

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 Healthcare 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.
- Place 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 revised Healthcare Associated Infection Reporting Template (HAIRT) is now used by all Boards. 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 within 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.

3 Executive Summary

Staphylococcus Aureus Bacteraemias (SAB)	NHS Highland continues to achieve the target rate Of 0.26 cases per 1000 acute occupied bed days.
Clostridium difficile	NHS Highland meets the target of 0.39 cases per 1000 acute occupied bed days
Hand Hygiene	Compliance with taking opportunity for hand hygiene in April 2011 was 96%.
Cleaning and the Healthcare Environment	Cleaning Compliance was met in March 2011 at 94%. April's figures currently not available.
Significant HAI incidents / outbreaks, emerging threats	No outbreaks in April 2011.
Antimicrobial Prescribing	Remains on target.
Surgical site infections	The number of surgical site infections continues to fall.

4 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.

5 Governance Implications

5.1 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”.

5.2 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.

5.3 Clinical Governance

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

5.4 Financial Impact

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

5.5 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.

6 Risk Assessment

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

7 Impact Assessment

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

Liz McClurg
Interim Infection Control Manager
Corporate Services

27 May 2011

NHS Highland Healthcare Associated Infection Report – April 2011

Section 1 – NHS Highland Board Wide Issues

Key Healthcare Associated Infection Headlines

- NHS Highland continues to reduce infection rates and plans to continue as a leader in Scotland in reducing Health Care Associated Infections.

***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

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

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

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

Current HEAT status

The target for *Staphylococcus* bacteraemia (SAB) was no more than 46 cases by 31/03/2011. Although the target was not achieved, NHS Highland has sustained a year-on-year reduction. From April 2010 – March 2011, there were 59 cases (15 less than the previous year) of which there were 5 MRSA and 54 MSSA.

The most common causes are those associated with skin and soft tissue infections, chest infections and peripheral venous cannulae. Blood culture contamination accounted for 20% of the total.

Initiatives to reduce SAB Infections

Improvement methods are championed by the Lead Infection Prevention & Control Nurse supported by the Infection Prevention and Control Team. The regular feed back to all areas on specific performance has been well responded to.

Focusing on reducing the number of blood culture contaminants, work is in process to standardise procedures and to introduce new equipment for taking blood cultures which is both needle safe and reduces the risk of blood culture contaminants. The IPC team are working together with NES Practice Educators, Practice Development Team and the University of Stirling to standardise practice for accessing venous access devices.

Figure 1 NHS Highland Staphylococcus aureus Bacteraemia Statistical process chart.

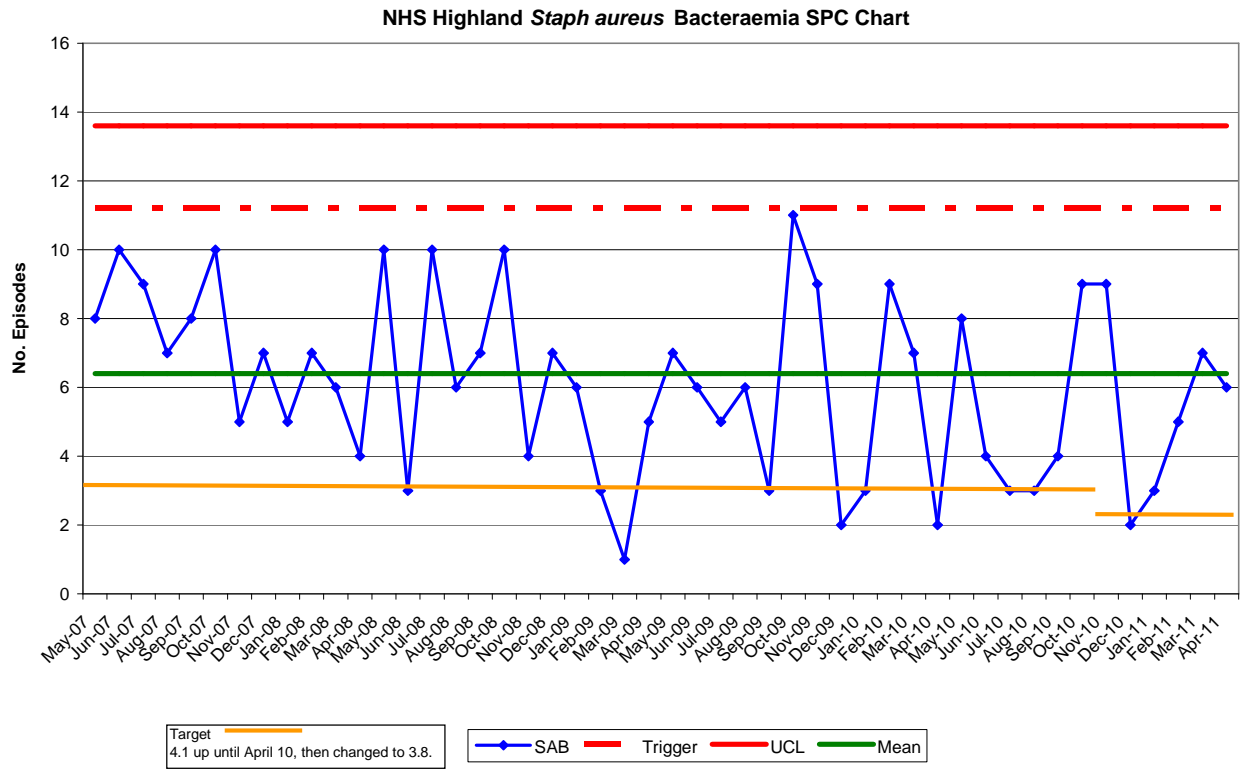
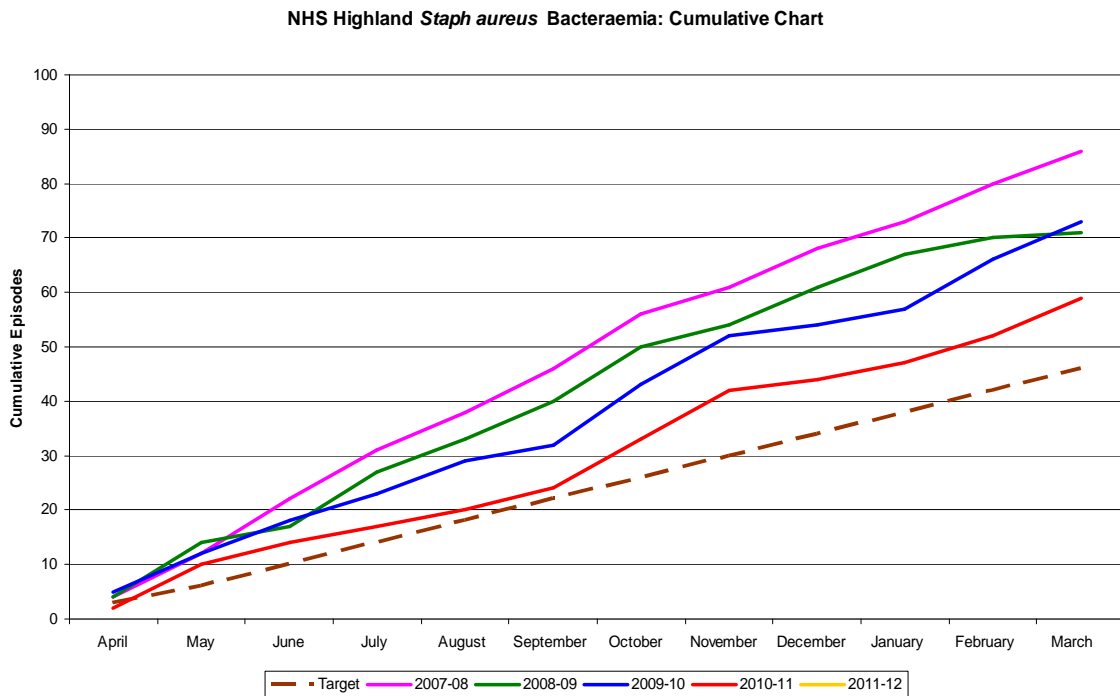


Figure 2 shows the Cumulative SAB Rate against Target.

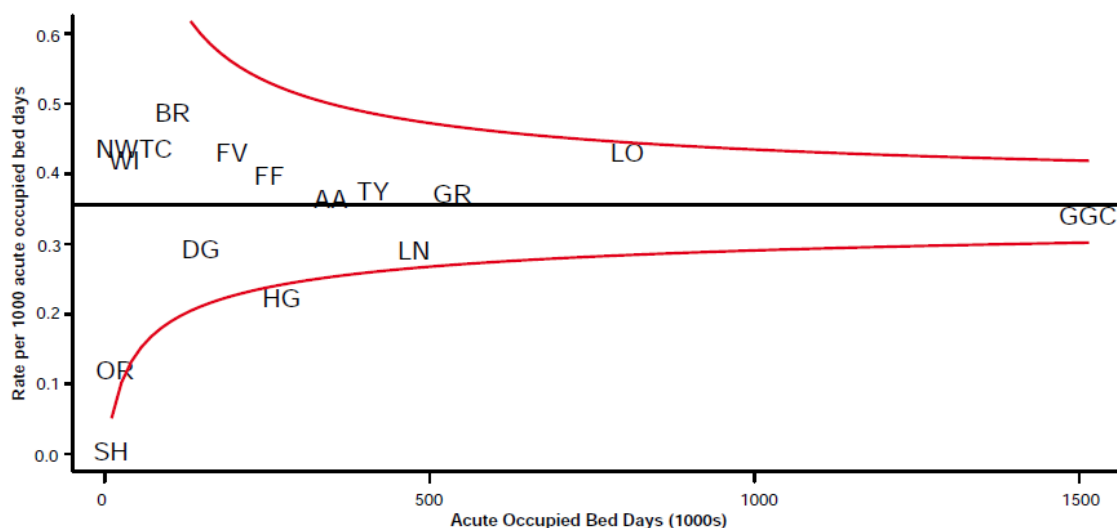


National Context

With effect from April 2011, all Boards are expected to achieve a rate of 0.26 cases per 1000 acute occupied bed days or lower by year ending March 2013.

The rate of 0.26 cases or less per 1000 acute occupied bed days is based on the best performing Board as measured in year ending March 2010. NHS Highland is the best performing mainland Board.

Figure 3 Funnel Chart of *S. aureus* bacteraemia rates per 1000 AOBs by NHS Boards January –December 2010



HG = Highland

MRSA Screening

The roll out of the operating protocol commenced in May 2011 in Caithness General Hospital and the Surgical Division in Raigmore Hospital. Lorn & Islands Hospital, Belford Hospital and the Medical Division Raigmore Hospital will commence in June 2011. The plan is to have the roll-out process fully completed by end of September 2011. The Project Lead is working with Senior Nurses to support the Senior Charge Nurses to embed the protocol into working practice.

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 with the target of no more than 130 cases of CDI in patients aged 65 and over by end of March 2011 met and exceeded. April 2010 – March 2011 there have been 68 cases.

