

NHS Greater Glasgow &amp; Clyde

NHS Board Meeting

19 February 2019



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Medical Director

Paper No: 19/04

### Healthcare Associated Infection Reporting Template (HAIRT)

**Recommendation:** For noting

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

**Key Issues to be considered:**

| Validated HPS / ISD data : Quarter 3 (July-September) 2018 |                  |  |          |  |          |
|--|------------------|--|----------|--|----------|
|  |                  | Healthcare Associated<br>Rate per 100 000 bed days |          | Community Associated<br>Rate per 100 000<br>population |          |
|  |                  | GGC  | National | GGC  | National |
| <b>S.aureus Bacteraemia</b>                                | <b>90 cases</b>  | 16.2   | 16.8     | 7.8  | 9.7      |
| <b>C.difficile in age 15+</b>                              | <b>111 cases</b> | 18.6   | 14.8     | 11.5   | 9.1      |

**Table 1.** NHSGGC and national comparison rates for 01/07/2018 – 30/09/2018

- 90 validated *Staphylococcus aureus* Bacteraemia (SAB) cases were reported for July to September 2018 with a Healthcare Associated rate of 16.2 cases per 100,000 bed days (n=67). This is **below** the national rate. SABs remain a priority and the SAB group continues to meet on a regular basis.
- 111 validated *Clostridioides* (formerly *Clostridium*) *difficile* (CDI) cases in ages 15 and over were reported for July to September 2018 with a Healthcare Associated rate of 18.6 cases per 100,000 bed days (n=77). This is above the national rate. GGC were aware of an increase in August and took immediate action. No single cases were linked in time so this increase was not due to cross transmission in wards.

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

Investigations into four outbreaks are detailed in the Outbreaks and Incidents Section.

**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:** 19/02/19

## 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 definitions 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 are calculated as the number of infections per 100,000 population.

### *Staphylococcus aureus*

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

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

For the last published reporting quarter (July - September 2018) NHS Greater Glasgow & Clyde reported a total of **90** validated SAB cases. These are further classified as healthcare associated (n=67) or community infections (n=23).

**67** healthcare associated cases were reported for the quarter equating to a rate of 16.2 per 100,000 occupied bed days (Figure 1). This is **below** the NHS Scotland rate of 16.8. The GGC rate remains within expected confidence intervals.

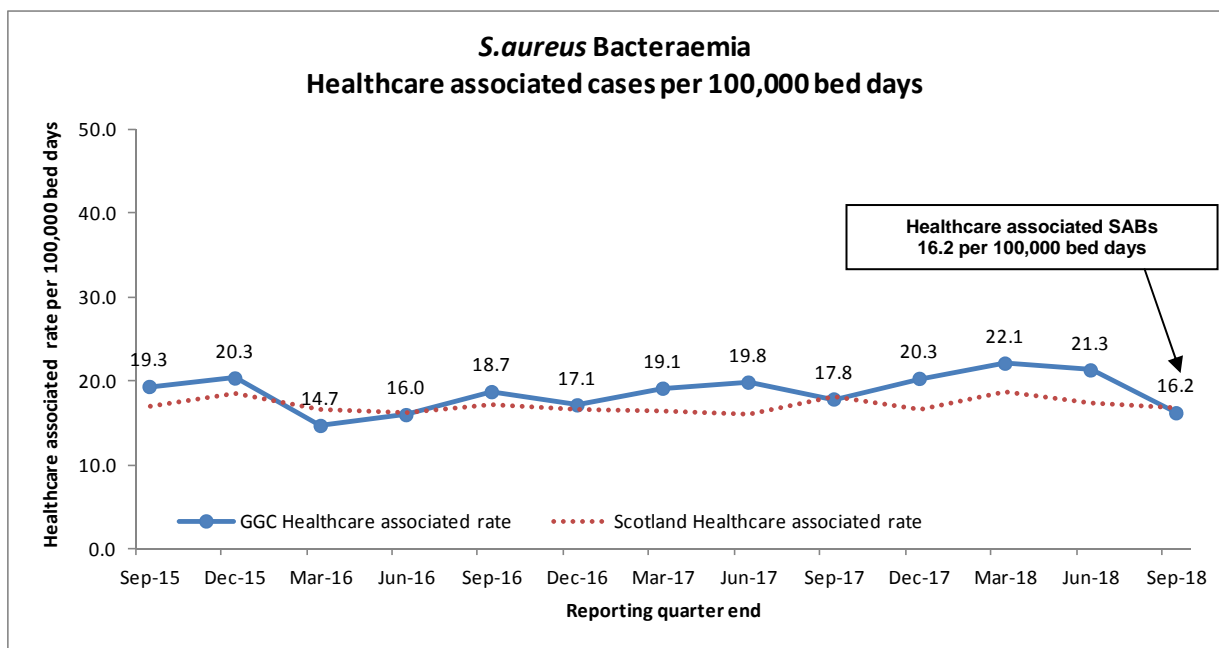


Figure1. Healthcare associated SAB comparison by quarter for NHSGGC and Scotland.

Community associated infections are 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 7.8 compared to 9.7 in NHS Scotland.

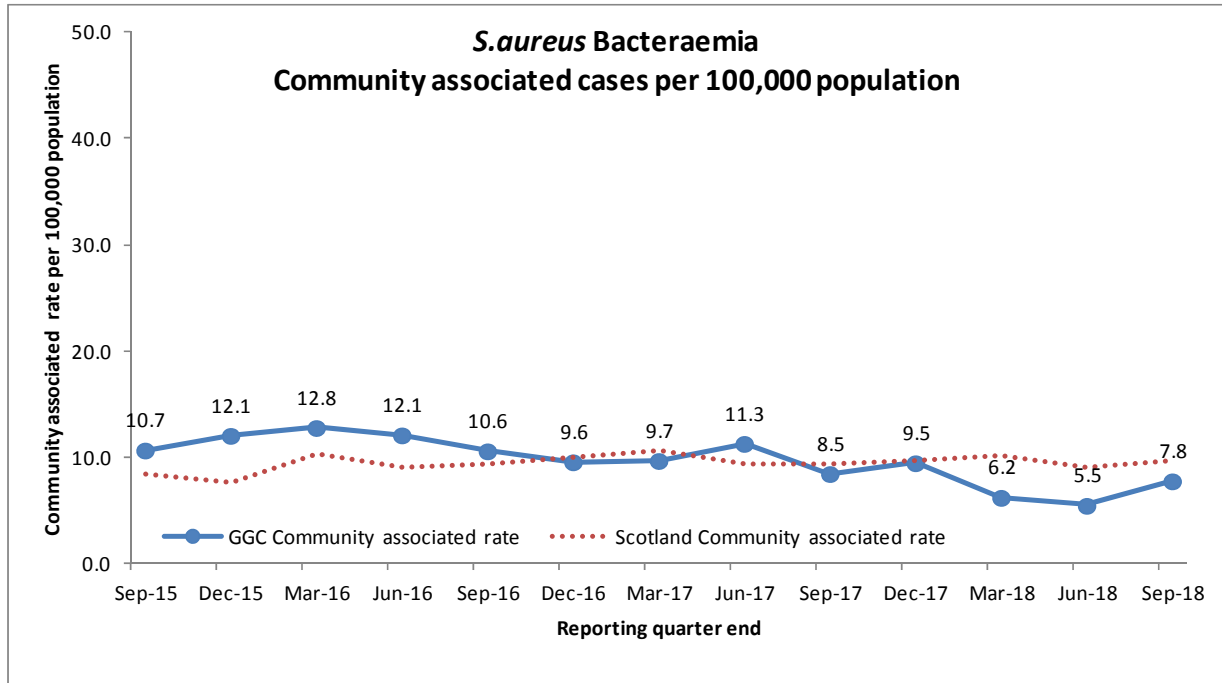


Figure 2. Community associated SAB comparison by quarter for NHSGGC and Scotland

**Quarter 4: 2018 (October - December) NHSGGC Surveillance**

Local surveillance reports 103 SAB cases. This is an increase from the previous validated quarter (n=90). 88 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     | 52  |
|                        | Healthcare associated | 36  |
| Community              | Community             | 15  |
|                        | <b>Total</b>          | <b>103</b>  |

Table 2. Origin of SAB – local surveillance data for Q4-18

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 (52/103), 36% (n=19) were attributed to an intravenous access device (IVAD).

Skin / soft tissue infections were the source of SAB in over a quarter of hospital acquired cases. These include ulcers, skin breaks, cellulitis and skin conditions such as psoriasis and eczema. Further exploration of factors which may be amenable to quality improvement will be undertaken this year.

Identified sources of hospital acquired SAB are displayed in Figure 3.

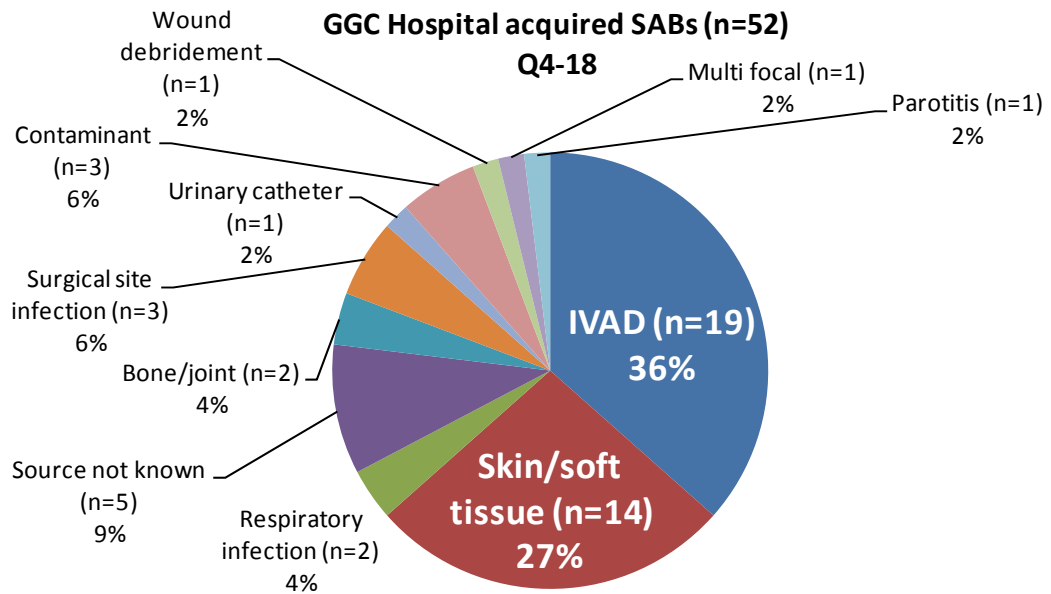


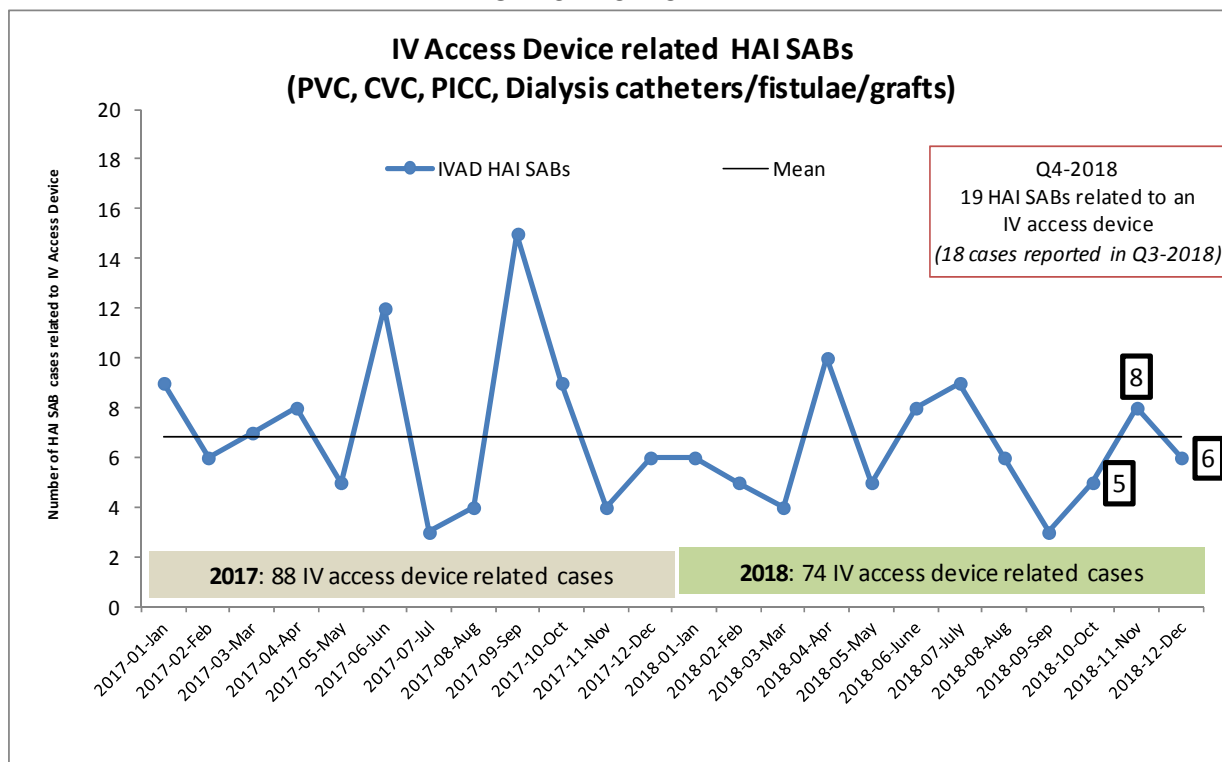
Figure 3. Source of hospital acquired cases

**NB: Source Not Known**

Five hospital acquired cases had no identified source of entry.

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 related *S.aureus* bacteraemia from January 2017. There has been a **16% reduction** in the number of these cases for 2018 compared to the previous year; however, there remains some variability in IVAD related cases each month although this also seems to be decreasing. 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

### PVC Care Plan

The PVC care plan has been approved by Chiefs of Nursing and Medicine and is currently being rolled out throughout NHSGGC. This plan now focuses on the removal of the device as soon as possible, rather than the maintenance of it and increases the number of daily checks from once to twice per day. It also promotes the switch from IV to oral antibiotics which is a key message from the antimicrobial management team. IPCT will monitor the impact of this initiative during 2019.

### PVC Packs

Samples of this pack are currently being evaluated. If clinical areas approve it is possible that this could be available for use by March 2019.

## Multi Drug Resistant Organism (MDRO) Screening CRA uptake Includes MRSA screening and CPE screening

### MRSA

Clinical Risk Assessment (CRA) compliance for GGC in Q3 (October - December 2018) has dropped to 69%. 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 updated My Assessment Record (MAR) is still in the process of being rolled out. In the meantime during their weekly visits the IPCNs will check three patient admission documents and report any poor compliance with the completion of the assessment to the Nurse in Charge. Compliance with CRAs will also be added to the Infection Prevention and Control Audit Tool (IPCAT). Compliance is also reported to the Acute Services Division Clinical Governance Forum. Education sessions have been offered to areas of low compliance and this is also reported to the each of the Sector/Directorate Senior Management Teams monthly for local action. IPCT will continue to monitor this and work to bring the rate back to previous levels.

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

| <b>MRSA screening<br/>CRA uptake</b> | <b>2017-18 Q4<br/>(Jan-Mar)</b> | <b>2018-19 Q1<br/>(Apr-Jun)</b> | <b>2018-19 Q2<br/>(Jul-Sep)</b> | <b>2018-19 Q3<br/>(Oct-Dec)</b> |
|--------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Greater Glasgow & Clyde              | 92%                             | 84%                             | 72%                             | <b>69%</b>                      |
| Scotland                             | 83%                             | 83%                             | 84%                             | 83%                             |

*Table 3. Quarterly screening compliance- MRSA  
National Data Source: MDRO Admission Screening Team January 2019.*

### **CPE (Carbapenemase-producing Enterobacteriaceae)**

Enterobacteriaceae are a family of Gram-negative bacteria (sometimes called coliforms) which are part of the normal range of bacteria found in the gut.

Carbapenemase-Producing Enterobacteriaceae (CPE) are a type of bacteria that are extremely resistant to antibiotics.

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Table 4 below shows the CRA compliance rate since national reporting was implemented. There has been an increase in Q3 and GGC are now closer to the NHS Scotland compliance rate once more. The IPCT continue to implement strategies to improve compliance. The actions taken are reported in the previous section.

