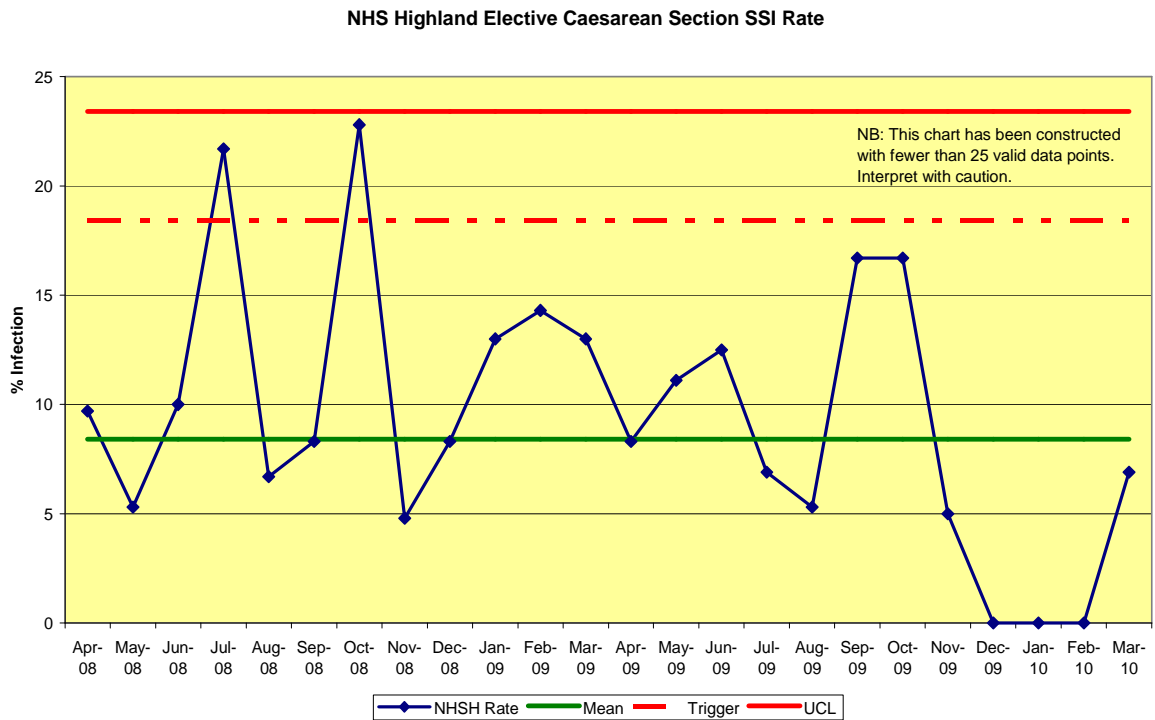
- Emergency and elective Caesarean sections (including up to 10 days post discharge)
- Total hip replacement (including 30 days re-admission).
- Hemiarthroplasty and Dynamic Hip Screw (DHS) (including 30 days re-admission)

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)

Surveillance figures for NHS Highland

Figure 12



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

Focuses on Surveillance, Pre, Peri and Post operative care, Clinical Practice and Implementation of National Guidance. Progress has been made and a further report will go to the next Infection Control Implementation Group in May 2010.

