National Healthcare Agreement: PB g–Better health services: the rate of Staphylococcus aureus (including MRSA) bacteraemia is no more than 2.0 per 10,000 occupied bed days for acute care public hospitals by 2011–12 in each state and territory, 2016

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	PB g–The rate of Staphylococcus aureus (including MRSA) bacteraemia is no more than 2.0 per 10,000 occupied bed days for acute care public hospitals by 2011–12 in each state and territory, 2016
METEOR identifier:	598849
Registration status:	Health, Superseded 04/08/2016
Description:	The rate of *Staphylococcus aureus* (including methicillin-resistant *Staphylococcus aureus* (MRSA)) bacteraemia is no more than 2.0 per 10,000 patient days for acute care public hospitals by 2011–12 in each state and territory.
Indicator set:	National Healthcare Agreement (2016) Health, Superseded 31/01/2017
Outcome area:	Hospital and Related Care Health, Standard 07/07/2010 National Health Performance Authority (retired), Retired 01/07/2016

Collection and usage attributes

Computation description: Acute care public hospitals are defined as all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospital Establishments National Minimum Data Set. 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.

Unqualified newborns are included in the indicator. Hospital boarders and posthumous organ procurement are excluded from the indicator.

A patient-episode of *Staphylococcus aureus* bacteraemia (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 *Staphylococcus aureus* bacteraemia 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 (e.g. intravascular line, haemodialysis vascular access, CSF 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

Exclusions:

Cases where a known previous positive test has been obtained within the last 14 days are excluded. For example: If a patient has SAB in which 4 sets of blood cultures are positive over the initial 3 days of the patient's admission only one episode of SAB is recorded. If the same patient had a further set of positive blood cultures on day 6 of the same admission, these would not be counted again, but would be considered part of the initial patient-episode.

Note: If the same patient had a further positive blood culture 20 days after admission (i.e. greater than 14 days after their last positive blood culture on day 5), then this would be considered a second patient-episode of SAB.

Denominator: include unqualified newborns, exclude posthumous organ procurement and hospital boarders.

See Establishment—number of patient days, total N[N(7)] for the definition of patient days. Also included in the denominator are patient days for unqualified newborns, which are not covered in the linked definition. Patient days for unqualified newborns must be reported in addition to patient days as defined in the link.

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

Presented as a number per 10,000 patient days.

Coverage: Denominator ÷ Number of patient days for all public hospitals in the state or territory.

Any variation from the specifications by jurisdictions will be footnoted and described in the data quality statement.

Computation: 10,000 patient days × (Numerator ÷ Denominator)

Numerator: SAB patient episodes (as defined in the Computation description) associated with acute care public hospitals.

Numerator data elements:

Data Element / Data Set

Data Element

Person—*Staphyloccocus aureus* bacteraemia episode indicator

Data Source

State/territory infection surveillance data

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Data Element

Person—person identifier

Data Source

State/territory infection surveillance data

Guide for use

Data source type: Administrative by-product data

Denominator:

Number of patient days for public acute care hospitals under surveillance (i.e. only for hospitals included in the surveillance arrangements).

Denominator data elements:

Data Element / Data Set

Data Element

Episode of admitted patient care—admission date

Data Source

State/territory admitted patient data

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Data Element

Episode of admitted patient care—separation date

Data Source

State/territory admitted patient data

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Data Element

Establishment—*Staphyloccocus aureus* bacteraemia surveillance indicator

Data Source

State/territory admitted patient data

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Data Element

Establishment—organisation identifier (Australian)

Data Source

State/territory admitted patient data

Guide for use

Data source type: Administrative by-product data

Disaggregation:

2013–14 (updated for resupplied data), 2014-15—State and territory, by:

- Methicillin-resistant *Staphylococcus aureus* (MRSA)/Methicillin-sensitive *Staphylococcus aureus* (MSSA)

Some disaggregation may result in numbers too small for publication.

Disaggregation data elements:

Data Element / Data Set

Data Element

Establishment—Australian state/territory identifier

Data Source

State/territory infection surveillance data

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Data Element

Methicillin-resistant *Staphylococcus aureus* (MRSA)/Methicillin-sensitive *Staphylococcus aureus* (MSSA) indicator

Data Source

State/territory infection surveillance data

Guide for use

Data source type: Administrative by-product data

Comments: Most recent data available for 2016 National Healthcare Agreement performance reporting: 2014–15.

