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| NHS Greater Glasgow & Clyde | Paper No. 19/43 |
| Meeting: | NHSGGC Board |
| Date of Meeting: | 20 August 2019 |
| Purpose of Paper: | For Noting |
| Classification: | Official Sensitive/Board Official |
| Sponsoring Director: | Dr Jennifer Armstrong, Medical Director |

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 1 2019 (January – March) | | | | | |
|---|------------------|--|----------|---|----------|
| | | Healthcare Associated Rate per 100 000 bed days | | Community Associated Rate per 100 000 population | |
| | | GGC | National | GGC | National |
| S. aureus Bacteraemia | 111 cases | 18.7 | 15.6 | 10.7 | 10.7 |
| C. difficile in age 15+ | 77 cases | 15.0 | 11.8 | 4.5 | 4.0 |

Table 1 NHSGGC and national comparison rates for 01/01/2019- 31/03/2019.

- **111** validated *Staphylococcus aureus* Bacteraemia (SAB) cases were reported for January to March 2019 with a Healthcare Associated rate of 18.7 cases per 100,000 bed days (n=80). This is above the national rate but within expected confidence intervals. At the moment rates are calculated for each individual health board area. Comparisons across diverse boards may not reflect the range and complexity of patients and services delivered in each. The IPCT are currently working with colleagues in the Clinical Governance Support Unit to try to propose indicators that may be more meaningful to NHSGGC teams. SABs remain a priority and the SAB group continues to meet on a regular basis and implement actions based on emerging evidence and quality improvement initiatives.

- **77** validated *Clostridioides difficile* (CDI) cases in ages 15 and over were reported for January to March 2019 with a Healthcare Associated rate of 15.0 cases per 100,000 bed days (n=64). This is a reduction in CDI cases upon the previous reporting quarter, however is above the national rate but within expected confidence intervals.

Any Patient Safety /Patient Experience Issues: Please refer to outbreaks and Incidents

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: 20/08/2019

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 1: 2019 (January - March) Surveillance

For the last published reporting quarter (January - March 2019) NHS Greater Glasgow & Clyde reported a total of **111** validated SAB cases. These are further classified as healthcare associated (n=80) or community infections (n=31).

80 healthcare associated cases were reported for the quarter equating to a rate of 18.7 per 100,000 occupied bed days (Figure 1). This is above the NHS Scotland rate of 15.6. The GGC rate remains within expected confidence intervals.

At this time rates are calculated for each individual health board area. It is possible that comparisons across such diverse areas may not fully illustrate the range and complexity of patients and services delivered in each. The IPCT are currently working with colleagues in the Clinical Governance Support Unit to try to propose indicators that may be more meaningful to NHSGGC teams, although national data will also continue to be reported as required by SGHD.

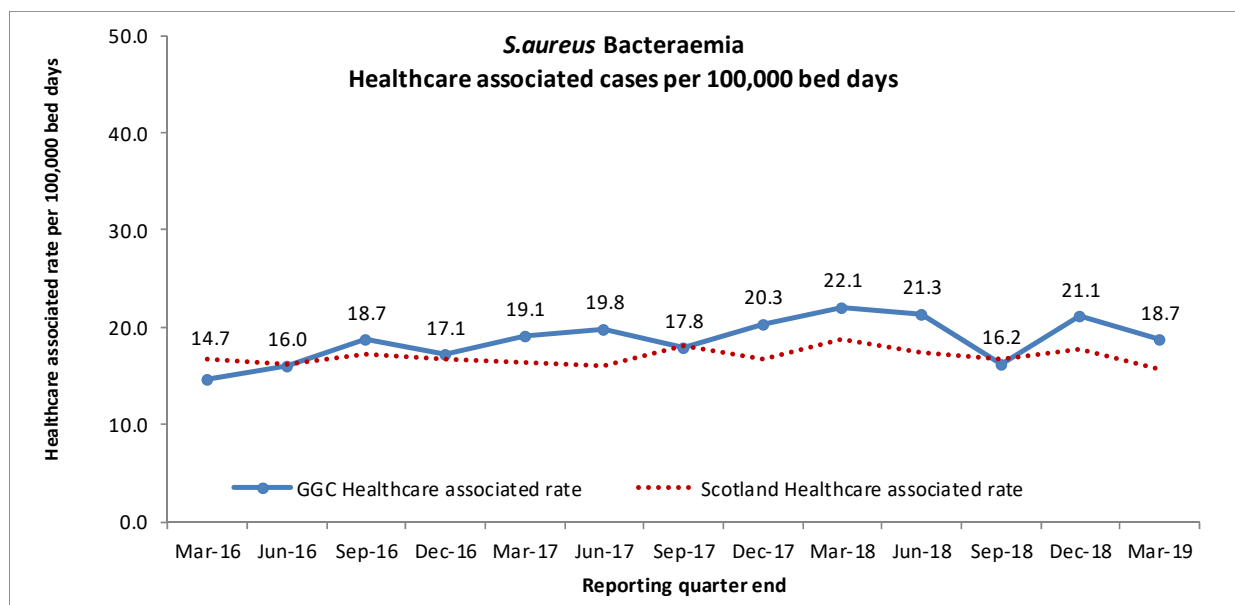


Figure 1 Healthcare associated SAB comparison by quarter for NHSGGC and Scotland.