Figure 13

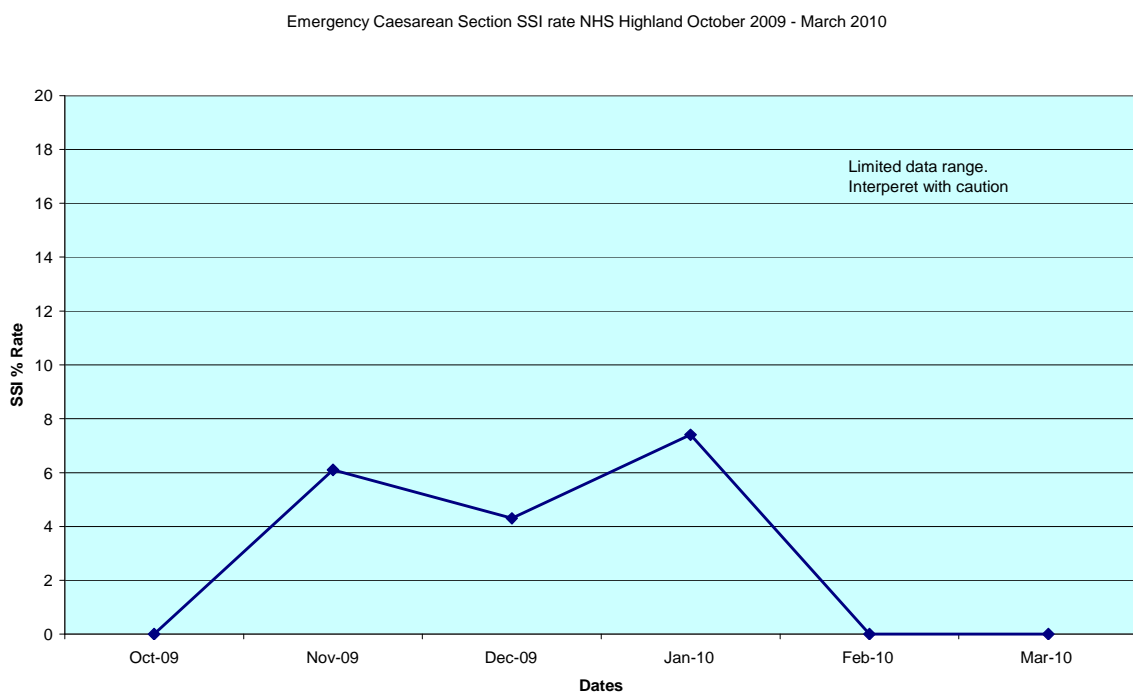
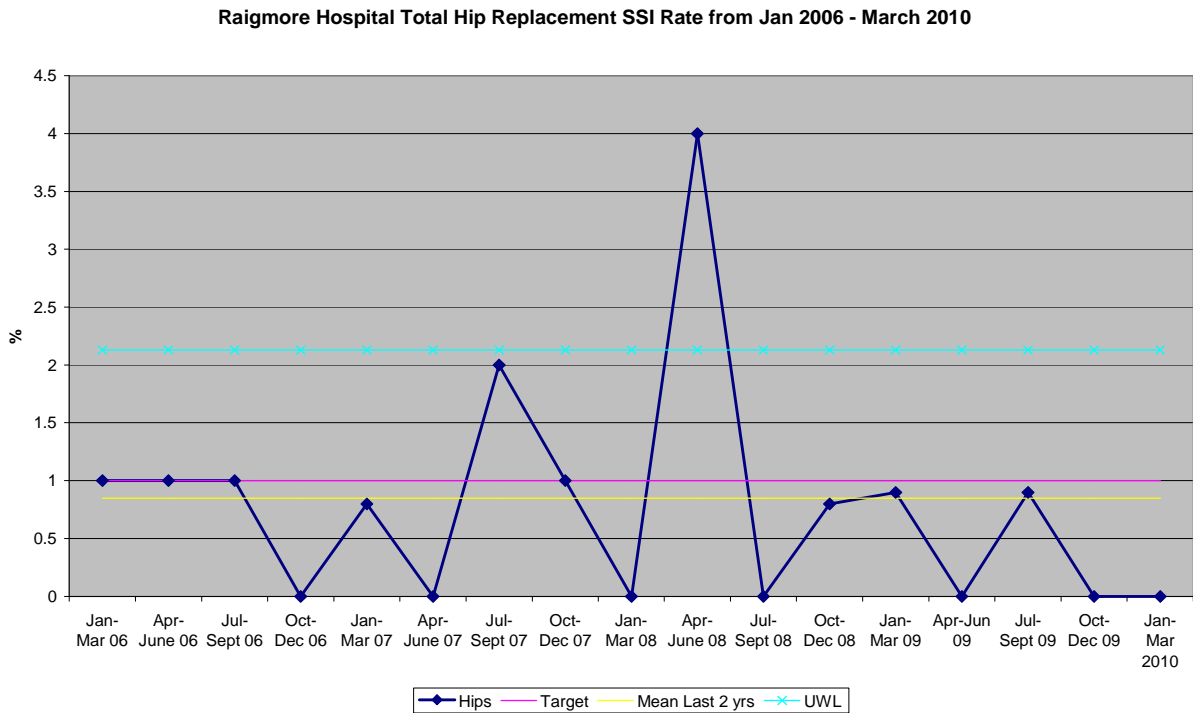


Figure 14



Intensive Therapy Unit (ITU) Surveillance

Figure 15:
No of Days between CVC Infections

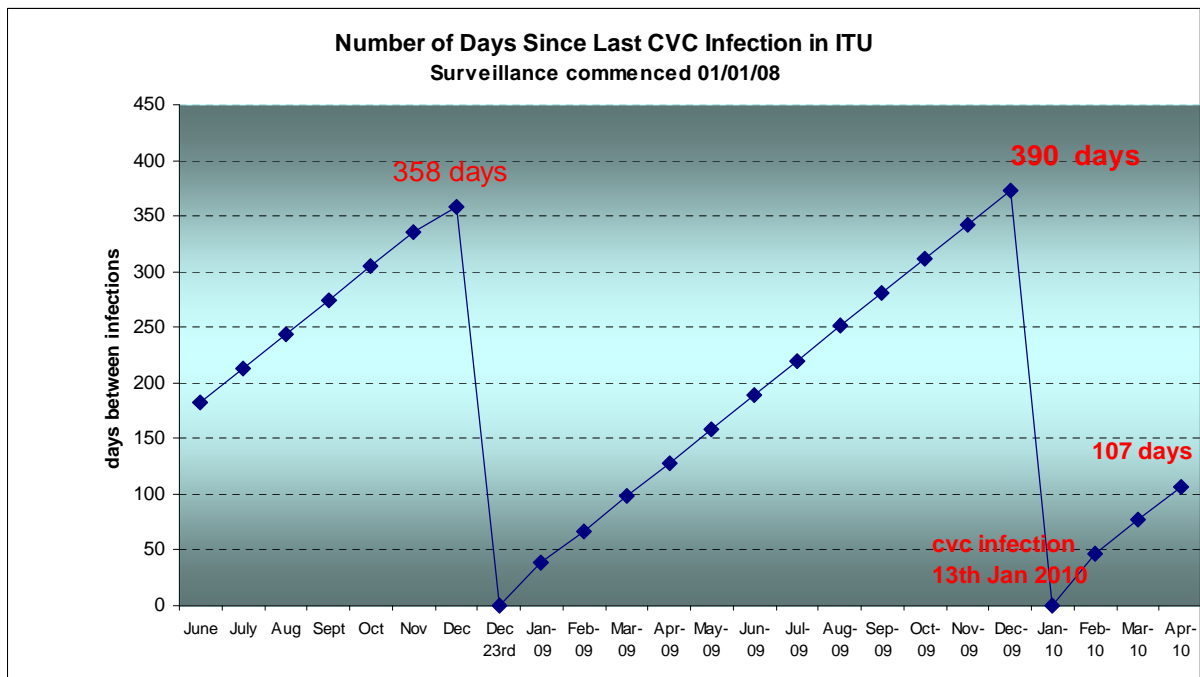
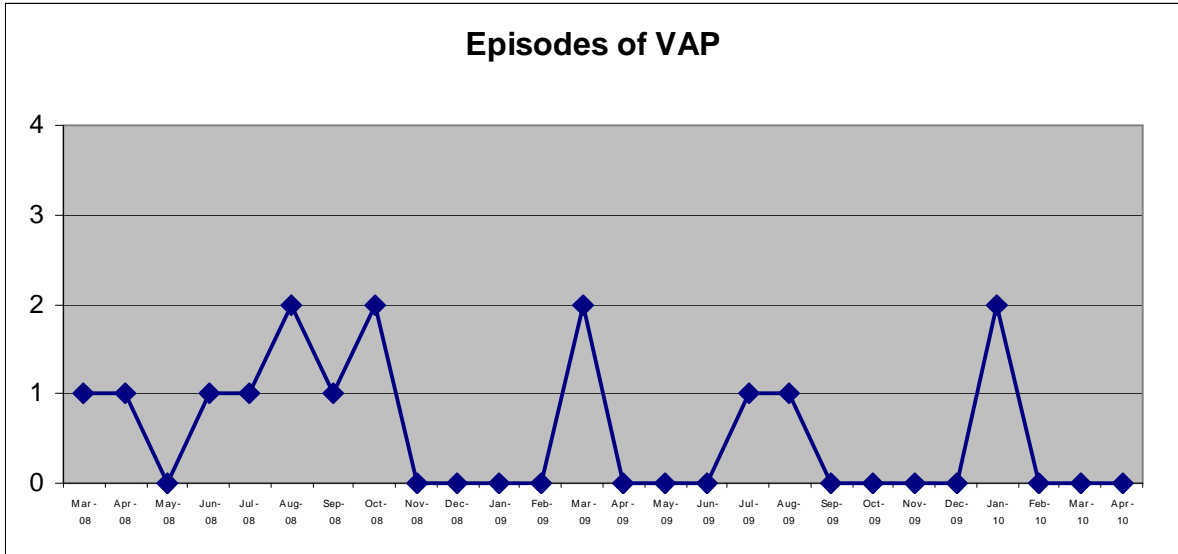


Figure 16:
VAP Rate per 1000 Ventilator Days



4 Hand Hygiene (HH) programme

- 4.1 National context – National audits continue every two months. March 2010 audit confirmed that NHS Highland achieved a compliance rate of 96% with opportunity and 81% 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 4
NHS Highland rolling Audit Compliance % across NHS Highland

Year ending March 2010

	Opps	Tech	Possible	Opps %	Tech %
A&B	5358.6	5033.858	5600	96%	90%
MID	2435	2015.26	2540	96%	79%
New Craigs	2605	2455.46	2700	96%	91%
North	3288	3152.915	3340	98%	94%
Raigmore	5956.8	5428.072	6240	95%	87%
SE	1627	1508.79	1660	98%	91%
Totals	21270.4	19594.355	22080	96%	89%

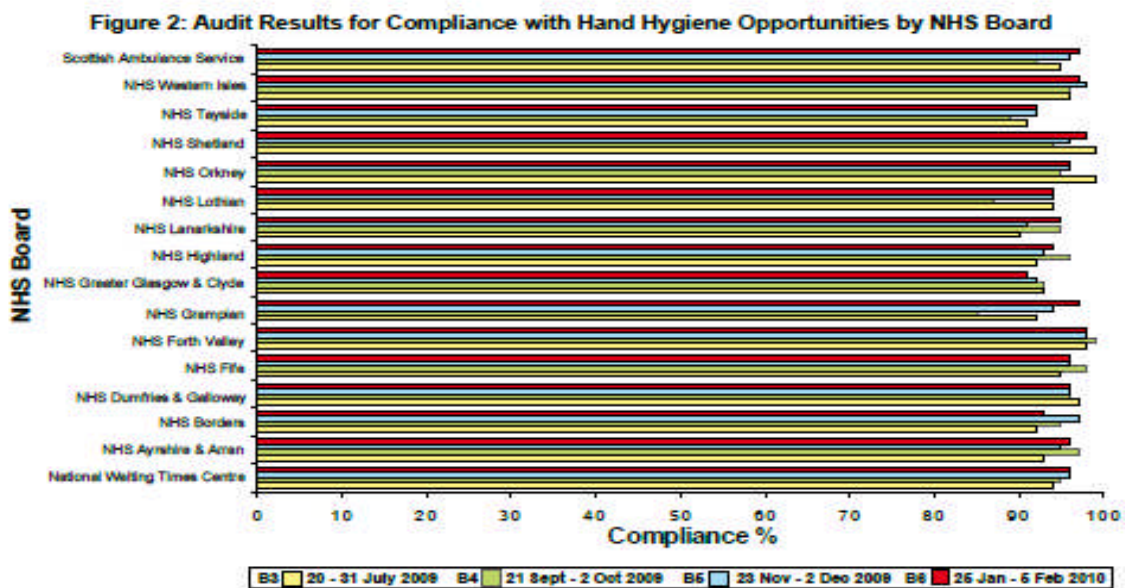
	Opps%	Technique%
Rolling Totals	96%	89%

Figure 17

Indicates that compliance percentages for the 3rd National bi-monthly(20-31 July 2009) audit period ranged from 90% to 99% (mean 93%) for each NHS Boards whilst for the 4th(21 Sept-2 Oct 2009) and 5th(23 Nov-2 Dec 2009) bi-monthly audit periods overall compliance with hand hygiene ranged from 85% to 99% (mean 92%) and 91% to 98% (mean 94%) respectively. In the 6th (25 Jan-5 Feb bi-monthly audit period compliance percentages for each Board ranged from 91% to 98% (mean 94%).

Audit Results for Compliance with Hand Hygiene Opportunities by NHS Boards

Audit results for compliance with hand hygiene opportunities have been established for each NHS board for the 3rd, 4th, 5th and 6th bi-monthly audit periods.



4.3 Current/new initiatives in promoting Hand Hygiene

- The NESH Hand Hygiene awareness pack agreed by the Hand Hygiene Group is currently being tested in line with SPSP methodology in Raigmore and in the community and a hospital in each of the CHPs. Feedback will be provided at the June Hand Hygiene Group meeting.
- A Hand Hygiene Audit tool is being developed for local audit monitoring in conjunction with National Hand Hygiene, iiiP and SPSP programmes.

Global Hand Hygiene day was 5th May 2010. A range of local activities took place within hospitals and community settings across NHS Highland to mark the day. Hand Hygiene stalls were set up at hospital entrances. Using the ultra light box staff, patients and members of the public were able to review the effectiveness of their hand hygiene technique. Each person who attended the stand was encouraged to share ideas, ask questions and discuss any issues with the hand hygiene promoters. A very positive response was received across all sites with each stall kept busy.

5 Cleaning Services Specification Compliance

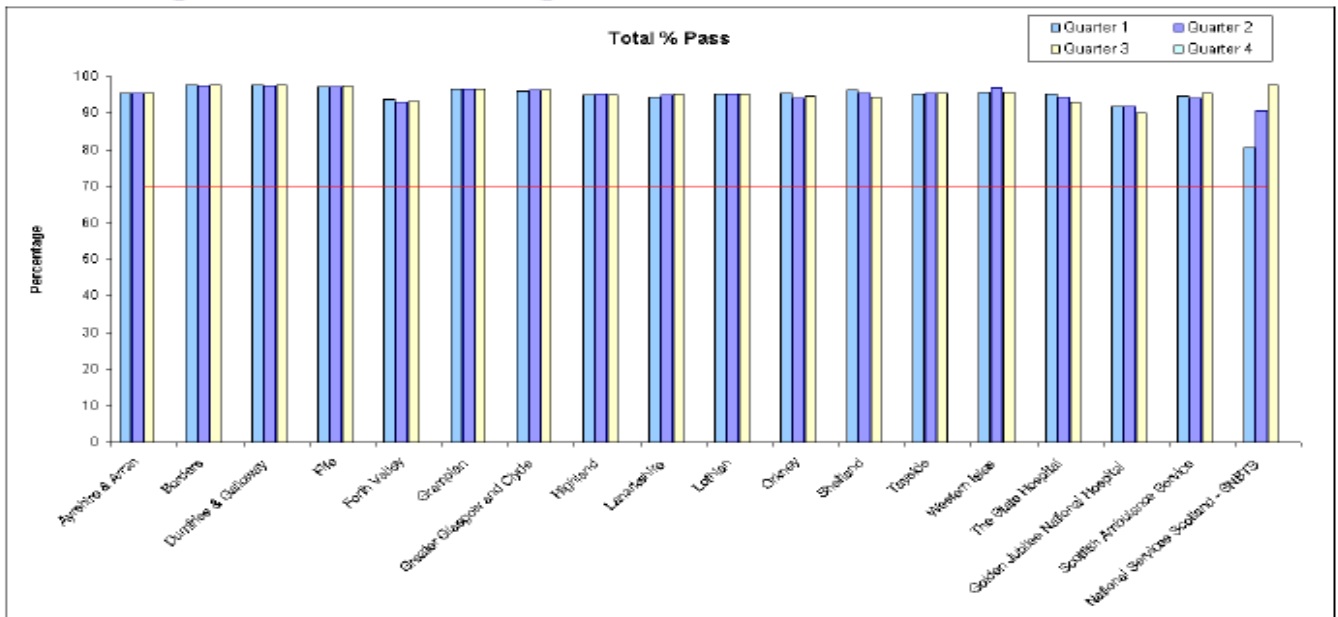
5.1 Short / medium / long term trends and compliance.

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 18

Cleaning Services Monitoring Tool – NHS Boards' Performance



5.3 Current/new initiatives in improving cleaning

- Recruitment from the additional funding provided by the Government for approximately 22 WTE domestic staff throughout NHS Highland, is almost complete. 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 "Target" teams.

5.4 Statutory Compliance Audit and Reporting Tool (SCART).

- The Scottish Government Health Department require a monitoring system to establish each Board's 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 will be developed in two strands; the first will utilise 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 Board's 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 nationally with a group consisting of Infection Control Nurses, Doctors and Estates professionals. 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 four incidents of diarrhoea and vomiting within NHS Highland during March and April 2010.
- Table 5

Date	Hospital	Number of Wards	Number of Patient(s) affected	Number of Staff affected
23/03/2010	Caithness General Hospital	1	16	7
26/03/2010	Raigmore	1	5	0
31/03/2010	Raigmore	1	12	0
7/04/2010	Raigmore	1	18	0

Norovirus out Break at Raigmore Hospital February/March 2010

A series of debrief meetings have been held to analyse and debate any changes which will be made to the management of situations in the future.

- The good practice of holding outbreak meetings twice a day (minimum) where 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 was commended as very useful in managing the outbreak.
- The Infection Control Team and Bed Managers worked well together in controlling patient and staff movement. In order to avoid giving conflicting advice, both teams require to have access to the same information and agree actions together.
- To ensure that there is good oversight of hospital activity at weekends when there are fewer senior staff available, the Duty Manager now has a formal handover briefing. Trigger levels for ward staff to inform the Duty Manager of staff absence/illness and patient illness are required.
- To ensure staff in all wards are up-to-date on events in other wards and are familiar with all relevant procedures during an outbreak, Ward Safety Briefings will incorporate information required.
- To improve patient experience and reduce the risk of infection spread, a review of the arrangements to minimise patient movement is recommended.
- There is a need to build on formally incorporating the domestic staff into the ward teams and to further develop their knowledge and skills to ensure set standards are met.

HAI Related Deaths or Severe CDAD cases

- There have been no reported cases during March/April 2010

7. Horizon scanning

- The main focus is to reduce the number of Staph Aureas Bacteraemias. NHS Highland SAB Action Group will continue to lead and involve all staff to work towards achieving the HEAT target.

8. Healthcare Environment Inspectorate

- The Healthcare Environment Inspectorate (HEI) will undertake an announced inspection in Caithness General Hospital on 7th/8th July 2010. An online self assessment has recently been completed prior to the visit.

9. Pandemic flu

- Public Health are in the process of collating comments on the lessons learned from the Swine Flu (H1N1) pandemic and will use this feedback to inform future contingency plans.

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)	2
AMBER (substantially complete but either awaiting national materials or with some possibility of slippage beyond the deadline)	0
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).as per last 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 Control of Infection has

been incorporated into the programme. Work is progressing to extend the secondment of the Leading Better Care Project Manager to complete the training programme by June 2011.

- 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 CDI 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 stock take of the Board's current progress with the HAI action plan is in progress.

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. A preliminary meeting has taken place between the Scottish Patient Safety Programme (SPSP) peri-operative workstream in Raigmore Hospital and representatives of the Antimicrobial Management Team where potential methods of combining data collection were explored. A way forward has been agreed and will be tested in the near future, in line with SPSP methodology.
- The Scottish Antimicrobial Prescribing Group has announced a national joint event with the Society for Acute Medicine to be held in June 2010. This aims to find common ideas for improving empiric prescribing of antibiotics in acute medical admission units, the target of a quality prescribing indicator supporting the CDI HEAT target.

11.2 Antimicrobial Prescribing Audits

- Data collection continues for Scottish National Audit Project for Community-Acquired Pneumonia (SNAP-CAP) and will be entered on the Institute for Healthcare Improvement Methodology (IHI) extranet in May 2010. The Scottish Patient Safety Programme (SPSP) is based on IHI.
- 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 & Bute CHP over the next 3 months.

11.3 Antimicrobial Utilisation Data

- Data showing the use of preferred agents 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. The data shows an increase in the use of preferred agents and a drop in the use of those agents associated with CDI, This is reflected in Raigmore and Caithness General Hospitals. In Belford Hospital this trend is less marked and a planned point prevalence audit will examine this prescribing trend.
- 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.

11.4 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.

11.5 Education on Antimicrobial Prescribing

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

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 <i>Staphylococcus aureus</i>
MSSA	Meticillin Sensitive <i>Staphylococcus aureus</i>
PPE	Personal Protective Equipment
PVC	Peripheral venous catheter
PRAG	P urple, R ed, A mber, G reen
QIS	Quality Improvement Scotland
SAB	<i>Staphylococcus aureus</i> 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

NB data are provisional and may change

	Activity	Board Total	Acute Hospital																Community Hospitals																Staff Group			
			Rainydale, Inverness	Cairness General	Belford, Fort William	Loch Islands, Oban	Dunbar, Thurso	Town & County, Wick	Lawson Memorial, Goshpie	Migdale, Airdgry	R.N.I., Inverness	Town & County, Nairn	Ian Charles, Grantown	St Vincent's, Kingsisie	Dr Mackinnon Memorial, Skye	Portree, Skye	Ross Memorial, Dingwall	Invergordon	New Craig, Inverness	Dunoon	Campbeltown	Argyll & Bute, Lochgilphead	Mid Argyll Community, Lochgilphead	Islay	Victoria Infirmary, Helensburgh	Victoria, Isle of Bute	Victoria Annex, Isle of Bute	Duneros, Mull	Nurse	Medical	Allied Health Professionals	Ancillary/other						
	BOARD TOTAL																																					
1	Staph.aureus bacteraemias																																					
	SAB numbers April '10	2	1		1																																	
	SAB numbers March '10	7	6		1																																	
	Mean monthly SAB March '09 - February '10	5.6																																				
	MRSA numbers April '10	0																																				
	MRSA numbers March '10	2	2																																			
	MSSA numbers April '10	2	1		1																																	
	MSSA numbers March '10	5	4		1																																	
2	Cdifficile associated disease																																					
	CDAD episodes April '10	5	5																																			
	CDAD episodes March '10	10	7	2																					1													
	Mean monthly CDAD March '09 - February '10	8.5																																				
<p>Note 1: The CDAD figures do not include GP Practices. The Mean Monthly figure is calculated on hospital cases only.</p>																																						
3	Cleaning specification compliance																																					
	Compliance Rate (March - April,2010)	94.8	89.5	94.7	91.5	94.6	99	95.7	96.3	93	92.3	96.5	95.8	93.4	94.6	96	91.8	92.7	97.6	97.6	95.2	95.6	96.1	95.6	97.7	92.8	91	99										
	No of items inspected (March - April, 2010)	90812	14732	7279	3259	6168	720	1486	1719	1165	2494	3050	2010	1770	1986	2210	2002	4074	10134	2738	5599	3418	4602	1315	3137	2345	1100	300										
	Compliance Rate (January - February,2010)	95.2	93.1	95.9	94.1	93.6	97	98.7	95.5	96	92.6	97	97.3	95.6	98	95.1	94.2	95.4	97.8	95	93.9	95.7	97	93	96	92.4	89	96.5										
	No of items inspected (January - February, 2010)	96546	16776	6366	1783	6521	950	1481	1704	1510	2367	3796	2374	1595	3014	1993	2503	2958	10163	2692	6248	4799	4681	1250	3513	3767	1218	524										

