

Performance Improvement Plan

Impact of Routine Oral Care and Closed End Suction on VAP Rates

Objective:

(Suggested)

Assess impact of nursing intervention on Nosocomial Pneumonia Rate through implementation of new oral suctioning and cleansing products.

Background:

(Suggested)

Your facility's VAP cumulative rates as compared to the NNIS data along with current protocol and procedures.

(Example)

In September 2000, VAP cumulative rates in the SICU, CCU and CVSU were recognized as high compared to the NNIS data. After review of the literature and subsequent implementation of

Protocol:

From Schleder B, et al., "The Effect of a Comprehensive Oral Care Protocol on Patients at Risk for Ventilator-Associated Pneumonia," *Journal of Advocate Health Care*. 4(1):27-30, Spring/Summer 2002

(Example)

Care of the intubated Good Shepherd patient should be carried out in this order:

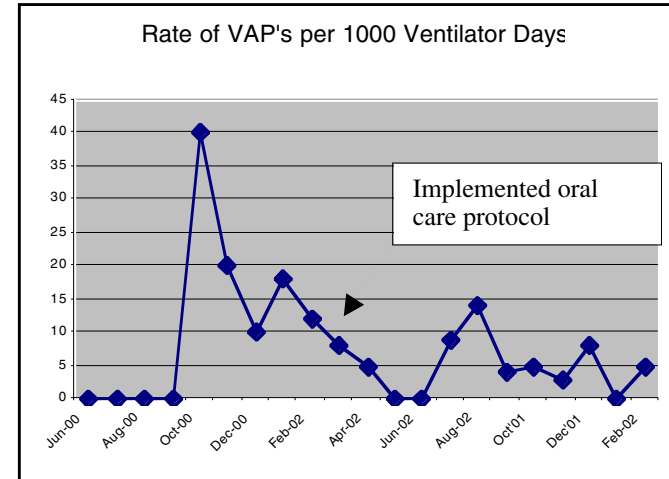
1. The oral cavity is assessed initially and daily by the Registered Nurse.
2. Unconscious or intubated patients are provided oral care every 2-4 hours and prn.
3. Intubated patients will be assessed to determine the need for removal of oropharyngeal secretions every 8 hours as well as prior to repositioning the tube or deflation of the cuff.

Procedure:

1. Set up suction equipment.
2. Position patient's head to the side or place in semi-fowlers.
3. Provide suction, as needed, in intubated patients to remove oropharyngeal secretions that can migrate down the tube and settle on top of the cuff.
4. Brush teeth using suction toothbrush and small amounts of water and alcohol free antiseptic oral rinse.
 - 4.1 Brush for approximately one to two minutes.
 - 4.2 Exert gentle pressure while moving in short horizontal or circular strokes.
5. Gently brush the surface of the tongue.
6. Use suction swab to clean the teeth and tongue if brushing causes discomfort or bleeding.
 - 6.1 Place swab perpendicular to gum line, applying gentle mechanical action for one to two minutes.
 - 6.2 Turn swab in clockwise rotation to remove mucous and debris.
7. Apply mouth moisturizer inside mouth.
8. Apply lip balm if needed.

Graph:

From Schleder B, et al., "The Effect of a Comprehensive Oral Care Protocol on Patients at Risk for Ventilator-Associated Pneumonia," *Journal of Advocate Health Care*. 4(1):27-30, Spring/Summer 2002



Results:

Data through:

Rate = Number of VAP's per 1000 vent days:

Average prior rate:

Average post rate:

Average length of stay prior to intervention:

Average length of stay post implementation:

Economic Impact:

Average cost of VAP:

Average cost per month prior to intervention:

Average cost per month post implementation:

Savings per month: