

<p>The 4 infection prevention Best Care Always! Interventions:</p> <ul style="list-style-type: none"> • VAP: Ventilator-associated Pneumonia • CLABSI: Central line - associated Bloodstream Infections • SSI: Surgical Site Infections • UTI: Urinary Tract Infections <p>Best Care Always Pilot Intervention:</p> <ul style="list-style-type: none"> • Antibiotic Stewardship 	<p>Prevent adult ventilator-associated pneumonia: July 2011</p> <p>Background:</p> <ul style="list-style-type: none"> • Ventilator-associated pneumonia (VAP) is the leading cause of death among healthcare associated infections. Studies show that hospital mortality of ventilated patients who develop VAP is 46% compared to 32% for ventilated patients who do not develop VAP (1) • VAP leads to an extended period of mechanical ventilation and a longer length of stay (LOS) in critical care units and in hospital • Evidence shows that implementing core interventions, together with consistent adherence ensures a better patient outcome • Training and continuous reinforcement of adherence is required to ensure these outcomes <p>Intervention:</p> <p>There are key elements contained in the VAP Bundle</p> <ol style="list-style-type: none"> 1. Elevate the head of the bed to between 30 and 45 degrees 2. Daily “sedation interruption” and daily assessment of readiness to wean 3. Daily oral care with chlorhexidine 4. Prophylaxis for peptic ulcer disease 5. Prophylaxis for deep venous thrombosis <p>Compliance with the VAP bundle has been most successful when all elements are executed together.</p> <p>Other evidence-based elements of care are not excluded and may be added to the VAP Bundle by individual facilities, for example:</p> <ul style="list-style-type: none"> • Hand hygiene • Use of oral rather than nasal tubes • Glucose management • Nutrition
<p>Goal:</p> <p>To improve clinical outcome for the ventilated patient by preventing ventilator-associated pneumonia</p> <p>A “bundle” is a collection of processes needed to effectively and safely care for patients undergoing particular treatments with inherent risks. Several interventions are “bundled” together and, when combined, significantly improve patient outcomes.</p>	

<p>References and Resources:</p> <ul style="list-style-type: none"> • Hawe, Caroline S, Ellis, Kirsteen S, Cairns, Chris JS and Longmate, Andrew. Reduction of VAP: active versus passive guideline implementation. <i>Intensive Care Med</i> 2009 July; 35:1180-1186. • Ibrahim EH, Tracy L, Hill C, et al. The occurrence of ventilator-associated pneumonia in a community hospital: Risk factors and clinical outcomes. <i>Chest</i> 2001 Aug; 120(2):555-561. • Rello J, Ollendorf DA, Oster G, et al. VAP Outcomes Scientific Advisory Group. Epidemiology and outcomes of ventilator-associated pneumonia in a large US database. <i>Chest</i>. 2002 Dec; 122(6):2115-2121. • Stokowski, A. An update on preventing ventilator-associated pneumonia in adults. Published 04/28/2009. http://cme.medscape.com/viewarticles/591015_print (Accessed 05/13/2009) 	<p>We are engaging with our collaborative partners to understand any key differences for the South African setting and will be updating the VAP one-pager as this work is finalised.</p> <p>For more in depth information and implementation guidelines consult the “Getting Started Kits”</p> <p>Intervention Measures:</p> <ul style="list-style-type: none"> • VAP rate = (Number of Ventilator-Associated Pneumonias / Number of ventilator days) x 1000 • VAP bundle compliance rate <p>Examples of measurements and goals of compliance are:</p> <ol style="list-style-type: none"> 1. VAP rate: Goal - decrease the VAP rate by 25% in one year 2. VAP bundle compliance: Goal - 95% of patients mechanically ventilated should receive a minimum of 5 elements <p>Definition of VAP:</p> <p>Pneumonia occurring in a patient</p> <ul style="list-style-type: none"> • requiring continuous assisted ventilation[#] through either a tracheostomy or endotracheal tube; • where the infection occurs at the time of or within 48 hours of the removal of the assisting device. <p>Diagnosis of pneumonia is based on radiological features as well as clinical features of infection</p> <p>There is no minimum period of time that the ventilator must be in place in order for the pneumonia to be considered ventilator-associated.</p> <p>There must be no evidence that the infection was present or incubating at the time of intubation.</p>
<p>Institute for Healthcare Improvement. 5 Million Lives Campaign www.ihl.org</p> <ul style="list-style-type: none"> • Safer Healthcare Now! Campaign. www.saferhealthcarenow 	<p>[#] A Ventilator: a device to assist or control respiration continuously through a tracheostomy or by endotracheal intubation. Lung expansion devices like: intermittent positive pressure breathing (IPPB) or nasal positive end-expiratory pressure (PEEP) or continuous nasal positive airway pressure (CPAP or hypoCPAP) are NOT considered ventilators unless delivered via tracheostomy or endotracheal intubation (e.g. ET-CPAP).</p> <p><i>This (summarised) definition must be read together with the full CDC/NHSN surveillance criteria in order to diagnose a VAP in practice.</i></p>
<p>We wish to thank and acknowledge the Institute for Healthcare Improvement (IHI) and the Canadian Safer Healthcare Now! campaigns, particularly the extensive resources made available on their websites. Links are provided to both these websites for further support.</p>	<p>The Website contains the full Getting Started Kit, and links to other resources for this strategy.</p>