

National Healthcare Agreement: PI 22-Healthcare associated infections, 2014 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	517728
Registration status:	Health , Superseded 14/01/2015

Data quality

Data quality statement summary:	The indicator uses a definition of a patient episode of <i>Staphylococcus aureus bacteraemia</i> (SAB) agreed by all states and territories and used by all states and territories. 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 some 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 2012–13 are comparable with those from 2011–12 except for Western Australia. The data for 2011–12 are comparable with those from 2010–11 except for Queensland. Western Australian data for 2010–11 and 2011–12 are not comparable with data from other jurisdictions. The patient day data may be preliminary for some hospitals/jurisdictions.
Institutional environment:	The Australian Institute of Health and Welfare (AIHW) calculated the indicator from data provided by states and territories. The AIHW is an independent statutory authority within the Health 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 2012–13, with revised data provided for 2011–12.
Accessibility:	The following states and territories publish data relating to healthcare-associated SAB in various report formats on their websites: New South Wales: <i>Your Health Service</i> public website reports SAB by individual hospital. http://www.health.nsw.gov.au/hospitals/search.asp New South Wales: <i>Healthcare associated infections reporting</i> for 8 infection indicators by state. http://www.health.nsw.gov.au/quality/hai/index.asp Queensland: Queensland Health Hospital Performance website: http://www.health.qld.gov.au/performance/default.asp Western Australia: <i>Healthcare Associated Infection Unit - Annual Report and aggregate reports</i>. http://www.public.health.wa.gov.au/3/455/3/reports_healthcare_associated_infection_unit.pm South Australia: <i>Healthcare Associated Bloodstream Infection Report</i>. http://www.health.sa.gov.au/INFECTIONCONTROL/Default.aspx?PageContentID=18&tabid=147 Tasmania: Acute public hospitals healthcare associated infection surveillance report. http://www.dhhs.tas.gov.au/peh/tasmanian_infection_prevention_and_control_unit/publications_and_guidelines
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'. All types of public hospitals are included, both those focusing on acute care, and those focusing on non-acute or sub-acute care, including psychiatric, rehabilitation and palliative care. 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, except for Western Australia where mental health beds are not included in 2010–11 or 2011–12 data.

The SAB patient episodes reported were associated with both admitted patient care and 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.

In 2012, the scope of the indicator was revised to include unqualified newborns. Data reported for 2010–11 and subsequent years include unqualified newborns, except for Western Australia where unqualified newborns are not included in 2010–11 or 2011–12 data. It is not possible to backcast the data for earlier years.

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 some 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.

For 2010–11 and previous years, data for Queensland include only patients aged 14 years and over.

Sometimes it is difficult to determine if a case of SAB is associated with care provided by a particular hospital. Counts therefore may not be precise where cases are incorrectly included or excluded. However, it is likely that the number of cases incorrectly included or excluded would be small.

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.

For 2010–11 and subsequent years, all states and territories used the definition of SAB patient episodes associated with acute care public hospitals as defined above.

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

Some states and territories have provided revised data for 2011–12, thus a revised table for 2011–12 is provided.

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. The most recent work in 2012 was to revise the scope of the indicator to include unqualified newborns. Data reported for 2010–11 and subsequent years include unqualified newborns, except for Western Australia where unqualified newborns are not included in 2010–11 and 2011–12 data. It is not possible to backcast the data for earlier years. Data for 2012–13, 2011–12 and 2010–11 are therefore not comparable with data for previous years.

Data for 2010–11 and 2011–12 are comparable, except for Queensland, where the 2010–11 data do not include patients aged 13 years and under, whereas the 2011–12 data include patients of all ages. Furthermore, for 2010–11 and 2011–12, Western Australian data do not include unqualified newborns or mental health beds, therefore Western Australian data are not comparable with data from other jurisdictions for these two years.

Data for 2011–12 and 2012–13 are comparable, except for Western Australia, where data for 2011–12 do not include unqualified newborns or mental health beds, whereas Western Australian data for 2012–13 include both unqualified newborns and mental health beds.

Western Australian data for 2012–13 are comparable with 2012–13 data from other jurisdictions.

Western Australian data is included in Australian totals for 2010–11 and 2011–12. Technically, the differing scope for 2010–11 and 2011–12 WA data result in Australian totals for 2010–11 and 2011–12 data which are not comparable with 2012–13 data, however, AIHW investigations indicate that the effect is minimal, and thus consider that Australian data are comparable over 2010–11, 2011–12 and 2012–13.

As 2008–09 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 2009–10 data, except for Tasmania.

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

Relational attributes

Related metadata references:

Supersedes [National Healthcare Agreement: PI 22-Healthcare associated infections, 2013 QS Health](#), Superseded 14/01/2015

Has been superseded by [National Healthcare Agreement: PI 22-Healthcare associated infections, 2015 QS Health](#), Superseded 08/07/2016

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 22-Healthcare associated infections, 2014 Health](#), Superseded 14/01/2015