Preventing Healthcare Associated Pneumonia (HAP) Initiative

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Issue

The SJHH nurse sensitive data from the Canadian Hospital Reporting Project (CHRP) was elevated (CHRP) in several categories

Catheter Associated Urinary Tract Infections (CAUTI)
Healthcare Associated Pneumonias (HAP)
SJHH Nursing Sensitive Adverse Events 2010 to December 2014
Rate per 1,000 Discharges
Project

• Interdisciplinary team formed
• Literature review
• Scope defined- Oral Care
• Select Products and Ensure Ease of Access
Project

• Engage & Educate Nursing staff
• Execute- Intervention Toolkit developed
• Evaluate- Regularly assess performance measures and unintended consequences
Why oral care to prevent HAP?

**Germs in the Mouth**
- Dental plaques provides a microhabitat
- Replicates 5x in 24hrs

**Aspirated**
- 45% of healthy adults micro-aspirate in their sleep

**Weak Host**
- poor cough
- Immunocompromised
- Multiple co-morbidities
Within 48 hours of admission to hospital the oropharyngeal flora of critically ill patients changes from

→ the usual gram + streptococci and dental pathogens to

→ gram negative organisms including Pathogens that cause VAP and Aspiration Pneumonia

IS IT BECAUSE I'M GRAM NEGATIVE?
Germs in the mouth
- Comprehensive Oral care

Aspirated
- Swallow screens
- Tube feeding protocols
- Head of bed elevated

Weak Host
- Mobilize
- Adequate nutrition
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1.0  Purpose & Goals Description
2.0  Definitions

### Oral Care Protocol Audit Tool

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<tr>
<th>Service</th>
<th>Patient 1</th>
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- **Intervention/ACT**: Is the patient/hcp aware of the patient's oral care? (Y/N)
- **Documentation**: Is the patient aware of their oral care protocol? (Y/N)
- **Rationale**: Is the equipment available? (Y/N)
- **Patient Identification**: Was the oral care completed? (Y/N)
- **Analysis**: Is the oral care done as per protocol? (Y/N)
- **Activity**: Documented as per protocol? (Y/N)
- **Frequency**: (Y/N)
RESULTS TO DATE

SJHH Nursing Sensitive Adverse Events 2010 to September 2015
Rate per 1,000 Discharges

Pneumonia and Aspiration Pneumonia
Decubitus Ulcer
UTI
Fracture
• Stores report shows on-going demand for brushes
• Some issues with defining HAP(Coder and physicians)
• Documentation of oral care inconsistent
• Patients dependent for care are at highest risk
Further work is required

• Ensure that the protocols are being followed before expanding and adding new dimensions

• Need to engage other groups outside of the working group (coders, physicians etc.)

• Data needs to be widely available to all clinical areas

• Regular evaluation will always be required
Thank-you

Co-chairs for the Project
Dr Sandra Ireland
Stephen Fraser

& the

Healthcare Associated Pneumonia working Group
• CDC (2003). Guidelines for preventing HCA HAP.
• Quinn,B, et al.(2014). Basic nursing rare to prevent non-ventilator hospital associated pneumonia