



Highly Informative Tips (HITs) for Implementation

Ventilator-Associated Pneumonia

Customize the program. Making this initiative fit into the patterns and habits at your institution is essential. Teams will be most effective if they engage doctors, nurses, and respiratory therapists to work with them to develop key aspects of the implementation at their respective institutions. For example, it is critical that teams determine some set of criteria by which they will define ventilator-associated pneumonia in their institution. Once this has been established, all stakeholders will share a common understanding of what exactly qualifies as a VAP and what does not.

Measure, but do not become pre-occupied with measurement. Working on VAP requires measurement, but measurement should not become the pre-occupation of the teams engaging in the work. If teams become too focused on measurement details it can hinder the overall program. It is best to design rules that assist your team in making your plans work. For example, assign credit for completion of bundle elements where your team has determined there are true contraindications to bundle elements. Undue attention on unusual cases or special circumstances will impede success. Plan for the majority.

Decide early about the method of data collection you will use. Some teams have preferred to use a sampling approach to assess compliance with the ventilator bundle. For example, some teams use spot checks of compliance three times per week, whereas other teams have chosen daily assessments of compliance at designated times. Regardless of the method, be sure to maintain the standard over time for accurate results.

Emphasize compliance with all elements of the bundle. Approach the work with the knowledge that “picking and choosing” bundle elements will not work. Discourage the tendency to select interventions that seem easy at the expense of more difficult options also included in the bundle. Your aim is 100% compliance with every bundle element for every patient; partial compliance is the equivalent of non-compliance. Remember, though, to give credit for compliance if a bundle element is not given for clinically appropriate reasons, provided that the discussion with the team occurred and it is clearly documented.

Post updates to results regularly and prominently. It is essential to regularly update all involved staff in the work on the monthly level of compliance and the monthly change in VAP rates. This will show dedication to the project, and when the progress becomes apparent, clinical staff will be even more engaged and likely to gain momentum.

Repeat the Message. Redundancy of message is important. For example, treatment that prevents pneumonia can be repeated on protocols, on bedside signs, and in the chart. Some hospitals use a red line on the wall to indicate proper head of bed elevation as a constant reminder to staff and families.

Patient Personalization. Use patient names when educating staff about the success of the quality improvement efforts. Remember that nearly half of all VAP cases end in death, so make sure you convey to staff the importance of their work on saving patient lives.