

Borders NHS Board

HEALTHCARE ASSOCIATED INFECTION – PREVENTION AND CONTROL REPORT
FEBRUARY 2014

Aim

The purpose of this paper is to update Board members of the current status of Healthcare Associated Infections (HAI) and infection control measures in NHS Borders.

Background

In line with the NHS Scotland HAI Action Plan 2008, there is a requirement for a HAI report to be presented to the Board on a two monthly basis.

Summary

This report provides an overview for Borders NHS Board of Infection Prevention and Control with particular reference to the incidence of Healthcare Associated Infections (HAI) against Scottish Government HEAT targets, together with results from cleanliness monitoring and hand hygiene audit results.

Recommendation

The Board is asked to **note** this report

Policy/Strategy Implications	This report is in line with the NHS Scotland HAI Action Plan
Consultation	Not applicable
Consultation with Professional Committees	Not applicable
Risk Assessment	Not applicable
Compliance with Board Policy requirements on Equality and Diversity	Yes
Resource/Staffing Implications	None identified

Approved by

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Healthcare Associated Infection Reporting Template (HAIRT)

Section 1– Board Wide Issues

This section of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual hospitals, please refer to the 'Healthcare Associated Infection Report Cards' in Section 2.

A report card summarising Board wide statistics can be found at the end of section 1

Key Healthcare Associated Infection Headlines for February 2014

- NHS Borders is not currently on target to achieve the *Staphylococcus aureus* Bacteraemia (SAB) March 2015 HEAT target rate of 24.0 cases or less per 100,000 acute occupied bed days.
- Following recent improvement, NHS Borders *Clostridium difficile* infection (CDI) rate is closer to the NHS Scotland rate but remains higher than the March 2015 HEAT target rate of 25.0 cases or less per 100,000 total occupied bed days in patients aged 15 and over.
- The local HAI improvement action plan continues to be informed by findings from enhanced surveillance data and learning from every SAB and CDI case.
- There has been an increase in the prevalence of Norovirus across Scotland and since 3rd January 2014, there have been outbreaks of Norovirus affecting Borders General Hospital. Lessons learned from previous seasons and work co-ordinated through the Norovirus Preparedness Group ensured optimal control measures were implemented without delay.
- In the period from January to December 2013, NHS Borders Surgical Site Infection (SSI) rates have remained within the 95% confidence limits of NHS Scotland SSI rates for all procedures under surveillance as part of the national programme.
- The new Healthcare Associated Infection Strategic Oversight Group continues to critically review progress to reduce infection and improve performance against the HEAT targets.
- Following an unannounced HEI inspection of Borders General Hospital on 22 October 2013, an inspection report and action plan has been published with six requirements and one recommendation identified for NHS Borders. Two of the requirements and the recommendation have been completed. The remaining four requirements are all on target for completion within the agreed timescale.

Staphylococcus aureus (including MRSA)

Staphylococcus aureus is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA:http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

Staphylococcus aureus Bacteraemia (SAB) 2013/14

A Scottish Government HEAT target has been set for all Health Boards to achieve a rate of 24.0 *Staphylococcus aureus* Bacteraemia (SAB) cases or less per 100,000 acute occupied bed days by March 2015.

Due to the relatively small numbers, any fluctuation in acute occupied bed days data can significantly affect the infection rate for NHS Borders. There is also a time delay in compiling occupied bed days data, so infection rates should be interpreted with caution as they may be subject to later revision.

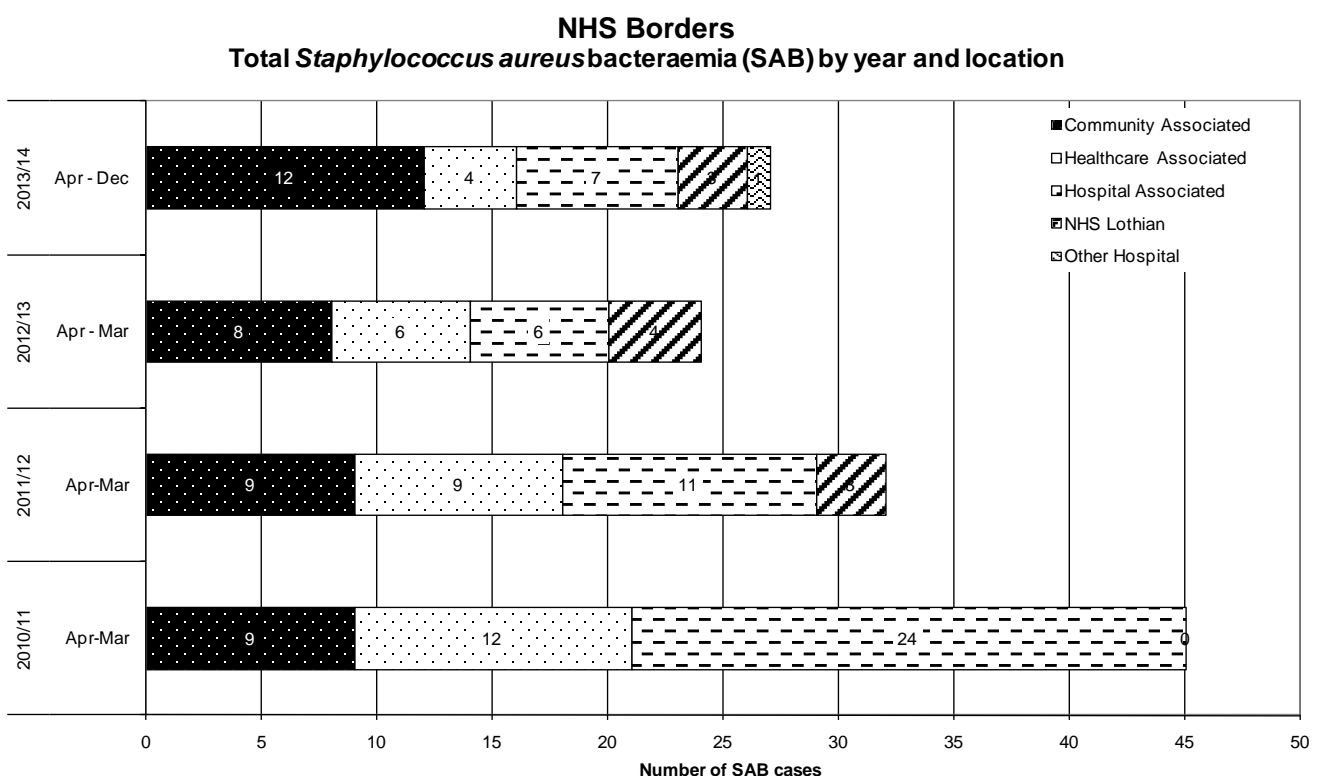
The most recent data published by Health Protection Scotland on *Staphylococcus aureus* Bacteraemia (SAB) shows that in the period July to September 2013, NHS Borders had a rate of 51.1 SAB cases per 100,000 acute occupied bed days. This compares with a rate for Scotland of 31.4 SAB cases per 100,000 acute occupied bed days.

