

Trust assignment of cases (MRSA bacteraemia):

A case is deemed to be Trust assigned where the completed Post Infection Review (PIR) indicates that an acute Trust is the organisation best placed to ensure that any lessons learned are actioned.

Further details on the PIR process can be found here: <http://www.england.nhs.uk/ourwork/patientsafety/zero-tolerance/>

Trust apportioning of cases (MSSA bacteraemia):

MSSA bacteraemia infections are apportioned to a Trust if the following rules are met:

The location where the specimen was taken is given as 'acute Trust' or is not known;

The patient was either an 'In-patient', 'Day-patient', in 'Emergency assessment' or is not known.

Patient's specimen date is on, or after, the third day of the admission (or admission date is null), where the day of admission is day 1.

Trust apportioning of cases (*C. difficile* Infection):

C. difficile infections are apportioned to a Trust if the following rules are met:

The location where the specimen was taken was given as 'Acute Trust' or was not known;

The patient was either an 'In-patient', 'Day-patient', in 'Emergency assessment' or was not known;

Patient's specimen date is on, or after, the fourth day of the admission (or admission date is null), where the day of admission is day 1.

Data source:

Data were extracted from PHE's data capture system on 20th April 2015 and are as included in the annual data tables (published 9th July 2015).

Data are collected at Trust level.

Cases are reported by the Trust whose laboratory processes the specimen, which may not always reflect where the MRSA bacteraemia was acquired.

NB: PHE do not recommend using count data as basis for comparison between Trusts. The counts of infections have not been adjusted to give a standardised rate considering factors such as the hospital demographics or case mix.