

# National Staphylococcus aureus Bacteraemia Data Collection (NSABDC) Data Quality Statement: 2011-12

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# National Staphylococcus aureus Bacteraemia Data Collection (NSABDC) Data Quality Statement: 2011-12

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>Synonymous names:</b>	NSABDC
<b>METEOR identifier:</b>	511883
<b>Registration status:</b>	<a href="#">AIHW Data Quality Statements</a> , Superseded 03/02/2017

## Data quality

## Data quality statement summary:

The NSABDC includes counts of cases of *Staphylococcus aureus* bacteraemia (SAB) for each public hospital covered by SAB surveillance arrangements, and for private hospitals that choose to provide data. The data for public hospitals are collected in the hospital infection control arrangements by state and territory health authorities. Data on MRSA and MSSA cases for public hospitals are reported separately at a state or territory level.

The data include the counts of patient days under surveillance.

A case (patient episode) of SAB is defined as a positive blood culture for *Staphylococcus aureus*. For surveillance purposes, only the first isolate per patient is counted, unless at least 14 days has passed without a positive blood culture, after which an additional episode is recorded.

A case of SAB will be considered to be healthcare-associated if: the first positive blood culture is collected more than 48 hours after hospital admission or less than 48 hours after discharge, or, if the first positive blood culture is collected 48 hours or less after admission and one or more of the following key clinical criteria was met for the patient episode of SAB:

1. SAB is a complication of the presence of an indwelling medical device (for example, intravascular line, haemodialysis vascular access, cerebrospinal fluid shunt, urinary catheter).
2. SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site.
3. An invasive instrumentation or incision related to the SAB was performed within 48 hours.
4. SAB is associated with neutropenia ( $<1 \times 10^9$ ) contributed to by cytotoxic therapy.

This definition of a case of SAB was used by all states and territories for reporting for the 2011–12 year.

### Summary of key issues

- The NSABDC is a data set that includes counts of cases of SAB for each public hospital covered by SAB surveillance arrangements, and for private hospitals that choose to provide data.
- Cases of SAB have been reported by all states and territories using the nationally agreed case definition.
- There may be imprecise exclusion of some SAB cases due to the inherent difficulties in determining the origins of SAB episodes, such as those originating from private hospitals and non-hospital settings.
- For some states and territories there is less than 100 per cent coverage of public hospitals.
- The data for 2011–12 are comparable with the revised data for 2010–11 as published in *Australian hospital statistics 2011–2012: Staphylococcus aureus bacteraemia in Australian public hospitals* (AIHW 2013). Due to changes in the performance indicator specification, they are not comparable with the data published in the *Australian hospital statistics 2010–11: Staphylococcus aureus bacteraemia (SAB) in Australian public hospitals* (AIHW 2011).
- The patient day and coverage data may be preliminary for some hospitals or jurisdictions.

**Institutional environment:** The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the AIHW's main functions is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, analyse these data sets, and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988*, (Commonwealth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information, see the AIHW website <<http://www.aihw.gov.au/>>.

Data for the NSABDC were supplied to the AIHW by state and territory health authorities for the purpose of reporting against the NHA performance benchmark and performance indicator 'Healthcare-associated infections' and for reporting by the National Health Performance Authority (NHPA).

**Timeliness:** The reference period for this data set is 2011–12. Data are provided annually by state and territory health authorities. The original timetable was for states and territories to provide the data by 24 August 2012. States and territories provided the data to the AIHW by November 2012. The data were published in January 2013.

**Accessibility:** The AIHW publishes data from the NSABDC annually in the *Australian hospital statistics: Staphylococcus aureus bacteraemia in Australian public hospitals* series. These reports may be accessed on the AIHW website: <<http://www.aihw.gov.au/hospitals/>>.

**Interpretability:** Information on the definitions used for the NSABDC, including patient days, admitted patient, non-admitted patient and care type, are available on the AIHW's online metadata repository (METeOR). METeOR can be accessed on the AIHW website:

<[/content/index.phtml/itemId/181162](http://content/index.phtml/itemId/181162)>.

At time of publication, the NHA performance indicator specification had yet to be released on METeOR.

<b>Relevance:</b>	<p>Data from the NSABDC are used for the NHA performance benchmark and performance indicator about safety and quality in hospital and related care.</p> <p>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.</p> <p>Almost all cases of SAB will be diagnosed when the patient is an admitted patient. However, the intention is that cases are reported whether they were determined to be associated with admitted patient care or non-admitted patient care in public hospitals.</p> <p>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.</p>
<b>Accuracy:</b>	<p>States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values, except as stated.</p> <p>The arrangements for the collection of data by hospitals and the reporting to state and territory health authorities may vary among the jurisdictions. Jurisdictional manuals should be referred to for full details of definitions used in their infection surveillance arrangements.</p> <p>For some states and territories there is less than 100 per cent coverage of public hospitals.</p> <p>There may be imprecise exclusion of some SAB cases due to the inherent difficulties in determining the origins of SAB episodes, such as those originating from private hospitals and non-hospital settings. However, it is likely that the number of cases incorrectly included or excluded would be small.</p>
<b>Coherence:</b>	<p>The patient day data may be preliminary for some hospitals or jurisdictions.</p> <p>The NSABDC data were first reported for 2008–09 in the 2010 COAG Reform Council <i>National Agreement performance information 2008-09</i> (SCRGSP 2009). The 2008–09 data were provided by five jurisdictions only and before the development of an agreed national definition of a case of SAB. These data were limited to principal referral and large hospitals only. For these reasons, 2008–09 data are not comparable with those reported subsequently, with the exception of data for Tasmania.</p> <p>NSABDC data for 2009–10 were presented in the 2011 COAG Reform Council <i>National Healthcare Agreement: performance report for 2009–10</i> (CRC 2011). New South Wales used a definition of SAB that differed from the national definition.</p> <p>NSABDC data for 2010–11 were presented in <i>Australian hospital statistics 2010–2011: Staphylococcus aureus bacteraemia in Australian public hospitals</i> (AIHW 2011), the 2012 COAG Reform Council <i>National Healthcare Agreement: performance report for 2010–11</i> (CRC 2012) and the <i>MyHospitals</i> website.</p> <p>Due to the changes in the performance indicator specification, the data for 2011–12 are only comparable with the revised data from 2010–11. However, data for Queensland for 2010–11 includes only patients aged 14 and over, however, for 2011–12 all age groups are included.</p> <p>These revised data for 2010-11 cannot be directly compared with the 2010-11 rates published in previous COAG Reform Council publications or <i>Australian hospital statistics 2010–11: Staphylococcus aureus bacteraemia in Australian public hospitals</i> (AIHW 2011), or with the data currently published on the <i>MyHospitals</i> website.</p>

**Implementation start date:** 22/01/2013

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

**Steward:** [Australian Institute of Health and Welfare](#)

## Relational attributes

**Related metadata references:** Has been superseded by [National Staphylococcus aureus Bacteraemia Data Collection, 2015-16: Quality Statement](#)  
[AIHW Data Quality Statements](#), Superseded 15/12/2017