

Increasing ICU Throughput Through Ventilator Bundle and Oral Care Compliance

The Problem

In addition to being a fatal infection, ventilator-associated pneumonia (VAP) can also pose significant financial burdens on healthcare institutions. VAP is estimated to cost institutions an extra \$20-40K per case and often leads to increased length of stay resulting in decreased throughput in the ICU.

Aim/Goal

By implementing interventions targeted at preventing VAP, we aim to reduce morbidity, mortality and length of stay related to VAP cases. In doing so, the number of patients that can be cared for in the ICU increases which reduces the overall financial burden of VAP.

The Team

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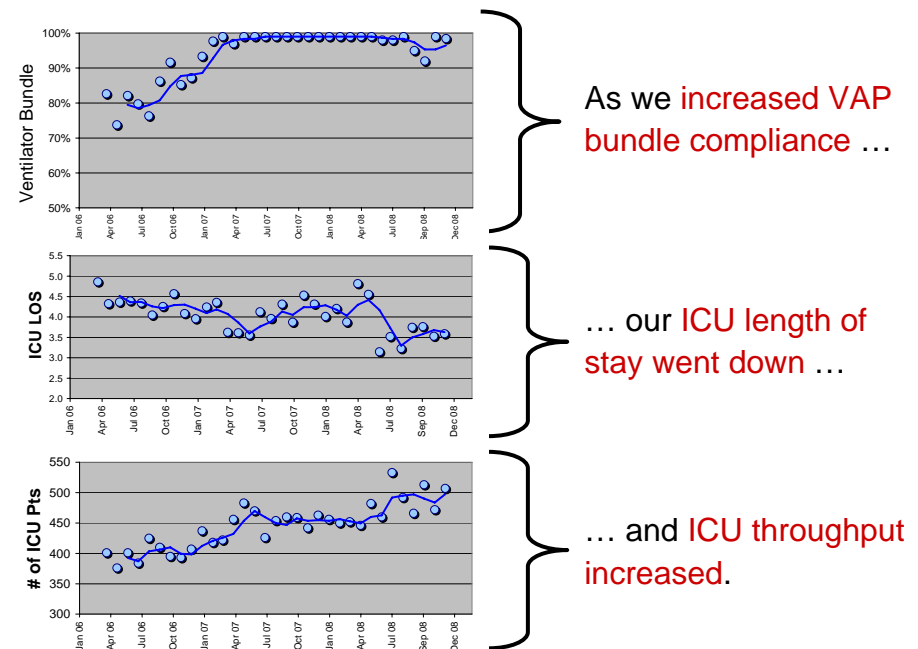
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 VAP Unit Champions

The Interventions

- Measuring compliance with the Institute for Healthcare Improvement's (IHI) 'ventilator bundle'
- Implementing oral care protocols for ventilated patients in the ICU
- Involving various constituents at different levels of the institution to promote and monitor these initiatives

The Results

As we increased our VAP ventilator bundle compliance, we also saw reductions in the fraction of patients who had prolonged ICU stays and the average length of stay in the ICU. This allowed us to increase ICU throughput substantially without increasing ICU bed capacity.

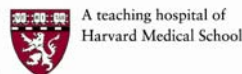


Lessons Learned

Implementing best-care practices not only improves the quality of patient care, but it can also reduce the financial burden to the institution, creating a win-win situation for clinical departments and hospital administration.



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