Although CPE screening is mandatory, there is no national target set for compliance. Locally we have recommended that this should be in alignment with the MRSA screening target of 90%.

| CPE screening - CRA uptake | 2018-19 Q1<br>(Apr-Jun) | 2018-19 Q2<br>(Jul-Sep) | 2018-19 Q3<br>(Oct-Dec) |
|----------------------------|-------------------------|-------------------------|-------------------------|
| Greater Glasgow & Clyde    | 81%                     | <b>71%</b>              | <b>76%</b>              |
| Scotland                   | 72%                     | 79%                     | 78%                     |

**Table 4 . Quarterly screening compliance- CPE**  
National Data Source: MDRO Admission Screening Team January 2019.

### ***Clostridioides (formerly Clostridium) difficile***

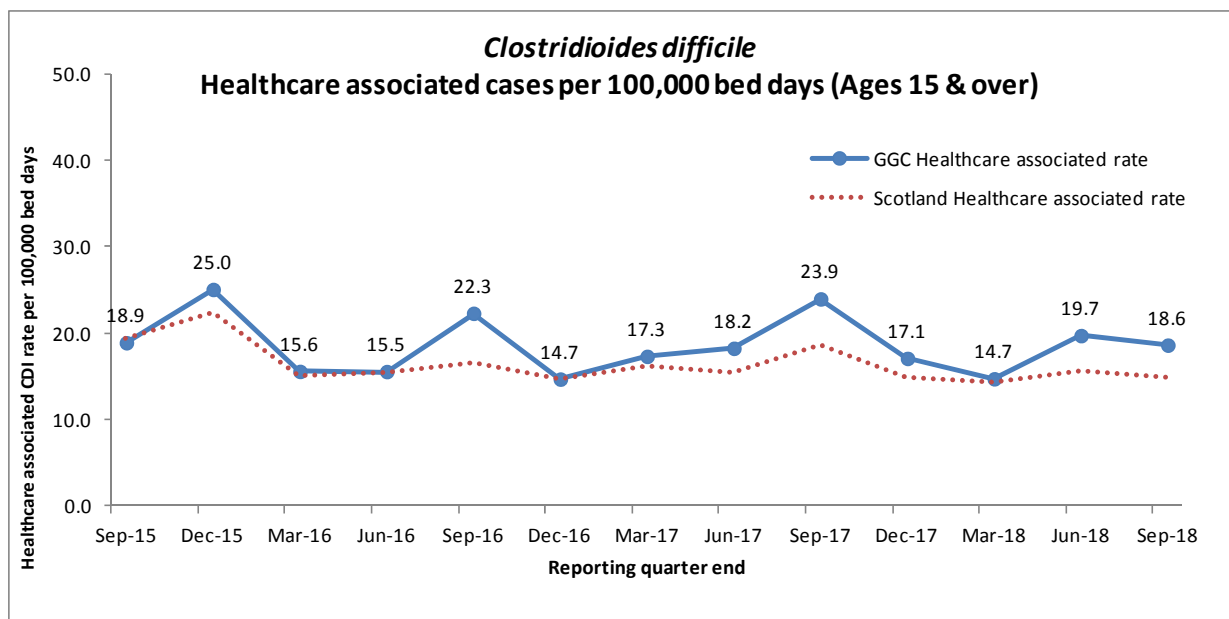
#### **Name change for *Clostridium difficile* to *Clostridioides difficile***

A novel genus *Clostridioides* has been proposed for the bacterium *Clostridium difficile* which means that from this point forward *Clostridium difficile* will now be referred to as *Clostridioides difficile*. There are no implications with regards the natural history of infection, infection prevention and control, or clinical treatment. [HPS, October 2018]

<https://www.sciencedirect.com/science/article/pii/S1075996416300762?via%3Dihub>

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

111 validated cases were reported in the last published quarter (July-September 2018). 77 cases were healthcare associated and this provided a rate of 18.6 cases per 100,000 bed days. The rate for NHS Scotland was 14.8 (Figure 5).



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



34 community associated CDI cases were reported for the quarter with a rate of 11.5 per 100,000 population (Figure 6). The rate for NHS Scotland was 9.1.

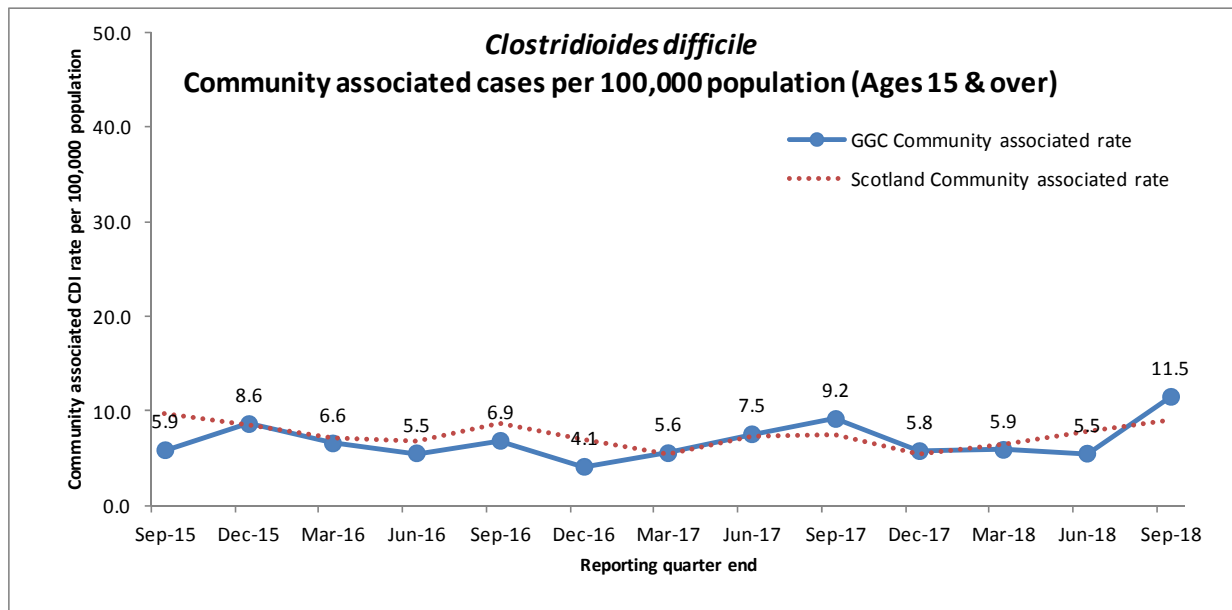


Figure 6. Community associated CDI comparison by quarter for NHSGGC and Scotland.

**Quarter 4: 2018 (October - December) NHSGGC Surveillance**

Local surveillance confirms a **decrease** in CDI cases for Q4 2018 with 93 cases reported in total (Table 5). 61 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)      | 30  |
|                        | Healthcare associated (HCAI) | 25  |
|                        | Indeterminate                | 6   |
| Community associated   | Community associated         | 32  |
|                        | <b>Total</b>                 | <b>93</b>   |

Table 5. Origin of CDI – local surveillance data for Q4 2018

**OUTBREAKS / EXCEPTIONS**

(Reported are those that are assessed as AMBER or RED using the HPS Hospital Infection Incident Assessment Tool (HIIAT))

**February 2018 – January 2019**

**QEUH and RHC – Water & Ventilation System Update.**

Returned to HIIAT RED on the 13<sup>th</sup> September 2018. As of 28/09/18 the incident has been assessed as HIIAT AMBER.

There have been no cases associated with water since September 2018.

NHSGGC have taken advice from HPS, HFS and national/international water experts as to appropriate remedial actions.

Installation of a continuous (low level) chlorine dioxide water treatment system has been completed in the Royal Hospital for Children and should be completed in the adult hospital by the end of March 2019.

Point of Use (POU) Filters will remain on outlets meantime.

Total Viable Counts (TVCs) of bacteria are being monitored in several areas and results continue to be very encouraging.

The plan for the upgrading of the ventilation system serving wards 2A/B continues with an expected completion date for ventilation upgrade estimated to be the end of this calendar year.

### **December- January 2019**

**QEUH – *Cryptococcus neoformans* – HIIAT assessed as RED on the 20 December 2018. As of 15th February 2019 assessed as HIIAT GREEN.**

Investigations are continuing into two isolated cases of an unusual fungal infection within the Queen Elizabeth University Hospital. The organism is a *Cryptococcus* species which is harmless to the vast majority of people and rarely causes disease in humans. It is caused by inhaling the fungus *Cryptococcus*. These fungi are primarily found in soil and pigeon droppings.

An Incident Management Team (IMT) was first held on the 20 December 2018 and a number of control measures were immediately put in place.

On the 16<sup>th</sup> January air sampling confirmed the presence of *Cryptococcus* in the samples taken from the ward (6A) environment; although these were not the same type i.e. *Cryptococcus albidus*, not *Cryptococcus neoformans*. During the detailed investigation, a separate issue was identified with the sealant in some of the shower rooms. In order for remedial works to be completed some very vulnerable children were moved to ward 4B and the remaining haemato-oncology patients moved to the Clinical Decision Unit in the children's hospital. Repairs are now complete and air sampling results confirm that the air quality in the ward is now optimal, and the children have now been returned to ward 6A. As an extra precaution High Energy Particulate Air (HEPA) filters have been placed in all rooms, corridors, and treatment areas in Ward 6A. There have been no further cases. Paediatric patients who may require Bone Marrow Transplantation continue to be nursed in the adult BMT ward.

In order to review all available results and hypotheses, a short life Expert Advisory Group has been convened which will report to the IMT. Included in this group are representatives from Health Protection Scotland, Health Facilities Scotland and a UK expert on ventilation as well as representatives from NHS Greater Glasgow and Clyde. The group will review the hypotheses to establish whether a definitive source of the *Cryptococcus* can be identified.

The Cabinet Secretary for Health and Sport visited the hospital on 22<sup>nd</sup> January to speak to staff, managers, patients and families about the issue. She has commissioned an external review of the Queen Elizabeth University Hospital; this will include a review of the design, commissioning, and maintenance programme.

### **January 2019**

**QEUH – ITU 1 & 2 – Two patients with Mucoraceous Mould found in clinical specimens. HIIAT assessed as RED on 21 & 28 January 2019. Assessed as GREEN as of 15 February 2019.**

Samples from two patients tested positive for Mucormycosis, one patient required treatment for infection and the other patient was not infected, but had the bacteria present on their skin (the clinical term used is "colonised"). Mucoraceae is a very rare fungi that can cause infection most commonly in the sinuses. Recent scientific literature reports cases of aspergillus, also a fungus, in patients with compromised respiratory systems post infection

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with influenza; it may therefore be reasonable to assume that some patients in this group would also be vulnerable to Mucoraceae.

