

NHS Lothian

Board Meeting
27 July 2011

Director of Public Health & Health Policy

HEALTHCARE ASSOCIATED INFECTION UPDATE

1 Purpose of the Report

- 1.1 The purpose of this report is to update the Board on progress and actions to manage and reduce Healthcare Associated Infection across NHS Lothian. Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 The Board is recommended to support the following activities, under the overall direction of the Director of Public Health and Health Policy, in delivering the agenda to reduce and manage Healthcare Associated Infection:
- Maintain enhanced weekly surveillance of Meticillin Resistant *Staphylococcus aureus* (MRSA) and Meticillin Sensitive *Staphylococcus aureus* (MSSA) Bacteraemia to target resources for a sustained reduction and continue the roll-out of the of the MRSA screening programme.
 - Continuing communications to staff, patients and the public about the importance of hand hygiene, increasing the focus on visual communication as advised by the Healthcare Environment Inspectorate.
 - Increased compliance with best practice, as recommended by the Antimicrobial Management Team.
 - Recognise the need for ongoing work to maintain standards in anticipation of announced and unannounced Healthcare Environment Inspectorate visits.
 - Continued the provision of detailed reports to the public, as required by the Scottish Government.

3 Discussion of Key Issues

- 3.1 *Staphylococcus aureus* Bacteraemia: there were 14 episodes of *Staphylococcus aureus* Bacteraemia recorded in June 2011(4 MRSA, 10 MSSA), compared to 16 in May 2011 (3 MRSA, 13 MSSA). Currently, NHS Lothian is on trajectory to achieve the Health Efficiency Access Treatment Target of 0.26 cases or fewer per 1000 acute occupied bed days by March 2013. This translates to no more than 265 cases of *Staphylococcus aureus* Bacteraemia in 2011-12 and no more than 213 in 2012-13.

- 3.2 *Clostridium difficile* Infection: there were 23 episodes of *Clostridium difficile* Infection in patients aged 65 or over in June 2011, compared to 24 in May 2011. Currently, NHS Lothian is on trajectory to achieve the Health Efficiency Access Treatment Target of 0.39 cases or fewer by 1000 acute bed days by March 2013. This translates to no more than 342 cases of *Clostridium difficile* Infection in patients aged 65 or over in 2011-12 and no more than 326 in 2012-13.
- 3.3 Hand hygiene: the Bi-Monthly National Hand Hygiene Audit Report, published in May 2011, indicates NHS Lothian is presently achieving a hand hygiene compliance of 95%. Nursing staff groups, Allied Health Professionals and Ancillary staff continue to exceed the national minimum target of 90% compliance. Hand hygiene education and training continues, with a focus on improving compliance amongst medical staff groups and target areas.
- 3.4 MRSA National Screening Programme: four areas are piloting the MRSA screening Clinical Risk Assessment. All NHS Boards will be asked to ensure local delivery against the operating protocol by the end of March 2012. Transitional funding has been provided for 2011-2012. NHS Lothian are continuing to develop plans for transition to the new policy; currently, these are focused on the following work streams:
- Process development: TRAK based clinical risk assessment to be developed, tested and deployed to the live ward environment. This will greatly reduce the impact on nursing time and aid automated data collection.
 - Surveillance database and TRAK systems are to be updated and tested for new requirements and deployed for pilot activity.
 - Communications: a presentation is to be delivered to several key user groups and a schedule for public partnership meetings established.
 - A staff survey is to be created and distributed to all areas to assist with detailed roll-out planning.
 - Screening activity: screening is underway in all three main hospitals, with initial results showing very good compliance with the new policy. However, it has been noted a large amount of patients are refusing the perineal screen. Detailed surveillance and follow up to understand the nature of these consent issues is being looked into.
- 3.5 Mandatory Surveillance: between July-December 2011 NHS Lothian will be taking advantage of the temporary amendments to national surveillance requirements that are being put in place to release time to support the forthcoming Point Prevalence Survey this year. The light Surgical Site Infection protocol will gather denominator data for each operation category plus detailed patient level data on each Surgical Site Infection as per the current methodology. Surgical Site Infection forms will only be completed for Surgical Site Infections diagnosed and not for all patients undergoing hip arthroplasty, hysterectomy or caesarean section procedures.
- 3.6 Healthcare Environment Inspectorate: the Healthcare Environment Inspectorate inspection at the Royal Hospital for Sick Children was carried out on 15-16/6/2011, with eight clinical areas inspected: Accident & Emergency, Intensive Therapy Unit, the Out-Patients Department and Wards 1, 2, 3, 4 and 6. The action plan was returned to the Healthcare Environment Inspectorate on 14/7/2011, with the final Report expected to be published on 27/7/2011.

- 3.7 Antimicrobial Management Team update:
- 3.7.1 The Chief Medical Officer (2011)05 letter advised of revisions to the national antibiotic prescribing indicators that support the Health Efficiency Access Treatment Target for *Clostridium difficile* Infection.
- 3.7.2 The Scottish Antimicrobial Prescribing Group has made slight changes to the data to be collected. For 2011/12, the empirical prescribing indicator will focus on improving compliance with policy and documenting cases of non-compliance, allowing trends to be identified and addressed. For surgical prophylaxis, the data collection will focus on colorectal surgery.
- 3.1.2 Antimicrobial Stewardship: the principles of antimicrobial stewardship apply to antibiotic use in all areas. Currently, the national Prescribing Indicators stipulate minimum areas for measurement. NHS Lothian captures the required data: empiric prescribing indicators are captured in a 'front door' area on each acute site; surgical antibiotic prophylaxis is monitored in colorectal surgery; the primary care seasonal variation in quinolone use is monitored for each General Practice directly from PRISMS data. Prescribing Indicator compliance reports are fed back to the relevant Clinical Teams for discussion and action.
- 3.7.3 Additionally, NHS Lothian additionally has three antibiotic related local prescribing indicators for prescribing in General Practice, measuring total antibiotic use, co-amoxiclav use and quinolone prescribing. To further support reduction in antibiotics associated with *Clostridium difficile* Infection for 2011/12, the quinolone Prescribing Indicator has been extended to capture cephalosporin prescribing.
- 3.7.4 Prescribing patterns and *Clostridium difficile* Infections: NHS Lothian currently monitors drugs (cephalosporins, co-amoxiclav, quinolones, clindamycin and piperacillin-tazobactam) identified by the Scottish Antimicrobial Prescribing Group as those where use should be restricted due to a high causative association with *Clostridium difficile* Infection. Use of these antibiotics has decreased during the last quarter, along with a decrease in the rate of *Clostridium difficile* Infection.
- 3.7.5 Antibiotic expenditure: the total expenditure for the initial two months of 2011/12 is down 22% from the same period in 2010/11. A proportion of these savings is due to an apparent reduction in the cost per item of meropenem and oral linezolid. There also appears to be an increase in expenditure on oral agents and a decrease in parenteral agents. Reduced cannulation supports efforts to reduce *Staphylococcus aureus* Bacteraemias.
- 3.8 Domestic Services: 44 dangerous rogue items (such as urine bags, blood samples and inappropriately bagged laundry) were sent to the laundry during May and June 2011. Following each incident a senior member of staff from the area implicated visited the laundry, removed the item, made the area safe and met with the laundry staff. In recognition of the increased number of rogue items received during this period the following actions were taken.
- A letter was sent to all University Hospital Division Charge Nurses and Clinical Nurse Managers from the Chief Operating Officer which was also forwarded to Community Health Partnership and Community Health Care Partnership General Managers for dissemination in their areas.
 - Instructions to check laundry bags for rogue items at source and to ensure a signed label is attached to each bag confirming this check has taken place.
 - A targeted communication by the Chief Operating Officer to Charge Nurses when a rogue item is identified from their area.
 - The decision was taken to re-issue the laundry DVD to Charge Nurses for onward communication with their team.
 - The purchase of a second metal detector.

