



HEALTHCARE ASSOCIATED INFECTION – PREVENTION AND CONTROL REPORT **JUNE 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

The NHS Scotland HAI Action Plan 2008 requires an HAI report 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 June 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.
- NHS Borders is on target to achieve the *Clostridium difficile* infection (CDI) 2015 HEAT target rate of 32.0 cases or less per 100,000 total occupied bed days (patients aged 15 and over).
- Health Protection Scotland has announced the end of the Norovirus season for 2013/14.
- NHS Borders had an unannounced inspection by the Healthcare Environment Inspectorate on the 10th and 11th June. The purpose of the inspection was specifically to review the progress against the requirements made at the previous inspections to BGH in October and November last year and take account of the 16-week action plan submitted in February this year. We welcome the report which will be published in August 2014.
- In the period from January 2014 to the time of writing this report, NHS Borders has had 5 Surgical Site Infections (SSI) identified through the infection surveillance system.
- The Healthcare Associated Infection Strategic Oversight Group continues to critically review progress to reduce infection and improve performance against the HEAT targets.

***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 Methicillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Methicillin 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)

As Figure 1 shows, since April 2014, there have been 8 SAB cases.

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. The next publication of infection performance data against the Scottish Government HEAT targets is scheduled for the first week of July 2014.

Case investigations have found that the biggest increase since 2012/13 is in community cases (Figure 1) where there is very limited opportunity for prevention.

Achieving the HEAT target remains a significant challenge due to the combination of a significant reduction in NHS Borders bed days (denominator) and over 50% of SAB cases developing in the community (with no recent healthcare interaction) or following treatment outwith NHS Borders. Compared to the same period 2 years ago, there has been a 20% reduction in acute occupied bed days in NHS Borders which equates to requiring 7 less SAB cases to maintain the same rate.

46% 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 and location

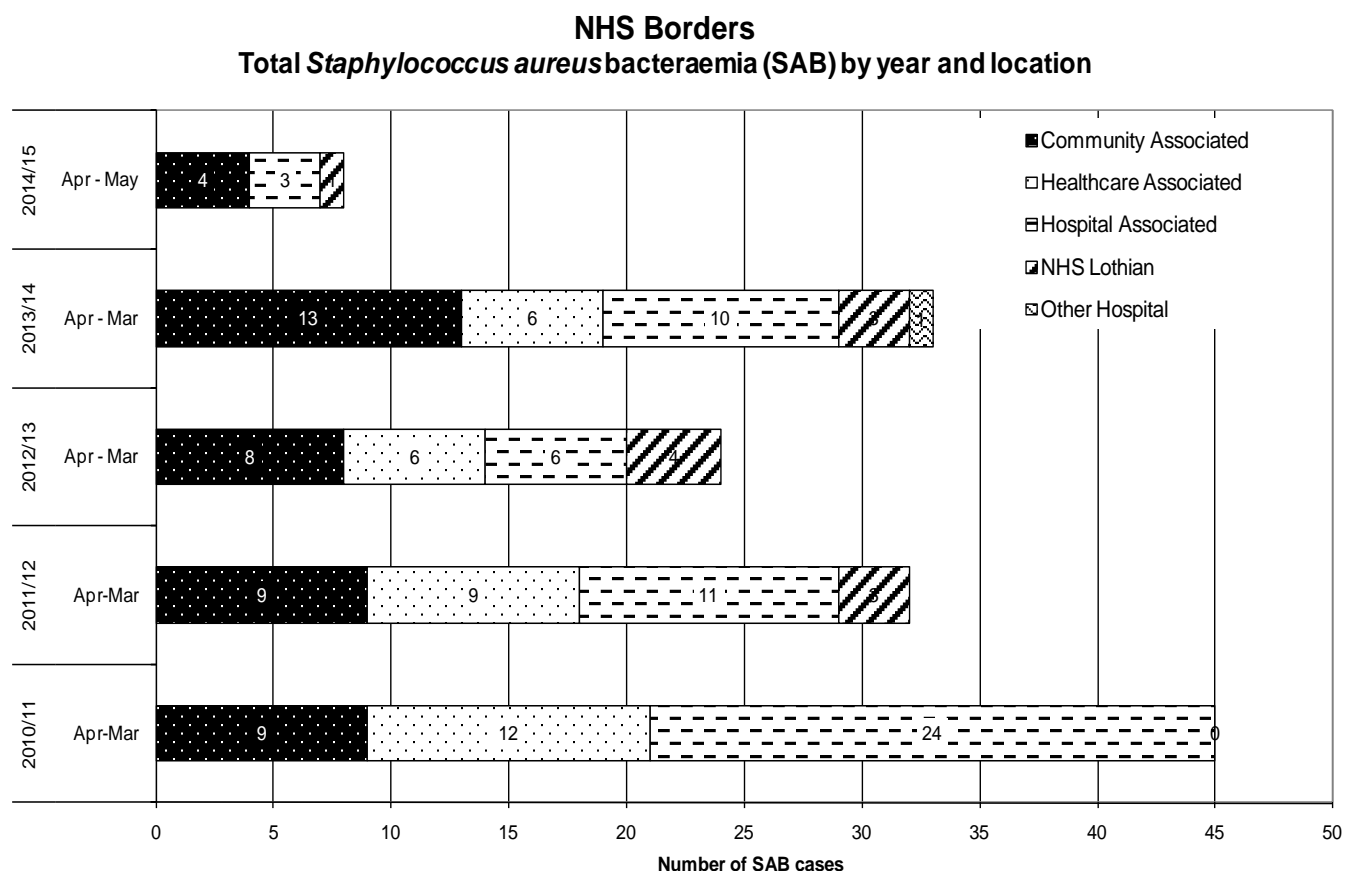
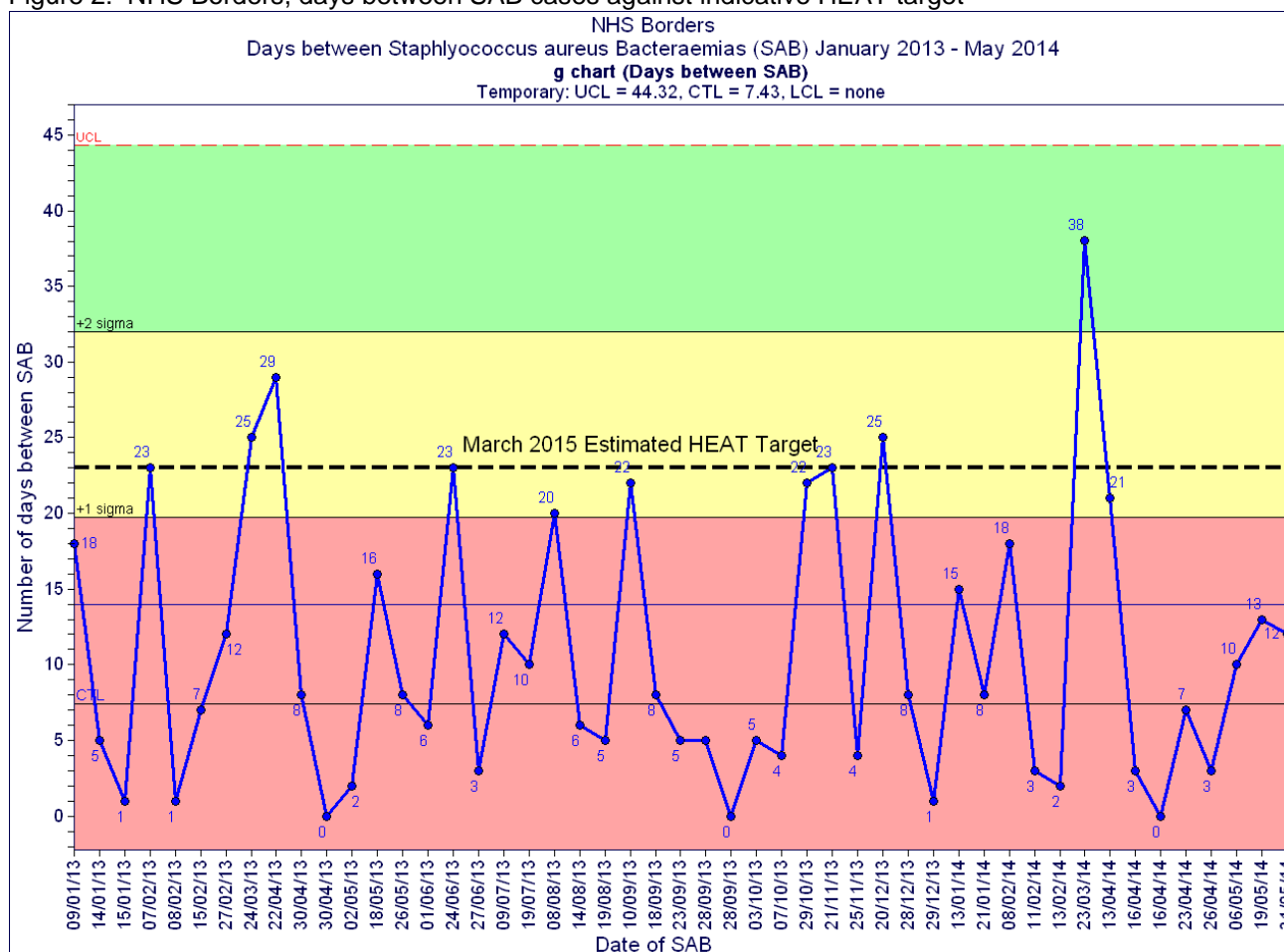


Figure 2, shows a Statistical Process Control (SPC) chart showing the number of days between each SAB case. The reason for displaying the data in this type of chart is due to SAB cases being rare events with low numbers each month.

Traditional charts which show the number of cases per month can make it more difficult to spot either improvement or deterioration. These charts highlight any statistically significant events which are not part of the natural variation within our health system. The graph does not show any statistically significant events since January 2013.

The graph includes an estimate of the HEAT target expressed as days between infections. It is important to note that the HEAT target is estimated to provide an indication of performance but this should be interpreted with caution. This is because NHS Borders SAB numbers are small and the acute occupied bed days denominator fluctuates, (it has reduced by 22% in the two years from 2011 to 2013). These factors will be significant in the final assessment of how NHS Borders has performed against this target.

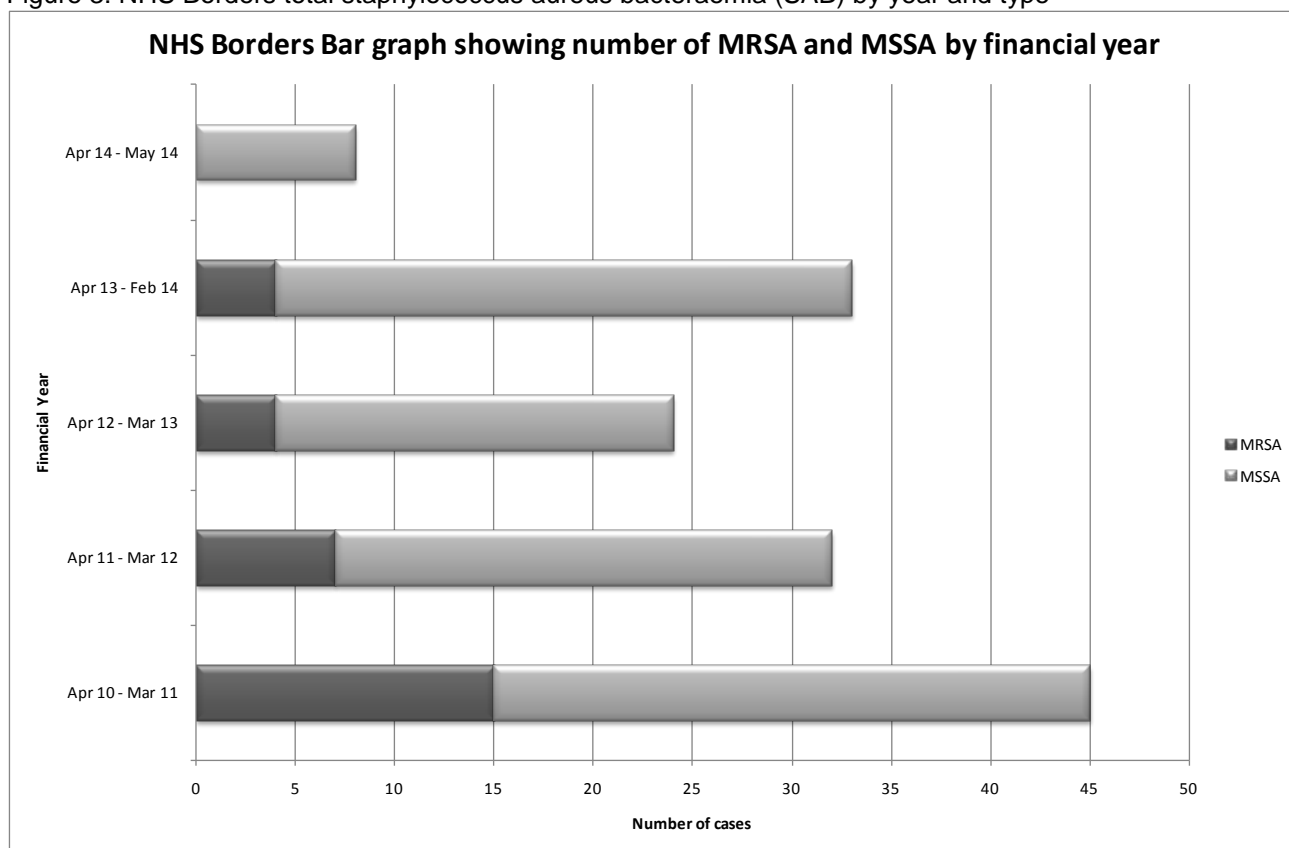
Figure 2: NHS Borders, days between SAB cases against indicative HEAT target



Every SAB case and *Clostridium difficile* infection (CDI) case is subject to a rigorous review which includes a feedback process to the clinicians caring for the patient. Any learning is translated into specific actions which are added to the Infection Control Work Plan. Progress is critically reviewed by the Healthcare Associated Infection Strategic Oversight Group (HAI SOG) chaired by the HAI Executive Lead (Director of Nursing & Midwifery). This group also provides support and guidance to instil a Borders wide collaborative approach to achieve the HEAT targets.

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 since 2010.

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



Clostridium difficile infections (CDI)