As Figure 1 shows, during the period April to December 2013, NHS Borders had a total of 26 SAB cases. This compares to 24 cases in the full year of April 2012 to March 2013.

Case investigations have found that the biggest increase in 2013/14 compared with the previous year is in community cases (Figure 1) where there is very limited opportunity for prevention. Achieving the HEAT target therefore remains a significant challenge with 59% of cases attributed to either community (out of hospital) or infection onset following interventions received in other NHS board areas.

41% of all SAB cases since April 2013 were either Hospital or Healthcare associated and these represent the greatest opportunity for intervention to reduce numbers.

Figure 1: NHS Borders total staphylococcus aureus bacteraemia (SAB) by year, location, and AOBD per year.



The Infection Prevention and Control Team (IPCT) have developed an action plan, based on the workstreams identified by the Prevention of SAB Group. This prevention group meets on a monthly basis and continues to work with clinical services. Every SAB case is subject to a rigorous review which includes a feedback process to the clinicians caring for the patient.

Progress against the SAB action plan is critically reviewed by the recently formed Healthcare Associated Infection Strategic Oversight Group (HAI SOG). In addition, this group, chaired by the HAI Executive Lead (Director of Nursing & Midwifery), provides support and guidance to instil a Borders wide collaborative approach to achieve the new HEAT target.

Figure 2 shows SAB data for NHS Scotland with the greatest reduction being achieved in MRSA SAB cases whilst MSSA cases have seen little change since 2008.

Figure 3 shows the split between MRSA and MSSA bacteraemia cases in NHS Borders over the last 4 years and shows a reduction in the number of MRSA cases. The last MSRA SAB case in NHS Borders was in November 2013.

NHS Borders community hospitals have not experienced SAB cases during the rolling year January 2013 – December 2013 (NHS Community Hospitals Report Card p.17).

Figure 2: NHS Scotland Rolling four quarters rates of S. aureus, MRSA and MSSA per 100 000 total AOBDS with confidence intervals