Baseline: 2009–10.

The number of SAB patient episodes associated with acute public hospitals under surveillance includes SAB patient episodes associated with all public hospitals, and the number of patient days for public acute care hospitals under surveillance includes the number of patient days for all public hospitals under surveillance.

For some states and territories there is less than 100 per cent coverage of hospitals. This may impact on the reported rate. For those jurisdictions with incomplete coverage of acute care public hospitals (in the numerator), only patient days for those hospitals that contribute data are included (in the denominator). Specifically, if a hospital was not included in the SAB surveillance arrangements for part of the year, then the patient days for that part of the year are excluded. If part of the hospital was not included in the SAB surveillance arrangements (e.g. children's wards, psychiatric wards), then patient days for that part of the hospital are excluded. Patient days for 'non-acute' hospitals (such as rehabilitation and psychiatric hospitals) are included if the hospital was included in the SAB surveillance arrangements, but not otherwise. However, all these patient days are included in the coverage rate denominator measure of total number of patient days for all public hospitals in the state or territory.

Some states operated a 'signal surveillance' arrangement for smaller hospitals whereby the hospital notifies the appropriate authority if a SAB case is identified, but the hospital is not considered to have formal SAB surveillance as per larger hospitals. Where this arrangement is in place, these hospitals should be included as part of the indicator. That is, SAB patient episodes and patient days should be included as 'under surveillance'.

Only episodes associated with acute public hospital care in each jurisdiction should be counted. If a case is associated with care provided in another jurisdiction (cross border flows) then it is reported, where known, by the jurisdiction where the care associated with the SAB occurred.

There may be patient episodes of SAB identified by a hospital which did not originate in the identifying hospital (as determined by the definition of a patient episode of SAB), but in another public hospital. If the originating hospital is under surveillance, then the patient episode of SAB should be attributed to the originating hospital and should be included as part of the indicator. If the originating hospital is not under SAB surveillance, then the patient episode is unable to be included in the indicator.

Patient episodes associated with care provided by private hospitals and non-hospital health care are excluded.

Patient days for unqualified newborns are included. Patient days for hospital boarders and posthumous organ procurement are excluded.

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 associated with admitted patient care or non-admitted patient care in public acute care hospitals.

Where there is significant variation, for example non-coverage of cases diagnosed less than 48 hours after admission, in the data collection arrangements it will affect the calculation of values across states and territories.

Variation in admission practices across jurisdictions will influence the denominator for this indicator, impacting on the comparability of rates.

Jurisdictional manuals should be referred to for full details of definitions used in infection control surveillance.

Representational attributes

Representation class: Rate

Data type: Real

Unit of measure: Episode

Format: NN[N]

Data source attributes

Data sources:

Data Source

State/territory admitted patient data

Frequency

Annual

Data custodian

State/territory health authorities

Data Source

State/territory infection surveillance data

Frequency

Annual

Data custodian

State/territory health authorities

Accountability attributes

Reporting requirements: National Healthcare Agreement

Organisation responsible for providing data: Australian Institute of Health and Welfare

Benchmark: National Healthcare Agreement Performance Benchmark

The rate of *Staphylococcus aureus* (including methicillin-resistant *Staphylococcus aureus* (MRSA)) bacteraemia is no more than 2.0 per 10,000 patient days for acute care public hospitals by 2011–12 in each state and territory.

Refer: http://www.federalfinancialrelations.gov.au/content/npa/healthcare/national-agreement.pdf

Further data development / collection required: Specification: Final, the measure meets the intention of the indicator.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: PB g-Better health: the rate of Staphylococcus aureus (including MRSA) bacteraemia is no more than 2.0 per 10,000 occupied bed days for acute care public hospitals by 2011–12 in each state and territory, 2015
Health, Superseded 08/07/2016

Has been superseded by National Healthcare Agreement: PB g–Better health services: the rate of Staphylococcus aureus (including MRSA) bacteraemia is no more than 2.0 per 10,000 occupied bed days for acute care public hospitals by 2011–12 in each state and territory, 2017
Health, Superseded 30/01/2018

See also National Healthcare Agreement: PI 22–Healthcare associated infections: Staphylococcus aureus bacteraemia, 2016
Health, Superseded 04/08/2016