An Incident Management Team meeting was held on the 21 January 2019. The following investigations and actions were agreed:

- The dialysis point in room 23 (ITU1) was reported to be leaking on 4 January 2019; the repair to this is recorded as complete on 6 January 2019. Room 23 was closed for further environmental investigation. The area was found to be dry and intact but some debris, possibly a result of leakage from another area, was evident and samples have been sent for extended analysis. Final results confirm that mucoraceous mould has not been isolated in these samples.
- Near patient equipment was reviewed. No shared patient care equipment was identified.
- The environment was surveyed by IPCT. No issues with ventilation or vents were identified. Ceilings were intact and not marked.
- No reported issues with damp linen. Linen was swabbed and found to be negative.
- Potential lab contaminant excluded.
- Air sampling of care area completed and results showed no evidence of mucoraceous mould.
- Cleaning schedule for of all respiratory equipment and common store areas were reviewed: no issues were identified.

Investigation is ongoing into the potential source of these fungi. No cases have been reported since the 18 January 2019.

\*colonisation is where it has been detected on the body but is not causing infection.

### January 2019

**Princess Royal Maternity. Neonatal Intensive Care Unit (NICU). – Three patients with *S. aureus* bacteraemia. All confirmed with the same spa type on 30 January. HIIAT assessed as RED on 24 January and AMBER on 30 January 2019. Assessed as GREEN on 5 February 2019.**

There have been three cases of an unusual strain of *Staphylococcus aureus* bacteraemia in very ill extremely premature babies.

An IMT met on the 24<sup>th</sup> January 2019 and actions/investigations included:

- NICU had a full terminal clean and twice daily enhanced cleaning was put in place. This was extended to include the Special Care Baby Unit (SCBU) on 30 January 2019.
- An initial round of microbiological swabbing of the environment was undertaken and was found to be negative. A second round of screening isolated a different type of *S. Aureus*, this was dealt with immediately and cleaning of this equipment was reviewed.
- Hand hygiene Audit and Infection Control Audits have been completed and actions, where required, put in place.

On the 29 January 2019, NHS Greater Glasgow and Clyde invoked the National Support Framework for NHS Boards and HPS were formally invited to review our actions in relation to

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this incident. HPS were previously invited and attended the IMT held on the 28 January 2019. A formal report from HPS will be issued to NHSGGC in due course.

All babies in the unit have been screened, none have been found to be positive for this particular type of *S.aureus* as of 4 February 2019. Screening continues weekly for the agreed 4 week period.

**Royal Alexandra Hospital, ITU/HDU, four patients with *Stenotrophomonas maltophilia* HIIAT assessed as GREEN on the 24 January (PAG), IMT 29 January GREEN, 5 February RED and as of 11 February GREEN.**

Three patients who had been in ITU were positive for *S. maltophilia* between 21-23 January 2019. *Stenotrophomonas maltophilia* is a Gram-negative bacterium found in a variety of environments including soil, water, and plants. It also occurs in the hospital environment and may cause bloodstream infections, respiratory infections, urinary infections and surgical-site infections. Clinically-significant infections usually only occur in those with significantly impaired immune deficiencies, such as severely immuno-compromised patients. Infections in previously healthy patients are unusual.

An IMT was held on the 29 January; at this time this incident continued to be assessed as green.

On 5 February the IPCT received notification from the reference lab that the specimens from the 3 patients identified with *Stenotrophomonas maltophilia* in RAH ICU were the same type.

### Actions implemented in ICU/HDU

- Deep clean 24 January
- Twice daily enhanced cleaning commenced 24 January
- Hard surface environmental swabbing carried out in ICU on 25 January, all negative
- All patients screened in the unit, all negative
- Water outlets sampled pre and post flush on 31 January. 1 sample positive in water cooler pre-flush. Reported on 5th February. Now sent for typing. Hand hygiene audit and IPCAT audit undertaken.
- Request made to Antimicrobial Pharmacist for a review of antimicrobial usage within ICU.

One additional case was identified on 8 February 2019, the results of typing are not available as yet, so we cannot confirm if these are linked. Additional screening of patients and the environment was completed on the 8 February. No additional cases were identified as of 11 February 2019.

### Norovirus

There were 6 wards closed in 2 hospitals due to Norovirus activity during November and December 2018.

| Month         | Jan -18 | Feb -18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug -18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 |
|---------------|---------|---------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|
| Ward Closures | 0       | 1       | 5*     | 7      | 9      | 1      | 5      | 0       | 1      | 0      | 2      | 4      |
| Bed Days Lost | 0       | 7       | 55     | 228    | 334    | 33     | 69     | 0       | 21     | 0      | 93     | 50     |

*Table 6: NHSGGC Ward closures due to suspected/confirmed Norovirus.*

*\*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/giz/norovirus-surveillance.aspx>

**Healthcare Environment Inspectorate (HEI)**

There was a HEI/HAI inspection of the Royal Alexandra Hospital on the 4-6<sup>th</sup> December. The draft report was issued by the inspectorate on the 23 January. An action plan is being developed and the report is in the process of being checked for factual accuracy. On the 29 January – 1 February 2019 HEI conducted an unannounced visit to QEUH and RHC. The date for the issue of the draft report is still to be confirmed.

**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 3: 2018 (July- September)**

| Category of Procedure | Operations | Infections | NHSGGC SSI rate (%) | NHSGGC 95% CI | National Dataset SSI rate (%) | National 95% CI |
|-----------------------|------------|------------|---------------------|---------------|-------------------------------|-----------------|
| Caesarean section     | 1394       | 18         | 1.3                 | 0.8 – 2.0     | 1.5                           | 1.2 - 1.9       |
| Hip arthroplasty      | 346        | 3          | 0.9                 | 0.2 – 2.5     | 0.6                           | 0.3 – 1.0       |

**Table 7.** 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 remained lower than the national dataset SSI rate (Table 7).

