Target Zero: Task Force Helps Reduce VAP at Shore Health System

Organization Name: Shore Health System
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IDENTIFICATION:
Sudden increase in VAP rates in both of our ICUs in 2007. VAP rates had been below NHSN median in previous years.

PROCESS:
Multidisciplinary Task Force formed of key players (Nursing, Respiratory Therapy, Infection Prevention & Control, Clinical Pharmacy, Process Improvement, Pulmonology, and Nursing Research
- Began process by developing goals:
  o VAP rate zero
  o Compliance with all elements of ventilator bundle in at least 95% of ventilated patients
- Performed literature review for best practices.
- Identified areas where our practice differed from the evidence based solutions. Looked at all aspects of nursing care, respiratory care, medical care, data collection and analysis, information sharing, etc.—every area impacting the care of a patient on a ventilator. Subgroups and individuals worked on projects, then brought back to the full Task Force for final approval and dissemination.

SOLUTION:
1. Developed Critical Care Nursing Policy on Care of the Mechanically Ventilated Patient.
2. New “Sedation Vacation” process implemented, including use of valid and reliable agitation/sedation scale (Richmond Agitation Sedation Score).
3. Developed policy on Weaning Assessment giving Respiratory Therapy the ability to perform daily spontaneous breathing trial without a physician’s order.
4. Date of most recent VAP posted in ICUs and Respiratory Therapy.
5. Placed educational flyers in ICU waiting rooms on how family can help prevent VAP.
6. Eliminated basin baths for mechanically ventilated patients.
7. Monitoring compliance with ventilator bundle on both shifts.

OUTCOMES:
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Attachments:
  - VAP Rates
  - Ventilator Bundle Compliance
<table>
<thead>
<tr>
<th></th>
<th>2006 Rate NHSN Median 1.6</th>
<th>2007 Rate NHSN Median 1.6</th>
<th>2008 Rate NHSN Median 1.6</th>
<th>2009 Rate NHSN Median 0.7</th>
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<tbody>
<tr>
<td><strong>VAP</strong></td>
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<tr>
<td>Memorial Hospital at Easton</td>
<td>1.2/1000 Vent. Days (1 infection)</td>
<td>5.6/1000 Vent. Days (7 infections)</td>
<td>1.2/1000 Vent. Days (1 infection)</td>
<td>1.1/1000 Vent. Days (1 infection)</td>
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<tr>
<td><strong>VAP</strong></td>
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<tr>
<td>Dorchester General Hospital</td>
<td>0 (none)</td>
<td>2.9/1000 Vent. Days (1 infections)</td>
<td>6.0/1000 Vent. Days (2 infections)</td>
<td>3.2/1000 Vent. Days (1 infection)</td>
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</table>

**Trend of Ventilator Bundle Compliance**

**MHE**

- All Elements
- Asses_Wean
- DVT_Proph
- HOB_30_deg
- PUD_Proph
- Sedation_Vac

**Trend of Ventilator Bundle Compliance**

**DGH**

- All Elements
- Asses_Wean
- DVT_Proph
- HOB_30_deg
- PUD_Proph
- Sedation_Vac