

Improving Bundle Compliances Drops VAP Rates In Neurosurgical ICU Charlotte Maxeke Academic Hospital

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HASA Quality Summit

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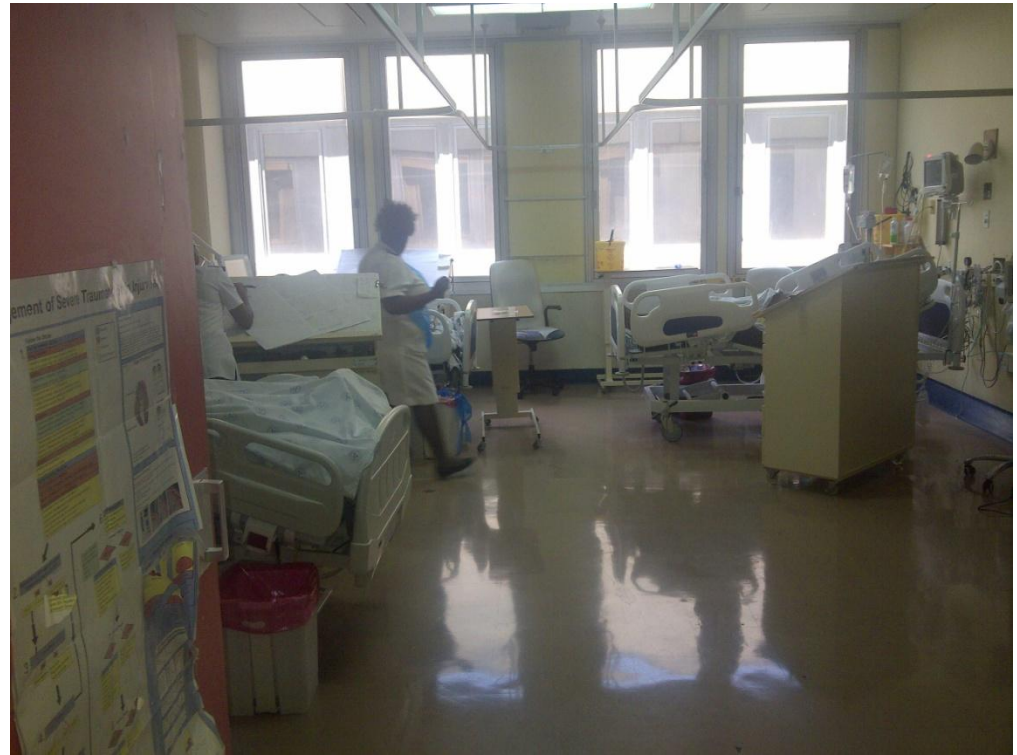


health and
social development

Department: Health and Social Development
GAUTENG PROVINCE

Background

- CMJAH hospital
- 1331 Beds
- 8 ICU's
- Neurosurgical ICU:
 - Converted ward
 - ICU = 8 beds
 - H/C = 14 beds



Problem

- **Best Care Always started in hospitals in August 2010**
- **Neurosurgical ICU chose VAP as 1st bundle – because +/- 95% of the patients are ventilated in this unit daily and stay ventilated for long.**
- **Started with identifying VAP without the bundle interventions to get a baseline.**
- **Discovered very high VAP rates when compared with National Healthcare Safety Network (international**
- **Shared results with unit staff and agreed to intervene**



National Healthcare Safety Network
CDC's healthcare-associated infection tracking system.

