

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

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Dear Colleagues:

NEW INFORMATION

The ministry will post hospital MRSA and VRE data on its web site on December 30th. Hospitals are required to post this information on their web sites on that date. Subsequent quarterly reporting dates will be April 30th, July 30th, October 30th, and January 30th.

For HSMR reporting, on December 30th, the ministry will not report the data but will link to the CIHI web site. Eligible hospitals with HSMR data are expected to post their HSMR data on December 30th but the ministry recommends posting this information on hospital web sites on the CIHI publication date (expected to be December 11th).

The ministry has modified the public reporting dates to take into account week-ends and holidays.

WERS Forms for Entering MRSA and VRE Data

New forms for entering MRSA and VRE data will be available for data entry on December 1, 2008. The data fields will be similar to the fields for CDAD reporting.

Although public reporting will occur on a quarterly basis, hospitals are required to enter MRSA and VRE data on monthly forms **and** on a quarterly summary form - by the 15th of the reporting month (refer to the Data Reporting Changes section of this letter).

MRSA and VRE Data Verification Process

The data verification process for MRSA and VRE will be similar to the CDAD data verification process. However, for MRSA and VRE, data verification will occur only quarterly – the month that the data publication occurs.

The process will take an average of 10 business days from the day of data submission (15th of the month):

- Step 1: Ministry downloads WERS data and checks hospital information
- Step 2: Ministry shares all hospital data with the OHA
- Step 3: OHA posts hospital data for hospitals to confirm case count and rates
- Step 4: Hospitals contact the ministry in the event of a discrepancy
- Step 5: Any confirmed changes between the ministry and hospital are made prior to the data being posted.

The ministry will forward December data to hospitals by noon on December 22nd. Hospitals must contact the ministry by December 24th with any changes.

Quarterly Reporting Timelines

In keeping with the government's May 28, 2008 announcement, initial reporting for MRSA, VRE will take place on December 30th and will cover the 3-month period of September 1 – November 30, 2008.

However the ministry and the OHA have received concerns from hospitals that the reporting periods do not align with reporting to hospital Boards. As such, the ministry will implement the following changes for future reporting:

- December 30, 2008 reporting: the September – November 30, 2008 timeframe
- April 30, 2009 reporting: the January – March 2009 timeframe, which aligns with hospital Board reporting
- Subsequently: July 30th, October 30th, January 30th, and April 30th.

In keeping with CDAD reporting, the initial December 2008 report (September – November 2008 data) will not be retained on the web site for the April 2009 report. As the ministry will have the December 2008 data, future trend reporting will include the initial quarter restated as October – December 2008 (with the ministry compiling the re-stated data). Hospitals are requested to report in a similar manner.

Again in keeping with CDAD reporting, the ministry will post counts that are 0 or above 5; counts between 1 to 4 will be reported as <5.

Hospitals are encouraged to consult with their privacy advisors regarding the disclosure of numbers between 1 and 4, and to report this data if confidentiality is not an issue.

Please refer to the attached letter from John McKinley, Assistant Deputy Minister, MOHLTC, for further details.

HSMR Reporting

As the CIHI HSMR reporting will be by hospital corporation which does not align with individual hospital sites listed on the ministry patient safety web site, and to avoid confusion, the ministry will post one page devoted to HSMR on the ministry patient safety web site. This page will:

- Explain the definition, the calculation and intended use of HSMR
- Explain why only some hospitals have an associated HSMR indicator
- List all hospitals that will report on HSMR (which is expected to go live December 11, 2008)
- Link with CIHI web site

Individual hospital listings on the ministry web site will link to this HSMR page – and from there to the CIHI web site.

The ministry will post this page on December 30, 2008. The ministry will not confirm the data with the hospitals.

Eligible hospitals (i.e.: hospitals and hospital corporations that have a minimum of 2,500 HSMR cases in the 2007-08 fiscal year) are expected to post their HSMR data on December 30th on their web sites, but the ministry recommends posting on the CIHI publication date.

Monthly Data Date Reporting Changes:

The ministry has modified the data submission and public reporting dates to take into account week-ends and holidays.

For data submission, if the 15th falls on a week-end, hospitals will be required to submit their data on the subsequent Monday.

For data posting, if the 30th falls on a week-end, the ministry and hospitals are to post on the preceding Friday.

Access to Infection Control Resource Teams

As announced by Minister Caplan, Infection Control Resource Teams (ICRTs) are available to assist hospitals in outbreak.

ICRTs report to the Ontario Agency for Health Protection and Promotion (Agency) and provide specialized expertise to the hospital and the local Medical Officer of Health (MOH). The following outlines the process to access an ICRT:

1. Hospitals in outbreak are to first contact their local public health unit for support for outbreak management. The local Regional Infection Control Network (RICN) is also available to provide best practice resources.
2. If additional assistance is required, the MOH notifies the Chief Medical Officer of Health (CMOH).
3. The CMOH, in consultation with the local MOH, the ministry Infectious Diseases Branch and the Agency, determines if additional specialized expertise is required.

4. If required, the CMOH will ask the Agency to deploy an ICRT to the hospital.
5. The ICRT will review the situation and may provide on-site outbreak management support. A summary report will be provided to the CMOH.

The attached chart outlines the process for access to the ICRTs.

Please note, the Chief Medical Officer of Health has requested that public health units contact hospitals in their jurisdiction reporting CDAD case counts greater than five. The hospital-health unit discussion can include, but is not limited to, review of historical CDAD baseline data and surveillance and infection prevention and control measures.

MRSA/VRE Management Resources

I would like to remind hospital CEOs, chairs and Infection Control Practitioners of the need to consult the following documents for information related to MRSA/VRE management.

1. Best Practices for Infection Prevention and Control of Resistant Staphylococcus aureus and Enterococci in all Health Care Settings. March 2007. Ministry of Health and Long-term Care/Provincial Infectious Diseases Advisory Committee (PIDAC), Toronto, Canada.
2. Surveillance for Methicillin-Resistant Staphylococcus aureus in Canadian Hospitals - A Report Update from the Canadian Nosocomial Infection Surveillance Program. Canada Communicable Disease Report. Volume 31-03 February 2005.

Hospitals may also contact their Regional Infection Control Network (RICN) and/or their local Medical Officer of Health for further information.

Once again, thank you for your support. 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 future of the Patient Safety Initiative.

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