An Intraprofessional Approach to Reducing VAP in the MICU
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Problem:
The ventilator associated pneumonia (VAP) rate was 2.41 from 2004 till 2008.

Evidence:
VAP is the most common hospital acquired infection for ventilated patients. The team identified that the MICU VAP rate from 2004-2008 was 2.41 per 1000 ventilator days. This rate posed a significant risk for patients as well as costs related issues for the facility. This launched our project.

Strategy:
Use Focus PDSA to implement an aggressive VAP prevention program in the MICU.

Practice Changes:
• Implemented a standardized VAP protocol, an aggressive ventilator weaning protocol, and an oral care protocol using Chlorhexidine 0.12% every 6 hours.
• Used specialized and improved products such as; an ET tube with a micropore cuff, Sage oral care products placed at the head of each bed, and a closed in-line suction system.
• Initiate daily concurrent rounding by the Clinical Nurse Specialist to ensure compliance to the VAP protocol.
• Initiate daily Intraprofessional Rounds which includes all members of the care team collaborating daily to review patients at risk for VAP.
• Trained physicians, nurses, respiratory therapists, radiology staff, and transport staff about the prevention of VAPs.
• Implemented on-going training methods used to maintain compliance such as; web based training modules, “Just in Time” Training, Huddles, and Debriefings

Evaluation:
The concurrent monitoring and roundings has significantly lowered the VAP rate in the MICU. The unit has been VAP free for two years. However, we had one VAP in November of 2012 after being VAP free for 2 years.

Results:
The VAP rate declined from 2.41 per 1000 ventilator days from 2004-2008 to 0.27 per 1000 ventilator days from 2009-2012.

Recommendations:
Concurrent monitoring, daily rounding, and improved communication improve patient outcomes and will become more important in the future the ever shrinking healthcare dollar.

Lessons Learned:
Team members learned:
• Intraprofessional collaboration is critical to achieving excellence when using evidence-based protocols
• A healthy work environment is created when communication and collaboration are enhanced
• Ongoing concurrent monitoring of compliance is essential
• Real-time feedback to stakeholders regarding potential issues promotes rapid cycle change
• Transparent report of outcomes gives all stakeholders a sense of ownership

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Bibliography:

