ICU, eFocus/eICU, and Interdisciplinary Care Rounds (IDCR) Impact on Ventilator Associated Pneumonia (VAP)

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PURPOSE

ICU staff must keep patients safe and protect them from harm as VAP is a preventable medical condition. This can be done by creating a culture of ownership and responsibility of the bedside clinician. NO VAP is acceptable.
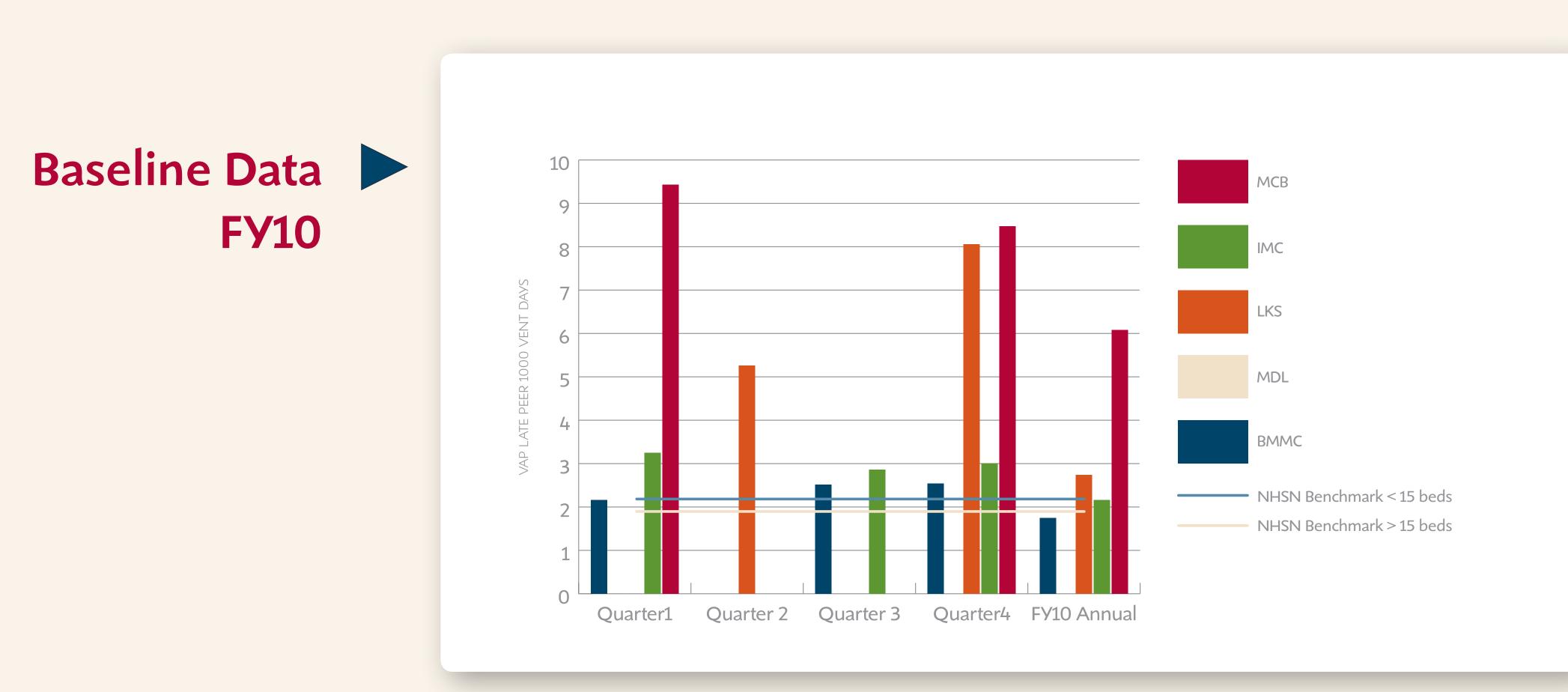
SIGNIFICANCE

VAP is a hospital-acquired infection increasing morbidity up to 50% and raises the cost of health care with additional costs estimated between $5,000 and $20,000 per diagnosis. VAP can be prevented with simple measures but the implementation of putting the measures into practice can be absent.

OBJECTIVES

1. Discuss the role of ICU, eFocus/eICU and Interdisciplinary Care Rounds and the impact on Ventilator Associated Pneumonia (VAP).

2. Provide support for evidence-based nursing practice in eliminating VAP.

eFocus/eICU Description

A remote, centralized, Intensivist-led care team that uses enabling technology to continuously monitor, assess and intervene in support of the on-site caregivers. eFocus uses information technology tools that improve workflow and communication as well as assists in standardizing care processes and track results.

Baseline Data FY10 ▶

STRATEGY and IMPLEMENTATION

IDCR education is included in orientation to all new ICU RNs in the Alegent Health System. The IDCR process will be communicated to patients & family on admission to ICU. The IDCR will be held at the patient's bedside. The IDCR team is lead by the patient's RN and includes the eFocus/eICU RN. The eFocus/eICU RN will prompt the IDCR team to focus on the ventilator bundle: Elevate head of bed, VTE prevention, Stress Ulcer prevention, Sedation Vacation, and Daily Ventilator Weaning. The eFocus/eICU RN will transcribe the patient's plan of care and print it in the ICU unit to be placed in the patient's medical record. The patient's RN will write the patient's daily goal(s) on the white board in the patient room. The eFocus/eICU has the capability to run a real-time Vent Bundle Report which includes the 5 elements listed above. This report is faxed and communicated to the bedside team at least twice a shift.

TOOLS / RESOURCES

Top left to right:
Evidence Based Orders

· Ventilator Managment Protocol (front and back of form)
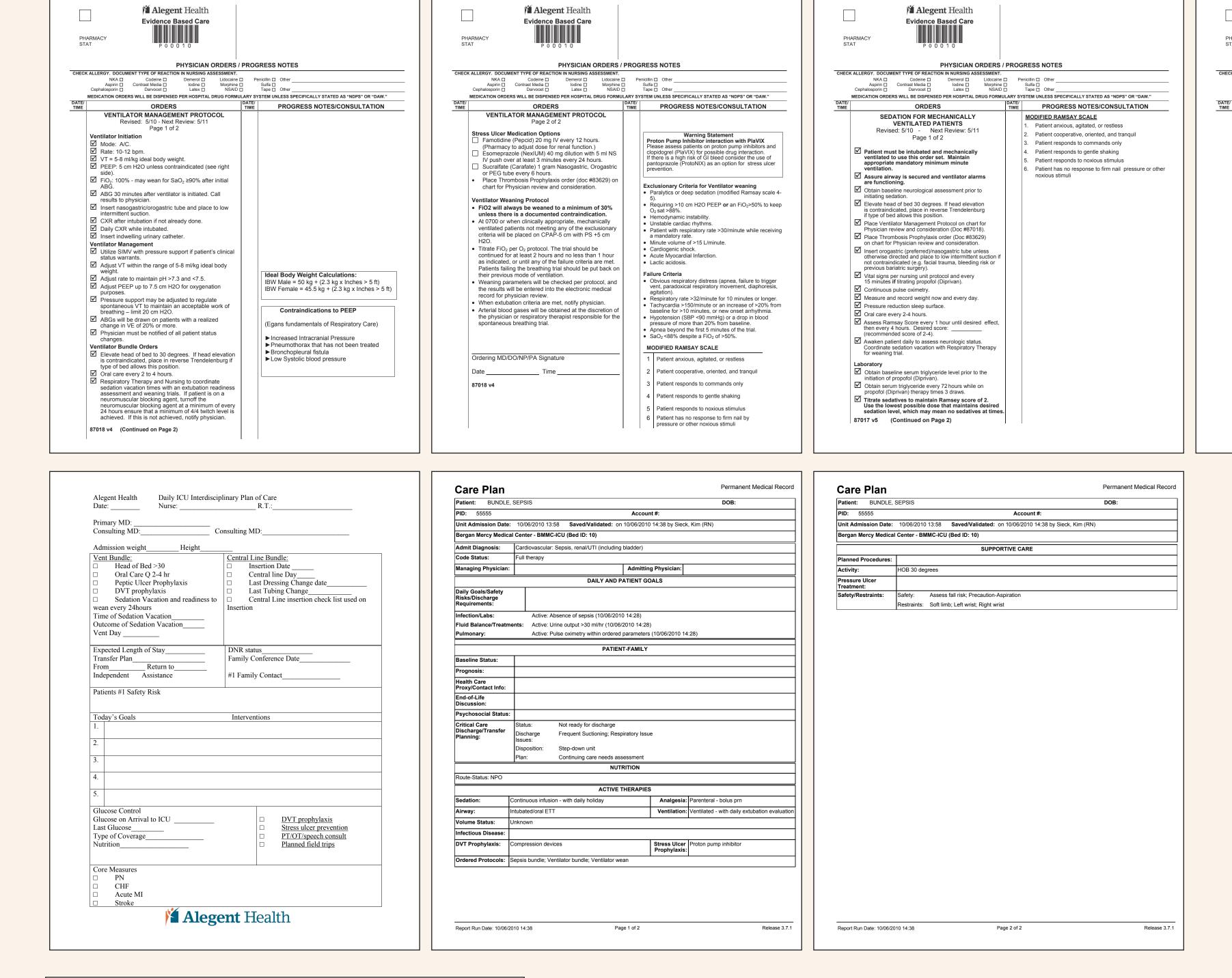
· Sedation (front and back of form)