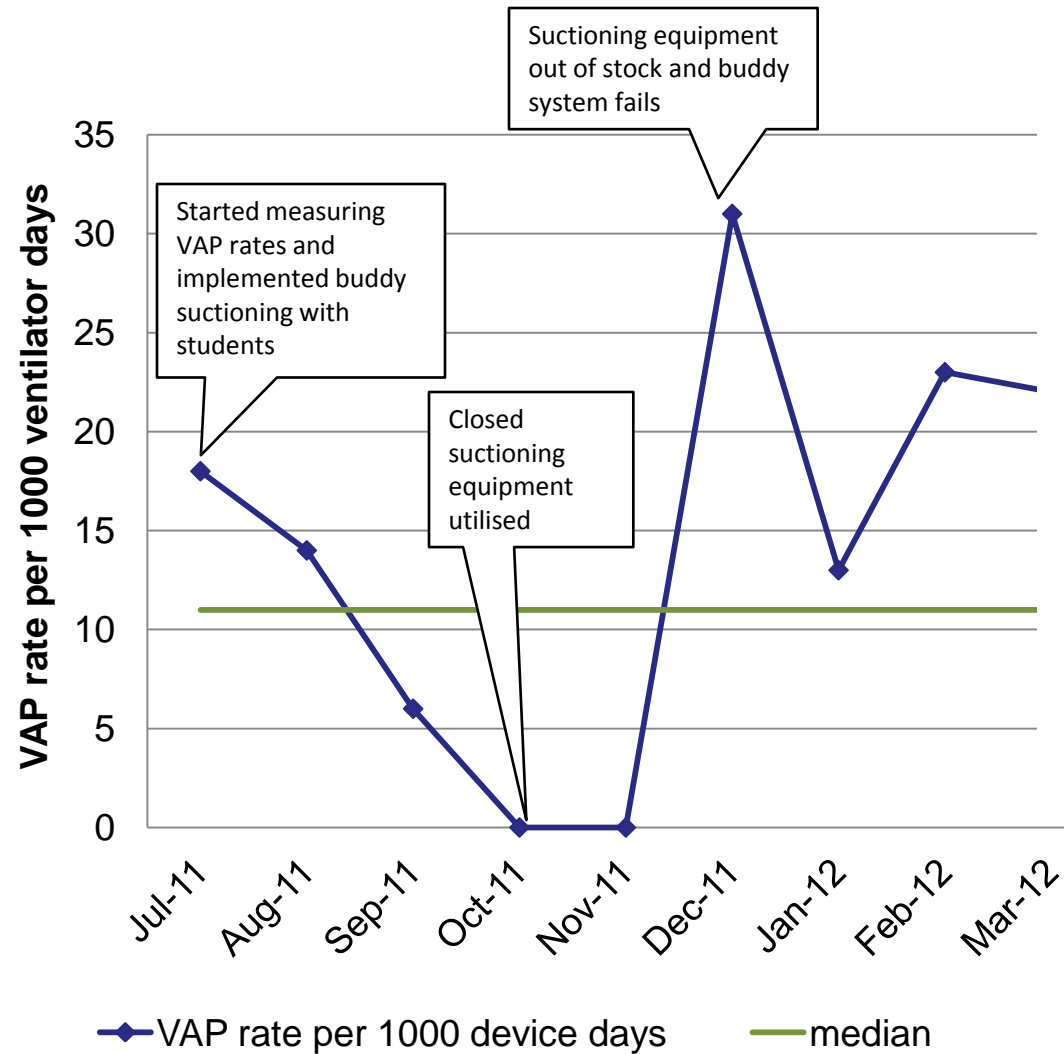


First Intervention

VAP BUNDLE ELEMENTS

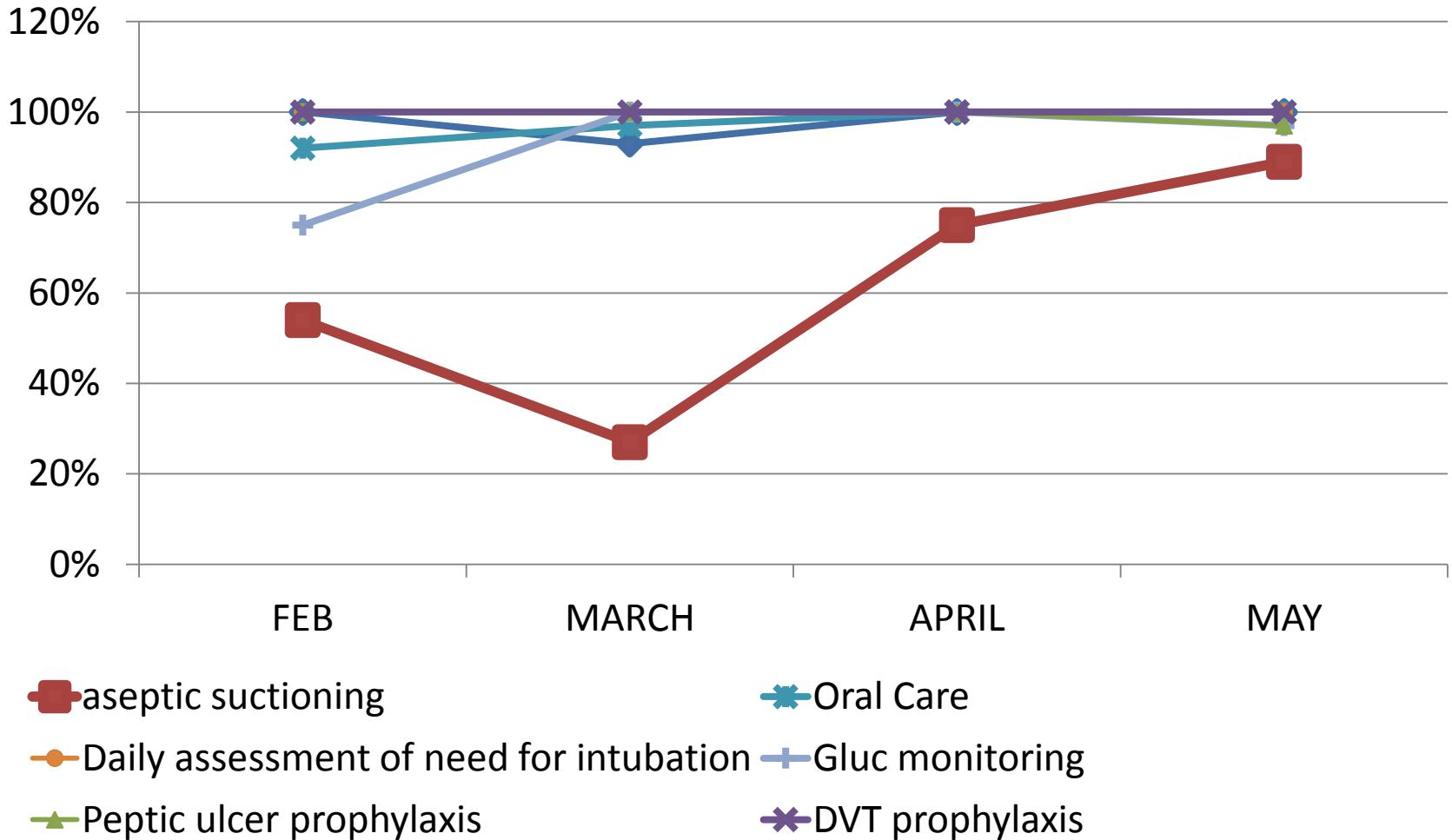
- ❖ Elevation of the head of the bed to between 30 and 45 degrees
- ❖ Aseptic suctioning and Oral care
- ❖ Daily “Sedation Vacation” and daily assessment of readiness to extubate
- ❖ Glucose monitoring
- ❖ Peptic ulcer disease (PUD) prophylaxis
- ❖ Deep vein thrombosis (DVT) prophylaxis (unless contraindicated)

