Examples of Frequent Non-Trajectory appeals

Accepted

• **Clinical history of a difficult to treat patient despite evidence of good clinical practice.**
  
  **Scenario**
  A patient with a MRSA septic arthritis of a joint with numerous medical complications and is non-compliant with healthcare with three episodes of MRSA bacteraemia at month 1, month 5 and month 6.

  The first episode must be recorded and consideration of the case notes indicated that the second episode in month 5 should be regarded as a treatment failure or relapse, following attempted treatment and should remain in the figures for the Trust. The third episode occurred in month 6 despite good and appropriate treatment and the evidence that by this time, the patient has become impossible to treat and would inevitably suffer a relapse or treatment failure despite appropriate treatment. Therefore, it is reasonable to remove the third episode from the Trust’s local figures.

• **Duplicate report from a second Trust taken within 14 days of the first Trust**
  
  **Scenario**
  A positive blood culture is taken in Trust A on day 1. The patient is transferred to Trust B on day 5 and a blood culture was taken on day 7. This is only 7 days after the first positive blood culture and is therefore the same episode of a MRSA bacteraemia. The second positive blood culture can be deleted from the trajectory of Trust B.

• **Reporting error MRSA bacteraemia identified subsequently as a different organism**
  
  **Scenario**
  A positive blood culture resulted in a MRSA bacteraemia report. Subsequently it was demonstrated that the isolate was a different organism. If this can be confirmed, the case should not have been reported as an MRSA bacteraemia and should be deleted from the Trust’s trajectory and national records.
Examples of Frequent Non-Trajectory appeals

Declined

- **Appeal on the basis of Trust apportionment**
  
  **Scenario**
  
  A MRSA bacteraemia diagnosed/reported from a blood culture taken three days or more following admission. Trust appeals on the basis that the case is a community MRSA bacteraemia case. This does not represent criterion for the removal of an MRSA bacteraemia case from either local or national figures. If a case is diagnosed more than three days following admission it cannot be reallocated as a pre three day (non Trust apportioned) case. Apportionment of admitted cases is decided primarily on the basis of timing of detection.

- **Treatment failure**
  
  **Scenario**
  
  A second episode of a MRSA bacteraemia is diagnosed more than two months after the first episode. This is clearly well beyond the 14 days within which it could be regarded as the same episode. Investigations show that the patient developed a deep seated abscess with MRSA, following the first bacteraemia and this abscess was the source of the second bacteraemia. A recurrence of MRSA bacteraemia following treatment failure, even when treatment has been extensive, is not a valid criterion for removal of a case from a Trust’s trajectory and this must be regarded as a second episode.

- **Contaminants**
  
  **Scenario**
  
  A MRSA positive blood culture is considered to be a contaminant after a root cause analysis but this is not a valid criterion for removal of a case from a Trust’s trajectory. Throughout the Mandatory Reporting Scheme all MRSA positive blood cultures, including those considered to be potential contaminants, have been required to be reported into the system and counted in the Trust’s trajectory.