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August 22, 2008

Dear Colleagues,

IMPORTANT CHANGE

Please note the ministry will identify hospitals that have not submitted data by the September 15 reporting deadline as well as hospitals where there is data quality on the ministry public web site

This is my fifth 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:

- share with you the ministry public web site format
- notify you that the ministry will identify on its public web site, hospitals that have not submitted data by the September 15 reporting deadline as well as hospitals where there is data quality issues
- ask hospitals to review and notify the ministry if there are questions or concerns related to the attached WERS institutional numbers for hospital site(s)
- request that when hospitals post on their public web sites when their hospital is in an outbreak, only unit locations larger than 10 beds are identified for confidentiality reasons.
- provide responses to new questions related to CDAD reporting processes and requirements.

CEO and Board Chair Letter

The ministry received the CEO and Board Chair signed letters from all hospitals by the August 22 date. This letter acknowledged that the hospital has received and reviewed the information related to CDAD reporting and will make every effort for staff to attend the training sessions. This acknowledgement of hospital CEO and Board Chair responsibility for CDAD monitoring and containment is a key component of the ministry CDAD strategy.

The ministry released a media release on XXXX to the public informing them of this critical success milestone.

Thank you for your co-operation and support on this matter.

Public Reporting

Due to tight timelines, the ministry is unable to follow up with hospitals that have not submitted their data through the WERS reporting system by September 15th. These hospitals will be listed as “have not submitted data” on the ministry public web site.

The ministry will review all submitted data and contact directly those that appear to have data issues during the week of September 15th. Hospitals that are not contacted by the ministry can assume there are not data issues. At this time it is the intent of the ministry to distribute the full listing of hospital’s data through the OHA during the week of September 22.

Where the ministry is unable to resolve data issues prior to posting, the ministry web site will indicate “data quality issues”.

The ministry will make every endeavour to work with the hospitals to resolve all data issues.

In preparation to posting the data and in response to the questions that have arisen related to the WERS institutional numbers, the ministry has attached the WERS institutional numbers.

PLEASE REVIEW THE ATTACHED INSTITUTIONAL NUMBER(S) FOR YOUR SITES AND CONTACT Sten Ardal, Director Health analytics, MOHLTC, at 416-327-6483 IF THE NUMBER(S) IS NOT CORRECT.

Confidentiality

In order to maintain patient confidentiality the ministry will, and has requested that hospitals not post counts less than 10.

We now request that when hospitals post on their public web sites when the hospital is in an outbreak, only unit locations larger than 10 beds be identified for confidentiality reasons.

New Questions and Responses

Attached are a list of questions recently received by the OHA and OHA/ministry responses.

Again, as noted in the letter from John McKinley, dated July 29, 2008, questions or further clarification related to reporting details such as the WERS institutional numbers, 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

Letter 4, August 11, 2008

- inform hospitals that the ministry will be public reporting CDAD rates and cases on September 26
- inform CEOs and Board Chairs that the date to return their signed report back to the ministry was extended to August 22, 2008 and the ministry will release names of hospitals that have not returned their forms by that date
- provide responses to new questions related to (CDAD) reporting processes and requirements
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