

Patient episode of Staphylococcus aureus bloodstream infection—most probable origin, healthcare associated clinical criteria code N

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Patient episode of Staphylococcus aureus bloodstream infection—most probable origin, healthcare associated clinical criteria code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Healthcare associated Staphylococcus aureus bloodstream infection origin
METEOR identifier:	752242
Registration status:	Health , Standard 09/12/2022
Definition:	The most probable healthcare associated source of a patient episode of Staphylococcus aureus bloodstream infection , as represented by a code.
Data Element Concept:	Patient episode of Staphylococcus aureus bloodstream infection—most probable origin
Value Domain:	Healthcare associated Staphylococcus aureus bloodstream infection clinical criteria code N

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

	Value	Meaning
Permissible values:	1	Related to an indwelling medical device
	2	Related to surgical site
	3	Related to an invasive instrumentation or incision
	4	Related to cytotoxic therapy
Supplementary values:	7	Not applicable
	8	Unknown
	9	Not stated/inadequately described

Source and reference attributes

Submitting organisation:	Australian Commission on Safety and Quality in Health Care
Origin:	ACSQHC Healthcare Associated Infection Technical Working Group

Data element attributes

Collection and usage attributes

Guide for use:

CODE 1 Related to an indwelling medical device

To be used where the SABSI is a result of a complication of an indwelling medical device, such as an intravascular line, haemodialysis vascular access, cerebrospinal fluid shunt, or urinary catheter.

CODE 2 Related to surgical site

To be used where the patient episode occurs within 30 days of a surgical procedure where the SABSI is related to the surgical site, or within 90 days for deep incisional/organ space infections related to a surgically implanted device.

CODE 3 Related to an invasive instrumentation or incision

To be used where the SABSI was diagnosed within 48 hours of a related invasive instrumentation or incision.

CODE 4 Related to cytotoxic therapy

To be used where the SABSI is associated with neutropenia contributed to by cytotoxic therapy and is unrelated to the presence of an indwelling medical device. Where neutropenia is defined as at least two separate calendar days with values of absolute neutrophil count (ANC) or total white blood cells count (WBC) less than $1 \times 10^9/L$.

If the most probable cause cannot be defined by the four codes listed, then the SABSI is considered to be community-acquired and reported as such for [Patient episode of Staphylococcus aureus bloodstream infection—infection setting, status code N](#).

Comments:

To identify whether SABSI are community associated or healthcare associated, SABSI should undergo a standard case review by a healthcare worker trained in Infectious Diseases/Infection Control.

Source and reference attributes**Submitting organisation:**

Australian Commission on Safety and Quality in Health Care

Origin:

ACSQHC Healthcare Associated Infection Technical Working Group

Reference documents:

ACSQHC (Australian Commission on Safety and Quality in Health Care) 2021. Implementation Guide for the Surveillance of Staphylococcus aureus bloodstream infection. Sydney: ACSQHC, viewed 10 February 2022
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/implementation-guide-surveillance-staphylococcus-aureus-bloodstream-infection>

Relational attributes**Related metadata references:**

Supersedes [Patient episode of Staphylococcus aureus bacteraemia—most probable healthcare associated Staphylococcus aureus bacteraemia clinical criteria, code N](#)
[Health](#), Superseded 09/12/2022

Implementation in Data Set Specifications:

[Surveillance of healthcare associated infection: Staphylococcus aureus bloodstream infection NBPDS](#)
[Health](#), Standard 09/12/2022

Conditional obligation:

Conditional on there being at least one patient episode reported for [Establishment—number of patient episodes of healthcare associated Staphylococcus aureus bloodstream infection, total episodes N\[NNNN\]](#)