Figure 3 shows the Cumulative Clostridium Difficile Toxin Positive Episodes in patients age 65 and over

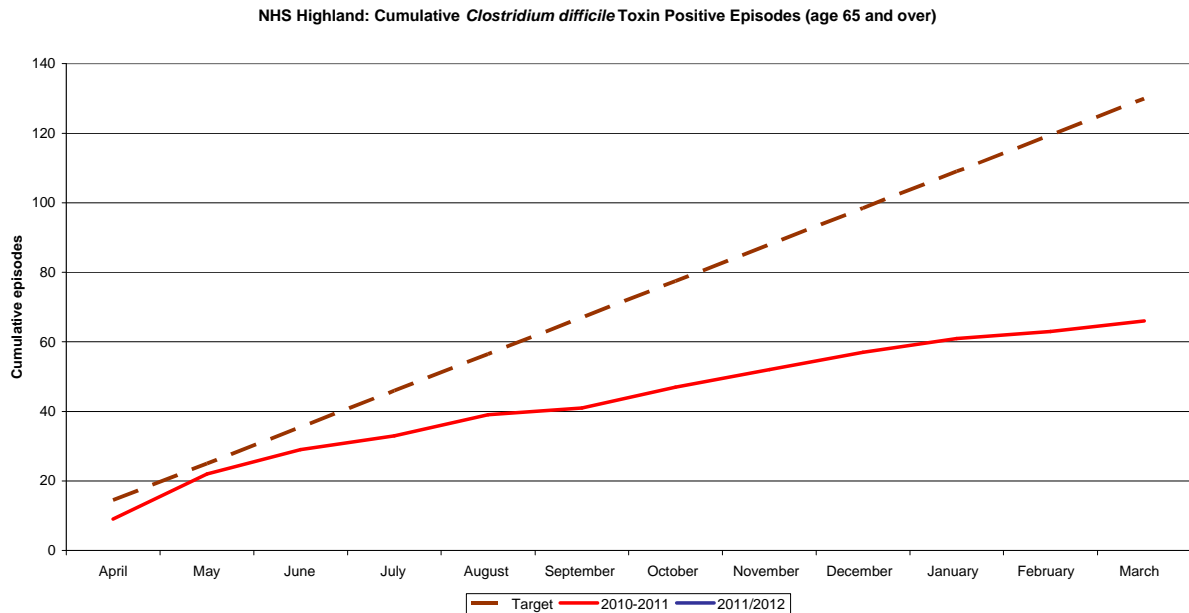
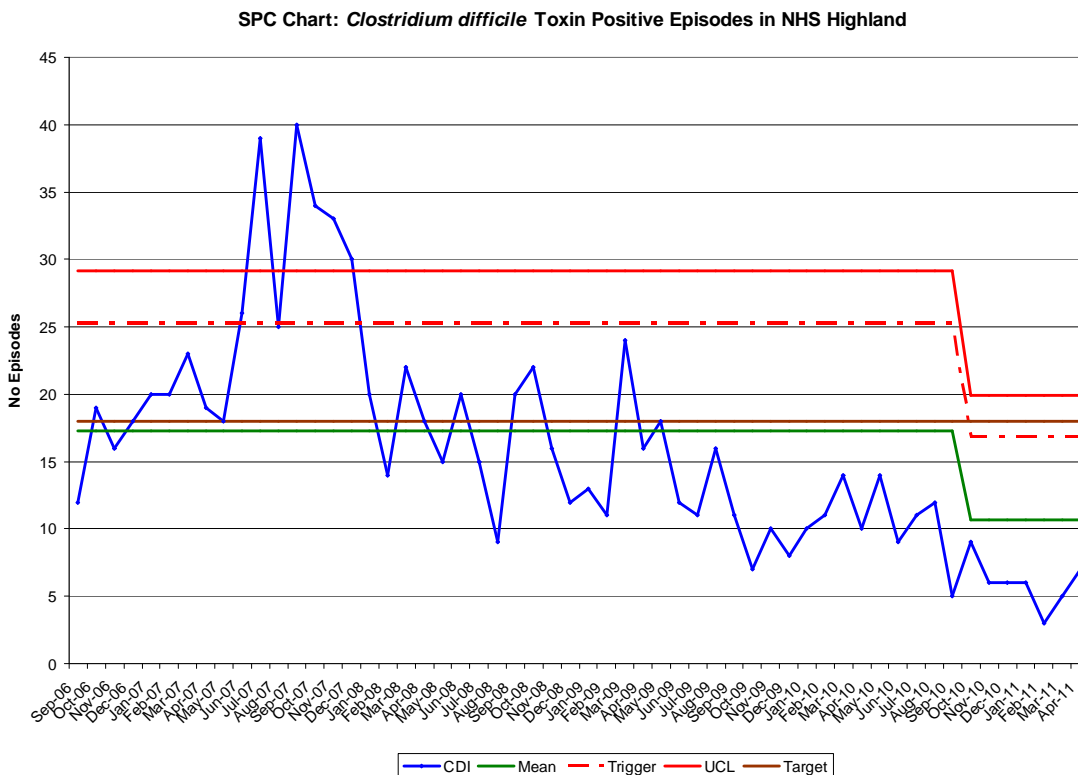


Figure 4 is the SPC Chart Clostridium Difficile Toxin Positive Episodes in NHS Highland.



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.

Recent surveillance revealed an increased number of cases in 2 clinical areas in March and April 2011; this was not however above our expected rates. Samples were sent for typing which demonstrated that the cases were not linked.

The Infection Prevention & Control team are working with clinical units to ensure best practice is embedded at every opportunity.

National Context

With effect from April 2011, all Boards are expected to achieve a rate of 0.39 cases per 1000 acute occupied bed days or lower among patients age 65 and over by year ending March 2013.

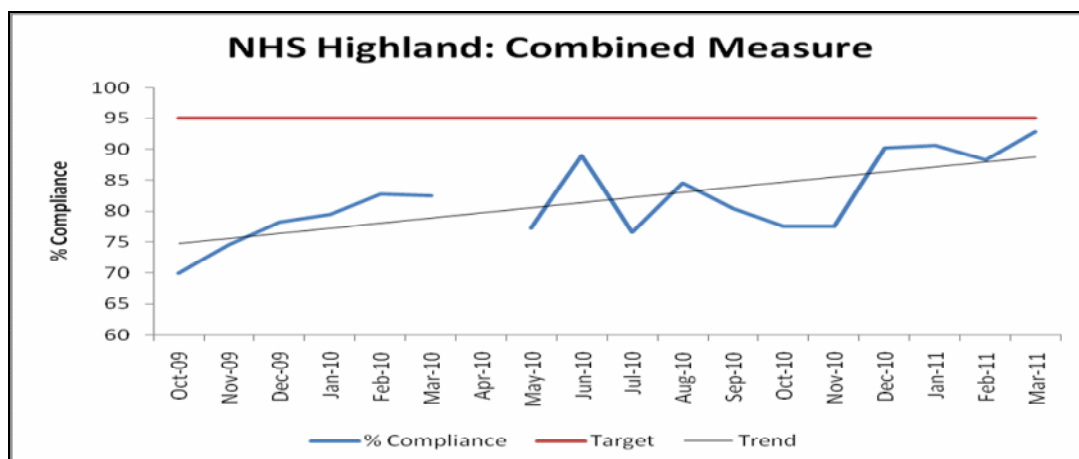
The rate of 0.39 cases or less per 1000 acute occupied bed days is based on the best performing Board as measured in year ending March 2010. The rate for NHS Highland year ending March 2010 was 0.49 cases per 1000 acute occupied bed days. The rate for NHS Highland for the last 4 quarters is 0.385 per 1000 acute occupied bed days.

Antimicrobial Prescribing

Empiric Antibiotic Prescribing in Admission Areas

Compliance with empiric antibiotic prescribing guidelines – The combined measure of completed documentation and antibiotic choice in the medical and surgical admission wards in Raigmore Hospital continues to improve as demonstrated in Figure 5. The national compliance target is 95%.

Figure 5 NHS Highland: Combined Measure



From April 2011, the data collection method changed, with a combined measure no longer being reported. Data for April shows the Acute Medical Admissions Unit Raigmore at 100% both in terms of documentation in notes and choice of antibiotic. In Ward 4A surgical admissions, documentation sits at 95% and antibiotic choice at 80%.

The clinical teams in Medicine are to be commended for exceeding the 95% reliability target for compliance with antibiotic choice for the last three months to April.

Antibiotic Surgical Prophylaxis

From April 2011, data for elective colorectal surgery is collected as the sole indicator, in accordance with Scottish Antimicrobial Prescribing Group recommendations. Compliance with antibiotic choice and single dose was 95% in March and 100% in April. The colorectal team in Raigmore is to be congratulated on achieving the required standard.

The forthcoming AMT National Networking Event will focus on surgical prophylaxis and sharing best practice.

Management of Infection Guidance

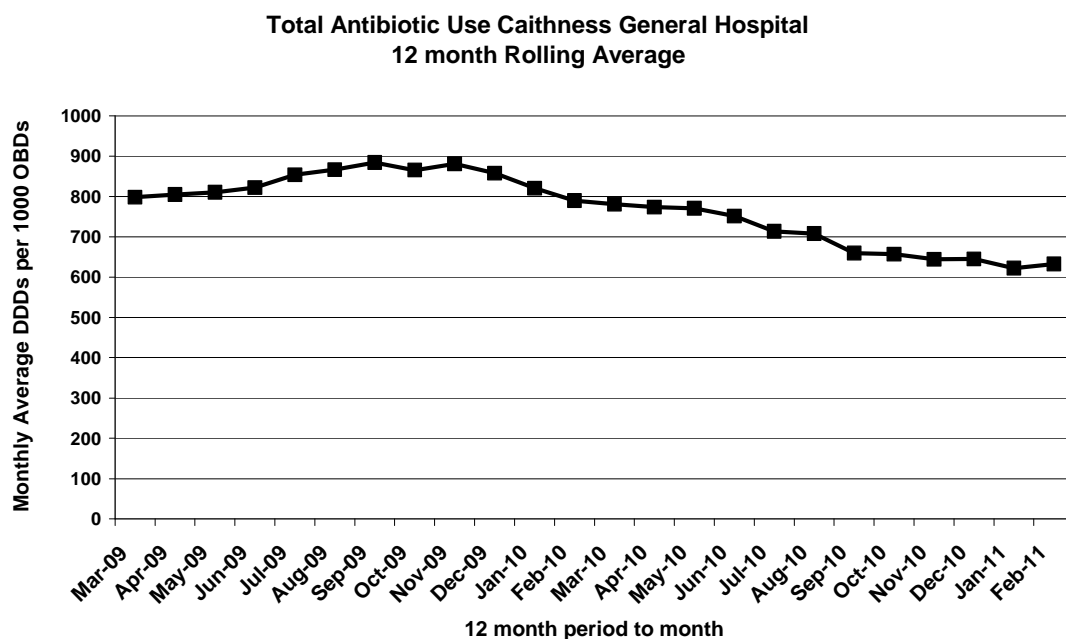
All sections of the Management of Infection Guidance have now been reviewed, ready for the new edition of the Highland Formulary to be published in the next few weeks.

