

## 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

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 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**  
**Corporate Services**

**24 September 2010**

# NHS Highland Healthcare Associated Infection Report – October 2010

## Section 1 – NHS Highland Board Wide Issues

### Key Healthcare Associated Infection Headlines

- **Healthcare Associated Infection Workshop for Senior Charge Nurses & Midwives was held on 23<sup>rd</sup> August 2010**
- **Health Protection Scotland & Quality Improvement Scotland visited NHS Highland on 25<sup>th</sup> August 2010**

### **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 aureus* : [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=346](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](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

Due to low numbers of infection and multiple different causes the *Staphylococcus aureus* bacteraemia (SAB) target continues to be challenging for the Board. All Boards have been asked to reduce SAB case numbers by an additional 15% by March 2011 which means the target for NHS Highland is no more than 46. There have been 20 cases between April – August 2010 of which there was 2 MRSA and 18 MSSA.

Figure 1 shows the Cumulative SAB Rate against Target.

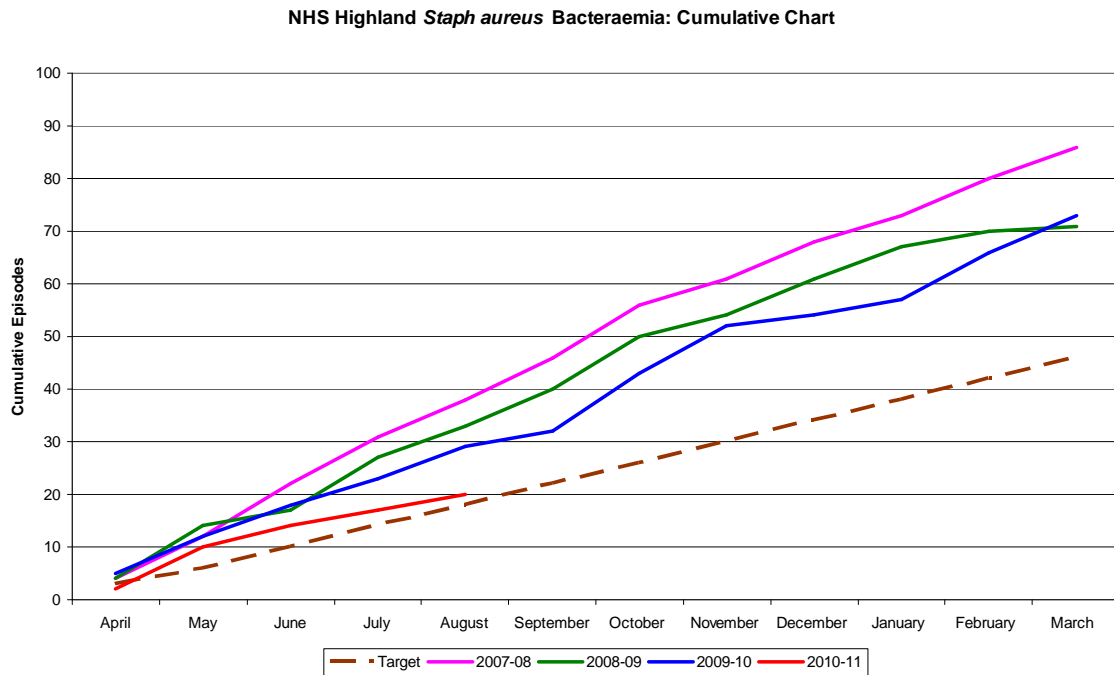
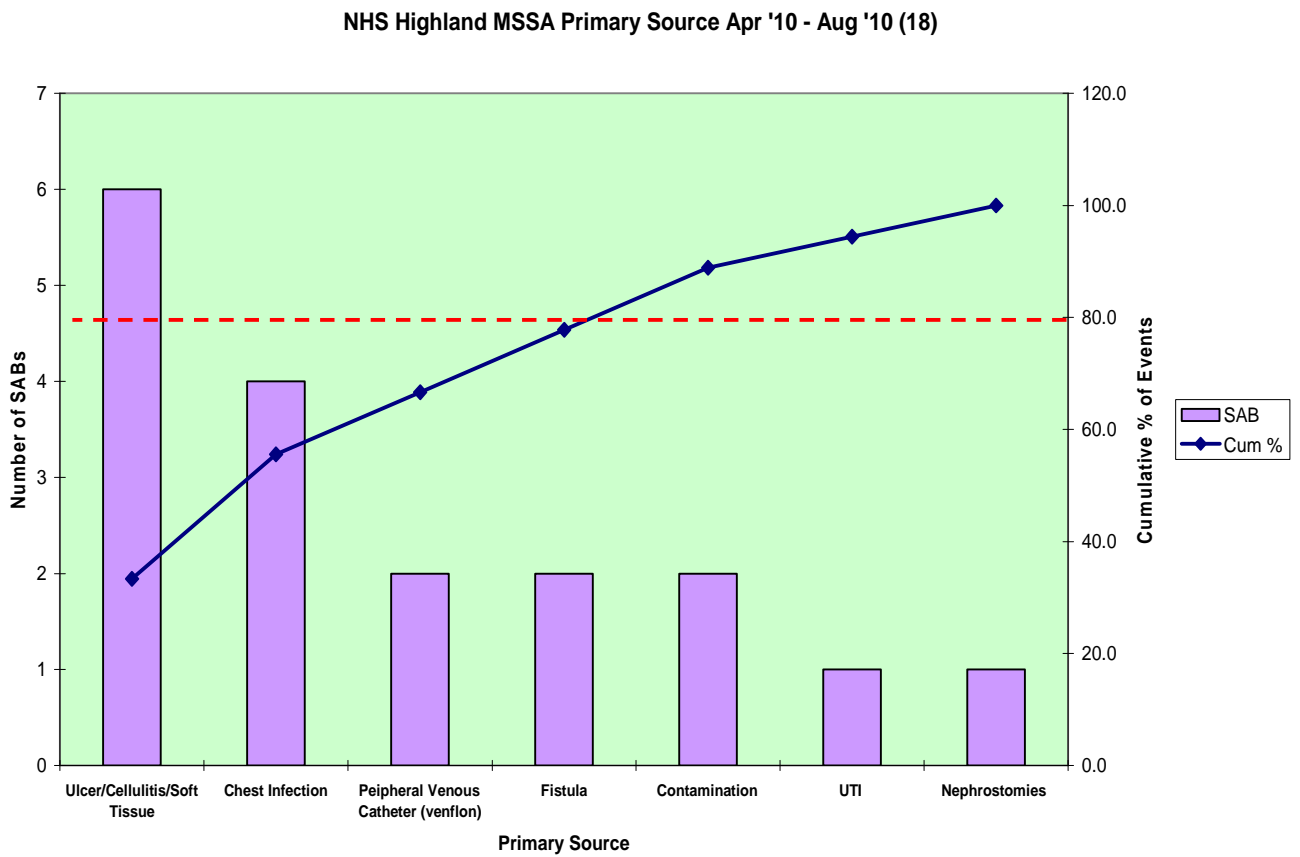


Figure 2 shows the sources of infection together with the number of each MSSA source.



There were two MRSA SABs between April - August 2010 of which the primary source was a PEG site and an Ulcer/Soft tissue.

## National Context

The NHS Highland SAB rate remains below that of the Scottish average.

## Health Protection Scotland (HPS)/Quality Improvement Scotland (QIS) visit

The Chief Nursing Officer requested that HPS work in partnership with NHS QIS to assist the NHS Boards which did not achieve their SAB target for March 2010, to achieve the modified target of an additional 15% reduction by March 2011. To that end a meeting was arranged with key people in NHS Highland and open discussions held on:

- Local and national epidemiology
- The system of investigating SABs in NHS Highland
- Identification of improvement targets in specific locations with the greatest opportunity for SAB reductions
- How HPS and QIS could assist NHS Highland to achieve SAB reductions through the application of improvement methodologies.

HPS/QIS acknowledged that NHS Highland's work to-date on reducing SABs, particularly in the past few months, has led to the data changing to show improvements. This has been achieved by the root cause analysis process which has led to effective improvement strategies.

The priority areas for current and future actions continue to be

- Optimising invasive device use ( PVC, CVC, Urinary catheters)
- Optimising Blood Culture taking
- Preventing soft tissue infections becoming SABs.

## MRSA Screening

The SGHD have confirmed that funding will be extended to maintain support for implementation of the current policy on MRSA screening through to end-March 2011.

## ***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:

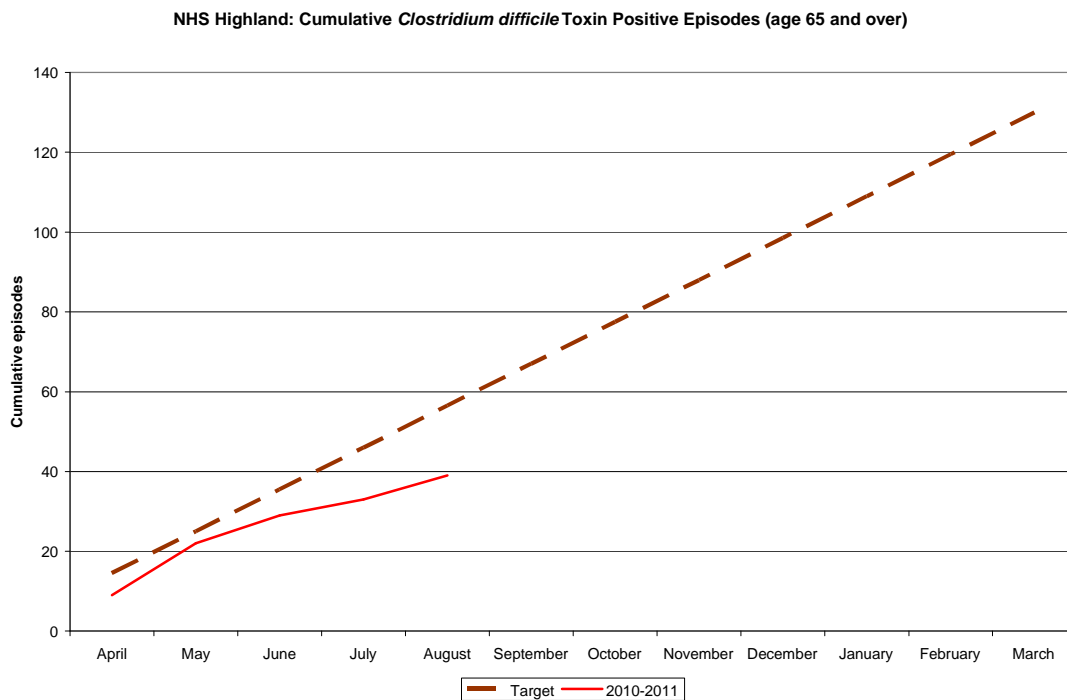
<http://www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277>

## Clostridium Difficile Infection (CDI)

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

The CDI case numbers nationally are now at their lowest level. All Boards are now expected to achieve a minimum of 50% rate reduction among patients age 65 and over by 31<sup>st</sup> 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 August 2010 there have been 39 cases.

Figure 3 shows the cumulative CDI episodes 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 works closely with the Health Protection Team to ensure robust follow-up in the community.

### Antimicrobial Prescribing

Scottish Antimicrobial Prescribing Group (SAPG) Guidance on CDI Risk and Proton Pump Inhibitors.

SAPG has issued recommendations based on the strong link between proton pump inhibitor drugs (PPIs) and the risk of infection with *Clostridium difficile*. It is now recognised that the risk of infection with *C. difficile* is much higher in patients prescribed PPIs and prescribers should avoid prescribing these agents wherever possible to reduce the risk of infection. Additional information for prescribers will be incorporated in the formulary guidance and an article detailing the important points will be published in the next edition of “The Pink One” which is circulated to all prescribers in NHS Highland.

### Antimicrobial Quality Prescribing Indicators

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, sampling five patients each week and auditing compliance with empiric prescribing guidelines in these areas with a target of 95% overall compliance to be achieved by the end of March 2011. Recent data from August 2010 shows a slight decrease in overall compliance at 84% but an improvement in documentation to 97%. Feedback on areas for improvement is being given within one week of the audit. This is an excellent set of results, highlighting the impact of the work of the AMT on influencing prescribers.

Data on antibiotic prescribing for surgical prophylaxis for orthopaedic trauma shows overall compliance is being maintained at 92%. In vascular surgery, overall compliance stands at 100% which is to be commended. Alternative methods of data collection in colorectal surgery are being explored.

In Primary Care, the next report on the quality prescribing indicator will be available in January 2011 as the data period for inclusion runs to September 2010 and the report is available three months after this date.

### Antimicrobial Prescribing Audits

NHS Highland is part of a small breakthrough collaborative looking to improve the treatment of community-acquired pneumonia in hospital against an agreed set of measures, formerly known as SNAP-CAP. The start of this collaborative has coincided with low numbers of patients presenting with pneumonia and no meaningful information is available at present.

A rolling programme of point prevalence surveys of antimicrobial use continues. A recent survey of the orthopaedic wards in Raigmore shows a marked improvement on the previous survey completed in January 2010. Reports on the surveys undertaken at Caithness General and Belford Hospital have been distributed to clinical teams. A draft report on the survey undertaken across all hospitals in Argyll & Bute has been written, with input from Microbiology in NHS GGC.

### Antimicrobial Utilisation Data

Reports from the revamped antibiotic utilisation database are awaited and will be discussed at the next meeting of the AMT in November.

### Management of Infection Guidance

Sections of the guidance continue to be updated on a rolling basis. Sections reviewed and updated recently include surgical prophylaxis, intra-abdominal sepsis, gastro-intestinal infections, treatment of genital tract infections and urinary tract infections. Posters covering abbreviated prescribing information have been updated for acute medical and surgical admission areas. A draft poster for use in out-of-hours areas and general practice is awaiting finalisation.

## 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 Monthly Audit Programme continues across all clinical areas. Compliance with taking opportunity for hand hygiene was 97% in July and August 2010. Training and support, as per the Policy for 100% Compliance in Hand Hygiene, continues to be given to areas where compliance is lower.

The NHS Hand Hygiene Campaign 9<sup>th</sup> Bi-Monthly Audit is in September 2010.

The hand hygiene training pack continues to be used across NHS Highland to ensure a standardised approach to hand hygiene training is taken by local trainers.

## 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 July and August 2010. The target compliance is 90%.

### Current initiatives to improve cleaning

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

The procedure for Estates monitoring is being reviewed in September 2010 to ensure there are robust procedures in place for reporting repairs with clear roles and responsibilities for all staff and a defined escalation procedure.

## The Healthcare Environment Inspectorate (HEI)

The Healthcare Environment Inspectorate (HEI) undertook an announced inspection in Caithness General Hospital on 8<sup>th</sup> and 9<sup>th</sup> July 2010. The report detailed 4 requirements and 4 recommendations to compliance with NHS QIS HAI standards. The report and updated action plan have been previously circulated.

### **Outbreaks**

There have been no outbreaks during July and August 2010.

### HAI Related Death

One patient has died within 30 days following diagnosis of Clostridium Difficile infection; it was recorded as a contributory factor on the death certificate. The Scottish Government Health Directorate and Health Protection Scotland were informed at the time.

### **Other HAI Related Activity**

#### **Surgical Site Infections (SSI)**

##### Caesarean Section Surgical Site Infections

Caesarean Section SSI surveillance is a mandatory component of the Health Protection Scotland Surveillance Programme. NHS Highland has participated in this surveillance for elective procedures since 1<sup>st</sup> April 2003 and for emergency procedures since 1<sup>st</sup> October 2009.

Surveillance has identified a raised level of surgical site infections (SSI) following Caesarean Section.

Work is ongoing to bring about the necessary reduction in the rate of Surgical Site Infections. Improvement methodology is being applied and measures reflected in the updated action plan. These include:

1. Development and Testing of a new root cause analysis tool
2. Use of the multi professional team to undertake root cause analysis in order to extend discussion, understanding and learning.
3. Achieving reliability in the use of the of surgical site bundle.
4. Review of the patient information leaflet.
5. In-depth review of re-admissions to the post natal ward
6. Midwifery Nurse Manager to undertake a specific project work following *Improvement Science in Action* intensive course.

Figure 1 is a statistical process control chart showing the monthly SSI rate for NHSH for elective Caesarean Section operations. The chart shows variation in the rate, although the trigger has not been breached.

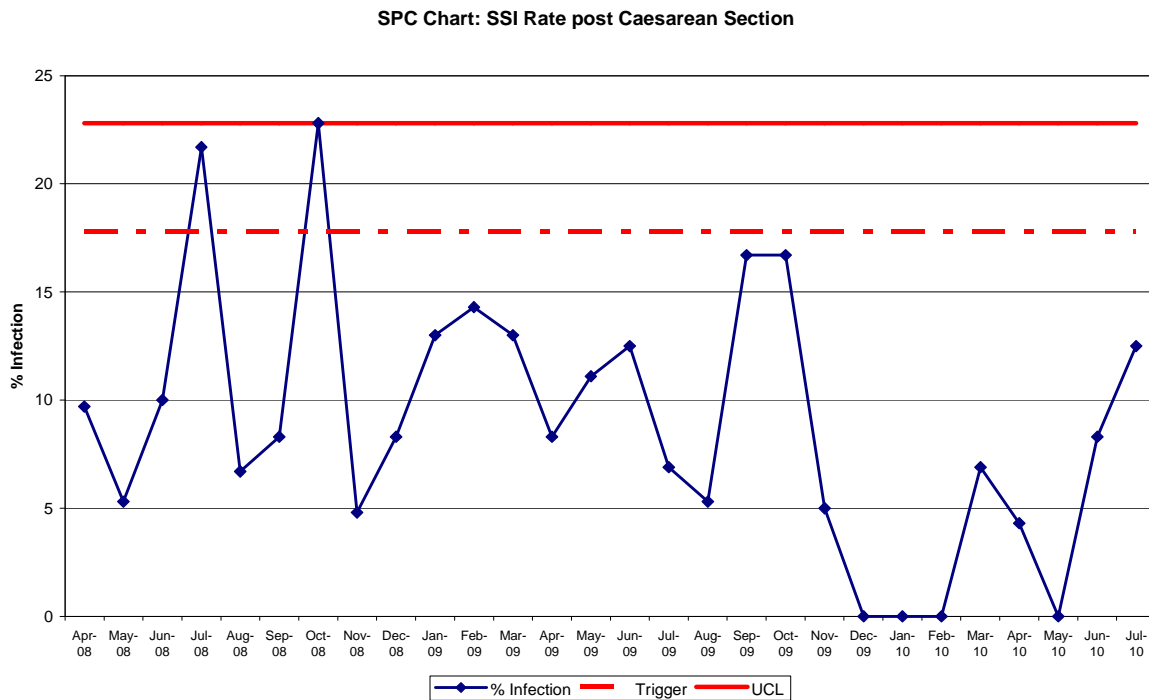
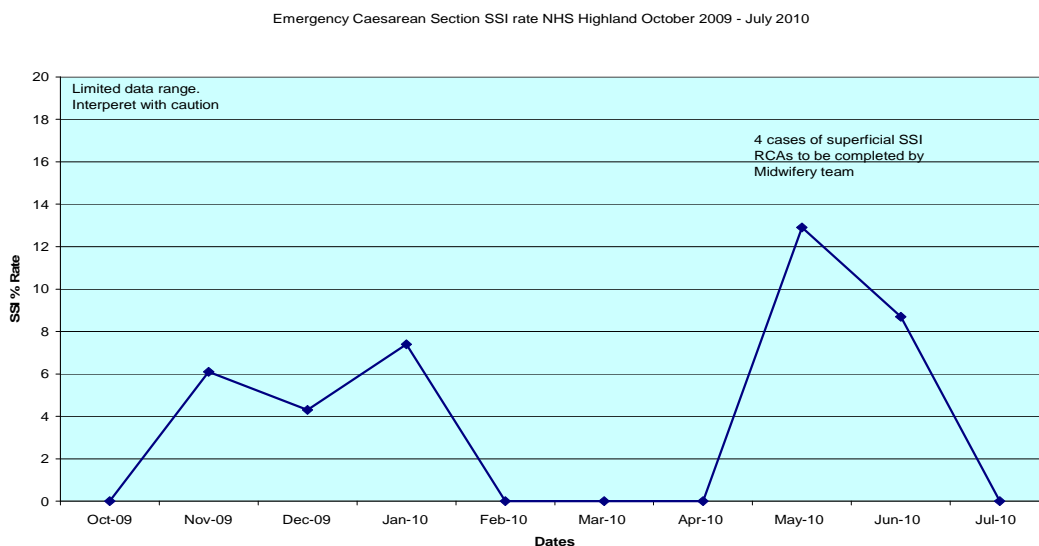


Figure 2 shows a run chart of the monthly SSI rate for NHSH for emergency Caesarean Section infection. This data has only been collected since October 2009 therefore there are only 10 data points, which is insufficient to give meaningful data at present.



## Orthopaedic Surgical Site Infections

The NHS orthopaedic SSI data has recently been transferred into statistical process control chart format. Figure 3 shows the SSI rate for fractured neck of femur operations which has been zero since February 2010.

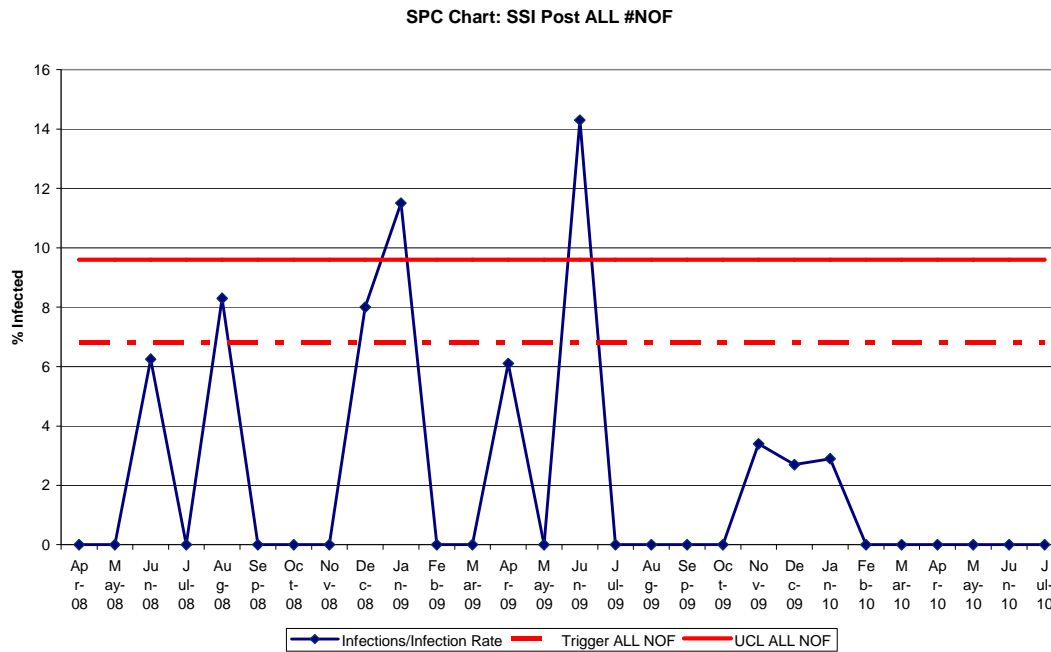
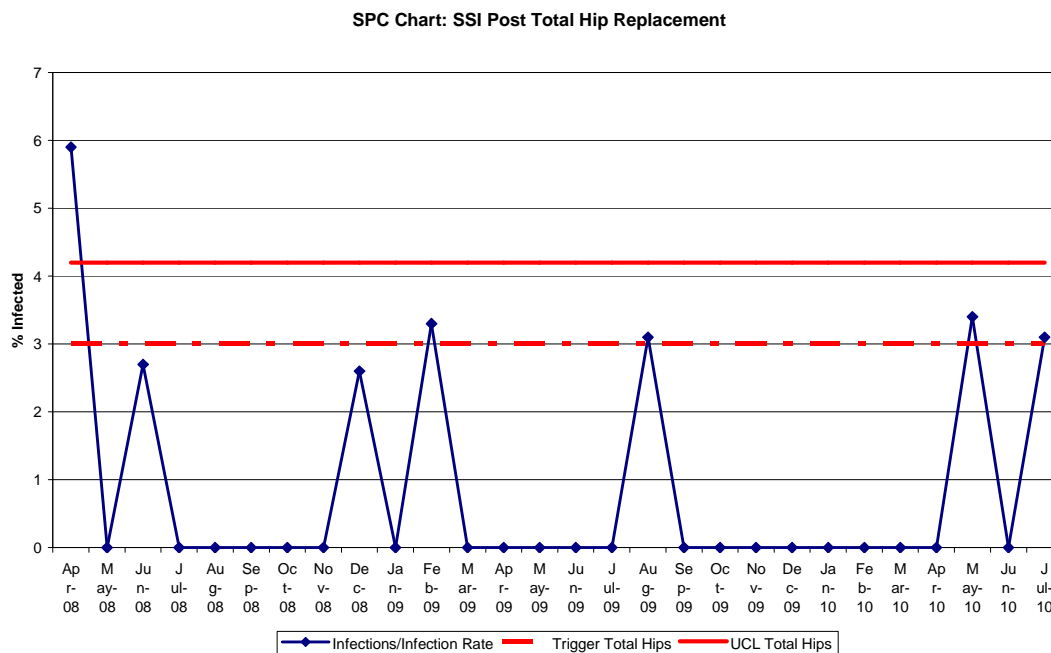


Figure 4 shows the SSI rate for total hip replacement operations. This indicates 2 breaches of the trigger since September 2009. Both breaches in May and July 2010 represent 1 infection in each of these months.



### HAI Education and Training

A workshop on the HAI responsibilities was held on 23<sup>rd</sup> August 2010 for Senior Charge Nurses/Midwives. 68 Senior Charge Nurses/Midwives attended from across NHS Highland.

Topics covered

- HAI priorities for Senior Charge Nurses/Midwives
- Outbreak Procedures
- Surveillance
- The role of Estates and Domestic Services in HAI
- Workshops on Improvement Methodologies, Tools to investigate HAIs, Prudent antimicrobial prescribing and Blood Cultures.

### Staff training

The Infection Control Teams pan-Highland have delivered training on a range of subjects which include Standard Infection Control Precautions, SABs, CDI, Norovirus to Medical, Nursing, Allied Health Professionals, Domestic, Porters and Estates staff.

The Policy for Mandatory Training for Prevention and Control of Healthcare Associated Infection is now in final draft and will be presented at the December Control of Infection Committee for ratification.

### Scottish Patient Safety Programme (SPSP)

PVC spread has taken place in most of the ward areas showing a good standard of reliability. Central Line spread is now underway.

A Quality Improvement & Patient Safety Team (QIPS) has been formed in Raigmore to support PVC/Central Line and PICC Line Bundle Spread. Caithness and Lorn & Isles Hospitals have a strong SPSP support structure and have achieved an excellent standard of overall reliability and sustainability. Belford Hospital has undergone major re-design work and the medical and surgical wards have amalgamated. Some staff require support to understand the methodology and put into practice. Education sessions are ongoing.

The SPSP teams work together with infection control and have a close working relationship across all sites. The main focus of spread has been PVC Bundle and delivery of Methodology. In the past number of months a culture change is evident as demand for spread and local support outweighs current capacity and capability. Both capacity and capability will improve with the increased availability of courses/events and as local ward teams increase their own capability.

The main priorities over the coming months are:

- To support capacity with frontline staff to examine process interventions and systems.
- To increase capability by aligning with the Central Team, Stirling University, Practice Development, Clinical Governance and Frontline teams in the delivery of wide-ranging education materials, presentations and ward-based support.
- To progress the Spread Plans at each hospital to ensure progress against assessment scale is achieved
- To continue to develop robust data management and reporting to QIPS and leadership teams. Immediate support will be offered where and when necessary.
- To support the integration with other improvement programmes and ensure appropriate engagement and support from 'middle management'.

## Decontamination

The decontamination of surgical instruments in the Central Decontamination Unit on the Raigmore site continues to meet the accredited standard. As a result no operations have been delayed or cancelled due to instruments being returned in respect of inadequate decontamination.

Work continues to bring the local decontamination units into use with two facilities (Abban Street and Culloden) Inverness being operational. All directly managed sites for the decontamination of dental and podiatry instruments are working towards being compliant with the Glennie Technical standards within the timescale determined by the Scottish Government Health Department.

A review is being carried out of endoscope decontamination across NHS Highland.

## 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 is 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&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1)

*Staphylococcus*

*aureus* :

[http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=346](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&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=1)

For each acute hospital and community hospitals in each CHP, the total 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:

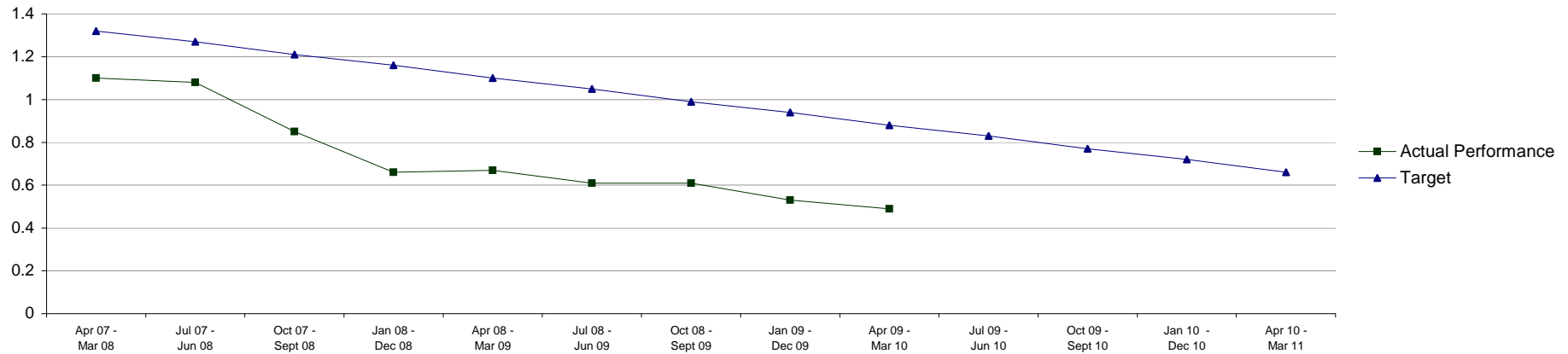
<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

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

## **Understanding the Report Cards – ‘Out of Hospital Infections’**

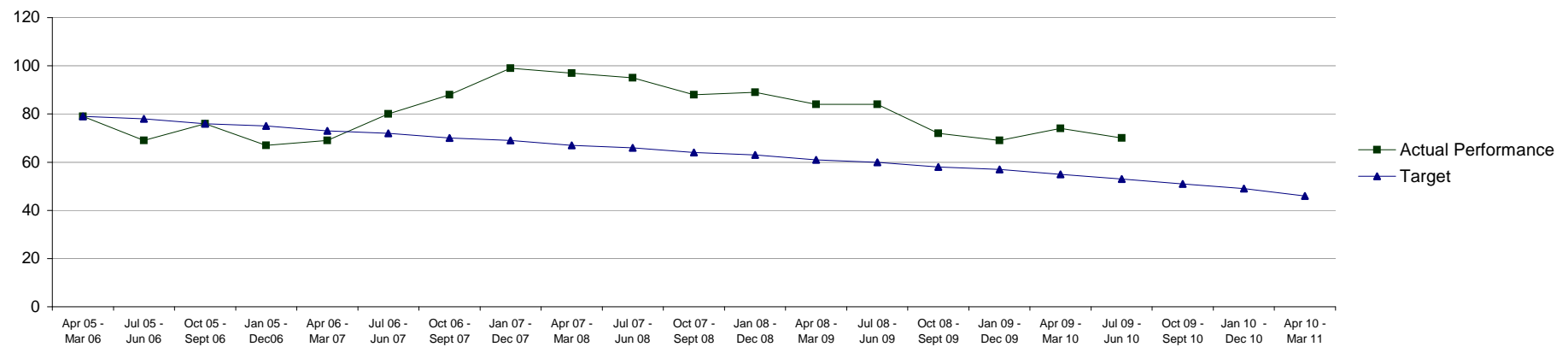
*Clostridium difficile* infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries, 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.

Quarterly rolling year Clostridium difficile Infection Cases per 1000 total occupied bed days for HEAT Target Measurement



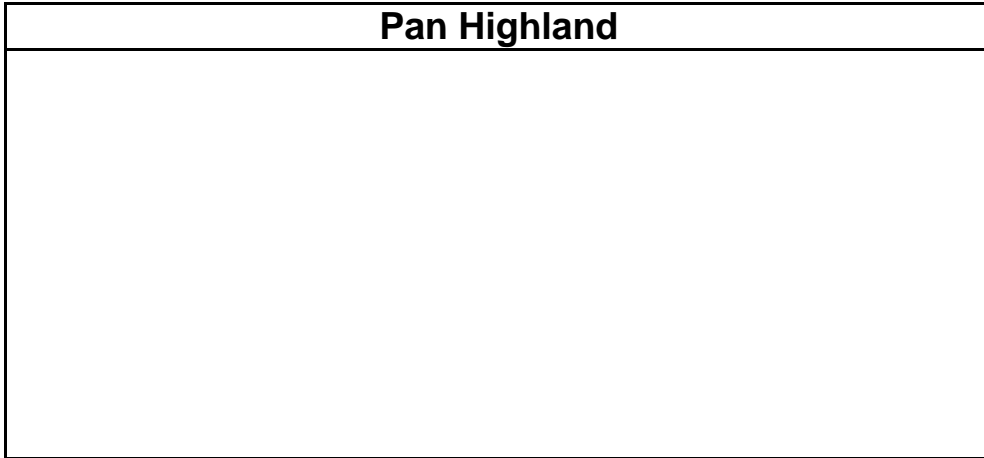
|                    | Apr 07 - Mar 08 | Jul 07 - Jun 08 | Oct 07 - Sept 08 | Jan 08 - Dec 08 | Apr 08 - Mar 09 | Jul 08 - Jun 09 | Oct 08 - Sept 09 | Jan 09 - Dec 09 | Apr 09 - Mar 10 | Jul 09 - Jun 10 | Oct 09 - Sept 10 | Jan 10 - Dec 10 | Apr 10 - Mar 11 |
|--------------------|-----------------|-----------------|------------------|-----------------|-----------------|-----------------|------------------|-----------------|-----------------|-----------------|------------------|-----------------|-----------------|
| Actual Performance | 1.10            | 1.08            | 0.85             | 0.66            | 0.67            | 0.61            | 0.61             | 0.53            | 0.49            |                 |                  |                 |                 |
| 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 Measurement

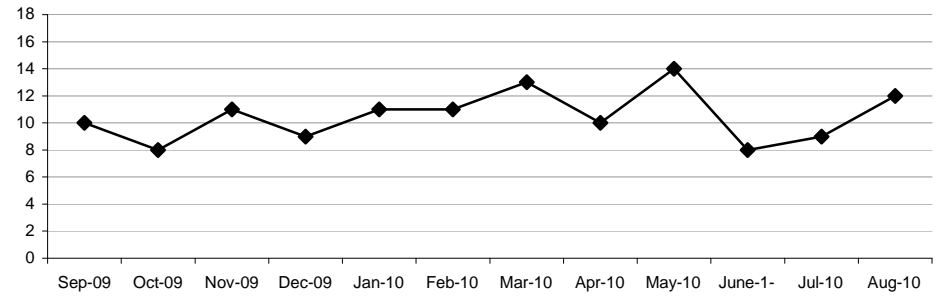


|                    | Apr 05 - Mar 06 | Jul 05 - Jun 06 | Oct 05 - Sept 06 | Jan 05 - Dec 06 | Apr 06 - Mar 07 | Jul 06 - Jun 07 | Oct 06 - Sept 07 | Jan 07 - Dec 07 | Apr 07 - Mar 08 | Jul 07 - Jun 08 | Oct 07 - Sept 08 | Jan 08 - Dec 08 | Apr 08 - Mar 09 | Jul 08 - Jun 09 | Oct 08 - Sept 09 | Jan 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              | 70              |                  |                 |                 |  |
| Target             | 79              | 78              | 76               | 75              | 73              | 72              | 70               | 69              | 67              | 66              | 64               | 63              | 61              | 60              | 58               | 57              | 55              | 53              | 51               | 49              | 46              |  |

## Pan Highland

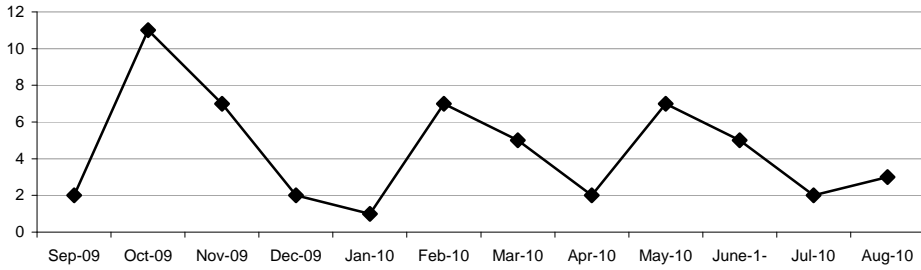


## Clostridium difficile Infection Cases



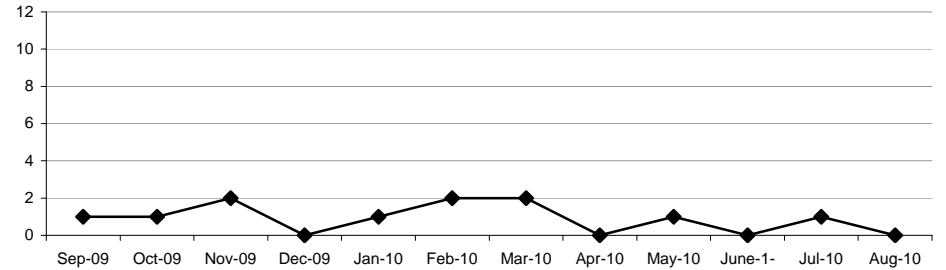
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 10     | 8      | 11     | 9      | 11     | 11     | 13     | 10     | 14     | 8       | 9      | 12     |

## MSSA Bacteraemia Cases



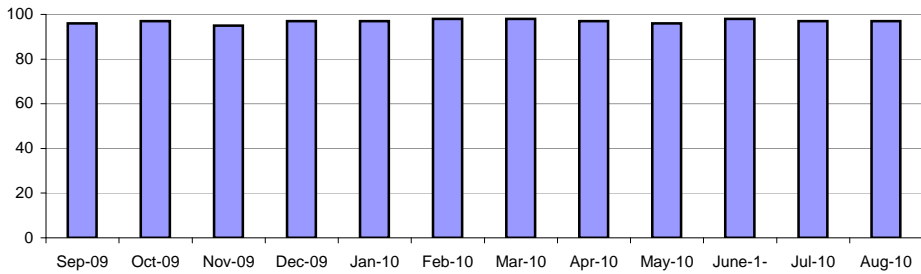
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 2      | 11     | 7      | 2      | 1      | 7      | 5      | 2      | 7      | 5       | 2      | 3      |

## MRSA Bacteraemia Cases



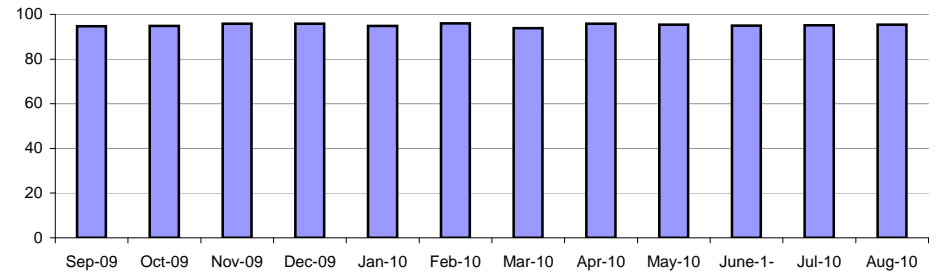
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 1      | 1      | 2      | 0      | 1      | 2      | 2      | 0      | 1   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

## Hand Hygiene Compliance



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

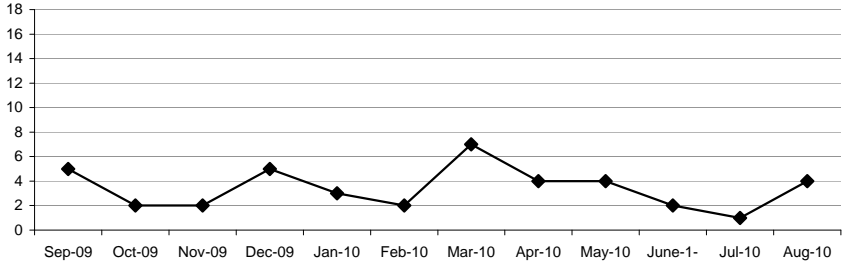
## Cleaning Compliance



| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 94.7   | 94.8   | 95.9   | 95.8   | 94.8   | 96     | 93.9   | 95.9   | 95.4   | 95      | 95.2   | 95.4   |

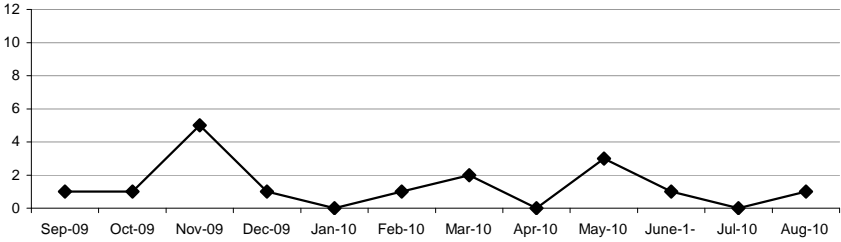
# Raigmore Hospital

***Clostridium difficile* Infection Cases**



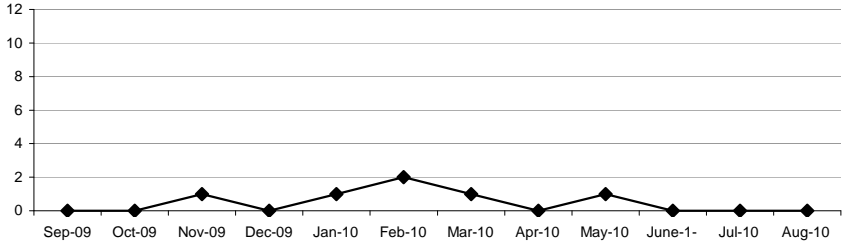
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 5      | 2      | 2      | 5      | 3      | 2      | 7      | 4      | 4   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

