

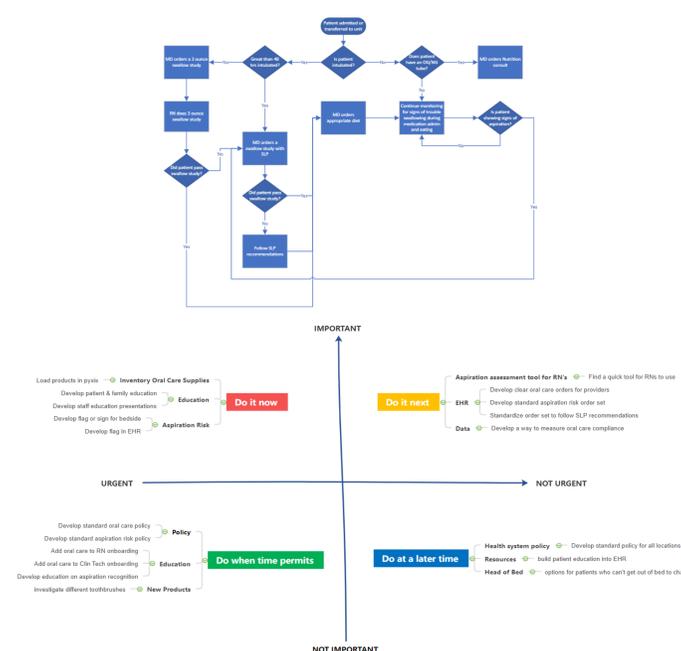
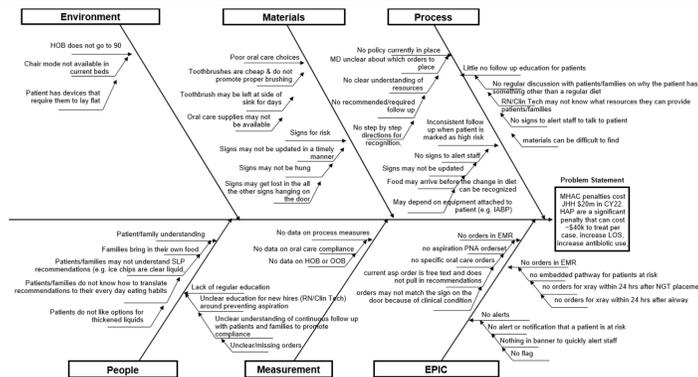
## Problem

- In 2018 the CDC published data reporting Hospital Acquired Pneumonia (HAP) is the #1 Hospital Associated Infection (HAI), with the non-ventilator patient population representing at least 60% of the cases.
- At a large academic hospital in CY 22 there were 24 aspiration pneumonia cases that were above the benchmark of similar hospitals.
- For the 6 months leading up to the implementation oral care compliance averaged 26% for the non-ventilated patients in the Cardiac Care Unit.

## AIM

- To promote and provide oral care to the non-ventilated ICU hospitalized patient.
- By increasing oral care to our patients will decrease the bacterial burden in the oral cavity thus reducing the risk of hospital acquired pneumonia due to aspiration.

## Quality Improvement Tools



## Interventions

- Education was provided at day and night shift huddles which reached 18-20 people per day. This ensured all initial education of staff and provided reinforcement for those previously educated.
- 40 nurses and 5 clinicians were educated in person.
- Information was reinforced at shift huddles.
- Developed an oral care kit for each patient.
- Implemented unit-based champions.

## Implementation

### Pre-Go Live

- Initial kick off started at the CCU Unit Operations meeting with oral care education.
- Education and training was done for 30 straight days leading up to go live day.
- All personnel were sent an email with the same education.
- Official date set and communicated with staff.