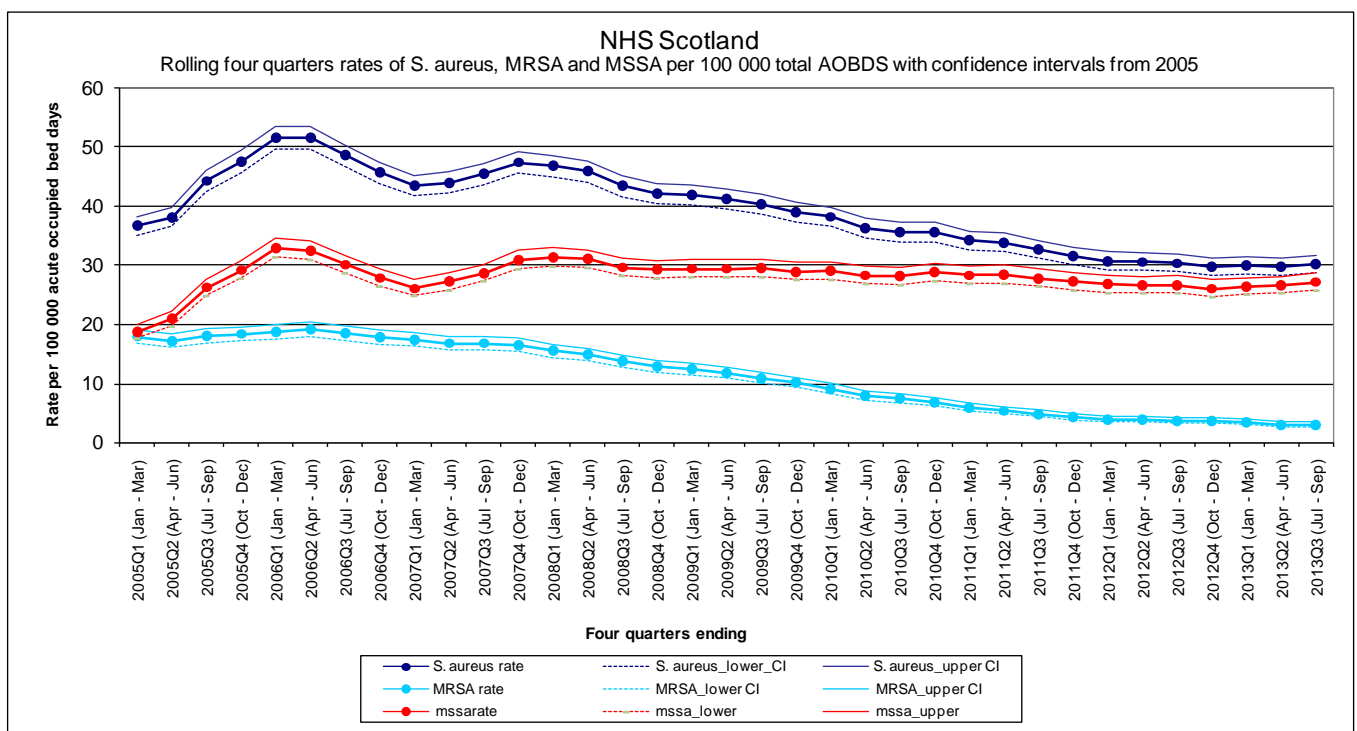
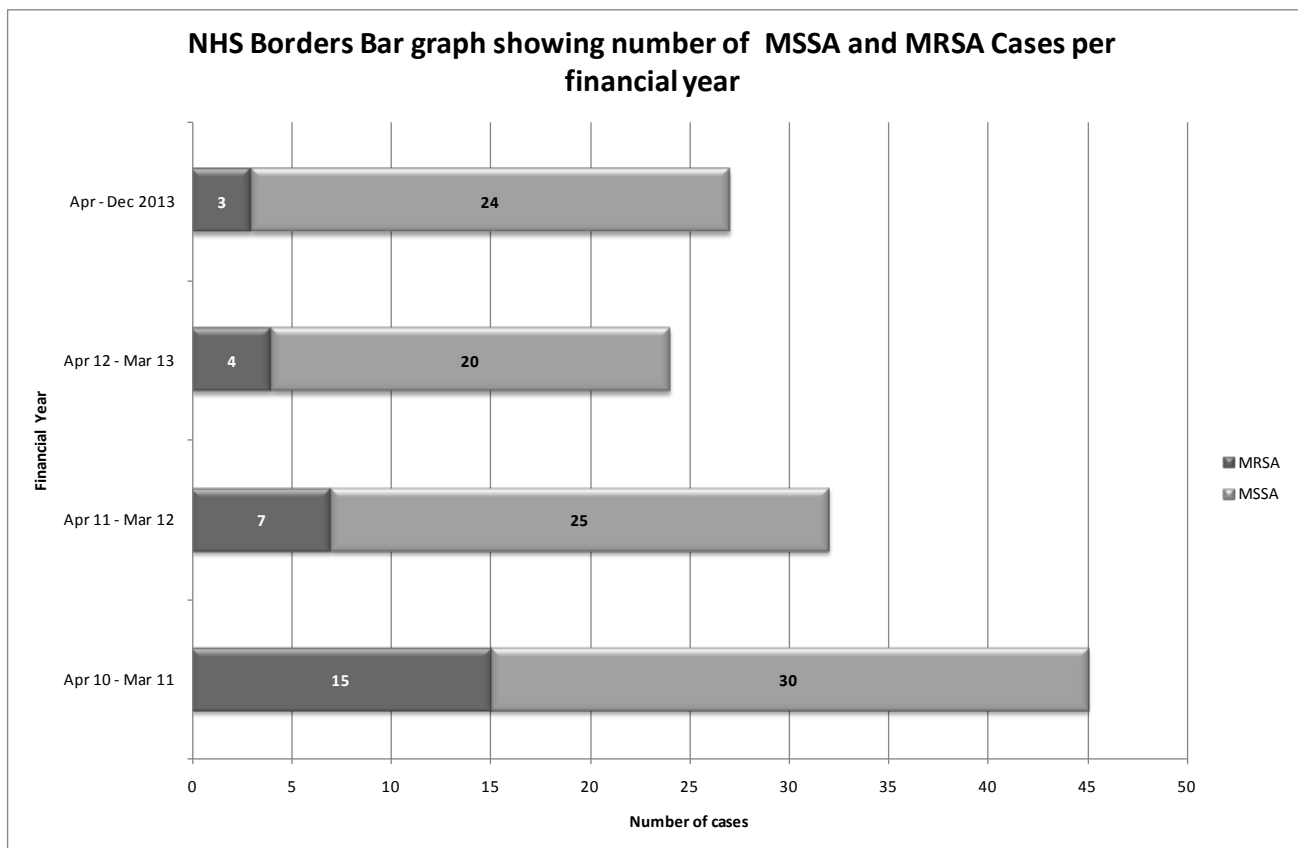


Figure 3: NHS Borders total staphylococcus aureus bacteraemia (SAB) by year and type.



Clostridium difficile

Clostridium difficile is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

<http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridium difficile* infections can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277>

***Clostridium difficile* infections (CDI) 2013/14**

A Scottish Government HEAT target has been set for all Health Boards to achieve a rate of 25.0 *Clostridium difficile* infection (CDI) cases or less per 100,000 total occupied bed days in patients aged 15 and over by March 2015.

As with SABs, due to the relatively small numbers, any fluctuation in total occupied bed days data can significantly affect the infection rate for NHS Borders. Due to a time delay in compiling occupied bed days data, infection rates should be interpreted with caution and may be subject to later revision.

Figure 4: Rolling four quarters rate of *Clostridium difficile* infection per 100,000 total occupied bed days (NHS Scotland and NHS Borders).