Antimicrobial Utilisation Data

In line with Scottish Antimicrobial Prescribing Group recommendations, antibiotic utilisation data for acute hospitals is collated and reported at each meeting of the NHS Highland Antimicrobial Management Team. Current data for Raigmore shows the use of antibiotics associated with *Clostridium difficile* infection (CDI) continuing to fall, as a percentage of total antibiotic use.

Data for Caithness General (below) shows the overall use of antibiotics is falling, month on month. Average monthly antibiotic use in February 2011 is 28% lower than November 2009.

Figure 6 Total Antibiotic Use Caithness General Hospital



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>

The HPS hand hygiene monitoring protocol has now been reviewed to include measurement for both opportunity and technique; the tool will be introduced across Highland during the next few months, using Scottish Patient Safety methodology. There may be a drop in percentage terms with compliance as the calculation now includes both opportunity and technique. The current calculation is based on opportunity alone. The aim of the change in monitoring is to ensure the opportunity for the 5 key moments is taken with hand washing carried out using the correct technique. The national objective is to achieve a minimum of 95% compliance by December 2011.

Compliance with taking opportunity for hand hygiene was 96% in March and April 2011. Compliance with technique for hand hygiene was 96% in March and 95% in April 2011.

To mark National Hand Hygiene day on 5th May 2011, all NHS Highland staff were asked to complete a hand hygiene questionnaire either through Survey Monkey or hard copy. In excess of 700 staff have responded, an analysis of the data is currently being undertaken

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/hai/>

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 was 94% during March 2011. The target compliance is 90%.

Due to technical faults, Health Facilities Scotland have been unable to send Boards the new Domestic/Estates Monitoring discs; therefore the compliance figures for April are unavailable at present.

Work is ongoing to ensure that Domestic Supervisors have sufficient time and expertise to record both domestic and estates issues in the National Monitoring Tool to reflect accurate percentage compliance.

HEI Inspections

The HEI has published the report on their unannounced visit to Raigmore Hospital in March 2011. The Inspectorate found the hospital to be clean and staff well engaged. There are 8 requirements and 2 recommendations.

Requirements:

1. To review the dissemination of surveillance and audit results to ensure all staff are aware of the current situation on their ward.
2. To clearly define the process for root cause analyses following caesarean section wound infections, including who should be involved and the system for implementing improvements. This will ensure that data collected is used to improve prevention and control of infection.
3. To implement a standard audit system for the regular and routine audit of mattresses in all wards and departments to ensure that it complies with national requirements for the prevention and control of infection.
4. To ensure that all policies in the infection control manual are up-to-date, including hard copies, to ensure staff have access to the most up-to-date information on the prevention and control of infection.
5. To ensure that corporate cleaning schedules for equipment and the patient environment are effectively implemented in all wards and departments as a matter of urgency.
6. To ensure that curtain changing is included in cleaning schedules for all areas and implemented in line with the frequencies defined in the NHSScotland National Cleaning Services Specification (2009).
7. To ensure that HAI information is effectively disseminated to patients and relatives/carers in a suitable format
8. To identify a timescale to finalise the draft strategy for mandatory and continuing education to ensure staff regularly receive the update knowledge to deliver the highest possible quality of patient care in relation to infection control practices.

Recommendations:

1. ensure that staff are made aware of, and practice, the appropriate procedure for hygienic hand hygiene according to the local hand hygiene policy and education sessions.
2. Undertake a review in consultation with patients and visitors on the positioning of signage and location of alcohol hand gel dispensers.

An action plan has been developed and work is well underway with implementation.

Outbreaks/Incidents

There have been no outbreaks during March and April 2011.

Other HAI Related Activity

Surgical Site Infections (SSI)

Caesarean Section Surgical Site Infections

The cumulative incidence (number of Surgical Site Infections per 100 procedures) of all caesarean section procedures until day 10 post operatively is approx 3% from January – December 2010. This is a marked reduction on the previous year of 6.5%.

The following two funnel graphs show NHS Highlands improving position on relation to the reduction of elective caesarean infection rates in 2009 compared to 2010. The current infection rate stands at 3%.

Figure 7 Cumulative incidence April – December 2009

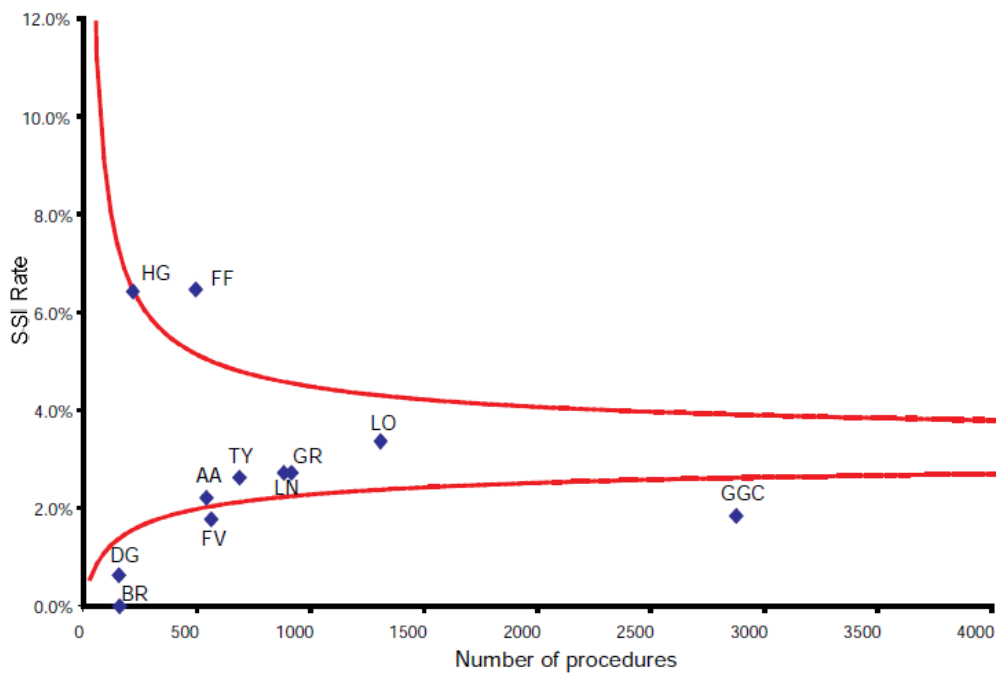
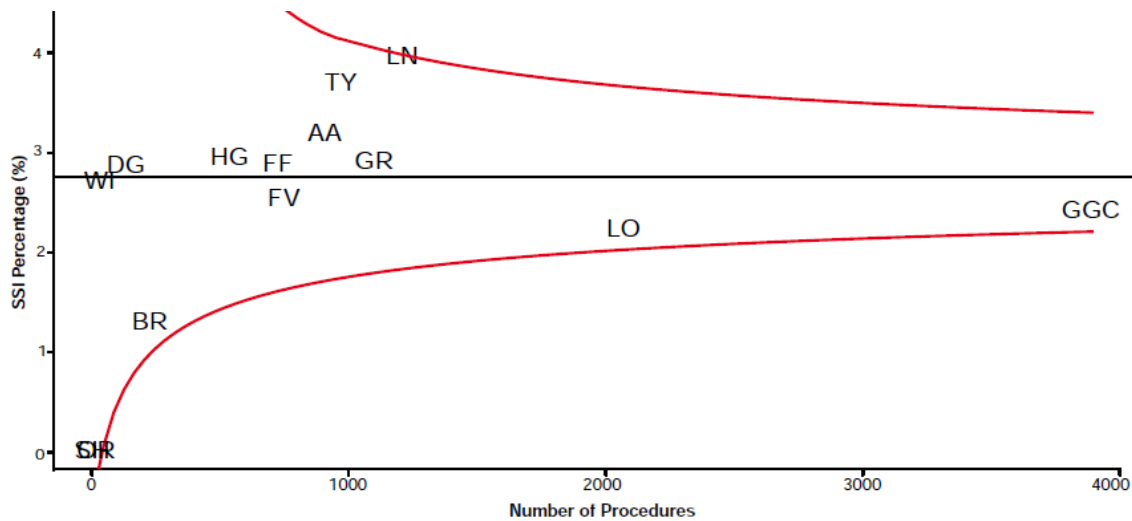


Figure 8 Cumulative incidence (number of SSI per 100 procedures) of all caesarean section procedures inpatient and until day 10 post operatively by NHS Board April – December 2010



Improvement work is ongoing to further reduce the level of postoperative infection. The team has been meeting regularly to test changes and monitor progress, including the following.

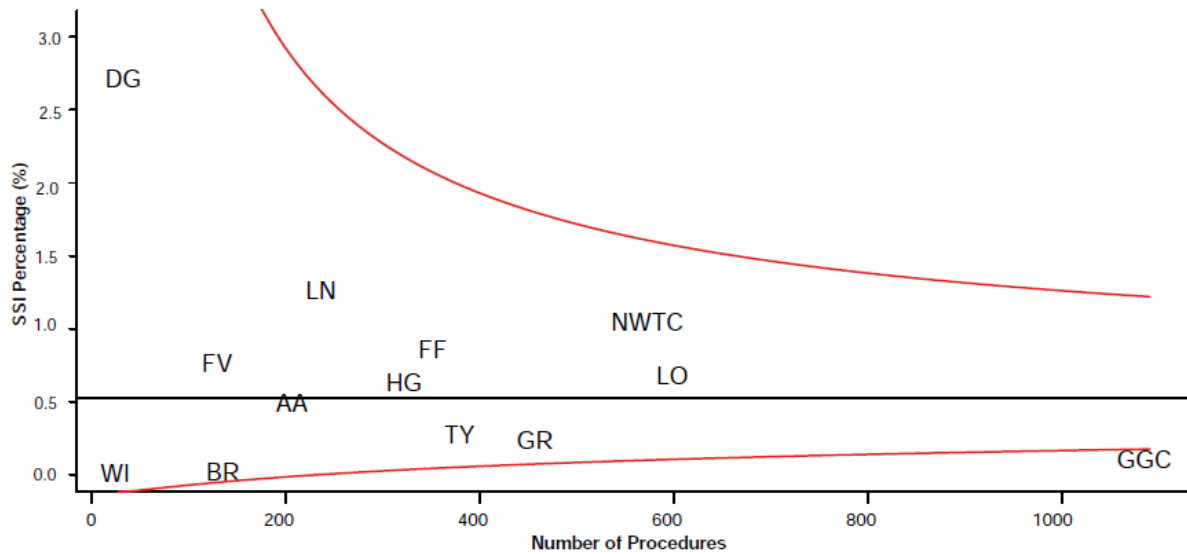
- An alternative skin cleanser has been introduced.
- A waterproof dressing which allows the patient to shower in the immediate post-operative period whilst still covering the wound for the recommended minimum of 48 hours, has been introduced.
- Root Cause Analysis is undertaken following each C. section infection to understand the cause and consider changes that may prevent recurrence.
- A revised leaflet to advise patients regarding pre-operative hair removal has been developed and is now being distributed and discussed with staff.

