

HAPPI: Hospital Acquired Pneumonia Prevention Initiative

B. Quinn, MSN, ACNS-BC; D. Baker, PhD, APRN; C. Parise, PhD
SUTTER MEDICAL CENTER, SACRAMENTO, CA



PURPOSE

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

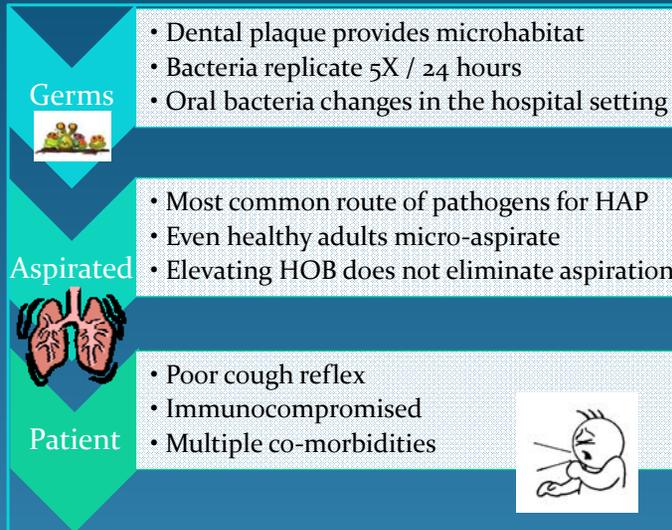
BACKGROUND

- ❑ 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.

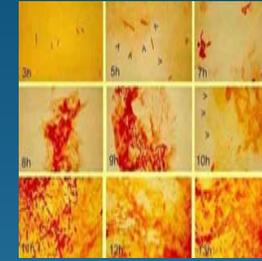
METHODS

- ❑ 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



IMPLEMENTATION SCIENCE

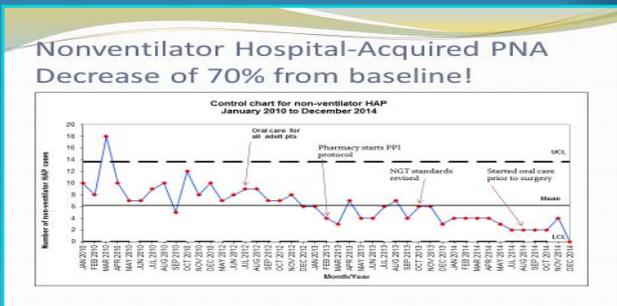


ORAL CARE PROTOCOL

Patient Type	Tools	Procedure	Frequency
Self Care / Assist	Brush, paste, rinse, moisturizer	Provide tools Brush 1-2 minutes Rinse	4 X / day
Dependent / Aspiration Risk / Non-vent	Suction toothbrush kit (4)	Package instructions	4 X / day
Dependent / Vent	ICU Suction toothbrush kit (6) CHG	Package instructions	6 X / day CHG 2X / day
Dentures	Tools + Cleanser Adhesive	Remove dentures & soak Brush gums, mouth Rinse	4X / day

Acknowledgements: Thank you to SMCS HAPPI Team members, nursing staff, and Resource librarians for your passion and compassionate care. Thank you to Sage, LLC for the unrestricted research grants that helped offset cost of data collection and analysis.

RESULTS



Control chart for non-ventilator HAP, January 2010 to Dec. 2014

CONCLUSIONS

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