

Connecting Interprofessional Research with Practice to Reduce Non-Ventilator Hospital Acquired Pneumonia

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Aim

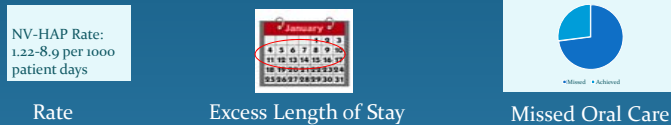
Non-ventilator hospital acquired pneumonia (NV-HAP) is an understudied disease, with potential for improved health and fiscal impacts.

We sought to:

1. Determine the incidence of NV-HAP in three large hospital systems
2. Implement and sustain an oral care intervention to reduce NV-HAP.

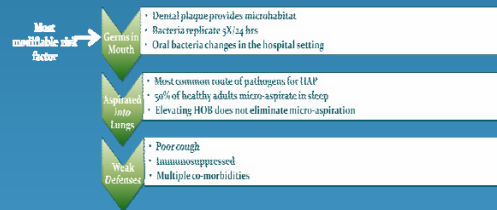
Background/Significance

Because it is not required by regulatory agencies, most hospitals do not monitor NV-HAP. However, recent studies indicate that NV-HAP is now a leading cause of hospital-acquired infections.



Methods

To prevent NV-HAP, the CDC recommends selecting **modifiable** risk factors and creating an intervention program based on those risk factors.



Goal: To decrease non ventilator hospital acquired pneumonia by 20% with a comprehensive oral care program.

Intervention: Evidenced-based oral care for ALL adult patients.



NEW Oral Care Protocol
For ALL patients on ALL units



ADA recommended equipment



Utilized the Influencer Model
(Vital Smarts) to change behavior.

Interprofessional Partnerships: Important to reduce silos-nursing, perioperative, speech therapy, physicians, infection prevention, respiratory, dental professionals, & academic partner.

Results

Figure 1. Increased Oral Care Frequency

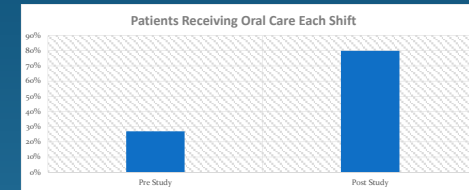
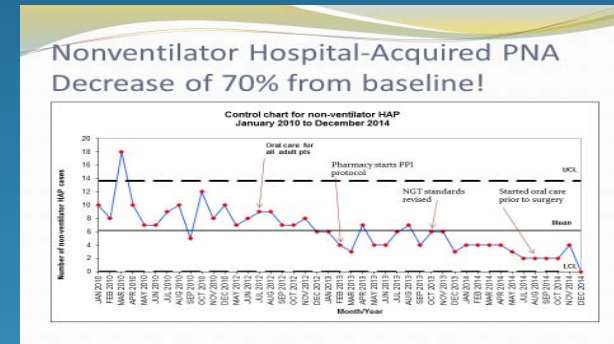


Figure 2. Control chart for non-ventilator HAP, January 2010 to December 2014



What does this mean?
Saved lives and fiscal resources

86 Patients Safe from Harm

16 Lives Saved

600 Hospital Days

Saved \$3.4M

Conclusions

NV-HAP is one of the most common hospital-acquired infections and it occurs on every type of hospital unit. Nurses, using a team-based, interprofessional approach, can lead their hospitals in monitoring and implementing effective NV-HAP prevention programs.

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