



Ventilation Management Taskforce to ZAP VAPS

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Purpose:

In this project we want to ensure compliance with the Ventilator guidelines; create standards of care for intubated patients with Respiratory therapy, nursing and physician staff involved; decrease the average time a patient spends on the ventilator and improve interdisciplinary communication.

Significance:

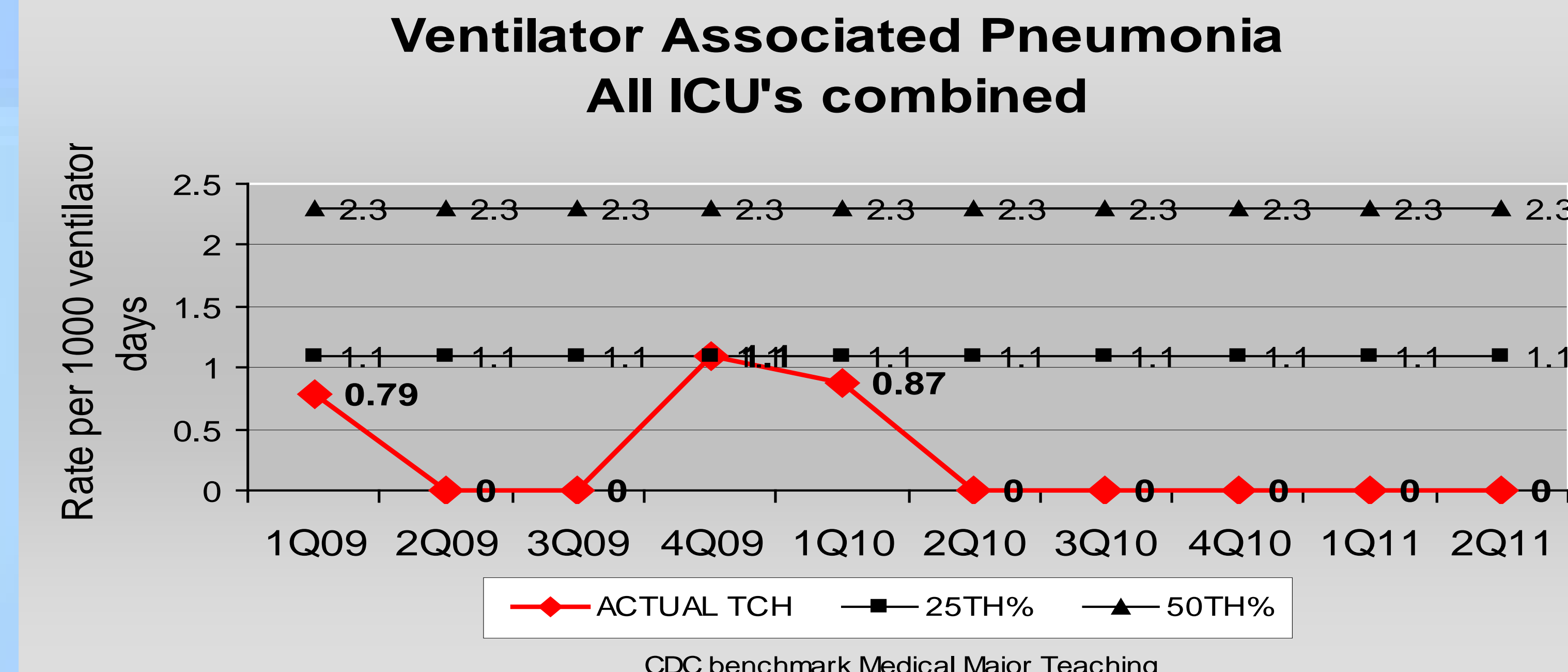
The prevention of ventilator associated pneumonia has been an aggressively sought after organizational goal and constant surveillance of potential risks are monitored and reported on by an attentive Epidemiology department in addition to the use of evidenced based ventilator bundle practice.

Strategy and Implementation:

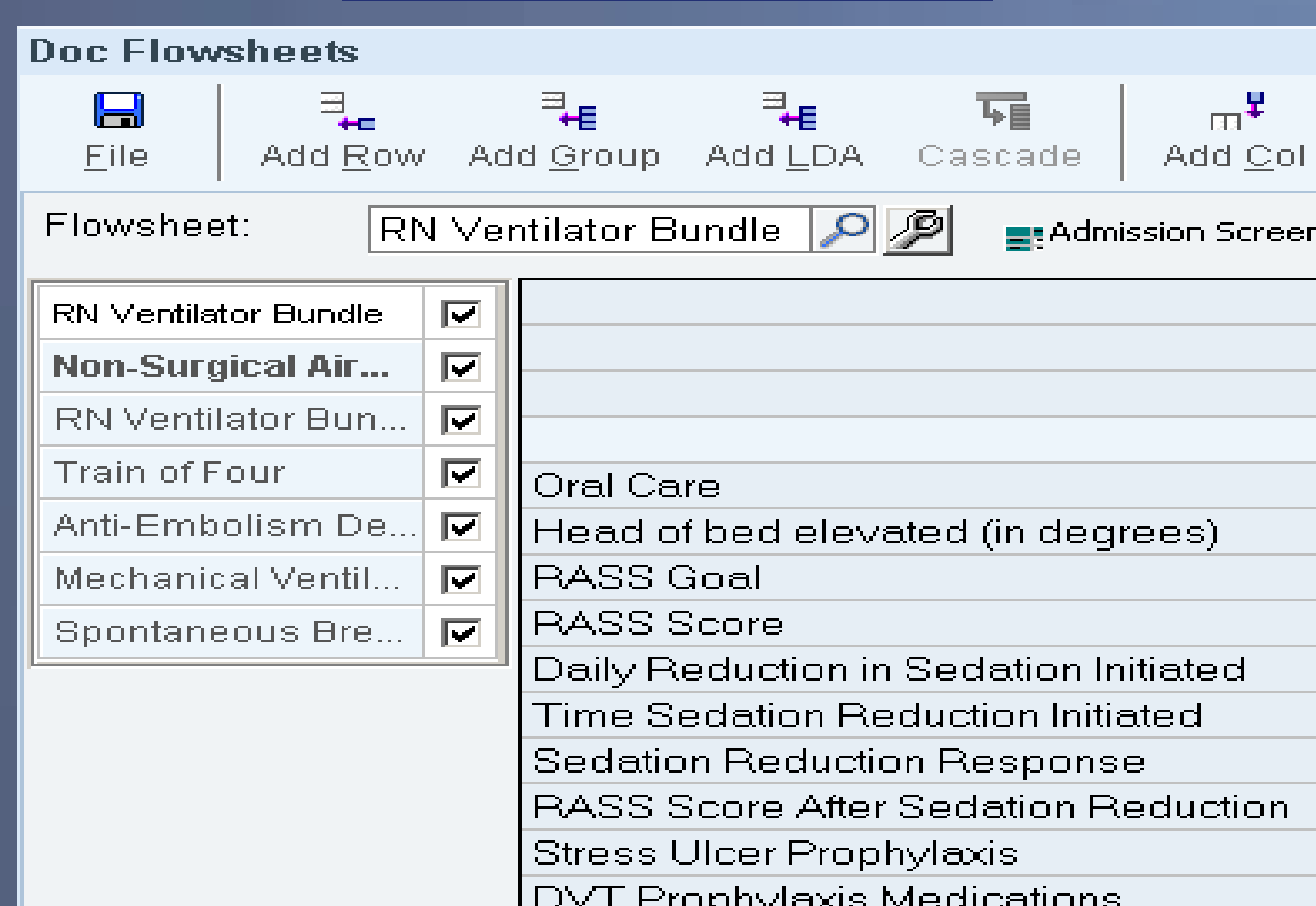
The taskforce identified the problems with the current ventilator management protocol. First, they determined that interdisciplinary communication was essential to success of taskforce. The result, new Handoff Communication tool standardized communication to ensure all vital information is shared during physician rounding. Next, Vent Bundle Guidelines were reviewed and established based on current research. The new guidelines included documentation of the RASS score, Sedation Vacation, RN Oral Care, and RT Oral Care with very specific information on what to document and how often to perform each task. Tube Care/Canister establish guidelines to indicate date and time first used and change every 24h or with start of a new oral care kit. Intubation attempts established guidelines for incoming residents minimal intubation attempts. Lastly, the team developed a plan to educate nursing staff about the benefits of proper vent management and reducing the time a patient spends being intubated.

Implications for Practice:

The MICU has Critical Care Intensivists that provide 24/7 care to the patients. Enormous amount of resources including time and equipment have been dedicated to the prevention of ventilator acquired pneumonia's however the condition continues to be a problem.



EPIC RN Vent Bundle



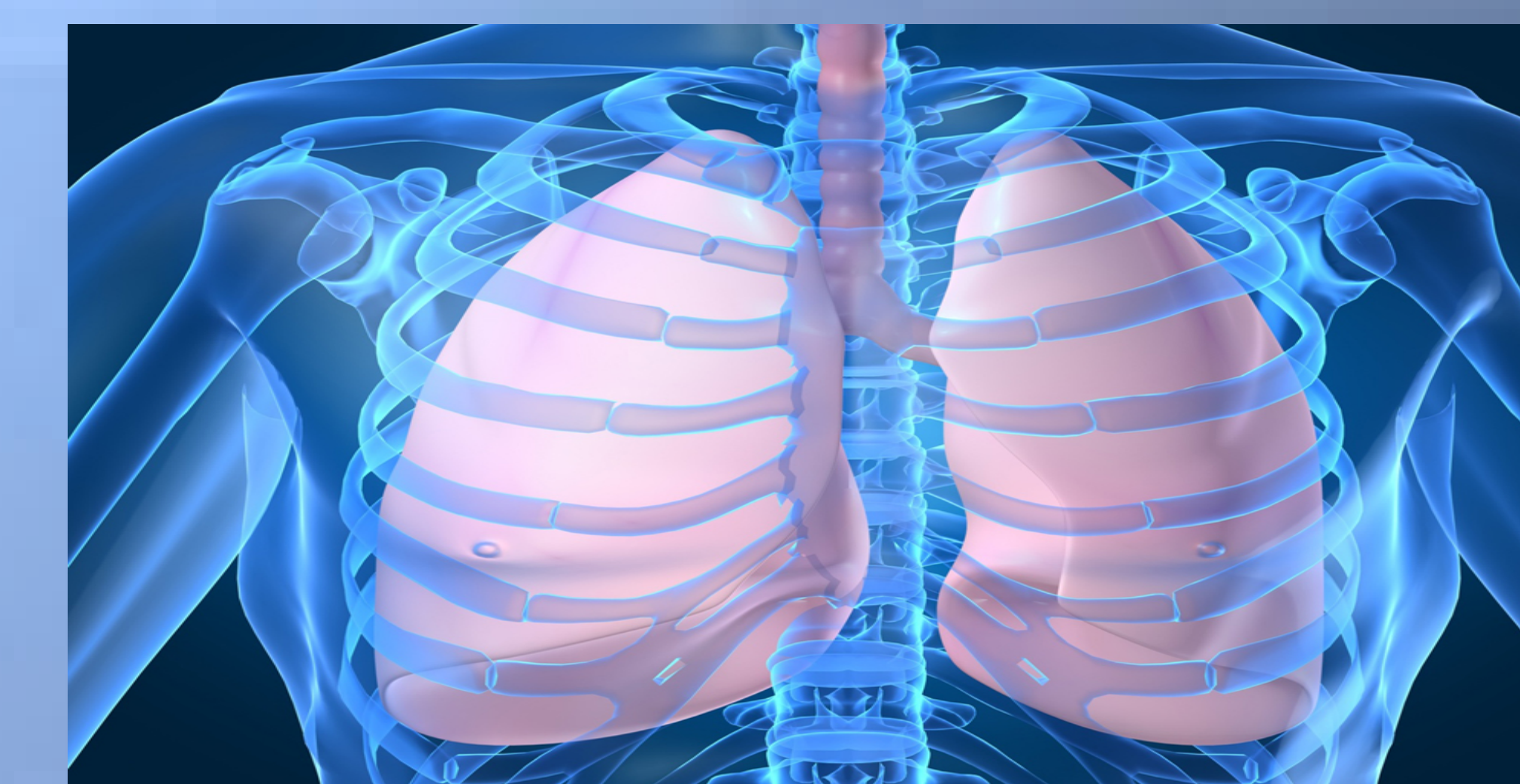
EPIC Respiratory SBT

Spontaneous Breathing Trial (SBT)				
SBT Attempted				
Reason SBT Not Attempted				
*RSBI VALUE				
SBT Result				
Reason SBT Fail				
Comment	Time Taken	Time Recd	User	

Evaluation:

Since the education and guidelines established each unit compliance increased with 5 month average of 94% (Rass q2h, Sedation Vacation, HOB q4h, Oral Care q4h, DVT, PUD, RT-Subglottal suctioning and RSBI/SBT). We have been VAP free for over a year specially MICU 14, CVICU 35 and SICU 42 months.

Month	RASS q2h	SV done	HOB q4h	Oral Care q4h	DVT	PUD	Subglottal Sxn q4h	RSBI/SBT
Jan-11	94.0	88.9	99.5	93.2	94.4	94.4	95.2	100.0
Feb-11	84.3	100.0	99.1	93.9	98.0	98.0	91.3	73.3
Mar-11	88.5	100.0	98.5	94.0	97.8	97.8	93.0	77.7
Apr-11	90.9	94.4	99.0	92.8	98.1	96.2	96.5	88.0
May-11	98.4	100.0	99.2	96.5	97.0	97.0	91.1	86.5
Jun-11	97.7	94.4	98.7	87.2	100.0	97.8	93.3	87.6
Jul-11	86.4	100.0	92.7	90.2	100.0	97.4	94.1	87.7
Aug-11	87.2	89.8	99.8	94.4	95.4	91.9	86.8	95.1
YTD AVG	91.8	95.9	99.0	92.7	97.6	96.8	93.4	85.5



Team Members:

Linda Bass, Anita Bennett, Kathy Bierman, Myrkol Bolden, Kathryn Brown, Evan Crawford, April Gochberg, Stephanie Herbert, Jon Inkrott, Molly Johantgen, Mark Johnson, Terri Kunkemoeller, Andrea Yates, Chris Orabella, Karen Poleyeff, Laura Powers, Amy Russell, Vickie Roelker, Amy Shaw, and Robin Meisberger.