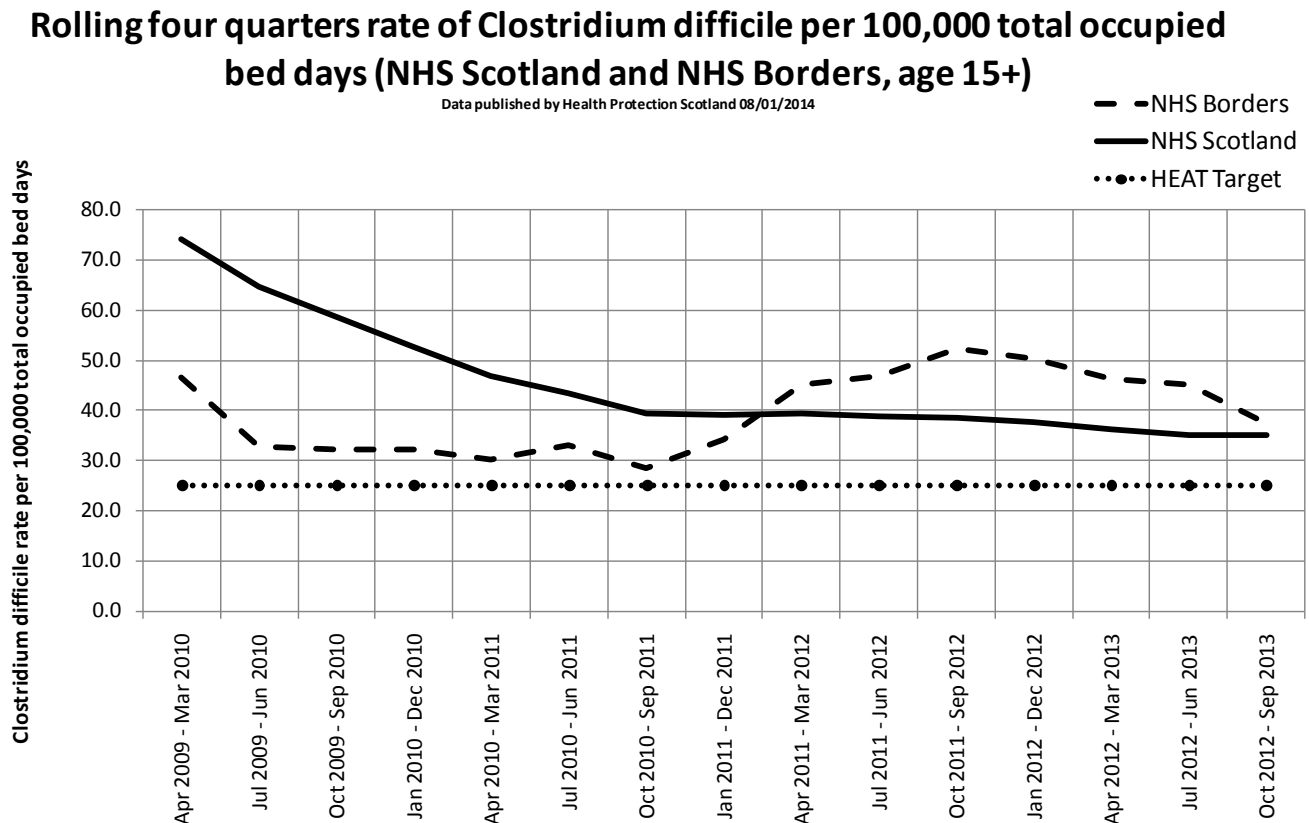


Figure 4 provides a rolling four quarter graph of the CDI rate for NHS Borders against NHS Scotland and the HEAT target. NHS Borders rolling four quarters CDI rate is reducing to a level closer to NHS Scotland but remains higher than the HEAT target.

The most recent data published by Health Protection Scotland on *Clostridium difficile* infection (CDI) for the quarter July to September 2013, NHS Borders had a total rate of 39.3 cases per 100,000 total occupied bed days. This compares with a rate for Scotland of 41.6.

During quarter July to September 2013, NHS Borders CDI rate was lower than the Scottish rate for patients aged 65+ (28.1 cases per 100,000 total occupied bed days compared with a Scottish rate of 40.7). However, NHS Borders has a higher rate in the younger age group (98.6 cases per 100,000 total occupied bed days compared with a Scottish rate of 43.9).

Figure 5 presents the NHS Borders *Clostridium difficile* infection (CDI) cases by quarter and age band.

The drop in CDI cases in the most recent quarter (Figure 5, October to December 2013) will be partially attributable to a change in the laboratory testing processes highlighted in the previous Board paper from October 2013.

NHS Borders has now fully implemented a laboratories test algorithm which was recommended for use across Scotland by Health Protection Scotland (HPS). This HPS algorithm differs for the process previously in place within NHS Borders and improves consistency in laboratories testing processes across NHS Scotland.

Figure 5: NHS Borders quarterly cases of *Clostridium difficile* by age.