- A group, chaired jointly by the Director of Human Resources and Employee Director/Vice Chair NHS Lothian was set up to look at the whole linen/laundry process, from dirty bagging at wards to the delivery of clean.
- A letter from the Nurse Director and the Divisional Nurse Director was sent to University Hospital Division Charge Nurses, University Hospital Division Senior Management Teams and University Hospital Division Clinical Nurse Managers. This action, taken in partnership, and subsequent initiatives put in place to ensure the safety of staff have had a positive impact in reducing the number of rogue items and increasing staff moral.

4 Key Risks

4.1 The key risks associated with the recommendations are:

- *Staphylococcus aureus* Bacteraemia has a potential to lead to a need for additional treatment and an extended stay in hospital.
- Consideration of bed allocation and patient movement has to be given to those patients identified as colonised with MRSA as part of the MRSA Screening programme.
- Failure to comply with hand hygiene has the potential risk of transmission of infection.
- Usage of high risk antimicrobials has the potential to increase the risk of *Clostridium difficile* Infection.
- There is the potential for Healthcare Environment Inspectorate inspectors to find adverse areas of cleanliness or standards of practice, which could lead to adverse publicity for NHS Lothian.

5 Risk Register

5.1 The Healthcare Associated Infection Corporate Risk Register is currently graded high. The risk register covers norovirus outbreaks and escalation, hand hygiene, Health Efficiency Access Treatment targets, Health Protection Scotland targets, decontamination issues and impact on reputation.

6 Impact on Health Inequalities

6.1 There have been no specific issues with the Equality Diversity Impact Assessment as Healthcare Associated Infection is an ongoing issue. However, infection with the organisms used as markers for Healthcare Associated Infection is more common in patients with co-morbidities, diabetes and alcohol problems. As these are socio-economically patterned, reducing the burden of Healthcare Associated Infection will reduce the excess burden of avoidable disease in patients from these groups.

7 Impact on Inequalities

7.1 Healthcare Associated Infection is more common in patients with co-morbidities, diabetes and alcohol problems. Accordingly, changes made are reducing the burden of Healthcare Associated Infection.

8 Involving People

- 8.1 Patient public representatives are actively involved during the Healthcare Environment Inspectorate inspections, with one member sitting on the Healthcare Environment Inspectorate Steering Group. Other patient public representatives sit on the Infection Control Committees (Lothian Infection Control Advisory Committee, Acute and Community).

9 Resource Implications

- 9.1 The excess cost of each episode of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection is variable but estimated to be between £4,000 and £15,000. This is contributed to by increased length of stay and additional treatment required.

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18 July 2011
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List of Appendices

Appendix 1: Scottish Government Health Department Record Cards for NHS Lothian

NHS Lothian

SAB Since January 2011 SAB cases appear to have been decreasing. During June 2011 there were 14 cases, the lowest figure recorded since reporting started.

CDI Have increased from February 2011 figures however for the last three months have remained fairly stable.

SAB HEAT Target Whilst NHS Lothian are not currently achieving the HEAT Target for SAB, there has been a considerable reduction during quarter 2 of 2011. With the continuation of this NHS Lothian should achieve the target by March 2013.

CDI HEAT Target for Patients aged 65 and over For the period July 10 to June 11 NHS Lothian have achieved the target set at a rate of 0.39 or less per 1000 OBDS. The challenge going forward is to maintain this or reduce even further.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
92%	93%	96%	91%	93%	95%	95%	97%	98%	98%	97%	95%

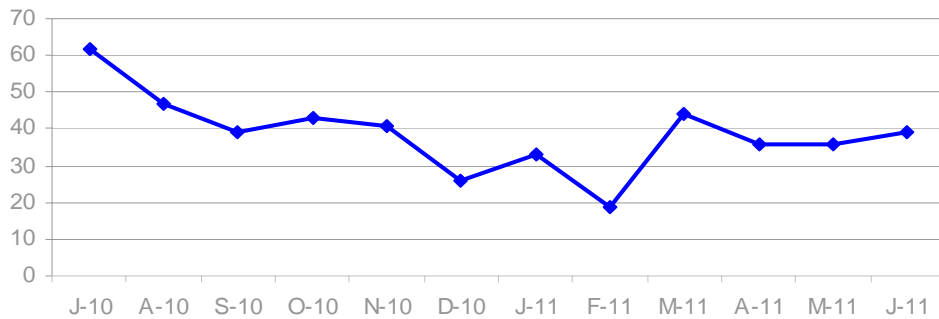
Cleaning Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
95%	95%	95%	95%	95%	95%	95%	96%	95%	95%	95%	95%

Estates Monitoring Compliance

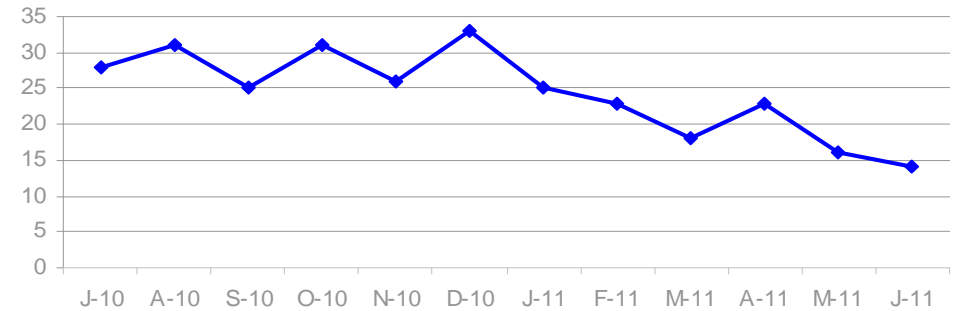
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
97%	97%	97%	97%	96%	96%	97%	96%	96%	97%	96%	97%

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



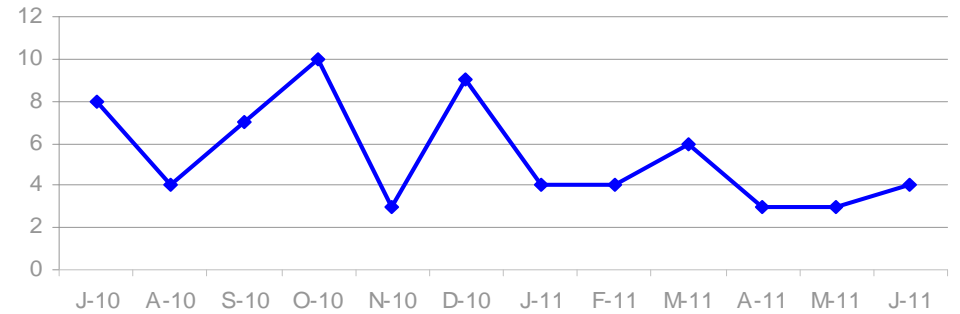
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
62	47	39	43	41	26	33	19	44	36	36	39