It has now been over 100 days since a post-operative infection following an elective C-section in Raigmore Hospital.

Orthopaedic Surgical Site Infections

The Infection Prevention & Control team continue to monitor orthopaedic surgical site infections. A Root Cause Analysis is carried out on each infection by the Orthopaedic team. From April 2010 – April 2011 there have been 3 fractured neck of femur infections (September, November and April) and 4 hip arthroplasty infections (June, July, December and February).

Figure 9 Cumulative incidence (number of SSI per 100 procedures) for hip arthroplasty in patient and readmission SSI until day 30 post operatively, by NHS Board in January - December 2010



Staff Training

Work is in progress to develop infection prevention and control courses electronically through Learnpro. This is still in its infancy and will continue to develop during 2011.

The Infection Prevention & Control team continue to promote the Policy for Staff Competencies for the prevention and control of infection and deliver training locally.

Decontamination

Endoscopy

A National joint advisory group visits assessing the safe and effective provision of Endoscopy Services by Caithness General Hospital was undertaken on 12th and 13th May. Initial feedback was generally positive however a final report is awaited.

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§ionID=1

Staphylococcus aureus :

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

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

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

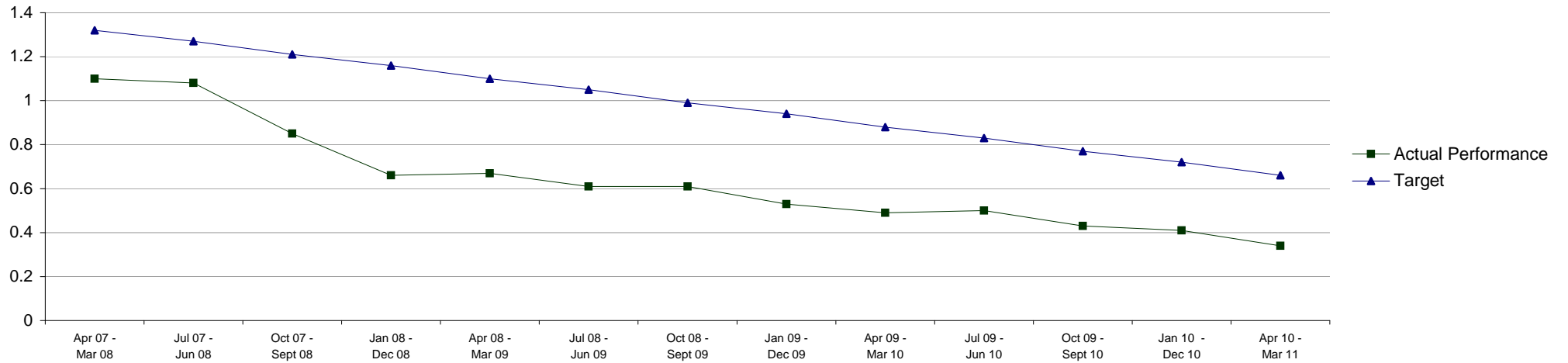
Understanding the Report Cards – '*Out of Hospital Infections*'

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.

Abbreviations

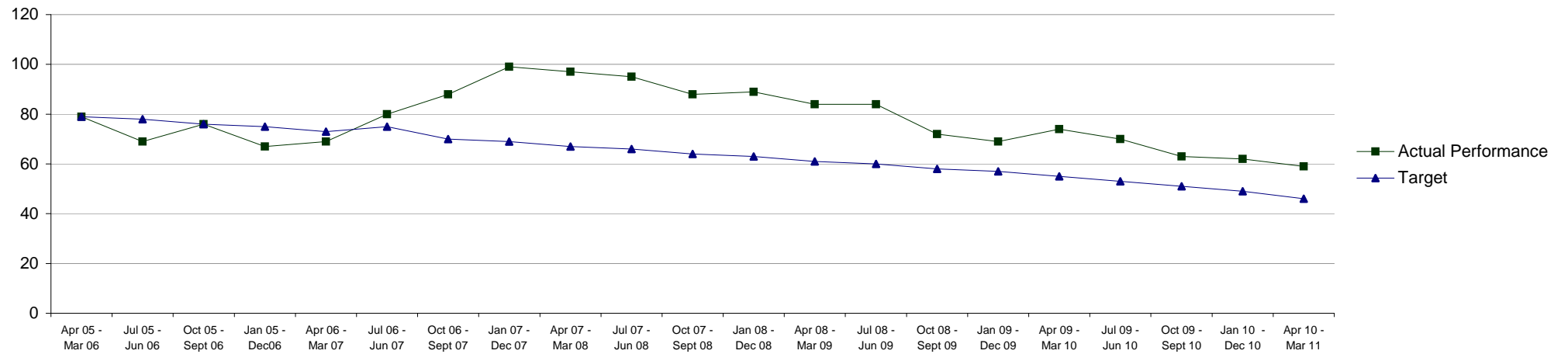
HAI	Healthcare Associated Infection
HAIRT	Healthcare Associated Infection Reporting Template
CHP	Community Health Partnership
SAB	Staphylococcus Aureus Bacteraemias
MSSA	Meticillin Sensitive Staphylococcus Aureus
MRSA	Meticillin Resistant Staphylococcus Aureus
CDI	Clostridium difficile
CNO	Chief Nursing Officer
SPC	Statistical Process Chart
HEAT	Health Improvement, Efficiency, Access, Treatment
AMAU	Acute Medical Admissions Unit
SAPG	Scottish Antimicrobial Prescribing Group
JAG	Joint Advisory Group

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	0.50	0.43	0.41	0.34
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

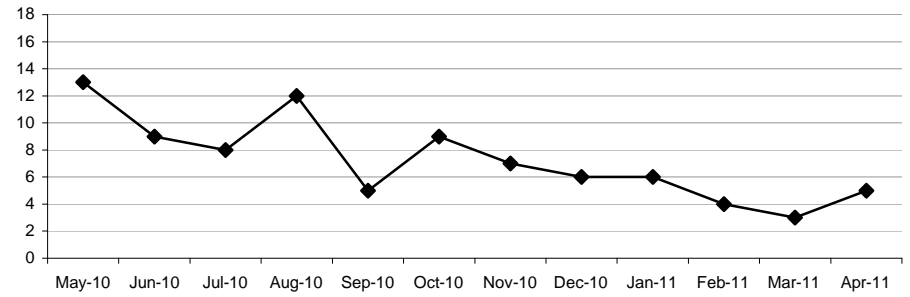
Quarterly rolling year Staphylococcus aureus Bacteraemia Cases for HEAT Target Measurement



	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	63	62	59
Target	79	78	76	75	73	75	70	69	67	66	64	63	61	60	58	57	55	53	51	49	46

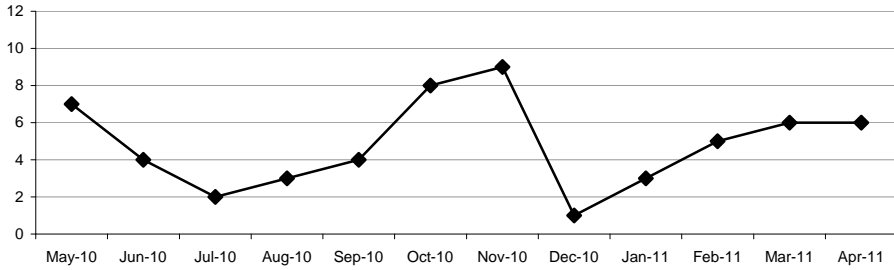
Pan Highland

Clostridium difficile Infection Cases



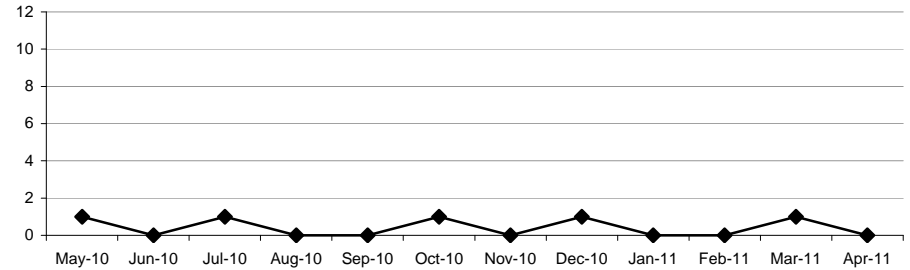
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
13	9	8	12	5	9	7	6	6	4	3	5

MSSA Bacteraemia Cases



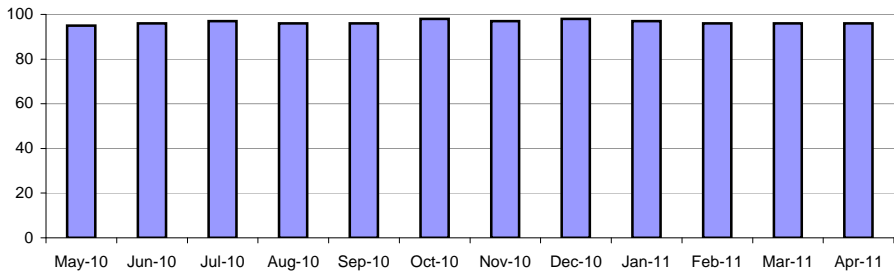
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
7	4	2	3	4	8	9	1	3	5	6	6

MRSA Bacteraemia Cases



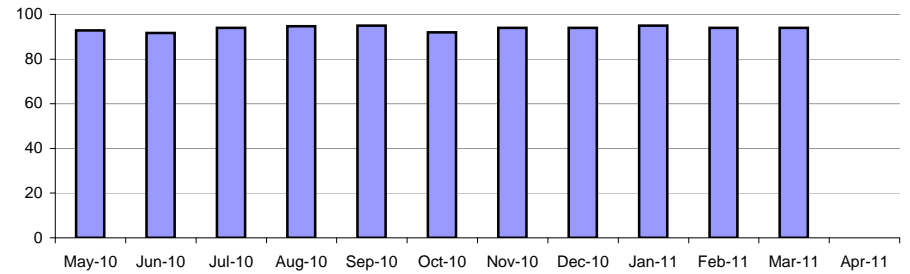
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
1	0	1	0	0	1	0	1	0	0	1	0

Hand Hygiene Compliance



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
95	96	97	96	96	98	97	98	97	96	96	96

