

Ministry of Health
and Long-Term Care

Ministère de la Santé
et Soins de longue durée



Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto ON M7A 1R3
Tel.: 416 327-4300
Fax: 416 326-1570

Édifice Hepburn, 10^e étage
80, rue Grosvenor
Toronto ON M7A 1R3
Tél. : 416 327-4300
Télééc. : 416 326-1570

August 11, 2008

Dear Colleagues,

IMPORTANT DATE CHANGES

Please note that as the data will be available sooner than anticipated, the Minister will be releasing the hospital *C. difficile associated disease (CDAD)* reported information on the ministry web site on **September 26, 2008. Hospitals are encouraged to post their information on the same day.**

Please also note the date for submitting CEO and Board Chair commitment letters has been extended to **August 22, 2008**

This is my fourth letter to you updating you on the government's patient safety agenda relating to infection control in hospitals.

Please refer to Appendix 1 for summaries of previous letters.

This letter is intended to:

- inform you of the change in the ministry public reporting date for CDAD
- inform CEOs and Board Chairs that the date to return their signed report back to the ministry letter, attached to my letter of July 17, 2008 to the ministry has been extended to August 22, 2008
- provide responses to new questions related to (CDAD) reporting processes and requirements.

CEO and Board Chair Letter

As noted in web casts and teleconferences, responsibility for CDAD monitoring and containment remains with the hospital CEO and Board Chair.

As such, the ministry requested that all hospital CEOs and Board Chairs sign the letter attached to my July 17th letter and return to the ministry by August 15, 2008. **This date has been extended to August 22, 2008.**

This letter acknowledges that you have received and reviewed the information related to CDAD reporting and will make every effort for your staff to attend the training sessions.

For your convenience, I am attaching a copy of the form.

Please note, it is the intention of the ministry to release the names of hospitals that have and have not returned this signed letter to the media, as an indication of the accountability of hospitals for this serious matter.

New Questions and Responses

The following issues have arisen during recent training sessions and responses have been developed for sharing with relevant staff in your organization:

Question 1. Are hospitals with fewer than 10 cases per month required to report the number of cases to the ministry on the 15th of each month? What will be reported on the hospital and ministry web sites (public reporting)?

To the ministry:

- all hospitals are required to report to the ministry, using the WERS system, **all data** including rates, patient days and count of nosocomial cases associated with the reporting facility, regardless of the number of cases observed in the reporting period. Hospitals with a count of nosocomial cases associated with the reporting facility of 0, are still required to submit this to the ministry using the WERS system, along with the rate and patient days for the month.

For public reporting, on the ministry and hospital web sites:

- a hospital whose count of new nosocomial cases associated with the reporting facility in the reporting period is between 1 and 9 should post their count as "<10". A hospital with a count of new nosocomial cases associated with the reporting facility in the reporting period that is 10 or more, is required to report the number of these cases. In both cases, the hospital must report the rate on its web site. A hospital whose count of new nosocomial cases associated with the reporting facility is 0, and therefore has a rate of 0, is required to report 0 cases and a rate of 0.
- the ministry will post "<10" for hospitals reporting counts of nosocomial cases associated with the reporting facility for the reporting period between 1 and 9. As well the ministry will post "0" for hospitals reporting no nosocomial cases associated with the reporting facility.

Question 2. Will the WERS form be pre-populated (eg: patient days)?

WERS is a data collection tool. No fields will be automatically populated. All data points must be manually entered.

Question 3. How should patient days be calculated?

Hospitals should use the daily census data to calculate their patient days.

As noted in the letter from John McKinley, dated July 29, 2008, questions or further clarification related to reporting details such as the calculation of patient days can be referred to Sten Ardal, Director Health analytics, MOHLTC, at 416-327-6483.

Please consult with your RICN advisor for questions related to CDAD management.

Again as noted in past letters, I am committed to communicating with you regularly on this important project and will continue to forward letters that address these issues.

Please do not hesitate to contact me directly at michael.baker@uhn.on.ca if you have any questions, wish to discuss these issues further or have suggestions for the content of future letters.

Sincerely,

Original signed by

Michael Baker M.D.
Executive Lead – Patient Safety

cc: Hon. David Caplan, MPP
Minister of Health and Long-Term Care

Ron Sapsford
Deputy Minister
Ministry of Health and Long-Term Care

Appendix 1: Summary of Previous Letters on the Government's Patient Safety Agenda.

Letter 1, June 23, 2008:

- eight (8) public reporting elements announced by the former Minister of Health and Long-Term Care,
- initiatives the government has undertaken to improve patient safety,
- Dr Baker's Expert Panel members, and
- the OHA/MOHLTC webcast on Thursday June 26th that can be accessed through the OHA's website.

Letter 2, July 17, 2008:

- data elements, case and outbreak definitions, reporting requirements and flowcharts, and
- supporting materials, including Provincial Infectious Diseases Advisory Committee (PIDAC) best practice documents and related summaries
- form to be signed by the hospital CEO and Board Chair and returned to the ministry by August 15th, indicating they have received and reviewed the information related to CDAD reporting and will make every effort for staff to attend the training sessions.

Letter 3, July 29, 2008:

- all Ontario public hospitals required to report to the public on their own websites on CDAD, beginning September 30, 2008:
 - rates of new nosocomial CDAD cases associated with the reporting facility, separately for each hospital site, and
 - the number of new nosocomial CDAD cases associated with the reporting facility (count) separately for each hospital site.
- the MOHLTC will also report on its own website: <http://www.health.gov.on.ca>, beginning September 30, 2008:
 - the rate of nosocomial CDAD associated with the reporting facility for each hospital site, and
 - the number of new CDAD cases associated with the reporting facility (count) for each hospital site.
- all Ontario public hospitals required by the 15th of every month to send *all* their CDAD data to the MOHLTC using the Web Enabled Reporting System (WERS) database
- the MOHLTC will calculate the rates using the hospital's data, and will forward its calculated rate to the hospital
- hospitals whose calculated rates differ from the ministry's calculated rate, should contact the MOHLTC to discuss
- the MOHLTC will post its calculated rate
- it is the ministry's recommendation that hospitals wait to post the monthly rate until they have received the results of the MOHLTC's calculations.
- if the number of new nosocomial CDAD cases is less than 10, the ministry will, and hospitals should, post "< 10 cases".
- effective September 1, 2008, CDAD is a communicable disease and CDAD outbreaks in public hospitals are a reportable disease; all hospitals will be required to report CDAD outbreaks to their local Public Health Unit
- Public Health Unit staff will assist hospitals with assessing outbreak situations, outbreak management, and reporting outbreak related data through the Integrated Public Health Information System (iPHIS)

- hospitals are strongly encouraged to post on their web sites when their hospital is in an outbreak, the exact units and when the outbreak is over
- the Ministry, starting with the October 30th posting on the ministry web site, will list hospitals that have been in outbreak for the previous month (i.e. September)
- the public will be encouraged to contact the hospital directly for additional information