Health Protection Scotland (HPS) Enhanced Staphylococcus aureus bacteraemia (eSAB) surveillance was introduced in 2014 in order to standardise reporting across Scotland.

NHS Grampian, Infection Prevention and Control team (IPCT) formed a working group directive to facilitate appropriate data collection.

The group aimed to establish the root cause and if the SABs were avoidable or unavoidable.

Using the Plan, Do, Study, Act (PDSA) cycle and HPS eSAB tool, a surveillance form was created to be used by the IPCT in order to identify the entry point and deep source, if any.

The investigation incorporates procedures and interventions occurring within the last 30 days, as well as previous medical history, looking in particular at implants and prosthetics.

SAB cases are discussed at a multi-professional weekly team surveillance meeting, including Infection Control nurses, doctors/microbiologists, antibiotic pharmacists and the Bacteraemia nurse specialist.

Following discussion around the surveillance gathered, the entry point and deep source is then established and the SAB assigned to the appropriate area.

The origin of the infection is attributed to either “Hospital Acquired”, “Healthcare Associated”, “Community” or “Not Known”.

During the surveillance process the IPCT review the implementation and completion of bundles e.g. Peripheral and Central Vascular Catheters and urinary catheters.

If a device is found to be the entry point of the SAB, then hand hygiene and device bundle audits are undertaken in the area concerned.

For Quality Improvement purposes, the IPCT engage with clinical areas to assist and encourage the implementation of the bundles, and support relevant documentation.

The clinician in charge of the patient receives the SAB form and is given the opportunity to respond and discuss the findings. The Infection Control doctors also offer to attend educational meetings for further SAB discussion.