There has also been a reduction in the number of hip arthroplasty SSIs this quarter, with three cases reported in total. The SSI rate of 0.9% is marginally higher than the national rate, however remains within national confidence intervals (CI).

Surveillance is ongoing and SSI rates have decreased for the current reporting quarter across all the sites. Work is continuing with orthopaedic colleagues to implement an MSSA eradication programme which is a specific recommendation for orthopaedic surgery in the World Health Organisation Surgical Site Infection Prevention Guidelines 2016. Available at: <http://apps.who.int/iris/bitstream/handle/10665/250680/9789241549882-eng.pdf?sequence=8>

**Quarter 4: 2018 (October-December) NHSGGC Surveillance**

Surveillance to 30-day post operative is not yet complete for the quarter and local data is displayed in Table 8 below.

There has been a very slight decrease this quarter in Caesarean section procedure category SSI (1.2 % v. 1.3%) and also in the number of hip arthroplasty SSI (0.8%.v. 0.9%).

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 are below those in the published literature.

It should be noted that results from any \*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 4 -18 (October-December) : Local SSI Surveillance Status |   |            |            |                     |
|--|---|------------|------------|---------------------|
|  | Category of Procedure                   | Operations | Infections | NHSGGC SSI Rate (%) |
| Mandatory<br>(reported to HPS)                                   | Caesarean section                       | 1360       | 16         | 1.2                 |
|  | Hip arthroplasty                        | 377        | 3          | 0.8                 |
|  | Large Bowel Surgery                     | 211        | 7          | 3.3                 |
|  | Major Vascular Surgery                  | 183        | 6          | 3.3                 |
| Voluntary*   | Knee arthroplasty                       | 318        | 1          | 0.3                 |
|  | Repair of neck of femur                 | 392        | 9          | 2.3                 |
| Six month pilot*<br>(completed Dec 2018)                         | Spinal Surgery –<br>Orthopaedics , QEUH | 73         | 0          | 0.0                 |
| Additional<br>INS,QEUH only*                                     | Cranial Surgery                         | 181        | 5          | 2.8                 |
|  | Spinal Surgery                          | 132        | 1          | 0.8                 |

**Table 8.** Local SSI Surveillance. Procedures undertaken 01/10/18 - 31/12/18 (In-patient and 30 day readmission; C-section in-patient and PDS to day 10)

**There is no evidence that issues identified in the Central Decontamination Unit had any bearing on the above infections. This is being monitored closely.**

### **Statistical Process Control Charts**

Statistical Process Control Charts (SPCs) continue to remain within normal control limits in all sites.

### **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 *Clostridioides difficile* infections, as well as hand hygiene and cleaning compliance. In addition there is a single report card which *Clostridioides 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

*Clostridioides 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 is 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 *Clostridioides 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:

*Clostridioides difficile*:

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

*Staphylococcus aureus* Bacteraemia

<http://www.hps.scot.nhs.uk/haiic/sshaip/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/hai/>

## NHS GREATER GLASGOW &amp; CLYDE

## REPORT CARD

*Staphylococcus aureus* bacteraemia monthly case numbers

|                              | Jan 2018  | Feb 2018  | Mar 2018  | Apr 2018  | May 2018  | Jun 2018  | Jul 2018  | Aug 2018  | Sep 2018  | Oct 2018  | Nov 2018  | Dec 2018  |
|------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>Healthcare Associated</b> | 31        | 29        | 35        | 34        | 24        | 31        | 24        | 21        | 22        | 28        | 29        | 31        |
| <b>Community Associated</b>  | 12        | 3         | 9         | 10        | 5         | 6         | 11        | 9         | 4         | 4         | 6         | 5         |
| <b>Total</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> | <b>26</b> | <b>32</b> | <b>35</b> | <b>36</b> |

*Clostridioides difficile* infection monthly case numbers

|                              | Jan 2018  | Feb 2018  | Mar 2018  | Apr 2018  | May 2018  | Jun 2018  | Jul 2018  | Aug 2018  | Sep 2018  | Oct 2018  | Nov 2018  | Dec 2018  |
|------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>Healthcare Associated</b> | 26        | 16        | 16        | 24        | 27        | 28        | 26        | 40        | 28        | 17        | 18        | 27        |
| <b>Community Associated</b>  | 12        | 4         | 7         | 5         | 10        | 7         | 6         | 10        | 6         | 13        | 10        | 9         |
| <b>Total</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> | <b>34</b> | <b>30</b> | <b>28</b> | <b>36</b> |

## Hand Hygiene Monitoring Compliance (%)

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

## Cleaning Compliance (%)

|                    | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Board Total</b> | 95.5     | 95.5     | 95.5     | 95.0     | 95.5     | 95.4     | 95.2     | 95.6     | 95.4     | 95.1     | 95.3     | 95.5     |

## Estates Monitoring Compliance (%)

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



## GLASGOW ROYAL INFIRMARY / PRINCESS ROYAL MATERNITY

## REPORT CARD

*Staphylococcus aureus* bacteraemia monthly case numbers

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

*Clostridioides difficile* infection monthly case numbers

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

## Cleaning Compliance (%)

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

## Estates Monitoring Compliance (%)

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

## ROYAL ALEXANDRA HOSPITAL

## REPORT CARD

*Staphylococcus aureus* bacteraemia monthly case numbers

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

*Clostridioides difficile* infection monthly case numbers

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

## Cleaning Compliance (%)

|                    | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Board Total</b> | 95.9     | 95.4     | 95.4     | 95.7     | 96.3     | 94.7     | 95.9     | 96.3     | 95.8     | 95.8     | 95.9     | 95.2     |