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>

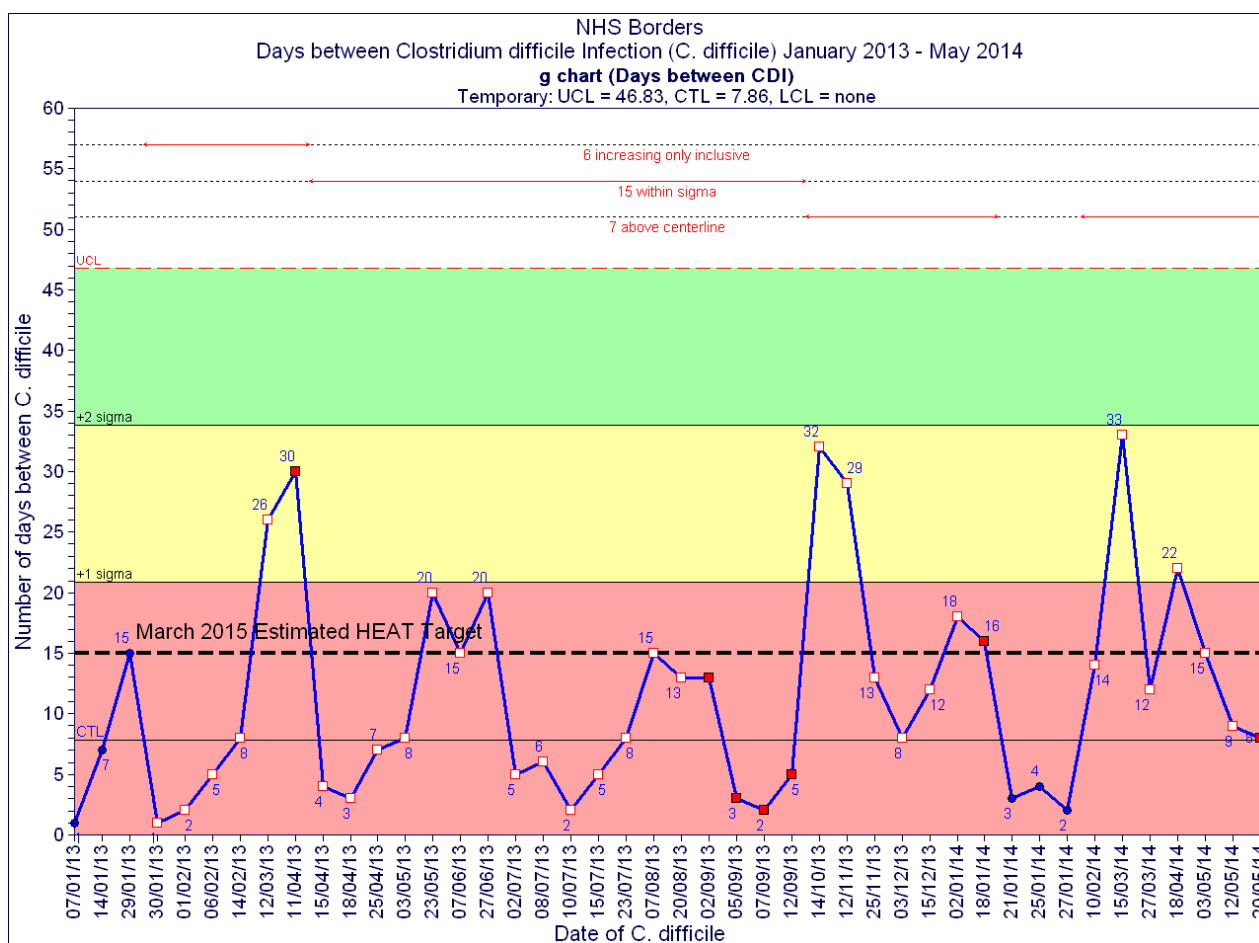
NHS Borders is on target to achieve the *Clostridium difficile* infection (CDI) 2015 HEAT target rate of 32.0 cases or less per 100,000 acute occupied bed days.

Figure 4, shows a Statistical Process Control (SPC) chart showing the number of days between each CDI case. The reason for displaying the data in this type of chart is due to CDI cases being rare events with low numbers each month.

Traditional charts which show the number of cases per month can make it more difficult to spot either improvement or deterioration. These charts highlight any statistically significant events which are not part of the natural variation within our health system. The graph shows a number of statistically significant events, the most recent being an improvement in the number of days between CDI cases with the last 7 data points above the mean average.

The graph includes an estimate of the HEAT target expressed as days between infections. It is important to note that the HEAT target is estimated to provide an indication of performance but this should be interpreted with caution. This is because NHS Borders CDI numbers are small and the total occupied bed days denominator fluctuates. As with SABs, these factors will be significant in the final assessment of how NHS Borders has performed against this target.

Figure 4: NHS Borders, days between CDI cases against indicative HEAT target



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

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/haiic/ic/nationalhandhygienecampaign.aspx>

The hand hygiene data tables contained within the NHS Borders Report Card (Section 2 p.13) are generated from wards conducting self-audits.

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. Hand hygiene is also included in the annual infection control audit plan for 2014/15.

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.13) is an average figure across the sites using the national cleaning and estates monitoring tool that was implemented in April 2012. Figure 5 below, highlights NHS Borders cleaning compliance has been consistently higher than the national average over recent years.

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 has announced that the norovirus season in Scotland for 2013/14 officially ended on 2nd June 2014.

Figure 5: NHS Borders national cleaning compliance versus NHS Scotland's overall performance

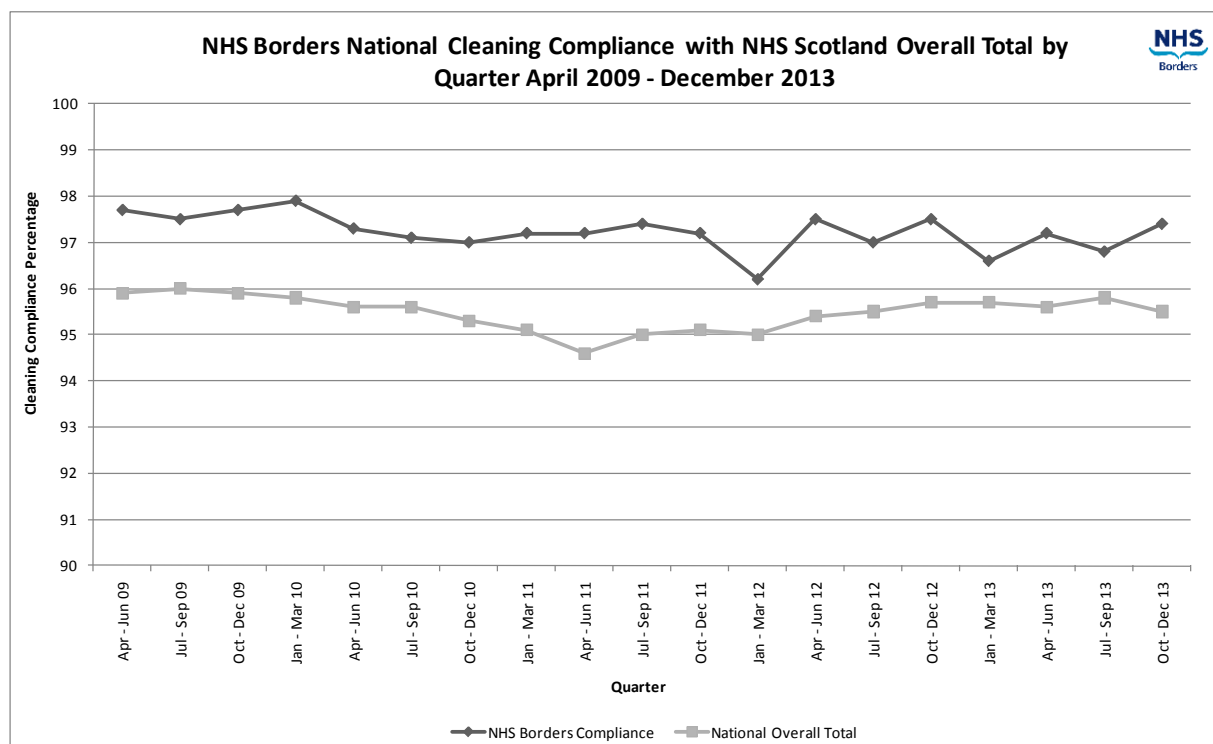


Table 1: NHS Borders infection control closure summary due to GI illness

Infection Control Closure Summary - Viral Gastroenteritis																								
	2013/2014												2014/2015											
	Qtr 2				Qtr 3				Qtr 4				Qtr 1 (upto 12th June 2014)											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	Bays	Wards	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	1	2	3	1	1						
Total days													9 days	8 days	10 days	19 days	2 days	3 days						
Ward 5													1				1							
Total days													3 days				1 day							
MAU/ Ward 6														2	1	2								
Total days														8 days	2 days	2 days								
Ward 7													1	2	1									
Total days													4 days	9 days	2 days	2 days								
Ward 8																								
Total days																								
Ward 9					1									2	1	3	1	1						
Total days					1 day									1 day	5 days	5 days	5 days	7 days						
DME			1		1	1	1						2	1	2	1	1	1	1	1	1	1	1	1
Total days			1 day		3 days	8 days	2 days						5 days	9 days	3 days	10 days	6 days	13 days	4 days	4 days				1 day
Stroke Unit																1								
Total days																5 days								
Ward 12													2	2	1	1		2	1	3				
Total days													10 days	10 days	2 days	3 days		5 days	6 days	13 days				
Ward 14																								
Total days																								
Ward 15																								
Total days																								
Ward 16					1								2	1	1									
Total days					5 days								6 days	4 days	3 days									
Ward 17																								
Total days																								