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 and are not users of registered medical devices such as urinary catheters. These cases are therefore less amenable to reduction measures within GGC Acute hospitals. The rate of community associated infections in NHSGGC was 10.7 which was also the same as NHS Scotland. It should be noted that the process for reviewing all cases in NHSGGC is rigorous and includes all available sources of data.

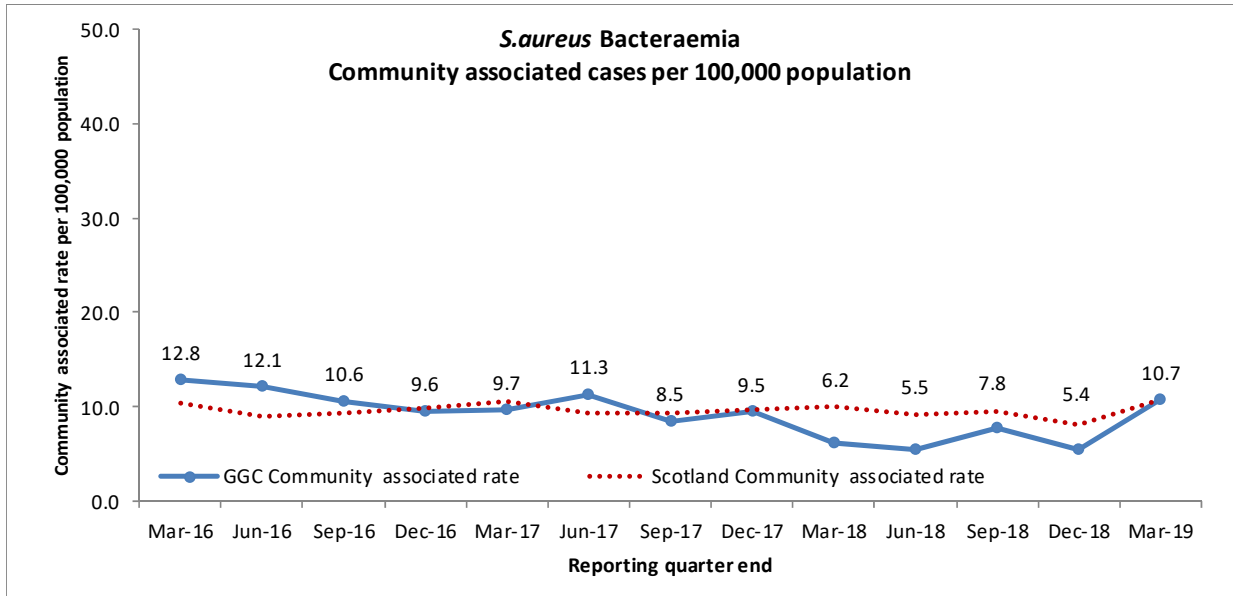


Figure 2 Community associated SAB comparison by quarter for NHSGGC and Scotland

Quarter 2: 2019 (April - June) NHSGGC Surveillance

Local surveillance has shown a decrease in the number of SAB cases for Quarter 2 with a total of 103 cases. This is a reduction of 10% upon the previous reporting quarter.

Eighty-five cases were healthcare associated and 18 were community associated.

22 IV access device related HAI SABs have been reported in the current quarter (Figure 3). IPCT will continue to monitor and return information to clinical sectors and directorates for action. The SAB group continue to implement new initiatives to drive this number down even further.

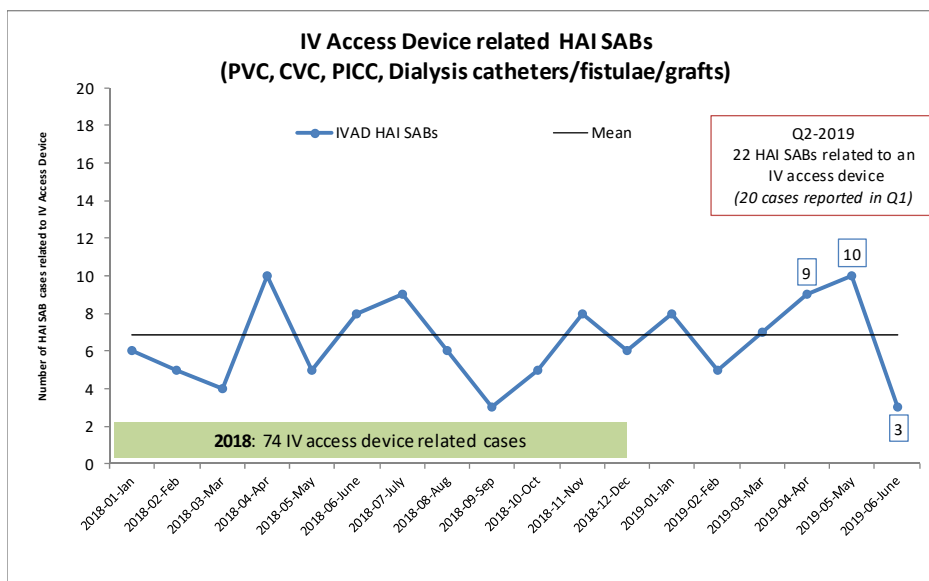


Figure 3 Number of Hospital acquired SABs by month attributed to an IV access device

SAB Actions Update

The GGC SAB group met on 28th May 2019 and work continues to reduce the amount of avoidable healthcare associated cases.

