Acknowledgements
We wish to thank all the staff nurses on the Evidence Based Practice Committee.

Results
❖ Increased compliance in the use of the enhanced VAP bundle, adapted documentation template will lead to a 25% reduction in NV-HAP.
❖ All campuses across the VANYHHS will adopt the oral care bundle in the in the care of admitted patients.
❖ This project will lead to practice change, minimizing non-ventilator hospital pneumonia (NV-HAP) incidence and improved patient outcomes.

Summary and Future Directions
❖ Implementation and adoption of the enhanced VAP prevention bundle to include activities such as resource planning, staff education, documentation template implementation and monitoring.
❖ Expansion of the oral care bundle across all the VANYHHS campuses.
❖ This project will lead to practice change, minimizing non-ventilator hospital pneumonia (NV-HAP) incidence and improved patient outcomes.

References

Introduction
❖ Hospital-acquired pneumonia (HAP) is the second leading cause of infection in Hospitals3.
❖ Non-ventilator hospital pneumonia (NV-HAP) incidence is more prevalent than ventilator acquired pneumonia (VAP) resulting in comparable mortality and morbidity.
❖ Prevention guidelines have focused more on VAP2. There is paucity of evidence on its prevention.
❖ Oral care initiatives have led to 40%-60% reduction in NV-HAP1. NV-HAP can be prevented by oral care and other interventions.

Purpose
The project proposes to Establish an oral care bundle to prevent NVHAP in VA admitted patients with anticipated results of a 25% reduction and an estimated cost avoidance up to $3 million over 12 months.

Implementation of Oral Program to Prevent Non-Ventilator Associated Hospital-Acquired Pneumonia (HV-HAP)
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Methods
❖ Setting: VA NY Harbor Health Care System.
❖ Guided by Lewin’s unfreezing-change-refreeze model of change management, this project will use the Plan-Do-Study-Act (PDSA) methodology.
❖ Interprofessional Collaboration; Involving key stakeholders and staff involvement in the dissemination of oral care information to patients and family.
❖ Staff Education; Develop mandatory classes on oral care.
❖ Intervention: Establish an oral Care bundle to prevent NV-HAP in admitted patients.
   - VAP Bundle Toolkit:
     - Use bundle derived from CDC
     - Adopt a new oral care protocol
     - Infection Control resources on HAP prevention will be distributed
   - Process monitoring: Adopting an audit tool that included direct observations and chart review as a key process indicator of increase in the use of the protocol-standard care.

Implementation Plan Using the PDSA Cycle
❖ Plan: Prepare the foundation and obtain and organize supplies.
❖ DO: Identify the barriers to effective oral care in non-vented patients.
   - Customize nursing documentation templates, data collection tools, and patient education materials.
❖ Study: Analysis of the NV-HAP data and conduct clinical nurse trainings.
❖ ACT: implement the established plan

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