**MSSA Bacteraemia Cases**



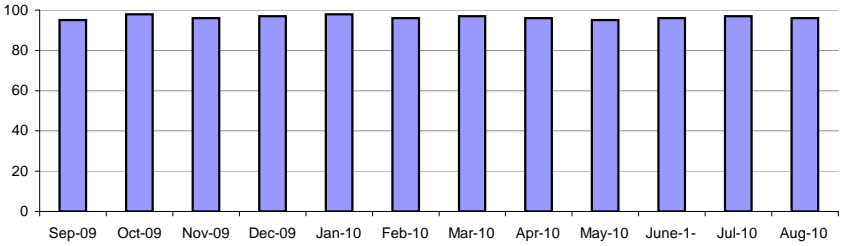
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 1      | 1      | 5      | 1      | 0      | 1      | 2      | 0      | 3   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

**MRSA Bacteraemia Cases**



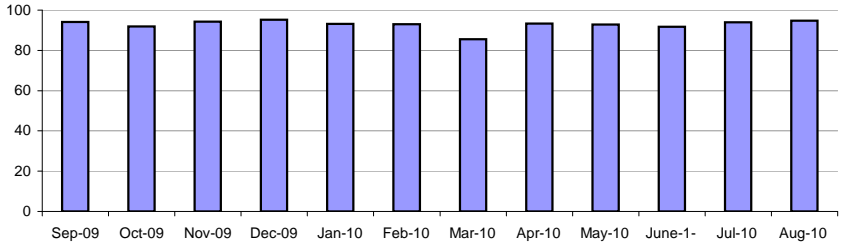
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 1      | 0      | 1      | 2      | 1      | 0      | 1   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

**Hand Hygiene Compliance**



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

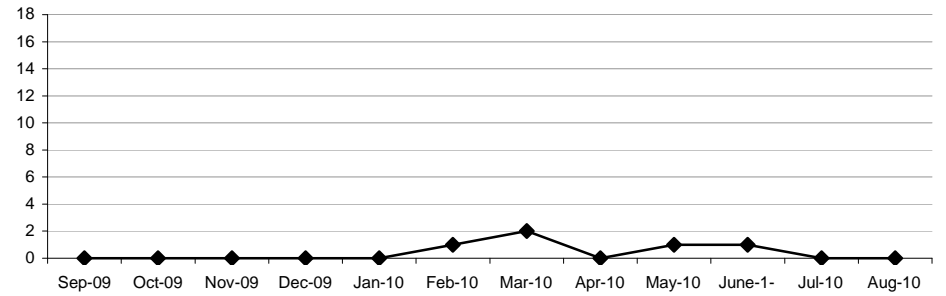
**Cleaning Compliance**



| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 94.1   | 91.9   | 94.3   | 95.2   | 93.2   | 93     | 85.5   | 93.3   | 92.8   | 91.7    | 94     | 94.7   |

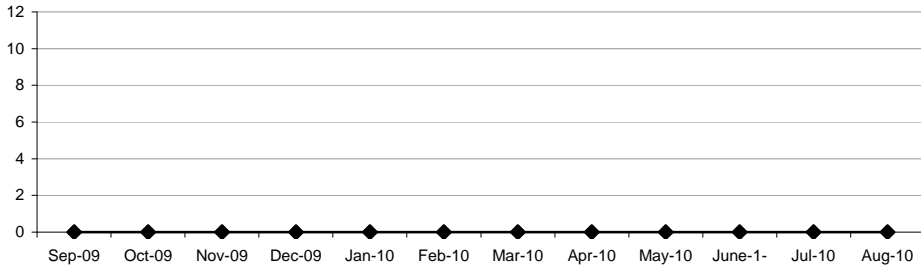
# Caithness General Hospital

## Clostridium difficile Infection Cases



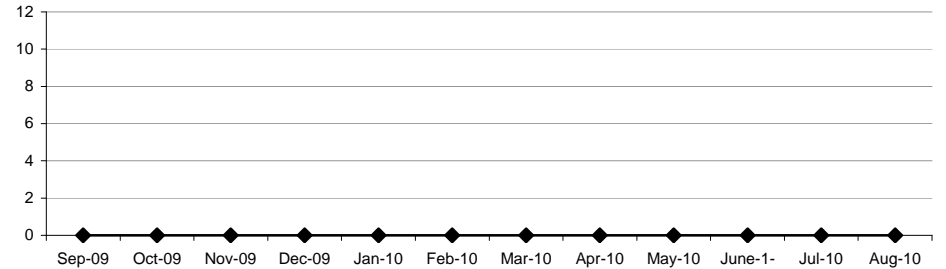
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 1      | 2      | 0      | 1   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

## MSSA Bacteraemia Cases



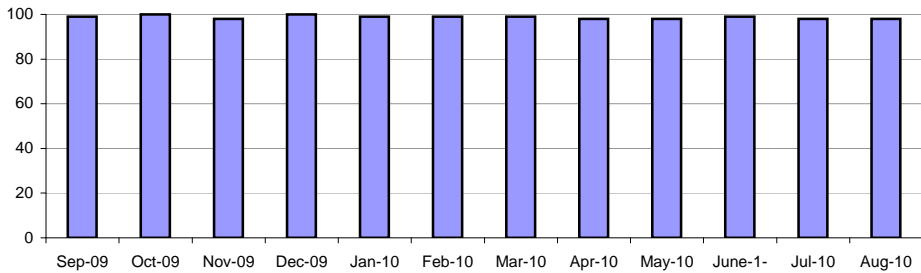
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0   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

## MRSA Bacteraemia Cases



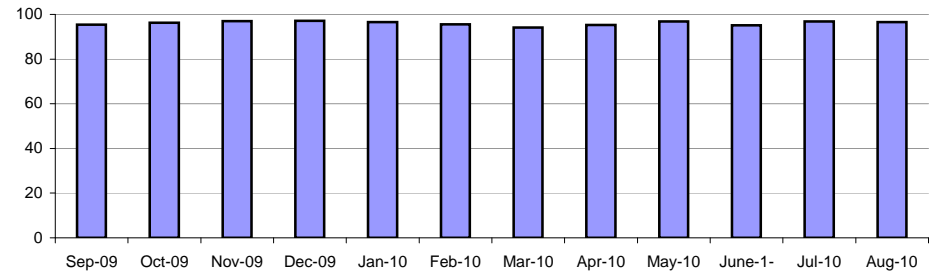
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0   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

## Hand Hygiene Compliance



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

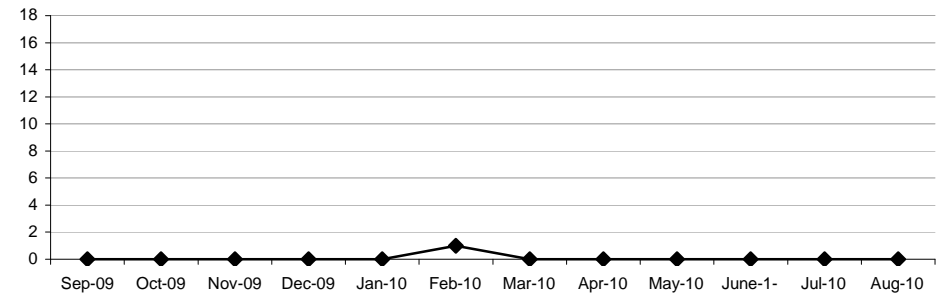
## Cleaning Compliance



| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 95.4   | 96.3   | 97     | 97.2   | 96.6   | 95.5   | 94.1   | 95.3   | 96.9   | 95.2    | 96.8   | 96.5   |

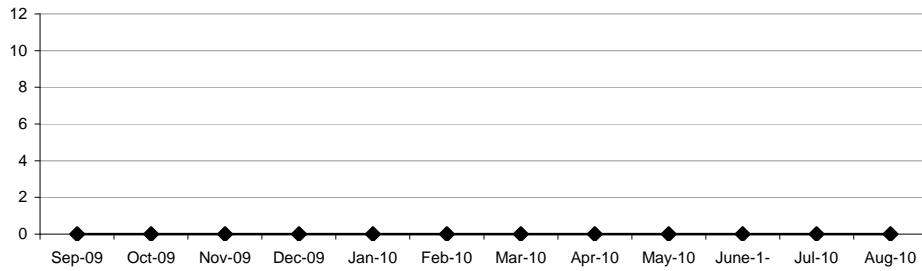
## Belford Hospital

## Clostridium difficile Infection Cases



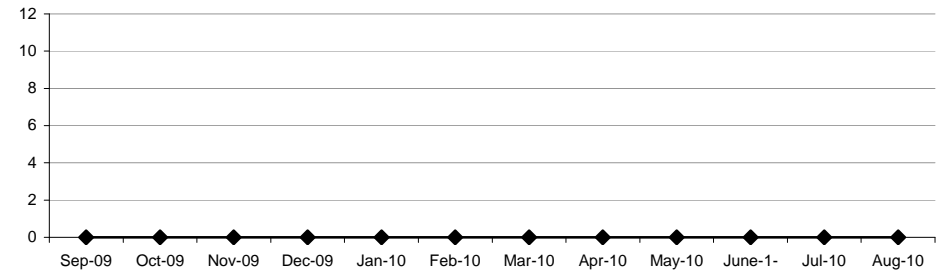
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 1      | 0      | 0      | 0   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

## MSSA Bacteraemia Cases



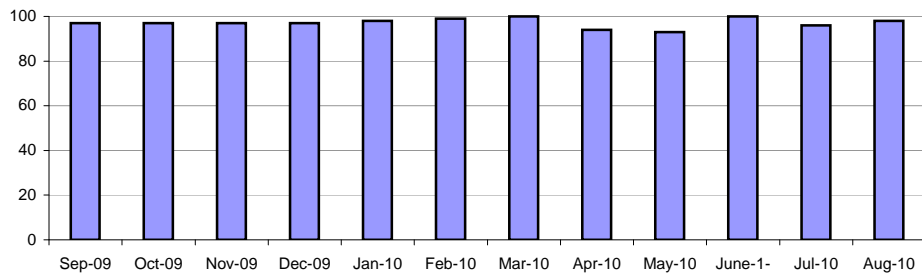
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0   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