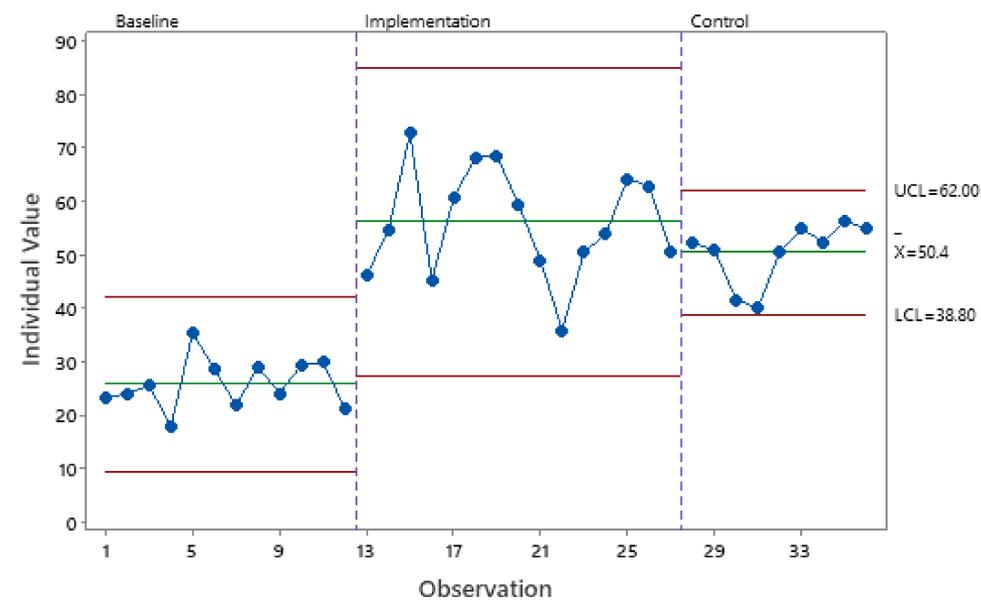
### Go Live!

- Reviewed at shift huddles.
- Reminders sent to staff during the shift.

## Results

- A total of 160 non-vented unique patients were tracked during the pilot spanning a three-month time-period.
- Data collected on a weekly basis from documentation in the electronic medical record.
- CCU doubled its average compliance from 25.8 at baseline to 56.1 during implementation.
- CCU has sustained their change in practice through the control period.

### Oral Care Compliance Rate for 36 Weeks by Phase



## Sustainability

- Data is centrally collected, summarized, and reviewed.
- Currently developing an oral care standard protocol.
- Clinical Technicians lead development of oral care kits for patients.
- Development of oral care education for CCU specific patients.
- Electronic medical record changes to support new protocol.



### Aspiration Pneumonia: The Importance of Oral Care

**What is Aspiration Pneumonia?**

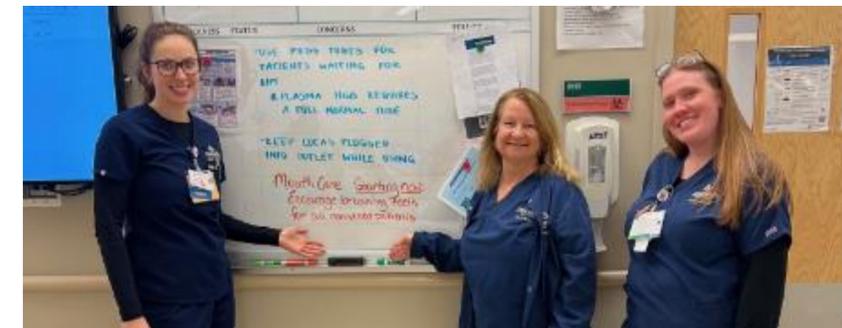
- Aspiration happens when food or liquid travels into the lungs.
- This can cause an infection of the lungs, called pneumonia.
- Symptoms may include cough, fever, shortness of breath, or noisy breathing.
- Most people who develop aspiration pneumonia stay hospitalized for 16 days. Severe cases may result in death.

**Why is it so dangerous?**

- Your mouth has over 600 types of bacteria!
- When oral bacteria gets into your lungs it can cause pneumonia.
- Hospitalized patients are at higher risk for aspiration pneumonia due to changes in mouth bacteria.

**What can you do to reduce bacteria? ... Oral Care!**

- Brush your teeth for at least 2 minutes in the morning, after each meal, and at bedtime.
- Remember to floss.
- Sit up or get out of bed when eating.
- Stay upright for 45 minutes after eating.
- If you wear dentures, soak them daily in denture cleanser and remember to brush your gums, tongue, and palate.



## References