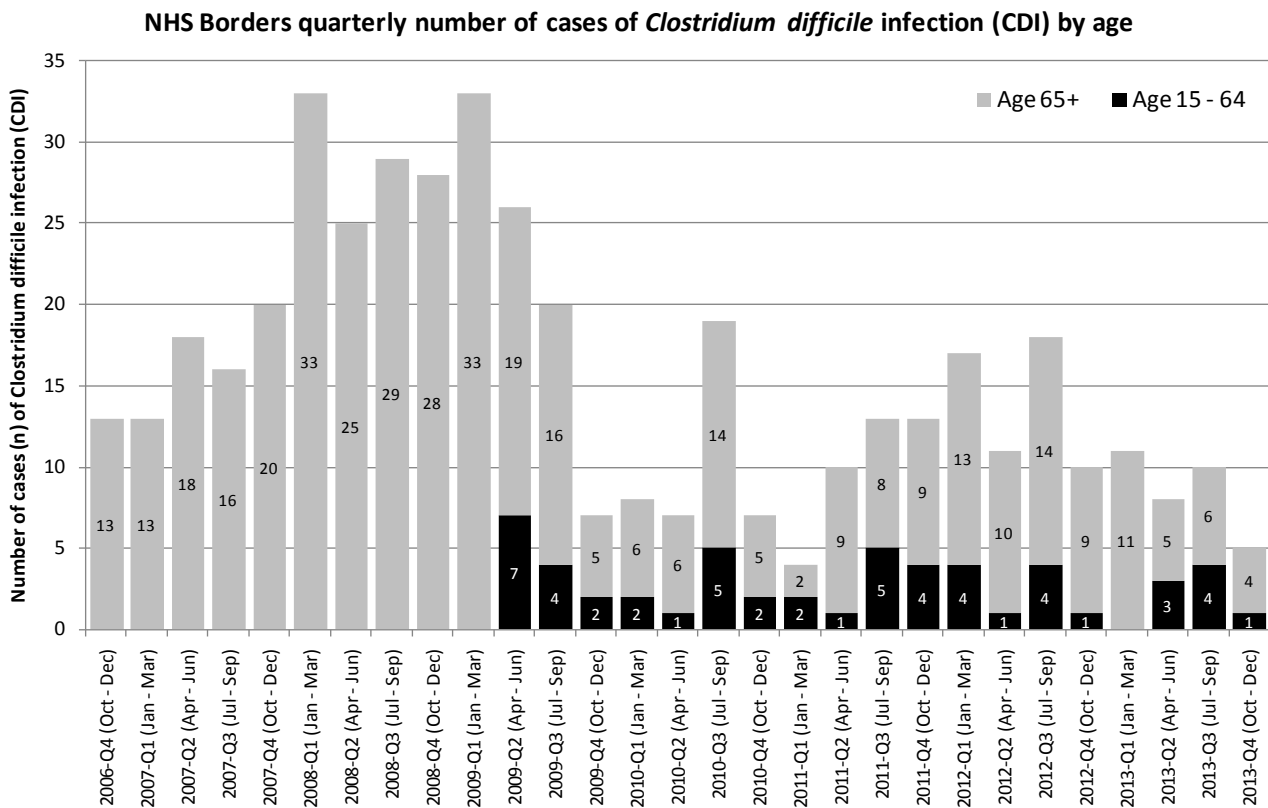


Figure 6: NHS Borders cases of *Clostridium difficile* by location (2013).

**NHS Borders *Clostridium difficile* Infection (CDI) cases
2013 by Location**

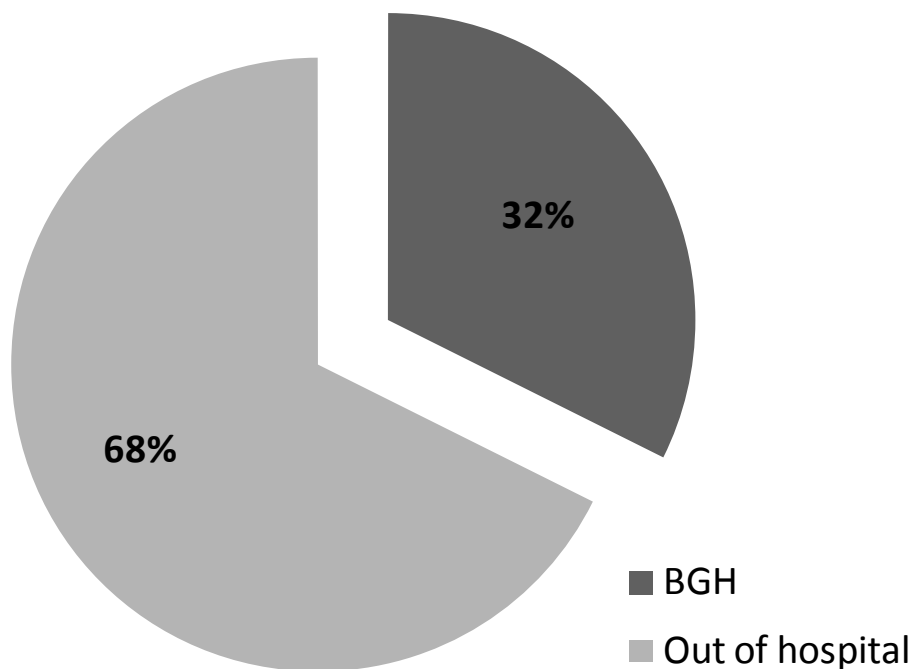


Figure 6 shows that in 2013, 68% of CDI cases in NHS Borders were classified as out of hospital cases.

A CDI action plan has been developed through the Prevention of CDI Group established in 2013. Progress against actions are monitored and supported through the HAI Strategic Oversight Group agenda.

The Infection Control software, ICNet is currently used to collate all information relating to each SAB case and this supports the review and learning process. Work is underway to further develop this software to enable the same process for collating information relating to each CDI case. It is anticipated that this development will be completed by the end of February 2014.

To date, there has been no evidence of cross transmission of *Clostridium difficile* infection (CDI) in NHS Borders.

NHS Borders community hospitals have not experienced CDI cases during the rolling year October 2012 – September 2013 (NHS Community Hospitals Report Card p.17).

The Infection Prevention and Control Team have liaised with three other health boards as a sharing practice exercise to assist with further improvements. In addition, the outcomes and actions of all CDI case investigations are monitored through the Prevention of CDI Group and used to inform the progression of work-streams to support improvement.

The Antimicrobial Management Team continues to monitor antimicrobial prescribing rates in both acute and community Clinical Boards, and includes a renewed focus on dental antimicrobial prescribing.

Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non compliance. The hand hygiene compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national hand hygiene monitoring can be found at:

<http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

The hand hygiene data tables contained within the NHS Borders Report Card (Section 2 p.15) are generated from wards conducting self-audits.

National hand hygiene auditing coordinated by Health Protection Scotland ended in September 2013. NHS Borders continues to monitor hand hygiene through monthly local reporting from each hospital ward. The Infection Prevention and Control Team conduct additional audits in any area which either fail to submit their own audit results or which fall below 90% for two consecutive months.

The Infection Prevention and Control Team have also completed the World Health Organisation (WHO) Hand Hygiene Self-assessment Framework and achieved a hand hygiene level of advanced. An action plan has been developed which will be taken forward by the Infection Prevention and Control Team and progress will be reported to the Infection Control Committee. Details relating to our quality assurance process were submitted to the HAI Policy Unit at the Scottish Government at the end of December 2013.

Over the next couple of months, the infection control audit programme for 2014/15 will be developed which provides an opportunity to review the assurance processes relating to hand hygiene in NHS Borders.

Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

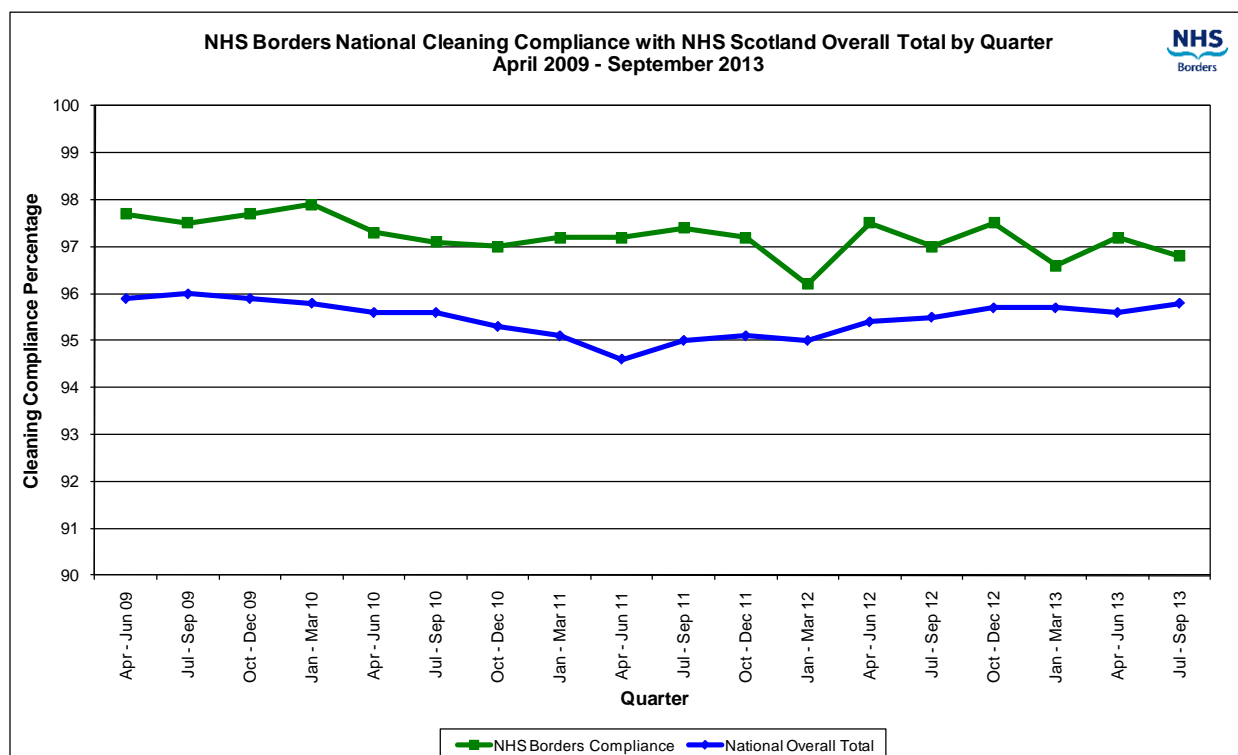
<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

High levels of cleanliness continue to be recorded through the monitoring process across NHS Borders estate. The data presented within the NHS Borders Report Card (Section 2 p.15) is an average figure across the sites using the new national cleaning and estates monitoring tool that was implemented in April 2012. Figure 7 below, highlights NHS Borders cleaning compliance has been consistently higher than the national average over recent years.

Figure 7: NHS Borders national cleaning compliance versus NHS Scotland's overall performance



Outbreaks

Infection Incidents Resulting in Ward/Bay Closures

Table 1 presents a monthly closure summary of wards and bays due to infection control activity within NHS Borders. The sole cause of closure during the period of display was viral gastroenteritis.

Health Protection Scotland announced that the norovirus season in Scotland officially started on the 9th December 2013. Since 3rd January 2014, there have been outbreaks of Norovirus affecting Borders General Hospital. Lessons learned from previous seasons and early preparations co-ordinated through the Norovirus Preparedness Group (NPG) have ensured optimal control measures were implemented without delay.

Table 1: NHS Borders infection control closure summary due to GI illness

Infection Control Closure Summary - Viral Gastroenteritis																								
2013/2014																								
	Qtr 1						Qtr 2						Qtr 3						Qtr 4					
	Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar	
	Bays	Wards	Bays	Wards	Bays	Wards	Bays	Wards	Bays	Wards	Bays	Wards	Bays	Wards	Bays	Wards	Bays	Wards	Bays	Wards	Bays	Wards		
Ward 4																				1				
Total days																				11 days				
Ward 5																				1				
Total days																				3 days				
Ward 6			1	1																				
Total days			2 days	2 days																				
Ward 7																								
Total days																								
Ward 8																								
Total days																								
Ward 9													1											
Total days													1 day											
DME	2	1								1			1	1	1					1				
Total days	8 days	2 days								1 day			3 days	8 days	2 days					9 days				
Stroke Unit																								
Total days																								
Ward 12	2	1	1																	2				
Total days	5 days	3 days	3 days																	9 days				
Ward 14																								
Total days																								
Ward 15																								
Total days																								
Ward 16													1											
Total days													5 days											
Ward 17																								
Total days																								
Kelso						1																		
Total days						4 days																		
Haylodge																								
Total days																								
Hawick				1		1																		
Total days				2 days		7 days																		
Knoll																								
Total days																								
TOTAL	4	2	2	2	0	2	0	0	0	0	1	0	3	1	1	0	0	0	4	1	0	0		

