Zero VAP for Better Care

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BACKGROUND

The use of mechanical ventilation for respiratory support is an essential and integral care in the intensive care units (ICU).

Ventilated-associated pneumonia (VAP) and its prevention is a significant concern for ventilated patients as it is the leading cause of nosocomial infection in adult critically ill patients.

In 2012, a team of nurses and doctors from medical ICU embarked on a project to prevent VAP and improve patients' outcome.



Lack of ownership

Inadequate maintenance program



To identify the root cause, team members observe and record the **ICU** ventilator care processes, staffs and patient's behaviors. **Brainstorming sessions** were conducted.

Fig 2: Cause Analysis using Ishikawa Diagrams

INTERVENTION

prevention

practices



MICU Annual Dashboard FY2014

10 100 100 100 10 10 10 10 100 10 10 10 10 10 10 10 10 10 10 10 10

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QI/Research Projects

A Qualitative Study on the Pain Management Methods with Ostasarthyltic Knee and Their Reception Towards Before Surgery (CRR: 2014/027/4)



Measure Compared to Median



Fig 4: VAP rate in MICU 2013-2014





Fig 5: VAP Bundle Compliance Rate

The quality of patient care was perceived positively by staffs, patients and family members with effective communication and information delivery. Staff, patient and family's satisfaction with ICU care and communication significantly increased (staff 45% to 85%, patient 35%) to 78%, family 38% to 82%).

4.5

Daily Bundle Checklist

progress notes: FAST HUG BiD



- Bowel
- Indwellingcatheters (CVP, urine cath, vascular cath, PAC etc) Deescalated antibiotic as indicated

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Magnet Facility Stage 2 and Alex

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Daily Monitoring VAP Rate & Diaplay



Cost Saved

Using Disposable Ventilator Circuit Save



Time Saved

Ventilator Circuit Preparation Time Reduced by

CONCLUSION

The importance of VAP prevention was communicated to ICU staff, patients and family members. Change in culture, attitude and teamwork were essential to ensure success and sustainability. "Buy in" from stakeholders encouraged compliance to care bundles. Patients and their families also developed positive relationship with ICU staffs through effective communications.