Kelso																							1	
Total days																							3 days	
Haylodge																2	1	1						
Total days																2 days	9 days	1 day						
Hawick																2								
Total days																5 days								
Knoll														1										
Total days														2 days										
Caudshiels																	1							
Total days																	10 days							
TOTAL	0	0	0	0	1	0	3	1	1	0	0	0	9	2	14	4	17	4	7	2	6	0	1	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

Ward/ bay closures running over consecutive months are part of one episode

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 Health Protection Scotland 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
- Colorectal Surgery

In addition, local infection surveillance is conducted on Knee Arthroplasty procedures.

Table 2 (p.10) displays the results of the surgical site infection (SSI) surveillance data for each procedure since surveillance started. Please note that the data from the last quarter of 2013 onwards is provisional as surveillance is maintained for 30 days post operatively and there is a subsequent data validation process coordinated by Health Protection Scotland.

A workshop is planned for Monday 16th June 2014 which will bring together the different clinical teams caring for patients undergoing orthopaedic surgery to review further opportunities to reduce the risk of infections to patients.

Surgical Site Infection (SSI) Data Table

SSI Surveillance Data using HPS Definitions

	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	
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	105	2	1.90	1.1 to 13.2	0.8	0.5 to 1.2	
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 2.5	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	115	2	1.74	0.2 to 7.1	1.5	1.2 to 2.0	
Colorectal Surgery	2012	80	2	2.50	0.7 to 8.7	15.0	11.4 to 19.5	Large Bowel
		4	0	0.00	0 to 49.0	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
		7	0	0.00	0 to 35.4	11.5	4.0 to 29.0	Small Bowel - no national data available
	2014	53	0	0.00	0.0 to 10.7	5.6	3.1 to 10.0	Large Bowel
		4	0	0.00	0.0 to 49.0	0.0	0.0 to 29.9	Small Bowel - no national data available
	Year	Number of Procedures	Number of Surgical Site Infections (SSIs)	SSI Rate %	Local Surgical Site Infection (SSI) Surveillance definitions used			
Knee Arthroplasty	2011	154	0	0.00				
	2012	136	0	0.00				
	2013	194	0	0.00				
	2014	68	1	1.47				

Table 2: results of the surgical site infection (SSI) surveillance data for each procedure since surveillance started

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. A new tool combining best practice for both insertion and maintenance has been developed and currently being tested in BGH.
- An Infection Control monitoring programme for 2014/2015 has been developed with a focus on the Standard Infection Control Precautions (SICP). Monitoring of each ward/department has been spread throughout the year. The level of compliance

achieved will determine the re-audit timescale for each specific area. Following each audit, an action plan will be developed and given to the Senior Charge Nurse to progress and report through appropriate structures.

2014/15 Infection Control Work Plan

- At the time of writing this report, the Infection Control 2014/15 Work Plan is on target for all actions to be completed within the specified timeframe.

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

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
MRSA	0	0	0	2	0	1	0	0	1	0	0	0
MSSA	3	2	2	3	3	1	3	2	2	1	5	3
Total SABS	3	2	2	5	3	2	3	2	3	1	5	3

Clostridium difficile infection monthly case numbers

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
Ages 15-64	0	1	2	2	0	0	2	1	0	1	1	0
Ages 65 plus	2	4	1	2	1	2	1	4	1	1	0	3
Ages 15 plus	2	5	3	4	1	2	3	5	1	2	1	3

Hand Hygiene Monitoring Compliance (%)

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
AHP	100	100	94.8	96.9	100	98.4	98.4	96.4	96.4	96.7	100	97.0
Ancillary	99.0	97.0	94.5	98.4	100	100	99.0	99.0	93.2	93.0	100	90.3
Medical	95.0	98.0	93.3	96.2	99.0	99.1	98.8	100	95.9	95.4	98.0	95.5
Nurse	99.3	99.0	98.6	98.7	99.2	100	100	100	99.4	98.3	99.7	98.4
Board Total	98.7	98.7	96.7	98.1	99.4	99.7	99.5	99.4	97.5	96.9	99.5	97.0

Cleaning Compliance (%)

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
Board Total	97.0	96.4	96.6	97.3	97.1	97.6	97.4	97.1	96.5	96.7	97.2	96.2

Estates Monitoring Compliance (%)

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
Board Total	97.9	98.5	98.9	98.6	98.4	98.6	99.2	98.9	99.2	99.0	99.1	98.1

BORDERS GENERAL HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
MRSA	0	0	0	0	0	0	0	0	1	0	0	0
MSSA	1	0	0	0	1	0	2	0	0	0	1	0
Total SABS	1	0	0	0	1	0	2	0	1	0	1	0

Clostridium difficile infection monthly case numbers

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
Ages 15-64	0	0	0	0	0	0	1	1	0	1	0	0
Ages 65 plus	0	2	0	2	0	2	1	2	1	1	0	1
Ages 15 plus	0	2	0	2	0	2	2	3	1	2	0	0

Cleaning Compliance (%)

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
Board Total	97.3	96.9	96.2	97.3	97.0	97.6	97.1	96.9	97.0	96.7	97.3	97.3

Estates Monitoring Compliance (%)

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
Board Total	97.3	96.9	96.2	98.8	98.4	99.2	99.3	99.0	99.2	99.4	99.2	99.1

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

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	1	1	1	1
Total SABS	0	0	0	0	0	0	0	0	1	1	1	1

Clostridium difficile infection monthly case numbers

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
Ages 15-64	0	0	0	0	0	0	0	0	0	0	1	0
Ages 65 plus	0	0	0	0	0	0	0	0	0	0	0	1
Ages 15 plus	0	0	0	0	0	0	0	0	0	0	1	1

NHS OUT OF HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
MRSA	0	0	0	2	0	1	0	0	0	0	0	0
MSSA	2	2	2	3	2	1	1	2	1	0	3	2
Total SABS	2	2	2	5	2	2	1	2	1	0	3	2

Clostridium difficile infection monthly case numbers

	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014
Ages 15-64	0	1	2	2	0	0	1	0	0	0	0	0
Ages 65 plus	2	2	1	0	1	0	0	2	0	0	0	1
Ages 15 plus	2	3	3	2	1	0	1	2	0	0	0	1