



An Initiative of the Florida Hospital Association
Hospital Improvement Innovation Network

Infection-Related Ventilator-Associated Complications Checklist Top 10 Process Changes

Process Change	In Place	Not Done	Will Adopt	Notes
<p>1. Tracking Data: It is important to collect and analyze data to identify priorities in practice/processes.</p> <ul style="list-style-type: none"> a. As a participating FHA HIIN hospital, you may enter your data in NHSN and confer rights for submission of the data to CDS b. For FHA member hospitals that are not participating in the FHA HIIN, IVAC data is being submitted monthly to FHA via electronic survey response. 				
<p>2. Teamwork and Communication: Ensure a multidisciplinary approach to ensure bundle compliance and maintain a culture focused on providing the best possible care for mechanically ventilated patients. Nurses, physicians and respiratory therapy staff must work together to ensure bundle items such as head of bed (HOB), spontaneous awakening trials (SAT), spontaneous breathing trials (SBT) and oral care are done according to recommendations. For hand-off communication include all elements of the bundle in charge nurse rounds and nurse-to-charge-nurse and beside shift reports.</p>				



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<p>3. Patient and Family Engagement: Invite families to participate in care by encouraging them and providing education on the risk of VAE, preventive measures that have been put in place and what they can do to help (e.g., perform oral care or passive range of motion exercises if willing).</p>				
<p>4. Head of Bed: Elevate HOB to between 30-45 degrees (use visual cues, designate one person to check for HOB every 1 to 2 hours).</p>				
<p>5. Oral Care: Establish a process to perform routine oral care every two hours with antiseptic mouthwash and Chlorhexidine 0.12 percent every 12 hours (create visual cues, partner with respiratory therapy in performing oral care). Make the above oral care part of the ventilator order set as an automatic order that requires the physician to actively exclude it.</p>				
<p>6. Prophylaxis for Peptic Ulcer: Include peptic ulcer disease prophylaxis (PUD) on ICU admission and ventilator order sets as an automatic order that requires the physician to actively exclude it.</p>				



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<p>7. VTE Prophylaxis: Include venous thromboembolism (VTE) prophylaxis on ICU admission and ventilator order sets as an automatic order that would require the physician to actively exclude it.</p>				
<p>8. Spontaneous Awakening Trial and Spontaneous Breathing Trials: Perform and coordinate SAT and SBT to maximize weaning opportunities when patient sedation is minimal. Coordinate between nursing and respiratory therapy to manage SAT and SBT, perform daily assessment or readiness to wean and extubate.</p>				
<p>9. Early Exercise and Progressive Mobility: Establish a process for timely physical and occupational therapy evaluation for patients on ventilator support to establish a plan for progressive mobility.</p>				
<p>10. Sedation Management: Manage delirium by assessing patients for delirium at least once daily and communicate patient's response. Sedation should be goal oriented and should be administered, as ordered, by the physician according to a scale such as Richmond Agitation Sedation Scale (RASS).</p>				