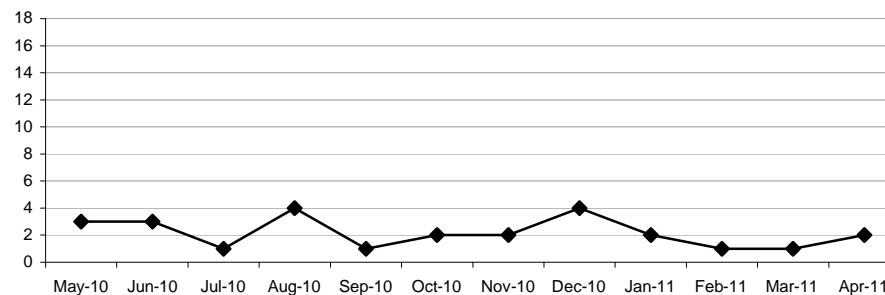
Cleaning Compliance



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
92.8	91.7	94	94.7	95	92	94	94	95	94	94	94

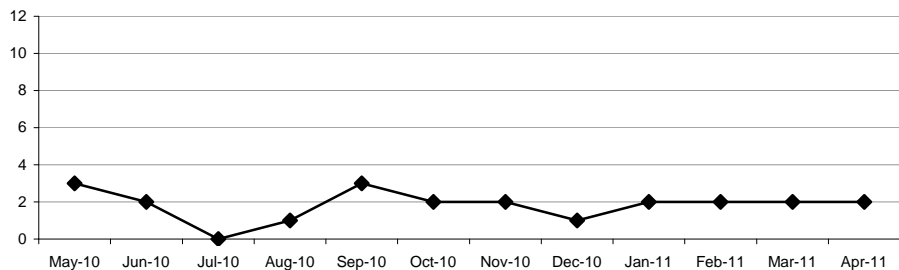
Raigmore Hospital

Clostridium difficile Infection Cases



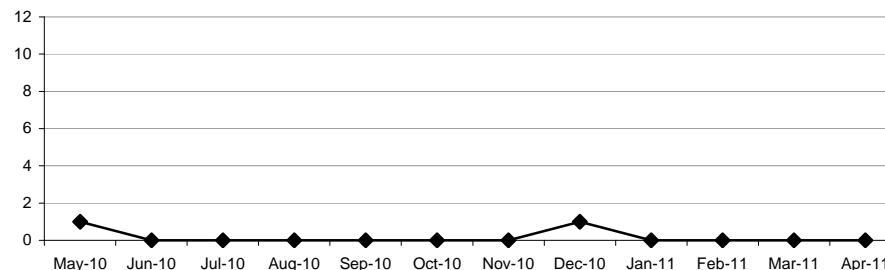
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
3	3	1	4	1	2	2	4	2	1	1	2

MSSA Bacteraemia Cases



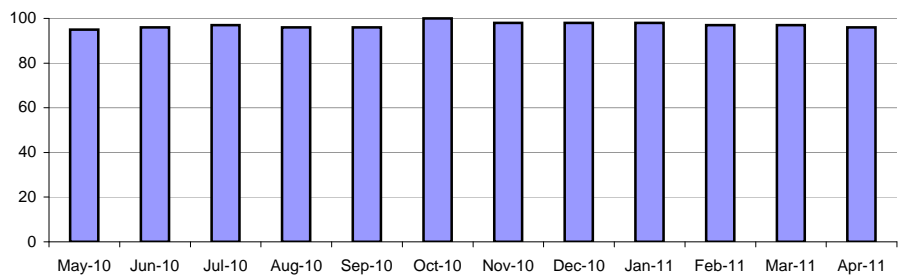
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
3	2	0	1	3	2	2	1	2	2	2	2

MRSA Bacteraemia Cases



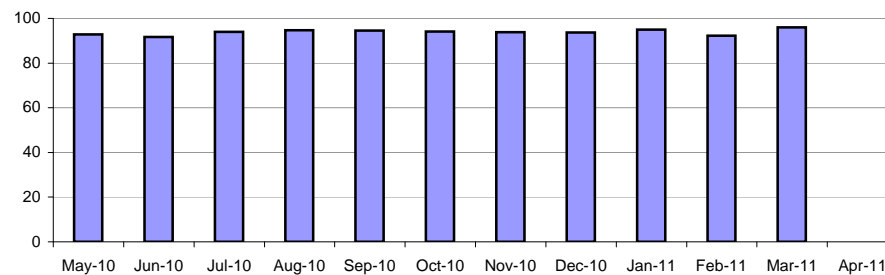
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
1	0	0	0	0	0	0	1	0	0	0	0

Hand Hygiene Compliance



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
95	96	97	96	96	100	98	98	98	97	97	96

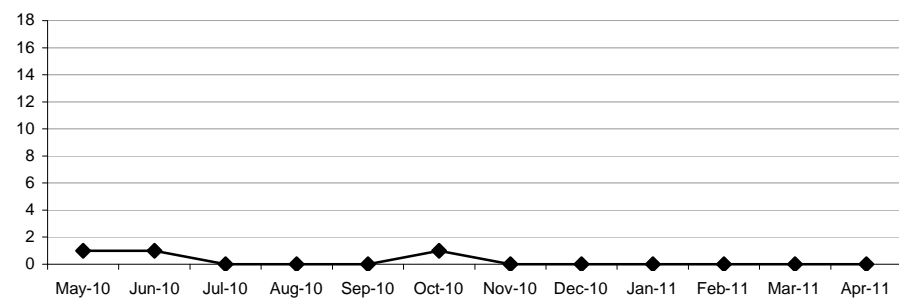
Cleaning Compliance



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
92.8	91.7	94	94.7	94.5	94.1	93.9	93.7	95	92.3	96	

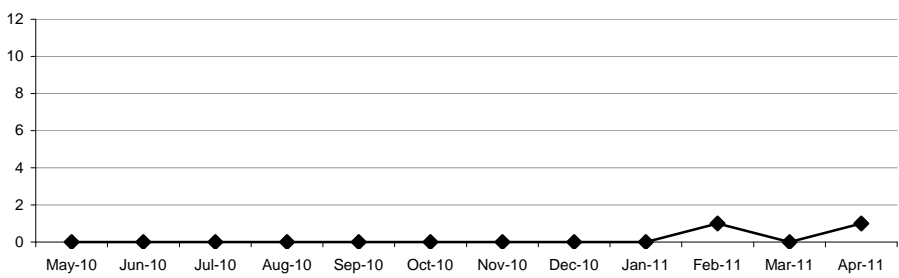
Caithness General Hospital

Clostridium difficile Infection Cases



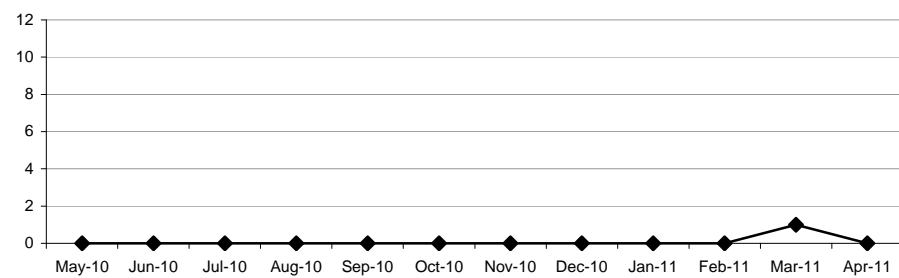
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
1	1	0	0	0	1	0	0	0	0	0	0

MSSA Bacteraemia Cases



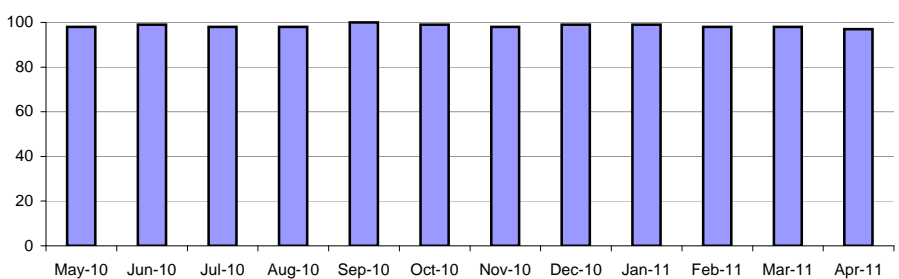
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	0	0	0	1	0	1

MRSA Bacteraemia Cases



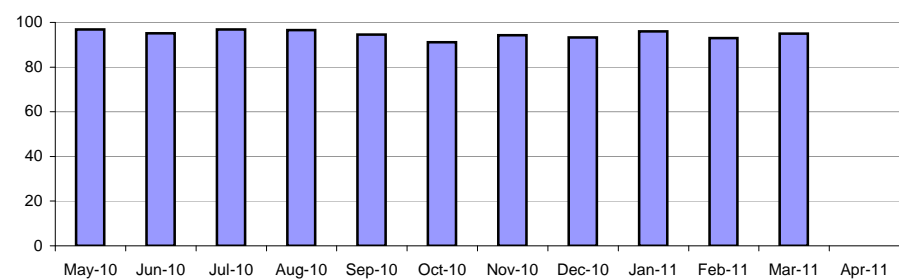
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	0	0	0	0	1	0

Hand Hygiene Compliance



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
98	99	98	98	100	99	98	99	99	98	98	97

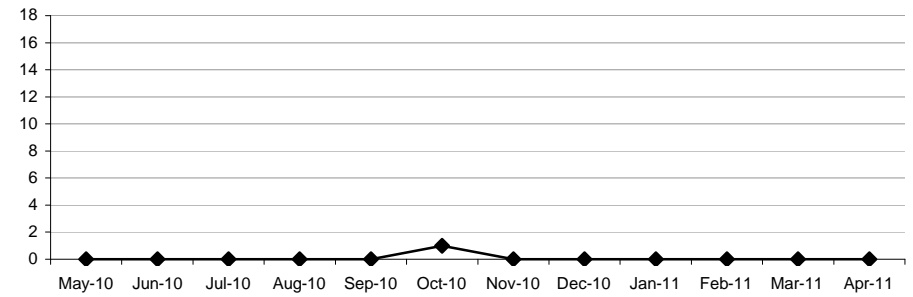
Cleaning Compliance



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
96.9	95.2	96.8	96.5	94.5	91.1	94.3	93.2	96	93	95	95

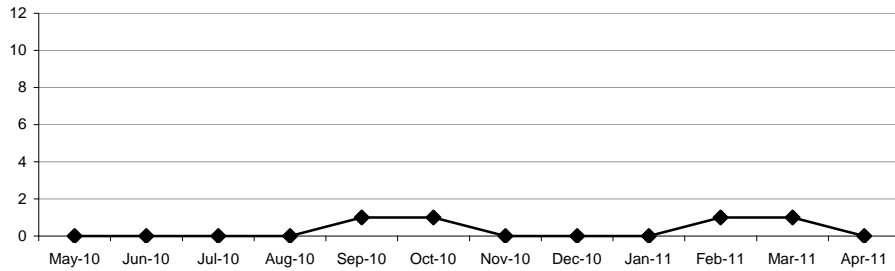
Belford Hospital

Clostridium difficile Infection Cases



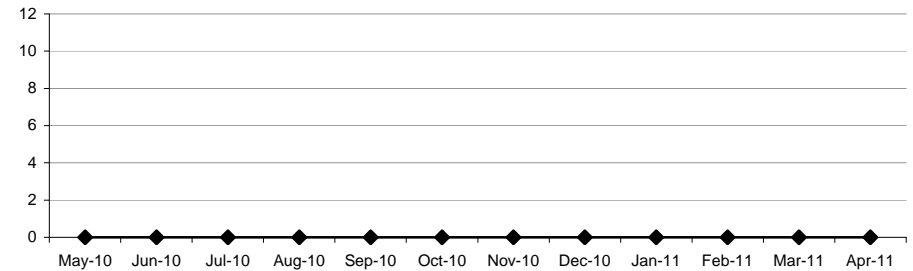
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	1	0	0	0	0	0	0