Always! Best care

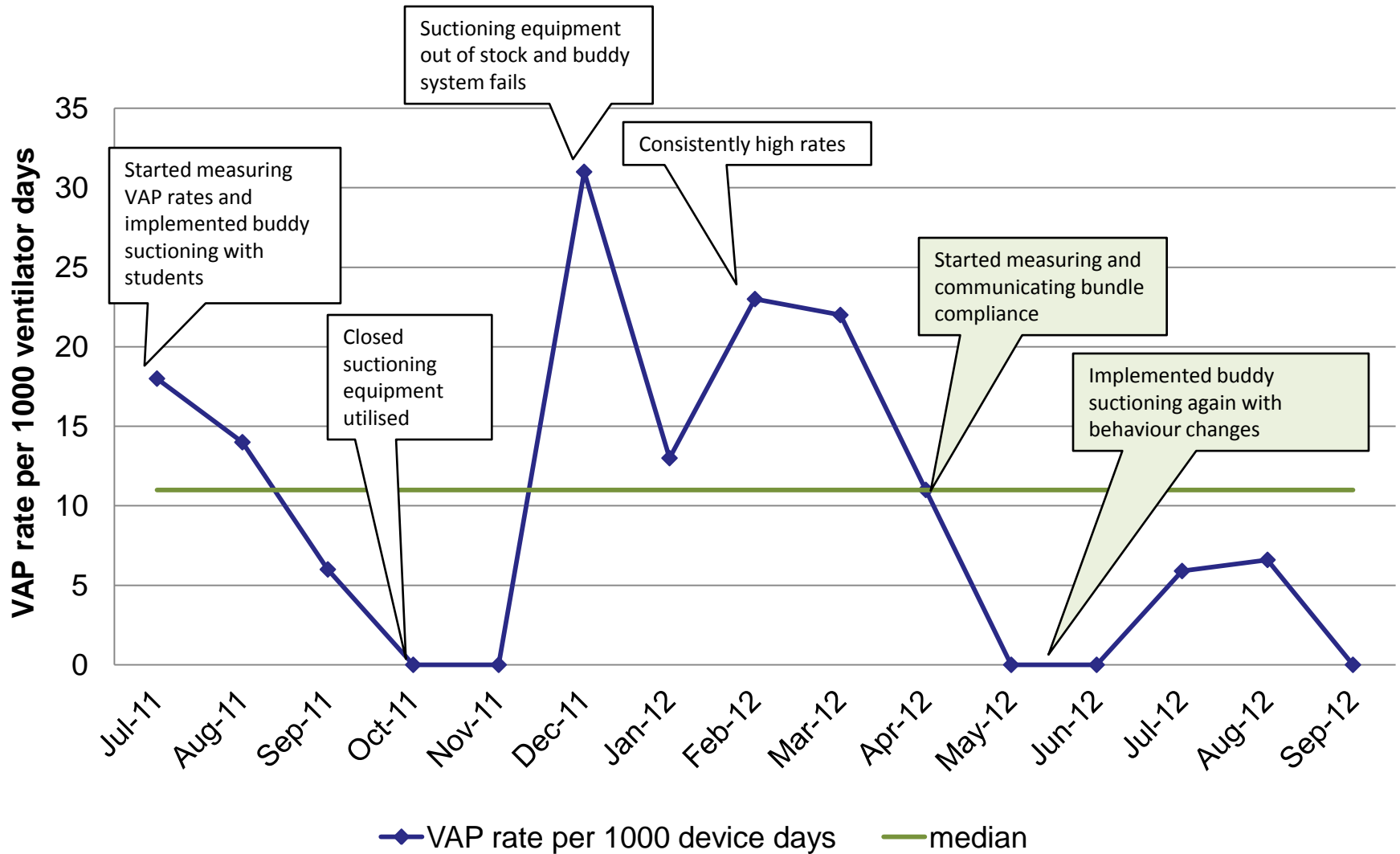


Second intervention

Compliance rates to VAP bundle elements



Effects of change



Lessons learnt

- Aseptic suctioning decreases VAP rates
- staff to work in teams/ buddies
- To change behaviour of staff you need to get them to : Make them aware of the problem
 - Ask for help
 - Practice buddy suctioning
 - Ensure they are accountable for doing it (open curtains)
 - Provide gentle reminders constantly



Acknowledgments

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- **Mrs Shelly Mobayi**
(Infection control Coordinator)
- **All Neuro ICU Staff**
(Doctors and Nurses)
- **Hospital Senior Management**
(CEO, Clinical Director, Nursing Management)



- **Dr Paul Soko and Dr Kim Faure**

- **THANK YOU!!!!**

- **QUESTIONS?**