National Healthcare Agreement: PI 39: Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia in acute care hospitals, 2011 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 448298

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Data quality

Data quality statement summary:

- The indicator uses a definition of a patient episode of Staphylococcus aureus bacteraemia (SAB) agreed by all states and territories in September 2009 and used by most states and territories for reporting for the 2009-10 year.
- There may be imprecise exclusion of private hospital and non-hospital patient episodes due to the inherent difficulties in determining the origins of SAB episodes.
- For most states and territories there is less than 100 per cent coverage of public hospitals. For those jurisdictions with incomplete coverage of public hospitals (in the numerator), only patient days for those hospitals that contribute data are included (in the denominator). Differences in the types of hospitals not included may impact on the accuracy and comparability of rates.
- The accuracy and comparability of the rates of SAB among jurisdictions and over time is also limited because the count of patient days (denominator) reflects the amount of admitted patient activity, but does not reflect the amount of non-admitted patient activity.
- The data for 2009-10 are not comparable with the data for 2008-09, because of changes in the definition used for a patient episode of SAB, and changes in the public hospitals included.
- The patient day data may be preliminary for some hospitals/jurisdictions.

Institutional environment: The AIHW calculated the indicator from data provided by states and territories.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data supplied by the states and territories were collected from hospitals through the healthcare associated infection surveillance programs run by the states and territories. The arrangements for the collection of data by hospitals and the reporting to State and Territory health authorities vary among the jurisdictions.

Timeliness: The reference period for this data is 2009 10.

Accessibility: The following states and territories publish data relating to healthcare-associated SAB in various report formats on their websites:

NSW South Wales Your Health Service public website reports SAB by individual hospital:
http://www.health.nsw.gov.au/hospitals/search.asp

New South Wales: Healthcare associated infections reporting for 8 infection indicators by state.
http://www.health.nsw.gov.au/quality/hai/index.asp

Tasmania: Acute public hospitals healthcare associated infection surveillance report.
http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0007/56590/Surveillance_Report_No.5_ending_March_10.pdf

Western Australia: Healthcare Associated Infection Unit - Annual Report
http://www.public.health.wa.gov.au/3/455/3/reports__healthcare_associated_infection_unit.pm

South Australia: Health Care Associated Bloodstream infection report
http://www.health.sa.gov.au/INFECTIONCONTROL/Default.aspx?PageContentID=18&tabid=147

Interpretability: Jurisdictional manuals should be referred to for full details of the definitions used in healthcare-associated infection surveillance.

Definitions for this indicator are published in the performance indicator specifications.

Relevance:

This indicator is for patient episodes of SAB acquired, diagnosed and treated in public acute care hospitals. The definition of a public acute care hospital is 'all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospital Establishments NMDS'. The provision of 'acute' services varies among jurisdictions, so it is not possible to exclude 'non-acute' hospitals from the indicator in a way that would be uniform among the states and territories. Therefore all public hospitals have been included in the scope of the indicator so that the same approach is taken for each State and Territory.

The SAB patient episodes reported were associated with both admitted patient care and (apart from New South Wales) with non-admitted patient care (including emergency departments and outpatient clinics). No denominator is available to describe the total admitted and non-admitted patient activity of public hospitals. However, the number of patient days for admitted patient activity is used as the denominator to take into account the large differences between the sizes of the public hospital sectors among the jurisdictions. The accuracy and comparability of the SAB rates among jurisdictions and over time is limited because the count of patient days reflects the amount of admitted patient activity, but does not reflect the amount of non-admitted patient activity. The amount of hospital activity that patient days reflect varies among jurisdictions and over time because of variation in admission practices.

Only patient episodes associated with public acute care hospitals in each jurisdiction are counted. If a case is associated with care provided in another jurisdiction then it may be reported (where known) by the jurisdiction where the care associated with the SAB occurred.
Almost all patient episodes of SAB will be diagnosed when the patient is an admitted patient. However, the intention is that patient episodes are reported whether they were determined to be associated with admitted patient care or non-admitted patient care in public acute care hospitals.
The data presented have not been adjusted for any differences in case-mix between the states and territories.

Analysis by state/territory is based on the location of the hospital.

Accuracy:

For most states and territories there is less than 100 percent coverage of public hospitals. For those jurisdictions with incomplete coverage of public hospitals (in the numerator), only patient days for those hospitals (or parts of hospitals) that contribute data are included (in the denominator). Differences in the types of hospitals not included may impact on the accuracy and comparability of rates.

Data for Victoria excludes rehabilitation beds. Data for some Victorian hospitals excludes some quarters. Data for Queensland includes only patients aged over 14 years.

All principal referral hospitals (as defined using the 2008-09 peer grouping classification) were included in the SAB surveillance (however data were not available to determine whether this was the case in Western Australia).

It is possible that there will be less risk of SAB in hospitals not included in the SAB surveillance arrangements, especially if such hospitals undertake fewer invasive procedures than those hospitals which are included.

There may be imprecise exclusion of private hospital and non-hospital patient episodes due to the inherent difficulties in determining the origins of SAB episodes.

The patient day data may be preliminary for some hospitals/jurisdictions.

New South Wales data for Methicillin sensitive Staphylococcus aureus (MSSA) and Methicillin resistant Staphylococcus aureus (MRSA) refer to the period 1 January 2010 to 30 June 2010 as these data were collected and reported as a single number prior to these dates. Total data (MSSA plus MRSA) refer to the year 2009-10.

Coherence:

National data for this indicator were first presented in the 2010 COAG Reform Council report. Since that report further work has been undertaken on data development for this indicator, including the definition of an episode of SAB and a suitable denominator, as well as the coverage of public hospitals. As 2010 data were provided prior to the development of agreed national definitions, by only five jurisdictions, and was limited to principal referral and large hospitals, these data are not comparable with those reported previously.

Some jurisdictions have previously published related data (see Accessibility below).

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: P39-Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia in acute care hospitals, 2010 QS
Health, Superseded 08/06/2011

Has been superseded by National Healthcare Agreement: PI 39-Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia in acute care hospitals, 2012 QS
Health, Superseded 14/01/2015

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 39-Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia in acute care hospitals, 2011
Health, Superseded 31/10/2011