

# **The impact of vancomycin-resistant Enterococci (VRE) policy and practice changes in BC**

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**PICNet**

PROVINCIAL INFECTION CONTROL  
NETWORK OF BRITISH COLUMBIA

A program of the Provincial Health Services Authority

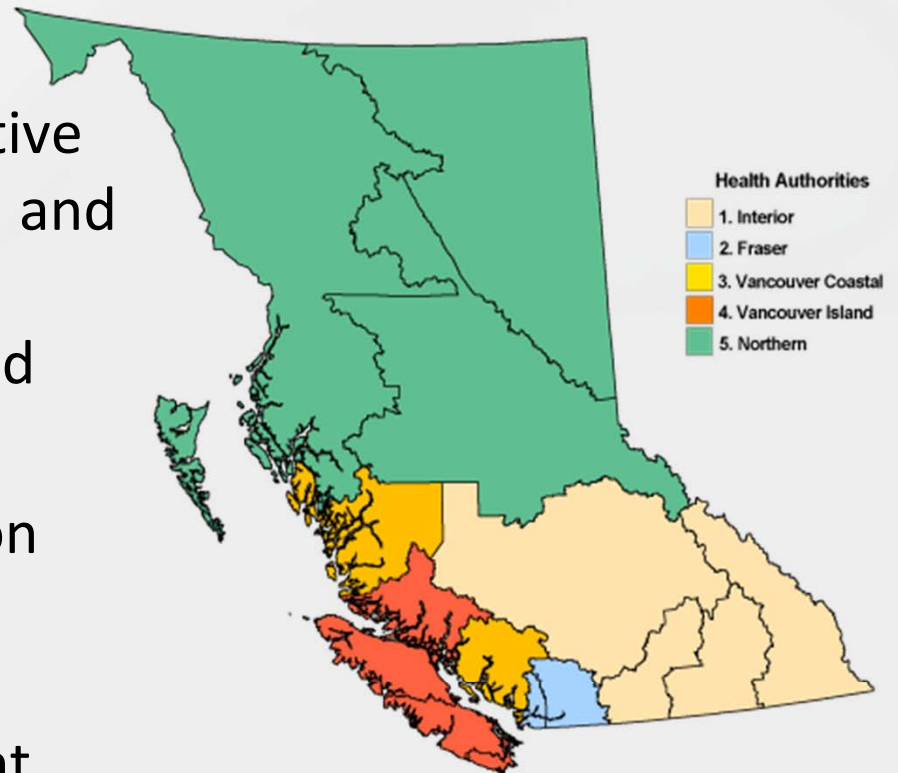
# Disclosure

- Surveillance epidemiologist at Provincial Infection Control Network of BC (PICNet)
- No conflict of interest to declare

# Background

- VRE control policy was developed by each health authority
- Common practices included active screening, contact precautions, and isolation
- Four health authorities modified VRE control policy from 2010
  - Ended targeted or admission screening for VRE
  - Discontinued contact precautions with VRE patient
  - Isolated VRE patient with risk assessment

Health authorities in BC



Plus: Provincial Health Services Authority provide specialized health services throughout the province

# Objectives

- Identify changes in VRE prevention and control policy
- Evaluate impact of the changes on incidence rate of VRE infection and colonization

# Methods

- Setting: all acute care facilities in BC
- Policy review: VRE screening and isolation policy in each health authority from 2010 to 2015
- Data collection: VRE infection and colonization for periods of three years before and after changes, or from 2008/09 to 2014/15
- Data analysis:
  - Overall trend of VRE rate
  - Comparison of VRE rates before and after changes

# Results

## Changes in VRE screening, contact precautions and isolation

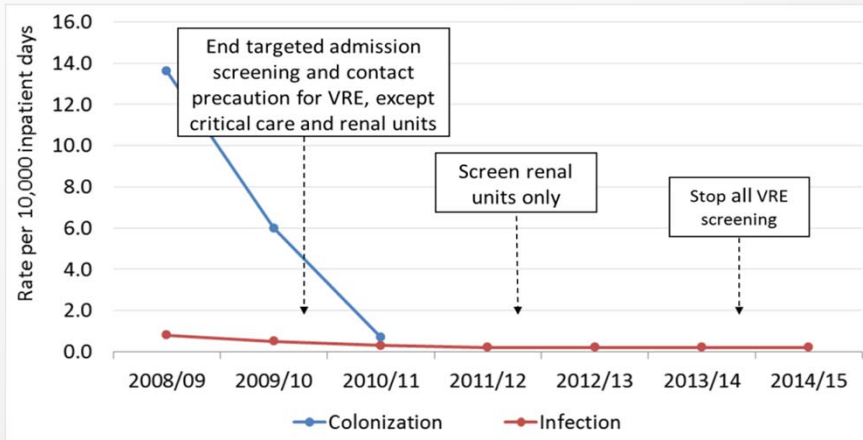
Health authority		VRE screening	Contact precautions and isolation	Date
<b>Island Health</b>		End targeted admission screening	Discontinued unless infected and have risk factors for transmission. Electronic VRE alerts on patient removed	2010
		End screening in critical care units		2012
		End screening in renal units		2014
<b>Fraser Health</b>		End targeted admission screening	Discontinued unless infected and have risk factors for transmission	Nov 2012
<b>Vancouver Coastal Health*</b>	High-risk units	Continue admission and weekly VRE screening	Continue isolation	Mar 2013
	Other units	End admission screening	Discontinued. VRE was removed from electronic flagging system	Mar 2013
<b>Interior Health</b>		End admission and pre-surgical screening	Discontinued isolation	Dec 2013
<b>NHA, PHSA and PHC</b>		Continue active screening, contact precautions and isolation		

\* Excludes PHC. High-risk units include wards for intensive care, burn-trauma, and bone marrow and solid organ transplant

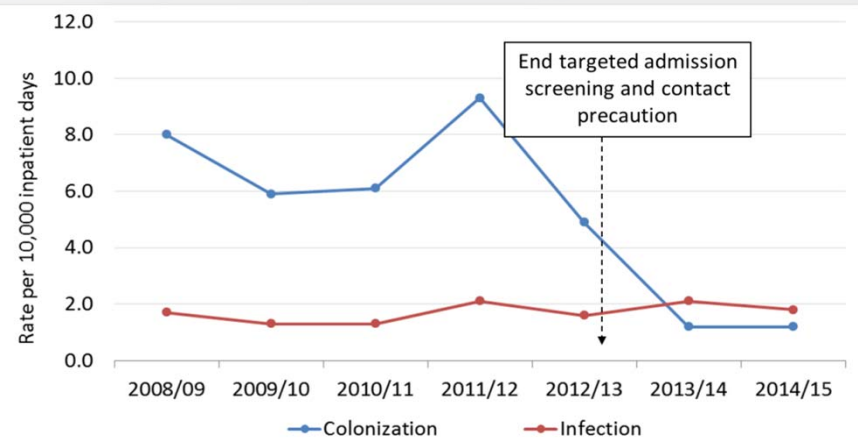
# Results

## Rate of VRE infection and colonization in health authorities that made changes

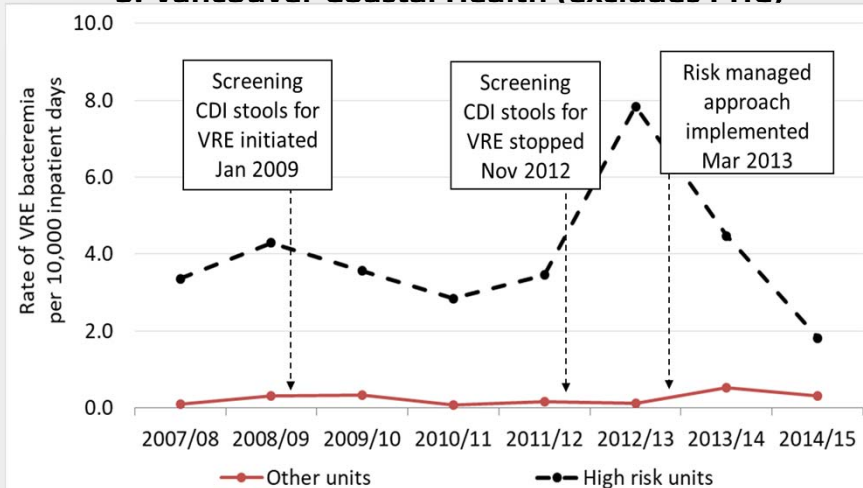
### 1. Island Health



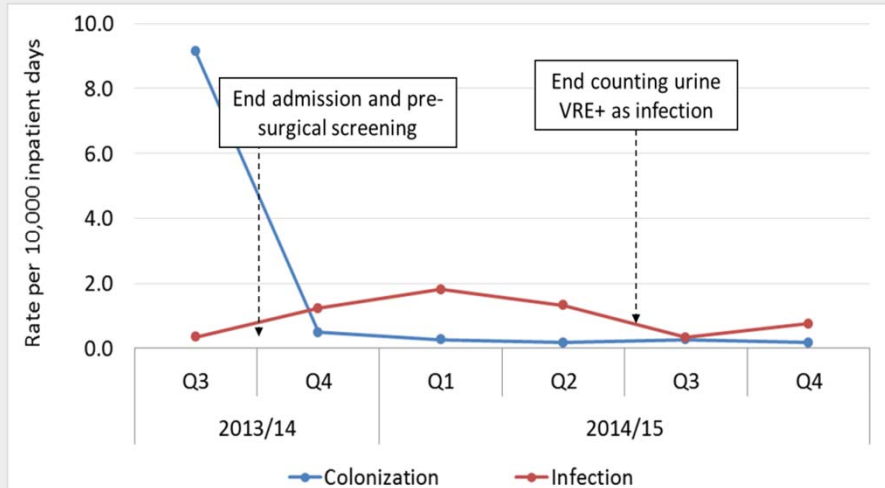
### 2. Fraser Health



### 3. Vancouver Coastal Health (excludes PHC)



### 4. Interior Health



# Results

## **Other impacts of VRE policy changes**

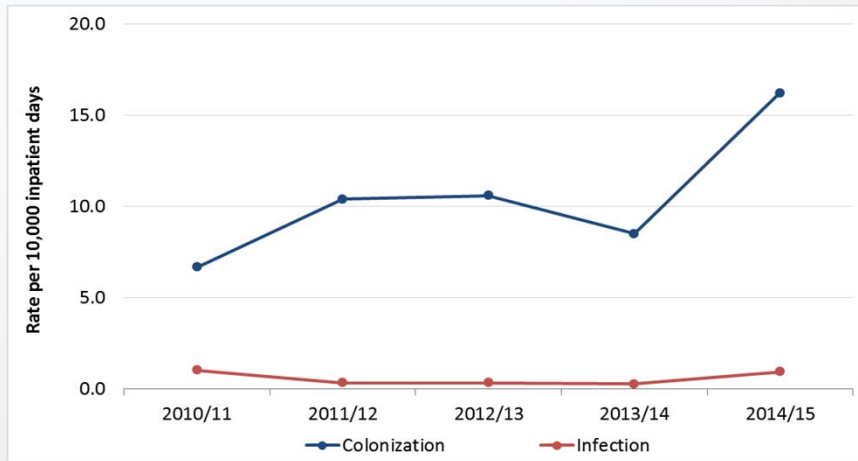
- Focus more on syndromic management
- Cost avoidance from VRE screening and testing
- Free-up resources for other IPAC programs
- Improve patient flow



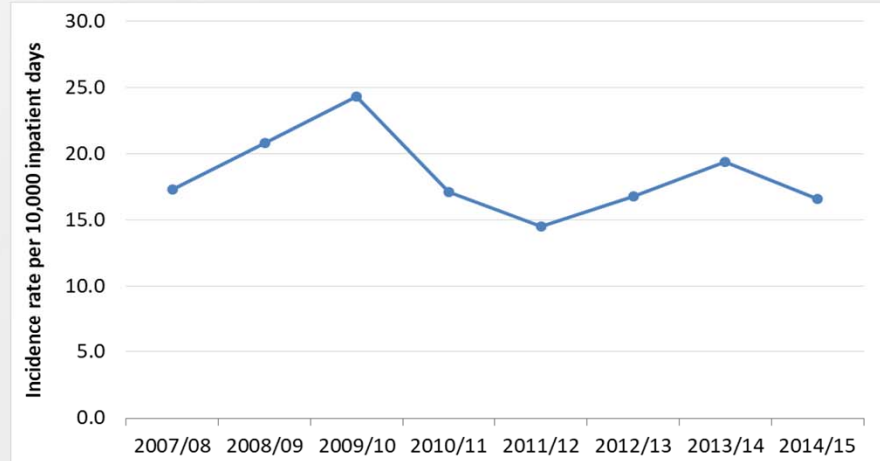
# Results

## Rate of VRE infection and colonization in health authorities that made NO changes

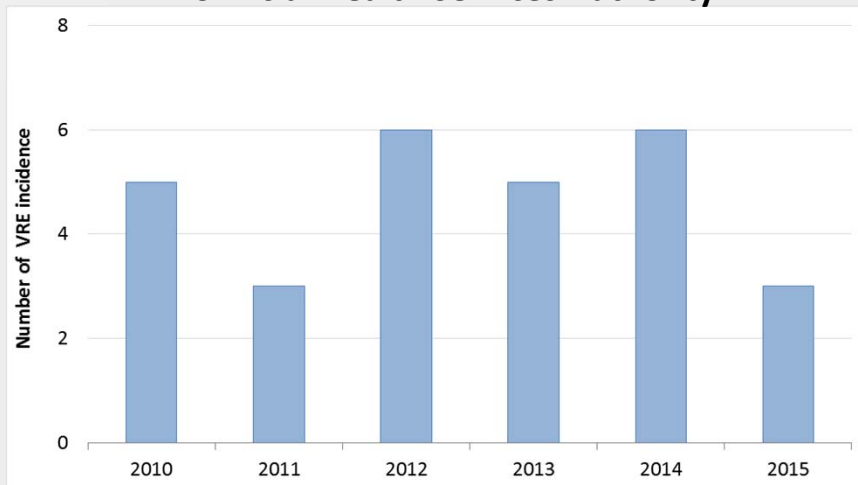
### Northern Health



### Providence Health Care\*



### Provincial Health Services Authority



\* Part of Vancouver Coastal Health

# Discussion

- No known negative impacts were observed following changes in four health authorities
- Concerns over potential transmission within facilities and unexpected impacts on other facilities
- Debate continued among BC health authorities over the value of VRE screening, contact precautions and Isolation and its impacts on patient safety

# Discussion

## Limitations

- Variations in VRE control policy, surveillance method, and case definition
- Small number of VRE infections
- Changes made at different times
- Other potential impacts were not evaluated

# Conclusion

- No known negative impacts were observed after discontinuing VRE screening and isolation
- VRE continues to be closely monitored
- Further evaluations are needed

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