

Ms. Mincy Shaji

Ms. Reeba George

Mr. Russel G (RT)

UNIT : Intensive Care Units- Heart Hospital

Reducing Ventilator Associated Pneumonia (VAP) ICU's Heart Hospital

PROBLEM: From January 2012- July 2012 the VAP infection rate is consistently above benchmark of 50th percentile in Intensive care unit of heart hospital.

AIM: To decrease the infection rate of VAP below 50th percentile
Benchmark by Jan 2013 and maintain zero infection till January 2015

Coach: Ms. Marie Quinn

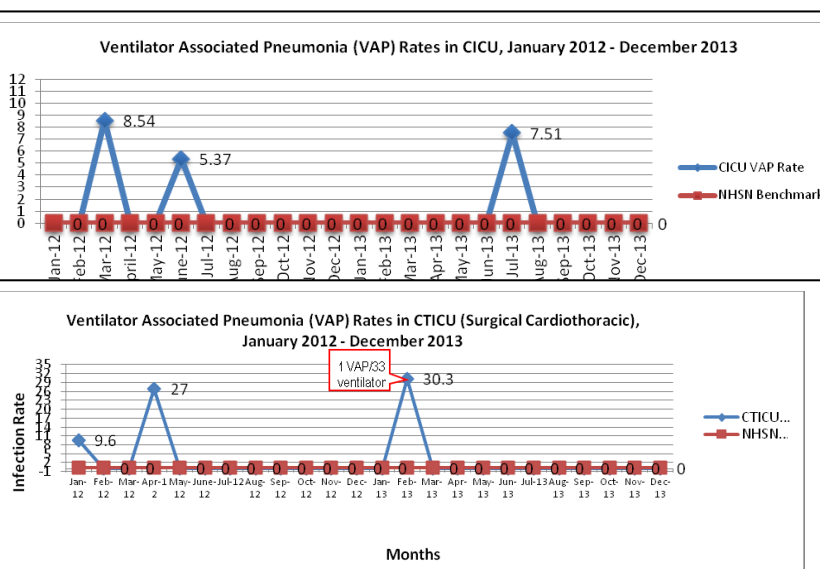
Sponsor: Ms. Linda Peters

TEAM:

1. Shiny Shiju
2. Rasha Yousef
3. Rency Mathew
4. Bibin John
5. Dina Mohd
6. Manal Malkawi ICP
7. Dr. Jameela ALkwoaiter

INTERVENTIONS:

1. Developed a task force for Ventilator associated pneumonia Reduction project
2. All health care providers were educated on Hand Hygiene Hand Hygiene campaign was conducted in Heart Hospital as an Awareness program
3. Ventilator associated Pneumonia Bundles are reviewed to implement the best practices.
4. Nursing staff education on Ventilator associated pneumonia and bundles.
5. All patient beds alarms are activated on head end elevation below 30 degrees.
6. Started use of Subglottic Endotracheal tubes for all ICU patients.
7. Installed portable hand rubs on all nurses stations for easy access.
8. Monthly presentation of compliance of Ventilator associated pneumonia Bundles by Infection Control Practitioner
9. Indicator developed to monitor the compliance of VAP Bundle monthly.
10. Weaning team following all ventilated cases to promote early extubation.
11. Respiratory therapist had developed monitoring tool to ensure the Ventilator accessories are changed every 48 hours.



CONCLUSIONS:

1. After Implementation of the action plan the infection rate decreased below 50th percentile and maintained zero rate from August 2013.
2. Head elevation and hand hygiene practices were the most significant factors in maintain zero infection rate in VAP.

Next Steps:

1. To maintain zero rate in VAP till January 2015.
2. Continue education and monitoring compliance with indicators.
3. Achieve 90% overall compliance in Hand hygiene by July 2014.