Meeting of Lanarkshire NHS Board: 29 January 2020

Lanarkshire NHS Board
Kirklands
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.org.uk

SUBJECT: Healthcare Associated Infection (HCAI) Reporting Template

1. PURPOSE

This paper is coming to the NHS Lanarkshire (NHSL) Board:

For approval	☐	For endorsement	☒	To note	☐

The purpose of this paper is to update NHSL Board members on the current position against;

- *NHS Healthcare Improvement Scotland (NHS HIS) Standards (2015);*
- *DL (2015) 19: Healthcare Associated Infection (HAI), Antimicrobial Resistance (AMR) Policy Requirements;*
- *DL (2016) 1: Local Delivery Plan Guidance 2016/17;*
- *Scottish Antimicrobial Resistance Healthcare Associated Infection (SARHAI) Delivery Plan April 2016 to March 2021;*
- *DL (2017) 2: Carbapenemase-producing Enterobacteriaceae (CPE) Policy Requirement;*
- *CNO (2017) April 2017: National Infection Prevention and Control Manual Launch of Chapter 3: Healthcare Infection, Incidents, Outbreaks and Data Exceedance;*
- *CNO (2019) October 2019: Standards on Healthcare Associated Infection and Indicators for Antibiotic Use.*

2. ROUTE TO THE BOARD

This paper has been:

Prepared	☒	Reviewed	☐	Endorsed	☒

By the Head of Infection Prevention and Control (IPC) and approved by the Lanarkshire Infection Control Committee (LICC).

3. SUMMARY OF KEY ISSUES

The key performance headlines and improvement activity are noted in the Executive Summary on pages 4-5. Please note that performance data contained within the report has been validated nationally by Health Protection Scotland (HPS). The new Standards on Healthcare Associated Infections and Indicators on Antibiotic Use for Scotland were released on 10 October 2019. NHS Lanarkshire has developed local AOP standards which will take effect retrospectively from April 2019.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	☒	Annual Operating Plan	☒	Government Policy	☐
Government Directive	☒	Statutory Requirement	☒	AHF/Local Policy	☐
Urgent Operational	☐	Other	☐		

Issue					

There is a national mandatory requirement for a report relating to IPC to be presented to the NHS Board using the Scottish Government Reporting Template (in Appendix 1).

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	☐
People are able to live well at home or in the community; (Person Centred)	☒
Everyone has a positive experience of healthcare; (Person Centred)	☒
Staff feel supported and engaged; (Effective)	☒
Healthcare is safe for every person, every time; (Safe)	☒
Best use is made of available resources. (Effective)	☒

6. MEASURES FOR IMPROVEMENT

- Annual Operating Plan (AOP) targets for *Staphylococcus aureus* bacteraemia (SAB) and *Clostridioides difficile* Infection (CDI) standards for 2019 to 2022 and *Escherichia coli* bacteraemia (ECB) standard for 2019 to 2024.
- Key Performance Indicators (KPI) for Meticillin Resistant *Staphylococcus aureus* (MRSA) Clinical Risk Assessment (CRA) and Carbapenemase-producing *Enterobacteriaceae* (CPE) CRA compliance.
- Local Performance Indicator for Hand Hygiene.

7. FINANCIAL IMPLICATIONS

The organisation carries financial pressures as a direct result of HCAI. The severity of these pressures are dependent on a number of variables including length of stay, associated treatment required etc.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

- MRSA CRA Compliance: To achieve 90% or above.
- CPE CRA Compliance: To achieve 90% or above.
- Hand hygiene: To achieve 95% or above.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision & leadership	☐	Effective partnerships	☐	Governance & accountability	☒
Use of resources	☒	Performance management	☐	Equality	
Sustainability	☐				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An Equality and Diversity Impact Assessment (EDIA) has been completed

Yes ☐ *Please say where a copy can be obtained* No ☒ *Please say why not*

There has been no requirement to date to complete an EDIA.

11. CONSULTATION AND ENGAGEMENT

Consultation and contributions have been devised from the following departments/personnel across acute and partnership services:

- Infection Prevention and Control Team (IPCT)
- Property and Support Services Division (PSSD)
- Antimicrobial Management Team (AMT)
- Lanarkshire Infection Control Committee (LICC) and Sub-groups

12. ACTIONS FOR THE BOARD

The NHS Board is asked to:

Approval	☐	Endorsement	☐	Identify further actions	☐
Note	☒	Accept the risk identified	☐		

The NHS Board is asked to note this report and highlight any areas where further clarification or assurance is required.

The NHS Board is also asked to confirm whether the report provides sufficient assurance around the NHSL performance on HCAI, and the arrangements in place for managing and monitoring HCAI.

13. FURTHER INFORMATION

For further more detailed information or clarification of any issues in this paper please contact:

- Irene Barkby, Executive Director of Nursing, Midwifery and Allied Health Professionals (NMAHPs) (Telephone number: 01698 858089)
- Christina Coulombe Head of Infection Prevention and Control (Telephone number: 01698 366309)

Presented by Irene Barkby, Executive Director of NMAHPs
Prepared by Infection Prevention and Control Team

10 December 2019
Updated 6 January 2020

***Health Protection Scotland (HPS) Validated Data:* April to June 2019 Quarter 2 Reporting Period**

Please note: Health Protection Scotland provide national published and validated data for *Staphylococcus aureus* bacteraemia (SAB), *Clostridioides difficile* Infection (CDI), Escherichia coli bacteraemia (ECB) and Surgical Site Infection Surveillance (SSI) three months in arrears.

CNO (2019) October 2019: Standards on Healthcare Associated Infection and Indicators for Antibiotic Use

Standards		Benchmarking		2021/2022 Target	2023/2024 Target
		National rate Year-end Mar 2019 (100,000 TOBDs)	NHSL rate Year-end Mar 2019 (100,000 TOBDs)	NHSL rate Year-end Mar 2022 (100,000 TOBDs)	NHSL rate Year end March 2023 (100,000 TOBDs)
Gram-negative bacteraemia standard	Reduction of 50% in healthcare associated *E. coli* bacteraemia by 2023/24, with an initial reduction of 25% by 2021/22. 2018/19 should be used as the baseline for *E. coli* bacteraemia reduction	38.4 (2341 cases)	44.7 (252 cases)	33.5(189 cases)	22.4 (126 cases)
Staphylococcus aureus bacteraemia (SAB) standard	Reduction of 10% in the national rate of healthcare associated SAB from 2019 to 2022, with 2018/19 used as the baseline for the SAB reduction target	16.8 (1026 cases)	17.9 (101 cases)	16.1 (91 cases)	
Clostridioides difficile infection (CDI) standard	Reduction of 10% in the national rate of healthcare associated CDI from 2019 to 2022, with 2018/19 used as the baseline for the CDI reduction target	14.7 (895 cases)	16.5 (93 cases)	14.9 (84 cases)	

***Staphylococcus aureus* Bacteraemia (SAB) Standard**

NHSL Performance (Q2 Apr-Jun 2019): HCAI

- NHSL SAB HCAI rate of 18.6 per 100,000 TOBDs; 27 HCAI cases;
- National SAB HCAI rate of 16.6 per 100,000 TOBDs;
- NHSL is above the national comparator for Q2 SAB rates;
- NHSL AOP Target for end March 2022; <= 91 HCAI cases (a rate of 16.1 per 100,000 TOBDs).

