**Problem:** In 2008, our Intensive Care Unit was two times above the national average for Ventilator Associated Pneumonia (VAP).

**Evidence:** We formed a team to review and critique evidence-based literature and benchmark other facilities to identify best practice for ventilated patients.

**Strategy:** Once reviewing the evidenced the team found inconsistent application of the evidence. Our team provided VAP bundle education with case studies to all staff. Daily reinforcement of the VAP bundle components lasted for 12 months with monitoring completed by team members.

**Practice Change:** We implemented consistent application and documentation of the VAP bundle through daily reinforcement. Our team began monthly collaboration with infection control staff for drill down of each VAP case to identify potential variations in practice.

**Evaluation:** The team evaluated the impact of structured education with daily reinforcement during morning rounds on VAP bundle and documentation compliance.

**Results:** VAP rates decreased from a rate of 16.9 at project baseline to a rate of 3.5/1000 ventilator days 2010. The total number of VAP cases in current fiscal year is 5, leading to a reduced cost of 23 cases from 2009 with projected savings of $690,000.00.

**Recommendations:** Continue monitoring VAP bundle documentation in the electronic medical record, review each case of VAP through drill process, and annual education with case studies for all staff members.

**Lessons Learned:** Education alone is not adequate to change practice patterns. This project highlights the importance of a team approach to identify, implement and reinforce evidenced-based solutions to complex factors and ICU patient outcomes.

**References:**

Harding A. Impact of educational interventions and compliance monitoring on sedation minimization in the critically ill mechanically ventilated patients in a large teaching hospital. Critical Care Medicine 2007; 35: A179S.

