

Methicillin resistant Staphylococcus aureus (MRSA bacteremia) infection rate

Resource for Indicator Standards (RIS)
Health Analytics Branch, Ministry of Health and Long-Term Care

Indicator description

RIS indicator name

Methicillin resistant Staphylococcus aureus (MRSA bacteremia) infection rate

Other names for this indicator

- Methicillin-resistant Staphylococcus aureus (MRSA bacteremia) infection rate
- Rate of Hospital-Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia

Indicator description

A measure of the incidence of laboratory confirmed bloodstream MRSA infection per 1,000 patient days.

Accountability agreement(s) or ministry initiative(s) the indicator supports

- Hospital Sector Accountability Agreement (HSAA), 2017-2018
- Patient Safety Public Reporting
- The Quarterly

Numerator

Data source

Self-Reporting Initiative (SRI) (Q1 2012-13 to present), and Web-Enabled Reporting System (WERS) (2008 to March 2012), Ontario Ministry of Health and Long-Term Care (MOHLTC)

Inclusion/exclusion criteria

Includes:

1. All publicly funded hospitals;
2. Inpatient beds;

3. Laboratory-confirmed bloodstream MRSA bacteremia cases (i.e. confirmation through a single positive blood culture for MRSA);
4. New nosocomial cases associated with the reporting facility, where the infection was not present on admission (i.e., onset of symptoms > 72 hours after admission) or the infection was present at the time of admission but was related to a previous admission to the same facility within the last 72 hrs.

Excludes:

1. Long-term care (LTC) beds located in a separate facility (i.e. LTC/chronic beds not located in hospital acute/inpatient units).

Calculation

Steps:

1. Sum the total number of hospital-acquired bloodstream MRSA cases.
2. Multiple by 1,000.

Denominator

Data source

Self Reporting Initiative (SRI) (June 2012 to present), and Web-Enabled Reporting System (WERS) (2008 to March 2012), Ontario Ministry of Health and Long-Term Care (MOHLTC)

Inclusion/exclusion criteria

Includes:

1. All publicly funded hospitals;
2. Inpatient beds.

Excludes:

1. Long-term care beds located in a separate facility (i.e. LTC/chronic beds not located in hospital acute/inpatient units).

Calculation

Steps:

1. Sum the total number of patient days for the reporting period.

Timing and geography

Timing/frequency of release

How often and when data are being released (e.g., be as specific as possible...data are released annually in mid-May)

Data are reported quarterly at the end of April, July, October and January and reflect the previous quarter's data.

Trending

Years available for trending

Data are available from December 2008.

Levels of comparability

Levels of geography for comparison

Data are available at provincial, LHIN and hospital levels.

Additional information

Limitations

Specific limitations

Data are self-reported by hospital.

No individual patient data are available. Therefore, indicator cannot be broken down by socio-demographic characteristics.

Comments

Additional information regarding the calculation, interpretation, data source, etc.

Hospitals can vary considerably by size, populations served and overall patient volumes. As such, trending and comparisons are most valid within hospital type (e.g. small, large community, acute teaching, chronic care and rehab and mental health).

Effective December 2012, patient safety indicator results, as well as other patient safety information, are available on Health Quality Ontario's (HQP) website.

References

Provide URLs of any key references (e.g., Diabetes in Canada, [http:// ...](#))

1. [Health Quality Ontario's Patient Safety Website](#)

Contact information

For more information about this indicator, please contact RIS@ontario.ca.

Date RIS document created (YYYY-MM-DD)

2012-12-10

Date last reviewed (YYYY-MM-DD)

2017-09-11