VRE surveillance

A Jewish General Hospital (JGH) Experience

May 2014 – IPAC Conference – Halifax, NS

Healthiest people ~ Healthiest communities ~ Exceptional service

JGH VRE control policy (Before 2009)

- Admission screening ⟶ All admissions
- Contact Tracing after positive case ⟶ Roommates: twice, 5-7 days apart; all patients on the ward every week
- Regular VRE surveillance ⟶ Every two weeks for all patients on any ward with a recent case
- Discharge screening ⟶ All transfers to long-term care or rehabilitation facilities

- During 2009 and after a couple of years of low VRE incidence, JGH experienced higher number of nosocomial VRE, colonized and infection (including bacteremia)

JGH VRE control policy
Addition of VRE cohort unit
(2009)

- Admission screening → All admissions
- Contact Tracing after positive case → Roommates: twice, 5-7 days apart; all patients on the ward every week
- **Destination of VRE+ patients → VRE cohort unit**
- Regular VRE surveillance → Every two weeks for all patients on any ward with a recent case
- Discharge screening → All transfers to long-term care or rehabilitation facilities

Results

- The new VRE cohort unit **partially** fixed the issue and slightly decreased the VRE incidence
- It caused **a huge financial burden** on the hospital. The total cost of enhanced VRE control program in 2009 was **$2,725,706**.

Cost effectiveness?

$2.7 million/yr

- Reduce VRE bacteremia from 6-8/yr to zero
- Reduce VRE infection (sterile site) from 6-8/yr to zero

Therefore, $2,700,000/16 = $169,000 cost of prevention of each definitive invasive VRE infection annually.

Process/intervention	Before 2009	2009	2010 and after
Admission screening	All admissions	All admissions	Only admissions from endemic hospitals or admitted to high-risk units
Contact Tracing after positive case	Roommates: twice, 5-7 days apart; all patients on the ward every week	Roommates: twice, 5-7 days apart; all patients on the ward every week	Roommates only, 1 time only
Destination of VRE + patients		VRE cohort unit	Anywhere (with VRE additional precautions); avoid admission to high-risk units if medically possible
Regular VRE surveillance	Every two weeks for all patients on any ward with a recent case	Every two weeks for all patients on any ward with a recent case	None
Discharge screening	All transfers to long-term care or rehabilitation facilities	All transfers to long-term care or rehabilitation facilities	All transfers to long-term care or rehabilitation facilities

Process/intervention	2010 and after	SHR
Admission screening	Only admissions from endemic hospitals or admitted to high-risk units	None
Contact Tracing after positive case	Roommates only, 1 time only	Roommates, twice 7 days apart
Destination of VRE + patients	Anywhere (with VRE additional precautions); avoid admission to high-risk units if medically possible	Anywhere with additional precautions
Regular VRE surveillance	None	30 days inpatients
Discharge screening	All transfers to long-term care or rehabilitation facilities	None

Is there any need to evolve the VRE policy in SHR?

The End

Questions?