

# Vancomycin resistant enterococcus (VRE bacteremia) infection rate

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

## Indicator description

### RIS indicator name

Vancomycin resistant enterococcus (VRE bacteremia) infection rate

### Other names for this indicator

- Rate of hospital-acquired vancomycin-resistant Enterococcus bacteremia
- Vancomycin-resistant Enterococcus (VRE Bacteremia) Infection Rate

### Indicator description

The incidence of laboratory confirmed bloodstream VRE infection per 1,000 patient days.

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

- 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 VRE bacteremia cases (i.e. confirmation through a single positive blood culture for VRE);
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. Enter text here Sum the total number of hospital-acquired bloodstream VRE 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.

Data is not available at the patient level. 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 (HQO) 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](mailto:RIS@ontario.ca).

## Date RIS document created (YYYY-MM-DD)

2012-12-10

## Date last reviewed (YYYY-MM-DD)

2017-09-11