MSSA Bacteraemia Cases



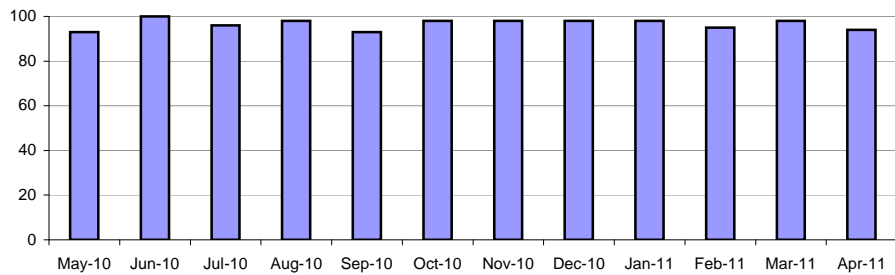
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	1	1	0	0	0	1	1	0

MRSA Bacteraemia Cases



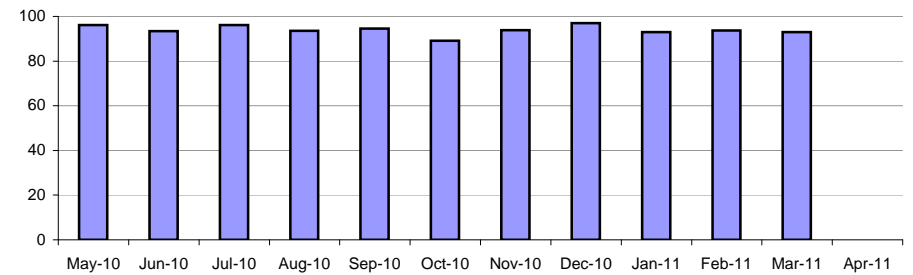
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	0	0	0	0	0	0

Hand Hygiene Compliance



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
93	100	96	98	93	98	98	98	98	95	98	94

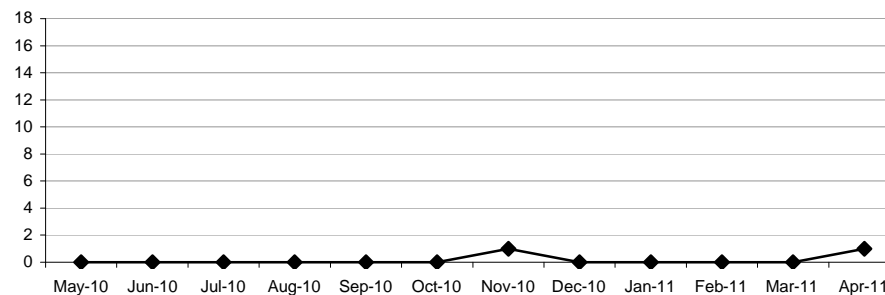
Cleaning Compliance



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
96.2	93.4	96.2	93.5	94.6	89.1	93.8	97	93	93.7	93	

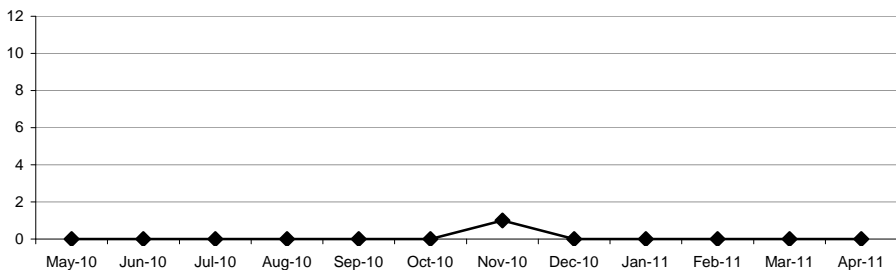
Lorn & Islands Hospital

Clostridium difficile Infection Cases



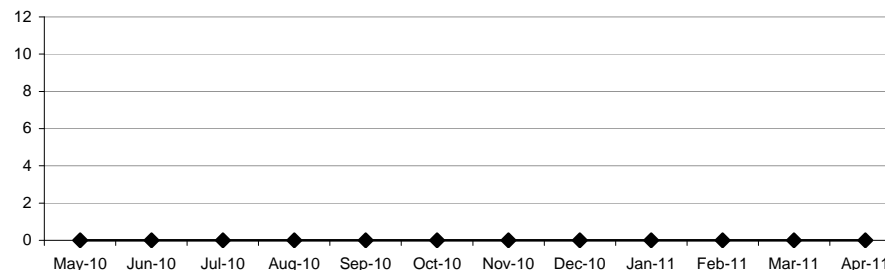
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	1	0	0	0	0	1

MSSA Bacteraemia Cases



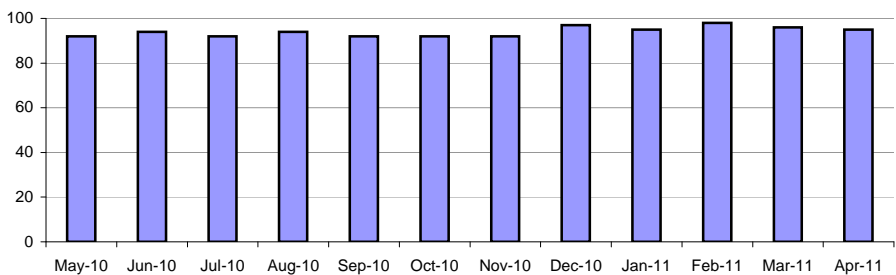
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	1	0	0	0	0	0

MRSA Bacteraemia Cases



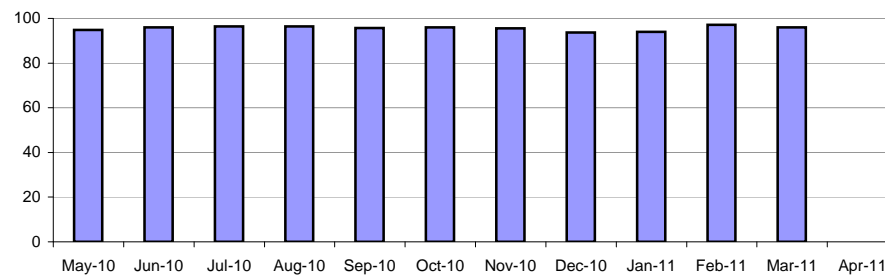
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	0	0	0	0	0	0

Hand Hygiene Compliance



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
92	94	92	94	92	92	92	97	95	98	96	95

Cleaning Compliance

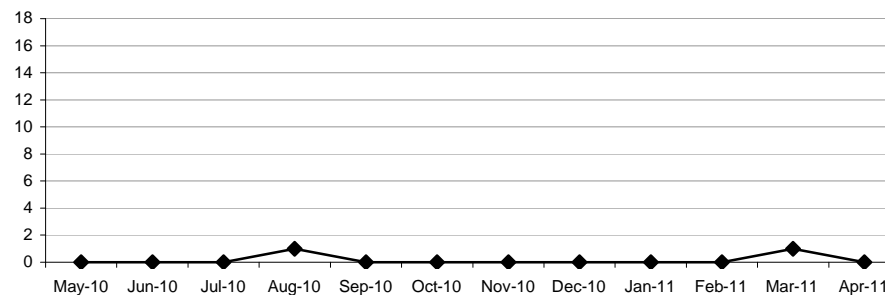


May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
94.9	96	96.4	96.4	95.7	96	95.6	93.7	94	97.2	96	96

Mid CHP Community Hospitals

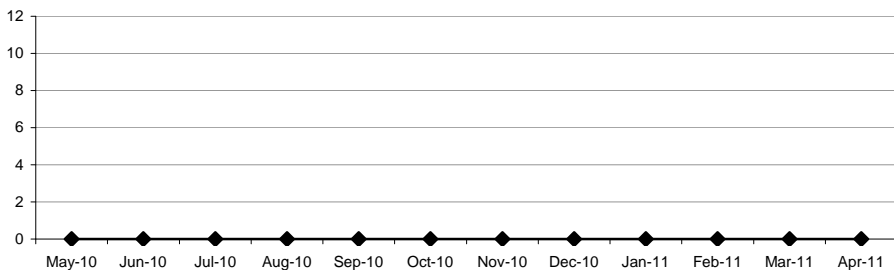
Mid CHP Community Hospitals include Ross Memorial Hospital Dingwall, County Community Hospital Invergordon, MacKinnon memorial Hospital, Broadford & Portree Hospital Isle of Skye.

Clostridium difficile Infection Cases



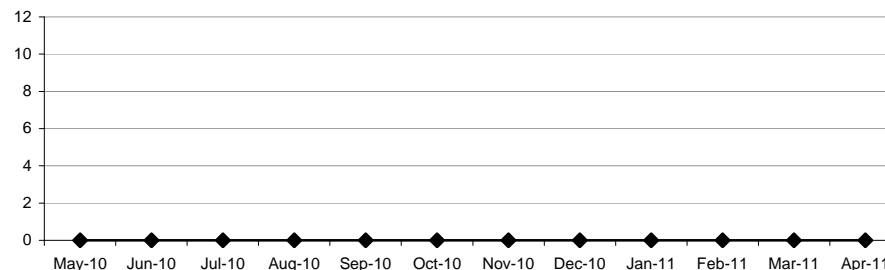
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	1	0	0	0	0	0	0	1	0

MSSA Bacteraemia Cases



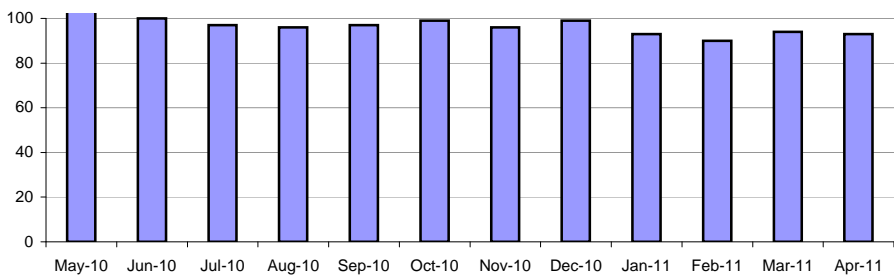
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases



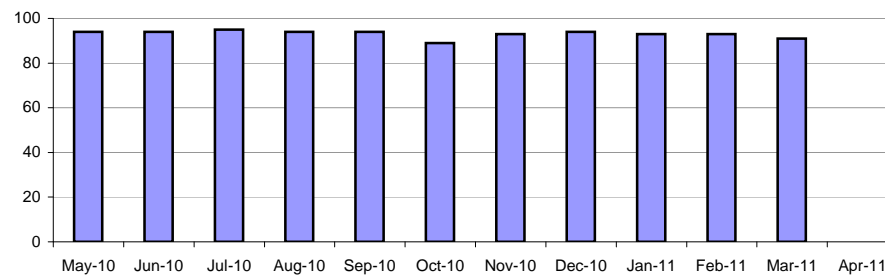
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	0	0	0	0	0	0

Hand Hygiene Compliance



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
199	100	97	96	97	99	96	99	93	90	94	93

Cleaning Compliance

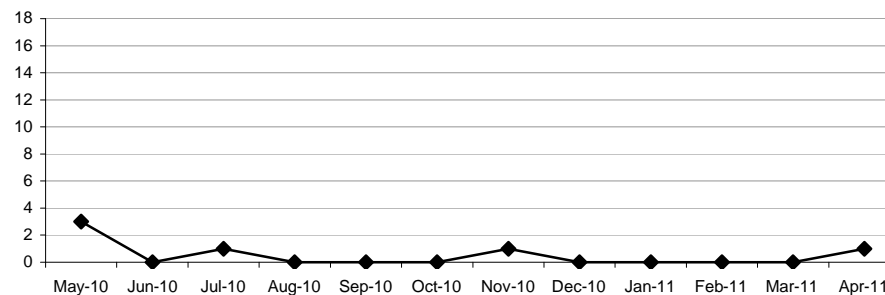


May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
94	94	95	94	94	89	93	94	93	93	91	91

South East CHP Community Hospitals

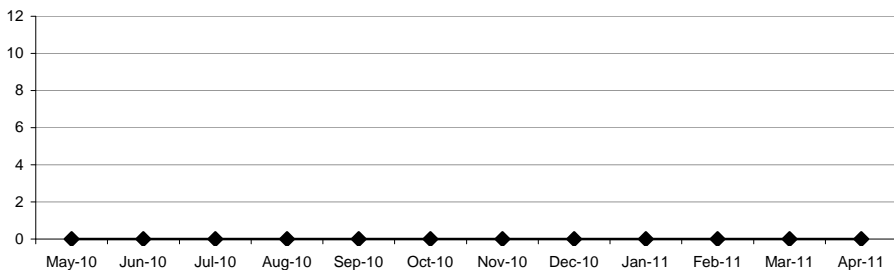
For the purposes of monitoring New Craigs Psychiatric Hospital is included in this report card. Other hospitals included are RNI Community Hospital Inverness, Town & County Hospital Nairn, Ian Charles Community Hospital Grantown on Spey, St. Vincents Hospital Kingussie.

Clostridium difficile Infection Cases



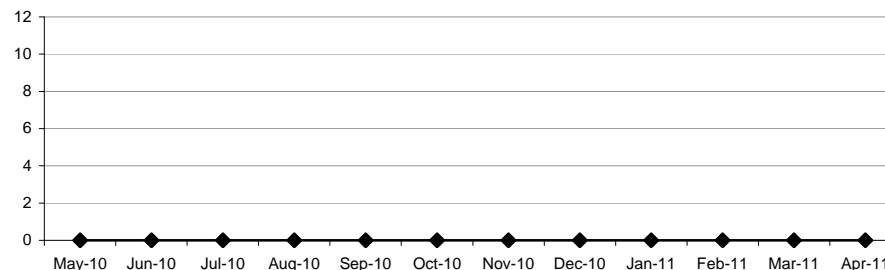
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
3	0	1	0	0	0	1	0	0	0	0	1

MSSA Bacteraemia Cases



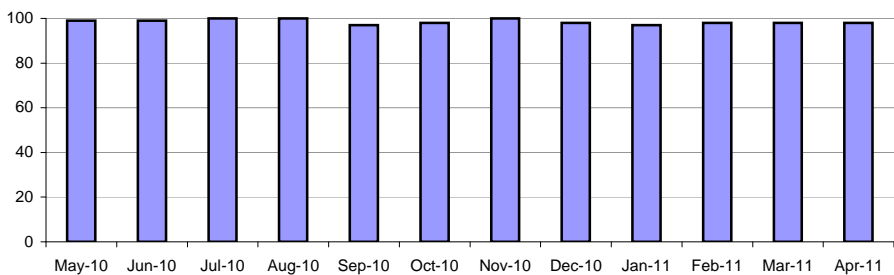
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases



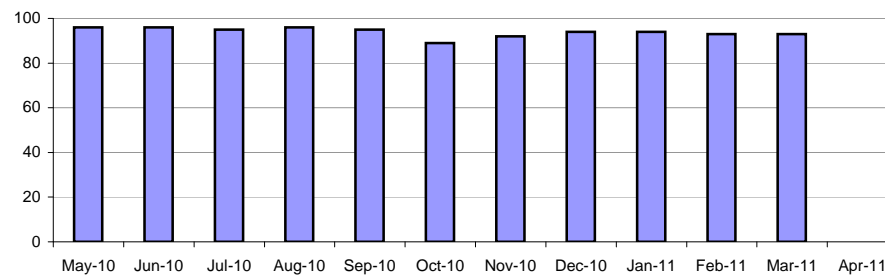
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	0	0	0	0	0	0

Hand Hygiene Compliance



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
99	99	100	100	97	98	100	98	97	98	98	98

Cleaning Compliance

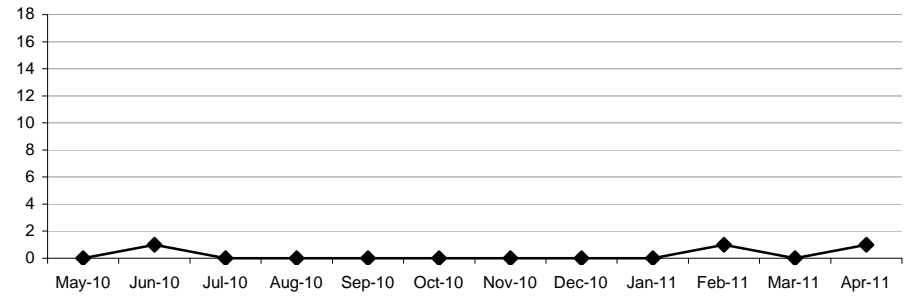


May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
96	96	95	96	95	89	92	94	94	93	93	93

Argyll & Bute CHP Community Hospitals

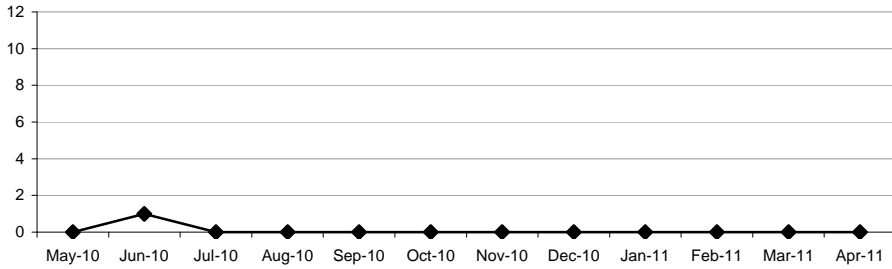
Argyll & Bute Community Hospitals include Argyll & Bute Hospital, Lochgilphead, Campbeltown Hospital, Cowal Community Hospital Dunoon, Dunaros Community Hospital, Isle of Mull, Islay Hospital, Mid Argyll Community Hospital & Integrated Care Centre Lochgilphead, Victoria Hospital & Annex Rothesay

Clostridium difficile Infection Cases



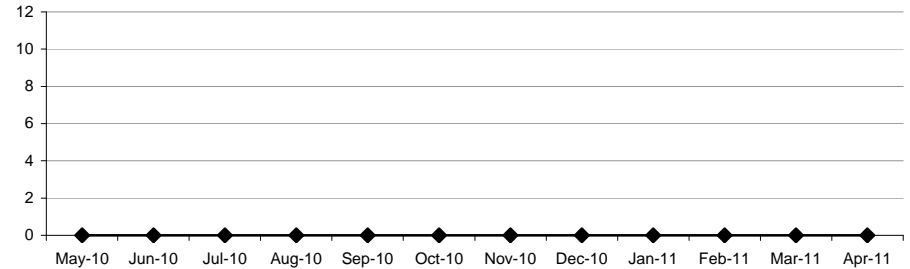
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	1	0	0	0	0	0	0	0	1	0	1

MSSA Bacteraemia Cases



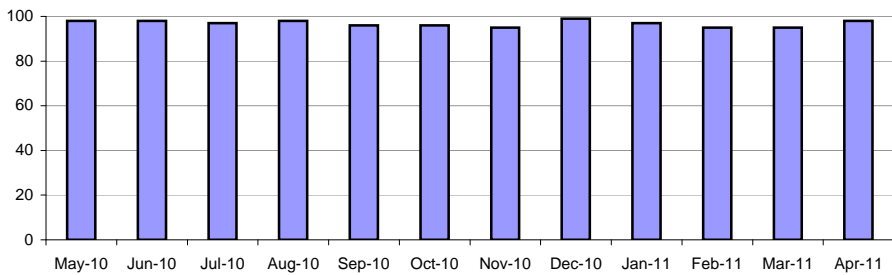
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	1	0	0	0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases



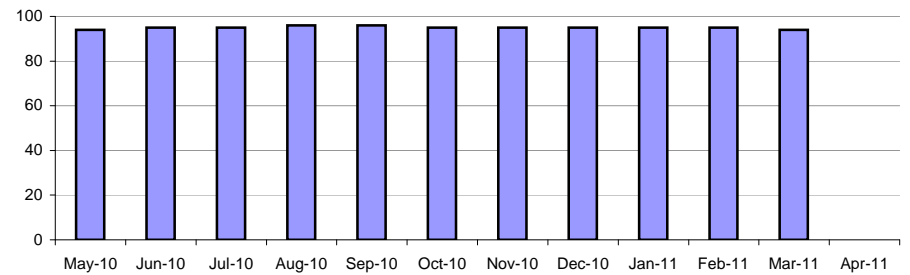
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	0	0	0	0	0	0

Hand Hygiene Compliance



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
98	98	97	98	96	96	95	99	97	95	95	98

Cleaning Compliance

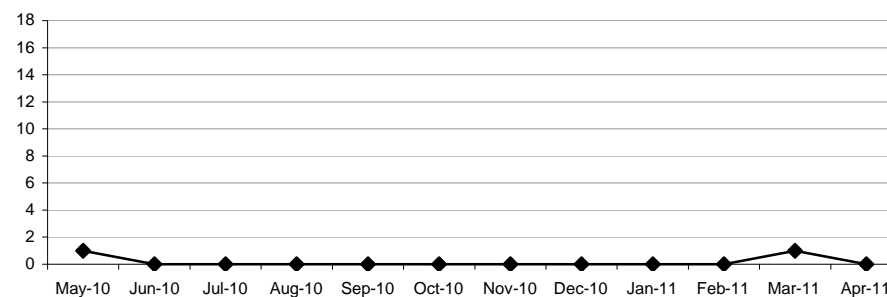


May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
94	95	95	96	96	95	95	95	95	95	94	95

North CHP

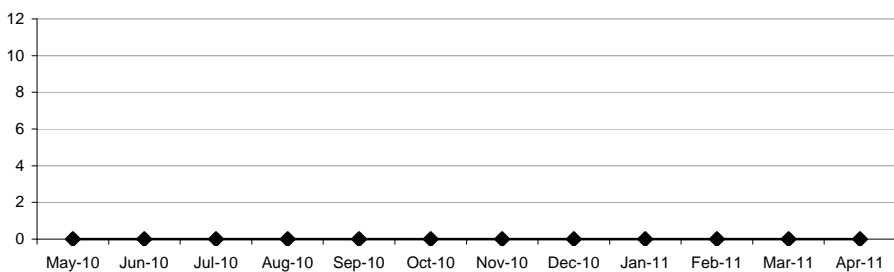
North CHP Community Hospitals include Dunbar Hospital, Thurso; Town & County Wick; Lawson Memorial Hospital, Golspie; Migdale Hospital, Bonar Bridge.

Clostridium difficile Infection Cases



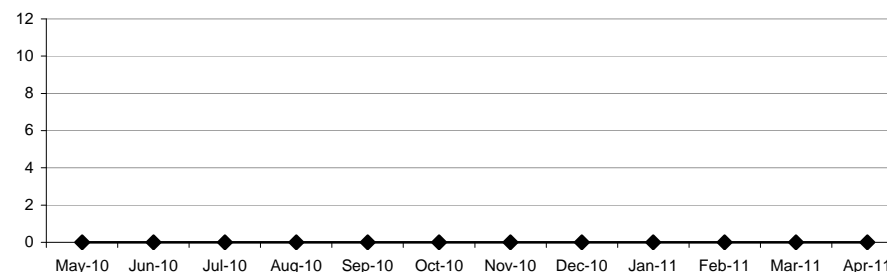
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
1	0	0	0	0	0	0	0	0	0	1	0

MSSA Bacteraemia Cases



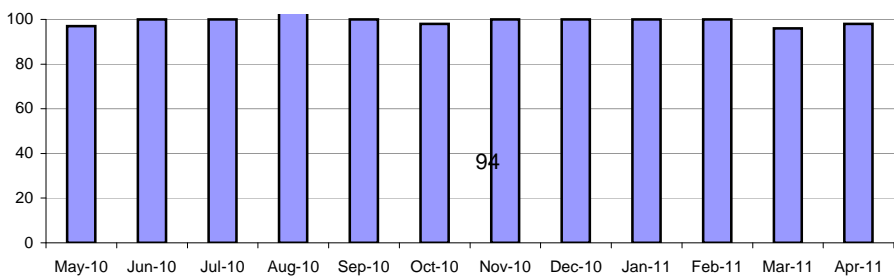
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases



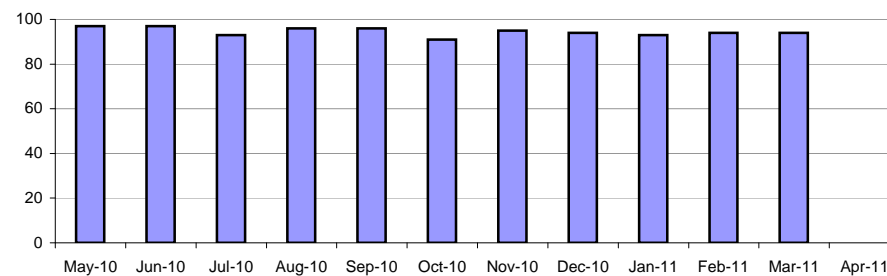
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	0	0	0	0	0	0	0	0	0	0

Hand Hygiene Compliance



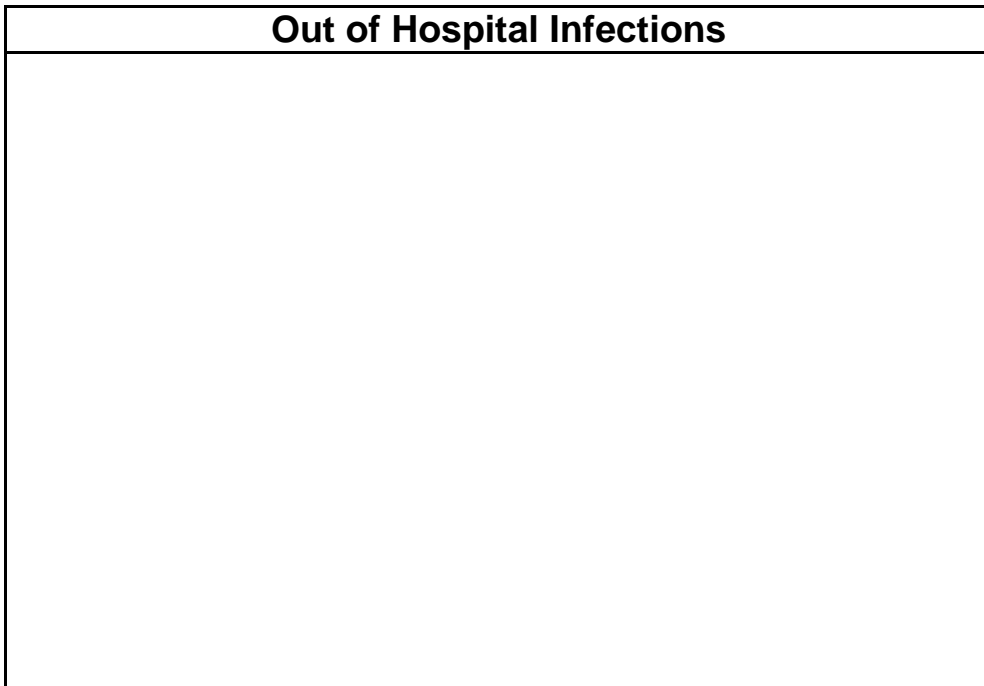
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
97	100	100	199	100	98	100	100	100	100	96	98

Cleaning Compliance

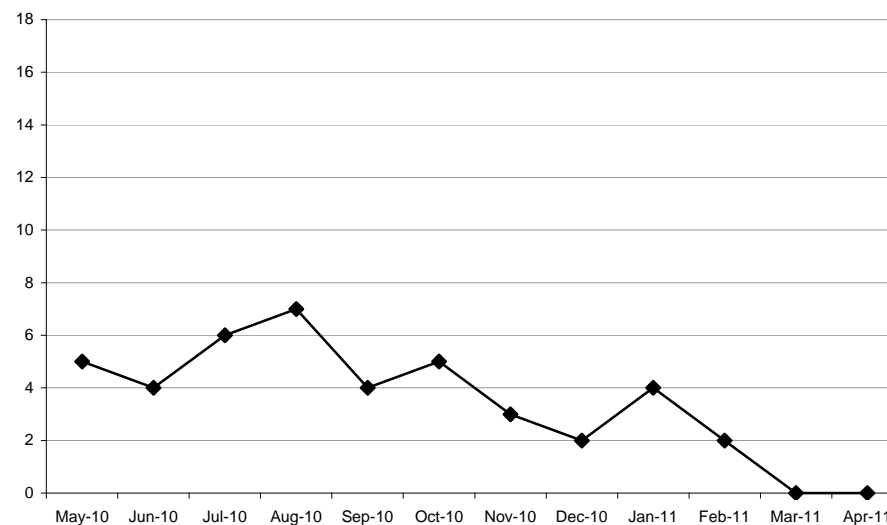


May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
97	97	93	96	96	91	95	94	93	94	94	

Out of Hospital Infections

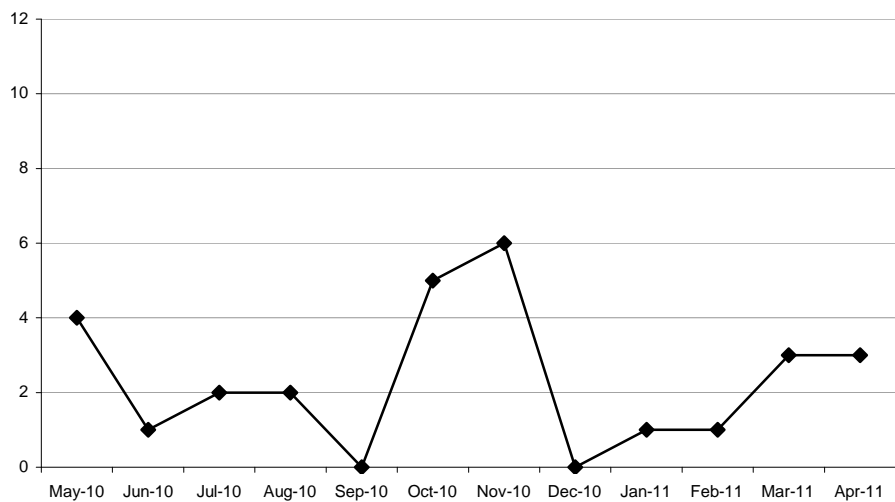


Clostridium difficile Infection Cases



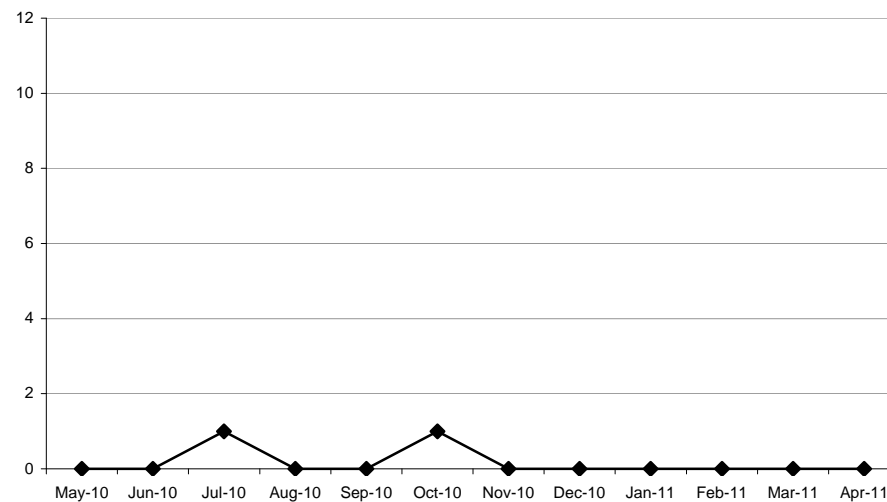
May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
5	4	6	7	4	5	3	2	4	2	0	0

MSSA Bacteraemia Cases



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
4	1	2	2	0	5	6	0	1	1	3	3

MRSA Bacteraemia Cases



May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
0	0	1	0	0	1	0	0	0	0	0	0