## MRSA Bacteraemia Cases



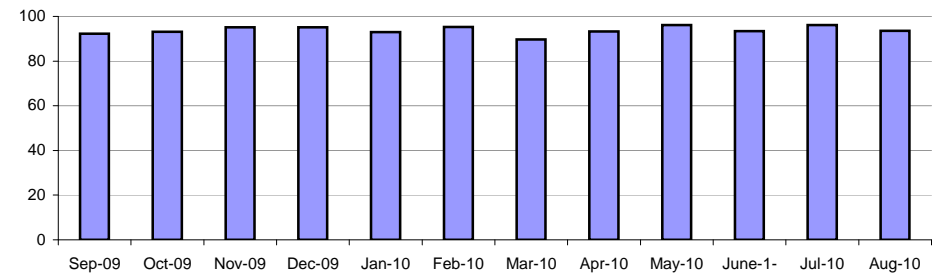
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0   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

## Hand Hygiene Compliance



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

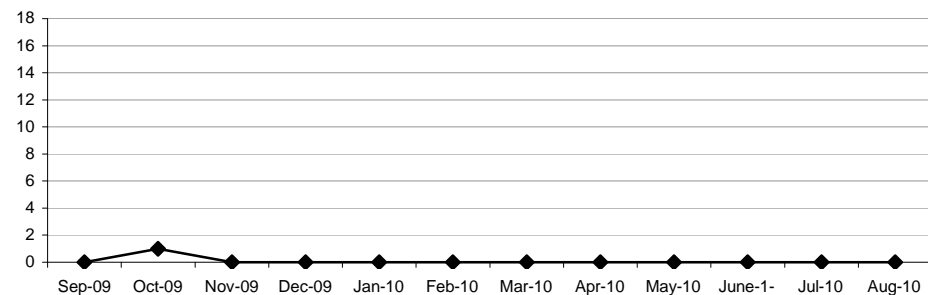
## Cleaning Compliance



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

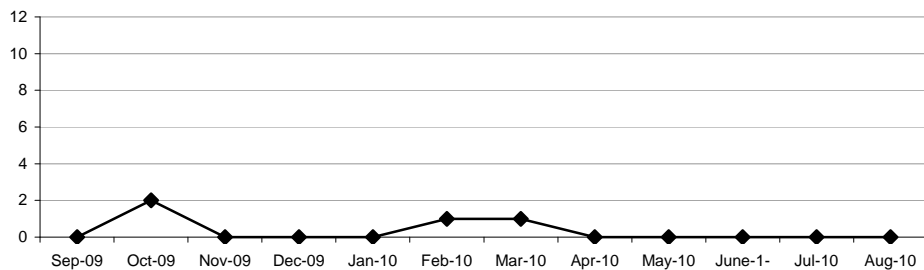
# Lorn & Islands Hospital

## Clostridium difficile Infection Cases



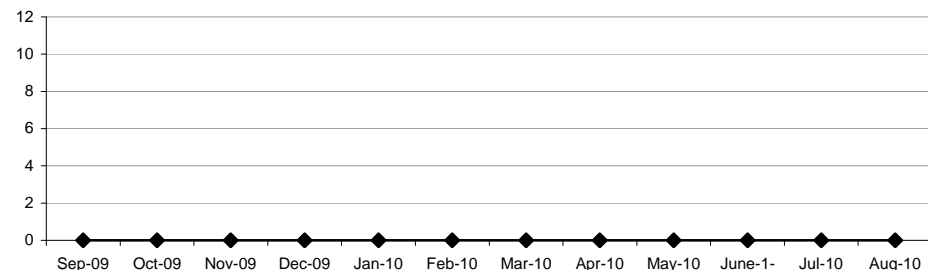
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0   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

## MSSA Bacteraemia Cases



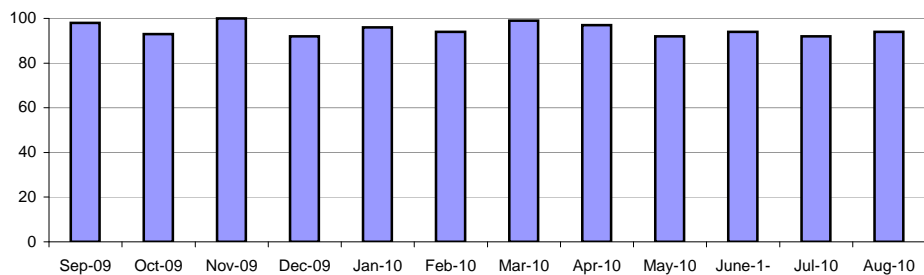
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 2      | 0      | 0      | 0      | 1      | 1      | 0      | 0   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

## MRSA Bacteraemia Cases



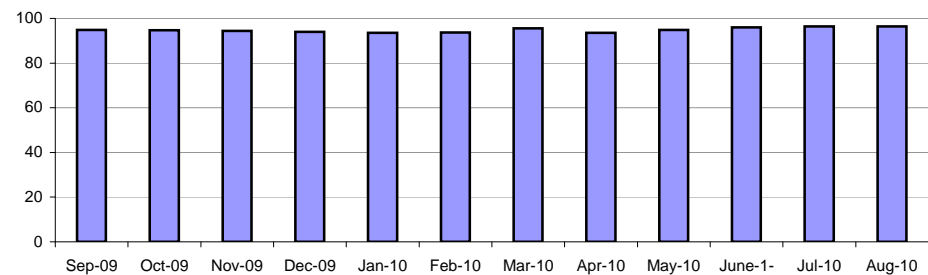
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0   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

## Hand Hygiene Compliance



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

## Cleaning Compliance

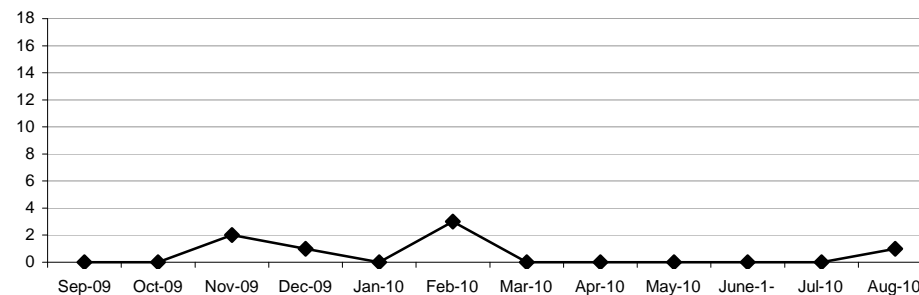


| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 94.9   | 94.7   | 94.4   | 94     | 93.5   | 93.7   | 95.6   | 93.6   | 94.9   | 96      | 96.4   | 96.4   |

## Mid CHP Community Hospitals

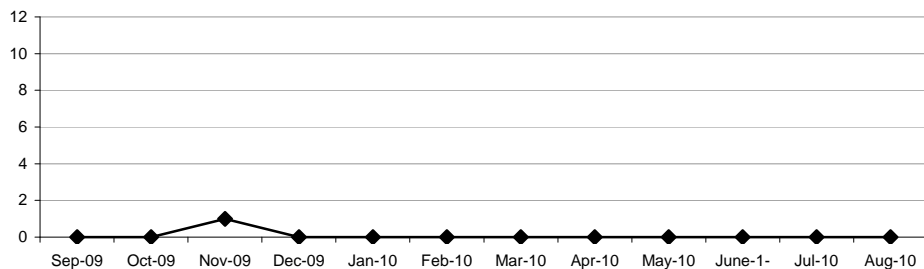
Mid CHP Community Hospitals include Ross Memorial Hospital Dingwall, County Community Hospital Invergordon, MacKinnon memorial Hospital, Broadford & Portree Hospital Isle of Skye.

## Clostridium difficile Infection Cases



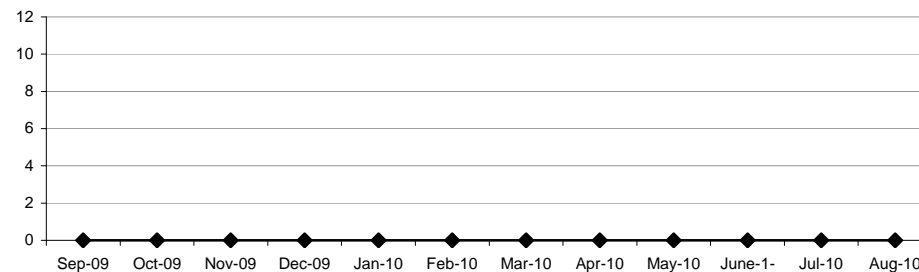
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 2      | 1      | 0      | 3      | 0      | 0      | 0   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

## MSSA Bacteraemia Cases



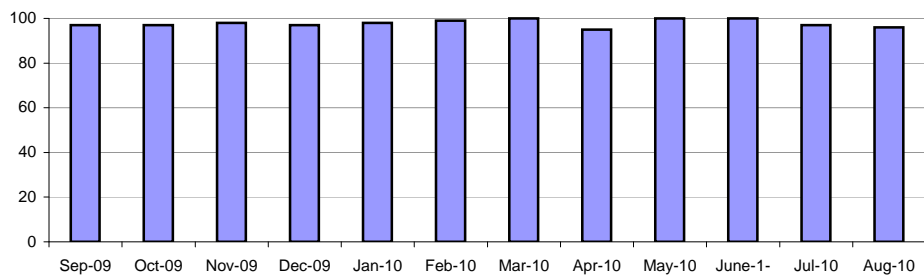
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0   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

## MRSA Bacteraemia Cases



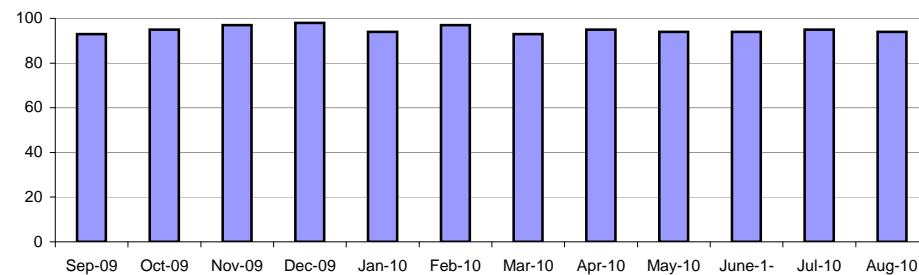
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0   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

## Hand Hygiene Compliance



| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 97     | 97     | 98     | 97     | 98     | 99     | 100    | 95     | 100    | 100     | 97     | 96     |

## Cleaning Compliance

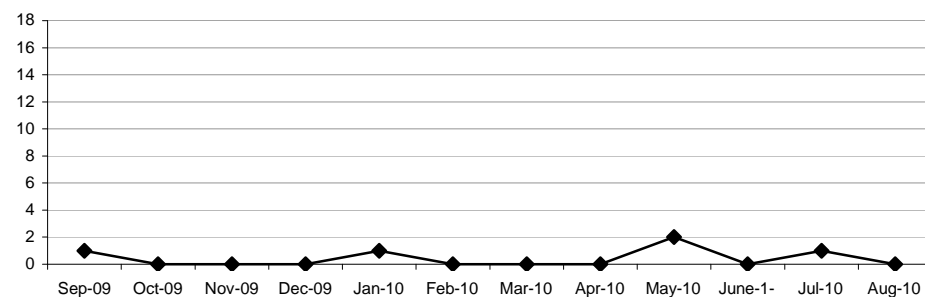


| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 93     | 95     | 97     | 98     | 94     | 97     | 93     | 95     | 94  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

## South East CHP Community Hospitals

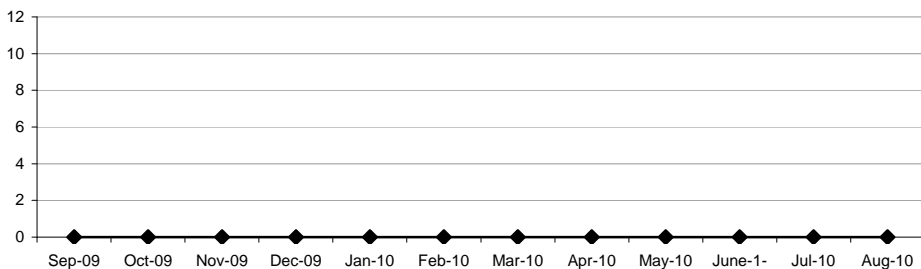
For the purposes of monitoring New Craigs Psychiatric Hospital is included in this report card. Other hospitals included are RNI Community Hospital Inverness, Town & County Hospital Nairn, Ian Charles Community Hospital Grantown on Spey, St. Vincents Hospital Kingussie.

