An Evidence-Based, Comprehensive Intervention to Reduce Pneumonia-Related Acute Care ReAdmissions from Nursing Home Facilities
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Problem: Readmission rates to acute care hospital from a local nursing home facility exceeded rates reported in the literature.1

Evidence: Data collected to identify the greatest opportunity for improvement in this local facility revealed a high rate of readmissions due to pneumonia in ventilated patients. Local findings were consistent with a recent study that reported pneumonia among the top six conditions responsible for 78% of the potentially avoidable hospitalizations across settings.2

Strategy: The evidence supported the need for a comprehensive evidence-based intervention to decrease potentially preventable readmissions related to pneumonia in this local facility. Based on the organizational assessment, a three-part program was implemented.

Practice Change: The comprehensive intervention included the implementation of the Ventilator Associated Pneumonia (VAP) Protocol,3 hand-hygiene education and support, and an educational program on care of residents with respiratory distress. The educational program included both didactic content and hands-on ventilator education.

Evaluation: Baseline and post implementation data were collected on implementation of the elements of the VAP protocol, hand hygiene, and knowledge related to respiratory care.

Results: Early outcomes demonstrated an improvement in adherence to the elements of the VAP protocol compared to baseline. Hand hygiene improved from 12% at baseline to 68% following implementation of the hand hygiene program. There was an improvement in the number of correct answers on the respiratory care knowledge test from the pre-test given before the educational component compared with the post-test scores.

Recommendations: The implementation of this evidence based program demonstrated a change in practice at this community nursing home. Although it is too early to observe a change in readmission rates related to respiratory distress in residents who are ventilated, rates in this sub-group will be monitored over time.

Lessons Learned: Lessons learned include the importance of an organizational assessment, stakeholder participation from the beginning and using a team approach for design and implementation.
Bibliography:
