

NHS Greater Glasgow &amp; Clyde

NHS Board Meeting

16 October 2018



Dr Jennifer L Armstrong  
Medical Director

Paper No: 18/52

## Healthcare Associated Infection Reporting Template (HAIRT)

**Recommendation:** For noting

**Purpose of Paper:** Update on NHSGGC performance against Healthcare Associated standards and performance measures.

### Key Issues to be considered:

Validated HPS / ISD data : Quarter 2 (April - June) 2018					
		Healthcare Associated Rate per 100 000 bed days		Community Associated Rate per 100 000 population	
		GGC	National	GGC	National
<b>S.aureus Bacteraemia</b>	<b>105 cases</b>	21.3	17.3	5.5	9.1
<b>C.difficile in age 15+</b>	<b>96 cases</b>	18.0	15.7	7.2	7.9

**Table 1.** NHSGGC and national comparison rates for 01/04/2018 – 30/06/2018

- **105** validated *Staphylococcus aureus* Bacteraemia (SAB) cases were reported for April to June 2018 with a Healthcare Associated rate of 21.3 cases per 100,000 bed days (n=89). This is above the national rate. SABs remain a priority and the SAB group continues to meet on a regular basis. Infection control doctors/microbiologists have now commenced SAB ward rounds with ICN teams.
- **96** validated *Clostridium difficile* (CDI) cases in ages 15 and over were reported for April to June 2018 with a Healthcare Associated rate of 18.0 cases per 100,000 bed days (n=75). This is above the national rate. There is no evidence of cross transmission and work is ongoing to investigate risk factors.

**Any Patient Safety /Patient Experience Issues:**

Local surveillance for July-September (Q3) 2018 shows that NHSGGC has reported a lower number of SABs with 90 cases. (Correct at time of report compilation – 03/10/18)

**Any Financial Implications from this Paper:** No

**Any Staffing Implications from this Paper:** No

**Any Equality Implications from this Paper:** No

**Any Health Inequalities Implications from this Paper:** No

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:**

No

**Highlight the Corporate Plan priorities to which your paper relates:** Patient Safety and Improving quality, efficiency and effectiveness.

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**Date:** 16/10/18

## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 1 – Board Wide Issues

This is the bi-monthly publication of the reporting template for submission to the NHS Board as required by the national HAI Action Plan.

### Changes to National Definitions/Denominators

This HAIRT presents data based on the revised national definitions of Healthcare Associated and Community Infections. Below is a short summary of the changes which have been applied to the presented data.

### Definitions/Denominators

Reports now have rates split into two:

- Healthcare Associated Infections i.e. *any infections associated with Healthcare (hospital or GP)*. Rates are worked out by number of infections over total occupied bed days (OBDs).
- Community Associated Infections. Rates will be worked out by number of infections per 100,000 population.

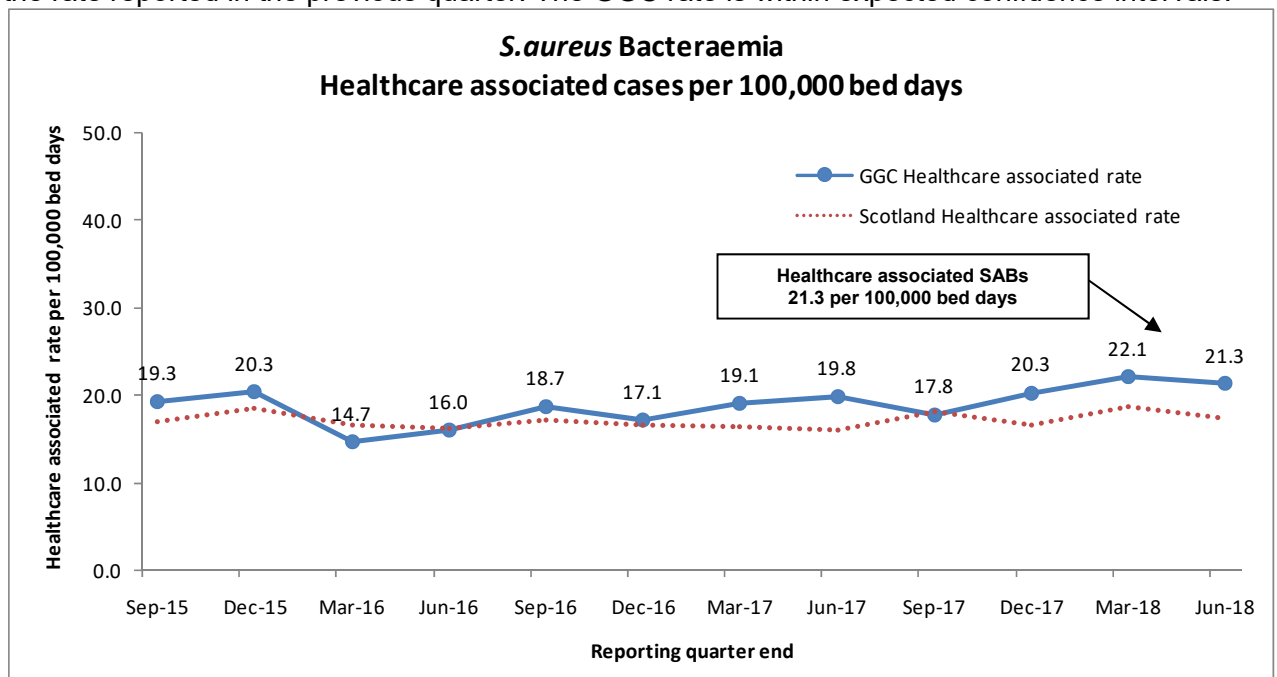
## ***Staphylococcus aureus* (including Meticillin resistant *Staphylococcus aureus* (MRSA))**

### **Staphylococcus aureus Bacteraemia (SAB) Surveillance and Actions**

#### **Quarter 2: 2018 (April-June) Surveillance**

For the last published reporting quarter (April-June 2018) NHS Greater Glasgow & Clyde reported a total of **105** validated SAB cases. These are further classified as healthcare associated (n=89) or community infections (n=16).

**89** healthcare associated cases were reported for the quarter equating to a rate of 21.3 per 100,000 occupied bed days (Figure 1). This is above the NHS Scotland rate of 17.3, but below the rate reported in the previous quarter. The GGC rate is within expected confidence intervals.