Middle left to right:
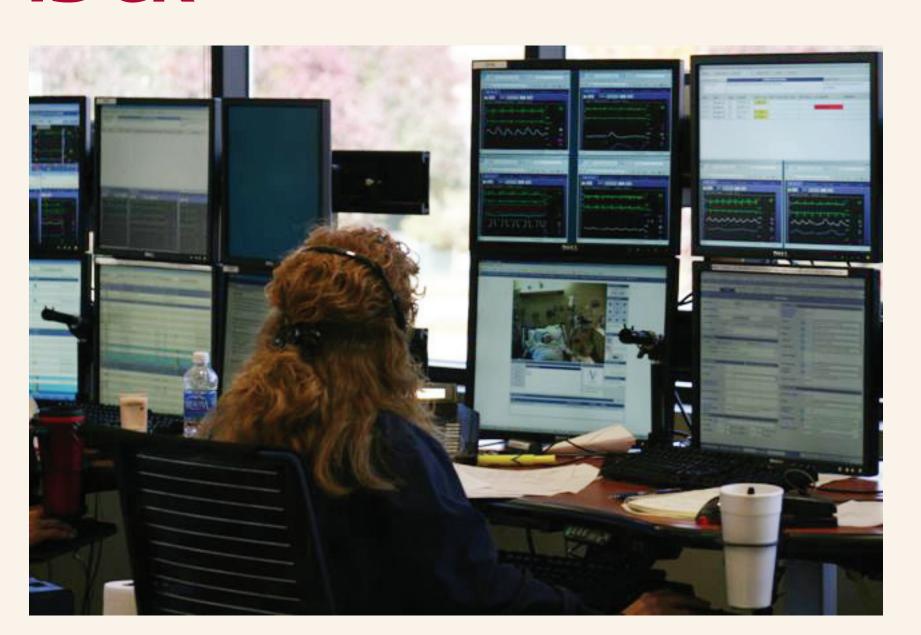
ICU Whiteboard

Patient Careplan
(front and back of form)

Bottom left to right:
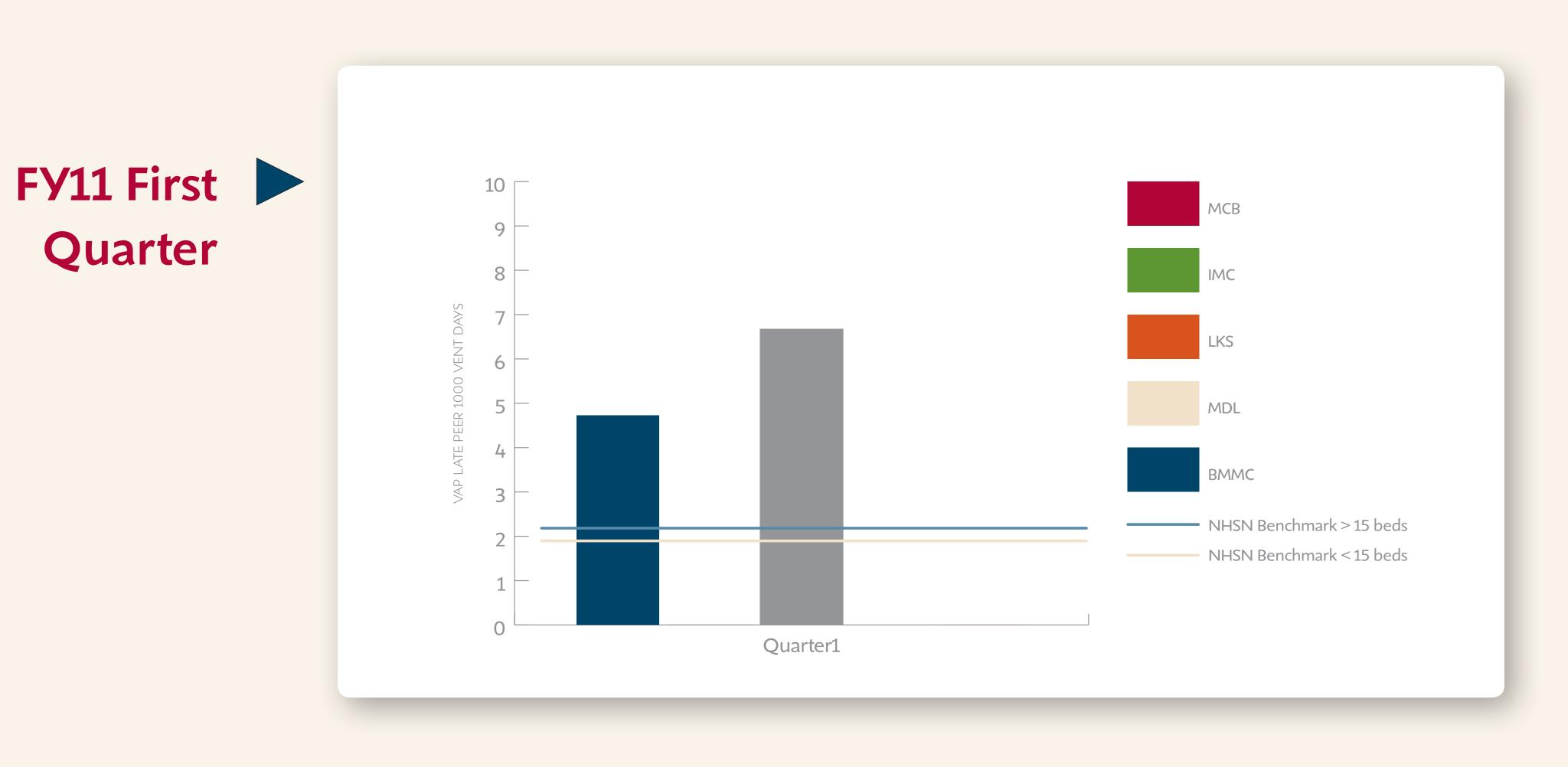
Ventilator Bundle
Daily Managment Report

IDCR

Photos left to right: IDCR at eFocus and IDCR at ICU bedside.

EVALUATION

Data collected includes compliance of each Vent Bundle element as well as the number of VAP for each month. The data is communicated to the system Critical Care Committee and Patient Safety and Quality Council as well as the on-site Critical Care Committees and Quality Councils.

FY11 First Quarter ▶

IMPLICATIONS FOR PRACTICE

Real time assessment, reports, and notification of the defects drives the success for the elimination of VAP. The access to the real time reports help to identify best practices, establish standardize processes, and learn from each other's experiences.