Peripheral Venous Catheter (PVC) Care Plan

The new PVC care plan has now been implemented across adult services in NHS GGC. The care plan requires staff to assess twice per day three key elements of care related to the safe use of these devices:

- Visual Infusion Phlebitis (VIP) score – this visual inspection triggers the removal of the device if there are any signs of local infection.
- DRIFT Assessment criteria reviews if the device is still required for Diagnostics, Resuscitation, Intravenous Drugs, Fluids or Transfusion (DRIFT). If not required for any of these it should trigger the removal of the PVC.
- Assessment if it is possible to change patients from intravenous to oral antibiotics, the former requires a PVC to be in place, the latter does not.

The Infection Prevention and Control Team (IPCT) and the ward staff continue to monitor the completion of the PVC care plan using the PVC audit tool.

PVC Packs

A PVC insertion pack was trialled in the Immediate Assessment Unit QEUH, ward 60 in the Institute for Neurological Sciences and by the hospital at night team. 45 packs were provided and staff completed 20 evaluation forms. 18 out of 20 staff reported that they saw a benefit to using the pack and would like them to be available at ward and department level. The IPCT and clinical team have written an SBAR regarding the outcome of the trial and have submitted this with recommendations to support the use of this pack to the NHSGGC SAB Group.

Multi-Drug Resistant Organism (MDRO) Screening Clinical Risk Assessment (CRA) uptake. Includes MRSA screening and CPE screening.

MRSA

Mandatory Clinical Risk Assessment (CRA) compliance for GGC in Q1 (April-June 2019) is **92%**. This is a substantial improvement on recent reporting quarters and is fully compliant with national reporting requirements. The presumption is that the update to the My Admission Record (MAR) has led to this improvement, this is also the case for CPE.

| MRSA screening CRA uptake | 2018-19 Q2 (Jul-Sep) | 2018-19 Q3 (Oct-Dec) | 2018-19 Q4 (Jan-Mar) | 2019-20 Q1 (Apr-Jun) |
|--------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Greater Glasgow & Clyde | 72% | 69% | 69% | 92% |
| Scotland | 84% | 83% | 83% | 89% |

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

Table 4 below shows the CRA compliance rate since national reporting was implemented. There has been a substantial improvement in Q1. Although CPE screening is mandatory, there is no national target set for compliance.

| CPE screening - CRA uptake | 2018-19 Q2 (Jul-Sep) | 2018-19 Q3 (Oct-Dec) | 2018-19 Q4 (Jan-Mar) | 2019-20 Q1 (Apr-Jun) |
|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Greater Glasgow & Clyde | 71% | 76% | 78% | 94% |
| Scotland | 79% | 78% | 81% | 86% |

Table 4 Quarterly screening compliance - CPE

National Data Source: MDRO Admission Screening Team July 2019.

Clostridioides difficile

Quarter 1: 2019 (January - March) Surveillance

77 validated cases were reported in the last published quarter (January - March). This is a **decrease** upon the previous quarter. 64 cases were healthcare associated and this provided a rate of 15.0 cases per 100,000 bed days. The rate for NHS Scotland was 11.8 (Figure 4).

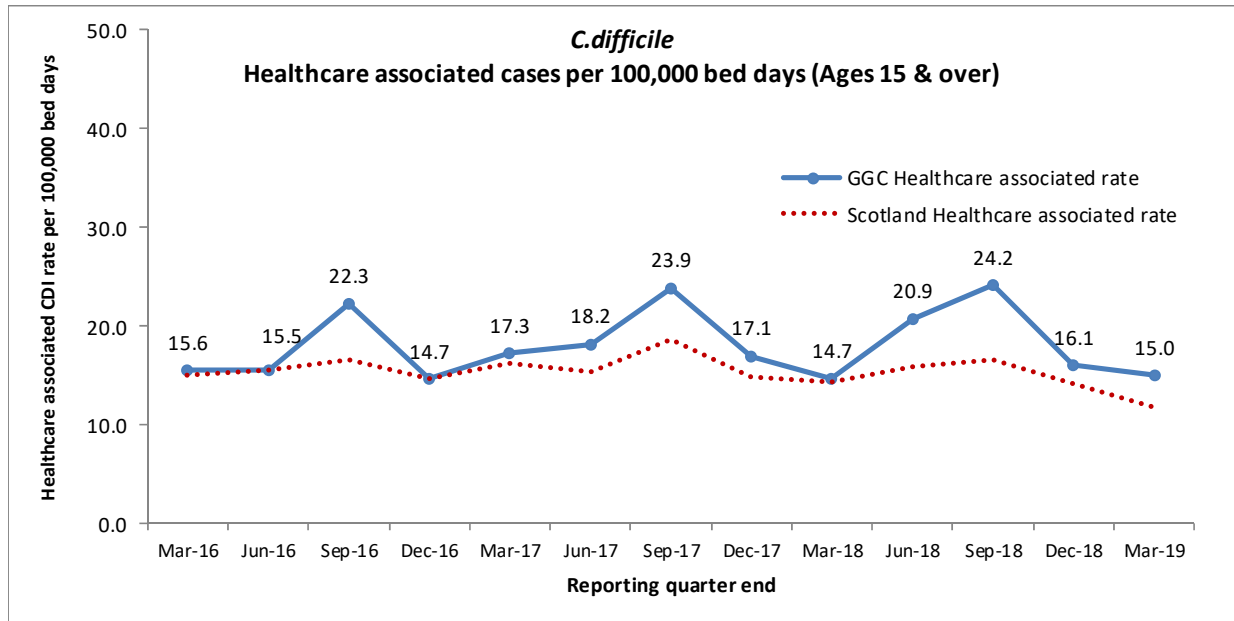


Figure 4 Healthcare associated CDI rates comparison by quarter for NHSGGC and Scotland.

13 community associated CDI cases were reported for the quarter with a rate of 4.5 per 100,000 population (Figure 5). The rate for NHS Scotland was 4.0.

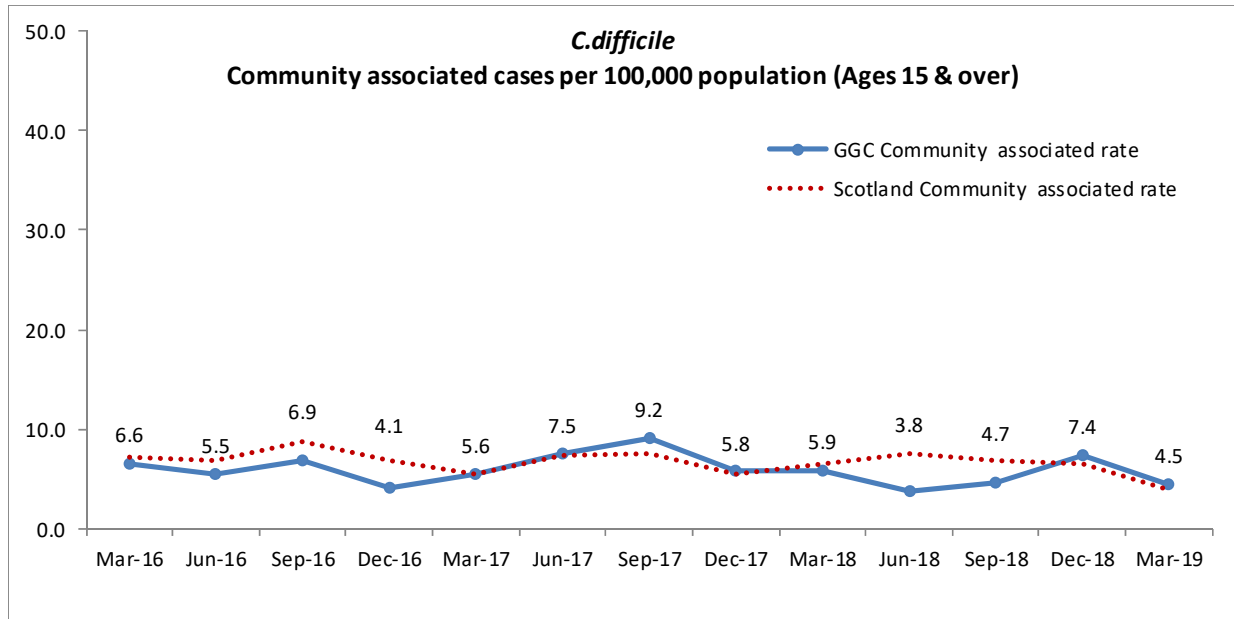


Figure 5 Community associated CDI comparison by quarter for NHSGGC and Scotland.

Quarter 2: 2019 (April - June) NHSGGC Surveillance

There has been a very slight increase in *C.difficile* this reporting quarter with 84 cases in total. 69 are healthcare associated and 15 are community associated. This would appear to be normal seasonal variation.

We continue to issue a letter to the GP of every adult in-patient who has been diagnosed with CDI signed by the Lead Infection Control Doctor, Lead Physician, Lead Microbiologist and Lead Pharmacist. This letter provides information on CDI and includes links to best practice guidance for the use of antibiotics and proton-pump inhibitors (PPIs) (Appendix 1).

Update on Previously Reported Outbreaks and Incidents.

Cryptococcus neoformans

There have been no further cases of *Cryptococcus neoformans* infection in patients since the identification of the two cases in late November/ December 2018.

The Expert Advisory sub-group, continues to meet. All hypotheses are being tested and over 2500 air samples have been taken to inform this process. This is a highly complex area with limited scientific evidence, so opinion is being sought not only from the UK but from colleagues in the USA. We expect that the final report from this Group will be available for review by the Incident Management Team in the very near future.

Princess Royal Maternity (PRM) - *Staphylococcus aureus* spa type t11164.

The IMT has now been stepped down and the incident closed. There have been 4 weeks of negative screens following the discharge of the last positive patient. Surveillance has been put in place to alert the IPCT if this strain is identified from clinical samples in the future. Clinical staff within the unit implemented an extensive list of actions to bring this outbreak under control and have been successful in doing so.

OUTBREAKS / EXCEPTIONS June 2019 – present

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

QEUH, Ward 6A (Paediatric Haematology/Oncology Unit). Three cases of unusual blood stream infections. HIIAT assessed as Amber on the 14 August 2019.

NHS Greater Glasgow and Clyde closely monitor all blood stream infections (BSI) in this vulnerable group of patients and the Lead Infection Control Doctor (LICD) reviews all cases as they occur. There are many reasons this group of patients are vulnerable to infection, chemotherapy and radiotherapy suppresses the immune system and these patients can develop opportunistic infections. Patients with cancer have increased exposure to harmful bacteria because of indwelling central venous catheters (required to deliver treatment) and frequent hospitalisations. It is acknowledged that there will be a background level of bloodstream infections in this susceptible population. Since April there have been eleven cases of gram negative bacteraemias and one case associated with a type of mycobacteria over a four month period. This is in keeping with recognised background rates which are approximately two-three per month. Three of the twelve cases were of an unusual type of bacteria and as a consequence an Incident Management Team was convened to review all of the cases.

Many measures are used to prevent blood stream infections, e.g. hand hygiene, the use of gloves and aprons and the application of an aseptic technique when accessing patient's central venous catheters. All of these measures have been reviewed by practice educators and the infection prevention and control team. In addition, environmental sampling has been undertaken and at this time, there have been no links to any of the cases and the environment in the haematology/oncology ward. It should be noted that this process is ongoing.

The three unusual cases referred to were identified by the LICD. None of the cases are linked to each other however one has been linked to the general environment (water). There is evidence that the filtered water in the haematology/oncology ward is free of bacteria but as a precaution, point of use filters were placed on outlets in other areas of the hospital this vulnerable group of patients might visit. The bacteria linked to water is harmless to the vast majority of patients and the public and published studies show this type bacteria can be found in raw water, such as reservoirs, lochs and rivers, in public mains, household water systems and in public buildings such as hospitals. Infections with this bacteria are very rare. The authorised engineer (AE) has reviewed all the water reports from the QEUH and describes the water supply as 'wholesome'. The part of the incident related to water was closed by GGC and HPS on the 8 August 2019.

8 patients have been discharged home and three remain in hospital and on treatment. Children in the Paediatric Haematology/Oncology Unit are also now receiving prophylactic antibiotics to protect them against this type of infection.

Norovirus

There were 5 wards closed in 3 hospitals due to Norovirus activity May - June 2019.

| Month | Jul-18 | Aug -18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan -19 | Feb -19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
|---------------|--------|---------|--------|--------|--------|--------|---------|---------|--------|--------|--------|--------|
| Ward Closures | 5 | 0 | 1 | 0 | 2 | 4 | 1 | 7 | 3 | 5 | 2 | 3 |
| Bed Days Lost | 69 | 0 | 21 | 0 | 93 | 50 | 7 | 42 | 106 | 188 | 49 | 49 |

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

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 was an unannounced inspection of wards and departments in Inverclyde Royal Infirmary on the 15th and 16th of July 2019. 8 wards and departments were inspected against standards (6) Policy and procedure, (7) Invasive devices and (8) Decontamination. The draft report will be sent to the board on the 28th August 2019 for sign off and return to HIS by 11th September 2019. The final report will be published on the 25th September 2019.

Following the HEI inspection of the QEUH in January 2019, the latest action plan was submitted in July 2019 and can be found at the link below:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/nhs_hospitals_and_services/hei_inspections/all_hei_reports.aspx

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 1: 2019 (January-March)

For the last published reporting quarter the SSI rate for caesarean-section remained lower than the national dataset SSI rate (Table 6).

There has also been a sustained reduction in the number of hip arthroplasty SSIs this quarter, with two cases reported in total. The SSI rate of 0.5% is marginally higher than the national rate however remains within national confidence intervals (CI).

| Category of Procedure | Operations | Infections | NHSGGC SSI rate (%) | NHSGGC 95% CI | National Dataset SSI rate (%) | National 95% CI |
|-----------------------|------------|------------|---------------------|---------------|-------------------------------|-----------------|
| Caesarean section | 1306 | 9 | 0.7 | 0.4-1.3 | 1.6 | 1.3-2.0 |
| Hip arthroplasty | 391 | 2 | 0.5 | 0.1-1.8 | 0.4 | 0.2-0.7 |

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

Quarter 2: 2019 (April- June) NHSGGC Surveillance

Local surveillance data is displayed in Table 7.

| Quarter 2 -19 (April - June) : Local SSI Surveillance Status | | | | |
|--|-------------------------|------------|------------|---------------------|
| | Category of Procedure | Operations | Infections | NHSGGC SSI Rate (%) |
| Mandatory (reported to HPS) | Caesarean section | 1218 | 4 | 0.3 |
| | Hip arthroplasty | 397 | 0 | 0.0 |
| | Large Bowel Surgery | 208 | 7 | 3.4 |
| | Major Vascular Surgery | 204 | 7 | 3.4 |
| Voluntary | Knee arthroplasty | 408 | 3 | 0.7 |
| | Repair of neck of femur | 345 | 0 | 0.0 |
| Additional INS, QEUH only | Cranial Surgery | 182 | 2 | 1.1 |
| | Spinal Surgery | 169 | 4 | 2.4 |

Table 7 Local SSI Surveillance. Procedures undertaken 01/04/19 - 30/06/19 (In-patient and 30 day readmission; C-section in-patient and PDS to day 10)

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.

Cowlairs, Central Decontamination Unit, LRQA External Audit, July 2019.

This visit was to assess the compliance of the management system of Central Decontamination Unit NHS Greater Glasgow against ISO 13485:2016, MDD, 93/42/EEC was carried out 29 - 30 July 2019 that included 3 audit days.

9 minor findings from previous visits were reviewed and all were closed during the assessment and no further findings were raised during the assessment.

Based on the assessment outcome the assessor recommended continued certification to MDD 93/42/EEC; and ISO13485:2016. Both Assessors noted that there was a significant change in the compliance to the MDD and ISO 13485:2016 and there has been a significant improvement in quality and production processes at the site. It was noted that the site is clean, tidy and well organised.

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 *C. 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 HPS and 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 *C. 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/haic/sshaip/clostridiumdifficile.aspx?subjectid=79>

***Staphylococcus aureus* Bacteraemia**

<http://www.hps.scot.nhs.uk/haic/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 & CLYDE

REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Healthcare Associated | 24 | 21 | 22 | 28 | 29 | 31 | 31 | 24 | 25 | 29 | 31 | 25 |
| Community Associated | 11 | 9 | 4 | 4 | 6 | 5 | 14 | 16 | 5 | 7 | 7 | 4 |
| Total | 35 | 30 | 26 | 32 | 35 | 36 | 45 | 40 | 30 | 36 | 38 | 29 |

Clostridioides difficile infection monthly case numbers

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Healthcare Associated | 26 | 40 | 28 | 17 | 18 | 27 | 20 | 18 | 18 | 16 | 30 | 23 |
| Community Associated | 6 | 10 | 6 | 13 | 10 | 9 | 10 | 6 | 7 | 8 | 2 | 5 |
| Total | 32 | 50 | 34 | 30 | 28 | 36 | 30 | 24 | 25 | 24 | 32 | 28 |

Hand Hygiene Monitoring Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Board Total | 98 | 96 | 97 | 98 | 97 | 98 | 97 | 97 | 97 | 97 | 97 | 97 |

Cleaning Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 95.2 | 95.6 | 95.4 | 95.1 | 95.3 | 95.5 | 95.1 | 94.8 | 95.2 | 95.3 | 94.3 | 95.0 |

Estates Monitoring Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 99.2 | 98.9 | 99.1 | 98.9 | 99.0 | 99.0 | 98.7 | 97.9 | 98.0 | 96.9 | 97.3 | 97.2 |

GLASGOW ROYAL INFIRMARY / PRINCESS ROYAL MATERNITY

REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|-----------|----------|----------|----------|-----------|-----------|-----------|-----------|----------|----------|-----------|----------|
| Healthcare Associated | 10 | 4 | 4 | 6 | 8 | 9 | 9 | 7 | 3 | 7 | 8 | 8 |
| Community Associated | 4 | 2 | 1 | 1 | 3 | 1 | 6 | 5 | - | 1 | 3 | 1 |
| Total | 14 | 6 | 5 | 7 | 11 | 10 | 15 | 12 | 3 | 8 | 11 | 9 |

Clostridioides difficile infection monthly case numbers

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|-----------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | 6 | 11 | 6 | 2 | 6 | 9 | 4 | 5 | 8 | 4 | 8 | 7 |
| Community Associated | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | - | 3 | - | - |
| Total | 7 | 12 | 8 | 4 | 7 | 11 | 5 | 7 | 8 | 7 | 8 | 7 |

Cleaning Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 95.8 | 95.7 | 95.5 | 95.6 | 95.8 | 95.7 | 95.6 | 95.6 | 95.0 | 95.2 | 95.3 | 95.3 |

Estates Monitoring Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 99.6 | 99.7 | 99.6 | 99.7 | 99.5 | 99.6 | 99.5 | 99.2 | 98.7 | 97.9 | 96.9 | 95.7 |

ROYAL ALEXANDRA HOSPITAL

REPORT CARD

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | 2 | 7 | 4 | 4 | 5 | 1 | 5 | 4 | 7 | 4 | 7 | 3 |
| Community Associated | 2 | 5 | - | 1 | 1 | 2 | 4 | 4 | 1 | 1 | 2 | 1 |
| Total | 4 | 12 | 4 | 5 | 6 | 3 | 9 | 8 | 8 | 5 | 9 | 4 |

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | 3 | 9 | 6 | 3 | 2 | 4 | 7 | 5 | 2 | - | 7 | 3 |
| Community Associated | 3 | 1 | - | 2 | 1 | 2 | - | 2 | - | 1 | - | 1 |
| Total | 6 | 10 | 6 | 5 | 3 | 6 | 7 | 7 | 2 | 1 | 7 | 4 |

Cleaning Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 95.9 | 96.3 | 95.8 | 95.8 | 95.9 | 95.2 | 95.7 | 94.7 | 94.7 | 93.3 | 95.0 | 95.5 |

Estates Monitoring Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 97.0 | 96.1 | 96.8 | 96.0 | 96.5 | 95.0 | 96.2 | 93.4 | 93.5 | 93.6 | 98.0 | 96.5 |

INVERCLYDE ROYAL HOSPITAL

REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | - | - | 1 | 2 | 1 | 2 | 2 | 1 | - | 3 | 3 | 1 |
| Community Associated | - | - | 1 | 1 | - | - | 2 | - | - | 1 | - | - |
| Total | 0 | 0 | 2 | 3 | 1 | 2 | 4 | 1 | 0 | 4 | 3 | 1 |

Clostridioides difficile infection monthly case numbers

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | 3 | 3 | 1 | 1 | - | 2 | 2 | 2 | - | 3 | 2 | 1 |
| Community Associated | - | 1 | - | 1 | 1 | - | - | - | 1 | - | - | - |
| Total | 3 | 4 | 1 | 2 | 1 | 2 | 2 | 2 | 1 | 3 | 2 | 1 |

Cleaning Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 94.0 | 95.4 | 94.5 | 94.4 | 96.0 | 95.2 | 95.6 | 94.7 | 93.6 | 94.9 | 95.2 | 95.1 |

Estates Monitoring Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 97.3 | 97.7 | 96.8 | 96.2 | 97.3 | 97.4 | 96.6 | 95.4 | 95.2 | 96.5 | 96.6 | 96.9 |

VALE OF LEVEN HOSPITAL

REPORT CARD

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | 2 | - | - | - | - | 1 | 1 | - | - | - | - | 3 |
| Community Associated | 1 | - | - | - | - | - | - | - | - | 1 | - | - |
| Total | 3 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 3 |

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | - | 1 | - | 1 | - | 1 | - | - | - | - | - | - |
| Community Associated | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |

Cleaning Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 97.7 | 97.7 | 97.5 | 97.9 | 97.7 | 97.7 | 97.6 | 97.9 | 97.3 | 97.2 | 97.2 | 97.5 |

Estates Monitoring Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 99.9 | 99.7 | 99.8 | 99.7 | 99.6 | 99.7 | 99.6 | 99.3 | 98.5 | 98.7 | 99.1 | 99.3 |

GARTNAVEL GENERAL HOSPITAL**REPORT CARD**

Figures combined for Gartnavel General Hospital, Beatson WoSCC and Homeopathic Hospital

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | 1 | 2 | - | - | 2 | - | 1 | 1 | 2 | 1 | 2 | 2 |
| Community Associated | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 1 | 2 | 0 | 0 | 2 | 0 | 1 | 1 | 2 | 1 | 2 | 2 |

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | 2 | 2 | - | - | 3 | 2 | 1 | 1 | - | - | 1 | 1 |
| Community Associated | - | - | - | - | 1 | - | 1 | - | 1 | - | - | - |
| Total | 2 | 2 | 0 | 0 | 4 | 2 | 2 | 1 | 1 | 0 | 1 | 1 |

Cleaning Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 96.4 | 96.3 | 96.6 | 96.1 | 96.0 | 96.7 | 96.1 | 96.1 | 96.7 | 96.1 | 95.4 | 95.6 |

Estates Monitoring Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 99.8 | 99.5 | 99.8 | 99.3 | 99.2 | 99.7 | 99.5 | 99.1 | 99.1 | 99.0 | 98.6 | 98.5 |

QUEEN ELIZABETH UNIVERSITY HOSPITAL

REPORT CARD

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|-----------|----------|
| Healthcare Associated | 9 | 8 | 10 | 15 | 11 | 14 | 13 | 8 | 10 | 5 | 10 | 6 |
| Community Associated | 3 | 1 | 1 | 1 | 2 | 2 | 1 | 5 | 4 | 3 | 1 | 1 |
| Total | 12 | 9 | 11 | 16 | 13 | 16 | 14 | 13 | 14 | 8 | 11 | 7 |

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|-----------|-----------|----------|
| Healthcare Associated | 9 | 11 | 10 | 9 | 4 | 7 | 4 | 4 | 7 | 8 | 11 | 7 |
| Community Associated | - | 4 | 3 | 4 | 2 | 1 | 2 | - | 1 | 3 | - | - |
| Total | 9 | 15 | 13 | 13 | 6 | 8 | 6 | 4 | 8 | 11 | 11 | 7 |

Cleaning Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 91.2 | 93.6 | 93.7 | 93.4 | 93.1 | 93.5 | 91.5 | 90.9 | 93.7 | 92.9 | 89.3 | 91.9 |

Estates Monitoring Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 99.8 | 99.8 | 99.9 | 99.9 | 99.9 | 99.8 | 99.3 | 97.7 | 97.9 | 93.8 | 94.8 | 96.3 |

ROYAL HOSPITAL FOR CHILDREN

REPORT CARD

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | - | - | 1 | 1 | - | 3 | - | 2 | 2 | 6 | - | 1 |
| Community Associated | 1 | 1 | 1 | - | - | - | 1 | 2 | - | - | 1 | 1 |
| Total | 1 | 1 | 2 | 1 | 0 | 3 | 1 | 4 | 2 | 6 | 1 | 2 |

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | - | - | - | - | - | - | - | - | - | - | - | - |
| Community Associated | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Cleaning Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 94.8 | 95.1 | 93.9 | 94.6 | 95.0 | 94.9 | 94.5 | 94.1 | 93.7 | 95.2 | 93.8 | 94.5 |

Estates Monitoring Compliance (%)

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 99.5 | 99.3 | 99.4 | 98.9 | 99.1 | 99.7 | 97.8 | 97.3 | 98.5 | 95.1 | 94.4 | 95.2 |

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 (Closed 03 March 2019)
- New Victoria Hospital
- Orchard View (Inverclyde Royal Hospital campus)
- Stobhill Hospital

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | - | - | 2 | - | 2 | 1 | - | 1 | 1 | 3 | 1 | 1 |
| Community Associated | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 0 | 0 | 2 | 0 | 2 | 1 | 0 | 1 | 1 | 3 | 1 | 1 |

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | - | 1 | 2 | - | - | - | - | 1 | - | - | - | - |
| Community Associated | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |

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

| | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Healthcare Associated | 3 | 2 | 3 | 1 | 3 | 2 | 2 | - | 1 | 1 | 1 | 4 |
| Community Associated | 2 | 3 | 1 | 4 | 4 | 4 | 6 | 2 | 4 | 1 | 2 | 4 |
| Total | 5 | 5 | 4 | 5 | 7 | 6 | 8 | 2 | 5 | 2 | 3 | 8 |

GLOSSARY

| | |
|--------------------------------|---|
| AMT | Antimicrobial Management Team |
| 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 | <i>Clostridioides difficile</i> Infection. Also referred to as C. diff 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 | Chief Executive Letter issued by Scottish Government Health Directorates (SGHD) |
| CRA | Clinical Risk Assessment |
| CVC | Central Vascular Catheter. This also includes those that are peripherally inserted i.e. PICC |
| Code of Practice | Code of Practice - 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. http://www.scotland.gov.uk/Publications/2004/05/19315/36624 |
| GRO | General Registers Office |
| HAI | Originally used to mean hospital acquired infection, the official 'Scottish Government' term is now Healthcare Associated Infection . 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. Please note that for <i>S.aureus</i> Bacteraemia surveillance – HAI refers to 'hospital acquired cases as per HPS National reporting requirements. See http://www.documents.hps.scot.nhs.uk/hai/sshaip/guidelines/s-aureus/esab-protocol-v2-2014-11.pdf |
| HCAI | Healthcare Associated Infection (for CDI and SAB classification) |
| HCW | Healthcare Worker |
| HDL | Health Department Letter |
| HDU | High Dependency Unit |
| HEAT Target | Health Efficiency and Access to Treatment. Targets set by the Scottish Government. |
| HFS | Health Facilities Scotland |
| HH | Hand Hygiene |
| HIAT | Hospital Infection Incident Assessment Tool |
| HIORT | Healthcare Infection Incident and Outbreak Reporting Template |
| HIS | Health Improvement Scotland |
| HPS | Health Protection Scotland |
| HSCP | Health & Social Care Partnerships |
| IPCN /T/D/M | Infection Prevention & Control Nurse / Team / Doctor / Manager |
| ICP | Infection Control Programme |
| ICU | Intensive Care Unit |
| ISD | Information Services Division 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 | Intravenous Vascular Access Device. An invasive device placed into a vein which is used to administer intravenous fluids or medication. Examples are PVC or CVC |
| KPI | Key Performance Indicator |
| MDRO | Multi Drug Resistant Organism |
| MRSA | Meticillin resistant <i>Staphylococcus aureus</i>. A <i>Staphylococcus aureus</i> resistant to first line antibiotics; most commonly known as a hospital acquired organism. |
| MSSA | Meticillin Sensitive <i>Staphylococcus aureus</i> |
| NHSN | National Healthcare Safety Network – risk factor score for determining risk of SSI after surgery. |
| OBD | Occupied Bed Days |
| OPAT | Outpatient Parenteral Antibiotic Therapy |
| PDS | Post Discharge Surveillance (Caesarean Section procedures only) |
| PHPU | Public Health Protection Unit |
| PICC | See CVC |
| PPI | Proton Pump Inhibitors. A group of medications used to decrease gastric acid production. |
| PVC | Peripheral Vascular Catheter |
| RSV | Respiratory Syncytial Virus. A contagious respiratory infection. |
| SAB | <i>Staphylococcus aureus</i> Bacteraemia |
| SCN / M | Senior Charge Nurse / Midwife |
| SICP | Standard Infection Control Precautions |
| SGHD | Scottish Government Health Directorate |
| SOP | Standard Operating Procedure |
| SPC | Statistical Process Control (Charts) |
| SSI | Surgical Site Infection |
| VRE | Vancomycin resistant enterococcus - 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

| | |
|--|---|
| <p>Infection Prevention & Control and Antimicrobial Management Team</p> <p><i>Clostridioides difficile</i> (<i>C. difficile</i>)</p> |  |
|--|---|

Dear Doctor,

Re: Above Patient

This patient was recently diagnosed with *Clostridioides difficile* (*C. difficile*). We would be grateful if you could consider the following in order to reduce the risk of relapse or future episodes:

1. If the patient is prescribed a proton pump inhibitor – please review. PPIs are associated with increased risk of *C. difficile*. See the following for guidance on duration of PPI prescribing:
<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGCclinicalGuidelines/GGC%20Clinical%20Guidelines%20Electronic%20Resource%20Direct/Proton%20Pump%20Inhibitors%20Prescribing%20on%20Discharge%20from%20Hospital.pdf> (review Date May 2019)
2. Please consider the need for antibiotic therapy, and follow the primary care guidelines for future suspected bacterial infection episodes ensuring avoidance of those antibiotics most associated with *C. difficile* i.e. quinolones, co-amoxiclav, cephalosporins and clindamycin.
3. Please try to ensure that any future antibiotic **course duration** does not exceed that recommended within GGC guidance.

With many thanks for your cooperation.

On behalf of GG&C IPC and AMT teams



Dr Teresa Inkster, Lead Infection Control Doctor, GG&C



Dr Andrew Seaton, Lead Physician, GG&C Antimicrobial Management Team

A handwritten signature in black ink, appearing to read 'Brian Jones', with a stylized flourish at the end.

Dr Brian Jones, Lead Microbiologist, GG&C Antimicrobial Management Team

A handwritten signature in black ink, appearing to read 'Ysobel Gourlay', with a vertical dashed line to its right.

Ysobel Gourlay, Lead Antimicrobial Pharmacist, GG&C Antimicrobial Management Team