**Figure1.** Healthcare associated SAB comparison by quarter for NHSGGC and Scotland.

Community associated infections are now reported against a denominator rate per 100,000 population (Figure 2). These cases include SABs in people who have had no healthcare interaction as an in-patient, out-patient or via Health & Social Care Partnerships (HSCP) in the 30 days prior to SAB onset. These cases are therefore less amenable to reduction measures within GGC Acute hospitals. The rate of community associated infections in NHSGGC was 5.5 compared to 9.1 in NHS Scotland.

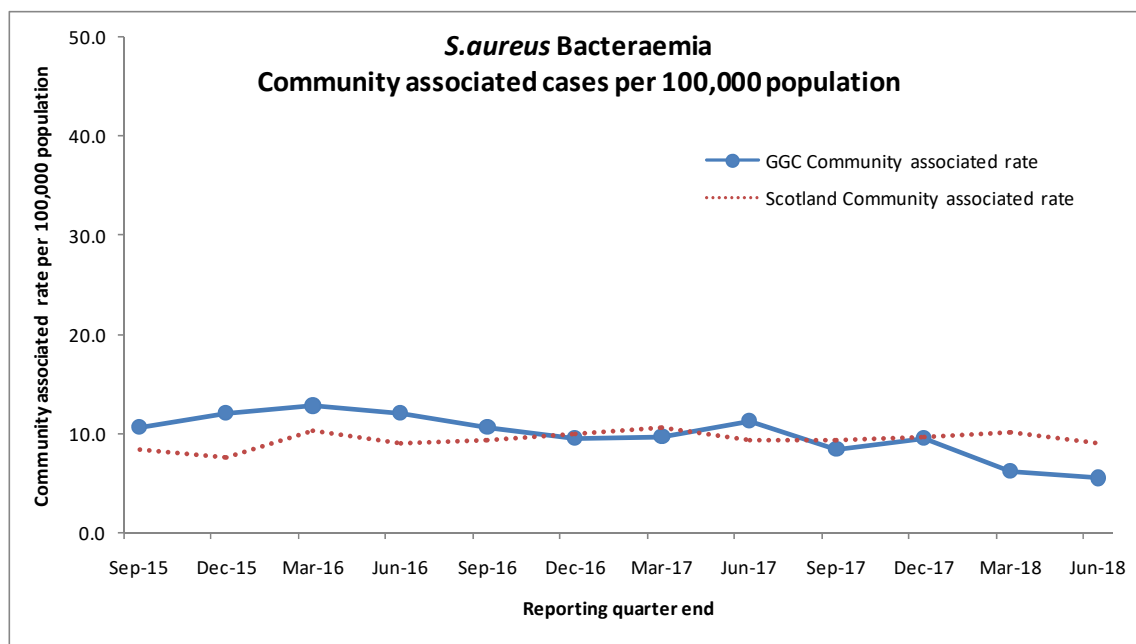


Figure 2. Community associated SAB comparison by quarter for NHSGGC and Scotland.

**Quarter 3: 2018 (July-September) NHSGGC Surveillance**

Local surveillance reports 90 SAB cases. Surveillance is not yet complete for the quarter but this is a decrease from the previous quarter. 66 cases were categorised as Healthcare Associated/Hospital Acquired as shown in Table 2:

HPS reporting category	Origin of SAB	Number of patient cases (Unvalidated and subject to change)
Healthcare Associated	Hospital acquired	43
	Healthcare associated	23
Community	Community	24
<b>Total</b>		<b>90 (at 03/10/18)</b>

Table 2. Origin of SAB – local surveillance data for Q3-18

All SABs are reviewed by the Infection Prevention and Control Team (IPCT) to determine, where possible, the source of the infection. Of the hospital acquired cases (43/85), 42% (n=18) were attributed to an intravenous access device (IVAD). Identified sources are displayed in Figure 3.

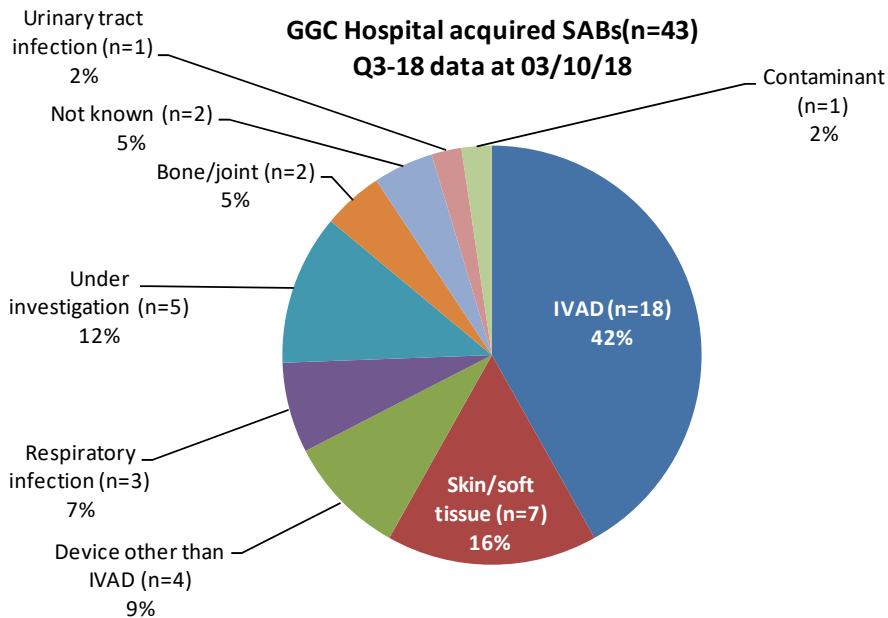


Figure 3. Source of hospital acquired cases

**NB:**

**Not Known Source**

On many occasions patients present with many potential sources of infection which means that determining a single source can be extremely difficult and in many cases impossible, e.g. patient with a community acquired pneumonia with a pressure ulcer and a CVC in situ; there are multiple routes bacteria could enter this patient’s blood stream and often the IPCT are unable to determine a single source.

Figure 4 below displays the number of hospital acquired IVAD device related *S.aureus* bacteraemia from January 2016. There has been a reduction in the number of IVAD related cases for July to September 2018 to date with 8 of the previous 12 months figures below the mean, however, there remains some variation in IVAD related cases each month and the IPCT continue to work closely with the local clinical teams in order to see a sustained reduction in avoidable cases.

