

# Reducing Ventilator Associated Pneumonia One Step at a Time

## The Problem

Ventilator Associated Pneumonia (VAP) occurs in 10-20% of patients ventilated 2 days or longer and doubles a patient's risk of death. The Institute for Healthcare Improvement (IHI) recommends implementation of a VAP bundle and following oral care best-practices to reduce the incidence of VAP cases.

## Aim/Goal

By following best-practices and dedicating resources to VAP prevention we aim to reduce the number of VAP cases that occur at BIDMC.

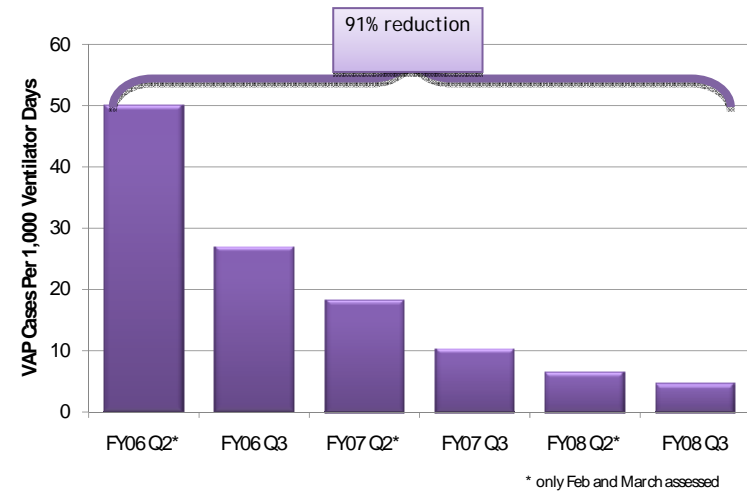
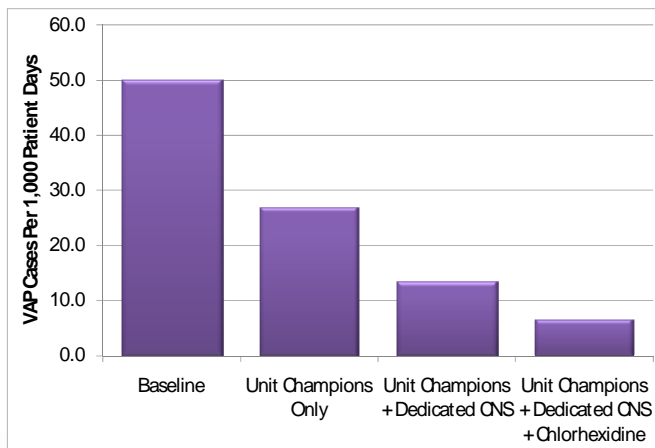
## The Team

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## The Interventions

- Identifying unit champions to collect data regarding compliance with the VAP bundle
- Designating dedicated Clinical Nurse Specialists who promote, monitor and disseminate VAP bundle compliance information and who educate the healthcare team
- Promoting good oral care practice (every 4 hours), including the use of Chlorhexidine, and monitoring compliance

## The Results to Date



With each new intervention aimed at reducing VAP there was a marked reduction in VAP cases from 50 per 1000 patient days at baseline to 4.6 per 1000 patient days after all the interventions to-date and an overall 91% reduction in VAP rates in just over 2 years.

## Lessons Learned

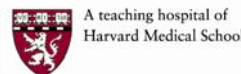
- Reducing VAP requires dedicated local resources
- Empowering unit based champions helps lead practice change with their peers
- Communicating the data helps the healthcare team understand the rationale for changing practice
- Implementing a rigorous VAP prevention program takes multidisciplinary, dedicated resources and an overall culture of quality

## Next Steps

- Reinforce importance of VAP bundle and oral care compliance
- Implement and evaluate oral care every 2 to 4 hours for ventilated patients



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