***Clostridioides difficile* Infection (CDI) Standard**

NHSL Performance (Q2 Apr-Jun 2019): HCAI

- NHSL CDI HCAI rate of 11.0 per 100,000 TOBDs; 16 HCAI cases;
- National CDI HCAI rate of 12.1 per 100,000 TOBDs;
- NHSL is below the national comparator for Q2 CDI rates;
- NHSL AOP Target for end March 2022; <= 84 HCAI cases (a rate of 14.9 per 100,000 TOBDs).

***Escherichia coli* Bacteraemia (ECB) Standard**

NHSL Performance (Q2 Apr-Jun 2019): HCAI

- NHSL ECB HCAI rate of 44.1 per 100,000 TOBDs; 64 HCAI cases;
- National ECB HCAI rate of 38.7 per 100,000 TOBDs;
- NHSL is above the national comparator for Q2 ECB rates;
- NHSL AOP Target for end March 2022; <= 189 HCAI cases (a rate of 33.5 per 100,000 TOBDs).

Surgical Site Infection

NHSL Performance (Apr-Jun 2019):

- 6 Caesearean Section (CS) SSIs from 376 procedures (incidence rate of 1.6%);
- National CS SSI incidence rate of 1.0%;
- NHSL is above the national comparator for Q2 CS SSI incidence rate;
- 1 Hip Arthroplasty SSI from 107 procedures (infection rate of 0.9%). This is an increase of 1 SSI from last quarter which reported 0 SSIs;
- National Hip Arthroplasty SSI incidence rate of 0.4%;
- NHSL is above the national comparator for Q2 Hip Arthroplasty SSI incidence rate;
- *9 Large Bowel SSIs from 102 procedures (infection rate of 11.3%). This is an increase of 3 SSIs from last quarter (infection rate of 7.1% previous quarter). There were 32 additional procedures carried out for this reporting period. All 9 of the patients who developed an SSI for this reporting period had additional risk factors;
- *0 Vascular SSIs from 70 procedures (infection rate of 0%). This is a decrease of 4 SSIs from last quarter (infection rate of 5% previous quarter).
  *For management purposes only

MRSA & CPE CRA Compliance

Key Performance Indicator (KPI): To achieve 90% compliance or above. Quarterly reports submitted to HPS.

NHSL Performance (July-Sept 2019):

- 90% compliance for MRSA acute inpatient admission CRA completion (2.2% increase in compliance from Apr-Jun 2019). (Exclusions: Maternity, Paeds, Mental Health, Psychiatry);
- NHSL is above the national compliance rate of 88%;
- 81% compliance for CPE acute inpatient admission CRA completion (14.8% increase in compliance from Apr-Jun 2019);
- NHSL is below the national compliance rate of 86%;
- For this reporting period; MRSA KPI has been met and CPE KPI has **not** been met.

Hand Hygiene

Local Performance Indicator: To achieve 95% compliance or above.

NHSL Performance (July-Sept 2019): IPC Quality Assurance HH Audits (17 audits completed)

- 87% compliance achieved (2.2% decrease in compliance from Apr-Jun 2019);
- For this reporting period the Local Performance Indicator has **not** been met.

Outbreaks and Incidents

NHSL Performance (July-Sept 2019):
0 outbreaks reported

HIIAT/HAIORT Reporting (incident reporting)

1 HIIAT Green: UHM
1 HIIAT Amber + HAIORT: Stonehouse Hospital

Complaints and Compliments

NHSL Performance (July-Sept 2019):
0 IPC complaints
2 Compliments received

Staphylococcus aureus bacteraemia (SAB)

When Staphylococcus aureus (S. aureus) breaches the body's defence mechanisms it can cause a wide range of illness from minor skin infections to serious infections such as bloodstream infections.

Staphylococcus aureus Bacteraemia (SAB) Standard

NHSL Performance (Q2 Apr-Jun 2019): HCAI

- NHSL SAB HCAI rate of 18.6 per 100,000 TOBDs; 27 HCAI cases;
- National SAB HCAI rate of 16.6 per 100,000 TOBDs;
- NHSL is above the national comparator for Q2 SAB rates;
- NHSL AOP Target for end March 2022; <= 91 HCAI cases (a rate of 16.1 per 100,000 TOBDs).

Staphylococcus aureus bacteraemia (SAB)

- During April to June 2019, there were 38 SAB cases; 27 HCAI cases and 11 community associated infection (CAI) cases;
- This is a reduction of 9 SAB in total from the previous quarter;
- The new AOP target is for HCAI cases only;
- NHSL will be expected to achieve a target of <=91 HCAI SAB cases (a rate of 16.1 per 100,000 TOBDs by end of March 2022.

Chart 1 – HCAI SAB cases (March 2017 – June 2019)

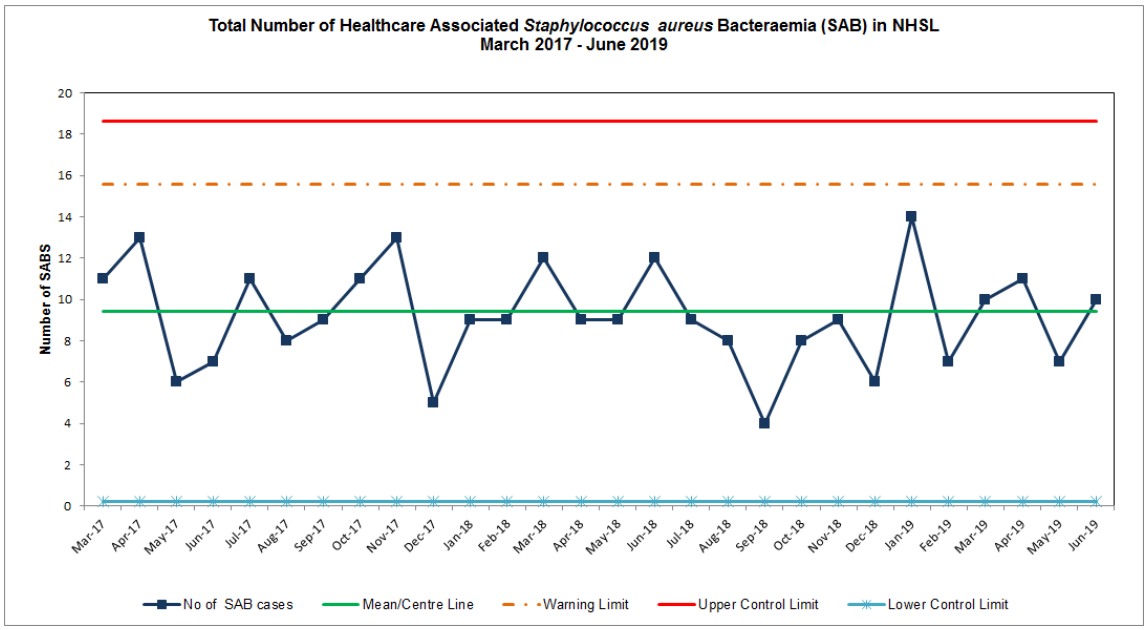
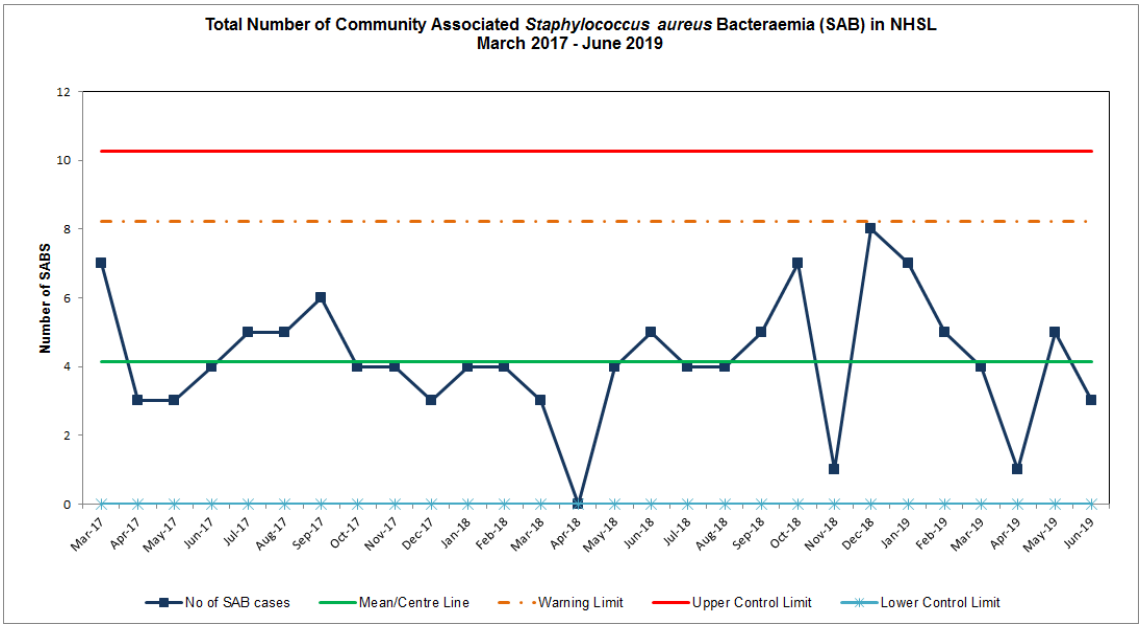


Chart 2 – CAI SAB cases (March 2017 – June 2019)



Quality improvement and interventions in place to reduce SAB: July – Sept 2019

- Work continues to progress on the NHSL Safety Manual for Invasive Devices following a consultation process during this activity period.
- SAB rates and sources are discussed at Hygiene and Clinical Governance meetings with clinical staff.
- Training on preventative measures to reduce the number of SAB is being carried out at the Care Assurance and Accreditation System (CAAS) study days.

Clostridioides difficile Infection *(CDI)*

CDI can be a severe and life-threatening infection which causes diarrhoea. Prevention of CDI is therefore essential and an important patient safety issue.

Clostridioides difficile **Infection (CDI) Standard**

NHSL Performance (Q2 Apr-Jun 2019): HCAI

- NHSL CDI HCAI rate of 11.0 per 100,000 TOBDs; 16 HCAI cases;
- National CDI HCAI rate of 12.1 per 100,000 TOBDs;
- NHSL is below the national comparator for Q2 CDI rates;
- NHSL AOP Target for end March 2022; <= 84 HCAI cases (a rate of 14.9 per 100,000 TOBDs).

Clostridioides difficile **Infection (CDI)**

- During April to June 2019, there were 30 CDI cases; 16 HCAI cases and 14 CAI cases.

Chart 3 – HCAI CDI cases (April 2017 – June 2019)

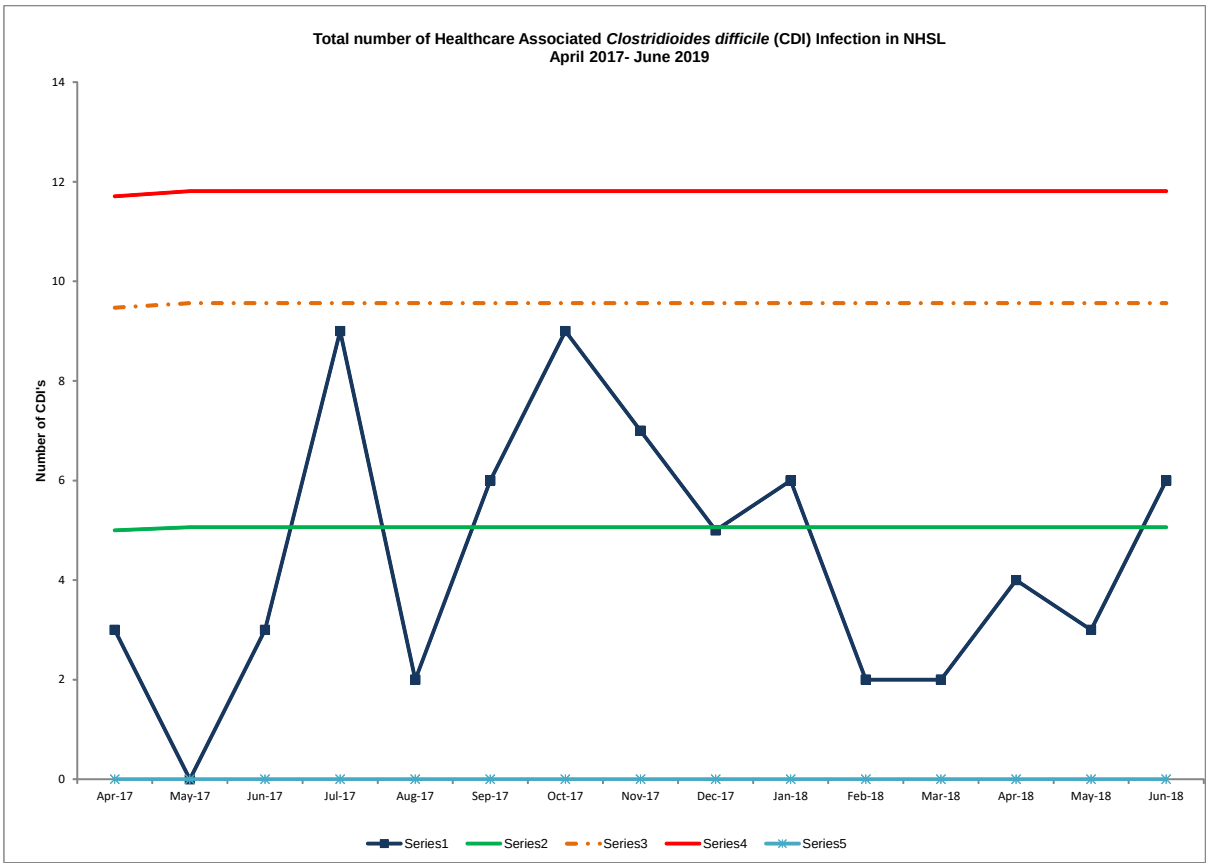
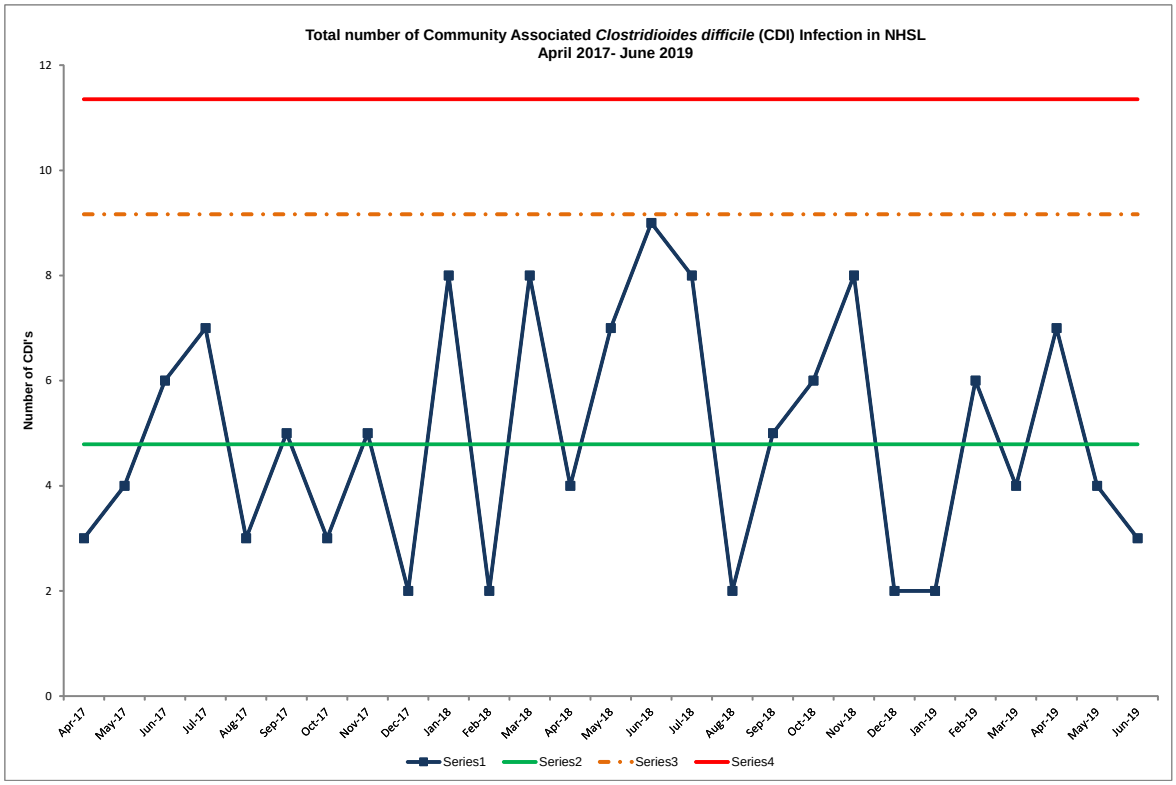
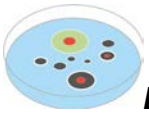


Chart 4 – CAI CDI cases (April 2017 – June 2019)



Quality improvement and interventions in place to reduce CDI: July – Sept 2019

- Antimicrobial stewardship continues to be a priority in the management of CDI patients. IPCT and the antimicrobial team work closely during severe CDI multidisciplinary case reviews.
- Information is given to wards to advice of requirement for prompt and clear identification of patients with loose stools and appropriate action to be taken.



Escherichia coli Bacteraemia (ECB)

Escherichia coli (*E. coli*) is a bacterium that forms part of the normal gut flora that helps human digestion. Although most types of *E. coli* live harmlessly in your gut, some types can make you unwell.

***Escherichia coli* Bacteraemia (ECB) Standard**

NHSL Performance (Q2 Apr-Jun 2019): HCAI

- NHSL ECB HCAI rate of 44.1 per 100,000 TOBDs; 64 HCAI cases;
- National ECB HCAI rate of 38.7 per 100,000 TOBDs;
- NHSL is above the national comparator for Q2 ECB rates;
- NHSL AOP Target for end March 2022; <= 189 HCAI cases (a rate of 33.5 per 100,000 TOBDs).

When it gets into your blood stream, *E. coli* can cause a bacteraemia. This can be as a result of an infection such as:

- urinary tract
- surgery
- inappropriate use of medical devices

Chart 5- Total ECB cases (April 2017 – June 2019)

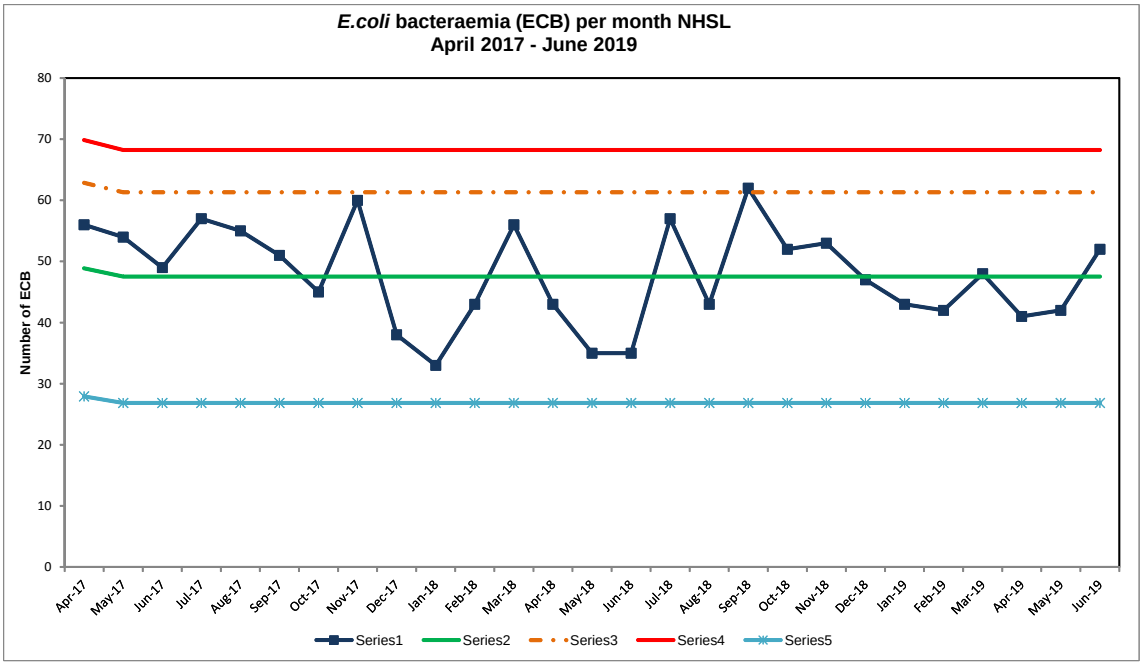
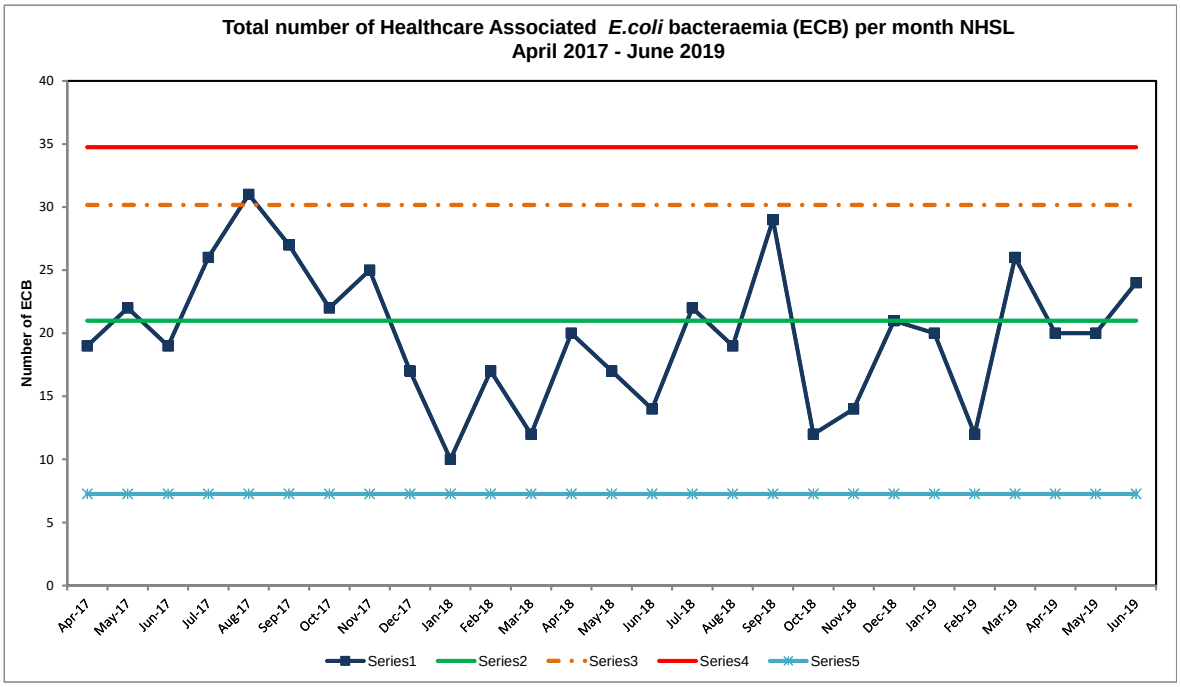


Chart 6- HCAI ECB cases (April 2017 – June 2019)



Surgical Site Infection Surveillance

SSI is one of the most common HCAIs and can cause increased morbidity and mortality. It is estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. SSI can have a serious consequence for patients affected as they can result in increased pain, suffering and in some cases require additional surgical intervention. Quarterly exception reports are issued to boards by HPS where the incidence of SSI is higher than expected based on the national data. NHSL has not received an exception report for this time period.

NHSL Performance (Apr-Jun 2019):

- 6 Caesarean Section (CS) SSIs from 376 procedures (incidence rate of 1.6%);
- National CS SSI incidence rate of 1.0%;
- NHSL is above the national comparator for Q2 CS SSI incidence rate;
- 1 Hip Arthroplasty SSI from 107 procedures (infection rate of 0.9%). This is an increase of 1 SSI from last quarter which reported 0 SSIs;
- National Hip Arthroplasty SSI incidence rate of 0.4%;
- NHSL is above the national comparator for Q2 Hip Arthroplasty SSI incidence rate;
- *9 Large Bowel SSIs from 102 procedures (infection rate of 11.3%). This is an increase of 3 SSIs from last quarter (infection rate of 7.1% previous quarter). There were 32 additional procedures carried out for this reporting period. All 9 of the patients who developed an SSI for this reporting period had additional risk factors;
- *0 Vascular SSIs from 70 procedures (infection rate of 0%). This is a decrease of 4 SSIs from last quarter (infection rate of 5% previous quarter).
  *For management purposes only

The data below is inclusive of Quarter 2 nationally validated data: April to June 2019.

Chart 7 – C-Section Surgical Site Infection (Apr 2017 to June 2019)

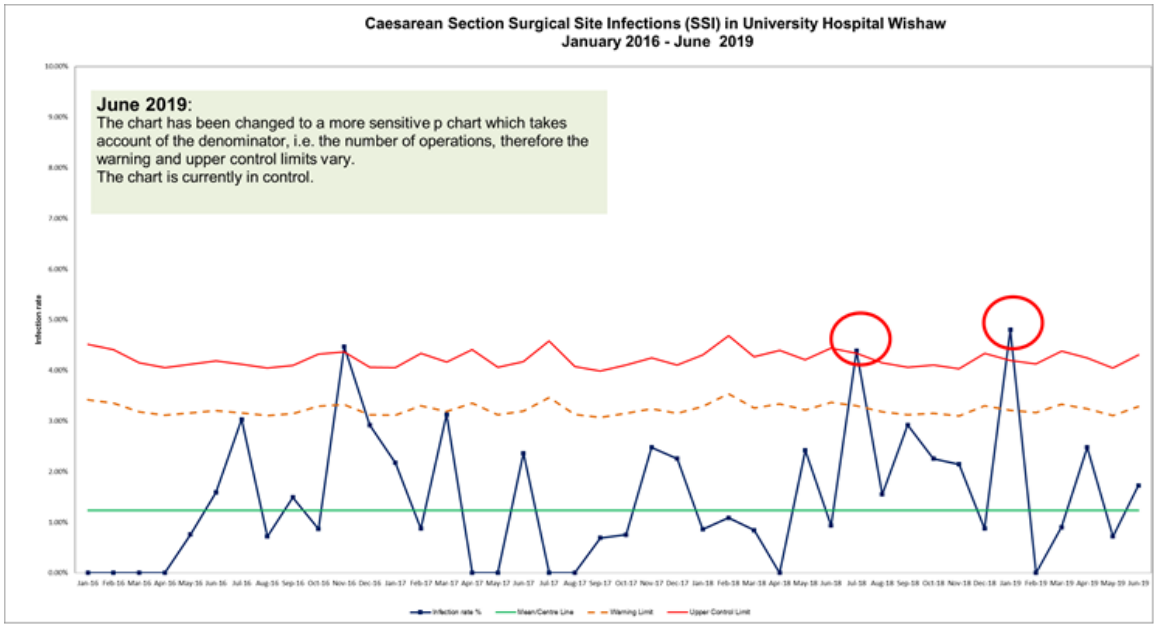


Chart 8 – Hip Arthroplasty SSI (March 2017 to June 2019)

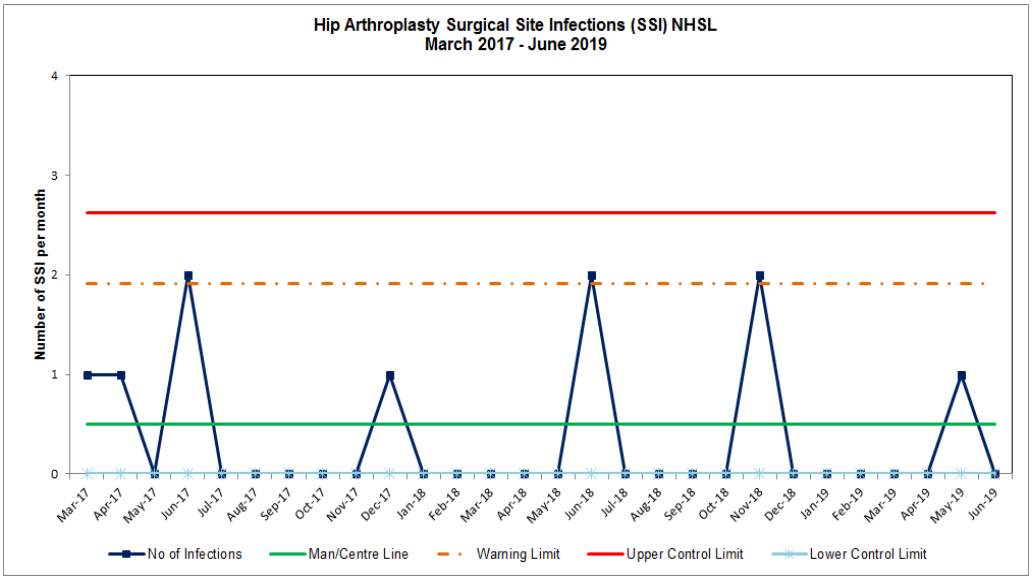


Chart 9 – Large Bowel SSI (April 2017 to June 2019) (for management purposes only)

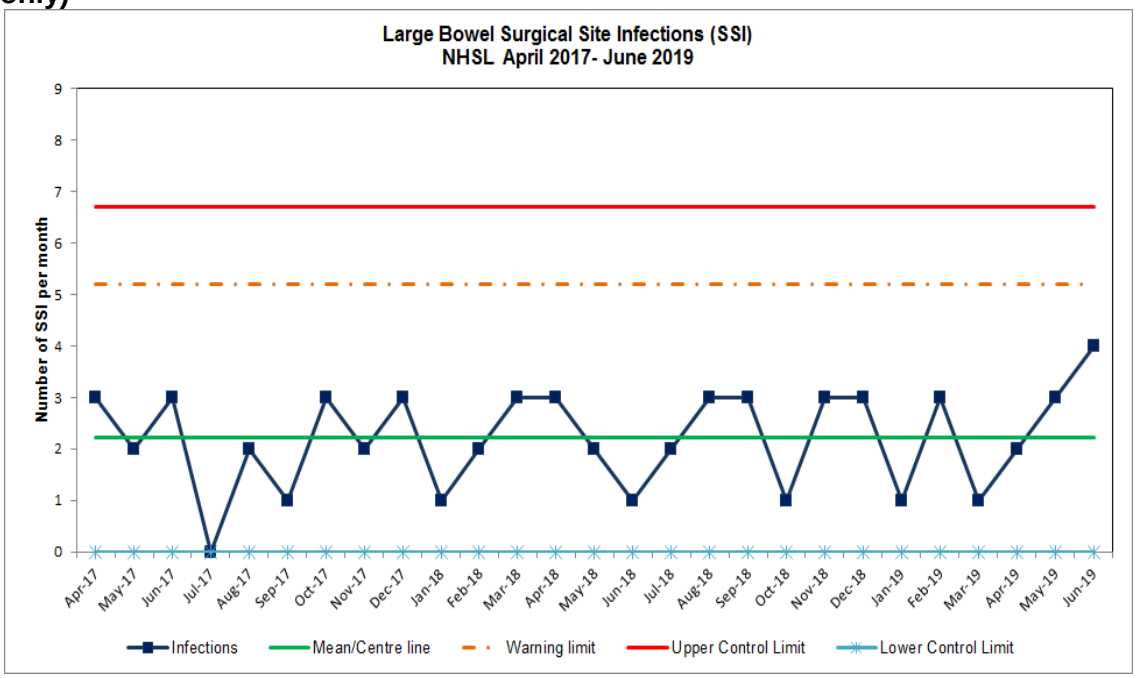
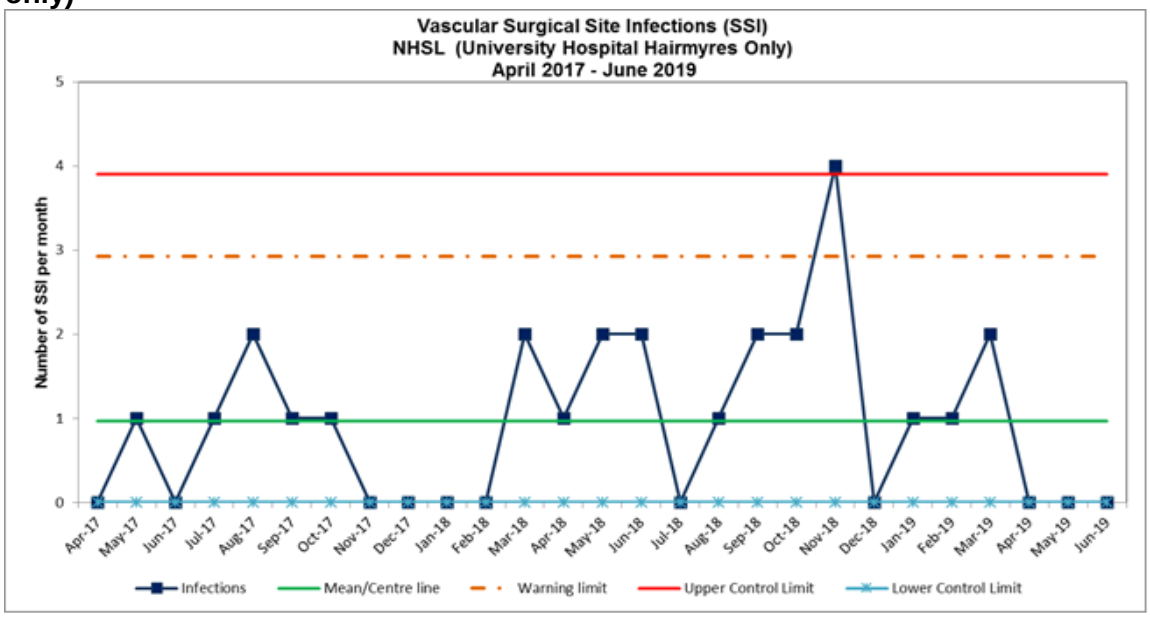
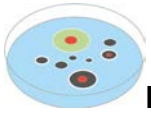


Chart 10 – Vascular SSI (April 2017 to June 2019) (for management purposes only)





Meticillin resistant *Staphylococcus aureus* (MRSA) National Inpatient Admission CRA Compliance

MRSA & CPE CRA Compliance

Key Performance Indicator (KPI): To achieve 90% compliance or above. Quarterly reports submitted to HPS.

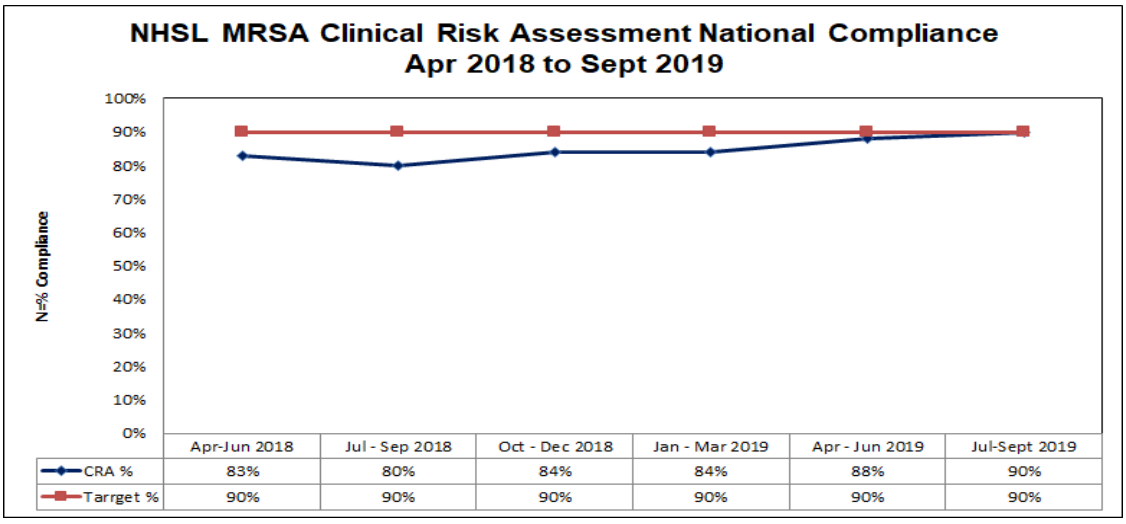
NHSL Performance (July-Sept 2019):

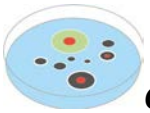
- 90% compliance for MRSA acute inpatient admission CRA completion (2.2% increase in compliance from Apr-Jun 2019). (Exclusions: Maternity, Paeds, Mental Health, Psychiatry);
- NHSL is above the national compliance rate of 88%;
- 81% compliance for CPE acute inpatient admission CRA completion (14.8% increase in compliance from Apr-Jun 2019);
- NHSL is below the national compliance rate of 86%;
- For this reporting period; MRSA KPI has been met and CPE KPI has **not** been met.

Meticillin resistant *Staphylococcus aureus* (MRSA)

- There is a national requirement for NHS Boards to ensure that all acute inpatient admissions have a clinical risk assessment (CRA) completed (exclusions: Maternity. Obstetrics, Paediatrics, Mental Health and Psychiatry).
- NHSL are required to review a minimum of 80 patient records to ascertain whether a CRA has been completed on admission or as part of the pre-operative assessment route.
- The national target is to achieve 90% or above compliance with CRA completion.
- During July to September 2019, NHSL achieved 90% compliance.

Chart 11 - MRSA CRA Compliance (April 2018 to September 2019





Carbapenemase Producing *Enterobacteriaceae* (CPE) National Inpatient Admission CRA Compliance

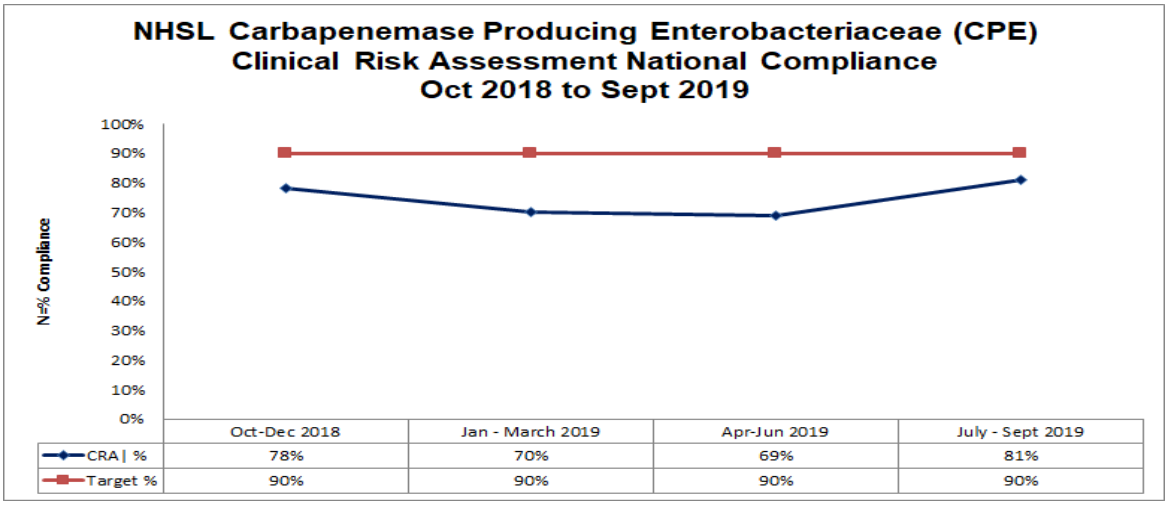
Carbapenemase Producing *Enterobacteriaceae* (CPE)

- There is a national requirement for NHS Boards to ensure that all acute inpatient admissions have a CRA completed.
- NHSL are required to review a minimum of 80 patient records to ascertain whether a CRA has been completed on admission or as part of the pre-operative assessment route.

Quality improvement and interventions in place to improve compliance with MRSA and CPE CRA: July – Sept 2019

- Performance is discussed at the local Hospital Hygiene meetings.
- The MRSA/CPE screening module on LearnPro is promoted with staff at the hygiene meetings.
- Education sessions on CPE screening and management of patients planned.
- The national target is to achieve 90% or above compliance with CRA completion.
- During July to September 2019, NHSL achieved 81% compliance.

Chart 12 – CPE Screening (Oct 2018 to September 2019)



Hand Hygiene

Hand Hygiene is a term used to describe the decontamination of hands by various methods including routine hand washing and/or hand disinfection which includes the use of alcohol gels and rubs.

Hand Hygiene is recognised as being the single most important factor in the prevention of infection wherever care is delivered.

Local Performance Indicator: To achieve 95% compliance or above.

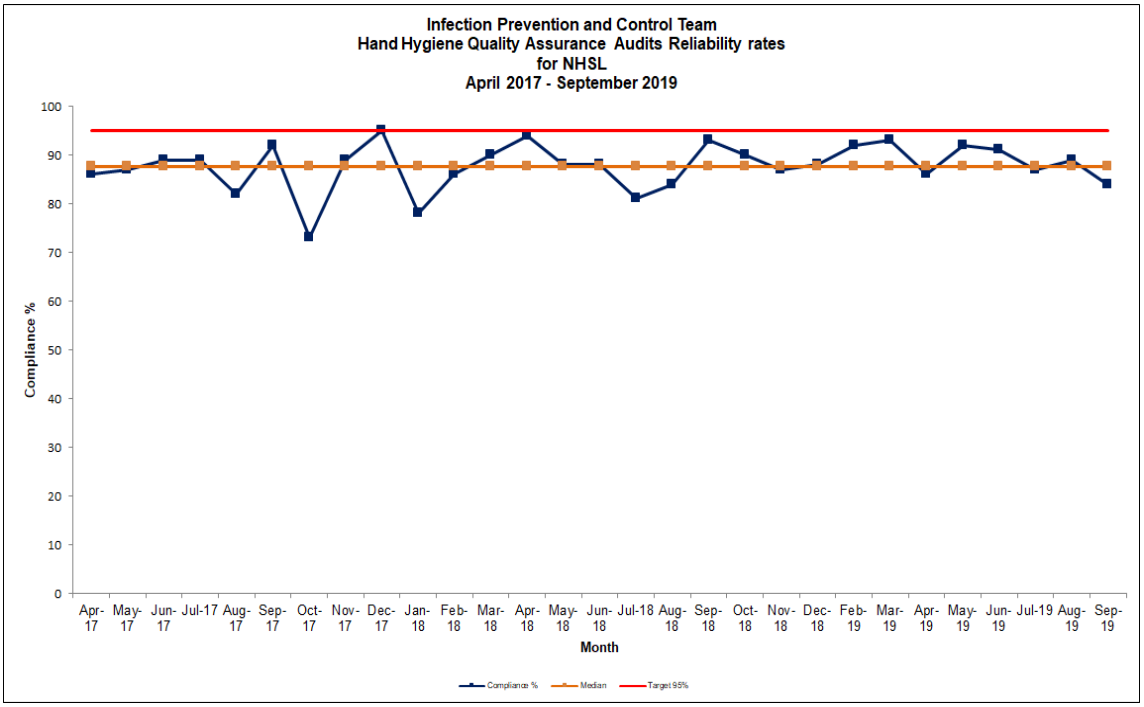
NHSL Performance (July-Sept 2019): IPC Quality Assurance HH Audits (17 audits completed)

- 87% compliance achieved (2.2% decrease in compliance from Apr-Jun 2019);
- For this reporting period the Local Performance Indicator has **not** been met.

Hand Hygiene

- There is a national recommendation for NHS Boards to achieve a rate of 95% or above for Hand Hygiene compliance. NHSL achieved a compliance rate of 87% from July to Sept 2019 which is a decrease of 2.2% from last quarter.
- The IPCT have a rolling quality assurance audit programme that is carried out on a monthly basis in areas across both the acute and health and social care partnership locations. The compliance data is drawn from this audit programme.

Chart 13 – Hand Hygiene Reliability Rate April 2017 to Sept 2019



Staff Group Compliance: July – Sept 2019
A breakdown of the staff group compliance levels from IPCT audits completed during July to September 2019 are:

Nursing: 204 nursing staff compliant from 234 observations (87%)

Doctors: 33 medical staff compliant from 42 observations (79%)

Ancillary/Other: 25 ancillary/other staff compliant from 25 observations (100%)

Allied Health Professionals (AHPs): 34 AHPs compliant rom 39 observations (87%)

Please note that the performance above is a cumulative quarterly compliance. The information contained within Appendix 2 provides a breakdown of the quarterly data above by month as a percentage.

Quality improvement and interventions in place or planned to improve compliance with Hand Hygiene: July – Sept 2019

- A newly formed Hand Hygiene Task and Finish Group has been established to refocus attention on compliance across all of Lanarkshire. This group will meet in January 2020 and forge a multi-modal strategy for improvement driven by the executive team and front-line staff.
- Hand hygiene training carried out to coincide with the newly launched hand hygiene products.
- Hand hygiene has been promoted at the planned winter road shows in the acute and H&SCP sites.

Outbreak Management: July – Sept 2019

NHSL Performance (July-Sept 2019):
0 outbreaks reported

HIIAT/HAIORT Reporting (incident reporting)
1 HIIAT Green: UHM
1 HIIAT Amber + HAIORT: Stonehouse Hospital

0 University Hospital Hairmyres
0 University Hospital Monklands
0 University Hospital Wishaw
0 North H&SCPs
0 South H&SCPs

0 bed closures due to restrictions or ward closures
0 patients affected
0 staff affected

0 Ward Closed to new admissions
(Range: closed x days)

0 Room Restrictions
(Range: restrictions from x days to x days)

Reasons for Closures

Interventions to support outbreak management:

- IPC Safety Brief
- National Infection Prevention and Control Manual
- NHS Lanarkshire Infection Prevention and Control Manual

Appendix 1 - National Mandatory Reporting Requirement

It is a national mandatory requirement to include this HAI reporting template in NHS Board reports by the Scottish Government.

NHS Lanarkshire Board Report

This report includes all CDI episodes including GP samples with no other exclusions and SAB episodes with no exclusions.

SAB monthly case numbers

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
MRSA	0	0	0	1	0	0	0	2	1	0	1	0
MSSA	13	12	9	14	10	14	21	10	13	12	11	13
TOTAL	13	12	9	15	10	14	21	12	14	12	12	13

CDI monthly case numbers

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Age 15-64	2	1	3	5	2	1	2	5	5	6	3	2
Ages 65+	9	6	7	6	15	4	5	4	3	8	7	4
Ages 15+	11	7	10	11	17	5	7	9	8	14	10	6

Hand Hygiene Monitoring Compliance (n= %)

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
AHP	86	100	100	100	84	89	-	86	88	93	100	100
Ancillary	100	100	36	88	88	87	-	91	88	73	92	64
Medical	67	78	63	82	80	88	-	97	89	74	83	87
Nurse	80	84	93	87	86	89	-	89	91	91	90	94

Cleaning compliance (n= %)

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Board	97	97	97	96	96	96	96	96	96	96	96	96

Estates Monitoring Compliance (n= %)

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Board	99	99	99	99	99	99	99	99	98	98	99	99

University Hospital Hairmyres Report Card

This report identifies all healthcare associated and unknown CDI episodes for University Hospital Hairmyres and all hospital associated SAB episodes

SABs monthly case numbers

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
MRSA	0	0	0	0	0	0	0	0	0	1	0	0
MSSA	3	2	1	4	1	0	2	2	2	0	2	1
TOTAL	3	2	1	4	1	0	1	0	2	1	2	1

CDI monthly case numbers

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Age 15-64	0	0	1	1	0	0	1	0	1	0	0	0
Ages 65+	2	0	2	0	0	1	1	0	0	1	1	1
Ages 15+	2	0	3	0	0	1	2	0	1	1	1	1

Hand Hygiene Monitoring Compliance (n= %)

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
AHP	100	100	100	100	80	100	-	100	-	-	-	-
Ancillary	78	100	88	100	75	78	-	100	0	67	-	67
Medical	100	60	100	100	100	90	-	92	71	60	100	75
Nurse	84	88	93	68	75	90	-	81	100	100	100	97

Cleaning compliance (n= %)

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Board	96	96	95	95	95	95	95	95	95	95	96	96

Estates Monitoring Compliance (n= %)

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Board	99	99	99	99	99	100	99	99	95	99	100	100

University Hospital Monklands Report Card

This report identifies all healthcare associated and unknown CDI episodes for University Hospital Monklands and all hospital associated SAB episodes

SABs monthly case numbers

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
MRSA	0	0	0	0	0	0	0	0	0	0	1	0
MSSA	4	4	3	2	5	3	7	3	2	5	4	1
TOTAL	4	4	3	2	5	3	7	3	2	5	5	1

CDI monthly case numbers

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Age 15-64	0	0	0	1	1	0	1	1	1	3	0	0
Ages 65+	0	0	0	1	2	1	1	0	0	3	0	0
Ages 15+	0	0	0	2	3	1	2	1	1	5	0	0

Hand Hygiene Monitoring Compliance (n= %)

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
AHP	92	90	100	100	-	60	-	86	-	100	-	-
Ancillary	100	100	50	-	86	-	-	94	100	80	56	33
Medical	60	100	60	40	82	67	-	100	100	85	67	80
Nurse	81	100	94	91	94	81	-	90	76	89	82	86

Cleaning compliance (n= %)

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Board	96	96	96	96	96	97	95	95	95	95	95	95

Estates Monitoring Compliance (n= %)

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Board	98	98	98	98	97	97	98	97	97	97	96	97

University Hospital Wishaw Report Card

This report identifies all healthcare associated and unknown CDI episodes for University Hospital Wishaw and all hospital associated SAB episodes

SABs monthly case numbers

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
MRSA	0	0	0	1	0	0	0	1	0	0	0	0
MSSA	1	1	0	0	3	3	3	1	2	2	0	4
TOTAL	1	1	0	1	3	3	3	2	2	2	0	4

CDI monthly case numbers

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Age 15-64	0	1	1	1	1	0	0	2	1	1	1	0
Ages 65+	3	5	2	2	4	1	1	0	1	1	3	0
Ages 15+	3	6	3	3	5	1	1	0	2	2	4	0

Hand Hygiene Monitoring Compliance (n= %)

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
AHP	100	-	-	100	100	100	-	50	88	80	100	100
Ancillary	100	-	100	83	100	80	-	80	100	75	100	33
Medical	50	67	100	80	100	100	-	100	100	82	100	80
Nurse	78	88	100	93	87	94	-	100	100	88	100	86

Cleaning compliance (n= %)

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Board	97	97	97	97	97	97	96	96	97	96	96	96

Estates Monitoring Compliance (n= %)

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Board	99	99	99	100	100	100	100	100	99	99	99	99

Out of Hospital Report Card

This report identifies all community associated CDI episodes including GP samples and all SAB episodes associated with the community such as nursing homes and community sources such as GP surgeries.

SAB monthly case numbers

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	4	4	5	7	1	8	0	0	0	3	1	0
TOTAL	4	4	5	7	1	8	0	0	0	3	1	0

CDI monthly case numbers

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Age 15-64	2	0	1	2	1	1	0	0	0	2	2	2
Ages 65+	4	1	3	4	7	1	0	0	0	4	2	3
Ages 15+	6	1	4	6	8	2	0	0	0	6	4	5

Community Hospital Report Card

This report identifies all healthcare associated CDI episodes and all SAB episodes associated to the community hospitals listed below:

- Cleland
- Coathill
- Kello
- Kilsyth
- Kirklands
- Udston
- Wester Moffat

SAB monthly case numbers

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

CDI monthly case numbers

	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Age 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65+	0	0	0	0	0	0	0	0	0	0	0	0
Ages 15+	0	0	0	0	0	0	0	0	0	0	0	0