B1-19: Our Journey to Eliminate VAP

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**Abstract:**

**Introduction:** Ventilator Associated Pneumonia (VAP) is a prevalent infection in hospitals that often results in mortality. Research has shown that consistent compliance with an evidence-based bundle will result in a decrease in the number of VAPs. The aim of the improvement project was to implement a multidisciplinary approach involving leaders and staff at all levels of the organization to use innovative approaches to achieve bundle compliance for twelve consecutive weeks of 95% or greater to reduce the incidence of VAP.

**Method(s):** A multidisciplinary team including an executive, physician, the pulmonary clinical nurse specialist, quality, infection control, bedside staff, respiratory therapists, and environmental services formed the Task Force. The Task Force met weekly and formed a ninety-day plan that included engaging family members, and heightening transparency among other strategies. A bundle collection audit tool was refined along with the data collection process. A data dictionary was developed to increase clarity. Respiratory therapists collected and submitted data every shift on critical and intermediate care units. Daily reports of compliance were sent to Executive staff and Task Force. Compliance rates were posted daily for public viewing outside each unit.

**Results:** The improvement project’s focus on consistent compliance of the ventilator bundle at 95% or greater for twelve weeks has led to a decrease in the number of VAPs. The number of VAPs for the entire hospital (all service line units including critical care, intermediate care and pediatrics and neonates) for the period of November 2008 to September 2009 was 150 compared to 79 (or a 47% reduction) during the same period from the previous year.

**Discussion & Conclusions:** Through focused teamwork, communication at all levels of the organization, and increased transparency, the improvement project has continued with 95% or greater compliance for forty-seven weeks. As a result, the number of VAPs has decreased. Even though this project has seen a reduction in VAP, it is recommended that other practices such as oral care, and specialized endotracheal tubes be reviewed and added to an improvement project to achieve the elimination of VAP.

**Abstract History:**
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

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