



NYS PARTNERSHIP FOR PATIENTS GUIDING PRINCIPLES

FOR REDUCING VENTILATOR-ASSOCIATED EVENTS



INNOVATE

Test innovative strategies to reduce harm to ventilated patients.

- Inspire physicians and staff to reduce Ventilator-Acquired Events (VAE) through educational programs.
- Reduce sedation and utilize mobility protocols in ventilated patients.
- Prevent development of delirium in patients by utilizing a validated delirium assessment tool to monitor cognition and proactively treat potentially delirious patients.
- Develop written patient and family educational materials focused on the Ventilator Bundle Elements.



ENGAGE

Target total stakeholder engagement to redesign care for ventilator patients to reduce harm across the board.

- Ensure leadership support for increased hospital-wide awareness and attention to optimizing care for ventilated patients.
- Establish a multidisciplinary team, with clear responsibilities and accountabilities, to reduce VAE. Participants should come from multiple disciplines, including (but not limited to):
 - Intensivist
 - Respiratory Therapist
 - Nursing
 - Physical Therapist
 - Pharmacy
- Ensure physicians and all staff understand the importance of adhering to Ventilator Bundle Elements.
- Engage and educate patient and family on the Ventilator Bundle Elements and their importance. Use Teach Back tools to educate patients and caregivers verbally and in writing.



INTEGRATE

Build best practices for caring for ventilated patients into the standard work flow to reduce harm across the board.

- Incorporate assessment of compliance with the VAE Bundle Elements into daily rounding discussions. Use whiteboards and other daily care checklists and communication tools to provide reminders.
- Implement evidence-supported equipment and supplies to reduce ventilator-acquired pneumonia, including (but not limited to):
 - Beds with electronic head-of-bed elevation control—consider signage with reminders.
 - Closed ventilator circuitry.
 - Separate suction lines and containers for oral vs. endotracheal tube suctioning.
 - Mouth cleansing supplies containing peroxide or chlorhexidine.
- Evaluate use of available endotracheal tubes (recommended for facilities with continued infections after good adherence to bundle elements is established). Options include:
 - Silver impregnated
 - Suction port for above the cuff
- Develop sedation protocols to ensure minimal use of sedating drugs.
- Have a multidisciplinary team develop and monitor weaning protocols to reduce sedation.
- Encourage a daily ventilator weaning attempt in coordination with a "Sedation Vacation."
- Develop and monitor mobility protocols aimed at increasing mobility as early as clinically appropriate.
 - Coordinate increased mobility approaches with reduction of sedation.
 - Optimize patient comfort and safety using a multidisciplinary team approach (i.e., schedule when physical therapy staff are available for mobility trials).



HARDWARE

Standardize policies and practices to reduce VAE and common complications affecting ventilated patients.

- Ensure that the electronic medical record, policies, and procedures reflect, monitor, and provide data for:
 - Ventilator Bundle Elements
 - Weaning Protocols
 - Level of Sedation and Delirium (monitoring and weaning coordination)
 - Mobility Protocols aimed at increasing mobility of ventilated patient
- Build internal, standardized systems to routinely share NHSN VAE surveillance data and adherence to clinical protocols with all staff; incorporate staff feedback to continuously enhance processes.
- Consider RCA on VAE events.
- Schedule regular VAE Team Meetings and repeat educational events.