## Clostridium difficile Infection Cases



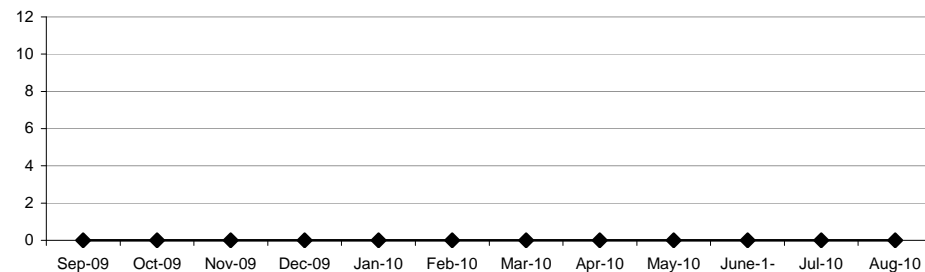
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 1      | 0      | 0      | 0      | 1      | 0      | 0      | 0      | 2   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

## MSSA Bacteraemia Cases



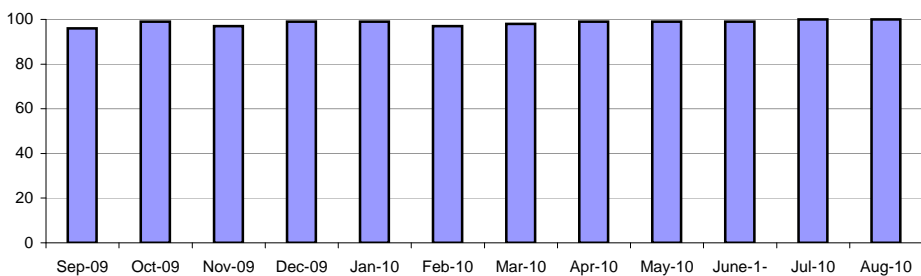
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0   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

## MRSA Bacteraemia Cases



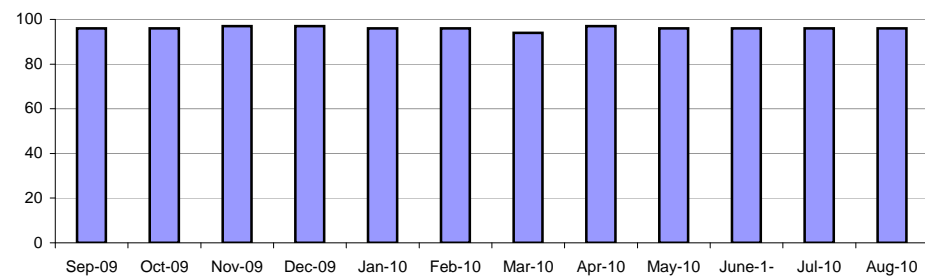
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0   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

## Hand Hygiene Compliance



| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 96     | 99     | 97     | 99     | 99     | 97     | 98     | 99     | 99     | 99      | 100    | 100    |

## Cleaning Compliance

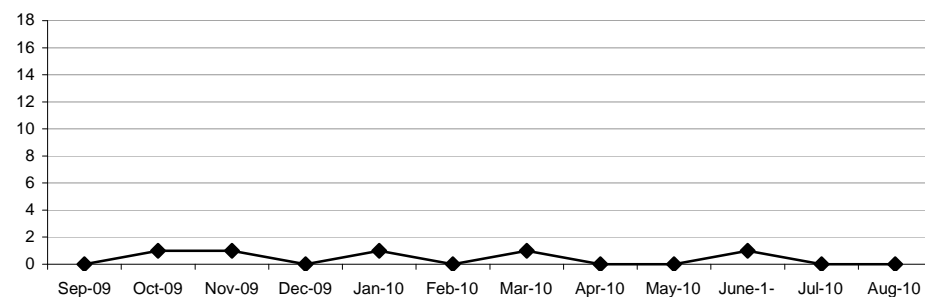


| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 96     | 96     | 97     | 97     | 96     | 96     | 94     | 97     | 96  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

## Argyll & Bute Community Hospital

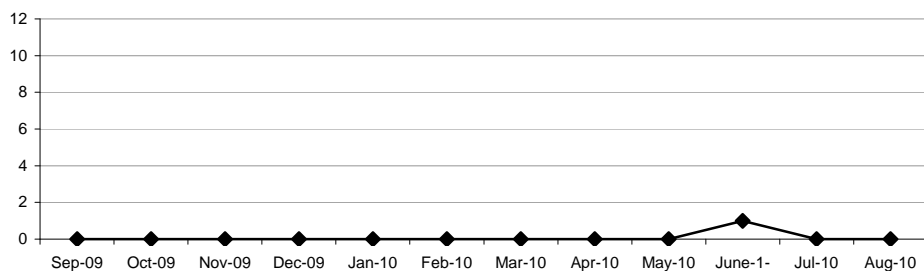
Argyll & Bute Community Hospitals include Argyll & Bute Hospital, Lochgilphead, Campbeltown Hospital, Cowal Community Hospital Dunon, Dunaros Community Hospital, Isle of Mull, Islay Hospital, Mid Argyll Community Hospital & Integrated Care Centre Lochgilphead, Victoria Hospital & Annex Rothesay

## Clostridium difficile Infection Cases



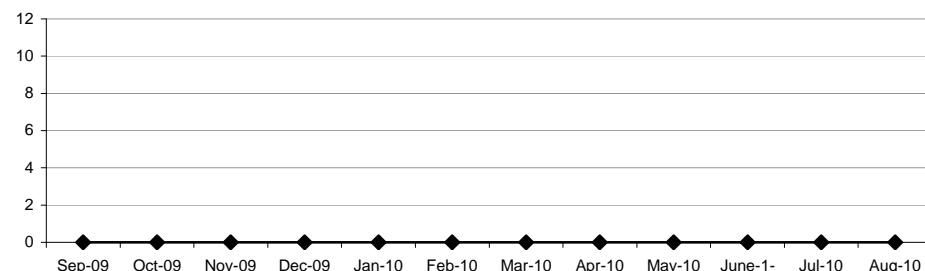
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 1      | 1      | 0      | 1      | 0      | 1      | 0      | 0   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

## MSSA Bacteraemia Cases



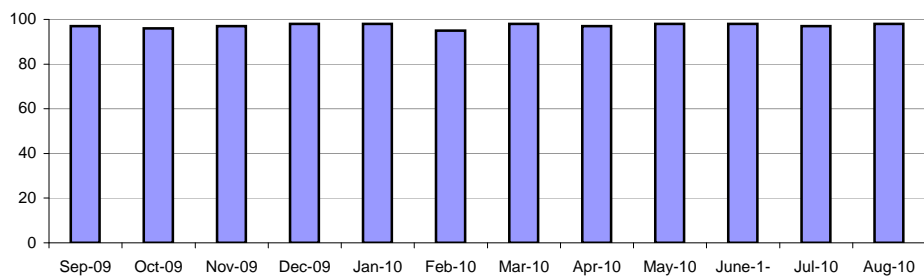
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0   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

## MRSA Bacteraemia Cases



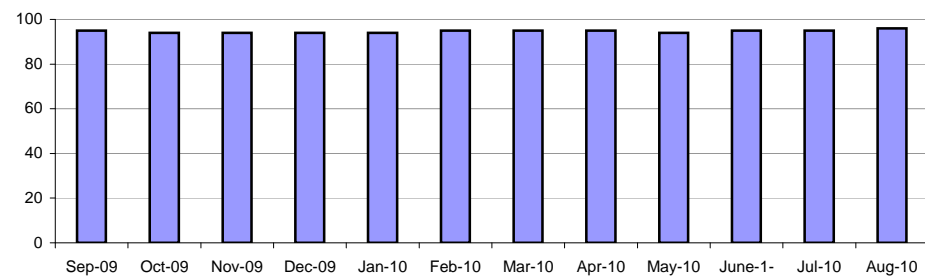
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0   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

## Hand Hygiene Compliance



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

## Cleaning Compliance

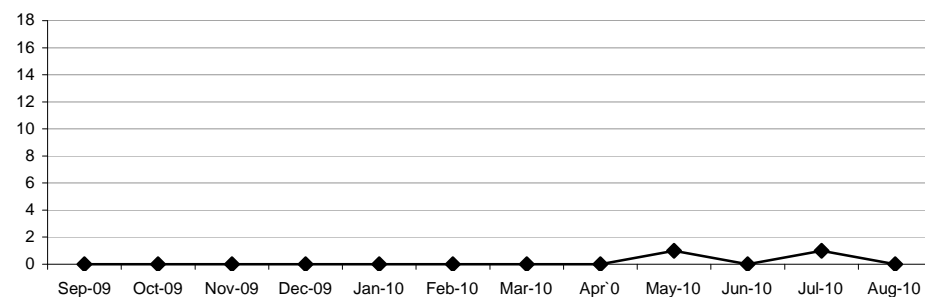


| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 95     | 94     | 94     | 94     | 94     | 95     | 95     | 95     | 94  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

## North CHP Community Hospitals

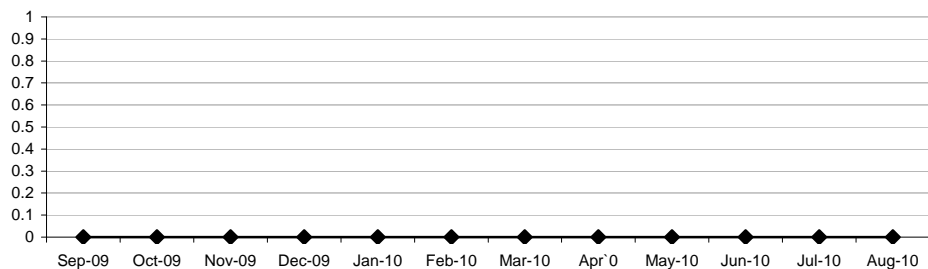
North CHP Community hospitals include Dunbar Hospital, Thurso; Town & County Wick; Lawson Memorial Hospital, Golspie; Migdale Hospital, Bonar Bridge.

