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## **VENTILATOR ASSOCIATED PNEUMONIA RATE REPORTING**

Public reporting of ventilator associated pneumonia (VAP) rates in intensive care units (ICU) of Ontario hospitals will begin on April 30, 2009. Hospitals will post their quarterly rates and case counts of VAP cases that developed in the ICUs of each hospital site on their website, and will also report their data to the Ministry of Health and Long-Term Care through an online template captured by a central database. The ministry will post this information on its public website.

### **What is ventilator associated pneumonia (VAP)?**

VAP is defined as pneumonia (a serious lung infection) that can occur in patients (specifically ICU patients) who need assistance breathing with a mechanical ventilator for at least 48 hours.

### **What is a case of VAP?**

A VAP case is defined as:

- Including only ICU patients 18 years and older who are on ventilators (occasionally or continuously)
- Pneumonia appears at least 48 hours after the patient was placed on a ventilator.

### **What will be publicly reported?**

The ministry will publicly report and post on its website by hospital site:

- The number of VAP cases. Where the number is zero (0) or cases total five (5) or more associated with that hospital site, the number will be posted. If the cases are fewer than 5 (i.e., 1 to 4 cases), it will state "<5 cases", and
- The VAP rate (per 1000 ventilator days).

### **What determines the rate?**

The VAP rate is determined by the total number of newly diagnosed VAP cases in the ICU after at least 48 hours of mechanical ventilation, divided by the number of ventilator days in that month, multiplied by 1,000. Ventilator days are the number of days spent on a ventilator for all patients in the ICU 18 years and older

### **What will the health care system do with the rate information?**

Hospital VAP rates provide one measure of patient safety and quality of care.

The information gathered will assist hospitals with evaluating the effectiveness of their infection prevention and control interventions and make further improvements based on this information.