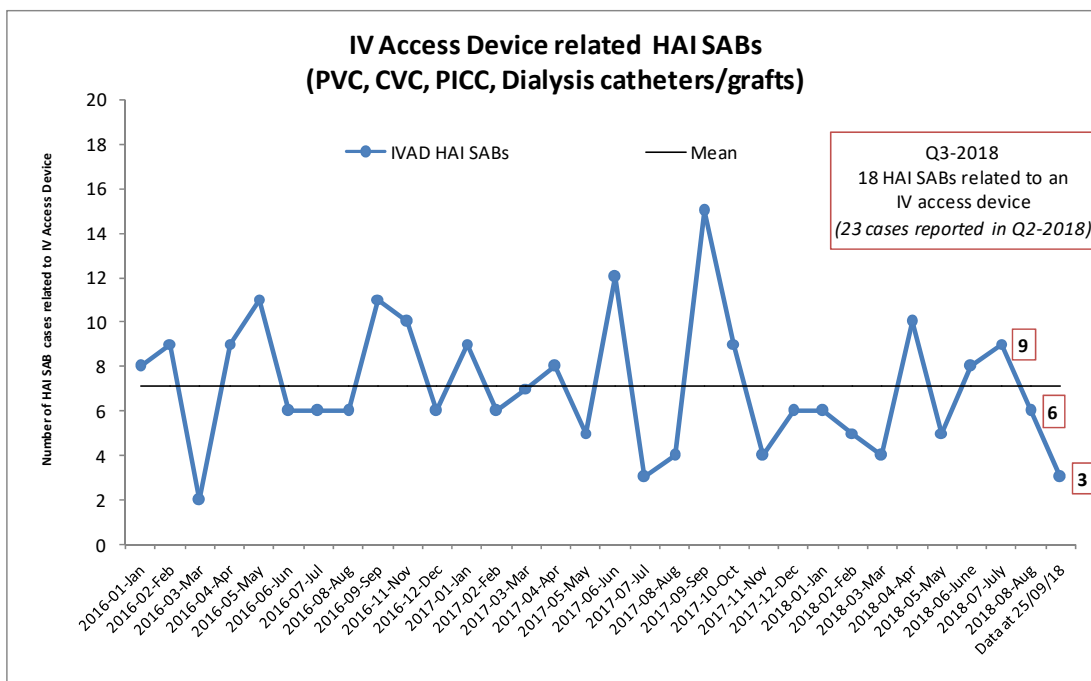


Figure 4. Number of Hospital acquired SABs by month attributed to an IV access device

## SAB Actions Update

The Infection Control Doctors (ICDs) are now conducting SAB ward rounds. This is a real time review of the patient which includes an assessment of antimicrobial therapy and the identification of the source of the SAB if possible. There is also a review of PVC and CVC documentation where appropriate and feedback regarding any learning to clinical staff.

Dr. C Jones (Chair of SAB Steering Group) has sent a message reinforcing current guidance out to all Chiefs of Medicine regarding SAB prevention. This information will be included in all weekly huddle reports during October and Dr. Jones will attend sector huddle groups to discuss and reinforce the importance of this message.

The new PVC care plan which includes the DRIFT criteria, (used to prompt staff to remove device), and the guidance on the correct antimicrobial therapy to prescribe, is in its final stages of testing. This will be sent to the Chief Nurses/Midwives for final comments this month and it is anticipated that this will be rolled out before the end of 2018.

Ayrshire and Arran have procured a bespoke PVC insertion pack which ensure that clinical staff have everything they need to safely insert a PVC. GGC are in contact with national procurement to explore the feasibility of procuring these packs for GGC.

## NHSGGC MRSA Screening Project

Clinical Risk Assessment (CRA) compliance for GGC in Q2 (July-September 2018) has dropped to 72%. Ward compliance rates are returned to the Sector/Directorate Senior Management Teams to identify areas that require support/education in relation to improved screening. This information is contained within the Sector/Directorate IPC Monthly Report which is tabled at the Sector/Directorate governance meetings.

The table below shows the CRA compliance rate over the past four quarters. In response to the drop in Q1 a review of possible causes of this reduction was undertaken and it was identified that a change in the formatting of the nursing admission documentation may have led to this reduction. A SBAR report was issued to Chief Nurses/Midwives and a review of the formatting will take place as soon as possible.

**Please Note** HPS reporting quarters for this project are different to those used for CDI, SAB and SSI

	2017-18 Q3 (Oct-Dec)	2017-18 Q4 (Jan-Mar)	2018-19 Q1 (Apr-Jun)	2018-19 Q2 (Jul-Sep)
Greater Glasgow & Clyde	89%	92%	84%	72%
Scotland	88%	83%	84%	Not yet available

*Table3. Quarterly screening compliance  
National Data Source: HPS MRSA Screening Team July 2018*

## Clostridium difficile

### Quarter 2: 2018 (April-June) Surveillance

96 validated cases were reported in the last published quarter (April-June 2018). 75 cases were healthcare associated and this provided a rate of 18.0 cases per 100,000 bed days. The rate for NHS Scotland was 15.7 (Figure 5).

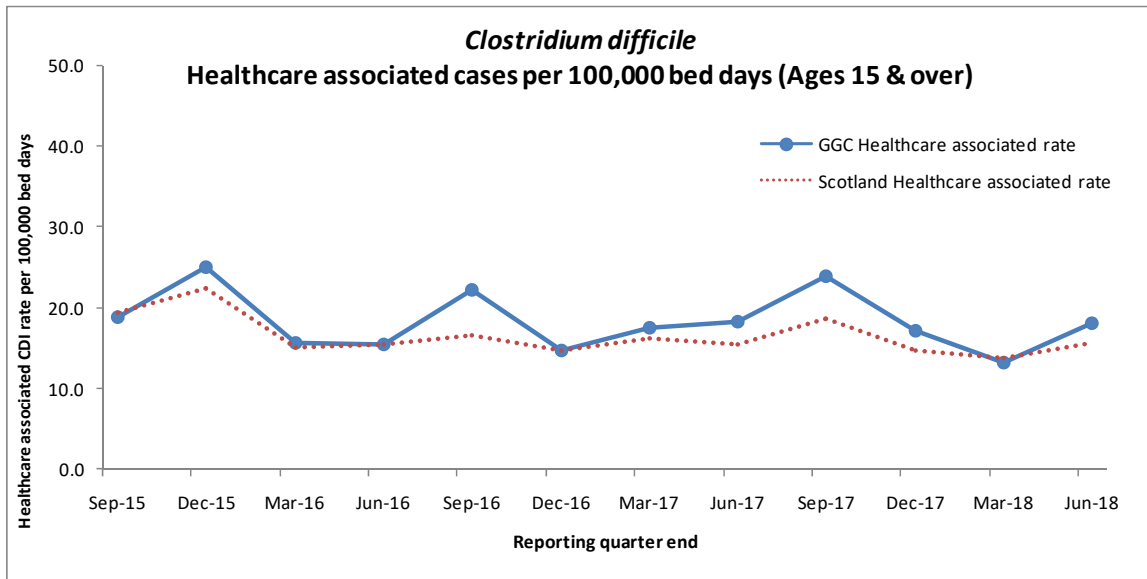


Figure 5. Healthcare associated CDI rates comparison by quarter for NHSGGC and Scotland.