## Clostridium difficile Infection Cases



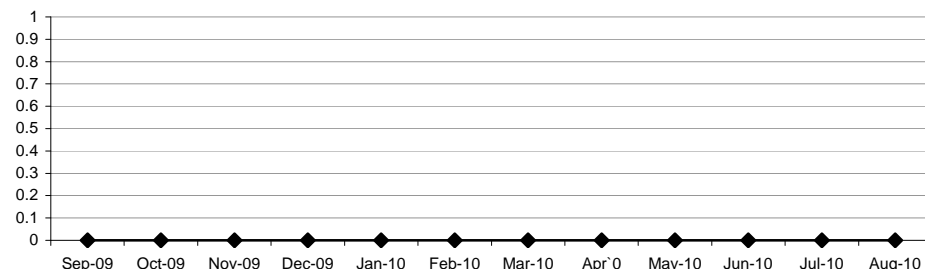
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 1     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

## MSSA Bacteraemia Cases



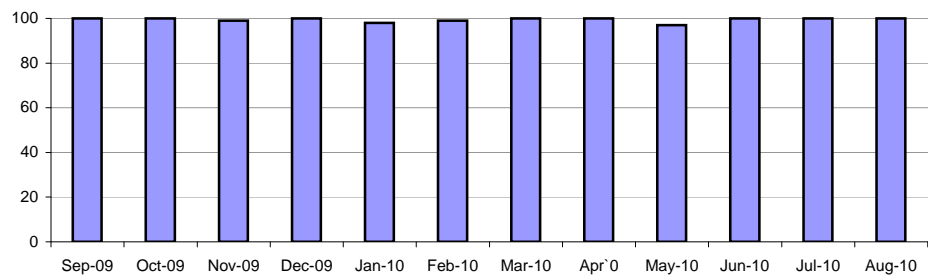
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0     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

## MRSA Bacteraemia Cases



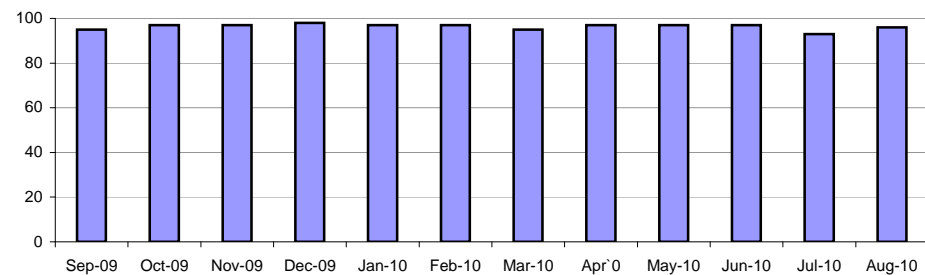
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0     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

## Hand Hygiene Compliance



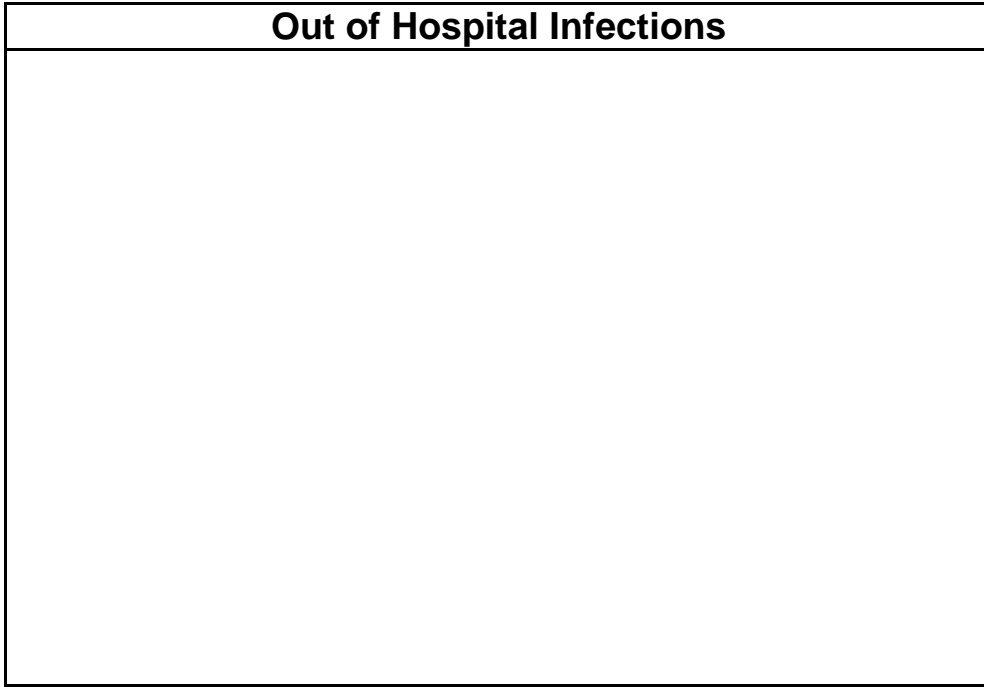
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 100    | 100    | 99     | 100    | 98     | 99     | 100    | 100    | 97    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

## Cleaning Compliance

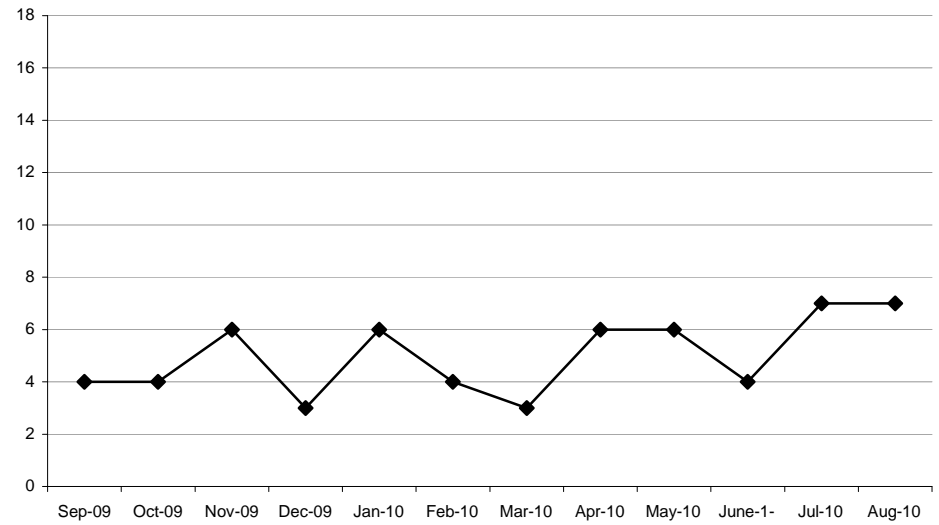


| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 95     | 97     | 97     | 98     | 97     | 97     | 95     | 97     | 97    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

## Out of Hospital Infections

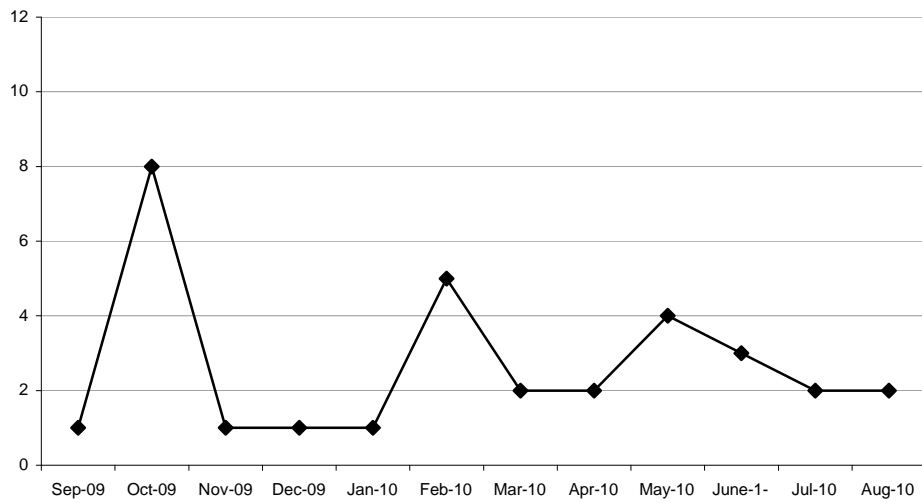


## Clostridium difficile Infection Cases



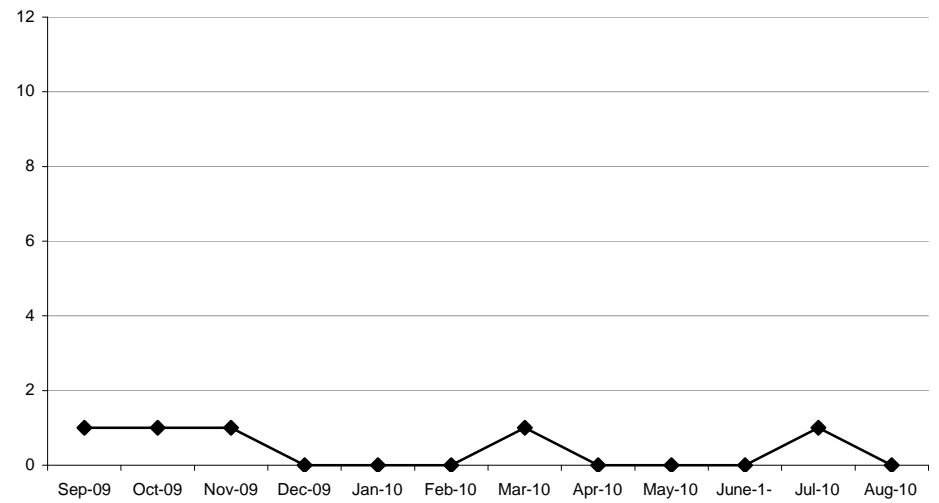
| Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | June-10 | Jul-10 | Aug-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| 4      | 4      | 6      | 3      | 6      | 4      | 3      | 6      | 6   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

## MSSA Bacteraemia Cases



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

## MRSA Bacteraemia Cases



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