## Estates Monitoring Compliance (%)

|                    | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Board Total</b> | 99.3     | 98.2     | 98.4     | 99.1     | 98.3     | 97.5     | 97.0     | 96.1     | 96.8     | 96.0     | 96.5     | 95.0     |

## INVERCLYDE ROYAL HOSPITAL

## REPORT CARD

*Staphylococcus aureus* bacteraemia monthly case numbers

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

*Clostridioides difficile* infection monthly case numbers

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

## Cleaning Compliance (%)

|                    | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Board Total</b> | 94.1     | 95.5     | 94.3     | 94.5     | 95.8     | 95.1     | 94.0     | 95.4     | 94.5     | 94.4     | 96.0     | 95.2     |

## Estates Monitoring Compliance (%)

|                    | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Board Total</b> | 97.5     | 96.4     | 96.9     | 95.3     | 97.5     | 96.8     | 97.3     | 97.7     | 96.8     | 96.2     | 97.3     | 97.4     |

## VALE OF LEVEN HOSPITAL

## REPORT CARD

*Staphylococcus aureus* bacteraemia monthly case numbers

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

*Clostridioides difficile* infection monthly case numbers

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

## Cleaning Compliance (%)

|                    | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Board Total</b> | 97.7     | 97.6     | 97.3     | 97.5     | 97.8     | 97.6     | 97.7     | 97.7     | 97.5     | 97.9     | 97.7     | 97.7     |

## Estates Monitoring Compliance (%)

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

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

Figures combined for

Gartnavel General Hospital, Beatson WoSCC and Homeopathic Hospital

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

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

***Clostridioides difficile* infection monthly case numbers**

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

**Cleaning Compliance (%)**

|                    | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Board Total</b> | 96.2     | 97.6     | 96.8     | 96.0     | 96.3     | 96.7     | 96.4     | 96.3     | 96.6     | 96.1     | 96.0     | 96.7     |

**Estates Monitoring Compliance (%)**

|                    | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Board Total</b> | 99.4     | 99.7     | 99.7     | 99.5     | 99.6     | 99.7     | 99.8     | 99.5     | 99.8     | 99.3     | 99.2     | 99.7     |

## QUEEN ELIZABETH UNIVERSITY HOSPITAL

## REPORT CARD

*Staphylococcus aureus* bacteraemia monthly case numbers

|                              | Jan 2018  | Feb 2018 | Mar 2018  | Apr 2018  | May 2018  | Jun 2018  | Jul 2018  | Aug 2018 | Sep 2018  | Oct 2018  | Nov 2018  | Dec 2018  |
|------------------------------|-----------|----------|-----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|
| <b>Healthcare Associated</b> | 9         | 4        | 10        | 9         | 10        | 12        | 9         | 8        | 10        | 15        | 11        | 14        |
| <b>Community Associated</b>  | 2         | 2        | 4         | 4         | 2         | 3         | 3         | 1        | 1         | 1         | 2         | 2         |
| <b>Total</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> | <b>11</b> | <b>16</b> | <b>13</b> | <b>16</b> |

*Clostridioides difficile* infection monthly case numbers

|                              | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018  | May 2018 | Jun 2018 | Jul 2018 | Aug 2018  | Sep 2018  | Oct 2018  | Nov 2018 | Dec 2018 |
|------------------------------|----------|----------|----------|-----------|----------|----------|----------|-----------|-----------|-----------|----------|----------|
| <b>Healthcare Associated</b> | 5        | 3        | 3        | 7         | 7        | 4        | 9        | 11        | 10        | 9         | 4        | 7        |
| <b>Community Associated</b>  | 3        | 2        | 2        | 3         | -        | 3        | 0        | 4         | 3         | 4         | 2        | 1        |
| <b>Total</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> | <b>13</b> | <b>13</b> | <b>6</b> | <b>8</b> |

## Cleaning Compliance (%)

|                    | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Board Total</b> | 93.0     | 93.3     | 92.7     | 90.6     | 93.2     | 93.2     | 91.2     | 93.6     | 93.7     | 93.4     | 93.1     | 93.5     |

## Estates Monitoring Compliance (%)

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

## ROYAL HOSPITAL FOR CHILDREN

## REPORT CARD

*Staphylococcus aureus* bacteraemia monthly case numbers

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

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

|                              | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 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 (%)

|                    | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Board Total</b> | 95.0     | 95.2     | 94.6     | 94.9     | 94.8     | 94.6     | 94.8     | 95.1     | 93.9     | 94.6     | 95.0     | 94.9     |

## Estates Monitoring Compliance (%)

|                    | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Board Total</b> | 99.8     | 99.4     | 99.5     | 99.4     | 99.5     | 99.5     | 99.5     | 99.3     | 99.4     | 98.9     | 99.1     | 99.7     |

**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**

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

***Clostridioides difficile* infection monthly case numbers**

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



## NHS GREATER GLASGOW &amp; CLYDE

Non hospital locations (GP practices, care homes & hospices) report card  
*Clostridioides difficile* infection monthly case numbers

|                              | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Healthcare Associated</b> | 3        | -        | 1        | 5        | 5        | 5        | 3        | 2        | 3        | 1        | 3        | 2        |
| <b>Community Associated</b>  | 2        | -        | 2        | -        | 2        | 1        | 2        | 3        | 1        | 4        | 4        | 4        |
| <b>Total</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> | <b>4</b> | <b>5</b> | <b>7</b> | <b>6</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>Clostridioides difficile</i></b> Infection. Also referred to as <b>C. diff</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>   |
| MDRO                           | <b>Multi Drug Resistant Organism</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 (Charts)</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.  |

OFFICIAL SENSITIVE

**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**

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