21 community associated CDI cases were reported for the quarter with a rate of 7.2 per 100,000 population (Figure 6). The rate for NHS Scotland was 7.9.

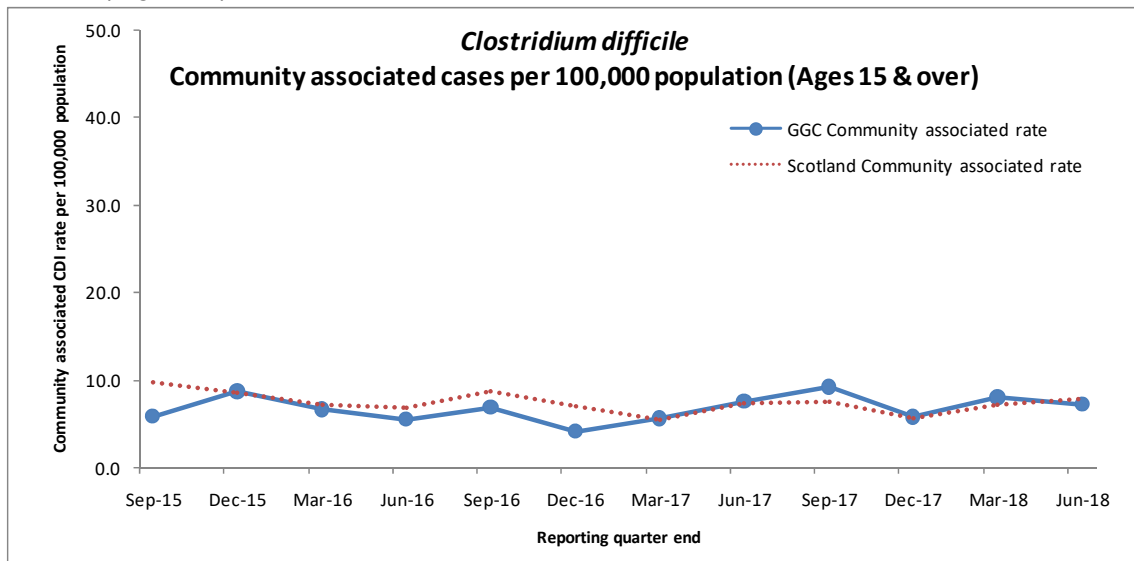


Figure 6. Community associated CDI comparison by quarter for NHSGGC and Scotland.

### Quarter 3: 2018 (July-September) NHSGGC Surveillance

Local surveillance is not yet complete at time of report collation; however there is an increase in CDI cases for Q3 2018 with 116 cases reported in total (Table 4). 90 cases met the case definition for healthcare associated (total of every category except community).

HPS reporting category	Origin of CDI	Number of patient cases (Unvalidated and subject to change)
Healthcare associated	Hospital acquired (HAI)	54
	Healthcare associated (HCAI)	29
	Indeterminate	11
Community associated	Community associated	22
<b>Total</b>		<b>116</b>

Table 4. Origin of CDI – local surveillance data for Q3 2018 (at 03/10/18)

All cases have been reviewed by the Lead Infection Control Doctor. Across GGC there was only one area with two HAI cases and these were subsequently found to be different ribotypes. Reference laboratory snapshot data has shown several different circulating ribotypes, none were linked in time place or person. The majority of patients have recognised risk factors for CDI such as; age (<75), antibiotics, Proton Pump Inhibitor (PPI) medication, underlying malignancy, Inflammatory bowel disease and gastrointestinal surgery. It would appear that the increased incidence is due to underlying risk factors, the majority of which are difficult to modify apart from PPI use. Work is ongoing with pharmacy colleagues to consider how to link to GP prescribers to highlight that PPIs can trigger CDI and if possible reduce the number of patients prescribed PPIs.

## **OUTBREAKS / EXCEPTIONS**

(Reported are those that are assessed as AMBER or RED using the HPS HIIAT tool)

### **February-June 2018**

**QEUH and RHC** – Bacteria in Water System. Returned to HIIAT RED on the 13<sup>th</sup> September 2018. As of 28/09/18 the incident has been HIIAT AMBER.

The issues relating to this on-going incident are both complex and evolving. The safety of the children is of paramount importance and the key consideration in all actions being taken. Members of the senior management team are fully engaged with the clinical, infection control and facilities teams and national agencies/ advisors in both the management of the situation and the implementation of a robust and permanent solution.

We reverted to normal triggers for environmental Gram negative bacteria in August 2018 following a programme of drain cleaning and replacement.

On the 5<sup>th</sup> of September the water Incident Management Team (IMT) was reconvened to discuss three additional cases of bacteraemias likely to be associated with drainage issues in ward 2a. As of 27/09/18 6 additional cases have been identified (1 Enterobacter, 1 Klebsiella, 2 Stenotrophomonas, 1 Serratia 1 Stenotrophomonas/Chryseomonas) .Total cases associated with the water incident are now 23. Organism breakdown is below;

- 1 Cupriavidus
- 1 Pseudomonas
- 8 Stenotrophomonas
- 7 Enterobacter
- 1 Klebsiella
- 1 Pseudomonas/Stenotrophomonas
- 1 Serratia
- 1 Stenotrophomonas, Acinetobacter
- 1 Stenotrophomonas, Chryseomonas
- 1 multi: Pseudomonas, Stenotrophomonas, Acinteobacter.

Due to further bacteraemias with water associated organisms despite implementation of extensive infection control measures, the recommendation from the IMT was to decant the ward. This was to enable a detailed assessment of the source and remedial measures to be undertaken.

