**PURPOSE**
To decrease the incidence of Nonventilator Hospital Acquired Pneumonia (NV-HAP) among adult patients at our hospital.

**BACKGROUND**
- Hospital Acquired Pneumonia is one of the leading hospital acquired infections in U.S. hospitals (CDC 2014)
- NV-HAP occurs more often than VAP with similar mortality, extended length of stay, and increased hospital costs (Davis 2012)
- We found a large number of previously unreported NV-HAP cases in a one year study at our hospital.
- We formed an interdisciplinary “HAPPI” Team and chose a comprehensive oral care program as our primary intervention.

**METHODS**
- Oral care protocol implemented as Standard of Care for all adult patients.
- Measures included frequency of oral care per 24 hours and incidence of NV-HAP.

**PATHOGENESIS OF PNEUMONIA**
- **Germs**
  - Dental plaque provides microhabitat
  - Bacteria replicate 5X / 24 hours
  - Oral bacteria changes in the hospital setting
- **Aspirated**
  - Most common route of pathogens for HAP
  - Even healthy adults micro-aspirate
  - Elevating HOB does not eliminate aspiration
- **Patient**
  - Poor cough reflex
  - Immunocompromised
  - Multiple co-morbidities

**ORAL CARE PROTOCOL**

<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Tools</th>
<th>Procedure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Care / Assist</td>
<td>Brush, paste, rinse, moisturizer</td>
<td>Provide tools</td>
<td>4X / day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brush ~ 2 minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rinse</td>
<td></td>
</tr>
<tr>
<td>Dependent / Aspiration Risk / Non-vent</td>
<td>Suction toothbrush kit (4)</td>
<td>Package instructions</td>
<td>4X / day</td>
</tr>
<tr>
<td>Dependent / Vent</td>
<td>ICU Suction toothbrush kit (6) CHG</td>
<td>Package instructions</td>
<td>6X / day</td>
</tr>
<tr>
<td>Dentures</td>
<td>Tools + Cleaner, Adhesive</td>
<td>Remove dentures &amp; soak</td>
<td>4X / day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brush gums, mouth rinse</td>
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</tbody>
</table>

**CONCLUSIONS**
NV-HAP can be prevented and must be elevated to the same level of concern as VAP and other hospital acquired conditions.

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