National Healthcare Agreement: PB g–Better health services: the rate of Staphylococcus aureus (including MRSA) bacteraemia is no more than 1.0 per 10,000 occupied bed days for acute care public hospitals by 2020–21 in each state and territory, 2022

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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 1.0 per 10,000 occupied bed days for acute care public hospitals by 2020–21 in each state and territory, 2022
METEOR identifier:	740896
Registration status:	Health, Standard 24/09/2021
Description:	The rate of *Staphylococcus aureus* (including methicillin-resistant *Staphylococcus aureus* (MRSA)) bacteraemia is no more than 1.0 per 10,000 patient days for acute care public hospitals by 2020–21 in each state and territory.
Indicator set:	National Healthcare Agreement (2022) Health, Standard 24/09/2021
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: For the purpose of data collection, all types of public hospitals are included (as defined in the Local Hospital Networks/Public hospital establishments NMDS 2019–20), both those focusing on acute care, and those focusing on non-acute or sub-acute care, including psychiatric, rehabilitation and palliative care.

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 less than or equal to 48 hours after admission to hospital and the patient-episode of SAB meets at least one of the following:

1. SAB is a complication of the presence of an indwelling medical device (e.g. intravascular line, haemodialysis vascular access, cerebrospinal fluid (CSF) shunt, urinary catheter)
2. SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site
3. SAB was diagnosed within 48 hours of a related invasive instrumentation or incision
4. SAB is associated with neutropenia contributed to by cytotoxic therapy. Neutropenia is defined as at least two separate calendar days with values of absolute neutrophil count (ANC) or total white blood cell count (WBC) <500 cells/mm^3 (0.5×10^9 / L) on or within a 7-day time period which includes the date the positive blood specimen was collected (day 1), the 3 calendar days before and the 3 calendar days after.

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 1 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.

See Establishment—number of patient days, total N[N(7)] for the definition of patient days.

Unqualified newborns, hospital boarders and posthumous organ procurement are excluded from the indicator.

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—*Staphylococcus 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—*Staphylococcus 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:

2019–20 (updated for resupplied data), 2020–21—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 2022 National Healthcare Agreement performance reporting: 2020–21.

Baseline: 2009–10.

A new national benchmark for healthcare-associated SAB infections for public hospital reporting was endorsed by the Australian Health Ministers' Advisory Council and implemented from 1 July 2020. This new benchmark is 1.0 case per 10,000 patient days. The previous benchmark (applying to data prior to 1 July 2020) was 2.0 cases per 10,000 patient days.

In accordance with analysis guidelines produced by the Australian Commission for Safety and Quality in Health Care, reported data may refer to SABSI (for *Staphylococcus aureus* bloodstream infections) or HA-SABSI (for healthcare-associated *Staphylococcus aureus* bloodstream infections).

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

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.

For the purpose of data collection, 'acute care public hospitals' refers to all types of public hospitals with SAB surveillance arrangements.

- For some states and territories there is less than 100% 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'.
- 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.

Note that the definition of a healthcare-associated SAB was revised by the Australian Commission on Safety and Quality in Health Care in 2016. In particular, the clinical criterion for SAB associated with neutropenia was revised. Data for 2010–11, 2011–12, 2012–13, 2013–14 and 2014–15 are reported according to the previous neutropenia criterion:

- SAB is associated with neutropenia ($<1 \times 10^9$) contributed to by cytotoxic therapy

Data for 2015–16, 2016–17, 2017–18, 2018–19, 2019–20 and 2020–21 are reported according to the new neutropenia criterion:

- SAB is associated with neutropenia contributed to by cytotoxic therapy. Neutropenia is defined as at least 2 separate calendar days with values of absolute neutrophil count (ANC) or total white blood cell count (WBC) <500 cell/mm^3 (0.5×10^9/L) on or within a 7-day time period which includes the date the positive blood specimen was collected (Day 1), the 3 calendar days before and the 3 calendar days after.

Due to resource requirements associated with responses to the COVID-19 pandemic, the Victorian government exempted all Victorian hospitals from routine surveillance reporting during the period 1 April to 31 December 2020. While most Victorian hospitals continued to submit SAB data during this period, some were unable to carry out and submit data from hand hygiene audits.

Representational attributes

Representation class:	Rate
Data type:	Real
Unit of measure:	Episode
Format:	N[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 1.0 per 10,000 patient days for acute care public hospitals by 2020–21 in each state and territory. Prior to 1 July 2020, the benchmark was 2.0 cases per 10,000 patient days.

Refer Austalian Commission on Safety and Quality in Health Care 2020 and National Healthcare Agreement 2012.

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

Source and reference attributes

Reference documents:

Australian Commission on Safety and Quality in Health Care 2020. Staphylococcus aureus bacteraemia (SAB) Prevention Resources. Viewed 18 February 2021, https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/staphylococcus-aureus-bacteraemia-sab-prevention-resources

Council of Australian Governments 2012. National Healthcare Agreement (effective 25 July 2012). Viewed 5 May 2020, http://www.federalfinancialrelations.gov.au/content/npa/health/_archive/healthcare_national-agreement.pdf

Relational attributes

Related metadata references:

Supersedes 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, 2021
Health, Standard 16/09/2020

See also National Healthcare Agreement: PI 22–Healthcare associated infections: Staphylococcus aureus bacteraemia, 2022
Health, Standard 24/09/2021