A risk assessment was completed by the Senior Management Team (SMT) in the Royal Hospital for Children and a recommendation was made to the GGC Board Directors who approved this recommendation, i.e. to move patients from 2A/B to suitable accommodation in the adult building. A robust and comprehensive planning process was undertaken in terms of risk assessment and risk mitigation of all aspects of the decant.



The plan included:

- Review of nurse and medical staffing rotas to accommodate diseconomy of scale and location.
- Deteriorating child pathway including resuscitation arrangements and SOP
- Review of clinical practice SOP's
- Safe Guarding and child protection guidance
- Health and safety review
- Kit, supplies and sundries planning
- Rights of the child review including ensuring provision of parent beds and patient facilities
- Communication strategy to parents and patients, RHC & GGC staff, SG and wider media.

All of the above were successfully completed prior to the decant which took place uneventfully on the 26<sup>th</sup> of September. The ward is now running as normal from the two decant areas. This will facilitate a more detailed investigation by an expert external company of the drainage system in 2A/B. This survey is currently underway. Once the results are available remedial actions will be agreed and undertaken.

The Board has received several parliamentary questions regarding this incident and these have all been fully answered within the set time scales. NHSGGC have also sought advice from the outset of the incident from nationally recognised water experts and from Health Protection Scotland and Health Facilities Scotland. All children who had positive blood cultures have recovered from infection and have completed or continued with their treatment regimes.

### **Norovirus**

There were 5 wards closed in 3 hospitals due to Norovirus activity in July and August 2018.

Month	Sep-17	Oct-17	Nov-17	Dec-17	Jan -18	Feb -18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug -18
Ward Closures	2	2	4*	6	0	1	5**	7	9	1	5	0
Bed Days Lost	10	49	34	210	0	7	55	228	334	33	69	0

*Table 5: NHSGGC Ward closures due to suspected/confirmed Norovirus.*

\* One ward closed in November and remained closed until the start of December 2017.

\*\* One ward closed in March and remained closed until the start of April 2018.

Data on the number of wards closed due to confirmed or suspected Norovirus is available from HPS on a weekly basis: <http://www.hps.scot.nhs.uk/qiz/norovirus-surveillance.aspx>

### **Healthcare Environment Inspectorate (HEI)**

There have been no HEI / HAI inspection since the last published HAIRT.

### **Other HAI Related Activity**

#### **Surgical Site Infection (SSI) Surveillance**

All NHS Boards are required to undertake in-patient and 30-day re-admission surveillance as per HDL (2006) 38 and CEL (11) 2009.

**Quarter 2: 2018 (April-June)**

Category of Procedure	Operations	Infections	NHSGGC SSI rate (%)	NHSGGC 95% CI	National Dataset SSI rate (%)	National 95% CI
Caesarean section	1259	15	1.2	0.7, 1.9	1.5	1.1,1.8
Hip arthroplasty	381	12	3.1	1.8, 5.4	0.8	0.5,1.3

**Table 6.** SSI rates for Caesarean section (in-patient and PDS to day-10), Hip arthroplasty (in-patient and re-admission to day-30), NHSGGC

For the last published reporting quarter the SSI rate for caesarean section was lower than the national dataset SSI rate.

There was an increase in the number of hip arthroplasty SSIs reported over the quarter (n=12). Five cases were at GRI; three cases at IRH; three cases at QEUH and one case at RAH.

Four of the procedures were revision surgery which carries a higher risk of complications including SSI development. In addition, seven patients were noted to have a Body Mass Index (BMI) of greater than 30 which places them in the obese weight category and this is also associated with a higher risk of SSI.

Of the 5 cases at GRI, four cultured *S. aureus* in tissue specimens. These were typed and found to be different SPA types and therefore more likely to arise from the patient's own skin flora rather than cross transmission by a single healthcare worker or environment.

In July an Incident Management team meeting was held in GRI that included members of the IPCT and the local clinical team. A review of all the cases was undertaken. The incident was scored as a RED using the HPS HIIAT assessment tool because two of the patients had also developed a bacteraemia. A report was therefore submitted to Health Protection Scotland on 27<sup>th</sup> July giving details of the findings of the review and actions planned. The incident was reviewed by the IPCT and Orthopaedic clinical director on 3<sup>rd</sup> August and at that time it scored HIIAT green as all the patients were either on treatment and recovering or had been discharged home.

Surveillance is ongoing and SSI rates have decreased for the current reporting quarter across all the sites. Work is ongoing with orthopaedic colleagues to implement an MSSA eradication programme

The increased incidence of SSI within this procedure category has been highlighted as an exception in the Q2-2018 epidemiological data published by HPS on 2<sup>nd</sup> October 2018. The IPCT have already undertaken a prospective review of all cases and will complete and return an action plan to HPS.

**Quarter 3: 2018 (July-September) NHSGGC Surveillance**

Surveillance of 30-day post operative is still ongoing at time of report compilation. The quarter and local data at time of publication July-September 2018 is displayed in Table 7 below

Large bowel and major vascular surgery became a mandatory requirement for SSI surveillance in April 2017, and as these are new categories of surveillance, comparative data is awaited. However NHSGGC rates below are those in the published literature.

It should be noted that results from the \*voluntary surgical procedure surveillance are not included in the national reporting figures or published by HPS therefore **caution should be exercised** when reviewing local SSI rates as there are no available comparators.

Quarter 3 -18 (July-September) : Local SSI Surveillance Status				
	Category of Procedure	Operations	Infections	NHSGGC SSI Rate (%)
Mandatory (reported to HPS)	Caesarean section	1303	14	1.1
	Hip arthroplasty	337	1	0.3
	Large Bowel Surgery	198	12	6.1
	Major Vascular Surgery	173	5	2.9
Voluntary*	Knee arthroplasty	296	2	0.7
	Repair of neck of femur	345	2	0.6
Six month pilot*	Spinal Surgery – Orthopaedics , QEUH	86	0	0.0
Additional INS,QEUH only*	Cranial Surgery	160	0	0.0
	Spinal Surgery	163	3	1.8

**Table 7. Local SSI Surveillance. Procedures undertaken 01/07/18 - 30/09/18 (In-patient and 30 day readmission; C-section in-patient and PDS to day 10)**

The number of surgical site infections in orthopaedic procedures in GRI has returned to within expected rates.

