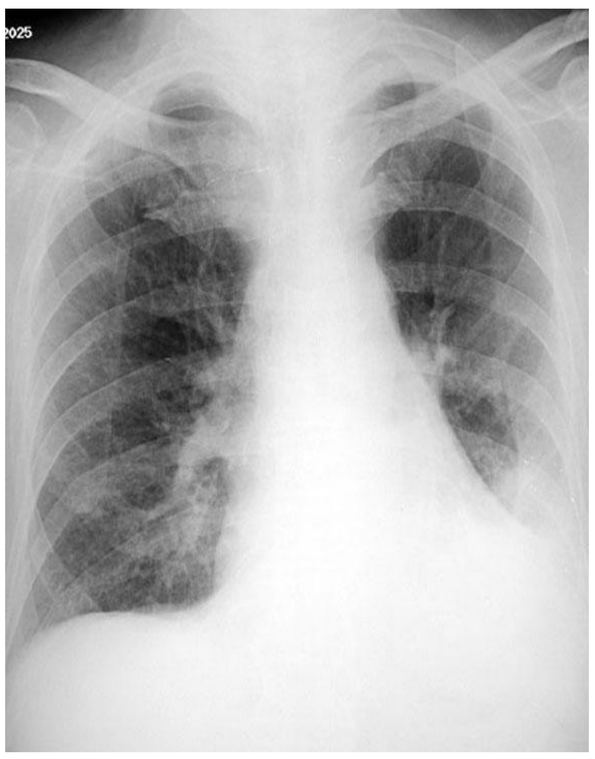
Prevention of Aspiration Pneumonia in Long Term Care Residents (Enaya Specialised Care Center)

Background/Purpose

Pneumonia is the fourth leading cause of death despite the availability of potent new antimicrobial agents. Aspiration of oro- pharyngeal bacterial pathogens to the lower respiratory tract is one of the most important risk factors for pneumonia. Impairments in swallowing and cough reflexes among disabled older persons, e.g., related to cerebro-vascular disease, increase the risk of pneumonia.

Enaya Specialized Care Center located at Medical City, Bldg. 30 and 31, admits and treats around 156 long term care residents. Many residents with naso gastric tube (NGT), naso jejunostomy tube (NJT) and percutaneous endoscopic gastrostomy tube (PEG).

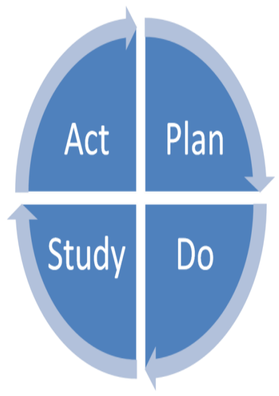


Goals / Objectives

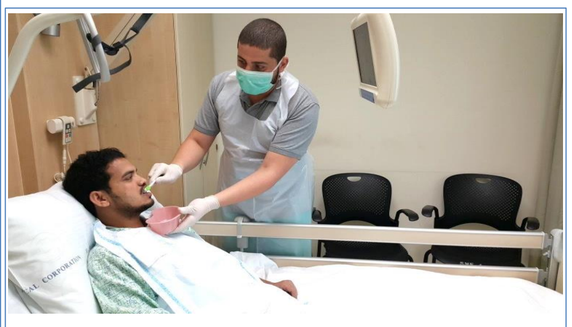
To maintain zero incidence of aspiration pneumonia through continuous process improvement utilizing PDSA.

Identify the residents who are at risk for aspiration pneumonia with NGT, NJT, PEG and follow the Aspiration Pneumonia Prevention Bundle.

Methods



Interventions



- Aspiration Pneumonia Prevention Bundle is implemented for all residents.
- Aspiration Pneumonia Management protocol is implemented when it is suspected that resident has Aspiration Pneumonia.