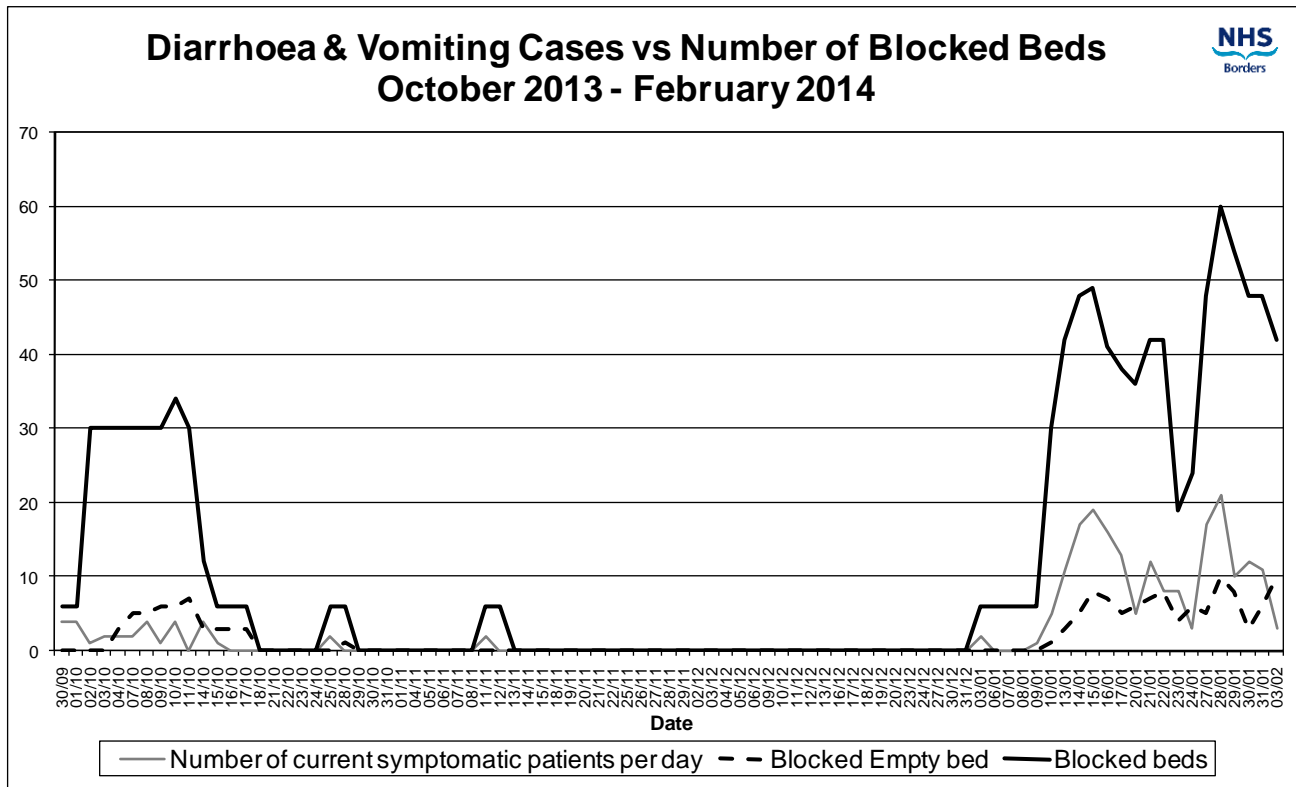
The number of bay closures indicated in a month is the maximum bay closures for that period

When ward has been closed during a month, the bay closures indicated during this period have either preceded or followed the ward closure
Ward/ bay closures running over consecutive months are part of one episode

Figure 8 shows the daily impact of norovirus on patients and the service in terms of blocked beds (restricting patient movement due to room or ward closure) and blocked empty beds which reduces the available bed capacity.

Proactive daily press releases as well as reactive responses to media queries and radio interviews have been used to keep the public up to date on the situation including precautions to take relating to norovirus. The presence of norovirus in BGH reflects the wider prevalence across Scotland and in the local community.

Figure 8: NHS Borders line graph showing daily impact of D&V



The Norovirus outbreak is being managed by the Infection Prevention and Control Team and Hospital Executive Team with support from frontline colleagues.

Other Healthcare Associated Infections (HAI) Related Activity

NHS Borders Surgical Site Infection (SSI) Surveillance

- NHS Borders participates in a national infection surveillance programme relating to specific surgical procedures. This is coordinated by HPS and uses national definitions and methodology which enable comparison with overall NHS Scotland infection rates.

The Surgical Site Infection (SSI) surveillance is conducted on the following range of procedures:-

- Caesarean section
- Hip Arthroplasty
- Knee Arthroplasty
- Colorectal Surgery

Table 2 (p.13) displays the results of the surgical site infection (SSI) surveillance data for each procedure since surveillance started.

Please note that the data for 2013 (Table 2) is provisional as surveillance is maintained for 30 days post operatively and there is a subsequent data validation process. For this reason, the 2013 data may be subject to later revision.

In 2013, NHS Borders Surgical Site Infection (SSI) rates have remained within the 95% confidence limits of NHS Scotland SSI rates for all procedures under surveillance as part of the national programme. The infection rates for caesarean section and hip arthroplasty both reduced whilst knee arthroplasty and large bowel colorectal surgery increased. The numbers of infections and procedures were small.

In 2013, a more detailed review of the surgical site infection surveillance identified a small number of cases which did not meet the Health Protection Scotland SSI definitions but were indicative of being an infection related to a surgical procedure. A Surgical Site Infection Working Group was convened which continues to meet and is currently overseeing a clinical review of theatres procedures and processes, management of patient's risk factors as well as reviewing the pre and post operative patient journey.

Infection Control Audits

- Compliance with best practice for Peripheral Venous Cannulae (PVCs) is important as these devices are commonly used and are a risk factor for patients developing a *staphylococcus aureus* infection. The Infection Prevention and Control Team are using principles of improvement methodology for PVC insertion to spread best practice within BGH. All wards are now included within this phase of work. Through the Scottish Patient Safety Programme, learning from other Health Boards is informing a review of NHS Borders documentation for PVCs to streamline data recording and collection for ward based staff. A review of stock areas is also underway to ensure accessibility to relevant equipment. This work aims to reach a phase of sustained improvement during the 1st quarter 2014.

2013/14 Infection Control Work Plan

- At the time of writing this report, the Infection Prevention and Control Team 2013/14 work plan was on target for all actions to be completed within the timescale.

Healthcare Environment Inspectorate (HEI)

- HEI have commenced with their plans for inspections of non-acute/community hospitals within NHS Scotland. NHS Borders has not been contacted to date. The first inspection will be announced, which will promote the learning and development process that was experienced during the early acute hospital inspections. The IPCT continue to roll-out their environmental audit programme to the community hospitals, which alongside the Borders Executive Team inspections will help prepare for the HEI inspection process.
- HEI conducted and an unannounced inspection of Borders General Hospital on 22 October 2013 with a follow-up visit on 1 November 2013 following submission of additional evidence. An inspection report and action plan has been published (<http://www.healthcareimprovementscotland.org>) with six requirements and one recommendation identified for NHS Borders. Two of the requirements and the recommendation have been completed. The remaining four requirements are all on target for completion within the agreed timescale. A 16 week follow-up action plan will be submitted to HEI at the beginning of April 2014.

Table 2: Surgical Site Infection Data Table

Surgical Site Infection (SSI) Data Table

	Year	NHS Borders			NHS Scotland		Comments	
		Number of Procedures	Number of Surgical Site Infections (SSIs)	SSI Rate %	95% Confidence Interval	National SSI Rate %		95% Confidence Interval
C-Section	2009	222	1	0.45	0.1 to 2.5	2.6	2.3 to 2.8	
	2010	255	3	1.18	0.4 to 3.4	2.6	2.4 to 2.9	
	2011	222	1	0.45	0.1 to 3.3	1.4	1.1 to 1.8	
	2012	224	1	0.45	0.1 to 2.5	2.0	1.8 to 2.2	
	2013	258	0	0.00	0.0 to 5.7	1.7	0.9 to 1.8	
	2014	25	0	0.00				
Hip Arthroplasty	2009	230	2	0.87	0.2 to 3.1	1.2	1.0 to 1.4	
	2010	235	1	0.43	0 to 1.8	0.8	0.7 to 1.1	
	2011	222	0	0.00	0 to 3.3	1.4	1.1 to 1.8	
	2012	281	8	2.85	1.4 to 5.5	0.8	0.6 to 0.9	
	2013	295	5	1.69	0.6 to 7.7	1.0	0.6 to 1.7	
	2014	13	0	0.00				
Knee Arthroplasty	2011	154	0	0.00	0 to 2.4	0.2	0.1 to 0.5	
	2012	136	0	0.00	0 to 2.7	0.2	0.1 to 0.3	
	2013	194	0	0.00	0.0 to 8.4	0.1	0.0 to 0.7	
	2014	13	0	0.00				
Colorectal Surgery	2012	80	2	2.50	0.7 to 8.7	15.0	11.4 to 19.5	Large Bowel
	2012	4	0	0.00	0 to 49.0	0.0	0 to 49.0	Small Bowel - no national data available
	2013	109	4	3.67	1.4 to 9.1	14.7	11.8 to 18.0	Large Bowel
	2013	7	0	0.00	0 to 35.4	11.5	4.0 to 29.0	Small Bowel - no national data available
	2014	16	0	0.00				Large Bowel
	2014	1	0	0.00				Small Bowel - no national data available

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 community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. 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 HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

Clostridium difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). More information on these organisms can be found on the NHS24 website:

Clostridium difficile :http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139§ionID=1

Staphylococcus aureus :http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA:http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252§ionID=1

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

Targets

There are national targets associated with reductions in C.diff and SABs. More information on these can be found on the Scotland Performs website:

<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance>

Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital 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 Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Understanding the Report Cards – 'Out of Hospital Infections'

Clostridium difficile infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes and. The final Report Card report in this section covers 'Out of Hospital Infections' and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital.

NHS BORDERS BOARD REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
MRSA	0	0	0	0	0	0	0	0	2	0	1	0
MSSA	3	4	1	3	3	3	2	2	3	3	1	3
Total SABS	3	4	1	3	3	3	2	2	5	3	2	3

Clostridium difficile infection monthly case numbers

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
Ages 15-64	0	0	0	3	0	0	1	2	2	0	0	2
Ages 65 plus	7	3	1	1	2	2	4	1	2	1	2	1
Ages 15 plus	7	3	1	4	2	2	5	1	4	1	2	1

Hand Hygiene Monitoring Compliance (%)

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
AHP	98.6	100	100	98.8	98.5	100	100	94.8	96.9	100	98.4	98.4
Ancillary	97.3	94.3	98.4	95.5	97.8	99.0	97.0	94.5	98.4	100	100	99.0
Medical	98.6	99.2	98.1	96.9	95.7	95.0	98.0	93.3	96.2	99.0	99.1	98.8
Nurse	99.8	99.3	99.7	99.7	99.8	99.3	99.0	98.6	98.7	99.2	100	100
Board Total	99.2	98.8	99.4	98.6	98.8	98.7	98.7	96.7	98.1	99.4	99.7	99.5

Cleaning Compliance (%)

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
Board Total	96.9	97.1	97.8	98.0	96.9	97.0	96.4	96.6	97.3	97.1	97.6	97.4

Estates Monitoring Compliance (%)

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
Board Total	98.3	98.5	98.5	98.2	98.1	97.9	98.5	98.9	98.6	98.4	98.6	99.2

BORDERS GENERAL HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	1	1	0	0	0	1	0	0	0	1	0	2
Total SABS	1	1	0	0	0	1	0	0	0	1	0	2

Clostridium difficile infection monthly case numbers

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	1
Ages 65 plus	4	1	0	0	0	0	2	0	2	0	2	1
Ages 15 plus	4	1	0	0	0	0	2	0	2	0	2	0

Cleaning Compliance (%)

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
Board Total	96.8	97.7	97.8	97.8	97.1	97.3	96.9	96.2	97.3	97.0	97.6	97.1

Estates Monitoring Compliance (%)

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
Board Total	96.8	97.7	97.8	97.8	97.1	97.3	96.9	96.2	98.8	98.4	99.2	99.3

NHS COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:

- Haylodge Community Hospital
- Hawick Community Hospital
- Kelso Community Hospital
- Knoll Community Hospital

Staphylococcus aureus bacteraemia monthly case numbers

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
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 SABS	0	0	0	0	0	0	0	0	0	0	0	0

Clostridium difficile infection monthly case numbers

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	0	0	0	0	0	0	0	0	0
Ages 15 plus	0	0	0	0	0	0	0	0	0	0	0	0

NHS OUT OF HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
MRSA	0	0	0	0	0	0	0	0	2	0	1	0
MSSA	2	3	1	3	3	2	2	2	3	2	1	1
Total SABS	2	3	1	3	3	2	2	2	5	2	2	1

Clostridium difficile infection monthly case numbers

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
Ages 15-64	0	0	0	3	0	0	1	2	2	0	0	1
Ages 65 plus	3	2	1	1	2	2	2	1	0	1	0	0
Ages 15 plus	3	2	1	4	2	2	3	1	2	1	0	1