### **Statistical Process Control Charts**

All Hospital Level Statistical Process Control Charts (SPCs) continue to remain within normal control limits.

### **Cleaning and the Healthcare Environment**

All areas within NHSGGC scored **GREEN (>90%)** in the most recent report on the National Cleaning Specification.

## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information for each acute hospital and key non acute hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition there is a single report card which covers all non acute hospitals [which do not have individual cards] and a report card which covers *Clostridium difficile* specimens identified from non hospital locations e.g. GPs, hospices, care homes, prisons etc. The information in the report cards is provisional local data and may differ from the national surveillance reports carried out by Health Protection Scotland (HPS) and Health Facilities Scotland (HFS). 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 healthcare associated infection 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.

- Healthcare associated cases  
For each hospital the total number of cases for each month are included in the report cards. These include those that are considered to be **hospital acquired** i.e. reported as positive from a laboratory report on samples taken more than 48 hours after admission and **healthcare associated** in which the patient has a positive sample taken from within 48 hours of admission and the patient has also had healthcare interaction in the previous 30 days for SAB or 12 weeks for *Clostridium difficile*.
- Community associated cases  
For community associated cases, the patient has had no healthcare interaction as specified in the time frame above, however the specimen was obtained from a current hospital in-patient that did not meet the reporting criteria for a healthcare associated case.

More information on these organisms can be found on the HPS website:

*Clostridium difficile*:

<http://www.hps.scot.nhs.uk/haic/sshap/clostridiumdifficile.aspx?subjectid=79>

*Staphylococcus aureus* Bacteraemia

<http://www.hps.scot.nhs.uk/haic/sshap/mrsabacteraemiasurveillance.aspx?subjectid=D>

#### Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. The Board report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.

#### Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the HFS website: <http://www.hfs.scot.nhs.uk/online-services/publications/ha/>

## NHS GREATER GLASGOW &amp; CLYDE

## REPORT CARD

*Staphylococcus aureus* bacteraemia monthly case numbers

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	29	31	25	31	31	29	35	34	24	31	24	21
<b>Community Associated</b>	7	8	8	13	12	3	9	10	5	6	11	9
<b>Total</b>	<b>36</b>	<b>39</b>	<b>33</b>	<b>44</b>	<b>43</b>	<b>32</b>	<b>44</b>	<b>44</b>	<b>29</b>	<b>37</b>	<b>35</b>	<b>30</b>

*Clostridium difficile* infection monthly case numbers

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	32	24	29	16	26	16	16	24	27	28	26	40
<b>Community Associated</b>	13	8	7	10	12	4	7	5	10	7	6	10
<b>Total</b>	<b>45</b>	<b>32</b>	<b>36</b>	<b>26</b>	<b>38</b>	<b>20</b>	<b>23</b>	<b>29</b>	<b>37</b>	<b>35</b>	<b>32</b>	<b>50</b>

## Hand Hygiene Monitoring Compliance (%)

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	<b>97</b>	<b>97</b>	<b>98</b>	<b>98</b>	<b>97</b>	<b>97</b>	<b>97</b>	<b>97</b>	<b>97</b>	<b>97</b>	<b>98</b>	<b>96</b>

## Cleaning Compliance (%)

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	<b>95.3</b>	<b>95.2</b>	<b>95.4</b>	<b>95.8</b>	<b>95.5</b>	<b>95.5</b>	<b>95.5</b>	<b>95.0</b>	<b>95.5</b>	<b>95.4</b>	<b>95.2</b>	<b>95.6</b>

## Estates Monitoring Compliance (%)

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	<b>98.9</b>	<b>98.9</b>	<b>99.1</b>	<b>99.5</b>	<b>98.9</b>	<b>99.0</b>	<b>99.0</b>	<b>99.0</b>	<b>99.1</b>	<b>99.0</b>	<b>99.2</b>	<b>98.9</b>

## GLASGOW ROYAL INFIRMARY / PRINCESS ROYAL MATERNITY

## REPORT CARD

**Staphylococcus aureus bacteraemia monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	9	6	4	7	6	13	9	11	6	11	10	4
<b>Community Associated</b>	3	4	2	3	3	1	4	3	1	2	4	2
<b>Total</b>	<b>12</b>	<b>10</b>	<b>6</b>	<b>10</b>	<b>9</b>	<b>14</b>	<b>13</b>	<b>14</b>	<b>7</b>	<b>13</b>	<b>14</b>	<b>6</b>

**Clostridium difficile infection monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	10	12	10	6	9	6	5	4	8	8	6	11
<b>Community Associated</b>	2	1	1	3	1	2	2	1	5	1	1	1
<b>Total</b>	<b>12</b>	<b>13</b>	<b>11</b>	<b>9</b>	<b>10</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>13</b>	<b>9</b>	<b>7</b>	<b>12</b>

**Cleaning Compliance (%)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	95.6	95.8	95.9	96.0	95.8	95.7	95.7	95.2	95.5	95.5	95.8	95.7

**Estates Monitoring Compliance (%)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	99.5	99.6	99.7	99.9	99.9	99.8	99.7	99.7	99.7	99.7	99.6	99.7

## ROYAL ALEXANDRA HOSPITAL

## REPORT CARD

*Staphylococcus aureus* bacteraemia monthly case numbers

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	3	6	-	3	6	5	4	5	3	2	2	7
<b>Community Associated</b>	-	1	1	3	5	-	1	2	-	1	2	5
<b>Total</b>	<b>3</b>	<b>7</b>	<b>1</b>	<b>6</b>	<b>11</b>	<b>5</b>	<b>5</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>12</b>

*Clostridium difficile* infection monthly case numbers

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	3	3	2	4	2	4	-	5	3	4	3	9
<b>Community Associated</b>	1	2	-	2	3	-	1	1	1	1	3	1
<b>Total</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>10</b>

## Cleaning Compliance (%)

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	95.4	95.9	95.8	95.5	95.9	95.4	95.4	95.7	96.3	94.7	95.9	96.3

## Estates Monitoring Compliance (%)

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	96.7	98.4	98.3	99.1	99.3	98.2	98.4	99.1	98.3	97.5	97.0	96.1

## INVERCLYDE ROYAL HOSPITAL

## REPORT CARD

***Staphylococcus aureus* bacteraemia monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	1	1	3	1	1	2	3	2	-	2	-	-
<b>Community Associated</b>	-	-	-	1	2	-	-	-	-	-	-	-
<b>Total</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>

***Clostridium difficile* infection monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	1	1	1	1	2	1	1	-	1	2	3	3
<b>Community Associated</b>	2	1	-	2	2	-	-	-	2	-	-	1
<b>Total</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Cleaning Compliance (%)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	94.7	95.6	95.8	95.0	94.1	95.5	94.3	94.5	95.8	95.1	94.0	95.4

**Estates Monitoring Compliance (%)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	97.8	97.8	98.4	98.5	97.5	96.4	96.9	95.3	97.5	96.8	97.3	97.7



## VALE OF LEVEN HOSPITAL

## REPORT CARD

**Staphylococcus aureus bacteraemia monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	-	-	-	1	-	-	1	1	-	1	2	-
<b>Community Associated</b>	-	-	-	-	-	-	-	-	1	-	1	-
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>

**Clostridium difficile infection monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	-	-	-	-	-	-	1	2	-	2	-	1
<b>Community Associated</b>	-	1	-	-	1	-	-	-	-	1	-	-
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>

**Cleaning Compliance (%)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	97.7	97.7	97.8	97.7	97.7	97.6	97.3	97.5	97.8	97.6	97.7	97.7

**Estates Monitoring Compliance (%)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	99.8	99.5	99.7	99.7	99.6	99.7	99.6	99.7	99.7	99.6	99.9	99.7

**GARTNAVEL GENERAL HOSPITAL****REPORT CARD**

Figures combined for

Gartnavel General Hospital, Beatson WoSCC and Homeopathic Hospital

***Staphylococcus aureus* bacteraemia monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	-	2	1	4	5	1	6	4	2	1	1	2
<b>Community Associated</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>

***Clostridium difficile* infection monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	4	1	-	1	4	2	4	1	3	2	2	2
<b>Community Associated</b>	1	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>

**Cleaning Compliance (%)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	97.1	96.2	96.3	96.9	96.2	97.6	96.8	96.0	96.3	96.7	96.4	96.3

**Estates Monitoring Compliance (%)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	99.4	99.6	99.6	99.7	99.4	99.7	99.7	99.5	99.6	99.7	99.8	99.5

## QUEEN ELIZABETH UNIVERSITY HOSPITAL

## REPORT CARD

**Staphylococcus aureus bacteraemia monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	11	13	14	13	9	4	10	9	10	12	9	8
<b>Community Associated</b>	4	2	4	6	2	2	4	4	2	3	3	1
<b>Total</b>	<b>15</b>	<b>15</b>	<b>18</b>	<b>19</b>	<b>11</b>	<b>6</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>15</b>	<b>12</b>	<b>9</b>

**Clostridium difficile infection monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	9	6	5	-	5	3	3	7	7	4	9	11
<b>Community Associated</b>	3	2	2	-	3	2	2	3	-	3	0	4
<b>Total</b>	<b>12</b>	<b>8</b>	<b>7</b>	<b>0</b>	<b>8</b>	<b>5</b>	<b>5</b>	<b>10</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>15</b>

**Cleaning Compliance (%)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	93.3	91.4	92.1	94.4	93.0	93.3	92.7	90.6	93.2	93.2	91.2	93.6

**Estates Monitoring Compliance (%)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	99.7	99.5	99.7	99.9	99.8	99.1	99.9	99.9	99.8	99.9	99.8	99.8

A review of the cleaning performance of the QEUH scores reported in the HAIRT was undertaken by the Associate director of Facilities and the General Manager Facilities (South).

The cleaning compliance score reported for QEUH includes the performance of the QEUH site and the Langland's PFI Building. In reviewing these scores individually it is clear that the Langland's scores have been reducing the overall site scores.

The average QEUH site score in the 12 months was 94% with the lowest score being in September 17 at 93.4% and the highest at 94.8% in August 18.

The average Langland's score in the 12 months was 91% with the lowest score being 88.13% in July 18 and the highest at 94.7% in December 17. However there have been a total of 3 occasions in the last 12 months this unit has dipped below the nationally accepted Green standard of 90%. On each occasion this has been raised at the contract meetings with the supplier of the service. As members may be aware this unit's soft FM provider recently changed from Carillion to Serco within the last 3 months which has seen cleaning scores begin to rise. As part of this transfer the Board is working closely with the new provider Serco to ensure that standards continue to rise and are maintained. Clinical team feedback from the unit has been positive in regard to improved cleanliness.

## ROYAL HOSPITAL FOR CHILDREN

## REPORT CARD

***Staphylococcus aureus* bacteraemia monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	4		2	1	3	2	1	2	2	1	-	-
<b>Community Associated</b>	-	1	1	-	-	-	-	1	1	-	1	1
<b>Total</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>

***Clostridium difficile* infection monthly case numbers (in ages 15 & over only)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>Community Associated</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Cleaning Compliance (%)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	93.3	94.1	92.1	94.4	95.0	95.2	94.6	94.9	94.8	94.6	94.8	95.1

**Estates Monitoring Compliance (%)**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Board Total</b>	99.5	99.1	99.7	99.9	99.8	99.4	99.5	99.4	99.5	99.5	99.5	99.3

**NHS GREATER GLASGOW & CLYDE**  
**NON-ACUTE HOSPITALS REPORT CARD**

The hospitals covered in this report card include:

- Lightburn Hospital
- Dykebar Hospital
- Gartnavel Royal Hospital
- Leverndale Hospital
- MacKinnon House
- Mearnskirk House
- New Victoria Hospital
- Parkhead Hospital (closed 28 March 2018)
- Orchard View (Inverclyde Royal Hospital campus)
- Stobhill Hospital

***Staphylococcus aureus* bacteraemia monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	1	3	1	1	1	2	1	-	1	1	-	-
<b>Community Associated</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>

***Clostridium difficile* infection monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	1	-	3	1	1	-	1	-	-	1	-	1
<b>Community Associated</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>

**NHS GREATER GLASGOW & CLYDE****Non hospital locations (GP practices, care homes & hospices) report card*****Clostridium difficile* infection monthly case numbers**

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Healthcare Associated</b>	4	1	8	3	3	-	1	5	5	5	3	2
<b>Community Associated</b>	4	1	4	3	2	-	2	-	2	1	2	3
<b>Total</b>	<b>8</b>	<b>2</b>	<b>12</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>5</b>

## GLOSSARY

AMT	<b>Antimicrobial Management Team</b>
Alert organism alert condition	Any of a number of organisms or infections that could indicate, or cause, outbreaks of infection in the hospital or community.
Bacteraemia	Infection in the blood. Also known as Blood Stream Infection (BSI).
CDI	<b><i>Clostridium difficile</i></b> Infection. Also referred to as <b><i>C. diff</i></b> is a Gram-positive spore-forming anaerobic bacterium. <i>C. difficile</i> is the most common cause of gastro-intestinal infection in hospitals. It causes two conditions; antibiotic associated diarrhoea and the more severe and occasionally life-threatening pseudomembranous colitis. Control of the organism can be problematic due to the formation of spores and difficulty in removing them. Patients who have had antibiotics within the last eight weeks are most at risk of acquisition of the organism.
CEL	<b>Chief Executive Letter</b> issued by Scottish Government Health Directorates (SGHD)
CRA	<b>Clinical Risk Assessment</b>
CVC	<b>Central Vascular Catheter.</b> This also includes those that are peripherally inserted i.e. PICC
Code of Practice	<b>Code of Practice</b> - The NHS Scotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection issued 2004 contains the components that must be complied with by all NHS HCWs in Scotland. <a href="http://www.scotland.gov.uk/Publications/2004/05/19315/36624">http://www.scotland.gov.uk/Publications/2004/05/19315/36624</a>
GRO	<b>General Registers Office</b>
HAI	Originally used to mean hospital acquired infection, the official 'Scottish Government' term is now <b>Healthcare Associated Infection</b> . These are considered to be infections that were not incubating prior to contact with a healthcare facility or undergoing a healthcare intervention. It must be noted that HAI infection is not always an avoidable infection. <b>Please note</b> that for <i>S.aureus</i> Bacteraemia surveillance – HAI refers to 'hospital acquired cases as per HPS National reporting requirements. See <a href="http://www.documents.hps.scot.nhs.uk/hai/sshaip/guidelines/s-aureus/esab-protocol-v2-2014-11.pdf">http://www.documents.hps.scot.nhs.uk/hai/sshaip/guidelines/s-aureus/esab-protocol-v2-2014-11.pdf</a>
HCAI	<b>Healthcare Associated Infection (for CDI and SAB classification)</b>
HCW	<b>Healthcare Worker</b>
HDL	<b>Health Department Letter</b>
HDU	<b>High Dependency Unit</b>
HEAT Target	<b>Health Efficiency and Access to Treatment.</b> Targets set by the Scottish Government.
HFS	<b>Health Facilities Scotland</b>
HH	<b>Hand Hygiene</b>
HIAT	<b>Hospital Infection Incident Assessment Tool</b>
HIORT	<b>Healthcare Infection Incident and Outbreak Reporting Template</b>
HIS	<b>Health Improvement Scotland</b>
HPS	<b>Health Protection Scotland</b>
HSCP	<b>Health &amp; Social Care Partnerships</b>
IPCN /T/D/M	<b>Infection Prevention &amp; Control Nurse / Team / Doctor / Manager</b>
ICP	<b>Infection Control Programme</b>
ICU	<b>Intensive Care Unit</b>
ISD	<b>Information Services Division</b> A division of National Services Scotland, part of NHS Scotland. ISD provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and care, and facilitates robust planning and decision making.
IVAD	<b>Intravenous Vascular Access Device.</b> An invasive device placed into a vein which is used to administer intravenous fluids or medication. <b>Examples are PVC or CVC</b>
KPI	<b>Key Performance Indicator</b>
MRSA	<b>Meticillin resistant <i>Staphylococcus aureus</i>.</b> A <i>Staphylococcus aureus</i> resistant to first line antibiotics; most commonly known as a hospital acquired organism.
MSSA	<b>Meticillin Sensitive <i>Staphylococcus aureus</i></b>
OBD	<b>Occupied Bed Days</b>
OPAT	<b>Outpatient Parenteral Antibiotic Therapy</b>
PDS	<b>Post Discharge Surveillance (Caesarean Section procedures only)</b>
PHPU	<b>Public Health Protection Unit</b>
PICC	<b>See CVC</b>
PPI	<b>Proton Pump Inhibitors.</b> A group of medications used to decrease gastric acid production.
PVC	<b>Peripheral Vascular Catheter</b>
RSV	<b>Respiratory Syncytial Virus.</b> A contagious respiratory infection.
SAB	<b><i>Staphylococcus aureus</i> Bacteraemia</b>
SCN / M	<b>Senior Charge Nurse / Midwife</b>
SICP	<b>Standard Infection Control Precautions</b>
SGHD	<b>Scottish Government Health Directorate</b>
SOP	<b>Standard Operating Procedure</b>
SPC	<b>Statistical Process Control (<i>Charts</i>)</b>
SSI	<b>Surgical Site Infection</b>
VRE	<b>Vancomycin resistant enterococcus</b> - an alert organism. A common organism that can be inherently resistant to Vancomycin but can also acquire (and transfer resistance) to other organisms. Has caused outbreaks reported in the literature in a variety of high-risk settings, e.g. renal or bone marrow transplant units.

## **Enhanced *S. aureus* Bacteraemia Surveillance Definitions**

### **Hospital Acquired Infection**

Positive blood culture obtained from a patient who has been hospitalised for >48 hours. The patient was discharged from hospital in the 48 hours prior to the positive blood culture being taken. If the patient was a neonate/baby who has never left hospital since being born.

OR

a patient who receives regular haemodialysis as an outpatient.

OR

contaminant if blood aspirated from hospital

### **Healthcare Associated Infection**

Positive blood culture obtained from a patient within 48 hours of admission to hospital and fulfils one or more of the following criteria:

1. Was hospitalised overnight in the 30 days prior to the positive blood culture being taken  
OR
2. Resides in a nursing home  
OR
3. IV, or intraarticular medication in the 30 days prior to the positive blood culture being taken, but excluding illicit drug use  
OR
4. Regular user of a registered medical device  
OR
5. Underwent a medical procedure which broke mucous or skin barrier in the 30 days prior to the positive blood cultures being taken  
OR
6. Underwent care for a medical condition by a healthcare worker in the community which involved contact with non intact skin, mucous membranes or the use of an invasive device 30 days prior to the positive blood culture being taken

### **Community Acquired Infection**

Positive blood culture obtained from a patient within 48 hours of admission to hospital who does not fulfil any criteria for healthcare associated bloodstream infection.

### **HPS Protocol**

**April 2016, Version 1.0**