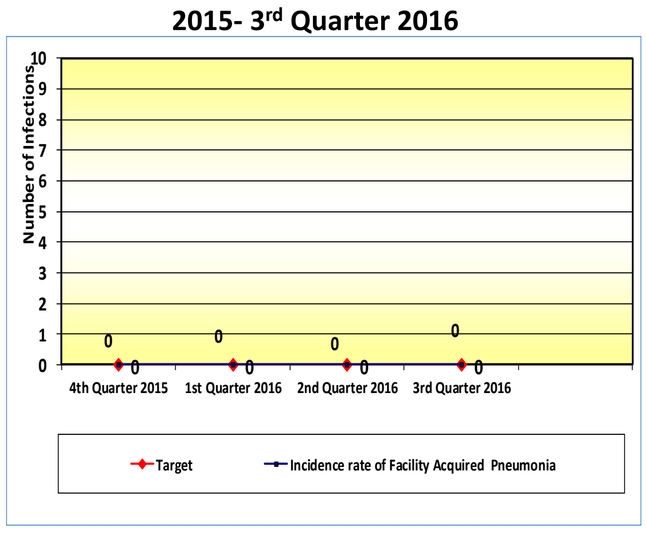
.Aspiration alert sign placed on bed head if indicated.

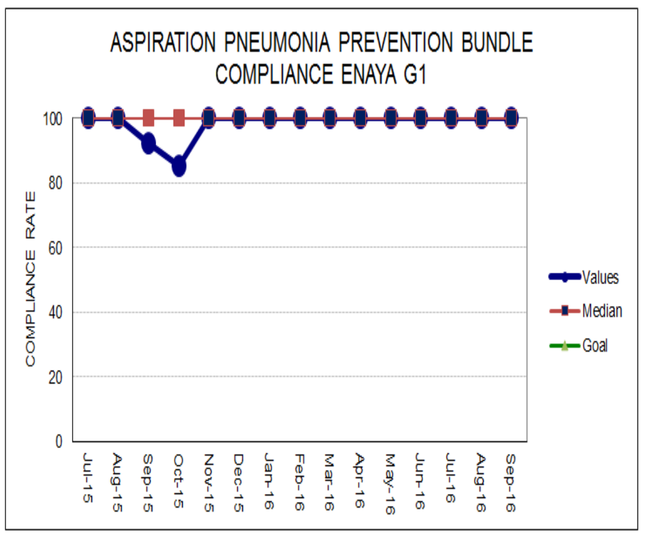
Positioning of the residents during feeding is monitored consistently.

- Oral Hygiene assessment will be done on admission and quarterly.
- The diagnosis of Aspiration Pneumonia is confirmed by Portable Chest X-ray.
- Tracheostomy care bundles are implemented in the units as pilot study from April 2015, as a part of Best Care always Team.
- The residents are placed at 35-45 degree of angle while feeding and sustained for 1 hour after feeding.
- FMEA (Failure Mode Effect Analysis) project was done on Naso Gastric Tube feeding to ensure confirmation of tube placement, proper positioning while feeding, to observe the staff practices on NGT feeding and to improve the practices by training and education.

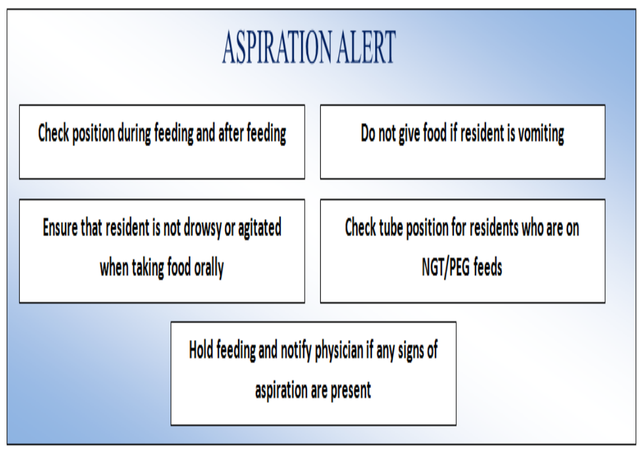
Results

Number of Aspiration Pneumonia 4th Quarter 2015- 3rd Quarter 2016





Preventive Measures of Aspiration Pneumonia.



Conclusions

Recommendations from best practice guidelines were implemented by the team to maintain zero aspiration pneumonia incidence by following aspiration pneumonia prevention bundles.

NEXT STEPS:

1. Continue to conduct periodic observations monthly to ensure consistent implementation among staff.
2. Conduct PDSA cycles in order to refine the process and sustain change.
3. Reinforce the desired change by rewarding staff at unit level.
4. Organize education programs for new staff and as an when needed.

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References

1. Prevention and Management of Aspiration Pneumonia Clinical Protocol 10545.