Total Staphylococcus aureus Bacteraemia (SAB) Cases



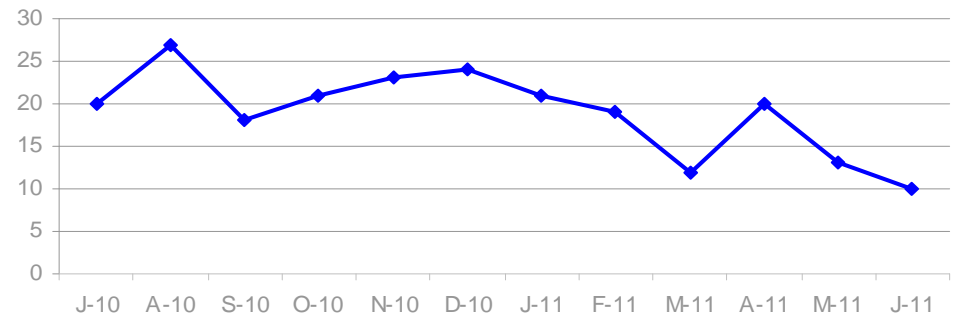
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
28	31	25	31	26	33	25	23	18	23	16	14

MRSA Bacteraemia Cases



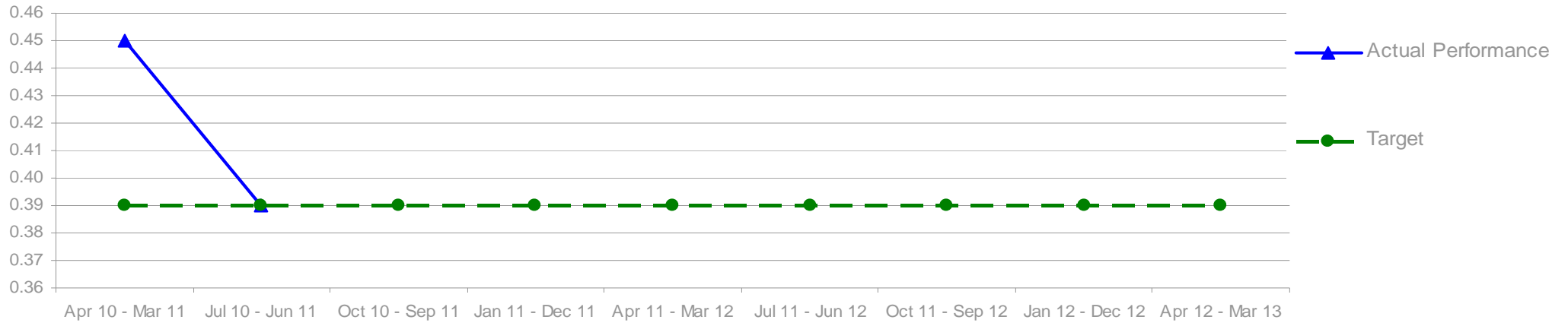
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
8	4	7	10	3	9	4	4	6	3	3	4

MSSA Bacteraemia Cases



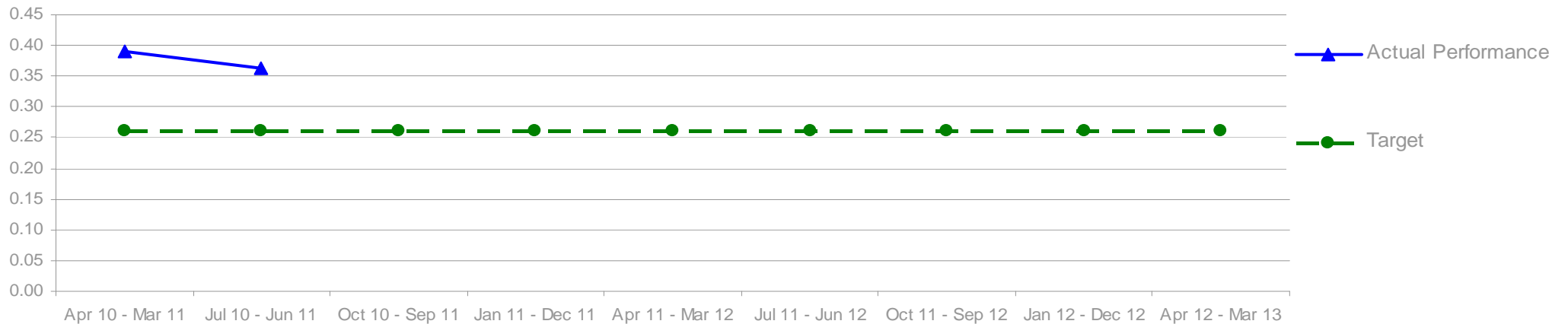
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
20	27	18	21	23	24	21	19	12	20	13	10

Quarterly Rolling Year *Clostridium difficile* Infection Cases per 1000 Total Occupied Bed Days for HEAT Target Measurement



	Apr 10 - Mar 11	Jul 10 - Jun 11	Oct 10 - Sep 11	Jan 11 - Dec 11	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13
Actual Performance	0.45	0.39							
Target	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39

Quarterly Rolling Year *Staphylococcus aureus* Bacteraemia Cases for HEAT Target Measurement



	Apr 10 - Mar 11	Jul 10 - Jun 11	Oct 10 - Sep 11	Jan 11 - Dec 11	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13
Actual Performance	0.39	0.36							
Target	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26

Royal Infirmary of Edinburgh

Staphylococcus aureus Bacteraemia (SAB)

There were 6 SAB during May 2011 and 9 SAB during June 2011.

Clostridium difficile Infection (CDI)

There were 8 CDI during May 2011 and 13 CDI during June 2011.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
92%	92%	93%	93%	91%	95%	94%	93%	95%	93%	94%	95%

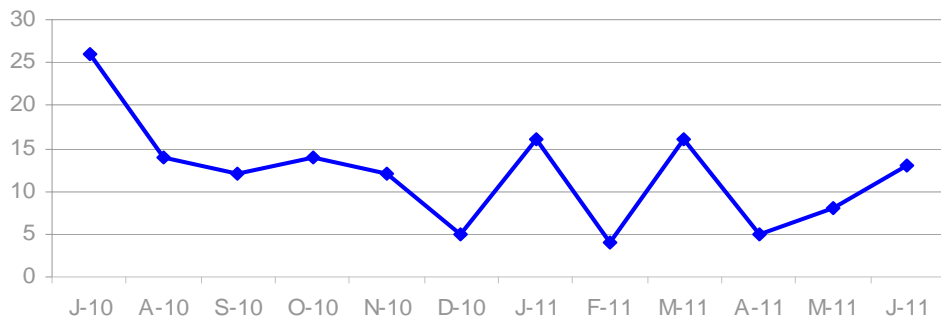
Cleaning Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	97%	96%

Estates Monitoring Compliance

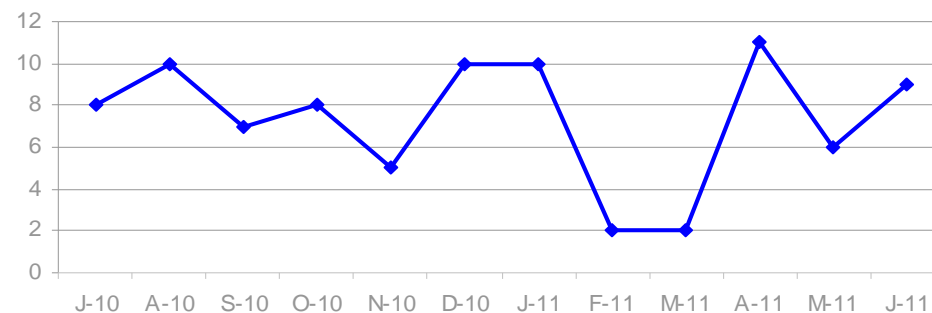
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
96%	95%	95%	95%	95%	95%	96%	95%	94%	97%	96%	96%

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



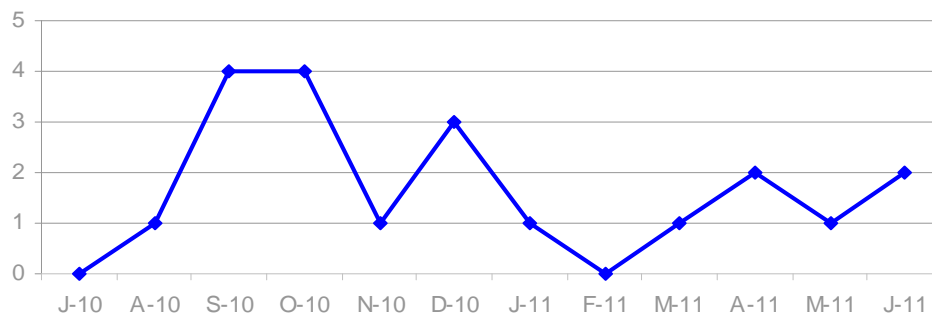
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
26	14	12	14	12	5	16	4	16	5	8	13

Total Staphylococcus aureus Bacteraemia (SAB) Cases



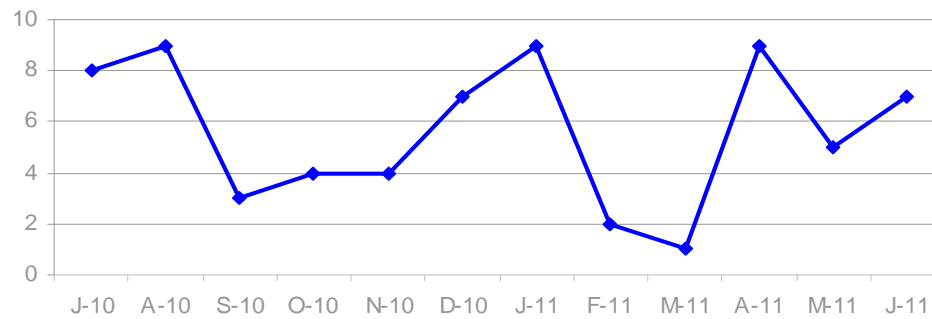
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
8	10	7	8	5	10	10	2	2	11	6	9

MRSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	1	4	4	1	3	1	0	1	2	1	2

MSSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
8	9	3	4	4	7	9	2	1	9	5	7

Western General Hospital

Staphylococcus aureus Bacteraemia (SAB)

There has been 1 SAB during both May 2011 and June 2011.

Clostridium difficile Infection (CDI)

There were 7 CDI during May 2011 and 12 CDI during June 2011.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
94%	92%	91%	92%	94%	93%	93%	92%	94%	95%	94%	95%

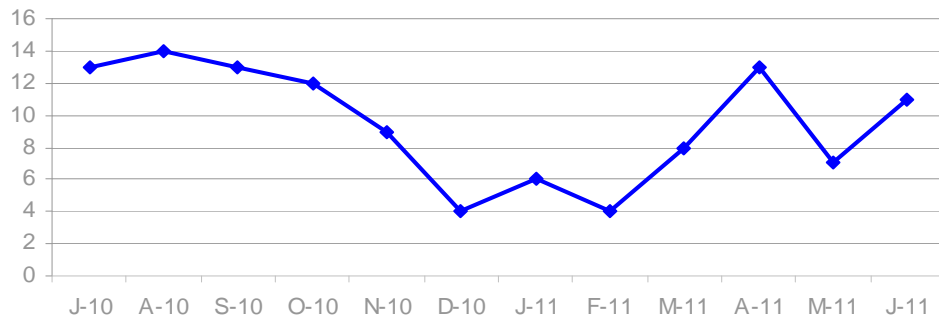
Cleaning Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
94%	95%	95%	96%	95%	95%	95%	95%	94%	95%	94%	95%

Estates Monitoring Compliance

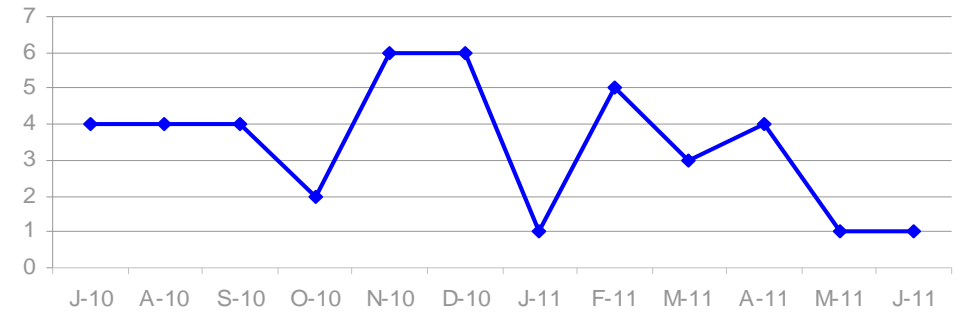
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
99%	100%	99%	100%	99%	99%	100%	100%	100%	99%	99%	100%

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



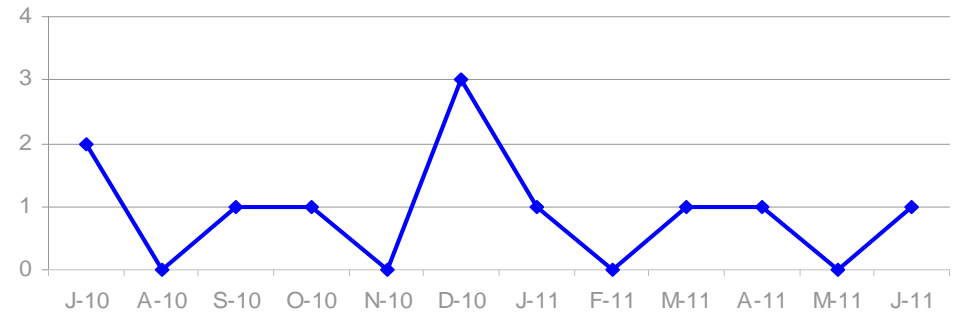
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
13	14	13	12	9	4	6	4	8	13	7	11

Total Staphylococcus aureus Bacteraemia (SAB) Cases



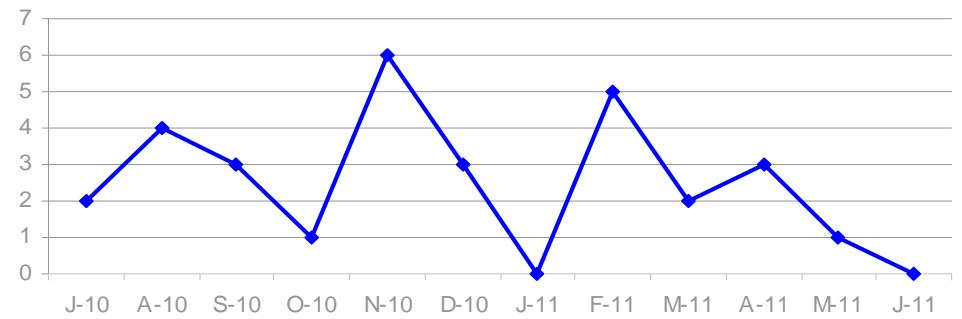
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
4	4	4	2	6	6	1	5	3	4	1	1

MRSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
2	0	1	1	0	3	1	0	1	1	0	1

MSSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
2	4	3	1	6	3	0	5	2	3	1	0

St Johns Hospital

Staphylococcus aureus Bacteraemia (SAB)

There has been no SAB for 3 or more months at St Johns Hospital.

Clostridium difficile Infection (CDI)

There were 4 CDI during May 2011 and 5 CDI during June 2011.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
94%	97%	98%	98%	97%	98%	96%	96%	97%	96%	97%	96%

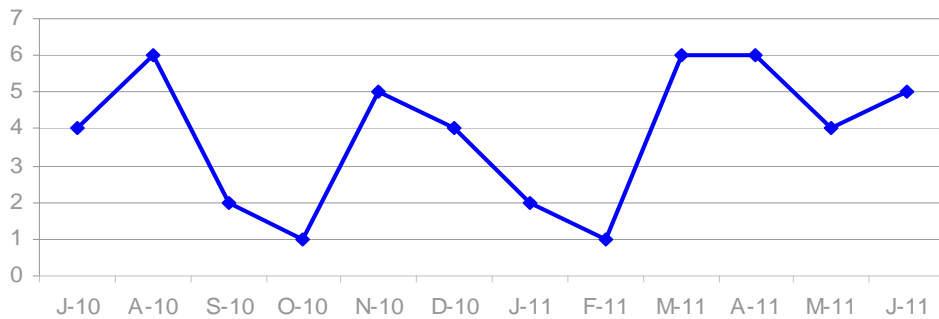
Cleaning Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
94%	95%	95%	96%	95%	95%	95%	95%	94%	95%	94%	95%

Estates Monitoring Compliance

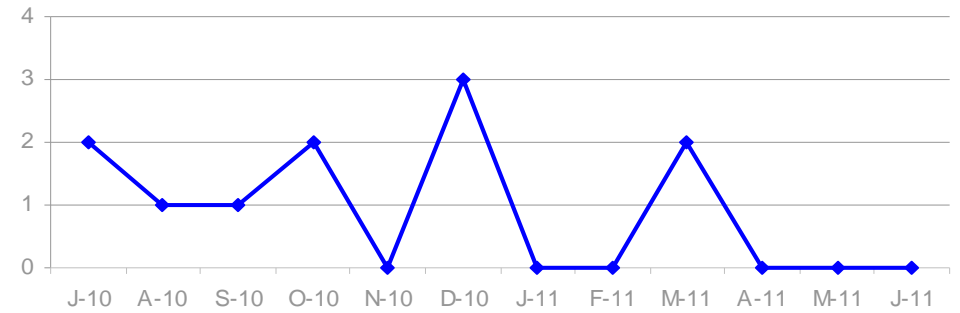
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
93%	96%	96%	96%	95%	96%	97%	97%	96%	97%	97%	97%

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



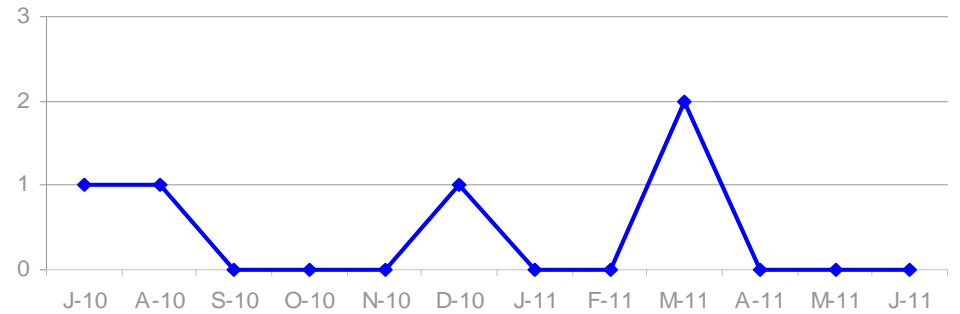
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
4	6	2	1	5	4	2	1	6	6	4	5

Total Staphylococcus aureus Bacteraemia (SAB) Cases



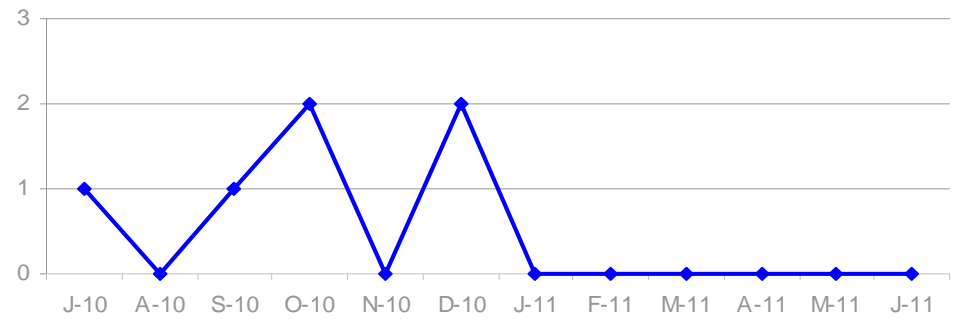
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
2	1	1	2	0	3	0	0	2	0	0	0

MRSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
1	1	0	0	0	1	0	0	2	0	0	0

MSSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
1	0	1	2	0	2	0	0	0	0	0	0

Liberton Hospital

Staphylococcus aureus Bacteraemia (SAB)

There was 2 SAB during may 2011 and no SAB during June 2011.

Clostridium difficile Infection (CDI)

There were 3 CDI during May 2011 and 1 CDI during June 2011.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
98%	98%	97%	99%	99%	99%	98%	96%	98%	99%	99%	97%

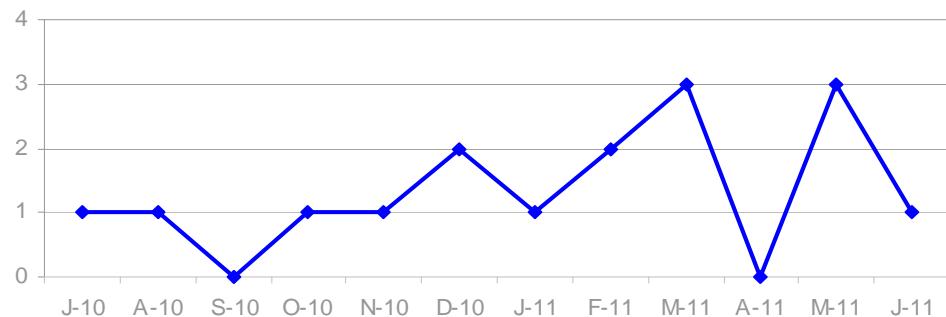
Cleaning Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
95%	96%	95%	95%	95%	97%	97%	95%	96%	95%	94%	96%

Estates Monitoring Compliance

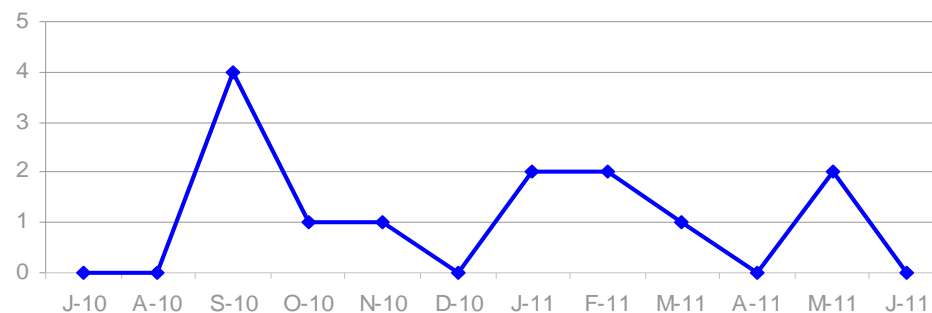
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
100%	96%	87%	93%	94%	93%	93%	91%	95%	95%	95%	94%

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



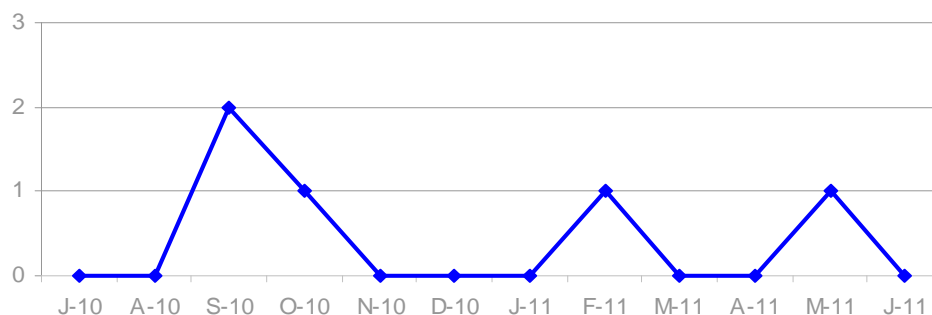
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
1	1	0	1	1	2	1	2	3	0	3	1

Total Staphylococcus aureus Bacteraemia (SAB) Cases



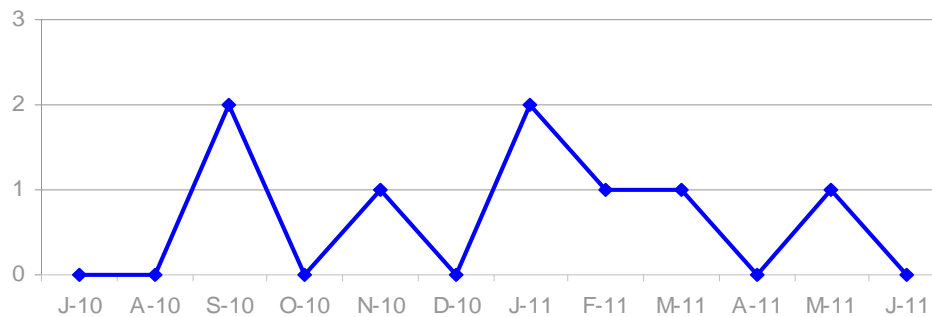
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	0	4	1	1	0	2	2	1	0	2	0

MRSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	0	2	1	0	0	0	1	0	0	1	0

MSSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	0	2	0	1	0	2	1	1	0	1	0

Royal Hospital for Sick Children

Staphylococcus aureus Bacteraemia (SAB)

There have been no SAB for the last 2 months at Royal Hospital for Sick Children.

Clostridium difficile Infection (CDI)

There have been no CDI during the last 12-month period.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
90%	93%	95%	91%	93%	97%	96%	95%	94%	95%	96%	99%

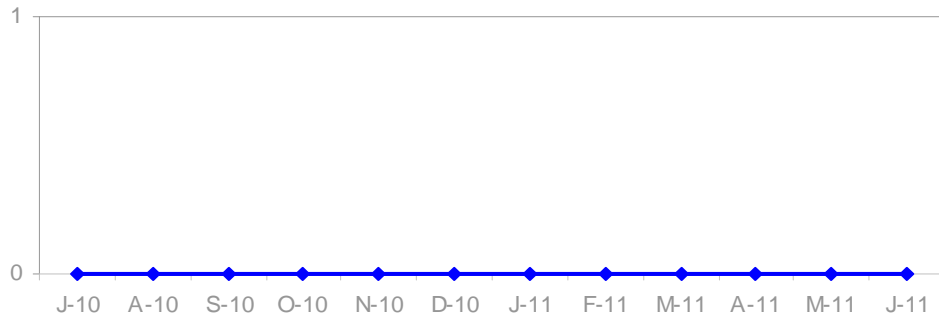
Cleaning Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
98%	95%	96%	97%	95%	92%	95%	94%	95%	95%	96%	95%

Estates Monitoring Compliance

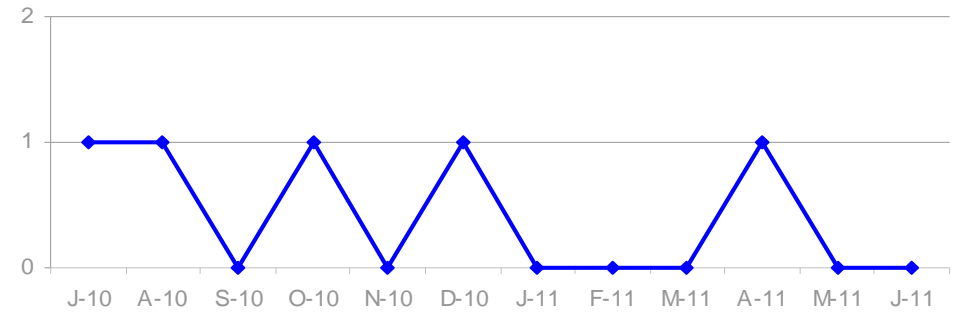
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
100%	98%	100%	99%	99%	96%	99%	99%	98%	99%	99%	99%

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



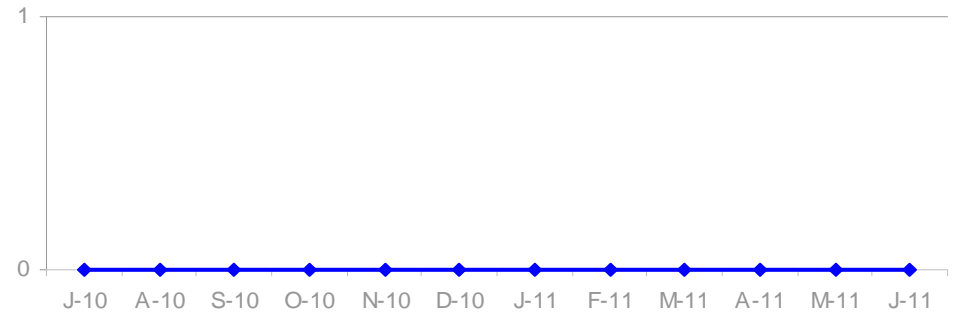
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	0	0	0	0	0	0	0	0	0	0	0

Total Staphylococcus aureus Bacteraemia (SAB) Cases



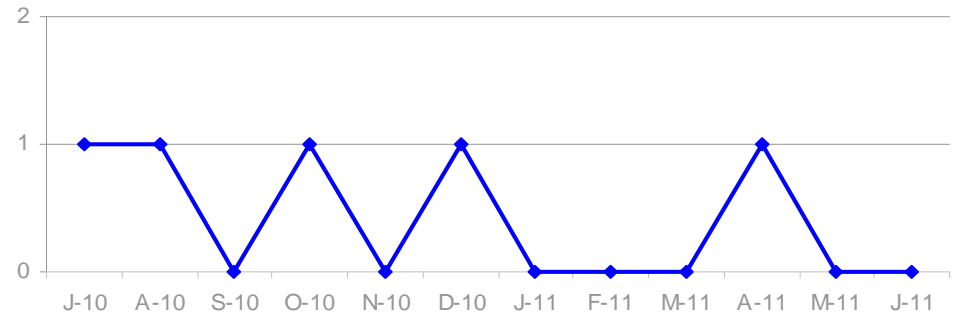
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
1	1	0	1	0	1	0	0	0	1	0	0

MRSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	0	0	0	0	0	0	0	0	0	0	0

MSSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
1	1	0	1	0	1	0	0	0	1	0	0

Royal Victoria Hospital

Staphylococcus aureus Bacteraemia (SAB)

There was 1 SAB during May 2011 and no SAB during June 2011.

Clostridium difficile Infection (CDI)

There were 2 CDI during May 2011 and 1 CDI during June 2011.

This is the new Report Card Format introduced by Scottish Government July 2011

Hand Hygiene Monitoring Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
98%	94%	97%	93%	96%	96%	95%	95%	96%	98%	95%	95%

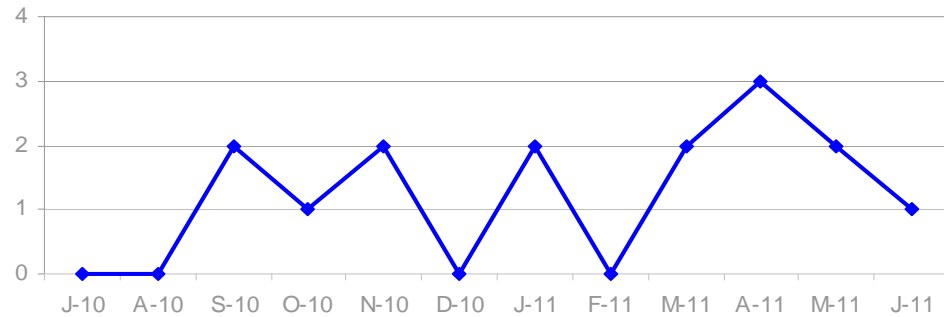
Cleaning Compliance

J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
93%	94%	94%	94%	93%	93%	93%	93%	91%	93%	93%	92%

Estates Monitoring Compliance

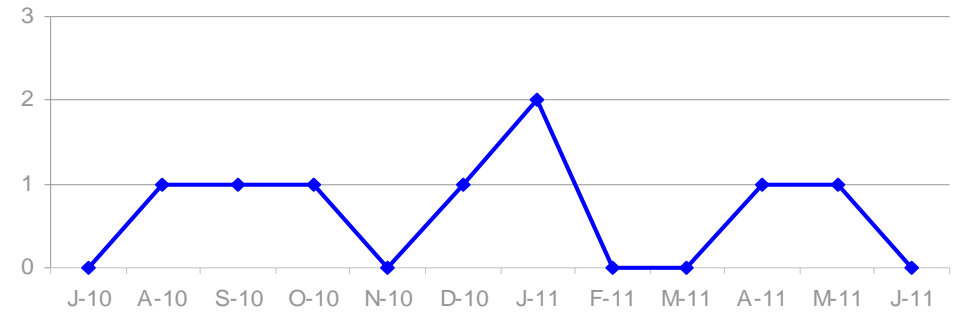
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
97%	97%	99%	99%	100%	100%	97%	100%	97%	98%	98%	98%

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



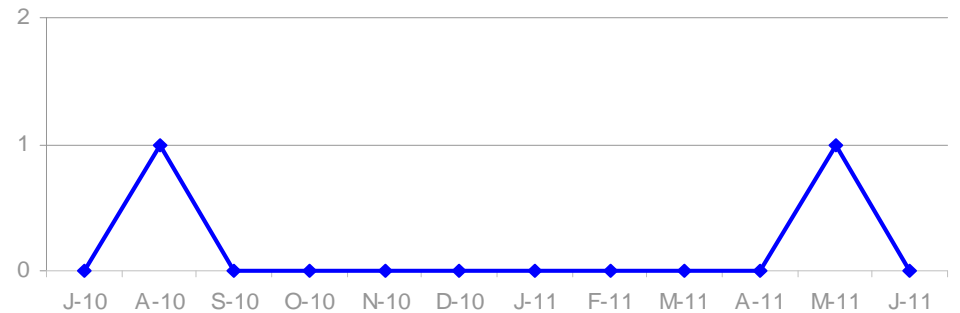
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	0	2	1	2	0	2	0	2	3	2	1

Total Staphylococcus aureus Bacteraemia (SAB) Cases



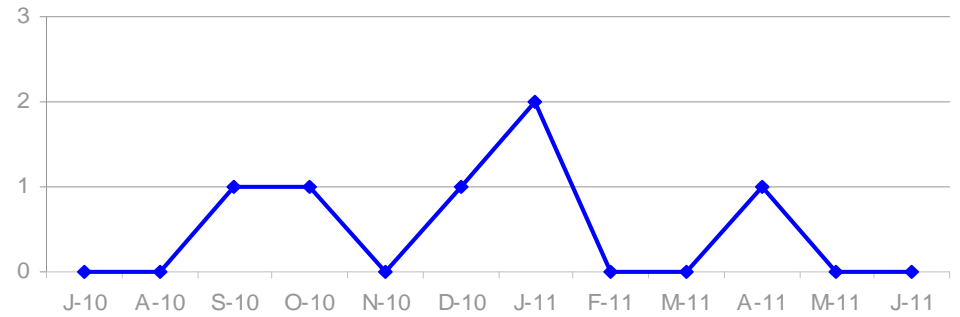
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	1	1	1	0	1	2	0	0	1	1	0

MRSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	1	0	0	0	0	0	0	0	0	1	0

MSSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	0	1	1	0	1	2	0	0	1	0	0

Community Hospitals

Staphylococcus aureus Bacteraemia (SAB)

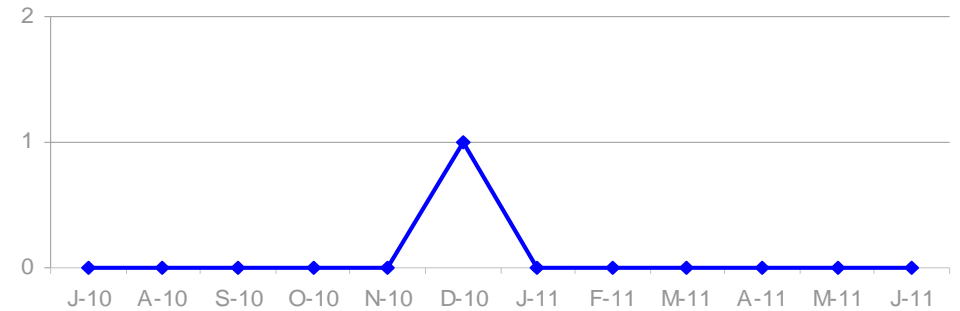
There have been no SAB for 6-months or more.

Clostridium difficile Infection (CDI)

There were 2 CDI during May 2011 and 1 CDI during June 2011.

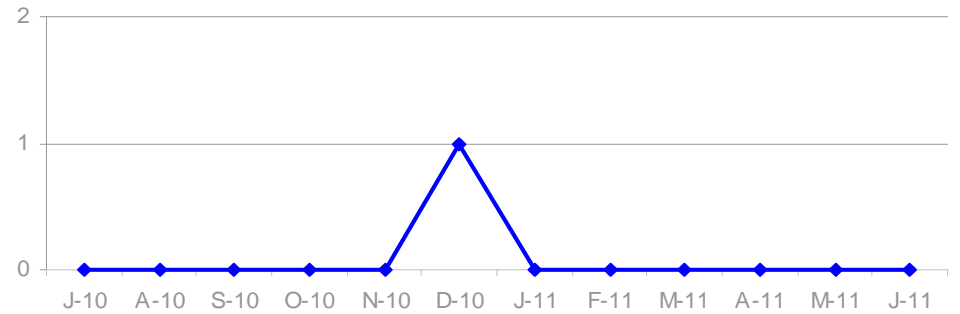
This is the new Report Card Format introduced by Scottish Government July 2011

Total *Staphylococcus aureus* Bacteraemia (SAB) Cases



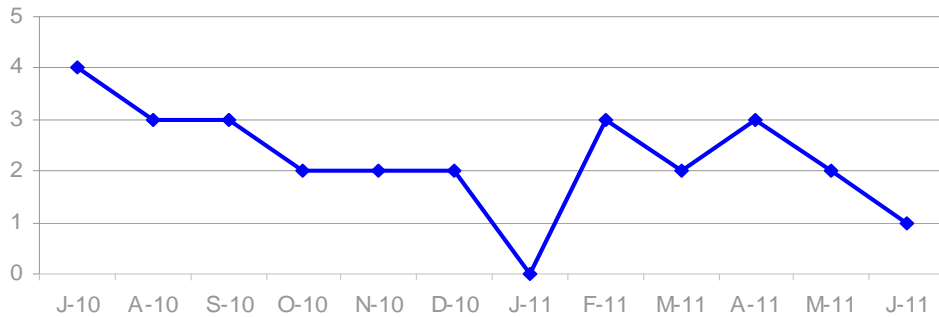
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	0	0	0	0	1	0	0	0	0	0	0

MRSA Bacteraemia Cases



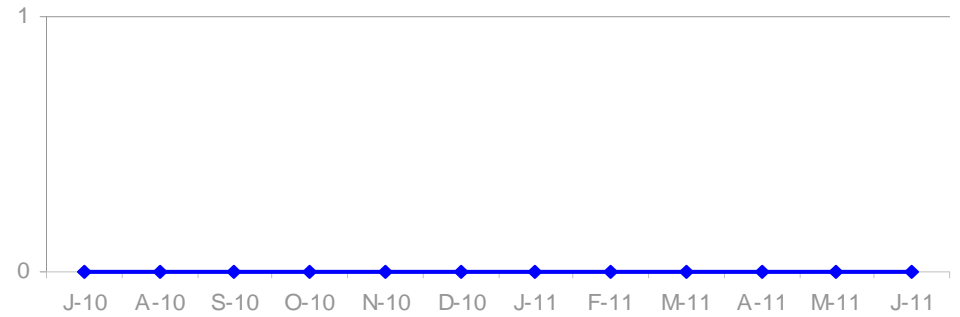
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	0	0	0	0	1	0	0	0	0	0	0

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
4	3	3	2	2	2	0	3	2	3	2	1

MSSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
0	0	0	0	0	0	0	0	0	0	0	0

Out of Hospital Infections

Staphylococcus aureus Bacteraemia (SAB)

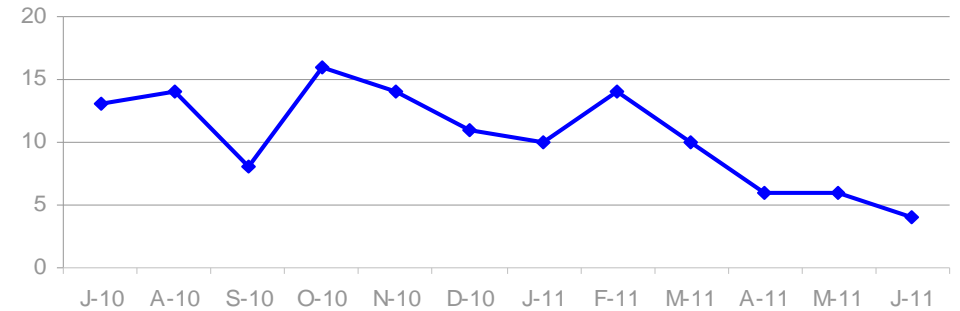
There were 6 SAB during May 2011 and 4 SAB during June 2011 that were identified as Out of Hospital Infections.

Clostridium difficile Infection (CDI)

There were 2 CDI during May 2011 and 1 CDI during June 2011 that were identified as Out of Hospital Infections.

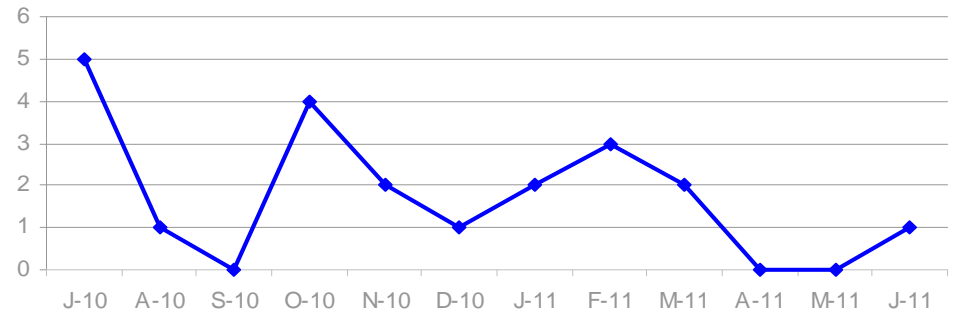
This is the new Report Card Format introduced by Scottish Government July 2011

Total *Staphylococcus aureus* Bacteraemia (SAB) Cases



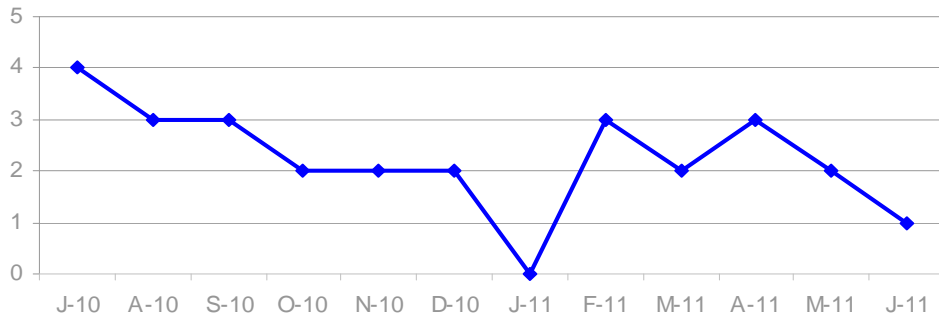
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
13	14	8	16	14	11	10	14	10	6	6	4

MRSA Bacteraemia Cases



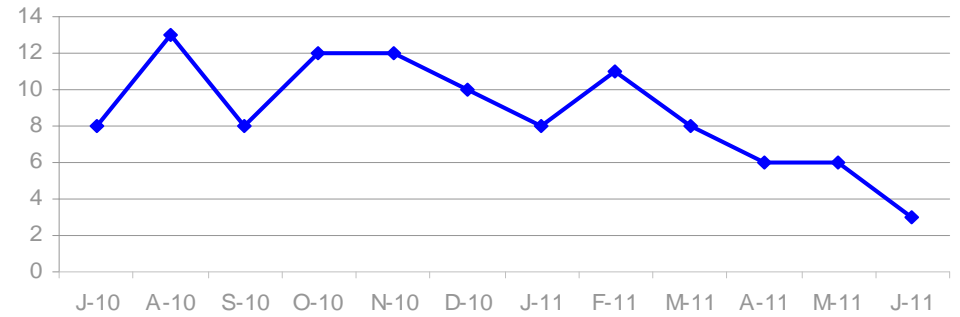
J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
5	1	0	4	2	1	2	3	2	0	0	1

Clostridium difficile Infection (CDI) Cases in Patients ages 15 and over



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
4	3	3	2	2	2	0	3	2	3	2	1

MSSA Bacteraemia Cases



J-10	A-10	S-10	O-10	N-10	D-10	J-11	F-11	M-11	A-11	M-11	J-11
8	13	8	12	12	10	8	11	8	6	6	3